

2009

State of the County
Health Report



Foreword

The 2009 Stanly County State of the County Health (SOTCH) report is a yearly review of the county's health indicators and status. The purpose of this report is to inform the community and stakeholders about the health status of Stanly County residents. The Stanly County SOTCH Report complements and updates the information provided in the Stanly County 2007 Community Health Assessment.

The State of North Carolina requires every county to write a SOTCH report every year, except the year the Community Health Assessment is conducted. A Community Health Assessment is conducted every four years and a report is written regarding its findings. Stanly County's most current Community Health Assessment was written in 2007 by staff at the Stanly County Health Department.

The 2007 Community Health Assessment and 2009 SOTCH Report can be accessed on the Stanly County Health Department's webpage at <http://health.co.stanly.nc.us/>.

Please note that the source of all data is the North Carolina State Center for Health Statistics unless otherwise indicated.

Introduction

Stanly County is located in the south central portion of North Carolina, approximately 45 miles east of Charlotte. There are 10 incorporated communities in the county: Albemarle, Badin, Locust, New London, Norwood, Oakboro, Richfield, Stanfield, Red Cross, and the Village of Misenheimer. There are also several unincorporated communities which include Aquadale, Frog Pond, Porter, Cottonville, and Millingport. According to the 2000 North Carolina Department of Commerce, 32.3% live in urban areas and 66.1% of the population lives in a rural setting. Of that rural setting total, 1.7% (962) live on farms.

Demographics

The U.S. Census Bureau estimated that the population of Stanly County was 59,614 in 2008. Females comprise 50.5% of the population and males 49.5%. There are more males than females from ages 5-59. However from age 60 and older, there are more females. The overall median age is estimated to be 39.2. Specifically the 2008 estimated median age for males is 37.7 and 40.8 for females. The demographics of Stanly County are as follows:

POPULATION DATA		
Race/Ethnicity		
Race	Number	Percentage (%)
Caucasian/White	50,970	85.5%
African-American/Black	6,975	11.7%
Asian	1,073	1.8%
American Indian/Alaskan Native	179	.3%

Race	Number	Percentage (%)
Native Hawaiian/Other Pacific Islander	Z	Z
Two or more races	477	.8%
Ethnicity	Number	Percentage (%)
Hispanic/Latino	2,022	3.4%
Sex and Age		
Sex	Number	Percentage (%)
Male	29,509	49.5%
Female	30,105	50.5%
Age	Number	Percentage (%)
Under 5 years	3,729	6.3%
5 to 9 years	3,703	6.2%
10 to 14 years	3,776	6.3%
15 to 19 years	4,160	7.0%
20 to 24 years	3,520	5.9%
25 to 34 years	7,509	12.6%
35 to 44 years	8,296	13.9%
45 to 54 years	8,617	14.5%
55 to 59 years	3,886	6.5%
60 to 64 years	3,388	5.7%
65 to 74 years	2,645	4.4%
75 to 84 years	3,063	5.1%
Over 85 years	1,233	2.1%

Z: Value greater than zero but less than half unit of measure show

Recession Affects

To say 2009 was a challenging year would be an understatement. The effects of the recession has had a negative impact on many Stanly County residents. The unemployment rate for Stanly County in the first quarter of 2009 was 12.4% which is almost double the 2008 annual unemployment rate of 6.7%. Eight businesses closed in 2009 with 238 people losing their jobs. (Employment Security Commission, October 2009)

Usually where there is an increase in unemployment, there is an increase in uninsured adults. Lack of access to timely medical care can result in a lower quality of life as well as a shortened span of life. North Carolina has health insurance programs to cover most children, Health Check (Medicaid) and North Carolina Health Choice (CHIP). However, there are not programs to provide adults health insurance when they are unable to afford coverage and are not eligible for Medicaid/Medicare.

All is not bleak during these challenging times. Despite current employment constraints, preparation is ongoing to be ready for growth at the conclusion of this recession. Displaced workers are taking advantage of educational opportunities at Stanly Community College. According to Dr. Michael R. Taylor, President of Stanly Community College, "Spring enrollment at SCC is the largest ever, but then we seem to set an enrollment record just

about every semester. Unfortunately, that record enrollment is being driven by the highest unemployment our county has seen in years, and job loss continues in almost every segment of our economy.” (SCC Connections, Fall 2009)

The expansion of east/west highways in Stanly County continues. The initial impact of this road project is evident in the growth in the Locust-Stanfield area. Continuation of this road project is needed to attract new business as well as accommodate those employed outside of Stanly County. According to the 2000 North Carolina Department of Commerce, 68.2% of the county residents work in Stanly County, 31.1% work outside Stanly County, and 0.8% work outside of North Carolina.

Education

To compete in today’s world, a high school diploma is the minimal requirement to be gainfully employed. It is imperative that our youth and school personnel are prepared to meet the respective challenges this represents. Youth need to be prepared to take advantage of educational opportunities. School personnel need the training and support to provide effective instruction. Everyone needs to be involved in minimizing dropout events.

Overall, students attending Stanly County schools did well on the 2008-2009 ABCs/AYP Accountability Report. Student subgroups are tested on reading/language arts and math skills to determine if they have reached their target proficiency. Twenty-two Stanly County schools met their established growth standard for 2008-2009. The two schools that did not were North Stanly and South Stanly high schools. According to the North Carolina Department of Public Instruction 2008-09 ABC results, 16 out of 24 Stanly County schools achieved Adequate Yearly Progress (AYP) results. This was a great improvement over the previous school year. The schools that achieved AYP were: Albemarle Middle School, Aquadale Elementary, Badin Elementary, Endy Elementary, East Albemarle Elementary, Locust Elementary, Millingport Elementary, New London Choice Middle, North Albemarle Elementary, Oakboro Elementary, Richfield Elementary, Ridgecrest Elementary, Running Creek Elementary, South Stanly High, Stanfield Elementary, and Stanly Early College High. The eight schools that did not achieve AYP results were: Albemarle Senior High, Central Elementary, Kendall Valley Elementary, North Stanly High, Norwood Elementary, South Stanly Middle, West Stanly High, and Stanly Academic Learning Center.

It must be noted that for schools to achieve AYP, “each student subgroup must meet or exceed the State’s annual measurable objectives, each student subgroup must have at least a 95% participation rate in the statewide assessments, and the school must meet the State’s requirement for graduation rate or attendance. (North Carolina will average participation rates for the last two or three years, depending on how many years of data are available, whenever a school does not meet the 95% standard for the current year)” (N.C. Department of Public Instruction, Determining Adequate Yearly Progress (AYP) 2008-2009, August 5, 2009.)

Students dropping out of school usually results in them experiencing limited employment opportunities and a lower standard of living. In school year 2007-2008, more males than females dropped out of school. During that time period, more whites than all other races combined dropped out of school. The dropout rate for Stanly County schools during 2007-2008 was less than the previous school year, but higher than the previous three years, 2005-06, 2004-05; and 2003-04. The following table shows the number of dropouts and dropout rates for Stanly County schools. Gray Stone Day school has recorded no dropouts since its inception.

Stanly County Grade 7-12 Dropouts, Excludes Expulsions		
School Year	Number	Rate*
2007-2008	146	3.17
2006-2007	178	3.75
2005-2006	132	2.77
2004-2005	104	2.19
2003-2004	128	2.67

Source: N.C. Department of Public Instruction

*The dropout rate was calculated using the following formula:

Students who graduated with a diploma prior to June 30, 2008

Students in the LEA in the 9th grade in 2004-05

Plus students who transferred into the LEA in the grade appropriate to the cohort**

Minus students who transferred out of the LEA and students who are deceased***

The following table shows the Stanly County schools' 2007-2008 Grade 7-12 dropouts by gender and race/ethnicity.

