

**Pittsboro: Adult Community Members with Disabilities  
Chatham County, North Carolina**

**Focusing on Life With a Disability in Pittsboro, NC  
An Action Oriented Community Diagnosis:  
Findings and Next Steps of Action**

**05/08/2003 Rev**

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**Completed during 2002-2003 in partial fulfillment of requirements for HBHE**

**241**

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## **Acknowledgements**

We would like to acknowledge all those who have participated in the following Pittsboro action-oriented community diagnosis: Our preceptors, Karen Luken and Pam Dickens of the North Carolina Office on Disability and Health, and their colleague Chris Mackey, for their invaluable assistance in learning more about persons with disabilities and Chatham County, for their attentiveness to our needs and their support of our efforts.

We also wish to thank the many service providers and community members in Pittsboro and surrounding areas who gave us their time and perspectives to enrich our learning experience and crafting of this document.

Finally, we would like to thank our instructors, Dr. Geni Eng, Karen Moore, and their teaching assistants, Lauren Shirey, and Molly Loomis for their guidance in this process and their support of our efforts.

# Table of Contents

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List of Tables	v
List of Appendices	vi
Executive Summary	vii
Introduction	1
<b>Methods</b>	3 – 14
<b>Secondary data</b>	3
Identification of Secondary Data	4
Limitations of Secondary Data	6
Overlooked Experiences in Secondary Data	8
<b>Primary Data</b>	8
Summary	8
Impact of Secondary Data on Primary Data Analysis	9
Selection of Interview Participants	9
Participant Observations	9
Institutional Review Board	10
Interview Guide Development	10
Interview and Focus Group Methods	11
Interview and Focus Group Analysis Process	12
Limitations in Data Gathering Process	13
<b>Overview of Pittsboro</b>	14 – 25
Geography	14
History	15
Growth and Development	15
Sociodemographics	16
Employment	21
Housing	22
Recreation	22
Health Services	23
Health Status	24
Services Available for Persons with Disabilities	24
<b>Themes from Primary Data Collection</b>	25 – 41
<b>Outsider and Insider Perspectives</b>	26
<b>Descriptive Themes</b>	27
Strengths and General Community Perceptions	27
Finances and Income	28

<b>Active Themes</b>	29
Awareness	29
Attitudes	31
Care and Support	32
Accessibility	34
Activities	37
Housing	38
Transportation	39
<b>Divergent Views</b>	41 – 45
<b>Divergence in Descriptive Themes</b>	42
Strengths	42
Finances and Income	42
<b>Divergence in Active Themes</b>	43
Awareness	43
Attitudes	43
Care and Support	43
Housing	44
Transportation	44
<b>Community Forum</b>	45 – 52
Forum Planning	46
Summary	48
Description of AOCD	49
Presentation of Main Findings	49
Outcome of Small Groups	50
Attitudes	50
Support	51
Final Outcomes of the Forum	51
<b>Discussion and Future Recommendations</b>	52 – 55
<b>References</b>	55
<b>Appendices</b>	58

## **List of Tables**

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**Table 1:** Demographic information on Chatham County for 1989-1990 and 1999-2000

**Table 2:** Demographic Information for Zip Code 27312, Census 2000

**Table 3:** A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability?

## **List of Appendices**

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**Appendix A:** Data Reviewed for Draft Document

**Appendix B:** Demographics of Interview and Focus Group Participants

**Appendix C:** IRB Approval Letter (not available electronically)

**Appendix D:** Interview Guides and Focus Group Guides

**Appendix E:** Fact Sheets Used in Interviews and Focus Groups

**Appendix F:** Codebook for Interviews

**Appendix G:** North Carolina DHHS Divisions, Purposes, and Available Services

**Appendix H:** Directory of Pittsboro/Chatham County Resources for Adults with Disabilities

**Appendix I:** Forum Program

## **Executive Summary**

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This document is a qualitative report of the findings from an Action Oriented Community Diagnosis (AOCD) focused on persons with disabilities, 18 years and older residing in and/or using services in Pittsboro, North Carolina. AOCD is a process in which the strengths and needs of a community are assessed in order to gain an understanding of the community from the perspective of those that live or work there and then have them identify goals and action steps to move toward achievement of these goals. This AOCD began in October 2002 and was conducted by six graduate students from the University of North Carolina (UNC) School of Public Health under the direction of two preceptors from the North Carolina Office on Disability and Health (NCODH) and instructors from the Department of Health Behavior Health Education at the UNC School of Public Health.

As part of the AOCD process, the team spoke with service providers, community members with disabilities, and community members without disabilities in Pittsboro as well as reviewed secondary data sources. The information gleaned from the interviews, focus groups and other data sources were analyzed and themes were identified. While conducting these interviews and focus groups, it became apparent that the team was speaking with people who had different points of view. The team referred to these points of view as “insider” and “outsider.” Insiders were community members with and without disabilities and the family members of persons with disabilities. The team looked to insiders to supply a perspective of someone familiar with Pittsboro’s history and inner workings. Outsiders were service providers who worked in Pittsboro, or who worked at an agency that served Pittsboro. Although the team realized that some of the outsiders were actually residents of Pittsboro, the team chose to interview these people for their expertise as professionals serving Pittsboro, and for information on how services are delivered; thus they were considered to supply an outsider point of view. The team felt that it was important to examine both the insider and outsider

perspectives because, by looking at the experiences and interpretations of persons with different points of views, steps could be taken to begin action on areas where points of view were similar, and discussion could be encouraged in areas where points of view differed.

Two categories of themes were identified from the AOCD findings: descriptive themes and active themes. The team noted two themes as being descriptive: strengths, and finance and income. Strengths was considered a descriptive theme because it represented potential resources for the Pittsboro community to tap into as they worked to achieve action steps in prioritized areas. Pittsboro's overall strengths will be increased through progress in other areas. Finances and Income was also considered a descriptive theme but for slightly different reasons. While all services are affected by finances available, to a certain extent, finances are affected by less changeable forces such as the national economy and budget. The team wanted to ensure that concrete action steps could be developed that did not require an unrealistic influx of funds. Active themes are those where the power to take action lies within the community. Active themes include awareness, attitudes, support, accessibility, activities, housing and transportation.

The team hosted a community forum May 1<sup>st</sup> in Pittsboro. During the forum the community members and services providers extensively discussed two of the active themes: attitudes and support. As a result of the discussions the community identified several action steps for each theme. To address attitudes, the community plans to work within existing committees and organizations to increase representation of community members with disabilities and to work with Pittsboro's strong faith community to provide outreach and needs assessments for persons with disabilities. To increase support for persons with disabilities, the forum participants plan to investigate resources available to persons with disabilities and update and distribute a resource list of services to persons with disabilities. The support action steps were also directed at utilizing Pittsboro's strong volunteer community to help persons with disabilities obtain jobs. Another result of the forum was that some



of the service providers and community members who attended became better acquainted with one another. Building new partnerships between people will hopefully lead to future collaborative efforts to help Pittsboro better serve community members with disabilities.

## **Introduction**

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Pittsboro is a semi-rural town located in Chatham County in the geographic center of North Carolina. The town is located 35 miles west of Raleigh and 17 miles south of Chapel Hill. As the Chatham County seat, Pittsboro is home to many county businesses and services. It is a small, quaint town with a number of restaurants, pottery shops, and antique shops that attract tourists from surrounding towns and counties. Although Pittsboro has experienced rapid growth and development in recent years, residents speak very fondly of their town, calling it the kind of close-knit community where everybody knows your name. Additionally, there is a strong faith community and sense of volunteerism, activism, and natural support in Pittsboro.

Pittsboro, the county seat, was chosen for conducting the action-oriented community diagnosis because it is one of the areas of concentration of health and other services for persons with disabilities in Chatham County. Further, the decision to focus on adults with disabilities was made in part because of laws protecting the rights and privacy of children, and also because the adult population of persons with disabilities is a larger community due to the number of aging people who acquire disabilities.

In order to achieve an understanding of what life is like for adults with disabilities in Pittsboro, the team used both primary and secondary data. Team members gathered primary data through participant observation, interviews, and focus groups with service providers and community members with and without disabilities. Secondary data was identified via preceptors from the North Carolina Office on Disability and Health (NCOHD), library resources, the Internet, and service providers. To expand on the explanation of an Action Oriented Community Diagnosis (AOCD) presented in the Executive Summary, during an AOCD, normative and comparative needs are identified from the perspectives of community insiders, or community members, and community

outsiders, or service providers who work in the community. An AOCD also tries to determine the characteristics of the community that supply its individual strengths, and the barriers that prevent a community from being as healthy as possible. Finally, an AOCD then aims to increase the abilities of the community to collaborate with agencies to assess problems and work through future directions for action (Eng and Blanchard, 1991). This AOCD looked at the different voices heard from insiders and outsiders. When insider and outsider voices mesh well in regard to an aspect of the community, it may be easier to bring together concerned insiders and outsiders to create action steps and attempt to make change in the community. By hearing insider and outsider voices, powerful changes that will meet the needs of many members of the community can be developed. When insider and outsider voices are not in accord, then steps can be taken to bring parties together to talk about this discord and perhaps foster more understanding, which then may lead to concrete action steps for change. For instance, in talking with insiders and outsiders, the team found that in many cases, there was agreement on ways in which Pittsboro could better serve the community. Some of these areas included transportation, where most interviewees generally acknowledged a lack of convenient full service transportation, and housing, in which the lack of affordable housing was mentioned by most interviewees. The team then included these topics at the community forum so that concrete steps for action could be developed. On the other hand, insiders and outsiders had differing points of view on attitudes towards persons with disabilities and awareness of persons with disabilities. In these areas, insiders, particularly community members with disabilities, were more likely than outsiders to mention poor treatment by community members and service providers, and difficulties accessing services.

This AOCD began in October 2002 and was conducted by six graduate students from the University of North Carolina (UNC) School of Public Health under the direction of two preceptors

from the North Carolina Office on Disability and Health (NCODH) and instructors from the Department of Health Behavior Health Education at the UNC School of Public Health.

This document describes methods of primary and secondary data collection and analysis. It also describes the findings and emerging themes related to the strengths and challenges Pittsboro faces in meeting the health and quality of life needs of adults with disabilities. Lastly, this document relays the outcome of a community meeting in which the team presented back findings to the community, and the community designed action steps for making changes in order to improve the health and wellness of persons with disabilities living in Pittsboro.

## **Methods**

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### **Secondary Data**

The general purpose of secondary data is to provide an initial context in which the experiences of persons aged 18 and older living with a disability in Pittsboro can be placed. For this AOCD, the team defined a disability as “a physical or mental impairment that substantially limits one or more of the major life activities” (Americans with Disabilities Act, 1990). This framework is influenced not only by the available data, but also by the data that the team could not locate. For instance, the team was unable to obtain the number of persons with disabilities living in Pittsboro, although the overall population of the town was available. Secondary data was reviewed by the team in order to augment the development of effective interview guides, selection of appropriate interview participants, and analysis of primary data.

### *Identification of Secondary Data*

Secondary sources provided primarily quantitative data at the national, state, and county level.

Secondary data was identified and located through four primary means:

- **Team preceptors:** At an initial meeting, the team's preceptors provided a working definition of disability (as described above) and provided documents they considered central to an understanding of experiences with disability and health, as well as, national and state documents containing statistical information relevant to persons with disabilities. The team's preceptors continued to supply the team with information on possible secondary data sources throughout the AOCD process.
- **Library resources:** As a second means to obtain secondary data, the team visited the Pittsboro Memorial Library, where general documents about Pittsboro and Chatham County were reviewed. While no specific document was useful for the team's purposes, they generated ideas on specific topics to examine for additional secondary data.
- **The Internet:** Knowing that some data sources (e.g. Behavioral Risk Factor Surveillance Survey (BRFSS) and U.S. Census) were available online, the team looked to those, hoping to gain an overall picture of Pittsboro and persons with disabilities in Pittsboro. Building upon the initial information obtained, further Internet searches were conducted in an attempt to gather demographics related to persons with disabilities in Pittsboro. These searches failed to yield any information specific to persons with disabilities in Pittsboro, thus the team decided to build a question about the sources of secondary data used to obtain grants and/or funding into the team's service provider interview guide. Internet resources did provide limited data on persons with disabilities within Pittsboro's zip code and at the Chatham County level
- **Service providers:** As the fourth source of secondary data, the question in the service provider interview guide was intended to elicit any secondary data that, due to the specificity of the service or size of the agency, might not be obtainable through any other methods.

A complete listing of the secondary data sources used in this report is contained in Appendix A.

In examining secondary data obtained through these four sources, the team first looked for data that could provide information and statistics on persons with disabilities in the town of Pittsboro. However, no secondary data supplied information on this specific population. The team was able to obtain basic information about the town of Pittsboro, such as its size and geographic location.

Because information on Pittsboro was scarce, and information on persons with disabilities in Pittsboro was unavailable, the team consulted Chatham County documents for more general information. Through these documents, the team was able to obtain more information on the County, such as ethnic breakdown, average income, and age demographics. For example, the 2001 population of Chatham County was 51, 645 (U.S. Census Bureau , 2000) and the 2001 population of Pittsboro was 2, 267 (Data Services Unit Office of State Budget and Management, 2003). Knowing Pittsboro's population, the team would be hesitant to interpolate additional information simply based on population ratios; however, this information gives a general indication of the size of Pittsboro within the County. County-wide Census data provided very basic information on the number of persons with disabilities living in Chatham County. Census data also allowed the team to look at data that applied to Pittsboro's zip code. This zip code data supplied some limited data on the number of people who self identified as having a sensory, physical, or mental disability. As with the Chatham County data however, the zip code data included areas beyond the town of Pittsboro.

The team also included documents that did not specifically talk about statistics regarding persons with disabilities in Pittsboro or Chatham County if they met a principal criterion for inclusion: that they made any reference to the experiences of persons with disabilities and provided a contextual understanding of the environment in which persons with disabilities live. The team also included data on topics where persons with disabilities are at a higher risk of being adversely affected. For instance, lack of affordable housing is typical of persons with low income, regardless of disability status. Moreover, compared to people without disabilities, many persons with disabilities have a lower income, which may make affordable housing more of an issue for them. (National Center for Chronic Disease Prevention and Health Promotion, 2001).

The secondary data source supplied the most data regarding persons with disabilities was the BRFSS, which talks about disability rates at the broader Piedmont area of North Carolina, and breaks down disability severity and characteristics such as income, gender, and education level. Although the specificity of this data is not ideal, it did provide the most comprehensive data to the team. As noted, as the team widened the geographic area for the secondary data they were examining, more data specific to persons with disabilities was available. The team generally did not look at state and national statistics on persons with disabilities because they felt that this data was simply too broad. The team felt that the BRFSS data, which aggregated disability information from 29 counties in North Carolina, was as broad as they could examine.

#### *Limitations of Secondary Data*

As discussed above, there was a lack data specific to the population of adults with disabilities in Pittsboro. As the team looked at broader levels of data, such as county-wide data, more information was available, with the trade off that this information was less geographically specific. The team believes that a limitation of the existing county, and likely state and national secondary data is the lack of representation of particular groups. The team identified four primary groups which may not be fully represented within the secondary data, leading to an under representation of people with disabilities. This includes persons with disabilities who do not self-identify and/or self-report disability status, do not utilize services, are undocumented residents, and/or reside in institutional or extremely rural settings.

Because all sources the team identified rely upon self-report of disability status, persons who do not self-report as disabled are not represented in the secondary data. There are several reasons why a person may not self-report. One reason is that their perception of their condition may lead them to not self-identify as a having a disability. For example, a person who sustains an injury that causes a disability may not consider him or herself to be disabled because s/he feels that s/he will

recover from the debilitating injury. In addition, there are a broad range of conditions that constitute disability and a person may be unsure that his or her status qualifies as a disability. For example, an elderly person who is experiencing physical and mobility impairments may attribute their difficulties to the aging process, rather than see his or her condition as a disability. Another reason people may not self-report disability status is that a consequence of identification may result in labeling, stereotyping, or discrimination. Fear of discrimination by insurers, employers, or larger society may also cause persons to not identify as disabled. Finally, people of different cultures may define a disability in different terms, which could lead to differential self-identification.

Individuals who do not self-identify as a person with a disability are less likely to utilize services and less likely to be represented in county, state, or national secondary data. Even those who do identify as a person with a disability may not utilize services for reasons such as inaccessibility, or family or cultural beliefs. Service access issues including financial constraints, transportation, and eligibility criteria may also prohibit persons with disabilities from utilizing available services.

Undocumented residents with disabilities could be overlooked because they may not utilize services that require information such as social security numbers. The inability of undocumented residents to utilize services disproportionately affects immigrant populations and therefore leads to a consistent under representation of groups, such as Latinos, in the secondary data. People whose native language is not English are often unable to utilize services because of the language barrier.

Furthermore, since many large-scale surveys, such as the BRFSS, are telephone surveys, they fail to include persons who do not have access to telephones, such as those living in institution or residential settings, those living in extremely rural areas, or those with a very low income level. Other individuals may have a phone but be unable to participate in the BRFSS, such as persons who are deaf and those who cannot reach the phone within the maximum number of rings.



### *Overlooked Experiences in Secondary Data*

The team recognized that another limitation of the collected secondary data is the overlooking of the diversity of experiences inherent in the population of persons with disabilities. The disability experience may vary from those with a temporary or short-term disability to those with life-long disabling conditions. An individual with a short-term disability may not utilize services and would be less likely to be included in secondary data sources. Secondary data may not differentiate between types and severity of disability, which can result in a ‘lumping’ of persons with disabilities into one broad category that overlooks the range of experiences and needs of persons with disabilities.

Additionally, the condition and disease emphasis presented in the secondary data on persons with disabilities carries a negative connotation, which may overlook the sense of group identity and resulting community strengths. By focusing on disability as a medical issue, people with disabilities are stereotyped as "sick" and in need of a cure. This perspective discounts contributions of people with disabilities, viewing them as objects to be cured, therapeutically resolved and behaviorally modified, with the intention that they should be like everyone else: “normal.” In contrast to the disability model, where disability is regarded as a normal aspect of life that most people will experience at some point, the focus of “disability” in this case, is placed outside the individual and viewed as a social and environmental phenomenon.

### **Primary Data**

#### *Summary*

In all, the team interviewed 35 individuals and conducted one focus group with three individuals. The total number of 38 participants included 18 service providers, ten community members without disabilities, nine community members with disabilities, and one family member of a person with a disability. A table indicating the demographics of persons interviewed in this process is included in Appendix B. The team also took field notes based on their interactions and

observations in Pittsboro. Information from the field notes are included in the outsider point of view since none of the team members resided in Pittsboro.

### *Impact of Secondary Data on Primary Data Analysis*

Secondary data provided supplemental information on key topics emerging from the primary data, such as housing and services for persons with disabilities. As secondary data specific to the team's population was scarce, the team made a decision to focus on primary data collection and let secondary data provide a general picture of the community. Methods for analyzing primary data are discussed in further detail in the section titled "Interview and Focus Group Analysis Procedures."

