

2016

Cabarrus Community Needs Assessment



Developed by the Cabarrus Community Planning Council



CABARRUS
HEALTH
ALLIANCE



2016

Cabarrus Community Needs Assessment

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On-line and paper copies of this document may be obtained at:

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In addition, we want to thank the **755 community members** who engaged in one (or more!) of our **29 community priority health conversations** and to those who will take action to address these important community issues. During these conversations, we discussed the needs assessment process and gained important insight on future direction. A recording of one of these conversations has been placed online for additional viewing at www.healthycabarrus.org.

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2016 Cabarrus Community Needs Assessment

Executive Summary

Founded in 1997, Healthy Cabarrus is a multi-sector initiative designed to improve the health of those who live, work, learn, play, and utilize services in Cabarrus County. Our mission is to unite and mobilize community partners to identify and address health needs in the community. We recognize that many of today's social problems are too complex for one group or agency to solve alone. While Healthy Cabarrus staff do not provide direct services to the community, we provide ongoing support to community partners by guiding strategy, identifying resources, and developing evaluation measures.

Introduction

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

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

2012 Cabarrus County Community Needs Assessment



Developed by the Cabarrus Community Planning Council

Sponsored by:
 Cabarrus Health Options
 Cabarrus Medical Center
 Healthy Cabarrus

Methodology

The 2016 Cabarrus Community Needs Assessment process kicked off September 17, 2015 with the formation of the Community Planning Council which included 40 representatives from health and human services, the faith community, education, city and county government, foundations, businesses and community volunteers. Data used for the needs assessment came from the following sources:

- Community Household Survey: One adult per household was asked to complete the survey and respond on behalf of the entire household. 1891 community members completed the survey. It was distributed online, through email, was also administered as a paper and pen survey. It was broadly advertised and distributed to the general population of Cabarrus County, and also included an emphasis to assure geographic, racial, ethnicity, educational, and economic diversity in the respondents.
- Key Informant Survey: 102 key informants completed an online survey to provide an expert view of various needs in the community. Key informants including professionals, business and community leaders, and elected officials who are engaged on a daily basis to meet the needs of the community and who are in a position to understand those needs.
- Cabarrus Youth Photovoice: 15 middle school and high school youth were recruited and selected from both Cabarrus County and Kannapolis City School districts. These students were trained by an expert in the Photovoice group analysis method that combines photography with grassroots social action. Participants were asked to represent their views by photographing scenes in the community that highlight the following research themes: What makes you feel safe, unsafe, healthy, and unhealthy? Students chose a handful of these photos, created narratives to explain how the photos highlight community health and safety, and were displayed in a month-long exhibit in May 2016 at the Sundae Art Gallery in Concord, NC.
- 2016 Health Resource Inventory: This inventory, documented through the Cabarrus Network of Care, captures a variety of resources in the county ranging from medical providers, hospitals and community clinics, senior assistance, food pantries, and violence prevention organizations, among others via the online directory. This online directory is managed by Cabarrus Health Alliance, and information is updated regularly by service providers. This online directory can be accessed at www.cabarrusnetworkofcare.org.
- Community Statistical Indicators for Cabarrus County: Data was collected from local, state and national sources on indicators of health status and other community issues, many of which were collected through Community Commons toolkit, the Robert Wood Johnson Foundation's County Health Rankings, the Census Bureau's American Community Survey, the Centers for Disease Control's Behavioral Risk Factors Surveillance System, and the US Department of Housing and Urban Development. Information has been comprised on an online data dashboard at www.healthycabarrus.org so that the public at-large can easily access county-



Healthy Cabarrus Photovoice exhibit at Sundae Art Gallery

level data on health outcomes. This web-based platform was designed by a collaborative body in response to the IRS requirement outlined in the Affordable Care Act.

In April 2016, collected data was analyzed by an independent evaluator. A separate analysis for each data source as well as an integrated analysis of the primary and secondary data sources was performed in order to identify key issues. Key issues identified during the integrated analysis were further sub-analyzed by demographic factors in order to highlight any disparities based on race, gender, income and age. Results of the data analysis were presented to the Community Planning Council during a retreat in May 2016. The team considered the results, and after deliberation, identified three priorities and an emerging foundational issue for Cabarrus County to take action in 2016 – 2020.

Key Issues and Priorities

The top three priorities included substance use, mental health, and obesity. A fourth foundational issue is housing.

Substance Use

Community respondents highlighted access to services related to substance use disorders, such as alcohol and drug treatment services, as a major issue of importance in Cabarrus County. In addition, results from a recent Cabarrus Youth Substance Use Survey highlighted the growing use of marijuana, alcohol, and prescription pills without a prescription among middle school and high school youth. Secondary data from Vital Statistics shows that many of our premature deaths in the County are associated with unintentional poisonings. Local data from our Emergency Medical Services indicated that over the past two years (2014 and 2015), first responders were called upon 400+ times per year to respond to a 911 call related to overdoses. A great deal of local momentum from the community has begun to emerge as substance use – specifically how to tackle prescription drug misuse – becomes a predominant part of the community conversation.



Mental Health

In addition to reporting challenges accessing alcohol and drug treatment services, community respondents also reported barriers to receiving mental health, counseling and anger management services. For their part, key informants ranked lack of mental health insurance and access to mental health services among the top 5 most pressing among 49 community issues. 82% of key informants rated access to mental health as a somewhat or very significant issue. Additionally, 36% of community survey respondents had an unmet counseling need. Secondary data shows that while Cabarrus County seems to be on par with the ratio of mental health professionals (such as psychologists and psychological associates) per unit population as compared to the State of North Carolina, the community at-large expressed growing frustration with the lack of specialized mental health treatment options for children and for those without adequate health insurance. Mental health therefore presents as one of the key issues of importance within Cabarrus County.





Obesity

According to community survey results, a little less than 10% of community survey respondents (9.1% or n = 171) reported that they do not get any physical activity in a typical week. The two most common barriers to physical activity identified in the community survey included lack of time (47.4%, n = 617) and lack of motivation (36.7%, n = 478). In the Key Informant Survey, issues related to health and wellness ranked among the top two most pressing community issues, namely lack of access to healthy food and obesity. An overwhelming majority (94%) of key informants said healthy food availability was either significant or very significant community issues. Secondary data confirms that obesity is a major issue in Cabarrus County with about two-thirds of adult residents either overweight or obese. Childhood obesity was also considered a pressing issue from youth-serving professionals. A great deal of local momentum from community partners, including Carolinas HealthCare System Northeast, has begun to emerge as obesity – both adult and childhood overweight and obesity – becomes a predominant part of the community conversation.

Foundational Issue

The Planning Council identified one issue, while not selected as top priorities on its own, should be considered in every action plan. This issue was housing. Based on the results of primary and secondary data analysis, several members felt that the housing problems in Cabarrus County, specifically the lack of affordable housing for large families, low-income families, and families who rent would need to be addressed if real progress was going to be made on any of the top priorities, especially mental health and substance abuse between 2016 and 2020.

Housing



The relationship between poor housing and ill health is a complicated one which involves many different factors. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, mold, excess cold and structural defects which increase the risk of an accident also present hazards to health.

Progress Since 2012

The following six areas were identified as Cabarrus County's top priorities in the 2012 Community Needs Assessment:

- Under/Unemployment
- Access to Healthcare
- Mental Health
- Education
- Housing
- Wellness & Obesity

Specific progress towards priority areas identified in 2012 is noted in the comprehensive Community Needs Assessment and Annual SOTCH (State of the County Health) reports and can be accessed on the Healthy Cabarrus website. (www.healthycabarrus.org). As part of the 2016 Needs Assessment process, key informants were asked to rate the significance of current community problems. The top 15 issues included: affordability of healthy food (94%), obesity (91%), tobacco, alcohol or drugs (88%), affordability of housing (87%), homelessness (80%), access to mental health (82%), affordability of

clinical health services (82%), racism (79%), specialized services for the aging (77%), substandard housing (77%), domestic violence (76%), public transportation (75%), child neglect or abuse (74%), affordability of childcare (74%), and neighborhood safety (73%).

Community Health Priority Conversations

We wish to express our gratitude to the **755 community members** who engaged in one of our 29 community conversations and to those who will take action to address these important community issues. Over the course of 2016, Healthy Cabarrus staff engaged with **29 community groups** in Cabarrus County to discuss the needs assessment process and gain their feedback on future direction as we enter into the action planning stage. For a list of community conversations, please reference the appendices.

An online recording of our community conversation can be found at www.healthycabarrus.org.

Capacity of the Community to Address Priorities

Cabarrus County has numerous assets to address the 2016 priorities, including the willingness and ability to successfully collaborate across sectors to improve quality of life in the community. For years, Cabarrus has nurtured formal and informal networks of non-profit agencies, faith-based organizations, businesses, government bodies, and community volunteers and foundations that work together to solve community problems.

The Community Planning Council presents this report as a **Call to ACTION**. This process is intended to inform community stakeholders in their individual and community work that will result in a healthier community for the citizens of Cabarrus County. We have realized many changes over the past 19 years that have demonstrated our resilience to adapt and overcome challenges. We have established networks that are inclusive and involve all ranges of public, private, and non-profit partners. Our business community has strong connections through our Chamber of Commerce, United Way, Economic Development, education, Rotary, and other non-profit community organizations.

*The Community Planning Council presents this report as a **Call to ACTION**.*

Healthy Cabarrus staff embarked on a community-wide dissemination plan to communicate the priorities in this report and have actively shared the information with the citizens and stakeholders of Cabarrus County.

Chapter 1: Background and Introduction

Planning Council Members

The Cabarrus Community Planning Council was convened to conduct the Community Needs Assessment (CNA) for Cabarrus County. Planning Council members recognize that the direct relationship between the community assessment process and its critical link to meeting the public health accreditation standards and informing the strategic direction of both Healthy Cabarrus and Cabarrus Health Alliance. The Planning Council includes a diverse group of representatives from health and human services, the faith community, education, city and county government, foundations, businesses, and community volunteers. The role of the Planning Council is to collect, analyze, discuss, and interpret Cabarrus County data; develop the CNA final report; and disseminate the results to the community.

The Recruitment Process

Initial efforts to establish the Planning Council took place through the Healthy Cabarrus Executive Board, which served as the advisory group throughout the process. The Executive Board reviewed the 2012 Planning Council's list of members and revised it to ensure all sectors were well represented. A 'job description' that was created in 2012 was used to inform potential members of the duties and expectations required for participation on the Council. During summer 2015 members were recruited, and the first Planning Council meeting was held on September 17, 2015. Meetings were held once per month from August 2015 to May 2016 at Concord Public Library, centrally located in Cabarrus County. The Planning Council utilized the 2014 Community Needs Assessment Guidebook developed by the North Carolina Division of Public Health as its guide throughout the process.

Figure 1: Community Planning Council Partners



Key components and discussions of the meetings included:

- To create an understanding of the importance of the Needs Assessment, three members who served in 2012 informed the new Planning Council about the practical applications and utilization of the Needs Assessment.

- Members reviewed the indicators required for the 2016 Needs Assessment based on the Community Needs Assessment Guidebook.
- Due to the large volume of data collected, selected secondary indicator data was presented at each meeting. The goal was to establish a full understanding of the statistical indicators ahead of the retreat date in May 2016 to enable members to make a more educated decision on the priorities for the county.
- A survey subcommittee was formed during the planning process. The Survey Subcommittee was charged with reviewing survey questions from 2012, testing new questions, and finalizing the Key Informant and Community Surveys.
- All Community Planning Council members made a commitment to distribute results of the Needs Assessment to the community, identify opportunities to present to the community, and commit to doing so.

Table 1: Community Planning Council Discussion Topics

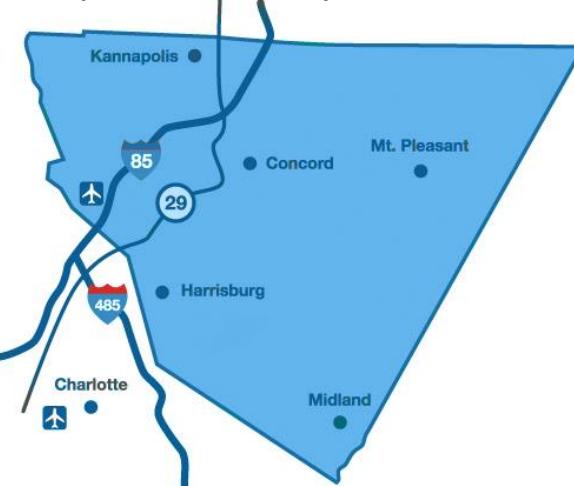
Month	Topic
September	Orientation
October	State Goals
November	Income, Employment, Education, Safety
December	Social Connectedness
January	Weight, Food, Physical Activity
February	Maternal & Infant Health, Drug Use, Sex
March	Housing, Transit, Environmental Health
April	Healthcare Quality & Access to Care
May	Priority Retreat

Chapter 2: County Description

Geography

Located in south central North Carolina, Cabarrus County spans an area of 364.39 square miles and is bordered by Stanly, Union, Mecklenburg, Iredell and Rowan counties. Cabarrus is largely urban, but includes a significant number of rural pockets across the county. Cities and towns in Cabarrus include Concord, Harrisburg, Kannapolis, Mount Pleasant, and Midland. There are no significantly high peaks, although the eastern half of the county contains the westernmost foothills of the Uwharrie Mountains. Altitude ranges from approximately 500–800 feet above sea level. The longest waterway within Cabarrus is Rocky River, which rises in Iredell County and empties into the Pee Dee River in Stanly County. Cabarrus County is home to the Charlotte Motor Speedway, Concord Mills Mall, Carolinas HealthCare System – NorthEast, Concord Regional Airport, and the North Carolina Research Campus. Interstate 85 runs through the northwest portion of the County, easily connecting residents to Charlotte and Greensboro. Highway 29/Concord Parkway connects residents to nearby University of North Carolina – Charlotte campus. Highway 49 runs through the central portion of the County, connecting residents from the rural areas of Mount Pleasant to the more urban and suburban areas of the County.

Map 1: Cabarrus County



History

Cabarrus County was founded in 1792 and is named in honor of Stephen Cabarrus of Edenton, a former member of the North Carolina State Legislature and Speaker of the House of Commons. The Catawba were the first to inhabit the land. The seat of the County lies in Concord which was incorporated in 1806. A central area of the county was chosen in 1796 and aptly named Concord, a derivative of two French words "with" and "peace."

The first substantiated gold find in America was in 1799 by young Conrad Reed while playing in Little Meadow Creek, located on the Reed farm in southeastern Cabarrus County. Mr. Reed found a 20-pound gold nugget in the Little Meadow Creek, Cabarrus County became the epicenter of the first gold rush in United States history. Reed's father later created a mining facility known as Reed's Gold Mine. Large amounts of gold were being discovered at the Reed Gold Mine. In order for the government to retain control of the production of currency and keep a stabilized economic structure, President Andrew Jackson signed into legislation the authorization to create branches of the US Mint.

