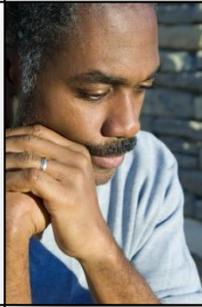


2008 Cabarrus County Community Needs Assessment



Developed by the
Cabarrus Community Planning Council

Sponsored by:
Cabarrus Health Alliance
Healthy Cabarrus
United Way of Central Carolinas

This report is the culmination of extensive research and data analysis and provides an excellent summary of the process undertaken for the 2008 Community Needs Assessment and the community issues and needs that were identified. There is a wealth of detailed information and data in the background documents which could not be included here. A full report of the findings of each data gathering process is available on the websites as indicated below.

Final Report:

2008 Cabarrus County Community Needs Assessment

Background documents:

2008 Community Statistical Indicators
2008 Key Informant Survey Report
2008 Household Survey of Unmet Needs Report (Consumer Survey)
2008 Environmental Health Assessment

September 2008

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Table of Contents

EXECUTIVE SUMMARY

| | |
|--|---|
| Introduction and Call to Action | 1 |
| Process and Methodology | 3 |
| Summary of Findings | 5 |
| Forces Driving Change in Cabarrus County | 5 |
| 2008 Key Issues and Needs..... | 5 |
| Emerging Issues and Needs..... | 7 |
| Progress Since 2004 | 9 |
| Community Assets | 9 |

DETAILED DATA AND ANALYSIS

| | |
|---|----|
| Forces Driving Change in Cabarrus County..... | 11 |
| 2008 Key Issues and Needs | 13 |
| Workforce Development and Jobs Creation | 13 |
| Education Across the Spectrum | 17 |
| Mental Health Services – Accessibility and Affordability..... | 21 |
| Housing – Safe and Sustainable | 25 |
| Healthy Living – Weight, Nutrition, and Environmental Supports..... | 27 |
| Healthcare Affordability – Including Screening and Prevention | 30 |
| Emerging Issues and Needs | 33 |
| Progress Made Since the 2004 Assessment..... | 39 |
| Community Assets..... | 44 |
| Call to Action..... | 47 |

APPENDICES

| | |
|--|----|
| Appendix A: 2008 Cabarrus Community Planning Council Members | 49 |
| Appendix B: 2008 Environmental Health Assessment – Summary | 53 |

EXECUTIVE SUMMARY

INTRODUCTION

The 2008 Cabarrus Community Needs Assessment is the result of a collaborative partnership between Cabarrus Health Alliance, Healthy Cabarrus, and United Way of Central Carolinas. As in 2000 and 2004, the partners convened a Community Planning Council (hereafter referred to as the Council), which included more than thirty-five representatives from health and human services, the faith community, education, city and county government, foundations, businesses, and community volunteers. (See Appendix A – 2008 Cabarrus Community Planning Council Members)

The Council designed and conducted a research process with a primary focus of identifying current and emerging community needs.

The goals of the Community Needs Assessment process are:

- To determine if the priority needs identified in 2004 are still priorities,
- To identify and document progress made since publication of the 2004 assessment report,
- To identify new and emerging needs and issues,
- To identify community assets relative to the identified needs.

Included in this Executive Summary is a call to action, an overview of the research process, summaries of the key findings and of progress made since the 2004 assessment, and a discussion of community assets. Following the Executive Summary are detailed discussions of the needs and issues identified.

CALL TO ACTION

The Council presents this report as a **Call to ACTION**. This process, though not intended to develop solutions to the identified needs, is intended to spark further analysis and debate and to result in agencies, businesses, individuals and organizations engaging in strategic planning and program planning to address the needs.

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

- Carefully 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 agencies whose missions include addressing these issues.

The Council is developing a community-wide communication plan to assure broad dissemination of this report to organizations/individuals such as Municipal and County governments, boards of education, health and human service agencies and boards, business leaders, economic development committees, the Chamber of Commerce, the faith community, Rotary clubs and other civic groups.

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.

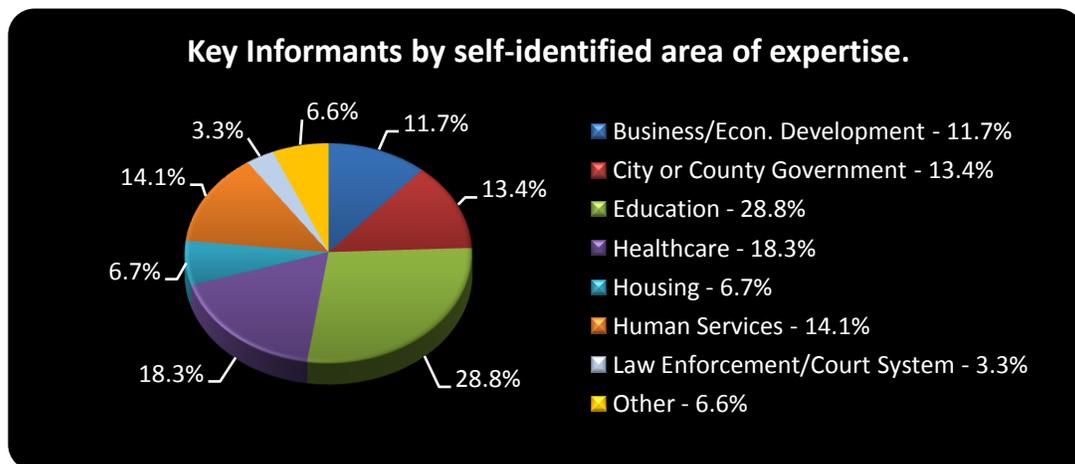
PROCESS AND METHODOLOGY

The Council gathered and analyzed information from multiple sources to ensure that the issues and needs identified in this study represent the viewpoint of a broad spectrum of residents and are substantiated by independent data sources. These sources of information were: 1) Key Informant Survey; 2) Consumer Survey; and 3) Statistical Indicators.

The Council reviewed the rich array of data gathered from all of these sources, seeking the points of convergence where the data from one source is confirmed by the other two and identifying connections, themes and relationships between one issue and another. The process culminated in a retreat in which the Council considered these themes and identified the key issues and needs facing Cabarrus County in 2008.

Key Informant Survey

Key Informants are those professionals, business and community leaders, and elected officials engaged on a daily basis in working to meet the needs of the community and who are in a good position to understand those needs. The Key Informant Survey was developed by a subcommittee of the Council and implemented via the internet between February 28 and March 7, 2008. Council members completed the survey and were asked to identify three additional key informants. The resulting list of possible respondents was then analyzed and additional informants identified to ensure survey recipients represented key areas of expertise. There were 150 survey respondents, with 121 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 immediate attention,
- Emerging issues or needs,
- Progress made on issues and needs identified in 2004.

Consumer Survey

The Council organized and implemented a survey of Cabarrus County households to determine the extent of unmet needs. The survey was conducted between January 7 and February 20, 2008, with 1,569 respondents. Only one adult per household was asked to complete the survey and was asked to respond for the entire household. The survey was conducted via the internet and through distribution of paper surveys which allowed a large number of households to participate in a cost-effective and timely way.

The survey was broadly advertised and distributed to the general population as well as hard-to-reach populations 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 sent to 4,000-5,000 recipients; advertisements in local newspapers, newsletters, flyers and on television; live survey links on a variety of intra and internet websites; and targeted outreach to churches, seniors and other community groups, and to clients, participants and visitors of local non-profit and health and human service organizations. Noting the growing Hispanic/Latino population in Cabarrus County, care was taken to provide a Spanish version of the survey, with 174 interviews completed this way. It is estimated that the survey took about 10 to 15 minutes to complete. The Council was pleased with the demographic variety among the survey respondents and with having surpassed their goals for reaching specific demographic groups. A complete demographic description of the survey respondents can be found in the consumer survey report – 2008 Household Survey of Unmet Needs.

Clark & Chase Research was selected to analyze the survey data. Clark & Chase weighted the data by geographic area (Concord, Kannapolis and the remainder of the county), household size, race, ethnicity and household income. Weighting the data ensures that the characteristics of the respondents resembled the population characteristics as closely as possible. However, it cannot account for all ways that respondents may differ from the general population. Therefore, the survey percentages cannot be projected to the total Cabarrus population. Although the survey questions closely matched the ones asked in the 2004 unmet needs survey, the survey methodology in 2008 differed from that used in 2004 and direct comparisons between data gathered in the two should not be made.

Statistical Indicators

Statistics and data were collected from local, state and national sources as indicators of health status and other community issues. Using the 2004 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 have been presented to further explain a growing need and worsening or improving trends. When possible and appropriate for displaying comparisons and trends, Cabarrus County data were compared with data from adjoining counties, state level data, and data from prior years.

Additionally, an Environmental Health Assessment was conducted for the first time as part of the Community Needs Assessment. Its purpose was to establish a baseline of environmental health data and to begin to educate ourselves about environmental terminology, definitions, key data sources, and potential environmental health concerns. Since this was a starting point for future study of environmental health issues, the data were not considered heavily in the Council's deliberations about key issues and needs; however references to environmental issues are included in several areas of this report — particularly in relation to the rapid growth of our community and the importance of environmental infrastructure to support healthy lifestyles. A summary of the environmental health assessment is included as Appendix B of this report. The full Environmental Health Assessment Report is available by request and on the website.

SUMMARY OF FINDINGS

Forces Driving Change in Cabarrus County

Cabarrus County is experiencing explosive growth and economic, demographic and cultural change. As is the case in so many areas of our nation, the economy is shifting from a manufacturing base to one in which the majority of new job creation is in service jobs with lower salary and leaner benefits, or in high technology jobs that require higher skills and education. The North Carolina Research Campus is a prime example of the latter and will help fuel continued growth in the Cabarrus economy. Median household income and per capita income for Cabarrus are higher than the state average and growing. Our unemployment rate has fallen for the past three years and is lower than the state rate.

However, averages do not tell the whole story. While Cabarrus is still relatively prosperous on average, there are indications of a growing gap between the haves and have-nots. Indicators such as the percentage of families living below the federal poverty level and the percentage of residents receiving food stamps are deteriorating more rapidly in Cabarrus than in the state as a whole. Displaced manufacturing workers are unable to earn the kind of wages they could command in the mills and are less likely now to have health insurance.

Changes in the economy are leading to ripple effects throughout our community, including rising poverty rates, greater numbers of people without adequate health insurance, higher needs for workforce education and training, rising needs for affordable and safe housing, greater levels of stress and needs for mental health services. The growth of the county is placing greater demands on all public services and will require careful planning. A greater demand for housing, business, and amenities will increasingly impact the natural environment (water, land, and air). This growth also brings increased diversity and rising need for tolerance of differences, as well as demand for a wider array of amenities, housing options, and a highly competitive educational system.

2008 Key Issues and Needs

After careful analysis and deliberation, the Council found that six issues emerged on all three data sources as significant. The Call to Action issued at the beginning of this report seeks your active participation in addressing the following:

2008 Key Issues and Needs

- 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

The Consumer Survey indicates that virtually every unmet need—from health needs to employment, education and housing — is more severe for minorities and for those in poverty.

Workforce Development and Jobs Creation

Cabarrus County increasingly needs workforce education as well as economic development efforts aimed at the creation of new jobs that pay a living wage and provide health benefits. The county had 38% fewer manufacturing jobs at midyear 2007 than it had in 2000. Total insured employment (employment covered by unemployment insurance, as reported to Employment Security Commission by employers) rose by 17% over that period with the increases coming largely in education and healthcare, leisure and hospitality, and trade. Displaced former manufacturing workers who had typically been paid good wages with benefits find that the new jobs in retail and hospitality businesses typically pay far less and offer leaner, if any, benefits. Further, there is a mismatch between the skills of much of this workforce and the requirements of the higher wage jobs being created in healthcare and education. This trend is likely to continue as the North Carolina Research Campus begins to generate additional employment in bio-technology.

Education Across the Spectrum

Education must be strengthened at all levels, from early childhood education through graduate school and workforce training, to drive a thriving economy and allow our residents to live self-sufficient and productive lives. Education needs are closely related to the other needs addressed in this report. On one end of the economic spectrum, the poverty rate is increasing and the stresses of poverty, including housing and food insecurity, can lead to higher rates of absenteeism and poor school performance. Improvements in drop-out prevention and literacy, as well as a focus on grade level success at every grade are needed. The 2007-2008 graduation rate was 72.9% in the Cabarrus County School System and 69.3% in Kannapolis City Schools. Nearly 16% of Cabarrus adults over the age of 25 do not have a high school diploma or equivalent. On the other end of the economic spectrum, the North Carolina Research Campus will attract a highly educated workforce who will, in turn, expect the best in education for their children. These issues, along with the rapid growth of the county and especially its Hispanic/Latino student population, will challenge our school systems and community to grow and strengthen education at all levels. The spectrum of education includes pre-school, K-12 education, post-secondary, job skills training, and adult lifelong learning.

Mental Health Services – Accessibility and Affordability

The need for mental health services appears to be increasing as evidenced by indications in our Consumer Survey of increased needs for counseling for anxiety, depression, financial and relationship issues. The Council also notes a rising national concern over school violence, bullying and mental health issues among children and teens. Our social workers are seeing substance abuse problems as an underlying component of most abuse and neglect and domestic violence cases. These indicators of a growing need come at a time when economic changes mean fewer workers have healthcare benefits with coverage for mental health treatment and the North Carolina system of publicly-funded mental health care is undergoing a reform process that is confusing to many. In addition, reform has mandated that public mental health agencies focus on more severe and persistent mental health issues which leaves a gap in services for those with less critical but nonetheless serious issues of depression, anxiety, counseling, and substance abuse. While our local management entity, Piedmont Behavioral Healthcare (PBH), has managed the transition in Cabarrus very well, there is still much confusion in the general population about how to access services and concern over gaps in the system of available services.

Housing – Safe and Sustainable

Poverty is increasing in our community, leading to increases in need for safe, sustainable housing. The percentage of families living below the poverty level has almost doubled since 2000 and while more residents are financially strained, the price of rental housing is climbing, with the median gross rent (rent plus utilities) increasing by 53% between 1990 and 2000. The North Carolina Housing Finance

Agency estimates that 40% of Cabarrus renters do not earn enough to afford a 2 bedroom apartment at fair market rate. As noted elsewhere in this report, changes in the economy are surely impacting the increases we see in this need. Home foreclosures have increased steadily since 1998 and continue to rise. In 2007 Cabarrus County residents experienced 1,108 foreclosures – a 375% increase since 1998. Home foreclosures devastate families by uprooting families, destroying credit, and consuming savings and assets. They also lead to destabilized neighborhoods with increased crime and lower property values, and negatively impact the tax base.

Healthy Living – Weight, Nutrition, and Environmental Supports

Nearly two-thirds of Cabarrus County residents are overweight or obese, as measured by a body mass index (BMI) of 25 or higher (Behavioral Risk Factor Surveillance System, 2006). Looking at different population subgroups (by age, sex, income levels, race and education) overweight and obesity are high in all segments of the population. Of particular concern is the rise in obesity among children — a trend nationwide and one that is resulting in rising rates of Type II Diabetes among children. Among children seen in public health and Women Infants and Children (WIC) clinics in Cabarrus in 2006, 32.4% of children age 2-4 and 42.5% of those age 5-11 were either overweight or at risk of becoming overweight. The Consumer Survey showed the three most commonly reported health problems diagnosed by a physician are high blood pressure, diabetes and obesity. These are directly related to unhealthy lifestyle and weight in many cases. This “epidemic” of obesity is not just a biological issue but also an economic and lifestyle issue and will require a focus on not just healthy diet or exercise, but promoting a culture of healthy living. Increasing physical activity is an important component of a healthy lifestyle and is supported by bike and pedestrian trails, greenways, parks, and sidewalks. Increased attention to developing and sustaining these environmental supports is very important.

Healthcare Affordability – Including Screening and Prevention

A high percentage of Cabarrus residents are without adequate health insurance and need assistance with affordable healthcare. The Consumer Survey showed that respondents report a higher percentage of unmet health care needs than needs in any other category. The previously described shift in the employment base away from manufacturing jobs and toward service sector jobs without benefits may exacerbate this problem. Consumers report unmet needs for dental care, preventive care and prescription medication due to cost. It is our assumption that these are the healthcare needs that go unmet when a family’s income is strained and other needs are perceived to be more urgent. Cabarrus County has an excellent healthcare safety net but the capacity is not unlimited. Without health insurance, families will need access to affordable health care and especially to screenings and preventive care services.

