

# 2016

## Cabarrus Community Needs Assessment



Developed by the Cabarrus Community Planning Council



CABARRUS  
HEALTH  
ALLIANCE

Healthy Cabarrus  
*Partnerships for Life*



Carolinas HealthCare System



# 2016

# Cabarrus Community Needs Assessment

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

*Healthy Cabarrus - [www.healthycabarrus.org](http://www.healthycabarrus.org)*

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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](http://www.healthycabarrus.org).

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# 2016 Cabarrus Community Needs Assessment

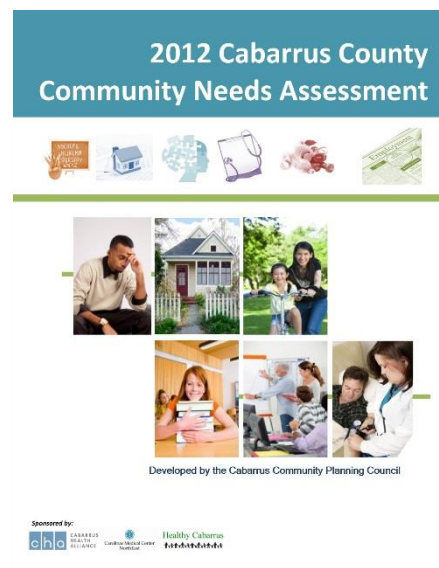
## Executive Summary

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.



## 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.
- 
- Healthy Cabarrus Photovoice exhibit at Sundae Art Gallery*
- **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](http://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](http://www.healthycabarrus.org) so that the public at-large can easily access county-

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 a 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](http://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

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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](http://www.healthycabarrus.org).

## Capacity of the Community to Address Priorities

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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.

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

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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.

### 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.

Figure 1: Community Planning Council Partners



- 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**

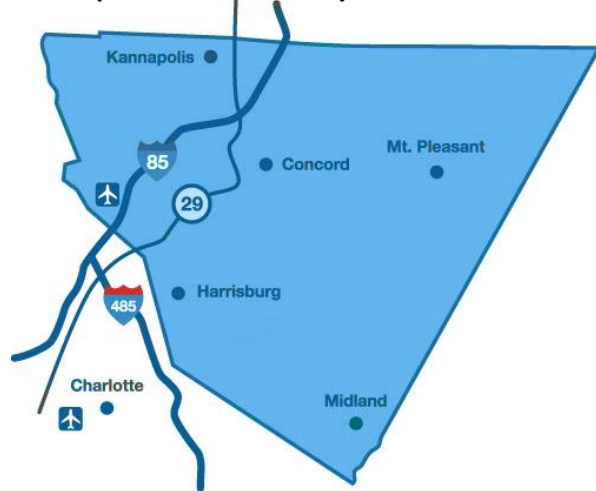
Month	Topic
<b>September</b>	Orientation
<b>October</b>	State Goals
<b>November</b>	Income, Employment, Education, Safety
<b>December</b>	Social Connectedness
<b>January</b>	Weight, Food, Physical Activity
<b>February</b>	Maternal & Infant Health, Drug Use, Sex
<b>March</b>	Housing, Transit, Environmental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

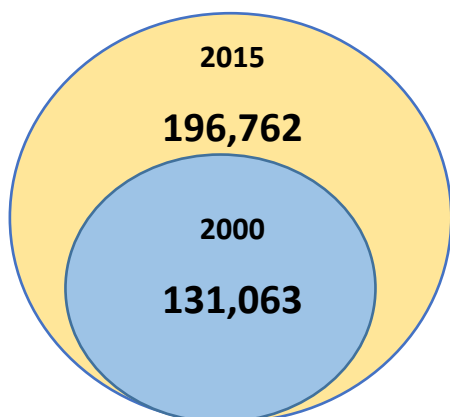
Major race shops located in the County include Hendrick Motorsports, Roush Fenway Racing, Richard Petty Motorsports, and Chip Gnassi Racing in Concord, Stewart-Haas Racing in Kannapolis, and JTG Daugherty Racing and Wood Brothers Racing in Harrisburg.



*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.

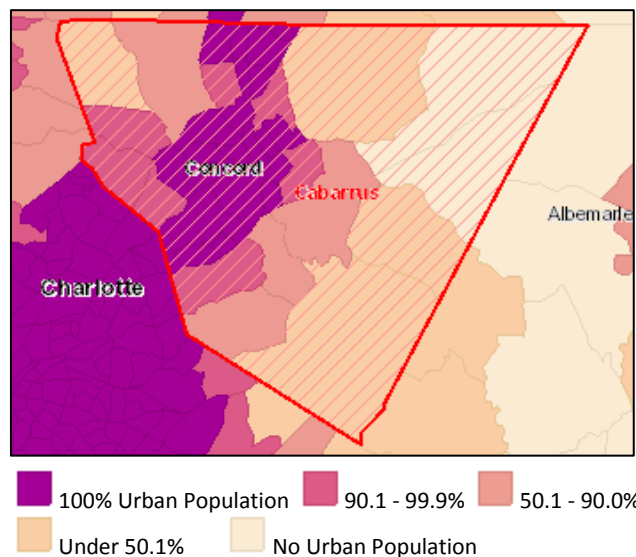
## Who is Cabarrus County?

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.

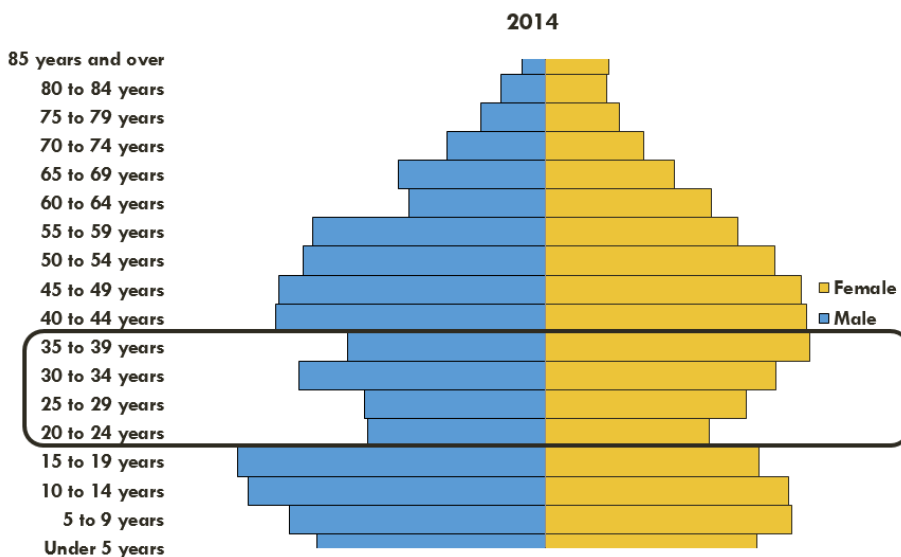
A total of 196,762 people live in the 361.74 square mile report area defined for this assessment. The population density for this area, estimated at 545.05 persons per square mile, is greater than the national average population density of 88.93 persons per square mile. There are slightly more females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

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.

**Map 2: Urban vs. Rural Population**



**Figure 3: Age and Sex Distribution in Cabarrus County**



**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**

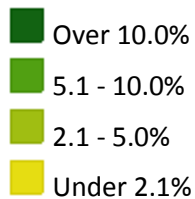
0 to 5 years old	12,199 (6.2%)
6 to 18 years old	39,152 (19.9%)
18 to 64 years old	120,418 (61.2%)
65 years and older	24,989 (12.7%)

**Table 3: Population by Sex**

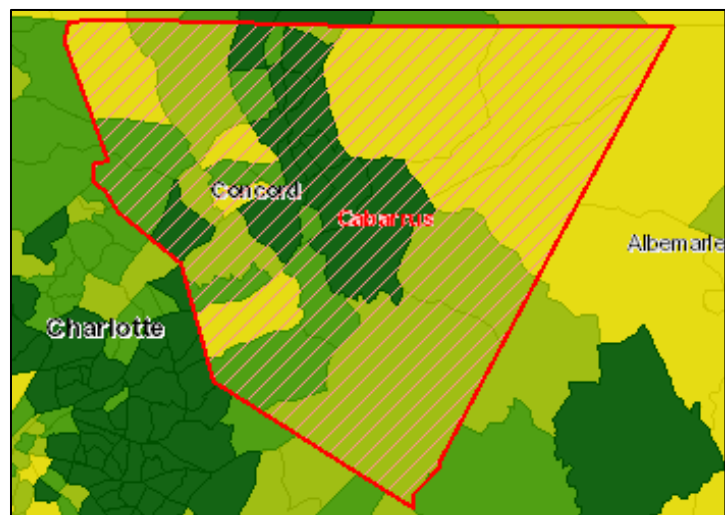
Male	96,019 (48.8%)
Female	100,742 (51.2%)

## 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.

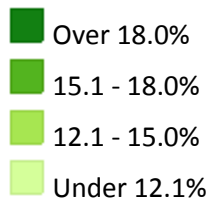


US Census Bureau, American Community Survey.  
2010-14.

**Map 3: Percent of Population of Hispanic Origin**

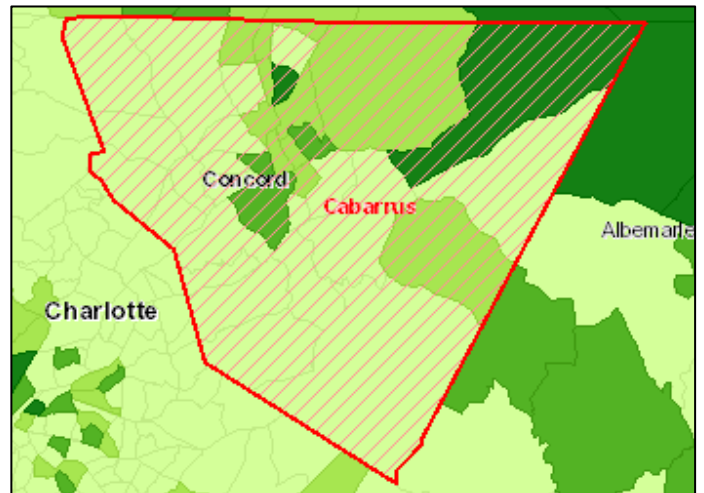
## Percent of Population with a Disability

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 at online at [www.cabarrusnetworkofcare.org](http://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

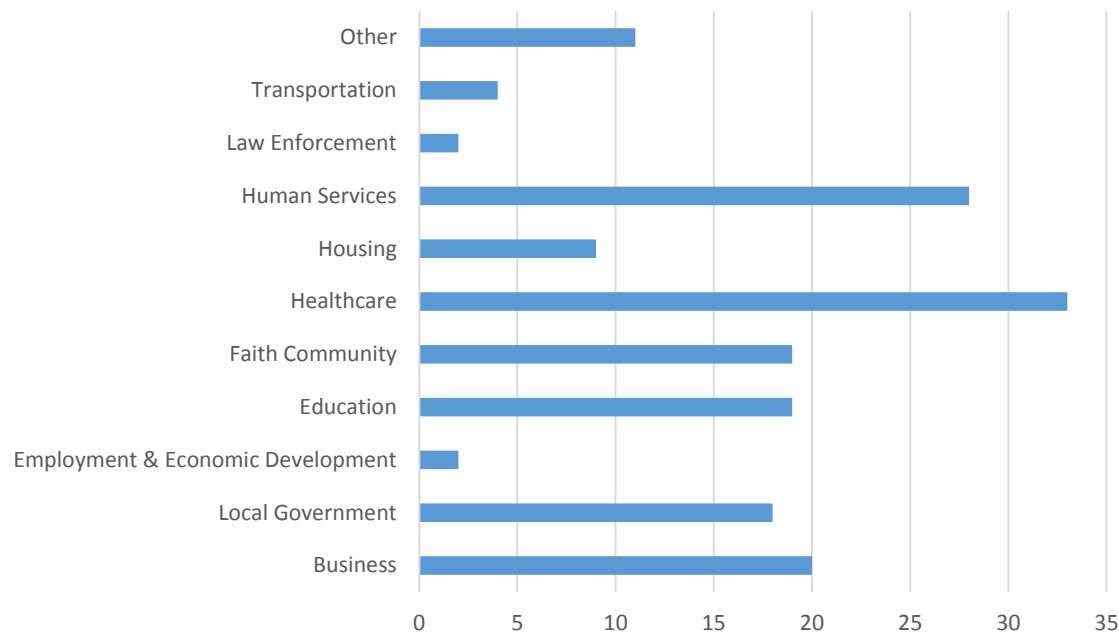
A total of 102 surveys were completed and returned by key informants and as illustrated in Table 6, respondents were primarily white, female, non-Hispanic, and full-time residents of Cabarrus County. Educational background for key informants varied, but a majority of key informants have higher level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

**Table 6: General characteristics of key informants**

Characteristic	N or mean	Percent or SD* Percent
<b>Gender</b>		
Male	26	30
Female	60	70
<b>Race</b>		
White	67	77.9
Black/African American	12	14.0
<b>Ethnicity</b>		
Hispanic	7	8.1
Non-Hispanic	81	91.9
<b>Residents</b>		
Within Cabarrus	61	71.8
Outside Cabarrus	24	28.2
<b>Education Level</b>		
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
<b>Age</b>			
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](http://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 bench mark. 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 100,00 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
<b>Cabarrus County</b>	22.2	25.1	22.9	28.0
<b>North Carolina</b>	19.5	19.6	18.8	21.1
<b>United States</b>	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 relationship 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
<b>ALL CANCERS</b>	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 8<sup>th</sup> 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 5<sup>th</sup> (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.

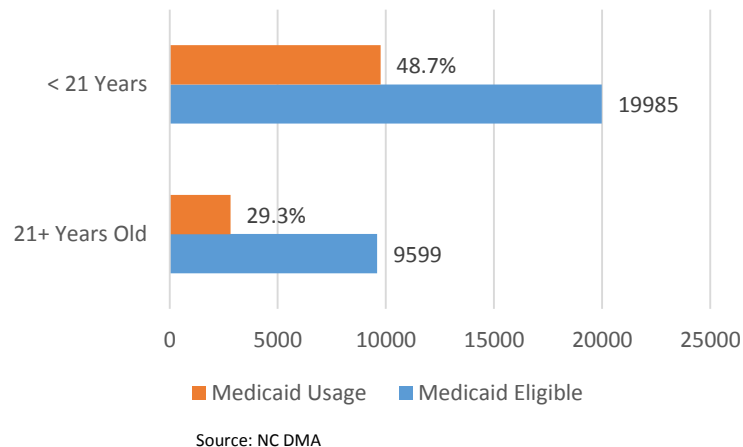
### Key Informant

- 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](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 patterns 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 difficult 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

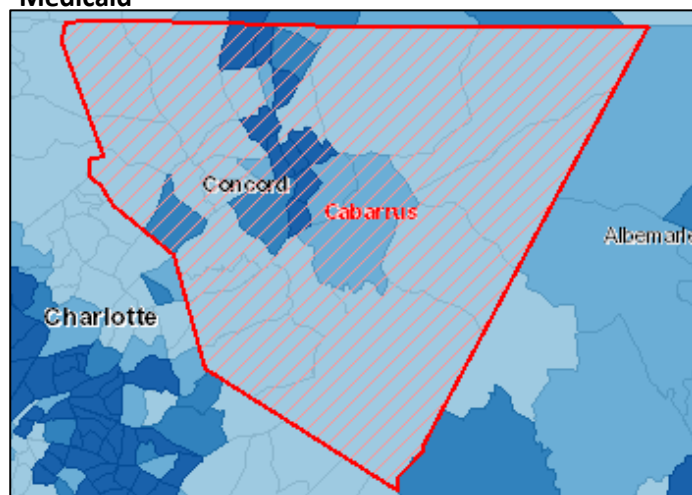
The lack of health insurance can be seen as a key driver of health status. Seventeen-percent of Cabarrus County residents age 18 to 64 are without health insurance coverage (Table 20), while only 5.2% of children are uninsured. A lack of insurance is a primary barrier to healthcare access including regular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



- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0% (Cabarrus in 2014 = 16.32%)
- Under 15.1%

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

## 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**

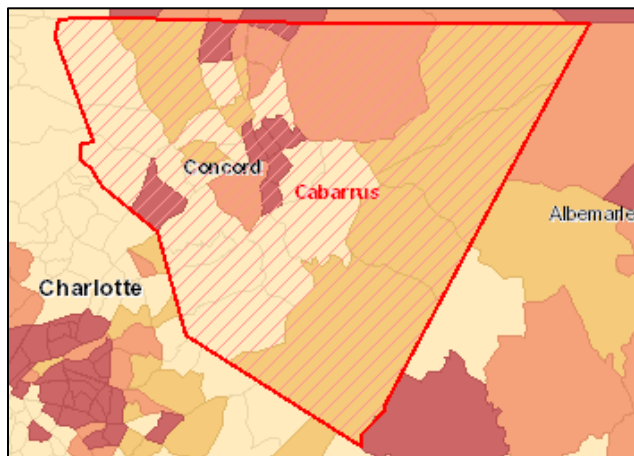
2012 Community Survey	2016 Community Survey
<b>33%</b> had an unmet education need.	<b>16.7%</b> had an unmet education need
1. Computer training (17.9%) 2. Vocational training (14.2%) 3. Job seeking skills training (13.3%)	1. ESL class (34.2%) 2. Computer training (28.7%) 3. Job seeking skills training (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, ED Facts, 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, ED Facts. 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

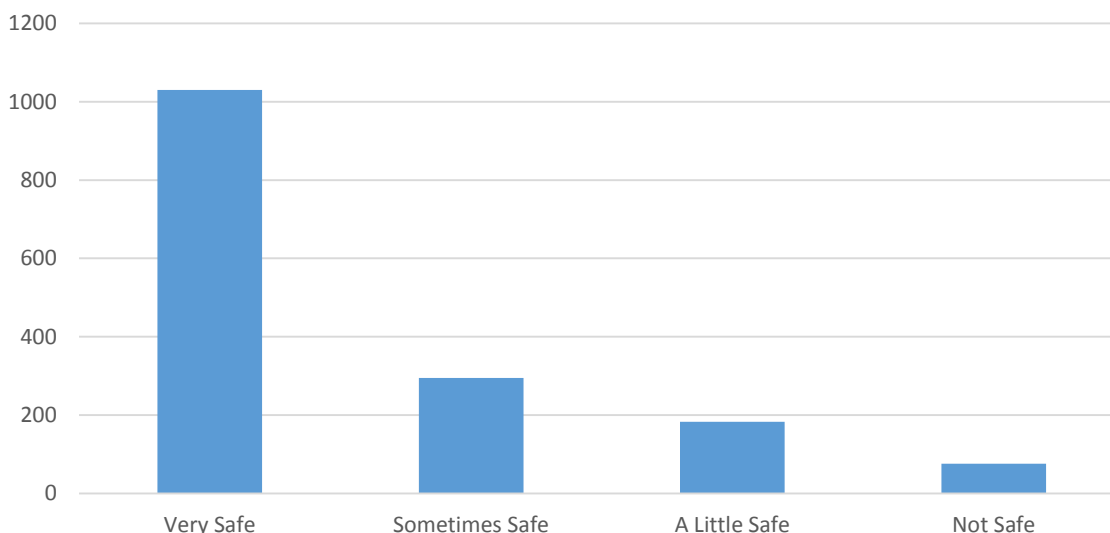
Although there are different religious denominations represented in Cabarrus County, a majority of residents are Protestant. There are two Catholic churches in the County, St. James The Greater Catholic Church in Concord and St. Joseph’s Catholic Church in Kannapolis. The county is also home to a small 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 rate 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.

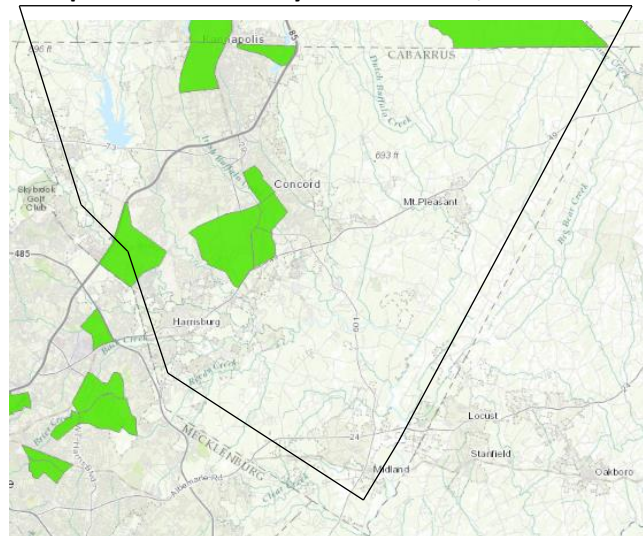
#### Secondary Data

- 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/](http://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 and 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**

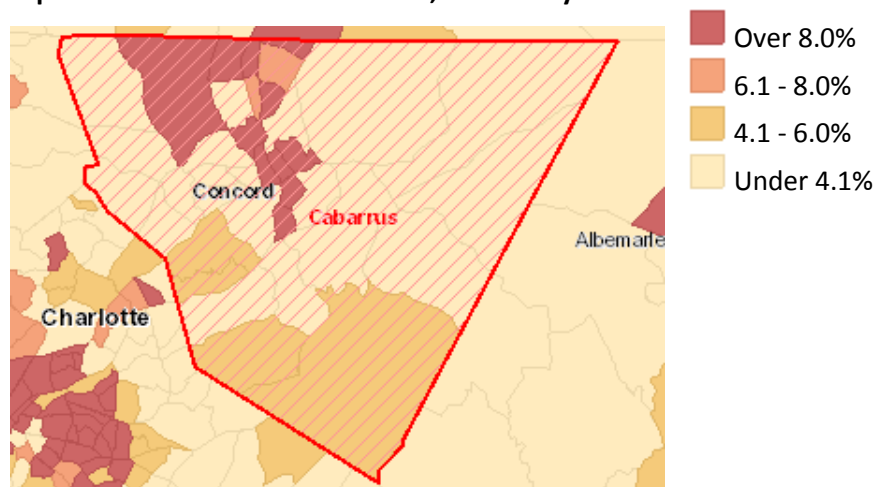
### **Community Survey**

- 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%
<b>Total</b>	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.

<b>Table 32: In the past year, did you experience difficulty receiving health services due to financial constraints?</b>	<b>Y</b>	<b>Percent of respondents</b>
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

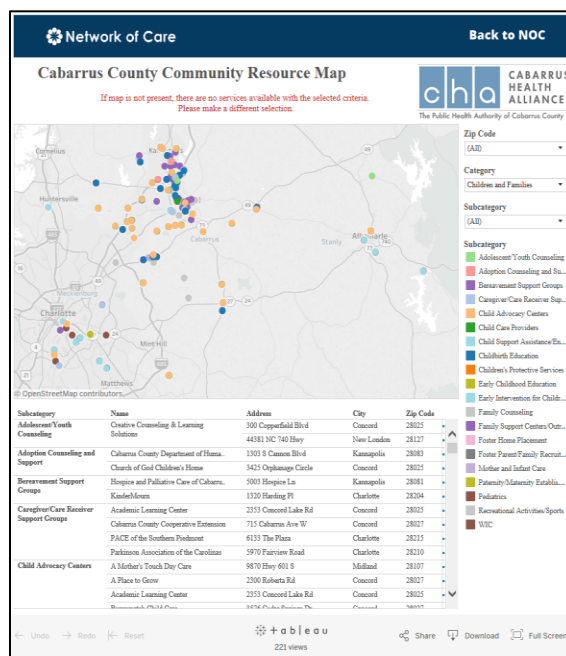
Several items on the Key Informant Survey were related to prevention and health promotion. In fact, many of these items were considered top community priorities by key informants. The table below summarizes the relative ranking of issues based on Key Informant Survey data. Of all 48 issues rated on their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

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

## Secondary Data

Secondary data regarding prevention and health promotion can be found online at the Healthy Cabarrus Data Dashboard ([www.healthycabarrus.org](http://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](http://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

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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.

<b>Magnitude</b>	How many persons does the problem affect, either actually or potentially?
<b>Consequences</b>	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?
<b>Feasibility</b>	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

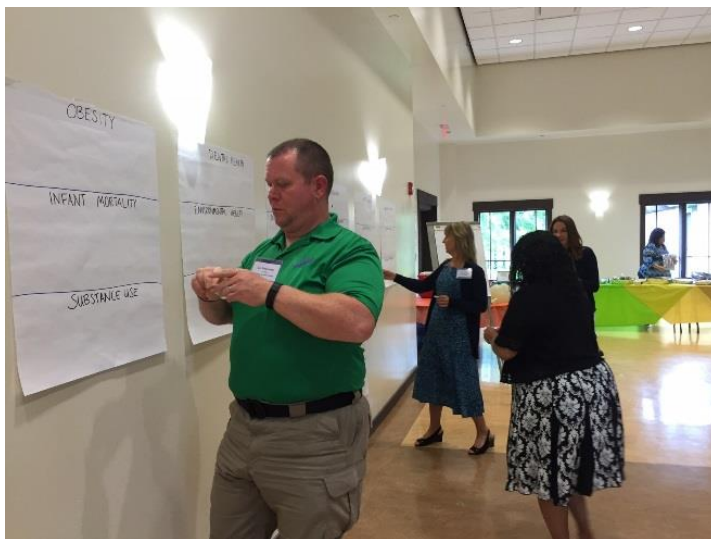
## Cross-Sector Advocacy and Discussion

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).

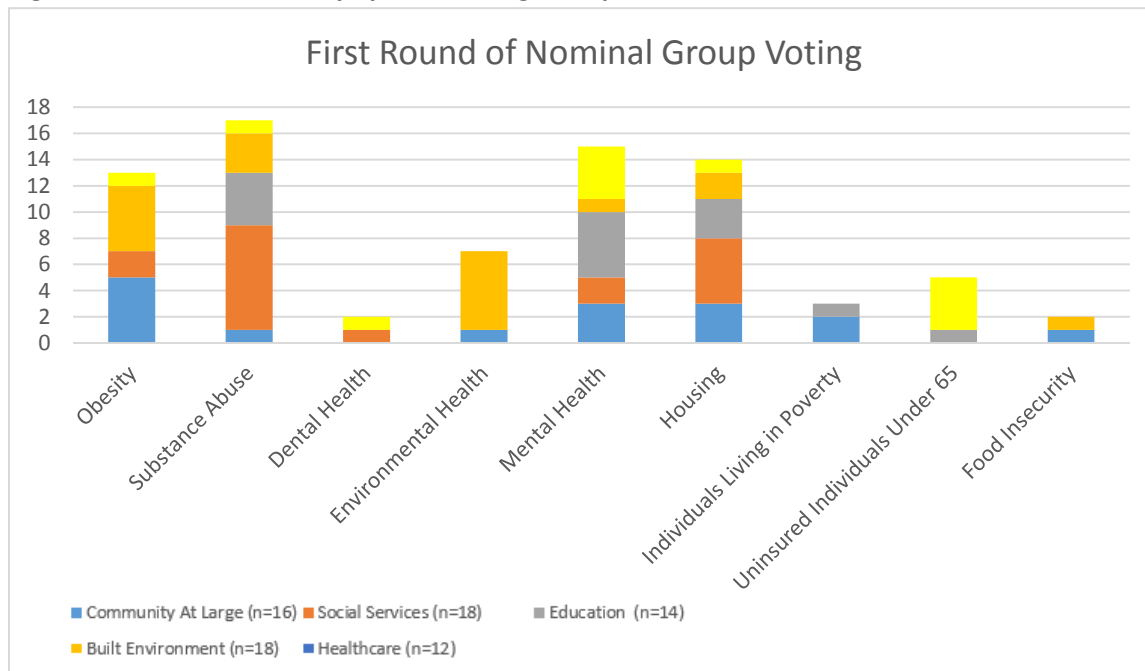


2016 Community Needs Assessment Retreat (Voting)

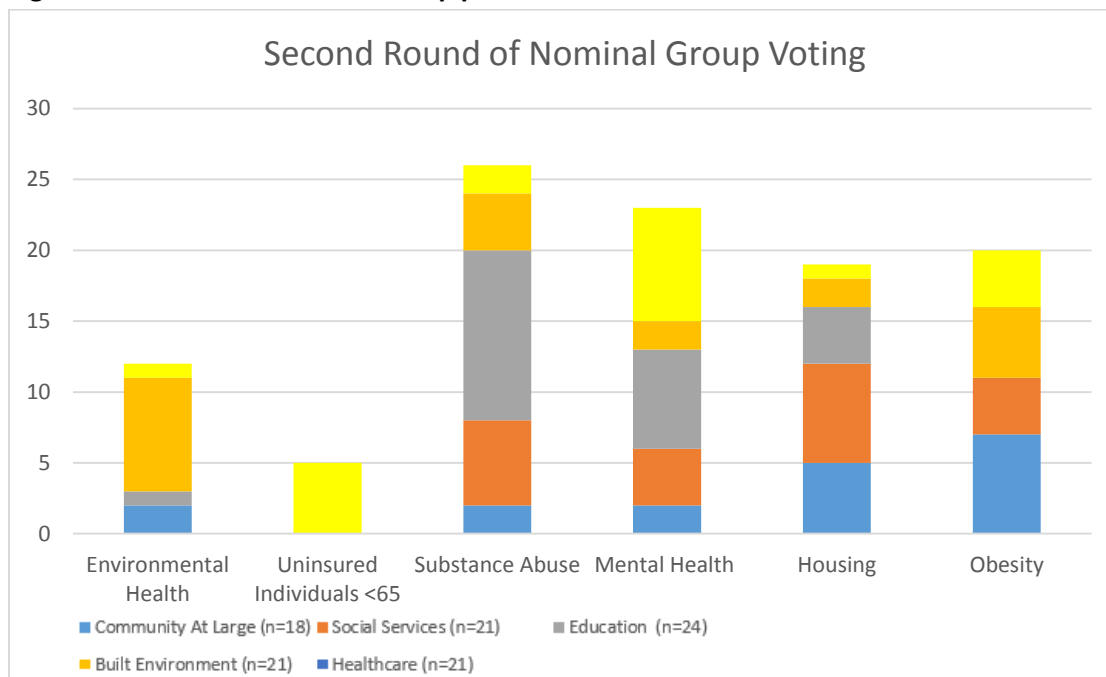
After the first round of voting, there were six top issues that clearly had the majority of votes: Obesity, Mental Health, Substance Use, Housing, Environmental Health, and Uninsured Adults. After a second round of voting, the top three issues were chosen: (1) Substance Use – 26 votes, (2) Mental Health – 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**



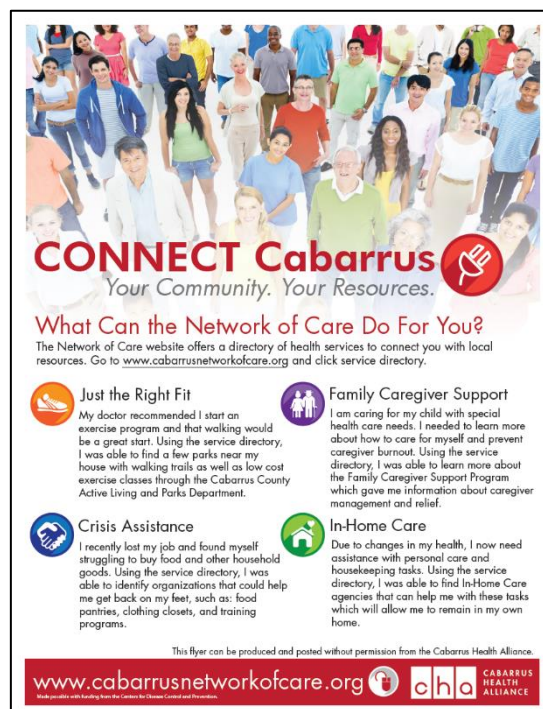
It is perhaps telling that the 2016 priorities do not look markedly different from those identified in 2012, but have been further narrowed from six to three. Each Council member stated that she or he could and would support these priorities through the work and resources of their agencies and through 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](http://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.






