

**Asbury
Chatham County, NC**

**A Community Diagnosis including Secondary Data Analysis and Qualitative
Data Collection**

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Executive Summary

To be able to fully comprehend the health of a community, an analysis of all social, psychological, political and environmental factors which affect the overall well being of both the individuals and the community should be examined. A thorough community assessment involving both qualitative and quantitative research methods was conducted in Asbury, a rural town in southeastern Chatham County, North Carolina. This document compiles all of the information from the primary and secondary sources. Merging published information with the perceptions of the community illustrates a comprehensive picture of the community.

The process was carried out by five, first-year master's students in the Department of Health Behavior and Health Education of the School of Public Health at the University of North Carolina at Chapel Hill. This project lasted from September 1997 to May 1998. This team of master's students, Ahna Ballonoff, Molly Cannon, Cindi McPherson, Peter Reed, and Ashlee Wheeler was paired with a preceptor, Chatham County Commissioner Margaret Pollard in a joint effort to assess the community of Asbury.

A community diagnosis examines health and quality of life information in order to gain an accurate picture of a community. This assessment is carried out by gathering general and specific information about the resources, strengths, needs, and culture that contribute to the well being of a community. The ultimate goal is to provide community members with information that will be useful to them as a reference or to inform future proposals.

This nine-month process included collection and review of information pertinent to the health of Asbury. During the fall, secondary data was collected, consisting primarily of aggregate health and social statistics. Due to a lack of specific secondary data on Asbury, County statistics were used and an image of Asbury was attained through informal interviews.

Sources, including Chatham Community Health Improvement Project (CCHIP), Log Into North Carolina (LINC), Geographic Information Service (GIS), web sites, agencies in the area and local service providers furnished secondary data on issues which contribute to the health status of a community. These sections included Geography, History, Economy, Community Profile, Politics/Government and Health.

Asbury, a part of the Oakland Township in Chatham County lies nine miles south of the County seat, Pittsboro. The Deep and Rocky Rivers form a natural border around the community. Lydia Perry Road and Rosser Road comprise the remaining borders that connect the two rivers. The land, covered by trees, has some fields with crops as well as chicken farms and cow pastures. A majority of Asbury's families have lived in the community for several generations, which significantly impacts the community today. Many of these families have grown up in the Asbury United Methodist Church which has historically defined the community. Both the families and the Church have helped to maintain a sense of pride in the traditions and history of Asbury. Asbury has shifted from a farming-based agricultural community, to a community where there are a few home-based businesses that contribute to the economy.

Asbury is a relatively small community consisting of 349 people. The majority of the population is white and the largest age bracket is made up of those over 65 years of age. A large percentage of residents in Asbury own their homes implying that the majority of the people are settled in the community. Most residents travel outside of the community to near by towns such as Pittsboro, Sanford or Chapel Hill for work, shopping and leisure activities. Children are bused to either Pittsboro or Goldston for their schooling.

Asbury is an unincorporated town and has no formal governmental body at the community level. The formal unit governing Asbury is at the County level. Asbury contributes

a significant number of workers to the County government offices, and thus receives a high level of recognition in Pittsboro, the County seat. Some important political topics in Asbury include lack of water and growth and development.

Residents of Asbury utilize health services in Chatham, Lee and surrounding counties. Also, the Chatham County Health Department provides a variety of services in primary care and health promotion. A number of social support groups exist in Asbury, providing strong social ties and enhancing mental health. Some of these include the Ruritan Club, Young at Heart Club, Coon Hunter's Association and several groups within The Asbury United Methodist Church. Environmental problems including poor soil, water quality and water supply dominate health concerns of Asbury and Chatham County.

The second phase of data collection in Asbury involved the collection of primary data. Interviews and discussions were conducted with community members and service providers to gain this information. An interview guide was created which consisted of questions about issues and topics to be explored during the course of an interview. Initial interviews, conducted with several prominent community members asked about their perceptions of different aspects of Asbury. The residents recommended others in Asbury who might agree to participate in an interview. Twenty-seven individuals participated in the interview process, which stopped when the ideas and themes remained consistent. Other opportunities for qualitative data collection included attending church services, a Ruritan Club meeting and Young at Heart Club luncheon. There also was a questionnaire based on the interview guide distributed as well as an informal focus group conducted. The data from these was treated the same as that from the interviews. The interviews were coded for themes, which emerged repeatedly during the primary data collection, and subsequently organized into chapters for the document.

The issue of growth and development evokes different feelings for residents of Asbury. As new businesses and housing subdivisions spring up, outside people see the resources and are encouraged to move into the area. Everyone agrees that an influx of new people and development of new businesses and subdivisions would affect the community. However, residents have opposing opinions as to whether the effects will be positive or negative. The issue of growth and development is indeed complex and the effects expected to be varied.

Another topic that is somewhat two-sided is the lack of formal resources in the community requiring residents to rely on outside resources. This is especially troublesome when it comes to the response of emergency services to the community and transportation needs of residents. Most interviewed residents do not expect to see any significant increase of commercial buildings in the community. This may require that residents continue to rely on outside resources, but it will also preserve Asbury's small town feel.

The concern of water and septic has been a problem vocalized in Asbury since 1995. Asbury is currently not hooked up to waterlines and water is pumped from wells or is purchased. Inadequate water supply or poor quality can potentially affect the health of a community. Asbury residents worry about the cost of water and septic systems. An increased water supply may result in an increase in development in the community. Due to the complexity of this issue, the problem is currently not resolved.

Asbury residents worry about the presence of drugs and alcohol, especially the potential effect on the youth of the community. Some residents feel there is a drug problem, which is connected to a lack of activities for youth. Residents suggest a need for support groups, as well as increased youth opportunities and activities, especially activities including parental involvement.

Throughout the interviews the theme of Asbury being a tight-knit community resonated. Residents often commented on the security they felt in the fact that they can call on friends and neighbors to help with anything. The bonds that already exist between the individuals and groups make Asbury competent and able to deal with issues. The strength of the ties between the people also makes Asbury a splendid place to live.

The Asbury assessment document contains valuable information, however important limitations should be considered. Lack of specific statistics available for Asbury required the use of Chatham County data for socio-demographic and health information. Another limitation in the collection of secondary data is that the 1990 Census may not reflect the current population. Potential limitations in the primary data section include using guides that prompted interviewees to discuss specific issues and the referral method utilized to select interviewees.

The community diagnosis of Asbury that identified strengths and concerns of the area culminated in a Community Gathering held February 7, 1998. Information found during the community diagnosis process was presented to Asbury community members through this Gathering. The Gathering also offered residents the opportunity to discuss their concerns and opinions about their community through facilitated discussions. It is hoped that the residents of Asbury will use the information presented to enhance their community.

Introduction

The community diagnosis (CD) process began in August 1997. At this time, five first year masters students from the University of North Carolina at Chapel Hill School of Public Health, Department of Health Behavior and Health Education were assigned to the community of Asbury. Ashlee Wheeler, Peter Reed, Cindi McPherson, Molly Cannon and Ahna Ballonoff compose the team. Margaret Pollard kindly volunteered to act as the team preceptor offering advice and assistance throughout the CD process. The community diagnosis included extensive data collection, a community gathering and the compilation of this document. The process leads to a compilation of information and data about Asbury and Chatham County by accessing a variety of sources.

Initially the process began with data collection from existing sources such as the 1990 U.S. Census, CCHIP, and other statistically oriented documents. The data collected from these sources only included numbers and the CD process attempts to capture the essence of the community, which extends far beyond what numbers can say. With this in mind, the team approached community members based on recommendations from Margaret Pollard. The team contacted community members and arranged interviews. In addition, the team conducted a driving tour of the area, began to attend Asbury United Methodist Church and other community events, and contacted local service providers who serve Asbury residents.

A large portion of the community diagnosis project involved becoming a part of life in Asbury through talking to residents, attending community events, and discovering what makes Asbury unique. The community diagnosis team strove to understand the factors that characterize the community of Asbury. These factors ranged greatly including variables such as geographic borders, norms, culture, values, community leadership, community groups, and communication

lines. Through interviews, the team members listened to community members identify pertinent issues in the community, both strengths and weaknesses, and captured, in the resident's words, how the community addresses these issues. The group attempted to discover and describe what residents define as life in Asbury. The data collection period ended with a capstone Community Gathering on February 7, 1998. At this event, twenty-seven community members gathered together at Asbury United Methodist Church for a community discussion and a potluck lunch. The community diagnosis group presented the information collected both from prior interviews and from the secondary data. Community members offered additional insights and participated in small group discussions about the central issues. This allowed the group to reconfirm and clarify many points that were included in this final synopsis of the community diagnosis.

By taking the words of community members and information deducted from secondary data, the group compiled this report in hopes of presenting the primary issues in the community. This document takes the information shared by community members and puts it into print. Community members, local health officials or other service providers interested in Asbury may utilize this document. The documented text can be used in the writing of future community grants or proposals or can be used as a community reference. The words of this document highlight the issues that Asbury residents find to be most important in their lives.

This document begins with a brief discussion of the geography, history and economics of Asbury. A profile of the community, based on secondary data, including a section on resources and assets, follows next. The health section, describing available health resources and important health issues concludes the portion based primarily on secondary data. Chapters presenting the major themes elucidated in the interviews contain the majority of the information collected from interviews with community members. Additional information can be found in the tables and

appendixes beginning on page . Together, this process and the document offer a complete picture of Asbury.

Methodology

Our definition of the boundaries of Asbury was initially determined by the project preceptor and subsequently modified by interviews. A windshield tour, a visual assessment of a community by automobile, marked the beginning of our project in Asbury. This excursion formed our first impression of the physical features, housing conditions and types, and the daily living conditions of Asbury.

The first phase of the data collection included gathering secondary data consisting primarily of health and social statistics that can be used in evaluating the needs of a community. The second phase of data collection involved interviews with community members and service providers. This qualitative data offered insight into issues and topics that are important to the people living and working in and around Asbury.

Phase One: Quantitative Data Collection

Secondary data was gathered from numerous sources including the Chatham Community Health Improvement Project (CCHIP), Log Into North Carolina (LINC), Geographic Information Service (GIS), web sites, agencies in the area and local service providers. We collected this data on the State, County and when possible local levels, so that we could make relevant comparisons. LINC, GIS and the web sites contained 1990 Census information for North Carolina and Chatham County. More specific demographic information about Asbury was collected from the GIS tracking system. Limited information available specifically for Asbury prompted the beginning of informal exploratory interviews with community members.

Phase Two: Qualitative Data Collection

The second phase began with the creation of interview guides, consisting of questions about issues and topics to be explored during the course of an interview. The interview guides

allowed for consistency between the interviews. Two guides were developed, one for community residents and one for service providers. A community resident was defined as someone who lived in or around Asbury. Service providers were defined as people who provided any type of formal assistance to the members of the community.

The questions contained in the interview guides were generated from a variety of sources, including previous community diagnoses and our preceptor, as well as information gained from our informal interviews. The community resident guide consisted of twenty-five questions and covered the topics of individual/family, community, economy, education, leisure, health and politics. The service provider guide included seven questions relating to services provided to Asbury. Both of these interview guides met the requirements dictated by the Institutional Review Board (IRB) allowing for interviewing of human subjects, with the exception of minors. Copies of each of these guides can be found in Appendix B.

The opinions of every community member contribute to a complete assessment. The project preceptor suggested people who might be helpful for our initial interviews. Therefore, we first conducted interviews with these prominent community members. At the conclusion of each interview, we asked for the names of additional community members who might be willing to talk with us and share pertinent information concerning Asbury. Twenty-seven individuals participated in the interview process. The interviewees consisted of thirteen males and fourteen females, a majority of whom were white, accurately reflecting the demographic profile of Asbury. The CD team interviewed Asbury residents until similar responses were repeatedly generated, and it was believed that an accurate representation of the beliefs of Asbury residents was achieved.

To set up an interview, people were contacted by phone and subsequently met at their convenience. The majority of the interviews were conducted in homes or at the Church. Two members of our team attended each interview. One team member was responsible for taking notes, while the other conducted the interview. Based on oral consent, which was obtained for each respondent, the CD team audio-taped the interviews.

Other opportunities for qualitative data collection included regular visits to church, as well as attending a Ruritan Club meeting and Young at Heart Club luncheon. Getting to know community members through these gatherings served several purposes. It allowed the team to enter the life of the community, made our presence known and allowed us to establish rapport with many residents. At the Ruritan Club meeting, we distributed a self-administered, mail-in questionnaire. Consisting of the same questions, the questionnaire was essentially a hard copy of the resident interview guide. Of the nine distributed, five were returned, giving a 55% response rate. The data collected from the questionnaires was treated as equivalent to any other formal interview, and was incorporated throughout the qualitative data chapters. The Young at Heart Club provided the opportunity to conduct an informal focus group. We first presented our current findings, in order to elicit feedback. We then used the presentation as a tool to prompt the focus group discussion. It proved to be a beneficial opportunity, with the group holding meaningful discussion on several topics, including water, growth and development, and health care access. The information received from the informal focus group was incorporated throughout the qualitative data chapters.

After all the interviews were complete, each team member carefully read through all of the typed field notes and began to generate a list of preliminary themes. We selected code words to represent each theme, and collectively went through each interview to find paraphrases or

quotes that best depicted each of the themes. Following the presentation of several of these themes during our Community Gathering, which was held as an opportunity for community members to come together and discuss concerns, we organized the themes into chapters for this document. The Gathering also served to generate further discussion among residents, enabling them to prioritize relevant issues. A more detailed description of the Community Gathering can be found in Appendix D.

Limitations

Lack of specific statistics available for Asbury limited the collection of socio-demographic and health information. When this information was unobtainable, Chatham County data was used for comparisons. Another limitation was that the 1990 Census may not accurately reflect the current population.

The data collected from interviews that occurred prior to the development of the guides was used in the same manner as guided interviews. The team developed the guides based on assumptions that were made about the community and information from informal, preliminary interviews. Also, the guides contained some questions that prompted interviewees to discuss specific issues. For these reasons, the guides could be a potential source of bias.

Another potential source of bias is due to the referral method utilized to select interviewees. This method potentially excluded many residents, with perhaps differing perspectives. There is also a possibility of interviewer bias because of the extent to which issues are explored by different interviewers. In addition, response bias could result through residents aiming to project a positive image of Asbury. Despite these conditions, we feel confident that we captured the major themes relevant to Asbury residents, which was confirmed at our Community Gathering.

Geography, History, Economy

Geography

Chatham County, carved out of neighboring Orange County, “is strategically located in the geographic center of North Carolina” (Dickson, 1997; Chatham County, North Carolina Statistical Abstract, 1996). Chatham County lies in the Piedmont region of the State. Piedmont, derived from the French translation, “foot of the mountains” accounts for the characteristic hills and valleys that cover this region (Ainsley, 1988). Traditionally, the Piedmont region is known for growing grains and tobacco, although a number of factors have influenced the fertility of the soil (Ainsley, 1988). The county boasts 108,363 acres of farming land, with the average farm covering 117 acres (Chatham County, North Carolina Statistical Abstract, 1996). The rivers in this region of Chatham County contribute greatly to the composition of the soil. Large deposits of “...sandstone, shale, conglomerate and even some coal...” speckle the layers of soil and create many water problems (Gade, 1986). Cumnock, located on the southern edge of Asbury, possesses the only significant coal deposit in the state (Gade, 1986). Prone to erosion, the soil retains very little water, making irrigation of crops, digging of wells, and construction of septic systems difficult and problematic (Upshaw, 1997). The soil composition has led to pollution of ground water in this area due to “poorly designed septic systems, toxic waste sites, and leaking of old, underground gasoline tanks” (Gade, 1986). The low water table compounds both the soil problem and that of adequate water sources (Upshaw, 1997).

Asbury, a portion of Oakland Township, covers 31,747 square meters (.0017%) of Chatham County. It is covered by trees and has some cleared fields that host crops, chicken farms and cow pastures. The Deep and Rocky Rivers, which join in Asbury to form the Upper Cape Fear River, form natural borders around this community (I.I.1, 1997). Rosser Road and Lydia Perry Road provide the remaining border that connects the two rivers and defines the

Asbury community (I.I.1, 1997). Three hundred and forty-four people live within these boundaries (Economic Census 1992 for Chatham County, North Carolina, 1992). The majority of the population lives in the southwest portion of the community, while the northeast corner is almost completely uninhabited and covered by trees (I.I.1, 1997). Asbury consists primarily of residential buildings. The only public properties are the church and the community center.

Asbury lies 9 miles south of the County seat, Pittsboro, and about 6 miles north of Sanford, in Lee County. The land area defined as Asbury includes the County's main N-S highway, 15-501, allowing residents easy access to either neighboring city. Both cities provide commercial and employment resources for members of the Asbury community.

History

The Chatham County area was settled throughout the 1700's. Settlers favored locations in the valleys of Cape Fear, Deep, Rocky, Haw and New Hope Rivers (Hadley et al., 1976). Chatham County, ratified on January 26, 1771, was named in honor of the first Earl of Chatham, William Pitt, [1708-1778], a defender of American rights in the British Parliament (Hadley et al., 1976). The Regulators, small farmers protesting against inequitable and inefficient local government, caused political unrest in the region between 1765 and 1771 (Brown, 1963 as cited in 1996 Grolier Multimedia Encyclopedia, 1995). Chatham, along with Guilford, Wake and Surry Counties, were formed out of Orange County in order to segment the Regulators (Hadley et al., 1976).

"Christian religion played a prominent part in the early development of the state" (Hadley et al., 1976). Prior to the founding of churches, circuit riding preachers traveled throughout the area holding worship services in people's homes. Francis Asbury was one of these preachers (I.I.2, 1997). Named after him, the Asbury United Methodist Church has historically defined the

community of Asbury. The Church has held religious services for over 200 years, and currently has 234 members. The present church site has hosted four buildings one of which burned down. The building in place today was constructed around 1900 and remodeled in 1942 (I.I.1, 1997). An important past tradition in the community was church revivals. People left work, invited preachers to stay in their homes and held services twice a day (Petty, 1996). An abbreviated version of these revivals continues today. Services are held Monday through Thursday evenings during the third week in August (F.I.2, 1997).

Originally, children attended school in Asbury. A schoolhouse, built in 1880, had one or two teachers who served the community's children (I.I.2, 1997). Community members distinctly remember attending school: "We had to walk to the old schoolhouse...sometimes it was ankle deep in mud...we had to go to the outdoor toilets...I think it was a two door schoolhouse" (Petty, 1996). In 1932, with readily available transportation, the schoolhouse closed and the children were bused to schools in Pittsboro and Goldston (I.I.2, 1997).

Aside from socio-historical elements, other events had a significant impact on the community. The state's worst industrial disaster occurred on May 27, 1925 in the Asbury area (Otterbourg, 1992). There was an explosion at the Carolina Coal Mine at Coal Glen, taking 53 lives, leaving 79 children orphans and 38 women widows. It served as a temporary end to the state's coal-mining industry, and a wake up call to the state government that had ignored the danger workers faced (Otterbourg, 1992).

While surrounding areas acquired electricity earlier, its arrival in Asbury in 1939 was a major event. One resident commented, "Electricity has made the biggest impact in my life" (Petty, 1996). The people in the community came together to build the first electricity line from

the Rocky River power plant to the Church. A community member who ran the power plant provided most of the homes with electricity (Petty, 1996).

