

# Alamance County Community Assessment

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

## 2011



Presented by the  
**Community Assessment Team:**



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## Acknowledgements

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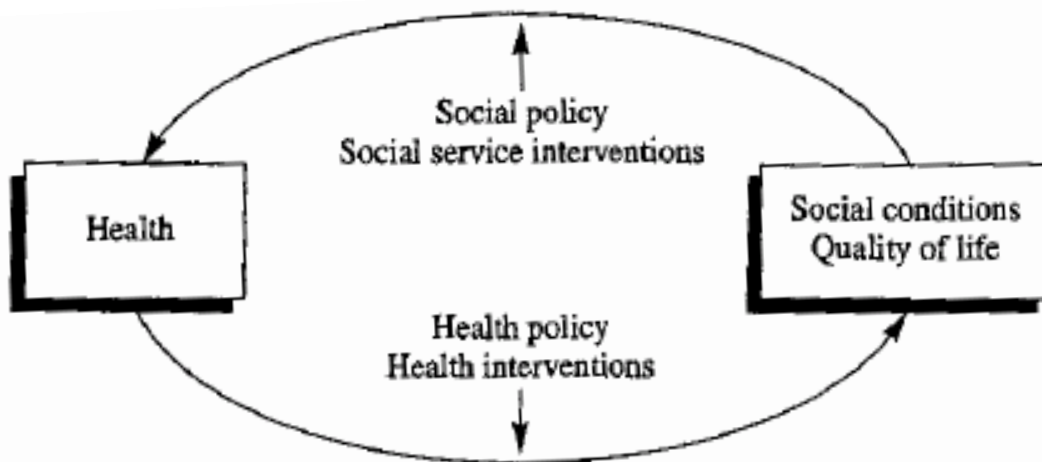
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	Served as a Liaison to United Way



## How to Use this Assessment

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

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



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

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

**Disclaimer:** *At the time this report was compiled (summer/fall 2011) all data cited was most current, please note some sources may have published new data since that time; please check directly with the data source’s website for the most up-to-date information.*

## Executive Summary

"It's the economy, stupid." The familiar war room slogan from Bill Clinton's upstart presidential campaign in the early 1990s finds itself once again relevant as we survey the health status and social well-being of our county in 2011. From affordable housing to health care access, the deep recession, stagnant housing sales, and high unemployment rate have deeply affected our residents, increasing rates of homelessness, foreclosure, poverty, and lack of health insurance. Much of the progress on health and social issues in our county, recorded in the 2007 Community Assessment, has stagnated or made a turn in the wrong direction. And yet, even in this challenging economy, we see hopeful signs -- high tech engineering for HondaJet in Burlington, the opening of Tanger Outlet Center in 2010, the expansion of many business in Mebane's North Carolina Industrial Center. We've also seen gains in health and well-being: a significant and sustained downward trend in teen pregnancy rates, dramatic improvements in the health of African-American infants, and new projects in domestic violence services and early childhood development that bring together multiple partners to make efficient and effective use of public funds.

This spirit of collaboration characterizes the preparation of this 2011 assessment. The team was led by Healthy Alamance, United Way of Alamance County, Alamance County Health Department and Alamance Regional Medical Center, and includes the many agencies listed in the acknowledgement section. Our purposes are many: to collect and interpret available data to document this unique moment in our community's development; to prepare a useful tool for use by newcomers, business leaders, non-profits and government to evaluate our strengths and help alleviate identified needs; and to focus our combined efforts on priority areas revealed by the data and identified by Alamance County residents ourselves.

If you ask the residents of Alamance County what that focus should be, you'll yield many responses that reflect the political, ethnic, geographic and economic diversity of our community. In order to capture as many of these opinions and voices as possible, the assessment team involved residents using three modalities: statistically-verified random selection telephone survey, focus groups to capture segments (Latinos, newcomers and ex-offenders) potentially under-represented in the survey, and community leaders and the general public in two open, participatory forums. **Taken together, we learn that our residents are concerned about four key issues in particular: healthcare access, education, substance abuse, and immigration.**

Looking separately at the most frequently identified health and social issues (while acknowledging that it's rarely easy to separate or define these categories), we find the following:

<u>Priority Health Issues</u>	<u>Priority Social Issues</u>
Healthcare access	Education
Obesity	Poverty
Mental Health	Homelessness
Substance Abuse	Domestic Violence

Our work will be defined by our attention to these resident concerns. This assessment presents findings from the survey, focus groups and forums as well as secondary data from multiple

sources; broadly broken into two categories: Health Issues and Social Issues. You will find a chapter dedicated to each of the key findings described below.

### ***Demographics, History and Geography***

Alamance County was formed in early 1849 and is centrally located in the Piedmont region of North Carolina. Alamance County consists of nine municipalities. Burlington is the most populated city in the County, and Graham is the County seat. Approximately 70 percent of the County's population lives in urban areas. Areas of urban development lie predominantly in a central corridor along Interstates 85/40, while the northern and southern areas of the County are primarily rural.

Alamance County surpassed expected growth and expanded its numbers by 15% from the 2000 to 2010 censuses, to a population of 151,000 residents. Hispanic population growth was especially remarkable, from almost 9,000 in 2000 to almost 17,000 in 2010. While household and per capita income were closely in line with, if slightly under, state averages; our poverty level was slightly less than the state average. Child poverty in Alamance County, at 22.8%, is three percentage points higher than the state's average rate. There are a larger number of registered Democrats in Alamance County but the majority of elected officials are Republicans.

### ***Health Issues***

Alamance County ranks 36th out of 100 NC counties in health-related quality of life, and 92% of county residents report a positive attitude towards life, stating that they were either "satisfied" or "very satisfied" with their lives. Seventy-eight percent report that their health is good, very good or excellent. However, over one in four Alamance residents (30%) report having had three or more days per month when their physical health was not good, which is higher than the state average of 23%.

Almost half of the deaths in Alamance County are caused by cancer, the leading cause of death, and heart disease. Death rates due to these illnesses, prostate cancer, diabetes and kidney disease are higher for African Americans than for whites. COPD (a type of chronic lower respiratory disease) is the only chronic disease with a noticeably higher death rate for whites than minorities. There is also a gender disparity for death rates with some diseases. The male mortality rate for heart disease is 88% higher than the female rate; the cancer death rate is 64% higher for men and the male mortality rate for stroke is 20% higher than the female death rate. The female mortality rate due to Alzheimer's disease is 52% higher than the male rate.

Preventive health services such as immunizations and screenings are widespread throughout the county, available through private providers, the Health Department, Alamance Regional Medical Center and the Charles Drew Community Health Center in Burlington and the Scott Clinic in northern Alamance County. Nonetheless, many of these services are underutilized; for example, only 37% of residents in Alamance County got a flu shot in 2010, despite widespread availability. Outreach efforts for cancer screening tools have resulted in increases in the numbers of residents getting sigmoidoscopy/colonoscopy (72%) and a prostate function PSA test (72%, about five points higher than the state average). About 11% of county residents have been told by a doctor that they are diabetic, and 11% have been told they are pre-diabetic; both rates are higher than state averages.

Almost 82% of Alamance County residents have health insurance coverage; of all insured, about a third are covered through public programs such as Medicare, Medicaid and NC Health

Choice, the State Child Health Insurance Program (SCHIP). Because so many residents' health insurance access is tied to full-time employment, the high unemployment rate of 11.4% (2010 NC Employment Security Commission) has affected healthcare access, and over 2/3 of the unemployed in our county do not have health insurance of any kind. Over a quarter of Alamance County residents reported that within the past year they did not see a doctor because of the cost, compared to 17.5% of NC residents. Medication access is a rising concern in Alamance County as the numbers of clients served by medication assistance programs grew by 36% from 2007 (1100 individuals) to 2011 (1500 individuals).

Cancer incidence has increased in both Alamance County and the state of North Carolina. The total incidence rate in Alamance County (511.2 cases per 100,000 residents) is higher than the state rate (495.2) for the time period of 2004-2008. Breast cancer rates, though, have fallen in Alamance County and are well below the state rate (139 per 100,000 residents and 152 per 100,000, respectively.) Prostate cancer, the third most commonly diagnosed cancer in Alamance County, has also fallen in our county while rising at the state level, while our lung cancer rate is above the state average and rising.

In Alamance County and in North Carolina, heart disease and stroke are two of the three leading causes of death. The five year rate has decreased significantly for both heart disease and stroke in North Carolina as well as Alamance County. The rates have fallen for all groups: men and women; whites and minorities, yet a gender and race-based disparity persists, with women far less likely than men to die from heart disease (rate of 137 per 100,000 residents for women and 258 for men) and stroke (54 per 100,000 for women and 64 for men). Members of minority groups have higher death rates due to these illnesses (rates of 216 per 100,000 for heart disease and 71 per 100,000 for stroke) than whites (rates of 181 per 100,000 for heart disease and 56 per 100,000 for stroke).

Death rates tell one part of the health picture here in Alamance County, but pregnancy, birth and childhood are all important areas of investment in our county. Women in Alamance County have higher than state average rates of two risk factors during pregnancy: not receiving prenatal care in the first trimester, and smoking during pregnancy. Various programs implemented at the Health Department and through private providers have increased the numbers of women choosing to quit smoking during pregnancy; about 1 in 5 expecting women now kick the habit. In 2009, there were 303 teen pregnancies in the county, continuing a downward trend with a teen pregnancy rate close to the state average. However, the repeat teen pregnancy rate (teens ages 15-19 pregnant with their second child) in Alamance County is increasing and has been higher than the state average since 2006. Breastfeeding initiation among all women in Alamance County is around the state average, with over half of women choosing to breastfeed newborns, and around 20% able to maintain breastfeeding at least until the infant is six months of age. Infant mortality rates in 2010 reflected major gains in infant health in our county; for the first time our overall rate (6.5 infant deaths per 1000 births) was below the state average (7 per 1000). The most dramatic gains came in the health of African-American infants. In past years, African-Americans have been two to three times more likely than whites to experience an infant death, but 2010 marks a significant decline in the disparity. The 2009 infant mortality rate among minorities was greater than 17 deaths per 1,000 births in Alamance County, falling to 8.2 per 1000 live births in 2010. Hispanic infants boast the healthiest statistics with an infant mortality rate of 4.8 per 1000 live births.

Asthma is one of the most common childhood chronic diseases. In 2007 and 2008, the asthma hospitalization rate increased in Alamance County. In 2009, the hospitalization rate dropped by 16% and is currently in line with the state average. Another alarming health indicator for our

youth represents the 31.6% of children and adolescents that are obese or overweight in Alamance County (2009 NC-NPASS Data).

Rates of diabetes among adults in Alamance County continue to climb, with the 2010 prevalence estimate at around 11% of the population, almost double the rate in 2001, 5.7%. Some project that the rate could double again by 2050. Diabetes is currently the seventh leading cause of death for the United States, North Carolina, and Alamance County. Nationally North Carolina ranked 13<sup>th</sup> highest in adult diabetes prevalence. The vast majority of people with diabetes have Type 2 diabetes, which can often be prevented or remitted with changes in nutrition and physical activity. Diabetes is an area of dramatic disparity by race; In 2004-2008, the diabetes death rate among African Americans in NC was 163.8 per 100,000 residents, compared to 80.2 among whites.

Gonorrhea, syphilis, HIV/AIDS and tuberculosis are all infectious diseases that are closely tracked by public health authorities. Both Alamance County and statewide rates of gonorrhea have decreased substantially over the past five years. Alamance County's total rate of 152.3 per 100,000 continues to be lower than the state rate of lower 174.2 per 100,000 population. In Alamance County, the incidence rate of gonorrhea is more than 3 times higher among minorities than the total rate. The incidence of syphilis in Alamance County, as well as in North Carolina, has increased in the five-year period ending in 2009 when compared to the prior five-year period. However, the incidence rate improved by more than 25% (dropping from 9.8 to 7.3) among Alamance County minorities, who are the most heavily affected group. The rate of new AIDS cases in Alamance County and in North Carolina has decreased between the most recent multi-year intervals (2001-2005 and 2005-2009). The AIDS incidence rate is affected by HIV screening and early treatment, by access in general to medical care and by effectiveness of treatment options after HIV diagnosis. The tuberculosis rate is close to the state average; there were 20 cases county-wide between 2006 and 2010.

Despite the county's proximity to two major interstates, the motor vehicle death rate in Alamance County (14.9 deaths per 100,000 residents) is lower than the state mortality rate ( 17.8 per 100,000). However, Alamance County has a higher rate of deaths due to unintentional injuries, such as accidents, falls, poisonings, drownings, burns, choking, firearms, and suffocation, than North Carolina as a whole. The death rate for unintentional injuries in Alamance County has increased by 7.5 percent from 2001-2005 to 2005-2009. Injury is the leading cause of death for children in Alamance County and in North Carolina. Between 2005 and 2009, 13 children under the age of 17 died from injuries in Alamance County. Eight of these deaths were due to motor vehicle collisions.

Environmental Health is a section of the Health Department that manages a variety of programs designed to prevent illness from environmental vectors. Rabies cases continue to occur in local wildlife and occasionally pets at the rate of about 5 per year. With the assistance of local veterinarians and low-cost clinics offered by the Health Department, a large number of pet owners (92% in the Elon survey) claim to be current on their pets' annual rabies immunizations. However, a significant percentage of pet owners, over 1 in 5, have not spayed or neutered their pets. A low-cost Spay and Neuter Clinic opened in 2009 and has contributed to a 13.5% reduction in the number of animals brought to Burlington Animal Services and a 17% reduction in euthanized animals. Still, domesticated animals without a home remain a challenge, as 7461 animals were brought to Animal Services in 2010.

Solid waste generated per person each year in Alamance County declined 12% over the past decade. In 2010, Alamance County produced 0.80 tons of municipal solid waste per person,

twenty percent less than the state average. Changes in materials used at the Alamance County landfill have extended its expected lifetime from 40 years in 2005 to over 60 years in 2011. Disposal of household chemicals remains a challenge, with just 18% of our residents using community collection events for proper disposal of hazardous wastes. Disposal of unused medication can affect water quality, as close to a quarter of Alamance County residents dispose of medication in the toilet. Operation Medicine Drop is a community collection event for medication; in two days in Burlington and Graham in March 2011, 39,338 dosage units were collected for safe disposal.

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. Jordan Lake rules, which became effective in August 2009, draw attention to private landowners' potential contribution to water quality impairments from non-point sources. Air quality is also affected by our individual choices, such as automobile and energy use. Air quality has long been a concern among local groups, in part because of heavy interstate traffic in our county; in 2010 there was significant opposition to the renewal of permits at Stericycle, an incinerator of hospital, medical and infectious waste located in Alamance County. In the end, Stericycle's permits were renewed. The NC Environmental Management Commission adopted rules in November 2010 that make new federal clean air requirements enforceable beginning on July 1, 2013 instead of Oct. 6, 2014.

High profile national cases of food poisoning in meat, produce and peanut butter have raised the profile of food safety and hygiene practices. The Health Department's Environmental Health Section conducted risk-based inspections of more than 8400 food and lodging establishments through the years 2007-2010 and investigated 313 food and lodging complaints, some of which were associated with illness.

Environmental Health also assists local first responder agencies in preparing for natural and man-made disasters. Environmental Health was a crucial local partner in the H1N1 novel influenza outbreak in 2009-2010 and helps prepare residents for self-sufficiency in a community-wide emergency. According to the Elon survey, 37% of Alamance County residents stated they could take care of themselves for up to one week at home after disaster. One in five residents know they would need assistance within the first 3 days.

### ***Social Issues***

The current economic downturn is marked by a high unemployment rate and a soft housing market brought about by the burst of the housing bubble and more stringent qualifications for those seeking bank financing for home purchases. Not surprisingly, many in Alamance County have lost their homes to foreclosure; the number of clients seeking consultation for housing in default from Consumer Credit Counseling Services jumped 28% in the first six months of FY 2010/11. Burlington is one of six North Carolina communities designated by the US Department of Housing and Urban Development as an "area of greatest need", based on the numbers of subprime loans that are delinquent and/or in the foreclosure process and the percentage of all loans that are subprime.

The 2011 Homeless Point-in-Time count, which annually captures population information on one designated day in late January, saw a dramatic increase overall from an average of 125 persons (from 2007 to 2010) to 181 persons in 2011. This overall number reflects significant

spikes in three categories: unsheltered single men, single women living in emergency housing, and children living in emergency housing. The number of homeless public school students, who may be living in a shelter, hotels/motels, vehicle, or rooming with others due to economic hardship, has also increased -- from 199 in 2006/2007 to 371 in 2010/2011. There is a serious housing shortage in Alamance County of approximately 10,000 units of affordable (defined as 30% of family income or less) housing for low income groups.

With a poverty rate of 18.9% in 2010, many residents have difficulty achieving self-sufficiency in the attainment of basic needs. Close to 21,000 residents receive food stamp benefits, and at least 11% of our population receives meals or groceries from local agencies. To meet this demand, local agencies have expanded their capacity. From 2009 to 2010, Allied Churches increased their number of meals served annually by 3000, Caring Kitchen by almost 2000, and Meals on Wheels increased 20%, from 100,000 to 120,000 meals served. The opening of the Loaves and Fishes Food Ministry in Mebane in 2009 and plans for additional churches to open food pantries are examples of community responses to the growing food insecurity.

In a county whose geography is largely defined by a horizontal belt of merged interstates (I-40 traveling east-west and I-85 traveling north-south), the lack of a reliable automobile can compound other problems, especially for job seekers. Burlington remains the largest metropolitan area in North Carolina without a public transportation system. Residents' desire for such a system has been documented in a survey of major employers, City of Burlington town hall meetings on transportation, and its identification as an emerging issue of concern in the 2007 Community Assessment. Since that time, a Public Transit Task Force was formed in March 2008. This task force educated the public, conducted site visits and developed an implementation plan in May 2009. In the fall of 2010, a new advocacy group, Friends and Advocates for Sustainable Transportation (FAST) formed and continues to meet to advocate for sidewalk and bike lane construction as well as public transit.

Twenty-seven percent of Alamance County tax dollars are spent on education, and much of that goes to the 35 schools and 22,500 students that make up the Alamance-Burlington School System (ABSS). This investment has yielded some impressive results: an increase in the graduation rate from 66.7% in 2005 to 72.8% in 2010; recognition of an Exceptional Children's program teacher, Tyronna Hooker, as the 2011 NC Teacher of the Year; and the naming of ABSS as one of thirteen inaugural districts in the NC Global Schools Network. Thirty-eight different languages are spoken by ABSS students at home, and 18% of the student population is identified as English-as-a-Second Language (ESL) learners. These numbers are increasing, as are the number of students identified as AIG (Academically and Intellectually Gifted). The Career and Technical Education Center is expected to open for the second semester of the 2011-2012 school year and will offer new programs such as computer programming, video production, Cisco network administration, and culinary arts. Programs such as these, and a drop-out prevention program at Graham and Cummings High Schools targeting Hispanic students, are part of multiple strategies designed to lower the drop-out rate. These numbers are steadily improving, from a peak of 457 students dropping out in 2007/2008 to a low of 324 in 2009/2010, but the drop-out rate (4.55%) remains higher than the state average (3.75%).

ABSS also offers pre-kindergarten instruction to over 300 children in 15 schools. State and federal funding for this program targets at-risk students and seeks to reduce the achievement gaps that exist at kindergarten entry. These and other programs such as parenting classes, and continuing education for early childhood teachers offered by the Alamance Partnership for Children seek to maximize the potential of the 12,000 children in Alamance County aged 0 to 5. Many of these children spend time in childcare centers while their parents study or work, but just

3000 of these children, around 25%, are enrolled in licensed, regulated care. There are 100 licensed, regulated child care homes and facilities in Alamance County with an average quality rating of 3.75 stars out of a possible 5. Average costs for high quality, full-time infant childcare range around \$7800, which is equal to 41% of the median family income of a single parent in NC (\$19,006). Many families turn to childcare subsidies for assistance with costs; there are currently 975 children receiving subsidies in Alamance County with another 738 children who meet qualifications but are on a wait list due to a funding shortage.

These pressures can challenge even the most resourceful parents; 46% of Alamance County residents participating in the telephone survey reported experiencing a lot of stress from raising their children. Far too many children in Alamance County must endure child abuse and neglect, and thankfully the numbers of reports of such incidents have been steadily decreasing since 2006. Nonetheless, there were 1438 reports of abuse and neglect against Alamance County children in 2010, about half of which were first time reports. Of these first time reports, 10% were substantiated as abuse, neglect or dependency. Children ages 0 to 5 are particularly vulnerable to abuse and neglect, and make up over half of first time reports and about a third of the children taken into DSS custody. The Department of Social Services (DSS) investigates these reports and works with families to prevent re-occurrences. DSS seeks to preserve intact families, but at times must remove children from the home. Substantial efforts are made to limit the amount of time a child spends in DSS custody; in 2009-10 Alamance County had 50% of the children remaining in DSS custody at 390 days; lower than the state average of 58%.

There are approximately 20,000 adults aged 65 or older living in Alamance County, and the vast majority (almost 19,000) are living in the community, that is, outside nursing or adult care homes. Nonetheless, over \$23 million in public funds was spent on nursing and adult care homes in fiscal year 2009-10 in Alamance County, as opposed to \$6.4 million on "community" care -- home health, home-delivered meals, care management and other services that allow elders to stay in the home. Approximately one quarter of Alamance County residents aged 65 and older have two or more disabilities, and these community-based services allow them to maintain their health and extend their independence.

Elder abuse, neglect and exploitation is a growing concern. In fiscal year 2009-2010, 396 reports were received by the Adult Protective Services (APS) division of Alamance County DSS, an increase of 50% over the previous year. About half of the reports were substantiated, and neglect was the most common form of mistreatment. Exploitation, especially of assets, was found in 29% of the substantiated cases; more than a 100% increase over the previous year. A typical case referred to APS involves an adult over 60, often with disabilities, physical illness or cognitive impairment, neglected or exploited by an adult child or other family member. With our aging population, a significant trend in APS evaluations is the finding of impairment or incapacity which makes the adults unable to make or communicate responsible decisions. Over the past two years, proceedings for petitioning for guardianship have resulted in a 60% increase in the number of DSS guardianship cases.

Domestic violence is a pervasive, yet hidden epidemic that affects many of our residents. According to the Elon poll, 20% of those surveyed have a family member or close friend that has been a victim of domestic violence. Annually, Family Abuse Services shelters more than 125 women and children, responds to over 1000 calls to the crisis line, and helps over 700 individuals obtain protective orders. Like domestic violence, sexual violence can be devastating to individuals, families and communities, and affects young people disproportionately. In 2008 there were 401 instances of sexual violence in Alamance County, which increased to 958 in 2009-2010 as reported by the NC Council for Women/Domestic Violence Commission. While these numbers are tragic, Alamance County has many services available to people in need,



from specially trained law enforcement officers and units to Family Abuse Services and Crossroads, the sexual assault response and resource center, to the sexual assault nurse examiner program in the Alamance Regional Medical Center Emergency Department. In July 2010, the Alamance County Family Justice Center opened, offering residents the chance to seek legal advice, law enforcement support, child protective services and mental health counseling in one location. This collaborative effort brings together many agencies to better serve residents in Alamance County, and represents a growing trend in service provision in our county. The Alamance Alliance for Children and Families, founded in 2008, brings together many agencies to consolidate and focus mental health and social services for families with young children involved in the child welfare system. As funding for traditional Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA) services continues to shrink, our community will need to develop prevention strategies, treatment alternatives, and early intervention and treatment strategies. Programs such as the Alamance Alliance and the System of Care approach taken by child-serving agencies in Alamance County are an attempt to maximize outcomes with reduced funds. System of Care accomplishments involve reducing the number of youth in foster care placements by a third, reducing training school placements by a third, and reducing high level group home placements by more than half. Adults in need remain difficult to identify, with less than 10% and 60% of projected individuals with substance abuse and mental health needs, respectively, actually accessing services.

All residents can benefit from the recreational opportunities available in Alamance County, whether it's a show at the Paramount Theater, a trail run at Lake Michael in Mebane, the dog park in Elon or a farm history tour and a round of disc golf at Cedarrock Park. Alamance County's spirit of collaboration is demonstrated in the Haw River Trail, a partnership between 10 governmental agencies, Elon University, private landowners and others who share a vision of conservation and enjoyment of the areas along the Haw River, which runs from the northwest corner of the county to the southwest. Recent land acquisitions along the Haw include the 191 acre Shallow Ford Natural Area, opened in 2010 in western Alamance County.

Residents and leaders at the community forums spoke proudly of our county's many strengths -- values, strong environment for raising children, agency collaboration and partnerships. They expressed concern at some alarming statistics -- 52% of public school students participating in free-and-reduced lunch, increasing levels of housing instability -- and spoke with resolve of our capacity and motivation to make change happen here. The economy remains fragile nationwide, but the recovery, while slow, is also persistent, and we look forward to the 2015 Community Assessment to demonstrate progress in our efforts to improve the health status and social well-being of all residents of Alamance County.

# Health and Social Assessment Process


Four methods were used in the data collection for this report:

- Random sample survey (Elon University telephone poll)
- Focus Groups
- Secondary data from external resources
- Forum (of Community Leaders)

These methods were employed in sequential order beginning with the broad community level poll and ending with the narrowed scope of the forum. This process allowed the assessment to obtain overall concerns of the community and then drill down to identify the top health issues and top social issues regarding Alamance County.

This assessment process is the result of collaboration among various community partners and agencies representing both the health and social fields. The lead agencies include Alamance County Health Department, United Way of Alamance County, Alamance Regional Medical Center and Healthy Alamance.

Elon Poll	Secondary Data	Focus Groups	Community Forum
Surveyed 846 English Speaking Adults by Telephone	US Census	Interviewed 3 Groups: Newcomers, Ex-Offenders & Latinos	Hosted 2 Sessions
Stratified Random Sampling	State Center for Health Statistics	Discussed Important Issues	Presented Findings & Obtained Feedback
51 Questions	Local Data	Analyzed Data	Created Report



## Elon University Poll

The Community Assessment team collaborated with the Elon University Poll to develop survey questions. Elon University then conducted the survey using a random sample of Alamance County households with telephones and wireless telephone numbers. Telephone numbers were systematically stratified according to subpopulations in order to obtain an accurate cross section of Alamance County residents in the poll. For more information regarding the selection of households, methods used and questions asked please refer to the appendix of this report or the Elon University Poll website:

[http://www.elon.edu/docs/e-web/elonpoll/031511\\_PollMethodology.pdf](http://www.elon.edu/docs/e-web/elonpoll/031511_PollMethodology.pdf).

The survey was conducted in English from March 6 – March 10, 2011. Calls were made during various times of the day. Individuals in the household who were 18 years old and older and were residents of Alamance County were interviewed for the survey. For this survey, 846 adults from Alamance County were interviewed. This sample size yields a margin of error of plus or

minus 3.4 %. The poll did not restrict respondent participation by voter eligibility. The survey included 47 questions.

Results of the survey were distributed through press release by Elon University. A Press Conference was held to discuss the findings of the poll -- March, 2011.



## Focus Groups

The Community Assessment Team conducted four focus groups with residents of Alamance County. Focus groups were instrumental in obtaining opinions, beliefs and attitudes through group discussion and qualitative data. The cohort groups were chosen based on populations in the county that may have been under-represented in the Elon Poll and/or may provide additional information about issues that became apparent during the polling process. The four groups included:

- Latinos (conducted in Spanish)
- Ex-offenders
- Newcomers Group 1
- Newcomers Group 2

The purpose of conducting these four focus groups was to hone in on issues that may be of importance to groups not fully represented in the community survey. To read more about the methodology and questions asked of the focus groups, please refer to the “Focus Groups” section in the Appendix.



## Secondary Data

The Community Assessment team consulted and referred to secondary data sources to provide additional information about health and social issues affecting the well-being of Alamance County residents. For information on the economic, social, and environmental climate in the county, US Census data was heavily utilized. Data synthesized from many other state and local agencies was used to supplement census data when necessary. The most current and most relevant data was used regardless of source.

The primary source of health data for this report is the North Carolina State Center for Health Statistics (NC SCHS). The NC SCHS compiles incidence, prevalence, and mortality data, as well as some health and social resource data into County Data Books, the most recent of which was published in 2009. Social data used a variety of sources as there are a wide range of topics. Additional agencies were consulted in order to fill in the gaps in information obtained from the County Data Books.

The Behavioral Risk Factor Surveillance System (BRFSS) is also a primary source within the SCHS that constitutes a majority of the secondary data in this document. It is a random telephone survey of state residents aged 18 and older in households with telephones. The BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories. The North Carolina Division of Public Health has participated in the BRFSS since 1987 and Alamance County has participated since 2004. Through BRFSS statistics, information is collected in a routine, standardized manner at the state and county level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries. As stated above, questions that seemed relevant to Alamance County that are not asked in the BRFSS were asked in the survey stage of the community assessment in partnership with Elon University's Polling Center.

To see a list of Alamance County, North Carolina, and United States references used in this assessment, please refer to the "References" section in the back of each section (health assessment and social assessment).



## Forum

The Community Assessment Team convened a forum including over 100 community leaders to discuss key findings from the secondary data, Elon poll and focus groups. Community leaders were then asked to rank the importance of the issues presented. Results were then compiled by the assessment team and the top four health issues and the top four social issues as determined by the forum participants were identified.

To learn more about the forum please see the "Forum" section in the Appendix.

**The Community Assessment Team will be holding a Press Conference in January 2012** to discuss the overall findings from the assessment process and announce the release of the printed report and assessment website. Community members, elected officials, leaders, funders, partners and stakeholders will be invited to attend with our local media representatives and those who participated in the assessment (forum, focus groups and survey).



## Emerging Issues

The emerging issues are those that surfaced from conducting our local data collection (telephone survey, focus groups and forum).

The leading social and health issues from the assessment process include:

**Resident Concerns** (overall results from weighing the survey, focus groups and forum together):  
Healthcare Access, Education, Substance Abuse and Immigration

**Health Priorities** (Top 4 from Forum): Healthcare, Obesity, Mental Health and Substance Abuse

**Social Priorities** (Top 4 from Forum): Education, Poverty, Homelessness and Domestic Violence

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

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

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

foster collaboration, combine resources, implement programs, evaluate efforts, and identify additional needs. Currently Healthy Alamance is directing efforts toward chronic disease prevention, specifically by obesity prevention. In addition, transportation and substance abuse have been addressed most recently. Past efforts were directed toward issues such as: access to healthcare, child abuse, tobacco and asthma. The programs that have been established under the auspices of Healthy Alamance are still in existence today.

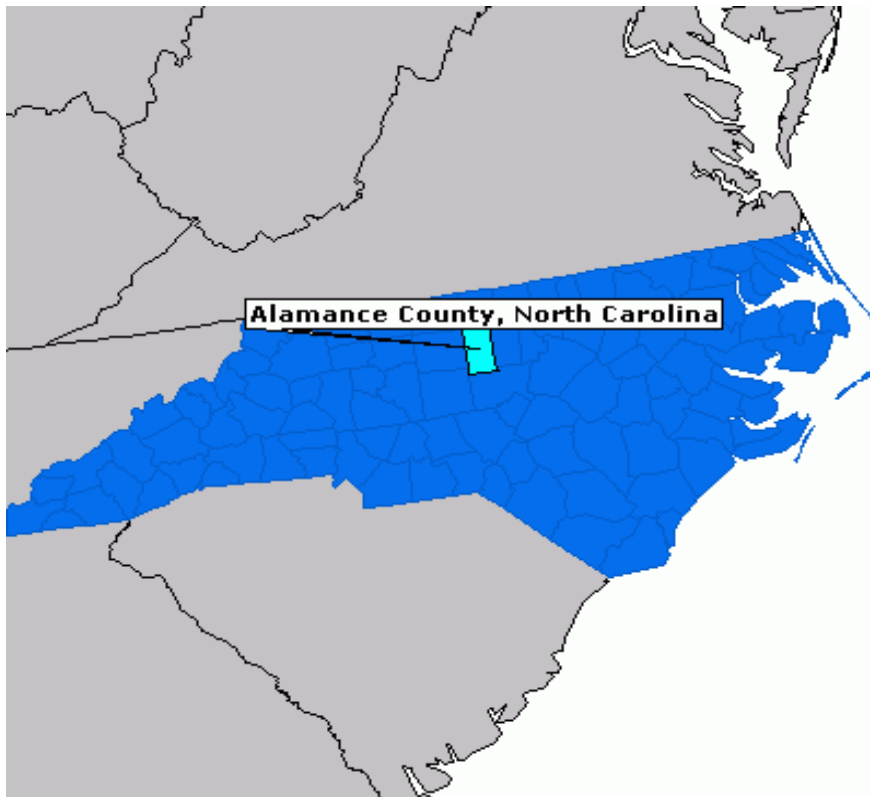
The Alamance County Health Department works hand and hand with Healthy Alamance to complete a health assessment every four years and works actively with the community coalitions to address health issues.

Alamance Regional Medical Center uses the findings of the assessment to direct charity care expenditures and community benefit activities. The United Way of Alamance County uses the assessment to allocate resources and drive the community granting process in order to ensure community priorities are addressed.

The contents of the Community Assessment report will be disseminated to the community via lead agency list serves, local libraries, an assessment website, an assessment brochure, facilitated power point presentations and local media partners.

## History, Location and Geography

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



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

It is easy to access the county by interstate highway. Interstates 85 and 40, as well as US Highway 70, bisect the county almost equally into northern and southern portions. The highway connects Orange County on the east to

Guilford County and on the west by way of Mebane, Graham and Burlington. Interstate 40 provides residents with access to the Piedmont Triad International Airport, located 35 minutes west in Greensboro, and the Raleigh/Durham International Airport, located 45 minutes to the east. The county is served by Norfolk Southern Railway, and is a major stop on the Amtrak Passenger Railway System. Bus lines offering passenger services are Carolina Trailways and Greyhound.



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

Alamance County consists of nine municipalities. Burlington is the most populated city in the County, and Graham is the County seat. Alamance County is unique in that it shares two towns with neighboring counties. Gibsonville is shared with Guilford County

to the west and Mebane is shared with Orange County to the east.

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

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



# Demographic Characteristics

Population Characteristics  
Political Environment  
Education  
Economy/Poverty Level

## ALAMANCE COUNTY DEMOGRAPHICS – AT A GLANCE

Below you will find the demographics for Alamance County and the state of North Carolina, according to the US Census, the Annie E. Casey Foundation-Kids Count Data Center, and the Employment Security Commission of North Carolina. Alamance County consists of nine municipalities. Burlington is the most populated city in the county and Graham is the county's second most populated.

Demographics	Alamance County	North Carolina
Population (2010)	151,131	9,535,483
White (2010)	71.1%	68.5%
African American (2010)	18.8%	21.5%
Hispanic/Latino (2010)	11.5%	8.4%
Asian (2010)	1.2%	2.2%
American Indian and Alaska Native (2010)	0.7%	1.3%
Median Household Income (2009)	\$43,103	\$43,754
Mean Household Income (2009)	\$54,450	\$59,700
Per Capita Income (2009)	\$22,040	\$23,803
Population Below Poverty Level (2009)	15.4%	16.3%
Persons without Health Insurance (2009)	16.4%	16.1%
Children Living in Poverty (under 18yrs) (2008)	22.8%	19.9%
Households that Received Food Stamps (October 2010)	10,317	686,890
Unemployed (Sept 2010)	9.9%	9.6%
Students Eligible for Free & Reduced School Lunch (2007)	52%	53.7%

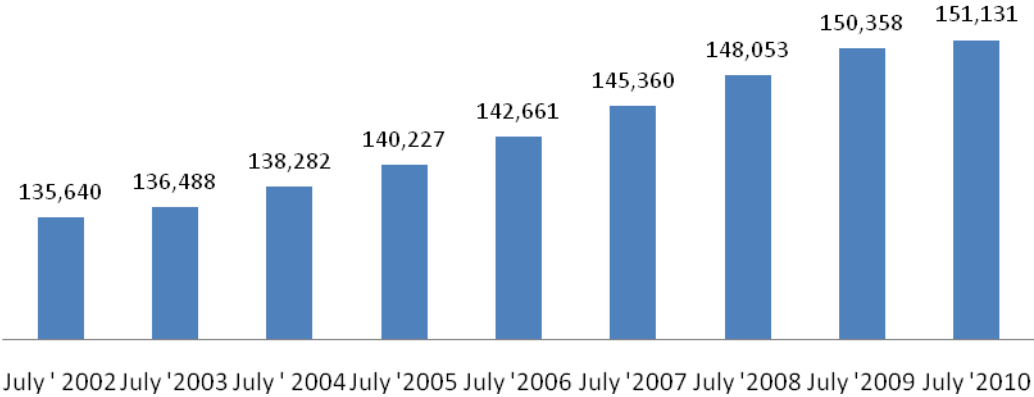
## Population Characteristics

According to the figures in the 2010 US Census and the State Center for Health Statistics (SCHS):

- Alamance County has a population of approximately 151,131 persons, with a population density of 351 persons per square mile.
- According to the US Census, the county population was projected to increase by 12.8% between 2000 and 2010. Alamance County surpassed that goal by growing 15% during this time period.

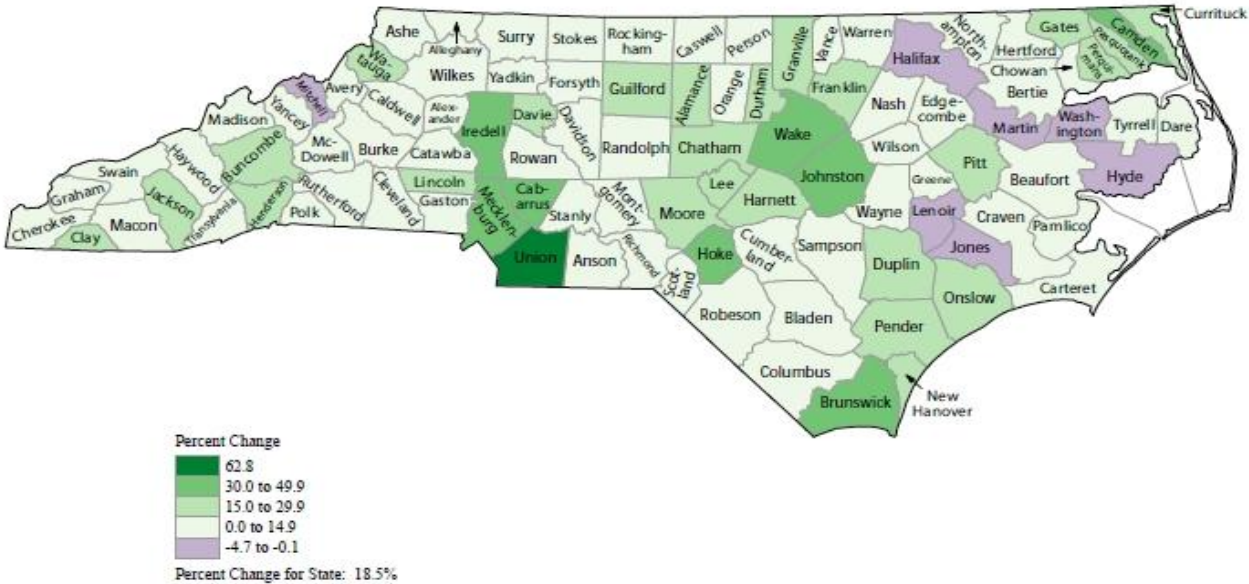
# Population Growth

2010 US Census Bureau



## NORTH CAROLINA - 2010 Census Results

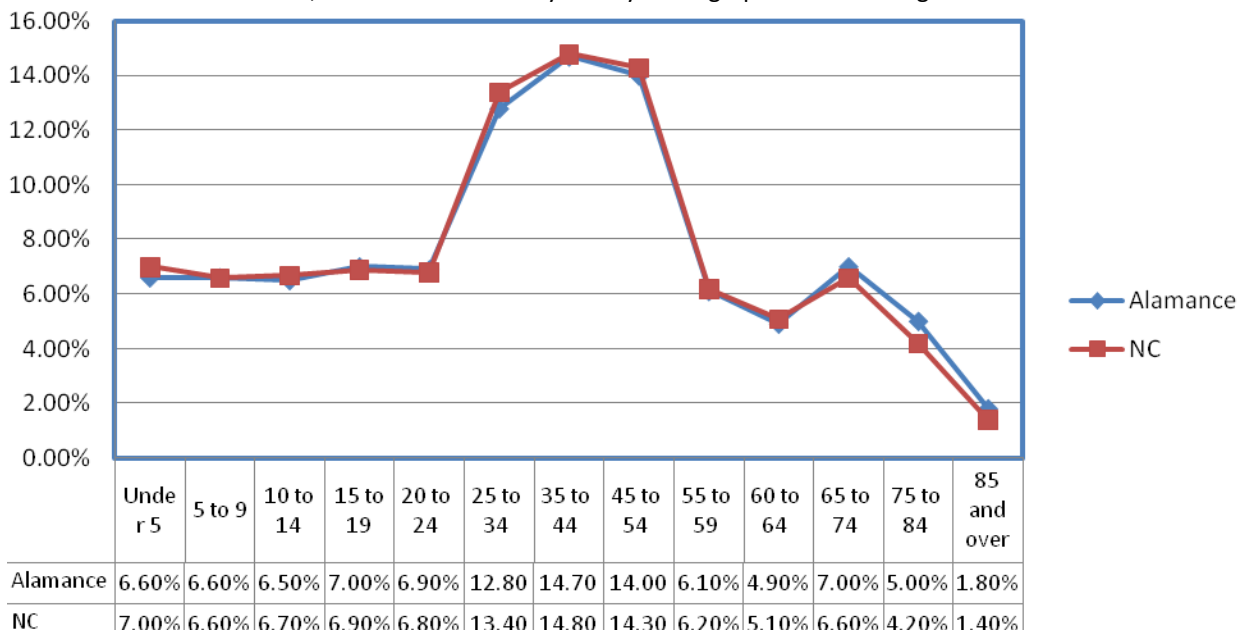
Percent Change in Population by County: 2000 to 2010



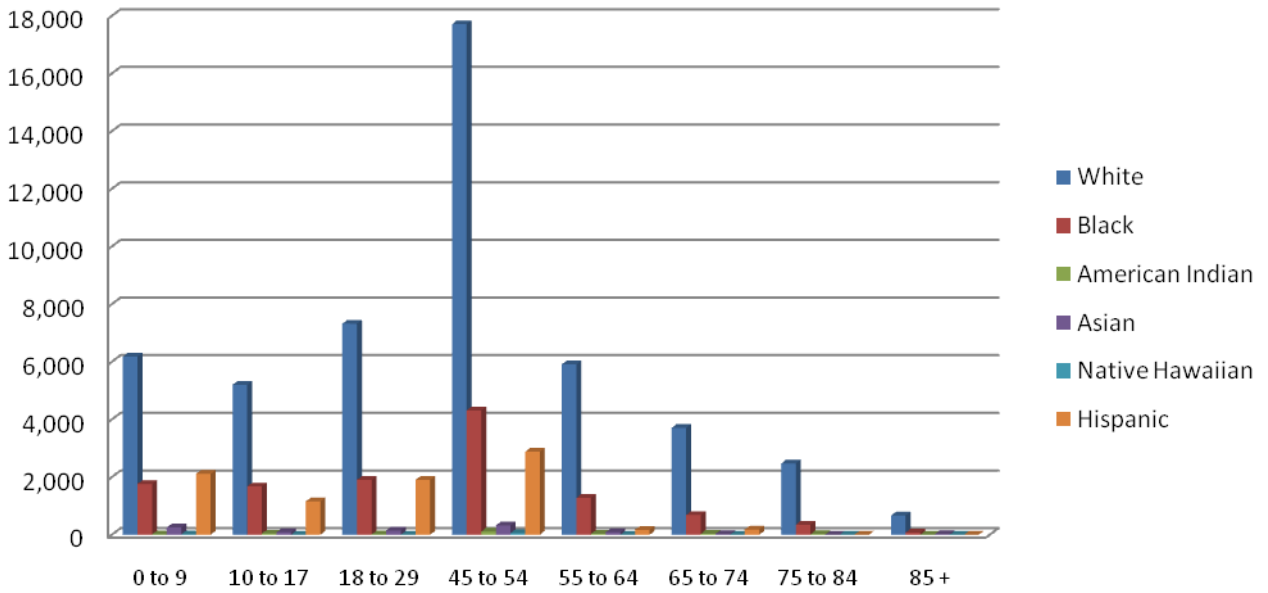
- The age distribution of Alamance County differs from the state age distribution. Alamance County has a smaller proportion of adults of working age and slightly larger population of retired adults than the state average.
- The median age of Alamance County is 37.9 years and the median age for the state is 35.3 years.
- 23.8% of the county residents are under age 18.
- 13.8% of the county residents are over age 65.
- There are 65,182 households in the county averaging 2.47 persons per household.
- Families made up 68 percent of the households in Alamance County. This figure includes both married-couple families (48 percent) and other families (20 percent).
- Nonfamily households made up 32 percent of all households in Alamance County. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder.

### Alamance County Population Distribution by Age

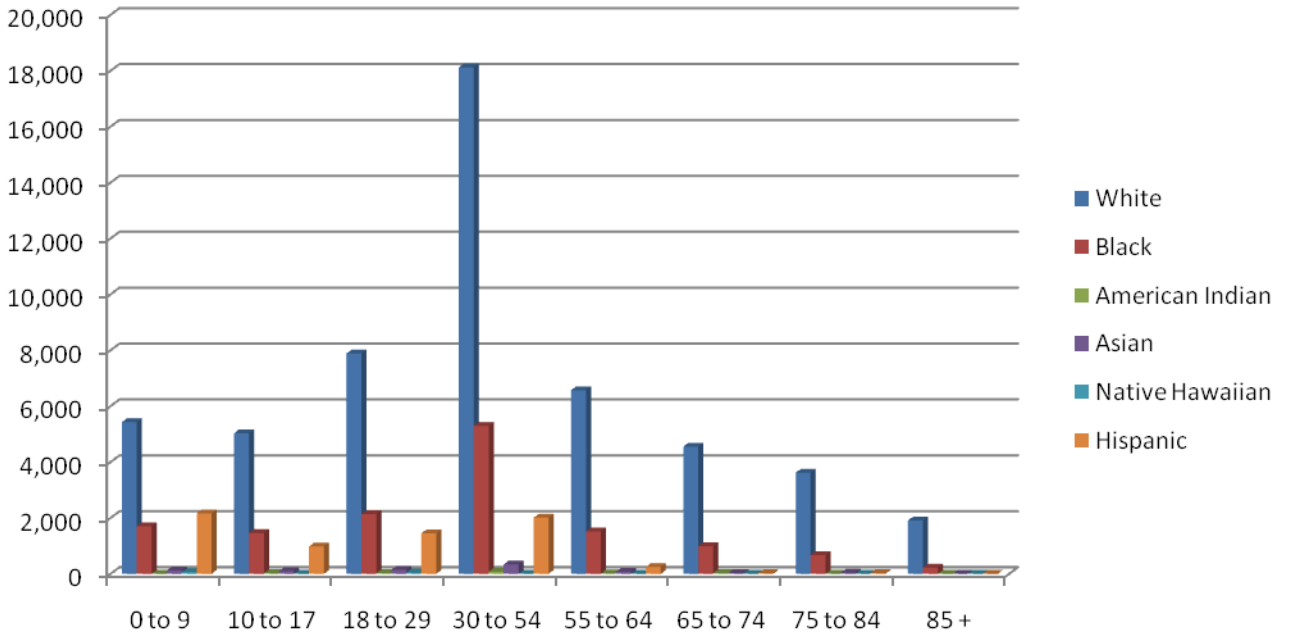
US Census Bureau, American Community Survey Demographic and Housing Estimate: 2006-2008



## All Groups - Males



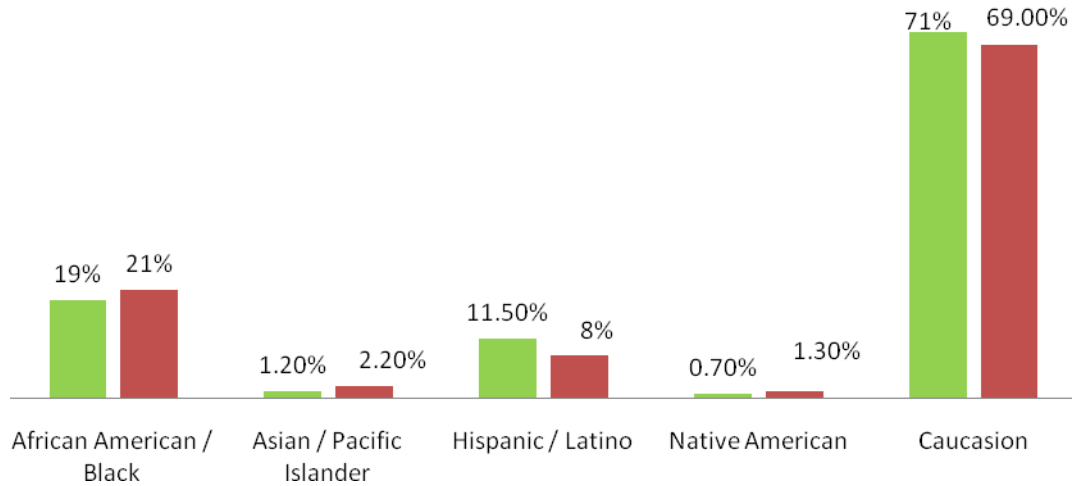
## All Groups - Females



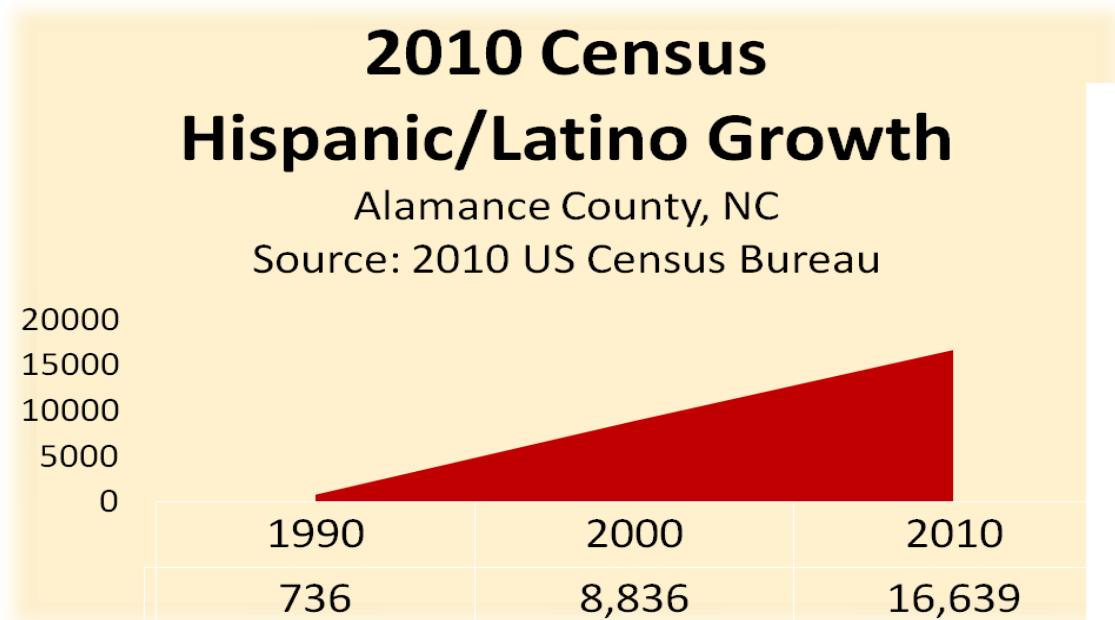
## Ethnicity Make-up of Alamance County

US Census Bureau 2010

■ Alamance ■ NC



Alamance County has a lower proportion of African Americans and Asians than the state, yet the county has a 65% greater proportion of Latinos than the state. Latinos make up 11% of the county's population.



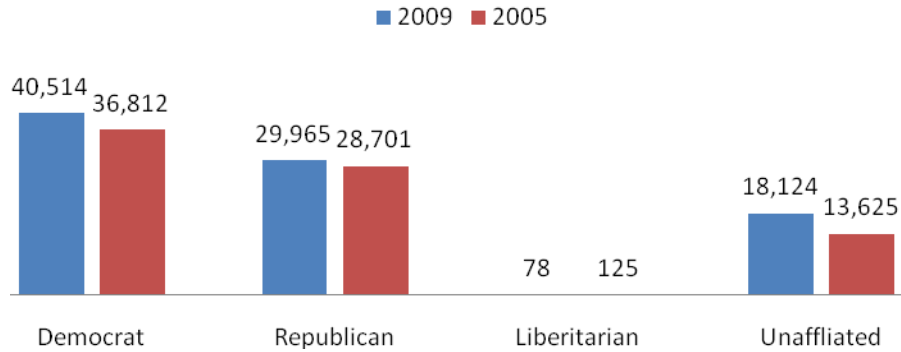
- Part of the county's growth can be traced to an influx of Hispanic residents over the decade, which nearly doubled.
- According to US Census Bureau 2010 data, the growth of the Hispanic population from 2000 to 2010 is 53%.

**Political Environment**

**Political Affiliation, Alamance County**

**2009 compared to 2005**

Source: Alamance County Board of Elections, VR Statistics by Precinct, April 2009

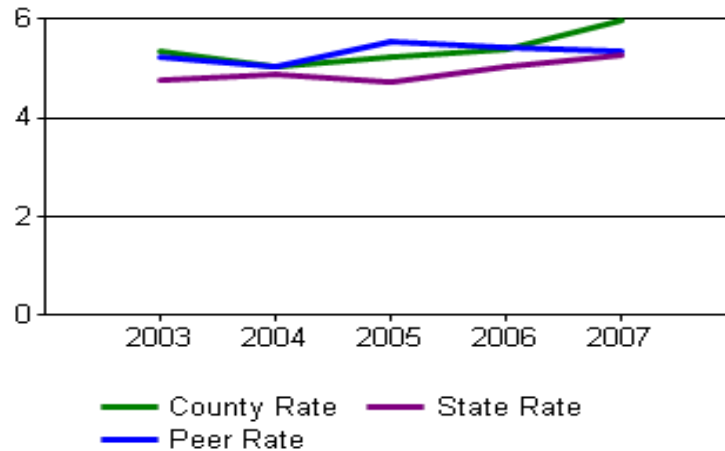


- There are a larger number of registered Democrats than Republicans in Alamance County, however the majority of the county’s elected officials are Republican.

**Education**

**Percentage of HS Student Dropouts**  
 (Alamance County compared to NC and Peer Counties)  
 Peer Counties – Craven, Chatham and Rockingham

**Rates Over Time**

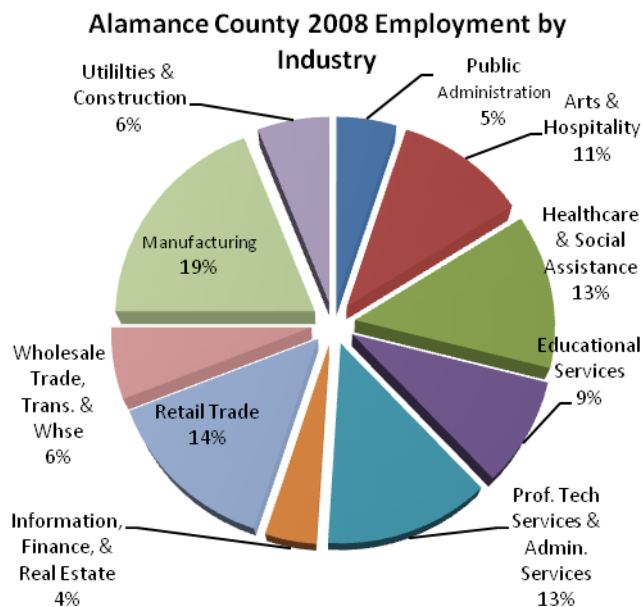


# of Drop Outs				% of Drop Outs		
Year	County	Peer Avg.	State	County	Peer	State
2003	371	195	18,964	5.4	5.2	4.8
2004	362	192	20,035	5.0	5.0	4.9
2005	391	216	20,175	5.2	5.6	4.7
2006	409	211	22,180	5.4	5.4	5.0
2007	441	208	23,550	6.0	5.3	5.3

According to US Census data 2006-2008 American Community Survey:

- 20% of Alamance County adults aged 25 and older do not have a high school Diploma, compared to 17% in NC.
- 52% of Alamance County adults are high school graduates, compared to 49% in NC
- 28% of Alamance County adults have received postsecondary degrees, compared to 33% in NC.
- Alamance County's dropout rate is higher than our peer counties' rates and the state rate.

### Economy/Poverty Level



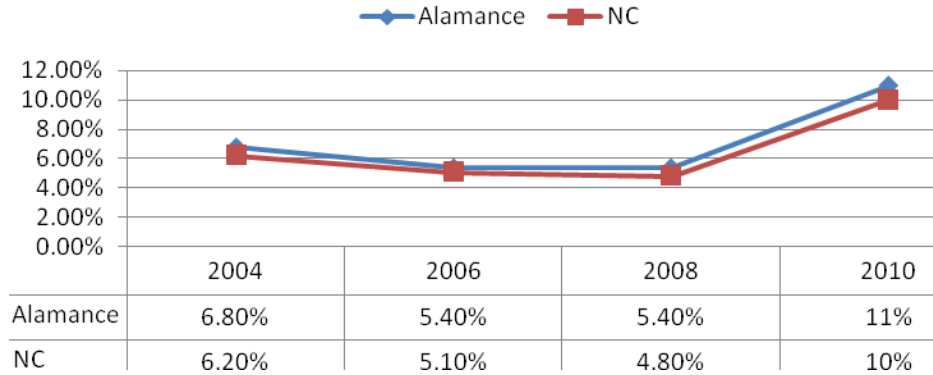
### Major Employers

Company	Employees
Laboratory of America	3,300
Alamance-Burlington School System	3,260
Alamance Regional Medical Center	2,300
Elon University	1,290
Alamance County Government	1,100
Wal Mart Stores Inc.	1,100
City of Burlington	875
Alamance Community College	600
Honda Power Equipment Mfg	510
GKN Driveline North America	500
Glen Raven	400

Source: Alamance County Area Chamber of Commerce

## Alamance County vs. NC Unemployment Rates 2004-2010

Source: US Bureau of Labor Statistics



- In 2010, the county averaged 11% unemployment rate, while the state showed 10%. This rate has greatly increased since 2004. (US Census Bureau)
- Regarding employment status, it is estimated that 63.5% of Alamance County residents over 16 years old are in the labor force, slightly lower than the state's percentage of 65.5%. (US Census Bureau)
- In 2008, the overall poverty rate for Alamance County was 16.6% which is greater than the state rate of 14.6%. (US Census Bureau)
- Children living in poverty are estimated at 18%, which is slightly lower than the state average at 19.5% in 2007 ([www.ncchild.org](http://www.ncchild.org)).
- The 2006-2008 mean family income for Alamance County is \$54,772, which is 12% below the state average family income of \$62,270 (US Census Bureau)
- Alamance County's 2005 rate of uninsured was 17.5%, ranking it the 40th county in the state for uninsured. The state has a slightly higher rate of uninsured at 18.6%. (NC-CATCH, NC State Center for Health Statistics)



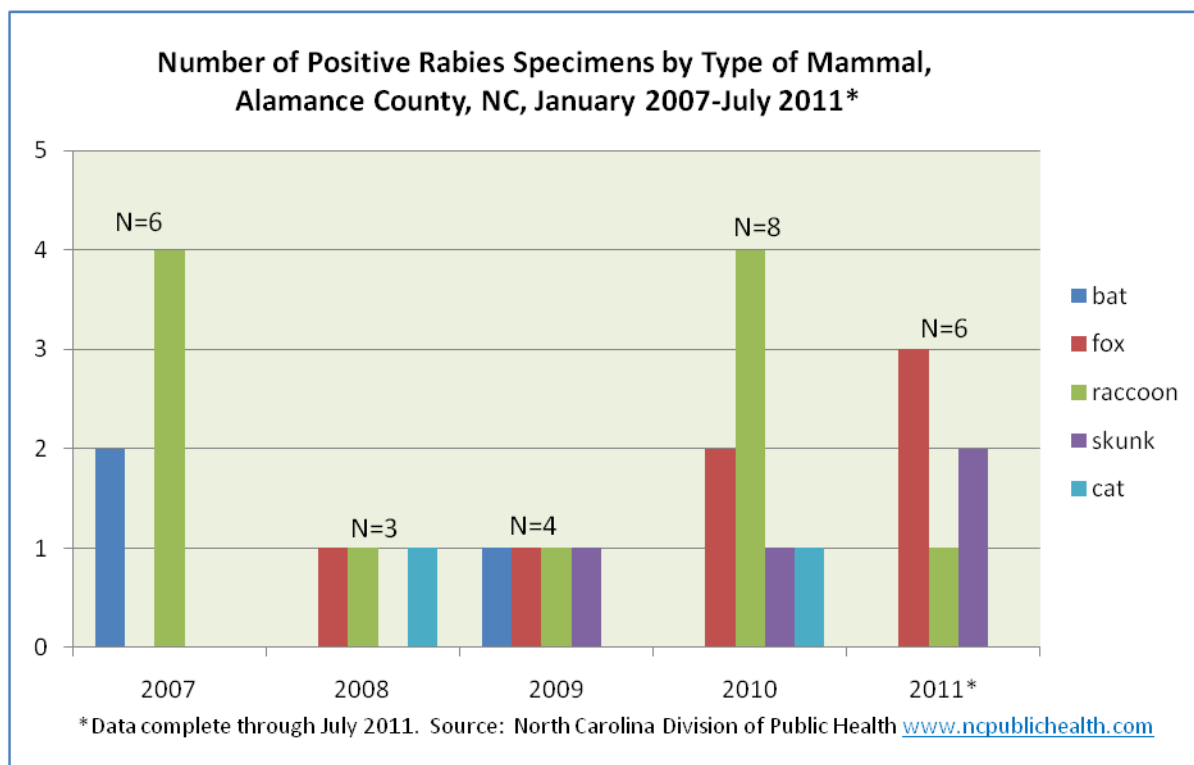
# Health Assessment

# Environmental Health and Preparedness

Water Quality  
 Air Quality  
 Solid Waste  
 Rabies  
 Food Protection  
 Public Health (Emergency) Preparedness

## Rabies

Rabies is a fatal disease and a serious public health problem. Domestic pets, agricultural animals, and people can become infected with rabies. The rabies virus is usually transmitted from animal to animal through bites. Alamance County Health Department (ACHD) reviews all animal bites reported by animal control personnel, veterinarians, physicians, and other sources. During the years 2007-2010, 993 bite reports were reviewed, up from 740 reports over the prior four years 2003-2006. During the same period, 286 specimens were tested for rabies, and 21 tested positive for rabies (see figure). For comparison, 269 specimens were submitted from 2003-2006, with 22 positives. Most of the specimens submitted from Alamance County are in wild animals, especially raccoons and foxes. <http://www.epi.state.nc.us/epi/rabies/state.html> Animal and human exposures to rabies in Alamance County can largely be prevented by raising awareness concerning rabies transmission routes and avoiding contact with wildlife. ACHD uses each confirmed and suspect local case as an opportunity to deliver public health recommendations.