2007-2008 Stanly County Grades 7-12 Dropouts	
Gender/Ethnicity	Number
Gender	
Male	94
Female	52
Race/Ethnicity	
White	117
Black	20
American Indian	0
Hispanic	3
Asian	0
Other	6

Source: N.C. Department of Public Instruction

The Stanly County School System is addressing these concerns. New instructional programs are being offered to provide students an effective and engaging learning experience. Teachers continually attend staff development activities to hone their teaching skills and knowledge. Schools are being equipped with the latest technology. Older school facilities are being replaced and others are being repaired or upgraded. Parents and concerned

citizens are volunteering in the schools. All these activities should result in a quality and meaningful education for all our youth.

Health Priorities

The Stanly County Health Department in collaboration with Partners in Health, the Stanly County Healthy Carolinians task force, identified county health priorities after reviewing the results of the 2007 Community Health Assessment and additional secondary data from the North Carolina State Center for Health Statistics. The community focused priorities for FY2008-2010 are: Health Promotion (Obesity, Substance Abuse, & Adolescent Pregnancy/STD Prevention), Injury Prevention, and Infant Mortality Reduction.

The following table highlights the results of the 2007 Community Health Assessment, secondary data, and identified risk facts.

Community Health Concern Matrix

Areas of Concern Identified through Primary Data Collection	Areas of Concern Identified through Secondary Data	Modifiable Risk Factors Associated with Identified Concerns
<p style="text-align: center;"><u>2007 Community Survey</u></p> <ul style="list-style-type: none"> • Drug Abuse • Access to Affordable Medical Care • Unemployment/Under-employment • Obesity • Child Abuse • Tobacco Use • Teen Pregnancy • Quality of Education (K-12) • Alcoholism • Affordable Childcare <p style="text-align: center;"><u>2007 Leader Survey</u></p> <ul style="list-style-type: none"> • Drug Abuse • Obesity (tie) • Unemployment/Underemployment(tie) • Tobacco Use • Access to Affordable Healthcare • Child Abuse • Domestic Violence • Quality of Education (K-12) • Teen Pregnancy • Illiteracy 	<ul style="list-style-type: none"> • <u>Leading Causes of Mortality</u> <ul style="list-style-type: none"> ○ Heart Disease ○ Cancer – all ○ Cancer – trachea, bronchus & lung ○ Chronic Lower Respiratory Disease ○ Pneumonia & Influenza ○ Diabetes ○ Cancer – Breast (↓ state average) ○ Motor Vehicle Injuries (↓ state average) ○ Unintentional Injuries (↓ state average) • <u>Maternal & Child Health Factors</u> <ul style="list-style-type: none"> ○ Infant Mortality ○ Low Birth Weight Births ○ Teen Pregnancy • <u>Communicable Disease</u> <ul style="list-style-type: none"> ○ Pneumonia ○ Influenza ○ Chlamydia ○ Gonorrhea 	<ul style="list-style-type: none"> • Chronic Diseases <ul style="list-style-type: none"> ○ Obesity ○ Inactivity ○ Tobacco Use ○ Nutrition ○ Access to Affordable Healthcare ○ Access to Affordable Medication • Infectious/Communicable Diseases <ul style="list-style-type: none"> ○ Drug Abuse ○ Alcohol Abuse ○ Adolescent Sexual Activity ○ Immunizations • Injuries <ul style="list-style-type: none"> ○ Child Safety Seat/Seat Belt Usage ○ Lead Poisoning ○ Substance Abuse (Alcohol & Drugs) ○ Motor Vehicle Safety • Infants & Children <ul style="list-style-type: none"> ○ Teen Pregnancy ○ SIDS ○ Birth Defects (folic acid) ○ Access to Affordable Healthcare

Leading causes of death

The 2007 death rates for the five leading causes of death in Stanly County are shown in the following table. Corresponding death rates with those leading causes are compared with the State's rate. Please note that the source of all data is the North Carolina State Center for Health Statistics unless otherwise noted.

Stanly County Death Rate* 2007 Leading Causes of Death		
Cause of Death	Stanly County	North Carolina
Heart Disease	268.8	193.0
Cancer – all sites	204.5	192.1
Cancer - trachea, bronchus, & lung	72.7	58.9
Cerebrovascular Disease	52.4	47.8
All other Unintentional Injuries	44.0	28.1

*per 100,000 population

The leading causes of death in Stanly County have identified risk factors where personal modifications can be undertaken to lessen the likelihood of death from these diseases. Identified risk factors and the community's responses to addressing them will be examined in detail in the section, Community Focused Priorities.

Addressing Health Priorities

The Stanly County Health Department plays an invaluable role in the protection and improvement of the public's health in Stanly County. The three identified core public health functions are assessment, policy development, and assurance. These core functions are implemented through collaborative relationships with public and private entities, elected and non-elected officials, communities, and residents of Stanly County.

It is critical that the Stanly County Health Department focus its direct services on high quality, effective practices; pursue appropriate modifications in service delivery and expansion; and perhaps most importantly, serve as a catalyst to stimulate collaborative interventions in the community among various partners. This collaboration has a tendency to promote a better solution or approach to the health issue. Plus, collaboration is imperative in today's fiscal environment due to limited staff, resources, time, funding, and community influence. Together, we have collective strength, wisdom, and resources.

Community partners include (but are not limited to) the following groups/agencies: Partners in Health, a Healthy Carolinians task force; Stanly County School system; Community Care Clinic; Stanly Regional Medical Center; Stanly Community Christian Ministries; churches; Homes of Hope; Pregnancy Resource Center; Partnership for Children; fire departments;

United Way of Stanly County; preschools; law enforcement; Butterfly House; Department of Social Services; and mental health services.

One word of caution: Like the State as a whole, Stanly County's health data reveals various health disparities among minority populations. These conditions are significantly influenced by economic and social inequalities of our society. Efforts to address this concern must include increasing our understanding of racial and ethnic cultures and promoting economic development and educational opportunities in addition to assuring the availability and accessibility of health and medical services. This might be easier attained with more diverse leadership on agency and community Boards.

Community Focused Priorities

The community focused priorities for FY2008-2010 are: Health Promotion (Obesity, Substance Abuse, & Adolescent Pregnancy/ STD Prevention), Injury Prevention, and Infant Mortality Reduction. The following paragraphs will highlight the state of these community focused priorities and what is being done to address them.

Health Promotion: Obesity

Obesity is an ongoing health concern for adults and children in Stanly County. According to the Centers for Disease Control and Prevention (CDC), increased weight gain classified as overweight or obese can contribute to the following diseases:

- ❖ Coronary heart disease
- ❖ Type 2 diabetes
- ❖ Cancers (endometrial, breast, and colon)
- ❖ Hypertension (high blood pressure)
- ❖ Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- ❖ Stroke
- ❖ Liver and Gallbladder disease
- ❖ Sleep apnea and respiratory problems
- ❖ Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- ❖ Gynecological problems (abnormal menses, infertility).

(www.cdc.gov/obesity/causes/health.html)

Body Mass Index is one screening tool used to determine weight classification. "BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat..." (www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html, 2008) The following Body Mass Index Grouping charts show that the Piedmont Region has a lower rate of underweight, overweight, and obese citizens when compared to North Carolina in 2007. There were more Piedmont Region citizens in the Recommended Range in 2007 than in the State overall. This information is 2008 BRFSS data obtained by surveying Piedmont and North Carolina residents. The first Body Mass Index Grouping chart highlights the Piedmont North Carolina data. The second Body Mass Index Grouping chart highlights the North Carolina data.

