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Executive Summary

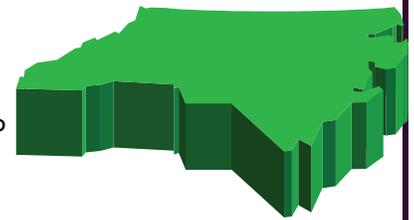
February 28, 2012

General Demographics

From 1990 to 2000, the overall population of Burke County grew 4.5% from 75,740 to 89,148, but only grew 2% from 2000 to 2010 (89,148—90,912). The median age in Burke County for 2010 was 41.2, which was up from 36.9 in the year 2000. In the last 10 years, the number of children under 5 years of age has declined slightly from 6.2%(5,509) to 5.6% (5,068). When compared to similar counties within North Carolina, Burke County's population of 65 and over is higher. Burke County's racial distribution has changed very slightly from 2000 to 2010 with the percentage of white residents being 86% in 2000 and 84% in 2010 and minorities were approximately 14% in 2000 and 15% in 2010.

In 2010, Morganton was the largest township with 31% of the county's total population and Jonas Ridge township was the smallest with 0.7%. Morganton is the youngest township with a median population age of 39 and Linville township is the oldest with a median age of 50.

The aged 60 years and over residents in Burke County continues to grow. This segment of the population grew by over 4,500 individuals from 2000 to 2010. In 2000, adults age 60 and over was 18% of the population and grew to 23% in 2010. The US Census Bureau and the NC Office of Management and Budget, projects this portion of the population will continue to grow to a projected total of 22,285 by



the year 2030.

Economic Climate

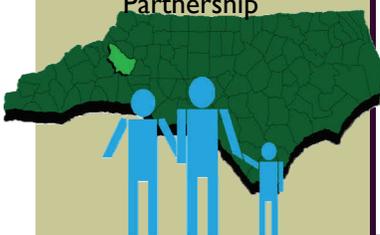
The NC Department of Commerce annually ranks the 100 counties based on their economic status (per capita income, unemployment rate and population growth) and assigns a Tier designation. The 40 counties with the most distressed economy are given the Tier 1 status, the next 40 is Tier 2 and the 20 least distressed counties receive Tier 3 status. From 2007 to 2011, Burke County has been designated as Tier 1 indicating a continued worsening local economy.

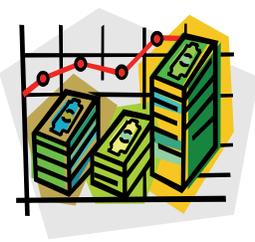
As of 2010, the per capita personal income in Burke County was almost \$2,700 lower when compared to a similar NC county. The median household income in Burke County of around \$38,100 is lower than a similar NC county of around \$43,326, a difference of over \$5,000.

Between 2005—2010, Burke County experienced 4 years of large negative growth (job losses) from -3.9 in 2007; -2.0 in 2008; -8.7 in 2009; and -0.8 in 2010. Net employment growth between 2007-2010 was -3.9 reflecting nu-

merous job losses compared to -1.3 net employment growth at the state level for the same time period. In 2010, an average 13.4% of the Burke County labor force was unemployed and has exceeded the comparable state rate since 2001. The NC Employment Security Commission has reported 26 business closings and 20 layoffs affecting approximately 2,000 people from 2007—2010.

Healthy Burke
A Healthy Carolinians Partnership





Economic Climate

Since 2003, Burke County has seen a continual rise in the poverty rate and has exceeded the state poverty rate in seven of the last eight years. In 2003, 13.6% of residents lived in poverty compared to 18.7% of residents in 2010. Poverty rates in Burke County and North Carolina as a whole have been highest among the African American population but the percentage of white residents in poverty in Burke County has exceeded the state rate in both 2000

and 2010. Between 2002 and 2010, the number of people on food stamps increased dramatically in Burke County. According to the 2010 data provided by the NC Department of Health and Human Services, 5,586 households and 13,098 individuals (65% of the eligible population) were certified to receive food stamps. In 2010, 27.2% of children in the county under the age of 17 were receiving food stamps. In 2011, the number of elementary school students and stu-

dents in secondary schools eligible for free and reduced lunch were 64.41% and 55.87%, respectively.



Education

There are 27 schools in the Burke County Public School system—15 elementary, 5 middle, 4 high, 1 alternative, 1 special needs, Burke Middle College, 24 pre-K classrooms and 2 pre-K mobile buses.

