

Jordan Grove

Chatham County

A Community Diagnosis including Secondary Data Analysis and

Qualitative Data Collection

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EXECUTIVE SUMMARY

A Community Diagnosis of Jordan Grove was conducted by a team of graduate students from the Department of Health Behavior and Health Education (HBHE) in the School of Public Health at the University of North Carolina at Chapel Hill. Community Diagnosis is the process of evaluating the health and quality of life of a community both by reviewing previously gathered data and by talking with residents and service providers who have first hand knowledge of that community. This process occurs over the course of seven months and is a requirement for Masters students in the HBHE department.

The first semester of the Jordan Grove community diagnosis focused on collecting and summarizing previously existing or secondary data. Sources of this information included, but were not limited to, census data, county health data, and previously existing health documents created for Chatham County. These sources helped the research team to gain a broad understanding of Jordan Grove by defining location, history, economic and health status, as well as other sociodemographic characteristics of the community.

While compiling this information we encountered some limitations. The secondary data that we were able to access was primarily county level data. Because Jordan Grove is a small geographic region of Chatham County, this county level information does not accurately reflect the Jordan Grove community. Additionally, much of the data was outdated. Census data, for example, was last collected eight years ago in 1990. The secondary data section, therefore, is comprehensive but should not be assumed to provide specific information about the community of Jordan Grove.

The second method of community diagnosis data collection was qualitative: interviews

were conducted with residents and service providers in the Jordan Grove community. This primary data collection was essential to our understanding of Jordan Grove, particularly given the limitations of our secondary data. Separate interview guides were developed for residents and service providers. In total, twenty three residents and fifteen service providers were interviewed. Additionally, seven residents participated in a focus group. Christine Brooks, a community resident, voluntarily took on the role of our “community preceptor”, and played a critical role in introducing us to the community. Among other things, Mrs. Brooks invited us to attend service at the Jordan Grove A.M.E. Zion church, the church attended by a majority of Jordan Grove residents. Church attendance provided us the opportunity to become familiar with community residents and, perhaps more importantly, for the community to become familiar with us.

Jordan Grove is a small (approximately two square miles), rural, predominantly African American community located west of Siler City in Chatham County. The residents of this community are primarily descendants of the five families who originally resided in the area. The sense of family created by these longstanding relationships has created an element of community strength and competence that is reflected in this document.

Governmental responsibility for Jordan Grove is shared between Siler City and the whole of Chatham County. Jordan Grove falls under the Extra Territorial Jurisdiction of Siler City. Siler City's management responsibilities in Jordan Grove are limited to Planning and Zoning issues. All other land and political matters in Jordan Grove are the direct responsibility of Chatham County. The homes in Jordan Grove are linked to Siler City water and sewer lines. The Jordan Grove community is also covered by the Siler City Fire Department.

Residents and service providers described Jordan Grove as a community with many assets. Included in these assets were the Jordan Grove residents themselves. Residents described

their neighbors as helpful, friendly, and dependable. Many referred to the area as a close-knit, safe community and indicated that they would not want to live anywhere but Jordan Grove.

Other assets we were told about included the local churches, Joint Orange Chatham Community Action (JOCCA), and Us In Action (UIA). UIA is a group of residents credited with proactive efforts to improve the community. Achievements of this group include the extension of county water lines, renovation of a community church, and successful diversion of both a trailer park and airport that were proposed to be built in Jordan Grove.

Residents and service providers also expressed areas in which Jordan Grove could be improved. Suggested areas for improvement included housing conditions, safety, recreation, transportation, cost of medications, home health care, water and sewer, and trash collection.

A community meeting was held in February 1998 to present these findings to the residents and service providers of Jordan Grove. The purpose of the meeting was to share with everyone the information that the community diagnosis team had collected and summarized. This was also an opportunity for stakeholders in the community to listen and discuss with others issues and future directions for the Jordan Grove community. The priority areas identified for future action at the meeting were home health care and the cost of medications.

INTRODUCTION

Community diagnoses are conducted to inform community residents, service providers, and professionals in public health disciplines about the assets and needs of a specific community. Following a community diagnosis, resources can be augmented or improved so that they better fit the community they were designed to serve. The Community Diagnosis of Jordan Grove has a similar goal: to help target resources and needs so that the health and welfare of community members is ultimately improved.

The community diagnosis process consists of two parts: a review of quantitative data from secondary sources, and the collection and analysis of qualitative data from primary sources. The former occurred in Fall 1997; the latter in Spring 1998. Secondary data was collected from State and local agencies to provide a numerical overview of the Jordan Grove community. Unfortunately, much of the numerical and demographic data is only available for regions that are much larger than Jordan Grove, such as the zip code area including a quarter of Chatham County, or a census tract that is approximately 20 times as large as the Jordan Grove area. Hence, this data does not provide a valid overview of Jordan Grove.

Qualitative data was also collected from primary sources in the community; hence, this data is of particular relevance to Jordan Grove. In sum, 30 community members were interviewed or participated in a focus group, and 15 service providers were interviewed for the purposes of this diagnosis. Separate interview guides were developed for members and service providers, but they were both asked to identify the assets, possible areas for improvement, and future directions of the Jordan Grove community. The information provided by interviews and focus group participation was reviewed and synthesized to arrive at the topics that were most

salient to community members.

This document is the result of a seven-month project assessing the health and welfare of residents in Jordan Grove. The initial portion of the document details the results of the secondary data analysis: economic outlook, community profile, and community health. Subsequent sections describe the themes which emerged from discussions with community members and local service providers. The two portions of this document do cover much of the same material; any inconsistency or disparity between the primary and secondary data is mentioned and, to the extent as it could be, resolved in the second (qualitative) portion of the document.

GEOGRAPHY, HISTORY, AND ECONOMIC OUTLOOK

GEOGRAPHY

The community of Jordan Grove is located outside the western border of Siler City in Chatham County. Chatham County covers an area of 707 square miles near the geographical center of North Carolina (Hadley, Horton, and Strowd, 1976). Siler City and Jordan Grove sits in the county's western central region (refer to *Map 1* in appendix A for an overview of location).

For the purposes of this document, we have defined the Jordan Grove community in two ways: geographically and by Church membership. Our primary definition is based on geographical location of dwelling. However, this definition extends to include membership in Jordan Grove African Methodist Episcopal (AME) Zion Church, regardless of whether church members live within defined geographical boundaries. The geographical boundaries that seem to best identify Jordan Grove include community members who live on the following streets: Jordan Grove Road; Lane-Jordan Road; Green Hill Road; Matthews Road; the section of Old Highway 64 that lies between Lane-Jordan Road and the bridge over Blood Run Creek; Coleridge Road primarily north of the intersection with Lane-Jordan Road; and Fraizer Road (refer to *Map 2* in appendix A for greater detail). These geographical boundaries enclose an area of about two square miles.

Jordan Grove is primarily a residential area, although it does contain some small locally owned businesses, including an auto detailing shop, an upholstery shop, and four private in-home day care centers. The landscape in this community is rural and heavily wooded, with pastureland visible from the roadside. There are no sidewalks or streetlights in the community, and not all of the roads are paved. Many of the people in Jordan Grove live in modular or

mobile homes, many of which are older. The center of the community is the Jordan Grove AME Zion Church, although a second smaller church, Little Rock Bible Way, is also located in the community.

HISTORY

Settlers of English, Scottish, and German descent began arriving in the area now known as Chatham County as early as 1745 (Chatham Co. Online, September 23, 1997). The act establishing the county was effective in 1771, and the county was named in the honor of William Pitt, the first Earl of Chatham, who was a defender of American rights in British Parliament (Hadley et al, 1976).

In 1750 German immigrants Plickard Dedrick Siler and his wife Elizabeth settled in western Chatham County about four miles north of what is now know as Siler City. The opening of the Cape Fear and Yadkin Valley Railroad through Chatham County in 1884 was the impetus for the development of Siler City. The land for the town's depot was donated by Samuel Siler, son of Plickard and Elizabeth. The town became known, in Samuel's honor, as Siler City, and was officially incorporated in 1887. Rail transportation facilitated the import of supplies and the export of regional products, and Siler City made its mark as a regional shipping hub. By 1887 the town had fourteen commercial and manufacturing structures (Hadley et al, 1976). Siler City ultimately became Chatham County's first "boom town". Post World War II saw a further expansion of locally owned industry in this area, primarily focused on food processing, furniture, and textiles (Chatham Co. Online, September 23, 1997).

Preserved records of the Jordan Grove A.M.E. Zion Church, the foundation of the Jordan Grove community, date back to 1924. In this year, the church was rebuilt at its present site on Old Highway 64 after the original structure was destroyed by fire. Formerly known as Hickory

Grove Community, Jordan Grove was home to primarily five African American families up until the 1950's: the Brooks, the Jordans, the Lanes, the Edwards, and the Silers, all living within a five mile range. Due to segregation and a lack of transportation, the community was isolated from the more urban and prosperous area of Siler City. Although new families have settled into Jordan Grove, many descendents of these original five families remain in the community.

For decades, the livelihood of community members was based on farming. Racism and Jim Crow laws kept them out of public work until the late 1940's, when some residents took on work at local saw, cotton, and textile mills. Segregation at this time still kept blacks out of the yarn mills. Some of the women in Jordan Grove did domestic work for other families, such as washing.

The members of the Jordan Grove community have seen their share of hard times, both personally and financially. Throughout their history, the people of Jordan Grove have shared a united spirit to aid all members in need. Members attribute the development in this community to be based on human caring and reciprocity (Tellez 1991).

ECONOMIC OUTLOOK

Employment

According to the Chatham County Economic Development Commission (1997a), the 1996 total workforce population in Chatham County was 24,550. In 1996, 54% of Chatham residents were working within the County. The proportion of Siler City residents working within the county was higher (85%) in this same year. Seven of the county's top 10 employers are located in Siler City as presented in **Table 1**. The top two employers in the county are poultry processing plants, but the county also houses large textile mills.

Thirty-one percent of Chatham County workers are employed in professional and other

services, and only 27.6% in manufacturing, while Siler City residents are primarily employed in manufacturing (41.4%), professional and other services (19.8%), and wholesale and retail trade (16.5%) (Chatham County Economic Development Commission, 1997a). Mirroring Chatham County, the major industries in Siler City have historically been, and continue to be, food processing, textiles, and furniture. Many of these jobs employ unskilled laborers for low wages. Employment data specific to Jordan Grove residents were not available.

Table 1. Top 10 Major Industrial Employers in Chatham County in 1996

Company	Industry	Number of Employees
<i>Townsend, Inc. (2 plants)</i>	<i>Poultry Processing</i>	<i>1,050</i>
<i>Golden Poultry</i>	<i>Poultry Processing</i>	<i>800</i>
Allied Signal	Polyester Fiber	800
<i>Glendale Hosiery</i>	<i>Ladies Hosiery</i>	<i>700</i>
<i>Mastercraft Corporation</i>	<i>Upholstery Fabrics</i>	<i>650</i>
Weyerhaeuser Company	Fiberwood	300
<i>Charles Craft, Inc.</i>	<i>Textile Sales Yarn</i>	<i>220</i>
<i>Oneida Molded Plastics</i>	<i>Injection Moldings</i>	<i>200</i>
Willamette Industries	Plywood	200
<i>Palm Harbor Homes of NC, Inc.</i>	<i>Mobile Homes</i>	<i>200</i>

Source: Adapted from Chatham County Economic Development Commission, 1997a

Notes: Companies denoted by italics are located in Siler City. Townsend, Inc. has two plants in Chatham County, only one of which is located in Siler City.

The Latino population has been growing rapidly in and around Siler City in recent years, including Jordan Grove. A recent telephone survey of local manufacturers determined that one-third of the Siler City workforce was Latino, and that a majority of local Latinos worked in farming, forestry, and fishing industries (Levin et al, 1994). Many Latinos have migrated to the Siler City area because of the availability of employment opportunities requiring little skill, predominantly in poultry processing plants (Levin et al, 1994).

The economy of Siler City has been experiencing growth after a federally-imposed development moratorium due to inadequate sewage capacity was lifted in early 1992 (J. Brower, personal communication, November 20, 1997). During the 1996-1997 fiscal year, 7 industrial

companies in Siler City were expanded and one new business was relocated to Siler City, creating 321 new jobs and introducing nearly \$15 million worth of industrial investment as displayed in *Table 2*.

Non-industrial companies, such as restaurants, introduced 3 new businesses and one expansion to Siler City during fiscal year 1996-1997. Non-industrial businesses created an additional 15 new jobs and added \$963,000 in investment income to the area (Chatham County Economic Development Commission, 1997b).

Table 2. New or Expanding Industrial Companies in Siler City (FY 1996-1997)

Industrial Companies	Type of Construction	Total Square Feet	Investment Dollars	New Jobs Created
Brookwood Farms	Expansion	3,200	\$ 64,000	0
Charles Craft	Expansion	120	3,000	0
Coleman/CCI	Expansion	0	1,000,000	30
Golden Poultry	Expansion	5,528	10,585,000	200
Lazar Industries	Expansion	0	350,000	35
Oneida Molded Plastics	Expansion	735	25,000	0
Trusty Building Companies	New Business	16,000	2,500,000	50
Wrenn Brothers	Expansion	8,220	280,573	6
TOTAL		33,803	\$ 14,807,573	321

Source: Chatham County Economic Development Commission, 1997b

Agriculture

Farming is a historically strong but recently declining industry in Chatham County, as the number of farms has decreased from 961 in 1987 to 926 in 1992. Nonetheless, nearly one quarter of the land in Chatham County (108,000 acres) continues to be used for agriculture (1992 Census of Agriculture, as found in Chatham County Economic Development Commission, 1997a). Several recreational farms of horses, cows, and sheep, whose economic significance is minimal, are evident in the Jordan Grove. One poultry farm is located in the community that is its owner's primary source of income (community resident, personal communication, February

12, 1998).

Construction Activity

The total value of residential and non-residential construction in Chatham County has more than doubled between 1991 and 1996, as depicted in *Table 3*; however, this growth is more attributable to significant fluctuation in construction values than to a steady increase (Chatham County Economic Development Commission, 1997a).

A new residential development that will border Jordan Grove along Coleridge Road is being planned. Two hundred twenty acres in total, the land will be divided into an equal number of 5- and 10- acre lots that are anticipated to sell between \$18 - \$22,000 (5 acres) and \$24 - \$29,000 (10 acres). Lots are this size in order to support an adequate well water supply and septic field. Homestead Land and Timber, the land developers, have defined several rules for this new community: no mobile homes are allowed, no animals can be raised on the property for commercial purposes, and residents will be required to maintain their yards. Despite the proximity of this development, property values in the Jordan Grove area are not expected to increase, at least in the short term (T. Smith, personal communication, November 5, 1997).

Table 3. Construction Activity in Chatham County: 1991 - 1996

Year	Non-Residential		Residential		Total Value
	# Permits	Value	# Permits	Value	
1991	71	\$ 15,203,582	347	\$ 23,163,037	\$ 38,366,619
1992	81	4,086,873	409	34,801,572	38,888,445
1993	122	7,293,317	568	50,304,455	57,597,772
1994	114	8,825,160	585	69,564,221	78,439,381
1995	183	8,857,672	508	66,230,594	75,088,266
1996	142	15,823,602	386	65,683,827	81,074,429

Source: Chatham County Economic Development Commission, 1997b.

COMMUNITY PROFILE FROM SECONDARY DATA

OVERVIEW

The secondary data that we have chosen to use does seem to show that Chatham County is generally better off than North Carolina. It also shows that the area around Jordan Grove seems to generally be doing quite well in comparison to both the state and county. There are, however, many limitations in the available secondary data. These make it difficult to draw conclusions about exactly how closely the data describes Jordan Grove specifically.

LIMITATIONS OF THE SECONDARY DATA

The two most significant facts about this secondary data from the 1990 U.S. Census are that it does not fit the community of Jordan Grove particularly well and that it is almost eight years old. Thus, while it is probably the best data currently available, it may not be of much significance to the community of Jordan Grove and to this Community Diagnosis. The basic problem is that, while there is plenty of data available at the county and state level which is much newer, the only comprehensive set of data available on Jordan Grove is from the 1990 U.S. Census. In order to be able to make meaningful comparisons between the data, it is necessary to use the older county and state data so that all of the data is from the same year.

The smallest area for which socio-economic data is available in the 1990 Census is at the block group level, in this case Block Group 203-1 (BG203-1) (refer to *Map 3* in appendix A), but data at this level is not specifically applicable to Jordan Grove. The geographic boundaries of the community of Jordan Grove are probably 20 times smaller than the block group in which it is located, meaning that approximately 70-80% of the people who live in the block group and for whom we have data are not members of the Jordan Grove community. Further, the block

group is 78.1% white (see **Table 5**), whereas the community of Jordan Grove is primarily black, meaning again that it is not an especially good fit. There is also the issue of our current dual definition of the community of Jordan Grove: we use both geographic boundaries and the membership of the Jordan Grove AME Zion Church in defining this community. This is problematic, because some undetermined fraction of the members of this church does not live within Block Group 203-1, meaning that data for them is not included within our data.

There is the additional interesting problem that, according to the 1990 Census, there were no Hispanics living in this block group. However, we have observed that there are some Hispanic families living in the area geographically defined as Jordan Grove. Further, 15% (or more) of the work force in nearby Siler City and 38% of its residents are thought to be Hispanic (Molloy, 1997). This significant influx of Hispanics is a relatively recent phenomenon, occurring in the last 3-5 years, and there is very little data available about them (Molloy, 1997).

CENSUS DATA AND ANALYSIS

Despite all of these concerns, it is possible that the block group data may still have some undetermined value as some of the Jordan Grove community does live within that block group. Thus, there may be some reason to pay attention to the data and specific attention to why it does not particularly seem to represent Jordan Grove. Bolded numbers in the tables are those numbers that seem to be the most important to Jordan Grove.