In the late 1800s and early 1900s, textiles replaced gold mining as the main industry of Cabarrus County with Cannon Mills serving as the main textile manufacturer and employer in the area. However, beginning in the late 1900s, the textile industry declined in Cabarrus due to cheaper textile manufacturing costs in other countries. This downturn culminated with the eventual buyout of Cannon

Mills by the Pillowtex Corporation and subsequent bankruptcy and layoff of 7,650 employees in 2003. This was the largest permanent layoff in the history of the State of North Carolina.

Since that time, Cannon Mills has been transformed into the North Carolina Research Campus. The North Carolina Research Campus is a public-private research center occupying the former 350-acre textile mill campus in Kannapolis. NCRC was formed through a partnership of private corporations, universities, and healthcare organizations, with the activities of the campus focusing on human health, food, nutrition and agriculture. Companies and universities doing business as part of the NCRC include: Dole Foods Nutrition Research Laboratory, General Mills, LabCorp, Monsanto, UNC Chapel Hill Nutrition Research Center, North Carolina State University Plants for Human Health Institute, UNC Charlotte Bioinformatics Research Services, North Carolina Central University Nutrition Research program, NC A&T State University's Center for Excellence for Post Harvest Technologies, UNC Greensboro Center for Translational Biomedical Research, Duke University/MURDOCK Study, and Appalachian State University Human Performance Laboratory. Other organizations that have a presence include Cabarrus Health Alliance, Carolinas HealthCare System, Rowan-Cabarrus Community College, and the City of Kannapolis.

Self-branded as the Center of American Motorsports, Cabarrus County is well known for its NASCAR industry which includes the Charlotte Motor Speedway and several major race shops. Charlotte Motor Speedway hosts three NASCAR Sprint Cup Series events a year.

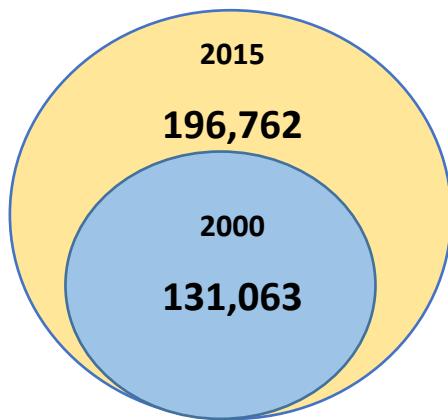
Major race shops located in the County include Hendrick Motorsports, Roush Fenway Racing, Richard Petty Motorsports, and Chip Ganassi Racing in Concord, Stewart-Haas Racing in Kannapolis, and JTG Daugherty Racing and Wood Brothers Racing in Harrisburg.



Photovoice project picture, 2016

Population Indicators

Figure 2: County Population Change



Source: US Census

In 2016, the total population of Cabarrus County is nearing 200,000 individuals. Understanding the total population and its make-up will increase residents and community partners' understanding of the types of resources and policies that would be beneficial. Community partners considering any decision-making or future strategic planning should take the total potential reach within the population into consideration.

Cabarrus County's population boom has shown a consistent increase over the past decade. Growth is occurring predominantly in the western part of the county. The area near the Mecklenburg County line and I-485 are experiencing higher growth rates due to transportation access and proximity to Charlotte.

In 2000, the town of Harrisburg's population was a third of what Census estimates are today (13,996 residents). The rural town of Midland has also seen a significant amount of growth since incorporating in 2000.

Urban vs. Rural Population

Health outcomes, healthcare use, and health care resource accessibility vary by urbanization level. This indicator reports the percentage of population living in urban and rural areas by Census tract. Urban areas are identified using population density, count, and size thresholds.

The 2010 US Census Bureau reports that 80.75% of Cabarrus County is urban population with 19.25% of the county being a rural population.

Who is Cabarrus County?

The following charts describe population indicators that identify demographic clusters by age, gender, race/ethnicity, and disability on the most recent data from the 2015 population estimates from the U.S. Census Bureau.

A total of 196,762 people live in the 361.74 square mile report area defined for this assessment. The population density for this area, estimated at 545.05 persons per square mile, is greater than the national average population density of 88.93 persons per square mile. There are slightly more females (51.2%) than males and the majority of the population 18 – 64 years (61.2%) age brackets.

Map 2: Urban vs. Rural Population

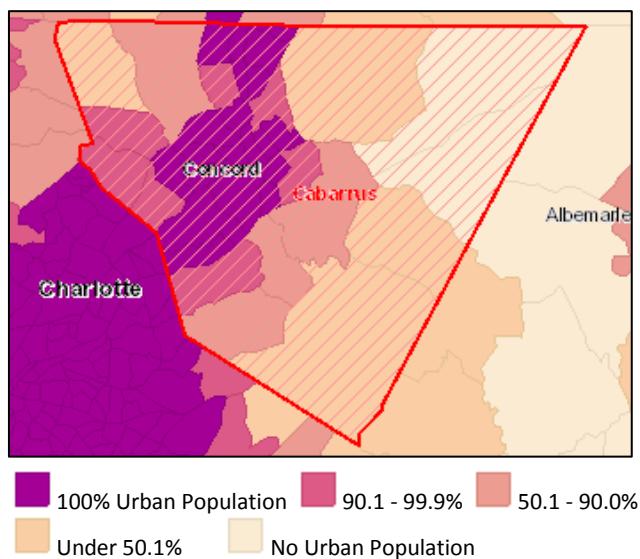
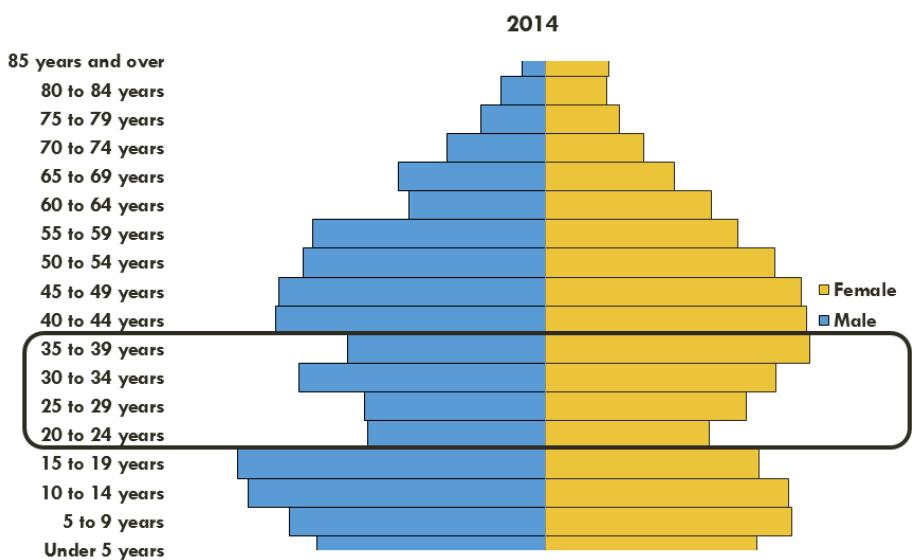


Figure 3: Age and Sex Distribution in Cabarrus County



The population includes a racial distribution that is 68.1% Caucasian, 17.6% African American, and <5% Asian/Native Hawaiian/Pacific Islander. Persons of Hispanic or Latino origin make up 10.1% of the population. It is worth noting that the proportion of inhabitants in every minority sub-category except White/Caucasian increased in the 2015 population estimates compared to 2010, which continues to highlight the increase in racial and ethnic diversity in the population of Cabarrus County over the past decade.

Table 2: Population by Race and Ethnicity

White	133,994 (68.1%)
African American	34,630 (17.6%)
Hispanic	19,872 (10.1%)
Asian	6,099 (3.1%)

Table 4: Population by Age

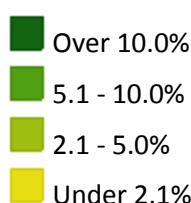
0 to 5 years old	12,199 (6.2%)
6 to 18 years old	39,152 (19.9%)
18 to 64 years old	120,418 (61.2%)
65 years and older	24,989 (12.7%)

Table 3: Population by Sex

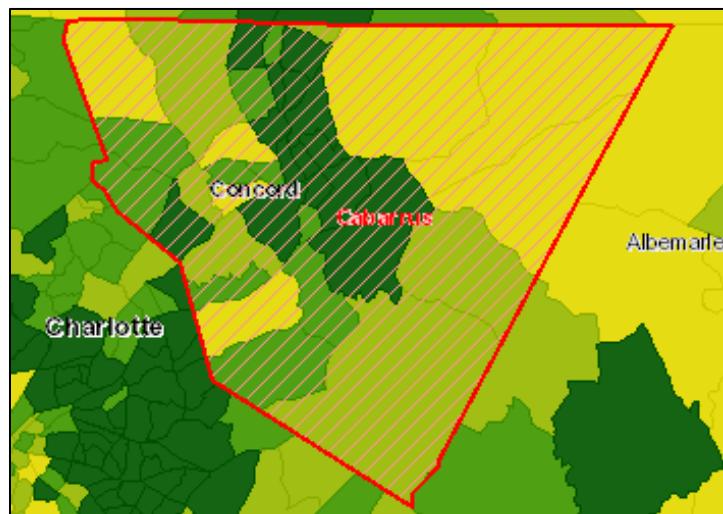
Male	96,019 (48.8%)
Female	100,742 (51.2%)

Percent of Population of Hispanic Origin

Diverse social and cultural norms strengthen and influence the community. The estimated county population that is of Hispanic, Latino, or Spanish origin in the report area is 17,927. This represents 9.7% of the total report area population according to the 2010 to 2014 American Community Survey. There has already been a .4% increase according to the 2015 Census population estimates, both are less than the national 16.62% rate.

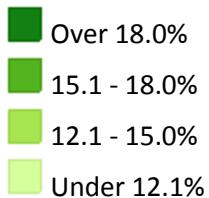


US Census Bureau, American Community Survey.
2010-14.

Map 3: Percent of Population of Hispanic Origin

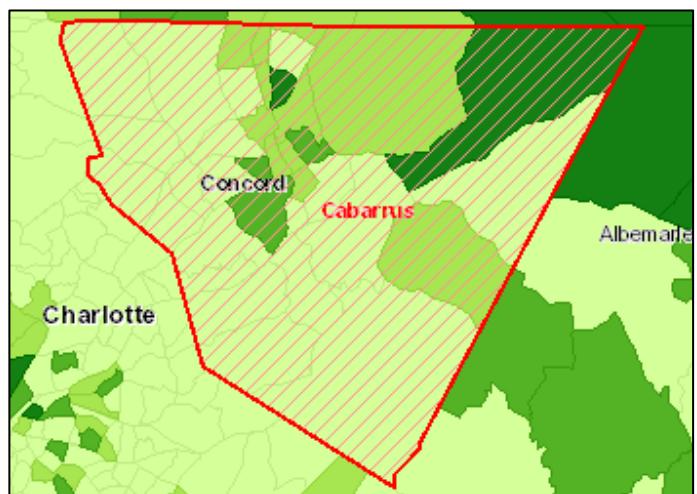
Percent of Population with a Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by Census tract. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.



Data Source: US Census Bureau, American Community Survey. 2010-14.

Map 4: Percent of Population with a Disability



Chapter 3: Health Data Collection Process

Community Survey

The Community Planning Council organized and implemented a survey of Cabarrus County households to determine the extent of unmet needs. The Community Survey was conducted from December 3, 2015 through March 1, 2016. Surveys were available online and links were emailed or hyperlinked to potential respondents. Surveys were also available by paper and given out at specific locations and events. Surveys were self-administered and anonymous. Surveys were translated and available in both English and Spanish. If literacy was a concern, a paper survey was conducted with an interviewer who was a Cabarrus Health Alliance. 1.2% ($n = 1,652$) of the County's adult population were surveyed. There were a total of 1,891 surveys collected. However, there was an average of 239 respondents who skipped each question item, resulting in average mean of 1,652 respondents answering each question item.

It is estimated that it took respondents 15 minutes to complete. One adult per household was asked to complete the survey only once and respond on behalf of the entire household. It was broadly advertised and distributed to the general population of Cabarrus County, and specific efforts were made to assure ethnic, racial, educational, and economic diversity in the respondents. A complete demographic description of the survey respondents can be found in Chapter 4 of this report.

Table 5: Community Survey Respondents by Age

Age	2016 Community Survey Responses	2014 Census Estimates	+/- % off
18 – 24 years	149 (9.2%)	8.0%	+ 1.2%
25 – 29 years	177 (11.4%)	8.1%	+ 3.3%
30 – 34 years	208 (13.4%)	9.3%	+ 4.1%
35 – 39 years	178 (11.5%)	9.9%	+ 1.6%
40 – 44 years	181 (11.7%)	11.1%	+ 0.6%
45 – 49 years	126 (8.2%)	10.2%	- 2.0%
50 – 54 years	125 (8.1%)	10.0%	- 1.9%
55 – 59 years	114 (7.4%)	8.9%	- 1.5%
60 – 64 years	80 (5.2%)	7.2%	- 2.0%
65 – 69 years	85 (5.5%)	6.1%	- 0.6%
70 – 74 years	43 (2.8%)	4.2%	- 1.4%
75 – 79 years	37 (2.4%)	2.9%	- 0.5%
80 – 85 years	22 (1.4%)	2.0%	- 0.6%
85 years +	21 (1.4%)	2.0%	- 0.6%

Respondents were asked to quantify their age. Of the 1,891 respondents, 345 respondents skipped this question. Among those that responded ($n = 1,546$), the following ages were reported. The responses are compared with that of 2014 Census Population Estimates among adults and +/- % off from statistical significance. A complete demographic description of the survey respondents can be found in Chapter 4 of this report.

Key Informant Survey

Key Informants are those professionals, business and community leaders, and elected officials who are engaged with the community on a daily basis, working to meet the needs of the community, and who are in a position to understand those needs. The Key Informant Survey was developed by a subcommittee of the Planning Council. The survey was distributed through email to selected respondents between December 3, 2015 to March 1, 2016. Respondents included Planning Council

members and other identified community members. There were 102 survey respondents. Key Informants were asked, among other questions, to rate the most significant community issues in various categories including: quality of life, social, economic, health, & physical environment; informants were asked to comment on emerging issues or needs; and progress made on issues and needs identified in 2012.

Health Resource Inventory

A detailed summary of available health resources was developed as an additional source of information for the community during the 2016 assessment period. The purpose of this document was to capture the breadth of health resources available for community members. Contact information is included for medical physicians, dentists, senior assistance, food pantries, and violence prevention organizations, among many others. This full resource can be found online at www.cabarrusnetworkofcare.org.