Body Mass Index Grouping Piedmont North Carolina

Year	Total	Underweight	CI	Recommended Range	CI	Overweight	CI	Obese	CI
2004	7881	1.4	1.2- 1.8	37.5	36.1-38.9	37.7	36.4-39.1	23.3	22.2-24.5
2005	9197	1.8	1.4- 2.2	36.0	34.6-37.4	37.6	36.3-39.0	24.6	23.4-25.8
2006	8323	2.3	1.7- 3.0	36.8	35.3-38.3	35.2	33.7-36.7	25.7	24.4-27.0
2007	6761	1.6	1.2- 2.2	34.7	32.9-36.5	35.6	33.9-37.3	28.2	26.5-29.9

CI = Confidence Interval

Body Mass Index Grouping North Carolina

Year	Total	Underweight	CI	Recommended Range	CI	Overweight	CI	Obese	CI
2004	14228	1.4	1.2- 1.6	35.5	34.5-36.5	37.9	36.9-39.0	25.2	24.3-26.1
2005	16417	1.8	1.5- 2.1	35.5	34.5-36.6	36.7	35.7-37.8	25.9	25.1-26.9
2006	14883	2.0	1.7- 2.5	35.1	33.9-36.2	36.2	35.1-37.4	26.6	25.7-27.6
2007	14090	1.8	1.5- 2.2	33.6	32.3-34.8	35.9	34.7-37.1	28.7	27.5-29.9

CI = Confidence Interval

NC-NPASS data provides a snapshot of the seriousness of obesity in children, ages 2-18. NC-NPASS data is limited to children seen in North Carolina Public Health WIC and Child Health clinics and some School Health clinics. Overall, there are fewer children at risk when comparing 2007 results with 2008 results. There are a higher percentage of children overweight from ages, 5-18 in 2008 than 2007. There were less underweight and in the normal category in 2007 compared to 2008. One must note that a relatively small number of children are included in this data. The following table provides a snapshot of the extent of obesity in Stanly County children using NC-PASS data:

**Prevalence of Obesity, Overweight, Healthy Weight and Underweight in Children
Stanly County**

	Under Weight	Normal	At-Risk	Over Weight	Total
	<5 th Percentile	>=5 th to <85 th Percentile	>=85 th to <95 th Percentile	>=95 th Percentile	
2008					
2-4 Years Old	3.4%	66.9%	16.9%	12.8%	556
5-11 Years Old	5.1%	41.0%	5.1%	48.7%	39
12-18 Years Old	0.0%	25.0%	18.8%	56.3%	16
2007					
2-4 Years Old	7.8%	69.9%	11.9%	10.4%	579
5-11 Years Old	7.9%	65.8%	5.3%	21.8%	38
12-18 Years Old	0.0%	33.3%	25.0%	41.7%	12
2006					
2-4 Years Old	7.8%	73.0%	10.8%	8.3%	564
5-11 Years Old	8.3%	62.5%	12.5%	16.7%	24
12-18 Years Old	0.0%	27.3%	9.1%	63.6%	11
2005					
2-4 Years Old	5.8%	68.6%	11.8%	13.8%	608
5-11 Years Old	5.0%	35.0%	25.0%	35.0%	20
12-18 Years Old	9.1%	54.5%	18.2%	18.2%	11
2004					
2-4 Years Old	4.5%	70.9%	13.5%	11.1%	533
5-11 Years Old	8.3%	70.8%	4.2%	16.7%	24
12-18 Years Old	5.3%	15.8%	31.6%	47.4%	19

Conclusion: Obesity

Obesity was listed as fourth as a serious concern on the community respondents' surveys and second on the leaders' surveys. It is clear from responses to the BRFSS survey & NC-NPASS data, that obesity is a serious health issue for Stanly County citizens. Two of the major causes of obesity are inactivity and unhealthy eating. The following BRFSS charts reflect the amount of exercise done by those living in the Piedmont Region and North Carolina. The citizens of the Piedmont Region reported slightly more physical activity than North Carolina citizens in 2007.

**% Activity Recommendation Status
Piedmont Region**

Year	Total	Meets Recommendation	CI	Some Physical Activity	CI	Physically Inactive	CI
2005	9302	41.8	40.4-43.2	40.3	39.0-41.7	17.9	16.8-19.0
2007	6712	44.6	42.7-46.4	42.0	40.2-43.8	13.4	12.3-14.7

CI = Confidence Interval

**% Activity Recommendation Status
North Carolina**

Year	Total	Meets Recommendation	CI	Some Physical Activity	CI	Physically Inactive	CI
2005	16491	42.1	41.0-43.1	39.7	38.7-40.8	18.2	17.4-19.0
2007	13951	44.0	42.8-45.3	41.6	40.4-42.9	14.3	13.5-15.2

CI = Confidence Interval

The following chart shows the results of the 2008 BRFSS survey. More males than females reported regularly participating in physical activities or exercise during the past month that this question was asked. Whites reported a higher participation rate than minorities. African Americans reported the highest participation among minorities in physical activities or exercise during the reporting period.

During the past month, did you participate in any physical activities or exercises?

	%Yes	%No
Male	80.4	19.6
Female	73.7	26.3
White	78.9	21.1
African American	74.6	25.4
Other Minorities	69.8	30.2
Hispanic	65.9	34.1

There has been concern expressed about the relationship of video game playing on inactivity. The research seems to be ambiguous with conflicting study results regarding children. A study by James B. Weaver, Darren Mays, Stephanie Sargent Weaver, Wendi Kannenberg, Gary L. Hopkins, Doğan Eroğlu, and Jay M. Bernhardt found that correlations between adult video game players had higher a BMI than non-players. (“Health-Risk Correlates of Video-Game Playing Among Adults,” *American Journal of Preventive Medicine*, October 2009, Vol. 37, Issue 4, Pages 299-305) This is an area that needs further examination.

Inactivity is not the only cause of obesity. An unhealthy diet can greatly contribute to obesity. Food portions served at eating establishments are usually now larger than they have been in the past. In fact, portion sizes have doubled in many eating establishments. Also, contributing to high caloric food content are special sauces, ingredients, and cooking styles. Couple this with lack of meaningful physical activity and the result is increases in unhealthy body weights.

What is Stanly County doing to address the issue of obesity?

The seriousness of obesity as a health issue has motivated several community groups and agencies to work together to begin addressing this health concern. Two billboards sponsored by Partners in Health advocating “Be Active” message were placed in Albemarle and Badin. The Healthy Lifestyle Trivia flip card game, a nutrition table top trivia game developed by the Stanly County Partners In Health, Healthy Weighs Committee led by Karen Brown, is now in more than 20 eating establishments throughout the county. Playing this game gives families the opportunity to learn more about healthy eating choices.

N.C. Cooperative Extension is focusing on helping families and individuals eat more nutritiously. They offered Families Eating Smart and Moving More program last Spring. They are planning to offer Eat Smart, Move More, Weigh Less and Eat Smart, Cook More programs to the community.

Albemarle Parks and Recreation held a public meeting to get input regarding comprehensive recreation plan for all of Stanly County in November. This meeting looked at immediate and county-wide needs for facilities, programs, trails, etc. This will complement the comprehensive Pedestrian Plan that was adopted and the comprehensive Bicycle Plan that is being drafted.

Schools are stressing healthier eating practices, including limiting snack selections to healthy choices. This has met resistance from some, but people are complying with the new policy. Schools are, also, encouraging more physical activity through the school day. This is being done by incorporating physical activity in the lessons.