### *Selection of Interview Participants*

Absent voices in the secondary data assisted the team in identifying four groups of interview participants who could provide different insights into the life experience of persons with disabilities in Pittsboro and Chatham County. These groups include: service providers, community members with disabilities, community members without disabilities and family members of persons with disabilities. The team believed that these groups would contribute unique perspectives and provide a more comprehensive portrait than current secondary data allows.

### *Participant Observations*

The team used their own observations of the Pittsboro community to help guide their interviews and add questions to interview guides. The team began their experience in Pittsboro with a windshield tour with their preceptors, one of whom is a resident of the town. This helped the team become familiar with services and stores in Pittsboro. Team members also kept field notes in which they documented their own observations of the town and experiences interacting with people in informal and formal settings, such as chatting while eating a meal in Pittsboro, attending a church bazaar, or conducting a formal interview. Teammates volunteered at dances for persons with disabilities. Finally, the team spent time at a housing complex for persons with disabilities, including

hosting a Friday afternoon social with food and causal conversation. This event was well received by residents, about 15 of whom attended.

### *Institutional Review Board*

Like all research projects conducted through UNC, the team was required to obtain approval for protection of human subjects through the school's Institutional Review Board (IRB). The approval letter from the IRB is included as Appendix C. In order to interview community members with disabilities, the IRB further required that team members follow a specified procedure. This included asking service providers and/or community members to ask community members with disabilities with whom they were associated, if they would grant the service provider or community member permission to give the individual's contact information to the team. If the community member with a disability consented, then the team was free to contact that individual and request an interview. Given these stipulations, the team naturally began interviewing service providers and community members without disabilities first and proceeded to recruit community members with disabilities and family members of persons with disabilities in the prescribed manner. The team prepared documents for legal guardians of community members with disabilities to give permission for a person with a disability to participate in an interview; however, none of the persons with disabilities the team interviewed had legal guardians, thus, these documents were not needed.

Service providers and community members also referred the team to other service providers and community members whom they felt would give the team valuable information and insight regarding the experience of persons with disabilities in Pittsboro.

### *Interview Guide Development*

Interview guides used the above mentioned ADA definition of disability to provide participants with an active frame of reference and establish consistency among participant responses. Questions were developed with the assistance of the team preceptors, and were added based on team

observations. In order to create probes for interview questions, types of services provided for persons with disabilities also were identified through secondary data sources. In general, attempts were made to use plain language in all interview guides (See Appendix D). The team pilot tested the interview guide with a preceptor to gauge the clarity of questions, ways in which a question could be rephrased, and to gauge the time that an interview took.

### *Interview and Focus Group Methods*

Two team members attended each interview. Generally, the team member who contacted the individual for an interview was the interviewer and a second team member served as the note taker. Interviewees first were read the appropriate IRB approved Fact Sheet (See Appendix E) and were given one for their reference. Then any questions were answered, and participants were asked to give their verbal consent to participate in the interview and to have the interview tape recorded. Interviews were recorded to ensure that information obtained from the interview was accurately reported. However, interviews with several community members with disabilities were not tape recorded at the request of the service provider who put the team in contact with these persons. It was felt that tape recording might contribute to emotional unrest in some interviewees. In these cases, there were two note takers and one interviewer. At the completion of interviews, participants were asked if there were other people they felt the team should talk with and if they were interested in being on the forum planning committee or attending the forum. Addresses were recorded separately from interview notes so that an invitation to the forum could be sent to the interviewee.

The focus group was attended by three community members at the invitation of one of the team's preceptor. One team member conducted the focus group and two team members took notes. Two tape recorders were also used at different locations at the table to ensure that all comments were heard. One note taker wrote up the discussion and the other checked it for accuracy.

### *Interview and Focus Group Analysis Process*

After several initial interviews were completed, the team developed analysis procedures. The purpose of the coding system was to tease out recurring themes mentioned by interviewees. To ensure that coding was consistent, the first eight interviews were coded together by the team. Each team member coded one or two of these initial interviews. The team read each question together and developed a category name and number for that question (i.e. Strengths was 10, Wish List was number 13). Then, each team member read each of the interviewee's responses for their respective interviews and a code letter was developed (i.e. a response that volunteerism in the community was a strength was coded as a 10A). Letters were assigned in alphabetical order. The team discussed ways to organize categories and codes so that all group members would theme subsequent interviews as similarly as possible.

After this group coding session, team members exchanged coded interviews in order to double check the codes assigned to ensure not only that accurate codes were assigned, but also that all facets of a response were coded.

A codebook was developed by the team and was used as a reference for coding the remaining interviews, which were coded by the interview and note taker only. Slightly different codebooks were created for each type of interview (service provider, community member without disability, community with disability) in order to reflect the subtle variations in the questions, but an attempt was made to maintain uniformity in codes for those questions that were common across all interviews. These codebooks were kept on a password-protected website to allow team members to access them as needed. The codebook is included as Appendix F.

Once the interviews were coded, they were given to a team point person who assigned an identification code to each interview: SP1 (Service Provider 1), CM1 (Community Member 1), PwD1 (Person with Disability 1), and FM1 (Family Member 1). These interviews were then kept in a binder for the team to access and reference as needed throughout the duration of the project.

The next step in preparing to analyze the interviews involved creating a Word file with one document assigned to each category: Services, Funding, Barriers, etc. The team then pulled the coded parts of each interview and pasted them in this Word file under the corresponding category(s), using the interviewee's identification code to make sure that quotes could be matched to the interview.

For the purpose of reporting findings back to the community and drafting a report, the team collapsed the categories into 9 broad encompassing categories: strengths, awareness, attitudes, accessibility, activities, support, finances and income, housing, and transportation. Please see the section titled "Themes from Primary Data Collection" for perspectives from insiders (community members with and without disabilities, including family members) and outsiders (service providers) related to these categories.

#### *Limitations in Primary Data Gathering Process*

Limitations of the data analysis process include the possibility of differences in interpretation of responses and coding, depending on the coder. The team attempted to control for this by creating a codebook and having another group member look over the codes. Also, collapsing codes into broad categories ran the risk of drowning out unique responses. In an effort to make all voices heard, the team was intent on identifying lone voices and including them in the write-up of each category.

A final limitation involves the interview process. There were some individuals referred to us who the team was unable to reach either due to their unavailability, or due to the time constraints of the AOCD process. The team relied on one of their preceptors to recruit participants for a focus group

because the team had been unsuccessful in recruiting people themselves for several scheduled focus groups. While it is unfortunate that the team was unable to talk to all members of and service providers to the Pittsboro community, the team feels confident that due to recurring responses in the interviews, the salient thoughts, experiences, concerns, and issues regarding living with a disability in Pittsboro were captured in the action-oriented community diagnosis process.

## **Overview of Pittsboro**

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Topics including the geography, history, employment and demographics of Pittsboro help give insight to the community. While any community is greater than just a report on these topics, they, along with others help give a general perspective on Pittsboro today.

### **Geography**

The town of Pittsboro is located in Chatham County which is positioned in the geographic center of North Carolina. Chatham County is bordered on the north by Alamance, Orange, and Durham Counties, on the south by Lee and Moore counties, on the east by Harnett and Wake Counties, and the west by Randolph County (Downs, Fergus, Gagnon, George, Griffiths & Newman, 2000). The county encompasses an area of over 707 square miles and is situated between two of the state's three largest centers of population and commerce: the Triangle region and the Piedmont Triad (Chatham County, 2003). Rolling hills, farm land, woodlands, creeks, rivers and lakes such as the Haw River and Jordan Lake, are some of the prominent environmental characteristics of Chatham County (Chatham County Parks and Recreation Master Plan, 1999). As the Chatham County seat, Pittsboro is located 35 miles west of Raleigh and 17 miles south of Chapel Hill (Eckroad, McDaniel, Manning, Pescador, & Schmal, 2001).

## **History**

According to the National Register of Historic Places (2000), soon after Chatham County was formed, the town of Pittsborough was established in 1787. It was the location for the county jail and courthouse and named for the late William Pitt the Younger, son of the Earl of Chatham. Many of the town's first settlers came from the coastal plantations of North Carolina in the early 19th century to escape heat and fever. They built homes and outbuildings and maintained gardens and domestic animals. As the town grew, residents erected churches and academies of education. Pittsboro developed commercially, drawing traders, entertainers, and people from surrounding areas to conduct business, attend court, and participate in the social life of the town. In 1866, a railroad connected Pittsboro to the state capital, and in 1925, paved highways connected Pittsboro to other towns in the state. While never an industrial center, some of Pittsboro's early and productive industry included three cotton gins, a cottonseed mill, hosiery mills, a lumber mill, and poultry processing plants.

## **Growth and Development**

Today, Pittsboro remains home to the county seat and many county services and businesses, but it has undergone many changes. Many of the industrial mills have closed and jobs have moved to international sites, limiting the number of available jobs in the town (Luken, 2002). Residential services (general stores, groceries, department stores) have been replaced by antique stores, which attract more tourism than business and social gatherings as in the past (Eckroad et al., 2001).

Another significant change in Pittsboro was the installation of Highways 15-501 and 64. These major highways were routed directly through downtown Pittsboro and in a circle around the courthouse (Osborn et al., 1991). In addition to disrupting the town center as a social gathering place (Eckroad et al., 2001), these highways made the town easily accessible to larger cities, such as Chapel Hill and Raleigh. As a result, many of the newcomers to Pittsboro are people who reside in Pittsboro but work in Chapel Hill and the Research Triangle Park. Recent construction has added a



Highway 64 bypass, which may reduce traffic through town, but may also reduce convenient access to downtown Pittsboro. In recent years, the town has also attracted wealthy retirees who have taken up residence in newly developed high-end housing developments in unincorporated developments near Pittsboro (Prokopy and Yoo, 2002). Like many areas in Chatham County, Pittsboro has also seen a rise in their Hispanic population.

The influx of newcomers to Pittsboro between 1990-2000 has considerably impacted the availability of resources. In 1971, there were 1,447 residents living in Pittsboro town proper (Hadley et al, 1971), and between 1971 and 1990, just 174 new residents moved in (12% increase). However, from 1990 to 1999, the town's population grew 38%, from 1,621 to 2,237 (Office of State Planning, 1999). In March 1999, Pittsboro enacted a moratorium on growth because the waste treatment plant was nearing full capacity. Six months after the moratorium, Pittsboro reached maximum residential capacity and development was prohibited again in May 2000 in order to develop a better plan for growth (Chapel Hill Herald, 2000). Despite concerns about growth in Pittsboro, the surrounding county remains the 17th fastest growing in the state (United States Census Bureau, 2000).

### **Sociodemographics**

Pittsboro's 2001 population was 2,267 (Data Services Unit Office of State Budget and Management, 2003). No further breakdown by disability status is available at the Pittsboro level. The most extensive Census information was available on Chatham County, and is presented in Table 1. Because this area is currently in a period of growth, we have included, where available, comparison data from 1990:

**Table 1: Demographic information on Chatham County for 1989-1990 and 1999-2000**

Demographic	Chatham County	
	1990	2000
<b>Population Information</b>		
Population, estimate	38,759	51,645
Persons with a disability, age 5+, (a)	2,111	8,426
Population percent change, April 1, 2000-July 1, 2001	NA	4.7%
Persons under 18 years old, percent	22.4%	22.5%
Persons 65 years old and over, percent	14.4%	15.3%
White persons, percent, (b)	75.9%	74.9%
Black or African American persons, percent, (b)	22.8%	17.1%
American Indian and Alaska Native persons, percent, (b)	0.3%	0.4%
Asian persons, percent, (b)	0.2%	0.6%
Persons reporting some other race, percent, (b)	0.8%	5.8%
Persons reporting two or more races, percent	NA	1.1%
Persons of Hispanic or Latino origin, percent, (c)	1.5%	9.6%
White persons, not of Hispanic/Latino origin, percent	NA	71.6%
Foreign born persons, percent	2.0%	8.7%
Language other than English spoken at home, pct age 5+	4.3%	10.7%
<b>Education Information</b>		
High school graduates, percent of persons age 25+	70%	77.9%
Bachelor's degree or higher, pct of persons age 25+	19.5%	27.6%
<b>Income Information</b>		
Median household money income, 1989, 1999	\$28,539	\$42,851
Per capita money income, 1989, 1999	\$13,321	\$23,355
Persons below poverty, percent, 1989, 1999	9.6%	9.7%

Source: U.S. Census 2000

(a) 1990 data is for persons self reporting a mobility or self care limitation, ages 16+. The definition of disability was expanded and more defined for the 2000 census, thus numbers may not be entirely comparable.

(b) Includes persons reporting only one race.

(c) Hispanics may be of any race, so also are included in applicable race categories.

As this information indicates, Chatham County is predominantly White, with the next largest ethnicities being African American and Hispanic. About 16% of County residents identify as having a disability (or as having a child with a disability). No claims can be made as to whether persons with disabilities are more likely to be in one ethnic group or another. Many of Chatham County's demographics have changed over the last 10 years. The population has increased by 33% since 1990,

the average income has risen 50%, although the poverty rate has remained stable, and a higher proportion of people report having a high school diploma or a bachelor's degree. This information seems to reflect comments from residents as to Chatham County's growth and that many people live in Chatham County and commute to Chapel Hill or Research Triangle Park for work. The Hispanic population has increased most dramatically in the last 10 years, while the White population has decreased only slightly, and the African American population has decreased more significantly. One contributing factor to the four-fold increase in reported number of persons with disabilities could be the increased number of questions on disabilities included in Census 2000 compared to Census 1990. It is likely that these additional questions helped identify persons with disabilities who had been unidentified in Census 1990.

As noted above, Pittsboro's 2001 population was 2,267 (Data Services Unit Office of State Budget and Management, 2003). While Chatham County data above included numbers of persons with disabilities, no other data pertaining to persons with disabilities was available at the Chatham County level. More specific, but still limited demographic data from the U.S. Census 2000 are available for Pittsboro's zip code, 27312. It should be noted that zip code 27312 includes areas surrounding Pittsboro proper, but this is the Census data that is the most specific available to this area. General demographics on zip code 27312 are presented in Table 2:

**Table 2: Year 2000 Demographic Information for Zip Code 27312**

Demographic	Zip Code 27312
Population	12,641
Sensory disability, number, ages 5+	552
Physical disability, number, ages 5+	666
Mental disability, number, ages 5+	601
White persons, non Hispanic	9,395
Black persons, non Hispanic	2,740
Hispanic persons	371
Asian persons	25
American Indian and Alaska Native persons	11
Other race	7
Two or more races	92
Median Household income, 1999	\$47,611

Source: U.S. Census 2000

As this data shows, there are a relatively equal number of disabilities reported across 3 categories: sensory, physical, and mental disabilities. This area is predominantly White, with African Americans and Hispanics as the next largest ethnicities. Compared to Chatham County (see Table 1), this area has a higher population of African Americans, similar population of Caucasians, and a lower population of Hispanics, Asians, American Indians or Alaskan Natives, persons reporting another race, and persons reporting two or more races. This area is also wealthier than Chatham County as a whole. Because this data is listed in actual ‘counts’ of people in each Census defined category of disability, it is difficult to compare the rates of disabilities with the Chatham County data, in which disability is aggregated into one category. In zip code area 27312, the three categories of disability may represent individuals unique to each category, or people could identify as a member of more than one of the categories of disabilities. In addition, it is unclear whether community members with disabilities are more likely to be in one ethnic group compared to another. With this in mind, we are hesitant to make a statement about the percent of community members with

disabilities in zip code 27312.

Behavioral Risk Factor Survey (BRFSS) data on persons with disabilities in Chatham County is available on a broader level as part of an aggregate of 29 counties in the central third of North Carolina. Data from the 2001 BRFSS for the Piedmont area is reported in Table 3:

**Table 3: A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability?**

	Total Respondants	Yes, mild		Yes, moderate		Yes, severe		No	
		N	%	N	%	N	%	N	%
Piedmont NC	667	35	5.8	30	4.8	28	3.9	545	85.6
<b>GENDER</b>									
Male	230	12	4.6	11	5.1	9	3.5	198	86.9
Female	408	23	6.7	19	4.5	19	4.2	347	84.6
<b>RACE</b>									
White	528	24	5.0	22	4.7	23	3.8	459	86.5
Other	101	10	9.2	7	5.1	4	4.2	80	81.5
<b>AGE</b>									
18-44	271	11	4.5	6	1.8	8	2.9	246	90.8
45+	363	23	6.2	24	7.4	20	4.8	296	81.6
<b>EDUCATION</b>									
H.S. or Less	326	25	8.3	17	4.7	14	3.6	270	83.3
Some College +	311	10	2.9	12	4.6	14	4.1	275	88.3
<b>HOUSEHOLD INCOME</b>									
Less than \$50,000	370	23	6.0	17	4.1	22	5.3	308	84.6
\$50,000+	154	4	1.0	5	5.5	1	0.7	144	92.7

(National Center for Chronic Disease Prevention and Health Promotion, 2001)

Although this data is not specific to Pittsboro, or even Chatham County, it does provide general information on characteristics of persons with disabilities compared to those without, including that more persons without disabilities are in higher income brackets and have a higher education level. In addition, groups more likely to identify as having a disability are women (versus men), non-White populations (versus White populations), and people aged 45+ (versus those aged 18-44). An interesting relationship exists in the category of education: Among those persons with disabilities with a high school education or less, 8.3% report a mild disability, 4.7% report a moderate disability, and 3.6% report a severe disability. Among those persons with disabilities with at least

some college education, 2.9% report a mild disability, 4.6% report a moderate disability, and 4.1% report a severe disability. Thus, persons with moderate or severe disabilities who complete the BRFSS are more likely to report at least some college education than those with mild disabilities. As noted before, however, this data is not specific to Chatham County.

While the primary data collection was limited in size, there were trends in the demographics of persons with disabilities living in Chatham County. Those who use services vary in age from young adults to the elderly, are mostly white or African-American, and there is generally equal representation of males and females. Most are poorer than the average county resident and live in all parts of Chatham County, with some of the persons with disabilities that use services even residing outside Chatham but using services inside the county. In general, persons with a range of physical, mental, and sensory disabilities are served by the providers in Chatham County.

## **Employment**

According to the most recent data available from the North Carolina Department of Commerce, 54.5% of Chatham County's population was in the labor force in 2001 (North Carolina Department of Commerce, Economic Policy and Research Division, 2003). Many Pittsboro residents work in such locations as Chapel Hill and Raleigh. Additionally, a large retirement population lives just outside of Pittsboro in Farrington Village. According to the North Carolina Department of Commerce, within Chatham County, Townsend's, a poultry processing company, is the County's 5<sup>th</sup> largest manufacturer, with plants based in Siler City and Pittsboro. The plant, established in 1980, employs about 400 people at its Pittsboro plant and 550 at its Siler City branch. Manufacturing companies in Chatham County employ 38% of the county workforce at an average weekly wage of \$512.92. Those working in finance, insurance, or real estate, earn an average weekly wage of \$811.96 and make up 1.5% of the workforce. In March 2002, the Chatham County had an unemployment rate of 4.3%, with a total of 1,363 active job applicants

(North Carolina Department of Commerce, Economic Policy and Research Division, 2003). Data specific to Pittsboro and persons with disabilities in Pittsboro are not currently available.

