



Community Needs and Resources Report

December 2011

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Center of New Hope- Center Baptist Church

Delta Sigma Theta Sorority, Inc. - Gastonia Alumnae Chapter

I Am My Sister

Loray Girl's Home

Salvation Army Teen Center

With Friends Teen Shelter and Adam's House

Summary

Teens throughout the community are vulnerable.

- **Since 2003, Gaston teen pregnancy and birth rates have not significantly changed.** Gaston teen pregnancy and birth rates consistently remain above state and national rates.
- **Since 2003, adolescent sexual risk-taking behaviors have not significantly changed** (as measured at the state and regional level). From 2003 to 2006, about 50% of high school students reported ever having sexual intercourse. Among those who had sex in the past three months, about 40% did not use a condom.
- **In 2009, 367 Gaston teens age 15-19 gave birth. The 2009 Gaston teen birth rate is 53.7 per 1,000** compared to a state rate of 43.4 per 1,000.
- **Birth rates for Gaston African-American and Hispanic/Latino teens** are proportionally higher than Gaston White/Caucasian teens; the 2006 Hispanic/Latino teen birth rate was 154% higher and the African-American teen birth rate was 43% higher than the White/Caucasian birth rate. **Older teens are particularly at-risk;** slightly more than two-thirds of Gaston teen births in 2009 were to females age 18-19; one-quarter of teen births were to females age 16-17. Approximately 75% of 2009 Gaston teen births were to **White/Caucasian females**.
- **Birth rates are highest for teens who live in three high school attendance zones:** Hunter Huss; Bessemer City; and North Gaston. In 2009, an estimated 100-150 young women gave birth in those three areas of the county.

Youth want information and access to services.

- In seven focus groups comprised of teens from diverse sectors across the county, **youth consistently expressed an interest in having easily accessible ways to learn about sexual and reproductive health from credible sources. They are interested in discussing a broad array of topics,** including the social-emotional aspects of sexual health as well as the effectiveness of contraceptive methods.
- **Many youth do not believe they have access to trusted adults** with whom they can discuss sexual and reproductive health. Many youth stated they could not safely talk with parents, teachers, religious leaders, or health care providers.
- Youth consistently suggest the availability of **caring, knowledgeable, non-judgmental adults who respect confidentiality** as ways to facilitate access to both educational and clinical services.

The majority of Gaston residents, including parents, support access to comprehensive educational and clinical services.

Results from a 2010 survey representative of Gaston residents and a 2010 survey representative of Gaston parents (households with children) include:

- 85.4% of residents **want teens to have comprehensive information**, including abstinence and medically accurate information on pregnancy and disease prevention; 90% of parents want their child to have comprehensive information, including information on birth control.
- 85.0% **support offering evidence-based sexual and reproductive health education programs in community settings**, such as schools, youth development programs, and places of worship; 91% of parents would support their child's participation in sexual health education in a school setting..
- 86.4% agreed **there should be services in the community where teens can talk to a doctor about pregnancy prevention** and receive birth control if needed; 91% of parents think there should be reproductive health clinical services in the community for teens.

Gaston's resources present opportunities to reach more youth in more effective ways.

- **The Gaston County Health Department is a strong community asset.** The health department provided evidence-based and evidence-informed educational programs for 244 teens and 204 parents in 2009-10.
- **Using a wide array of nationally recognized best practices, the health department provided family planning services** for approximately 1200 teens age 15-19 January-December 2010.
- However, **4.6% of Gaston females age 14-19 gave birth in 2009, whereas less than 2% of males and females in the same age group were reached** by evidence-based sexual and reproductive health education programs.
- **Gaston County Schools** was consistently mentioned by youth and by stakeholder teams as **an opportune place to reach teens.** Effective implementation of North Carolina's Healthy Youth Act represents an additional opportunity to reach the majority of teens through Gaston County schools.
- **A wide array of grassroots youth-serving organizations** expressed interest in offering evidence-based sexual and reproductive health education programs.

I. Introduction and Purpose

The purpose of this report is to inform a strategic approach to decreasing teen pregnancy and birth rates in Gaston County. Gaston County residents identified teen pregnancy as a high priority issue in the 2008 Gaston County Quality of Life Survey. Spurred by the community's response, county leaders adopted a wide range of strategies to address the issue, including implementation of evidence-based adolescent sexual and reproductive health education programs and follow-up services for high-risk youth in the Gaston County Health Department family planning clinic. The county's previous successes and promising approaches contributed towards the selection of the Gaston Youth Connected project, in collaboration with the Adolescent Pregnancy Prevention Campaign of North Carolina, for a Center for Disease Control and Prevention demonstration grant. The purpose of the grant is to pilot one of the nation's first community-wide initiatives to reduce teen pregnancy.

The Community Needs and Resources Assessment Report provides a wide range of information that can be used to guide planning, implementation, and evaluation for the Gaston Youth Connected teen pregnancy prevention project. The report is organized into eight sections:

Section I. Introduction and Purpose

Section II. Demographic and Socio-Economic Profile

Section III. School Related Factors

Section IV. Adolescent Sexual Risk Behaviors and Pregnancy/Birth Rates

Section V. Community Resources

Section VI. Social Norms and Community Attitudes

Section VII. Focus Group and Community Survey Methodology

Section VII. Data Sources

II. Demographic and Socio-Economic Profile

Overall Population

Gaston County had a population of 190,436 at the 2000 Census. The 2009 population estimate is 208,958, with the following racial/ethnic breakdown: White (76.8 percent), African-American (15.2 percent), Hispanic (6.1 percent), and Other (1.9 percent) (U.S. Census Bureau State and County Quick Facts). The county is 365 square miles and is comprised of 15 municipalities, which range in population from more than 66,000 residents in Gastonia to 51 in Spencer Mountain (population as of April 2000, Gaston County Profile).

2009 Gaston County Population by Age

Persons 0-4	13,690	Persons 5-10	16,225	Persons 11-13	8,457
Persons 14-17	10,820	Persons 18-19	5,855	Persons 20-24	13,090
Persons 25-54	86,377	Persons 55-64	25,149	Persons 65 and Older	27,571

Source: North Carolina Office of State Budget and Management

2007 Gaston County Youth Population Age 15-19 by Race¹

Race	Number	Percent
White	9,843	76.9
African American	2,267	17.7
Other	696	5.4

Source: North Carolina State Center for Health Statistics: CATCH-NC

2007 Gaston County Youth Population Age 15-19 by Hispanic Heritage

Hispanic Heritage	Number	Percent
Hispanic	814	6.4
Non-Hispanic	11,985	93.6

Source: North Carolina State Center for Health Statistics: CATCH-NC

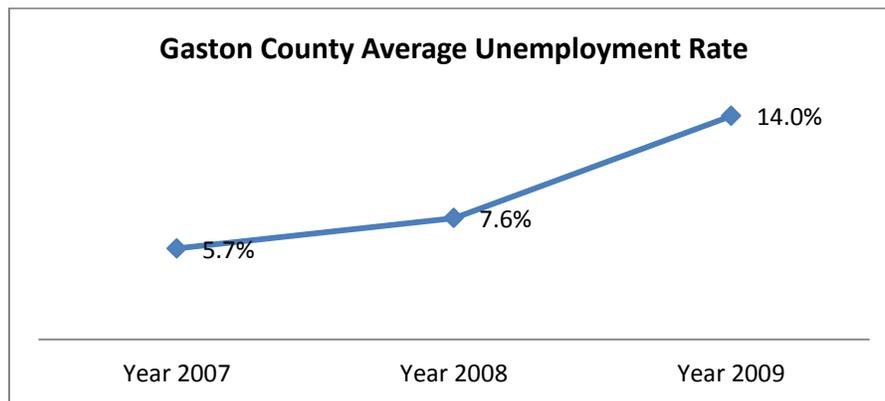
¹ Hispanic youth are included in White (e.g., White-Hispanic), African American (e.g., Black-Hispanic), or Other.

Education, Income, and Employment

Education – In 2000, the percent of persons age 25 and older who were high school graduates was 71.4 compared to 78.1 for the state. The percent of persons age 25 and older who possessed a bachelor’s degree or higher was 14.2 compared to 22.5 for the state (U.S. Census Bureau State and County Quick Facts).

Income – The 2008 median household income of \$46,265 was slightly below the state median of \$46,574. In 2008, 15.4 percent of all persons in the county lived below the federal poverty level, compared to 14.6 percent for the state (U.S. Census Bureau State and County Quick Facts).

Employment – Gaston County experienced a sharp rise in unemployment from 5.7 percent in 2007 to 14 percent in 2009. (North Carolina Economic Security Commission as of April 14, 2011). The top employers in the county include government and health services (public schools, hospital, and county government). Retail (Walmart) and manufacturing comprised the remaining large employment sectors in the county.



Not surprisingly, high school juniors cited job opportunities for teens as a top community issue for youth (2008 Gaston County Quality of Life Survey).

Vulnerable Youth Populations

Poverty – The percent of children birth to 18 who live in poverty increased from 18.0 in 2005 to 21.7 in 2009 (Kids Count Data Center).

