Nurse Family Partnership Survey and Focus Group Needs Analysis

The Larry King Center for Building Children’s Futures Prepared by the University of North Carolina at Charlotte Urban Institute

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## Survey Instrument

### Maps
- Combination of Teen Births, High School Dropouts, Food Stamp Recipients, and Juvenile Arrests by NSA
- Percent of Births to Adolescents by NSA
- Children At or Above Grade Level by NSA
- Average Kindergarten Score by NSA
- High School Dropout Rate by NSA
- Food Stamp Recipients by NSA
- Juvenile Arrest Rate by NSA
- Median Household Income by NSA
- Unemployment Index by NSA
- Youth Opportunity Index by NSA
- Youth Population by NSA

## Indicator Definitions
Nurse Family Partnership

Introduction

The Larry King Center for Building Children’s Futures has started the strategic planning for the expansion of the Nurse Family Partnership in Mecklenburg County. As part of its work to encourage the adoption of evidenced based programming, the Larry King Center collaborated with existing intensive home visitation services to develop an expansion plan that best addresses the needs of low income mothers. Nurse-Family Partnership’s maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support low income, first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life.

The program has several key goals. First, it seeks to improve pregnancy outcomes by helping women engage in preventative health practices, including obtaining sufficient prenatal care, improving nutrition and reducing the use of harmful substances. The second goal of the program is to improve the child’s health and development by helping parents provide responsible and competent care. The last major goal of the program is to improve the economic self-sufficiency of the family by helping parents create a vision for their future, to plan pregnancies and to continue their education while still finding work.

The UNC Charlotte Urban Institute worked with Council for Children’s Rights and the Larry King Center for Building Children’s Futures to design and administer a survey and held focus groups to obtain vital information on the needs in the community and the ways in which the Nurse Family Partnership could fill gaps in services to first time, low income mothers. A survey was conducted and sent to service providers to first time, low income mothers. Following the completion of the survey, two focus groups were held with selected participants of the survey. The focus groups were held October 7th and October 12th and were facilitated by Institute staff. Findings from the survey and the focus groups are presented in the following report.
Survey Analysis Findings

Council for Children’s Rights administered an online survey to fifty eight agencies that provide direct and indirect social well-being services. The survey was used to help identify gaps within the community, focusing on services needed by first time low-income mothers in Charlotte. The survey was also intended to help identify more general social service gaps in the community. Data was analyzed from twenty four respondents, resulting in a 41% response rate to provide an indication of what services are available and the service gaps that still need to be filled.

The agencies that responded addressed an array of needs in the community for several target populations including children, adolescents/youth, disabled, single parents, low-income families, families in crisis, pregnant women and minorities. When asked to identify the mission or purpose of their agency, responses included offering service, Christian ministry, support services, education, advocacy and research for medical and health care needs (including pregnancy-abortion related issues, mental health and substance abuse), housing, civil legal services (with a focus on domestic violence), and employment and educational advancement opportunities.

Participants were asked questions focusing on general organizational, agency and client information. Respondents were asked the number of clients served in a typical week. The majority of respondents (56%) served more than 100 clients, while nearly all remaining respondents served over twenty clients in a typical week (Figure 1).

Figure 1

![How many clients do you serve in a typical week?](image)
When agencies were asked how long they serve the typical client, most agencies said they provide longer term care. Sixty three percent of respondents serve the typical client for more than twelve months compared to less than 10% of respondents who said their agency serves the typical clients for fewer than three months as seen in Figure 2.

Participants were asked about services provided and the cost for each client. Depending upon the service and length, the average cost to serve a typical client was reported to be from $25 to $21,000. Participants were also asked about fees for services for clients. Over 60% of participants reported that there was no fee for agency services (Figure 3). Participants who did charge a fee for services said fees vary depending upon the services obtained by the client and the client’s income level. From the nine respondents who stated a fee was associated with services, only two respondents gave specific amounts. Most respondents stated their agency had a sliding scale fee dependent upon the financial qualifications for each client as well as services rendered.

<table>
<thead>
<tr>
<th>Question: Is there a fee for services?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>37.5%</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>62.5%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Agencies were asked about accessibility and basic services provided for clients. Nearly all respondents (87.5%) said their agency was accessible by public transportation.

Also, 83.3% provided evening hours and 45.8% offered weekend hours as seen in Figure 4, making accessibility to services easier for clients who work during normal business hours.

**Figure 4**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your agency accessible by public transportation?</td>
<td>87.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Does your agency provide evening hours?</td>
<td>83.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Does your agency provide weekend hours?</td>
<td>45.8%</td>
<td>54.2%</td>
</tr>
</tbody>
</table>
Of the 87.5% of agencies that provide bilingual services for clients, 95.2% provided services for clients that spoke Spanish, 33.3% offered Vietnamese and 52.4% offered other languages including Russian, Arabic, French, Burmese and Bhutanese dialects, and English sign language.

Child care is often a major factor when clients go to agencies to seek out services. Less than 30% of survey respondents stated they provide child care to clients accessing services (Figure 5).

Referrals can be required by agencies in order for clients to obtain services. Only 20% of respondents require a referral while the remaining allow clients to obtain services without one.

Figure 5
In order to qualify for services, agencies typically require clients to meet certain criteria or have a referral. The criteria clients must meet in order to receive services for most agencies was found to be age and/or income restriction requirements illustrated in Figure 6. Other criteria was agency or service specific. For example, for services targeting homeless, individuals and families must meet criteria regarding homeless status, work requirements, referral and diagnosis.