**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](http://www.cabarrusnetworkofcare.org) and click service directory.

 <b>Just the Right Fit</b> My doctor recommended I start an exercise program and that walking would be a great start. Using the service directory, I was able to find a few parks near my house with walking trails as well as low cost exercise classes through the Cabarrus County Active Living and Parks Department.	 <b>Family Caregiver Support</b> 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.
 <b>Crisis Assistance</b> 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.	 <b>In-Home Care</b> 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](http://www.cabarrusnetworkofcare.org)    **CABARRUS HEALTH ALLIANCE**

### 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.

### **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.





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# 2016

## Cabarrus County Data Book

Supplement information for 2016 Cabarrus County Community Needs Assessment

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

*Healthy Cabarrus - [www.healthycabarrus.org](http://www.healthycabarrus.org)*

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



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## A. Population Demographics

### A.1. Population

	Cabarrus County	North Carolina
2000	131,063	8,049,313
2010	178,011	9,535,483
2015	196,762	10,042,802
Percent Change 2000-2015 *	50.1%	24.7%

U.S. Census Bureau: State and County QuickFacts.

\* Percent Change Calculation = (value at end of period - value at beginning of period)/value at beginning of period \* 100

### A.2. Race/Ethnicity

Race	Cabarrus County			North Carolina		
	2000	2010	2015	2000	2010	2015
	Percent	Percent	Percent	Percent	Percent	Percent
	(N=131,063)	(N=178,011)	[N=196,782]	(N=8,049,313)	(N= 9,535,483)	[N=10,042,802]
White persons (a)	83.3%	75.4%	76.5%	72.1%	68.5%	71.2%
Black persons (a)	12.2%	15.3%	17.6%	21.6%	21.5%	22.1%
American Indian and Alaska Native persons (a)	0.3%	0.4%	0.7%	1.2%	1.3%	1.6%
Asian persons (a)	0.9%	2.0%	3.1%	1.4%	2.2%	2.8%
Native Hawaiian and Other Pacific Islander (a)	Z	Z	0.1%	Z	0.1%	0.1%
Some other race	2.3%	---	---	2.3%	4.2%	---
Persons reporting two or more races	1.0%	2.1%	2.1	1.3%	2.2%	2.1%
Ethnicity	Cabarrus County			North Carolina		
	2000	2010	2015	2000	2010	2015
	Percent	Percent	Percent	Percent	Percent	Percent
	(N=131,063)	(N=178,011)	[N=196,782]	(N=8,049,313)	(N= 9,535,483)	[N=10,042,802]
Persons of Hispanic or Latino origin (b)	5.1%	9.4%	10.1%	4.7%	8.4%	9.1%
White persons not Hispanic	---	71.6%	68.1%	---	65.3%	63.8%

U.S. Census Bureau: State and County QuickFacts.

### A.3. Age Distribution

	Cabarrus County			North Carolina		
	2000	2010	2015	2000	2010	2015
N=	131,063	178,011	196,762	8,049,313	9,535,483	10,042,802
Under 5 years	7.1%	8.00%	6.2%	6.7%	7.10%	6.0%
5-17 years	18.7%	27.80%	26.1%	17.7%	24.30%	22.8%
18-64 years	62.7%	53.50%	43.6%	63.6%	55.90%	56.1%
65 years & over	11.6%	10.70%	11.3%	12.0%	12.70%	15.1%

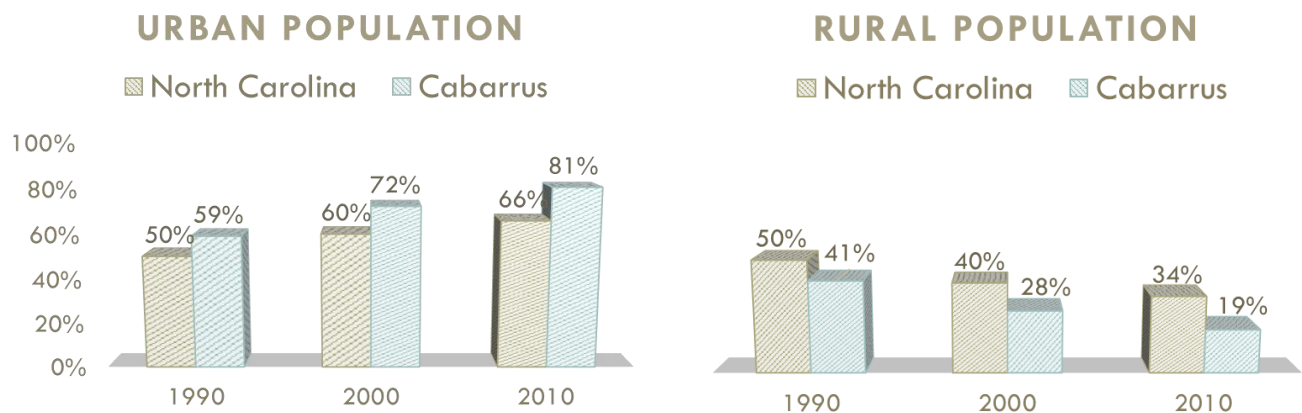
U.S. Census Bureau: State and County QuickFacts.

### A.4. Sex

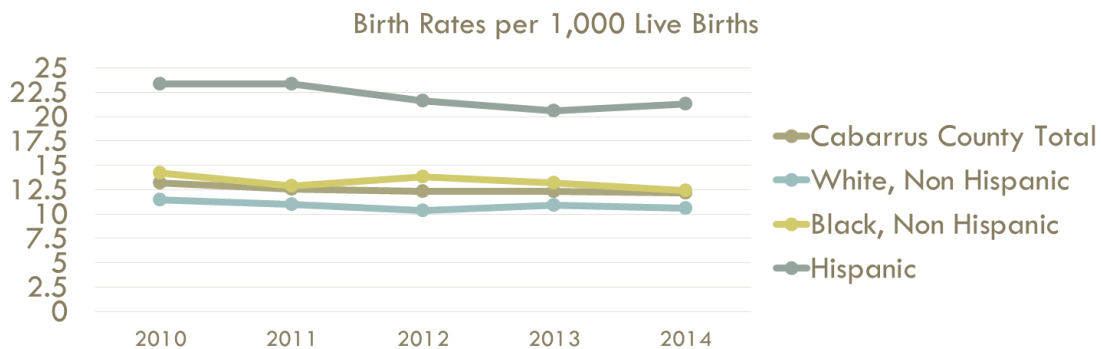
	Cabarrus County			North Carolina		
	2000	2010	2015	2000	2010	2015
Male	49.2%	49.10%	48.8%	49.0%	48.7%	48.7%
Female	50.8%	50.90%	51.2%	51.0%	51.3%	51.3%

U.S. Census Bureau: State and County QuickFacts.

### A.5. Rural vs. Urban



### A.6. Birth Rates



NC State Center for Health Statistics

## B. Socioeconomic Factors

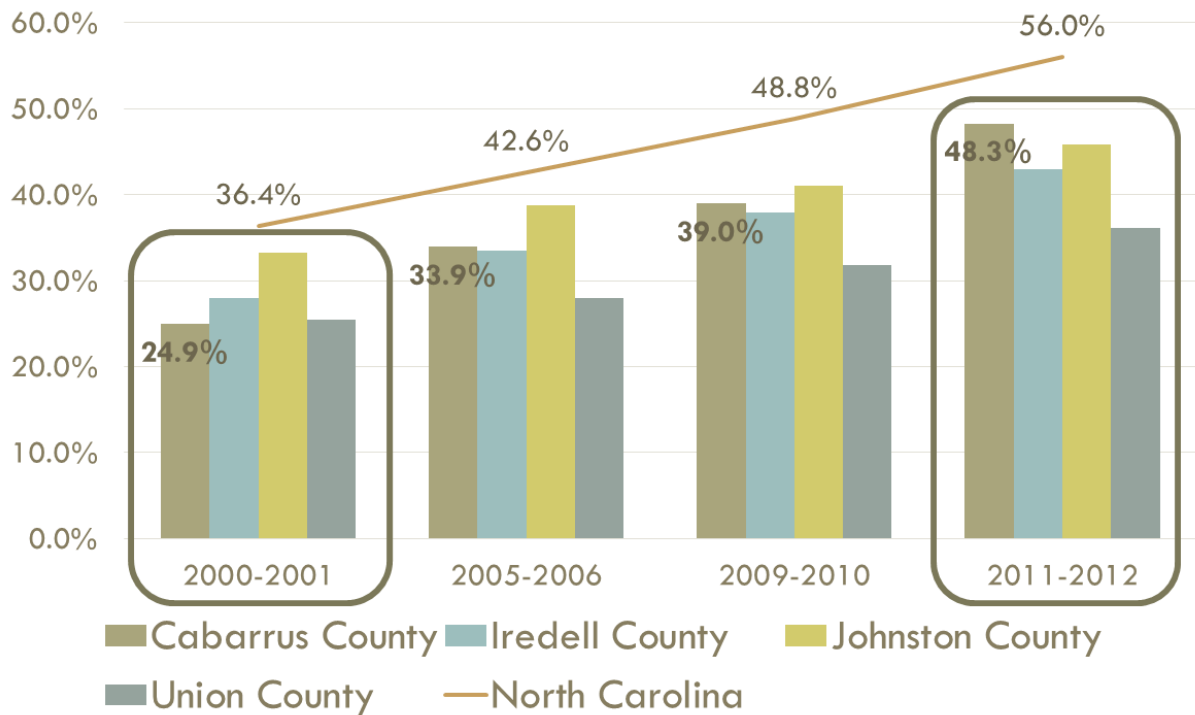
### B.1. Average household income

	Median Household Income		Inflation Adjusted Incomes	
	Cabarrus County	North Carolina	Cabarrus County	North Carolina
1999	\$ 46,140	\$ 39,184	\$ 59,197	\$ 50,273
2009	\$ 52,988	\$ 43,754	\$ 52,988	\$ 43,754
2015	\$ 54,720	\$ 46,868	\$ 54,549	\$ 46,556

Per Capita Income	Cabarrus County	North Carolina
1999	\$ 21,121	\$ 20,307
2009	\$ 26,128	\$ 24,547
2015	\$ 26,183	\$ 25,920

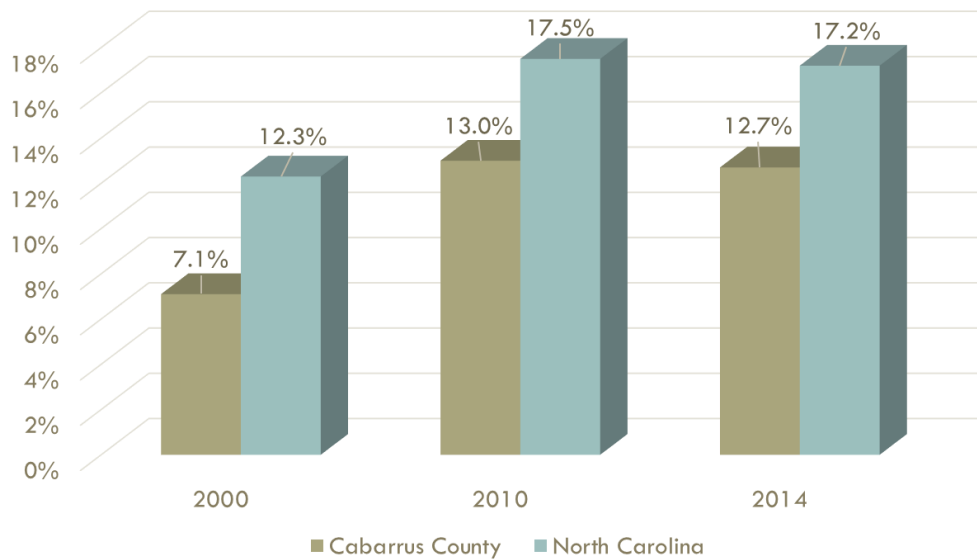
U.S. Census Bureau: State and County QuickFacts.

### B.2. Percent of children on free or reduced lunch



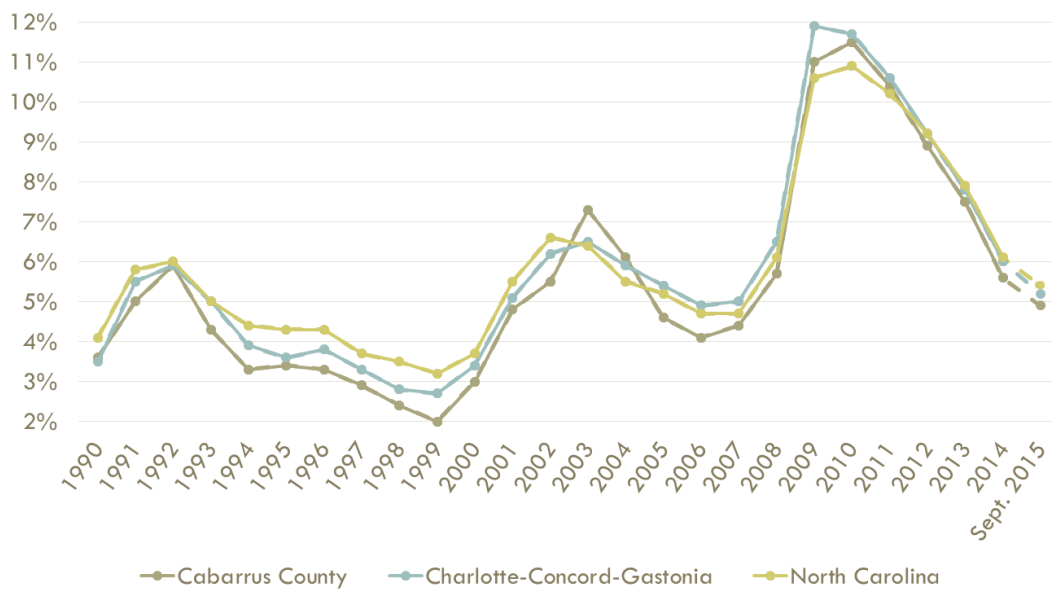
National Center for Educational Statistics

### B.3. Percent living below poverty line



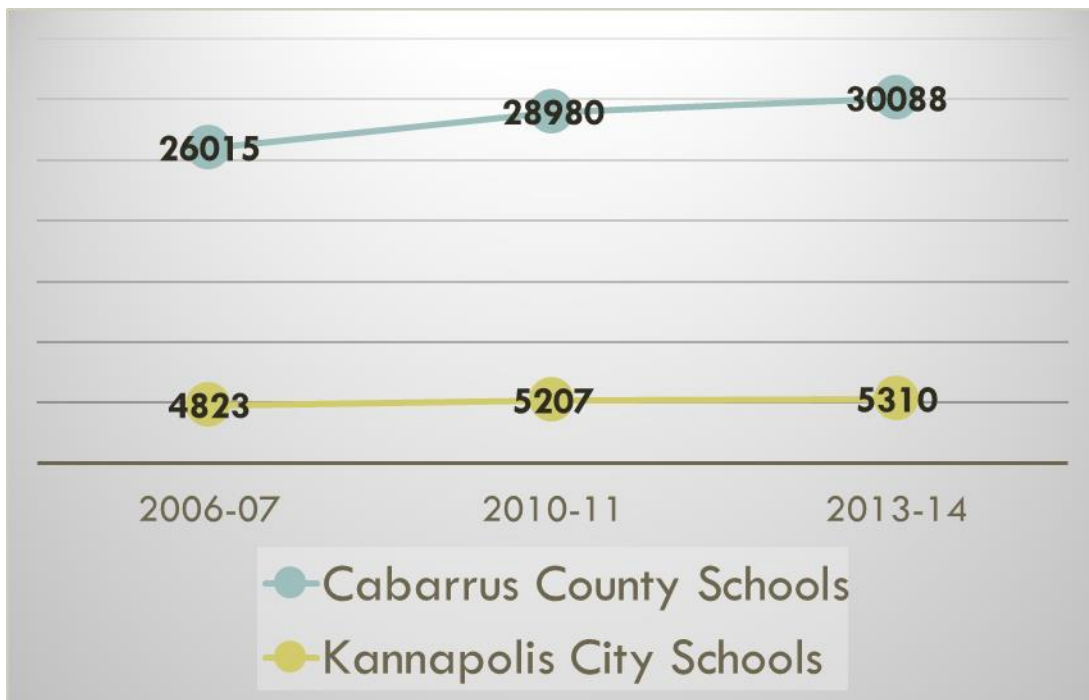
U.S. Census Bureau: State and County QuickFacts.

### B.4. Unemployment rate



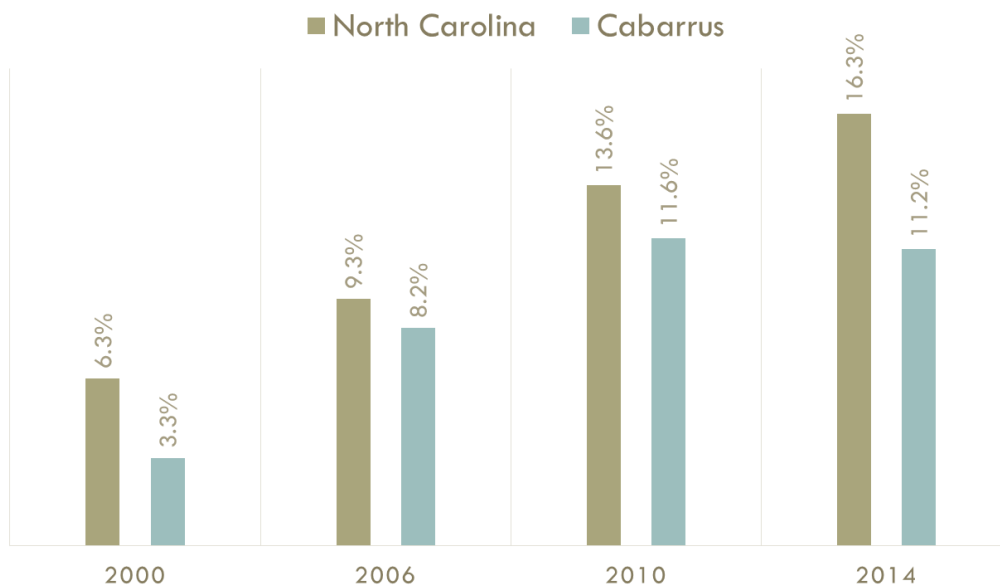
BLS, Local Area Unemployment Statistics, 2015.

## B.5. School enrollment



National Center for Education Statistics

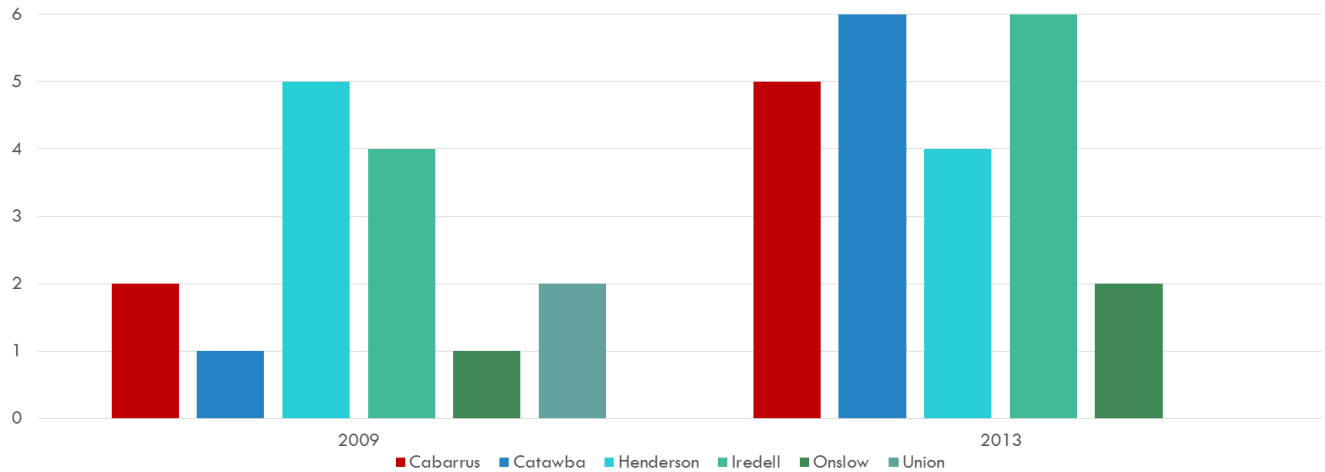
## B.6. Residents of Food Stamps



North Carolina State Data Center

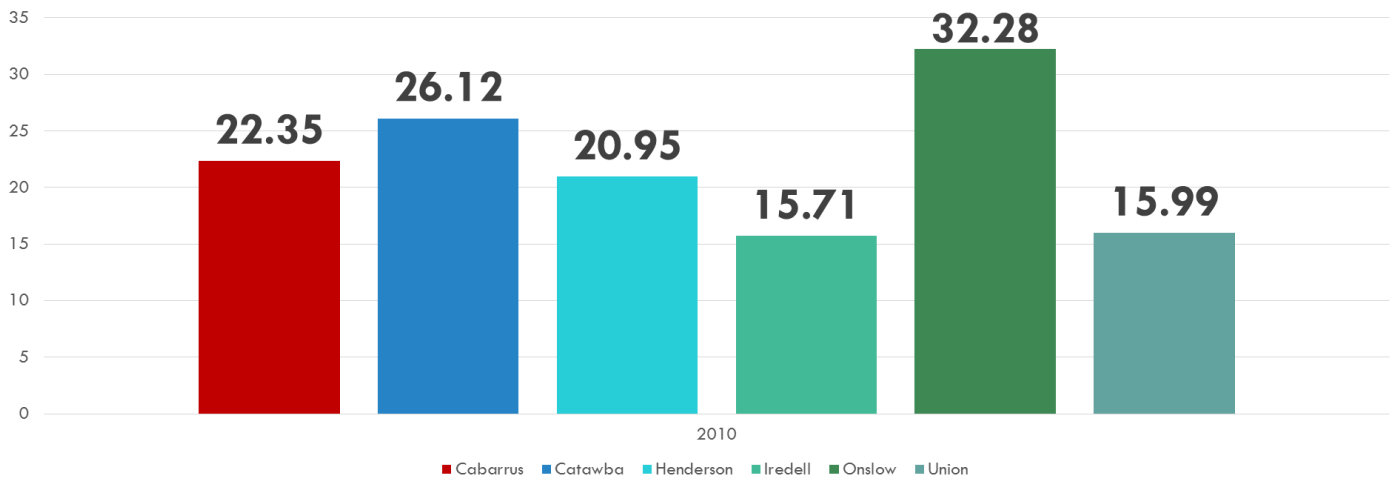
## C. Environmental Factors

### C.1. # of affordable and accessible farmers markets



*U.S. Department of Agriculture-Food Environment Atlas*

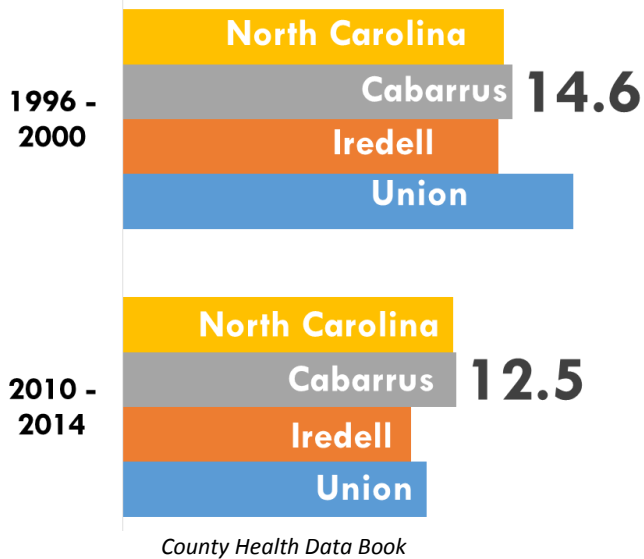
### C.2. % of Total Population Living in a Food Desert



*U.S. Department of Agriculture-Food Environment Atlas, U.S. Census*

## D. Health Indicators- Pregnancies and Births

### D.1. Live Birth Rates (per 1,000 population)



### D.2. 2011-2015 Fertility Rates for Women Ages 15-44 Per 1,000 Population

	Total Births	Fertility Rate	White Non-Hispanic Births	Fertility Rate	Af. Am. Non-Hispanic Births	Fertility Rate	Other Non-Hispanic Births	Fertility Rate	Hispanic Births	Fertility Rate
<b>RESIDENCE:</b>										
<b>NORTH CAROLINA</b>	600,927	60.9	335,127	56.2	143,455	59.3	32,809	67.9	89,536	89.6
<b>CABARRUS</b>	11,673	61.3	7,141	56.6	1,996	56.0	522	69.9	2,014	95.7

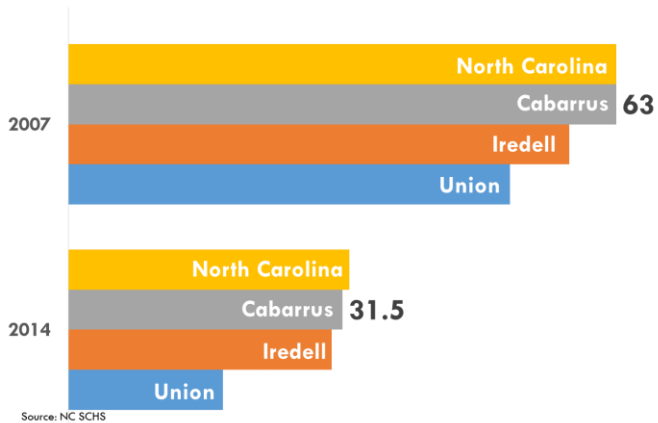
County Health Data Book

### D.3. 2011-2015 Abortion Rates for Women Age 15-44 per 1,000 Population

	Total Abortions	Rate	White Non-Hispanic Abortions	Rate	Af. Am. Non-Hispanic Abortions	Rate	Other Non-Hispanic Abortions	Rate	Hispanic Abortions	Rate
<b>RESIDENCE:</b>										
<b>NORTH CAROLINA</b>	107,136	10.9	39,636	6.6	48,779	20.2	4,780	9.9	10,979	11.0
<b>CABARRUS</b>	1,599	8.4	738	5.8	570	16.0	41	5.5	200	9.5

County Health Data Book

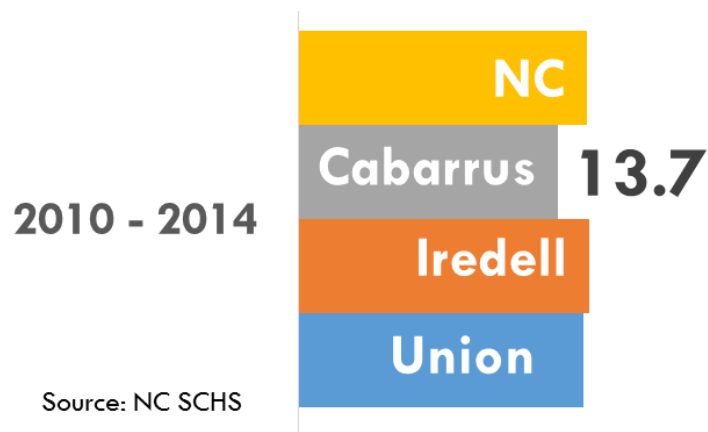
### D.3. Teen pregnancy rates (per 1,000 15-19 year old girls)



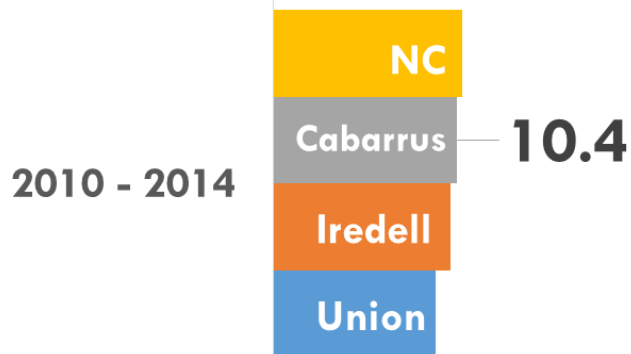
### D.4. Short (less than 6 months) interval from last delivery

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.

### D.5. Number of births at risk due to high parity (number of children delivered) by age of mother (under 30 and over 30)

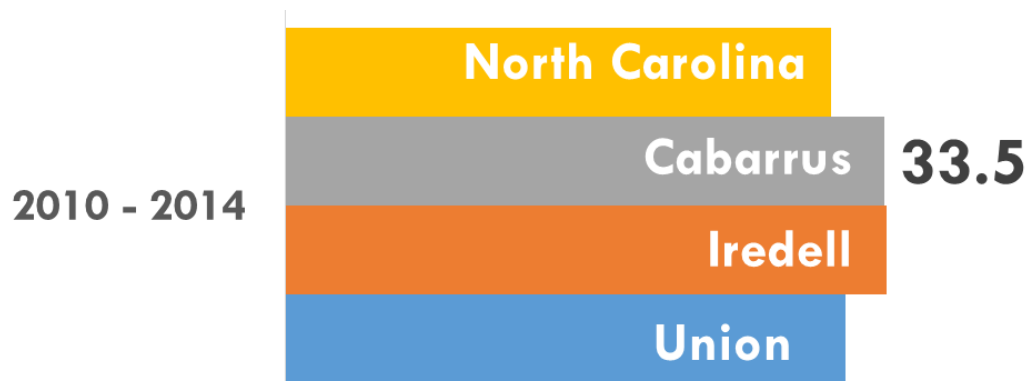


D.6. % of Low & very low birth weight



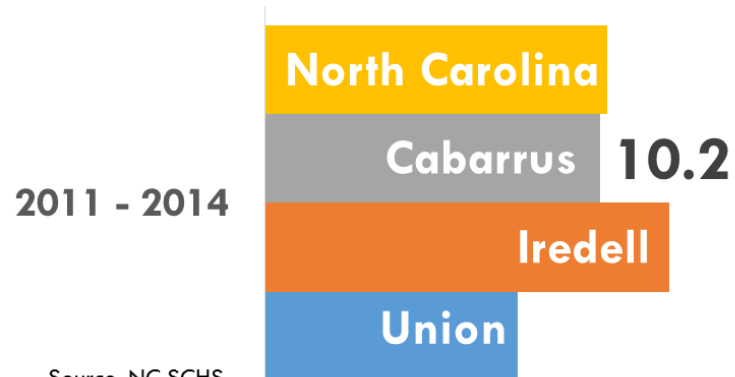
Source: NC SCHS

D.7. % Birth by Cesarean section



Source: NC SCHS

D.8. Number of mothers who smoke while pregnant



Source: NC SCHS

## D.8. Prenatal care timing

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.