Table 4. Population by Age, 1990

Age	North Carolina	Chatham County	Block Group 203-1
0-4	456,336 6.8%	2,672 6.9%	106 8.0%
5-15	969,071 14.6%	5,112 13.2%	270 20.4%
16-20	524,114 7.9%	2,374 6.1%	110 8.3%
21-24	425,622 6.4%	1,774 4.5%	58 4.4%
25-54	2,865,605 43.2%	17,548 45.3%	563 42.6%
55-64	585,832 8.8%	3,821 9.8%	101 7.6%
65+	802,057 12.1%	5,458 14.1%	114 8.6%
TOTAL	6,628,637	38,759	1,322

Source: 1990 U.S. Census

Note: bold numbers reflect numbers of particular relevance to Jordan Grove

Notice that only a total of 16.2% (7.6% + 8.6%) of BG203-1 is over 54 years old, in comparison to 20.9% for North Carolina (NC) and 23.4% for Chatham County. This is interesting because we have been told that Jordan Grove is a community with many senior citizens. Thus, the data does not seem to fit with what we have heard about the Jordan Grove. We have also heard that young people tend to leave the community to find work, and yet BG203-1 has a greater percentage of 16-20 year olds than NC or Chatham County, and an approximately equal number of 21-24 year olds. Thus, this data may not accurately reflect the community of Jordan Grove.

Table 5. Population by Race, 1990

Race	North Carolina	Chatham County	Block Group 203-1
White	5,011,248 75.6%	29,401 75.8%	1,033 78.1%
Black	1,455,340 22.0%	8,870 22.9%	284 21.5%
American Indian, Eskimo, Aleut	82,606 1.2%	141 0.3%	5 0.3%
Asian, Pacific Islander	50,395 0.8%	102 0.3%	0 0%
Other	29,048 0.4%	245 0.6%	0 0%

Source: 1990 U.S. Census

Table 5 shows that the percentages of each race are consistent across the state, county, and block group level. These rates, however, are not reflective of Jordan Grove.

Table 6. Population by Sex, 1990

Sex	North Carolina	Chatham County	Block Group 203-1
Male	3,211,425	18,777	707
Female	3,417,212	19,982	615

Source: 1990 U.S. Census

Table 6 shows that block group BG302-1 has slightly more men than women.

Table 7. Per Capita Income by Race, 1990

Race	North Carolina	Chatham County	Block Group 203-1
White	\$14,450	\$14,706	\$10,796
Black	7,926	9,037	18,206
American Indian, Eskimo, Aleut	8,097	9,375	15,000
Asian, Pacific Islander	11,127	11,730	(none)
Other	7,974	5,137	(none)

Source: 1990 U.S. Census

Table 7 presents interesting census data. Notice that blacks in BG203-1 had a higher per capita income than any other group in the table, \$18,206 per person. This is double the income of blacks in the county at large, and even more than double that of blacks in NC. Another interesting finding is that the whites in BG203-1 seem to have been doing significantly worse

than the state and county averages for whites, at \$10,796 per person vs. \$14,706 for the county. At this point the true significance of this cannot be known, and hopefully our interviews will help clarify the truth of these data.

Table 8. Persons Below Poverty Line by Race, 1990

Race	North Carolina	Chatham County	Block Group 203-1
White	419,479 8.4%	2,222 7.6%	57 5.6%
Black	377,109 25.9%	1,753 19.8%	36 12.7%
American Indian, Eskimo, Aleut	19,613 23.7%	52 36.9%	0 0%
Asian, Pacific Islander	7,213 14.3%	8 7.8%	(none)
Other	6,444 22.2%	5 2%	(none)

Source: 1990 U.S. Census

Here again there seems to something good happening in BG203-1. The percentages of people below the poverty line for BG203-1 was significantly lower than that for Chatham County and NC for both blacks and whites, with the percentage for blacks being a full 50% lower than that for blacks in NC in general.

Table 9. Percentage Who Own and Rent Homes, 1990

Own or Rent	North Carolina	Chatham County	Block Group 203-1
Own	68%	77%	87%
Rent	32%	23%	13%

Source: 1990 U.S. Census

Table 9 shows that more residents in BG203-1 own their homes than do residents of Chatham County or state residents as a whole. This confirms what we have heard about Jordan Grove: that they generally own their homes.

Table 10. Number and Percent of Persons Medicaid Eligible, 1996

North Carolina	Chatham County	Block Group 203-1
1,176,589 16.2%	5,096 11.8%	Data Not Available

Source: LINC Topic Report, Social and Human Services, U.S. Dept. of Human Resources, Health Care Financing Administration

Table 10 shows that Chatham County has fewer residents who are Medicaid eligible than NC as a whole. Unfortunately, data for Jordan Grove or BG203-1 are unavailable for comparison.

Table 11. Unemployment Rates by Race, 1990

Race	North Carolina	Chatham County	Block Group 203-1
White	3.6%	2.5%	2.7%
Black	9.9%	8.1%	3.6%
American Indian, Eskimo, Aleut	9.5%	0%	0%
Asian, Pacific Islander	5.7%	0%	(none)
Other	5.4%	0%	(none)

Source: 1990 U.S. Census

The unemployment rates for people in this area were well below the NC average, especially for blacks, as displayed in *Table 11*. The area black unemployment rate was almost one third that for blacks in NC and less than half of that for Chatham County. Whites as well did a bit better than the state average, but not quite as well as whites in Chatham County in general.

Table 12, on the following page, shows that BG203-1 generally had lower education levels than Chatham County and North Carolina. It should be noted that Chatham County's educational levels may be increased significantly by residents living in or near Fearington Village, the Research Triangle Park, and UNC.

Table 12. Educational Levels of Persons Age 18 or Older, 1990

Education Level	North Carolina	Chatham County	Block Group 203-1
Less than 9 th Grade	557,739 11.1%	3,642 12.1%	139 15.3%
9 th - 12 th Grade	892,459 17.7%	5,372 17.8%	183 20.2%
High School or GED	1,496,296 29.8%	9,320 30.9%	326 35.9%
Some College	958,965 19.1%	4,311 14.3%	139 15.3%
Associate's Degree	324,173 6.5%	2,035 6.8%	75 8.3%
Bachelor's Degree	559,144 11.1%	3,490 11.6%	32 3.5%
Graduate or Professional Degree	213,368 4.6%	1,957 6.5%	13 1.4%
TOTAL	5,020,144	30,127	907

Source: 1990 U.S. Census

Table 13. Heads of Households and Presence of Children Under 18, 1990

Household	North Carolina	Chatham County	Block Group 203-1
Married Couple Family: with Children	651,007 25.9%	3,750 24.4%	166 38.5%
without Children	796,194 31.6%	5,462 35.6%	155 36.0%
Male Householder, No Wife: with Children	31,588 1.3%	142 0.9%	6 1.4%
without Children	42,131 1.2%	304 2.0%	13 3.0%
Female Householder; No Husband: with Children	164,000 6.5%	942 6.1%	23 5.3%
without Children	138,590 5.5%	803 5.2%	4 0.9%
Non-Family Households	692,633 27.5%	3,934 25.7%	64 14.8%
TOTAL	2,516,098	15,337	431

Source: 1990 U.S. Census

This table is interesting in that it shows that many more of the households in BG203-1 were family households as compared to the state and county. There were also many more

married families in general, and many less households headed by females who had no husband or children. BG203-1 continues the state and county trend of having 5-7% of households headed by women with children but no husband.

OTHER SECONDARY DATA

As stated earlier, there is more recent data available at the state and county level than at the community level. Some interesting facts for consideration are presented below.

Table 14. Drop-Out Rates for Chatham Co. and North Carolina, 1988-1995

Drop-Out Rate for Grades 9-12	1988-89	1989-90	1990-91	1994-95
Chatham Co.	4.12%	4.07%	3.16%	3.11%
North Carolina	4.47%	4.25%	3.00%	3.40%

Source: The Health of Chatham 1996-1997 (Molloy, 1997).

Again, Chatham County seems to fair a bit better than the state in general, and the current trend at the state and county level is for drop out rates to be improving year by year. A few more quick facts are:

- The June, 1995 unemployment rate for Chatham County was estimated at 2.7% compared to 4.7% for North Carolina (Molloy, primary source unknown, 1997).
- A 1994 telephone survey of major Siler City employers determined that fully one-third of the workforce in Siler City were Latinos (Levin et al, 1994).
- 1995 figures show that 20% of Chatham County’s population is 60 years old or older, compared with NC at 16% and the US at 14%. Chatham County’s percentage of older persons is predicted to increase at a faster rate than that of the state. (Molloy, primary source unknown, 1997)

CONCLUSION

There are many limitations of the available secondary data about Jordan Grove. However, all of what is available seems to show that the area of BG203-1, which contains Jordan Grove, was doing much better than the state and county averages in almost all respects, with educational attainment being the exception. Furthermore, Chatham County in general seems to be doing better than the state for the categories considered here.

POLITICS AND GOVERNMENT

Jordan Grove is not an incorporated area of Chatham County. Consequently, the community does not have political autonomy within the county. Governmental responsibility for Jordan Grove is shared between Siler City and the whole of Chatham County.

EXTRA TERRITORIAL JURISDICTION OF SILER CITY

The Jordan Grove community rests just outside the western border of Siler City. Siler City is an incorporated town, and has its own local political structure. Because of its close proximity to this incorporated town, Jordan Grove is part of what is called the Extra Territorial Jurisdiction (ETJ) of Siler City.

As an ETJ area, Jordan Grove does not fall under the full control of the local government structure in Siler City. Siler City's management in Jordan Grove is limited to Planning and Zoning issues (D. Mendenhall, personal communication, March 16, 1998). If a structure is to be built in Jordan Grove, the Siler City Planning and Zoning Board has jurisdiction over the proposed project. All other land and political matters in Jordan Grove are the direct responsibility of Chatham County.

The homes in Jordan Grove are linked to Siler City water and sewer lines. All residents with Siler City utility hook ups, whether they reside in the incorporated area or an ETJ, receive utility bills from Siler City to pay for these services. These bills are completely separate from taxes. Jordan Grove, as an ETJ area, does not pay any taxes to the Siler City municipality.

Chatham County is divided into nine fire districts. Both Siler City and Jordan Grove fall under the Central Chatham Fire District. If there were a fire in Jordan Grove, the Siler City Fire Department would be the team summoned by emergency dispatchers. All residents in the county

pay County fire taxes to support the individual fire departments in each district. Therefore, County money contributed by Jordan Grove residents, and not exclusively Siler City residents' tax money, supports the Siler City Fire Department.

COUNTY GOVERNMENT

The main governmental responsibility for Jordan Grove comes directly from the County level (C. Chandre, personal communication, March 16, 1998). All local taxes in Jordan Grove are paid directly to Chatham County. A Board of Commissioners governs Chatham County. The board consists of five members who are elected to staggered four year terms. Every December a new Chair is elected. There is no limit as to how many terms a Commissioner can serve, nor are there a maximum number of years that one can be elected Chairperson of the Board. County Commissioners are paid a modest salary for their service on the Board.

The Board of Commissioners is responsible for passing County-wide ordinances and resolutions, establishing fiscal policy, and appointing department heads within Chatham County service agencies. It is responsible for appointing directors to the Health Department and to Social Services, as well as allocating funds to these agencies. The Board also has the authority to appoint certain members to the Chatham County contingency of the Orange, Person, and Chatham Counties Mental Health Board.

There are currently four Democrats and one Republican serving on the Board. The Board presently consists of three women and two men. Two of the women are African American, including the current Chair. Two of the Commissioners are from the Siler City area. Three positions are up for reelection in 1998, including both commissioners from Siler City.

The Board of Commissioners meets on the 1st and 3rd Mondays of each month in the Pittsboro Courthouse. In addition to these set meetings, the Commissioners often convene for

work sessions to take care of miscellaneous business that does not fit into a normal agenda. Because four out of the five Board members are retired, these meetings are often held during business hours.

By order of the North Carolina Freedom of Information Act, all Board of Commissioners meetings are required to be posted in a public area at least 24 hours prior to the start of the meeting to encourage public attendance and citizen input. There are only three occasions when private Board meetings can be held: when industrial development, litigation, or personnel matters are being discussed.

CONCLUSION

Jordan Grove is not an incorporated area, and therefore does not have political autonomy within Chatham County. Jordan Grove lies within the Extra Territorial Jurisdiction of Siler City, so the influence of Siler City politics is minimal in the community. The primary governmental responsibility for Jordan Grove therefore comes directly from Chatham County, where all health care service decisions are made, such as appointing department directors and allocating funds.

COMMUNITY ASSETS AND RESOURCES

This section highlights the resources that community members have developed and currently possess which strengthen the Jordan Grove community. Assets of Jordan Grove include both the tangible and the intangible: its people and local organizations, as well as services and facilities that are located in nearby Siler City.

POWER OF THE PEOPLE

Undoubtedly, the people of Jordan Grove are its single greatest asset. People help out one another in times of need, often even if help has not been sought. When neighbors experience a death in their family or suffer health problems, community members are quick to react to help out one another with food, assistance, and emotional support. Disasters such as Hurricane Fran or minor flooding have facilitated similar collaborative efforts.

Members of the Jordan Grove community recognize that there is power in numbers. In the recent past, Jordan Grove members have rallied to acquire needed resources. As will be discussed in greater detail later in this document, community residents have won grants for city water to replace failing well water, for city sewer for some residents to replace stressed septic systems, and for rehabilitation for local houses in need of repair. They have also used power in their limited numbers to halt a planned commercial airstrip and a proposed sixty-home trailer park, both of which were scheduled to be located in the community. The larger geographical community of Jordan Grove, not only the church members, have also rallied to raise money to rebuild the Jordan Grove A.M.E. Zion Church after its roof unexpectedly collapsed and the building was condemned.

Resources have also been directed for the good of the community because of several

residents who are particularly empowered. Community leaders abound in Jordan Grove to organize community meetings to address problems such as are mentioned above and to connect residents with needed resources. Undoubtedly, the leadership of these few individuals is an asset for the larger community.

JORDAN GROVE ORGANIZATIONS

Local churches provide a significant source of natural organization and service provision: Jordan Grove AME Zion Church and Little Rock Bible Way. Both churches respond not only to the spiritual needs of the community, but also to their physical needs. The Reverend at the Jordan Grove AME Zion Church, the center of the community for an estimated 80% of Jordan Grove residents, reminds parishioners of healthful habits, and the church bulletin usually has at least one health-related announcement per two-week period. For example, blood pressure screenings are held monthly following service. The Jordan Grove AME Zion Church also provides a gathering place for many community residents and houses its own library.

Jordan Grove community members united to create Us In Action (UIA) to represent all interested community members at local political meetings. UIA was a product of community organization to halt unwelcome development such as the commercial airstrip and the trailer park. This group promotes the community's wishes at local events, but is only active when a community need arises. Jordan Grove also has an organized Community Watch program, which grew out of UIA, where residents visibly display signs on their mailboxes and look after one another's property.

LOCAL RESOURCES

The Joint Orange Chatham Community Action Agency (JOCCA) is another strong asset to the members of the Jordan Grove community. Begun in 1965, JOCCA provides the low

income residents of Jordan Grove with a resource to help them seek funds and be referred to assistance programs, including emergency assistance (food, clothes, utility payments, rent and mortgage assistance), housing (repair, counseling, weatherization, construction), job training (referral, development, training), and meals assistance. According to sources at JOCCA, the agency was instrumental in helping Jordan Grove to secure guidance and funding for its water, sewer, and home rehabilitation grants. JOCCA's Multipurpose Center is an asset as well; it houses a diabetes self-monitoring center, as well as the LIGHT (Living In God's Holy Temple) Way program, which focuses on improving the nutrition and exercise habits of participants. Both programs were designed in part in response to needs voiced by Jordan Grove residents and local service providers.

In addition to being a resource for medical care, the Chatham County Health Department (CCHD) has aided Jordan Grove by helping the community identify existing health problems and responding to its public health needs. For instance, CCHD has responded to the needs of local diabetics and other prevalent conditions by helping to develop Diabetes Today and LIGHT Way programs.

EDUCATIONAL AND MEDICAL RESOURCES

Located in nearby Siler City, Central Carolina Community College houses a satellite campus which emphasizes quality technical and vocational training, in a 14,000 square foot facility. Youth in Jordan Grove attend Jordan Matthews High School, whose average 1995-1997 SAT scores and scholastic performance measures were comparable with State averages (NC Department of Public Instruction, 1998).

Emergency medical facilities are located less than 5 miles from Jordan Grove in downtown Siler City. The Chatham County Health Department and Chatham Hospital are

important medical resources for routine and emergency care. Many local private physicians offices also provide routine care for chronic illness. The issue of health care access is addressed in greater detail in the Health section of the document.

HEALTH

INTRODUCTION

The health of a community includes both the physical and mental well-being of its residents. The healthier a community is physically, the more energy and motivation they gather. With this force, they can create whatever ideal living situation they collectively envision.

A thorough health analysis of the Jordan Grove community follows. It was collected based on secondary data, in which statistical information was limited to county and state levels.

MORTALITY

Mortality data is available for the postal zip code area 27344 (which includes Siler City, Jordan Grove, and much of northwestern Chatham County). According to both the Siler City and Pittsboro postal clerks, as well as the staff at Davis Library on the UNC campus, no map of the boundaries of zip code 27344 exists, though its approximate boundaries are known.

Unfortunately, the zip code area is much larger than the Jordan Grove community. Thus, some or all of the conclusions drawn from that data may not apply to Jordan Grove. Hopefully, the significance of this data will be made clearer by the interview process.

Mortality rates are available for the county and state levels, and are also computed for the zip code area. However, as the numbers of deaths per disease category for the zip code area are so small, rates would be extremely susceptible to small numeric variations. For example, the difference between 1 and 2 people dying of some cause would cause a 100% increase in the rate. Thus, rates for the zip code have not been computed to avoid the problem of misleading comparisons. Instead, the top ten causes of death are listed in *Table 15*.

Table 15. Top Ten Causes of Death in 1996 for Comparison

Rank	Zip code 27344	Chatham County	North Carolina
1	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
2	Malignant Neoplasms (Cancers)	Malignant Neoplasms (Cancers)	Malignant Neoplasms (Cancers)
3	Cerebrovascular Disease (Stroke)	Cerebrovascular Disease (Stroke)	All Other Causes*
4	All Other Causes*	All Other Causes*	Cerebrovascular Disease (Stroke)
5	Pneumonia and Influenza	Pneumonia and Influenza	Chronic Obstructive Pulmonary Disease (COPD)
6	Chronic Obstructive Pulmonary Disease (COPD)	Unintentional Motor Vehicle Accident	Pneumonia and Influenza
7	Diabetes Mellitus	Chronic Obstructive Pulmonary Disease (COPD)	Diabetes Mellitus
8	Conditions Originating in the Perinatal Period	Homicide and Legal Intervention	Other Intentional Injuries and Adverse Effects
9	Homicide and Legal Intervention	Diabetes Mellitus	Unintentional Motor Vehicle Accidents
10	Unintentional Motor Vehicle Accidents	Conditions Originating in the Perinatal Period	Suicide

*All Other Causes is a category in the source statistics, but does not actually include all causes of death other than those listed here. See complete mortality tables included.

