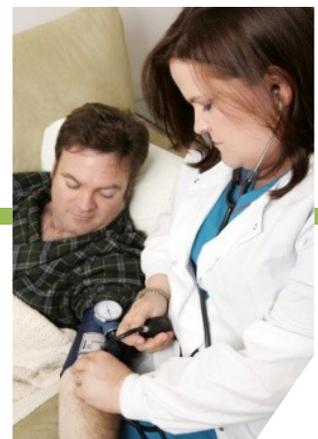


2012 Cabarrus County Community Needs Assessment



Developed by the Cabarrus Community Planning Council

Sponsored by:



CABARRUS
HEALTH
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Carolinas Medical Center
NorthEast

Healthy Cabarrus





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Cabarrus Community Needs Assessment 2012

Executive Summary

Introduction

Every four years, North Carolina Local Health Departments are charged with conducting a comprehensive assessment of the health status of their citizens and the environment within which they reside. This mandatory process is called a Community Health Assessment and its role is to "identify factors that affect the health of a population and identify the availability of resources within the county to adequately address these factors". This involves the selection of a Community Planning Council that collaborates over the course of one year to gather and analyze data. The process culminates in a day-long planning retreat during which Council members identify priorities for community action over the next four years.

A Community Health Assessment's role is to identify factors that affect the health of a population and identify the availability of resources within the county to adequately address these factors.

The State mandates that health departments conduct an assessment on primary health outcomes. Cabarrus County exceeds this mandate by incorporating a broader focus on social determinants of health in addition to primary health outcomes. Research has shown that social and environmental determinants are as, if not more, impactful on health outcomes than the clinical care system in creating a healthy community. These determinants include economic opportunity, early childhood development, schools, housing, the workplace, community design and nutrition, and many more. This report is therefore referred to as a **Community Needs Assessment** to highlight the importance placed on a more comprehensive set of indicators that include the social determinants of health.

Methodology

The 2012 Cabarrus Community Needs Assessment process was initiated in June 2011 with the formation of the Community Planning Council which included representatives from health and human services, the faith community, education, city and county government, foundations, businesses and community volunteers. Data used for the needs assessment came from the following sources:

- **Consumer Household Survey:** One adult per household was asked to complete the survey and respond on behalf of the entire household. 1624 consumers completed the survey. It was distributed online and through email and was also administered as a paper and pen survey. It was broadly advertised and distributed to the general population of Cabarrus County, and also included an emphasis to assure ethnic, racial, educational, and economic diversity in the respondents.

- **Key Informant Survey:** 93 key informants completed an online survey to provide an expert view of various needs in the community. Key informants are those professionals, business and community leaders, and elected officials engaged on a daily basis to meet the needs of the community and who are in a position to understand those needs.
- **2012 Health Resource Inventory:** This document captures a variety of resources in the county ranging from medical physicians, dentists and midwives to available facilities for kidney dialysis, senior assistance, food pantries, and violence prevention organizations, among others.
- **Community Statistical Indicators for Cabarrus County:** Data was collected from local, state and national sources on indicators of health status and other community issues. Using the 2004 and 2008 Community Statistical Indicators document as a starting point, pertinent indicators were updated with the most current, validated third party data available.
- **2012 Cabarrus County Environmental Health Assessment:** This report provides an assessment of environmental issues in the community as they pertain to health, and includes air quality, water quality, agriculture, toxic chemicals, waste management, and more.

In February 2012, collected data was analyzed by an independent evaluator. A separate analysis for each data source as well as an integrated analysis of the primary and secondary data sources was performed in order to identify key issues. Key issues identified during the integrated analysis were further sub-analyzed by demographic factors in order to highlight any disparities based on race, gender, income and age. Results of the data analysis were presented to the Community Planning Council during a retreat in April 2012. The team considered the results, and after deliberation, identified six priorities for Cabarrus County in 2012 – 2016.

Key Issues and Priorities

The top six priorities to emerge included access to medical care, mental health, unemployment and underemployment, education, wellness and obesity, and housing.



A four-year action plan should consider the following components within each priority area:

- Marketing/Community Awareness
- Transportation
- Disparities (age, gender, racial, cultural, income)

Access to Medical Care



All consumer respondents or someone in their household had forgone at least one health-related service in the past year. Eighteen percent of consumer respondents and 5.5 percent of children below the age of 18 years who lived in their households were uninsured. Even though key informants were not specifically asked to assess the importance of health care costs as a community issue, they ranked the lack of health insurance as the seventh most significant among 49 community issues. Secondary data indicates that 21.9 percent of adults and 11.4 percent of children in Cabarrus County are uninsured. While the proportion of uninsured in the consumer sample is seemingly lower than the county average, minorities, the unemployed and the poorest citizens experience higher uninsured rates than the county average. Across data sources, medical insurance coverage and general health care costs were identified as major issues in Cabarrus County.

Approximately 22% of adults and 11% of children are uninsured.

Mental Health



Consumer respondents highlighted access to services related to mental health and substance abuse such as counseling services, alcohol and drug abuse services, and anger management services as major issues of importance within the community. For their part, key informants ranked lack of mental health insurance and access to mental health services among the top 15 most pressing among 49 community issues. Secondary data shows that there are fewer mental health professionals (such as psychologists and psychological associates) per unit population in Cabarrus County compared to the State of North Carolina. Mental health therefore presents as one of the key issues of importance within Cabarrus County.

Unemployment and Underemployment



Unemployment, underemployment and income stagnation emerged as major issues based on consumer data. Nearly 18 percent of consumer survey respondents were unemployed (32.4 percent when considering members of their household) and another 21 percent were employed but unhappy with their current positions. Seventy percent said their income had either declined or stayed the same over the past two years. Most consumers cited the lack of jobs and inadequate job training programs as the primary reasons for unemployment. Key informants also highlighted lack of economic opportunity as a community issue of major importance. Over 80 percent of key informants said there was insufficient economic opportunity in Cabarrus and employment/underemployment was ranked the third most pressing among 49 community issues. Secondary data shows that the overall unemployment rate in Cabarrus is 10 percent. An estimated 2930 employees lost their jobs due to business closures between 2008 and 2011. Across all data sources, unemployment clearly emerged as a major community issue.

Nearly 18% of survey respondents stated they are unemployed.

Education



More than 30 percent of consumers had at least one unmet educational need, with the most frequently cited need related to job training (computer training, vocational training and job-seeking skills training). Key informants expressed major concern in the areas of illiteracy and school drop-out, ranking them first and sixth, respectively, on the list of most pressing community issues. Secondary data paints a slightly more optimistic picture of education in Cabarrus compared to the State of North Carolina. For example, adult literacy rates, number of students per internet-connected computer, ninth grade graduation rates, teacher turnover rates and educational attainment of residents 25 years or older are all either better in Cabarrus County or comparable to statewide rates. However, dropout rates are still higher in Cabarrus County compared to the State of North Carolina.

Wellness and Obesity



According to consumer survey results, obesity was the 4th most common condition (36.5% of respondents) among respondents or members of their household. Nearly 81 percent of consumers stated they took measures such as exercise, avoiding tobacco and eating healthy in order to preserve their health, suggesting that they paid attention to health and wellness in general. In the Key Informant Survey, four issues related to health and wellness ranked among the top ten most pressing community issues, namely lack of exercise, poor eating habits, adult obesity and childhood obesity. A majority (over 50%) of key informants said healthy food availability or tobacco use were either significant or very significant community issues. Secondary data confirms that obesity is a major issue in Cabarrus County with about 66.5 percent of adult residents either overweight or obese.

Obesity is a significant community problem, with 66.5% of adults being overweight or obese.

Housing



Fifteen percent of consumer respondents said they had adults living within their household because those adults could not afford to rent or buy a home of their own. Over 60 percent of key informants said homelessness, affordable housing and quality of housing were either significant or very significant community issues. Cabarrus has better ownership rates, better vacancy numbers and better substandard housing numbers than statewide averages. However, between 2005 and 2009 there was an 85 percent increase in the number of households with high rent-to-income ratio. The latter statistic highlights the importance of housing affordability as a major issue in Cabarrus County.

Complicating Factors of Key Issues and Top Priorities

The Planning Council identified three issues that, while not selected as top priorities on their own, should be considered in every action plan. These included inequalities/disparities, transportation, and marketing/knowledge of services. Based on the results of primary and secondary data analysis,

members felt that these items would need to be addressed if real progress was going to be made on any of the six selected top priorities between 2012 and 2016.

Inequalities and Disparities

Specific questions regarding inequalities, disparities and discrimination were included in both the Consumer and Key Informant surveys. Consumers demonstrated some concern about access to credit, employment, and health care access as the primary areas in which they had felt some kind of discrimination. They identified income, race, and age as the primary basis of discrimination. Over half of key informants identified disparities in income, health care, employment, education and access to services as either significant or very significant community issues. Inequalities and disparities permeate all of the top priorities identified in the assessment. Racial minorities, the unemployed, those below the federal poverty line and females were almost always significantly more likely to experience greater needs within all six identified priorities.



Transportation

While transportation appeared to be less of a need on average among both consumer and key informant respondents compared with other issues, lack of transportation was especially troubling for the most vulnerable groups (unemployed, impoverished, and racial minorities). For example, 20 percent

Those who were below the poverty line, the unemployed and racial minorities were more likely to live in a household without a vehicle and to have an unmet transportation need.

of those who said they needed a job felt lack of transportation was a major limitation to them seeking employment. Those who were below the poverty line, the unemployed and racial minorities were more likely to live in a household without a vehicle and to have an unmet transportation need. It seems, therefore, that improving transportation could have a ripple effect in improving other major community issues.

Marketing and Knowledge of Services

The Planning Council suggested that there are many resources already available in Cabarrus County as evidenced in the health resource inventory. However, data indicates that a perception exists that services are not available. Therefore, Planning Council members felt it was important to emphasize enhanced outreach, marketing, and promotion of existing services to ensure better community awareness.

Progress Since 2008

The following six areas were identified as Cabarrus County's top priorities in the 2008 Community Needs Assessment:

- Workforce development and jobs creation
- Education across the spectrum
- Mental health services – accessibility and affordability
- Housing – safe and sustainable
- Healthy living – weight nutrition and environmental supports
- Healthcare affordability – including screening and prevention

As part of the 2012 Needs Assessment process, members of the Community Planning Council and key informants were asked to list efforts that had been put in place to address the 2008 priorities. One third of key informants in the 2012 survey stated that all of the 2008 priorities had either been partially or fully addressed. Between 30 and 40 percent of key informants said they knew about efforts that had been implemented to address the 2008 priorities, and a similar proportion said these efforts had helped raise awareness about the 2008 priorities. Key informants cited a number of initiatives that had taken place since 2008, spanning local government efforts to the work of non-profits and community involvement activities. Specific progress towards priority areas identified in 2008 is noted in the comprehensive Community Needs Assessment and Annual SOTCH (State of the County Health) reports and can be accessed on the Healthy Cabarrus website. (www.healthycabarrus.org).

Capacity of the Community to Address Priorities

Cabarrus County has numerous assets to address the 2012 priorities, chief among them the willingness and ability to successfully collaborate across sectors to improve quality of life in the community. For years, Cabarrus has nurtured formal and informal networks of non-profit agencies, faith-based organizations, businesses, government bodies, and community volunteers and foundations that work together to solve community problems. A detailed description of community assets available to address the identified priorities are described later in the report.

Call to Action

The Community Planning Council presents this report as a **Call to ACTION**. This process is intended to inform community stakeholders in their individual and community work that will result in a healthier community for the citizens of Cabarrus County. We have realized many changes over the past 15 years that have demonstrated our resilience to adapt and overcome challenges. Our collaborative spirit was never more evident than our collective response and action to the closing of Pillowtex. We have established networks that are inclusive and involve all ranges of public, private, and non-profit partners. Our business community has strong connections through our Chamber of Commerce, United Way, Economic Development, education, civic, and other non-profit community organizations.

The Council calls for local businesses, organizations, policy makers, and community leaders to:

- Review, analyze, and share the information in this report;
 - Evaluate the key issues and needs relative to your own mission, focus, and strategic initiatives;
 - Incorporate strategies that address the needs into your organization's action plans;
 - Drive collaborative efforts to examine and address the issues;
 - Develop issue-specific task forces;
 - Support collaborative action that elevates Cabarrus County and its citizens.
-

The Council has developed a community-wide dissemination plan to communicate this report to the citizens and stakeholders of Cabarrus County. We encourage you to read and share this report to build an informed and meaningful process.

We wish to express our gratitude to the many community citizens who participated in this learning process and to those who will take action to address these important community issues.

Chapter 1: Background and Introduction

History of the Community Planning Council

Since 2000, a Cabarrus Community Planning Council (hereafter known as the Planning Council) has been convened every four years (2000, 2004, 2008, 2012) to conduct a comprehensive Community Needs Assessment (CNA) for Cabarrus County. The Planning Council includes a diverse group of representatives from health and human services, the faith community, education, city and county government, foundations, businesses, and community volunteers. The role of the Planning Council is to collect, analyze, discuss, and interpret Cabarrus County data; develop the CNA final report; and disseminate the results to the community.

Process Used by the Planning Council

Initial efforts to establish the Planning Council took place through the Healthy Cabarrus Executive Board, which served as the advisory group throughout the process. The Executive Board reviewed the 2008 Planning Council's list of members and revised it to ensure all sectors were well represented. A 'job description' (see Appendix I) was created to inform potential members of the duties and expectations required for participation on the Council. During April and May 2012 members were recruited, and the first Planning Council meeting was held on June 23, 2012. Meetings were held once per month from June 2011 to 2012 at the Cabarrus Health Alliance. The Planning Council utilized the 2012 Community Needs Assessment Guidebook developed by Healthy Carolinians as its guide throughout the process.

Key components and discussions of the meetings included:

- To create an understanding of the importance of the Needs Assessment, three members who served in 2008 informed the new Planning Council about the practical applications and utilization of the Needs Assessment.
- Members reviewed the indicators required for the 2012 Needs Assessment based on the Community Needs Assessment Guidebook.
- Due to the large volume of data collected, selected secondary indicator data was presented at each meeting. The goal was to establish a full understanding of the statistical indicators ahead of the retreat date in April 2012 to enable members to make a more educated decision on the priorities for the county.
- Two sub-committees were formed during the planning process- Survey Committee and Dissemination Committee. The Survey Committee was charged with reviewing survey questions from 2008, testing new questions, and finalizing the Key Informant and Consumer Surveys. The Dissemination Committee developed a plan to distribute results of the Needs Assessment to the community.

Chapter 2: County Description

Geography

Located in south central North Carolina, Cabarrus County spans an area of 364.39 square miles and is bordered by Stanly, Union, Mecklenburg, Iredell and Rowan counties. Cabarrus is largely urban, but includes a significant number of rural pockets across the county. Cities and towns in Cabarrus include Concord, Harrisburg, Kannapolis, Mount Pleasant, and Midland. There are no significantly high peaks, although the eastern half of the county contains the westernmost foothills of the Uwharrie Mountains. Altitude ranges from approximately 500–800 feet above sea level. The longest waterway within Cabarrus is Rocky River, which rises in Iredell County and empties into the Pee Dee River in Stanly County.

Figure 1: Cabarrus County, NC



History

Cabarrus County was founded in 1792 and is named in honor of Stephen Cabarrus of Edenton, a former member of the North Carolina State Legislature and Speaker of the House of Commons. The Catawba were the first to inhabit the land. The seat of the County lies in Concord which was incorporated in 1806.

In 1799, after Conrad Reed, the son of a German settler found a 20-pound gold nugget in the Little Meadow Creek, Cabarrus County became the epicenter of the first gold rush in United States history. In the late 1800s and early 1900s, textiles replaced gold mining as the main industry of Cabarrus County with Cannon Mills serving as the main textile manufacturer and employer in the area. However, beginning in the late 1900s, the textile industry declined in Cabarrus due to cheaper textile manufacturing costs in other countries. This downturn culminated with the eventual buyout of Cannon Mills by the Pillowtex Corporation and subsequent bankruptcy and layoff of 7,650 employees in 2003. This was the largest permanent layoff in the history of the State of North Carolina. Since that time, Cannon Mills has been transformed into the North Carolina Research Campus, a center for biotechnological, agricultural, food science, and nutritional research.



Self-branded as the Center of American Motorsports, Cabarrus County is well known for its NASCAR industry which includes the Charlotte Motor Speedway and several major race shops. Cabarrus is also home to Concord Mills Mall, the largest tourist attraction in North Carolina.

Demographics

Based on 2010 census data, the population of Cabarrus County is 178,011 with a population density of 492.1 per square mile. This represents a 35.8% increase in the population since the year 2000. There are slightly more females (51.2%) than males and the majority of the population falls in the 5 – 17 years (20.1%) and 18 – 64 years (61.3%) age brackets. Children under 5 years account for less than one tenth (7.3%) of the total population while seniors (65 years and over) make up 11.3% of the population.

The population includes a racial distribution that is 75.4% Caucasian, 15.3% African American, and <5% Asian/Native Hawaiian/Pacific Islander. Persons of Hispanic or Latino origin make up 9.4% of the population. It is worth noting that the proportion of inhabitants in every minority sub-category increased in 2010 compared to 2000, highlighting an increase in racial and ethnic diversity in the population of Cabarrus County over the past decade.

Figure 2: 2012 Sex/Age Distribution Pyramid

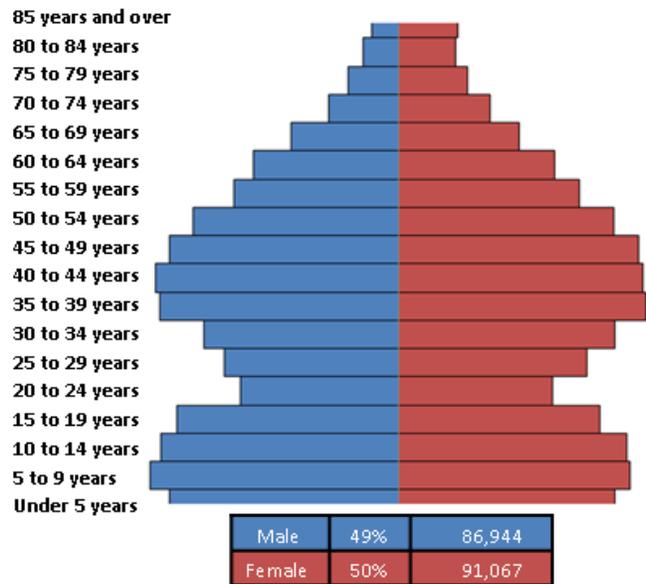
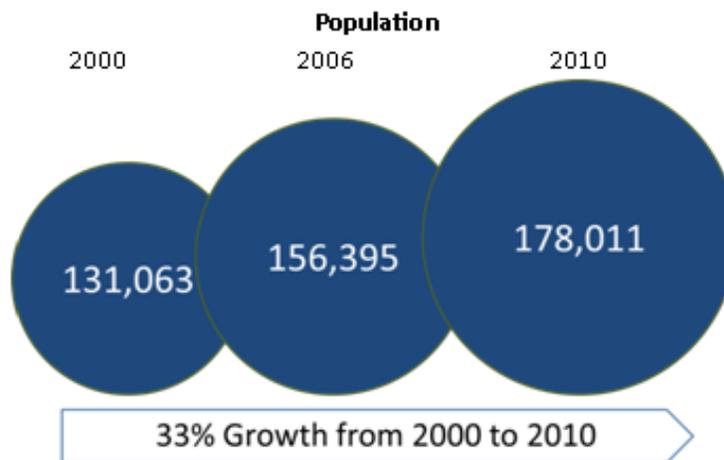


Figure 3: Cabarrus Change in Population Growth



The content of this chapter was compiled using research from the following websites:

- Cabarrus County NCGenWeb: <http://www.ncgenweb.us/cabarrus/>
- North Carolina history project: <http://www.northcarolinahistory.org/encyclopedia/646/entry>
- Wikipedia: http://en.wikipedia.org/wiki/Cabarrus_County,_North_Carolina#Geography
- Cabarrus County official website: <http://www.cabarruscounty.us/Pages/default.aspx>

Chapter 3: Health Data Collection and Analysis Process

Key Informant Survey



Key Informants are those professionals, business and community leaders, and elected officials who are engaged with the community on a daily basis, working to meet the needs of the community, and who are in a position to understand those needs. The Key Informant Survey was developed by a subcommittee of the Planning Council. The survey was distributed through email to selected respondents between February 28 and March 7, 2011. Respondents included Planning Council members and other identified community members. There were 150 survey respondents, with 97

completing all survey questions. Key Informants were asked, among other questions, to identify the most significant community problems; the five most pressing health problems; issues requiring more attention; emerging issues or needs; and progress made on issues and needs identified in 2008.

Consumer Survey

The Planning Council organized and implemented a survey of Cabarrus County households to determine the extent of unmet needs. The Consumer Survey was conducted from December 2011 through January 2012, with 1,624 respondents. It is estimated that it took respondents 10 to 15 minutes to complete. One adult per household was asked to complete the survey only once and respond on behalf of the entire household. It was broadly advertised and distributed to the general population of Cabarrus County, and specific efforts were made to assure ethnic, racial, educational, and economic diversity in the respondents. A variety of survey methods were used, including: emailed invitations with a link to the survey; advertisements in local newspapers, newsletters, flyers; live survey links on a variety of intra and internet websites; and targeted outreach to churches, seniors, community groups, and to clients, participants and visitors of local non-profit and health and human service organizations. To ensure good representation from the growing Hispanic/Latino population in Cabarrus County, a Spanish version of the survey was created and distributed. The Planning Council and contract evaluator was pleased with the demographic variety among the survey respondents. A complete demographic description of the survey respondents can be found in Chapter 4 of this report.



Statistical Indicators

Statistics and data were collected from local, state and national sources on indicators of health status and other community issues. Using the 2004 and 2008 Community Statistical Indicators document as a starting point, pertinent indicators were updated with the most current, validated third party data available. In some cases, additional related data was included to further explain a change in trends. When possible and appropriate for displaying comparisons and trends, Cabarrus County data was compared with data from adjacent counties and state level data from prior years. Sources for the statistical indicator document included the American Community Survey, the Behavioral Risk Factor Survey (BRFS), the North Carolina County Health Data Book, the National Center for Education Statistics,

the 2000 and 2010 U.S. Census, the Employment Security Commission of North Carolina, and many others.

Health Resource Inventory

A detailed summary of available health resources was developed as an additional source of information for the community during the 2012 assessment period. The purpose of this document was to capture the breadth of health resources available for community members. Contact information is included for medical physicians, dentists, senior assistance, food pantries, and violence prevention organizations, among many others. This full resource can be found at www.healthycabarrus.org.

Environmental Health Assessment

In continuation with a practice that was initiated in 2008, an Environmental Health Assessment was conducted as part of the Community Needs Assessment in 2012. Its purpose was to build on the baseline environmental health data that was collected in 2008 as well as serve as a community reference for environmental terminology, definitions, key data sources, and potential environmental health concerns. Data from the environmental health assessment was presented in the fall of 2011 and served as an additional data source during deliberations about key issues and needs.

Secondary data was examined for the following environmental issues in Cabarrus County: Air Quality, Water Quality, Toxic Chemicals, Waste Management, Agriculture, Food-, Water-, and Vector-Borne Diseases, and Parks and Recreation. Summary data is included here; more detailed information can be found in the full Environmental Health Assessment report located at www.healthycabarrus.org.

Sources used to collect data for the Environmental Health Assessment included:

- American Community Survey - <http://www.census.gov/acs/www/>
- Behavioral Risk Factor Surveillance System - <http://www.cdc.gov/brfss/>
- North Carolina County Health Data Book - <http://www.schs.state.nc.us/SCHS/data/databook>
- National Center for Education Statistics - <http://nces.ed.gov/>
- 2000 and 2010 U.S. Census - <http://www.census.gov>
- Employment Security Commission of North Carolina and many others.

Data Analysis

By mid-February 2012, data collection and data entry was completed. All primary and secondary data sources used to complete the 2012 Community Needs Assessment (Consumer Survey, Key Informant Survey, Health Resource Inventory, statistical indicators, and Environmental Health Assessment) were transmitted to the contracted evaluator for analysis. Analysis was performed using Stata version 11.0 and Microsoft Excel 2010. The general characteristics of the survey respondents were examined using frequency tables and other summary statistics. For the Consumer Survey, demographic characteristics of the respondents including age, gender, race, level of education, income distribution and geographical location were compared to that of the overall County population. Each data source was then analyzed independently and key themes were identified. An integrated analysis of the primary and secondary sources of data was performed with the goal of identifying key issues that were highlighted across all data sources. The intent was to explain those issues that were consistently ranked across all data sources as well as those that showed major discrepancies in ranking between the primary (Consumer

and Key Informant Survey) and secondary data sources (county statistical indicators, health resource inventory and environmental health assessment). The key issues identified during the integrated analysis were sub-analyzed by demographic factors, and those that differed by certain demographic characteristics were highlighted in the results section. It should be noted that the sample of consumers represented in this assessment was not randomly obtained due to cost. Therefore, direct projections to the general population of Cabarrus cannot be made. Yet, because of the large size and considerable socioeconomic and demographic diversity of the consumer sample, the results of this assessment provide a good understanding of the opinions of Cabarrus County residents and allow us to move forward in pursuing the needs of the community. Results of the data analysis were presented to the Planning Council during a retreat on April 26, 2012. Members considered the results, and after deliberation, identified six priorities for Cabarrus County to pursue in 2012 – 2016.

Data used for the 2012 Cabarrus Community Needs Assessment came from the following sources:

- A Key Informant Survey (Appendix C)
- A Consumer Survey (Appendix B)
- 2012 Cabarrus County Health Resource Inventory (which is available through: www.healthycabarrus.org)
- Community Statistical Indicators for Cabarrus County (which is available through: www.healthycabarrus.org)
- 2012 Cabarrus County Environmental Health (which is available through: www.healthycabarrus.org)

Throughout this report, the Key Informant and Consumer Opinion Surveys will be referred to as primary data while the Health Resource Inventory, statistical indicators, and Environmental Health Assessment will be referred to as secondary data.

CHAPTER 4: DATA RESULTS

A detailed report of the results is provided in this chapter and includes an analysis of the Key Informant and Consumer Survey data as well as a summary of secondary data related to each area of discussion. Detailed source documents containing secondary data are available at www.healthycabarrus.org. Please refer to full secondary data documents if additional data is needed for a given area of discussion.

General Characteristics of Key Informant and Consumer Survey Respondents

Key Informant Survey

A total of 97 surveys were completed and returned by key informants and as illustrated in Table 1, respondents had an average age of 36.1 years, were primarily white, female, non-Hispanic and full-time residents of Cabarrus County.

*SD: Standard deviation

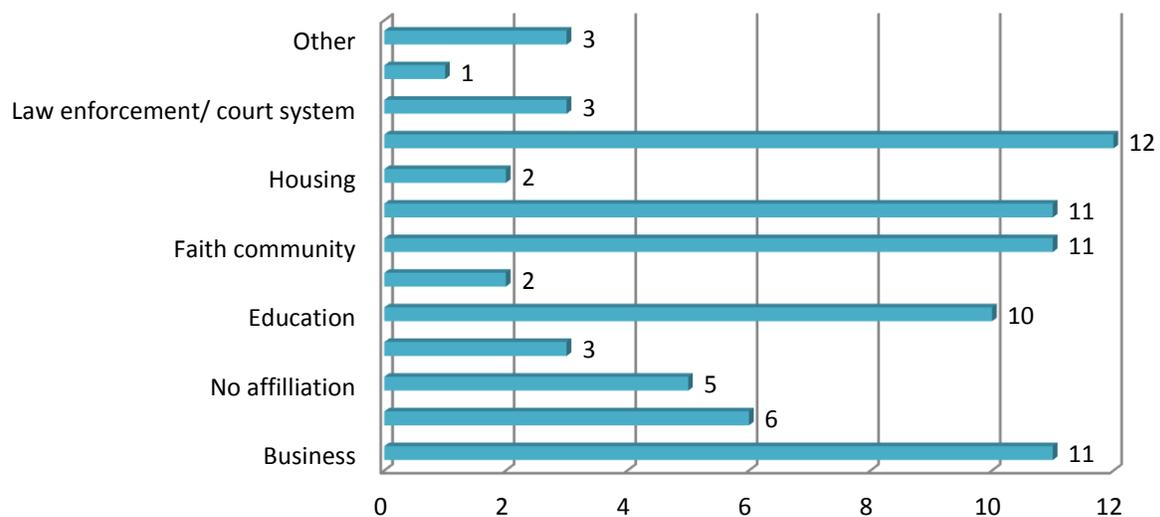
Key informants were recruited from a wide variety of industries and professions, as illustrated in Figure 4. Areas most heavily represented included human services, healthcare, faith, education, and business.