Not long after, World War II facilitated great changes in the social environment of Asbury. Many of the men from Asbury worked at an aircraft shell factory in Carrboro. “Down in the basement [of the factory] the workers would make pellets out of TNT and everybody who worked in that department turned yellow” (Petty, 1996). World War II also marked the entry of women into the workforce. One female Asbury resident describes moving to Tennessee to work in a bomb factory (F.I.6, 1997). Due to the fact that a majority of Asbury’s families have lived in the community for multiple generations, the area’s history has had a significant impact on the present population.

Economy

Historically, Asbury was a farming-based agricultural community. Men, women and children worked the farms of Asbury (I.I.3, 1997). Initially, income was generated mainly from cotton, corn and chicken farming (Petty, 1996). The farms created a self-sufficient environment. Residents went to town to buy necessities such as sugar, coffee, and kerosene (Petty, 1996). With the onset of World War II, many of the workers in Asbury began leaving the community to take jobs in the military manufacturing plants. At this point, a shift from an agricultural-based economy to a manufacturing, city-based workforce developed (Petty, 1996). Today, most of the farm land in the community is rented out and little land is farmed by the people who own it (F.I.7, 1997).

Today, Asbury’s economy is quite different. Agriculture does not play the role that it once did in the economics or social life of the community. Now, small primarily home-based businesses contribute to a portion of the economy. Some of these include Ada’s Bookkeeping

and Tax Service, L&M Plant World, Marsh TV Sales, Mason's Paint and Body Shop, and Walter Bright Construction Company. Limited employment options motivate many residents of Asbury to seek work in Pittsboro, Goldston, or other areas of Chatham and Lee Counties (I.I.1, 1997).

In accord with Asbury, Chatham County's past economy was also agriculturally based. Today, the diverse economy draws more personal income from non-farming sources (See Table 1) (Regional Economic Information for Chatham County, North Carolina, 1996). This shift from an agriculturally based economy is demonstrated by the 17% decrease in harvested croplands from 1970 to 1990 (US Census Bureau, 1990). Although 27.6% of the county's workforce is in the manufacturing industry, the agricultural industry still employs 6.1% of the county's workers, with Chatham ranked 12th in the state in 1990 for gross farm income (See Table 2) (US Census Bureau, 1990; Chatham County, North Carolina Statistical Abstract, 1996). A poultry processing plant and Perdue Farms are two of the top five employers in Chatham County, with the remaining three providing fabrics and fibers (See Table 3) (Chatham County, North Carolina Statistical Abstract, 1996).

Chatham County has been reputed as one of the least expensive housing areas in the Triangle, but with yearly tax increases that is changing (Price¹, 1997). Some proposed new tax increases would maintain the tax rate as lower than that of Durham and Orange Counties, but will raise it above that of Wake County (Price¹, 1997). These changes are in part due to an influx of development including shopping centers and subdivisions (Price³, 1997). One planned subdivision would add up to 25% to Pittsboro's population (Price², 1997). This type of growth is the major economic issue facing Chatham County (Price², 1997). Major highway projects will make the area more accessible to commuters thus impacting expansion (Price³, 1997). Small

communities, such as Asbury, which rely heavily on the economy of the county for occupation and resources, will be greatly influenced by these changes.

Although geography has defined Asbury's location in some respects (i.e. between the Rocky and Deep Rivers), the people of Asbury have also joined together to form a tightly-knit community that has experienced many changes, challenges and successes as a result of the shifting economics, land quality issues and social events. Originally a community sustained by each family's land, Asbury has evolved from an agriculturally based community where people live, work and recreate, to more of a "bedroom community" where people work, shop and participate in leisure activities outside of the community and then come home to Asbury (F.I.7, 1997).

Community Profile

Demographic Data

Population features such as race, age, gender, income level, family size and education characterize a community. This section of the document explores socio-demographic aspects of Asbury, Chatham County and North Carolina, noting significant trends among the three. Comparisons can help identify similarities or differences and may also reveal relevant issues in the community. Some data is unavailable for Asbury, because it is unincorporated. In these cases, we have used county and state data to make comparisons. Unless otherwise stated, the source for these statistics is the 1990 Census.

The 1990 Census differentiates between race and ethnicity classifications. As a result, people may choose to identify their ethnicity as Hispanic, or Latino, regardless of race. Therefore, people may be counted in more than one category, such as being both White and Hispanic, or African American and Hispanic. Also, the 1990 Census does not reflect the explosion in the Latino population that has ostensibly occurred in Chatham County and North Carolina over the last 7 years. While there are not any official numbers for the current Latino population unofficial estimates in 1997 are that “at least 15% and possibly 20% of Chatham’s total population is Hispanic” (Molloy, 1997). For the purposes of this document, we define this population as Latino, synonymous with Hispanic, and present the statistics separately from comparisons between other groups.

Asbury is a small community consisting of 349 people, constituting 0.9% of Chatham County’s population. With 38,759 people, Chatham County accounts for 0.58% of the 6,628,637 people residing in North Carolina. While this represents data from the 1990 Census, the total estimated population for Chatham in 1996 was 43,712 (Chatham County Economic

Development as cited in Chatham County, North Carolina Statistical Abstract, 1997). Analyzing the composition of these populations helps to gain a better understanding of the community and its relation to the County and State.

In Asbury, there are 63 people under the age of 18, and 43 people are over 65 years of age. These numbers estimate how many people are not in the workforce. The 342 remaining people are those between the ages of 19 and 64 years. The County and State show similar age distributions. The proportions of males and females in the population of Chatham County and North Carolina are exactly the same, both having a slightly higher percentage of females. Males constitute 48.4% of the population and females 51.6%. Information on the ratio of males to females in Asbury is currently unavailable.

Accounting for 94% of the population, there are 328 white individuals in Asbury. The remainder of the populace is composed of 9 African Americans and 3 people classified as Other, which is defined by the Census as American Indian, Eskimo, Aleut, Asian or Pacific Islander. Of the Asbury population, 9 people self-identify as Latino. Along with Asbury, the County and State are predominately White, with Whites constituting 75.4% and 75.6% of the population, respectively. However, Asbury's African American population (2.2%) does not reflect that of the County (22.7%) or the State (22.0%) (See Table 4 and Figure 1).

Housing

The 1990 Census defines a family household as one in which there is a legal or blood relationship between members. Non-family households are those that have two or more unrelated adults living together. As of 1990, there were 146 total households in Asbury. The County has 9,091 total households, or .47% of the State's 1,927,691. The majority of these households have 2 persons living in them. For a breakdown by specific household size, see

Table 5 and Figure 2. Single heads of households are defined as single males or females living alone, or as males or females with children. In Asbury, there are 7 single heads of households, which compromise 4.8% of the total number of households, compared with 23.4% of households in the County. This demonstrates that per population, the County has nearly 4 times as many single heads of households as Asbury. When County information is stratified for race, it shows that over half (53.9%) of these single heads of households are White and 46.1% are either African American or Other. North Carolina has 391,476 single heads of households, or 20.3% of the population, with a race breakdown comparable to Chatham County (See Table 6 and Figure 3). This is interesting to look at because larger families and those with single heads of households may face added socio-economic challenges and health burdens.

Chatham County data by race and ethnicity in demonstrates that a greater percentage of homes are owned by Whites than African Americans, which is to be expected due to the population differences. However, it is interesting to note the differences in home ownership between the State and County. Of the owned households in Chatham County, African Americans own a larger proportion (21.1%) than in the State (14.8%). Whites own 78.5% of owned households in Chatham County compared to 83.9% at the State level. This does show a significant discrepancy, since there are nearly the same percentage of African Americans in the population of both the State (22.0%) and the County (22.7%), as well as Whites at 75.6% and 75.4% respectively. A larger percentage of Whites rent their homes at the County level than at the State level. Among African Americans, a larger percentage rent their homes rather than own at both the County and State level. While statistics for renters and owners exist for Asbury, they are not given by race and ethnicity. Eighty-one percent of Asbury residents own their homes and 13% rent. This is a larger percentage of owned homes in the community than in the County

(70.1%) and the State (63.2%). This implies that the majority of people are settled in Asbury, and that there may only be a small transient community. The percentage of households that rent their homes versus those that own can also provide information regarding economic status.

Economic Status

Asbury residents note that “just about everybody works outside of Asbury” (F.I.7, 1997). A majority of the people work in Pittsboro, Sanford or Chapel Hill. Some people work in local chicken plants or are self-employed (F.I.7, 1997). Due to the lack of local economic data for Asbury, this document focuses on the statistics of Chatham County.

Overall, Chatham County has a higher economic status in comparison to North Carolina. The unemployment rate and family poverty levels both support this observation, with an unemployment rate of 4.3 for the State, which is 59% greater than the County’s rate of 2.7 (LINC, 1996). Also, the percentage of the State’s families below poverty level is 9.9, which is 34% higher than that of the County at 7.4% (Government Information Sharing Project, 1997). While not comparable, the 1990 Census indicates that the median family income for the County was \$32,201, and 1995 data estimates the State’s mean family income at \$36,100.

When families below poverty level are broken down by race and ethnicity at the County level, there is an enormous disparity between African Americans and Whites. African Americans families have a higher rate of poverty (16.2) than do Whites (6.7). Still, the overall percentage of persons below the poverty level is lower in Chatham County (9.7) than in the State (13.0).

Education

Education statistics for Asbury are unavailable at this time. Since there are no schools in Asbury, children are bused to either Pittsboro or Goldston. Chatham County has more than

6,300 students in 13 schools. There are eight elementary schools, two middle schools and three high schools (North Carolina Data File, 1995).

African American and White populations in Chatham County have a higher level of educational attainment than the State. In the County, Whites have a higher educational attainment with 53.1% having a high school education or greater than do African Americans, having 34.6% with an educational attainment of high school or greater. While this figure may be low due to limited data, only 9.4% of self-identified Latinos have an educational attainment of high school or greater at the County level. However, 34.7% of Latinos in the State have an educational attainment of high school or greater (See Tables 7 & 8 and Figures 4,5 & 6). Asbury residents agree that most of the older population has attained 8th grade or high school education, but a majority of today's youth and current work force have completed, or will complete, community college or university (F.I.6, 1997; F.I.7, 1997). Dropout rates by race and ethnicity are unavailable at both the County and State levels; however, there is a slight difference in the two overall dropout rates. The County dropout rate of 3.65 is 5.8% higher than that of the State (3.45) (DENHR-SCHS, 1997). Literacy rates by race and ethnicity in Asbury and at the State and County levels are unavailable as well as rates by race and ethnicity for students going on to post-secondary education.

The statistics presented in this portion of the document illustrate the socio-economic environment in Asbury and Chatham County (1997). However, as pointed out in an interview with a Chatham County Commissioner, these statistics may not show an accurate picture for various areas of the County. While not confirmed with data, the northeastern section of Chatham County may have experienced population growth resulting in an increased standard of living in comparison with the rest of the County, raising the County average. Many people in this newer

population are professionals who work outside of Chatham County in Research Triangle Park. The professions and incomes of these new residents do not mirror those of the rest of Chatham County. Since most Asbury residents have lived in Chatham for multiple generations, Asbury reflects the socio-demographics of the County prior to this influx. A County environmental specialist speculates that the population growth may not have reached Asbury due to poor soil which makes septic systems and water sources problematic (F.I.5, 1997). One Asbury resident suggests that the population growth may never reach Asbury unless some solution is found to the water problem. She states that “if you pick a place to live, you want to go where there’s water” (F.I.6, 1997). In conclusion, both economic and education statistics indicate a higher standard of living in Chatham County, and presumably Asbury, in comparison to the State.

Politics and Government

The concept of politics and government includes many areas. It is interesting to look at the form of government that is in place in Asbury, and the officials that are in charge of health for the community. However, there are two other main areas of political interest. Both play a role in the lives of the residents of Asbury. The first area is the level of recognition received by Asbury at the County level. This not only includes recognition of Asbury by the Chatham County government officials, but also the extent to which Asbury residents participate in the County's governmental structure and organizations. The second area includes the issues that Asbury residents identify as politically important.

The governmental structure of Asbury is not unlike any other community of its size and stature throughout the State. As an unincorporated town, no formal governmental body exists at the community level. Asbury does not have a mayor, board of alderman, or any town councilmen. While not an official body, some residents have discussed the importance of the older people in general, or elders of the community, as key decision-makers. "Each year some of those pass away, and each year you have a few move on up the line" (F.I.8, 1998). This describes a hierarchical authority that is in constant transition. The extent to which the authority of this body is respected remains unknown. County level government formally covers Asbury. The Chatham County government provides for all of the community's regulatory policies. The Chatham County offices also regulate the community's health. For example, the Chatham County Health Department and the Chatham County Council on Aging serve Asbury. Through government funding, both provide various public health services to Chatham County, and thus the community of Asbury.

Asbury contributes a significant number of workers to the County government offices, and thus receives a high level of recognition in Pittsboro, the County seat. For example, Asbury residents work in the Register of Deeds Office and the Clerk of Courts Office. An Asbury resident also serves as a Chatham County Deputy Sheriff. In addition, Asbury residents currently serve, or have previously served, on the Chatham County Water Advisory Board, the Board of Health, the ABC Board and the Council on Aging. The active nature of Asbury's residents has earned them key recognition by the County government. One resident boasts, "[The County organizations], believe me... they know there is an Asbury!" (F.I.10, 1998). In fact, the existence of this Community Diagnosis reflects the recognition of Asbury. A Chatham County Commissioner specifically requested that a Community Diagnosis team evaluate Asbury.

Several topics concern the residents of Asbury. As the implications of these issues are further discussed in subsequent chapters, they will not be detailed at this time. Residents identified funding for and availability of water as important. Funding and allocation of county water manifest this as a political issue. Residents also identified growth and development as an important topic. They feel that the northern part of the County, due to its higher rate of growth may be receiving disproportionate political favor.

Asbury residents do identify areas of political concern, and residents actively participate in the government body that rules them. The voice of the community of Asbury in the Chatham County government helps play a role in policy decisions that affect Asbury residents, their health and their lives. Clearly, the link between Asbury and the Chatham County government remains strong.

Health

There are a number of factors that contribute to the health of a community and the individuals who reside there. Mortality and morbidity rates are good measures of both the risks of disease and sickness in a community. Factors influencing these rates include availability of and access to health services, social health and environmental health. This section of the document will explore health issues for North Carolina, Chatham County and when possible Asbury. Chatham County data will be used to assess the health of Asbury. “The top five related health concerns voiced by Chatham County residents are: education, social/recreational opportunities, jobs, access to health care and environment” (Molloy, 1997). According to several interviews with community members, it appears that many of the residents of Asbury utilize hospital and physician services in surrounding counties (F.I.3, 1997).

Mortality and Morbidity

The adjusted death rate in the County (6.9 per 100,000) is slightly lower than that of the State (7.4 per 100,000) (North Carolina Vital Statistics, 1995). The leading causes of death in North Carolina are heart disease, cancer, cerebrovascular disease, unintentional injury, chronic obstructive pulmonary disease, pneumonia/influenza, diabetes, suicide, homicide and septicemia. Chatham County is comparable to North Carolina for most of these causes (See Table 9 and Figure 7). However, the County fares better than the State for several of these causes including heart disease (192.1 versus 222.7 per 100,000), cerebrovascular disease (47.6 versus 54.6 per 100,000), chronic obstructive pulmonary disease (26.2 versus 30.8 per 100,000) and cancer (173.3 versus 178.0 per 100,000) (DEHNR-SCHS as cited in Molloy, 1997).

Chatham County has a higher rate of motor vehicle accident deaths compared to the State (32.5 versus 20.5 per 100,000). “Alcohol related deaths are of concern in Chatham with alcohol-

related traffic death rates in the County being nearly double the State rate and a third of all persons dying from accidental deaths being reported as intoxicated” (Molloy, 1997). The homicide rate in Chatham County is higher than the State, and it is the leading cause of death for persons aged 25-34 (Molloy, 1997). Chatham also reports higher rates of violent causes of death with a rate of 9.5/1000 compared to 6.6/1000 in the State (Molloy, 1997).

Looking at the goals established in *Healthy Carolinians 2000*, a health promotion agenda, the State as well as the County, have made substantial progress, surpassing goals to decrease mortality rates for heart disease, cancer, cerebrovascular disease and homicide. Only the State achieved goals for motor vehicle accidents and diabetes (See Table 9) (DEHNR-SCHS as cited in Molloy, 1997).

When death rates are stratified by race and gender, disparities appear (See Table 10). Overall, males tend to show higher death rates for all causes than do females. Minority males have a higher mortality rate for almost all causes of death except cancers of the pancreas, trachea, bronchus and lung, diabetes, and suicide. When comparing minority males to white males, several substantial differences in death rates surface. Minority males have a 55.4% higher rate of death from heart disease (271.8 per 100,000) than white males (174.9 per 100,000), a 188% higher rate for deaths from motor vehicle accidents (92.3 versus 32.0 per 100,000), a 282.9% higher rate for homicide (53.6 versus 14.0 per 100,000) and finally, a 489% higher rate of AIDS deaths (27.7 versus 4.7 per 100,000) (County Health Data Book, 1997).

Minority and white females also show a similar trend in mortality rates to that of males (See Table 10). Minority females have a 62% higher death rate from heart disease (115.7 versus 71.4 per 100,000), a 185% higher death rate from diabetes (27.1 versus 9.5 per 100,000), and an 800% higher rate of homicide death (10.8 versus 1.2 per 100,000). However, white females have

a 125% higher rate of death from breast cancer than minority females (29.3 versus 13.0 per 100,000) and a 49% higher death rate from suicide (6.7 versus 4.5 per 100,000) (County Health Data Book, 1997).

To assess the morbidity in the population, a good indicator is causes of hospitalization. The leading causes of hospitalization for Chatham County are heart disease, pneumonia/influenza, injuries and poisonings, digestive system diseases and genitourinary diseases (See Table 11). The State morbidity rates show a similar pattern (County Health Data Book, 1997). Morbidity and mortality data is not available for Asbury at this time.

Health Services

Chatham County offers residents a wide array of formal and informal health services. The proximity of the County to other resources should be noted in order to show that it is not restricted to its own facilities. Chatham County has access to the most sophisticated medical care available, with most of its residents within thirty minutes of either UNC Hospitals, Moses Cone, Moore Regional Hospital, Alamance Regional Medical Center, Duke University Medical Center, or Central Carolina Medical Center (Molloy, 1997). These, along with facilities in Chatham County, provide many health care resources to both County and Asbury residents. Asbury relies on Chatham, Lee and surrounding counties for its formal health care.

Chatham County offers an extensive network of services through its hospital and primary care clinics and practices. Chatham Hospital, located in Siler City, provides County residents with both primary care and emergency services. The hospital is a 68-bed facility and has provided health care to Chatham County since 1937. Residents of the County commonly use the hospital with 1,173 persons per hospital bed and a hospital use rate of 92 per 1,000 in 1993 (County Health Data Book, 1997). The hospital has developed a relationship with UNC

hospitals in order to offer increasing comprehensive care. UNC Hospitals provide Chatham Hospital with residents to staff both the Chatham County Primary Care Clinic and the emergency room (Molloy, 1997). UNC also provides Chatham Hospital with Tele-medicine, allowing improved operating room and radiological services. There are also several primary care clinics and practices in Chatham County providing daily health care services (See Table 12).

