

Cabarrus County 2004 Community Assessment

Focusing on Health and Human Services Assets and Needs

Final Report

December 9, 2004

Prepared by
The Cabarrus Community Planning Council

In collaboration with:



This report and the accompanying background documents are available online at the websites listed below.

Available documents include:

- Final Report: *Cabarrus County 2004 Community Assessment, Focusing on Health and Human Services Assets and Needs*

Background documents include:

- Summary of Community Statistical Indicators
- 2004 Cabarrus County Community Needs Telephone Survey Report

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CommunityWorks is an arm of United Way of Central Carolinas whose mission is to lead regional, citizen-based strategic planning and focus community resources on systemic improvements in health and human services.

Introduction

The assessment of health and human services is not new to Cabarrus County. Community assessment of health and human services is an ongoing process that engages multiple agencies, providers, and individuals in identifying community assets and strengths as well as unmet needs. Periodic assessments have been conducted for many years. Beginning in 2000, United Way, Healthy Cabarrus and Cabarrus Health Alliance began a collaborative approach to identifying assets and unmet needs. Again in 2004, these agencies have undertaken a comprehensive process intended to further identify and define health and human service issues that are significant to this community. The Executive Summary of this report describes the process undertaken for this study, the issues and unmet needs determined to be most pressing, and the vision for how this information will be disseminated and utilized for community improvement.

Following the Executive Summary is a detailed description of assets and unmet needs organized in five impact areas as outlined by United Way: Preparing Children to Succeed; Promoting Health and Wellness; Strengthening Youth, Families and Communities; Increasing Economic Self-Sufficiency; and Helping Seniors and Disabled Live Independently. Many specific topic areas are addressed within these impact areas and are indexed at the beginning of the Detailed Findings section. The appendices include a discussion of Pillowtex and the effects of its closing, statistical charts, and other supporting information.

The State of the County

Cabarrus County is a proud community – proud of its heritage and proud of its citizens, leaders, healthcare system, and community organizations. For years, Cabarrus County has been closely tied with the textile manufacturing industry where many generations of families have earned their livelihoods in the textile mills. Today, it is also known as a home for the motorsports industry, Lowe’s Motor Speedway, and Concord Mills Mall which is the number one tourist attraction in North Carolina.

The population of Cabarrus County is growing – and outpacing the growth of North Carolina in general. According to the U.S. Census Bureau, the population of Cabarrus County increased by 32.5% between 1990 and 2000. (During this same time period, the population of North Carolina increased by 21.4%.) The ethnic distribution of Cabarrus County in 2004 is 82% white, 12% African American and 6% other (as estimated by Claritas, Inc. provided by KPC Research). It is estimated that 5.5% of the population are of Latino ethnicity. The 2000 Census reported that the Latino population increased by 1,271% from 1990 to 2000 bringing the total population of Latinos to 6,638. It is believed however that this number is actually much higher based on school enrollment and birth data. Growth has brought benefits and challenges. Community leaders are aware of the impact of growth and recognize the need to plan for its long-term effects on resources and infrastructure.

In July 2003, the nation became acquainted with Cabarrus County when the closing of Pillowtex resulted in the largest single layoff in the history of North Carolina and made national headlines. Of the 7,650 employees across the country who lost their jobs, 4,790 had been employed in

Cabarrus County and 2,600 were Cabarrus County residents. An additional 400 contractual employees were affected by the closing. A serious crisis began for all sectors of the community including the health and human services system. The community rallied in an unprecedented manner – donations, volunteerism, program expansions – all stretching to help meet the immediate needs of those affected by the closing. Community residents say that, ‘if Pillowtex had a silver lining’, it was the way the agencies, organizations and healthcare providers came together to help meet the needs of these families. Though the immediate crisis has somewhat abated, the needs of many of the workers and their families are still not completely resolved. Further, community leaders and human services organizations believe that the effects of the closing will be felt for many years to come. [A section of this report is dedicated to the Pillowtex crisis and aftermath. It can be found in Appendix A.]

Cabarrus County is known throughout the state for its cutting edge health and human service initiatives. Community leaders actively pursue ideas that positively impact the residents of the county and often set the pace for the state as a whole. Cabarrus County has many strengths on which to build a positive future for its citizens and to meet its challenges.

Executive Summary

A. The Study Process

The Cabarrus Community Planning Council of United Way (hereafter referred to as the Council), Healthy Cabarrus, and Cabarrus Health Alliance have conducted a comprehensive study of health and human service issues in Cabarrus County. A goal of this study was to understand the assets as well as the needs of the community. Planning began in late 2003 and the data and information collection process began in early 2004. Under the leadership of Dale Horton, an active community volunteer and Chair of the Council, and Gina Goff, Executive Director of Healthy Cabarrus and Vice Chair of the Council, the group sought information in three distinct ways: 1. through listening to residents, service providers, and community leaders, 2. through a telephone survey of randomly selected households to determine specific unmet needs, and 3. through analysis of existing data and statistics.

1. Listening sessions

Community Forums: Five community forums were held throughout the county during February and March, 2004 with a total attendance of nearly 90 people including citizens, service providers, elected officials, and others.

Stakeholders Meetings: Two stakeholders meetings were held in February, 2004 to gain support and input from community leaders. Approximately 50 people were in attendance.

Focus Groups and Key Informant Interviews: Focus groups and interviews were conducted to assure representation of teens, Latinos, the aging population, and the disabled.

Presentations: At monthly meetings held between February and July, the Council sought information through panel presentations from service providers and community leaders representing employment, housing, health, education, the faith community and Latinos.

Throughout this report, the people who participated in the settings listed above are referred to as participants of listening events or community forums, and/or simply as community residents.

2. Research Survey of Unmet Needs

Telephone Survey: A research survey, targeting 600 randomly selected Cabarrus County households, was conducted during July by KPC Research, Charlotte, NC. The intent of the survey was to determine the extent of unmet health and human service needs as reported by community residents, and to provide a baseline for future comparisons. Since this is the first year for this survey to be conducted in Cabarrus County, comparison data is not yet available.

The methodology used for this study enables the results to be projected to the entire Cabarrus County population. The sampling error is plus or minus 4.0 percentage points at a 95 percent confidence level. This means that in 19 of 20 such samples, results will differ by no more than 4.0 percentage points from results obtained if every individual in Cabarrus County were interviewed. A detailed discussion of the methodology used for this survey can be found in Appendix B. The full report can be requested from Healthy Cabarrus or United Way.

3. Community Indicators

Collection of Secondary Data: Statistics and data were collected from national, state and local sources as indicators of health status and other community issues. Many of these statistics are noted throughout this report. A complete compilation of the community indicators data is available upon request.

B. Summary of Findings

1. Community Assets

Cabarrus County has many assets including its caring and resilient citizenry, its forward-thinking leadership, and its active agencies, organizations, healthcare providers, and businesses. During the community listening events, citizens and community leaders alike noted many strengths of the community including the ability of diverse groups, agencies, and providers to collaborate, working together for the good of all. Mentioned often was the Community Service Center; a collaboration of agencies, government, public and private service providers, foundations, and individuals who responded to needs of those unemployed by Pillowtex. In addition, dozens of organizations, providers, and programs were identified as community assets for the important services they provide. Most often mentioned were:

- Academic Learning Center
- Boy and Girl Scouting
- Cabarrus County Boys & Girls Club
- Cabarrus County DSS
- Cabarrus County Partnership for Children
- Cabarrus County Schools
- Cabarrus County Senior Center
- Cabarrus Health Alliance
- Cabarrus County Transportation Service
- Cabarrus College of Health Sciences
- Coltrane LIFE Center
- Community Care Plan
- Community Free Clinic
- Community Resource Center at Kimball Lutheran Church (during the Pillowtex crisis)
- Cooperative Christian Ministry
- Employment Security Commission
- Faith-based programs
- Habitat for Humanity
- Head Start
- Healthy Cabarrus
- Hispanic Learning Center
- Kannapolis City Schools
- Meals On Wheels
- NorthEast Medical Center
- Parish nurse programs
- Piedmont Behavioral Healthcare
- Rowan-Cabarrus Community College
- United Way
- YMCA youth programs and senior center

Health and human service organizations in Cabarrus County have expanded to meet the challenges of the growing community. Public and private healthcare providers have become leaders in developing partnerships with each other and with human service organizations to meet the healthcare needs of the population. This system of providing healthcare for the indigent and uninsured is a model throughout the state. Rowan–Cabarrus Community College has dramatically increased its scope to provide the educational and technical training needed for the community’s unemployed and displaced workers. Cooperative Christian Ministry has expanded its programs to reach more clients and to provide for the increased needs of clients. Cabarrus County and Kannapolis City Schools are working diligently to meet the educational needs of students including the growing number of immigrant children entering the system. The recently

established CK Rider bus service has begun to provide public transportation within the community. The faith community provides tremendous resources including nutrition programs, food pantries and clothing closets, youth and family activities, shelter, support groups, financial assistance and counseling programs. The Community Service Center at Kimball Lutheran Church in Kannapolis, developed during the Pillowtex crisis, is a sterling example of how well a community can come together to meet health and human service needs.

2. Most Pressing Community Issues and Unmet Needs

On September 9, 2004, the Council met in a retreat setting to consider the information it had received during the study process. The Council reviewed all of the data including information from the community forums, stakeholders meetings, focus groups, key informants, the KPC telephone survey results and community indicators data. After considering the information, the Council identified specific themes that arose from the information and the ensuing discussion. These themes included collaboration, transportation, education (children and adults), health (health care, prescription medications, chronic illnesses, mental health and dental health), access to services (including transportation and awareness of available services) and employment.

The Council concluded that at the time of this study, the **most pressing issues and unmet needs** in Cabarrus County center 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

Dental Health

Dental care was noted in many community listening events as a need in Cabarrus County – especially for adults without insurance or those that receive Medicaid benefits. The telephone survey, conducted by KPC Research, revealed that **the inability to get preventive dental services due to cost** is the most often cited unmet health care service need (projected to affect 12,400 individuals or 8.7% of the population).¹ This need was most often reported individually by three subgroups: Latinos, Blacks and adults between the ages of 18 – 44. Also in the telephone survey, a projected 8,500 individuals (6%) had a dental problem during the past year for which they had problems getting care.

The Cabarrus Health Alliance Dental Screening Program reported that **1 in 5 children (20%) in kindergarten had tooth decay in 2003**. This figure has remained fairly constant over the past four years and is slightly better than the 2003 state average of 23%. Further, in the 2003-2004 school year, four elementary schools had 30-33% of kindergartners with decay. Fifteen preschools had greater than 25% of children with decay (5 at 50-59%, 4 at 42-49%, 3 at 33-36%,

¹ The Executive Summary and accompanying report from the telephone survey may be requested from United Way of Central Carolinas or Healthy Cabarrus. It is also available online (see contact information on back of title page).

and 3 at 24-25%).² In recent years, many local resources have been focused on improving access to dental care. Significant accomplishments have occurred and will continue to occur due to efforts of public and private providers.

Employment / Unemployment

During the community listening events, participants were very clear that **employment** is of great concern. With the closing of Pillowtex, the August 2003 unemployment rate in Cabarrus County rose to 10.9% compared to the August 2002 rate of 5.3%.³ The Employment Security Commission reported record numbers of people seeking employment. Likewise, Rowan-Cabarrus Community College has seen a dramatic increase in the number of adults registering for GED and technical training courses. (For more information about Pillowtex, see Appendix A: The Closing of Pillowtex Corporation) The telephone survey revealed that **3.6%, a projected 5,200 individuals, need a job**. An additional 1.4%, a projected 2,000 individuals, need a full-time job to replace their part time job.

Continued education after high school and vocational and technical training for jobs were cited in the telephone survey as the greatest unmet educational needs. It is projected that over five thousand (5,100) individuals in Cabarrus County (3.5%) need **continued education after high school but are not currently receiving it**. A projected four thousand seven hundred (4,700) individuals in Cabarrus County (3.3%) currently need, but are not getting, vocational or technical training for a job.

Further, there is concern for the number of adults in Cabarrus County that do not have high school diplomas. In 2000, 78.2% of the population had a high school diploma. It was noted by one of the key informants that almost half (46%) of the employees laid-off by Pillowtex have less than a high school diploma or GED. Rowan Cabarrus Community College reported in August that of the 1625 former Pillowtex employees who have enrolled at the college since Fall 2003, 500 have registered in GED or adult basic education (ABE) programs.

Further highlighted during community listening events is the **need for literacy programs** for Cabarrus County adults.⁴ According to key informants, 18% of Cabarrus County residents are functionally illiterate – defined as reading and writing at or below 4th grade level. Based on census data, professionals in the field estimate that as many as 24% of Kannapolis residents may be functionally illiterate; and 23% in the city of Concord.

Health and Health Care

Community forum participants expressed concern for accessing **health care services** within the community. They are particularly concerned about the ability to get prescription medications and

² More information on dental care can be found in the Promoting Health and Wellness section of this report beginning on page 23.

³ The statistics that are used in this report are compiled in a Community Indicators document and may be requested from United Way of Central Carolinas or Healthy Cabarrus. They are also available online (see contact information on back of title page)

⁴ More information on employment and unemployment can be found in the Increasing Economic Self-Sufficiency section of this report beginning on page 35.

limits on access to health care due to a lack of health insurance or inability to pay. With the closing of Pillowtex, there is great concern for the short term increase in acute health care needs as all community providers felt the impact of a large number of suddenly unemployed and uninsured people. There is also concern for the long term health needs of these residents. Healthcare providers stated a need for primary care services for underserved and uninsured adults, funding for indigent care (especially among the working poor), and concern for health disparities among community groups. State and local statistics indicate that chronic illnesses are of concern in the community, as is the prevalence of HIV and other sexually transmitted diseases (STD's) in some populations, and teen pregnancy, especially in minority populations.

Immigrant and Latino health issues are also concerns identified by some residents and key informants. Most often noted was the need for more translators to assist Spanish-speaking residents at health care facilities. The need for medically-trained interpreters to assist with appointments with primary care physicians was identified, as was the need for additional health information in Spanish.⁵

The Sheps Center for Health Services Research (University of North Carolina, Chapel Hill) estimates that in 2002, 17.5% of Cabarrus County residents ages 0-64 (21,000) did not have **health insurance**. This is a slight increase from the 1999-2001 data which indicated that 14-16 % of the population was uninsured. The current telephone survey results suggest that as many as 23.6% of Cabarrus County residents of all ages, a projected 33,600 individuals, do not have health insurance coverage. Some of this projected increase could be due to the closing of Pillowtex in July 2003. In the telephone survey, the highest percentage of individuals that report a lack of health insurance are Latinos, then persons between the ages of 18 – 24, Blacks, and persons between the ages of 25 – 34. Until further comparison data is available, it is felt that the Sheps Center estimate more closely represents the number of uninsured. It is also significant to note that Cabarrus County has the 12th lowest percentage of uninsured residents in the state. Neighboring counties of Rowan, Iredell, Union, and Stanly have similar rates. (Sheps Center, 2002)

Based on telephone survey respondents, the **inability to purchase prescription medications due to cost** affects a projected 9,100 individuals (6.4%). The highest percentage of individuals that report an unmet need for prescription medications are Black individuals at nearly 12%; followed by individuals ages 35 – 44 at 8.6%, ages 55 – 64 at 9%, and ages 65 – 74 at 13%.

Disparities in health are seen in several areas including death rates from chronic illnesses, the incidence of sexually transmitted diseases, and the occurrence of teen pregnancy. The research reveals that when compared to state rates, Cabarrus has higher rates of death from heart disease, septicemia, kidney diseases, and pneumonia and influenza. The differences are significant for certain subgroups. For example, when compared to white males, minority males in Cabarrus County have significantly greater rates of death from heart disease, prostate cancer, pneumonia and influenza, septicemia, and kidney diseases. For minority males in Cabarrus, the rates of death from most of these diseases exceed rates for minority males across the state as well. A

⁵ More information on health and health care can be found in the Promoting Health and Wellness section of this report beginning on page 23.

number of other disparities between race and gender are evident in death rates as seen in the tables in Appendix C.

Minority populations experience higher rates of **STDs** than the white population. For example, 76% of gonorrhea cases during 1998 – 2002 were diagnosed in minority populations. Similarly, 80% of syphilis cases and 50% of HIV disease cases in the same time period were in minority populations. In the population as a whole, state and local statistics reveal that good progress has been made in reducing the rates of syphilis and AIDS. Mirroring the progress across North Carolina, Cabarrus County continued to lower its rates for these diseases between 1994 and 2002. However, decreases in gonorrhea rates have not been as significant. During community listening events, there was a desire expressed among participants for **health education** within the community about HIV/AIDS and other STDs.

Teen pregnancy is a concern, especially among Latina girls. There is good news and bad news when it comes to teen pregnancy in Cabarrus County. The good news is that the teen pregnancy rate in Cabarrus County, for girls 15 – 19 years old, has been declining for the past decade in both white and minority populations. The same is true for the North Carolina rate. The bad news is that Cabarrus County rates are still slightly higher than the North Carolina rates (Cabarrus - 66.3, NC 64.1 pregnancies per 100,000). In 2002, Cabarrus County ranked 47th in the state for its rate of teen pregnancy meaning that 53 counties had lower teen pregnancy rates than Cabarrus. Additionally, the rate of **teen pregnancies in minority populations** in Cabarrus County is substantially higher than in the white population and the rate of teen pregnancies among Latina girls is triple that of other minority populations. In 2002, Cabarrus County had the 2nd highest rate of Latina teen pregnancy in the state.⁶

Mental Health

Concerns over issues related to **mental health needs** were raised by many participants in the listening events. Participants identified a need for more accessible and expanded mental health services including the need for in-patient psychiatric care and residential substance abuse treatment options. In addition, there is concern that job loss and economic conditions are increasing family stress and leading to more serious mental health problems. Healthcare providers note that many physical health symptoms stem from mental health issues and point out the need for additional referral options to mental health professionals.