## **Housing**

Housing, whether owned or rented, has become more costly in recent years, particularly for those with lower incomes. The general shortage of affordable housing in Pittsboro means that low-income persons with disabilities have few housing options. The median sales price of housing in Pittsboro is \$172,500. In the area surrounding Pittsboro, the median sales price is \$150,000 (Prokopy and Yoo, 2002). Between 1990 and 2000, the number of residents in Pittsboro who own the house they live in decreased from 62.6% to 58.6%, increasing the number of people renting in the area (Prokopy and Yoo, 2002). Furthermore, the number of families nationally who spend 20% to 24% of their income on rent increased from 8.7% to 22.3% in 2000 (United States Census Bureau, 2000). In Pittsboro, residents are paying as much as 39.1% of their income on rent ((Prokopy and Yoo, 2002). Habitat for Humanity has identified Pittsboro's primary housing need as "owner-occupied housing in the \$50,000 to \$100,000 range."

Data is not available on the extent to which the above needs are being met, although Habitat for Humanity has adopted a Universal Design approach for housing (Chatham Habitat for Humanity, 2003). Universal Design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Although Universal Design accommodates many of the needs of persons with physical disabilities, the availability of housing built according to Universal Design standards is limited.

## **Recreation**

Many recreation opportunities exist in Chatham County. The Chatham County Parks and Recreation Department offers both adult and youth recreation programs and maintains nine parks, seven picnic areas, three recreation centers, three swimming pools, ten tennis courts, ten athletic

fields, twelve basketball courts, and three nature trails that residents may access. As one of the largest recreation areas in the state, Jordan Lake offers recreational opportunities in addition to its role in water supply, flood and water quality control, and fish and wildlife conservation (Chatham County Parks and Recreation Department Master Plan, 1999). Pittsboro residents take advantage of many county-wide opportunities offered by the Chatham County Parks and Recreation Department.

According to the Chatham County Parks and Recreation Master Plan, 46.5% of respondents felt that existing activities and facilities provided by Chatham County Parks and Recreation were equally accessible to all citizens regardless of age, race, religion, gender, or national origin. Disability status was not taken into consideration. In this same survey, 65.1% of respondents from a 1999 survey felt that the existing activities and facilities were not adequate to meet the needs of household members (Chatham County Parks and Recreation Department Master Plan, 1999).

### **Health Services**

As the county seat, Pittsboro has numerous local government affiliated health services based in town like the County Health Department, Child Protective Services and the Office of Medicare/Medicaid. Other agencies that offer health services in Pittsboro include Orange, Person, and Chatham (OPC) mental health, UNC Hospice, the Council on Aging, Vocational Rehabilitation and the Chatham Social Health Council. Pittsboro is home to two family physician practices, one community clinic, which is run through the County Health Department and four dental offices (Chatham County Economic Development Corporation, 2003). Residents must travel outside of Pittsboro for more specialized medical consultation and care like orthopedics, surgery, pediatrics, or urology. Because Pittsboro is located in the northern part of Chatham County, the closest hospitals geographically to town are UNC Hospitals located in Chapel Hill and Duke University Medical Center and Durham Regional Hospital each located in Durham. Other hospitals in the region include:



Chatham Hospital in Siler City; Central Hospital in Sanford; Moses Cone Hospital in Greensboro; and Wake Med in Raleigh.

### **Health Status**

Given the paucity of Pittsboro-specific health data for community members with disabilities, the AOCD team decided not to include the health status information on persons with disabilities available at the county, state, or federal levels. The team did not want to introduce their own bias by including health information they deemed significant but which was not identified as such by the community. Moreover, the team felt that including disability information neither indicative nor representative of the Pittsboro community would only highlight the disabilities reported rather than focusing on the person.

### **Services Available for Persons with Disabilities**

The North Carolina Department of Health and Human Services (NC DHHS) coordinates many of the specialized services for persons with disabilities, several of which operate locally in the Pittsboro area (NCDHHS, 2003). They include seven divisions serving persons with disabilities: the Division of Deaf and Hard of Hearing Services, the Division of Services for the Blind, the Division of Vocational Rehabilitation Services, the Division of Social Services, the Division of Aging, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Division of Medical Assistance. Appendix G lists the purpose of each Division of NCDHHS as it relates to adults with disabilities and some of the services that persons with disabilities may utilize.

While some of the services mentioned above are located in the Pittsboro area, most available services are open to persons with disabilities countywide. A listing of resources is included in Appendix H. There are undoubtedly additional services available for persons with disabilities in Pittsboro/Chatham County that were not found by or mentioned to the team; however, Appendix H

includes the majority of services that operate within Chatham County. In addition, persons with disabilities who live in Pittsboro also use services not specifically designed for this population.

## **Themes from Primary Data Collection**

An examination of primary data revealed a number of recurring topics, or themes, among interviews with service providers, community members with disabilities, their family members, and other community members without disabilities. The team identified two categories of themes from the AOCD findings; descriptive themes and active themes.

Descriptive themes were those that provided resource information and resulted from insider and outsider interviews. Because strengths detailed the resources within the community, and because finances were affected by issues beyond the immediate control of the community, they were considered descriptive themes.

The remaining seven themes, called active themes, focused on quality of life issues that the team thought could be shaped by community action: attitudes, care and support, awareness, accessibility, activities, housing, and transportation. Community voices from interviews often included recommendations or suggestions for improvement in these seven areas. Therefore, these themes were identified by the team as opportunities for the community to discuss in greater depth and possibly act on.

Some aspects of the themes are related directly to health. For instance, some services mentioned are health services. However, all themes have the potential to influence quality of life, and therefore the health of the Pittsboro community – including community members with disabilities. The variety of opinions on the emerging descriptive and active themes contributes to a holistic understanding of the current situation in Pittsboro for persons with disabilities, as well as the potential for improvement.

## **Outsider and Insider Perspectives**

In preparing this document, the team felt that presenting findings from both outsider and insider perspectives would most beneficially convey the range of information provided. For the purposes of the AOCD conducted in Pittsboro, service providers provided an *outsider's perspective* on life with a disability in Pittsboro. As service providers, these individuals were in the unique position of interacting on a frequent, if not daily, basis with specific individuals with disabilities. Much of this interaction occurred in an organized setting, such as the service agency's facilities. Furthermore, their perspectives as service providers are influenced to an extent by their professional experiences and knowledge.

The *insiders' perspective* contains multiple layers. Insiders were comprised of community members with disabilities and community members without disabilities (who may also be family members of persons with disabilities). The voices of insiders captured personal interactions and experiences with services and within the community. This drew an intimate portrait of life in Pittsboro for those with disabilities.

Examining both the insider and outsider perspectives allows a fuller picture of the Pittsboro community and allows for a sharper focus on action steps. By looking at the experiences and interpretations of persons with different points of views, steps can be taken to begin action on areas where points of view are similar, and discussion can be encouraged in areas where points of view differ.

## Descriptive Themes

### Strengths and General Community Perceptions

*“Pittsboro is a great town. People are so friendly, loving, giving, helpful, and close-knit.”*  
-Service Provider

#### *Outsiders' Views*

“Many people are interested in volunteering and helping out around the community.” In addition to volunteerism, interviews with service providers revealed a number of strengths in the community such as natural support, faith, growth, small size, and activism. Many described a friendly, helpful community. As one service provider commented: “Neighbors help neighbors. When I need something for this program, all I have to do is ask.” In general, outsiders felt that other service providers had a good grasp of what was going on in the community. Furthermore, most service providers spoke about the presence of support for the disabled community.

#### *Insiders' Views*

Community members also included volunteerism, natural support, faith, growth, small size, and activism in their identification of community strengths. Individual residents, as well as civic groups were identified as volunteers by community members. Several community members spoke about crisis situations, such as the ice storm of December 2002, in which neighbors and community members pulled together to assist an individual. Many community members referenced the size of Pittsboro as strength. As one insider stated: “The small town atmosphere is a strength. The fact that I know most of the people real well, even if not by their full name, just by being here. People just take care of each other and that’s nice.” Additionally, this group spoke positively about other benefits to a small town such as less traffic, less people, and an ability to get to know everyone around you.

## **Finances and Income**

*“The number of people who require home assisted care is increasing and because of economic conditions, aging population, and stricter Medicaid/Medicare regulations, people are unable to afford services.”*

*-Service Provider*

### *Outsiders' View*

Service providers unanimously agreed that fluctuations in funding had affected the types and quality of services that agencies provided. Service providers mentioned that restricted funding results in limited facilities and personnel which then affects the number of people that can be served. They also mentioned that cuts in funding had made it difficult to pay employees competitive wages, affecting the personnel that agencies were able to recruit and retain, as well as the amount of time employees were able to put into an agency. Since social services are dependent on the people that provide them, personnel hindrances directly affect the quality of services provided. Service providers also noted that many of the public benefits, like Medicaid, have stringent eligibility requirements. It is difficult for agencies to serve those who, for various reasons, don't meet the requirements.

### *Insiders' Views*

The major source of income mentioned by most community members with disabilities was public benefits. Persons with disabilities and their family members noted that the levels of income they receive from benefits, such as Social Security, make it difficult for them to afford automobiles or even assistive devices. However, it was also mentioned that meeting the eligibility requirements for public benefits was difficult and that once you were able to receive one benefit it might make you ineligible for another benefit. For example, one person mentioned receiving an amount of money from Social Security that was two dollars over the eligibility limit to receive Medicaid and, therefore, s/he is ineligible for it. However, the amount from Social Security was not enough to purchase health insurance. As the interviewee summed it up, “I still can't get healthcare because I don't have any

money.” Explaining the issues created by the overlapping benefits and their restrictive eligibility requirements, one person said, “It is almost a joke to try to get services for disabled people. There are a whole group of people who just fall through the cracks.”

## **Active Themes**

### **Awareness**

*“There is a need to know what services are available and who to contact for what.”*

*–Service provider*

In the context of this document, the term awareness refers to a general knowledge of existing services available to persons with disabilities and the experiences of persons with disabilities.

### *Outsiders’ Views*

Service providers talked of two primary types of awareness: 1) awareness of existing services, their purposes, and eligibility criteria; and 2) awareness of the role of persons with disabilities within the community. Lack of knowledge of available services was often cited as a barrier to using services. As one service provider said, “Services are good, but only if you’re aware of them, know that you need them, and are persistent about getting them. There’s a lack of knowledge about what’s out there.” The team also noted that many service providers immediately mentioned services available for children with disabilities, even though they were told that the AOCD was focused on the experiences of adults with disabilities. It seems that many service providers are more aware of services available for children. Some service providers referred to informal communication networks through which individuals learn of services. Other service providers referred to a meeting of service providers, suggesting that some services providers are aware of other service agencies and collaborate with them. However, the general perception of awareness of existing services raises the possibility that this meeting involves a limited number of service organizations.

Awareness of persons with disabilities within the Pittsboro community engendered a range of comments from service providers. Many felt that Pittsboro is accepting of community members with disabilities. One service provider remarked, “Most people in Pittsboro have an open mind about this population.” Service providers noted that, compared to other areas, Pittsboro shows an increased awareness of community members with disabilities. Simultaneously, service providers also said that persons with disabilities may not always have positive experiences interacting in the community, and that their needs tend to be overlooked in emergencies. One provider noted that persons with disabilities are “not a large part of the community, so it’s not advantageous to pay attention to them.”

There was also general agreement that there was a lack of knowledge, among service providers, community members without disabilities, and newly arrived persons with disabilities, about the services available to community members with disabilities in Pittsboro. There was some feeling that better advocacy or outreach was needed to make sure that community members with disabilities were aware of the services they were entitled to, and to make sure that they felt connected to the community at large.

### *Insiders’ Views*

In regard to awareness of services, community members without disabilities and community members with disabilities expressed their lack of knowledge regarding formal services available as well as the protocol involved in obtaining services and benefits. One person with a disability explained, “This area lacks a central place for people to find out information.” In regard to awareness of persons with disabilities, the Pittsboro community is aware of this population as a whole and tries to assist them by providing them with paid work and food. Community members without disabilities emphasized the way in which Pittsboro residents come together in times of need to informally address the needs of all community members, with disabilities or without.

## **Attitudes**

*“There is no stigma in Pittsboro that I have ever witnessed, it may be there, but I don’t see it.”  
-Community member without a disability*

In looking at the experiences of persons with disabilities living in Pittsboro, the team considered the attitudes that outsiders and insiders expressed about persons with disabilities. The team also looked at the attitudes that persons with disabilities themselves experienced to gain an insider perspective.

### *Outsiders’ Views*

Service providers felt that community members with disabilities were generally accepted in Pittsboro and were treated well, although they acknowledged that subtle discrimination might take place. Many felt that Pittsboro’s small town atmosphere helped in the acceptance of persons with disabilities. “Discrimination against community members with disabilities is not really an issue. Most people in Pittsboro have an open mind about this population. Most employers don’t mind hiring them. The small town atmosphere might contribute to people’s attitude about this.”

Some service providers said that a lack of understanding about persons with disabilities was not unusual anywhere. “There are still a lot of attitudes about persons with disabilities about what they need and don’t need.” Along the same lines, other service providers noted that attitudes toward persons with disabilities differed from attitudes toward persons without disabilities, and that persons with disabilities might be unfairly expected to meet standards that a person without a disability would not be expected to meet. “It’s hard enough when you’re an able-bodied person to figure out what’s going on; disabled people are subjected to more scrutiny. They need communication, relationships, and something to do.”



### *Insiders' Views*

Many persons with disabilities felt that they were not always treated fairly by service providers or by community members without disabilities. Several persons with disabilities commented on the attitudes of service providers. One explained that “people who oversee the distribution of resources try to make it as difficult as possible for you to get those benefits and resources. They act like they’re doing you a favor.” Another explained that in trying to obtain logistics on available services, “there was grudging atmosphere of answering my questions.” Some persons with disabilities felt that it was incumbent upon them to fight for their rights. “Unless you assert yourself, you’ll be walked all over.”

Several community members with disabilities felt that most community members without disabilities treated them well, but that some viewed them critically because of their disability. Some said that some community members without disabilities see their disability first, overlooking their qualities as individuals. Many told of overhearing pejorative comments which made them feel self-conscious. “I feel like I act strange. I worry about frightening people...I talk to myself a lot, and I know that people are going to stare at me when I do that.” As one person with a disability summed her situation, “Sometimes I feel uncomfortable when people stare at me. I want them to know that we are humans too, and come out and interact with us instead of looking at us.”

### **Care and Support**

*“There is natural support for the disabled community. This comes in response to a lack of organized services.”*

*-Service provider*

Support refers to informal and formal systems through which persons with disabilities receive assistance and services on a daily basis. The extent to which such systems exist and are used by persons with disabilities may provide insight into quality of life issues, specifically in terms of health as discussed earlier.

### *Outsiders' Views*

Service providers identified a number of assets for community members with disabilities in terms of accessing support. In addition to the services they provide, service providers spoke of colleagues who demonstrated support skills, such as making an additional effort to engage people. However, many service providers cited a limited support system available for persons with disabilities and a need for an expanded network among persons with disabilities. As one person explained, “Formal support and care services are not sufficient, but there are a few informal networks here and there for persons with disabilities. Most of this appears to come from a few individuals.” Consistent support was also an issue given the lack of, and high turnover rate among, professionals providing such services. One service provider described the situation of a young woman living in a group home who did volunteer work. “She was getting established but then the caseworker changed or her living arrangement changed just when she was getting used to things. So everything fell through...Consistency would have given her what she needed. The volunteer work could have maybe given her the skills to where she could have been employed.” Several service providers believed that increased communication among service agencies would positively affect the continuum of care clients receive.

### *Insiders' Views*

Insiders indicated that community members with disabilities typically receive services from agencies, such as the Council on Aging and other non-profit agencies. However, many remarked that persons with disabilities tend to “fall through the cracks” unless they are able to advocate for themselves, which few community members with disabilities discussed in interviews. Insiders also indicated that more is needed than formal services. One person noted that community members with disabilities “can get individual services but I am not sure what is there to help them find each other.” Community members indicated that informal social support networks as well as consistent assistance

from service organizations should be strengthened in order to improve care and support for persons with disabilities. Communication regarding available services, networks, and opportunities for community members to volunteer when needed were suggested as a means of doing so.

### **Accessibility**

*“Where do you go in Pittsboro? There isn’t anywhere. Not all places have handicapped bathrooms. The sidewalk has cobblestones. There’s no way to get in the front door. They can’t get down the sidewalk without help.”*

*-Family member of a community member with a disability*

According to the North Carolina Office on Disability and Health, an accessible community is one that designs and modifies its buildings, structures, programs, transportation services, and public services to enable persons with disabilities (physical and/or cognitive) to utilize them without undue difficulty (1999). The issue of accessibility in Pittsboro emerged several times in interviews with service providers and community members. In particular, the issues of accessibility unique to Pittsboro were concerned with physical access, access to decision-makers, and the accessibility of services to all persons with disabilities.

### *Outsiders’ Views*

Among service providers, many acknowledged the efforts that Pittsboro has made in recent years to make newly constructed sites more physically accessible to persons with disabilities, in compliance with the Americans with Disabilities Act (ADA). Some feel that these efforts are sufficient while others think that physical accessibility in Pittsboro could be improved. For example, one service provider pointed out that some handicapped entrances in Pittsboro are on slopes, which makes it very difficult for somebody in a non-motorized wheelchair to reach the door and open it. Others would like the parks and recreational facilities to be more accessible to persons with physical disabilities. Service providers mentioned that physical access in Pittsboro could be improved by extending sidewalks and making more room for handicapped parking in downtown Pittsboro.

Others commented on the general characteristics of the town as an asset to facilitating physical access for persons with disabilities. For example, the small size of the town makes Pittsboro more accessible to persons with disabilities without transportation. One service provider noted that “Pittsboro is very accessible to people in electric mobile chairs. They can do what they need to do before their battery runs out.” Another commented, “It’s better to have a small town and give up some of the activity and entertainment in order to have the smallness that permits getting out.”

Some service providers commented that the nature of the small town allows them to create accessibility for persons with disabilities in unique ways. For instance, some restaurants will bring orders out to people in their cars, or even issue a key to the back door where the restaurant will be more accessible.

Regarding access for persons with disabilities to decision-making bodies, some service providers felt that persons with disabilities feel hopeless, outnumbered, and unable to impact decisions and as a result many don’t vote, volunteer, or participate in coalitions or policy-making groups. One service provider expressed that the needs of persons with disabilities are ignored because “we tend to do a lot for people, not with people. We make a lot of decisions about what people need and we may or may not make the right decisions and then wonder why people may or may not use the services we’ve created.”