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

It should be noted that the bottom six causes of death in zip code 27344 could have been switched around or even switched with other causes not in the top ten by just a few more or a few less people dying of these causes. Thus, to draw a high significance from these could be misleading.

Chatham County (CC) has lower adjusted five year death rates than statewide comparisons for general mortality, heart disease, all cancers combined, colorectal cancer, lung cancer, prostate cancer, stroke, chronic obstructive pulmonary disease, pneumonia/influenza, suicides, septicemia, and AIDS (Molloy, 1997). CC is also significantly below the NC rates for infant mortality, and in 1992 had a rate one fifth that of the state. The county does, however

have higher rates of death from breast cancer (68% greater than NC in 1995) and diabetes (11% greater than NC in 1995) (Molloy, 1997). Diabetes is a greater burden for minorities than whites in CC (Molloy, 1997).

From the 1996 data, suicide appears to be a much more common cause of death in NC than in both CC and Siler City (SC). However, *Table 16* shows that suicide does indeed seem to be in the county's top ten leading causes of death for 1991-1995, at 12% more common in CC than in NC, possibly suggesting that suicide rates began to decline in Chatham County in 1996 (Molloy, 1997).

Table 16. Leading Causes of Death in Chatham County and North Carolina, 1991-1995

Cause of Death	Chatham County adjusted death rate per 100,000	North Carolina adjusted death rate per 100,000
1. Heart Disease	192.1	222.7
2. Cancer	173.3	178.0
3. Cerebrovascular Disease	47.6	54.6
4. Unintentional Injury Overall	48.9	40.9
• Moving Vehicle Accidents	32.5	20.5
• Other Unintentional Injuries	16.9	17.9
5. Chronic Obstructive Pulmonary Disease	26.2	30.8
6. Pneumonia and Influenza	22.2	23.6
7. Diabetes	21.4	19.3
8. Suicide	13.3	11.9
9. Homicide	13.6	11.8
10. Septicemia	6.9	7.1

Source: The Health of Chatham 1996-1997, Molloy, 1997.

The fact that unintentional motor vehicle accidents rank sixth in CC and ninth in NC may indicate something about the condition of CC's roads and the fact that many CC residents commute long distances to work. A statistical comparison shows CC has a 59% higher rate of motor vehicle accidents than NC (Molloy, 1997). However, Chatham Counties traffic fatality rates are about the same as that of other rural NC counties (Molloy, 1997).

Homicide and Legal Interventions (the fatal results of police actions) are in both CC and SC’s top ten, but not in NC’s. This reflects the fact that homicide is the leading cause of death in CC and SC for persons age 20-44. However, six of the ten CC residents who died this way were white males, four of which lived in the SC area. Two were white females and two were non-white females, see *Tables 18-21*. A Chatham County resident was quoted as saying, “Most assaults and murders are domestic. Half of the problems are drug related,” (Molloy, 1997). The discussion of cocaine in the Social Health section further elaborates on this comment.

Table 17 provides the complete count of all 1996 sources of mortality for zip code 27344.

Table 17. Mortality for Zip code 27344 for 1996

Disease Group	Frequency in 1996	1996 Cumulative Total
Diseases of the Heart	44	44
Malignant Neoplasms (Cancers)	28	72
Cerebrovascular Disease (Stroke)	20	92
All Other Causes	15	107
Pneumonia and Influenza	9	116
Chronic Obstructive Pulmonary Disease (COPD)	7	123
Diabetes Mellitus	7	130
Conditions Originating in the Perinatal Period	4	134
Homicide and Legal Intervention	4	138
Unintentional Motor Vehicle Accidents	4	142
Atherosclerosis	3	145
Other Unintentional Injuries and Adverse Effects	2	147
Symptoms, Signs and Ill-Defined Conditions	2	149
Anemias	1	150
Benign Neoplasms	1	151
Hernia Abdominal Cavity	1	152
Hypertension w/wo Renal Disease	1	153
Infections of the Kidney	1	154
Nephritis, Nephrosis, Nephrotic Syndrome	1	155
Other Diseases of the Arteries	1	156
Suicide	1	157

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

Tables 18-21 break down this information by race and sex.

Table 18. Mortality for Non-White Males by Age in Zip code 27344 in 1996

Disease Group	<1 year	20-29	30-44	45-64	65+	TOTAL
Diseases of the Heart			2	1	2	5
Malignant Neoplasms (Cancers)					2	2
Cerebrovascular Disease (Stroke)					1	1
All Other Causes						0
Pneumonia and Influenza					2	2
Chronic Obstructive Pulmonary Disease (COPD)					2	2
Diabetes Mellitus					1	1
Conditions Originating in the Perinatal Period	1					1
Homicide and Legal Intervention						0
Unintentional Motor Vehicle Accidents		2	1			3
Atherosclerosis						0
Other Unintentional Injuries and Adverse Effects						0
Symptoms, Signs and Ill-Defined Conditions						0
Anemias						0
Benign Neoplasms						0
Hernia Abdominal Cavity					1	1
Hypertension w/wo Renal Disease						0
Infections of the Kidney						0
Nephritis, Nephrosis, Nephrotic Syndrome						0
Other Diseases of the Arteries						0
Suicide						0
TOTAL	1	2	3	1	11	18

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

Table 19. Mortality for Non-White Females by Age in Zip code 27344 in 1996

Disease Group	<1 year	20-29	30-44	45-64	65+	TOTAL
Diseases of the Heart				1	4	5
Malignant Neoplasms (Cancers)					1	1
Cerebrovascular Disease (Stroke)					3	3
All Other Causes					1	1
Pneumonia and Influenza						0
Chronic Obstructive Pulmonary Disease (COPD)						0
Diabetes Mellitus						0
Conditions Originating in the Perinatal Period						0
Homicide and Legal Intervention						0
Unintentional Motor Vehicle Accidents		1				1
Atherosclerosis					1	1
Other Unintentional Injuries and Adverse Effects						0
Symptoms, Signs and Ill-Defined Conditions						0
Anemias				1		1
Benign Neoplasms						0
Hernia Abdominal Cavity						0
Hypertension w/wo Renal Disease					1	1
Infections of the Kidney						0
Nephritis, Nephrosis, Nephrotic Syndrome						0
Other Diseases of the Arteries						0
Suicide						0
TOTAL	0	1	1	2	10	14

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

Table 20. Mortality for White Males by Age in Zip code 27344 in 1996

Disease Group	<1 year	20-29	30-44	45-64	65+	TOTAL
Diseases of the Heart				3	12	15
Malignant Neoplasms (Cancers)				7	10	17
Cerebrovascular Disease (Stroke)				1	6	7
All Other Causes				3	3	6
Pneumonia and Influenza				1	3	4
Chronic Obstructive Pulmonary Disease (COPD)				1	4	5
Diabetes Mellitus			1		1	2
Conditions Originating in the Perinatal Period	1					1
Homicide and Legal Intervention		2	2			4
Unintentional Motor Vehicle Accidents						0
Atherosclerosis						0
Other Unintentional Injuries and Adverse Effects					1	1
Symptoms, Signs and Ill-Defined Conditions	1					1
Anemias						0
Benign Neoplasms						0
Hernia Abdominal Cavity					1	1
Hypertension w/wo Renal Disease						0
Infections of the Kidney					1	1
Nephritis, Nephrosis, Nephrotic Syndrome						0
Other Diseases of the Arteries						0
Suicide					1	1
TOTAL	2	2	3	16	43	66

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

Table 21. Mortality of White Females by Age in Zip code 27344 in 1996

Disease Group	<1 year	20-29	30-44	45-64	65+	TOTAL
Diseases of the Heart				2	16	18
Malignant Neoplasms (Cancers)				1	7	8
Cerebrovascular Disease (Stroke)					9	9
All Other Causes			1	1	6	8
Pneumonia and Influenza					3	3
Chronic Obstructive Pulmonary Disease (COPD)						0
Diabetes Mellitus					4	4
Conditions Originating in the Perinatal Period	2					2
Homicide and Legal Intervention						0
Unintentional Motor Vehicle Accidents						0
Atherosclerosis					2	2
Other Unintentional Injuries and Adverse Effects					1	1
Symptoms, Signs and Ill-Defined Conditions					1	1
Anemias						0
Benign Neoplasms					1	1
Hernia Abdominal Cavity						0
Hypertension w/wo Renal Disease						0
Infections of the Kidney						0
Nephritis, Nephrosis, Nephrotic Syndrome					1	1
Other Diseases of the Arteries				1		1
Suicide						0
TOTAL	2	0	1	5	51	59

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

Table 22 gives all sources of mortality for Chatham County in 1996, and *Table 23* gives the same for North Carolina. To include all of this broken down by race and sex would be

excessive, and so the interesting points from that data have previously been summarized below *Table 16*, in regards to motor vehicle accidents and homicide and legal interventions.

Table 22. Mortality in Chatham County, 1996

Disease Group	Deaths in 1996	1996 Cumulative Total
Diseases of the Heart	131	131
Malignant Neoplasms (Cancers)	90	221
Cerebrovascular Disease (Stroke)	41	262
All Other Causes	32	294
Pneumonia and Influenza	23	317
Unintentional Motor Vehicle Accident	17	334
Chronic Obstructive Pulmonary Disease (COPD)	14	348
Homicide and Legal Intervention	10	358
Diabetes Mellitus	9	367
Conditions Originating in the Perinatal Period	8	375
Other Unintentional Injuries and Adverse Effects	7	382
Nephritis, Nephrosis and Nephrotic Syndrome	5	387
Suicide	5	392
Atherosclerosis	4	396
Congenital Anomalies	3	339
HIV Infection (AIDS)	4	402
Symptoms, Signs and Ill-Defined Conditions	3	405
Benign Neoplasms	2	407
Hernia Abdominal Cavity	2	409
Hypertension w/wo Renal Disease	2	411
Other Diseases of Arteries	2	413
Septicemia	2	415
All Other Infectious and Parasitic Diseases	1	416
Anemias	1	417
Cholelithiasis	1	418
Chronic Liver Disease and Cirrhosis	1	419
Infections of the Kidney	1	420
Nutritional Deficiencies	1	421
Ulcer of Stomach	1	422

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

Table 23. Mortality in North Carolina, 1996

Disease Group	Deaths in 1996	1996 Cumulative Total
Diseases of the Heart	19838	19838
Malignant Neoplasms (Cancers)	15170	35008
All Other Causes	6753	41761
Cerebrovascular Disease (Stroke)	5329	47090
Chronic Obstructive Pulmonary Disease (COPD)	3010	50100
Pneumonia and Influenza	2523	52623
Diabetes Mellitus	1816	54439
Other Intentional Injuries and Adverse Effects	1605	56004
Unintentional Motor Vehicle Accidents	1499	57543
Suicide	904	58447
HIV Infection (AIDS)	826	59273
Other Diseases of Arteries	805	60078
Nephritis, Nephrosis, and Nephrotic Syndrome	710	60788
Chronic Liver Disease and Cirrhosis	690	61478
Homicide and Legal Intervention	667	62145
Septicemia	647	62792
Conditions Originating in the Perinatal Period	473	63265
Symptoms, Signs and Ill-Defined Conditions	457	63722
Hypertension w/wo Renal Disease	387	64109
Atherosclerosis	385	64494
Congenital Abnormalities	346	64840
All Other Infectious and Parasitic Diseases	220	65060
Hernia Abdominal Cavity	182	65242
Anemias	180	65422
Benign Neoplasms	159	65581
Ulcer of Stomach	131	65712
Nutritional Deficiencies	107	65819
Cholelithiasis	93	65912
Viral Hepatitis	89	66001
Tuberculosis	38	66039
Infections of the Kidney	27	66066
Other External Causes	26	66092
Certain other Intestinal Infections	19	66111
Appendicitis	16	66127
Meningitis	14	66141
Acute Bronchitis and Bronchiolitis	11	66152
Complications with Pregnancy and Childbirth, Maternal Deaths	11	66163
Hyperplasia of Prostate	11	66174
Meningococcal Infection	11	66185
Syphilis	3	66188

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics, 1997

MORBIDITY

Morbidity data is available for cancer, tuberculosis (TB), rubella, AIDS , and the sexually transmitted diseases (STD’s) gonorrhea, syphilis, chlamydia at the county and state level. Only cancer morbidity data is available for zip code 27344. Again, issues of how well this data fit Jordan Grove apply, as described in the introduction to the mortality discussion.

The top five reasons for hospital use by Chatham residents in the 1994 fiscal year, accounting for nearly 60% of hospitalizations, were: heart disease and stroke, pregnancy and childbirth, respiratory disease, newborn care and musculoskeletal reasons (Molloy, 1997) This is in sharp contrast to nearby Orange County where substance abuse and mental health are the leading causes of hospitalizations (Molloy, 1997). Substance use and substance induced organ damage ranked 13th as a cause of hospitalization in Chatham County, with a total of 103 cases.

Of significance are the rates of STD’s in Chatham County over the past five years, as displayed in *Table 24*:

Table 24. Incidence of STD’s in Chatham County and North Carolina, 1993-1995.

Sexually Transmitted Disease	Chatham County Incidence per 100,000 Persons			North Carolina Incidence per 100,000 Persons		
	1993	1994	1995	1993	1994	1995
Chlamydia	153.5	171.6	153.8	222	251.2	219.3
Gonorrhea	87.7	159.7	153.8	347.7	408	333
Syphilis	187.6	138.2	44.3	64	57.0	42.5

Source: The Health of Chatham 1996-1997, Molloy, 1997.

In 1993, Chatham’s incidence of syphilis was nearly three times that of the state, but fortunately it has decreased to levels about equal to that seen in NC in more recent years. However, rates for gonorrhea have remained consistently at less than half the state average. Because many STD's go undiagnosed, how accurately diagnosed and reported rates reflect the

actual rates in the population is a relevant question. Based on this data alone, Chatham County seems to be doing a good job of controlling these contagious diseases.

However, when the county data is broken down by age, persons aged 15-19 have STD rates from three to twenty times higher than the county average. From 1996 Health Department records, 39% of the total cases of syphilis, gonorrhea, and chlamydia occurred in persons ages 10-19 (Molloy, 1997). Further, the 1996 STD incidence rates show a larger proportion of non-whites infected versus whites: gonorrhea for non-whites was ten times that of whites; syphilis was four times higher in non-whites; and chlamydia in female non-whites was six times higher than all whites (State Center for Health Statistics, 1997).

Thus, non-whites and youth are hit much harder by these STD's than whites in Chatham County (and in general). This indicates that these persons are also at increased risk for HIV (Molloy, 1997). In the 1994 fiscal year there were 14 hospitalizations for HIV in Chatham County, meaning that the problem exists in Chatham and likely to increase (Molloy, 1997). While Jordan Grove is largely an older community, concerns about youth have been raised, so issues of STD's are important. In 1996, three people died of AIDS in Chatham (State Center for Health Statistics, 1997), and 11 persons died of AIDS from 1991-1995 (Molloy, 1997). This may be because the AIDS cases are diagnosed elsewhere, but infected persons moved home, to Chatham County, to be with their families during their final days battling the disease.

TB rates have been lower in Chatham County than the state average, though with recent immigration from Latino countries, where TB is a serious problem, health departments have been reporting increasing numbers of cases of active TB (Molloy, 1997). In 1996, Chatham also experienced an extremely large rubella outbreak, with 62 total cases (Molloy, 1997). Typically, NC might see maybe one case per year. Increased efforts to make sure that the public

is immunized against rubella have been implemented to reduce the chances of this happening again (Molloy, 1997).

Cancer is one of the biggest causes of morbidity and mortality in Chatham County as elsewhere, and typically effects older populations such as Jordan Grove. *Table 25* summarizes some slightly out of date cancer incidence data in Chatham County:

Table 25. Incidence of Cancers in Chatham County and North Carolina, 1990-1992

Type of Cancer	Chatham County Incidence per 100,000	Percent by which Chatham County Differs from North Carolina	North Carolina Incidence per 100,000
All Cancers	331.7	-6.6%	355.1
Prostate	121.4	-7.5%	131.2
Breast	128.7	+20.6%	106.7
Colorectal	35.2	-15.0%	41.4
Cervical	3.6	(-62.5%)*	9.6
Oral	9.7	(+7.7%)*	9.0
Lung	34.8	-37.6%	55.8
Lymphoma (non-Hodgkin's)	11.8	(+9.2%)*	10.8
Ovarian	7.7	(-36.8%)*	12.2
Melanoma (skin)	13.0	(+38.2%)*	9.4
Uterine	16.4	-2.3%	16.9
Bladder	6.2	(-54.8%)*	13.7

* These incidences are too small to be able to trust percentage differences, as even one case more or less could cause significant changes in these percentages.

Source: Adapted from The Health of Chatham 1996-1997, Molloy, 1997.

Chatham County's overall cancer rate is slightly lower than that of North Carolina, and its prostate, lung, and colorectal rates are much lower. Yet, lung cancer, being especially deadly, is still responsible for many cancer related deaths in Chatham (Molloy, 1997). The high breast cancer rate in Chatham is also quite significant.

Diabetes is a significant source of morbidity and mortality. An estimated 2,022 people in Chatham County have been told that they have diabetes, and another estimated 2,022 people have it but don't know (Molloy, 1997). That is about 10% of the total population of Chatham

County. Thus, it is not at all surprising that the Community Based Public Health Initiative has developed a diabetes control program, as discussed in the Health Services Section of this document.

ENVIRONMENTAL HEALTH

The predominant environmental health issue facing the residents of Jordan Grove, and indeed many rural residents of Chatham County, involves adequate drinking water and sewage disposal. Water and sewer problems are common in rural Chatham County. Most rural residents are on well water and have septic systems or other more rudimentary forms of sewage disposal. Well water may contain varying mineral levels and it can be unreliable, as recently illustrated in the community of Silk Hope, just 5 miles northeast of Siler City. Silk Hope recently ran out of water when the well went dry (J. Reese, personal communication, November 4, 1997).