Emerging Issues and Needs

Four issues have been identified as emerging issues. Although they are not necessarily new issues, they are a reflection of our changing community dynamics and represent overarching issues that are and will continue to have an effect on many aspects of our community. The importance of these issues is borne out by the Consumer Survey and the Statistical Indicators data and they were identified by the Key Informants as issues that call for our attention. These issues include:

- Hispanic/Latino Immigrant Needs
- Population Growth and Infrastructure
- Changing Culture and Community
- Environmental Health

Hispanic/Latino Immigrant Needs

The population of Hispanic/Latino immigrants continues to grow, and these residents are disproportionately represented among our poor. The most recent US Census Bureau county-level report on poverty and race/ethnicity, in 2000, showed that Hispanics/Latinos were 5% of the Cabarrus population but 18% of the population living below the poverty level. In fact, more than one in four (27%) Hispanics/Latinos in Cabarrus live in poverty and they experience all the needs and issues of any other population in poverty. However, they also face the complicating factors of language barriers, cultural differences, and political climate, which make solutions more difficult. This issue has been identified as a special concern in each of the past two Community Needs Assessments. In 2008, it is again identified as an emerging need by Key Informants. And yet, it is not truly a new or emerging issue. It has been on our list of concerns for eight years and continues to demand attention. The Consumer Survey this year shows that virtually every unmet need — from health needs to employment, education and housing — is more severe for minorities and for those in poverty.

Population Growth and Infrastructure

Key Informants listed concerns about population growth and the likely resulting strain on the infrastructure of the county as an emerging issue facing Cabarrus County. Specific concerns include the fact that roads and public transportation systems must expand, schools must have adequate funding and community support to keep up with growth while not sacrificing quality, and the number and variety of housing units must increase. The U.S. Census Bureau reports that the population of Cabarrus grew by 33% between 1990 and 2000 and is expected to have grown by another 36% between 2000 and 2010 — more than double the rate expected for the state as a whole. With population growth comes increasing strain on the natural environment. Cabarrus already ranks within the top 25 counties in NC for a variety of air pollutant emissions, primarily from cars, trucks, airplanes, and construction equipment. Water is a renewable resource, but clean water is in limited quantity; as the population continues to grow, the demand for clean water rises. The situation calls for careful and coordinated planning to insure that public services are ready to meet the needs of the county.

Changing Culture and Community

Key Informants shared concerns about the anticipated diversity that will be attracted to our community — especially with the development of the North Carolina Research Campus (NCRC) — as an emerging issue. Research done by Market Street Services for the City of Kannapolis indicates that the NCRC will attract workers from across the country and around the world, including people with differing religious, ethnic and cultural backgrounds, higher levels of education and greater interest in a variety of recreational amenities, denser housing and a vibrant urban lifestyle. Key informants are concerned about our readiness to be welcoming of this kind of diversity. On the other side, long-time residents of Cabarrus express sadness and concern about the loss of a sense of close-knit community, traditions that have linked generations and a shared set of values including service and commitment to the community. A sense of excitement, nevertheless, pervades this conversation as our Council recognizes the opportunities the NCRC will bring.

Environmental Health

As this is the first attempt to define and measure environmental health issues in the community, the Council chose to place this as a new or emerging issue. Environmental health encompasses those aspects of human health and quality of life that are determined by physical, chemical, biological, social, and psychological factors in the natural environment. Air quality, water quality and supply, and waste management are the issues locally that appear most notable. Heavily related to increased development and population growth in our rapidly growing community and region, these warrant our continued attention.

Progress Since 2004

In the Cabarrus County 2004 Community Needs Assessment, the Council concluded that the **most pressing issues and unmet needs** in the County were (in alphabetical order):

- Dental health and access to dental care
- Disparities in health and in access to health care
- Employment and unemployment
- Lack of mental health services and growing mental health problems
- Transportation

Progress has been made on each of these needs, with perhaps the most significant progress coming in the area of transportation. The CK Rider bus system and the Cabarrus County Transportation Service are seeing rapidly increasing ridership. Like all of the other needs, however, there is more to be done. Routes and service hours and capacity need to be expanded.

Dental health has improved significantly for children through screening, education and treatment, and through increased dental clinic and mobile services targeting access for low-income populations. However, increased dental services for adults, those with developmental disabilities, the poor and those living in remote areas are needed.

Disparities in health and in access to healthcare have received a good deal of attention and resources. However, it is still true that minorities and those in poverty are significantly more likely to have poor health status and lack access to health care than are whites and those above the poverty level.

Public sector mental health services have increased however, compared to the improvements made on the other unmet needs identified in the 2004 Assessment, the progress on mental health issues was less impressive. This issue is still a significant problem due to a growing need and continuing issues such as shortages of qualified staff and general confusion over the system and how to access care.

Under-employment and unemployment continue to challenge us particularly related to changes in the employment base of the county. Although the unemployment rate is fairly low this doesn't tell the whole story. The growing number of jobs in the service sector and leisure and hospitality typically pay low wages and do not offer health benefits.

Community Assets

Cabarrus County has many assets, chief among them the resiliency and spirit of collaboration that have allowed it to maximize resources and enhance effectiveness of programs as well as to bounce back from economic set-backs, such as the Pillowtex closing. For years, Cabarrus has nurtured formal and informal networks of non-profit agencies, faith-based organizations, businesses, government bodies and community volunteers and foundations whose leaders and staffs know each other and work well together to solve community problems. When the Pillowtex closing was imminent, United Way convened a group of these leaders to plan for and address the situation, resulting in the Community Service Center which helped bring the resources of the county to bear on the crisis needs of laid-off Pillowtex workers. And this is but one example of this ability to collaborate.

Cabarrus County is a service-oriented community where people get involved — small enough for folks to know each other and care about each other's needs, but growing and large enough to have a wealth of opportunities ahead of it. The assets related to each of the 2008 Key Issues and Needs are discussed in detail in the Community Assets section at the end of this report.

DETAILED DATA AND ANALYSIS

DETAILED DATA AND ANALYSIS

FORCES DRIVING CHANGE IN CABARRUS COUNTY

The story of Cabarrus County, in 2008, continues to be one of change — economic, demographic and cultural change. As is the case in so many areas of our nation, the economy is shifting from a manufacturing base to one in which the majority of new job creation falls into two categories:

- Service jobs that offer much lower salary and leaner benefits;
- High technology jobs that require higher skills and education, which attract a much different work force — if the county is ready.

There are indications already of a widening gap between the haves and the have-nots in the county. Median household income and per capita income for Cabarrus are higher than the state average and growing. Our unemployment rate, while higher than in 2000, has fallen for the past three years and is lower than the state rate. However, averages do not tell the whole story. While Cabarrus is still relatively prosperous on average, indicators such as the percentage of families living below the federal poverty level and the percentage of residents receiving food stamps are deteriorating more rapidly in Cabarrus than in the state as a whole.

| Poverty Indicators | NC | | Cabarrus | |
|---|-------|-------|----------|-------|
| | 2000 | 2006 | 2000 | 2006 |
| % families with incomes below poverty level | 9.0% | 10.7% | 4.8% | 8.4% |
| % families with female householder - below poverty level (no husband present) | 27.4% | 31.9% | 15.4% | 30.8% |
| % residents receiving food stamps | 6.3% | 9.3% | 3.3% | 8.2% |

Sources: US Census Bureau and North Carolina State Data Center

In addition to economic change, Cabarrus is also facing significant demographic and cultural change. The growth in sheer numbers of people is, and will continue to be, dramatic. The population of the county grew by nearly 33% between 1990 and 2000 and is expected to grow by another 36% between 2000 and 2010 — more than double the rate of growth projected for the state (US Census Bureau). The state of North Carolina estimates that Cabarrus will experience a net in-migration of 25.8% between 2000 and 2010 — more than double the projection for the state — and a continuing net in-migration of 16.5% for the next ten years. Cabarrus is changing, from a county of small towns where generations grew up and stayed close, to one of diversity and growth, including an influx of different ethnic, cultural and faith traditions. The coming of the North Carolina Research Campus will accelerate these changes.

Loss of Manufacturing Jobs

For generations, Cabarrus County has been known for auto racing and textile manufacturing, and more recently for tobacco manufacturing. Auto racing continues to thrive, but other changes in Cabarrus County's economy have been wrenching. In 2000, the largest sector of employment in Cabarrus County was manufacturing, with a total of 13,318 jobs or 23% of insured employment (employment covered by unemployment insurance, as reported to the NC Employment Security Commission by employers). But while total insured employment grew by 17% over the next seven years, through the second quarter of 2007, the manufacturing job base shrank by over 5,000 jobs or 38%. This included the loss of over 2,500 jobs held by Cabarrus County workers when the Pillowtex Corporation filed for bankruptcy and closed its Cabarrus County plant. Tobacco manufacturing will also leave Cabarrus by 2010, when the Philip Morris cigarette plant moves its operations to Virginia, taking with it an additional 2,500 jobs.

Increase in Service Sector Jobs

So where did the net 17% growth in total insured employment come from, while the manufacturing jobs were leaving? The greatest increases were in Education and Health Services which added over 5,000 jobs to provide schools and education to our rapidly growing population and to support the growth of health care services including Carolinas Medical Center–NorthEast (CMC-NorthEast) and our public health authority, the Cabarrus Health Alliance. Other significant gains came in Leisure and Hospitality, adding almost 4,000 jobs, and in the Trade, Transportation and Utilities sector which includes retail, adding over 2,000 jobs.

Future Growth in Bio-Technology

For the future, the county has secured the North Carolina Research Campus (NCRC) being developed on the former Pillowtex property. This will accelerate the growth Cabarrus is already seeing and bring over 4,000 bio-tech research lab jobs by 2012. The resulting economic stimulus will mean growth in all service sectors. It will also mean an influx of differences. Research by Market Street Services indicates that the bio-tech workforce is far more diverse in terms of ethnicity, religious preference, educational attainment, cultural background and lifestyle than the current population of Cabarrus County. With a more urban and diverse environment available next door in Charlotte, Cabarrus County will be challenged to adapt if it hopes to keep the NCRC workforce living in and contributing to the Cabarrus economy.

Impacts of Economic Change

Viewing the economy and the community as a system, these shifts have contributed to a series of ripple effects. Jobs creation is largely taking place at two ends of the spectrum — those requiring higher education and offering higher wages and benefits, and on the other end, retail and hospitality jobs open to those with low educational attainment but offering low wages and often no benefits.

Manufacturing jobs, which are disappearing, have traditionally paid more than minimum wage and offered a solid package of benefits including health insurance and pensions to workers without college or often even high school educations. Displaced manufacturing workers find themselves untrained, inadequately educated and unqualified for many of the new jobs being created in healthcare, education and certainly the newly created jobs in bio-tech. The work for which they are qualified is increasingly lower wage retail and hospitality jobs with no benefits. The number and percentage of the population without health insurance and unable to afford basic preventive health, vision and dental care are increasing. Lower wage retail and hospitality jobs often entail irregular and evening/weekend hours resulting in greater need for public transportation and child care options at a wider range of hours and locations. And the difficult to measure, but nonetheless real, increases in stress and anxiety lead to greater need for a system of affordable mental health supports that is easy to navigate.

2008 KEY ISSUES AND NEEDS

Workforce Development and Jobs Creation

I. Data

A. Key Informant Survey

Key Informants were asked how strongly they agreed with the statement, “There is enough economic opportunity in Cabarrus County.” It is interesting to note that 37% either disagreed or strongly disagreed with the statement while almost the same percentage (36%) agreed or strongly agreed with it. This left 30% ranked as ‘neutral’. The lack of a clear answer to this question can be considered an indication that this topic remains one worth additional thought and discussion.

Key Informants were also asked to identify issues requiring immediate attention and emerging issues. These were open ended questions to which respondents could provide multiple answers. Answers were grouped and the following tables depict those issues identified most often as requiring immediate attention or as being emerging issues.

“Jobs/skills mismatch” was a top issue requiring immediate attention while “Jobs/workforce development” was the top emerging issue.

Key Informants:

| Rank | Issues Requiring Immediate Attention | % Respondents* |
|------|--------------------------------------|----------------|
| 1 | Obesity/diet/fitness | 23% |
| | Mental health issues | 23% |
| 2 | Education | 22% |
| 3 | Jobs/skills mismatch | 16% |
| 4 | Affordable healthcare/insurance | 14% |
| 5 | Transportation | 12% |
| 6 | Safe, affordable housing | 11% |
| 7 | Wholesome activities for teens | 9% |
| 8 | Immigrant issues | 8% |
| 9 | Dental | 6% |

Key Informants:

| Rank | Emerging Issues | % Respondents* |
|------|-----------------------------------|----------------|
| 1 | Jobs/workforce development | 22% |
| 2 | Immigrant issues | 21% |
| 3 | Growth/strain on infrastructure | 17% |
| 4 | Education | 16% |
| 5 | Changing culture & community | 14% |
| 6 | Services for the elderly | 10% |
| 7 | Safe, affordable housing | 8% |
| | Affordable healthcare/insurance | 8% |
| | Transportation | 8% |
| 8 | Obesity/diet/fitness | 7% |

* % Respondents is the percentage of respondents who listed each issue. Percentages do not sum to 100% as respondents were free to list multiple issues.

B. Consumer Survey

One in seven (15%) of respondents to the Consumer Survey said there was a household member who was unable to find a job. This need appears to have increased since the 2004 study. Thirty-six percent of Hispanic/Latino respondents reported having a household member who needed a job but could not find one, as did 30% of African Americans. Sixty-five percent of those needing employment were looking for full time jobs.

| Consumer Survey Question #27: <i>"Please select those things that have most impacted you or those in your household from getting a job."</i> | |
|---|-----|
| Not enough skills | 26% |
| Jobs available don't match skills | 25% |
| Not enough work experience | 23% |
| No information about available jobs | 23% |
| No transportation | 21% |
| Not certified/licensed | 20% |
| Don't know how to make a good impression | 14% |
| No one to care for children | 13% |
| Physical/cognitive disability or chronic illness | 12% |
| No one to help find out what skills a person has | 10% |
| Not enough skills | 26% |

The top three reasons for not being able to find employment were all related to job skills and experience.

The most commonly cited unmet educational need was for vocational and technical training.



C. Statistical Indicators

From 2000 to the second quarter of 2007, Cabarrus suffered a 38% decline in the number of manufacturing jobs. During this same period, the number of people employed in the service-providing domain (including all service providing sectors) increased by 35%.

| Cabarrus County Insured Employment* | | North Carolina Employment Security Commission | |
|--|-----------------------------|---|---------------|
| INDUSTRY | 2000 Avg. Employment | 2007 Q2 Avg Employment | % chg. |
| Goods Producing | | | |
| • Natural Resources, Mining | 189 | 222 | 17% |
| • Construction | 4,093 | 5,088 | 24% |
| • Manufacturing | 13,318 | 8,210 | -38% |
| TOTAL GOODS PRODUCING | 17,600 | 13,520 | -23% |
| Service Providing | | | |
| • Trade, Transp., Utilities | 12,733 | 14,858 | 17% |
| • Information | 1,021 | 868 | -15% |
| • Financial Activities | 1,907 | 1,623 | -15% |
| • Prof. & Business Services | 4,683 | 6,863 | 46% |
| • Education & Health Services | 9,683 | 14,958 | 54% |
| • Leisure & Hospitality | 5,739 | 9,407 | 36% |
| • Other Services | 1,394 | 1,834 | 32% |
| • Public Administration | 2,448 | 2,734 | 12% |
| • Other unclassified | no data | 284 | n/a |
| TOTAL SERVICE PROVIDING | 39,604 | 53,429 | 35% |
| TOTAL ALL EMPLOYMENT | 57,204 | 66,949 | 17% |

* Employment covered by unemployment insurance, as reported to the NC Employment Security Commission by employers.
Source: North Carolina Employment Security Commission.

II. Analysis

The loss of over 5,100 manufacturing jobs in Cabarrus County between 2000 and mid-year 2007 has displaced a large segment of the workforce, many of whom do not have bachelor's degrees or even high school diplomas. Over that same period, a net 17% growth in employment appears to have come at two ends of the spectrum. Education and healthcare jobs, paying a higher wage and requiring higher education and training, grew as did low wage jobs in retail and hospitality. With the development of the North Carolina Research Campus, expected to create an additional 4,000 research lab jobs in bio-technology (Market Street Services), this trend will continue. There is an apparently growing mismatch between the skills of much of the available workforce and the requirements of jobs that pay the kind of wages once earned by manufacturing workers.