Table 1: General characteristics of key informants

Characteristic	N or mean	percent or SD* Percent
Gender		
Male	38	47.5
Female	42	52.5
Race		
White	67	85.9
Black/African American	11	14.1
Ethnicity		
Hispanic	5	6.3
Non-Hispanic	75	93.8
Residence		
Within Cabarrus	57	72.2
Outside Cabarrus	22	27.8

Figure 4: Area of expertise of key informant

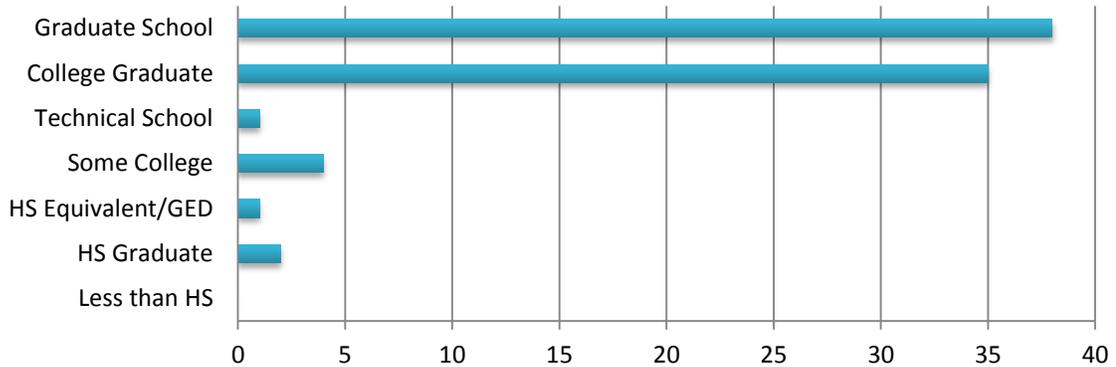
Key informant survey: Number of respondents by area of expertise



The overwhelming majority (n=73) of respondents either had a college degree or graduate level education (Figure 5)

Figure 5: Educational profile of key informants

Key informant survey: Educational profile of respondents



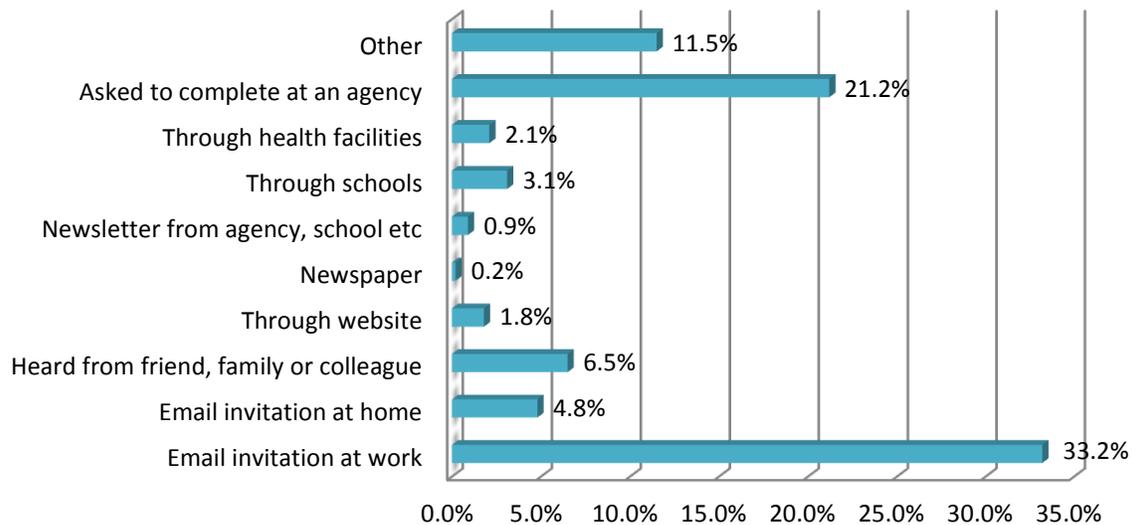
Consumer Survey

Of the 1666 surveys that were returned by consumers, 1624 were retained for analysis. Forty-two surveys were excluded from analysis because they were completed by out-of-county residents.

The Consumer Survey was publicized and distributed in a wide variety of ways, as illustrated in Figure 6. Most respondents (38 percent) received the survey through email either at work or at home. A considerable proportion of respondents completed the survey while they were at various agencies. Schools, health facilities and word-of-mouth communication also played important roles in survey distribution.

Figure 6: Dissemination routes of Consumer Survey

Consumer survey: Means through which survey was disseminated



The general characteristics of Consumer Survey respondents compared to those of general Cabarrus County demographics are shown in Table 2.

Table 2: General Characteristics of consumer respondents

Characteristic	Consumer Survey		Cabarrus County
	N	percent	percent
Age (years)			
Under 5	N/A		7.1
5 – 17	N/A		24.3
18 – 64	1438	91.0	55.9
65 & over	144	9.0	12.7
Gender			
Male	303	21.7	49.1
Female	1096	78.3	50.9
Race			
White	918	67.5	75.4
Black/African American	356	26.2	15.3
American Indian/Alaska Native	8	0.6	0.4
Asian	12	0.9	2.0
Other	66	4.9	-
Ethnicity			
Hispanic	143	10.5	9.4
White non-Hispanic	1216	89.5	71.6
Educational attainment (Among age 25 years & older)			
HS graduate or higher	718	52.6	85.1
Bachelor’s degree or higher	346	21.4	22.2
Health insurance coverage			
Uninsured children (0 -18 years)	41	5.5	11.4
Uninsured adults (19 – 64 years)	249	18.1	21.9
Unemployment			
	434	33.3	10.0
Income			
Median household income (US dollars)	25,001 – 35,000		52,988
Percent below poverty line	384	30.1	17.4

With the exception of race and ethnicity, the socio-demographic makeup of the sample differed from that of Cabarrus County in general. The sample contained a greater proportion of females, unemployed, individuals aged 18-64 years and individuals below the poverty line than the county as a whole. Consumer Survey respondents also had lower high school graduation rates for those 25 years or older and lower median household incomes than the county averages. With respect to health insurance coverage, consumer respondents had better child and adult insurance coverage rates than the general population of Cabarrus.

Table 3 provides the geographical distribution of respondents. There were slightly lower proportions of respondents from the smaller towns such as Harrisburg, Midland and Mt. Pleasant compared to the general Cabarrus County population.

Table 3: Area of residence of consumer respondents

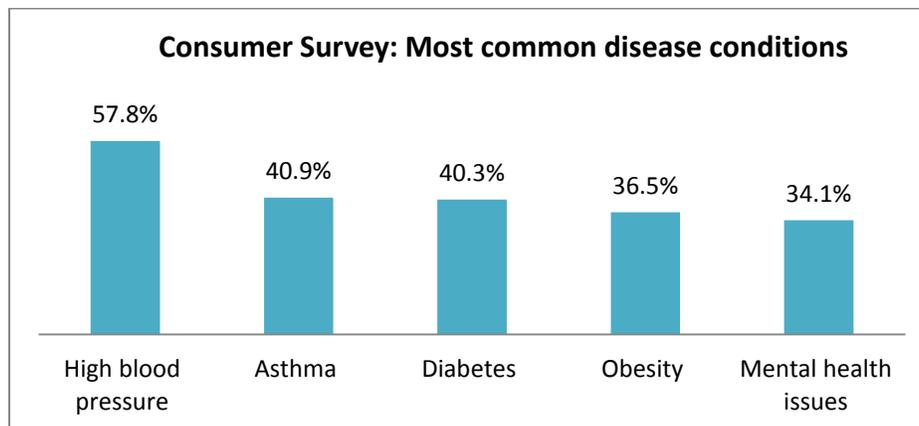
Town	Consumer Survey		Cabarrus County
	n	percent	percent
Concord	860	63.1	58.1
Kannapolis	374	27.5	27.7
Harrisburg	60	4.4	8.5
Midland	15	1.1	3.7
Mt. Pleasant	33	2.4	3.3
Other	20	1.5	N/A

Morbidity and Mortality

Consumer Survey

About 72 percent of consumer respondents (or a member of their household) had a previous or current diagnosis of at least one of 21 listed health conditions (Appendix B, item 20). The five most prevalent health problems among consumers are summarized in Figure 7. The most prevalent health condition noted by survey respondents was high blood pressure, with 57.8 percent of respondents citing it as a current or previous diagnosis in their household.

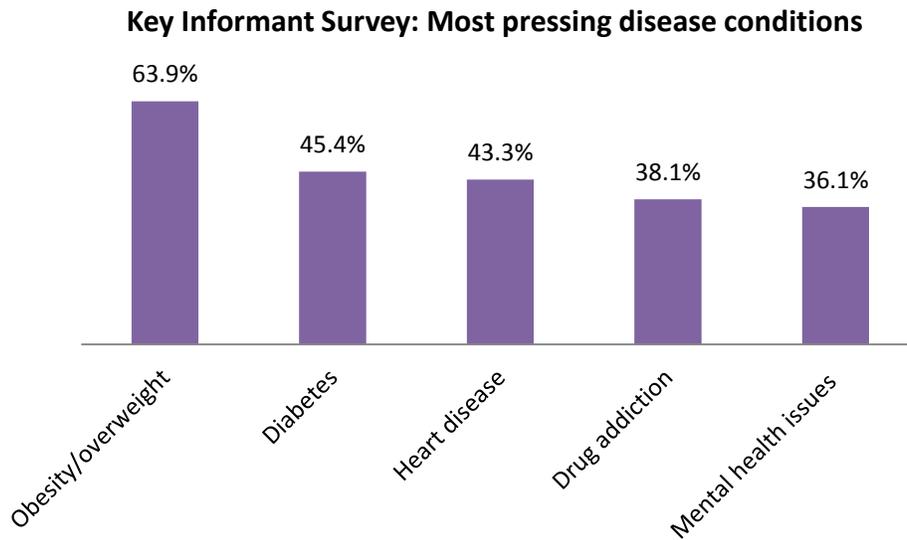
Figure 7: Disease burden among consumer respondents



Key Informant Survey

Key Informants were asked to state what they believed to be the five most pressing health issues (Appendix C, item 3) in Cabarrus County. As illustrated in Figure 8, and considering that both high blood pressure and heart disease fall under the broad group of cardiovascular diseases, key informants cited the same health issues highlighted by consumers with the exception of asthma.

Figure 8: Top five most pressing disease conditions according to key informants



Secondary Data

Of those health issues highlighted by consumers and key informants as pressing, two, namely cardiovascular disease and diabetes, are among the top ten causes of mortality in Cabarrus County. Cardiovascular disease ranks second with a mortality rate of 167.5 cases per 100,000 population, while diabetes ranks ninth with a death rate of 16.8 cases per 100,000 population (community statistical indicators, page 21). An estimated 5.4 percent and 9 percent of adults in Cabarrus County are pre-diabetic and diabetic, respectively (community statistical indicators, page 35). In 2010, an estimated 66.5 percent of adults in Cabarrus County were either overweight or obese (community statistical indicators, page 31) while 12.6 percent reported a previous diagnosis of asthma (community statistical indicators, page 34). Secondary data also suggests that mental health and substance abuse issues are matters of great importance in Cabarrus County.

Key Themes

Health Care

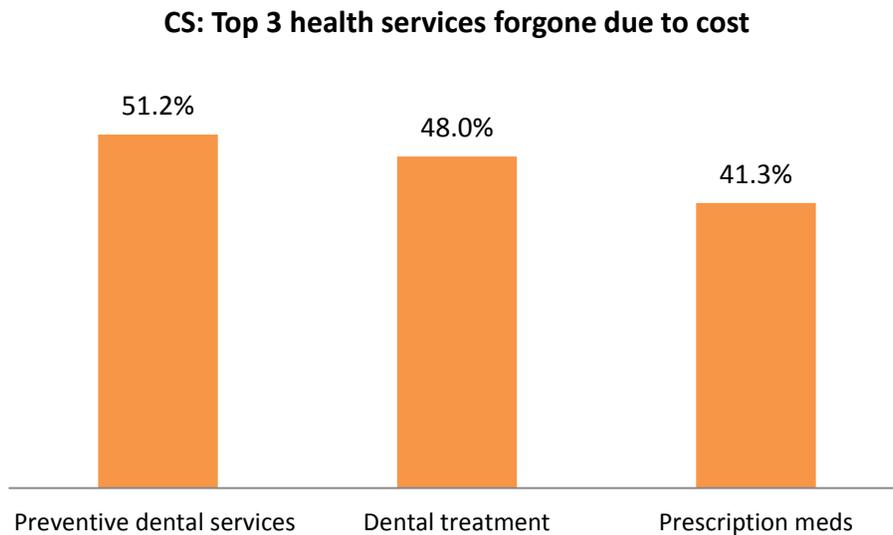
Overall, key informants had a very favorable view of the Cabarrus healthcare system with 86.6 percent of respondents either agreeing or strongly agreeing with the fact that there is a good healthcare system in Cabarrus County. However, many aspects related to healthcare were highlighted by both key informants and consumers as significant community problems. These issues are discussed below.

Access

Consumer perspective- Cost

Consumer Survey respondents were asked whether cost had been a hindrance to obtaining any of a list of eight health-related services and products in the past year including prescription medications, preventive dental services, dental treatment, preventive medical services, curative medical services, health insurance coverage, mental health services and prescribed medical treatment (see Appendix B, item 18). All respondents had forgone at least one of these services or products. The top three most frequently forgone health services and products in the past year, illustrated in Figure 9, were preventative dental services, dental treatment and prescription medications.

Figure 9: Top 3 health services forgone due to cost from consumer survey



Key informant perspective- Cost

Key informants were not specifically asked about health care costs.

Secondary data- Cost

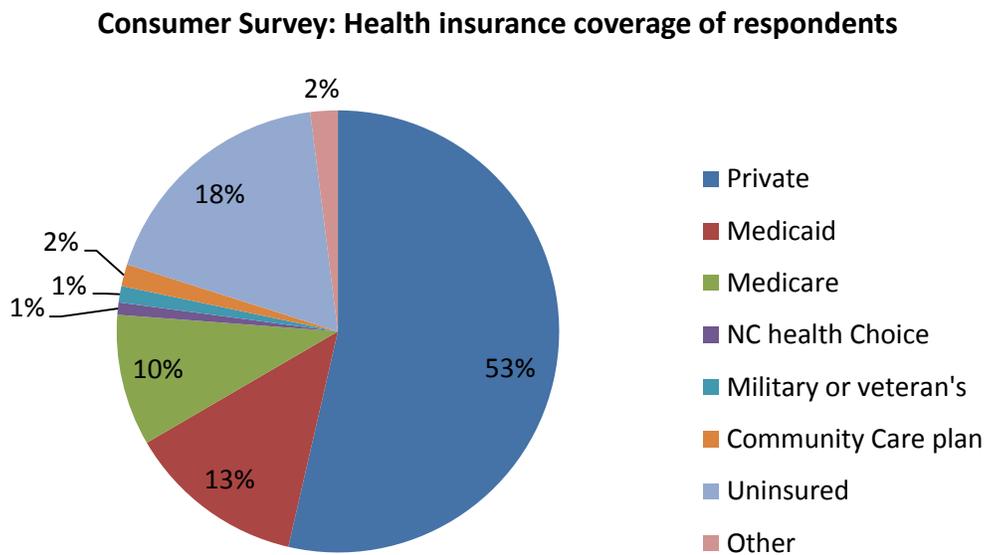
According to results from the 2008, 2009 and 2010 BRFSS survey (community statistical indicators, page 61), 28 percent of respondents said they had not been to see a dentist for any reason in over a year. These results correlate with those from the Consumer Survey. Cost of care for dental health services appeared to be a major hindrance to access.

Health Insurance Coverage

Consumer perspective- Health Insurance Coverage

A little over half (53.6 percent) of the Consumer Survey respondents had private or employer-provided insurance. About 13 percent were covered through Medicaid and fewer than 10 percent had Medicare coverage. About 18 percent of consumers reported being uninsured. Racial minorities, the unemployed, and those below the poverty line were significantly more likely to be uninsured compared to white respondents, the employed and those above the poverty line, respectively. The distribution of medical insurance coverage used by respondents is illustrated in Figure 10.

Figure 10: Health insurance coverage of respondents from consumer survey



Key informant perspective- Health Insurance Coverage

Key informants ranked lack of or inadequate health insurance as the 7th most pressing (out of 49) community issue with 75.3 percent of respondents saying it was either a significant or very significant community issue.

Secondary data- Health Insurance Coverage

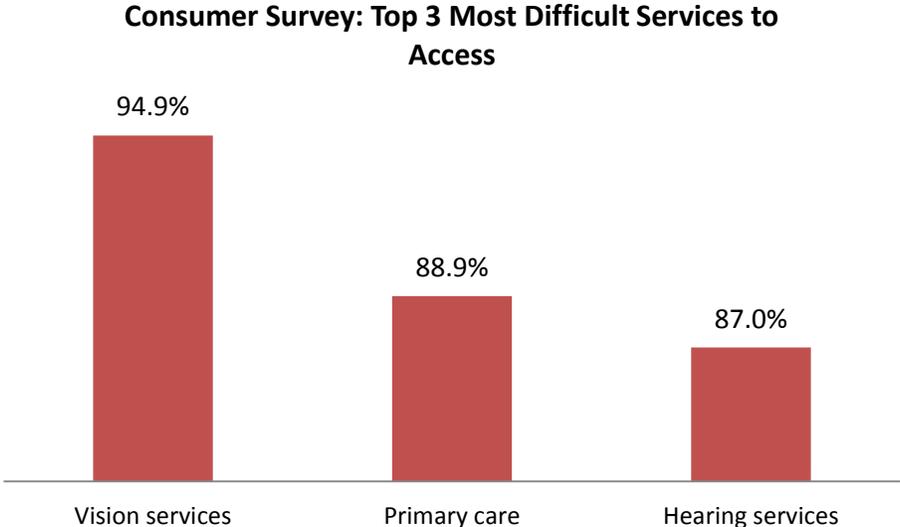
Estimates from 2008 to 2009 (community statistical indicators, page 64) show that 21.9 percent of Cabarrus County residents aged 19 – 64 years were uninsured. In addition, key informants highlighted lack of health insurance coverage as a top ten community issue of major importance. Health insurance coverage therefore seems to be a major issue across all sources of data.

Availability of Services

Consumer perspective- Availability of Services

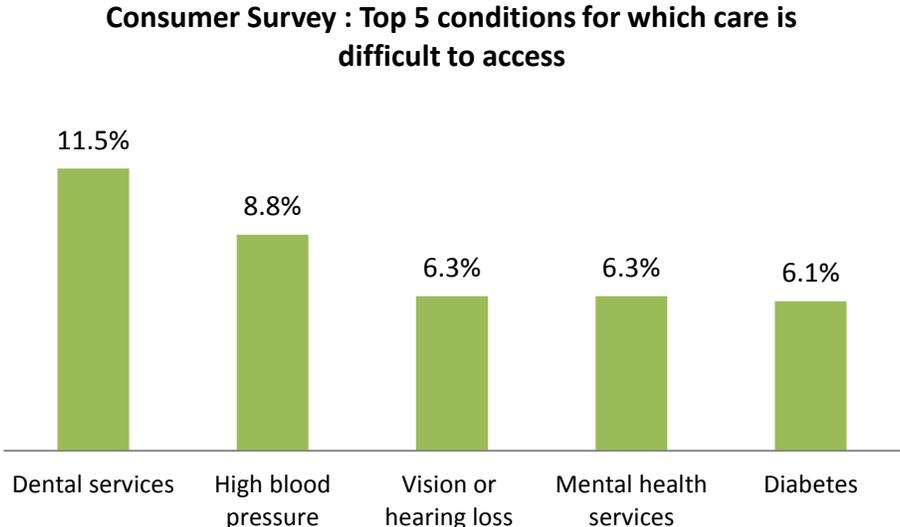
Consumer Survey respondents were asked whether they had encountered difficulty obtaining any one of a list of nine health services including vision services, hearing services, services for developmental disabilities, alcohol or drug abuse treatment services, shots or immunizations, smoking cessation services, anger or violence management services, mental health services and primary care services (see Appendix B, item 19). All respondents had encountered difficulty obtaining at least one of the services. The top three health services respondents had difficulty obtaining, illustrated in Figure 11, were vision services, primary care and hearing services.

Figure 11: Top 3 most difficult services to access from consumer survey



In addition to the question on medical services in general, consumers were asked whether they had encountered any difficulty in the past year accessing services for 21 specific medical conditions (see Appendix B item 21). The top five medical conditions for which respondents had difficulty accessing services are illustrated in Figure 12.

Figure 12: Top 5 conditions for which care is difficult to access



Key informant perspective- Availability of Services

When asked to evaluate how significant a problem they thought access to medical care was in Cabarrus County (appendix C item 2), 53.1 percent of key informants said it was either a significant or very significant community issue, which yielded a ranking of 34 out of a possible 49 items.

Secondary data- Availability of Services

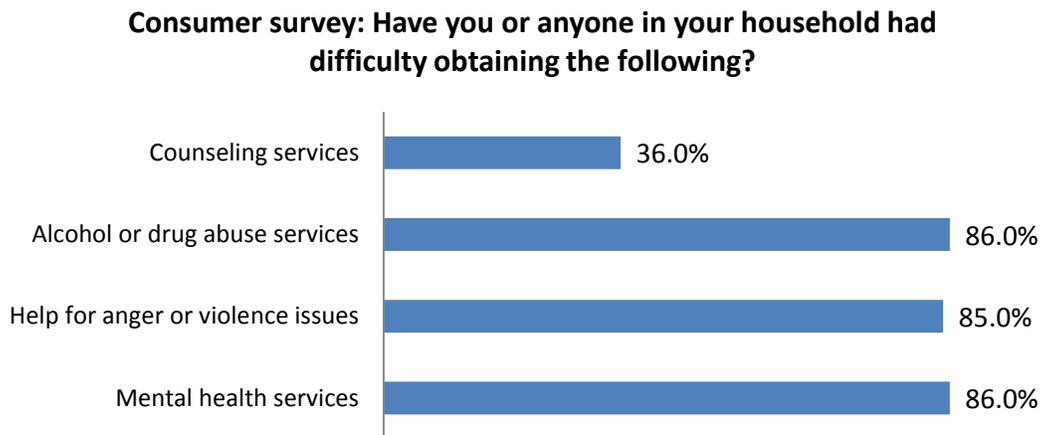
Cabarrus County boasts many hospitals, clinics/medical offices, pharmacies and health-related support services. With the exception of certified midwives, physical therapists /physical therapist assistants, nurse practitioners, licensed practical nurses and dentists, the ratio of health personnel to the general population in Cabarrus County is generally at or above the averages for the State of North Carolina (community statistical indicators, pages 39 – 44). While it seems that Cabarrus County is lagging in some areas of physical access to health services (e.g. vision as highlighted by the Consumer Survey), this does not seem to be a major issue after integrated analysis of all data sources.

Mental Health and Substance Abuse

Consumer perspective- Mental Health and Substance Abuse

From the consumer perspective, various aspects of mental health consistently came up as an issue that warranted attention. First, about 86 percent of respondents said either they or someone in their household had a problem obtaining mental health services in the past year; 85 percent said they or someone in their household had trouble getting help for anger or violence issues and about 86 percent said they or someone in their household had difficulty getting services for alcohol or drug abuse. When asked about a series of counseling and therapy needs ranging from support in times of grief or serious illness to marital counseling, 36 percent of consumers declared an unmet need in at least one of the eight areas of interest (see Appendix B item 17). Furthermore, 34.1 percent of consumers said either they or someone in their household had once in their lifetime been diagnosed with a mental health disorder. This ranked mental health disorders 5th among a list of 21 health disorders (see Appendix B item 20). Finally, 6.2 percent of Consumer Survey respondents said they or someone in their household had trouble accessing services for specific mental health disorders. A summary of the findings from the Consumer Survey with respect to mental health is shown in Figure 13.

Figure 13: Access to Services



Key informant perspective- Mental Health and Substance Abuse

Key informants also suggested that various aspects of mental health were of great significance in the community. First, they ranked “lack of, or inadequate mental health insurance” 8th out of 49 key issues, with 67.5 percent of respondents saying it was either a significant or very significant community issue. Three out of five key informants said access to mental health services was a major community issue (ranking 11th out of 49 issues) while 47.6 percent of respondents listed quality of mental health services as a major community issue (ranking 17th out of 49 issues). With respect to substance use, 63 percent of key informants felt drug use/abuse while 54 percent felt alcohol use/abuse was a major community issue, ranking them 21st and 23rd respectively from the list of 49 major issues.

Secondary data- Mental Health and Substance Abuse

In 2009, Cabarrus had 1.0 psychologist and 1.6 psychological associates per 10,000 population compared with 2.0 psychologists and 1.0 psychological associate per 10,000 population in North Carolina. An estimated 3323 individuals (about 1.9% of the total population) were served in area mental health programs in the year 2010 (page 63, community statistical indicators)

Table 4: Number of specialists per 10,000 population

Number of specialists per 10,000 population 2009-Psychologists and Psychological Associates per 10,000 Population			
	Population	Psychologists	Psychological Associates
North Carolina	9,382,610	2.0	1.0
Cabarrus	174,294	1.0	1.6

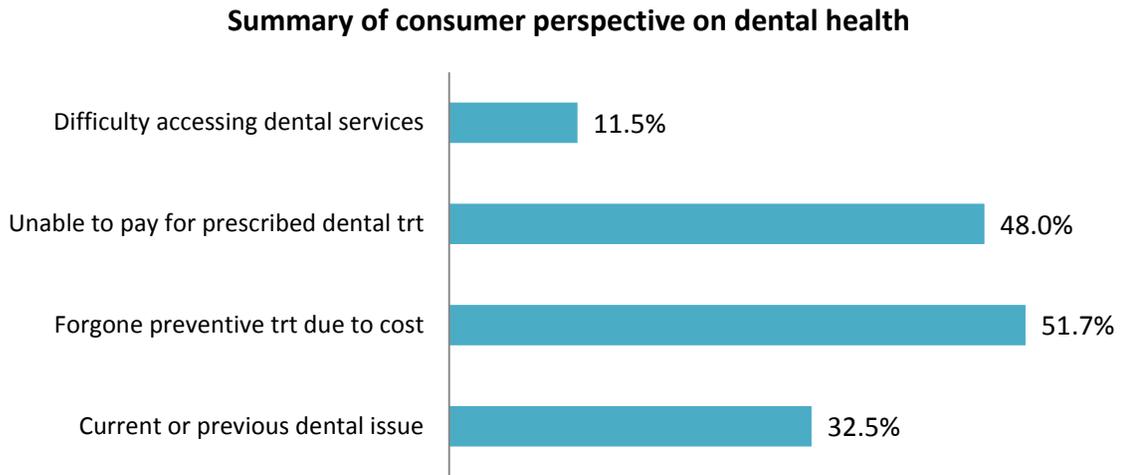
North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, with data derived from the North Carolina Medical Board, 2009. Accessed on June 21 2011 from <http://www.shepscenter.unc.edu/hp/prof09.htm>

Dental Health

Consumer perspective- Dental health

One out of every three Consumer Survey respondents said either they or someone in their household had once been diagnosed with a dental health issue, making dental disease the 7th most common health issue cited by consumers. Just over half of the consumers interviewed for this assessment said either they or someone in their household had forgone preventive dental services in the past year due to cost. In addition, about 48 percent of Consumer Survey respondents or members of their household were unable to pay for prescribed dental treatment. Finally, dental diseases were considered the most difficult to access by consumers. Eleven percent of respondents said either they or someone in their household had trouble accessing services for a dental disease in the past year.

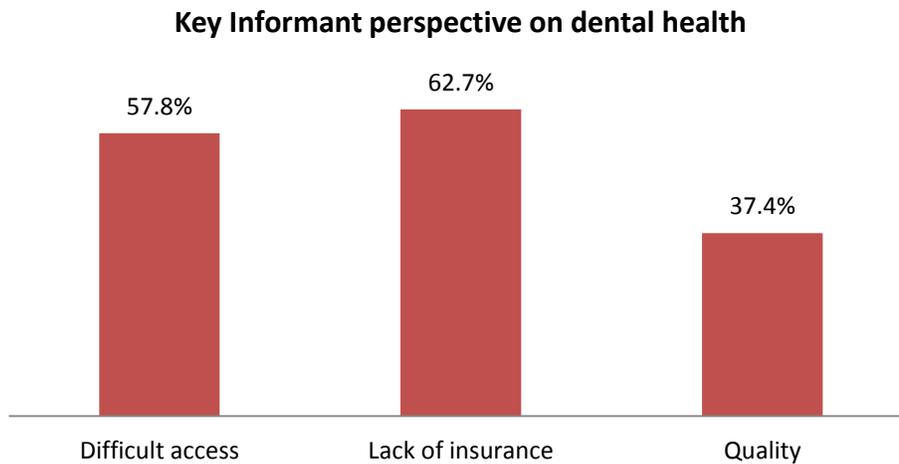
Figure 14: Summary of consumer perspective on dental health



Key informant perspective- Dental health

According to Key Informant Survey data, 57.8 percent, 62.7 percent and 37.4 percent of respondents cited as either significant or very significant community issues - access to dental services, lack of or inadequate dental insurance and quality of dental services, respectively.