The telephone survey indicates that 3.4% of those surveyed, a projected 4,800 individuals, have an **unmet need for help with depression or “nerves”**. This unmet need is most often reported by Black individuals (7.1%), persons between the ages of 18 – 24 (5.7%) and 35 – 44 (5.1%), and Latino individuals (4.9%). Further, 2.1% of those surveyed report an **unmet counseling need for the stresses of raising a family** (a projected 3,000 individuals) and 1.4% report an unmet need for counseling related to a relative or friend’s serious illness or death. Nearly 8% of individuals between the ages of 18 – 24 reported this unmet need – the single largest age group reporting this need.⁷

⁶ More information on teen pregnancy can be found in the Strengthening Youth, Families and Communities section of this report beginning on page 29.

⁷ More information on mental health can be found in the Promoting Health and Wellness section of this report beginning on page 23.

Mental health and other service providers express their concerns about how the provision of local services will be **impacted by the new state mental health reform**. They are specifically concerned about how the divestiture of services will impact the availability of mental health service providers. They are also concerned that the population being targeted for mental health services is too limited. Service providers believe that most Cabarrus County residents are unaware of the statewide mental health system reform and how it will impact local services. They feel these changes need to be clearly explained to both providers and consumers.

Transportation

Transportation is seen by Cabarrus County residents and service providers as an issue that affects everything else since **transportation** enables or diminishes access to services as well as access to employment, school, day care, and more. Rural residents have the fewest transportation options. Seniors and disabled residents also have particular transportation challenges. A new bus transit system began service along six routes in Concord and Kannapolis in April 2004. It is anticipated that it will grow to meet many of the existing transportation needs. Disabled residents expressed the need for bus stops and shelters to better accommodate needs of the disabled.

According to the telephone survey, the most often reported unmet transportation needs involve **transportation to helping agencies** (2.6 % of respondents, a projected 3,700 individuals) followed by **transportation to health care services** (2.4% of respondents, a projected 3,500 individuals). **Among the highest percentages of individuals that reported an unmet transportation need were individuals 65 years old and older.**⁸

Additional Considerations and Issues

In every community listening event – in every impact area – the needs for increased access to services, increased awareness of existing programs, and the need to maintain and expand collaboration among agencies and organizations were identified.

Most often mentioned during community listening events, as related to **access**, is the need for better **transportation options** for those without personal transportation and people that live in rural areas of the county. Participants suggest neighborhood-based services as a way to help alleviate the transportation issue. Also mentioned is the need for more on-site **Spanish translation services**, signage and written information in Spanish and the provision of after-hours telephone messages in Spanish. Further, residents believe that the **inability to afford a service** is a barrier to access and that more programs with sliding-fee scales would make services more accessible to the community.

Related to **awareness** of existing services, participants believe that there are many services available within the community but residents don't know they exist. They noted the importance of more and better communication of available resources and the importance of information (oral and written) being provided in Spanish.

⁸ More information on transportation can be found in the Helping Seniors and Disabled Live Independently section of this report beginning on page 41.

Collaboration between human service organizations in Cabarrus County is already strong and is seen by residents as an asset. Cabarrus County has developed many successful partnerships including Cooperative Christian Ministry, the Cabarrus Community Care Plan, the Community Free Clinic, Healthy Cabarrus, and the co-location of Cabarrus Health Alliance, Daymark (formerly Piedmont Behavioral Healthcare) and the Department of Social Services. Because of these existing collaborations, the community was poised to respond quickly and effectively in the early days of the Pillowtex lay-off, as revealed through the highly successful community service center. As a result, the Cabarrus County community has come to see collaborations as an effective way to meet needs and maximize services and desire to see further collaborations developed among the faith community, local governments, the corporate community, and health and human service providers.

The rapidly **growing population** and associated growing need for health and human services is straining programs and budgets all over the county. According to the U.S. Census Bureau, the population of Cabarrus County increased by 32.5% from 1990 to 2000. (The population of North Carolina had increased by 21.4% in the same time period.) The ethnic distribution of Cabarrus County in 2004 is 82% white, 12% African American and 6% other (as estimated by Claritas, Inc provided by KPC Research). It is estimated that 5.5% are of Latino ethnicity. The 2000 Census reported that the **Latino population increased by 1,271%** from 1990 to 2000 to a total of 6,638. It is believed, however, that this number is actually much higher based on school enrollment and birth data.⁹

There are other concerns that were identified during this study process – many of which are noted in the following pages of this report. The health disparities that exist between races, education for adults and children, economic development and infrastructure improvements are of concern. Issues that concern seniors, the disabled and the Latino community specifically are also noted.¹⁰

Though some issues were not specifically highlighted as the most pressing issues for immediate attention, the Council recognizes that each of these areas has a profound impact on health and human service issues and on effective delivery of services. The Council underscored the understanding that issues such as **substance abuse, access to child care,¹¹ housing,¹² issues within the Latino community and the increasing population growth** are very important and warrant consideration as they relate to the pressing issues that are outlined.

⁹ More information on population growth and the Latino community can be found on pages 32-33.

¹⁰ More information on health disparities can be found in the Promoting Health and Wellness section of this report beginning on page 23.

¹¹ More information on child care can be found in the Preparing Children to Succeed section of this report beginning on page 17.

¹² More information on housing can be found in the Increasing Economic Sufficiency (page 35) and the Helping Seniors and Disabled Live Independently (page 41) sections of this report.

C. Recommendations and Next Steps

A goal of this Council and the supporting organizations (Cabarrus Health Alliance, Healthy Cabarrus and United Way) is for the information gleaned from this to be widely shared and utilized to influence strategic planning across the community. Additional analysis of the issues and their underlying causes is necessary and encouraged in order to fully understand and respond to the identified needs. It is our hope that many organizations, policy makers, and community leaders will participate in examining and addressing these issues.

So as not to lose sight of them, the Council has noted several strategies that surfaced throughout the study process as **important components to addressing the issues**. These include:

- **Maintain and strengthen collaborations** among agencies and service providers
- Improve **access to services** that are already in existence in the community including improvements in health insurance coverage rates and increased transportation options.
- Maintain a focus on **educational needs** including the provision of quality public schools, health education to prevent disease, literacy programs and/or GEDs for adults that didn't finish high school, opportunities for adults to learn new skills to qualify for jobs, and help with job-seeking skills such as resume writing and interviewing skills.
- Increase **awareness of existing services** within the community to raise the utilization of these services and programs
- **Maintain a focus on economic development** and the creation of new jobs with adequate pay and benefits.
- **Build on assets** within the community such as the health and human service partnerships that already exist and the new City of Concord initiative to build low-income housing.

The Cabarrus Community Planning Council is developing a community-wide communication plan to assure broad dissemination of this report. Municipal and county governments, boards of education, health and human service agencies and boards, business leaders, economic development committees, Chamber of Commerce, the faith community, Rotary Clubs and other civic groups, and United Way boards, committees, and agencies are among those targeted. The Council's expectation is that all of these entities will actively seek and find ways to utilize their programs, services and resources to address the identified needs as is appropriate to their stated missions.

In early 2005, the Council will determine further actions to initiate as a result of the study. The agenda will include:

- Action plan development,
- Communication and dissemination plan,
- Measuring success as a result of the study and report,
- Connecting with existing community priorities,
- Examination of the history of community planning in Cabarrus County and to learn from the "hits" and "misses" of the past in laying out any future actions.

Cabarrus County has many assets and many unmet needs. This report is an effort to provide a glimpse into the realities that exist within this community and to offer some direction on addressing unmet needs. The Cabarrus Community Planning Council, Cabarrus Health Alliance, Healthy Cabarrus and the Community Works Board of Directors wish to express their gratitude to the many community citizens that participated in this learning process.

Detailed Description of Findings

The supporting information found in the following section includes detailed discussions of assets and needs identified through the study process. It is organized by the impact areas that were utilized to focus discussion during the community listening events. To clearly distinguish between the types of data used in this study, the information within each impact area is organized by Assets, and Unmet Needs (reflecting the community listening sessions data), Telephone Survey data, and Community Indicators statistical data.

The impact areas are as follows:

- Preparing Children to Succeed
- Promoting Health and Wellness
- Strengthening Youth, Families, and Communities
- Increasing Economic Self-Sufficiency
- Helping Seniors and Disabled Live Independently

The index on the following page categorizes the many subject areas discussed in the Detailed Findings, the impact areas in which they are discussed, and page numbers for easy reference.

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Impact Area: Preparing Children to Succeed

Assets

During the community listening events, there were many organizations, agencies and programs in Cabarrus County that were highlighted as providing positive services for children in Cabarrus County.

The public school systems, Cabarrus County Schools and Kannapolis City Schools, were named in each of the community forums as an asset to the community. Cabarrus County residents are proud of their schools and believe that they provide an excellent academic education for their children. They are particularly impressed by the guidance counselors, school nurses, before and after school programs, PTAs, resource officers, and exceptional children's programs.

Cabarrus County residents appreciate the early childhood education services that are provided through the Partnership for Children (Smart Start) and Head Start. "Mother's Morning Out" and preschool programs provided by churches were also mentioned.

Other organizations that were mentioned as providing positive experiences for school-age children and services for children and their families include the Cabarrus County Boys & Girls Club, boy and girl scout programs, the YMCA, Safe Kids Coalition, DARE, Logan Community services, Communities In Schools, Children's Advocacy Center, Healthy Cabarrus Teen Task Force, the Concord Library and the Academic Learning Center. The recreation program provided by Bethel Athletic Association is highly regarded in the Midland community.

Related to health, mental health and substance abuse programs, many other organizations, agencies and programs were noted as providing quality services for children. The Cabarrus Health Alliance is appreciated for its health and dental services and for its teen-related programs including the teen information service through Healthy Cabarrus called Teen Talk. Healthy Cabarrus is seen as a good program model worthy of expansion. Grief counseling for children and teenagers through Hospice is valued. NorthEast Medical Center is seen as a valuable resource for healthcare including pediatricians, pediatrics subspecialties, the Child Advocacy Center, and its pediatric intensive care unit.

Mentioned in many community listening events as community assets for its Latino children were the Hispanic Learning Center, the bilingual emergency services provided at NorthEast Medical Center, and the Cabarrus County Hispanic Council. Many residents believe that the ESL learning opportunities have shown great improvement in recent years.

Unmet Needs

The community's unmet needs most often highlighted, as related to children, were the need for more **pre-school services including affordable quality day care**. According to the Cabarrus County Department of Social Services, the waiting list for subsidized child care has steadily

increased from 117 at the end of December, 2003 to a high of 879 as of September 30, 2004. As of October 27 there are 623 children on the waiting list.

Further, residents are concerned about the lack of **dental care** for uninsured or Medicaid children and adults though it was noted that the Health Alliance provides comprehensive care for children and emergency dental care for adults.

Though Cabarrus County residents are very proud of their public school systems, they noted the following issues as needing to be addressed by the schools. **Overcrowding** was mentioned as an issue affecting the public schools.

Truancy is also seen as a problem and is not addressed until middle school. A lack of transportation is also noted as a factor that impacts parental involvement in their children's school activities. Though the schools have made tremendous strides with **ESL** (English as a Second Language) students, some residents still believe the ESL programs are inadequate to support the needs of students and that few resources are available to students and parents outside of ESL classes.¹³

Day: Unchecked growth gaining on county

Independent Tribune, 6/7/04

For **children with disabilities, participants of this study believe that more parental involvement** is needed and that parents need to be educated and empowered to advocate on behalf of their children. Those who participated in the focus group on persons with disabilities believe that parents are easily overwhelmed and intimidated by professionals and that they are not well informed of procedures in the schools, thereby decreasing opportunities for parental involvement. Further, residents stated that parents of students with disabilities have limited choices in class placement and transportation. They believe that the schools have a "mentality of protection versus inclusion" and that there should be educational opportunities on a variety of levels.

The public schools report that they are seeing more and more children with **severe mental health issues**. They also report handling a variety of **special health care needs**, including students with feeding tubes, diabetes, allergies, and dispensing a variety of daily medications. Cabarrus County Schools add 600 – 800 students annually, many of whom who often come to school unprepared to learn. Cabarrus County Schools are serving 250 Title I preschoolers with 200 more on the waiting list. The school systems note that the "social needs of students can often minimize the effects of the best teaching".

In every community forum, participants expressed concern about the inability of many residents, including children and those that have limited incomes, to **access health care services**. With the closing of Pillowtex and the associated lack of health insurance for these workers and their families, the need for Cabarrus County residents to be able to access health care grew dramatically – both for children and adults. DSS reports an increase of 700 Medicaid-eligible cases for families with children since July 2003. Needs were expressed for increased funding for programs that provide health care services for children without health insurance, for the restoration of nurses in each high school, for increased time for health education in the schools,

¹³ Headlines are reprinted with permission from the Independent Tribune and the Charlotte Observer.

and for the nutritional needs of some children. It was noted by a Kannapolis City Schools official that the rate for Free and Reduced Lunch grew from 57% in May 2002-2003 to 62% in May of 2003-2004. At Woodrow Wilson Elementary School, home of the WEE WONDERS More at Four classes, the rate is 87%. **Transportation** to health care and other services is an issue for many Cabarrus County residents. A new bus system – the CK Rider – began in April, 2004 and is in a start-up mode with six routes that include Concord, Kannapolis and southern Rowan County. The routes are constantly being evaluated for future expansions. Community residents have high hopes that this transit system will help with transportation needs in the community. The Latino community is aware of the transportation system, but bus schedules are more readily available in English than Spanish and many do not understand the color-coding system.

With the new statewide **mental health system** reform, Cabarrus County residents and service providers expressed their concern for how the reform will impact children, specifically children with serious emotional disorders, substance abuse issues, developmental disorders or those in non-targeted populations. Further, there is a concern for the lack of local residential treatment options for children and the need for greater coordination of services between Piedmont Behavioral Healthcare, other mental health professionals, and local school systems. Many mental health professionals within the community expressed concerns that the emotional impact of the Pillowtex closing and its associated negative impact on families, including children, will be felt for many years into the future.

Further, it was noted by community residents that some parents are in need of better **parenting skills**. This was noted as being especially important for teen parents. Issues that relate to **substance abuse** are a concern for many residents. Expansion of in-home services such as baby visitation, nurse visits and parenting skills training is needed to help prevent child abuse and neglect.

Telephone Survey

The telephone survey conducted by KPC Research reveals that the **need for health care for asthma** is most often reported in households that have children 17 years old and younger. In the telephone survey, 12.2% of individuals within this age group, a projected 4,476 individuals, are reported as having an unmet need for care for asthma – more than any other age group. The telephone survey also revealed that 3.1% children in this age group live in households that need help with **transportation to health care services**. The Sheps Center estimates that 10.5% of Cabarrus children ages 0-17 do not have health insurance.

Among households with children 17 years old or younger, the highest unmet health care service need is for **dental problems** affecting 3.3% within this age group. The second highest unmet health care service need was for **eye problems** where 1.8% report this unmet need.

Related to unmet educational needs, the telephone survey reveals that 2.4% of children 17 years old and younger are reported to need help **learning to read or write better** and 1.1% need **courses to get a high school diploma**.

The only unmet counseling need identified through the telephone survey related to children 17 years old and younger is for help with **nerves or depression**. Households with children in this age group report that 1.6% have this unmet need.

Community Statistical Indicators

According to the latest projections of the Cabarrus County population from Claritas, Inc, it is estimated **that over 25% of the population in Cabarrus County, over 36,600, are children younger than 18 years old** (based on a total population projection of 142,501).

The 2000 Census reported that 8.7% of children in Cabarrus County lived at or below the poverty level, nearly 2900 children. This is less than the rate for North Carolina. In Cabarrus County, 5.21% of white children lived in poverty; compared to 32% of Black children and 28% of Latino children. The Census Bureau

2000 Poverty Statistics		
	North Carolina Percent	Cabarrus County Percent
All ages in poverty, 2000	12.3	7.1
Age 0-17 in poverty, 2000	16.1	8.7
Age 5-17 in poverty, 2000	14.9	7.0
Under age 5 in poverty, 2000	18.9	11.1

Source: US Census Bureau, American Fact Finder

estimates that in 2002, 12% of Cabarrus children 0-17 lived in poverty. (*Source: U. S. Census Bureau*)

The average number of monthly recipients of food stamps in Cabarrus County has risen by nearly 75% between 1999 and 2003 from 4,332 to 7,406. *Source: North Carolina State Data Center, LINC system*)

Cabarrus County has many excellent programs that serve the needs of children. Cabarrus County, among North Carolina counties, is often on the forefront of new initiatives that positively impact the residents of the county and set the pace for the state as a whole. Research conducted into some of the issues that impact children revealed that, in some ways Cabarrus County is making good progress. For example, there is **good news in the area of control of asthma**. The incidence of hospitalizations for asthma, as indicated by hospital discharge reports for children per 100,000 population in Cabarrus County, has dropped dramatically in recent years and has dropped well below the North Carolina state average.

The news is not as positive in regards to prenatal care and infant mortality. From 1998 - 2002, 83% of Cabarrus County women who were pregnant received prenatal care in the 1st trimester of pregnancy (which is similar to the overall rate in North Carolina of 84%). However, for Black women, the percentage was 73% (the North Carolina rate was 75%). Likewise, the non-white rate for **infant mortality** in Cabarrus County is more than twice as high as the white rate. From 1998 - 2002, the infant mortality rates per 1000 live births were white – 6.5 and minority – 13.1 (*Source: N.C. DHHS State Center for Health Statistics*)

Nearly **1 in 5 children enter kindergarten with tooth decay** as revealed through the Cabarrus Health Alliance Dental Screening Program. Further, in the 2003-2004 school year, four

elementary schools had 30-33% of Kindergartners with decay. Fifteen preschools had greater than 25% of children with decay (5 at 50-59%, 4 at 42-49%, 3 at 33-36%, and 3 at 24-25%).