Key Informants tell us that this mismatch between worker skills and jobs requirements is one of the top issues and also point to several related issues, dropout rates and illiteracy, which will be discussed in more depth in the section on Education Across the Spectrum. The Consumer Survey confirmed this concern. One in seven respondents indicated that at least one member of their household needed a job and was unable to find one. Sixty-five percent of those were residents needing full-time work. When asked to identify the key reason they were unable to find work, the number one factor was inadequate skills and the second most often mentioned factor was the fact that the workers' skills didn't match the jobs

available. When asked about unmet educational needs, vocational/technical training is mentioned most often and appears to be a growing need since the 2004 needs assessment.

Cabarrus County needs efforts on both sides of the equation — attraction of jobs that pay a living wage and offer benefits to workers but also workforce education and development to raise the skills of the workforce at every level, from high school dropouts to graduate students in the sciences and technology. Many strategies to educate workers are already in place, including the efforts of Rowan Cabarrus Community College to retrain displaced Pillowtex workers and others. These efforts must include outreach to inform workers about the resources available and to overcome any reluctance to take advantage of these resources. We also need to invest in more math and science education in our schools and begin to prepare the highly skilled workforce needed by the North Carolina Research Campus.

Education Across the Spectrum

I. Data

A. Key Informant Survey

Key Informants were asked to identify issues requiring immediate attention and emerging issues. These were open ended questions to which respondents could provide multiple answers. Answers were grouped and the following tables depict those issues identified most often as requiring immediate attention or as being emerging issues. “Education” is a key issue on both lists.

Key Informants

| Rank | Issues Requiring Immediate Attention | % Respondents* |
|----------|--------------------------------------|----------------|
| 1 | Obesity/diet/fitness | 23% |
| | Mental health issues | 23% |
| 2 | Education | 22% |
| 3 | Jobs/skills mismatch | 16% |
| 4 | Affordable healthcare/insurance | 14% |
| 5 | Transportation | 12% |
| 6 | Safe, affordable housing | 11% |
| 7 | Wholesome activities for teens | 9% |
| 8 | Immigrant issues | 8% |
| 9 | Dental | 6% |

Key Informants

| Rank | Emerging Issues | % Respondents* |
|----------|---------------------------------|----------------|
| 1 | Jobs/workforce development | 22% |
| 2 | Immigrant issues | 21% |
| 3 | Growth/strain on infrastructure | 17% |
| 4 | Education | 16% |
| 5 | Changing culture & community | 14% |
| 6 | Services for the elderly | 10% |
| 7 | Safe, affordable housing | 8% |
| | Affordable healthcare/insurance | 8% |
| | Transportation | 8% |
| 8 | Obesity/diet/fitness | 7% |

* % Respondents is the percentage of respondents who listed each issue. Percentages do not sum to 100% as respondents were free to list multiple issues.

Key Informants were given a list of community issues and asked to rate each one on a scale of 1-10 with 10 being “very significant” and 1 being “not significant.” The ratings of the Key Informant survey population were averaged and the top ten issues are depicted in the table below. Among the top ten are two relating to education: “Dropping out of school” and “Illiteracy.”

Key Informants

| Rank | Community Issues Rated Most Significant | Average* |
|----------|---|-------------|
| 1 | Lack of/inadequate insurance for mental health care | 7.91 |
| 2 | Lack of/inadequate insurance for medical care | 7.74 |
| 3 | Lack of/inadequate insurance for dental care | 7.57 |
| 4 | Dropping out of school | 7.48 |
| 5 | Illiteracy | 7.37 |
| 6 | Drug use/abuse | 7.36 |
| 7 | Access to mental health care | 7.34 |
| 8 | Low income/poverty | 7.31 |
| 9 | Poor eating habits | 7.30 |
| 10 | Lack of exercise | 7.29 |

*Scale: 10 = very significant; 1 = not significant

B. Consumer Survey

Vocational/technical training and continued education after high school were the two most commonly mentioned unmet educational needs from the 2008 Consumer Survey. Since 2004, the unmet needs for both vocational training and English as a second language appear to have increased. Non-whites and respondents below the poverty line are more likely than others to have unmet educational needs in general.



C. Statistical Indicators

More Cabarrus County residents had a high school diploma or higher in 2006 (84.4%) than in 2000 (78.2%). However, nearly 1 in 6 adults over the age of 25 does not have a high school diploma or equivalent, and fewer than one in four residents have a Bachelor’s degree or higher.

Educational Attainment of Cabarrus Residents (age 25 and older) as a percent of total population

| Educational Attainment | % in 2000 | | % in 2006 | |
|---|-----------|------|-----------|------|
| | Cabarrus | NC | Cabarrus | NC |
| Less than 9 th grade | 7.6 | 7.8 | 5.0 | 6.6 |
| 9 th to 12 th grade, no diploma | 14.2 | 14.0 | 10.6 | 11.4 |
| High school graduate (including equivalency) | 30.1 | 28.4 | 31.9 | 29.7 |
| Some college, no degree | 21.9 | 20.5 | 20.5 | 19.3 |
| Associate degree | 7.1 | 6.8 | 10.2 | 8.1 |
| Bachelor’s degree | 14.4 | 15.3 | 14.9 | 16.5 |
| Graduate or professional degree | 4.7 | 7.2 | 6.6 | 8.3 |
| High School graduate or higher | 78.2 | 78.1 | 84.4 | 82.0 |
| Bachelor’s degree or higher | 19.1 | 22.5 | 21.8 | 24.8 |

Source: U.S. Census Bureau <http://www.census.gov> 2000 Census & 2006 American Community Survey

Dropout Rates - Percent of 9th – 12th Grade Enrollment

| School District | 98-99 | 99-00 | 00-01 | 01-02 | 02-03 | 03-04 | 04-05 | 05-06 | 06-07 |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Cabarrus Co | 5.74 | 5.48 | 4.66 | 4.73 | 4.21 | 4.09 | 5.24 | 5.03 | 4.77 |
| Kannapolis City | 5.30 | 6.20 | 4.83 | 5.20 | 4.39 | 5.32 | 5.87 | 6.59 | 6.77 |
| North Carolina | - | 6.43 | 5.71 | 5.25 | 4.78 | 4.86 | 4.74 | 5.04 | 5.24 |

Source: North Carolina Department of Public Instruction, *Annual Report on Dropout Events and Rates*, <http://www.ncpublicschools.org>

For the past three school years, high school dropout rates have shown decreases in

the Cabarrus system and increases in the Kannapolis system. The rate in the Cabarrus system has been lower than the State rate in all but one year.

Dropout rates directly impact high school graduation rates – a measure of school success. The *No Child Left Behind Act of 2001* requires schools that graduate 12th grade students to report a graduation rate as part of the measurement of Adequate Yearly Progress. The four-year cohort graduation rate answers the question, “*Of the 9th graders who start school in a particular year, how many of them receive a high school diploma four years later?*” Overall, the 2007-2008 graduation rate for Cabarrus County Schools was 72.9 percent and for Kannapolis City Schools it was 69.3 percent. (There are a number of rules with respect to how and whether students are counted – this results in variability from year to year in cohort rates.)

| Percent of 9th Graders Entering High School in 2004-2005 who Graduated in 2007-2008 | | | |
|---|-----------------------|------------------------------------|------------------------------------|
| Subgroup | North Carolina | Cabarrus County Schools | Kannapolis City Schools |
| All Students | 69.9 | 72.9 | 69.3 |
| Male | 65.8 | 69.7 | 67.3 |
| Female | 74.1 | 76.2 | 71.4 |
| Native American | 55.7 | 61.5 | - |
| Asian | 80.9 | 75.8 | - |
| Black | 62.3 | 63.4 | 73.7 |
| Hispanic | 56.2 | 48.2 | 61.7 |
| Multi-Racial | 68.4 | 70.7 | - |
| White | 75.2 | 78.0 | 69.6 |
| Economically Disadvantaged | 58.7 | 56.0 | 60.1 |
| Limited English Proficient | 49.6 | 41.4 | 47.8 |
| Students with Disabilities | 56.2 | 63.3 | 52.5 |

According to our school district administrators, Hispanic/Latino students, as a percentage of total enrollments, are increasing. Limited English Proficiency students, as a percentage of the kindergarten-12th grade population, have tripled in Kannapolis schools from 5% in 2000 to 15.7% in 2008. There has been an increase of 167% in English as Second Language students in Cabarrus County schools, from 2.8% in 2000 to 7.5% in 2008.

According to the North Carolina Community College Literacy Resource Center, the most current adult literacy estimates for Cabarrus County indicate that 18% of our population falls within the lowest of five literacy levels. This indicates that 18% of adults likely have serious literacy difficulties and need significant literacy instruction. This literacy level indicates difficulty completing the following types of tasks: locating a single piece of information stated in short text, locating or entering specific information on a form, and performing a single, simple, specified arithmetic operation from numbers provided.

II. Analysis

Closely related to Workforce Development is Education Across the Spectrum, by which we mean early childhood through graduate level and adult education, that will drive a thriving economy and allow Cabarrus County residents to live self-sufficient and productive lives. Key informants listed education issues, in general, and dropping out of school and illiteracy in particular, among the most significant issues facing the county. The growth the county is now experiencing is expected to continue and schools will be challenged to keep up with the need to educate a growing student population. The Cabarrus system alone grew from 19,882 students in '02 -'03 to 25,540 students in '06 -'07. Schools will require adequate funding and strong community support.

The dropout rate is of concern as school systems continually strive to reduce dropouts and assure that all students succeed. The factors leading a child to drop out of school are many and are often interrelated. As demographics change and poverty increases in Cabarrus County, so do the number of children who find learning more difficult because of a chaotic home life, parents who have lost a job or fear they may, housing and food insecurity, and increasing rates of depression, anxiety, and substance abuse issues. Absenteeism increases for these children. Children who struggle academically often have behavior issues as well, and the two can be reinforcing. Behavior problems may lead to suspensions that cause a student to fall behind and develop more behavior issues. It then becomes increasingly difficult to catch up, and the cycle can continue until the student gives up.

Addressing dropout prevention successfully must include accurately identifying the magnitude of the problem and understanding the complex array of forces that impact it. These may include alternate ways to support suspended and expelled students so that they can continue their education, identifying underlying causes for poor attendance and providing culturally appropriate responses. Poor school attendance and poor work habits can carry over to be problems in the workplace and should be addressed early.

With 18% of Cabarrus adults with serious literacy difficulties and nearly 1 in 6 adults (15.6%) over the age of 25 without a high school diploma or equivalent, it is imperative that emphasis be placed on education. Our increasingly technological society places greater and more rigorous literacy demands on us. People must be able to read, write, do math, and think critically in the context of their work, families, and communities at levels far more advanced than ever before. The quality and scope of education at all levels should be enhanced to meet the requirements of the changing economy. Fewer than 1 in 4 (21.8%) Cabarrus adults have a bachelor's degree or more. We must develop a more highly educated workforce to staff the kinds of jobs being created in healthcare, education and biotechnology.

The county's school systems have seen large increases in the number of Limited English Proficiency (LEP) students due to the influx of second languages into this region. We anticipate that increasing diversity will mean LEP students with a broader array of native languages. Addressing this expanding need will mean educating larger numbers of students as well as having the capacity to teach English across a broader range of languages. While this need may be most strongly felt in the K-12 system, it will also impact agencies providing adult literacy services and post-secondary college and vocational education as well as all human services organizations.

Mental Health Services – Accessibility and Affordability

I. Data

A. Key Informant Survey

Key Informants were asked to identify issues requiring immediate attention. This was an open-ended question to which respondents could provide multiple answers. Answers were grouped and the following table depicts those issues identified most often as requiring immediate attention.

Key Informants

| Rank | Issues Requiring Immediate Attention | % Respondents* |
|------|--------------------------------------|----------------|
| 1 | Obesity/diet/fitness | 23% |
| | Mental health issues | 23% |
| 2 | Education | 22% |
| 3 | Jobs/skills mismatch | 16% |
| 4 | Affordable healthcare/insurance | 14% |
| 5 | Transportation | 12% |
| 6 | Safe, affordable housing | 11% |
| 7 | Wholesome activities for teens | 9% |
| 8 | Immigrant issues | 8% |
| 9 | Dental | 6% |

Mental health issues were tied with Obesity/diet/fitness as the issues most requiring immediate attention.

* % Respondents is the percentage of respondents who listed each issue. Percentages do not sum to 100% as respondents were free to list multiple issues.

Key Informants were given a list of community issues and asked to rate each one on a scale of 1-10 with 10 being “very significant” and 1 being “not significant.” The ratings of the key informant survey population were averaged and the top ten issues are depicted in the table below.

Key Informants

| Rank | Community Issues Rated Most Significant | Average* |
|------|--|-------------|
| 1 | Lack of/inadequate insurance for mental health care | 7.91 |
| 2 | Lack of/inadequate insurance for medical care | 7.74 |
| 3 | Lack of/inadequate insurance for dental care | 7.57 |
| 4 | Dropping out of school | 7.48 |
| 5 | Illiteracy | 7.37 |
| 6 | Drug use/abuse | 7.36 |
| 7 | Access to mental health care | 7.34 |
| 8 | Low income/poverty | 7.31 |
| 9 | Poor eating habits | 7.30 |
| 10 | Lack of exercise | 7.29 |

* Scale: 10 = very significant; 1 = not significant.

The top issue was “Lack of/inadequate insurance for mental health care.” Also in the top ten issues were “Drug use/abuse” and “Access to mental health care.”

Key Informants

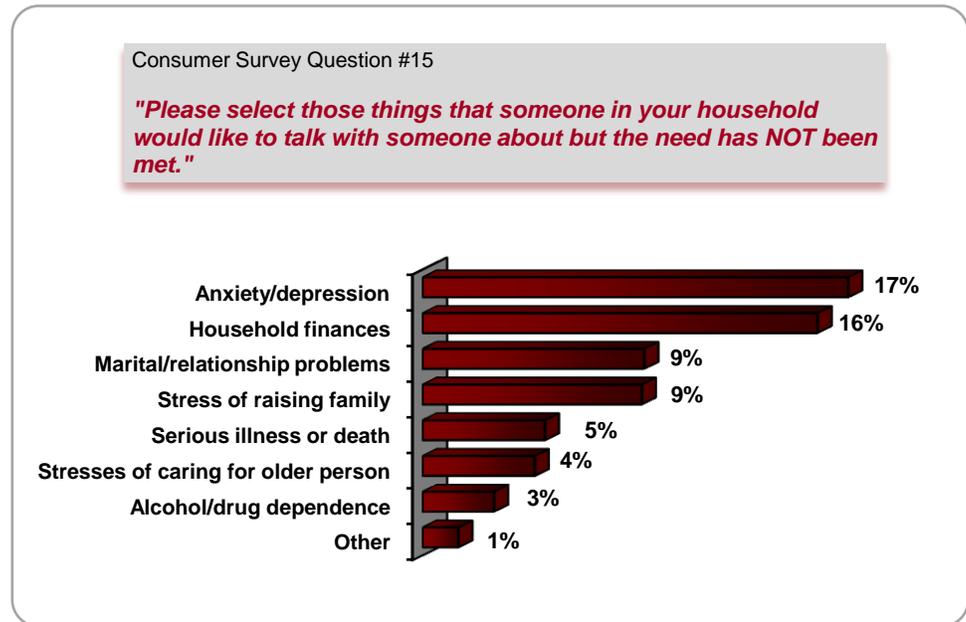
| Rank | Most Pressing Health Problems | % Respondents* |
|------|-------------------------------------|----------------|
| 1 | Obesity/Overweight | 79.5% |
| 2 | Mental health issues | 58.3% |
| | Heart Disease Heart Attack | 58.3% |
| 3 | Diabetes | 55.1% |
| 4 | Cancer | 42.5% |
| 5 | Aging Problems | 32.3% |
| 6 | Learning/Developmental Disabilities | 28.3% |
| 7 | Teen Pregnancy | 26.8% |

* % Respondents who selected each issues as one of their top five.

When given a list of 23 health problems and asked to select five as the “most pressing” 58% of Key Informants chose “Mental health issues,” second only to “Obesity/overweight.”