92% of households report their pets' rabies vaccinations are up-to-date, compared to 81% in 2007.

2011 Elon University Poll

Vaccinating pets against rabies is the single most important public health measure to protect against rabies. Therefore, NC rabies law requires all owned dogs, cats, and ferrets must be vaccinated against rabies by four months of age and be kept current with booster shots. To promote vaccination and increase access to rabies vaccines, ACHD partners with six local veterinary offices to sponsor week-long low cost vaccination clinics. Additionally, twice a year, ACHD hosts rabies clinics. From 2007-2010, 2092 animals were vaccinated at the

health department rabies clinics.

Spaying or neutering pets reduces the number of unwanted animals that may not be properly cared for or vaccinated regularly. While 59% of surveyed respondents have pets, 22% have not spayed or neutered their pets. One in three pet owners report that the option has not been presented to them. The Spay and Neuter Clinic of Alamance County opened in 2009 as a division of Burlington Animal Services to provide low-cost spay and neuter surgery for dogs and cats. The clinic is currently open on Tuesdays and Wednesdays, with plans to open more days as demand increases. Since opening, over 1,700 surgeries have been performed.

NC rabies laws were amended in 2009 to conform to recommendations from the CDC and the National Association of State Public Health Veterinarians and to allow stray or feral animals to be euthanized and tested for rabies after biting a human.

<http://www.ncga.state.nc.us/Sessions/2009/Bills/Senate/PDF/S674v7.pdf>.

## **Solid Waste**

Solid waste generated per person each year in Alamance County declined 12% over the past decade, an outcome of thoughtful waste reduction planning. In 2010, Alamance County produced 0.80 tons of municipal solid waste per person, twenty percent less than the statewide average ([http://www.wastenotnc.org/swhome/AR09\\_10/AR09\\_10.pdf](http://www.wastenotnc.org/swhome/AR09_10/AR09_10.pdf)).

Alamance County Health Department responds to complaints related to illegal solid waste disposal. When violations of state or local solid waste regulations are found, clean-up and other remedies, including legal action, may be required. During the four-year period 2007-2010, there were 3,573 contacts related to solid waste, the majority of which began as complaints from the public. A few of these cases required legal action before they were resolved.

Alamance County's waste management plan involves removing metals and appliances, scrap tires and yard waste for recycling, and final disposal of waste in properly designed, constructed and managed landfills. Citizens have two legal options for disposal. Either curbside trash pickup or they must carry their trash to the landfill or other approved disposal sites. However, as complaints indicate many residents still dispose of waste in an unapproved manner that is detrimental to the environment and public health. Illegal dumps create human health risks by providing breeding places for insects, rodents and other vectors and pests. In addition, illegal disposal of waste results in financial losses.

Household hazardous wastes (HHW) are hazardous household chemicals that are poisonous and/or toxic, ignitable, corrosive or reactive with other chemicals. HHW



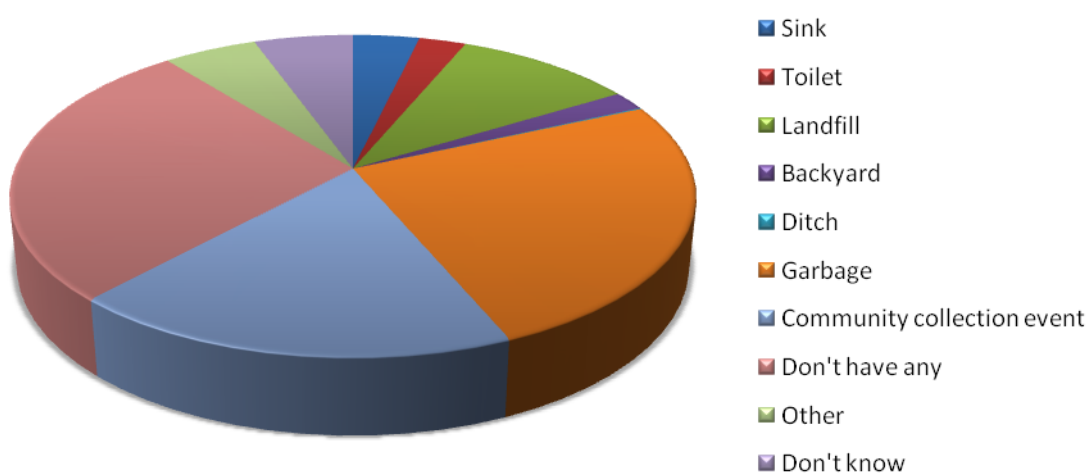
25% of households dispose of their unused chemicals in the garbage, while 18.3% use community collection events and 5.5% don't know where to dispose of them.

2011 Elon University Poll

includes items such as pharmaceuticals, household cleaners, pesticides, herbicides, fertilizers, pool chemicals, paints, automotive fluids and batteries, among others. These chemicals are dangerous to human health and the environment. Alamance County has no permanent collection site, but continues to host “Paint and Pesticide” collection days to support the proper disposal of hazardous wastes. Because of positive reception by the community, these collection days became a semi-annual event in 2009 and are now held every fall and spring. According to household surveys, 18.3% of households dispose of their unused household chemicals at these community collection events.

Its importance was confirmed by the results of household surveys, which revealed that at least a third of households dispose of hazardous chemicals in the garbage, that two out of ten dispose of them in some other way, and that two out of ten do not know how they dispose of hazardous wastes. The amounts of solid, liquid, and aerosol pesticides collected have also increased steadily, and 1,150 pounds were collected at a recent event.

## Household Disposal of Unused Chemicals in Alamance County



The Alamance County Landfill has made important progress in recent years. In September 2009, it began an electronics recycling program well ahead of the statewide ban on the disposal of electronics like computers and televisions with regular household trash that went into effect July 2011. These and other electronics are accepted for recycling at the Convenience Center located at the landfill. There is a nominal fee charged to cover handling expenses. The County promotes reuse and recycling to residents, business, and industries, including take back/buy back programs offered through manufacturers and local retail stores.

The Alamance County Landfill has also extended the expected lifetime of the landfill site from 40 years in 2005 to over 60 years in 2011. This has been achieved partially through the use of an alternative covering material that was implemented in 2010, requires the use of less soil, which takes up less space. Saving such valuable landfill space enhances the efficiency of Alamance County’s Landfill and helps to ensure that the landfill can be used longer into the future. Further, despite the crippling of the national economy, the Alamance County Landfill has not changed its tipping fees for garbage received for over nine years. The landfill has been

successful in improving its operations while stabilizing expenses for users and sparing tax dollars from landfill operations.

## **Air Quality**

Alamance County's air quality has a direct impact on the respiratory health of its residents. Air pollution can make breathing difficult, cause eye irritation, and trigger asthma attacks. Polluted air may lead to more hospital emergency room visits and hospitalizations among asthmatics and others with compromised respiratory function. Increases in ambient air pollutants are associated with greater risk of death due to heart and lung conditions.

The Environmental Health Section continues to track the Air Quality Index (AQI), an index for reporting daily air quality. Triad Air Awareness reports a general trend of improving air quality in our part of the state, and attributes this to wise decisions about transportation, energy, and living more sustainably.

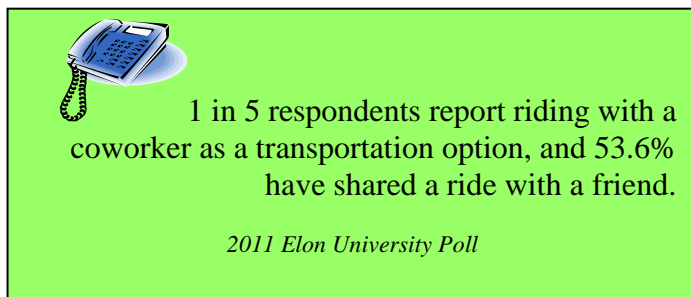
[http://www.co.forsyth.nc.us/EnvAffairs/Air\\_awareness.aspx](http://www.co.forsyth.nc.us/EnvAffairs/Air_awareness.aspx).

The AQI tells you how clean or polluted our air is and identifies associated health effects. The AQI focuses on health effects residents may experience within a few hours

or days after breathing polluted air. EPA calculates the AQI for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, EPA has established national air quality standards to protect public health. Ground-level ozone and airborne particles are the two pollutants that pose the greatest threat to human health in Alamance County.

During the smog season of 2010 we saw Air Quality Index (AQI) numbers similar to those we experienced in 2008, with 12 days reaching an AQI of Code Orange (Unhealthy for Sensitive Groups) but no Code Red (Unhealthy) days. <http://www.ncair.org/monitor/aqi/>

In 2007, in an effort to raise awareness around the issue of air pollution and health and to protect the health, especially of children, the Health Department, in association with the Healthy Alamance Child Asthma Coalition and the Environmental Protection Agency (EPA), implemented an Air Quality Flag Program with schools, some county offices and businesses. In 2010, the program was expanded to include magnets on all environmental health vehicles. The Air Quality Flag and Magnet Program uses multi-colored flags and magnets to indicate the outdoor air quality.



Year	Orange	Red
2010	12	0
2009	1	0
2008	14	2
2007	8	0
2006	6	0
2005	4	0
2004	1	0
2003	6	1
2002	26	5

Source: [www.ncair.com](http://www.ncair.com)

Children, the elderly, and people with respiratory diseases or compromised immune systems are particularly susceptible to the effects of ozone, but otherwise healthy people are also affected.

Ozone levels have risen statewide due to increased traffic, industry, and warmer weather (Source: NCENR. <http://www.enr.state.nc.us/>). Ozone levels vary depending on season, time of day and the locale. The primary constituent of smog, ozone forms when nitrogen oxides and volatile organic compounds are emitted into the air from gasoline vapors, chemical solvents, and fuel combustion. People with lung disease are at greater risk from exposure to ozone, while people with either lung disease or heart disease are at greater risk from exposure to particle pollution. As noted in the demographic section, more than one in ten Alamance County residents is elderly and one in four is children, so that nearly four in ten Alamance County residents are considered a sensitive population for ozone pollution. [www.airnow.gov](http://www.airnow.gov)

Ongoing treatment of medical waste raised concerns about the air in Alamance County during the recent assessment period. The NC Division of Air Quality renewed the air permit for Stericycle Inc. in February 2011 to allow the company's incineration facility to continue to operate its pollution-control devices in the two dual-chamber medical waste incinerators it uses to burn hospital, medical and infectious waste. The renewal followed months of public hearings and comment. Under conditions of the permit, Stericycle must demonstrate that it can comply with state and federal rules for controlling particulate matter, carbon monoxide, dioxin, furans, hydrogen chloride, sulfur dioxide, nitrogen dioxide, lead, cadmium, mercury and toxic air pollutants. The plant will be using scrubbers as its primary air pollution control devices, and the permit would not increase the plant's capacity. The NC Environmental Management Commission adopted rules in November 2010 that make new federal clean air requirements enforceable beginning on July 1, 2013 instead of Oct. 6, 2014.



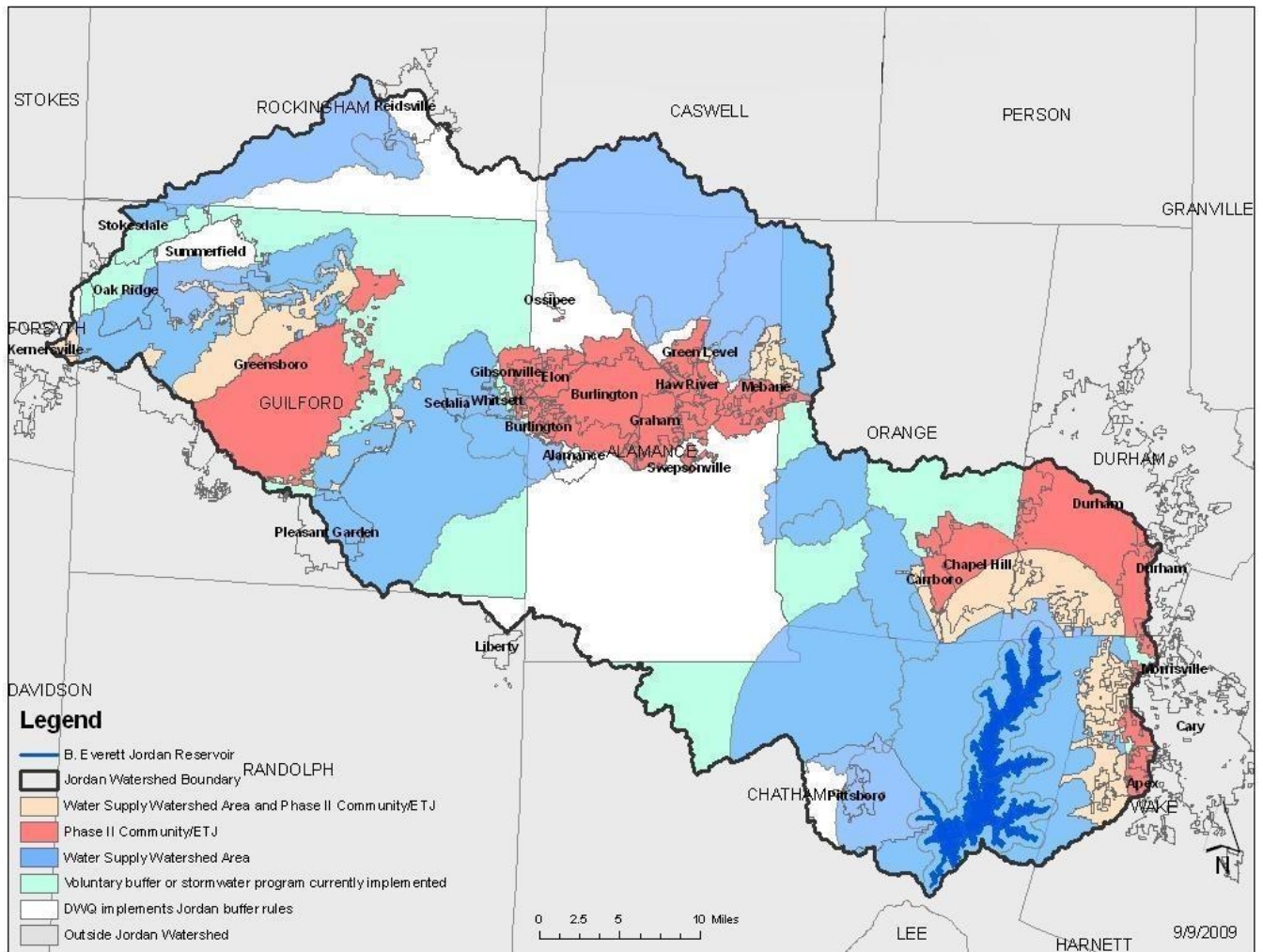
## Water Quality

Alamance County contains a portion of the Haw River and Deep River watersheds, nutrient sensitive waters which 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 2007-2010, ACHD provided 9,014 on-site septic system services, including new, existing, and repair permits for sanitary disposal and treatment of wastewater.

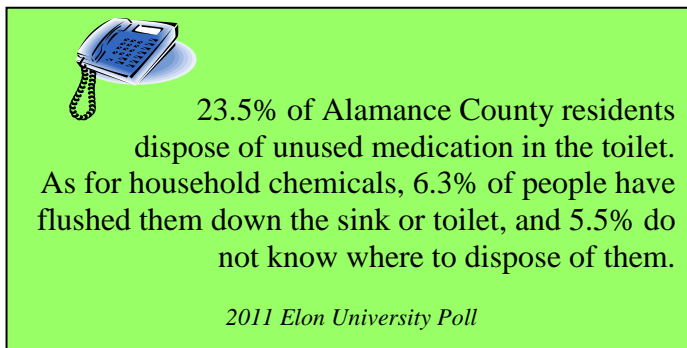
The Jordan Lake Nutrient Management Strategy became effective August 11, 2009. These rules, aimed at restoring and maintaining water quality, draw attention to private landowners' potential contributions to water quality impairments from nonpoint sources.

[www.jordan.lake.org](http://www.jordan.lake.org).



There are 132 active community drinking water systems in Alamance County. These range from large systems like the City of Burlington, which serves over 52,000 people, to very small systems like those that serve mobile home parks and daycare centers. Approximately half of households, businesses, and shared facilities rely on well water outside of these managed community water systems.

During the assessment period 2007-2010, Registered Environmental Health Specialists issued permits for 914 new or replacement wells, inspected the grouting of 803 wells, oversaw proper abandonment of unused wells, and provided field, phone, and office consultation to the public on water supply concerns. Environmental Health specialists collected more than 3500 water samples from private drinking water wells and provided these results with education to homeowners regarding water quality issues.



23.5% of Alamance County residents dispose of unused medication in the toilet. As for household chemicals, 6.3% of people have flushed them down the sink or toilet, and 5.5% do not know where to dispose of them.

*2011 Elon University Poll*

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

## **Food Safety**

Foodborne illness is a costly yet preventable public health problem. The Centers for Disease Control and Prevention estimates one in six people becomes ill from eating or drinking contaminated food every year. ACHD's Environmental Health Section conducted risk-based inspections of more than 8400 food and lodging establishments through the years 2007-2010. Current inspection results are available online at <http://www.alamance-nc.com/d/environmental-health/food-lodging-and-institutions/sanitation-grades.html>.

Environmental Health Specialists also investigated 313 complaints in food and lodging establishments, some of which were associated with illness. Norovirus was a common cause of outbreaks in long-term care facilities, schools, restaurants, and other settings during the assessment period. As part of every epidemiological investigation in an outbreak or suspected outbreak, ACHD advises consumers and the general public on control measures to reduce transmission of the pathogen. A nationwide *Salmonella* outbreak in 2008 and 2009 was linked to peanut products from the Peanut Corporation of America (PCA) and showed the complexity of the food system. ACHD staff was sent out to trace back and educate consumers about the recalled product. The ultimate cause of the contamination was never ascertained. This outbreak contributed to new food safety efforts nationwide. In 2010, Alamance County Environmental Health enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. These standards reinforce proper sanitation (good retail practices) while focusing on the factors that cause and contribute to foodborne illness. Alamance County retail food managers took advantage of opportunities each spring and fall to earn food safety certification through ServSafe courses hosted by the County.



## **Public Health Preparedness**

Local public health actively prepares for and responds to emergencies of all kinds by focusing on capabilities needed to protect and saves lives. This assessment period was characterized by the first pandemic flu in a generation. Public health provided essential functions in emergency operations with a unified command of partners, surveillance and laboratory testing, mass vaccination, and public information in a response that lasted a year. With government and nongovernmental partners, we educate residents, businesses, and community groups on ways to prepare for and stay safe during an emergency.



37% of Alamance County residents said in a community disaster or emergency, they could take care of themselves for up to one week at home. One in five residents know they would need assistance within the first 3 days.

*2011 Elon University Poll*

# Health Status of County Residents

Overview  
Hospitalizations  
Perception of Own Health

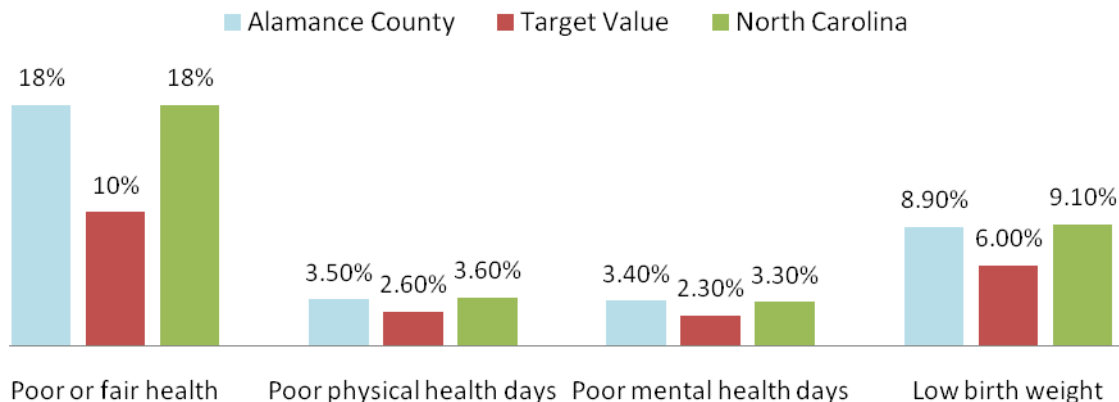
## Overview

When compared to other North Carolina counties, morbidity indicators place Alamance County as the 36<sup>th</sup> healthiest county in North Carolina for the 2011 rankings. Morbidity is the term that refers to how healthy people feel while alive. The County Health rankings specifically report on the measures of their health-related quality of life. The “health related quality of life” (HRQOL) includes the communities overall health, their physical health, their mental health. As seen in Figure 1-1 Alamance County ranks 36<sup>th</sup> out of a 100 for Morbidity in North Carolina County Health Rankings based on the figures listed below.

Fig 1-1

## Alamance County Morbidity Health Rankings

2011 NC Health Rankings



Although Alamance County is higher than the target value, we are very similar to the overall state rankings.

## Perceptions of Own Health

People’s perceptions of their own health are an important measure of morbidity and overall wellness. Figure 1-2 shows Alamance County Residents’ Description of their own health from the 2010 Behavioral Risk Factor Surveillance Survey, which shows only 15% feel they have “fair health” while 7% have “poor health” (this has increased from 3% since 2009). The 2010 Behavioral Risk Factor Surveillance Survey reports that Alamance County residents have a positive attitude towards life, with 92% reporting feeling either “satisfied” or “very satisfied” with their lives. However, over one in four Alamance residents (30%) report having had three or

more days per month when their physical health is not good, which is higher than the state average of 23%.

Figure 1-2

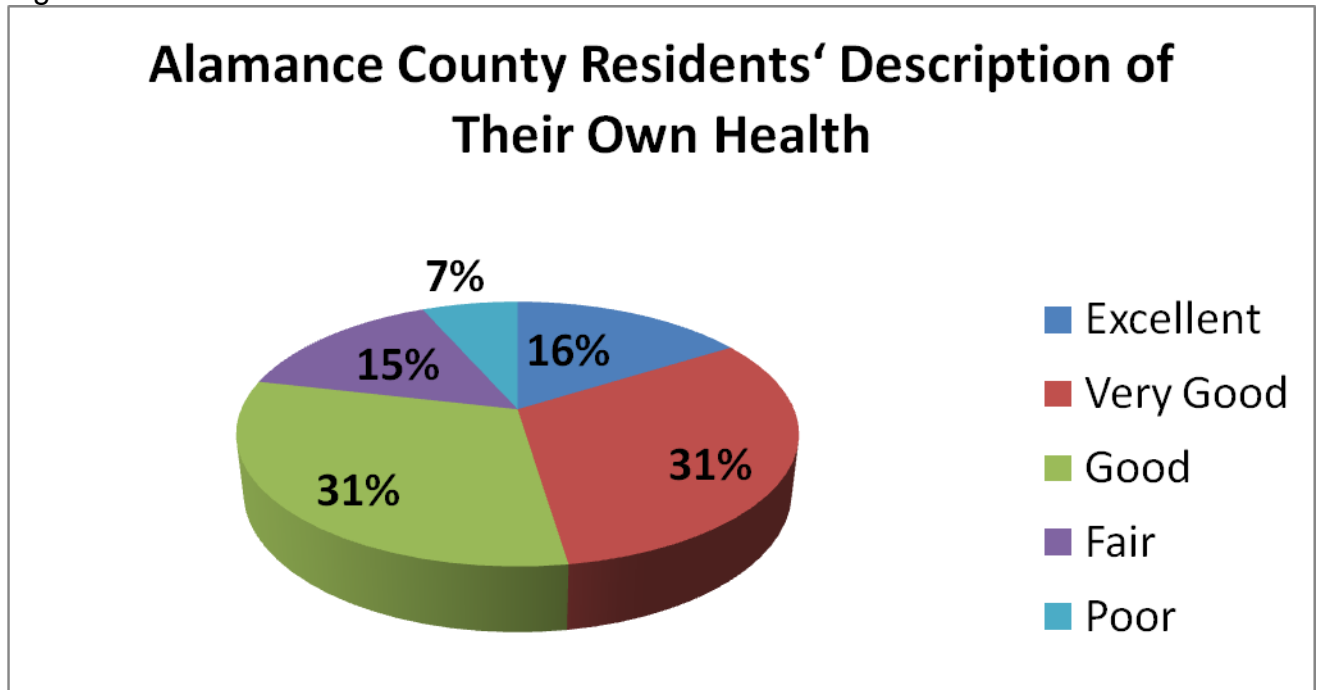


Figure 1-3

### 2010 BRFSS Survey Results: Alamance County

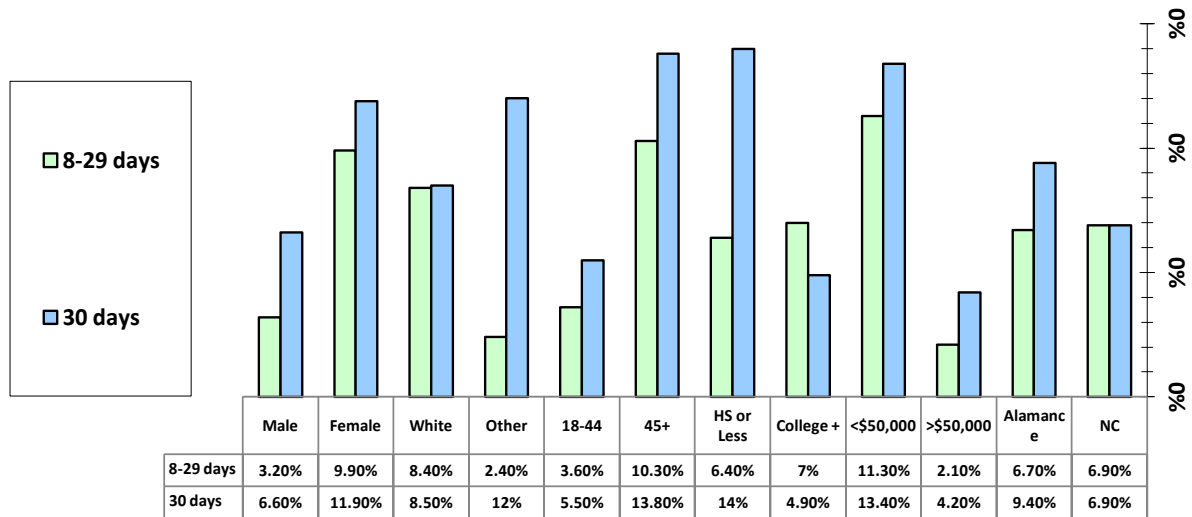
#### Healthy Days

**Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

	Total Responding	None	1-2 Days	3-7 Days	8-29 Days	30 Days
Alamance	301	65.6%	5.6%	12.7%	6.7%	9.4%
NC	11,870	68.4%	9.3%	8.4%	6.9%	6.9%

Figure 1-4

**Days in the Past Month that Poor Physical or Mental Health Prohibited Usual Activities, 2010**



Source: NC Behavioral Risk Factor Surveillance Survey, 2010

Alamance County women (22%) are more likely than men (10%) to report having eight days or more of poor physical health per month, as can be seen in Figure 1-4. Household income appears to be another important factor in physical health; only 6 percent of people with incomes over \$50,000 reported eight or more bad days per month, while 23% of those with lower incomes experience eight or more days of poor physical health per month. Those older than age 45 also had a much higher percent of bad days than those in the 18-44 age range. Overall, the percentage of residents in Alamance County reporting days of not having good physical health was higher than those reporting days of not having good physical health statewide.

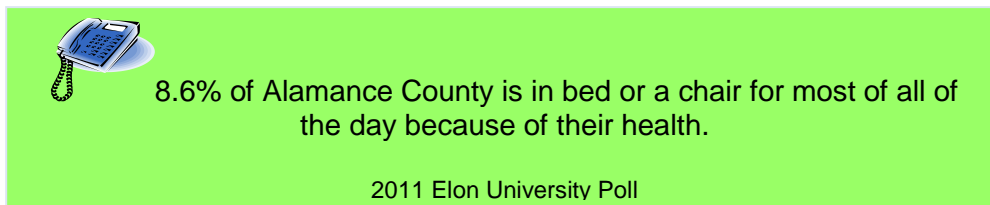
When asked to describe their own mental health, including stress, depression and problems with emotions, over seventy percent of Alamance County residents reported either none or very few days of poor mental health in the past month. As with physical health, women in Alamance County are more likely to report more days of poor mental health. Overall Alamance County residents reported having more poor mental health days than residents statewide.

**Disability Rates**

Disability Rates can also be associated with the overall health of the county, which plays a role on the morbidity of Alamance County. Because disability can be defined in multiple ways, and the social stigma sometimes associated with certain disabilities, it can be difficult to pinpoint an exact number of people experiencing disabilities. According to the 2010 Behavioral Risk Factor Surveillance Survey, 23% of Alamance County residents report a mild, moderate or severe disability compared to 17% statewide. This rate is lower for women (21% reporting disability) versus men (25%). People with a high school education or less are three times as likely to have

a disability (34%) than those with higher education (13%). This disparity is also reflected in unequal rates by income; those earning less than \$50,000 per year are far more likely to report a disability (29%) than those earning \$50,000 or more (9%). Surprisingly, age and race categories had similar disability percentages. Twenty-two percent of residents age 18-44 and 25% age 44 and older reported some type of disability. Twenty-four percent of white residents and 23% of other races reported some type of disability as well.

According to the 2011 Elon University Poll, 8.6% of Alamance County is in bed or a chair for most or all of the day because of their health. As far as caring for someone with a disability 3.7% care for a disabled child, 3.6% care for a disable spouse or partner, 9.5% care for an elderly or disabled parent, and 7.5% care for another elderly or disabled relative.



8.6% of Alamance County is in bed or a chair for most of all of the day because of their health.

2011 Elon University Poll

### Hospitalization Rate

Rates of hospitalization can be used as a general indicator of the number of people dealing with a specific illness, but it is a rough estimate. Lower hospitalization rates can mean lower incidence of a disease, but could also demonstrate improvements in outpatient management or reflect barriers to hospital care, such as cost or lack of insurance. It is also important to combine this information with the disability rates of the county as previously discussed. As seen in Figure 1-5 the 2009 Inpatient Hospitalization and Charges for Alamance County are listed. Areas that are higher than the state rate are cardiovascular disease and respiratory disease. The overall discharge rate is also higher in Alamance County at 110 versus 102.8 per 1000 population in NC.

Figure 1-5

<b>INPATIENT HOSPITALIZATION AND CHARGES, Alamance County and North Carolina, 2009</b>							
<b>DIAGNOSTIC CATEGORY</b>	<b>TOTAL CASES</b>	<b>DISCHARGE RATE (PER 1,000 POP)</b>	<b>AVERAGE DAYS STAY</b>	<b>DAYS STAY RATE (PER 1,000 POP)</b>	<b>TOTAL CHARGES</b>	<b>AVERAGE CHARGE PER DAY</b>	<b>AVERAGE CHARGE PER CASE</b>
<b>INFECTIOUS &amp; PARASITIC DISEASES - Alamance</b>	471	3.2	7.3	23.1	\$14,404,530	\$4,204	\$30,648
<b>NC</b>	37,542	4.0	7.3	29.1	\$1,249,219,532	\$4,571	\$33,281
<b>-- Septicemia Alamance</b>	237	1.6	9.1	14.6	\$9,687,790	\$4,479	\$40,877
<b>NC</b>	23,362	2.5	8.4	21.0	\$952,434,053	\$4,834	\$40,774
<b>-- AIDS Alamance</b>	23	0.2	6.9	1.1	\$768,631	\$4,865	\$33,419
<b>NC</b>	1,670	0.2	8.8	1.6	\$60,107,392	\$4,865	\$33,419
<b>MALIGNANT NEOPLASMS Alamance</b>	561	3.8	6.1	22.9	\$17,314,030	\$5,091	\$30,863
<b>NC</b>	31,825	3.4	6.8	23.0	\$1,188,912,912	\$5,511	\$37,358
<b>-- Colon, Rectum, Anus Alamance</b>	60	0.4	8.0	3.2	\$1,947,291	\$4,082	\$32,455

## INPATIENT HOSPITALIZATION AND CHARGES, Alamance County and North Carolina, 2009

DIAGNOSTIC CATEGORY		TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
	NC	3,841	0.4	8.1	3.3	\$159,914,619	\$5,048	\$40,853
-- Trachea, Bronchus, Lung	Alamance	99	0.7	6.0	4.0	\$2,547,120	\$4,303	\$25,728
	NC	4,489	0.5	7.0	3.4	\$161,350,727	\$5,123	\$35,944
-- Female Breast	Alamance	38	0.3	2.4	0.6	\$422,227	\$4,640	\$11,111
	NC	1,698	0.2	2.8	0.5	\$36,538,812	\$7,816	\$21,519
-- Prostate	Alamance	20	0.1	2.1	0.3	\$400,048	\$9,525	\$20,002
	NC	2,727	0.3	2.3	0.7	\$68,369,384	\$10,745	\$25,071
BENIGN, UNCERTAIN & OTHER NEOPLASMS	Alamance	142	1.0	4.1	3.9	\$3,470,817	\$5,995	\$24,442
	NC	9,639	1.0	3.8	3.9	\$250,463,273	\$6,791	\$25,984
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	Alamance	714	4.8	3.9	18.7	\$11,850,097	\$4,283	\$16,620
	NC	36,660	4.1	4.1	17.0	\$725,878,233	\$4,543	\$18,779
-- Diabetes	Alamance	326	2.2	3.8	8.4	\$4,939,627	\$3,977	\$15,152
	NC	16,642	1.8	4.7	8.4	\$318,424,354	\$4,042	\$19,136
BLOOD & HEMOPOETIC TISSUE DISEASES	Alamance	215	1.4	3.5	5.1	\$3,141,976	\$4,156	\$14,614
	NC	13,104	1.4	4.4	6.2	\$252,385,322	\$4,364	\$19,263
NERVOUS SYSTEM & SENSE ORGAN DISEASES	Alamance	310	2.1	4.6	9.6	\$6,763,130	\$4,743	\$21,817
	NC	18,262	1.9	5.1	9.9	\$404,827,690	\$4,363	\$22,174
CARDIOVASCULAR & CIRCULATORY DISEASES	Alamance	2,880	19.4	4.4	85.0	\$81,029,625	\$6,425	\$28,145
	NC	160,376	17.1	4.7	80.4	\$5,228,249,111	\$6,927	\$32,605
-- Heart Disease	Alamance	1,771	11.9	4.3	51.7	\$53,877,404	\$7,031	\$30,422
	NC	107,137	11.4	4.7	53.5	\$3,755,289,120	\$7,484	\$35,056
-- Cerebrovascular Disease	Alamance	628	4.2	4.5	19.3	\$14,531,031	\$5,088	\$23,175
	NC	28,758	3.1	4.7	14.5	\$742,345,102	\$5,461	\$25,817
RESPIRATORY DISEASES	Alamance	1,656	11.2	5.1	57.4	\$31,565,677	\$3,708	\$19,073
	NC	98,281	10.5	5.5	57.7	\$2,226,241,021	\$4,114	\$22,657
-- Pneumonia/Influenza	Alamance	492	3.3	4.8	15.9	\$7,537,905	\$3,198	\$15,321
	NC	33,137	3.5	5.2	18.2	\$645,773,897	\$3,784	\$19,492
-- Chronic Obstructive Pulmonary Disease	Alamance	593	4.0	3.7	14.8	\$7,212,405	43,293	\$12,183
	NC	31,572	3.4	4.1	13.7	\$470,008,579	\$3,655	\$14,888
DIGESTIVE SYSTEM DISEASES	Alamance	1,623	10.9	4.7	50.9	\$29,392,004	\$3,891	\$18,110
	NC	91,249	9.7	4.9	48.1	\$2,144,757,568	\$4,752	\$23,509
-- Chronic Liver Disease/Cirrhosis	Alamance	46	0.3	3.9	1.2	\$766,402	\$4,282	\$16,661
	NC	2,391	0.3	6.2	1.6	\$74,670,992	\$5,018	\$31,243
GENITOURINARY DISEASES	Alamance	789	5.3	4.0	21.1	\$11,112,104	\$3,558	\$14,084
	NC	44,904	4.8	4.3	20.4	\$805,879,344	\$4,216	\$17,948
-- Nephritis, Nephrosis, Nephrotic Syndrome	Alamance	210	1.4	5.6	7.9	\$3,970,052	\$3,379	\$18,905
	NC	13,081	1.4	5.8	8.1	\$296,261,829	\$3,894	\$22,648
PREGNANCY & CHILDBIRTH	Alamance	1,986	13.4	2.7	36.4	\$14,138,045	\$2,616	\$7,119

## INPATIENT HOSPITALIZATION AND CHARGES, Alamance County and North Carolina, 2009

DIAGNOSTIC CATEGORY		TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
	NC	129,940	13.8	2.7	36.8	\$1,195,174,153	\$3,462	\$9,198
SKIN & SUBCUTANEOUS TISSUE DISEASES	Alamance	282	1.9	4.0	7.6	\$3,146,743	\$2,777	\$11,159
	NC	17,271	1.8	5.1	9.4	\$290,481,185	\$3,305	\$16,822
MUSCULOSKELETAL SYSTEM DISEASES	Alamance	977	6.6	3.8	25.3	\$30,219,434	\$8,054	\$30,931
	NC	57,415	6.1	3.8	23.2	\$2,334,346,619	\$10,721	\$40,664
-- Arthropathies and Related Disorders	Alamance	463	3.1	3.8	11.8	\$14,200,475	\$8,115	\$30,671
	NC	29,650	3.2	3.6	11.4	\$1,105,295,352	\$10,315	\$37,282
CONGENITAL MALFORMATIONS	Alamance	51	0.3	5.8	2.0	\$2,182,221	\$7,323	\$42,789
	NC	3,469	0.4	7.6	2.8	\$224,417,889	\$8,486	\$64,692
PERINATAL COMPLICATIONS	Alamance	76	0.5	14.5	7.4	\$3,566,456	\$3,233	\$46,927
	NC	4,243	0.5	11.5	5.2	\$158,614,581	\$3,240	\$37,383
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	Alamance	939	6.3	2.6	16.6	\$10,369,754	\$4,207	\$11,055
	NC	47,490	5.1	2.8	14.1	\$653,913,273	\$4,944	\$13,772
INJURIES & POISONING	Alamance	1,368	9.2	5.6	51.9	\$40,296,833	\$5,239	\$29,478
	NC	77,739	8.3	5.7	46.9	\$2,648,041,103	\$6,016	\$34,074
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	Alamance	1,281	8.6	7.1	61.1	\$17,799,662	\$1,965	\$13,906
	NC	83,489	8.9	7.9	70.0	\$1,377,919,859	\$2,097	\$16,516
ALL CONDITIONS	Alamance	16,321	110.0	4.6	506.0	\$331,763,140	\$4,420	\$20,336
	NC	964,898	102.8	4.9	504.2	\$23,359,722,665	\$4,938	\$24,214

Source: NC State Center for Health Statistics, 2009 data in the NC County Health Data Book, 2010

# Leading Causes of Death

Overview  
 Leading Causes of Death by Race/Ethnicity  
 Leading Causes of Death by Age  
 Leading Causes of Death by Gender  
 Gender Disparities

## Overview

The leading causes of death in Alamance County (2009) are similar to those in counties across the state and nation: Cancer is the leading cause of deaths, accounting for 23% of deaths. Heart disease deaths were the second leading cause of deaths, accounting for 20.6% in Alamance County and 22.3% state-wide. Almost half of the deaths in the county were from one of these two causes.

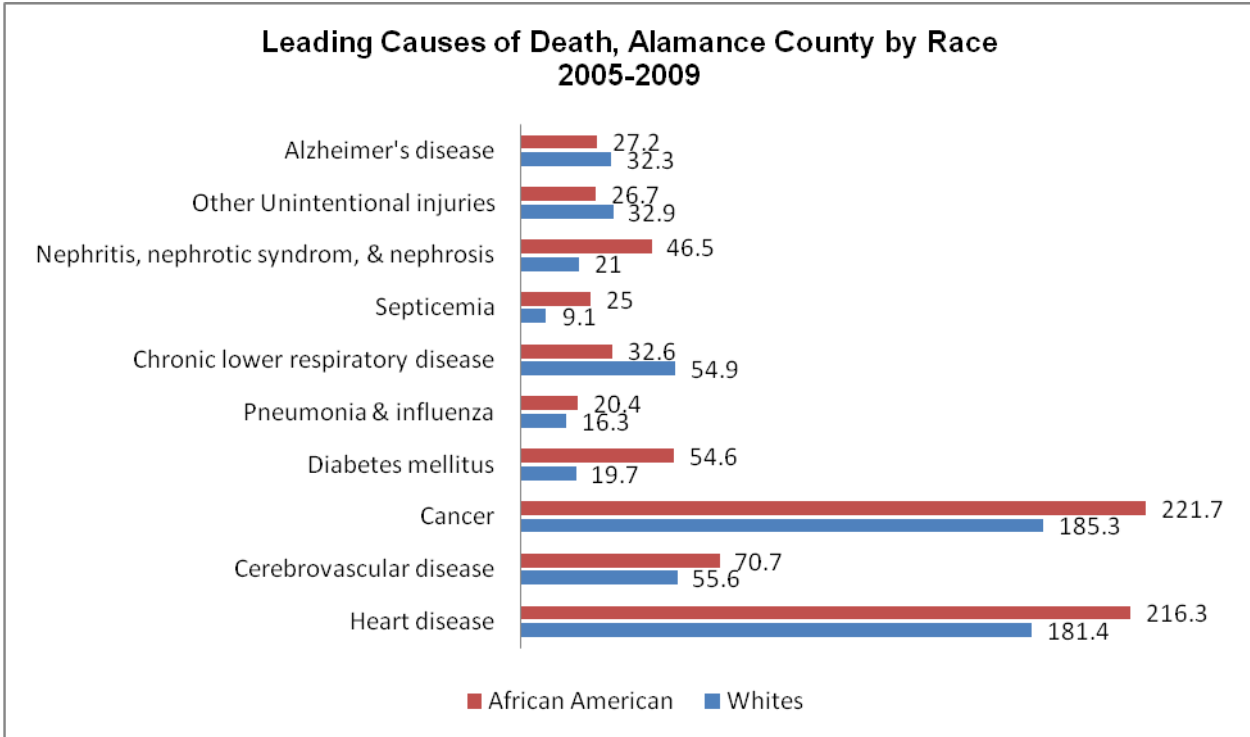
Rank	ALAMANCE / Total Deaths	Rank	NC / Total Deaths
1	Cancer – All sites / 332	1	Cancer / 17,476
2	Heart Disease / 290	2	Heart Disease / 17,133
3	Chronic lower respiratory disease / 98	3	Cerebrovascular disease / 4,391
4	Cerebrovascular disease (stroke) / 88	4	Chronic lower respiratory diseases / 4,324
5	Other Unintentional injuries / 53	5	Other Unintentional injuries / 2,764
6	Alzheimer’s disease / 48	6	Alzheimer’s disease / 2,645
7	Nephritis, nephrotic syndrome, & nephrosis / 44	7	Diabetes mellitus / 2,107
8	Pneumonia & influenza / 41	8	Nephritis, nephrotic syndrome, & nephrosis / 1,827
9	Diabetes mellitus / 37	9	Pneumonia & influenza / 1,719
10	Septicemia / 24	10	Motor vehicle injuries / 1,394

Source: NC State Center for Health Statistics

## Leading Causes of Death by Race

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





Source: NC State Center for Health Statistics

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

**Leading Causes of Death by Age**

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

### Alamance County Leading Causes of Death by Age, Deaths in 2005-2009

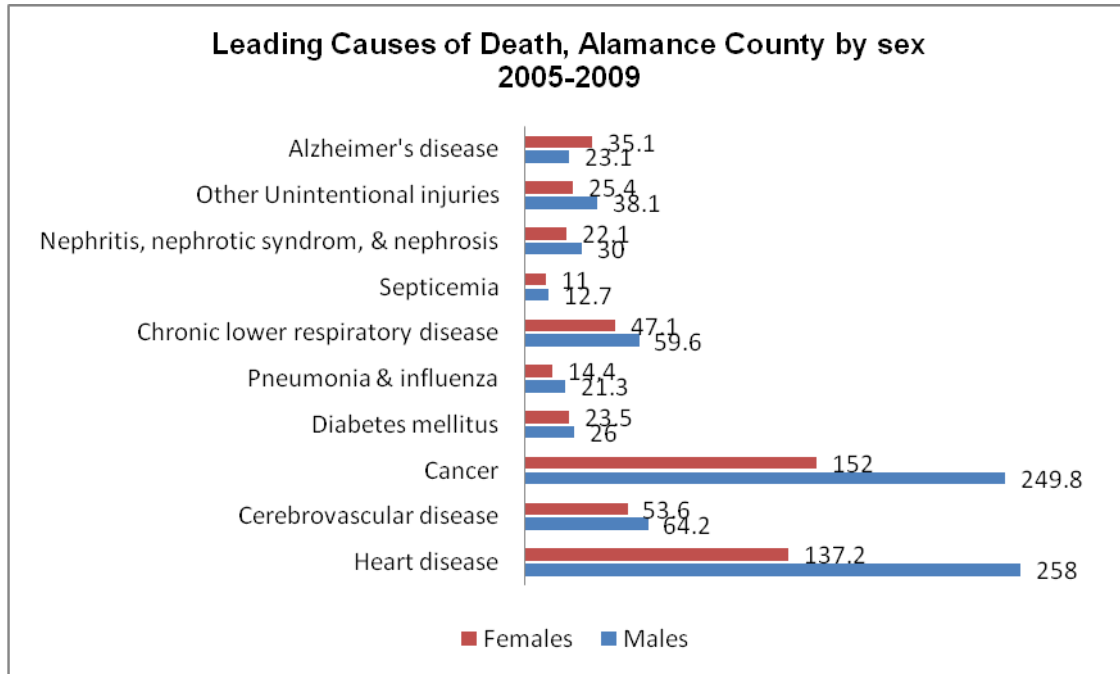
Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+	All Ages
1	Conditions originating in the perinatal period	Other Unintentional Injuries	Cancer	Cancer	Heart disease	Cancer
2	**	Motor vehicle injuries	Heart disease	Heart disease	Cancer	Heart disease
3	**	Suicide	Other Unintentional Injuries	Chronic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

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

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

## Leading Causes of Death by Gender

There are some differences in mortality rates between males and females in Alamance County. For all deaths combined, males have a 48% higher mortality rate than females. The mortality rates between males and females in North Carolina show similar disparities as well; for all deaths combined, males have a 43% higher mortality rate than females.



Source: NC State Center for Health Statistics

## Gender Disparities

- **Heart disease** – the male mortality rate is 88% higher than the female rate.
- **Total Cancer** – the male mortality rate is 64% higher than the female rate.
- **Chronic lower respiratory disease** – the male mortality rate is 27% higher than the female rate.
- **Other unintentional injuries** – the male mortality rate due to other unintentional injuries is 50% higher than the female rate.
- **Alzheimer's disease** – The female mortality rate due to Alzheimer's disease is 52% higher than the male rate.
- **Cerebrovascular disease** – The male death rate is 20% higher than the female death rate.

# Cancer

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

## Overview

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

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

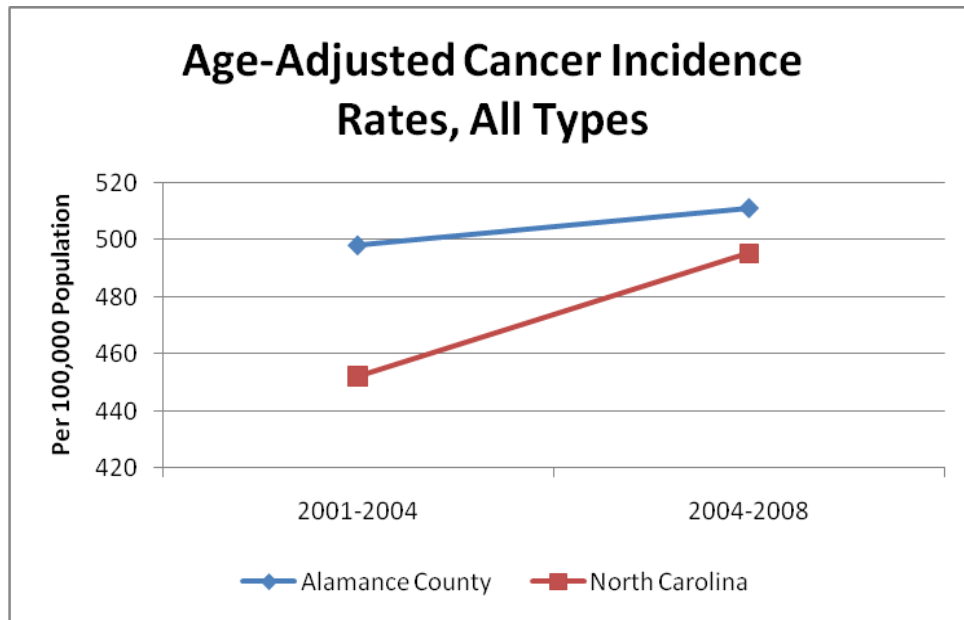
For all types of cancers combined, there were 4,013 newly diagnosed cases in Alamance County for the period between 2004 and 2008. Cancer incidence has increased in both Alamance County and the state of North Carolina. The most recently reported incidence rate is higher than the rate for the State as a whole. The total incidence rate in Alamance County is 3.2% higher than the state rate for the time period of 2004-2008, 511.2 compared to 495.2.



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

97.6% of Alamance County citizens polled rated cancer as either “important” or “very important” to their community’s health.

2011 Elon University Poll

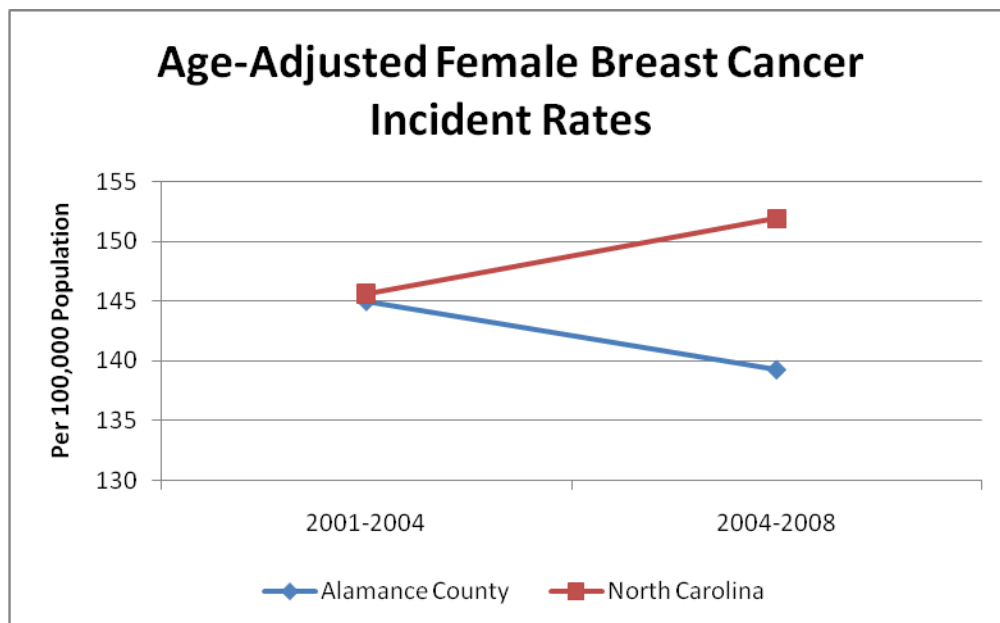


Source: NC State Center for Health Statistics

- Cancer incidence has increased in both Alamance County and North Carolina.
- The total incidence rate in Alamance County is 3.2 percent higher than the state rate for the time period of 2004-2008, 511.2 compared to 495.2

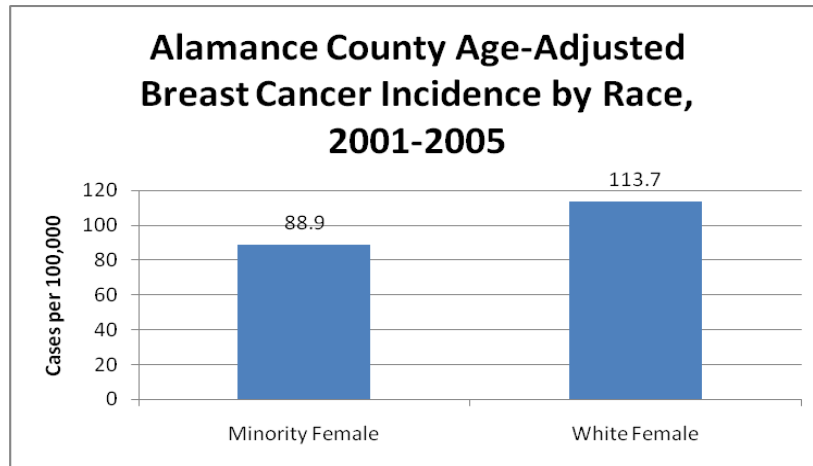
### Breast Cancer

Breast cancer is a malignant (cancerous) tumor that starts from cells in the breast. The disease occurs mostly in women, but men can get breast cancer, too. From 2004-2008 breast cancer was the second most commonly diagnosed cancer in Alamance County, with 593 new cases diagnosed. This computes to an incidence rate of 139.3 cases per 100,000, which is slightly lower than the rate for North Carolina (151.9 per 100,000 population).



Source: NC State Center for Health Statistics

Since 2004, the State's breast cancer incidence rate has increased by 4%, while Alamance County's rate has decreased by 4%. In Alamance County, breast cancer incidence is 28% higher among white women than minority women.



Source: State Center for Health Statistics, NC State Central Cancer Registry, 2011

Risk factors for breast cancer include:

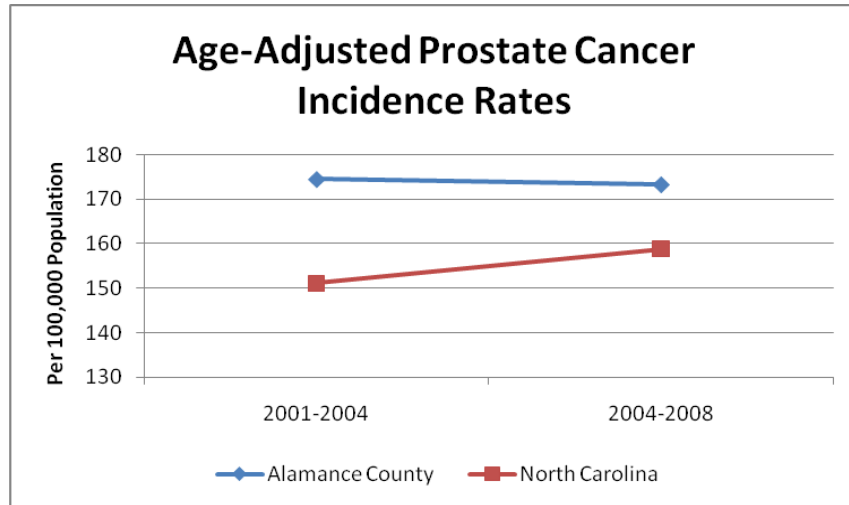
- a personal or family history of breast cancer
- a biopsy-confirmed hyperplasia
- a long menstrual history (menstrual periods that started early and ended late in life)
- obesity after menopause
- recent use of oral contraceptive or post-menopausal estrogens and progestin
- not having children or having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

### **Prostate Cancer**

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

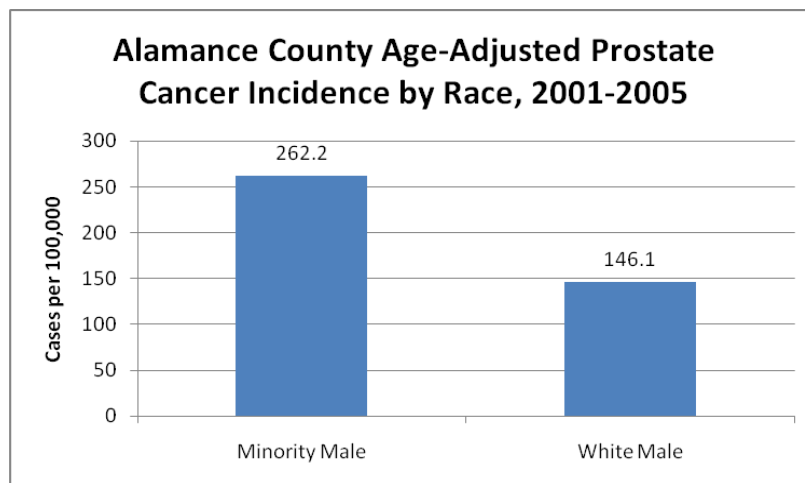
Male hormones cause the prostate gland to develop in the fetus. The prostate keeps on growing as a boy grows to manhood. If male hormone levels are low, the prostate gland will not grow to full size. In older men, though, the part of the prostate around the urethra often keeps on growing. This causes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

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



Source: NC State Center for Health Statistics

- From 2004-2008, prostate cancer was ranked as the third most commonly diagnosed cancer in Alamance County.
- Between these years, 591 cases of prostate cancer were reported countywide, making the age-adjusted incidence rate 9% higher for Alamance County than for the state as a whole.
- Since 2004, prostate cancer incidence has decreased in Alamance County, while it has increased in North Carolina as a whole.



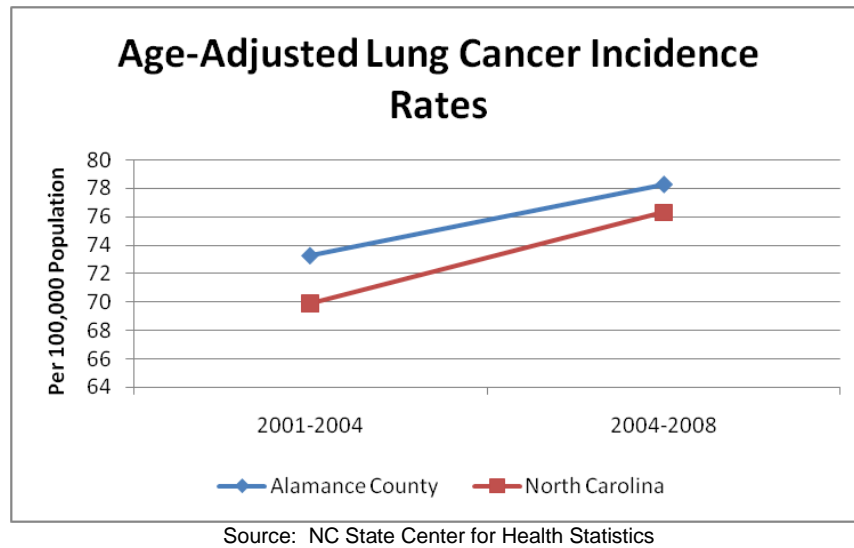
Source: State Center for Health Statistics, NC Central Cancer Registry, 2011

- Minority men in Alamance County are diagnosed with prostate cancer at a rate that is 79% higher than the county rate for white men.
- The American Cancer Society reports that African American men are twice as likely to be diagnosed with prostate cancer as white men.
- Prostate cancer is the single most diagnosed non-skin cancer among African Americans ([www.cdc.gov](http://www.cdc.gov)).

## Lung Cancer

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

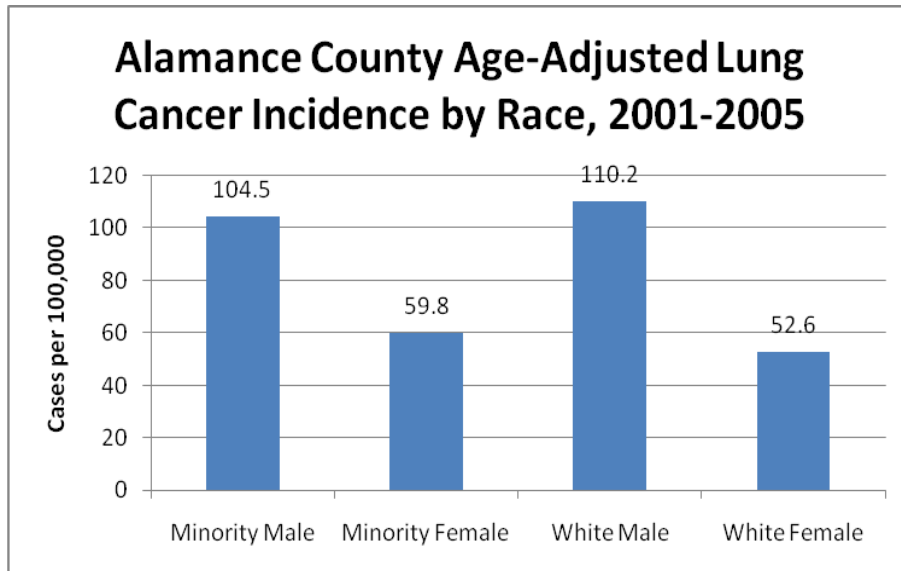
Risk factors for developing lung cancer include: smoking cigarettes or marijuana; exposure to arsenic, asbestos, radon, or cancer-causing agents in the workplace; radiation treatment to the lung; family history; diet; and air pollution.