The US Census Bureau estimates that, in 2000, **5.8% or 1,230 of Cabarrus County's school-age children and youth (population between the ages of 5 and 15 years old) had a disability.** These rates are similar to North Carolina rates of 6.1%.

The number of investigated and substantiated cases of child abuse and neglect in Cabarrus County has been rising since FY 2000 – 2001. In 2002 – 2003, **22% of all reports of child abuse and neglect were substantiated.** Cabarrus County Department of Social Services, Child Welfare

Services reports an increase in services to families

Child Abuse and Neglect Substantiated					
Cabarrus County	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003
Investigative Reports	1528	1485	1557	1767	1806
Substantiated Reports	369	385	313	320	405
<i>Source: http://www.dhhs.state.nc.us/dss/stats/cr.htm</i>					

and children and concern that the vast majority of cases investigated involve substance abuse and domestic violence. DSS staff reports that 90% - 95% of cases involve substance abuse and 80% of cases involve domestic violence.

The number of licensed child care centers in Cabarrus County has declined between 1998 and 2002. The capacity within these centers has fluctuated but remained fairly constant.

The number of children receiving **subsidized childcare** has increased by over 25% between 1999 and 2003, from 961 in 1999 to 1,266 in 2003.

Cabarrus County	1998	1999	2000	2001	2002
Licensed Child Day Care Facilities	111	107	94	91	92
Licensed Capacity of Child Day Care Facilities	5,462	5,547	4,854	6,047	5,552
<i>Source: North Carolina State Data Center, LINC system</i>					

Impact Area: Promoting Health and Wellness

Assets

In every community forum, the services and programs of health care providers were highlighted as a tremendous community asset. Cabarrus County residents consider NorthEast Medical Center a “1st rate hospital” with quality services and community-centered programs. Also mentioned in each of the community forums were the health care services provided both individually and collaboratively by local physicians, the Community Free Clinic, Community Care Plan, Cabarrus Health Alliance, NorthEast Medical Center and the parish nurse programs. Together, they provide services for people who would not otherwise receive care, those who are uninsured and who that typically “fall through the cracks”, and the Latino community. Each was also heralded for the extra services and programs they provided for Pillowtex families after the closing of the plant in 2003.

Community rallied to help Pillowtex employees

Independent Tribune, 7/31/04

Other health programs that were mentioned during several community listening events as providing positive health-related services for the community included the school nurse and school nutrition programs, Hospice, the YMCA Senior Lunch Program, the HIV/AIDS Task Force, Daymark (formerly Piedmont Behavioral Healthcare, for its sliding fee scale for mental health services), Cabarrus County Partnership for Children, Coltrane LIFE Center, the senior centers, Cabarrus County Transit Service, Medicare and Medicaid services, Healthy Cabarrus, American Red Cross, The ARC, Sisters in Partnership and the Cabarrus Food Pantry. It was noted that Cabarrus County has had an HIV/AIDS Task Force in existence for 10 years which provides a variety of programs including HIV prevention and services for persons with HIV and their families. Cooperative Christian Ministry was noted as a “shining star of collaboration” for its partnerships with churches and other organizations, and its support of the night shelter. Particularly highlighted were faith-based initiatives such as parish nurses, wellness programs and the provision of spiritual and mental support for community residents. The newly developing mass transit system is also seen as having potential to have a positive impact on community residents in need of transportation.

The recreation, sports, and physical fitness opportunities offered through local youth-serving agencies were touted as having a positive impact on the community. Also noted were programs for adults and older adults such as those provided by the Department of Aging for exercise, lunch and socialization; and the healthy living, wellness education programs offered by the Cabarrus County Boys & Girls Clubs, county parks and recreation departments and sports programs.

Unmet Needs

Though there are many healthcare providers, organizations, and programs in Cabarrus County that are providing positive health and wellness programs within the county, there are still health-related areas that county residents think need addressing. *In every community forum*, **transportation** was noted as a significant barrier to accessing health services – particularly in

rural areas such as Midland and Mt. Pleasant. Residents desire to see existing transportation services expanded to include access to more locations (such as food pantries, and additional physicians and pharmacies); expanded to include a broader array of available times of day and days of the week; and for the transportation options to be specifically marketed to the Latino population.

Dental care was noted in every community listening event as a significant health and human service issue in Cabarrus County – especially for adults without insurance or those that receive Medicaid benefits. It was noted that the Health Alliance sees children of all ages and sees adults with dental emergencies. Residents suggest the utilization of mobile dental units as one way to help address the dental service need.

The lack of access to **health care and prescription medications** was discussed often. With the closing of Pillowtex, there is great concern for the short term influx of acute health care needs as all community providers felt the impact of a large number of suddenly unemployed and uninsured people. There is also concern for the long term health needs of these residents, the primary care needs of adults, funding for indigent care (especially among the working poor), and health disparities among community groups. Cabarrus County residents note that one **solution to the health care crisis is the provision of health insurance** for adults and children. They also believe that many people do without food to pay for medications. Access to **preventive health services** and treatment for **chronic illnesses** is difficult for some Cabarrus County residents. Health care service delivery issues were noted by community residents including the need for **expanded hours and appointment schedules**, flexibility in days and times services are offered, an examination of guidelines that may limit access, services for people with disabilities and sensitivity training for providers as it relates to attitude and treatment of clients.

Participants in community forums expressed a need for more **health education and wellness programs** within the community including AIDS and other STDs (sexually transmitted diseases) awareness programs, smoking cessation support and other health-related education. There was also expressed a desire for nutrition programs that will assist residents in understanding the impact of diet and nutrition on disease, the expansion of adult recreation programs to more accessible locations and with varied appeal, and a desire to enhance the wellness infrastructure within the community such as the development of more sidewalks, parks, and greenways.

Immigrant and Latino health issues are also of concern. Most often noted in the community listening events was the need for more interpreters to assist Spanish-language residents when they come to health care facilities, especially medically-trained interpreters for appointments with primary care physicians. In addition, it was noted that physician offices need to have signage and written information in Spanish, and provide after hours phone messages in Spanish. Other issues mentioned for this population were the need for bilingual assistance for women that suffer domestic violence, transportation, education on preventive health care, and assistance in learning to navigate the local health care system. It was also noted that Latino residents may not access the current mental health system because of a lack of bilingual service providers.

There is significant concern over the effects of the new statewide reform of the **mental health system** on local mental health services, specifically as it relates to the divestiture of services and

the fact that a limited population is being targeted. Residents as well as service providers want to understand the new system and how to access services. Gaps in services noted include a need for inpatient treatment facilities and treatment options, and more resources for psychiatric care. Further, some local service providers stated the concern that the mental and emotional impact of the Pillowtex closing will be felt for many years into the future. Community residents also expressed their concern for illegal drug use and a desire for expanded **substance abuse** services including prevention programs and residential treatment facilities. Further, there is need for more Ala-teen groups. In addition, citizens stated there is limited bilingual assistance for women that suffer from **domestic violence**. Latinas don't know where to go when they need help, and often, when referred for services, have difficulty communicating with services providers that have limited Spanish language proficiency.

Telephone Survey

The telephone survey conducted by KPC Research revealed several health-related concerns of Cabarrus County residents. The most critical **unmet transportation need** involved getting to **helping agencies**, reported by 2.6% of respondents (a projected 3,700 individuals). This was followed by transportation to **health care services** reported by 2.5% of respondents. **The highest percentages of individuals that reported an unmet transportation need were individuals that are Black and Latino and individuals 65 years old and older.** 10.5% of the Black population, 9% of the Latino population, and 10% of individuals 65 years old or older reported an unmet need for transportation to social services. 12% of those 65 years and older, 9% of Latinos and 7% of Blacks reported an unmet need for transportation to health care services.

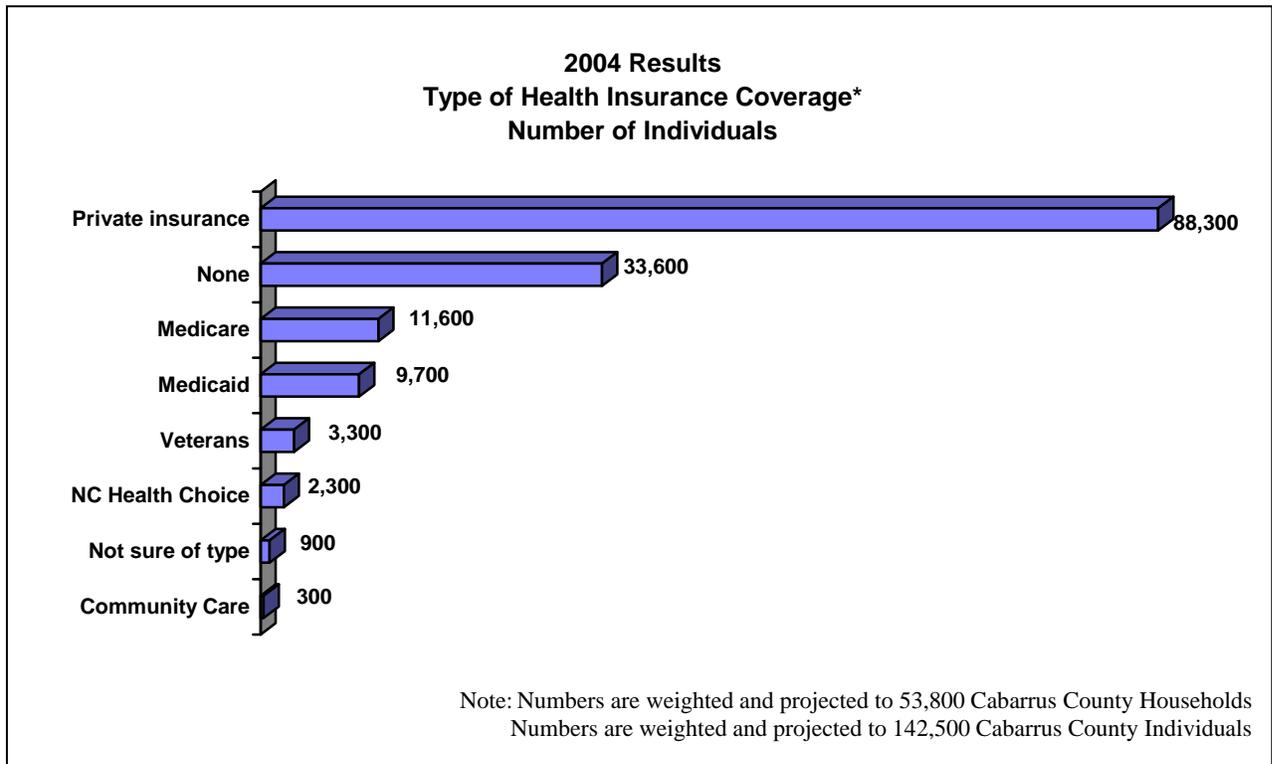
The inability to receive preventive dental services due to cost was reported by 8.7% of respondents and is projected to affect 12,400 individuals. The highest percentage of individuals that report an unmet need for preventive dental services because of cost was among Latino individuals at 17%, followed by Blacks at just over 16%. Within the population as a whole, 13% of individuals ages 18 – 24, 11.5% of individuals 25 – 24years old, and 10% of those ages 35 – 44 reported this unmet need. Females also have a high rate of this unmet need at just over 9%.

The inability to purchase **prescription medications** due to cost is reported by 6.4% of respondents and projected to affect 9,100 individuals. The highest percentage of individuals that report an unmet need for prescription medications were Black individuals at nearly 12%, followed by individuals ages 35 – 44 at 8.6%, and ages 55 – 64 and 65 – 74 each at about 9%.

Prescription assistance is available
The Charlotte Observer, 3/7/04

The most often cited **unmet health care service need involves problems getting care for dental problems**, reported by 6% and projected to affect 8,500 individuals. This unmet need was most often reported individually by Latinos, Blacks and adults between the ages of 18 – 44. Smaller numbers of individuals reported unmet needs for other health care services, such as help to stop smoking (a projected 1,300 individuals), anger or violence problems (a projected 1,100 individuals), drug problems (a projected 800 individuals), and alcohol problems (a projected 400 individuals).

According to the telephone survey, 33,600 Cabarrus County residents are projected to be without any type of health insurance coverage. In the telephone survey, the highest



percentage of people that report a lack of health insurance are individuals that are Latino at 60.4%, then persons between the ages of 18 – 24 at 43%, Blacks at 31.3% and persons between the ages of 25 – 34 at 29.3%.

The Sheps Center for Health Services Research, UNC Chapel Hill, estimates that in 2002 17.5% of Cabarrus County residents (21,000) did not have health insurance. The 1999-2001 Sheps Center estimates ranged from 14-16%. Cabarrus County’s percentage of uninsured residents is less than the State average of 19% for 2002 and is very similar to that found in the surrounding counties including Rowan, Iredell, Stanly, and Union.

Where do residents go **first for medical care when they are sick**? Other than the doctor’s office at 83%, the greatest percentage report going to the hospital emergency room, 5.5% (projected to be 7,900), followed by a free clinic, 2.5%, and then no place, 1.6%. Where do they go for preventive medical services? Other than the doctor’s office at 84%, 3.3% report going nowhere, followed by 3.2% reporting that they go to the hospital emergency room, and then 2.3% report going to a free clinic.

When asked about chronic health problems, 17.3% (projected to be 24,700 individuals) reported a diagnosis of high blood pressure followed by 7.5% (a projected 10,700 individuals) with a diagnosis of asthma, 6% with diabetes, and 3% with clinical depression. When asked if they had a problem over the past year getting care for their illness, 35 % of those diagnosed with clinical depression reported an unmet need for services for clinical depression. The percentage

of persons needing services for clinical depression is significantly higher than the second highest unmet need reported by individuals for the chronic health problem, asthma (8%).

Community Statistical Indicators

The residents of Cabarrus County highlighted many programs that provide excellent health care and health-related services. Research into the indicators of health status revealed that Cabarrus County service providers and residents are making **good progress** in meeting the health challenges of citizens. For example, there is good news in the area of **asthma**. The incidence of hospitalizations for asthma, as indicated by hospital discharge reports per 100,000 population for Cabarrus County, has dropped dramatically in recent years and has dropped well below the North Carolina state average.

Good progress has been made in reducing rates of some types of STDs (sexually transmitted diseases). Cabarrus County has made continual progress in lowering rates of syphilis and AIDS cases when comparing the periods of 1994-1998 and 1998-2002. Syphilis has dropped from 3.9 cases per 100,000 population to 0.8; and HIV disease (HIV/AIDS) has dropped from 12.9 per 100,000 population to 8.6. However, the rate of HIV disease in the non-white population has increased from 28 per 100,000 to 29.2.

The overall decrease in gonorrhea rates has not been as significant, dropping from 161.2 cases per 100,000 to a rate of 150.2. **For all STDs, the number of cases diagnosed is higher in minority populations than in the white population.** For example, 76% of gonorrhea cases and 50% of HIV cases during 1998 – 2002 were diagnosed in minority populations. Similarly, 80% of syphilis cases in the same time period were in minority populations. (Source: North Carolina State Center for Health Statistics)

When considering causes of death for Cabarrus County residents, the research reveals that although the leading causes of death for Cabarrus County are closely aligned with the state as a whole, Cabarrus County residents have higher rates than the state from some causes, namely heart disease, influenza/pneumonia, kidney diseases, and septicemia. A closer look at death rates by race and gender reveal even greater differences for specific causes of death. For example, heart disease and kidney disease are experienced at significantly higher rates in the minority population; lung disease among white women is higher than minority women; and kidney disease rates among all women, white and minority, are significantly higher than state rates.

Disparities seen in causes of death among races/genders within Cabarrus County:

Heart Disease

- *The non-white rate is **20% higher** than the white rate; White – 241.7 and Non-white – 290.3 per 100,000 population*
- *The non-white male rate is **53% higher** than the rate for white males. White Males - 296.8 and Non-white Males - 454.0 per 100,000 population*

Please refer to Appendix C: Charts 1, 2, & 3, Causes of Death and Death Rates. Highlighted in red/bold are the areas where the Cabarrus rates are higher than the North Carolina rates.

Cerebrovascular Disease

- *The non-white rate is **53% higher** than the white rate. White – 56.5 and Non-white – 86.1 per 100,000 population*

- *The non-white male rate is **45% higher** than the white male rate. White Males – 60.2 and Non-white males – 87.3 per 100,000 population*
- *The non-white female rate is **46% higher** than the white female rate. White females – 54.2 and Non-white females – 79.2 per 100,000 population*

Breast Cancer

- *The non-white female rate is **32% higher** than the white female rate. White females – 20.2 and non-white females – 26.3 per 100,000 population*

Prostate Cancer

- *The non-white male rate is **238% higher** than the white male rate. White males– 24.7 and Non-white males – 83.6 per 100,000 population*

Diabetes

- *The non-white rate is **101% higher** than the white rate. White – 20.9 and Non-white – 42.1*
- *The non-white male rate is **43% higher** than the white male rate. White male – 23.8 and non-white male – 34.0 per 100,000 population*
- *The non-white female rate is **143% higher** than the white female rate. White female – 18.2 and non-white female – 44.3 per 100,000 population*

Chronic Obstructive Lung Disease

- *The white rate is **137% higher** than the non-white rate. White – 45.3 and Non-white – 19.1*
- *The white male rate is **96% higher** than the non-white male rate. White males – 56.0 and non-white males – 28.5 per 100,000 population*
- *The white female rate is **183% higher** than the non-white female rate. White females – 41.1 and non-white females – 14.5 per 100,000 population*

Nephritis/Nephrosis (kidney disease)

- *The non-white rate is **229% higher** than the white rate. White – 19.1 and Non-white – 62.9*
- *The non-white male rate is **178% higher** than the white male rate. White male – 20.7 and non-white male – 57.5 per 100,000 population*
- *The non-white female rate is **241% higher** than the white female rate. White females – 19.1 and non-white females – 65.2 per 100,000 population*

Unintentional Injuries other than Motor Vehicle

- *The white rate is **111% higher** than the non-white rate. White – 25.3 and Non-white – 12.0 per 100,000 population*
- *The white male rate is **110% higher** than the non-white male rate. White male – 35.2 and non-white male – 16.8 per 100,000 population*
- *The white female rate is **163% higher** than the non-white female rate. White females – 16.3 and non-white females – 6.2 per 100,000 population*

Across North Carolina, from 2003 to 2004, the percentage of people without health insurance grew by 1.4%, according to the Census Bureau's reports. This means approximately 50,000 more people were added to the 1.4 million or 17% of all North Carolinians who now lack health insurance coverage. Only six states had a higher increase in their uninsured rate. Source: US Census Bureau Report – "Income, Poverty, and Health Insurance Coverage, United States," August 2004.