The final accessibility issue relates to the accessibility of services to all persons with disabilities. Services are not accessible to people that they don’t reach. For example, several service providers mentioned being unable to reach community members with disabilities who are homeless, isolated, or live far away. One service provider believes that persons with physical disabilities are being accommodated in Chatham County at large, but that her real concern was about accessibility for persons with mental disabilities. “The county addresses this very well. You can’t build or open anything without making it handicap accessible. It is not nearly as far along for people with mental

and emotional problems. They are neglected to the point where the only alternative is institutional care or rest homes where they are not supervised or treated well.”

### *Insiders' Views*

The insiders' view did not single out the challenges of accessibility unique to persons with mental or emotional problems. However, insiders did acknowledge efforts that Pittsboro has made to make the town more physically accessible, such as building ramps, installing push buttons for the light at the cross walk, and slanting sidewalks downtown. Aside from these positive efforts, insiders were also concerned about physical access issues, such as the lack of sidewalks in Pittsboro. One community member believes that the reason Pittsboro is lacking sidewalks is because of community members who don't want sidewalks cutting through their yard are concerned that sidewalks invite people and crime into their neighborhood.

Related to the size of Pittsboro facilitating physical access, one person with disability said that he can walk wherever he needs to go in Pittsboro. If there is somewhere that he needs to go that is too far to walk, he calls the Chatham Transit Network (CTN). He felt that Pittsboro serves him very well as a community member with a disability.

Another common concern that insiders voiced relates to access to decision makers for persons with disabilities. One community member said, “There's a lot of handicapped people that don't have the skills to fight for what might be theirs in the way of services. If they don't know how to get out or get the word out, I think they miss out on services and I think we need to be more diligent... I don't think we've got that down pat yet.”

The final accessibility issue that insiders acknowledged concerns the accessibility of services to all persons with disabilities. That is, that services for persons with disabilities tend to cater to the needs of persons with significant disabilities and neglect the diversity of disabilities that exist. As one community member said, “If you are indigent and disabled, there are lots of services available... But,

if you are on the fringe and disabled, but you had a job, you used to work, you have a home, there are no services available.”

### **Activities**

*“Pittsboro should provide a mechanism for persons with disabilities to have safe places to gather to have recreation.”*

*-Community member without a disability*

### *Outsiders' Views*

Activities, meaning things to do in Pittsboro, emerged as a theme for both insiders and outsiders. Service providers acknowledged some activities in Pittsboro, such as hiking on trails, going to the local parks, attending classes at the community college, going to the library, playing bingo, shopping at antique shops, and attending music events. The majority of service providers, however, mentioned that there are not very many activities available to people in Pittsboro. The team observed this as well, noting that one activity—weekly dances—planned specifically for persons with disabilities, was 30 miles away in Siler City. Some say that Pittsboro is limited in the activities that it offers due to a lack of facilities for holding activities, such as dances, tumbling, or basketball.

### *Insiders' Views*

Insiders also expressed a need for more activities for community members with and without disabilities. Ideas for activities included, a safe place for persons with disabilities to gather for recreation, a movie theatre, recreation for the general public, and parks for cook outs. One community member with a disability has found a way to make up for the lack of activities by getting involved in several volunteer organizations in Pittsboro and Chatham County. A lack of recreational activities for all community members was mentioned several times.

## **Housing**

*“There are few low cost housing options available. The cost of housing affects lots of people, but especially the disabled because they tend to be poorer or in a bad situation financially. The Housing Authority has a waiting list, but once your name comes up, you have to find someone that will rent to you.*

*-Service provider*

### *Outsiders' Views*

Interviews with service providers revealed that low-cost housing for persons with disabilities is not widely available, nor adequate to meet the needs of this population. Compounding the problem of housing availability, persons with disabilities may have difficulty finding a co-signer, if an affordable housing option is located. Furthermore, one service provider noted, “Not only is there a lack of affordable housing for persons with disabilities, once someone locates a place, they may have difficulty getting someone to rent to them.” Service providers commented these difficulties may be due to a general perception that persons with disabilities are not capable of living independently.

Additionally, service providers expressed a need for housing to accommodate different levels of independence, but overall stressed the necessity of stable housing for persons with disabilities. A disconnect between the needs of elderly persons with disabilities and younger persons with disabilities was also relayed by a different service provider. One service provider noted that Habitat for Humanity is a dramatically underutilized housing option in Pittsboro, which is a contrast to Orange County with its long waiting list.

### *Insiders' Views*

Community members expressed a need to get persons with disabilities out of institutions and group homes and into the community setting in order to establish connections. Interviews with community members revealed that persons with disabilities in Pittsboro live on their own, with their families, or in group homes. Three apartment complexes that were identified as places where persons with disabilities live in Pittsboro include: Walnut Grove, Creekside, and Village apartments. Walnut

Grove is one example of subsidized housing and consists of 40 rental units specifically for persons with disabilities and the elderly. One community member expressed a concern about the required inspections for subsidized housing, in that some persons with disabilities have a lot of anxiety about meeting the requirements of the inspections and fear possible eviction. As one community member concluded: “The reason housing issues are so important is because if you don’t have stable housing, it impacts other aspects of your life.”

### **Transportation**

*“Transportation would be great, but I don’t see that happening. There is limited transportation for seniors and those with mobility issues.”*

*-Community member without a disability*

### *Outsiders’ Views*

Transportation is a barrier faced by many of the clients served by Pittsboro’s agencies. On several trips to Pittsboro, the team observed the Chatham transit vans, en route to Chapel Hill or other locations. As the only public transportation system in the county, the Chatham Transit Network (CTN) was mentioned in many of the interviews when transportation was discussed. Some of CTN’s vans have wheelchair lifts, but others have low ceilings that make riders to crouch and bend while walking to a seat on the van. Interagency collaboration exists between at least four agencies working with the CTN to supply transportation for their clients. Chatham County’s geographic size, rural areas and the cost of supporting a public transit system make it difficult and expensive to offer comprehensive and convenient public transportation. One service provider commented that CTN offers convenient access to UNC Medical System, and takes people to shops, laundromats, and the bank.

While service providers agree that public transportation is a useful service, CTN’s limited service, long waiting time and fare are cited as inconveniences faced by their clients who use public transportation. One service provider mentioned that they offer assistance to ease the burden of fare,



but it is insufficient at addressing the overall transportation need. Some agencies have their own vehicles that are used to transport clients to appointments, meetings and stores. These agencies recognize that their ability to transport their clients is limited and that many other people, which they do not serve, need transportation. Many service providers mentioned that clients rely on family and friends for rides. Additionally, transportation is an issue for those Pittsboro residents that obtain work outside Chatham County but lack a way to get to their jobs.

### *Insiders' Views*

The need for better transportation was a theme shared by many community members interviewed as well. Several identified transportation needs as better public transportation and more walk-able and bike-able roads.

Residents owning cars reported little to no difficulty getting around Pittsboro, but stated that without a vehicle they would have a hard time. Additionally, community members pointed out that commercial transportation in Pittsboro is limited; as there is no taxi cab service based in the town. Some respondents living on fixed incomes stated that owning an automobile is financially difficult and supports the need for better public transportation. CTN is viewed by some as a good system that takes people to appointments and meetings. Those critical of CTN cited the limited schedule, limited places served, fares, and long waits as reasons for underutilization of service. With these concerns in mind, many community members have turned to alternate means of transportation. Several people interviewed mentioned that their social workers or case managers provide transportation to services around town. Frequently, community members with disabilities ask their neighbors, family and friends to take them to an appointment, meeting or other engagement. However, these community members pointed out that they do not want to burden others by constantly relying on friends and family for transportation. None of the above mentioned are long term solutions to people's transit needs.

Walking and bicycling are two other forms of transportation used by community members. Walking was cited as a second means of “getting around.” One community member living close to the town center commented that walking downtown was not a problem, but if you live further out it was difficult. The lack of continuous sidewalks beyond the courthouse area also makes walking difficult and dangerous. Moreover, some of the sidewalks are uneven, hindering the ability of someone using a wheelchair to get around. Along with walking, bicyclists and hand-cyclists have expressed concern for the little to non-existent roadside shoulders available for riding. While there are varying opinions of these ongoing issues, a committee was recently organized to respond to these concerns that were voiced by community members.

The majority of community members expressed a need for more frequent, timely and widespread public transportation. However, some community members acknowledge that a full public transportation system is an expensive endeavor to undertake and maintain. They question if the cost would be offset by the community benefiting by a dramatic increase in ridership.

## **Divergent Views**

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Insider and outsider perspectives often overlapped within each theme. This was particularly true for the following themes: accessibility and activities. For this reason, the following section focuses on those areas where insiders and outsiders held distinctly different views. The team feels that it is important to highlight themes where points of view are different because this might help the Pittsboro community achieve their actions steps. By knowing what different people think and how much awareness of an issue is held by community members and service providers, the community may be better prepared to work together to form action steps for these divergent themes.

## **Divergence in Descriptive Themes**

### **Strengths**

Strengths in Pittsboro were generally echoed by both community members and service providers during interviews. Both community members and service providers acknowledged the rapid growth and development of Pittsboro within the past few years as an economic strength of the community. During an initial visit to Pittsboro, the team observed several small businesses along the main street appeared to be well-established and popular with residents, such as the Soda Shoppe and several antique stores, intermixed with businesses that seemed like more recent additions to the area (the French Connection and Second Bloom). Although both insiders and outsiders felt that growth and development might strengthen the economy in Pittsboro by bringing more businesses and services, community members expressed concern about the diminishing connectedness between residents.

### **Finances and Income**

Community members with disabilities and service providers were largely in agreement in their perceptions of issues relating to finances and income. Both groups recognized the limitations of public benefits for persons with disabilities and the stringency of their eligibility requirements. Community members with disabilities tended to voice these issues as they related to their personal income and experience while service providers viewed the issues from more of a population perspective. An additional issue brought up by service providers but not by community members with or without disabilities was the limited funding of services and its affect on the amount and quality of services. While this issue was not raised by community members, it may not necessarily represent a difference of opinion just that service providers may be more acutely aware of the results of fluctuating funding on overall services than are community members. All issues mentioned by insiders and outsiders regarding financing and income were related, in that the underlying effect is to

limit what persons with disabilities can afford and receive.

## **Divergence in Active Themes**

### **Awareness**

Insiders and outsiders both felt that awareness of available services and protocol was significantly lacking. The team noted that brochures and advertisements for local services were available in scattered locations in town, such as bulletin boards at the library, but there was no designated, central place to obtain information related to the presence or availability of services. Members from both perspectives felt that activities that would increase the community's and service organizations' awareness and understanding of available services were key. Both groups also expressed the need for increased awareness of persons with disabilities, primarily via direct contact. However, neither service providers nor community members without disabilities referred to the lack of awareness surrounding community members with disabilities as individuals, a concern of several community members with disabilities. Service providers viewed the community as being very accepting, with one service provider remarking "People in Pittsboro don't see disability; they see the individual. They just accept that the disability is there."

### **Attitudes**

There is a fair amount of overlap in the attitudes of insiders and outsiders. However, while service providers and community members without disabilities acknowledge that discrimination may occur, they felt that this was rather unlikely in Pittsboro. Persons with disabilities agreed that they were generally treated well, but certainly had personal experiences with negative attitudes in Pittsboro. Service providers and community members without disabilities thought that they might not be witnessing these experiences, which seems to be the case.

### **Care and Support**

Both service providers and community members identified the need for improved

communication regarding and among service organizations to improve the continuum of care for persons with disabilities. Service providers noted the difficulties in providing quality and continuous care given personnel changes, which community members did not readily mention, perhaps due to a lack of awareness. Community members with and without disabilities, however, referred to an existing community strength – volunteerism – as an asset for providing increased access to care. Additionally, numerous opportunities to volunteer in Pittsboro were noted by several team members within their individual field notes throughout the AOCD process, and the strength of the volunteer system was regularly cited in interviews.

### **Housing**

Both service providers and community members acknowledged a strong, positive connection between stable housing and other aspects of an individual’s life such as emotional health. Interviews with both groups indicated that more affordable and accessible housing is required in Pittsboro to meet the needs of persons with disabilities. Additionally, both groups expressed the importance of integrating housing options for persons with disabilities in the community in order to foster a sense of connectedness to the community and other persons with disabilities. Interestingly, one team member referred to the apparent “clustering” of housing options for persons with disabilities in a specific area away from the center of town within her field notes. Differences arose in that, while community members focused more on the relationship between housing and a sense of connectedness to the community, service providers focused on the availability of current housing options (such as Walnut Grove and the Center for Creative Living) for community members with disabilities.

### **Transportation**

Insiders and outsiders agree there is not a convenient and frequent means of transportation for Pittsboro residents without an automobile. Both agree that the service agencies with the ability to provide transportation can do so only in a limited capacity. The Chatham Transit Network (CTN)

provides public transportation to some community members, but is not used by many Pittsboro residents due to its limited service area, schedule and fare. An interesting difference between insiders' and outsiders' perceptions arose in that some insiders failed to recognize that CTN was available for all community members, while outsiders seemed more aware that CTN was intended for use by both persons with disabilities and persons without disabilities. Outsiders showed less familiarity with the procedures for using CTN than insiders. In general, interviews illuminated the confusion regarding the services provided by the CTN; there is a need for improved communication about the services provided by the CTN. Transportation needs of the whole community may be better addressed through such efforts as community members with disabilities who do not currently use Chatham Transit will also benefit.

The issue of the cost required to expand and maintain a more comprehensive transit system was raised by both insiders and outsiders. Lastly, the insiders and outsiders acknowledge that many persons with disabilities rely primarily on family, friends and neighbors for transportation. However, one view missed by the outsiders is that many insiders grow tired of asking for rides from people they know. Walking and cycling as transportation is an idea voiced by the insider's but not significantly discussed by the outsiders.

## **Community Forum**

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Part of the formal conclusion of the team's role in the AOCD process was the Community Forum at 6:30 p.m. on May 1, 2003 at the Central Carolina Community College in Pittsboro. The primary goals of the community forum were to present the findings from interviews and focus groups back to the community and for the community to then form action steps based on these findings. Additionally, the community forum sought to bring service providers, community members, and community members with disabilities together in a setting in which they might not usually interact,

for the purpose of creating the above mentioned action steps for issues identified by the community. An underlying purpose of the community forum was to transfer ownership of the information and action steps from the student team to the community members and service providers.

### **Forum Planning**

Over the course of four months, our team interviewed almost 40 service providers, community members, and a cross section of community members with disabilities and their family members. During this process, four major obstacles in planning the community forum to discuss our findings became apparent. First, the team encountered difficulty recruiting for a planning committee amongst service providers and persons with disabilities who were already active spokespeople. Second, some interviewees had remarked that “Pittsboro does not come out” to discussions such as the community forum. Third, a number of community members with disabilities interviewed indicated that they would feel uncomfortable coming to a community forum for reasons that were unclear to the team. However, further probing for a reason seemed to make some individuals uncomfortable and did not yield greater explanation. Lastly, there were some logistical issues in arranging times for planning committee meetings that worked for as many people as possible and where accessible meeting space was available.

To address the first obstacle, the team pursued alternative means of having a planning committee. As a result, the team met separately with three individuals and two community groups to discuss the community forum and solicit their input regarding emergent themes. All individuals were prominent in the community and familiar with Pittsboro’s dynamics. Their perspectives gave the team important insight into the kinds of activities that would be more likely to get the community’s participation, including the value of contacting churches, and how to best advertise the community forum. Two of the participants also provided the team with the names of the influential leaders and organizations in Pittsboro and Chatham County and identified which ones would be most likely to

participate in our community forum. One of the individuals allowed the team to use her name to contact prominent community members and offered to talk to community members about attending our forum.

Through another conversation with one of the individuals, the team was able to attend meetings of two community groups, the Lions Club and the Pittsboro Area Health Initiatives group. These groups were recognized as influential with active community members. These meetings became an opportunity to review our initial findings and obtain community input. At both meetings, the team introduced the AOCD process, the key themes from interviews, and potential discussion triggers (quotes that the team hoped would result in meaningful discussion). The team asked those present to identify themes and triggers that they felt most pertinent to Pittsboro and which would generate discussion.

In response to the remaining obstacles in forming a planning committee, the team considered holding the community forum at Walnut Grove, where a considerable number of community members with disabilities reside. Due to space limitations, however, holding the actual forum at Walnut Grove was not feasible. Furthermore, community members with disabilities living at Walnut Grove may have felt uncomfortable with a large group of outsiders and shy away from the meetings. Therefore, the team decided to hold the community forum at the Carolina Central Community College, a location often associated with such community events. Food was both donated by local grocery stores and was purchased by the team. Sandwiches, lasagna, a vegetable tray and desserts (including sugar free desserts to accommodate those on sugar free diets) were provided.

The community forum was advertised in the Chatham News and Record and via flyers posted in downtown businesses and service agencies used by community members with and without disabilities. Personalized invitations to all interview participants and county commissioners were also sent. In addition, one community member with a disability who is an active voice in the



community offered to distribute flyers to people he knew in Pittsboro. Electronic copies of the flyer were provided to several service providers; some of whom distributed the electronic version to their staffs. Additionally, reminder calls to all interview participants were made the week of the community forum.

### **Summary**

A total of 15 people attended the community forum: 4 community members (including the team's preceptor and instructor who both live in Pittsboro), 5 community members with disabilities, and 6 service providers. Representation by community members with disabilities was significant, which the team believed to balance out the less than optimal turn out. Despite attempts to contact elected officials by phone, mail, and email, none were in attendance.

The community forum began with participants signing in and registering for the raffle. The team decided that a raffle with donated prizes from local businesses in Pittsboro would be an appropriate way to thank participants for their contributions to the event, as well as the AOCD process. After signing in and obtaining a raffle ticket, participants were encouraged to eat, mingle with other participants, and view some of the posters with quotes that were hanging up around the room. The NCODH also provided resource materials for participants to peruse before the forum began.

Posted in the middle of the room was the American Disability Association's definition of disability which the team felt would be beneficial for discussions later in the evening. Posters around the room contained quotes designated as the triggers for the small group discussion topics of Awareness, Attitudes, Support, Housing, and Transportation. Additionally, the quotes presented on the posters were printed in packets that also included the forum agenda, AOCD frequently asked questions, additional quotes, resources, a thank you for donors, an evaluation, and an interest form (Appendix I). Eighteen point font and plain language techniques were utilized in the packet to ensure

that people with different levels of ability could read and use the information presented by the team.

To officially begin the community forum, a prominent community member with a disability (who also served as a forum planning resource) welcomed participants and introduced the team members. After the team was introduced, participants introduced themselves and identified which agency they were from if they were a service provider, or which community they were from since participants included individuals from both Pittsboro and Siler City.