B. Consumer Survey

Of the five care and service needs measured on the survey, the most common unmet need is for counseling and it appears to have increased since 2004. Overall, eleven percent of respondents report an unmet need for counseling. When asked to identify issues for which they need counseling, anxiety and depression top the list. Minorities, households with children, and those living in poverty are more likely to have unmet counseling needs.



C. Statistical Indicators

Use of Mental Health Programs - Since 1998, the rate of individuals served in mental health programs in Cabarrus County has increased 112% from 20.9/1000 population to 44.3/1000. (North Carolina State Data Center, LINC system - <http://linc.state.nc.us/>)

Health Insurance Coverage - In 2006, 21.4% of Cabarrus residents reported that they do not have health insurance, and therefore are without insurance to assist with mental health and substance abuse services. (NC Behavioral Risk Factor Surveillance System, 2006)

Alcohol and Tobacco Use Among Students - In 2007, 3.3% of Middle School students and 12.7% of High School students report that they are allowed to drink alcohol at home. Also in 2007, 20% of High School students and 5% of Middle School students say they have smoked cigarettes within the last 30 days. The critical age at first use appears to be between 12 and 13 and over half begin between 12 and 15 years of age.

- 26.7% of students who use tobacco started using under age 12; 50.4% under age 14.
- 31.8% of students who drink started drinking alcohol under age 12; 67.1% under age 14.

Source: 2007 Tobacco, Alcohol, and Drug Use Survey of Cabarrus County School System Middle and High School Students.)

Child Abuse and Neglect - Substantiated cases of child abuse and neglect have been rising in Cabarrus County since FY '00-'01. Substance abuse is often a component in these cases. (Cabarrus Co. DSS)

Child Abuse and Neglect – Investigative Reports and Substantiated Reports

| Cabarrus County | 1998-1999 | 1999-2000 | 2000-2001 | 2001-2002 | 2002-2003 | 2003-2004 | 2004-2005 | 2005-2006 |
|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Investigative Reports | 1,528 | 1,485 | 1,557 | 1,767 | 1,806 | 1,821 | 2,058 | 2,509 |
| Substantiated Reports | 369 | 385 | 313 | 320 | 405 | 475 | 477 | 616 |

Source: <http://www.dhhs.state.nc.us/dss/stats/cr.htm>

II. Analysis

Mental health needs are at the top of the list of issues requiring immediate attention for our Key Informants. Lack of or inadequate insurance for mental health services is #1 on the list of most significant community issues and access to mental health care is #7. The economic changes, discussed earlier in this document, seem to be contributing to this situation. The Consumer Survey shows reported increases in unmet needs for counseling on depression, anxiety, finances and family/relationship issues. Compounding this increase in need is the loss of health insurance that accompanies the loss of a job with benefits. While most health insurance plans have provided minimal coverage for mental health services, without it, affordability becomes an even bigger issue. And finally, this increase in need and greater difficulty with affordability comes at a time when the system of mental health services has become more confusing and may in fact have gaps for some groups.

The statewide reform of the publicly funded mental health services system, implemented in 2002, was intended to improve efficiency and quality of care as well as to allow patients to receive care as close as possible to their home communities. Local mental health agencies such as Piedmont Behavioral Healthcare are no longer direct service providers but have become local management entities (LMEs) which manage state funds and a network of contracted local service providers. Many in the health and human services field across the state believe the reform has been unsuccessful, if not disastrous. Waiting times for services are often long and there is significant confusion in the minds of the general public and even many physicians and other professionals over how and where to access services. Further, the instability in the state system is contributing to a statewide shortage of qualified mental health professionals willing to work in the publicly funded system.

The experience in Cabarrus County has been far more positive due largely to the efforts of our LME, Piedmont Behavioral Healthcare (PBH). PBH manages treatment for those who are severely and persistently mentally ill and are Medicaid eligible. This mandated focus on more serious mental health issues leaves a gap in services for those with less critical but nonetheless serious issues of depression, anxiety, counseling, and substance abuse.

PBH has educated professionals on services available, secured Medicaid waivers which allowed them to more effectively manage the funds allocated from the state, introduced mobile crisis services and developed a screening and triage service via a 1-800 number that offers referrals to providers in the PBH network. The majority of key respondents who provided narrative comments on this issue indicated that PBH has been a model for the rest of the state. Waiting lists for services are shorter in Cabarrus than in other parts of the state and vary based on need. Nevertheless, there is concern that the publicly funded mental health system is still cumbersome, difficult to explain and difficult to navigate for the lay person.

The overall system of mental health services can be strengthened. For residents who do not meet the criteria for care from PBH, some providers offer sliding scale fees. However, there is a shortage of mental health professionals as well as an apparent reluctance by some to seek treatment from mental health practitioners. These factors may mean that those who are essentially healthy but have a mental or emotional issue that would benefit from short term therapy do not always get that treatment. One approach being piloted by PBH is to educate primary care physicians on mental health screening techniques and encourage those practices to offer a mental health professional on their staff. Surveys show that patients' most preferred place to go for mental health treatment is their primary care physician. There are also shortages of care for those with mental illness or substance abuse problems requiring in-patient treatment. Other than a geriatric in-patient program at CMC-NorthEast and a short-term (10 days or less) program at the Crisis Recovery Center, there are no in-patient treatment options for mental illness or substance abuse in the county.

The need for mental health and substance abuse services impacts children and teens as well. While there is little hard data being tracked to substantiate this at the local level, we note the frustrations of our school systems in seeking appropriate care for students and the rising national trend of depression and anxiety among children and teens, teen suicide, school violence and bullying. We believe we need a stronger network of concerned professionals (including teachers, pediatricians and others) who can screen and refer if appropriate. For those children and teens who are severely mentally ill, there are no in-patient treatment options in Cabarrus County. The increase in substantiated cases of child abuse and neglect is also of concern as is the fact that the families involved often have substance abuse issues as well.

Affordability is also an issue. Those with incomes over the threshold for publicly funded care often rely on private health insurance which may be inadequate, covering a limited number of visits for counseling, and paying only a portion of the actual cost. Most plans provide little or no coverage for substance abuse. The recently passed North Carolina Mental Health Parity law will require employers of 50 or more who offer insurance for physical health to also provide coverage for some mental health treatments (excludes substance abuse). This may help, but if employers find the addition of more robust mental health coverage raises costs too much, there is fear that fewer employers will provide any sort of health/mental health insurance, exacerbating this and other problems.

Housing – Safe and Sustainable

I. Data

A. Key Informant Survey

Key Informants were asked to identify issues requiring immediate attention and emerging issues. These were open ended questions to which respondents could provide multiple answers. Answers were grouped and the following tables depict those issues identified most often. **Availability of safe, affordable and sustainable housing** was rated an emerging issue and one that requires immediate attention.

Key Informants

| Rank | Issues Requiring Immediate Attention | % Respondents* |
|----------|--------------------------------------|----------------|
| 1 | Obesity/diet/fitness | 23% |
| | Mental health issues | 23% |
| 2 | Education | 22% |
| 3 | Jobs/skills mismatch | 16% |
| 4 | Affordable healthcare/insurance | 14% |
| 5 | Transportation | 12% |
| 6 | Safe, affordable housing | 11% |
| 7 | Wholesome activities for teens | 9% |
| 8 | Immigrant issues | 8% |
| 9 | Dental | 6% |

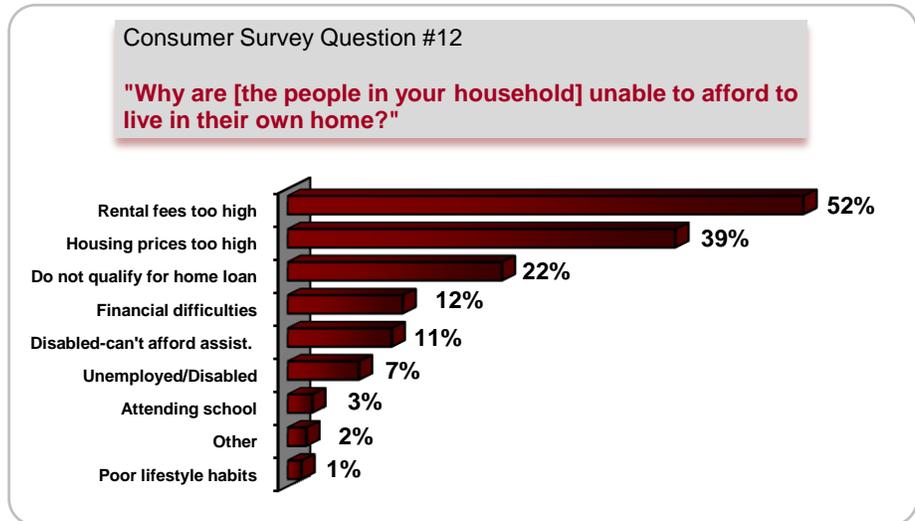
Key Informants

| Rank | Emerging Issues | % Respondents* |
|----------|---------------------------------|----------------|
| 1 | Jobs/workforce development | 22% |
| 2 | Immigrant issues | 21% |
| 3 | Growth/strain on infrastructure | 17% |
| 4 | Education | 16% |
| 5 | Changing culture & community | 14% |
| 6 | Services for the elderly | 10% |
| 7 | Safe, affordable housing | 8% |
| | Affordable healthcare/insurance | 8% |
| | Transportation | 8% |
| 8 | Obesity/diet/fitness | 7% |

* % **Respondents** is the percentage of respondents who listed each issue. Percentages do not sum to 100% as respondents were free to list multiple issues.

B. Consumer Survey

While 77% of survey respondents reported owning their own home, white respondents were significantly more likely than African Americans and Hispanics/Latinos (85% versus 64% and 19% respectively) to own their own homes. Nine percent indicated that there is a household member living with them who cannot afford a place of their own to live. Of these, a majority report that high rental and housing prices are the primary barriers.



In addition, unmet needs for assistance with utility bills and rent or house payments appear to have increased since 2004. Eleven percent of respondents report needing help with utility payments; 9% have unmet needs for help with the rent or house payment; and 8% need help for repairs to make their homes safe to live in.

C. Statistical Indicators

The 2000 US Census reports that the median gross monthly rent (includes additional costs such as utilities) in Cabarrus County rose 53% from the 1990 to 2000 surpassing both the rate of growth and the actual median gross rent seen for North Carolina as a whole.

Median Gross Monthly Rent

| Median Gross Rent | 1990 | | 2000 | | % increase 1990-2000 | |
|-------------------|-------|----------|-------|----------|----------------------|----------|
| | NC | Cabarrus | NC | Cabarrus | NC | Cabarrus |
| | \$382 | \$370 | \$548 | \$566 | 43% | 53% |

Source: North Carolina State Data Center, LINC system - <http://linc.state.nc.us/> Updated decennially only.

More recently, the North Carolina Housing Finance Agency reveals the impact of high rental rates in Cabarrus County reporting in 2007 that 40% of Cabarrus renters didn't earn enough to afford a 2-bedroom apartment at Fair Market Rent.

Rental Costs and Wages to Support

| Rental Costs/Wages | NC | Cabarrus | |
|--|----------|----------|-------|
| Fair Market Rent* for 2-bedroom unit | \$631.00 | \$707.00 | |
| Average hourly wage of renters (2005) | NA | \$10.93 | |
| Hourly wage needed to afford 2-bedroom unit at Fair Market Rate | \$12.14 | \$13.60 | |
| Renters that don't earn enough to afford a 2-bedroom apt. at Fair Market Rate (%; #) | NA | % | # |
| | | 40% | 5,018 |

Source: <http://www.nchfa.com/Nonprofits/RRstatehousing.aspx> *Fair Market Rent is generally the 40th percentile rent for the area.

Home foreclosures have increased steadily since 1998 and continue to rise. In 2007 Cabarrus County residents experienced 1,108 foreclosures – a 375% increase since 1998. Foreclosures devastate families by uprooting families, destroying credit, and consuming savings and assets. They also lead to destabilized neighborhoods with increased crime and lower property values, and negatively impact the tax base.

II. Analysis

Poverty is increasing in our community. The percentage of residents who receive food stamps has increased from 3.3% in 2000 to 8.2% in 2006 (North Carolina State Data Center). The percentage of families living below the federal poverty level has almost doubled, from 4.8% in 2000 to 8.4% in 2006 and 30% of families with a female head of household are in poverty – also doubling since 2000. (US Census Bureau) While poverty is increasing, the cost of rental housing is also increasing. The median gross rent (rent plus utilities) for Cabarrus County was lower than state average in 1990 but has now surpassed the state median, and increased by 53% over the ten year period.

The North Carolina Housing Finance Agency (NCHFA) estimates that 40% of Cabarrus renters do not earn enough to afford a 2 bedroom apartment at fair market rate. NCHFA also reports that twenty-three percent of all Cabarrus households have “housing problems,” defined as paying more than 30% of income for housing, having inadequate plumbing facilities or having over-crowded housing (more than one person per room). Cabarrus County social workers report that many of the local working poor live in very low quality housing that is often unsafe, unclean, infested, and overcrowded as multiple families share space to reduce costs.

The economic strain of changes in the economy may be most severely impacting our working poor — those who do not qualify for housing subsidy but who do not earn enough to afford safe housing, or who may be lured into risky mortgages that they cannot afford. Stable housing is often critical to maintaining stable employment. When one is lost, the other is in jeopardy. Housing instability also jeopardizes school performance for children and health outcomes for all family members. As more families slide into financial distress, the need grows for financial and credit counseling to avoid foreclosure and to help those who have already lost homes to get back on their feet.

Healthy Living – Weight, Nutrition, and Environmental Supports

I. Data

A. Key Informant Survey

Key Informants were asked to identify issues requiring immediate attention and emerging issues. These were open-ended questions to which respondents could provide multiple answers. Answers were grouped and the following tables depict those identified most often. **Key informants rated obesity/diet/fitness an important emerging issue and the top issue requiring immediate attention in the county.**

Key Informants

| Rank | Issues Requiring Immediate Attention | % Respondents* |
|------|--------------------------------------|----------------|
| 1 | Obesity/diet/fitness | 23% |
| | Mental health issues | 23% |
| 2 | Education | 22% |
| 3 | Jobs/skills mismatch | 16% |
| 4 | Affordable healthcare/insurance | 14% |
| 5 | Transportation | 12% |
| 6 | Safe, affordable housing | 11% |
| 7 | Wholesome activities for teens | 9% |
| 8 | Immigrant issues | 8% |
| 9 | Dental | 6% |

Key Informants

| Rank | Emerging Issues | % Respondents* |
|------|---------------------------------|----------------|
| 1 | Jobs/workforce development | 22% |
| 2 | Immigrant issues | 21% |
| 3 | Growth/strain on infrastructure | 17% |
| 4 | Education | 16% |
| 5 | Changing culture & community | 14% |
| 6 | Services for the elderly | 10% |
| 7 | Safe, affordable housing | 8% |
| | Affordable healthcare/insurance | 8% |
| | Transportation | 8% |
| 8 | Obesity/diet/fitness | 7% |

* % **Respondents** is the percentage of respondents who listed each issue. Percentages do not sum to 100% as respondents were free to list multiple issues.

Key Informants were given a list of community issues and asked to rate the significance of each on a scale of 1-10 with 10 being “very significant” and 1 being “not significant.” The ratings were averaged and the top ten issues are depicted in the table below. **Among the top ten are “poor eating habits” and “lack of exercise.”**

Key Informants

| Rank | Most Significant Community Issues | Average* |
|------|---|-------------|
| 1 | Lack of/inadequate insurance for mental health care | 7.91 |
| 2 | Lack of/inadequate insurance for medical care | 7.74 |
| 3 | Lack of/inadequate insurance for dental care | 7.57 |
| 4 | Dropping out of school | 7.48 |
| 5 | Illiteracy | 7.37 |
| 6 | Drug use/abuse | 7.36 |
| 7 | Access to mental health care | 7.34 |
| 8 | Low income/poverty | 7.31 |
| 9 | Poor eating habits | 7.30 |
| 10 | Lack of exercise | 7.29 |

*Scale: 10 = very significant; 1 = not significant.

Key Informants

| Rank | Most Pressing Health Problems | % Respondents* |
|------|--|----------------|
| 1 | Obesity/Overweight | 79.5% |
| 2 | Mental health issues Heart Disease Heart Attack | 58.3% |
| 3 | Diabetes | 55.1% |
| 4 | Cancer | 42.5% |
| 5 | Aging Problems | 32.3% |
| 6 | Learning/Developmental Disabilities | 28.3% |
| 7 | Teen Pregnancy | 26.8% |

Key Informants were asked to select the five most pressing health problems, having the greatest overall effect on the health of the community, from a list of 23.