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

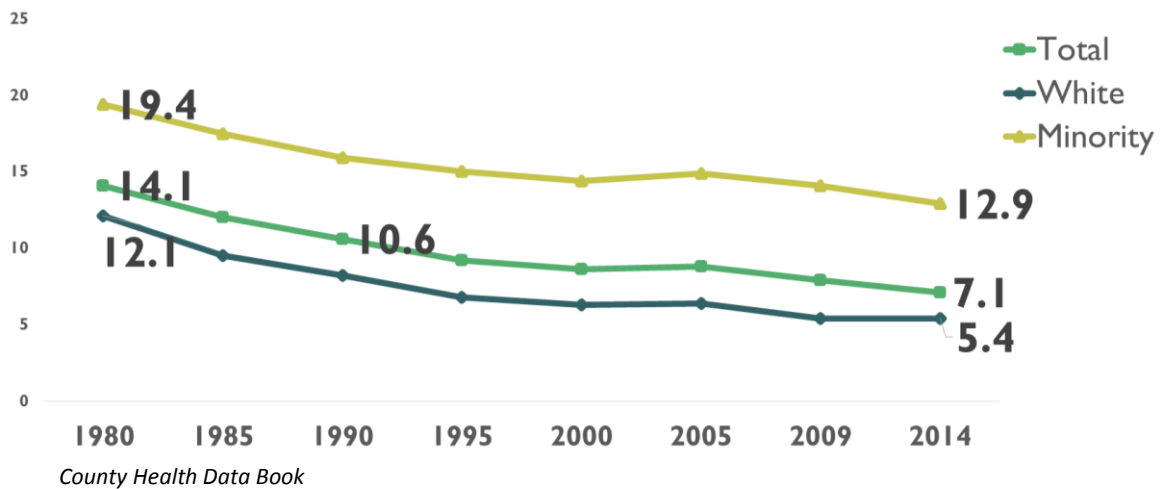
## E. Health Indicators-Mortality

### E.1. General Mortality- Unadjusted Death Rates (Crude)

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		

County Health Data Book

## E.2. Infant Mortality Rate per 1,000 live births



## E.3. Age-Specific Death Rates for the Leading Causes of Death

			Cabarrus		NC
			#	%	%
All Ages	1	Cancer	318	22.7	22.9
	2	Heart disease	267	19.1	20.8
	3	Chronic lower respiratory disease	83	5.9	6.0
Children Under 19	1	Intentional self-harm (suicide)	2	16.7	12.5
	1	Motor vehicle injuries	2	16.7	23.9
	3	Assault (homicide)	1	8.3	9.4
Over 85	1	Heart disease	82	20.0	25.4
	2	Cancer	46	11.2	11.5
	3	Alzheimer's disease	34	8.3	8.4

County Health Data Book

## E.4. Sex and Race-Specific Death Rates by selected causes

County Health Data Book

Residence=Cabarrus		White, non-Hispanic				African American, non-Hispanic				American Indian, non-Hispanic				Other Races, non-Hispanic				Hispanic			
Cause of Death:		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes		3,030	967.5	3,196	723.5	426	996.2	506	758.5	3	N/A	6	N/A	27	505.9	18	N/A	56	355.9	49	292.2
Diseases of Heart		658	208.9	529	117.7	92	220.9	102	158.1	0	N/A	0	N/A	5	N/A	3	N/A	9	N/A	2	N/A
Acute Myocardial Infarction		127	39.8	84	19.1	22	48.2	15	N/A	0	N/A	0	N/A	0	N/A	2	N/A	3	N/A	1	N/A
Other Ischemic Heart Disease		258	80.6	168	36.8	32	83.6	20	31.7	0	N/A	0	N/A	3	N/A	0	N/A	1	N/A	0	N/A
Cerebrovascular Disease		146	48.3	198	44.2	28	81.6	28	41.3	0	N/A	0	N/A	1	N/A	0	N/A	2	N/A	4	N/A
Cancer		688	205.6	626	144.8	101	223.8	112	166.2	0	N/A	1	N/A	5	N/A	4	N/A	10	N/A	16	N/A
Colon, Rectum, and Anus		45	13.3	63	14.4	5	N/A	7	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A
Pancreas		46	13.4	31	7.4	6	N/A	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A
Trachea, Bronchus, and Lung		213	62.7	166	38.5	37	75.6	22	33.9	1	N/A	1	N/A	1	N/A	0	N/A	2	N/A	1	N/A
Breast		0	N/A	86	20.0	0	N/A	28	37.9	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	5	N/A
Prostate		51	16.8	0	N/A	14	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A
Diabetes Mellitus		81	23.9	71	16.3	15	N/A	31	48.4	0	N/A	0	N/A	2	N/A	3	N/A	0	N/A	1	N/A
Pneumonia and Influenza		97	32.5	104	23.1	13	N/A	11	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	2	N/A
Chronic Lower Respiratory Diseases		201	66.4	236	53.6	12	N/A	21	30.6	1	N/A	1	N/A	0	N/A	0	N/A	1	N/A	1	N/A
Chronic Liver Disease and Cirrhosis		53	13.4	34	8.0	5	N/A	3	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A
Septicemia		39	12.8	58	13.1	5	N/A	8	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	1	N/A
Nephritis, Nephrotic Syndrome, and Nephrosis		57	19.7	55	12.4	22	46.5	11	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A	1	N/A
Unintentional Motor Vehicle Injuries		41	12.9	27	7.7	6	N/A	3	N/A	0	N/A	0	N/A	1	N/A	1	N/A	7	N/A	1	N/A
All Other Unintentional Injuries		151	50.3	131	32.4	13	N/A	11	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A
Suicide		81	24.7	33	8.8	5	N/A	5	N/A	1	N/A	0	N/A	2	N/A	0	N/A	4	N/A	0	N/A
Homicide		15	N/A	6	N/A	14	N/A	3	N/A	0	N/A	0	N/A	1	N/A	0	N/A	3	N/A	1	N/A
Alzheimer's disease		91	33.9	215	46.2	5	N/A	25	39.6	1	N/A	0	N/A	1	N/A	1	N/A	2	N/A	0	N/A
Acquired Immune Deficiency Syndrome		5	N/A	1	N/A	3	N/A	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

## F. Health Indicators-Morbidity

### F.1. Communicable Disease Case Rates: AIDS, gonorrhea, syphilis

Annual Rates per 100,000 population		
	2011	2015
<b>HIV</b>	9.4	6.1
<b>AIDS</b>	2.8	4.6
<b>Early Syphilis</b>	6.1	13.2
<b>Gonorrhea</b>	83.4	80.8
<b>Chlamydia</b>	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](http://epi.publichealth.nc.gov/cd/stds/figures/std15rpt_rev10112016.pdf)

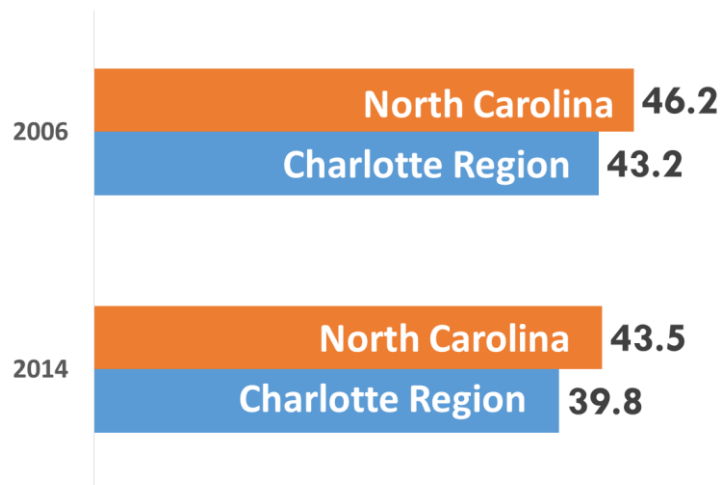
### F.2. Age adjusted cancer incidence rates

CANCER INCIDENCE RATES	CABARRUS		NC
Age Adjusted to the 2000 Census	2007-2012	2011-2015	2011-2015
<b>ALL CANCERS</b>	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

<http://www.schs.state.nc.us/schs/CCR/incidence/2015/5yearRates.pdf>

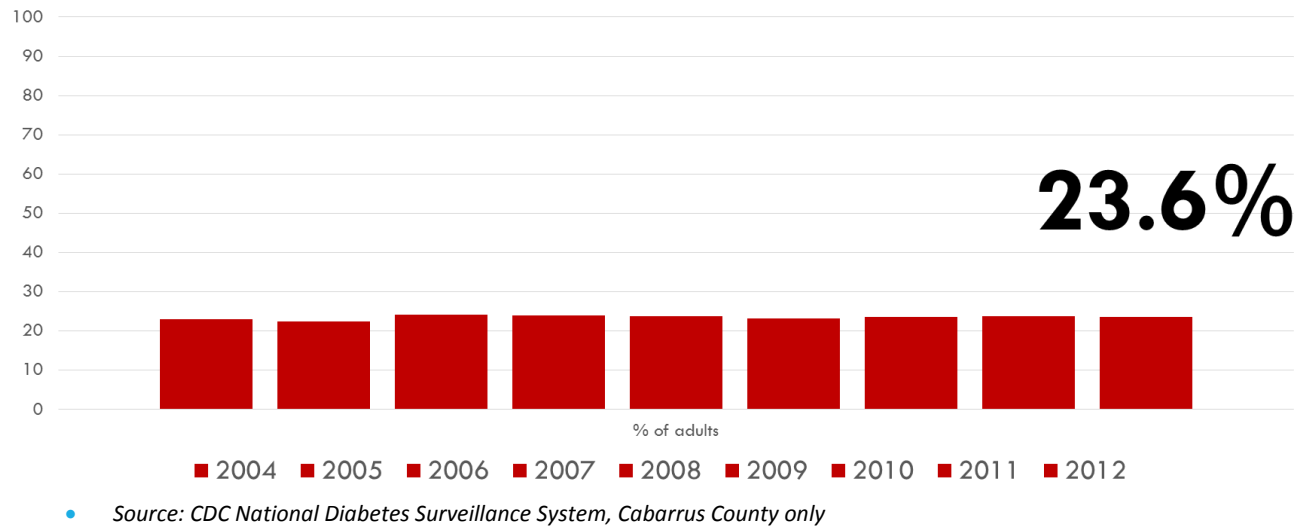
## G. Health Indicators-General Health Data- Adults

### G.1. % Smoked >100 Cigarettes in Lifetime

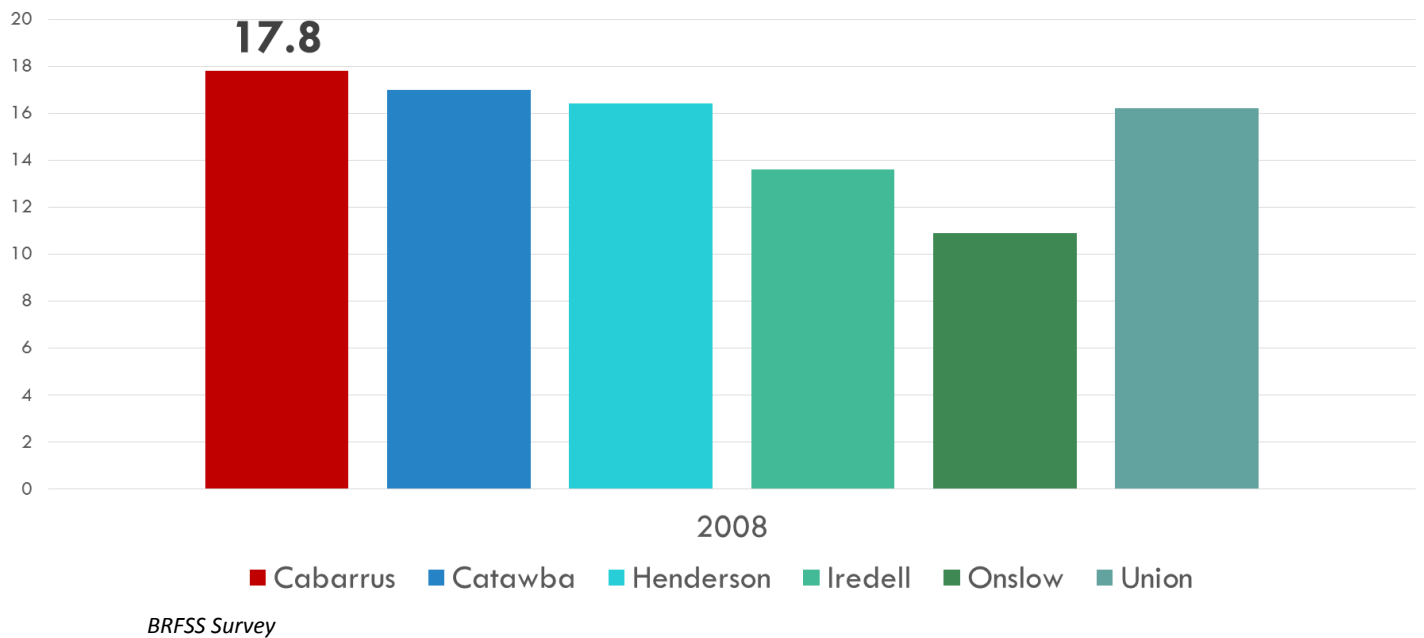


Source: NC SCHS

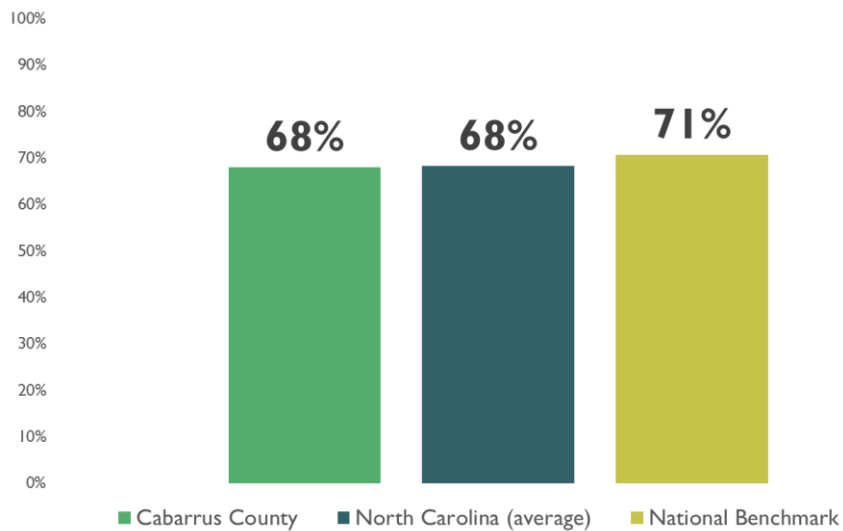
## G.2. % of Adults Reporting No Physical Activity



## G.3. % of Adults with Obesity

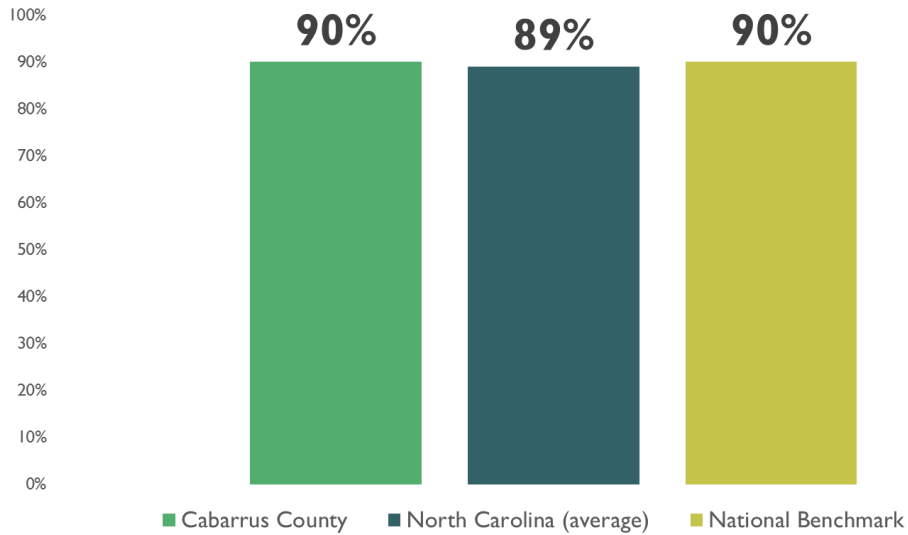


#### G.4. % of female Medicare Enrollees age 67-69 that Receive Mammography Screenings



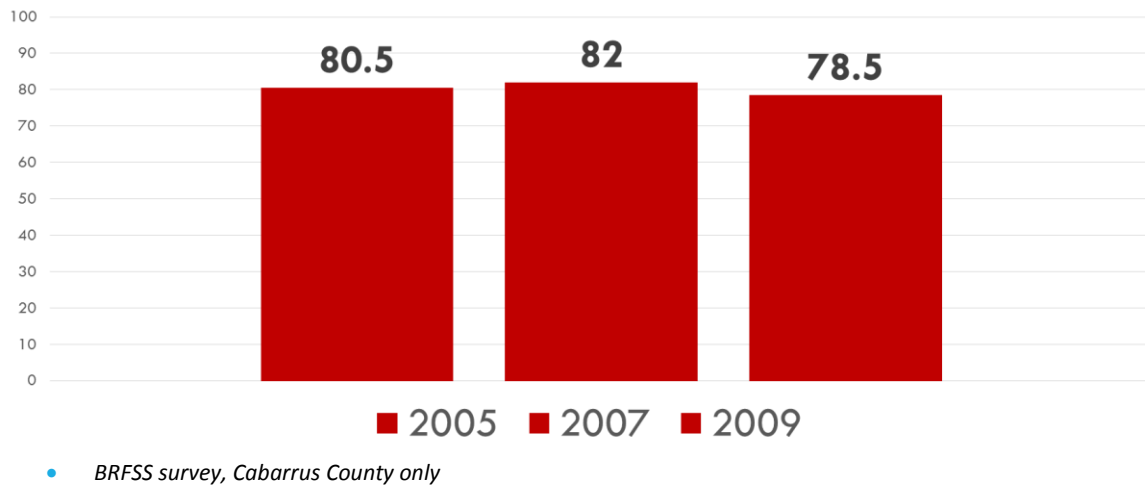
*BRFSS Survey*

#### G.5. % of Diabetic Medicare Enrollees Age 65-75 Whose Blood Sugar Control was monitored in the Past Year



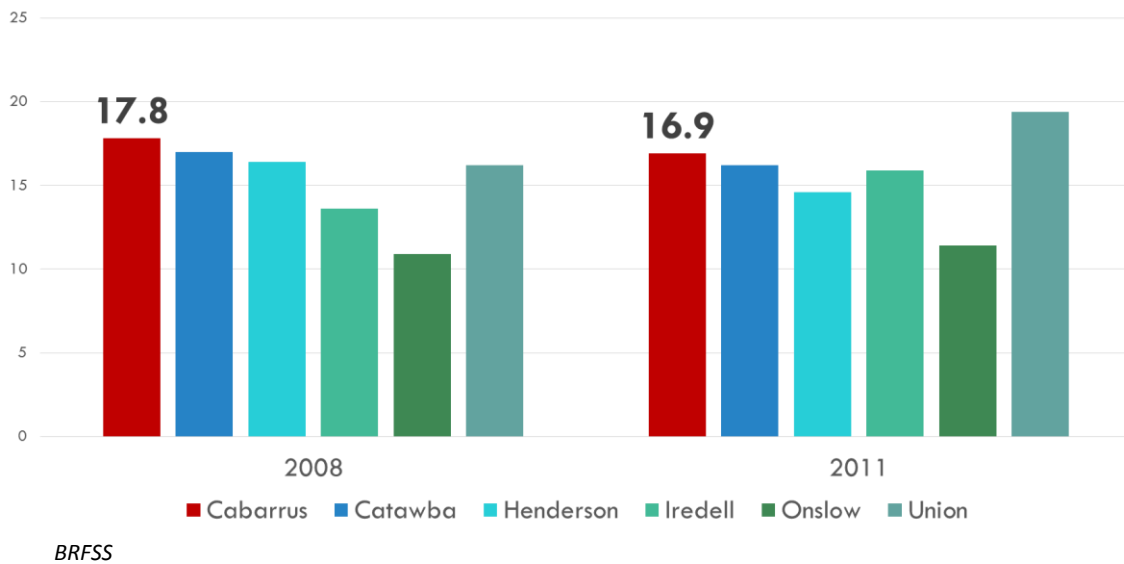
*BRFSS Survey*

## G.6. % of Adults who are not consuming 5 fruits and vegetables per day



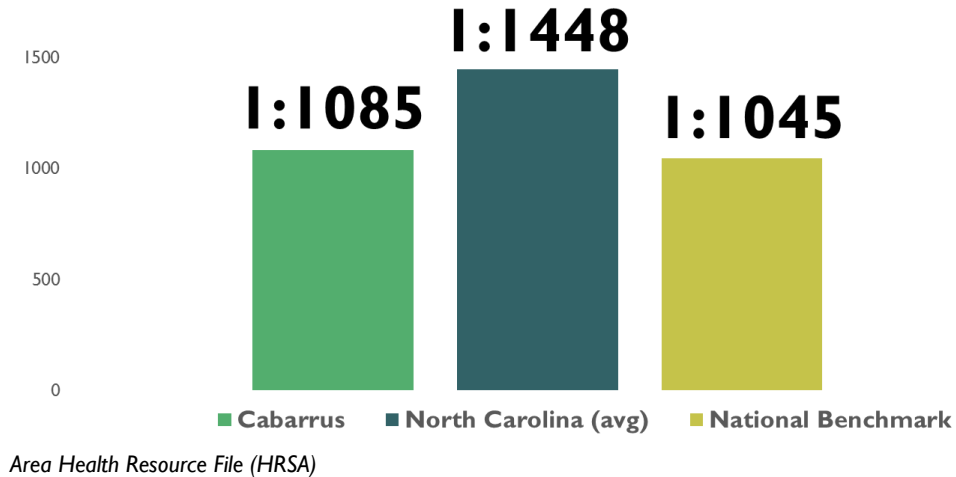
## H. Health Indicators- General Health Data- Children

### % of Children with Obesity

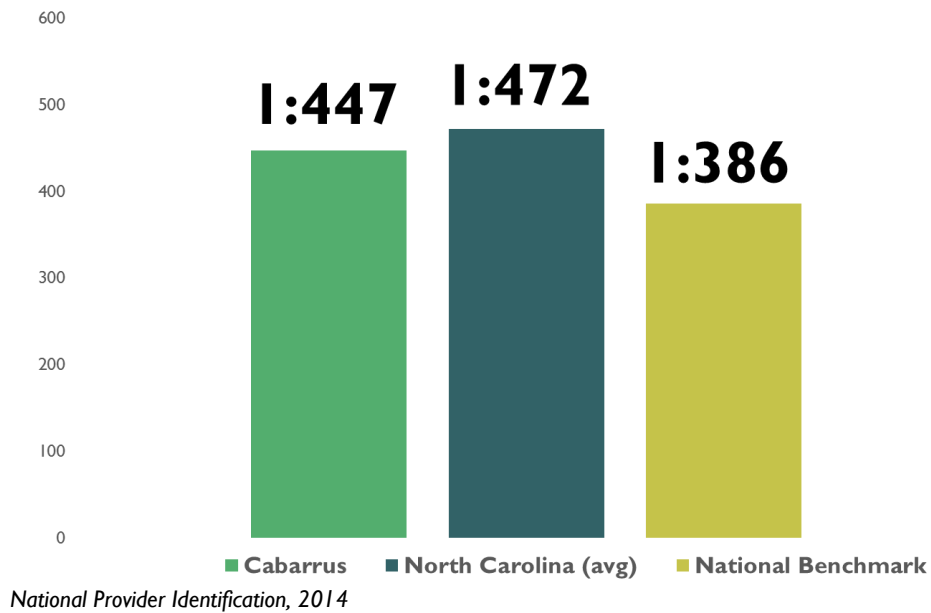


## I. Healthcare Resources

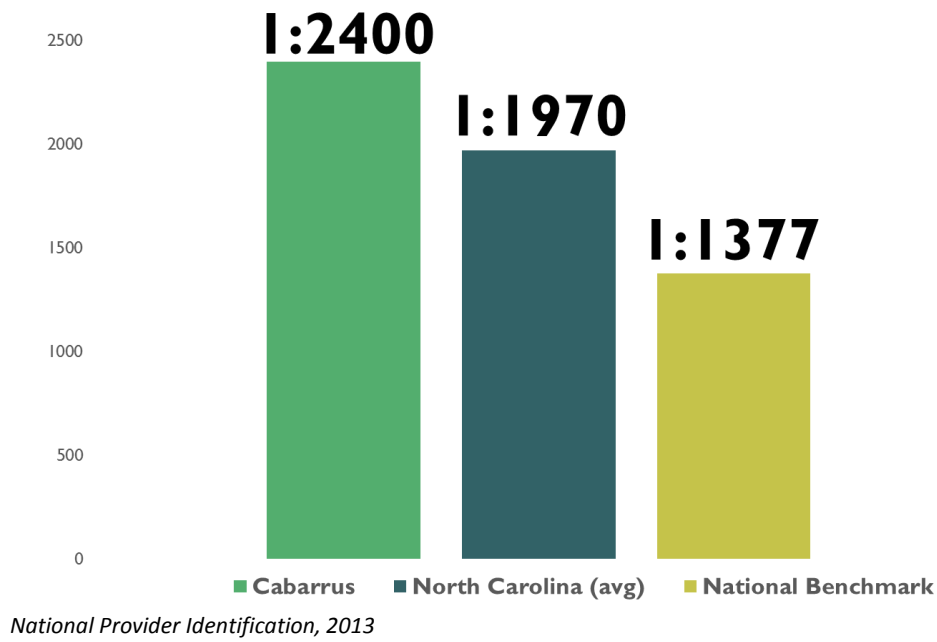
### I.1. Patient to Primary Care Physician Ratio



### I.2. Patient to Mental Health Provider Ratio

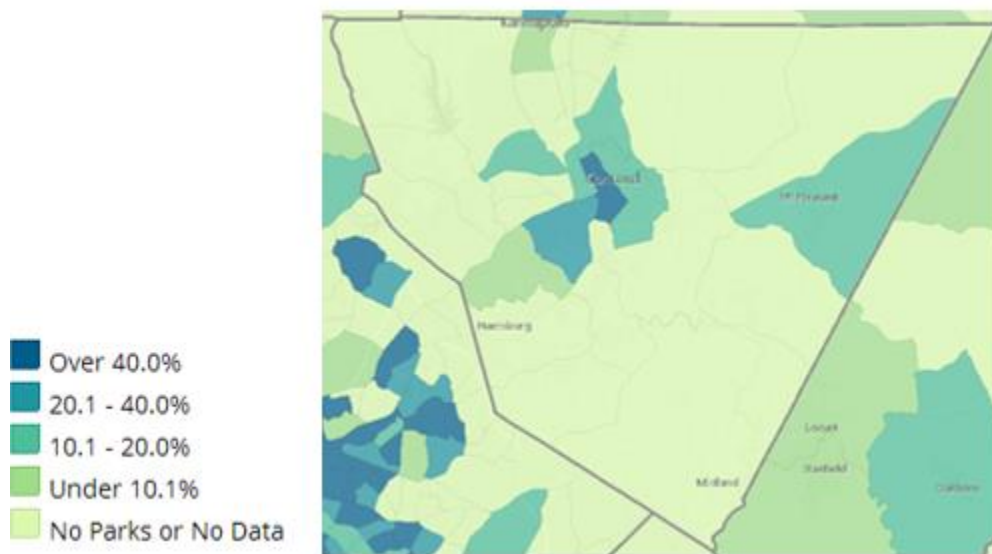


### I.3. Patient to Dentist Ratio



## J. Parks and Recreation

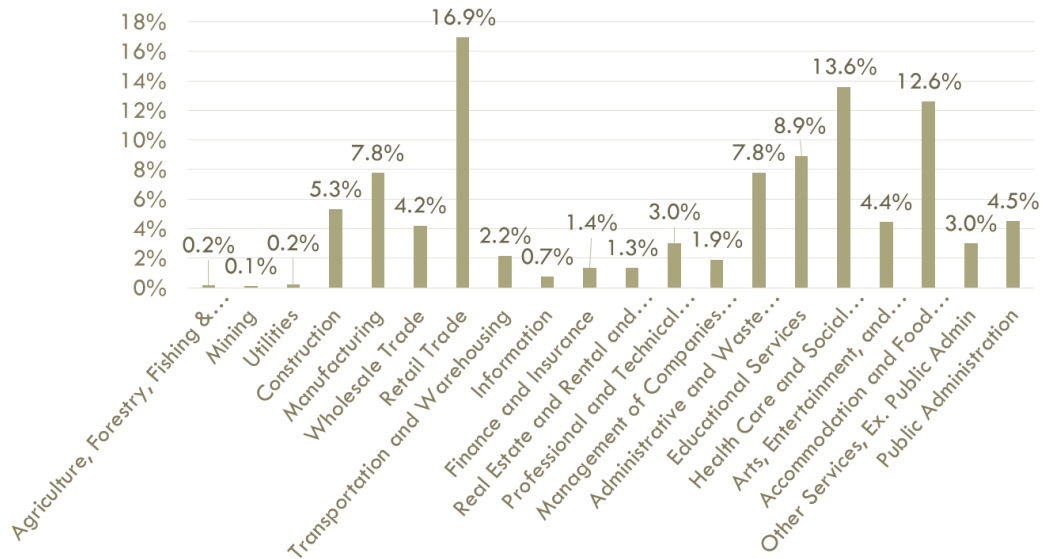
### J.1. Park Access



ESRI/ORM 2013

## K. Employment

### K.1. Major Industries in Cabarrus County



BLS, Local Area Unemployment Statistics, 2015

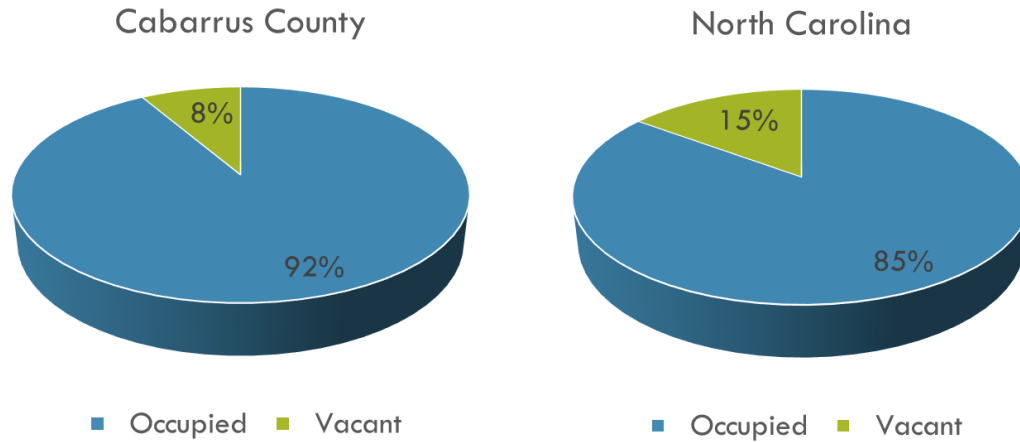
### K.2. Major Employers in Cabarrus County