The County Health Department provides a wide range of services, both in primary care as well as health promotion. In 1995, the health department served 29.1% of the County's children (County Health Data Book, 1997). Both the main office in Pittsboro and the Siler City Health Department provide personal health care services. They offer child health, including immunizations and physical exams and a general clinic, offering adult immunizations and testing (HIV, TB, pregnancy) (Molloy, 1997). Other services include a primary care clinic, maternal health clinic, family planning services and a sexually transmitted disease clinic. These services are free or on a sliding scale allowing them to be as affordable as possible.

While such a network of formal care does exist, it is also important to look at the base of providers that exists. There are no formal health professionals offering care in Asbury. However, both Chatham County and the State are host to a variety of health care providers. The County has 19 primary care physicians, (1 per 2,146 residents), which is a lower ratio than that of the State (1 per 1,387 residents) (County Health Data Book, 1997). The County also has 169 registered nurses (1 per 254 residents), which is lower than the State's ratio (1 RN per 118 residents) (County Health Data Book, 1997). In addition, there are 16 other health professionals in the county, these being either nurse practitioners or physicians assistants (County Health Data Book, 1997).

Chatham County offers other formal health services in the areas of mental and dental health. The mental health care in the County includes services for major mental illness, behavioral disorders and substance abuse. The major resource in the County is the Orange-Person-Chatham Mental Health, Developmental Disability and Substance Abuse Authority (OPC Mental Health). Located in Pittsboro, the facility provides a range of services to County residents. It has seen tremendous growth in usage with its clientele tripling over the last six years (Molloy, 1997). Chatham Hospital also provides another mental health resource, having an outpatient psychiatric treatment program, which opened in February of 1997. This service is intended to serve the population using Medicare funding (Molloy, 1997).

Dental care is provided in Chatham County at several settings. There are 10 dentists in the County (1 per 4,291 persons) (County Health Data Book, 1997). This ratio could be seen as a shortage of dental providers in comparison to the State's ratio (1 per 2,488 persons) (County Health Data Book, 1997). The County and its Health Department have taken measures to ensure that the residents receive adequate dental care. In 1996, the Climb Aboard Children's Resource Van began conducting dental screenings among children, which showed that 8 of 10 require dental care (Molloy, 1997). Dental services have been established in the schools, providing prevention and education, screening and referral, and placement of sealant (Molloy, 1997). The County fluoridates water to prevent cavities. However, many of the residents, including those in the community of Asbury, do not receive water from the County, but from wells, and thus do not benefit from the fluoride (Molloy, 1997).

As previously mentioned, many of the residents of Asbury receive formal health care outside of the County, in neighboring Lee County. Many Asbury residents go to Sanford, in Lee County, for their primary care and regular physical exams (F.I.7, 1997). Central Carolina

Medical Center in Sanford is a resource available to Asbury residents. Lee County itself also offers Asbury residents access to a variety of providers. There are 31 primary care physicians, 331 registered nurses, 14 nurse practitioners and physicians assistants, and 19 dentists (County Health Data Book, 1997). While some Asbury residents access Lee County for private health care, when emergency medical services are utilized they are brought into the Chatham County network of services (F.I.1, 1997).

Chatham County provides emergency public safety services for Asbury and the rest of the County. All Asbury residents are routed through the Chatham County emergency system when they call 911. According to the Communications Director for Chatham County, emergency services are capable of reaching Asbury in less than ten minutes, and there are no known barriers to serving the community (F.I.1, 1997). Some Asbury residents seem to disagree, stating that fire department response time is a primary concern (F.I.6, 1997; F.I.2, 1997). In a medical emergency, Asbury is served by EMS Unit 4 out of Pittsboro, with Units 5 and 6 as back up. These transport the residents to Chatham Hospital or to Chapel Hill as severity demands. Carolina Aircare also serves the County and community are also served by when necessary, providing helicopter service to and from Chapel Hill. In the event of a fire emergency, the community of Asbury is in the Chatham County Station 12 Fire District, served by the Pittsboro Volunteer Fire Department, with 40 volunteers (Chatham County Economic Development Commission as cited in Chatham County, North Carolina Statistical Abstract, 1997). The County itself has 8 full time fire personnel and 293 volunteers that service the various towns and communities (Chatham County Economic Development Commission as cited in Chatham County, North Carolina Statistical Abstract, 1997). The County has a police force of 44 full time officers and 8 reserves (Chatham County Economic Development Commission as

cited in Chatham County, North Carolina Statistical Abstract, 1997). When there is an occurrence demanding police intervention in Asbury, it is handled by the Chatham County Sheriff's Department. These resources collectively handle emergency situations that arise.

There are several potential barriers to accessing health care for the residents of Asbury and Chatham County. As described by one interviewed community member, and literature sources, the most present barrier to access is an inability to pay (F.I.7, 1997). A significant portion of people in the County are not adequately insured, with 35.7% of the County's population either having no insurance, or being "at risk" for inadequate health insurance (defined as having no insurance during part of the year or being underinsured)" (Molloy, 1997). The percent of children aged 0-4 with no insurance is lower in Chatham County (7.6%) than in the State (13.7%) (Molloy, 1997). Still, health insurance is a serious concern in both the County and the State (See Tables 13 & 14 and Figure 8). Additional barriers to accessing care may include:

- Transportation
- Language differences
- Lack of understanding about accessing the health care system
- Resources having inconvenient hours
- Unaware of available resources (Molloy, 1997).

Lack of transportation can prevent one from accessing health care services. However, there are other ramifications. Inadequate transportation also hinders the ability to acquire other necessities, such as shopping for food or clothes. Ability to access resources can be reflected in the mobility of the residents, or their access to private or public vehicles.

It is important to look at the transportation available to the population, both public and private. With some exceptions, such as the Climb Aboard Resource Van, which provides health outreach, and busing for schools, Chatham County lacks a public transportation system. Private

vehicle ownership is the only apparent means of transportation. In Chatham County, the number of vehicles registered with the DMV (42,546) almost equals the number of people in the population (43,712) (Chatham County Economic Development Commission as cited in Chatham County, North Carolina Statistical Abstract, 1997). However, this does not mean that everyone in the County owns, or has access to a vehicle. These numbers include people who own more than one car, corporate service vehicles and state vehicles. This can be seen by the types of vehicles that are registered: Autos (25,642), Trucks (11,369), Buses (252), Trailers (4195), Motorcycles (529), and Other (559) (Chatham County Economic Development Commission as cited in Chatham County, North Carolina Statistical Abstract, 1997). Clearly, many of these are not used for daily personal transportation, most notably the buses and trailers. Also, many of the trucks and cars may be commercial vehicles. No data suggests that the transportation capacity in Chatham is not reflective of Asbury.

Social Health

Health extends beyond the availability of medical care, with many social factors contributing to the health of a population. Asbury has the advantage of being a tightly-knit community, which pulls together in times of need. Just as “Chatham’s people are its greatest resource,” Asbury too thrives on the strength of its community members (Molloy, 1997). Asbury residents report that when families experience illness or death, the community pulls together to meet the social and financial needs of the family (I.I.1, 1997). Residents have designed a system so that if a family needs assistance, one person on each road will contact the other people on that road and solicit donations of money, time, or anything else that may be required (F.I.7, 1997). Asbury residents have also pulled together to attempt to resolve water shortage problems.

While Asbury does not have any formal health care services available within the community, there are a number of social support groups do exist. These groups provide the community with strong social ties and enhance health and well being through support derived from social networks. One of the community groups is the Ruritan Club, a local men's club, founded in 1970. Meeting the 2nd Tuesday of every month, the club offers social support to the men of Asbury, while benefiting the community by encouraging the use of smoke detectors in the homes, working to clean up the roads, helping with the sick, and starting a community First Responders group (I.I.2, 1997). The Asbury First Responders group immediately helps when emergencies within the community arise. The First Responders is a group of people on call to care for the needs of the community.

Another community group that helps provide social support is the Young at Heart Club started in 1987. A social group for seniors, ages 50 and older, the Club meets for lunch or dinner the first Monday of every month (I.I.4, 1997). The membership includes some individuals from outside the community of Asbury, as well as many of Asbury's residents. The Club helps keep seniors involved in the community. Members invite various speakers and entertainers to the meetings to address such issues as health and history (F.I.4, 1997).

The community hosts other social groups as well. The Coon Hunter's Association holds annual dog shows, and a turkey shoot every Friday in November. The Asbury United Methodist Church also generates several groups that provide social support within the community. The United Methodists Men's group and the United Methodist Women's group hold get-togethers and meals. In addition, an unofficial community welcoming committee invites new residents to get involved in the church and community activities (F.I.7, 1997). Regardless of the fact that there are no formal health services within the community, health-promoting services exist in

Asbury. This is evident from the strong social support network including clubs and community organizations.

Varying social issues affect the health of the elderly and the youth of Asbury. The primary concerns of aging populations in Chatham County include “high cost of medications, substandard housing conditions for many and diminished quality of life due to chronic ailments” (Molloy, 1997). Seniors in Asbury escape some of these struggles due to the significant support they receive from the community, such as that provided by the Young at Heart Club. Elderly Asbury residents also have access to services available in Pittsboro at the Chatham County Council on Aging. One of the main problems that seniors in Asbury may face is lack of transportation to medical appointments. The fact that many older residents have family members in the area may help relieve some of the social burdens from the individuals and the community.

In contrast to the elderly, the youth of Asbury have few structured outlets for recreation and leisure activities. This “lack of recreation and leisure activities, particularly for middle school and teenagers,... [detracts] from good health and quality of life” (Molloy, 1997). Asbury used to host a church youth group and scouting troops, with residents recently reviving the former. One community member attributes this decline in organized youth activities to lack of leadership and lack of interest among the young people and also to the conflicting activities that youth participate in outside of Asbury (F.I.7, 1997). Fortunately, “there are a growing number of supportive services for optimal health and development, including substance abuse prevention, teen pregnancy prevention, and mentoring programs for teens in Chatham” (Molloy, 1997). The youth in Asbury may benefit from these programs both through participation in school and county activities.

Chatham County offers a wealth of social health resources. These resources include services for children and youth, aging populations, disabled people, general health, family support, living skills, emergency assistance, and animal control. A comprehensive list of the available resources can be found at the end of this document. These resources, located throughout Chatham County serve the needs of most populations (See Table 15).

Some of the lifestyle issues affecting health in the State, Chatham County and presumably in Asbury, include limited physical activity, limited access to recreation and leisure activities, and smoking. In general, North Carolina residents demonstrate “a significantly low level of physical activity” (Molloy, 1997). In 1996, “nearly 70% of Chatham residents...reported being inactive or obtaining irregular physical activity” (Molloy, 1997). This inactivity can greatly influence the general health of the population resulting in long term physical and mental health problems.

One of the largest barriers that Chatham and Asbury residents face is the limited access to places “in which they can participate in physical activity” (Molloy, 1997). Limited access to parks, gyms, community centers and pools makes it difficult to adopt regular exercise patterns. One Asbury community member reflected on this problem stating that she was interested in exercise classes and exercise equipment offered by the Chatham County Council on Aging but was unable to find time to go to Pittsboro to attend (F.I.6, 1997). Asbury does host many low traffic roads and wide open spaces opportune for walking, hiking or bike rides. Still the community lacks any recreational center, forcing residents to venture to either Pittsboro or Lee County to participate in organized physical activities. This problem greatly impacts all residents who do not have access to transportation.

Nutrition is another health issue that affects Chatham County. The Chatham County Health Department's 1996 Community Assessment "underscored obesity and nutrition as a top priority for the County" (Molloy, 1996). Good nutrition and healthy weight management influence many future health conditions including heart disease, cancer and diabetes. Again, these health issues have a significant impact on the youth of the community. Chatham County schools have adopted new school lunch programs and other educational programs to "positively impact the nutritional decisions and other health behaviors of adolescents" (Molloy, 1997). Seeing that Asbury youth attend Chatham County schools, the implemented programs may influence the health of the community at large.

Smoking represents another health problem in Chatham County. "Nearly 30% of Chatham residents surveyed are current smokers" (Molloy, 1997). To further compound this problem, "22% of these smokers reported that they have no access to stop smoking programs" (Molloy, 1997). This state of affairs not only affects current smokers, but it also affects the young people in the community. Youth express frustration when "adults say not to smoke but they're doing it right in front of you" (Molloy, 1997). This pattern of modeling smoking to younger generations and failing to offer adequate smoking cessation programs to current smokers exacerbates the problem. At this time, specific data has not been collected regarding smoking habits in Asbury.

Crime and Violence

Crime and violence greatly impact the health of the community at large. They not only strain health care and emergency services, but also influence the social and mental health of individuals. Substance abuse, accidents, domestic violence and suicide all fall under the umbrella of crime and violence.

Substance abuse includes both alcohol and illicit drug use. Alcohol appears to be a significant problem in Chatham County. Among general accidental deaths, “in at least 35% of all the injury deaths, the decedent was intoxicated at the time of death” (Molloy, 1997). The lack of appropriate leisure activities for young people could lead to increased experimentation with drugs and alcohol.

Abuse of illicit drugs also affects much of Chatham County’s population. In 1995, it was estimated that 12% (4,816 people) of Chatham’s population was addicted to some illicit substance (Molloy, 1997). Unfortunately, drug use does not affect only the users, but also affects the families, friends and co-workers of users. The drug use by this population affects 57% (21,902 people) of Chatham County’s population (Molloy, 1997). A number of residents have mentioned concerns about drug use in Asbury (F.I.14, 1998).

Reported violent crime in Chatham County has begun to decrease in recent years. In Chatham County in 1995, 162 violent crimes were reported, a majority of those crimes being aggravated assault (110) (Molloy, 1997). Many of these aggravated assaults result from domestic violence. Chatham County has seen a “...14% per year increase of new women seeking assistance for assault in the past few years and an approximate 23% increase in continuing women seeking assistance...” (Molloy, 1997). These numbers may represent domestic violence in more urban areas of Chatham County, but the problem also reaches the small rural communities (Molloy, 1997). “Domestic abuse in rural areas is estimated at the same level as other areas, yet victims are much more likely to be isolated from emergency services when violence occurs” (Molloy, 1997). Asbury residents verbally report little violent crime and instead report minor break-ins, burglaries and drug use (I.I.5, 1997).

“Unintentional injuries are the leading cause of death for persons age 35-44” in Chatham County (Molloy, 1997). Many of these unintentional injuries result from privately owned firearms. Indicative of many rural communities, “51.6% of [Chatham residents] reported keeping 1 or more firearms in or around their home” (Molloy, 1997). People own firearms for hunting purposes, for use on private farms, and often for personal security. Even so, weapons owned for legitimate reasons can be a great source of accidental injury to children and adults alike. In Chatham County “...firearms are the second leading cause of injury and death among children” (Molloy, 1997). Appropriate education to ensure safe storage of firearms can greatly reduce these unintentional injuries. At times, firearms are also used to self inflict injuries – in fact, “suicides are 12% more common in Chatham than seen across North Carolina” (Molloy, 1997).

Environmental Health

Environmental health problems in Chatham County include: water supply, water quality, air quality, agricultural, hazardous waste, waste disposal, animal control, and lead poisoning. Regarding these issues, Chatham County generally has higher rates of environmental health concerns in comparison to North Carolina (Molloy, 1997). The County Health Department’s Division of Environmental Health provides county residents with a variety of services to improve the quality of their health as it pertains to their surrounding environment. Specialists from the department take part in soil evaluation, septic tank permit issuance, and water supply inspections (F.I.5, 1997). Given geographic similarities and information from interviews, it can be considered that similar issues affect Asbury.

Inadequate water supply concerns both Chatham County and Asbury. The thin layer of soil and bedrock that lies beneath it are not unique to the County with the entire Triassic Basin, west of the Piedmont experiencing this problem. The hydro-geological problem in Asbury and surrounding areas results from a deep aquifer and thick bedrock. One geologist from the U.S.

Department of the Interior's Geological Survey states, "fractured rock hydrology, combined with low permeability, reduces the likelihood of obtaining adequate well yields" (I.I.10, 1998). In order to obtain water, drillers must find a fracture in the rock. This is confounded by the fact that the soil is full of clay and stones, sometimes preventing access to the fractures. Asbury residents rely solely on private water supplies, usually wells. In some cases, people are unable to get any water. One Asbury resident replied in an interview, "water, what is that?" (F.I.6, 1997).

According to this resident, 90% of Asbury needs water. Certain sections of the community have low producing wells yielding barely a quart of water per minute (I.I.4, 1997). One individual has a 6,000-gallon storage tank that she fills with rainwater. When there is a drought, she has water trucked in from neighboring towns (F.I.6, 1997). While several residents have stated that inadequate water supply is a problem, it is not possible to assess the percentage of residents who have low yielding wells without a formal geological assessment. The water situation might be improved in the future by running county water lines out to Asbury from either Pittsboro or Goldston (I.I.8, 1998).

Chatham County's water supply comes from the Haw, Rocky and Deep Rivers as well as from Jordan Lake. The overall water quality is considered good, but minimal research has been conducted regarding water quality in the County's river basins (Molloy, 1997). According to an environmental health specialist, Asbury and County residents complain of high sulfur and lime content as well as hard water (F.I.5, 1997). The County conducts water-sampling tests for total coliform and fecal cloakroom. Researchers have found iron and manganese in the water, but the measured levels fail to warrant great concern. In cases where total cloakroom has been high, wells have been left exposed and have not been chlorinated. For this reason, the County gives guidelines for the disinfecting of wells via chlorinating purification (F.I.5, 1997).

Asbury has not only been plagued with an aquifer located deep below the ground surface and difficulty in finding sufficient amounts of fractures in the bedrock to tap water, but also with

a thin layer of soil over the bedrock. With such a thin layer of soil and a limited volume of water, sewage may stagnate because the ground is unable to sufficiently absorb it. Sewage may then seep down into the fractured bedrock contaminating the groundwater source for many wells (I.I.10, 1998). Those who ingest contaminated water may acquire enteric infections from infectious bacteria, viruses and parasites such as: Cholera, Salmonella, Escherichia coli, Shigella, Giardia, and Cryptosporidium (Guerrant, 1990). These illnesses have not been documented in Asbury, yet the potential for them exists.

During 1992-1993, North Carolina experienced 276 cases of public water supplies affected by groundwater contamination (North Carolina Cooperative Extension Service, 1997). In addition, increased morbidity rates may result from failing and neglected septic systems. An environmental health specialist states that there is possible groundwater contamination with older systems that were put in bad perk areas (F.I.5, 1997). Some sources of contamination include: disease-producing pathogens, leachate from landfills and septic systems, careless disposal of hazardous household products, agricultural chemicals, and leaking underground storage tanks (North Carolina Cooperative Extension Service, 1997). This water is not exposed to agents such as sunlight, aeration or aerobic micro-organisms which often kill off such disease-causing bacteria (North Carolina Cooperative Extension Service, 1997).