The number of persons in Cabarrus County that have been utilizing mental health programs has been increasing in recent years. In 2002, 23.1 persons per 1,000 population were served in area mental health programs – up from 8.8 per 1,000 in 2000 and 17.7 per 1,000 in 2001. In the two years prior to 2000, the rate per 1,000 population was just over 20. Source: North Carolina State Data Center, LINC system

Impact Area: Strengthening Youth, Families and Communities

Assets

Cabarrus County residents are proud of their schools. In community listening events, residents noted that improvements have been made in recent years in graduation rates and the number of minority third graders that are at or above grade level in their academic achievement. Residents like the many extracurricular activities that are offered by the schools and the high level of community involvement of students and personnel.

Residents highlighted many local organizations and agencies that contribute positively to strengthening youth, families and the community including the Cabarrus County Department of Social Services, Cabarrus County Juvenile Crime Prevention Council, the Harrisburg Lions Club, the American Red Cross, Healthy Cabarrus, Hispanic Learning Center, the Arts Council, Cooperative Christian Ministry, Habitat for Humanity, Cabarrus Housing Partnership and others. It was noted that the collaborative relationships between public and private agencies and the school systems is particularly strong. Other activities that were mentioned include interagency committees that focus on specific issues such as the child fatality task force and the interagency child protection team.

The faith community is seen as very important in the provision of social activities and human services needs for youth and families. Highlighted were church programs that include food and clothing closets, youth activities and other programs that help provide stability for families. *In every community listening event,* the Community Resource Center

Church, RCCC join in GED program

Independent Tribune, 3/27/04

that was established at Kimball Lutheran Church during the Pillowtex crisis was mentioned. This collaboration is seen by the community as a sterling example of the excellence in collaboration. It was helpful to families, made resources readily available and showcased how people, agencies and churches can work together successfully.

Activities and programs for youth that were mentioned as providing supportive experiences for youth include the school clubs, the Cabarrus County Boys & Girls Club, the YMCA, boy and girl scouts, Harrisburg Youth Association, and Bethel Athletic Association. Other programs cited were those that partner with the business community to reach youth that have no interest in college. Programs for youth that offer substance abuse prevention education and sex education are also valued.

Unmet Needs

Community forums, stakeholders meetings, key informants and focus groups outlined many positive activities that occur in Cabarrus County. However, they also noted some areas that need further attention.

Cabarrus County residents expressed the need for more **recreational opportunities** within the community including sports sponsorships by local businesses, more parks, keeping the “old” Bethel Elementary School building for community use, and having area soccer fields available without cost. In addition, residents desire more structured activities that are affordable for economically challenged families, and that provide mentoring, internships, and volunteer opportunities for youth.

Students fill free time at hospital as volunteers

Independent Tribune,
6/22/04

Though residents are proud of their schools, they have concerns about some issues related to **education**. There is concern about disparity between schools, overcrowding, a lack of educational options and career paths for students that are not college-bound, getting parents more involved in the schools, sexual encounters between teens that occur at school, and the need to empower teachers to enforce policies and discipline. There is concern that gang activities in the community are spilling over into schools. There is concern that the system has lowered its expectations of certain students based on the neighborhood where they live and that there is less one-on-one attention for students. Further, economic support is needed to assist with the cost of field trips, transportation to “extras” such as art events, and to supplement other out-of-pocket expenses for students,

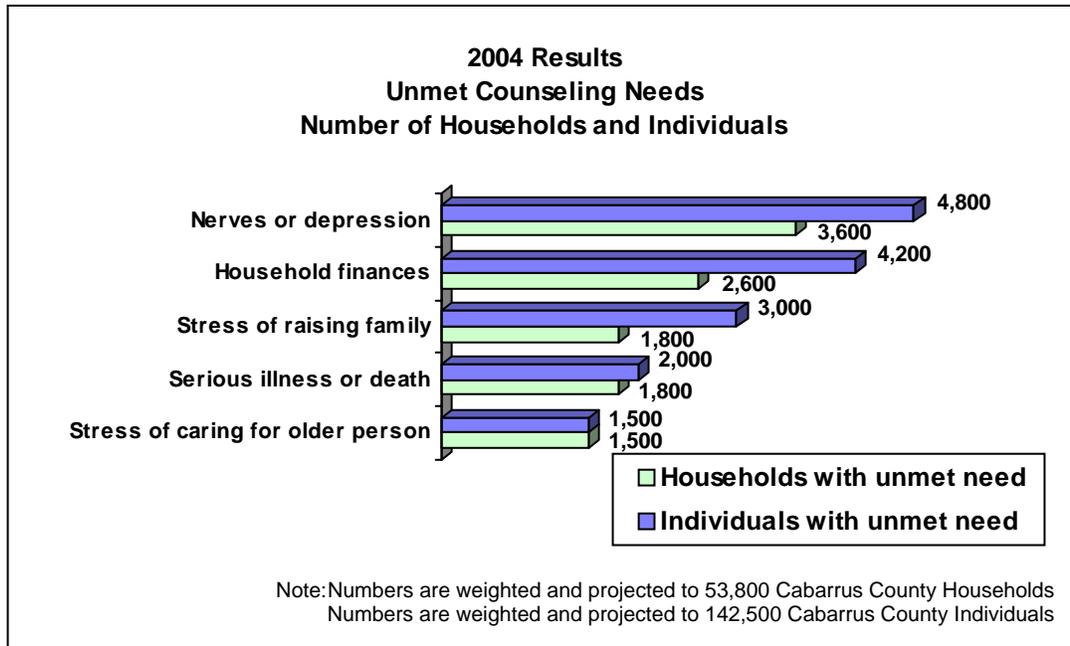
Some members of the Latino community believe that there is inadequate staff in the school systems to respond to the needs of non-English speaking students. Some feel that the capacity of the systems for translating should be increased, that teachers need additional training to work with **English language learners**, and that there are fewer resources available to students outside of ESL classes. Some Latino residents report a concern that many ESL teachers do not speak Spanish. Some believe that some Latino students are experiencing difficulties in maintaining the expected level of academic performance due to their lack of language skills.

Teen pregnancy is a concern, especially among Latina youth. Citizens of Cabarrus County suggest that more outreach programs be developed for high-risk youth. The youth that participated in a focus group say that the “safe sex” message is not enough.

Telephone Survey

From the unmet needs telephone survey conducted by KPC Research, 3.4% (a projected 4,800 individuals) surveyed cited an **unmet need for help with depression or “nerves”**. This unmet need is most often reported by Black individuals, persons between the ages of 18 – 24 and 35 – 44, and Latino individuals, 7.1%, 5.7%, 5.1% and 4.9% respectively – the highest percentages in any single individual group.

Over 3% of individuals – projected to be 4,800 people - report an **unmet counseling need for the stresses of raising a family** and 2.1% report an unmet counseling need related to a relative or friend's serious illness or death. Nearly 8% of individuals



between the ages of 18 – 24 reported this unmet need – the single largest age group reporting this unmet need. Other unmet household needs include a **general need for counseling** (4.5% of households) and for help **paying utility** bills (4.1% of households).

1.5% stated that **discrimination** in getting assistance with school needs is a problem.

Community Statistical Indicators

Cabarrus County Schools 1999 Drug Survey Report indicates that 67% of **middle school students** did not use any drug or tobacco product in the previous year. Eight percent used at least one drug at least once per month (other than tobacco). Of those who did use drugs at least once a month: 7% used tobacco, 5% alcohol, 3% marijuana, 3% pills, 2% inhalants, and 1% each crack/cocaine, hallucinogens, heroin, and steroids.

High school students in 1999 reported that 33% had not used any drug or tobacco product during the last year. Thirty-two percent used at least one drug at least monthly (other than tobacco): 31% used tobacco, 27% alcohol, 18% marijuana, 10% pills, 6% hallucinogens, 5% each crack/cocaine, and inhalants, 4% each crank, heroin, and steroids.

When comparing 10th and 12th grade students in Cabarrus County schools to the national averages, substance use locally in 1999 was higher in several areas.

	10th grade	Nat'l Ave	12th grade	Nat'l Ave.
Daily Use:				
Tobacco	20.5%	16.3%	26.2%	21.6%
Alcohol	2.7%	1.7%	5.1%	3.5%
Used in last year:				
Marijuana	31.7%	28.7%	36.7%	34.7%
Cocaine	5.9%	3.5%	8.6%	4.0%
Hallucinogens	12.4%	6.5%	15.7%	8.4%

Source: Cabarrus County Schools Drug Survey Report, 1999, Andy Farrow

Comparisons of the Cabarrus County schools drug survey completed in 1996 with the one in 1999 reveal that a higher percentage of students have tried tobacco but fewer are daily users. More students have tried marijuana. Fewer have tried alcohol and more students have tried and use inhalants. *Source:* Cabarrus County Schools Drug Survey Report, 1999, Andy Farrow

CVAN (Cabarrus Victims Assistance Network) reported that they received 1,457 **crisis calls** in 2003, an 8% increase from 2002. There were 1,093 women and children served by CVAN in 2003, up by 4% from 2002; 840 of these being women that were new to the program. CVAN provided shelter to 98 women and children for a total of 2,514 nights sheltered - an over 30% increase from 2002. *Source:* CVAN.

There is good news and bad news when it comes to **teen pregnancy** in Cabarrus County. The good news is that the teen pregnancy rate in Cabarrus County for girls ages 15 – 19 years old is

Teen Pregnancies, White and Minority, Cabarrus County and NC, per 1000 females ages 15-19, 1998-2002						
Year	Pregnancy Rate White		Pregnancy Rate Minority		Pregnancy Rate Total	
	Cabarrus	NC	Cabarrus	NC	Cabarrus	NC
2002	60.4	53.6	95.1	87.3	66.3	64.1
2001	62.4	57.2	96.5	96.1	68.4	69.3
2000	77.3	65.0	132.6	98.9	87.1	76.1
1999	68.1	65.0	119.0	111.9	77.6	79.5
1998	64.3	68.6	112.2	122.9	73.5	85.5

Source: NC Reported Pregnancies, Annual Reports for years 1991-2002.

declining as are the teen pregnancy rates in North Carolina both in white and minority populations. The bad news is that Cabarrus County rates are still slightly higher than the North Carolina rate. In 2002, Cabarrus County ranked 47th in the state for its rate of teen pregnancies, ages 15-19; meaning that 53 counties had lower teen pregnancy rates than Cabarrus.

The rate of **teen pregnancies in minority populations** in Cabarrus County is substantially higher than in the white population. Further, the rate of teen pregnancies among **Latina girls** is triple that of other minority populations. In 2002, Cabarrus County had the 2nd highest rate of Hispanic teen pregnancy in the state.

Cabarrus and NC Hispanic Teen Pregnancies, ages 15-19, 2002	
	Rate
Cabarrus County	284.4
North Carolina	181.5

Source: State Center for Health Statistics, 10/16/2003

The **population of Cabarrus County is growing** – and outpacing the growth of North Carolina in general. According to the U.S. Census Bureau, the population of Cabarrus County had increased by 32.5% from 1990 to 2000. (The population of North Carolina increased by 21.4% in the same time period.) The ethnic distribution of Cabarrus County in 2004 is 82% white, 12% African American and 6% other, as estimated by Claritas, Inc provided by KPC Research. It is estimated that 5.5% are of Latino ethnicity.

According to the census, the Latino **population increased by 1,271%** from 1990 to 2000 to a total number of 6,638. However, based on school enrollment and birth data, it is believed that this number is actually much higher.

% Hispanic Student Enrollment				
	'01-'02	'02-'03	'03-'04	'04-05
Cabarrus Co. Schools	5.55%	6.43%	7.67%	8.5%
Kannapolis City	10.80%	11.40%	13.0%	15.2%
<i>Source: Cabarrus County and Kannapolis City Schools</i>				
% Hispanic Births				
	1997	2002		
% of Total Births in Cabarrus Co.	7.5%	16.5%		
% of Total Births in NC	6.4%	12.8%		
<i>Source: NC Center for Health Statistics</i>				

The number of **bilingual staff members** of government and human services agencies in Cabarrus County varies. Some nonprofit organizations have no bilingual staff.

Impact Area: Increasing Economic Self-Sufficiency

Assets

Community residents say that, ‘if Pillowtex had a silver lining’, it was the way the community’s agencies and organizations came together to help meet the needs of these families. The **Community Service Center** that was developed at Kimball Lutheran Church in Kannapolis was a sterling example of how well agency collaborations can work. Many organizations and providers, both public and private, stepped forward to help meet the human needs that arose during the crisis. Organizations such as United Way, Cabarrus County Department of Social Services, Cabarrus Health Alliance, Cabarrus Community Care Plan, private medical providers, NorthEast Medical Center, Parish Nurses, the Cannon Foundation, Foundation For The Carolinas, United Family Services Consumer Credit Counseling and family counseling programs, Cooperative Christian Ministry, and the Salvation Army to name a few.

County ESC lauded for service

Independent Tribune, 5/9/04

In the wake of unprecedented unemployment rates, organizations that were mentioned by Cabarrus County citizens as helping people secure new

training, education or employment include the Employment Security Commission, Community Link, CVAN (Cabarrus Victims Assistance Network), Christian Women’s Job Corp, Rowan-Cabarrus Community College, and the Cabarrus College of Health Sciences. In addition, there arose interest in revitalizing the Cabarrus County Literacy Council, which is underway. New programs were begun in local organizations and churches such as the Salisbury District of the United Methodist Church’s outreach at Trinity United Methodist Church in Kannapolis, and Cabarrus Baptist Association’s work to assist with skill development and networking for out-of-work citizens.

Residents say that Cabarrus County workers have a tremendous work ethic and are truly dedicated and willing to work. They are willing to become retrained in order to secure new employment. Younger workers are looking outside of the typical job fields of the past. Over and over again, Cabarrus

Record number dons caps, gowns at RCCC

Independent Tribune, 5/24/04

County residents spoke positively about the tremendous job that has been done by **Rowan-Cabarrus Community College**. RCCC stepped forward to provide a place for displaced workers to come for assessment of educational and training needs, and provided an increased number of GED classes and retraining courses for those unemployed. Residents have responded positively and enrolled in classes in record numbers.

Kannapolis officials consider plan to help businesses grow

Independent Tribune, 3/24/04

Further, residents see the recent closings at Corning and Pillowtex as a “wake up call” for new **economic development** in the county. They voiced the need for public and private entities to seek creative ways to bring

new jobs to the community and to provide infrastructure improvements to support new industries.

Unmet Needs

Of all the community issues, the need for employment was very often the first need mentioned in community listening events. There is concern over the number of adults that do not have high school diplomas or GEDs. In 2000, 78.2% of the population had a high school diploma as reported by the NC State Data Center. It was noted by one of the key informants that almost half (46%) of the employees laid-off by Pillowtex have less than a high school diploma or GED. Rowan Cabarrus Community College reported in August that of the 1625 former Pillowtex employees who have enrolled at the college since Fall 2003, 500 have registered in GED or adult basic education (ABE) programs.

Underemployment, stresses related to multiple jobs for a single worker, and unwillingness to relocate due to family ties within Cabarrus County continue to be employment issues. Residents see a need for centralizing employment information avenues to know what is available within the community, and for more help in getting into the workforce. Further, citizens desire for local ownership in creating jobs and to diversify the job base, and for the focus to be on *all* unemployed people, not just those affected by the Pillowtex closing. Further highlighted was the need for literacy programs for Cabarrus County adults.

Adult literacy is of concern to Cabarrus County residents. According to key informants, **18% of the population of Cabarrus County is functionally illiterate** – defined as reading and writing at or below 4th grade level. Based on census data, professionals in the field believe that as many as 24% of Kannapolis residents may be functionally illiterate and 23% in the city of Concord.

There were deep concerns for the **effects of job loss** such as an increase in **domestic violence, behavior problems in children, foreclosure rates, loss of health insurance**, and for what will happen to individuals and families when unemployment compensation runs out. Human service providers state a need for more child day care subsidies for people laid off from work as they seek training or new employment.

Employment for Latino residents is also of concern. Though barriers include language and cultural differences, immigration status is highlighted as the most important concern of Latinos because it affects employment. A key informant shared that our country, state, and county are very attractive to Latinos because of the employment opportunities that demand low skills. However, laws restrict their ability to be or work here legally. The resulting underground system of employment is fraught with opportunities for abuse of Latino employees including a lack of benefits, low pay, and threats of deportation.