Youth Photovoice

The Community Planning Council also partnered with the Cabarrus Arts Council to conduct additional primary research through the Youth Photovoice project. Photovoice is a group analysis method using photography. Photovoice is often used to provide insight into how people conceptualize their circumstances and their hopes for the future.

The Community Planning Council utilized the pictures taken from Photovoice as a tool to engage young people in the Needs Assessment process, giving them an opportunity to communicate their concerns to policy makers and other community-serving professionals. Photographs were exhibited at both the Community Planning Council's Priority Retreat and at a local art gallery, the Sundae Art Gallery in downtown Concord in May 2016.

Fifteen middle and high school students throughout the County were recruited and trained to photograph scenes within the community that make them feel safe, unsafe, healthy, and unhealthy. Common positive themes included: (1) existing resources, like faith-based organizations, police, Carolina Thread Trail, Veterans Park, the library, and the EMS; (2) existing infrastructure, including sidewalks, fences around greenways, and a new crosswalk addition; and (3) the importance of building a positive sense of community, including

community gardens and large expression rocks on school campuses. Common negative themes included: vandalism of buildings, litter on greenways and sidewalks, lack of maintenance or broken sidewalks, overgrown bushes, and playgrounds with rusty materials.



Participants from the 2016 Photovoice project

Statistics and data were collected from local, state and national sources on indicators of health status and other community issues. Using the 2012 Community Statistical Indicators document as a starting point, pertinent indicators were updated with the most current, validated third party data available. In

some cases, additional related data was included to further explain a change in trends. When possible and appropriate for displaying comparisons and trends, Cabarrus County data was compared with data from adjacent counties, peer counties and state level data from prior years. Sources for the statistical indicator document included: the American Community Survey, the Behavioral Risk Factor Survey (BRFSS), the North Carolina County Health Data Book, the National Center for Education Statistics, US Department of Housing & Urban Development, Robert Wood Johnson Foundation's County Health Rankings, Community Commons, the Employment Security Commission of North Carolina, and others.

Data Analysis

By April 2016, primary data collection and data entry was completed. All primary and secondary data sources used to complete the 2016 Community Needs Assessment (Community Survey, Key Informant Survey, Health Resource Inventory, and statistical indicators) were collected. Analysis was performed using SPSS version 11.0 and Microsoft Excel 2013.

The Community Planning Council successfully sampled 1.2% ($n = 1,652$) of the County's adult population ($n = 141,793$). There were a total of 1,891 surveys collected. However, there was an average of 239 respondents who skipped each question item, resulting in *average mean of 1,652 respondents* answering each question item. Despite the number of skipped questions, the large sample size demonstrates a high response rate and is sufficient for complex analysis. Since we had a large average mean sample size of 1,652 respondents, there is a 3% margin of error that the probability that our sample accurately reflects our county's adult population of 141,793. This means that there is a 95% likelihood (give or take 3%) that the county's adult population would respond similar to these survey questions.



Photovoice project picture, 2016

The general characteristics of the survey respondents were examined using frequency tables and other summary statistics. For the Community Survey, demographic characteristics of the respondents including age, gender, race, level of education, income distribution and geographical location were compared to that of the overall County population. Each data source was then analyzed independently and key themes were identified. An integrated analysis of the primary and secondary sources of data was performed with the goal of identifying key issues that were highlighted across all data sources.

The intent was to explain those issues that were consistently ranked across all data sources as well as those that showed major discrepancies in ranking between the primary (Community and Key Informant Survey) and secondary data sources (county statistical indicators and health resource inventory). The key issues identified during the integrated analysis were sub-analyzed by demographic factors, and those that differed by certain demographic characteristics were highlighted in the results section. It should be noted that the sample of consumers represented in this assessment was not randomly obtained due to cost. Therefore, direct projections to the general population of Cabarrus cannot be made. Yet, because of the large size and considerable socioeconomic and demographic diversity of the community sample, the results of this assessment provide a good understanding of the opinions of Cabarrus County residents and allow us to move forward in pursuing the needs of the community.

Chapter 4: Health Data Results

A detailed report of the results is provided in this chapter and includes an analysis of the Key Informant and Consumer Survey data as well as a summary of secondary data related to each area of discussion.

Key Informant Survey

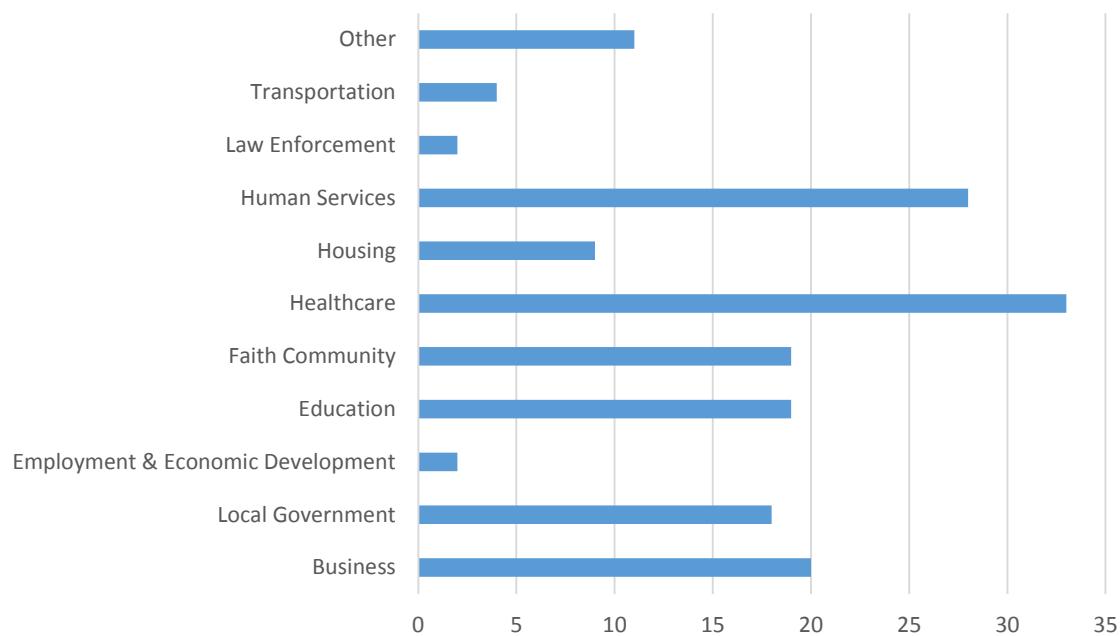
A total of 102 surveys were completed and returned by key informants and as illustrated in Table 6, respondents were primarily white, female, non-Hispanic, and full-time residents of Cabarrus County. Educational background for key informants varied, but a majority of key informants have higher level education, graduate school or bachelor's degree.

Table 6: General characteristics of key informants

Characteristic	N or mean	Percent or SD* Percent
Gender		
Male	26	30
Female	60	70
Race		
White	67	77.9
Black/African American	12	14.0
Ethnicity		
Hispanic	7	8.1
Non-Hispanic	81	91.9
Residents		
Within Cabarrus	61	71.8
Outside Cabarrus	24	28.2
Education Level		
Graduate School	29	34.1
Bachelor's degree	36	42.4
Some college or two-year college degree	16	18.8
High school graduate or GED	3	3.5
Less than high school	1	1.2

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

Figure 4: Area of expertise of key informant



Consumer Survey

There were a total of 1,891 surveys collected, however there was an average of 1,652 respondents who answered each questions. They survey was successfully completed by 1.2% of the County's estimated 2014 adult population (n= 141,793). Respondents were eligible to participate in the survey if they were residents of Cabarrus County, over 18 years of age, and if no one within their household had taken the survey. Despite the number of skipped questions, the large sample size demonstrates a high response rate and sufficient for complex analysis.

As mentioned in Chapter 3, the Consumer Survey was available to the public for three months (December 3, 2015 through March 1, 2016). Surveys were available online and links were emailed or hyperlinked to potential respondents. To reduce the potential impact for bias due to convenience sampling, the Community Planning Council distributed paper copies to locations where the target population could be accessed. Examples included seniors at Lunch Plus clubs, those seeking crisis assistance at Cooperative Christian Ministries, young mothers at the WIC clinic, and Harrisburg social media/Facebook pages.

The general characteristics of Consumer Survey respondents compared to those of general Cabarrus County demographics are shown in Table 7.

Table 7: General characteristics of community survey respondents (average 1,546 respondents)

Characteristic	2016 Community Survey		Cabarrus County
	N	Percent	Percent
Age			
Under 5		NA	6.2%
5-17		NA	19.9%
18-64	1,338	86.5%	61.2%
65 & over	208	13.5%	12.7%

Gender			
Male	290	18.6%	48.8%
Female	1268	81.4%	51.2%
Race			
White	846	51.5%	76.5%
Black/African American	312	19%	17.6%
American Indian/Alaska Native	12	.7%	.4%
Asian	15	.9%	3.1%
Two or more races	41	2.5%	2.1%
Ethnicity			
Hispanic	416	25.3%	10.1%
Non-Hispanic	1,226	74.7%	68.1%
Education Level			
High school graduate or higher	1285	83.8%	88.3%
Bachelor's degree or higher	433	28.2%	27.2%

US Census Quick Facts – 2015 Population Estimates for Cabarrus County www.census.gov/quickfacts

The Community Survey sample contained a greater proportion of women and those 18-64 years. Regarding race and ethnicity, there is a 15.9% over-representation of respondents who identify as Latino or Hispanic and an 18.7% under-representation of those who identify as white when compared to Cabarrus County in general. With respect to education level, consumer respondents also had lower high school graduation rates for those 25 years or older.

Table 8 provides the geographical distribution of respondents. There were slightly lower proportions of respondents from the smaller towns such as Harrisburg, Midland and Mt. Pleasant compared to the general Cabarrus County population.

Table 8: Area of residents for community survey respondents

Zip Code	N or mean	Percent or SD* Percent	Cabarrus County Percent
Concord 28025, 28027	821	52.5%	44.6%
Harrisburg 28075	85	5.4%	7.4%
Kannapolis 28081, 2803	393	25.1%	26.5%
Midland 28107	52	3.3%	1.7%
Mount Pleasant 28124	51	3.3%	.9%
Other straddling zip codes	163	10.4%	-

Mortality

Mortality means the event or the frequency of death. Mortality (or death) rates are an indication of other community health issues, including access to healthcare and risk factors related to personal behaviors and the built environment. Measuring mortality rates allows assessing linkages between social determinants of health and outcomes. The following describes the leading causes of death in Cabarrus County, including the infant mortality rate. Rates are compared to information from the previous 2012 Community Needs Assessment.

Life expectancy is often used to gauge the overall health of a community. Shifts in life expectancy are often used to describe trends in mortality. Life expectancy represents the average number of additional years that someone at a given age would be expected to live if he/she were to experience throughout life the age-specific risk of death observed in a specified period of time. The overall death rate of a population reflects the average life expectancy of individuals in that population. The lower the death rate, the higher the life expectancy.

Looking at secondary data specific to premature death can provide a unique and comprehensive look at overall health status. For example, Years of Potential Life Lost (YPLL) measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. Cabarrus County's total YPLL is 6,200 per 100,000 population (age adjusted) for all causes of death. The ten leading causes of death in Cabarrus are shown in Table 9, along with comparison to the state rates.

Table 9: Ten Leading Causes of Death

2011-2015 Ten Leading Causes of Death by County of Residence(Unadjusted Death Rates per 100,000 Population)			# OF DEATHS	DEATH RATE	# OF DEATHS	DEATH RATE
AGE GROUP:	Cabarrus RANK	CAUSE OF DEATH:	Cabarrus County		North Carolina	
TOTAL - ALL AGES		TOTAL DEATHS --- ALL CAUSES	7,317	776.9	419,137	851.4
	1	Cancer - All Sites	1,563	165.9	93,838	190.6
	2	Diseases of the heart	1,400	148.6	88,076	178.9
	3	Chronic lower respiratory diseases	474	50.3	24,773	50.3
	4	Cerebrovascular disease	407	43.2	22,863	46.4
	5	Alzheimer's disease	341	36.2	15,585	31.7
	6	Other Unintentional injuries	307	32.6	15,499	31.5
	7	Pneumonia & influenza	227	24.1	9,427	19.2
	8	Diabetes mellitus	204	21.7	12,505	25.4
	9	Nephritis, nephrotic syndrome, & nephrosis	148	15.7	8,749	17.8
	10	Suicide	131	13.9		

Infant Mortality

Infant mortality is the rate of deaths to infants less than one year of age. In Cabarrus County the infant mortality rate is 4.7 per 1,000 births. The first year of life is often viewed as the most vulnerable age group. High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Injury and Suicide

Cabarrus County's rate of death due to unintentional injury (accident) is 44.5 per 100,000 population. Accidents are a leading cause of death in the U.S. A large number of unintentional deaths are due to

accidental drug overdoses. In 2013 alone, the drug poisoning death rate in Cabarrus County was 19.8 per 100,000 people. This was significantly higher than the state (12.9) and national (10.8) rates.

Motor vehicle crash deaths include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Cabarrus County number of motor vehicle crash deaths per 100,000 population is 14. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Cabarrus County suicide mortality rate (13.9) is both higher than the state's average (12.6) and the Healthy People 2020 (13.0) target goal. Other Unintentional Injuries and Suicide rank as the top two most common causes of death among Cabarrus County residents age 20 – 39.

Influenza and Pneumonia Mortality

Table 10 below reports the number of influenza and pneumonia deaths and the population per 100,000. The CDC National Center for Health Statistics collects death certificate data from state vital statistics offices for all deaths occurring in the United States. Influenza surveillance is important for many reasons, including: influenza viruses are constantly changing, surveillance helps to detect these changes, and vaccines administered are updated based on surveillance findings.

Table 10: Influenza and Pneumonia Deaths

	2012	2013	2014	2015
Cabarrus County	22.2	25.1	22.9	28.0
North Carolina	19.5	19.6	18.8	21.1
United States	16.1	18.0	17.3	17.8

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016.

Morbidity

Morbidity is defined as the rate of disease in a population. Measuring morbidity rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed. The following describes the health problems of “disease burden” for Cabarrus County, and how county residents view these health problems.

Chronic disease refers to diseases that are long-lasting in nature (including cancer, type II diabetes, heart disease, and stroke) and is one of the biggest causes of poor health. Although genetics and other factors contribute to the development of chronic health conditions, individual behaviors play a major role.

Cancers

When comparing the 2007-2012 Cancer Incidence Rates from the State Center for Health Statistics with the most recent data from 2011-2015, rates of breast cancer increase while all other cancers saw a drop in incident rate.