Almost 80% included ‘obesity/overweight’ as one of the five most pressing issues.

* % Respondents who selected each issue as one of their top five.

B. Consumer Survey

When asked whether a medical professional had ever told anyone in the respondent’s household that they had any of a list of 21 illnesses or medical conditions, the top three health problems were ones that are directly related to unhealthy lifestyles and/or weight in many cases.

| Consumer Survey Question #18: <i>“Has a doctor or nurse ever told you or anyone in your household that you/they have one of these illnesses or conditions?”</i> | |
|--|---------|
| Condition | Percent |
| High blood pressure | 38% |
| Diabetes | 18% |
| Obesity | 17% |
| Vision/hearing loss | 16% |
| Asthma | 15% |
| Dental problems | 14% |
| Mental health diagnosis | 13% |
| Aging problems | 11% |
| Heart disease/heart attacks | 11% |
| Cancer | 9% |
| Cognitive disability | 5% |

African Americans were significantly more likely than Hispanics/Latinos or whites to have high blood pressure or diabetes.

C. Statistical Indicators

Several statistics point to the significance of obesity and overweight in Cabarrus County:

- The Behavioral Risk Factor Surveillance System survey (BRFSS) shows 63.4% of Cabarrus adults with BMI >25 (signifying overweight or obese);
- Among children seen in public health and WIC clinics, nearly 1 in 3 are overweight or at risk for becoming overweight (*NC Nutrition and Physical Activity Surveillance System*);
- Diabetes death rates are declining but are higher than the state (*NC State Center for Health Statistics*);
- Self-reported diabetes incidence is rising and is higher than the state (*BRFSS*);
- Direct and indirect costs of unhealthy lifestyles are \$225 million annually for adults and \$342,000 annually for youth in Cabarrus County (*Be Active NC*).

The Environment Health Assessment indicates that Cabarrus currently has eighteen parks/greenways covering 670 acres and including 16 miles of trails. These facilities provide important venues for

recreation and physical activity across the community. However, more investment in these facilities is needed as indicated by the Livable Community Blueprint – a master plan developed in 2002. This plan is currently being updated and will include incorporation of the Carolina Thread Trail – a fifteen county network of greenways and trails.

II. Analysis

Nearly two-thirds of Cabarrus residents are overweight or obese, as measured by a body mass index (BMI) of 25 or higher (BRFSS 2006). Looking at different population subgroups (by age, sex, income levels, race and education) overweight and obesity are high in all segments of the population — 54% or more within each subgroup are overweight or obese. Of particular concern is the rise in obesity among children — a trend nationwide and one that is resulting in rising rates of Type II Diabetes among children. Among children seen in public health and Women Infants and Children (WIC) clinics in Cabarrus in 2006, 32.4% of children age 2-4 and 42.5% of those age 5-11 were either overweight or at risk of becoming overweight.

This “epidemic” of obesity is not just a biological issue but also an economic and lifestyle issue and will require a multi-faceted approach. Individuals and families need education on the importance of fresh and healthy foods, how to read nutrition labels, and preparation techniques that can fit into busy schedules. They need sufficient income to purchase fresh, healthy foods and the time and facilities to prepare them. They need safe, convenient and appealing recreational opportunities, green spaces, walking trails and sidewalks as well as the time to take advantage of them. Increased attention to developing and sustaining these environmental supports is very important. The goal must be not just healthy diet or exercise but promoting a culture of healthy living.

Healthcare Affordability – Including Screening and Prevention

I. Data

A. Key Informant Survey

Key Informants were asked to identify issues requiring immediate attention and emerging issues. These were open-ended questions to which respondents could provide multiple answers. Answers were grouped and the following tables depict those identified most often. **Key informants rated “Affordable healthcare/insurance” an important emerging issue and an issue requiring immediate attention.**

Key Informants

| Rank | Issues Requiring Immediate Attention | % Respondents* |
|----------|--|----------------|
| 1 | Obesity/diet/fitness | 23% |
| | Mental health issues | 23% |
| 2 | Education | 22% |
| 3 | Jobs/skills mismatch | 16% |
| 4 | Affordable healthcare/insurance | 14% |
| 5 | Transportation | 12% |
| 6 | Safe, affordable housing | 11% |
| 7 | Wholesome activities for teens | 9% |
| 8 | Immigrant issues | 8% |
| 9 | Dental | 6% |

Key Informants

| Rank | Emerging Issues | % Respondents* |
|----------|--|----------------|
| 1 | Jobs/workforce development | 22% |
| 2 | Immigrant issues | 21% |
| 3 | Growth/strain on infrastructure | 17% |
| 4 | Education | 16% |
| 5 | Changing culture & community | 14% |
| 6 | Services for the elderly | 10% |
| 7 | Safe, affordable housing | 8% |
| | Affordable healthcare/insurance | 8% |
| | Transportation | 8% |
| 8 | Obesity/diet/fitness | 7% |

** % Respondents is the percentage of respondents who listed each issue. Percentages do not sum to 100% as respondents were free to list multiple issues.)*

Key Informants were given a list of community issues and asked to rate the significance of each on a scale of 1-10 with 10 being “very significant” and 1 being “not significant.” The ratings were averaged and the top ten issues are depicted in the table below. **Among the top ten were “Lack of/inadequate insurance for medical care” and “Lack of/inadequate insurance for dental care.”**

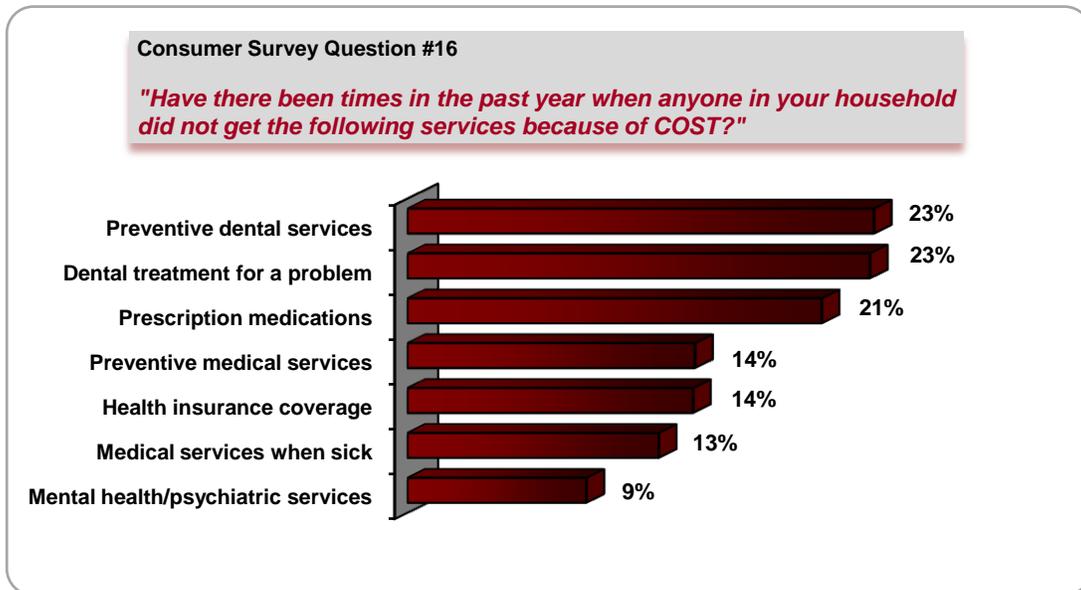
Key Informants

| Rank | Community Issues Rated Most Significant | Average* |
|----------|--|-------------|
| 1 | Lack of/inadequate insurance for mental health care | 7.91 |
| 2 | Lack of/inadequate insurance for medical care | 7.74 |
| 3 | Lack of/inadequate insurance for dental care | 7.57 |
| 4 | Dropping out of school | 7.48 |
| 5 | Illiteracy | 7.37 |
| 6 | Drug use/abuse | 7.36 |
| 7 | Access to mental health care | 7.34 |
| 8 | Low income/poverty | 7.31 |
| 9 | Poor eating habits | 7.30 |
| 10 | Lack of exercise | 7.29 |

** Scale: 10 = very significant; 1 = not significant.*

B. Consumer Survey

Responses regarding accessibility and affordability of health insurance indicate that about two-thirds of respondents are privately insured. About one in ten has no health insurance or use the Community Care Plan. African Americans and Hispanics/Latinos are less likely to have health insurance than whites. Additionally, 36% of those living in poverty have no health insurance. Lack of coverage also is a problem for those under the age of 30, with 21% of respondents reporting no health insurance. The impact of this lack of adequate and affordable health insurance became more evident when consumers were asked about health needs that were not met during the year due to cost.



When asked whether a medical professional had ever told anyone in the respondent’s household that they had any of a list of 21 illnesses or medical conditions, 38% indicated that high blood pressure was a problem. Diabetes, obesity and vision or hearing loss were reported by about one in every six respondents. African Americans were significantly more likely than Hispanics/Latinos or whites to have high blood pressure or diabetes. As is the case with virtually every need studied, Hispanics/Latinos, African Americans, and respondents below the poverty threshold were significantly more likely to report having unmet health care needs due to cost.

C. Statistical Indicators

Responses to the question, “Do you have health insurance coverage,” on the NC Behavioral Risk Factor Surveillance System survey indicate that the percentage answering “No” has been increasing faster in Cabarrus County than in North Carolina as a whole, with 17.6% reporting no health insurance in 2004, 18.7% in 2005 and 21.4% in 2006.

Cabarrus Residents less than 65 Years Old Reporting No Health Insurance – BRFSS, 2006

| No Health Insurance, Ages < 65 | 2004 | 2005 | 2006 |
|--------------------------------|--------|--------|-------|
| North Carolina | 20.2 % | 22.5% | 20.9% |
| Cabarrus County | 17.6 % | 18.7 % | 21.4% |

Source: 2006 BRFSS Survey Results: Cabarrus County - Question for Those Less Than 65 Years of Age: “Do you have health insurance coverage?”

Percent of Cabarrus Medicaid Recipients Receiving Dental Care

Medicaid recipients have a difficult time accessing dental care. Statistics for the past five years indicate that the percent of Medicaid recipients utilizing their Medicaid for dental services has increased but is still very low. Medicaid adults are less likely to receive dental care than Medicaid children.

| | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 |
|-----------------|---------|---------|---------|---------|---------|
| Adults | 18% | 20% | 21% | 22% | 22% |
| Children | 19% | 25% | 28% | 30% | 32% |

NC Division of Medical Assistance

Responses to the BRFSS question, “How long has it been since you last visited a dentist or a dental clinic for any reason?” indicate racial minorities and those with incomes less than \$50,000 per year are less likely to have been to a dentist within the past year and more likely to have gone five or more years without having been to a dentist.

The leading causes of death in Cabarrus County are heart disease, cancer and stroke. Rates of death for these causes are much higher in minority males and females than in white males and females. Disparities exist in both health status and access to health services. Access to early detection and treatment of these diseases and the risks associated with them is important.

Leading Causes of Death (Ranked by the Cabarrus Overall Rate) - Five Year Rates - 2002-2006, Resident Race & Sex-Specific Age-Adjusted Death Rates per 100,000 Population

| CAUSE OF DEATH | Rates of Death per 100,000 Population | | | | | | | | | |
|-----------------------------------|---------------------------------------|-----------------------|-----------------------|-------------------------|------------------------|--------------------------|--------------------------|----------------------------|---------------|-----------------|
| | NC White Male | CAB. White Male | NC White Female | CAB. White Female | NC Minority Male | CAB. Minority Male | NC Minority Female | CAB. Minority Female | NC Overall | CAB. Overall |
| 1. Heart Disease | 266.0 | 253.0 | 166.7 | 184.3 | 314.0 | 373.5 | 205.0 | 193.4 | 217.9 | 220.4 |
| 2. Cancer | 238.5 | 252.8 | 157.7 | 152.7 | 304.6 | 329.7 | 172.6 | 214.9 | 196.4 | 199.8 |
| 3. Cerebrovascular Disease | 57.0 | 54.2 | 55.3 | 57.9 | 85.8 | 98.5 | 75.5 | 73.9 | 61.1 | 59.4 |

Rates in red indicate where Cabarrus rates are greater than N.C. Source: NC State Center for Health Statistics

II. Analysis

A significant percentage of Cabarrus County residents are without adequate health insurance and need assistance with affordable healthcare. The already described shift in the employment base away from manufacturing jobs and toward service sector jobs without benefits may exacerbate this problem. Consumers report unmet needs for dental care, preventive care and prescription medications due to cost and it is our assumption that these are the healthcare needs that go unmet when a family’s income is strained and other needs are perceived to be more urgent. Cabarrus County has an excellent healthcare safety net but the capacity is not unlimited. Without health insurance, families will need access to affordable health care and especially to screenings and preventive care services.

Rates of dental decay for young children (detected during kindergarten screenings) have averaged around 15% for the past three years, lower than the state figure of about 21% for the same period. Rates in the fifth grade are slightly worse than the state (6% in 2006 versus 4%). Only 22% of adults on Medicaid receive dental care.

Overall, the top three causes of death in Cabarrus are heart disease, cancer and cerebrovascular disease/stroke. Death rates for heart disease and cancer are higher for Cabarrus than for the state. Additionally, the death rates for Cabarrus minority males are higher than the state rates for the top three causes of death and higher than any other racial/ethnic or gender group. Disparities in health status for minorities continue to be a significant problem.

EMERGING ISSUES AND NEEDS

Four issues will be discussed here as emerging issues. Although they are not necessarily new issues, they are a reflection of our changing community dynamics and represent overarching issues that are and will continue to have an effect on many aspects of our community. The importance of these issues is borne out by the Consumer Survey and the Statistical Indicators data and they were identified by the Key Informants as issues that call for our attention.

Hispanic/Latino Immigrant Issues

Issues resulting from the growth of the Hispanic/Latino population of Cabarrus County have prompted discussion and concern in three consecutive community needs assessments. In 2000, this was identified as one of the top four issues facing the county. In 2004, while not listed as a separate issue, it was noted throughout as a special concern on virtually every identified need. In this 2008 community needs assessment, once again we find that the complex array of issues and needs regarding our growing Hispanic/Latino population rises to the second most significant emerging issue reported by Key Informants. The 2008 Consumer Survey indicates that virtually every unmet need, from health needs to employment, education and transportation, is more severe for minorities and for those in poverty.

Hispanics/Latinos are disproportionately represented below the poverty level. The most recent US Census Bureau report on poverty and race/ethnicity at the county level, reported that Hispanics/Latinos were 5% of the total 2000 population of Cabarrus County but were 18% of the population living below the poverty level. Twenty-seven percent of Hispanics/Latinos in Cabarrus in 2000 were living in poverty and we believe that, with the growth in this population since 2000 and the overall increases in poverty in the county, that these statistics are now much worse.

The minority population of Cabarrus County continues to grow. In 2006, 8% of the Cabarrus County population was Hispanic/Latino. Over 20% of live births in the county were Hispanic/Latino. The percentage of students in our schools for whom English is a second language is also rising. In the 2000-2001 school year, 5.8% of students in the Cabarrus County School system were not native English speakers and that percentage rose to 7.5% in 2007-2008. The increase was more dramatic in Kannapolis City Schools. Over the same time period, the percentage of limited English proficiency students rose from 5% to 15.7%.

Hispanics/Latinos face the same set of needs and issues that any other high-poverty group faces: employment problems, housing and food insecurity, school difficulties, unmet health care needs and disparities in health status, transportation problems, and discrimination. These are all made exponentially more difficult for them and for those who seek to help, by language barriers and cultural differences. Translators and bilingual staff are in short supply and desperately needed by every corner of the health and human services and public service sectors. Cultural differences call for new approaches to many issues. As one example, the teen pregnancy rate for Hispanics/Latinos in Cabarrus is more than double the teen pregnancy rate for all minorities and more than triple the rate for white teens. Breaking the cycle of teen pregnancy has traditionally included strong efforts to keep pregnant and parenting teens in school. However, Hispanic/Latino teens often face significant pressure from family to drop out of school to raise their babies.