### **Description of AOCD**

Following the welcome and introductions, one team member presented the main ideas of the AOCD process in order to give participants general background information. The team believed that explaining the AOCD process in the form of concise, frequently asked questions (that also appeared in the packet) would facilitate a greater understanding for participants of the students' role, as well as the community's role in the AOCD process.

### **Presentation of Main Findings**

As previously noted, both descriptive and active themes emerged during analysis of the data. Though each theme was viewed as equally important by the planning committees, the team decided to present on descriptive themes of strengths, finances, and general community perceptions in order to set the stage for subsequent active themes. This decision was the result of the team's belief that discussion of active themes may be more likely to result in action steps, since descriptive themes (such as finances and strengths) tend to permeate throughout all other themes. Meetings with community groups, in which themes were prioritized in order of importance for discussion at the community forum, revealed that themes other than accessibility were most pertinent. Consequently, the team decided that the active themes of attitudes, awareness, support, housing, and transportation would serve as topics for small group discussion.

## **Outcome of Small Groups**

Since there were too few participants to divide into several small groups, participants were asked to pick the issue from the posters around the room that they were most interested in discussing. A show of hands resulted in the formation of two small groups: attitudes and support.

### *Attitudes*

This group consisted of four service providers and three community members with disabilities. Issues discussed by this small group were identified through the use of the facilitation technique ORID. ORID was developed by the Institute of Cultural Affairs (1989) and encourages participants to work through their reactions to a trigger from the **O**bjective to **R**eflective to **I**nterpretive to **D**ecisional. Two quotes on Attitudes were used as a trigger for the discussion. While reactions to the quotes did not lead directly through the ORID method, a discussion ensued with suggestions to: promote inclusion of community members with disabilities in leadership roles or governing bodies in Pittsboro; advocate for resources and equal treatment of community members with disabilities; and increase accountability of resource/service providers for their attitudes and treatment of community members with disabilities. These goals were to be accomplished through the following action steps:

1. Contacting the county commissioner who oversees the Human Relations Committee about appointing community members with disabilities on the Human Relations Committee in Chatham County. During this small group discussion, one community member with a disability volunteered to serve on this committee.
2. Having community members with disabilities participate in the Human Relations Committee meetings.
3. Conducting outreach and needs assessments at churches and other places of worship where community members with disabilities may gather.
4. Assisting the United Way in the assessment and promotion of board trainings for issues of inclusion for community members with disabilities. The NCODH will follow up with the United Way regarding training needs.

## *Support*

This group included two community members with disabilities, four additional community members without disabilities (including the team's preceptor and instructor who both reside in Pittsboro), and two service providers. Group members identified and discussed the initial goals of improving support and fortifying existing measures of support for community members with disabilities. One team member led the discussion using the SHOWED facilitation technique, (questions that encourage a focused discussion that moves from seeing, to feeling, to thinking) to elicit a more thorough discussion leading to action steps (Wallerstein, 1994). The group aimed to achieve these goals through proposed action steps which included:

1. Contacting the United Way to find out what volunteer services they offer for job seekers.
2. Posting the AOCD Resource List at the Health Department.
3. Calling the United Way hotline (211) and adding to the resource list any agencies that serve persons with disabilities that are not currently represented

## **Final Outcomes of the Forum**

Following the report back from small groups to the large group, Karen Luken (the team's preceptor from NCODH) explained the participatory nature of the AOCD process and clearly stated that the students would be leaving the community. She identified herself as a 'point person' who would work in tandem with interested community members and agencies to expand on the actions steps identified during the small group discussions.

After the concluding remarks, in which the team expressed their gratitude to participants as well as the town of Pittsboro for their participation in the AOCD process, all participants were asked to complete the evaluation in their packets (see Appendix I). Though only five participants returned completed surveys, these surveys yielded positive feedback concerning the utility and their personal satisfaction with the event. As one participant stated on the evaluation: "This was a good a turn out for this community."

After the forum, the team spent over an hour debriefing about the event. Despite low turn out, the team felt that one of the primary strengths of the forum was the quality of the interactions between participants. Furthermore, resource booklets provided by NCODH equipped participants with information that was identified as a need by the majority of interviewees and focus group participants.

## **Discussion and Future Recommendations**

One of the concluding elements of the team's participation in the AOCD process is the summation and transmission of the information and action steps to the community. The information gathered and action steps generated all originated within the community; it is clear that they are the ones with the power to continue the change process. By bringing forth the different viewpoints of service providers (outsiders), and community members with disabilities, and those without disabilities (insiders), the team has been able to develop a greater understanding of the strengths and needs of residents with disabilities in the Pittsboro community. While there were significant overlaps in the information provided, it was clear the three groups had distinctly different viewpoints.

### *Ensure that the individual experiences of persons with disabilities are acknowledged*

Understandably, community members with disabilities tended to perceive issues as they affected them as individuals while the service providers and community members without disabilities tended to see the issues at the broader community level. For service providers, the implication of this difference in viewpoints may be a tendency to overlook the value of the individual experiences of the community members with disabilities that they serve. If the community at large also views the major issues of persons with disabilities from the community level, then they too may be overlooking the personal experiences and individuality of persons with disabilities. A consequence of overlooking

this individuality may be more of a focus on the person's disability rather than on the person's abilities, failing to recognize and empower an individual to take an active role in his or her health.

*Create more opportunities for persons with disabilities to participate in community activities and decision making*

Future efforts in addressing the needs and concerns of community members with disabilities should increasingly solicit their input and work with their existing individual strengths. Greater participation of community members with disabilities in community activities and decision making processes further raises community consciousness of individual experiences. Through the action steps identified at the forum, if he is officially appointed by the County Commissioner, one community member with a disability will begin attending meetings of the Human Relations Committee as a contributing member. Through such actions, awareness of issues of concern to and attitudes towards those with disabilities can be altered over time. In addition, this will expand the networks and support systems available to community members with disabilities, resulting in a greater focus on holistic health for persons with disabilities. Through greater participation of persons with disabilities in general Pittsboro activities, their relevant health concerns will be better known to the community, and will be more likely to be understood and addressed.

*Take advantage of Pittsboro's existing strengths and develop a stronger network of resources*

The strengths of Pittsboro, such as volunteerism and churches, can be capitalized on to address care and support issues. Action steps from the community forum's discussion on support plan to do so in developing a job applicant – volunteer consultant network. Similar approaches can be made in regard to other needs; one community member suggested developing a community volunteer board where individuals with disabilities and volunteers willing to help can connect to help

one another for both regular volunteer activities such as grocery shopping or a weekly chat, and for one-time activities such as help with raking leaves in the Fall. With their familiarity of quality of life issues of persons with disabilities and effective solutions, NCODH can service as a potential resource for the community by supplementing their strengths and resources. Increased awareness of other existing resources and services, such as NCODH, in Pittsboro/Chatham County will also develop a stronger network of services and supports.

*Examine the experiences of persons with disabilities in different ethnic groups and in different geographic areas.*

Given the community's awareness level of persons with disabilities, for the future, the team recommends that the concerns of overlooked voices such as Latinos with disabilities be assessed. In addition, it would be worthwhile to look more closely at the concerns of people with disabilities in Siler City, where so many services are located and a similar perception gap may exist.

### *The Connection to Health*

By recognizing individual experiences of persons with disabilities, increasing their participation in activities, building upon existing resources to enhance overall quality of life, and examining the experiences of persons with disabilities in different ethnic groups and geographic locations, secondary health conditions such as hypertension, diabetes, and obesity may be addressed, thus providing support for the paradigm shift from disability prevention to prevention of secondary conditions (The National Center on Physical Activity and Disability, 2001).

## References

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- Central Carolina Community College. Program Descriptions. Retrieved March 3, 2003 from CCCC Web Site:  
[http://www.ccarolina.cc.nc.us/Resources/PDFs/Schedules/CE\\_Schedule.pdf](http://www.ccarolina.cc.nc.us/Resources/PDFs/Schedules/CE_Schedule.pdf).
- Chapel Hill Herald. Pittsboro growth: Moratorium was necessary for planning (editorial). May 13, 2000.
- Chatham County. About Chatham County. Retrieved March 3, 2003 from Chatham County Web Site: <http://www.co.chatham.nc.us/Profile.htm>.
- Chatham County Council on Aging. Directory of Services. Retrieved March 2, 2003 from Chatham County Council on Aging Web Site:  
[http://www.chathamcouncilonaging.org/directory\\_of\\_services.htm](http://www.chathamcouncilonaging.org/directory_of_services.htm).
- Chatham County Economic Development Corporation. Health Care. Retrieved March 3, 2003 from Chatham County Economic Development Corporation Web Site:  
<http://www.chathamedc.org/COUNTYINFO/healthcare.htm>.
- Chatham County Economic Development Corporation. Quality of Life. Retrieved March 3, 2003 from Chatham County Economic Development Corporation Web Site:  
<http://www.chathamedc.org/COUNTYINFO/qualityoflife.htm>.
- Chatham Habitat for Humanity. Universal Design Features. Received from personal communication with Amy Powell February 2003.
- Chatham Hospital. Retrieved March 3, 2003 from Chatham Hospital Web Site:  
<http://www.chathamhospital.org/>.
- Chatham County Parks and Recreation Department Master Plan, 1999.
- Data Services Unit Office of State Budget and Management. Retrieved March 3, 2003 from North Carolina State Data Center Web Site: [http://sdc.state.nc.us/NC\\_State\\_Datacenter](http://sdc.state.nc.us/NC_State_Datacenter).
- Down, H; Fergus, S; Gagnon, Y; George, G; Griffiths, C. & Newman, J. (2000) Chatham County, North Carolina: A Community Diagnosis Including Secondary and Qualitative Data Collection.
- Eckroad, D.; McDaniel, H; Manning, M; Pescador M; Schmal, S. (2001) Pittsboro, Chatham County, North Carolina: An Action-Oriented Community Diagnosis including Secondary Data Analysis and Qualitative.
- Eng, E. & Blanchard L. (1991) Action-oriented community diagnosis: A health education tool. International Quarterly of Community Health Education, 11 (2), 93-110.



Hadley, W; Horton, D; Stroud, N. (eds.) (1971) Chatham County 1771-1971. Moore Pub. Co., Pittsboro, NC.

Institute for Cultural Affairs, 1989. Winning Through Participation: Meeting the challenge of corporate change with the technology of Participation. Kendall/Hunt, 1989.

Luken, K. Personal Communication. December 2002

The National Center on Physical Activity and Disability. (2001) Health promotion for people with disabilities: The emerging paradigm shift from disability prevention to prevention of secondary conditions. Department of Disability and Human Development.

National Center for Chronic Disease Prevention and Health Promotion. Behavioral Risk Factor Surveillance System 2001. Retrieved March 2, 2003 from Centers for Disease Control and Prevention Website: <http://www.cdc.gov/brfss/>.

National Register of Historic Places. Pittsboro Historic District. May 2000

North Carolina Department of Commerce. Economic Policy and Research Division. Retrieved June 3, 2003 from NC Department of Commerce Web Site: <http://cmedis.commerce.state.nc.us/countyprofiles/countyprofile.asp?county=Chatham>.

North Carolina Division of Health and Human Services. Division of Services for the Deaf and Hard of Hearing. Retrieved March 2, 2003 from NC Division of Health and Human Services Web Site: <http://www.dhhs.state.nc.us/docs/divinfo/dsdhh.htm>.

North Carolina Division of Health and Human Services. What we do: Helping people with disabilities. Retrieved March 2, 2003 from NC Division of Health and Human Services Web Site: <http://www.dhhs.state.nc.us/docs/issues/disab.htm>.

North Carolina Division of Medical Assistance. Retrieved March 2, 2003 from NC DMA Web Site: <http://www.dhhs.state.nc.us/dma/>.

North Carolina Division of Services for the Blind. Retrieved March 2, 2003 from NC Division of Services for the Blind Web Site: <http://www.dhhs.state.nc.us/dsb/>.

North Carolina Division of Social Services. County departments: The role of counties. Retrieved March 2, 2003 from NC Division of Social Services Web Site: [http://www.dhhs.state.nc.us/dss/cty\\_cnr/depts.htm](http://www.dhhs.state.nc.us/dss/cty_cnr/depts.htm).

North Carolina Office of Disability and Health (1999) Tips and Strategies to Promote Accessible Communication. North Carolina Office of Disability and Health with Woodward Communications, Carboro, NC.

North Carolina Office of State Planning. (1999) The 1999 Municipal Population Estimates.

OPC Area Program. Retrieved March 2, 2003 from OPC Area Program Web Site:  
<http://www.opc-area.w1.com/>.

Osborn, R; Selden-Sturgill, R. (1991) The Architectural History of Chatham County, NC. The Delmar Co., Charlotte, NC.

Prokopy, J; Yoo, K. Chatham County Affordable Housing Needs Assessment. (Fall, 2002) The Chatham County Affordable Housing Coalition.

Triangle J Area on Aging. Retrieved March 2, 2003 from Triangle J Area on Aging Web Site: <http://www.tjaaa.org/>.

United States Census Bureau. Chatham County, North Carolina. Retrieved March 3, 2003 from U.S. Census Bureau Web Site:  
<http://quickfacts.census.gov/qfd/states/37/37037.html>.

United States Department of Justice. Americans with Disabilities Act. Retrieved March 1, 2003 from U.S. Department of Justice Web Site: <http://www.usdoj.gov/crt/ada/adahom1.htm>.

United Way of Chatham County. Member Agencies. Retrieved March 2, 2003 from United Way of Chatham County Web Site:  
<http://www.nonprofitpages.com/uwcc/html/agencies.htm#agencies>.

Wallerstein, N. (1994). Empowerment education applied to youth. In A.C. Matiella (Ed.). The Multicultural Challenge in Health Education. (pp. 153-176). Santa Cruz, CA. ETR Associates.

## Appendices

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### Appendix A: Data Reviewed for Draft Document

Level at which Unit of Analysis was Investigated	Contains Information Specific to Disabilities	Name of Source
National, State, County, Zip Code	Yes	U.S. Census Data*
National	Yes	Healthy People 2010, Section 6
State	Yes	Behavioral Risk Factor Surveillance Survey
State	Yes	North Carolina Department of Health and Human Services
County	No	Chatham County Community Health Forum (Health Department Document)
County	No	Chatham County Affordable Housing Needs Assessment
County	No	Comprehensive Parks and Recreation Master Plan
County	No	Community Resources for Youth and Family in Chatham County, North Carolina
County	Yes	OPC area web site

\* Although the census data is general, it does contain information on the % of people who self-identify as having a disability, or as having someone with a disability in their household, age 5+. In addition, limited demographics were available for the zip code that includes Pittsboro.

## Appendix B: Demographics of Interview and Focus Group Participants

A total of 38 people were interviewed or participated in focus groups. 18 were service providers, 10 were community members without disabilities, 9 were community members with disabilities, and one was a family member of a person with a disability. 20 were female and 18 were male.

	Date Interviewed	Type of Interview	Gender of Interviewee
1	January 31	Service Provider	Male
2	February 3	Service Provider	Male
3	February 7	Service Provider	Female
4	February 7	Service Provider	Female
5	February 7	Community Member <b>without</b> a Disability	Male
6	February 13	Service Provider	Female
7	February 13	Service Provider	Female
8	February 13	Service Provider	Female
9	February 14	Service Provider	Male
10	February 18	Service Provider	Female
11	February 19	Service Provider	Male
12	February 21	Service Provider	Female
13	February 21	Service Provider	Male
14	February 25	Community Member <b>without</b> a Disability	Female
15	February 26	Service Provider	Female
16	February 27	Service Provider	Female
17	March 6	Community Member <b>without</b> a Disability	Female
18	March 6	Community Member <b>without</b> a Disability	Male
19	March 14	Service Provider	Female
20	March 19	Community Member <b>without</b> a Disability	Female
21	March 20	Community Member <b>without</b> a Disability	Female
22	March 20	Service Provider	Female
23	March 21	Community Member <b>with</b> a Disability	Male
24	March 28	Service Provider	Female
25	March 28	Service Provider	Male
26	March 31	Community Member <b>with</b> a Disability	Male
27	April 2	Community Member <b>with</b> a Disability	Female
28		Focus Group:	3 Males
	April 3	3 Community Members <b>without</b> Disabilities	
29	April 4	Community Member <b>with</b> a Disability	Male
30	April 4	Community Member <b>with</b> a Disability	Female
31	April 4	Community Member <b>with</b> a Disability	Male
32	April 4	Community Member <b>with</b> a Disability	Female
33	April 4	Community Member <b>with</b> a Disability	Male
34	April 4	Family Member of a Person with a Disability	Female
35	April 4	Community Member <b>with</b> a Disability	Male
36	April 11	Community Member <b>without</b> a Disability	Male

**Appendix C: IRB Approval Letter (not available electronically)**

## Appendix D: Interview Guides and Focus Group Guides

### Persons with Disabilities Interview Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our interview today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in Pittsboro and your opinions concerning the strengths of Pittsboro and the challenges it faces. We are especially interested in learning about the experiences of persons with disabilities living in Pittsboro.

1. Start with icebreaker
2. What is it like living in Pittsboro?  
**Probe:** Housing  
Recreation activities  
Transportation  
Employment  
Schools  
Community services  
Access to resources and service
3. What services and businesses do you use in the community?
4. What services and businesses do you not use in the community?  
**Probe:** Are there any you cannot use? Why?
5. What are service providers like in the community?  
**Probe:** Attitude  
Behavior  
How do they help you?
6. If someone with a disability (disabilities) moved to Pittsboro what would you tell him or her are the advantages about living in Pittsboro?
7. If someone with a disability (disabilities) moved to Pittsboro what would you tell him or her are the challenges of living in Pittsboro?
8. When there are problems in the community how are they handled?
9. When there are problems for people with disabilities how are they handled?
10. What do you think are the challenges facing persons with disabilities in Pittsboro?  
**Probe:** Accessibility  
Services  
Discrimination
11. How do you think Pittsboro could better serve persons with disabilities?

12. If you were in charge of community services, what would you do? What if you were in charge of services for people with disabilities?

**Probe:** What services would you offer?

What programs would you change or cancel?

13. If you were mayor, what would you do to improve Pittsboro?

14. Is there anything else that you want to tell us about the Pittsboro community?

15. Are there people in the community who you think it is important for us to talk to about these issues?

16. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?

Probe: Place

Day of the week

Time of day

Format

Who to invite

How to publicize

Who should serve on planning group

Thank you again for your participation.

## Community Members Interview Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our interview today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in Pittsboro and your opinions concerning the strengths of Pittsboro and the challenges it faces.

1. What is it like living in Pittsboro?

**Probe:** Housing  
Recreation activities  
Transportation  
Employment  
Schools  
Community services  
Access to resources and service

2. What services and businesses do you use in the community?

3. What services and businesses do you not use in the community? (For example: a recreation center)

**Probe:** Why don't you use these services?

4. What are service providers like in the community?

**Probe:** Attitude  
Behavior  
How do they help you?

5. When there are problems in the community, how are they handled? For example, during the ice storm in December, how did residents cope with the power outage?