Table 11: Cancer Incidence Rates

CANCER INCIDENCE RATES	CABARRUS		NC
Age Adjusted to the 2000 Census	2007-2012	2011-2015	2011-2015
ALL CANCERS	554.3	487.3	466.7
Colon/Rectum	41.9	34.5	36.6
Lung/Bronchus	82.0	73.4	67.4
Female Breast	167.1	171.5	157.1
Prostate	168.5	109.5	115.5

* table does not include cervical info below <http://www.schs.state.nc.us/schs/CCR/incidence/2015/5yearRates.pdf>

Cervical cancer can be easily cured if it is found and treated in the early stages. The age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer is 6.3 in Cabarrus County. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Data Source: State Cancer Profiles. 2009-13.

Cardio Vascular Disease

Diseases of the heart are the second leading cause of death in Cabarrus County, according to the 2016 North Carolina County Health Data Book. In Cabarrus County the rate of death for disease of the heart is 148.6 unadjusted per 100,000, which is significantly lower than that of the State of North Carolina at a rate of 178.9. A 2012 report by the Centers for Disease Control stated that 5,763, or 4.6% of Cabarrus County adults aged 18 and older reported having ever been told by a doctor that they have coronary heart disease or angina. Coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Diabetes

Community Survey

- Community Survey respondents were asked: *In the past year, has a doctor or nurse diagnosed you or anyone in your household with any of the illnesses/conditions below?* 12.9% of respondents reported they or someone within their household had been diagnosed with diabetes. Of those individuals who has been diagnosed in the last year 17% had difficulty accessing diabetes services.

Secondary Data

According to the Behavior Risk Surveillance Survey, in 2010, 9.9% of Cabarrus County residents aged 20 and older had been told by a doctor that they have diabetes. Diabetes is a prevalent problem in the U.S. and in Cabarrus County where it is ranked 8th with a mortality rate of 21.7 cases per 100,000. This rate is up from 16.8 as reported in the 2012 Cabarrus Community Needs Assessment.

Obesity

Community Survey

Obesity was the 5th (out of 22) most common condition with which either the survey respondent or a member of their household had been diagnosed in the last year. In addition, 36% of those who responded that they are someone in their household had been diagnosed obese reported difficulty accessing services.

Key Informant

- 91% of respondents (69% very + 22% somewhat) reported obesity as a significant issue for the community
- 94% of respondents (57% very + 37% somewhat) reported affordability of healthy food as a significant issue.

Secondary Data

Obesity is one of the biggest drivers of preventable chronic diseases and health care costs in the country. Nearly 40% of adults in Cabarrus County aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). 29.8% of Cabarrus adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Table 12: Percent of Obese Adults by Year (BMI>30.0)

Report Area	2004	2006	2008	2010	2012
Cabarrus County, NC	24.5%	28.4%	29.4%	30.7%	27.5%
North Carolina	25.23%	27.01%	28.55%	28.91%	29.05%
United States	23.07%	24.82%	26.36%	27.29%	27.14%

Oral Health

Community Survey

- 16.2% of community survey respondents reported having difficulty receiving preventative dental services (ex. check-ups, getting teeth cleaned) due to financial constraints.
- Among those community survey respondents who reported having difficulty (39.8%) receiving health care services, 474 reported difficulty accessing dental services.

Key Informant

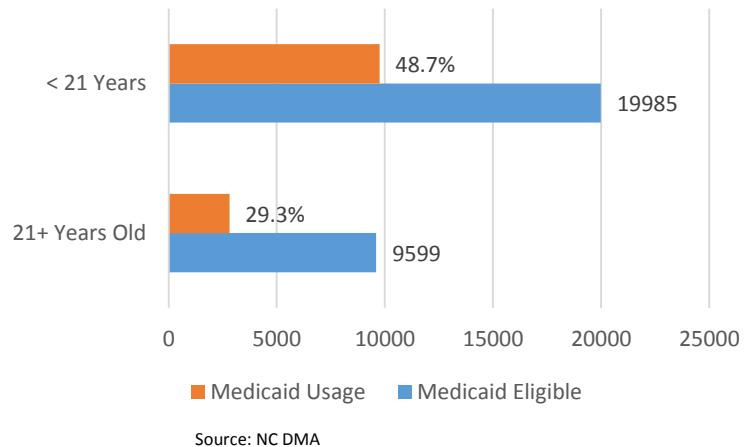
- Almost one-fourth (23%) of key informant respondents felt that quality of dental services was an non-issue for the community

Secondary Data

A lack of sufficient dental providers is just one barrier to accessing oral health care. According to AccessNC, in 2013 Cabarrus County had 3.7 dentists per 10,000 population. The cost of treatment is a larger barrier for many residents. Dental coverage is offered as part of some health plans, but not all of them.

According to Figure 9, a majority of Medicaid eligible Cabarrus County residents do not seek dental care. According to the Behavioral Risk Factor Surveillance System, 22.8% of Cabarrus County respondents reported it had been 2 years or more since they last visited a dentist or dental clinic.

Figure 5: 2010 Medicaid Usage for Dental in Cabarrus



HIV and STDs

Table 13 reflects the number of adults age 18 to 70 who self-reported that they have never been screened for HIV. Engaging in preventive behaviors allows for early detection and treatment of health problems. With more than 60% of adults never having been screened for HIV/AIDS, this data may highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Table 13: Percentage of Adults 18-70 Never Screened for HIV/AIDS

Report Area	Survey Population (Age: 18-70)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Cabarrus County, NC	114,008	69,077	60.59%
North Carolina	6,724,826	3,914,600	58.21%
United States	214,984,421	134,999,025	62.79%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Table 14: Annual STD/HIV Rates

Annual Rates per 100,000 population		
	2011	2015
HIV	9.4	6.1
AIDS	2.8	4.6
Early Syphilis	6.1	13.2
Gonorrhea	83.4	80.8
Chlamydia	289.9	413.2

2011 STD info: <http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf>

2015 STD info: http://epi.publichealth.nc.gov/cd/stds/figures/std15rpt_rev10112016.pdf

Fast Facts

- HIV infection includes all newly reported HIV infected individuals by the year of first diagnoses, regardless of the stage of infection.
- Men account for the most case of syphilis, with the vast majority of these cases occurring among men who have sex with men. The rates of syphilis have more than doubled from 2011 to 2015.
- Chlamydia is the most commonly reported STD in the United States. Cabarrus County has seen a significant increase from 2011 to 2015.

Maternal and Child Health

Teen Birth Rate

Teen parents have a unique social, economic and health support services. High rates of teen pregnancy may also indicate an increase number of unsafe sexual partners. Table 15 reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19.

Table 15: Teen Birth Rates

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Cabarrus County, NC	5,865	234	39.9
North Carolina	321,320	13,399	41.7
United States	10,736,677	392,962	36.6

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

Prenatal care patters including smoking behavior

In Cabarrus County, 61% (1,502) of pregnant women received prenatal care within the first three months (first trimester). Only 46.8% (201) of Hispanic women and only 55% (233) of African American women received prenatal care in the first trimester.

Mothers who smoke while pregnant are more likely to experience pre-term labor, ectopic pregnancy, and problems with the pregnancy.

Table 16: Percent of Mothers who Smoke While Pregnant

	1996-2000	2011-2014
Cabarrus County	14.4%	10.2%
North Carolina	14.8%	10.4%

<http://www.schs.state.nc.us/schs/births/babybook/2015/cabarrus.pdf>

Preterm birth

The birth of an infant prior to 37 weeks of pregnancy is classified as preterm birth. In Cabarrus County 11.4% of birth are classified as pre-term, which meets the Healthy People 2020 objective.

Low birth weight

Low birth weight is classified as a birth weight under 5.5 lbs, while very low birth weight is defined as births under 3.3 lbs. This indicator is relevant because low birth weight infants are at high risk for health problems. Some low birth weight babies are healthy even though they are small. Having a low birth weight can serve as a predictor of premature mortality and for potential cognitive development problems as well as other health disparities.

Table 17: Percent of Low and Very Low Weight Births

	1996-2000	2011-2014
North Carolina	10.7	10.7
Cabarrus County	9.5	10.4
Iredell County	10.7	10
Union County	9	9.2

Data Source: North Carolina State Center for Health Statistics, 2016.

Infant care practices including breastfeeding rates and “Back to Sleep” practices

While county-level breastfeeding rates are not available, the state of North Carolina is slowly improving its rate of babies who have been breastfed (75.3% of all babies in 2013, vs. 68.2% in 2009). Mothers who are able to breastfeed continue to face challenges, and community support is needed so that mothers meet their breastfeeding duration goals.

Data Source: CDC National Immunization Survey, 2014-15.

Mental Health

Mental health conditions impact nearly all families in the United States. Misperceptions, fear of social consequences, discomfort associated with talking about these issues with others, and discrimination all tend to keep people silent. In addition, access to adequate mental health care can be difficult in many communities, including Cabarrus County. If people get help, many people with mental illnesses can recover and are able to lead happy, productive and fully lives.

Mental health plays an important role in the community's overall well-being. Many factors contribute to mental health problems, including: life experiences, such as trauma or history of abuse; biological factors, such as genes or chemical imbalances; and family history of mental health problems.

Mental Illness

Community Survey

- Community Survey respondents were asked if they or anyone in their household had experienced a specific use in the past year, wished to talk to someone outside of their typical circle and did so. Almost two-thirds (64%) reported that they did not have this need. For those who did report an unmet counseling need, anxiety or depression was the top counseling topic.

Key Informant

- 82% of key informant respondents (63% very, 19% somewhat) reported access to mental health as a significant issue.

Secondary Data

- According to the 2014 National Provider Identification the patient to mental health provider ratio in Cabarrus County is one per 447 residents. Mental health Provider includes: psychiatrists, psychologists, LCSW, MFT, and APN specializing in mental health.
- Cabarrus County respondents to the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS) reported 2.4 unhealthy mental health days in the past 30 days.

Developmental disabilities

Community Survey

- 18.9% of community survey respondents reported that they or someone in their household has disabling condition or special health care need (chronic, medical, physical, development, intellectual, emotional or behavioral).

Access to Care

Community Survey

- Over one-third of community survey respondents (36.4%) reported they do not seek mental care. More than one-quarter (28.7%) reported they would first go to a doctor's office to receive access to mental care, while only 20.5% reported they would first access care through a mental health provider.
- Among those community survey respondents who reported having difficulty (39.8%) receiving health care services, 13.3% reported difficulty accessing mental health services.
- Only 5.7% of community survey respondents reporting having difficulty receiving counseling, mental health, or psychiatric services due to financial constraints

Table 18: Rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Cabarrus	192,099	479	401	249.3
North Carolina	9,943,930	22,370	444.5	224.9
United States	317,105,555	643,219	493	202.8

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County

Health Care

The following describes the healthcare needs and resources for Cabarrus County and how residents view these needs and resources. When widely recognized, reasons for differences will be addressed.

Access to Care

Community Survey

- Respondents were asked to report if they or someone in their household had any difficulty accessing specific healthcare services. More than half of the respondents (60.2%) reported not having difficulty.
- Of those community survey respondents (44.4%), who reported having difficulty receiving services due to financial constraints, only 10.8% reported difficulty specific to accessing life-sustaining prescription medications.

Secondary Data

- AccessNC: 23 physicians per 10,000 population in Cabarrus County and 102 RNs per 10,000 population

Insurance coverage

Community Survey

When asked if they or anyone in their household had difficulty receiving any critical health services due to financial constraints, community survey respondents who had difficulty reported health insurance coverage (46.1%) as the top issue.

Table 19: Percent of respondents with some type of health insurance coverage

Type of Insurance	Percent of Respondents
Private or employer provided insurance	41.1% (n = 706)
Medicaid	19.9% (n = 341)
Medicare	15.4% (n = 264)
NC Health Choice	1.3% (n = 23)
TriCare (Military or veteran's insurance)	1.8% (n = 31)
Community Care Plan	3.2% (n = 55)
ACA Marketplace / Obamacare	2.3% (n = 40)
Other type of health coverage	<1% (n = 10)
No Health Insurance	25.2% (n = 433)

Secondary Data

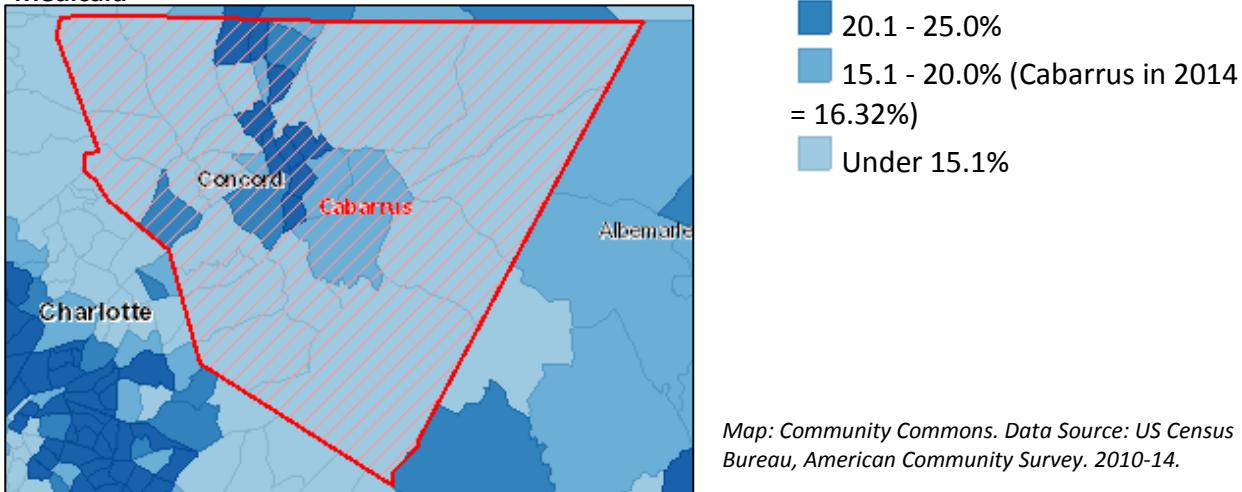
The lack of health insurance can be seen as a key driver of health status. Seventeen-percent of Cabarrus County residents age 18 to 64 are without health insurance coverage (Table 20), while only 5.2% of children are uninsured. A lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Table 20: Adult Population With and Without Medical Insurance

Report Area	Total Adult Population	% With Medical Insurance	% Without Medical Insurance
Cabarrus County, NC	117,061	82.99%	17.01%
North Carolina	6,016,600	81.12%	18.88%
United States	193,600,545	83.63%	16.37%

Map 5 shows the percentage of population with insurance enrolled in Medicaid. This map assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs.