Single-Parent Households – Forty-one percent (approximately 5,725) of youth age 15-19 live in single-parent households (U.S. Census Bureau, American Community Survey 2005-09 Five Year Estimate).

Health Insurance – In 2007, 12.9 percent of children birth to 17 did not have health insurance (Kids Count Data Center). In 2008, 9.3 percent of high school juniors reported they did not have health insurance, and 13.6 reported their health insurance was inadequate (2008 Gaston County Quality of Life Survey).

Not Enrolled in School or Working – Approximately 920 (8.5 percent) youth age 16-19 are not enrolled in school or working (U.S. Census Bureau, American Community Survey 2005-09 Five Year Estimate).

Foster Care – In 2010, 138 youth age 13-18 were in the custody of the Department of Social Services (North Carolina Department of Health and Human Services, Division of Social Services).

Juvenile Justice and Delinquency Prevention – In 2009, 943 complaints were received for youth age 6-17; the complaint rate was 27.58 per 1,000. Seven hundred and three youth age 10-17 were served by the Juvenile Crime Prevention Council; 294 were served in after-school programs (North Carolina Department of Juvenile Justice and Delinquency Prevention).

Homelessness – With Friends, Inc. Youth Shelter Services provides services for youth in a seven-county region, which includes Gaston County. The program reported services for 194 youth last year.

III. School-Related Factors

Demographics and Graduation Rates

With a middle school enrollment of 7,363 and high school enrollment of 9,384, the Gaston public school system presents great potential for reaching youth across the county. The school system's four-year graduation rate for the 2009-10 school year was 72% compared to the state rate of 74.2% (Gaston County Schools Fast Facts 2010-2011).

Of the 2,048 graduates in 2009-10, 86 percent had plans for post-secondary education. Forty percent intended to enroll in a four-year college; forty-one percent in a two-year college; and five percent in a vocational or trade school. Five percent reported plans to enroll in the military (Gaston County Schools Fast Facts 2010-2011).

Reasons for dropout reported in the North Carolina Department of Public Instruction's Education Statistics Access System show that few students leave for school for pregnancy (n=8 in 2007-08) or to care for a child (n=1 in 2007-08). Gaston County Schools did not have information to confirm these data about pregnancy-related drop out.

2009 High School Enrollment, Graduation, and Socio-economic Factors

High School	Enrollment	Four-Year Graduation (%)	Economically Disadvantaged ² (%)
Hunter Huss	1049	59.6	70.5
Bessemer City	650	63.5	60.3
North Gaston	1041	64.6	55
East Gaston	1463	73.2	39.2
Ashbrook	1251	76.8	50.7
South Point	1259	80.7	32.9
Forestview	1272	84.5	34.5
Cherryville	624	87	42
Highland Tech	564	N/A	27

Source: North Carolina Department of Public Instruction

² Economic disadvantage is defined as a percentage of reduced and free lunch applications.

2009 High School Race and Ethnicity

High School	White (%)	African American (%)	Hispanic (%)	Other (%)
Ashbrook	49.0	35.8	12.4	2.9
Bessemer City	69.6	20.1	6.7	3.5
Cherryville	80.5	11.2	4.1	4.1
East Gaston	80.0	10.1	4.0	5.9
Forestview	68.2	21.9	6.1	3.8
Hunter Huss	46.4	38.6	11.9	3.1
North Gaston	74.9	17.2	5.3	2.6
South Point	81.3	8.0	3.9	6.7
Highland Tech	73.6	16.2	5.5	4.6

Source: North Carolina Department of Public Instruction

2009 Middle School Enrollment and Socio-Economic Factors

Middle School	Enrollment	Economically Disadvantaged (%)
York Chester	348	91.7
Southwest	805	75.8
Bessemer City	569	74.2
Grier	691	63.2
W.C. Friday	644	61.2
Holbrook	781	59.4
John Chavis	510	55.3
Stanley	552	48.0
Mt. Holly	760	43.6
Belmont	673	39.1
Cramerton	824	28.2

Source: North Carolina Department of Public Instruction

2009 Middle School Race and Ethnicity

Middle School	White (%)	African American (%)	Hispanic (%)	Two or More (%)	Other (%)
Belmont	80.0	9.1	4.4	4.4	2.1
Cramerton	79.7	9.2	4.5	3.8	2.8
Grier	33.8	47.6	12.8	4.7	1.1
Holbrook	62.5	21.0	10.7	4.0	1.8
Chavis	82.9	8.5	5.4	2.5	0.8
Bessemer City	67.3	22.4	7.1	3.1	0.2
Mount Holly	75.8	14.3	3.8	3.3	2.8
Southwest	48.9	33.3	13.5	3.3	0.9
Stanley	83.5	8.5	2.9	3.6	1.5
Friday	73.1	17.0	6.7	2.6	0.6
York Chester	29.7	47.2	14.2	8.1	0.8

Source: North Carolina Department of Public Instruction

2009 Combination Middle/High School Enrollment and Socio-Economic Factors

School	Enrollment (Number)	Economically Disadvantaged (%)
Warlick (6-12)	121	100
Webb St (6-12)	160	65.6

Source: North Carolina Department of Public Instruction

As will be shown in Section IV, teen birth rates are highest in the three high school attendance zones with the lowest graduation rates and greatest economic need: Hunter Huss, Bessemer City, and North Gaston. Gaston Youth Connected should consider outreach strategies that include a special emphasis on these three schools and their respective middle school feeder zones.

Policies and Practices

Gaston County School Board's May 2010 Comprehensive Health Education Program Policy (Policy Code 3520/6150) reflects the goals of the state's Healthy Youth Act. Gaston County school policy includes:

- Comprehensive reproductive health and safety education that includes sexual abstinence until marriage, which is the expected standard, sexually transmitted diseases, the human reproductive system, effective contraceptive methods for preventing pregnancy and awareness of sexual assault and sexual abuse;
- Parental opportunity to review curricula and withhold student participation; and
- Standards for instruction, which include instructional information that is objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

Items in the Goals for Student Health Services (Policy Code 6100) that relate to this project include:

- Integrating health-related services provided in the school setting, including those provided by counselors and health specialists;
- Providing health services in a manner that reinforces the objectives of the healthful living education curriculum;
- Working cooperatively with other governmental agencies and professional associations interested and involved in the health of students;
- Utilizing the latest research findings related to providing health services to students; and
- Providing courteous service to students and parents.

Practices for the 2010-11 school year include:

- Comprehensive sexual health education was provided in each of the 11 middle and 9 high schools.
- One professional development opportunity on sexual health education was provided to middle and high school teachers.

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- Gaston Public Schools conducts a yearly review of the sexual health curricula.
- There is one on-site school nurse available for each of the middle and high schools.
(Report from Gaston Public Schools administration.)

IV. Adolescent Sexual Risk Factors and Pregnancy/Birth Rates

Sexual Risk Behaviors

Data on adolescent sexual risk behaviors are available at the state and regional level from the Youth Risk Behavior Survey (YRBS) conducted by NC Healthy Schools, which is collaboratively sponsored by the NC Departments of Public Instruction and Health and Human Services.

Gaston County is included in the western region, which comprises sparsely populated mountain communities and may not be representative of the county, which is characterized by a mix of urban and rural settings. To address this issue, Gaston health and education stakeholders are in the planning phase for the collection of YRBS data representative of Gaston County in 2011.

The percent of high school students who have had sexual intercourse has not significantly changed over the past six years. There was a decrease in the percent of students who initiated sexual intercourse prior to age 13 for the statewide sample, but no change in the regional sample. Overall, there has been little to no change from 2003 to 2009 in the sexual risk behaviors in either the state or the regional sample populations.

Youth Risk Behavior High School Survey Results – State Level

Behavior	2003 (%)	2005 (%)	2007 (%)	2009 (%)
Ever Had Sexual Intercourse	52.5	50.8	52.1	51.1
Had Sexual Intercourse for the First Time Before Age 13 Years	10.0	8.1	8.3	7.5
Had Sexual Intercourse with 4 or More People in Their Life	17.1	17.2	16.1	15.7
Had Sexual Intercourse with 1 or More People in Last 3 Months	37.9	37.1	37.5	36.6
Among Students Who Had Sexual Intercourse in Last 3 Months, Drank Alcohol or Used Drugs Before Last Sexual Intercourse	18.1	23.9	20.7	19.3
Among Students Who Had Sexual Intercourse in Last 3 Months, Used a Condom	62.1	62.8	61.5	60.7

Source: North Carolina Health Schools 2009 Youth Risk Behavior Survey Results Trend Analysis Report