6. What do you think life is like for persons with disabilities in Pittsboro?

7. What do you think are the challenges facing persons with disabilities in Pittsboro?

**Probe:** Accessibility?  
Services  
Discrimination

8. How do you think Pittsboro serves persons with disabilities?

9. How do you think Pittsboro could better serve persons with disabilities?

10. Is there anything else you want to tell us about the Pittsboro community?

11. Are there people in the community who you think it is important for us to talk to about these issues?



12. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?

Probe: Place

Day of the week

Time of day

Format

Who to invite

How to publicize

Who should serve on planning group

Thank you again for your participation.

## Service Provider Interview Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our interview today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We'll be here about 60 minutes to talk to you about what role your group or organization has in the greater community of Pittsboro, and about your opinions concerning the strengths of Pittsboro and the challenges it faces. We are especially interested in learning about the experiences of persons with disabilities living in Pittsboro.

1. Tell us about your agency. What services do you provide?  
**Probe:** Source of funding  
How many clients do you serve?
2. How would you describe the people who utilize your services?  
**Probe:** Geographical information  
SES  
Ethnicity, etc.
3. What barriers do people face when trying to access your agencies' services? Why? Are there groups that tend to be difficult for your agency to reach?  
**Probe:** Geographic  
Transportation  
Cultural  
Language
4. What steps do you take to facilitate access to these services?
5. What other agencies provide services to the residents of the communities you serve? What kinds of services do they provide? How successful are they?
6. How would you describe Pittsboro?  
**Probe:** Would you define it as a community?
7. What would you say are the strengths of the communities you serve?
8. What do you think are the major issues facing persons with disabilities in your community?  
**Probe:** Accessibility  
Services  
Discrimination
9. What are the implications of these issues?
10. What services does your organization provide to address these issues?
11. If you were in charge of community services, what would you do? What if you were in charge of services for persons with disabilities? How would you ensure that

persons with disabilities have full access?

**Probe:** What services would you offer?

What programs would you change or cancel?

12. Would you like to recommend someone else to be interviewed?

13. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?

Probe: Place

Day of the week

Time of day

Format

Who to invite

How to publicize

Who should serve on planning group

14. Have I/we forgotten anything? Is there anything else you would like to say?

Thank you again for your participation.

## Family Member Interview Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our interview today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in Pittsboro and your opinions concerning the strengths of Pittsboro and the challenges it faces.

1. How long have you lived in Pittsboro?
2. Do you currently work in Pittsboro?
3. How would you describe Pittsboro?
4. Describe life in Pittsboro for adults.
5. Describe life in Pittsboro for adults with disabilities.  
**Probe:** Jobs  
Recreation  
Hangouts  
Activities  
Solving differences
6. What makes you proud about living in Pittsboro?
7. How do people support each other in Pittsboro?
8. What kinds of programs/services are offered in Pittsboro? How are services made available to persons with disabilities?  
**Probe:** Education  
Recreation
9. How do you feel about the services available for persons with disabilities?  
**Probe:** Positives  
Challenges, etc.
10. To what extent are families involved or included into services for persons with disabilities?
11. What do you think are the challenges facing Pittsboro?  
**Probe:** Growth  
Development  
Discrimination
12. What do you think are the challenges facing persons with disabilities in Pittsboro?  
**Probe:** Accessibility  
Services  
Discrimination

13. How have these challenges affected you and your family personally?
14. what strengths/resources does Pittsboro have to help deal with these challenges?
15. If someone were to ask you if Pittsboro is a good place to live, how would you respond?
16. If you were mayor, what would you do to improve Pittsboro?
17. Would you like to recommend someone else to be interviewed?
18. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?  
Probe: Place
  - Day of the week
  - Time of day
  - Format
  - Who to invite
  - How to publicize
  - Who should serve on planning group
19. Have I/we forgotten anything? Is there anything else you would like to say?

Thank you again for your participation.

## Community Members Focus Group Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our focus group today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in Pittsboro and your opinions concerning the strengths of Pittsboro and the challenges it faces. We are especially interested in learning about the experiences of persons with disabilities living in Pittsboro. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. We ask that you do not discuss what you have heard in this room after the focus group is over. You do not have to answer any questions that you are uncomfortable with. There are no right or wrong answers.

1. What is it like living in Pittsboro?

**Probe:** Housing  
Recreation activities  
Transportation  
Employment  
Schools  
Community services  
Access to resources and service

2. What services and businesses do you use in the community?

3. What services and businesses do you not use in the community?

**Probe:** Why don't you use these services?

4. What are service providers like in the community?

**Probe:** Attitude  
Behavior  
How do they help you?

5. When there are problems in the community, how are they handled? For example, during the ice storm in December, how did residents cope with the power outage?

6. What do you think life is like for persons with disabilities in Pittsboro?

7. What do you think are the challenges facing persons with disabilities in Pittsboro?

**Probe:** Accessibility  
Services  
Discrimination

8. How do you think Pittsboro serves persons with disabilities?

9. How do you think Pittsboro could better serve persons with disabilities?

10. Is there anything else you want to tell us about the Pittsboro community?

11. Are there people in the community who you think it is important for us to talk to about these issues?

12. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?

Probe: Place

Day of the week

Time of day

Format

Who to invite

How to publicize

Who should serve on planning group

Thank you again for your participation.

## Service Provider Focus Group Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our focus group today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in Pittsboro and your opinions concerning the strengths of Pittsboro and the challenges it faces. We are especially interested in learning about the experiences of persons with disabilities living in Pittsboro. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. We ask that you do not discuss what you have heard in this room after the focus group is over. You do not have to answer any questions that you are uncomfortable with. There are no right or wrong answers.

1. Let's go around the room and please each of you tell us about your agency and what services you provide. How would you describe the people who utilize your services?
2. What barriers do people face when trying to access your agencies' services? Why? Are there groups that tend to be difficult for your agency to reach?  
**Probe:** Geographic  
Transportation  
Cultural  
Language
3. What steps do you take to facilitate access to these services?
4. Do you know of other agencies provide similar services?  
If so, what are they?
5. How would you describe Pittsboro?  
**Probe:** Would you define it as a community?
6. What would you say are the strengths of the communities you serve?
7. What do you think are the major issues facing persons with disabilities in your community?  
**Probe:** Accessibility  
Services  
Discrimination
8. What are the implications of these issues?
9. What services does your organization provide to address these issues?
10. If you were in charge of community services, what would you do? What if you were in charge of services for persons with disabilities? How would you ensure that persons with disabilities have full access?  
**Probe:** What services would you offer?  
What programs would you change or cancel?



11. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?

Probe: Place

Day of the week

Time of day

Format

Who to invite

How to publicize

Who should serve on planning group

12. Have I/we forgotten anything? Is there anything else you would like to say?

Thank you again for your participation.

## Family Member Focus Group Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our focus group today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in Pittsboro and your opinions concerning the strengths of Pittsboro and the challenges it faces. We are especially interested in learning about the experiences of persons with disabilities living in Pittsboro.

1. How long have you lived in Pittsboro?
2. Do you currently work in Pittsboro?
3. How would you describe Pittsboro?
4. Describe life in Pittsboro for adults.
5. Describe life in Pittsboro for adults with disabilities.

**Probe:** Jobs

Recreation

Hangouts

Activities

Solving differences

6. What makes you proud about living in Pittsboro?
7. How do people support each other in Pittsboro?
8. What kinds of programs/services are offered in Pittsboro? How are services made available to persons with disabilities?

**Probe:** Education

Recreation

9. How do you feel about the services available for persons with disabilities?

**Probe:** Positives

Challenges, etc.

10. To what extent are families involved or included into services for persons with disabilities?

11. What do you think are the challenges facing Pittsboro?

**Probe:** Growth

Development

Discrimination

12. What do you think are the challenges facing persons with disabilities in Pittsboro?

**Probe:** Accessibility

Services

Discrimination

13. How have these challenges affected you and your family personally?
14. What strengths/resources does Pittsboro have to help deal with these challenges?
15. If someone were to ask you if Pittsboro is a good place to live, how would you respond?
16. If you were mayor, what would you do to improve Pittsboro?
17. Would you like to recommend someone else to be interviewed?
18. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions?  
Probe: Place
  - Day of the week
  - Time of day
  - Format
  - Who to invite
  - How to publicize
  - Who should serve on planning group
19. Have I/we forgotten anything? Is there anything else you would like to say?

Thank you again for your participation.

## Appendix E: Fact Sheets Used in Interviews and Focus Groups

### Interview Fact Sheet for Person with a Disability

#### WHAT IS THIS STUDY ABOUT?

You are asked to take part in a research study, which is a community study of the experiences of persons with disabilities, 18 years and older living in Pittsboro, North Carolina. The purpose of the study is to better understand the lives of adults with disabilities living in Pittsboro. You are being asked to take part because we want to make sure we hear from individuals with disabilities, family members, other community members, and service providers. We want to learn about the strengths of Pittsboro and the challenges it faces. We also want to learn about the services and supports that exist for people with disabilities.

My name is \_\_\_\_\_ and \_\_\_\_\_ will be helping today. We are part of a 6-person team from UNC School of Public Health that is doing a study as part of a class requirement. If you have any questions that we are unable to answer fully please contact Kathi McMullin a graduate student at UNC or the faculty advisor Eugenia Eng, DrPH.

Kathi McMullin (919) 966-3919  
UNC School of Public Health  
Dept of Health Behavior and Health Education  
Campus Box 7440  
Chapel Hill, NC 27599-7440

Eugenia Eng (919) 966-3909  
UNC School of Public Health  
Dept of Health Behavior and Health Education  
Campus Box 7440  
Chapel Hill, NC 27599-7440

#### WHAT WILL I BE ASKED TO DO?

You will be asked to take part in an individual interview. The interview is made up of questions about life in Pittsboro. An example of a general question is, "What is it like living in Pittsboro?" An example of a more specific question is, "How do you think Pittsboro serves persons with disabilities?" There are no wrong answers or bad ideas, just different opinions. We are looking for points of view, so say what is on your mind. If you do not feel comfortable answering a question or do not have an opinion, just let us know. We are interested in your opinion as a person with a disability living in Pittsboro.

The interview will take about 45 to 60 minutes of your time.

If you agree to take part in the interview we will be writing your responses on a piece of paper. Also, if it is okay with you we would like to tape record the interview to make sure not to miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. Anytime during the interview you can ask us to turn off the tape recorder. Before the start of the interview we will ask if it is okay to tape record.

#### WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?

You are not likely to experience any risks by participating in this study. Although you may not experience any direct benefits, your participation may help to make things better in Pittsboro over time. Your decision to take part in this study will not influence any of the services you receive or might receive. You can say yes or no to our request, it will not change any services you are entitled to.

**ARE THERE ANY COSTS?**

There are no financial costs for participating in the study. The only cost is your time.

**WILL I BE PAID?**

You will not be paid for your participation.

**SUBJECT'S RIGHTS AND CONFIDENTIALITY:**

If you agree to participate in this study, please understand that you do not have to do it. You have the right to withdraw your consent or stop your participation at any time without penalty. You have the right to refuse to answer particular questions. You may ask that the recording be stopped at any time.

To protect your privacy, your replies will remain anonymous. Your name will not be linked in any way with what you have said in this interview. The only people who have access to the data are the community study team and faculty advisor. All notes and audiotapes containing the interview information will be stored in a locked cabinet and will be erased in May 2003 at the end of the study.

The information we ask you about your age, race, and number of years living in Pittsboro will only be used for a group summary. It will not be connected to any statements you have made. Every effort will be taken to protect the identity of people taking part in the study.

If you have any questions or concerns about your rights as a research participant, and/or if you want to stop taking part in the study at anytime, please do not hesitate to contact Kathi McMullin or the faculty advisor Eugenia Eng, DrPH (contact information on page 1 of this form).

This project has been reviewed and approved by the UNC-Chapel Hill School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have questions about your rights as a study participant, or are unhappy at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

**AGREEMENT STATEMENTS:**

If you take part in this interview, then it is understood that you agree to all of the above points unless you say otherwise.

## **Interview Fact Sheet for Pittsboro Community Member/Family Members**

### **WHAT IS THIS STUDY ABOUT?**

You are asked to take part in a research study, which is a community study of the experiences of persons with disabilities, 18 years and older living in Pittsboro, North Carolina. The purpose of the study is to better understand the lives of adults with disabilities living in Pittsboro. You are being asked to take part because we want to make sure we hear from individuals with disabilities, family members, other community members, and service providers. We want to learn about the strengths of Pittsboro and the challenges it faces. We also want to learn about the services and supports that exist for people with disabilities.

My name is \_\_\_\_\_ and \_\_\_\_\_ will be helping today. We are part of a 6-person team from UNC School of Public Health that is doing a study as part of a class requirement. If you have any questions that we are unable to answer fully please contact Kathi McMullin a graduate student at UNC or the faculty advisor Eugenia Eng, DrPH.

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### **WHAT WILL I BE ASKED TO DO?**

You will be asked to take part in an individual interview. The interview is made up of questions about life in Pittsboro. An example of a general question is, "What is it like living in Pittsboro?" An example of a more specific question is, "How do you think Pittsboro serves persons with disabilities?" There are no wrong answers or bad ideas, just different opinions. We are looking for points of view, so say what is on your mind. If you do not feel comfortable answering a question or do not have an opinion, just let us know.

The interview will take about 45 to 60 minutes of your time.

If you agree to take part in the interview we will be writing your responses on a piece of paper. Also, if it is okay with you we would like to tape record the interview to make sure not to miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. Anytime during the interview you can ask us to turn off the tape recorder. Before the start of the interview we will ask if it is okay to tape record.

### **WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?**

You are not likely to experience any risks by participating in this study. Although you may not experience any direct benefits, your participation may help to make things better in Pittsboro over time. Your decision to take part in this study will not influence any of the services you or a family member receive or might receive. You can say yes or no to our request, it will not change any services you or a family member are entitled to.

### **ARE THERE ANY COSTS?**

There are no financial costs for participating in the study. The only cost is your time.

**WILL I BE PAID?**

You will not be paid for your participation.

**SUBJECT'S RIGHTS AND CONFIDENTIALITY:**

If you agree to participate in this study, please understand that you do not have to do it. You have the right to withdraw your consent or stop or your participation at any time without penalty. You have the right to refuse to answer particular questions. You may ask that the recording be stopped at any time.

To protect your privacy, your replies will remain anonymous. Your name will not be linked in any way with what you have said in this interview. The only people who have access to the data are the community study team and faculty advisor. All notes and audiotapes containing the interview information will be stored in a locked cabinet and will be erased in May 2003 at the end of the study.

The information we ask you about your age, race, and number of years living in Pittsboro will only be used for a group summary. It will not be connected to any statements you have made. Every effort will be taken to protect the identity of the people taking part in the study.

If you have any questions or concerns about your rights as a research participant, and/or if you want to stop taking part in the study at anytime, please do not hesitate to contact Kathi McMullin or the faculty advisor Eugenia Eng, DrPH (contact information on page 1 of this form).

This project has been reviewed and approved by the UNC-Chapel Hill School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have questions about your rights as a study participant, or are unhappy at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

**AGREEMENT STATEMENTS:**

If you take part in this interview, then it is understood that you agree to all of the above points unless you say otherwise.

## **Interview Fact Sheet for Service Providers**

### **WHAT IS THIS STUDY ABOUT?**

You are asked to take part in a research study, which is a community study of the experiences of persons with disabilities, 18 years and older living in Pittsboro, North Carolina. The purpose of the study is to better understand the lives of adults with disabilities living in Pittsboro. You are being asked to take part because we want to make sure we hear from individuals with disabilities, family members, other community members, and service providers. We want to learn about the strengths of Pittsboro and the challenges it faces. We also want to learn about the services and supports that exist for people with disabilities.

My name is \_\_\_\_\_ and \_\_\_\_\_ will be helping today. We are part of a 6-person team from UNC School of Public Health that is doing a study as part of a class requirement. If you have any questions that we are unable to answer fully please contact Kathi McMullin a graduate student at UNC or the faculty advisor Eugenia Eng, DrPH.

Kathi McMullin (919) 966-3919  
UNC School of Public Health  
Dept of Health Behavior and Health Education  
Campus Box 7440  
Chapel Hill, NC 27599-7440

Eugenia Eng (919) 966-3909  
UNC School of Public Health  
Dept of Health Behavior and Health Education  
Campus Box 7440  
Chapel Hill, NC 27599-7440

### **WHAT WILL I BE ASKED TO DO?**

You will be asked to take part in an individual interview. The interview is made up of questions about life in Pittsboro. An example of a general question is, "What is it like living in Pittsboro?" An example of a more specific question is, "How do you think Pittsboro serves persons with disabilities?" There are no wrong answers or bad ideas, just different opinions. We are looking for points of view, so say what is on your mind. If you do not feel comfortable answering a question or do not have an opinion, just let us know.

The interview will take about 45 to 60 minutes of your time.

If you agree to take part in the interview we will be writing your responses on a piece of paper. Also, if it is okay with you we would like to tape record the interview to make sure not to miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. Anytime during the interview you can ask us to turn off the tape recorder. Before the start of the interview we will ask if it is okay to tape record.

### **WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?**

You are not likely to experience any risks by participating in this study. Although you may not experience any direct benefits, your participation may help to make things better in Pittsboro over time. Your decision to take part in this study will not influence any of the services you provide or might provide. You can say yes or no to our request, it will not change any services you are entitled to provide.

### **ARE THERE ANY COSTS?**



There are no financial costs for participating in the study. The only cost is your time.

**WILL I BE PAID?**

You will not be paid for your participation.

**SUBJECT'S RIGHTS AND CONFIDENTIALITY:**

If you agree to participate in this study, please understand that you do not have to do it. You have the right to withdraw your consent or stop or your participation at any time without penalty. You have the right to refuse to answer particular questions. You may ask that the recording be stopped at any time.

To protect your privacy, your replies will remain anonymous. Your name will not be linked in any way with what you have said in this interview. The only people who have access to the data are the community study team and faculty advisor. All notes and audiotapes containing the interview information will be stored in a locked cabinet and will be erased in May 2003 at the end of the study.

The information we ask you about your age, race, and number of years living in Pittsboro will only be used for a group summary. It will not be connected to any statements you have made. Every effort will be taken to protect the identity of the people taking part in the study.

If you have any questions or concerns about your rights as a research participant, and/or if you want to stop taking part in the study at anytime, please do not hesitate to contact Kathi McMullin or the faculty advisor Eugenia Eng, DrPH (contact information on page 1 of this form).

This project has been reviewed and approved by the UNC-Chapel Hill School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have questions about your rights as a study participant, or are unhappy at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

**AGREEMENT STATEMENTS:**

If you take part in this interview, then it is understood that you agree to all of the above points unless you say otherwise.