Approximately 13,378 students were enrolled in the 2010-2011 school year with 2,400 special needs, 1,000 with limited English proficiency and 1,560 academically gifted students. The racial composition of the

student body is 74% white, 7% Asian, 6% African American, 9% Hispanic/Latino, 4% multi-racial and .2% American Indian. When compared to the state, Burke County's third and eighth graders both scored "proficient:" on the 2010 end of grade (EOG) math and reading tests but the average SAT score was 990 which was 11 points lower than the state average. As of the 2010 Census, Burke County had 13% fewer high school graduates and 95 fewer college graduates than

the NC county average. In the 2010-2011 school year, reported acts of school violence was 57% lower than the state average. The high school drop out rate in Burke County decreased by 64% overall between the 2004-2005 and 2009-2010 school years and at the end of that period the local rate was 31% lower than the NC drop out rate. According to local sources, the drop out rate fell to an all time low of 1.4 in 2008-2009.



Medical Insurance, Medicaid & Health Choice

Between 2009 and 2010, Burke County had higher percentages of uninsured residents when compared to the state as a whole. In 2010, 21.6% of the county's population was without health insurance. The percentage of uninsured adults aged 18 to 64 in Burke County exceeded 25% in 2010.

The percentage of county residents eligible for Medicaid increased between 2007 and 2008 and was higher than the NC county average for years cited. Burke County had a greater number and larger percentage of residents eligible for Medicaid. The percentage of Burke County children enrolled in Medicaid increased 21% between 2000

and 2004 compared to the state level increase of 18%. The percentage of Burke County children enrolled in NC Health Choice increased by 1% from 2000 to 2009 compared to a 1% decrease at the state level.

Health Care Resources

Burke County has two hospitals, Grace and Valdese, that currently serve the county residents. Both Grace and Valdese hospitals continue to undergo renovations to provide better and more comprehensive services. The Burke County Health Department is the local public health agency that provides basic health care services, community based health promotion, disease prevention and Environmental Health services. Since the 2007 Community Health Assessment, the Burke

County Health Department closed both the Adult and Children's Dental clinics due to budget and reimbursement reductions along with local dentists increasing the number of Medicaid and underinsured clients being served.

The Good Samaritan Clinic is the county's only free clinic for uninsured and underinsured residents. According to the Good Samaritan Clinic's 2010 data, staff and volunteers provided care for 10,693 clinical visits and dispensed 25,084 prescriptions. In 2009, 50% of Good Samaritan Clinic clients

were employed and 47% of the clinic population was unemployed and either seeking employment or disability. In contrast, 2010 data depicted a 16.6% increase in clients that were unemployed; seeking employment or disability.

In 2010, Burke County's health care resources saw an addition to access with the opening of the PSALMS (Payment-now Stabilizes a Low Cost Medical Service) Urgent Care. PSALMS Urgent Care delivers care on a fee for service basis with discounted rates. Since the 2010 opening, PSALMS has seen 7,006 clients.

Maternal & Child Health

The overall pregnancy rate in Burke County for the period of 2007 to 2009 was 68.2 which was 17% lower than the State rate of 82.5. In 2008, Burke County had a higher percentage of live births to Medicaid, WIC and Health Department mothers when compared to the State. In Burke County, females age 15-19 had a higher percentage of low birth weight, late/no prenatal care and mothers

who smoked than the percentage of total pregnancies within the county in that same time period. For 2009, the teen pregnancy rate in Burke County among teens 15-19 years old was 64.4 which was 8 teens higher than the state rate of 56.0. The teen pregnancy rate rose from 59.0 per 100,000 births in 2003 to 64.4 per 100,000 in 2009. The number of pregnancies for teens aged 10-14 has also increased from 2 to 6 from 2008-2009 respectively. The percentage

of high parity births among women aged <30 and those aged 30 and older were higher than the state rate by 2% or more. The percentage of short interval births (less than 6 months between pregnancies) is 4% higher in Burke County than statewide. Between 2005 and 2009, nearly 21% of babies in Burke County were born to mothers who smoked; a rate 47% higher than the State rate.

2011 Community Health Assessment Health Statistics

Leading Causes of Death

The following five leading causes of death claimed 2,770 Burke County lives from 2005 to 2009 Heart Disease, Cancer, Chronic Lower Respiratory Disease, Cerebrovascular Disease and Unintentional non-motor Vehicle Injuries. These exact same causes of death claimed 2,775 Burke County lives from 2000 to 2004. Alzheimer's Disease is the sixth leading cause of death that claimed 151

Burke County lives from 2005 to 2009.

