

**Siler City, North Carolina  
Chatham County**

**A Community Diagnosis including Secondary Data Analysis  
and Qualitative Data Collection**

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## TABLE OF CONTENTS

<b>LIST OF TABLES AND FIGURES .....</b>	<b>iv</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>METHODOLOGY .....</b>	<b>5</b>
<b>QUANTITATIVE DATA .....</b>	<b>5</b>
<b>QUALITATIVE DATA .....</b>	<b>6</b>
<b>COMMUNITY DESCRIPTION .....</b>	<b>9</b>
<b>GEOGRAPHY .....</b>	<b>9</b>
<b>HISTORY .....</b>	<b>10</b>
<b>ECONOMY .....</b>	<b>12</b>
<b>COMMUNITY PROFILE .....</b>	<b>14</b>
<b>DEMOGRAPHICS .....</b>	<b>15</b>
<b>EDUCATION .....</b>	<b>16</b>
<b>SCHOOL SYSTEM .....</b>	<b>16</b>
<b>EDUCATIONAL ATTAINMENT .....</b>	<b>17</b>
<b>LITERACY RATES .....</b>	<b>18</b>
<b>DROPOUT RATES .....</b>	<b>18</b>
<b>INCOME, POVERTY LEVEL, AND EMPLOYMENT .....</b>	<b>19</b>
<b>HEALTH .....</b>	<b>23</b>
<b>MORTALITY AND MORBIDITY .....</b>	<b>23</b>
<b>MORTALITY .....</b>	<b>23</b>
<b>MORBIDITY .....</b>	<b>26</b>
<b>SOCIAL HEALTH AND QUALITY OF LIFE .....</b>	<b>28</b>
<b>REPRODUCTIVE HEALTH .....</b>	<b>28</b>
<b>SUBSTANCE ABUSE .....</b>	<b>32</b>
<b>MENTAL HEALTH .....</b>	<b>34</b>
<b>CRIME .....</b>	<b>35</b>

PERCEPTIONS OF HEALTH .....	36
HEALTH OF HISPANICS .....	37
YOUTH BEHAVIORS .....	39
HEALTH CARE RESOURCES .....	40
MEDICAL FACILITIES .....	40
HEALTHCARE PROVIDERS .....	41
CHATHAM COUNTY HEALTH DEPARTMENT .....	41
CHATHAM COALITION FOR ADOLESCENT HEALTH .....	42
HIV/SEXUALLY TRANSMITTED DISEASE PREVENTION .....	43
SCHOOL-BASED HEALTH CLINICS .....	43
CHAPTERS ACCORDING TO MAJOR THEMES .....	48
A CHANGING COMMUNITY .....	48
GROWTH .....	49
COMMUNITY AND FAITH .....	53
LANGUAGE .....	54
CULTURAL CHANGES .....	57
YOUTH .....	62
YOUTH RECREATION .....	62
SEX EDUCATION .....	66
GANGS .....	68
ALCOHOL, TOBACCO, AND OTHER DRUGS .....	69
SCHOOL-BASED HEALTH CLINIC (SBHC) .....	73
YOUTH HEALTH CARE SERVICES .....	73
SUPPORT FOR SCHOOL-BASED HEALTH CLINIC .....	74
CHALLENGES FOR SBHC IMPLEMENTATION .....	76
SCHOOL-BASED HEALTH CLINIC SERVICES .....	77
SCHOOL-BASED HEALTH CLINIC LOCATION .....	79
COMMUNITY RESOURCES AND ASSETS .....	81

<b>SMALL TOWNESS .....</b>	<b>81</b>
<b>DIVERSITY .....</b>	<b>82</b>
<b>FAMILY RESOURCE CENTER .....</b>	<b>83</b>
<b>JOINT ORANGE COUNTY COMMUNITY ACTION .....</b>	<b>84</b>
<b>CHURCHES .....</b>	<b>84</b>
<b>RECREATIONAL LEAGUES AND TEENWORKS TEEN CENTER ..</b>	<b>85</b>
<b>DISCUSSION AND RECOMMENDATIONS .....</b>	<b>86</b>
<b>COMMUNITY TIES .....</b>	<b>86</b>
<b>LANGUAGE .....</b>	<b>88</b>
<b>YOUTH RECREATION .....</b>	<b>89</b>
<b>SCHOOL-BASED HEALTH CLINIC .....</b>	<b>92</b>
<b>REFERENCES .....</b>	<b>94</b>
<b>APPENDICES</b>	
<b>APPENDIX A: INTERVIEW GUIDES</b>	
<b>APPENDIX B: LIST OF INTERVIEWEES</b>	
<b>APPENDIX C: COMMUNITY FORUM REPORT AND MATERIALS</b>	

## LIST OF TABLES AND FIGURES

<b>Tables</b>	<b>Page</b>
Table 1: Major Industries in Siler City and Percentage of Hispanic Employees	12
Table 2: Population Distribution by Race/Ethnicity, Siler City, Chatham County, and North Carolina, 1990	15
Table 3: Siler City Public Schools Ethnicity/ Membership Breakdown	17
Table 4: SAT Scores and Percent Tested, Siler City, Chatham County, and North Carolina, 1996-1998	17
Table 5: Dropout Rates in Siler City Public Schools 1996-97	19
Table 6: Death Rates per 100,000 Population for Leading Causes of Death in Chatham County and North Carolina, 1997	25
Table 7: Leading Causes of Mortality in Chatham County by Gender and Race (Adjusted death rates per 100,000 persons), 1998	26
Table 8: Selected Disease Rates Per 100,000 Population, Chatham County and North Carolina, 1997	27
Table 9: Top 10 North Carolina Reported Cases of Notifiable Diseases, 1997	28
Table 10: Pregnancy Rates per 1,000 by Race and Age, Chatham County and North Carolina, 1995	24
Table 11: Teen (Ages 15-19) Birth Rates per 1,000 by Race and Age, Chatham County and North Carolina, 1995	30
Table 12: Chatham County Percentage of Babies Born with Low Birth Weight by Race, 1994 and 1995	31
Table 13: Driving While Intoxicated Arrest Rates per 100,000, Chatham County and North Carolina, 1995 and 1998	33
Table 14: Percentage of Chatham County Students 5 <sup>th</sup> -8 <sup>th</sup> Grade Who Have Used Drugs in Their Lifetime, 1995-96, 1997-98, and 1999-2000	34
Table 15: Crime Rates per 100,000 for Siler City, Chatham County, and North Carolina, 1998	36
Table 16: Self-Rating of Health by Days Per Year, Chatham County, 1996, and North Carolina, 1994	37
Table 17: Most Significant Health Issues for Hispanic Males, Females, and Children	38
Table 18: Youth Risk Behaviors for North Carolina and United States, 1997	39
Table 19: Number of Health Care Providers in Chatham County	41
Table 20: Horton Middle School Body Shop Services	45

<b>Figures</b>	<b>Page</b>
Figure 1: Percentages of Persons Below Poverty Level for Siler City, 1990	20
Figure 2: Percentage of African-Americans Below Poverty Level, Siler City , 1990	21

## **EXECUTIVE SUMMARY**

This document is a result of a community diagnosis of Siler City, a growing community located in the western part of Chatham County, North Carolina. A community diagnosis is a research project that aims to assess the strengths and weaknesses of and help identify future directions for a community. In essence, a community diagnosis seeks to understand communities and the people who live there:

The diagnosis ... aims to understand many facets of a community including culture, values and norms, leadership and power structure, means of communication, helping patterns, important community institutions, and history. A good diagnosis suggests what it is like to live in a community, what the important health problems in a community are, what interventions are most likely to be efficacious, and how the program would be best evaluated (Steckler, Dawson, Israel, & Eng, 1993).

The Siler City community diagnosis was completed by six graduate students in the Department of Health Behavior and Health Education, School of Public Health, University of North Carolina at Chapel Hill. In order to better understand Siler City, secondary data was collected on Siler City's geography, history, economy, demographics, education, and income, poverty, and employment levels. In addition, data was compiled on health indicators such as mortality and morbidity, social health, youth behaviors, and health care resources. The feasibility of establishing a School Based Health Clinic (SBHC) in Siler City was investigated, as requested by the Family Resource Center (FRC) and the Chatham County Health Department.

There were certain limitations in collecting secondary data for Siler City. The 1990 U.S. Census data was the primary resource for Siler City-specific data. A problem with using 1990 data for Siler City is the lack of accurate information regarding the

recent population growth, especially among the Hispanic community. Whenever possible, data was collected at a community level. However, most of the community profile and health data was available only on a county or state level. Caution must be taken when making assumptions about Siler City from county and state level data.

To obtain a more accurate picture of Siler City, qualitative interviews were conducted with community members and service providers to further assess community strengths, weaknesses, and future directions. Between December 1999 and February 2000, 14 face-to-face interviews and six focus groups were completed. This interview process was approved by the University of North Carolina's Institutional Review Board (IRB). The IRB reviews requests from the School of Public Health students or faculty to conduct research on human subjects.

There were various limitations for gathering this qualitative data. Time constraints in receiving IRB approval delayed the interview process. In order to maximize the use of time, contact information for interviews and focus groups were obtained from field preceptor referrals, local publications, web sites, and other directories. Interview and focus group participants included health care providers, school administrators, town officials, law enforcers, parents and youth in the community, and other key community informants. Gaining entree to the other less assessable community members was difficult due to the time constraints previously discussed. Furthermore, communication with the Hispanic community was limited in that none of the six students were able to speak Spanish.



After analyzing secondary and qualitative data, findings were presented at a community gathering at the Family Resource Center on March 5, 2000. Findings were separated into major themes considered to be of importance to the people of Siler City.

The purpose of this document is to summarize the findings of the Siler City Community Diagnosis. Key issues identified by community members are summarized by the following indicators:

**Growth:** The population in Siler City has increased over the past decade. Whereas Siler City has historically been an agricultural town, its industrial base is growing, thus creating more job opportunities. Community members noticed the overall population growth, especially among the Hispanic population. Concern was expressed regarding meeting the resource needs of the community. Identified areas of need for resource development that were mentioned by residents include housing, transportation, health care, and education.

**Community and Faith:** In reflecting upon the strengths of the community, Siler City residents often mentioned the town's sense of community and faith. Despite the rapid growth in the last few years, some residents remarked upon Siler City's strength in remaining a close-knit community. Many talked about the important role that church plays in everyday life. One service provider mentioned, "Churches are a strong part of Siler City."

**Language:** Language differences between English and Spanish speaking residents were identified as a barrier. Many residents commented on the language barrier's effect on Siler City schools, health care, work place, and day-to-day activities. Opinions varied as to how to address the problem, yet most agreed that more strategies are needed. At the community forum, members suggested that more residents could learn another language by taking language classes.

**Cultural Changes:** Various reactions were expressed regarding Siler City's changing culture. Several residents noted cultural barriers in addition to language barriers. Many community members noted the division between the White, African American, and Hispanic communities in Siler City. One town official attributed this division to the "lack of understanding of each other's culture." Various opinions about cultural differences in Siler City are becoming more public as indicated by an anti-immigrant town rally and a trip by county officials to Mexico to gain cultural understanding.

**Youth Recreation:** Community members expressed concern over the lack of recreation activities available for youth. Youth and adults alike believed that expanding existing activities as well as creating new activities were important. PTA, schools, and industry

were identified by community members as potential partners in creating opportunities for youth recreation.

**Sex Education:** Addressing the issue of sex education in the schools was brought up by many community members. Many parents felt that more sex education was needed for youth in the schools. One community member noted that although abstinence should be the focus of sex education, youth should also be taught about other protective measures in school. This strategy will therefore educate not only those who choose to abstain but also those who decide to become sexually active. Others suggested that sex education about protective measures was a private matter that should not be addressed in the school system.

**Gangs:** There has been a growing concern about youth gangs in Siler City. Initial signs of growing gang-level activity include physical violence and graffiti. Currently, the Siler City Police Department is working to increase awareness about gangs in the community and to decrease gang-related activity.

**Alcohol, Tobacco, and Other Drugs:** Community members mentioned the effect that substance abuse has on the quality of life for Siler City residents, particularly youth. One service provider commented on the ease many youth have in gaining access to alcohol. A recent drug raid, in which police seized an estimated \$5 million worth of marijuana, has generated further discussion of drug use. Concerned residents noted the importance of youth drug prevention and education.

**School-Based Health Clinic (SBHC):** An effort to improve youth access to health care has resulted in an investigation of the feasibility of placing a SBHC in Siler City. Many community members are supportive of the SBHC idea, as long as those in the community have the opportunity to guide its development and implementation. Although many had suggestions about SBHC services, others were unaware of the services that could be provided by a SBHC. These individuals requested more information about SBHCs.

The purpose of this document is to provide a picture of the Siler City community through secondary data and community interviews. Major issues revealed in this community diagnosis process are growth; community and faith; language; cultural changes; youth recreation; sex education; gangs; alcohol, tobacco, and other drugs; and School-Based Health Clinic. This document can be utilized by community members and service providers in not only understanding Siler City as a community, but also in assessing its future directions.

## **METHODOLOGY**

This section will explain the process of obtaining quantitative and qualitative data and the analysis process. Discussion will include how the interview questions were developed, how the interviews were conducted, and how interview data was coded. There will also be a brief discussion on the limitations of this process.

### **QUANTITATIVE DATA**

Data collection was completed through several avenues. Historical data was collected through personal communications and review of historical literature and previous community diagnosis documents in the Siler City area. Geographical information was collected at the UNC-Chapel Hill Geological Sciences library, through personal communications with the Chamber of Commerce, and windshield tours. Economic and community profile data was collected from the 1990 U.S. Census, internet sites as well as other documents on Chatham County. The internet sites were discretely used to find more recent data since the 1990 census. Health data was collected primarily from the Chatham County Health Department and the North Carolina State Center for Health Statistics.

Siler City secondary data is limited due to lack of current data as well as limited data on such a detailed basis. The last census, done in 1990, provides an inaccurate picture of Siler City as there has been a population boom in Siler City in the past ten years. Another limitation was availability of data at the city level; therefore, county data was often used to give a general sense of the Siler City community.

## QUALITATIVE DATA

The first step in collecting qualitative data involved developing an interview guide (see Appendix A). Interview and focus group guides were developed for general community members, service providers, and youth. The School of Public Health's Institutional Review Board (IRB) approved the interview and focus group guides. A fact sheet was sent out with a letter to each parent whose child was asked to participate in a focus group. These youth were not allowed to participate unless they had a consent letter signed by a parent or guardian.

The interview guides consisted of open-ended questions designed to spark discussion on any issue the interviewee felt was important to Siler City. Specific questions were asked on youth and the possibility of a School-Based Health Center being placed on the grounds of one of Siler City's schools.

The preceptor for this project facilitated initial contact with community members. A letter was sent from him to a list of approximately 100 community members and providers in the community describing our project and providing us with entrée into Siler City. Some of these community members were political figures, leaders in the education system, or religious leaders in the community. The others were influential in their own circles and considered good contacts for us to have to gain perspective in specific communities, such as the Hispanic community. The team received and circulated The Chatham News each week and as articles were read, we continued to gather names of people to be contacted. This also helped us to decide whom we might want to interview to gather a variety of perspectives from the community. More contacts were made

through the actual interview process as well as through the other community diagnosis team working in Chatham County.

Interviews were scheduled by phone and all interviews were done in person. Two members of the team attended each interview, one as notetaker and the other as facilitator. There were three instances where our team collaborated with the Chatham County Community Diagnosis team and one member from each team was present at the interview or focus group. Most interviews were granted, although some interviews were cancelled or unable to be scheduled due to the snowstorm in January.

Interviews began with reiterating the fact sheet, which was also given to them at the time of the interview. All interviewees agreed with having their interview taped with the exception of one and all were informed that, at any time, the tape could be stopped. Most interviews lasted forty-five minutes to an hour. After interviews were completed, typed field notes were submitted to each team member.

Interviews began once IRB approval was obtained in December and concluded in mid-February. Our lack of Spanish capabilities hindered our team from conducting many Spanish interviews. Collaboration with the Chatham County CD team allowed for qualitative data analysis of a Latina focus group.

There were a total of 14 interviews and six focus groups analyzed by the Siler City team, producing data from 58 individuals. Of these, 15 were service providers and 43 were community members, including six youth. Gender distribution was not evenly distributed and the racial/ ethnic distribution did not well represent the Hispanic population. Twelve of those interviewed were male and 46 were female. Of these individuals, 25 were African-American, 24 White, and 9 Hispanic (see Appendix B).

Towards the end of the interviewing process, the team began coding interview data into themes. For example, when someone stated that there was little for youth to do in Siler City, the quote was put in a table under the heading “Youth Recreation”. Other major themes included Drugs, Growth, Education, and the School-Based Health Clinic. Although more than twenty themes were initially coded, several of these were condensed into one theme and only seven were chosen as major themes to be presented at the forum and included in this document.

There are various limitations for gathering qualitative data in the way described above. Although an attempt to gather a representative sample was made, time constraints and delays in receiving formal approval from the Institutional Review Board made it difficult to reach the underrepresented populations, particularly youth and Hispanics. The interview guides were developed based primarily on a past community diagnosis with youth and other diagnoses in the Siler City area. Therefore, no direct input was gathered to develop the interview questions and may have affected the quality of information obtained. There may have been some interviewer as well as notetaker bias that is difficult to control for in the coding of themes. Finally, in collaborating with the Chatham County Community Diagnosis team, we must take into account the different interview guides and points of view used in conducting their focus groups.

## **COMMUNITY DESCRIPTION**

Our first look at Siler City will be a description of its geography, history, and economy, which all help shape the perspective that must be used in learning about the community. A Community Profile (sociodemographic information) and Health section will follow.

### **GEOGRAPHY**

Siler City is located in the western part of Chatham County, in the Piedmont region of North Carolina. Its neighboring counties include Wake County to the east; Durham, Orange, and Alamance to the north; Randolph to the west; Moore, Lee, and Harnett to the South. Siler City is in between Pittsboro, 16 miles to the east, and Asheboro, 20 miles to the west in Randolph County. Although Siler City is the largest city in Chatham County, Pittsboro is the county seat.

There are two major routes in and out of Siler City. U.S. Highway 64 runs east-west from Cary to Asheboro, providing easy access from Siler City to the state capital, Raleigh, and to several major highways. Business Route 421 runs north-south through Siler City and intersects U.S. 64 near Siler City's main business district. U.S. Highway 421 runs northwest to Greensboro, including access to the closest major airport and to Interstate 85. The Norfolk-Southern Railroad, running north-south, is located to the west of Siler City's downtown (North Carolina Department of Transportation, 1999).

Siler City's climate is mild with an average temperature of 72 degrees in June and 38 degrees in January. The annual average temperature is 57 degrees. With an elevation

of 625 feet above sea level, the average rainfall in Siler City is 47.3 inches, and the average snowfall is 7.6 inches (North Carolina Department of Commerce, 1993). The major water source for Siler City is Rocky River and Impoundment with a maximum daily capacity of 4.0 million gallons per day and a peak load of 2.5 million gallons per day. Siler City has an activated sludge/extended aeration treatment plant and a separate storm sewer system (Chatham County Economic Development Commission, 1996).

There are many distinct neighborhoods in Siler City. For example, a large percentage of the African-American and Hispanic community live in a small residential neighborhood known as Lincoln Heights located in the northern section of Siler City. Many of the trailer parks that line the streets of Lincoln Heights often have two families per trailer, indicating areas of high population density. A large number of the Hispanic population lives on Chatham Avenue, also known as “Cotton Hill” due to a former cotton plant in the area. Other neighborhoods in Siler City include Snipes Mobile Home Park, a community with old trailers in very poor conditions; Cardinal Street, an older middle-class neighborhood; and the Siler City Country Club area, a more affluent part of town (Bill Lail, personal communication, Sept. 10, 1999).