The thin layer of soil contributes to problems with waste disposal, resulting in 70% of the soil in Chatham County being unsuitable for waste disposal (Molloy, 1997). This has caused a problem for many Asbury residents because the County denies septic permits. Residents are required to get a permit from the County's Environmental Health Department before new septic systems are installed or repairs are made (North Carolina Cooperative Extension Service, 1997). In a 4 year period from 1989 - 1993, 202 permits were denied due to poor soil conditions

(Molloy, 1997). In these cases, newer, more technologically advanced septic systems with a re-circulating sand filter are installed. This process incurs a \$10,000 installation fee (F.I.5, 1997), which is unaffordable to many County and Asbury residents. Because of the soil's inability to sufficiently perk, it is doubtful that County septic will be extended to areas with such soil problems (I.I.8, 1998). Chatham County has nearly twice as many households (3.4%) with outdoor plumbing compared to those of the State (1.8%) (Molloy, 1997). This is because many Chatham County residents are denied permits for traditional septic systems and cannot afford newer, more sophisticated systems. Outdoor plumbing may impact environmental health related to sanitation and hygiene.

The County provides literature with advice and guidelines regarding septic systems. Environmental health workers distribute "Septic System Owner's Guides" to those with septic systems. This guide includes information pertaining to locating storage tanks, assessing how systems work, maintaining systems and identifying problems with systems in order to avoid potential health hazards (North Carolina Cooperative Extension Service, 1997).

In response to the poor soil and its inability to perk, NC State University established wastewater research stations for testing alternative systems. One of these research stations is located in Asbury on Walter Bright Road. The station serves two major functions: the home of a county wastewater conference and a training site for interns. As a result of their research, low pressure and drip irrigation systems arose as two alternative systems. The latter could be a viable option for sites with poor soil, as it does not require great soil depth (F.I.5, 1997).

Another concern for Chatham County, given its extensive agriculture, relates to Intensive Livestock Operations (ILO). Potential threats with these operations include environmental health concerns due to waste management practices, odor, and surface and groundwater

contamination (Molloy, 1997). According to County statistics, only 27% of agricultural facilities have certified animal waste management plans. As a result, pipe breakage and illegal dumping occur. In addition, 70% of the soil's nitrogen content has been used and phosphorous content has been surpassed (Molloy, 1997). Information on ILOs in Asbury has yet to be explored.

Chatham County is primarily rural with pine and deciduous forests and few factories. One County resident boasts, “we have clean air in Chatham -- it's easy to breathe and get a lung-full of good air”(Molloy, 1997). However, air quality may be a concern in the future as can be seen by an increase in particulates and chemicals. By looking at a secondary data analysis of air quality in Chatham County in the five year period from 1985 - 1990, nitrogen oxides increased 12 times, carbon monoxide 10 times, hydrocarbons and particulates 3 times and sulfur dioxides 1.5 times (Siler City Community Assessment as cited in Molloy, 1993). This decrease in air quality may also be evident in Asbury. Asbury and its surrounding area have several tree farms and wood processing facilities. When asked about a black cloud in the sky, one Asbury resident replied that it came from the tree treatment plant (I.I.4, 1997).

Chatham County has policies for recycling, hazardous waste and landfills. The recycling program's goals coincide with the well-known campaign of “reduce, reuse and recycle” (Molloy, 1997). In 1990,

[Chatham County] was the leading generator of hazardous waste in the state, resulting from a single industry's cleanup of an inactive wastewater treatment lagoon comprised of soil and sludge contaminated with pentachlorophenol and various other wood treating chemicals (Hazardous Waste Annual Reports as cited in Molloy, 1987-1994).

Given Asbury's locale, residents may experience hazardous waste health concerns. A potential source for hazardous waste is chicken plants. Two landfills that serve the county, one on Highway 64W and one on SR 1916 (Molloy, 1997). Solid waste disposal has not been raised as a concern for Asbury at this point.

Another more recent concern in North Carolina, Chatham County and Asbury is that of rabies. Chatham County has the highest rate of animal rabies in the state. In 1995, there was only one case of rabies compared to seventy as of April 1997 (Chatham County Board of Health and Health Department as cited in Molloy, 1993). Rabid cases exist among a variety of animals such as raccoons, skunks, foxes and bats. There have also been 26 potential human exposures in the first quarter of 1997. One Asbury community member told of three rabies stories all regarding her neighbors. The cases involved the exposure of both dogs and raccoons (F.I.6, 1997).

An additional environmental health concern for the County is lead poisoning in children. The County has a lower rate of lead poisoning than the State and a significantly lower level of lead screening (11.2%) for children than that of the State (23.7%) (Molloy, 1997). No data for Asbury has been acquired regarding lead poisoning or testing.

Several Environmental Activist groups address the numerous environmental concerns in the County. Whether or not Asbury residents are members of these groups has yet to be determined. Some of these groups are the Haw River Assembly, Sierra Club, Rocky River Festival, Janus Farms Institute, Friends of Rocky River, NC Rural Communities Assistance Project, Inc (RCAP), and the Chatham County Preferred Site Local Advisory Committee (Molloy, 1997).

Environmental problems may hinder the development of Asbury and even parts of Chatham County (F.I.5, 1997). One Asbury resident states, "if you pick a place to live, you want to go where there is water" (F.I.6, 1997). As pointed out in the first section of the document, North Carolina, Chatham County and Asbury all face population expansion. Perhaps the water and septic concerns may contribute to the limited development experienced in this part of the County. Still, Chatham County is rapidly expanding due to migration from other areas of the United States and North Carolina. Individuals who are relocating to the County are generally in search of a "simpler, rural lifestyle that supports both personal and professional fulfillment"

(Molloy, 1997). Chatham County attracts such individuals as it is within commuting distance to the Research Triangle areas of Raleigh, Durham and Chapel Hill, offering a country atmosphere.

Hispanics who have come to the area in order to find work have added to the immigration expansion. Within the past 3-5 years, there have been an estimated 7,000-9,000 Hispanic immigrants in Chatham County whose total population does not exceed 45,000 (Molloy, 1997). Hispanics come to North Carolina to work on farms. As illegal immigrants, many of these migrant farm workers lack the knowledge and resources to access health care. While many cultural advantages accompanying this population expansion, many concerns arise, primarily regarding the Hispanic population. Language barriers influence the Hispanic population's access to and quality of health care. In Chatham County, Tuberculosis and Rubella outbreaks have occurred among a variety of U.S. populations due to differing immunization practices in Central and South America (Molloy, 1997).

Chatham County is currently assessing ways to ease the demographic transition for recent immigrants, service providers and current community members (Molloy, 1997). A variety of organizations provide services to the new residents. Some of these include the De Madre a Madre program, the Frank Porter Graham Development Center, United Way Latino community, Community Voices Hispanic Liaison, Family Life Skills, Childcare Networks, Helping Hands and the Chatham Chapter of the National Coalition-Building Institute. These agencies provide services in: health and well-being, English and Spanish classes, mediation and legal services, community linkage, community improvement projects, social justice issues, disability for Hispanic children, kindergarten preparedness, translation and interpretation, driver's education, nutrition, child discipline, first aid, cultural diversity programs, occupational safety, conflict resolution and empowerment.

In conclusion, Asbury has many readily available health resources. While residents must venture outside of Asbury for all formal health care, many social outlets exist within the community. It appears that improvements could be made in available social networks for the youth. Environmental problems appear to dominate the health concerns of this community.

Poor soil, which contributes to poor septic systems and water shortages, monopolizes the concerns of community members.

Growth and Development

Residents of Asbury express concern about the growth and development of both their community and the area surrounding the “Triangle” region of North Carolina. The concept of growth and development has various inter-related aspects. A reciprocal relationship exists between the influx of people and the proliferation of construction. As more people move into an area, businesses ranging from strip malls to fast-food restaurants to new neighborhoods begin popping up due to the expanding market. Also, as new businesses and housing subdivisions spring up, outside people see the resources and are encouraged to move there. Growth and development can potentially be a positive or negative process for a community. Regardless, one universal consensus is the advent of change that accompanies it.

Asbury residents reflect the importance of and consideration received by this issue by discussing concerns about growth and development both during interviews and at the Community Gathering. Of the community interviews conducted during this Community Diagnosis, 88% discussed growth and development. While this figure is weighted by the fact that there were questions specific to development in the measurement tool, this still shows a high level of interest in the issue.

One reason for this interest in growth and development results from the changes occurring in Chatham County, which may hold ramifications for the Asbury community. Experts project a 35.4% population growth between 1980 and 2000 for Chatham County (Chatham County, North Carolina Statistical Abstract, 1996). Development accompanies the increased population, with major highway plans for expanding both US 15-501 and Highway 64. Plans also include shopping center and subdivision development. Such growth in the County can impact communities such as Asbury, and has raised concern among residents. Growth in Asbury

has accompanied that of the County. Most interviewed residents discussed the new people moving into the community. “The Asbury community, it’s grown. It’s grown by leaps and bounds since I’ve been in the neighborhood” (F.I.6, 1997). Residents speculate that the main reason people are moving to Asbury is the desire to get away from the busy cities and live in the relaxed, open country (F.I.10, 1998; F.I.17, 1998). In addition, long-time Asbury residents often cite community cohesiveness as a reason for why new people move to Asbury, that they hope to “fall into the warmth of the community” (I.I.5, 1997).

Growth and development relate to the water supply of the community. One resident stated that “[Asbury will stay] just like it is if we don’t get some water” (F.I.6, 1997). A lack of county water lines indisputably limits many forms of development, especially in terms of businesses. Large department stores and fast-food restaurants cannot function on the amount of water provided by the sparse wells of Asbury. Lack of county water also contributes to the population trends of the community. The comments of community residents further explicate the connection between water supply and the population growth of Asbury. One resident stated that people will not move to Asbury because, “If you’re gonna pick you out a place to live, retire, you know, live, you wanna go where there’s water” (F.I.6, 1997). Another resident predicts what will occur in Asbury with the arrival of water: “[with] county-wide water, it will definitely be more populated” (F.I.8, 1998). The lack of water, fully described in another chapter, is an important issue to the Asbury community. Many issues that are of concern to community residents relate integrally to adequate water.

Residents speculate on how the growth and development will affect Asbury’s unity. One resident “hope[s] [that] more people will not change the atmosphere around here” (F.I.12, 1998). Another resident observed, “I used to know everyone, now there are people I don’t know” (F.I.6,

1997). The connection between new people and the close-knit community not only affects the existing community, but also the experience of the newcomers themselves. “I don’t think the new neighbors touch base as much as all the old neighbors” (F.I.8, 1998). Residents believe that the newer people miss out by not interacting and by isolating themselves, and that they are not experiencing what small town life should be like. “They’re kind of missing the whole point of living in the country, it’s your neighbors, it’s not the isolation, it’s your neighbors” (F.I.8, 1998). While newcomers have been described as wanting to keep to themselves, it has been pointed out that some newcomers do become active in the community. For example, a long-time resident said, “We have become heir to a couple of real nice families” (F.I.10, 1998).

Influx of people could also have an effect on the Church. The Church plays a significant role in the social and community life of Asbury, with Asbury residents describing themselves as “good, church-oriented people” (F.I.16, 1998). The importance of the Church to the community could potentially suffer according to some residents, who do not feel that the newcomers are getting involved, and that people are starting to “drift away from the Church” (F.I.2, 1997). As the diversity of the community grows, aspects of life important to the community may begin to shift. “Asbury Church was the center of the community...maybe not as much so [now] as it used to be” (I.I.5, 1997). “A lot of them [the newcomers] don’t go to church in Asbury, which is kind of the central point” (F.I.8, 1998). Some community members suggest that efforts to visit the new people and get them involved in the Church should be increased (F.I.2, 1997; F.I.10, 1998). One resident asks, “Why haven’t we visited these people and tried to get them in the church?” (F.I.10, 1998).

Growth in the community also impacts the physical appearance of Asbury. There is significant concern among residents that as new people move in, the amount of litter and trash

will increase (Informal Focus Group, 1998). Residents believe that development also results in too much trash (Community Gathering, 1998). “That is one thing I would like to see, a little less litter” (F.I.15, 1998). Litter poses a major concern, for residents feel one of Asbury’s strongest points is its beauty. “If you like to live in the country, this is the place to come. This is beautiful country” (F.I.6, 1997). The Ruritan Club used to take steps to clean up the litter (I.I.2, 1997), having “assigned certain areas for members to pick up the trash” (F.I.15, 1998). This demonstrates community members mobilizing in the past in to address the issue.

Along with the discussed effects, another common response to the question about growth and development was that it will have a dual effect, “mixed, some good, some bad” (F.I.11, 1998). Some community members see the effect as one that could disrupt community cohesion, but bring possible benefit as well (F.I.8, 1998; F.I.10, 1998). One resident stated, “I don’t have any problem with people moving in, it’s just, it’s different” (F.I.8, 1998). One benefit could be helping to develop the community’s organizations, with one resident saying it would be good to “get more people to join in [the community organizations]” (F.I.11, 1998). Another resident said that it is nice to see new people moving in and new houses going up (F.I.8, 1998). Emphatically stated, when asked about new people moving in, one resident said, “I love it” (F.I.6, 1997). Residents are also pleased because the development could bring some local services (F.I.9, 1998). Another resident sees growth as a benefit because it provides diversity. “I used to say we were too clannish. I am happy to see now that we have taken in, by marriage or moving...an influx of a different type of people and I think that is good for us” (F.I.10, 1998). This can be seen as providing the people of Asbury with a broader perspective on the world, helping them “to understand that the world is not made up of [a few families]...but other people [as well]” (F.I.10, 1998).

Residents also consider “county development” (F.I.16, 1998) to be a political issue. There has been vast growth specifically in northern Chatham because of its proximity to the “Triangle” area. It has been said that the general demographic trends of Chatham County, including median income and age distribution are skewed because of the tremendous growth in northern Chatham (I.I.9, 1997). Related to this, residents have discussed an uneven distribution of county resources (Informal Focus Group, 1998; I.I.9, 1997). Some residents see the northern part of the County as receiving a disproportionately large amount of the funding from the taxes to which they all contribute (Informal Focus Group, 1998).

Growth and development is a difficult issue for which to conceptualize a solution. It is not necessarily a problem, and thus may not warrant a solution. One way for the members of Asbury to positively affect the growth and development of the community is to ensure that their opinions and voices are heard. Whether in favor or against growth and development, residents can influence its future direction by maintaining open lines of communication with Chatham County officials. This will allow the wishes of the community to be heard when decisions on new tax codes, zoning laws and water access for the area are being formed. Members of the community have shown themselves to be actively interested in such participation. For example, they initiated an open discussion about development and the role of the County government with a County Commissioner that attended the Community Gathering. By mobilizing to voice their concerns, Asbury residents can affect change in terms of growth and development, regardless of the direction of their inclination.

Lack of Formal Resources

During a majority of the interviews, Asbury residents remarked upon the lack of formal resources in the community. For most residents, this contributes to Asbury's appeal (F.I.8, 1998; F.I.13, 1998). Residents willingly travel outside of the community for everything from toothpaste to medical appointments. One resident reports that "for everyday living, Sanford offers everything you need" (F.I.15, 1998). Another resident notes that "there aren't jobs here [in Asbury] although we are close enough to jobs" for people to continue to move to Asbury (F.I.14, 1998). Still, at times, this isolation raises concerns. Residents worry about the response time for fire, police and other emergency medical services. Those who cannot drive must rely on others for transportation to medical appointments, leisure activities and shopping facilities.

Since Asbury lacks health care resources, "most people go to doctors in Sanford"(F.I.15, 1998), Duke and UNC-CH also provide residents with readily accessible health care (F.I.8, 1998). In addition to the use of these sites, residents utilize health facilities in Moncure and Goldston (F.I.2, 1997; F.I.3,1997; F.I.6,1997; F.I.8,1998; F.I.15, 1998). The clinic in Goldston opened in 1975 because "it was something that the community needed" (F.I. 14, 1998). This clinic was "part of a state program of getting medical care out into rural communities" (F.I.14, 1998). Asbury residents continue to utilize this site. One resident remarks that "since we are in such close proximity to good medical care, there is no reason why you can't get it" (F.I.10, 1998). Another resident notes that "if I got really sick, I am fortunate to be close to some great medical centers" (F.I.14, 1998). A third resident states, "I do not personally know of anyone who does not receive adequate health care" (F.I.15, 1998). The existence of medical services does not concern Asbury residents, instead people worry about how they will reach these facilities.

Emergency medical staff, based out of Pittsboro, reaches Asbury residents in an average of 10 minutes (F.I.1, 1997). The local Ruritan club initiated training of local first responders to provide assistance in case of an emergency. Still, at no time has the county level emergency dispatch recognized the community-based first responders and at no time has the county initiated contact with this group (F.I.1, 1997). However, after a recent changeover of medical response services, the first responders are no longer organized and responding to local emergencies. The County has contracted with a private Emergency Medical Service company (F.I.1, 1997), which dispatches a scouting unit to assess whether or not additional health services are needed at an emergency (Informal Focus Group, 1998).

A reciprocal fire response system also exists for the area of Asbury. The fire departments of Goldston and Pittsboro collectively offer fire protection to the northern portion of Asbury (F.I.1, 1997) while the Cumnock Fire Department serves the southern end (F.I.6, 1997). This minimizes delay in case of a fire, but residents fear that the response time may be too long (Community Gathering, 1998). When asked about what improvements could be made in Asbury, one resident responded, “we could have a little better fire protection” (F.I.6, 1997). Due to Asbury’s proximity to the Lee County line, 911 calls are routed through Sanford and then instantly relayed to Pittsboro dispatchers (F.I.5, 1997). Some residents believe that this may increase response time for all emergency services (Community Gathering, 1998). For some, this delayed response is a part of rural living: “Rural areas just don’t get around the clock law enforcement” (F.I.15, 1998).

In contrast to the concern voiced about emergency services, few residents described problems reaching medical facilities for preventive or routine care. While “the Pittsboro Council on Aging will take you to a doctor’s appointment if you need” (F.I.6, 1997), for the most part,

Asbury residents care for one another's transportation needs. One resident remarked that if transport is difficult, it is because people needing it fail to ask – "if they did, they could go anywhere" (F.I.4, 1997). Another resident mentions "taking my sister-in-law to Chapel Hill two times per week" for doctors' appointments (F.I.6, 1997). This same resident feels that part of one's neighborly duties include "looking after the old folks" (F.I.6, 1997).

Insurance poses another issue for Asbury residents. Some Asbury residents do not have health insurance because they are self-employed (F.I.7, 1997). People who lack insurance fear going to the doctor (F.I.9, 1998). "I'm sure that for a lot of people, cost-wise, it (medical care) is a problem" notes one resident (F.I.10, 1998). Reflective of the entire country, many of the older residents rely on Medicare (F.I.7, 1997). Many older residents encounter the challenge of finding doctors who accept Medicare patients (Informal Focus Group, 1998). The presence of nearby medical resources does not benefit those who are underinsured or uninsured. Fortunately, the Moncure clinic sponsored by UNC offers medical care "based on your means", for this reason, "many people go down there" (F.I.10, 1998). No interviewees reported lack of insurance or high cost as a personal problem, but residents did voice concerns about the welfare of others in the community (F.I.7, 1998, F.I.9, 1998).