Company	Employees
Carolinas Medical Center - Northeast	4,500
Concord Mills Mall*	4,000
Cabarrus County Schools	3,800
Cabarrus County Government	950
City of Concord	901
Connexions	900
S&D Coffee and Tea	800
Shoe Show	800
North Carolina Government	770
Kannapolis City Schools	750
Corning	600
Sysco Foods	510
ACN	500
Great Wolf Lodge & Resort	500
Hendrick Motorsports	500

Cabarrus County Economic Development Office

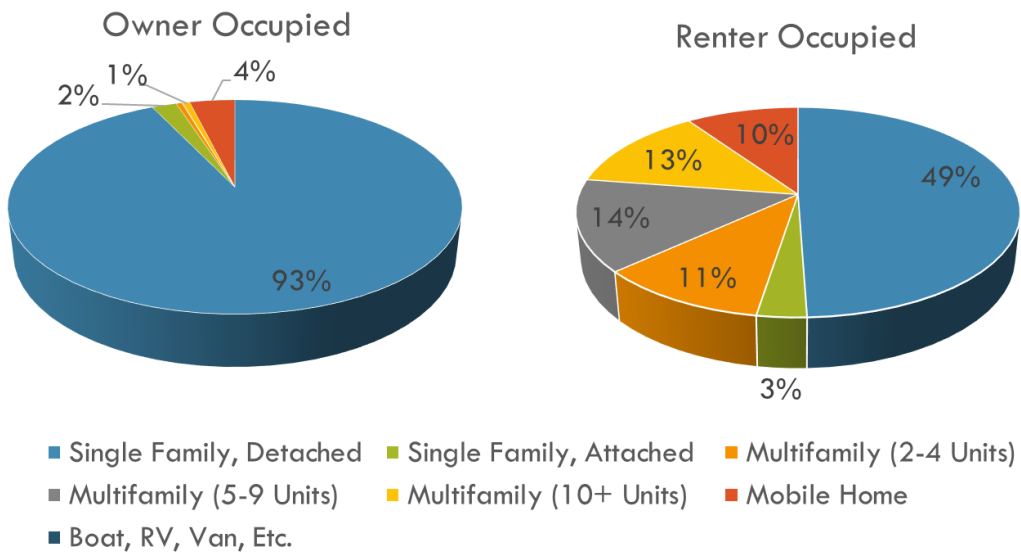
## L. Housing

### L.1. Percentage of Residential Units which are Owner-Occupied



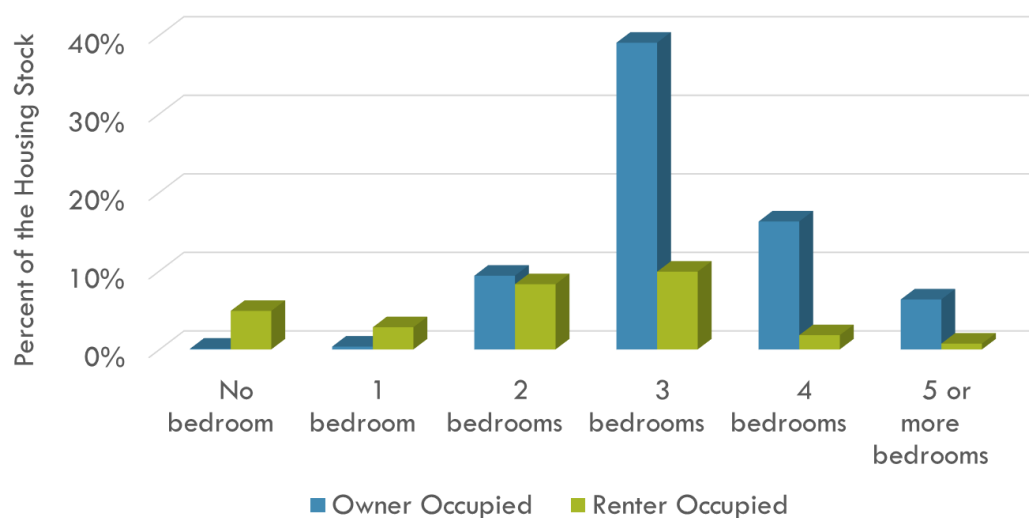
US Census Bureau, 2014 ACS, 2015

### L.2. Housing Units by Type (Owner and Renter)



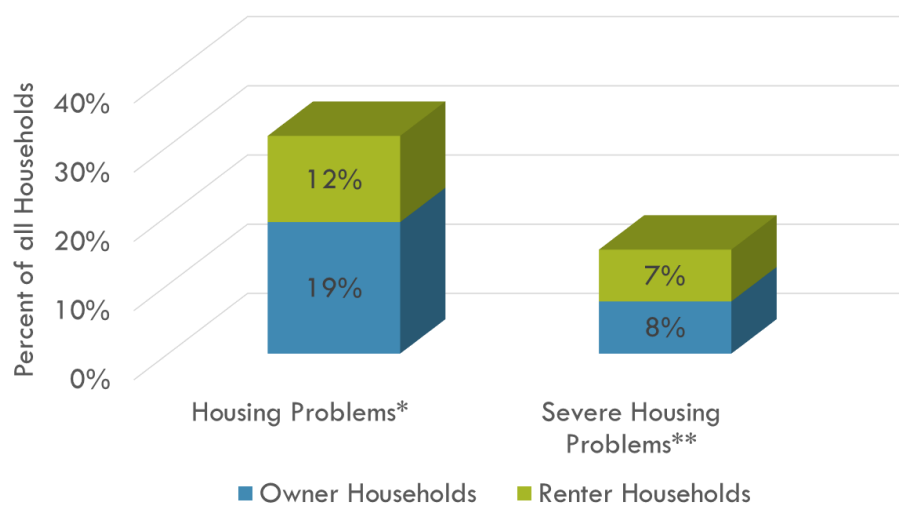
US Census Bureau, 2014 ACS, 2015

### L.3. Housing Units by Size in Cabarrus County



US Census Bureau, 2014 ACS, 2015

### L.4. % with Housing Problems



HUD, 2008-2012 CHAS

## L.5. Home Rental Rates for Cabarrus County

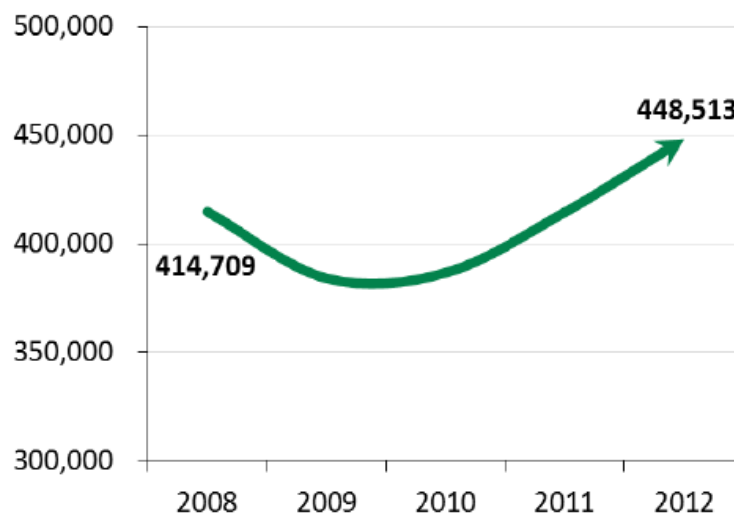
Income Category	1-Person	2-Person	3-Person	4-Person	5-Person
Extremely Low	\$300	\$328	\$406	\$448	\$570
Very Low	\$535	\$597	\$660	\$722	\$768
Low	\$887	\$999	\$1,114	\$1,226	\$1,311
Moderate	\$1,359	\$1,538	\$1,719	\$1,898	\$2,038

	December 2015	December 2014	Change
Median Rental Rate	\$1,211	\$1,160	4.4%

Sources: HUD, HOME & Section 8 Income Limits, 2016; Concord Housing Authority, Utility Allowance, 2016; Zillow, 2016

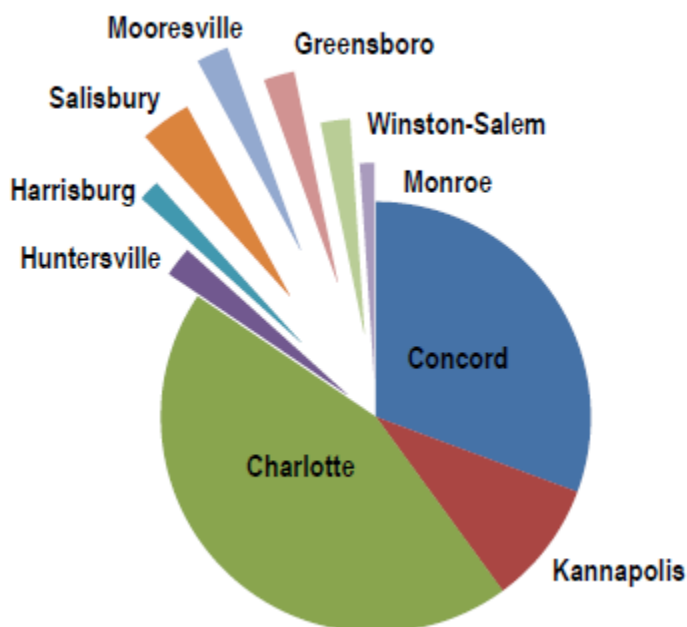
## M. Transportation

### M.1. Public Transportation – CK-Rider Bus System Total Ridership



2014 CK Rider Transit Development Plan

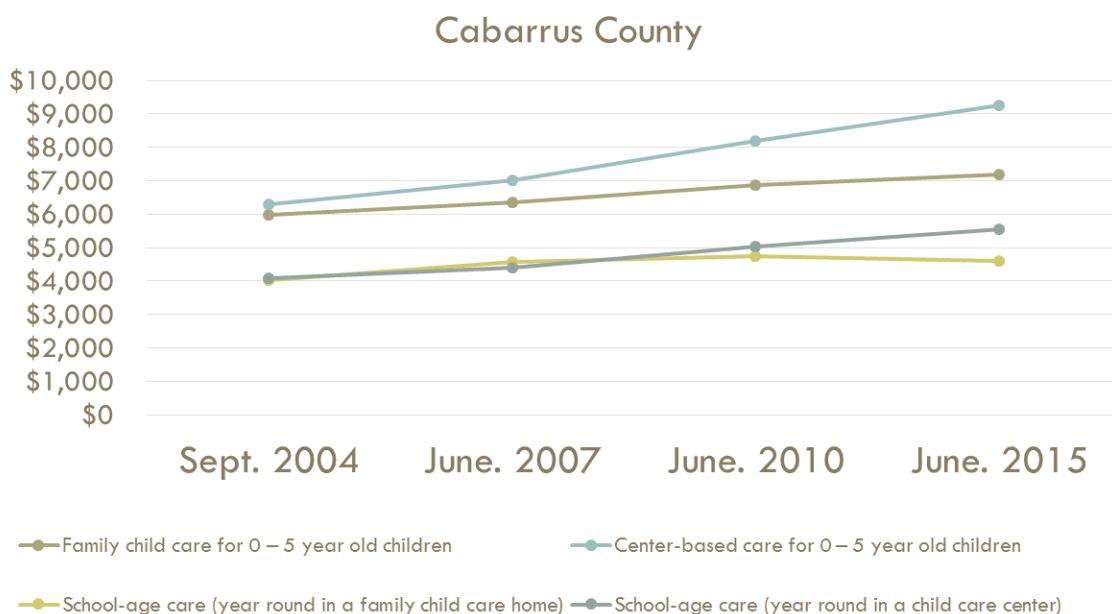
## M.2. City of Employment for Residents Living in Concord-Kannapolis



U.S. Census Bureau, 2014 CK Rider Transit Development Plan

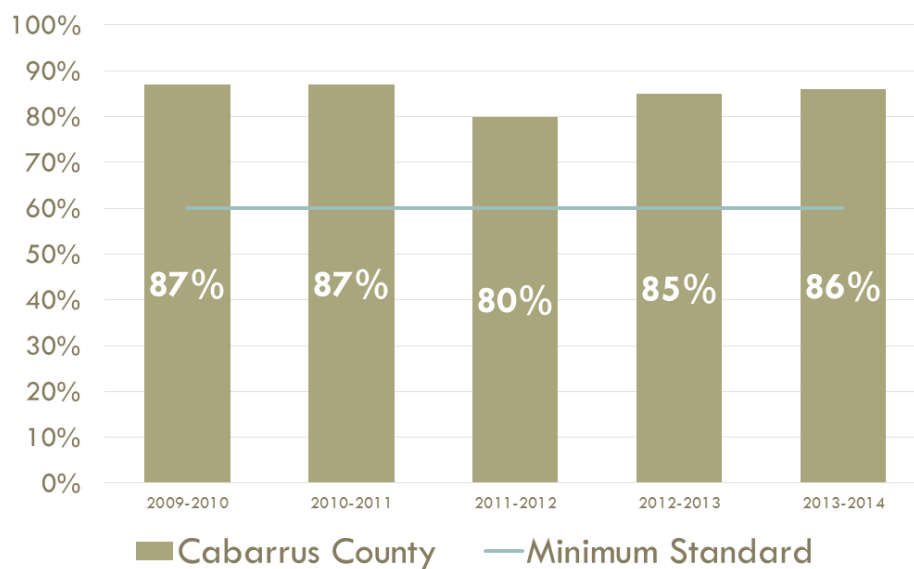
## N. Early Childhood – Child Care and Education

### N.1. Average Annual Fees Spent on Child Care in Cabarrus County



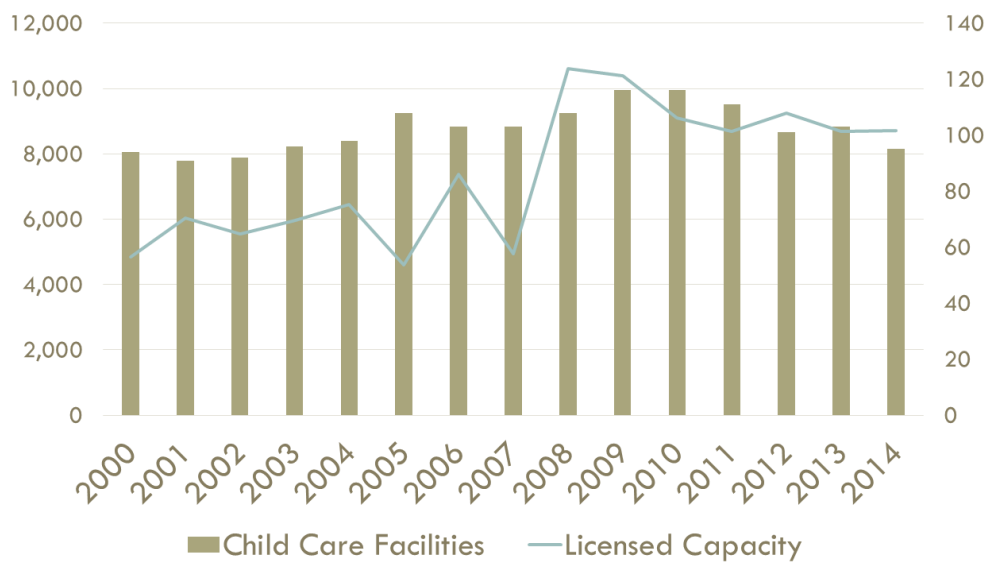
[www.childcareresourcesinc.org](http://www.childcareresourcesinc.org)

## N.2. Average Number of Children in Subsidized Care



Linc, NC

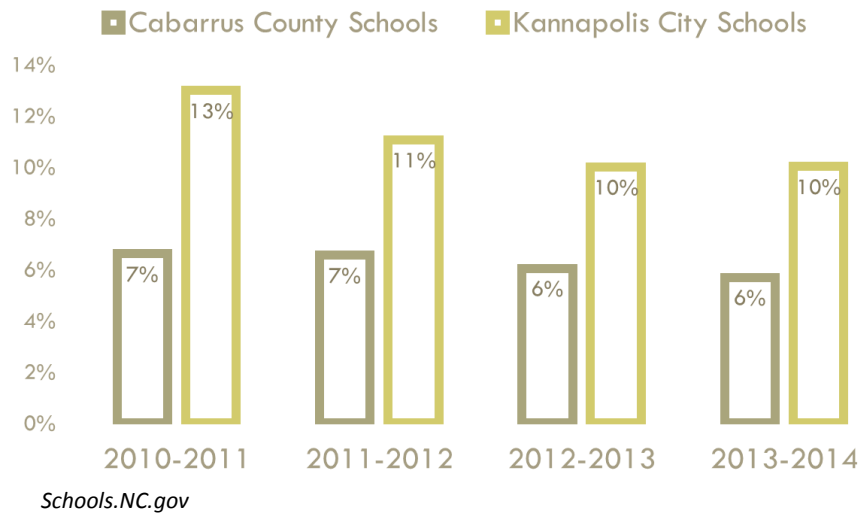
## N.3. Number and Capacity of Licensed Child Care Facilities



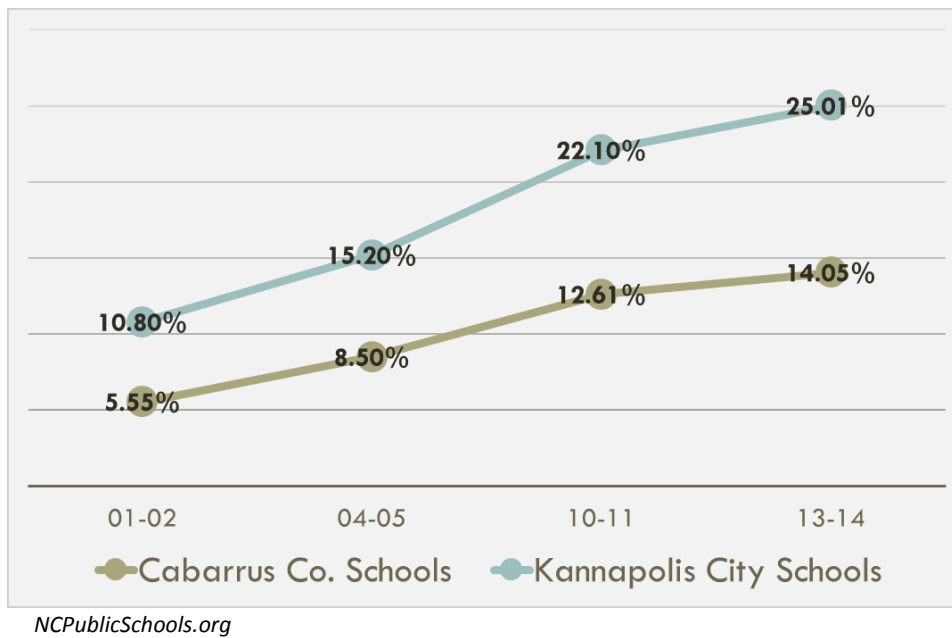
Linc, NC

## O. K-12 Education

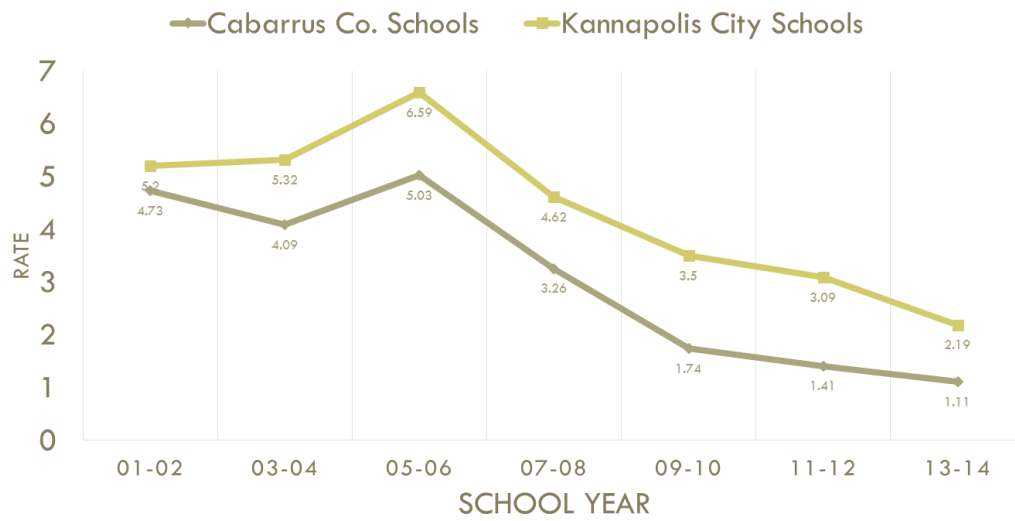
### O.1. Percentage of English as a Second Language (ESL) and Limited English Proficiency (LEP) Students



### O.2. Percentage of Hispanic Student Enrollment

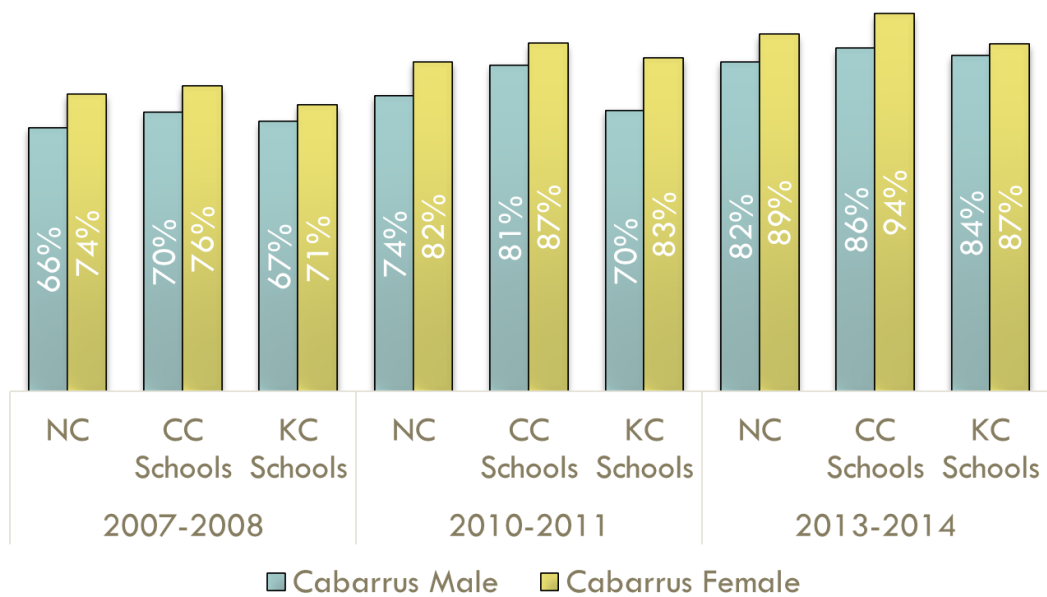


### O.3. Drop Out Rates--Percent of 9th – 12th Grade Enrollment



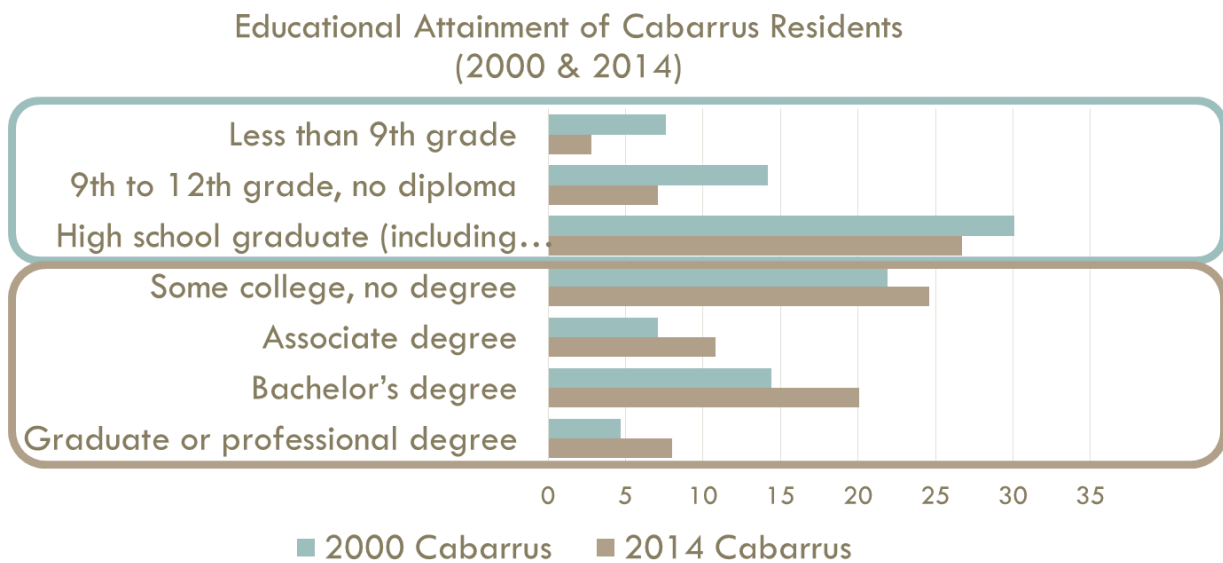
NCPublicSchools.org

### O.4. Graduation Rates



NCPublicSchools.org

## O.5. Educational Attainment of Cabarrus Residents (age 25 and older) as a percent of total population



American Community Survey

## O.6. Homeless Students

Location	2010 - 2011	2011 - 2012	2014-2015
CABARRUS COUNTY SCHOOLS	255	302	331
KANNAPOLIS CITY SCHOOLS	201	212	

NC Homeless Education Program, The SERVE Center at the University of North Carolina--Greensboro. Special data request, Feb. 2012.

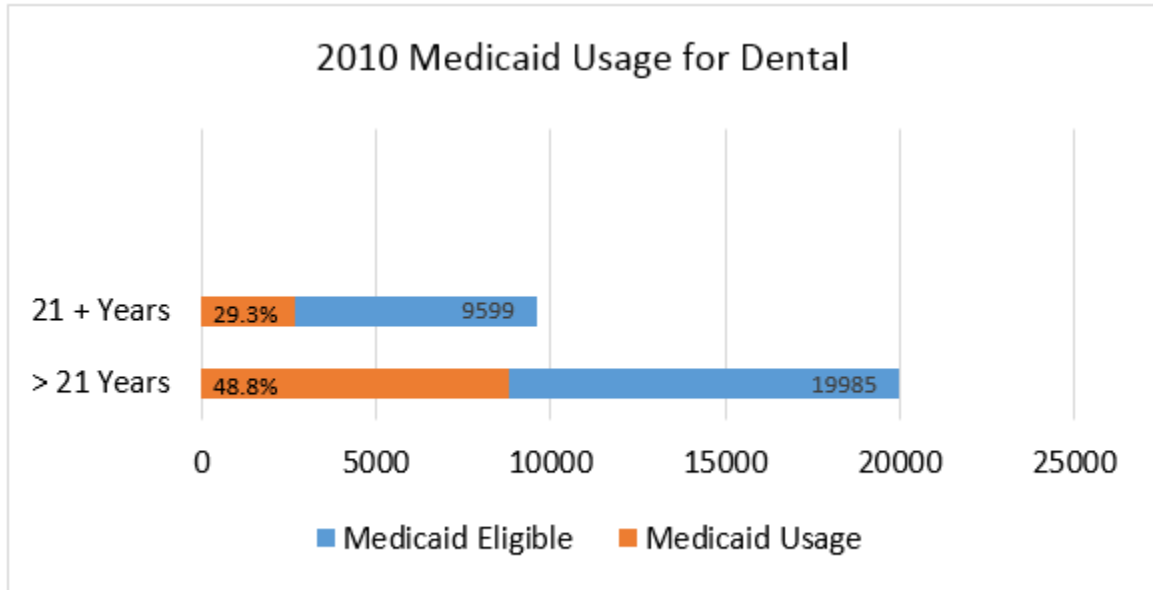
## P. Dental Health

### P.1. Percent of Cabarrus Medicaid Children and Adults Receiving Dental Care

	FY 06	FY 07	FY 08	FY09	FY10
Adults	22%	21%	29%	31%	29%
Children	32%	33%	46%	46%	49%

NC Division of Medical Assistance

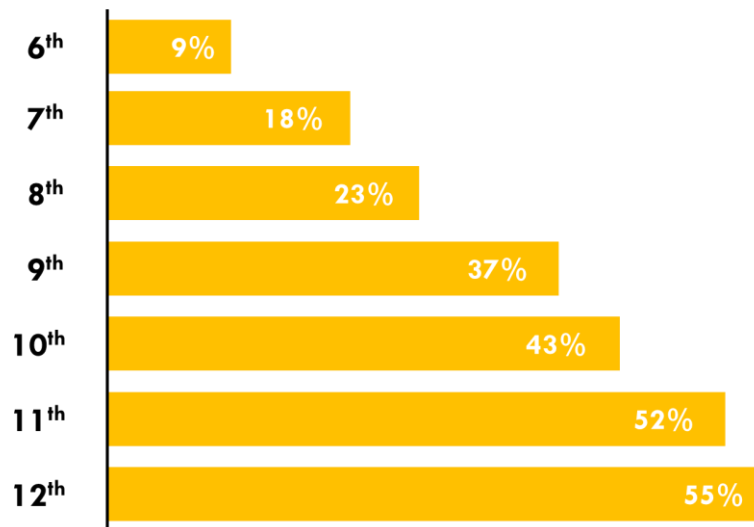
## P.2. 2010 Medicaid Usage for Dental in Cabarrus County