## **HISTORY**

The town of Siler City developed after the opening of a railroad between Sanford and Greensboro in 1884. A train depot was established along that railroad at Matthews Crossroads in Western Chatham County. The depot was named Siler Station after Samuel Siler, who donated the land (Hadley, 1987). The railroad sparked the growth of general merchandise and agricultural businesses (Chatham County Online, 1996). By



1887, this area had seven stores, a tobacco warehouse, three livery stables, three hotels, a planing mill, a sawmill, and a cotton gin. In March of that year, the General Assembly of North Carolina incorporated the Town of Siler City. The population, according to the 1890 census, was 254 (Hadley, 1987).

Siler City's first church, Corinth A.M.E. Zion, was organized in 1884. The first Methodist and Baptist churches followed in 1886 and 1889, respectively. Today there are approximately 50 churches in Siler City, the largest percentage being Baptist (30%). Both public and private schools began in the late 1800s. The Thompson School, a private boarding school, operated from 1887 to 1897 and was "considered to be one of the outstanding preparatory schools in North Carolina at that time" (Hadley, 1987).

One of the major industries in the late 1800s was the Chatham Rabbit Market. According to Hadley, "Siler City was the largest shipping point for rabbits in the county and probably the state." Other significant industries that lead to Siler City's growth were poultry and eggs. The period from 1900 to 1913 marked record growth and expansion (Hadley, 1996). The population doubled from 480 to 895 during the 10-year span from 1900 to 1910. During this time, the town's first streetlights, telephone lines, and water and sewer systems were installed. The town offices were built in 1927 and provided offices for the mayor and the town jail.

Starting in the late 1930s through the post World War II era, the town grew through the opening of industrial plants and the expansion of locally-owned businesses. The population of Siler City steadily increased until 1980, with the largest surge occurring between the 1950 and 1960 census reports when the population increased by 1954 to a total of 4,455. The 1980 census showed a slight decrease in population of 243,

and the 1990 census recorded the population as 4,808. Estimates for the population of Siler City in the year 2000 are 5,453 (Hadley, 1987). This latest increase in population has largely been a result of the incoming Hispanic population to fill employment opportunities in expanding industrial and agricultural businesses.

## **ECONOMY**

Siler City is a town in which the manufacturing industry has a strong effect on the economy. The three main sources of employment in Siler City are manufacturing (41.4%), professional and other services (19.8%), and wholesale and retail trade (16.5%) (Employment Security Commission of North Carolina, 1997). Many of the industries in Siler City are either textile manufacturers or poultry processing companies and employ primarily Hispanic workers. Table 1 shows that three out of four major industrial employers have predominantly Hispanic employees.

**Table 1: Major Industries in Siler City and Percentage of Hispanic Employees**

<b>Company Name</b>	<b>Company Description</b>	<b>Total Employees</b>	<b>% Hispanic Employees</b>
Townsend, Inc.	Poultry Processing	1375	75%
Gold Kist, Inc.	Poultry Processing	750	50%
Mastercraft Fabrics	Textiles	650	4.6%
Charles Craft, Inc.	Textiles	163	44.2%

Source: Duke Endowment Immigrant Health Planning Survey, 1999

Only about 15% of Siler City residents commute outside the county to work (Employment Security Commission of North Carolina, 1997). Therefore, the majority of residents in Siler City are locally employed, primarily in manufacturing companies.

Educational levels are similar between Chatham County and North Carolina, with 70% of the county's and 70% of the state's population having a high school diploma. The greatest difference was seen in the college graduate category, with 12% of Chatham County residents and 17.4% of North Carolina residents having a college degree (Research Triangle Region Statistical Data Book, 1996). This difference could indicate that many Siler City residents are employed in local blue-collar jobs. However, the Chatham County statistics for levels of education may not be indicative of the levels for Siler City residents, and the most recent data for Siler City is from the 1990 Census.

Siler City's development as a manufacturing center has become a distinctive quality of the town. This focus is reflected in the response to a 1995 Smart Start Family Ties project question, "What do you like most about living in this community?" The most common answer, with 15% of responses, was jobs (CCHIP, 1997). Siler City, therefore, holds a unique identity of an industrial center, while being very much a part of its rural surroundings.

## COMMUNITY PROFILE

An important step in looking at the Siler City community more closely is reviewing the pertinent sociodemographic data that exists. This step is problematic, however, because data is rarely collected for a community as small as Siler City, even though it is a large city relative to its surroundings. Siler City data is presented whenever possible, but it often exists only in the 1990 U.S. Census. This material is obviously dated but holds our only look at many aspects of the community. One key problem with using 1990 data is the lack of documentation of the considerable influx of Hispanic residents, who have become a considerable population in Siler City.

County data is much more common and is usually presented in comparison to 1990 Siler City data and in its most recent forms. While Siler City is a considerable proportion of Chatham County's population, trends in county data must be used sparingly in making assumptions about Siler City. As we will see in this section and in the following Health section, Siler City often differs from the county and the state in key areas. This data can still give us a better idea of what the residents and life of Siler City are like.

In instances where percentages regarding racial breakdowns do not equal 100%, this is due to the U.S. Census' interpretation of Hispanic as a place of origin rather than race. Hispanics were asked to check a race (White, African-American, or Other) and then identify themselves as Hispanic on another question.

## DEMOGRAPHICS

According to the 1990 U.S. Census, the total population for Siler City was 4,808, compared to 38,759 for Chatham County and 6,628,637 for North Carolina. Of the residents in Siler City, 70.6% were White, 27.3% African-American and 3.1% Hispanic (U.S. Bureau of the Census, 1990). In 1998, it was estimated that Siler City had a population of 5,976, Chatham County had a population of 45,938, and North Carolina had a population of 7,547,090 (NC Office of State Planning, 1998). No racial breakdown was available for 1998, but in 1995 it was estimated that 38% of Siler City residents were Hispanic (CCHIP, 1997), reflecting the considerable influx of Hispanic residents.

**Table 2: Population Distribution by Race/Ethnicity, Siler City, Chatham County, and North Carolina, 1990**

	Siler City	Chatham County	North Carolina
White	3,393 (70.6%)	29,401 (76%)	5,011,248 (75.6%)
African-American	1,314 (27.3%)	8,870 (23%)	1,455,340 (22%)
Hispanic	147 (3.1%)	506 (1.3%)	69,020 (1%)
Other	101 (2.1%)	488 (1.3%)	16,2049 (2.4%)

Source: U.S. Bureau of the Census, 1990.

The 1990 Census indicated that 46.2% of Siler City's population were male and 53.8% were female. The age distribution in Siler City was 25% age 18 and under, 51% between the ages of 19-59, and 24% age 60 or older.

The number of persons per household in Siler City was similar to county and state estimates. In Siler City, 21.6% of homes had four or more persons per household,

compared to 22.3% in Chatham County, and 23.5% in North Carolina. The 1990 data for Siler City may not be a good representation of the actual number of households with four or more persons due to recent population growth.

## **EDUCATION**

### *School System*

There are five public schools in the Siler City area. Siler City Elementary is located on the south side of Siler City and educates kindergarten through fourth grade. Chatham Middle School has recently moved into new facilities just outside of Siler City and includes fifth through eighth grade, and Jordan Matthews High School includes ninth through twelfth grade. Sage Academy is an alternative school in Siler City, working with high school students. Central Carolina Community College has six campuses, one of which is located in Siler City and another within 10 miles (Chatham County School System, 1999). Chatham Charter School, a private school (kindergarten through eighth grade) educates 150 students (Chatham Charter School, 1999).

School enrollment allows some indication of the growth in the Hispanic population. In Chatham County, there has been a 598% change in Hispanic public school enrollment from 1990-1998 (Manson, 1998). The following table shows an enrollment breakdown by ethnicity in Siler City public schools. The table indicates that the largest amount of growth of Hispanics in the school population has occurred in Siler City Elementary. However, each one of the schools has experienced a significant change in ethnic makeup in the past few years.

**Table 3: Siler City Public Schools Ethnicity/ Membership Breakdown**

	% Hispanic		% African-American		% White	
	'97-'98	'99-'00	'97-'98	'99-'00	'97-'98	'99-'00
<b>Siler City Elementary</b>	28.1%	41.8%	35.9%	31.8%	32.6%	22.4%
<b>Chatham Middle</b>	21.5%	28.4%	36.9%	33.8%	40.4%	36.4%
<b>Jordan Matthews High</b>	5.6%	13.0%	30.4%	15.0%	63.4%	57.9%

Source: Central Office Chatham County Schools, 1999

Mean SAT scores for Jordan Matthews High School have risen from 1996 to 1998, growing closer to the county and state averages. Table 4 shows SAT scores for North Carolina, Chatham County and the three public high schools in Chatham County.

**Table 4 : SAT Scores and Percent Tested, Siler City, Chatham County, and North Carolina, 1996-1998**

System/School	1996		1997		1998	
	Mean	% Tested	Mean	% Tested	Mean	% Tested
<b>North Carolina</b>	976	59.0	978	59.0	982	62.0
<b>Chatham County</b>	923	64.5	935	53.6	973	56.4
<b>Chatham Central High</b>	936	39.7	985	41.7	950	57.1
<b>Jordan Matthews High</b>	898	76.7	890	54.6	956	47.4
<b>Northwood High</b>	936	70.3	950	59.0	996	63.5

Source: A Report Card for the ABCs of Public Education, 1997-98

### *Educational Attainment*

1996 data show that 70% of the adult population in North Carolina and Chatham County completed high school (CCHIP, 1997). The most recent data for Siler City is from the 1990 census, showing that only 57.9% of the adult population completed high

school. Nearly the same percentage of Whites and African Americans completed high school, 60.6% and 52.6% respectively. Of the small Hispanic population in Siler City in 1990, none of the 93 completed high school (U.S. Bureau of the Census, 1990).

For Siler City, of those adults who had graduated from high school, 27.9% had some college education, 6.7% completed four years of college, and 2.1% completed five or more years of college (U.S. Bureau of the Census, 1990).

### *Literacy Rates*

Illiteracy rates among the adult population are another educational indicator. Results from the National Adult Literacy Survey (NALS) showed that in the United States, North Carolina ranked 43<sup>rd</sup> in terms of adult literacy. The NALS data that was collected from other states did show that literacy and economic vitality are closely linked. For example, it found that 43% of people with the lowest literacy skills live in poverty; 17% receive food stamps, and 70% have no full- or part-time job (Goode, Hoffman, Lamjaimer, Munoz-Plaza, Owens, 1998). The illiteracy rate for Chatham County is estimated to be 13.20%, while the North Carolina rate is 12.69% (North Carolina Literacy Resource Center, 1999).

### *Dropout Rates*

In 1996-97, the dropout rate for Chatham County was 2.7% of seventh to twelfth graders, a total of 75 dropouts. In 1996-97 at Jordan Matthews High School, there was a 6.8% dropout rate, a total of 32 dropouts out of 469 students. Therefore, there is a discrepancy between Siler City and Chatham County dropout rates. The following table shows the dropout rates by race/ethnicity and gender (out of 32) (Central Office Chatham County Schools staff member, personal communication, Nov. 2, 1999). By breaking



down the percentage of dropouts by ethnicity and gender, the table shows that a higher percentage of dropouts in Siler City are white and female, although no information was given as to why.

**Table 5: Dropout Rates in Siler City Public Schools 1996-97**

Siler City	White	African-American	Hispanic	Totals by Gender
Males	9.4%	15.6%	15.6%	40.6%
Females	28.1%	9.4%	21.9%	59.4%
Totals by Race	37.5%	25%	37.5%	100%

Source: Central Office Chatham County Schools, 1999

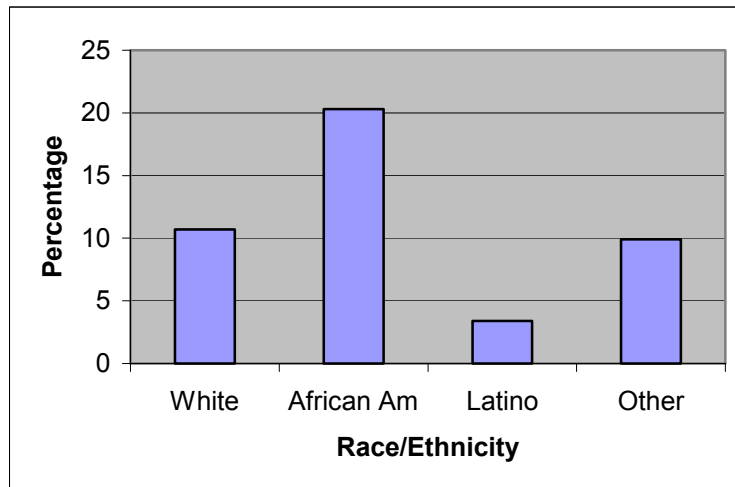
### **INCOME, POVERTY LEVEL, AND EMPLOYMENT**

According to the 1990 census, the median family income (i.e., the middle value in the income distribution) for Siler City residents is \$27,053. More recent estimates from the North Carolina Child Advocacy Institute web site (1998) show the county and state median family incomes as \$42,200 and \$54,700, respectively. 1998 estimates were not available for Siler City. Based on 1990 figures, 9.2% of Siler City families fell below the poverty level, which was similar to the percentage of state families below poverty (9.9%) and higher than the county (7.4%) (U.S. Bureau of the Census, 1990).

1999 data from the Chatham County Schools indicates the number of families below poverty level may currently be higher. These data show the percentage of families that have applied for free or reduced lunch as of Nov. 30, 1999 at Siler City schools to be 28.5% for Jordan Matthews High School, 58.53% for Chatham Middle School, and 61.4% for Siler City Elementary Office (Laurie Monticello, personal communication, November 30, 1999).

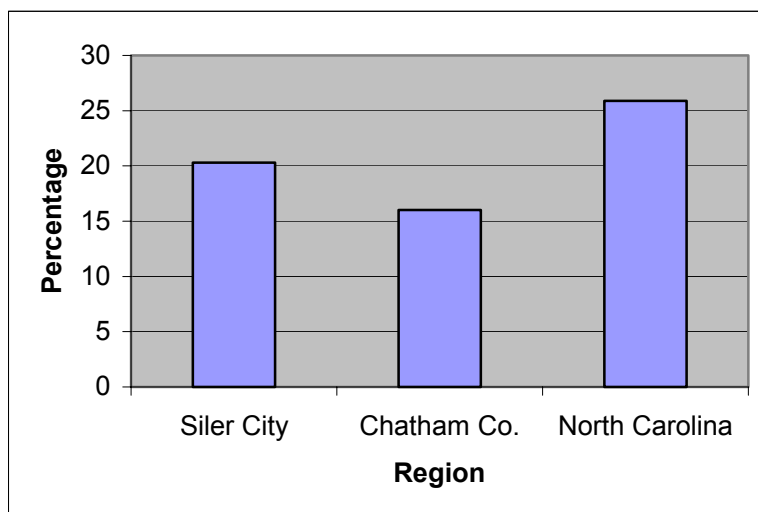
When examining persons below the poverty level by race/ethnicity by 1990 census figures, there appear to be significant disparities between races on the community, county, and state levels. In Siler City, 20.3% of the African-American population fell below poverty level, as compared to only 10.7% of the White population and 3.4% of the Hispanic population. We estimate that the percentage of Hispanic residents below poverty may currently be significantly higher because the 1990 figures reported only 3.1% of the community as Hispanic and more recent estimates (1995) are 38%. For Chatham County in 1990, African-Americans again had the highest percentage of persons below poverty at 16.0%, compared to 7.6% of Whites and 6.8% of Hispanics. North Carolina had the highest percentage of African-Americans below the poverty level at 25.9%. At the state level, though, the percentage of Hispanics below poverty level was higher than Whites (17.4% compared to 8.4%) (U.S. Bureau of the Census, 1990).

**Figure 1: Percentages of Persons Below Poverty Level for Siler City, 1990**



Source: U.S. Bureau of the Census, 1990

**Figure 2: Percentage of African-Americans Below Poverty Level, Siler City, 1990**



Source: U.S. Bureau of the Census, 1990

1998 estimates for unemployment rates show that Chatham County was below the state average at 1.9% compared to 3.5% (Employment Security Commission of North Carolina, 1999). 1998 data is not available for Siler City, but the 1990 census shows that the town's unemployment rate was 3.2% at that time. When broken down by race in 1990, African-Americans had an unemployment rate of less than the community average at 2.7%, compared to the White rate above the community average (3.6%) (U.S. Bureau of the Census, 1990).

Our Community Profile begins to reveal some of the characteristics and challenges of a growing and changing Siler City. While the industrial growth benefits the community with job availability, low unemployment, and poverty numbers that compare

well with state and county figures, areas of concerns have grown. The considerable immigration of Hispanic residents for industrial jobs has greatly altered racial composition in the community and schools. Socio-economic indicators will likely change as the population changes. Siler City Elementary, with the largest Hispanic percentages, also has the highest free-lunch numbers. This concern is only in addition to the existing racial gap between Whites and African-Americans that is most evident in poverty statistics and will become even more notable in the following Health section.

## **HEALTH**

Our look at Siler City now focuses in on health indicators and important related data. The difficulty in finding information specifically on Siler City is even more apparent with health data, so Chatham County and North Carolina data are primarily given. Assumptions about Siler City are to be made carefully.

When possible, current indicators are compared to the Healthy Carolinians 2000 objectives. These objectives were formed by a state-sponsored task force in 1992 in order to gauge progress in improving the health of all North Carolinians and narrowing racial gaps in health indicators. These are state goals but provide a measure to evaluate current county progress, as well.

The Health section will cover mortality and morbidity data, social health and quality of life indicators, youth behaviors, health care resources, and a description of the issues surrounding school-based health clinics. As we will discuss in greater detail later, the Siler City community faces the possibility of getting a school-based health clinic in the town if community members are receptive. This entire document is, in part, an effort to gauge community reaction to that proposal.

### **MORTALITY AND MORBIDITY**

#### *Mortality*

There were a total of 65,880 deaths in North Carolina in 1997, 430 of which occurred in Chatham County. The death rates per 1,000 persons for the state and county were fairly similar at 8.9 and 9.5, respectively (note: following death rates are all per

1,000 and are crude rates unless otherwise stated). A higher number of males compared to females died in North Carolina (33,119 compared to 32,761) and in Chatham County (222 compared to 208). The death rate for minorities in North Carolina was 8.6, which was very close to the overall death rate of 8.9. The death rate for minorities in Chatham County, however, was 11.0, compared to the overall death rate of 9.5 (15.8% higher). For both the State and County, the highest death rate between age groups occurred in the 65 and over category: 50.5 and 45.3 per 1,000, respectively (NC State Center for Health Statistics, 1997).

Though the heart disease death rate in Chatham County has decreased from 287.7 per 100,000 persons in 1993 to 257.0 per 100,000 in 1997, heart disease remains the leading cause of death in Chatham County. Heart disease remains the leading cause of death in North Carolina where rates show a similar trend, decreasing from 269.6 per 100,000 in 1993 to 259.2 per 100,000 in 1997 (NC State Center for Health Statistics, 1997).

An important indicator of heart disease risk is blood cholesterol level. According to the Behavioral Risk Factor Surveillance System, nearly 60% of Chatham county residents responding to a 1996 telephone survey reported that they had received a cholesterol test within the past two years. For persons aged 18-39, however, almost 50% had never had a blood cholesterol test (CCHIP, 1997).