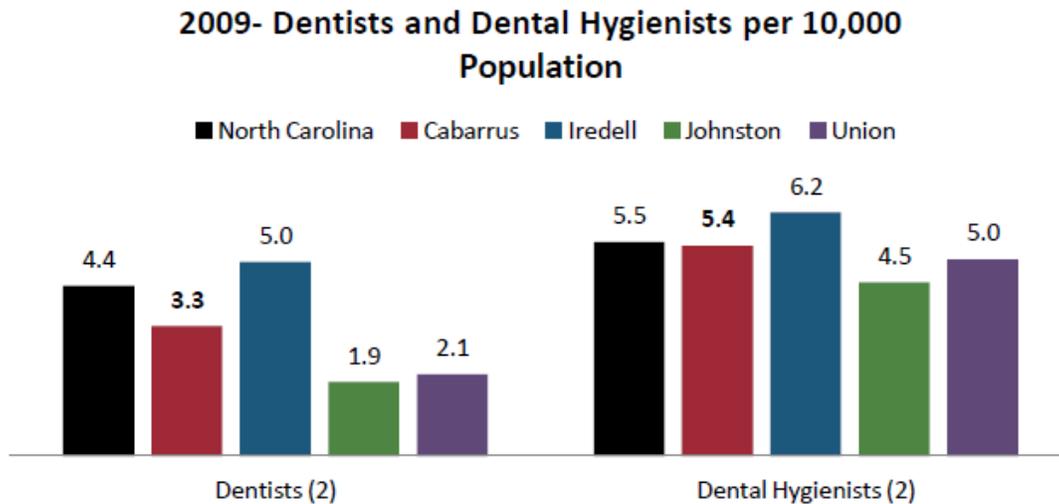
Figure 15: Key Informant perspective on dental health



Secondary data- Dental health

Cabarrus had an estimated 3.3 dentists and 5.4 dental hygienists per 10,000 population compared to 4.4 dentists and 5.5 dental hygienists per 10,000 population for the state of North Carolina in the year 2009.

Figure 16: Number of Dentists and Dental Hygienists per 10,000 population



According to BRFSS data, the proportion of Cabarrus County residents who had not been to see the dentist in over a year rose from 29.9 percent in 2008 to 42 percent in 2010. Between 2010 and 2011, 11.5 percent of children in kindergarten and 5th grade had untreated tooth decay. Only 31 percent of adults and 46 percent of children on Medicaid received dental care in fiscal year 2009. Refer to pages 40 and 61 of the community statistical indicators document for more details on secondary data regarding dental health.

Health Behavior and Wellness

Consumer perspective- Health Behavior and Wellness

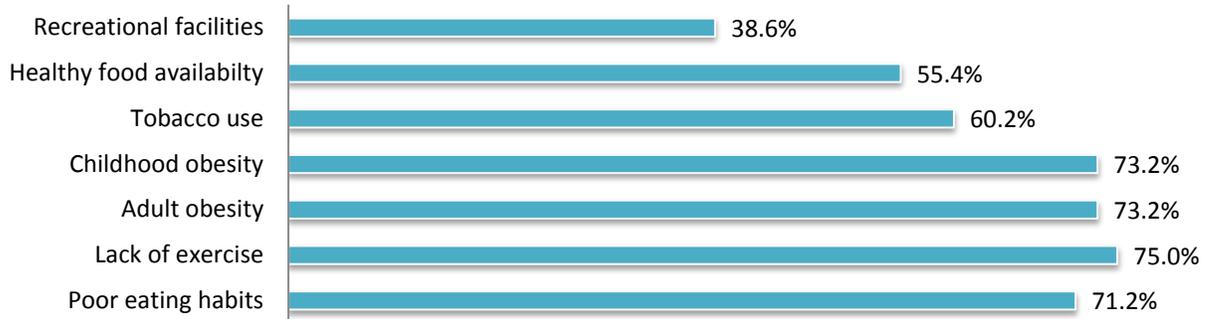
A majority of consumer respondents (81.5 percent) said they took measures to prevent disease that included exercising, eating healthy and not smoking. This suggests that most of the respondents attach some degree of importance to healthy living habits. Obesity was the 4th (out of 21) most common condition (36.5 percent of respondents) with which either the consumer respondents or a member of their household had ever been diagnosed. In addition, five percent of consumer respondents mentioned access to services for obesity as a major issue in the past year.

Key informant perspective- Health Behavior and Wellness

Key informants highlighted many topics related to health behavior and wellness as being major issues of importance in the community. First, they ranked both lack of exercise and poor eating habits among the top five issues of importance within the community. Over 70 percent of key informants thought lack of exercise and poor eating habits were either significant or very significant community issues. Just over 73 percent of key informants said childhood and adult obesity were either significant or very significant community issues ranking adult and childhood obesity 9th among the list of 49 key issues. Over half of respondents cited tobacco use and availability of healthy food choices while just fewer than 40 percent cited availability of recreational facilities as either a significant or very significant community issue.

Figure 17: Key informant perspective on behavioral health issues

Key Informant Survey: Relative frequencies of health behavior & wellness issues



Secondary data- Health Behavior and Wellness

According to 2010 BRFSS data, about 15.3 percent of Cabarrus residents said they were current smokers (smoked every day or some days). Another 17.4 percent said they were former smokers (page 30, community statistical indicators). The proportion of adult Cabarrus residents who stated they were involved in physical activity or exercise remained constant at 76 percent between 2006 and 2010 (page 30, community statistical indicators). During the same time period, the percentage of adults who were overweight or obese increased from 63.4 percent in 2006 to 66.5 percent in 2010 (page 31, community statistical indicators). Cabarrus boasts a number of parks, recreational facilities and greenways that were established to foster physical activity among residents.

Environmental Health

Consumer perspective- Environmental Health

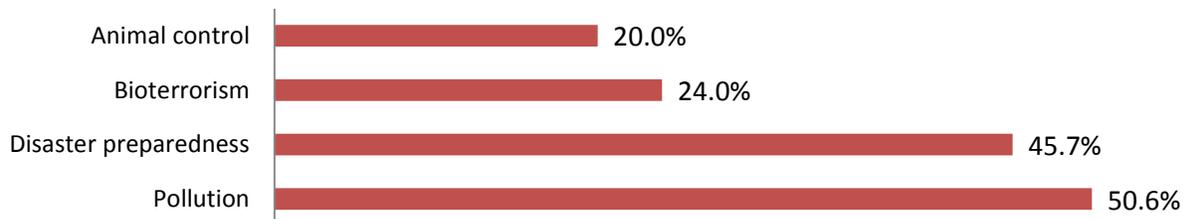
Consumers were not asked specifically about environmental health issues.

Key informant perspective- Environmental Health

Key informants cited several environmental health issues as important within the community. The most frequently cited environmental issue was pollution with 50.6 percent of respondents saying it was either a significant or very significant community issue. Disaster preparedness was next, with 45.7 percent, followed by bioterrorism with 24 percent and animal control issues with 20 percent.

Figure 18: Key informant perspective on environmental health

Key Informant Survey: Relative frequencies of environmental health issues



Secondary data- Environmental Health

All data presented in this section was obtained from the 2012 Cabarrus County Environmental Health Assessment. The environmental health assessment examines health data attributable to air quality, water quality, toxic chemicals, waste management, agriculture, food-, water- and vector-borne diseases and parks and recreation. According to the Robert Wood Johnson Foundation-funded County Health Rankings, Cabarrus County ranks 50th out of 100 North Carolina counties in terms of physical environment.

Air quality:

- There were 4 deaths from Carbon Monoxide poisoning from 2004 to 2010 in Cabarrus County. This excludes deaths from smoke, fire and flames.
- Of the 62.6 percent of Cabarrus children ages 1 to 2 years screened for Lead poisoning in 2009, 0.4 percent of them tested positive for elevated levels of Lead compared to 0.5% for the state of North Carolina.
- Asthma rates in both adults and children are less than state averages.
- Indoor radon levels fall in the low range across the County.

In April 2010, the American Lung Association ranked Charlotte the 10th smoggiest city in the country for the second year in a row, which borders Cabarrus County.

Water quality:

- Between January 1 2002 and December 31 2006, 65 percent of monitored waters in the Rocky River watershed (includes Concord and Kannapolis) were determined to be impaired. This means that these waters did not meet water quality standards in more than 10 percent of samples taken within that period.
- From 2008 to 2011 there were 39 health-based violations across 16 of the 86 water systems in Cabarrus County. A health-based violation means either contaminants exceeding safety standards were found in a system or the water in a system was not properly treated. In the same period (2008 to 2011) there were 106 monitoring- or reporting-based violations across 32 systems. A monitoring- or reporting-based violation means a system failed to complete all samples or sample in a timely manner, or had another non-health related violation.

Toxic chemicals:

- In 2009, total disposal of toxic chemicals was about 473, 349 pounds in Cabarrus County.
- There is one site in Cabarrus County that is designated as a superfund site. Superfund is an environmental program established to address abandoned hazardous waste sites.
- There is one site found in Kannapolis (Cannon Village) that is designated as a Brownfields site. A Brownfields site is any property that is abandoned, idle or underutilized where environmental contamination, perceived or real, hinders redevelopment.
- There are 35 sites in Cabarrus County that are listed as inactive hazardous sites.
- According to the Hazardous Substances Emergency Events Surveillance system, there were 16 events in Cabarrus County between 2004 and 2005. About a third of these events were in fixed facilities while two thirds were transportation-related. An event is considered transportation-related if it occurs during



surface, air, pipeline, or water transport of hazardous substances or before unloading from a vehicle or vessel. All other events are considered fixed-facility events.

Agriculture:

- In 2007, Cabarrus County had 611 farms totaling 66,780 acres, 42% of which was harvested cropland.
- The number of farms has declined by 7% and average farm size has declined by 2% since 2002.
- Cabarrus County is one of only 15 North Carolina counties with four or more food deserts within its county lines.
- Cabarrus is ranked 56th out of 98 ranked North Carolina counties in animal waste generation.
- According to data from the National Agricultural Statistics Services, there were 322,222 livestock in Cabarrus County in 2002 with a total animal waste production of 135,593 tons.

Agriculture is ranked as Cabarrus County's second largest industry.

Waste Management:

- There has been a reduction in waste generated in Cabarrus County from 307,502 tons (1.87 tons per person) in 2007-2008 to 217,961 tons (1.22 tons per person) in 2010-2011 mainly due to increased recycling.
- In 2010-2011, 3497.61 tons of material was recycled in Cabarrus County.

Food-borne, Water-borne and Vector-borne diseases:

- There were 69 reported cases of food-, water- and vector-borne diseases in 2005 with a majority being cases of salmonellosis, campylobacter infection and shigellosis.
- No cases of arboviral diseases were reported between 2007 and 2011.
- From 2007 to 2010, 19 cases of rabies were reported.
- There were 2,379 food and lodging inspections in 2010 to 2011 with 1,454 critical violations.

Parks and Recreation:

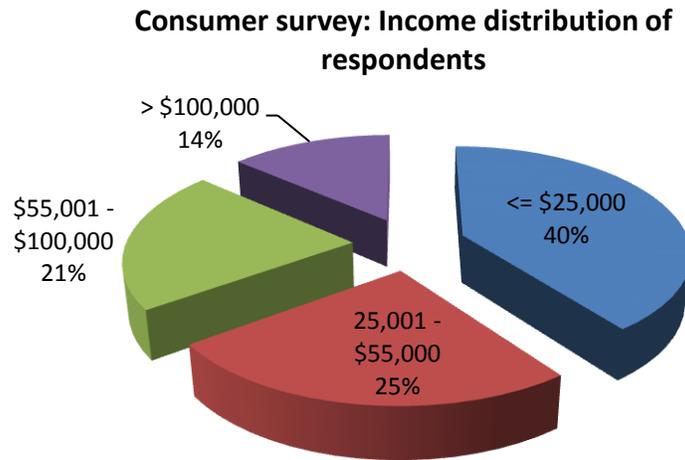
- Cabarrus County Parks and Recreation system includes 18 parks that cover an approximate area of 675 acres and include 16 miles of trails.

Employment and Financial Security

Consumer perspective- Employment and Financial Security

The overall income distribution of Consumer Survey respondents compared to Cabarrus County census data for 2010 is illustrated in Figure 19 on the following page.

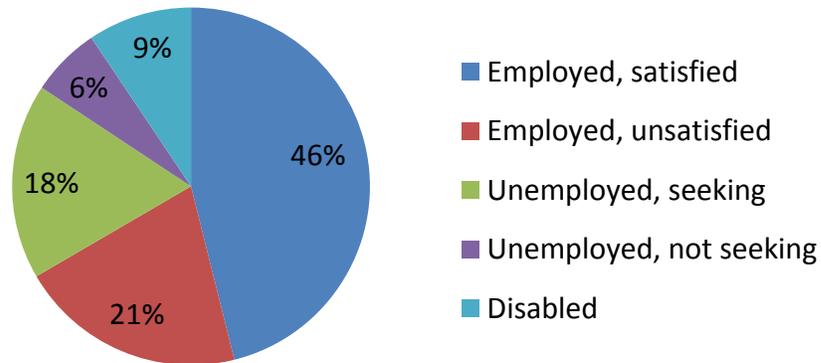
Figure 19: Income distribution of consumer respondents



Almost 70 percent of consumer respondents said their salary had either remained the same or declined over the past two years. The unemployment rate among consumer respondents was 17.7 percent, much higher than the 10 percent County unemployment rate stated in statistical data from other sources. In addition, about 12 percent of respondents said they were either currently employed part time and needed a full time job, or were currently employed full time but were in need of a job that better matched their qualifications. Furthermore, 32.4 percent of respondents said either they or someone in their household needed a job but could not find one. Among those who were in search of a job, 83 percent were seeking full time employment.

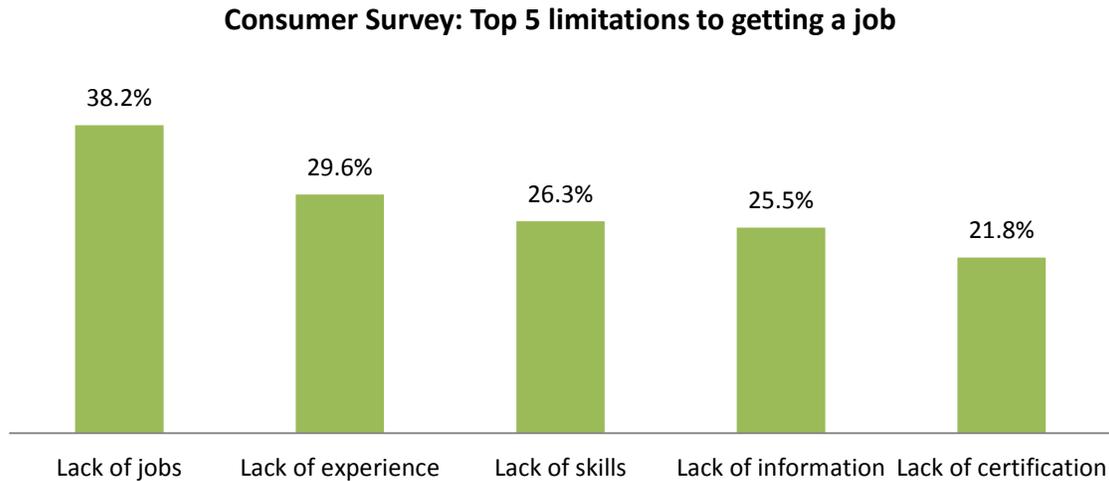
Figure 20: Employment status of consumer respondents

Consumer survey: Employment profile of respondents



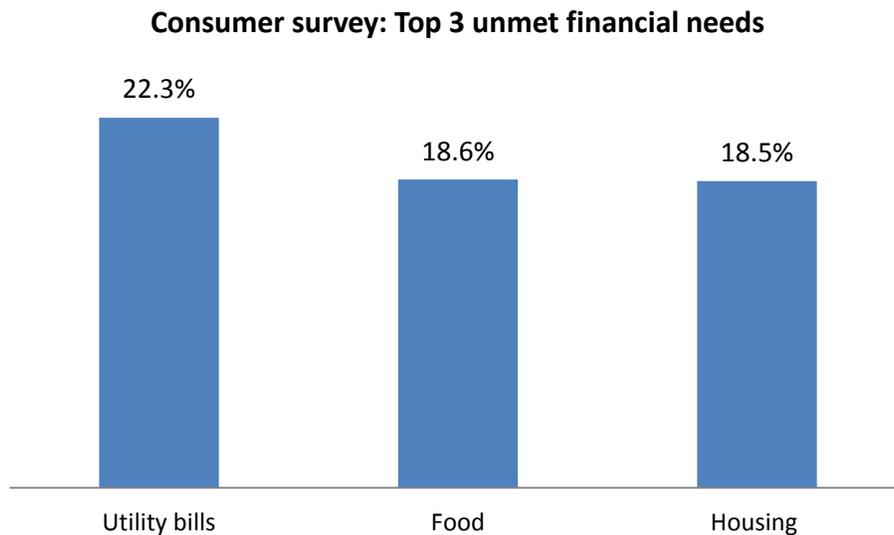
When asked what they thought the major obstacles to getting a job for themselves or members of their household were, consumer respondents cited lack of jobs that adequately matched their skills, lack of relevant experience for available job openings, lack of adequate job skills, and lack of information about job availability, among others. Figure 21 illustrates the top five limitations to acquiring a job as cited by Consumer Survey respondents.

Figure 21: Major limitations to employment according to consumers



With respect to financial security, 36.6 percent of consumers reported needing assistance with at least one of a list of eight routine financial needs (see Appendix B, item 15). The top three issues for which consumers reported needing assistance are illustrated in Figure 22.

Figure 22: Most frequently unmet financial needs for consumers



Key informant perspective- Employment and Financial Security

Overall, key informants had a fairly negative outlook on the employment situation in Cabarrus County. More than 80 percent of respondents said there was insufficient economic opportunity in the County. Unemployment/underemployment was ranked the 3rd most significant community issue in Cabarrus County with just over 80 percent of respondents saying it was either a significant or very significant community issue.

Secondary data- Employment and Financial Security

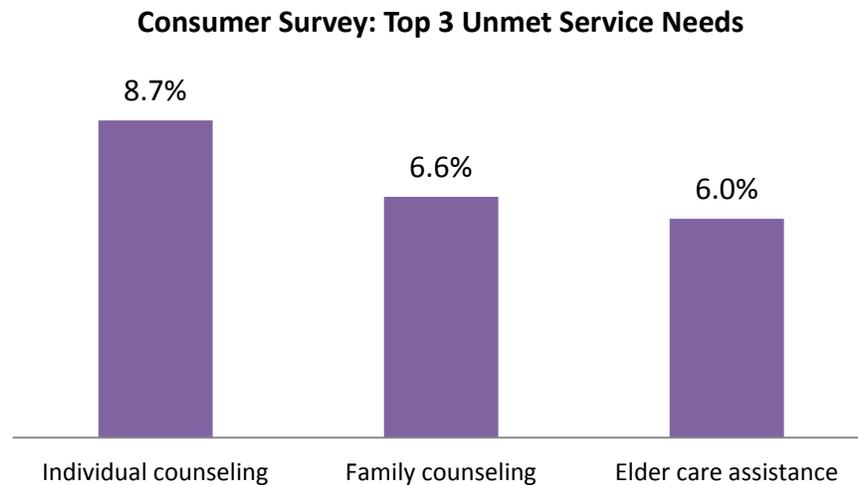
Pages 10-12 and 47-50 of the community statistical indicators document provide a wealth of data on the economic situation in Cabarrus County. In summary, the unemployment rate in 2011 was 10 percent. About 3.5 percent of the entire county's labor force (2930 workers) was affected by business closures between 2008 and 2011. In general, the proportion of the Cabarrus economy fueled by the manufacturing and construction sectors fell over the last decade while the education, health services and leisure/hospitality sectors expanded over the same period. Inflation-adjusted household incomes decreased by 10.5 percent (\$59,197 to \$52,988) from 1999 to 2009.

Community Services

Consumer Perspective- Community Services

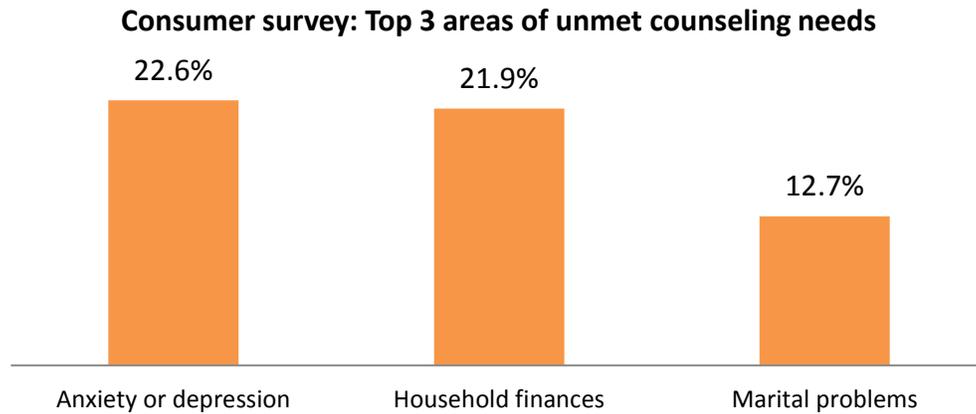
In the Consumer Survey, respondents were asked whether they had an unmet need in the past year for a range of services (see Appendix B, item 16). About 17 percent of respondents had at least one unmet service need in the past year with the top three most frequent unmet service needs being individual counseling (8.7 percent), family counseling (6.6 percent) and assistance with the elderly and disabled (6 percent). The most frequently cited unmet service needs are illustrated in Figure 23.

Figure 23: Most frequently unmet community service needs for consumers



In addition, consumers were asked whether they had unmet counseling needs in the areas of household finances, serious illness or death of a family member or friend, anxiety or depression, stresses of raising a family, stresses of caring for the elderly, alcohol or drug dependence and marital or relationship problems. Just over one third (36.2 percent) of respondents experienced at least one unmet need from the preceding list. The top three cited unmet counseling needs were anxiety or depression (22.6 percent), household finances (21.9 percent), and stresses of raising a family and marital or relationship problems tied at 12.7 percent. The most frequently cited unmet counseling needs are illustrated in Figure 24.

Figure 24: Most frequently unmet counseling needs for consumers



Key Informant Perspective- Community Services

Just over half (55.4 percent) of key informants thought elder care programs and services were either a significant or very significant community issue. Lack of services for those with physical or developmental disabilities was cited by 47 percent of key informants as a significant or very significant community issue.

Secondary data- Community Services

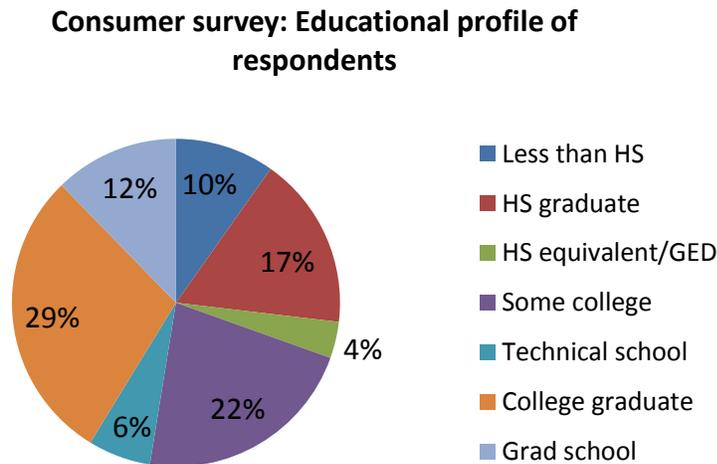
Cabarrus County boasts a plethora of health related supportive services that are listed on pages 13 to 20 of the 2012 Health Resource Inventory. These services range from care for the elderly and disabled to women’s health, child care activities and employment assistance.

Education

Consumer Perspective- Education

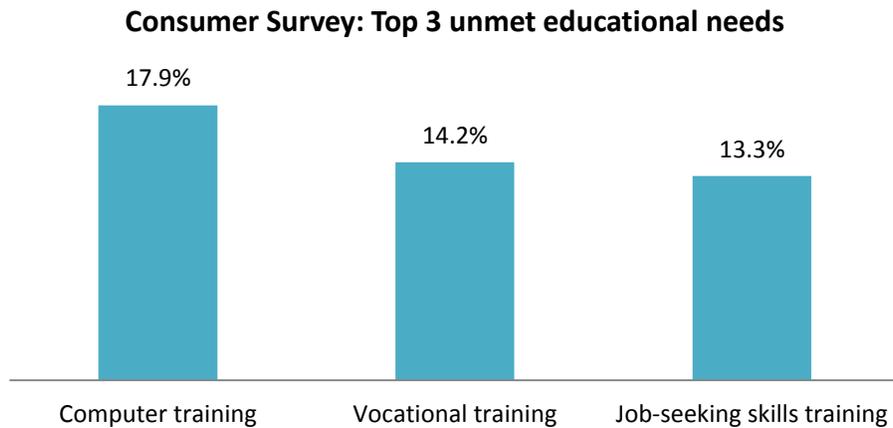
The Consumer Survey respondents were a heterogeneous mix of different levels of education. Nearly 10 percent of respondents had less than a high school education; 17 percent were high school graduates and over 50 percent had either attended some college or were college graduates (see Figure 25).

Figure 25: Educational profile of consumer respondents



Almost 33 percent of respondents said they or someone in their household had an unmet educational need. The greatest unmet educational needs were computer training (17.9 percent), vocational or technical training for a job (14.2 percent) and job seeking skills training (13.3 percent). Figure 26 illustrates the unmet educational needs.

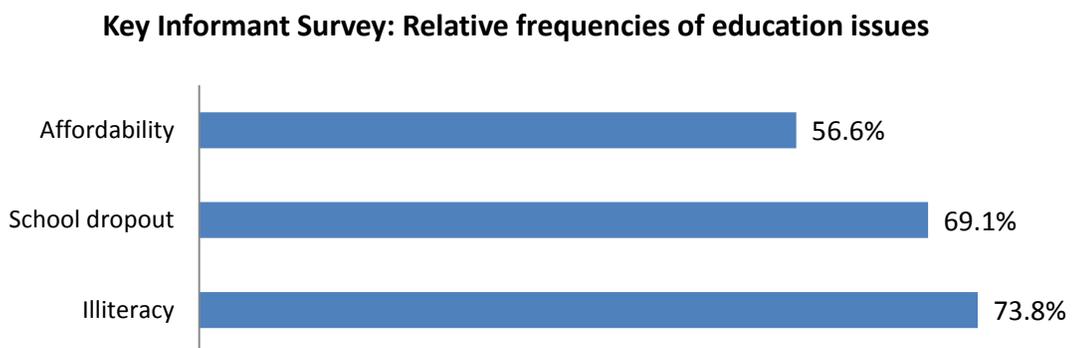
Figure 26: Most frequently unmet educational needs for consumers



Key Informant Perspective- Education

Two issues related to education ranked among the top 10 most pressing issues cited by key informants. Illiteracy was the top ranked issue of significance in the community with 73.8 percent of key informants saying it was either a significant or very significant community issue. Dropping out of school was ranked 6th with 69.1 percent of respondents citing it as a community issue of major significance. Finally, 56.6 percent of key informants mentioned quality of education in Cabarrus County as a major community issue (see Figure 27).

Figure 27: Key informant perspective on the importance of issues related to education



Secondary data- Education

Secondary data related to education is presented on pages 10-14 and 54-60 of the community statistical indicators document. Thirty-nine percent of Cabarrus students were eligible for free and reduced lunch in 2009 to 2010 compared to 48.8 percent in North Carolina. But when the Planning Council examined the increase in student population and compared that to the increase in the number of eligible students

for free and reduced price lunches there was a significant difference between the rate of change between the total student population and the rate of change of eligible students. During the Planning Council meeting in September 2011, members discussed the implications of these trends which included possible health impacts, food security, education standards, etc.

Table 5: Change in Student Demographics

	Change in Student Demographic between the 2005/2006 Academic Year & the 2009/2010 Academic Year	
	Increase in Student Population	Increase in Number of Eligible Students
Cabarrus County	17%	34%
North Carolina	4%	19%

- Yearly school expenditures per pupil increased from \$6,309.00 in 2004-2005 to \$7,587.00 in 2010-2011.
- The student to teacher ratio was 15.10 in 2009-2010 compared to 14.12 for North Carolina.
- 82 percent of high school graduates in 2009-2010 intended to attend college.
- The proportion of students reading at or above grade level from grades 3 to 8 was equal or better for all grades in Cabarrus County over the past eight years (2004 to 2011) compared to North Carolina. However, there has been a general downward trend in these numbers over that same period. Percentages moved from the mid to high eighties for most grades in 2004-2005 to the mid-fifties and low sixties in 2007-2008 and have risen slightly to the high sixties to mid-seventies in 2010-2011.
- According to United States Census Bureau data, educational attainment for residents 25 years or older was comparable or better at all levels for Cabarrus compared to North Carolina in the year 2009. For example, in 2009, 85.1 percent of Cabarrus County residents age 25 years and older were high school graduates or higher compared to 83 percent statewide.
- Teacher turnover rates (2009-2010), number of students per internet –connected computer (2009-2010), and adult literacy rates (2005-2009) were better in Cabarrus compared to North Carolina.
- Dropout rates for grades 9 to 12 have been on the decline since 2004-2005 but remain higher in Cabarrus County (3.75 percent) when compared to North Carolina as a whole (2.55 percent) in 2009-2010.
- The number of homeless students has been on a steady rise since 2007, from 74 in 2007-2008 to 264 in 2010-2011.