Source: NC DMA

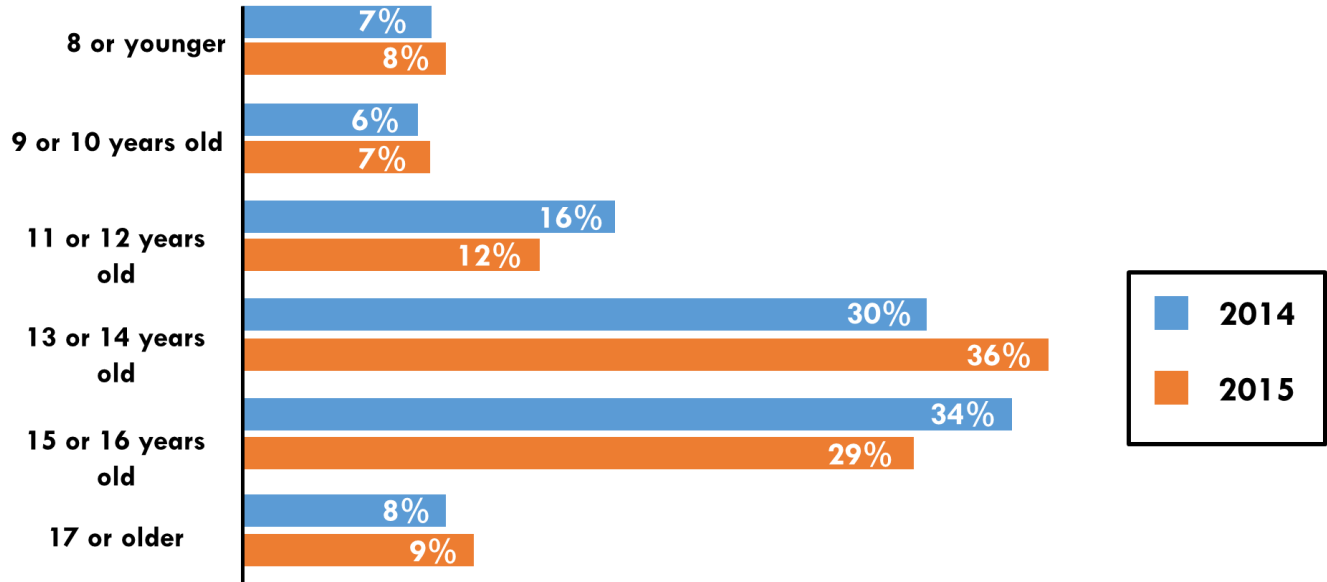
## Q. Behavioral and Social Health

### Q.1. Alcohol Ever Use by Grade



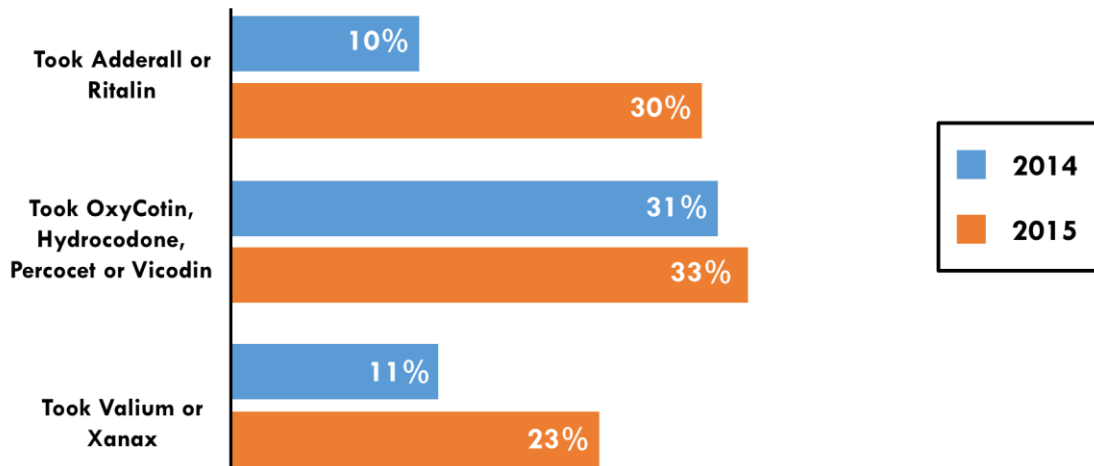
*Cabarrus Youth Risk Behavior Survey 2015*

## Q.2. Age of First Use of Alcohol



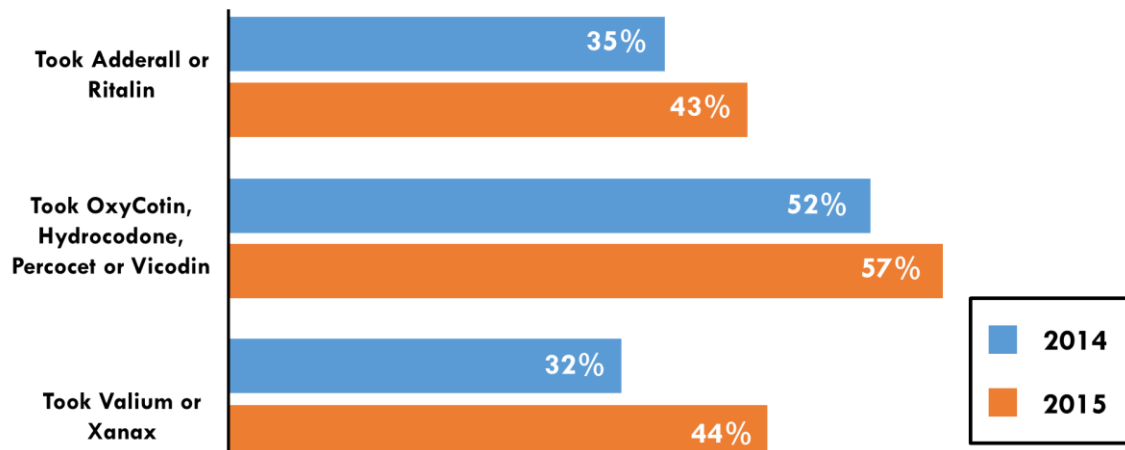
*Cabarrus Youth Risk Behavior Survey 2015*

## Q.3. Ever Took a Prescription Drug Without a Doctor's Order in Middle School



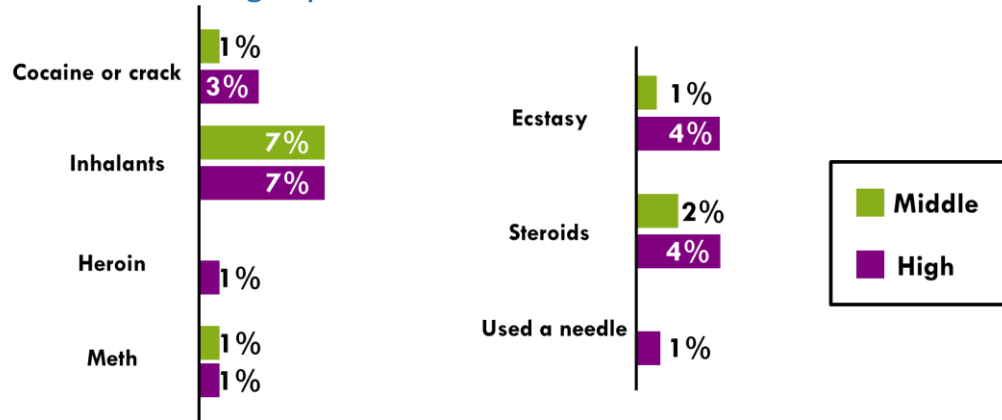
*Cabarrus Youth Risk Behavior Survey 2015*

#### Q.4. Ever Took a Prescription Drug Without a Doctor's Order in High School



Cabarrus Youth Risk Behavior Survey 2015

#### Q.5. Ever Use of Illicit Drugs by School Level



Cabarrus Youth Risk Behavior Survey 2015

#### Q.6. # of EMS Calls Due to Poison, Overdose, & Substance Abuse

2007	2008	2009	2010	2011	2012	2013	2014	2015
305	383	333	584	383	373	369	444	422

Cabarrus County EMS

#### Q.7. # of EMS Use of Naloxone for Overdoses

2007	2008	2009	2010	2011	2012	2013	2014	2015
117	166	175	170	187	240	231	234	310

Cabarrus County EMS

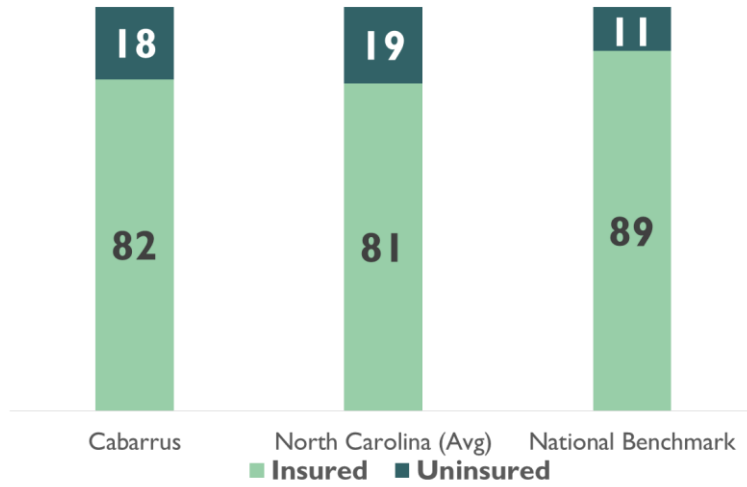
#### Q.8. Children Living in Single Parent Homes

	Child with both parents		Child with single parent	
	2000	2010	2000	2010
Cabarrus County	23,780	32,625	10,002	16,156
North Carolina	1,266,526	1,359,045	697,521	922,590

LINC

## R. Access to Care

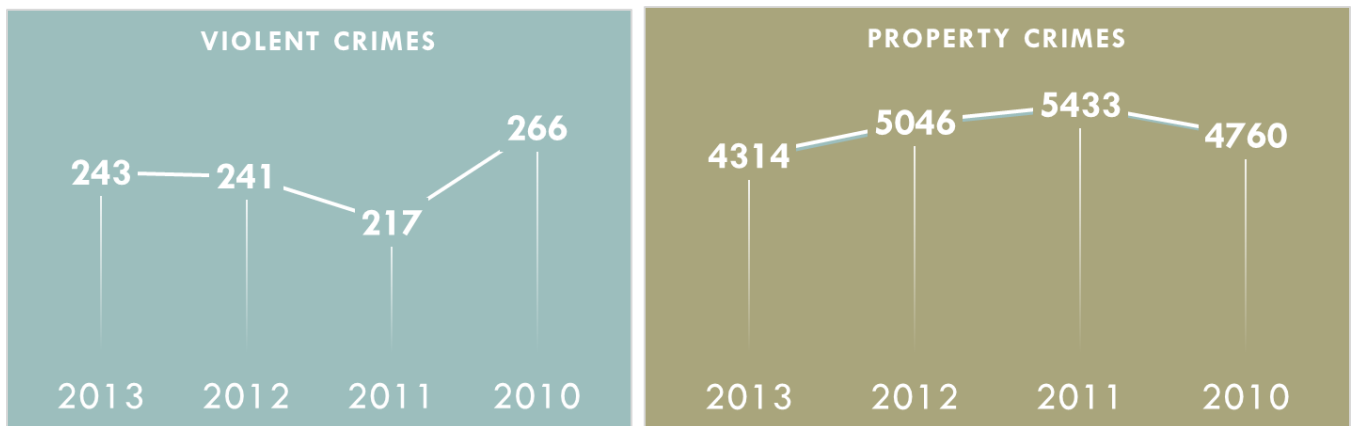
### R.1. % of Cabarrus County Residents, Ages 0-64, without Health Insurance, 2012



*US Census Bureau's Small Area Health Insurance Estimates, 2012*

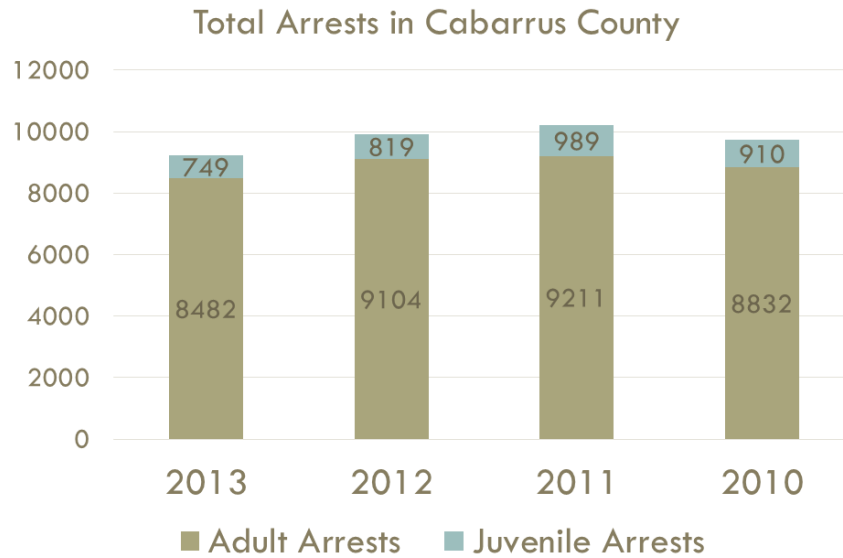
## S. Safety

### S.1. Cabarrus County Crime Rates



*NC Department of Justice & LINC*

## S.2. Total Arrests



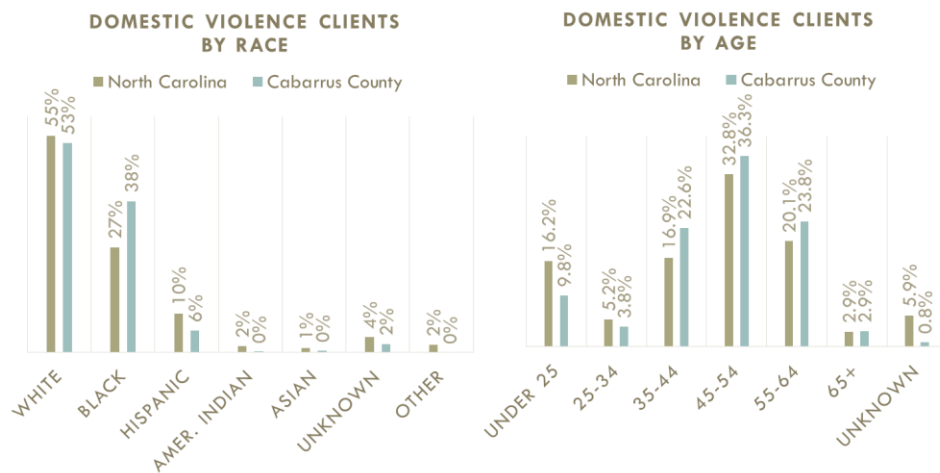
NC Department of Justice & LINC

## S.3. Arrests - Driving While Intoxicated

Top 2 Arrest Categories				
	Males		Females	
Drugs- Non Traffic	73	20.2%	17	4.7%
Driving While Impaired	40	11.1%	10	2.8%

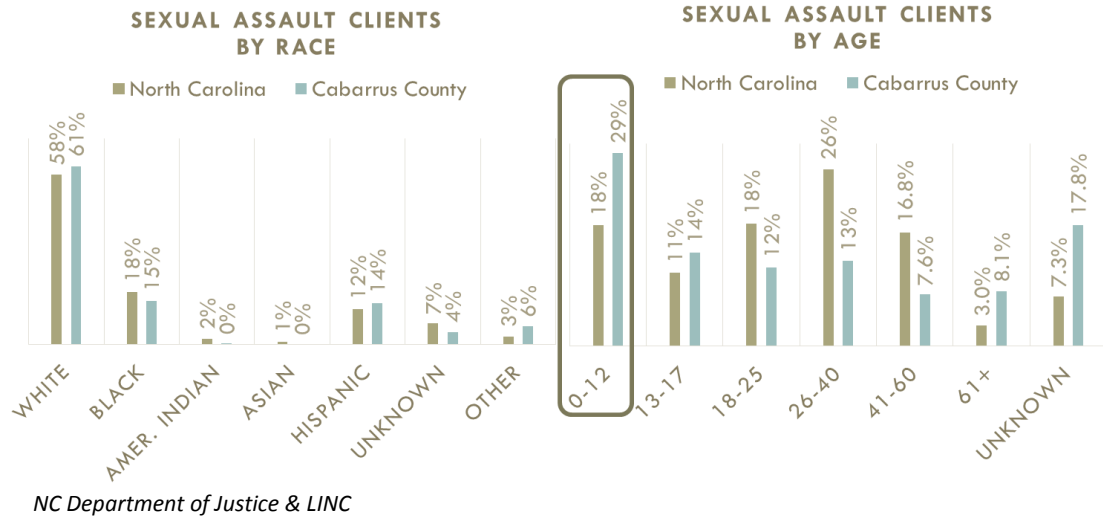
NC Department of Justice & LINC

## S.4. Domestic Violence and Service for Selected Counties

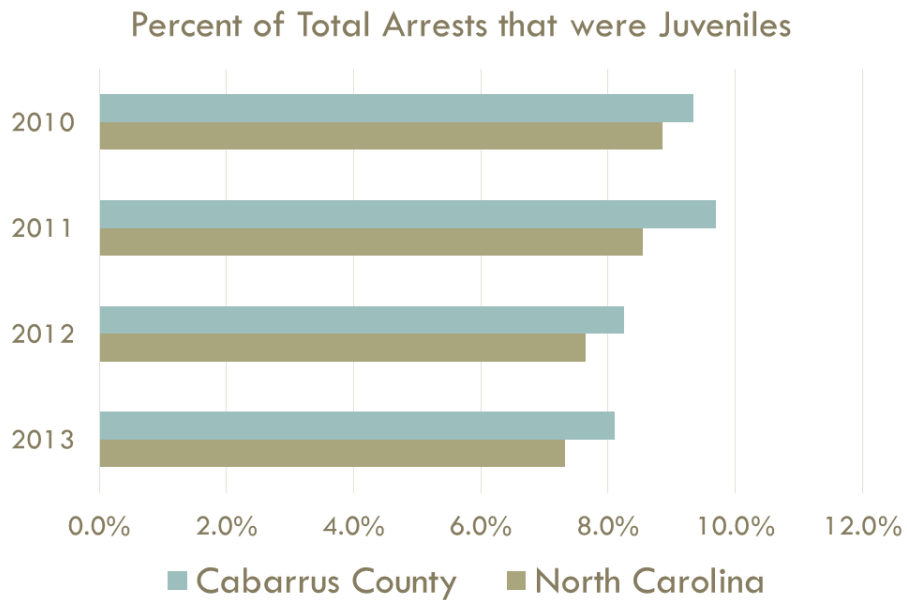


NC Department of Justice & LINC

## S.5. Sexual Assault

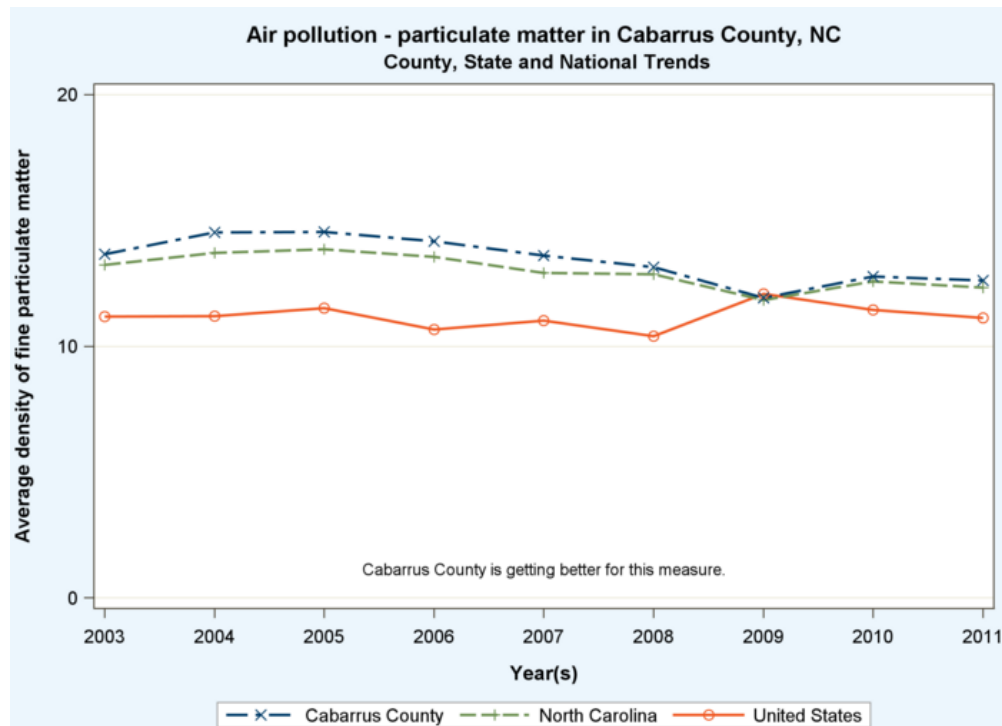


## S.6. Juvenile Arrests



## T. Environmental Health

### T.1. Air Quality



### T.2. Water Quality

As of October 2010, 134 miles of streams or 49% of monitored waters in the Rocky River watershed (includes Concord and Kannapolis) were determined to be impaired.

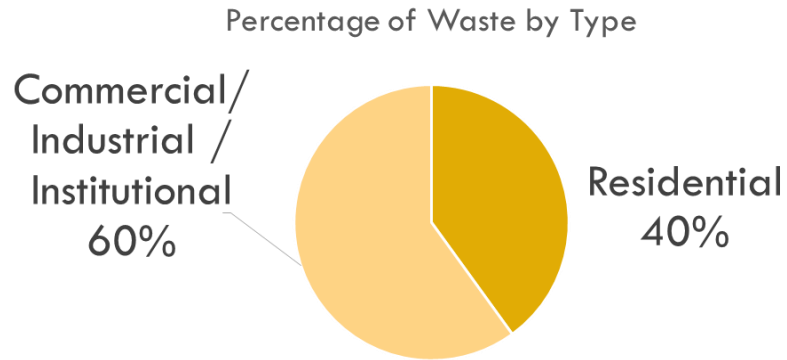
Water Quality (100=best)	Cabarrus County, North Carolina	United States
	90	55

*NC Division of Water Quality (NC DWQ)*

### T.3. Waste Management

A July 2015 report by the North Carolina Division of Environmental Assistance and Customer Service (DEACS) ranks the county **8<sup>th</sup>** in the state in Common Household Recyclable Per Capita Recovery at **160.55** pounds per person

## T.4. Percent of Waste by Type

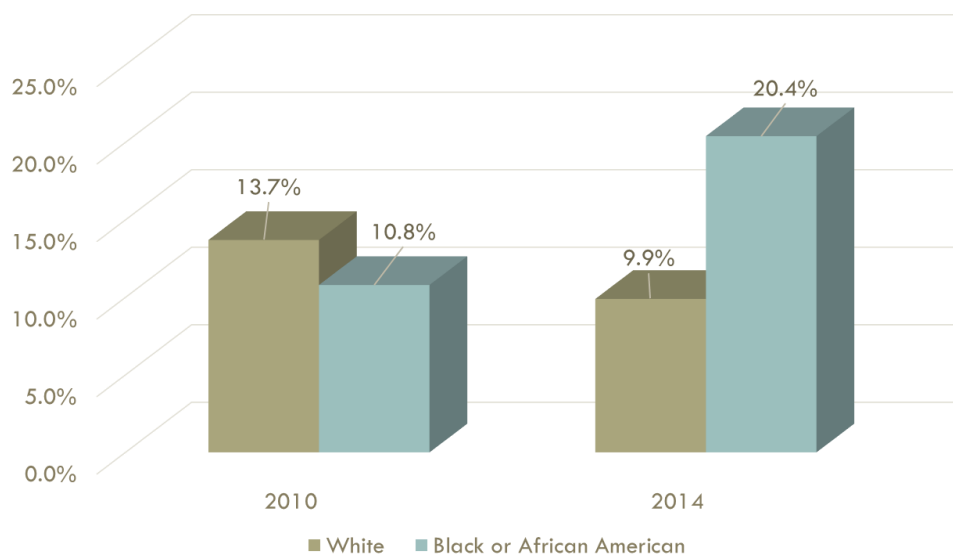


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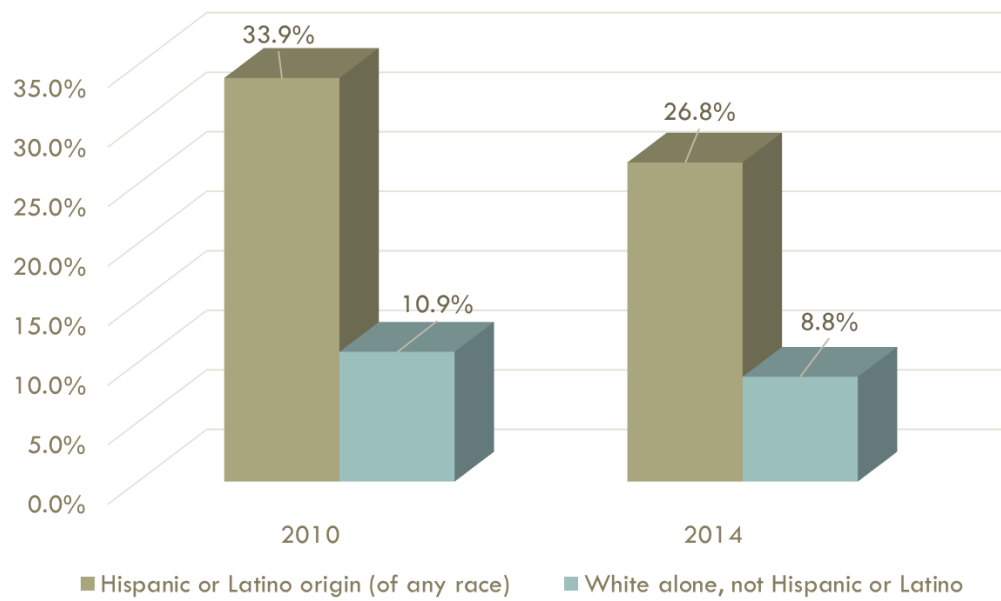
## U. Disparities

---

### U.1 Poverty by Race



## U.2. Poverty by Ethnicity



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## Major Source Descriptions of Secondary Indicators

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- **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](http://www.healthycabarrus.org)*

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



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    Disabled Adults

    Emergency Needs – Food, Shelter, Medication

    Employment Assistance

    Financial Assistance

    Geriatric/Older Adults

    Housing

    Literacy Programs

    Prescription Assistance

    Single Mothers/Battered Women

# 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](http://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

# Health Facilities

## Hospitals

Carolinas Medical Center - Northeast	920 Church St N, Concord, NC 28025-2983 704-403-3000	
Gateway Ambulatory Surgery Center	1025 Northeast Gateway Center NE, Concord, NC 28025 704-920-7027	Physicians, Surgeons and Healthcare
Paragon Surgical	200 Medical Park Dr, Ste 400, Concord, NC 28025-0906 704-786-1108	Physicians, Surgeons and Healthcare
Piedmont Surgical Center	431 Copperfield Blvd. Concord, NC 28025 704-786-1108	Outpatient and Hospital services

## Cabarrus Health Alliance

Cabarrus Health Alliance	300 Mooresville Road Kannapolis, NC 28081 704-920-1000 24-Hour Public Health Emergencies 704-920-1203	Provides clinical services that include pediatric primary care, dental services for all ages (2 locations), environmental health services, family planning programs, immunizations, international travel, WIC, STD testing.
Cabarrus Health Alliance Dental Clinic – Concord	280 Concord Parkway Suite 110-A Concord, NC, 28025 704-920-1070	Provides dental services for all ages (2 locations)
Cabarrus Health Alliance Dental Clinic – Kannapolis	300 Mooresville Road Kannapolis, NC 28081 704-920-1070	Provides dental services for all ages (2 locations)

## Community Health Centers

Cabarrus Community Health Centers, Inc.		
	Logan Family Medicine 298 Lincoln Street, SW Concord, NC 28025 704-920-1065	Both facilities provide services to Children and Adults. Assist individuals with Medicaid, Medicare, Private Insurance, and Sliding Scale Program based income and household size.
	McGill Family Medicine 202D McGill Avenue, NW, Concord, NC 28025 704-792-2242	

Community Free Clinic	528-A Lake Concord Road Concord, NC 28025 704-782-0650	The Community Free Clinic provides adult primary care to uninsured residents of Cabarrus County with household income at or below 125% of federal poverty. The clinic offers an on-site pharmacy, lab services and referrals for specialty care at no charge to qualified residents.
Concord Children's Clinic	1040 Vinehaven Drive NE Concord, NC 28025 704-784-1010	Specializing in pediatrics, they take care of children from the time they are born through adolescence, including childhood illness, preventive care, immunizations, sports and school physicals. In addition to regular pediatric care, they offer: specialized appointments for high-risk neonates (premature infants) sensitive teenage gynecological examinations, overseas adoption and travel examinations.