Six of the 10 leading causes of death for both Chatham County and North Carolina (see Table 6) were chronic diseases: heart disease, cancer, cerebrovascular disease, Chronic Obstructive Pulmonary Disease (COPD), diabetes mellitus, and chronic liver disease/cirrhosis. Infectious disease only accounted for one of the 10 leading causes

of death: pneumonia/influenza. The largest percent differences between rates for Chatham County and North Carolina in 1997 involved unintentional injuries, suicide, and chronic liver disease/cirrhosis. Chatham County had higher rates than North Carolina in unintentional motor vehicle injuries (72% higher), suicide (28% higher), and chronic liver disease/cirrhosis (25% higher), while Chatham County had lower rates than North Carolina in other unintentional injuries (22% lower) (NC State Center for Health Statistics, 1997).

**Table 6: Death Rates per 100,000 Population for Leading Causes of Death in Chatham County and North Carolina, 1997**

<b>Cause of Death</b>	<b>Chatham County</b>	<b>North Carolina</b>
Heart Disease	257	259.2
Cancer	212.7	203.9
Cerebrovascular Disease	84.2	70.2
COPD	35.5	43
Pneumonia and Influenza	35.5	33.1
Unintentional Motor Vehicle Injuries	35.5	20.6
Diabetes Mellitus	22.2	24.7
Other Unintentional Injuries	15.5	19.9
Suicide	15.5	12.1
Chronic Liver Disease/Cirrhosis	11.1	8.9

Source: NC State Center for Health Statistics, 1997

Table 7 shows Chatham County mortality rates broken down by race and gender for 1998. Minority males had substantially higher rates of mortality due to diseases of the heart, cancer, hypertension, and homicide compared to all other racial and gender categories. They have a 68.4% higher mortality rate due to diseases of the heart, a 216.7% higher mortality rate due to cancer, a 311.1% higher mortality rate due to hypertension, and a 1,457.9% higher mortality rate due to homicide (all per 100,000 persons) compared to white males. Minority females have higher rates of mortality for all

causes than white females (where data are available for both groups), except pneumonia and influenza.

**Table 7: Leading Causes of Mortality in Chatham County by Gender and Race (Adjusted death rates per 100,000 persons), 1998**

Cause	White Female	White Male	Minority Female	Minority Male
Diseases of Heart	241.6	237.3	254.6	399.6
Cancer	225.5	175.2	274.1	554.9
Cerebrovascular Disease	96.6	67.8	97.9	44.4
COPD	26.8	67.8	58.7	44.4
Pneumonia and Influenza	85.9	56.5	78.3	22.2
Diabetes Mellitus	*	39.6	39.2	44.4
Injuries	10.7	28.3	38.2	22.2
Auto Injury	16.1	50.9	39.2	44.4
Suicide	5.4	22.6	*	*
Septicemia	5.4	5.7	19.6	*
Nephritis	5.4	5.7	58.7	*
Chronic Liver Disease	*	5.7	*	*
Hypertension	5.4	5.7	19.6	22.2
AIDS	*	5.7	*	*
Homicide	*	5.7	19.6	88.8
Artherosclerosis	5.4	11.3	19.6	*

Source: NC State Center for Health Statistics, personal communication from R. Clark, October 1999 \*Data were not available for the category

#### *Morbidity (or Rate of New Disease Cases)*

In 1994, heart disease and stroke, pregnancy and childbirth, respiratory disease, newborn care, and musculoskeletal disease accounted for approximately 60% of all hospitalizations in Chatham County (CCHIP, 1997). Table 8 shows 1997 selected disease rates for the leading two types of cancer reported and six major infectious diseases. Six of the eight disease rates listed are higher in North Carolina than in Chatham County (NC State Center for Health Statistics, 1997).

In 1997, there were a total of 27,540 new cases of cancer reported in North Carolina. The top five types of cancer were breast cancer (5,024), lung cancer (4,426),



prostate cancer (3,686), colo-rectal cancer (3,075), and cancer of the bladder (1,158). For breast cancer, Chatham County had a higher rate per 100,000 persons of new cases (144.4) than North Carolina (142.5). However, Chatham County had a lower lung cancer rate per 100,000 of new cases (62.9) than North Carolina (69.2) (NC State Center for Health Statistics, 1997).

**Table 8: Selected Disease Rates Per 100,000 Population, Chatham County and North Carolina, 1997**

Disease	Chatham County	North Carolina
Female Breast Cancer	144.4	142.5
Lung Cancer	62.9	69.2
Gonorrhea	18.6	22.7
Chlamydia	15.5	23
Syphilis	1.6	3
Hepatitis B	0.4	0.4
AIDS	0.2	1.1
Tuberculosis	0.2	0.6

Source: NC State Center for Health Statistics, 1997

Extensive data are provided on reported infectious diseases from the U.S. Centers for Disease Control and Prevention through their *Summary of Notifiable Diseases*. Table 9 shows the top 10 reported cases of notifiable infectious diseases in North Carolina. The top three cases include sexually transmitted diseases (chlamydia, gonorrhea, and syphilis). Unfortunately, this same list is not available on a per county level.

**Table 9: Top 10 North Carolina Reported Cases of Notifiable Diseases, 1997**

Notifiable Disease	Number of Reported Cases*
Chlamydia Trachomatis Infection	17,108
Gonorrhea	16,888
Syphilis (All Stages)	2,206
Salmonellosis	1,226
Rabies (Animal)	879
AIDS	850
Tuberculosis	463
Shingellosis	387
Hepatitis B	265
Hepatitis A	211

Source: Centers for Disease Control and Prevention, 1997, \* Note: population for North Carolina for 1997 was 7,425,000

## **SOCIAL HEALTH AND QUALITY OF LIFE**

The roots of the health problems just mentioned lie largely in the conditions that people live in every day. In order to provide a more accurate picture of the full state of health for Siler City, Chatham County, and North Carolina, we will examine several important issues of everyday life for residents.

### *Reproductive Health*

There are several key indicators regarding reproductive health that help provide a more comprehensive picture of children's chances to begin a healthy life. Clearly, the health conditions of a child's earliest years have a great deal to do with their health later in life. Making conclusions based on reproductive health data from year to year in Chatham County is difficult because the small number of health events each year can cause highly fluctuating rates. Rates for reproductive indicators are given per 1,000 persons.

The pregnancy rate for Chatham County tends to stay under or at the state rate. In 1996, Chatham County had 738 pregnancies with a rate of 78.2 per 1,000, while the state rate was 81.7 per 1,000 (NC Child Advocacy Institute, 1999).

Teen pregnancy numbers for Chatham County also tend to stay just below state numbers. In 1996, there were 95 teen pregnancies for females age 15-19 in Chatham County with a rate of 88 per 1,000, while the state rate was 90 (NC Child Advocacy Institute, 1999). There is, however, a noticeable racial gap between white and non-white teens, as seen in the Table 10 below.

**Table 10: Pregnancy Rates per 1,000 by Race and Age, Chatham County and North Carolina, 1995**

	Ages 15-19			All Ages		
	White	Nonwhite	Total	White	Nonwhite	Total
<b>Chatham County</b>	74.2	107.4	84.8	71.7	77.0	73.1
<b>North Carolina</b>	72.4	134.2	91.4	72.5	99.6	80.1
<b>Healthy Carolinians 2000</b>		86.7*	63.0*			

Source: CCHIP, 1997, \* Governor's Task Force on Health Objectives for the Year 2000, 1992

Birth rates for the county, like the state, decreased slightly in the first half of the 1990s after rising in the late 80s, dropping from higher than 15 births per 1,000 in 1988 to near 12 per 1,000 in 1995 (NC Department of Health and Natural Resources, 1996). The increased Hispanic population has been an increasing factor in the county birth rate, from 20 total births in 1990 to 123 in 1998 (NC Office of State Planning, 1999).

Overall teen birth rates in Chatham County, shown in Table 11, are normally lower than the state's and do not reflect North Carolina's considerable racial gap between white and non-white teens.

**Table 11: Teen (Ages 15-19) Birth Rates per 1,000 by Race and Age, Chatham County and North Carolina, 1995**

	White	Nonwhite	Total
<b>Chatham County</b>	52.2	53.7	52.6
<b>North Carolina</b>	50.3	95.3	63.9

Source: CCHIP, 1997

Low birth weight babies, babies born weighing less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more likely to have health complications, including death, in the first year of life (CCHIP, 1997). Chatham County low birth weight levels have stayed relatively stable while the state's levels have risen. In 1996, the county's low birth weight percentage (8%) was lower than the state's (8.7%) (NC Child Advocacy Institute, 1999). Both of these figures are well above the Healthy Carolinians 2000 objective of 7.0 percent. A considerable racial gap also exists for low birth weight babies in Chatham County, particularly in 1994 (Table 12). Chatham County will need significant reductions in low birth weight for nonwhite infants to reach the Healthy Carolinians 2000 objective of 10.4 percent (Governor's Task Force on Health Objectives for the Year 2000, 1992).

**Table 12: Chatham County Percentage of Babies Born with Low Birth Weight by Race, 1994 and 1995**

	1994	1995	HC 2000
<b>White</b>	7%	6%	
<b>Nonwhite</b>	17%	12%	10.4%

Source: CCHIP, 1997, percentages are estimated from a graph provided in The Health of Chatham

Infant mortality rates fluctuate greatly each year in Chatham County. Looking at several-year trends, Chatham County seems to fall behind the state. From 1994-1998, Chatham County had 32 infant deaths with a rate of 10.9 per 1,000, while the state rate was 9.4 (NC Center for Health Statistics, 1998). Only white infants in Chatham County compare favorably to the Healthy Carolinians 2000 objective of 7.4 (Governor's Task Force on Health Objectives for the Year 2000, 1992). The racial gap was most distinct in 1995, when the white infant mortality rate was close to 2.0, while the nonwhite rate was close to 28.0 (NC DEHNR, 1996). This falls far below the Healthy Carolinians 2000 objective of 8.7 for nonwhite infants (Governor's Task Force for Health Objectives for the Year 2000, 1992).

The Chatham County abortion rate has stayed below the state rate for more than a decade. In 1996, the county rate was 15.4 per 1,000 compared to the state rate of 18.4 (NC Child Advocacy Institute, 1999). The abortion rate for nonwhites is nearly three times higher than the rate of whites (30.4 and 13.1 in 1995). The 1995 Chatham County teen abortion rates (31.2) were higher than the state's (26.9) (NC DEHNR, 1996), but lower in 1996 (24.1 versus 25.1) (NC Child Advocacy Institute, 1999). Racial disparities are apparent in teen abortion rates as well (NC DEHNR, 1996).

While these numbers reflect an area of concern for all North Carolinians, there may be a particular need for concern in Siler City because of the changing population. In

a survey of 151 health facilities in North Carolina (no date given), the NC Center for Public Policy Research found prenatal care to be the number one significant health issue affecting Hispanic women (NC Center for Public Policy Research, 1999).

### *Substance Abuse*

Siler City deals with very negative influences of substance abuse. Siler City has been known as “Snow City” because of its popularity as a purchase area for illegal drugs, mostly cocaine (CCHIP, 1997). In 1998, Chatham County crime data did not indicate an increased problem with arrests for violating drugs (NC Department of Justice, 1999). Through November of 1999, however, the Chatham County Sheriff's Department had seized 625 marijuana plants, estimated at a street value of \$1.5 million (Chatham News, November 25, 1999).

Of Chatham County's 151 drug law arrests in 1998, 20 (13%) were of juveniles under 18 years old. Of the North Carolina drug law arrests, 11% were juveniles (NC Department of Justice, 1999).

Driving While Intoxicated continues to be an alarming indication of unhealthy alcohol use in Chatham County. Higher county rates as compared to the state continue to grow while the state's rate has declined, as shown in Table 13. Alcohol-related traffic deaths were also higher for the county in 1995 at 19 per 100,000 compared to 10.5 per 100,000 for the state (CCHIP, 1997).

**Table 13: Driving While Intoxicated Arrest Rates per 100,000, Chatham County and North Carolina, 1995 and 1998**

	<b>Chatham County</b>	<b>North Carolina</b>
1995	1,200	975
1998*	1,288	845

Source: CCHIP, 1997; \*NC Department of Justice, 1999

Drugs and alcohol was listed as the third most significant health issue facing Hispanic men in a survey of 147 North Carolina health care facilities (no date given). A 1998 non-random sample survey by UNC graduate students of 128 Hispanic adults found that 73 percent of respondents felt that alcohol had been a problem for them at some point. In addition, 85 percent reported that drinking had been a problem for someone in their family (NC Center for Public Policy Research, 1999).

North Carolina youth frequently report higher use of many drugs, particularly tobacco, than the rest of the country. The 1999 North Carolina Youth Tobacco Survey (a representative survey of 6<sup>th</sup> to 12<sup>th</sup> graders with n>12,000) and 1999 National Youth Tobacco Survey (a representative survey of 6<sup>th</sup> to 12<sup>th</sup> graders with n>15,000) show that 15.0 percent of NC youth reported smoking in the past month compared to 9.2 percent of national youth. Hispanic youth had North Carolina's highest usage at 16.0 percent, just above white youth's 15.7 percent. Of high schools students, North Carolina's 31.6 percent was also higher than the nation's 28.4 percent. Again, Hispanic youth has the highest rates in North Carolina at 11.0 percent compared to 9.0 percent of white youth (North Carolina Youth Tobacco Survey and National Youth Tobacco Survey Results, 1999).

In Chatham County, the school district conducts a survey of 5<sup>th</sup> through 8<sup>th</sup> graders every two years to assess the effectiveness of their prevention efforts. Table 14 shows the percentage of students who have used several drugs in their lifetimes for the past 3 surveys. The results are varied over previous years depending on the drug. Drug use in the past 30 days decreased for all the drug listed between the 1997-98 and 1999-2000 surveys (Chatham County Schools, 1998 and 2000).

**Table 14: Percentage of Chatham County Students 5<sup>th</sup>-8<sup>th</sup> Grade Who Have Used Drugs in Their Lifetime, 1995-96, 1997-98, and 1999-2000**

Drug	School Year		
	1995-1996	1997-1998	1999-2000
<b>Marijuana</b>	20.6	23.4	23.4
<b>Alcohol</b>	42.7	44.8	46.9
<b>Tobacco</b>	39.8	39.3	36.6
<b>Inhalants</b>	11.4	13.0	11.2
<b>Cocaine/Crack</b>	4.1	4.5	6.4
<b>Hallucinogens</b>	4.9	5.5	7.8

Source: Chatham County Schools, 1998 and 2000

### *Mental Health*

In June 1999, it was estimated that North Carolina had a population of 99,000 adults with severe and persistent mental illness. In 1998, North Carolina mental programs served 34,747 of these adults, most of whom had psychiatric diagnoses of schizophrenia, bipolar, or major affective disorders. The U.S. Department of Health and Human Services estimates that in North Carolina between 170,000 and 204,000 persons aged 18 or under have serious emotional disturbances while 204,000 to 272,000 have emotional problems without significant impairment of functioning. North Carolina



programs served 76,000 children in these two categories in 1997-1998 (NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, 1999).

Orange-Person-Chatham Mental Health, Developmental Disability and Substance Abuse Authority (OPC Mental Health), located in Pittsboro, is the largest outpatient mental health facility in Chatham County. OPC Mental Health served 1,169 clients in 1996, 294 of them children. The number of total clients as of 1996 had tripled since 1990. The majority of 1996 clients were classified as suffering from a major mental illness (31%) followed by substance abuse (15.3%). Thirty-nine percent of patients seen in 1996 were residents of Siler City (CCHIP, 1997).

For the fiscal year 1998-1999, the total number of clients served at OPC was 7,610 clients. Most of these clients (1,149) were served at the Chatham Counseling Center (Judy Truitt, personal communication, Nov. 19, 1999). Specific numbers for Siler City or for youth were not available.

The suicide rate for Chatham County was 28% higher than the North Carolina rate in 1997: 15.5 per 100,000 compared to 12.1 per 100,000 persons. When averaged out over the five-year period from 1993 to 1997, however, Chatham County's suicide rate was only 9.8% higher than North Carolina (i.e., 13.5 per 100,000 compared to 12.3 per 100,000) (NC State Center for Health Statistics, 1997). In 1997 there were 35 youth suicides in North Carolina, none of them reported in Chatham County (NC Child Advocacy Institute, 1999).

### *Crime*

Siler City is less than 15% of the population of Chatham County, yet in most categories, the Siler City Police Department reports alarmingly high crime rates

compared to the county and state. The index crime rate, a total of seven important offenses, violent crime rate, and property crime rate are all well above the county and state averages for 1998.

**Table 15: Crime Rates per 100,000 for Siler City, Chatham County, and North Carolina, 1998**

	<b>Index Crime Rate</b>	<b>Violent Crime Rate</b>	<b>Property Crime Rate</b>
<b>Siler City</b>	7735.2	1295.2	6440.0
<b>Chatham County</b>	3392.6	334.6	3058.0
<b>North Carolina</b>	5427.8	591.8	4836.0

Source: NC Department of Justice, 1999

In 1998, Siler City reported two murders, two forcible rapes, 20 robberies, 10 motor vehicle thefts, and 48 aggravated assaults. Many of these numbers represent close to half, or more, of the county crime totals. Despite these numbers, the Siler City Police Department has only 16 of the 70 sworn police officers in the county (NC Department of Justice, 1999).

Siler City does not report offenses by age, but Chatham County reports 5.6% of total offenses being committed by juveniles (18 and under), which is just half of the state's reported juvenile percentage of offenses (11%) (NC Department of Justice, 1999).

### *Perceptions of Health*

Chatham County residents perceive their health similarly compared to residents state-wide. In a Chatham Community Health Improvement Project (CCHIP) 1996 telephone survey of 400 county residents, 53.3% of respondents rated their overall health

as excellent or very good and 17.9% rated their health as fair or poor. These numbers closely resemble 1994 responses for the state. County residents were also asked about the number of days their health was poor or their activities were limited by poor health in the past year. The results are shown in Table 16. Women report considerably more problems with health than men. Overall, the county numbers compare well with the state data, which compares well nation-wide (NC DEHNR, 1996).

**Table 16: Self-Rating of Health by Days Per Year, Chatham County, 1996, and North Carolina, 1994**

	Chatham County, 1996						North Carolina, 1994	
	TOTAL	Age Group			Male	Female	TOTAL	Rank
		18-39	40-64	65+				
Physical Health Not Good	2.4	1.4	2.5	4.2	1.8	2.9	2.5	9
Mental Health Not Good	1.5	0.9	2.1	1.4	0.8	2.1	1.9	7
Poor Health Limited Activities	1.2	0.4	1.3	2.4	0.7	1.6	1.4	21

Source: NC DEHNR, 1996. States are ranked best (1) to worst (50).

## HEALTH OF HISPANICS

The recent influx of Hispanics makes it necessary for Siler City to pay particular attention to the different needs of this population. There is little data to quantify Hispanics' specific health needs in Siler City, which is understandable considering that there is not even an accurate count of how many have immigrated to the town. However, we will provide in this section some more findings from North Carolina Insight, a 1999 publication of the North Carolina Center for Public Policy Research that focused on Hispanic health in the state.

The primary barriers to Hispanics accessing health care are language, lack of insurance or other means of payment, and transportation, in that order. A survey of various health facilities asked what the primary health issues were for males, females, and children (145, 151, and 145 facilities surveyed, respectively). Those results are listed below in Table 17.