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

- Between 2004 and 2008, 624 cases of trachea, bronchus and lung cancer were diagnosed in Alamance County.
- Alamance County's incidence rate is higher than the state as a whole.
- The lung cancer incidence rate is on the rise both in Alamance County and North Carolina.
- Alamance County men are diagnosed with lung cancer at a rate that is approximately twice the rate for women.
- Lung cancer incidence rates are similar based on gender.



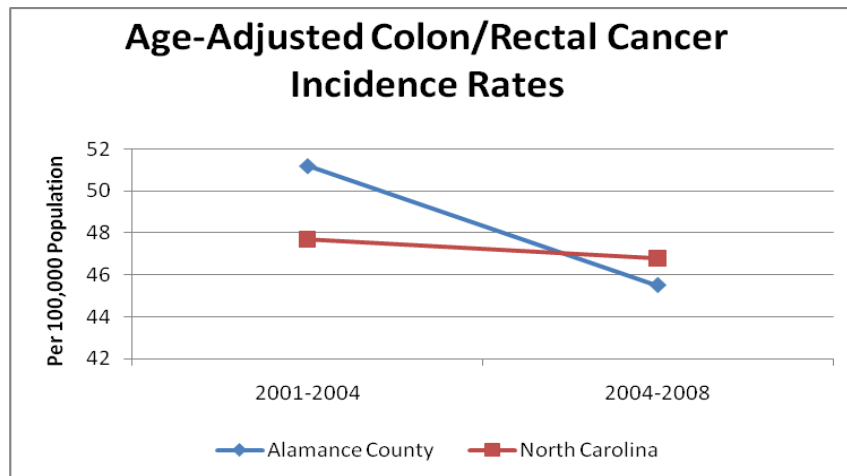


Source: State Center for Health Statistics, NC Central Cancer Registry, 2011

### Colon and Rectal Incidence

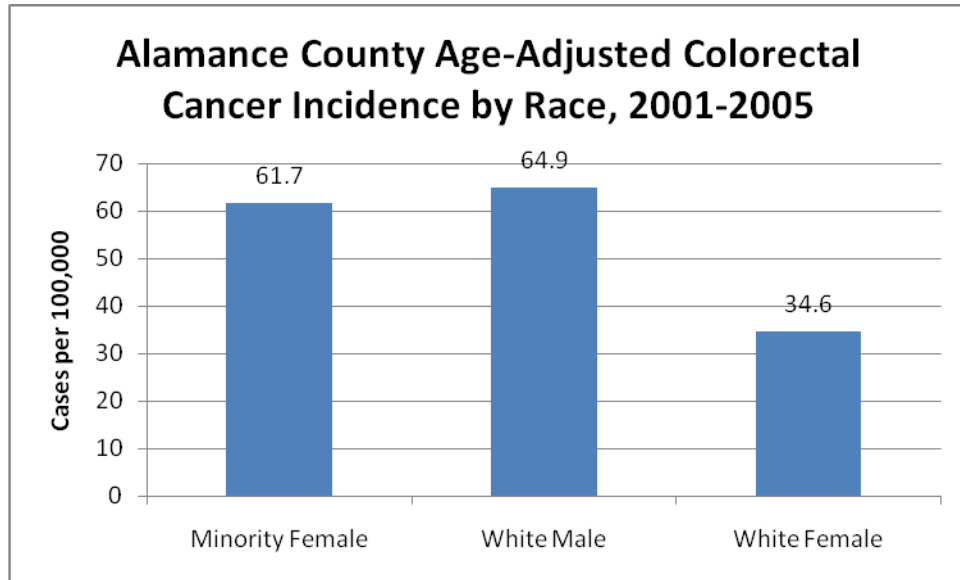
Colorectal cancer is a term used to refer to cancer that starts in the colon or rectum. Risk factors for developing colorectal cancer include: age (over 50), past incidence of colorectal cancer, history of polyps, history of bowel disease, family history of colorectal cancer, ethnic background, race,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

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



Source: NC State Center for Health Statistics

- Cancers of the colon and rectum accounted for 360 new cancer diagnoses in Alamance County during 2004-2008.
- While the state colon cancer incidence rate has remained relatively constant since 2004, the county rate has decreased by 2%.



\*Insufficient Data for Minority Males  
Source: NC Central Cancer Registry, 2011

## Heart Disease and Stroke



64.8% of respondents to the Poll rated that Heart Disease was very important to the well being of Alamance County residents.

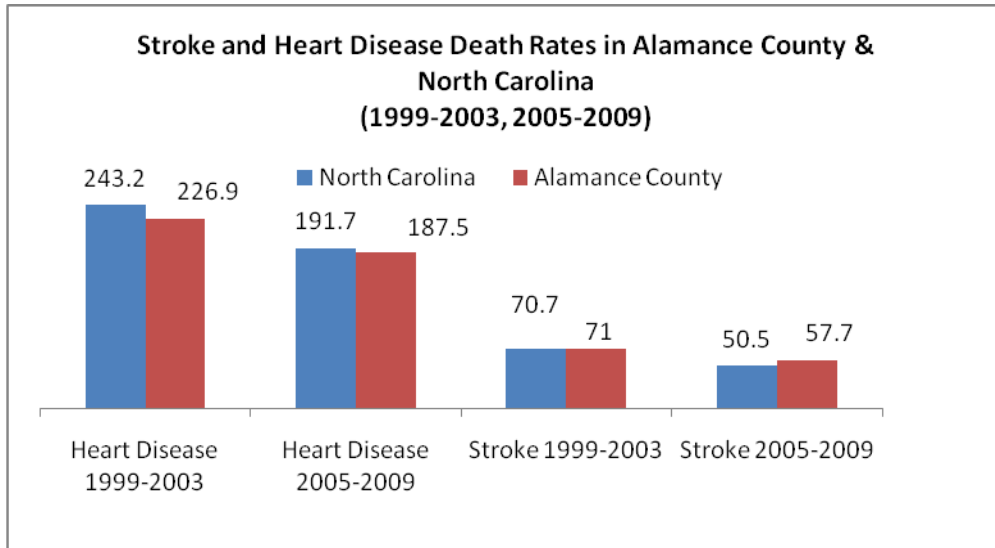
*2011 Elon University Poll*

Heart disease and stroke are, respectively, the first and third leading causes of death in the United States, in North Carolina, as well as in Alamance County. Currently heart disease is the leading cause of death amongst both men and women. Each year almost 700,000 people die of heart disease in the U.S. That is about 29% of all U.S. deaths. Every thirty seconds to a minute someone in the United States dies of a heart disease related event

Heart disease is a phrase that includes a number of more specific heart conditions. The most common heart disease in the United States is coronary heart disease also known as coronary artery disease (CAD), which can lead to a heart attack. CAD is a disease of the blood vessels that feed the heart caused by atherosclerosis. Atherosclerosis occurs 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. Nine out of ten heart disease affected individuals have at least one of these risk factors.

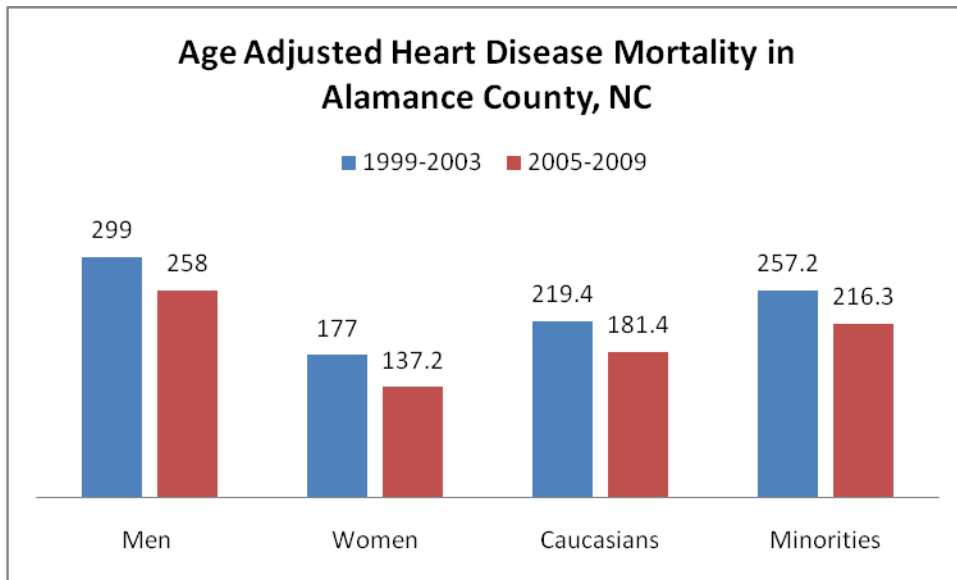
Very similar to cardiovascular disease, cerebrovascular disease is disease of the blood vessels that supply the brain. A stroke takes place when the blood supply is blocked to an area of the brain or when a blood vessel in the brain bursts, both cause damage to the brain. A stroke is also sometimes called a brain attack. Among survivors, stroke can cause significant disability including paralysis as well as speech and emotional problems. With over 137,000 people dying each year from stroke it is the third leading cause of death in the United States. North Carolina comes in at sixth with having the highest death rates due to stroke in the nation.

There are two major types of stroke. An ischemic stroke occurs when a clot blocks the blood flow to the brain. A hemorrhagic stroke occurs when a blood vessel ruptures and prevents flow to the brain. One can also experience a TIA which is also referred to a “mini stroke”. This occurs when there is a temporary blood clot in the blood vessel. In North Carolina heart disease and stroke are two of the three leading causes of death. The chart below shows how the five year rate has decreased for both Heart Disease and Stroke in North Carolina as well as Alamance County.

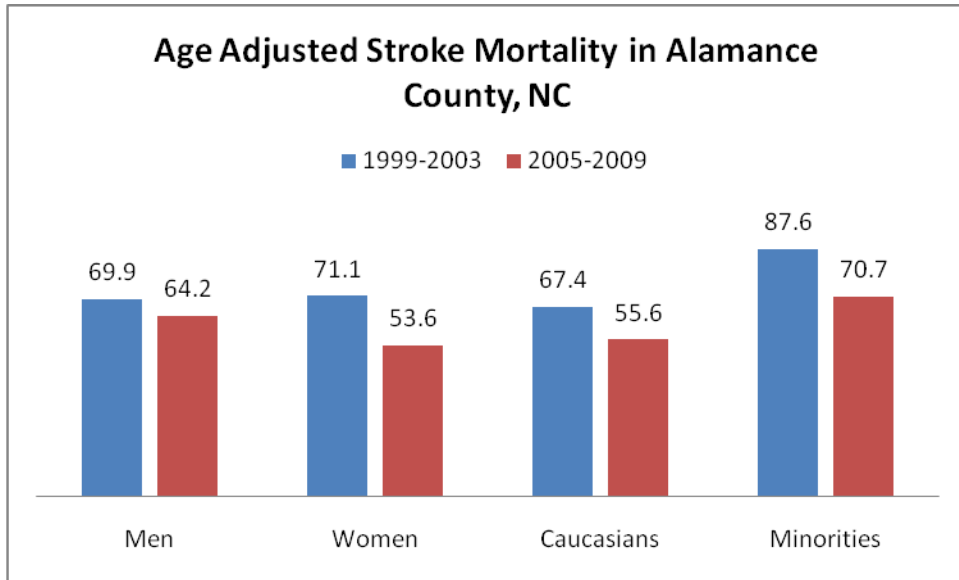


Source: State Center for Health Statistics

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



Source: State Center for Health Statistics



Source: State Center for Health Statistics

Both the mortality rates for heart disease and stroke have decreased significantly over the past five years.

Alamance County has a current population of 150,038, over 104,000 are Caucasian and approximately 40,000 come from minority groups. Since 27.5% of the population is of a minority race it would be appropriate to also discuss the health disparities as it relates to heart disease and stroke.

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

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

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

	Total Responses	Yes	% Yes	No	% No
NC	13,124	1,589	8.7	11,553	91.3
Alamance	351	54	8.8	297	91.3
Male	124	30	13.1	94	86.9
Female	227	24	5.5	203	94.5
White	287	48	9.8	239	90.2
Other	62	6	6.1	56	93.9
45yrs old +	263	53	17.0	210	83.0

Source: BRFSS, 2009

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

#### Identified Heart Attack Symptoms Correctly

	Total Responses	Yes	No
NC	12,530	1,978	10,552
Alamance	339	49	290

Source: BRFSS, 2009

#### Identified Stroke Symptoms Correctly

	Total Responses	Yes	No
NC	12,489	2,720	9,769
Alamance	337	76	261

Source: BRFSS, 2009

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

#### Has Had a Heart Attack, according to Health Professional

	Total Responses	Yes	No
NC	13,219	795	12,424
Alamance	353	22	331

Source: BRFSS, 2009

#### Has Had a Stroke, according to Health Professional

	Total Responses	Yes	No
NC	13,245	572	12,673
Alamance	351	19	332

Source: BRFSS, 2009

# Diabetes

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. There are three types of diabetes. Type 1 diabetes (also referred to as insulin-dependent diabetes mellitus, or juvenile-onset diabetes. This type of diabetes develops when the immune system destroys pancreatic beta cells. These are the only cells in the body that make the insulin hormone that regulates blood glucose. Although this disease can occur at any age, this type of diabetes tends to affect children and young adults. In adults Type 1 diabetes account for 5% of all diagnosed cases of diabetes. Currently there is no known cure for this type of diabetes. (<http://www.cdc.gov/diabetes/pubs/general11.htm>)

Type 2 diabetes (also referred to as non-insulin dependent diabetes mellitus or adult onset diabetes). This type of diabetes normally occurs when the cells in the body do not use insulin properly. As the need for insulin rises the pancreas gradually loses its ability to produce it. Type 2 diabetes is mainly associated with older age, obesity, family history of diabetes, physical inactivity, and race/ethnicity.

The vast majority (90-95%) of diagnosed cases of diabetes are Type 2. An increasing number of children and young adults are being diagnosed with Type 2 diabetes, a consequence of increasing numbers of overweight and physically-inactive children. Uncontrolled diabetes can have serious physical consequences, including heart disease, stroke, high blood pressure, blindness, kidney damage (at times resulting in the need for dialysis) and amputations of the lower limbs. Type 2 diabetes can be prevented or delayed through a combination of medication and lifestyle changes including maintaining a healthy weight and at least moderate physical activity, such as walking 2 ½ hours per week.

Gestational diabetes is the third type of diabetes which is a form of glucose intolerance during pregnancy. This type of diabetes occurs more frequently amongst African American, Hispanic/Latino Americans and American Indians. During pregnancy, gestational diabetes requires treatment to optimize maternal blood glucose levels to lessen the risk of complications in the infant.



7.3% of residents in Alamance County chose Obesity/Overweight as the third most important health issue, which is linked to diabetes.

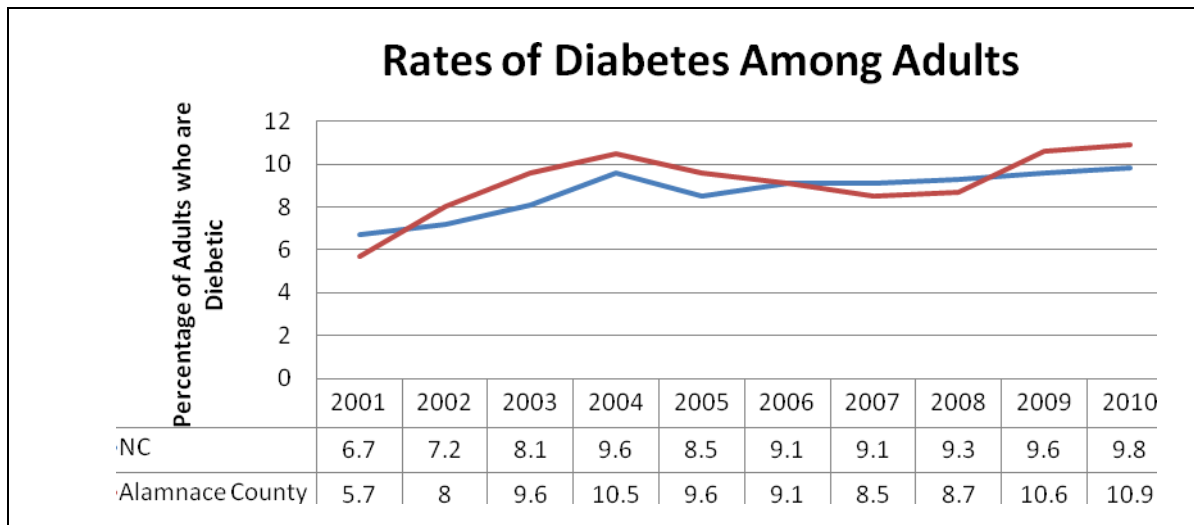
*2011 Elon University Poll*

Pre-diabetes is a form of diabetes that occurs when an individual's blood sugar level is elevated, but not high enough to warrant a diabetes diagnosis. These individuals are at increased risk of developing diabetes, but can prevent or delay it by involving themselves in lifestyle interventions. There are seventy nine million people living in the United States who have pre-diabetes. This diagnosis is determined by administering the fasting plasma glucose test or the oral glucose tolerance test. Diabetes is currently the seventh leading cause of death for the United States, North Carolina, and Alamance County. Nationally North Carolina ranked 13<sup>th</sup> highest in adult diabetes prevalence. The prevalence of diabetes amongst North Carolina adults has more than doubled from 4.5 percent in 1995 to 9.6 percent in 2009 ([www.ncdiabetes.org](http://www.ncdiabetes.org)). According to BRFFS, 2010 Alamance County has a diabetes prevalence rate of 10.9 percent.

**Percentage & Estimated Number of Adults with Some Form of Hypoglycemia,  
Alamance County, 2008**

Conditions	Rate	Number
Prediabetes	6.0%	6,506
Diagnosed Diabetes	9.3%	10,084
Undiagnosed	2.2%	2,386
Gestational Diabetes	9.4%	2,524

*NC BRFSS 2008, State Center for Health Statistics, DHHS*



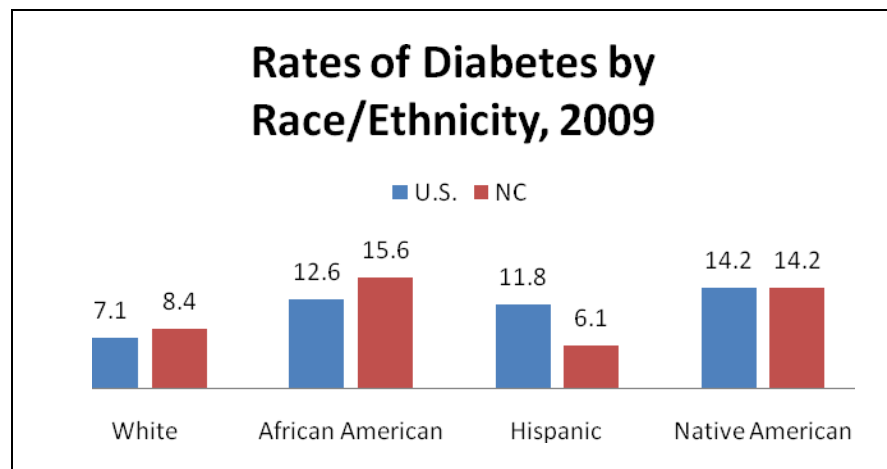
*Sources: NC State Center for Health Statistics and CDC, BRFSS data. \* Rates for Alamance not collected in 2001-2003; these rates represent the Piedmont Carolina region.*

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

[www.cdc.gov/nccdphp/publications/aag/ddt.htm](http://www.cdc.gov/nccdphp/publications/aag/ddt.htm).

In 2005-2008, based on fasting glucose or A1c levels, 35% of U.S. adults aged 20 years or older has prediabetes (50% of those aged 65 years or older). Applying this percentage to the entire U.S. population in 2010, yields an estimated 79 million Americans aged 20 years or older with prediabetes.

Centers for Disease Control and Prevention

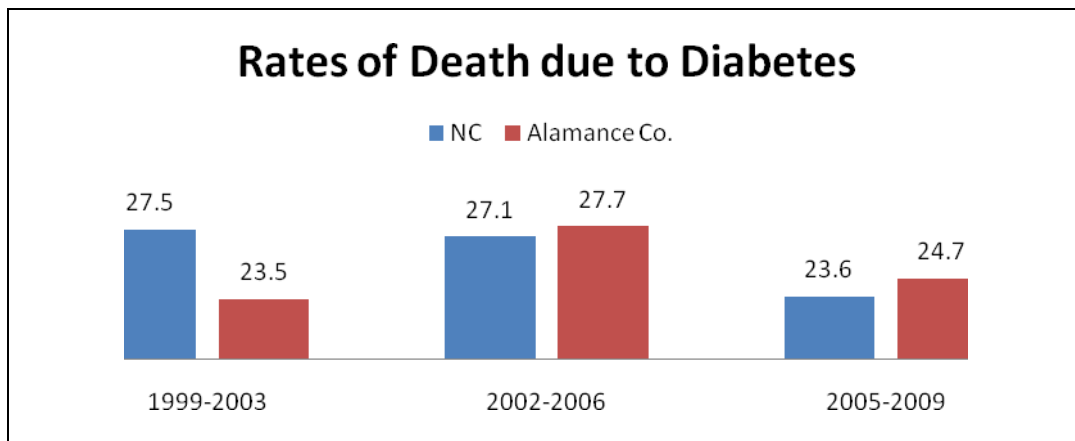


*National Diabetes Statistics 2011; BRFSS 2009*



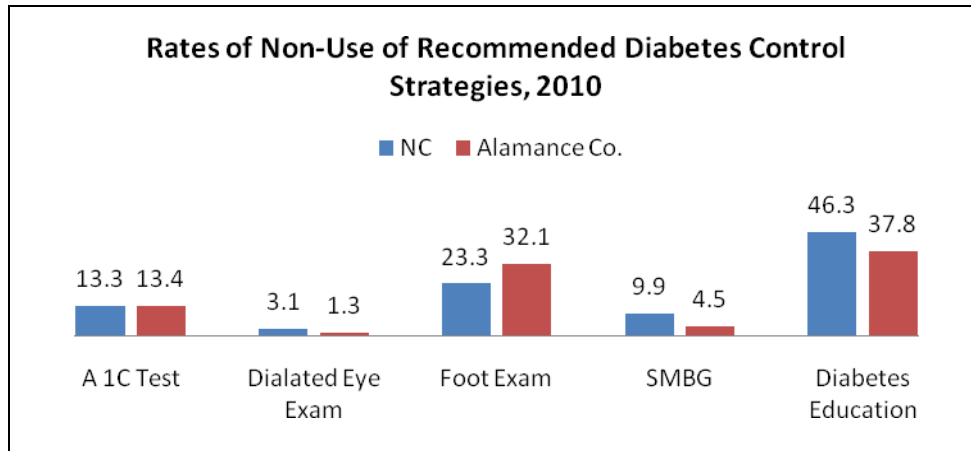
Sample sizes for data collected in Alamance County are not large enough to be reliably analyzed by race and ethnicity. In 2010, the most current data available, the rate for diabetes amongst whites was 10.7 percent and 11.4 for all other racial and ethnic groups combined. While diabetes ranked as the seventh leading cause of death in the state in 2008, it was the fourth leading cause among African Americans.

In 2004-2008, the diabetes death rate among African Americans was 163.8 per 100,000 populations, compared to 80.2 among whites. In 2004-2008, diabetes contributed to 11,049 deaths in the state.



Source: NC State Center for Health Statistics BRFSS data.

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



Source: NC State Center for Health Statistics BRFSS data.

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

Excess weight, poor nutrition and physical activity amongst most Alamance County diabetics put them at risk of serious and expensive complications. Thousands of dollars are spent each year in medical costs from individuals who are diabetic.

### **Diabetes-Related Hospital Discharges, Alamance County, 2007**

Discharge Costs	Number of Discharges	Costs
Primary Diagnoses of Diabetes	275	\$4,306,813
Any mention of Diabetes	3,455	\$62,621,151
Heart Attacks	659	\$17,218,035
Stroke	136	\$2,212,210
Lower-Limb Amputations (LEA)	42	\$1,231,319
Renal Dialysis/Kidney Transplants	116	\$2,398,749

Source: 2003-2007 NC Hospital Discharge data. SCHS, DHHS

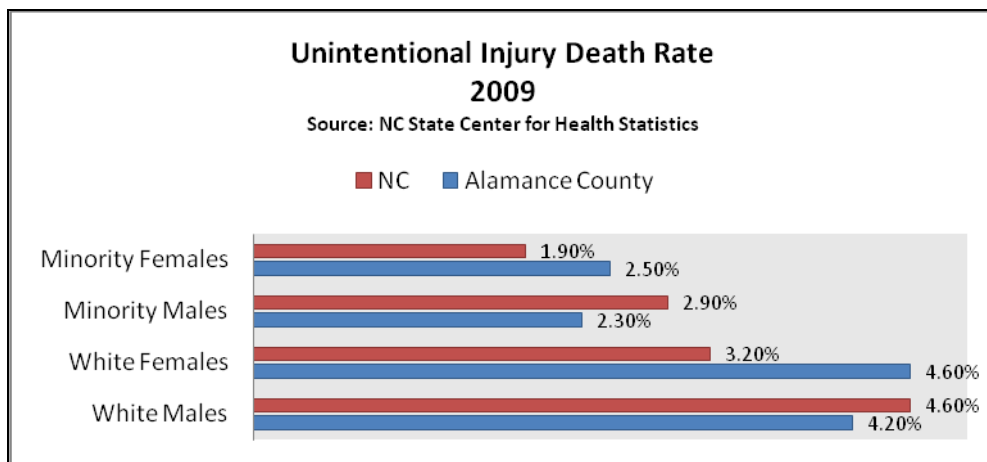
# Injuries

Unintentional Injuries  
 Motor Vehicle Injuries  
 Injuries in Infants and Children

## Unintentional Injuries

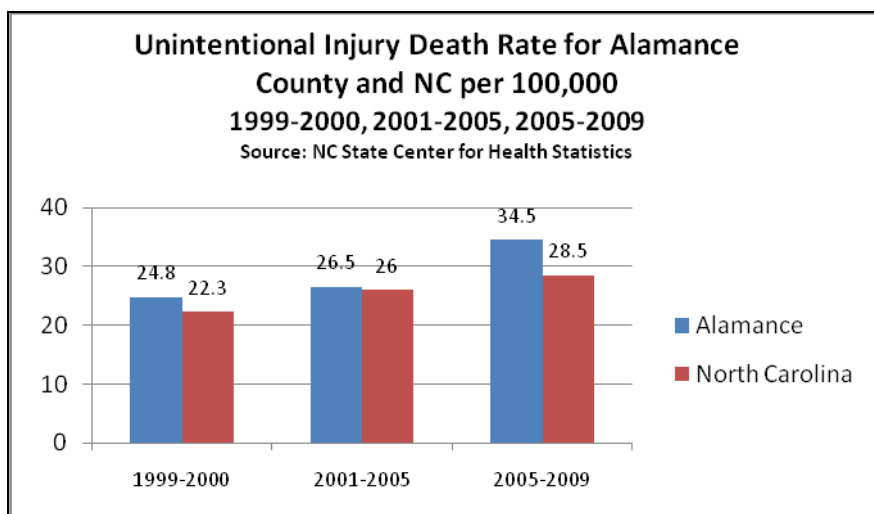
Unintentional non-motor vehicle injuries are harms done that are unplanned or not intended to happen. Unintentional injuries occur as a result of accidents, falls, poisonings, drownings, burns, choking, firearms, and suffocation.

Between 2005 and 2009, there were 12,896 deaths due to unintentional non-motor vehicle injuries in North Carolina. Alamance County recorded 247 of the deaths, making unintentional non-motor injuries the sixth leading cause of death to county residents. The mortality rate for all unintentional injuries, including motor vehicle injuries, is higher in Alamance County than for the state at 49.4 deaths per 100,000 versus 46.3 deaths per 100,000.



- In Alamance County, white females experience more deaths due to unintentional injuries.

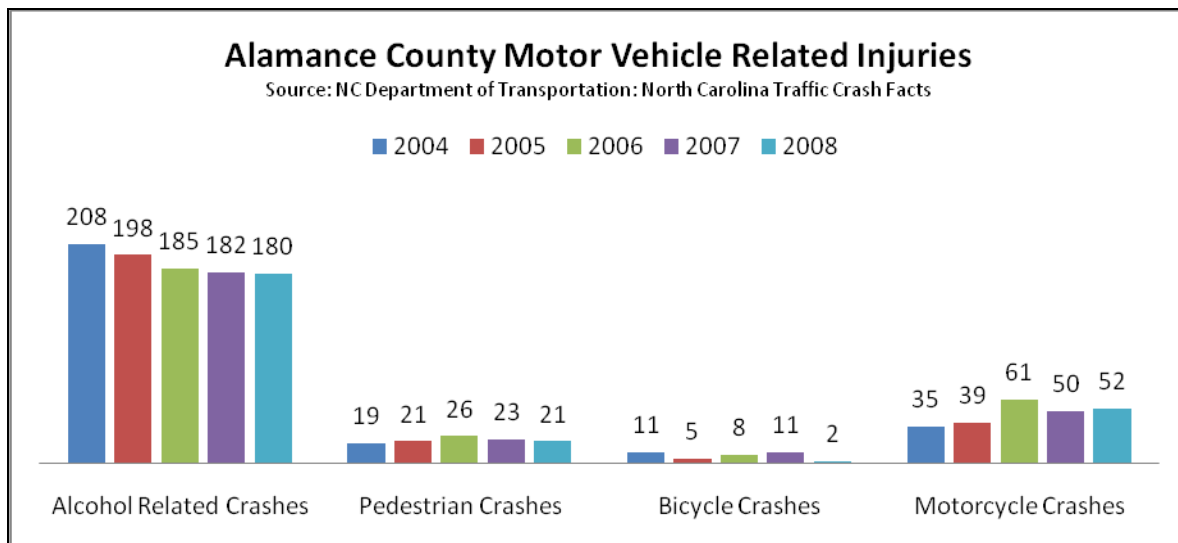
- Alamance County has a higher rate of deaths due to unintentional injuries than North Carolina as a whole. The death rate for unintentional injuries in Alamance County has increased by 7.5 percent from 2001-2005 to 2005-2009.
- In 2009 alone, unintentional injuries claimed the lives of 53 people in Alamance County and 2,764 in North Carolina.



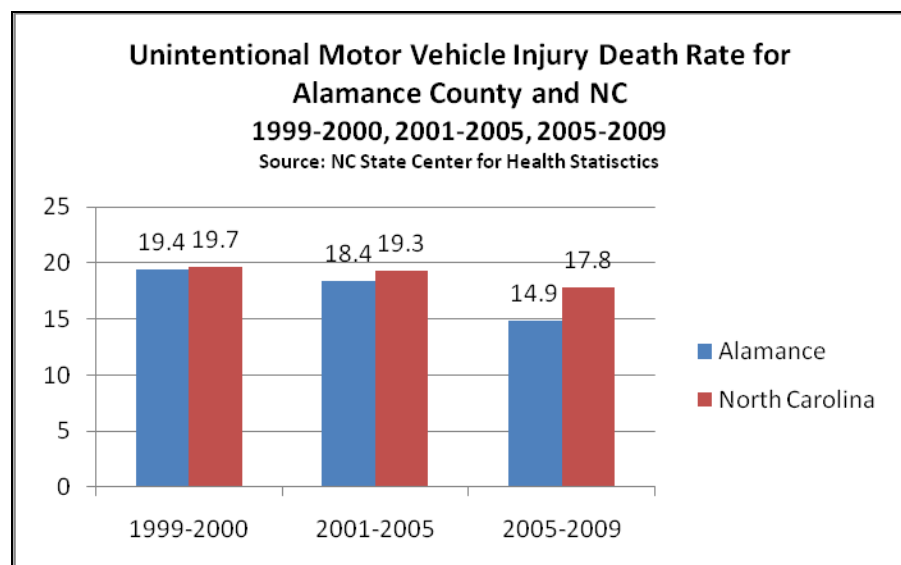
## **Motor Vehicle Injuries**

Between 2004-2008 there were a total of 21,280 total reportable crashes in Alamance County resulting in 11,755 injuries. Motor vehicle injuries were the second leading cause of death for Alamance County residents ages 20-39. During the same period of time, motor vehicle injuries were the third leading cause of death for children under 20 years old.

Motor vehicle deaths are usually the result of driving while impaired, failure to wear a seat belt, inexperienced teen drivers, and older adults with decreased motor functions or physical impairments. Motor vehicle accidents caused eleven deaths for adolescents between the ages of 0-19 in Alamance County between 2005-2009 and 107 total deaths for all ages.



- Motor vehicle deaths in Alamance County are lower than the state mortality rate. This equates to 14.9 deaths per 100,000 versus the state rate of 17.8 deaths per 100,000.



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

- Graduated driver licensing policies that include a three-stage system.
- Prohibit cell phone use (talking and texting) for teenage drivers.
- Allow teen drivers to be stopped and ticketed if they or their passengers are not wearing seat belts.
- Enforce zero tolerance policies for underage drinking and driving
- Increased fines for seat belt violations
- Ignition interlocks for all convicted DWI offenders
- Expanded use of sobriety checkpoints
- Maintain and enforce legal drinking age and zero tolerance laws
- Primary seat belt enforcement laws (allowing a police officer to stop a vehicle solely for an observed seat belt law violation)

### **Injuries in Infants and Children**

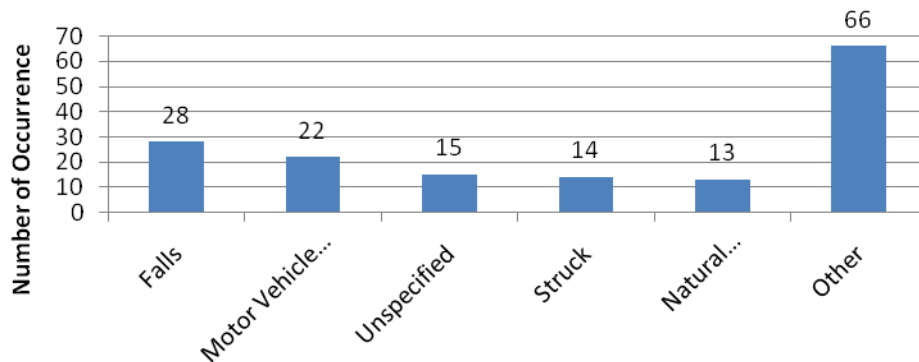
Injury is the leading cause of death for children in Alamance County and in North Carolina. Every year in North Carolina more than 200 children under the age of 15 die, approximately 3,200 are admitted to hospitals, and over 45,000 receive other medical care as a result of injuries. This means that in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

<b>Cause of Death 2005-2009</b>	<b>North Carolina</b>	<b>Alamance County</b>
Motor Vehicle	697	8
Bicycle Injuries	21	0
Fire Injuries	77	1
Drowning	128	0
Other	291	4

- Between 2005-2009 there were 1,270 injury deaths among North Carolina children under the age of 17.
- During this same time period, 13 children under the age of 17 died from injuries in Alamance County.
- The leading causes of unintentional injury in children age 0-14 in both North Carolina and Alamance County was being a motor vehicle occupant during a collision.
- According to Safe Kids NC Injury is the leading cause of death for children in North Carolina. Each year more than 200 children under the age of 15 die, about 3000 are admitted to hospitals, and more than 45,000 receive other medical care as a result of injuries. In a typical year one out of every 34 children in North Carolina experiences an injury that results in death or medical care.

## Leading Causes of Hospitalizations in Alamance County ages 0-14 due to Injuries (2004-2007)

Source: NC State Center for Health Statistics



- Falls are the leading cause of hospitalization among children under 14 in Alamance County and in North Carolina.

Injury Type	Number of Hospitalizations in Alamance County ages 0-14, 2004-2007	Number of Deaths in Alamance County ages 0-19, 2005-2009
Falls	28	0
Motor Vehicle Occupant	22	8
Unspecified	15	0
Struck	14	0
Natural Environment/ Burn	13	1
Other	66	4
Total	158	13

### Safe Kids

The National SAFE KIDS Campaign is a 21-year-old national unintentional childhood injury prevention initiative. The NSKC provides support to state and local SAFE KIDS coalitions and chapters in order to educate adults and children, provide safety devices to families in need, and pass or strengthen laws to protect children ages 14 and under. One of the goals of the NC SAFE KIDS Coalition is to form partnerships with business and government entities to provide support for a SAFE KIDS presence in all North Carolina counties. Currently, there are 36 Safe Kids coalitions covering 58 counties in North Carolina. Alamance County has had a SAFE KIDS coalition since 2001, which is led by the Burlington Fire Department and has representation from Burlington Police Department, Health Department, Alamance Regional Medical Center, Healthy Alamance, Alamance County Sheriff's Department, Mebane Fire Department, Alamance County Recreation, City of Burlington Recreation, Graham Fire Department, and American Red Cross. The areas of injury addressed by the coalition are fire safety, water safety, child passenger safety, sports and recreational safety, bike safety and poisoning.

# Infectious Diseases

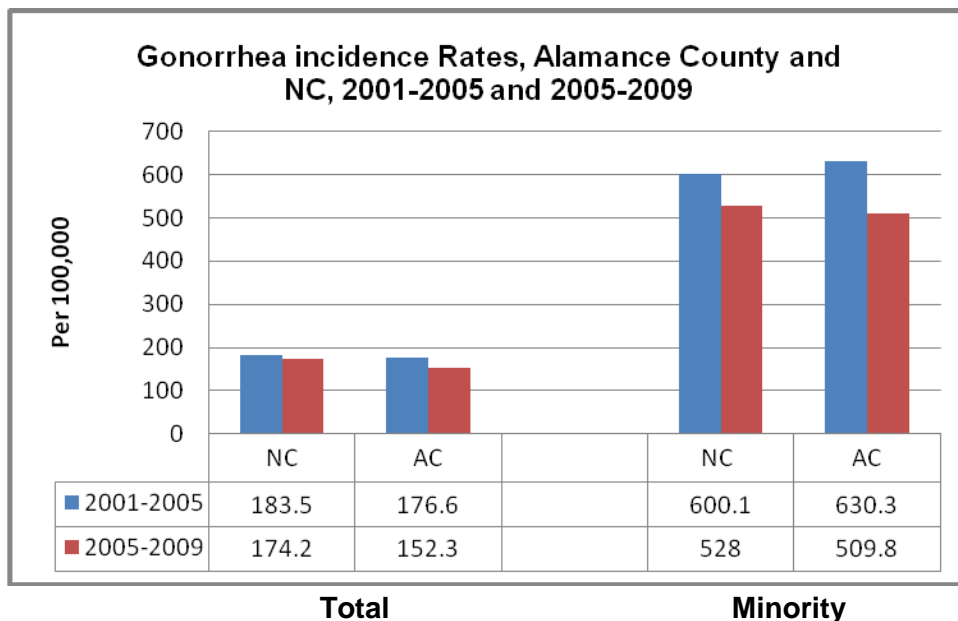
Overview  
 Gonorrhea  
 Syphilis  
 HIV/AIDS  
 Tuberculosis

## Overview

An infectious (synonym for communicable) disease is capable of being transmitted from one person to another or from one species to another. Infectious diseases are often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated. Health professionals are required to report cases of certain communicable diseases to the North Carolina Department of Health and Human Services through their local health department.

## Gonorrhea

Both Alamance County and statewide rates of gonorrhea have decreased substantially over the past five years. Alamance County's total rate of 152.3 per 100,000 continues to be lower than the state rate of lower 174.2 per 100,000 population. Although Alamance County's minority rate remains higher than the total rate it is lower than the state minority rate at 509.8 per 100,000 compared to the state rate of 528.0 per 100,000 population.

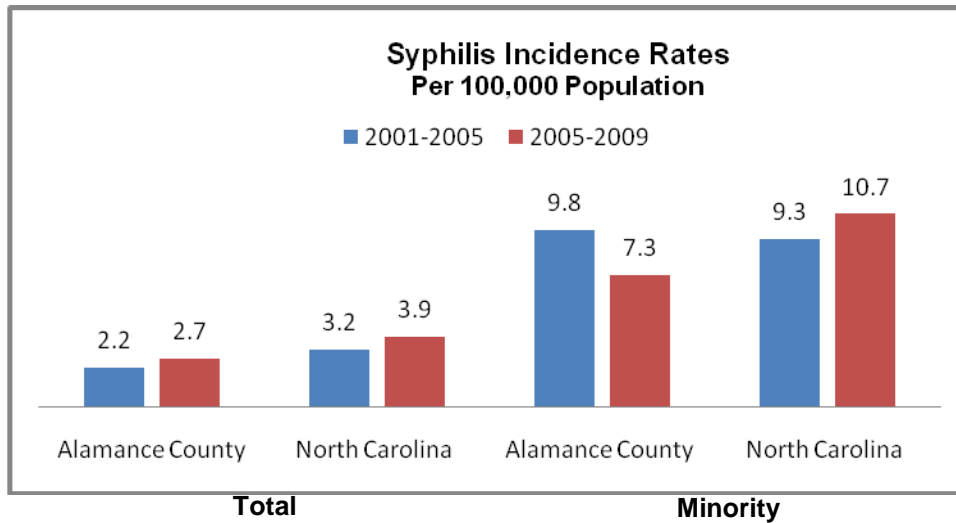


- In Alamance County, the incidence rate of gonorrhea is more than 3 times higher among minorities than the total rate.

Source: North Carolina State Center for Health Statistics

## Syphilis

The incidence of syphilis in Alamance County, as well as in North Carolina, has increased in the five-year period ending in 2009 when compared to the prior five-year period. However, the incidence rate improved by more than 25% (dropping from 9.8 to 7.3) among Alamance County minorities, who are the most heavily affected group. Alamance County's overall syphilis rates continue to be lower than the state rate.



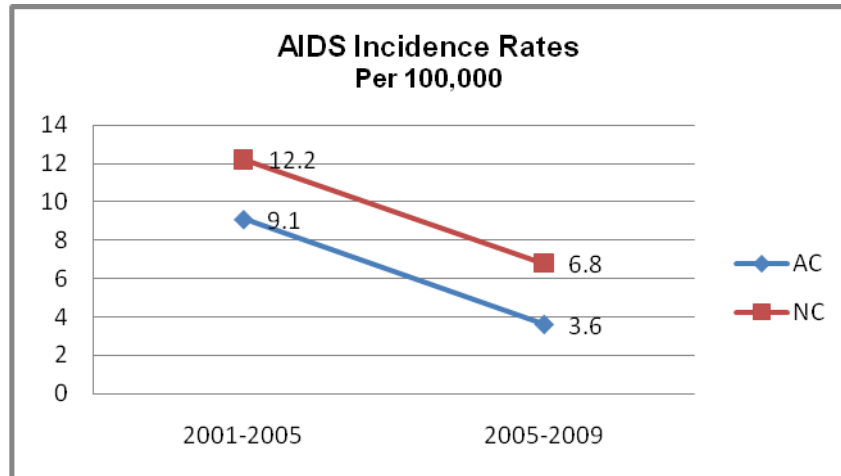
- Alamance County's minority syphilis rate is more than 2 times higher than the total syphilis rate.

Source: North Carolina State Center for Health Statistics

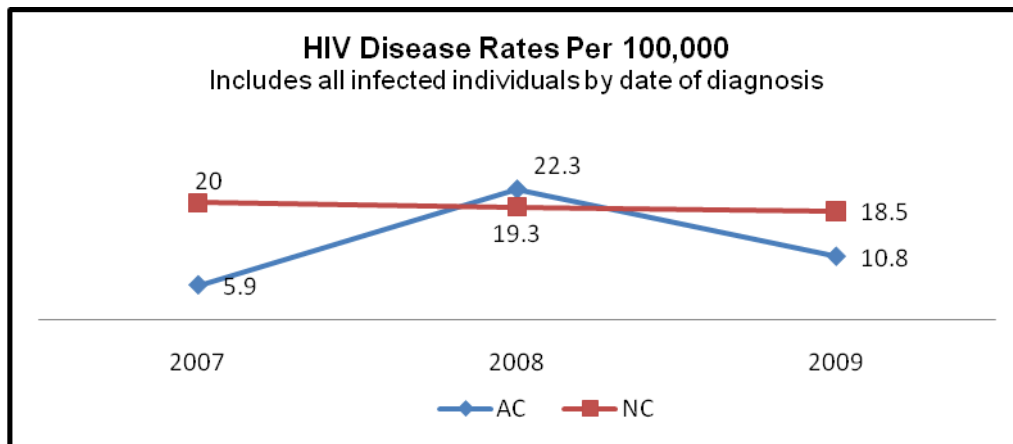
## HIV/AIDS

The rate of new AIDS cases in Alamance County and in North Carolina has decreased between the most recent multi-year intervals (2001-2005 and 2005-2009). AIDS incidence rates do not necessarily mean that more or less people are becoming infected with HIV. A diagnosis of AIDS indicates a worsening in health for a person who has been infected for some time with the HIV virus. A person may be infected with HIV and not yet have AIDS. The AIDS incidence rate is affected by HIV screening and early treatment, by access in general to medical care and by effectiveness of treatment options after HIV diagnosis.





Source: North Carolina State Center for Health Statistics



Source: North Carolina Communicable Disease Branch

- The Alamance County three year average HIV disease rate for years 2007-2009 is 16.3 per 100,000 population compared to the state rate of 19.3 per 100,000 population.
- Alamance County's 2009 HIV disease rates are lower than the state rate.
- Alamance County is 29<sup>th</sup> out of 100 counties in the state for the number of HIV disease cases (2009).



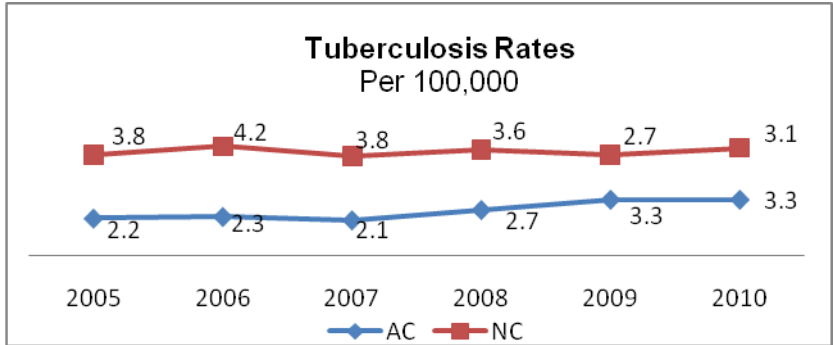
HIV was identified by 89.3% of Alamance County residents as important to the overall well-being of people in Alamance County.

2011 Elon University Poll

### **Tuberculosis (TB)**

The incidence of TB has remained steady in Alamance County for the past two years with 5 cases. Alamance County's overall incidence rate has been higher than the state rate for the

past two years, however due to the low number of cases (less than 20) these rates should be viewed with caution and are considered unreliable because these rates have large standard errors and confidence intervals that can be wider than the rates themselves. Additionally, the Alamance County four year Tuberculosis rate for years 2005-2009 was 2.5 per 100,000 population compared to the state rate of 3.5 during that same time period.



- Alamance County has had a total of 20 cases of TB from 2006-2010.

Source: NC Electronic Disease Surveillance System (NC EDSS) TB Surveillance

# Oral Health

Oral Health refers to the complete state of well-being of the soft and hard tissues found in and around the oral cavity and not just the absence of disease. The hard tissues include the teeth and bone. Soft tissues include the gums, tongue, lips, and cheeks as well as other supporting tissues. Common oral health problems include cavities, gum disease, and oral cancer. Both cavities (holes in the teeth) and gum disease (infection in the gums and supporting tissues) open up the body for further infection. These diseases may contribute to heart and lung disease, stroke, premature births, low birth weight deliveries, and diabetes.

The US Surgeon General's Report in 2000 "Oral Health in America" names tooth decay as the single most common disease of childhood. Many of the dental problems experienced in childhood lead to additional problems during adulthood. For adults 18 years and over, 84.7% have at least one cavity or filling. By age 25, 95.7 % of adults have damage to the soft tissues due to gum disease. In addition, the Surgeon General's Report found that those who suffer the worst oral health are among the poor of all ages, with poor children and poor older Americans 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 diseases, and, in turn, oral diseases further jeopardize their health.

Recently Alamance County residents were surveyed at random and information was collected on the dental issue below.

Needed a Dentist but Had Trouble Finding One	Percentage
No	81.7
Yes	17.9
Don't Know	.04
Total	100

Elon Poll 2011 N= 846, +/-3.4%

Residents who answered that they had trouble finding a dentist offered these reasons why: lack of dental insurance, could not afford insurance deductibles or out-of-pocket expenses for treatment, could not find a dentist, dentist would not take insurance or Medicaid, and/or could not get an appointment.

Additional information about the numbers of adults who have visited the dentist, dental hygienist, or dental clinic in the past year can also be reviewed from the 2008 Behavioral Risk Factor Surveillance System (BRFSS).

NC Counties	Number Interviewed	Percentage -Yes	Percentage -No
NC	15,722	68.5	31.5
Alamance	386	71	29

NC State for Health Statistics, 2009 Behavioral Risk Facto Surveillance System

Specifically looking at children’s oral health, the public health dental hygienist serving Alamance County collects data on the disease found in kindergartners and fifth graders. Listed below is the most recently released data for 2008-2009.

NC Counties	Kindergarten-Primary Teeth Only			Fifth Grade-Permanent Teeth Only			
	# of Students Assessed	% With Untreated Decay	% Never Had A Cavity	# of Students Assessed	% With Untreated Decay	% Never Had A Cavity	% With Sealants
North Carolina	96,303	17	63	85,988	4	74	44
Alamance	1,769	11	70	1,713	2	81	31

North Carolina Oral Health Section, DHHS 2008-2009 Oral Assessment Data

Medicaid provides funding for dental services for adults and children. Below is a chart that reports the usage of 2009 Dental Medicaid by enrolled individuals in Alamance County as compared to the State average. Alamance County had the third highest usage rate for children under 21 years of age in North Carolina.

NC Counties	Served <21 Years of Age		Served 21+ Years of Age	
	Percent	# Eligible	Percent Served	# Eligible
North Carolina	45	1,062,584	30.6	654,941
Alamance	55	17,049	28.3	9,557

Division of Medical Assistance, DHHS, 2010 County Reporting- Dental Utilization

While dentists-to-population ratios are a crude measure of dental care capacity and there is no agreement on the optimal number, overall the number of active professionals may imply a shortage in any area. Below is data showing the number of dentists per 10,000 of the population in Alamance and nearby counties with similar population size as compared with the State.

NC Counties	Population	Dentists Per 10,000
NC	9,382,610	4.4
Alamance	148,361	4.4
Randolph	142,495	2.5
Orange	132,306	10.4
Davidson	159,987	1.9

Cecil G. Sheps Center for Health Services Research, NC Health Professional Data System, October 2010.

The Alamance County Children’s Dental Health Clinic accepts both private and public insurance plans (Medicaid and Health Choice) and offers sliding scale payments based on family income. Appointments can be made for children ages birth through 20 years. The services available include: preventive (cleaning, polishing, fluoride treatments, sealants, oral hygiene instruction, and nutrition counseling); restorative (fillings, crowns, and extractions); and emergency care. Still underserved are uninsured adults who don’t qualify for Medicaid. Dental services for these adults are not readily available and the Missions of Mercy (MOMs) Project no longer provides annual care in Alamance County. This program, now managed by the NC Dental Society, has moved the yearly event to Greensboro. The MOMs Project provides dental care to adults free of charge and, for many Alamance County residents with severe dental problems; this was their only means of accessing emergency dental care.

# Maternal & Child Health

## Overview

Pregnancy and Prenatal Care

Adolescent Pregnancy

Low Birth Weight

Birth by Cesarean Section

Breastfeeding

Infant, Fetal, and Child Deaths

Other Child Health Issues

## Overview

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

The health and health behaviors of a woman before, during, and after pregnancy have a direct effect on the health of her current and future children. Health behaviors such as smoking are directly related to poor pregnancy outcomes like preterm birth and low birth weight, as well as long term health conditions like asthma in children. A number of other 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: beginning prenatal care in the first trimester, mothers having less than a 12<sup>th</sup> grade education, and births to adolescent women (under age 20).

North Carolina, as well as Alamance County, has made maternal and infant health a priority by establishing three goals related to the issue in the Healthy North Carolina 2020 Objectives:

**Objective 1:** Reduce the Infant Mortality Racial Disparity Between Whites & African Americans.

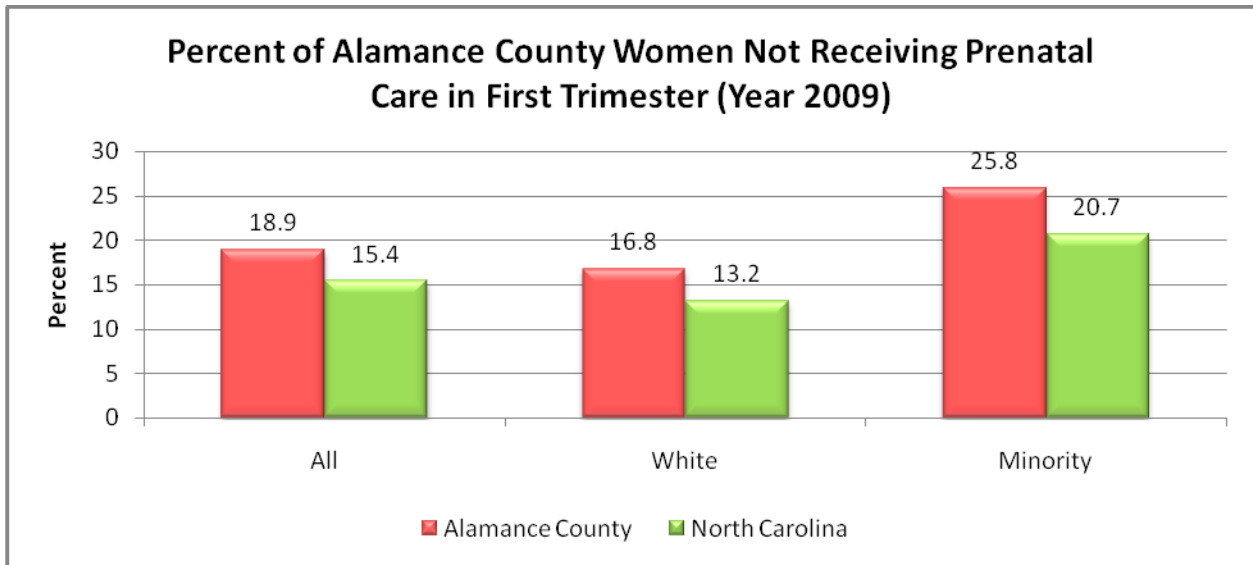
**Objective 2:** Reduce the Infant Mortality Rate (per 1000 live births)

**Objective 3:** Reduce the Percentage of Women Who Smoke During Pregnancy

*Source: Healthy North Carolina 2020: A Better State of Health, NCIOM*

## Pregnancy and Prenatal Care

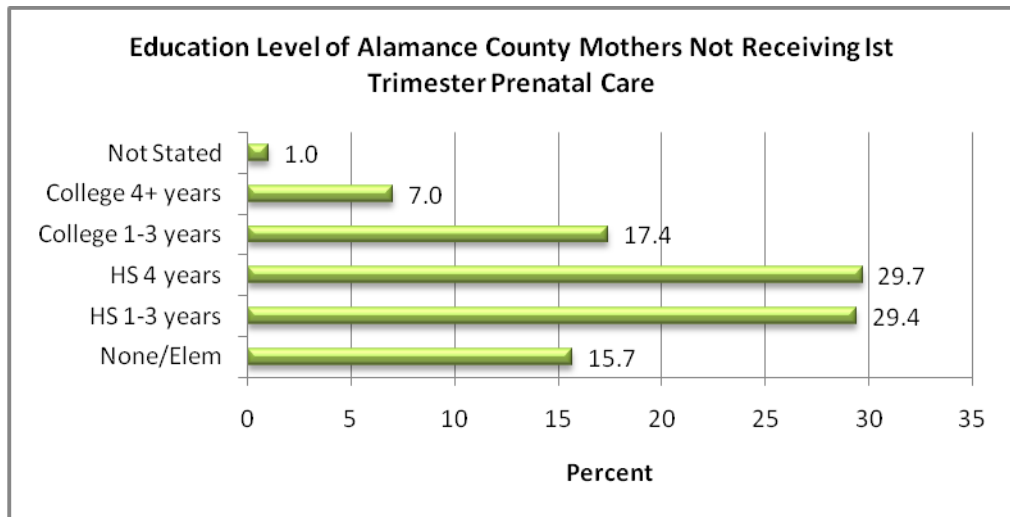
Prenatal care is medical care received during pregnancy. Accessing and beginning prenatal care within the first thirteen weeks of pregnancy has been shown to increase the likelihood of healthy birth outcomes. According to the U.S. Office of Women's Health, babies born to women who do not receive prenatal care are three times more likely to be low birth weight ([www.womenshealth.gov](http://www.womenshealth.gov)). Prenatal care provides an opportunity to detect and treat pre-existing conditions the mother may have as well as provide an opportunity to discuss important health issues like nutrition, health behaviors, and community resources.



Source: NC SCHS, BABY Books

According to the most recent data available, the percent of Alamance County women not receiving prenatal care in the first trimester of pregnancy is higher than the state percent, 18.9% in Alamance County and 15.4% for the state (NC SCHS). Additionally, minority women are 1.5 times more likely to not receive prenatal care in Alamance County than their white counterparts. Approximately 21% of those receiving late or no prenatal care in Alamance County were 19 years old or younger compared to 19% at the state level (NC SCHS). Women with less than a high school education accounted for 28.5% of all live births in Alamance County in 2010 (NC SCHS).

Approximately, 45% of the women who did not receive prenatal care in the 1<sup>st</sup> trimester had less than a high school education (NC SCHS).

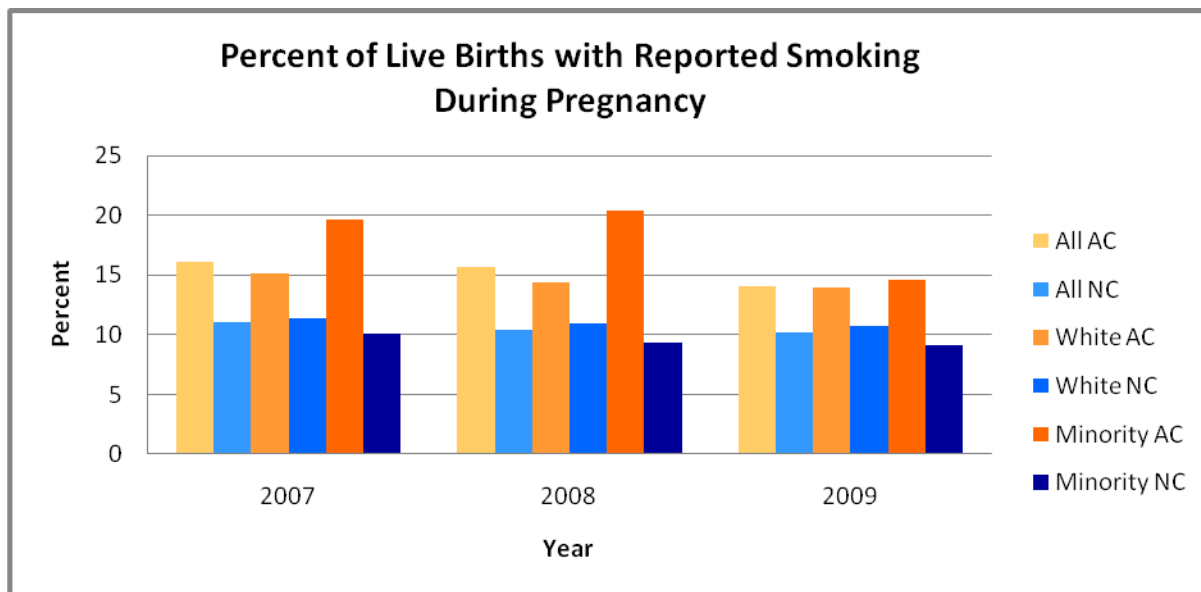


Source: NC SCHS, BABY Books

## Smoking During Pregnancy

Smoking during pregnancy increases the likelihood of poor pregnancy outcomes for both the mother and the child. According to the March of Dimes, women who smoke during pregnancy are likely to experience ectopic pregnancy (tubal pregnancy), placenta problems, and stillbirth ([www.marchofdimes.com](http://www.marchofdimes.com), April 2010). Babies born to women who smoke are at risk for preterm birth (born too early), low birth weight (born too small), and birth defects. Babies that are born too early and/or too small are also at a greater risk for other health conditions such as cerebral

palsy, developmental delays, cognitive delays, mental retardation, and in some cases death ([www.marchofdimes.com](http://www.marchofdimes.com), April 2010). In Alamance County, 14.1% of all live births were to women who reported smoking during pregnancy compared to just 10% at the state level (NC SCHS). Smoking during pregnancy has decreased in the county since 2007 with the greatest decrease found among minority pregnancies. In 2007, 19.6% of Alamance County minority live births were to women who reported smoking during the pregnancy. Current data,



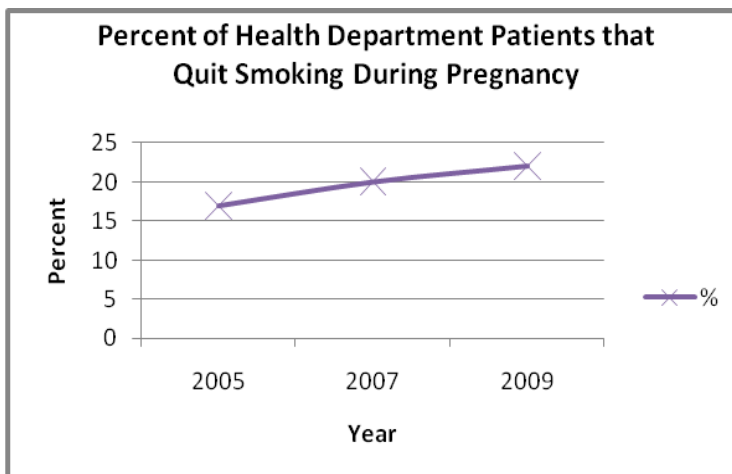
Source: NC SCHS, BABY Books

indicated that 14.6% of minority live births were to women who smoked during the pregnancy (NC SCHS). Across the board, however, smoking during pregnancy is higher in Alamance County when compared to the state.