While traffic has been picking up on 15-501 (F.I.9, 1998) and two new bypasses have been planned (F.I.7, 1997), public transportation does not service Asbury. In spite of this, "transportation does not seem to be a problem" (F.I.14, 1998). In a car, both Research Triangle Park and Chapel Hill are easily accessed (F.I.7, 1997). Without a car, residents can feel somewhat isolated. Residents often report shuttling family members and friends to neighboring cities for services (F.I.6, 1997). When asked about potential change in Asbury over the next ten years, one resident replied: "I don't see industry, I don't see business...perhaps at some point a

convenience store” (F.I.15, 1998). This would provide residents with at least one local resource and decrease the need to get into the car for food and other necessities.

While lack of resources presents some problems, it also helps Asbury retain its intimate feel. One resident articulates this by pointing out “I love the rural atmosphere – I have no desire to live in a large town” (F.I.10, 1998). The presence of businesses would detract from the quiet, country feel. “People like living in the country where they can go fishing and have horses and go horseback riding” (F.I.10, 1998). One resident remarks, “I like where I live because it is nice and quiet and I like to live in the country. If you like to live in the country than this is the place to come” (F.I.6, 1997). When asked about the potential changes in Asbury over the next ten years, no residents envisioned any significant influx of commercial buildings in the community. This may require that residents continue to rely on outside resources, but it will also preserve much of what makes Asbury “just a comfortable place to live” (F.I.15, 1998).

Water and Septic

Throughout qualitative interviews, 73% of Asbury residents expressed concern regarding the water supply and/or water quality. At the Asbury Community Gathering, residents again prioritized this as one of their top concerns. This is not a new problem for the people of Asbury, or the surrounding communities. Asbury residents have vocalized their dissatisfaction with the water situation since 1995. While neither secondary nor primary data demonstrates medical problems due to inadequate water supply or poor quality, these conditions affect the social health of the community. In addition, inadequate water supply can lead to water-related diseases. These occur when septic systems are not appropriately maintained as has been true in other communities with similar water and septic utilization rates (North Carolina Cooperative Extension Service, 1997). One Asbury resident expressed concern regarding Asbury's water and septic, "A major need is water and right behind that is sewage. We have a desperate need for county water for many of our citizens" (F.I.15, 1998).

Asbury residents define poor water quality as dissatisfaction with taste and water hardness. Residents complain of poor taste and high mineral concentration of the water (I.I.2, 1997, I.I.3, 1997, F.I.10, 1998). One resident reports about her daughter's water quality: "her water smells like rotten eggs" (F.I.6, 1997). She also says, "Most people who got water, it's either limy or got subgranite in it. They have problems with it" (F.I.6, 1997). However, environmental health specialists who serve the area say that the water is not currently contaminated (F.I.5, 1997). While these do not pose a health threat, they do alter the taste and color of water. For a fee, specialists check the water for total and fecal cloacal, bacteriologic matter and pesticides. These pollutants are not presently identified in high enough quantities to warrant concern; however, in the past there have been water quality problems, usually related to

insufficient chlorinating and exposure of wells (F.I.5, 1997). Also, environmental specialists have found significant levels of iron and manganese in the water (F.I.5, 1997). Therefore, many individuals choose to install water softeners to remove these minerals. One of the future projects of the Office of Environmental Health is to "reduce the amount of lime" in Asbury's water (F.I.5, 1997). According to one resident, "It's terrible the taste of it. I have to be thirsty to take a drink of it. Yeah, there's a filter but it doesn't help the taste of it" (F.I.10, 1998). Another resident reported that the hard water leaves calcium deposits that form a white residue in toilets and sinks making them difficult to clean (F.I.9, 1998). Additionally, one resident address concern of potential contamination from hazardous waste from the chicken plants (F.I.7, 1997). Finally, another resident claims, "Every 3 or 4 years we have to replace the water heater because it burns out from the water" (F.I.10, 1998). Although there has not been a documented threat to physical health as a result of water related problems, it may inconvenience residents.

Accompanying dissatisfaction with water quality, interviewed Asbury residents expressed concern regarding the inadequate water supply in the area. According to water specialist Guerrant, "Readily available clean water is a major determinant of the quality of life" (1990). The problem extends beyond Asbury into Chatham County and most of the areas west of the Piedmont (I.I.7, 1998). As one resident stated, "Asbury is not a great place for water because it is in the Triassic Basin and the soil does not percolate well. Most of the water comes out of faults, cracks, crevices and dikes" (F.I.8, 1998). As told by a hydro-geologist with the U.S. Department of the Interior, the soil in all of Chatham County is poor, having a thin layer of soil followed by a thick layer of bedrock. This layer of rock is difficult to drill, and unless geologists find a crack, water cannot be tapped (I.I.7, 1998). Often residents must hire a geologist to come out and help find a fracture in the bedrock, "She (a resident) got a geologist

before she built her house to see if she could find water. He told her to go as close to the line in the creek as she could. Well, she went down 250 feet ‘til she got water” (F.I.6, 1997). The deep aquifer in Asbury forces residents to dig wells that are up to 500 or more feet deep (F.I.5, 1997). According to one resident, the southern part of Asbury experiences the most severe water problems with some wells yielding no water at all (F.I.6, 1997). All Asbury residents rely on well water for their cooking, cleaning, washing and everyday use. In contrast, Chatham County has only 60.9% relying on wells (LINC, 1990). Neighboring Lee County, with a similar population distribution, median family income and soil conditions (I.I.7, 1998) has a well use percentage of only 36% (LINC, 1990).

This inadequate water supply has been documented through several interviews and through letters of concern written to the Office of Public Works in 1995, demonstrating the continuing need of water in this community (F.I.9, 1997). One woman claims that her well only yields one quart per minute (I.I.4, 1997). Some have reported that neighbors share wells, but few wells are able to support the demand (I.I.3, 1997). These families must "haul" water from family and neighbors. Due to the difficulty in drilling, one woman reports: “I got two wells. I don’t use them of course ‘cause there’s no water in them. We couldn’t find any (water) on this hill” (F.I.6, 1997). Another resident reports: “I got a neighbor across the road that drilled four wells,” and he finally found water 3/4 of a mile from his house down near the creek-bed (F.I.6, 1997). Many residents must restrict and monitor when and how much water they use (I.I.4, 1997). One resident tells about a neighboring family: “They can’t get water but from this one place. I think they rotate when they can wash so each one can use the water” (F.I.6, 1997). This is further documented by a resident who tells, “She (a resident) has to pick her times when she can wash” (F.I.6, 1997). According to another resident, inadequate water supply and problems with

installing septic systems seem to inconvenience residents more than cause specific medical illness (F.I.9, 1998).

Evidence throughout the State and the County demonstrates that inadequate water supplies can lead to increased morbidity. Diseases as a consequence of limited personal water use include trachoma, scabies and flea lice (Guerrant, 1990). One Asbury resident informs: “I got a tank behind that ole’ house and we’re running rain water in it. And if it don’t rain then we have a fellow who comes out and hauls water. It’s good water to wash in, the rain water. It’s better than no water at all” (F.I.6, 1997). Leaving water in such a storage unit creates a potential for chemicals to contaminate this water and potentially lead to diseases such as viral conjunctivitis and *Pseudomonas dermatitis* (Guerrant, 1990). Again, there have been no documented cases of this in Asbury, but the risk exists.

While many Asbury residents have expressed concern regarding inadequate water supply, there has been no specific health problem evidenced to be a result of the water and septic problems. However some community members believe that some illnesses are a result of these issues. One member wrote that he and his family have suffered from kidney stones (Asbury, SPH Planning Team Water Survey, 1998). Others have claimed that increased cancer rates could be water-related (F.I.2, 1997). Another individual fears potential contamination of the water supply from a nearby junkyard where batteries, paints and other hazardous wastes are improperly (Asbury, SPH Planning Team Water Survey, 1998). It is not possible to obtain health department statistics on incidence or prevalence rates of water-borne illness.

Maintenance of wells is also an important aspect of insuring a healthy water supply. Chatham County’s Office of Environmental Health provides instructions for how to chlorinate wells; however, compliance has not been determined (F.I.5, 1997). Several Asbury residents

self-report that they do not chlorinate their well water (Asbury, SPH Planning Team Water Survey, 1998). In order to avoid ingestion of fecally contaminated water, well owners must treat or purify their water source (North Carolina Cooperative Extension Service, 1997). Small private water supplies, including wells, are not regulated by any drinking water standards (North Carolina Cooperative Extension Service, 1997). While chlorinating can kill many bacteria and viruses that colonate in the water, there are some bacteria, like cryptosporidium, that are resistant to chemicals (Guerrant, 1990).

Potential costs of water and septic systems to community members and to the County are also a concern. One resident who has an empty well pays \$150 to fill a tank every 3 months (F.I.6, 1997). Some people want city water, but the cost would be high (F.I.9). Installing water lines to Asbury from Goldston would cost the County approximately \$1,350,000. In order to hook-up to the system, each household would pay a one time fee of approximately \$2,000 plus monthly water fees (I.I.8, 1998). It has not been assessed whether this is feasible for Asbury residents.

Geologically, the septic problem exists because of the thin layer of soil's inability to absorb all of the solid waste. The excess waste can then leak into the fractured bedrock and contaminate the water source. If the soil is not deep enough to properly absorb wastewater, then the County denies permits for traditional septic systems (F.I.5, 1997). As stated by one community member, "30-40% of the people would have problems with sewage if they tried to get approval now" (F.I.11, 1998). Another resident claims, "sewage is the biggest problem...but it's more of an inconvenience because of the cost" (F.I.9, 1998). When this occurs, residents must install a sand filter that costs \$10,000. This creates a significant economic burden because, "people end up paying \$10-12,000 rather than \$3,000" (F.I.9, 1998). NC State University runs

an experimental wastewater site in Asbury. Researchers are searching for alternatives to traditional septic systems, which can not be installed in poor perkability areas such as Asbury. Low-pressure systems and drip irrigation demonstrate two alternatives that have arisen (F.I.5, 1997). Discussing society at large, one resident explains, “people have enjoyed very cheap water and wastewater. I think you’re going to see a change” (F.I.8, 1998).

These costs and other factors can also lead to a decrease in the community’s social health. Residents have to pay for water to be trucked in, rely on caught rain water for washing, and often have to depend on friends, family and neighbors to help them out in times of need (F.I.6, 1997; I.I.4, 1997). Problems with water and septic compromise cultural norms. For example, some Asbury residents have had family land for the past two centuries (F.I.2, 1997; F.I.3, 1997), and they commonly save a piece of the land for a child or for future generations (F.I.3, 1997). However, plots of land have been denied septic permits and therefore are unsuitable for building on the property, leaving owners to pay a hefty fee for a more advanced septic system (I.I.8, 1998).

Local, county, state and even national initiatives are currently addressing these issues. Several Asbury residents, concerned about the issue, continue to press County officials to recognize the problem. However, one resident states: “Well, there’s a water situation here and we never have really united to get that solved, and so we’re way down on the list with the County on water improvements” (F.I.10, 1998). As noted in the County Commission Meeting minutes, commissioners “recognize that there is a problem” (1995). Several initiatives attempt to address the need for water in rural North Carolina and in some cases, specifically Asbury. A member of the Water Advisory Board which serves as an advisory committee to County officials tells, “the states are really pushing that funding,” and thus utilizing State money to eventually

extend lines to Asbury and all of North Carolina's rural areas (F.I.8, 1998). The Water 2000 initiative has four billion dollars set aside to supply rural U.S. areas with water, and the U.S. Department of Agriculture serves as the primary financier (F.I.8, 1998). In addition, the State has 250 million dollars targeted for “emergency towns” (F.I.8, 1998). Recently, Hobbs and Upchurch engineering firm has submitted a grant proposal to receive a low interest rate loan from the State in order to provide Asbury and two other communities with public water (I.I.9, 1998). One individual speculates the reason why water lines haven’t been brought out to the area yet: “We got a water program that doesn’t involve the State’s geologist’s office. Well, how can you have a groundwater program and not involve a geologist? Kinda tough” (F.I.8, 1998).

At the Community Gathering, residents made clear that those without water want a regular water supply, but many are not in favor of increased development. What at one time seemed like a straightforward issue has become convoluted, because the problem “is confounded by the soil - doesn’t perk. If you run the water you got to put a septic tank in” (F.I.8, 1998). Installation of County septic is not feasible given the problems with the soil. The Growth and Development chapter of this document addresses the issue of development and how water and septic problems have impacted it. Asbury residents have had a strong voice in the County, stronger than surrounding areas, making them the focus of a variety of attempts at interventions to alleviate their water and septic problems. However, a solution has not been found and the problem not resolved.

Substance Abuse and Lack of Youth Activities

In Asbury, as in most communities, the presence of drugs, alcohol and substance use and abuse results in residents' concerns and fears about the future of their community, especially the lives of the youth who reside there. Substance use and abuse cuts across class, gender and race. It is imperative that communities not only recognize that the problem exists, but also start to take proactive, preventive measures to ensure that children do not engage in such risky behaviors. Such preventive measures include increased awareness and education about the issue, community programs and activities for children and teens as well as guidance from the adults in the lives of youth. Since substance abuse is a serious concern and a difficult behavior to change, as incidence increases, there is a continuous demand for services to help individuals recover and resume healthy lives. Yet one of the first steps in alleviating the problem is recognition that a problem exists. Often this recognition does not occur until the problem hits home.

"There is little crime or drugs" in the community, stated one community member. (F.I.16, 1998). However, according to another, at times, "the people in this community don't always talk about the negative truths" (F.I.10, 1998). Some people may be moving to Asbury thinking "they are moving away from the drug problem, but it comes right with them" (F.I.10, 1998). In Asbury, "drugs are really a problem; there are lots of young people who are in trouble"(F.I.14, 1998). Talking about drug use, one community member commented, it "has been around since I was young, but now it is more prevalent than ever. Everyone knows about it and aware of who's involved, but unless it hits home, then you have to deal with it"(F.I.2, 1997).

There are drug problems "right in the shadow of the Church" (F.I.10, 1998). For Asbury, where religion and the Church play a central role in the majority of the community members' lives, drugs are an enemy that violates the most important source of strength for the community.

One resident believes that there are “a lot of drug problems in the community, but people here hide their head in the sand and say we don’t have a problem here in Asbury”(F.I.10, 1998).

“Even the lieutenant wouldn’t tell you that but it’s true there is a problem”(F.I.10, 1998). There is probably a lot of “drinking and doping, but right now it is behind closed doors”(F.I.4, 1998).

We have those things but we don’t talk about them. And why not? We might find an answer; let’s have a support group in church for drug addicts, they need it. Alcoholics, they need it. But you don’t talk about that. Why hide it? Well I guess every community in North Carolina has a problem (F.I.10, 1998).

This idea of a support group originated during January 1998 with one resident who was willing to open her home for the meetings (F.I.2, 1997). The goal would be to have two support groups, one for the abusers and one for their families. However, other activities and circumstances have taken precedence and this idea has yet to become a reality (F.I.2, 1997).

While many resources to address the problem of alcohol and other drug use are available in the County, Asbury residents do not often utilize such programs. Staff of the DARE program held a program for the youth at Asbury United Methodist Church some time ago (F.I.2, 1997), but other activities have been limited. The county resources that are available and perhaps could be utilized to address alcohol and drug treatment and prevention in Asbury include: Alcoholics Anonymous Chapters, Narcotics Anonymous programs, Alateen, a local residential treatment program and Chatham Together, a Big Brother/Big Sister Program.

One reason to which many community members attribute the apparent rise in the drug problem is a lack of youth activities available in the community. “Limited youth activities and drug use go together” (Community Gathering, 1998). “There is no current [church] youth group due to lack of leadership, lack of interest and conflicting activities”(F.I.7, 1997).

However, the Asbury United Methodist Youth Group is in the process of being rejuvenated by church members. In fact, on February 22, 1998, the first meeting in several years was held for

sixth to twelfth grade children (F.I.2, 1997). Meetings of the Methodist Youth Fellowship are traditionally held every Sunday with activities including trips, a Youth Day at Duke, Christmas Caroling, and other events at the Church and in the children's homes. The Children's Group (K-fifth grade) is very strong and church members hope this level of involvement continues as the children mature. Outside of these groups, "there really is nothing in the community for kids to do. They are bored" (F.I.2, 1997). "We need a ball field for kids to play in...we need a place for young people to get together"(F.I.3, 1997). The Church has purchased land for use as a cemetery in the future, and discussion has ensued concerning establishing a playing field there in the meantime (F.I.4, 1997).

There also appears to be a paradoxical situation where, on the one hand, people complain that there is a lack of things for kids to do, while on the other hand when activities are organized, kids seem too busy to go to these activities (Community Gathering, 1998). To account for this paradox, some residents point at parents as the problem, for both the lack of youth involvement and the increased drug problem. "Parents need to set priorities"(Community Gathering, 1998). There are too many "latch key kids" (F.I.13, 1998). There appears to be consensus that the children in the community need better guidance (F.I.16, 1998).

As described in the chapter, substance abuse is a problem in the community that has been attributed to lack of youth activity. During the community forum, there was consensus that the two issues were tied together (Community Gathering, 1998). Residents have discussed methods of addressing it. On a direct level, a need for support groups (F.I.10, 1998) has been recognized while on an indirect level, increased youth opportunities and activities, especially with parental involvement, appear to be residents' proposed solutions to the drug problem (Community Gathering, 1998).

Community Support

Asbury boasts a wealth of resources within the community. In a time when people often live far from their extended families and fail to know their neighbors, Asbury retains the feeling a tight-knit community. The fact that all of the residents “take pride in who and what we (they) are” makes Asbury a wonderful place to live (F.I.16, 1998). Almost every resident remarked on the closeness of community members and the tight-knit feeling that surrounds the community. “There is something about the togetherness, the closeness, the kinship...that creates a sense of belonging” (F.I.10, 1998). In addition, the residents “really like people to come in and be a part of the community” (F.I.14, 1998). Asbury openly welcomes newcomers (I.I.6, 1998). “We don’t have any of our ‘own’ anymore, it’s anybody and everybody” (F.I.10, 1998). Not all, new residents choose to join the community as one resident notes, “I think we’re a friendly group but there has to be a two-way effort before any kind of relationship can be established “ (F.I.15, 1998). Efforts are made to incorporate new members into local clubs and community activities (I.I.6, 1998; F.I.7, 1997) and “a couple of new people have gotten very involved in the church” (F.I.15, 1998). The new residents who choose to become involved in Asbury “inherit a sense of belonging” (F.I.10, 1998).