**Table 17: Most Significant Health Issues for Hispanic Males, Females and Children**

<i>Males</i>	<b>Females</b>	<b>Children</b>
No/Inadequate health insurance	Prenatal care	Access to health care
Access to health care	No/Inadequate health insurance	No/Inadequate health insurance
On-the-job injuries	Access to health care	Immunization rates
Sexually transmitted diseases	Dental Care	Dental Care
Drug/Alcohol abuse	Nutrition	Nutrition

Source: NC Center for Public Policy Research, 1999

Supporting these results, the research also found that Hispanics are over-represented in on-the-job injuries and under-represented by mental health services.

Lack of insurance is shown to be a primary concern. There is no data for the percentage of Hispanics underinsured in North Carolina, but the national number is 33.6 percent, compared to 14.4 percent for whites and 21.7 percent for African-Americans.

A final important piece of data concerns motor vehicle crashes. Unintentional motor vehicle accidents was the leading cause of death for Hispanics in North Carolina from 1995-1997. These accidents represented 2.2 percent of deaths for whites and 2.5 percent of deaths for African-Americans, but 25.4 percent of deaths for Hispanics. This higher number is cause for concern and is another example of how there must be special consideration of the different health needs of a new and growing population.

## YOUTH BEHAVIORS

Because we will soon begin to discuss the idea of a school-based health clinic in Siler City, it is important we include a discussion of youth behaviors. Little data is available on the local or even county level regarding behaviors by youth, but there is data for North Carolina from the Center for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS) from 1997. This information, representing high school students, is presented in Table 18 along with national statistics to make some comparison for North Carolina's youth. The YRBS surveyed 2,340 North Carolina high school students and 16,262 U.S. students.

**Table 18: Youth Risk Behaviors for North Carolina and United States, 1997**

Question	North Carolina			United States		
	Total	White	African-American	Total	White	African-American
% carried a weapon in past 30 days	21.4	22.7	17.7	18.3	17.0	21.7
% didn't go to school b/c they felt unsafe	5.4	4.0	6.4	4.0	2.4	6.8
% had a physical fight in past year	33.1	31.1	34.0	36.6	33.7	43.0
% seriously considered suicide in past year	22.6	24.3	17.1	20.5	19.5	16.4
% attempted suicide in past year	9.1	8.3	8.2	7.7	6.3	7.3
% smoked a cigarette before age 13	27.3	32.1	17.9	24.8	25.6	17.4
% had first drink of alcohol before age 13	31.0	28.6	33.4	31.1	28.8	33.1
% tried marijuana before age 13	9.6	9.1	8.8	9.7	7.5	11.0
% used cocaine in past 30 days	3.0	3.4	1.1	3.3	3.1	.7
% have had sex	59.6	50.9	74.3	48.4	43.6	72.7
if had sex in past 3 months, % who used a condom last time	60.6	56.3	65.4	56.8	55.8	64.0
% have gotten pregnant or gotten someone pregnant	8.2	5.2	12.3	6.5	4.5	14.9
% describe self as slightly or very overweight	27.2	28.0	25.5	27.3	27.0	23.5
% participate in vigorous exercise or sports for 20 minutes in 3 or more of last 7 days	55.3	60.2	49.2	63.8	66.8	53.9

Source: Centers for Disease Control and Prevention, 1997

The North Carolina results are unweighted, meaning they are not necessarily representative of the state population. North Carolina did not have a sufficient number of responses for Hispanic youth to be counted as a separate category.

As indicated by the table, more North Carolina youth were engaged in unhealthy behaviors than the national youth for almost every question. Suicide attempts, smoking, exercise, and sex are all issues of concerns. Racial disparities also exist, most notably in teen sex for African-American youth. These behaviors are all possible areas that a school-based health clinic could address if the community communicates they would prefer it.

## **HEALTH CARE RESOURCES**

### *Medical Facilities*

Chatham Hospital, a 68-bed facility, is located in Siler City. The medical management of cardiac and respiratory disease and emergency room services accounts for the majority of the services provided at the hospital. The hospital does not offer labor and delivery services, as the only obstetrician in Chatham County left the county in 1991. After experiencing financial challenges due to health care reform, the hospital formed an alliance with UNC Hospitals and UNC Family Practice Physicians in 1994 to increase available medical providers in Chatham County. Currently, all labor and deliveries are performed at hospitals outside of the county. Other medical facilities are UNC Hospitals, Duke University Hospital, and Central Carolina Hospital in Sanford, all of which are within a 40-mile radius of Siler City. These hospitals provide health care to individuals with more complex medical needs (CCHIP, 1997).

### *Healthcare Providers*

Access to healthcare providers is limited for Chatham County residents. In 1997, the ratio of primary care physicians to patients was 1 to 1,561 (NC Center for Health Statistics, 1998). The ratio of pediatricians to children was 1 to 5,082 in 1996. Twenty-nine physicians and two pediatricians are practicing in Chatham County (NC Child Advocacy Institute, 1999). In Siler City, Chatham Primary Care is a family practice clinic that provides primary care physician services. Family practice physicians also provide prenatal care to pregnant women, however, all labor and deliveries are performed outside of the county as Chatham County has not had an obstetrician since 1991. The practice accepts Medicare, Medicaid, and private insurance. Individuals with medical conditions requiring a specialist are referred to UNC or Duke University Hospitals.

**Table 19: Number of Health Care Providers in Chatham County**

Type of Provider	Total Active Providers
Primary Care Physicians	18
Family Practice Physicians	9
Obstetricians/Gynecologists	0
Pediatricians	2
Dentists	10
Registered Nurses	191

Source: NC Child Advocacy Institute, 1996

### *Chatham County Health Department*

Chatham County Health Department has two offices, one located in Pittsboro and another in Siler City. The department has daytime and evening hours available for residents. The health department accepts Medicare, Medicaid, private insurance, and has a sliding scale for fees, based on income, for clinical services (Chatham County Health Department, 1999).

The Health Department offers a variety of health-related services. A general clinic provides immunization shots, monitoring of diabetes and hypertension, pregnancy testing and flu shots. The Primary Care Clinic offers physical exams, breast and cervical cancer screening, and diagnostic testing. The Maternal Health Clinic provides nutritional counseling, WIC referrals, and parenting classes. Although the clinic does not have an obstetrician on staff, a nurse practitioner specializing in prenatal care works full time at the clinic and a midwife visits the clinic once a week (Carmen Fields, personal communication, Dec. 3, 1999). The Family Planning clinic provides complete physicals, HIV testing, and screening for sexually transmitted diseases. A child health clinic provides vision, speech, and developmental screening, nutritional counseling, and parent education. In an effort to improve communication between parents and children about sexuality, the health department also offers workshops on communication skills for parents (CCHIP, 1997).

#### *Chatham Coalition for Adolescent Health*

In 1996, in the age group of 15- to 19-year-olds, there were 95 teenage pregnancies in Chatham County (NC Child Advocacy Institute, 1999). The Chatham Coalition for Adolescent Health, a volunteer-staffed program, was established in 1991 in association with the Chatham County Health Department. The coalition's goal is to raise awareness about the realities of teenage pregnancy through several projects. The TeenWorks Teen Center, in Siler City, is an after-school program where recreational and health education programs are available for youth (Chatham County Health Department, 1999). Currently, the Teen Center serves 35 youth (Maria Hitt, personal communication, Dec. 1, 1999). The programs emphasize pregnancy prevention and educates teenagers about necessary



life skills. The Adolescent Parenting Program assists teenage mothers with parenting skills and focuses on helping teenage mothers stay in school. The coalition sponsors a “Let’s Talk Month” program every October that encourages parents to talk with their children about sexuality and other issues (Chatham County Health Department, 1999).

#### *HIV/Sexually Transmitted Disease Prevention*

Chatham County Health Department and the Triangle Community Foundation have sponsored two education projects aimed at preventing HIV and sexually transmitted disease transmission (STD), the Barbers and Beauticians United in Prevention and the Latino Peer Health Educators Outreach Project. Barbers and Beauticians United in Prevention is a project that uses barbers and beauticians to provide HIV/STD information to their clients. In the Latino Peer Health Educators Outreach Project, lay health educators educate Hispanics about HIV prevention, in Siler City. The HIV/AIDS Council of Chatham County provides support to individuals living with HIV and informs the public about HIV prevention.

### **SCHOOL-BASED HEALTH CLINICS**

A school-based health center is a clinic located on school property that is staffed by health professionals, such as nurse practitioners, registered nurses, social workers, and registered dietitians. By having a health clinic on-site, students can receive physical and mental health care services without leaving school.

The Making the Grade National Program (also referred to as the “Making the Grade Initiative”) is made up of partnerships to establish school-based health clinics (SBHCs). Making the Grade conducts research on and provides some funding for

SBHCs. A 1998 Making the Grade survey documented that there are 1,157 school-based health centers in the U.S., nearly double the number identified in 1994 and a 29% increase since 1996. North Carolina is one of the 11 states with the largest number of SBHCs (Lear, Eichner, and Koppelman, 1999).

Support for the approximately 39 school-based health clinics in North Carolina comes from a variety of local, state, and national funding. The General Assembly annually appropriates \$950,000 for 14 adolescent health centers. Most of the North Carolina SBHCs are located in rural areas of the state (87%). The types of schools housing SBHCs in North Carolina are usually either high school (54%) or middle school (41%) (Making the Grade, 1999).

The Body Shop is a school-based health clinic for adolescents at Horton Middle School in Pittsboro. It was established in 1994, and it is funded from Chatham County Government, NC Department of Health and Human Services (Division of Women's and Children's Health), third-party billing (Medicaid, private insurance companies), donations from community partners, and in-kind contributions.

A description of the services provided by The Body Shop includes the following:

**Table 20: Horton Middle School Body Shop Services**

<b><u>Primary Care</u></b>	<b><u>Prevention/Education</u></b>	<b><u>Mental Health</u></b>	<b><u>Reproductive Health</u></b>
Physical exams	Immunizations	Screenings	Parental consent
Health screenings	Nutrition counseling	Assessments	Abstinence promoted
Health education	Weight management	Individual counseling	No contraceptives distributed
Diagnosis/treatment of health problems	Check-ups	Group counseling	No abortions performed
Lab testing	Conflict resolution	Referrals	Family planning is referred to Chatham Health Dep't.
	Substance abuse prevention		
	Abstinence education		
	Social skills training		

Source: The Body Shop, 1999

The Body Shop Staff is made up of a coordinator/clinical social worker (MSW), a registered nurse (RN), a pediatric nurse practitioner (PNP), a registered dietitian (RD), and a medical office assistant. The staff meet with a partnering medical doctor once a month to give and receive feedback. Updates, especially those dealing with primary care, are sent to the students' primary care providers, such as their pediatricians or family practitioners.

Parental consent is required for all services; students are enrolled in the Body Shop through a parental consent form. There are currently 97% of Horton Middle School students enrolled, and approximately 40 students visit the Body Shop each day (Debbie Cox, personal communication, Oct. 29, 1999).

As a result of the success of The Body Shop, interest has been generated for the establishment of a school-based health clinic in Siler City to address

certain issues relevant to youth in Siler City. These issues in the schools include an increasing percentage of pregnant teens (in Chatham Middle School), substance abuse, and an expanding Latino population, many of whom do not have access to primary care (Bill Lail, personal communication, Nov. 15, 1999).

The Chatham County Health Department has received grant money to investigate the feasibility of having a SBHC (“Body Shop West”) in Siler City. If the results show there is a need and support for this SBHC, a grant proposal could be written to the Robert Wood Johnson Foundation in the hope of receiving Making the Grade grant money to start this clinic.

If a SBHC were established in Siler City, it could be placed in Siler City Elementary School, Chatham Middle School, or Jordan Matthews High School. Because this investigation is in the early stages, it is not certain in which school the clinic might be. It would be continually funded in a way similar to the funding of the Body Shop in Pittsboro. A variety of services would be offered at Body Shop West, tailored to the needs of the Siler City youth.

With clear evidence of considerable health issues facing Siler City and the risky behaviors that youth are engaged in, we can move our discussions forward and begin to investigate the feasibility of one proposed solution to address these problems, the school-based health clinic. With the secondary data collected, we begin to look at Siler City from the words of its residents, providers, parents, and youth. A school-based health

clinic makes sense for Siler City only if the community supports it. A need has been identified, but the community will choose its own solutions.

## **CHAPTERS ACCORDING TO MAJOR THEMES**

The previous sections of this document consisted of secondary data collected through personal communications, review of the literature, statistical data, and internet sites. In order to obtain a more accurate picture of Siler City, interviews and focus groups were conducted with community members and service providers. This section summarizes the major findings from these interviews and focus groups and are broken down into the following chapters: A Changing Community, Youth, and School-Based Health Clinic.

### **A CHANGING COMMUNITY**

As Siler City enters the new millennium, it is a very different place than it was a decade ago. With thousands of Hispanic immigrants migrating to the town over the last few years, Siler City has been dramatically changed. As described by a reporter for The Chatham News, the immigrants “forever altered a sleepy rural burg where the black-and-white population mix had not changed since Reconstruction.” This chapter will first address that change by reflecting on what effects the population growth has had on Siler City’s housing, transportation, and employment. Despite the rapid growth, residents still cling to their feeling of a close-knit community and to their religious faith. These two strengths form an important foundation that will be discussed second in this chapter. Next, the challenge of communication with the increased numbers of Spanish-speaking people has challenged the town and will be discussed here. Finally, this chapter will explore the tensions, both public and private, within the community brought about by

cultural changes. This section will also look at the range of feelings residents have about their changing community.

### *Growth*

From 1990 to 1998, the total population for Siler City grew from 4,808 to 5,976 persons (NC Office of State Planning, 1998; U.S. Bureau of the Census, 1990). This nearly 24% increase in total population has been noticed by Siler City residents. One service provider stated that “things have changed in the last few years. [Siler City is] getting some new growth.” Because population growth and its effects were evident in secondary data, as well as from interviews and focus groups, growth is an important theme.

As the population has increased in Siler City, its economy has changed as well. While Siler City has historically been an agricultural town (Hadley, 1987), industry is now also growing. Currently the main source of employment is manufacturing, with 41.4% of Siler City residents in manufacturing jobs (Employment Security Commission of North Carolina, 1997). One town official said, “There is growing diversity in the economy of Chatham [County]. During the 50’s and 60’s it was largely agricultural. Now it’s agriculture and industry that support families.”

The economic growth in Siler City has contributed to low unemployment rates. Estimates for unemployment rates in 1998 show that Chatham County was below the state average at 1.9%, compared to 3.5% (Employment Security Commission of North Carolina, 1999). A service provider in the community mentioned that there are “several opportunities for employment.”

Employment opportunity has attracted many people to move into Siler City. Many of those coming into the town for employment are Hispanics. Local industries, such as poultry processing companies and textile manufacturers, have primarily Hispanic employees (Duke Endowment Immigrant Health Planning Survey, 1999). A business woman mentioned that, “people in the manufacturing end ... are glad to see [Hispanics] because [manufacturing companies] need them.”

Again, the population in Siler City has significantly grown overall in the past decade. The changing demographics include a growing Hispanic population. According to the 1990 U.S. Census, only 3.1% of Siler City residents were Hispanic (U.S. Bureau of the Census, 1990). In 1995, however, it was estimated that 38% of Siler City residents were Hispanic (CCHIP, 1997), reflecting the considerable influx of Hispanic residents. Many community members remarked upon this demographic shift, as well as the social and economic changes it has brought to the community. One service provider questioned the town’s readiness to adapt to the Hispanic immigration in stating, “[Siler City residents] were under the impression that the Latinos were going to leave ... instead they faced tremendous growth ... it hit hard, especially in the western part of [Chatham] County.”

A common concern among Siler City residents was whether or not the town has the resources available to meet the needs of not only the growing Hispanic population but the increasing population overall. The resources mentioned by residents include housing, health care, and transportation. Addressing these needs provides a challenge to service providers, and many interview and focus group participants remarked upon these challenges. Some in the community feel that Siler City is prepared for the growth. One



service provider stated, “There’s a good local government that wants Siler City to prosper. It’s going to be a growing town.” Another community member, however, felt that the town “is not quite ready for it ... people here don’t like change.”

Despite the differing opinions on the town’s readiness for change, several issues were mentioned in response to the population growth. One priority that was brought up was whether proper housing was available for the residents. One town official said, “Adequate housing is a serious issue. We need quality housing for the poor and low- to middle-income families.” A community informant stated that “there’s inadequate and poor housing and that’s a health issue.”

Although this issue was addressed as a priority in many interviews and focus groups, some noted the changes that are currently taking place to address the housing needs and what else can be done. One minister related the housing issue specifically to the Hispanic population and said the following:

I think one of the priorities that we identified a long time ago is the housing issue. We’ve had an estimated 3,000 Latinos – and that’s a modest estimate – move into a town of 5,500. I think that creates its own fall-out, whether it’s getting sick or dealing with depression due to substandard housing. The school community is dealing with it through outreach. It has set some things in motion, like efforts to provide low income housing, establish new parks, and expand existing parks.

Another concern voiced by community members was health care needs. One service provider mentioned that health care is a challenge for those working in “low-wage” jobs. Another provider noted that some of these low-paying jobs “do not offer health insurance.” Those with low-paying jobs and no health insurance face problems in gaining access to health care. One service provider mentioned that many Hispanics are willing to work in low-paying jobs that do not offer health insurance. Because much of this population does not qualify for Medicaid benefits or other assistance programs due to

financial or legal restrictions (such as immigration laws), many Hispanics are uninsured. Several community members mentioned that if more Hispanics were insured, the quality of life of the Hispanics would be greatly improved. One service provider suggested outreach efforts to increase the use of North Carolina's Health Choice for Children, an insurance program that provides health insurance coverage to qualifying uninsured children who live in North Carolina and are citizens or lawful permanent residents.

Transportation was another issue mentioned related to growth in Siler City. There is currently no public transportation in Siler City, yet some residents do not own cars. Several community members commented upon the need for transportation for the Hispanic population. A service provider also noted transportation needs for Hispanic women:

... Because most, none of [Hispanic women] know how to drive. And they don't have a driver's license. Also, in the Hispanic culture, sometimes the ladies stay home while the man works. Some of them still have that in their custom. Mostly, all of them are at home and they don't have any way of getting anywhere ... a lot of them walk, don't have a car, can't drive. That's why there's a lot of problems with transportation.

The Chatham Family Resource Center (FRC) in Siler City provides transportation to health-related appointments or classes for many in the community without access to a car. A service provider noted that those who use the FRC services are typically, "Hispanic ladies ... usually pregnant," and are going to prenatal appointments. The service that the FRC provides is widely known in Siler City and will be discussed further in the document section titled "Community Resources and Assets."

Although efforts such as the FRC's are being made to address the need for transportation, many community members identified transportation as a "big issue."

Residents noted the need for transportation, not only as a means for health care access, but also for jobs and other day-to-day needs, such as grocery shopping.

### *Community and Faith*

When community members were asked about the strengths of Siler City, two themes were consistently mentioned: sense of community and faith. Despite the rapid growth over the last few years, residents still talked about the “small townness” of Siler City. They described it as a “a quaint little town” and a “close-knit community.”

Another resident called Siler City a “small, rural town [where] people know each other.”

A community provider commented about the strong “sense of place, even for new residents, [and a] strong sense of neighborhoods” found in the area. Residents and providers alike spoke about the willingness of people to help each other. One provider said, “The people here are caring, very active with volunteering.” Similarly, a resident said they “look out for each other and each other’s kids.” Also, in speaking specifically about the Hispanic community, a service provider stated that Hispanics were “very apt to open their door to provide a place for somebody to lay their head in already tight situations.” Virtually all of community residents and providers considered the strong personal ties within the community, referred to as sense of community, to be a major strength of Siler City.