Map 5: Percent of population with insurance enrolled in Medicaid



Hospital Use

Community Survey

- Over half (55.6%) of the community survey respondents reported not having difficulty receiving critical health services due to financial constraints.
- Almost two-thirds of community survey respondents (65.3%) stated they first go to the doctor's office to receive medical care.

Table 21: Community Survey Respondents who reported the emergency room as their first access point for medical, dental, and mental health care.

Table 21: Emergency room use as first point of access

Hospital ER First Access Point for	Respondents
Medical Care	138 (7.5%)
Dental Care	34 (1.9%)
Mental Care	48 (2.8%)

Key Informant

- 82% of respondents (58% very, 24% somewhat) reported affordability of clinical health services as significant issue.
- Almost one-fifth (19%) respondents felt the quality of clinical health services was a non-issue.

Social Determinants of Health

The following information provides an overview of the social determinants of health and how these factors influence the health of Cabarrus County residents. In addition, information will include how residents view these factors, needs, and resources. Rates are compared to information from the previous 2012 Community Needs Assessment.

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Health disparities was rated as a very significant issue by 52% of key informant respondents. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community. A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Social Environment

Education

Community Survey

- 83.3% of community survey respondents reported they did not have any unmet educational needs in the past year. Table 22 shows a comparison between the 2012 and 2016 Community Survey data regarding unmet educational needs and top issues.

Table 22: Community Survey Respondents Unmet Education Needs

2012 Community Survey	2016 Community Survey
33% had an unmet education need.	16.7% had an unmet education need
1. Computer training (17.9%) 2. Vocational training (14.2%) 3. Job seeking skills training (13.3%)	1. ESL class (34.2%) 2. Computer training (28.7%) 3. Job seeking skills training (24%)

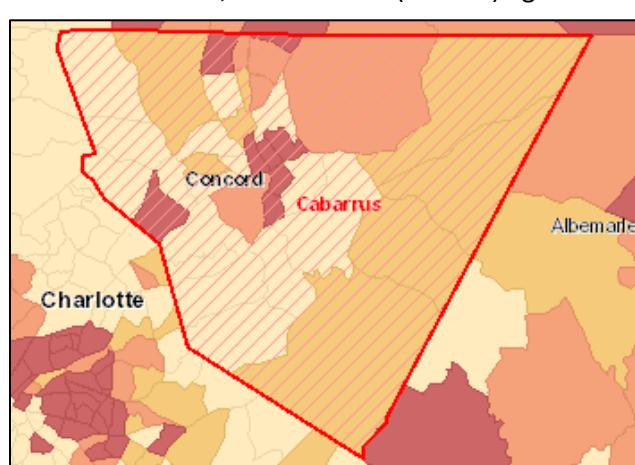
Key Informant

- Regarding disparities and quality of education. 15% of key informant respondents felt this was not at all significant.

Secondary Data

According to the US Department of Education, EDFacts, 87.5% of Cabarrus County students are receiving their high school diploma within four years. Although the on-time graduation rate is fairly high, there are still more than 15,000 residents (12.58%) aged 25 and older without a high school diploma (or

equivalency) or higher. Map 6 provides a closer look at educational attainment specific to census tracts. Low educational attainment is linked to poor health, so this map allows potential target communities for interventions to be identified.



Map 6: Percent of Adult Population with No High School Diploma

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0% (Cabarrus in 2014 = 12.58%)
- Under 11.1%

Community Commons. Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2013-14.

Families – child maltreatment and domestic violence rates, family composition, care for the elderly

Community Survey

- Community Survey respondents were asked if they had been physically or verbally abused or mistreated by their spouse, intimate partner, or another person in the past year. Overwhelmingly, 89.7% reported that they had not experienced any physical or verbal abuse or mistreatment.
 - Of those who responded “yes” (7.3%) or “I don’t know” (3%) to experiencing abuse or mistreatment by their spouse, intimate partner, or another person in the past year, 28.5% reported that a child was present at the time the domestic violence occurred.
- Specific to family composition, of those who responded (89.2%), more than half (53.1%) reported their household included children under that age of 18.
- Community survey respondents were asked to best describe their current household arrangement. Among those that responded (n = 1,430), the following household arrangements were given:
 - 18% reported one adult only
 - 12.5% reported one adult with one or more children
 - 32.9% reported two or more related adults
 - 6.7% reported two or more unrelated adults
 - 30% reported two or more related adults with children
 - 5% reported two or more unrelated adults with children

Key Informant

- Domestic violence was rated as a very significant issue by 50% of key informant respondents.
- Child neglect or abuse was rated very significant by 42% of key informant respondents.
- Specialized services for the aging (hearing aids, adult day care, assisted living) was rated as a very significant issue by 47% of respondents.

Secondary Data

- According to the US Census American Community Survey 72.2% of children under 18 years live in married-couple family household, while 27.4% live in a single-parent family households.

Religion

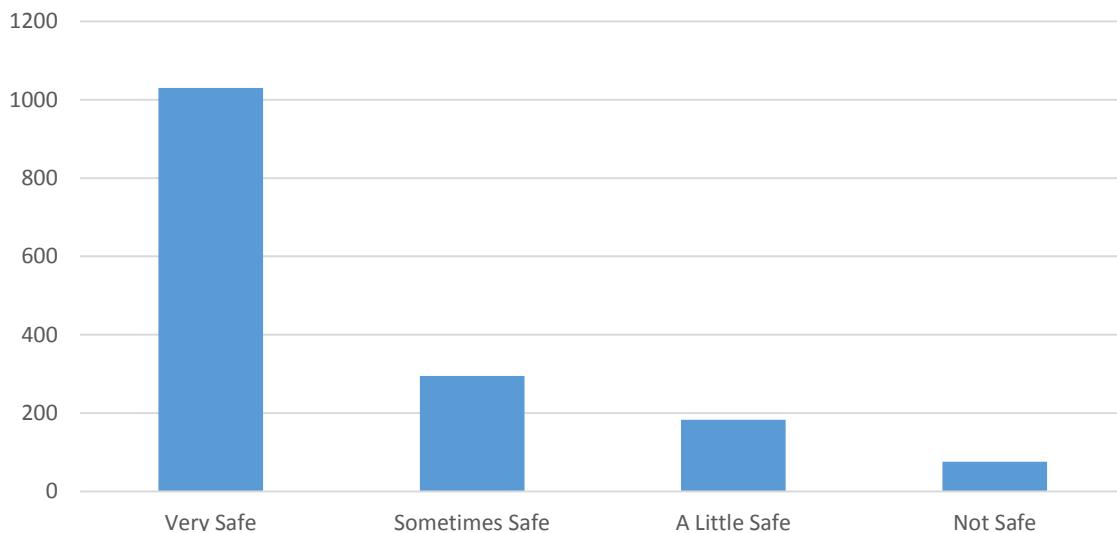
Although there are different religious denominations represented in Cabarrus County, a majority of residents are Protestant. There are two Catholic churches in the County, St. James The Greater Catholic Church in Concord and St. Joseph’s Catholic Church in Kannapolis. The county is also home to a small Jewish synagogue, Temple Or Olam. Islamic and Eastern Orthodox residents would have to travel to Charlotte or other surrounding counties to worship.

Public Safety

Community Survey

- Community Survey respondents were asked how safe their neighborhood was for outdoor activities, including walking and kids playing, on a scale of very safe to not safe.

Figure 6: How safe is your neighborhood for outdoor activities



Key Informant

- 10% of key informant respondents felt that violent crime (assault, rape, murder) was not at all a significant issue

Secondary Data

- Exposures to violence, and its norms, can lead to further community violence. Cabarrus County's rate of death due to assault (homicide) is 5.1 per 100,000 population. The homicide rate is a measure of poor community safety and is a leading cause of premature death. Working with local agencies and law enforcement to reduce crime rates is critical.
- Table 23 reports the rate of violent crime reported to law enforcement in Cabarrus County in comparison to the state and national rate. Violent crime includes homicide, rape, robbery, and aggravated assault.

Table 23: Violent Crime Rate per 100,000 population

Report Area	Total Population	Violent Crimes	Violent Crime Rate
Cabarrus County, NC	180,297	222	122.9
North Carolina	9,416,662	33,297	353.6
United States	306,859,354	1,213,859	395.5

Federal Bureau of Investigation, FBI Uniform Crime Reports. Accessed via Community Commons. 2010-12.

Financial/Economic Factors

Income/poverty levels

Poverty is one of the most important signs of community health. Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Community Survey

- Respondents were asked to identify what best describes their annual household income last year before taxes. Table 24 shows the number and percent of respondents who reported their estimated income for last year.

Table 24: Community Survey Responses by level of income

Income Level	2016 Community Survey Responses
<\$10,000	309 (21.1%)
10,001 – 15,000	167 (11.4%)
15,001 – 25,000	225 (15.4%)
25,001 – 35,000	170 (11.6%)
35,001 – 45,000	100 (6.8%)
45,001 – 55,000	115 (7.8%)
55,001 – 75,000	123 (8.4%)
75,001 – 100,000	104 (7.1%)
100,001 – 150,000	97 (6.6%)
More than \$150,000	66 (4.5%)

Secondary Data

- Within Cabarrus County 13.14% or 24,062 individuals and 17.66% or 8,627 children are living in households with income below the Federal Poverty Level (FPL).

US Census Bureau, American Community Survey. 2010-14.

Employment rates

Unemployment rates can be a sign of economic strength or weakness and can indicate the overall economic stability of a community. When considering community health, unemployment can be an indicator of financial instability, which leads to barriers to accessing care, including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Community Survey

- Only 7.1% of community survey respondents reported that they or someone in their household experienced discrimination in the past year while trying to seek employment or a job promotion.
- One-quarter (25.7%) of Community Survey respondents reported that they or someone in their home needed a job but was having trouble obtaining one.

Key Informant

- Disparities in employment was rated as a very significant issue by 48% of key informant respondents.

Secondary Data

- Total unemployment in the report area for July 2016 month was 4,452, or 4.5% of the civilian non-institutionalized population age 16 and older.

US Department of Labor, Bureau of Labor Statistics. 2016 - July

Homeownership rates

Community Survey

- Community Survey respondents were asked to identify the best description of their current housing status. Table 25 shows the breakdown of housing status among the 1,541 respondents.

Table 25: Community Survey Responses by housing status

Housing Status	Percent
Own their home	46.7% (n = 720)
Rent their home	35.7% (n = 551)
Living with relatives or friends	11.5% (n = 177)
Renting a room or space in someone's home	4.5% (n = 69)
Homeless or living in a transitional housing/shelter	1.6% (n = 24)

- Living in their own home as they grow older was ranked as the most common (67.1%) quality of life issue concern for community survey respondents.
- Survey respondents were also asked if there were additional people (adults and children) that currently live with them that cannot afford to live on their own. Approximately one-fifth (20.4%) reported “Yes”, indicating that they are sharing their housing with additional people who cannot afford to live on their own. Those who responded “Yes” were then asked to provide the total number of people (adults and children) who live with them. Table 26 shows how many respondents reported additional people living within their house and how many (adults and children).

Table 26: Community Survey Responses by additional occupants

Additional Occupants within Household	Respondents
1 additional individual	163
2 additional individuals	71
3 additional individuals	36
4 additional individuals	28
5 additional individuals	13
6+ additional individuals	11

This chart equates to about 656 additional individuals (adults and children) living in homes because they cannot afford to live on their own.

- In an effort to assess the potential prevalence of homelessness in Cabarrus County, Community Survey respondents were asked the following question:

Table 27: Living Arrangements

<i>In the past year, did you have any of the following living arrangements?</i>	
I lived in a place not meant for habitation, including: cars, parks, abandoned buildings, streets	9%
I lived in an emergency shelter such as transitional housing or a weekly motel	1%
I lived in a temporary arrangement with friends or family that was not long-lasting	1%
No, I do not have any of these living arrangements	89%

Key Informant

- More than half (53%) of key informant respondents reported that affordability of housing was a very significant community problem, and 40% felt that substandard housing was a very significant community issue.
- 39% of key informant respondents felt that homelessness was a very significant issue.

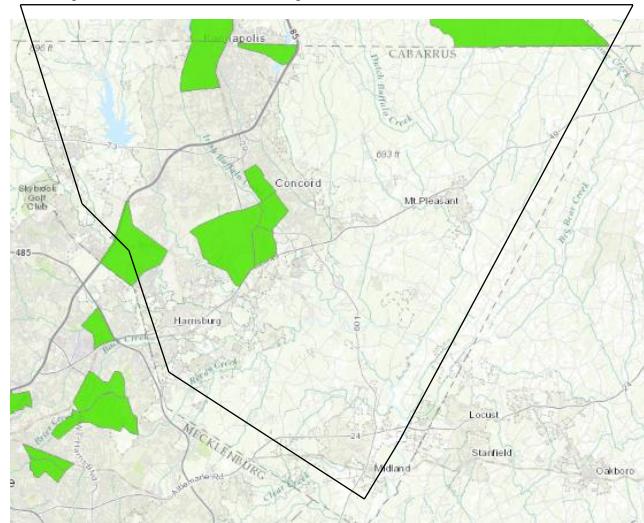
Secondary Data

- According to the U.S. Census, American Community Survey the highest percent of vacant housing in Cabarrus County lies within Concord city limits. Vacant housing is defined by those who reported occupying the home for two months or less and had more permanent residence elsewhere.

Food insecurity/Access to healthy foods

The USDA Food Access Research Atlas shows that 80 counties in North Carolina have food deserts, but there are only 18 (including Cabarrus) that have six or more census tracts classified as food deserts. Nearly 25,000 residents in Cabarrus County live in food deserts with low access to healthy food and low vehicle access. Census tracts in Kannapolis and Concord make up the majority of food insecure areas in Cabarrus County and minorities are particularly affected by these circumstances. While African Americans and Hispanics comprise only 25% of Cabarrus County's overall population, 39% of residents in food desert census tracts are African American or Hispanic.

Map 7: Food Desert by Census Tracts, 2015



www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/

In 2009, there were only two farmers' markets within Cabarrus County. As of 2014, the number of farmers markets had increased to seven, with Kannapolis Farmers market and three individual farmers accepting SNAP/EBT.

Community Survey

- The number one unmet assistance need according to respondents was food for themselves or their family.
- Among community survey respondents who reported having a barrier to eating fruits and vegetables, 55.4% reported that they were too expensive.
- 15.1% reported a lack of access to fruits and vegetables as a barrier
- Almost 20% (19.6% of respondents who had experienced a food insecure situation in the past year, reported the reason was they were worried their food would run out before they got money to buy more. Of those respondents who reported there wasn't enough money for food almost two-thirds (65.9%) reported they cut the size of their meals or skipped meals completely.

Key Informant

- 94% (57% very, 37% somewhat) of key informant respondents felt that affordability of healthy food as a very significant issue.

Financial Assistance (Medicaid, Work First, Child Care subsidies, Food Stamps, etc.)