A majority of the community members interviewed made at least one reference to the strength of the ties between people. All of the residents “pretty well know everyone” (F.I.4, 1997). People feel secure in the fact that they can call on friends and neighbors to help with anything (F.I.2, 1997). Asbury boasts “people who love each other, you might not see them on a regular basis, but if you have a need arise, then they are there” (F.I.14, 1998). While “no one expects anything more than what you offer” (F.I.16, 1998), community members know, if they are in trouble that the community will come running (F.I.4, 1997). The Ruritan Club, Coon

Hunter's Club and various church groups have banded together to raise money for local families facing illness, death, or financial hardship (F.I.11, 1998; F.I.2, 1997; F.I.7, 1997). Locals feel comforted knowing "they have some good community leaders in Asbury, I (they) trust them to do what needs to be done" (F.I.6, 1997). One resident reports that the best parts of Asbury are "the quiet, the country and the neighbors" (F.I.6, 1997). Another resident reports that the best part is "the small and closely knit family atmosphere [and] close friendships" (F.I.16, 1998). Asbury residents work together to take care of one another (F.I.8, 1998). The people of Asbury prove to be the community's greatest asset. "They're all nice neighbors, they're friendly" (F.I.6, 1997). At the community gathering, the participants identified "love for each other," parents, community programs, Church, Coon Club, Ruritan Club, Young at Heart Club and "people power" as resources existing within the community (Community Gathering, 1998).

A core of six families has lived in Asbury for generations (F.I.7, 1997; F.I.10, 1998). Living in Asbury "is like being in a place with one big family – that's the best way I can describe it" (F.I.14, 1998). Families pass land on from generation to generation (I.I.5, 1997) preserving tradition and the character of the community. People "have deep roots here – we're stuck here until the end" (F.I.10, 1998). Asbury remains a place where "caring for each other is still a wonderful trait" (F.I.12, 1998). The community atmosphere encourages the strength of the nuclear family. People are thankful that they have had the opportunity to raise their families in Asbury (F.I.15, 1998). "There's a bond...and we stick together through thick and thin" (F.I.10, 1998) claims one resident. Many residents affectionately agree "For me...it (Asbury) is home" (F.I.15, 1998).

Conclusion

With a population of 349 people, ninety-four percent of which is white, the community of Asbury comprises .9% of the population of Chatham County, North Carolina. Chatham County lies in the center of North Carolina, in the Piedmont Region that has been traditionally known for its grains and tobacco. Asbury, located in the southern section of Chatham County, is geographically defined by the Deep and Rock Rivers that form natural borders around the community (I.I.1, 1997). Lydia Perry Road and Rosser Road comprise the remaining borders that connect the two rivers.

Although geography has defined Asbury's location in one sense (Deep and Rocky Rivers), people have joined together to form a tightly-knit community that has experienced many changes, challenges and successes including a shift in the economy, soil quality issues and social events. The Asbury United Methodist Church historically has defined the community of Asbury. The Church, with 234 current members, has held religious services for over 200 years. The present building was built in 1900 and remodeled in 1942. Various groups within the church provide social networks for the members as well as services to the community (I.I.1, 1997).

Many Asbury families have been settling there for generations. During its earlier history the community was relatively self-sufficient, leaving residents with little need to venture into town for goods. However, during World War II many left the community to take jobs in military manufacturing plants (Petty, 1996). These circumstances lead to a shift from an agriculturally-based economy through corn, cotton and chicken farming, to a manufacturing city based workforce (Petty, 1996). Today, "...just about everybody works outside of Asbury, [in places like] Pittsboro, Sanford and Chapel Hill" (F.I.7, 1997). Economic statistics indicate a higher standard of living in Chatham County and presumably Asbury in comparison to the State.

“The top five relate health concerns voiced by Chatham County residents are education, social/recreational opportunities, jobs, access to health care and environment” (Molloy, 1997). Asbury residents must rely on both Chatham and Lee Counties in addition to other surrounding communities for many resources and services (I.I.2, 1997). Chatham County offers a range of free and sliding scale services both in primary care and in health promotion (Molloy, 1997). While Chatham County offers a wide array of formal and informal health services, residents also have access to additional medical care within thirty minutes of UNC Hospitals, Moses Cone Hospital, Moore Regional Hospital, Alamance Regional Hospital, Duke University Medical Center and Central Carolina Medical Center (Molloy, 1997). One residents notes that “...I am fortunate to be close to some great medical centers” (F.I.14, 1998).

One potential barrier to health care for the residents of Chatham County and Asbury is an inability to pay (F.I.7, 1997). A significant portion of Chatham County residents lack adequate insurance with 35.7% of residents having no insurance or being underinsured (Molloy, 1997). Transportation acts as another barrier to accessing care. With some exceptions such as the Climb Aboard Resource Van for health outreach and busing for schools, there is no public transportation services in Chatham County. Other barriers include language and communication difficulties, especially for the Hispanics who are settling into the area, lack of understanding of the health care system, inconvenient hours of resources and lack of knowledge about available resources (Molloy, 1997). Residents of Asbury do not feel hindered from receiving adequate care and most note that if they require help with transportation, somebody in the community is always there to help (F.I.6, 1997).

Beyond health care many social factors contribute to the health of a population. Asbury thrives on the strengths of its community members. One strength identified by residents at the

Community Gathering was Asbury's "people power" (Community Gathering, 1998) Asbury residents report that when families experience illness or death, the community pulls together to meet the social and financial needs of the family (I.I.1, 1997). There are also a number of social groups that form strong community networks that enhance the health and well being of community members. These groups include the Ruritan Club, the Young at Heart Club, the Coon Hunter's Association, and groups within the Asbury United Methodist Church (I.I.2, 1997).

While such groups serve the adults in the community, few structured outlets for recreation and leisure activities exist for the youth of Asbury. The number of support services in Chatham County for teens continues to grow (Molloy, 1997), however Asbury teens are not involved in these programs (F.I.2, 1997). One promising development was the recent rejuvenation of the Asbury United Methodist Youth Group which had not been organized for several years. Residents feel the group back and feel it will positively influence the lives of Asbury youths (F.I.2, 1997).

Asbury residents blame lack of youth activities for some of the substance abuse issues that the community is now facing (Community Gathering, 1998). Alcohol and other substance use are significant problems in Chatham County as a whole. "In at least 35% of all injury related deaths in Chatham County, the deceased was intoxicated at the time of death" (Molloy, 1997). In 1995, an estimated 12% of Chatham County residents were addicted to some illicit substance (Molloy, 1997). Residents raised substance abuse as a major concern for Asbury residents and a couple of community members have talked about starting a support group for addicts, alcoholics and their families (F.I.10, 1997).

Inactivity poses another health concern for Asbury and Chatham County residents. One of the biggest barriers residents face is limited access to places in which they can participate in physical activity (Molloy, 1997). Limited access to parks, gyms, community centers and pools make it difficult to adopt regular exercise patterns (Molloy, 1997). Asbury lacks any recreational center, causing residents to venture to either Pittsboro or Lee County to participate in organized physical activities.

Reported violent crime has begun to decline in recent years in Chatham County (Molloy, 1997). Asbury residents report little violent crime and instead report minor break-ins, burglaries and drug use (F.I.2, 1997). Also, unintentional injury is a concern in Chatham County with many incidents resulting from privately owned firearms, which account for the leading cause of death for persons 35-44 years of age and the second leading cause of injury and death among children. "Suicides are 12% more common" in Chatham County than in North Carolina (Molloy, 1997). The impact of these issues at the County level extends into the community of Asbury.

Environmental problems in Chatham County include water supply, water quality, air quality, agricultural, hazardous waste, waste disposal, animal control and lead poisoning. Both the County and Asbury residents raise concerns about poor soil and lack of water. Certain sections of Asbury have low producing wells (I.I.4, 1997). Poor soil also contributes to problems with waste disposal, with 70% of soil in Chatham County unsuitable for this purpose (Molloy, 1997). Water problems may hinder the development of Asbury and some parts of Chatham County. County development is a political issue, with some residents feeling that the northern part of the County, because of its high level of development, receives the majority of county resources (Informal Focus Group, 1998). Some residents of Asbury see future development as both a negative and positive occurrence (F.I.11, 1997). While the community

welcomes newcomers, present residents fear that Asbury will lose the close-knit, family like characteristics that make it such a wonderful place to live (F.I.6, 1997).

Other parts of Chatham County are expanding as people look for a simpler, rural life (Molloy, 1997). Also Hispanics are coming to North Carolina to work on farms. Many are illegal aliens and therefore may fear or are unaware of how to seek health care. Language barriers are also an obstacle this population must overcome. While a very small minority of Asbury residents self-identify as Hispanic, with the increased growth and development, these issues may resonate there in the future.

Throughout the Community Diagnosis process, a great deal of information was gained about the community of Asbury. This information provides an accurate and comprehensive picture of the community's resources, strengths and needs. The secondary data included demographic and social characteristics, as well as the documented concerns of both the community and Chatham County. Interviews and discussions of the primary data illustrated the specific perceptions, beliefs and concerns of Asbury residents. The merging of these data sources allowed for an understanding of the aspects of life that are most important and relevant to the residents of Asbury, as well a representation of the holistic health of Asbury. The formal information and desires of residents expressed in this document hold service implications. Residents and service providers can use this Community Diagnosis document to inform program development or grant proposals.

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Appendix A: Secondary Data Tables and Figures

Economy Tables

Table 1

Total Personal Income (\$000)

	1993	1994
Nonfarm Personal Income	779,705	824,254
Farm Income	44,628	40,781

Source: Adapted from Chatham County, North Carolina Statistical Abstract

Table 2

Top Five Estimated Agricultural Commodity Income, 1994

Commodity	Income (\$)
Poultry & Eggs	90,108,500
Farm & Non Farm Forestry	15,928,122
Milk	6,514,527
Tobacco	3,718,270
Hay & Other Crops	2,181,332

Source: Adapted from Chatham County, North Carolina Statistical Abstract

Table 3**Top Five Major Industrial Employers, 1995**

Company	Products Service	Number of Employees
Townsend, Inc. (2 plants)	Poultry Processing	1,350
Mastercraft Corporation	Upholstery Fabrics	850
Allied Signal	Polyester Fiber	750
Glendale Hosiery	Ladies Hosiery	630
Perdue Farms	Poultry	612

Source: Adapted from Chatham County, North Carolina Statistical Abstract

Community Profile Tables

Note: *These tables are based on 1990 Census Data. Due to the fact that the 1990 Census defines Latino as an ethnicity and not as a race, the Latino population in these statistics is nested within the White, African American or Other category as well as being represented on its own. For this reason, the statistics for Latinos cannot be compared to the statistics for other races.*

Table 4**Population Distribution by Race/ Ethnicity**

	White		African American		Latino		Other	
	N	%	N	%	N	%	N	%
Asbury	328	94.0	9	2.6	9	2.6	3	1.2
Chatham County	29,423	75.4	8,845	22.7	564	1.5	194	.5
NC	5,011,248	75.6	1,455,340	22.0	69,020	1.0	162,049	2.4

Source: Calculated from 1990 Census

Table 5**Number of Persons in Household**

	Chatham County		NC	
	N	%	N	%
1	3445	22.5	596,959	23.7
2	5595	36.6	848,809	33.7
3	2954	19.3	488,199	19.4
4-5	2961	19.3	515,556	20.5
6	348	2.3	67,503	2.7

Source: 1990 Census

Table 6**Single Heads of Household**

	White		African American		Latino		Other	
	N	%	N	%	N	%	N	%
Chatham County	1149	53.9	936	43.9	35	1.6	10	1.6
NC	211,206	54.0	166,967	42.7	3629	.92	9674	2.5

Source: 1990 Census

Table 7

Educational Attainment (% Adults who completed)

Education Level	Chatham County	NC
Elementary + 3 yrs High school	11.6	11.1
High school or GED	20.9	18.6
Technical School	4.9	4.4
1-3 years of College	9.1	10.8
4 years of College	8.5	7.7
5 or more years of College	5.0	3.5

Source: 1990 Census

Table 8

Educational Attainment by Race/ Ethnicity (% Adults who completed)*

Education Level	Chatham County			NC		
	White	AfAm	Latino	White	AfAm	Latino
Elementary + 3 yrs High school	10.4	15.9	7.6	10.4	13.6	6.4
High school or GED	21.4	20.3	3.0	19.5	16.3	11.6
Technical school	5.3	3.7	1.6	4.9	2.9	3.4
1-3 years of College	10.0	6.3	2.5	11.6	8.4	11.0
4 years of College	9.9	4.0	2.3	8.9	3.8	5.6
5 + years of College	6.5	.3	Not Avail-able	4.0	1.5	3.1

Source: Calculated from 1990 Census

* AfAm = African American

Health Tables

Table 9

Leading Causes of Mortality for County and State (Adjusted death rates per 100,000 persons) 1991-1995

Health Indicators	County	State	Healthy Carolinian's 2000 Objective
Heart Disease	192.1	222.7	248.9
Cancer	173.3	178.0	204.7
Cerebrovascular Disease	47.6	54.6	62.4
Unintentional Injury (Overall)	48.9	40.9	61.4
-Moving Vehicle Accidents	32.5	20.5	29.6
-Other (fire, falls, burns, drowning, occupational)	16.9	17.9	
Chronic Obstructive Pulmonary Disease	26.2	30.8	25.5
Pneumonia/Influenza	22.2	23.6	
Diabetes	21.4	19.3	20.3
Suicide	13.3	11.9	10.6
Homicide	13.6	11.8	29.5
Septicemia	6.9	7.1	

Source: DEHNR – SCHS as cited in Molloy, 1997

Table 10**Leading Causes of Mortality in County by Gender and Race (1991-1995 Age Adjusted Rates per 100,000 persons)**

Cause	White Males	White Females	Minority Males	Minority Females
Total Heart Disease	174.9	71.4	271.8	115.7
Cerebrovascular Disease	32.7	22.1	56.6	30.0
Total Cancer	150.2	108.9	235.4	105.6
Colon, Rectum, Anus	14.5	10.1	19.5	20.7
Pancreas	8.1	9.2	5.3	8.6
Trachea, Bronchus, and Lung	60.9	18.8	60.6	11.4
Female Breast	0.0	29.3	0.0	13.0
Prostrate	11.8	0.0	29.9	0.0
Diabetes	17.8	9.5	9.7	27.1
Pneumonia/Influenza	14.1	11.4	19.0	6.7
Chronic Obstructive Lung Disease	21.8	11.9	51.1	10.1
Chronic Liver Disease and Cirrhosis	5.1	3.6	22.2	7.2
Septicemia	3.1	3.1	10.2	9.1
Nephritis, Nephrosis, Nephrotic Syndrome	4.7	0.7	15.3	4.1
Motor Vehicle Unintentional Injuries	32.0	10.7	92.3	30.4
All Other Unintentional Injuries	20.4	5.9	41.1	8.7
Suicide	21.2	6.7	11.1	4.5
Homicide	14.0	1.2	53.6	10.8
AIDS	4.7	0.0	27.7	3.4
Total Deaths All Causes	617.3	314.3	1087.8	456.8

Source: DENHR-SCHS as cited in Molloy, 1997

Table 11**Leading Causes of Hospitalization for County and State (Total cases) 1995**

Health Indicators	County	State
Benign and other Neoplasms	56	11,032
Infectious and Parasitic Disease	129	22,825
Septicemia	53	8,819
AIDS	5	2,546
Endocrine, Metabolic, and Nutrition Diseases	143	25,397
-Diabetes	59	11,188
Malignant Neoplasms	179	32,268
Colon, Rectum, Anus	22	3,595
Trachea, Bronchus, Lung	28	4,176
Female Breast	18	2,801
Prostate	18	2,857
Musculoskeletal System Diseases	194	34,453
Arthropathies and Related Disorders	61	11,195
Genitourinary Diseases	237	41,480
Nephritis, Nephrosis, Nephrotic Syndrome	21	3,086
Digestive System Diseases	351	72,132
Chronic Liver Disease and Cirrhosis	11	2,017
Injuries and Poisonings	351	59,858
Respiratory Diseases	468	79,433
Pneumonia/Influenza	252	31,472
Chronic Obstructive Pulmonary Disease	108	25,037
Cardiovascular and Circulatory Diseases	925	145,909
Heart Disease	675	101,662
Cerebrovascular Disease	136	25,790

Source: DENHR –SCHS as cited in Molloy, 1997

Table 12**Primary Care Clinics and Practices in County**

Clinic/Practice	Location	Services Offered
Chatham Family Physicians, PA	Pittsboro and Goldston	Family primary care
Chatham Primary Care	Siler City	Family medicine; Obstetric services
Piedmont Health Services	Moncure	Adult and pediatric primary care; Maternal/prenatal care; Limited dental services
UNC Family Practice Clinic	Between I-64, Route 751, and Pittsboro	Opening Summer 1997
UNC Medical Office at Fearrington	Fearrington	General Internal Medicine

Source: Adapted from Molloy, 1997

Table 13**Health Insurance Coverage for County and State, 1995**

	Total	Private Only	Medicare	Medicaid	Uninsured
Chatham	42,616	28,066	6,090	3,185	6,342
NC	7,165,298	4,622,979	1,030,943	773,999	917,956

Source: Center for Health Policy Research and Education, Duke University, 1995, as cited in Molloy, 1997

Table 14**Annual Medically Indigent “At Risk” for County and State, 1995**

	Total	Uninsured		Underinsured	
	“At Risk”	All Year	Part Year	Private	Public
Chatham	15,206	4,292	4,366	4,677	1,870
NC	2,341,624	627,101	610,909	791,819	311,796

Source: Center for Health Policy Research and Education, Duke University, 1995, as cited in Molloy, 1997

Table 15**Social Health Resources in Chatham County**

4-H
Alternative Sentencing
American Red Cross
Animal Control
Autism Society of North Carolina
Chatham Coalition for Adolescent Health
Chatham Council of Aging
Chatham County Salvation Army
Chatham Trades
Child Care Networks
Children's Home Society of NC
Communicable Disease Control
Community Alternative Program for Disabled Adults
Community Based Public Health Initiative
Dispute Settlement
Early Intervention and Family Services
Family Resource Center
Family Support Network
Family Violence and Rape Crisis Services
Florence Crittendon Services of NC
Health Education
Helping Families – Healthy Starts Program
Helping Hands – Occupational Health
Hispanic Liaison
HIV/AIDS Council of Chatham County
Home Health Services
Hospice for the Carolinas
Hospice of Chatham County
Mary Neal Child Care Center
Pines of Carolina Girl Scout Council
School Health
The Boy Scouts of Occonechee Council
Triangle Radio Reading Services
Vital Statistics

Source: Adapted from Molloy, 1997 as well as information provided by United Way of Chatham County