Sewage disposal is of even greater concern to rural Chatham County residents: 70% of the soil across the county has been found to be provisionally suitable or unsuitable for waste disposal systems (Molloy, 1997), largely due to the fact that water in the soil drains poorly (T. Smith, personal communication, November 5, 1997). Poor soil drainage makes it difficult to locate an acceptable area to install a septic field, or to sustain a septic field over an extended period of time. Between 1989 and 1993, 202 permits for sewage disposal were denied in Chatham County, primarily due to poor soil conditions (Molloy, 1997). According to *The Health of Chatham*, 3.4% of Chatham residences are without indoor plumbing as compared to less than one percent in adjoining Triangle counties (Molloy, 1997).

Residents of the Jordan Grove community living close to the boundary of Siler City received municipal water and sewer lines in the mid- to late-1980's (T. Green, personal communication, November 6, 1997). The introduction of municipal water to residences

previously connected to well water generated increased waste water and stressed existing septic systems (V. Ryan, personal communication, November 5, 1997). Prompted by unacceptable levels of iron in local wells (Molloy, 1997) and stressed or overflowing septic systems (V. Ryan, personal communication, November 5, 1997), a Community Development Block Grant was obtained to install municipal water lines for the remainder of the community, to introduce municipal sewer lines or septic systems where sensible, and to update currently stressed septic systems (T. Green, personal communication, November 13, 1997). The focus of this grant was primarily the Green Hill Road and Matthews Road subdivision: residents who had previously been on well water were connected to county water, and residences were rehabilitated with the installation and update of septic systems (K. Megginson, personal communication, November 7, 1997).

Today, all but a select few of residents of the Jordan Grove community receive municipal water (as presented in **Table 26**), while only those residents along Jordan Grove Road are connected to city sewer (T. Green, personal communication, November 13, 1997). Where municipal sewer is not currently available, residents rely on septic systems for waste disposal.

Table 26. Number of Residences Currently Receiving Municipal Water by Road

Road	Number Receiving Water
Jordan Grove Road	26
Coleridge Road	7
Lane Jordan Road	15
Matthews Road	1
Green Hill Road	1
Fraiser Road	0
Benjie Williams Road	5

Source: Chatham County Water, 1997.

Rabies

A relatively new environmental health concern in Chatham County involves rabies. The county has recently seen a dramatic rise in animal cases of rabies: one confirmed case in 1995, 6 cases in 1996 (Molloy, 1997), and **113 cases to date in 1997** (R. Linke, personal communication, November 20, 1997). This is the highest incidence of rabies in the state. Animals identified as being rabid include raccoons, skunks, foxes, bats, beavers, and domestic pets (R. Linke, personal communication, November 20, 1997). Twenty-six potential human exposures were reported in the first quarter of 1997 (Molloy, 1997); although updated data is not available for the remainder of the year, this number is certain to have increased.

HEALTH SERVICES

Primary Care

Chatham County is designated as having a shortage of health professionals with a ratio of one health professional for every 3,691 residents (North Carolina Health Care Reform Commission, 1996). The County has 28 non-federal physicians and one federally funded physician (Molloy, 1997). Types and numbers of available providers are described in **Table 27**. The most frequent type of providers are Registered Nurses and Licensed Practical Nurses making up 67% of the total number of providers listed. Pharmacists are the next most frequent, making up only 4% of the provider population.

Table 27. Health Care Providers in Chatham County, 1995

Type of Provider	Total Active Providers
Obstetrician / gynecologist	0
Pediatrician	2
Family Physician/General Practitioner	10
Internist	8
All Other Specialists	8
Physician Assistant	3
Nurse Practitioner	13*
Dentist	7 (8 in 1997)**
Dental Hygienist	11
Chiropractor	2
Physical Therapist	7
Physical Therapy Assistant	0
Podiatrist	0
Psychologist	3
Certified Nurse Midwife	0*
Licensed Practical Nurse	82
Registered Nurse	144
Licensed Dietician/Nutritionist	7**
Optometrist	3
Pharmacist	14
Psychiatrist	2
Psychologist	4
Psychological Associate	6
Total	337

Source: Sheps Center for Health Services Research, Health Manpower Database, 1995

* Source: North Carolina Board of Nursing; ** Source: Chatham County Economic Development office, 1997;

*** Source: North Carolina Board of Dietetics and Nutrition, 1997

The Chatham County Health Department

The Chatham County Health Department has three clinical sites: Pittsboro (main site), Siler City, and a school based clinic at Horton Middle School in Pittsboro. The Horton Middle School site is sponsored by the Health Department in collaboration with Chatham County Schools. The Chatham County Health Department's mission is:

to provide and encourage the provision of quality public health programs that protect and promote health, prevent and control disease, reduce and rehabilitate disability, and establish and maintain healthful lifestyles and a safe environment (Molloy, 1997).

Services available on-site at the Health Department include: Child Health, General Clinic, Primary Care Clinic, Maternal Health, Family Planning services, a Sexually Transmitted Disease Clinic, Community Health Education, Environmental Health, and Home Health (V. Jeffries, personal communication, November 14, 1997). The General Clinic offers immunization shots and HIV testing free of charge. TB and pregnancy testing, blood pressure and blood sugar checks, and flu shots are also available. Additional Health Department public health sites that provide non-clinical services include the Animal Shelter and the Teen Center.

The Primary Care clinic provides physical examinations, laboratory testing, nutrition counseling, breast (mammogram) and cervical (Pap) screening. The Siler City site provides a women's health clinic. In order to increase availability, many of these services are offered free of charge or on a "sliding scale" according to income and family size (Molloy, 1997).

Other Primary Care clinics located in Chatham include Piedmont Health Services, Chatham Primary Care, and the Chatham Family Physicians, PA. Of these clinics, Chatham Primary Care is nearest to Jordan Grove. Located in Siler City, this clinic has been open since April 1995 and is staffed by four family practitioners and one family nurse practitioner. The clinic accepts Medicare. In 1996, 42% of services provided were covered by Medicare and 9% by Medicaid (Molloy, 1997).

Hospitals

Although there are many hospitals available in the area surrounding Chatham County, the nearest facility for Jordan Grove residents is Chatham Hospital located in Siler City. Originally opened in 1937, the current hospital was constructed in 1950. It is a 68-bed facility equipped for emergency and primary care services. It is supported by the Siler City Rotary Club which

has, to date, provided \$1.5 million dollars in financial assets. The Rotary raises money for the hospital each year by hosting an Annual Bazaar. Chatham Hospitals operating room and radiology departments are linked to the UNC Hospitals by tele-medicine. Chatham Hospital is partially staffed by UNC Hospital doctors. Plans are also in place for a new primary care facility, Chatham Primary Care. The Chatham Primary Care Clinic will be housed in the Chatham Hospital and staffed by UNC Hospital residents (North Carolina Division of Facility Services, 1996).

Other hospitals available in areas surrounding Chatham County include:

UNC hospitals in Chapel Hill, Moses Cone in Greensboro, and Alamance Regional Medical Center, Duke University Medical Center (DUMC), Durham Regional Hospital, and Randolph County Hospital (Molloy, 1997). Interviews with Jordan Grove residents have revealed that most community members seek hospital care for minor health problems at Chatham Hospital. For more serious health issues, the majority of residents stated they would prefer going to UNC Hospitals, although DUMC and hospitals in Greensboro, Sanford, and Moncure were also mentioned.

Home Health Services

Home health care is a valuable resource, particularly in a rural community such as Jordan Grove. It can serve as a cost-effective alternative to hospitalization or other long term, inpatient services. Home Health Care services are available in western Chatham County through UNC Home Health (formerly known as The Home Health Agency), Community Alternative Program – Disabled Adults (CAP-DA), St. Joseph's Home Health Agency, and the Chatham Council on Aging. To qualify for services through these agencies, a person must require skilled care, have a doctor's order, and be homebound (Molloy, 1997). Because home health care can be

expensive, it is not a realistic option for many people. Residents of Jordan Grove have expressed concern about the effects of having multiple home health service providers and competition among these providers in the community. Jordan Grove residents have suggested that one home health provider or a single home health nurse to be designated to serve all of Jordan Grove would be an asset.

The Home Health Agency of Chatham County and CAP-DA services are a part of the county's Health Department. The Home Health Agency of Chatham County is JCAHO-accredited and is certified by Medicare and Medicaid to provide home health services under the supervision of a physician. Services that can be provided through The Home Health Agency include: skilled nursing care, registered dietician, physical therapy, occupational therapy, speech therapy, medical social work, psychiatric nursing, and home health aide assistance (Molloy, 1997).

The CAP-DA program is designed to provide disabled persons with the support necessary to allow them to remain living in their homes. In order to receive these services, participants must be over 18, require physician recommended nursing home care, and be Medicaid eligible. A needs assessment is done for each participant and services may include: in-home nursing care, aides, case management, physical therapy, occupational therapy, speech therapy, home delivered meals, mobility aids, telephone alert system, counseling, nutritional services, medications, and medical supplies (Molloy, 1997).

St. Joseph's is also JCAHO accredited and provides: a skilled nursing staff, continuous care, occupational therapy, homemaker/home health aide, medical social work, registered dietician services, physical therapy, speech therapy, and psychiatric care (Molloy, 1997).

In the event that Medicare or Medicaid will not reimburse home health care, the Chatham Council on Aging works to provide in-home aide care for older residents (Molloy, 1997).

Community Based Health Initiatives

Chatham County is host to a wealth of community-based health initiatives. Programs that are particularly relevant to the Jordan Grove community include: The North Carolina Community-Based Public Health Initiative (NC-CBPHI), Diabetes Today, The LIGHT WAY, and The Chatham Council on Aging.

NC-CBPHI is a Kellogg Foundation funded community effort to alter public health practice in Chatham County and three other counties in North Carolina. The Jordan Grove community along with JOCCA, the UNC-School of Public Health, Chatham County Health Department, and Lincoln Heights community together create the partnership of the Chatham County CBPHI. As a part of this effort, Jordan Grove residents have addressed sewer and water issues in their community, participated in leadership training, and supported the Diabetes Today and LIGHT WAY programs (Molloy, 1997).

The Diabetes Today program is a combined effort of Jordan Grove community, and the Chatham County Health Department. The Diabetes Today program includes a diabetes self-monitoring station located in the Siler City JOCCA office. The program is targeted toward African Americans in the Siler City area. One of the program goals is to decrease long term complications of diabetes such as blindness, amputation, and renal disease.

The program is also intended to provide the resources necessary for self-monitoring of blood sugar level to everyone, regardless of financial limitations. The self-monitoring station is staffed by a volunteer RN, who is available to assist clients in learning to take their own blood sugar readings. Lay Health Advisors are available to provide support to diabetics in adopting the behavior changes needed for management of their diabetes. Participants are asked to provide a donation when they use the self-monitoring center but payment is not required (V. Jeffries, personal communication, November 14, 1997). Transportation is not provided (Molloy, 1997).

The LIGHT (Living In God's Holy Temple) Way program promotes holistic health by encouraging a combination of spiritual, relational, and physical well-being. It is offered through the Jordan Grove AME Zion Church and the Chatham County Health Department. LIGHT WAY programs, workshops, and newsletters address health promotion and prevention, health education, nutrition, and exercise. The mission of the program is to help people assume responsibility for their own health within a supportive atmosphere of both fellow community members and biblical applications (LIGHTWAY of North Carolina, 1997).

Since 1996, the Council on Aging has supported three Congregate Meal Sites for Seniors in Chatham (Molloy, 1997). Sites are located in Siler City, Moncure, and Pittsboro and provide lunch and nutritional information Monday to Friday. The Meals on Wheels program provides home delivered meals for Chatham residents who are over 60 and homebound. Since origination, these senior nutrition programs have provided 8926 congregate meals and 5909 home delivered meals in Chatham County (Molloy, 1997).

Other community based health service programs include the Family Resource Center, Helping Hands, Health Department Health Education services, Helping Families – Healthy Starts Program, Child Service Coordination Program, School Health, Chatham Coalition for Adolescent health (CCAH), HIV/AIDS council, and the N.C. Cooperative Extension Service, Chatham County (Molloy, 1997)

Barriers to Access

Although health care resources exist in Chatham County, they are not equally accessible to all residents. Factors that influence accessibility include adequate insurance and transportation.

Insurance

Lack of adequate insurance coverage has been expressed as a concern by Chatham County residents (Molloy, 1997). As indicated in **Table 28**, the 1990 census shows that 35.7% of Chatham residents have either no health insurance or are *at risk* of having inadequate coverage. **Table 29** shows that this percent increases to 56.6% if describing residents *at risk* and below poverty. “At risk” is defined as a lack of insurance for part or all of a year. Chatham is ranked 59th (out of 100 North Carolina counties) in percent of residents who are annually *at risk* for inadequate coverage. When looking at annual *at risk* poor per 1000 residents, Chatham is rank 22nd (North Carolina Health Care Reform Commission, 1996). Although data are not available, it is estimated that at least half of Latinos in Chatham are inadequately covered (Molloy, 1997).

Table 28. Annual Medically Indigent “At Risk,” North Carolina Counties, 1995

	Total “at risk”	Uninsured all year	Uninsured part year	Underinsured private	Underinsured public
Chatham	35.7%	10.1%	10.2%	11.0%	4.4%
N.C. total	32.7%	8.8%	8.5%	11.1%	4.4%

Source: North Carolina Health Care Reform Commission, 1996

Table 29. Annual Medically Indigent “At Risk,” North Carolina Counties, 1995

	Total “at risk” below poverty	Uninsured all year	Uninsured part year	Underinsured private	Underinsured public
Chatham	56.6%	19.3%	14.0%	13.0%	10.3%
N.C. total	54.7%	20.4%	14.8%	11.5%	8.0%

Source: North Carolina Health Care Reform Commission, 1996

Table 30 and **Table 31** present percent average daily health insurance coverage for Chatham county residents by source for 1995. According to **Table 30** on an average daily basis, 14.9% of Chatham residents were uninsured. **Table 31** shows that this statistic increases to

26.7% when looking at below poverty populations. The tables also show that only 17.7% of Chatham residents below poverty are covered by private sources of insurance whereas 65.9% of the county’s total population uses private insurance. Use of Medicare and Medicaid are higher among residents ranking below poverty level than among total Chatham residents.

Table 30. Average Daily Health Insurance Coverage By Source, 1995

	Total	Private only	Medicare	Medicaid	Uninsured
Chatham	100%	65.9%	14.3%	7.5%	14.9%
N.C. total	100%	64.5%	14.4%	10.8%	12.8%

Source: North Carolina Health Care Reform Commission, 1996

Table 31. Average Daily Health Insurance Coverage By Source, 1995

	Total	Private only	Medicare	Medicaid	Uninsured
Chatham	100%	17.7%	23.1%	47.4%	26.7%
N.C. total	100%	15.8%	18.3%	52.5%	28.3%

Source: North Carolina Health Care Reform Commission, 1996

Table 32 shows that fewer residents age 65 and over are uninsured, both in the total and below poverty population, than any other age group.

Table 32. Average Daily Uninsured by Age in Chatham County, 1995

Population	Total	Under 8	6 to 17	18 to 64	65+
Total	6,342	446	807	5,005	84
Uninsured					
Uninsured Below poverty	1,215	164	161	862	28

Source: North Carolina Health Care Reform Commission, 1996

Transportation

Inadequate transportation has also been identified as a barrier to health care by Chatham residents (Molloy, 1997). Although Chatham county has no public transportation system, the Chatham Transit Network is available to meet some of the county’s transportation needs.

Established in July, 1995, the Chatham Transit Network is a non-profit transportation network developed to provide non-emergency medical transportation. The Network runs seventeen fixed daily routes and will run additional routes upon the request of member organizations. Member organizations include: Chatham Trades, the Council on Aging, Head Start, Community College, Group Homes, Early Intervention Family Services of Chatham County, Partnership for Children, JOCCA, Chatham County Together, and the Health Department. Transportation through the Chatham Transit Network is only available through the member organizations (Molloy, 1997).

Construction work currently being done in Chatham will also improve health care access to county residents. As roadways improve, transportation to medical services will become more efficient. Governor Hunt's North Carolina Transportation 2001 plan has targeted Highway 64 for improvements. Sections of 64 that will be worked on in Chatham county include: Siler City to Pittsboro (to be completed by 2001), Siler City to Ramseur, and a Pittsboro Bypass. Funds have also be allotted to improve U.S. 15-501 (www.sips.state.nc.us/DOT/TIP/speedup.htm).

SOCIAL HEALTH

Substance Abuse

Chatham Community Health Improvement Project (CCHIP) sponsored a retreat during the spring of 1997 to help identify the county's most pressing health needs. Fifty people (including people of all ages, social service and medical providers, public safety officials, teachers, and business leaders) ranked alcohol and drug abuse as a leading public health concern in Chatham County (Molloy, 1997). Issues related to substance abuse were estimated to cost Chatham County \$32,700,000 in 1994 and \$33,400,000 in 1995 (Molloy, 1997). While specific information regarding the impact of substance abuse on the well being of Chatham residents is incomplete, there is sufficient evidence to show that a problem exists.

Although it is difficult to assess the extent of alcoholism in Chatham County, *Table 33* shows that in 1995 Chatham County not only had a higher rate of DWI (driving while intoxicated) arrests than the state average, but also twice as many alcohol related traffic deaths compared with state rates.

Table 33. DWI Arrest Rates per 100,000 Individuals, 1995

Rates	Chatham County	North Carolina
DWI Arrests	1,200.0	975.0
Alcohol Related Traffic Deaths	19.0	10.2

Source: The Health of Chatham 1996-1997, Molloy, 1997.

Furthermore, there has been a significant increase in the numbers of DWI arrests in Chatham County in the past five years. From 1989 to 1992, there were approximately 350-400 DWI arrests made in the county, but that number increased to 500 arrests per year for 1993 to 1995. During this three year period, there was also a marked increase in the number of juvenile DWI arrests, indicating an emerging underage drinking problem (Molloy, 1997).

An increasing presence of drug activity is being seen in Chatham County. It is rumored that the cocaine trade is high in the county, specifically in Siler City, which earned the nickname “Snow City” in the late 1980's. Reputedly, people come from all over the Triangle region of North Carolina (Raleigh-Durham-Chapel Hill) to buy and sell drugs here, with cocaine being the main lure. A possible explanation may be that first and second time offenders caught buying, selling, or possessing drugs do not get sentenced to jail time in Chatham County (T. McDowell, D. Seagroves, and T.C. Yarborough, personal communication, November 17, 1997). *Table 34* shows the number of drug related arrests recorded in Chatham County for the years 1994 and 1995.

Table 34. Chatham County Drug Related Arrests, 1995.