Twice a week county employees have the opportunity to participate in fitness or dance/fitness classes. A walking challenge activity has been initiated with 75 county employees registered to participate.

The Healthy Weighs committee is working on a future community project where old sneakers will be sprayed gold and hidden in the city and county parks. The project will encourage people will get out to the parks and look for them, so they can win prizes and get some exercise in the process.

Health Promotion: Adolescent Pregnancy/Sexually Transmitted Diseases (STDs)

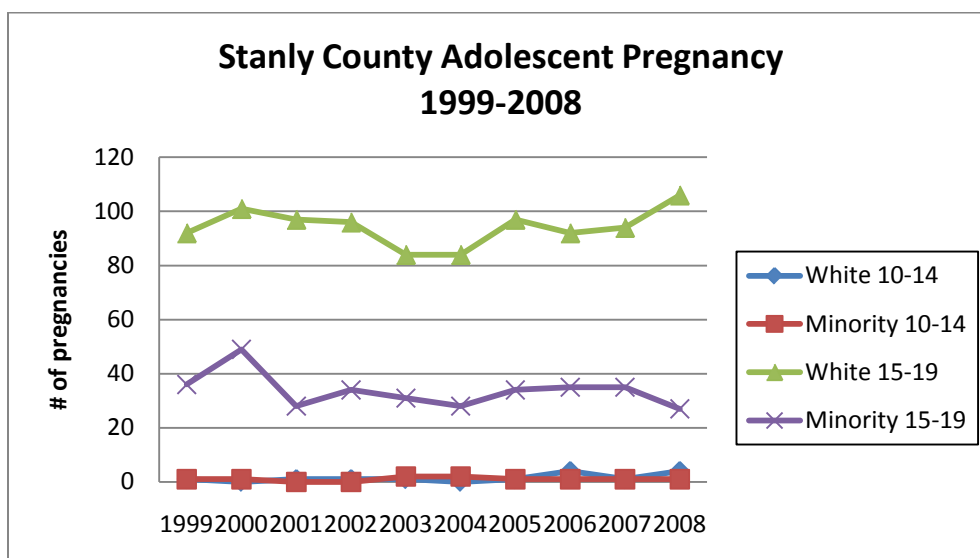
There are too many unintended adolescent pregnancies in Stanly County. For white adolescents, ages 10-19, the number of pregnancies trend line is rising. For minority adolescents, ages 10-19, the number of pregnancies trend line has remained steady – the same number or pregnancies for the past three years.

However, further analysis of the rate of pregnancy in adolescents 15-17 shows that both the white and minority rate of pregnancy is on an upward trend. The rate of minority pregnancies is higher than white pregnancies. The rate of pregnancy in Stanly County adolescents 15-17 is higher than North Carolina's rate of pregnancy in adolescents, 15-17.

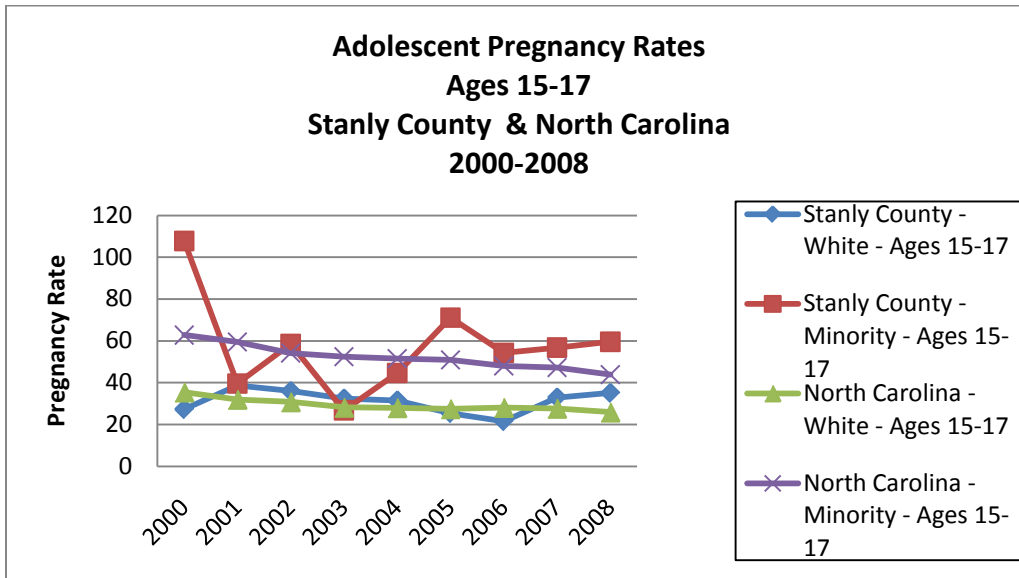
There has been much discussion statewide regarding the curriculum used in the public schools. Recent state legislation requires school systems to offer options during the 2010-2011 school year. Locally, the Stanly County Public School policy is abstinence until marriage. To be in compliance with the updated, local policy will be revised with Board approval prior to the beginning of the 2010-2011 school year.

The North Carolina Parent Opinion Survey of Public School Sexuality Education: An Update to the 2003 Survey (April 2009) found that 91.8% of parents of public school students surveyed felt sexuality education should be in North Carolina public schools curriculum. The majority of parents responding felt sexuality education should begin in the sixth grade and continue through high school. Some of the topics parents felt important to include in this instruction were: abstinence until marriage, effectiveness of contraceptives, basic of reproduction, dealing with pressure to have sex, talking with parent about sex and STDs, etc. The majority of parents who opposed sexuality education in the public schools felt it should be taught by students' parents.

The following adolescent pregnancy charts visually illustrate the results of adolescent sexual activity. The charts show total adolescent pregnancy numbers as well as rates.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
White 10--14	1	0	1	1	1	0	1	4	1	4
Minority 10-14	1	1	0	0	2	2	1	1	1	1
White 15-19	92	101	97	96	84	84	97	92	94	106
Minority 15-19	36	49	28	34	31	28	34	35	35	35

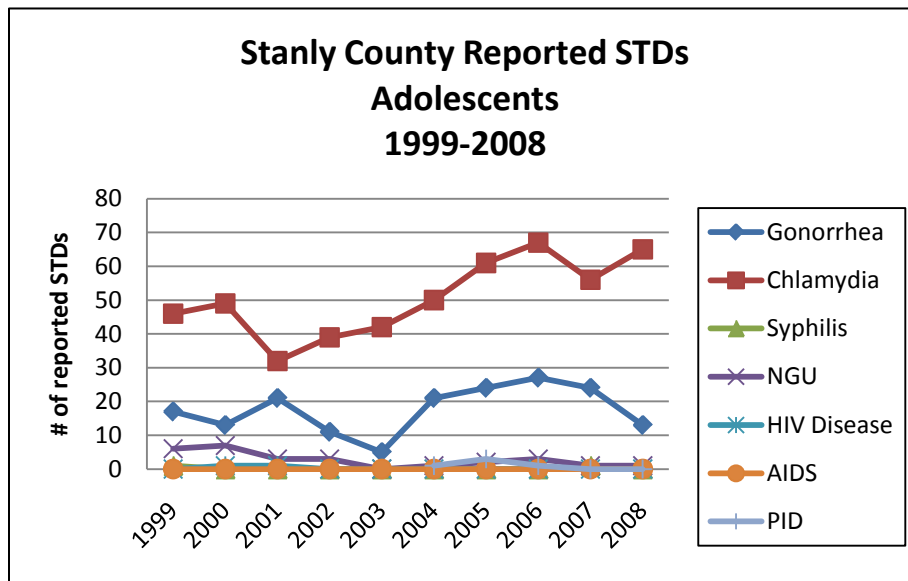


	2000	2001	2002	2003	2004	2005	2006	2007	2008
Stanly County - White – Ages 15-17	27.3	38.7	36	32.4	31.5	25.4	21.5	32.9	35.1
Stanly County - Minority – Ages 15-17	107.8	39.6	58.6	26.8	44.6	71.1	54.3	56.8	59.6
North Carolina -White – Ages 15-17	35.5	32	30.8	28.2	28	27.5	28.1	27.7	25.9
North Carolina - Minority – Ages 15-17	62.8	59.5	54.2	52.5	51.5	50.9	48	47.3	43.9

of pregnancies per 1,000 of reproductive age

An unintended consequence of sexual activity is the incidence of sexually transmitted diseases (STDs). Chlamydia is the highest reported STD in adolescents with gonorrhea a distant second. No adolescent has been reported with HIV since 2001. This lack of reported cases of HIV infection may be the result of the lengthy period of time between infection and appearance of symptoms. Unless a person requests an HIV antibody test, they are typically not tested.