Community Survey

- 14% of community survey respondents who reported an unmet need for childcare services, also reported needing financial help to pay for childcare.
- Three-fourth (75.4%) of households did not report having an unmet assistance needs in the past year.
 - Of those community survey respondents who reported an unmet need 38.6% reported needing assistance with cost of utilities (ex. water, heat, light bills).

Key Informant

- 51% of key informant respondents felt affordability of childcare was a very significant issue

Transportation

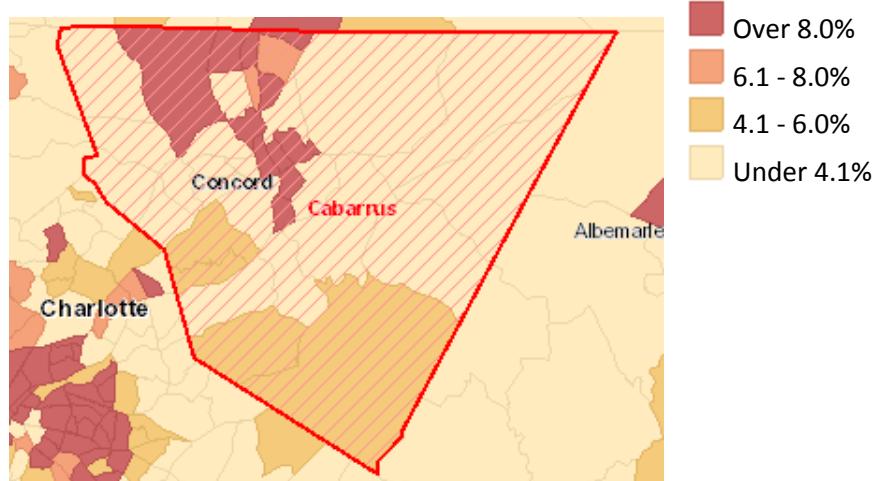
Community Survey

- Transportation as they grow older was ranked fourth (43%) by community survey respondents as the top quality of life issues as they age.
- Community Survey respondents were asked if there was at least one vehicle available for use in their household. More than one-tenth (11%) reported that there wasn't a vehicle available for use in their household.

Secondary Data

Map 8 reports the number and percentage of households with no motor vehicle by census tract based on the latest 5-year American Community Survey estimates.

Map 8: Households with No Vehicle, Percent by Tract



US Census Bureau, American Community Survey 2010-2014

Individual Behavior

Substance Use – tobacco, alcohol, illicit drugs

Key Informant

- 88% of key informant respondents (64% very, 22% somewhat) reported tobacco, alcohol or other drugs as a significant issue.

Secondary Data

The Cabarrus Youth Risk Behavior Survey is administered in Cabarrus County Schools and Kannapolis City Schools each year. The data presented below comes directly from that report and shows middle and high school responses on ever use of alcohol, tobacco, marijuana and prescription drugs.

Table 28: Cabarrus Youth Risk Behavior Survey Ever Use of Substances

Substance	Middle School	High School
Alcohol	17.1%	46.1%
Tobacco	3.8%	21.3%
Marijuana	7.1%	34.6%
Prescription Drugs	3.3%	13.7%

Prescription drug misuse is of particular concern given the dramatic rise in overdoses in recent years. The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) allows for real time data to be shared with the community on the growing number of overdoses and ED admissions related to heroin and prescription drugs.

Table 29: 2016 Heroin and Prescription Overdose ED Visits by City/Town

Patient City	Heroin Overdose		Prescription Opioid Analgesic Overdose	
	ED Visits	% of ED Visits	ED Visits	% of ED Visits
Kannapolis	46	63%	17	38%
Concord	22	30%	20	44%
Harrisburg	0	0%	3	8%

Mt. Pleasant	1	1.5%	2	4%
Midland	3	4%	2	4%
Other	1	1.5%	1	2%
Total	73	100%	45	100%

Treatment Programs

Community Survey

- Thirty-eight community survey respondents reported difficulty accessing alcohol or drug use treatment services and 32 respondents reported difficulty to smoking cessation services.

Overweight and Wellness

Community Survey

- Of those community survey respondents who reported some amount of physical activity in a typical week, 75.3% reported that they did not meet the recommended exercise guidelines of 150 minutes a week of physical activity.
- The two biggest barriers to physical activity faced by community survey respondents was lack of time (47.4%) and lack of motivation (36.7%)
- When asked to identify what quality of life issues are very important to them as they get older, almost half (46.9%) of community survey respondents reported that access to health and wellness programs was important to them. Forty-four percent of all respondents also reported exercise classes as important to their quality of life as they age.

Key Informant Survey

- 91% of respondents (69% very, 22% somewhat) reported obesity as a significant issue for the community.

Motor Vehicle Injuries

Secondary Data

Table 30: DWI Arrests

Law Enforcement Agency	2015 – 2016
Concord Police Department	1,175
Kannapolis Police Department	383

Physical Environment

Pollution

Key Informant

- There were some physical environment issue that respondents did not feel that they had enough knowledge to adequately respond. Twenty-one percent of key informant respondents felt that they did know enough to rate pollution (air, water, and land) in regards to its significance as a physical environment issue.

Indoor and outdoor air quality

Secondary Data

- Poor air quality contributes to respiratory issues and overall poor health. According to the Centers for Disease Control, 2012 National Environmental Public Health Tracking Network, Cabarrus County spent 6 days (1.81%) above the US National Ambient Air Quality standards (emission standard 75 parts per billion).

Recreation

Community Survey

- Only 3.7% of community survey respondents reported that lack of a safe place for physical activity was a barrier to them being physically active.

Key Informant

- Over one-third of key informant respondents (35%) felt that current **quality** of recreation opportunities was not a significant community problem. 31% of respondents felt that current **access** to recreational opportunities was not a significant community problem.

Public Transportation

CK Rider operates seven routes, which they operate every 75 minutes to accommodate increased congestion and heavy demand. The network takes maximum advantage of limited resources by operating routes out of a single center to efficiently facilitate transfers between routes. In 2012, total ridership reached 448,513, with an average monthly ridership of just over 37,000 people. That is almost a 20% increase from 2007.

Community Survey

- Community Survey respondents were asked if they or anyone in their household had a difficult time obtaining specific services because transportation was not available. Eighty-percent of respondents reported that they did not experience difficulty accessing services, for those who did Table 31 reflects the top five services that survey respondents identified difficulty accessing services due to unavailable transportation.

Table 31: Top 5 Services Difficult to Access due to Unavailable Transportation

Job
Healthcare services
Social services or helping agencies
Places for recreation, entertainment, or visiting friends
Places to shop for healthy food

Key Informant

- 44% of key informant respondents reported that public transportation options was a very significant issue.

Chapter 5: Prevention and Health Promotion

In this chapter, a review of the primary and secondary data with respect to prevention and health promotion as well as a comparison of this data to that of the 2012 Community Needs Assessment report is provided.

Community Survey

The Community Survey included several items to assess the needs of Cabarrus County residents regarding prevention and health promotion. Most community survey respondents reported taking measures such as exercising and eating healthy in order to prevent the onset of disease. The table below shows the percentage of respondents who had forgone services related to prevention and health promotion due to cost based on the question: “In the past year, did you experience difficulty receiving health services due to financial constraints?” Over half of those who responded (55.6%, n = 1004) to this question reported not having any difficulty receiving critical health services that were due to financial constraints. Of those who responded having difficulty receiving services due to financial constraints (44.4%, n = 802), the following critical health services were reported the following.

Table 32: In the past year, did you experience difficulty receiving health services due to financial constraints?	Y	Percent of respondents
Preventive dental services, such as checkups, getting teeth cleaned	293	36.5%
Dental treatment for a problem	364	45.4%
Preventive medical services such as eye exams and mammograms	208	26.0%
Health insurance coverage	370	46.1%
Weight loss or wellness program	172	21.4%
Medical services when sick	155	19.3%
Prescribed medical treatment	110	13.7%
Counseling, mental health, or psychiatric services	104	13.0%
Life-sustaining prescription medications	87	10.8%

Key Informant Survey

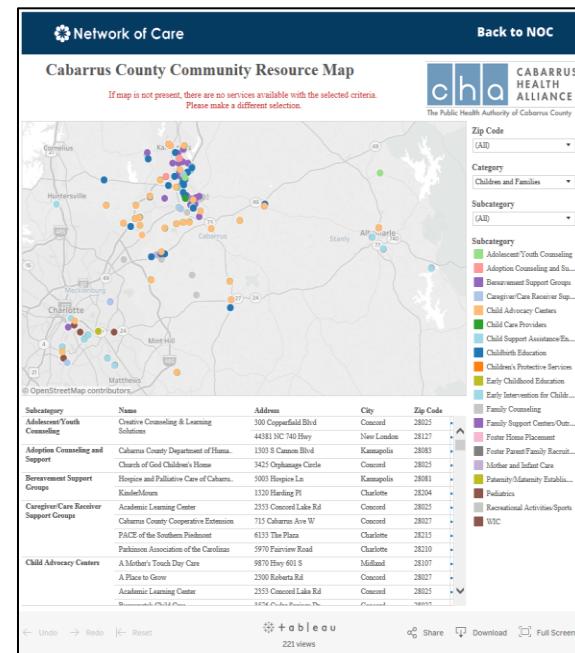
Several items on the Key Informant Survey were related to prevention and health promotion. In fact, many of these items were considered top community priorities by key informants. The table below summarizes the relative ranking of issues based on Key Informant Survey data. Of all 48 issues rated on their significance as a current community problem, here are the top 15 issues based on Key Informant responses:

1	Affordability of healthy food	94%	9	Specialized services for the aging	77%
2	Obesity	91%	10	Substandard housing	77%
3	Tobacco, alcohol, or drugs	88%	11	Domestic violence	76%
4	Affordability of housing	87%	12	Public transportation	75%
5	Homelessness	80%	13	Child neglect or abuse	74%
6	Access to mental health	82%	14	Affordability of childcare	74%
7	Affordability of clinical health services	82%	15	Neighborhood safety	73%
8	Racism	79%			

Secondary Data

Secondary data regarding prevention and health promotion can be found online at the Healthy Cabarrus Data Dashboard (www.healthycabarrus.org) and the sources cited. Cabarrus County has several healthcare facilities, county facilities, community health centers, private doctors' offices and clinics, health providers, dentists and health-related supportive services. All of these resources play a role in addressing issues related to prevention and health promotion.

A complete listing of health resources in Cabarrus County can be found in the 2016 Health Resource Inventory, which is located online by clicking 'Service Directory' at www.cabarrusnetworkofcare.org. This website is a resource for individuals, families, and agencies who are seeking services regarding their healthy and how to better access care and services. It provides information about community health services, laws, and related news, as well as communication tools and other features. Regardless of where you begin your online search for assistance through the Network of Care, there is "No Wrong Door" for those who need services. The resource is also available for mobile phone users and can be translated into 80 languages. Included in the Network of Care online resource is a Community Resource map where residents and service providers can learn where services are available near them.



Through a large community wide marketing campaign, to educate residents on the Network of Care site and Service Directory, the site has an average of 4,800 page views per day. With a billboard campaign that reached more than 162,038 people, online and print ads with the local newspaper, TV coverage and several other news stories the total combined reach of the Network of Care media campaign is estimated at more than 375,000 people. Staff have also provided more than 20 training to community partners and agencies that provide direct service, to better assist their staff when providing residents with referrals to services and when accessing care.

Evolution Since 2012

The 2012 Cabarrus Community Needs Assessment report highlighted the need for screening and prevention as one of the key issues in the community. Cancer, diseases of the heart and chronic lower respiratory disease are the top three causes of mortality in Cabarrus County.

In the 2012 Community Needs Assessment, secondary data indicated that 21.9 percent of adults and 11.4 percent of children within the county were uninsured. Over the last four years, there has been a decrease in the number of adults (17%) and children (5.2%) that are classified as uninsured.

The results of the 2016 Consumer and Key Informant Surveys are strikingly similar to those of 2012 with respect to the priority issues and many of the other issues related to prevention and health promotion. While, obesity is still considered a pressing health issue, substance use and mental health were prioritized as requiring the most immediate attention. The 2012 report highlighted healthy living (weight, nutrition and environmental supports) as a top priority for the community. High blood pressure,

diabetes, dental disease or problem, mental health diagnosis and obesity were among the top 5 conditions with which consumer respondents had been diagnosed in the 2016 Community Survey.

Key Informants were asked to reflect on the progress made on the priority areas from four years ago stemming from the 2012 Community Needs Assessment. Among Key Informants that felt sufficiently knowledgeable to respond, many reported that the following priority issues were **improving**:

- Access to Healthcare 30%
- Unemployment & underemployment 29%
- Obesity & Wellness 26%

Some Key Informants that felt sufficiently knowledgeable to respond, reported that the following priority issues had **grown more severe**:

- Mental health 27%
- Unemployment & underemployment 21%
- Housing 20%

The vast majority (67%) of Key Informants felt that the priority issue of Education had either remained the same (48%) or improved (19%) since four years ago.

Conclusion

While there has been some improvement regarding access to care compared to 2012, most of the issues related to prevention and health promotion (obesity, lack of exercise, poor eating habits and the chronic disease burden) indicators have shown promising trends towards health improvements. However, with the steady aging of the population, chronic disease conditions such as diabetes, cardiovascular disease and cancer will become more of a problem in the coming years. Efforts toward prevention and health promotion will therefore need to be given priority if Cabarrus County is to meet the severe challenges posed by these chronic disease conditions.

Chapter 6: Community Health Priorities

Planning Council Retreat Background and Summary

Once primary and secondary data is captured and analyzed over the course of the year, it is the role of the Community Planning Council to review, discuss, and debate the information in order to identify a limited number of priorities it will pursue over the coming four years. These priorities were identified through a Planning Council retreat held in May 2016.

The Planning Council met at the All Saints Episcopal Church on May 19, 2016 (See Appendix for the Retreat Agenda). Ed Hosack, Chair of Healthy Cabarrus, welcomed Planning Council members and set expectations for the day. He advised members to identify community priorities based on information and presentations provided over the past year as well as expertise of needs within members' own industry sectors. Lauren Thomas, Executive Director of Healthy Cabarrus, then oriented planning members to the facilities and retreat schedule. The goal of the retreat was to emerge with three community needs priorities the group would address over the next 3-4 years.



2016 Community Needs Assessment Retreat

After welcoming the planning council members and framing the retreats goals, Meghan Nousaine, Cabarrus Health Alliance consultant, shared data results from the Key Informant and Lauren Thomas shared results from the Community Surveys and planning council members. Finally, Lauren Thomas noted how the data collected during 2016 was similar and/or different from the data collected from the Primary Survey in the 2012 Community needs assessment process.