Figure 1 - Population Distribution by Race/ Ethnicity

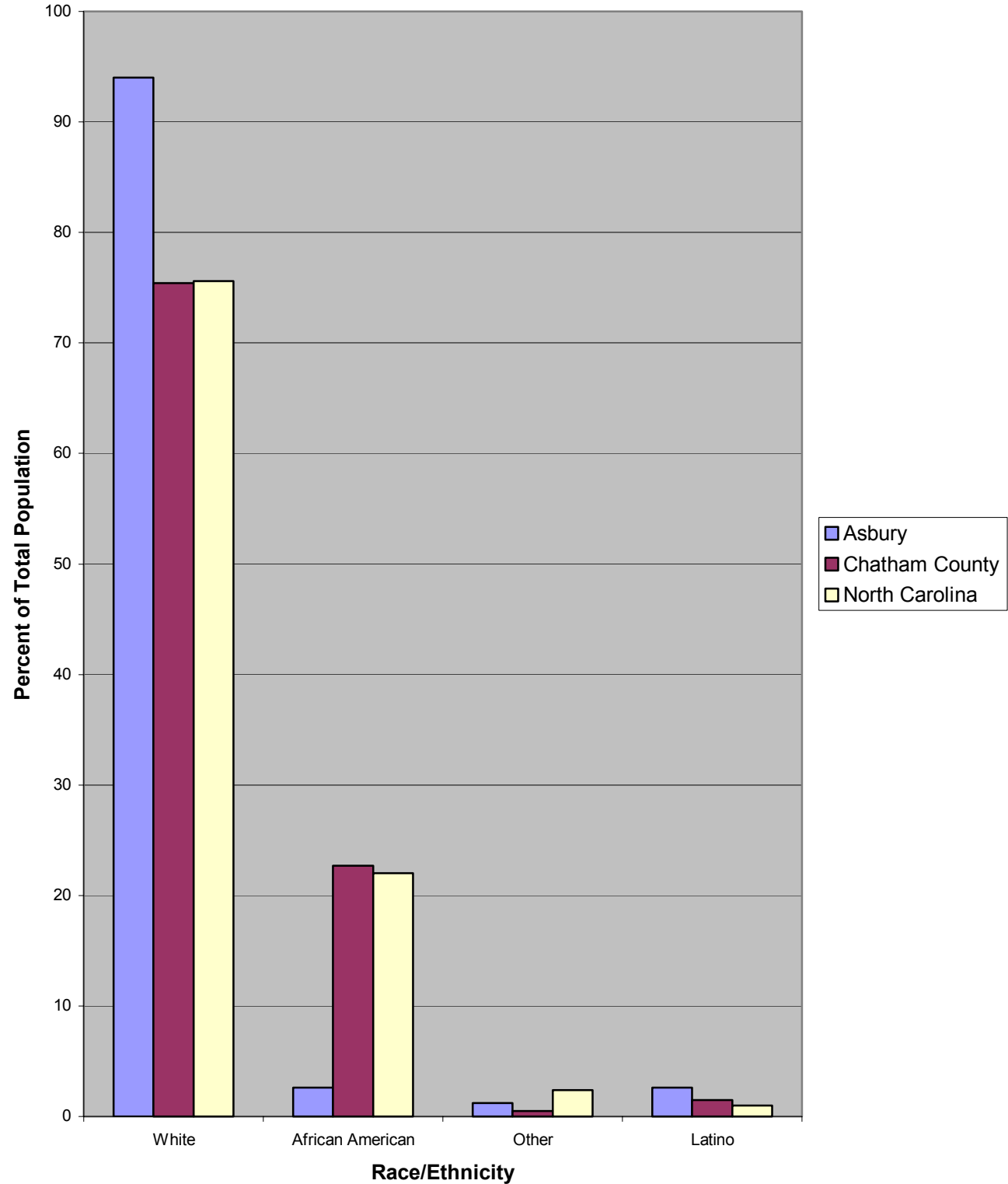


Figure 2 - Number of Persons in Household

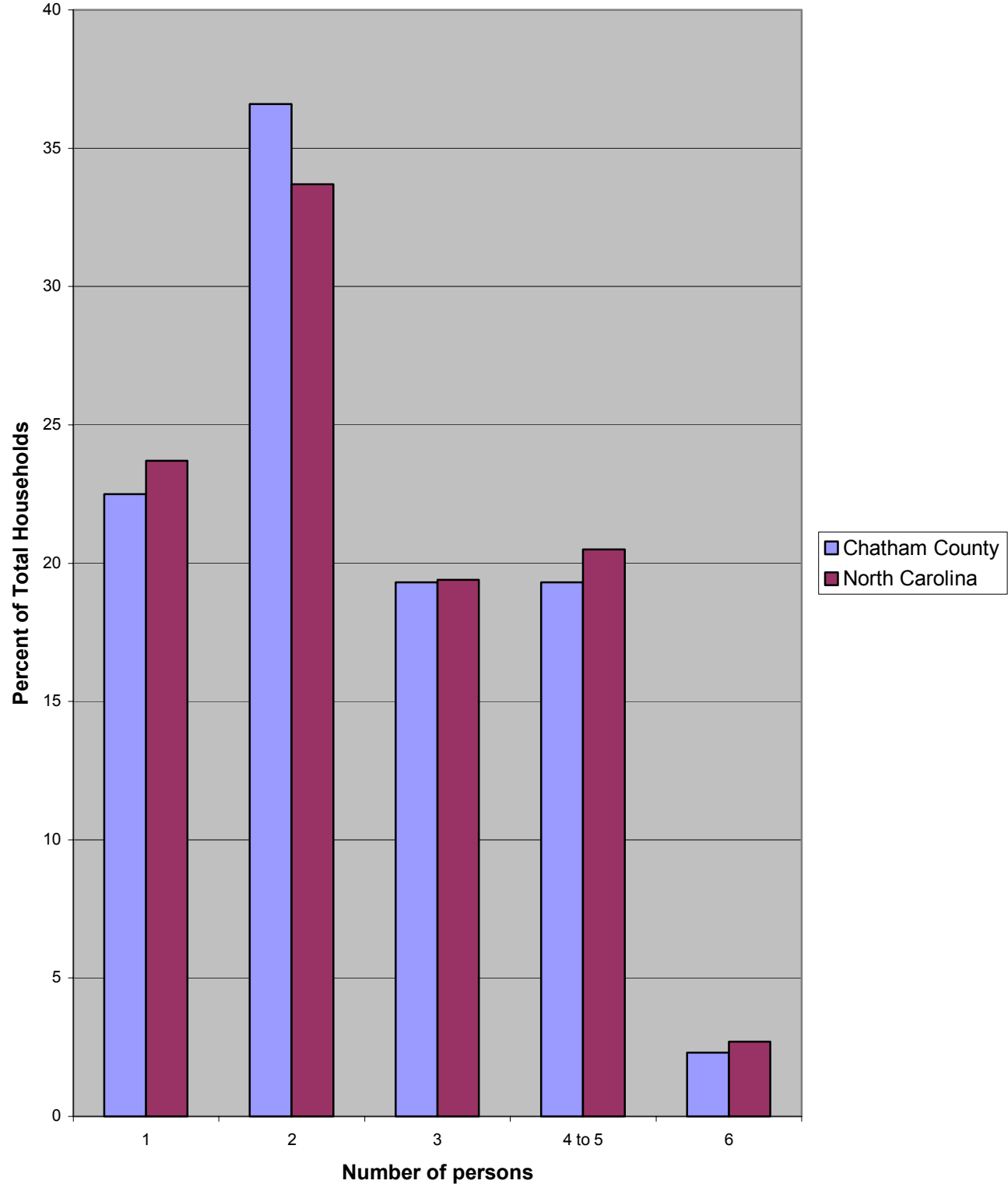


Figure 3 - Single Heads of Household by Race/ Ethnicity

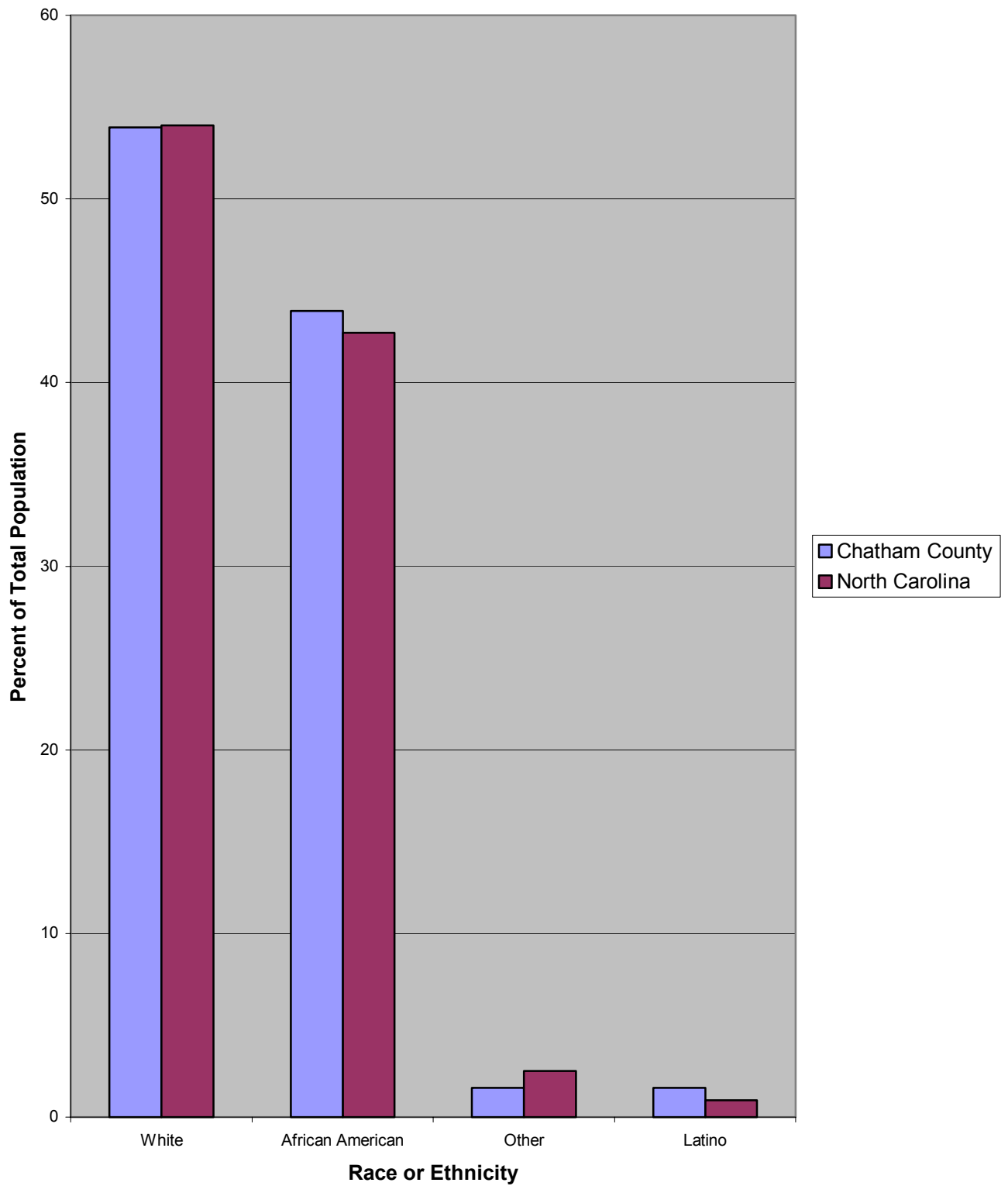


Figure 4 - Educational Attainment

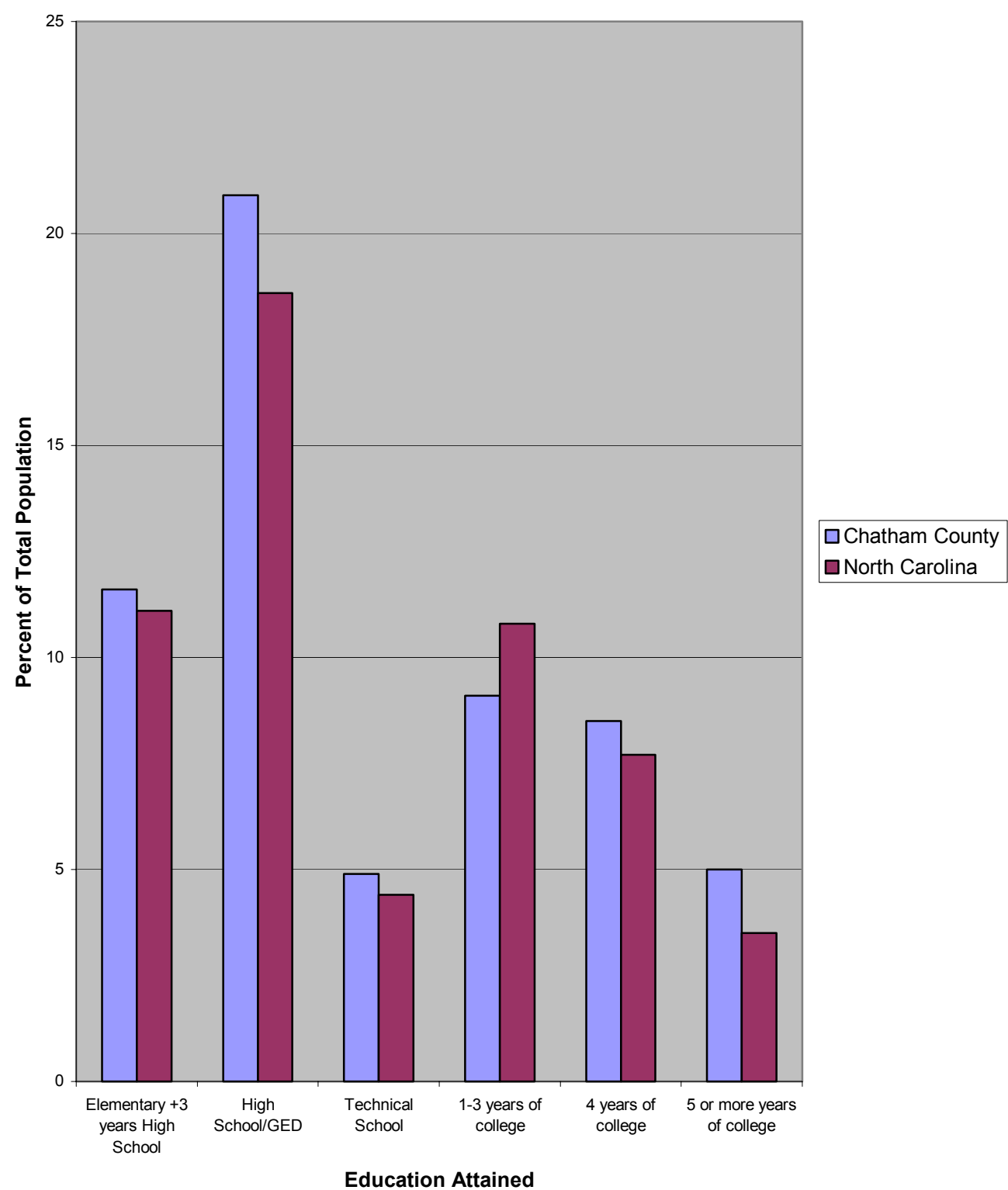


Figure 5 - Educational Attainment by Race/ Ethnicity for North Carolina

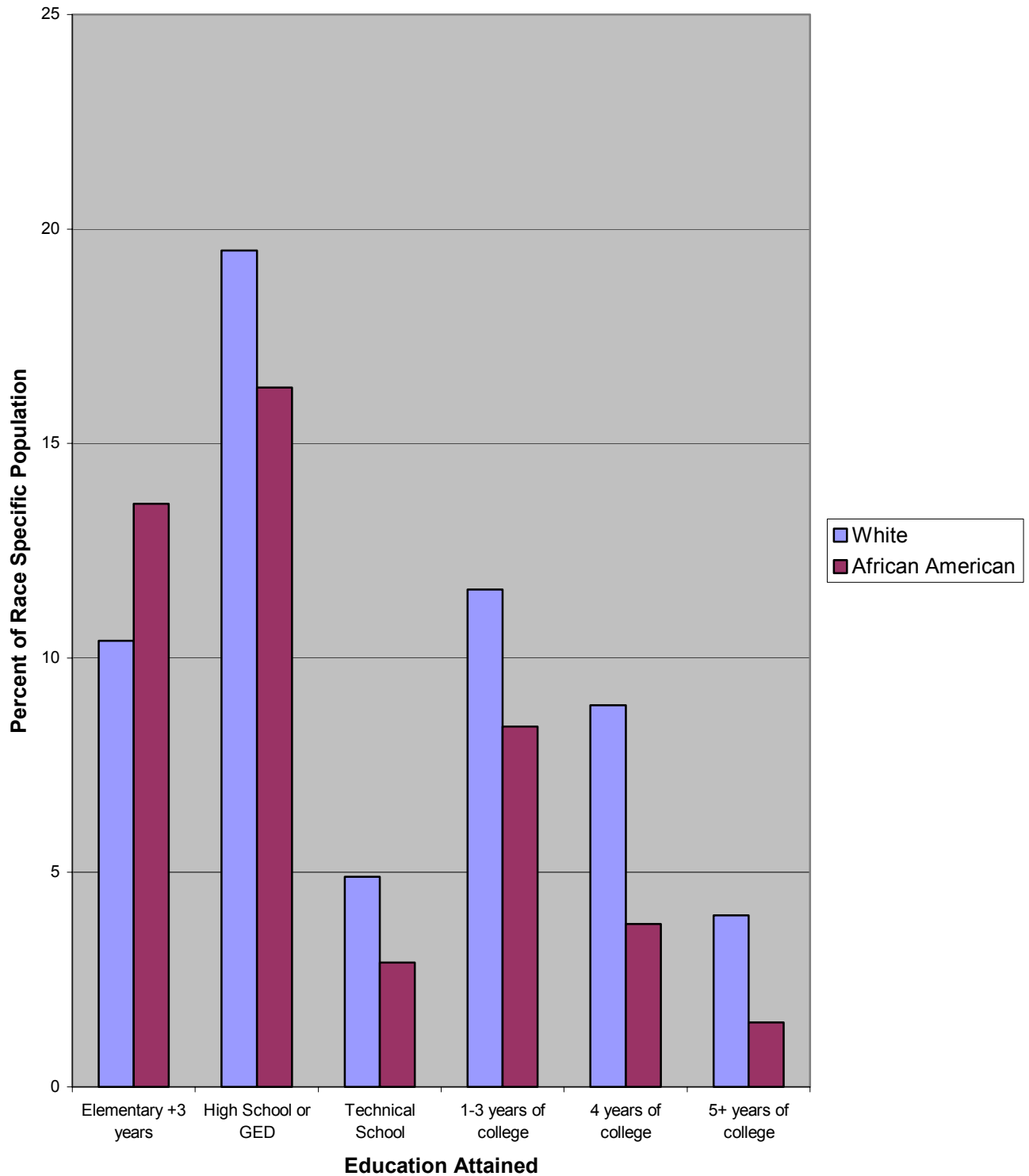


Figure 6 - Educational Attainment by Race/ Ethnicity for Chatham County

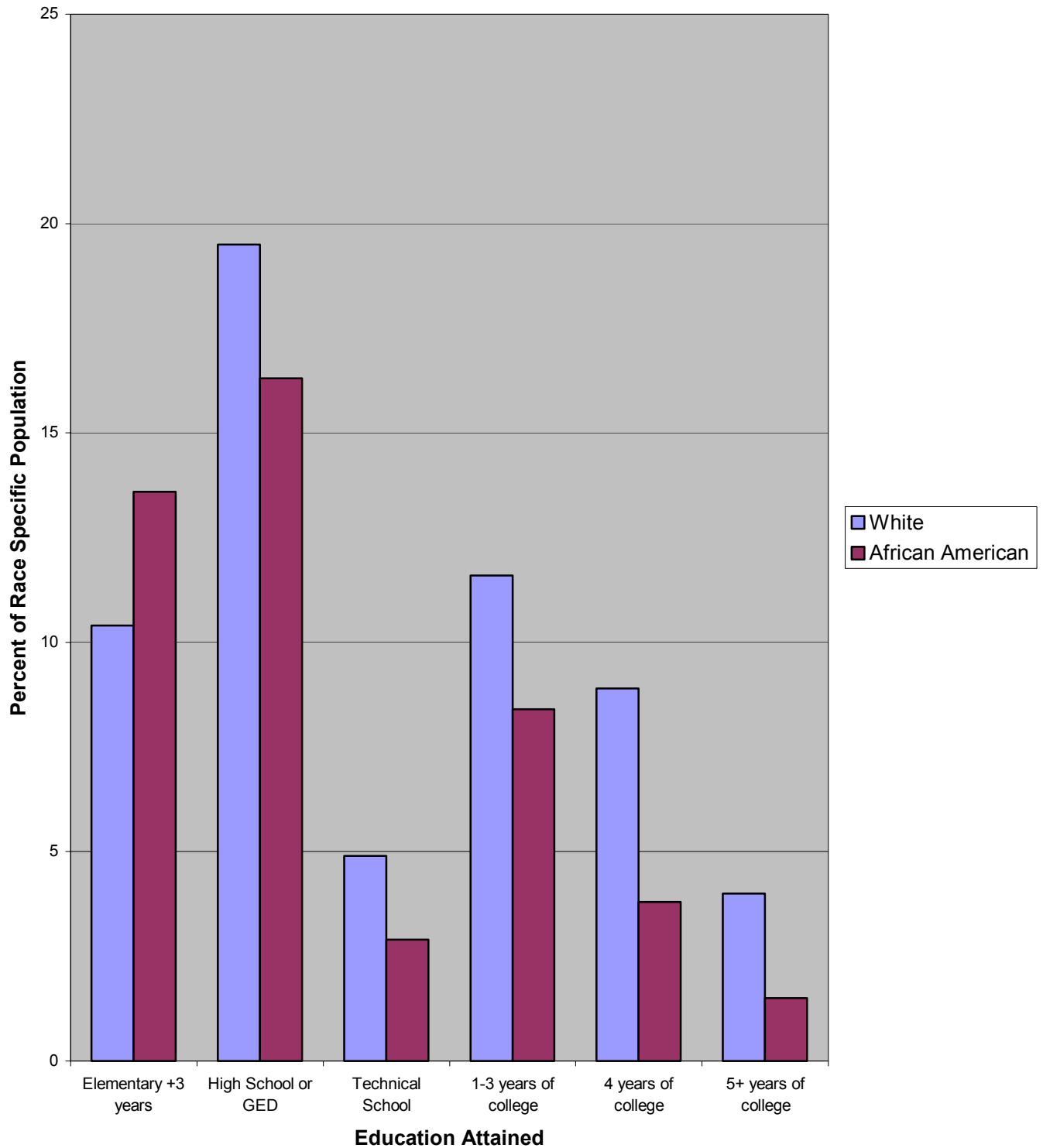


Figure 7 - Leading Causes of Mortality for Chatham County, North Carolina 1991-1995