Specific Drug Related Arrest	1994	1995	Change from 1994 to 1995
Opium/Cocaine Sale or Manufacturing	10	3	- 7
Marijuana Sale or Manufacturing	4	8	+ 4
Synthetic Drug Sale or Manufacturing	0	0	0
Total Drug Sale or Manufacturing	14	11	- 3
Opium/Cocaine Possession	10	7	- 3
Marijuana Possession	20	43	+ 23
Synthetic Narcotics Possession	2	0	- 2
Other Drug Possession	0	1	+ 1
Total Drug Possessions	32	51	+ 19

Source: Harden Political InfoSystems National Issue Sites, September 23, 1997

It is important to note that since 1990 there have been three drug investigations involving cocaine in Jordan Grove. All three investigations were in 1995 and 1996 and occurred on Green Hill Road. Other than these incidents, no other alcohol or drug related offenses have been recorded in Jordan Grove since 1990 (L. Eubanks, personal communication, November 6, 1997).

While it is difficult to get an actual count of Chatham County residents who are struggling with drug problems, a 1982 Duke University study measured the prevalence of substance abuse in five North Carolina counties, including Chatham. From this study, researchers created 1994 and 1995 population estimates of alcohol and drug abuse within Chatham County, which are presented in *Table 35*.

Table 35. Predicted Drug Abuse, Chatham County, 1994-1995

Chatham County Residents	1994	1995
Drug Addicted Persons	4125	4816
Number of Persons Affected by Drugs (family and coworkers)	20,623	21,092

Source: Alcohol/Drug Council of North Carolina Information and Reference Service, 1997.
 * Adopted from Molloy, 1997.

Because these predictions were based on data collected before the crack cocaine influx spread to the southeastern United States, substance abuse experts agree that these numbers may be much

lower than an actual present date survey might find (Molloy, 1997). These numbers serve merely to indicate the magnitude of the drug problem in Chatham County.

Crime

In 1995 Chatham County employed 44 full-time police officers and 8 reserves to patrol the county's 707 square miles, excluding Siler City and Pittsboro, who have their own police units (Chatham County Economic Development Commission, 1997). Because Jordan Grove is part of the Extra Territorial Jurisdiction (ETJ) of Siler City and therefore not considered part of its municipality, the Chatham County Sheriff's Office is responsible for patrolling and responding to 911 emergency calls for the residents of Jordan Grove.

Table 36 displays the reported criminal incidents investigated by the Chatham County Sheriff's Office in Jordan Grove from January 1990 to October 1997.

Table 36. Total Reported Criminal Incidents in Jordan Grove, 1990-1997

CRIME → ----- ROAD ↓	Vandalism	Breaking, Entering, and Larceny	Sexual Offenses	Assault	Drugs	Recovered Vehicle
Coleridge Rd. ** (10)	4	4	2	0	0	0
Green Hill Rd. (6)	0	2	0	1	3	0
Matthews Rd. (0)	0	0	0	0	0	0
Lane (3) Jordan Rd.	2	1	0	0	0	0
Benjie Williams Rd. (0)	0	0	0	0	0	0
Fraiser Rd. (0)	0	0	0	0	0	0
Jordan (4) Grove Rd.	1	2	0	0	0	1
Total Arrests	7	9	2	1	3	1

** The data presented on Coleridge Rd. includes the section of the road that extends west past the area defined as Jordan Grove.

Source: Records Keeper, Chatham County Sheriff's Office, November 6, 1997

According to the Records Keeper in the Chatham County Sheriff's Office, the three drug incidents were cocaine-related and each made during a six month period spanning 1995 to 1996. In fact, all of the drug investigations occurred at the same residence, and involved one family. The main family member involved was prosecuted and is now serving time in a federal prison (T.C. Yarborough, personal communication, November 17, 1997).

Jordan Grove has an organized Community Watch program for the purpose of looking out for their neighbors' property and safety. More than half of the residents' mailboxes display Community Watch signs, which may account for the low crime rates in this area.

According to the team of Sheriff's Department detectives who patrol western Chatham County, crime is low in Jordan Grove because so many of the residents are older people.

Historically, they say that crime has never been a problem in the community. On a crime scale of 1 to 10, they rate Jordan Grove a 3. This is extremely low in comparison to surrounding communities, such as Stockyard Road, which the detectives rate a 23 on a scale of 1 to 10 (T. McDowell, D. Seagroves, and T.C. Yarborough, personal communication, November 17, 1997).

Crimes have been increasing in Chatham County in the past few years. Drugs (especially methamphetamines), breaking and entering, larceny, and personal crime rates have all risen. The murder rate is also rising. The average county homicide rate used to be one per year, but in 1996 Chatham County had twelve reported murders. Five murders were reported in the county for 1997 (L. Eubanks, personal communication, March 16, 1998). Moreover, the homicide rate in Chatham County is 15% higher than the state rate, with homicide the leading cause of death for people aged 25-34 in Chatham (Molloy, 1997).

It is helpful to gauge a comparison of Jordan Grove's crime statistics to the county level rates to see how the community is doing in this area. The most accessible complete county crime data available spans to 1995. In 1995, the crime rate in Chatham County was 38.1 per 1,000 residents and the North Carolina rate was 55.7 per 1,000. This indicates that Chatham County is doing a good job keeping crime rates lower than the state levels (North Carolina Office of State Planning).

Table 37 shows a breakdown of the types of crime committed in Chatham County in 1994 and 1995, excluding drug or alcohol related crimes, as they have already been discussed in a previous section.

Table 37. Criminal Arrests in Chatham County, 1994-1995

Type of Arrest	1994	1995	Total Change from 1994 to 1995
Murder	2	4	+ 2
Rape	9	3	- 6
Robberies	13	26	+ 13
Aggravated Assault	73	70	- 3
Burglaries	79	111	+ 32
Larcenies	159	164	+ 5
Motor Vehicle Theft	3	14	+ 11
Arson	1	0	- 1
Other Assaults	204	270	+ 66
Forgery / Counterfeiting	27	23	- 4
Fraud	203	230	+ 27
Embezzlement	5	2	- 3
Have Stolen Property	23	52	+ 29
Vandalism	39	32	- 7
Weapons Violations	37	30	- 7
Prostitution	1	0	- 1
Sex Offenses	19	11	- 8
Gambling	0	1	+ 1
Offenses Against Child and Family	20	22	+ 2
Total Arrests	2307	2011	- 296

Source: Harden Political InfoSystems National Issue Sites, September 23, 1997.

The data shows that assaults have increased significantly over this one year period.

There has been concern among residents of Chatham County regarding this new trend toward violence. Violent causes of death in Chatham County occur at a rate of 9.5 per 1000 residents, which is much higher than the state rate of 6.6 per 1000 (Molloy, 1997).

A 1996 telephone survey of Chatham residents asked people how safe they felt in their Chatham County neighborhood. *Table 38* displays these results.

Table 38. Survey of Neighborhood Safety Perceptions, Chatham County, 1996

Questions Asked of Chatham Residents	Percent of Respondents Agreeing
--------------------------------------	---------------------------------

Feel neighborhood is extremely safe	29.4%
Feel neighborhood is quite safe	53.7%
Feel neighborhood is slightly safe	14.8%
Feel neighborhood is not at all safe	0.9%

Source: Behavioral Risk Factor Surveillance System, Office of Epidemiology, Division of Health Promotion, NC Dept. of Environment, Health, and Natural Resources, December 1996.

In all, about 15% of Chatham County residents report their neighborhoods as only being slightly safe or not safe at all. Qualitative interviews with the community members have revealed that, although they feel that the area is safe compared with other areas, they would like to have improved security to deter crime in the future.

Mental Health

Mental health is an important concern when assessing a community's overall social health. In 1995, 27.5 per 1,000 residents of Chatham County were served in area mental health programs, compared with a state average of 35.6 per 1,000. Because many people do not seek treatment for mental health disorders, it is difficult to determine the exact number of Chatham residents living with mental illness. The Orange-Person-Chatham Mental Health, Developmental Disability, and Substance Abuse Authority (OPC Mental Health), located in Pittsboro, is the largest outpatient mental health facility serving the residents of Chatham County. This organization serves individuals with needs related to mental health, developmental disabilities, or substance abuse and provides assessment, treatment, and rehabilitative services. They report that males and persons between the ages 18 to 39 years use their mental health services most frequently (Molloy, 1997).

Since 1990, the number of clients served by OPC Mental Health has tripled, with services to people with serious mental health needs representing the primary service provided by the agency (Molloy, 1997). **Table 39** demonstrates the client demographics served by this agency.

Table 39. Client Demographics at OPC Mental Health, 1994-1996

Client Characteristics	1994	1995	1996
Total Clients Served	1193	1287	1169
Gender			
Male	607	680	601
Female	586	607	568
Race			
White	786	832	748
Black	341	408	378
Hispanic	28	33	29
Native American	0	2	2
Other or Unknown	38	12	12
Age Group			
Child	350	344	294
Adult	843	943	875
Town			
Bear Creek	79	89	92
Bennett	20	14	13
Bonlee	5	14	6
Bynum	32	25	27
Goldston	65	64	64
Gulf	2	6	2
Moncure	44	55	42
Pittsboro	368	417	338
Siler City	429	436	456
Snow Camp	7	10	11
Mental Health Needs			
Substance Abuse	128	160	179
Major Mental Illness	251	297	366
Other Mental Health	115	120	96
Behavioral Disorders	189	199	159
Developmental Disabilities	95	111	125

Source: OPC Mental Health, 1997

The number of residents served by OPC from Siler City is highlighted in the table because this is the closest indicator we may find of Jordan Grove's mental health, as Jordan Grove residents must list Siler City as their mailing address. When looking at the high numbers of patients coming from Siler City, it is important to keep in mind that the 1995 population of Siler City was 5,250, meaning only 8% were seen by OPC Mental Health, compared with Pittsboro's 1995 population of 2,017, indicating 21% of its residents were seen at OPC Mental

Health (North Carolina Office of State Planning). These numbers indicate that Siler City residents fare much better than surrounding towns regarding treatment for mental health issues, but we can not substantiate whether there are fewer cases of mental illness in Siler City because many people may remain undiagnosed with this problem.

CONCLUSION

From a review of the most current secondary data, we have tried to get as close as possible to information that accurately describes the Jordan Grove community. For mortality data, the smallest breakdown available is at the zip code level. Comparing Jordan Grove's zip code (which also encompasses much of western Chatham County) to county level data, the three leading causes of death are the same: heart disease, cancer, and stroke. This data is consistent across gender and racial divisions.

In the area of environmental health, we have found that the majority of Jordan Grove residents receive municipal water, but only residents of Jordan Grove Road have public sewer connections. Other residents must still rely on septic systems. Another pressing environmental issue is rabies. As Jordan Grove is a rural community, residents must be alert to the increasing incidence of rabies throughout the county.

There is a shortage of health professionals in Chatham County. Fortunately, there is an abundance of active health service agencies that serve the Jordan Grove area, the majority of which are supported by Chatham County Health Department. Jordan Grove members also directly benefit from programs such as the Community Based Public Health Initiative, Diabetes Today, the LIGHT WAY, and the Chatham Council on Aging. However, residents have expressed that options for home health care should be reevaluated to better suit the community's needs.

In the area of social health, Chatham residents have identified their greatest concern as substance abuse. All available secondary data is on the county level, so interviews with community members will identify whether this is an actual concern in Jordan Grove. Community level data fortunately is available regarding crime, and shows that Jordan Grove has an extremely low crime rate, and fares much better than bordering communities.

METHODOLOGY

This section briefly reiterates the limitations of the quantitative data obtained from secondary sources for the initial portion of this document. In addition, the process of qualitative data collection, coding, and analysis is described and limitations of the qualitative data are addressed.

QUANTITATIVE DATA

There were two major limitations in the secondary data collected for Jordan Grove. First, the area for which local secondary data was available was usually much larger than that of the Jordan Grove community. For example, the US Census Block Group 203-1 (used to determine socioeconomic data) was approximately 20 times the size of Jordan Grove and the Siler City zip code data for 27344 (used to determine morbidity and mortality data) was approximately fifty times the size of Jordan Grove. The size discrepancy between the area in which this data was collected and the approximately 2-square mile area of Jordan Grove make it questionably applicable to this smaller region.

Secondly, some data is outdated. For example, the data quoted from the most recent US Census is nearly 8 years old, and does not reflect recent trends in population composition.

QUALITATIVE DATA

Interview guides were designed to facilitate discussion and to be comprehensive. The team was careful to pose questions that would not solely focus on needs in the community, but also allow the community to identify its strengths. The ordering of the questions was also important: the initial questions attempted to engage the interviewee, followed by questions that would produce thoughtful discussion. Initial issues voiced by residents in non-formal settings

provided the foundation for the questions. Following the first few interviews, feedback from community members and our preceptor was used to inform the interview questions. Questions and probes were refined so as not to be overly broad, and to provide adequate direction.

Community member interview guides began by gaining basic information about the interviewee. Additional questions ascertained views on job opportunities, quality of life in Jordan Grove, community activities, health concerns, and changes observed in the community.

Questions in the service provider interview guides were purposefully broad, as many of these required tailoring to the particular service (social services, law enforcement, health care). Knowledge of the Jordan Grove community, as well as its strengths and weaknesses, was also assessed.

One interviewee was both a community member and a service provider. This individual was asked questions from both interview guides.

Interviews were expected to last about forty-five minutes, but in actuality ranged from 30 minutes to 2 hours. Typically, two team members were present at each interview. However, one team member sometimes conducted the interviews alone due to time and personnel constraints. Most interviews were recorded, with the exceptions being when a cassette recorder was not available for use or if an interviewer requested it not be used.

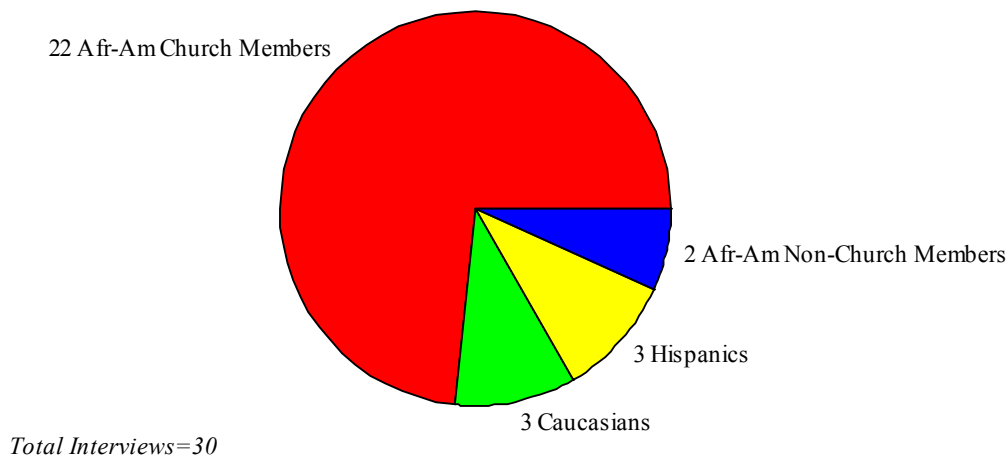
Overall, 30 community members and 15 service providers were interviewed. A profile of all interviewees is included in *Appendix D*. The fact sheet we distributed to all prospective interviewees is included as *Appendix C*. Interview guides for community members and service providers can be found in *Appendix B*. Institutional Review Board (IRB) approval was obtained for interview materials prior to the initiation of qualitative research.

Our primary source of contact to the community was both a resident and service provider who was introduced to us by our preceptor. This individual invited us to attend Sunday church

service at the Jordan Grove A.M.E. Zion Church. Regular attendance at Sunday church service introduced us to most community members, and provided a platform for us to recruit individuals to interview and to schedule interviews. Thirteen church members were individually interviewed. In addition, a focus group with nine elders of the church was conducted.

Attempts were also made to interview members of the Jordan Grove community who were not members of the Jordan Grove AME Zion Church. An adult from each of the three Hispanic families located in Jordan Grove was interviewed with the assistance of a bilingual translator. In addition, Caucasian households were identified by church members, and three individuals were interviewed. African American community members who did not attend the Jordan Grove AME Zion Church were also identified by their neighbors who attend the church. Two of these individuals were subsequently interviewed. *Figure 1* illustrates a profile of community members who agreed to be interviewed or participate in the focus group.

Figure 1. Profile of Community Member Interviewees and Focus Group Participants



After the interviews and focus group were completed, team members reviewed the typewritten summaries and cassette tapes of discussions with the community members and

service providers. Team members identified several broad common themes from the qualitative data including: definition of the Jordan Grove community members, distinct populations co-existing in Jordan Grove, community unity and recent community accomplishments, and community-level, health care, and home improvements.

After dividing the qualitative comments by theme, the data was analyzed by the comment's origin (service provider or community member, adult or senior, male or female), degree (extent of positive or negative), and how it compared in relation to others' comments. Differences in comments between population groups were also noted. The qualitative data chapters were developed initially by identifying the broad themes listed above; thereafter, sub-themes found through data analysis informed the chapters.

Several limitations are inherent in this methodology. Primarily, interviewees were not recruited randomly; thus, they likely are not representative of the whole of Jordan Grove community members and service representatives. Attempts were made to minimize this lack of representativeness by seeking out less-organized populations; nonetheless, some selection bias still exists. Additional time in the community would have allowed us to speak with a greater number of community members, especially those who were less outspoken and eager to meet with us. It is also likely that additional time in the community would have allowed community members and service providers to feel more comfortable with us, and speak with less reservation.

THE PEOPLE OF JORDAN GROVE

One of the greatest strengths of Jordan Grove is the bond that exists among community members. People are very warm and neighborly toward one another. They are willing to give and ask for help from one another in times of need. Many residents talked at length about such interactions, and explained that the people in Jordan Grove are their main reason for calling this community "home."

WHO LIVES IN JORDAN GROVE?

The center of the Jordan Grove Community is the Jordan Grove A.M.E. Zion Church. About 80% of the church members live within the 2 square mile radius that geographically defines Jordan Grove. However, the overwhelming majority of people we interviewed (74%) consider the community to contain not only church members, but also the non-church member households that live within these geographic boundaries. In addition, 26% of all people interviewed consider the community to be strongly defined by the network of family ties that exist within Jordan Grove.

Because of the small geographic size of Jordan Grove, the 1990 U.S. Census does not accurately depict demographic information for the community. Therefore, community members were polled during interviews to gauge an estimate of the Jordan Grove population. On average, community members and service providers estimated that 200-300 people live in the community.