Some residents in the Latino community believe that many Latino students do not complete high school but, rather, drop out to work and that the drop-out rate of Latino students is not being addressed. **Language barriers** affect academic performance. Residents believe that education should be provided for Latino adults who have a limited education. Latino workers that are undocumented may not strive to complete their education because of a fear of being discovered

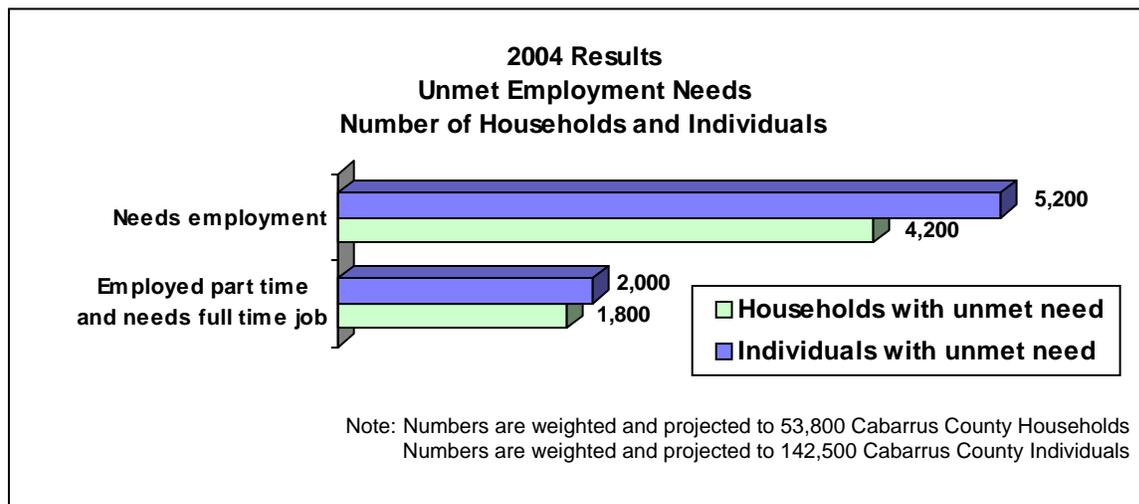
and, in many cases, they cannot apply for legal status and American citizenship. The language barrier often exacerbates employment issues, as it does in many other areas.

A Cabarrus Housing Partnership study estimated that there are 1,250 substandard housing units in Concord and Kannapolis (which excludes units in the county and trailer homes) and that 65% of these substandard housing units are rental properties. **Safe and affordable housing** is a concern for many Cabarrus County residents. During community listening events, participants stated that there are needs for more government commitment to transitional and affordable housing, a general community-wide commitment to rehabilitate existing housing, and for housing options for the extremely low income segment of the community.

There was also a concern for former Pillowtex workers who, because of economic hardship from job loss, are at risk of losing their homes and in need of consumer credit counseling to avoid **foreclosure**. Cabarrus County ranks 6th in the state in the percentage increase of foreclosure filings based on statistics from the N. C. Justice Center (just behind Rowan County that ranks 5th). Cabarrus County foreclosures have increased 367.8% (from 180 to 842 cases) from 1998 to 2003. As of July 30, 2004, 522 foreclosure filings have occurred in Cabarrus County with a projection of up to 1000 by year-end. Source: Prosperity Unlimited, Inc.

Telephone Survey

In the telephone survey of Cabarrus County residents conducted by KPC Research, a projected 5,200 individuals in Cabarrus County have a **current unmet need for a job** and an additional projected 2,000 individuals have an **unmet need for a full-time job in place of a part-time job**.



Continuing education after high school and vocational and technical training for jobs were cited by the greatest number of persons surveyed as the greatest unmet education need. 3.5% of respondents in Cabarrus County (a projected 5,100 individuals) report that continuing education after high school is an unmet education need. 3.3% - stated that vocational or technical training for a job is an unmet education need. **The unmet need for continuing education after**

high school and vocational or technical training for a job most affects individual in the Black and Latino communities and individuals between the ages of 18 – 24. Over 8% of Black individuals reported an unmet need for continuing education beyond high school followed by just over 6% of Latino individuals. Over 11% of individuals between the ages of 18 – 24 reported this unmet need. Nearly 8% of Black individuals reported an unmet need for vocational or technical training for a job. Just over 13% of individuals between the ages of 18 – 24 reported this unmet need. Over 1 in 4 Blacks and Whites reported having less than a high school education.

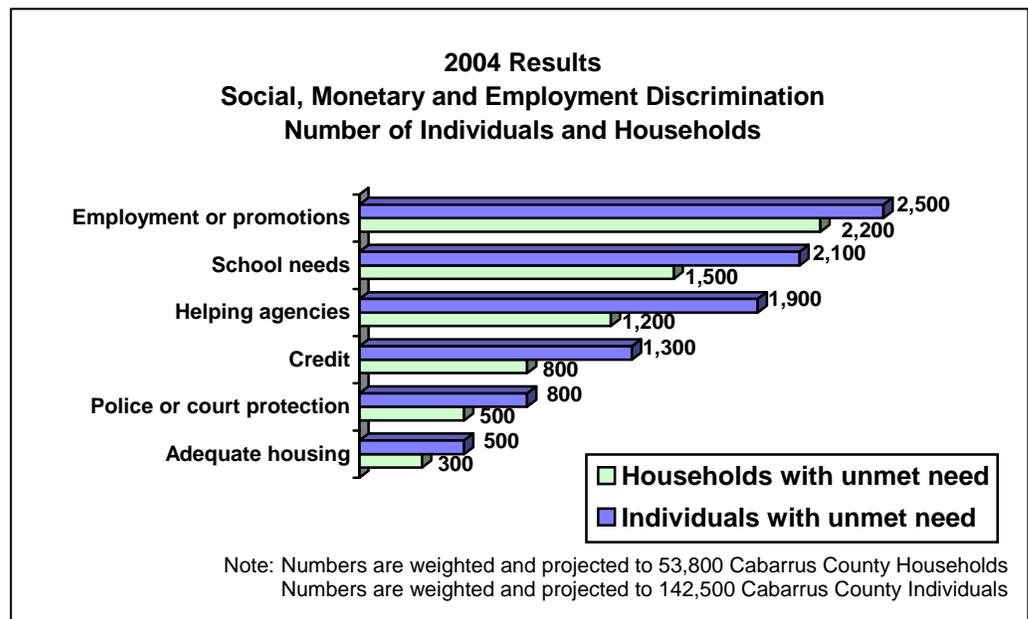
Nearly one half of Latino individuals reported having less than a high school education. Just over 4% of Latino individuals reported an unmet need for vocational or technical training for a job. Additional education to better use **English as a second language** is the fourth ranked unmet education need cited by 1.6% of individuals surveyed (projected need for 2300 individuals). Nearly 1 in 5 Latino individuals reported an unmet need for English as a second language. **Education to help a person read or write better** was cited by 1.2% of individuals as an unmet educational need.

In Cabarrus County, 3.2% of individuals report a need for **help with household finances**. This unmet need was most often reported by persons between the ages of 25 – 44 and by Black and Latino individuals. Nearly 8% of individuals between the ages of 24 – 44 reported this unmet need along with just over 7% of Blacks and 6% of Latino. These groups represented the single largest groups reporting this unmet need.

When asked about discrimination, the issue of **discrimination in employment or promotions** is cited by the greatest percent of individuals, 1.7%, projected to affect 2,500 people. The second most reported

problem is discrimination in getting assistance with school needs stated by 1.5% of individuals. Nearly **6% of individuals between the ages of 55 – 64 reported discrimination in employment or promotions** followed by Blacks at nearly 5% and Latinos at just over 3%. Similarly, just

over 4% of individuals between the ages of 55 – 64 reported discrimination in obtaining assistance from helping agencies while 3.6% of individuals between the ages of 18 – 24 report discrimination in assistance with school needs.



Community Statistical Indicators

According to the U.S Census Bureau, 7.1% of **Cabarrus County residents lived at or below the federal poverty level** in 1999 as compared to 12.3% of persons in North Carolina. The federal poverty threshold for a family of 4 (including 2 children) in 1999 was \$16,895.

In Cabarrus County, those who were not US citizens were over four times more likely to live in poverty than US citizens.

With the closing of Pillowtex in 2003, the **unemployment rate** in Cabarrus County soared and peaked at 10.9% in August, 2003. (Source: Centralina

Workforce Development Board) However, the unemployment rate in Cabarrus County has been rising since 2001.

The average annual wage for a worker in

Cabarrus County rose by about 10% from \$28,500 in 1999 to over \$31,500 in 2002. The per capita income of Cabarrus County residents rose by just over 7% in the same time period. In Cabarrus County, 78% of adults were **high school graduates among adults age 25 and older** in 2000. (Source: North Carolina State Data Center, LINC system)

In Cabarrus County, the total number of housing units has increased by over 25% in the past 10 years. The percentage of **owner-occupied residential units** has decreased over the past decade from 70% in 1990 to 46% in 2000. These rates mirror the owner-occupied residential unit rates of North Carolina of the past decade and are near the rate of thirty years ago (1970) when the rate was 45%. In addition, the percentage of housing units that are **overcrowded or have incomplete plumbing** has increased from 2.8% in

1990 to 3.1% in 2000. The percentage of housing units that are overcrowded or have incomplete plumbing in North Carolina has remained steady at 3.5% over the past decade.

Median contract rent in Cabarrus County in 2000 was \$449 – up from \$270 a decade earlier. These rents are similar to those in North Carolina in general for the same time periods - \$431 in 2000 and \$284 in 1990.

2000 Poverty Statistics

	North Carolina Percent	Cabarrus County Percent
All ages in poverty, 2000	12.3	7.1
Age 0-17 in poverty, 2000	16.1	8.7
65 years and over	13.2	9.6
Citizen	11.9	6.4
Not a Citizen	22.4	25.0

Source: US Census Bureau, American Fact Finder

Cabarrus County	1999	2000	2001	2002	2003
Unemployment Rate (%)	2.0	2.6	4.7	5.5	8.0
Average Annual Wage per Worker	\$28,500	\$29,715	\$30,625	\$31,616	No data
Per Capita Income by Place	\$27,736	\$29,280	\$29,247	\$29,733	No data

Source: North Carolina State Data Center, LINC system

	1990	2000
Cabarrus County		
Units Owner-Occupied	27,634	24,436
Total Housing Units – Cabarrus	39,713	52,848
% Residential Units –Owner-Occupied	69.6%	46.2%
% overcrowded/incomplete plumbing	2.8%	3.1%
Median Contract Rent	\$270	\$449
North Carolina		
% Residential Units - Owner-Occupied	60.7%	46.6%
% overcrowded/incomplete plumbing	3.5%	3.5%
Median Contract Rent	\$284	\$431

Source: North Carolina State Data Center, LINC system

Impact Area: Helping Seniors and Disabled Live Independently

Assets

During community listening events, Cabarrus County residents spoke positively of many agencies and organizations that provide programs and services for senior citizens. Mentioned on multiple occasions were the senior centers and the Coltrane L.I.F.E. Center for their many programs and activities that help seniors continue to live in their homes or with family. Also mentioned were the YMCA Lunch

Health day aims to help seniors get fit
Independent Tribune, 5/12/04

Plus program, Meals On Wheels, the Salvation Army, Department of Aging and its programs including the hot lunch sites, Pathways and other home health care services, Personal Care Services provided by the Department of Social Services, Cooperative Christian Ministries, Community Free Clinic, and the parish nurse programs in various local churches. Other programs cited include the fire departments for their smoke detectors program, the American Red Cross program on emergency preparedness, Cabarrus County Transportation Service, and individuals and groups that build wheelchair ramps. The faith community is seen as a supportive “community” for seniors and persons with disabilities. Residents believe that church programs provide a safe, inclusive, social environment for its citizens.

Many of these agencies and organizations also provide programs and services for adults with disabilities. Mentioned as programs that provide positive experiences for adults with disabilities include the ARC of Cabarrus County, Cabarrus Workshop, Piedmont Residential Development Center, Special Olympics, the CK Rider bus system, Cabarrus County Transit Service, and Paddy’s Club House.

Cabarrus County residents appreciate the advocates for seniors and persons with disabilities. Citizens believe that strong community understanding and support for the needs of seniors and persons with disabilities is good for the effort to meet the needs.

Unmet Needs

There are issues that are unique to senior citizens in Cabarrus County. Citizens reported a need for more **meeting places** such as senior centers, adult day care settings (especially in the Logan community), and arts, education and exercise programs. It was noted that transportation to these places must be provided. Residents reported that there is a need for more **caregiver**

support within the county including grief groups, **support for adult children** caring for an elderly parent and for

Aging department to offer aide at 5-day caregivers camp
Independent Tribune, 3/15/04

grandparents raising grandchildren. In addition, residents would like to see partnerships between the police departments and families with persons with dementia to assist with safety. Senior citizens especially **appreciate services with a “personal touch”**, when a person can be

reached on the telephone (versus an answering machine or voice mail) and when the service provider follows through with their promises.

Physical access to services is of particular importance to persons with disabilities who use wheelchairs or other mobility aids. Persons with disabilities believe that local government does not provide special programs or services until someone demands them. For example, citizens cited examples of where reasonable accommodations are often not met in public facilities – as well as many private buildings.

Transportation can be particularly problematic if not planned with the needs of persons with disabilities in mind. Adults with disabilities expressed the need for buses to accommodate wheelchairs (including appropriate space for the turning radius of chairs), that bus routes and schedules be flexible and that bus stops be in suitable locations (not at the bottom of hills), well-lit and covered. Persons with disabilities expressed the need for community leaders and citizens to seek “diversity training” – not just racial but about disabilities.

Cabarrus County residents want to raise **awareness** in the community that the number of seniors is increasing and to “get the word out” about the services that are currently available within the community. Residents also believe there needs to be increased awareness and utilization of the services provided by the Veterans Administration and the Cabarrus County Department of Aging.

Cabarrus County residents want **employment for senior citizens and disabled adults** and to see employers establish flexibility to accommodate seniors. Citizens stated that if employers would look for “a set of skills”, there may be more employment opportunities for disabled persons. It was suggested that the community host a job fair with focus on employment for people with disabilities.

Regarding **health care for seniors**, the greatest concern among community residents was for the **costs of prescription medications** and **out-of-pocket medical expenses**. Citizens believe that there needs to be help for persons on fixed incomes. **Transportation** to medical services is an ongoing issue for seniors. Community residents believe that more **community-based services** like the Midland Medical Center and parish nurse programs need to be developed.

In addition, residents would like to see more options for **in-home care** and suggest that CAPS/PCS (Community Assistance Programs/Personal Care Services) extend their services to more people who have long term health care needs but that cannot afford in-home care and don't qualify for Medicaid. Further, there is a rising awareness that senior citizens, in increasing numbers, are contracting HIV/AIDS. **Nutrition programs** for seniors are believed by residents to be vitally important and need to be increased.

Community citizens believe that **housing** for seniors and persons with disabilities has improved recently in Cabarrus County and are pleased that more is planned. Residents want to see rehabilitation of substandard housing in the community, especially long-term rental property that is in poor repair. Citizens desire an increased number of nursing, assisted living and independent living facilities. Cabarrus County residents want to see more housing options for persons that are

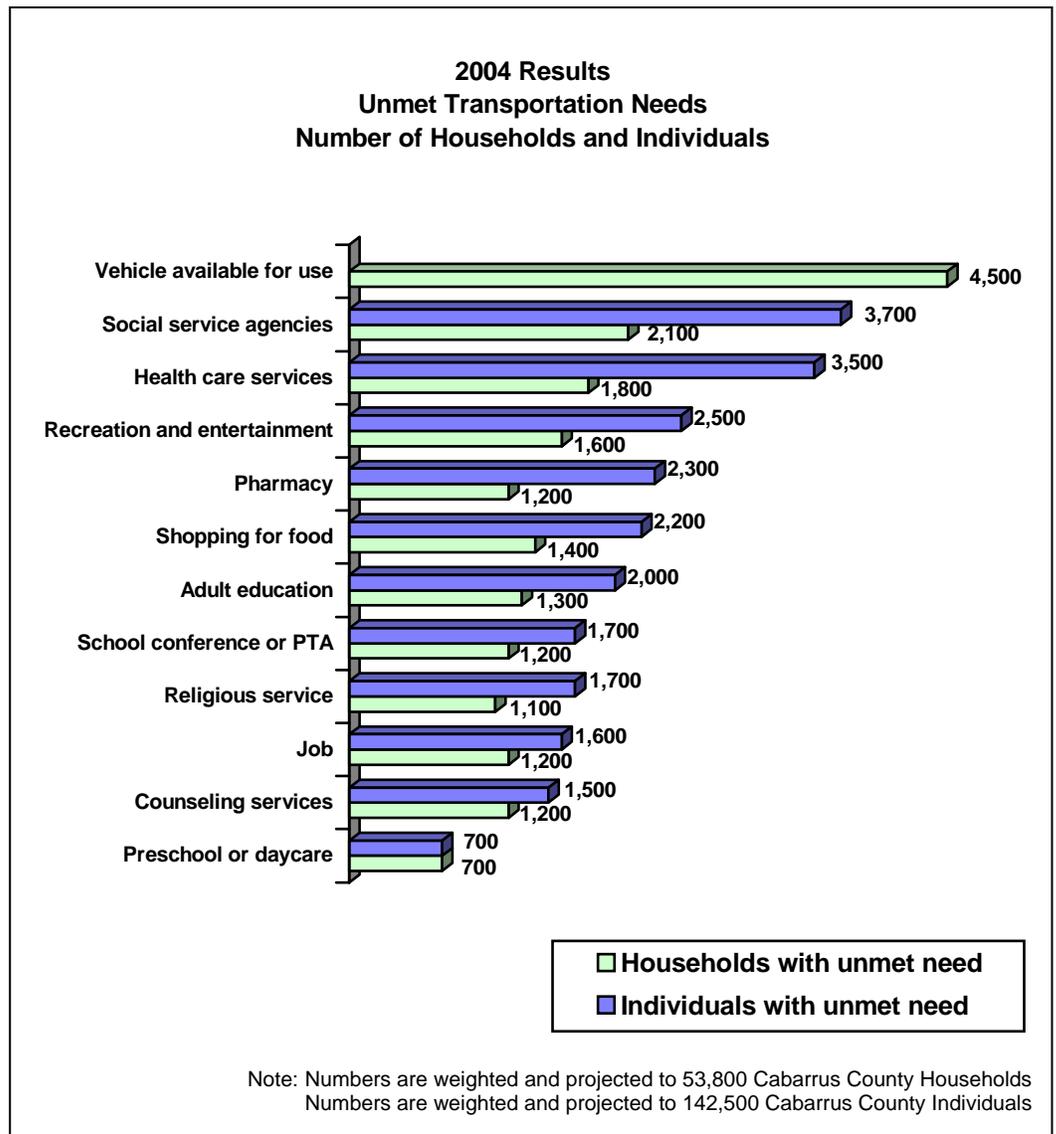
disabled in group settings for semi-independent people such as cluster homes or apartments with 24 hr. supervision. Citizens also believe there is a need for safe and affordable housing and transitional housing for persons living with HIV. **Housing for persons with mental illnesses** is of concern for many Cabarrus County residents. (The Mental Health Association is building a residence in Cabarrus County that is projected to open in early 2005.)