The search for solutions is complicated by the fact that illegal immigration has become a political hot button. The public will to meet the needs of our Hispanic/Latino residents is strained as budgets and agency manpower are stretched. Sorting out the legal issues from the economic, health and education issues will be difficult, especially in light of the fact that the children of illegal immigrants born in the

United States are citizens, and entitled to services which their parents may not know or be willing to access. These issues will continue to appear in our community needs assessments in future years until we find creative and collaborative ways to address them, including examining our own attitudes toward differences. Some of the narrative comments on this issue from the Key Informant Survey illustrate the difficulty:

- *Increasing Hispanic/Latino population... don't have enough interpreters and bilingual staff in the community to meet their needs;*
- *Communication with the Hispanic/Latino population;*
- *How to cover the cost of the ever growing Hispanic/Latino population;*
- *Need easier access to health care for Hispanic/Latino population;*
- *Increase in immigrant/refugee populations will place more need for culturally competent services across all aspects of human services;*
- *Intercultural tensions among Euro-Americans, African Americans, Hispanics/Latinos and Asian Americans;*
- *Language barriers due to increase in Hispanic/Latino population;*
- *Adequate services for Hispanic/Latino population;*
- *Integrating Hispanics/Latinos into the community as welcomed and valued members will strengthen the community;*
- *Diversity and language barriers;*
- *Illegal immigration.*

To date the immigrant population in Cabarrus County has been primarily Hispanic/Latino, but as the county grows and attracts more diversity we will see a greater variety of cultures and ethnicities immigrating into the community.

Population Growth and Infrastructure

A recent headline in the Kannapolis Independent Tribune described Cabarrus County's growth as "Explosive." Key informants listed growth and concerns over the resulting strain on the infrastructure as the #3 emerging issue facing Cabarrus County.

Population from 1990 & 2000 Census, with 2006 estimates and 2010 projections

| | North Carolina | % Change | Cabarrus | % Change |
|--------------------------------|----------------|----------|----------|--------------|
| 1990 Population | 6,628,637 | -- | 98,935 | -- |
| 2000 Population | 8,049,313 | 21.4% | 131,063 | 32.5% |
| 2006 Population (est) | 9,061,032 | 10% | 156,395 | 19.3% |
| 2010 Population (proj.) | 9,485,138 | 4.6% | 177,879 | 13.7% |

Source: U.S. Census Bureau and Population Estimates Program <http://www.census.gov>
 NC State Demographer's Office <http://demog.state.nc.us/>

Comments associated with this question indicated serious concern that the county must carefully plan for this growth to provide adequate roads, public transportation, schools and other services:

- *Community growing too fast for the infrastructure. Development needs to be curtailed until adequate resources are available;*
- *County does not have plan to address growing population and needs for more education;*
- *The rapidly growing population, regardless of socio-economic status, is going to place further demands on services;*

- *The infrastructure has not kept up with the growth, overcrowding in schools, etc.*
- *Inadequate roads for increased population;*
- *Access to schools, public service and healthcare will have to keep up with the pace of growth in this community.*

Among issues directly impacted by population growth are air quality, water quality and supply, and solid waste production. These are discussed further in the section below on environmental health but are acknowledged here as being significant issues, affected by rapid growth, that can lead to increased disease and disability.

Transportation, closely related to growth and infrastructure, was also in the list of top emerging issues and continues to appear on the list of issues requiring immediate attention. Progress has been made since the 2004 Needs Assessment in which transportation was named one of the most pressing issues. The CK Rider Bus System began operation in April 2004 and provided transportation along six routes for an average of nearly 31,600 rides per month in 2007. The Cabarrus County Transportation Service made over 100,860 trips within the county and just over 4,000 out of county trips in 2007. However, they are currently facing budget deficits and necessity to reduce services. Furthermore, there are still areas of the community and times of day for which service is not available. Usage of both services increased each year and as the county grows we will need to expand transportation options.

The changes in the economy discussed earlier in this document will bring growth and a new workforce to the North Carolina Research Campus. In terms of sheer numbers, the Market Street research study indicates a need for 4,000 new housing units over the next ten years in Cabarrus and Rowan counties. The study also tells us to expect these new workers to want a more urban lifestyle including a strong and vibrant urban core with a “sense of place,” as well as a mix of housing types and sizes and the amenities that go along with this “new urbanism” style of development — parks, green spaces, retail and other mixed uses as well as public transportation. There is concern that the workforce coming to the NCRC may choose to live in Mecklenburg County and commute to Kannapolis as many of these amenities already exist there. If Cabarrus hopes to keep these workers living and spending in Cabarrus, we must plan for this growth.

Changing Culture and Community

Along with changes in the economy and growth in sheer numbers of residents comes a growth in diversity beyond increases in Hispanic/Latino immigration.

| CABARRUS COUNTY POPULATION Race/Ethnicity | 2000 TOTAL | | 2006 ESTIMATED | |
|--|---------------------|-----------------|---------------------|-----------------|
| | NUMBER (131,063) | PERCENT 100% | NUMBER (156,395) | PERCENT 100% |
| One race | | | | |
| White | 109,127 | 83.3% | 126,065 | 80.6% |
| African-American | 15,961 | 12.2% | 22,692 | 14.5% |
| Asian | 1,190 | 0.9% | 2,396 | 1.5% |
| American Indian/Alaska Native | 443 | 0.3% | 327 | .2% |
| Other | 3,049 | 2.3% | 3,606 | 2.3% |
| Two or more races | 1,293 | 1.0% | 1,309 | 0.8% |
| TOTAL | 131,063 | 100.0% | 156,395 | 99.9% |
| <i>Hispanic or Latino (of any race)</i> | 6,620 | 5.1% | 12,717 | 8.1% |

Source: U.S. Census Bureau, 2000 Census and 2006 American Community Survey, www.census.gov

Increasingly the population of Cabarrus County will include people from all over the United States and the world. Natives of New York or California or New Delhi will live beside third and fourth generation natives of Midland or Concord. Market Street Services conducted research for the City of Kannapolis on the impact of the North Carolina Research Campus in terms of economic stimulus and changes in the population. Their research indicates that Cabarrus County can expect greater ethnic, racial and religious diversity as well as an influx of foreign nationals. A study done by Market Street of communities that have developed similar bio-technology hubs finds that these workers will also demand higher quality education for their children. Virtually every aspect of Cabarrus County life will be impacted by this growth and increasing diversity.

Key Informants expressed concerns over whether or not the county is adequately planning for these changes and challenged the county to prepare to become more welcoming of diversity. Narrative comments included concerns about the tensions these differences may produce, losing a sense of close-knit community, changing traditions and values, and concern that new residents might not share the same commitment to the community as long time Cabarrus residents. Others worried that Cabarrus residents may not be as welcoming to those newcomers.

Some of the comments from the Key Informant Survey when asked to identify emerging issues were:

- *It's no longer my community;*
- *New residents bringing their culture and experiences ...and meshing with the locals;*
- *Incoming residents don't often think of themselves as vested in this community;*
- *Growth, leading to a reformation of community values and priorities, traditions;*
- *Tolerance of different cultures and religions...of differing opinions;*
- *Younger, more urban and sophisticated population will be attracted to bio-tech Center but have no reason to live in Cabarrus County;*
- *Diversity in intellectual levels cause friction;*
- *Diverse ethnic groups coming with research campus will change our community. Need to be open to this.*

While the Consumer Survey did not ask directly about diversity and changes in the culture, there were three questions about the experience of discrimination. Twenty-one percent of respondents reported being discriminated against in the past year, most commonly in regards to getting a job or a promotion. Forty-two percent of Black and forty-two percent of Hispanic/Latino respondents reported discrimination in housing, employment or some other area. Respondents below the poverty threshold were more likely to report discrimination than other respondents (39% versus 18%). The perception among many is that Cabarrus has not always been welcoming of minorities or “outsiders” and we are concerned that the county’s response to an increasingly diverse population may not be as welcoming as it should be without focus being placed on this issue.

One Council member may have expressed the sentiment of many in our community well. She said that when she thinks about the changes already taking place in her community and those still to come, she feels a mixture of excitement and grief. She felt grief over the loss of the community and traditions she has known and loved all her life, even while feeling excitement over the growth and opportunity that is to come. Acknowledging and validating these sentiments may be the first step to moving beyond them and becoming a community that welcomes and capitalizes on its growing diversity. It will be increasingly important that the agency boards and councils, church leaders and local government bodies reflect greater diversity, and that they put the Cabarrus County tradition of collaboration to work on this challenge.

Environmental Health

As this is the first attempt to define and measure environmental health issues in the community, the Council chose to place this as a new or emerging issue. The Council acknowledges that environmental health issues are very important community issues that warrant attention now and in the future. A summary of the Environmental Health Assessment is included in this report as Appendix B.

Air quality, water quality and supply, and waste management are all impacted by population growth and development. The Environmental Protection Agency's Environmental Health Assessment shows that Cabarrus ranks in the top 25 North Carolina counties in levels of four air pollutants. Cabarrus is already categorized as a partial non-attainment county – meaning that air pollutants are above accepted standards. This affects not only health and safety of residents but also our ability to receive federal highway funds.

Water supply is of critical importance. Aggressive conservation measures and the successful interbasin water transfer agreement have had a positive impact, but planning for future growth must include water resources.

Cabarrus's per capita rate of solid waste has increased by 145% since the early nineties and signals a need to assure that we are recycling aggressively. During that same time period, the rate of increase in solid waste for the entire state was only 21%. The landfill located at Lowe's Motor Speedway receives waste from 20 counties in NC and a few in SC. Since 2001 it has received the greatest tonnage of waste in the state and at the current rate it has approximately 17 years of capacity.

PROGRESS MADE SINCE THE 2004 NEEDS ASSESSMENT

2004

In the Cabarrus County 2004 Community Needs Assessment, the Council concluded that the **most pressing issues and unmet needs** in the County centered on the following (in alphabetical order):

- Dental health and access to dental care;
- Disparities in health and in access to health care;
- Employment and unemployment;
- Lack of mental health services and growing mental health problems;
- Transportation.

At that time, the Council emphasized several strategies that were to be key components for any agency or task force to keep in mind as they tackled the county's identified unmet needs. These were to:

- Maintain and strengthen collaborations;
- Improve access to services;
- Maintain a focus on educational needs for all;
- Increase awareness of existing services;
- Maintain a focus on economic development;
- Build on community assets.

With the release of the 2004 Community Needs Assessment, the Council developed and implemented a community-wide communication plan, sharing the report with municipal and county governments, boards of education, health and human service agencies, business leaders, economic development committees, the faith community, Chambers of Commerce, civic groups and many others. Many of these entities analyzed components of the 2004 Needs Assessment and developed and implemented solutions during the past four years.

2006

An interim survey conducted in 2006 revealed that a high percentage of community leaders and organizations were utilizing the 2004 Community Needs Assessment report in the following ways:

- To educate boards, staff, and others;
- To inform program planning;
- To inform strategic planning;
- To support grant writing;
- To support advocacy efforts.

2008

A goal of this process was to document progress made since 2004. Progress over the past four years is evident in the data gathered, input from Council members and other knowledgeable professionals, and the opinions of Key Informants who were asked to rate each issue as having been: *fully addressed, partially addressed, remained the same, or grown more severe.*

The following discussion reveals that progress has been made on each of the 2004 needs; however, there is more to be done.

Progress Since 2004 - Dental Health and Access to Dental Health Care

Efforts to expand access to dental care for children have been impressive, including outreach efforts such as Give Kids a Smile Day and expanded dental screenings and education for preschool children, provided by the Cabarrus Health Alliance and made possible with Smart Start funding through the Cabarrus County Partnership for Children. Rates of dental decay among entering kindergarten children fell from 20% in 2004 to as low as 13% in 2006 and 15% in 2007. The Cabarrus Health Alliance greatly expanded its Dental Clinic from three chairs in 2000 to 12 chairs by 2006 and has utilized a mobile dental unit to expand access to the poor. Access has been increased for adults as well, but more must be done.

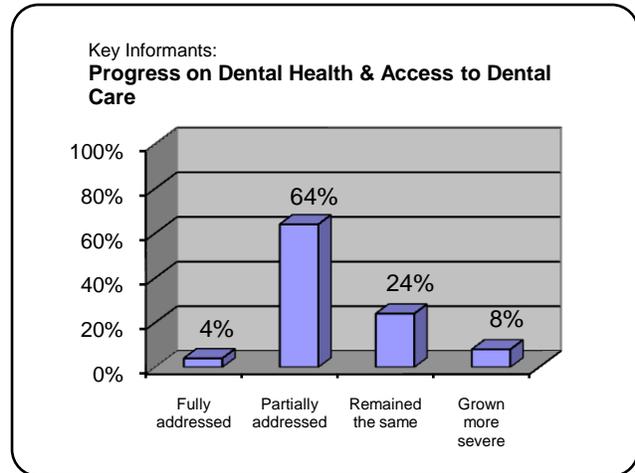
From the perspective of Key informants:

- 32% feel dental health and access to dental care have remained the same or grown more severe.
- 64% feel that the issues have been partially addressed, and 4% feel they have been fully addressed.

The Council feels that access to dental care continues to be a need that is not fully met — especially for adults, the developmentally disabled, the poor and those living in remote parts of the county. Private dentists provide free dental screening at the Community Free Clinic and

follow-up services at their offices. The number of Medicaid recipients receiving care from private dentists is increasing, however, there continues to be a need for private dentists in the county to provide more services for Medicaid recipients. As the number of Medicaid recipients served by private and public dentists continues to grow, there is opportunity to increase awareness among Medicaid recipients of the need for preventive dental care and the increased access that is available.

The Cabarrus Health Alliance Dental Clinic at The Village is served by the CK Rider bus system but only at very early and very late hours, rendering it virtually impossible for patients to use the bus system for transportation to and from dental appointments.



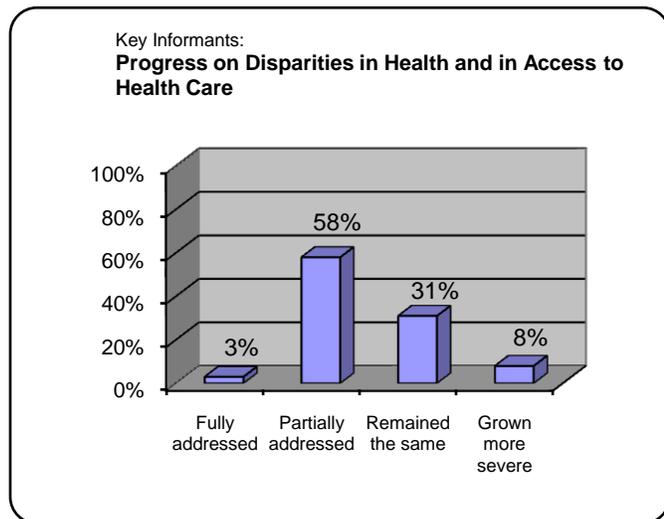
Progress Since 2004 - Disparities in Health and in Access to Health Care

Cabarrus County has expanded its healthcare safety-net with the addition of the Cabarrus Community Health Centers in 2006. This follows a very successful expansion of the Community Care Plan in 2002 to coordinate care for the low-income uninsured in collaboration with the Community Free Clinic, Cabarrus Health Alliance, CMC-NorthEast, private physicians, the Department of Social Services and others. The Cabarrus Health Alliance has expanded programs including a comprehensive outreach, education and screening program for prostate cancer. The death rate for black males for prostate cancer is 238% higher than the death rate for white males. Likewise, CMC-NorthEast has expanded its breast cancer screening, education, and outreach programs and community wellness strategies addressing obesity and smoking. Cabarrus Health Alliance has initiated expanded clinic hours for STD treatment.

From the perspective of Key informants:

- 39% feel disparities in health and in access to health care have remained the same or grown more severe;
- 58% feel that the issues have been partially addressed, and 3% feel they have been fully addressed.

Pharmacy assistance programs have expanded through funding from the NC Health and Wellness Trust Fund adding programs at CMC-NorthEast and the Community Health Centers and increased pharmacy assistance through the Community Free Clinic. The introduction of reduced cost generic drugs by retail chains such as Wal-Mart, Kmart, and Target has also had a positive impact on access to prescription medications for uninsured and low-income residents.