The incidence of reported STDs in adolescents had been increasing until 2007. In 2007, there was a decrease of reported STDs in adolescents. This downward trend continues in all STDs reported, except chlamydia.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Gonorrhea	17	13	21	11	5	21	24	27	24	13
Chlamydia	46	49	32	39	42	50	61	67	56	65
Syphilis	1	0	0	0	0	0	0	0	1	0
NGU*	6	7	3	3	0	1	2	3	1	1
HIV Disease	0	1	1	0	0	0	0	0	0	0
AIDS	0	0	0	0	0	0	0	0	0	0
PID+						1	3	1	0	0

*non-gonococcal urethritis +pelvic inflammatory disease became reportable in 2004

Conclusion: Adolescent Pregnancy/Sexually Transmitted Diseases (STDs)

Sexually activity can result in unintended pregnancies and STDs. In adolescents, pregnancy and STDs can have a negative impact on their health and economic status. Adolescent pregnancies and out of wedlock births increase the difficulty for females to have gainful employment and adds additional social and emotional challenges.

Attempts to address the incidence of adolescent pregnancy and STDs have been challenging even though teen pregnancy was #7 on the community serious concern rankings and #8 (tied) on the leader's rankings. Strong views about acceptable adolescent sexuality behavior limit attempts to address this concern. The two prevailing educational views are abstinence only until marriage and abstinence with contraceptive information. Entering into this is the question of who is responsible for educating adolescents regarding their sexual health.

Depending upon who is asked the answers include parents, churches, health care providers, and schools.

What is Stanly County doing to address the issue of adolescent pregnancy and STDs?

Stanly County Public Schools will be revising their policy due to recent State legislation that requires schools to offer options beginning of the 2010-2011 school year. SHAC (School Health Advisory Committee) has not been as active as in the past due to staff turnover and other pressing health issues (seasonal flu and H1N1 flu).

Programs continue to be presented to adolescents throughout the county by many groups including the Youth Advisory Council, Stanly County Health Department, and That Youth Thing. The comprehensive sexuality program for First Presbyterian Church’s youth, grade fifth through twelfth, was developed with the Stanly County Health Department. Unfortunately it was offered at a time that limited participation, so it was cancelled.

Health Promotion: Substance Abuse

It is difficult to get firm data to convey the extent of the substance abuse problem in Stanly County. Nonetheless, it is seen as a serious concern by Stanly County residents. Substance abuse was the number one concern for community and leader respondents in the 2007 Community Health Assessment.

Estimations of substance abuse by Stanly County youth has been provided by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The flowing chart shows these estimations of substance abuse by youth for 2007 and 2008.

**Estimated Youth with Substance Abuse
Stanly County**

	Ages, 12-17	Ages, 18-25	Ages, 26+
2008	398	1,187	2,663
2007	416	1,140	2,768

Although “hard” statistics conveying the use of illegal drugs in Stanly County is not available, the number of arrests for illegal drug activities is available. The following statistics were obtained from the North Carolina State Bureau of Investigation. The following chart reports the number of juvenile and adult arrests in Stanly County for drug offenses from 2003 through 2008.

**Juvenile and Adult Arrests
Stanly County
2003-2008**

Year/Age	Sale/Manufacturing				Possession			
	Opium or Cocaine	Marijuana	Synthetic Narcotics	Other Dangerous Drugs	Opium or Cocaine	Marijuana	Synthetic Narcotics	Other Dangerous Drugs
2008								
<18	0	1	0	0	0	3	0	0
18+	9	3	0	0	36	59	2	8
2007								
<18	0	0	0	0	1	13	1	0
18+	4	1	0	0	56	64	1	10
2006								
<18	0	0	0	0	2	3	0	0
18+	0	0	0	0	66	59	5	5
2005								
<18	0	0	0	0	2	4	0	0
18+	1	0	0	0	33	40	0	3
2004								
<18	0	0	0	0	2	11	0	1
18+	1	0	0	0	26	68	2	7
2003								
<18	0	1	0	0	1	3	0	0
18+	4	1	1	1	29	44	1	0

Note: <18: 17 and younger 18+: 18 and older

Use of legal substances, tobacco and alcohol, can present health issues in a community.

According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey, only 1.0% of respondents age 18 and older stated they had not had a drink of any alcoholic beverage in the past 30 days. The State percentage was 1.1%. Only 6.9% stated they drank an alcoholic beverage everyday in the past 30 days which was less than the State percentage of 7.4%. The majority of Piedmont respondents (32.3%) to this question stated they had a drink 3-7 days of the past 30 days.

The 2008 BRFSS asked Piedmont residents how many drinks they drank on average when they drank an alcoholic beverage. The vast majority (43.0%) responded they only had one drink. The other end of the spectrum showed that 10.6% had an average of five or more drinks a day.

The 2008 BRFSS asked Piedmont residents, 18 years and older, how many times in the past 30 days did you drive after probably having too much to drink. An overwhelming percentage (96.2%) stated they had never driven after having too much to drink. The other respondents (3.8%) stated that they had driven after too much to drink one or more times. More males (5.3%) than females (1.8%) stated they had driven after drinking too much. The highest

percentage (20.0%) of those who had driven one or more times after drinking too much alcohol were 25-34 years of age.

The following chart shows statistics from the North Carolina State Bureau of Investigation regarding the number of juvenile and adult arrests for alcohol related crimes in Stanly County for the years 2003-2008.

**Alcohol Related Arrests
2003-2008
Piedmont Region**

Crime	2003		2004		2005		2006		2007		2008	
	18↓	18+	18↓	18+	18↓	18+	18↓	18+	18↓	18+	18↓	18+
Driving under the influence	10	313	4	257	1	176	3	203	3	181	3	170
Liquor Laws	5	17	1	10	5	22	3	29	4	13	5	21
Disorderly Conduct Drunk & Disorderly	12	72	20	60	7	50	33	57	7	55	5	41

Note: 18↓ - 17 and younger 18+ - 18 and older

According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey, 80.7% of the adults residing in the Piedmont area did not smoke. Only 19.3% stated that they were current smokers. More males identified themselves as current smokers than women – 22.2% versus 16.6%. More African Americans (21.2%) smoked than Whites (20.0%) and Other Minorities (12.8%). The age group, 18-24, had the greatest percentage of smokers at 22.5%. These percentages of all groups were less than the previous year’s percentages.

Piedmont residents were asked if they had tried to quit smoking during the past 12 months on the BRFSS survey. The majority of smokers (59.7%) responded yes, while 40.3% stated they had not tried to quit smoking. More males than females tried to quit smoking during this time – 62.7% versus 55.9%. More Other Minorities (76.4%) tried to quit than White (55.6%) or African American (68.0%) respondents. The age group with the highest percentage of attempts to stop smoking was 18-24 year olds (71.0%) and those 75+ years of age had the lowest percentage (46.4%).