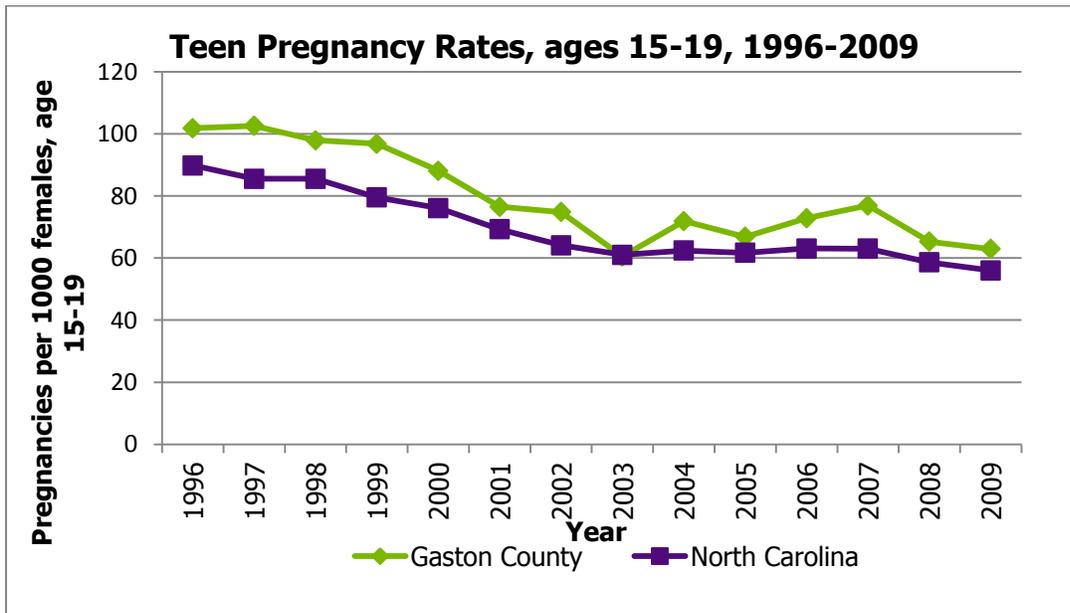
Youth Risk Behavior High School Survey Results – Regional Level

Behavior	2003 (%)	2005 (%)	2007 (%)	2009 (%)
Ever Had Sexual Intercourse	44.9	48.1	47.4	47.6
Had Sexual Intercourse for the First Time Before Age 13 Years	6.0	6.7	7.0	6.2
Had Sexual Intercourse with 4 or More People in Their Life	12.1	13.9	12.2	12.7
Had Sexual Intercourse with 1 or More People in Last 3 Months	34.3	34.9	33.5	34.9
Among Students Who Had Sexual Intercourse in Last 3 Months, Drank Alcohol or Used Drugs Before Last Sexual Intercourse	17.2	21.0	22.2	21.7
Among Students Who Had Sexual Intercourse in Last 3 Months, Used a Condom	53.0	59.1	57.8	58.0

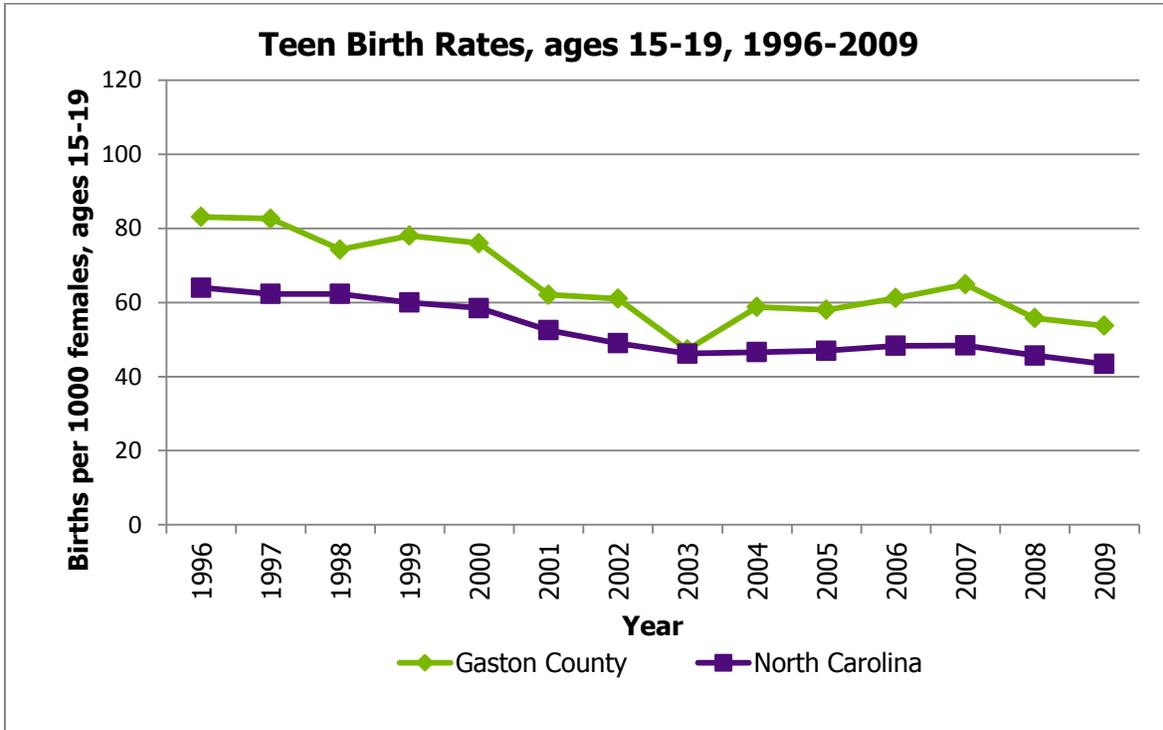
Source: North Carolina Healthy Schools 2009 Youth Risk Behavior Survey Results Trend Analysis Report

Teen Pregnancy and Birth Rates

Gaston County teen pregnancy and birth rates declined from 1996 to 2003 but have remained relatively steady since that time.



Source: North Carolina State Center for Health Statistics



Source: North Carolina State Center for Health Statistics

Rates for Gaston County remain above state and national rates.

Teen Birth Rates Age 15-19, per 1,000

	2005	2006	2007	2008	2009
Gaston County	58	61.2	64.9	55.8	53.7
North Carolina	47	48.3	48.4	45.7	43.4
United States	41	42	43	42	na

Source: North Carolina State Center for Health Statistics and The National Campaign to Prevent Pregnancy

A disproportionate number of teen births occur in minority populations. While teen pregnancy rates and birth rates are higher in minority populations, the vast majority of teens who give birth in Gaston County are White.

2009 Gaston County Teen Births Age 15-19

Total Births	Rate	White (No.)	White (Rate)	Minority (No.)	Minority (Rate)
367	53.7	276	53.0	91	55.8

Source: North Carolina State Center for Health Statistics – CATCH-NC. Rates are per 1,000.

2006 Gaston County Teen Pregnancy and Birth Rates by Race/Ethnicity Ages 15-19

	2006 Teen Birth Rate	2006 Teen Pregnancy Rate
All Girls	64.7	72.8
White	56.2	66.6
African American	80.4	94.6
Latina	142.9	175.0

Source: NC Department of Health and Human Services, State Center for Health Statistics. Rates are per 1,000.

Older adolescents are another vulnerable population; in 2009, of all the teens who gave birth in Gaston County, 67.8 percent were 18-19 years old.

2009 Gaston County Teen Births as Proportion of Population

Age of Mother	Number of Births	Total Population - Females 14-19 Years	Percent of Births to All Females 14-19 Years	Percent of Births to Teen Mothers
14	5	1,322	0.4%	1.3%
15	16	1,225	1.3%	4.3%
16-17	96	2,663	3.6%	25.8%
18-19	255	2,951	8.6%	68.5%
Total	372	8,161	4.6%	

Note: 4 births to 13 year-olds were not included in this table due to lack of data for 13 year-old female population