Figure 6

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Frequency</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>7</td>
<td>29.2%</td>
</tr>
<tr>
<td>Income Restrictions</td>
<td>7</td>
<td>29.2%</td>
</tr>
<tr>
<td>One Time Service Only</td>
<td>1</td>
<td>4.2%</td>
</tr>
<tr>
<td>No Criteria</td>
<td>4</td>
<td>16.7%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>62.5%</td>
</tr>
</tbody>
</table>

Survey respondents were next asked a series of questions that focused on identifying client needs and the capacity of the agency or organization to address them. Figure 7 illustrates the top needs of clients cited by participants. These included parent education programs (79.2%), child care (75.0%), legal services (62.5%), primary health care services for mothers (58.3%), primary health care services for children (54.2%), domestic violence and/or rape crisis counseling services (54.2%), government benefit access such as Medicaid or food stamps (54.2% of cases), and housing assistance (54.2%). Additional needs of clients seen by participants included emergency shelter (50.0%), transportation assistance (45.8%), crisis intervention services [other than shelter] (45.8%), adoption services (41.7%), case management (41.7%), financial assistance (37.5%), GED/alternative high school (37.5%), maternal health care services (37.5%), substance abuse services (37.5%), job training and placement assistance (33.3%), adult living skills (29.2%), food security (29.2%), mental health services/counseling (29.2%), other education services (16.7%) and other services [including job placement and ESL for Refugee clients, Spanish parenting classes and self-esteem, and substance abuse aftercare services] (16.7%).
### Figure 7

**Question:** What needs are most often seen from clients? (Check all that apply)

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Frequency</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Education Programs</td>
<td>19</td>
<td>79.2</td>
</tr>
<tr>
<td>Child Care</td>
<td>18</td>
<td>75.0</td>
</tr>
<tr>
<td>Legal Services</td>
<td>15</td>
<td>62.5</td>
</tr>
<tr>
<td>Primary health care services for mothers</td>
<td>14</td>
<td>58.3</td>
</tr>
<tr>
<td>Primary health care services for children</td>
<td>13</td>
<td>54.2</td>
</tr>
<tr>
<td>Domestic violence and/or rape crisis counseling services</td>
<td>13</td>
<td>54.2</td>
</tr>
<tr>
<td>Government benefit access (such as Medicaid or food stamps)</td>
<td>13</td>
<td>54.2</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>12</td>
<td>50.0</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>11</td>
<td>45.8</td>
</tr>
<tr>
<td>Crisis intervention services</td>
<td>11</td>
<td>45.8</td>
</tr>
<tr>
<td>Adoption services</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Case Management</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>9</td>
<td>37.5</td>
</tr>
<tr>
<td>GED/Alternative high school</td>
<td>9</td>
<td>37.5</td>
</tr>
<tr>
<td>Maternal health care</td>
<td>9</td>
<td>37.5</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>9</td>
<td>37.5</td>
</tr>
<tr>
<td>Job training and placement assistance</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>Adult living skills</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Food security</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Mental health services/counseling</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>16.7</td>
</tr>
</tbody>
</table>
Nurse Family Partnership

Participants were asked to approximate the annual number of clients served by their agency. Agency respondents estimated the annual number of clients served to be between 75 and 70,000 and around 40% of respondents said their agency provided services to less than 1,000 clients annually. An additional 38% of respondents said their agency annually provides services to anywhere from 1,000 to 10,000 clients. Two respondents provided services to over 50,000 clients annually while an additional two respondents did not know how many clients were served annually. The range of clients served depends mainly upon the size and capacity of the organization.

The harsh economic period has also put more pressure on many service providers with 46% of respondents stating that the number of clients served in the past year has increased significantly. An additional 21% of respondents stated that the number of clients served, has increased slightly (Figure 8).

**Figure 8**

*Over the past year, has the number of clients served:*

- Decreased: 12.5%
- Stayed about the same: 45.8%
- Grown slightly: 20.8%
- Grown significantly: 20.8%

When respondents were asked if they thought their agency was serving the maximum number of clients allowed, 63% said yes. Less than 10% of respondents were unsure and almost 30% of respondents said their agency could serve more in need. Although this highlights that 63% of agencies are at capacity, there are still almost one third, able to take on more clients in need of services.
Participants were then asked in regard to the demand for service, if their agency was able to serve all those who seek assistance or if they must turn people away who are in need of services. Less than 40% of agencies (37.5% cases) were able to serve all who seek assistance and the same number of agencies (37.5% cases) reported turning people away in need of services. Some agencies (29.2% cases) maintained a waiting list for services while half of respondents stated their agency referred individuals they were unable to serve to other agencies as seen in Figure 9. Although half of agencies said they refer any individuals they could not serve to other agencies, one client responded with, “as referral numbers continue to grow we are challenged to create new efficiencies to serve everyone.” This shows that although referrals are being given, other agencies who receive referrals may be unable to help all those in need of service as numbers grow. This could also create a cycle where clients are referred from one agency to another, without receiving services.

**Figure 9**
Nurse Family Partnership

When results from the number of clients served in a typical week were cross tabulated with the ability to serve all clients that seek assistance or turning those in need away, Figure 10 illustrates that for larger organizations, more can provide services to all those seeking them rather than turning them away. For smaller agencies that see fewer clients on a weekly basis, the percent of agencies able to see all in need and those turning individuals away is split down the middle. The difference comes from types of services provided.

Figure 10

<table>
<thead>
<tr>
<th>Clients Served Weekly</th>
<th>Turning people away in need of services</th>
<th>Able to serve all who seek assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>21-30</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>31-50</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>51-100</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>More than 100</td>
<td>11.1%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Other</td>
<td>11.1%</td>
<td>27.8%</td>
</tr>
</tbody>
</table>

When agencies must turn clients in need of service away, few agencies know the exact number of those that go without services. Responses for the number of clients agencies are unable to serve ranged from a few individuals to thousands turned away each year. The majority of agencies did not know the number of clients turned away as many do not keep a record of clients not served. This deficiency of not knowing how many persons are unable to be served illustrates the need for additional tracking of potential clients in order to understand the full severity of individuals in need.

Participants were asked about barriers their agency faces which can limit its capacity to serve clients. Many respondents said funding was a major barrier. Additional barriers included clients being required to meet certain criteria to access services, staff limitations, limited resources in the community, and lack of space. Three respondents said their agency faces no barriers that would limit their capacity to serve clients.
Agencies were asked about plans regarding expansion of services or increasing the number of clients served. Seventy five percent of respondents said their agency has plans to expand types of services provided or to increase the number of clients served. Respondents reported a variety of plans including expanding capacity and services by opening satellite locations, hiring a bi-lingual counselor, opening a free pediatric clinic, starting a transitional living program, and utilizing community resources. Some are currently trying to acquire additional funding or have received additional funding to expand services. Other agencies have utilized local resources such as recent law school graduates with fellowships, using their expertise to address needs of clients.