Persons with disabilities, senior citizens and their families noted that **advocacy** for this group is strong but more is needed. Residents encourage advocates to talk with people that are in the position to affect public policy. They expressed the desire for a strong “safety net” for senior citizens and persons with disabilities to prevent them from “falling through the cracks”. They believe that more services are needed for disabled adults such as a community center.

Telephone Survey

There are a projected 4,500 Cabarrus County households (8.4% or responding households) that do not have a vehicle available for use.

The most critical unmet transportation needs involve **transportation to helping agencies** reported by 2.4% of respondents (projected to affect 3,700 individuals) followed by **transportation to health care services** reported by 2.4% and projected to affect 3,500 individuals.



Among the highest percentages of individuals that reported an unmet transportation need were individuals 65 years old and older. Over 12% of individuals 65 years and over reported an unmet need for transportation to health care services. Just over 10% of individuals 65 years old or older reported an unmet need for transportation to social services; and just over 7% report an unmet need for transportation to the pharmacy. These percentages were higher than any other single age group.

Just over 11% of those ages 65 and over report an unmet need to access preventive dental services due to cost, and 6 % report not having health insurance coverage. The inability to **purchase prescription medications due to cost** was cited by 11.5% in this age group. The most often reported unmet healthcare service need of individuals that are 65 years old and older is for eye problems, reported by 17% of respondents.

Individuals that are over 55 years old reported the highest percentages of **high blood pressure** as a health problem with nearly one half of respondents reporting this health problem. Over 1 in 5 Black respondents said that high blood pressure was a health problem for them. Similarly, individuals that are over 55 years old reported the highest percentages of **diabetes** as a health problem with about 1 in 5 respondents reporting this health problem.

Persons who are 75 years old and older were among the highest percentages of individuals that reported an unmet need for nursing or health care provider visit at home, relief for a household member that provides (respite) and help with household chores. Nearly 7% of individuals 75 years old or older reported an unmet need for nursing or health care visits at home; over 4% report an unmet need for respite care for a caregiver and just over 3% report an unmet need for assistance with household chores. These percentages were higher than any other single age group.

Community Statistical Indicators

According to the latest estimates of the Cabarrus county population from Claritas, Inc, it is estimated **that over 16,000 people in Cabarrus County are 65 years old or older. Nearly 31,000 people in Cabarrus County are 55 years old or older** (based on a total population projection of 142,501).

The US Census Bureau estimates that nearly **1 in 5 households (18.5%) have individuals 65 years old or older living in them** in the Charlotte MSA (Metropolitan Statistical Area).

Demographic Characteristics	2004 TOTAL POPULATION	
	NUMBER (142,501)	PERCENT 100%
AGE		
Younger than 18	36,696	25.8%
18 - 24	11,643	8.2%
25 - 34	20,319	14.3%
35 - 44	23,580	16.5%
45 - 54	19,842	13.9%
55 - 64	13,880	9.7%
65 - 74	8,567	6.0%
75+	7,973	5.6%

Source: Claritas, Inc. provided by KPC Research.

According to the US Census Bureau, in 2000, nearly **1 in 5 (18.6%) of persons in Cabarrus County between the ages of 16 to 64 had a disability and approximately 47.9% - nearly one-half – of persons 65 years old and older had a disability.** Cabarrus County is

comparable to North Carolina as a whole where 20% of persons between 16 and 64 and 45.7% of persons 65 years old and older had a disability in 2000.

According to the 2000 Census, 13.2% of North Carolinians age 65 and over lived in poverty in 2000. In Cabarrus County, the census reflects that 9.6% of residents 65 and over lived in poverty.

The 2003 Behavioral Risk Factors Surveillance System survey results, though not specifically for Cabarrus County but for the Piedmont Region of North Carolina, show that the majority of persons 55 years old and older do have some type of **health care coverage** (health insurance, prepaid plans such as HMOs or government plans such as Medicare). However, many healthcare plans do not include prescription medication benefits. Recent statistics from the Centers for Medicare and Medicaid Services show that 20,509 people in Cabarrus County were receiving Medicare benefits as of July 1, 2003.

According to the North Carolina State Center for Health Statistics, the **leading causes for death in persons 65 years old and older are heart disease, cancer, and cerebrovascular disease (stroke)** regardless of sex or race.

A **bus transit system** began in Cabarrus County in April 2004 and provides services along six routes in Concord, Kannapolis, and southern Rowan County. Cabarrus County Transportation Services (CCTS), a department of Cabarrus County government, provides door-to-door van transportation for the elderly (eligibility through the Dept. of Aging), those on Medicaid (eligibility through the Dept. of Social Services), the disabled living within the Concord and Kannapolis bus routes (ADA eligibility through CCTS), and others who qualify based on special funding sources. Cabarrus County is connected to Charlotte by the CATS bus system which provides daily trips via the Concord Express to and from Charlotte to several Cabarrus County locations.

Seniors and Health Insurance Coverage

Age of Respondent	2003
55-64	
Yes	89.0%
No	11.0%
65-74	
Yes	99.4%
No	0.6%
75+	
Yes	97.3%
No	2.7%

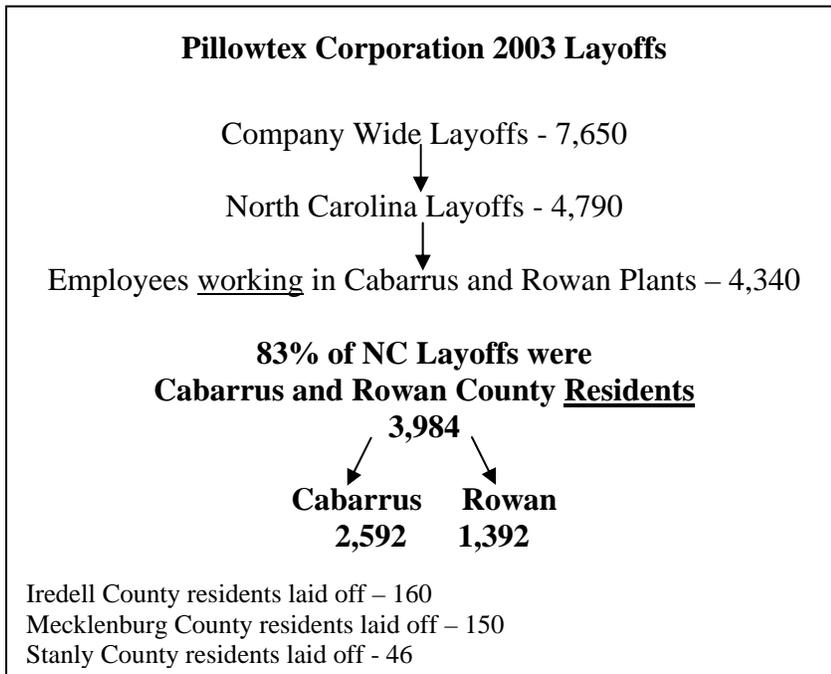
Source: North Carolina 2003 Behavioral Risk Factors Surveillance System Survey

APPENDICES

Appendix A

The Closing of Pillowtex Corporation

On July 30, 2003, Pillowtex Corporation filed Chapter 11 bankruptcy and announced the closing of all sixteen manufacturing and distribution facilities across the United States and Canada. Company wide, 7,650 employees lost their jobs. Of these, 4,790 lived in North Carolina of which 4,340 (83%) worked in Cabarrus and Rowan counties. Cabarrus County residents who lost their jobs numbered 2,592.



Source: Centralina Workforce Development Board, based on data/statistics provided by Pillowtex.

Information on the 4,790 Workers Laid Off in NC	
Average Age	46
Number of Males	2,296
Number of Females	2,494
Number of Hourly Employees	4,087
Number of Salaried Employees	703
Average Annual Wage of Hourly Employees	\$22,610
Average Annual Wage of Salaried Employees	\$55,000
Average Years with the company	13.4
Single Parents	346
Percentage of Employees with less than High School diploma/GED	45.7
Number of Employees Eligible for Retirement (Age 55 and older)	1,302

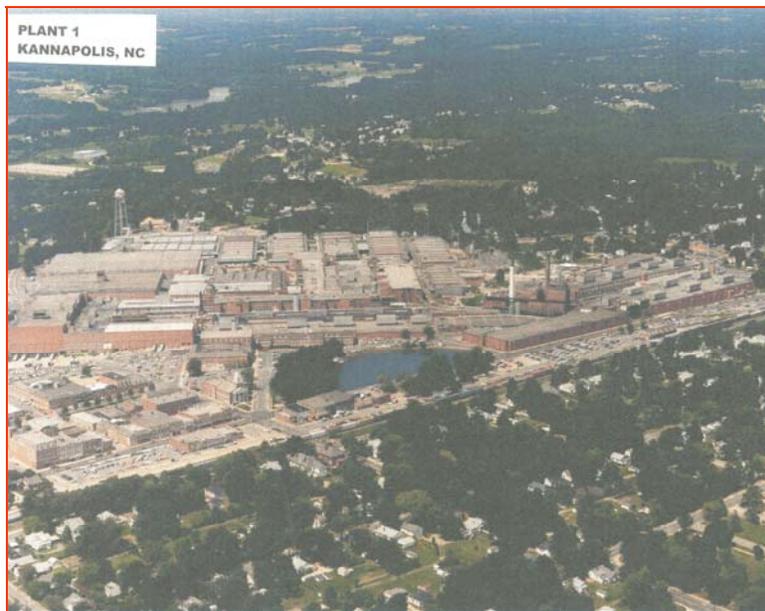
The following information was adapted from a presentation created by:
Betty Jean Prewitt, Cabarrus Cooperative Christian Ministry;
Charles Page, United Way of Central Carolinas; and
Jim Cook, Cabarrus County Department of Social Services.

A Community's Response to an Economic Disaster

Background, Scope of the Disaster, State and Federal Resources

This is a story about a disaster and a community coming together to respond and to overcome. It is a story about the closing of Pillowtex, Inc., July 30, 2003, that resulted in the largest permanent layoff of workers in North Carolina's history. Especially in NC, but regionally and nationally too, there has been intense media coverage of what happened in our community.

Cabarrus County is known for automobile racing, tobacco manufacturing, and most prominently, for over 100 years, for Cannon Mills and the Cannon towels, sheets and other textiles that were the best of their kind produced anywhere on the face of the earth. The company, a major employer even in a rapidly growing and diversifying local economy, maintained its position as central to the identity of our community. For local people, it was seen as an enduring institution. More than a major component of the local economy, it was a part of who we were.



Aerial view of Kannapolis, dominated by Cannon Plant 1.

Cannon Mills was founded in 1887 in Concord, NC. Beginning in 1906, it became the center of the growing city of Kannapolis, NC. In the last 20 years Cannon Mills changed ownership three times beginning with the purchase by David Murdock in 1982. In 1986 Fieldcrest Mills bought Cannon creating Fieldcrest Cannon, and in 1997 Pillowtex Corporation purchased Fieldcrest

Cannon. Along with all of our region’s textile industry, Pillowtex faced some very difficult challenges, particularly during the past few years. The company filed for bankruptcy in November 2000, and emerged in May, 2002. However, by early 2003, it became apparent the company was again experiencing serious difficulties.

Through the spring and into the summer of 2003, Pillowtex was involved in successive negotiations with several prospective buyers. As summer arrived, the company was securing extensions on loan repayment deadlines. In late June, the company announced that 3,700 retirees would no longer have company sponsored health insurance benefits. In addition, workers were not paid annual vacation bonuses. This bonus was traditionally paid to workers for the week of July 4th during which the company was closed.

By mid-summer, human service agencies were seeing significant increases in requests for emergency assistance from Pillowtex employees. By this time, three fourths of the Pillowtex workforce had been on temporary layoff for an extended period.

State agencies began to plan for rapid response teams to come to the affected communities to provide extended benefits, job training, and health insurance assistance under newly enacted provisions of the Trade Adjustment Act. Local governments, agencies, churches, foundations, and others began to plan how to best respond if the worst happened. All the while, most people hoped for the best... a buyer that would preserve as many jobs as possible. It was hard to believe that this institution could cease to exist.

On July 30, 2003, the worst did happen. When it happened, it was virtually the worst case scenario.



The closing was very abrupt. Of the 7,650 workers who lost jobs, 4,700 lived in North Carolina, 83%, 3,984, lived in Cabarrus and Rowan Counties, 2,592 in Cabarrus. This was a disaster. It was in many ways like a natural disaster in terms of its destructiveness, and its impact on people.

Workers who lost jobs faced serious financial problems:

- ¾ had been on temporary layoff for 4 to 6 weeks prior to the closing
- Unemployment Insurance Benefits averaged \$275 per week, 60% of what the average worker earned. Only 35% of households had other income.
- By early August, 40% of households surveyed were an average of two months behind with rent or mortgage payments
- In Cabarrus, the 2,592 laid off workers were in families that had a total of 6,344 people, including approximately 3,000 children

One of our most serious concerns was that 85 to 90% of employees had health insurance through Pillowtex, and lost their health insurance coverage immediately.

- At its closing, the Company left a reported \$5,000,000 in unpaid medical bills for its employees and their families.
- Before the closing, Cabarrus County already had 20,000 residents without health insurance, approximately 15% of the population. The community was struggling to provide health care access to these.
- The Pillowtex closing added about 5,500 additional uninsured persons who would have difficulty accessing medical care. Many former workers had medical care needs and a serious health care crisis resulted.

Of course a major issue has been the need for new jobs and for education and job training for displaced workers. The former employees, and those helping them, faced serious hurdles.

- The unemployment rate jumped immediately from 6% to 11%.
- The average age of laid off Pillowtex workers was 46.
- Almost 46% had no high school diploma or GED.

What all of this resulted in was a serious, large-scale, intense level of human need, and the need for a corresponding response from the community, state, and federal levels. The NC Department of Commerce deployed a Rapid Response Team that was charged with implementing federal as well as state level programs such as the Federal Trade Adjustment Act (TAA) and National Emergency Grant (NEG) funds. Almost 3400 workers attended orientation sessions held by the Rapid Response Team between August 7 -13.

The North Carolina request for a NEG was advocated by the congressional delegation and was granted August 15, 2003 at a Kannapolis press conference attended by Governor Easley and Elaine Chao, US Secretary of Labor. The award consisted of two grants totaling \$20.6 million. \$13 million was allocated for employment transition related services including \$2.5 million for the North Carolina Community College System to build capacity to handle the influx of laid off workers. \$7.6 million was allocated as a bridge grant to pay 65% of worker premiums for health care insurance under a qualified plan. Both elements of the grant helped address needs while TAA certification and benefits were pending.

Funding under these grants meant that over 1,600 displaced workers in our area could go back to school for education and job skills training, that many would have up 104 weeks of

unemployment benefits, and that some would get help with health insurance costs. This funding has been a lifeline for the displaced workers and their families.

However, this funding was not funding to meet the crisis needs with which families were struggling. It did not include funds to help families facing eviction or foreclosure; families unable to afford essential prescribed medicines; families whose utilities had been disconnected; families who were having their car repossessed; families that, with unemployment compensation, were above the income limits for Food Stamps, but who still couldn't afford food.

It is in response to these critical needs that the community, city and municipal governments, public and private agencies and medical providers, churches, volunteers, and foundations, came together in what was an amazing way to respond.



One of the strengths within Cabarrus County was an existing network of public and private sector service professionals who knew and already worked closely with each other. In the weeks prior to the closing, these providers began meeting to plan how to meet the needs of a large suddenly unemployed population. These providers were educating each other about the needs that folks were already presenting at their doorsteps and the fear that local resources would run out. The community was already suffering from a slow economy and many local folks, many from Pillowtex, were already on short time or on temporary layoffs. Pillowtex asked the United Way 211 Information and Referral Service in early April 2003 for information on community resources for their employees.

A Focused Planning Effort

Led by United Way and encouraged by local foundations, a focused local planning effort was undertaken. United Way convened planning sessions during July, 2003 of providers across functions and sectors to assess resources and needs, and anticipate what might happen if the plant actually closed. Even though Cabarrus already had a strong network of providers, needs were already overwhelming existing resources, and a plant closing had the potential to expend all available local resources within 6-8 weeks.

The Plan:

1. Bring all possible resources to the table.
2. Arrive at a plan of action together – foster ownership by all involved.

3. The group decided that with dwindling resources, we needed to become as efficient and accessible as possible, no matter what happened with the plant closing.
4. A one-stop center was envisioned and it was determined that a neutral site, one where affected individuals could be comfortable, would be best.
5. United Way redeployed staff to manage and coordinate the site.
6. A dozen agencies committed to redeploy staff to a central location and to think outside of their normal rules and regulations for solutions.
7. Kimball Memorial Lutheran Church, in downtown Kannapolis and within sight of Pillowtex Plants 1 and 4, volunteered their facilities as ground zero. This site would become the Community Service Center. The church provided a welcoming and comforting environment for both clients and service providers.
8. Agencies left their egos at the door and worked together to figure out the details of:
 - funding,
 - identifying individual needs through surveying workers,
 - creating eligibility criteria,
 - planning publicity of the new center, and
 - determining how to best manage centralized intake for all the agencies.
9. Anticipating the worst, by July 28th plans were finalized to hold informational meetings for the displaced workers in the sanctuary of Kimball starting on Monday, August 4.
10. On Wednesday morning, July 30th, the group, now known as the Community Service Center Task Force, sent out a news release announcing that the informational meetings would begin the next Monday, August 4.
11. That same afternoon, Pillowtex announced the closing of its doors. The largest permanent layoff of workers in NC history.
12. Monday morning the Community Service Center and the community stepped out in faith to serve the needs of these workers, knowing that existing resources would run out within weeks.

