Apex
Wake County

An Action-Oriented Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection

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Executive Summary

This document is a community diagnosis of the town of Apex. A field team of five graduate students from the UNC at Chapel Hill School of Public Health worked in Apex from September 2000 to May 2001 collecting data on the strengths and needs of the Apex community as perceived by service providers and by community members. This report includes an analysis of the team's findings from secondary data as well as from interviews and focus groups held with community members and service providers who reside or work in Apex. In addition, the results are presented from a community meeting held by the field team in April 2001 for community members and service providers to discuss the major issues affecting Apex and collectively work on steps for future action. The purpose of this document is to synthesize our findings to present a critical analysis of the strengths, resources, challenges, and needs within the Apex community. It is our hope that the information presented will help the Apex community recognize and prioritize its response to conditions and situations that affect the general health, wellness, and quality of life for its residents.

Growth is by far the biggest issue in Apex, as it has been with most of Wake County over the past decade. The focus previously had been on whether or not growth should continue, and now it has shifted to a focus on how to best handle the consequences of it. This enormous growth has created or exacerbated some important issues in the Apex community. The ones that stand out in the data and were most frequently mentioned by both community members and service providers are transportation, affordable housing, social and political community cohesion, youth and education, and services and access for low-income residents. Of these topics, service providers talked mostly about the availability of services for residents of Apex

while community members focused mainly on community cohesion and youth issues. In the following report, we will discuss how the changes in Apex over the last 5-10 years have impacted the services available, the services needed, and the quality of life of Apex residents.

Apex is a well-established, competent community, already actively working to improve the quality of life for its residents. However, this paper presents several suggestions for improvement based on our research and the discussion at the community meeting. The main recommendation for future action is increased collaboration between already existing community organizations (such as faith-based organizations) and community members and service providers. This collaboration is necessary to create and implement solutions for problems with transportation, housing, and access to services, which mostly affect lower-income residents of Apex. In addition, the community might want to consider ways in which youth can get involved in community service, as well as creating recreational activities for older teens.

Introduction

"Apex Community Diagnosis" is the culmination of an eight month-long community diagnosis of Apex, North Carolina. The Apex Community Diagnosis (CD) Team was composed of five graduate students from the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. Our team worked diligently, from September 2000 to May 2001, collecting information from secondary data sources, written documents, personal interviews, and interactions with service providers and residents of Apex in various settings. The purpose of this document is to synthesize our findings in order to present a critical analysis of the strengths, resources, challenges, and needs within the Apex community. It is our hope that the information presented in this document, in addition to other activities related to the diagnosis, will help the Apex community prioritize its response to conditions and situations that affect the general health, wellness, and quality of life for its residents.

"Apex Community Diagnosis" is divided into two sections followed by an extensive appendix (which contains data graphs and charts, as well as examples of instruments, tools, methods, and materials utilized by the CD team). The first section details the methodology utilized throughout the community diagnosis process and presents our team's analysis of secondary data sources collected and maintained by professional organizations. Section I also includes the "Outsider's Perspective," which is devoted to the analysis of primary data obtained from our interviews and observations with service providers in Apex. Section II, "Insider's Perspective," presents the team's findings about community members' concerns, issues, and priorities related to the health and well being of their community.

The "outsider's" and "insider's" perspectives present two lenses from which the Apex community can be viewed, with the assumption that they may differ. Our document will present a critical review of the implications that result from the similarities and differences between these vantage points. While each perspective represents a particular section of the document, when merged together through interpretation they paint a vivid portrait of the Apex Community – its strengths, assets, resources, needs, challenges, and spirit.

While the rest of this document is devoted to exploring the secondary and primary data findings of the community diagnosis team, it is important to first present a brief introduction to the important issues that were uncovered during this diagnosis. Overall, Apex appears to be a very competent community, meaning "one in which various component parts of the community are able to collaborate effectively on identifying the problems and needs of the community" (Cottrell, 1976). Continuing with the definition, a competent community also can achieve a working consensus on goals and priorities, agree on ways and means to implement agreed upon goals, and collaborate effectively in the required actions. Residents of Apex, both community members and service providers, have proven their ability to affect change in the community and take constructive action toward improvements when they see the need. Many residents are extremely active in the town's political process, and collaboration between residents and town leaders seems common. Community-based organizations are active and plentiful in the community, and residents seem to feel a sense of community and pride in their town. Yet many residents reminisce about the days when Apex was a small town, and others feel that their voices are not heard in the new political climate. Even within a well-functioning and competent community, there are remaining community needs to be addressed.

Growth is by far the biggest issue in Apex, as it has been with most of Wake County over the past decade. The focus previously had been on whether or not growth should continue and now it has shifted to a focus on how to best handle the consequences of it. This sudden and enormous growth has created or exacerbated some important issues in the Apex community. The ones that stand out in the data and were most frequently mentioned by both community members and service providers are transportation, affordable housing, social and political community cohesion, youth and education, and services and access for low-income residents. In the following report, we will discuss how the changes in Apex over the last 5-10 years have impacted the services available, the services needed, and the quality of life of Apex residents. We will also review the outcome of the community discussion about these issues held in April 2001, and suggestions for future action based on this research.

When combined with data from service provider interviews, the community profile in this section captures an outsider's perspective of the Apex community. This outsider's perspective is a very important step in the AOCD process because it allows the CD team to make preliminary conclusions about potential issues to focus on and investigate in the future.

Incidentally, through our contact with service providers we learned that there was a community diagnosis team in Apex during the 1993-1994 academic year. This group of UNC students produced two documents (A Community Diagnosis, November 1993 & The Community Perspective, April 1994), which contained a wealth of information on Apex's history, secondary data, service-provider needs, and community issues that Apex was experiencing during the late 80s and early 90s. With this in mind, our document focuses on recent changes and developments in Apex since 1995.

Methods

Defining Community

One of the first steps in a community assessment is characterizing and describing the community. The first question CD teams have to answer is, "What is a community?" The next ones are, "Given our target population, how would we define the community? Is that similar to or different from how service providers and residents define the community?" Defining community is something that scholars, researchers, and practitioners have been struggling with for a long time. "Some define community as a psychological bond or relationship that unites individuals in a common goal or experience. Others use the term in a geographic or physical

sense, as a space with political or economic boundaries" (Rissel & Bracht, 1999). Eng and Blanchard define a community as "people living in close proximity to one another who have formed relationships through several overlapping and interacting social networks and through a shared sense of a local common good" (1991).

The Apex CD team chose to focus on a social system view of community, identifying and describing the Apex community along three main classifications: geographical boundaries, social relationships, and the exercise of collective political power. At the very beginning of the AOCD process, we recognized that some communities could be defined by all three classifications, while others might be best defined by only one concept. Additionally, sub-populations within the community might find a specific aspect of the definition more important than another.

In the beginning of the project, we defined the Apex community by consulting maps of the geographical region (consult Map1 in Appendix A). We reviewed the town borders from this jurisdiction map and chose to consider any region within the town limits and areas within 3 miles of the town limits as part of the Apex community. It was important to extend the community beyond the town limits because these areas are considered part of Apex even though they haven't officially been annexed. It was necessary that we not go beyond the three-mile radius because of the close proximity of the eastern region of Apex to the towns of Holly Springs, Cary and Raleigh. The US Census Bureau 2000 Map of the block groups (neighborhood clustering for census samplings) reflects the Apex community's proximity to neighboring towns (see Map 2, Appendix A). We wanted to ensure that the geographical definition accounted for the maximal number of community residents in the Apex area.

Despite its growth, Apex has attempted to hold on to its small town appeal, and has maintained its historical downtown area in the midst of this geographical expansion. Interviews with service providers and community members confirmed our geographical definition of the community, as they acknowledged areas they considered within town boundaries. They also provided evidence that this geographical sense of the community was supported through social relationships (such as family ties, friends, sharing of resources) as well as by the exercise of collective political power (as evidenced by voting regions, high voter turnout, and better than average community participation in the political process). So, it appeared that when describing the Apex community as a whole, it seemed to fit quite adequately with all three categories of the social system view of community. However, while this was a general trend for the larger community, there were certain segments of the populations that had different perspectives on defining the community, especially in terms of social relationships and collective political power. A complete review of those issues is presented in Section II.

The CD Process

In order to understand the information contained in this document it is essential that the reader have a basic understanding of the Action-Oriented Community Diagnosis (AOCD). It will be described briefly below.

Action-Oriented Community Diagnosis is designed to:

1. Identify normative and comparative needs determined by service providers as well as the needs expressed and perceived by community members.
2. Assess the community conditions contributing to collective competence as well as barriers and gaps contributing to health and well-being of the community (disease and illness).

3. Increase collective competence of communities and agencies to collaborate in defining problems and needs (Eng and Blanchard, 1991).

The community diagnosis process is composed of four distinct components: an examination of secondary data on social and health indicators and the community history and geography; an exploration of health and human service organizations serving the community; an identification of perceived needs, assets, and community dynamics through qualitative interviews with community members; and a community forum (Quinn, 1999).

Secondary Data Collection and Analysis

Secondary data collection was done mostly through accessing public documents from the Internet and from service providers in Apex and Wake County. Data collection was divided among team members by topic, in order to ensure an accurate examination into several topic areas (such as health, housing, education, or politics). Much of the secondary data was collected before or during the early stages of primary data collection. Some of the data, however, was collected directly from service providers and community members as we went through the process.

Secondary data collection began by obtaining demographic information from the 1990 US Census data. As a starting point, this data allowed us to get a picture of the size, racial makeup, and economic spectrum in Apex. When the project began in September 2000, the 1990 Census data was the most recent available. Due to the enormous growth of the Apex population between 1990 and 2000, it became clear that the data available was no longer applicable to current Apex residents. The Apex Chamber of Commerce provided updated estimates of the current population from the Apex Planning Department, which were used instead of Census data

in most cases. However, some of the data in this report has been taken from the limited 2000 Census that was released in April 2001.

Research on the health status of the Apex population was conducted through the Wake County Human Services and the North Carolina Health and Human Services websites. They provided current state and county level information on incidence and mortality for a variety of health concerns. Because Apex does not have a hospital within city limits and residents utilize Wake County hospitals, county level data is assumed to be the best estimate of incidence and mortality for Apex residents. Wake Human Services had recently compiled data on the Southern Regional area, which provided several Apex-specific health and education measures. The data compiled also provided information on the use of Southern Regional Center services by Apex residents.

To get an idea of the community involvement of Apex residents, both socially and politically, and services available to them, we consulted service providers in Apex and the local newspapers. The Apex website provided information on the town history, civic organizations, and town meeting schedules. The Apex Department of Parks and Recreation provided information on current activities for community members offered through the department. We also obtained a variety of flyers and announcements for community activities. The *Apex Herald* and *Neighbors* newspapers were frequently reviewed to keep up with current issues and events and discover who the active community members are. To explore how the community has changed over time, we conducted historical research through the Apex library and books provided to us by Apex residents.

Once growth was identified as a large issue in Apex, the research strategy was geared in part toward specifically exploring the extent of the growth and how it has affected the

management of Apex and, consequently, residents' lives. We first consulted the Community Diagnosis documents from 93-94 to note the changes between then and now that stemmed directly from the growth. The Apex Department of Planning provided useful information such as development plans and maps of the area. The Apex Police Department supplied a list of crime incidence, which we consulted to find out if crime had become a concern for Apex residents. And again, the estimates from the Apex Chamber of Commerce proved useful for demographic and economic changes.

Analysis of secondary data occurred in two parts. The first involved a review of all of the data collected to search for statistics or other data that seemed significant within each topic area. Each team member outlined their secondary data findings and noted the most relevant. The information was then consolidated, prioritizing among the categories to find the most interesting and relevant data overall.

The second phase of analysis occurred after primary research was completed. It involved matching secondary data to the main issues and themes found among community members and service providers, again narrowing the scope of the data to cover only topics relevant to both residents and providers in Apex.

Primary Data Collection and Analysis

Primary data collection occurred through interviews and focus groups with service providers in Apex and Wake County and Apex community members, as well as by attending town meetings. To select providers and residents to interview, we searched for key informants, or people who could speak for their organization or community in a representative and knowledgeable way. Key informants were referred to us by service providers and community members, with a question included at the end of every interview asking for a name of someone

else to contact. We conducted 15 interviews with service providers, including a focus group with 7 people. We interviewed 25 community members, including three focus groups. The rationale behind conducting this set of interviews will be explained in detail below.

Primary data was analyzed through a lengthy and deliberate process. In addition to the interviewer, a notetaker attended each interview and the interview was recorded on a tape. The notetaker used her notes and the tapes to compile a loose transcription of the interview, capturing general ideas and specific quotations if necessary. The transcription was then reviewed by the interviewer to check for accuracy. Transcriptions were then divided evenly among group members and analyzed by a team member who had not been present at the interview to attempt to ensure an objective analysis process.

Analysis involved identifying passages from the interviews that dealt with the five themes identified by the group for this process: transportation, housing, youth (including education and recreation), community cohesion (social and political), and services/access for low-income and minority populations. These passages were compiled by theme into separate lists for service providers and community members. The two lists were then analyzed separately by team members to pull out consistencies and differences within each. The next step was to identify the similarities and differences between the two sets of interviews, which were then discussed among the group members. We continued to analyze why these differences may exist, and the implications they could have for the community's future.

Interview Guides

Interview guides for individual interviews and focus groups were developed through a group process. Our interview questions differed for service providers and community members, yet they all were open-ended questions that would allow the interviewee to expand on answers in

whatever direction he or she deemed appropriate. We did provide probes for many of the questions in case the participant needed prompting to continue the conversation. We tried to order the questions so they started with easier, more straightforward topics and moved toward more controversial topics toward the middle of the interview. At the end of each interview, we asked the participants if they were interested in attending the forum, and if they would refer us to anyone else to interview.

For service providers, the interview guide was developed with the intention of finding out particular details about the services they provide as well as information about their perceptions of community needs and strengths. We developed the guide with only an introductory amount of knowledge about services and needs in Apex, with most of our questions focusing on learning basic information. Yet we also kept in mind that we hoped to later compare their answers with responses from community members.

With community members, we prepared the interview guide with a better idea of the types of issues and themes service providers saw as important in Apex. We did not want to load our interview questions based on our findings, but we did incorporate them into our probes so we could explore the community member view of the same issue. The interview guide included several open-ended questions about what they saw as the strengths and needs of their community. We also asked how long the community member had lived in Apex so we could compare the differences between perceptions of the newer and older residents.

Our focus group guides were mostly shortened versions of our interview guides. These were created by individual members of the team and reviewed by the rest of the team for comments. Each guide was geared toward the particular group of participants, again using open-ended questions that were appropriate to the topic of the discussion. We also included topic

specific probes, which we used not to guide the discussion but more to proceed in case of a lull in conversation.

Interview Participant Selection

Our goal in the interview process was to capture a cross-section of the service provider and resident population in Apex. We knew that many services were provided through Wake Human Services while many were provided through the town of Apex, and we attempted to interview providers from both sectors. We also had learned that residents who had lived in Apex a long time distinguished themselves from newer residents of Apex. And even within the newer residents, there seemed to be a distinction between those who lived there 5-10 years versus those recently relocated. In addition, there is an African-American population that is growing slower than the White population, and a quickly growing Hispanic population. With all of this information, we hoped to select an interview pool that captured all of these viewpoints.

Our preceptor assisted us in identifying appropriate staff to interview at Wake Human Services about perception of needs and services available. For information on the services offered to and utilized by Apex residents, we interviewed the following: the Director of the Southern Regional Center; the Director of Apex Family Medicine; the Director of Community Health for Wake Human Services; and a health educator from Wake Human Services with past experience with the Hispanic population in Apex. We also interviewed a representative from Environmental Services from Wake County to learn about environmental health concerns in Apex possibly resulting from the growth.

In the town of Apex, we began our provider interviews with the Apex Police Chief, who we spoke with to get information on how the growth has affected crime in the area. We interviewed the Directors of the Planning and the Parks, Recreation and Cultural Resources

Departments to find out what they were doing to accommodate the growth and what they saw as the needs of the community in those areas as it changes.

Many of the service providers in Apex mentioned the important role churches and other community-based organizations play in community programs and activities within Apex. This led us to interview representatives from the Western Wake Crisis Ministry and several churches in the area. We attempted to find a representative sample of church contacts over a range of ethnic and racial groups.

Lastly, we held a focus group for services providers who dealt directly with youth, including a high school teacher and coach, a school nurse in the high and middle schools, an elementary school principal, a social worker, a school resource officer, a PTA member, a parent, and an administrative intern from an elementary school. We conducted this interview in a focus group format because we wanted to have these providers brainstorm about what they saw as the major issues and needs of the youth they serve in Apex.

For community member interviews, we wanted to get a cross-section of residents as mentioned above, but also speak with residents who range from extremely active in the community to those who feel they do not have a voice. We interviewed a community activist who has lived in Apex for about 10 years, a native resident active in the Apex Historical Society, and a native resident who owns a small business in downtown Apex. We heard from both service providers and community members about a resident who leads community programs for low-income youth and for African-Americans in Apex who we interviewed. That individual also helped us organize a focus group for African-American residents.

A difficulty that we had was accessing the Hispanic community in Apex. This was mostly because they were not active in the community and probably would not feel comfortable

conducting this sort of interview. Instead of direct contact, we interviewed a woman who regularly volunteered in the community with Hispanic residents and worked in Apex, but did not live in Apex.

We decided that it was necessary to interview teenagers living in Apex to get an accurate view of their concerns and needs. We had heard from other sources that there were a lack of activities for older teens in Apex, but we wanted to hear if the teens agreed. We conducted two focus groups with students from Apex High School; one group of tenth graders referred by their history teacher and one group of twelfth graders referred by their sociology teacher. We thought the focus group format was appropriate in order to get a wide range of opinions and spark a livelier conversation.

Limitations

As much as researchers try to prevent it, research is influenced by one's own perceptions and assumptions. Our original perception of Apex was shaped by our secondary data collection and primary interviews with service providers. While we attempted to reserve our opinions until we had conducted community member interviews, our first glance assumptions had already been made. We also attempted to get information across a wide range of topics, but may have focused much of our early research on our area of expertise: health.

Our assumptions influenced the research process because they determined who we chose to interview and what we chose to ask them. Once we noticed that growth was a major issue in Apex, we geared our research and questions toward exploring growth and its consequences. We added questions to our interview guide about growth, and started probing about it if needed. This may have biased our findings. In addition, we focused much of our questioning on services and community needs, when those aspects may not have been the priority for community

members. We also shaped our questions from the issues noted in the secondary data, which also had to be reconciled with community member input. When interpreting the data, we held assumptions about community capacity that may have influenced our conclusions.

Another limitation we faced was limited access to the community. Because our preceptor did not work within Apex, she had fewer connections to key informants in both the service provider and resident categories. This made the challenge of locating key informants even more difficult, and we may have missed critical informants. We also had difficulty getting informants from minority populations, and may not have reached residents who normally do not have a voice in the community. This could have led us to have a slanted view of the town by only getting informants from one or two parts of the community instead of a fully representative sample.

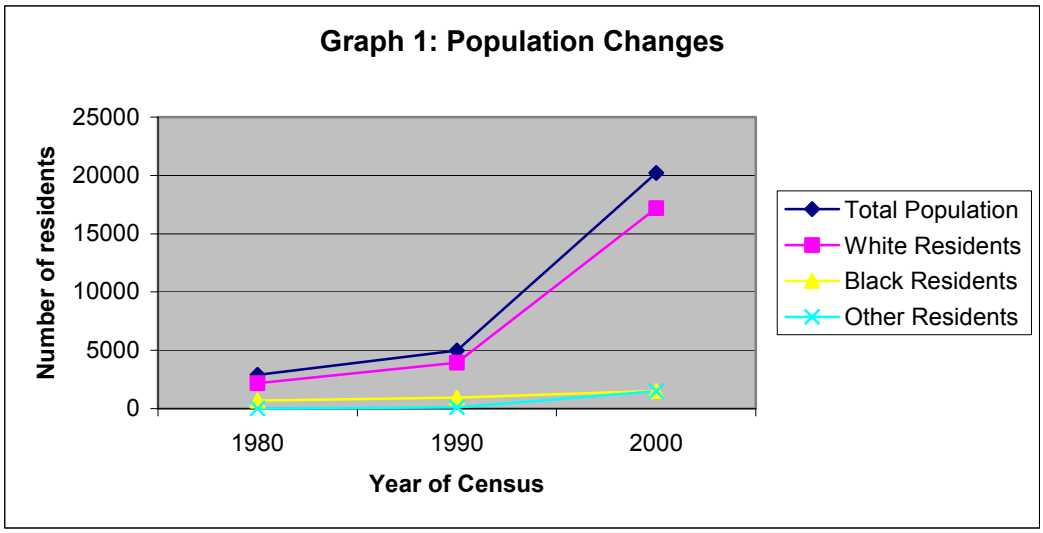
Lastly, a limitation of doing this type of community work in such a short period of time is the chance that community members did not feel comfortable speaking to us, and did not reveal what they really thought the needs of the community are. As students who are only serving the community for a short while, community members may not have felt the desire to share their personal thoughts about Apex, or may have told us what they thought we wanted to hear. We might not have reached residents with important opinions who did not want to speak with students or be associated with UNC-CH. Service providers may have been answering in a certain way as well in trying to help students with a learning process. Our role as students in a community not our own may have greatly influenced the primary research results we received.