## **Interview Consent Form for Legal Guardian of a Person with a Disability**

### **WHAT IS THIS STUDY ABOUT?**

We are conducting a community study of the experiences of persons with disabilities 18 years and older living in Pittsboro, North Carolina. The purpose of the study is to better understand the lives of adults with disabilities living in Pittsboro. You are being asked to give permission for the person for whom you have guardianship of to participate in the study because we want to make sure we hear from various community members including individuals with disabilities. We want to learn about the strengths and weaknesses of Pittsboro. We also want to learn about the services and supports that exist for people with disabilities.

We are part of a 6-person team from UNC School of Public Health that is doing a study as part of a class requirement. If you have any questions that we are unable to answer fully please contact Kathi McMullin a graduate student at UNC or the faculty advisor Eugenia Eng, DrPH.

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UNC School of Public Health  
Dept of Health Behavior and Health Education  
Campus Box 7440  
Chapel Hill, NC 27599-7440

### **WHAT WILL I BE ASKED TO DO?**

You are being asked to give permission for the person for whom you have guardianship to participate in an individual interview. The interview is made up of questions about life in Pittsboro. An example of a general question is, "What is it like living in Pittsboro?" An example of a more specific question is, "How do you think Pittsboro serves persons with disabilities?" There are no wrong answers or bad ideas, just different opinions. We are looking for points of view, so we want participants to say what is on their mind. If a participant does not feel comfortable answering a question or does not have an opinion, he or she can just let us know. The interview will take about 45 to 60 minutes and participation will be one-time only.

During the discussion we will write responses on a piece of paper. Also, if it is okay with participants we would like to tape record the interview to make sure not to miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. Anytime during the interview the participants can ask us to turn off the tape recorder. Before the start of the interview we will ask if it is okay to tape record the discussion.

### **WHAT ARE THE RISKS AND BENEFITS OF PARTICIPATION?**

Participants are not likely to experience any risks by taking part in this study. Although they may not experience any direct benefits, by taking part in the study participants may help to make things better in Pittsboro over time. Your granting of permission will not influence any of the services you or the person for whom you have guardianship receive or might receive. You can say yes or no to our request; it will not change any services you or the person for whom you have guardianship of are entitled to.

### **ARE THERE ANY COSTS?**

There are no financial costs for participating in the study. The only cost is time.

**WILL PARTICIPANTS BE PAID?**

Participants will not be paid for taking part in the study.

**SUBJECT'S RIGHTS AND CONFIDENTIALITY:**

If you agree to give permission for the person for whom you have guardianship to participate in this study, please understand that he or she does not have to do it. He or she has the right to withdraw consent or stop or their participation at any time without penalty. He or she has the right to refuse to answer particular questions. He or she may ask that the recording be stopped at any time.

To protect your privacy, your information will remain confidential. The only people who have access to the data are the community study team and faculty advisor. All notes and audiotapes containing the interview information will be stored in a locked cabinet and will be erased in May 2003 at the end of the study.

The information we ask about age, ethnicity, and number of years living in Pittsboro will only be used for a group summary. It will not be connected to any statements made.

Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order.

If you have any questions or concerns regarding the research study and the rights of research participants please do not hesitate to contact Kathi McMullin or the faculty advisor Eugenia Eng, DrPH (contact information on page 1 of this form).

This project has been reviewed and approved by the UNC-Chapel Hill School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have questions about the rights of study participants, or are unhappy at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

Thank you for your time and consideration. Please sign this consent form and return by the stated date. Keep the duplicate copy for your records.

I DO give my consent for \_\_\_\_\_ to participate in an interview as  
Name of person for whom you have guardianship

part of the UNC-Chapel Hill School of Public Health's Community Study in Pittsboro, North Carolina.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Focus Group Fact Sheet for Community Member/Family Members**

### **WHAT IS THIS STUDY ABOUT?**

You are asked to take part in a research study, which is a community study of the experiences of persons with disabilities, 18 years and older living in Pittsboro, North Carolina. The purpose of the study is to better understand the lives of adults with disabilities living in Pittsboro. You are being asked to take part because we want to make sure we hear from individuals with disabilities, family members, other community members, and service providers. We want to learn about the strengths of Pittsboro and the challenges it faces. We also want to learn about the services and supports that exist for people with disabilities.

My name is \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ will be helping in the group today. We are part of a 6-person team from UNC School of Public Health that is doing a study as part of a class requirement. If you have any questions that we are unable to answer fully please contact Kathi McMullin a graduate student at UNC or the faculty advisor Eugenia Eng, DrPH.

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UNC School of Public Health  
Dept of Health Behavior and Health Education  
Campus Box 7440  
Chapel Hill, NC 27599-7440

### **WHAT WILL I BE ASKED TO DO?**

You will be asked to take part in a focus group. The focus group is a discussion between all members of the group. I will serve as the leader and ask questions that we want all members to provide their opinion about and discuss. You will be asked questions about life in Pittsboro. An example of a general question is, "What is it like living in Pittsboro?" An example of a more specific question is, "How do you think Pittsboro serves persons with disabilities?" There are no wrong answers or bad ideas, just different opinions. We are looking for points of view, so say what is on your mind. If you do not feel comfortable answering a question or do not have an opinion, just let us know. We are interested in your opinion as a community member and/or family member.

The focus group will take about 60 minutes of your time.

If you agree to take part in the focus group we will be writing your responses on a piece of paper. Also, if it is okay with you we would like to tape record the discussion to make sure not to miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. Anytime during the focus group you can ask us to turn off the tape recorder. Before the start of the focus group we will ask if it is okay to tape record the discussion.

### **WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?**

You are not likely to experience any risks by participating in this study. Although you may not experience any direct benefits, your participation may help to make things better in Pittsboro over time. Your decision to take part in this study will not influence any of the services you or a family member receive or might receive. You can say yes or no to our request, it will not change any services you or your family member are entitled to.

**ARE THERE ANY COSTS?**

There are no financial costs for participating in the study. The only cost is your time.

**WILL I BE PAID?**

You will not be paid for your participation.

**SUBJECT'S RIGHTS AND CONFIDENTIALITY:**

If you agree to participate in this study, please understand that you do not have to do it. You have the right to withdraw your consent or stop your participation at any time without penalty. You have the right to refuse to answer particular questions. You may ask that the recording be stopped at any time.

To protect your privacy, your replies will remain anonymous. Your name will not be linked in any way with what you have said in this focus group. The only people who have access to the data are the community study team and faculty advisor. All notes and audiotapes containing the focus group information will be stored in a locked cabinet and will be erased in May 2003 at the end of the study.

In this group activity, you do not need to reveal your name. You may use a made up name if you wish. You must agree not to tell anything you learn about other people in the group or the details of the discussion.

The information we ask you about your age, ethnicity, and number of years living in Pittsboro will only be used for a group summary. It will not be connected to any statements you have made. Every effort will be taken to protect the identity of the participants in the study.

If you have any questions or concerns about your rights as a research participant, and/or if you want to stop taking part in the study at anytime, please do not hesitate to contact Kathi McMullin or the faculty advisor Eugenia Eng, DrPH (contact information on page 1 of this form).

This project has been reviewed and approved by the UNC-Chapel Hill School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have questions about your rights as a study participant, or are unhappy at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

**AGREEMENT STATEMENTS:**

If you take part in this focus group, then it is understood that you agree to all of the above points unless you say otherwise.

## **Focus Group Fact Sheet for Pittsboro Service Providers**

### **WHAT IS THIS STUDY ABOUT?**

You are asked to take part in a research study, which is a community study of the experiences of persons with disabilities, 18 years and older living in Pittsboro, North Carolina. The purpose of the study is to better understand the lives of adults with disabilities living in Pittsboro. You are being asked to take part because we want to make sure we hear from individuals with disabilities, family members, other community members, and service providers. We want to learn about the strengths and weaknesses of Pittsboro. We also want to learn about the services and supports that exist for people with disabilities.

My name is \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ will be helping in the group today. We are part of a 6-person team from UNC School of Public Health that is doing a study as part of a class requirement. If you have any questions that we are unable to answer fully please contact Kathi McMullin a graduate student at UNC or the faculty advisor Eugenia Eng, DrPH.

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The focus group will take about 60 minutes of your time.

If you agree to take part in the focus group we will be writing your responses on a piece of paper. Also, if it is okay with you we would like to tape record the discussion to make sure not to miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. Anytime during the focus group you can ask us to turn off the tape recorder. Before the start of the focus group we will ask if it is okay to tape record the discussion.

### **WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?**

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might provide. You can say yes or no to our request, it will not change any services you are entitled to provide.

**ARE THERE ANY COSTS?**

There are no financial costs for participating in the study. The only cost is your time.

**WILL I BE PAID?**

You will not be paid for your participation.

**SUBJECT'S RIGHTS AND CONFIDENTIALITY:**

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In this group activity, you do not need to reveal your name. You may use a made up name if you wish. You must agree not to tell anything you learn about other people in the group or the details of the discussion.

The information we ask you about your age, ethnicity, and number of years living in Pittsboro will only be used for a group summary. It will not be connected to any statements you have made. Every effort will be taken to protect the identity of the participants in the study.

If you have any questions or concerns about your rights as a research participant, and/or if you want to stop taking part in the study at anytime, please do not hesitate to contact Kathi McMullin or the faculty advisor Eugenia Eng, DrPH (contact information on page 1 of this form).

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**AGREEMENT STATEMENTS:**

If you take part in this focus group, then it is understood that you agree to all of the above points unless you say otherwise

## **Appendix F: Codebook for Interviews**

1. Services
  - 1a. Employment
  - 1b. Mental Health
  - 1c. Health Care
  - 1d. Recreation
  - 1e. Housing
  - 1f. Education
  - 1g. Geographic Area Served
  - 1h. Transportation
  
2. Funding
  - 2a. Public
  - 2b. Private
  
3. Secondary Data
  
4. Eligibility
  
5. Client Profile
  
6. Barriers
  - 6a. Transportation
  - 6b. Language
  - 6c. Culture
  - 6d. Finances
  - 6e. Logistics
  - 6f. Stigma
  - 6g. Awareness
  - 6h. Relationships between Counties/Agencies
  - 6i. Facilities
  - 6j. Availability of Activities
  - 6k. Access
  - 6l. Personnel
  
7. Other Services
  - 7a. Public
  - 7b. Private
  
8. Visibility
  
9. Community Characteristics
  - 9a. General Community Perceptions
  - 9b. Segregation
  - 9c. Growth and Development
  - 9d. Politics



- 9e. Cohesiveness
- 9f. Reaction to Change
- 9g. Participation
- 9h. Small Size
- 9i. Environmental Issues
- 9j. Perceived Leaders

#### 10. Strengths

- 10a. Volunteers
- 10b. Natural Support
- 10c. Faith
- 10d. Pride
- 10e. Growth
- 10f. Economics
- 10g. Size
- 10h. Networking
- 10i. Activism

#### 11. Issues for Persons with Disabilities

- 11a. Housing
- 11b. Attitudes
- 11c. Transportation
- 11d. Employment
- 11e. Continuum of Care
- 11f. Access
- 11g. Finances
- 11h. Activities
- 11i. Discrimination

#### 12. Existing Solutions

- 12a. Housing
- 12b. Attitudes
- 12c. Transportation
- 12d. Employment
- 12e. Continuum of Care
- 12f. Access
- 12g. Finances
- 12h. Assessment
- 12i. Education
- 12j. Cultural Competency Training
- 12k. Collaboration
- 12l. Organizational Staff

#### 13. Wish List

- 13a. Transportation
- 13b. Facilities
- 13c. Finances

- 13d. Communication
  - 13e. Employment
  - 13f. Advocacy/Outreach
  - 13g. Data Collection System
  - 13h. Cooperation
  - 13i. Opportunities
  - 13j. Network/Continuum of Care
  - 13k. Similarities Across Counties/Services
  - 13l. Movie Theater/Entertainment
  - 13m. Parks
  - 13n. Housing
  - 13o. Increase in Public Services
14. Services used by Community Members
- 14a. Grocery Store
  - 14b. Restaurants
  - 14c. Antique/Novelty Shops
  - 14d. Library
  - 14e. Banks
  - 14f. Dollar Store/Family Dollar
  - 14g. Public Service
  - 14h. Other
15. Aspects Community Members are Dissatisfied With
- 15a. Medical Services
  - 15b. County Offices
  - 15c. Transportation
  - 15d. Service Provider Attitudes

## Appendix G: North Carolina DHHS Divisions, Purposes, and Available Services

<b>Division</b>	<b>Purpose</b>	<b>Services</b>
Division of Deaf and Hard of Hearing Services	Provide a broad range of services for the deaf and hard of hearing, their families, and the professionals who serve them	Interpreter services, advocacy, access to technology, and coordination of human services
Division of Services for the Blind	Empower individuals who are blind or visually impaired to achieve their maximum potential	Training, employment, medical, technology, and daily living skills
Division of Vocational Rehabilitation Services	Remove barriers to employment and create opportunities for persons with disabilities to be independent	Job placement, guidance and counseling, restoration, training, and post-employment support
Division of Social Services	Partners with Chatham County Department of Social Services to provide adult and family services and services for economic independence	Adult social work services (includes: protective services, guardianship services, adult day care, and in-home aide services) and economic service programs (includes: emergency assistance and electronic benefit card (EBT) food stamps)
Division of Aging	Partners with the Triangle J Area on Aging to support older adults and coordinate access to services	Supports Chatham Council on Aging (operates senior center, provides group meals, health promotion/disease prevention, and legal services)
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services	Monitors public services and local programs for persons with mental illness, developmental disabilities, or substance abuse issues	Monitors OPC Area Program (provides mental health developmental disabilities, and substance abuse services) and Central Carolina Community College Compensatory Education (teaches living skills, consumer education, health, language, math, social studies, and vocational skills)
Division of Medical Assistance	Manages Medicaid for the state which covers persons with disabilities who are eligible to receive federally assisted income maintenance payments	Medicaid benefits (includes: payment of Medicare premiums, inpatient hospital care, doctor's visits and clinical services, outpatient hospital visits, licensed home care services, eyeglasses, prescription medicine, laboratory and x-ray services, nursing and hospice care, durable medical equipment, (e.g. walker), medically necessary ambulance transport, dental care

## Appendix H: Directory of Pittsboro/Chatham County Resources for Adults with Disabilities\*

### **Autism Society of North Carolina**

Provides support and promotes opportunities which enhance the lives of individuals within the autism spectrum and their families.

<http://www.autismsociety-nc.org>

505 Oberlin Road, Suite 230

Raleigh, NC 27605-1345

Phone: (919) 743-0204

Toll-free: 1-800-442-2762 (NC only)

Fax: 919-743-0208

### **Central Carolina Community College (CCCC)**

<http://www.ccarolina.cc.nc.us/Index.mgi>

764 West Street

Pittsboro, NC 27312

Phone: (919) 542-6495

### **CCCC Compensatory Education**

Program is for adults with developmental disabilities. Students study community living skills, consumer education, health, language, math, social studies, and vocational education.

502 West Third Street

Siler City 27344

Phone: (919) 742-2715, ext. 22

### **Chatham County Affordable Housing Coalition Empowerment, Inc.**

Helps families find affordable housing and provides homebuyer education and financial management counseling.

72 Hillsboro St.

Pittsboro, NC 27312

Email: [ccaahc@att.net](mailto:ccaahc@att.net)

Phone: (919) 545-9431

### **Chatham County Council On Aging**

365 NC Hwy 87 North

Pittsboro, NC 27312

Phone: (919) 542-4512

Fax: (919) 542-5191

### **Chatham County Department of Social Services**

102 Camp Street

Pittsboro, NC 27312

Telephone: 919-542-2759

Fax: 919-542-6355

Comments: Automated Attendant: 919-542-0536  
Courier#: 13-25-02

### **Chatham County Housing Authority**

Us Hwy 64 W

Pittsboro, NC 27312

Phone: (919) 542-3742

### **Chatham County JobLink Career Center**

P.O. Box 27

35 West Chatham Street

Pittsboro, NC 27312

Email: [fayeh@nc.rr.com](mailto:fayeh@nc.rr.com)

Phone: (919) 542-4781

Fax: (919) 542-0563

### **Chatham County Parks & Recreation Department**

<http://www.co.chatham.nc.us/Recreation.htm>

P.O. Box 87

Pittsboro, NC 27312

Email: [chatham.recreation@ncmail.net](mailto:chatham.recreation@ncmail.net)

Phone: (919) 542-8252

### **Chatham County Public Health Department**

<http://www2.emji.net/chathamhealth/Contact.htm>

Post Office Box 130

80 East Street

Pittsboro, NC 27312

Phone: (919) 542-8214

Fax: (919) 542-8227

**Chatham Habitat for Humanity**

<http://beachsite.com/habitat>

P.O. Box 883

467 West Street

Pittsboro, N.C. 27312

Email: [chfh@earthlink.net](mailto:chfh@earthlink.net)

Phone: (919) 542-0794 (voice)

Fax: (919) 542-0340

**Chatham Orange-Chatham Alternative Sentencing**

Administers Community Penalties, a tough sentencing program that teaches eligible offenders how to break the cycle of criminal activity/substance abuse.

Email: [joyce@rtmx.net](mailto:joyce@rtmx.net)

Phone: (919) 545-9577

**Chatham Social Health Council** (formerly HIV/AIDS Council of Chatham County) supports and develops strategies to reduce behaviors that put persons at risk for STD/HIV and AIDS and promotes the support and care of Chatham residents affected by STD/HIV and AIDS.

<http://www.geocities.com/chathamcouncil>

Email: [hbhb@mindspring.com](mailto:hbhb@mindspring.com)

73 Camp Dr.

Pittsboro, NC 27312

Phone: (919) 542-7060

**Chatham Trades**

Provides job training, vocational evaluation, support services, and job placement services to adults with disabilities, at no cost to employers.

909 Alston Bridge Rd

Siler City, NC 27344

Email: [dstroupe@chathamtrades.org](mailto:dstroupe@chathamtrades.org)

Phone: (919) 663-3481

**Chatham Transit**

148 East Street

Pittsboro, NC 27312

Email: [h.stovall@prodigy.net](mailto:h.stovall@prodigy.net)

Phone: (919) 542-5136

**Family Violence and Rape Crisis Services**

Provides comprehensive services to empower individuals, families and the community to live free from domestic and sexual violence and abuse.

200 East St.

Pittsboro, NC 27312

Email: [fvrc@emji.net](mailto:fvrc@emji.net)

Phone: (919) 542-5445

**Head's Up! Therapeutic Riding Program**

Horseback riding program designed to help people with developmental delays and disabilities.

P.O. Box 262

Pittsboro, NC 27312

Phone: (919) 542-6207

**Hispanic Liaison of Chatham County**

Facilitates communication and access to services for Spanish-speaking families in Chatham County through advocacy, specialized education, and language services.

Email: [hl@pinehurst.net](mailto:hl@pinehurst.net)

Phone: (919) 742-1448

**Hope Meadow**

Therapeutic residential community for pregnant, substance-addicted women and their children.