Between the years 2005 to 2009, there were 203 deaths in Burke County due to unintentional non-motor vehicle injuries (boating accidents, falls, burns, animal bites, drowning, choking, etc.) making this category of injury the fifth leading cause of death in the county. Unintentional non-motor vehicle injuries are also the leading cause of death for Burke County residents between

the ages of 20 and 39. For 2005 to 2009, the Burke County mortality rate attributable to non-motor vehicle injuries was 43.8 per 100,000 which was 35% higher than the state rate of 28.6 per 100,000. Since 1994, the Burke County rate has exceeded the NC rate and continues to rise to its current rate of 43.8. Burke County's rate increased by 30% during the years 2000 to 2009 while the state only increased by 13%.





Oral Health

In years past, the Oral Health Section of the NC division of Public Health periodically coordinated dental assessment screening for kindergarten and fifth grade students. Since the 2007 Community Health Assessment, the State Dental Hygienist for Burke County retired and the state eliminated the position. Local school nurses routinely screen 1st, 3rd and 5th grade students and the information consists of: 1,815 pre-K to 12th grade students received dental

screenings from a school nurse with 161 students being referred to a dentist for further evaluation. Of those 161 referrals, 91 students secured dental care.

Burke County is considered to be one of five counties in the State that is presumed to have the worst adult oral health. The number of dentist in the county that serve uninsured, underinsured or those without a payer source are limited and creates a barrier to dental care access. The only adult den-

tal clinic for those uninsured, underinsured or without a payer source is located at the Good Samaritan Clinic provided by a retired Dentist and Dental Hygienist volunteering their time to assist some of Burke's neediest residents. This clinic serves residents qualifying for services at the Good Samaritan Clinic and only provides care for those needing tooth extractions or those with tooth infections. Currently, the waiting list for these services is extensive.

Obesity

Based on BMI (Body Mass Index) estimates, a higher percentage of Burke County adults are classified as overweight or obese when compared with the State of NC. According to the NC-NPASS data in 2009, Burke County had 39.5% of children age 2 to 18 years of age that were overweight and/or obese compared to the statewide percentage of 34.2%. Burke County was higher than the average NC County at 30.2%. The Burke County Public School's School Health

Advisory Council (SHAC) has been working on a School Based Wellness initiative in the 15 elementary schools for the past couple of years.

According to local BMI data collected: During the 2009-2010 school year, approximately 3.7% of elementary students were underweight; 58.9% were at a healthy weight; 17.1% were overweight and 20.3% were obese.

During the 2010-2011 school year, 3.2% of elementary students were underweight;

58.2% were at a healthy weight; 16.2% were overweight and 22.4% were obese.

The School Health Advisory Council is still working with school level teams to improve policies and implement intervention strategies to improve the health and well being of Burke County's students.

Community Survey Results

Quality of Life Statements

Approximately 1,933 Burke County residents completed the Community Health Assessment survey. Of the 1,933 respondents, the highest percentage (66%) lived in Morganton, were younger than 50 (59%), were female (76%), were white (87%) and were employed full/part time or retired (87%).

The following information is a summary of the perception of

life quality in Burke County based on responses from Burke County residents. Ninety percent of Burke County residents believe the county has clean air and water, is a good place to raise children, a good place to grow old and a safe place to live. Seventy percent of respondents believe that the county has good health care system. Only 18% of these respondents believe that Burke County offers plenty of ways to earn a living. Out of the list of twenty possible health problems, survey participants identified the top five health problems in Burke County as obesity/

overweight, mental health, cancer, diabetes and heart disease. When asked to rank a list of 15 unhealthy behaviors believed to be most prevalent in Burke County, the top five were drug abuse, alcohol abuse, poor eating habits, lack of exercise and smoking/tobacco use, in that order. Out of a list of seventeen community social issues, the top five believed to have the greatest impact on quality of life in Burke County were underemployment, lack of affordable health care/insurance, poverty, neglect and abuse and lack of education.

Parent Questions

Parents of children between the ages of 9 to 17 were asked questions regarding high risk behaviors of teens, specifically their own. Out of the parent responses, 80% did not believe their child was engaging in any of the following high risk behaviors—sex, alcohol, drugs, tobacco, eating disorders, gangs, reckless driving/speeding.

Approximately 95% of the respondents indicated that they were comfortable talking to their children about the above

mentioned high risk behaviors.

Only 25% to 40% of parents surveyed indicated that their children needed more information about sex, drugs, fitness/nutrition, alcohol, STI's and HIV.

Disaster Preparedness

For all types of disasters, respondents were asked if they felt prepared with necessities on hand for up to 72 hours without assistance. Up to 83% of residents responded that

they were prepared with water, prescription medications, flashlights and batteries, nonperishable food and battery operated radios.