Second hand smoke questions were included on the 2008 BRFSS survey. When asked if people thought smoking should be allowed in restaurants, 62.3% stated it should not be allowed at all, 34.7% stated it should be allowed in some areas, and 1.7% smoking should be allowed in all areas. More females (66.2%) wanted no smoking in restaurants than males (58.1%).

The question regarding smoking in the workplace was also asked on the 2008 BRFSS survey. A high percentage (74.6%) stated smoking should not be allowed in the workplace with 22.9% stating smoking should be allowed in some areas and 1.1% stating it should be allowed in all areas. More females (79.7%) responded to no smoking at all in the workplace than males (69.1%).

There are other tobacco products other than cigarettes, such as chewing tobacco or snuff. The 2008 BRFSS survey asked if the respondent had ever used any smokeless tobacco products. An overwhelming number of Piedmont respondents (82.2%) stated they had never used smokeless tobacco products. More females (95.3%) stated they had never used smokeless tobacco products than males (68.35). More White respondents (21.7%) had tried a smokeless tobacco product than African Americans (10.4%) and Other Minorities (6.5%). The age groups with the great percentage of those trying or using smoking tobacco products were 25-34 (22.7%) and 35-44 (20.1%).

Conclusion: Substance Abuse

Substance abuse is a problem in Stanly County when perusing the arrest numbers for juveniles and adults. Marijuana and opium/cocaine have the greatest number of arrests for those 18 year olds and older. Possession of marijuana has the greatest number of arrests for those 18 years old and younger. Arrests are only “the tip of the iceberg” when assessing the illegal use of drugs in Stanly County. Estimations by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services show the use of illegal drugs much higher than arrest records show. There is still an ongoing concern regarding the illegal use of prescription drugs.

Alcohol misuse and abuse is a concern in Stanly County. Only 1.0% stated they had not drunk an alcoholic beverage in the past 30 days. While 6.9% stated they drank every day. When asked how many drinks were consumed when they drank, 43.0% stated they only had one drink at one sitting while 10.6% had five or more alcoholic beverages during that time period. The misuse of alcohol has serious physical, social, and financial ramifications for individuals, families, and the community.

Arrests for driving under the influence (DUI) have been on a downward trend from 2006 for those 18 and older. An overwhelming majority (96.2%) stated they had probably not driven after drinking to many alcoholic beverages. More males than females reported driving after drinking too much. The age group stating they had probably driven after drinking too much were 25-34 years of age.

The use of tobacco products was a concern. Only 19.3% of the adult population identified themselves as current smokers. The majority of smokers were men (22.2%). More African Americans (21.2%) identified themselves as current smokers than any other race. Those 18-24 had the greatest percentage of smokers – 22.5%.

Secondhand smoke is a concern among respondents. An overwhelming majority did not want smoking in workplace (74.6%) and restaurant (62.3%) settings.

What is Stanly County doing to address the issue of substance abuse?

Mock Crash Car events were held at North, South and Albemarle high schools this past spring. The Albemarle Police Department received grant funds for the Stanly County Safe Kids Coalition from the ABC Board to fund this event. This funding is available through 2010.

The County Commissioners banned the use of all tobacco products at The Stanly Commons building within a 50 foot radius of the doorways after being requested by the Stanly County Board of Health. The State passed legislation that increased the State sales tax on cigarettes and banned smoking in food establishments. This will have an impact on the incidence of smoking as well as the exposure to secondhand smoke.

Albemarle Parks and Recreation sponsored summer camp at Central Elementary School. This program provided up to 40 youth the opportunity to participate in constructive activities.

Injury Prevention

Stanly County has had reported injuries due to bicycle and pedestrian crashes in Stanly County. The following charts shows data from the N. C. Department of Transportation regarding bicycle crashes and pedestrian crash data.

**Stanly County Bicycle Crash Data – Injury
1998-2007**

Injury	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Killed	0	0	0	0	0	0	0	0	0	0
A Type Injury (disabling)	2	2	1	2	0	0	0	2	0	0
B Type Injury (evident)	4	3	4	3	2	3	3	0	0	0
C Type Injury (possible)	1	1	0	2	1	3	2	1	0	0
No injury	0	1	0	0	0	0	0	0	0	4
Unknown	0	0	0	1	0	0	0	0	0	1

**Stanly County Bicycle Crash Data – Age Grouped Table
1998-2007**

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
0-5	0	0	0	0	0	0	0	0	0	1
06-10	1	0	0	2	0	2	0	1	0	1
11-15	3	3	0	2	1	2	1	2	0	1
16-19	0	1	2	0	1	0	0	0	0	0
20-24	0	1	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	1	0	0	0	0
30-39	3	2	1	2	1	0	0	0	0	0
40-49	0	0	2	1	0	1	2	0	0	0
50-59	0	0	0	0	0	0	2	0	0	2
60-69	0	0	0	1	0	0	0	0	0	0

**Stanly County Bicycle Crash Data – Fault
1998-2007**

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bicyclist at Fault	5	5	4	5	2	3	2	3	0	3
Both at Fault	0	1	0	0	0	0	0	0	0	0
Motorist at Fault	2	1	0	2	0	2	1	0	0	2
Neither at Fault	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	1	1	1	2	0	0	0

**Stanly County Pedestrian Crash Data – Injury
1998-2007**

Injury	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Killed	2	1	0	1	1	1	0	0	3	0
A Type Injury (disabling)	6	3	3	2	1	0	0	1	0	0
B Type Injury (evident)	3	2	4	2	5	4	10	3	1	11
C Type Injury (possible)	4	6	3	5	4	1	5	3	5	3
No injury	0	0	0	0	0	2	1	0	1	0
Unknown	0	0	0	0	0	0	0	2	0	1

Counts are of pedestrians not motorists

Stanly County Pedestrian Crashes - City 1998-2007

City	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Albemarle	9	9	8	6	4	5	7	4	5	7
Locust	1	0	0	1	1	0	0	0	0	0
New London	0	0	0	1	1	0	0	0	0	0
Norwood	0	0	0	0	0	0	1	2	1	2
Oakboro	1	0	0	0	0	0	1	0	0	1
Red Cross	0	0	0	0	0	1	0	0	0	0
Richfield	0	0	0	0	1	0	1	1	0	0

Stanfield was not listed in the data

Stanly County Pedestrian Crash Data – Fault 1998-2007

Fault	1999	2000	2001	2002	2003	2004	2005	2006	2007
Both at fault	1	0	1	1	0	0	0	0	0
Fault cannot be determined	1	0	0	0	0	0	0	0	0
Motorist at fault	5	3	4	4	1	3	3	1	8
Neither at fault	2	0	0	0	0	0	0	0	0
Pedestrian at fault	4	6	3	4	4	7	3	6	6
Unknown	0	1	1	2	3	4	3	3	1

In 2007, there were five reported bicycle accidents in Stanly County. Three bicyclists were under the age of 15 and two were in their fifties. Fault in three of the accidents were attributed to the bicyclist; two were attributed to the motorist.

There were 15 pedestrian accidents in Stanly County in 2007. Fourteen of these individuals were injured and one is unknown injuries. None were disabling. Motorists were at fault in eight of these accidents and pedestrians were at fault in six. It was unknown who was at fault in one pedestrian crash.

Albemarle reported the most pedestrian crashes at seven. Norwood had two and Oakboro one pedestrian crash.