Residents mentioned the strength of the church community almost as frequently as they spoke about the strong sense of community. One resident summed up this theme by saying that church is “a major part in people’s lives,” and a service provider stated that “churches are a strong part of Siler City.” Yet another resident echoed the importance of church by saying “most of [their] activities are involved with church.” These sentiments

are reflected in the sheer numbers of churches located in Siler City. According to the Chatham County United Chamber of Commerce (Bill Bussey, personal communication, March 2, 2000), there are 37 churches in Siler City under 17 different denominations (mostly Baptist). The number of churches is continuing to grow. As a community reporter noted, "Hispanic congregations have sprung up." A service provider added that these Hispanic churches have been assisted financially by other area churches, a sign that the faith community is reaching out to Hispanics. One area minister commented that their church has grown to the point that they are building another church that will be united for both English and Spanish-speaking populations.

### *Language*

Census data show that in 1990, 96% of North Carolina's population ages five years and older spoke only English and that most of the growing Hispanic population at that time spoke only Spanish (U.S. Bureau of the Census, 1990). Although the population has changed considerably in the past ten years, several community members elaborated upon the language barrier between the English- and Spanish-speaking residents of Siler City. Many mentioned the language differences as a problem in several arenas, including schools, the workplace, law enforcement, and even grocery stores. Challenges to health care were commented upon as well.

In Chatham County there has been a 598% change in public school enrollment of Hispanic children from 1990-1998 (Manson, 1998). Siler City school data show that the largest amount of growth of Hispanics in the school population has occurred in Siler City Elementary School (Central Office Chatham County Schools, 1999). This increased Spanish-speaking population of children has contributed to the language barrier in Siler

City schools because many teachers and students do not know how to speak Spanish.

One businesswoman said, “Having so many Hispanic youth in the community, because of the language barrier and cultural differences, has created a problem in the school system.” In a focus group discussion, one Siler City youth said, “Hispanics with us don’t get along good ... we don’t know what they’re saying about us.”

Although some Siler City residents have noted language as a problem in the school system, one service provider mentioned that the students generally relate well to each other, despite their language differences. This service provider said, “Even though kids may not understand each other’s language, they still play and interact with one another.” In the community forum, one Hispanic resident commented upon children’s willingness to learn other languages and suggested that the schools build upon this willingness to teach not only English to Spanish-speaking students but also Spanish to those students who only speak English.

Opinions varied regarding the school system’s response to the language barrier. In referring to the language problem, one business woman stated that “the schools are ill-equipped.” On the other hand, one service provider praised recent efforts to address language issues. One initiative mentioned was the hiring of ESL teachers to teach English to those students who do not know how to speak the language.

Language is a barrier in health care as well. Health care providers who do not speak Spanish can not ask their Hispanic patients about their medical backgrounds and symptoms or they can not explain diagnoses or treatment. A Hispanic resident who does not understand English may not be able to read prescription information or health education materials. One health care provider noted that his staff regularly participates in

Spanish courses and that there is a bilingual staff member at his office. The same health care provider, however, mentioned that meeting all of the language needs (such as maintaining a supply of bilingual information) was especially difficult due to a lack of resources.

Language is also a barrier in the work force and day-to-day activities. One service provider mentioned the difficulty many Hispanics have in filling out forms, such as applications. Another Hispanic resident mentioned the problem in reading signs, such as those at the grocery store. This resident mentioned that more bilingual signs in public places (such as grocery stores) as well as more bilingual information given by service providers can be an effective way to address the language challenge.

The Hispanic Liaison of Chatham County was established in 1995 to respond to the needs of the county's rapidly growing Hispanic population. The Liaison offers social service information and referrals, assistance to Latino victims of crime or fraud, educational programs to promote self-sufficiency, translation and interpretation services, and workshops about Latino culture and values (Chatham News, Dec. 16, 1999). Several Siler City residents commented that the Liaison has helped the community to adjust to the changing population, both the cultural and language barriers.

Responses in interviews and focus groups, as well as in the community forum, varied according to the attitude of Siler City residents regarding learning another language. One community member stated that, "[Hispanics] should be learning our language, not our children learning their language." On the other hand, one resident who attended the community forum mentioned that many residents on "both sides" (both English-speaking and Spanish-speaking) should learn; in other words, those who speak

only English should try to learn Spanish and vice versa. Regardless of how residents believed the community should respond to the language barrier, almost all community members felt that more should be done to address this problem.

### *Cultural Changes*

As previously stated, the demographics of Siler City have changed dramatically over the last few years with the influx of Hispanic immigrants. Siler City residents have not only been faced with meeting the needs of a growing population, but they have also been faced with the strain of what happens when very different cultures come together. Community reactions to this influx and resulting cultural diversity have varied from some who see the immigration as a blessing to those that see it as an intrusion. Regardless of where one stands, the cultural changes that Siler City has undergone seems to be on the forefront of everyone's minds.

One Siler City provider described people's reaction to the immigration by saying, "I think certainly the large percentage of our people see the Hispanic presence here as a blessing." Another provider said, "I think that having the diverse cultures to interact with will equip [people] to live in a world economy. I think that's going to be a real asset to them as time goes on." Yet another provider talked about the "opportunity to educate kids about cultural diversity." Other people recognize that the Hispanic immigration has brought renewed economic vigor to the community. A town official commented, as quoted from an area newspaper, about "what would happen if the immigrants left tomorrow – our industry would disappear" (Viglucchi, 2000).

On the other side, however, there are people who don't see things that way. One resident expressed resentment by saying "it seems like the ones in the community have to

give more to get the community back in shape than those who come to disrupt the community, or change the community.” This same resident went on to state that “[Hispanics] do not take care of their facilities as well as they need to.” One young African American resident, of middle-school age, described the immigration by saying, “Hispanic people are taking over the world here.” It has been reported that African Americans resent the Hispanics because they view them as competitors for housing, jobs, and social services (Viglucci, 2000). A town official summed up this side of thinking by admitting that “there is a lack of understanding of each other’s culture.” Further, as expressed by a service provider, people who are long-term residents of Siler City are less accepting of other cultures compared to those who are newer to the area.

Hispanics may often have a language barrier, but they do not need to know English to understand some of their new neighbors harbor resentment. One Hispanic commented that “[Americans] have a bad vision of the [Hispanics].” A provider who works closely with Hispanics commented that “Hispanics don’t really feel like they belong here, so it’s difficult for them to kind of communicate as an equal.”

Even though the people of Siler City speak about a strong sense of community, that strength usually only exists within, not between, the cultural groups. Many see Siler City as having three distinct communities: Whites, African Americans, and Hispanics. A community reporter observed that “there was no communication between whites and blacks to begin with, but then you add another group with a language barrier and there’s no communication with that population at all.” A town minister echoed that issue by agreeing that there is “not a lot of mixing due to the language barrier.” One community provider described the cultural division by stating, “As far as people coming together and



helping people, I think that each group helps it own.” Another provider commented, “You’re starting to see an all white neighborhood get diversity but [Whites and Hispanics] still don’t socialize.” Hispanics themselves admit, “Very rarely do you see a [Hispanic] and an American together.”

Cultural issues have been more public over the past year in Siler City. Last fall, the Chairman of the County Commissioners, Rick Givens, sent a letter to the U.S. Immigration and Naturalization Service asking for help in getting undocumented workers legalized or “routed back to their homes.” This letter sparked great fear within the Hispanic community and drove a further wedge between groups. On the positive side, though, it was a catalyst for open dialogue about the situation. Also, there is a growing controversy over reports of apparent “white flight” from Siler City Elementary School. The school is now more than 40% Hispanic, and the kindergarten class is over 50% Hispanic (Cuadros, 2000). White and African American parents fear their children are not receiving a quality education due to the numbers of students who do not speak English. Last August, the school did not meet state testing requirements, and as a result teachers did not receive \$1,500 bonuses. Many blame the Hispanic students for this failure. Over 100 frustrated parents attended a September school board meeting to voice their concerns. White parents have been pulling their children out and placing them in predominantly white schools nearby. Teachers are leaving as well – sixteen have left this school year (Paul Cuadros, personal communication, April 7, 2000).

On Feb.19, 2000, the town was thrust into the spotlight as David Duke, former grand dragon of the Ku Klux Klan, spoke at an anti-Hispanic rally in front of City Hall. The event drew 400 people, 300 of them supporters of David Duke who would prefer to

see the immigrants back in their native country (Cuadros, 2000). A picture of the rally showed whites holding up anti-immigrants signs. One sign had an outline of the United States with the word “FULL” written across the country (Paul Cuadros, personal communication, April 7, 2000). It is not known how many of the 300 supporters were actually Siler City residents. As Ilana Dubester, director of Hispanic Liaison said, “We told them not to go, not to drive by, not to even be curious.” (Becker, 2000). Another service provider stated before the rally, “I worry more about the outsiders, not Siler City residents.” The Sunday following the rally, churchgoers found the St. Julia’s Catholic Church sign vandalized only on the Spanish side of the sign (Cuadros, 2000). As evident by these public outcries over the past year, tensions are high in Siler City.

Not all of the attention lately has been negative, though. The letter to the INS written last fall sparked a trip by top county officials to Mexico. Rick Givens, chairman of the Chatham County Commissioners, returned from the trip with a commitment to work with the Hispanic community. Also, some African American ministers are organizing a counter-rally in April to show support for the immigrants and to let people know most do not agree with David Duke. As a community provider stated, “We really do want to be a zero tolerance community that racism and prejudice will not be tolerated here.”

The population growth in Siler City is changing the small, rural town into a manufacturing “small city,” as one community reporter noted. In addition to the economical change, this growth has brought cultural change as well. The town is faced

with a new population of Hispanics, a group with a different culture and language.

Although Siler City residents noted its strength in remaining “close-knit,” especially through the church community, the residents also mentioned the language and cultural challenges that have accompanied the Hispanic immigration. Town members, service providers, and officials agreed that efforts should be strengthened to address these language and culture issues.

## YOUTH

Our look at Siler City has been partially focused on the issues specifically affecting youth. While youth issues in some ways mirror the general concerns of the community, there are some issues that more directly affect the daily lives of youth. In this chapter, we will focus on some of these that were commonly mentioned in our interviews. These comments are mostly adult perspectives of the lives of youth, but also include the voices of Siler City youth. State, county, and local data on youth can be found in the sections in the Health chapter.

### *Youth Recreation*

Diverse and positive opportunities for youth to interact are an important part of a strong community. Adults fear that youth without adequate opportunities to have fun and socialize in a safe way may use that free time on less healthy activities like crime, substance use, or violence. Youth recreation can also serve as a way to get needed physical activity. Positive social skills are another advantage of youth recreation.

Most community members agreed that there are few recreation opportunities and more are needed. “There isn’t much for them to do ... if the school doesn’t have a dance or ballgame, there is nothing.” This quote was a typical comment from residents. In addition, some activities that are available, such as soccer, appeal more to one ethnic group than others, so those recreational activities do not unite the whole community well. Residents also fear that too little recreation for youth can lead to problems such as drugs, violence, and early pregnancies.

Siler City youth spoke of the activities in which they enjoyed participating, such as “swimming and play[ing] in the park.” Another common theme heard from residents

was that “the town has always had really good recreational league [ballgames]” and school ballgames for youth. One youth said, “[I like to] go to games – it's fun to go to games.”

Siler City has an active recreation department that oversees much of these activities. They offer most major sports like football (105 boys, 50 cheerleaders), soccer (85 boys/girls), basketball (250 boys/girls), softball (125 girls), baseball (26 teams) and tennis, as well as aerobics and dance classes. Hispanic youth are not as active in these activities, but they are becoming increasingly involved in the soccer program as well as basketball and baseball. The pool averages about 125 people a day and offers swimming lessons (Kenneth McPherson, personal communication, April 5, 2000). The Paul Braxton gym is frequently rented for weekend parties that were mentioned by the youth as a common way to spend their nights.

The TeenWorks Teen Center is another facility that engages youth in activities, although it is underutilized at the time. About 20 youth, all African-American, regularly attend the after-school program Mondays through Thursdays. The program could serve more but has been unable to recruit students beyond the neighborhood where it is located. The center has been hindered by staffing shortages, but it is now offering educational programming and activities most days (Maria Hitt, personal communication, Nov. 22, 1999).

One resident mentioned that her church has activities for the youth in the congregation. Churches vary with how many activities they offer youth. For example, St. Julia's, the town's only Catholic Church, offers a Spanish choral group and a small but

active youth group of English-speaking youth (Kathy Flynn, personal communication, April 4, 2000).

“There is not much for them [youth] to do” was a very frequent statement.

Almost every resident reinforced that Siler City needs to have more services that would provide recreational opportunities for youth. A service provider said:

There is not enough money spent on recreation. We need a movie house. We need a comprehensive recreation program...that is multicultural in its scope, targeted to specific interests of the different cultural groups. We need more after school and weekend activities, leisure time activities.

Other Chatham County schools have started soccer teams, and the Hispanic community has been enthusiastic because soccer is an important part of their culture. Jordan-Matthews High School looked into starting a soccer team for their Hispanic students in recent years. At the time that this was investigated, there were only 70 Hispanic students at Jordan-Matthews and sustainability of a team was a real concern as each team sport must be self-sustaining. Only 12 Hispanic students were interested and, since 22 are needed to form a team, one was not started. Other issues were raised, such as finding a soccer field, installing lights for evening games, and working with Hispanic teens to keep up their attendance and grades so that they can stay on a school team. (Paul Cuadros, personal communication, April 7, 2000)

One resident mentioned that activities that do not involve sports are needed for youth not participating in sports by saying, “If the school ... doesn’t have a ballgame, there is nothing.”

When asked what activities they would like to see in the community, one youth said, “[I would like to] go to the skating rink ... to go to the theater.” Another youth said,

“I wish they had a place with rides,” speaking of a theme park that older youth could enjoy. A resident said, “I would provide more of the services that brought adults, parents, and kids together to share experiences.” Perhaps the growing offerings of the recreation department will address this, but that may not address the concern that there are needs beyond sports. Residents also indicated a desire to have a YMCA or a Boys and Girls club in town.

Most Siler City residents consider the current recreational opportunities for youth insufficient. Residents were much more consistent on that thought than with ideas for improvements.

Partial solutions may include expanding some of the existing popular activities in addition to creating new ones. Developing activities that might appeal across racial lines would be difficult, but potentially very important for the town. For example, increases in organized soccer leagues would serve a greater good if they were able to unite racial groups rather than perpetuate the idea among English-speaking residents that soccer is “their [Hispanics] sport.” Another example is that St. Julia’s serves almost all the Hispanic church-goers in Siler City, but even their youth activities barely have racial groups interacting. Residents named PTA, schools, and industry as potential partners that could be used to develop youth recreation.

### *Sex Education*

The issue of sex education arose in several interviews. Sex education is currently addressed in health classes in the sixth and seventh grades. In sixth grade, the classes learn the reproductive system, and in seventh grade, they are taught about sexually transmitted diseases. When asked about sex education in the schools one teacher said, “I don’t get into that ... UNC used to come for 5<sup>th</sup> grade and boys were in one room and girls in another.” Another teacher said, “They can get notes for permission to not attend from their parents ... Parents usually sign that it’s okay to attend.”

Community members consistently reported a concern about the sexual activity of youth as well as a concern for the spread of sexually transmitted diseases (STDs). In general, community members said that teens need more information. One service provider said, “Talk to them about teen pregnancy,” and a community member said, “Sex and drugs – we know they’re here ... I think the more education the better.”

There are also community members who are concerned about teaching teens abstinence without educating them about other protective measures. One said, “We need more sexual abstinence – but also educate them, if they don’t abstain to take care of themselves.” The youth are concerned about pregnancy and STDs. When they see peers pregnant or concerned about pregnancy and STDs, they may realize the repercussions of sexual activity. One youth said, “[Some girls] get pregnant at 14 or 15. I will never get pregnant until I graduate from school, college, and get married!” It is hard to say how prevalent this attitude is among the youth in Siler City, but if it is or becomes a social norm, there is certainly the hope that teen pregnancy rates will be reduced.



The North Carolina General Assembly ruled in 1995, code G.S. 115C-81, that all schools must include curriculum teaching “that abstinence from sexual activity outside of marriage is the expected standard for all school-age children” (NC Department of Public Instruction, 2000). Local school boards may teach the state-mandated abstinence alone, or vote to develop a comprehensive curriculum including contraception, STD prevention, and abstinence. The North Carolina General Assembly’s web site (1997) explains:

For example, if the school nurse is assigned the responsibility for providing classroom instruction on sexually transmitted diseases within a comprehensive sex education program, then the materials used in that instruction must have been the subject of a public hearing under G.S. 115C-81(e1)(6). However, the statute does not regulate the matters which a school nurse may discuss with a student in the context of providing medical assistance to a student or the materials to which she may refer in that context.

Although the General Assembly has ruled against birth control and STD protection being provided in schools, some community members expressed support for certain provisions to be made. One service provider said birth control should be provided in schools, “I didn’t know that the state policy was to teach abstinence only – what a waste of time ... kids do everything faster these days.” Providers also said there is a need for parenting programs for pregnant teens.

Siler City youth do have access outside of the schools for sex education. The Siler City Health Department is located across the street from Jordan Matthews High School and has both Family Planning and STD clinics. The clinics do not have any official connection to the schools, although they may receive referrals from the schools or call the schools to contact a student about their appointment. Birth control pills and condoms are available and relatively accessible to youth. To receive condoms, all one

needs to do is ask at the counter window. To receive pills, a woman must receive counseling and a physical. This includes counseling on birth control methods, a review of anatomy and physiology (if needed), a history form, blood work, pap smear, screening for STDs, and a breast exam. Payment is done on a sliding scale; however, youth are often not charged because their parents do not know they are receiving services at the clinic and most youth cannot afford it. The clinic has two full-time interpreters for their Spanish-speaking clientele. (Family Planning Clinic Nurse, personal communication, April 7, 2000)

### *Gangs*

The concern about gangs developing among youth has grown in recent years. Groups of children have given names to their groups and graffiti is showing up on signs around town. One community member said, "I think the gang issue is gonna become more apparent." Currently, the report of gangs is primarily among Hispanic youth. Two of these gangs call themselves "Vatos Locos" and "La Raza" meaning Crazy Guys Forever and The Gang, respectively. There is certainly concern among the youth, as one said, "they say they'll come jump on the blacks and stuff." With the lack of activities for youth in Siler City, there may be a growing desire to be part of a gang. One provider said kids near her want to be in gangs.

The Siler City Police Department (SCPD) works with the community to increase awareness about gangs as well as to break up fights and curb graffiti raids when possible. The Hispanic community has a background of male gang participation, and over the past few years as Hispanic immigration has increased, so have the traditions of the culture. Membership into a gang includes beatings without resistance for boys and either beatings

or membership by sex for girls. The SCPD does not consider the current gangs a threat, however, and only claims them as “wanna be’s – they want to dress like gang members” (SCPD Detective, personal communication, April 6, 2000).

There are five levels of gang activity and Siler City is currently at the second level where the initial signs, such as graffiti and membership beatings, are seen. If the current situation grows into more harmful activity, the police department feels prepared to deal with the main members. They have already identified several. The police department has already seen how quick measures can prevent future incidences. For example, when one store was sprayed with graffiti and was repainted the next day, the gang did not come back to that store again. “There is a 95% chance that removal of graffiti within twenty-four hours will mean it won’t come back,” said one member of the SCPD. Therefore, if the community responds immediately to actions by gangs, particularly in the early stages of gang development, the gang development and processes may be curbed before any serious events take place.