Collaboration among different agencies is a way to create and strengthen partnerships while expanding current resources. Often agencies collaborate to meet growing needs of clients within the community. Respondents were asked which service providers their agency most often collaborates with and/or refers clients to. Most (87.5%) respondents selected Non-Profit agencies and 83.3% selected the Charlotte-Mecklenburg School System (Figure 11). Other agencies collaborated with include Smart Start, local hospitals, Workforce Development Board, Job Link Centers, Community Support Service, Department of Social Services, Department of Juvenile Justice and Delinquency Prevention, churches and private foundations.

Respondents were also asked to identify the nonprofit agencies they most often work with. Agencies collaborated most often with Crisis Assistance Ministry, Center for Community Transitions, Charlotte Emergency Housing, Child Care Resources INC., Goodwill and the Salvation Army.

Figure 11

<table>
<thead>
<tr>
<th>Question: With which other service providers do you most often collaborate and/or refer clients? (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
</tr>
<tr>
<td>Non-Profit Agencies</td>
</tr>
<tr>
<td>Charlotte-Mecklenburg School System</td>
</tr>
<tr>
<td>Mecklenburg County Department of Social Services</td>
</tr>
<tr>
<td>Mecklenburg County Department of Public Health</td>
</tr>
<tr>
<td>Mecklenburg County Area Mental Health Authority</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
**Nurse Family Partnership**

**Summary of Focus Group Findings**

The Larry King Center conducted two focus groups during October, 2010, to gather information on the need for an expanded Nurse Family Partnership program in Mecklenburg County. Both focus groups offered an open forum for direct and indirect service providers to discuss community needs for first time low-income mothers. Focus group sessions covered several key questions in order to gain perspective on the particular needs of expecting and first time mothers and gaps in services. Participants included representatives from agencies and organizations providing a range of services including health care, child care, legal assistance, housing, job readiness, and education.

Participants in both groups had much to say when asked about the unmet service needs of their clients. Issues relating to transportation to services were a major concern, particularly inadequate bus schedules and routes and safety at major bus transfer locations. The absence of collaboration between organizations in the community to inform one another about the services available, location of services and how clients can access services was seen as a significant barrier to the development of an effective service delivery system for this client group. This gap was identified repeatedly by the participants who stated they often do not know where to send low income mothers and their children when they are in need of additional services. Participants also identified the need for more appointment times after hours or on weekends since many clients are unable to miss work during regular office hours.

Participants suggested providing additional education to professionals to enable them to understand cultural differences between clients. With a poor understanding of how culture plays into communications around medical issues, patients seeking treatment are going without because of this disconnect between provider and patient. This was a major concern among heath care providers for Latino clients.

In order to explore ways to expand the Nurse Family Partnership intensive home visitation program throughout the community, the discussion also included participants’ thoughts about the benefits of such a program and ways they could support its expansion. Participants said their clients would benefit from referrals to the program and the opportunities for interdisciplinary support and case consultation which the program would offer. Participants were enthusiastic about the program because they believed that home visitation could create better communication to inform clients about additional services available in the community, establish a longer relationship between nurses and the client and provide education for the entire family. Participants felt clients would benefit from nurses being able to identify problems within the home, including living conditions and a child’s mental and physical development. Clients would also be more likely to get help from a visiting nurse since often times transportation is a major barrier preventing them from seeing a medical professional in an office setting.
Both groups concluded that there was a need for more collaborative partnerships between agencies in an increased effort to fully meet the needs for indigent mothers and their families. Both focus groups addressed the need for additional services and the need for a directory of services that are available to clients. As always, more money is needed, but better collaboration among agencies was the main suggestion. The creation of an overarching council that would keep records and information on service providers was seen as vital for the community to address the needs of low income mothers and their children. This information would be used not just by clients, but also professionals to refer patients to the correct place for treatment or care. The ability to integrate all players within the community is key to making the home visitation program successful.
Participants were first asked what services their organization provides to low income mothers and their children.

Participants provide a wide range of services. One agency provides care for adults recovering from substance abuse. Other agencies provide care for children through the Department of Social Services. Two agencies provide residential housing for minors and women who are pregnant or who are single mothers. Mental health services and medical care services are provided to adolescents by one agency, while another organization provides mental health services to all persons with specific programs addressing behavioral issues in children and substance abuse issues in adults. One agency provides child care through subsidy programs for children under age 19 with staff working in the community giving technical assistance to ensure the best child care possible. One agency provides legal assistance to clients, in areas of housing by making sure clients’ rights are represented against landlords with poor housing conditions. This agency also provided legal assistance to domestic violence victims by assisting clients in obtaining protective orders through the court system. Another agency provides a job readiness program using case managers to work with clients to create resumes and practice interviewing for future employment.

Participants were then asked about services that are needed in the community, but are currently unavailable to low income mothers and their children.

Transportation was a major issue facing clients of focus group participants. Transportation issues are particularly critical due to the elimination of funding for taxi services formerly provided by the Department of Social Services in Mecklenburg County. Taxis are the only viable means of transportation for some individuals to access appointments. The inadequate scheduling of public busing in Charlotte was a concern. Currently participants are seeing that although public transportation can be accessed by some clients, the scheduling of bus routes creates complications for persons relying on buses for doctor appointments. Clients of participants complained of the length and routes buses use that make accessing a doctor’s office an all day event. Often times, participants said clients complained that the bus routing system did not correspond to appointment locations and since all buses are routed through a main stop in central uptown Charlotte, it is often a long process to get where clients need to go.

Child care services were addressed as a critical need in the community. Because affordable child care is unavailable for many clients, more funding is needed to address the issue. A lack of affordable child care creates a major barrier when parents are seeking employment. Expansion in the hours of operation of service providers is a necessity since many clients complain of the inability to take off of work in order to be at an appointment.
Support Systems were unanimously identified as a critical need. Clients turn to other individuals they know, but these individuals often do not have the knowledge or the resources to provide support for clients in need.