The Community Service Center

Cabarrus County government equipped the Fellowship Hall of Kimball Memorial with a network of phones and Internet connections, and provided computers, copiers, and fax machines. In addition, they designed a shared database into which data about each client was entered including the kind and amount of assistance they received.

A joint assessment and application form was created to determine eligibility for emergency assistance. This streamlined the application process and facilitated timely referrals to appropriate agencies for financial and other assistance.

The goal in the first weeks of the Service Center was to determine and eliminate the immediate crises. Most employees had been on short time and/or laid off for weeks prior to the closing – they already had rents and mortgages in arrears and car payments that were past due. It was important to help ease the burden of these concerns and give them time to process what was happening. After addressing the immediate needs we could begin helping them with the hard choices - moving in with family members, selling the car, etc. People were looking at having to make total lifestyle changes. It is important to keep in mind that most of these people had

NEVER asked for help – so not only had life as they knew it ended abruptly – but they suddenly found themselves asking for “charity”. (A staff member sat behind a Pillowtex employee at a community worship service. She heard him talking to a friend – he said that he had sold his house the day before and that he thought he had a buyer for his car – this after less than a week of being without a job – this man was not about to ask for help!)

A strong network of providers moved staff and operations into the Community Service Center for the period of August 4, 2003 through March 31, 2004. (Since the March 2004 closure of the Community Service Center, assistance has continued to be provided at Cooperative Christian Ministry. Staff members from Cabarrus Health Alliance and the Department of Social Services continue to provide services at the Cooperative Christian Ministry location.)

- Healthcare
 - Cabarrus Health Alliance
 - Cabarrus Community Care Plan
 - NorthEast Medical Center
 - Parish Nurses
- Basic Needs
 - Cabarrus County Dept. of Social Services
 - Cooperative Christian Ministry
 - Salvation Army
 - Cabarrus Regional Urban Ministries
- Housing
 - Community Development Corporation
- Debt Management/Foreclosure Avoidance
 - Legal Services of the Southern Piedmont
 - United Family Services – Consumer Credit Counseling
- Center Coordination and Management
 - United Way of Central Carolinas, Inc.
- Volunteer Coordination
 - American Red Cross – Cabarrus

Funding

Cabarrus County Department of Social Services and Cooperative Christian Ministry developed a joint proposal requesting financial assistance from the Cannon Foundation. They based the request on the amount of funding currently available in the community and an estimate of anticipated donations from individual and corporate donors. It was estimated that one third of the employees would need assistance. Further, it was estimated that \$1200 per crisis would meet the immediate needs. This was based on experience of DSS that to avoid placing a family on welfare it took about \$1200 to get them on their feet. \$1200 would cover a couple of house payments, or rents, or it would cover the cost of rent, car payment, and purchase medicine if a person was only one month behind. In the end, that figure was exceeded for some, particularly related to medical issues, but for the most part it worked.

The Cannon Foundation – in two separate grants contributed \$858,000; Foundation for the Carolinas \$79,000; corporate gifts of over \$90,000 were received; Cabarrus County allocated \$250,000 to the crisis; and over \$200,000 came from individuals, churches, medical providers, and others. It took every penny.

Sources of Funding	
• The Cannon Foundation	858,000*
• Cabarrus County	250,000
• Businesses	91,000
• Foundation For The Carolinas (Duke Energy, Blue Cross, Bank of America, Wachovia)	79,000
• Individuals	55,000
• Adopt-a-Family Insurance Assistance (given by individuals, churches, businesses)	55,000
• Churches	33,000
• NorthEast Medical Center Foundation	25,000
• Medical Staff, NorthEast Medical Center	20,000
• Other	13,000
Total Funds Contributed:	\$1,479,000
*Includes \$50,000 in funding for staff	

Special Initiatives

A number of special initiatives grew out of the needs identified at the Community Service Center.

Prescription Medications and Health Care

A population who previously had health insurance was suddenly uninsured. Obtaining medications for chronic illnesses and having access to physicians were immediate needs. There were many folks with serious health conditions working at Pillowtex. Cabarrus Health Alliance, the Cabarrus Community Care Plan, Parish Nurses, and other hospital employees manned a table at the Service Center where they screened anyone in need of medicine or medical care. They reviewed prescriptions, called the doctors to see if samples were available, asked doctors to consider less expensive generics, assessed eligibility for medication assistance from the Community Free Clinic, and enrolled people in indigent prescription assistance plans with the Pharmaceutical companies. It soon became apparent that prescription drug needs were so great that a pharmacy program was established through the NorthEast Medical Center Pharmacy. NorthEast provided prescriptions at cost and a system was established to provide a three-month supply at a time. The NorthEast Medical Center Foundation contributed \$25,000 to this effort.

Displaced employees were encouraged to continue seeking care from their primary physicians. Physicians’ offices agreed to continue to see Pillowtex employees regardless of their ability to pay, and many provided free care. All who presented at the Community Service Center with a medical problem were assessed for eligibility for health care benefits including Medicaid, North

Carolina Health Choice for children, the Cabarrus Community Care Plan, and The Community Free Clinic.

Health Insurance – Adopt-a-Family

Due to chronic health problems, it was critical that some individuals maintain health insurance coverage. Very few health insurance options existed and all were very expensive. Blue Cross Blue Shield estimated that 2100, of the 4790 NC Pillowtex employees, were enrolled in Blue Advantage insurance as of September 2003. By May 2004, that number had dropped to 1170. The decrease could be due to people no longer being eligible for TAA/HCTC benefits, not being able to afford the premiums, or having become re-employed.

In addition to very closely monitoring the available insurance options and helping people access health care, health care workers identified the most at-risk individuals and were determined to maintain health insurance for them. Not having insurance would have been enormously more costly to the community. Churches and others were asked to sponsor families who were in need of assistance to pay high health insurance premiums. This program became known as “Adopt-a-Family” and \$55,000 was donated. Through this program health insurance coverage has been maintained for 50 families.

Legal Services against Predatory Lenders

As we worked to help clients avoid imminent foreclosures, we became aware of many who were victims of predatory lending. Legal Services saw this as an opportunity to take the lenders to task – saving homes in the process. In addition, United Family Services Consumer Credit Counselors and the Community Development Corporation negotiated with creditors on the behalf of workers to arrange manageable payment options.

Emergency Pantry

An emergency food pantry was opened in a church one-block from the Service Center so Pillowtex employees could easily access food. Eventually a permanent pantry was established in Kannapolis.

Communication

The Community Service Center became a vital communication link for dissemination of information. No mailing list of displaced workers was available from Employment Security or the company. The Union was very helpful in disseminating important information to the employees.

Advocacy / Volunteerism

Each worker received packets from the government giving them information about Unemployment Insurance, Trade Adjustment benefits, Health Care Tax Credit, Cobra and Blue Cross Blue Shield Insurance, and the National Emergency Grant. There were hundreds of pages of information written in small print and in technical language that was difficult to understand. Most people just wanted to throw it in the trash. But following through with applications and meeting deadlines was critical. Volunteers were recruited to accompany employees to Employment Security Commission sessions to interpret the information for them and to help them complete their information packets and applications. Volunteers were also available at the

Service Center to encourage the workers to accept the help that was offered. Volunteers advocated for the needs of workers and served as intermediaries with local, state, and federal offices. Volunteers worked closely with Blue Cross Blue Shield to coordinate payments for health insurance to assure that portions paid by NEG, HCTC, local donations, and the individual were accurate, timely, and properly credited to the worker's account. Without volunteers, many of the employees would have gotten no benefits at all.

One last comment on the Community Service Center. Its placement in a church was intentional. The church was familiar, safe, and comforting. Its very shell echoed peace and grace. It was filled daily with volunteers serving coffee, snacks, and providing words of encouragement. Volunteer ministers came regularly to spend time with hurting people and with staff members who were frazzled and overworked. The finest corporate facility would not have met the needs of the displaced workers, as did this church.

One Year Out: Accomplishments and Future Challenges:

On August 10, 2004, just a few days after the one year anniversary of the closing, the agencies and providers (local and state, public and private); the faith community; county and municipal governments; and community volunteers presented a large forum on the impact of the Pillowtex closing on the community and the families which were directly affected. The purpose was to examine the relief and recovery effort that has been in progress, and the challenges we face as we move forward.

The Employment Security Commission reported the following as of July, 2004:

Employment/Training Status of Local Former Employees of Pillowtex:

- Receiving income support 2,005
- In training 1,341
- Estimated not seeking work/retired 396
- Estimated returned to work 800

Cumulative enrollment of Pillowtex workers at Rowan Cabarrus Community College had exceeded 1600 by summer 2004.

As of October 31, 2004, over 1500 families had received emergency cash assistance through the Community Service Center for an array of crisis needs.

FINANCIAL ASSISTANCE PROVIDED

August 4, 2003 through October 31, 2004:

- Health Insurance \$149,054
- Prescriptions \$248,816
- Rent/Mortgage \$385,641
- Utilities \$205,438
- Auto \$87,366
- Other \$53,924

Total Financial Assistance Provided: \$1,130,239

As we approached the one year anniversary of the closing, sub-groups of community partners identified the following four areas of continuing need and concern:

- Jobs
- Human Development (literacy, education, job training)
- Health Care
- Housing

Much is being done to address these:

- 1) Employment Security Commission is making a very intensive effort to work with the former employees, 800 or so in Cabarrus County, who are not in training, have not yet found jobs, and whose unemployment benefits will be expiring over the coming months.
- 2) There is much commitment to building the Literacy Council to address continuing literacy needs.
- 3) Strong efforts are being made through our Community Development Corporation to help people avoid foreclosures and plan to live within their means.
- 4) Cooperative Christian Ministry continues to use the inter-agency model for service delivery that was developed and used so effectively at the Community Service Center to address crisis and emergency needs. Staff members from Cabarrus Health Alliance and Department of Social Services are there each day.
- 5) Cabarrus Community Care Plan has received additional funding to support needs of the indigent uninsured.
- 6) Cabarrus Health Alliance and The Community Free Clinic have received funding from the Health and Wellness Trust Fund to support accessing needed prescription drugs.
- 7) A Community Health Center is scheduled to open in early 2005 to serve needs of the low income and uninsured population. Applications are in process to receive federal funding to support this center. Local and state funding is already in place.
- 8) Municipal governments, the County, the Chamber of Commerce, and others are aggressively addressing the need to bring more good jobs to the community.

Lessons Learned

Advice for other communities who might face such an economic disaster

North Carolina lost some 50,000 manufacturing jobs, 95% in our core industries of textiles, apparel, and furniture, during the first four years of this decade. What we are seeing is a trend. What happened at Pillowtex was simply the most dramatic event in an economic transition that has been under way and which will continue in the foreseeable future.

- Start now to connect the resources in your community and build relationships among public and private agencies and providers and the faith community.
- There must be a lead agency or group – find them.
- Communicate. Communication among human service providers, public and private medical providers, funding sources, and government entities is essential.
- Advocate for the needs of people by communicating with state and federal officials and providers; identify needed policy changes. Clarify for them the issues faced at the local level and the impact on community residents.

- Foster relationships with foundations. The financial resources made available by foundations made a critical difference in meeting human needs that federal and state programs are not designed to meet. The financial assistance from foundation grants had the flexibility and immediacy needed but not present in governmental programs.
- Agencies must be willing to step outside of their box and they must leave their egos at home.
- Agencies must be flexible. A disaster requires a different kind of response than most organizations make daily.
- An economic disaster is much like a natural disaster – the devastation is just not as visible.
- People affected by economic disaster go through stages of grief: shock, anger, denial, and sadness.
- Measure the need. Get as much information as possible from the potential victims; the data helps tremendously.
- Find a way to communicate with the client population.
- Don't wait for the state to come forward. Begin at the local level identifying needs, resources, and gaps.
- Work for laws and policies that require business to act responsibly and the bankruptcy court to consider the best interests of the workers.
- Most workers need help processing through the volume of information and forms they receive.
- A shared data base is essential to managing client information, financial tracking, and identifying and reporting services provided.
- A church is an excellent venue for holding information sessions and establishing a centralized community service center.



John Cox
CEO of the Cabarrus Regional Chamber of Commerce
 Pillowtex was the Cabarrus Regional Chamber of Commerce's largest dues-payer, \$10,000 annually to support the community. Chamber CEO John Cox, said the region learned an important lesson with Pillowtex's demise: the value of a diversified economy. Cabarrus County creates about 1,800 jobs a year, Cox says. Most are in the service sector and pay \$7 to \$10 an hour. The average Pillowtex worker earned about \$11 an hour plus benefits.

CLOSE

APPENDIX B

2004 Telephone Survey

Survey Methodology

(A reprint of SECTION IV of the Summary Report, 2004 Community Needs Survey, KPC Research)

Methodology

The 2004 Cabarrus County Community Needs Survey is a general population survey of Cabarrus County residents by means of a standardized questionnaire. Telephone interviews were conducted by KPC Research professional interviewers, Charlotte, North Carolina, from the offices of KPC Research. All interviewing occurred from July 1, 2004 to July 27, 2004. Interviewer supervisors monitored interviewing throughout the duration of the project and verified 10 percent of each day's interviews. Respondents were 18 years old or older and the adult most familiar with household needs. The survey collected data for each individual in the household, regardless of age, as well as for the household as a unit.

Six or more attempts were made to reach each selected respondent at different times of the day and on different days of the week. This methodology helps ensure that those hard-to-reach respondents would not be underrepresented. Typically, hard-to-reach respondents include single people, younger people, and dual-working family households. A total of 92 interviews in the final sample were conducted in Spanish.

As the Community Needs Survey is a survey designed to examine unmet human services needs of the community and lower income households generally have higher unmet human services needs than do other income groups, KPC Research targeted lower income households in addition to interviews completed in the general population and Latino samples. This design allows for an increased number of respondents that have unmet human services needs that, in turn, allows for a better examination of the population that has specific unmet human services needs. Low income households were defined as households with total household incomes less than \$15,000, households with incomes of \$15,000 to \$20,000 and two or more persons, and households with incomes of \$20,000 to \$25,000 and three or more persons. Respondents who first indicated household income was less than \$25,000 and then refused to indicate any further income breakdown were included in the low income sample.

In addition, the Design Team desired to more closely examine the human services needs of Latino households as the Latino population in Cabarrus County is growing. In order to ensure a minimum of 100 completed, usable interviews, KPC Research targeted Latino households in addition to interviews completed in the general population and low income samples.

Samples for the general population and the targeted populations were purchased from Survey Sampling International, Fairfield, Connecticut. Survey Sampling updates its database regularly and includes the most recent telephone exchange additions. The general population sample was a random-digit dialing sampling frame, a telephone survey method by which each telephone household in Cabarrus County has an equal chance of being selected and allows for inclusion of non-published and new numbers. The low income sample was a sample targeted to lower income households in the county, and the Latino sample was a sample targeted to Latino households in the county. Rather than a random-digit dialing sampling frame, the low income sample is a random sample of published phone numbers that are more likely to produce

interviews with persons from lower income households. Survey Sampling uses regression procedures with census information to produce this sample. The Latino sample is a random sample of published phone numbers of individuals with Latino surnames that are more likely to produce interviews with persons from Latino households. A total of 420 usable interviews were conducted from the general population sample, 100 usable interviews were conducted from the targeted low income population sample, and 78 usable interviews were conducted from the targeted Hispanic population sample.

To accurately represent Cabarrus County households, the household data were weighted by income, household size, and ethnicity and then projected to the 2004 estimates of households. The individual data were weighted by sex, age, race, ethnicity and income, and were then projected to the 2004 population estimates. These weights were applied for the 2004 results reported here. The weighting reapportions the general population and targeted interviews so that the household and the individual datasets closely reflect the 2004 Cabarrus County population parameters. Weighting was based upon 2004 estimates supplied by Claritas, Inc.

Because of difficulties involved in weighting by multiple variables, the weighted results will closely, but not exactly, match the population.

Response Rate

In survey research it is desirable to interview as many of the eligible respondents as possible to reduce bias in the results. Response rate is the proportion of completed interviews out of all eligible respondents contacted, whether or not they completed the survey. The formula used to compute the response rates for each sample is the number of completed interviews divided by the number of completed interviews plus respondent refusals, interviewer-terminated interviews, and respondent-terminated interviews. Using this formula, the response rate for the general population sample is 42 percent, the response rate for the low income sample is 27 percent, and the response rate for the Hispanic sample is 63 percent.

Sampling Tolerance

Sampling error is a statistical estimate of how much the sample results may differ from results obtained if every person in the population were interviewed. In this case, the population is Cabarrus County residents. The sampling error for the 598 completed interviews is plus-or-minus 4.0 percentage points at a 95 percent confidence level. This means that in 19 of 20 such samples, results will differ by no more than 4.0 percentage points from results obtained if every individual in Cabarrus County were interviewed.

When subgroups of the data sets, such as groups based on race, sex, or other demographic variables, are analyzed, the subgroup will contain fewer interviews that increases the size of the sampling error. As the base for analysis decreases, the expected sampling error increases. The table on the following page shows the expected sampling error at the 95 percent confidence level for various analysis subgroups. Any analysis which is based on less than 100 respondents is unreliable and should be considered with caution.