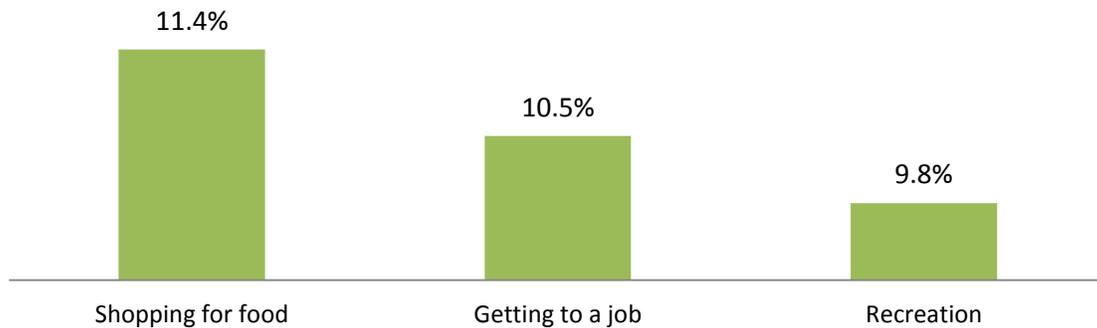
Transportation

Consumer Perspective- Transportation

According to Consumer Survey data, 11.2 percent of respondents did not have a vehicle available for use by adults in their household. More than 1 in 5 respondents (22.1 percent) had at least one unmet need due to the lack of transportation. As illustrated in Figure 28, the top three unmet needs due to lack of transportation included shopping for food (11.4 percent), getting to a job (10.5 percent) and getting to places for recreation (9.8 percent). In addition, 20 percent of respondents who said either they or someone in their household needed a job but could not find one also said lack of a means of transportation was a limitation to them getting a job.

Figure 28: Most frequently unmet transportation needs for consumers

Consumer survey: Top 3 unmet needs due to lack of transportation



Key Informant Perspective- Transportation

Over half of key informants (56.6 percent) cited lack of transportation as a major community issue while 46 percent said unsafe and unmaintained roads was a major issue.

Secondary Data- Transportation

Page 53 of the community statistical indicators document includes data on the transportation system in Cabarrus County. Average monthly ridership of the CK-Rider bus system has been at or above 31,000 since 2007. Ridership has increased by 40% in the first nine months since the new transit center opened in 2009. During fare-free weeks, ridership increased by 80-100%. CK Rider performed a survey in 2009 and found that 75 percent of the riders earn less than \$20,000 a year and 94 percent earn under \$40,000 a year. They also found that 47 percent have no car and 39 percent said that CK Rider is their only means of transportation.

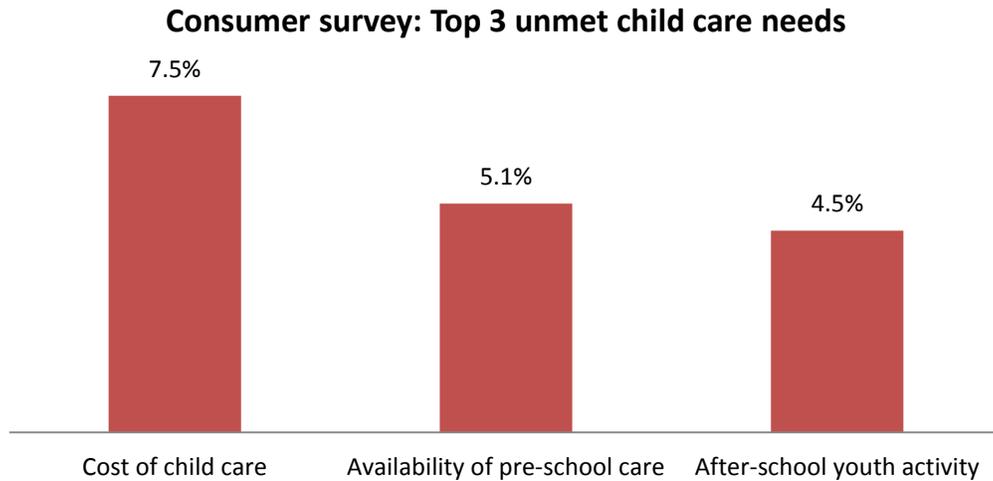
The CCTS public transportation program provides transportation for the elderly and low-income population. They provide approximately 225,000 miles of service each year with a fleet of more than 23 vans. Due to a layoff of several drivers, the number of trips have been reduced although the demand still exists. CCTS stated that over the past four years, on average, there have been requests of over 480 trips daily but there are only 12 employed drivers.

Child Care

Consumer Perspective- Child Care

On average, consumer respondents had two children under age 18 years living in their household. Of all the children within respondents' households, 38.3 percent were being raised by single parents. Almost equal proportions of respondents' dependent children were covered by private health insurance and Medicaid (42.6 percent versus 41.9 percent, respectively) while 5.5 percent were uninsured. Parent respondents overwhelmingly used doctor's offices (85.9 percent) as their children's primary source of healthcare with almost all of the remainder (10.1 percent) using the Cabarrus Health Alliance, the local public health department. About 17 percent of consumer respondents said they had an unmet childcare need. As illustrated in Figure 29, the most frequently cited unmet childcare needs were financial help to pay for childcare (7.5 percent), childcare for pre-school aged children (5.1 percent), and after school activities for middle/high school youth (4.5 percent).

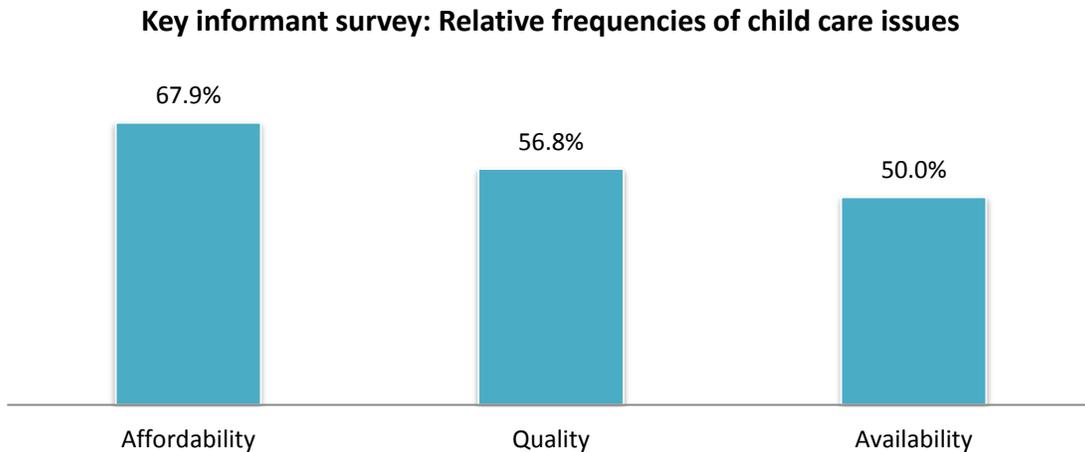
Figure 29: Most frequently unmet child care needs for consumers



Key Informant Perspective- Child Care

In general, key informants (95.8 percent) felt Cabarrus County was a good place to raise children. However, key informants ranked affordability of child care as the second most pressing community issue with 67.9 percent of respondents saying it was either a significant or very significant community issue. Furthermore, 56.8 percent and 50 percent of key informants mentioned child care quality and child care availability, respectively, as community issues of major significance.

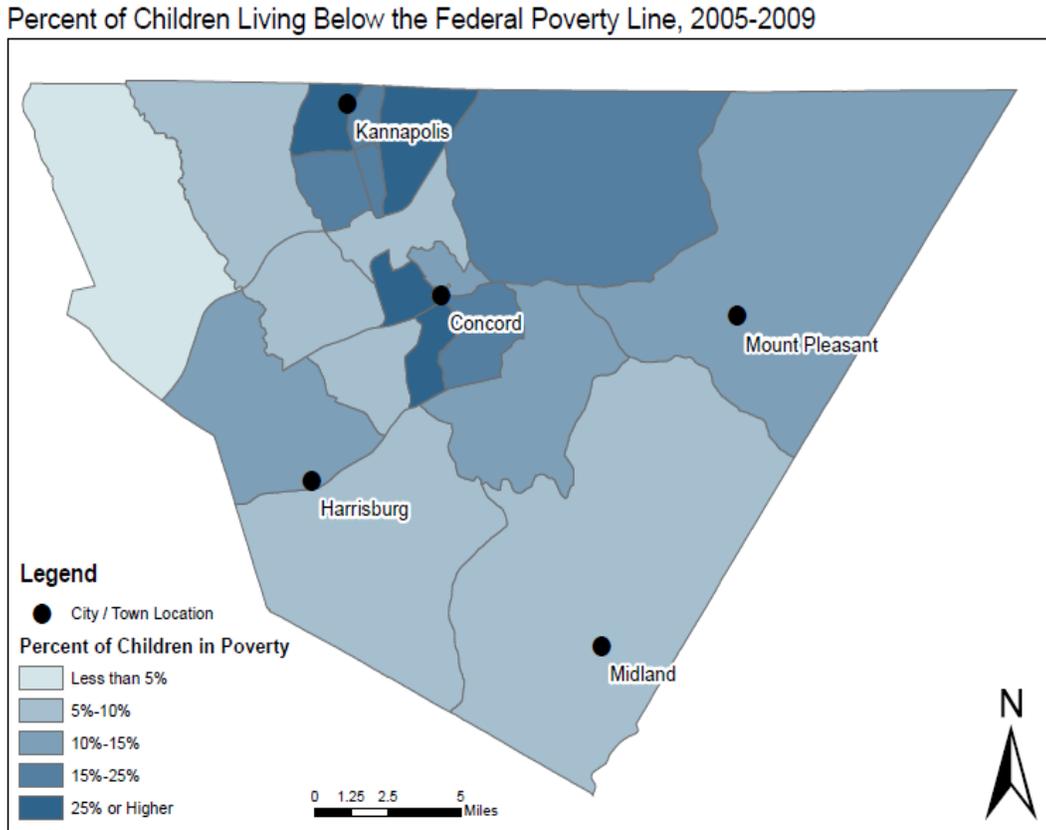
Figure 30: Key informant perspective on the importance of child care issues



Secondary Data- Child Care

Sixteen percent of children between 0 and 17 years live in poverty (2010) compared to 24.6 percent in North Carolina. However, the proportion of children living in poverty in Cabarrus County has doubled from 8.3 percent in 2000 to 16.6 percent in 2010. There are at least eight census blocks where the percent of children in poverty is higher than 15 percent. Half of those census blocks (n=4) have at least 25 percent of children in poverty. Figure 31 shows the childhood poverty density rate.

Figure 31: Percent of children living below federal poverty line



Source: U.S. Census Bureau, Tigerline Shapefiles, 2011; U.S. Census Bureau, 2005-2009 ACS, 2011.
 Note: No Census Tract has more than 40% of children living below the poverty line.

- There was a 15-30 percent increase in the annual cost of various categories of child care between 2004 and 2010. Family child care for 0-5 year old children jumped 15.13%; center-based care for 0-5 year old children rose 29.88%; year round school-age care in a family child care home rose 17.71%; and year round school-age care in a child care center rose 22.84%.
- There was a rise in the average monthly number of children in subsidized care from 1,141 in 2007 to 1,539 in 2010.
- 18.5 percent of children ages 2 to 18 years are overweight compared to 16.2 percent in North Carolina. 22.5 percent of children ages 2 to 18 years are obese compared to 18 percent in North Carolina.

Table 6: Percent Overweight/Obese

	Overweight		Obese	
	>=85th to <95th Percentile		>=95th Percentile	
	#	%	#	%
North Carolina	13,782	16.2	15,341	18
Cabarrus	487	18.5	592	22.5

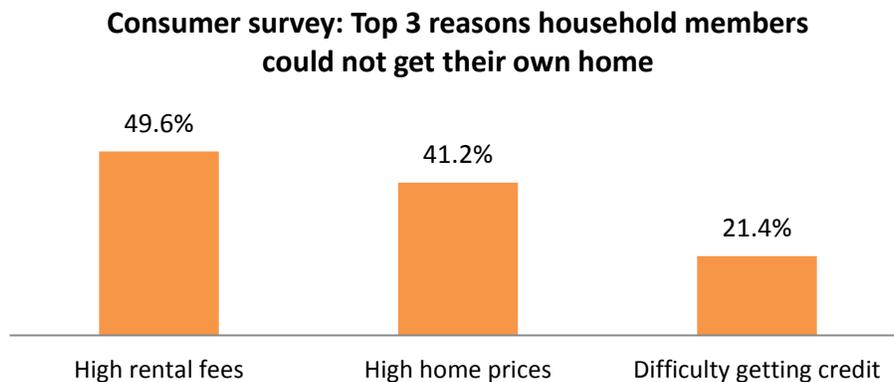
- There are 116 licensed childcare facilities with a capacity of 9,104 children. The average rating is 4.24 out of 5.

Housing

Consumer Perspective- Housing

Over 90 percent of Consumer Survey respondents either owned or rented their home. However, almost 15 percent of respondents said they had additional people (adults) living with them because those individuals could not afford their own place. The top three reasons some members of respondents' households could not afford their own place to live were high rental fees (49.6 percent), high home prices (41.2 percent) and difficulties obtaining credit (21.4 percent), as depicted in Figure 32.

Figure 32: Consumer perspective on the limitations to home ownership

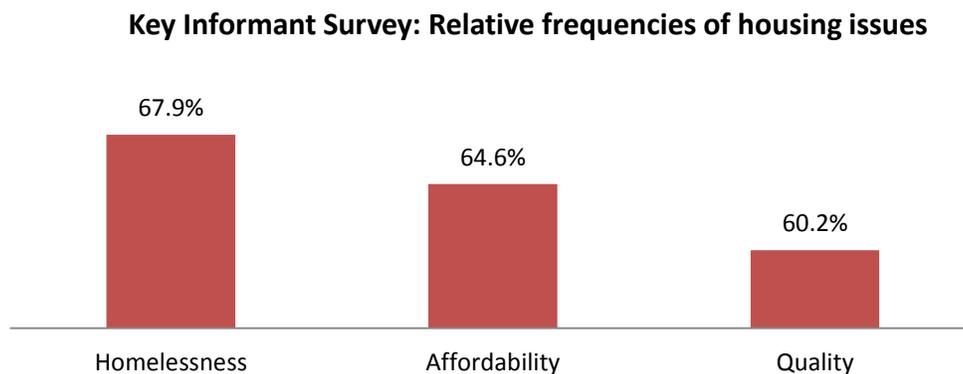


As mentioned under the employment and financial security section, one of the top financial needs of consumer respondents was assistance with rent or mortgage payments.

Key Informant Perspective- Housing

Key informants were asked to evaluate the significance of three issues related to housing, namely homelessness, quality of housing, and affordability of housing. In order of decreasing frequency, 67.9 percent, 64.6 percent and 60.2 percent of key informants cited homelessness, affordability of housing and quality of housing, respectively, as either a significant or very significant community issue.

Figure 33: Key informant perspective on housing



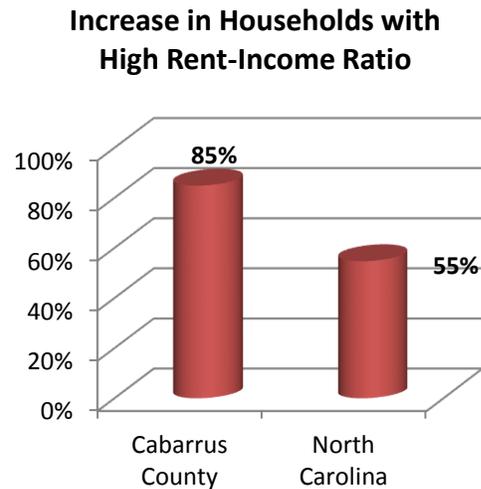
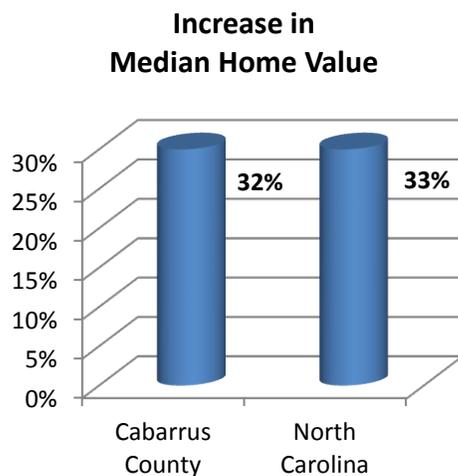
Secondary Data- Housing

- Secondary data on housing is presented on pages 51 and 52 of the community statistical indicators document. 67.6 percent of residential units in Cabarrus were owner occupied between 2005 and 2009 compared to 58.5 percent for North Carolina over the same period.

- Only 0.6 percent of housing units were considered substandard between 2005 and 2009 in Cabarrus compared to 0.8 percent in North Carolina.
- There was an 8% vacancy rate compared to 14 percent in North Carolina.
- Between 2005 and 2009 there was a 32% rise in median home value in Cabarrus County. This rise in home value was comparable to the 33% statewide rise over the same period. However, the number of households with a high rent-income ratio rose by 85 percent in Cabarrus County compared to a 55 percent statewide rise from 2005 to 2009. This indicates a significant increase in the proportion of households who struggle to afford their rent. In 2009, 40 percent of all renting households were paying more than 30 percent of their income towards rent.

Figure 34: Increase in median home value

Figure 35: Increase in households w/high rent-income ratio

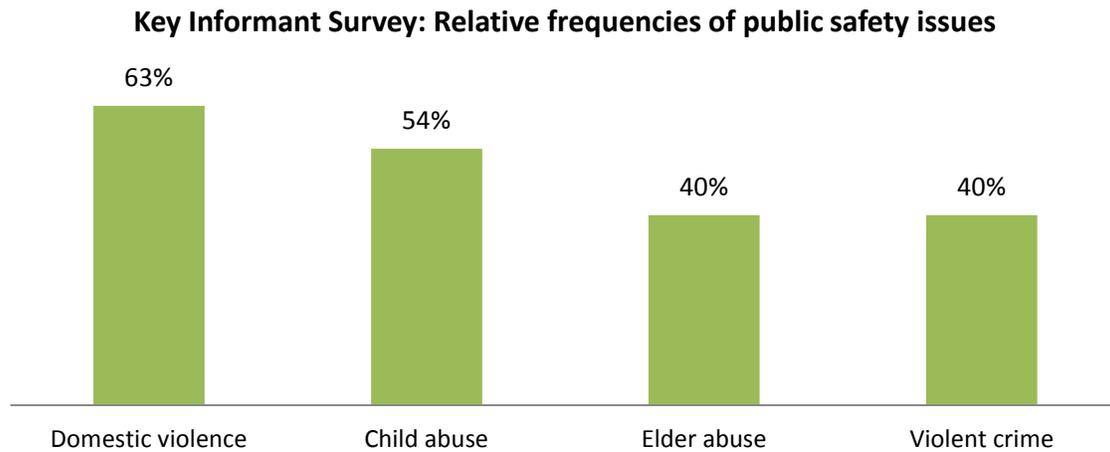


Public Safety

Consumer and Key Informant Perspective- Public Safety

Consumers were not specifically asked about issues pertaining to public safety. However, a few public safety-related issues were listed among the 49 key issues presented to key informants. Among these issues were violent crime, elder abuse, child abuse and domestic violence. Almost 2 in 3 (63 percent) key informants said domestic violence was either a significant or very significant community issue. Even though key informants generally thought Cabarrus County was a good place to grow old (84 percent) and raise children (95.8 percent), over half (54 percent) of key informants thought child abuse and 40 percent thought elder abuse was a community issue of major significance. Finally, 40 percent of key informants mentioned violent crime such as rape, murder and assault as a significant or very significant issue in Cabarrus County.

Figure 36: Key informant perspective on public safety



Secondary Data- Public Safety

Statistics on public safety are presented on pages 65 to 68 of the community statistical indicators document. A few notable indicators include:

- Steady drop in all crime rates since 2007 except arson, which increased significantly between 2009 and 2010.
- Steady drop in juvenile arrests from 2008 to 2010.
- Spike in adult arrests in 2009 compared to 2008; return to level lower than 2008 in 2010.
- Drop in juvenile DWI arrests since 2008.
- Slight increase in adult DWI arrests between 2008 and 2010.
- Increase in number of traffic accidents, injuries and fatalities in 2010 compared to 2009.

Inequality and Disparities

Consumer Perspective- Inequality and Disparities

Consumer Survey respondents were provided a list of seven common areas (see Appendix B, item 25) in which individuals may feel discriminated against, and were asked whether they or anyone in their household had experienced discrimination in those areas. Overall, 33.4 percent of respondents said they or someone in their household had experienced discrimination in at least one area. The top three areas of discrimination cited were access to credit such as loans and credit cards (19.2 percent), getting employment or promotions (16.1 percent) and access to health services (11 percent). The most frequently cited areas of discrimination are illustrated in Figure 37.

Figure 37: Top 3 areas of perceived discrimination by consumer respondents

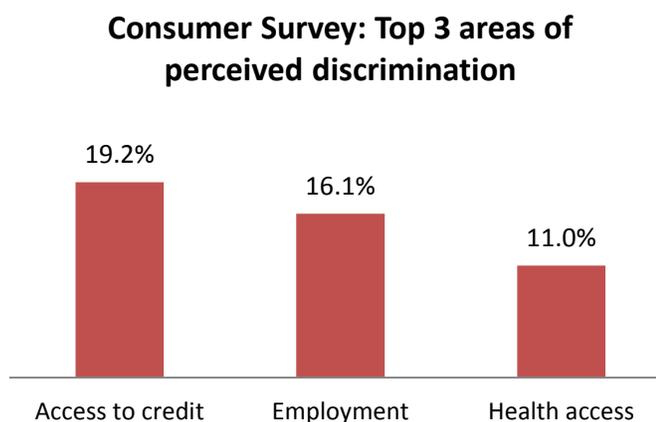


Table 7: Disparities in perception of discrimination

Characteristic	Percent with any perceived discrimination	p-value*
Race		
White non-Hispanics	28.1	
Minority Races	42.3	<0.01**
Employment Status		
Employed	30.6	
Unemployed	39.8	<0.01**
Income		
Above federal poverty line	25.1	
Below federal poverty line	50.6	<0.01**
Insurance coverage		
Insured	29.6	
Uninsured	50.7	<0.01**
Gender		
Females	33.5	
Males	34.0	0.87
Age		
18 to 65 years	35.5	
Over 65 years	10.6	<0.01**

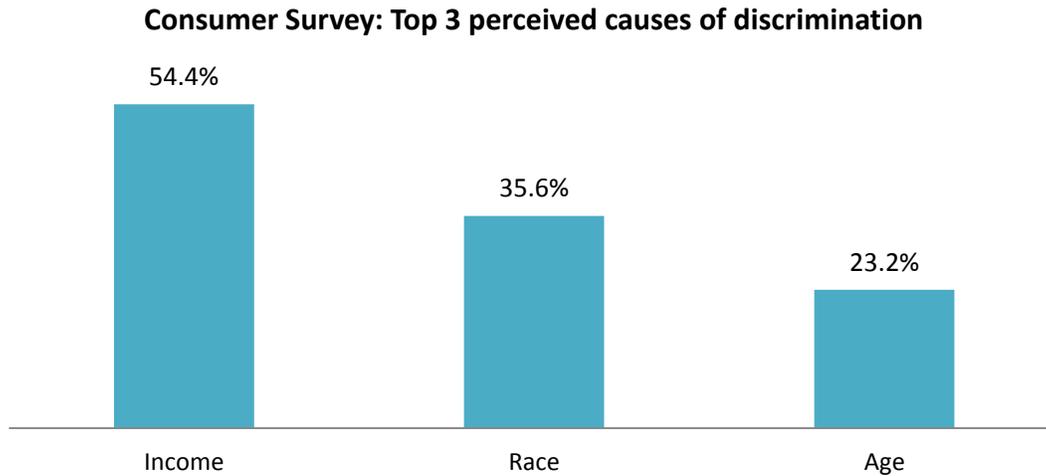
*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

The response profile of consumers with respect to perceived discrimination was further analyzed by employment status, income, race, health insurance coverage, gender and age as illustrated in Table 7.

Racial minorities, the unemployed, those below the poverty line, the uninsured and those aged 18 to 65 years were all significantly more likely to report perceived discrimination. Furthermore, consumers were asked to provide potential causes for the discrimination described. The top cited cause was income level (54.4 percent), followed by race (35.6 percent) and age (23.2 percent).

Figure 38: Top 3 causes of discrimination according to consumer respondents



Beyond the specific items on inequality and disparities that were included in the consumer household survey, all results pertaining to the previously discussed major themes (health care, employment and financial security, community services, education, transportation, child care, housing and public safety) were analyzed to assess whether there were any disparities in responses. Disparities and inequalities in the major themes were assessed under the following headings:

- Race: White non-Hispanics vs. minority races (Blacks, Asian, Pacific Islanders etc.)
- Medical insurance coverage: Insured vs. uninsured
- Employment status: Employed vs. unemployed
- Income: Above the federal poverty line vs. below the federal poverty line
- Age: Elderly (above 65 years) vs. young (18 to 65 years)
- Gender: Male vs. females

Disparities in Health Care

Table 8 presents disparities with respect to medical insurance coverage status. Racial minorities, the unemployed and those below the poverty line were significantly more likely to be uninsured.

Table 8: Disparities in health insurance coverage

Characteristic	Percent Uninsured	p-value*
Race		
White non-Hispanics	14.8	
Minority Races	22.9	<0.01**
Employment Status		
Employed	11.8	
Unemployed	31.9	<0.01**
Income		
Above federal poverty line	9.9	
Below federal poverty line	40.7	<0.01**
Gender		
Females	18.5	
Males	17.5	0.71
Age		
18 to 65 years	19.7	
Over 65 years	1.6	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Table 9 illustrates disparities in disease morbidity among consumer respondents based on the item: “Has a doctor or nurse ever told you or anyone in your household that they have one of these illnesses or conditions” (see Appendix B). Racial minorities, the unemployed, females and the elderly were significantly more likely to have been diagnosed with an illness.

Table 9: Disparities in disease morbidity

Characteristic	Percent with current or previous diagnosis of any of the listed conditions	p-value*
Race		
White non-Hispanics	70.5	
Minority Races	78.0	0.01**
Employment Status		
Employed	69.7	
Unemployed	78.2	<0.01**
Income		
Above federal poverty line	71.9	
Below federal poverty line	72.7	0.78
Gender		
Females	74.2	
Males	65.2	<0.01**
Age		
18 to 65 years	71.0	
Over 65 years	82.0	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Disparities in Employment and Financial Security

Table 10 illustrates disparities in financial needs based on the item: “Please select the needs below that you needed help with in the past year, but that need was not met” (Appendix B). Racial minorities, the unemployed and those below the poverty line were significantly more likely to have an unmet financial need.

Table 10: Disparities in financial needs

Characteristic	Percent with any unmet financial needs	p-value*
Race		
White non-Hispanics	29.2	
Minority Races	48.9	<0.01**
Employment Status		
Employed	26.7	
Unemployed	56.7	<0.01**
Income		
Above federal poverty line	24.7	
Below federal poverty line	64.4	<0.01**
Gender		
Females	36.5	
Males	39.0	0.43
Age		
18 to 65 years	36.7	
Over 65 years	34.9	0.69

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Table 11 illustrates disparities in unemployment. Racial minorities, those below the poverty line and the elderly were significantly more likely to be unemployed.

Table 11: Disparities in unemployment

Characteristic	Percent unemployed	p-value*
Race		
White non-Hispanics	25.6	
Minority Races	48.5	<0.01**
Income		
Above federal poverty line	21.4	
Below federal poverty line	61.8	<0.01**
Gender		
Females	31.5	
Males	39.5	0.01**
Age		
18 to 65 years	30.1	
Over 65 years	77.9	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Disparities in Community Services

Table 12 illustrates disparities in community service needs based on the item: “Please select the needs below that you needed help with in the past year, but that need was not met” (Appendix B). The unemployed and those below the poverty line were significantly more likely to have an unmet community service need.

Table 12: Disparities in community service needs

Characteristic	Percent with any unmet community service needs	p-value*
Race		
White non-Hispanics	15.5	
Minority Races	18.2	0.27
Employment Status		
Employed	14.2	
Unemployed	21.9	<0.01**
Income		
Above federal poverty line	13.7	
Below federal poverty line	22.8	<0.01**
Gender		
Females	16.4	
Males	17.8	0.58
Age		
18 to 65 years	17.0	
Over 65 years	16.8	0.96

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Table 13 illustrates disparities in counseling service needs based on the item: “Sometimes it helps to talk about feelings and problems with someone who is not a family member or friend. Please select those things that someone in your household would like to talk with somebody about, but that need has not been met” (Appendix B). Racial minorities, those below the poverty line and females were significantly more likely to have unmet counseling service needs.