Email: [familywe@bellsouth.net](mailto:familywe@bellsouth.net)

Phone: (919) 968-8680

**Hospice for the Carolinas**

Provides comprehensive resources to improve hospice, palliative, and end of life care, while promoting recognition of the dying process and death as a natural part of life.

<http://www.carolinasendoflifecare.org>

P.O. Box 4449

Cary, NC 27619-4449

Phone: (919) 677-4100

Toll-free: (800) 662-8859

FAX: (919) 677-4199

**NC Alcohol/Drug Council**

Provides public education, information, referral, and advocacy about alcohol and drug abuse. An affiliate of the National Council on Alcoholism and Drug Dependence.

<http://www.alcoholdrughelp.org>

3500 Westgate Drive, Suite 204

Durham, NC 27707

Phone: (919) 493-0003

Toll-free: 1-800-688-4232

Fax: (919) 493-0723

**North Carolina Office on Disability &**

**Health** (NCOHD) works to promote the health and wellness of persons with disabilities in North Carolina through an integrated program of policy, practice and research.

FPG Child Development Institute

521 South Greensboro Street

Carrboro, NC 27510

Phone: (919) 966-0868

Fax: (919) 966-0862

**OPC Area Program**

Provides Mental Health, Developmental Disabilities, and Substance Abuse Treatment Services to the citizens of Orange, Person, and Chatham Counties.

<http://www.opc-area.w1.com/>

101 East Weaver Street, Suite 300 · Carrboro, NC 27510

Phone: (919) 913-4000

Fax (919) 913-4001

**Salvation Army of Chatham County**

Exists to meet human needs through emergency, seasonal, food, and transient assistance.

200 Sanford Rd.

Pittsboro, NC 27312

Phone: (919) 542-1593

**The Carolina Living and Learning Center**

An integrated vocational and residential program for adults with autism in Pittsboro.

<http://www.teacch.com/cllc/pitt.htm>

CB #7180, 100 Renne Lynne Court

University of North Carolina at Chapel Hill

Chapel Hill, NC 27599-7180

Phone: (919) 542-1910

Fax: (919) 542-7180

**The United Way of Chatham County**

For a listing of United Way agents in Chatham County dial 211.

<http://www.nonprofitpages.com/uwcc/>

72 Hillsboro Street, Suite 202, PO Box 1066

Pittsboro, NC 27312

Phone: (919) 542-1110

Fax: (919) 542-0991

**Triangle Reading Service**

Provides information for 2000 print-impaired people living within the Triangle, using a sub channel of WUNC-FM, broadcasting in a sixteen county area.

<http://www.ci-n.com/ncarrs/trrs.html>

Email: [trserv@btitelecom.net](mailto:trserv@btitelecom.net)

Phone: (919) 832-5138

**Vocational Rehabilitation Satellite Services**

P.O. Box 832

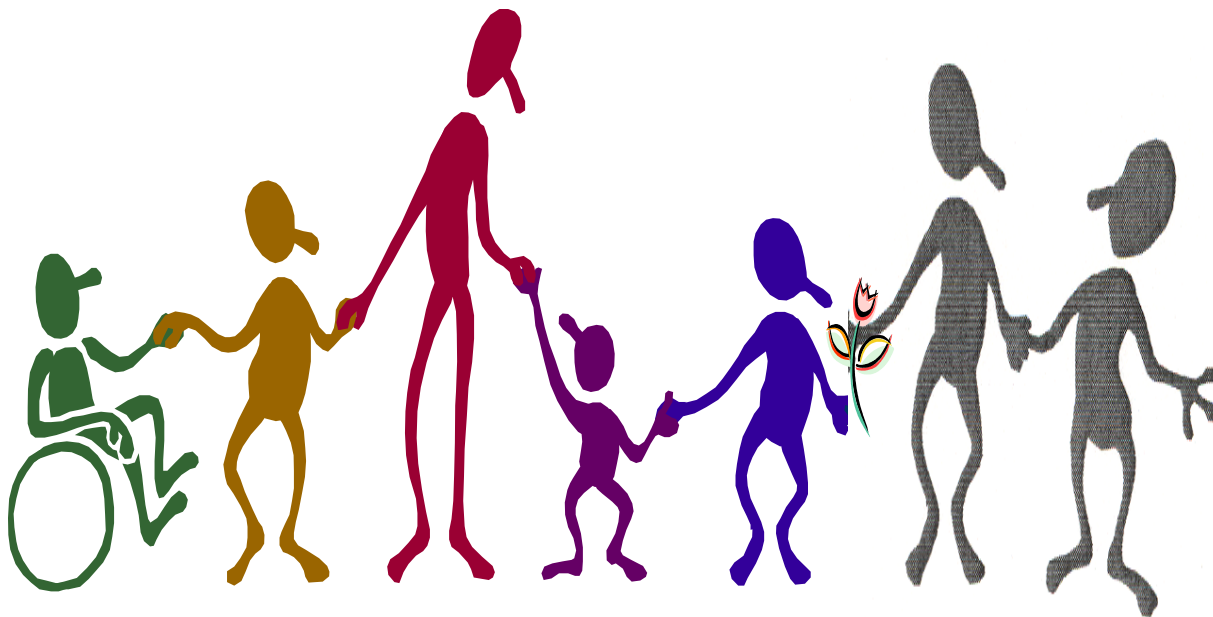
439 Martin Luther King Blvd.

Siler City, NC 27344

Phone: (919) 663-2544

\*This is not a complete or exhaustive listing of resources and services that adults with disabilities may utilize.

**Opening Doors  
to the Future for Everyone:  
Focusing on Life  
with a Disability in Pittsboro**



**Thursday, May 1  
6:30pm  
Central Carolina Community  
College**

# **Opening Doors to the Future for Everyone: Life with Disability in Pittsboro**

**6:30 pm**

**May 1, 2003**

**Carolina Central Community College**

## **Agenda**

1. Welcome
2. What is Action Oriented Community Diagnosis?
3. Presentation of Main Findings
  - a. Themes
  - b. Perceptions of Pittsboro
  - c. Strengths
  - d. Finances
4. Small Group Discussions
5. Raffle
6. Report Back from Small Groups
7. Wrap up



## **Frequently Asked Questions About Action Oriented Community Diagnosis**

**Q: What have UNC students been doing in Pittsboro this year?**

**A:** As a part of our class, Action Oriented Community Diagnosis, or AOCD, teams of students spend about five to six months getting to know different communities in North Carolina. Under the guidance of the North Carolina Office on Disability and Health, our group was given the task of finding out about life in Pittsboro for persons with disabilities over the age of 18.

**Q: What is AOCD?**

**A:** We have been learning about community building and organizing this year. AOCD is a participatory process that works with the strengths and resources of a community. The process has three parts:

- Identifying community needs, issues, or problems
- Increasing awareness about the existence of these issues and needs
- Discussing possible actions that the community can take to create change

**Q: What is the first part all about?**

**A:** The first part is learning about the community and what is going on. For our group, this meant getting to know Pittsboro through observations and interviews. We started out by simply driving around. With the help of the North Carolina Office on Disability and Health, we contacted service providers who worked in Pittsboro. We were able to interview about 40 service providers, community members, and persons with disabilities in and around Pittsboro over the course of three months. By listening to the community, we learned about different perceptions about

Pittsboro, its strengths, challenges, and ways people thought Pittsboro could be a better place for everyone, including persons with disabilities.

**Q: What about the second part?**

**A:** The second part of the AOCD process brings the community together to talk about what was discovered through the observations and interviews. By talking about what was found in the interviews, community members have a chance to decide which issues they feel are important, look into the causes of these issues, and come to an agreement on reasonable actions that can help change the situation.

**Q: What is the third part?**

**A:** The third part is where the community decides what is going to be done about a certain issue or need and who will be involved. This can range from making an individual or group commitment to talk to three people about an issue to holding a fundraiser to help a local agency expand its services. The important thing is that the action is doable. The community comes up with an action plan, timeline, and works out ways to get around possible obstacles.

**Q: What is the role of the student group in the AOCD process?**

**A:** The students are mainly involved in the first and second parts, but part back from the third part. The community is involved in all three parts because of the participatory nature of the AOCD process.

## **Discussion Themes and Quotes**

The following is a list of major themes that emerged in interviews with service providers and community members with and without disabilities. The quotes under each topic are key quotes that community members and team members feel best reflect the true feelings and experiences related to each theme.

### **Awareness**

“There is not a lot of advertising about services they provide. There is a need to know what services are available and who to contact for what. There’s a lack of knowledge about what’s out there. It’s hard enough when you’re an able-bodied person to figure out what’s going on; disabled people are subjected to more scrutiny.”

“I think the problem is lots of little groups but no quarterback to define how the team is going to pursue the issue.”

### **Attitudes**

“People are falling through the cracks. The people who oversee the distribution of resources try to make it as difficult as possible for you to get those benefits and resources. They act like they’re doing you a favor.”

“Discrimination against people with disabilities is not really an issue. As a community it’s really been very open and welcoming for people with disabilities.”

“There are still a lot of attitudes about persons with disabilities about what they need and don’t need. We need to explore

attitudes about persons with disabilities and clear up misconceptions about intelligence etc.”

## **Support**

“The extent to which they have a community where they can find friends, network, and get support—I don’t know what there is to help. They can get individual services but I am not sure what there is to help them find each other.”

“There are more opportunities in schools for children with disabilities but not for adults. At least the generation they are working with is getting more services. I don’t think the adults have gotten the deal that they should have.”

## **Housing**

“Not only is there a lack of affordable housing for persons with disabilities, once someone locates a place, they may have difficulty getting someone to rent to them.”

“The reason housing issue are so important is because if you don’t have stable housing, it impacts other aspects of your life.”

## **Transportation**

“We need more transportation. It’s easy to get around downtown, but out of town Pittsboro and the county are very spread out, long country roads, so it would be helpful to have transportation.”

“[Without transportation] some of the people have to depend on relatives to get places and it’s hard to depend on relatives. If you need to go someplace, you have to work around schedules so that you can take them when they want to go.”

“To make a road, an intersection good for people with disabilities you make it good for everyone. We’re talking about seniors, wheelchairs, people pushing strollers.”

## **Finances**

As they affect services:

“As a service provider that wants to help it is frustrating to have to discharge people from service before they are ready simply because the funding/payment for services runs out.”

As they affect individuals with disabilities:

“I still can’t get healthcare because I don’t have any money.”

## Directory of Pittsboro/Chatham County Resources for Adults with Disabilities\*

### **Autism Society of North Carolina**

Provides support and promotes opportunities which enhance the lives of individuals within the autism spectrum and their families.

<http://www.autismsociety-nc.org>

505 Oberlin Road, Suite 230

Raleigh, NC 27605-1345

Phone: (919) 743-0204

Toll-free: 1-800-442-2762 (NC only)

Fax: 919-743-0208

### **Central Carolina Community College (CCCC)**

<http://www.ccarolina.cc.nc.us/Index.mgi>

764 West Street

Pittsboro, NC 27312

Phone: (919) 542-6495

### **CCCC Compensatory Education**

Program is for adults with developmental disabilities. Students study community living skills, consumer education, health, language, math, social studies, and vocational education.

502 West Third Street

Siler City 27344

Phone: (919) 742-2715, ext. 22

### **Chatham County Affordable Housing Coalition Empowerment, Inc.**

Helps families find affordable housing and provides homebuyer education and financial management counseling.

72 Hillsboro St.

Pittsboro, NC 27312

Email: [ccahc@att.net](mailto:ccahc@att.net)

Phone: (919) 545-9431

### **Chatham County Council On Aging**

365 NC Hwy 87 North

Pittsboro, NC 27312

Phone: (919) 542-4512

Fax: (919) 542-5191

### **Chatham County Department of Social Services**

102 Camp Street

Pittsboro, NC 27312

Telephone: 919-542-2759

Fax: 919-542-6355

Comments: Automated Attendant: 919-542-

0536 Courier#: 13-25-02

### **Chatham County Housing Authority**

Us Hwy 64 W

Pittsboro, NC 27312

Phone: (919) 542-3742

### **Chatham County JobLink Career Center**

P.O. Box 27

35 West Chatham Street

Pittsboro, NC 27312

Email: [fayeh@nc.rr.com](mailto:fayeh@nc.rr.com)

Phone: (919) 542-4781

Fax: (919) 542-0563

### **Chatham County Parks & Recreation Department**

<http://www.co.chatham.nc.us/Recreation.htm>

P.O. Box 87

Pittsboro, NC 27312

Email: [chatham.recreation@ncmail.net](mailto:chatham.recreation@ncmail.net)

Phone: (919) 542-8252

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\* This is not a complete or exhaustive listing of resources and services that adults with disabilities may utilize.

## **Chatham County Public Health Department**

<http://www2.emji.net/chathamhealth/Contact.htm>

Post Office Box 130  
80 East Street  
Pittsboro, NC 27312  
Phone: (919) 542-8214  
Fax: (919) 542-8227

## **Chatham Habitat for Humanity**

<http://beachsite.com/habitat>

P.O. Box 883  
467 West Street  
Pittsboro, N.C. 27312  
Email: [chfh@earthlink.net](mailto:chfh@earthlink.net)  
Phone: (919) 542-0794 (voice)  
Fax: (919) 542-0340

## **Chatham Orange-Chatham Alternative Sentencing**

Administers Community Penalties, a tough sentencing program that teaches eligible offenders how to break the cycle of criminal activity/substance abuse.

Email: [joyce@rtmx.net](mailto:joyce@rtmx.net)  
Phone: (919) 545-9577

## **Chatham Social Health Council**

(formerly HIV/AIDS Council of Chatham County) supports and develops strategies to reduce behaviors that put persons at risk for STD/HIV and AIDS and promotes the support and care of Chatham residents affected by STD/HIV and AIDS.

<http://www.geocities.com/chathamcouncil>

Email: [hbhb@mindspring.com](mailto:hbhb@mindspring.com)  
73 Camp Dr.  
Pittsboro, NC 27312  
Phone: (919) 542-7060

## **Chatham Trades**

Provides job training, vocational evaluation, support services, and job placement services to adults with disabilities, at no cost to employers.

909 Alston Bridge Rd  
Siler City, NC 27344  
Email: [dstroupe@chathamtrades.org](mailto:dstroupe@chathamtrades.org)  
Phone: (919) 663-3481

## **Chatham Transit**

148 East Street  
Pittsboro, NC 27312  
Email: [h.stovall@prodigy.net](mailto:h.stovall@prodigy.net)  
Phone: (919) 542-5136

## **Family Violence and Rape Crisis Services**

Provides comprehensive services to empower individuals, families and the community to live free from domestic and sexual violence and abuse.

200 East St.  
Pittsboro, NC 27312  
Email: [fvr@emji.net](mailto:fvr@emji.net)  
Phone: (919) 542-5445

## **Head's Up! Therapeutic Riding Program**

Horseback riding program designed to help people with developmental delays and disabilities.

P.O. Box 262  
Pittsboro, NC 27312  
Phone: (919) 542-6207

## **Hispanic Liaison of Chatham County**

Facilitates communication and access to services for Spanish-speaking families in Chatham County through advocacy, specialized education, and language services.

Email: [hl@pinehurst.net](mailto:hl@pinehurst.net)  
Phone: (919) 742-1448

### **Hospice for the Carolinas**

Provides comprehensive resources to improve hospice, palliative, and end of life care, while promoting recognition of the dying process and death as a natural part of life.

<http://www.carolinasendoflifecare.org>

P.O. Box 4449

Cary, NC 27619-4449

Phone: (919) 677-4100

Toll-free: (800) 662-8859

FAX: (919) 677-4199

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Durham, NC 27707

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Carrboro, NC 27510

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Fax (919) 913-4001

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Pittsboro, NC 27312

Phone: (919) 542-1593

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<http://www.teacch.com/cllcpitt.htm>

CB #7180, 100 Renne Lynne Court

University of North Carolina at Chapel Hill

Chapel Hill, NC 27599-7180

Phone: (919) 542-1910

Fax: (919) 542-7180

### **The United Way of Chatham County**

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<http://www.nonprofitpages.com/uwcc/>

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Pittsboro, NC 27312

Phone: (919) 542-1110

Fax: (919) 542-0991

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<http://www.ci-n.com/ncarrs/trrs.html>

Email: [trserv@btitelecom.net](mailto:trserv@btitelecom.net)

Phone: (919) 832-5138

### **Vocational Rehabilitation Satellite Services**

P.O. Box 832

439 Martin Luther King Blvd.

Siler City, NC 27344

Phone: (919) 663-2544



We would like to offer many thanks to all the community members and service providers for their time and energy teaching us about Pittsboro. Each person's contributions enriched our learning and experience in the community.

We would also like to thank the following individuals and organizations for their donations that contributed to our celebration:

**Central Carolina Community College Chatham County Campus**

Family Dollar  
Food Lion of Pittsboro  
French Connections  
The General Store Café  
Lynn's Hallmark

The Harris Teeters of Chapel Hill  
Lisa Ray  
Lowe's Foods of Pittsboro  
Lowe's Foods at Cole Park Plaza  
Little Creek Farm Deli  
New Horizons Trading Company  
Pizza Hut  
S&T's Soda Shoppe

Dear May Day Celebration Participant,

Thank you for participating in tonight's May Day Celebration. We appreciate the ideas you contributed for improving the experiences of persons with disabilities living in Pittsboro! Please take a moment to answer a few questions located on the backside of this sheet. Once you finish please drop your form in the red basket marked "evaluation" right by the door on the way out.

Thank you again!

**Respectfully,**

**The UNC Students**

**Jen Antilla, Ashley Beard, Austin Brown,**

**Amy Lowman, Kathi McMullin and Sally Scott**

**\*Using the 1-5 Scale below Please circle the number that best describes your experiences this evening\***

1 (not very useful)	2 (not useful)	3 (neutral)	4 (useful)	5 (very useful)
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1. How useful was the information presented tonight?

1                      2                      3                      4                      5

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2. How well did the presentation of finding meet your needs?

1                      2                      3                      4                      5

---

3. Please circle which small group you attended:

*Support                      Awareness                      Attitudes                      Housing                      Transportation*

---

4. How useful was the small group session?

1                      2                      3                      4                      5

---

5. Overall, how useful was this program?

1                      2                      3                      4                      5

---

6. How would you rate the beverages and refreshments provided

1                      2                      3                      4                      5  
(very bad)                      (neutral)                      (very good)

---

7. Is there anything else that you would have liked to discuss tonight that wasn't addressed?  
If so, what?

---

Additional Comments and Questions:

\*\*Please drop your form in the red basket marked "evaluation" located next to the door.  
Thank you again for your participation!\*\*

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## Interest Form

Thank you for participating in the discussion about strengths, challenges, and possible solutions related to the experience of persons with disabilities living in Pittsboro. If you would like to participate in action steps related to a theme discussed this evening, please print your name, contact information, and your theme of interest below.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Theme: \_\_\_\_\_

Please drop this form in the basket marked “Interest Form” located next to the door. Thank you for your participation!