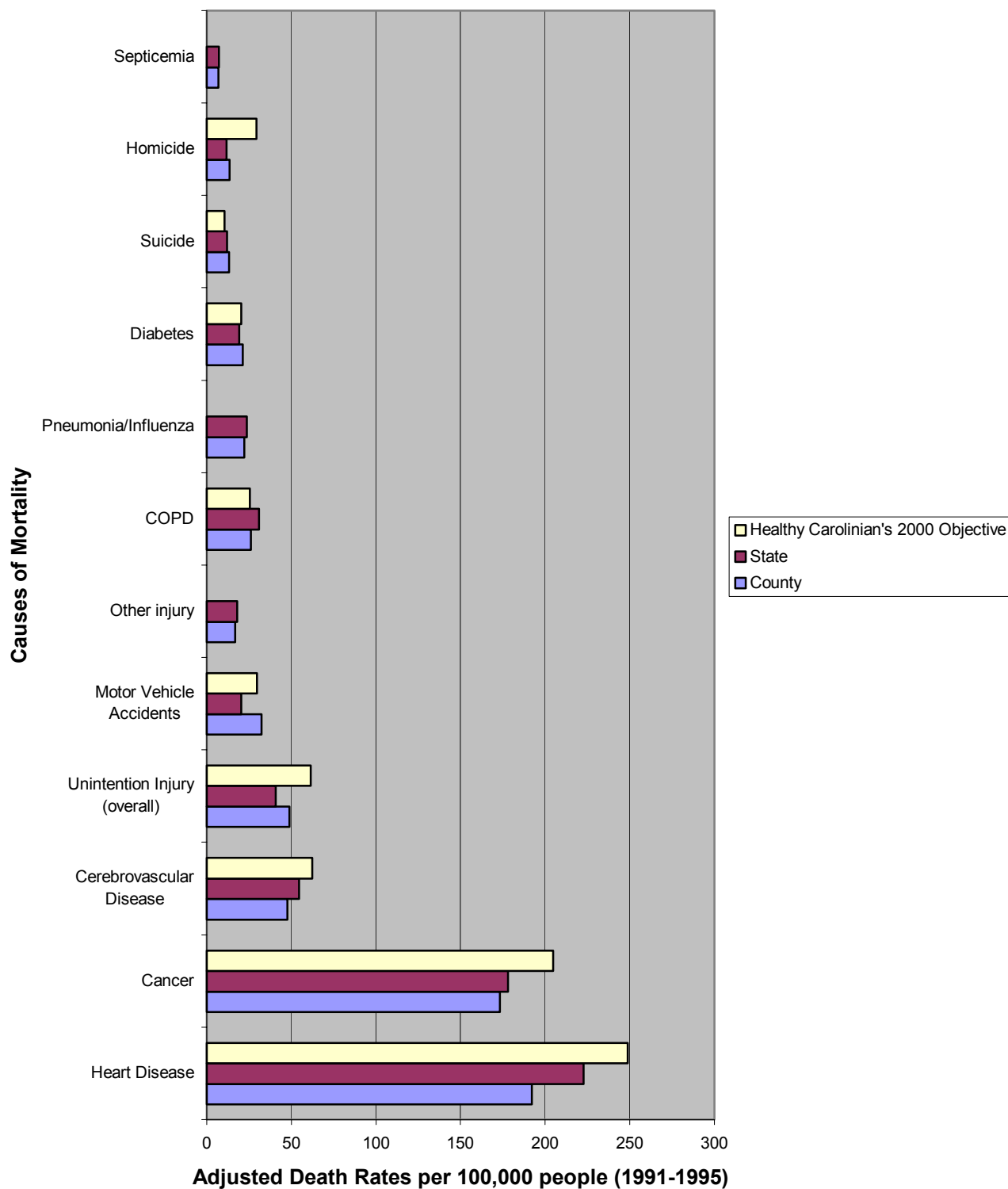
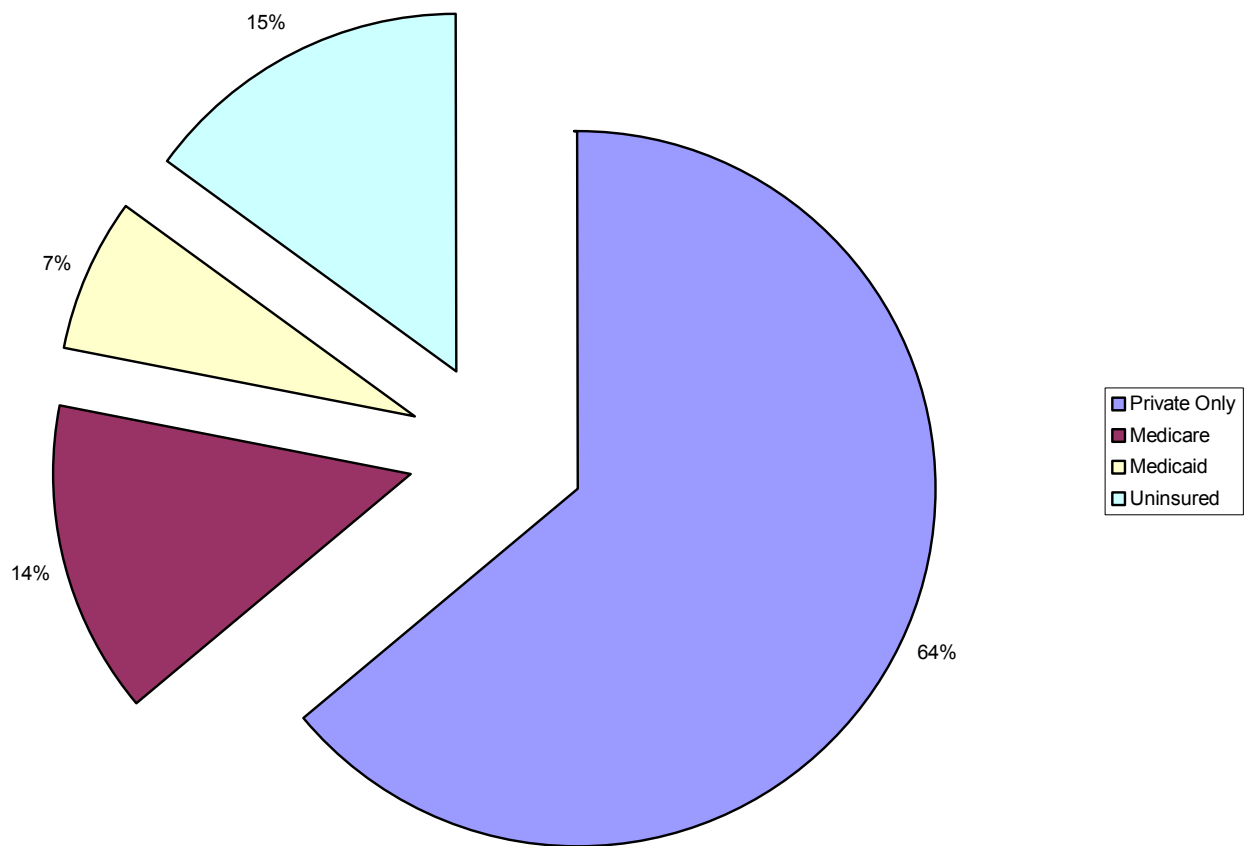


Figure 8 - Chatham County Health Insurance Coverage



Appendix B: Interview Guides

Interview Guide: Community Member

Individual/Family:

How long have you lived in Asbury?

When did your family first come to Asbury?

(If originally from Asbury)

Where do most of your relatives live now?

Community:

Could you please outline Asbury on this map?

What community organizations do you participate in?

What is it like for you to live in Asbury?

(What do you like best? What makes it great?)

What are some reasons people are moving to Asbury?

If I were thinking of moving to Asbury, what would you tell me that would encourage me to settle here?

What issues/topics have brought the community together in the past?

What improvements do you think could be made in Asbury?

What changes have you seen Asbury go through during your time here?(occupations, agriculture, population shift, development)

(If answer addresses changes)

How do you feel about these changes?

Who do you consider to be community leaders?

Economy/Education:

Where do most people from Asbury work?

What do you feel is the average level of education for most people in Asbury?

What do young adults generally do after high school? (education, jobs, relocation)

Leisure:

What do you do with your leisure time?

Where do you go for shopping and entertainment?

Health:

Where do most people go for health care?

What do you think about the quality of health care that Asbury residents receive?

(If poor quality) Can you explain the reasons why you think the quality of health care is low?

Are there any difficulties receiving health care?

(If yes) What barriers exist?

Political:

What are the important local political issues?

Closing Questions:

Where do you see Asbury in the ten years?

Who else do you feel would be helpful for us to talk to?

What other things would you like us to know that you feel are important?

Interview Guide: Service Provider

What services do you provide to the members of the Asbury community?

Who benefits from these services?

What percentage of Asbury residents do you think utilize your services?

What challenges have you had serving Asbury?

What kind of changes have you implemented to better meet the needs of Asbury?

What additional changes do you anticipate making?

How do you evaluate the effectiveness of your services?

Appendix C: Institutional Review Board Fact Sheet

Appendix D: List of Interviewees

Informal Interviews

- (I.I.1) September 17, 1997. White, female Asbury resident [Personal Interview].
- (I.I.2) September 22, 1997. White, male Asbury resident [Personal Interview].
- (I.I.3) September 30, 1997. White, female Asbury resident [Personal Interview].
- (I.I.4) October 1, 1997. White, female Asbury resident [Personal Interview].
- (I.I.5) October 22, 1997. White, female Asbury resident [Personal Interview].
- (I.I.6) January 24, 1998. White, female Asbury resident [Personal Interview].
- (I.I.7) February 27, 1998. White, male service provider [Personal Interview].
- (I.I.8) February 12, 1998. White, male service provider [Personal Interview].
- (I.I.9) September 5, 1997, November 5, 1997, November 25, 1997, January 20, 1998
Black, female service provider [Personal Interview].
- (I.I.10) March 25, 1998. White, male service provider [Personal Interview].

Formal Interviews

- (F.I.1) November 5, 1997. White, male service provider [Personal Interview].
- (F.I.2) November 6, 1997. White, female Asbury resident [Personal Interview].
- (F.I.3) November 6, 1997. White, female Asbury resident [Personal Interview].
- (F.I.4) November 6, 1997. White, male Asbury resident [Personal Interview].
- (F.I.5) November 10, 1997. White, female service provider [Personal Interview].
- (F.I.6) November 10, 1997. White female Asbury resident [Personal Interview].
- (F.I.7) November 11, 1997. White, male Asbury resident [Personal Interview].
- (F.I.8) January 13, 1998. White, male Asbury resident [Personal Interview].
- (F.I.9) January 14, 1998. White, male Asbury resident [Personal Interview].

(F.I.10) January 18, 1998. White, female Asbury resident [Personal Interview].

(F.I.11) January 13, 1998. White, male Asbury resident [Questionnaire].

(F.I.12) January 13, 1998. White, male Asbury resident [Questionnaire].

(F.I.13) January 13, 1998. White, male Asbury resident [Questionnaire].

(F.I.14) January 23, 1998. White female Asbury resident [Personal Interview].

(F.I.15) January 24, 1998. White female Asbury resident [Personal Interview].

(F.I.16) January 13, 1998. White male Asbury resident [Questionnaire].

(F.I.17) January 13, 1998. Anonymous Asbury resident [Questionnaire].

Informal Focus Group

February 2, 1998. Young at Heart Club meeting

Community Forum

February 7, 1998. Asbury United Methodist Church

Asbury Planning Team Questionnaire

Spring 1998

Appendix E: Community Forum Report and Materials

Asbury Community Gathering

A forum planning committee consisting of the Community Diagnosis Team, the Pastor of the church, a County Commissioner and three Asbury residents planned the general agenda of the forum, and determined the date, time and best location for the forum to be held. The term “gathering” replaced the word “forum” in order to make it more relevant to the community and encourage an atmosphere of camaraderie and togetherness. As a result, the Asbury Community Gathering brought 23 residents together on February 7, 1998 from 12:00-2:00 at the Asbury United Methodist Church.

Community members offered suggestion concerning the most suitable date and time. Saturdays were rated as the best day of the week, especially for the people who worked. Also, lunchtime seemed to be most appropriate after deciding on a covered dish theme into the gathering plans. In order to appeal to a wide range of people, we decided the Gathering would last approximately two hours, since a longer time may have served as a deterrent to attendance.

The planning committee had two options for the location of the gathering, the community center or the church. The original plan was for the Community Center to be the site of the gathering. This was because team members were concerned however that by having the gathering at the church, non-church members may be discouraged from attending. After talking with several community members, a decision was made to hold the gathering at the Asbury United Methodist Church for several reasons. First, other non-church activities are held there with non-members attending. Second, there was a greater amount of space as well as additional rooms in the educational building where childcare could be provided to accommodate those attending with young children.

Two weeks prior to the Gathering, a notice about it was printed in the church bulletin. One week prior to the event, several team members attended a church service and spoke with various congregation members about the Gathering, encouraging them to attend. The pastor also urged residents to take part and have their voices heard. Following this service, the team distributed approximately 120 flyers in the newspaper boxes of most of the Asbury residents. Team members personally contacted several of the interviewed residents to make sure they were aware of the gathering, expressing the team's desire for their attendance.

The covered dish lunch began the forum and was followed by a brief welcome and description of the community diagnosis process. A community member then spoke about her involvement with the project and the meaning of the project to the community. Following introductions and welcomes, the first part of the Gathering activity began. Six groups were formed through residents wearing nametags numbered one through six. Groups were assembled and each was given pre-made list of seven community priorities that were compiled from the qualitative interviews. Each group identified and ranked the top three issues they felt were most important in Asbury. They were also encouraged to add any priorities they felt were important to the list. After prioritizing issues, residents drew a pictorial representation of their number one priority and wrote the words of priorities two and three on cards. A representative from each group taped the picture up on the wall, next to a cloth representation of Asbury Church Road, a main road in the community. Residents then discussed the meaning of their picture. Next the other two priorities were placed on the wall and discussion followed. Most groups presented similar issues. The top priorities included water and septic combined, drugs and youth activities combined, development and accessing health care. Following this activity, two CD team members using overheads, presented the secondary and primary data that had been gathered

throughout the Community Diagnosis process, indicating how Asbury compares to Chatham County and in some instances the State.

Following the data presentation, each group brainstormed a list of all the assets, strengths and resources that currently exist in Asbury or that could be created to address the proposed issues. These strengths were also listed on cards and taped on the other side of the road, opposite the issues previously presented. Strength and resources included talent, parents, community programs, Church, strong children's programs, Community Watch, Young at Heart and people power among many others. The goal of the activity was to demonstrate that that strengths generated on one side of the road could be used to address the issues presented on the other side. Discussion followed with community members talking about how many of the strengths they listed could "cross the road" to address their priorities.

The Gathering closed with a brief evaluation of the day's activities. Community members interested in following up on the discussions and receiving a summary of the activities' results, placed their names and addresses on a sheet of paper. One team member copied this list and summaries of the Gathering and sent them to a church representative who distributed them to the community.

Evaluations from the forum reflected that the community found it to be a valuable and enjoyable experience. "I think the gathering was a great idea for people of the community to get together to express concerns for the community to help improve it, to make it an even better place to live than it already is"(Anonymous evaluation, February 7, 1998). " All areas covered, and you should be proud of the hard efforts put into this meeting"(Anonymous evaluation, February 7, 1998). However, there was some disappointment with the attendance. "If we had been able to get more people to come out to share ideas" it would have been better. "Saturday is

always difficult for workers”(Anonymous evaluation, February 7, 1998). While people mentioned this in the evaluations, we do not feel it constrained the discussion and we were pleased with the rich interactions that resulted.

Community Forum Flier

List of Community Gathering Attendees

1. Leonard Gunter
2. Betty Gunter
3. Don Clayton
4. Alice Clayton
5. Lilian Seagroves
6. Mayola Kerr
7. Roland Holleman
8. Margaret Williams
9. Clyde Williams
10. Joe Justice
11. Polly Wicker
12. Ann Mason
13. Hilda Stout
14. Audrey Johnson
15. Donnie Kay
16. Herbert Gunter
17. Jackie Petty
18. Brian Petty
19. Alvin Reed
20. Donna Reed
21. Jacob Reed
22. Ruth White
23. Harry White
24. George Mason
25. Katherine Blackwelder

Appendix F: Map of Asbury, Chatham County