Even if the mother does not smoke, exposure to secondhand smoke can increase the chances of poor pregnancy outcomes and also increase the risk for poor health of the child. The March of Dimes states that women who breathe in secondhand smoke while pregnant may be more at risk for their babies to be born too early and/or too small ([www.marchofdimes.com](http://www.marchofdimes.com), April 2010). Once born, infants who are exposed to secondhand smoke are two times more likely to die from Sudden Infant Death Syndrome (SIDS) and may be at greater risk for asthma and other respiratory conditions ([www.kidhealth.org](http://www.kidhealth.org), November 2008).

In order to combat smoking among the pregnant population, Alamance County has employed various smoking cessation supports including staff trainings, community groups, and phone support.

Since 2007, Alamance County Health Department has trained all Maternity and Women's Health nurses and providers in 5As smoking cessation counseling and provides one-on-one health education to women of reproductive age through the Women's Health Clinic. Prior to

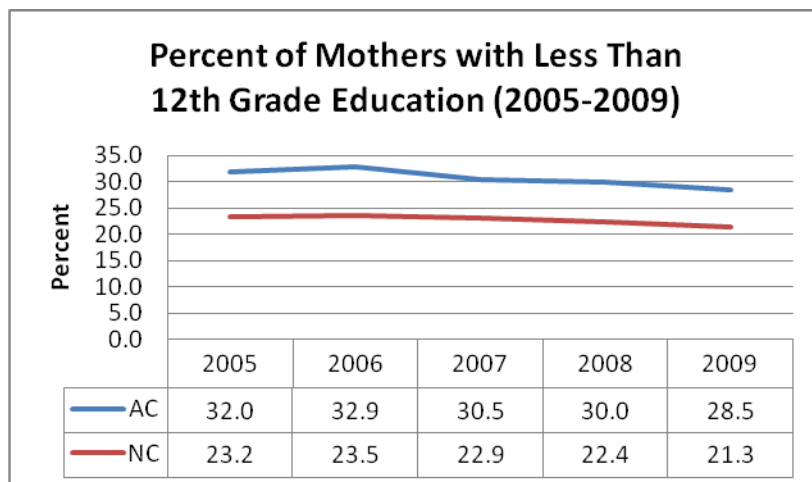


Source: ACHD Chart Review, 2005-2009

5As implementation, 35% of the maternity clients indicated they smoked at their initial visit and 17% of those indicated they quit at some point during their pregnancy (Health Department Chart Review, 2005). As of 2009, 19% of women indicated they smoked at their first prenatal visit and subsequently 22% of those women quit smoking during their pregnancy (Health Department Chart Review, 2009). Community-wide, providers promote and refer patients who smoke to the NC Quitline for smoking cessation support and resources. Cards and fax referrals are most utilized. In addition, Alamance Regional Medical Center provides FreshStart smoking cessation programming through the Lifestyle Center. The class consist of four one-hour sessions held during a two-week period every third month.

### Mother's Education

As stated above, approximately 45% of the women who did not receive prenatal care in the 1<sup>st</sup> trimester had less than a high school education (NC SCHS). A mother's level of education has been shown to be a good predictor of birth outcome (birth weight and gestational age). This effect may be due, at least in part, to associations with other important factors affecting birth outcome: prenatal care, smoking, parity, and likelihood of being married. From 1998 to 2005, the percent of mothers without a 12<sup>th</sup> grade education increased steadily from 27% to 32%, respectively. Since 2005, Alamance County has experienced a decline in percent of mothers with less than a 12<sup>th</sup> grade education.



- The percentage of Alamance County mothers without a 12<sup>th</sup> grade education has fallen from 32.9% in 2006 to 28.5% in 2009.
- During this same time period, the NC percent also fell from 23.2% to 21.3% in 2009.

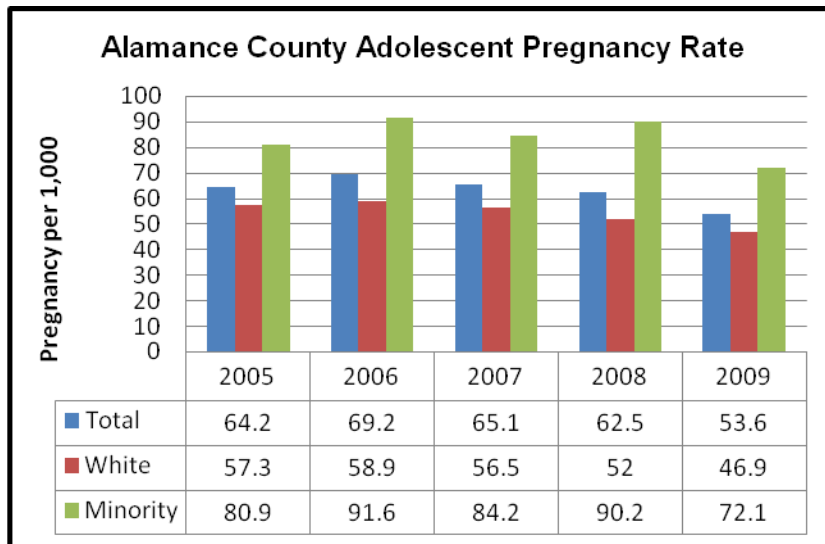
Source: NC SCHS, BABY Books

### Adolescent Pregnancy

The teen pregnancy rate in North Carolina has decreased over the past ten years. After seeing a slight increase in teen pregnancy rates Alamance County's rate is now lower than the state rate according to the NC State Center for Health Statistics. In 2009, the Alamance County teen pregnancy rate decreased to 53.6 pregnancies per 1,000 teens aged 15-19 compared to the state rate of 56.0 per 1,000 teens.


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





Source: North Carolina State Center for Health Statistics

- There was a decrease in the pregnancy rate for both minority teens and for whites since 2005.
- The overall teen pregnancy rate has decreased by 16.5% since 2005.
- There were a total of 303 teen pregnancies in Alamance County among females 10-19 in 2009; two of those were among females ages 10-14.



**Teen Pregnancy was identified by 92.8% of Alamance County residents as important to the overall well-being of people in Alamance County.**

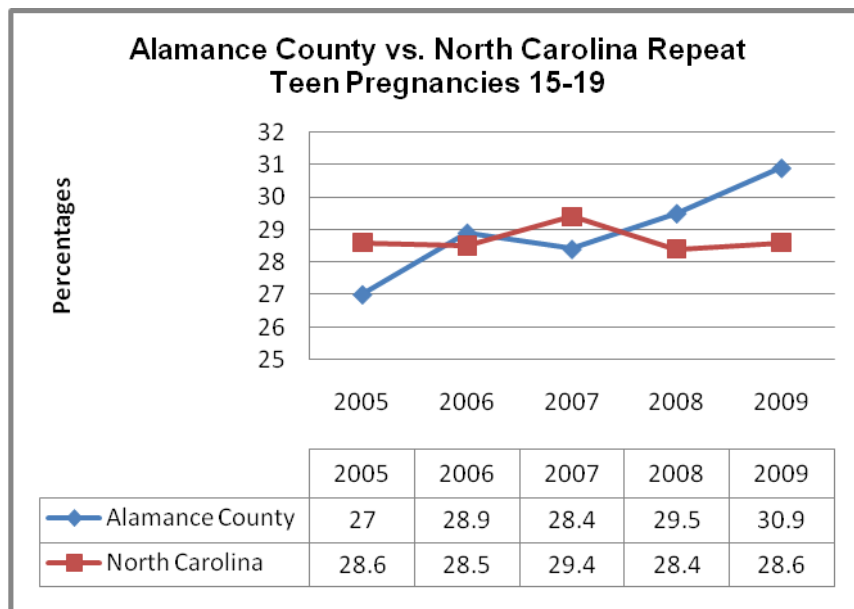
*Source: 2011 Elon University Poll*

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

#### Risk Factors for Teen Pregnancy

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

- The percentage of repeat teen pregnancies in Alamance County has increased since 2005.
- Alamance County's repeat teen pregnancy rate has been higher than the state rate since 2006.



Source: North Carolina State Center for Health Statistics

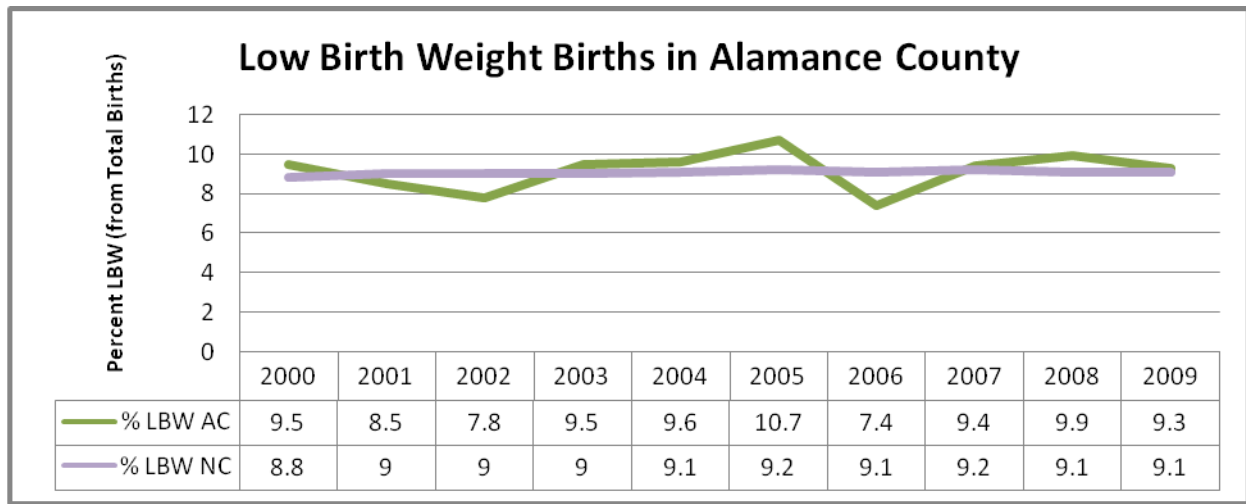
Reducing the rates of teen pregnancy and repeat teen births can assist in lessening the significant health and socio-economic risks to young women and their infants associated with teenage childbearing. Teen childbearing cost North Carolina taxpayers \$392 million each year based on an analysis of public spending and teen births in 2008 ([www.appcnc.org](http://www.appcnc.org)).

### **Low Birth Weight**

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:

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

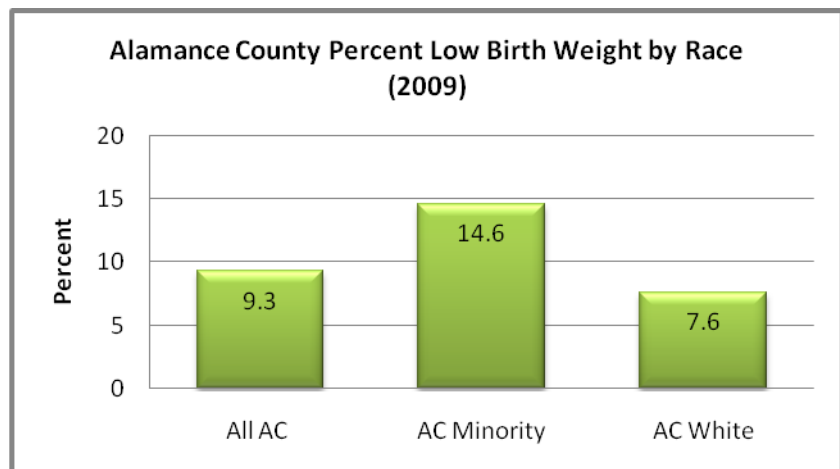
Babies born too early, also known as preterm birth are most likely to be low birth weight. Any birth before 37 weeks of pregnancy is considered a preterm birth. However, full term babies (born at 37 or more weeks of pregnancy) can also be born at a low birth weight. Typically these babies are underweight for their gestational age due to growth restriction while in the womb. LBW babies are at increased risk for serious health problems as a newborn and may experience long term health problems or even death (March of Dimes, 2008). Factors that may contribute to LBW include smoking, drug use, chronic disease in the mother, birth defects, problems with the placenta, or infections in the mother (March of Dimes, 2008). Good quality, comprehensive prenatal care and support services reduce the incidence of babies born at a low birth weight.



Source: NC SCHS

The state LBW percent has remained virtually unchanged for approximately 10 years. Since 2007, Alamance County has also started to level off; however, the percent remains higher than the state and higher than the Healthy People 2020 goal of 7.8%.

- According to 2009 data, minorities in Alamance County are twice as likely to experience a low birth weight birth that their white counterparts.
- Currently, 7.6% of white births are considered low birth weight while 14.6% of all minority live births are low birth weight.

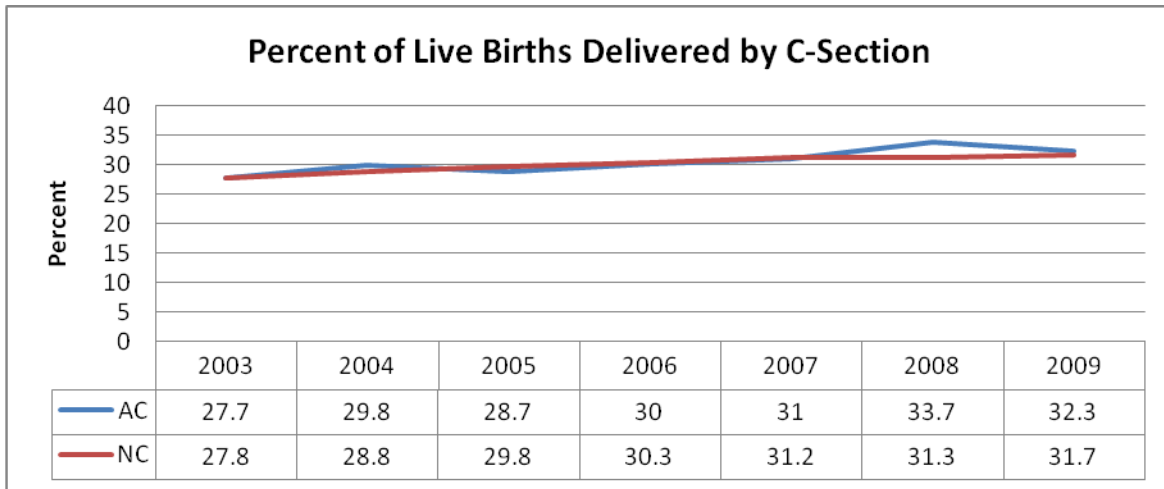


Source: NC SCHS

Understanding that preterm delivery is a major contributor to low birth weight, Alamance County Health Department has offered Maternity Health Clinic clients the 17P Program since 2007. 17P is a medicine that can help prevent preterm birth in some pregnant women who have already had a preterm birth. Studies have shown that use of 17P may reduce a woman's risk of repeat preterm birth by one-third (UNC Center for Maternal and Infant Health, [www.mombaby.org](http://www.mombaby.org)).

### **Birth By Cesarean Section**

Increasing rates of surgical delivery ("Cesareans" or "C-sections") in low risk pregnancies have been of growing concern in the United States. Cesarean delivery can save lives and improve outcomes when used in response to certain specific medical indications of risk. The procedure is 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% of all live births in Alamance County (NC SCHS). 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%.



Source: NC SCHS

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 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 integrating the plan of care with local care/case management
- Open chart audits

### **Breastfeeding**

Breastfeeding is known to offer extensive health benefits to both baby and mother. Breastfeeding protects babies by providing antibodies to fight off infections and breastfed babies are at lower risk for Sudden Infant Death syndrome, asthma, obesity and other health issues later in life ([www.womenshealth.gov](http://www.womenshealth.gov)). Breastfeeding also helps reduce the risk of Diabetes, breast cancer, ovarian cancer and postpartum depression in mothers ([www.womenshealth.gov](http://www.womenshealth.gov)). In addition to the health benefits, breastfeeding also impacts productivity in the workplace. Mothers who breastfeed often miss less work because their babies are sick less often than mothers who do not breastfeed ([www.womenshealth.gov](http://www.womenshealth.gov)).

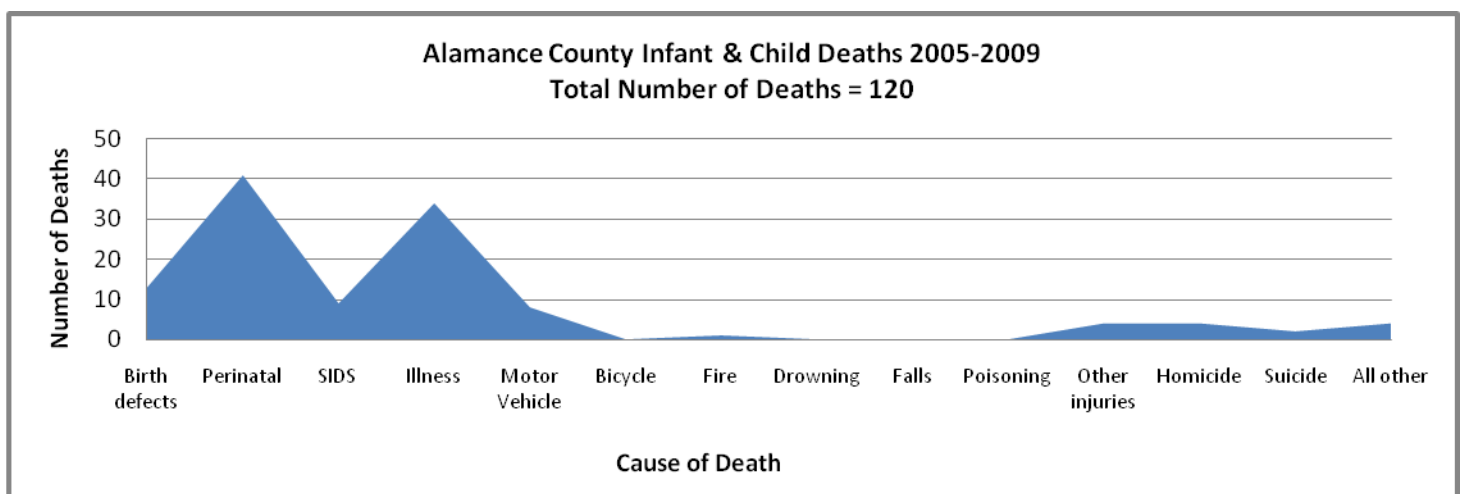
<b>WIC Breastfeeding Rates</b>	Alamance County		NC
	2005	2009	2009
Source: Alamance County WIC Program			
Breastfeeding initiation rate	48.1%	52.4%	54.6%
Breastfeeding at 6 weeks	32.0%	32.9%	32.6%
Breastfeeding at 6 months	17.6%	19.6%	17.1%

Source: Alamance County WIC

Since 2005, the breastfeeding initiation rate among Alamance County WIC participants has increased from 48.1% to 52.4%. In addition, breastfeeding rates at 6 weeks and 6 months have also seen increases over the last five years. Breastfeeding promotion and support is an important part of the WIC program. In 2010, the Alamance County Health Department implemented the Breastfeeding Peer Education program in order to better support mothers who choose to breastfeed. Since August 2010, the Peer Educator program has increased their caseload by 262% (Alamance County WIC, 2011). Breastfeeding education and support is also offered at Alamance Regional Medical Center at no cost to mothers.

### **Infant and Childhood Deaths**

From 2005-2009, 120 children died in Alamance County. The most common cause of death among children in Alamance County was perinatal conditions followed by illnesses. Sixty-three percent of the children that died were less than one year old.



Source: NC SCHS

The infant mortality rate is the number of deaths of infants under one year of age per 1,000 live births in a given population. Infant mortality rate is one of the key indicators of the health of a community. It is a useful indicator because it is often associated with other health factors such as maternal health, quality and accessibility of medical care, and socio-economic conditions.

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

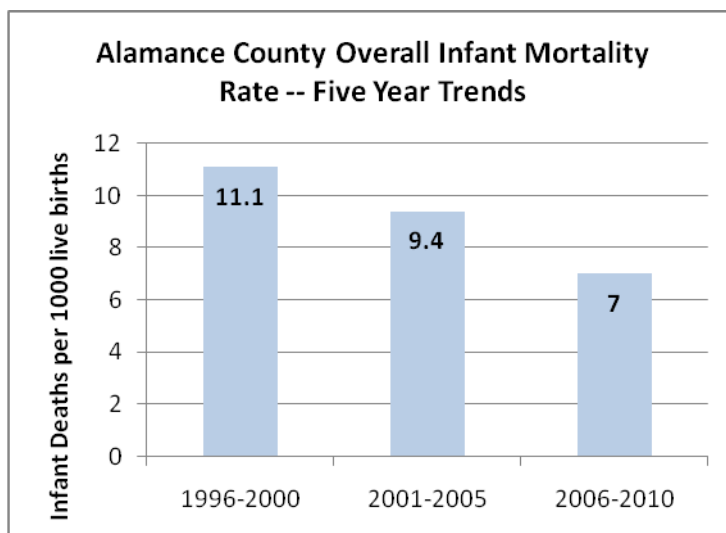
Over the last five years, the infant mortality rate decreased. The infant mortality rate in 2000-2004 was 10.4 deaths per 1000 live births (NC SCHS). The infant death rate for 2005-2009 was 7.9 deaths for 1000 live births; this is a 24% decrease from the previous five years (NC SCHS).

Looking at data from year to year, there have been individual fluctuations by as much as 50%; five year trends give a more accurate assessment than each year-to-year comparison. [NOTE:

Rates that are based on small number of cases (generally fewer than 20) should be viewed with caution and are considered unreliable.]

Alamance County Infant Mortality Rates (per 1000 live births)							
	2005	2006	2007	2008	2009	2010	
Alamance County - Overall IMR	11	6.8	6.9	6	9	6.5	
Alamance County - White IMR	9.5	3.9	5.1	4.4	6.3	6.8	
Alamance County - Minority IMR <i>(Beginning 2010, reported separately as African-American, Hispanic and Other)</i>	17.2	17.9	13.4	11.9	17.5	Afr-Amer	8.2
						Hispanic	4.8
						Other	0
NC - Overall IMR	8.8	8.1	8.5	8.2	7.9	7.0	

For example, in 2009, the county rate of infant deaths exceeded the state rate, this is the first time since 2006 this had occurred. Additionally, in 2009 minorities in Alamance County were 2.8 times more likely to experience an infant death than their white counterparts. However, in 2010 these numbers changed dramatically, with the most promising gains in the lowered number of African-American infant deaths. Data from subsequent years will show whether this was a one-year fluctuation for that group or a persistent trend.



Source: NC SCHS

Five Year Trends since 1996 have shown a sustained decrease in the number of infant deaths in Alamance County.

### Other Child Health Issues

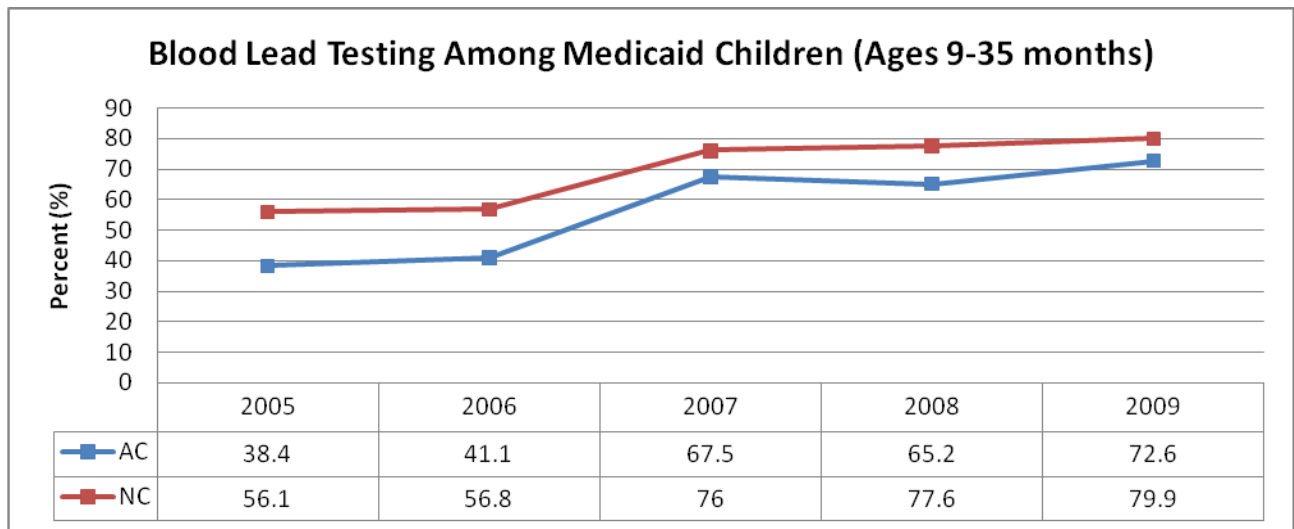
*Lead Poisoning Prevention:* Lead poisoning is the most common preventable pediatric health problem in the United States today, and is caused by exposure to lead that is eaten or breathed in the form of dust. It is one of the most serious health threats for children in and around the home. If not detected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

Babies and young children are especially susceptible to lead exposure. They may eat or chew paint chips, or their hands or other objects placed in their mouths may be contaminated with lead dust. The tissue of children is more sensitive to lead's damaging effects. Although lead

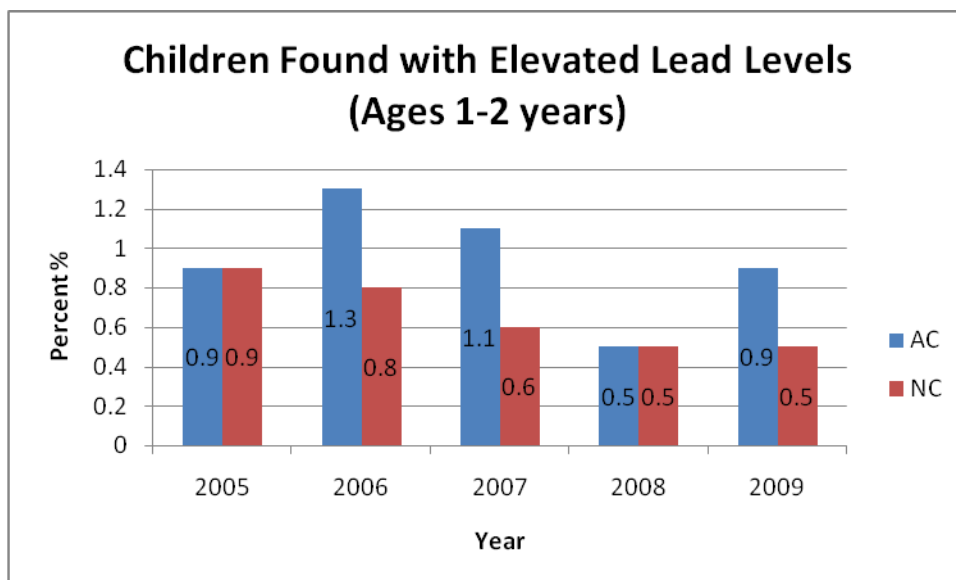
exposure can affect any child, those who are most at risk are children who live in older housing, like that found in inner city areas.

The NC General Assembly enacted the Childhood Lead Exposure Control Act in 1997, establishing a voluntary program of testing for lead in children, especially children 12-36 months. Special focus is given to ensure that children eligible for Medicaid are screened in infancy for lead exposure. In addition, since the February 2011, 94 Alamance County Health Department maternity health clinic patients have been screened for lead as result of a new mandate from NC Department of Health and Human Services.

The following graph reveals that Alamance County has lagged behind the state in the percentage of Medicaid-eligible children being screened by age three. However, significant progress has been made since 2005. In 2005, only 38.4% of Medicaid children were being screened in Alamance County. Currently, approximately 73% are being screened and the gap between the state rate and the county rate has decreased considerably.



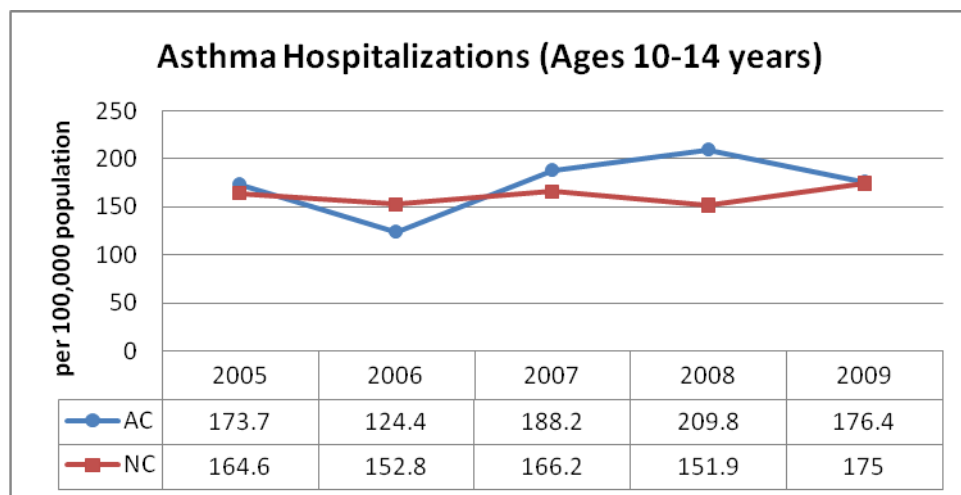
Source: Children Environmental Health Branch



- Of the Alamance County children tested for lead in 2009, less than 1% were found with elevated lead levels.
- The percentage of NC children found with elevated lead levels has remained below 1% since 2005.

Source: Children Environmental Health Branch

**Childhood Asthma:** Asthma is one of the most common childhood chronic diseases. Asthma is a disease that affects the lungs and causes repeated episodes of wheezing, breathlessness, and chest tightness. While the cause of asthma may be unknown in many cases, things found in the environment, like outdoor pollution and tobacco smoke, may trigger asthma attacks.



- In 2007 and 2008, the asthma hospitalization rate increased in Alamance County. In 2009, the hospitalization rate dropped by 16%.

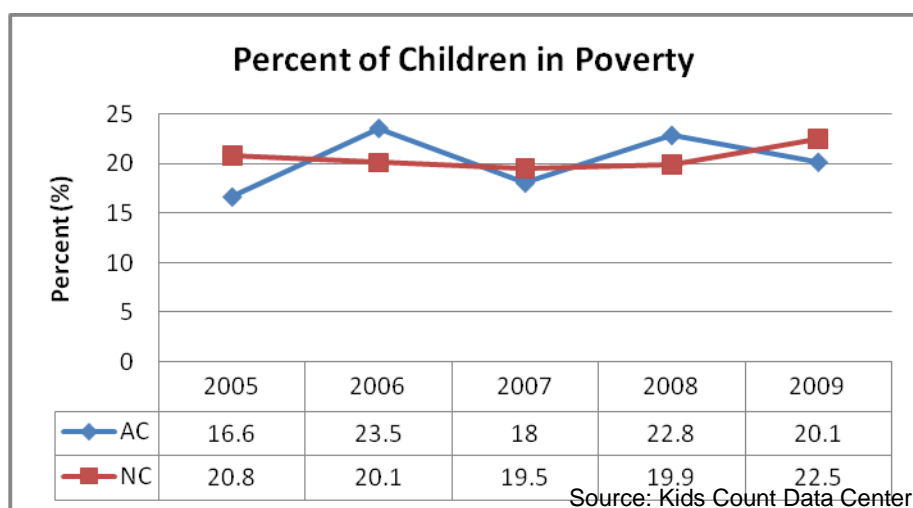
Source: NC SCHS

Efforts to reduce environmental triggers and in turn reduce the burden of asthma in Alamance County include Air Quality Awareness flags strategically placed at all 33 public schools in Alamance County, Air Quality magnets placed on all 17 Environmental Health vehicles to bring awareness to the community at large, and anti-idling signs at school drop-off zones. In 2010, Alamance County implemented the “Know the Code” public awareness campaign to help residents become more aware of the air they breathe each day.

**Child Poverty:** Currently, the federal poverty level is \$22,350 for a family of four. Children and families living below the federal poverty level are considered poor. According to the National Center for Children in Poverty, research suggests that in order to meet basic needs a family needs an income twice as much as the federal poverty level ([www.nccp.org](http://www.nccp.org)).

In North Carolina, over 22% of children are poor. In Alamance County, approximately 20% of the children are poor.

Risk factors for child poverty include single parenting, minority, and parent with less than high school education ([www.nccp.org](http://www.nccp.org), NC profile).



Source: Kids Count Data Center



# Prevention

Overview

Colorectal Cancer Screening

Breast Cancer Screening

Prostate Cancer Screening

Cholesterol/Hypertension/Diabetes Screening

HIV Screening

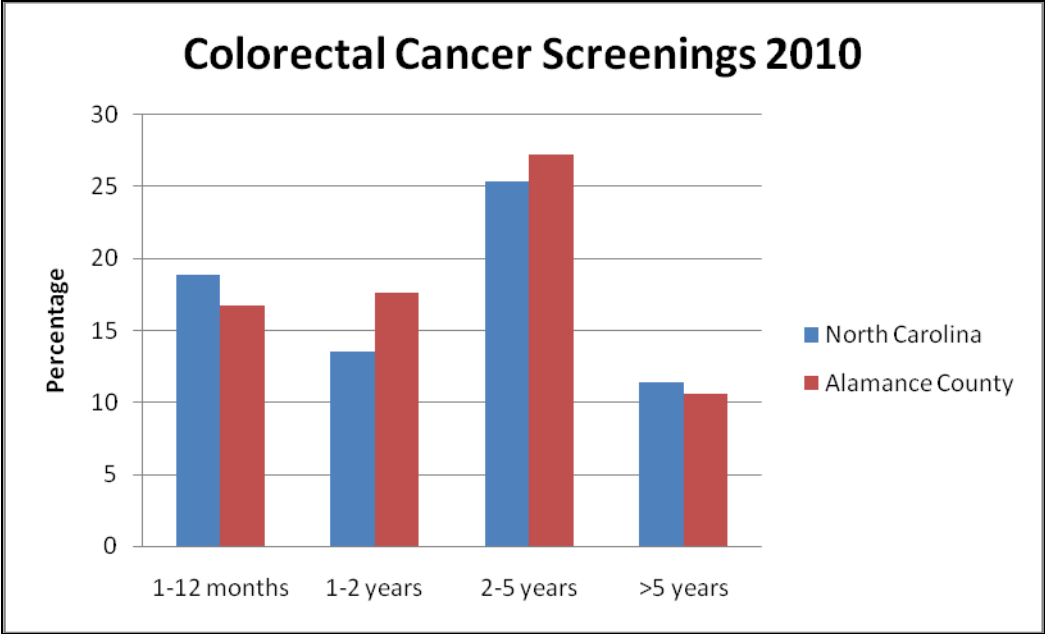
## Health Screenings

- The Encyclopedia of Public Health says the term "prevention" encompasses the philosophy, credo, programs, and practices that aim to defer or eliminate diseases, disability, and other forms of human suffering. Additional discussions of disease prevention, the stages of prevention (primary, secondary, and tertiary) and the issues of clinical prevention in the setting of personal health services can be found elsewhere in this encyclopedia. The notion of prevention in populations has a long history of discovering and eliminating the causes of disease.
- Early detection of disease is a form of secondary prevention, reducing the harm done.
- Early detection through health exams and screening tests typically leads to treatment before the disease or condition progresses further and thus can improve health outcomes.
- Early detection can also help prevent further spread of infectious diseases.

## Colorectal Cancer Screening

According to the 2010 BRFSS survey results, 10.6% of Alamance County adults and 11.4% of North Carolina adults over the age of 50 reported that it had been greater than 5 years since they had their last sigmoidoscopy or colonoscopy. A sigmoidoscopy is similar to, but not the same as, a [colonoscopy](#). A sigmoidoscopy only examines up to the [sigmoid](#), the most distal part of the colon, while colonoscopy examines the whole large bowel. These scopes look for signs of colon cancer.

- The overall percent of Alamance County residents age 50 or over who have had a sigmoidoscopy or colonoscopy in the last 5 years was 72.1%.



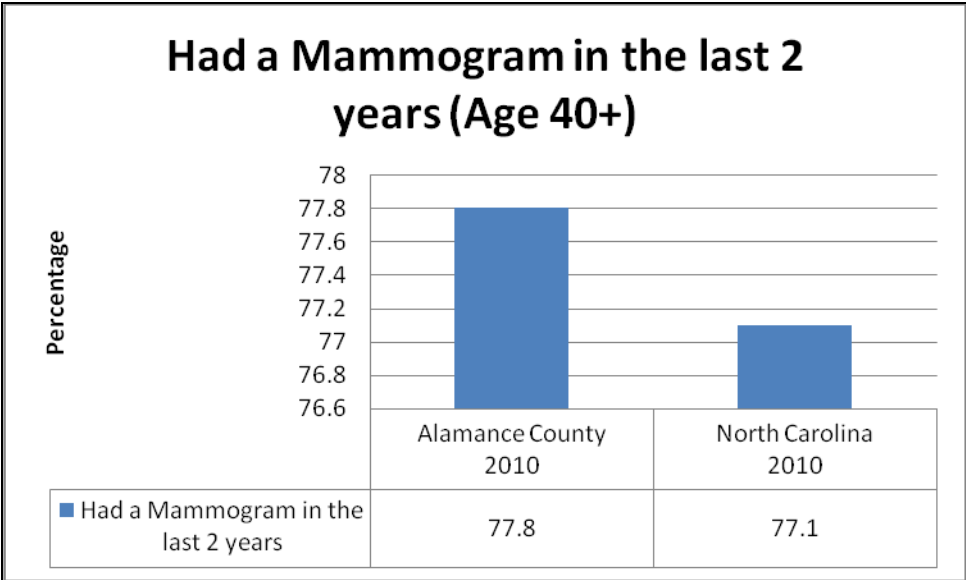
Source: NC State Center for Health Statistics

**Female Breast Cancer Screening**

Women age 40 or older are advised to have a routine mammogram every one to two years to screen for breast cancer.

Alamance County has a wonderful program at Alamance Regional Medical Center. They have the Norville Breast Care Center that also serves low income women with funds from the Breast and Cervical Cancer Control Program.

- 77.8 % of women in Alamance County that are over age 40 have had a mammogram in the last 2 years compared to only 77.1 % of women in North Carolina.

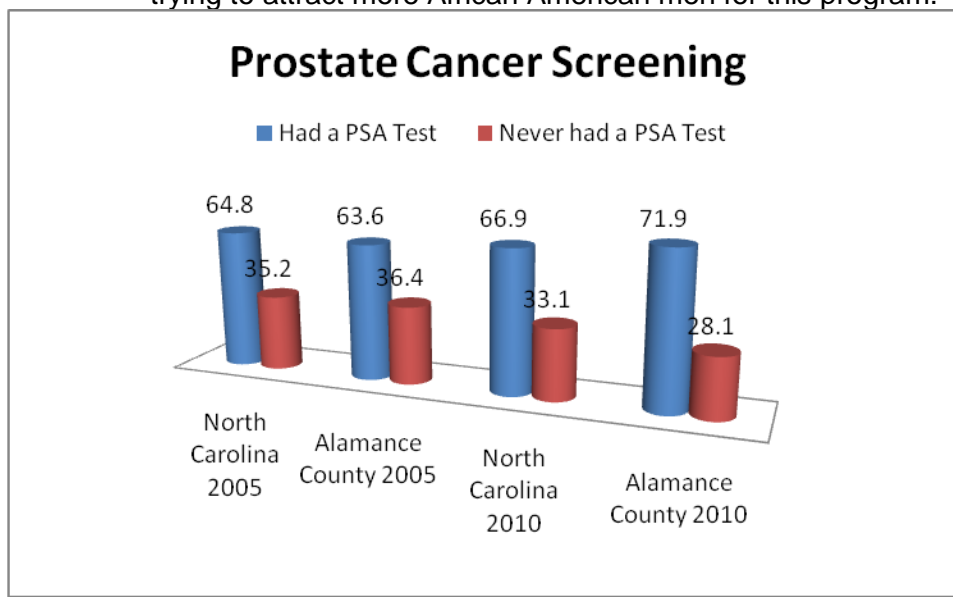


Source: NC State Center for Health Statistics

## **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.

- White men, aged 45+ and that had some college education were more likely to have a PSA test according to our 2010 BRFSS.
- In Alamance County 71.9% of men had a PSA test compared to 66.9% in NC. This is an increase from 2005 for Alamance County and the state. Alamance Regional Medical Center Cancer Center has been conducting yearly prostate screening and is trying to attract more African American men for this program.

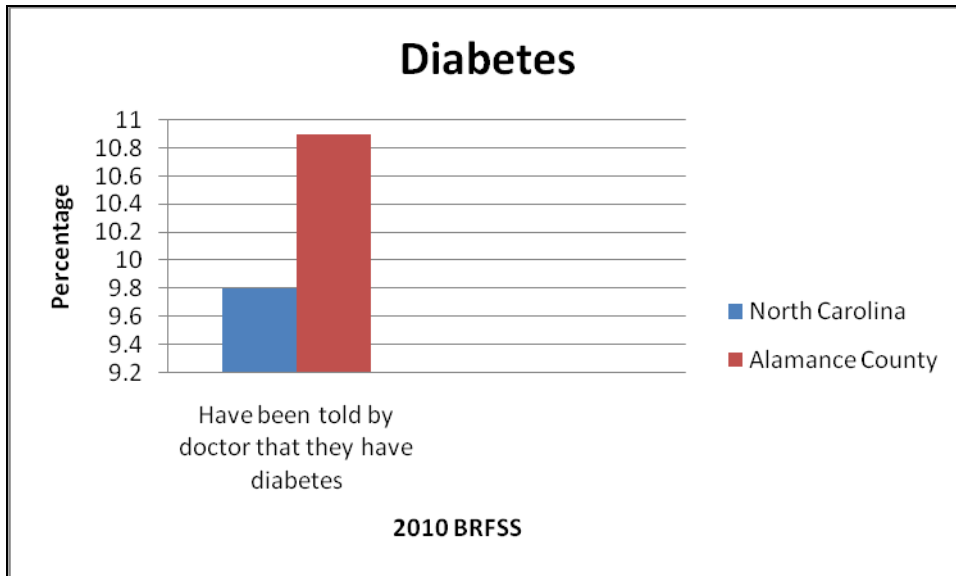


Source: NC State Center for Health Statistics

## **Diabetes Screening**

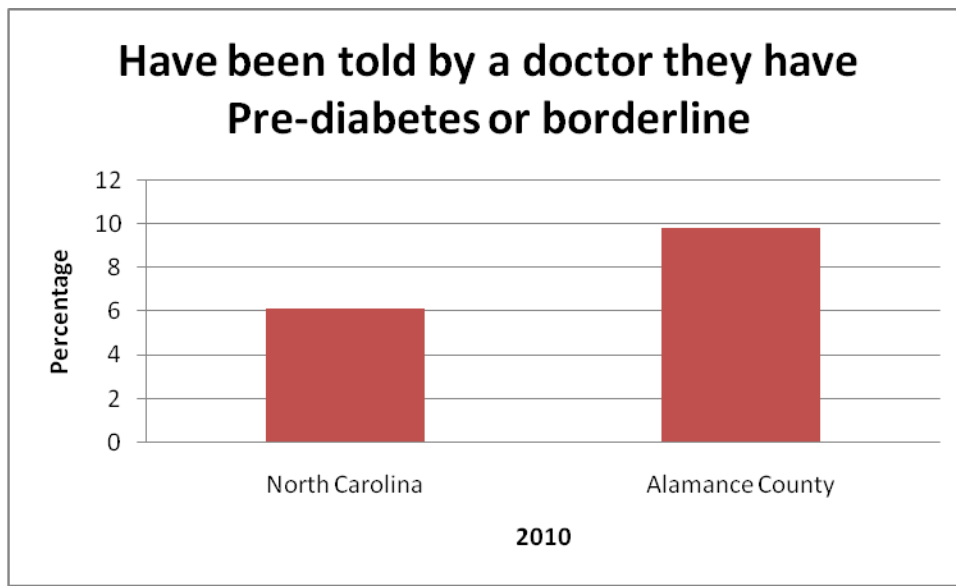
Diabetes has become a huge problem not only in Alamance County, North Carolina but also in the United States. There are many programs in Alamance County to address the issues of diabetes including education and screenings. The Lifestyle Center at Alamance Regional Medical Center has such a program.

In 2010 Alamance County had 10.9 % of residents say they had been told by a doctor that they had diabetes which is higher than North Carolina which is 9.8 %. Females and people age 45 or over were more likely to be tested for Diabetes.



Source: NC State Center for Health Statistics, 2010 Behavioral Risk Factor Surveillance System

In North Carolina 6% of residents have been told by their doctor that they are pre-diabetic or have borderline diabetes but in Alamance County the percentage is higher at 9.8%.

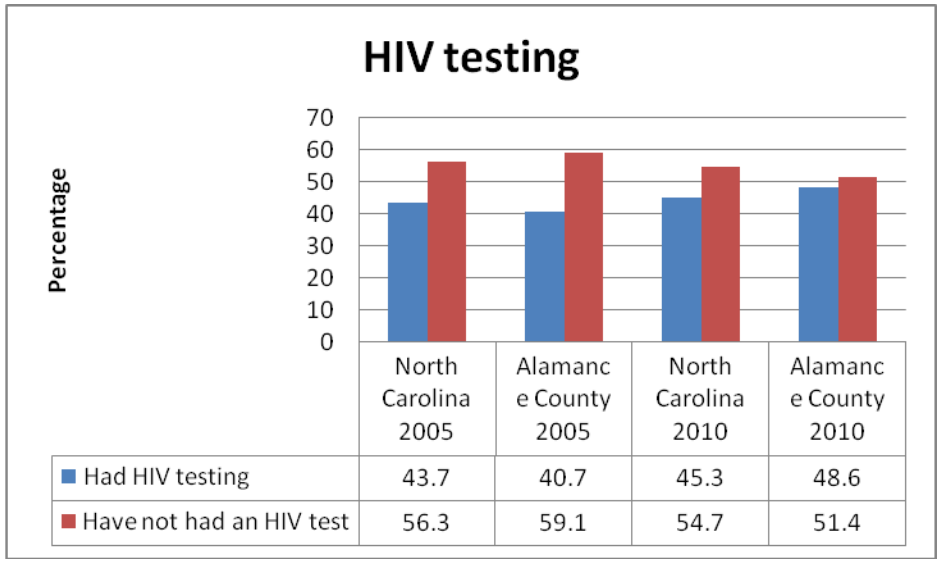


Source: NC State Center for Health Statistics

### HIV testing/screening

**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](#).

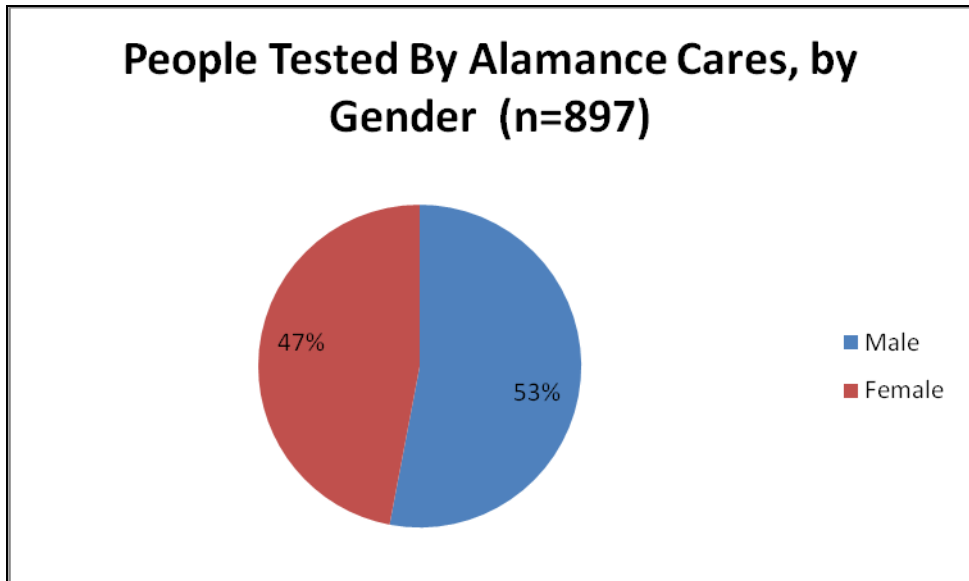
According to the 2010 BRFSS Survey, Alamance County residents who are female, that are white and have some college education are significantly more likely to be tested for HIV than those who are male or less educated. Women are usually tested when they are pregnant.



Source: NC State Center for Health Statistics

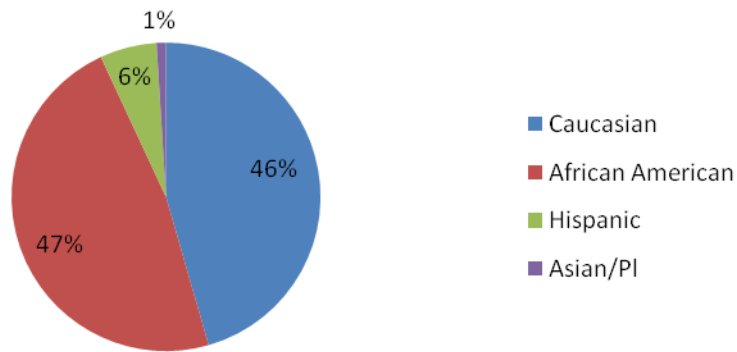
- Over 48.6% of Alamance County residents have had an HIV test which is more than the state average which is 45.3%. Alamance County rates have increased from 40.7% in 2005.
- The Alamance County Health Department did 3935 HIV test for the public in all of their clinics in 2010. 881 of those were done in the Maternal Health Clinic on pregnant women.

Alamance Cares, which is an agency in Alamance County that provides HIV/AIDS outreach, educated over 988 people in Alamance County in 2010. They tested more than 897 people in 2010 and had only 2 people test positive. This number is an increase from 2007 data in which only 340 people were tested. The following charts are from Alamance Cares 2010 data.



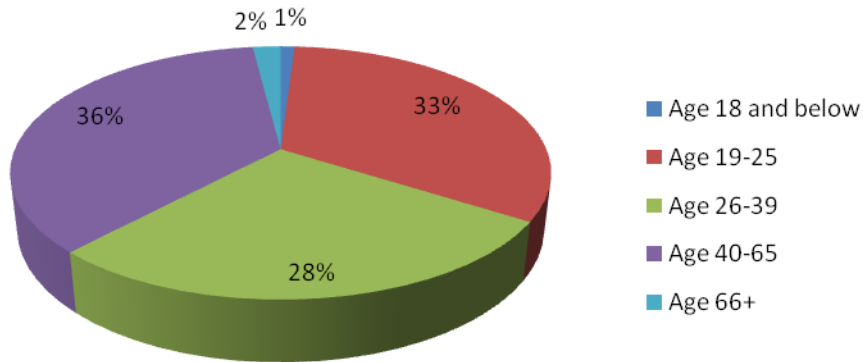
Source: Alamance Cares, 2010 data

### People Tested by Alamance Cares, by Race/Ethnicity(n=897)

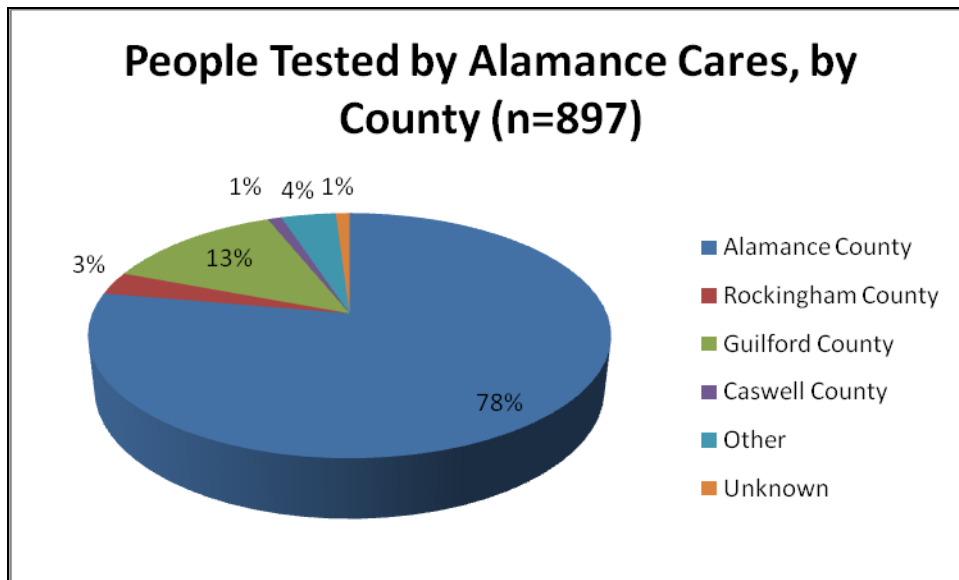


Source: Alamance Cares, 2010 data

### People Tested by Alamance Cares, by Age (n=897)



Source: Alamance Cares, 2010 data



Source: Alamance Cares, 2010 data

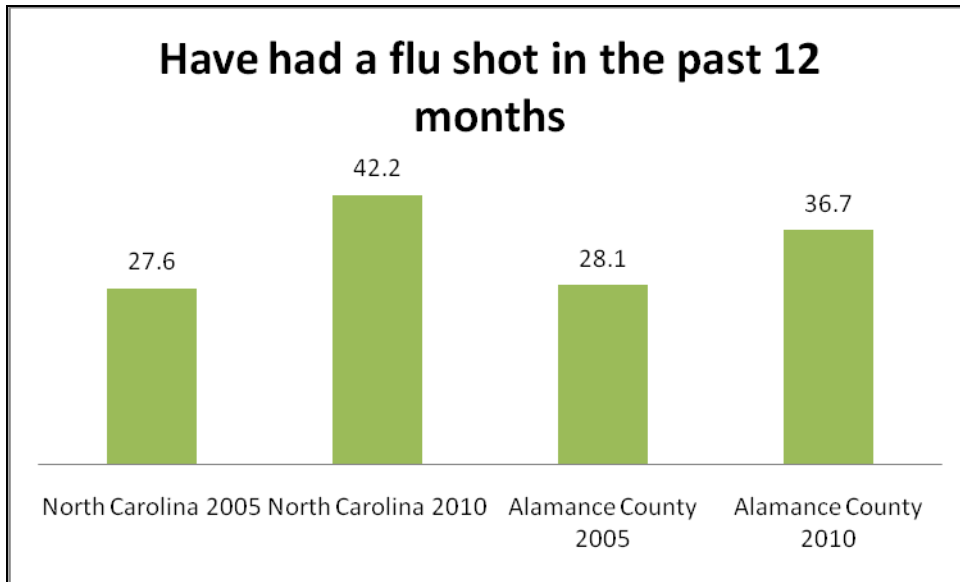
The majority of people tested by Alamance Cares were from Alamance County, male, African American and age 40-65.

#### **Immunizations:**

Administering vaccines is one strategy for preventing and reducing the impact of certain infectious diseases. There are medical factors that must be considered on an individual basis between a person and his or her medical provider, before a final decision can be made about whether and when to get immunized. A flu shot is an influenza vaccine injected in your arm to help prevent someone from getting the influenza.

The 2010 BRFSS findings for Alamance county adult respondents of all ages are:

- Only about 24% of all 18-44 year olds surveyed said they had received a flu shot.
- But about 49% of all 45+ said they received a flu shot.
- Alamance County is almost the same as the state in regard to residents getting the flu shot. Our percentage did increase in Alamance County from 2005 to 2010 from 28% to 36.7%. However, over 63% of residents still do not receive a flu shot each year.



Source: NC State Center for Health Statistics

Efforts in Alamance County to enhance our influenza vaccination program have included:

- Hiring an Emergency Preparedness Coordinator to educate the public about Pandemic Flu and the importance of Flu Vaccination
- Establishing a Medical Reserve Corps and
- Coordinating Flu vaccination efforts in the community with ARMC, Kernodle Clinic and local nursing homes.



# Mental Health

Overview

Mental Illness/Developmental Disabilities/Substance Abuse

Timely Initiation and Engagement

Support Groups

Medication

Housing

Crisis Intervention

Treatment Programs

In Alamance County, mental health, developmental disabilities and substance abuse (MH/DD/SA) are issues that are far reaching, impacting areas such as business, employment, social services, health care, judicial services, law enforcement, crime rates, domestic violence, education, childhood development, infectious diseases, housing, injuries, accidents, family stabilization, and others. The cost of treatment services alone is in the range of \$15-18 million in Alamance County. Additionally, the cost of adjunct services is in the millions.

While the community works to increase the number of persons identified and linked to services for MH/DD/SA issues, the monies needed to provide those services are decreasing. As a result, the coordination of efforts to provide services that are economical, effective, and preventative is increasingly important. As monies for traditional MH/DD/SA services shrink, the community will be forced to develop alternatives to treatment, identify problems earlier, and intervene earlier. In addition, the community will be forced to rely heavily on lay-persons, peer support, and other non-professionals to identify problems, link persons to services, and provide services in the community. Training, education and supervision will increasingly be important as MH/DD/SA needs are addressed by a diverse mixture of persons and spread across the entire spectrum of service possibilities.

## **Polling Data**

According to an Elon University poll from March 2011, 90% of persons in Alamance identified mental health as important or very important to the overall well-being of Alamance County.

When asked where they would recommend a friend or family member go for help with a mental health problem, 21% of people said that they did not know, though 65% would recommend a doctor or local mental health program.

MH/DD/SA was not ranked among the top 10 most important issues facing Alamance County. Only 6.5% of people rank tobacco, mental health and substance abuse as one of the most important health issues in the county.

## **System of Care with Children and Youth**

Over the last seven years, Alamance child-serving agencies and community partners have adopted a System of Care (SOC) approach, in response to the comprehensive needs of children and families. In 2006, The Children's Executive Oversight Committee was established to oversee and coordinate policies, programs and services for children in Alamance County. This committee is made up of the CEO's of all the local child serving agencies, law enforcement, judiciary, and key political and community leaders. Annually, a memorandum of understanding is signed by these CEO's supporting service planning and service delivery

utilizing a system of care approach that “empowers and supports children and their families to reach their full potential as responsible productive and caring individuals.”

Funded by the US Substance Abuse, Mental Health Services Administration in 2008, the Alamance Alliance for Families has expanded SOC to include children from birth to five years of age. Addressing a child and family’s needs during the first five years of life has the greatest chance of producing short- and long-term success.

The importance of this effort is the systemic change that will exist after the grant period. The Alliance has driven the following care changes:

1. Developing community awareness of early childhood social-emotional issues
2. Screening for social, emotional, behavioral concerns for children ages 0-5
3. Providing in-home social, emotional, and behavioral assessments
4. Building the capacity for the delivery of early childhood, evidenced-based mental health, social, emotional, and behavioral interventions
5. Hiring family partners to engage families in services and supports that are beneficial to a child’s success prior to entering school

Some of Alamance’s other system of care accomplishments include the reduction of youth in the following non-family settings where youth with social, emotional, and behavioral issues are sometimes placed:

1. Foster care placement from 120 youth to 80
2. Training school placements from 18 youth to 12
3. Level 3 and 4 group home placements from 36 youth to 14.

### **Community Progress Reports**

The NC Division of MH/DD/SA Services publishes information about the following seven progress indicators in its quarterly Community Progress Reports. It should be noted that this data is from 2010 and based on the number of persons, not the number of persons per thousand. Thus, valid comparisons between counties cannot be made for some indicators.

#### *Timely Access to Care*

Local non-hospital crisis services must be offered to persons seeking emergent, urgent, or routine care in a specified amount of time. Alamance is compliant 100% of the time with emergent and urgent access requirements and 87% compliant for routine access for all quarters in 2010.

#### *Services to Persons in Need*

Persons with needs related to MH/DD/SA are difficult to identify, find available services for, or to connect to services. Alamance County’s percentages are slightly lower than the state average for all groups for all quarters in 2010. Adults and children with substance abuse-related issues are nearly impossible to identify and connect to services, with about one-tenth or less of the projected number of persons accessing services. Less than 60% of the projected number of persons with adult mental health issues access services.

#### *Timely Initiation & Engagement of in Service*

This indicator tracks two visits within 14 days and two additional visits within the next 30 days after accessing services. For persons seeking MH or DD services, Alamance mirrors the state average. Even so, the numbers are not impressive, with percentages in the 30-40s for some quarters. The indicators for persons seeking SA services are well below the state average. For persons with dual diagnoses (MH/DD or MH/SA), The data for Alamance County fluctuates

quarterly from slightly lower to considerable higher than the state average. Timely initiation and engagement is very much governed by the type of service being accessed and the monies that a given person will use to access that service. Mental health services for adults are easier to access than substance abuse services. Medicaid clients enter services faster than clients using Integrated Payment and Reporting System (IPRS) funds.