**When survey result is 50%
and sample size is:**

50
100
150
200
250
300
350
400
450
500
550
600

**Plus-or-minus tolerance
due to sample size is:**

+/- 14.0%
9.8%
8.0%
6.9%
6.2%
5.7%
5.2%
4.9%
4.6%
4.4%
4.2%
4.0%

The formula used to determine sampling tolerance (at the 95 percent confidence level) is as follows:

$$\pm 1.96 * \sqrt{\frac{.25}{\text{Sample Size} - 1}}$$

In addition to sampling error, the difficulties involved in conducting public opinion surveys may introduce other forms of error that are not measurable.

**2004 Telephone Survey
Interview Questions**

(Reprinted from the Summary Report, 2004 Community Needs Survey, KPC Research)

Interview Questions (Abridged)

13. To make sure that everyone is counted in the survey, I need to ask you a few questions about all of the people who live in your household. How many people now live in this household? Does this include you?
14. Starting with the oldest person in your household, please tell me each person's age and sex.
R. And what is your age?

1. I'm going to read you a list of activities. Please tell me if you or anyone in your household has a difficult time doing any of the following activities because transportation is not available. How about . . .

- | | |
|--|--|
| A. Getting to social services or helping agencies | No
Yes--if yes, sex and age
Don't know/refused |
| B. Shopping for food | No
Yes--if yes, sex and age
Don't know/refused |
| C. Getting to places for recreation, entertainment or visiting friends or family | No
Yes--if yes, sex and age
Don't know/refused |
| D. Getting to adult education | No
Yes--if yes, sex and age
Don't know/refused |
| E. Getting to a school-parent conference, PTA or school event | No
Yes--if yes, sex and age
Don't know/refused |
| F. Getting to a religious service or activity | No
Yes--if yes, sex and age
Don't know/refused |
| G. Getting to a job | No
Yes--if yes, sex and age
Don't know/refused |
| H. Getting to health care services | No
Yes--if yes, sex and age
Don't know/refused |

- | | |
|---|--|
| I. Getting to the pharmacy to pick up prescription medication | No
Yes--if yes, sex and age
Don't know/refused |
| J. Getting to counseling services | No
Yes--if yes, sex and age
Don't know/refused |
| K. Getting to pre-school or daycare | No
Yes--if yes, sex and age
Don't know/refused |

2. These questions are about educational needs. Do you or anyone in your household have a need for any of the following services but are not currently getting them? How about . . .

- | | |
|--|--|
| B. Vocational or technical training for a job | No
Yes--if yes, sex and age
Don't know/refused |
| C. Courses which would help get a high school diploma | No
Yes--if yes, sex and age
Don't know/refused |
| D. Continued education after high school | No
Yes--if yes, sex and age
Don't know/refused |
| E. Additional education to better use English as a second language | No
Yes--if yes, sex and age
Don't know/refused |
| F. Education to help a person read or write better | No
Yes--if yes, sex and age
Don't know/refused |
| G. Additional education to help learn to live in the United States | No
Yes--if yes, sex and age
Don't know/refused |

3. Now, I'd like to ask you a few questions about housing. Do you own or rent the home you live in?

- Own
- Rent
- Other
- Don't know/refused

4. And are there any additional people now living with you that need their own place to live and can't afford to?

Yes – if yes, how many people

No

Don't know/refused

5. Have there been times during the past year when your household needed any of the following kinds of assistance but the need was not met? How about . . .

A. Household repairs to make your home safe to live in

Yes

No

Don't know/refused

B. Basic household goods like furniture, a stove or refrigerator

Yes

No

Don't know/refused

C. Food for yourself and your family

Yes

No

Don't know/refused

D. Clothing for yourself and your family

Yes

No

Don't know/refused

E. Utility bills such as water, heat or light bills

Yes

No

Don't know/refused

F. Rent or house payment

Yes

No

Don't know/refused

G. Counseling or someone to talk to

Yes

No

Don't know/refused

- H. Modifications to your home, such as a ramp or handrail, needed to make it easier for an older or disabled person to get around
- Yes
No
Don't know/refused
7. Would you say there is a need in your household right now that is not being met for any of the following kinds of care or services? What about . . .
- A. Adult day care outside the home
- Yes – if yes, age and sex
No
Don't know/refused
- B. Nursing or health care provider visit at home
- Yes – if yes, age and sex
No
Don't know/refused
- C. Someone to help the sick, disabled or elderly with household chores
- Yes – if yes, age and sex
No
Don't know/refused
- D. Relief for a household member who provides home care to a sick or disabled person
- Yes
No
Don't know/refused
9. Sometimes it helps to talk about feelings and problems with someone who is not a family member or friend. I am going to read a list of things people sometimes need to talk about. Please tell me if anyone in your household has the unmet need to talk with someone about each topic but is not currently doing so. Does anyone in your household need to talk with someone about . . .
- | | |
|--|--|
| A. Household finances | No
Yes--if yes, sex and age
Don't know/refused |
| B. A serious illness or death of a family member or friend | No
Yes--if yes, sex and age
Don't know/refused |
| C. Nerves or depression | No
Yes--if yes, sex and age
Don't know/refused |
| D. Stresses of raising a family | No |

- Yes--if yes, sex and age
Don't know/refused
- E. Stresses of caring for an older person No
Yes--if yes, sex and age
Don't know/refused
- 14B. The following questions help us to group our respondents. What is the race of each person in the household, starting with the oldest?
- White
Black/African-American
Asian/Pacific Islander
Native American
Other
Don't know/refused
- 14C. Are any of these people of Hispanic or Latino origin or descent? No
Yes--if yes, sex and age
Don't know/refused
- 14D. **(ASK FOR ALL PERSONS 15 YEARS OR MORE)** Again, starting with _____, what is each person's marital status?
- Married
Separated
Divorced
Widowed
Never married
Don't know/refused
- 14E. **(ASK FOR EVERYONE 5 YEARS AND OLDER)** Not counting kindergarten, what is the highest grade of school _____ has completed?
- Less than H.S. graduate -- Record grade _____
High school graduate
High school equivalent/GED
Some college
Technical school
College graduate
Graduate school
Don't know/refused
15. **(ASK FOR ALL PEOPLE AGE 14 OR OLDER)** Now, about employment. Is _____ employed . . .
- A. In a year-round full-time position working at least 30 hours per week? No
Yes
Don't know
Refused

- | | |
|--|--|
| D. Eye problems | No
Yes--if yes, sex and age
Don't know/refused |
| E. Dental problems | No
Yes--if yes, sex and age
Don't know/refused |
| J. Alcohol problems | No
Yes--if yes, sex and age
Don't know/refused |
| K. Drug problems, whether illegal drugs
or drugs prescribed by a doctor | No
Yes--if yes, sex and age
Don't know/refused |
| L. Anger or violence problems | No
Yes--if yes, sex and age
Don't know/refused |
| 18. Has a doctor or nurse told you or anyone living in your household that they have . . . | |
| A. High blood pressure | No
Yes--if yes, sex and age
Don't know/refused |
| A1. (If yes) Have there been times in
the past year when _____ has had
a problem getting any help for
high blood pressure? | No
Yes
Don't know/refused |
| B. Asthma | No
Yes--if yes, sex and age
Don't know/refused |
| B1. (If yes) Have there been times in
the past year when _____ has had
a problem getting any help for
asthma? | No
Yes
Don't know/refused |
| C. Diabetes | No
Yes--if yes, sex and age
Don't know/refused |
| C1. (If yes) Have there been times in
the past year when _____ has had
a problem getting any help for
diabetes? | No
Yes
Don't know/refused |

- D. Clinical depression
- No
Yes--if yes, sex and age
Don't know/refused
- D1. **(If yes)** Have there been times in the past year when _____ has had a problem getting any help for depression?
- No
Yes
Don't know/refused
- 36A. Thinking about where you go for medical care, where do you go first for medical care when _____ is sick? (DO NOT READ LIST)
- 36B. Where does _____ go first for preventive medical services, such as check-ups or yearly examinations? (DO NOT READ LIST)
- Doctor's office
Free clinic
Health Department/Cabarrus Health Alliance
Hospital Emergency Room
School nurse
Urgent Care
Other: _____
Don't know
Refused
37. Thinking about health insurance coverage, is there any person in this household who currently has health insurance coverage, whether private insurance, North Carolina Health Choice insurance, Medicaid, Medicare, or Military or Veterans insurance?
- No
Yes--if yes, sex and age
Don't know/refused
- 37A. Is _____ covered by . . . (READ LIST)? (MULTIPLE RESPONSES)
- Private insurance (INCLUDES TRADITIONAL PLANS, MANAGED CARE PLANS, HMOs, PPOs)
Medicaid
NC Health Choice insurance, the state health insurance program covering children up to 21 yrs of age
Medicare
Military or Veterans insurance
None/Dk/Ref (DO NOT READ)
Community Care Plan/Pink card (DO NOT READ)
20. Thinking about discrimination based on sex, race, religion, age or disability, do you think or feel that anyone in your household has been discriminated against during the past year . . . ?
- A. Getting credit such as loans or credit cards
- No
Yes--if yes, sex and age
Don't know/refused
- B. Getting adequate housing
- No
Yes--if yes, sex and age
Don't know/refused

- | | | |
|------|--|--|
| C. | Getting assistance with school needs | No
Yes--if yes, sex and age
Don't know/refused |
| D. | Getting protection by the police and courts | No
Yes--if yes, sex and age
Don't know/refused |
| E. | Getting assistance from helping agencies | No
Yes--if yes, sex and age
Don't know/refused |
| F. | Getting employment or promotions | No
Yes--if yes, sex and age
Don't know/refused |
| 21A. | Now thinking about jobs, is there someone in your household who needs a job but cannot get one? | No
Yes--if yes, sex and age
Don't know/refused |
| 21B. | (IF Q21A YES, ASK FOR EACH PERSON) Does that person want a full-time job, a part-time job or a seasonal job? (ACCEPT MULTIPLE RESPONSES) | |
| | Full-time job
Part-time job
Seasonal job
Don't know/refused | |
| 21C. | (IF Q21A YES, ASK FOR EACH PERSON) What are the reasons that prevent _____ from getting a job? (DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES) | |
| | Not enough skills for the job
No help to find out what job skills person has
Poor work habits such as not following instructions or being late too much
No information about available jobs
No one to care for children while that person works
No one to care for dependent adults while that person works
Doesn't know how to make a good impression in job interview
Not certified or licensed for job
Not enough work experience for the job (he/she) wants
No transportation
No jobs available that matches skills
Physical or health limitations
Poor verbal or communication skills
Substance abuse problem like drugs or alcohol
Other
Don't know/refused | |
| 22A. | Is there someone in your household who is employed part-time but needs to work full-time? | No
Yes--if yes, sex and age
Don't know/refused |

APPENDIX C

Health Indicators Charts

The following 3 tables indicate causes of death for Cabarrus residents for the period 1999-2002. Chart 1 shows the *total number* and *race specific age-adjusted* death rates for selected diseases per 100,000 population. Chart 2 shows the same information as it relates to *males* only. Likewise, Chart 3 shows the same information but as it relates to *females*. Highlighted in red and bolded are the areas where the Cabarrus rates are higher than the North Carolina rates.

CHART 1 - Total and Race Specific Age-Adjusted Death Rates, for Selected Causes, 1999-2002, per 100,000 population

<u>INDICATOR</u>	Total Cabarrus Co. Rate	NC State Rate	White Cabarrus Co. Rate	White State Rate	Minority Cabarrus Co. Rate	Minority State Rate
Total Heart Disease	247.1	245.9	241.7	237.9	290.3	277.1
Cerebrovascular Disease	59.8	72	56.5	67.6	86.1	90.1
Colon, Rectal, and Anal Cancer	17.6	19.6	18.1	18.4	13.1	24.7
Prostate Cancer	30.2	33.2	24.7	26.0	83.6	70.2
Pneumonia and Influenza	32.0	24.8	32.1	24.9	31.3	23.6
Chronic Obstructive Lung Disease	42.7	46.5	45.3	49.9	19.1	30.2
Septicemia	14.3	13.8	12.5	11.9	28.5	22.2
Nephritis, Nephrosis, and Neph. Syndrome	24.0	16.8	19.1	13.3	62.9	32.2
All other Unintentional Injuries	23.6	23.0	25.3	23.4	12.0	21.5
Suicide	9.4	11.5	10.2	13.3	3.9	5.5
Homicide	4.0	7.6	3.6	4.7	6.5	15.9
Acquired Immune Deficiency Syndrome	3.6	5.7	1.4	1.5	19.0	18.9

CHART 2 - Sex and Race Specific Age-Adjusted Death Rates - Males, for Selected Causes, 1999-2002, per 100,000 population

<u>INDICATOR</u>	Total Males Cabarrus Co. Rate	Total Males State Rate	White Males Cabarrus Co. Rate	White Males State Rate	Minority Males Cabarrus Co. Rate	Minority Males State Rate
Total Heart Disease	311.6	310.8	296.8	302.7	454.0	344.9
Cerebrovascular Disease	62.8	73.4	60.2	67.5	87.3	100.7
Total Cancer	250.6	261.8	248.8	247.6	266.7	328.9
Colon, Rectal, and Anal Cancer	22.2	23.4	23.5	22.0	10.0	30.0
Prostate Cancer	30.2	33.2	24.7	26.0	83.6	70.2
Diabetes Mellitus	25.0	28.8	23.8	23.9	34.0	51.8
Pneumonia and Influenza	37.3	29.5	36.7	28.9	46.2	32.0
Chronic Obstructive Lung Disease	53.6	62.8	56.0	64.2	28.5	55.1
Chronic Liver Disease and Cirrhosis	8.0	12.9	7.2	12.5	14.2	13.9
Septicemia	14.6	15.0	13.0	12.8	27.7	25.9
Nephritis, Nephrosis, and Neph. Syndrome	24.4	20.5	20.7	16.8	57.5	38.2
All other Unintentional Injuries	33.1	32.3	35.2	32.1	16.8	33.2
Acquired Immune Deficiency Syndrome	6.2	8.4	2.5	2.6	34.9	28.6

CHART 3 - Sex and Race Specific Age-Adjusted Death Rates - Females, for Selected Causes, 1999-2002, per 100,000 population

<u>INDICATOR</u>	Total Females Cabarrus Co. Rate	Total Females State Rate	White Females Cabarrus Co. Rate	White Females State Rate	Minority Females Cabarrus Co. Rate	Minority Females State Rate
Total Heart Disease	197.8	198.3	197.3	189.5	197.7	231.0
Cerebrovascular Disease	57.1	69.9	54.2	66.4	79.2	82.9
Female Breast Cancer	20.8	25.4	20.0	23.6	26.3	31.4
Pneumonia and Influenza	29.5	22.0	29.9	22.7	25.2	18.7
Chronic Obstructive Lung Disease	38.3	37.3	41.1	41.9	14.5	17.0
Septicemia	13.3	13.0	11.7	11.3	26.1	19.9
Nephritis, Nephrosis, and Neph. Syndrome	24.5	14.8	19.1	11.3	65.2	29.0
Motor Vehicle Unintentional Injuries	13.8	11.6	13.5	11.8	14.6	11.3
All other Unintentional Injuries	15.1	15.3	16.3	15.9	6.2	12.8
Homicide	3.7	3.6	3.1	2.6	8.0	6.1

Source: NC State Center for Health Statistics

Note: Rates based on small numbers (fewer than 20) are unstable and should be interpreted with caution.

Appendix D

Community Listening Events and List of Participants in Study Process

Cabarrus County Community Forums

February 3, 2004	Cannon YMCA (Kannapolis)
February 9, 2004	Mt. Pleasant High School (Mt. Pleasant)
February 17, 2004	Bethel Elementary (Midland)
February 23, 2004	Boys & Girls Club (Concord)
March 9, 2004	Jay M Robinson High School (Harrisburg/NW Concord)

Presentations to Council

March 11

Dean Johnson - Cabarrus Housing Partnership (CHP)
Tim Beam - Employment Security Commission (ESC)
Cecelia Williams - Employment Security Commission (ESC)
Trish Baker - Cabarrus County Department of Social Services
James Polk - Cabarrus County Department of Social Services
Jerry Saunders - Cabarrus Regional Chamber of Commerce

April 8

Betty Jean Prewitt – Cooperative Christian Ministries
Maggie Quisenberry – Parish Nurse Program, NorthEast Medical Center
Reverend Donald Anthony – Grace Lutheran Church, Logan Community

May 13

Carol Lovin – NorthEast Medical Center
Fred Pilkington – Cabarrus Health Alliance
Liz Jordak – Mental Health Association of Central Carolinas
David Miller, MD - Cabarrus Family Medicine & Cabarrus Community Care Plan

June 10

Colleen Sain – Cabarrus County Schools
Jeanie Moore – Rowan Cabarrus Community College
Tim Foley - Rowan Cabarrus Community College
Cappie Stanley – Cabarrus Health Alliance
Janice Carty – Kannapolis City Schools

July 8

Cindy Oakes - Cabarrus Community Care Plan
Doris Goedeke – Hispanic Learning Center
Father Al Riquelme – St. Joseph’s Catholic Church
Ana Flynn - Attorney

August 19

Mary Beth Belew - KPC Research

Jennie Stocks - KPC Research

Focus Groups

Teens April 20, 2004 Healthy Cabarrus Teen Task Force

Disabled Citizens April 29, 2004 Cabarrus Co. Senior Center

Latino Community May 2, 2004 St. Joseph's Catholic Church

Key Informant Interviews

Anita Benish, Community Volunteer

Ed Hosack, Director of Unemployment Response Ministry, Salisbury District of the United Methodist Church

Mike Murphy, Cabarrus County Department of Aging

Chasity Schooley, Cabarrus County Department of Aging

Appendix E

Report Approval Process

November 4, 2004	Cabarrus Community Planning Council
November 9, 2004	Cabarrus Health Alliance Board
November 18, 2004	CommunityWorks Board of Directors
December 8, 2004	Healthy Cabarrus Board of Directors
December 9, 2004	United Way of Central Carolinas, Cabarrus County Board of Directors