Table 13: Disparities in counseling service needs

Characteristic	Percent with any unmet counseling service needs	p-value*
Race		
White non-Hispanics	31.9	
Minority Races	42.3	<0.01**
Employment Status		
Employed	36.2	
Unemployed	38.2	0.51
Income		
Above federal poverty line	29.2	
Below federal poverty line	50.6	<0.01**
Gender		
Females	37.7	
Males	31.1	0.04**
Age		
18 to 65 years	38.4	
Over 65 years	14.2	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Disparities in Education

Table 14 illustrates disparities in educational needs based on the item: “Please select any of the educational needs below that you or someone in your household needs but does not have” (Appendix B). Racial minorities, the unemployed and those below the poverty line were significantly more likely to have unmet educational needs.

Table 14: Disparities in educational needs

Characteristic	Percent with any unmet educational needs	p-value*
Race		
White non-Hispanics	28.1	
Minority Races	43.1	<0.01**
Employment Status		
Employed	29.7	
Unemployed	44.9	<0.01**
Income		
Above federal poverty line	26.8	
Below federal poverty line	52.3	<0.01**
Gender		
Females	34.5	
Males	34.6	0.98
Age		
18 to 65 years	34.7	
Over 65 years	26.0	0.04**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Disparities in Transportation

Table 15 illustrates disparities in transportation needs based on the item: “Please select any of the activities below that you or anyone in your household has had a difficult time doing because transportation is not available” (Appendix B). Racial minorities, the unemployed, those below the poverty line and the elderly were significantly more likely to have unmet transportation needs.

Table 15: Disparities in transportation needs

Characteristic	Percent with any unmet transportation need	p-value*
Race		
White non-Hispanics	14.9	
Minority Races	33.0	<0.01**
Employment Status		
Employed	13.3	
Unemployed	38.8	<0.01**
Income		
Above federal poverty line	13.1	
Below federal poverty line	42.8	<0.01**
Gender		
Females	20.3	
Males	27.8	0.01**
Age		
18 to 65 years	21.9	
Over 65 years	24.8	0.44

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Table 16 illustrates disparities in vehicle ownership based on the item: “Is there a vehicle available for use by adults in your household?” (Appendix B). Racial minorities, the unemployed, those below the poverty line and the elderly were significantly more likely to come from a household where there was no vehicle available for adult use.

Table 16: Disparities in vehicle ownership

Characteristic	Percent without a vehicle for adult use in household	p-value*
Race		
White non-Hispanics	7.3	
Minority Races	18.6	<0.01**
Employment Status		
Employed	3.8	
Unemployed	23.9	<0.01**
Income		
Above federal poverty line	5.8	
Below federal poverty line	24.8	<0.01**
Gender		
Females	10.5	
Males	13.3	0.18
Age		
18 to 65 years	10.2	
Over 65 years	21.9	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Disparities in Child Care

Table 17 illustrates disparities in child care needs based on the item: “Check any of the child care services below that you need but do not have” (Appendix B). Racial minorities, those below the poverty line and females were significantly more likely to have unmet child care needs.

Table 17: Disparities in child care needs

Characteristic	Percent with any unmet child care need	p-value*
Race		
White non-Hispanics	13.3	
Minority Races	23.1	<0.01**
Employment Status		
Employed	17.1	
Unemployed	20.2	0.16
Income		
Above federal poverty line	12.2	
Below federal poverty line	29.8	<0.01**
Gender		
Females	20.1	
Males	10.7	<0.01**
Age		
18 to 65 years	18.7	
Over 65 years	0.0	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Disparities in Housing

Table 18 illustrates disparities in home ownership. Racial minorities, the unemployed, those below the poverty line and females were significantly less likely to own the home in which they lived.

Table 18: Disparities in home ownership

Characteristic	Percent of home ownership	p-value*
Race		
White non-Hispanics	75.2	
Minority Races	44.0	<0.01**
Employment Status		
Employed	73.6	
Unemployed	41.2	<0.01**
Income		
Above federal poverty line	77.0	
Below federal poverty line	22.7	<0.01**
Gender		
Females	61.5	
Males	70.2	0.01**
Age		
18 to 65 years	62.5	
Over 65 years	75.6	<0.01**

*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Table 19 shows disparities in households based on the item “Are there any additional people living with you that need their own place to live and can’t afford it?” (Appendix B)

Table 19: Disparities with respect to households with adult dependents

Characteristic	Percent of households with adult dependents who cannot afford a home of their own	p-value*
Race		
White non-Hispanics	12.9	
Minority Races	19.5	<0.01
Employment Status		
Employed	15.1	
Unemployed	16.4	0.55
Income		
Above federal poverty line	11.9	
Below federal poverty line	20.8	<0.01
Gender		
Females	16.0	
Males	10.5	0.02
Age		
18 to 65 years	15.1	
Over 65 years	11.3	0.23

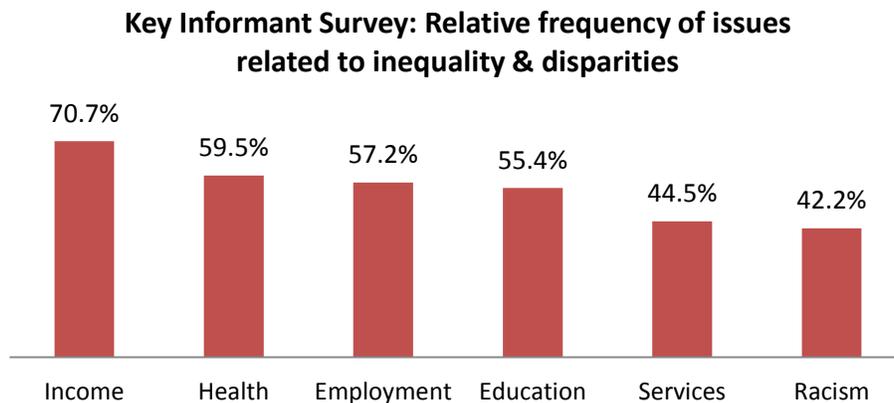
*p-value from a chi-squared test

**Statistically significant p-value based on an alpha of 0.05

Key Informant Perspective- Inequality and Disparities

The list of 49 key issues provided to key informants (Appendix C, item 2) contained several elements that relate to inequality and disparities. In order of decreasing frequency of responses, key informants cited the following issues as either significant or very significant community issues: low income and poverty (70.7 percent), health disparities (59.5 percent), employment disparities (57.2 percent), disparities in education (55.4 percent), lack of culturally appropriate services for minorities (44.5 percent) and racism (42.2 percent). The distribution of the responses are illustrated in Figure 39.

Figure 39: Key informant perspective on inequality and disparities



Secondary data- Inequality and Disparities

Secondary data reported under each major theme was assessed by categories of race, gender, age, and income level in order to evaluate inequalities and disparities. However, due to reduced sample sizes, no definitive conclusions could be made. For more details on disparities and inequalities in secondary data, please refer to specific secondary data points referenced under the sections addressing each major theme.

Putting it All Together

Key issues after cross analysis of primary and secondary data

This section provides a summary of the key themes discussed in the section above. Specifically, a general view of each theme discussed in the previous section was analyzed by integrating all sources of data available for this assessment (Consumer Survey, Key Informant Survey, and secondary data). The top issues that emerged from this integrated analysis are highlighted.

Health Care

Even though key informants overwhelmingly agreed that Cabarrus County had a good health care system, various aspects of health care were highlighted both in the primary and secondary data as being major issues of importance within the community.

Cost of medical services and medical care insurance

All consumer respondents had forgone at least one health-related service in the past year. Even though key informants were not specifically asked to assess the importance of health care costs as a community

issue, they ranked the lack of medical care insurance as the seventh most significant community issue. 18.1 percent of consumer respondents and 5.5 percent of children below the age of 18 years who lived in their households were uninsured. While the proportion of uninsured in our consumer sample is seemingly lower than the county average, minorities, the unemployed and the very poor all have uninsured rates above the county average. Secondary data indicates that 21.9 percent of adults and 11.4 percent of children in Cabarrus County are uninsured. Across data sources, medical insurance coverage and health care costs in general emerged as major issues in Cabarrus County.

Mental Health and Substance Abuse

Consumer respondents highlighted access to services related to mental health and substance abuse such as counseling services, alcohol and drug abuse services, and anger management services as major issues of importance within the community. Secondary data shows that there are fewer mental health professionals (such as psychologists and psychological associates) per unit population in Cabarrus County compared to the State of North Carolina. Mental health therefore presents as one of the key issues of importance within Cabarrus County.

Key informants ranked lack of mental health insurance and access to mental health services among the top 15 most pressing community issues.

Dental Health

In addition to the issues regarding cost of health care and medical insurance, several aspects related to dental health were highlighted in the Consumer and Key Informant Surveys and supported by secondary data. First, preventive dental treatment and payment for prescribed dental treatment were the most frequently cited services that consumer respondents or members of their household had forgone in the past year due to cost. Second, over half of key informant respondents said lack of dental insurance or access to dental care services were either significant or very significant community issues. In addition, according to the 2008 BRFSS survey, about 28 percent of adults in Cabarrus had not been to the dentist in over a year. There are fewer dentists per unit population in Cabarrus compared to the State of North Carolina and 11 percent of kids in kindergarten and 5th grade have untreated tooth decay.

Health Behavior and Wellness

According to the Consumer Survey results, obesity was the 4th most common condition (36.5 percent of respondents) among respondents or members of their household. Yet, 80.5 percent of consumers said

Secondary data confirms that obesity is a major issue in Cabarrus County with about 66.5 percent of residents either overweight or obese.

they took measures such as exercise, avoiding tobacco and eating healthy in order to preserve their health. In the Key Informant Survey, four issues related to health and wellness, namely lack of exercise, poor eating habits, adult obesity and childhood obesity, ranked among the top ten most pressing community issues. Furthermore, a majority of key informants said healthy food availability or tobacco use were either significant or very significant community issues.

Environmental Health

Even though consumers were not specifically asked about environmental issues, key informants identified as important the threat of environmental issues such as pollution, animal control, disaster preparedness and bioterrorism. The 2012 Cabarrus County Environmental Health Assessment document provides comprehensive insight into environmental health issues. Cabarrus County has several measures in place that aim to address environmental health issues. A few of these measures include:

- A “No idling” campaign in schools and a “No Idling” and “Fuel filling” policy for service vehicles; both aimed at improving air quality.
- The use of hybrid vehicles in county fleets; an electric lawn mower at county grounds.
- Tobacco bans on local government premises, schools and restaurants/bars.
- Rain storage tanks at the Governmental center, the Concord Senior Center and Grounds Maintenance.
- County building sinks retrofitted with low flow nozzles.
- Xeriscape projects completed at the Concord Senior Center, Rowan Cabarrus Community College and Frank Liske Park.
- Environmentally Preferable Purchasing Policy with the goal of maximizing use of renewable or recycled source materials and those materials which have optimal life cycles.
- A Green Cleaning Program which includes the use of Green Seal certified products and provides training to Cabarrus County custodians on proper cleaning techniques and proper amounts of cleaners to use.
- Use of paper products made from recycled content as well as paints and adhesives that have low VOC content.
- Use of recycled carpeting in county facilities.

With the growing population of Cabarrus County, measures to preserve the environment will only grow in importance.

Employment and Financial Security

Unemployment, underemployment and income stagnation stand out as major issues after analysis of the consumer data. Nearly 18 percent of Consumer Survey respondents said they were unemployed (32.4 percent when also considering members of their household), another 21 percent were employed but unhappy with their current positions, and 70 percent said their income had either declined or stayed the same over the past two years. Most consumers cited the lack of jobs and inadequate job training programs as the primary reasons of unemployment. Key informants also highlighted lack of economic opportunity as a community issue of major importance. Over 80 percent of key informants said there

An estimated 2930 employees have lost their jobs due to business closures between 2008 and 2011.

was insufficient economic opportunity in Cabarrus and employment/underemployment was ranked as the third most pressing community issue. Secondary data shows that the overall unemployment rate in Cabarrus remains at about 10 percent. Across all data sources, unemployment clearly stands out as a major community issue.

Community Services

The community services highlighted by the Consumer and Key Informant Surveys include

- Counseling services (individual, family, financial, mental health disorders)
- Elder care services
- Services for the physically or developmentally disabled

With the exception of elder care services, where 54.4 percent of key informants said it was either a significant or very significant community issue, the absolute proportion of respondents who cited the other services were generally less than fifty percent and in many cases even less than 10 percent. The availability of numerous community services in Cabarrus County, as illustrated in the 2012 Health Resource Inventory, suggests that rather than an absolute shortage of community services, the problem

may be a lack of knowledge of available services among Cabarrus residents and/or need for additional marketing/publicity of the services.

Education

Thirty percent of consumers had at least one unmet educational need. The most frequently cited educational needs by consumers were those related to job training (computer training, vocational training and job-seeking skills training). Key informants expressed major concern with the issues of illiteracy and school drop-out, ranking them 1st and 6th respectively on the list of most pressing community issues (out of 49). Secondary data paints a slightly more optimistic picture of education in Cabarrus County compared to the State of North Carolina. For example, adult literacy rates, number of students per internet-connected computer, 9th grade graduation rates, teacher turnover rates and educational attainment of residents 25 years or older are all either better in Cabarrus County or comparable to statewide rates. However, dropout rates among are still higher in Cabarrus County compared to the State of North Carolina.

The population of students is rapidly growing at a much faster rate than the State, and there is an increasing population of children in poverty and students who are eligible for free and reduced priced lunches.

Transportation

Even though the absolute percentages of both consumer and key informant respondents who cited aspects of transportation as major community issues tend to be lower when compared to other issues, it is worth noting that lack of transportation, especially for the most vulnerable groups (unemployed, people in poverty, and racial minorities), seemed to aggravate other previously mentioned major issues. For example, 20 percent of those who said they needed a job said lack of transportation was a major limitation to them seeking employment. Results from a recent survey performed by CK Rider support this need. The survey found that during fare-free weeks, ridership increased by 80-100 percent. 94 percent earn less \$40,000 a year, of which 75 percent earn less than \$20,000 a year. They survey also found that 47 percent have no car and 39 percent stated CK Rider is their only means of transportation. As discussed under inequalities and disparities, those who were below the poverty line (unemployed and racial minorities) were more likely to live in a household without a vehicle and to have an unmet transportation need. It seems logical that improving transportation will have a ripple effect in improving other major community issues.

Child Care

There was overall agreement that there is good quality child care in Cabarrus and that Cabarrus is a good place to raise children. Besides lack of health insurance and childhood obesity that have been addressed in previous sections, cost of childcare and child poverty rates stood out as other major issues facing children. Even though the 2010 childhood poverty rate in Cabarrus County is considerably less than the North Carolina average, the 2010 rate is double that of a decade ago. If this trend continues, the childhood poverty rate in Cabarrus County will eclipse that of North Carolina within a few years.

Secondary data shows a 15 to 30 percent rise in childcare costs over the past few years and consumers cited cost of child care as the top childcare need.

Housing

About 15 percent of consumer respondents said they had adults living within their household because those adults could not afford to rent or buy a home of their own. Over 60 percent of key informants said homelessness, affordable housing and quality of housing were either significant or very significant community issues. Cabarrus has better ownership rates, better vacancy numbers and better substandard housing numbers than statewide averages. However, between 2005 and 2009 there was an 85 percent increase in the number of households with high rent-to-income ratio. The latter statistic highlights the importance of housing affordability as a major issue in Cabarrus County. Fair market rent for a two bedroom rental unit has increased annually by 3.3 percent, and the community experienced a 14 percent increase between 2005 and 2009, to \$806 per month. In order to afford a two bedroom unit an individual would need to earn an hourly wage of \$15.50 per hour; in 2005 the average was \$13.60 per hour.

7,154 individuals, or 44 percent of renters, cannot afford the current rental rate.

Public Safety

A few issues related to public safety were included in the consumer and key informant surveys. However, none of these issues emerged as major community issues based upon percentages of respondents that cited them as pressing issues. In general, crime rates have been on the decline in Cabarrus County over the past three years based on secondary data (community statistical indicators document pages 65-68). However, it should be noted that there is an absence of current reliable gang data. Overall, available data on public safety suggests that Cabarrus is a generally safe place to live.

Inequalities and Disparities

Specific items regarding inequalities, disparities, and discrimination were included in both the Consumer and Key Informant Surveys. Consumers demonstrated some concern about access to credit, employment, and health care access as the primary areas in which they had felt some kind of discrimination. They stated income, race, and age as the primary basis of discrimination. Over half of key informants identified disparities in income, health care, employment, education and access to services as either significant or very significant community issues.

Inequalities and disparities permeate all of the major issues identified in this assessment. Racial minorities, the unemployed, those below the federal poverty line and females were almost always significantly more likely to have specific needs within all of the major areas discussed. Age greater than 65 years did not generally seem to be a major factor with respect to disparities. Table 20 gives a summary of the various areas where there were significant disparities in the major issues.

Table 20: Summary of inequalities and disparities

Issue	Disparities by				
	Race	Employment Status	Income	Gender	Age
Health Insurance	Yes	Yes	Yes	No	No
Disease morbidity	Yes	Yes	No	Yes	Yes
Employment	Yes	N/A	Yes	Yes	Yes
Community Services	No	Yes	Yes	No	No
Education	Yes	Yes	Yes	No	No
Transportation	Yes	Yes	Yes	No	No
Childcare	Yes	No	Yes	Yes	No
Housing	Yes	No	Yes	Yes	No

Emerging Issues

This section discusses issues that key informants highlighted as being emerging issues in the community. As illustrated in Appendix C, key informants were given the opportunity to comment on what they considered to be emerging issues in the community. The issues highlighted in these comments were grouped under the following headings:

- Insufficient economic opportunity
- Inequalities, disparities and discrimination
- Housing
- Availability of elder care programs and services
- Health care access and affordability
- Education

All of these issues are covered in detail under the “putting it all together” section of this report. The above listed issues could therefore not only be considered current but also emerging as highlighted in this section. This underscores the relative importance key informants placed on these issues.

Progress Since 2008 Community Needs Assessment

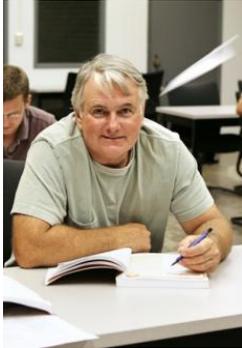
This section describes progress made between 2008 and 2012 based on the key issues identified in the 2008 Community Needs Assessment. The 2008 report identified the following as the major community issues in Cabarrus County:

- Workforce development and jobs creation
- Education across the spectrum
- Mental health services – accessibility and affordability
- Housing – safe and sustainable
- Healthy living – weight, nutrition and environmental supports
- Healthcare affordability – including screening and prevention

Key informants were asked three sets of questions related to progress on issues identified in the 2008 Needs Assessment (see Appendix C). Below is a summary of the key informants’ and Community Planning Council members’ assessment of progress.

Workforce development and jobs creation

Twenty-seven percent of key informants said the issue of workforce development and jobs creation had either been partially or fully addressed since 2008. Thirty-three percent said they knew about concrete efforts that had been put in place, while 33.8 percent said the efforts that were put in place helped raise awareness or helped support the need for efforts aimed at addressing workforce development and jobs creation.



In addition, when given the opportunity to enumerate the various efforts that had been put in place to address workforce development and jobs creation, key informants cited local government efforts, efforts of the Chamber of Commerce, workforce development efforts, efforts by the Economic Development Commission and the opening of new businesses. Members of the Planning Council noted that the development of a biotech curriculum at Cabarrus College of Health Sciences was a sign of progress. However, they lamented the suspension of transportation services for Project Safe Cabarrus that helped repeat offenders seeking employment.

Education across the spectrum

Forty-five percent of key informants said the issue of education had either been partially or fully addressed since 2008. Thirty-three percent said they knew about concrete efforts that had been put in place, while 30.1 percent said the efforts that were put in place helped raise awareness or helped support the need for efforts aimed at addressing education. Key informants identified specific efforts that had been initiated since 2008:

- Collaboration between school systems, the Chamber of Commerce and local government
- Opening of several new schools
- Increased community involvement in schools
- Progress in K – 12 and community colleges
- Early college programs
- Focus on dropouts
 - Greater accountability and strong leadership from school management
 - The opening of a new research center
 - The STEM (Science, Technology, Engineering and Math) Academy, including financial and in-kind donations
 - Help Kids Succeed school tools drive benefitting Cabarrus and Rowan Communities in Schools

Mental health services – accessibility and affordability

Only 23.8 percent of key informants felt the issue of mental health services had either been partially or fully addressed since 2008. Nearly 24 percent said they knew about concrete efforts that had been put in place, while 24.7 percent said the efforts that were put in place helped raise awareness or helped support the need for efforts aimed at addressing mental health services.

Members of the Community Planning Council identified the following measures:

- Development of Crisis Work Plan Work Group charged with a plan to reduce ED wait times.
- Monthly Substance Abuse training
- Geriatric/Adult Mental Health Specialty Team

Key informants cited Piedmont Behavioral Health (PBH) efforts, increased funding, and walk-in clinics and crisis recovery centers for the indigent as positive efforts.

providing free educational programs to staff in local long-term care facilities.

- Crisis Intervention Team Training for law enforcement officers.
- Community Relations Lunch N Learns held quarterly to educate the community on various mental health topics.
- CMC-Northeast Emergency Department physicians and PBH leaders engaged in discussions related to evaluating the process to access mental healthcare.

Housing – safe and sustainable

Close to 37 percent of key informants said the issue of housing had either been partially or fully addressed since 2008. Thirty-one percent said they knew about concrete efforts that had been put in place, while 31 percent said the efforts that were put in place helped raise awareness or helped support the need for efforts aimed at addressing housing. In addition, when given the opportunity to enumerate the various efforts that had been put in place to address housing, key informants mainly cited work by non-profits such as Habitat for Humanity and the Cooperative Christian Ministry.

Members of the Community Planning Council identified the following:

- Twelve area churches participate in My Father’s House, which provides overnight accommodations.
- There are 18 beds available at Mothers & Children Housing Ministry that were previously not available in Cabarrus County.
- Habitat build by hospital employees
- PBH has served as the lead agency working with the State and Developers on three new Low Income Housing Tax Credit developments in Cabarrus County.
- PBH was awarded \$1,693,488 from Housing and Urban Development in Homeless Assistance funding.
- Housing Forum in Cabarrus County held every year to share information regarding available housing programs and resources.



Healthy living – weight nutrition and environmental supports

Thirty-eight percent of key informants said the issue of healthy living had either been partially or fully addressed since 2008. 38.1 percent said they knew about concrete efforts that had been put in place, while 45.2 percent said the efforts that were put in place helped raise awareness or helped support the need for efforts aimed at addressing healthy living. In addition, when given the opportunity to enumerate the various efforts that had been put in place to address healthy living, key informants identified the following:

- Initiation of the Food Policy Council
- Emphasis on wellness in schools
- Increased publicity of farmers’ markets
- Development and expansion of parks and greenway systems
- Advocacy and policy changes
- Grants for wellness and educational programs
- Initiation of the Childhood Obesity Prevention Partnership (COPP)

Members of the Community Planning Council identified the following measures:

- Area churches offering programs to address weight and nutrition.
- Registered Nurse in place at West Cabarrus YMCA

- Financial support for youth supports
- Collaboration and programming related to childhood obesity
- Community education related to healthy living.
- Complete Streets Project (ACHIEVE)
- Funding provided by CMC-Northeast for school nurse for new school opening in 2011

Healthcare affordability – including screening and prevention

About 36 percent of key informants said the issue of healthcare affordability had either been partially or fully addressed since 2008. Twenty-eight percent said they knew about concrete efforts that had been put in place, while 35.1 percent said the efforts that were put in place helped raise awareness or helped support the need for efforts aimed at addressing healthcare affordability. In addition, when given the opportunity to enumerate the various efforts that had been put in place to address healthcare affordability, key informants identified the following efforts:

- Availability of a community care plan
- Increased focus on prevention and wellness
- Programs for the uninsured and underinsured
- Availability of the Community Free Clinic
- Breast health campaign by CMC-NorthEast

Members of the Community Planning Council identified the following measures:

- 4195 screenings provided by Faith Community Nurses in 2010.
- Increased access to care through a primary care home with clinic hours five days a week plus call coverage at the federally funded Cabarrus Community Health Center.
- A part-time Nurse Practitioner was added to the Community Free Clinic in 2009, hours expanding in 2011 in response to decline in doctor volunteers.
- Insulin diabetic patients transferred from Community Free Clinic to private primary care physicians due to CCP program ending. This resulted in increased care, reducing ER visits and hospitalizations.
- Cabarrus Community Resource Connections began in 2008 streamlining access to programs and services.

Finally, key informants were asked to identify the various ways in which they had used or observed the 2008 Community Needs Assessment being used. The results are presented in Table 21.

Table 21: Utilization of 2008 Community Needs Assessments

Area of use	Percent*
Program planning	26.8
Strategic planning	34.0
Grant writing	28.9
Advocacy initiatives	23.7
Public policy initiatives	16.5
Determination of fund allocations	13.4
Staff and/or board education	20.6
Other	5.2

**Proportion of key informants who said they had used or observed the 2008 needs assessment being used in given area*

While many efforts took place between 2008 and 2012 to address the priorities identified in the 2008 Community Needs Assessment, all of the major issues highlighted in 2008 still show up as top priorities in the 2012 report. It is understandable that with the severe economic downturn of late 2008, despite the many efforts listed above, most of the 2008 top priorities have either stayed the same or in some cases have worsened.

- Unemployment stands at 10 percent; lack of financial opportunity and income stagnation show up as major issues in the current assessment.
- Illiteracy, drop-out rates and quality of education are all highlighted as major issues this year.
- Both physical and financial access to mental health are highlighted as major issues in the current report.
- Housing affordability shows up as a major issue in 2012
- Obesity, poor eating habits, and lack of exercise are highlighted as major issues in 2012
- Health care cost is still a major issue in 2012

These findings underscore the fact that efforts towards addressing the issues highlighted in the current report will have to be redoubled if any meaningful progress is to be made over the next four years.

CHAPTER 5: PREVENTION AND HEALTH PROMOTION

In this chapter, a review of the primary and secondary data with respect to prevention and health promotion as well as a comparison of this data to that of the 2008 Community Needs Assessment report is provided.

Consumer Survey

The Consumer Survey included several items to assess the needs of Cabarrus County residents regarding prevention and health promotion. Nearly 80 percent of consumer respondents said they took measures such as exercising, eating healthy, not smoking and taking health supplements in order to prevent disease. Table 22 shows the percentage of consumer respondents who had forgone services related to prevention and health promotion due to cost based on the question: “Have there been times in the past year when anyone in your household did not get the following services because of cost?” (Appendix B)

Table 22: Prevention and health promotion services forgone by consumers due to cost

Have there been times in the past year when anyone in your household did not get the following services because of <u>COST</u>? (You may choose more than one)	N	%
Preventive dental services, such as checkups, getting teeth cleaned	390	51.7
Dental treatment for a problem	362	48.0
Preventive medical services such as eye exams and mammograms	226	29.9

Table 23 illustrates the percentage of consumer respondents who had difficulties obtaining some services related to prevention and health promotion based on the question: “Have there been times in the past year when for any reason a person or persons in your household had a problem getting any of the following health care services?” (Appendix B)

Table 23: Prevention and health promotion services with difficult access for consumers

Have there been times in the past year when for any reason a person or persons in your household had a problem getting any of the following health care services?	N	Percent
Vision services	1236	94.9
Primary care services	1158	88.9
Hearing services	1133	87.0
Help to stop smoking cigarettes	1126	86.4
Alcohol or drug abuse treatment services	1115	85.6
Shots or immunizations	1107	85.0

Table 24: Burden of illnesses and conditions that could be addressed by prevention and health promotion among consumer respondents

Condition	Percent
High blood pressure	57.8
Diabetes	40.3
Obesity	36.5
Dental disease	32.5
Cancer	23.7
Heart disease/heart attacks	23.6
Alcohol or drug use	8.9
Sexually transmitted diseases	6.3
HIV/AIDS	2.4

Furthermore, consumers were asked to choose, from a list of 21 illnesses and conditions, those conditions with which they or members of their household had been diagnosed. Table 24 illustrates the percentage of consumer respondents that selected a subset of the aforementioned 21 illnesses and conditions that could be addressed in part through prevention and health promotion.

Table 25: Percentage of consumer respondents that had difficulty accessing services for illnesses and conditions that could be addressed by prevention and health promotion

Condition	Percent*
Dental disease	11.5
High blood pressure	8.8
Diabetes	6.1
Obesity	5.2
Heart disease/heart attacks	2.6
Alcohol or drug use	2.3
Cancer	1.9
Sexually transmitted diseases	0.4
HIV/AIDS	0.2

Finally, Table 25 shows the percentage of consumer respondents that had difficulty accessing services for conditions that could be addressed by prevention and health promotion based on the question: “Have there been times in the past year when you or anyone in your household has had a problem accessing services for any of the following conditions?” (Appendix B)

Key Informant Survey

Several items on the Key Informant Survey were related to prevention and health promotion. In fact, many of these items were considered top community priorities by key informants. Table 26 summarizes the relative ranking of issues related to prevention and health promotion based on Key Informant Survey data.