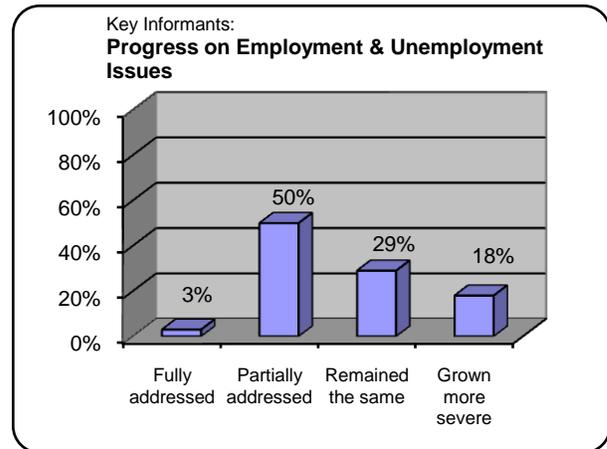
There have been some improvements, including a shrinking of the gap between whites and African Americans in incidence of some health problems such as STDs and lack of prenatal care. However, health disparities continue to be a significant problem. It is still true that minorities and those in poverty are significantly more likely to have poor health status and lack access to health care than are whites and those above the poverty level. Death rates for minority males are higher than state average for the top four leading causes of death: heart disease, cancer, stroke, and chronic lower respiratory illness. Infant mortality rates among blacks are more than double the rate for whites. Rates of HIV, chlamydia and gonorrhea are higher for blacks than whites — as much as 16 times higher for gonorrhea. There is much still to be done in this area.

Progress Since 2004 - Employment and Unemployment

From the perspective of Key Informants:

- 47% feel employment issues have remained the same or grown more severe;
- 50% feel that the issues have been partially addressed, and 3% feel they have been fully addressed.

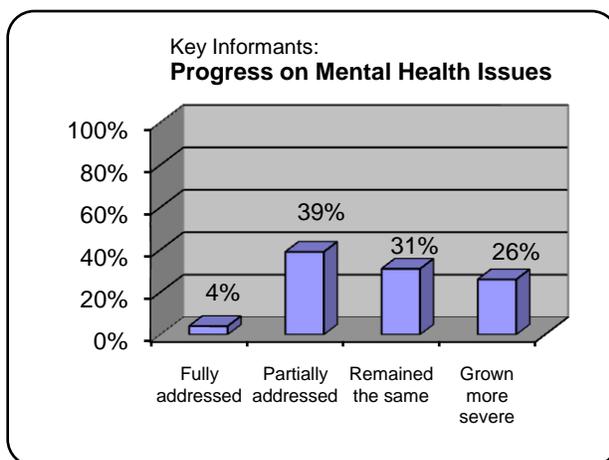
The unemployment rate in Cabarrus was 8.0% in 2003, at the height of the crisis following the Pillowtex closing. That rate fell, according to the North Carolina Employment Security Commission, to 4.1% by 2006, once again lower than the state rate.



The Council notes that efforts by Rowan Cabarrus Community College to expand workforce training as well as the work of the Cabarrus Literacy Council, Centralina Workforce Development and other organizations has helped. In addition, funded through the Older Americans Act, the Title V job training program has expanded for workers age 55 and older. Along with the organizations mentioned above, the growing Cabarrus College of Health Sciences is providing education to prepare residents for the health care workforce.

Cabarrus Regional Chamber and Cabarrus Economic Development Corporation are aggressively recruiting high quality businesses into the community. The coming North Carolina Research Campus has begun to bring jobs to the county as well.

Progress Since 2004 - Lack of Mental Health Services and Growing Mental Health Problems



When asked about progress since 2004, 26% of Key Informants believe that the “lack of mental health services/growing mental health problems” have grown more severe. Only 31% of respondents believe that the issue is unchanged, with the remaining 43% reporting that the problem has been partially or fully addressed. Compared to the improvements made on the other unmet needs identified in the 2004 Assessment, the progress on mental health issues was less impressive.

Piedmont Behavioral Health is considered a statewide model—especially regarding Medicaid waivers, mobile crisis service and efforts at

outreach and education. The screening, referral and triage unit, accessible via a toll-free number is a positive step, as is the cultural competence plan it is implementing, and opening of the Crisis Recovery Center for short term mental health and substance abuse needs.

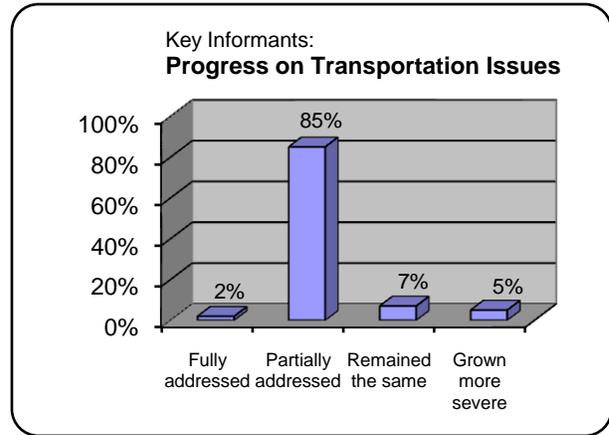
However, this issue is still a significant problem due to a growing need and continuing issues such as shortages of qualified staff and general confusion over the system and how to access care. There is also a shortage of services for substance abuse in the county.

Progress Since 2004 - Transportation

From the perspective of Key Informants:

- 12% feel transportation issues have remained the same or grown more severe;
- 85% feel that the issues have been partially addressed, and 2% feel they have been fully addressed.

Tackling the unmet needs in the area of transportation was considered one of the major accomplishments by Council members and Key Informant survey respondents. The CK Rider bus system and Cabarrus County Transportation Services (CCTS) are seeing rapidly growing usage, indicating effective outreach and a growing need.



However services do not adequately reach all areas of the county and service hours should be increased. CCTS is implementing collaborations with a variety of agencies to raise public awareness of the availability of the transportation service as well as the availability of the services offered by the agencies to which it transports clients. Community human service providers continue to see transportation issues as significant barriers to accessing jobs, medical care, and other needs of daily life.

As this report was being finalized, Cabarrus County Transportation Service reported significant cuts in services due to budget constraints. This could have quite a negative impact on progress made in this area.

COMMUNITY ASSETS RELATIVE TO THE 2008 ISSUES

Cabarrus County has many assets, chief among them the resiliency and spirit of collaboration that have allowed it to maximize resources and enhance effectiveness of programs as well as to bounce back from economic set-backs, such as the Pillowtex closing. For years, Cabarrus has nurtured formal and informal networks of non-profit agencies, faith-based organizations, businesses, government bodies and community volunteers and foundations whose leaders and staffs know each other and work well together to solve community problems. When the Pillowtex closing was imminent, United Way convened a group of these leaders to plan for and address the situation, resulting in the Community Service Center which helped bring the resources of the county to bear on the crisis needs of laid-off Pillowtex workers. And this is but one example of this ability to collaborate.

Cabarrus County is a service-oriented community where people get involved — small enough for folks to know each other and care about each other's needs but growing and large enough to have a wealth of opportunities ahead of it. An exhaustive list of all community assets is not possible. Our intention below is to provide examples that illustrate the sort of community assets Cabarrus brings to bear on the issues identified in this report.

Workforce Development and Jobs Creation

With the workforce development partnerships that were developed during the Pillowtex experience and the driving energy of the development of the North Carolina Research Campus, Cabarrus County has many assets in place to address this need. There are strong, established and effective partnerships between the Cabarrus County JobLink /Employment Security Commission, Cabarrus Regional Chamber of Commerce, Centralina Workforce Development Board, Cabarrus Economic Development Corporation, Rowan-Cabarrus Community College, Cabarrus County Schools and Kannapolis City Schools plus many others. This network allows our region to assist the jobseekers of today and the future jobseekers of tomorrow in preparing for the ever changing workforce requirements of the regional area. (As this report was being finalized, the Council was informed of an Education and Workforce Development Study that is being conducted by Market Street Services with funding from lead agents Cabarrus Economic Development and Cabarrus Regional Chamber. This study will provide additional detail and great insight into workforce development needs.)

The Interstate 85 corridor provides an effective means of transporting goods to market and is a great asset that is important to businesses considering relocation. In addition, the Concord Regional Airport and proximity of the Charlotte Douglas International Airport and access to Interstate 77 enhance our region's economic vitality. The county's well-established motorsports industry, including Lowe's Motor Speedway, race teams and over 200 businesses supporting automobile racing, has drawn many service-oriented businesses to the area. As a result, strong retail and tourism development has exploded between Concord Mills and the Speedway.

Education Across the Spectrum

Key informants identified several important steps the county's two school systems (Cabarrus County and Kannapolis City) are taking to better prepare students for the future. An important priority is for every student to graduate from high school and be globally competitive for work and postsecondary education. High school students can earn college credits through the expanding list of e-learning opportunities. A new initiative, Early College, in partnership with Rowan-Cabarrus Community College, will offer opportunities for high school students to earn both high school and college credits as part of their high school experience at no cost to the family. Science and bio-tech courses will be emphasized.

It is equally important that learning opportunities are in place for preschoolers and school-age children. Collaboration with students, parents, government agencies, businesses, community and civic organizations address numerous issues, including graduation, literacy, diversity, safety, and population growth. These community partnerships provide educational opportunities and impact student success. Communities-In-Schools, Cabarrus Partnership for Children, Hispanic Learning Center, Academic Learning Center, and Teen Court are examples of meaningful partnerships.

Educational opportunities for adults are significant as well and are supported by community assets such as Rowan Cabarrus Community College and the R³ Center, Cabarrus College of Health Sciences, and the Cabarrus Literacy Council.

As mentioned earlier, the development of the North Carolina Research Campus has spawned a task force investigating these issues as well. The results of the Education & Workforce Development Study will be important in determining additional solutions to the county's educational needs across the age spectrum. Strengthened by the county's traditional willingness to tackle tough issues, educators and community partners are currently working to address the needs of all residents from the very youngest to those of senior adults.

Mental Health Services – Accessibility and Affordability

In addition to private providers of mental health, substance abuse, and developmental disabilities services, public providers such as Daymark Recovery Services, United Family Services, Children's Developmental Services Agency, and support services such as The Arc and LifeSpan play significant roles in addressing the needs in this arena. Piedmont Behavioral Healthcare (PBH), as the county's Local Management Entity for publicly funded mental healthcare, is an important asset supporting improvements in this area of need. By establishing and listening to local Community Advisory Committees, PBH has been responsive to the needs of the county by developing new system-wide approaches to service delivery such as System of Care, Cultural Competence, collaboration with primary care physicians, and increasing residential treatment options for children with substance abuse. PBH continues to analyze service gaps, with a desire to fill them with an array of services. PBH, CMC-NorthEast, Cabarrus Health Alliance, and Healthy Cabarrus, as well as private mental health care providers, are collaborative partners in developing a community-wide understanding of needs, available services and strategies to address gaps.

Housing – Safe, Sustainable

There are many general strengths cited that will contribute to tackling this unmet need. They include the county's traditional willingness to address issues before they become major problems, the value that the county puts on meeting larger community needs, and the energy created in the community with the development of the North Carolina Research Campus. A number of local agencies address the need for housing. The Piedmont Regional Continuum of Care, along with Habitat for Humanity and Prosperity Unlimited, all address the need for affordable housing. The City of Concord administers the local HOME funds program, providing the city, county, and city of Kannapolis federal funds for affordable housing. Further, the city has a housing department which also provides housing for those whose income falls below 80% of the median. Home repairs, weatherization, and rehabilitation are also provided through Cabarrus County for low-income, elderly, disabled, and those with certain health conditions.

Healthy Living – Weight, Nutrition, and Environmental Supports

It is indeed a challenge to provide the multi-faceted solutions needed to change the cultural and lifestyle behaviors that lead to poor health. The needs exist across all age, sex, race, ethnic, and economic groups. However, there are a number of local efforts that are and will continue providing solutions to address this pressing need. Examples include the employee health programs of county and city governments; the

Healthy Lives Healthy Futures program engaging African American churches and communities in improving health behaviors of residents; recreational and physical activity programs and facilities of the Parks and Recreation departments across the county; the NC Cooperative Extension Service programs including Families Eating Smart and Moving More; and Senior Games and Special Olympics that target the wellness of older adults and persons with disabilities. Cabarrus County currently has 18 parks covering 670 acres and including approximately 16 miles of trails. The 2002 Livable Community Blueprint is a master plan that will help the county and municipalities continue to develop parks, recreational facilities, greenways, and bicycle and pedestrian routes over the next decade. The Carolina Thread Trail is an exciting multi-county endeavor to form a greenway system connecting 17 counties across the piedmont region of NC that includes Cabarrus County. A Steering Committee has been developed to further the work of the Carolina Thread Trail beginning with an update of the Livable Community Blueprint.

Healthcare – Affordability, Including Screening and Prevention

Cabarrus County has worked to establish a good safety-net of healthcare providers for the uninsured and underserved. A number of public and private providers collaborate to meet these needs including area physicians, CMC-NorthEast, Cabarrus Health Alliance, the Community Free Clinic, Cabarrus Community Health Centers and the Southern Piedmont Community Care Plan. The Department of Social Services and Cooperative Christian Ministry provide significant support and access to these services. Through these agencies, free and sliding fee scale services are available as are bilingual services for our Hispanic/Latino population. Pharmacy services are provided for low-income uninsured and underinsured residents through the Community Free Clinic, the Community Care Plan, and CMC-NorthEast. Volunteer primary care and specialty physicians are vital to this network as is the charity care provide at CMC-NorthEast. While these agencies all work together to provide a strong safety net, their capacity is not unlimited. Access to screening and prevention services continues to be more challenging in part due to a lack of awareness of the need for screening and the tendency to act only when acute symptoms are present, and from a lack of availability of affordable services for those with limited incomes. However, breast and cervical cancer screening, prostate screening and dental screening (supported by the Cabarrus County Partnership for Children) are readily available and promoted in the community.

CALL TO ACTION

The Council urges local organizations, policy makers, and community leaders to develop action plans and to drive collaborative efforts to examine and address the issues identified in this Cabarrus County 2008 Community Needs Assessment.

Changes in the Cabarrus economy are leading to ripple effects throughout our community, including rising poverty rates, greater numbers of people without adequate health insurance, higher needs for workforce education and training, rising needs for affordable and safe housing, greater levels of stress and need for mental health services.

Further, the growth of the county is placing greater demands on all public services. This growth also brings increased diversity and a rising need for tolerance of differences, as well as demand for a wider array of housing options and a highly competitive educational system.

The Council presents this report as a call to action. The following is a conceptual model of the Call to Action process:

| Timeline | Participants | | Actions |
|-------------|--|---|--|
| 2008 | Sponsoring Boards (Cabarrus Health Alliance, Healthy Cabarrus, United Way, and Community Planning Council) |  | Approve and endorse the 2008 Cabarrus County Community Needs Assessment. |
| 2008 - 2009 | Cabarrus Community Planning Council |  | Present the report to key community groups (government, health & human services, civic, education, and others). |
| 2008 - 2009 | Community Organizations, Leaders and Policy Makers |  | Develop action plans relative to your agency's mission/focus/strategic plans that address the identified needs. |
| 2008 - 2012 | Issue Specific Task Forces, Focus Groups of Providers, Service Experts |  | Collaborate across organizations to address identified needs through programs, services and resources. |
| 2011 - 2012 | Cabarrus Community Planning Council |  | Conduct the 2012 Cabarrus County Needs Assessment – measure progress toward 2008 needs, and identify emerging issues/needs. |

The Council is developing a community-wide communication plan to assure broad dissemination of this report to organizations/individuals including Municipal and County governments, boards of education, health and human service agencies and boards, business leaders, economic development committees, the Chamber of Commerce, the faith community, Rotary clubs and other civic groups.

The information in this report should spark further analysis and debate, and inform strategic and program planning among agencies, businesses, organizations and individuals working to create a stronger Cabarrus County.

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.