## Clinics/ Medical Offices

Ardsley Internal Medicine-Harrisburg	5427 Highway 49 S Harrisburg, NC 28075 704-454-7360	Internal
Ardsley Internal Medicine	1085 North East Gateway Ct. NE Ste 200 Concord, NC, 28025 704-403-8650	Internal & Family
Avante at Concord	515 Lake Concord Rd, Concord, NC 28025 704-784-4494	Skilled Nursing Facility
Brian Center Health & Rehab Cabarrus	250 Bishop Lane, Concord, NC 704-788-6400	Skilled Nursing Facility
Cabarrus Ear, Nose, Throat and Facial Surgery Center	200 Medical Pk Dr Ste 500, Concord, NC 28085 704-782-7111	Otolaryngology
Cabarrus Eye Center, PA	201 LePhillip Court, NE, Concord, NC 28025 704-782-1127	Ophthalmology
Cabarrus Family Medicine-Concord	270 Copperfield Blvd Suite NE #102 Concord, NC 28025 704-786-6521	Family
Cabarrus Family Medicine-Harrisburg	4315 Physician Boulevard Suite 101, Harrisburg, NC 28075 704-455-6521	Family
Cabarrus Family Medicine-Kannapolis	220 Dale Earnhardt Boulevard, Kannapolis, NC 28081 704-938-6521	Family

Cabarrus Family Medicine-Mt. Pleasant	8560 Cook Street Mt. Pleasant, NC 28214 704-436-6521	Family
Cabarrus Family Medicine – Sports Medicine and Injury Care	5651 Poplar Tent Road Suite 102 Concord, NC 28027	Sports Medicine / Injury Care
Cabarrus Family Medicine Urgent Care	5641 Poplar Tent Rd Suite 101 Concord, NC 28027 704-782-1955	Family / Urgent Care
Cabarrus Health Alliance	300 Mooresville Road Kannapolis, NC 28083 704-920-1000	Provides clinical services that include pediatric primary care, dental services for all ages, family planning programs, immunizations, international travel, WIC, STD testing.
Cabarrus Pediatrics	66 Lake Concord Road, Concord, NC 28025 704-403-7720	Pediatric
Carolina Digestive Health Associates	1085 NE Gateway Court, Suite 280 Concord, NC 28025 704-455-9700	Gastroenterology
Carolina ENT Specialists, PA	1085 NorthEast Gateway Court, Suite 100, Concord, NC 28025 704-782-2166	Otolaryngology
Carolina Internal Medicine	200 Medical Park Drive Ste 300, Concord, NC 28025 704-403-3676	Internal
Carolina Neurosurgery and Spine Center, PA	225 Baldwin Ave Charlotte, NC 28204 704-376-1605	Surgical
Carolina Pediatric Eye Specialists	1025 Vinehaven Drive, Concord, NC 28025 704-795-5588	Pediatric Ophthalmology
Carolina Pediatric Surgery	100 Medical Park Drive Ste 310, Concord, NC 28025 704-403-2662	Pediatric
Carolina Weight Loss Surgery	1090 Vinehaven Drive NE, Concord, NC 28025 704-403-7580	Surgical
Carolina Sleep Specialists	400 Penny Lane Concord, 28025 704-707-4120	Sleep Medicine, ENT
Central Carolina Nephrology	433 Copperfield Blvd NE Concord, NC 28025 704-786-7770	Nephrology

Children's Urology of the Carolinas	1718 E. Fourth Street Suite 805, Charlotte, NC 28204 704-376-5636	Urology
Christopherson Family Medicine, LLC	845 Church St. North Concord, NC 28025 704-403-2680	Family
Community Free Clinic	528 A Lake Concord Rd, Concord, NC 28025 704-782-0932	Provides primary medical care, prescription medications, laboratory tests, health education & emergency dental care to low-income uninsured residents of Cabarrus County.
Concord Children's Clinic	1040 Vinehaven Drive, Concord, NC 28025 704-784-1010	Pediatric
Concord Internal Medicine	200 Medical Park Dr Ste 550, Concord, NC 28025 704-403-1307	Internal
Concord Women's Clinic	200 Medical Park Dr NE, Concord, NC 28025 704-403-6900	OB/GYN
Copperfield Internal Medicine	845 Church Street, N #310 Concord, NC 28025 704-403-2200	Internal
Copperfield OB/GYN – Concord	349 Penny Lane Concord, NC 28025 704-786-7158	OB/GYN
Copperfield OB/GYN – Harrisburg	4315 Physicians Blvd Suite 201 Harrisburg, NC 28075 704-455-5508	OB/GYN
DaVita Harrisburg Dialysis	3310 Perry Street Concord, NC 28027 704-792-1144 or 866-544-6741 ex. 4431	Nephrology
Dermatology Group of the Carolinas	335 Penny Lane Concord, NC 28025 704-784-5901	Dermatology
Developmental and Behavioral Pediatrics Carolinas	301 Medical Park Dr. NE #202B Concord, NC 28025 704-403-2626	Psychiatric
Family Foot Care	1022 Lee-Ann Dr NE, Concord, NC 28025 704-786-4482	Podiatry
Five Oaks Manor, LLC	413 Winecoff School Road, Concord, NC 28027 704-788-2131	Skilled Nursing Facility

Heart Group of the Carolinas, PA	100 Medical Park Drive Ste 210 Concord, NC 28025 704-783-1010	Cardiology
Hospice and Palliative Care of Cabarrus County	5003 Hospice Lane Kannapolis, NC 28081 704-935-9434	Family
Internal Medicine Associates of Concord	1018 Lee Ann Drive Concord, 28025 704-721-6900	Internal
Kannapolis Internal Medicine	201 Dale Earnhardt Blvd, Kannapolis, NC 28081 704-403-7300	Internal
Kannapolis Medical Center	559 Jackson Park Road, Kannapolis, NC 28083 704-932-0270	Family
Kirk, James F., DPM, PA	889 Bradley Street Concord, NC 28025 704-786-4482	Podiatry
Logan Center	151 Rone Ave SW Concord, NC 28025 704-920-5603	Family
McGill Family Medicine	202 D McGill Avenue NW, Concord, NC 28025 704-792-2242	Family
Midland Family Medicine	12925 Highway 601 #300, Midland, NC 28107 704-888-3702	Family
Northeast Cardiovascular	200 Medical Park Drive #230, Concord, NC 28025 704-403-1859	Cardiology
Northeast Digestive Health Center	1070 Vinehaven Drive NE, Concord, NC 28025 704-783-1840	Gastroenterology
Northeast Ear, Nose, and Throat Center, PA	3003 Dale Earnhardt Blvd #1 Kannapolis, NC 28083 704-788-1103	Otolaryngology
Northeast Endocrinology	1085 NE Gateway Ct NE #330 Concord, NC 28025 704-403-8320	Endocrinology
Northeast Infectious Diseases	200 Medical Park Drive Ste 280, Concord, NC 28025 704-403-1766	Infectious
Northeast Internal and Integrative Medicine	707 Memorial Blvd 201 Concord, NC 28025 704-403-7050	Internal

Northeast Lung Associates, PA	219 LePhillip Court, Concord, NC 28025 704-403-7770	Pulmonary
Northeast Neurology	315 Medical Park Drive Suite 202, Concord, NC 28025 704-403-1911	Neurology
Northeast Oncology Associates	100 Medical Park Drive Suite 110, Concord, NC 28025 704-403-1370	Oncology
Northeast Pediatric Endocrinology	100 Medical Park Drive Ste 310, Concord, NC 28025 704-403-2660	Endocrinology
Northeast Pediatric Neurology	100 Medical Park Drive Ste 310, Concord, NC 28124 704-403-2660	Neurology
Northeast Pediatric Pulmonology	100 Medical Park Dr, Ste 310, Concord, NC 28025 704-403-2660	Pulmonology
Northeast Plastic and Reconstructive Surgery	200 Medical Park Drive, Suite 520, Concord, NC 28025 704-403-2760	Surgical
Northeast Primary Care	543 Jackson Park Road, Kannapolis, NC 28083 704-939-2640	Family
Northeast Psychiatric Services	380 Copperfield Blvd Concord, NC 28025 704-403-1800	Psychiatric
Northeast Psychiatric Services-Harrisburg	5427 Hwy 49, S Harrisburg, NC 28075 704-454-7268	Psychiatric
Northeast Psychological and Psychiatric Institute	380 Copperfield Blvd Concord, NC 28025 704-403-1800	Psychology and Psychiatric
Northeast Rheumatology	200 Medial Park Dr, NE, Concord, NC 28025 704-403-1300	Rheumatology
Northeast Urology Associates, PA	1084 Vinehaven Drive, Concord, NC 28025 704-786-5131	Urology
Northeast Women's Health and Obstetrics	1054 Burrage Road NE, Concord, NC 28025 704-403-7800	OB/GYN
Northgate Family Medicine	1028 Lee-Ann Dr NE Concord, NC 28025 704-788-1134	Family

Novant Health Kannapolis Family Medicine	1035 Dale Earnhardt Blvd Kannapolis, NC 28023 704-316-1886	Family
Oaks at Town Center	6300 Roberta Road Harrisburg, NC 28025 704-455-5553	Skilled Nursing Facility
Occupational Medicine Services	707 Memorial Boulevard, Concord, 28025 704-783-1626	Sports Medicine
OrthoCarolina Concord	354 Copperfield Blvd, Concord, NC 28025 704-786-5122	Orthopedics
Paragon Surgical Specialists	200 Medical Pk Dr. Ste 400, Concord, 28025 704-786-1108	Surgical
Pediatric Pavilion	100 Medical Park Drive Ste 310, Concord, NC 28025 704-316-5060	Pediatric
Piedmont Orthopedic Specialists	319 Penny Lane Concord, NC 28025 704-403-7020	Orthopedics
Piedmont Pediatrics	NE Gateway CT Concord, NC 28025 (704) 403-4650	Pediatric
Piedmont Surgical Clinic, PA	56 Lake Concord Road, Concord, NC 28025 704-786-1104	Surgical
ProMed Healthcare	8520 Pit Stop Court Suite 30, Concord, NC 28027 704-979-8765	Healthcare
Quinn, Robert P., MD	25 Lake Concord Road, NE, Concord, NC 28085 704-782-6673	Otolaryngology
Renaissance Plastic Surgery, PA	398 Copperfield Blvd, NE, Concord, NC 28025 704-784-4008	Surgical
Renaissance Women's Health	2101 Shiloh Church Road Ste 202 Davidson, NC 28036 704-439-3770	OB/GYN
Rocky River Pediatrics	5427 Highway 49 S Harrisburg, NC 28075 704-455-5565	Pediatric
Ryan Foot and Ankle Clinic	492 Copperfield Boulevard, Concord, NC 28025 704-788-9797	Podiatry
Serenity House	PO Box 1627 Concord, NC 28026 704-786-8722	Provides quality residential rehabilitation for alcoholics and drug addicts.

Southern Piedmont Community Care Plan	845 Church Street N. Suite 204, Concord, NC 28025 704-262-1040	Medicaid case management
Suburban Pediatrics	3396 Cloverleaf Parkway, Kannapolis, NC 28083 704-784-1811	Pediatric
Suburban Pediatrics-Davidson	NorthEast Outpatient Center Renaissance Square Davidson, NC 28036 704-439-3700	Pediatric
Superlative Medstaff	1036 Branchview Drive. Suite 202, Concord, NC 28025 704-782-0008	Healthcare and Employment Agencies
The Sanger Clinic Pediatric Cardiology	100 Medical Park Drive NE Suite 310 Concord, NC 28025 704-403-2860	Cardiology
Transitional Health Services/Kannapolis	1810 Concord Lake Road, Kannapolis , NC 28083 704-933-3781	Skilled Nursing Facility
Universal Health Care & Rehab Center	430 Brookwood Avenue NE Concord, NC 28025-2566	Skilled Nursing Facility
Urology Specialists of the Carolinas	1085 NorthEast Gateway Court Suite 180, Concord, NC 28025 704-707-2200	Urology
Weddington Internal Medicine and Pediatrics	3020 Weddington Road, Concord, NC 28027 704-403-7700	Internal
Winecoff Family Practice	3020 Weddington Road, Concord, NC 28027 704-403-7700	Family

## Urgent Care

Cabarrus Family Medicine Urgent Care at Poplar Tent	5641 Poplar Tent Road Suite 101 Concord, NC 28027	Urgent Care
Cabarrus Urgent Care	1090 NE Gateway Ct NE #202 Concord, NC 28025 704-786-6122	Urgent Care
Carolinas HealthCare System Urgent Care	10545 Blair Rd #1200 Mint Hill, NC 704-863-9600	Urgent Care
ProMed Concord	8520 Pit Stop Ct NW Concord, NC 704-979-8765	Urgent Care

# Health Providers

## Pharmacies

Location	Name of Pharmacist	Facility Address	Phone
BI-LO	Kathy Webster	595 US 601 By-pass South, Concord, 28025	704-793-1334
Cannon Pharmacy	Brian Freeman	1706 S Cannon Blvd, Kannapolis, 28083	704-933-6337
Chapman Pharmacy	Charles Chapman	563 Jackson Park Rd, Kannapolis, 28081	704-932-5050
CVS/pharmacy	Anthony Clodfelter	520 North Cannon Blvd, Kannapolis, 28083	704-938-3187
CVS/pharmacy	Brandon Krug	931 Concord Pkwy, Concord, 28027	704-786-3192
CVS/pharmacy	Marci Koppenhaver	5225 Poplar Tent Rd, Concord, 28027	704-782-1727
CVS/pharmacy	Ross Kendall	4300 Hwy 49 N, Harrisburg, 28075	704-455-6420
CVS/pharmacy	Irene Petrides	589 US Hwy 601 Bypass South, Concord, 28025	704-793-1629
CVS/pharmacy	Ali Mehrizi	44 Branchview Dr NE, Concord, 28025	704-788-3162
Harris Teeter	Sarah Workman	9900 Poplar Tent Rd, Ste 124, Concord, 28027	704-789-9602
Harris Teeter Pharmacy	Becky Sawyer	1245 Concord Pkwy, Concord, 28025	704-795-9868
Harris Teeter Pharmacy	Lisa Lippincott	358 George W. Liles Pkwy NW, Concord, 28027	704-786-2534
Harris Teeter Pharmacy	Carmen Montante	9641 Brookdale Dr, Harrisburg, 28215	704-599-8670
Harrisburg's Hometown Pharmacy	Sherrie Everhart	5006 Hwy 49, Harrisburg, 28075	704-454-7948
Kerr Drug	Robert Boynton	690 Church St North, Concord, 28025	704-782-2194
Kerr Drug	David Young	848 Union St South, Concord, 28025	704-786-4197
Kmart Pharmacy	Rhonda Weeks	545 Concord Pkwy N, Concord, 28027	704-792-9620
Medicap Pharmacy	Thomas Thompson	361 George W Liles Pkwy NW, Concord, 28027	704-789-9681,
Moose Drug Company	William Moose	8374 W Franklin St, Mount Pleasant, 28124	704-436-9613
Moose Midland Pharmacy	Amie Howe	12925 Hwy 601, Midland, 28107	704-888-2114
Moose Professional Pharmacy	Joseph Moose	270 Copperfield Blvd, Concord, 28025	704-784-9613
Rite Aid Pharmacy	Judy Hargis	135 Dale Earnhardt Blvd, Kannapolis, 28081	704-938-6151
Rite Aid Pharmacy	Angela Cawa	3645 Concord Pkwy S, Concord, 28027	704-723-4948
Rite Aid Pharmacy	Damon Jones	4305 NC Hwy 49, Harrisburg, 28075	704-454-5920
Rite Aid Pharmacy	Mikel Cole	30 Warren C Coleman Blvd N, Concord, 28027	704-782-2142
Sam's Pharmacy	Billy Cranford	2421 Super Center Dr, Kannapolis, 28083	704-792-9049
Target Store	Michael Kehr	6150 Bayfield Pkwy, Concord, 28027	704-262-6081
The Medicine Shoppe	Phyllis Ann Lenhart	807 Davidson Dr, Concord, 28025	704-786-0135
Walgreens	Ronald Gobble	1310 S Cannon Blvd, Kannapolis, 28083	704-938-7021

Walgreens	Dana Rollen	1495 Concord Pkwy N, Concord, 28025	704-786-3411
Walgreens	Heidi Tartal	735 Cabarrus Ave W, Concord, 28027	704-723-9370
Walgreens	Kathryn Christenson	10 Pitts School Rd SW, Concord, 28027	704-795-0091
Walgreens	Hai Nguyen	5230 Poplar Tent Rd, Concord, 28027	704-784-1977
Wal-Mart Pharmacy	Thomas Henderson	150 Concord Commons Place, Concord, 28027	704-788-3138
Wal-Mart Pharmacy	Justin Boyer	5825 Thunder Rd, Concord, 28027	(704) 979-2552

## Dentists

First Name	Last Name	Facility Address	Phone
Gregory	Abrams	2482 Wonder Dr, NE , Kannapolis, NC, 28083	704-786-7007
Lindsey	Antosek	105 Country Club Dr , Concord, NC, 28025	704-788-6777
Norman	Beam	5400 Hwy 49 S. PO Box 639, Harrisburg, NC, 28075	704-455-2044
Gregory	Bialek	360 Exchange St NW Suite 101, Concord, NC, 28027	704-788-1717
Kimberly	Blanding	1843 S. Ridge Ave , Kannapolis, NC, 28083	704-938-4211
Beverly	Broadwell	1921 Concord Lake Road , Kannapolis, NC, 28083	704-723-9252
Kimberly	Canton-Kane	280 Concord Parkway Suite 110-A, Concord, NC, 28025	704-920-1070
Reid	Chaney	5000 S US Hwy 49 , Harrisburg, NC, 28075	704-455-3333
Candace	Cole	1829 S Ridge Ave , Kannapolis, NC, 28083	704-938-4211
Clifford	Compton, III	913 Union Street South , Concord, NC, 28025	704-786-8825
Candace	Crowe	1706 S. Main St , Kannapolis, NC, 28083	704-932-5000
Henry	Duncan	814 Sloop Avenue , Kannapolis, NC, 28083	704-933-2116
Sean	Ferguson	244 Lephillip S Ct , Concord, NC, 28025	704-786-8317
Thomas	Ferrell	11195 Davinci Dr , Davidson, NC, 28036	704-439-3191
Jeffrey	Fink	105 Country Club Dr , Concord, NC, 28025	704-788-6777
Bobby	Gibbs	281 S. Cannon Blvd , Kannapolis, NC, 28083	704-938-4616
Chris	Hartung	1921 Concord Lake Road , Kannapolis, NC, 28083	704-723-9252
James	Hunter	814 Sloop Avenue , Kannapolis, NC, 28083	704-933-2115
Mark	Icard	5500-500 S Hwy 49 South, Harrisburg, NC, 28075	704-455-5003
Daniel	Johnson	715 Arbor Street NE , Concord, NC, 28025	704-782-7813
Nikki	Jones	6173 Bayfield Pkway , Concord, NC, 28027	704-782-3232
Marie	Kelly	3099 Rock Hill Church Rd , Concord, NC, 28027	704-782-2630
Farzaneh	Keshmiri	5641 Poplar Tent Rd Suite 203, Concord, NC, 28027	704-793-4211
Stacy	Lesley	219 Branchview Dr, NE , Concord, NC, 28027	704-966-6976
Pamela	Linker	5500 Hwy 49 S Suite 100, Harrisburg, NC, 28075	704-455-2177
Dennis	Lockney	219 Branchview Dr NE , Concord, NC, 28025	704-788-4144
Patricia	London	213 Church St , Concord, NC, 28075	704-782-1012
Evan	Long	5641 Poplar Tent Rd Suite 201, Concord, NC, 28025	704-795-2300
Manuel	Lopez	280 Concord Parkway Suite 110-A, Concord, NC, 28025	704-920-1070
James	Louden, Jr.	5400 Hwy 49 S. PO Box 639, Harrisburg, NC, 28025	704-455-5112
David	Mashburn	220 Branchview Dr SE , Concord, NC, 28025	704-782-2214
Caryn	Massari	4351-201 Main Street , Harrisburg, NC, 28075	704-455-5354

Michael	Mock	1476 South Main St, Mount Pleasant, NC, 28124	704-436-9397
Mike	Morton	201 Security St , Kannapolis, NC, 28083	704-938-3189
Eric	Moskowitz	9900-150 Poplar Tent Rd , Concord, NC,	704-782-2400
David	Ney	4938 Hwy 495 South , Harrisburg, NC, 28075	704-454-7711
Kishor	Patel	5303-240 Poplar Tent Rd , Concord, NC, 28025	704-795-1515
Bryan	Persinger	1020 Lee-Ann Dr NE. , Concord, NC, 28025	704-795-1055
Robert	Rogers, Jr.	220 Branchview Dr SE , Concord, NC, 28025	704-782-2214
Carlos	Sanchez	1829 S Ridge Ave , Kannapolis, NC, 28083	704-938-4211
Resat	Say	5408 Hwy 49 S Suite 519, Harrisburg, NC, 28083	704-455-9011
Randal	Smith	700 Jackson Park Rd. , Kannapolis, NC, 28025	704-932-3171
Philip	Sobo	2320 Lake Concord Rd , Concord, NC, 28025	704-786-9100
James	Spencer	244 Le Phillip Court , Concord, NC, 28025	704-786-8317
Will	Summerville	1292 Hwy 601 S. , Midland, NC, 28107	704-540-5400
Jacob	Thorpe	2301 S. Cannon Blvd , Kannapolis, NC, 28083	704-933-3923
Mollye	Vick	5641-203 Poplar Tent Rd , Concord, NC, 28025	704-793-4211
Renda	Welch	917 South Union St , Concord, NC, 28025	704-786-9123
Jonathan	Zsambeky	220 Branchview Dr SE , Concord, NC, 28025	704-782-2214

## Pediatric Services

Name	Address	Phone	Notes
Cabarrus Pediatrics	66 Lake Concord Road, Concord, NC 28025	704-403-7720	Our office hours are: 8:00 am - 5:00 pm (Monday-Friday) Acute illness triage on Saturday 8:15 - 12:00 pm
	551 Jackson Park Road, Kannapolis, NC 28083		Services cover well child/preventive care, management of chronic problems, children with disabilities, and minor lacerations and injuries.
ASK FIRST	800-575-1275	704-403-1275	A free service of Carolinas HealthCare System NorthEast that allows you to access health information by telephone and find a doctor. Staff members are available 24 hrs a day, seven days a week to assist callers with their needs. If you have questions about a current illness, basic health information or need to find a new doctor, a registered nurse is on duty with information.
Cabarrus Health Alliance	300 Mooresville Road Kannapolis, NC 28081	704-920-1000	Provides clinical services for well and sick children. Our purpose is to promote and maintain health; detect health problems in children before they become long term, costly problems; and treat illnesses.
Suburban Developmental and	301 Medical Park Drive, Ste. 202, Concord, NC 28025	704-403-2626 Fax: 704-403-	Special interest in children with Developmental & Behavioral problems,

Behavioral Pediatrics		2699	especially those with Attention Deficit Disorders.
Suburban Pediatrics	3396 Cloverleaf Parkway, Kannapolis, NC 28083	704-403-7740	Goal is to provide quality care for your child. We pride ourselves on our skills – both the hard technical skills and the soft people skills
Concord Children's Clinic	1040 Vinehaven Drive, NE, Concord, NC 28025	704-784-1010	In addition to routine care we offer, specialized appts for high-risk neonates, sensitive teenage gynecological exams, and overseas adoption and travel examinations. Accept most major insurance plans.
Piedmont Pediatrics Gateway	Medical Office Bldg, 1085 Northeast Gateway Ct. NE Ste. 290 Concord, NC 28025	704-403-4650	Physicians of Piedmont Pediatrics are all medical doctors with further training in pediatrics, a specialty branch of medicine that diagnoses and treats diseases and illnesses of children from infancy through teenage development. Accepts Medicaid and most other major insurance carriers.

## Health Related Supportive Services

Children	Facility Address	Phone
Academic Learning Center	2353 Concord Lake Rd #160 Concord, NC 28025 704-782-2301	Provides free after school tutoring to youth in grades 1-5. Helps students to reach their individual academic potential & develop positive self-esteem.
Boys & Girls Club of Cabarrus County	247 Spring St NW Concord, NC 28025 704-721-(CLUB) 2582	Provides youth development programs for young men & women. Provides opportunities for day camps & summer camps.
Cabarrus Partnership for Children	1303 S. Cannon Blvd Kannapolis, NC 28083 (704) 933-8278	Cabarrus Partnership for Children connects purpose, people and programs to ensure child well-being in Cabarrus County, North Carolina.
Child Advocacy Center at Carolinas HealthCare System Northeast	Northeast Medical Center Heliport, 920 Church St N, Concord, NC 28025 (704) 403-3000	Staff members assist children and strengthen families by providing child interviews and medical examinations with medical diagnosis, treatment and referral when appropriate by utilizing a multidisciplinary team approach to child abuse. This child-sensitive approach emphasizes early intervention, coordinated investigations and allied responses to this

community problem.

Communities In Schools of Cabarrus County	120 Marsh Ave NW Concord, NC 28025 704-788-1007	Provides tutoring/mentoring programs for students in seven Cabarrus County Schools. Provides school readiness programs for three & four year-olds at two child care centers in Cabarrus County.
Jeff Gordon's Children's Hospital at Carolinas HealthCare System Northeast	Northeast Medical Center Heliport, 920 Church St N, Concord, NC 28025 (704) 403-3000	Jeff Gordon Children's Hospital provides care close to home for pediatric patients from birth to age 18 in Cabarrus and surrounding counties.
Logan Community Day Care Association	185 Rone Ave SW Concord, NC 28025 704-786-8800	5-star licensed day care for preschool children ages six weeks to five years, including children from low-income families & children with special needs.

## Children's Activities / Programs

Big Brothers Big Sisters of Cabarrus County	555 Concord Parkway, South Suite 318, Concord 28027 (Housed at the Speedway) (704) 305-3411	Two offices in Cabarrus. Children must be enrolled no later than age 14. Once matched, children can remain in the program until their 18 <sup>th</sup> birthday.
Boys and Girls Club of Cabarrus County	247 Spring Street, NW, Concord, NC 28025 704-721-2582	BGC strive to meet the youth development needs in their communities. It is a safe place where young people can come to enjoy themselves and their friends. Club members have the opportunity to learn, grow, give back to the community, discover their needs, set goals and meet new friends. Offer a full schedule of great activities from simple games to leadership opportunities.
4-H Clubs – Cabarrus County Cooperative Extension	715 Cabarrus Avenue, West Concord, NC 28027 704-920-3310	4-H is a fun program where you get to “learn by doing” Everyone is invited to join. Special activities to match everyone's interest. Membership is free. Club activities are usually covered by money-making projects conducted by the club.
Special Olympics Cabarrus County	7321 Raging Ridge Rd. Harrisburg, NC 28075 704-454-7300	Based out of Cabarrus County Schools, Special Olympics Cabarrus County serves over 750 children and adults with disabilities throughout the county. Training and competition are offered in 16 sports as

well as the Youth Athletes Program.

Wings of Eagles Ranch	4800 Faith Trails, Concord, NC 28025 704-784-3147	WofE is a family owned and operated non-profit organization which specializes in a practice known as therapeutic horseback riding. Horseback riding provides physical, mental and emotional rewards.
YMCA of Cabarrus County	5325 Langford Ave, Concord, NC 28027 704-795-9622	West Cabarrus (Afton Village)
	101 YMCA Drive, Kannapolis, NC 28081 704-939-9622	Kannapolis YMCA
	4100 Main Street, Harrisburg, NC 28075 704-454-7800	Harrisburg

## Clothing Assistance

Baptist Sharing House	117 Peachtree Street, Concord, NC 28025 704-788-6507	Open: Monday, Tuesday, and Thursday from 8 a.m. to 11 a.m.
Crisis Distribution Center	280 Concord Parkway, Suite 60 Concord, NC 28027 704-782-8535	Open: Tuesday 1-5, Friday 11-3pm, and Wednesday and Thursday by appointment. Must present NC ID/DL and proof of current residence (utility bill/lease/mortgage). Proof of SS number for all in household and proof of all income last 2 months.
Forest Hill UMC Clothing Closet	265 Union Street, Concord, NC	Thursdays only from 10:00 AM to 1:00 PM
Mt. Calvary Lutheran Church	204 Little Texas Rd. Kannapolis, NC 704-938-9609	Call for appointment.
Operation Bread Basket	59 Chestnut Dr. SW, Concord, NC 704-784-2581	Open: Monday, Wednesday, and Friday 10:00 am – Noon (Closed in July). Must fill out application during operating hours above. Must provide valid address/ID/DL for applicant. Must provide proof of SS number for all in household/NC ID/DL.
Salvation Army	216 Patterson Ave, Concord, NC 28025	Open: Wednesday. 9:00 – 11:30 am; and from 1:00 – 2:30 pm

## Clothing Thrift Stores

CVAN's Cool Used Stuff	543 Concord Parkway N Concord, NC 28027 704-788-4000	In front of K-Mart Hours: Mon-Fri 10am-6pm Sat 10am-5pm
Clothing Closet	2216 Kannapolis Hwy, Concord 704-786-4020	Across from Employment Security Commission
Goodwill	5511 Poplar Tent Rd Concord, NC 704-782-0829	Hours: Mon-Sat 9am-7pm Sun 1pm-6pm
	2303 Coldwater Ridge Dr. Kannapolis, NC 704-784-9000	
	2023 Dale Earnhardt Blvd Kannapolis, NC 704-784-9000	Hours: Mon-Sat 9am-7pm Sun 1pm-6pm
	1806 S Cannon Blvd Kannapolis, NC 704-938-2218	Hours: Mon-Sat 9am-7pm Sun 1pm-6pm
Habitat for Humanity ReStore	2902 Cloverleaf Parkway Kannapolis, NC 704-786-4000	
Salvation Army Thrift Store	2901 Cloverleaf Pky Kannapolis, NC 704-788-2055	Hours: Mon-Sat 10am-7pm

## County Facilities

Cabarrus Department of Human Services	1307 S Cannon Blvd, Kannapolis NC 28083 704-920-1400	General Assistance with Medicaid, Food Stamps & Crisis Assistance
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## Courts / Criminal Justice / Legal

Cabarrus County District 19	Main Telephone Number 704-786-4137	Criminal District – 704-786-4137 Criminal Superior – 704-786-4138 Civil Superior- 704-786-4201 Civil District – 704-786-4201 Child Support -704-786-4139 Small Claims – 704-786-7914 Estates – 704-786-4137
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		Bookkeeping – 704-786-4251 Community Service -704-786-2712 Custody mediation – 704 786-8547 District Attn – 704-786-6171 Magistrate – 704-786-6016
Cabarrus County Probation / Community Corrections	704-782-0824	
Cabarrus Reentry Initiative	Cabarrus Joblink Office 275 Kannapolis Highway, Concord, NC 28027 704-786-3183	The program provides comprehensive service and support for men and women with misdemeanor and/or felony charges.
Dept of Juvenile Justice & Delinquency Prevention	704-786-5611 Fax: 704-792-1993	To promote public safety and juvenile delinquency prevention, intervention, and treatment through the operation of a seamless, comprehensive juvenile justice system. There are juvenile crime prevention councils, community programs and courts services.
Guardian ad Litem	2325 Concord Lake Road, Concord, NC 28025 704-784-4151 Fax: 704-784-4109	Our mission is to provide trained independent advocates to represent and promote the best interests of abused, neglected, and dependent children in the state court system and to work towards a plan that ensures that these children are in a safe permanent home.
Kannapolis Police Dept	314 South Main Street, Kannapolis, NC 28081 704-920-4000	<a href="http://www.cityofkannapolis.com">www.cityofkannapolis.com</a>
Concord Police Dept	41 West Cabarrus Avenue, Concord, NC 28025 704-920-5000	<a href="http://www.ci.concord.nc.us">www.ci.concord.nc.us</a>
Sheriffs Office of Cabarrus County	30 Corban Avenue, SE, Concord, NC 28025 704-920-3000	<a href="http://www.cabarruslaw.us/sheriff">www.cabarruslaw.us/sheriff</a>
Legal Aid of North Carolina	785 Davidson Drive, NW, Concord, NC 28025 Phone: 704-786-4145 Toll Free for consumers only: 800-849-8009	Concord office provides legal assistance in civil matters (noncriminal) to eligible, low income clients who have problems with their basic needs and live in the four-county surrounding area (Anson, Cabarrus, Stanly, and Union). Community Economic Development cases will be individually reviewed and accepted, if possible. <a href="http://www.legalaidnc.org/public/learn/locations/offices/Concord/default.aspx">www.legalaidnc.org/public/learn/locations/offices/Concord/default.aspx</a>
Project Safe Cabarrus	Postal Mail Address: Project SAFE Cabarrus	Project SAFE Cabarrus is a collaborative effort on behalf of Federal and State law

314 South Main Street  
Kannapolis, NC 28081  
(704) 920-5014

enforcement agencies designed to improve the quality of life for all residents of Cabarrus County by supporting a comprehensive strategy to address illegal gun, gang and violent crime throughout the county.

## Crisis Intervention

Child Advocacy Center at Carolinas HealthCare System Northeast	Northeast Medical Center Heliport, 920 Church St N, Concord, NC 28025 (704) 403-3000	Staff members assist children and strengthen families by providing child interviews and medical examinations with medical diagnosis, treatment and referral when appropriate by utilizing a multidisciplinary team approach to child abuse. This child-sensitive approach emphasizes early intervention, coordinated investigations and allied responses to this community problem.
United Family Services (UFS)	952 Copperfield Blvd, Concord, NC 28025 704-786-7918	Information and Appointment Line: 704.786.7918
Rape Crisis Hotline: 704.721.0110		Hours of Operation: Mon –Thurs 8am-8pm; Fri 8am -1pm
Carolinas HealthCare System Northeast	920 Church Street North, Concord, NC 28025 704-403-3000	CMC Northeast (Emergency Care Center) offers Emergency Behavioral Health Assessments for persons experiencing acute mental health and substance abuse symptoms. Services are available 24 hours 7 days per week.
Piedmont Behavioral Health	800-939-5911	Contact PBH's 24/7 Access hotline for assistance with any mental health or substance abuse emergency including suicide prevention.
Crisis Recovery Center – Daymark	1309 S. Cannon Blvd., Kannapolis, NC 28083 704-933-3212	Facility based crisis facility; Walk-ins for individuals experiencing acute mental health or substance abuse problems. Provide mental health stabilization and substance abuse detox.