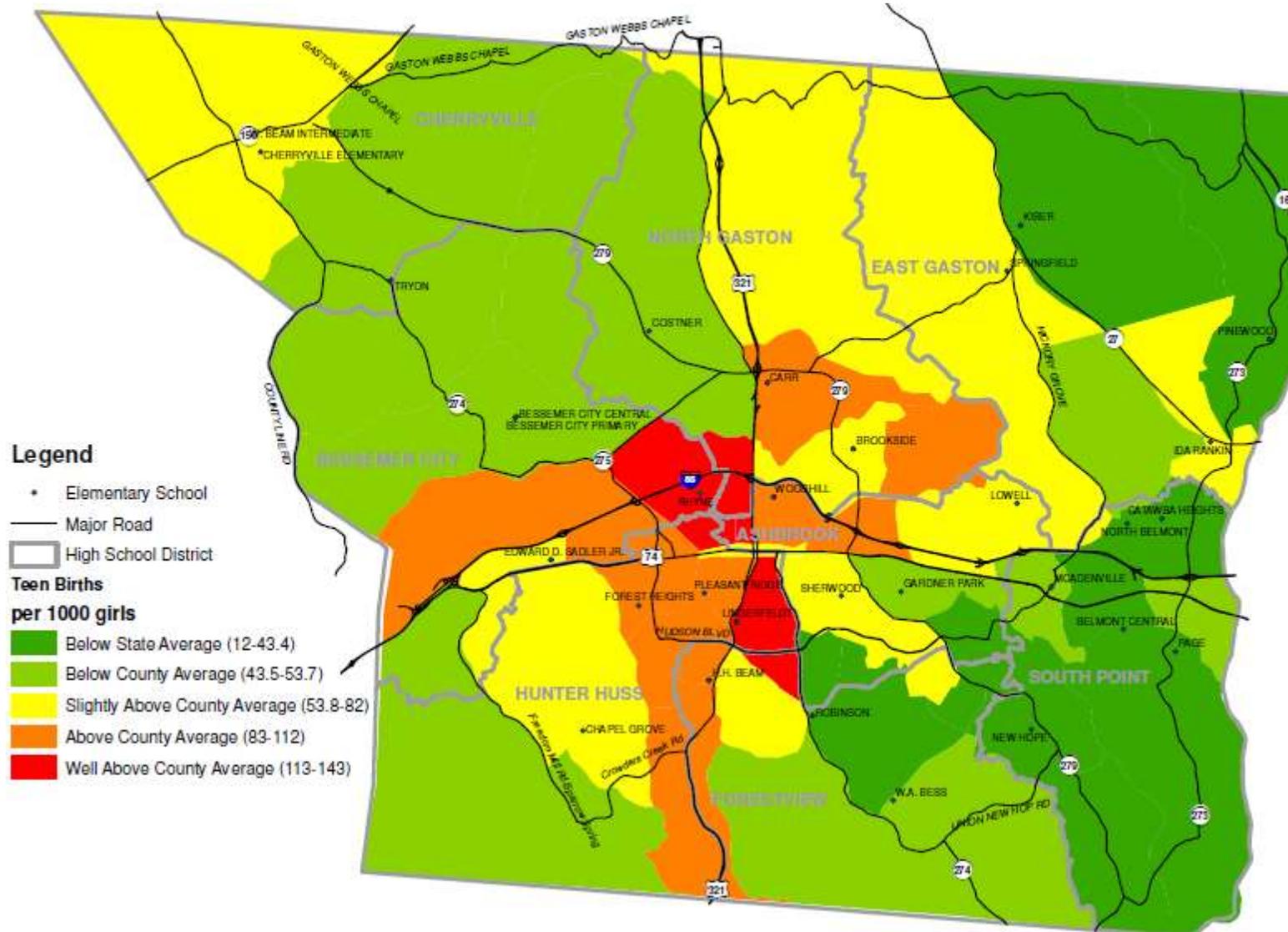
Source: North Carolina State Center for Health Statistics and North Carolina Office of State Budget and Management Population Estimates and Projections

These data suggest Gaston Youth Connected should consider strategies that align with the needs and preferences of unique racial and cultural groups. Consideration should be given to the timing of when to best reach teens, as well as best practice approaches for working with older teens, to prevent pregnancy in late adolescence.

The map on page 19 provides a view of teen birth rates from 2006-09 across the various communities in the county. This map can be useful for targeting programs and services in geographic areas with higher rates of teen pregnancy and birth. It is worth noting the majority of the geographic sections on the map show teen birth rates above the state average, which supports the project's goal for an intensive, community-wide approach.

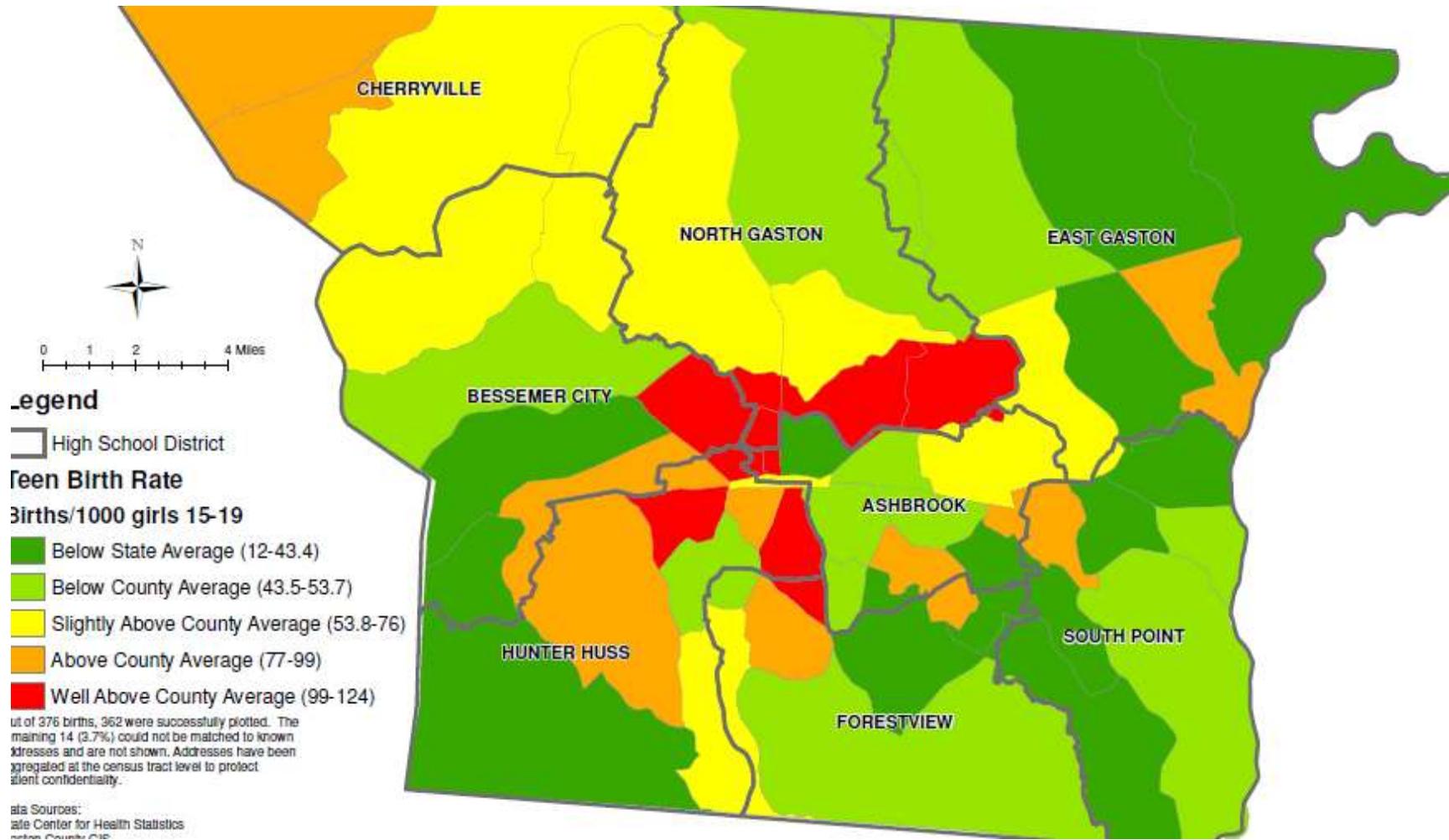
A map of teen birth rates broken out by high school attendance zones is provided on page 20. There are pockets of above average birth rates in each of the county high school zones; three schools zones have particularly high rates: North Gaston, Hunter Huss, and Bessemer City.

Gaston Birth Rates 2006-09



Gaston Birth Rates by High School 2009

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V. Community Resources

Current Sexual and Reproductive Health Programs

Two evidence-based sexual and reproductive health education programs are currently offered to youth in Gaston County: Teen Outreach Program and Making Proud Choices. Two evidence-informed sexual and reproductive health education programs are offered: Wise Guys and the Adolescent Parenting Program. The Teen Outreach Program, Making Proud Choices, and the Adolescent Parenting Program are offered through the Gaston County Health Department; Wise Guys is offered through the Alliance for Children and Youth. In 2009, TOPP reached 109 youth in a variety of community settings including Boys and Girls Clubs in Bessemer City, Lowell, and West Gastonia and at the library in Mt. Holly (near the middle school). Referrals for the 74 youth enrolled in Making Proud Choices mainly came from the Juvenile Courts. Wise Guys reached 30 males who received long-term school suspensions and were enrolled in the Gaston Day Reporting Program. The Adolescent Parenting Program reached 31 females. In total 244 youth participated in community-based sexual and reproductive health education programs. An additional 204 parents participated in the Parents Matters! Program offered by the health department in churches and other community settings.³

In an attempt to describe the community-wide reach of these evidence-based or evidence-informed programs, it may be useful to consider: in 2009-10, 4.6 % of Gaston females age 14-19 gave birth, while less than 2% of Gaston youth in the same age group participated in a community-based sexual and reproductive health education program.

2009-10 Number of Participants in Sexual Health Education Programs – Population Comparison

Teens in Programs	Teen Births	Gaston Teens (Male and Female) 14-19 Years
244	372	16,675

Source: Program reports; North Carolina State Center for Health Statistics; North Carolina Office of Budget and Management

³ Enrollment figures for evidence-based and evidence-informed programs are for the 2009-10 State Fiscal Year.