The discussion of services that clients need then turned to needs that could be provided by an intensive home visitation program.

Many participants were enthusiastic about the positive outcomes that would result from an intensive home visitation program for all family members. Visiting nurses would be able to educate the client on the resources that are available and would provide a bridge to the community. The presence of nurses in homes would provide an early assessment of the interaction between the child and parent and how the well-being of the child is progressing. Housing conditions could be assessed by visiting nurses, and if conditions were unacceptable, the situation be addressed as early as possible in order to ensure suitable residency. Nurses would also be able to visit homes on flexible schedules when clients are not at work. Since the nurse would come to the client’s home, the client would not need to worry about traveling to a doctor’s office. Also, a stronger relationship between the nurse and client will develop in the home than an office or waiting room. Nurses could also provide sex education, reducing unplanned pregnancies and contraction of STDs.

Service providers participating in the focus group stated that they would benefit from or support a home visitation program in several ways in addition to the benefits listed above. Clients would also benefit by having a relationship with a nurse particularly when they are discharged after giving birth and they are left without additional support once they return home. A nurse visiting the home would be able to first work with the client when they are pregnant and continue the relationship into the child’s early life, providing necessary support to the new mother. Several agencies felt home visitation services would benefit the mother long-term due to the support she would receive during her pregnancy and early life of the child and through educating additional family members on the responsibilities they and the mother need to take on during this time.

Some organizations felt they would be able to support a home visitation program by referring women who qualify to the program. One agency that diagnoses pregnancies would help refer future mothers who meet the program qualifications as soon as a pregnancy is detected in order to begin prenatal care early.
Participants were asked to brainstorm about organizations that should be included in an advisory group to ensure that additional services are integrated to provide a continuum of care.

Many participants felt county agencies such as the Department of Social Services and the Health Department need to be major players for the expansion of the Nurse Family Partnership. Specifically, social workers and case managers are needed to handle social issues that visiting nurses are unqualified to address. Social workers could also make referrals the nurses may suggest upon visiting with a client. The Charlotte Housing Authority needs to be considered because clients of Nurse Family Partnership are low income, often living in or in need of subsidized housing. Visiting nurses can identify health hazards at properties and address issues through collaborative efforts. Participation with the Charlotte-Mecklenburg Police Department is essential. Many organizations believe the presence of police officers would help reduce problems their clients face such as violence in the home or neighborhood.

The community would benefit if hospitals such as Presbyterian and CMC were participants given the knowledge of hospital personnel on where to refer women in need of additional services. Additional players to be included include Charlotte-Mecklenburg School System, higher education entities such as Central Piedmont Community College, Johnson C. Smith University and UNC Charlotte. Including the faith based community would benefit many because of direct services that are often provided daily to those in need. The school system can assist teenage mothers who are pregnant or have already given birth by working to help them adjust to school life with their additional new responsibilities rather than placing them in alternative learning environments. The school system, like the faith-based community works directly with individuals on a daily basis. Having this frequent and structured contact in place would make both entities stronger partners for the Nurse Family Partnership program. The Alliance for Children network which consists of forty agencies would provide the opportunity for many agencies to be involved through one partnership. The numerous participants of the Alliance for Children make it a good starting point in creating an overarching group since there is currently a structure and many organizations in place.
Participants were asked if there was anything else they would like to add which was not addressed in the previous topics.

Additional needs were discussed such as treatment for substance abuse. One participant identified the specific need for inpatient services for substance abuse treatment for teenage girls. Funding was another need found by many agencies in order to deliver services needed by clients. More than one agency identified the need to help teach fatherhood responsibilities in the community.

There was an overarching sentiment that although there are many agencies that do good things, the lack of partnerships between agencies is something that must be worked on. There needs to be an increased effort to provide continuums of care for clients with all agencies working together. By creating a board or organization that can provide information on which agencies provide specific services, clients can reap the benefits of collaboration.
**Summary of October 12, 2010 Focus Group**

Participants were first asked what services their agency provides to low income mothers and their children.

Service providers participating in the second focus group were predominately from the health care sector. Most participants work with pregnant women and teenage girls, providing services around prenatal care and obstetrics for women. One participant works at a shelter for battered women. Another participant works with the Latin American community, focusing on providing scholarships for college to graduating high school students. One participant provides parenting classes to parents with children up to age twelve while another participant provides services to prepare children to enter school to parents that are expecting a newborn or who have children through age five. This participant also provides referrals for adults with substance abuse issues. One participant works with a home visitation program that provides low income families with a social worker focused on helping families in particularly difficult home situations.

Next, participants were asked about services that were not currently available to meet the needs of low income mothers and their children.

Currently, there is no central listing of available resources for practitioners and professionals to use to provide a referral for clients. This results in professionals being unable to tell clients who to contact for services, where services are located and at what times services can be accessed. A lack of available appointment times during nontraditional office hours for clients that work during the day is a problem along with a shortage of appointment times during normal office hours.

There is a need for more practitioners able to address issues facing Latinos. There is also a need for education and cultural understanding on both the professional and client sides because of the high volume of Latino patients. With the lack of understanding on both sides, medical professionals often do not understand the patient’s problem or the patient does not understand what the professional is recommending.

Professionals often do not understand how to work with a victim of domestic violence, resulting in clients not receiving the correct help they need. For cultures where women are more submissive, special education is required for professionals to achieve cultural competency. Women are often at doctor’s office all day because men drop their wives off at an appointment early in the morning when the appointment may not be until the afternoon. Doctors and other professionals do not understand why these women are in the office for hours. Increased understanding and accommodation for these patients is needed.
Appropriate services for teenagers are difficult to access. Although public transportation is available, there is a lack of safety for domestic violence victims who can be spotted at the central bus station in uptown Charlotte where their destination can be easily passed along to their abuser. There is a need for easy access to early pregnancy tests. Previously the health department would provide blood tests for pregnant women who would test negative with a conventional pregnancy test, but this service is now unavailable.