Secondary Data, Community Profile

Demographics

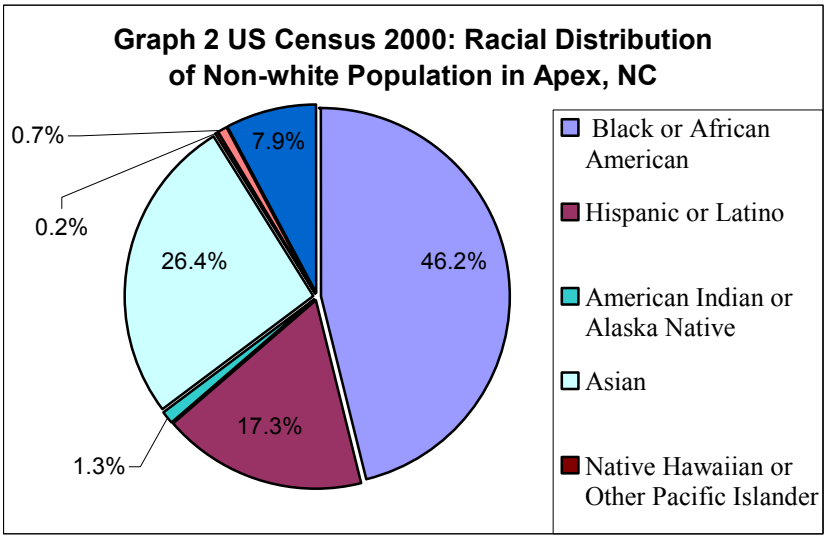
From the secondary data, we gathered that the main issue related to population demographics is the increase in growth over the past 10 years. Table 1 (Appendix A) shows the population growth for the last two decades and estimated growth from 1999-2004. These figures highlight the change in population size, number of all households, and then specifically number of family households. The 1990 census reported the population of Apex to be 4,973, which was a 52% increase since 1980. The 1996 state certified estimate of the population was 8,553. As of September 30, 2000, the town population was estimated to be 22,453, which indicates that the population size of Apex has more than tripled since 1990.

According to the Census Bureau data released in April 2001, the population of Apex is approximately 20,212 (see Table 2, Appendix A). It is important to note that there is a discrepancy between the estimates produced by the US Census and those produced by the Town of Apex. The statistics produced by the town are higher than the value suggested by the census because the Census data might be slightly conservative due to response rates. Also, accuracy



might be a problem for either party because of the rapid growth of the community and the expansion of the town limits.

In light of the recent population growth, however, the racial diversity of Apex is actually decreasing. According to the census data in 1990, the Apex community was 78.9% white and 21.1% non-white minority. African-Americans were the largest minority group, comprising 19.3% of the total population. Several sources, especially findings in the 1993 Apex Community Diagnosis, have led us to conclude that the population of white residents is growing faster than the population of black and other minority residents, which was confirmed by the US Census data. Graph 1 above charts the race-specific population changes over the last 20 years. Also, Graph 2 below notes the 2000 U.S. Census racial distribution of the non-white population in Apex. Again, there is a discrepancy between the census report and the Decision system 1999 report. According to this report, completed by a statistical research firm for the Apex Chamber of Commerce in 1999, the resident population was 82.2% White, 13.8% African-American, 2.8% Asian or Pacific Islander, 2.6% Hispanic, and 1.3% other. This information is limited in that is does not have specific statistics for multiracial individuals, while the Census data does attempt to address this category.



There is also data that suggest the mean age of residents in Apex is decreasing, reflecting a shift from an older population to residents in their thirties. In 1999, the median age of the population

was approximately 35 years of age, while the average age was 34 (see Graph 3 Appendix A). Individuals under the age of 18 currently account for 30.8% of the total population. The growth in the community has resulted in an exponential increase in the school age population.

The average person per household was 2.72 in 1999. Apex seems to be a place for families, as family households (defined as living with family members) account for 88% of all households compared to 12% non-family households (defined as single living, nursing homes, etc.). Approximately 65% of the Apex community is married while 13% are previously married. There is gender equity within the population demographics as the community is 49% male and 51% female. It is possible that the large number of families in Apex influences this equity.

History

The motto of Apex is "The Peak of Good Living". This motto is a reflection of both the history and culture of the Apex community. Apex was established in 1865 and incorporated in 1873. The small town was considered the peak because of its location at the highest point along the railroad system that cut straight through the middle of the town. In the early 1900s the community's economic base was strongly supported by both the railway industry and the tobacco market. During the 1920s, the tobacco crops failed due to disease at the same time the community entered into the Great Depression. Similar to many towns in the US during this time period, the economic health of the community did not really revive until after World War II. From 1960 to 1980, as technology, communication, and transportation drastically changed, communities like Apex located near technology, research, and academic institutions began to experience a gradual increase in their new resident population. The financial prosperity of companies in the Triangle area prompted many people to relocate to North Carolina to fill the demand for high-tech, well-paid employment opportunities. This has been much of the drive

behind the recent growth and development of Apex, as the town is in a prime location for people who work in Research Triangle Park, Raleigh, one of the many universities, or businesses in the surrounding communities. For more information on the history of Apex, refer to the Apex Community Diagnosis, November 1993 document.

Geography

The corporate limits for 2000 indicate that the area for Apex is 10.6 square miles. Dividing this area by the estimated population of 23,209, the population density is approximately 2,188 persons per square mile (or 3.4 persons per acre). This is a significant increase from the population's density of 3.03 persons per acre during 1999. This population density is a bit misleading because it is strongly influenced by the diversity of housing structures within the Apex community. For example, if it were possible to calculate the population density for specific regions of the town, these figures would likely show that the density differs greatly depending on whether or not there is a concentration of sub-division housing units within that specific region.

The recent growth of the Apex community has resulted in expansions of the town's corporate limits and the alteration of town maps. For example, in the year 2000 alone the corporate limits were increased by .343 square miles (approximately 3%), which was a modest increase compared to changes that occurred during the 1990s. The sense of the geographical growth of this community was visually salient upon reviewing old maps of Apex. For example, there is a noticeable size difference in the maps used by the 1993-94 Apex Community Diagnosis team compared to the maps used by our team (refer to the Maps section of Appendix A). The size and detail differential of the town of Apex between these maps is a subtle yet salient indicator of the changes the community has experienced in the last 5 to 10 years. Also,

through our secondary data collection we became aware of a recent decision by the Apex town government to halt the rapid growth rate of the community. They have established a maximum boundary region and a town population cap. This was done to prevent the community from growing beyond its capacity in order to utilize its current services and resources.

Politics and Town Services

The town of Apex has a very structured and organized political system. The town is governed by the mayor and a five-person board of commissioners. All of the positions are elected through the standard democratic voting procedure. It is, however, interesting to note that unlike commissioners in other towns, these Apex leaders are not districted within the community. In other words, no one commissioner represents a geographical constituency, because he or she is selected by a majority of the total popular vote of the entire town. Within the political structure there are several sub-committees, and the membership of these committees are determined by appointees and by interest of the members. Some of these committees include: the Apex Chamber of Commerce, the Planning Board, the Advisory Board to the Department of Parks and Recreation, and Cultural Resources. Our preliminary review suggested that this political structure seemed to accommodate the participation of community residents as the information we gathered suggested that there were community member positions on many of these committees and that a majority of the meetings were open for public attendance. Also, we discovered that the town provides the following services to the community: administration, construction management, Emergency Medical Services, Fire Department Services, Town Planning, Public Works, and Police Services. Education, Human, and Social services are provided by Wake County. See Appendix B for a more detailed list.

Economics

The massive influx of people into the community is a result of the booming industry located in nearby Research Triangle Park. Because Apex is in such a prime location, employees in these surrounding areas are finding their residence in this newly transformed community.

According to *Expansion Management Magazine*, Apex is rated #2 for "Best Business Climate." The top major employers of this community are:

1. Western Wake Medical Center (hospital)
2. Cooper Tools/Lufkin (manufactures measuring devices)
3. EMC^2 (computer manufacturing)
4. Wake Tech Community College.

There are a total of 983 businesses in Apex who employ approximately 13,800 people. This workforce is not composed exclusively of Apex residents. In addition, many residents of Apex work in the surrounding towns and Raleigh. This statement supports the discrepancy that exists between the daytime population of Apex and the residential population, which was 13,800 and 22,800, respectively, in 1999. The majority of Apex residents work in private, for-profit businesses. Graph 4 (Appendix A) characterizes the distribution of employment classification of Apex residents in 1999. Additionally, Table 3 below shows the number of businesses and employees for ten types of business industries. When comparing industry type by the number of employees, the top four categories are services, manufacturing, retail trade, and construction. It is not surprising that the service industry employs the greatest number of people. Some of the prominent sub-divisions under this category include Business, Educational, Social, Health, and Entertainment Services (see Graph 5, Appendix A).

TABLE-3 Daytime Employment Report		
Type of Business	**Number of Businesses**	**Number of Employees**
All Businesses	**983**	**13799**
Retail Trade	**173**	**2877**
Finance-Insurance-Real Estate	**81**	**427**
Services	**387**	**4570**
Agriculture	**31**	**271**
Mining	**1**	**12**
Construction	**107**	**1026**
Manufacturing	**81**	**3334**
Transportation, Communication, Public Utilities	**36**	**562**
Wholesale Trade	**73**	**584**
Government	**13**	**136**

While there are corporations and a few national/regional businesses in the area, Apex prides itself on its small town feel that is reflected through the prevalence of local businesses. There is a community booklet located at the end of our Appendix that contains the address and phone numbers of local businesses in Apex. The population growth and economic boom in the Apex area is bolstering commercial development. However, there is still a discrepancy in the amount of funds expended on residential vs. commercial development. For example, during the 2000 fiscal year, $104 million was spent on residential development compared to $26 million on nonresidential development.

Data from the 1990 census and information from both the Apex Chamber of Commerce and the Planning Department suggest that the average income in Apex is quite high (see Table 4, Appendix A), even above the county, state, and country averages. The income level for family households appears to be slightly higher than the income of all households (see Graph 6, Appendix A). This is due in part to the fact that in 59% of families in Apex are households with two people working and 16% have 3 or more people working. It is important to note that 66% of females ages 16 and older participate in the work force. There is a slight employment discrepancy when women with children are compared to women without children, as noted in Table 5 below.

Despite the vast amount of economic growth, the issue of unemployment still remains in Apex. The Triangle Area (Apex, Cary, Chapel Hill, Raleigh, and Durham) experienced a 1.4% unemployment rate in 1999, a decrease from the rate of 2.3% in 1990. However, this rate is much lower compared to NC and the US rates of 3.1% and 4.2%, respectively. In Apex, 3% of residents younger than 65 years of age are living below the poverty level, while just under 3% of residents 65 years of age or older are living below the poverty level. The median income might not adequately describe the financial situations of certain sub-populations in Apex (i.e. single parents, Hispanics, African-Americans, the elderly, residents with 12 years or less of education). As the cost of living increases in Apex the number of residents struggling at the lower end of a widening gap of economic disparity will also continue to increase.

Table 5 Employment Patterns of Women 16+ Years of Age, 1999

	Women w/ children (0-17)	**Women w/ no children**
Employed	**26.24%**	**39.6%**
Unemployed	**0.75%**	**1.07%**
Not in work force	**9.78%**	**22.50%**

Social and Cultural Resources

Unfortunately, there are no entertainment complexes, movie theaters, art galleries, drama theaters, etc., in the Apex area. As a result, much of the social and cultural resources revolve around activities planning. The Department of Parks, Recreation, and Cultural Resources plans many athletics activities for Apex youth. They also provide a social outlet for the retirement population through the Keen-agers club. This department also facilities the selection of areas for greenway/park development for relaxation and recreation purposes. There are also several civic clubs and community organizations in Apex (refer Appendix B).

Perhaps the most common source for social and cultural programming is the church. There are over 25 churches in the Apex area and they play an important role in providing an

avenue for social interaction within the community, as well as providing services to their members and the community at large. For example, one church offers English as a second language classes, while another church has a number of computers and offers computer classes, all of which are open to the public.

Another organization that attempts to meet the needs of the community is the Wake Crisis Ministry, which provides assistance to families struggling with financial difficulties. They provide emergency financial assistance for items such as rent, electric bills, and heating. They also food and other items such as blankets and fans. Another organization is the Apex Youth Initiative, which is a non-profit community partnership between the Learning Center, the South West Regional YMCA, and Apex Middle School. This cooperative provides several resources to Apex youth, including an after-school program at Apex Middle School that consists of a tutoring program, mentoring opportunities, and field trips. The Youth Initiative also hosts a girls and boys basketball league in the spring that is open to all middle school children in the Apex community. A unique feature of this organization is the racial, socioeconomic, and cultural diversity of the program participants. Also, it appears to be one of a handful of organizations that seems to really target the minority community in Apex. For more information of the social and cultural resources of Apex, refer to Appendix B at the end of this document.

Education

Apex schools are a part of the Wake County school system, which is the second largest system in the state and thirtieth largest in the nation. Historically, Apex has had a very strong public school system. Apex schools are leading the county in attaining the 2003 goal of having 95% of students testing at or above grade level based on End-of-Grade testing scores at grades 3 and 8 (Membership Directory and Community Guide, 2001). Students in Apex also tend to

score higher on standardized tests and college placement tests, such as the PSAT and SAT, than students in other neighboring towns in Wake County (see Table 6, Appendix A). Table 7 (Appendix A) also shows that the percentage of the total population that has completed high school and/or college is above both the county and state average (also see Graph 7, Appendix A).

Apex offers numerous school options for its children. Parents may select from traditional, magnet, year-round, or special needs schools. There are a total of 15 elementary, 7 middle, and 5 high schools that have Apex students in attendance. Not all of these schools are located in Apex; some schools are located in surrounding cities. Because of the high quality of education and the vast amount of growth that is occurring in Apex, the educational system is highly overburdened. As of 2000, four out of the five middle schools are already beyond 100% capacity. There is continued advocacy from Apex citizens and government for the construction of new schools. Yet, schools that were just opened in 2000 are quickly, if not already, reaching 100% capacity.

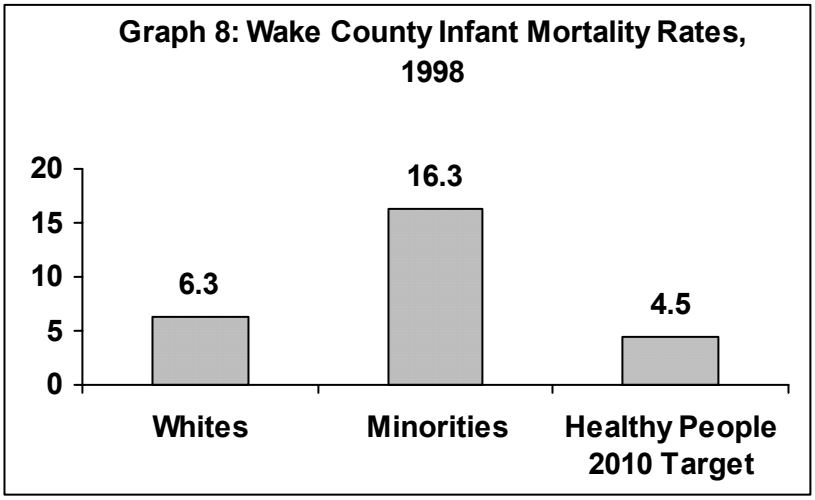
Health

As mentioned earlier, Wake County data is the most appropriate source for mortality and morbidity information for Apex due to the use of county health services by Apex residents. Table 8 shows the top ten causes of death in Wake County (Appendix A). While rates of heart disease have been declining in the county since 1980, rates of diabetes have steadily increased, indicating that diet and physical inactivity could be major issues in Wake County. In 1998, the rate of diabetes for Wake County was 19.3, compared to 13.6 in the US and 15.0 in North Carolina. In addition, Wake County has noticeably higher rates of deaths by diabetes for elderly adults compared to NC (128.1 compared to 115.6).

Perinatal deaths is another significant health concern of recent years. The rate of perinatal deaths in Wake County had been decreasing in the early 90s but jumped in the last few years. Another health issue in Wake County is unintentional injury. Injury rates have climbed over the last few years, especially among younger adults and children. In Wake County, injuries account for 50% of deaths for Whites and 30% for Blacks ages 15-24. Injuries also account for almost 40% of deaths of Whites ages 1-14. Lastly, HIV appears to significantly impact African-American adults in Wake County, accounting for 30% of deaths in Blacks ages 25-44 (compared to 11% of Whites).

In terms of morbidity, the most noticeable issue in Wake County is the extremely high rate of STDs, particularly chlamydia and gonorrhea. STDs are a problem in North Carolina as well, with rates more than twice that of the US in 1996. STDs disproportionately affect the younger population and minority populations. In 1999, almost all new cases of chlamydia and gonorrhea in NC were reported by those aged 13-29. There is also a racial disparity, with African-Americans in the state reporting much higher rates of the most common STDs in 1999. Since Apex has significant populations of both youth and minorities, STDs are likely to be an issue there as well.

Maternal and child health issues significantly affect minorities in Wake County, with much higher rates of infant deaths and low birth weight among minority mothers. See Table 9 for the



Sources: Wake County Human Services, 2000 and Healthy People 2010, January 2000.

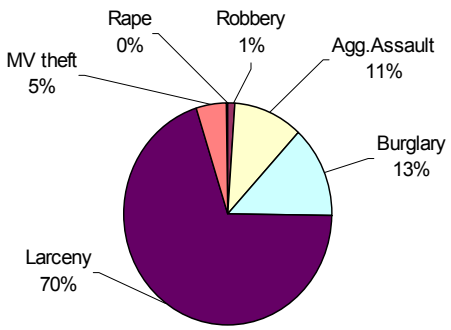
pregnancy, birth, and abortion rates in Wake County and NC (Appendix A). The infant death rate for the county in 1998 was 9.1, with a rate for Whites of 6.3 and a rate for minorities of 16.3. This can be compared to the Healthy People 2010 target rate of 4.5 (see Graph 8 above). The rate of low birth weight babies born in the county is also higher for minority mothers. In addition, Wake has a high rate of teen pregnancy, with teens less likely to get prenatal care in the county.

There is also a racial disparity for prenatal care in Wake County, with 11% of minorities receiving inadequate prenatal care compared to 2.5% of Whites, although both of these rates are better than NC rates. This lack of care can have noticeable effects. For instance, the rate of smoking mothers for that group is 13.7, which is much higher than the rate of 6.9 for all women. In general, though, Wake County has high levels of prenatal care in the first trimester, with 88% of women receiving prenatal care in the first trimester, which is close to the Healthy People 2010 goal of 90%. Finally, immunization rates in the county are also very high, with Wake being the only large county in NC to surpass the Healthy People 2000 goal in 1998 with over 90% immunized.

In the area of environmental health, water supply is the largest issue that Apex faces due to the recent growth. With an influx of new individuals coming into Apex, the amount of water that will be available to the residents is limited. There is a task force in Wake County that is designed to address growth issues in the area.

Levels of crime in Apex are low, with larceny mentioned as the

Graph 9: Crime in Apex: 1998-1999



Source: State Bureau of Investigation, April 2000.

biggest issue (see Graph 9). There are no alarming figures in terms of drug confiscation, substance related issues, or violent crime in Apex. From our findings, it is perceived as a very safe area, an attraction for many individuals who are thinking about moving to Apex. The police department would like to expand its community services but is restricted by limited resources.

Access to health care is an important issue for any community, and it can be measured by proximity to medical facilities and availability and accessibility of services for all residents. As mentioned above, there are no hospitals in Apex. The nearest hospital is Western Wake Medical Center, which is located in Cary (see Appendix B for a more complete list of medical facilities). We do not have specific information on the health insurance status of Apex residents. In Wake County, however, there were almost 50,000 residents eligible for Medicaid in 1999, which is about 8.6% of the county population. For utilization of Medicare, the proportion of residents over the age of 65 is low in Wake County (also about 8%) and is only increasing very slightly compared to the state proportion. Many Apex residents have private health insurance for themselves and their families through their jobs. For those without insurance or those with Medicare or Medicaid, Apex Family Medicine appears to be the only health facility located within the town limits of Apex that offers a sliding scale payment option and accepts public insurance.

Wake County offers several options for residents who do not have private insurance or cannot afford medical care. Wake Human Services offers a wide range of services to residents of Apex, although it is located in Raleigh. The Southern Regional Center is a satellite office of Wake Human Services located nearby in Fuquay Varina. It offers an array of health and social services to Wake County residents for minimal or no cost, yet it too is located outside of Apex. Apex residents also can sometimes receive health information through health fairs sponsored by

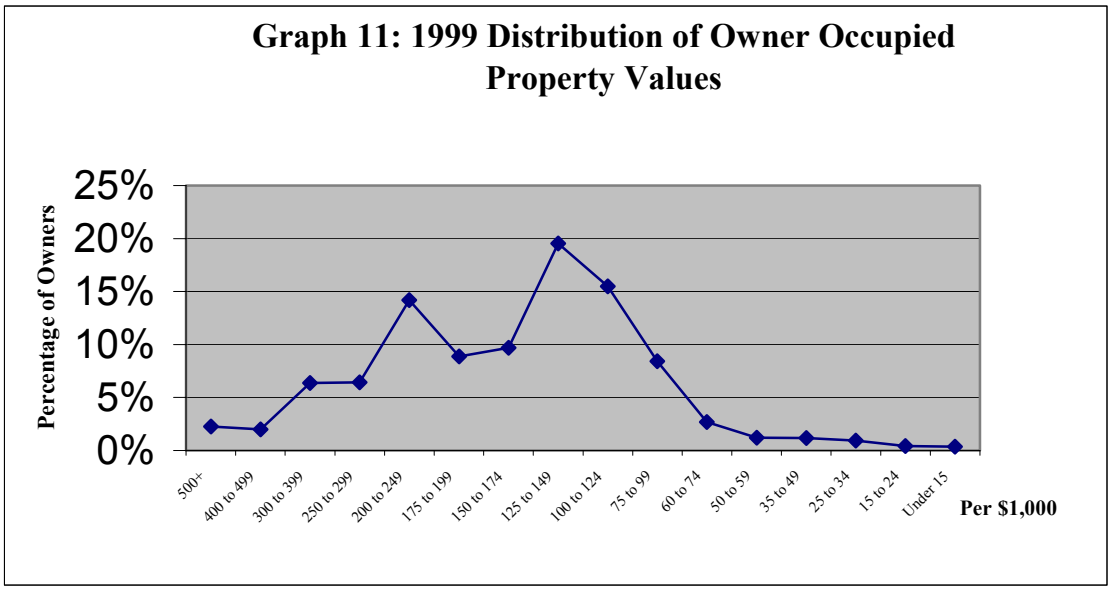
Wake Human Services in local community organizations. In addition, health care is periodically provided in Apex through churches or other community organizations that find doctors or dentists to volunteer their time. One of the major barriers to health care in the area seems to be the lack of facilities accessible to the underserved population within the town limits of Apex or easily within reach of Apex residents.