2009-10 Number of Participants in Sexual Health Education Programs – Demographics

Female	Male	African American	Hispanic	White	Other
161	83	120	41	47	6

Source: Program reports

2009-10 Number of Programs Offered to Age Groups

Middle School	High School	Older Teens
4	4	1

Source: Program reports

Community Interest in Expansion of Sexual and Reproductive Health Programs

Current providers of evidence-based and evidence-informed programs estimate they could reach an additional 380 youth if new resources were available to expand program reach. Making Proud Choices was the program that reported the greatest capacity for expansion. The only program with a waiting list at this time is the Adolescent Parenting Program.

As of April 14, 2011, ten youth-serving community organizations that currently do not offer evidence-based sexual and reproductive health education programs expressed interest in doing so. In total, these groups estimate they could reach 533 youth (280 in Communities in Schools). These community organizations include:

- Alliance for Children and Youth (Communities in Schools and Gang Outreach Program)
- Gastonia Parks and Recreation
- Salvation Army Teen Shelter
- Gaston County Department of Social Services
- YMCA
- Delta Sigma Theta Sorority, Inc. – Gastonia Alumnae Chapter
- Center of New Hope - Center Baptist Church
- St. Michael’s Catholic Church
- Loray Girl’s Home
- With Friends Teen Shelter and Adam’s House

As Gaston Youth Connected continues outreach efforts with community organizations, additional partners in reaching youth with evidence-based programs will be identified.

These data point to the need - and community capacity - for the expansion of evidence-based sexual and reproductive health education programs. While the community should continue current efforts to reach youth in minority populations, given the small number of White youth reached with existing programs, Gaston Youth Connected stakeholders should consider strategies that reach White youth in high-risk areas. As there is only one program that serves older youth, consideration also should be given to programs or approaches that specifically meet the needs of 18-19 year-olds. The map on p. 34 points to the need to expand program reach for youth in the following areas with particularly high teen birth rates: Cherryville, south of Bessemer City and areas directly north and east of Gastonia.

Youth Preferences for Sexual and Reproductive Health Education Programs

In 2008, 542 high schools students across the county responded to a survey that asked where they get information about sex and dating (2008 First Things First Survey). Responses are provided below (youth could select multiple responses):

- 84.5 percent selected peers
- 80.2 percent selected parents
- 61.8 percent selected media
- 54.4 percent selected other
- 49.0 percent selected teachers

Also in 2008, 571 high school juniors were asked about preferences for information sources to learn about their community (2008 Gaston County Quality of Life Survey). Student responses are provided below in priority order:

- Television
- Newspaper
- Internet
- Radio

- Printed Materials
- House of Worship
- Seminars

Gaston Youth Connected conducted seven focus groups with 52 youth (age 13 – 19) between April and June 2011. The purpose of the focus groups was to gain teen input for planning project approaches. Teens were asked a broad range of questions, and results are presented throughout this report. A summary of focus group participant demographics, methods, and limitations can be found on p. 39. Findings related to youth opinions on sexual and reproductive health education programs are provided below.

Places Where Teens Can Learn about Sexual Health

- Parents and school were the most frequently mentioned sources, although for every comment about being able to talk with parents, there was another comment about not feeling comfortable talking with parents. The health department, friends, and the internet also were frequently mentioned.
- There were multiple comments about not being able to talk to parents about sexual health. Concerns included ‘getting in trouble,’ parents and kids not feeling comfortable, and as one Cherryville High School student commented, “parents just don’t want to deal with it.”

Program Topics

- Focus group discussions revealed youth are interested in learning about contraceptive methods, understanding the consequences of risky sexual behaviors, and dealing with social-emotional issues relating to sexual health.
- Several youth mentioned that to be relevant and credible to teens, education programs need to be realistic and go beyond abstinence.
- Scare tactics were cited as a negative and unhelpful way to approach sexual health education.

- Responses to a written questionnaire youth were asked to complete at the beginning of the focus group show that youth are interested in a full range of sexual health topics. Eighty-one percent of youth indicated they thought teens needed information on 14 of the 15 topics presented. Examples of topics include social-emotional aspects of sexual health, how to talk with parents and partners, contraceptive effectiveness, and risks associated with sexual behaviors.

Program Logistics

- Most frequently mentioned places where youth thought teens would attend sexual health education programs were: recreation centers, schools, and the YMCA. Other locations included the Department of Social Services, the library, and the mall. Churches were endorsed by some youth, where others specifically did not endorse churches.
- Many youth commented that programs should be offered in locations where teens naturally congregate or as in the words of male from the Highland community, “in real places, where real stuff is happening.”
- When asked where teens hang out, the mall and recreation centers were the most frequent responses.
- Across all groups, youth responded that early evening, between 5:00 and 8:00 p.m., on weekdays was the best time to offer programs.

Recruitment and Retention

- Youth suggested announcements, flyers, and posters at school to get the word out about programs. They also suggested using social media, such as Facebook.
- Incentives (e.g., food) were mentioned as a recruitment strategy.
- Youth commented that program recruiters and staff should be someone to whom young people can relate. Age, culture, and an understanding of the neighborhood were mentioned in these comments.
- Retention strategies include using small group size, fun activities, bringing a friend, and peer-led activities.

Facilitator Characteristics

- Youth expressed a preference for young program facilitators (e.g., 35 years or younger).

- Knowledge about the subject matter was frequently mentioned as a desirable trait.
- Youth expressed a preference for facilitators of a similar ethnicity and who understood their background and daily living experiences.
- Non-judgmental, caring, and a sense of humor also were mentioned as desirable characteristics.

Additional Youth Perspectives

Text Message Lines and Social Media

When asked if teens would use the BrdzNBz Text Message Warm Line that provides medically accurate, confidential responses to teens sexual health questions, youth in the focus groups provided mixed responses. Roughly half of the youth did not think teens would use the text line, while half thought it was a good idea. Reasons for not using the text line included the response timeframe of 24 hours is too long, and one participant commented she would use Google instead of waiting 24 hours. One participant commented favorably on the confidential nature of the text line. Similarly, responses were mixed when asked about receiving updates with sexual health information via text message. When asked about the use of Facebook, Twitter, or other social media to impart information about sexual health, results also were mixed. Some youth favored the use of social media, since they access Facebook or Twitter every day. Others commented about the lack of privacy with social media.

Youth Engagement in Extra-Curricular Activities

Project stakeholders expressed an interest in learning teens' perspectives on why some youth engage in development activities, such as sports or band, and others do not. The most frequently mentioned barrier to engagement was lack of financial resources. Youth also provided multiple comments about being discouraged from participation. One youth commented that teens sometimes get pushed out of a program because they get picked on or don't feel like they fit in. Lack of transportation, lack of activities that match youth interest, and lack of parental support were additional reasons for non-participation in youth development activities.

Focus group participants provided many reasons for why youth engage in extra-curricular activities. Reasons included: youth are interested in the activity; youth want to avoid trouble; and parental encouragement. Less frequently mentioned reasons included: some youth like to stay busy and incentives motivate some youth to participate.

Current Clinical Reproductive Health Services

While it is not possible to know the total number of teens who received clinical reproductive health services throughout the county, Medicaid claims data provides a picture of where teens enrolled in Medicaid receive services. In 2009-10, there were 1,109 Medicaid claims paid to 26 provider sites for family planning services for patients 13-19 years. The number of claims likely includes a duplicated number of youth who had more than one visit or service, such as the example where youth return for supplies. Slightly more than 860 claims were paid to two Gaston County Health Department sites, representing 77.5% of all claims paid. Nine provider sites with the largest number of claims are listed in the table on the following page. There were an additional 17 providers with fewer than 10 claims (Special Request Report, Division of Medical Assistance, North Carolina Department of Health and Human Services).

2009-10 Family Planning Medicaid Claims, Females 13-19

Provider Name	Claims
Gaston County Health Department	782
Gaston County Health Department	81
Mt Holly Family Practice	75
Courtview Ob/Gyn Pa	50
Piedmont Adult & Pediatric	17
Dallas Family Medicine, Pa	15
Ashley Womens Center Cmg Llc	15
Gaston Memorial Hospital	13
Cherryville Primary Care	11

Source: Division of Medical Assistance, North Carolina Department of Health and Human Services

Gaston County Health Department

In 2010, the Gaston County Health Department provided health care services for 3,413 adolescent males and females.

Demographic characteristics of adolescents seen at the health department are provided in the tables below.

2010 Gaston County Health Department - All Services

Age	Female	Male	Total
12-14	356	148	504
15-17	1316	222	1538
18-19	1033	238	1271
Total	2705	608	3313

Source: Community-Based Clinical Provider Assessment, Gaston County Health Department May 2011

2010 Gaston County Health Department – All Services

Race	Percent of Female Adolescent Clients	Percent of Male Adolescent Clients
African-American/Black	39.6	52.3
Caucasian/White	56.9	37.0
Other	1.3	2.6

Source: Community-Based Clinical Provider Assessment, Gaston County Health Department May 2011

The Highland Health Center, recently opened in July 2010, is an additional community resource. Adolescent birth rates are particularly high in the Highland community. The Highland Health Center is a collaborative venture with the Gaston County Health Department and Gaston Family Health Services, a federally qualified community health center. Adolescent reproductive health services will be provided at the Highland Health Center.