There were several additional needs identified by participants, that were attributed to the economic downturn. One participant stated that for pregnant women who need prenatal services, obtaining services is difficult when she needs to apply for Medicaid. Once an application for Medicaid is submitted, it can take up to 45 days for an individual to begin to access services. The result is women receive prenatal services later in their pregnancy because of this inability to access services quickly. Some practitioners are finding that although they are in clinics that can look at patients without Medicaid, this then gives patients no motivation to fill out paper to obtain Medicaid benefits because they have already been able to see a doctor.

There is also a need to provide services to immigrant patients who are ineligible for Medicaid and do not know how to access affordable care. These patients are unable to obtain sliding scale services because the lack of documentation makes them ineligible for such programs which results in women not seeking prenatal care because they cannot afford them. Many do not want to incur medical bills throughout the pregnancy, therefore, patients only visit a doctor to find out they are pregnant and to deliver the baby. The inability to pay the co-pay results in no care during a pregnancy for many indigent women.

Education on the importance of prenatal care is critical for men and women. Participants have seen many women who have had multiple pregnancies who do not see the need for prenatal care because they have previously delivered healthy children. There is a need for education to teach women about what a pregnancy entails and what the needs of a baby will be.

The focus of needs have changed to be more crisis based. Providers discussed how daily lessons that were once taught by a visiting home nurse have diminished because of crisis assistance taking priority. There is also a need for more social workers to visit homes to address issues that arise that nurses lack the expertise to address.
Participants were asked to identify ways in which their clients would benefit from an intensive home visitation program.

Clients could benefit from the program by learning about newborns and their needs, such as training on how to hold, bathe and comfort a baby. The program would also provide this information to fathers living with mothers, educating them on responsibilities of parenthood. Having the nurse travel to the home would be beneficial for women living in a shelter. More clients in need of services would utilize the visiting nurse because of easy accessibility. An intensive home visitation program would help educate mothers on how to balance the demands of multiple children and work. A program would also teach mothers who do not understand the importance of prenatal care, the benefits of receiving care early on in the pregnancy.

Participants were asked to identify organizations that should be consulted or included in an advisory group to ensure that additional services are integrated to provide a continuum of care with other existing services for low income mothers and their children.

It was suggested that the Council for Children’s Rights bring together partners and stakeholders in order to shape a collective vision of expectations for the community. The group concluded that these partners should create and manage a network to track what services agencies provide and how clients can access these services. Another suggestion was for Zfive to take the lead on building a vision and collaboration. The creation of a board to address the needs of mothers, then plan what needs to be accomplished within Mecklenburg County is needed in order to address the issues at hand.
Focus Group Notes

Focus Group 10-7-2010

1. What services do you provide to low income mothers and children?

- Foundation of recovery to homeless recovering adults from substance abuse & Families
- Children at hope haven for weekend reuniting with families
- Adolescent health care agency: medical & mental health care
- Health care advocacy
- Care for kids in DSS
- Residential maternity home for minors and women
- Foster care for mothers with child already that is in DSS
- Housing to homeless- single moms & pregnant
- Mental health service children, adolescent & adults; behavioral issues in kids; substance abuse
- Child care; subsidy program 0-18 kids; usually 0-12; staff work with child care community & child care homes that give technical assistance so get best child quality care
- Child welfare programs; education, prevention, parent education, family preservation services; foster care programs; 600 licensed foster homes; adoption services; children aging out of foster care; family preservation where abuse has been substantiated to help kids not get removed from families & right start program focuses on teen mothers or young mothers that have all been in foster care & are parenting young children 0-5; case management program to help reduce child go into DSS system
- Civil legal assistance to low income; housing work defending eviction persons & helping people improve conditions of homes through code conditions; protect DV victims by getting protective order thru court orders
- Job readiness program; work first clients there thru case manager; other class; both help w/ resumes & interviewing to get them employed; great success rate over 50% of 20 class capacity are becoming more and more employed; help people get off of the system
2. What related services are needed that are not currently available to meet the needs of low income mothers and their children, especially teen moms?

- Additional services or on larger scale
- Medicaid has stopped transportation so clients can’t make appointments.; poor bus schedules for clients…it takes a long time to get from home to appointments; Transportation; affordable child care is huge barrier to job seeking & employment
- Funding for child care
- Can’t get off work for appointments so only go to emergency room; need for additional hours for appointments
- Lack of affordable housing; many living in other people’s houses that can’t get section 8 assistance or can’t apply for public housing; the ‘couch’ homeless is a problem; family that hosts is at risk of becoming evicted
- Residential placement housing for mental health or pregnant adolescents or behavioral issues
- Capacity issues by Frank Crawford for his two programs
- Lack of support systems; social capital; people they know don’t have resource to be a support system

3. What client needs do you see that could be served by an intensive home visitation program?

- Seeing child can help on a regular basis can catch early on if child is thriving & interaction with parent; conditions parent & child are living in; a positive
- Communicating with client resources that are available; link to what is available in community
- Need for services in nontraditional hours not 8-5
- Environmental housing issues doctors at Duke can see with partnership w NC Legal Aid in Wake County; get referred to legal office to get clients to get a safe place to live; powerful referral source to protect tenants
- Can keep people in the housing they already are in
- Sex education for young girls who are on 2nd baby and 1st baby is still young; Education around STDs for young youth such as middle school students
- Build a relationship with Nurse when she goes to home
4. How could your program benefit from/support a home visitation program- referrals, interdisciplinary support, case consultation?

- Person going into home can see environmental hazard & tell of ways to address that
- Women discharged at delivery; could work with NFP before gets discharged & continue that relationship
- Referrals to housing homeless families organization; NFP can work with Florence Crittenton to refer with Lisa’s organization to house those that need it
- Offer intensive in home services; support if having issues when she starts off or lead to other resources; help with transition to being a new mother; helping additional family with mother being a new mom; grandparent becomes parent and teen becomes teen again after birth…shift for new mom to push off responsibilities to others
- I’m just an adolescent issues; care for adolescent is different than children or adults; provide medical care for young 14 yr old that hasn’t achieved milestones such as prom
- Diagnose pregnancy then can refer moms to NFP

5. Which organizations should consulted or be included in an advisory group to ensure that any additional services are integrated to provide a continuum of care in proportion to other existing services for low income mothers and their children?