Housing and Transportation

The increasing population and economic development has drastically reshaped housing options in Apex. The housing structure of Apex presents a dynamic contrast for within one community. Historic Apex homes are typically single-family homes surrounded by large yard areas. These homes are referenced in 2001 with a touch of nostalgia, as they remind visitors, service providers, and community members of the "quaint small town" that was Apex some 20 years ago. Housing structures have changed drastically in the past ten years, however. Statistics indicate that single family homes clustered within sub-divisions have been developed in greater numbers than other types of housing due to the rapid influx of newcomers to the area and the need to maximize occupants on a potential land space. There also appears to be a housing shortage in Apex, as 95% of housing units were occupied in 1999. Of the remain 5% that were vacant, a majority of the units were for sale (41%), for rent (28%), some other purchase listing (30%), or seasonal (2%). Refer to Graph 10 in Appendix A for more details.

Consulting the 1999 owner occupied poverty values classification, it is apparent that housing affordability might be an issue of growing concern to the Apex Community (Graph 11 below). Owners are charged a percentage of this property every year to support taxes on the national, state, and local levels. The 1999 mean for owner occupied property was approximately $149,700. The statistics for renting are also high compared to other parts of central North

Carolina. For example, in 1990 the median rent was approximately $414, which has recently increased. It is estimated by the Town Growth and Development Statistics that "Apex added 9



people per day in 2000 (for a total of 3,305 new residents), and that this number was down from the 1999 average of 9.7 per day. Data for 2000 suggests that a majority of the residents of the community live in one-family units. The contrast in living situations between residents of Apex is demonstrated by the fact that over three-quarters of Apex residents living in one family units, while 9% of residents are living in mobile homes/trailer units.

New housing unit construction (March 1990 to date) accounts for approximately 50 to 65% of the total number of housing units in 1999. Graph 12 (Appendix A) charts the changes in housing development construction permits from 1991 to 2000. There is a significant portion of homes that were built before Apex's recent growth spurt. Graph 13 (Appendix A) shows the percentage of housing units by year built from before 1939 to March 1990. Again, the statistics show that due to recent housing development there is diversity among the types of housing structures in Apex, however this diversity is not reflected in affordability, as the growth in the community has been associated with increases in both rental and home ownership prices.

The statistics indicated that transportation was another important issue in the Apex community. As previously mentioned in the economics summary, many Apex residents work in the surrounding communities and therefore commute to work. Currently there is no public transportation in Apex. It is therefore not surprising that in 1999 over 85% of residents drove alone to work, while only 9% carpooled. Table 10 below shows the distribution of modes people use to go to work and Graph 14 (Appendix A) shows the distribution of the travel time to work for Apex residents. Approximately 61% of residents commute 10 to 29 minutes to work, while 18% commute as much as 30 to 39 minutes. In 1999, it was estimated that Apex residents owned a total of 17,267 vehicles and that the average commute time to work was 19.5 minutes. Graph 15 (Appendix A) shows the breakdown of the distribution of the number of vehicles per household within the population. Again, only 2% of the households do not have a vehicle while 63% of households have two or more vehicles. These transportation statistics indicate the possibility for traffic and environmental concerns for the community due to the massive use of individual vehicles. It also suggests that those individuals that do not have vehicles are likely to experience significant barriers to their mobility due to that lack of public transportation.

Table 10 Type of Transportation to Work	% of residents
Drive Alone	85.3%
Car Pool	8.7%
Subway	0.1%
Bus or Trolley	0.3%
Street Car or Trolley	0%
Taxicab	0.1%
Railroad	0%
Ferry Boat	0%
Drive Motorcycle	0.2%
Walked only	0.9%
Other means	0.8%
Bicycle	0.1%
Worked at Home	3.5%

Summary

We have noticed several major themes through our initial secondary data collection. Growth seems to be the most significant issue impacting all aspects of life in Apex. The population of Apex is becoming more diverse, leading to new challenges for service providers in Apex. Growth has also brought related issues such as shortages of land and water, overpopulation of schools, and greater transportation needs. As with any small town that experiences significant growth, we would anticipate increasing problems that are typical of urban areas such as high STD rates, violent crime, and drug use. While we have yet to see some of these related issues surface, there are some specific limitations in the type of data that is available on the health of this particular community. The remainder of this section will highlight the perspective of service providers, while Section II will discuss the experience of community members. The discussion section at the conclusion of the report will analyze the contrasts and similarities between these perspectives. We used the information to determine that we wanted to examine the effects growth has had on lower income, minority, and long-time residents of Apex as well as the experiences of residents in the community, and the overall quality of life in Apex.

Service Providers, Outsider's Perspective

As with almost every community, service providers in Apex are major contributors to help determine the functioning and interactions that occur within a certain population. They are responsible for providing services that revolve around important issues and needs, such as health, education, human resources, recreation, and public safety, to members of the community.

The overall theme that consistently emerged from our service provider interviews was the issue of growth. As with all of Wake County, the population of Apex has increased at a rapid rate with each passing year. Although many service providers recognize the macro-level effects

growth has had on its community in the past couple of years, they say the next step is to identify the micro-level outcomes of this larger issue.

The service provider interviews were instrumental in determining which issues service providers identified as the most salient in Apex. The following themes and their sub-components that emerged from the service provider interviews include: 1) Availability and Accessibility of Services; 2) Affordable Housing; 3) Social and Political Community Cohesion; and 4) Youth – Activities, Overcrowding and Redistricting in schools. Each of these areas will be explored in depth below.

Availability and Accessibility of Services

The majority of service providers who were interviewed agreed that there is a need for more services in Apex, especially for minority groups, such as African-Americans, Hispanics, and the overall lower-income population. The resources that are available, such as funding and staff, are very few and limited. One of the main services mentioned by most service providers is a public transportation system. Besides leading to extraordinary amounts of traffic during rush hour, the lack of public transportation poses a major problem for many people who are not able to drive, not capable of driving, or do not have the means to drive (i.e., those that do not own vehicles). Lower-income residents are often not able to afford a car, and it is this population that is most affected by the lack of public transportation. It makes everyday tasks such as going to work or to the grocery store challenging if the location is not within walking distance.

The lack of transportation also leads into another barrier for lower-income residents of Apex. There is only one medical facility in Apex that serves the lower-income population (i.e., accepts Medicare), Apex Family Medicine. If they cannot get an appointment at this facility, many Apex residents who cannot afford to see private physicians must travel to the surrounding

cities, such as Raleigh and Fuquay Varina, in order to access affordable medical services offered by Wake County. Although this appears to be a major problem for lower-income residents, only one of the service providers we interviewed discussed this issue. As one service provider mentioned, "There is no transportation to medical and other services." As a result, those who cannot drive or do not own cars are dependent upon other people for transportation, or they simply do not get to where they need to go.

Another important issue is the language barrier that many Hispanics are currently facing. With the growing Hispanic population in Apex, it has become increasingly difficult for service providers, such as law enforcement, to communicate effectively with many of the newcomers. While the community has attempted to adjust, it continues to lack enough interpreters, materials that are in Spanish, and employees who speak both English and Spanish. Another factor, such as fear of being caught because of a lack of documentation, prevents many Hispanics from actively seeking out services that may benefit them.

Because of these barriers, service providers see the responsibility left up to them and their organizations to provide outreach and services to these minority communities. Yet since many organizations that provide services to low-income and minority groups are already over-burdened due to limited resources, they are not able to go out into the community and "advertise" the services that are being offered. One service provider mentioned that their center is for the people, but many are not aware of all the services that they provide. Another provider pointed out "There is no one else in the area to serve the underserved. We have to go after our patients." On the other extreme, another service provider stated that they are "having trouble finding needy families" to serve. Needy families do exist in Apex, but the organizations are not sure how to go out and find people and to have people find them in order to provide help.

Affordable Housing

Another theme that emerged from interviews with service providers was the issue of affordable housing. The demographics of Apex are steadily changing with the passing of each year, primarily due to the vast amounts of people constantly moving into the area. High-paying jobs in the Research Triangle Park have attracted many people to North Carolina, where they reside in Apex and drive out of town for employment. The current average household income for Apex is $67,653, and it is expected to increase to $84,493 in 2005 and over $100,000 in 2025. The current median housing cost is estimated to be $180,500 (Apex Chamber of Commerce Membership Directory and Community Guide, 2001). Because many people are earning a higher salary, they are able to afford expensive housing. These costly purchases have driven up the cost of housing in Apex, and as a result are pushing people who cannot afford to live in Apex out of the area.

Yet, there are many people who have lived in Apex a long time and do not want to leave. This group of people is forced to live in certain areas of Apex that they find affordable yet which may be in disrepair, which further perpetuates the disconnect between the lower-income and higher-income sects. As one service provider noted, African-Americans live on one side of Apex where there are obvious signs of neglect, while other areas of the community are well maintained. Another service provider mentioned "there are people who have been there a long time who have a lot of land but are not rich." The larger housing developments have caused taxes to increase to the point "that those that are not rich cannot afford to live there, so they have to decide whether or not to sell their property or keep it in the family." When efforts are made to bridge the gap between the two groups of low versus high-income, service providers noted that

"people become really hesitant to welcome affordable housing and apartments into their neighborhood."

Another important issue to address is the homeless population in Apex. The majority of the service providers we interviewed did not mention anything about the existence of a homeless population. However, a few service providers did mention the fact that "a homeless population does exist" in Apex, but that "[the homeless] are migratory."

Community Cohesion

For the purposes of this project, we defined social community cohesion as the ability and comfort to work together in a social setting, such as recreation, religion, and education, in which all members have a voice in the community. The basis for social community cohesion can consist of one or a combination of factors such as age, socio-economic status, race/ethnicity, and length of residential status. The social community cohesion discussed most by service providers was that between the native residents of Apex versus the "newcomers", residents who have moved to Apex in the past ten years.

One of the strengths of the Apex community that constantly emerged in the service provider interviews was "a strong sense of community and cohesiveness." Apex has been described as a small, tight-knit community, in which volunteers for community activities (e.g., Yesteryear, Peak Week, BBQ fundraisers, Crop Walk, and food drives) are in abundance. "We had about 3,000 volunteers over the span of a week that built the structure," as one service provider commented in reference to Kidstowne Playground –a playground built for the younger children of Apex.

Although many service providers believe that Apex is still a close and interconnected community, there are others who argue that Apex is losing the "small town feel" on which it

prides itself. With the population expansion, Apex has struggled to find its new identity. People can recall a time when everyone knew everyone else in Apex. "I knew every kid and parent in our program," quotes one service provider. Today, there are many new faces –mostly people moving in from the north to work in the nearby Research Triangle Park.

With the influx of new residents, a gradual rift between the natives of Apex and newcomers has slowly come into existence. Some providers believe the struggle stems from different ideas and attitudes about where the town needs to go in the future with growth management. This tension can also be credited to perceived differences in the southern versus northern culture, in which some of the northerners moving in are seen as more aggressive and tend to ask more questions about issues. One service provider mentioned that one of the strengths of Apex was the fact that "people have been there for generations, and they look out for each other." However, one service provider said that some newcomers are exhibiting a "selfish, elitist attitude in that they have their share of the pie, and they do not want to share what they have gained with others."

Political community cohesion can be defined as the ability and comfort to work together in a political setting in which all members have a voice in the community. The main theme that service providers discussed was the compositional shift in the town government from natives to mainly newcomers. Quotes, such as, "The good old boys are not in charge anymore," filled the air when newcomers assumed the majority of positions on the planning board, commissions, and even the mayor's office. One service provider mentioned that there are not many natives involved with politics, "unless they are going to sell a big chunk of property and try to make some money off of it." From this shift, turf issues have arisen between the two groups. One service provider argued that a person has to "let certain people know what you're doing in Apex"

before it can actually get done. The provider feels that government is a barrier in Apex and that the governing body needs to learn to collaborate together to promote the overall well-being of the community.

Youth Activities

One of the main issues that evolved from the service provider interviews is the lack of activities for Apex youth. Almost all the service providers mentioned that there are no activities for youth, especially for those in high school. Besides athletics, there is nothing in which youth can participate and nowhere for them to "just hang out" without getting chased away by adults. One person commented on the lack of entertainment resources in Apex: "If you ask any one of us in this room, do we stay and go out to dinner in Apex or do we go to the movies in Cary or Raleigh?" Another service provider commented, "As high school kids, there's no place to go to ride your skateboard or roller-blade or do all these things." Most of the activities that are available in Apex target elementary to middle school-aged children, such as the Kidstowne Playground and events sponsored by the Parks, Recreation, and Cultural Resources Department.

One problem that can stem from a lack of activities is the increase in crime committed by youth. As one serviced provider commented, there is a "need for funding for youth programs," such as recreation centers, where youth can go, so that they can remain out of trouble. Because teens are becoming increasingly bored, they might occupy their time by partaking in illegal activities. Currently this doesn't appear to be the case in Apex, as the only example given by service providers of questionable youth activities was loitering in parking lots, which was seen as a major problem regarding youth.

Schools

Other major problems that have developed because of the increase in growth in Apex are redistricting and overcrowding in schools. The schools in Apex are deemed of great quality, which is one of the reasons that many parents move into the area, but they are crowded. The redistricting leads to some students being bused in from surrounding areas, such as Southeast Raleigh, Fuquay Varina, and Garner. One service provider discussed how some of her elementary school children have to wake up at 5:00 am to ride the bus for over an hour and fifteen minutes just to get to Apex. Some of the major consequences of having children come from distant areas are students' lack of participation in after-school activities because they might miss the bus if they stay late. Another result could be a lack of parental involvement in their child's education as parents who work in neighboring cities or who lack transportation are not able to attend activities, such as PTA meetings, parent/teacher conferences, or other school functions, that are usually held during and after school. A third consequence of redistricting, seen mainly in the high school, is "turf wars". There has been an increase in school violence due to the tension that exists between students in the high school and those who are bused in from rival schools.

A spin-off of the redistricting issue is the increase in the number of students, which leads to overcrowding in the schools. Newly built schools, such a Salem Elementary School, which opened in August 2000, will be filled to capacity by the end of next year. Schools are forced to find more classroom space and staff to accommodate the large number of students in each grade level. Some schools have added trailers to compensate for the lack of space, but these spaces are also quickly filling up. Service providers expressed that solutions to these problems are needed quickly if Apex is to maintain its superior quality of education for all of its students.

In closing, service providers have identified several needs of the community that must be addressed, especially those focused on the lack of transportation and affordable housing for lower-income people, barriers that the growing Hispanic population is facing, the disconnect between the newcomers and natives of Apex, the lack of youth activities, and overcrowding that is occurring in the Apex schools. There is no doubt that the town of Apex will continue to grow in the coming years. It appears that most of the community has accepted the fact that Apex is becoming a burgeoning hot spot in central North Carolina. Whether some service providers like it or not is no longer the question. The question that does remain is how to effectively deal with the after-effects of a continuously growing town.

Community Members, Insider's Perspective

As expected, our richest and most important information came directly from the community members of Apex. Most of the responses to our inquiries were very positive and we filled our notepads with comments like "Apex is a great place to live and raise children", and "There are good family values here - from the town manager, the commissioner on down it's a very community-minded community." However, underneath all of the positive things, there were areas where community members saw some room and need for improvement.

It is necessary to add that many of the issues that were brought up by community members are results of the incredible growth that Apex has been experiencing for the past decade, and each need to be viewed within that greater context. With the rapid influx of people, it became an overwhelming concern to many Apex residents to preserve the small town feel and sense of community in Apex. As one citizen put it "I used to walk down the street and know everybody I met and now I don't even know everybody in my own church."

This growth is impacting every aspect of life in Apex, with most people welcoming it to some extent. Many community members felt comfortable with the growth, and pointed out the benefits of economic development with an increased tax base, more cultural diversity, and greater opportunities. "The community as a whole is working in cooperation with leaders to be sure that the growth is managed well." Others expressed fears about pushing out the lower income residents of Apex, particularly the natives, and there were warranted concerns brought up about the environmental impacts of rapid development and dwindling natural resources. In

response to the growth, one community member quoted a friend saying, "The lord ain't making no more land and I don't know where all these people are gonna go."

There were several themes used to classify comments made by community members. Two of the most common themes pertained to youth related issues and community cohesion. As mentioned in the service provider section, we used the term community cohesion to encapsulate the extent and quality of social and political relationships perceived by community members. Other significant themes were affordable housing, transportation, and access to health care and other services for people in the lower-income brackets.

Community Cohesion

Generally, most people felt positive about social relations among the citizens of Apex. Many community members proudly spoke of community projects and events that welcome and bring together a wide array of citizens, like the community park, Kidstowne, and the many festivals held throughout the year. Almost everyone agreed that the number and variety of churches in Apex is a strength for the community, and that the churches serve as important assets, bringing people together and providing many needed community services. Some of the youth we spoke with saw their church as the best way to be involved in the community, as did many others citizens.

However, some people felt that with the growth some tension has surfaced between the newcomers and the natives of Apex. A few of the people we interviewed who have been in Apex for many years felt that the new people moving in want to change Apex, while the natives are more interested in preserving the town. Even former newcomers who have been in Apex for 5-10 years are concerned that the current newcomers are quick to make assumptions about the

town without really finding out what's out there. As one resident put it, "The older residents are the heart and soul of Apex. It takes a while for a newcomer to be committed to the community."

This separation was attributed in part to the nature of the subdivisions in which most of the newcomers live. They were described as "little villages within the different communities that look out for one another." Yet with so many little villages it becomes more difficult for the community to come together as one. Many opinions on this issue had to do with growth, and mostly everyone agreed that some managed growth is good. Ultimately, both the newer and long-time residents have similar desires for their town. "I don't think anyone wants it to be we versus them, we're one community and we need to be one community."

In this same light, there was the issue of representation within the town politics. One citizen commented, "[The town] has open meetings in which people can make their voices heard. A lot of times people like to sit back in the beginning and then complain later." Conversely, some of the natives of Apex felt like their voices are no longer heard now that they are in the minority. One native community member talked of speaking at town meetings and feeling ignored. Some felt that they are not taken seriously, which they say causes them to be less interested and trusting in the town politics. As one native and former elected official put it, "I've got concern that the people that have been here a long time are not being heard sometimes." Most of the current elected officials are relatively new to Apex.

As stated by one citizen "The people that are moving in hold the balance now, they are the majority now and they can control elections." On the other hand, most agreed that there are opportunities to get involved in the politics, but that there needs to be more effort to involve more people and make sure that they are adequately represented.

Another broad issue we classified as part of community cohesion was race relations. Most of the members of the African-American community who were interviewed did not feel that they were adequately represented in the town politics and planning. There is a sense that they may hold "token positions" in the government, which are positions given to community members to make them feel as if they are active participants in creating change for their community. However, the reality of the situation for them is that their presence may be seen at community meetings and events, but their voices are usually never heard and are therefore not truly represented. Much of this discussion came out of a focus group held with members of the African-American community. Related comments supporting this view were also made during individual interviews.

There was also debate about the accessibility of some of the town's public resources, specifically parks and other recreational areas, in terms of geographic location and also levels of comfort and feelings of welcome. It was agreed that African-American community members, specifically parents, do not always put forth the effort to involve themselves and their children in the programs and opportunities that do exist, but that there are some barriers which need to be dealt with. "We've got to do a better job in the community and show our kids foundations." Some members of the African-American community felt a sense of neglect when it comes to the building of new parks, libraries and town improvement projects. Several residents felt that the town is reluctant to build in neighborhoods where minorities live.

One man declared that it is up to the citizens to become informed about activities of the town and to organize together to work with the town. "If you keep riding by and don't pay attention to [hearing notices for rezoning] and just one person goes to the hearing, then no one's going to listen." Other community members expressed the opinion that there are hearings and

town meetings with opportunities for citizens to give input, but one voice is not enough to change anything. It takes organization and visible public interest to show that there is support and a need for changes, or things will continue happening as they do.

During this focus group, discussion revolved around the collapse of community cohesion within the black community. Where they once felt more "knitted together, they've become separated." As an African-American senior citizen put it, "Years ago we were concerned about the entire community, your problems were my problems, we shared together, we socialized together, we supported together." Now there is a sense of isolation among these community members. Even among the churches that have the potential to be pillars in the community, the community member noted divisions where there should be strength and cooperation. The need to mobilize pastors and members of the churches and community to work together was seen as one route to improving the situation for many.

Youth Activities

Residents, both adults and teens, voiced concerns about youth issues. Most people agreed that Apex offers many activities for younger children, particularly through churches, schools, and the Apex Parks, Recreation and Cultural Resources Department. However, in focus groups with high school youth and in interviews with nearly all the other community members, the lack of activities and "hang outs" for teens was significant. While there are many after-school activities available through the middle and high schools, there are few places in Apex for teens just to go and hang out with friends in a safe, supervised environment, especially on weekends. Some of the youth felt like they are often assumed to be causing trouble by police or business owners when they just want a place to hang out, but they feel they have no where to go.