Approximately 1,100 female adolescent clients were seen by the health department for family planning or gynecological services in 2010.

Policies and Practices

A review of the Gaston County Health Department practices relating to services for adolescent reproductive health shows that in May 2010, the health department implemented 17 of 22 best practices recommended by the Centers for Disease Control and Prevention. One example of a successful practice includes the fact that 450 high-risk teens were followed by the Teen Health Advocate to ensure the teens kept appointments and received information to prevent pregnancy and sexually transmitted infections.

Potential areas for improvement include:

- Sexual health assessments taken or updated at every visit
- Displaying information on adolescent reproductive health, including providing a brief, evidence-based or evidence-informed video designed for adolescents
- Adopting a continuous quality improvement process related to adolescent reproductive health
- Improving outreach, marketing, and community awareness efforts

Youth Preferences for Reproductive Health Clinical Services

Youth were asked for their opinions on clinical services in the focus groups conducted April – June 2011. (A summary of focus group participant demographics, methods, and limitations can be found on p. 39.)

Places Youth Can Ask Questions or Learn About Contraception

- Gaston County Health Department was most frequent response when asked about places youth could talk to a health care provider about pregnancy prevention.
- Parents were the most frequently mentioned barrier to learning about contraceptive methods. This was true for youth who were sexually experienced as well for those who were not.
- Pharmacies, private physicians, and school counselors also were mentioned as sources of information.

Barriers to Accessing Clinical Services

- Concerns about confidentiality were the most frequently mentioned barrier. Youth were not aware of their rights and did not appear to trust that health care providers would safeguard their right to privacy. They also were concerned they would be seen accessing services and that ‘word would get around.’
- A few youth expressed unfavorable impressions of the health department, including beliefs that providers were not qualified. Youth described a stigma, where people would think they had a sexually transmitted disease if they were seen at the health department.
- Wait time, cost, and to a lesser degree, transportation were mentioned as barriers.

Facilitating Access to Clinical Services

- Males in particular provided favorable comments about the health department.
- Youth expressed a desire for health care providers who were knowledgeable, straight forward, non-judgmental, and caring.
- Low-cost or free contraceptives were mentioned.
- Helping youth understand the importance of reproductive health was suggested.
- Telephone and text messages were the most frequently mentioned ways to help youth remember appointments.

Contraceptive Methods

- Across all groups, with the exception of the adolescent parent group, youth had limited knowledge of contraceptive methods. They described having limited access to learning about contraceptive methods and their effectiveness from trusted adults.
- Youth commented on the likelihood of teens not using birth control pills or condoms consistently. They expressed interest in knowing about other forms of contraception.
- Some youth appeared to have misinformation about long acting reversible contraceptive methods.

Community Interest in Expansion of Clinical Services

The Gaston County Health Department recently began offering additional teen clinic services in the Highland Health Center, and reported there is the potential to expand services in Bessemer City and Cherryville. The map on page 34 shows that the majority of clinic services are provided in the center of the county.

Gaston Youth Connected intends to examine needs and resources for additional adolescent health care providers in 2011-12.

Community Leaders

As of October 2011, a wide range of community stakeholders are involved in the Gaston Youth Connected project. The Core Partner Team is comprised of representatives from:

- Gaston County Health Department
- Gastonia Parks and Recreation
- Gaston Faith Network
- Gaston Public Schools
- Gaston Together/Gaston County Health Commission
- Gaston County Department of Social Services
- Gaston Memorial Hospital
- Boys and Girls Club
- YMCA
- Individual churches
- Youth representatives

The Gaston Youth Connected Community Mobilization Team is comprised of representatives from:

- Elected Officials (county and municipal)
- Education Sector (school counselor and retired educator)
- Parents
- Faith Leaders

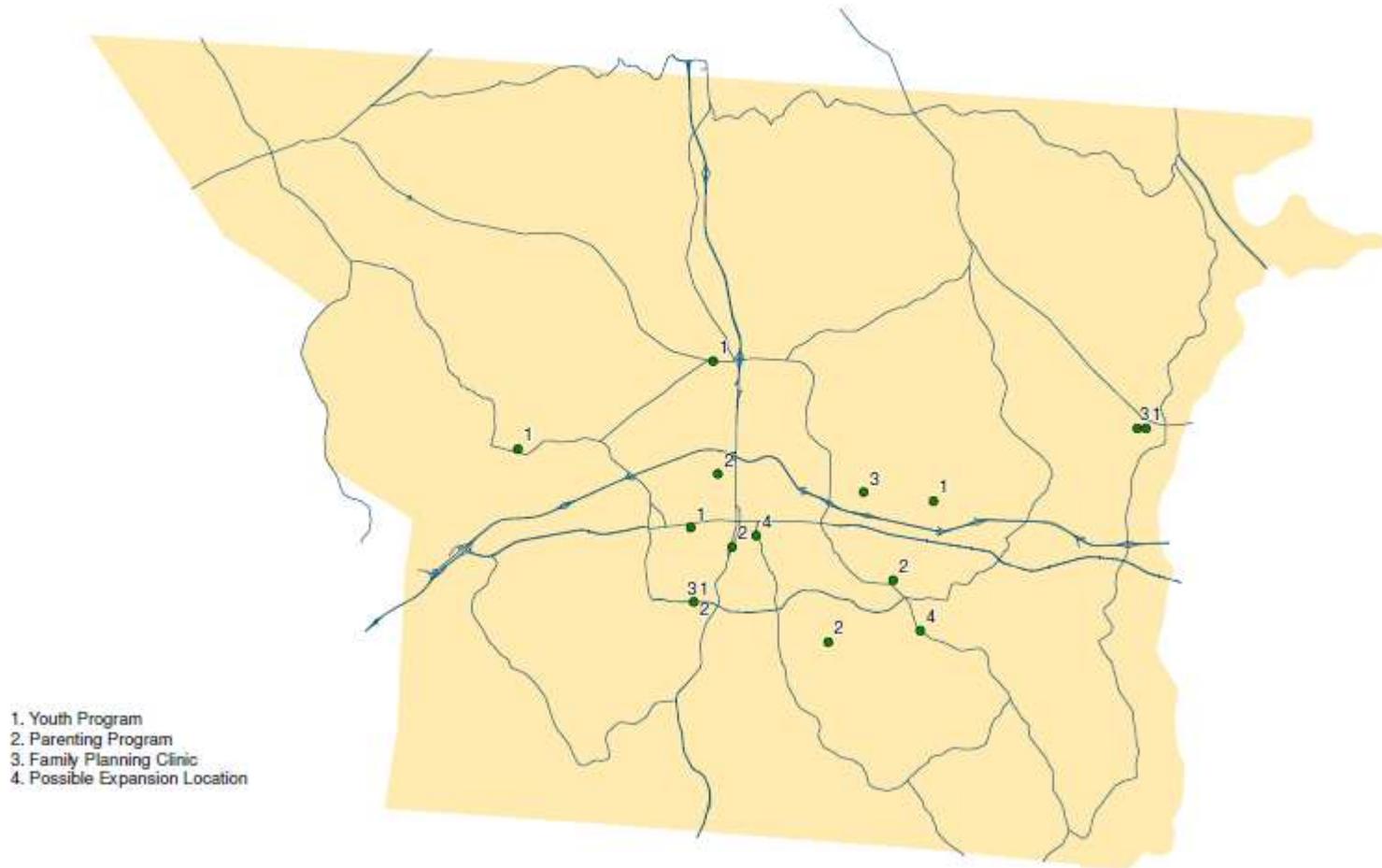
- County Government
- Youth Workforce Development
- Grassroots Youth Development (fatherhood initiative; gang prevention; faith-based youth groups)
- Latino Coalition
- Community Organizer (particularly with issues related to African American community)
- Representatives from the Gaston Youth Connected Youth Action Council

When asked to name influential leaders in the community, the Core Partner and Community Mobilization teams provided the following responses (number of references):

- Elected officials (9), including county commissioners (4) and mayors (4)
- Gaston Public School (6), with references to both the superintendent and the school board
- Religious sector (6)
- Business sector (5)
- Health/Hospital sector (3)

Stakeholder teams provided names of individual leaders that were shared with Gaston Youth Connected project staff.

Programs in Gaston County



VI. Social Norms and Community Attitudes

Community Awareness of the Issue of Teen Pregnancy

In the 2008 Gaston County Quality of Life Survey, more than 1,600 residents responded to questions asking them to identify issues facing youth. Gang violence; parental support for education; and high school graduation were among the most frequent responses. When asked to rank the top three priority issues for youth, teen pregnancy was identified by all respondents as the second priority issue after reducing gang violence. When the results were broken out by type of respondent, high school students rated teen pregnancy as the top priority issue and reducing HIV/AIDS and sexually transmitted diseases as the second. Community members living in every high school attendance zone, with the exception of Cherryville, identified teen pregnancy as a priority issue.