Conclusion: Injury Prevention

A crash involving a vehicle hitting a pedestrian or bicyclist can have catastrophic results. The pedestrian has no protection from injury and a bicyclist's only protection is a bike helmet. According to the National Highway Traffic Safety Administration, pedalcyclist deaths accounted for two percent of all traffic fatalities and two percent of all injuries in traffic crashes in 2007. (Pedalcyclists are riders of nonmotorized vehicles, tricycles and unicycles.) The

average age of those killed in 2007 pedalcyclist traffic accidents was 40. (Traffic Safety Facts 2007 Data)

The bicycle injuries data from Stanly County shows that age is not a factor in bicycle crashes. People of all ages are susceptible regardless of who was at fault. Pedestrian crashes usually have the pedestrian at fault, but in 2007 the fault was almost equal between pedestrian and motorist.

What is Stanly County doing to address the issue of injury prevention?

To address the bicycle safety issue, bike helmets were available from Albemarle Parks and Recreation Agency at below cost. A free bicycle helmet was given to the parent who accompanied the child. A one day bike event was held at City Lake Park to encourage children and adults to bicycle safely. During Child Safety Week, Stanly County Safe Kids members distributed safety seat information at all elementary schools to parents waiting in line to pick up their children.

Albemarle is in the process of finalizing a Comprehensive Bicycle Plan which will complement its Pedestrian Plan. One of the goals of this Comprehensive Bicycle Plan is to provide a safer bicycle network in Albemarle. Included in this plan are bicycle safety programs, traffic calming elements, and off-road bicycle paths.

Infant Mortality Reduction

There are several countywide groups addressing infant mortality in Stanly County. The Stanly County Child Fatality Prevention Team and health department staff were active in calling attention to infant mortality – its causes and prevention. To further augment this effort Partners in Health established the Infant Mortality Reduction Team, a subgroup of Partners in Health. This effort was initiated in June 2007 under the leadership of Lisa Williams, R.N. with the Stanly County Health Department.

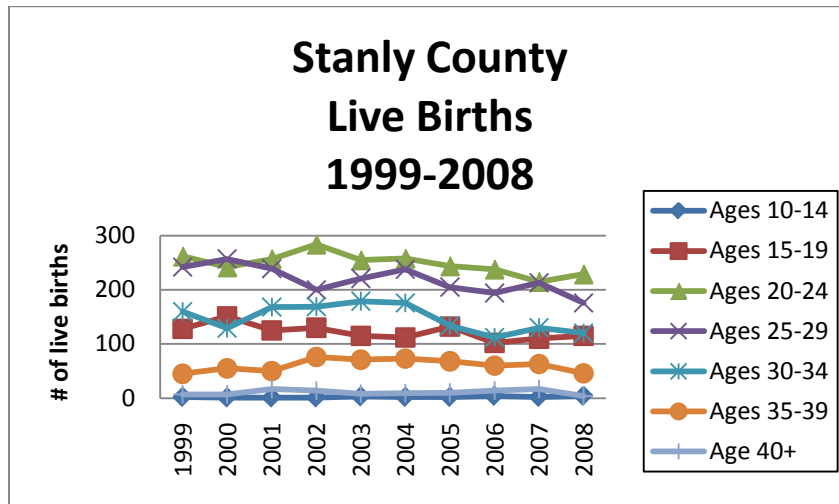
The following chart underscores the need for these programs and more.

2008 Infant Mortality Report (per 1,000 births)

	White Infant Deaths	Minority Infant Deaths	Total Infant Deaths	White Births	Minority Births	Total Births	White Rate	Minority Rate	Total Rate
North Carolina	558	508	1,066	93,228	37,530	130,758	6.0	13.5	8.2
STANLY	5	4	9	573	121	694	8.7	33.1	13.0

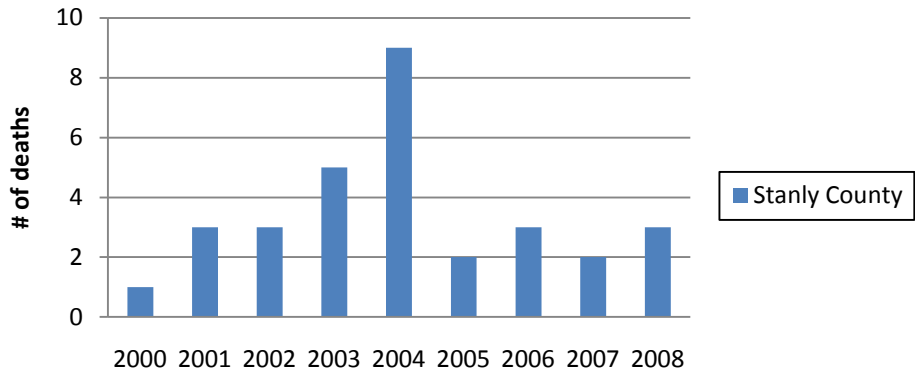
Infant Mortality Report (per 1,000 births)

	2007 Infant Deaths	2007 Rate	2008 Infant Deaths	2008 Rate	2004-2008 Infant Deaths	2004-2008 Rate
North Carolina	1,107	8.5	1,066	8.2	5,333	8.4
STANLY	5	6.7	9	13.0	38	10.5



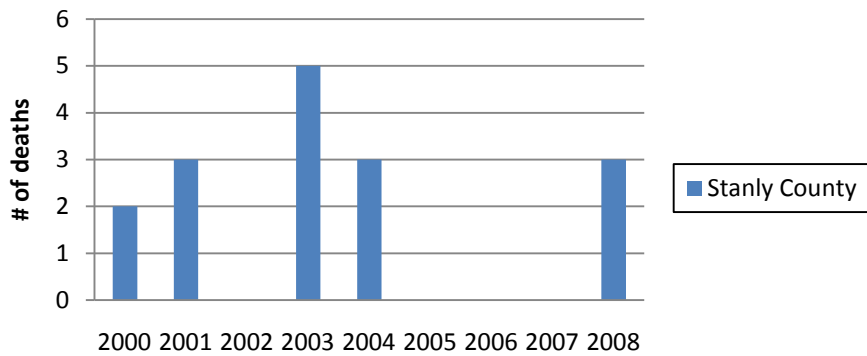
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Ages 10-14	2	1	1	1	3	2	2	4	2	2
Ages 15-19	128	151	125	130	115	112	132	102	129	110
Ages 20-24	262	242	257	284	255	258	244	238	242	215
Ages 25-29	242	257	239	200	221	238	205	194	231	213
Ages 30-34	160	129	168	169	179	176	134	112	140	130
Ages 35-39	45	55	50	76	71	73	68	60	77	63
Ages 40+	7	7	17	14	8	9	10	14	20	17