Teens also mentioned their own lack of community involvement through volunteering and getting involved in town politics. They agreed with the comment made by one student, "I think teenagers in general could be involved in the community in a better way. We could have a better influence if we took it into our own hands." One student pointed out that Apex is unique and "not like other places" in that it doesn't have any glaring problems, but that "there are needs here like anywhere." As another student put it, "if you actually dig into it, there's a lot of stuff just in this little town of Apex that can be fixed up that we can do, and that older people don't have to do it [alone]."

Growth is also having an impact on youth through the schools. Most people agreed that there are very good schools in Apex, but that some things were changing. During the youth focus group, teens talked of how crowded it is as some schools while other schools are practically empty. They attributed this to redistricting and pointed out that sometimes parents and the youths themselves prefer one school and refuse to be moved. They talked of being bused across the county to other schools, which can make it difficult for them to be involved in after-school activities. One bused student did mention an activities bus that could take students home in the later afternoon from Apex High, but others said they normally asked friends for a ride home. Generally, from the youths' points of view, there is a need for improved communication and community input into school planning.

Housing

Another issue that has raised concern among some community members is the lack of low-cost housing in Apex. Many residents were concerned that people who have lived in Apex all their lives are being forced out as property taxes increase and old houses are torn down for

wider roads, new housing, and commercial developments. Families are being displaced with few, if any, affordable housing options.

Residents specifically expressed worries that the people who provide much-needed services, like teachers, firefighters, and police officers, cannot afford to live in Apex or the surrounding towns. Unfortunately, most of the people directly affected are the low-income and minority families. One citizen pointed out that as young people grow up they are moving out of Apex to look for more affordable opportunities. There was also concern that the high price of housing may have negative impacts on the community. One community member said, "I have become somewhat concerned about the town being too homogenous and exclusive. The housing continues to skew towards higher income and that leaves little room to accommodate people from diverse backgrounds."

Services

An issue that emerged numerous times in talking with community members was the need for expanded health and social services in Apex. It is true that a variety of services exist throughout the county, however, there is little available to residents that is located within Apex. Community members particularly said there was a need for clinics, which can offer basic health services and screening for low-income families and senior citizens. Some citizens thought that these services might be available periodically through churches. Yet, there does not seem to be regular provision for these services about which people that need them are adequately informed.

A less visible yet growing population in Apex is the Hispanic population. Particularly due to the growth in the state and the abundance of agricultural work, North Carolina has one of the fastest growing Hispanic populations in the nation. Surrounding this growth are issues like legal status, workers' rights, language barriers, and many misconceptions about the reality of this

complex situation. One Hispanic resident stated that there is prejudice in governmental agencies, which he has personally experienced. These are nationwide issues that cannot be resolved easily but that community members felt should be addressed. Needs were discussed for expanded health services for Hispanic residents, particularly free or low-cost clinics. There are some barriers that prevent Hispanics from accessing services, such as cost, transportation and language, which residents say need to be considered in order to function as a healthy community.

Another commonly heard grievance from community members was traffic and the lack of mass transportation. "The traffic is horrendous!" one commuter claimed. There is clearly a lot of commuting to jobs and businesses outside of Apex. Many people felt that Apex was planning to improve the situation by road-widening projects and bringing mass transportation to the town. Other issues people mentioned were the need for carpooling programs and fear that too many trees are being cut down for roads. "They are tearing down every tree to get there, and you can't get rid of all the trees."

In summary, there are many issues that community members in Apex talked about. Growth was one of the biggest topics discussed, with many of the other matters stemming from it. Community cohesion, from knowing your neighbors to having a voice in the town politics and planning, was a concern of many residents who are interested in building a stronger, more cohesive community. The other main topic was the Apex youth, particularly the teens. Everyone agreed that more could be done to meet their needs. The other concerns that were discussed, affordable housing, transportation and equal access to services, are important to the community members of Apex. There are likely other concerns that Apex residents have, but we were only able to talk with a small portion of the ever-growing community. This was just a starting point and will hopefully lead to future action.

Discussion

In comparing the concerns and priorities that came out in the interviews with service providers and community members of Apex, some similarities and differences became clear. This is a brief discussion of those comparisons.

Similarities

There were many similarities in the themes that materialized from the service provider and community member interviews. One of the similarities includes how the themes were categorized between both groups. Although the two groups emphasized different themes as most important to them (which will be discussed in the "Differences" section), the general discussion of themes covered very similar topic areas.

Youth issues were discussed a great deal by the community members and service providers. Both agreed that there was a lack of activities for teenagers, especially those in high school. In the school system, the effects of redistricting have led to issues of overcrowding, lack of after-school participation, and fear that the quality of the students' education would deteriorate because of the large number of students in the Apex schools.

In terms of social community cohesion, both community members and service providers felt that the large number of residents who volunteer in the community was a strength of Apex. However, the majority of respondents also felt that Apex was losing its "small town feel" as a result of the massive growth. Other areas of agreement were seen in the political system, in which respondents saw the leaders of the governing body as no longer the natives but the newcomers of Apex. This shift in leadership has caused some tension between both groups. The sense that the 'newcomers are taking over' was repeatedly expressed in our interviews.

Other similarities include the need for affordable housing, especially for lower-income populations. The rise in housing costs has forced many people to move out of Apex into more affordable areas. Many respondents also agreed that the division between African-Americans and the rest of the community is very apparent, especially in the appearance and lack of community resources in the Black neighborhoods.

The last topic of accessibility and availability of services also shared many commonalities between both groups. The majority of respondents mentioned the need for expanded services, such as transportation, medical, and educational, for minority groups, especially for African-Americans, Hispanics, elderly, and the overall lower-income populations. Another common barrier that many respondents mentioned was the fact that many services are available to the community but not everyone is fully aware of them.

Differences

Although the interviews had many similarities, they also contained some differences. The main theme that was discussed in great detail by community members was community cohesion, whereas many service providers focused more on services. Although we did not know what to expect as we were gathering our primary data, the prioritizing of themes by both groups seems logical.

Other differences focus on the theme of social community cohesion. Community members mentioned churches as being a strength in the community that are not utilized like they should be. There was mention of a collapse of community cohesion among the churches, particularly among the African-American churches. Respondents also viewed the development of new subdivisions as being a source of tension between the newcomers and natives. In addition, topics of race relations were evident in the political system. Many community member

respondents felt that there was unequal representation in the town politics and that the positions occupied by minorities were considered token positions. In contrast, the service providers interviewed hardly mentioned anything regarding race relations between the Black and non-Black communities. Their discussion revolved more around the split between the natives versus newcomers.

Another difference that emerged between the two groups involved affordable housing. Community members discussed how service providers, such as teachers and fire fighters, can no longer afford to live in Apex because of the increase in housing costs. Service providers did not mention this issue, but there was some mention of the homeless population by a few service providers. Because there was not much discussion of homelessness in the service provider interviews and no mention of it by the community members, we believe that homelessness is not (or is not seen as) a major issue in Apex.

The last of the major differences between service provider and community member interviews includes youth issues and availability and accessibility of services. In terms of themes about youth, service providers mentioned the lack of parental involvement and turf wars in schools as issues of concern, whereas community members voiced concern over the lack of youth involvement in the community. As for services, some community members mentioned the increasing problem of discrimination faced by minority groups, especially with the Hispanic population, when receiving services from the community.

Community Forum

The Apex Community Forum was a meeting of community members from Apex and service providers from agencies in Apex and Wake County held April 5, 2001 at Apex High School. The community meeting, also referred to as the community discussion, served as the

culmination of our work throughout the academic year. The purpose of the forum was to bring together community members and service providers to discuss the strengths and needs of the Apex community in the hopes of spurring future collaboration between them. While the event only lasted a couple of hours, it took many months to plan and prepare for. This section highlights the steps that were taken by the Community Diagnosis team in planning a successful community event, and the outcome of that event.

Planning

To start planning for the forum, we created a planning committee consisting of group members from our team and representatives from the community. The role of the planning committee was to give suggestions about the time and location of the forum, and to discuss appropriate types of activities for the forum and who to invite. As a group, we identified individuals to be on the committee from our experience with key informant interviews, attempting to select an equal amount of community members and service providers so both groups would have the opportunity to help shape the forum. We contacted each committee member individually to explain the purpose of the meeting and gauge interest.

The planning meeting was held at the Apex Public Library about six weeks before the forum, with 7 individuals (1 community member and 6 service providers) and our team members in attendance. Two team members facilitated the meeting. The committee spent most of their time brainstorming creative ways people could be split into small groups and suggestions for group activities during the forum. They also helped make decisions about when the forum would be held. At the end of the meeting, individuals were asked to fill out a form created by the team to assess the extent they would like to be involved in forum planning and activities.

A youth planning committee meeting was created after conducting a focus group with students at Apex High School. Individuals had the opportunity to sign up for the committee when the focus group ended, and a meeting was held a little over a week before the forum with interested students. Five motivated students attended the meeting at the Apex Public Library. The youth were briefed about the purpose of the forum and the small group activities that were going to take place, and asked to contribute their ideas. They decided to create their own trigger for the small groups to highlight issues they felt as a teenager in Apex. The meeting also led to a discussion of the issues the youth hoped to raise at the forum and suggestions they had for the service providers they would be meeting with.

Decisions about who to invite to the forum were made in a group process. The team agreed that everyone interviewed during our research process should be invited. Using suggestions from the planning committee, we also decided to invite different housing subdivisions and local civic organizations. We also consulted the Apex Chamber of Commerce phone directory to pick out businesses in Apex that we had seen or heard about, or that we thought would draw a diverse array of people. About a month before the forum, each team member contacted the individuals she had interviewed to tell them to reserve the forum date. Invitations were mailed out about two weeks prior to the forum. The format was a flyer on colored paper mailed with a letter on UNC letterhead explaining the forum in greater detail.

The invitation was created with a few things in mind. We wanted to inform participants about the themes that were going to be discussed. However, we did not want to limit participants to only those interested in the themes we selected for the flyer. Because of this, we carefully selected what we listed on the flyer in an attempt to be inclusive. In addition, we changed the name of the event to community "discussion" because we thought that people might be

intimidated by the term "forum," which might be associated with a huge event where their voice would not be heard. We inserted a favorable quote about the Apex community at the top of the flyer and included all the relevant logistical information. A letter explaining the purpose of our project and of the meeting was included with the flyer for those interested (See Appendix D). The letters were tailored to service providers, community members, and representatives of community groups. RSVPs were requested to a voicemail phone number provided to the team by UNC-CH.

Different locations were considered for the forum. Initially, we had looked into community centers located throughout Apex as well as the area schools. We chose the local high school because of its centrality as well as its capacity to accommodate a large number of people and provide the space needed for small group activities. A fee was charged for use of the room and custodial services, which was covered by Wake Human Services and UNC-CH. The location was secured two weeks prior to the forum with the facilities manager at Apex High School.

Donations for the forum were collected from three local grocery stores. We hand-delivered a letter to local businesses verifying the donation for tax exemption purposes. We were very fortunate to have received $55 total in donations, which allowed us to provide a variety of light refreshments at the forum, including a vegetable platter, chips, cookies, and fruit.

Materials

A week prior to the event, the team met to create triggers for the small group discussion during the forum. The triggers were intended to elicit participants to talk about the issues that we had found in our interviews and develop action steps toward creating a solution. The team brainstormed creative ways to spark discussion, including quotations, cartoons, and role-plays,

and decided on themes to focus the activities based on our preliminary data analysis. The themes were: social community cohesion, political community cohesion, transportation, youth, housing, and services and access for low-income residents. Questions to facilitate discussion within the small groups about the triggers were created using the ORID (Observation, Reflection, Interpretation, Decision) model. See Appendix D for a sample of the triggers and their corresponding questions.

The Event

The group attempted to decorate the cafeteria for the meeting to create a more relaxed environment. Quotations from our interviews were copied on colored paper and placed all over the cafeteria walls to get people thinking about what the evening's discussion was going to be about. Different corners of the cafeteria were pre-assigned by the team for small group activities. One table holding all the food was in the back of the room. Participants sat at long tables in one small section of the cafeteria.

When individuals entered the cafeteria, they were greeted by two team members and given instructions to fill out a nametag. The youth attendees provided each participant with an agenda prepared by the team (See Appendix D). The front of the agenda outlined the schedule for the meeting, and the back included the mission of the Apex Community Diagnosis team and some words of appreciation for planning committee members. Individuals were then directed toward one wall of the room that held six quotations, each with a sign-up sheet below it. They were told simply to sign their names under the quotation they found most interesting. We used this list to create the small groups, and used an additional trigger for the actual small group discussion. While we were concerned that allowing participants to choose their topic of interest might limit the discussion and limit people's awareness of other issues in the community, we

decided to encourage people to join in groups discussing issues they cared about and wanted to take action on.

There were 30 people who attended the forum. In addition to the five team members, there were 8 service providers, 13 community members including 5 teens, and a representative from Wake Human Services who attended in place of our preceptor, our two faculty advisors, and a graduate student to provide childcare.

The meeting was divided into five parts:

- Introduction:

One group member did a brief introduction explaining community diagnosis and the process by which the diagnosis was carried out. This served as a brief explanation about our work over the course of the year and the purpose of the community meeting.

- Icebreaker:

Two group members led the icebreaker for the group. The icebreaker was very simple and involved the group responding to short questions by standing up if the question applied to them. The group members asked a variety of general and somewhat entertaining questions, such as "Who here was born in North Carolina?" and "Who here is a Duke fan?" It was an effective way to get people active and relaxed. After the icebreaker, everyone said their names and what they hoped to get out of the discussion.

- Small group discussion:

Individuals then broke into smaller groups to have a discussion about the theme that interested them. Members were split into groups based on the sheet they had initially signed. Due to interest in a couple primary areas (youth and low-income services and access), three of

the themes had to be consolidated into one group. Political community cohesion, housing, and transportation were grouped into the theme of social community cohesion.

A team member then explained what was going to happen during the small groups. First, we explained the need for each group to assign a facilitator and a note taker. The purpose of the trigger was explained, and each group was given a set of questions created by the Apex team members to be used by the assigned facilitator. We then explained that they were given a note pad and markers to write action steps based on the topic of conversation. We indicated to them that the action steps were going to be presented back to the big group at the end. Members of the community diagnosis team provided the trigger for the different small groups and observed the discussion, only intervening to answer any questions the group might have or prompt more discussion if needed.

- Presentation

Each group selected one representative to present the action steps they had discussed in their small groups. A brief description of what was discussed in each section is below, as well as tables reflecting each group's action steps.

Action Steps written by Small Groups

The small group focusing on services and access for low-income residents had a productive discussion about services currently available in Apex and those needed. One common theme was that there were many services already in place but that those in need might not know about them. Even within the small group, people shared

Table 11: Action Steps Turning Have Nots to Haves

- Public Transportation
- Language classes (ESL) for providers and residents
- Car Pooling
- Community Meetings for:
  - Info sessions / Education
- Partner with local banks
- Form a loan pool
- Seek advice from other communities to avoid mistakes
- Learn from other communities
- Affordable housing (i.e. Episcopal housing ministry)
- Partnering with businesses
- After school care
- Support for families with children
- Offer training (jobs, skills training, computer)
- Partner with surrounding communities (like Holly Springs, Fuquay Varina, New Hill and Angier)
- Offer budgeting services
- Offer crisis counseling

information about actions that have been taken or programs in place to help people in the community.

Numerous suggestions were given about possible actions to take in the future. Many of them involved counseling or skills training for those in need. Others involved access to affordable housing through loans and a car pooling system for those without transportation. The issue of the increasing Hispanic population was raised, and ideas for language classes for residents as well as service providers were suggested. Interestingly, several of the themes that did not make it into small group discussion were raised in this group. Overall, the group brainstormed with no trouble through the course of the activity and came up with a variety of useful suggestions for the future.

Table 12: Action Steps Community Cohesion

1. One Community
   - Key word "community"= togetherness
   - Communication
   - United as one
   - Getting involved
2. Emotions
   - Ideally no one want we vs. them
   - Difference of opinion is expected, not divisive
   - Better information, united community
   - Effort on all parts (new timers and old timers)
3. Speaker thinking
   - May have ongoing concern
   - Depends on individuals concern
   - Apex has always had a strong community, even when small, drew from other communities
4.
   - Certain sectors of our community not comfortable to communicate – how do we change this?
   - Leaders in our community (i.e. pastors) are key to communication / encouragement to get involved
   - Role of faith communities/churches in Apex/their members involved into the rest of the community (blending)
   - Get different churches to work together

The small group discussing community cohesion experienced a lively and sometimes tense debate. At first the group members commented that there were no problems with community cohesion in Apex. However, this point was challenged when people began to talk about barriers of sub-groups within the population having strong political voice or representation in the Apex government. While, there were no explicit attempts to turn people away from voicing their concerns, the group suggested that a better effort could be made to reach out to the several communities within Apex, mainly the Latino, African-American, and elderly groups. There was also discussion about the need for a mechanism where specific

elected officials might be aligned with certain communities (i.e. districts). The thought behind this suggestion was that this might increase communication between residents and their representatives. In summary the group felt that the Apex community was one community and that they are striving to maintain that identity, which is demonstrated through various town festivals and celebration. There were some concerns that the town could try to improve its political cohesion through enhanced outreach and communication with the residents.

In the youth group, consisting of 5 teens and one service provider, the youth expressed the need for something to be done about with the lack of activities in Apex. They proposed creating a teen center that would provide a place that had a TV, game room, couches and a place for teens to just hang out. They expressed that they were being blamed for loitering at certain places but this was only because they had nowhere to go. A discussion continued between the youth and the service provider about their needs, and the action steps they came up with encouraged the youth to have an active voice in their community. For example, one suggested action step was a youth representative on the town council. The teens felt that with the use of the media, their school, and other resources, they may be able to make a difference in the level and types of activities provided for the youth population. Through the action steps discussed, youth began to feel that they had a part in the decision making process of the community and were given hope that a teen center might be possible.

Table 13: Action Steps Youth

~~**BOREDOM**~~

- Youth at town council meetings
- Mayor youth council
- Seeking "Teen center" with cooperation of:
- Planning Dept. and Parks/Recreation
- Involvement through media attention, student council, Apex Herald
- Use of community center for teens

- Discussion

Two group members facilitated the discussion that occurred among all the individuals that attended the forum. The purpose of the discussion was to talk about the action steps that the community members and service providers had come up with in their small groups, and discuss what could be done next to carry out these action steps.

One of the main topics of discussion was the need for teens to have something to do. The youth had presented that there was a lack of activities for teens in Apex. Currently, teens were loitering at the local Bojangles or Aamco for lack of a place just to "hang out." They expressed that they just needed a place "to do the things that teens did," and that was to just talk, listen to music, watch TV, or play games. Their suggestion was to have a "teen center". From the action steps that were presented, community members probed the type of place they were looking for. A service provider from the Parks and Recreation Department discussed the new community center opening at the end of May. The service provider said that they had activities planned at the community center on the weekdays and weeknights for adults and school programs, but on the weekend nights the community center would be free. He proposed that it might be possible to have the teen center there on the weekend nights. This sparked discussion among the group as to how the youth needed to get involved in what was happening in the community by attending town council meetings, forming a mayor's youth council, and gaining support from the media, schools, and local faith-based organizations.

During this discussion, participants began to talk about the role of churches in the community. It was pointed out that faith-based organizations may be a more appropriate term than churches in this context. It was unanimous that the faith-based community was an excellent place to start when trying to do anything in the community because of its resources and large

numbers. The teens mentioned concern about tying a teen center to a faith-based organization, and a discussion ensued to clarify the potential role of these organizations in supporting the center without controlling it. Lastly, the group agreed that the action steps that they had brainstormed in the small groups at the forum should be carried out in conjunction with many of the preexisting organizations/committees within Apex that already had many active and interested community members involved.

In sum, the discussion was productive. The teens were able to voice their opinions about the need for a teen center and/or somewhere to hang out. The forum served as a rare and excellent opportunity for these teens to tell community members and service providers how they felt. The individuals at the forum were very supportive of what the youth had to say and encouraged them to pursue action by attending meetings and approaching organizations for support. The adults were in agreement that faith-based organizations, churches, and preexisting committees should be looked to for resources because of the already existing framework of individuals working on community issues.

Table 14: Discussion Action Steps

- Teen center for high schoolers only
- Be representative on town council meetings and on youth advisory committee
- Use community center for teens on the weekends
- Use preexisting organizations and groups to work together to discuss issues
- Need community members to voice what things they need for their community
- Pull in resources from faith communities/churches to reach people, to reach youth and to find resources

At the conclusion of the forum, a service provider presented the services that Wake County provides for residents and urged the community members to join with preexisting organizations to take action. A short discussion occurred as to the changes that have occurred in Apex and the impacts growth has had on sectors of the population.

Outcome

At the end of the discussion, the group members summarized the main themes we found through our interviews, which were all related to the rapid growth that was occurring in Apex, and compared them to the themes and issues that were discussed that night. A sign-up sheet was passed around for individuals that were interested in getting a copy of the Community Diagnosis document as well as to be put on a list of interested members in taking action in Apex. In addition, community members and service providers were asked to provide any names of current organizations that might be interested in topics or action steps that were discussed during the meeting. The local Chamber of Commerce directories were passed out and people were given time to mingle and talk with individuals that had attended.

The community meeting was a success because we were able to achieve what we had set out to do. We were able to provide an avenue for discussion for all members of the community and for service providers. We succeeded in bringing together community members and service providers to discuss and plan action steps for the topics we talked about that evening. There was a sharing of information within the group about concerns and resources, and networking among community members and service providers about particular areas of interest. As one participant said, this meeting was a "spark" for them to take action on the issues they care about. We were especially pleased with the youth attendance. They told us "we had given them a golden opportunity to speak." We feel that the youth got the most out of being involved in this community discussion and feeling they had a voice in their community, and we hope that they left it with the tools to take action.