Daymark Recovery Services	284 Executive Branch Drive, Concord, NC 28025 704-939-1100	Daymark Recovery Services offers walk-in appts from the hours of 8am-8pm, Monday – Friday for persons experiencing acute mental health of substance abuse symptoms. Daymark also offers a Mobile Crisis unit that is community based and can come to a person’s home when experiencing acute mental health/substance abuse symptoms.
National Suicide Prevention Hotlines	#800-SUICIDE 800-273-TALK (8255)	MHA Association of the Central Carolina’s (Mental Health Association)
Safe Alliance	952 Copperfield Blvd. Concord, NC 704-786-7918 <b>24 Hr. Rape Crisis Hotline: 704-721-0110</b>	Counseling services for Adults, Couples and Children 24 hr. Rape Crisis Hotline Monday – Thursday 8:00 AM – 8:00 PM Closed Friday

## Developmental Disabilities Resources

The Arc of Cabarrus County	2319 Concord Lake Road, Concord, NC 28026 704-788-1616	The Arc of Cabarrus County is a local, non-profit agency which provides advocacy, support and education for individuals with intellectual/developmental disabilities and their families.
Concord Children’s Developmental Services Agency (CDSA)	1065 Vinehaven Drive Concord NC 28025 704-786-9181	Service to Cabarrus, Iredell, Rowan, Stanly, Union to assure that children from 0 to 3 years of age receive early intervention services mandated under the North Carolina Infant-Toddler Program, Part C of the Individuals with Disabilities Education Act.
Disability Rights and Resources (part of The United Way of Central Carolinas)	5801 Executive Center Drive, Suite 101 Charlotte, NC 28212 Phone: 704-537-0550 (V/TTY) 800-755-5749 Fax: 704-566-0507	Can assist clients with applying for disability and assisting with the appeals process. For assistance contact Kevin Nale at (704)537-0550. Offer advocacy, community integration, independent living skills, peer support, and information and referral. Cabarrus, Union, Meck, and Gaston.
Vocational Rehabilitation	295 Kannapolis Hwy Concord, NC 28027 704-782-2151	Sixteen and up with physical and mental disabilities seeking employment rehabilitation assistance.

## Domestic Violence Shelters

CVAN	P.O. Box 1749 Concord, NC 28026 704- 788-1108	Crisis Line: 704-788-2826 (24 hour hotline)
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## Disabled Adults

Arc of Cabarrus County	PO Box 1367 Concord, NC 704-788-1616	Advocates for the rights of persons with developmental disabilities and their families. Promotes public education & awareness of persons with mental retardation & other developmental disabilities.
Cabarrus Meals on Wheels	320 – C Copperfield Blvd, Concord, NC 28025 704-788-3412	Provides one hot meal & daily personal contact on weekdays to frail, elderly & disabled homebound citizens of Cabarrus County who are unable to cook for themselves.
Coltrane L.I.F.E. Center	321 Corban Ave SE, Concord, NC 28025 704-788-1215	Provides a quality, weekday program of therapeutic & health care services along with structured activities for older adults with physical, social, emotional & impairments.
Piedmont Residential Development Center	823 Davidson Dr, Concord, NC 28026 704-788-2304	Provides long-term residential & developmental services to children & adults who have significant medical, physical & mental disabilities.

## Emergency Needs – Food, Shelter, Medication

Baptist Sharing House	117 Peachtree St Concord, NC 28025 704-788-6507	Provides food and clothing in emergency situations.
Cabarrus Regional Urban Ministries (First Assembly)	218 Young St, Concord, NC 28025 704-793-4765	Provides food, clothing, household items
Cooperative Christian Ministry	246 Country Club Drive, Concord, NC 28025 704-786-4709	Provides emergency assistance with mortgage, rent, utilities, or medications.
Cupboard of Love Food Pantry	Westford United Methodist Church 273 Hwy 49 South Concord	Saturday only 9:00 AM – Noon
Joseph's Cupboard	212 Prince St, Kannapolis, NC 28001 704-938-6015	Provides food
Kannapolis Food Pantry – Westpoint Baptist Church	1100 Pine St, Kannapolis, NC 28081 704-933-2613	Provides food
Operation Bread Basket	59 Chestnut Dr SW, Concord, NC 28025 704-784-2581	Provides food

Salvation Army Cabarrus County - (First Evangelical Methodist Church)	216 Patterson Ave, Concord, NC 28026 704-782-7822	Provides emergency shelter, food & financial aid to families in danger of homelessness. Offers counseling services.
Samaritan House Soup Kitchen & Night Shelter	216 Patterson Ave., Concord, NC 28025 704-782-7710	Hot meal 11 am – 12:30 pm weekdays and Shelter 7:15pm – 6:30am

## Employment Assistance

Baptist Sharing House/Christian Women's Job Corp	117 Peachtree Avenue, Concord, NC 28025 704-788-6507	Faith based program that assist women with computer skills (a.m. & p.m. classes); budgeting; parenting; bible study (a.m. & p.m.); assistance with filling out a job application; resume building, one-on-one mentoring program. Call or walk-in to sign up for classes.
Cabarrus County Job Link Career Center/Employment Security Commission	2275 Kannapolis Hwy, Concord, NC 28027 704-786-3183	Assistance with job applicants, process claims for unemployment benefits.
DSS-Employment Services/Work First Family Assistance	1303 S. Cannon Blvd, Kannapolis, NC 28083 704-920-1400	Must apply for eligibility
Opportunity House	2216 Kannapolis Hwy 704-786-4020	8-2pm. M-F A Daytime Resource Center for residents of the homeless shelter and others in the community who are unemployed and underemployed.
Vocational Rehabilitation	2295 Kannapolis Hwy, Concord, NC 28027 704-782-2151	Sixteen and up with physical and mental disabilities seeking employment rehabilitation assistance.

## Financial Assistance

Cooperative Christian Ministry (Concord and Kannapolis Residents)	246 Country Club Dr., Concord, NC 28025 704-786-4709	Open Mon., Tues., Thurs., Fri. 9:00 am-4:00 pm and Wed. 9:00 am – 12:30 pm. Requests for appointments must be made in person at CCM Crisis Center. Appointments are scheduled on a first come, first serve basis.
Department of Human Services-Cabarrus County	1303 S. Cannon Blvd. Kannapolis, NC 28083 704-920-1400	Monday through Friday 8:00 am-4:30 pm. Must be in eviction or utility cut-off status.

First Baptist Church	200 Branchview Drive S.E. Concord, NC 28025 704-786-9167	Assist with past due bills based on available funds.
Salvation Army	216 Patterson Ave Concord, NC 28025 704-782-7822	Open: Mon, Tues, Thu 9:00 – 11:30 am; 1:00 – 2:30 pm. Eviction letter or cut off notice

## Geriatric / Older Adults

Centralina Council of Government	<a href="http://www.ci.concord.nc.us/">http://www.ci.concord.nc.us/</a> 704-372-2416	<a href="http://www.centralina.org/aaacab.htm">www.centralina.org/aaacab.htm</a> . This website is a comprehensive listing of services for older adults in Cabarrus County Areas in which they provide information for a variety of issues facing seniors including: adult day care, Medicaid, employment programs, energy assistance program, food stamps, home health, hospice, hospitals, housing and long term care facilities, senior centers transportation and volunteer opportunities.
Cabarrus Active Living and Parks	331 Corban Ave NE, Concord, NC 28025 704-920-3484	Cabarrus Active Living and Parks coordinates several human service programs funded by the Older Americans Act, which offer overall wellness activities, promote health and/or delay any decline in health status.
Cabarrus County Senior Center	PO Box 707 Concord, NC 28026 704-920-3484	
Coltrane L.I.F.E. Center	321 Corban Ave SE, Concord, NC 28025 704-788-1215	Provides a quality, weekday program of therapeutic & health care services along with structured activities for older adults with physical, social, emotional & impairments.
Meals on Wheels	320-C Copperfield Blvd. Concord, NC 28025. 704-788-3412 Fax: 704-788-2989	<a href="http://www.cabarrusmow.org">www.cabarrusmow.org</a> . Cabarrus Meals on Wheels helps homebound seniors and disabled individuals remain independent by the delivery of nutritious hot meals contributing to their overall well-being.

## Hotlines/ Helplines

Ask First	920 Church St N, Concord, NC 28025 704-783-1275	Health information line and physician referral
Cabarrus 24-Hour Call Line & Mobile Crisis Services (Piedmont Behavioral Health)	1-800-939-5911	

## Housing

Habitat for Humanity of Cabarrus County	PO Box 1502 Concord, NC 28026 704-786-4001	Christian ministry that builds & sells homes to low-income families at 0% interest in partnership with churches, businesses, & individuals.
Prosperity Unlimited, Inc.	1660 Garnet Street Kannapolis, NC 704-933-7405	Call for an appointment, M-F 8:30 AM to 5:00 PM Includes Housing Counseling, Homebuyers Education and Foreclosure

## Literacy Programs

Cabarrus Literacy Council	2275 Kannapolis Highway Concord, NC 28027 704-786-7323	Monday - Thursday, 8:00am - 4:00pm The mission of the Cabarrus Literacy Council is to provide literacy programs for the citizens of Cabarrus County whereby all citizens of the community will have opportunities to learn to read and write.
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## Prescription Assistance

Community Free Clinic	528-A Lake Concord Road, Concord, NC 28025. 704-782-0650	The Community Care Plan Pharmacy Program provides medications to patients seen as charity care by area physicians.
Cooperative Christian Ministry	246 Country Club Dr., Concord, NC 28025 704-786-4709	Open: Mon, Tue, Thur, Fri 9:00 am-4:00 pm (Applications taken 9am – 3pm); Wed 9:00am – 12:30 pm (Applications taken 9am – 11:30am) Appointments may be scheduled.
Logan Family Medicine	298 Lincoln St, SW Concord, NC 28025 704-792-2313	
McGill Family Medicine	202D -McGill Avenue, NW Concord, NC 28025 704-792-2242	
Salvation Army	216 Patterson Ave Concord, NC 28025. 704- 782-7822	Open: Mon, Tues, Thur 9:00 – 11:30 am; 1:00 – 2:30 pm

## Single Mothers/Battered Women

Cabarrus Women's Center	51 Means St Concord, NC 28025 704-782-2221	Pregnancy testing, counseling,
CVAN (Crisis Victims Assistance Network)	PO Box 1749 Concord, NC 28026 704-788-1108	Provides direct services to women & children who are victims of domestic violence, including shelter, 24-hour crisis line (704-788-2826), court program, children's program, & support group.



**2016**



**Cabarrus County  
Assessment Tools**



## 2016 Cabarrus Community Planning Council Member Description

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

A Community Planning Council has been convened with each CNA- in 2000, 2004, 2008, and 2012. The Council is made up of a diverse group of representatives and includes health and human services, the faith community, education, city and county government, foundations, businesses, and community volunteers. The primary role of the Planning Council is to collect, analyze, and interpret County data, develop the CNA document, and disseminate the results to the community.

### Personal Characteristics Desired:

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

### Individual Community Planning Council Member Responsibilities:

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

**Please Note:** As a member of the Community Planning Council, it is extremely important that you attend all of the meetings over the next year. For your convenience, all meeting dates and times are included in your membership notebook. Please be sure to add these to your calendar.

Thank you again for your participation!

Healthy Cabarrus  
*Partnerships for Life*

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# Community Needs Survey

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## 2016 Cabarrus County Community Needs Survey

Healthy Cabarrus is conducting this survey for adults in Cabarrus County to learn about their health and quality of life. We also want to identify which critical health care and human service needs are not being met. Your individual responses will remain confidential and will not be linked to you in any way. Only one adult in your household needs to complete this survey.

This survey will take about 15 minutes to complete.

*By completing this survey, you agree that you are 18 years or older, currently live in Cabarrus County, and have not taken this survey this year.*

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### HEALTH BEHAVIORS

1. What prevents you from eating fruits and vegetables?
  - ☐ Too expensive
  - ☐ Lack of access
  - ☐ I don't know how to cook fruits and vegetables
  - ☐ I don't like fruits and vegetables
  - ☐ Not enough time to cook or prepare
2. How much time are you physically active in a typical week?
  - ☐ None
  - ☐ Less than 30 minutes per week
  - ☐ 30 to 60 minutes per week
  - ☐ 60 to 100 minutes per week
  - ☐ 100 to 150 minutes per week
  - ☐ 150 minutes or more
3. What prevents you from being physically active?
  - ☐ Lack of motivation
  - ☐ Lack of time
  - ☐ Family obligations or child care issues
  - ☐ No nearby locations for physical activity
  - ☐ Lack of safe places for physical activity
  - ☐ Transportation
  - ☐ Cost
  - ☐ Not applicable

### CLINICAL CARE

4. In the past year, was there anyone in your household that wasn't able to receive any of the following critical health services due to a financial constraint?
  - ☐ Health insurance coverage
  - ☐ Life sustaining prescription medications
  - ☐ Prescribed medical treatment (diabetes treatment, surgery, chemotherapy, etc.)
  - ☐ Preventive medical services such as eye exams and mammograms

- ☐ Dental treatment for a problem
  - ☐ Counseling, mental health or psychiatric services
  - ☐ Physical, occupational or any other type of therapy
  - ☐ Medical services when sick
  - ☐ Preventive dental services, such as checkups, getting teeth cleaned
  - ☐ Weight loss or wellness programs (nutrition and exercise)
  - ☐ None
5. In the past year, has anyone in your household had a problem getting any of the following health care services?
- ☐ Vision services
  - ☐ Hearing services
  - ☐ Dental Services
  - ☐ Services for developmental disabilities
  - ☐ Alcohol or drug use treatment services
  - ☐ Immunizations or shots
  - ☐ Smoking cessation services
  - ☐ Anger management services
  - ☐ Mental health services
  - ☐ Primary care services
6. Where do you go first for medical care?
- ☐ Doctor's office
  - ☐ Community Free clinic
  - ☐ Health Department (Cabarrus Health Alliance)
  - ☐ Hospital Emergency Room
  - ☐ Urgent Care
  - ☐ Other: \_\_\_\_\_
7. Where do you go first for dental care?
- ☐ Dental Office
  - ☐ Health Department (Cabarrus Health Alliance)
  - ☐ Hospital Emergency Room
  - ☐ Urgent Care
  - ☐ I do not go to the dentist
  - ☐ Other: \_\_\_\_\_
8. Where do you go first for mental health care?
- ☐ Mental Health provider
  - ☐ Doctor's office
  - ☐ Community Free clinic
  - ☐ Health Department (Cabarrus Health Alliance)
  - ☐ Hospital Emergency Room
  - ☐ Urgent Care
  - ☐ Other: \_\_\_\_\_
9. What type of health insurance do you currently have?
- |  |   |
|--|---|
| <input type="checkbox"/> Private or employer provided insurance    | <input type="checkbox"/> Community Care Plan            |
| <input type="checkbox"/> Medicaid                                  | <input type="checkbox"/> ACA Marketplace / Obamacare    |
| <input type="checkbox"/> Medicare                                  | <input type="checkbox"/> I do not have health insurance |
| <input type="checkbox"/> NC Health Choice                          | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> TriCare (Military or veteran's insurance) |   |

10. In the past year, has a doctor or nurse diagnosed you or anyone in your household with any of the illnesses/conditions below? If there was a diagnosis, did you or anyone in your household have a problem accessing services for this condition?

ILLNESS/ CONDITION	Yes, there was a diagnosis	Yes, I had problems accessing services
Age related condition (ex. Alzheimer's, arthritis)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive disability or developmental delay (ex. autism, brain injury, behavior disorder, mental retardation)	<input type="checkbox"/>	<input type="checkbox"/>
Congenital condition (ex. Cystic Fibrosis, spina bifida, heart defects)	<input type="checkbox"/>	<input type="checkbox"/>
Dental disease or problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or heart attack	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Infectious contagious disease (ex. TB, salmonella, pneumonia, flu)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental health diagnosis (ex. depression, schizophrenia, bipolar disorder, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Vision or hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you or anyone in your household have a disabling condition or special health care need (chronic medical, physical, developmental, intellectual, emotional or behavioral)?

- ☐ Yes
- ☐ No [SKIP #14]
- ☐ I don't know

12. If someone in your household has a disabling condition or special health care need, what services do you need but do not have:

- ☐ Accessible programs/facilities for physical activity
- ☐ Nutritional resources to eat healthy foods
- ☐ Transportation to access services in the community

## CHILDREN

13. How many children under the age of 18 are living in your household?

- ☐ \_\_\_\_\_
- ☐ None [SKIP #14 - 17]

14. Is the child/children being raised by a single parent or guardian?

- ☐ Yes
- ☐ No

15. In the past year, have you needed any of the following childcare services but were not able to receive them?

- ☐ Childcare for an infant, toddler or preschool aged child (birth to 5 years)
- ☐ Childcare for a child with a disability
- ☐ Before-school or afterschool care for a school-aged child (K-12)
- ☐ Financial help to pay for childcare
- ☐ None of these
- ☐ Other: \_\_\_\_\_

16. Where do your children go first for medical care?

- ☐ Doctor's office
- ☐ School Nurse
- ☐ Health Department (Cabarrus Health Alliance)
- ☐ Hospital Emergency Room
- ☐ Urgent Care
- ☐ Community Free Clinic
- ☐ Other: \_\_\_\_\_

17. What type of health insurance coverage does your child have?

- ☐ Private or employer-provided insurance
- ☐ Medicaid
- ☐ NC Health Choice
- ☐ TriCare (Military or Veteran's insurance)
- ☐ Community Care Plan
- ☐ ACA Marketplace or Obamacare
- ☐ My child/children do not have health insurance
- ☐ Other: \_\_\_\_\_

## SOCIAL ECONOMIC FACTORS

18. In the past year, did you or someone in your household have any of the following educational needs that were NOT met?

- ☐ Vocational or technical training for a job
- ☐ Courses to assist getting a high school diploma/GED
- ☐ Continued education after high school
- ☐ English as a second language classes
- ☐ Classes to help a person read or write better
- ☐ Additional education to learn how to live in the United States
- ☐ Job seeking skills training
- ☐ Computer/internet training
- ☐ None of these

- ☐ Other: \_\_\_\_\_
19. In the past year, did you have any of the following assistance needs that were NOT met?
- ☐ Critical house repairs
  - ☐ Household goods (*furniture, a stove or refrigerator*)
  - ☐ Food for yourself and your family
  - ☐ Clothing for yourself and your family
  - ☐ Utility bills (*water, heat, or light bills*)
  - ☐ Rent or house payment
  - ☐ Modifications to your home (*ex. ramp, handrail*)
  - ☐ Medical or adaptive equipment not covered by Medicaid or private insurance
  - ☐ None of the above
  - ☐ Other: \_\_\_\_\_
20. In the past year, did you or someone in your household have any of the following caregiving needs that were NOT met?
- ☐ Individual counseling
  - ☐ Family counseling
  - ☐ Substance use counseling or assistance
  - ☐ Adult day care outside of the home
  - ☐ Nursing or in-home healthcare visit
  - ☐ Someone to assist a person who is sick, elderly, or disabled, with household chores
  - ☐ Relief for a household member who provides care for another person
  - ☐ None of the above
  - ☐ Other: \_\_\_\_\_
21. In the past year, did your household ever experience the following food situations?
- ☐ I worried whether our food would run out before we got money to buy more.
  - ☐ The food that we bought didn't last and we didn't have money to get more.
  - ☐ We couldn't afford to eat 5 fruits and vegetables each day.
  - ☐ None of the above
22. In the past year, did you or anyone in your household ever do the following because there wasn't enough money for food?
- ☐ Cut the size of your meal or skip meals
  - ☐ Eat less than you felt you should
  - ☐ Were hungry but didn't eat
  - ☐ Not eat for a whole day
  - ☐ None of the above
23. Sometimes it helps to talk about feelings and problems with someone who is outside our typical circle. In the past year, have you or someone in your household experienced the following issues and wished to talk to someone and did NOT do so?
- ☐ Negative past experiences
  - ☐ Household finances
  - ☐ A serious illness or death of a loved one
  - ☐ Anxiety or depression
  - ☐ Stresses of raising a family
  - ☐ Stresses of caring for an older person
  - ☐ Alcohol or drug dependence
  - ☐ Marital or relationship problems

- ☐ None of the above
- ☐ Other: \_\_\_\_\_
24. In the past year, have you been physically or verbally abused or mistreated by your spouse, intimate partner or another person?
- ☐ Yes
- ☐ No
- ☐ Don't know
25. If so, were children present at any time?
- ☐ Yes
- ☐ No
- ☐ Not applicable
26. In the past year, did you or someone in your household experience discrimination when trying to get any of the following services?
- |   |  |
|---|--|
| <input type="checkbox"/> Credit (ex. loans or credit cards) | <input type="checkbox"/> Employment or job promotion |
| <input type="checkbox"/> Adequate housing                   | <input type="checkbox"/> Health services             |
| <input type="checkbox"/> Assistance with school needs       | <input type="checkbox"/> None of the above           |
| <input type="checkbox"/> Service by the police and courts   | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Assistance from community agencies |  |
27. In your experience, was the discrimination based on any of the following?
- |   |  |
|---|--|
| <input type="checkbox"/> I did not experience discrimination. | <input type="checkbox"/> Age                         |
| <input type="checkbox"/> Gender                               | <input type="checkbox"/> Disability                  |
| <input type="checkbox"/> Race or skin color                   | <input type="checkbox"/> Income level                |
| <input type="checkbox"/> National origin or ethnicity         | <input type="checkbox"/> Insurance coverage          |
| <input type="checkbox"/> Sexual orientation                   | <input type="checkbox"/> Lack of English proficiency |
| <input type="checkbox"/> Religion                             | <input type="checkbox"/> Other: _____                |
28. Do you or someone in your household need a job but is having trouble getting one?
- ☐ Yes
- ☐ No

29. As you grow older, what quality of life issues are very important to you?

	Very Important
<b>Housing</b>	
Living in your own home	
Finding a retirement community	
Affording assisted living	
Downsizing to a smaller home	
Adapting home to accommodate for potential disabilities	
<b>Daily living or in-home program</b>	
Transportation	<input type="checkbox"/>
Home delivered meals	<input type="checkbox"/>
Home improvement programs	<input type="checkbox"/>
<b>Health or specialized assistance programs</b>	
Medical or dental referrals	<input type="checkbox"/>
Skilled nursing	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>
Home health care or personal care aide	<input type="checkbox"/>
Support groups	<input type="checkbox"/>
<b>Financial or employment programs</b>	
Financial planning	<input type="checkbox"/>
Public assistance	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Re-entry into workplace	<input type="checkbox"/>
<b>Physical or wellness activities</b>	
Walking programs	<input type="checkbox"/>
Exercise classes	<input type="checkbox"/>
Games	<input type="checkbox"/>
<b>Social activities</b>	
Special interest clubs	<input type="checkbox"/>
Hobbies and crafts	<input type="checkbox"/>
Volunteer opportunities	<input type="checkbox"/>
Park programs	<input type="checkbox"/>
Entertainment outings	<input type="checkbox"/>
<b>Educational programs</b>	
Health and wellness	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>
Trade skills	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

## PHYSICAL ENVIRONMENT

30. Which of the following best describes your current housing status?
- ☐ I own my home
  - ☐ I rent my home
  - ☐ I rent a room/space in someone's house
  - ☐ I live with relatives or friends
  - ☐ I am homeless or live in transitional housing or shelter
  - ☐ Other: \_\_\_\_\_
31. Are there additional people that currently live with you that cannot afford to live on their own?
- ☐ Yes. How many additional people (adults and their children)? \_\_\_\_\_
  - ☐ No
32. In the past year, did you have any of the following living arrangements?
- ☐ I lived in a place not meant for habitation, including: cars, parks, abandoned buildings, streets
  - ☐ I lived in an emergency shelter such as transitional housing or a weekly motel
  - ☐ I lived in a temporary arrangement with friends or family that was not long-lasting
  - ☐ No, I do not have any of these living arrangements
33. Is there at least one vehicle available for use in your household?
- ☐ Yes
  - ☐ No
34. Have you or anyone in your household had a difficult time getting the following services because transportation was not available?
- ☐ Job
  - ☐ Social services or helping agencies
  - ☐ Places to shop for healthy food
  - ☐ Places for recreation, entertainment or visiting friends or family
  - ☐ Places to obtain adult education
  - ☐ School-parent conference, PTA or school event
  - ☐ Religious service or activity
  - ☐ Health care services
  - ☐ Pharmacy to pick up medication
  - ☐ Counseling services
  - ☐ Preschool or day care
  - ☐ None of these
  - ☐ Other: \_\_\_\_\_
35. How safe is your neighborhood for outdoor activities (*walking or kids playing*)?
- ☐ Not safe
  - ☐ A little safe
  - ☐ Sometimes safe
  - ☐ Very safe

## DEMOGRAPHICS

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

☐ \_\_\_\_\_

37. Which of the following best describes your current household arrangement?

- ☐ One adult with one or more children
- ☐ Two or more related adults
- ☐ Two or more unrelated adults
- ☐ Two or more related adults with children
- ☐ Two or more unrelated adults with children
- ☐ One adult only

38. What is your age?

☐ \_\_\_\_\_

39. What is your gender?

- ☐ Female
- ☐ Male

40. What is your race?

- ☐ White
- ☐ Black or African American
- ☐ Latino or Hispanic
- ☐ Asian or Pacific Islander
- ☐ Native American
- ☐ Other: \_\_\_\_\_

41. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other: \_\_\_\_\_

42. What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ High school graduate or GED
- ☐ Some college or Two-year college degree
- ☐ Bachelor's degree
- ☐ Graduate school (Master's level or PhD)

43. Which of the following categories best describes your household income last year before taxes?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$45,001 to \$55,000   |
| <input type="checkbox"/> \$10,001 to \$15,000 | <input type="checkbox"/> \$55,001 to \$75,000   |
| <input type="checkbox"/> \$15,001 to \$25,000 | <input type="checkbox"/> \$75,001 to \$100,000  |
| <input type="checkbox"/> \$25,001 to \$35,000 | <input type="checkbox"/> \$100,001 to \$150,000 |
| <input type="checkbox"/> \$35,001 to \$45,000 | <input type="checkbox"/> More than \$150,000    |

44. What is your household's zip code?

- ☐ 28025 Concord
- ☐ 28026 Concord
- ☐ 28027 Concord
- ☐ 28081 Kannapolis
- ☐ 28082 Kannapolis
- ☐ 28083 Kannapolis
- ☐ 28075 Harrisburg

- ☐ 28107 Midland
- ☐ 28124 Mount Pleasant
- ☐ 28036
- ☐ 28138
- ☐ 28269
- ☐ Other Zip Code: \_\_\_\_\_

***Thank you!***



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# Key Informant Survey

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## Key Informant Survey

As a community leader in Cabarrus County, you have been selected to provide input for the 2016 Cabarrus Community Needs Assessment. Your position in the community gives you valuable insight into this process.

You do not have to reside in Cabarrus County to complete this survey.

- Please indicate how strongly you agree or disagree with the following quality of life statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Cabarrus County is a good place to raise children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabarrus County is a good place to age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough economic opportunity in Cabarrus County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough support and help for Cabarrus County individuals and families during times of crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a good healthcare system in Cabarrus County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabarrus County offers recreational opportunities for all ages ( <i>parks, libraries, senior centers</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabarrus County offers a good quality of life for all ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate how significant each of the following social economic issues is as a current community problem in Cabarrus County.

	Not at all significant	Somewhat Significant	Very Significant	Unsure
<b>Aging Services</b>				
Daily in-home services ( <i>personal care, housekeeping, errands</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized services ( <i>hearing aids, adult day care, assisted living</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial services ( <i>affordability of health insurance</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical, wellness, and social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care Services</b>				
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Disparities</b>				
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education (K-12)</b>				
Graduation rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illiteracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neglect or Abuse</b>				
Child neglect or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder neglect or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual violence ( <i>rape, sexual abuse</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rate how significant each of the following health related issues is as a current community problem in Cabarrus County.

	Not at all significant	Somewhat Significant	Very Significant	Unsure
<b>Dental Services</b>				
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Behaviors</b>				
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco, alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthy Food Availability</b>				
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locally sourced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical Health Services</b>				
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Services</b>				
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Special Needs or Developmental Disability Services</b>				
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Healthy Cabarrus *Partnerships for Life*

4. Please rate how significant each of the following physical environment issues is as a current community problem in Cabarrus County.

	Not at all significant	Somewhat Significant	Very Significant	Unsure
<b>Housing</b>				
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substandard housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recreational Opportunities</b>				
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environment</b>				
Pollution ( <i>air, water, land</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural disaster preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation</b>				
Public transportation options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long commute ( <i>over 30 min</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Safety</b>				
Violent crime ( <i>rape, murder, assault</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What additional issues do you see emerging in Cabarrus County?

6. Do you think that progress from the following priority issues from 2012 are improving, remained the same, OR have grown more severe?

PROGRESS ON THE 2012 PRIORITY ISSUES	Improving	Remain the same	More severe	Unsure
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity & Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment & under employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What ways you have seen the results from the 2012 Community Needs Assessment being utilized? Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Program Planning          | <input type="checkbox"/> Budget allocation decisions  |
| <input type="checkbox"/> Strategic planning        | <input type="checkbox"/> Staff and/or Board education |
| <input type="checkbox"/> Grant Writing             | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Advocacy Initiatives      | <input type="checkbox"/> None                         |
| <input type="checkbox"/> Public Policy Initiatives |   |

8. What best describes your area of work or expertise? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Business                             | <input type="checkbox"/> Housing                         |
| <input type="checkbox"/> Local government or Elected official | <input type="checkbox"/> Human Services                  |
| <input type="checkbox"/> Employment & Economic Development    | <input type="checkbox"/> Law enforcement or Court system |
| <input type="checkbox"/> Education                            | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Faith Community                      | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Healthcare                           |  |

9. What is your gender?

- ☐ Male ☐ Female

10. What is your race?

- |  |   |
|--|---|
| <input type="checkbox"/> White                     | <input type="checkbox"/> Native American    |
| <input type="checkbox"/> Black, African American   | <input type="checkbox"/> Latino or Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other _____        |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Less than high school                     | <input type="checkbox"/> Four-Year College graduate |
| <input type="checkbox"/> High school graduate or GED               | <input type="checkbox"/> Graduate school or higher  |
| <input type="checkbox"/> Some college or Two-Year Technical School |   |

12. In which zip code in Cabarrus County do you live?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 28081 Kannapolis     | <input type="checkbox"/> 28025 Concord    | <input type="checkbox"/> 28107 Midland                     |
| <input type="checkbox"/> 28082 Kannapolis     | <input type="checkbox"/> 28026 Concord    | <input type="checkbox"/> Other Cabarrus Zip Code           |
| <input type="checkbox"/> 28083 Kannapolis     | <input type="checkbox"/> 28027 Concord    | <input type="checkbox"/> I do not live in Cabarrus County. |
| <input type="checkbox"/> 28124 Mount Pleasant | <input type="checkbox"/> 28075 Harrisburg |  |

13. In which zip code in Cabarrus County do you work?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 28081 Kannapolis     | <input type="checkbox"/> 28025 Concord    | <input type="checkbox"/> 28107 Midland           |
| <input type="checkbox"/> 28082 Kannapolis     | <input type="checkbox"/> 28026 Concord    | <input type="checkbox"/> Other Cabarrus Zip Code |
| <input type="checkbox"/> 28083 Kannapolis     | <input type="checkbox"/> 28027 Concord    |  |
| <input type="checkbox"/> 28124 Mount Pleasant | <input type="checkbox"/> 28075 Harrisburg |  |

14. How many years have you lived in Cabarrus County?

- ☐ # of Years \_\_\_\_\_  
☐ I do not live in Cabarrus County.