Following the review of the primary data, Brisa Hernandez from Carolinas HealthCare System and Noelle Scott, from Cabarrus Arts Council, shared findings from the Youth Photovoice project, which was a primary survey tool to engage young people on what makes them feel safe, unsafe, healthy and unhealthy in their community.

Review Data Results and Implications

Meghan Nousaine and Lauren Thomas presented a PowerPoint explaining the results of the Key Informant and Community Household Surveys within the context of the secondary health data which had been presented to council members throughout the year. A key informant was defined as an industry professional with unique knowledge and insight of their particular sector. These included primary medical care providers, educators and school officials, mental health and substance abuse treatment providers, government officials, members of the faith community, and other economic and

business professionals. Survey data was collected through Survey Monkey, an online survey tool. Paper copies of the Community Surveys were primarily distributed to individuals seeking services in one of several public provider locations (social services, health department, etc.). This provided a fairly representative sample of the opinions and needs of vulnerable community members, but was perhaps not as broad ranging as it might have been due to fewer opinions from community members not seeking public assistance or social services.

There was concurrence between many of the top issues identified in the Key Informant Survey, Community Survey, and secondary health data. These included housing, access to healthy foods, and mental health issues. Key informants also identified substance use and mental health as major concerns, while community members identified insufficient access to both healthy foods and mental health services. Analysis of the secondary data supported these conclusions as well.

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

Additionally, the two presenters noted how the data collected during 2015 and 2016 was reflected in the following six health priorities selected in 2012:

- Wellness and Obesity (prevent and treatment of adult and childhood obesity and diabetes)
- Under/Unemployment (address deficiencies to increase workforce and economic opportunities)
- Access to Healthcare
- Mental Health (reduce barriers to care and examine pressing issues)
- Education (literacy, graduation rates, access to non-traditional)
- Housing (increase resources and attention to provide solutions to local housing problems)

Sector-Specific Identification of Critical Health Issues

The majority of the retreat was focused on priority identification. In order to facilitate an equitable conversation, Planning Council members were divided into five major industry sectors to develop review all possible Cabarrus County priorities. The identified industries were social services, community at large, healthcare services, and education, and built environment. (See Appendix for the Community Planning Council Sector Breakdown, a list of Council members and the industry group to which they were assigned.) Each industry group was seated at a round table with two staff members who served as the table facilitator and documentarian. The goal of the sector-specific group was to come to consensus on the top three critical needs impacting their particular sector. Each group was provided with several copies of the sector-specific data report, several blank Problem Statement Worksheets (See Appendix for template) and an example of a completed set of worksheets. Industry groups brainstormed a set of issues, from which they selected the top three issues impeding positive outcomes within their sector. For each of these three issues, a full Problem Importance Worksheet was completed. The Problem

Importance Worksheet named the identified issue, provided a synopsis of the key data related to this issue, determined its relative importance (magnitude, consequence, and feasibility), and included a descriptive and compelling Problem Statement.

The goal of the industry-specific group was to come to consensus on the top three critical needs impacting their particular industry sector. Before beginning their work, Ms. Nousaine provided an overview of the process and defined the following key concepts to be used within the groups:



2016 Community Needs Assessment Retreat

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

Problem Statement – The Problem Importance Statement is a succinct and compelling statement describing why this issue is of critical importance to Cabarrus County. Participants were encouraged to consider this as a kind of “elevator speech.” Once the group identified their top three priorities, they determined the relative magnitude, consequence and feasibility of the identified issue on a scale of 1 (least important or feasible) to 10 (most important or feasible). The three scores were then added, resulting in an overall score for the identified problem.

Magnitude	How many persons does the problem affect, either actually or potentially?
Consequences	What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
Feasibility	Is the problem amenable to interventions (scientifically feasible, politically and socially acceptable)? What technology, knowledge, or resources are necessary to affect change? Is the problem preventable?

The five industry-specific groups identified the following top issues:

Healthcare
Dental health
Mental Health
Safety Net
Provider Network

Built Environment
Obesity
Substance Use

At Large
Mental Health
(substance use)
Access to Services

Education
Mental Health
Substance Use
Domestic
Violence

Social Services
Housing

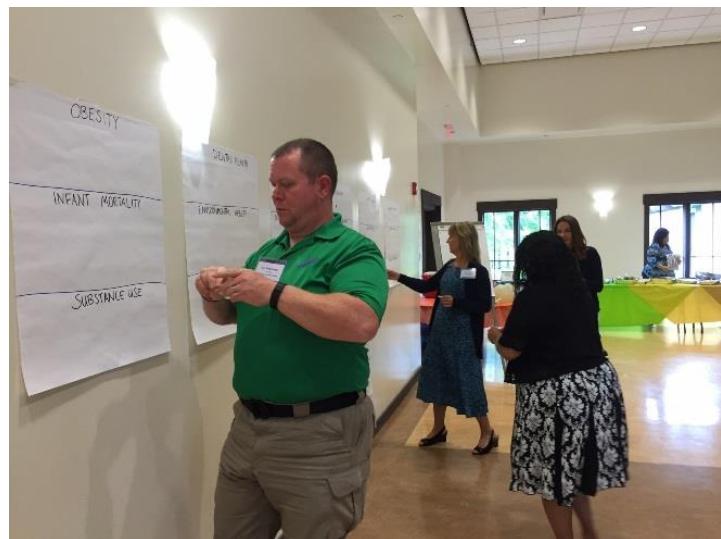
Cross-Sector Advocacy and Discussion

For the cross-sector advocacy and discussion portion of the retreat, Council members were distributed and reassigned to another table (so as to not have more than two people from the same industry at the same table) and charged with sharing why their sector group selected their three issues. Each person had an opportunity to share the issue selected, the key data informing that decision, the problem statement associated with the issue, and some of the rationale for the assigned problem importance score. Others at the table were encouraged to ask clarifying questions.

During a full group discussion, Council members discussed the challenge of selecting only three issues, of maintaining a focus on the issues that imperiled their industry, and of finding the critical data needed to “make the case” for their selections in a short amount of time. Members also commented on the fact that many of the tables generated similar priority statements (obesity, substance use, mental health, and housing).

Nominal Group Voting

Each Planning Council member received three stickers each for two rounds of voting for their top issues. It should be noted that no Cabarrus Health Alliance staff member received votes. Each sector was provided with a particular color sticker. Individuals were instructed to use their votes in any way they liked. For instance, they could vote for three different priorities or use all three votes on one priority. Similar issues were not combined prior to voting to ensure that participants could vote for the particular issue they found most compelling. There were 24 issues of which participants could place their votes (See Appendix for Voting Guide).



2016 Community Needs Assessment Retreat (Voting)

After the first round of voting, there were six top issues that clearly had the majority of votes: Obesity, Mental Health, Substance Use, Housing, Environmental Health, and Uninsured Adults. After a second round of voting, the top three issues were chosen: (1) Substance Use – 26 votes, (2) Mental Health – 23 votes, (3) Obesity – 20 votes. A very close fourth issue was Housing, which garnered 19 votes.

A reflective discussion was had after the voting process on whether or not we should incorporate a fourth priority issue, due to how closely the voting tallies were. Through a process of active discussion, the Council decided that the top three priorities must remain, and once the Action Planning coalitions began their work, people affected by substandard housing and homelessness should be considered during the planning process. Housing has been a critical ‘missing’ issue that emerged in 2012 and in 2008. The lack of safe, affordable and supportive housing remains a critical issue for the county. Council members who work on housing issues made it clear to the group that the housing issue had not been solved.

Figure 7: Results of Industry-specific voting on top issues

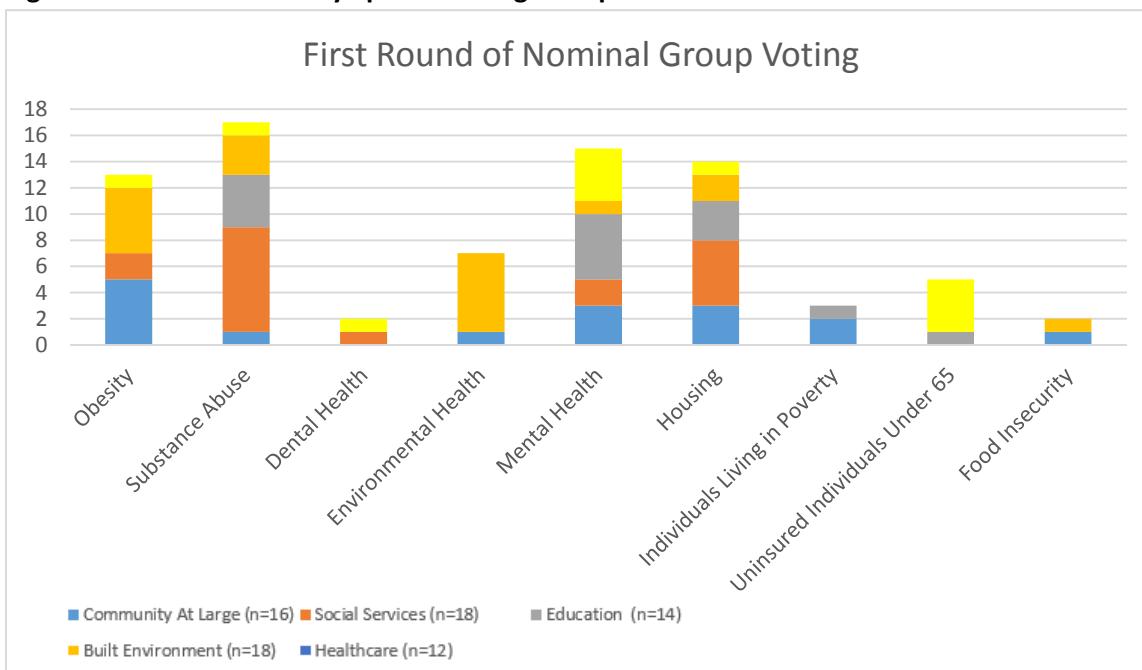
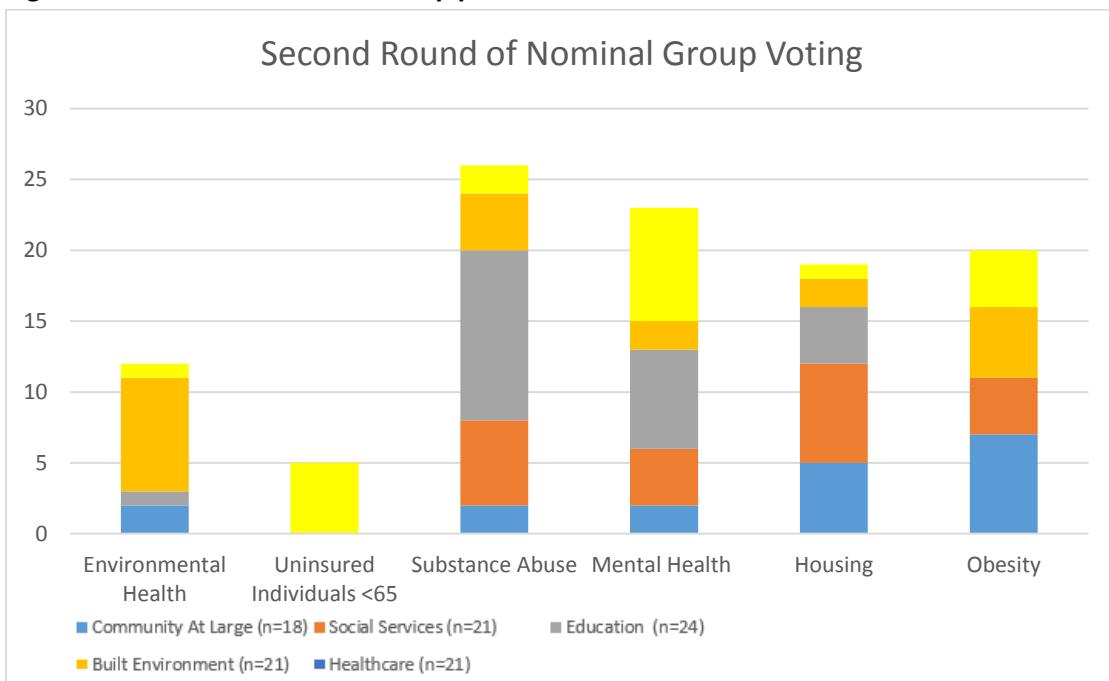


Figure 8: Final combined vote on top priorities



Council members were then asked if any priorities were missing. This included a reminder to look back at the priorities selected in 2012. Several issues were noted as absent. These issues included:

1. Access to Healthcare
2. Unemployment/Underemployment
3. Education (literacy, graduation rates, access to non-traditional)

Notably, a critical issue that was again identified as an emerging issue was housing. The lack of safe, affordable and supportive housing remains a critical issue for the county. Council members argued that food and housing lie at the base of Maslow's Hierarchy of Needs. It was felt that progress could not be made in areas such as mental health and substance abuse if citizens' most basic needs were not being met. In addition, several participants reasoned that some (politicians, business leaders, or citizens) might mistakenly believe the problem of housing was solved if it failed to remain 2016 priority. Council members who work on housing issues made it clear to the group that the housing issue had not been solved. Planning Council members agreed that housing should remain an emerging issue on the 2016 priorities.



2016 Community Needs Assessment Retreat (Voting)

Having come to consensus to add housing only as an "emerging" issue, gave Cabarrus County a total of three priorities for Cabarrus County. Council members asked that priorities not be ranked, but rather given equal representation. Figure 43 shows the three priorities for 2016-2020.

Figure 9. 2016-2020 Community Priority Needs



It is perhaps telling that the 2016 priorities do not look markedly different from those identified in 2012, but have been further narrowed from six to three. Each Council member stated that she or he could and would support these priorities through the work and resources of their agencies and through a personal commitment to improving outcomes within each priority.

Capacity of the Community to Address Priorities

Cabarrus County has significant health-related resources that will play a vital role in addressing the priorities selected by the Community Planning Council. A comprehensive list of these resources is presented in the 2016 Health Resource Inventory, through the launching of the online directory known as ***Network of Care***. This web site is a resource for individuals, families and agencies concerned with community health. It provides information about community health services, laws, and related news, as well as communication tools and other features.

Regardless of where a community member begins their search for assistance with community health issues, the Network of Care helps them find what they need. It helps ensure that there is "No Wrong Door" for those who need services. For Cabarrus County community member's this resource can be accessed at:

www.cabarrusnetworkofcare.org

The priorities identified in 2012 continue to be community needs in 2016. Cabarrus County has numerous assets to address these priorities, chief among them the willingness and ability to successfully collaborate across sectors to improve quality of life in the community. It is impossible to provide an exhaustive list of community assets, but described below are examples of assets the community can utilize to address each of the identified priorities.