Jordan Grove is predominantly an African American community. By most community member estimates, more than 80% of the residents are African American.

When you say Jordan Grove, you would think more Black than you would White. This area was originally all Black. The Whites have moved in over the years. You

really think of Jordan Grove as a Black community. Ratio between Black and White here is 80-20 or more.

There are approximately six white households, most of which are located on Old Highway 64 across from the Jordan Grove A.M.E. Zion Church. Our research team was able to speak with two of the white households during our community interviews. We were able to identify and interview, with the help of a Spanish interpreter, all three Latino families in Jordan Grove. All of the Latino residents live on Jordan Grove Road, beside the church.

A FRIENDLY COMMUNITY

When asked to identify the strengths of Jordan Grove, nearly every community member and service provider began by discussing how friendly the people in Jordan Grove are. Many people used the term "close knit" to describe the bond of friendship that exists among community members. One senior community member commented,

I think it's a nice little community, myself. It's a friendly place. It's peaceful. There is a strong sense of community here. People are connected... they're close-knit. I think that other community members would take up for me in a minute.

This kinship among the community members extends beyond church, racial, and familial ties to include all members of the Jordan Grove community.

We're loving, caring people I can say- we're close together- a loving, caring community. I wouldn't have another one besides Jordan Grove.

Many community members say that it is the friendly nature of the people that makes Jordan Grove a safe and comfortable place to live.

Since we've been here this has been a real nice neighborhood. Good neighbors, they're laid back. Quiet. Kids can go outside and play. It's a nice community. Neighbors know each other. They'll always give you a helping hand. They really will. If you're in need of something, if they can do it, they will. If you need assistance, you can go to anyone.

When asked to describe Jordan Grove, one senior African American community member told us she could sum up her perspective in one sentence: "I think it's the garden spot."

COMMUNITY MEMBERS HELP EACH OTHER

Another great strength of Jordan Grove is the willingness of community members to provide assistance to one another. As one community member said, "People go out of their way to do for others".

In Jordan Grove, helping others extends across familial, church, and racial boundaries to include all members of the Jordan Grove community. A White community member explained this dynamic to us:

If something happens in this community, if somebody dies, black or white, the people react to it. When the need is there, the people are there. I would not be afraid or discouraged to go tonight to any of their houses if I needed anything. They'd do me the same way, if they need something. They're good people; there are good people in this community. It's the best place in the world to live.

This sentiment was echoed in the majority of our interviews, further accentuating the community bond that exists among the people in Jordan Grove.

CONCLUSION

Far and wide, community members told us in our interviews that the greatest strength of Jordan Grove was the demeanor of the people who live in the community. They espoused that the friendliness and helpful nature of these people made this, as many people said, the "best place in the world to live."

DISTINCT POPULATIONS

As previously discussed, the people of Jordan Grove are a close knit community. This community is made up of different and distinct population groups. The three most distinct groups existing in the community are senior citizens, young people, and the new Latino residents. These populations face different challenges both currently and in the near future.

SENIOR CITIZENS

The majority of community members in Jordan Grove are senior citizens. Most of these people are descendents of the original families that formed Jordan Grove at the turn of the century. These families have historically owned most of the land in Jordan Grove. A long time White community member told us that "the deeds show that the property [in Jordan Grove] has been in the Brooks, Lanes, Jordans, Matthews for a long time."

Most of the senior citizens in the community have grown up and shared their life experiences with one another. They have supported each other through the Civil Rights movement, marriage, families, employment trends, in good and bad times. This rich history has contributed to the strong bond they share. As one African American senior said, "The older members of the community are closely knitted."

The strong ties that the senior citizens have within Jordan Grove have made them natural leaders and role models within the community. During our interviews, we asked community members to identify leaders, and over 90% of the people mentioned were members of the senior generation within Jordan Grove. One resident said, "So many of the people that you consider leaders, we think of in terms of the elderly people. They really have been role models."

Senior members of Jordan Grove face many challenges. Some of the major issues they are facing include lack of transportation, the high cost of medication, deteriorating housing conditions, and lack of home health care. These issues will be explored in greater detail in a later section of the document.

YOUNG PEOPLE

A phenomenon frequently cited in our interviews with community members is that young people who grow up in Jordan Grove tend to move out of the community upon completion of high school. One of the main reasons community members offered to explain this trend is a lack of good employment opportunities close to the community. One African American community member who has children said:

Right now not a lot of the younger people are involved with things in Jordan Grove. They go away for college and jobs. The younger people tend to move out, to see what life is all about. As a result, not a lot of the younger generation is here anymore.

Because Jordan Grove is a small community and is situated in a rural area, many young people leave to seek new experiences in larger, metropolitan areas. One of the most frequently cited cities that youth move to is Washington, D.C. After spending time away from Jordan Grove, some young people choose to come back to the area to settle down. An older African American community member explained this trend:

A lot of younger people finish school here and are tempted to go where the grass is greener. Some have done that, then come back here to establish a home. They found that the grass isn't any greener on the other side of the fence. They find the same problems arise away from home, too.

Often times, young people return with a new spouse, ready to raise a family. New residents are usually the spouses of people who have family in the area. I think about 70% of young people leave Jordan Grove for an education or jobs, and about half of these return in their 30's or so.

Many of the people we interviewed expressed concerns about what might happen to Jordan Grove when the elder generation of leaders passes away. Many people expressed to us their hope that some young people will take leadership positions in the community before the elder generation passes:

Mostly the middle aged and older people get involved in projects. It's not that the younger people couldn't get involved. Everybody has had an opportunity to voice their opinion and speak out. It's just that the older people are there to do it. Right now there are just not a lot of younger people taking part in things here. We don't have a lot of the younger generation here, except for the very young. The young that are here should become more involved now, rather than later.

As discussed previously, Jordan Grove has established a reputation for successfully enacting change, which is largely due to the well organized efforts of community members. Concerns have been raised that the same few people have consistently been responsible for this organization and that leadership responsibility needs to be more widely distributed. In particular, older residents feel strongly that this is important because the community has worked so hard to build unity for past projects. They feel it would be a shame to let community competence decline simply due to a lack of new leadership. Community elders are looking to the younger generation of Jordan Grove to take on this role and perpetuate this legacy of competence.

LATINOS

As discussed in a previous section, Jordan Grove has historically been home to a network of African American families. There are also some White families who have been part of the community for as long as forty years. In the past two years, three Latino households have moved into Jordan Grove, marking the first time Latinos have lived in this community.

Latinos have steadily been moving into Chatham County, most specifically Siler City, since the early 1990's. Some service providers in Chatham County have estimated that the number of Latinos in Chatham County is far higher than the figure reported in the 1990 census. Many Latinos have come to Chatham County for employment opportunities. The majority of Latinos work in the poultry plants and hosiery factory in Siler City.

Latinos living in Chatham County face similar barriers as those moving into other areas of the country which are experiencing a first wave of Hispanic immigration. The most salient issues are language barriers and a lack of resources. Latino immigrants bring new language and culture into their new communities. Long time residents in these areas are experiencing new cultural groups for the first time, which often brings some insecurity and discomfort to community members.

Many of the African American and White community members we interviewed acknowledge that there are new Latino residents living in Jordan Grove, but told us that they have not met them. The main reason they cited was an inability to converse with their Latino neighbors due to a language barrier.

The Latino residents we interviewed recognized the term "Jordan Grove" as either only referring to the church with that name, or to Jordan Grove Road, where all of the Latino families live. When asked, they all said that they were unaware that a larger community called Jordan Grove exists. Consequently, they all said they perceive themselves to be members of the larger Siler City community.

Although the new Latino residents have not been introduced to the whole of the Jordan Grove community, they report feeling safe and secure in their new homes. One Latino resident told us that

Jordan Grove Road is a good place because there is no bad attitude toward people of color. I don't feel discriminated against because there are so many people of color living in this area.

All of the Latino residents who were interviewed reported regular interactions with Jordan Grove community members, such as waving or saying hello across their yards, but say that they have not formally met their neighbors. As Jordan Grove is a friendly community, it is hoped that in the near future formal introductions will be made so that the Latino residents may become part of community life. As one senior African American community member told us

People have to learn to extend the family. It boils down to everyone wanting a neat package and it's just not going to be. We're having some growing pains. It hurts when you expand but this means growth.

CONCLUSION

Senior citizens, young people, and Latinos living in Jordan Grove face great challenges. Outside agencies play a dominant role in creating and perpetuating these challenges. Such agencies include social service agencies, health care providers, and local employers, to name but a few. These agencies must recognize and acknowledge the challenges that face these groups. By listening to and directly working with these populations, these outside agencies have the power to redirect public resources to meet the new needs of a changing society.

While these challenges are daunting, they are not unique to Jordan Grove. What is unique about Jordan Grove is the long history that community members have of uniting to discuss issues that affect the community. It is hoped that this legacy of communication among community members will show itself in the form of discussing what can be done to help senior

citizens, how to encourage youth leadership, and finding ways to invite the new Latino residents into the community.

PAST COMMUNITY ACCOMPLISHMENTS

Jordan Grove is the quintessential competent community. As defined by Leonard Cottrell, a competent community is

[O]ne in which the various component parts of the community are able to collaborate effectively on identifying the problems and needs of the community; can achieve a working consensus on goals and priorities; can agree on ways and means to implement the agreed upon goals; can collaborate effectively in the required actions. (Minkler, 1997)

Jordan Grove has achieved and maintained this status over the years by successfully organizing themselves to come together to work on a variety of projects that have benefited all community members.

UNITY OF COMMUNITY MEMBERS

Jordan Grove community is united in the sense that people come together to work on issues that affect the lives of all members. Community members are extremely proud of this dynamic. This attribute was stressed in many of our interviews with community members.

People of Jordan Grove stick together. When things need to get done, they get it done. People help the needy. When we do something we do it for the whole community.

As with everything else in the community, this sense of unity spans across all populations in the community to include all familial, church, and racial groups. Like we said, it's a community thing. Not only the members of Jordan Grove Church, but people out on the old highway where the church is, on that stretch. They're involved in projects, too. We've stuck together through all of our efforts, pulled together.

This unity among community members has produced changes that have improved the quality of life for the whole of Jordan Grove. Some of the major accomplishments will now be discussed in greater detail.

US IN ACTION (UIA)

Jordan Grove community members have a long history of activism. Through their community improvement efforts, they have banded together to create a formal action group, called Us in Action.

How we came about that name, I guess, is through all the efforts we put forth trying to get water hook ups. Down through the years [County Commissioners] kept kind of shifting us around, telling us we can't do this, we can't do that, but we never quit. They told us we should organize. When we organized, this is the name we came up with.

The group, under the leadership of community member Frankie Matthews, has facilitated the attainment of many improvements within Jordan Grove. Examples of such include getting roads paved, convincing the Department of Transportation to post speed limit and highway signs in the area, and establishing a Community Watch program on community streets. More major accomplishments, such as blocking the development of a trailer park in the center of the community, getting county water lines run out to Jordan Grove, and stopping the nearby development of a proposed airport, will be discussed now in greater detail.

BLOCKING THE TRAILER PARK

One of the greatest examples of how Jordan Grove members have united in the past is their success in stopping a trailer park from being developed in the center of their community. This occurred about five years ago. Fourteen trailers were going to be built on a three and a half

acre tract of land. Many community members opposed the crowded conditions the trailer park would create. As one African American resident explained,

They were going to put a trailer park beside the church. They had three and a half acres of land and wanted to put fourteen trailers on it. We stopped it. It was already approved by the planning board. We went to Pittsboro, to the County Commissioner's office, and voted that out. We told them we didn't feel like it was the right thing to do.

The trailer park was being developed by one person, who wanted to rent out the fourteen units. Most members of Jordan Grove own their own homes, and many told us they feared how a transient population might affect the quality of life in Jordan Grove. They felt protective of the community they have created for themselves, further uniting them against this development.

Success with this project has been attributed to community member unity:

They had to listen because we came in great numbers. They had to move out of the courtroom, we had so many people. Like we said, it's a community thing.

In the end, their efforts helped to override approved zoning plans so that only four trailers were put on this land.

WATER LINE EXTENSION

As discussed in an earlier section of the document, Jordan Grove received county water hookups two years ago. The process of acquiring county water lines was begun and followed every step of the way by community members working together.

Water hook ups came about by people coming together, going to meetings, talking about the things we need, and letting it be so that people would hear our comments about the different things that were inconvenient in our homes. We had to go through a lot of meetings saying what was inconvenient in our homes. That brought the community together- everyone had to attend these meetings to let them know what was lacking, what the water would do for us.

While community members readily agreed to unite on this need, much hard work went into the process of acquiring a grant and achieving this goal. An African American community member described the community' persistence:

It's like the water grant. We went almost ten years back to back, we never quit. One year we missed it because it was turned in late. Another year we missed it because it didn't have a signature. Just simple stuff. Every time they would do that, we would be right back there the next year. That's how we got the water grant- we just never quit.

It is this type of persistence that has led Jordan Grove to achieve great things for their community. At this time, all homes in Jordan Grove have water hookups because the community worked together to reach this goal.

STOPPING PROPOSED AIRPORT

Several years ago, a cargo airstrip was proposed for development on the periphery of the Jordan Grove community. The proposed air base, to be owned by Cargo Enterprises, would be used to run different types of supplies up and down the east coast. Residents opposed this plan for several reasons. Opposition stemmed from the fact that some homes would have to be given up to create more space for the airstrip; some of the church communities would have cemeteries leveled; the loud noise created by the airplanes would detrimentally affect the nearby hospital and the elderly residents; and people would not be able to rest and relax as before if noisy airplanes were coming and going overhead. As one African American resident told us, this project involved not only the unity of Jordan Grove members, but also a banding together with nearby communities.

All of us got together- the churches, the white and black- we all got together. Cause it kind of pushed up- coming over the schools would be these big airplanes. The airport was pushed out on account of, I guess, everybody sticking together. And Jordan Grove was involved. We worked along with other people.

According to many community members, Jordan Grove was able to cooperate and work well with the nearby communities on this project.

Everybody was upset because it was going to be built. We learned to be neighborly to all and everybody was just friendly- everybody was just like brothers and sisters at that time.

There was also a contingency of community members who felt that the airstrip would bring good economic opportunities to the Siler City area, and therefore did not join the airport opposition group. A senior African American community member discussed this division.

The airport here was looking at gaining 55,000 jobs from that. The city would have benefited. Local people were more concerned about their land than prosperity. The cargo base was eventually put in Wilmington. The project would have brought people from other places. This would have meant prosperity for this area.

In the end, the opposing community members succeeded in getting the airport proposal defeated. The fact that there was an entirely separate group of community members who supported the airport emphasizes the great numbers of people who get involved in community actions affecting Jordan Grove.

REBUILDING OF A COMMUNITY CHURCH

In 1993, the Jordan Grove A.M.E. Zion Church building had deteriorated so badly that it was condemned. The original church had existed on that land since 1923. Church members chose to rebuild the church so that they could continue worshipping on the same land.

The choice to rebuild the church came easily, but acquiring the financial resources to do so was a daunting task. However, in the typical Jordan Grove fashion, both church and non-church members in the community rallied together to make the idea a reality. One White community member described the effort to acquire funding:

The church got in such bad shape that it actually fell in. I don't know what came over me, that church just felt like it belonged to me because I lived in this community. Next day, I went to several business owners in town. Everybody I asked in Siler City gave a donation. In about a week's time, I collected about \$5,000. That's the kind of people we are in this community.

In addition to all of the donations collected, the parish was able to secure a loan to pay for the rest of construction. They are currently still paying off this loan, through the help of individual church member donations to the building fund and the presentation of tithes during Sunday services. As the result of this project, they have a beautiful new sanctuary in which to worship.

CONCLUSION

The community member of Jordan Grove have exercised their community competence by blocking a trailer park development in the area, gaining the resources for county water hookups, rebuilding the Jordan Grove A.M.E. Zion Church, and forcing out a proposed airport. In the process, they have gained great respect and recognition in Chatham County. Jordan Grove is truly a role model for other small communities who wish to achieve change.

SUGGESTED COMMUNITY IMPROVEMENTS

Although it was clear from our interviews that Jordan Grove is a community with many assets, community members also identified ways in which the community could be improved. Three areas for improvement that were suggested involved community level changes in security, recreation, and trash collection.

SECURITY

While Jordan Grove is a relatively crime free community according to local law enforcement (refer to crime section, p 55), residents reported a desire for a greater sense of security in the community. As one community member stated,

Jordan Grove is a safe place to live but ... You feel safe, you don't feel like they're gonna do anything to you, but there's crime everywhere. You feel safe around your family but there's always dangers out there.

Another community member expanded on this thought by saying,

I would like to see more secure homes, more security in the area. Times have changed so much. You leave your home and you don't know when you come home if someone might have been around.

Community members reported that crime does exist in Jordan Grove. One person commented, "There are loose hands going around the community." The incidents that were described during interviews all involved property, such as yard equipment or bicycles, being taken from community members' yards. There was also a report of some items that were stolen from the Jordan Grove A.M.E . Zion church.

Some community members reported that they sometimes noticed unfamiliar cars driving in the area late at night. This was a concern, particularly in Jordan Grove where neighbors have close relationships and recognize when a car driving in the area is unfamiliar.

During our interviews community members offered suggestions for how security in Jordan Grove might be improved. One suggestion was the addition of more street lights in order to discourage people from being in areas where they should not be. Although multiple residents thought that this would be a worthwhile improvement, one person felt that new streetlights were not necessary. This community member felt that the area residents should be involved in promoting safety. Community members who agreed that streetlights were a good idea, noted that new streetlights would improve the general sense of safety of the residents. One person commented that they felt streetlights would, “go hand in hand with the Community Watch program.”

Another idea that was proposed to increase community security was the initiation of a community curfew. If a curfew were in place then everyone familiar with the community would know to be inside after a certain hour. If people, particularly youth, were observed out in the community after the curfew hour, residents would know that these individuals were not familiar with the area.

A third recommendation for safety improvement was to step up the Community Watch program that already exists in Jordan Grove. One community member felt that the Community Watch program was no longer officially in effect. She stated,

At times we have had meetings to try and organize around crime prevention. To get signs up saying that ‘This area is protected by Community Watch’. I think that’s something that we can still do and it would be good in the community if we got one of those programs going again and people would feel more secure and it would help us a lot.

Although community members currently watch out for one another, it was felt that a formal effort to revive the program would improve community safety.