One of the greatest limitations of the forum was that we did not have any one person or group to organize the next steps. Although participants at the forum were told of preexisting

organizations that they could team up with, the fact that there is not one person that has been designated with this responsibility makes us worry that the ideas discussed may never go farther than that. We are hopeful that with the use of this document and summary of the meeting discussion, community members and service providers will be able to work together to make change in their community.

Similarly, we had hoped to end the meeting with a list of prioritized action steps that the large group would debate from the suggestions of each small group. The discussion geared more toward elaborating on some of the points the small groups had made, and a listing of key action steps did not occur. While we recognize that this may be a limitation of the meeting, we hope that the discussion that did occur could prompt people to take action when they are ready.

Another possible limitation was the low number of minority residents in attendance for the meeting. Through the interesting discussion in one of the small groups, it was clear that some populations may not feel comfortable participating in a community event such as our meeting. It would have been useful to hear what these populations had to say about necessary action steps for Apex, and if they were different from the ones voiced that night.

Overall, the night was a productive and successful merging of community members and service providers to assess community resources and come up with ideas for improvement in the future.

Recommendations

Based on the findings from the interviews and the topics discussed at the forum, we have come up with suggestions for future action by the Apex Community. These are summarized in Table 16 below. Apex has rich resources to provide to its community but it needs to increase collaboration between community members and service providers to ensure that all residents receive the benefits. Currently, there are many community organizations and service providers working in Apex, yet there is not necessarily communication and a sharing of resources between groups. Increased community collaboration among service providers and grass-root organizations can lead them to more effectively create change within Apex. Also, there is a need for a local data collection agency that could compile Apex-specific health information to share with providers and community groups in order to have the best information for planning programs. In addition, natives and newcomers could be encouraged to work together to improve their community, thereby overcoming feelings of difference and/or exclusion. And lastly, all community members should play a role in determining what services are offered in Apex, which could enhance the sense of community shared by Apex residents.

Another important sub-group in the community is the Apex youth. Youth need to feel empowered in their community in order to take action towards making a change. The community meeting served as a spark for the older teens by providing them an opportunity to voice their concerns about a lack of activities available to them. With teens using their new voice, the community's awareness of youth issues will increase and community members young and old will have the opportunity to work together towards a common goal. Our

recommendation is that the community build and maintain a relationship between the youth of Apex and the service providers and organizations that serve them.

Our main recommendation for the Apex community is for groups to open lines of communication with each other and work together to listen to the concerns of all community members in order to create solutions. As a result of the community taking action "together," issues such as availability of services, transportation, housing, youth activities, and political and social community cohesion can be addressed.

Table 15: Recommendations

- Collaborate with existing organizations to address issues (specifically faith-based organizations)
- Local data collection agency for Apex-specific health information
- Community member involvement in determining services
- Youth to work with "Parks and Recreation Department" to get activities
- Youth and political leaders work together to create a teen voice in the community
- Community works with "Department of Urban and Regional Planning" to sort out transportation concerns
- Community becomes more involved in town council meetings to bring together natives/newcomers
- Service providers work to increase access and availability to services for minority

Conclusions

The members of our community diagnosis team have had the great pleasure of working with and learning from the people of Apex for the past academic year. Through the many service provider and community member interviews and focus groups, we have learned a great deal about the strengths and needs of the community. As summarized in the previous sections, five themes were apparent in the community member and service provider interviews, as well as in the community discussion. These themes were: availability and accessibility of services; affordable housing; transportation; social and political community cohesion; and youth related issues. During the interviews, the three main themes discussed were community cohesion, youth, and availability and accessibility of services for lower-income residents. At the community discussion, it was clear that these were the themes of interest as well.

Apex, North Carolina has seen much change in the past decade, primarily from the burst of residential and non-residential growth. Some people see growth as a positive outcome, yet many would rather halt the changes in order to maintain the way things used to be in Apex. As with any community experiencing change, there will always be problems and issues that need to be addressed in order for every community member to have the best quality of life. As one service provider mentioned, "There needs to be organization between the different neighborhoods, those that have been there a long time and new communities, to better utilize the resources there." Collaboration among the different organizations and community groups is essential for overcoming barriers within a community. In the words of Muhatma Gandhi, "You must be the change that you seek." It is up to the community to pull together and let its voice be heard.

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Appendix A: Maps, Graphs, and Tables

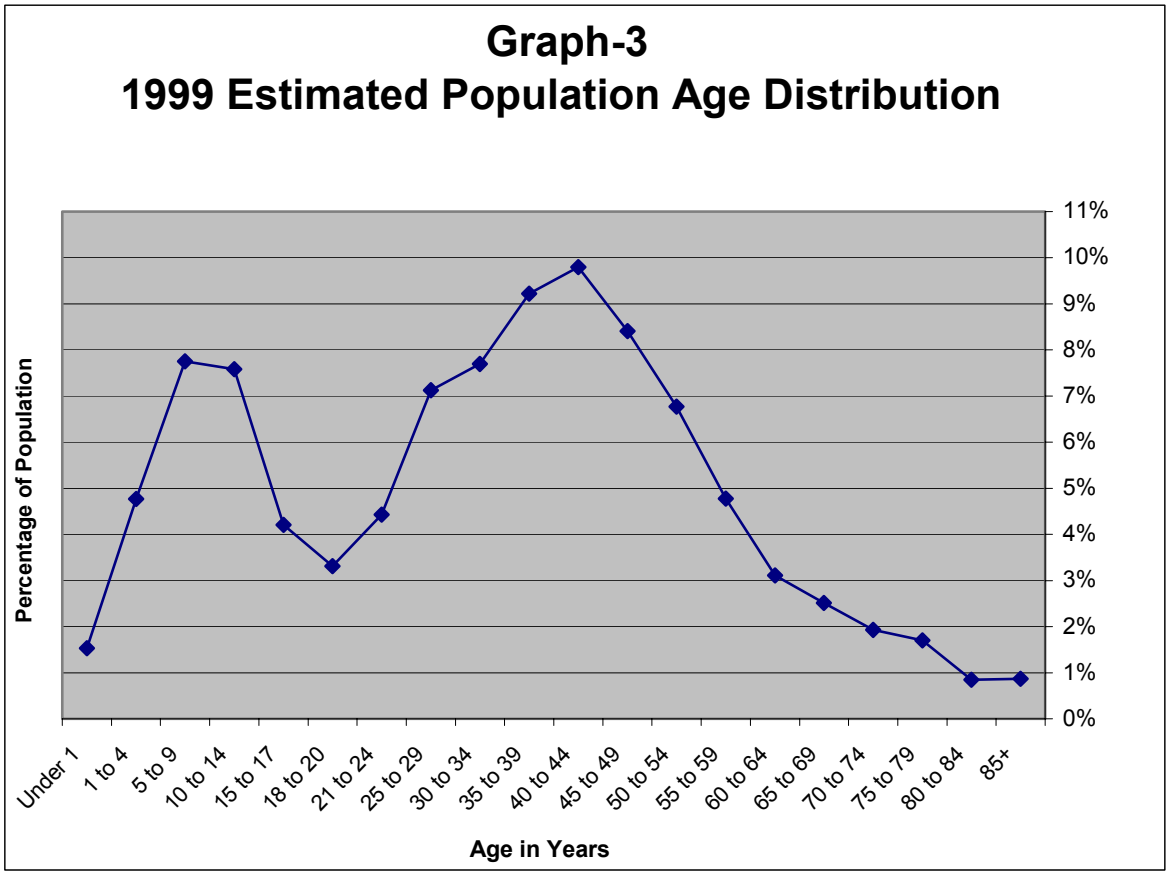
TABLE 1: Demographics

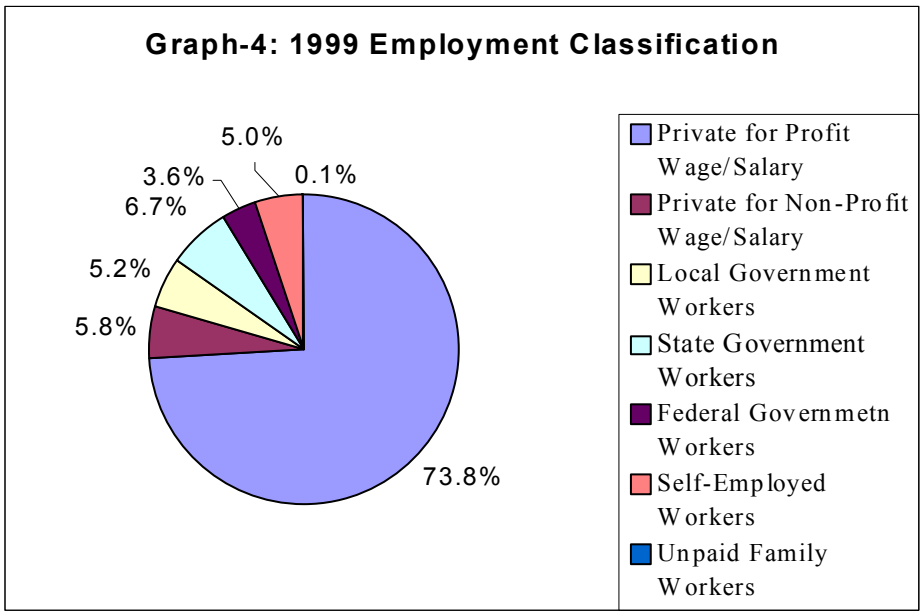
Dynamics of Population Growth in Apex: Growth by Population X Household X Family Households TABLE 1			
	Population	**Household**	**Family Households**
Growth 1980-1990	**51.6%**	**60.5%**	**84.3%**
Growth 1990-1999	**87.5%**	**93.6%**	**83.3%**
Estimated Growth 1999-2004	**20.3%**	**21.1%**	**19.0%**
Estimate Size 1999	**22,842**	**8,360**	**6,317**
Projection Size 2004	**27,488**	**10,121**	**7,519**

TABLE 2: Demographics

TABLE-2 United States Census 2000 Population Demographics	All ages		18 years and over	
	Number	Percent	Number	Percent
RACE				
Total population	**20,212**	**100.0**	**13,982**	**100.0**
One race	19,875	98.3	13,819	98.8
White	17,192	85.1	11,899	85.1
Black or African American	1,526	7.5	1,095	7.8
American Indian and Alaska Native	58	0.3	49	0.4
Asian	863	4.3	612	4.4
Native Hawaiian and Other Pacific Islander	12	0.1	6	0.0
Some other race	224	1.1	158	1.1
Two or more races	337	1.7	163	1.2
HISPANIC OR LATINO AND RACE				
Total population	**20,212**	**100.0**	**13,982**	**100.0**
Hispanic or Latino (of any race)	648	3.2	437	3.1
Not Hispanic or Latino	19,564	96.8	13,545	96.9
One race	19,307	95.5	13,424	96.0
White	16,861	83.4	11,675	83.5
Black or African American	1,510	7.5	1,086	7.8
American Indian and Alaska Native	43	0.2	35	0.3
Asian	863	4.3	612	4.4
Native Hawaiian and Other Pacific Islander	6	0.0	4	0.0
Some other race	24	0.1	12	0.1
Two or more races	257	1.3	121	0.9

Source: U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File, Matrices PL1, PL2, PL3, and PL4.


Graph-3
1999 Estimated Population Age Distribution
Percentage of Population
11%
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Under 1
1 to 4
5 to 9
10 to 14
15 to 17
18 to 20
21 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Age in Years


Graph-4: 1999 Employment Classification
5.0%
3.6%
0.1%
6.7%
5.2%
5.8%
73.8%
Private for Profit Wage/Salary
Private for Non-Profit Wage/Salary
Local Government Workers
State Government Workers
Federal Governmetn Workers
Self-Employed Workers
Unpaid Family Workers

GRAPH 5: Economics

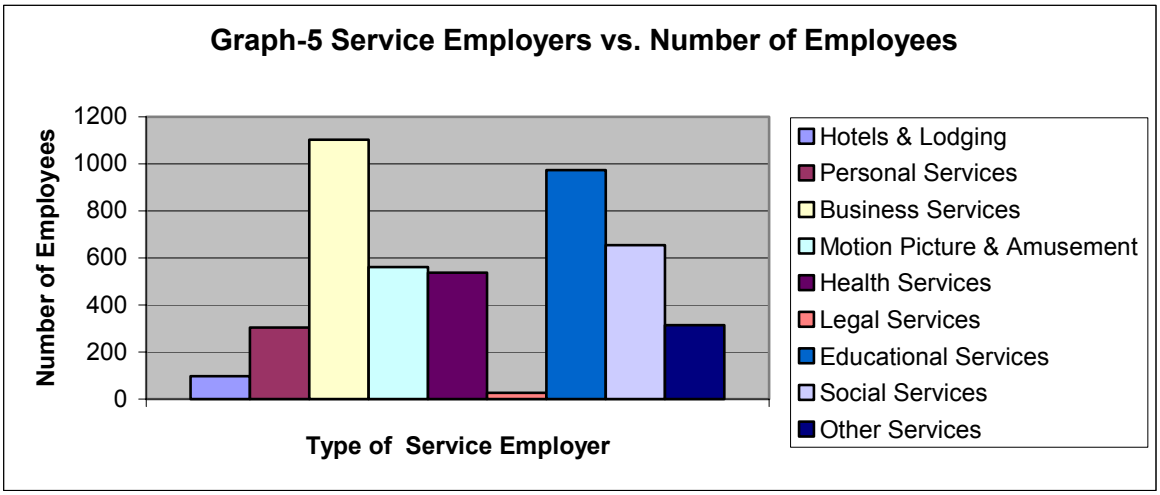


Table 4: 1999 Estimated Average Income in Apex		
	Household	**Family Household**
Average Income	$87,707	$98,348
Median Income	$71,821	$80,473

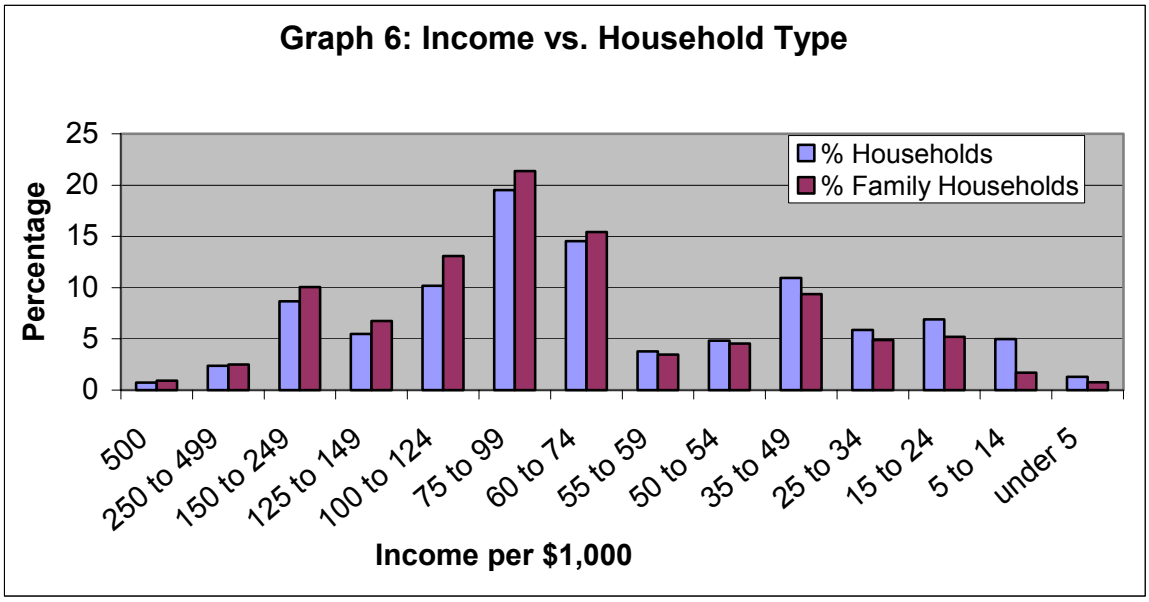

Graph 6: Income vs. Household Type
Percentage
25
20
15
10
5
0
% Households
% Family Households
500
250 to 499
150 to 249
125 to 149
100 to 124
75 to 99
60 to 74
55 to 59
50 to 54
35 to 49
25 to 34
15 to 24
5 to 14
under 5
Income per $1,000

TABLE 6: Education

Table 6: SAT scores

Location	Participation Rate	Verbal SAT scores	Math SAT scores	Total SAT scores
Apex	**78.6%**	**541**	**558**	**1099**
Wake County	**75.6%**	**521**	**531**	**1052**
North Carolina	**62%**	**490**	**492**	**982**
United States	**43%**	**505**	**512**	**1017**

TABLE 7: Education

Table 7 Educational Attainment	**APEX**		**Wake County**		**North Carolina**	
	1980	1990	1980	1990	1980	1990
Less 9 year of Education	8.6	5.5	7.4	3.5	14.2	8.1
High School Education	41.3	51.4	41.6	51.7	31.7	44.9
College Education	11.9	22.2	15.2	22.6	7.7	11.1

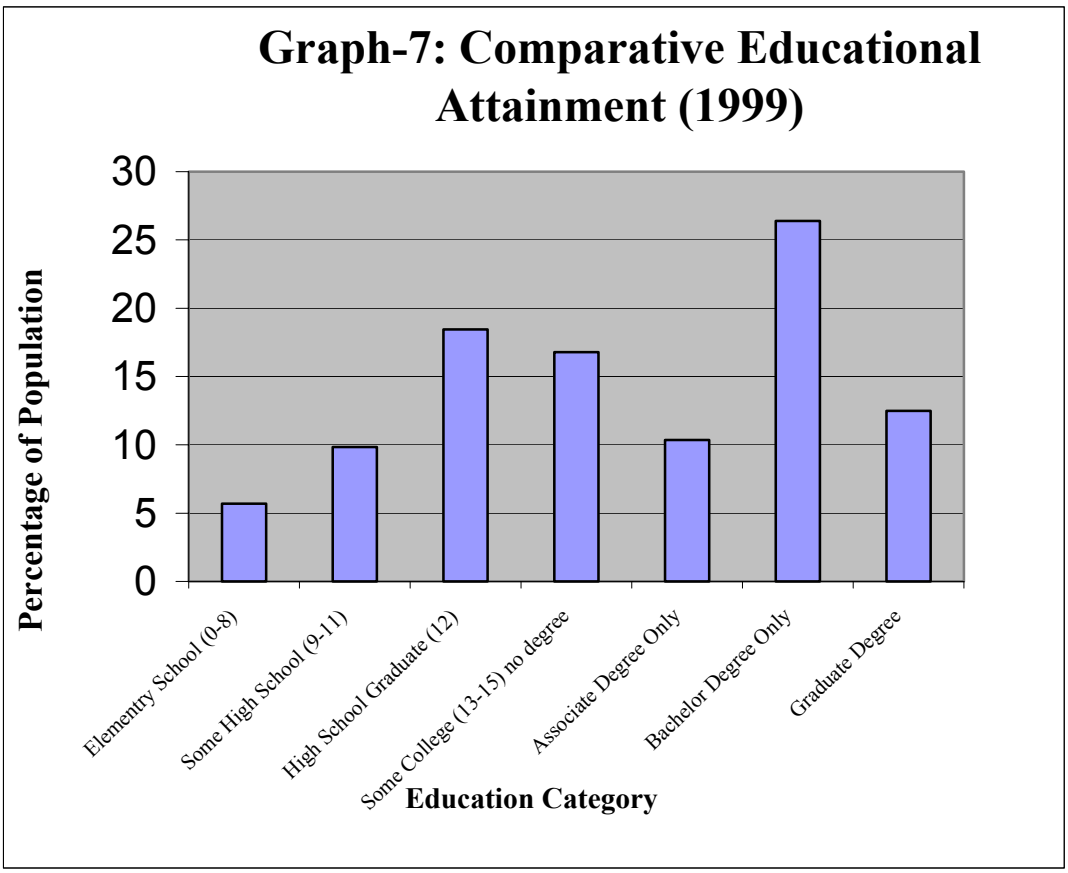

Graph-7: Comparative Educational Attainment (1999)
Percentage of Population
30
25
20
15
10
5
0
Elementry School (0-8)
Some High School (9-11)
High School Graduate (12)
Some College (13-15) no degree
Associate Degree Only
Bachelor Degree Only
Graduate Degree
Education Category

TABLE 8: Health

Table 8: Top ten causes of death in Wake County in 1998, rate per 100,000

Cause of Death	**Rate**
1. Heart Disease	140.6
2. Cancer	132.2
3. Stroke	45.9
4. Accidents	33.9
5. Chronic Obstructive Pulmonary Disease	23.7
6. Diabetes	19.3
7. Pneumonia and Influenza	14.3
8. Perinatal Conditions	8.5
9. Diseases of Arteries (other than Atherosclerosis)	7.3
10. Septicemia	7.1

Source: Wake County Human Services, 2000.