#### *Alcohol, Tobacco, and Other Drugs*

The negative influence of substance abuse affects the quality of life for Siler City residents and is of particular concern when it affects youth. Substance abuse implies the abuse of alcohol, tobacco, and other drugs, such as marijuana and crack cocaine. In interviews with community members, alcohol, tobacco, and other drugs were mentioned as a significant issue in a number of ways. Most of the comments concerned their effects on youth.

A common concern among Siler City residents was alcohol abuse, primarily as it affects the youth in the community. One school official noted that, “there is drinking

among high school students.” Underage drinking in Siler City could be attributed to easy access to alcohol. As another community member mentioned, “there’s easy access, unfortunately, ... to alcohol abuse.”

The concerns of Siler City residents are consistent with data from the 1997 Youth Risk Behavior Survey (YRBS). The YRBS surveyed 2,340 North Carolina high school students, but the state’s results for the survey were unweighted, meaning the results are not necessarily representative of the state’s population. Survey results indicated that 31.0% of the North Carolina students had their first drink of alcohol before the age of 13 (Centers for Disease Control and Prevention, 1997). Alcohol abuse affects youth as well as their families. One resident verbalized, “alcohol definitely breaks up families ... family breakdown causes a lot of problems.”

According to the 1997 YRBS, 27.3% of the North Carolina students had smoked a cigarette before the age of 13. However, many community members did not note youth smoking as a problem as often as they did alcohol and other drugs. A concerned resident stated, “tobacco is not good for youth ... but I think we spend too much time on tobacco and don’t stress the drugs and alcohol [problem].”

When addressing the problem of substance abuse in Siler City, many residents commented on other drugs as well. The drugs most commonly mentioned included marijuana and crack cocaine. A youth stated that, “there’s a lot of crack heads walking the streets.” One county official acknowledged that the, “drug problem impacts the fabric of the neighborhoods; we need drug prevention and treatment.”

A recent drug raid on Feb. 8, 2000 has reinforced that drugs are an issue in Siler City. In the raid, Chatham County law enforcement officials seized an estimated 5,000

pounds of marijuana at a Siler City residence. The value of the marijuana was an estimated \$5 million (Chatham News, Feb. 10, 2000). A Chatham County Schools official who works on drug issues said marijuana use has been visibly increasing in the county, and at younger ages (Darlene Cooley, personal communication, April 10, 2000).

In addressing the problem of substance abuse, many community members acknowledged a need for drug prevention education. One resident commented, “the drugs, we know they’re here ... I think the more education, the better.” It seems that the schools, a primary source of drug education and prevention efforts, are struggling to give students the needed skills and knowledge to resist initiation of drug use. All students receive DARE in 5th and 7th grades, but that program is the only sustained effort. The district has Here’s Looking At You 2000, a commercial prevention curriculum, but it is used as a source of individual lessons for interested teachers or counselors only, not as a fully implemented program. Kindergarten classes do use a program called Say No And Fly Away, which combines prevention messages with learning letters.

School district staff note that keeping up any sustained prevention effort is becoming more difficult as the district moves toward a testing-focused approach to education. Staff also struggle to place students with drug problems into appropriate treatment programs (Darlene Cooley, personal communication, April 10, 2000).

With Siler City’s reputation as a town well-known for illegal drugs, addressing how youth are perceiving alcohol, tobacco, and other drugs is important. School staff note only an increasing trend in marijuana use, which mirrors national trends, but acknowledge that the level of prevention provided is lacking. Youth we spoke with were

quick to mention negatively how often they see drug use around them, which is ideally an indication that they will not mirror the trend in the adult population.

The comments of the adults we spoke with are mostly similar to those comments we heard from youth. They agree that there is not enough to do, that there are drugs all around them, that they are constantly dealing with issues involving sex, and that violence is something they must deal with often. Issues dealt with in other sections of this document, like cultural tensions and a lack of health care facilities, are no less youth issues than those mentioned. In fact, the lack of health care in Siler City has become very much a youth issue as discussed in the next chapter.

## **SCHOOL-BASED HEALTH CLINIC**

With the expanding and changing population of Siler City in recent years, the town finds itself unprepared in many ways. Health care is an important example of a service under stress. In 1996, there were more than 5,082 children in the county, yet there is only one pediatrician (see Health Chapter). One idea to improve health care services for youth is to develop a School-Based Health Clinic (SBHC). In order to explore this idea further, we asked community members and service providers to describe where they believe youth are currently getting health care information. In addition, we asked specifically about the idea of a SBHC in Siler City. During our interviews, we assessed community support for the clinic, challenges for implementation, services that should (or should not) be offered, and possible clinic locations.

### *Youth Health Care Services*

As discussed in the Health Care Resources Chapter, access to health care is very limited. In Siler City, youth currently receive health care from Chatham Hospital, Chatham Primary Care, Chatham County Health Department, and Chatham Pediatrics. Although these facilities provide health care to youth, they are not easily accessible. “The biggest health issue is lack of access to care. It is influenced by a lot of things like the language barrier, transportation, ability to pay, insurance, and residency status” (newspaper reporter, personal communication, Jan. 14, 2000). Furthermore, some parents can not afford to take their children to the doctor. One service provider stated, “Both parents are working. They have low-wage jobs. They can’t take off to get the kids to the doctor.” Another service provider mentioned there were not a lot of prevention services for youth or for parents, “We are seeing desperate parents come in here with

problem teenagers that just want something ... but there is nothing. Until [youth] get in trouble with the law, there is nothing they can get help for. There is not prevention services for youth.”

In addition to lack of access to health care services for Siler City youth, many community members believe youth are not getting enough health care information. One long-time Siler City resident said, “I don’t think [youth] are getting enough health care information to begin with.” A PTA member also expressed concern:

I don’t know that they are getting [health information] from anywhere ... I got one in the middle school, and she has never mentioned anything about any type of information on health ... I don’t think they get it from the school.

A religious leader commented, “They’re probably not getting a lot of information. There is probably some presentation on sexuality, drugs, alcohol at school ... I don’t know about the quality.” A health care professional also questioned the quality of health information that youth were receiving when he stated, “middle school youngsters probably get their health information from the most erroneous source – one another.” He believes a SBHC is one way to address the issue of access to health information and services for youth:

This kind of leads into my strong feeling that the best way to serve these kids is probably not with a private kind of approach to medicine, the ‘you come to me’ kind of thing. But, taking the resources and going to them with some on-site presence at the schools where the kids can be comfortable and familiar with them and know the practitioners well. And because it’s so convenient, they’re much more likely to access it than to come all the way across town or wherever. And if you can break down some of those barriers to access, I think it’s much more likely that the kids will present themselves for care and for counseling.

#### *Support for School Based Health Clinic*

Many community members supported the idea of a SBHC. “I think it is a great idea!” stated one community member. Another said, “That is a good idea. There are a



lot of kids that can't go to a clinic or medical office. It is a good idea to have it in the school, so they could just go right there." Youth were also supportive of a SBHC. Youth commented, "we need that because people get hurt every day at our school. For accidents, fights, to talk, for help, advice." One service provider said that a clinic would be a great resource for kids: "I think it is a great idea ... just for the teens or the youth to have somebody they can talk to about things they are worried about."

We asked these community members if they believed that the larger community would be supportive of a SBHC. One religious leader stated, "I think [community reaction] would be favorable." In addition, a service provider commented on the importance of community involvement:

I think it would be very accepted. It depends on how it is presented in the community. Depends on how the school presents it to the community at large and how much input they get from the community (e.g., what type of services should be provided).

A county official said that parents needed to be involved in SBHC planning. "We need to involve parents, yet respect the rights of kids." A long time resident from the business community stated:

I think it's good ... For it to be managed properly, you need to get a good group of people from a well-rounded spectrum of the community (e.g., parents as well as health officials) so things don't get out of perspective as to what's being carried on at a health clinic. Is it in agreement with the spiritual and social aspects of what the community wants? If you're doing that and its well-maintained in that respect, I think it's a good idea.

Although many community members expressed support for a SBHC, there are certain challenges for SBHC implementation.

### *Challenges for School Based Health Clinic Implementation*

The inclusion of sex education and education on sexually transmitted diseases at the SBHC was mentioned by several community members as a challenge to the SBHC. Although preventing teenage pregnancy was a concern of many residents, residents wanted to ensure that the information given to youth did not conflict with their personal values and beliefs. A long-term resident stated, “parents feel that schools nor Health Department or anyone else should be talking to their kids [about sex education], except the church, which is an abstinence approach.” The same concern was also mentioned by a religious leader who said, “I’m not always convinced of the agenda that’s imposed is consistent with faith beliefs.” A community leader noted:

I think that some parents may say that is encroachment of government on my rights, but I don’t think you’d have a lot of trouble with that if you stayed out of that whole area of sex education. But I think you simply have to do some reproductive education in the clinic, particularly with the kids asking questions. I don’t think we ought to depend on young people asking questions. I think we should be asking some questions and keeping them engaged in a conversation.

A community leader stated that maintaining confidentiality for youth may be another challenge when she said, “parents may object due [to] feeling a lack of control.” A PTA member said “some kids [may] come with a concern for confidentiality and then there is the parents right to be informed.”

We also heard community members express concern about how the SBHC would be financed. One service provider stated “that it would have to be valued and show it was saving money.” A long-term resident said, “It just sounds expensive.” A school administrator mentioned that “I need to know who pays for it.”

In addition to financing the SBHC, a concern mentioned was the amount of space required for the SBHC and whether school staff would receive additional work responsibilities. A school administrator stated:

I don't have a place for it. I don't know what my involvement would be and who would finance it. I would need to talk to Pittsboro [the Body Shop] about what they do there ... I need to know how they adhere to state laws.

### *School Based Health Clinic Services*

When considering opening a SBHC, one of the primary items to be considered is the type of services that will be provided to school-age children. As noted in the Health chapter, a SBHC provides an on-site location where youth can receive factual age-appropriate health information. The SBHC may be staffed by nurse practitioners, registered nurses, social workers, and registered dietitians. The SBHC will often have a private examination and treatment room, a private area for training and education, a waiting and reception area, and a laboratory space (Making the Grade, 1999). Services may include medical treatment for accidents and chronic illnesses, prescriptions for infections, laboratory tests, and mental health counseling. Preventive services, such as immunizations, nutritional counseling, sexual abstinence counseling, and dental care, are also available to youth.

When we asked community members what services they would like included in the SBHC, we heard varied suggestions. A school nurse stated, "I think it needs to include all health services, including dental services." A long-time resident stated, "Drug counseling, sex education, parenthood training. A lot of girls have babies ... give information on what babies do to change lives." One health care provider wanted to see a

comprehensive program at the SBHC, and he noted, “They need pre-sports physicals, immunizations, counseling, minor acute care visits ... family planning services may also be an appropriate service.”

We heard that mental health counseling was important from several residents. One community member said, “sometimes children have a problem and they need someone to talk to.” A town official said, “Kids should know they can go there when they are feeling lonely or isolated.” One religious leader commented, “I think you would have to provide some kind of counseling. I think some type of awareness about depression issues would be good.”

Many community members mentioned the need to provide information on contraceptives and sexually transmitted diseases (STDs) for youth attending middle and high schools. A service provider mentioned that it was important “to talk about STD’s and not getting pregnant” with youth. One parent stated: “If it was in the middle or high school, it would need to [provide pregnancy information].” Another parent stated that one of the most important health issues to be addressed with youth is “drugs and sexuality.” A community leader commented:

I would hope they could provide contraceptive information and certainly education on contraception. I think teaching abstinence as part of comprehensive part of health education or sexuality education. I think young people ought to know about their sexual feelings and how important it is to take control rather than having their feelings take control of them.

Another concern mentioned by residents was youth drug use. A long time resident expressed this: “I think kids think that you can smoke pot just once, Then when you get into the strong drugs, the danger increases. I don’t know how to change this ... I

think peer pressure starts it.” When we asked youth what were the big issues of kids being healthy, they said, “Smoking. Not doing drugs. Not getting pregnant at 14 or 15.”

#### *School-Based Health Clinic Location*

Reaction from community members seemed to be mixed regarding where to put a SBHC. Some felt a SBHC was most needed at the elementary school, while others thought a SBHC at the middle school or high school would be best. One PTA member said, “It needs to be in the elementary school where you have 700 kids versus middle school and 200 kids. Because that’s the kids that really need the help ... I would be more in favor of the elementary school.” In contrast, a health care professional stated, “I feel that middle school age is a really crucial time period to be able to access those kids and to get proper information, correct information to them, so they can base their decisions on solid facts.” Other community members said high school would be the best place for a SBHC. “Definitely high school,” stated one service provider. Some alternatives to having a SBHC at only one school could be a mobile clinic or a school-linked clinic. We interviewed a school nurse who said:

I would like to see [a youth clinic] in Siler City, but prefer it not be at one school ... A mobile unit, where it could go to the elementary and the middle school, even the high school. So many of our kids have no place to go. They don’t know where, they don’t have the money ... I’d hate to see one group of kids get it and others can’t ... So I think it would be great to see something that will be mobile or have it in one central area in town, not at a school, and have it open in evenings.

Establishing a SBHC, or other youth health clinic, in Siler City is still in its early stages of development. At the community forum, community members and service providers discussed ideas for next steps in clinic planning. It was agreed that increasing

community support for a SBHC was still needed (e.g., educate PTA members, school administrators, and community members). Strategies for education include presenting SBHC information at meetings and using the newspaper, radio, and internet to educate the community at large about SBHC successes (e.g., SBHC in Pittsboro, and Goldsboro). In addition to community education, others suggested exploring the idea of a mobile clinic or school-linked clinic; surveying community members to further assess support; and determining space, cost, and SBHC facility requirements. If enough support exists for establishing a SBHC in Siler City, Chatham County Health Department plans to apply for SBHC grants as early as March 2001.

## **COMMUNITY RESOURCES AND ASSETS**

Each interview we conducted included some discussion of the strengths of Siler City. Our overview of these comments is based on residents' own words. First, we will share what people said about the qualities of the town and its residents and then we will shift to the agencies that work to improve the quality of life. Some of Siler City's positive qualities mentioned here have been mentioned in previous chapters but must be revisited in order to provide a full picture of the assets and resources.

### **“SMALL TOWNNESS”**

The most frequent praise of Siler City was what one community member called its “small townness.” Another community member described Siler City as “a quaint little town.” The main advantage of this was perceived to be that everyone knows each other. One community member said, “I would say it’s close-knit because ... most people know each other ... it’s a close knit community.” A service provider said, “You know everyone. It’s nice, friendly.”

This familiarity may be a reason for the bond between people who live in the town that many people mentioned. Some thought that people in Siler City were very caring and active in volunteering. A community member said that people would reach out in times of disaster, at least financially, to other members of the community, and a service provider said, “The main thing that I see is a lot of support.” One service provider also noted that same quality within the Hispanic community when he said that

Hispanics are very likely to open their door to those who are arriving, even if the current living situation is crowded.

## **DIVERSITY**

While a majority of the discussion on the changing population is often couched in terms of negatives or struggles to adjust, many people we spoke with looked at the immigration of Hispanics as a strength and an opportunity. One service provider said, “I think certainly the large percentage of our people see the Hispanic presence here as a blessing.” Another service provider said, “The wealth of diversity that we see in this community ... we have people coming from so many different countries and so many different cultural backgrounds.” For many, the main advantage of the newest population is what one service provider called “renewed economic vigor” because Hispanic people play a large role in the factory work that is the heart of Siler City’s industry.

Many people spoke of the positive effect that diversity will have on the youth, or at least that youth do not have some of the negative experiences that adults do. One community member said, “You can go out on the playground and regardless of what color or background they come from, they all play together. Now, they may not understand each other ... but they are all playing together.” On the more positive side, one town official said, “I think that having the diverse cultures to interact with will equip them to live in a world economy. I think that’s going to be a real asset to them as time goes on.”



## **FAMILY RESOURCE CENTER**

The Family Resource Center (FRC) is a neighborhood-based program that offers supportive services and activities for families and individuals. The FRC is based on principles promoting the establishment of a partnership with families to promote strong families, healthy children, and caring communities (North Carolina Division of Social Services, 1999). In addition, several other organizations and businesses collaborate with the FRC to provide services. A service provider noted:

[We collaborate with the] Health Department, Mental Health, non-profits, like the Salvation Army, JOCCA, and churches. Some with civic groups. We also work with individual doctors and hospitals. We collaborate pretty closely with industry. Industry is a great contact with working parents.

Multiple organizations and programs function within the FRC. The programs all focus primarily on providing parent education, health education, and parenting skills information, but also include groups on drug addiction, alcoholism, and literacy. A service provider commented on the types of programs offered at the FRC:

We provide, with the Health Department ... assistance with prenatal care ... the WE Care group, which works with child support [day care]. [A] Women's support group, that addresses issue[s] of family. We have Girl Scouts ... Smart Start that works with youth ... and Hispanic moms ... a psychologist who works with youth ... We have an immigration services specialist who gets youth documented and reunited with their parents.

The programs at the FRC are available to all of Siler City's residents. Residents that seek assistance are not required to meet eligibility requirements based upon income or background. Currently, the FRC serves primarily low-income residents, but as a service provider noted, "This is for anyone that has the need." Furthermore, the center seeks to meet the cultural and language needs of Hispanic immigrants by providing staff members that are bilingual. AmeriCorps workers provide pregnant Hispanic women with

transportation to medical appointments. “This center helps out a lot ... with the Hispanic community,” a service provider mentioned.

### **JOINT ORANGE CHATHAM COMMUNITY ACTION**

Joint Orange Chatham Community Action (JOCCA) is another resource available to Siler City residents. JOCCA aims to assist Siler City’s low-income residents by advocating for the elderly, providing a food pantry, and assisting/making referrals for the weatherization of homes. In addition to providing services for the larger community, JOCCA sponsors a program for the elderly. This program includes a nutrition program that serves one hot meal daily, games, health clinics, and exercises (Christine Brooks, personal communication, April 13, 2000). A senior said about the program, “I’ve enjoyed it ... you get information about what to eat and what not to eat.”

### **CHURCHES**

The role of the church was mentioned as being significant in many interviews. The church, in addition to providing weekly religious services, sponsors several activities for youth and adult members. One long-term resident stated:

Most of our activities are involved with church ... the ball team that we organized [was] under the church. And we work with other churches ... in the summertime with our youth ... We do have youth programs that meet every fifth Saturday.

Church is important to the individuals in Siler City and the town itself. One long-time community member said, “[Church] plays a major part in people’s lives,” and another said, “Churches are a strong part of Siler City.”

## **RECREATIONAL LEAGUES AND TEENWORKS TEEN CENTER**

Although Siler City has a lack of recreation opportunities for youth, many community members saw the TeenWorks Teen Center, school ballgames, and recreational leagues as an asset. Recreational activities may be one of the areas with the most potential for community members from different cultures to interact together. Youth activities were seen as an event that mobilized the community. A long-term resident said about the mobilization of youth, “When the high school basketball or football team have excelled in sports, the youth get behind that.”

Strengths of Siler City are the feeling that everyone knows their neighbors, the growing diversity, the churches, and the agencies that provide services to all residents. Certainly, this is not a complete list of the strengths and assets present in the community, but it reflects the words of those we interviewed. It is clear that Siler City has many tangible and intangible assets.