- DSS; how they communicate with clients
- BabyLove; teen mom clients; have social workers or case managers thru health Dept. Track if going to prenatal visits; makes sure baby is thriving; if Mom is having issues such as mental health provide a referral to where she needs to get services;
- CareRing may need to help; can’t be accessed by hope haven
- Housing Authority needs to be looked at because they are almost a monopoly; Power over tenants and uneven quality of site managers & care of properties; train nurses to spot problems & issues
- Faith community since certain congregations have relationships with people in certain areas
- DSS, and working & how important that is; CMS, CPCC, Goodwill Industries; CMS & Presbyterian; Alliance for Children & pulling in with them
- Police department; many agreed this is a big player
1. What services do you provide to low income mothers and children?

- Pregnancy resource center: pregnancy tests & options for pregnant moms. Cover care for teens, info on prenatal care
- Prenatal & OBGYN care; obstetrics care for low income mothers; prenatal care; ultrasounds; lab work
- Prenatal care for low income patients; work with health dept with BabyLove for housing; see clients from Florence Critteron house for prenatal care weekly & assist with clothing
- NICU & labor delivery from Presbyterian
- Transitional shelter for homeless women & families; heavy on pregnant women & newborns
- Parenting classes for parents with children ages 0-3, 3-6, 6-12
- Children’s developmental services; assessment & evaluation children 0-3 for delay of development
- Scholarships for college students: Latin American women association; mentor tutor program for 3 schools heavily Latino elementary students; facilitate parenting classes for them; tie in cultural aspect into programs that are most effective in Latino community; partner with CHS & Presbyterian
- Shelter for battered women; residential & non residential housing; women sexually assaulted counseling & DV counseling
- Parents as teachers; families expecting to age 5 to get families ready to have kids enter children; Refer adults with issues to other programs; In home visitation program; social workers go into homes of low income to help progress out of bad situation

2. What related services are needed that are not currently available to meet the needs of low income mothers and their children, especially teen moms?

- Lack of coming together; OBGYN not knowing where or who to contact as a resource for clients
- Small # of qualified service providers that can deal with Latino population directly; recruiting of specialists or experts (Dr.) that resemble more Latino’s to address cultural issues of Latino families; how Latino patient perceives a Dr. in the area; hear of issues from organizations that patient or child or family behaves in certain ways; Lack of cultural connection between doctors and patients; services are there but need to understand culture a little more since disconnect in how medicine is taken
Nurse Family Partnership

- High volume of Latino patients; need for education & cultural understanding; appropriate linguistic to speak to patients; patients not receiving what nurses are giving them such as safety and precautions of STDs
- Professionals lack of understanding in what happens in a violent relationship; don’t know how to work with women in domestic violence relationships; don’t understand don’t have a choice about using protection or abstaining from sex or obtaining prenatal care
- Finding services easy to access for teens and that are appropriate; finding needs such as car seats to use to get to services; basic transportation for victims that take the bus; need for safe places for patients to go using transportation since others can see and tell abuser what bus she gets on
- Women are more submissive in some cultures; men drop off women in morning and may have late appointment without food or with kids; need for education to try to connect clients with additional services; need to address patients that have partners who need education on how doctor offices operate
- 40% of pregnant teens at center; small percentage of women who don’t test positive and lack of a place to go for a blood test to test for pregnancy; health dept no longer does blood test for pregnancies
- Lack of easy access to pregnancy tests; transportation; appointment times; who is open/closed office hours or agencies opening & closing; hard to get an appointment because not enough appointments are available
- Needs exacerbated by recession:
  - 45 days once applied for Medicaid; some can’t get into services if have to wait or get prenatal care if find out late & can’t get Medicaid before 3rd trimester
  - Can look at patients without Medicaid but then no need for patients to fill out paperwork because they already have a doctor
  - Benefits Bank: representatives that sign up women for Medicaid, food stamps & connect them to other services in community
  - Indigent patients; how do they seek care they aren’t eligible for Medicaid; long time to obtain slide scale services; lack of documentation to get on a sliding scale program so don’t seek prenatal care because they can’t afford it; can’t pay co-pay so they don’t go to doctor for prenatal care and just show up for delivery and don’t receive care; people don’t want to incur the bills at end of pregnancy so come to find out they’re pregnant and to deliver
  - Don’t think they need prenatal care; she had low education and developmental issues; need someone that can come in and coach or teach
  - Crisis takes precedence over lessons of the day when nurse goes to visit; family support piece gets cut form budgets first; need for a social worker to help patients that come into other agencies
3. What client needs do you see that could be served by an intensive home visitation program?

- Request or demand is there for parents to receive one on one information about new born babies; what does this cry mean; how do you hold a baby; how do you care for a baby: within past month a lot of dads call for these services
- Dads want practical information on how to bathe a baby; how to hold them; how to change the diaper
- Parenting classes that go over bathing, feeding
- Need for someone to come into the shelter to help moms; need to come in to help moms since agency isn’t such as social workers aren’t health experts so a nurse to come in would be helpful;
- Families are open to use services if they come to the patient rather than they have to take a bus
- Teen moms; some lack education of being a parent even if having a 2nd baby; now have 2 babies and still don’t know how to balance time between the 2 children; need education for teen moms to receive assistance even if it is not their 1st baby
- Don’t understand why prenatal care is such a big deal; think they just get weighed and measured

4. How could your program benefit from/support a home visitation program- referrals, interdisciplinary support, case consultation?

- Community needs a coordinated response because they are fragmented even though Mecklenburg is resource rich

5. Which organizations should consulted or be included in an advisory group to ensure that any additional services are integrated to provide a continuum of care in proportion to other existing services for low income mothers and their children?