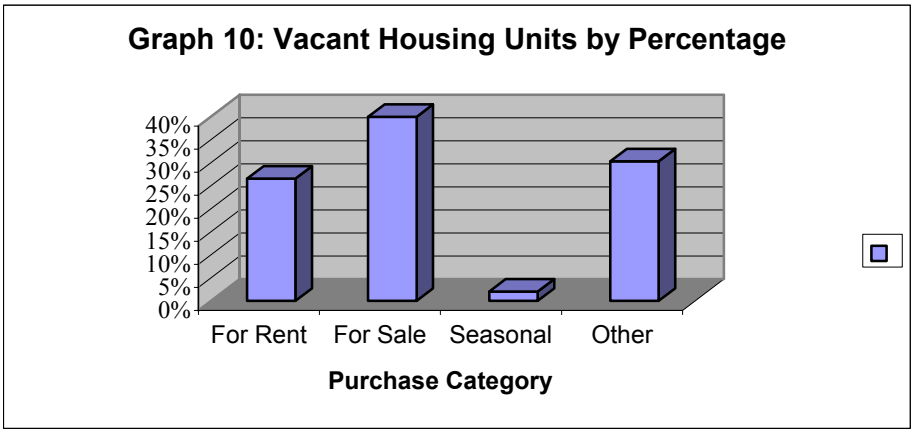
TABLE 9: Health

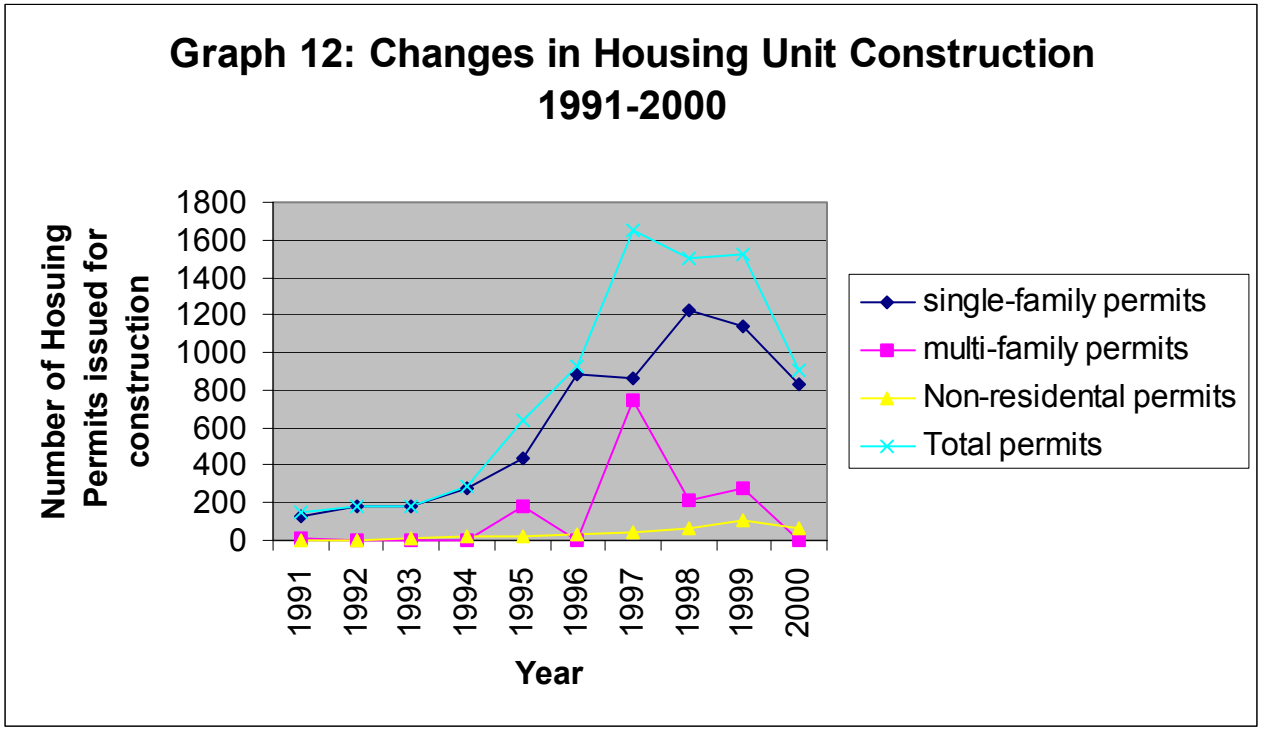
Table 9: Pregnancy, birth, and abortion rates for women in Wake County and NC, 1995

	Pregnancy rate		**Birth rate**		**Abortion rate**	
	Wake	*NC*	*Wake*	*NC*	*Wake*	*NC*
Whites	69.7	72.5	54.4	59.0	15.0	13.1
Minorities	110.4	99.6	65.3	68.2	44.2	30.4

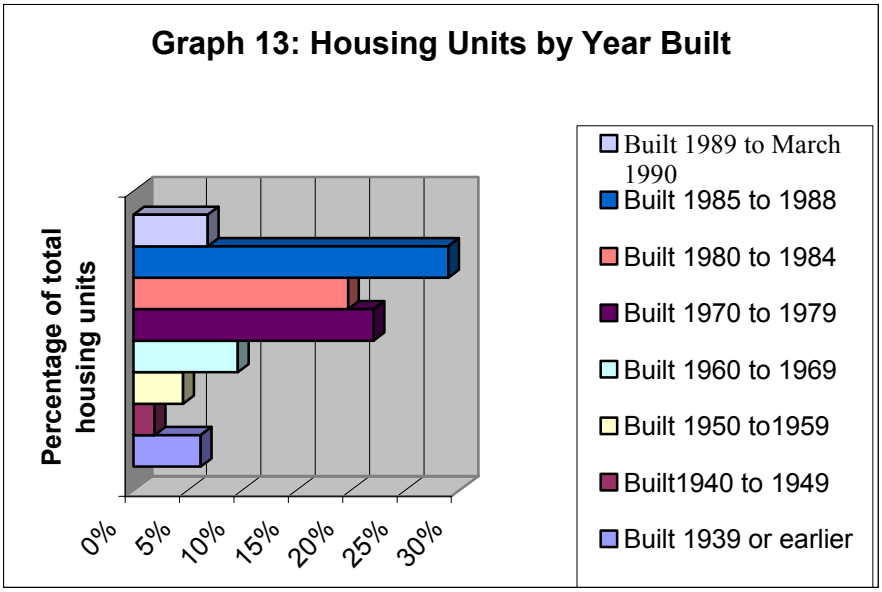
Source: Cerrito, 1999

GRAPH 10 : Housing

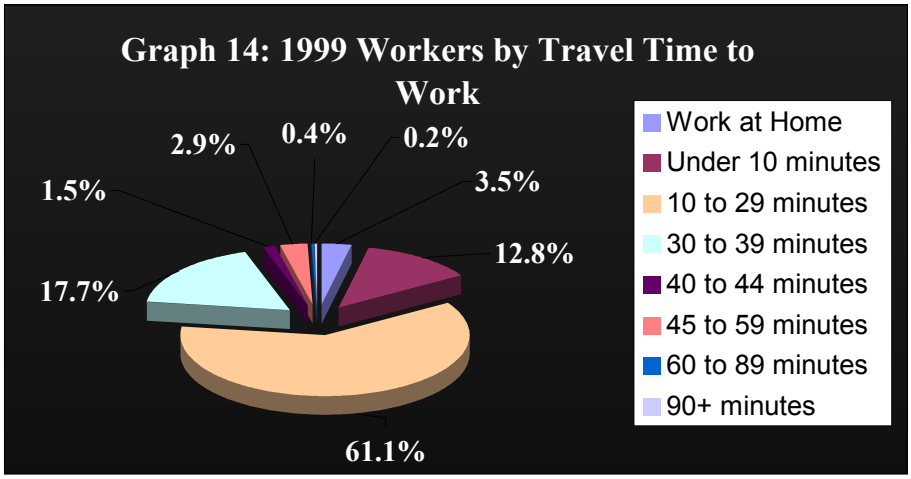


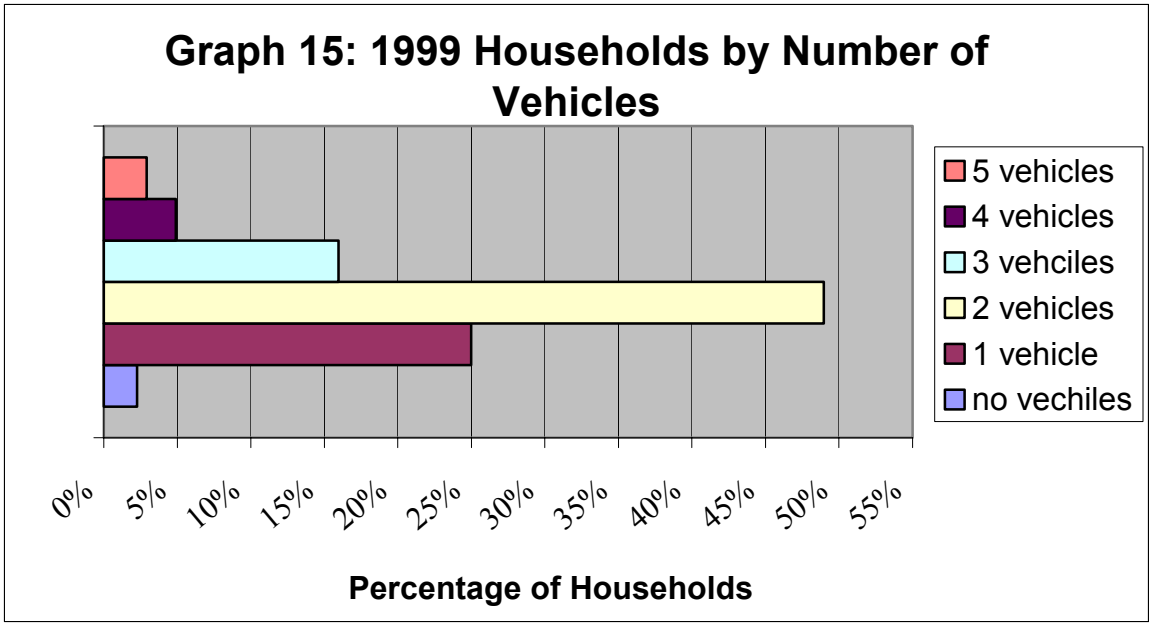

Graph 12: Changes in Housing Unit Construction
1991-2000
Number of Hosuing Permits issued for construction
1800
1600
1400
1200
1000
800
600
400
200
0
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
Year
single-family permits
multi-family permits
Non-residental permits
Total permits

GRAPH 13: Housing



GRAPH 14: Transportation




Graph 15: 1999 Households by Number of Vehicles
5 vehicles
4 vehicles
3 vehciles
2 vehicles
1 vehicle
no vechiles
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%
55%
Percentage of Households

Appendix B: Community Resources

In our community diagnosis, there were many places, organizations, and people with whom we contacted for information. The following is a list of the resources we utilized. We have also included additional resources in the following pages that may be beneficial to others.

Resources of Apex

Contact Name	Address	Phone Number	Website
Apex Chamber of Commerce	220 N. Salem St. Apex, NC 27502	(919) 362-6456 (800) 345-4504	acoc@apexchamber.com www.apexchamber.com
Apex Civitan Club	P.O. Box 489 Apex, NC 27502	(919) 387-0279	
Apex Downtown Business Association	114 N. Salem St. Apex, NC 27502	(919) 362-1332	
Apex Family Medicine			
Apex High School	1501 Laura Duncan Rd. Apex, NC 27502	(919) 387-2208	
Apex Keenagers	237 N. Salem St. Apex, NC 27502	(919) 387-3065	
Apex Newcomers Club	220 N. Salem St. Apex, NC 27502	(919) 363-6516	www.ncneighbors.com/168/
Apex Parks, Recreation, and Cultural Resources Dept.	237 N. Salem St. Apex, NC 27502	(919) 387-3065	www.ci.apex.nc.us
Apex Rotary Club	P.O. Box 131 Apex, NC 27502	(919) 362-5449	
Apex Town Hall*	205 Saunders St. Apex, NC 27502	(919) 362-7300	www.ci.apex.nc.us
*New location late spring 2001	73 Hunter St. Apex, NC 27502		
Eva H. Perry Regional Library		(919) 387-2100	
Southern Regional Center			
Wake County Public School System	3600 Wake Forest Rd. P.O. Box 28041 Raleigh, NC 27611	(919) 850-1600	www.wcpss.net
Western Wake Crisis Ministry	101 N. Salem St. Apex, NC 27502	(919) 362-0657	

Education

- Apex Elementary School
- AV Baucom Elementary School
- Davis Drive Elementary School
- Middle Creek Elementary School
- Olive Chapel Elementary School
- Salem Elementary School
- West Lake Year-Round Magnet
- Yates Mill Elementary School

- Apex Middle School
- Davis Drive Middle School
- Lufkin Road Year-Round
- West Lake Year-Round Magnet

- Apex High School

Local Sports and Recreation

- **Apex Department of Parks, Recreation, and Cultural Resources** –Provides a year round program for all ages. Adult and youth programs include baseball, softball, basketball, Pop Warner football, cheerleading, tennis, sports clinics, summer camps, etc.

- **Keen-Agers** –Sponsored by the Apex Department of Parks, Recreational, and Cultural Resources, this program offers activities, such as exercise classes, monthly socials, bridge club meetings, etc. to the community's 60+ senior citizen population.

- **Kidstowne Playground** –Located within the Olive Chapel/Kelly Road Park, this multi-level playground was built totally with volunteer labor and donated materials, equipment, and funding.

- **Dream Sports Center** –Privately owned family sports center, which offers indoor roller hockey, lacrosse, soccer, baseball and basketball for all ages.

- **Southwest Wake YMCA** –This complex includes swimming, aerobics, children's programs, gymnasium, and special activities for the entire family.

Apex General Health Services

- Apex Family Medicine

Wake County General Health Services

- Southern Regional Center –Satellite clinic of Wake Human Services (located in Fuquay Varina)
- Western Wake Medical Center
- Duke University Medical Center
- Rex Hospital
- University of North Carolina Hospitals

Apex Town Government

- **Administration:** Mayor, Town Manager, Assistant Town Manager

- **Departments:** Construction Management
  Inspection & Permits
  Finance
  General Services
  Human Resources
  Information Systems
  Parks, Recreation, and Cultural Resources
  Planning
  Public Works
  Emergency Services (Fire, Police, Rescue Squad, Highway Patrol)

- **Utilities:** Gas
  Electricity
  Water & Sewer
  Telephone
  Waste Disposal

- **Public Service:** Apex Chamber of Commerce
  Apex Post Office
  Eva H. Perry Regional Library

- **Newspapers:** The Apex Herald (Weekly)
  Neighbors of SW Wake (Weekly)
  The News and Observer (Daily)
  The Cary News (Bi-Weekly)

Apex Civic Groups

- American Legion
- Apex Downtown Business Association
- Apex Educational Foundation
- Apex Elks Club

- Apex Emergency Medical Services
- Apex Festival Commission
- Apex Golden Age Club
- Apex High School Band Boosters
- Apex High Cougar Club
- Apex Historical Society
- Apex Jaycees
- Apex Masonic Lodge
- Apex Newcomers Club
- Apex Garden Club
- Apex Keenagers
- Apex Rotary Club
- Apex Volunteer Fire Department
- Apex Volunteer Fire Department, Ladies Auxiliary
- Apex Civitan Club
- D.A.R.E. (Apex Police Department)
- Kiwanis Club of Apex
- Lions Club of Apex
- Western Wake Crisis Ministry

Apex Area Churches

- Ambassador Presbyterian Church
- Apex Baptist Church
- Apex Church of Christ
- Apex First Baptist Church
- Apex United Methodist
- Bells Baptist Church
- Catawba Springs Christian Church
- Calvary Chapel
- Cedar Rock Missionary
- Christian Chapel (United Church of Christ)
- Christian Home United Church of Christ
- Circle of Grace ELCA (Lutheran) Community Church
- Community Life Church
- Cornerstone Presbyterian Church
- Covenant Baptist Church
- Ebenezer AME Zion Church
- Faith Baptist Church
- Grace Church
- Harvest Church
- Holland Chapel Church (AME Zion)
- Mr. Pisgah Baptist Church

- Mt. Zion Baptist Church
- New Hill Baptist Church
- New Hill First Baptist Church
- New Hope Baptist Church
- New Horizons Baptist Church
- New Horizons Fellowship
- New Life Ministries
- Oak Grove Missionary Baptist
- Olive Chapel Baptist Church
- Pilgrim Orthodox Presbyterian Church
- Pleasant Plains Baptist Church
- The Prince of Peace Episcopal Church
- St. Andrew the Apostle Catholic Church
- St. Mary's AME Church
- St. Mary's Free Will Baptist Church
- St. Paul CME
- St. Peter's Church
- Salem Baptist Church
- Scott's Grove Holiness Church
- Temple of Faith
- The Church of Jesus Christ of Latter-Day Saints –Raleigh Temple
- The Church of Jesus Christ of Latter-Day Saints –Apex Ward
- Trueway Church of God & Jesus Christ
- Truth Missionary Baptist Church
- Woodhaven Baptist Church

Appendix C: Institutional Review Board (IRB) Applications

I. Adult IRB Application

School of Public Health
Institutional Review Board on Research Involving Human Subjects

APPLICATION FORM FOR MODIFICATION OF APPROVED PROPOSALS

Date of this application: September 26, 2000

Title of Project: Community Diagnosis of Apex

Name of Principal Investigator: Cathy Rawls

Names of co-investigators: Geni Eng, Sara Ackerman
(If the principal investigator is a student, give the name of the faculty advisor).

Department: Health Behavior and Health Education CB #: 7400
(if this is not your mailing address, please provide that so we may send you the approval letter)

Position: Student

Phone #: 966-0057 Fax #: Email Address: crawls@email.unc.edu

Funding source or sponsor:

___ federal ___ state ___ industry ___ foundation ___ UNC ___Other

(Specify): No funding source.

Are minors involved? [X] yes [ ] No

Signature of Principal Investigator:_____

Signature of Advisor, if PI is a student._____

Note: By signing, you are indicating that you have read and approved the attached application for IRB review, and that the student's research project has been reviewed and approved by yourself.

RESEARCH PROTOCOL INFORMATION-Adult Community Members and Service Providers

A. Purpose and rationale:

The purpose of this research project in the Apex community is to understand the functioning of the community, the interactions within the community, and the challenges they face. We aim to identify future directions for the Apex community in Wake County, NC. Community leaders, community members, and those who provide services to the community will be interviewed to obtain information. Results of the interviews will then be summarized and made available to community members.

B. Description of human subjects:

The human subjects for this study include the community leaders and members of the Apex community in Wake County, NC. Only members of this community and those who provide services to the community will be asked to participate in the study. Only individuals who are over 18 years of age who agree to participate will be interviewed. Minority status and sex are not relevant factors in selecting participants.

C. Methods of recruitment:

Community leaders and service providers will be identified using public records or listings and will be contacted about their availability and interest in participating in this study. Other potential informants (community members and groups of community members) will be identified and contacted by community leaders, health department staff, and service providers and asked if they would be willing to participate in the project. Only after a potential informant has agreed to participate in the study will a member of the research team contact that person to request participation in an interview or a focus group. Contact will be made by Anisa Kassim, Beth McAlister, Cathy Rawls, Karen Toll, and Mikisha Brown, and all potential informants will be told that they are under no obligation to participate in the study. It is anticipated that a total of approximately 50 community members and 15 service providers will be contacted for interviews or focus groups.

D. Research Protocol:

Community members and service providers will be asked similar, yet slightly different questions during the interviews (see attached protocols). Anisa Kassim, Beth McAlister, Cathy Rawls, Karen Toll, and Mikisha Brown will conduct interviews. The interviews are expected to last 30-40 minutes. Responses will be kept confidential and interviewees will remain anonymous; however general identifiers such as age, sex, race and number of years residing in the Apex community may be used when summarizing data.

E. Compensation and costs:

Interviewees will not be compensated nor given inducements for their participation. The only costs to participants will be the time spent in interviews. These interviews are expected to last 30-40 minutes.

F. Risks to subjects:

Physical, psychological and social risks should be negligible. Interviews will focus primarily on the functioning and interactions of the Apex community, and directions for development. Results will be summarized and made available to the community leaders, members and service providers.

G. Confidentiality of data:

Names and personal identifiers of all persons contacted for interviews will be kept confidential. A description of the person will be provided instead (i.e. white, middle-aged female has resided in the community for 10 years) in preparing the document. However, if a service provider does not care to remain anonymous and grants permission for use of his or her name, researchers may choose to use these names. Regardless, all community members will remain anonymous.

Audio taping is preferred for all interviews. Permission will be secured from the interviewee prior to taping, and interviewee will be informed of their right to turn off the tape recorder. Cassette tapes will be recycled or destroyed after their use for this class is complete.

All data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved.

H. Benefits:

A written summary of the functioning and interactions of the Apex community and suggested future directions will be made available to the community leaders, community members and service providers.

I. Procedures for obtaining informed consent:

The consent form will be read aloud to each participant, who will then be asked if they have any questions. After making certain all questions have been answered, researchers will proceed to ask interview questions. Permission for audio taping will also be secured prior to taping.

J. Public release of data:

Researchers do not plan to release collected data. The purpose of this project is to fulfill course requirements for HBHE 240/241: Community Diagnosis.

Fact Sheet for Individual Interviews

September 26, 2000

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. The community to which we have been assigned is Apex. This research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate.

We will be conducting interviews with individuals who reside, work or attend church in the Apex community. We will also be interviewing service providers for their input into the assets and needs of those in Apex. You are not likely to experience any risks from being in the interview. The main benefit of being in this interview is that after conducting these sessions, we will summarize our findings about the functioning and interactions of the community, and present them (both written and verbally) to Apex community members.

We would greatly appreciate your participation in our interviews. Since you are very familiar with Apex, you will be expected to answer several questions about the needs and assets of your community. Participation in the interviews is entirely voluntary and you are not required to give your name or to reveal any personal information. With your permission, we would like to audiotape your the interview. You have the right to refuse to answer any question or stop the audio taping at any time without penalty. The information collected will remain confidential. All data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved. This interview should last 30-40 minutes.

If you have questions or concerns about this project, or about your rights as a research participant, please do not hesitate to contact one of our project preceptors, our faculty advisor, or us. Our names and contact information are listed below.