**Stanly County
Mortality - Perinatal Conditions
2000-2008**

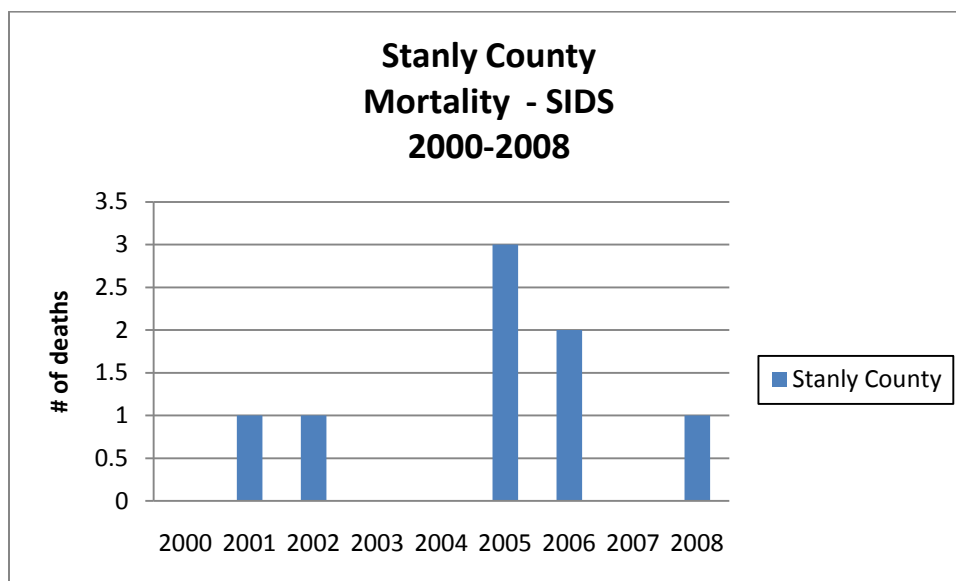


	2000	2001	2002	2003	2004	2005	2006	2007	2008
Stanly County	1	3	3	5	9	2	3	2	3

**Stanly County
Mortality - Birth Defects
2000-2008**



	2000	2001	2002	2003	2004	2005	2006	2007	2008
Stanly County	2	3	0	0	5	0	0	0	3



	2000	2001	2002	2003	2004	2005	2006	2007	2008
Stanly County	0	1	1	0	0	3	2	0	1

Conclusion: Infant Mortality

The 2008 number of infant deaths in Stanly County almost doubled from 2007 – five to nine. The 2008 infant mortality rate in Stanly County White and minority infants was higher than the State’s rate. The mortality rate in Stanly County Minority infants was much greater than the Stanly County White rate and State White and Minority rates.

Even though the numbers are small, more needs to be done to prevent birth defects. One infant death is too many. The Child Mortality Task Force meets regularly to examine the causes of death in infants and children in Stanly County. This task force focuses on causes and examines if these deaths could have been prevented.

What is Stanly County doing to address the issue of reducing infant mortality?

The Infant Mortality Reduction Team has initiated the Embrace Program supported by grants from Albemarle and Locust Rotary groups. The Embrace Program is a series of prenatal classes that address topics that range from prenatal care to breastfeeding. These classes have proven very popular with the public and are well attended. The program’s classes are offered in English (seven weeks) or Spanish (four weeks).

The health department bulletin board and Commons display case has had information presented on SIDS prevention.

Emerging issues

Access to Health Care Insurance

Access to health care is a pressing concern nationally and locally. With job losses it is expected that there will be a loss of health insurance coverage too. Without health insurance people either ignore symptoms of serious diseases or use the Emergency Room at Stanly Regional Medical Center as their primary health care provider. The following chart shows the Piedmont Region's response to the 2008 Behavioral Risk Factor Surveillance System (BRFSS) Health Access Survey question: Do you have any kind of health care coverage, including health insurance, prepaid plans, such as HMOs, or government plans such as Medicare?

2008 BRFSS Table Health Access Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?				
	YES		NO	
	Number	Percentage	Number	Percentage
Piedmont Region-all	6,770	83.0%	833	17.8%
North Carolina-all	13,905	82.2%	1,903	17.8%
Piedmont Region-65↓	4,557	80.3%	797	19.7%
North Carolina-65↓	9,067	79.0%	1,823	21.0%
Gender				
Male	2,591	81.7%	318	18.3%
Female	4,179	84.3%	515	15.7%
Race				
White	5,593	90.6%	437	9.4%
African American	910	79.4%	174	20.6%
Other Minorities	249	45.3%	217	54.7%
Age				
18-24	140	63.5%	73	36.5%
25-34	580	73.3%	177	26.7%
35-44	1,078	85.0%	178	15.0%
45-54	1,350	87.5%	182	12.5%
55-64	1,409	87.1%	187	12.9%

The majority of Stanly County and North Carolina residents had health insurance coverage when this survey was taken. There was not a significant difference between the number of Piedmont Region adults and North Carolinian adults who had health care coverage. Slightly more females had health coverage than males in the Piedmont Region. Whites had a greater percentage of health care coverage than all minorities.

There was a significant difference of health care coverage among age groups under age 65. Adults, age 18-24, had the lowest percentage of health care coverage at 63.5%. Adults, ages 45-54 and 55-64, had the highest percentages at 87.5% and 87.1% respectively.

Mark Holmes and Tom Ricketts prepared the document, County Estimates of the Number of Uninsured in North Carolina – 2005 Update, for the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The results for those without health insurance in 2005 in Stanly County are shown in the following chart:

North Carolina County-Level Estimates of Uninsured, 2005			
	Ages 0-17	Ages 18-64	Ages 0-64
Stanly County	10.7%	19.0%	16.7%
North Carolina	11.3%	19.5%	17.2%

The above chart shows that approximately 19% of Stanly County residents, ages 18-64, did not have health insurance. The State's percentage of uninsured was 19.5% for those ages 18-64. Almost 1 in 5 residents of Stanly County adults did not have health insurance in 2005. The number of uninsured adults probably has increased as a results of the recession.

The Stanly County Health Department has written a grant earmarked to fund the provision of primary health care services to those without health insurance coverage or who are underinsured.

Public Communication

It is important to communicate with the public regarding health issues and concerns in Stanly County. One avenue used to inform the public of the priority health concerns was the State of the County Health Expo which was sponsored by Partners in Health, a Healthy Carolinians task force. This Expo was held April 27th at Stanly Regional Medical Center with approximately 90 in attendance. Its theme was "Taking Action for Our Youth." Dennis Joyner, Kim Scott, Amy Calloway, and Paul Jenkins made presentations regarding youth.

During this Expo a panel of professionals who work with children and youth made short presentations in their areas of expertise and, then, participated in an audience question and answer session. This panel consisted of Ben Millsap from Monarch, David Hunt from Albemarle Police Department, Bonnie Winecoff from Stanly Regional Medical Center, Patti Lewis from Stanly County Health Department, Dennis Joyner from Stanly County Health Department, Amy Calloway from the Butterfly House, Kim Scott from Stanly County School System & Youth Advisory Council, and Dr. LaMonica Barnum from Stanly Pediatrics.

Another avenue to communicate with the public is through the Stanly County Health Department webpage. Environmental Health inspections are automatically transferred to the website. Inspections posted on this page are for food establishments, child day care facilities, tattoo facilities, swimming pools, mobile food units, lodging establishments, and catering services.

The health department's webpage is scheduled to be updated to better communicate with the public. This update is possible as an IT professional is now on the staff of the health department.

Effective communication with non-English speaking residents has been challenging. Usually community leaders are not easily identified. During one of the H1N1 Flu Vaccine Clinics it was observed that many Hispanic/Latino families turned out for this event. Upon further observation the common thread was a connection with one of the many Mexican restaurants in the county. So, one avenue to inform non-English speaking residents is through ethnic restaurants.

Public Health Preparedness

Public health preparedness is an ongoing activity. In order to promote a unified and effective response to any emergency or act of terror, county staff participates in local and regional preparedness meetings and exercises. Providing Seasonal and H1N1 Flu Vaccine clinics has provided the Stanly County Health Department with the opportunity to test some of the health department's preparedness plans for mass inoculations.

Elderly Day Care

Stanly County has a significant population which is 65 years and older. According to the 2008 U.S. Census estimates, 15.1% of the population was 65 years and older. This was a higher percentage than the State's which was 12.4%. As people age, they need additional resources to continue living independently. These resources include home medical care, adult day care, Meals on Wheels services, help with housekeeping, etc. The need for these resources will only increase as the baby boomers age.

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