- Council for Children’s Rights should pull together a collective vision setting and bringing partners & stakeholders in order to shape expectations in community; manage and create ownership of the network; establishing the collaborative and setting the vision
- If you talk to one agency; it is hard for another agency to tell you what another agency is doing; need to bring in together services under 1 roof but need more collaborative working
- Need higher level or council to manage and create not just list of agencies but rather know who or where referrals can be and how access to services can be available
Nurse Family Partnership

- Immigration issues that have fragmented & separated families; babies are being birthed in hiding or baby’s father has been deported
- Overhead or council that keeps list of agencies up to date; need to be a resource to each other by being under 1 umbrella
- Need to know where referrals are coming from; need to know how clients are finding out about services; this will help as to how they need to be communicating
- How do you figure out how to have a coordinated response overall rather than just in your specialty; how do you practically do a coordinated response with so many people and agencies
- Zfive; build on an already established coordinated response; need a chair that leads it; develop strategic plan and need to reach goals on strategic plan; be intentional about work in order to make things happen
- Zfive group of providers 3 yrs old; address early mental health needs of children in Mecklenburg County; need to take care of mom and basic needs; plan created of what needs to be done in county in order to address issues of early mental health; been able to more action times forward
1. Introduction & Information on the Survey

Nurse-Family Partnership's maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support low income, first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed – for the better.

As part of our work to encourage the adoption of evidenced based programming, the Larry King Center for Building Children’s Futures is guiding the strategic planning and implementation for the expansion of Nurse Family Partnership in Mecklenburg County. This community work will be done within the context of and in collaboration with existing intensive home visitation services.

The following survey will help to identify gaps within the community focusing on services needed by first time low income mothers in the Charlotte community. The survey will take less than 15 minutes to complete. Final results of the survey will be sent to all participants.

This survey is the first of several to be conducted by the Larry King Center in support of its efforts to identify gaps in services for children and families within the community.

If there are any questions regarding the survey please contact:
Claire Apaliski
UNC Charlotte Urban Institute
Social Research Specialist
704. 687.2179
capalisk@uncc.edu
2. Agency Information

The following questions focus on general organizational, agency and client information.

* 1. What is the mission or purpose of your agency?

* 2. Describe your agency’s target population in need of services.

* 3. How many clients do you serve in a typical week?

- Less than 10
- 10-20
- 21-30
- 31-50
- 51-100
- More than 100
- Other

* 4. How long do you serve the typical client?

- 0-3 months
- 4-6 months
- 7-12 months
- More than 12 months
- Do not know

* 5. What is the average cost per client served for the agency?

* 6. Is there a fee for services?

- Yes
- No
- Do not know
**3. Fee Information**

* 7. How much is the fee?

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The following section looks at the accessibility of the agency office and the requirements clients must meet, in order to qualify for access to agency services.

**8. What criteria must be met by clients in order to receive services? (Check all that apply)**

- Age
- Gender
- Income restriction
- One time service only
- No Criteria
- Do not know
- Other

**9. Is your agency accessible by public transportation?**

- Yes
- No
- Do not know

**10. Does your agency provide evening hours?**

- Yes
- No
- Do not know

**11. Does your agency provide weekend hours?**

- Yes
- No
- Do not know

**12. Does your agency provide bilingual services for clients?**

- Yes
- No
- Do not know
13. In what languages do you provide services to non English speaking clients? (Check all that apply)

- Spanish
- Vietnamese
- Do not know
- Other
### 6. Child Care Services and Referral

**14. Does your agency provide child care to clients accessing your services?**

- [ ] Yes
- [ ] No
- [ ] Do not know

**15. Do your services require a referral?**

- [ ] Yes
- [ ] No
- [ ] Do not know
7. Needs & Agency Capacity

The following section addresses client needs and the capacity of the agency or organization to address them.

**16. What needs are most often seen from clients? (Check all that apply)**

- Adoption services
- Adult living skills
- Case management
- Child care
- Crisis intervention services (other than shelter)
- Domestic violence and/or rape crisis counseling services
- Emergency shelter
- Financial assistance
- Food security
- GED/Alternative high school
- Government benefit access (such as Medicaid or food stamps)
- Housing assistance
- Job training and placement assistance
- Legal services
- Maternal health care services
- Mental health services/counseling
- Other education services
- Parent education programs
- Primary health care services for children
- Primary health care services for mothers
- Substance abuse services
- Transportation assistance
- Other

**17. How many clients does your organization serve annually?**

[ ]
18. Is your agency serving the maximum number of clients resources will allow?

- Yes
- No
- Do not know

19. With regard to the demand for services and your agency's capacity, do you feel your organization is: (Check all that apply)

- Able to serve all who seek assistance
- Turning people away in need of services
- Referring those individuals you cannot serve to other agencies
- Maintaining a waiting list

20. How many clients are you unable to serve?

21. Does your agency have plans to expand the types of services or increase the number of clients served?

- No
- Yes (Describe in the box below)

22. Are there any barriers that limit your agency's capacity to serve clients?

23. With which other service providers do you most often collaborate and/or refer clients? (Check all that apply)

- Charlotte-Mecklenburg School system
- Mecklenburg County Area Mental Health Authority
- Mecklenburg County Department of Public Health
- Mecklenburg County Department of Social Services
- Non Profit Agencies
- Other

- [ ]

- [ ]

- [ ]

- [ ]

- [ ]

- [ ]
24. If you answered yes to working with Non Profit Agencies, please list the top 3 with which you most often collaborate with.

25. Over the past year, has the number of clients served:
   - [ ] Decreased
   - [ ] Stayed about the same
   - [ ] Grown slightly
   - [ ] Grown significantly
   - [ ] Do not know

26. Would you be interested in participating in a focus group about any identified gaps in services and how to fill those gaps in our community at a later date?
   - [ ] Yes
   - [ ] No
27. Please provide your name, phone number and email for contact information concerning a focus group at a later date.