#### *Effective Use of State Psychiatric Hospitals*

This indicator tracks the days of care for two timeframes: 1-7 days and 8-30 days. Alamance County admits a relatively small number of patients to state hospitals compared to larger counties and slightly more than smaller counties. Thus, comparisons to the state average – which can range from 0-60% in a given area – are not reliable or valid. The number of persons who could be treated in a local psychiatric facility versus a state hospital is not known; however, the use of beds in Alamance that are set aside for this population are underused.

#### *Reduction in State Psychiatric Readmissions*

This indicator tracks readmissions within 30 and 180 days of discharge from a state psychiatric hospital. Alamance County readmits a relatively small number of patients to state hospitals compared to larger counties and slightly more than smaller counties. Thus, comparisons to the state average – which can range from 0-50% in a given area – are not reliable or valid. That said, the percentage of Alamance patients who are discharged in seven days or less has reduced over the last seven quarters from a high of 72% to 24%.

#### *Timely Follow-up after Inpatient Care*

This indicator tracks follow-up with Alcohol and Drug Abuse Treatment Centers (ADATC) and State Psychiatric Hospitals from 1-7 days after discharge. Alamance performs well in these categories, with as many as 75% of persons being seen after discharged from an ADATC and 78% of persons after discharge from a hospital. Due to the limited number of persons receiving these services, comparisons to other counties or regions are invalid.

#### *Child Services in Non-Family Settings*

Fewer children are placed in non-family settings (i.e., residential group homes, psychiatric residential treatment facilities) as a part of a statewide plan to reduce the number of children in non-family settings. Less restrictive interventions are required prior to approval for placement in non-family settings. This has driven the development of more evidenced-based, in-home family therapies. Over the last two years the number of children in residential group homes and psychiatric residential treatment facilities has dropped from 36 to the low teens.

The progress indicators listed above are updated quarterly and can be found at Community Systems Progress Reports: <http://www.ncdhhs.gov/mhddsas/announce/index.htm>.

In Alamance County a large number of residents do not know how to access services. Access to services in a timely manner can be difficult, especially for persons seeking substance abuse treatment. Great strides have been made in creating partnerships that target the social, emotional, and behavioral needs of children and youth and the Alamance Alliance has expanded this system of care approach to infants, toddlers and young children. In addition, the number of children in non-family residential settings has been dramatically reduced.

Alamance County and its residents continue to struggle with identifying MH/DD/SA issues, accessing services, and linking persons to appropriate care. That said, if the community were more successful in identification and referral, then the demand for services would quickly exceed the community's capacity to provide those services. As more people are identified,

diverted from hospitals and non-family settings, and seek services, the community must either allow people to go untreated or increase its capacity to meet the demand by exploring ways to offer assistance beyond traditional treatment.

Recommendations for addressing these issues::

1. Develop MH/DD/SA preventative services beginning prior to conception/birth
2. Identify children with social, behavioral, and emotional needs beginning at birth
3. Implement substance abuse and mental health prevention programs that are evidenced-based across the entire community with children and youth ages 0-18
4. Develop community-based alternatives to treatment
5. Combine monies from all sources and use them to implement a well-coordinated, community plan to build the capacity for preventative services, community-based alternatives to treatment, and non-facility-based treatment services, including a local 24/7 MH/SA assessment and short term treatment center, as recommended at an Alamance County Community Dialogue on Substance Use and Abuse, in March 2009.
6. Implement evidenced-based identification, prevention, and treatment strategies in all areas of the community
7. Provide education, training, and supervision for lay-persons, peer support, and other non-professionals throughout the community who provide MH/DD/SA services
8. Develop a work force that can meet the inevitable increase in demand that comes with increased identification and referral

MH/DD/SA-related issues remain low priorities among residents of Alamance County, despite the undeniable fact that the effects are far reaching. The successful prevention and treatment of MH/DD/SA will benefit the following areas: business, employment, social services, health care, judicial services, law enforcement, crime rates, domestic violence, education, childhood development, infectious diseases, housing, injuries, accidents, family stabilization, and others.

**North Carolina's Mental Health System Reform Initiative:** Similar to other counties in North Carolina, Alamance continues to undergo changes within the Local Management Entity (LME) working to oversee the delivery of mental health services county wide. Most recently, Alamance-Caswell has become a PBH partner and opened a local Community Operations Center. PBH is a managed behavioral healthcare organization serving the citizens of Alamance, Cabarrus, Caswell, Davison, Rowan, Stanly and Union counties in North Carolina. This new center is responsible for developing and monitoring a network of qualified providers to deliver services to individuals with mental health, developmental disability, and substance abuse needs. ([www.pbhsolutions.org](http://www.pbhsolutions.org))

The Alamance Caswell Provider Relations department collaborates with providers to ensure the delivery of quality services to consumers in a manner that is timely and cost effective. The Local Management Entity provides on-going technical support and training to providers that may include but, are not limited to: Human Rights, Medical Records, Service Documentation, Incident Reporting, and Evidenced Based Practices.

The Alamance Caswell Provider Relations department works in conjunction with the Quality Management department to identify gaps in the local service delivery network and to actively recruit quality providers to ensure the availability of a full continuum of services.

PBH's role is to manage financial resources and direct services to people in need of mental health, developmental disability and substance abuse care. These services are provided through a Network of Provider Agencies and Licensed Practitioners that are located across the

counties which are under contract with PBH. The goal is to develop a consumer and family driven system that is capable of making continual adjustments to meet the changing needs and choices of our citizens in need of services and supports. The values of Recovery, Empowerment, Self-Determination, Person Centered Planning and Consumer and Family driven services are the foundation of the system that is being reengineered at PBH, as part of North Carolina's Mental Health System Reform Initiative.

# Health Promotion

## Overview

Economics of Obesity  
Nutrition & Physical Activity (Adults & Youth)  
Community Support for Behavior Change  
Tobacco Use & Policies  
Underage Drinking

## Overview

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

Health Promotion has remained a component of the Healthy North Carolina 2020 objectives that were recently released after the expiration of the previous decade's health objectives (2010). The Healthy North Carolina 2020 project was a collaborative effort of the NC Institute of Medicine (NCIOM), Governor's Task Force for Healthy Carolinians, NC Division of Public Health, NC Department of Health and Human Services, 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. ([www.nciom.org](http://www.nciom.org))

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. Be Active NC is another statewide movement striving to get one million people to become more physically active.

Alamance County has a local nonprofit initiative called Healthy Alamance that is certified under the statewide network of Healthy Carolinians and 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, some of the focus areas being nutrition, physical activity, tobacco use and substance abuse.

There is a wealth of evidence and data on the concept of health promotion at the national, state and local level that supports the importance of this work. In order to even begin assessing the data, it is important that we start by defining the goals or target values for ideal health promotion. Over the years numerous recommendations have been made and subsequently changed, improved or updated to follow the latest evidence in regard to proper nutrition and physical activity. The most current (up-to-date) key definitions are listed below and should help provide a foundation for the following statistical review.

## Key Definitions

### Measuring Physical Activity

The 2008 Physical Activity Guidelines for Americans report how much moderate and vigorous activity one should have.

The **talk test** is a simple way to measure relative intensity. As a rule of thumb, if you're doing moderate-intensity activity you can talk, but not sing, during the activity. If you're doing vigorous-intensity activity, you will not be able to say more than a few words without pausing for a breath.

#### Moderate physical activities include:

- Walking briskly (about 3 ½ miles per hour)
- Bicycling (less than 10 miles per hour)
- General gardening (raking, trimming shrubs)
- Dancing
- Golf (walking and carrying clubs)
- Water aerobics
- Canoeing
- Tennis (doubles)

#### Vigorous physical activities include:

- Running/jogging (5 miles per hour)
- Walking very fast (4 ½ miles per hour)
- Bicycling (more than 10 miles per hour)
- Heavy yard work, such as chopping wood
- Swimming (freestyle laps)
- Aerobics
- Basketball (competitive)
- Tennis (singles)

### RECOMMENDATIONS:

#### ADULTS (18 to 64 years)

Adults should do at least 2 hours and 30 minutes each week of aerobic physical activity at a moderate level OR 1 hour and 15 minutes each week of aerobic physical activity at a vigorous level. Being active 5 or more hours each week can provide even more health benefits. Spreading aerobic activity out over at least 3 days a week is best. Also, each activity should be done for at least 10 minutes at a time. Adults should also do strengthening activities, like push-ups, sit-ups and lifting weights, at least 2 days a week.

#### CHILDREN AND ADOLESCENTS (6-17 years)

Children and adolescents should do 60 minutes or more of physical activity each day. Most of the 60 minutes should be either moderate- or vigorous intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week. As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening activities, like climbing, at least 3 days a week and bone-strengthening activities, like jumping, at least 3 days a week. Children and adolescents are often active in short bursts of time rather than for sustained periods of time, and these short bursts can add up to meet physical activity needs. Physical activities for children and adolescents should be developmentally-appropriate, fun, and offer variety.

#### YOUNG CHILDREN (2-5 years)

There is not a specific recommendation for the number of minutes young children should be active each day.

Children ages 2-5 years should play actively several times each day. Their activity may happen in short bursts of time and not be all at once. Physical activities for young children should be developmentally-appropriate, fun, and offer variety.

## Measuring Weight

The Centers 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 other health problems.

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). BMI is used because, for most people, it correlates with their amount of body fat.

- An adult who has a BMI between 25 and 29.9 is considered overweight.
- An adult who has a BMI of 30 or higher is considered obese.

Height	Weight Range	BMI	Considered
5' 9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Healthy weight
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese

It is important to remember that although BMI correlates with the amount of body fat, BMI does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat.

For children and teens, BMI ranges above a normal weight have different labels (overweight and obese). Additionally, BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages. For more information about BMI for children and teens (also called BMI-for-age), visit [www.cdc.gov](http://www.cdc.gov) and look for the BMI Percentile Calculator for Child and Teen.

## Measuring Nutrition

**The most recent recommendations can now be found by visiting the United States Department of Agriculture, Choose My Plate website at:  
[www.choosemyplate.gov](http://www.choosemyplate.gov)**

Here you will find tailored recommendations for nutrition (and physical activity) based on your sex, age, physical activity, pregnancy status etc.





### Dietary Guidelines 2010 Selected Messages for Consumers

Take action on the Dietary Guidelines by making changes in these three areas.

Choose steps that work for you and start today.

#### Balancing Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

#### Foods to Increase

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1%) milk.

#### Foods to Reduce

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.
- Drink water instead of sugary drinks.



## Statistical Overview

North Carolina was named the 14th most obese state in the country, according to the eighth annual *F as in Fat: How Obesity Threatens America's Future 2011*, a report from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). Where it was reported that:

- North Carolina's adult obesity rate is 29.4%. (2011)
- 18.6% of children and adolescents in North Carolina are obese. (2007)
- The obesity rate in North Carolina increased more than 80% over the last 15 years. (2011)

Obesity was identified as one of the most important health issues by Alamance County residents.

2011 Elon University Poll

North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) provides accurate, timely county level information related to child health indicators (2-18 years old) of nutritional status such as overweight and obesity. Data is collected from child health clinics, some school based health centers and those seen in public health sponsored Women, Infant and Children (WIC) programs where it is reported that:

- 18.5% of children and adolescents in Alamance County are obese. (2009 NC-NPASS)

- 13.1% of children and adolescents in Alamance County are overweight. (2009 NC-NPASS)

The new County Health Rankings provide a national call to action for Mobilizing Action Toward Community Health (MATCH) where each county within the states is ranked using health outcomes and multiple health factors each year.

- Alamance County is currently ranked in 20th place for Health Outcomes out of 100 counties, 1st being the healthiest (2011). This is an improvement from our 26th ranking in 2010.
- Alamance County is currently ranked in 39th place for Health Factors (2011).
- Alamance County adult obesity rate is 31% (2011).

### Economics of Obesity

Over the past decade, several cost analyses have been conducted on several major modifiable risk factors among adults in North Carolina. Unfortunately, county level data is not available.

In North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases (2007-2012) released in 2006 by Eat Smart Move More NC it was reported that:

- The financial costs for **obesity** were estimated at \$24.1 Billion annually for **medical costs and lost productivity** in NC. That means that every day, every man, woman and child across the state paid \$6.80 to cover the bill.

Since we know that obesity is linked to numerous risk factors and modifiable behaviors the burden of obesity has been carefully studied by taking a further look at these areas.

Most recently, Be Active North Carolina, Inc. commissioned a **fifth** cost analysis, The Economic Cost of Physical Inactivity and other risk factors among North Carolina Adults, in order to acquire a more current cost assessment of **physical inactivity** and eight specific risk factors, in hopes to uncover new perspectives on obesity.

These findings were released in 2011 by Dave Chenoweth as follows:

Overall, the prevalence rates of eight risk factors were studied from 2007 to 2010:

**Depression**  
**Diabetes**  
**Excess weight**  
**High Lipid Level**  
**Hypertension**  
**Low fruit and vegetable intake**  
**Physical Inactivity**  
**Tobacco Use**

In 2010, the combined cost of the eight risk factors in North Carolina was estimated to be at least **\$53.84 billion**.

When looking at the total (aggregate) costs associated with the risk factors, overall, **excess weight** is clearly the most expensive risk factor among North Carolina adults, costing more than **\$17.6 billion** per year – followed by **physical inactivity** costs that exceed **\$8.3 billion**.

### Risk Factor-Specific Per Capita Cost Comparisons

State of North Carolina	
<u>Risk Factor</u>	<u>Annual Cost</u>
Depression	\$4,667,447,556
Diabetes	\$4,496,655,419
Excess weight	\$17,601,582,201
High lipids	\$7,210,640,201
Hypertension	\$5,822,895,628
Low fruit/vegetable intake	\$1,533,721,498
Physical Inactivity	\$8,386,140,781
Tobacco use	<u>\$4,125,009,761</u>
<b>Total</b>	<b>\$53,844,093,045</b>

Perhaps the most revealing way to grasp the essence of these costs – past vs. present - is to compare the financial costs of the eight risk factors targeted in both the 2007 study and this study. In doing so, a direct cost comparison shows unadjusted and adjusted cost differences in Table 9. Table 9 shows **excess weight** and **physical inactivity** are the two most expensive risk factors in both unadjusted –and- adjusted costs in 2010-year dollars.

**Table 9**

<u>Risk Factor</u>	<u>2006 Cost</u>	<u>2010 Cost</u>	<u>Population<sup>1</sup></u>	<u>Unadjusted Adjusted for R.F.Prevalence<sup>2</sup></u>	<u>2006-2010 Adjusted for Cost % Difference</u>
Diabetes mellitus	\$ 3.71	\$ 4.49		\$ 4.20	\$ 4.43 +19.62%
Depression	\$ 3.92	\$ 4.66		\$ 4.36	\$ 5.88 +50.15%
Excess weight		\$15.57	\$ 17.60	\$16.49	\$16.69 + 7.22%
High blood lipids	\$10.33	\$ 7.21	\$ 6.75		\$ 6.82 - 33.94%
Hypertension		\$ 4.57	\$ 5.82	\$ 5.45	\$ 5.96 +30.51%
Low fruit/veg intake	\$ 3.07	\$ 1.53	\$ 1.43		\$ 1.45 - 52.71%
Physical inactivity	\$11.90	\$ 8.38	\$ 7.85		\$ 7.51 - 37.89%
Tobacco use		\$ 4.26	\$ 4.12	\$ 3.86	\$ 3.42 - 19.68%
<b>Total</b>		\$ 57.36	\$53.84	\$50.39	\$52.16 -4.59%
					[Average]

<sup>1</sup> Adjusted for statewide population growth of approximately 6.3%.

<sup>2</sup> Adjusted for the following risk factor prevalence changes from 2007 to 2010: -4.3% in physical inactivity; +1.23% in excess weight; +1.27% in low fruit/vegetable intake; +35% in depression; +5.49% in diabetes; +9.37% in hypertension; -11.36 in tobacco use; and, +1.01% in high blood lipids.

**NOTE:** The composite 2007-2010 average percentage change for all risk factors was +4.71%; however, **without depression**, the cumulative change was <1% (.387).

In today's marketplace, the bulk of medical care and lost productivity costs is paid by **North Carolina employers, workers, and taxpayers**. Although the actual percentage of these costs paid by employers, workers, and taxpayers is unknown, it is interesting to note that if the statewide cost of **physical inactivity** (\$7.85 billion), for example, was borne solely by any one of the four sectors, then:

Each NC resident's out of pocket expense would be \$881 annually or  
Each NC adult's out of pocket expense would be \$1,184 or  
Each full time worker's share would be \$2,075 or  
Each worksite's share would be approx. \$37,245

This illustrates the huge financial toll that targeted risk factor costs would have on a particular sector if a single group had to **pay** the tab.

**An overweight or obese adult in NC will incur costs of more than \$27,000 midway in their working life and more than \$210,000 by the time of retirement.**

For Children in North Carolina (since 2006) the following conclusions were reported:

1 of every 4 dollars spent on primary care for children is due to physical inactivity, excess weight and Type II Diabetes.

- Physical inactivity remained constant at 54%,
- Excess weight went up by 5.44%
- Type II Diabetes went up 17.95%

### **Nutrition & Physical Activity (Adults)**

**Fifteen years ago, North Carolina had a combined obesity and overweight rate of 51.5%. Ten years ago, it was 57.7%. Now, the combined rate is 65.5% - according to the annual *F as in Fat: How Obesity Threatens America's Future (2011)*.**

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).

- Racial and ethnic minority adults, and those with less education or who make less money, continue to have the highest overall obesity rates.
- Activity decreases with age and is less common among women than men and among those with lower income and less education.

Consequences include:

- Overweight and obesity reduce an individual's quality of life and daily productivity.
- Overweight and obese individuals are more likely to suffer from chronic diseases including high blood pressure, diabetes mellitus, osteoarthritis, asthma, heart disease, stroke and some types of cancer.

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.

According to the Centers for Disease Control and Prevention (CDC) a diet high in fruits and vegetables can reduce the risk of many leading causes of death and can play an important role in weight management. To assess states' progress over the last decade in meeting the Healthy People 2010 objectives for fruit and vegetable consumption, data from the Behavioral Risk Factor Surveillance System (BRFSS) were analyzed. **The findings, which indicate that no state met the objectives**, underscore the need for policy and environmental interventions at national, state, and community levels, across multiple settings, to support and promote individual fruit and vegetable access and consumption. (September 2010)

The NC Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of state residents aged 18 and older in households with telephones. BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories. The North Carolina Division of Public Health has participated in the BRFSS since 1987 and Alamance County has participated since 2004. Through BRFSS, information is collected in a routine, standardized manner at the state and county level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries.

When adults living in Alamance County participating in the BRFSS were asked the following questions regarding health promotion, this is what was reported:

**Do you have a BMI greater than 25.00 (overweight / obese)?**

2009 BMI 25.00+	Sample Size	YES	NO
NC	12,649	65.4%	34.6%
Alamance Co	339	67.6%	32.4%

2010 BMI 25.00+	Sample Size	YES	NO
NC	11,534	65.3%	34.7%
Alamance Co	295	69.4%	30.6%

**During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking?**

2009 Physical Activity	Sample Size	YES	NO
NC	13,266	73.6%	26.4%
Alamance Co	353	70%	29.7%

2010 Physical Activity	Sample Size	YES	NO
NC	12,133	74.3%	25.7%
Alamance Co	311	71.4%	28.6%

### What is your physical activity level?


2009 Leisure	Sample Size	YES	NO
NC	13,266	73.6%	26.4%
Alamance Co	353	70.3%	29.7%

2009 Moderate	Sample Size	YES	NO
NC	12,228	46.4%	53.6%
Alamance Co	338	47.9%	52.1%

2009 Vigorous	Sample Size	YES	NO
NC	12,528	25.9%	74.1%
Alamance Co	342	28.1%	71.9%

### Have you consumed 5 or more servings of fruits and vegetables per day?

2009	Sample Size	YES	No
NC	12,867	20.6%	79.4%
Alamance Co	348	24.4%	75.6%



32.2% of  
Alamance County residents said that healthy foods was a top priority  
when grocery shopping.

*2011 Elon University Poll*

### Nutrition and Physical Activity (Youth)

According to the Center for Disease Control, the prevalence of overweight and obesity has increased sharply for children since the mid-seventies.

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

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

As reported by the NC State Board of Education (2008)

### **TASK FORCE ON PREVENTING CHILDHOOD OBESITY**

The North Carolina General Assembly (FY 2008-2009) established a Task Force on Preventing Childhood Obesity (Task Force) co-chaired by the Chairman of the State Board of Education and the State Health Director. The Task Force reviewed current State activities in the Department of Health and Human Services, the Department of Public Instruction, and the Health and Wellness Trust Fund to develop a comprehensive statewide strategic plan with recommendations for preventing childhood obesity in order to reverse the rising trend by 2015.

The goals of the strategic plan encompassed the following framework of initiatives:

1. Providing healthier food to students
2. Improving the availability of healthy foods at home and in the community
3. Increasing the frequency, intensity, and duration of physical activity in the schools
4. Encouraging communities to establish a master plan for pedestrian and bicycle paths
5. Improving access to safe places where children can play and
6. Developing activities or programs that limit children's screen time, including limits on video games and television

**The full report from January 2009 can be accessed by visiting:  
<http://www.ncpublicschools.org/stateboard/hrstudents/obesity>**

### **Community Support for Behavior Change**

Policy, programming & the built environment have a direct impact on the health status of residents. Alamance County has implemented several programs with this in mind that could help reduce the risk of obesity among its residents.

The Lifestyle Center at Alamance Regional Medical Center is one local medical resource.

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

- In partnership with the municipal parks and recreation departments throughout the county a Physical Activity and Recreation Challenge (PARC) Passport program just completed a second annual community wide competition. In its inaugural years, PARC Passport exposed over 5,000 residents to the county's most popular, as well as undiscovered recreational areas, in an effort to get residents to get up, out, and moving. This was done through the distribution of free physical activity passports where 74 were completed in 2010 and 147 were completed in 2011. The project was funded by local sponsors.
- In collaboration with the Alamance County Area Chamber of Commerce, Alamance Regional Medical Center and partnering with the statewide organization, NC Prevention Partners (NCP) and Pfizer an Alamance County Prevention Academy was started in 2010. The academy, consisting of approximately 25 local businesses and organizations, utilizes NCP's WorkHealthy America, an innovative and successfully proven program to help employers reduce healthcare costs while improving employee health. The program is being provided to the participating

businesses and organizations at no charge over the next three years, a value of \$6,000 per participating entity.

Healthy Alamance and the Alamance County Health Department have worked to improve the **built environment** to support behavior change in the community. Some examples include:

- In collaboration with the City of Burlington, significant facility renovations and enhancements, such as the addition of a dance/aerobics room, a physical activity arcade, a new walking track, lighting, traffic calming measures and outdoor fitness stations at East Burlington's North Park. The project was funded through a N.C. Health and Wellness Trust Fund FIT Communities. These efforts have caused park utilization to increase significantly, as well as a renewed sense of community pride in this socio-economically challenged area.
- The development of Mebane's City Trail systems. The trails, tentatively scheduled to open in the summer of 2011, are located throughout Mebane and range from approximately 1 to 4 ½ miles in length. This project was born through a partnership between Mebane on the Move, the City of Mebane, and citizens from the area.

### **Tobacco Use & Policies**

Alamance County was a recipient of a North Carolina Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation initiative grant until June 30, 2011. Statewide and within the county, the goals of this grant were to prevent youth initiation of tobacco use, promote youth access to cessation services, and eliminate youth exposure to secondhand smoke. Since we know most adult tobacco users began using as teens.

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

**Policies** have a direct impact on the public's health, as exemplified by these policy changes:

- The Alamance-Burlington School System (ABSS) adopted a 100% Tobacco-Free Schools policy in the summer of 2008. This policy prohibits all tobacco use by everyone at all times on all school grounds and at all school-sponsored events.
- Alamance Regional Medical Center's buildings and grounds became smoke-free on February 14, 2008.
- The Alamance County Human Services Center, which houses the Alamance County Health Department, Department of Social Services, and the Alamance-Caswell Local Management Entity, prohibits smoking within 30 feet of all entrances.
- On January 2, 2010, all restaurants and bars in North Carolina became smoke-free indoors. By the time this law came into effect, almost 70% of Alamance County restaurants were already smoke-free because of the efforts of Healthy Alamance, the Health Department, and the Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation Alamance grantee.



**According to the 2010 NC Behavioral Risk Factor Surveillance System (BRFSS) 29.8% of Alamance County adults smoke, an increase from the 22.5% in the 2005 BRFSS.** This number is also higher than the statewide percentage of 19.8. However, 67.4% reported at least one quit attempt in the last year.

**In the 2009-2010 PRIDE Survey conducted in the Alamance-Burlington School System, 30.4% of high school students reported using tobacco products in the past year;** however, only 12.9% were regular (weekly, three times per week, or daily) users of cigarettes, 4.5% were regular users of smokeless tobacco, and 4.9% were regular users of cigars.

For middle school students, past-year tobacco use was 7.7%; 1.4% were regular users of cigarettes, 0.7% were regular users of smokeless tobacco, and 0.4% were regular users of cigars. *These numbers cannot be directly compared to Youth Risk Behavior Survey (YRBS) results from previous years, but do appear to be slightly lower.*

### **Underage Drinking**

Alcohol is an addictive drug. More teens drink alcohol than smoke or use other drugs. Youth that drink before age 15 are four times more likely than those who wait until age 21 to become alcohol dependant (the average age that youth reported starting to use alcohol was 12.6 years of age.) That is why it is important to start talking early and keep talking about underage drinking. *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking- 2007*

The PRIDE Survey was administered in 2010 to a sample of 1,803 students (26%) of 6th, 7th, 9<sup>th</sup> and 12<sup>th</sup> graders in the Alamance-Burlington School System (ABSS).

### **30 Day use of Alcohol reported by students taking the PRIDE Survey:**

<b>Grade</b>	<b>Any Alcohol</b>
<b>6<sup>th</sup> Grade</b>	3.5% (3.5% of 6 <sup>th</sup> graders reported using alcohol in the past 30 days)
<b>7<sup>th</sup> Grade</b>	3.7%
<b>9<sup>th</sup> Grade</b>	20.2%
<b>12<sup>th</sup> Grade</b>	37.1%

\*there is a significant increase in the 30 day use of alcohol between students in middle school and high school.

### **Other Measures are:**

<b>Measure</b>	<b>Alcohol</b>
<b>Perceived Risk</b> -(students feel that using alcohol is risky behavior)	76.8 %
<b>Parental Disapproval</b> (students feel that their parents would disapprove of their alcohol use)	83.3%
<b>Friend's Disapproval</b> (student feel their friends would disapprove of their	61.6%

alcohol use)	
<b>Average Age of 1<sup>st</sup> Use of Alcohol</b>	12.6 years old

\*These measures are averages from both middle and high school students taking the PRIDE Survey.

### Social Indicators

Emergency Department visits related to Substance Abuse, Arrests for Driving Under the Influence, Teen Pregnancy Rates, Drop Out Rates and Long and Short Term School Suspension are often reviewed when studying underage drinking and the consequences.

A sample of this data is listed below:

#### Alamance County Emergency Department Visits Related to Substance Abuse:

<u>Under18</u>	<u>Numbers of Visits</u>
2008	35
2009	43

<u>Age 18-24</u>	
2008	1983
2009	2723

Source: NC DETECT

#### Arrests for Driving Under the Influence:

<u>Age 11-17</u>	<u>Number of Arrests</u>
2007	6
2008	4
2009	5

<u>Age 18-24</u>	
2007	225
2008	170
2009	162

Source: State Bureau of Investigation

**Factors that contribute to the issue of underage drinking include access to alcohol, lack of prevention services, and community influences and norms.**

### Other Supporting Data

A local survey was developed and administered to a sample of local students in February 2009. Results of this survey showed that 13% of middle school students and 61% of high school students knew of someone under the age of 21 who bought alcohol. 26% of middle school students and 50% of high school students attended a house party where alcohol was served and parents were at home while 11% of middle school students and 70% of high school students attended a house party where alcohol was served and parents were not at home. 56% of middle school and 68% of high school students reported having had a serious conversation with their parents about alcohol. For both age ranges the majority who used alcohol got it from someone over age 21. This survey supports the extent of alcohol use among middle and high school youth and the high prevalence of students using alcohol at house parties while parents either did or did not know that alcohol was served in their home.

## Parent Surveys

Another survey was developed to assess parents' opinions on underage drinking and 237 parents representing all six high school zones in the county participated. 69% of parents indicated that underage drinking was a problem in their community and 58% believed that underage alcohol use could lead to other substance use and other dangerous behavior. While the majority of parents (98%) surveyed denied hosting parties where alcohol was served, 25% acknowledged being aware of other parents who host parties where alcohol was served and 84% acknowledged being aware of underage youth using alcohol in homes when parents were not present.

As evidenced from the Parent Survey administered in 2009, many parents believe that they effectively communicate with their children on the dangers of substance use as evidenced by the 97 % of parents said that they had a serious conversation with their child about alcohol while the student survey revealed that only 68% of youth supported this. In addition the PRIDE Survey revealed that fewer students' report that their parents would disapprove of them using alcohol (83.3%) compared to parental disapproval of their use of tobacco (89.9%) or marijuana (91.9%).

## Elon University

2007 CORE data revealed that 70% of university students reported that they first used alcohol before age 18 and 94% used alcohol before age 21. 82% of students agree that the social atmosphere on the campus promotes alcohol use. Like a misperception noted with middle and high school students, 55.5% of students reported consuming alcohol once a week or less but nearly all students (98.1%) believed the average student used alcohol once a week or more. The 2009 CORE data shows an improvement regarding student alcohol use perhaps attributed to the extensive efforts conducted by the Substance Education Department that has initiated a number of strategies to address the students' use and perceptions.

## Prevention

Alamance Citizens for a Drug Free Community, through its work with the Elon Community Coalition to Prevent Underage Drinking and Healthy Alamance Substance Abuse Task Force implement an array of strategies to improve the problem of underage drinking in the community. With the vision promoting safe homes and safe communities some of its strategies include the following.

## Alcohol Purchase Surveys

Throughout the year local retail establishments are visited with the goal to determine if the clerk would sell alcohol to a youthful appearing adult over age 21 without checking for identification. Results are shared with merchants as well as local law enforcement and Alcohol Law Enforcement (ALE). All merchants are encouraged to attend ALE's *Be A Responsible Seller* Classes and law enforcement uses this data to target additional compliance operations.

Five alcohol purchase surveys were conducted between fall 2008 and fall of 2010 by the volunteers. A person age 21 or older, but appearing "youthful" poses as the "customer" and attempts to purchase alcohol, data is recorded as to whether the "customer" was asked for identification. If they were not, this was recorded as a sale.

### Alcohol Purchase Surveys

Date of Survey	Sell Rate
Fall 2008 (36 outlets identified-33 outlets attempted)	21%
Spring 2009 (38 outlets identified and attempted)	13%

Fall 2009 (36 outlets identified-36 attempted)	5%
Spring 2010 (36 Outlets Identified and attempted)	11%
Fall 2010 (38 Outlets Identified and attempted )	18%
Spring 2011 (32 Outlets Identified and attempted)	31%

### **Advocacy**

Local efforts are aimed at changing, increasing or developing policies, practices and laws that impact the prevention of underage drinking. Information and education are provided to community members, leaders and policy makers for changes with local ordinances and/or state and national legislation about the issue.

Another contributing factor is the low state tax on alcohol specifically on beer, the alcohol of choice among youth. Currently the beer tax is just over 60 cents per gallon and has not been raised significantly since 1969. In addition, products that entice children and youth such as fruity flavored alcoholic beverages and products that contain the equivalent of 5 or more standard drinks per can contribute to underage and binge drinking behaviors.

### **Youth Involvement**

The Alamance County Youth Advisory Council (ACYAC) address the prevention of underage drinking. Representing local high schools, ACYAC members are trained on alcohol issues, media literacy, advocacy, public speaking and leadership skills. They serve as peer educators and provide a youth voice at adult functions such as civic groups, local and state conferences and to elected officials. The coalition also supports local DREAM Teams, high school athletes who pledge to be substance free and role models for their peers and younger children.

### **Social Marketing Campaigns**

*Talk It Up, Lock It Up!* is a community campaign to change the physical environment relative to youth access to alcohol in the home. Adults are encouraged to not provide alcohol to anyone under age 21 in their homes or on their property, monitor their alcohol, not purchase large amounts that are not secured and to lock up alcohol in their homes. *0-1-2 Responsible Drinking Campaign* promotes responsible drinking by asking adults who use alcohol to adopt the 0-1-2 guide for consumption. 0 drinks for anyone under age 21, driving, pregnant, in recovery or in treatment for alcohol addiction. 1 standard drink limit per day for women and 2 standard drink limits per day for men. (Standard Drink=12 oz. beer, 5 oz. wine, 1.5 oz. 80 proof liquor) *Parent Prom Promise* targets parents of youth attending local high school proms. It encourages parents to talk to their children about their expectations of not using alcohol before, during and after the prom, establishing curfews and providing adult supervision at alcohol free parties hosted by parents. Local merchants who rent tuxes and limos, sell formals, hair and nail salons as well as local hotels who are asked to not rent hotel rooms to anyone under age 21, participate in this campaign.

# Access to Healthcare

Healthcare Providers  
Utilization  
Medicaid Usage

When asked what the most important health issue in the county is the largest response was access to health care at 18.1%, followed by lack of health insurance at 7.2% and health care cost at 2.8%. When asked what issue is the most important to the overall health of people in Alamance county 75.1% responded that access to health care was “very important” while 23.1% believe it is “important”. A shocking 56.7% in Alamance County have a close friend or someone in their family that has no health insurance.



75.1% of Alamance County residents believe that the access to health care is very important to the overall health of the people.

2011 Elon University Poll

Access to health care was also mentioned as a primary concern of residents who participated in focus groups.

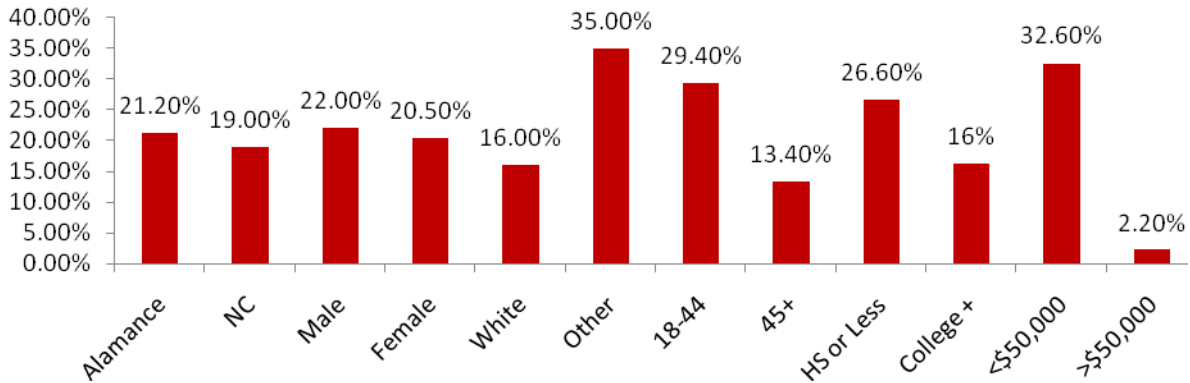


Access to healthcare was identified as a top issue in Alamance County by a focus group of residents who have lived in the county for 5 years or less.

2011 Community Assessment Focus Group

According to 2010 NC Behavioral Risk Factor Surveillance Survey Data, 21% of Alamance County residents report not having any kind of health coverage compared to 19% of NC residents. As outlined in the following graph, other races, those ages 18-44, those with a high school education or less, and those with a lower income were much more likely to report not having any type of health insurance coverage.

## % of Residents Reporting No Health Insurance Coverage 2010 NC BRFSS



According to NC Behavioral Risk Factor Surveillance Survey 2010 data:

- 22% of residents employed in Alamance report not having insurance coverage compared to 15% of residents statewide.
- 22% of Alamance County residents do not have one person that they think of as their personal doctor or health care provider, about the same as the state rate of 21.8%.
- 26.3% of Alamance County residents reported that within the past year they did not see a doctor because of the cost, compared to 17.5% of NC residents.

### Healthcare Providers

Survey results of the phone survey indicated that 54.1% believe it is “very important” and 23.1% believe it is “important” to the overall health of the people in Alamance County that they are seeing a doctor regularly. In addition 14.4% of Alamance County residents believe that using the emergency room for regular medical care is “very important” and 22.9% believe it is “important” to the overall health of the community.

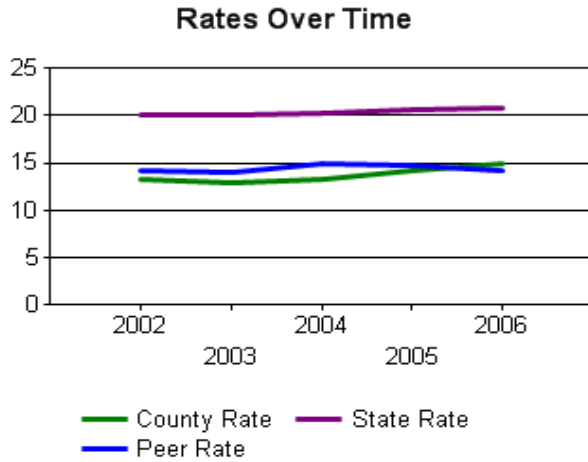
Utilization of healthcare can be impacted by a number of variables from transportation, language, culture, insurance, and amount of medical professionals in a region. According to data collected in 2008 by the Cecil G. Sheps Center for Health Services Research, the distribution of health care professionals in Alamance County includes the following total and primary care physicians:

## NC Health Professionals in Alamance County, 2009

Cecil G. Sheps Center for Health Services Research

Total Physicians	241
Total Primary Care	115
Family Practice	37
General Practice	1
Internal Medicine	41
OB/GYN	8
Pediatrics	28
Other Specialty	126
Federal	0
Dentist	64
Dental Hygienists	85
Registered Nurses	1049
Nurse Practitioners	26
Certified Nurse Midwives	8
Licensed Practical Nurses	198
Chiropractors	23
Occupational Therapists	31
Occupational Therapy Assistants	11
Optometrists	18
Pharmacists	117
Physical Therapists	86
Physical Therapist Assistants	23
Physician Assistants	30
Podiatrists	5
Practicing Psychologists	9
Psychological Associates	4
Respiratory Therapists	29

## Total Physicians per 10,000 Population



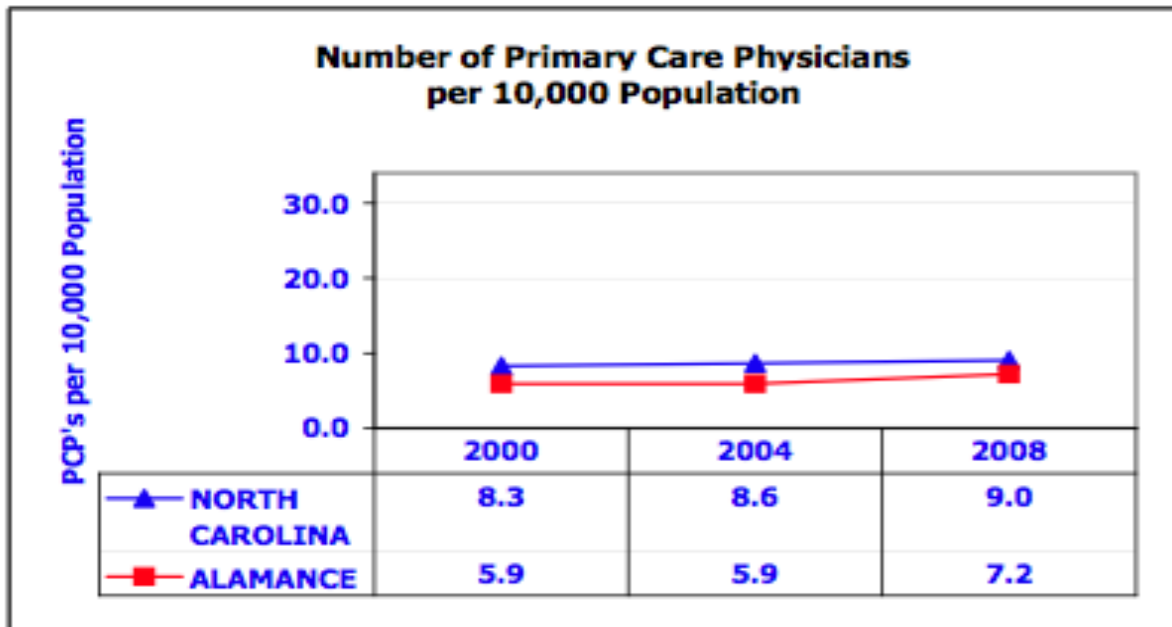
Year	County	Peer Avg.	State	County	Peer	State
2002	180	112	16,757	13.2	14.2	20.1
2003	179	111	17,056	12.9	13.9	20.1
2004	184	120	17,349	13.3	14.9	20.3
2005	197	119	17,934	14.2	14.8	20.7
2006	208	116	18,396	14.9	14.2	20.8

NC State Center for Health Statistics, NC-CATCH, 2006

2008 data indicates that Alamance County has 15.5 physicians per 10,000 people in Alamance County in comparison to North Carolina's rate of 21.2 per 10,000 people. This is 26% less physicians per 10,000 people than compared to the state.

## Primary Care Physicians per 10,000 Population, 2008

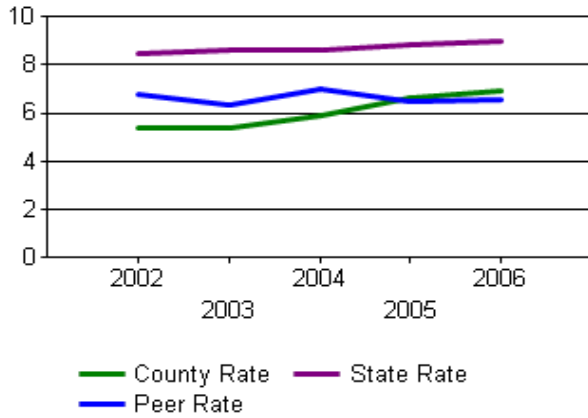
NC State Center for Health Statistics, NC-CATCH



Alamance County's rate of primary physicians is lower than the state, but has been increasing since 2003.



### Rates Over Time



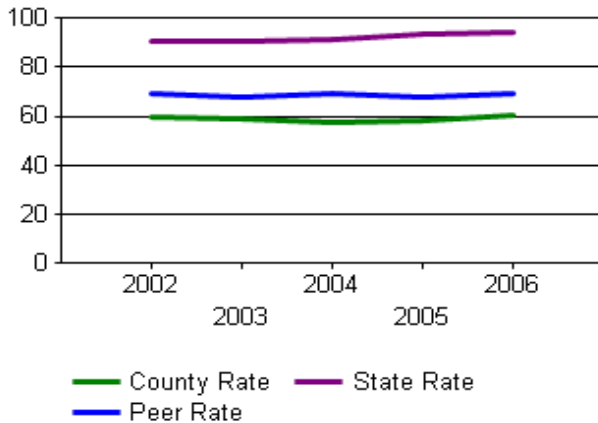
Year	County	Peer Avg.	State	County	Peer	State
2002	73	53	7,086	5.4	6.8	8.5
2003	75	51	7,298	5.4	6.4	8.6
2004	82	56	7,401	5.9	7.0	8.6
2005	92	52	7,624	6.6	6.5	8.8
2006	97	53	7,984	6.9	6.5	9.0

NC State Center for Health Statistics, NC-CATCH, 2006

### Registered Nurses per 10,000 Population

NC State Center for Health Statistics, NC-CATCH, 2006

### Rates Over Time



Alamance County's rate of registered nurses has historically been lower than our peer counties and the state. Alamance County's rate of nurses is 35% lower than the state's rate.

Year	County	Peer Avg.	State	County	Peer	State
2002	806	548	74,971	59.9	69.6	90.4
2003	809	541	76,334	59.3	68.2	90.8
2004	798	556	77,655	57.4	69.0	91.5
2005	806	547	79,835	57.9	67.7	93.2
2006	855	562	82,303	60.6	69.2	94.4

## **Hospital**

Alamance County is served by Alamance Regional Medical Center, a not-for-profit facility located in West Burlington that offers a full-range of hospital and health services. This 238-bed (182 general, 44 psychological, 12 substance abuse) healthcare provider is licensed by the state of NC. Alamance Regional is committed to improving the health status of citizens through the provision of a continuum of high quality clinical, educational, preventive-wellness, and support services. Some of the services residents have access to at Alamance Regional include: Behavioral Health, The Birthplace, Cancer Center, Cardiac Care Center, Emergency Services, LifeStyle Center, Norville Breast Care Center, Orthopedic Services, Pain Center, Rehabilitation Services, Surgical Services, Wound Care Center, and many more. In 2008, Alamance Regional also introduced the Mebane Outpatient Center to the community, which includes a cancer center, imaging services, laboratory services, a surgery center, occupational health services, physical Therapy, and urgent care. Alamance Regional has been an integral leader, partner, and sponsor in community health initiatives such as Healthy Alamance. Alamance Regional contributed over 6 million dollars in community benefit initiatives, that address health and social issues in 2010.

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

## **Health Department**

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

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

## **Community Health Centers**

Charles Drew Community Health Center is located in East Burlington. This healthcare facility offers primary care to Alamance County residents of all ages from birth to geriatric, minor surgery, cardiac stress tests, laboratory, EKG, immunizations, hospital care, and physical exams. The hours of operation include two evenings in which the facility is open late and a half-day service on Saturday. Proof of address, picture identification, insurance card, and proof of income are required to receive services. The cost of services received is based on a sliding

scale and insurance is accepted, along with Medicare and Medicaid. Minors seeking care must have parent or guardian's consent. Spanish is available upon request.

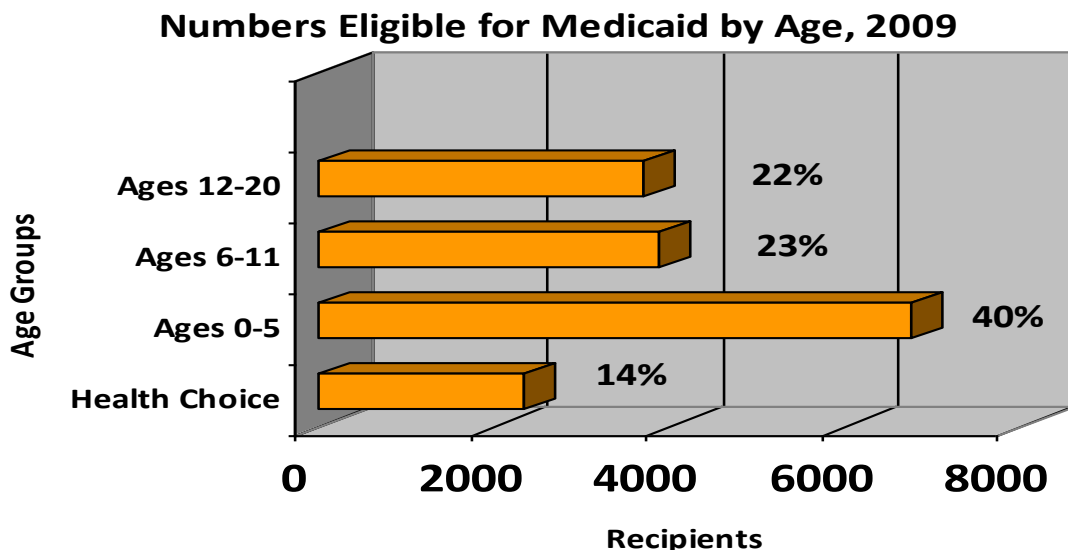
Open Door Clinic of Alamance County is located in East Burlington. This acute care and chronic care clinic takes appointments and walk-ins are open two evenings per week. Patients seeking care must have no insurance nor receive public assistance. No payment is required for care, but donations are accepted.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

### **Medicaid Usage**

*Medicaid Usage:* Approximately 16% of the Alamance County population is eligible for Medicaid, the public health insurance program for people of limited income according to 2009 Medicaid Paid Claim Data. The vast majority of them are children. Altogether, there are approximately 23,172 Alamance County residents who are eligible for Medicaid. The average cost per recipient in 2009 was slightly lower for Alamance County Medicaid recipients (\$4,637) than the state average of \$4,881 per recipient.

Looking specifically at the 2,194 recipients of mental health services through Medicaid the average cost per Alamance recipient, \$5,523, was slightly higher than the state average, \$5,195. These costs do not include services for substance abuse or the developmentally disabled.

Alamance County Medicaid average costs (\$3,471) are higher for emergency services for non-citizens than the state average (\$3,211). There were 430 recipients of emergency services for non-citizens in the 2009 fiscal year.

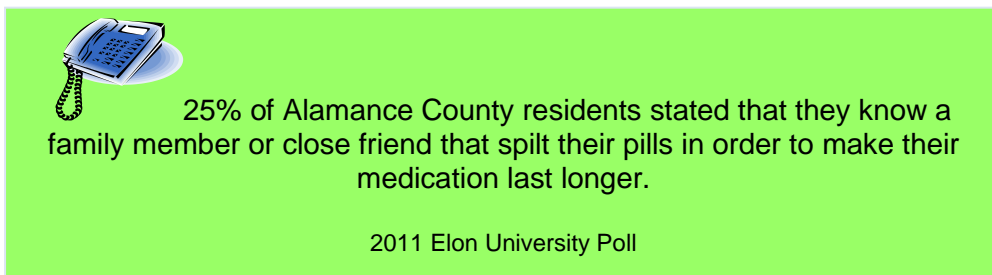


Source: NC Medicaid Paid Claims Data, 2009

## Access to Medication

In 2007, Alamance County had approximately 1100 uninsured residents receiving medication assistance. In 2010, the number increase to approximately 1500. Medication access/nonadherence is a rising concern in Alamance County. Not only is medication non-adherence, not taking medication as prescribed by a healthcare provider is an issue in Alamance County, and is a major concern in healthcare today. It is known as the “invisible epidemic.” The “invisible epidemic” encompasses all ages and ethnic groups with it being estimated that 43% of the general population, 55% of the elderly, and 54% of children and teenagers are nonadherent. (Medscape Today)

There are many underlying reasons for medication nonadherence, which include, cost, lack of health insurance, side effects, the difficulty managing multiple prescriptions, patients’ understanding of their disease, forgetfulness, cultural and belief systems, imperfect drug regimes, patients’ ability to navigate the health care system, cognitive impairments and a reduced sense of urgency due to asymptomatic conditions. (Kaiser Family Foundation)



The Alamance Medication Assistance Program (AlaMAP) is a program of Alamance Regional Medical Center. AlaMAP provides medication access, medication education, and medication management to persons who have limited financial resources and no prescription insurance coverage.

Since 2001, AlaMAP has served more than 1,500 patients and acquired more than \$6.7 million worth of free and reduced cost medications. AlaMAP works with pharmaceutical manufacturers’ patient assistance programs to obtain medication. Clinical pharmacists at AlaMAP perform regular medication therapy management for patients. The goal is to ensure the patient uses the simplest, most cost-effective, and most appropriate medication regimen possible based on current medical evidence. As a result of this program, hospitalization and Emergency Department usage has decreased for AlaMAP patients.

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[www.schs.state.nc.us/SCHS/brfss/2010/alam/diabete2.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/diabete2.html)  
[www.schs.state.nc.us/SCHS/brfss/2010/alam/hadmam.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/hadmam.html)  
[www.schs.state.nc.us/SCHS/brfss/2010/alam/psatest.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/psatest.html)  
[www.schs.state.nc.us/SCHS/brfss/2010/alam/hivtst5.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/hivtst5.html)  
[www.schs.state.nc.us/SCHS/brfss/2010/alam/PREDIAB1.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/PREDIAB1.html)  
[www.schs.state.nc.us/SCHS/brfss/2010/alam/FLUSHOT4.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/FLUSHOT4.html)

## Mental Health

Alamance System of Care

*Alamance* Children's Executive Oversight Committee

US Substance Abuse, Mental Health Services Administration

Alamance Alliance for Families

NC Division of MH/DD/SA Services - quarterly Community Progress Reports:

[www.ncdhhs.gov/mhddsas/announce/index.htm](http://www.ncdhhs.gov/mhddsas/announce/index.htm)

Local Management Entity (LME)

Alamance-Caswell Community Operations Center

PBH: [www.pbhsolutions.org](http://www.pbhsolutions.org)

## Health Promotion

Healthy North Carolina 2020

Eat Smart, Move More NC

North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases  
(2007-2012) released in 2006.

Be Active NC

The Economic Cost of Physical Inactivity and other risk factors among North Carolina Adults,  
released in 2011.

2008 Physical Activity Guidelines for Americans

The Centers for Disease Control and Prevention (CDC)  
NC Behavioral Risk Factor Surveillance System (BRFSS)

United States Department of Agriculture, Choose My Plate website at: [www.choosemyplate.gov](http://www.choosemyplate.gov)

*F as in Fat: How Obesity Threatens America's Future 2011*, a report from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF)

North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS)

County Health Rankings

Healthy Alamance

The North Carolina General Assembly (FY 2008-2009) - Task Force on Preventing Childhood Obesity  
[www.ncpublicschools.org/stateboard/hrstudents/obesity](http://www.ncpublicschools.org/stateboard/hrstudents/obesity)

North Carolina Health and Wellness Trust

Alamance-Burlington School System (ABSS) - PRIDE Data

Surgeon General's Call to Action to Prevent and Reduce Underage Drinking- 2007

NC DETECT

State Bureau of Investigation

Elon University - CORE Data

Alcohol Law Enforcement

Alamance Citizens for a Drug Free Community

## Access to Healthcare

NC Behavioral Risk Factor Surveillance Survey 2010:  
[www.schs.state.nc.us/SCHS/brfss/2010/alam/hlthplan.html](http://www.schs.state.nc.us/SCHS/brfss/2010/alam/hlthplan.html)

NCHPDS Website, North Carolina Health Professions Data System 2009:  
[www.shepscenter.unc.edu/hp/prof09.htm](http://www.shepscenter.unc.edu/hp/prof09.htm)

North Carolina CATCH (Comprehensive Assessment for Tracking Community Health) NC  
CATCH Portal:  
[www.ncpublichealthcatch.com/ReportPortal/design/view.aspx](http://www.ncpublichealthcatch.com/ReportPortal/design/view.aspx)

NC Medicaid Paid Claims Data, 2009: [www.ncdhhs.gov/dma/pub/](http://www.ncdhhs.gov/dma/pub/)

# Social Assessment

# Income/ Financial Security

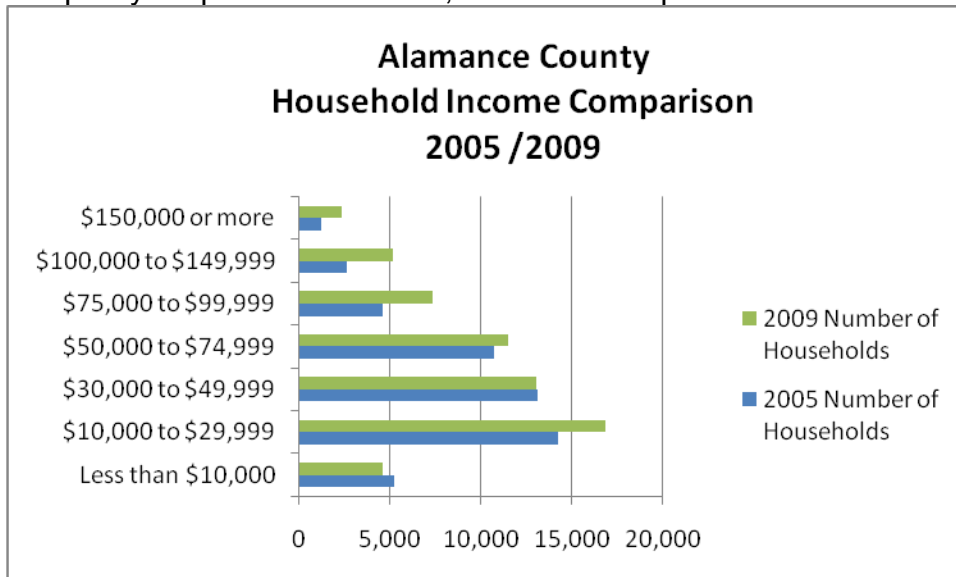
- Overview
- Income
- Poverty
- Housing/Shelter
- Employment
- Food/Nutrition
- Transportation
- Financial Security & Counseling

## Overview

According to 2009 U.S. Census data, 15.4% of the population in Alamance County is living in poverty. Additionally, some families earn more than the federal poverty level yet still struggle to meet their basic needs. The North Carolina Justice Center (2011) reports that an Alamance County family with two adults and two children must earn \$47,162 to cover basic costs such as housing, food, child care, health care, and transportation. This total is 213% of the FPL (Federal Poverty Level) which is \$15,300.

**In other words, over half of households in Alamance County earn less than what is needed to care for a four-person family.**

The discrepancy between the federal poverty income levels and the living wage levels leaves many families in a “doughnut hole” of services, a situation in which their income is too high to qualify for public assistance, but too low to provide for their basic needs.



Source: U.S. Census Bureau (2010)

## **Income**

In 2010, the Alamance County's average weekly wage of \$641 equaled 83% of the statewide wage of \$768.

Median household income in the county was \$43,103, which equaled 99% of the statewide household income of \$43,754.

The richest 5% of Alamance County households had an average income that was 19.9 times greater than that of the poorest fifth of households and 6.0 times greater than that of the middle fifth of households.

## **Supports for Working Families**

From December 2007 to August 2009, \$90,897,894 have circulated in Alamance County through unemployment insurance benefits.

In 2009, the state EITC (Earned Income Tax Credit) provided refunds of \$842,455 to working families in Alamance County.

In December 2009, 19,748 Alamance County residents received assistance from the food and nutrition or food stamp program. In December 2010, the number increased by 17.2% to 23,148 and the share of residents receiving assistance reached 15.4%.

## **The 2010 Living Income Standard**

A working family in Alamance County with **1 adult and 2 children** needs to earn, on average, a total of \$41,130 annually to afford basic living expenses in the county. This total is 224.6% of the 2009 federal poverty level for a family of three (\$18,310).

The county's living income standard for this family requires an hourly wage of \$19.77, which is \$12.52 more than the \$7.25 per hour earned in a minimum wage job (\$15,080 annually).

A working family in Alamance County with **2 adults and 2 children** needs to earn, on average, a total of \$46,825 annually to afford basic living expenses in the county. This total is 212.4% of the 2008 federal poverty level for a family of four (\$21,200).

The county's living income standard for this family requires them to earn a combined hourly wage of \$22.51, which is \$8.01 more than the \$14.50 per hour earned through working two minimum wage jobs (\$30,160 annually).

## **Women and Minority Income Stability**

In November 2010, the (national) unemployment rate was 8.6 percent for women (age 16 and over) and 10.4 percent for men. After men's dramatic increase in unemployment during the Great Recession and in the few months just after it was officially declared ended, their unemployment rate has improved for most of the past two years. **Women's unemployment rate continued to rise for longer after the recession's official end.** Since its peak, women's unemployment rate has remained fairly steady. Indeed, it appears that the unemployment rates of men and women are converging, but at historically high levels for each. (*Women and Men Living on the Edge: Economic Insecurity After the Great Recession - An IWPR/Rockefeller Survey of Economic Security: October 3, 2011*)

The gender analysis reveals that the Great Recession, dubbed the "mancession" because men's job losses were more than twice as large as women's, has increased women's economic vulnerability more than it has men's. For example, among workers, whereas 61 percent of men report having enough savings to cover two months of earnings if they lost their jobs, only 43 percent of women would have that much savings. The adequate savings to cover two months is lower for black and Hispanic women, young women, women with low levels of education, and single mothers. Women report more hunger, more difficulty paying bills or affording health care, and more inability to meet their children's needs. For example, 39 percent of women report difficulties paying monthly utility bills compared with 26 percent of men. The figures are higher for black women (52 percent) and Hispanic women (48 percent). Women's lower earnings compared with men and their greater likelihood of raising children on their own no doubt contribute to their difficult circumstances. Women seem to have remained in the recession a year and a half after its end, and in the year since the survey was completed, women have failed to share in the small gains afforded by the weak jobs recovery. (*Women and Men Living on the Edge: Economic Insecurity After the Great Recession - An IWPR/Rockefeller Survey of Economic Security: October 3, 2011*)

According to the US Census: Reporting on median income of people by dollars, sex and race from 1990-2009 it was found that women (\$20,957) earned less than males (\$32,184) overall.

Despite working hard, a sizable number of families with children earn too little to afford the basic goods and services they need to get by. Long-term trends in the labor market in combination with the immediate challenges of the Great Recession have placed significant challenges on these low-wage working families. Without focused attention on policies that create quality, well-paying jobs, the promise of work for these families will continue to fall short. And without strong income supports and investments in the skills and education of the current and future workforce, the potential for North Carolina's low-

wage workers to advance to the middle class will continue to be thwarted. (The NC Justice Center, 2011)

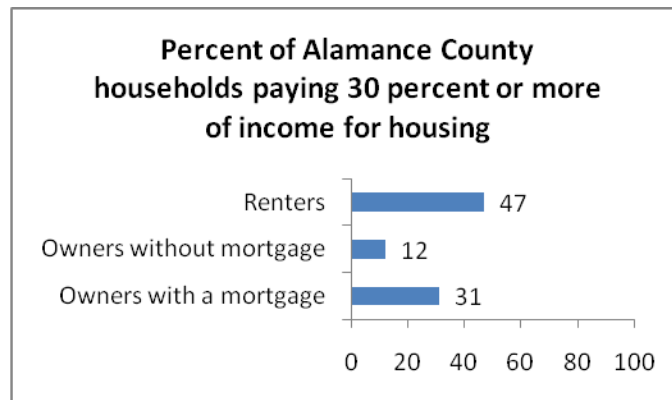
### **Poverty**

- 15.2% of Alamance County residents (22,341 people) lived in poverty in 2009; the state rate was 16.2%.
- 26.3% of Alamance County residents were low-income in 2009, meaning their incomes were less than twice the federal poverty level (\$46 for a family of four in 2009).