Cathy Rawls, UNC Graduate Student Contact	919-966-0057
Yolanda McMillan, Preceptor	
Wake County Human Services	919-250-4746
Geni Eng, Ph.D., Faculty Advisor	919-966-3909
Sara Ackerman, MPH, Faculty Advisor	919-966-0057
UNC School of Public Health	

Thank you for your time. We appreciate your participation.

Cathy Rawls,
Group contact for Anisa Kassim, Beth McAlister, Karen Toll, and Mikisha Brown.

Fact Sheet for Focus Groups

September 26, 2000

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. The community to which we have been assigned is Apex. This project has been reviewed by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate.

We will be conducting focus groups, which are discussion groups of 6-8 people, with individuals who reside, work or attend church in the Apex community. We will also be having focus groups with service providers about the assets and needs of those in Apex. You are not likely to experience any risks from being in the focus group. The main benefit of being in this focus group is that after conducting these sessions, we will summarize our findings about the functioning and interactions of the community, and present them (both written and verbally) to Apex community members.

We would greatly appreciate your participation in our focus groups, since you are very familiar with the needs and assets of Apex. In these focus groups, you will be asked to discuss several topics with other participants about the community. Participation in the focus groups is entirely voluntary and you are not required to give your name or to reveal any personal information. With your permission, we would like to audiotape the focus group. You have the right to refuse to answer any question or stop the audio taping at any time without penalty. The information collected will remain confidential. All the data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved. The focus groups should last 60-90 minutes.

If you have questions or concerns about this project, or about your rights as a research participant, please do not hesitate to contact one of our project preceptors, our faculty advisor, or us. Our names and contact information are listed below.

Cathy Rawls, UNC Graduate Student Contact	919-966-0057
Yolanda, Preceptor	
Wake County Human Services	919-250-4746
Geni Eng, Ph.D., Faculty Advisor	919-966-3909
Sara Ackerman, MPH, Faculty Advisor	919-966-0057
UNC School of Public Health	

Thank you for your time. We appreciate your participation.

Cathy Rawls,
Group contact for Anisa Kassim, Beth McAlister, Karen Toll, and Mikisha Brown.

Community Member Interview 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. 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 functioning, interactions, and future directions. Our community is Apex. 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 (having lived/having worked in/being familiar with) in Apex. We are interested in your opinions. There are no right or wrong answers.
   - This research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate.
   - *Risks:* You are not likely to experience any risks from being in this interview.
   - *Benefits:* A written summary of the functioning and interactions of your community and suggested future directions will be made available to you and the community of Apex. This document can be used in improving the community's needs as well as maintaining strengths and assets that prove useful to the community leaders, community members, and service providers of Apex.
   - *Time:* This interview should last 30-40 minutes. We would like to give you the opportunity to tell us as much as you would like (mention if you have limited time/ask if they do).

   Do we have your permission to conduct this interview?

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.
   - All data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved.
   - 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 recycled or destroyed. Is this okay with you?

3. Ground Rules
   - *Right to refuse:* if at any time while we are 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 have said so far?

4. Self and family
   - How long have you lived in Apex?
   - Who does your family consist of?
   - If they have children:
     - What ages and grades are your children in?
     - Where do they attend school?
   - What kind of work do you/family members do?
   - Do you have any religious affiliation?

5. Assessment of Community
   - If someone were considering moving to Apex, what would you tell them about the area to convince them to move here? Probe: what are other strengths or good things about Apex?
   - How could Apex be improved? Probe: What other problems/areas for improvement does Apex have?
   - Would you consider Apex to be a stagnant community or changing community? What makes you think this? Is this something you would consider to be good or bad for Apex?
   - How would you feed about new growth in the area? Probe: Is this something that you would consider to be good or bad for Apex?
   - How well would you say people know their neighbors?
   - If you needed help for some reason, who would you turn to?
   - How do different ethnic groups interact?

6. Community activities
   - What organizations are in the Apex community?
   - Who are the important people in the community for getting things done? Probe: Who are the formal/informal community leaders, etc.?
   - What kinds of projects has Apex worked on together in the past 5-10 years? How/were you involved in these efforts?
   - What activities in the community are you involved in?
   - What groups of people are involved in community activities? Probe: Are people from all age groups involved?
   - What religious services/activities are you involved in?
   - How do religious activities fit into life in Apex?

7. Employment/Economics
   - What types of work are most common?
   - What do you think of these job opportunities?

8. Health and resources
   - What are the main health problems of people in Apex?
   - What are the main social problems found in Apex?
   - What are some of the environmental health concerns in the community?
   - What are some of the safety concerns?
   - What health problems have you and your family had to deal with?

- What do most people do when they have health problems?
- Where do most people go to receive medical care?
- How do they get to these places? Probe: What services are provided for those who are unable to get to these places?
- What are some resources provided specifically for youth/elderly?
- What resources would you like to see in Apex?
- How do you feel about the educational system in Apex?

9. Changes over time
   - Thinking about what we have discussed, how has Apex changed over the past 5 years? Probe: Is there anything different about Apex now that was not the case 5 years ago?
   - What do you think about these changes? Probe: Are they something that you consider to be good or bad?

10. Perceptions of the future
   - How do you think Apex will change over the next 5 years?
   - What do you hope to see happen in Apex in the next 5 years?
   - What are your plans for the future?

11. Closing
   - Is there anything else I have not asked about that is important for me to know about Apex?
   - Can you think of some other people in the Apex community who we should speak to about Apex?
   - What did you think of our interview questions? (Ask for first few interviews only.)

Thank you again for your participation

Service Provider Interview 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. 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 functioning, interactions, and future directions. Our community is Apex. 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 (having lived/having worked in/being familiar with) Apex. We are interested in your opinions. There are no right or wrong answers.
- This research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate.
- *Risks:* You are not likely to experience any risks from being in this interview.
- *Benefits:* A written summary of the functioning and interactions of your community and suggested future directions will be made available to you and the community of Apex. This document can be used in improving the community's needs as well as maintaining strengths and assets that prove useful to the community leaders, community members, and service providers of Apex.
- *Time:* This interview should last 30-40 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ask if they do).

Do we have your permission to conduct this interview?

2. Confidentiality

- Your comments will remain confidential. All data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved. 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 recycled or destroyed. Is this okay with you?

3. Ground Rules

- *Right to refuse:* if at any time while we are 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 have said so far?

4. Overview of Services

- Could you please provide me/us with an overview of the services your agency provides?
- What is your source of funding?
- What services does your agency provide for the residents of Apex?
- What kind of contact do you have with residents of Apex? Probe: Which groups? How often?
- What special criteria must people meet in order to be eligible for your services?
- What groups in Apex use your services most?
- What groups in Apex tend to be most in need of your services?
- What barriers do you encounter in trying to reach Apex residents? (geographic, transportation, etc.)
- What other organizations provide similar services to Apex residents?
- How does your agency meet the cultural and language needs of the various groups of Apex?

5. Community

- What would you say are the strengths of the Apex community?
- What would you say are the greatest needs of the Apex community?
- What kinds of community projects have been undertaken in Apex during your time of working with community residents? Probe: How would you explain their success or lack thereof?
- If you were going to try to implement some type of community health project in Apex, who from the Apex community would you try to involve to ensure success?
- What community needs are not met by your agency or other organizations in the area?
- How is the community involved in determining the services that you provide?

6. General

- Is there anything else you can tell me/us about the Apex community?
- Is there anything else that you think I/we should know about?

7. Documents

- Does your agency have any documents (e.g. annual reports, funding applications, etc.) that we can either look at or have copies of?

8. Referrals

- Who else would you recommend that we talk to about the needs and assets of Apex? Probe: Would you be willing for us to mention your name when we contact them?

Thank you for your time.

Community Member Focus Group Guide

1. If someone were considering moving to Apex, what would you tell them about the area to convince them to move here? Probe: what are other strengths or good things about Apex?
2. How could Apex be improved? Probe: What other problems/areas for improvement does Apex have?
3. Would you consider Apex to be a stagnant community or changing community? What makes you think this? Is this something you would consider to be good or bad for Apex?
4. How would you feed about new growth in the area? Probe: Is this something that you would consider to be good or bad for Apex?
5. What are the main health problems of people in Apex?
6. What are the main social problems found in Apex?
7. What resources would you like to see in Apex?
8. How do you feel about the educational system in Apex?
9. How do religious activities fit into life in Apex?

Thank you again for your participation.

Service Provider Focus Group Guide

1. What kind of contact do you have with residents of Apex? Probe: Which groups? How often?
2. What groups in Apex tend to be most in need of your services?
3. What barriers do you encounter in trying to reach Apex residents? (geographic, transportation, etc.)
4. What would you say are the strengths of the Apex community?
5. What would you say are the greatest needs of the Apex community?
6. What kinds of community projects have been undertaken in Apex during your time of working with community residents? Probe: How would you explain their success or lack thereof?
7. If you were going to try to implement some type of community health project in Apex, who from the Apex community would you try to involve to ensure success?
8. What community needs are not met by your agency or other organizations in the area?
9. How is the community involved in determining the services that you provide?

Thank you for your time.

II. Youth IRB Application

ID #_____
(IRB use only) Version 2-10-00

School of Public Health
Institutional Review Board on Research Involving Human Subjects

APPLICATION FORM FOR MODIFICATION OF APPROVED PROPOSALS

Date of last approval: October 23, 2000

Date of this application: December 28, 2000

Title of Project: Community Diagnosis of Apex

Name of Principal Investigator: Cathy Rawls

Names of co-investigators: Geni Eng, Sara Ackerman
(If the principal investigator is a student, give the name of the faculty advisor).

Department: Health Behavior and Health Education CB #: 7400
(if this is not your mailing address, please provide that so we may send you the approval letter)

Position: Student

Phone #: 966-0057 Fax #: Email Address: crawls@email.unc.edu

Funding source or sponsor:

___ federal ___ state ___ industry ___ foundation ___ UNC ___Other

(Specify): No funding source.

Are minors involved? [X] yes [ ] No

Signature of Principal Investigator:_____

Signature of Advisor, if PI is a student._____

Note: By signing, you are indicating that you have read and approved the attached application for IRB review, and that the student's research project has been reviewed and approved by yourself.

RESEARCH PROTOCOL INFORMATION: Apex Youth

1. Please briefly describe currently approved protocol.

The purpose of this research project in the Apex community is to understand the functioning of the community, the interactions within the community, and the challenges they face. We aim to identify the future directions for the Apex community in Wake County, NC.

Service providers and community members will be interviewed in focus group and interview settings to obtain information. Results of the interviews will then be summarized and made available to community members.

2. Please provide a complete description of proposed modifications. Be sure to include information on how modifications will affect risk, benefits, and confidentiality to subjects.

The main modification to the previously approved project is the addition of youth subjects to be interviewed and included in focus groups. The same protocol will be used for youth in regards to risks, benefits, and confidentiality. Physical, psychological, and social risks should be negligible.
There should be no risk for participation in this project due to the general nature of the questions being asked in the focus groups and interviews. Modifications involving participation of youth in the project are described below.

A. Description of human subjects:

The human subjects for this study range in age from 0-18 years old. Because subjects include persons under the age of 18, informed consent will be obtained from a parent or legal guardian prior to participation in the focus groups and interviews. Youth assent will also be obtained. It is the intention to obtain a representative sample of the population of the Apex community in Wake County, NC. Every attempt will be made to include a stratified sample based on race, gender and socioeconomic status in recruiting subjects. It is anticipated that a total of about 30-40 youth will participate in the focus groups and interviews.

B. Methods of recruitment:

Youth will be identified by school staff, community leaders and service providers. Subjects will be contacted by those who identified them to request their participation in a focus group or interview. They will be informed that they are under no obligation to participate in the focus group or interview. A written consent form will be sent home with youth under 18 describing the nature and purpose of the focus groups or interview and will require a parent or guardian's signature before proceeding. Participants will also receive a youth assent form describing the nature and purpose of the focus groups and individual interviews. The parent or guardian will be requested to make special arrangements for transportation if necessary. All subjects and guardians will have the details of the study explained to them prior to obtaining assent and consent and will be able to refuse participation at any time. Subject recruitment, focus groups, and interviews will be conducted by Anisa Kassim, Beth McAlister, Cathy Rawls, Karen Toll, and Mikisha Brown.

C. Research Protocol:

Youth subjects will be asked questions based on the attached interview guides. Interviews and focus groups may be tape-recorded, however participants can request that a focus group or interview not be taped or may stop the recorder at any time during the focus group or interview. Anisa Kassim, Beth McAlister, Cathy Rawls, Karen Toll, and Mikisha Brown will conduct the focus groups and interviews. Interviews will range from 30-40 minutes and focus groups will range from 1-2 hours. Each subject will participate in one interview or focus group. Responses will be kept confidential and interviewees will remain anonymous; however general identifiers such as age, sex, race and number of years residing in the Apex community may be used when summarizing data.

D. Procedures for obtaining informed consent and assent:

The assent form will be read aloud to each participant, who will then be asked if they have any questions. Participants under the age of 18 will be required to return a consent form signed by a parent or legal guardian to one of the interviewers before proceeding with the focus group or interview. Once parental consent has been given, participants under 18 years of age will be given an assent form describing the interview process and asked if they have any questions. After making certain all questions have been answered, researchers will document that informed parental consent was obtained.

Parent Fact Sheet for Youth Focus Groups

December 28, 2000

Dear Parent or Guardian:

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis in Apex. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. Our group has decided to conduct both individual interviews and focus groups to gain more information about Apex. Using random selection, we would like to have your child participate in our focus group.

A focus group consists of 8-10 people who share their ideas and opinions about certain issues. The purpose of these focus groups is to get specific ideas and opinions about what growing up in Apex is really like. Questions ask about day-to-day issues that youth face, such as how they feel about the community, what activities they participate in, and what types of people have an influence in their lives. The focus groups will be conducted at local schools, libraries and other community settings in Apex and should take about 1 to 1 ½ hours of your child's time to complete. With your permission and theirs, we will take notes and use a tape recorder during the interview. The notes will be destroyed and the tapes erased at the end of this project in the spring of 2001. Everything your child says in the interview is strictly confidential and his/her name will not be associated with any of his/her answers. We will request that the participants in the focus groups follow a "no gossip" rule, which means that the topics and information discussed during the focus group will not be discussed elsewhere by the participants. No risks of any nature are expected from this study. After conducting these focus groups, we will summarize our findings about the functioning and interactions of the community, and present them (both written and verbally) to Apex community members.

If we have permission for your son or daughter to participate in a focus group, please sign and date the statement below and have him/her return to _____ by _____. The focus group will take place at _____ on _____. We also ask that you make arrangements for transportation for your child. Your son or daughter will have the details explained to him/her prior to starting the focus group. Even if you give consent, your child has the right to refuse participation at any time during the focus group without repercussions. The person from whom we obtained your child's name will not know whether or not your child participated in this study. We hope you will allow your child to participate in an interview with us. The information they provide could help address concerns of all young people in Apex and benefit the community as a whole.

This project has been reviewed and approved by the UNC-Chapel Hill Institutional Review Board on Research Involving Human Subject, a board of researchers that ensures studies are ethical. If you have questions or concerns about this project or about your rights as a research participant, please do not hesitate to contact our faculty advisor or us. Collect calls will be accepted. Our names and contact information are listed below.

Cathy Rawls, UNC Graduate Student Contact 919-966-0057

Geni Eng, Ph.D., Faculty Advisor 919-966-3909

Sara Ackerman, Faculty Advisor 919-966-0057

UNC School of Public Health

Thank you for your time and consideration. Please keep this sheet for your records and return the attached consent form.

Parent Fact Sheet for Youth Interviews
December 28, 2000
Dear Parent or Guardian:

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis in Apex. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. Our group has decided to conduct both individual interviews and focus groups to gain more information about Apex. Using random selection, we would like to have your child participate in an individual interview.

The purpose of these interviews is to get specific ideas and opinions about what growing up in Apex is really like. Questions ask about day-to-day issues that youth face, such as how they feel about the community, what activities they participate in, and what types of people have an influence in their lives. The interviews will be conducted at local schools, libraries and other community settings in Apex and should take about 1 to 1 ½ hours of your child's time to complete. With your permission and theirs, we will take notes and use a tape recorder during the interview. The notes will be destroyed and the tapes erased at the end of this project in the spring of 2001. Everything your child says in the interview is strictly confidential and his/her name will not be associated with any of his/her answers. No risks of any nature are expected from this study. After conducting these interviews, we will summarize our findings about the functioning and interactions of the community, and present them (both written and verbally) to Apex community members.

If we have permission for your son or daughter to participate in an interview, please sign and date the statement below and have him/her return to _____ by _____. The interview will take place at _____ on _____. We also ask that you make arrangements for transportation for your child. Your son or daughter will have the details explained to him/her prior to starting the interview. Even if you give consent, your child has the right to refuse participation at any time during the interview without repercussions. The person from whom we obtained your child's name will not know whether or not your child participated in this study. We hope you will allow your child to participate in an interview with us. The information they provide could help address concerns of all young people in Apex and benefit the community as a whole.

This project has been reviewed and approved by the UNC-Chapel Hill Institutional Review Board on Research Involving Human Subject, a board of researchers that ensures studies are ethical. If you have questions or concerns about this project or about your rights as a research participant, please do not hesitate to contact our faculty advisor or us. Collect calls will be accepted. Our names and contact information are listed below.

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Geni Eng, Ph.D., Faculty Advisor 919-966-3909
Sara Ackerman, Faculty Advisor 919-966-0057
UNC School of Public Health

Thank you for your time and consideration. Please keep this sheet for your records and return the attached

consent form.

Fact Sheet for Youth Focus Group
December 28, 2000
Dear Youth:

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our assignments is to complete a community project in a team. We are conducting our project in Apex. To get information about Apex, we will be interviewing people who provide help and activities in the community as well as other community members, and doing focus group interviews with young people who live in Apex. We hope to use this information to understand the functioning and interactions of the community and to identify future goals for Apex. Using random selection, we would like you to participate in our focus group.

A focus group consists of 8-10 people who share their ideas and opinions about certain issues. The reason for these focus groups is to get ideas and opinions about what growing up in Apex is really like. The questions ask about day-to-day concerns that all young people face. The interviews will be conducted at local schools, libraries and other public places in Apex and should take about 1 to 1 ½ hours of your time to complete. With your and your parent or guardian's permission, we will take notes and use a tape recorder during the interview. The notes and tapes will be destroyed at the end of this project in the spring of 2001. Everything you say in the interview is private and your name will not be matched with any of your answers. We ask that you do not talk about what was said in the group to anybody. We do not think you will be taking any risks by helping us with this project.

If we have your permission to participate in a focus group, please sign and date the statement below and return it to _____ by _____. The focus group will take place at _____ on _____. You will have the details explained to you before you start the focus group. You have the right to refuse to stop participating at any time during the focus group. The adult who gave us your name will not know whether or not you chose to do the focus group. We hope you will decide to participate in the focus group. The information you provide could help people understand the concerns of all young people in Apex and benefit the community as a whole.

This project has been reviewed and approved by the UNC-Chapel Hill Institutional Review Board on Research Involving Human Subject, a board of researchers that ensures studies are ethical. If you have questions or concerns about this project or about your rights as a research participant, please do not hesitate to contact one of our project preceptors, our faculty advisor, or us. Our names and contact information are listed below.

Cathy Rawls, UNC Graduate Student Contact	919-966-0057
Anisa Kassim, UNC Graduate Student Contact	919-966-0057
Beth McAlister, UNC Graduate Student Contact	919-966-0057
Karen Toll, UNC Graduate Student Contact	919-966-0057
Mikisha Brown, UNC Graduate Student Contact	919-966-0057

Thank you for your time and consideration. Please keep this sheet for your records and return the attached consent form.

Fact Sheet for Youth Interview
December 28, 2000
Dear Youth:

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our assignments is to complete a community project in a team. We are conducting our project in Apex. To get information about Apex, we will be will be interviewing people who provide help and activities in the community as well as other community members, and doing interviews with young people who live in Apex. We hope to use this information to understand the functioning and interactions of the community and to identify future goals for Apex. Using random selection, we would like for you to participate in an individual interview.

We would like to get to know the youth of Apex by doing interviews with young people. The reason for these interviews is to get ideas and opinions about what growing up in Apex is really like. The questions ask about day-to-day concerns that all young people face. The interviews will be conducted at local schools, libraries and other public places in Apex and should take about 1 to 1 ½ hour of your time to complete. With your and your parent or guardian's permission, we will take notes and use a tape recorder during the interview. The notes and tapes will be destroyed at the end of this project in the spring of 2001. Everything you say in the interview is private and your name will not be matched with any of your answers. We do not think you will be taking any risks by helping us with this project.

If we have your permission to participate in an interview, please sign and date the statement below and return it to _____ by _____. The interview will take place at _____ on _____. You will have the details explained to you before you start the interview. You have the right to refuse to stop participating at any time during the interview. The adult who gave us your name will not know whether or not you chose to do the interview. We hope you will decide to participate in the interview. The information you provide could help people understand the concerns of all young people in Apex and benefit the community as a whole.

This project has been reviewed and approved by the UNC-Chapel Hill Institutional Review Board on Research Involving Human Subject, a board of researchers that ensures studies are ethical. If you have questions or concerns about this project or about your rights as a research participant, please do not hesitate to contact one of our project preceptors, our faculty advisor, or us. Our names and contact information are listed below.

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Karen Toll, UNC Graduate Student Contact	919-966-0057
Mikisha Brown, UNC Graduate Student Contact	919-966-0057

Thank you for your time and consideration. Please keep this sheet for your records and return the attached consent form.

Community Diagnosis of Apex

Parental Consent for Child to Participate in a Focus Group

Please complete and sign below if you are willing to let your child participate.

**** Note that students are chosen randomly to particpate in our focus group. The person who recruited your child will not know whether or not he/she decided to participate.***

Please have your child return this portion of the form to _____ at _____ by _____, 2000.