More than 70% of respondents cited they will use television, internet and radio to gather emergency information during a disaster.



Red Flags

While there is still much work to be done to reduce the incidences and improve the lifestyle factors affecting the leading causes of death Burke County, the priority areas (Red Flags) identified by current task forces and newly created ones include:

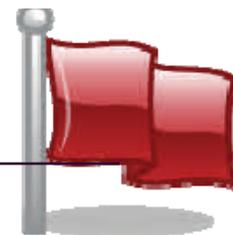
- 1) Physical Inactivity
- 2) Substance Use/Abuse among Adolescents
- 3) Aging Population Issues—Increasing access to nutritious meals for homebound older

and disabled adults
Since the older adult population trend is projected to continue to increase, aging factors such as access, mobility and disability will be some issues that Burke County will research and develop plans to address. Objectives within the current Burke County Health Department Strategic Plan will align with the Red Flags identified and be addressed over the next three years.

Existing issues such as unemployment/underemployment, adult oral health access and adolescent health will remain areas of development since further interventions are needed within those areas.

Current and new task forces under Healthy Burke will work with new and existing community agencies/interventions to develop strategies for improving the health and well being of Burke County residents impacted by all these areas.

Criteria for setting priorities and task forces were based on primary and secondary data collected from the Community Health Assessment and review of issues being addressed within the community.



Task Force Development & Expansion

Two task forces currently exist—Healthy Youth Task Force will continue to address adolescent health and Lifestyle Choices Task Force will further address issues related to the leading causes of death by focusing on healthy eating, physical activity, mental health/substance use and safety.

At least one new task forces will

be researched and created to address new priorities identified surrounding aging population issues.

Specific goals, interventions and strategies will be determined in the action plans submitted by each task force.



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Water Quality

The Catawba River basin is the eighth largest river basin in the state, covering all or part of 12 counties and encompassing 3,279 square miles in the south central portion of western North Carolina. The Catawba River basin includes several rivers, lakes, streams and creeks in the Unifour region which includes Burke Coun-

ty. Lake James historically has had the best water quality, but increasing residential development around the lake is becoming a growing concern along with increased nutrient and sediment growth from agricultural runoff from the surrounding land. Silver Creek received a good rating for its water and fish quality but in 2007 was noted to have severe bank erosion and lack of sufficient vegetated buffers. Lake Rho-

dhiss supplies drinking water, industrial water and recreation water for surrounding areas including three municipalities. In 2006, Lake Rho-dhiss had high levels of nutrient concentrations from other lakes, creeks or streams runoff and the lakes short retention time.

Air Quality

Ozone is a gas that is formed from motor vehicle exhaust and industrial emissions, gasoline vapors and chemical solvents as well as natural sources. Sunlight and hot weather cause ground level ozone to form in harmful concentrations in the air. Ozone can harm people's lungs and is very concerning for those with respiratory issues. In 2004, the Unifour area (Burke, Caldwell, Catawba and Alexander counties) was designated as "non-attainment" indicating that the ozone levels were above the acceptable federal levels. The

counties within the area worked diligently to use reduction strategies and prevention education to decrease the ozone levels. In 2008, the EPA declared the Unifour area to be officially in "attainment" status for its reduction of ozone levels to below federal levels.

Indoor Air Quality

Exposure to environmental tobacco smoke (ETS, secondhand smoke) in NC and the US presents a serious and substantial public health impact. Adults but

especially children, exposed to ETS develop serious respiratory and ear infections due to the restriction of air flow within the nose, ears and bronchial tubes. Parental smoking is also responsible for a 20% to 40% increased risk of middle ear disease in children. Exposure to ETS has improved with the policy change in restaurants and bars. With restaurants and bars being completely smoke free, patrons and employees are not routinely exposed to ETS in these environments but much work continues to reduce the amount of ETS that children are exposed to in their homes and vehicles.

Community Awareness of the CHA

Results of the Community Health Assessment will be shared with local decision makers and presented within a community forum. Community Health Assessment presentations will be scheduled for civic groups, agencies, etc. throughout the year. A hard copy will be placed at the Chamber of Commerce, Burke County Public Library and Morganton Visitors Center.

Conclusion

Between 2005-2009, more than 3,500 Burke County residents died of chronic health conditions and/or injuries that could have been prevented or delayed with simple lifestyle changes. While it is understood that death, at some point in life is inevitable, it does remain within the realm of human control in certain situations. When caring communities work together to provide education, resources and access to care, they are essentially teaching individuals how to take responsibility for their own health. This Community Health Assessment provides a foundation for community agencies to work together to strengthen individual capacity for change.