Finally, one community member suggested that the community might feel safer if law

enforcement would patrol more frequently.

RECREATION

The most frequently mentioned suggestion to improve Jordan Grove was the addition of a recreation area in the community. As one community member commented, “It would be nice for the kids to have a place to play.” While the recreation area would be primarily for youth, many community members were adamant that it would benefit the entire community including adults and seniors. As one resident explained,

When we do something we do it for the whole community. Young people come out to play and the older ones come out and supervise. Parents bring the children out and the parents and children mix up and play with each other.

Different suggestions were given as to what form a recreation area would take in Jordan Grove. One person suggested that they would like to see a recreation area similar to Washington Park, which was recently built in Siler City, for the Jordan Grove area.

Some community members mentioned that there used to be an area for recreation in Jordan Grove. One senior described,

We had that for a little while. It was done away with. We had a park and at the summer months we would go to the park and carry the children and play with them until about half day. We'd feed them lunch. We'd go around, pick up the children, bring them back to the park. They would have ball games on Saturdays and things like that.

Many community members indicated that they enjoyed having a recreation area in Jordan Grove and that they would like to see it return. One person proposed that an outdoor recreation area or park could be set up so that adults could exercise while children played. They suggested, “a park area for the children with walking trails [for the adults]”. A picnic area near the park was another suggestion.

It was repeatedly mentioned that the community has thought seriously about putting

effort toward a recreation area in the past. When asked what barriers have kept the community from setting up the new recreation area, one member of the Jordan Grove A.M.E. Zion church said that the delay was a result of financial limitations. This community member felt that once the 1993 church renovations have been paid, the community will be able to begin collecting funds to develop a new recreation area.

TRASH

Trash is an issue that many community members feel strongly about. Until a few years ago, community members delivered their refuse to a dumpster located on the edge of Jordan Grove. The dumpster was removed in the early 1990's because it was thought to be becoming an eyesore and a health concern. Most residents were positive about the removal of the dumpster:

I'm glad we don't have a dumpster here anymore. People abused it. They'd take chairs, furniture out there. There were always stray animals around. You'd go to dump your trash, and there were people in it. Plundering it. It's better without [the dumpster].

Currently, community members must haul their trash to one of several county landfills. Hauling trash this distance (over 10 miles away according to one community member) is inconvenient: "The landfill is not a bad thing. I just wish it wasn't so far away. In addition, community members were concerned about individuals who might not be physically able to dump their own trash due to disability or transportation. One senior community member explained, "It's difficult for elderly people and folks without cars to drive out to Pittsboro Highway or to Bonlee to dump their trash".

Although one community member wished that the dumpster would be returned so that trash disposal would be more convenient, the majority view was that the landfills were cleaner than the local dumpster. Community members explained that landfills are monitored and require

that trash be separated for recycling. This system is thought to be more sanitary than the dumpster that had previously been located in Jordan Grove.

In lieu of the current system where most community members deliver trash to the landfill themselves, nearly all community members were interested in obtaining trash pickup services. Trash pickup is not provided as a local government service because Jordan Grove is located outside of the Siler City limits, and it is not a service provided by the County. However, community members are charged a yearly fee for landfill maintenance and trash retrieval: "Everyone pays \$90 as part of their taxes. That's why they want garbage pickup. They already pay for it". This fact was confirmed by the County Manager who agreed that County residents do pay for trash pickup yet do not receive it (C. Horne, personal communication, March 18, 1998).

Three community members we interviewed were aware of trash pickup available through one of several local, private firms. Community members pay a nominal fee each month, receive weekly trash pickup, and receive a \$90 County tax credit at the end of the year. The tax credit is provided by the County, in lieu of paying money to the County for the same service.

CONCLUSION

Although the people Jordan Grove are satisfied with their community in many respects, there are still areas that community members stated could benefit from some improvement. These areas, as described in the preceding section, include security, recreation, and trash collection. Improvement in these areas would benefit Jordan Grove at the community level.

HEALTH CARE ACCESS

Jordan Grove community members and service providers discussed several issues related to health care. Three issues that were repeatedly mentioned were a desire for home health care or an area nurse, cost of medications, and transportation. These topics are indeed of great importance to the community, as home health care and cost of medications were selected as the top two issues to be discussed at the Community Meeting.

HOME HEALTH CARE

As described in the Health section of this document (refer to Home Health Services section, p. 46) home health care is available through multiple agencies in the Siler City area. Several Jordan Grove community members and service providers commented that it is an important service in the community, and is particularly critical for those who may not be able to leave their homes in order to receive health care. One service provider also expressed the importance of having someone to follow up with older community members after they have had a medical appointment in order to clarify instructions or medical terms.

Community members suggested that it would be helpful if a home health nurse assigned specifically to serve Jordan Grove would be helpful. One community senior commented,

There was a time when we knew what nurses were set up for this area. If that would come back again we could always have somebody we could call on. We trusted them. We knew they were there if we needed something.

This statement suggests that it is not just the presence of *any* health care provider that would be helpful, but the presence of a provider with whom the Jordan Grove community members could establish an ongoing relationship. Community members may feel more comfortable having a health care provider in their home if they knew that the same provider

would always be available. This may be particularly comforting to elderly residents. Another Jordan Grove community member commented,

People are living longer. They're getting older and need attention and care. Things such as a hot bath or a walk around the house may really help them. I really do see a need.

As this community member indicated, it is important for home health care to be provided by someone who has time and attention to devote to the patients that they serve. Home health care services could be enhanced if the provider were familiar with the members of the community in which they were working. The importance of this issue in Jordan Grove was emphasized at the Community Meeting held on February 21st, 1998 (refer to appendix H-1 for a summary of the Community Meeting). Community members and service providers at the meeting voted on Home Health Care as one of the two most important issues relating to the health of Jordan Grove. Based on discussion at the meeting, a decision was made to pursue a Home Health Provider for Jordan Grove.

COST OF MEDICATIONS

The high cost of medication can keep people from receiving the treatment they need to maintain their health. This issue was highlighted as an important one in both interviews and at the Community Meeting. As one service provider commented during an interview,

A lot of people don't have money for their prescription medications. Some of them decide that they are feeling good or better so they think that they don't need to take them anymore and stop. Then their blood pressure goes up again.

This same service provider expressed concern that high cost of medications might keep elderly community members from continuing to take medications that they need. This provider said, "A lot of elderly are on fixed incomes and have to buy 6 to 7 medications. If they can't afford it, they stop taking them."

Community members and service providers present at the Community Meeting voted cost of medication as one of the most important issues affecting the health of Jordan Grove. It was decided at the meeting that this issue should be given some attention. One person suggested that it would be useful to have a health care professional to review individuals' medications to see if any were being unnecessarily duplicated. It was discussed that this would be helpful in reducing the cost of medications while still making sure that community members health needs were being met.

TRANSPORTATION

Community members and service providers noted that transportation is sometimes a barrier to receiving health care for the Jordan Grove community. Currently, community members either drive themselves or rely on relatives or neighbors to drive them to appointments. No mass transportation is available in Jordan Grove. There is a van available for those who require dialysis. One community member commented, "Some transportation is available, but it's not nearly enough as is needed." Another person added, "People do need to get to their appointments."

One community member made a suggestion for how inadequate transportation could be addressed in the community. This person stated, "I'd like to see a resource van for senior citizens come out. Some people don't have a way to get to the doctor. It needs to be more accessible."

CONCLUSION

Community members and service providers indicated that access to appropriate health care is an important issue for Jordan Grove. Specifically, home health care, cost of medications, and transportation were issues identified as directly influencing the extent of appropriate health

care that is available to residents of this community. Based on the input of community members and service providers who attended the Jordan Grove Community Meeting, efforts are underway to address home health care and cost of medications as barriers to health care access.

ENVIRONMENTAL IMPROVEMENTS

As discussed earlier in the Environmental Health section of this document (p. 41), recent changes have occurred in the environmental conditions of the Jordan Grove community. Despite recent improvements in environmental health, water and sewer lines and housing conditions were discussed as possible areas for improvement for Jordan Grove community members.

WATER AND SEWER

Every residence in Jordan Grove is connected to municipal water with the exception of a very few homes that were overlooked or refused water when the lines were originally installed. The estimated two or three residences where municipal water is not currently available suffer the same problems that all local homes used to have: poor water quality and unreliable wells. One community member who now has municipal water told us, "We used to have limestone water here. Wells would dry up in the summertime". This information is consistent with the data provided by the County earlier in the document.

On the other hand, about a quarter of Jordan Grove residences have municipal sewer connections: only those located along Jordan Grove Road. The remainder of residences in the locale rely on septic systems. Community members generally do not complain about their septic systems, possibly due to the fact that many residences with stressed septic systems were recently updated or expanded.

Despite a lack of discussion about current inadequate septic systems, one community member did suggest that Jordan Grove seek to obtain sewer hook ups so that septic systems would not be a concern in the future. "It would be nice to have the sewer lines extended. Right now we rely on septic tanks".

Another person, a community leader, was adamant that municipal sewer not be a goal of the Jordan Grove community for economic reasons alone. "I have no problem with my septic tank, so why add on another bill?" Outside the Siler City limits, the sewer bills double.

HOUSING CONDITIONS

Another issue of interest to some Jordan Grove community members and service providers was housing conditions. Several community members expressed a need for repairs to be made on current homes, or for more stable homes to replace those that currently exist. There was an emphasis that the homes had not become run down due to lack of attention; rather, the homes had aged over time and community members could not afford maintenance.

Community members mentioned that some home rehabilitation was provided and three homes were completely replaced a few years ago. This was made possible through the acquisition of grant money at the same time that the municipal water lines were extended. An elderly community member commented, "Home repairs have been made in the past, but there is still a need." This information is consistent with information provided earlier in the document (refer to Environmental Health section, p. 41).

The poor condition of some homes may be exacerbated by the fact that many Jordan Grove community members are older. An adult community member who looks after several seniors living in Jordan Grove commented, "People are retired and on fixed incomes. You get social security checks. You can't maintain a home on that. Another adult resident added that "once senior citizens pay for their medication, they don't have any excess to use for fixing their houses." Hence, elderly community members must either turn to family for manual or financial assistance, or do nothing.

Besides fixing houses, a service provider suggested that Jordan Grove community

members needed to replace some homes due to their poor condition. This individual suggested that community members explore low cost housing options such as modular or pre-fabricated homes (as opposed to the current trailers and mobile homes). "You see a lot of trailers out there, not traditional homes. They need more low cost homes. Maybe Habitat for Humanity can help."

CONCLUSION

While environmental health concerns have been addressed in the recent past, community members continue to express a need for more improvement. A small number of residences continue to need municipal water connections, while community members hold differing views as to the value of obtaining sewer connections for the entire community. In the meantime, poor housing conditions are a concern for some community members, primarily for the elderly and for adults who care for senior relatives.

CONCLUSION

Jordan Grove is a small, close knit community. It has been defined both geographically as a two mile square radius, while also including all members of the Jordan Grove A.M.E. Zion Church who live beyond those boundaries. Because of the small size of the community, much of the secondary data collected is insufficient for accurately portraying the demographics of Jordan Grove. For this reason, the primary data gained through interviews with both community residents and service providers is much more valid in describing this community.

Jordan Grove is predominantly an African American community. Many of the residents are elderly and have lived in the community their entire lives. By most community member estimates, more than 80% of the residents are African American. However, there are approximately six white households considered to be part of the community, and three new Latino families have recently moved into the geographic boundaries of the community. On average, community members and service providers estimated that 200-300 people live in the community.

One of the most significant findings of our community diagnosis is that Jordan Grove has historically been, and still is, a highly competent community. Community members have successfully united in the past to create and implement solutions to improve the quality of life of residents. Past accomplishments include acquiring grant money to support the extension of county water and sewer lines out to nearly all of residents' homes; repealing the already approved zoning of a trailer park to be built in the center of the community; defeating a proposed airport on the outskirts of the community; and gathering financial support to rebuild the Jordan Grove A.M.E. Zion Church.

During interviews, residents and service providers were asked to look ahead to the future of Jordan Grove and suggest changes that might positively affect the community. The most frequently suggested areas for improvement were presented at the community meeting for discussion.

The high cost of medications was chosen for detailed discussion at the Jordan Grove community meeting. Community residents and service providers present at the meeting prioritized this as an issue deserving immediate attention. Because Jordan Grove has a high senior population, many residents are on multiple medications and have difficulty paying for them. A concern has been raised that many residents will simply stop taking medications once they begin to feel better, thus avoiding costly refills. Often, the original health problem recurs once the medication is discontinued. A suggestion was made at the community meeting that a health professional review the different medications residents are taking to avoid unnecessary duplication of prescription drugs. This strategy could potentially save some residents significant amounts of money.

Home health care was the other issue prioritized at the community meeting. Because many of the residents in Jordan Grove are aging, home health aid is increasingly seen as a necessity for many residents. It was suggested in both qualitative interviews and at the community meeting that an individual home health care provider who consistently served Jordan Grove would provide a comforting source of assistance for aging residents. Rita Spina, a service provider currently involved in a similar program in nearby retirement community Farrington Village, was present at the community meeting and expressed interest in establishing this type of program within Jordan Grove. Mrs. Spina will work with the Chatham County Health Department and JOCCA, where Jordan Grove community member Christine Brooks is Coordinator of Services, to move toward addressing this issue.

While not chosen to be addressed at the community meeting, recreation was mentioned most frequently in resident interviews as an important need in Jordan Grove. Many residents expressed a desire to have an area within the community that had facilities for both children and adults.

While Chatham County crime records and interviews with local law enforcement officers indicate there is very little crime in Jordan Grove, residents expressed concern that security efforts could be improved in the community. Suggestions put forth include the addition of street lights, more frequent law enforcement patrols, a community curfew, and a resurrection of active Community Watch patrols.

Some residents expressed frustration with the lack of public transportation available to Jordan Grove residents, particularly to carry them to medical appointments. While most residents said they can generally ask family, friends, and neighbors to drive them to appointments, many of them said public transportation would provide them an option so that they did not always have to rely on others.

In the past, Jordan Grove residents have obtained grant money to make much needed improvements to homes in the community. However, many homes still need more work done. Concern was raised especially for senior citizens on fixed incomes who are already faced with high medication costs. Furthermore, many of the newer structures in the community are trailers, which are less expensive than traditional stick built homes, but tend to deteriorate much more quickly. A suggestion was made by a service provider that Habitat for Humanity should be contacted to enlist their assistance in this matter.

Many residents told us that trash disposal was inconvenient since the removal of a dumpster from the Jordan Grove area. Currently, residents must drive to Pittsboro or Bonlee to dispose of their garbage, which is a hardship for the elderly and those without transportation.

Some community residents told us that they had contracted independent sanitation companies to come and pick up their trash for them. They said, on average, this service costs them \$15.00 each month. If they save their receipts, they may submit them for a \$90.00 credit on their annual County taxes. We encourage other residents to investigate this further, so that they may also benefit from such services.

Until very recently, water and sewer were the most pressing needs in Jordan Grove. As previously discussed, residents united to acquire grant money and demand extended county lines be brought out to Jordan Grove. All residents, with the exception of a very few, now have water in Jordan Grove, marking the end of a ten year effort to reach this goal. The only homes that also have sewer connections from Siler City are on Jordan Grove Road. While many residents feel that sewer lines are a necessity to relieve soon-to-be overflowing septic tanks, other residents are content with keeping their existing septic systems. Because the sewer bills are much more expensive for homes outside the Siler City limits, many residents view sewer connections as an unnecessary extra bill. Because the expansion of sewer lines affects almost all community homes, residents must come to consensus on this issue before further efforts are put forth.

Other issues facing the Jordan Grove community are the direct result of a changing composition in resident population. New Latino populations have been steadily moving into Chatham County, and more specifically Siler City, in the past five years. Three Latino families have moved into Jordan Grove within the past two years. To date, community members have not yet gotten to know these new families. The primary reason for this is the language barrier, which is a problem for new Latino residents in many parts of North Carolina. We encourage the residents of Jordan Grove to welcome their new neighbors into their friendly, helpful community.

The last, and perhaps most crucial issue facing Jordan Grove is that many younger people move away from the community after they finish high school to continue their education or in search of better job opportunities. The effect of this is a predominance of seniors remaining in the community. Concern has been raised that the remaining young people need to step into leadership roles now, before the elder generation passes, to continue Jordan Grove's legacy of community competency.

We hope that this document can serve as a useful resource to understand the assets and the needs of Jordan Grove. We also hope that it will benefit the community in writing grant proposals for future community improvements as Jordan Grove continues to work together to improve the quality of life for all members.

REFERENCES

Chatham County Economic Development Commission. (1997, May). *Chatham County, North Carolina Statistical Abstract*. Pittsboro, NC.

Chatham County Economic Development Commission. (1997b). *Chatham County Industry, Business, and Government Announcement, Expansions, and Allocations (Fiscal Year 1996-1997)*. [Unpublished].

Harden Political InfoSystems National Issue Sites. (1997). <http://www.com/hpi/nislaw/nc37037.html>. September 23.

Levin, K., Rolon, L., Schlanger, K., Smith, M., Warkentin, J. (1994). *A Community Diagnosis of the Latino Community in Siler City*. Chapel Hill, NC: University of North Carolina School of Public Health, Department of Health Behavior and Health Education.

LIGHTWAY of North Carolina flyer. (1997). A program of the Jordan Grove AME Zion Church in collaboration with the Chatham County Coalition and the Chatham County Health Department.

Minkler, M. and Wallerstein, N. (1997). Improving Health through Community Organization and Community Building. In Minkler, M. (Ed.), Community Organizing and Community Building for Health. New Brunswick, NJ: Rutgers University Press, p. 30-52.

Molloy, M. ed. (1997). *The Health of Chatham County 1996-1997*. The Chatham County Health Improvement Project (CCHIP). University of North Carolina at Chapel Hill: Center for Public Health Practice, School of Public Health.

North Carolina Department of Health and Human Services, State Center for Health Statistics. (1997).

North Carolina Department of Public Instruction. (1998). <http://www.dpi.state.nc.us>. March 31.

North Carolina Health Care Reform Commission. (1996, May). *Status Report: Current Health Care Marketplace: The Final Report*.

North Carolina Office of State Planning. (1997). <http://www.ospl.state.nc.us>. October 27.

North Carolina Transportation 2001. (1997). www.sips.state.nc.us/DOT/TIP/speedup.htm. October 27.

State Data Center. (1991). LINC (Log Into North Carolina). [online database]. Raleigh, NC: Office of the State Budget and Management.