### **Housing/Shelter**

Along with clean water and adequate food supplies, one of the most fundamental human needs is housing. In Alamance County, there is no housing shortage at this time, but there is a serious shortage of affordable housing for low income groups. Virtually all of the housing problems in Alamance County are attributable to “cost burden” (whether a household pays more than 30% of its income for housing–related expenses).

#### **Occupants with a Housing Cost Burden in Alamance County, North Carolina in 2005-2009**



*Source: American Community Survey, 2005-2009*

### **Foreclosures**

Through March 2011, there were 235 foreclosures recorded in the county as compared to 204 filed through the first three months of 2010, according to the NC Administrative Office of the Courts. Alamance County experienced a record high of 975 housing foreclosures in 2010. According to NC Justice Center Director of Communications Jeff Shaw, the number of foreclosures decreased in about 75 areas of the state and increased in the remaining 25 including Alamance County. In looking at Alamance County data reported by Realtytrac (2011), 87 new properties in Alamance County received a foreclosure filing – default notice, foreclosure auction notice or bank repossession in June 2011. Currently, 1 in every 783 houses received a foreclosure filing in June.

## **Cost Burden**

According to the 2010 Alamance County Consolidated Plan for Housing, from 2000-2007, the total number of households grew by 14%, the same rate as the population for the County. The entire increase was in the number lower income households. As a result, the cost burden increased from 23% of households to 28% of households. The total *affordability gap* (the difference between the availability of housing units that costs 30% of Median Family Income ((MFI)) and the number of households that can afford the available units) for households that rent or own was 10,685 units, which is broken down by extremely low-income (5,133), very low-income (2,851) and low-income (2,928) ranges. Since these numbers are from 2007, there may be increased cost burden and affordability gaps due to rising unemployment since 2007 and/or loss of household incomes. (*Alamance County Consolidated Plan for Housing*, March 15, 2010, Page 1; additional breakdown can be found on page 13)

## **Affordable Housing**

The need for new housing units over the next five years will be minimal, and should occur at the rate of population growth for the entire population; however, there is a need to provide 10,000 to 11,000 units of affordable housing for low income population groups. To meet this demand, 2,200 units a year for five years would need to be provided, either by converting existing housing stock, or building new affordable housing units. (*Alamance County and City of Burlington Consolidated Plan 2010-2014*, page 6) Key shortages in affordable housing exist particularly for renters earning less than 30% of (Median Family Income) MFI (a gap of 1,656 units), and homeowners earning between 30% and 80% of MFI (a gap of 648 units). Renter households under 30% of MFI grew by 72%; those from 30-50% MFI grew by 94% and from 50-80% MFI grew by 24%. Similarly, homeowner households grew by 59%, 68% and 16%, respectively. In total, this represents an additional 5,509 renter households earning less than 80% of MFI and 4,982 homeowner households. (*Alamance County and City of Burlington Consolidated Plan 2010-2014*, pages 21-22)

## **Homelessness**

The U.S. Department of Housing and Urban Development (HUD) requires a yearly count of homeless persons and persons living in transitional and permanent supportive housing on an assigned day each January. In 2011, after 4 years of decreasing or stable numbers persons, the Alamance County count showed three troubling statistics:

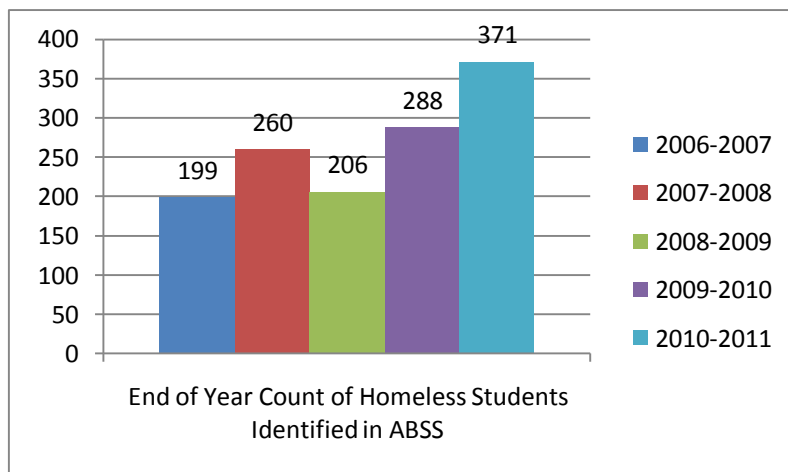
1. The number of unsheltered single men spiked sharply (from 3 to 23 men in one year)
2. The number of single women living in emergency housing spiked sharply (from 12 to 23 women in one year)
3. The number of children living in emergency housing spiked sharply (from 4 to 15 children in one year)

The total number of persons who qualify as homeless increased significantly from an average of 125 persons (from 2007 to 2010) to 181 persons in 2011. This increase is attributed to the three groups listed above.



In the last 5 years, Alamance County has increased the number of transitional and permanent supportive housing units, and placed significant numbers of homeless persons and families in those units (from 27 persons in 2007 to 70 in 2011). (Alamance County Interagency Council for Homeless Assistance, *Point-In-Time Counts 2007-2011*)

Without the addition of these transitional and permanent supportive housing units, the numbers of homeless persons and families being served in the Allied Churches of Alamance Homeless Shelter would be unmanageable. Even so, the shelter has struggled to provide adequate bed space on nights with high occupancy rates. Though bed capacity is 66, the shelter serves in excess of 80 guests on some nights.



### Precariously Housed Students

A population that is not documented in the annual Point-In-Time Counts is the number of persons who are living at a temporary residence. This population as a whole is impossible to count; however, the Alamance-Burlington School System is able to track the number of students who are living at a temporary residence. Temporary housing for families with school aged children is problematic, because students may be forced to change schools, switch districts, or be transported long distances to their home schools.

### Special Populations

In addition to affordability gaps, there are service gaps, particularly for homeless families and the need for supportive housing and permanent housing for homeless individuals and families.

### Low Income Elderly Households

In Alamance County, nearly two-thirds of elderly households earn less than 80% of MFI, but most of the growth in elderly households has been for extremely and very-low income households. There has been a 41% increase in the number of elderly households earning less than 30% of MFI (2,750 to 3,887). At the same time, there was a decrease in income for elderly low-income, moderate, and above households. (*Alamance County and City of Burlington Consolidated Plan 2010-2014, Page 10*)

### Households with a Disabled Member

Greater need for housing and other supportive services is present among households in Alamance County with at least one disabled member. Although such households comprise 18.4% of Alamance County households, they account for 21.2% of households at or below 80% of MFI. In 2000, 42% of all households with a disabled member had an income at or below 80% of the median. In 2007, 68% of all households

with a disabled member have income at or below 80% of the median, a significant increase from 5,780 households in 2000 to 13,736 households in 2007. (*Alamance County and City of Burlington Consolidated Plan 2010-2014*, Pages 8-9)

### **Conclusion**

In conclusion, Alamance County must generate jobs that increase the amount of income available to its citizens and/or increase the amount of affordable housing for persons with lower incomes. Unless there is a significant change to cost burden, homelessness and the problems associated with inadequate affordable housing are likely to increase. The need for new housing units over the next five years will be minimal, but should occur at the rate of population growth for the entire population. However, there is a need to provide 10,000 to 11,000 units of affordable housing for low income population groups. To meet this demand, 2,200 units a year for five years would need to be provided, either by converting existing housing stock, or building new affordable housing units.

The greatest need for housing is at the lower end of the income spectrum. These increases are due to a number of factors, including growth of elderly households, lower paying jobs relative to median income levels, and population increases as the county has grown. Any housing strategy needs to take into account the ability to pay. With such high growth rates at the lower incomes, strategies that address the income of households are critical. As a result, an integrated approach of housing, economic development, and workforce development are needed to address the fundamental issue of housing affordability.

### **Key Terms**

Affordability Gap – Affordable Housing – housing that costs 30% of the Median Family Income or less

Cost Burden – measurement of household income spent on housing

Extremely Low Income – less than 30% of Median Family Income

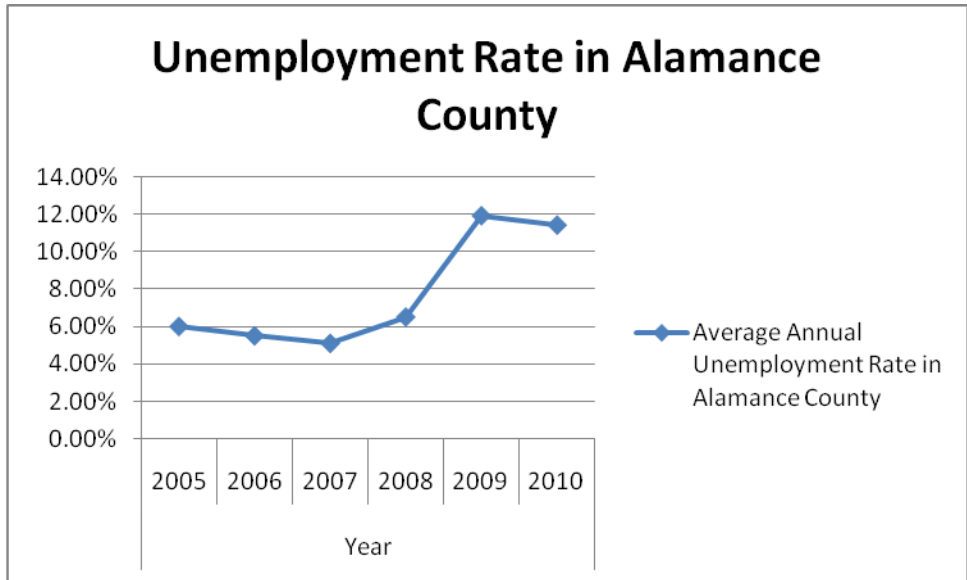
Low Income – less than 80% of Median Family Income

Median Family Income (MFI) – measurement of household income

Very Low Income – less than 50% of Median Family Income

### **Employment**

The Great Recession has impacted the employment opportunities and financial security of residents in Alamance County. According to the North Carolina Employment Security Commission, in 2010 the average unemployment rate for the Alamance County was 11.4%, which is higher than the state average of 10.6 %. The monthly unemployment rates in 2011 are consistently lower than in 2010, but unemployment rates continue to hover above 10%. One factor contributing to the double-digit unemployment rates is the continued loss of jobs in the manufacturing and goods producing industries. The Workforce Development Board for the Alamance, Orange, and Randolph Counties projects that of all the major industry groups, the manufacturing sector will experience the highest decline in jobs by 2016.



*Source: North Carolina Employment Security Commission*

Alamance County residents who face the prospect of layoffs or who are one of the 8,444 people who are unemployed (as of July 2011) may find employment in the service industry, which is the highest growth sector in the region. However, many service jobs pay low wages and offer minimal benefits. Partly due to the large market share of service jobs, Alamance County experienced lower increases in its per capita income than both state and national averages.

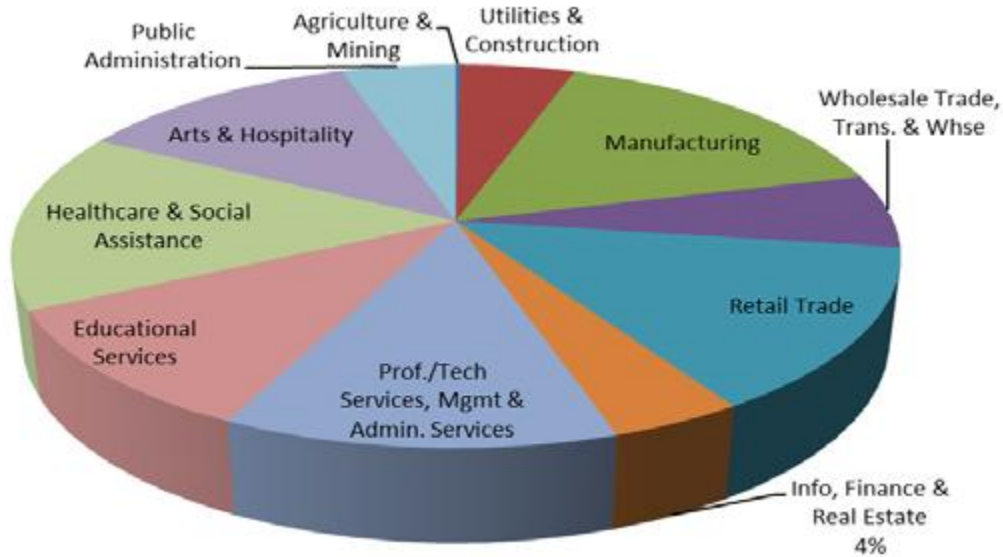
Multiple statistics suggest that Alamance County residents are struggling with the weak economy. **As of January 2011, 6,865 people in Alamance County were registered as job applicants with the local Employment Security Commission; of those applicants, over half have been searching for a job for more than two years.** A journalist in the *Burlington Times News* cited unemployment insurance claims as another indicator of the recession. According to the article, almost \$91 million was administered in Alamance County for unemployment insurance between December 2009 and November 2010.

## Selected Top Industries by Employment Counts, 2nd Quarter 2008

Industry	Alamance County, North Carolina	
Food services & drinking places	11,578	<div style="width: 100%; height: 10px; background-color: blue;"></div>
Ambulatory health care services	7,842	<div style="width: 68%; height: 10px; background-color: blue;"></div>
Administrative & support services	6,224	<div style="width: 54%; height: 10px; background-color: blue;"></div>
Textile mills	5,478	<div style="width: 47%; height: 10px; background-color: blue;"></div>
Specialty Trade Contractors	5,444	<div style="width: 47%; height: 10px; background-color: blue;"></div>
Nursing & residential care facilities	3,732	<div style="width: 32%; height: 10px; background-color: blue;"></div>
Professional, scientific & technical services	2,982	<div style="width: 26%; height: 10px; background-color: blue;"></div>
General merchandise stores	2,702	<div style="width: 23%; height: 10px; background-color: blue;"></div>
Merchant Wholesalers	2,610	<div style="width: 23%; height: 10px; background-color: blue;"></div>
Motor vehicle & parts dealers	1,990	<div style="width: 17%; height: 10px; background-color: blue;"></div>

*From Community Economic Development Hotspots*  
 Data Sponsored By: U.S. Census Bureau and participating state LMI agencies  
 Data Source: LEHD//Quarterly Workforce Indicators/Time Series

### Employment by Industry – 2011 August



Source: Alamance County Chamber of Commerce, Economic Development, 2011

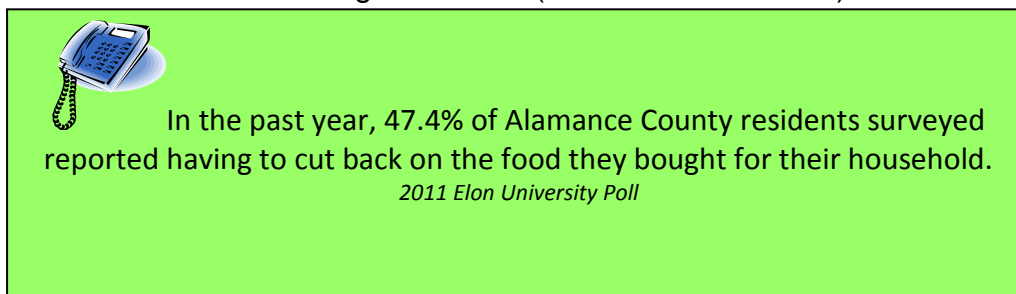
## Food/Nutrition

### Hunger

There will always be a certain portion of any population that is food insecure, whether in good or bad economic times.

According to the U.S. Department Agriculture, the percentage of Alamance County residents living in poverty grew to 15.2 in 2009, as did the number of Alamance County residents requesting food assistance. Thus, hunger continues to be a major issue within Alamance County.

- 52.74% of students in the Alamance-Burlington School System received free or reduced lunch during the 2010-2011 school year. The percentage of students included in the program has increased by 12.8% from 46% of district students who qualified during the 2006-2007 school year. (Alamance-Burlington School System Child Nutrition, 2011)
- 13.9% or 20,961 Alamance County residents received food stamps in 2010 slightly higher than the state average of 15.4% (Food Nutrition Services, Alamance County, 2010)
- 16.6% of the Alamance County population lives below poverty, higher than the North Carolina average of 14.6% (U.S. Census Bureau)



The data in the tables below illustrate the number of people who received food and nutrition assistance in Alamance County. A 55% caseload increase from 2007- 2011 is indicated.

#### **5-year Caseload Profile of Alamance County Food and Nutrition Services**

<b>Year*</b>	<b>Active Cases</b>	<b># of People in Case</b>	<b>Benefits</b>	<b>Average Benefit per Person</b>	<b># Applications Taken</b>
<b>2007</b>	5,070	11,571	\$1,043,809	\$90.20	579
<b>2008</b>	5,917	13,196	\$1,272,135	\$96.40	699
<b>2009</b>	8,064	18,206	\$2,299,622	\$126.31	891
<b>2010</b>	9,730	21,421	\$2,760,640	\$128.87	937
<b>2011</b>	11,202	24,204	\$2,988,896	\$123.48	607

(\*July data used for each year) Source: <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

## Prepared Meals – 2009-2010

Alamance County Agency Name	Meals Served 2009	Meals Served 2010	Frequency	Average Meals Per Day 2010	Restrictions
Allied Churches	28,050	31,000	M-F (midday)	123	None
Caring Kitchen	16,395	18,017	Sat (midday) Sun (midday)	173	None
Meals on Wheels	100,000	120,000	M-F (midday)	350	Must be over 60 years old

## Groceries Provided

Alamance County Agency/ Organization Name	Persons Served 2009	Persons Served 2010	Days Open	Frequency	Amount Provided	Restrictions
Alamance County Community Services		2009-10 1122 (471 Families)		Once a year	4 days per family	Must have a verified emergency and apply for food stamps
Bread of Life Harvest Baptist Church	1,669	1754		Once per week		No
Loaves & Fishes	6,678 Average per month	7,028 Average per month	Mon - Fri 9 am -3 pm Sat 9-10 am			
Melfield United Church of Christ		3024				
The Salvation Army			M-F		Individualized	TANF
Meals on Wheels	24	28	7 days/week	Every other week	2 weeks	Can't shop for themselves

### USDA/Feeding America Statistics:

- 1 in 6 Americans live in food insecure households; 16.6% of the population.
- 18.2% NC food insecure people.
- In Alamance County 19% of citizens are food insecure
- Additional money required to meet food needs in Alamance County in 2009 - \$11,286,110
- Average cost of a meal is \$2.45 = \$220.50 a month for one person

- Every \$5.00 in FNS (Food and Nutrition Services) Benefits generates \$9.00 in total community spending

**Challenges:**

- High number of applications taken monthly—over 500 each month
- Turnover in staff
- Excessive caseloads—1,400 in a caseload

Hunger continues to be an underfunded and persistent need for families in Alamance County. The need exceeds both state and national levels. This basic need can be alleviated or eliminated by sufficient funding for programs that provide groceries, prepared meals, free and reduced lunch and food and nutrition services. The population of hungry people will also decrease as the economy improves and the unemployment rate decreases.

## Transportation



A 2011 Elon University poll found that approximately seven percent of Alamance County households do not have a dependable car.

*2011 Elon University Poll*

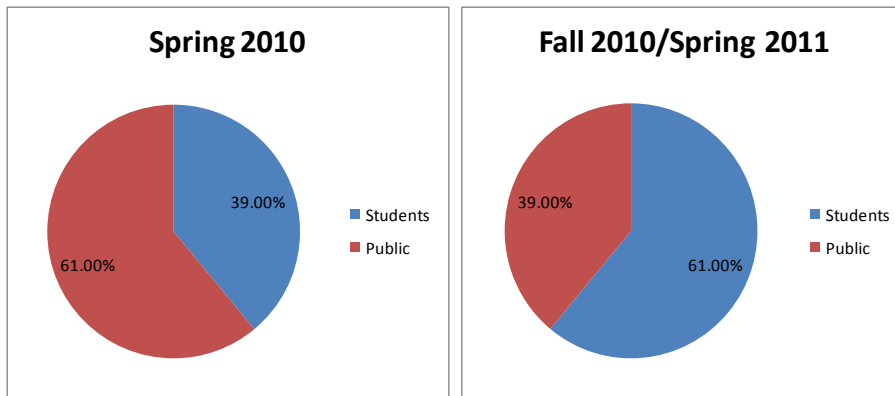
### **Overview**

According to the U.S. Department of Transportation, nine percent of households nationwide do not have a dependable car. In 2009, fourteen percent of North Carolina drivers were uninsured in 2009 as reported by the Insurance Research Council. This statistic demonstrates the difficulties many households face in assuming the full costs of owning and operating a vehicle.

Transportation issues also affect students attending Alamance Community College. A 2009 survey of students found that almost half of students arrived late for a class because of transportation problems. A fifth of students did not enroll in a class due to transportation problems. Additionally, about 16% of students were either dropped off, carpooled, took a taxi, rode Alamance County Transportation Authority (ACTA), biked, or walked to attend classes, indicating a need for more dependable and affordable transportation options.

Elon University implemented a pilot East Burlington/Downtown Loop during the spring semester of 2010 that was free to students as well as community members. The loop runs from campus to East Burlington human service agencies. Stops were added at Wal-mart on Graham-Hopedale Road and Cummings High School for the 2010 fall semester. The University saw tremendous response with the loop. Spring 2010 ridership was 1,147 with 39% students, faculty and staff and 61% community members. The success of the pilot resulted in the loop being continued for the 2010-11 school year. The ridership total for the 2010-2011 academic year is 2,546. This includes 1560 student riders (61%) and 986 (39%) public riders. These are positive results given the route has limited schedule/stops. Beginning in the 2011-12 school year, the East Burlington/Downtown Loop will become part of the University's normal operating budget.





An examination of transit records show that transit in the Burlington area went through trials with franchising, privatizing, and, most significantly, dealing with financial shortcomings. Ultimately, Burlington’s system was never consistent enough to be successful.

Public transportation began in 1945 with the franchise of *M & B Transit Lines*. In 1952, the City of Burlington revoked the M & B franchise and granted a franchise to *Burlington Bus Lines*. This company ceased operations in 1966 due to heavy losses. *Community Bus Company* then began operating a service which ceased in 1969. In 1970, *Bus Transit Company* began operations. A 1974 request to the City of Burlington for financial assistance was rejected in 1976. *Bus Transit Company* operations ceased in January 1978. In 1978, the *Burlington-Alamance Transit Authority* was created with representatives from Alamance County, Graham, Gibsonville, Elon, and one at-large member. The Burlington Alamance Transportation Authority discontinued fixed routes on June 28, 1978. It was intended that the *Burlington-Alamance Transit Authority* service be self-sustaining. However, with the discontinuation of fixed routes and no funding stream, the transit system failed in 1978 due to inadequate financing.

### Statistics

Public support for more a systemic public transit system has been demonstrated in a variety of ways in recent years. A Public Transit Task Force, formed in March of 2008, conducted a public transportation online opinion poll. One hundred residents completed the poll. Ninety-seven percent of the respondents were in favor of having a public transportation system.

The Task Force circulated a petition supporting the development of public transit in Alamance County. The petition requested that our local governing councils support the development of a fixed-route service through capital investment, collaboration among municipalities, grant funds, and dedicated revenues. Petitioners also committed to using a fixed-route service when implemented. A total of 1,014 citizens signed the petition.

An Alamance County Chamber of Commerce member survey showed that 69% of the members supported the development of park-and-ride in the County. Based on these survey results, the Chamber adopted a resolution supporting park-and-ride in September 2010.

## Conclusion

Currently, residents of Alamance County have access to public transportation through the Alamance County Transit Authority (ACTA). ACTA provides transportation for general purpose trips, medical trips, and almost any non-emergency trip destination. They also provide non-emergency transportation service for riders requiring same-day transportation for medical service for a round trip cost of \$40 within Alamance County and \$80 for out-of-county. Transportation for the general public with Alamance County is \$7 one-way and \$14 round trip. The table below provides a summary of ACTA services and services provided by surrounding counties:

### Fixed Route and Demand Response Service Providers

System Service	Span	Service Type	Annual Riders
Alamance County - ACTA	6:00a-6:00p, weekdays	Community Transportation	96,728
Randolph County – RCATS	6:00a-6:00p, weekdays	Community Transportation	72,844
Davidson County - DCTS	6:30a-5:00p, weekdays	Community Transportation	75,117
Guilford County - TAMS	24 hours/day, Mon-Sun	Community Transportation	182,195
Forsyth County – WSTA, TransAid	5:30a-12:30a, weekdays 5:55a-7:00p, Saturdays	Fixed Route, ADA, Community Transportation	2,899,678
City of Greensboro - GTA	6:00a-11:55p, weekdays 6:00a-11:55p, Saturdays 6:00a-6:55p, Sundays	Fixed Route, ADA Transportation	4,007,198
City of High point - Hi Tran	5:45a-6:30p, weekdays 8:45a-5:15p, Saturdays	Fixed Route, ADA Transportation, Seniors/Non-ADA Disabled	752,497
Davie, Stokes, Surry & Yadkin Counties - YVEDDI	6:00a-6:00p, weekdays weekends by appointment	Community Transportation	256,269
Regional - PART	6:00a-9:30p, weekdays	Fixed Route, Ridesharing	1,142,404

Source: *Piedmont Triad Seamless Mobility Study, Executive Summary, August 2008*

Burlington remains the largest metropolitan area in North Carolina without a public transportation system. The current need and demand for public transportation has been well documented. A Public Transit Feasibility Study conducted in 2006 found that 19 major employers considered “beginning public transportation” as the most important transportation priority based on survey results. The 2007 Community Assessment highlighted the importance of access to transportation as Alamance County residents, leaders, and stakeholders felt that the lack of public transportation in Alamance County often contributed to community members being unable to access services and/or get to work in an affordable manner due to the high costs of operating a motor vehicle. In the Spring of 2008, the City of Burlington held a series of community meetings in East Burlington to understand the needs of its citizens. Public transit was among the top items cited as a critical need by those attending these forums.



Transportation was an important issue among ALL focus groups.

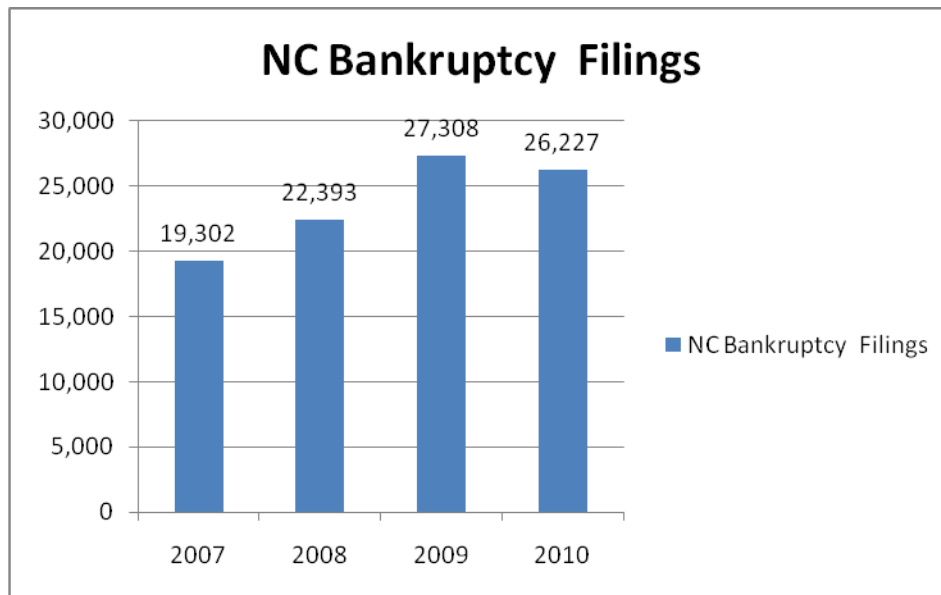
2011 Community Assessment Focus Group

### **Financial Security & Counseling**

Financial Literacy activities provided through community education and counseling services target clients who are facing foreclosure, overwhelmed with credit card debt, are facing bankruptcy and/or need guidance on options available to increase their ability to manage their own finances and make fiscally responsible decisions.

Many individuals are strapped financially with little or no savings or other assets and resources to shoulder a reduction or loss of income. Burlington is recognized nationally as an area of Greatest Need in NC for foreclosure prevention through NeighborWorks America and HUD. The status of this issue in Alamance County can be demonstrated by examining statistics from Consumer Credit Counseling Services, who served 306 Default Housing clients last year (FY 2008-2009). For the first six months of 2010/11, 191 Default Housing clients illustrates an alarming trend of 28.1% increase in Alamance County.

## Bankruptcy

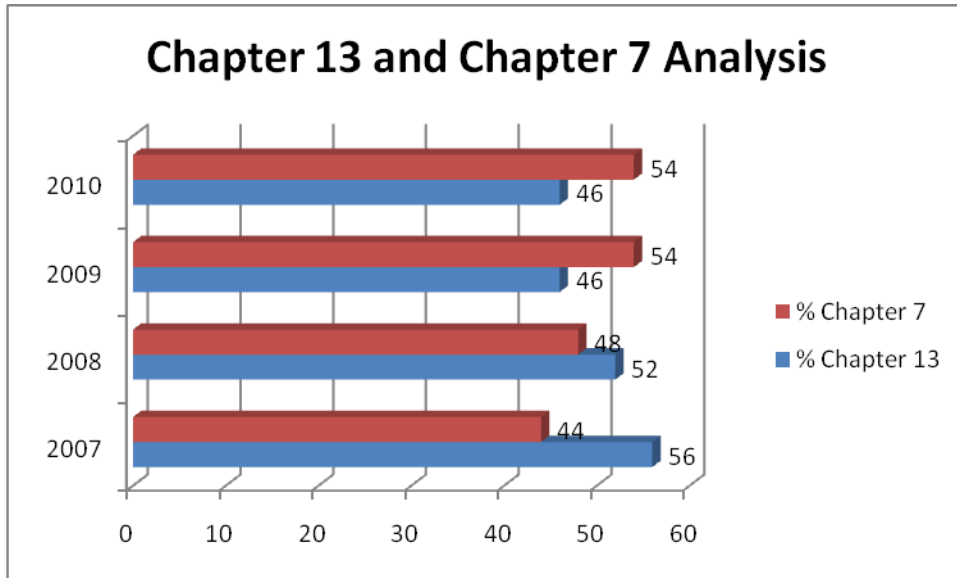


Source: <http://www.creditcards.com/credit-card-news/state-bankruptcy-filings-statistics-1276.php>

Under **Chapter 13** bankruptcy, an individual repays debts under a three- to five-year plan that is supervised by the bankruptcy court. Chapter 13 bankruptcy was encouraged by the 2005 revision to bankruptcy law, which sought to force more debtors to repay debts. (<http://www.creditcards.com/glossary/term-chapter-13-bankruptcy.php>)

**Chapter 7** bankruptcy is the most common type of bankruptcy filing for individuals who can no longer pay their bills. While this legal procedure allows debt to be discharged, it is ruinous to credit records, meaning that future loans will be very expensive, if they can be found at all. Under a bankruptcy reform law passed in 2005, bankruptcy became more difficult and expensive, requiring pre-filing counseling and implementing a "means test" preventing filing if you make too much money. The law also required that eight years must pass between Chapter 7 discharges.

(<http://www.creditcards.com/glossary/term-chapter-7-bankruptcy.php>)




Source: <http://www.creditcards.com/credit-card-news/state-bankruptcy-filings-statistics-1276.php>

The shift in the percentage of bankruptcy filings from Chapter 13 to Chapter 7 from 2007 – 2010 illustrates the increase in the inability of those in financial crisis to pay off their debts in three to five years and opting to choose the more detrimental and ruinous choice of Chapter 7.

The priority areas that counseling and education services address are:

- Unwise use of credit due to financial mismanagement
- Housing delinquencies, foreclosures, and evictions
- Predatory lending practices increasing the risk of foreclosure
- Unemployment hindering a person’s ability to keep mortgage/rent or other obligations current
- Information and support for unemployed workers
- Bankruptcy education and ways to avoid it
- Decreasing level of savings and the lack of strategies to develop saving habits.



36.3% of Alamance County residents surveyed thought having access to free budget and credit counseling was very important; 47% important.

*2011 Elon University Poll*

# Family Stabilization & Enhancement

Overview  
Domestic Violence  
Sexual Assault  
Child Abuse & Neglect, Maltreatment  
Care for Elderly  
Elderly Abuse  
Judicial Assistance and Services  
Childcare & Early Childhood Development  
Recreation  
Family Preservation

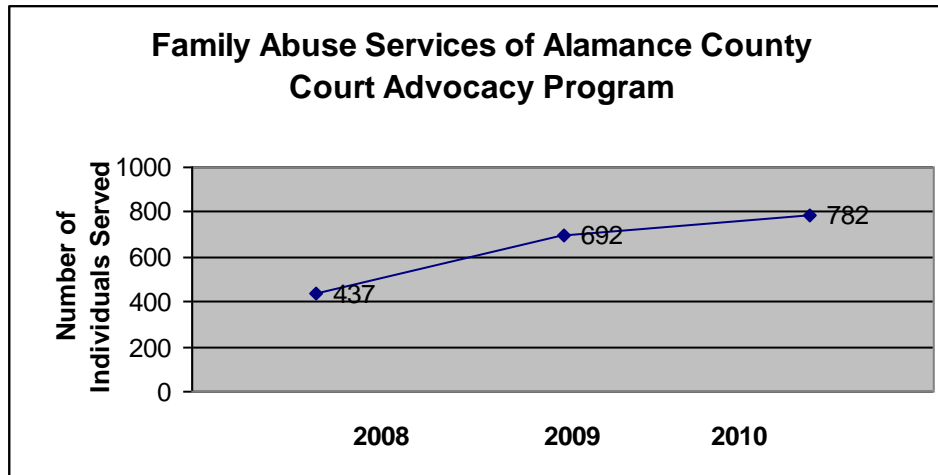
## Domestic Violence

The National Network to End Domestic Violence (2010) reports that domestic violence and sexual assault are pervasive and life-threatening crimes affecting thousands of individuals regardless of age, economic status, race, religion or education. Domestic violence severely impacts victims as well as our entire community and is linked to many other social problems. Children are particularly vulnerable as both victims and witnesses to domestic violence.

Our local community experiences an alarming rate of violence against women:

- Countywide, there were 1,463 calls related to domestic violence and 489 arrests from January – June 2011. (Alamance County Law Enforcement, 2011)
- From July 2010 – June 2011, there were 679 requests for an ex-parte (temporary) protective order. 518 ex-parte protective orders were granted. From August 2010 – June 2011, 174 full protective orders were granted. (Alamance County Family Justice Center, 2011)
- During the year 2010, there were 822 domestic violence crisis calls, 867 safety planning/crisis counseling sessions, assistance with 661 domestic violence protective orders, and emergency shelter for 84 women and children. (Family Abuse Services, Alamance County, 2010)

The number of individuals requesting assistance in filing for domestic violence and stalking protective orders through the Family Abuse Services Court Advocacy Program has increased dramatically between 2008 and 2010. Increased community awareness of available services may be a contributing factor in this trend.




Source: Family Abuse Services, 2010

### Conclusion

Domestic Violence is a complicated and expensive issue to address as a community. The impact it has on the children extends beyond the current generation. In a *Burlington Times News* article from April 2011, the Alamance Alliance for Children and Families recently reported that 42 percent of the children who received mental health services through their program had witnessed domestic violence. A 2003 report sponsored by the U.S. Department of Health and Human Services, Administration for Children & Families, and Office on Child Abuse and Neglect indicates that the majority of studies on domestic violence suggest that child maltreatment occurs in 30 to 60 percent of families experiencing domestic violence.

The costs incurred to address domestic violence includes services for the victim - emergency shelter, court advocacy, supervised visitation, transitional housing and community education services – as well as expenses associated with costs to law enforcement agencies as they respond to and investigate domestic violence calls. Other costs include the time and money spent in the civil and criminal legal system as well as medical care, mental health services, and lost productivity. While it is difficult to estimate the exact financial costs of domestic violence in Alamance County, The National Network to End Domestic Violence estimates the cost to our nation to be 5.8 billion annually.



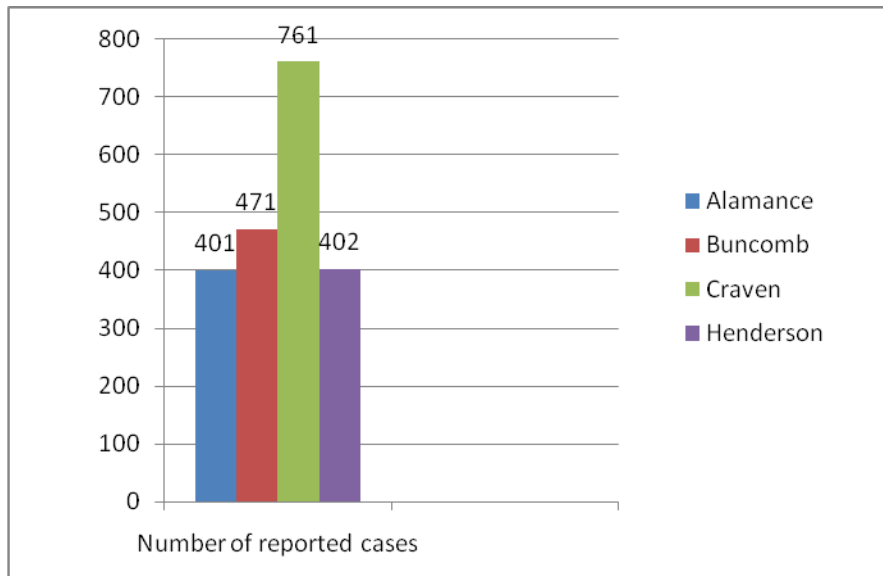
Out of 846 people surveyed, 20% has a family member or close friend that has been a victim of domestic violence.

2011 Elon University Poll

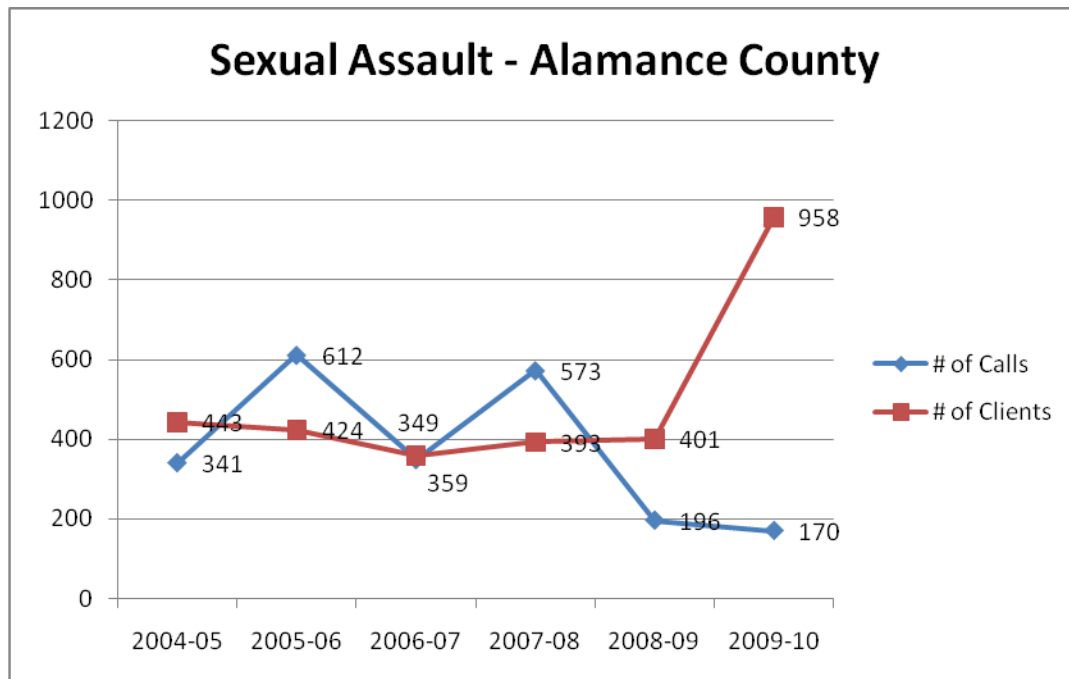
### Sexual Assault

Each year, millions of people are affected by sexual violence. Sexual violence can tear families apart and has lifetime impacts on those affected. According to the Rape, Abuse and Incest Network (RAINN) (2009), 1 in 6 women and 1 in 33 males will be a victim of sexual violence in her/his lifetime. Due to the differences in how data is collected and

reported, there are numerous discrepancies in sexual violence statistics. Many incidences of sexual violence are never reported to law enforcement agencies; in fact, approximately sixty percent of sexual assaults are never reported to the police.



The above chart captures the four highest numbers of clients served for 2008.



Source: <http://www.nccfwdvc.com/stats.htm>

Alamance County reported 958 occurrences of sexual violence in 2009-10, according to the North Carolina Council for Women/Domestic Violence Commission. These reported cases are self-reported as well as reports from law enforcement and the



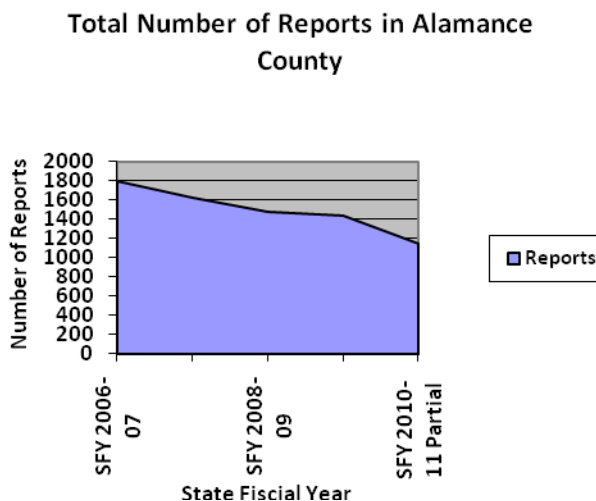
emergency department. These occurrences include rape, date rape, marital rape, child sexual offense, and incest. Of the 958 incidences, 787 of the victims were under the age of 25. *The dramatic increase in numbers can be attributed to community awareness efforts and better reporting methods.*

In order to provide adequate services and support to victims of sexual violence, it is imperative that Alamance County residents realize the reality of the issue. As noted by the CDC (2008), many victims will continue through life struggling with depression, symptoms of post-traumatic stress disorder including flashbacks, emotional detachment, sleep disturbances, and mental replay of the attack (Felitti et al., 1998; Yuan, Koss, Stone 2006). In cases of sexual violence, the primary victim is not the only one to suffer from adverse affects. The consequences of sexual violence will reach beyond the victim to family and friends.

**Child Abuse & Neglect, Maltreatment**

Child Abuse and Neglect, according to the Federal Child Abuse Prevention and Treatment Act (CAPTA), can be defined as any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (Child Welfare Information Gateway, State Statutes, July 2009)

According to the North Carolina State Center for Health Statistics, Alamance County shares in the national crisis of Child Abuse and Neglect (CAN) with 1,438 total reports from July 2009 through June 2010. Progress is being made as the total number of reports for the partial year of fiscal year ending 2011 is 1,147, which continues a decreasing trend for numbers have dropped successively since 2006-2007, as reported by the University of North Carolina at Chapel Hill Jordan Institute for Families. (<http://ssw.unc.edu/ma/index.html>)



Of the total number of reports for 2009-2010, 785 of those reported were first time reports and 653 are reports repeated on the same child. The County rate for total reports was 6.9% lower than the state’s rate of total reports for the most recent reporting year, for annual rates of reports per 1,000 children, of 2006-2007. Additionally, none of the 92 CAN deaths in NC from 2006-08 occurred in the county.

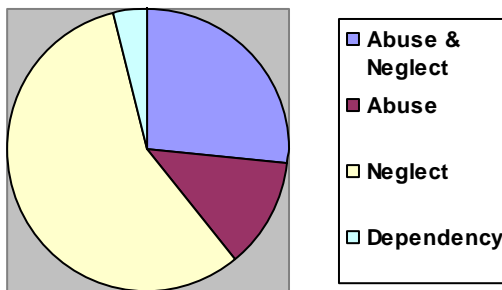
Source: [www.preventchildabusenc.org](http://www.preventchildabusenc.org)

The County has improved in status regarding its number of reports per population, compared to surrounding counties. As of the most recent reporting year (July 2009-June 2010), the county ranks second in percentage of reports per population with Orange

County having the lowest number of reports per population size. Alamance County is followed by Guilford, Chatham, and Caswell counties in number of reports per population size. (<http://ssw.unc.edu/ma/index.html>)

A child's age (younger children tend to be more at risk), emotional, physical, and social development, as well as disabilities, increase the risk of child abuse and neglect. In the 2009-2010 year, 431 of the 785 first time reports were for children ages 0-5. This matches the trend in child abuse reports for North Carolina (34,837 for ages 0-5 compared to 20,714 for ages 6-12) (<http://ssw.unc.edu/ma/index.html>). The number of children in custody for that age group is also higher than other age groups in Alamance County. Of the 92 children in custody as of June 2011, 33 (36%) were in the 0-5 age group; from July 2010-June 2011, 35.8% of the 176 children, in the same age category, were in custody (<http://ssw.unc.edu/ma/index.html>).

According to Child Abuse Prevention and Treatment Act, there are six types of abuse including physical, neglect, sexual/exploitation, emotional, abandonment, and substance abuse/neglect (State Statutes, July 2009). Alamance County follows the national trend of a larger percentage of neglect reports than other types of abuse.



In Alamance County for the reporting year June 2009-July, 2010, of the 785 first time reports 10% were found to be substantiated as abuse, neglect, or dependency. In the same year 44% were found to need some kind of services while 46% were found to be either unsubstantiated or not needing services. (<http://ssw.unc.edu/ma/index.html>)

Length of stay of children in the DSS system is costly on the psychological health of the children and the community. In 2009-10, the county had 50.42% of the children in DSS custody for 390 days; this is slightly lower than the state's 57.69% rate.

Alamance County follows some national and state trends on disparity in race/ethnicity in both first time reports and children in custody. In the County, the total population percentage for Caucasian children is 69.17% and for African American children is 22.25%. However, African American children made up 32.61% of first time reports in 2009-2010 and are now 29% of the first time reports in 2010-2011 (<http://ssw.unc.edu/ma/index.html>; <http://quickfacts.census.gov/qfd/index.html>).

This trend continues with the ethnicity of children in DSS custody for both reporting years. African American children made up 44.57% of the children in DSS custody for

the month of June of 2011 compared to 35.23% of the children in custody from July 2010-June 2011. The number of males for first time reports tends to be slightly higher than females (399 vs. 386 in 2009/10 and 370 vs. 342 in partial year 2010/11). This trend remains the same for children taken into custody (56.25% for July 10-June11 and 54.35% in June 2011) for both reporting years as well. (<http://ssw.unc.edu/ma/index.html>)

According to the U.S. Department of Health and Human Services, Administration for Children & Families, and Office on Child Abuse and Neglect, Child maltreatment during infancy and early childhood has been shown to negatively affect child development, including brain and cognitive development, attachment, and academic achievement ([www.childwelfare.gov/can/impact/development/](http://www.childwelfare.gov/can/impact/development/)). Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood reports the CDC in the Adverse Childhood Experiences (ACE) Study (2011). ([www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm))

Child abuse and neglect and its related societal factors are costly to our families, our communities, and our economy. According to the most recent cost analysis of the economic impact of CAN the total direct costs including hospitalization, the mental health system, the child welfare system, and law enforcement are \$33,101,302,133 each year. The total indirect costs including special education, mental health and healthcare, juvenile delinquency, adult criminal justice system, and lost productivity to society is \$103,754,017,492 each year. (Prevent Child Abuse America, Economic Impact Study, September 2007)

Reducing the rates of Child Abuse and Neglect will assist in reducing the significant health and socioeconomic costs to Alamance County. Raising safe and healthy children can be a challenge with factors such as unfavorable economic conditions, unemployment, health issues, crime, and other factors found in the county. Many parents with these challenges are parenting under stressful conditions which could put their children at risk for abuse and neglect. Investing in CAN prevention and treatment programs will ensure that every child has a safe and healthy childhood.



45.6% of Alamance County residents polled reported experiencing a lot of stress from raising their children.

*2011 Elon University Poll*

## Care for the Elderly

### Introduction

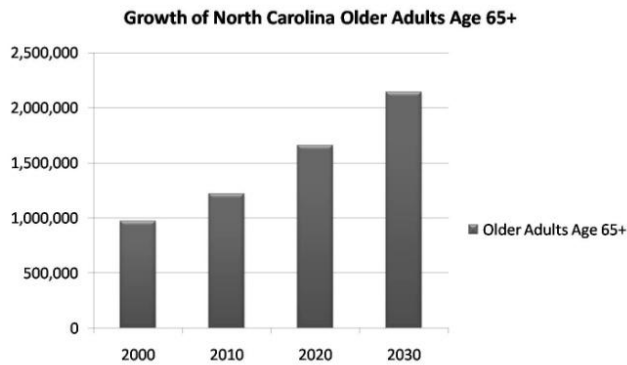


Figure A

Resource: NC Division of Aging and Adult Services:  
North Carolina Aging Profile

In 2011, the oldest of the Baby Boomer generation (persons born 1946 and 1964) has begun turning 65 years old; the growth of the Boomer population will continue for the next 18 years until the youngest Boomer reaches age 65 in 2029. Approximately one quarter of North

Carolina's (and Alamance County's) population is made up of Baby Boomers. Figure C shows how NC demographics predict a huge shift in population as the Baby Boomers reach older adulthood.

The services available in our community that focus on long term, chronic care needs are the ones that typically not available in sufficient number ([www.medicare.gov](http://www.medicare.gov)); these include information & assistance, home delivered meals, congregate nutrition, adult day care, transportation, personal care services and care management for persons at high risk or with complex needs. As older adults approach the point where they need assistance, our community must consider the gaps in service that prohibit seniors from living independently.

### Statistics

- According to the 2010 U.S. Census, there are 14.1% persons 65+ living in Alamance County compared to the state rate of 12.7%.
- In 2030, one in four North Carolinians will be 60 and older, almost double the current rate.
- North Carolina is ranked 9th nationally in our 60+ population.
- According to the NC Division of Aging and Adult Services, 27.6% of Alamance County citizens age 65 years old and over live alone.
- According to the 2000 U.S. Census, almost 1 in 4 persons (24.4%), age 65+ living in the community, have 2 or more disabilities.
- According to Meals on Wheels Association of America's report on Senior Hunger in the U.S. (November 2009), North Carolina is 9th out of 50 states with the highest rate of hunger among seniors.
- The AARP (2003) "Beyond 50.03: A Report to the Nation on Independent Living and Disability" notes that 59% of all caregivers are employed. More than two-thirds of those caring for someone 65 or older report having to rearrange their

*The only services available in sufficient numbers are the short term, acute type services that are reimbursed through a payer system such as Medicare, Medicaid or long term care policies.*

work schedule, decrease work hours, or take unpaid leave to meet their caregiving responsibilities.

- A 2009 Pew Research Center study reports that one out of seven respondents over age 65 cannot drive; a quarter of adults ages 85 and over say they no longer drive.
- According to the National Institute on Aging, medication non-adherence in older adults accounts for 26% of hospital admissions, nearly 25% of nursing home admissions and 20% of preventable adverse drug events in the community setting. ([www.medscape.com/medscapetoday](http://www.medscape.com/medscapetoday))
- Per the Alamance County Department of Social Services, 396 reports were received alleging abuse, neglect or exploitation of adults for fiscal year 2009-2010. Of those, 67% were for persons 60 years of age or older.

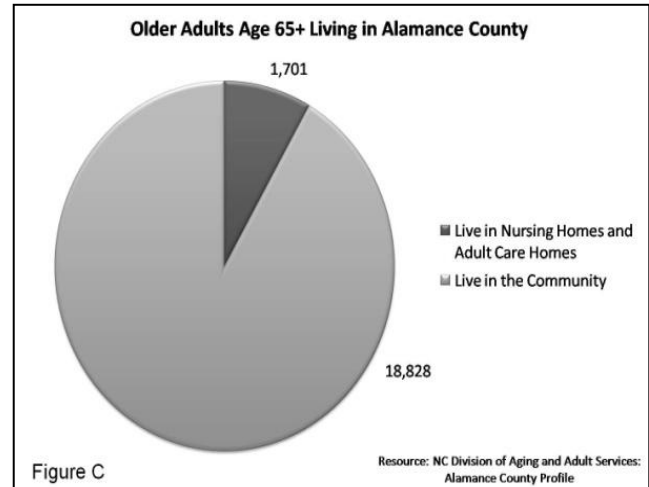
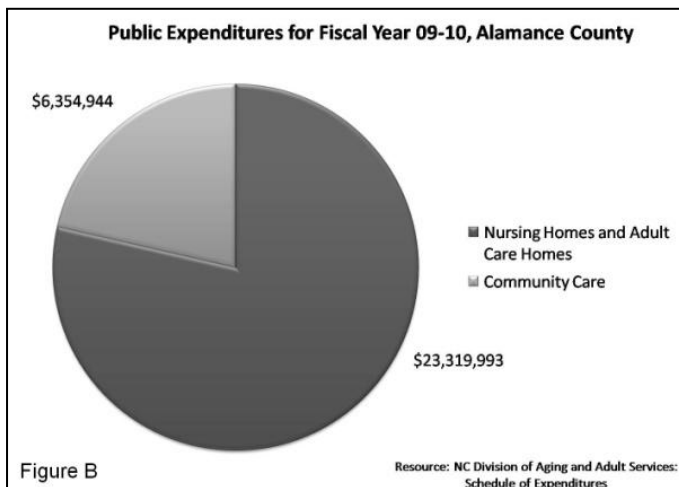


88% of respondents thought the increasing elderly population was important or very important.  
*2011 Elon University Poll*

## Conclusion

It stands to reason that every category related to the needs of the elderly will increase: persons living in their homes and in facilities, seniors who no longer drive and seniors who will require a caregiver in order to remain in their homes. As the population age 65 and above increases, it will be increasingly more important to reevaluate services to this population. Transportation, caregivers and in-home services that address all the activities of daily living will become increasingly necessary in order for seniors to experience a positive quality of life. The disparity between expenditures for community care and nursing home care illustrates the need to reassess the way we address services for the elderly.

For every 1000 Alamance older adults (65 and over), there are 82 persons in a long-term care facility. As of April 2011, the Alamance County Department of Social Services reported that there are fifty-six long-term care facilities in the county, with four more in various stages of initial licensure. Figure A shows the huge difference in public dollars that are being provided to long-term care facilities versus community based services. And while facility care gets the majority of public dollars, the majority of persons age 65+ live at home – not in a facility – as shown in Figure B.



Source: North Carolina Division of Aging and Adult Services, 2011

The NC Division of Aging and Adult Services has recently authored a State Aging Services Plan for 2011-2015, which includes goals to: empower older adults, their families, and other consumers to make informed decisions and to easily access existing health and long-term care options. Older adults are diverse in their socioeconomic status, race, culture, and physical abilities. Having access to and being able to choose services that fit each individual is vital to enabling citizens of Alamance County to age well.

Enable older adults to age in their place of choice with appropriate services and supports. In many instances, unpaid family caregivers are the backbone of the entire aging network. The strength of the informal support network surrounding an older adult and their access to needed community based services has direct correlation to the length of time an older adult can delay or prevent the need for nursing home placement. In economic terms, services provided by informal caregivers would cost an estimated \$257 billion if replaced with paid services. The estimated value of \$257 billion greatly exceeds the costs associated with home health care (\$32 billion) and nursing home care (\$92 billion) combined.

Prepare North Carolina for an aging population. In recognition that North Carolina is facing a major demographic shift, Governor Perdue signed Executive Order 54. This order requires all government agencies to assess their readiness to serve the aging population and develop strategies and proposals to strengthen their preparedness and response to this shift.

### **Elderly Abuse**

The Protective Services for Adults Statute was developed to assist adults who have disabilities which have left them incapacitated and unable to take care of themselves and have no one able or willing to assist with their care. These adults may be abused or

neglected by a caretaker, they may be neglecting themselves, or they may be exploited. (NC DHHS, Adult Protective Services Manual)

*Funding decisions - at all levels - should honor the importance of the needs of our older generations - just as they honor our younger generations.*

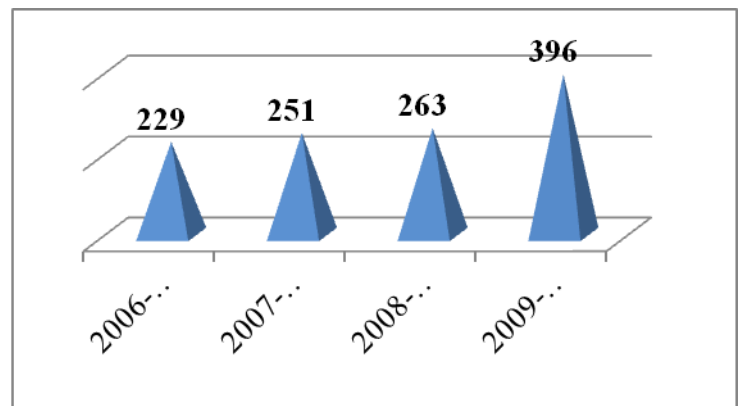
Research shows that older adults who have endured abuse, neglect or exploitation are at greater risk of mortality. A study published in *ScienceDaily* (2009) found that elder abuse was associated with a more than two-fold increased risk of premature death from all causes and an almost four-fold increased risk of premature death from heart disease specifically. Self-neglect was associated with an even greater risk of premature death, particularly during the first year after self-neglecting behavior was identified. During that year, the risk of premature death from all causes was five times as likely as for elders who did not neglect themselves, and the risk of premature death from heart disease specifically was eight times more likely.

<http://www.sciencedaily.com/releases/2009/08/090804165153.htm>

### **Demographics & Outcomes for Adult Protective Services (FY 2009-10)**

#### **In Alamance County, Who are the Adults and Their Families?**

- In FY 2009-10, **18,378** reports were received statewide by county departments of social services alleging abuse, neglect or exploitation of adults. **396** reports were received in Alamance County, a **50% increase** over the previous year.



- Older adults comprised the majority of those receiving adult protective services. 67% were 60 years of age or older, 33% were 18-59 years of age. 20% of the total were 85 years of age or older.
- Women comprised 61% of the total reports screened-in, and men comprised 39%.
- 66% of the adults reported were White, 32% were Black, and the remaining 2% were Hispanic, Native American, Asian and others.



- The majority of the adults reported were living in our communities. 84% lived alone or with family members, while 16% lived in a facility, institution or shelter.

### **What is Happening to Them?**

- Abuse, neglect or exploitation was found for 49% of the reports accepted.
- Neglect (79%) was the most common form of mistreatment found.
- Abuse was found in 4.3% of the situations.
- Exploitation was found in 28.5% of the situations, specifically exploitation of assets. This is a **more than 100% increase** over the previous year.
- When mistreatment was found, the most frequently named perpetrator was an adult child, followed by other relatives, a spouse, non-relative caretaker, and facility staff.
- The most common disabilities experienced by the mistreated adults were multiple disabilities (48%), physical illness (38%), Alzheimer's disease (22%), and mental illness (9%).

### **What do these Adults and their Families Need?**

The primary factors identified as contributing to mistreatment in facilities included:

- Inadequate knowledge or training of care needs
- Inadequate supervision or management
- The most frequently identified services needed to address the problems of abuse, neglect and exploitation included:
  - Placement
  - Medical or Health Care
  - In-home Aide Services
  - Financial Assistance

In our county, a significant trend in adult protective services evaluations is the finding of impairment or incapacity which makes the adult unable to make and/or communicate responsible decisions. The need to seek legal services for these adults has increased, especially in the form of petitioning for guardianship. Over the past two years in Alamance County, these proceedings have resulted in a 60% increase in the number of DSS guardianship cases.

As people live longer, baby boomers reach retirement age, and the economy remains in a recession, it is anticipated that numbers of reports will continue to grow.



## Judicial Assistance and Services

### Crime

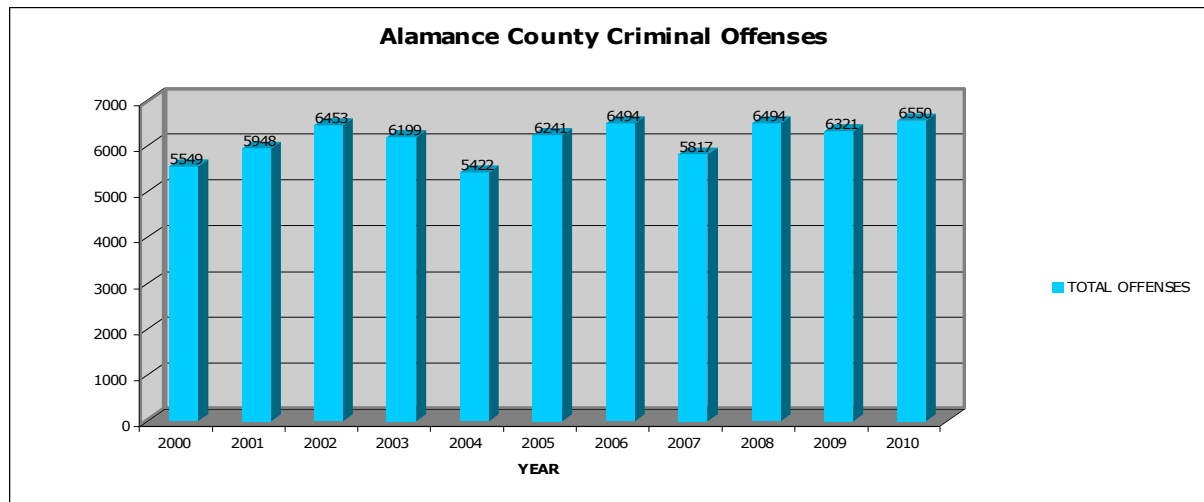
Total index crime for 2010 was 6,550 offenses. This was an increase from 6,321 in 2009. The break down of the criminal offenses for 2010, as well as the last ten years can be seen in the table below.