Table 26: Key informant ranking of issues related to prevention and health promotion

Prevention & Health Promotion Item	Rank*	Percent of respondents who said item was a major issue**
Poor eating habits	4	71.2
Lack of exercise	5	75.0
Obesity in adults	9	73.2
Obesity in children	10	73.2
Tobacco use	14	60.2
Alcohol use	23	54.2
Availability of healthy food choices	37	55.3
Lack of recreational facilities	48	38.6

*Rank is the relative position of each issue (out of 49 listed issues) after adding the response code for all key informants. The coding for response options for each key issue were as follows: 1-Not significant, 2-Somewhat significant, 3-Neutral, 4-Significant, 5-Very significant

**Proportion based only on respondents who said issue was either significant or very significant

Table 27: Proportion of key informants that cited illnesses and conditions that could be addressed by prevention and health promotion as one of the top 5 most pressing health problems

Condition	Percent*
Obesity/overweight	63.9
Diabetes	45.4
Heart disease/Heart attacks	43.2
Cancer	38.1
Alcohol use	25.8
Tobacco use	19.6
Dental issues	13.4
Injuries	11.3
Sexually transmitted diseases	2.1
HIV/AIDS	1.0

In addition to assessing the relative importance of the prevention and health promotion, key informants were also asked to identify what they believed were the top five most pressing health problems in Cabarrus County. Table 27 shows the proportion of key informant respondents that cited health conditions that could be addressed by prevention and health promotion among their top five most pressing health problems.

*Proportion of key informant respondents that cited given health conditions among their top 5 most pressing health problems

Secondary Data and Community Resources

Secondary data regarding prevention and health promotion are presented on pages 30 to 36 and 45 of the 2012 Community Statistical Indicators document. In summary and according to the 2009 and 2010 Behavioral Risk Factor Surveillance System data,

- 32.4 percent of Cabarrus residents are either current or former smokers.
- 76 percent engage in physical activity or exercise.
- 66.5 percent of adults are either overweight or obese.
- 72 percent of women have had a mammogram at least once in their lifetime.
- 60 percent of males 40 years or older have had a prostate cancer screening.
- 5.4 percent and 9 percent of Cabarrus residents self-report being pre-diabetic and diabetic, respectively.
- 78.5 percent of Cabarrus residents consume less than five servings of fruits and vegetables daily.

Cabarrus County has several hospitals, county facilities, community health centers, private doctors' offices and clinics, health providers, dentists and health-related supportive services. All of these resources play a role in addressing issues related to prevention and health promotion. A complete listing of health resources in Cabarrus County can be found in the 2012 Health Resource Inventory document.

Evolution Since 2008

The 2008 Cabarrus Community Needs Assessment report highlighted the need for screening and prevention as one of the key issues in the community. Heart disease, cancer and cerebrovascular disease (stroke) were the top three causes of mortality in Cabarrus County at that time with rates for the aforementioned conditions higher than state averages. Only 22 percent of adults and 32 percent of children on Medicaid were receiving dental care in 2006. Dental decay for children in kindergarten was 15 percent. Besides screening and prevention, the 2008 report also highlighted healthy living (weight, nutrition and environmental supports) as a top priority for the community. Obesity was considered the most pressing health issue and the issue

Preventive dental services, dental treatment and preventive medical services were among the top four services that were forgone by consumers due to cost

requiring the most immediate attention by key informants. Poor eating habits and lack of exercise were also ranked among the top 10 most significant community issues. High blood pressure, diabetes, obesity, dental problems, heart disease/heart attacks and cancer were all among the top 10 conditions with which consumer respondents had been diagnosed.

Preventive dental services, dental treatment and preventive medical services are still among the top services that are forgone by consumers due to cost. The proportion of adults and children on Medicaid receiving dental care has improved compared to 2008 (31 percent now vs. 22 percent in 2008 for adults and 46 percent now vs. 32 percent in 2008 for children). The results of the 2012 Consumer and Key Informant Surveys are strikingly similar to those of 2008 with respect to most of the other issues related to prevention and health promotion. Obesity is still considered the most pressing health issue and the issue requiring the most immediate attention by key informants. Poor eating habits and lack of exercise are ranked higher among the top 10 most significant community issues than they were in 2008. High blood pressure, diabetes, obesity, dental problems, heart disease/heart attacks and cancer all continue to be among the top 10 conditions with which consumer respondents had been diagnosed.

While cerebrovascular disease (stroke) has fallen to the fourth leading cause of death in Cabarrus, cancer has moved ahead of heart disease and is now the leading cause of death among residents of Cabarrus.

Conclusion

Consumers and key informants identified several issues related to prevention and health promotion as major priorities within the community. These issues include:

- Childhood and adult obesity
- Lack of exercise
- Poor eating habits
- Dental health
- Burden of chronic disease conditions such as diabetes, cancer and cardiovascular disease
- Tobacco use
- Alcohol use
- Insufficient recreational facilities

While there has been some improvement regarding dental care access compared to 2008, most of the issues related to prevention and health promotion (obesity, lack of exercise, poor eating habits and the chronic disease burden) remain unchanged or have worsened. In addition, with the steady aging of the population, chronic disease conditions such as diabetes, cardiovascular disease and cancer will become more of a problem in the coming years. Efforts toward prevention and health promotion will therefore need to be given priority if Cabarrus is to meet the severe challenges posed by these chronic disease conditions.

CHAPTER 6: COMMUNITY PRIORITIES

Planning Council Retreat Background and Summary

Once primary and secondary data is captured and analyzed over the course of the year, it is the role of the Community Planning Council to review, discuss, and debate the information in order to identify a limited number of priorities it will pursue over the coming four years. These priorities were identified through a Planning Council retreat held in April 2012.

The Planning Council met at the Cabarrus County Social Services office on April 26, 2012 (See Appendix F for the Retreat Agenda). Ed Hosack, Chair of Healthy Cabarrus, welcomed Planning Council members and set expectations for the day. He advised members to identify community priorities based on information and presentations provided over the past year as well as expertise of needs within members' own industry sectors. Barbara Sheppard, Acting Executive Director of Healthy Cabarrus, then oriented planning members to the facilities and introduced Kirstin Frescoln, facilitator, and Dr. Sammy Tchwenko, health researcher.

The goal of the retreat was to emerge with three to six community needs priorities the group would address for 2012-2016. To achieve this goal, Dr. Tchwenko shared data results from the Key Informant and Consumer Household Surveys and planning council members generated the top three priorities within each of the industries represented. Once the priorities were identified and a problem statement was completed for each, members transitioned to a new group where they educated planning council members from different disciplines about their industry-specific discussion and decisions. After this cross-discipline educational process, each council member had an opportunity to vote for their top five priorities and the group then discussed the results. Finally, members narrowed the priorities down to the final six for 2012-2016.

The goal of the retreat was to emerge with three to six community priorities for 2012-2016.

Review Data Results and Implications

Dr. Sammy Tchwenko, MD MPH, presented a PowerPoint explaining the results of the Key Informant and Consumer Household Surveys within the context of the secondary health data which had been presented to council members throughout the year. A key informant was defined as an industry professional with unique knowledge and insight of their particular sector. These included primary medical care providers, educators and school officials, mental health and substance abuse treatment providers, government officials, members of the faith community, and other economic and business professionals. Survey data was collected through Survey Monkey, an online survey tool. Paper copies of the Consumer Surveys were primarily distributed to individuals seeking services in one of several public provider locations (social services, health department, etc.). This provided a fairly representative sample of the opinions and needs of public service consumers, but was perhaps not as broad ranging as it might have been due to fewer opinions from non-public service seeking citizens.

There was concurrence between many of the top issues identified in the Key Informant Survey, Consumer Survey, and secondary health data. These included obesity, diabetes, heart disease/high blood pressure, and mental health issues. Key informants also identified substance abuse as a major

concern, while consumers identified asthma. Analysis of the secondary data supported these conclusions.

Dr. Tchwenko identified the following major themes within the primary and secondary data:

- Health Care
 - ✓ Medical Care Access including: cost, health insurance coverage, and availability of services
 - ✓ Mental Health and Substance Abuse
 - ✓ Dental Health
 - ✓ Health Behavior and Wellness
 - ✓ Environmental Health
- Employment and Financial Security
- Community Services
- Education
- Transportation
- Child Care
- Housing
- Inequalities and Disparities

Dr. Tchwenko provided details from the surveys and secondary data related to each of the major themes and facilitated a conversation with planning council members about the implications of these findings. He also prepared a handout of the key data related to each of the industry-specific sectors represented in the planning group (see Appendix E). This targeted data report was intended to support decision-making as each of the industry groups determined their top three priorities.

Finally, Dr. Tchwenko noted how the data collected during 2011 and 2012 was reflected in the following six health priorities selected in 2008:

- Workforce Development and Jobs Creation
- Education Across the Spectrum
- Mental Health Services (accessibility and affordability)
- Housing (safe and sustainable)
- Healthy Living (weight, nutrition, and environmental supports)
- Healthcare Affordability (including screening and prevention)

Industry-Specific Identification of Critical Health Issues

Planning Council members were divided into four major “industry” sectors to develop Cabarrus County’s priorities. The identified industries were social services, community at large, healthcare services, and education services. (See Appendix G for the Community Planning Council Sector Breakdown, a list of Council members and the industry group to which they were assigned.) Each industry group was seated at a round table with a staff member who served as the table facilitator. This resulted in six groups (two social service tables, two community at large tables, one healthcare services table and one education services table).

The goal of the industry-specific group was to come to consensus on the top three critical needs impacting their particular industry sector. Each group was provided with several copies of the industry-specific data report prepared by Dr. Tchwenko, several blank Problem Statement Worksheets and an

example of a completed set of worksheets (see Appendix H for copies of these materials). The groups brainstormed a set of issues, from which they selected the top three issues impeding positive outcomes within their sector. For each of these three issues, a full Problem Importance Worksheet was completed. The Problem Importance Worksheet named the identified issue, provided a synopsis of the key data related to this issue, determined its relative importance (magnitude, consequence, and feasibility), and included a descriptive and compelling Problem Statement.

Before beginning their work, Ms. Frescoln provided an overview of the process and defined the following key concepts to be used within the groups:

Consensus – Each group must make their decisions about the health issues by consensus. Making a decision by consensus means that everyone in the group has had an opportunity to share their opinion and ask questions of the group members. A decision made by consensus means that even if everyone does not fully agree with the decision made, everyone could live with the decision.



Problem Statement – The Problem Importance Statement is a succinct and compelling statement describing why this issue is of critical importance to Cabarrus County. Participants were encouraged to consider this as a kind of “elevator speech.”

Once the group identified their top three priorities, they determined the relative magnitude, consequence and feasibility of the identified issue on a scale of 1 (least important or feasible) to 10 (most important or feasible). The three scores were then added, resulting in an overall score for the identified problem.

Magnitude – How many persons does the problem affect, either actually or potentially?

Consequences – What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?

Feasibility – Is the problem amenable to interventions (scientifically feasible, politically and socially acceptable)? What technology, knowledge, or resources are necessary to affect change? Is the problem preventable?

The six industry-specific groups identified the following issues:

- Unemployment/Underemployment
- Education/Workforce Education
- General Health Issues – Obesity and Diabetes of Children and Adults
- Depression/Anxiety
- Economic Opportunity
- Financial Access to Healthcare
- Transportation
- Mental Health (two groups stated this as their identified health issue)
- Access to Healthcare – Financial Barriers and Service Provider Capacity
- Overall Wellness/Obesity
- Obesity/Inactivity
- Illiteracy and Dropout – Pre-K to Grade 12

- Racial Disparities
- Marketing/Knowledge of Services
- Obesity – Adult and Child (two groups stated this as their identified health issue)
- Financial Access/Awareness of Resources

Cross-Discipline Education and Discussion

For the cross-discipline education and discussion, Council members were randomly assigned to another table and charged with sharing why their industry group selected their three issues. Each person had an opportunity to share the issue selected, the key data informing that decision, the problem statement associated with the issue, and some of the rationale for the assigned problem importance score. Others at the table were encouraged to ask clarifying questions.

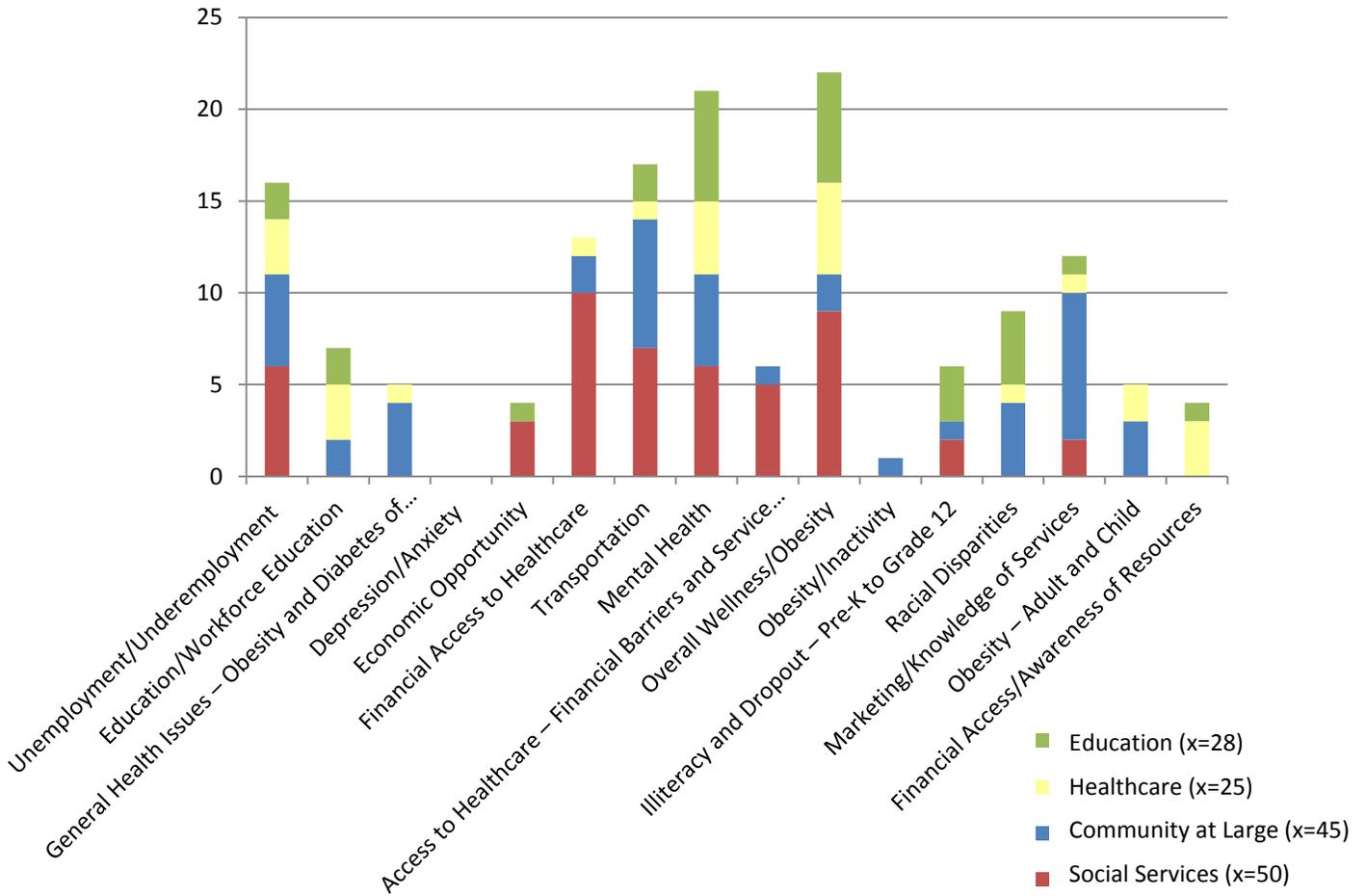
Full Group Discussion

During a full group discussion, Council members discussed the challenge of selecting only three issues, of maintaining a focus on the issues that imperiled their industry, and of finding the critical data needed to “make the case” for their selections in a short amount of time. Members also commented on the fact that many of the tables generated similar priority statements. For instance, five out of the six tables generated a problem statement on obesity, four out of six identified “access to care” as a critical concern, three out of six wrote a statement on education and/or mental health care and two out of the six identified “jobs” as a major issue impacting health outcomes.

Voting

Each person received five stickers to vote for their top issues. Each industry was provided with a particular color sticker, as illustrated in figure 40 and 41 on the next page. Individuals were instructed to use their votes in any way they liked. For instance, they could vote for five different priorities or use all five votes on one priority. Similar issues were not combined prior to voting to ensure that participants could vote for the particular issue they found most compelling. For instance, multiple groups selected obesity as a key issue but described it in four different ways (eg. Overall Wellness/Obesity; General Health Issues – Obesity and Diabetes of Children and Adults; Obesity/Inactivity; Obesity – Adult and Child). These four categories were not combined into one (eg. Obesity) until after the first vote.

Figure 40: Results of Industry-specific voting on top issues



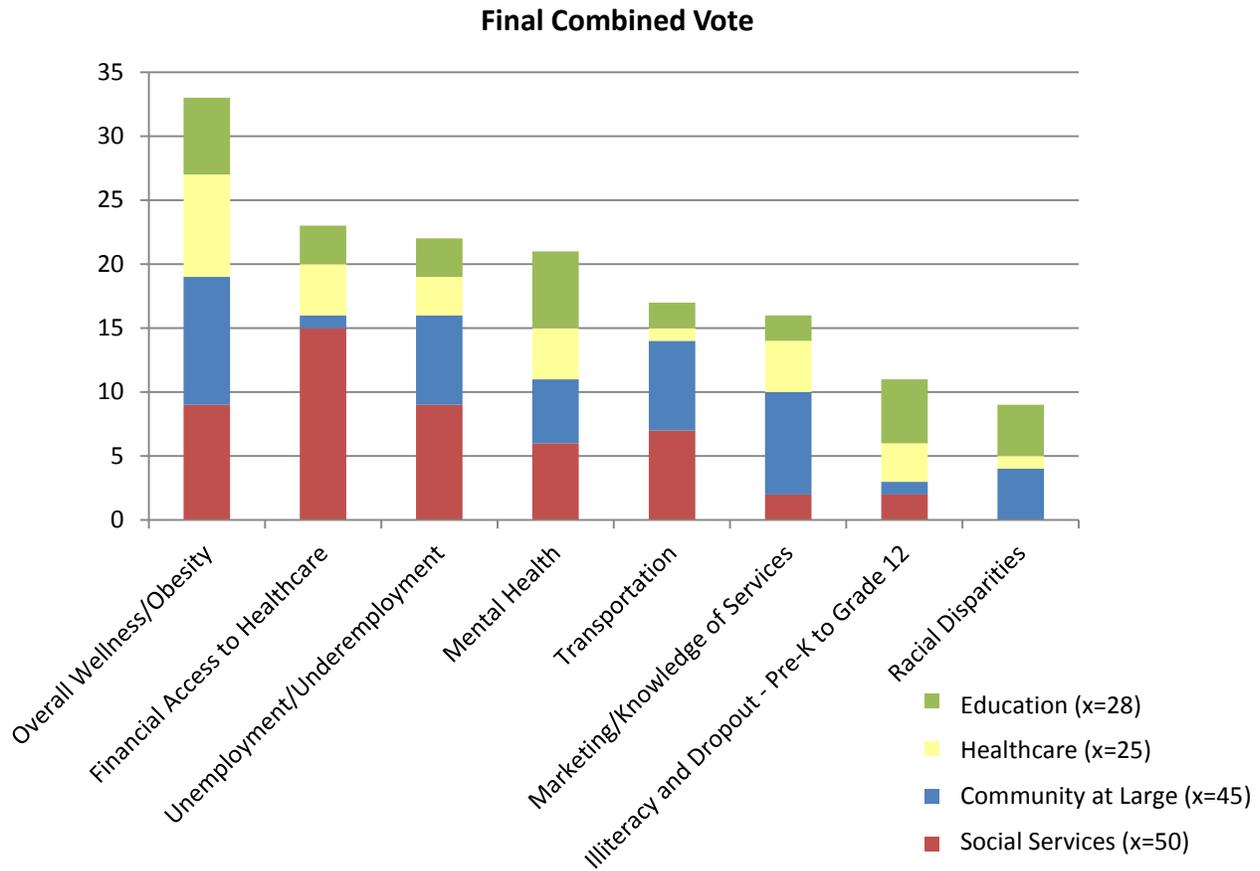
Reconvene, Review Votes, and Discuss

The Council quickly moved to combine similar priorities. Figure 41 represents how the similar priorities were combined. Note that the Education/ Workforce Education priority votes were split. This explains why it appears in two combinations.

Figure 41: Combination of votes of top issues



Figure 42: Final combined vote on top priorities



Although there were obvious differences in the emphases each industry sector placed on particular priorities, once combined, each priority had at least one vote from each sector.

Several council members suggested that certain identified issues were not separate issues but rather a complicating factor that should be considered in each of the other priorities. For instance, lack of reliable and affordable transportation services impacts access to health services, jobs, and education. Likewise, racial disparities are present in each issue, as is a lack of knowledge about the availability of, or how to access certain services. Through a process of active discussion, the Council decided that once the Action Planning groups began their work, every identified issue should consider including action steps related to the following:

- Citizen awareness of the service or issue (Marketing/Knowledge)
- Transportation
- Disparities (age, gender, income, racial, and cultural)

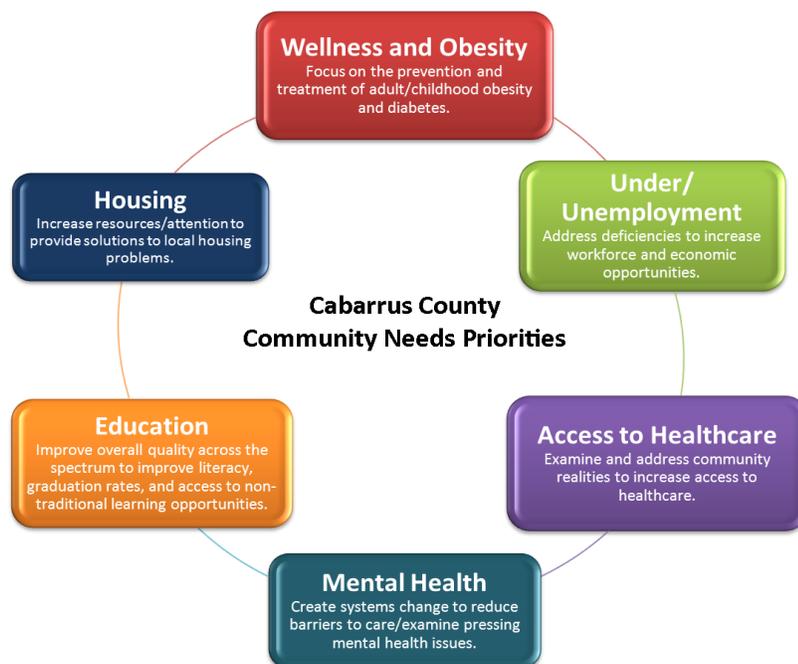
Council members were then asked if any priorities were missing. This included a reminder to look back at the priorities selected in 2008. Several issues were noted as absent. These issues included:

- Housing – Supportive and Affordable
- Prevention
- Vision and Dental
- Greenways/Environmental
- Eldercare

A critical ‘missing’ issue that emerged was housing, which was identified as one of the top six priorities in 2008. The lack of safe, affordable and supportive housing remains a critical issue for the county. Council members argued that food and housing lie at the base of Maslow’s Hierarchy of Needs. It was felt that progress could not be made in areas such as education and employment if citizens’ most basic needs were not being met. In addition, several participants reasoned that some (politicians, business leaders, or citizens) might mistakenly believe the problem of housing was solved if it failed to appear as a 2012 priority. Council members who work on housing issues made it clear to the group that the housing issue had not been solved. Planning Council members agreed that housing should be added to the 2012 priorities.

Having come to consensus to add housing as a priority, a total of six priorities emerged for Cabarrus County. Council members asked that priorities not be ranked, but rather given equal representation. Figure 43 shows the six priorities for 2012-2016.

Figure 43. Community Needs Priorities 2012-2016



It is perhaps telling that the 2012 priorities do not look significantly different from those identified in 2008. Each Council member stated that she or he could and would support these priorities through the work and resources of their agencies and through a personal commitment to improving outcomes within each priority.

Capacity of the Community to Address Priorities

Cabarrus County has significant health-related resources that will play a vital role in addressing the priorities selected by the Community Planning Council. A comprehensive list of these resources is presented in the 2012 Health Resource Inventory. The following is a summary list of the resources mentioned in the document:

- ✓ 4 hospitals
- ✓ More than 100 clinics and medical offices
- ✓ 35 pharmacies and drug stores
- ✓ 50 dental practices
- ✓ 6 pediatric practices
- ✓ 8 facilities and organizations for elderly and disabled adults
- ✓ 9 children's service and activity organizations
- ✓ 2 facilities for single mothers and battered women
- ✓ 8 facilities and organizations that provide emergency needs such as food, shelter and medication
- ✓ 7 crisis intervention facilities
- ✓ 7 clothing assistance facilities
- ✓ 5 organizations/facilities that address developmental disabilities
- ✓ 1 domestic violence shelter
- ✓ 5 employment assistance organizations
- ✓ 4 facilities involved in financial assistance
- ✓ Several courts, police departments and legal assistance agencies
- ✓ 1 literacy program
- ✓ 3 organizations that provide prescription assistance

Despite the availability of the resources highlighted above, if there is going to be any progress made on the priorities selected by the Council, each must be considered not only from the health perspective but also in their economic, social, cultural and political contexts. This will involve enlisting the participation of officials and citizens from all sectors to work together in addressing the selected priorities.

The priorities identified in 2008 continue to be community needs in 2012. Cabarrus County has numerous assets to address these priorities, chief among them the willingness and ability to successfully collaborate across sectors to improve quality of life in the community. It is impossible to provide an exhaustive list of community assets, but described below are examples of assets the community can utilize to address each of the identified priorities.

Access to Medical Care

Access to medical care is a broad topic that includes financial access (cost), health insurance coverage, and availability of medical services. Cabarrus County has worked hard to establish a robust safety-net of healthcare providers and services for the uninsured and underserved. Many public and private entities collaborate to meet their needs including the Cabarrus Community Health Center, Community Free Clinic, Cabarrus Health Alliance, CMC-NorthEast, Community Care of Southern Piedmont, and area physicians. Additional supporting agencies include the Department of Social Services and Cooperative

Christian Ministry. Free and sliding fee scale services, as well as bilingual support for our Latino population, are available. Pharmacy services are provided for low-income uninsured and underinsured residents through the Community Free Clinic, Community Care Plan, and CMC-NorthEast. With the exception of certified midwives, physical therapists /physical therapist assistants, nurse practitioners, licensed practical nurses, and dentists, the ratio of health personnel to the general population in Cabarrus County is generally at or above the averages for the State of North Carolina.

A comprehensive Health Resource Inventory (available at www.healthycabarrus.org) is available for all citizens and agencies to access to assist in finding the healthcare services needed.

Mental Health

Cabarrus County boasts a number of providers of mental health, substance abuse, and developmental disabilities services. These include Daymark Recovery Services, United Family Services, Children’s Developmental Services Agency, and supporting agencies such as The Arc. Piedmont Behavioral Healthcare is the county’s Local Management Entity for publicly funded mental healthcare. Leaders from PBH, CMC-NorthEast, Cabarrus Health Alliance, Healthy Cabarrus, and other private providers are working together to raise awareness of mental health service providers and how to better access care. This has included lunch n’ learn sessions for the community, specialty trainings among providers, and monthly meetings through mental health taskforces. The mental health system is certainly complex, but continued efforts by stakeholders using data gathered through the Needs Assessment will result in improved understanding and access to services for all citizens.

Unemployment and Underemployment

There are strong, established partnerships between many organizations in Cabarrus to address employment and job creation, including Cabarrus County JobLink/Employment Security Commission, Cabarrus Regional Chamber of Commerce, Centralina Workforce Development Board, and Cabarrus Economic Development Corporation. Educational institutions include Rowan-Cabarrus Community College, Kannapolis City Schools, Cabarrus County Schools, Cabarrus College of Health Sciences, and more. Rowan-Cabarrus Community College’s R3 Center, an adult development center, re-focuses, re-trains, and re-employs people who are under- or unemployed by assessing and profiling skills, aptitudes, training and academic credentials, identifying future career interests, and mapping out a plan for career growth. The county has a number of large employers such as Charlotte Motor Speedway, private NASCAR businesses, Concord Mills Mall, CMC-NorthEast, Kannapolis City and Cabarrus County Schools, Concord Regional Airport, Sysco Foods, and S&D Coffee, among many others. The Interstate 85 corridor provides an effective means of transporting goods regionally, and Cabarrus is located within 30 minutes of Charlotte, the largest city by population in North Carolina. The close proximity to Charlotte allows for many additional employment opportunities.

Cabarrus has many educational institutions which includes goals to prepare students for a globally competitive workforce.