Youth Opinion about Reasons for and Consequences of Teen Pregnancy

In the 2008 First Things First survey, top teen responses for why teens get pregnant included (number of responses is provided in parenthesis):

- Unprotected sex (143)
- Mistake (76)
- Don't think about consequences (59)
- Boy/peer pressure (30)
- For attention (29)

An overwhelming majority (96 percent) of students responded that becoming a teen parent would affect their lives. Most frequent comments about how their lives would change included finishing school and attending college would be affected; not being able to hang out with friends; and having to grow up and work all the time.

When asked about risks for children born to teen parents, the majority of students indicated that poverty; premature birth; and becoming a teen parent were risks. Fewer than half of the students indicated abuse; likely to run away from home; and sons ending up in prison as risks.

Youth were asked for their general opinion on community response to the issue of teen pregnancy in the focus groups conducted April – June 2011. Several youth agreed the community should do more to prevent adolescent pregnancy, and in general, youth acknowledged adolescent pregnancy was an issue in the community. Youth also suggested the community needed to do more to address racism and bullying.

These data suggest that community residents as a whole, and high school students in particular, recognize that teen pregnancy is an issue in Gaston County. Student responses to the question of why teens get pregnant suggest that Gaston Youth Connected should consider strategies that address youth behaviors and attitudes concerning unprotected sex, making mistakes, and not thinking about consequences.

Attitudes about Approaches to Teen Pregnancy Prevention

North Carolina

An April 2009 report of a statewide survey of parents stated that the vast majority (91.8 percent) of North Carolina parents believe that sexuality education should be taught in the public schools. More than 90 percent of parents endorsed a full range of topics that should be taught, including the basics of human reproduction; abstinence until marriage; delaying sex until after high school graduation; effectiveness of birth control methods including condoms; how to deal with pressures to have sex; and how to talk with parents about sex.

Approximately 13 percent of parents who thought sexuality education should be taught in the public schools were opposed to demonstrations of how to use a condom correctly (2009 North Carolina Parent Opinion Survey of Public School Sexuality Education, Gillings School of Public Health, University of North Carolina and the Adolescent Pregnancy Prevention Campaign of North Carolina).

When asked who should decide how sexual health education should be taught, parents indicated (percent of responses in parenthesis):

- Public health officials (93.5)
- Parents (86.2)
- School administrators (79.1)
- Religious leaders (46.6)
- Students (39.3)
- Politicians (13.4)

Gaston County

Stakeholders in Gaston County expressed interest in obtaining responses to questions in the 2009 North Carolina Parent Opinion Survey of Public School Sexuality Education that are representative of parents in the county. To address these concerns, the project partnered with University of North Carolina at Chapel Hill Institute for Public Health to implement a door-to-door, community-wide survey in June 2011. The purpose of the survey was gauge resident opinion on approaches to reducing teen pregnancy. A brief summary of results is provided below. A summary of survey sampling and respondent demographics can be found on p. 42.

- Survey results are representative of Gaston residents, with a 95% confidence level and +/- 5% margin of error. Results are representative with regard to age, gender, and income. Two-thirds of respondents reported they attended church regularly, and 49% were parents of a child under the age of 20 years.
- 95.7% agreed the community needs to do more to reduce teen pregnancy.
- 85.4% want teens to get comprehensive information (abstinence and medically accurate information on pregnancy and disease prevention), and 5.4% want teens to only receive medically accurate information on pregnancy and disease prevention.
- 85% of residents support offering sexual health education programs in community settings such as schools, youth development organizations, and places of worship.
- 86.4% agreed there should be services in the community where teens can talk to a doctor about pregnancy prevention and receive birth control if needed.

In a baseline survey of the project's Core Partner and Community Mobilization Teams, conducted in May-June 2011, all (n=24) of the respondents believed the community supports a comprehensive approach to sexual health education. However, the issue of an abstinence-only versus comprehensive (abstinence plus information about contraceptive methods) was mentioned in 11 comments about potential obstacles to achieving project goals. Responses to questions about the perceived level of community support for increasing access to clinical services were mixed, where some (n=16) viewed the community as somewhat supportive and others viewed the community having a "little" level of support.

These results point to a high level of support for project approaches from Gaston residents as a whole, perhaps higher than project leadership team members were aware of. Project leadership teams should consider strategies that capitalize on broad-based community support for a comprehensive approach to reduce teen pregnancy and birth rates in Gaston County. It will be important to continue to monitor the overall level of community dialogue about and support for project strategies.

To learn more about parental attitudes towards teen pregnancy prevention, particularly regarding the role of the public schools, the project conducted a telephone survey of Gaston parents of youth under the age of 19 in September-October 2011. Telephone interviews were conducted with a random sample of 401 households with children age 18 or under. A random digit dial sample of both listed and unlisted numbers for landline (n=301) and wireless (n=100) phones was used. A minimum of four attempts were made to each number on different days and different times so that those who are not home as often were not under-represented. Results are representative of Gaston with regard to race, income, and age of child. Additionally, individual school enrollment (i.e., each of the elementary, middle, and high schools) for the oldest child in the sample is proportional to school enrollment across Gaston County Schools. Selected results include:

- 94% of parents agreed that teaching teens about sexual health will help them become healthy adults.

- 90% of parents favor comprehensive sex education being taught in the Gaston County schools, as defined by North Carolina's Healthy Youth Act.
- 90% of parents are likely (79% very likely) to support their child's participation in sex education in a 7th, 8th, or 9th grade health class.
- Parents support a wide range of topics for sex education, including social-emotional aspects of sexual health, information on contraceptive methods, and information on how to use contraception. While there was less support for demonstration of how to use condoms, 75% of parents indicated some level of importance for this topic (54% very important and 21% somewhat important).
- 80% of parents would like their teen to abstain from sex but also feel it's important their teen have information about birth control; 10% can accept their teen could be sexually active and want their teen to have information on birth control. The remaining 10% want their teen to be abstinent and do not think their teen needs information on birth control.
- Of the 90% of parents who want their teen to have information on birth control, 73% think it's very important their teen know where to access contraceptive services; 18% think it's somewhat important.
- 89% of parents whose oldest child was 11-18 years had talked with their child about healthy relationships; 82% had talked with their child about sex, and 68% had talked with their child about control.
- 80% of parents knew of places where teens could get information about sex and birth control. The health department, parents, physicians, school counselor/nurse, and church were the top places parents named.
- 32% of parents were interested in learning about how to talk with their child about pregnancy prevention; 28% were somewhat interested. Of the parents who would attend a presentation on teen pregnancy prevention, 66% would be more likely to attend if it took place at their oldest child's school.
- 63% of parents feel a school board candidate's views on sexual health education would influence how they vote.

These results show strong parental support for comprehensive sex education in the Gaston County Schools. Parents support a thorough and complete approach to sex education, as well as access to clinical services for their teen. In particular, parents endorsed Gaston County Schools as a place they want sex education taught for their child and as a place they would likely attend a program for parents. Project leadership teams should consider using these results to support and strengthen the role of Gaston County Schools in community-wide, comprehensive teen pregnancy prevention initiatives.

Combined with the community resident survey results, project leaders should consider using parental support for wanting comprehensive services for their child in stakeholder education and community mobilization efforts.

VII. Youth Focus Group and Community Resident Opinion Survey Methodology

Youth Focus Groups

Sampling Method

A purposeful convenience sampling method was used to recruit youth for the focus groups. High priority populations of interest were identified by project stakeholders. Youth were recruited from existing groups comprised of the high priority populations of interest. These populations included:

- Youth receiving child protective or foster care services
- Hispanic/Latino middle and high school youth
- Adolescent parents
- Adolescent males

In addition, attempts were made to recruit youth from diverse geographic regions, with an emphasis on recruiting youth from high school attendance zones where adolescent birth rates are high. Several schools were approached and initially expressed interest; however school administrators did not receive permission to host focus groups on school property. Students from Cherryville High School in the northwest section of the county were able to attend a group at a community center near the school. Efforts to recruit older age youth at Gaston Community College were unsuccessful due to a lack of student response.

Informed Consent

Parents of focus group participants were notified of their child's invitation to participate and their child's rights associated with participation; parents were asked to discuss participation with their child and were informed of their right to withhold consent for their child's participation. Youth participants were informed of their participation and privacy rights; signed consent was obtained from youth. Participants were provided \$25 to cover transportation costs and to serve as an incentive for participation.

Demographic Characteristics

A summary of focus group participant demographics includes:

- Mean age – 16 years
- 58% female, 42% male
- 44% African American, 25% Hispanic/Latino, 19% Caucasian , 12% Other

Gaston Youth Connected Focus Group Participants - Age	
Age in Years	Percent of Participants
13-14	20
15-17	58
18-19	22

Youth reported the following areas of residence:

- Ashbrook (18%)
- North Gaston (14%)
- Cherryville (12%)
- Bessemer City (10%)
- Highland (8%)
- Gastonia (6%)

Methods

In an effort to collect a wide array of information from youth in the two-hour period, data was collected via written forms and facilitated discussion. Focus group questions were developed by soliciting input from project staff and community stakeholders, including stakeholders from Gaston County Health Department, Gaston Public Schools, and Gaston County Department of Social Services. Other community stakeholders, such as the Gaston Together initiative, also were provided an opportunity to offer input.