## **DISCUSSION AND RECOMMENDATIONS**

In the Siler City Community Gathering, held on March 5, 2000, the participants chose four main themes to concentrate on in their small group discussions. These four themes, Community Ties, Language, Youth Recreation, and the School-Based Health Clinic, will be discussed further in this section in the context of the Social Ecological Framework (SEF). The SEF looks at relationships between people and their physical and social environments. There are five levels of analysis in this framework: intrapersonal, interpersonal, organizational, community, and policy. By targeting multiple levels of this framework, programs can more effectively tackle complicated problems. Focusing on an intrapersonal level equates to targeting an individual, or a person's thoughts, feelings, beliefs, etc. The interpersonal level looks at relationships between people (i.e., couples, friends, and families). The organizational level would include institutions – schools, businesses, associations, etc. A community focus would target an entire town, neighborhood, or any other specific grouping of people and organizations. Finally, the policy level would focus on broader change (i.e., governmental regulation).

### **COMMUNITY TIES**

The theme of community ties highlighted the town's views about cultural changes as a result of the influx of Hispanic immigrants to the area. This theme illustrated that there is a strong sense of community in Siler City, but that sense of community really only exists within the three separate sub-communities in the town: the African American, Hispanic, and White communities. Racial tension has resulted from this division. Determinants of (or factors that contribute to) the resulting tension include people's

resistance to and fear of change, their lack of cultural understanding of different groups, and language differences (to be discussed separately). These determinants cross three levels of the SEF: intrapersonal, interpersonal, and community. On an intrapersonal level, long-time residents are often resistant to forces that change the way things have “always been.” They may fear change and may not have an understanding of different cultures. That lack of understanding of different cultures expands into the interpersonal level, because it affects how people relate, or do not relate, to each other. These intrapersonal and interpersonal determinants have resulting effects on the community level, since they result in divisions between sub-communities.

Ideas about addressing this tension were discussed in the community forum and would constitute change on the community level. Forum participants saw the importance of empowering other cultural groups, bringing different religious faiths together, and increasing the unity between different sub-communities. In addition, a human relations council is in the process of being formed in the town. This council could be an important unit of solution, which combines different natural groupings of people, to begin to address these sensitive cultural issues. For this to be an effective unit of solution, however, representatives from all sub-communities must be invited and given a voice. Also, the recent change of heart (with respect to support for immigrants) by the Chairman of the Chatham County Board of Commissioners after an inspiring trip to Mexico City and Pueblo can be another step in the right direction. The town could use this key figure to gain support from other influential figures in the community. This community would benefit from more outspoken people who are committed to creating unity between sub-communities. With the volatile events that have taken place over the past nine months

(i.e., the INS letter, white flight issues, and David Duke rally), an important dialogue has begun. The dialogue must now be translated into constructive, realistic discussions in order for this community to gain competence (or problem-solving ability) in handling the dramatic cultural changes.

## **LANGUAGE**

The issue of language is a theme that seems to span all five levels of the Social Ecological Framework. Because there are significant numbers of individuals who only speak Spanish now living in Siler City, there is a definite communication barrier with English-speaking individuals. For example, on an intrapersonal level these Spanish speakers may not be able to read an English sign, and on an interpersonal level neighbors and school children may not be able to talk to each other. Organizations may have difficulties adapting to a new language in their workforce, communities as a whole may find it harder to come together if there is not a common language, and policy decisions become more complicated when communication is not open with the entire population. Although the large influx of Hispanic immigrants to the area gave rise to this issue, there are other factors that need to be considered. First, it is harder for adults to learn a new language than it is for children. In addition, long-time residents of the area are often reluctant to learn a new language. Finally, there is a shortage of English as Second Language (ESL) teachers in the school system. These factors, combined with the significant numbers of Spanish-only speaking people, result in a large and complicated matter.

Since this issue spans all levels of the SEF, efforts to alleviate the problem should also span all or most levels. Participants in the community forum spoke about the need for more ESL classes and increased access to these classes. Through increased advertising and publicity about the classes and providing daycare for mothers that attend, a more supportive environment for learning would be created, primarily at the organizational level. Also, because young Hispanic children seem to pick up English with a fair amount of ease, they suggested creating incentives for children to work with their parents to help them learn English. This suggestion would effect change at the interpersonal level. Finally, they stressed the need for increasing language skills on both sides, so that English-speaking residents are also learning Spanish. This primarily intrapersonal level change could potentially involve other levels. For example, a policy level change could be implemented that required all children to learn both English and Spanish. This example is perhaps too dramatic for the town at this point, but the philosophy behind it must be embraced in order for eventual change to take place. People from different sub-communities must make attempts to meet each other half way before real communication solutions can take place. That kind of commitment is necessary before Siler City can be considered a truly competent community.

## **YOUTH RECREATION**

Siler City community members mentioned lack of youth recreation as one of the major themes in nearly every interview. Lack of recreation impacts the organizational and community levels primarily and ought to be improved upon at these levels. There are several organizations that provide some activities for youth; however, these organizations

clearly need to expand their services to meet the growing population and interests of youth today. For example, schools offer several sports to their students, but they still do not accommodate all sports interests of their youth. Hispanic youth would like to play soccer, yet no soccer team has been established. This can be changed at both the organizational as well as interpersonal levels. Non-Hispanic youth in the high school could collaborate with the Hispanic youth to support having a soccer team. At the same time, the schools need to be looking into where a soccer field may be placed – on campus or in a local park.

Outside of school sporting events, there seems to be little to do on a Friday or Saturday night in Siler City. There is no movie theatre, skating rink, or other large facility for recreation in the area. Community members, particularly the youth, brought these possibilities to our attention, explaining how they travel several miles to see a movie or attend other weekend social activities. Other recommendations included starting a Boys and Girls Club and establishing a YMCA.

Churches provide many activities to the Siler City community. Most churches have a youth group or sponsor some sort of youth activity. St. Julia's, for example, has a youth group that is primarily attended by whites and a youth choir that was created for the Hispanic youth. Expanding these activities across organizations would provide more variety in youth activities. Other activities may be started at church, such as drama teams, arts and crafts clubs, or even book clubs. Such activities would be particularly good for joining the three racial groups in Siler City in a non-threatening atmosphere.

Two organizations have been created in recent years to provide youth recreation in the community, yet they are struggling to get past the barriers of resources and race.



The Teen Works center lacks the staff to accommodate many more youth. They have only attracted youth in the surrounding neighborhood, primarily African-Americans. This is one example of where community has been defined by both geography and race and the organization, as of yet, has not broken the barriers of this definition. One potential way to recruit more youth across racial lines would be to hold events at Teen Works or rent the space for special events. The new Paul Braxton Gymnasium has worked well in this sense and the community members spoke highly of it. The gym also offers activities for youth and may be rented out for birthday parties and other celebrations.

The Recreation Department has several sports teams and other activities. However, as long as the community reports a lack of things to do, there is an obligation for this department to find out what is lacking and rectify the situation. There is much potential in Siler City for fundraising and establishing committees or advisory boards on the issues of youth recreation. With the concern for gangs in the middle and high school, it seems that all residents would like to see healthy activities available and accessible to all youth.

## **SCHOOL-BASED HEALTH CLINIC**

The School-Based Health Clinic was an intentional theme in the interviewing process. Most of the community members interviewed had an opinion about services that should be offered. In addition, they saw the importance of maintaining confidentiality for the youth clientele. Both of these sub-themes under the issue of School-Based Health Clinic span across all levels of the Social Ecological Framework.

In order to implement any potentially controversial service at a health clinic there must be organizational and community support. However, to foster this support begins at the interpersonal level. Parents could communicate with their children and vice versa about the concerns for sex education, confidential mental health counseling, and conflicting feelings about rights and values. Many community members supported preventing teen pregnancy and the spread of STD's, yet several people expressed concern for a lack of community support for sex education. At the intrapersonal level, some parents feel a lack of control when the school counselor knows something about their child that they do not. To ameliorate this feeling, the SBHC could work with parents on communications and at-home health education. Increasing parental involvement will alleviate much of the tension around the controversial issues of sex education and maintaining confidentiality at the clinic. At the policy level, the whole community has the right to inform the school board of their concerns and interests and each school board may vote on what services to include.

There are a variety of services community members mentioned as needed for youth in the community. The combination of several services will be difficult to finance

and support in a small clinic; however, if the community feels that these services are indeed critical, then it must be determined how to feasibly implement them into the SBHC. Some people mentioned the need for dental services, physicals, immunizations, minor acute care, drug counseling, mental health counseling, sex education, parenthood training, and family planning services. Recommendations for future directions for SBHC plans include conducting a survey to further assess community support and services needed; educating the larger community about SBHC concepts; and determining space, cost, and SBHC facility requirements.

These four themes, Community Ties, Language, Youth Recreation, and the School-Based Health Clinic, represent the highlighted topics from the community forum. By viewing the themes through the lenses of the Social Ecological Framework, the complexity of the issues can be appreciated and multi-level interventions can be generated. This analysis of the themes can, and will hopefully, serve as an important catalyst for community change.

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## APPENDIX A:

### COMMUNITY MEMBER INTERVIEW/FOCUS GROUP GUIDE

#### 1. Opening

- Thank you for taking the time to meet with me/us. We recognize that your time is valuable and we appreciate your participation.
- We are graduate students from UNC School of Public Health, working with the Family Resource Center in Siler City. A requirement of our graduate program is that we work with a community in NC to conduct a community diagnosis. This means that we help the community to identify its strengths, weaknesses, and future directions. Our community is Siler City youth. The information we gather will be summarized and shared with the community. In addition, we will present our results to the community at a forum that will be held in the spring.
- The purpose of speaking with you today is to find out about your thoughts and experiences about living and/or working in Siler City. We are interested in your opinions. There are no right or wrong answers.
- Time: This interview should last 45-90 minutes.

#### 2. Confidentiality

- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will not identify who said what, nor will we identify the names of the individuals we interview.
- We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free to not respond to any question we ask, or hit the “Stop” button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be stored at the Siler City Family Resource Center. However, names will not be attached to the tapes. Is this okay with you?

#### 3. Ground Rules

- Right to refuse: if at any time while we’re talking you don’t want to answer a question, you do not feel comfortable, or you would like to end the interview, please feel free to let me/us know.

*Do you have any questions about anything I’ve said so far?*

### **Question Themes: Provider Interviews**

1. What types of services does your organization provide the youth of Siler City?
2. What is your role in providing these services?
3. Who is eligible for your services?
4. Who utilizes your services?

5. How do you track who uses them?
6. What barriers do you encounter in trying to reach Silver City residents? (geographic, transportation, etc.)
7. How does your organization meet the cultural and language needs of this population?
8. What other organizations provide similar or complimentary services to this population?
9. What other organizations do you collaborate with to provide services?
10. What challenges have you faced in meeting the needs of Siler City?
11. What is your source of funding?
12. What strengths do you recognize in your community?
13. Where do you think youth are getting health care information?
14. What things do you think are influencing the health decisions of youth in Siler City?
15. How does your organization determine what types of services to provide?
16. How is the community involved in determining the services that you provide?
17. How have the needs of Siler City youth changed in the last five years?
18. Have your services to this community changed in the last five years?
19. Describe an event or events that have mobilized Siler City youth.
20. Describe an event or events that have lead to separation or tension between youth.
21. If you were in charge of youth services for Siler City, what types of services would you provide?
22. How much of a problem is juvenile crime in Siler City?
23. What are other social issues you believe affect the youth of Siler City?

#### School-Based Health Clinic

1. What do you think about the idea of a school health clinic?
2. What services do you think a school health clinic should provide?
3. What do you think would be the main advantages of a school health clinic?
4. What do you think would be the disadvantages of a school health clinic?
5. If a school health clinic were implemented in Siler City, what type of reaction would you expect from the community?
6. Where do you think a school health clinic would be most beneficial?

#### **Question Themes: Adolescent Focus Groups**

##### Self and Family

1. How long have you lived in Siler City?
2. Who lives in your home and what is their relationship to you?
3. Describe activities that you and your family members do together.
4. Describe a typical day for you and your family.
5. What type of work do your family members do?
6. Do you have other family members in the area?



### Neighborhood and Community

1. How do you define Siler City? Draw a picture of it.
2. How would you describe Siler City to someone who had never been here?
3. What is it like growing up in Siler City?
4. What makes you proud about living in Siler City?
5. What do neighbors do for each other in Siler City?
6. How do people from different backgrounds interact in Siler City?
7. What role does church play in people's lives in Siler City? Describe.
8. Where do young people hang out in Siler City?
9. What do young people do in Siler City for social activities?
10. What do young people do in Siler City for part-time jobs (paid or volunteer)?
11. How long do you think that you will live in Siler City?
12. If you were the Mayor, what would you do to improve Siler City?
13. If there was a crisis in Siler City (hurricane, for example) how would people respond?
14. How do the youth in Siler City solve their differences?

### School

1. Where do you go to school?
2. How would you describe your school to someone who had never been there?
3. How do people interact at your school?
4. How do people from different backgrounds interact with each other at school?
5. What activities are popular at school?
6. If you were the school principal, what would you change about your school?
7. What kinds of activities do people participate in after school?
8. What adults would you go to at school if you needed to talk?
9. How has the changing population affected you in school?
10. What kinds of health services are available at school?
11. What kinds of things do you learn about health at school?

### Health and Social Issues

1. What do you think are the problems in Siler City?
2. What health problems have you and your family had to deal with?
3. What do you see as health issues for youth in Siler City?
4. What do you do when you don't feel well?
5. Who do you talk to when you don't feel well?
6. If there was a health clinic at school, what services would you use?
7. How do you feel that tobacco, drugs and alcohol have affected youth in Siler City (phrased as three separate questions)
8. How would you describe the level and types of crime committed by youth in Siler City?

### School-Based Health Clinic

1. What do you think about the idea of a school health clinic?
2. What services do you think a school health clinic should provide?
3. What do you think would be the main advantages of a school health clinic?
4. What do you think would be the disadvantages of a school health clinic?
5. If a school health clinic were implemented in Siler City, what type of reaction would you expect from the community?
6. Where do you think a school health clinic would be most beneficial?

### Miscellaneous

1. What do you think Siler City will be like in five years? Ten years?
2. If someone were to ask you if Siler City is a good place to grow up, how would you respond?
3. Describe a healthy community? How does Siler City fit this description?

### **Question Themes: Community Member Interviews**

#### Self and Family

1. How long have you lived in Siler City?
2. Who lives in your home and what is their relationship to you?
3. Describe activities that you and your family members do together.
4. Describe a typical day for you and your family.
5. What type of work do your family members do?
6. Do you have other family members in the area?

#### Neighborhood and Community

1. How do you define Siler City?
2. How would you describe Siler City to someone who had never been here?
3. What is it like to raise a family in Siler City?
4. What makes you proud about living in Siler City?
5. What do neighbors do for each other in Siler City?
6. How do people from different backgrounds interact in Siler City?
7. What role does church play in people's lives in Siler City? Describe.
8. Where do young people hang out in Siler City?
9. What do young people do in Siler City for social activities?
10. What do young people do in Siler City for part-time jobs (paid or volunteer)?
11. How long do you think that you will live in Siler City?
12. If you were the Mayor, what would you do to improve Siler City?
13. If there was a crisis in Siler City (hurricane, for example) how would people respond?
14. How do the youth in Siler City solve their differences?

### School

1. Where do your children go to school, if applicable?
2. How would you describe the school to someone who had never been there?
3. How do people interact at the school?
4. How do people from different backgrounds interact with each other at the school?
5. What activities are popular at the school?
6. If you were the school principal, what would you change about the school?
7. What kinds of activities do people participate in after school?
8. What adults do youth go to at school if they need to talk to someone?
9. How has the changing population affected youth in school?
10. What kinds of health services are available at school?
11. What kinds of health information do youth learn about at school?

### Health and Social Issues

1. What do you think are the problems in Siler City?
2. What health problems have you and your family had to deal with?
3. What do you see as health issues in Siler City? For youth?
4. What do you do when you don't feel well? What do youth do?
5. If there was a health clinic at school, what services would youth use?
6. How do you feel that tobacco, drugs and alcohol have affected youth in Siler City (phrased as three separate questions)
7. How would you describe the level and types of crime committed in Siler City? Types of crime committed by youth?

### School-Based Health Clinic

1. What do you think about the idea of a school health clinic?
2. What services do you think a school health clinic should provide?
3. What do you think would be the main advantages of a school health clinic?
4. What do you think would be the disadvantages of a school health clinic?
5. If a school health clinic were implemented in Siler City, what type of reaction would you expect from the community?
6. Where do you think a school health clinic would be most beneficial?

### Miscellaneous

1. What do you think Siler City will be like in five years? Ten years?
2. If someone were to ask you if Siler City is a good place to live and raise a family, how would you respond?
3. Describe a healthy community? How does Siler City fit this description?

## **APPENDIX: B**

### **LIST OF INTERVIEWEES AND FOCUS GROUP ATTENDEES**

#### *Interviews*

A total of 14 people were interviewed, eight service providers and six community members. Service providers held the following positions: agency director (two), town official, health provider (two), religious leader, police officer, and school principal. The 14 people interviewed are listed below, described by gender and race:

1. Male      White
2. Female    Hispanic
3. Female    African American
4. Male      Hispanic
5. Female    White
6. Female    White
7. Male      White
8. Male      White
9. Male      White
10. Female    Hispanic
11. Female    White
12. Female    African American
13. Female    White
14. Female    African American

#### *Focus Groups*

Data from six focus groups are presented in this document. The 44 total people that made up these six groups are listed below, described by gender and race:

1. One African American female, one white female, and five African American males
2. Eight African American females, four white females, and one African American male
3. One African American female and seven white females.
4. Three white females and one white male.
5. Six African American females (youth)
6. Six Hispanic females

## **APPENDIX: C**

### **COMMUNITY FORUM REPORT AND MATERIALS**

#### **SILER CITY COMMUNITY GATHERING**

**Sunday, March 5, 2000 from 2:00 p.m. to 4:00 p.m. at  
The Family Resource Center**

#### **Meeting Notes**

*Meeting hosted by:* Steven Burritt, Alison Cowhig, Pam Jones, Parky Lee, Melanie Mendoza, and Suzette Rochat; Graduate Students from the UNC School of Public Health, Department of Health Behavior and Health Education

*Special thanks to:* Bill Lail, Preceptor and Sandra Quinn, UNC School of Public Health Professor.

#### **INTRODUCTION**

Steven Burritt opened the meeting with a brief introduction of the purpose of the Community Diagnosis project. As he explained, a Community Diagnosis seeks to understand communities and the people who live there. It tries to find out what it is like to live in a community from the resident's point of view. After the project team spent months of collecting town and county data and talking to residents of Siler City through interviews and focus groups, this community gathering was put together to present and discuss the findings. This explanation was followed by a balloon warm-up exercise, where everyone wrote a pressing issue in Siler City on a balloon and passed it on to another person. Each person then took turns introducing themselves, identifying the issue on their balloon, and stating one thing they believe could be done to address the issue.

#### **PRESENTATION OF THEMES**

Following the introduction, three of the students presented the major findings obtained from a combination of community interviews, focus groups, and secondary data collection. The findings were separated into seven themes considered to be of importance to the people of Siler City. Alison Cowhig discussed Community Ties and Language; Parky Lee discussed Growth, Employment, and Alcohol, Tobacco, and Other Drugs; and Pam Jones discussed Youth Recreation and the School Based Health Clinic (SBHC). It was noted that the SBHC was a special topic, since it was the only one that was pre-identified as a discussion topic for interviews and focus groups as opposed to being an issue specifically brought up by the community. Copies of the slides used in the presentation are included at the end of the minutes.

#### **SMALL GROUP DISCUSSIONS**

Following the presentations, participants each chose one of the seven themes that were particularly important to them by placing a colored dot on the appropriate theme poster.