Substance Use Reduction & Prevention

Cabarrus County boasts a number of providers of substance abuse services. These include Daymark Recovery Services, and McLeod Addiction Services is located in Concord. Piedmont Behavioral Healthcare is the county's Local Management Entity for publicly funded mental healthcare and provides substance abuse treatment. In recent years a Cabarrus County Substance Use Coalition was created, with a diverse range of partners. In 2015, Cabarrus County began a naloxone distribution, medication drop off boxes at Kannapolis police department and Cabarrus County sheriff's office, which in 2015, over a 100 pounds of prescription pills were disposed of.

Mental Health Treatment & Trauma-Informed Communities

Cabarrus County boasts a number of providers of mental health and developmental disabilities services. Cardinal Innovations is the county's Local Management Entity for publicly funded mental healthcare. Leaders from Cardinal, Daymark, CHS-NorthEast, Cabarrus Health Alliance, Healthy Cabarrus, and other private providers are working together to raise awareness of mental health service providers and how to better access care. The mental health system is certainly complex, but continued efforts by stakeholders using data gathered through the Needs Assessment will result in improved understanding and access to services for all citizens.

CONNECT Cabarrus
Your Community. Your Resources.

What Can the Network of Care Do For You?

The Network of Care website offers a directory of health services to connect you with local resources. Go to www.cabarrusnetworkofcare.org and click service directory.

Just the Right Fit
My doctor recommended I start an exercise program and that walking would be a good idea. Using the service directory, I was able to find a facility near my house with walking trails as well as low cost exercise classes through the Cabarrus County Active Living and Parks Department.

Crisis Assistance
I recently lost my job and found myself struggling to buy food and other household goods. Using the service directory, I was able to identify organizations that could help me get back on my feet, such as: food pantries, clothing closets, and training programs.

Family Caregiver Support
I am caring for my child with special health care needs. I needed to learn more about how to care for myself and prevent caregiver burnout. Using the service directory, I was able to learn more about the Family Caregiver Support Program which gave me information about caregiver management and relief.

In-Home Care
Due to changes in my health, I now need assistance with personal care and housekeeping tasks. Using the service directory, I was able to find In-Home Care agencies that can help me with these tasks which will allow me to remain in my own home.

This flyer can be produced and posted without permission from the Cabarrus Health Alliance.
www.cabarrusnetworkofcare.org CABARRUS HEALTH ALLIANCE

Obesity Reduction & Prevention

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

Foundational Issue - Housing (Substandard Housing & Homelessness)

There are many strengths in our community to help tackle this issue, including local agencies such as Habitat for Humanity and Prosperity Unlimited, as well as peer programs through Cardinal Innovations. Subsidized housing is available through the Concord Housing Authority, and homeownership assistance is provided through the City of Kannapolis. The City of Concord administers the local HOME funds program, providing the city, county, and City of Kannapolis federal funds for affordable housing. Home repairs, weatherization, and rehabilitation are also provided through Cabarrus County for low-income, elderly, disabled, and those with certain health conditions. For times in need, shelters are available through Cooperative Christian Ministry, Salvation Army, and Cabarrus Victim's Assistance Network. The Homelessness Task Force is a group of community partners that meet quarterly to increase public awareness around the homeless population in Cabarrus County.

Next Steps

The identification of community priorities is the beginning of a continuing process. Workgroups are being formed to generate action steps with the goal of addressing community needs. Twenty-five informational meetings have already taken place throughout the summer and fall 2016 throughout the County, where the priorities have been shared, community members informed, and feedback garnered. With attention to these priorities and community support, Cabarrus County will emerge as a healthier community for all.

Major Source Descriptions of Secondary Indicators

- **American Community Survey** - (ACS) data are estimates. The Census Bureau collects American Community Survey data from a sample of the population in the United States and Puerto Rico--rather than from the whole population. American Community Survey 1-, 3-, and 5-year estimates are period estimates, which means they represent the characteristics of the population and housing over a specific data collection period. Data are combined to produce 12 months, 36 months or 60 months of data. These are called 1-year, 3-year and 5-year data.
- **BRFSS Survey** - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
- **Cabarrus County Economic Development Office** - Cabarrus Economic Development Office website provides updated data on the major employers in the County.
- **County Health Data Book** - The project staff of the North Carolina Community Health Assessment Initiative (NC-CHAI) created the County Health Data Book to provide communities with quantitative data to support community health assessments. The County Health Data Book includes a wide range of health-related county and state data. Data is updated yearly.
- **National Center for Education Statistics** - (NCES) is the primary federal entity for collecting and analyzing data related to education in the U.S. and other nations. NCES is located within the U.S. Department of Education and the Institute of Education Sciences. Data is updated yearly.
- **North Carolina Central Cancer Registry** - (CCR) collects, processes, and analyzes data on all cancer cases diagnosed among North Carolina residents. All health care providers are required by law to report cases to the CCR (as in nearly all other states), but the primary data source is the hospitals of the state. This is primarily a cancer surveillance activity, monitoring the incidence of cancer among the various populations of the state.
- **North Carolina State Data Center, LINC system** – Provides county level data on Population and Housing, Statistics and Health, Social and Human Services, Law Enforcement, Courts, and Corrections, Recreation, and Resources, Energy and Utilities and more. Managed by the North Carolina office of State Data Center.
- **US Census** - The U.S. Census counts every resident in the United States and takes place every 10 years. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. The 2010 Census represented the most massive participation movement ever witnessed in our country. Approximately 74 percent of the households returned their census forms by mail; the remaining households were counted by census workers walking neighborhoods throughout the United States.
- **The Employment Security Commission of NC-** The Commission provides employment services, unemployment insurance, and labor market information to the State's workers, employers, and the public. This data is updated monthly.

2016

Cabarrus County Health Resource Inventory

2016 Cabarrus Needs Assessment Supplement

**A resource guide to Health Facilities, Health Providers and Related
Support Services of Cabarrus County**

*On-line and paper copies of the 2016 Cabarrus Needs Assessment
and this document may be obtained at:*

Healthy Cabarrus - www.healthycabarrus.org

Cabarrus Health Alliance - 300 Mooresville Road, Kannapolis, NC 28081, 704-920-1282

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Online Health Resource Inventory

A comprehensive list of these resources was made available online through the launching of the **Network of Care**. Visit www.cabarrusnetworkofcare.org and click 'Service Directory' for an interactive and comprehensive health resource inventory of Cabarrus County services.

The tables below reflect the categories and subcategories of the 'Service Directory' within the Network of Care.

Addiction Recovery

- Assessment for Substance Use Disorders
- Substance Use Disorder Counseling

Adolescent Health

- Career Development
- Clothing Community Colleges
- Counseling Services
- Emergency Shelter
- Food Pantries
- Health Care
- Job Development
- Mentoring Programs Pharmacies
- Recreational Activities/Sports
- School Based Integrated Services
- Sexual Health
- Substance Use Disorder Treatment Programs
- Transportation
- Youth/Student Support Groups

Caregiver & Respite Services

- Caregiver Training
- Caregiver/Care Receiver Support Groups
- Respite Care

Case Management

- Case/Care Management

Children & Families

- Adolescent/Youth Counseling
- Adoption Counseling and Support
- Bereavement Support Groups
- Caregiver/Care Receiver Support Groups
- Child Advocacy Centers
- Child Care Providers
- Child Guidance
- Child Support Assistance/Enforcement

- Childbirth Education
- Children's Protective Services
- Early Childhood Education
- Early Intervention for Children with Disabilities/Delays
- Family Counseling
- Family Planning
- Family Support Centers/Outreach
- Foster Home Placement
- Foster Parent/Family Recruitment
- Head Start
- Mother and Infant Care
- Paternity/Maternity Establishment
- Pediatrics
- Recreational Activities/Sports
- WIC

Children with Special Healthcare Needs or Disabilities

- Advocacy & Support
- Assistive Technology
- Case Management & Care Coordination
- Child Care
- Early Intervention
- Education
- Evaluation, Therapy & Counseling
- Financial
- Guardianship
- Health Care
- Hearing & Vision
- Legal
- Mental Health, Substance Abuse, Intellectual & Developmental Disabilities
- Parent Information & Education
- Recreation & Leisure
- Residential
- Special Needs

- Speech, Occupational, Physical, or Play Therapy
- Transportation
- Vocational

Clothing

- Clothing

Crisis and Emergency Services

- Adult Protective Services
- Children's Protective Services
- Crisis Intervention
- Disaster Relief Services
- Emergency Food
- Emergency Room Care
- Emergency Shelter
- Municipal Police
- Personal Alarm Systems

Diabetes Prevention & Management

- Community Clinics
- Dental Care
- Diabetes Management Clinics
- Emergency Food Eye Care
- Food Pantries
- Hearing & Vision
- Nutrition Education
- Podiatry/Foot Care
- Prescription Drug Patient Assistance Programs

Disability-Related Services

- Adult Day Programs
- Blind Mobility Aids
- Brain Injury Rehabilitation
- Developmental Disabilities Social/Recreational Programs
- Disability Related Transportation
- Disability Rights Groups
- Disease/Disability Information
- Early Intervention for Children With Disabilities/Delays
- Independent Living Skills Instructions
- Occupational Therapy
- Paratransit Programs
- Service Animals
- Special Education Advocacy
- Supported Employment
- Supported Living Services for Adults With Disabilities
- Visual/Reading Aids

- Vocational Rehabilitation

Education

- Community Colleges
- Computer and Related Technology Classes
- School Based Integrated Services
- School Readiness Programs
- Special Education Advocacy

Employment and Training

- Computer and Related Technology Classes
- Job Development
- Job Search/Placement
- Job Training Formats
- Supported Employment
- Vocational Rehabilitation

Financial/Expense Assistance

- Home Rehabilitation Loans
- Homebuyer/Home Purchase Counseling
- Housing Expense Assistance
- Medical Expense Assistance
- Prescription Drug Discount Cards
- Tax Preparation Assistance
- Temporary Financial Assistance
- WIC

Food and Household Goods

- Congregate Meals/Nutrition Sites
- Emergency Food
- Food Pantries
- WIC

Health Care

- Assistive Technology Information
- Cancer Clinics
- Case/Care Management
- Children's Hospitals
- Community Clinics
- Community Wellness Programs
- Dental Care
- Disease/Disability Information
- Emergency Room Care
- Family Planning
- General Medical Care
- Health Care Referrals
- Health Education
- Health Related Advocacy Groups
- Health Screening/Diagnostic Services
- Health/Disability Related Counseling

- Home Health Care
- Hospice Care
- Hospitals
- Independent Living Skills Instruction
- Medical Equipment/Supplies
- Medication Information/Management
- Nursing Facilities
- Occupational Therapy
- Palliative Care
- Pediatrics
- Pharmacies
- Physical Therapy
- Prescription Drug Discount Cards
- Prescription Medication Monitoring Systems
- Recreational Activities/Sports
- Sexual Health
- Speech Therapy
- Veteran Outpatient Clinics
- Visual/Reading Aids
- Women's Health Centers

Healthy Eating/Nutrition Education

- Farmers Markets
- Nutrition Education

Housing and Shelter

- Emergency Shelter
- Home Rehabilitation Loans
- Homebuyer/Home Purchase Counseling
- Homeless Permanent Supportive Housing
- Housing Advocacy Groups
- Housing Authorities
- Housing Counseling
- Housing Expense Assistance
- Low Income/Subsidized Rental Housing
- Senior Housing Information and Referral
- Supportive Housing
- Transitional Housing/Shelter

Information and Referral

- Assistive Technology Information
- Gay/Lesbian/Bisexual/Transgender Advocacy Groups
- Health Insurance Information/Counseling
- In Home Assistance Registries
- Information and Referral
- Long Term Care Insurance Information/Counseling
- Senior Housing Information and Referral

In-Home Services

- Home Health Care
- In Home Assistance
- In Home Assistance Registries
- Prenatal/Postnatal Home Visitation Programs

Insurance and Benefits

- Benefits Assistance
- Health Insurance
- Information/Counseling
- Medicaid Applications
- Social Security Retirement Benefits
- Veteran Benefits Assistance

Legal Services

- Adult Protective Services
- Child Support Assistance/Enforcement
- Children's Protective Services
- Guardianship Assistance
- Legal Counseling
- Paternity/Maternity Establishment

Mental Health

- Abuse/Violence Related Support Groups
- Adolescent/Youth Counseling
- Anger Management
- Bereavement Support Groups
- Brain Injury Rehabilitation
- Community Mental Health Agencies
- Crisis Intervention
- Dementia Management
- Domestic Violence Support Groups
- Eating Disorders Treatment
- Family Counseling
- General Counseling Services
- Mental Health Associations
- Substance Use Disorder Counseling
- Suicide Prevention Programs
- Supportive Housing

Military/Veterans' Services

- Brain Injury Rehabilitation
- Service Animals
- Veteran Benefits Assistance
- Veteran Compensation and Pension Benefits
- Veteran Outpatient Clinics
- Veteran Support Groups

Offender Reentry Services

- Education
- General Counseling Services
- Health Care
- Housing Counseling
- Mental Health, Substance Abuse, Intellectual & Developmental Disabilities
- Parent Information & Education
- Substance Use Disorder Counseling
- Vocational

Physical Activity and Exercise

- City/County Parks
- Exercise Classes/Groups
- Exercise Classes/Groups for People with Disabilities/Health Conditions
- Recreation Centers
- Recreational Activities/Sports for Older Adults
- Recreational Trails

Population Health

- Health Education
- Health Related Advocacy Groups

Residential/Inpatient Care

- Hospitals

Senior Services

- Adult Day Programs
- Aging/Older Adult Support Groups
- Blind Mobility Aids
- Congregate Meals/Nutrition Sites
- Dementia Management
- Elder Law
- Hospice Care
- Recreational Activities/Sports
- Respite Care
- Senior Advocacy Groups
- Senior Centers
- Senior Companion Program
- Senior Housing Information and Referral
- Senior Ride Programs

- In Home Assistance
- In Home Assistance Registries
- Information and Referral
- Palliative Care
- Paratransit Programs
- Personal Care
- Recreational Activities/Sports
- Respite Care
- Senior Advocacy Groups
- Senior Centers
- Senior Companion Program
- Senior Housing Information and Referral
- Senior Ride Programs

Support and Support Groups

- Aging/Older Adult Support Groups
- Bereavement Support Groups
- Caregiver Training
- Caregiver/Care Receiver Support Groups
- Domestic Violence Support Groups
- Family Support Centers/Outreach
- Mental Health Related Support Groups
- Mentoring Programs
- Parent Support Groups
- Respite Care
- Supported Employment
- Supportive Housing
- Veteran Support Groups

Transportation

- Disability Related Transportation
- Local Bus Transit Services
- Paratransit Programs
- Taxi Services