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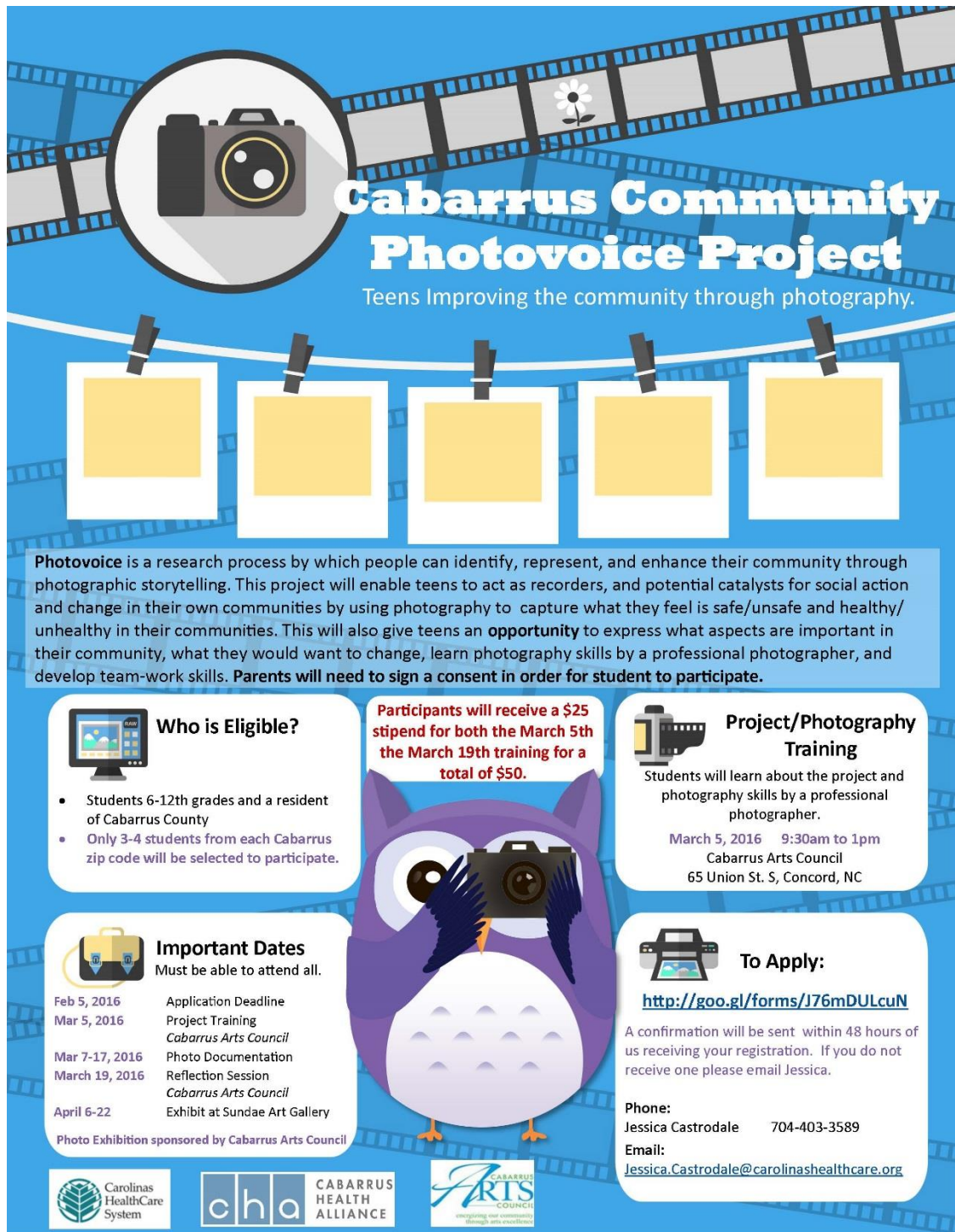
# 2016 Cabarrus Photovoice Project

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## YOUTH PHOTOVOICE TRAINING MATERIAL

### Invitation to Participate



# Cabarrus Community Photovoice Project

Teens Improving the community through photography.

**Photovoice** is a research process by which people can identify, represent, and enhance their community through photographic storytelling. This project will enable teens to act as recorders, and potential catalysts for social action and change in their own communities by using photography to capture what they feel is safe/unsafe and healthy/unhealthy in their communities. This will also give teens an **opportunity** to express what aspects are important in their community, what they would want to change, learn photography skills by a professional photographer, and develop team-work skills. **Parents will need to sign a consent in order for student to participate.**

### Who is Eligible?

- Students 6-12th grades and a resident of Cabarrus County
- Only 3-4 students from each Cabarrus zip code will be selected to participate.

**Participants will receive a \$25 stipend for both the March 5th the March 19th training for a total of \$50.**

### Project/Photography Training

Students will learn about the project and photography skills by a professional photographer.

March 5, 2016 9:30am to 1pm  
Cabarrus Arts Council  
65 Union St. S, Concord, NC

### Important Dates

Must be able to attend all.

Date	Event
Feb 5, 2016	Application Deadline
Mar 5, 2016	Project Training Cabarrus Arts Council
Mar 7-17, 2016	Photo Documentation
March 19, 2016	Reflection Session Cabarrus Arts Council
April 6-22	Exhibit at Sundae Art Gallery

Photo Exhibition sponsored by Cabarrus Arts Council


### To Apply:

<http://goo.gl/forms/J76mDULcuN>

A confirmation will be sent within 48 hours of us receiving your registration. If you do not receive one please email Jessica.

Phone:  
Jessica Castrodale 704-403-3589

Email:  
[Jessica.Castrodale@carolinashealthcare.org](mailto:Jessica.Castrodale@carolinashealthcare.org)



## Photovoice Participants

To enhance the 2016 Cabarrus Community Needs Assessment, Healthy Cabarrus along with Cabarrus Health Alliance, CMC-NorthEast, Cabarrus Arts Council, Leadership Cabarrus, Carolina Portrait Designs, and Sundae Art Gallery partnered to bring a teens perspective to the project. A group of 20 students were selected from across the county. After receiving training on the project, students were asked to go out into their community to take pictures of what made them feel safe/unsafe, healthy/unhealthy. They then created captions that reflect their photographs.

The photographs were put on exhibit April 8<sup>th</sup> for public view and comment. The exhibit ran through April 22<sup>nd</sup> at the Sundae Art Gallery, located second floor above the Cabarrus Creamery.



### The Artists:

Alicia Argueta , Magdalen Barnes, Jayden Benjamin, Molly Bynum, Maura Custer, Samantha Dillard, Kelby Gause, Lindsey Hardeman, Sidney Jones, Annabelle Moore, Megan Muldoon, Annie Peterson, Olivia Reiff, Claire Sexton, Peyton Stikeleather, Claire Tate, Nicole Vaughn

## Sample of 2016 Photovoice Project Pictures

Each group created captions to tell the store of the pictures they submitted.



EMS - There is an EMS station in Mount Pleasant, located at a house in a residential neighborhood. This is cost effective and creative as an existing structure is being utilized and it is a beneficial location.



Thread Trail - Mount Pleasant has a thread trail. This trail can be considered safe and trustworthy since it is of the Carolina Thread Trail brand. We like that this provides safe and easy access to exercise, which is essential to staying healthy.



Where the Sidewalk Ends - A lot of students have attempted to walk home and are unable due to the fact that the sidewalk doesn't exist to their neighborhood. The sidewalk is kind of pointless due to the fact that it only runs the length of the school. The concern is that kids from school are in danger of the high traffic outside. Adding additional sidewalks to connect the neighborhoods would be one solution to the problem.



Medication drop box at the Kannapolis Police Department.

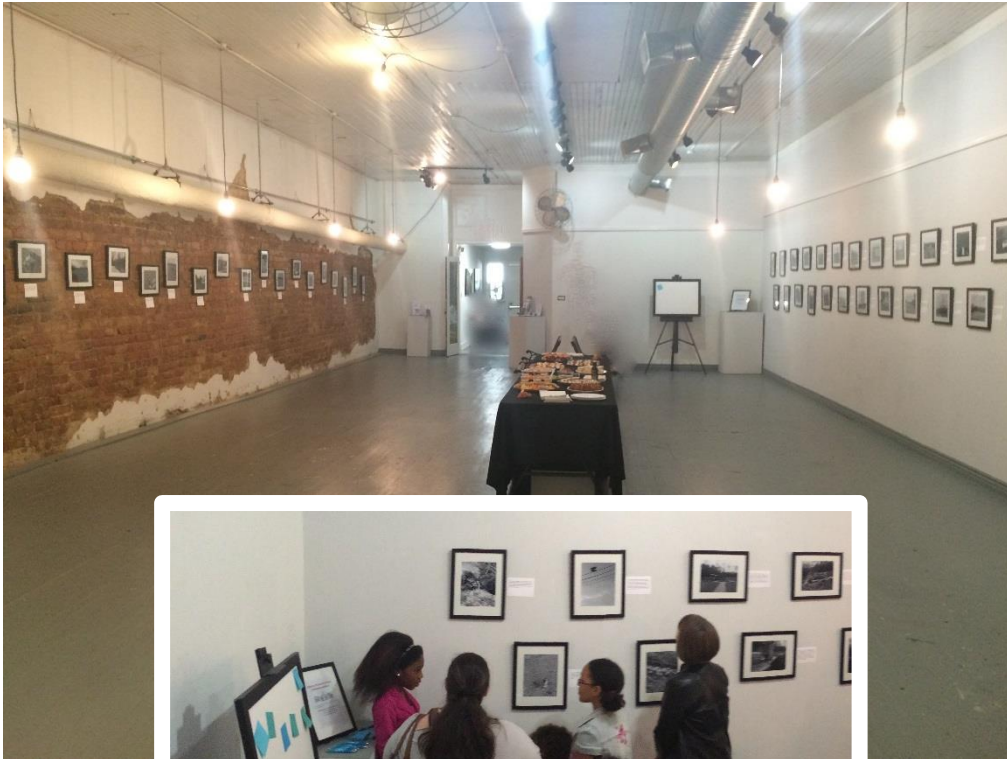


This is a picture of a bag of trash that a local church picked up Saturday morning. I took this picture because I thought it was amazing how a church picked up trash on this road. I felt this was environmentally friendly and safe, the road looked amazing afterwards. It is also a safer place for animals and walkers.



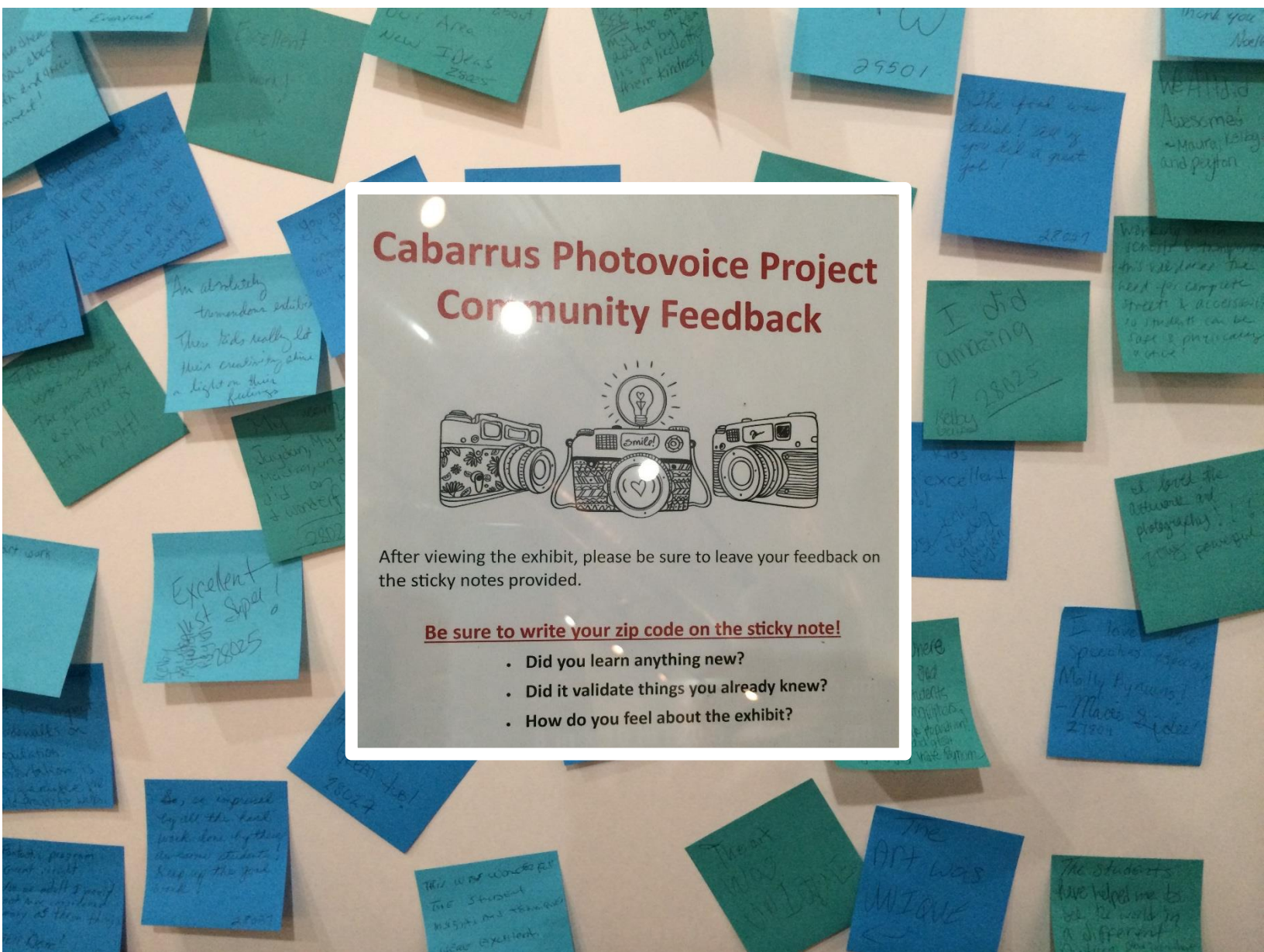
Biker in the Road - This photo is a good example of a healthy choice but also it is a bad example of an unsafe way for people riding bikes to travel, no bike lanes or sidewalks for them to ride on. We need more in order for people like this person to feel safe while doing their daily business.

## 2016 Photovoice Event Pictures



## Community Feedback

During the Photovoice exhibit, community members were asked to leave feedback about the event, what they learned, or what they found surprising.





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# 2016 Community Planning Council Retreat

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## PRIORITY RETREAT AGENDA

**May 19, 2016**

**8:30 am – 3:00 pm**

**Episcopal Church**

8:30	Welcome and Introductions Overview of the Day	Ed Hosack Lauren Thomas
	<ul style="list-style-type: none"> <li>• Review of goals for meeting</li> <li>• Retreat schedule</li> <li>• Facility logistics</li> </ul>	
8:45	Review Key Informant Survey & Community Data Results	Meghan Nousaine/Lauren Thomas
	<ul style="list-style-type: none"> <li>• Broad themes</li> <li>• Barriers to results</li> <li>• Implications and discussion</li> </ul>	
10:00	Photovoice Findings	Brisa Hernandez/Noelle Scott
10:20	BREAK	
10:30	Sector Discussion of Critical Needs	Meghan Nousaine
	<ul style="list-style-type: none"> <li>• Review of Sector-specific data</li> <li>• Brainstorm of issues</li> <li>• Selection of top three issues</li> <li>• Completion of Problem Importance worksheet</li> </ul>	Table Lead/Documentarian
11:15	BREAK	
11:25	Cross-Sector Advocacy & Discussion	Table Lead/Documentarian
	1. Discussion of priority issues developed within each sector's workgroup (sharing of priority importance statements)	
12:00	Preparation for Voting Process 1 <sup>st</sup> Round Voting	Meghan Nousaine/Lauren Thomas
	BREAK FOR LUNCH	
12:45	Review 1 <sup>st</sup> Round of Votes	
	2. Review votes based on raw number of votes & sector breakdown 3. Merging themes/issues 4. Select top issues based on votes 5. Discussion of issues selected	
1:30	BREAK	
1:40	2 <sup>nd</sup> Round Voting and Discussion	
	1. Determine the top three issues	
2:30	Celebration of Priorities	Ed Hosack
	2. Discussion of issues selected	
3:00	Dismiss	

## COMMUNITY PLANNING COUNCIL MEMBER – SECTOR BREAKDOWN

	Social Services	Education	Healthcare	Built Environment	At-Large
LEAD	Ed Hosack – CCM	Barbara Sheppard - CHA	LaShay Avery – Cardinal	Tri Tang – CHS	Sue Yates – Cabarrus Health Alliance
2	Kathy Mowrer - DHS	John Basilice – CCS	Marie Dockery – CFC	Merl Hamilton – City of Concord	Steve Morris – Commissioner
3	Jodi Ramirez – Project Safe Cabarrus	Ann Benfield – Cabarrus Partnership	Suzanne Knight – CHA	Londa Strong – Parks & Active Living	Kathy Kitts – Midland
4	Dave Zablotny – Habitat	Misty Moler – RCCC	Jamie Barnes – CC of SP	Eric Smallwood – Harrisburg Parks	Sam Fisk – Mount Pleasant
5	Alice Harrison – Hope Haven	Emery Ortiz – Public Library	Kim Wagenaar – CRCHC	Angela Graham – Housing	Jim Monroe – Community member
6	Rebecca Moffett - CVAN	Angela Ward – KCS	Shad Ritchie – Physicians Network	LJ Weslowski – CK Rider	Jessica Castrodale – CHS Outreach
7	Antonio Johnson – Bethel Baptist	Jessica Murphy – Literacy Council	Jim Lentz – Emergency Services	William Niblock – Niblock Homes	Sarah Porter – United Way
8	Michael Steele – New Life	Nancy Litton – Prevention Services	Kristin Soni – CHS	Lora Riddle - Realtor	Brent Rockett - YMCA

### LEAD’S ASSISTANT & DOCUMENTARIAN

Lauren Thomas - RED – SOCIAL SERVICES

Meghan Nousaine – GREEN – EDUCATION

Alyssa Smith – YELLOW – HEALTHCARE

Erin Shoe – PURPLE – BUILT ENVIRONMENT

Marcella Beam – BLUE – AT LARGE

### TECHNICAL ASSISTANCE

Tracy Ginder

# PROBLEM IMPORTANCE WORKSHEET

*Complete one worksheet for each priority issue you've identified*

Priority Issue: \_\_\_\_\_

Supporting Statement:

Check the appropriate box for each item and record the score under subtotal.											
	10 High	9	8	7	6	5	4	3	2	1 Low	Sub- total
Magnitude											
Consequences											
Feasibility											
Problem Importance Index (Sum of Subtotals)											

# FINAL SECTOR PRIORITY WORKSHEET

Instructions: Each member from your sector group will complete an identical worksheet, based on group consensus. You will use this completed worksheet during the next “cross-sector” activity.

## Sector:

**Priority 1:** \_\_\_\_\_

Which NC or Healthy People 2020 Focus Area/s does this priority address? (Utilize Voting Guide)\_\_\_\_\_

Supporting Statement:	Sector Consensus Score (1-10)	
	Magnitude	
	Consequences	
	Feasibility	
	Problem Importance Score	

**Priority 2:** \_\_\_\_\_

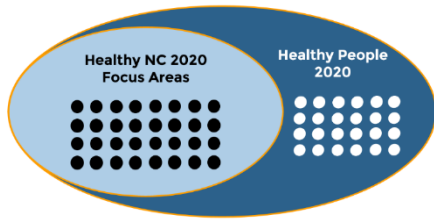
Which NC or Healthy People 2020 Focus Area/s does this priority address? (Utilize Voting Guide)\_\_\_\_\_

Supporting Statement:	Sector Consensus Score (1-10)	
	Magnitude	
	Consequences	
	Feasibility	
	Problem Importance Score	

**Priority 3:** \_\_\_\_\_

Which NC or Healthy People 2020 Focus Area/s does this priority address? (Utilize Voting Guide)\_\_\_\_\_

Supporting Statement:	Sector Consensus Score (1-10)	
	Magnitude	
	Consequences	
	Feasibility	
	Problem Importance Score	



# PRIORITY VOTING GUIDE

Below are 24 issues that we will use to frame our prioritization activity. As a sector, you will choose 3 priorities from the list below. At least of your two priorities must be from the Healthy NC Focus Areas, which are shown in the light blue columns.

At your sector's table, reflect back on the discussions we had as a Community Planning Council over the past 9 months. Begin narrowing down what issues your group feels confident does not need to be a priority for Cabarrus County in 2016. This may be due to our local community doing better than the state or national averages, or perhaps the feasibility of success is unclear.

Once your sector has narrowed down this list to a handful of compelling issues, determine each issue's relative importance based on the **magnitude** of the problem, the **feasibility** of our success, and the **consequences** of the problem using the Problem Importance Worksheet. Your Table Lead & Documentarian can help to locate helpful data to support your sector's decisions.

Healthy NC Focus Areas		Healthy People 2020
Obesity	Dental Health	LGBT Health
Infant Mortality	Environmental Health	Sleep Health
Substance Use	High School Graduation	Food Insecurity
Unintended Pregnancy	Housing	Language & Literacy
Sexually Transmitted Diseases	Individuals Living in Poverty	Older Adults
Mental Health	Uninsured Individuals under 65	Violence Prevention
Premature Deaths	Adult Diabetes	Adolescent Health
Immunizations	Tobacco Use	Disability & Health

## FINDING DATA TO SUPPORT YOUR VOTING DECISION

### Healthy NC Focus Areas

PRIMARY DATA			SECONDARY DATA	
	Key Informant Analysis	Community Survey Analysis	Monthly Presentation	Other Sources
<b>Obesity</b>	<ul style="list-style-type: none"> <li>• Pg 1 Quality of Life</li> <li>• Pg 4 Very significant</li> <li>• Pg 6 not at all</li> <li>• Pg 8 all issues</li> </ul>	Q1, 2, 3, 19, 21, 22	January, April	<a href="#">HC Data Dashboard</a> (multiple indicators under Diet & Exercise) <a href="#">County Health Rankings</a> (under Health Behaviors & Additional)
<b>Infant Mortality</b>			April	<a href="#">HC Data Dashboard</a> <a href="#">County Health Rankings</a> (under Length of Life & Additional Health Outcomes)
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>• Pg 4 Very significant</li> <li>• Pg 8 all issues</li> </ul>	Q5,23	February	<a href="#">HC Data Dashboard</a> (multiple indicators under Alcohol & Drug Use and an indicators under Length of Life) <a href="#">County Health Rankings</a> (under Health Behaviors & Additional Health Behaviors)
<b>Unintended Pregnancy</b>			February	<a href="#">HC Data Dashboard</a> <a href="#">County Health Rankings</a> (under Health Behaviors)
<b>Sexually Transmitted Diseases</b>			February	<a href="#">HC Data Dashboard</a> (multiple indicators under Sexual activity) <a href="#">County Health Rankings</a> (under Health Behaviors)
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Pg 1 Quality of Life</li> <li>• Pg 4 Very significant</li> <li>• Pg 8 all issues</li> <li>• Pg 9 progress</li> </ul>	Q4, 5, 8, 20, 23	December, April	<a href="#">County Health Rankings</a> (under Quality of Life & Additional Health Outcomes)
<b>Premature Deaths</b>			April	<a href="#">HC Data Dashboard</a> (multiple indicators under Length of Life) <a href="#">County Health Rankings</a> (under Length of Life & Additional Health Outcomes)
<b>Immunizations</b>		Q5		

<b>Dental Health</b>	<ul style="list-style-type: none"> <li>• Pg 4 Not at all</li> </ul>	Q4, 5, 7	April	<a href="#">HC Data Dashboard</a> <a href="#">County Health Rankings</a> (under Clinical Care)
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Pg 6 unsure</li> </ul>	Q33, 34, 35	March	Photovoice <a href="#">HC Data Dashboard</a> (multiple indicators under Air & Water Quality, & Transportation) <a href="#">County Health Rankings</a> (under Physical Environment)
<b>High School Graduation</b>	<ul style="list-style-type: none"> <li>• Pg 2 Not at all</li> </ul>	Q18, 42	November	<a href="#">HC Data Dashboard</a> (multiple indicators under Education) <a href="#">County Health Rankings</a> (under Social & Economic Factors)
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Pg 6 very significant, unsure</li> <li>• Pg 8 All issues</li> <li>• Pg 9 Progress</li> </ul>	Q19, 30, 31, 32	March	<a href="#">HC Data Dashboard</a> (multiple indicators under Housing) <a href="#">County Health Rankings</a> (under Physical Environment)
<b>Individuals Living in Poverty</b>	<ul style="list-style-type: none"> <li>• Pg 1 Quality of Life</li> <li>• Pg 2 Very significant</li> <li>• Pg 8 additional issues</li> </ul>	Q19, 27, 28, 30, 31, 32, 43	November, April	<a href="#">HC Data Dashboard</a> (multiple indicators under Income & Employment) <a href="#">County Health Rankings</a> (under Social & Economic Factors, & Additional)
<b>Uninsured Individuals under 65</b>	<ul style="list-style-type: none"> <li>• Pg 4 Very significant</li> <li>• Pg 9 progress</li> </ul>	Q4,6, 9, 17, 27	April	<a href="#">HC Data Dashboard</a> (multiple indicators under Access to Care) <a href="#">County Health Rankings</a> (under Clinical Care)
<b>Adult Diabetes</b>			January	<a href="#">HC Data Dashboard</a> <a href="#">County Health Rankings</a> (under Clinical Care)
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Pg 4 Very significant</li> <li>• Pg 8 all issues</li> </ul>	Q5	February	Photovoice <a href="#">HC Data Dashboard</a> (multiple indicators under Tobacco use) <a href="#">County Health Rankings</a> (under Health Behaviors)

## Healthy People 2020

PRIMARY DATA			SECONDARY DATA	
	Key Informant Analysis	Community Survey Analysis	Monthly Presentation	Other Sources
<b>LGBT Health</b>		Q27	December	
<b>Sleep Health</b>		Q31, 32	January	<a href="#">County Health Rankings</a> (under Additional Health Behaviors)
<b>Food Insecurity</b>	<ul style="list-style-type: none"> <li>• Pg 8 all issues</li> </ul>	Q19, 21, 22		<a href="#">County Health Rankings</a> (under Food environment index & Additional Health Behaviors))
<b>Language &amp; Literacy</b>		Q18, 27		
<b>Older Adults</b>	<ul style="list-style-type: none"> <li>• Pg 1 Quality of Life</li> <li>• Pg 2 Unsure</li> <li>• Pg 2 Very significant</li> </ul>	Q19, 20, 23, 27, 29		
<b>Violence Prevention</b>	<ul style="list-style-type: none"> <li>• Pg 2 Not at all</li> <li>• Pg 2 Very significant</li> <li>• Pg 6 unsure</li> </ul>	Q24, 25, 35	November?	<a href="#">County Health Rankings</a> (under Social & Economic Factors & Additional factors)
<b>Adolescent Health</b>			February, April	Photovoice
<b>Disability &amp; Health</b>		Q11, 12, 19, 20, 27		<a href="#">HC Data Dashboard</a> (an indicator of Quality of Life & Access to Care)

## Dates of Community Conversations

An online recording of our community conversation can be found at [www.healthycabarrus.org](http://www.healthycabarrus.org).

<b>DATES &amp; COMMUNITY GROUPS – COMMUNITY HEALTH PRIORITIES CONVERSATIONS</b>	
<i>February 25, 2016</i>	<i>RECORDING / Conversation with Commissioner Liz Poole</i>
<i>June 20, 2016</i>	<i>Healthy Cabarrus Substance Use Coalition</i>
<i>June 22, 2016</i>	<i>Healthy Cabarrus – Cabarrus Wellness Coalition</i>
<i>June 30, 2016</i>	<i>Cabarrus Rowan Community Health Center – Board of Directors</i>
<i>July 6, 2016</i>	<i>LIVE RECORDING / Public Forum at CHS Northeast Auditorium</i>
<i>July 12, 2016</i>	<i>Rotary Club – Afton Tavern</i>
<i>July 19, 2016</i>	<i>Cabarrus County Government Department Head Staff Meeting</i>
<i>July 20, 2016</i>	<i>CHS Northeast Practice Managers</i>
<i>July 27, 2016</i>	<i>Cabarrus County Department of Human Services Staff</i>
<i>July 29, 2016</i>	<i>Community Care of Southern Piedmont Staff</i>
<i>August 2, 2016</i>	<i>Mental Health Community Partners</i>
<i>August 2, 2016</i>	<i>Cabarrus Health Alliance – Board of Health</i>
<i>August 9, 2016</i>	<i>Southwest Cabarrus Rotary Club</i>
<i>August 16, 2016</i>	<i>Habitat for Humanity of Cabarrus – Board of Directors</i>
<i>August 24, 2016</i>	<i>Cannon Memorial YMCA – Board of Directors</i>
<i>August 25, 2016</i>	<i>Cabarrus Health Alliance – Public Health Solutions staff</i>
<i>September 6, 2016</i>	<i>Kannapolis Rotary Club</i>
<i>September 6, 2016</i>	<i>LIVE RECORDING / Cabarrus County Commissioners meeting</i>
<i>September 7, 2016</i>	<i>Teen Pregnancy Prevention Community Advisory Council</i>
<i>September 15, 2016</i>	<i>Cabarrus County Rotary Club</i>
<i>September 15, 2016</i>	<i>Cabarrus County Library Board of Trustees</i>
<i>September 15, 2016</i>	<i>Cabarrus County Active Living &amp; Parks Commission</i>
<i>September 27, 2016</i>	<i>Cabarrus Partnership for Children – Board of Directors</i>
<i>September 28, 2016</i>	<i>Cabarrus County Schools Health Advisory Council</i>
<i>October 6, 2016</i>	<i>Cabarrus County Schools ISSMT</i>
<i>October 13, 2016</i>	<i>City of Concord Council</i>
<i>October 13, 2016</i>	<i>Criminal Justice Resource Partnership</i>
<i>October 20, 2016</i>	<i>Healthy Cabarrus Advisory Board</i>
<i>December 19, 2016</i>	<i>Region F Aging Committee, Cabarrus County Senior Center</i>