The following information was collected via written questionnaire:

- Participant demographics
- Interest in sexual health education topics

The following information was collected via participant response (e.g., yes, no, not sure) to lists on flipchart paper:

- Youth preferences for locations for clinical services
- Youth preference for locations for sexual health education programs
- Types of contraceptive methods youth would likely use

The following topics were explored via facilitated discussion:

- Awareness of teen pregnancy as an issue in Gaston County
- Types of people youth can talk with about sexual health
- Suggestions for sexual health education program recruitment and retention strategies
- Opinion on using social media, including the BrdsNBz text line, for communicating about sexual health

- Awareness of and opinions about access to clinical services
- Suggestions for improving access to clinical services for teens who need services
- Opinions on which contraceptive methods sexually active youth would be likely to use, including opinions on long-active reversible methods
- Opinions on why some youth engage in youth development activities (e.g., sports, church groups) and others do not

Facilitators were comprised of health care and youth development professionals experienced in facilitating youth discussion groups. Facilitators received a half-day training on the focus group procedures and protocol. One facilitator and a minimum of one note taker (two note takers in most groups) were present at each group.

Written notes were uploaded and analyzed in the NVivo qualitative analysis software application. Initial themes were coded according to focus group topics and were subsequently coded according to sub-themes that emerged within the general topic area. Themes were examined across groups and within groups. Frequencies and cross-tabulations were performed in SPSS to examine quantitative responses across groups and within groups.

Limitations

Results reflect common themes expressed both within and across the seven focus groups. However, focus group participants were not necessarily reflective of all youth in Gaston County, nor were they necessarily reflective of all youth at-risk for adolescent pregnancy. For example, White/Caucasian youth were under-represented in the focus groups, yet account for the majority of adolescent births. Similarly, 22% of the respondents were older-age youth, yet that age group accounts for approximately two-thirds of adolescent births.

Community Resident Opinion Survey

The Adolescent Pregnancy Prevention Campaign of North Carolina collaborated with the North Carolina Institute for Public Health, the service and outreach arm of the University of North Carolina's Gillings School of Global Public Health, to conduct the Gaston Youth Connected Resident Opinion Survey. The Institute for Public Health brought considerable resources to the project, including determining the survey sample; providing technological equipment; training and support for use of technological equipment; analysis and reporting of results.

Sampling Method

The primary sampling unit was defined as a census block group, which represents the second smallest geographic subdivision for which the U.S. Census Bureau tabulates data. A community sample was selected using the 30 x 7 EPI cluster sampling method; 30 census block groups were randomly selected based on probability proportionate to population and seven households were randomly selected within each block for interviews.^[1] This method was first developed in the 1960s as a tool for local health departments to conduct rapid assessments of immunization coverage.^[2] The sampling method was adopted by the World Health Organization's (WHO's) Expanded Program on Immunization (EPI)^[3] and later by the Centers for Disease Control and Prevention (CDC) for use in responses to natural disasters.^[4] This efficient sampling scheme has been validated and used effectively for rapid assessment and estimation of a variety of population-level public health needs. The selection process was automated using a geographic information systems (GIS)-based survey site selection toolkit developed by North Carolina Division of Public Health in ESRI ArcMap 9 (Redlands, CA).

Respondent Demographic Characteristics

Gender	Survey	Gaston 2010*
Male	41%	48%
Female	59%	52%

* Source: 2010 U.S. Census

^[1] Mailley, J., W.D. Flanders, and D. Brogan. 1996. A modified cluster-sampling method for post-disaster rapid assessment of needs. *Bulletin of the World Health Organization*, 74(4):399-405.

^[2] Serfling RE, Sherman IL. Attribute sampling methods. Washington Public Health Service, Publication No. 1230. 1965.

^[3] Henderson RH, Sundaresan T. Cluster sampling to assess immunization coverage: A review of experience with a simplified sampling method. *Bulletin of the World Health Organization*, 60(2):253-260. 1982.

^[4] Mailley, J., W.D. Flanders, and D. Brogan. 1996. *Ibid*.

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Age	Survey	Gaston 2010*
18-19	3%	3%
20-29	18%	15%
30-39	17%	18%
40-49	19%	20%
50-59	11%	18%
60 or older	31%	25%
*Percent of Gaston 2010 population 18 years and older Source: 2010 U.S. Census		

Race/Ethnicity	Survey	Gaston 2010*
White	69%	78%
Black	21%	15%
Hispanic	3%	6%**
Multiracial	3%	2%
Other	2.5%	4%
Prefer no answer	1%	
*Source: 2010 U.S. Census **Hispanic category not mutually exclusive with other race categories		

Parent of Primary Caretaker – Child < 20 years	Survey	Gaston 2005-2009*
Yes	49%	30%
No	51%	
* Households with own children <18 years Source: 2005-09 American Community Survey Estimates U.S. Census		

Regularly Attend Church	Survey*	North Carolina ** 2009
Yes	67%	53%
No	33%	
* Survey = about once a month or more ** North Carolina = at least once a week or almost every week Source: Gallup State of the States 2/17/10		

Methods

Survey questions were developed based on questions generated by the Gaston Youth Connected Core Partner Team and project staff. National surveys with similar items were used to frame several survey questions, so that Gaston results could be compared to national results.

Thirty-two community volunteers from seven Gaston organizations conducted in-person interviews with 207 randomly selected households. Volunteer data collectors received training on household selection; the survey instrument; and use of the technological equipment prior to data collection. Data collectors were sent in pairs to interview residents. One data collector read the survey questions while the other data collector recorded results in a hand-held computer. Efforts were made to contact households in the after work hours and on a weekend day.

Analysis was conducted using the Complex Sample Frequency routine in EpiInfo v 3.5.3 with the number of occupied housing units as the weight and the block group number as the primary sampling unit. Results were analyzed as a group (all 207 surveys) and by individual strata. Overall, results were reported with a 95% confidence level and a 5% confidence interval. Confidence intervals varied by survey item and response options. The mean average for all confidence intervals for all items and response options was 4.2; the mode was 5.1.

Limitations

The survey sample is representative of Gaston County residents but may not reflect the opinions of those who chose not to answer the survey or those who were not home. Of the households contacted, there were 207 completed interviews, 95 refusals, 2 language barriers, and 271 houses where no one was home.

VIII. Data Sources

1. 2008 Gaston County Quality of Life Survey Report, January 2009
2. North Carolina Office of State Budget and Management , Population Estimates
http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates.shtm , Downloaded February 11, 2011
3. Catch NC Gaston County Profile, <http://www.ncpublichealthcatch.com>
4. U.S. Census Bureau State and County Quick Facts, <http://quickfacts.census.gov/qfd/index.html>
5. North Carolina Economic Security Commission, Labor Forces Statistics,
<http://www.ncesc1.com/lmi/workForceStats/workForceMain.asp>
6. Kids Count Data Center, <http://datacenter.kidscount.org/>
7. U.S. Census Bureau American Community Survey: 2005-2009 American Community Survey 5-Year Estimates, <http://www.census.gov/acs/www/>
8. North Carolina Department of Health and Human Services, Division of Social Services
<http://www.ncdhhs.gov/dss/stats/cw.htm>, County Experiences, <http://ssw.unc.edu/ma/>
9. North Carolina Department of Juvenile Justice and Delinquency Prevention,
<http://www.juvjus.state.nc.us/statistics/databook.html>
10. Gaston County Schools Fast Facts 2010-2011,
<http://www.gaston.k12.nc.us/parents/Documents/GCSSystemataGlance.pdf>
11. North Carolina Department of Public Instruction, Data and Reports, Average Daily Membership by Grade, Race, and Sex, <http://www.ncpublicschools.org/fbs/accounting/data/>
12. North Carolina Department of Public Instruction, Data and Reports, Education Statistics Access System,
http://beyond2020.dpi.state.nc.us/wds80_1/ReportFolders/reportFolders.aspx?sCS_referer=&sCS_ChosenLang=en
13. Gaston County School Board Policies, <http://gcsiapps.gaston.k12.nc.us/BoardPolicy.nsf/>
14. North Carolina Healthy Schools, Data Sources, Youth Risk Behavior Survey,
www.nchealthyschools.org
15. North Carolina State Center for Health Statistics, County Data/Reported Pregnancies
<http://www.schs.state.nc.us/SCHS/data/pregnancies/2009/>
16. 2008 First Things First Survey

17. North Carolina Parent Opinion Survey of Public School Sexuality Education (2009),
Survey Research Unit, Department of Biostatistics, Gillings School of Public Health,
University of North Carolina at Chapel Hill and Adolescent Pregnancy Prevention
Campaign of North Carolina
18. Gaston Youth Connected 2011 Parent Survey, Clark and Chase Research and the
Adolescent Pregnancy Prevention Campaign of North Carolina
Full report, including methodology, available at <http://gastonyouthconnected.org/>