The North Carolina Community-Based Public Health Initiative. (1996). *Overview of Activities Projects 1992-1996*.

U. S. Census Bureau. (1990). Census of Population and Housing: North Carolina. [Machine-readable data file].

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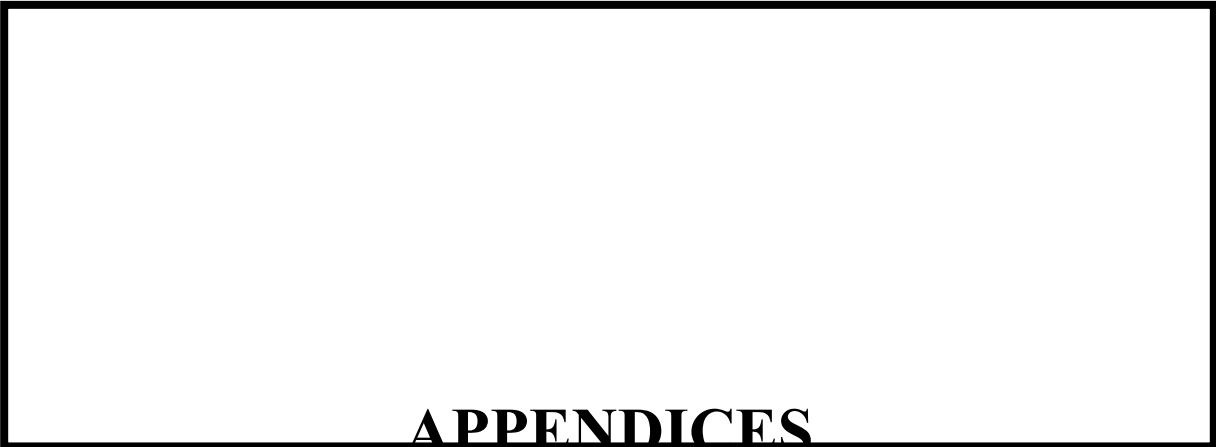
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PART I:

SECONDARY DATA ANALYSIS

PART II:

QUALITATIVE DATA ANALYSIS



APPENDIX A:

MAPS

(Sorry, not available on disc copy- please refer to original hardcopies)

APPENDIX B:

INTERVIEW GUIDES

Service Provider Interview Guide

Overview

Could you provide me with an overview of what services your agency provides?

What is your role in providing these services?

Services

What services does your agency provide for the residents of Jordan Grove?

What groups tend to be the most in need of services?

What groups tend to be the most difficult for your agency to reach? Why?

What other agencies provide services to the residents of Jordan Grove? Which of these agencies is most knowledgeable about [TOPIC]?

Community

What would you say are the strengths of the Jordan Grove community?

What would you say are the greatest needs of the Jordan Grove community?

What kinds of community projects have been attempted in Jordan Grove in the past 5

years? How successful were they? Why?

Who would you say are the key community leaders in Jordan Grove?

If you were going to try to do some type of community health project in Jordan Grove, who from the Jordan Grove community would you try to involve to ensure success?

General

Is there anything else that you can tell me about the Jordan Grove community?

Is there anything else that you think we should know about?

Documents

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

Referrals

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

Thank you for your time!

Resident 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 working with the Health Department.* As a part of our program we will be working with Jordan Grove to put together a community diagnosis. This means that we will be working with you all to identify community strengths, weaknesses, and future directions. The information we gather will be summarized and shared with the community next Spring. In addition, we will share what we learned with the community at a forum in the spring.
- The purpose of our speaking with you today is to find out about your thoughts and experiences living in Jordan Grove. We're interested in your opinions. There are no right or wrong answers.
- Time: this interview should last 30 – 40 minutes. We would like to give you as much time to talk with us as you would like, but (mention if you have limited time / ask if they do).

2. Confidentiality

- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will not identify the names of the people we've interviewed nor what they have said.
- We may use quotes when we summarize the interviews. *Do you mind if we quote you?*
- 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 tell us to stop the tape, or to hit the stop button yourself, at any time. *Is this alright?*

3. Ground Rules

- Right to pass: If there are any questions you don't want to answer *feel free to pass.* If you would like to end the interview at any time please just let me know.

Do you have any questions about anything that I've said so far?

4. Self and Family

- How long have you lived in this area?
 - ✓ What community activities are you involved in?
 - ✓ Do you / where do you attend church?
 - ✓ Are you working / where do you work?

5. Geography of the community

- We have been asked to work with the Jordan Grove community. How would you define "Jordan Grove"?
- About how many people would you say live in Jordan Grove?

6. Assessment of Community

- If someone were considering moving to Jordan Grove, what would you tell them about the area to convince them to move here?
 - What are the strengths of Jordan Grove?
 - How could Jordan Grove be improved?
- How well would you say people know their neighbors in this area?
- If you needed help for some reason, who would you turn to?

7. Community Activities

- Who are the community leaders in this area? Who are the important people in the community for getting things done?
- What kinds of projects has Jordan Grove worked on together in the past? Were you involved in these efforts?

8. Employment / Economics

- Are there good job opportunities in this area?
- Where do most people in Jordan Grove work?

9. Health

- What are the main health concerns of people in Jordan Grove?
- Where do most people in this community go to receive medical care?
- How do most people get to their medical appointments? Is there community transportation available?

10. CCHIP / Healthy Chatham questions

- Healthy Chatham has identified these issues as important: (show hand out)
- Do you feel any of these are important for Jordan Grove? Do you have suggestions for dealing with these issues?

11. Changes over time

- How has Jordan Grove changed over the past 5 years?
- What do you hope to see happen in Jordan Grove in the next 5 years?

12. Closing

- Is there anything else I haven't asked about that is important for me to know about Jordan Grove?
- Can you think of some other people in Jordan Grove who we might speak to about the community?
- Do you have suggestions for how we might reach young people in this community to speak with them?
- Would you be interested in being part of the planning committee for the Forum in the spring?

APPENDIX C:

FACT SHEET ON JORDAN GROVE

*Questions and Answers About the
Community Diagnosis of Jordan Grove*

Who is working on this project?

Graduate students in the UNC School of Public Health are conducting this research project, in partnership with the Chatham County Health Department.

The UNC graduate students working in Jordan Grove include Heather Knight, Karen Lissy, and Cindy Smith.

What is this project about?

This project is a type of research study called a community diagnosis. A community diagnosis is where we gather the opinions of residents of a community to help them to identify the strengths of their community, possible areas for improvement, and future directions for its development.

Who will participate in the project?

We are interested in speaking with everyone who lives in the Jordan Grove community. This study will include both residents of Jordan Grove and those who provide services to the community. We look forward to interviewing every community member who is interested in speaking to us.

How was I chosen for this project?

Usually, you told us you were interested in speaking to us. On other occasions, a member of the Jordan Grove community suggested that you might be interested in participating and thought you might have some good opinions about Jordan Grove. If we did get your name from someone else, we will be sure to tell you who that person is.

How long will interviews take? Will I be contacted after an interview?

This interview is expected to take from 30 to 45 minutes. You should only be interviewed once. We will only contact you after the interview if we need to clarify something you said because we did not record it accurately.

We will also be inviting you to participate in a community forum to be held on Saturday, February 21st at the JOCCA Multipurpose Center, where we present our findings to the community.

What kinds of questions will I be asked?

We will be asking you about your opinions and your experiences as a resident of Jordan Grove. There are no right or wrong answers to these questions.

Is participation voluntary?

Your participation is entirely voluntary. You may refuse to participate. Whether or not you decide to participate will have no effect on the services you receive. Once the interviews begin, you do not have to answer any question you do not want to answer. However, we do hope that you will participate because your opinions are very important to us.

Will my answers be kept confidential?

The responses you give in the interview, and the tapes that we use, will be kept in strict confidence. Only people who are working on this project will be listening to the tapes or reviewing our notes. After this use, the tapes and notes will be recycled or destroyed.

What are you going to do with this information?

Your answers will be combined with those of other project participants, and the

pooled information will be analyzed and reported. Your name will never be associated with any responses and will never be included in any report.

Will I benefit from participating in the project?

You will not personally benefit from participating in this project. The information you provide, along with that of all of the other participants in the project, will benefit community residents in general by identifying the strengths of, areas of improvement for, and possible future directions for development of Jordan Grove.

If I want more information, who can I contact?

If you have more questions or concerns about the Community Diagnosis of Jordan Grove, please contact any of the people listed below. Feel free to call us collect.

Ms. Karen Lissy

Ms. Vanessa Jeffries

Dr. Sandra Quinn

UNC Graduate Student

Chatham County Health Dept UNC Associate Professor

919/541-8759

919/542-8220

919/966-3915

APPENDIX D:

LIST OF INTERVIEWEES

AND FOCUS GROUP PARTICIPANTS

LIST OF INTERVIEWEES

Community Members

1. Female, African American, senior, church member
2. Female, African American, senior, church member
3. Female, Hispanic, adult, non-church member
4. Female, Hispanic, adult, non-church member
5. Male, Hispanic, adult, non-church member
6. Male, African American, adult, church member
7. Male, African American, adult, church member
8. Female, African American, adult, church member
9. Male, African American, senior, non- church member
10. Male, African American, senior, church member

11. Male, African American, adult, church member
12. Female, African American, adult, church member
13. Female, African American, senior, church member
14. Male, Caucasian, adult, non-church member
15. Female, Caucasian, adult, non-church member
16. Female, Caucasian, senior, non-church member
17. Female, African American, adult, church member
18. Female, African American, senior, church member
19. Male, African American, adult, non-church member
20. Male, African American, adult, church member
21. Female, African American, adult, church member

- 22. Female, African American, adult, church member

- 23. Female, African American, senior, church member

- 24. Female, African American, senior, church member

- 25. Female, African American, senior, church member

- 26. Female, African American, senior, church member

- 27. Female, African American, senior, church member

- 28. Female, African American, senior, church member

- 29. Female, African American, senior, church member

- 30. Female, African American, senior, church member

Service Providers

1. Coordinator of Joint Orange Chatham Community Action Agency. Female, African American, senior.
2. Visiting nurse, Joint Orange Chatham Community Action Agency. Female, African American, adult.
3. Coordinator of Helping Hands. Female, African American, adult.
4. Coordinator of Family Resource Center. Male, Caucasian, adult.
5. Chief Executive Officer, Center for the Advancement of Community-Based Public Health. Male, African American, adult.
6. Supervisor, Adult Services Division of Department of Social Services. Female, adult.
7. Chatham County Health Department, Division of Environmental Health. Female, adult.
8. Chatham County Animal Control. Female, adult.

9. Ameri Corps Volunteer. Female, Hispanic, adult.

10. Public Works Director, Town of Siler City. Male, adult.

10. Town Manager, Town of Siler City. Male, adult.

12. Chatham County Planning Department. Male, adult.

13. Law Enforcement Officer in Western Chatham County. Male, Caucasian, adult.

14. Law Enforcement Officer in Substance Abuse Investigations. Male, Caucasian, adult.

15. Law Enforcement Officer, formerly with Siler City Police Department. Male, Caucasian, adult.

APPENDIX E:

SUBMISSION TO

INSTITUTIONAL REVIEW BOARD

RESEARCH PROTOCOL INFORMATION

A. Purpose and rationale:

The purpose of this research project is to understand the strengths and weaknesses of, and to help identify future directions for, the Jordan Grove community in Chatham 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 Jordan Grove community in Chatham 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; however, the majority of the members of the Jordan Grove community are of minority status (African-American or Latino).

C. Methods of recruitment:

Community leaders and service providers to the community will be contacted about their availability and interest to participate in this study. Other community members will be identified by community leaders and service providers. Once identified, subjects will be contacted to request an interview. Daniel Ingram, Heather Knight, Cynthia Smith, and Karen Lissy will recruit interviewees. It is anticipated that a total of about 25 community leaders and members, and about 15 service providers will be contacted for interviews.

D. Research protocol:

Community leaders and service providers will be asked similar, yet slightly different questions during the interviews (please refer to attached protocols). Daniel Ingram, Heather Knight, Cynthia Smith, and Karen Lissy will conduct interviews. 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 Jordan Grove 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 strengths, weaknesses, and directions for development of the Jordan Grove community. 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 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. Cassette tapes will be recycled or destroyed after their use

for this class is complete.

H. Benefits:

A written summary of the strengths and weaknesses of, and suggested future directions for the Jordan Grove community 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 questions all 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: Community Diagnosis. Data obtained from these interviews may also be used in HBHE 246: Planning Family Health Programs.

APPENDIX F:

RECRUITMENT FLYERS

*For print out of community forum flyers
(both English and Spanish versions),
please refer to the separate disc file entitled
"flyer"*

Thanks!

APPENDIX G:

COMMUNITY MEETING PROGRAM

Jordan Grove Community Meeting

Celebrate the Past, Present, and Future of

Jordan Grove

February 21, 1998

5:00-8:00 pm

AGENDA

- I. Welcome (5:00-5:05)

- II. Blessing - Rev. Betsy Cheek (5:05-5:10)

- III. Potluck dinner (5:10-5:40)

IV. Invocation - Mr. Jonah Lane (5:40-5:45)

V. Explanation of Community Diagnosis (5:45-5:55)

VI. Presentation of Findings (5:55-6:30)

VII. Small Group Discussions (6:30-7:00)

VIII. Small Group Presentations and Feedback (7:00-7:50)

IX. Wrap Up (7:50-8:00)

APPENDIX H:

COMMUNITY MEETING REPORT

AND PROFILE OF ATTENDEES

COMMUNITY MEETING REPORT

The Jordan Grove community meeting was held on Saturday February 21st, 1998 at the JOCCA Multipurpose Center in Siler City, NC from 5:00 to 8:00 pm. (A profile of attendees can be found at the end of this appendix). An informal planning committee comprised of UNC students, Jordan Grove community members, and service providers was consulted in the process of arranging the meeting. Committee members included: Christine Brooks, Frankie Matthews, Rudy Johnson, Vanessa Jeffries, Heather Knight, Karen Lissy, and Cindy Smith. In addition, suggestions for planning the meeting such as times, locations, and formats were solicited from community members during individual interviews and thereafter from informal conversations.

Community members were informed about the meeting verbally, through flyers distributed in the community during the week prior to the meeting, and by verbal and written announcements at local churches. A copy of the flyer is included in another appendix. Service providers were informed about the meeting both verbally during interviews and through mailed invitations. Reminder phone calls were also made to selected community members and service providers during the week of the community meeting. The meeting was advertised as a “Celebration of Jordan Grove” to highlight the historical competence of the Jordan Grove community.

The meeting began with a blessing delivered by Reverend Betsy Cheek, followed by a potluck meal. Food was provided by those in attendance as well as through donations from local restaurants. Following the meal, an invocation was delivered by Mr. Jonah Lane, an senior member of the Jordan Grove community. Findings from interviews and a focus group conducted with community members and service

providers were presented by UNC students Heather Knight, Karen Lissy, and Cindy Smith. The findings were presented in the following major sections:

Community Assets

- JOCCA
- Local churches
- Us In Action (UIA)
- Community members
- A friendly community
- **HELPFUL NEIGHBORS**
- Unity of community members

Past Accomplishments

- Water line extension
- Trailer park averted
- Airport averted
- **Church renovations**

Areas for improvement

- Cost of medications

- **Recreation**
- **Housing conditions**
- Trash
- Safety
- Home health care
- Water and Sewer
- Transportation

Posters representing the eight areas for improvement listed above were placed on a wall in the meeting room. Participants were each given two stickers, one labeled with a ‘1’ and another labeled with a ‘2’, upon entering the meeting. Community members and service providers were given different color stickers to distinguish voting patterns between the two groups. Everyone was asked to place their sticker labeled ‘1’ on the issue they thought most important for Jordan Grove. They placed the sticker labeled ‘2’ on the issue they thought second most important. A distribution of votes can be found in *Table H-1* on the next page. Based on the placement of the stickers, Home Health Care and Cost of Medications were selected as the top two issues to be discussed at the meeting. Two groups were formed, one to discuss each of the selected issues. Following their discussions, each group chose a community member to report what was discussed to the larger group.

The Home Health Care group reported that it would be beneficial to have a home health care provider designated specifically to serve the Jordan Grove community. The group decided that this issue would be addressed at the next meeting of Us In Action.

Two community members and a service provider who was already interested in organizing a community home health care program agreed to lead the efforts to address home health care for Jordan Grove.

The Cost of Medication group reported unanimous agreement that this was an important issue to be addressed in the community. A community member from this group agreed to follow up with this issue at the next Us In Action meeting. Dr. Sandra Quinn from UNC-Chapel Hill offered to provide information about a contact at the Durham County Senior PHARMAssist Program, an existing program designed to assist seniors with costs of medication. A service provider from JOCCA reported that in a previous effort to address duplicated medications, a nurse had come to JOCCA to review seniors' medications and remove duplicate prescriptions. She suggested that a repeat of this effort would be useful.

At the close of the meeting, the Jordan Grove Community Diagnosis team members thanked the community members and service providers for their assistance in the Community Diagnosis process. Community members and service providers thanked the UNC students for their involvement in the Jordan Grove Community. All in attendance at the meeting agreed that it was a successful effort. The meeting closed with a hymn led by the UNC students.

Table H-1. Voting Distribution at the Community Meeting

ISSUE	CM'1'	CM'2'	SP'1'	SP'2'	Total
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<u>Cost of Medication</u>	2	4	1	1	8
Home Health Care	6	1	0	1	8
Trash	1	3	0	0	4
Safety	1	2	0	0	3
Water & Sewer	0	2	0	0	2
Recreation	1	0	1	0	1
Transportation	0	0	0	0	0
Housing Conditions	0	0	0	0	0

CM1 = number of community members who voted the issue most important

CM2 = number of community members who voted the issue second most important

SP1 = number of service providers who voted the issue most important

SP2 = number of service providers who voted the issue second most important

Profile of Attendees at Community Meeting

Community Members:

- ◆ Female, African American, senior
- ◆ Female, African American, senior
- ◆ Female, African American, senior
- ◆ Female, African American, senior
- ◆ Female, African American, senior
- ◆ Female, African American, senior
- ◆ Male, African American, senior
- ◆ Female, African American, senior
- ◆ Female, African American, adult
- ◆ Male, African American, adult

Service Providers:

- ◆ Representative from Chatham County Health Department
- ◆ Representative from Siler City Health Department
- ◆ Psychologist with Home Health interests