#### County Offenses, Ten-Year Trend

Offense Category	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Murder	2	7	9	6	2	8	6	7	4	4	9
Rape	35	19	19	23	20	31	29	32	30	48	23
Robbery	118	137	119	124	131	125	145	144	169	159	98
Aggravated Assault	305	299	295	324	371	535	569	453	482	456	504
Burglary	1250	1372	1592	1396	1235	1451	1451	1385	1735	1576	1607
Larceny	3574	3844	4143	4041	3404	3818	3932	3508	3811	3816	4074
MV Theft	265	270	276	285	259	273	362	288	263	262	235
<b>TOTAL OFFENSES</b>	<b>5549</b>	<b>5948</b>	<b>6453</b>	<b>6199</b>	<b>5422</b>	<b>6241</b>	<b>6494</b>	<b>5817</b>	<b>6494</b>	<b>6321</b>	<b>6550</b>

Source: North Carolina Department of Justice, Uniform Crime Report 2010 Annual Report

The graph below gives a visual representation of the overall crime rate fluctuations within Alamance County over the last ten years.



Following is a summary of crime statistics for each law enforcement agency in Alamance County, per *The Alamance News* (2011):

Law Enforcement Agency	Statewide Rank Overall Crime	2010 Crime Rate	Officers per 1,000 population
Town of Gibsonville	#20	1571.9	
Alamance County	#61	2013.0	2.1
Town of Elon	#119	2697.1	2.6
Town of Haw River	#224	4352.0	3.9
City of Mebane	#229	4462.7	2.0

City of Graham	#236	4566.9	2.3
City of Burlington	#342	7469.0	2.2
State of NC		3955.7	

### **Family Law**

As of 2007, 60% of marriages in Alamance County ended in divorce. Family law includes the area of law related to separation, divorce, child custody, alimony, adoptions and guardianships. Unlike criminal law, where indigent clients may be assigned a free attorney, family law is civil with costs being paid by each party in the case. Options for access to legal aid are available from Legal Aid of North Carolina or mediation.

### **Mediation**

From July 2009 – June 2010, Alamance County had 8,375 District Criminal Non-Motor Vehicle charges filed. Of that number, 3,240 were dismissed without leave by the court, most after some type of diversion such as mediation or other programs. Of those 3,240 cases, 511 were dismissed through mediation. The North Carolina Court System estimates that it costs \$77 to settle a case through mediation versus \$1,333 for a one-day criminal trial in district court.

### **Custody/Child Support**

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

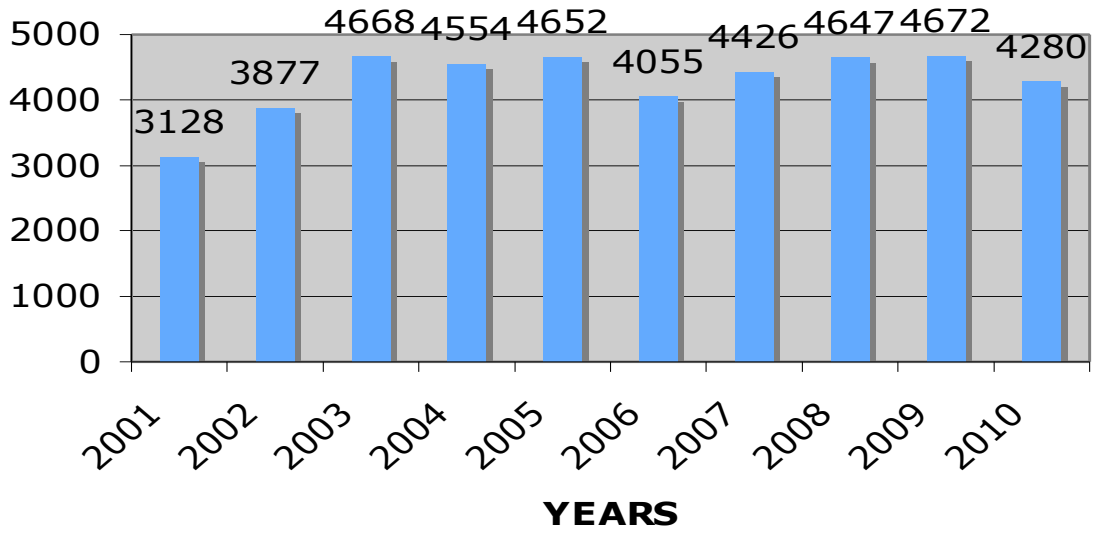
Establishing a child support order is no guarantee that the noncustodial parent (NCP) will pay the support as ordered. Non-custodial parents could make partial payments, skip payments, or never make a payment.

In 1935, Congress enacted the Social Security Act to ease financial problems that had arisen during the Great Depression. Title IV-A of the Social Security Act established a public assistance program that offered financial assistance to families due to death of the father.

In response to increasing numbers of applications for assistance due to parental abandonment, the first actual child support legislation was enacted in 1950. This legislation required welfare agencies to report all applications for assistance due to abandonment by a parent to law enforcement agencies.

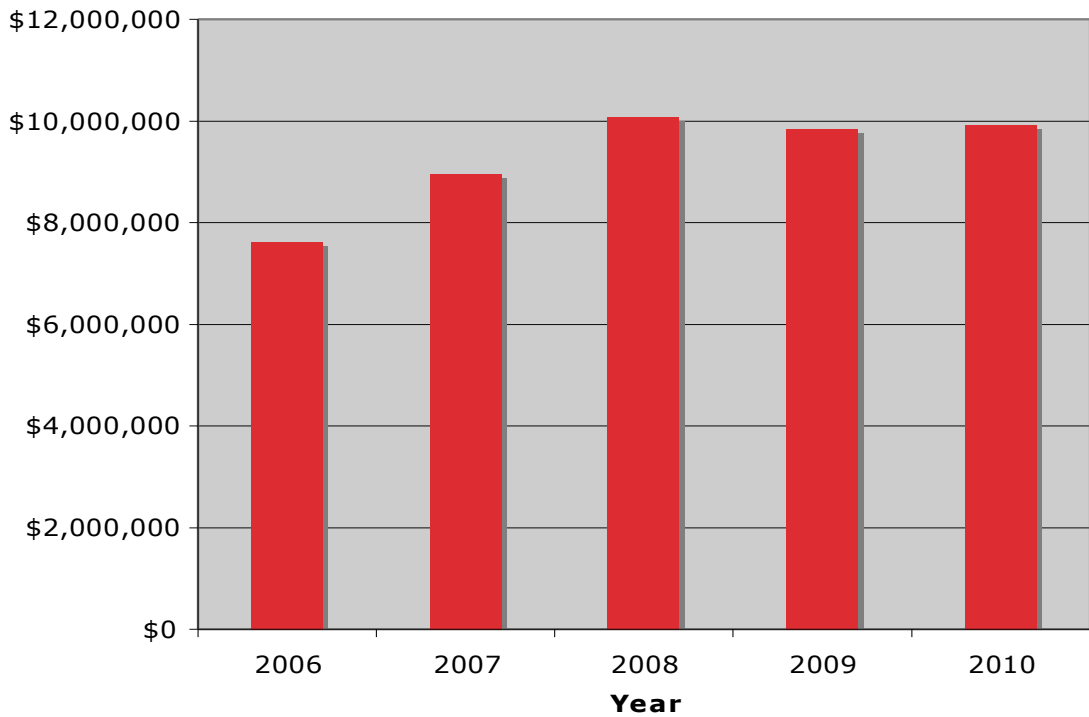
In 1975, Title IV-D was added to the Social Security Act to establish a nationwide Child Support Enforcement (CSE) program, with the purpose of recouping money paid out to welfare recipients when at least one parent was absent from the home and did not provide support. (North Carolina Division of Social Services (2011), <http://www.ncdhhs.gov/dss/cse/geninfo.htm>)

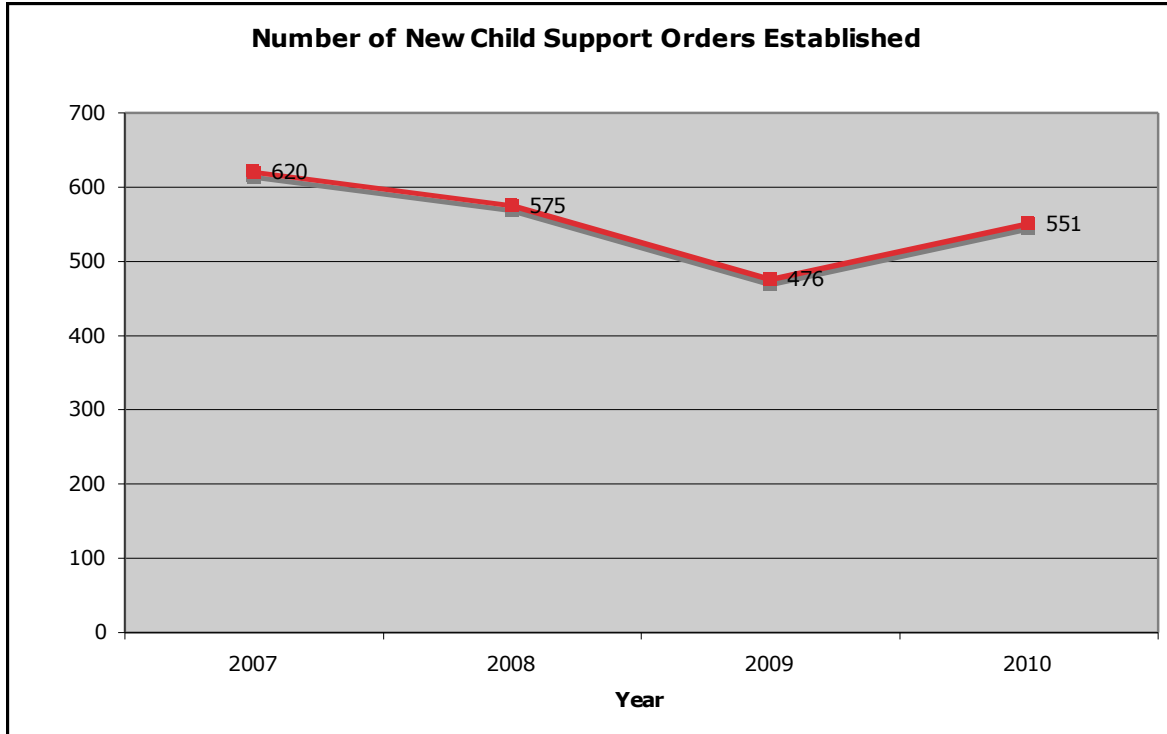
### Number of Child Support Cases in Court



Source: Alamance County Child Support Enforcement Agency

### Alamance County Child Support Collections





Source: Alamance County Child Support Enforcement Agency

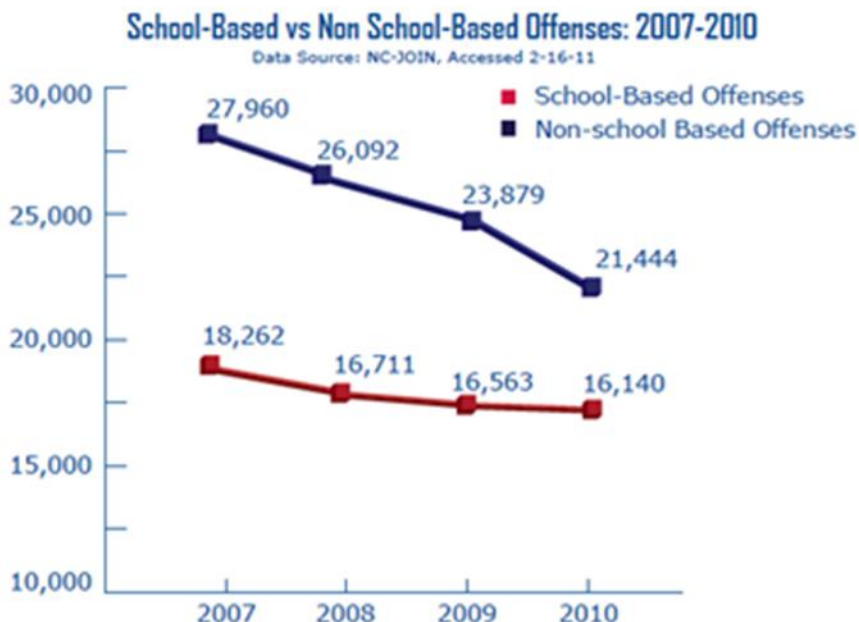
### Juvenile Crime and Prevention

As of the 2010 school year there were nearly eight violent criminal acts per every 1,000 students in elementary, middle, and high schools across North Carolina. This figure nearly doubles to 15.89 incidents per 1,000 students when focusing on high school violence alone. The Alamance-Burlington School System reported 112 violent acts across the 6,522 students in grades 9-12. This shows a violent incident rate of 17.17, higher than the state average of 15.89.

### Alamance-Burlington School System Incidents of Violence in High Schools

	2007-2008	2008-2009	2009-2010
Reportable Acts of violence	108	111	112
Number of Students	6560	6519	6522
Acts per 1,000 Students	16.46	17.03	17.17

Criminal incidents among juveniles often happen outside of school as well. The graph below shows state-wide statistics and data on the violence both in and out of school.



Source: North Carolina Department of Juvenile Justice and Delinquency Prevention 2010 Annual Report

The chart above demonstrates the consistent rate of violence that is school based, as well as the steady decline of non-school based violence over the last four years. A chart of Juvenile crime rates by county, as well as the top 25 juvenile criminal offenses of 2010, can be seen below.

According to a comparison with data found in the 2007 Community Assessment, Offense Rates and Detention Admissions for Alamance County have decreased. In 2006, the Undisciplined Rate Per 1,000 Age 6-17 was 2.19; the Delinquent Rate Per 1,000 Age 6-15 was 51.72; Detention Center Admissions were 165. These numbers have decreased to 1.11, 32.47 and 116, respectively.

### Offense Rates and Detention Admissions by County (Central Area, 2010)

County	Undisciplined Rate Per 1,000 Age 6-17	Delinquent Rate Per 1000 Age 6-15	Detention Center Admissions
Alamance	1.11	32.47	116
Bladen	2.51	15.81	26
Brunswick	1.50	32.67	54
Caswell	1.21	19.64	13
Chatham	1.65	25.91	17
Columbus	2.67	22.52	19
Cumberland	1.64	36.80	393
Durham	5.42	22.00	295

Franklin	4.83	23.08	73
Granville	6.38	31.77	45
Harnett	3.23	31.45	58
Hoke	3.81	14.22	23
Johnston	1.26	12.75	34
Lee	4.69	21.13	20
Orange	2.58	17.80	21
Person	11.09	31.09	39
Robeson	3.43	41.42	149
Scotland	6.11	47.45	55
Vance	12.28	24.33	86
Wake	2.22	18.76	604
Warren	5.33	39.83	12
<b>TOTALS</b>	<b>2.99</b>	<b>24.95</b>	<b>2152</b>

Source: North Carolina Department of Juvenile Justice and Delinquency Prevention - 2010 Annual Report

Likewise, the number of delinquent complaints in 2006 was 34,793 compared to 27,385 in 2010.

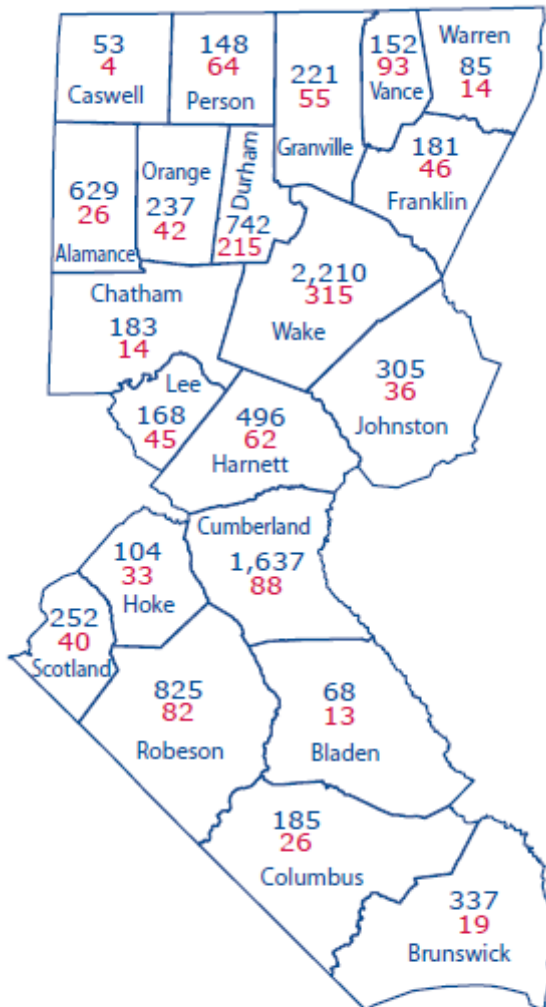
### Top 25 Offenses of 2010

Data Source: NC-JOIN, Accessed 2-16-11. Numbers will not sum due to rounding.

Offense	Felony (F) or Misdemeanor (M)	Delinquent Complaints	Percentage of All Delinquent Complaints
Simple assault	M	4,211	13%
Larceny	M	2,785	8%
Simple affray	M	1,826	5%
Disorderly conduct at school	M	1,536	5%
Breaking and/or entering	F	1,333	4%
Injury to real property	M	1,251	4%
Communicating threats	M	1,183	4%
Injury to personal property	M	962	3%
Larceny after breaking or entering	F	890	3%
Possession stolen goods/property	M	869	3%
Break or enter a motor vehicle	F	833	3%
Resisting public officer	M	800	2%
Weapons on educational property / aid	M	791	2%
Injury to personal property in excess of \$200	M	741	2%
Assault government official/employee	M	719	2%
Shoplifting concealment goods	M	614	2%
Sexual battery	M	532	2%
Possess marijuana up to 1/2 oz	M	517	2%
Simple possession (up to 1/2 oz of marijuana, etc.)	M	497	1%
Breaking or entering	M	492	1%
Possess or carry, openly or concealed, etc.	M	475	1%
Possess drug paraphernalia	M	456	1%
Possession of stolen property	F	441	1%
Second degree trespass	M	414	1%
Larceny	F	401	1%
<b>Totals</b>		<b>27,385</b>	<b>77%</b>

Source: North Carolina Department of Juvenile Justice and Delinquency Prevention 2010 Annual Report

The diagram below compares Alamance to other counties within the central district. The numbers on the map indicate the number of Total Delinquent Complaints (blue) and Total Undisciplined Complaints (red). Alamance County had 629 complaints in 2010.



**Statewide undisciplined rate: 2.94**  
**Statewide delinquency rate: 27.55**

*Source: North Carolina Department of Juvenile Justice and Delinquency Prevention 2010 Annual Report*

The Central area of the state including Alamance County accounted for 113 of the 357 total Juvenile commitments into detention centers in North Carolina. Alamance County had eight commitments in 2010.

## **Childcare & Early Childhood Development**

### **Introduction**

Early childhood is recognized as a critical issue for long-term economic stability. As demonstrated in several longitudinal studies of the impact of high quality child care and through analyses of the economic impact of high quality early learning environments, researchers and economists alike are recognizing the importance of supporting and enriching early learning environments (The FPG Child Development Institute;

HighScope Educational Research Foundation, 2011). As James Heckman, the Henry Schultz Distinguished Service Professor at the University of Chicago and a Nobel laureate, has stated: “*You can make a very powerful argument for early enrichment solely on the basis of hard-boiled cost-benefit analyses...This is the rare public policy initiative that promotes productivity in the economy at the same time that it appeals to fairness.*” (The University of Chicago, 2007 Annual Report)

The early childhood arena is vitally important because it functions as both an educational and an economic strut. Thoughtful and developmentally appropriate activities and environments for young children (i.e., children ages birth through kindergarten entry) stimulate neural development. This in turn helps ensure children are ready to begin formal education at kindergarten entry (through the optimized development of cognitive, language, pre-literacy, and socio-emotional functioning). According to information released by the National Science Foundation (2010), when a child enters the K-12 educational system at or beyond developmental expectations, teachers and schools are better able to ensure that child’s ongoing development—over the long term this leads to greater earning potential. Children who do not experience high quality, stimulating early learning environments are those most likely to enter kindergarten developmentally behind their peers. Achievement gaps exist at kindergarten entry.

## **Statistics**

### ***Achievement Gap***

The National Center for Children in Poverty estimates that:

- Before entering kindergarten, the average cognitive scores of preschool-age children in the highest socioeconomic group are 60 percent above the average scores of children in the lowest socioeconomic group.
- At age four years, children who live below the poverty line are 18 months below what is normal for their age group; by age 10 that gap is still present. For children living in the poorest families, the gap is even larger.
- By the time children from middle-income families with well-educated parents are in third grade, they know about 12,000 words. Third grade children from low-income families with undereducated parents who don’t talk to them very much have vocabularies of around 4,000 words, one-third as many words as their middle-income peers.

Further, this achievement gap is correlated with race/ethnicity and thus with poverty, as race/ethnicity and poverty are so tightly intertwined. In Wang’s 2008 *U.S.-China Education Review* article, for example, data was used from the Early Childhood Longitudinal Study-Birth Cohort to demonstrate **statistically significant differences** in key cognitive areas (language, pre-literacy, and mathematics) among African-American, Caucasian, Hispanic, and Asian four-year-olds, with African-American and Hispanic children exhibiting the lowest performance when compared to Caucasian and Asian peers.



When a child enters the system behind in developmental expectations, teachers must invest a greater number of resources to bring that child up to developmental expectations. For too many children, the resources available through the K-12 system are insufficient to serve individual needs. The result is a drain on already limited educational resources along with limited achievement for those students who were not “ready” to begin their formal education. The ripple effect is that students who were not ready are more likely to require ongoing educational investments in the form of retention and remediation, are more likely to drop out, and are more likely to draw down additional social resources in the forms of social support programs, juvenile and criminal justice programs, etc. See *Early Childhood Education for All. A Wise Investment* (2005), retrieved from <http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>, for a review of the role of early childhood in long term economic stability.

### **Children (birth to five) in Alamance County**

- **General**

In Alamance County, there are approximately 12,000 children ages birth to five. Of these, nearly 3,000 are enrolled in licensed, regulated child care. Therefore, 75% are either with a stay at home parent or reside in some form of unregulated child care. In 2009-2010, nearly 270 families received referrals to high-quality child care, for both full-time and after school care. (The Annie E. Casey Foundation, Kids Count Data Center, 2009)

- **Child Care Subsidy**

According to Alamance County Department of Social Services, there are currently 975 children receiving child care subsidy and 738 children who have been approved to receive child care subsidy, but are resigned to a waiting list due to a shortage of funding. (In order to receive subsidy, a parent must be employed or enrolled in school.) The North Carolina Division of Child Development reports that of the children currently receiving child care subsidy, 72% are enrolled in high quality child care homes or facilities.



Forty-one percent of people with children in childcare or afterschool care pay more than \$500 per month.  
*2011 Elon University Poll*

- **Special Needs**

According to Alamance County’s Interagency Coordinating Council, there are around 300 children currently identified with special needs who are receiving services – either through the Alamance Burlington School system (3-5 years of age) or through Children’s Developmental Services Agency (birth to two years of age). In addition, 51 children five and under have been identified through the Alamance Alliance for

Children and Families and are receiving services related to behavioral and/or emotional issues.

### **Childcare**

Early childhood also serves as an economic driver for communities through the services that populate this arena. These services include not only commercial products for young children (toys, games, books, etc.) but the child care industry as well.

- There are currently 100 licensed, regulated child care homes and facilities. (Division of Child Development, 2010)
- The average star rating for child care is 3.75 out of a possible five. (Division of Child Development, 2009)
- There is only one child care facility in Alamance County that meets the requirements of a Development Day Center (one that is able to serve children diagnosed with special needs).
- The child care industry generates more than \$21 million in gross revenue and employs nearly 500 taxpayers.
- The average child care worker earns less than \$10 per hour
- In order to supplement low child care salaries, the Alamance Partnership for Children funded over \$460,000 in annual salary supplements through the WAGES program in 2009-2010.

Additional facts to consider when reflecting on the value of services provided to families and caregivers:

- In North Carolina, it costs less to pay a year of tuition at a public university than to pay for a year's worth of quality child care for an infant. The average annual cost for high quality, full-time child care for an infant was \$7,800. The average annual tuition at a public, four-year college in NC was \$4,320 (2008 values).
- In North Carolina (in 2008), the median family income for a single parent was \$19,006. The cost of child care for the infant child of a single parent was \$7,800. That is 41% of the \$19,006 earned annually. The cost of child care for the four year-old child of a single parent was \$6,756. That is 35.5% of the \$19,006 earned annually. A single-parent family with two children who require care spent nearly \$14,000 on child care per year. For some, this equaled more than 70% of that family's income.

### **School Readiness**

Although most parents may perceive that their children are ready to begin kindergarten, the reality is that a gap exists between parents' perception and the school systems' expectation and true school readiness. According to the *Alamance Partnership for Children Pre-kindergarten Screening (2008-2009)*, 84% of parents surveyed reported that their children were intellectually ready to begin kindergarten. However, research shows that about one third of children arrive at school unprepared. Overall, this

demonstrates a need for further parent awareness and engagement regarding education, developmental needs and academic success of their children.

## **Conclusion**

To work within and strengthen early childhood learning and development fundamentally is to work with and strengthen families and primary caregivers for young children. Services for families and child care providers help caregivers broaden their knowledge of child development and developmentally appropriate practices. Employing best practices helps ensure that young children optimize their nascent development. The side effects of providing these services, however, is that families and caregivers become more resilient in other arenas such as coping skills, health and well-being, knowledge of community resources, networking and support groups, and family planning and budgeting. Thus, by addressing the needs of young children, a community also strengthens families and caregivers.

## **Recreation**

Residents of Alamance County have a variety of public and private options to choose from when it comes to recreational activities. The Alamance County Recreation and Parks Department (ACRPD) manages several district parks and two recreation facilities. In addition, Burlington, Gibsonville, 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 and facilities. Burlington Recreation and Parks Department operated City Park, which includes a recently renovated fitness trail with durable outdoor fitness equipment and a small amusement park with an historic Dentzel carousel. Other Burlington facilities include and aquatics center, tennis center, golf course, lake and marina. Graham Recreation and Parks operates the newly renovated Graham Civic Center and the Highway 54 Paddle Access for kayak and canoe access to the Haw River. Gibsonville's Northeast Park offers hiking, biking and horse trails. Southwest Park's marina and lake serves local boaters and fishermen. Haw River Municipal Park has ball fields, tennis courts, a playground and several picnic shelters.

In addition to city and county recreational facilities, there are several private fitness centers and golf courses throughout Alamance County. Many departments offer specialty programs for children, people with disabilities, and senior citizens. Most facilities are accessible for residents with physical disabilities. Alamance County offers an array of services to promote physical, mental, and social well-being in older adults. For example, The John Robert Kernodle Senior Activities Center offers programs for anyone 55 and over, including a variety of classes, luncheons, day trips and overnight trips. Seniors can also participate in the Senior Golf Association and the Alamance/Burlington Senior Games, which are Olympic-style competitions. The Friendship Center provides adult daycare, offering senior clubs, garden clubs, and education, fitness and leisure programs.

The Alamance County Community YMCA plays a major role in meeting the health, wellness, physical and social needs of the community. The YMCA offers after-school, summer camp and teen programs, as well as physical exercise and social programs for all age groups. A vital goal of the YMCA is that its facilities, services and programs are available and affordable for everyone in the community. In 2010, the YMCA provided financial assistance to over 1200 individuals equating to a value exceeding \$100,000. Residents of Alamance County have access to view or participate in live theater events at several venues. The Paramount Theater hosts touring events and is home to the Alamance Children's Theater and the Gallery Players, a community theater group. Elon University hosts national touring productions as well as student-directed events. In Snow Camp, theater-goers can enjoy the summer outdoor drama, *The Sword of Peace*. The county's library system gives residents additional recreational activities. All programs are free to county residents. May Memorial, Graham and Mebane Public Libraries offer free movie showings and a variety of book clubs. May Memorial offers the Kids Book Club, *Lunch Bunch* book club, a mystery book club and an independent film series for mature audiences. Mebane's library is home to a teen anime club and a Reader's Theatre group. At Graham Public Library, patrons participate in Books Over Coffee and a Young Adult Book Club. All libraries offer a Summer Reading Program to people of all ages. In addition to their programs, each branch offers a wide selection of reading and listening materials in a range of formats including books on CD or playaway (MP3 players), music CDs and DVDs.

Alamance County has lots of opportunities to watch local sporting events. Burlington is home to the Royals, a minor league baseball team. Elon University has a full range of varsity sports and offers a variety of these events free to the public, including soccer, baseball and softball. Local middle and high schools have many sporting events throughout the year.

Area groups pair opportunities for recreation with other events. For example, Graham and Mebane's Recreation and Parks Departments partner with The Alamance County Arts Council to offer summer outdoor concert series in the downtown area. Alamance, Burlington and Graham's Recreation and Parks Departments partner with Elon University to offer the Haw River Trail.

### **2010-11 ACRPD Park Visitation Numbers**

Cedarock Park-	134,911 visits
Shallow Ford Natural Area-	10,639 visits
Great Bend Park at Glencoe-	10,617 visits
Altamahaw Paddle Access-	18,246 visits
Glencoe Paddle Access-	12,024 visits

**2010-11 ACRPD Athletic Program Participation**

Little League Baseball Program-	62 players
Little League Tee Ball Program-	107 players
Club Youth Baseball Program-	44 teams
Club Youth Softball Program-	37 teams
Youth Football Program-	820 players
Youth Basketball Program-	613 players
Youth Girls' Basketball Program-	251 players
Metro Baseball Program-	55 teams
Metro Softball Program-	20 teams
Metro Boys' Basketball Program-	61 teams
Metro Girls' Basketball Program-	22 teams

**2010-11 Special Olympics Program Participation** (Basketball, Softball, Track and Field Events, Adaptive Events, Aquatics, Golf, Bocce, Soccer, Bowling, Volleyball, Cheerleading, Cycling, Power Lifting)

863 Athletes  
 1,450 Volunteers  
 11 sports offered (basketball, softball, track and field, aquatics, golf, bocce, soccer, bowling, cheerleading, cycling, equestrian)

**Special Populations**

The following data was taken from the census conducted in 2000:

**Alamance County**

Total Population	130800	
Total Households	51584	
5-20 years with a disability	2467	8.6%
21-64 years with a disability	16185	21.6%
65 and over with a disability	8253	47.4%
Total Citizens with a disability	26905	20.5%

**Review of Current Programs**

Within the county, there are three different entities which offer programs for special populations. These entities are Alamance County Recreations and Parks Department, Burlington Recreation and Parks Department, and Mebane Parks and Recreations Department. As stated in the 2000 Census, there are 26,905 citizens who are living with disabilities in Alamance County. This number is just over 20%. It is imperative that there are plenty of recreational opportunities for persons with disabilities, physical and intellectual alike.

## Review of Focus Group Responses

A focus group was conducted with residents of Alamance County to decipher the gaps between current program offerings and what persons with disabilities actually want and need. Some of the main issues residents had were the following: a lack of exercise programs, lack of accessibility, not enough variety among programs offered, no programs for seniors with disabilities, and a need for a life skills course. This plan aims to provide feasible solutions to the wants and needs for special populations within Alamance County.

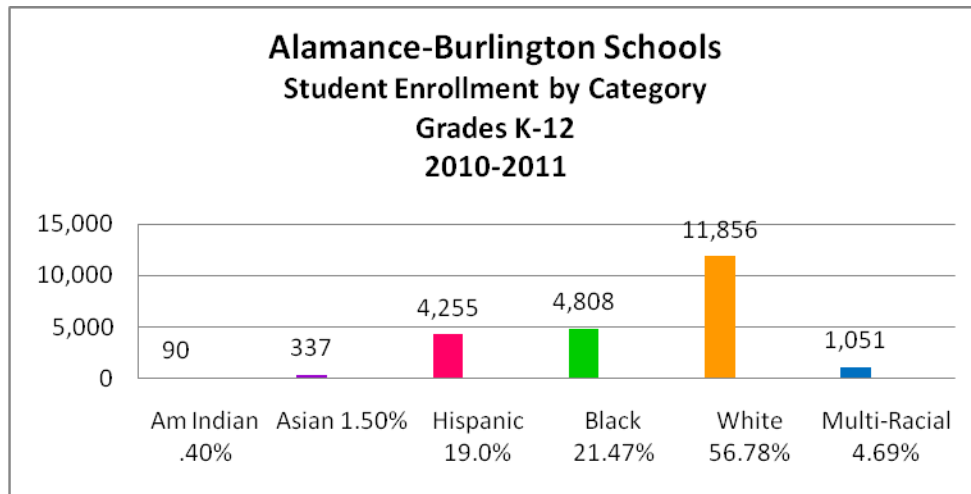
## Recommendations Based on Focus Group Responses

- **Fitness/exercise programs:** In planning a fitness or exercise program asking how would I incorporate someone with a disability? For example: walking fitness program making sure that the route taken is accessible for participants with low mobility or using a wheelchair. These different exercise programs could be separated by mobility level or a commitment to inclusion is the ultimate goal. Persons who are very mobile would be able to do more difficult walks/hikes than persons with limited mobility who are in wheelchairs. Possible partnerships may be “Graham Walks” and “PARC Passport”.
- **Life Skills:** The life skills classes would teach persons with disabilities how to be a social citizen. This could help with the issue of transition from high school to adulthood.
- **Communication issues:** there should be one central location with all the information about programs for special populations. If the information is all in one area- it will be easier for people to find the information vs. having to look through each town’s website in the area.
- **Summer Camps:** Camp Greenleaves serves school age campers. However, it would be easy to model a camp experience by using the 4-H camp model of one day topic or weekly specialty camps. This would also be an opportunity to use the life skills section as topics.
- **Big Brother/Big Sister Program:** The population that is being served sometimes has a hard time making friends. This would be a structured way to assist with making friends and lifelong relationships. Elon Volunteers would be a great resource to help set this program in motion. This could be modeled after the Best Buddies program.

# Education

- Overview
- Special Populations
- Attainment & Graduation Rates
- Dropout Prevention
- Secondary Education

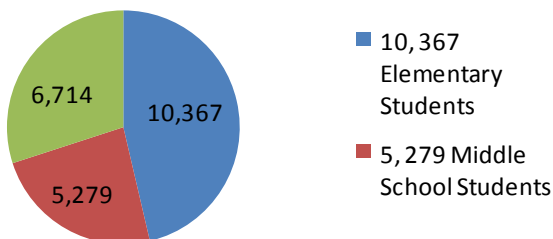
## Overview



Public Schools/Education was identified as the second most important issue facing the community by Alamance County residents.

*2011 Elon University Poll*

### Alamance-Burlington Schools 2010-2011 Enrollment Grades K-12 22,397 Students



The Alamance-Burlington School System (ABSS) is the 16<sup>th</sup> largest public school district in North Carolina and serves approximately 22,500 students in grades K-12 in 35 schools.

- 20 elementary schools (K-5)
- 7 middle schools (grades 6-8)
- 6 high schools (grades 9-12)

*Source: Alamance-Burlington School System  
Alamance-Burlington Middle College (on the campus of Alamance Community College)*

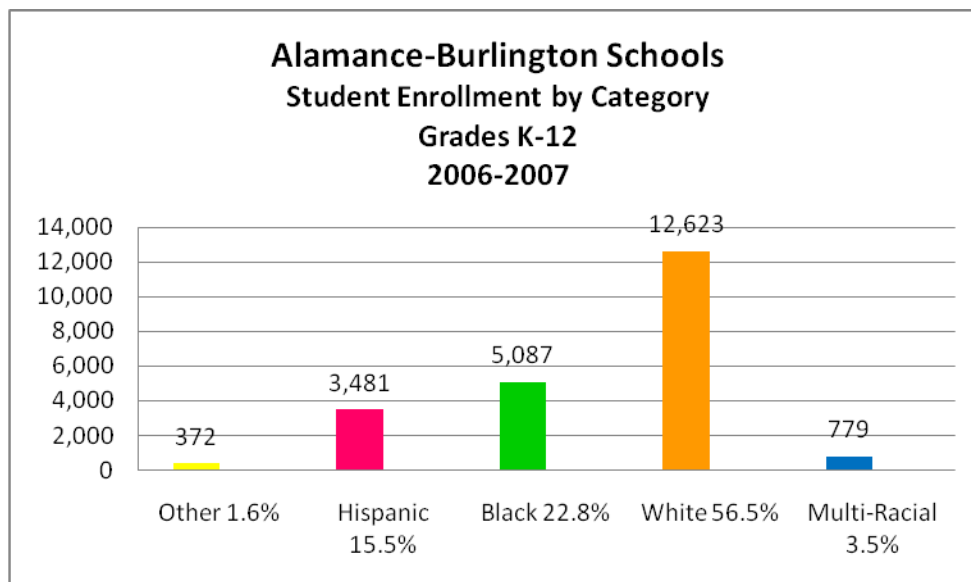
Sellars-Gunn Education Center (alternative

learning for grades K-12)

*In addition, a new Career and Technical Education Center will open during the spring of 2012.*

Student enrollment during the 2010-2011 school year was more diverse ABSS than 5 years ago. The percentage of white students increased slightly by .2% to 56.78%. The percentage of black students declined by a small margin of 1.3% to 21.47%.

The Hispanic student category showed the largest gain of 3.5% to 19%, followed by a modest increase of 1.2% to 4.69% in the percentage of students self-identified as multi-racial. During the 2010-2011 school year, the federal government required a change in the method of collecting student ethnicity and race data to include the categories of American Indian and Asian instead of Other as shown in the results for the 2006-2007 school year shown below.



Source: Alamance-Burlington School System

The North Carolina Department of Public Instruction (NCDPI) provides information about every public school district and corresponding individual schools with the annual release of the North Carolina School Report Card. This information includes: District Profile; High Student Performance; Safe, Orderly and Caring Schools; and Quality Teachers and Administrators. Information about ABSS and its individual schools is available on the Public Schools of North Carolina website:

<http://www.ncreportcards.org/src/distDetails.jsp?pYear=2009-2010&pLEACode=010>

There are three Charter Schools located in Alamance County. **Clover Garden School** and **River Mill Academy** serve students grades K-12. **The Hawbridge School** serves student in grades 9-12. There are approximately 900 students enrolled in charter schools.

There are a number of non-public and independent school options available. They include **Blessed Sacrament Catholic School** and **Burlington Day School** serving



students K-8. **Alamance Christian School, Bible Wesleyan Church School, Burlington Christian Academy, and Friendship Christian School** serve students in grades K-12. The **Elon School** serves students in grades 9-12.

**Special Populations**

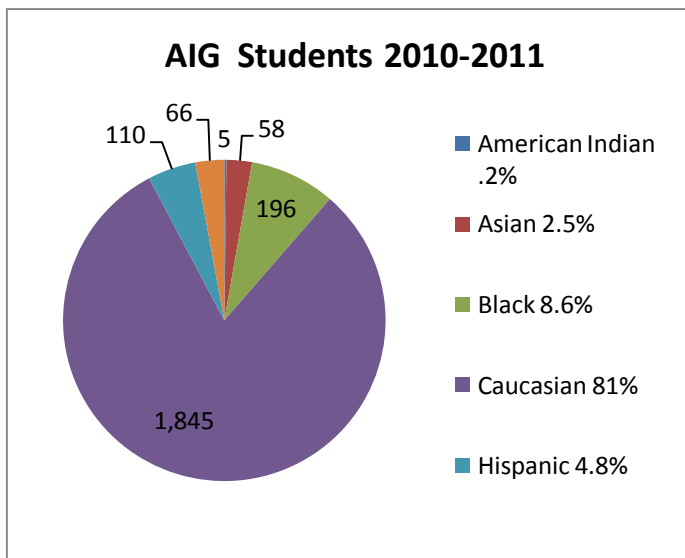
**Academically and Intellectually Gifted (AIG)**

The number of AIG-identified students within ABSS currently stands at approximately 11% of the district population. During the 2010-2011 school year, a total of 2461 AIG-identified students were served, a 10% increase during the past 5 years (in 2006-2007, 2216 students were served). (Alamance-Burlington School System, 2011)

According to the NCDPI *2010 AIG Headcount*, 12.17% of students across the state were identified to receive AIG services.

**Career and Technical Education**

In addition to traditional middle school and high school coursework, ABSS offers a broad selection of elective courses in eight Career and Technical Education (CTE) program areas, including: Agriculture, Business, Career Development, Family and Consumer Science, Health Science, Technology, Education, Marketing, and Trade and Industrial with nine courses offering honors credit.



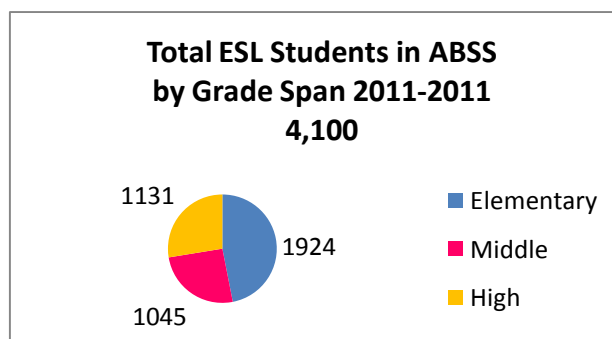
The Career and Technical Education Center scheduled to open during the second semester of the 2011-2012 school year will feature new CTE program opportunities.

<p><b>51%</b> of all district graduates in the Class of 2011 had four or more credit units within one of the career concentrations, including at least one upper level class.</p>	<p><b>59%</b> of all ABSS middle school students were enrolled in 1 or more CTE courses during the 2010-2011 school year. (3,082 students)</p>	<p><b>76%</b> of all ABSS high school students were enrolled in 1 or more CTE courses during the 2010-2011 school year. (4,832 students)</p>
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Source: Alamance-Burlington School System

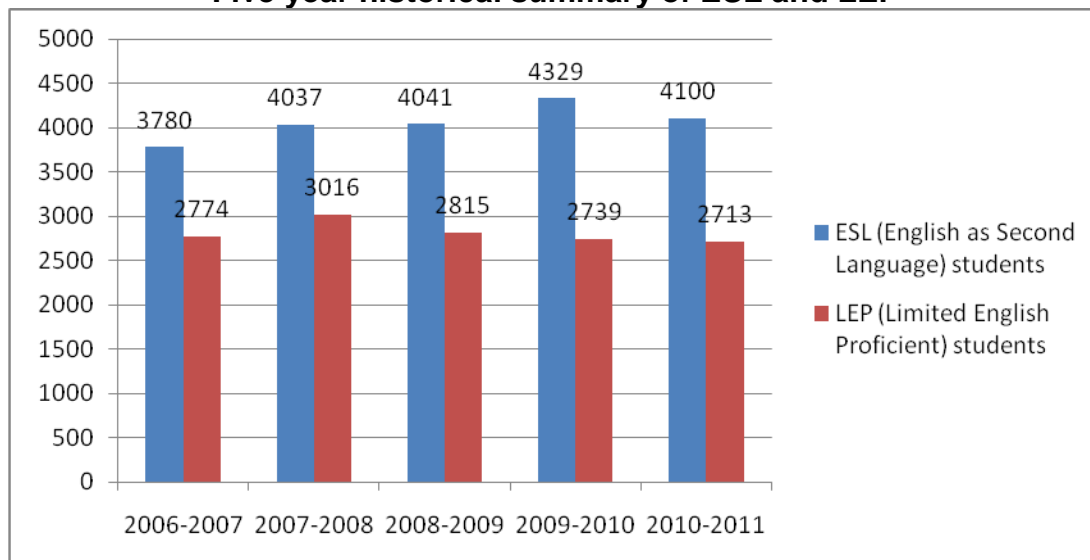
### English as Second Language

Students whose primary language is not English are defined as English as Second Language (ESL) learners. Thirty-eight different languages were spoken by students across the district during the 2010-2011 school year with a total of 4,100 students (18% of district enrollment) identified as English as Second Language (ESL) learners. Sixty-six percent (66%) of ESL students were identified as limited English proficient students (LEPs). On average, it takes three to five years for LEP students to achieve language proficiency at their academic level.



A total of 200 ESL students were enrolled at the district's Intake Center in 2010-2011, up from 189 during the previous year.

### Five year historical summary of ESL and LEP



Source: Alamance-Burlington School System

The number of ESL students in district schools increased by 8% over the last 5 years. During the 2006-2007 school year, 3,780 students in the ABSS were identified as

English as Second Language students with 73% of students identified as limited English proficient. These students spoke 49 different languages.

### Exceptional Children

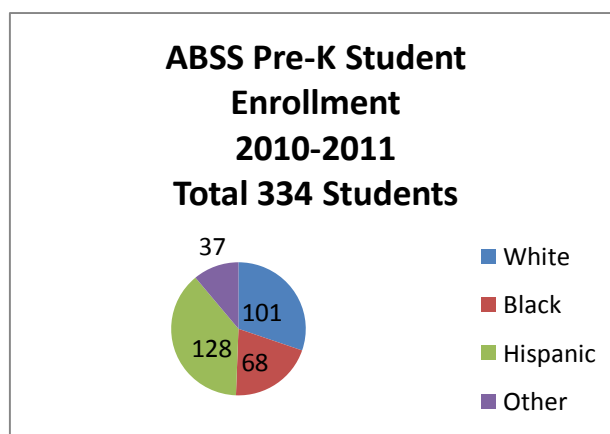
During the 2010-2011 school year, 2,479 students (approximately 11% of the total student population in ABSS) with disabilities in grades K-12 received services through the ABSS Exceptional Children's (EC) Department. In addition, 272 pre-K students were served through the district's pre-K disabilities program. Through careful and thorough assessment by professional therapists and educators in ABSS, the number of students identified as EC has declined by 24% over the last five years.

### Free and Reduced Meals

Families that meet federal income guidelines ([http://www.health.ny.gov/prevention/nutrition/wic/2011-12\\_income.htm](http://www.health.ny.gov/prevention/nutrition/wic/2011-12_income.htm)) may apply for free or reduced meal benefits for daily breakfast and lunch meals for their students through this federally-assisted program. At the end of the 2010-2011 school year, 52.74% of district students qualified for this program. The percentage of students included in the program has increased by 12.8% from 46% of district students who qualified during the 2006-2007 school year.

### Pre-Kindergarten

Fifteen schools in the ABSS district host 23 pre-Kindergarten classrooms funded with federal and state resources that served 334 students during the 2010-2011 school year (175 boys, 159 girls). The Title I Pre-Kindergarten Program is a federally-funded program that targets at-risk four year olds who may not be ready to enter Kindergarten. Title I pre-kindergarten programs are provided at no cost to eligible families. More at Four is a state-funded Pre-Kindergarten Program that also targets at-risk four year olds who may not be ready to enter Kindergarten due to certain risk factors, including: low income, health-related conditions, developmental delays, and English as a second language. The program gives first priority to children who meet the eligibility criteria and have never been served in a pre-kindergarten or licensed childcare setting. More at Four services are provided at no cost to families and are offered at a variety of locations, including the school system, private childcare, and Head Start.



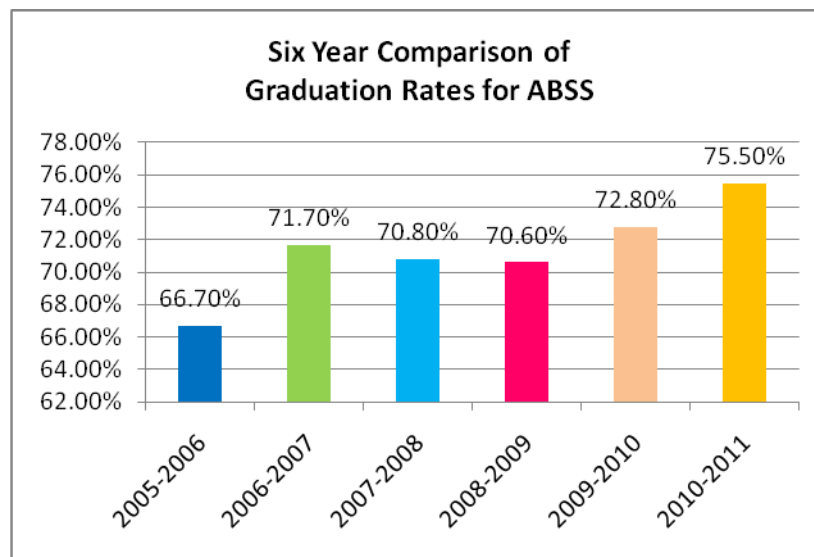
### Attainment & Graduation Rates

According to the U. S. Census Bureau's *Alamance County Quick Facts*, from 2005-2009, 81.1% of Alamance County residents age 25 and older reported they had earned a high school diploma. The rate for North Carolina residents was 83.0%. In addition, 21% of Alamance County residents 25 years (or older) hold a Bachelor's degree or higher. North Carolina residents with Bachelor's degrees totaled 25.8%.

Students who do not graduate from high school will earn significantly less income over their lifetimes which, in turn, provides less tax revenue for every community, every state, and for the nation. According to the Alliance for Excellent Education (2007), if students in the Class of 2007 who dropped out of high school had graduated, the national economy would have benefitted from an additional \$329 billion in income over their lifetimes.

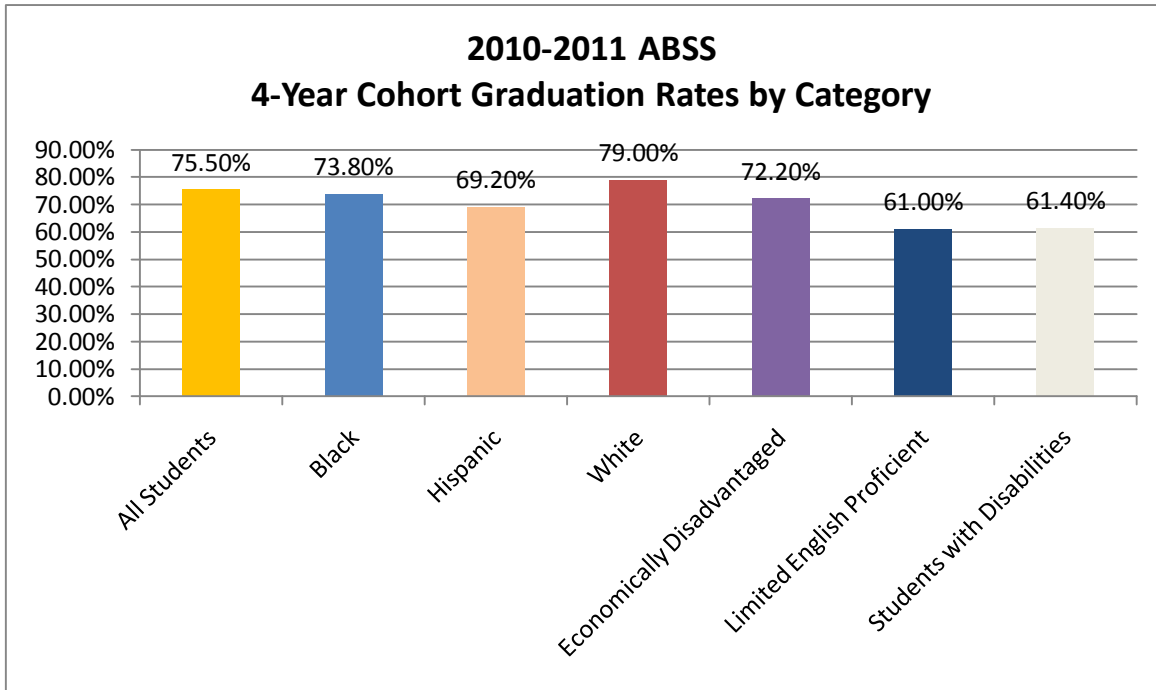
### Graduation Rates on the Rise

During the last six years, the four-year cohort graduation rate for Alamance-Burlington students has increased by over 12% to 75.5%, mirroring the same rate of increase in the graduation rate of students across North Carolina.



The Alamance-Burlington School System and NCDPI report that the four-year cohort graduation rate for North Carolina for the 2010-2011 school year was 77.7% with Alamance-Burlington School System at 75.5%. The four-year cohort graduation rate reflects the percentage of all ninth graders (their cohort) who graduated from high school four years later.

*Source: Alamance-Burlington School System*



### After Graduation

The 1,329-member graduating class of 2011 from Alamance-Burlington high schools earned over 425 academic and athletic scholarships worth nearly \$6 million from public and private colleges and universities located in over a dozen states across the nation.

Graduation Year	Percent Ever Attended	Ever Attended a 2-Yr College	Ever Attended a 4-Yr College
2005	76.5	49.9	49.4
2006	72.0	46.1	41.4
2007	69.3	44.1	41.0
2008	71.2	51.9	37.6
2009	70.4	50.2	34.7
2010	60.4	33.6	34.5

*Source: Alamance-Burlington School System*



17.8% of Alamance County residents reported that they knew someone in their family or a close friend who has dropped out of high school during the past year.

*2011 Elon University Poll*

## Dropout Prevention

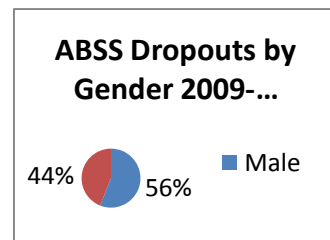
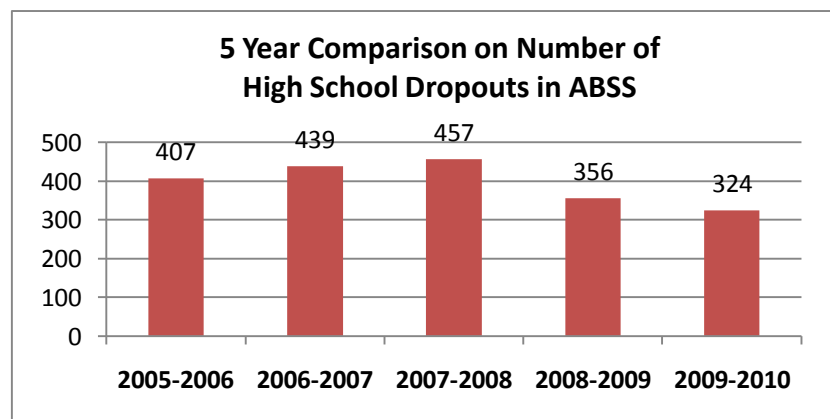
Although the dropout rate for students in Alamance-Burlington continues to decline, it remained higher than the state average during the previous 5 years.

Dropout Rate	2005-06	2006-07	2007-08	2008-09	2009-10
ABSS	5.58%	6.00%	6.28%	4.99%	4.55%
N. C.	5.04%	5.24%	4.97%	4.27%	3.75%

Sources: Alamance-Burlington School System, North Carolina Public Schools Consolidated Report 2009-2010

The total number of dropouts for the most recent reporting period (2009-2010) was 324. This was the lowest for at least the past seven years, and **29%** lower than the highest reported rate of **457** students in 2007-2008.

Source: Alamance-Burlington School System, North Carolina Public Schools Consolidated Report 2009-2010

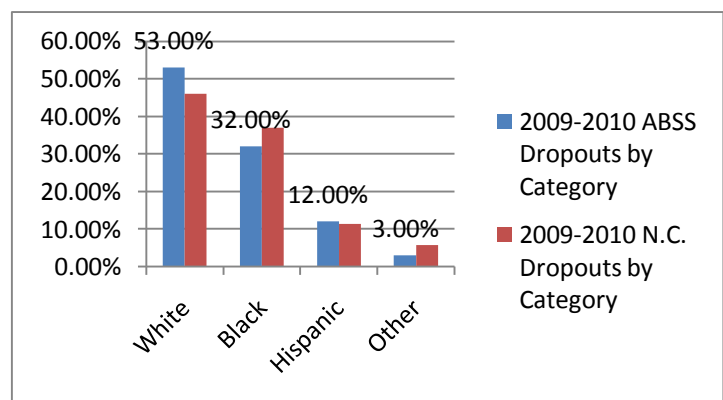


For the 2009-2010 school year, male students accounted for 56% of dropout incidents, and females accounted for 44% (or 183 males and 143 females).

Across North Carolina in 2009-2010, 59.4% of dropout incidents were reported for male students.

In the Alamance-Burlington School System during the 2009-2010 school year, 324 students dropped out: 53% white (171); 32% black (102); 12% Hispanic (38), and 3% other (13).

Across North Carolina, there were 16,804 dropouts: 46% white (7715); 37% black (6219); 11% Hispanic (1901), and 6% other (969).



Top Reasons Recorded for Student Dropouts	ABSS 2009-2010	North Carolina 2009-2010
<b>Attendance</b>	<b>51%</b>	<b>41.1%</b>
<b>Enrollment in Community College</b>	<b>21%</b>	<b>22.1%</b>
<b>Choice of Work Over School</b>	<b>6%</b>	<b>2.7%</b>
<b>Unknown</b>	<b>5%</b>	<b>8.9%</b>

Source: North Carolina Public Schools Consolidated Report 2009-2010

### **Secondary Education**

Alamance County is fortunate to have *Elon University* and *Alamance Community College* as secondary education options.

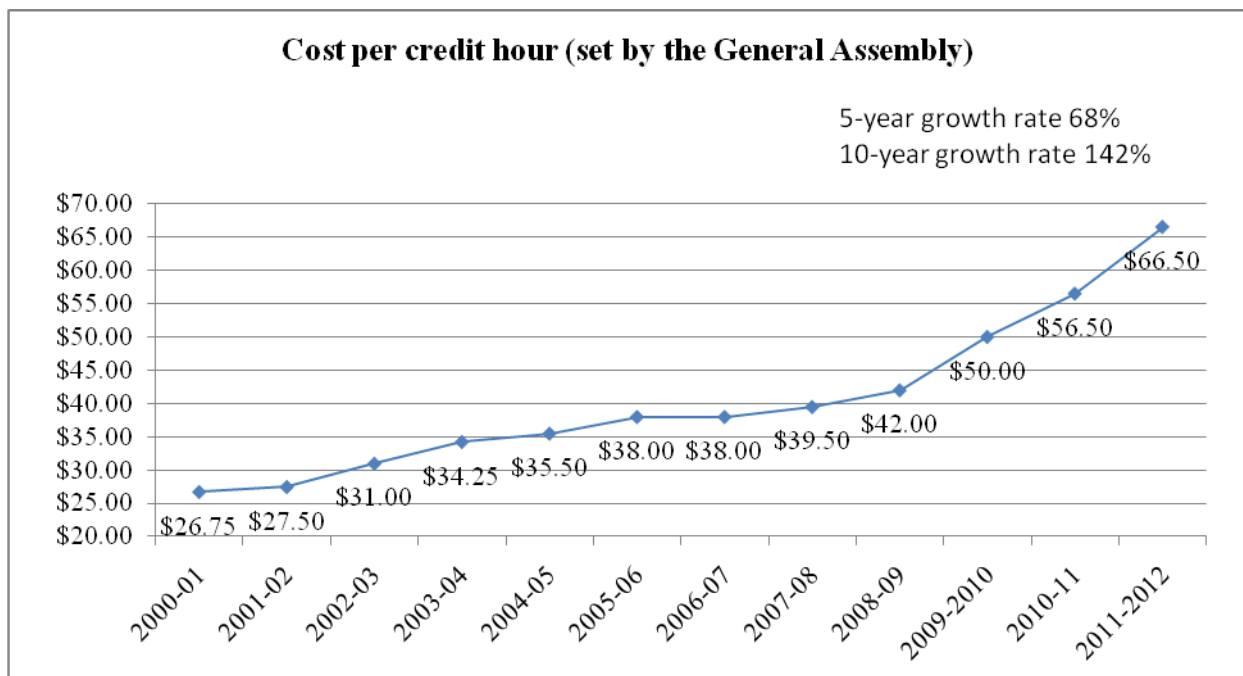
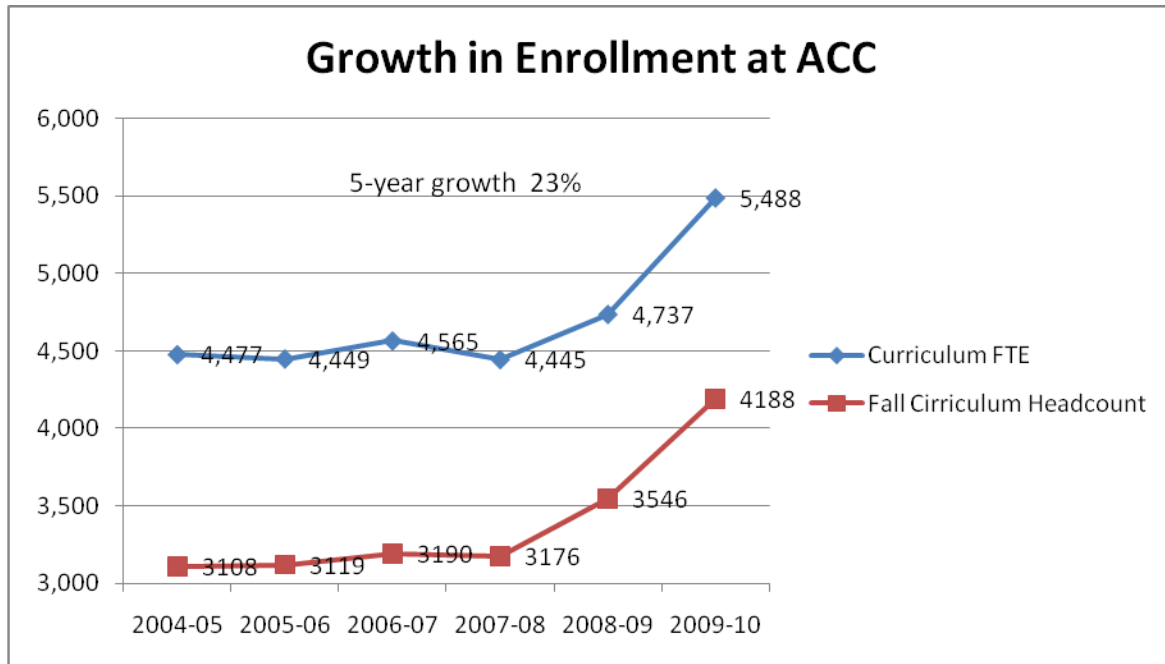
**Alamance Community College** was established in 1958 as Burlington-Alamance County Industrial Center through the cooperative efforts of the State Department of Trade and Industrial Education and the Alamance County and Burlington school systems. ACC has two campuses: the Carrington-Scott Campus on Jimmie Kerr Road in Graham, and the Burlington Center on Plaza Drive in Burlington. ACC is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the Associate in Arts, the Associate in Applied Sciences, and the Associate in Science. ACC offers four program divisions: Arts and Sciences, Business Technologies, Health and Public Services, and Industrial and Graphics Technologies. Students may elect to enroll in a two-year degree program, a one-year diploma program, or a short certificate program. The college also offers distance learning courses.