After a brief break, attendees were separated into small groups to discuss the top four issues identified. The discussions were held on the topics of Community Ties, Language, Youth Recreation, and the SBHC. Alison Cowhig, Parky Lee, Melanie Mendoza, and Steven Burritt/Pam Jones facilitated the four groups, respectively. A brief overview of what was discussed in each group follows:

*Community Ties:*

- There are common goals between people of different cultures - for example, providing for families, safety, arts, sports, opportunities for kids, faith.
- There are some current programs and efforts that strive to bring different cultures together - for example, the Human Relations Committee, Helping Hands, the dedication of Washington Park, Martin Luther King, Jr. activities, Annual Ministerial events, etc.
- People should work to empower other cultural groups, i.e., Whites should help to empower Blacks, etc.
- Churches play a big role.
- Governments usually act through crisis control, instead of being proactive.
- Sensitivity of police is necessary.
- School systems are offering diversity training, which has been sparked by racist incidents. This was seen as more of a feel good measure rather than effecting real change.
- Regarding David Duke's recent rally held in Siler City, there was a desire to set up a positive counter-gathering during the rally but at a separate location, but the county wouldn't allow it.
- A "Unity Festival" is being organized for March 20, which will bring several organizations together as a response to the Duke rally.
- We need consistent efforts. We must be proactive rather than reactive in addressing cultural diversity. We need "tough love," compassion, and understanding. Citizens need to own this issue. We must establish unity.

*Language:*

Challenges discussed:

- Access to the classes (to learn how to speak English) is a challenge for Latinos – they work long hours so it is hard to get to classes after work.
- Children have fewer challenges – i.e., maybe it's not as big of a problem in schools because children are really good at learning a new language and teaching each other. Perhaps they can be good teachers to their parents.
- English-speaking adults may not want to learn Spanish because they think they shouldn't have to – i.e., the Latinos should learn their language. The importance of learning languages on BOTH sides was discussed. It would help out for cultural awareness AND problems with resources.
- Not enough people attend ESL classes. Maybe people are not aware of the availability of ESL classes, the times available, convenience of location, time, etc.
- They need people to take care of their kids while at the language classes.

#### Solutions discussed:

- Maybe provide more language learning classes.
- Advertise in the Chatham News. For example, print a feature article speaking of the importance and benefits of learning other languages. The goal is to raise awareness and to advertise ESL courses. Let people know where the classes are, when, etc.
- Provide infant care at the ESL and CCCC (Central Carolina Community College) courses so more people can attend.
- Maybe plan a program that encourages children to teach their parents English or Spanish, i.e., as a homework assignment, ongoing class project, etc. This may help in that if some parents can't make the classes, they could still learn from their kids.
- Increase the number of signs (like in grocery stores, etc.) that have Spanish and English on them.

#### *Youth Recreation:*

- Positive recreational opportunities for youth currently available in Siler City include the Teen Center, after-school sports, swimming pool, Girl Scouts, and church groups.
- These activities, however, are not appealing to ALL groups of Siler City youth. For example, mostly African-American youth are at the Teen Center and there are not enough activities for Hispanic youth. Plus, there are not enough activities for kids who don't like sports or who can't afford Girl Scouts, etc.
- Problems that happen when youth don't have enough to do: drugs, violence (potential), pregnancy. When kids have nothing to do, they can get into trouble.
- Programs/resources that can be expanded include after-school sports and activities. There is a need for a Boys & Girls Club in Siler City. PTAs, schools, and industry can help to expand programs.
- Getting volunteers from high schools is one important step that can be taken.

#### *School Based Health Clinic (SBHC):*

- Reaction from the community seems to be mixed from people that were interviewed regarding where to put a SBHC.
- Goldsboro has two middle school clinics and is adding another; they have a lot of community support like hospital in-kind donations.
- A community survey to assess support for a clinic, services needed, etc. has been created and needs to be test on a representative group.
- The Horton Body Shop (SBHC in Pittsboro) has one classroom with a doublewide trailer.
- There is a space issue.
- If a SBHC is at one school but available to all school children in town, it would need extended hours.
- Is there a place where it can be connected to a school but accessible for others with minimum contact on school property?
- Sexuality issue is sensitive. Some SBHC's will treat Sexually Transmitted Diseases but offer no contraception.

- Board of Education has already approved Horton policy on how to handle sexuality issues, so that should pave the way for a Siler City policy. The policy is that if they want to talk about sex, they are counseled. They are referred to the Health Department for any other services.
- A Health Department facility is near Jordan Matthews High School, maybe that could be a starting point.
- Next steps in the process are to hold community meetings, convince folks that it is valuable, and use the survey (PTA and Board of Education to sponsor and approve).

## **LARGE GROUP DISCUSSION**

After spending about 20 to 25 minutes on small group discussions, the entire group met as a whole to review what was discussed. Suzette Rochat lead the group discussion in a large circle. The following solution-based highlights were identified from each group:

### Language

- Announce Spanish classes in newspaper
- Provide childcare at CCCC ESL classes
- Use laptops to help with adult literacy
- Encourage people to see language as a resource, not a barrier

### Community Ties

- People want the same things, regardless of ethnicity or race.
- Wave of unity after the Duke rally is not sufficient
- Coherent response needed
- Bring different faiths together
- Empower each race

### Youth recreation

- Summer bridge program
- Current programs: churches, after-school, Teen Center, Girl Scouts
- Lack of adult leaders and volunteers
- YMCA and more parks needed
- Encourage volunteerism
- Work with schools
- Soccer program needed
- We need more than just sports
- Volunteers from high school through community outreach classes and service credits
- Provide incentives for company involvement

### SBHC

- Would be beneficial at all levels (elementary, middle, and high school)



- Should The Body Shop model be followed?
- Would a mobile clinic work?
- A community survey has been developed
- Make limits of SBHC clear to community
- Educate community about concept of SBHC
- Talk to PTA, NCAE, Principals, PTA Shops (provide funding?)
- Use newspaper, radio, and internet to educate community and keep them informed
- Present topic at regularly scheduled meetings already being held in the community

### **WRAP-UP**

Steven Burritt closed the meeting by releasing the final "Community Diagnosis" balloon as a symbol of placing the identified issues into the hands of the community.

Many thanks to all who came and helped to make the Siler City Community Gathering a success! The final Community Diagnosis document will be available in late May at the Family Resource Center and the Siler City Library.

**Attachment:** Presentation Slides

**Steven Burritt, Alison Cowhig, Pam Jones, Parky Lee,  
Melanie Mendoza, Suzette Rochat**



# **Siler City Community Gathering**

**March 5, 2000**

## **What You Told Us About...**



- ⌘ Community Ties**
- ⌘ Language**
- ⌘ Growth**
- ⌘ Employment**
- ⌘ Alcohol, Tobacco, and Other  
Drugs**
- ⌘ Youth Recreation**
- ⌘ School Based Health Clinic**



## **Community Ties**

### **Strengths of Siler City: Sense of Community**



⌘ "It's a close-knit community."

⌘ "You know everyone. It's nice, friendly."

⌘ "We look out for each other and each other's kids."

## **Strengths of Siler City: Church Ties**



⌘ 37 churches currently in Siler City

⌘ "[Church is] a major part in people's lives."

⌘ "Some churches in Siler City have helped financially...the Hispanic population to build their own churches."

## **A Tale of Three Communities**



⌘ "As far as people coming together and helping people, I think that each group helps it's own."

⌘ "There was no communication between whites and blacks to begin with, but then you add another group with a language barrier and there's no communication with that population at all."

## **The Newest Community**



- ⌘ Hispanic immigration first noticeable in 1994
- ⌘ Hispanics now make up as much as one-third of Siler City's population
- ⌘ Previously, black/white population mix had not changed since Reconstruction

## **When Cultures Collide**



- ⌘ "Siler City is undergoing a tremendous and rapid change culturally and the city doesn't actively address it."
- ⌘ "Sometimes people are afraid because they don't know about [cultural diversity]."
- ⌘ "Hispanics don't really feel like they belong here."

## **Divided Response: Side One**



⌘ "I think certainly the large percentage of our people see the Hispanic presence here as a blessing."

⌘ "I hate to think what would happen if the immigrants left tomorrow - our industry would disappear."

⌘ Support from agencies: Hispanic Liaison, Family Resource Center

## **Divided Response: Side Two**



⌘ "It seems like the ones in the community have to give more to get the community back in shape then those who come [to the community]."

⌘ Reports of white flight from Siler City Elementary

⌘ Letter to the INS regarding illegal immigrants

⌘ Rally led by David Duke

# Where To Go From Here?



- ⌘ Recent trip to Mexico by county officials
- ⌘ "The more I get to know them, the more I understand why they're here."
- ⌘ "I think we can grow a lot in our ability to appreciate the richness of diversity."
- ⌘ "We really do want to be a zero tolerance community that racism and prejudice will not be tolerated here."



## Language

## **When You Don't Understand**



- ⌘ "I think whites would not feel as intimidated if the language barrier was not there."
- ⌘ "It's tough for blacks and whites not understanding what Hispanics are saying."
- ⌘ "Difficult for Hispanics to communicate what they need."

## **The Challenge For Services**



- ⌘ "Maintaining a supply of bilingual information is difficult because of the lack of resources available."
- ⌘ "Many agencies are not prepared for the language issue."
- ⌘ "They have service or mass in Spanish, which is what the community needs right now, but at the same time it's kind of isolating."




# Educating Two Worlds



⌘ "They should be learning our language, not our children learning their language."

⌘ "Even though kids may not understand each other's language, they still play and interact with each other."



## Growth

## Growth



- ⌘ "Things have changed in the last few years. We are getting some new growth."
- ⌘ "Siler City is going to become more of a small city. Right now it's just a little town ... the real question is how to plan for that growth."

## Population Growth



- ⌘ Population in Siler City:
  - 📅 1990 - 4,808 people
  - 📅 1998 - 5,976 people
- ⌘ In 1995 an estimated 38% of Siler City residents were Hispanic
- ⌘ There is no accurate count of the Hispanic population

## Community Reflection



⌘ "I think it's a town that's going through a unique experience."

⌘ "People are being challenged to open their minds and hearts to a different race, a different culture."

## Common Concerns



⌘ "Adequate housing is a serious issue. We need quality housing for the poor and low-middle income families."

⌘ "There is work, but no transportation."  
[translated from Spanish]



# Employment

## Employment



⌘ "There are several industries that provide opportunities for employment."

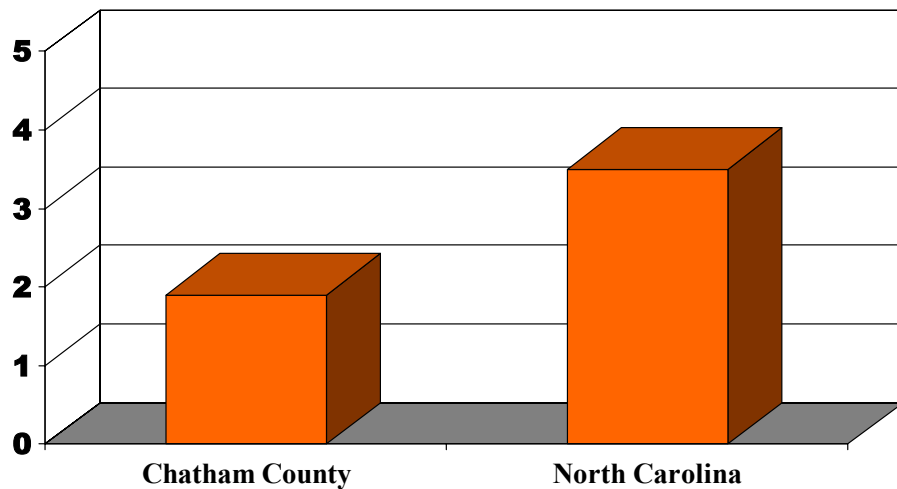
☒ Townsends, Inc.

☒ Gold Kist, Inc.

☒ Mastercraft Fabrics

☒ Charles Craft, Inc.

## Unemployment Rates, 1998



Source: Employment Security Commission of North Carolina, 1999

⌘ "There is growing diversity in the economy of Chatham. During the 50s and 60s it was largely agricultural - now it's agriculture and industry that supports families."



## **Alcohol, Tobacco, and other Drugs**

### **Alcohol, Tobacco, and Other Drugs**



⌘ "The drug problem really impacts the fabric of the neighborhoods."

⌘ "There's easy access, unfortunately, to substance abuse and alcohol abuse."

## Driving while intoxicated (Arrest rates per 100,000)

	Chatham County	North Carolina
1995	1,200	975
1998	1,288	845

Source: CCHIP, 1997, NC Department of Justice, 1999

## Youth Risk Behavior Survey Results for North Carolina, 1997

⌘ Before the age of 13:

☒ 27.3% of youth smoked a cigarette

☒ 31.0% had first drink of alcohol

☒ 9.6% tried marijuana

Source: Centers for Disease Control and Prevention, 1997



## **Youth Recreation**

## **Youth Recreation**



- ⌘ "I would provide more of the services that brought adults, parents, and kids together to share experiences."
- ⌘ "There isn't much for them to do ... if the school doesn't have a dance or ballgame, there is nothing."



## **Recreational Needs**



⌘ "There is not enough money spent for recreation. We need a movie house. We need comprehensive recreation program ... that is multi-cultural in it's scope targeted to specific interests of the different cultural groups. We need more after school and weekend activities, leisure time activities."

## **Common Youth Activities**



- ⌘ "Swimming and play in the park"
- ⌘ "Go to games-its fun going to games"
- ⌘ "In our church we have youth activities"
- ⌘ "The town has always had really good recreational leagues"
- ⌘ Teen Works Teen Center

## **Youth Recreation Wishes**



⌘ "[Go to the] Skating Rink."

⌘ "I wish they had a place with rides ...  
when they do its all for little kids."

⌘ "To go to the theatre."



## **School-Based Health Clinic**

# Physicians in Chatham County



- ⌘ One pediatrician per 5,082 children in Chatham County in 1996.
- ⌘ One primary care physician per 1,561 patients in 1997.
- ⌘ One pediatrician in Siler City-Dr. Schwankl.

Source: NC Center for Health Statistics, 1997; NC Child Advocacy Institute, 1999

## Youth Health Care Resources



- ⌘ Chatham Hospital
- ⌘ Chatham Primary Care
- ⌘ Dr. Schwankl
- ⌘ Chatham County Health Department

## **Future Directions**



- ⌘ Although, it is difficult to show that school based health centers affect health outcomes, they have been shown to increase access to health care for youth.
- ⌘ Family Resource Center and Chatham Health Department asked us to see if the community is interested in a school-based health clinic.

## **School-based Health Clinic**



- ⌘ Health clinic on school property.
- ⌘ Staffed by health professionals.
- ⌘ Provides medical and mental health care to students.
- ⌘ Horton Middle Schools The Body Shop established in 1994.

## Results of 1997 Survey of Horton Middle School Parents

- ⌘ 93% of parents and students rated the Body Shop as either excellent or good.
- ⌘ 84% of students had used the clinic in the last year.
- ⌘ 56% of parents also mentioned that the clinic was convenient and saved time.
- ⌘ Body Shop was visited equally by students with and without health insurance.

## Major Reasons Students Used The Body Shop

Type of Visit	Percent of Students Receiving Services
Illness (sore throat, headache)	73.8%
Injury (cut, ankle sprain)	58.4%
Stayed there while I wasn't feeling well	32.1%
Sports physical/regular check-up	27.4%
Reproductive health care (menses, cramps)	26.9%
Discussed nutrition and diet	21.7%
Discussed smoking, alcohol, and substance abuse; learned about health topic; care for chronic illness; discussed emotional, school or family problem	

Source: A Survey of Horton Middle School Student, Parent, and Teacher satisfaction with the Body Shop, 1997

# Community Opinions



⌘ "I think it is a great idea."

⌘ "We need that because people get hurt everyday at our school."

⌘ "I think it is a great idea just for the teens or youth to have somebody they can talk to about things they are worried about."



⌘ "It has to make economic sense."

⌘ "Is it in agreement to the spiritual and social aspects of what they community wants?"

⌘ "I think it would be wonderful."

# Community Ties

- Introduce yourselves to the group
  - Designate a notetaker and a spokesperson for the group to present your discussion
  - Your group will have about 25 minutes to discuss the topic of creating and strengthening community ties
1. What kinds of things (goals, beliefs, or other) do different cultural groups in Siler City share in common?
  2. What attempts have been made to help people develop an understanding of different cultural backgrounds?
  3. What other things could be done to increase people's understanding of different cultures?
  4. What steps can be taken to encourage interaction between people from different backgrounds? Who needs to be involved?
  5. What is the most important and most doable first step?

IDENTIFY someone in your group who would like to lead future action in this area, if one exists. Pass around a sign-up sheet for the entire group with name and phone number if they would like to have further action or discussion on this issue and give sheet to the first volunteer.

# Language

- Introduce yourselves to the group
- Designate a notetaker and a spokesperson for the group to present your discussion
- Your group will have about 25 minutes to discuss the topic of language

1. In what situations can language differences be a challenge? (Cause differences?)
2. What is done to make these situations less difficult?
3. What else can be done?
4. Who could help make these situations less difficult?
5. Are there adequate bilingual resources in Siler City and if not what else can be done? (ESL classes, translators, bilingual written resources)
6. What can you do in your place of work, home and at church to lessen the language differences?
7. Would you be willing to meet again to discuss what the community as a whole can do?

IDENTIFY someone in your group who would like to lead future action in this area, if one exists. Pass around a sign-up sheet for the entire group with name and phone number if they would like to have further action or discussion on this issue and give sheet to the first volunteer.



# Youth Recreation

- Introduce yourselves to the group
- Designate a notetaker and a spokesperson for the group to present your discussion
- Your group will have about 25 minutes to discuss the topic of recreation for youth

1. What are some of the positive recreational opportunities for youth in Siler City?
2. Are these activities appealing to ALL groups of Siler City youth?
3. What kinds of problems happen when youth don't have enough to do?
4. Can the positive programs/resources be expanded in any way?
5. Who can influence these programs to expand?
6. Can new activities be brought in or created? Which ones?
7. What are some next steps to be taken?

IDENTIFY someone in your group who would like to lead future action in this area, if one exists. Pass around a sign-up sheet for the entire group with name and phone number if they would like to have further action or discussion on this issue and give sheet to the first volunteer.

# **School-Based Health Clinic**

- Introduce yourselves to the group
  - Designate a notetaker and a spokesperson for the group to present your discussion
  - Your group will have about 25 minutes to discuss the topic of a School-Based Health Clinic (SBHC)
1. What types of health care services for youth are most in need of improvement?
  2. What barriers exist for youth accessing existing health care?
  3. How would a SBHC address some or all of these needs?
  3. What location would be the best place for a SBHC to be set up to address important health care needs?
  4. What services would the SBHC ideally provide?
  5. How supportive do you think the community would be of a SBHC?
  6. What is the best way for community leaders to educate the community about a SBHC and get their opinions?

IDENTIFY someone in your group who would like to lead future action in this area, if one exists. Pass around a sign-up sheet for the entire group with name and phone number if they would like to have further action or discussion on this issue and give sheet to the first volunteer.

## **ACKNOWLEDGEMENTS**

The Siler City Community Diagnosis Team would like to extend our greatest appreciation to those who supported our efforts during this project. The following people were supportive throughout the community diagnosis process and helped in planning our community forum: Nellie Benitez, Sochit Escarcega, Dr. Richard Gugelmann, Bill McFadden, Isabel Rodriguez, and Kathryn Stow. We would also like to thank Chatham County Health Department for their assistance in the forum.

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