I **DO** give my consent for you to conduct a focus group that includes (child's name) _____ as part of the UNC-Chapel Hill School of Public Health's Community Diagnosis in Apex.

Parent/Guardian Signature _____

Date _____

Community Diagnosis of Apex

Parental Consent for Child to Participate in an Interview

Please complete and sign below if you are willing to let your child participate.

**** Note that students are chosen randomly to particpate in our interviews. The person who recruited your child will not know whether or not he/she decided to participate.***

Please have your child return this portion of the form to _____ at _____ by _____, 2000.

I **DO** give my consent for you to conduct an interview that includes (child's name) _____ as part of the UNC-Chapel Hill School of Public Health's Community Diagnosis in Apex.

Parent/Guardian Signature _____

Date _____

Community Diagnosis of Apex

Youth Assent to Participate in a Focus Group

Please complete and sign below if you are willing to participate.

**** Note that students are chosen randomly to particpate in our focus group. The person who recruited you will not know whether or not you decided to participate.***

Please return this portion of the form to _____ at _____ by _____, 2000.

I (your name) _____ DO give my consent to participate in a focus group interview as part of the UNC-Chapel Hill School of Public Health's Community Diagnosis in Apex.

Youth's Signature_____

Date _____

Community Diagnosis of Apex

Youth Assent to Participate in an Interview

Please complete and sign below if you are willing to participate.

**** Note that students are chosen randomly to particpate in our interviews. The person who recruited you will not know whether or not you decided to participate.***

Please have return this portion of the form to _____ at _____ by _____, 2000.

I (your name) _____ DO give my consent to participate in an interview as part of the UNC-Chapel Hill School of Public Health's Community Diagnosis in Apex.

Youth's Signature_____

Date _____

Youth Focus Group Interview Guide

School

1. What do you think of your school?
2. Do you like going to school?
3. If you had a really hard homework assignment that you couldn't figure out, what would you do?

Social Activities

4. Besides going to school, what are some of the things you do during the week? What about places you go often?
5. What are some activities you do on the weekends? With whom do you do them?

Community

6. Please tell us what you like about living in Apex.
7. Do you feel like you are a part of a community?
8. What do you see as strengths of the Apex community?
9. Who are some of the people who help the town the most? How do they help?
10. What do you see as some of the challenges the community of Apex faces?
11. If you could change one thing about Apex, what would it be?

Thank you for your time.

Youth Interview Guide

School

1. What do you think of your school?
2. Do you like going to school?
3. If you had a really hard homework assignment that you couldn't figure out, what would you do?

Social Activities

4. Besides going to school, what are some of the things you do during the week? What about places you go often?
5. What are some activities you do on the weekends? With whom do you do them?

Community

6. Please tell us what you like about living in Apex.
7. Do you feel like you are a part of a community?
8. What do you see as strengths of the Apex community?
9. Who are some of the people who help the town the most? How do they help?
10. What do you see as some of the challenges the community of Apex faces?
11. If you could change one thing about Apex, what would it be?

Thank you for your time.

Appendix D: Interview Guides

I.

Service Provider Interview Guide

Introduction - Consent

- *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. 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 functioning, interactions, and future directions. Our community is Apex. 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 (having lived/having worked in/being familiar with) Apex. We are interested in your opinions. There are no right or wrong answers.
- This research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate.
- *Risks:* You are not likely to experience any risks from being in this interview.
- *Benefits:* A written summary of the functioning and interactions of your community and suggested future directions will be made available to you and the community of Apex. This document can be used in improving the community's needs as well as maintaining strengths and assets that prove useful to the community leaders, community members, and service providers of Apex.
- *Time:* This interview should last 30-40 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ask if they do).

Do we have your permission to conduct this interview?

Confidentiality

- Your comments will remain confidential. All data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved. 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 recycled or destroyed. Is this okay with you?

Ground Rules

- *Right to refuse:* if at any time while we are 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 have said so far?

Overview of Services

- Please describe the services your agency provides to the residents of Apex.
  (If not interviewing an Apex person, ask the next question)

- What special criteria must people meet in order to be eligible for your services?

- What is your agency's source of funding?

- What services do Apex residents utilize most frequently?
  - Which are under utilized?
  - Please describe the residents that actually use these services.

Probe: (describe residents) i.e. demographics, family status, SES, education, gender, geography

- Are there people in need of the services but do not utilize them? Please describe them.

- How has recent growth affected utilization of services? How has it affected provision of services?

- What steps do you take to reach the people of Apex?

Probe : Special cultural / language needs

- What barriers have you encountered in trying to reach Apex residents? *(geographic, transportation, etc.)*

- Of the people that do not utilize your services, what barriers do you think they encounter in trying to do so?

Probe: Language, culture, transportation

- What other organizations provide similar services to Apex residents? Is there any collaboration between organizations?

Community

- What would you say are the strengths of the Apex community?

Probe: Individuals with useful skills or knowledge, groups or committees with useful skills or knowledge, natural resources

- What would you say are the greatest needs of the Apex community?
  Probe: Problems among community members, ethnic groups, women, children,

youth, poor

- What kinds of community projects have been undertaken in Apex during your time working with community residents?
  How would you explain their success or lack thereof?

- If you were going to try to implement some type of community health project in Apex, who from the Apex community would you try to involve to ensure success?

- What community needs are not met by your agency or other organizations in the area?

- How is the community involved in determining the services you provide?

General

- Is there anything else you can tell me/us about the Apex community?
  Probe: History, education, economics, politics, religion, health, recreation, culture

- Does your agency have any documents (i.e. annual reports, funding information) that we can look at or have copies of?

- Who else would you recommend we talk to about the needs and assets of Apex? Would you be willing for us to mention your name when we contact them?

- We are preparing a community forum in the spring to report the results of our research. Would you mind if we contacted you for assistance?

Thank you for your time.

II.

Community Member Interview Guide

Introduction - Consent

- *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. 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 how it functions, its interactions, and future directions. Our community is Apex. 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 (having lived/having worked in/being familiar with) Apex. We are interested in your opinions. There are no right or wrong answers.
- This research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate.
- *Risks:* You are not likely to experience any risks from being in this interview.
- *Benefits:* A written summary of the functioning and interactions of your community and suggested future directions will be made available to you and the community of Apex. This document can be used in improving the community's needs as well as maintaining strengths and assets that prove useful to the community leaders, community members, and service providers of Apex.
- *Time:* This interview should last 30-40 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ask if they do).

Do we have your permission to conduct this interview?

Confidentiality

- Your comments will remain confidential. All data will be kept in a locked file cabinet to ensure its safety and confidentiality of all persons involved. 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 recycled or destroyed. Is this okay with you?

Ground Rules

- *Right to refuse:* if at any time while we are 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 have said so far?

Community

- Describe for us your role in the Apex community?

Probe: how long have you lived here? Why did you decide to move here?

- What were your first impressions of Apex?

- How would you define the Apex community? (geographically, demographic,)

- What kind of cooperation is there between residents of different races or ethnicities?

- What are the strengths of the Apex community?

- What are the needs of the Apex community?

- What kinds of community projects have been undertaken by the residents of Apex?

Probe: success or failure? Projects you worked on?

- Who are the people in the community you would turn to for getting things done?

Probe: informal/formal leaders, movers and shakers

Growth

- How has the rapid growth in this area affected the community?

Probe: Who has been most affected?

- What is being done to alleviate the negative impacts of such growth?

- What are some of the differences in the newcomers and natives of the area?

Probe: Is there any tension?

Politics

- Could you describe the political climate here?

- How have the town politics changed in recent years?

- To what extent do you feel that the community is involved in the planning and decision-making in Apex?

Probe: Are decision makers representative of the Apex community?

Services

- What services/programs are used by the residents in Apex?
- What services/programs are needed by the residents?
- What do people do for recreation?

Probe: youth

General

- Is there anything else about Apex you would like to discuss?
- Who else would you recommend we interview?
- We will be planning a community forum in the spring, would you like to be involved?
- What kind of event do you think would attract Apex residents?

III.

Moderator's Guide

Youth and Education
Focus Group Interview

Introduction:

Hello, my name is _____, and I'm going to be leading our group discussion today. This is _____, who will be taking notes and assisting me during our discussion. We are graduate students in the UNC-Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. The community to which we have been assigned is Apex. 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.

We'll be here about one hour, so that we can talk about issues that may be affecting youth in Apex. The purpose of speaking with you today is to find out about your thoughts and experiences having worked and lived in Apex. We are interested in your opinions. There are no right or wrong answers.

The research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate. You are not likely to experience any risks from being in this focus group.

Your participation in this discussion is voluntary. You may refuse to participate, may refuse to answer any questions, or may quit at any time. Do you agree to participate in this discussion?

During the discussion we are going to record what is said on this piece of paper. If you have no objections, we will also tape record the discussion to make sure we don't miss anything. Only myself and the other members of my team will listen to the tape. Afterwards, the tape will be erased. You can ask for the recorder to be turned off at any time during the discussion. Do you agree to have this discussion taped?

Okay, let's begin. (Turn on tape recorder.)

Focus Group Groundrules

We've got a lot to cover, so we will all need to do a few things to get our jobs done:

1. Talk one at a time and in a voice at least as loud as mine.
2. I need to hear from every one of you during the discussion even though each person does not have to answer every question.
3. Feel free to respond to what has been said by talking to me or to any other member of the group. And, that works best when we avoid side conversations and talk one at a time.
4. There are no wrong answers, just different opinions. I am looking for different points of view. So, just say what's on your mind.
5. We do have a lot to cover, so you may all be interrupted at some point so that we can

keep moving and avoid running out of time.

6. We value your opinions, both positive and negative, and I hope you choose to express them during the discussion.
7. Everything said is confidential and will not be repeated by any member of our group to someone outside of the group.

Community Diagnosis: Apex Team
2/09/2001

Youth and Education
Focus Group Guideline

1. How has growth affected the lives of young people living in Apex?

2. Do you think young people feel like they have a voice in the community?

3. What are the organizations, committees, etc. in place to support youth in Apex?

4. What are some of the strengths of the school system in Apex?

5. As the school system attempts to educate the youth of Apex, what are some of the challenges they have encountered?

6. How has rezoning/redistricting affected students?

7. How would you describe the interaction between students from different backgrounds within the school system and/or the community? (Probe: SES, race, culture, location, busing, etc.)

8. What are some of the challenges youth in Apex are facing? (School readiness, violence, crime/drugs, boredom, etc.)

9. If a youth coalition was being formed in Apex to enhance the quality of life for young people, what are some key issues that they would need to address?

IV. Moderator's Guide

Focus Group Interview
with students from Apex High School

Introduction:

Hello, my name is _____, and I'm going to be leading our group discussion today. This is _____, who will be taking notes and assisting me during our discussion. We are graduate students in the UNC-Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. The community to which we have been assigned is Apex. 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.

We'll be here about one hour, so that we can talk about issues that may be affecting youth in Apex. The purpose of speaking with you today is to find out about your thoughts and experiences being students at Apex High School. We are interested in your opinions. There are no right or wrong answers.

The research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate. You are not likely to experience any risks from being in this focus group.

Your participation in this discussion is voluntary. You may refuse to participate, may refuse to answer any questions, or may quit at any time. Do you agree to participate in this discussion?

During the discussion we are going to record what is said on this piece of paper. If you have no objections, we will also tape record the discussion to make sure we don't miss anything. Only myself and the other members of my team will listen to the tape. Afterwards, the tape will be erased. You can ask for the recorder to be turned off at any time during the discussion. Do you agree to have this discussion taped?

Okay, let's begin. (Turn on tape recorder.)

Focus Group Groundrules

We've got a lot to cover, so we will all need to do a few things to get our jobs done:

1. Talk one at a time and in a voice at least as loud as mine.
2. I need to hear from every one of you during the discussion even though each person does not have to answer every question.
3. Feel free to respond to what has been said by talking to me or to any other member of the group. And, that works best when we avoid side conversations and talk one at a time.
4. There are no wrong answers, just different opinions. I am looking for different points of view. So, just say what's on your mind.
5. We do have a lot to cover, so you may all be interrupted at some point so that we can keep moving and avoid running out of time.

6. We value your opinions, both positive and negative, and I hope you choose to express them during the discussion.
7. Everything said is confidential and will not be repeated by any member of our group to someone outside of the group.

Apex High School
Youth Focus Group Guide
March 7th, 2001

*Name, age, and how long you've lived in Apex.

School

1. If a reporter asked you to pick three words that described your school what would they be and why?
2. How would you describe the interaction between students from different backgrounds with in your school? How about outside of school? (Probe: SES, race, culture, cliques, clubs, athletes, busing/redistricting)
3. What are some things that you do when you are not at school? (Probe: extra-curricular and non-school related activities, effects of busing)

Community

4. What's the best thing about living in Apex?
5. Do you feel like you are involved in your community? Do you feel like you have a voice? (Probe: school, neighborhood, church, Apex vs. non-apex residents)
6. If you could change one thing about Apex, what would it be?
7. How has Apex changed over the last five or ten years? How has it affected you?
8. If a youth coalition was being formed in Apex to enhance the quality of life for young people, what are some key issues that they would need to address?

V.

Moderator's Guide

Focus Group Interview with Members of the African American Community

Introduction:

Hello, my name is _____, and I'm going to be leading our group discussion today. This is _____, who will be taking notes and assisting me during our discussion. We are graduate students in the UNC-Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a community diagnosis. A community diagnosis is a research project in which we assess the functioning and interactions of a community and help them identify future directions. The community to which we have been assigned is Apex. 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.

We'll be here about one hour, so that we can talk about issues that may be affecting the African American community in Apex. The purpose of speaking with you today is to find out about your thoughts and experiences as African Americans in Apex. We are interested in your opinions. There are no right or wrong answers.

The research project has been approved by the UNC School of Public Health Institutional Review Board. This means that a panel of experts has looked over all that is being asked of you, and the panel feels that you will be safe from harm if you agree to participate. You are not likely to experience any risks from being in this focus group.

Your participation in this discussion is voluntary. You may refuse to participate, may refuse to answer any questions, or may quit at any time. Do you agree to participate in this discussion?

During the discussion we are going to record what is said on this piece of paper. If you have no objections, we will also tape record the discussion to make sure we don't miss anything. Only myself and the other members of my team will listen to the tape. Afterwards, the tape will be erased. You can ask for the recorder to be turned off at any time during the discussion. Do you agree to have this discussion taped?

Okay, let's begin. (Turn on tape recorder.)

Focus Group Groundrules

We've got a lot to cover, so we will all need to do a few things to get our jobs done:

1. Talk one at a time and in a voice at least as loud as mine.
2. I need to hear from every one of you during the discussion even though each person does not have to answer every question.
3. Feel free to respond to what has been said by talking to me or to any other member of the group. And, that works best when we avoid side conversations and talk one at a time.
4. There are no wrong answers, just different opinions. I am looking for different points of view. So, just say what's on your mind.
5. We do have a lot to cover, so you may all be interrupted at some point so that we can

keep moving and avoid running out of time.

6. We value your opinions, both positive and negative, and I hope you choose to express them during the discussion.
7. Everything said is confidential and will not be repeated by any member of our group to someone outside of the group.

African American
Focus Group Guide
March 29, 2001

1. What do you see as the strengths of the Apex community?

2. What are the greatest needs of the Apex community?

3. How do you think Apex has changed in the last 5-10 years?

4. How would you describe the interactions between community members form diverse backgrounds? Probe: old vs. new and among different races (How has this changed?)

5. How would you describe the African American community in Apex?

6. Do you feel like the African American community has a representative voice in things that happen in Apex?

7. What do you think are the needs of the Black community? Do the service providers/agencies meet those needs?

8. If a task force was being formed to work on improving things in Apex, what topics do you think they would need to address and why?

Appendix E: Community Forum Materials

I. Service Provider Invitation Letter

March 26, 2001

Dear Service Provider,

You are cordially invited to an interactive community discussion on **April 5th, 2001** at **Apex High School** from **7:00PM-8:30PM**. Community members and service providers from Apex and Wake County will gather to discuss the strengths and needs of the Apex community. It is our hope that this collaborative discussion will help the Apex community identify its available resources and prioritize its response to conditions and situations that affect the general health, wellness, and quality of life for its residents.

We, the Apex Community Diagnosis team, are graduate students in the UNC-Chapel Hill School of Public Health in the department of Health Behavior and Health Education. We have been talking with service providers and community members in Apex since September 2000 and would like to share what we have learned in a community discussion. We hope this will facilitate a collaborative, on-going relationship among all participants.

We would like to thank you in advance for your time and consideration. If you have any questions or would like to help organize this event, do not hesitate to contact us. We appreciate any assistance you might like to provide.

RSVP by **April 3rd** by leaving us a message at our toll free number 1-866-610-8272 or emailing us at apex_community_project@yahoo.com. You may also fax us a response at (919) 966-2921.

Please feel free to bring your family or a friend along with you, and let us know if you need transportation and/or child care.

Thank you again for your time. We hope to see you there!

Sincerely,

The Apex CD Team.

III. Community Member Invitation Letter

March 26, 2001

Dear Community Member,

You are cordially invited to an interactive community discussion on **April 5th, 2001** at **Apex High School** from **7:00PM-8:30PM**. Members of your community and service providers from Apex and Wake County will gather to discuss the strengths and needs of the Apex community. It is our hope that this collaborative discussion will help the Apex community identify its available resources and prioritize its response to conditions and situations that affect the general health, wellness, and quality of life for its residents.

We, the Apex Community Diagnosis team, are graduate students in the UNC-Chapel Hill School of Public Health in the department of Health Behavior and Health Education. We have been talking with service providers and community members in Apex since September 2000 and would like to share what we have learned in a community discussion. We hope this will facilitate a collaborative, on-going relationship among all participants.

We would like to thank you in advance for your time and consideration. If you have any questions or would like to help organize this event, do not hesitate to contact us. We appreciate any assistance you might like to provide.

RSVP by **April 3rd** by leaving us a message at our toll free number 1-866-610-8272 or emailing us at apex_community_project@yahoo.com. You may also fax us a response at (919) 966-2921.

Please feel free to bring your family or a friend along with you, and let us know if you need transportation and/or child care.

Thank you again for your time. We hope to see you there!

Sincerely,

The Apex CD Team.

IV. Solicitation of Donations Letter

Date: 03/26/2001

To: Food Lion

From: Apex Community Diagnosis Team, UNC Chapel Hill

Anisa Kassim, Beth McAlister, Cathy Rawls, Karen Toll, Mikisha Brown

RE: Donations for Apex Community Forum

A group of graduate students from the University of North Carolina, Chapel Hill have been working on a community project in Apex since the fall of 2000. We have been working with community leaders and members of Apex to identify the strengths and future directions of the community. As part of this process, we will be having a forum on April 5, 2001 from 7-8:30pm at Apex High School.

It is our hope that this forum will help the Apex community identify its available resources and prioritize its response to conditions and situations that affect the general health, wellness, and quality of life for its residents.

We would like for this forum to be a community event, so are asking local businesses if they could donate food and/or door prizes. We are currently estimating about 50-75 people to attend and participate in the evening's discussion. All businesses donating food and/or door prizes will be recognized for their involvement at the community forum.

If you would like to donate food or door prizes or have any questions, please contact us at the number below. Any type of donation that you can provide will be greatly appreciated.

Thank you for your time,
Sincerely,
Apex Community Diagnosis Team
Phone Number: 886-610-8272 (toll free)
Email: apex_community_project@yahoo.com

V. Forum Agenda

AGENDA
Community Discussion

April 5, 2001

ICEBREAKER

INTRODUCTIONS

SMALL GROUP ACTIVITY

COMMUNITY DISCUSSION

WRAP-UP AND CLOSING REMARKS

APEX

The Peak of Good Living

MISSION STATEMENT

The mission of the Apex Community Diagnosis Team is to:

- Highlight the strengths of the community and to utilize these assets to solve the problems affecting the residents of Apex
- Provide a means for service providers and community members to work together to solve the main concerns of the community and to build on the assets that already exist

The goal of today's community discussion is to:

- Facilitate a conversation about the strengths and needs of the Apex Community.
- Help the Apex community identify its available resources and prioritize its response to conditions and situations that affect the general health, wellness, and quality of life for its residents.

We would like to give a special thanks to all who helped make this community forum possible. Thank you to all who gave of their time, energy, and resources. We could not have done it without you!

Forum Planning Committee Members:
Julia Benson
Donna Buckless
Cheryl Bynum
Katina Gracien
Stephanie Grant
Laurie Crissman
Yolanda McMillan
Matt Reardon
David Rowland
Dana Wells
Rosena West
David Wood

And all the community members and service providers who participated in our interviews and focus groups!

Wake County Human Services
Regina Pettiway
Apex Chamber of Commerce
Eva Perry Library
Apex High School
Roy Cooper
Apex Youth Initiative
John Ward
Sara Ackerman
Geni Eng
Lowe's Foods of Apex
Kroger of Apex
Winn Dixie of Apex

VI. Triggers

A. Social Community Cohesion

"I don't think anyone wants it to be we versus them, we're one community and we need to be one community."

Discussion Questions:

1. What words or phrases from this quotation strike you? What are some of the key ideas?
2. What emotions does it bring up?
3. What do you think the speaker is thinking?
4. What would you do if you were him or her?
5. What can we do about these issues?
6. What actions can we take?
7. What would be our first step?

B. Political Community Cohesion
(Refer to picture)

Discussion Questions:

1. Describe what you see in the picture.
2. What emotions does it bring up?
3. What is happening?
4. What do you think the person(s) is thinking?
5. What would you do if you were that person(s)?
6. What can we do about these issues?
7. What actions can we take?
8. What would be our first step?

C. Accessibility and Availability to Services
(Refer to picture)

Discussion Questions:
(Refer to questions in Part B)