([http://www.alamancecc.edu/general\\_information/consumer\\_information.pdf](http://www.alamancecc.edu/general_information/consumer_information.pdf))

- The estimated semester expenses for in-state students is \$1,619.00 and \$4,691.00 for out-of-state students.  
([http://www.alamancecc.edu/images/acc\\_catalog\\_2011-12.pdf](http://www.alamancecc.edu/images/acc_catalog_2011-12.pdf))
- In the past 10 years, enrollment at ACC has grown by 52% to more than 5,500 students.
- The cost per credit hour has grown by 49% in the past 5 years.

Alamance Community College has responded by providing a longer instructional day, more sections and more electronic options. The ACC Foundation has responded by continuing to provide assistance to all students who qualify and need it.

([http://www.accfoundation.com/content/images/stories/pdfs/annual\\_report.pdf](http://www.accfoundation.com/content/images/stories/pdfs/annual_report.pdf))



**Elon University** was founded by the Christian Church (now the United Church of Christ) in 1889 and is located in the town of Elon. Elon's enrollment for 2010-11 was 5,032 undergraduate and 677 graduate students totaling 5,709. Fifty-eight percent of students lived on campus. The male/female ration was 41% to 59% with 13% ethnic minorities. Elon students come from 48 states, the District of Columbia and 49 other nations with 28% from North Carolina; 8% from MD, MA, NJ, VA; 6% from PA; 5% from CT and 4% from NY, FL. Elon received 9,771 freshman applications with a 49% acceptance rate. Average SAT scores were 1829 (1218 critical reading and math) and



academic GPA's of 3.94. Tuition and Fees are \$27,881 with room and board costs of \$9,090. Elon offers over 50 majors and has 358 full-time faculty, 86% with Ph.D. Student/faculty ratio is 13:1; 4 year graduation rate is 77%; 6 year graduation rate is 81% and freshman retention is 90%.

### **Conclusion**

Most indicators show an increase in enrollment, need for supportive services and some improvement in the dropout rate and graduation rates for educational institutions in Alamance County over the past 5 years. Creative solutions have provided some assistance in addressing these issues, however funding continues to be inadequate to make significant inroads. As the economy has declined the growth in enrollment has increased at the community college level as the unemployed and underemployed seek new avenues for training and re-training.



Education was an important issue among ALL of the focus groups.

2011 Community Assessment Focus Group

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# Appendix

# Phone Survey - Elon Poll

## PRESS RELEASE March 2011

### Elon Poll: Economy taking toll on Alamance County

The economy trumps all other issues facing Alamance County, with the effects of a prolonged downturn impacting the social, health and behavioral well being of its residents, according to the latest Elon University Poll.

#### The effects of the poor economy are evident across citizen perspectives:

- 64 percent of citizens indicate that they know a family member or close friend that does not have enough money to pay their bills
- 44 percent of citizens indicate that when shopping for groceries their top priorities are 'the price of food' and 'what is on sale that week'
- 47 percent of citizen have cut back on the food they buy for their household

The poll, conducted March 6-10, 2011, surveyed 846 Alamance County adults and has a margin of error of plus or minus 3.4 percentage points. The sample is of the population in general, with numbers that include both landlines and cellular phones. The poll does not restrict respondents by voter eligibility or likelihood of voting.

The March 2011 survey was part of an ongoing effort by Elon University to participate in its surrounding communities. The collaboration involved the United Way of Alamance County, Healthy Alamance, Alamance Regional Medical Center and the Alamance County Health Department.

"It is not surprising that many people cited issues related to the recent economy, but it is still astounding to me that 64 percent of people surveyed have a family member or close friend who does not have enough money to pay their bills and 20 percent know someone who is homeless or about to lose their home," said Alamance County United Way president Cindy Brady. "The results from this opinion survey, coupled with statistical data from a variety of sources, will help guide the community in determining important priorities and where citizens can have the most impact."

The economic hardship of this recession has affected citizens' well being as more than half of respondents indicate basic health or dental care is unaffordable. **Residents are taking measures to conserve their resources with regard to health care.**

- 76 percent of citizens identify access to health care as very important to the overall well-being of people in Alamance County
- 57 percent of citizens indicate that they know a family member or close friend that has no health insurance
- 25 percent of citizens know of someone who has had to split their pills to make medication last longer
- 18 percent of citizens indicated there was a time in the past year when they or a family member needed dental care but could not

get it, and 74 percent of these people did not have dental insurance, or simply could not afford to go to the dentist

- 18 percent of citizens identified 'access to health care' as the most important health issue, and another 7 percent identified 'lack of health insurance' as the most important health issue

"It is clear that access to health care and lack of health insurance are common themes throughout the poll, but this is not surprising due to the current gloomy state of economy and job market," said Healthy Alamance coordinator April Durr. "It also was noteworthy that obesity and chronic diseases are an important health issue in Alamance County. A third of people consider the health of the food they are purchasing when grocery shopping, and two thirds report exercising at least two and a half hours each week.

"This was encouraging to see, since Healthy Alamance has put a great deal of effort into obesity prevention over the past several years."

Durr said the poll data is the first step in an assessment process that will be used in a comprehensive report to be completed by late 2011. She said that once the assessment process is complete, community partners would be able to determine health priorities that reflect a broad base of input.

A sense of community is apparent among citizens. Sixty-eight percent of citizens say they feel 'very safe' in their neighborhood.

Across a host of questions about relationships with family, friends, neighbors, and co-workers, most citizens indicate they can depend on these people as a personal safety net.

- 65 percent say they have someone to confide in if worried about an important personal matter
- 61 percent say there is somebody that would help care for them if they were sick
- 53 percent say they can find someone who would take them where you needed to go if they couldn't use their car or usual way of getting around
- 56 percent say they have somebody they can trust to help them solve their problems.
- 46 percent say they can always get help around the house without having to pay them

**Other challenging community issues emerging from this assessment include:**

- Concern over drug abuse and drunk driving (which were identified as the two most prevalent risky behaviors)
- High cost of childcare
- Prevalence of elder care (by family members or relatives)
- Disposal practices for unused medications (household garbage & toilet)

[www.elon.edu/e-web/elonpoll/default.xhtml](http://www.elon.edu/e-web/elonpoll/default.xhtml)



## Demographics

### Alamance County community survey by the Elon University Poll

**March 6-10, 2011**

Variable	Sample Estimate	Population Parameter	Weighted Sample Estimate
<b>Gender</b>			
Male	40.4	48	48.6
Female	59.6	52	51.4
<b>Age</b>			
18-24	5.8	12.7	12.9
25-34	7.4	17.72	18.2
35-44	12.7	19.58	19.5
45-54	17.8	18.92	18.8
55-64	21.5	14.95	15.1
65+	34.8	16.14	15.7
<b>Race</b>			
Other	6.2	6.4	8.7
Black	16.4	18.1	18.8
White	77.4	75.5	72.5

*Data are weighted by Gender, Race, and Age; N=846, +/-=3.4%*

## **I. Survey Methodology**

The Elon University Poll is conducted using a stratified random sample of households with telephones and wireless telephone numbers in the population of interest – in this case, citizens in Alamance County, North Carolina. The sample of telephone numbers for the survey is obtained from Survey Sampling International, LLC. Methodological information is also available at: <http://www.elon.edu/e-web/elonpoll/methodology.xhtml>.

### ***Selection of Households***

To equalize the probability of telephone selection, sample telephone numbers are systematically stratified according to subpopulation strata (e.g., a zip code), which yields a sample from telephone exchanges in proportion to each exchange's share of telephone households in the population of interest. Estimates of telephone households in the population of interest are generally obtained from several databases. Samples of household telephone numbers are distributed across all eligible blocks of numbers in proportion to the density of listed households assigned in the population of interest according to a specified subpopulation stratum. Upon determining the projected (or preferred) sample size, a sampling interval is calculated by summing the number of listed residential numbers in each eligible block within the population of interest and dividing that sum by the number of sampling points assigned to the population. From a random start between zero and the sampling interval, blocks are systematically selected in proportion to the density of listed household "working blocks." A *block* (also known as a *bank*) is a set of contiguous numbers identified by the first two digits of the last four digits of a telephone number. A working block contains three or more working telephone numbers. Exchanges are assigned to a population on the basis of all eligible blocks in proportion to the density of working telephone households. Once each population's proportion of telephone households is determined, then a sampling interval, based on that proportion, is calculated and specific exchanges and numbers are randomly selected. The methodology for the wireless component of this study starts with the determining which area code-exchange combinations in Alamance County are included in the wireless or shared Telcordia types. Similar to the process for selecting household telephone numbers, wireless numbers involve a multi-step process in which blocks of numbers are determined for each area code-exchange combination in the Telcordia types. From a random start within the first sampling interval, a systematic *n*th selection of each block of numbers is performed and a two-digit random number between 00 and 99 is appended to each selected *n*th block stem. The intent is to provide a stratification that will yield a sample that is

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representative both geographically and by large and small carrier. From these, a random sample is generated. Because exchanges and numbers are randomly selected by the computer, unlisted as well as listed household telephone numbers are included in the sample. Thus, the sample of telephone numbers generated for the population of interest constitutes a random sample of telephone households and wireless numbers of the population.

### ***Procedures Used for Conducting the Poll***

The survey was conducted Sunday, March 6<sup>th</sup>, through Thursday, March 10<sup>th</sup>, of 2011. During this time calls were made from 1:00 pm to 6:00 pm on Sunday, and from 5:00 pm to 9:00 pm on Monday through Thursday. The Elon University Poll uses CATI system software (Computer Assisted Telephone Interviewing) in the administration of surveys. For each working telephone number in the sample, several attempts were made to reach each number. Only individuals 18 years or older and residents of Alamance County were interviewed; those reached at business or work numbers were not interviewed. For each number reached, one adult is generally selected based on whether s/he is the oldest or youngest adult in the household. Interviews, which are conducted by live interviewers, are completed with adults from the target population as specified. Interviews for this survey were completed with 846 adults from Alamance County, North Carolina. For a sample size of 846, there is a 95 percent probability that our survey results are within plus or minus 3.4 percentage points (the margin of sampling error) of the actual population distribution for any given question. For sub-samples (a subgroup selected from the overall sample), the margin of error is higher depending on the size of the subsample. When we use a subsample, we identify these results as being from a subsample by providing the total number of respondents and margin of error for that subsample. In reporting our results, we note any use of a subsample by identifying the size of the subsample, which is noted based on it differing from the overall sample size (which here is 846). Because our surveys are based on probability sampling, there are a variety of factors that prevent these results from being perfect, complete depictions of the population; the foremost example is that of margin of sampling error (as noted above). With all probability samples, there are theoretical and practical difficulties estimating population characteristics (or parameters). Thus, while efforts are made to reduce or lessen such threats, sampling error as well as other sources of error – while not all inclusive, examples of other error effects are non-response rates, question order effects, question wording effects, etc. – are present in surveys derived from probability samples.

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### ***Questions and Question Order***

The Elon University Poll provides the questions as worded and the order in which these questions are administered (to respondents). Question wording contained in brackets ( [ ] ) denotes randomly rotated response options as provided in the question; these words are randomly rotated throughout the survey to ensure that respondents do not receive a set order of response options (presented to them), which also maintains question construction integrity by avoiding respondent acquiescence based on question composition. Some questions used a probe maneuver to determine a respondent's intensity of perspective. Probe

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techniques used in this questionnaire mainly consist of asking a respondent if her or his response is more intense than initially provided in the original dichotomized offering. For example, upon indicating whether s/he is satisfied or dissatisfied (the dichotomized offering), interviewers ask the respondent "would you say you are very 'satisfied'/'dissatisfied'". This technique is employed in some questions as opposed to specifying the full range of choices in the question. Though specifying the full range of options in questions is a commonly accepted practice in survey research, we sometimes prefer that, upon the initial choice, a respondent determine whether his or her perspective is stronger or more intense, for which the probe technique used. Another method for acquiring information from respondents is to ask an "open-ended" question. The open-ended question is a question for which no response options are provided, i.e., it is entirely up to the respondent to provide the response information.

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### ***The Elon University Poll***

The Elon University Poll is conducted under the auspices of the Center for Public Opinion Polling (Hunter Bacot, Director & Mileah Kromer, Assistant Director). The Elon University administration, led by Dr. Leo Lambert, President of the university, fully support the Elon University Poll as part of its service commitment to local, state, regional, and national constituents. Dr. Hunter Bacot, a professor in the department of political science, directs the Elon University Poll. Elon University students administer the survey as part of the University's commitment to experiential learning where "students learn through doing."

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## II. Survey Instrument and Percent Distributions by Question

Interviews were completed with 846 adults from households in the North Carolina. For a sample size of 846, there is a 95 percent probability that our survey results are within plus or minus 3.4 percentage points (the margin of sampling error) of the actual population distribution for any given question. The questions as presented are normally in the order in which these appear on the survey instrument. Due to rounding, column totals may not equal 100 percent as indicated. Data are weighted to reflect the adult population in terms of gender, age, and race.

About the Codes appearing in Questions and Responses	
<b>Response Options not offered</b>	Response options are <u>not</u> offered to the person taking the survey (respondent), but are included in the question as asked (and usually denoted by brackets, [ ]). Response options are generally offered only for demographic questions (background characteristic, e.g., age, education, income, etc.).
<b>v = volunteered response</b>	Respondents volunteer response option. As response options are <u>not</u> offered to those taking the survey, some respondents offer or volunteer response options. Though not all volunteered options can be anticipated, the more common options are noted.
<b>p = probed response</b>	Respondents self-place in this option or category. A probe maneuver is used in questions to allow the respondent to indicate whether her/his response is more intense than initially provided for in the choices appearing in the question. For example, on probe questions the interviewer, upon a respondent indicating that she/he is satisfied (or dissatisfied), is instructed to ask him/her "Would you say you are "very satisfied"?"

**NOTE: N= 846, +/-3.4%. Items may not total 100%, issues mentioned less than 1% are note listed**

**To get started, I want to ask you about issues in Alamance County . . . what do you think is the most important issue facing Alamance County?**  
(open ended)

	Percent
ECONOMY (JOBS, UNEMPLOYMENT, ETC)	37.7
PUBLIC SCHOOLS/ EDUCATION	17.6
CRIME & DRUGS	6.1
IMMIGRATION	5.6
GAS PRICES	4.8
TRANSPORTATION (PUBLIC, ROADS, ETC)	2.7
TAXES	2.1
HEALTH CARE	1.5
ENVIRONMENTAL ISSUES	1.0
OTHER	9.7
DON'T KNOW (v)	11.1
Total (N=846, +/-3.4%)	100.0

The next three 'issue questions' administered randomly during survey

**I'd like to ask you about health issues in Alamance County . . . what do you think is the most important health issue in the county?** (open ended)

	Percent
ACCESS TO HEALTH CARE	18.1
CANCER	7.7
OBESITY, BEING OVERWEIGHT	7.3
LACK OF HEALTH INSURANCE	7.2
HEALTH CARE COSTS	2.8
TEENAGE PREGNANCY	2.6
ENVIRONMENTAL QUALITY	2.5
TOBACCO USE	2.2
MENTAL HEALTH	2.1
SUBSTANCE ABUSE	2.1
DIABETES	2.0
HEART DISEASE	2.0
SEXUALLY TRANSMITTED DISEASE	1.8
AGING (ARTHRITIS, HEARING LOSS, ETC)	1.6
HIV/AIDS	1.6
FLU	1.6
HIGH BLOOD PRESSURE	1.1
OTHER	11.0
DON'T KNOW (v)	21.1

I'd like to ask you about social issues in Alamance County . . . just so we are talking about the same thing, when I say social issues, I mean any issue that relates to the problems or concerns of society as a whole. So, with that in mind, what do you think is the most important social issue in the county? (open ended)

	Percent
IMMIGRATION ISSUES	6.2
EDUCATION (SCHOOLS, QUALITY OF EDUC/SCHOOLS)	5.4
GANGS	5.2
RACISM/ INTOLERANCE	5.1
POVERTY	3.5
HOMELESSNESS	2.8
ACCESS TO HEALTHCARE	2.4
YOUTH VIOLENCE	1.8
TEENAGE PREGNANCY	1.7
DOMESTIC VIOLENCE	1.3
NOT ENOUGH MONEY TO PAY BILLS	1.2
HUNGER	1.0
OTHER	28.7
DON'T KNOW (v)	28.3

I'd like to ask you about risky behaviors in Alamance County . . by risky behavior, I simply mean any action or behavior that may cause harm to yourself, another individual, or society as a whole. So, with that in mind, what do you think is the most important risky behavior issue in the county? (open ended)

	Percent
DRUG ABUSE	23.1
DRUNK DRIVING	12.7
VIOLENT BEHAVIOR	8.1
ALCOHOL ABUSE	5.9
RECKLESS DRIVING	3.3
GANGS	3.0
UNSAFE SEX	2.8
CELL PHONES (TALKING/TEXTING WHILE DRIVING)	2.6
GUNS	1.5
OTHER	16.5
DON'T KNOW (v)	16.7

Now I'd like to ask you about some issues that affect your everyday lives. . . When you shop for groceries, what is your top priority - is it healthy foods, the price of food, what your family likes, or what is on sale that week?

	Percent
HEALTHY FOODS	32.2
THE PRICE OF FOOD	26.1
WHAT YOUR FAMILY LIKES	17.2
WHAT IS ON SALE THAT WEEK	17.6
OTHER (v)	5.3
DON'T KNOW (v)	1.6
REFUSED (v)	0.0
Total (N=846,+/-3.4%)	100.0





**In the past year, have you had to cut back on the food you buy for your household?**

	Percent
NO	51.1
YES	47.4
DON'T KNOW (v)	1.5
REFUSED (v)	0.0
Total (N=846,+/-3.4%)	100.0

**In a community disaster or emergency, how many days could you take care of yourself at home?**

	Percent
1 DAY	1.3
2 DAYS	3.6
3 DAYS	12.2
ONE WEEK	37.9
TWO WEEKS	16.9
MORE THAN TWO WEEKS	21.8
ZERO DAYS	1.1
DON T KNOW (v)	5.2
Total (N=846,+/-3.4%)	100.0

**Are you currently in bed or in a chair for most or all of the day because of your health?**

	Percent
NO	90.9
YES	8.6
DON'T KNOW (v)	0.5
Total (N=846,+/-3.4%)	100.0

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*If respondent answers 'yes', or 'don't know', s/he skips questions about exercise; respondents answering 'no' continue with following questions about exercise.*

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Now I'd like to ask you some questions about exercise and fitness . . .

QUESTION LABEL	QUESTION	NO	YES	DON'T KNOW (v)
EXERCISE 1A N=769 +/-3.6%	Do you exercise at least two and a half hours (2.5) each week?  <i>If no, or don't know, go to next question (EXERCISE 1AA) If yes, skip to question EXERCISE 1</i>	32.9	66.6	0.5
EXERCISE 1AA N=257 +/-6.2%	Would having more time make you more likely to exercise?  <i>If yes, or don't know, go to next question (EXERCISE 1AAA) If no, skip to question EXERCISE 2B</i>	50.2	48.3	1.5
EXERCISE 1AAA N=128 +/-8.8%	Would having a place to exercise make you more likely to exercise at least 2.5 hours a week?  <i>skip to question EXERCISE 2B</i>	32.5	67.5	0.0
EXERCISE 1 N=512+/-4.4%	Do you walk at least two and a half hours (2.5) each week?	17.1	82.7	0.2
EXERCISE 2 N=512+/-4.4%	Would having sidewalks make you walk more each week?	46.2	51.7	2.2
EXERCISE 3 N=512+/-4.4%	Do you ride a bicycle at least two and a half hours (2.5) each week?	91.6	8.4	0.0
EXERCISE 4 N=512+/-4.4%	Would having bicycle lanes make you ride more each week?	67.1	31.8	1.1
EXERCISE 5 N=512+/-4.4%	Do you participate in a group exercise program for at least two and a half hours (2.5) each week?	80.7	19.3	0.0
EXERCISE 6 N=512+/-4.4%	Would a group exercise program make you exercise more each week?  <i>continue to next issue questions about health issues</i>	53.9	43.7	2.1
EXERCISE 2B N=257 +/-6.2%	Would having sidewalks make you walk more each week?	46.1	52.1	1.8
EXERCISE 3B N=257 +/-6.2%	Would having bicycle lanes make you ride more each week?	67.4	31.4	1.2
EXERCISE 4B N=257 +/-6.2%	Would a group exercise program make you exercise more each week?	52.3	45.1	2.6

Note: Specific question totals noted in table.

Now I'm going to read you a list of health issues . . . for each one, please tell me if the issue is [not at all important, important, or very important] to the overall well-being of people in Alamance County.

	NOT AT ALL IMPORTANT	IMPORTANT	VERY IMPORTANT	DON'T KNOW (v)
CANCER	1.5	26.4	71.5	0.6
FLU	9.5	51.6	37.7	1.2
HIV	9.8	36.7	49.3	4.2
HEART DISEASE	1.8	32.6	64.8	0.7
HIGH BLOOD PRESSURE	3.4	42.8	53.5	0.4
MENTAL HEALTH	6.7	45.6	45.6	2.1
LUNG DISEASE	8.0	43.5	46.1	2.3
STROKE	4.6	42.6	51.2	1.6

Now changing topics to household activities. . . How do you dispose of your unused household chemicals? (open ended)

	Percent
SINK	3.7
TOILET	2.6
LANDFILL	10.0
BACKYARD	1.9
DITCH	0.1
GARBAGE	25.3
COMMUNITY COLLECTION EVENT	18.3
DON'T HAVE ANY	27.4
OTHER (v)	5.2
DON'T KNOW (v)	5.5
Total (N=846, +/-3.4%)	100.0

**How do you dispose of unused medications?** (open ended)

	Percent
SINK	1.7
TOILET	23.5
LANDFILL	2.0
BACKYARD	0.2
DITCH	0.3
GARBAGE	30.7
COMMUNITY COLLECTION EVENT	4.3
DON'T HAVE ANY	27.9
OTHER (v)	5.5
DON'T KNOW (v)	3.9
Total (N=846,+/-3.4%)	100.0

Now I'm going to read you a list of health issues . . . for each one, please tell me if the issue is [not at all important, important, or very important] to the overall well-being of people in Alamance County.

	NOT AT ALL IMPORTANT	IMPORTANT	VERY IMPORTANT	DON'T KNOW (v)
ACCESS TO HEALTH CARE	0.9	23.1	75.5	0.5
PRACTICING PREVENTIVE MEDICINE	4.8	39.1	55.1	1.0
SEXUALLY TRANSMITTED DISEASES	4.7	36.8	55.5	3.0
SEEING A DOCTOR REGULARLY	5.1	40.2	54.1	0.6
USING THE EMERGENCY ROOM FOR REGULAR MEDICAL CARE	58.9	22.9	14.4	3.9
TEEN PREGNANCY	4.6	35.3	57.5	2.6

Note: N=846,+/-3.4%

**Now, changing topics, I'd like to ask you some questions about pet care in Alamance County. . . .**

QUESTION LABEL	QUESTION	NO	YES	DON'T KNOW
PETS 1 N=846 +/-3.4%	Do you have pets?  <i>If no, or don't know, go to next issue (and do not answer pet quesitons) If yes, skip to question PET 1A</i>	41.1	58.9	0.0
PET 1A N=499 +/-4.5%	Is your pet spayed or neutered?  <i>If no, go to next question (PET 1AA) If yes, or don't know skip to question PET 2</i>	22.3	76.8	0.9
PET 1AA N=111 +/-9.5%	Why is your pet NOT spayed or neutered? (open ended; select all that apply) <i>After answering question, respondent moves to next question (PET 2)</i>			
			Percent	
			Pest are not suitable for neutering	9.9
			Just don't want to do it	9.9
			Costs too much	9.9
			Transportation issues	0.0
			No veterinarian	0.0
			Don't want to subject pet to pain	4.5
			Simply don't want to do it	6.3
			Pet is too young for procedure	8.1
			Plan to breed my pet	24.3
			No options presented specific to situation	29.7
		NO	YES	OTHER
PET 2 N=499 +/-4.5%	Are your pet's rabies vaccinations (shots) up to date?  <i>If no, answer next question PET 2A If yes, go to next issue (and do not answer next question)</i>	4.4	92.3	3.3
PET 2A N=22	Why are these not up to date? (open ended; select all that apply)			
			Percent	
			Pest are not suitable for neutering	47.0
			Just don't want to do it	16.8
			Costs too much	5.3
			Transportation issues	1.2
			No veterinarian	0.0
			Don't want to subject pet to pain	0.0
			Simply don't want to do it	0.0
			Pet is too young for procedure	0.0
			Plan to breed my pet	0.0
			No options presented specific to situation	29.7

Now, I'd like to read you a list of some social issues and I want you to tell me if the issue is [not at all important, important, or very important] to the overall well being for people across Alamance County.

	NOT AT ALL IMPORTANT	IMPORTANT	VERY IMPORTANT	DON'T KNOW (v)
DEPORTATION OF ILLEGAL IMMIGRANTS	14.3	34.7	47.2	3.7
INCREASING ELDERLY POPULATION	8.9	50.2	37.8	3.0
ACCESS TO FREE BUDGET AND CREDIT COUNSELING TO HELP GET OUT OF DEBT	14.4	47.0	36.3	2.3
ASSISTANCE SETTLING DISAGREEMENTS WITH NEIGHBORS AND FRIENDS	33.5	49.7	14.3	2.6

Note: N=846, +/-3.4%

Was there a time during the past 12 months when you or a family member needed to get dental care, but could not get it?

	Percent
NO	81.7
YES	17.9
DON'T KNOW (v)	0.4
Total (N=846, +/-3.4%)	100.0

If respondent answered no, don't know, or refused, s/he skipped next question  
If respondent answered yes, s/he was asked next question

**Why could you not get it?**

(as a percent of those unable to get dental care in past 12 months)

	Percent
DO NOT HAVE DENTAL INSURANCE	48.7
HAVE INSURANCE BUT IT WOULD NOT COVER ALL OF IT	12.5
HAVE INSURANCE BUT CAN'T AFFORD WHAT MY INSURANCE WOULD NOT COVER	6.6
DENTIST DOESN'T TAKE MY INSURANCE OR MEDICAID	3.9
MY DEDUCTIBLE OR CO-PAY WAS TOO HIGH	2.0
SIMPLY COULDN'T AFFORD TO GO AT THE TIME	25.7
COULDN'T GET AN APPOINTMENT	1.3
OTHER	9.2
DON'T KNOW/ NO ANSWER (v)	0.1

**If a friend or family member needed counseling for a mental health problem, where would you recommend that they go for help?**  
(open ended)

	Percent
NO FRIEND OR FAMILY MEMBER NEEDS COUNSELING	1.7
DOCTOR	26.7
SUPPORT GROUP	1.4
LOCAL MENTAL HEALTH PROGRAM	38.2
MINISTER/RELIGIOUS OFFICIAL	5.6
PRIVATE COUNSELOR OR THERAPIST	13.6
SCHOOL COUNSELOR	1.6
DON'T KNOW (v)	21.4
REFUSED (v)	0.1
Total (N=846,+/-3.4%)	100.0

**Do you know a family member or close friend that has split their pills to make their medication last longer?**

	Percent
NO	74.3
YES	25.1
DON'T KNOW (v)	0.6
Total (N=846,+/-3.4%)	100.0

Now I'd like to ask you about some different activities and I'd like for you to estimate, as best you can, how many hours a day you spend doing each of these. . .

	HOURS PER DAY MEAN/MEDIAN	NOT APPLICABLE
TALKING ON YOUR CELL PHONE	1.28 / 1.0	24.1
TEXTING IN YOUR CELL PHONE	1.27 / 0.0	56.0
WATCHING TV	2.91 / 2.0	3.8
PLAYING VIDEO GAMES ON A TV	0.25 / 0.0	86.2
PLAYING VIDEO GAMES ON A HANDHELD DEVICE	0.10 / 0.0	93.2
PLAYING VIDEO GAMES ON A COMPUTER	0.28 / 0.0	84.2
USING THE INTERNET	2.12 / 1.0	24.0
USING THE COMPUTER FOR RECREATION	1.10 / 1.0	40.5

Note: N=846, +/-3.4%. Respondents were able to say they did not engage in, own, or have access to the activity; these cases are identified in the table as "not applicable."

Finally, in a given week, how many meals -- breakfast, lunch and dinner -- do you eat out, including takeout?

	Percent
NO MEALS	7.9
ONE MEAL	15.9
TWO MEALS	20.7
THREE OR FOUR MEALS	23.5
FIVE OR SIX MEALS	13.5
SEVEN OR MORE MEALS	18.5
Total (N=846, +/-3.4%)	100.0
MEAN MEALS PER WEEK=4.1	
MEDIAN MEALS PER WEEK=3.0	



Changing topics again, I'd like to know if you have any responsibilities caring for others . . .

In this case, "caring" is defined as tending to another person to the extent that the responsibility affects your day-to-day affairs, or quality of life. . . so, with this in mind, I'm going to read you a list of people you may take care of and I want you to tell me if you are caring for someone like that . . . here's the list:

- a Grandchild
  - a Disabled Grandchild
  - a Disabled Child
  - a Disabled Spouse or Partner
  - an Elderly or Disabled Parent
  - another Elderly or Disabled Relative
- or are you not currently caring for anyone.

	Percent
A GRANDCHILD	5.1
A DISABLED GRANDCHILD	0.7
A DISABLED CHILD	3.7
A DISABLED SPOUSE OR PARTNER	3.6
AN ELDERLY OR DISABLED PARENT	9.5
ANOTHER ELDERLY OR DISABLED RELATIVE	7.3
NOT CURRENTLY CARING FOR ANYONE	71.1
DON'T KNOW OR REFUSED (v)	2.6

Note: N=846, +/-3.4%. Respondent could select all options that apply.

Now, moving to another topic, I'm going to ask you about childcare, teens and their behaviors. Many of these questions are asking about your experience with your own children or grandchildren.

How many children or grandchildren under the age of 18 do you have living in your home?

	Percent
ONE CHILD	18.6
TWO CHILDREN	15.8
THREE CHILDREN	6.0
FOUR CHILDREN	1.8
FIVE OR MORE CHILDREN	0.8
I DON'T HAVE ANY CHILDREN	56.9
Total (N=846, +/-3.4%)	100.0

Respondents with no children skip to questions about experiences, while those with children answer the following two questions

Are these your children or your grandchildren?

	Percent
MY CHILD/CHILDREN	84.3
MY GRANDCHILD/GRANDCHILDREN	5.0
BOTH	0.4
NEITHER	10.3
DON'T KNOW (v)	0.0
Total N=364, +/-5.2%	100.0

How many of these children are in childcare or after-school care outside the home?

	Percent
ONE CHILD	17.2
TWO CHILDREN	7.6
THREE CHILDREN	1.0
NO CHILDREN IN CHILDCARE OR AFTERSCHOOL CARE	74.2
Total N=364, +/-5.2%	100.0

Respondents with children NOT in childcare or afterschool care, skip to questions about experiences, while those with children in childcare or afterschool care answer following two questions.

**About how much money do you spend monthly on childcare or afterschool care?**

	Percent
\$0.00	7.9
\$1.00-\$299.00	18.8
\$300.00-\$499.00	27.0
\$500.00-\$699.00	27.0
\$700.00 OR MORE	14.4
NO ANSWER	4.9
Total	100.0
N=94, +/-10.3%	
MEAN AMOUNT = \$897.00	
MEDIAN AMOUNT = \$400.00	

**How much does this child care take out of your Monthly Paycheck . . . does it take:**

- less than half of your Monthly Paycheck,
- about half of your Monthly Paycheck,
- more than half your Monthly Paycheck,

**or do you not have to pay for this childcare?**

	Percent
DO NOT HAVE TO PAY FOR CHILDCARE	10.4
LESS THAN HALF OF THEIR PAYCHECK	81.3
ABOUT HALF OF THEIR PAYCHECK	0.0
MORE THAN HALF OF THEIR PAYCHECK	5.7
I DON'T HAVE A MONTHLY PAYCHECK (HOMEMAKER, ETC.)	1.1
DON'T KNOW (v)	1.5
Total	100.0
N=94, +/-10.3%	

Now I'd like to read you a list of things people may or may not experience in Alamance County, and I want you to tell me whether you know someone in your family or a close friend that has experienced it during the past year . . . so, in the past year, is there someone who:

	NO	YES	DON'T KNOW (v)
HAS DROPPED OUT OF HIGH SCHOOL	81.2	17.8	0.9
HAS BEEN A VICTIM OF DOMESTIC VIOLENCE	79.7	20.0	0.3
IS EXPERIENCING A LOT OF STRESS BECAUSE OF TAKING CARE OF A PARENT	64.1	35.5	0.4
DOES NOT HAVE ENOUGH MONEY TO PAY THEIR BILLS	34.6	64.2	1.1
WAS RAPED OR SEXUALLY ABUSED	89.2	10.5	0.3
IS EXPERIENCING A LOT OF STRESS FROM RAISING THEIR CHILD (OR CHILDREN)	53.6	45.6	0.8
IS SUFFERING FROM POVERTY	66.9	32.1	1.1
HAS NO HEALTH INSURANCE	42.0	56.7	1.4
IS HOMELESS OR ABOUT TO LOSE THEIR HOME	79.6	20.0	0.4
ABUSES ALCOHOL OR DRUGS	61.0	38.4	0.6

Note: N=846,+/-3.4%

Now, I'd like to change topics and ask you about your neighborhood . . .  
 Overall, how would you rate your neighborhood as a place to walk?  
 Is it not at all good, good, or very good?

	Percent
NOT GOOD AT ALL	13.1
GOOD	36.1
VERY GOOD	50.0
DON'T KNOW (v)	0.8
Total (N=846, +/-3.4%)	100.0

Thinking back over the past year, how often do you walk in your neighborhood, either to go somewhere or for exercise or relaxation--do you walk:

- never
- daily
- one to three times a week
- one to three times a month, or
- less than once a month?

	Percent
NEVER	20.4
DAILY OR ALMOST DAILY	22.6
ONE TO THREE TIMES A WEEK	29.2
ONE TO THREE TIMES A MONTH	13.5
LESS THAN ONCE A MONTH	13.8
DON'T KNOW (v)	0.5
REFUSED (v)	0.0
Total (N=846, +/-3.4%)	100.0

Now, I'm going to read a list of places that people sometimes walk to in their neighborhoods. For each one, please tell me whether you have walked there from your home in the past year.

	Percent
TO A FRIEND OR FAMILY MEMBER'S HOUSE	55.7
TO A GROCERY STORE	13.8
TO ANY OTHER STORES (OTHER THAN A GROCERY STORE)	22.2
TO A RESTAURANT, INCLUDING A FAST FOOD RESTAURANT	8.1
TO SCHOOL WITH YOUR CHILDREN	4.3
TO A PARK, RECREATION CENTER, OR PLAYGROUND	25.0
TO A WALKING TRACK OR TRAIL	24.1
TO CHURCH	7.6
TO A BUS STOP	7.1
TO OTHER PLACES (NOT ASKED ABOUT)	11.4
DON'T KNOW (v)	6.2
REFUSED (v)	1.5

Note: N=846, +/-3.4%. Respondent could select all that apply.

When you are walking, or out in your neighborhood, how safe do you feel?

Would you say you are [not at all safe, somewhat safe, or very safe]?

	Percent
NOT SAFE AT ALL	4.5
SOMEWHAT SAFE	27.0
VERY SAFE	67.5
DON'T KNOW (v)	0.6
REFUSED (v)	0.5
Total (N=846, +/-3.4%)	100.0

Those respondents answering 'not safe at all' are asked the following question, while others skip to question about ability to depend on others

**Why do you feel "not at all safe" when you are walking, or out in your neighborhood? (open ended)**

	Percent
POOR LIGHTING	0.7
POOR CONDITION OF SIDEWALKS OR PATHS (E.G., SIDEWALKS IN DISREPAIR)	1.0
STRAY DOGS	0.4
FEAR OF OTHER PEOPLE, OR SCARED	1.7
TRAFFIC	1.4
IT IS JUST DANGEROUS	1.5
I WON'T GO OUT AFTER DARK	0.9
OTHER	0.6
REFUSE (v)	0.1
Total N=38, +/-16.2	

Now I have some questions about relationships with your family, friends, neighbors, and co-workers. For each one, please tell me how much—[never, sometimes, often, or always] that you feel like you could.

	NEVER	SOME-TIMES	OFTEN	ALWAYS	DON'T KNOW (v)
If you needed help around the house, for example with cleaning or making small repairs, how often could you get somebody to help you without having to pay them?	11.3	16.1	24.6	45.9	2.1
If you were sick, how often would there be somebody who would help care for you?	4.8	11.0	21.6	61.3	1.2
If you were worried about an important personal matter, how often would there be somebody you could confide in?	3.9	11.9	18.6	64.9	0.9
If you couldn't use your car or your usual way of getting around for a week, how often could you find somebody who would take you where you needed to go?	3.4	17.4	25.0	52.9	1.3
If you needed to borrow a fairly large sum of money, how often would you have somebody you could borrow it from?	24.4	30.5	18.1	22.0	5.0
If you had problems, how often would there be somebody you could trust to help you solve them?	3.8	14.9	23.4	55.7	2.2

Note: N=846, +/-3.4%



Next, I'm going to read you a list of transportation options in Alamance County. For each one, I'd like for you to tell me if you have used it during the past three months. . .

	Percent
TAXI	2.6
ALAMANCE COUNTY TRANSPORTATION AUTHORITY (ACTA)	1.9
ELON BIO BUS	1.4
BICYCLE	12.1
WALK	56.4
FAMILY MEMBER	57.4
FRIEND	53.6
CO-WORKER	19.9
OTHER	5.6
NONE OF THESE	12.8
DON'T KNOW OR REFUSED (v)	0.2

Note: N=846, +/-3.4%. Respondent could select all options that apply.

**Do you own or lease a car that runs, that is, that you can depend upon to get you places you need to go?**

	Percent
NO	6.8
YES	93.1
Total (N=846, +/-3.4%)	100.0

Finally, I'm going to ask you a few questions about religion and spirituality.

Are you a member of, or do you regularly attend, a church or other place of worship?

	Percent
NO	31.1
YES	68.4
DON'T KNOW (v)	0.1
REFUSED (v)	0.3
Total (N=846,+/-3.4%)	100.0

Some people turn to spiritual sources for support when they are facing challenges. Thinking about yourself, for each of the following statements, please tell me whether you strongly disagree, disagree, agree, or strongly agree with each one.

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW
My spiritual beliefs help me to get through hard times	3.0	3.9	34.4	58.0	0.7
My spiritual beliefs are a source of strength, support and guidance in times of crisis	3.0	4.6	32.6	59.2	0.6

Note: N=846,+/-3.4%

Not counting a church or other place of worship, are you a member of any group or organization, such as a civic organization (like the Lions or the Optimists), a sorority or fraternity (like the Masons or the Eastern Star), a union, a professional organization, or a sports league (like bowling or softball)?

	Percent
NO	65.6
YES	33.9
DON'T KNOW (v)	0.4
REFUSED (v)	0.1
Total (N=846,+/-3.4%)	100.0

# Focus Groups

Focus Groups were conducted in order to ensure that all members of Alamance County had the opportunity to provide feedback. The Community Assessment Team determined that the following three populations should be invited to participate in a focus group with their peers: Newcomers, Latinos and Ex-Offenders. These resident populations were chosen because they could have been missed or under represented in the telephone poll (survey) conducted by Elon University.

- ❖ Alamance Regional Medical Center reached out to the Newcomer community through their software system and hosted this Focus Group.
- ❖ Centro La Comunidad invited the Latino community in partnership with Alamance Partnership for Children. Centro La Comunidad hosted the event, which was facilitated in Spanish.
- ❖ Sustainable Alamance hosted and assisted with recruitment for the Ex-Offender population.

In summary, each population was represented equally with approximately 20 people. For consistency, each Focus Group was conducted in the same manner by two trained staff members from the Community Assessment Team. Note-takers assisted by capturing a script of everything that was discussed, without identifiers.

Each Focus Group took about 1.5 hours and each participant was compensated for their time with a gift-card.

## **The following methods were used for collected data during the Focus Groups:**

- Participant Agreements were reviewed and initialed.
- Ground Rules were reviewed and agreed upon.

## **Summary of Focus Group Discussions:**

Each participant was asked to share any issue(s) that they feel are important to people living in Alamance County.

- Each participant was given the opportunity to review the collective list that was compiled and vote on their top three issues.

### **The Results of the Top Three Issues included:**

**Ex-Offender Group** - Jobs - Access to Healthcare - Access to Transportation

**Latino Group** - Access to Driver's License - Immigration Reform - Racism/Racial Profiling from Police

**Newcomer Group 1** - Recreational Opportunities - Educational Standards - Access to Healthcare

**Newcomer Group 2** - Police/Fire/EMS Response Time - Navigating Healthcare System - Economy

Then there was a discussion about each group's overall top three issues: the facilitator probed with questions such as, how do these issues impact you and your family, what causes these issues. Then ideas were shared about how these issues could be addressed in Alamance County.

Then the facilitator shared the results from the Elon University Telephone Poll (survey) with the focus groups. (846 people were asked a series of questions via telephone, in English, by random selection of local home and cell phone numbers). Four posters were displayed in the room listing the results from the following poll questions.

- Participants were encouraged to review these lists and then select the one list that was most important to them. The facilitator explained the list with the most votes would be discussed in further detail.

**Poster #1 - Most Important Overall Issues facing Alamance County:**  
Economy, Public Schools/Education, Crime/Drugs, Immigration, Gas Prices, Transportation and Taxes.

*This list was chosen by all focus groups - Latino Group, Ex-Offender Group, Newcomer Group 1 and Newcomer Group 2.*

**Poster #2 - Most Important Health Issues in Alamance County:**  
Access to Healthcare, Cancer, Obesity/Overweight, Lack of Health Insurance, Health Care Costs, Teenage Pregnancy and Environmental Quality.

**Poster #3 - Most Important Social Issues in Alamance County:**  
Immigration Issues, Education, Gangs, Racism/Intolerance, Poverty, Homelessness and Access to Healthcare.

**Poster #4 - Most Important Risky Behaviors in Alamance County:**  
Drug Abuse, Drunk Driving, Violent Behavior, Alcohol Abuse, Reckless Driving, Gangs and Unsafe Sex.

Then there was a discussion about the poster: the facilitator probed with questions such as, how do these issues impact you and your family, what causes these issues.

Then ideas were shared about how these issues could be addressed in Alamance County.

Lastly, everything was reviewed and participants were given the chance to ask questions or clarify any comments they made during the session.

In closing, participants were thanked for their time and insights. Facilitators reviewed how this information would be used.

### **Focus Group Themes**

Newcomers - Latinos - Ex-Offenders

The transcripts were reviewed from all three focus groups and quotes were categorized by theme (coded). Below is a list of emerging themes from the focus groups with quotes from participants. Please note some can be considered as barriers or obstacles by context, while others are opportunities or promoters.

#### **Awareness**

"There isn't one issue we discussed tonight that doesn't relate to another issue, look at the list." ~Ex-Offender

#### **Community Development**

"Developers, elected officials should be held accountable when they have promised certain amenities to communities, stopping development can pose a safety issue, empty homes sites has led to underage drinking in some areas." ~Newcomer

#### **Community Engagement:**

"As far as bringing people in, there is public information, let's say the newspaper and radio, you can find out what the elected officials will be discussing, they always put out the agenda two weeks before the meeting in the library. Or you can call up to the office and ask. I was just wondering how many people know about that? We need to stay informed and involved. Try to get involved with your schools and children and ask questions." ~Ex-Offender

"We need resources for information in order to get connected with community."

~Newcomers

#### **Crime/Safety**

"People turn to crime and drugs when they can't figure out another way, it's illegal and it's not right, but a man has to feed his family, the system puts pressures on you, like child support." ~Ex-Offender

#### **Education/Parenting**

"We need to support children who come to this country as babies, to continue their education beyond high school, it isn't fair."~Latino

"We need to improve our educational system standards when it comes to testing and accountability our dropout rate is too high. Early education is extremely important; government needs to know how important Smart Start is to our community."

~Newcomer

"We need to educate the public about the different visa categories that they may be eligible for and don't know about." ~Latino

"We need classes to teach us what to do if a family member is detained, parenting our children to have school achievement, preventing childhood obesity, safe sex, how to prevent substance abuse among children and how to obtain a drivers license." ~Latino

### **Emergency Services**

"Fire, EMS, Police should reevaluate the area as a whole, weighing the population concentration to determine where a new fire station may be needed for quicker response time." ~Newcomer

### **Employment**

"Many companies will not come to Alamance County because they feel they will not have a pool of qualified candidates here, this community is between RTP and GSO most people are commuting." ~Newcomer

"Some people are here illegal who are getting jobs that we can't get (who are legal and have served our time) I am all for people trying to improve themselves, but they should do it the right way, we are expected to do things right within the legal system." ~Ex-Offender

### **Healthcare**

"We need free mammograms." ~Latino

"The healthcare system is difficult to navigate at times." ~Newcomer

"Community health programs are important." ~Newcomer

### **Immigration**

"We carpool to work in groups. That way only one person might get a ticket. We are in an economic crisis because they are not letting us be productive. This problem is the government's fault, not ours, when I had a driver's license, I shopped more, I spent more, I was a consumer. Not any more. We do not go out and buy like we used to when we had a license. We stay home, because of no license; we do not go to well-child appointments. If Police see you driving they follow you. The children of a mother who was involved in a fender-bender accident were terrified when the officer arrived, our children are living with this knowledge, they are fearful of the Police for their parents' sake. My son says he is going to be a police officer to treat Hispanic people better." ~Latino

"This county is trying to do too much with too little and help too many, I know there are people with compassion, but when you come here and you are not natural born and not

willing to give anything, only willing to take, it becomes unfair, when they are driving around in better cars than us." ~Ex-Offender

"Comprehensive immigration reform recognizes hardworking people, not criminals, we are here to work, we want to pay to get papers, right now we have 20-30 people paying into the same social security account, we start filing our taxes if we had papers." ~Latino  
"Alamance County has done zero, leaders should see the large contribution we make and help us become legal, we want action, not words." ~Latino

### **Obesity**

"We need greenways, sidewalks and bicycle lanes." ~Newcomer

"We are being forced to look at the issue of obesity today, not everyone can join a health club, there should be opportunities for exercise in each community and connection between communities with greenways." ~Newcomers

### **Politics/Taxes**

"I think we need to start drug testing these politicians, I'm not joking, half of them are corrupt and the other half must be high." ~Ex-Offender

"I'm still in shock that the school system is still in such bad shape, since they passed the lottery, when I walk in a service station I see 2-3 people in line to buy a ticket. We need more afterschool homework assistance programs." ~Ex-Offender

### **Prevention**

"Smoke Free Restaurant Law is very important." ~Newcomer

### **Racism/Intolerance/Injustice**

"We are treated unfairly and inhumanly when stopped by Police for no reason." ~Latino

### **Transportation**

"We need more programs and resources for seniors and public transportation, how do we get to our medical appointments when we can no longer drive." ~Newcomer

"Gas prices and transportation are real problems." ~Ex-Offender

"Not being able to drive isolates us. We leave home only for the basics. We cannot take our children to play, go to work, to exercise, to the movies or to social outings."  
~Latino

"Transportation options are lacking and need to be addressed in order to maintain traffic flow in our growing town." ~Newcomer

"We need a bus system so we can afford to get around." ~Latino

## Forum

A Community Forum was held in October 2011, where over 100 leaders and community members came together to hear the findings from the assessment process and participate in a ranking exercise in order to determine what issues were most important to stakeholders.

A power point presentation was given highlighting the health and social assessment as well as the Elon Poll and Focus Groups. A morning and evening session was offered to accommodate all schedules.

Community leaders were asked to rank the importance of the issues presented. Results were then tallied and the top four health issues and the top four social issues as determined by the forum participants were identified.

**Health Priorities** (Top 4 from Forum): Healthcare, Obesity, Mental Health and Substance Abuse

**Social Priorities** (Top 4 from Forum): Education, Poverty, Homelessness and Domestic Violence

### 2011 Community Forum Breakfast

Currin	John, Jr.	Alamance Regional Medical Center
Erikson	Coral	Alamance Regional Charitable Foundations
Honeycutt	Craig	Alamance County Government
Green	Marcy	Alamance Regional Medical Center
Grayzer	Tracey	Alamance Regional Medical Center
Marvin	Amanda	Alamance County Health Department
Brady	Cindy	Family Justice Center, Healthy Alamance Board Member
Burns	Marilyn	Community Member, Alamance Regional Medical Center Board Member
Woodall	Edward	Carolina Bank
Bass	Barry	Alamance County Health Department
Alley	Shannon	Alamance County Health Department
Durr	April	Healthy Alamance
Colville	Kathy	Alamance Regional Medical Center, Board of Health Member, Healthy Alamance Board Member
Norwick	Heidi	Women's Resource Center, United Way Board Member
Jones	Linda	Alamance County DSS



Thompson	Harold	Allied Churches
Salisbury	Tracy	The Open Door Clinic
Saunders	Stacie	Alamance County Health Department
Athas	Jamie	Alamance Regional Medical Center
Poteat	Brenda	Allied Churches, Healthy Alamance Board Member
Cobb	Tammy	Elon University
Clemmons	Chris	Carolina Bank
Sheffield	Jackie	Burlington Police Department
Born	Libby	Community Member
Massey	Linda	Alamance County Commissioner
Ander	Gary	Alamance County DSS
Emehel	Clement	Emehel Consulting, Inc.
Auditori	Jill	Mebane City Council
Allison	Linda	Alamance County DSS
Kernodle	Lucy	Alamance Burlington School System
Inman	Lynn	Alamance County Mental Health
Lindley	Jack	Industrial Paper
Whitfield	Steve	Whitfield Properties
Whitfield	Nancy	Whitfield Properties
Farris	Ronald	BMS Pioneer
Simmons	Granville	City of Burlington
Reavis	Scott	Special Olympics of Alamance County
Porch	Debbie	Home Instead
Wall	Sara	Alamance Regional Medical Center
Georgiadis	Maria	Elon University
Shipp	Adria	Piedmont Health Services
Warner	Bud	Elon University
Mietus	Kim	ARMC Family Enrichment Center
Holder	Marni	Piedmont Health Services
Cockburn	Hanna	Piedmont Triad Regional Council
Roberson	Jim	District Court Judge
Faulkner	Jenny	Alamance Burlington School System
Lambeth	Tom	District Court Judge
Overby	Katie	District Court Judge
Asher	Marti	Gilliam, Coble & Moser, LLP

Woods	Aimee	UNC Public Health Student
Harman	Patrick	Hayden-Harmon Foundation
Mote	Katey	UNC Public Health Student
Nickens	Eric	Alamance County Health Department, Healthy Alamance Board Member
Uberig	Mandy	Loaves and Fishes
Joyner	Joy	Community Member
Wood	Jordan	United Way
Wright	Katie	United Way
Smith	Jane	Senior Center
Hornaday, III	F.D.	Alamance Regional Medical Center, Board Member
Gattis	William	City of Burlington
Harris	Nim	Burlington Fire Department
Duffy	Diane	Physician / Healthy Alamance Board Member

63 Records

## 2011 Community Forum Dinner

Jefferson	Doris	Community Member
Green	Marcy	Alamance Regional Medical Center
Linens	Glenda	Alamance County Health Department, Healthy Alamance Board Member
Brady	Cindy	Family Justice Center, Healthy Alamance Board Member
Alley	Shannon	Alamance County Health Department
Durr	April	Healthy Alamance
Colville	Kathy	Alamance Regional Medical Center, Board of Health Member
Norwick	Heidi	Women's Resource Center, United Way Board Member
Theall	Carrie	Alamance Partnership for Children
Pennington	Lisa	Alamance Regional Medical Center
Porter	Brenda	Alamance ElderCare
Jisa	Tanya	Benevolence Farm
Walters	Greg	Piedmont Health Coalition, Healthy Alamance Board Member
Abernathy	G. Wayne	Administrative Office of the Court

Moore	David	David R. Moore & Associates
Heath	Diane	Custom Made Screen and Digital
Welborn	Patty	SunTrust Bank
Brawn	Brenda	Carolina Biological
Pollard	Alice	Alamance County Health Department
McCarson	Krystie	Alamance County Health Department
Osborne	Susan	Alamance County DSS, Healthy Alamance Board Member
Capps	Penny	Carolina Biological
Wall	Ronnie K.	United Way, Mayor of Burlington
Ratliff	Nikki	Burlington Housing Authority
Rousseau	Lynn	Family Abuse Services
Nickens	Eric	Alamance County Health Department, Healthy Alamance Board Member
Holder	Marni	Piedmont Health Services
Bernhager	Becky	Community Member
Currin	John, Jr.	Alamance Regional Medical Center
Dhue	Charles	Community Member
Barry	Hannah	Community Member
Poole-Summers	Shanika	Burlington Housing Authority
Crump	Nichelle	Community Member
Dhue	Cindy	Community Member
Evans	Suzan	Community Member
Grech	Lindsay	Community Member
Italiano	Samantha	Community Member
Jacarusso	Susan	Community Member
Jensen	Jim	Community Member
Jensen	Shirley	Community Member
Joy	Deana	Crossroads: Sexual Assault Response & Resource Center
Bowman	Jacquelyn	Gold's Gym
Alston	Jewell	Community Member
Barcus	Peter	Hospice

44 Records

## Forum Discussion Report

The following comments were made during the discussion portion of the forum, after the data was presented and before participants were asked to complete the ranking form.

### Breakfast Session:

***What do you think about the quality of life in Alamance County? What would you like to see changed that would make our community a better place to live?***

- "Fantastic place to live and great place for us to be raising our family"; 52.7% of school kids having free and reduced lunch -hard to believe that many kids are in that economic situation (2,200 children)
- Free and reduced lunches: the actual number of eligibility is higher
  - o 170 newly eligible homeless children since the start of school-367 from last year
- The issue we don't look at a lot is that 75% of children 0-5 are in licensed childcare centers-what are the centers like (quality)-Early childhood and school readiness is very important
- School readiness-finding preschool on own
- Both parents involved in taking care of children financially
- Access to mental health care (children, adult, seniors)-state and government are decreasing funding but instances and needs are not going away
  - o Substance abuse-middle school aged kids, adult life
- Mental Health-most rapidly growing challenge where we see emergency services
- Homeless-in relation to the lack of mental health services
- Homelessness-dramatic increase-70 people a night-DOUBLE what it was from last year
  - o Dramatic increases in lunchtime feeding program-2,200
  - o 20 calls a day for people looking for but not finding emergency assistance for rent, utility bills, medical bills
  - o "Quality of life is poor and falling" "We are seeing people suffer and we want to get that message out"
- Agencies in Alamance County have cooperation with each other
  - o Homelessness: need about 10,000 units to house families
- Collaboration of care is excellent
- People who need help are being helped in our community
- "This is a generous community, people give back, people work together" "People are really hurting out there"

- almost 500 cases in criminal court
- "Educating our great silent majority"-no one realizes just how much hurt there is out there "It is a dire time right now"
- When there is a medical crisis, they cannot work, and cannot pay rent, no food, no transportation
  - Patients are "younger, sicker, and needs are greater"
- Health issues and social issues are directly related: child welfare and child abuse is directly related to substance abuse
  - Landscape has changed-new first time customers-people who are middle class (because of economy); now a new client
- Advocacy: Public policy; so many of the resources we rely on are from decisions made on the state and national level: increased reliance on Medicaid, access to health services
- How does this quality of life get translated to others?
- "Awareness is a key to change"
- Getting information about the problems (like poverty)
- UNTIED WAY: strategic plan, educate people about the needs of the community

*Dinner Session:*

***What do you think about the quality of life in Alamance County?***

- There was a massive amount of information (serious problems for the county) shared, but the thing that stood out to me was... Why did only 37% of the county residents get flu shots? I had the impression that shots are easily accessible. What is going on? What is the reasoning?
- The cost of food has increased. Help from Loaves and Fishes? Is Loaves and Fishes addressing this issue and if so, how?
- High school dropout rates are high! Are parents not held responsible?
- There has been a lot of information shared about the negatives/ weaknesses of Alamance County, but it is important to remember that a lot of these issues are found nationwide. On a positive note, Alamance County has established good partnerships and collaboration to tackle these weaknesses.
- Disability statistics seemed unusual. Do related community agencies agree with the percentages? Twenty percent seems too high. Who does that 20% include? How was this data collected?

- The sexual assault spike is alarming! What is the reasoning behind this?
  - o Cross Roads' response: When good/ effective services are available, the number of people seeking services/ reporting assault increases as a result of an increase in the awareness of services and support.

***What would you like to see changed that would make our community a better place to live?***

- Which of these problems can be addressed with more money? How do we get his money and how do we go about addressing them?
  - o Million dollar question!
- Elderly in home care is an important issue, especially with the baby boomer generation getting older. Where is the funding for Alzheimer/ Dementia research? What is the County's plan regarding the growing elderly population and their needs?
- The presentation indicated that Alamance County ranked a bit higher with the elderly population than the state of North Carolina. If more citizens had the opportunity to be active and social, it would make a big difference in how the senior population ages
  - o The younger population (i.e. college students) seems to be moving away at a faster rate; could be a factor of the higher numbers of seniors.
- A strength and something that now Alamance County seems to be losing is volunteerism. Are there enough clear cut opportunities? Perhaps the community needs to look for more ways to provide opportunities for volunteers.
- Positive: Elon's Biobus and its services are a wonderful resource!
  - o Relates to needs of the older adult population
  - o Public Transportation is needed
- The true question seems to be... How do we maintain the average quality of care we have now given our poor economic situation? It appears this should be our focus moving forward.
- What is needed is job development that meets people at their current skill level.
- More engagement from the community as a whole is needed on a consistent basis
  - o We seem to be missing this piece at times
  - o There is more power in unity vs. individuality

## Health Resource Inventory

Alamance County has many resources for residents and professionals. Sometimes it is hard to know where to start when seeking services or professional partnerships. Throughout this report careful attention was taken to provide a narrative on key health and social topics, along with the respective resources, agencies and services for each.

If you are seeking services or interested in collaborative work, please refer to the specific chapter of this report for detailed information. In addition a running list of data sources is posted at the end of the health and social assessment for reference. For a complete list of all services and organizations in Alamance County, please refer to the United Way's 2-1-1 Directory. This updated inventory is maintained online and can be accessed by visiting the United Way of Alamance County's website:

[www.uwalamance.org/](http://www.uwalamance.org/)

This new free directory can also be accessed from dialing 211 or 1-888-892-1162. In addition, Smart Phone and iPhone users can connect to this service through downloading a free application. Alamance County health and human service professionals can also update and add information about their organization. This comprehensive inventory is a valuable resource for consumers and providers. The Alamance County 2-1-1 Directory displays the name of the organization, categorized by the type of service they provide and includes the contact information for the facility.

From the United Way of Alamance website (listed above) simply click on the 2-1-1 logo to get connected and get answers. It will then automatically direct you to: [www.unitedwaync.org/nc-2-1-1](http://www.unitedwaync.org/nc-2-1-1) where you select the blue box "click here to find help." That automatically brings you to the North Carolina Database of Community Resources: [http://nc211.bowmansystems.com/index.php?option=com\\_cpx](http://nc211.bowmansystems.com/index.php?option=com_cpx) where you can search or update your listing.

There are several options for searching, such as using the common categories or using the advanced search features. To pull up the complete list for Alamance County, select advanced search and then type Alamance into the form, under county for either the physical location (yields over 170 results) or areas served tab (yields over 400 results).

**For More Information please visit the  
Community Assessment webpage at:  
[www.alamancecommunityassessment.com](http://www.alamancecommunityassessment.com)  
(After 12/15/2011)**

***To learn more: the Community Assessment Brochure &  
Power Point provide a summary of the findings and  
explanation of the process, to obtain a copy please contact  
Healthy Alamance***

***A member from the Assessment Team will be glad to  
schedule a presentation for your business or organization***

**Contact Healthy Alamance:  
(336) 513-5590  
[www.healthyalamance.com](http://www.healthyalamance.com)**