APPENDICES

Appendix A

2008 CABARRUS COMMUNITY PLANNING COUNCIL MEMBERS

Rev. Donald Anthony
Grace Lutheran Church

Chantina Hall
United Way

Tracey Phalen
Mental Health Association

Trish Baker
Department of Social Services

Jim Hipp
City of Concord

Sue Price
The Arc

Randy Bass
Cabarrus Co. Transportation

Ed Hosack
Cooperative Christian Ministry

Jodi Ramirez
Project Safe Cabarrus

Ellen Boyd
Kannapolis City Schools

Pam Hurley
Parish Nursing, Carolinas
Medical Center-NorthEast

Dana Richardson
Habitat for Humanity –
Cabarrus

Anita Brown
Cabarrus College of Health
Sciences

Anita Johnson
The Cannon Foundation

Ed Runte
United Way

Deb Carter
Cabarrus Regional Chamber of
Commerce

Anne Laukaitis
Cabarrus Partnership for
Children

Erin Shoe
Cabarrus Health Alliance

Jessica Castrodale
Carolinas Medical Center-
NorthEast

Nancy Litton
American Red Cross

Venetia Skahen
The Community Free Clinic

Susan Donaldson
Department of Aging

Victoria Manning
Cabarrus Health Alliance

Ella Mae Small
Concord City Council

Katrina Duke
Literacy Council

Carolyn Mays
Employment Security
Commission

Donna Smith
Cabarrus County Schools

Linda Earnhardt
Rowan Cabarrus Community
College

Revella Nesbit
PBH

Dianne Snyder
Carolinas Medical Center-
NorthEast

Gina Goff
Healthy Cabarrus

Jorge Patino
Latino Health Ministry

Cappie Stanley
Cabarrus Health Alliance

Renee Goodnight
City of Kannapolis

Rebecca Hannah Patten
Carolinas Medical Center-
NorthEast

David Troutman
Environmental Health,
Cabarrus Health Alliance

Appendix B

SUMMARY

**2008 CABARRUS COUNTY
ENVIRONMENTAL HEALTH ASSESSMENT**

Summary

2008 Cabarrus County Environmental Health Assessment

This document summarizes the findings of the 2008 Cabarrus County Environmental Health Assessment which was conducted by Cabarrus Health Alliance as part of the 2008 Community Needs Assessment. The full report, with links to all of the data sources, is available online at www.HealthyCabarrus.org, click on the Community Data and Health Information tab.

This is the first time that an environmental health assessment has been included as part of the Cabarrus Community Needs Assessment. Its purpose is to establish a baseline of environmental health data and to begin to educate ourselves about environmental terminology, definitions, key data sources, and potential environmental health concerns.

Environmental health comprises those aspects of human health and quality of life that are determined by physical, chemical, biological, social, and psychological factors in the natural environment. Some important aspects of environmental health that will be discussed in this report include:

| | | |
|---|--|---|
| <ul style="list-style-type: none"> • Air Quality • Water Quality • Drinking Water | <ul style="list-style-type: none"> • Toxic Chemicals • Lead Hazards • Waste Management | <ul style="list-style-type: none"> • Agricultural Pollution • Parks and Recreation • Food-Borne, Water-Borne, and Vector-Borne Diseases |
|---|--|---|

I. Air Quality

Affected by numerous factors such as vehicle traffic, industry, and geography, air quality is a regional issue as well as a local one.

Outdoor Air

The US EPA categorizes outdoor air pollutants as “criteria air pollutants” (CAPs) and “hazardous air pollutants” (HAPs). These are chemicals that can cause adverse effects on human health and the environment. CAPs include carbon monoxide, lead, nitrogen oxides, particulate matter, ozone, and sulfur dioxide. HAPs refer to over 188 substances that can cause cancer, neurological, respiratory and reproductive effects in humans. Mobile sources are the primary source of air pollutants in the County. Mobile sources include on-road vehicles like cars, trucks and buses as well as off-road equipment like airplanes, construction and agricultural equipment.

Cabarrus ranks among the top 25 North Carolina counties (out of 100 counties) with the highest levels of the following CAP emissions:

| Pollutant | Rank in NC |
|----------------------------------|------------|
| Carbon monoxide | 20 |
| Volatile Organic Compounds | 21 |
| PM-10 (small particulate matter) | 24 |
| Nitrogen Oxide | 25 |

- 80% of counties in the US fair better for carbon monoxide and volatile organic compound emissions than Cabarrus. 70% of counties in the US fair better for nitrogen oxide emissions and sulfur dioxide emissions than Cabarrus;
- Cabarrus County ranks 7th in the state for an individual’s added cancer risk. Added cancer risk is the estimated individual risk of getting cancer due to a lifetime exposure to outdoor hazardous air pollutants. The estimated added cancer risk for the Cabarrus County population is 580, that is, 580 times the goal set by the Clean Air Act.

Indoor Air

Indoor ambient air pollutants may cause both short-term and long-term health effects. Health effects from indoor air pollutants include irritation of the eyes, nose, and throat, headaches, dizziness, and fatigue.

Environmental Tobacco Smoke

According to the Behavioral Risk Factor Surveillance System, Cabarrus County fares better than North Carolina for the percentage of adults who smoke and for households who allow smoking in the home.

- 18.4% of Cabarrus County adults self-identify as “current smokers” versus 22.1% statewide;
- Cabarrus County households reporting that they do *not* allow smoking in the home improved from 70.1% in 2004 to 84% in 2006, and Statewide, 75.2% of households do not allow smoking in the home.

Indoor Air Quality Regulations and Policies

Local Government: As of October 1998, all local government buildings in Cabarrus County were required to be 100% smoke-free.

Schools: Kannapolis City Schools are 100% tobacco-free and Cabarrus County Schools became 100% tobacco-free effective July 1, 2008. In August of 2008, all North Carolina public schools are required to be 100% tobacco-free.

Restaurants: 152 Cabarrus County restaurants are currently known to be 100% smoke-free indoors during all operating hours. This represents approximately 50% of restaurants in the county.

Asthma

The prevalence (proportion of cases in a population at a given time) of asthma in Cabarrus County is much more favorable than North Carolina as a whole. The lifetime prevalence of asthma among adults in Cabarrus County is 9.0% versus NC 10.9%. The hospitalization rate for asthma is much lower in Cabarrus County than in the state as a whole.

| 2005 Asthma-Related Hospitalization Rate per 100,000 | | |
|--|-----------------|-------|
| | Cabarrus County | NC |
| Adult (>18 years old) | 97.7 | 128.5 |
| Child (<1-14 years old) | 68.8 | 164.6 |

II. Water Quality

One measure of a community’s environmental health is the status of its waters. Water is a renewable resource, but clean water is in limited quantity; as the population continues to grow, the demand for clean water rises.

Surface Water

- 11% percent of the surface waters in Cabarrus County have reported water problems.
- Cabarrus County has a higher *percentage* of waters with threatened or impaired uses than the national average. A water body is considered *impaired* if it does not attain minimum EPA water quality standards.
- The source of water quality problems for Cabarrus County comes from non-point sources. Non-point source pollution occurs when rainfall or snowmelt picks up chemicals, biological agents and

Surface waters include fresh flowing waters (rivers, streams and creeks) and fresh standing waters (lakes, ponds and reservoirs).

sediments and carries them to surface and ground waters. These inputs include agricultural and residential fertilizers, herbicides and insecticides; oil, grease and toxic chemicals from urban runoff and energy production; sediment from construction sites, crop and forest lands; and bacteria and nutrients from livestock, pet wastes and faulty septic systems.

Watersheds

The EPA has classified both of the watersheds in Cabarrus County as **vulnerable** due to agricultural runoff and population change. Cabarrus County falls under two watersheds within the Yadkin-Pee Dee River Basin: the Rocky River and Lake Tillery – Pee Dee River watersheds. Watersheds are important because they provide drinking water and irrigation resources.

Watershed - an area in which all rainfall and runoff drains into a single stream, river or lake.

Agricultural runoff can cause water quality problems due to combinations of pesticides, nitrogen and sediment entering the rivers, creeks and streams. Growth of the human population can impact watersheds through increased pollution and land use changes which include construction, loss of wetlands, and increased sewage flows.

The NC Division of Water Quality gives each creek, stream, lake and river a bioclassification, based on the number of sensitive species present in the water. The presence of these species indicates higher quality water that can support such sensitive organisms, while their absence signifies possible water quality or habitat problems. There are nine sites that provide measures on sensitive species and were compared between 2001 and 2006. Four sites have worsened during this period; three sites have improved; and two have remained the same at “good-fair.”

III. Drinking Water

From 2001 to 2007, there were seven reported health-based violations (contaminants exceeding safety standards or water not properly treated) in four Cabarrus community water systems. The majority of these violations involved the contaminant coliform. Coliform bacteria are common in the environment and are generally not harmful. However, their presence indicates that the water may be contaminated with germs that can cause disease.

IV. Toxic Chemical Releases

Toxic Release Inventory

More than 6.5 billion pounds of toxic chemicals are released into the nation’s environment each year.

| Toxic Chemical Releases to Air, Land, and Water | County Rank in NC | Percent of all Emissions in County | Comparable Percent of Emissions for NC |
|--|--------------------------|---|---|
| Air | 40 | 98% | 81% |
| Land | 30 | 1.4% | 11% |
| Water | 30 | 0.4% | 7% |

Air releases: toxic chemicals emitted by a plant from its smoke stacks and from “fugitive sources” such as leaking valves, spills and evaporative losses.

Water releases: discharges to streams, rivers, lakes, oceans and other bodies of surface water.

Land releases: chemicals disposed on land in landfills, via farming, in surface impoundments, and via accidental spills or leaks.

In 2002, the Cabarrus County facilities releasing the most toxic chemicals were, in decreasing order of significance, Phillip Morris USA, Inc. in Concord (75,025 pounds), Berenfield Containers Ltd. in

Harrisburg (34,315 pounds), and Fieldcrest Cannon Inc. in Kannapolis (12,285 pounds). It should be noted that as of 2003, Fieldcrest Cannon no longer exists.

Toxic release inventory chemicals are categorized as having “cancer risks” or “noncancer risks.” Cabarrus County ranks 13th in North Carolina in its overall cancer risk score and 13th in overall non-cancer risk score.

Land Contamination

Cabarrus County currently has one site listed on EPA’s National Priorities List, commonly known as the Federal “Superfund” Program List. Superfund sites are some of the nation’s worst toxic waste sites, made eligible by law for long-term remediation. The Cabarrus site was listed in June 1986 for ground water contamination. The EPA report shows that physical cleanup activities have been completed and that under current conditions at that site, potential or actual human exposures are under control.

A Brownfields site is any real property that is abandoned, idle or underutilized where environmental contamination, perceived or real, hinders redevelopment. Loans are very difficult to obtain when property comes with potential environmental cleanup liability. As of September 2007, there were 112 active eligible projects and 40 more pending in North Carolina. At that time, two active eligible projects were located in Cabarrus County (Cannon Village and Prairie Plastics).

The Inactive Hazardous Site Branch (IHSB) of the NC Department of Environment and Natural Resources can work with any site where hazardous substance or waste contamination exists that isn’t already under the jurisdiction of another program. IHSB assesses sites, maintains the list of current sites and oversees the remediation process. As of October 2007, there are 18 such sites in Cabarrus County.

V. Lead Hazards

The percentage of Cabarrus County children screened for lead has been above the State average for children aged one and two years old for the five most recent reporting periods.

- Of Cabarrus children ages one and two screened during this period, a lower percentage tested positive for elevated lead levels than in the State as a whole.
- The percentage of children six months of age to six years of age with confirmed lead levels between 10-19 ug/dL was better in Cabarrus County than the State for the past five reporting periods. However, the percentage of children with confirmed higher levels (20ug/dL) was worse than the State in years 2004 and 2005. An acceptable level of lead is less than 10 ug/dL. Therefore, surveillance programs seek to find children who test at or above 10 ug/dL.

Cabarrus County Childhood Lead Screening Results, Ages 6 Months to 6 years

| Year | Location | No. Screened | No. Confirmed 10-19 ug/dL | % Confirmed 10-19 ug/dL | No. Confirmed 20 ug/dL | % Confirmed 20 ug/dL |
|------|----------|--------------|------------------------------|----------------------------|---------------------------|-------------------------|
| 2006 | Cabarrus | 3,725 | 4 | .11 | -- | -- |
| | NC | 135,595 | 255 | .19 | 38 | .03 |
| 2005 | Cabarrus | 3,677 | 4 | .11 | 2 | .05 |
| | NC | 128,249 | 299 | .23 | 53 | .04 |
| 2004 | Cabarrus | 3,628 | 3 | .08 | 2 | .06 |
| | NC | 124,486 | 349 | .28 | 52 | .04 |
| 2003 | Cabarrus | 3,555 | 8 | .23 | -- | -- |
| | NC | 121,697 | 467 | .38 | 38 | .03 |
| 2002 | Cabarrus | 3,314 | 6 | .18 | 2 | .06 |
| | NC | 120,966 | 461 | .38 | 68 | .06 |

VI. Agricultural Pollution

Of the 98 North Carolina counties ranked for animal waste generation, Cabarrus County is ranked 56th with an output of 120,000 tons. Livestock raised in the County includes hogs and pigs, cattle, beef cows, milk cows, broilers, and chickens. While only 0.8% of the livestock is cattle, they account for **67.5%** of the waste production.

In 2002, Cabarrus County was home to 658 farms, totaling 73,346 acres, 36% of which was harvested cropland. Crops in Cabarrus County include soybeans, corn, wheat, barley, oats, and hay. Livestock/dairy/poultry accounted for the majority of cash receipts, bringing in \$15.8 million in 2005 and ranking 53rd in the State.

VII. Waste Management

In FY 2004-2005, Cabarrus County managed 286,070 tons of solid waste for a rate of 1.95 tons *per capita*. This figure represents an increase of 108% from the comparable per capita rate for 1991-1992. The overall state per capita rate increased by only 21%.

VIII. Food-Borne, Water-Borne, and Vector-Borne Diseases

A number of human diseases and syndromes are caused or exacerbated by contamination of the natural environment with microbes or chemicals, or by animal vectors. A number of food-, water-, and vector-borne diseases are of increasing importance because they are either rare but becoming more prevalent, spreading in geographic range, or becoming more difficult to treat.

Arboviral Diseases

Between 2002 and 2006, **zero** cases of Eastern Equine Encephalitis (**EEE**), LaCrosse Encephalitis (**LAC**), or West Nile Virus (**WNV**) were reported in Cabarrus County.

Arboviral diseases are viral diseases transmitted from an animal host to humans (and sometimes other animals) by the bite of an arthropod, usually a tick or biting fly such as a mosquito. Historically, mosquito-transmitted diseases, most notably Eastern Equine Encephalitis (EEE) and LaCrosse Encephalitis (LAC) are endemic in North Carolina. West Nile Virus (WNV), however, is relatively new. It first appeared in the US in 1999, but by 2001 it had spread to 28 states.

Rabies

From 2001-2006, there were **60** reported cases of **rabies** in Cabarrus County, 31 of which were in raccoons, 13 in skunks, 11 in foxes, 3 in bats, and 2 in cats.

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. In the United States, human fatalities associated with rabies occur in people who fail to seek medical assistance, usually because they are unaware of their exposure.

Food and Lodging Inspections

For the past four years, the Cabarrus Health Alliance's Environmental Health Department has been **100% compliant** with the required inspection frequency assigned to all food and lodging establishments. In 2007, 2,139 facilities (both food and lodging) were inspected and/or re-inspected. Of these, 2,133 food establishments received scores between 90-102 and five received scores between 80-89.

The Cabarrus Health Alliance Environmental Health Department seeks to prevent food-borne outbreaks within our community. To accomplish this, EH conducts a variety of unannounced facility inspections, including: restaurants, food stands, meat markets, nursing homes and hospitals, school cafeterias, residential care facilities, mobile food units and pushcarts, summer camps, and lodging facilities.

IX. Parks and Recreation

Cabarrus System

The Parks and Recreation system is operated by four entities: Cabarrus County, the City of Concord, the City of Kannapolis, and the Town of Harrisburg. Eighteen parks cover 670 acres and include approximately 16 miles of trails. Greenways and trails not only encourage friends, families and communities to interact with each other and nature, but they also provide a venue for physical activities such as walking, jogging, running, in-line skating and biking.

After a year-long process of planning, in 2002 the *Livable Community Blueprint* was developed. This master plan is and will continue to be used to assist Cabarrus County and its municipalities in developing parks and recreation facilities, a greenway network plan, and bicycle and pedestrian routes over the next decade. By utilizing this blueprint in the coming years, the county should experience an enhanced quality of life through better and more recreation, physical activity, and transportation facilities.

Carolina Thread Trail

The Carolina Thread Trail is a regional network of greenways and trails that will reach 15 counties and 2.3 million citizens over the next 10 to 20 years. It can be thought of as a "green interstate system" of major trails created by connecting smaller trail systems throughout the region. Cabarrus is among the counties that are part of the Thread Trail as well as Anson, Catawba, Cherokee, Chester, Cleveland, Gaston, Iredell, Lancaster, Lincoln, Mecklenburg, Rowan, Stanly, Union and York.