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Thank you for your participation in this survey. If you have any questions regarding the survey please contact:

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UNC Charlotte Urban Institute
Social Research Specialist
704.687.2179
capalisk@uncc.edu
Combination of Teen Births, High School Dropouts, Food Stamp Recipients, and Juvenile Arrests by NSA

Index
- 2 - 249
- 250 - 499
- 500 - 999
- 1,000 - 1,499
- 1,500 - 3,122

Charlotte City Limits
Non-residential/Unincorporated

Index was calculated by summing the following populations: adolescents who gave birth, high school dropouts, individuals receiving food stamps, and juvenile arrest incidents in each neighborhood.

Data Source: City of Charlotte, Charlotte Neighborhood Quality of Life Study 2010

UNC CHARLOTTE Urban Institute
The Larry King Center for Building Children’s Futures
Percent of Births to Adolescents by NSA

Percent of Children Born to Women 18 and under
- 0 - 2.9%
- 3% - 7.9%
- 8% - 14.9%
- 15% - 24.9%
- 25% - 43.8%

Charlotte City Limits
Non-residential/Unincorporated

City of Charlotte = 6.37%

Data Source: City of Charlotte, Charlotte Neighborhood Quality of Life Study 2010
Children At or Above Grade Level by NSA

Percent of 7th & 8th Graders At or Above Grade Level

- 0 - 49.9%
- 50% - 66.5%
- 66.6% - 74.9%
- 75% - 89.9%
- 90% - 100%

Charlotte City Limits
Non-residential/Unincorporated

City of Charlotte = 75.85%

Data Source: City of Charlotte, Charlotte Neighborhood Quality of Life Study 2010
Average Kindergarten Score by NSA

Average Score
- 2.2 - 2.5
- 2.6 - 2.7
- 2.8 - 2.9
- 3.0 - 3.1
- 3.2 - 3.5

Charlotte City Limits
Non-residential/Unincorporated
City of Charlotte = 2.94

Data Source: City of Charlotte, Charlotte Neighborhood Quality of Life Study 2010
Indicator Definitions
Indicator Definitions

- **Percent of Births to Adolescents** - Percent of children born in 2009 to women 18 years and younger.
  - Source: Mecklenburg County Health Department, Birth Certificate Data, 2009.

- **Percent of Children Achieving at or above Grade Level** – Percentage of CMS seventh and eighth grade students who achieved scores at or above grade level for end of grade tests.

- **Average Kindergarten Score** – Average achievement score for each kindergarten student at the end of the year. These scores include math and verbal scores.

- **Dropout Rate** – Percentage of high school students who dropped out of school in 2008. The total number of high school students and the total number of high school students who dropped out were compiled for each NSA. The total number of high school students who dropped out was then divided by the total number of high school students.

- **Percent of Persons Receiving Food Stamps** - The percentage of people in a NSA receiving Food Stamps.
  - Sources: Mecklenburg County Department of Social Service Office of Planning and Evaluation, 2009.

- **Juvenile Arrest Rate** - Juvenile arrest rate in each NSA
  The locations of juvenile arrests between July 2008 and June 2009 were summarized for each NSA and the City of Charlotte. For the purpose of this study, juvenile arrests are based on individuals arrested under the age of 16. This definition is based on North Carolina state statutes which generally define a juvenile offender according to this age definition.
  The number of juvenile arrest incidents for each NSA and the City of Charlotte were divided by their respective juvenile populations to get the juvenile arrest rate.
  - Source: Charlotte-Mecklenburg Police Department, Research and Planning Department, 2009.

- **Median Household Income** - Median household income based on U.S. Census Bureau block group statistics.
  - Source: Claritas, 2009.

- **Unemployment Index** – For each zip code in Charlotte, the number of people applying for unemployment benefits were totaled for the months of July 2009 through December 2009. This total was divided by the number of persons able to work. The resulting number was indexed based on the following:
  - 0 – 8% Low
  - 8% - 13% Medium
  - 13% - 20% High
  The resulting index was assigned to each NSA that fell in the respective zip code’s boundary.
Definitions, cont.

• **Youth Opportunity Index** - Measure of the potential opportunities for youth to get involved in extra-curricular activities within each NSA.

“Opportunities” were defined as sites within the NSA that offered programs and activities for youth up to age 18. These sites included YMCA/YWCAs, churches, schools offering before and/or after school programs, recreation centers, community centers and libraries. These locations were scored as follows:

  • **Churches**—Because churches provide services beyond their NSA boundaries, each church was buffered by a ¼-mile ring that was considered to be a reasonable walking distance for youth to utilize the services offered by the church. Each church was given a score of 1, which was a minimal score for potential activity center. Each residential unit captured by the buffer zone was assigned a score of 1.

  • **Schools**—Schools were given a score of 1 for a before-school program and a score of 1 for an after-school program. The highest score possible for a single school was 2 for having both programs. Because these schools provided services beyond their NSA boundaries, each school was buffered by a ¼-mile ring that was considered to be a reasonable walking distance for youth to utilize the services offered by the school. Each residential unit captured by the buffer zone was assigned a score of based on the programs provided by the adjacent school.

  • **Recreation Centers, Community Centers and YWCA/YMCAs**—Because these centers provide services beyond their NSA boundaries, each center was buffered by a ¼-mile ring that was considered to be a reasonable walking distance for youth to utilize the services offered by the center. Each center was given a score of 3. This value was assigned to every residential unit within the buffer zone.

  • **Libraries**—Libraries were scored using the same methodology as the centers. However, a library was given a score of 2, indicating that it potentially offered greater services than a church but fewer than a Recreation Centers, Community Centers or YWCA/YMCAs. Each residential unit that fell in the buffer zone was assigned a score of 2.

Each residential unit within a NSA had the potential of receiving a score ranging from 0 to 8. The score for each NSA was calculated based the average youth opportunity score for each residential unit. This composite score represents the total number and types of opportunities available to youth.

  0.0 - 0.09 *Low Youth Opportunity*

  0.09 - 0.90 *Medium Youth Opportunity*

  1.00+ *High Youth Opportunity*

– Source: Charlotte Area YMCAs, 2009.
– Charlotte Area YWCAs, 2009.
– Charlotte-Mecklenburg Park and Recreation Department, 2009.
Definitions, cont.

• **Youth Population** – Total youth population of the NSA.
  