Education

Cabarrus has a fine network of educational institutions working to prepare students to graduate from high school, seek postsecondary education, and pursue careers in a variety of sectors. Educational institutions include Rowan-Cabarrus Community College, Kannapolis City Schools, Cabarrus County Schools, Cabarrus College of Health Sciences, and more. High school students are now able to earn

college credits through e-learning opportunities and through Early College, an initiative in partnership with Rowan-Cabarrus Community College. The STEM (Science, Technology, Engineering and Math) Academy and curriculum in Kannapolis City Schools is providing students with a greater advantage in the growing fields of science and technology. Rowan-Cabarrus Community College's R3 Center, an adult development center, re-focuses, re-trains, and re-employs people who are under- or unemployed by assessing and profiling skills, aptitudes, training and academic credentials, identifying future career interests, and mapping out a plan for career growth. R3 sponsors an ongoing selection of workshops, seminars, and individual counseling as part of their career development services, and all services are free of charge. Additional opportunities for adults include the Cabarrus Literacy Council, which is a non-profit that teaches citizens to read and write, and is critical for equipping adults with the skills to be optimal parents and employees.

Wellness and Obesity

Many efforts have been made over the past four years to improve wellness in the community. Institutions such as the YMCA, Cabarrus Health Alliance, CMC-NorthEast, Cooperative Extension, and Parks and Recreation Departments, in addition to task forces developed such as the Childhood Obesity Prevention Partnership, ACHIEVE, and Kannapolis City's Let's Move coalition, are increasing awareness, raising grant funds, and implementing programming to improve risk factors such as overweight, high blood pressure, and diabetes, among others. Both school districts and Rowan-Cabarrus Community College are taking steps to improve policies around vending, concessions, physical activity, and the nutritional status of school lunches. Parks and Recreation Departments have passed tobacco-free policies in all parks in Cabarrus County, and are working in partnership with other organizations to offer physical activity programs for citizens. Cabarrus has a large network of parks and trails, and is part of the Carolina Thread Trail, a 17-county greenway system that connects communities to encourage physical activity. Finally, Senior Games and Special Olympics are offered annually and target wellness among older adults and persons with disabilities. These opportunities are offered through the Department of Aging and Cabarrus County Schools, respectively.



Housing

There are many strengths in our community to help tackle this issue, including local agencies such as Habitat for Humanity and Prosperity Unlimited, as well as programs like Piedmont Regional Continuum of Care through PBH. Subsidized housing is available through the Concord Housing Authority, and homeownership assistance is provided through the City of Kannapolis. The City of Concord administers the local HOME funds program, providing the city, county, and City of Kannapolis federal funds for affordable housing. Home repairs, weatherization, and rehabilitation are also provided through Cabarrus County for low-income, elderly, disabled, and those with certain health conditions. For times in need, shelters are available through Cooperative Christian Ministry and Cabarrus Victim's Assistance.

Next Steps

The identification of community priorities is the beginning of a continuing process. Workgroups will be formed to generate action steps with the goal of addressing community needs. A series of informational meetings are planned to announce the Cabarrus priorities, educate stakeholders, and garner support. With attention to these priorities and community support, Cabarrus County will emerge as a healthier community for all.

APPENDICES

- A 2012 Community Planning Council Membership
- B 2012 Consumer Household Survey
- C 2012 Key Informant Survey
- D Key Informant Ranking of Community Issues
- E Sector-Specific Data
- F Community Planning Council Retreat Agenda
- G Community Planning Council Sector Breakdown
- H Problem Importance Worksheets
- I Community Planning Council Job Description



APPENDIX A: 2012 CABARRUS COMMUNITY PLANNING COUNCIL MEMBERS

LaShay Avery
PBH

Trish Baker
Department of Social Services

Randy Bass
*Cabarrus County Transportation
Services*

Erin Bayer
Cabarrus Health Alliance

Ann Benfield
Cabarrus Partnership for Children

Janine Boudreau
United Way of Central Carolinas

Deb Carter
*Cabarrus Regional Chamber of
Commerce*

Jessica Castrodale
CMC-NorthEast

Susan Donaldson
*Cabarrus County Department of
Aging*

Ellis Fields
*Mental Health Association of
Central Carolinas*

Merl Hamilton
City of Concord

Cary Hocutt
The Arc of Cabarrus County, Inc

Ed Hosack
Cooperative Christian Ministry

Carol Hovey
*CMC-North East Faith Community
Health Ministry*

Joe Hunter
Cannon Foundation

Pam Hurley
*CMC-North East Faith Community
Health Ministry*

Shirley Kennerly
Habitat Cabarrus

Tom Kincaid
City of Kannapolis

Nancy Litton
*American Red Cross, Cabarrus
County*

Carolyn Mays
*Cabarrus County
JobLink/Employment Security
Commission*

Gary Mills
Kannapolis Parks and Rec.

Jeanie Moore
*Rowan-Cabarrus Community
College*

Debra Morris
Kannapolis City Schools

Jodi Ramirez
Project SAFE Cabarrus

Shad Ritchie
*Physician Services - Carolinas
Medical Center - NorthEast*

Erin Shoe
Cabarrus Health Alliance

Venetia Skahen
Community Free Clinic

Ella Mae Small
Concord City Council

Donna Smith
Cabarrus County Schools

Dianne Snyder
Cabarrus College of Health Sciences

Cappie Stanley
Cabarrus Health Alliance

Tommy Steele
New Life Baptist Church

Londa Strong
Cabarrus County Parks Department

Lauren Thomas
Cabarrus Health Alliance

Dakeita Vanderburg-Johnson
*Community
Representative/Southgate Masonry*

Roslyn Vargas
Cooperative Christian Ministry

Lawrence Weslowski
City of Concord, Transit Manager

Healthy Cabarrus Staff

Barbara Sheppard
Victoria Manning
Tracy Ginder

APPENDIX B: 2012 CONSUMER HOUSEHOLD SURVEY

Cabarrus Community Needs Assessment

The Cabarrus Health Alliance and Healthy Cabarrus are conducting this survey of residents 18 years and older to learn about health and quality of life in Cabarrus County. We also want to identify which critical health care and human service needs are not being met. Some questions are about sensitive issues, but all answers are confidential and very important.

Thank you for taking this survey. It will take about 15 minutes to complete. Your answers will not be linked to you in any way.

NOTE:

(1) Please fill out the survey ONLY if you live in Cabarrus County and are 18 or older.

(2) This is a survey of households; please have only one person in your household complete a survey.

1. Have you previously taken this survey?
 - Yes (Please do not continue with the survey, as we are only collecting one survey per person.)
 - No (Please continue to Question #2)

2. Do you live in Cabarrus County?
 - Yes (Please continue to Question #3)
 - No (Please do not continue with the survey, as the survey is for Cabarrus County residents only.)

3. What is your age?
 - _____

4. How many children under the age of 18 are living in your household?
 - _____
 - None [Skip to Question 9]

5. Is the child/children being raised by a single parent/guardian?
 - Yes
 - No

6. Check any of the childcare services below that you *need* but do NOT have. (You may choose more than one)
 - a. Childcare for an infant (birth to 11 months)
 - b. Childcare for a preschool aged child (1 to 4 years)
 - c. Childcare for a child with a disability
 - d. Care for a child with a disability
 - e. Before-school care for an elementary aged child
 - f. After-school care for an elementary aged child
 - g. Before-school activities for a middle/high school youth
 - h. After-school activities for a middle/high school youth
 - i. Financial help to pay for childcare
 - j. None of these
 - k. Other, please specify _____

7. Where do the children in your household go *first* for medical care?
- a. Doctor's office
 - b. Free clinic
 - c. Health Department (Cabarrus Health Alliance)
 - d. Hospital Emergency Room
 - e. School Nurse
 - f. Urgent Care
 - g. Other, please specify _____
8. Please select the health insurance plan below that best describes your children's insurance plan.
- a. Private or employer-provided insurance
 - b. Medicaid
 - c. Medicare
 - d. NC Health Choice
 - e. Military or Veteran's insurance
 - f. Community Care Plan
 - g. My child/children do not have health insurance
 - h. Other, please specify _____
9. Please select any of the activities below that you or anyone in your household has had a difficult time doing because transportation is not available. (You may choose more than one)
- a. Getting to social services or helping agencies
 - b. Shopping for food
 - c. Getting to places for recreation, entertainment or visiting friends or family
 - d. Getting to adult education
 - e. Getting to school-parent conference, PTA or school event
 - f. Getting to a religious service or activity
 - g. Getting to a job
 - h. Getting to health care services
 - i. Getting to the pharmacy to pick up medication
 - j. Getting to counseling services
 - k. Getting to preschool or day care
 - l. Accessing transportation due to a disability
 - m. None of these
 - n. Other, please specify _____
10. Please select any of the educational needs below that you or anyone in your household *needs* but does NOT have. (You may choose more than one)
- a. Vocational or technical training for a job
 - b. Courses which would help to get a high school diploma
 - c. Continued education after high school
 - d. Additional education to better use English as a second language
 - e. Education to help a person read or write better
 - f. Additional education to help learn to live in the United States
 - g. Job seeking skills training
 - h. Computer training
 - i. None of these
 - j. Other, please specify _____

11. Which of the following best describes your housing situation?
- a. I own my home
 - b. I rent my home
 - c. Other, please specify _____
12. Are there any additional people living with you now that need their own place to live and can't afford it?
- Yes [Continue]
 - No [Skip to Question 15]
13. How many additional people live with you because they can't afford their own place to live?
- _____
14. Why are those people unable to afford to live in their own place? (You may choose more than one)
- a. They do not qualify for a home loan
 - b. Housing prices are too high
 - c. Apartment rental fees are too high
 - d. The person has a disability and requires assistance with daily living but services providing assistance are not affordable
 - e. Other, please specify _____
15. Please select the needs below that you needed help with in the past year, but that need was NOT met. (You may choose more than one)
- a. Assistance with repairs to make your house safe to live in
 - b. Assistance with household goods like furniture, a stove or refrigerator
 - c. Assistance with food for yourself and your family
 - d. Assistance with clothing for yourself and your family
 - e. Assistance with utility bills such as water, heat, or light bills
 - f. Assistance with rent or house payment
 - g. Assistance with modifications to your home, such as a ramp or handrail for an elderly person or a person with a disability to get around
 - h. Assistance with medical or adaptive equipment and technology not covered by Medicaid or private insurance
 - i. None of the above
 - j. Other, please specify _____
16. Please select the needs below that you needed help with in the past year, but that need was NOT met. (You may choose more than one)
- a. Individual Counseling
 - b. Family Counseling
 - c. Adult day care outside the home
 - d. Nursing or health care visit at home
 - e. Someone to assist a sick or elderly person, or a person with a disability, with household chores
 - f. Relief for a household member who provides home care to a sick person or a person with a disability
 - g. None of the above
 - h. Other, please specify _____

17. Sometimes it helps to talk about feelings and problems with someone who is not a family member or friend. Please select those things that someone in your household would like to talk with someone about, but the need has NOT been met. (You may choose more than one)

- a. Household finances
- b. A serious illness or death of a family member or friend
- c. Anxiety or depression
- d. Stresses of raising a family
- e. Stresses of caring for an older person
- f. Alcohol or drug dependence
- g. Marital or relationship problems
- h. None of the above
- i. Other, please specify _____

18. Have there been times in the past year when anyone in your household did not get the following services because of COST? (You may choose more than one)

- a. Prescription medications
- b. Preventive dental services, such as checkups, getting teeth cleaned
- c. Dental treatment for a problem
- d. Preventive medical services such as eye exams and mammograms
- e. Medical services when sick
- f. Health insurance coverage, whether private insurance, Medicaid or Medicare
- g. Counseling, mental health or psychiatric services
- h. Prescribed medical treatment (diabetes treatment, surgery, chemotherapy, etc.)

19. Have there been times in the past year when for any reason a person or persons in your household had a problem getting any of the following health care services?

Service	No Need/No Problem	Yes. Had a problem getting services
Vision services	<input type="checkbox"/>	<input type="checkbox"/>
Hearing services	<input type="checkbox"/>	<input type="checkbox"/>
Services for developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug abuse treatment services	<input type="checkbox"/>	<input type="checkbox"/>
Shots or immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Help to stop smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Anger or violence problems	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Primary care services	<input type="checkbox"/>	<input type="checkbox"/>

20. Has a doctor or nurse ever told you or anyone in your household that they have one of these illnesses or conditions? (You may choose more than one)

- a. Aging problems (Alzheimer's, arthritis)
- b. Alcohol or drug use
- c. Asthma
- d. Cancer
- e. Cognitive disability or developmental delay (e.g. autism, brain injury, behavior disorder, mental retardation)
- f. Congenital condition (e.g. Cystic Fibrosis, spina bifida, heart defects)
- g. Dental disease/problems
- h. Diabetes
- i. Heart disease/heart attacks
- j. High blood pressure
- k. HIV/AIDS
- l. Infectious contagious diseases (TB, salmonella, pneumonia, flu)
- m. Kidney disease
- n. Liver disease
- o. Lung disease
- p. Mental health diagnosis (depression, schizophrenia, etc.)
- q. Obesity
- r. Sexually transmitted diseases
- s. Stroke
- t. Teenage pregnancy
- u. Vision or hearing loss
- v. None of these
- w. Other, please specify_____

21. Have there been times in the past year when you or anyone in your household has had a problem accessing services for any of the following conditions? (You may choose more than one)

- a. Aging problems (Alzheimer's, arthritis)
- b. Alcohol or drug use
- c. Asthma
- d. Cancer
- e. Cognitive disability or developmental delay (e.g. autism, brain injury, behavior disorder, mental retardation)
- f. Congenital condition (e.g. Cystic Fibrosis, spina bifida, heart defects)
- g. Dental disease/problems
- h. Diabetes
- i. Heart disease/heart attacks
- j. High blood pressure
- k. HIV/AIDS
- l. Infectious contagious diseases (TB, salmonella, pneumonia, flu)
- m. Kidney disease
- n. Liver disease
- o. Lung disease
- p. Mental health diagnosis (depression, schizophrenia, etc.)
- q. Obesity
- r. Sexually transmitted diseases
- s. Stroke
- t. Teenage pregnancy
- u. Vision or hearing loss
- v. None of these

22. Where do you go first for medical care?
- a. Doctor's office
 - b. Free clinic
 - c. Health Department (Cabarrus Health Alliance)
 - d. Hospital Emergency Room
 - e. School Nurse
 - f. Urgent Care
 - g. Other, please specify _____
23. Please select the plan below that best describes your insurance plan. Choose ONE.
- a. Private or employer provided insurance
 - b. Medicaid
 - c. Medicare
 - d. NC Health Choice
 - e. Military or veteran's insurance
 - f. Community Care Plan
 - g. I do not have health insurance
 - h. Other, please specify _____
24. Where do you get most of your health related information? Choose ONE.
- a. Friends or family
 - b. Doctor/nurse/pharmacist
 - c. Health department (Cabarrus Health Alliance)
 - d. Hospital
 - e. Telephone help lines
 - f. Newspaper/magazine/TV
 - g. School
 - h. Church
 - i. Internet
 - j. Other, please specify _____
25. Below is a list of different types of discrimination people sometimes experience. Please check any type of discrimination below that you think or feel someone in your household has experienced in the past year.
- a. Getting credit, such as loans or credit cards
 - b. Getting adequate housing
 - c. Getting assistance with school needs
 - d. Getting service by the police and courts
 - e. Getting assistance from community agencies
 - f. Getting employment or promotions
 - g. Health services
 - h. None of the above [Skip to Question 27]
 - i. Other, please specific _____

26. In your experience, or in the experience of your family member, was the discrimination based on: (You may choose more than one)

- a. Gender
- b. Race
- c. Ethnicity
- d. Religion
- e. Age
- f. Disability
- g. Income level
- h. Insurance coverage
- i. Other, please specify _____

27. Do you or someone in your household need a job but cannot get one?

- Yes [Continue]
- No [Skip to Question 30]

28. What best describes the type of job you or someone in your household is looking for? Please select all that apply if more than one person wants a job.

- a. Full time
- b. Part time
- c. Seasonal
- d. Contract work

29. Please select those things that have most impacted you or those in your household from getting a job. (You may select more than one)

- a. Not enough skills for the job
- b. Poor work habits such as not following instructions and being late
- c. No information about available jobs
- d. No one to care for children while that person works
- e. No one to care for a dependent adult while that person works
- f. Don't know how to make a good impression in a job interview
- g. Not certified or licensed for a job
- h. Not enough work experience for the desired job
- i. No transportation
- j. No jobs available that match skills
- k. Physical disability, cognitive disability or chronic illness
- l. Mental health diagnosis
- m. Poor verbal or communication skills
- n. Substance abuse problems like drugs or alcohol
- o. Other, please specify _____

30. Is there a vehicle available for use by adults in your household?

- Yes
- No

Now we would like to gather some basic information about you and the people in your household.

31. How many people, including you, live in your household?

- _____

32. Which of the following best describes the composition of your household?

- a. One adult with one or more children
- b. Two or more related adults
- c. Two or more unrelated adults
- d. Two or more related adults with children
- e. Two or more unrelated adults with children
- f. One adult only

33. What is your gender?

- Female
- Male

34. What is your race?

- a. White
- b. Black/African American
- c. Asian/Pacific Islander
- d. Native American
- e. Other _____

35. Are you of Latino or Hispanic origin?

- Yes
- No

36. What is your marital status?

- a. Married
- b. Separated
- c. Divorced
- d. Widowed
- e. Never Married

37. What is the highest level of school you have completed?

- a. Less than high school
- b. High school graduate
- c. High school equivalent/GED
- d. Some college
- e. Technical school
- f. College graduate
- g. Graduate school

38. Which of the following best describes your current employment situation?

- a. Year round, full time, fully satisfied
- b. Year round, full time but need a job that matches my qualifications
- c. Year round, part time, fully satisfied
- d. Year round, part time but need a full time job
- e. Seasonal
- f. Unemployed, but would like a job
- g. Unemployed and would not like a job
- h. Unemployed, disabled

39. If you have any kind of employment, do you receive benefits (health, retirement, vacation etc)?
- Yes
 - No
40. If you are unemployed, do you receive any benefits? (unemployment insurance, social security)
- Yes
 - No
41. Which of the following categories best describes your household income last year, before taxes?
- a. Less than \$10,000
 - b. \$10,001 to \$15,000
 - c. \$15,001 to \$25,000
 - d. \$25,001 to \$35,000
 - e. \$35,001 to \$45,000
 - f. \$45,001 to \$55,000
 - g. \$55,001 to \$75,000
 - h. \$75,001 to \$100,000
 - i. \$100,001 to \$150,000
 - j. More than \$150,000
42. Compared to two years ago, is your yearly household income now higher, the same or lower?
- Higher
 - The same
 - Lower
 - Don't know
 - Prefer not to answer
43. What faith do you practice?
- _____
44. Do you suffer from any disability (physical or mental)?
- Yes
 - No
 - Don't know
45. Do you take any measures (such as exercising, eating healthy, not smoking, health supplements) with the primary goal of preventing disease?
- Yes
 - No
46. What is your household's zip code?
- a. 28025
 - b. 28027
 - c. 28081
 - d. 28083
 - e. 28075
 - f. 28107
 - g. 28036
 - h. 28138
 - i. 28124
 - j. 28026
 - k. 28082
 - l. Other _____

47. How did you find out about this survey?

- a. Received e-mail invitation at work
- b. Received e-mail invitation at home
- c. Heard about it from a friend, family member, co-worker or other associate
- d. Through a website
- e. Saw it in a newspaper
- f. Saw it in a newsletter from an agency, school or government office
- g. Heard about it through the schools
- h. Heard about it through a hospital, health clinic or doctor's office
- i. Was asked to take it while I was at an agency
- j. Other, please specify _____

APPENDIX C: 2012 KEY INFORMANT SURVEY

Cabarrus County 2012 Community Needs Assessment

Key Informant Survey

As a community leader in Cabarrus County, you have been recommended to provide input for the 2012 Community Needs Assessment. Your position in the community gives you valuable insight that is important to this process.

Cabarrus Health Alliance and Healthy Cabarrus are jointly completing this assessment as was done in 2000, 2004, and 2008.

With your help we will:

- Identify current and emerging community issues and needs,
- Determine whether the 2008 issues continue to be priority needs, and
- Document actions that have addressed the major needs identified in 2008.

Please take a few minutes to respond to this survey. Your input is truly valued.

Survey Questions

1. The following statements describe life in Cabarrus County. For each statement, please indicate whether you: strongly disagree, disagree, are neutral, agree, or strongly agree.
 - a. There is a good healthcare system in Cabarrus County.
strongly disagree disagree neutral agree strongly agree
 - b. Cabarrus County is a good place to raise children.
strongly disagree disagree neutral agree strongly agree
 - c. Cabarrus County is a good place to grow old.
strongly disagree disagree neutral agree strongly agree
 - d. There is enough economic opportunity in Cabarrus County.
strongly disagree disagree neutral agree strongly agree
 - e. There is enough support and help for Cabarrus County individuals and families during times of stress.
strongly disagree disagree neutral agree strongly agree
 - f. Cabarrus County offers a good quality of life.
strongly disagree disagree neutral agree strongly agree

Community Issues

2. Please rate each issue as to how significant you think it is as a **community problem** in **Cabarrus County**.
(Issues that you think have the greatest overall effect on the quality of life in the community.)

	Not Significant	Somewhat Significant	Neutral	Significant	Very Significant	Unsure
Animal control issues						
Availability of healthy food choices						
Availability of locally sourced food						
Bioterrorism						
Child Care:						
Availability						
Affordability						
Quality						
Dental Services						
Access						
Lack of or inadequate dental insurance						
Quality						
Disaster Preparedness (natural disaster, pandemic flu, etc.)						
Disparities (racial, ethnic, socio-economic)						
Education						
Health						
Employment						
Education						
Dropping out of school						
Illiteracy						
Quality						
Elder Care Programs and Services						
Health Behaviors						
Lack of exercise						
Poor eating habits						
Tobacco use						
Health Services – Medical Care						
Access						
Lack of or inadequate health insurance						
Quality						

	Not Significant	Somewhat Significant	Neutral	Significant	Very Significant	Unsure
Health Services - Mental Health Care						
Access						
Lack of or inadequate health Insurance						
Quality						
Housing						
Homelessness						
Substandard housing						
Unaffordable housing						
Lack of culturally appropriate (bilingual or bicultural) services for minorities						
Lack of sustainability efforts						
Lack of primary care providers						
Lack of services for those with physical or developmental disabilities						
Lack of recreational facilities (parks, greenways, open space, community centers, etc.)						
Low income/poverty						
Obesity in adults						
Obesity in children						
Neglect and abuse						
Elder abuse						
Child Abuse						
Domestic violence						
Pollution (air, water, land)						
Racism						
Substance Use/Abuse						
Alcohol						
Drugs						
Transportation options						
Unemployment, underemployment						
Unsafe, un-maintained roads						
Violent crime (rape, murder, assault, etc)						
Other, please specify:						
Other, please specify:						

Health Problems

3. Using the following list, what do you think are **the five (5) most pressing health problems** in **Cabarrus County**. (Problems that you think have the greatest overall effect on health in the community.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Infant deaths | <input type="checkbox"/> Lung disease (emphysema, etc.) |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Infectious/Contagious diseases (TB, salmonella, pneumonia, flu, etc.) | <input type="checkbox"/> Mental health (depression, schizophrenia, etc.) |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Injuries | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Aging problems | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gun-related injuries | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Birth defects (e.g. cystic fibrosis, spina bifida, heart defects) | <input type="checkbox"/> Other injuries (drowning, choking, home or work related accidents) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Cancer
What kind? | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Vision or hearing loss |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Learning disabilities or Developmental delays (e.g. autism, brain injury, behavior disorder, mental retardation) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Eating disorders | | |
| <input type="checkbox"/> Heart disease/heart attacks | | |

4. Of the issues listed above, which do you feel need more attention in the community?

5. With our changing community dynamics, what issues or needs do you see emerging?

6. The most pressing issues identified in the 2008 Community Assessment are listed below. Since 2008, do you think that the identified issues have been: fully addressed, partially addressed, remained the same, or have grown more severe? Please share any comments on how you see that the need or issue has changed.

Issues Identified in 2008

Workforce Development and Jobs Creation

Fully addressed Partially Addressed Remained the same Grown more severe Unsure

Education Across the Spectrum

Fully addressed Partially Addressed Remained the same Grown more severe Unsure

Mental Health Services- Accessibility and Affordability

Fully addressed Partially Addressed Remained the same Grown more severe Unsure

Housing- Safe and Sustainable

Fully addressed Partially Addressed Remained the same Grown more severe Unsure

Healthy Living- Weight, Nutrition, and Environmental Supports

Fully addressed Partially Addressed Remained the same Grown more severe Unsure

Healthcare Affordability- Including Screening and Prevention

Fully addressed Partially Addressed Remained the same Grown more severe Unsure

Comments on how the needs/issues have changed:

7. What efforts (activities, services, programs, infrastructure changes) are you aware of that have occurred since the 2008 Assessment that have addressed the identified issues? Indicate whether the 2008 Community Needs Assessment helped support the need for the effort/activity described.

Issue	List any efforts (activities, programs, services, or infrastructure changes) that have addressed this issue:
Workforce Development and Jobs Creation	<p>1.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p>2.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p><input type="checkbox"/>Don't know of any efforts addressing this issue.</p>
Issue	List any efforts (activities, programs, services, or infrastructure changes) that have addressed this issue:
Education Across the Spectrum	<p>1.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p>2.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p><input type="checkbox"/>Don't know of any efforts addressing this issue.</p>
Issue	List any efforts (activities, programs, services, or infrastructure changes) that have addressed this issue:
Mental Health Services-Accessibility and Affordability	<p>1.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p>2.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p><input type="checkbox"/>Don't know of any efforts addressing this issue.</p>

Issue	List any efforts (activities, programs, services, or infrastructure changes) that have addressed this issue:
Housing- Safe and Sustainable	<p>1.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p>2.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p><input type="checkbox"/>Don't know of any efforts addressing this issue.</p>
Issue	List any efforts (activities, programs, services, or infrastructure changes) that have addressed this issue:
Healthy Living- Weight, Nutrition, and Environmental Supports	<p>1.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p>2.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p><input type="checkbox"/>Don't know of any efforts addressing this issue.</p>
Issue	List any efforts (activities, programs, services, or infrastructure changes) that have addressed this issue:
Healthcare Affordability- Including Screening and Prevention	<p>1.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p>2.</p> <p>Did the 2008 Community Needs Assessment raise awareness or help support the need for this effort: <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/>Don't know</p> <p><input type="checkbox"/>Don't know of any efforts addressing this issue.</p>

8. Please indicate which of the following ways you have used or observed the 2008 Community Assessment being utilized: (choose all that apply)

- Program Planning
- Strategic planning
- Grant Writing
- Advocacy Initiatives
- Public Policy Initiatives
- To determine allocation of funds
- Staff and/or Board education
- Other
- None

9. Please indicate which best describes your area of work or expertise: (choose only one)

- Business
- City or County administration
- Community representative, not otherwise affiliated
- Employment/Economic Development
- Education
- Elected Official
- Faith Community
- Healthcare
- Housing
- Human Services
- Law enforcement/court system
- Transportation
- Other

10. What is your gender?

- Male
- Female

11. What is your race?

- a. White
- b. Black/African American
- c. Asian/Pacific Islander
- d. Native American
- e. Other

12. Are you of Latino or Hispanic origin?

- Yes
- No

13. What is the highest level of school you have completed?

- a. Less than high school
- b. High school graduate
- c. High school equivalent/GED
- d. Some college
- e. Technical school
- f. College graduate
- g. Graduate school

14. Do you live in Cabarrus County?
 Yes (if yes, please continue to question #15)
 No

15. If yes, which zip code do you live in?

- a. 28025
- b. 28027
- c. 28081
- d. 28083
- e. 28075
- f. 28107
- g. 28036
- h. 28138
- i. 28124
- j. 28026
- k. 28082
- l. Other _____

16. How long have you lived in Cabarrus County?

Thank you!

The 2012 Community Needs Assessment Report will be released in summer 2012 and shared throughout the community.

APPENDIX D: KEY INFORMANT RANKING OF COMMUNITY ISSUES (1-49)

RANK*	DESCRIPTION
1	Education- Illiteracy
2	Child care - affordability
3	Unemployment/Underemployment
4	Health behavior & Wellness - Poor eating habits
5	Health behavior & Wellness - Lack of exercise
6	Education- Dropping out of school
7	Medical care - Lack of or inadequate health insurance
8	Mental health - Lack of or inadequate health insurance
9	Health behavior & Wellness - Obesity in adults
10	Health behavior & Wellness - Obesity in children
11	Mental health - Access
12	Dental Health - Lack of or inadequate dental insurance
13	Inequality/Disparities/Discrimination - low income/poverty
14	Health behavior & Wellness - Tobacco use
15	Housing - Homelessness
16	Public safety - Domestic violence
17	Mental health - Quality
18	Housing - Affordability
19	Public safety - Child abuse
20	Child care - Quality

**Rank is the relative position of each issue (out of 49 listed issues) after adding the response code for all key informants. The coding for response options for each key issue were as follows: 1-Not significant, 2-Somewhat significant, 3-Neutral, 4-Significant, 5-Very significant*

RANK*	DESCRIPTION
21	Substance use/Abuse - Drugs
22	Child care - Availability
23	Substance use/Abuse - Alcohol
24	Public safety - Elder abuse
25	Inequality/Disparities/Discrimination - Health
26	Housing - Substandard (quality)
27	Community services - Lack of services for those with physical or developmental disabilities
28	Education - Quality
29	Inequality/Disparities/Discrimination - Lack of culturally appropriate services for minorities
30	Community services - Elder care programs & services
31	Environmental Health - Pollution
32	Inequality/Disparities/Discrimination - Education
33	Inequality/Disparities/Discrimination - Employment
34	Medical care - Access
35	Transportation - Options
36	Dental Health - Access
37	Health behavior & Wellness - Availability of healthy food choices
38	Inequality/Disparities/Discrimination - Racism
39	Public safety - Violent crime
40	Lack of sustainability efforts
41	Health behavior & Wellness - Availability of locally sourced food
42	Environmental Health - Disaster preparedness
43	Transportation - Unsafe, unmaintained roads
44	Medical care - Quality
45	Medical care - Lack of primary care providers
46	Dental Health - Quality
47	Environmental Health - Animal control issues
48	Health behavior & Wellness - Lack of recreational facilities
49	Environmental Health/Public safety - Bioterrorism

**Rank is the relative position of each issue (out of 49 listed issues) after adding the response code for all key informants. The coding for response options for each key issue were as follows: 1-Not significant, 2-Somewhat significant, 3-Neutral, 4-Significant, 5-Very significant*

APPENDIX E: SECTOR-SPECIFIC DATA

SOCIAL SERVICES

Consumer Survey - Child Care

Check any of the childcare services below that you <i>need</i> but do NOT have. (You may choose more than one)		
	N	Percent
None of these	408	25.7
Financial help to pay for childcare	118	7.5
Childcare for a preschool aged child (1 to 4 years)	81	5.1
After-school activities for a middle/high school youth	71	4.5
After-school care for an elementary aged child	68	4.3
Childcare for an infant (birth to 11 months)	35	2.2
Before-school care for an elementary aged child	26	1.6
Before-school activities for a middle/high school youth	16	1.0
Childcare for a child with a disability	15	1.0
Care for a child with a disability	11	0.7
At least one unmet child care need	269	17.0

Consumer Survey - Transportation

Please select any of the activities below that you or anyone in your household has had a difficult time doing because transportation is not available. (You may choose more than one)		
	N	Percent
None of these	1117	78.2
Shopping for food	144	11.4
Getting to a job	131	10.5
Getting to places for recreation, entertainment or visiting friends or family	122	9.8
Getting to social services or helping agencies	105	8.6
Getting to health care services	94	7.7
Getting to the pharmacy to pick up medication	84	7.0
Getting to a religious service or activity	65	5.5
Getting to school-parent conference, PTA or school event	57	4.8
Getting to adult education	49	4.2
Getting to counseling services	34	2.9
Accessing transportation due to a disability	34	2.9
Getting to preschool or day care	27	2.4
At least one unmet transportation need	317	22.1
Is there a vehicle available for use by adults in your household?		
Yes	1210	88.8
No	153	11.2

Consumer Survey - Housing

Which of the following best describes your housing situation?		
	N or mean	Percent or SD
I own my home	882	58.6
I rent my home	502	33.3
Other	122	8.1
How many people, including you, live in your household?	3.0	1.6
Which of the following best describes the composition of your household?		
Two or more related adults with children	398	29.4
Two or more related adults	391	28.9
One adult only	226	16.7
One adult with one or more children	187	13.8
Two or more unrelated adults	76	5.6
Two or more unrelated adults with children	74	5.5
Are there any additional people living with you now that need their own place to live and can't afford it?		
Yes	224	14.9
No	1281	85.1
How many additional people live with you because they can't afford their own place to live?	1.8	1.3
Why are those people unable to afford to live in their own place? (You may choose more than one)		
Apartment rental fees are too high	111	49.6
Housing prices are too high	92	41.1
They do not qualify for a home loan	48	21.4
The person has a disability and requires assistance with daily living but services providing assistance are not affordable	15	6.7

KEY INFORMANT SURVEY

	N*	%**	Rank***
Child Care			
Availability	42	50.0	22
Affordability	57	67.9	2
Quality	46	56.8	20
Housing			
Homelessness	55	67.9	15
Substandard housing	50	60.2	26
Unaffordable housing	53	64.6	18
Transportation			
Transportation options	47	56.6	35
Unsafe, un-maintained roads	38	46.3	43

***N is number of key informant respondents that said issue was either a significant or very significant community issue**

****% is percentage of key informant respondents that said issue was either a significant or very significant community issue**

*****Rank is the relative position of each issue (out of 49 listed issues) after adding the response code for all key informants.**

COMMUNITY AT LARGE

CONSUMER SURVEY

Consumer Survey - Financial Needs

Please select the needs below that you needed help with in the past year, but that need was NOT met. (You may choose more than one)	N	Percent
None of the above	902	64.0
Assistance with utility bills such as water, heat, or light bills	260	22.3
Assistance with food for yourself and your family	207	18.6
Assistance with rent or house payment	205	18.5
Assistance with clothing for yourself and your family	130	12.6
Assistance with repairs to make your house safe to live in	126	12.2
Assistance with household goods like furniture, a stove or refrigerator	109	10.8
Assistance with medical or adaptive equipment and technology not covered by Medicaid or private insurance	64	6.6
Assistance with modifications to your home, such as a ramp or handrail for an elderly person or a person with a disability to get around	41	4.3
At least one unmet financial need	521	36.6

Consumer Survey – Community Services

Please select the needs below that you needed help with in the past year, but that need was NOT met. (You may choose more than one)		
	N	Percent
None of the above	1138	83.4
Individual Counseling	109	8.7
Family Counseling	81	6.6
Someone to assist a sick or elderly person, or a person with a disability, with household chores	72	6.0
Relief for a household member who provides home care to a sick person or a person with a disability	49	4.1
Adult day care outside the home	25	2.2
Nursing or health care visit at home	25	2.2
At least one unmet service need	234	17.1

Consumer Survey – Counseling Services

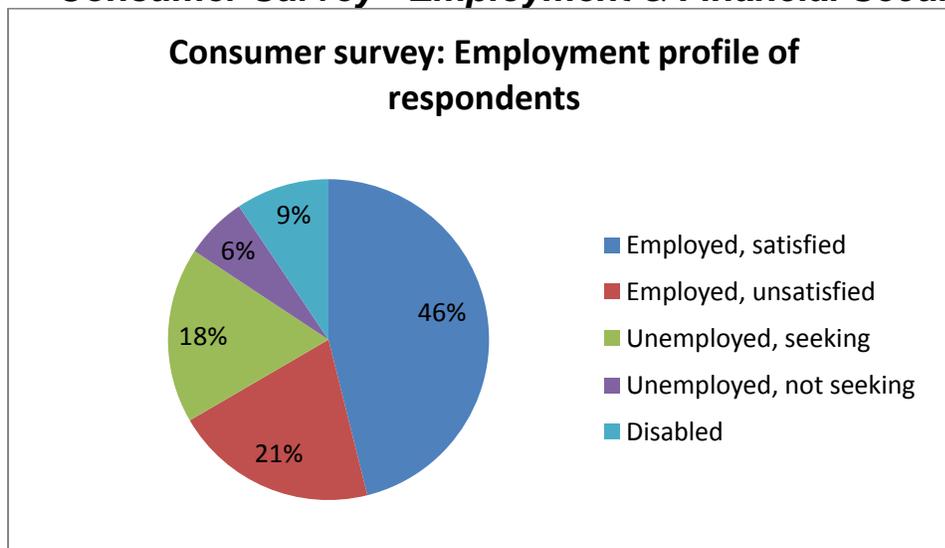
Sometimes it helps to talk about feelings and problems with someone who is not a family member or friend. Please select those things that someone in your household would like to talk with someone about, but the need has NOT been met. (You may choose more than one)		
	N	Percent
None of the above	883	64.08
Anxiety or depression	258	22.59
Household finances	248	21.89
Stresses of raising a family	129	12.73
Marital or relationship problems	129	12.73
A serious illness or death of a family member or friend	102	10.34
Stresses of caring for an older person	78	8.11
Alcohol or drug dependence	40	4.32
At least one unmet counseling need	501	36.2

Consumer Survey - Inequalities, Disparities & Discrimination

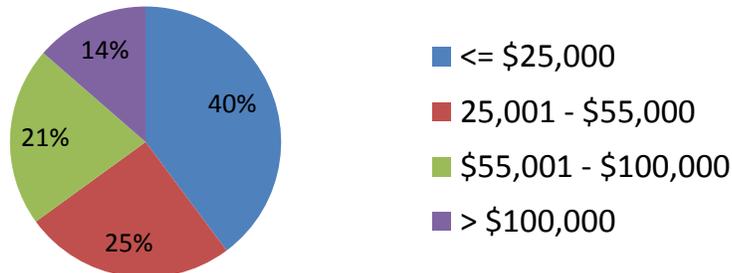
Below is a list of different types of discrimination people sometimes experience. Please check any type of discrimination below that you think or feel someone in your household has experienced in the past year.		
	N	Percent
None	868	66.8
Getting credit, such as loans or credit cards	207	19.2
Getting employment or promotions	167	16.1
Health services	107	11.0
Getting assistance from community agencies	79	8.3
Getting assistance with school needs	67	7.2
Getting adequate housing	66	7.1
Getting service by the police and courts	51	5.5
At least one type of perceived discrimination	436	33.4

In your experience, or in the experience of your family member, was the discrimination based on: (You may choose more than one)		
Income level	211	54.4
Race	138	35.6
Age	90	23.2
Gender	66	17.0
Insurance coverage	57	14.7
Disability	45	11.6
Ethnicity	40	10.3
Religion	10	2.6

Consumer Survey - Employment & Financial Security



Consumer survey: Income distribution of respondents



Do you or someone in your household need a job but cannot get one?	N	Percent
Yes	450	32.4
No	937	67.6
What best describes the type of job you or someone in your household is looking for? Please select all that apply if more than one person wants a job.		
Full time	366	83.4
Part time	171	39.4
Seasonal	38	8.8
Contract work	38	8.8
Please select those things that have most impacted you or those in your household from getting a job. (You may select more than one)		
No jobs available that match skills	142	38.2
Not enough work experience for the desired job	110	29.6
Not enough skills for the job	98	26.3
No information about available jobs	95	25.5
Not certified or licensed for a job	81	21.8
No transportation	75	20.2
No one to care for children while that person works	66	17.7
Other	52	11.6
Don't know how to make a good impression in a job interview	36	9.7
Physical disability, cognitive disability or chronic illness	33	8.9
Poor work habits such as not following instructions and being late	12	3.2
No one to care for a dependent adult while that person works	12	3.2
Substance abuse problems like drugs or alcohol	12	3.2
Poor verbal or communication skills	11	3.0
Mental health diagnosis	9	2.4

KEY INFORMANT SURVEY

	N*	%**	Rank***
Disparities (racial, ethnic, socio-economic)			
Education	46	55.4	32
Health	50	59.5	25
Employment	47	57.3	33
Low income/poverty	58	70.7	13
Lack of culturally appropriate (bilingual or bicultural) services for minorities	37	44.6	29
Racism	35	42.2	38
Neglect and abuse			
Elder abuse	33	40.7	24
Child Abuse	45	54.2	19
Domestic violence	51	63.0	16
Unemployment, underemployment	65	80.3	3
Lack of services for those with physical or developmental disabilities	39	47.0	27
Lack of recreational facilities (parks, greenways, open space...)	32	38.6	48
Elder Care Programs and Services	46	55.4	30
Violent crime (rape, murder, assault, etc)	33	40.2	39

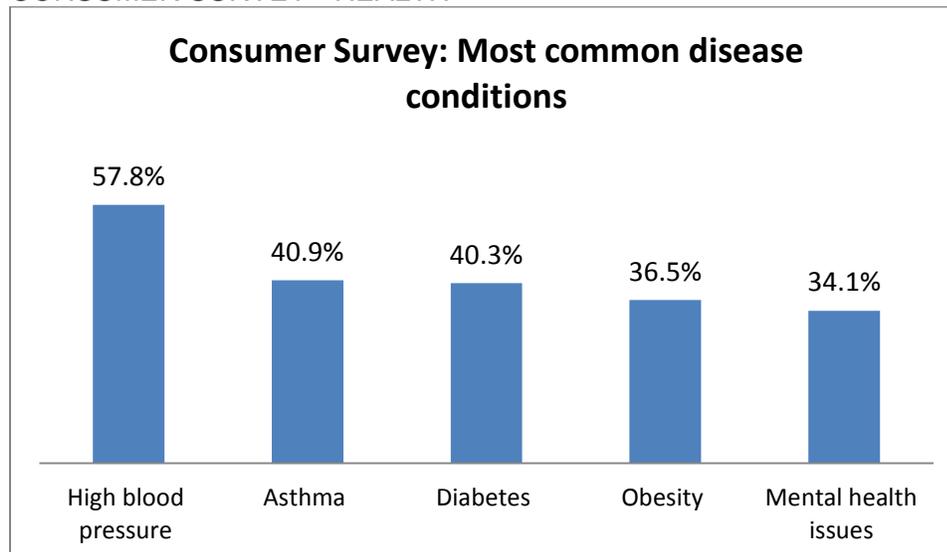
*N is number of key informant respondents that said issue was either a significant or very significant community issue

**% is percentage of key informant respondents that said issue was either a significant or very significant community issue

***Rank is the relative position of each issue (out of 49 listed issues) after adding the response code for all key informants. The coding for response options for each key issue were as follows: 1-Not significant, 2-Somewhat significant, 3-Neutral, 4-Significant, 5-Very significant

SECTOR-SPECIFIC DATA: HEALTH

CONSUMER SURVEY - HEALTH



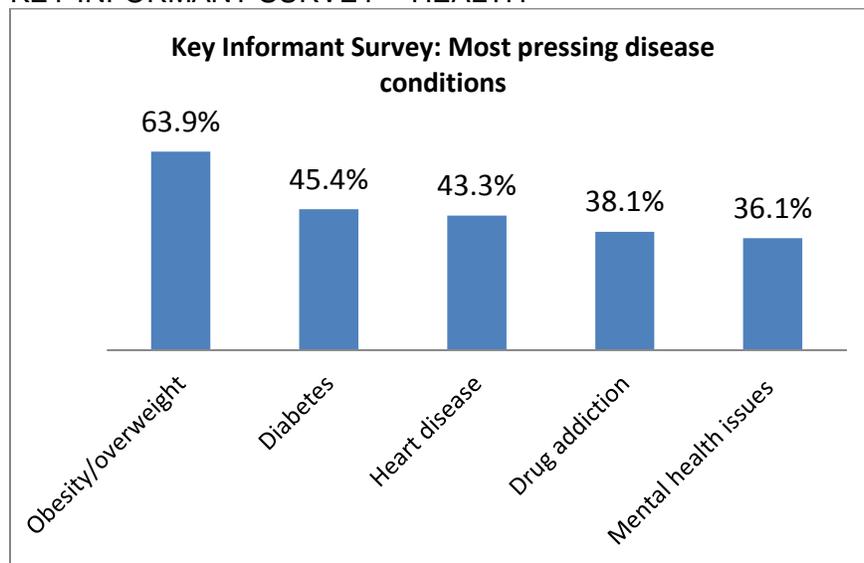
Where do the children in your household go <i>first</i> for medical care?	N	Percent
Doctor's office	632	85.9
Health Department (Cabarrus Health Alliance)	74	10.1
Free clinic	12	1.6
Urgent Care	10	1.4
Hospital Emergency Room	6	0.8
School Nurse	2	0.3
Please select the health insurance plan below that best describes your children's insurance plan.		
Private or employer-provided insurance	315	42.6
Medicaid	310	41.9
NC Health Choice	46	6.2
My child/children do not have health insurance	41	5.5
Medicare	15	2.0
Military or Veteran's insurance	8	1.1
Community Care Plan	5	0.7
Have there been times in the past year when anyone in your household did not get the following services because of <u>COST</u>? (You may choose more than one)	N	%
Preventive dental services, such as checkups, getting teeth cleaned	390	51.7
Dental treatment for a problem	362	48.0
Prescription medications	312	41.3
Health insurance coverage, whether private insurance, Medicaid or Medicare	241	31.9
Preventive medical services such as eye exams and mammograms	226	29.9
Medical services when sick	210	27.8
Counseling, mental health or psychiatric services	133	17.6
Prescribed medical treatment (diabetes treatment, surgery, chemotherapy, etc.)	104	13.8
At least one health cost barrier	755	100.0

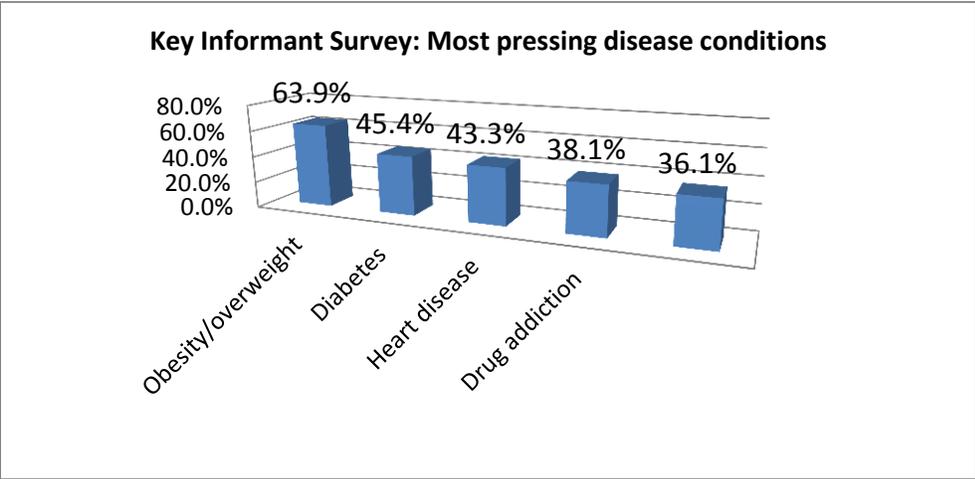
Consumer Survey-Health

Have there been times in the past year when for any reason a person or persons in your household had a problem getting any of the following health care services?		
Vision services	1236	94.9
Primary care services	1158	88.9
Hearing services	1133	87.0
Help to stop smoking cigarettes	1126	86.4
Mental health services	1120	86.0
Services for developmental disabilities	1116	85.7
Alcohol or drug abuse treatment services	1115	85.6
Anger or violence problems	1108	85.0
Shots or immunizations	1107	85.0
At least one unmet health service access need	1303	100.0
Where do <u>you</u> go first for medical care?		
Doctor's office	1055	77.1
Hospital Emergency Room	115	8.4
Health Department (Cabarrus Health Alliance)	66	4.8
Other	59	4.3
Free clinic	38	2.8
Urgent Care	35	2.6
School Nurse	1	0.1

Please select the plan below that best describes <u>your</u> insurance plan. Choose ONE.	N	%
Private or employer provided insurance	737	53.6
Medicaid	179	13.0
Medicare	132	9.6
Other	27	2.0
I do not have health insurance	24	18.1
Community Care Plan	22	1.6
Military or veteran's insurance	17	1.2
NC Health Choice	12	0.9
Where do you get most of your health related information? Choose ONE.		
Doctor/nurse/pharmacist	803	59.4
Internet	222	16.4
Friends or family	124	9.2
Health department (Cabarrus Health Alliance)	67	5.0
Hospital	39	2.9
Newspaper/magazine/TV	32	2.4
Other	31	2.3
Church	14	1.0
School	12	0.9
Telephone help lines	8	0.6
Do you take any measures (such as exercising, eating healthy, not smoking, health supplements) with the primary goal of preventing disease?		
Yes	1058	81.5
No	241	18.6

KEY INFORMANT SURVEY – HEALTH





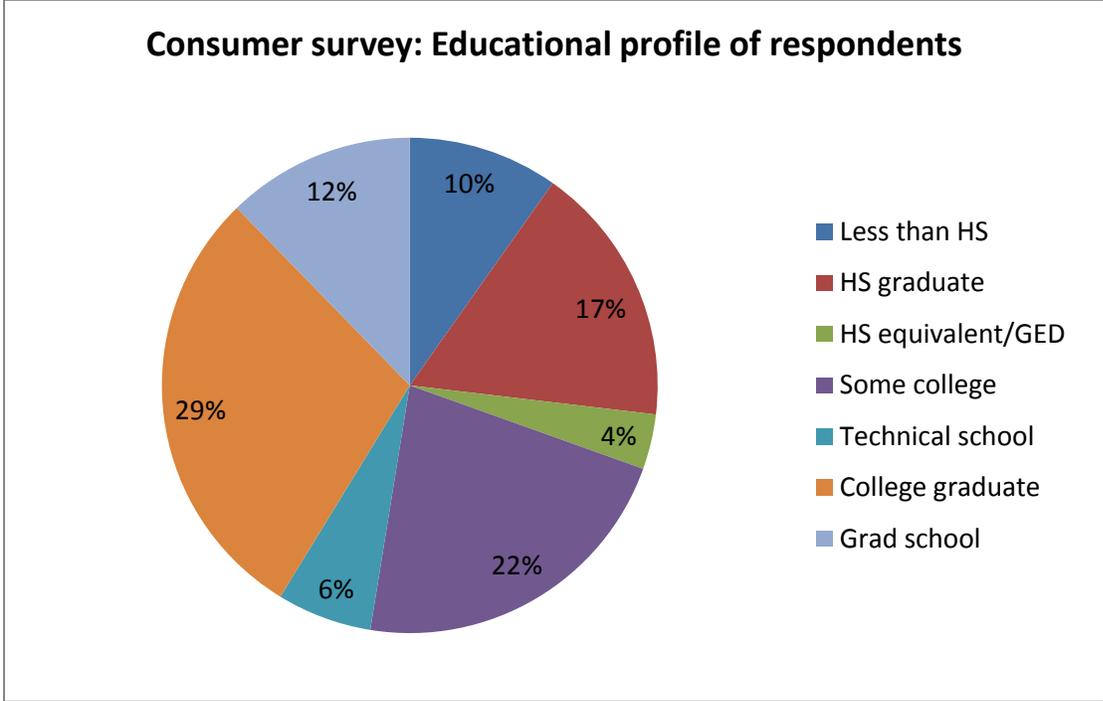
	N*	%**	Rank***
Health Services – Medical Care			
Access	43	53.1	34
Lack of or inadequate health insurance	61	75.3	11
Quality	32	39.0	44
Lack of primary care providers	28	34.2	45
Health Services - Mental Health Care			
Access	51	61.5	7
Lack of or inadequate health insurance	56	67.5	8
Quality	40	47.6	17
Substance Use/Abuse			
Alcohol	45	54.2	23
Drugs	51	63.0	21
Dental Services			
Access	48	57.8	36
Lack of or inadequate dental insurance	52	62.7	12
Quality	31	37.4	46
Health Behavior & Wellness			
Lack of exercise	63	75.0	5
Poor eating habits	59	71.1	4
Obesity in adults	60	73.2	9
Obesity in children	60	73.2	10
Tobacco use	50	60.2	14
Availability of healthy food choices	47	55.3	37
Availability of locally sourced food	46	54.8	41
Environmental Health			
Disaster Preparedness (natural disaster, pandemic flu, etc.)	37	45.7	42
Pollution (air, water, land)	42	50.6	31
Bioterrorism	21	24.4	49
Animal control issues	17	20.7	47

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SECTOR-SPECIFIC DATA: EDUCATION
 CONSUMER SURVEY - EDUCATION



Please select any of the educational needs below that you or anyone in your household <i>needs</i> but does NOT have. (You may choose more than one)		
	N	Percent
None of these	937	66.6
Computer training	205	17.9
Vocational or technical training for a job	156	14.2
Job seeking skills training	144	13.3
Continued education after high school	135	12.6
Courses which would help to get a high school diploma	77	7.6
Additional education to better use English as a second language	59	5.9
Education to help a person read or write better	51	5.1
Additional education to help learn to live in the United States	29	3.0
At least one unmet education need	481	33.9

KEY INFORMANT SURVEY - EDUCATION

	N*	%**	Rank***
Education			
Dropping out of school	58	69.1	6
Illiteracy	62	73.8	1
Quality	47	56.6	28

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***% is percentage of key informant respondents that said issue was either a significant or very significant community issue*

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APPENDIX F: RETREAT AGENDA

- 8:30 Welcome and Introductions** Ed Hosack, Chair Healthy Cabarrus
Barbara Sheppard, Acting Executive Director Healthy Cabarrus
- Overview of the Day** Kirstin Frescoln, Facilitator
- Review of goals for meeting
 - Retreat schedule
 - Facility logistics
- 8:45 Review Data Results and Implications**Sammy Tchwenko, MD MPH
- Broad themes
 - Barriers to results
 - Implications and discussion
- 10:00 Break**
- 10:10 Industry-specific Identification of Critical Health Issues** Kirstin Frescoln
- Review of Industry-specific data
 - Brainstorming of Issues
 - Selection of top three
 - Completion of Problem Importance worksheet
- 11:10 Break**
- 11:20 Cross-discipline Education and Discussion**Group
- Discussion of priority issues developed within industry-specific workgroups
- 12:00 Full Group Discussion**Group
- 12:20 Break, Lunch and Voting**Group
- Take a break and eat your lunch
 - Vote for your top five health issues within Cabarrus County
- 1:00 Reconvene and Review Votes**Group
- Review the votes
 - Select the top 7-10 issues based on votes
 - Discussion of issues selected
- 1:45 Vote and Discuss**Group
- Determine top five issues
 - Discussion of issues selected

APPENDIX G: COMMUNITY PLANNING COUNCIL SECTOR BREAKDOWN

Social Services	
* Erin Bayer	Cabarrus Health Alliance
Shirley Kennerly	Habitat Cabarrus
Trish Baker	Department of Social Services
Lawrence Weslowski	City of Concord, Transit Manager
Janine Boudreau	United Way of Central Carolinas
Susan Donaldson	Cabarrus County Department of Aging
* Lauren Thomas	Cabarrus Health Alliance
Roslyn Vargas	Cooperative Christian Ministry
Nancy Litton	American Red Cross, Cabarrus County
Randy Bass	Cabarrus County Transportation Services
Carol Hovey	CMC-North East Faith Community Health Ministry
Community At Large	
* Dakeita Vanderburg-Johnson	Community Representative/Southgate Masonry
Deb Carter	Cabarrus Regional Chamber of Commerce
Ed Hosack	Cooperative Christian Ministry
Londa Strong	Cabarrus County Parks Department
Mary Ann Miller	UNC-Charlotte MSN Student
* Victoria Manning	Cabarrus Health Alliance
Gary Mills	Kannapolis Parks and Rec.
Carolyn Mays	Cabarrus County JobLink/Employment Security Commission
Merl Hamilton	City of Concord
Marianne Soderman	UNC-Charlotte MSN Student
Healthcare Services	
* Jessica Castrodale	CMC-NorthEast
John Giampaolo	PBH
Pam Hurley	CMC-North East Faith Community Health Ministry
Shad Ritchie	Physician Services - Carolinas Medical Center - NorthEast
Venetia Skahen	Community Free Clinic
Ellis Fields	Mental Health Association of Central Carolinas
Education Services	
* Erin Shoe	Cabarrus Health Alliance
Debra Morris	Kannapolis City Schools
Donna Smith	Cabarrus County Schools
Dianne Snyder	Cabarrus College of Health Sciences
Cary Hocutt	The Arc of Cabarrus County, Inc

APPENDIX H: PROBLEM IMPORTANCE WORKSHEET

Cabarrus Community Planning
2012-2016 Community Health Planning Process

Industry-Specific Brainstorming of Health Issues	
Table Name:	
1.	
2.	
3.	
4.	
5.	
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8.	
9.	
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APPENDIX I: Community Planning Council Job Description

Background: Community Needs Assessment (CNA) is a process to determine the health status, needs, and resources in a county. The CNA is conducted every four years and culminates in a report to be distributed to the community. It is important to note that the process is not intended to develop solutions, but rather to identify the *needs and gaps* in a community, spark analysis and debate, and result in agencies, businesses, individuals and organizations engaging in strategic planning and program planning to address the needs.

A Community Planning Council has been convened with each CNA- in 2000, 2004, and 2008. The Council is made up of a diverse group of representatives and includes health and human services, the faith community, education, city and county government, foundations, businesses, and community volunteers. The primary role of the Planning Council is to collect, analyze, and interpret County data, develop the CNA document, and disseminate the results to the community.

Personal Characteristics Desired:

- Possess an ability to listen, analyze, think clearly and creatively, and work well with people individually and in a group.
- Willing to prepare for and attend community planning council meetings, ask questions, take responsibility, and follow through on assignments.
- Possess honesty, integrity, sensitivity to and tolerance of different views, and ability to disseminate pertinent information.
- Shares common vision and mission of Healthy Cabarrus.

Individual Community Planning Council Member Responsibilities:

- Review the agenda and supporting materials prior to meetings.
- Assist in the development of CNA goals, objectives, and timeline.
- Provide statistics, survey data, and other forms of information pertaining to your area of expertise.
- Assist in prioritizing community needs and gaps.
- Serve on subcommittees when applicable.
- Disseminate CNA findings and processes with community members.

Notes:

