The Charlotte Regional Indicators Project

Social Well-Being Indicator Profile

2007

Social Well-Being

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UNC Charlotte Urban Institute  
www.ui.uncc.edu
Overview

Scope

In looking at social well-being, this report provides a snapshot of some of the region’s most vulnerable residents.

For adults with significant economic needs, the study identified the percentage of families and individuals in the region who lived in poverty in 2000 and 2005.

Related to children, the report examined substantiated reports of child abuse or neglect for 2004-05 and 2005-06. The report also looked at child poverty, gauging the percentage of children living at or below the poverty level from 2000 through 2004.

The data on teen parenting looked at the pervasiveness of the problem and the trend. With elderly care, the spotlight was on the percentage of persons 65 or older who needed assistance in performing at least one of the Activities of Daily Living (ADL), such as eating, dressing and communicating.

Regional Context

As the region continues to grow, it will continue to be faced with more challenges. For many, economic growth in the region has not translated into a better quality of life. Too often those that are faced with challenges are the most vulnerable residents. In fact, many of the most vulnerable residents do not have basic necessities such as: food, clothing, shelter and water.

Many social service organizations have made attempts to address these problems. Programs supported by city and local government bodies have made progress, as have some outreach efforts by the faith community and programs put forth by non-profit organizations. Despite these efforts, the need to address issues of poverty, elderly care, teenage pregnancy and child abuse across this 14-county region remains. To look only at percentages masks the number of residents that are in need of assistance.

Summary of Indicator Results

The most encouraging finding among this year’s indicators is the decline in teen pregnancies from 2000 through 2003. The downward trend stems from the myriad of approaches used to combat teenage pregnancy. These approaches include different methods of contraception, public education curricula, and the continued concentration of policy makers on finding ways to sustain recent declines. Of concern, however, is the increase in teen birth rates from 2003 to 2005 in most of the region’s North Carolina counties, erasing almost one-third of the decline achieved from 2000 to 2003. (South Carolina data is not yet available for 2003-2005.)

Assessing trends in child abuse and neglect remains inconclusive.
Overview (continued)

throughout the 14-county region since only one year of data is available for South Carolina counties. Available data from 2004-2005 and 2005-2006 suggest that in North Carolina, two of the eleven counties saw negligible change in the substantiated percent of child abuse or neglect reports, four experienced a decrease, and five experienced an increase. While these indicators illustrate how individual counties are doing as it relates to reported child abuse or neglect, it is expected that many cases are still not reported.

Measures of child poverty varied. While the child poverty rate rose from 2000 through 2004, stabilization did occur for many counties in 2003 and 2004. Despite this stabilization in certain counties, the region’s child poverty rate increased faster than either of the two state’s rates from 2000 to 2004. And, according to recent reports, it is estimated that the number of homeless children is continuing to grow in the region. One of the biggest challenges for the region is raising income levels for those living in poverty. For families and individuals, the percentage of the population living in poverty rose between 2000 and 2005 in each county that reported data. Whereas the region’s poverty rates were below the national averages in 2000, as of 2005 they were slightly above.

Another regional challenge is elderly care. The rate of people age 65 or older who need assistance with at least one of the Activities of Daily Living, such as eating, dressing and communicating, ranged by county from roughly 40 percent to 50 percent. Currently it is unclear whether a larger or smaller percentage of Baby Boomers will need assistance performing Activities of Daily Living, given the fact that they are not yet old enough to report major health problems in significant numbers.

Missing and Future Indicators

In future reports, the authors would like to include the following: percentage of foster children who age out of foster care, number of homeless persons turned away by shelters due to overcapacity, race relations (interracial trust), and percentage of children in out-of-school self-care (latch-key kids). These indicators were not included this year because data sources were not available in all of the region’s 14 counties.

Data could possibly be available for one of these indicators if funds were received to conduct a regional Social Capital survey. For instance, this survey could assess attitudes and opinions about race relations (interracial trust) in this 14 county region. This survey could also serve as a benchmark on race relations in this region.

The report’s authors would also like to find better ways to compare social well-being indicators across state lines.

See page 136 for Social Well-Being indicator data sources
Poverty Rate

What's Measured

The study measures the percentage of families and individuals in the region living in poverty for the years 2000 and 2005. "Living in poverty" is defined by federally-determined income thresholds verifying what is needed to feed, clothe and economically sustain an individual or families of specified sizes (for example, "a family of four"). Any family or individual whose income does not reach the threshold amount is considered to be in poverty.

Data from the American Community Survey through the U.S. Census Bureau is used to measure poverty for 2005, and covers most, but not all, of the region's counties. (Anson, Chester, Lancaster and Stanly are not included in that Census report, and Lincoln County is included only for the data on individuals living in poverty but not on families living in poverty.) Among the 3 counties in South Carolina, data is only available for York, SC. However, data from the 2000 decennial census provides indicator information on all 14 counties and for the two states.

In the absence of the appropriate weighting factors for the county data, the regional indicators are calculated as unweighted averages of the county data.

Why It's Measured

Individuals and families that live in poverty are often times the most marginalized groups in society. Measurements of poverty give insight to the economic mobility or lack thereof of this region’s most vulnerable residents, who often times are unable to live within a minimum standard of living.

Indicator Results

For 2005, the poverty rate for individuals averaged 13.6% across the 10 counties in the American Community Survey portion of the region; for families, the 2005 poverty rate averaged 10.5% across the 9 counties in the American Community Survey portion of the region.

In 2000, the poverty rate for individuals averaged 10.9% across the 14 counties in the region; for families, the 14-county average 2000 poverty rate was 8.3%.

Note that while the regional indicators for 2000 and 2005 are not directly comparable due to different counties being included in the two measures, county, state and national comparisons can be made. The percentage of the population living in poverty rose between 2000 and 2005 for both families and individuals in each county that reported data. The degree of increase varied from a low of 21 percent for Gaston County's individual poverty rate (from 10.9% in 2000 to 13.2% in 2005) to a high of 66 percent in Iredell County's family poverty rate (from 6.2% in 2000 to 10.3% in 2005.) By comparison, during the same time period, North Carolina experienced a 23 percent increase in its individual poverty rate (from 12.3% to 15.1%) and South Carolina an 11 percent increase (from 14.1% to 15.6%), while the national individual poverty rate rose only 7 percent (from 2.4% to 3.3%). Family poverty rates in the two states and the nation increased even more: North Carolina saw a 30 percent increase (from 9.0% to 11.7%) and South Carolina experienced a 17 percent increase (from 9.7% to 12.5%), while the nation's family poverty rate climbed 11 percent (from 9.2% to 10.2%).

In 2000, Anson (17.8%) and Chester (15.3%) had the highest individual poverty rates in the 14-county region. Of the ten counties for which 2005 data is available, the two counties with the highest individual poverty rates were Cleveland (18.5%) and Rowan (16.1%). The same pattern held true with family poverty rates. For the 2000 family poverty rate, Anson (15.5%) and Chester (11.9%) had the highest rates in the 14-county region, and of the 9 counties for which 2005 data is available, Cleveland (15.9%) and Rowan (12.7%) had the highest rates.

For the 10 counties that reported data in 2005, the county average individual poverty rate (13.6%) is slightly above
Poverty Rate (continued)

the national average (13.3%) and below North Carolina and South Carolina averages (15.1% and 15.6%, respectively). For the 9 counties with data available on families living at or below the poverty level in 2005, the county average (10.5%) is slightly above the national average (10.2%) and below the NC and SC averages (11.7% and 12.5%, respectively).

Evaluation

For those counties with available data, the substantial increase of individuals and families living in poverty illustrates how pervasive poverty is in this region.

Analysis of individuals and families living in poverty reveals that they are not a static social class. The overall composition of the poor changes continually, because some residents in this region near the top edge of poverty move above the poverty level after a year or two, while others slip below it. Other residents remained in poverty for many years at a time. Additional analysis is needed to identify ways the region can best reduce the number of individuals and families living in poverty.

Connections

A correlation between families living in poverty and child poverty rates can be drawn. Increases in the share of the population living in poverty drain financial, educational, and medical resources in the community, resources needed to assist the most vulnerable groups. Poverty is associated with health problems, problems in education, problems in families and parenting, and housing problems. These problems are interrelated and contribute to the perpetuation of poverty across generations, leading to a cycle of intergenerational poverty.
Child Poverty Rate

What's Measured

The study gauges the percentage of children, by county, living at or below the poverty level from 2000 through 2004. The U.S. Census produces Small Area Income and Poverty Estimates for children under the age of 18, using federally-defined poverty thresholds. The census develops data by obtaining for each county an account of claimed child exemptions on tax returns, number of food-stamp recipients, resident population under the age of 18, and an estimate of residents in poverty under the age of 18 based on the 2000 Census. The regional indicator is an un-weighted average of the 14-counties’ child poverty rates.

Why It’s Measured

Child poverty rates by county indicate where the most vulnerable children live within this region. In addition, child poverty rate is also tracked to target initiatives for children in poverty and to assist institutions to know how and where to place resources. Child poverty has an impact on many other areas important to regional quality of life, such as education, workforce preparedness, and health.

Indicator Results

The county average child poverty rate for 2004 was 17.9%, up from 2000’s rate of 15.1%. While the regional county average child poverty rate increased during this five-year window, most of the increase came in 2000-2003, with the rate stabilizing between 2003 and 2004. During these last two years of the data, eight North Carolina counties saw child poverty rates decrease (some noticeably, others negligibly) while others experienced modest increases (of about two percent of the indicator value, or less than half a percentage point in the poverty rate.) All three South Carolina counties experienced increases, ranging from 3 to 7 percent of the indicator value, or about one percentage point in the poverty rates.

From 2000 to 2004, the 14-county region witnessed a 19 percent increase in the child poverty rate (from 15.1% to 17.9 %,) bringing the percentage of children living in poverty to more than one in six. By county, the largest increases came in Cabarrus (from 10.5% to 14.4%), Mecklenburg (from 12.2% to 16.7%) and York (from 12.6% to 17.0%).

For the state of South Carolina as a whole, figures increased from 18.2% in 2000 to 21.2% in 2004, a 16 percent gain. North Carolina increased from 16.5% to 18.7% for the same years, a 13 percent rise. Although lower than either of the two state’s rates from 2000 through 2004, the region’s child poverty rate increased faster than either of the two state’s rates during that time period.

Nationally during this time period the child poverty rate declined (from 16.2% to 12.7%). Therefore, the regional average has gone from slightly lower than the national average to substantially higher.

Evaluation

The lackluster performance of the region and the two states on this indicator compares unfavorably with the national improvement in child poverty rates. If the region’s economic competitiveness is to be sustained, the child poverty rates of the region’s counties must be improved. Children are poor because the adults they live with are poor. High fertility rates among poor families and the higher prevalence of single parent families among the poor leads to substantially higher poverty rates for children than for adults. Further investigation is needed into the specific underlying causes of child poverty in the Carolinas and the region, and into the national success in reducing child poverty rates.
Child Poverty Rate (continued)

Connections

Child poverty is connected to many facets of social well-being throughout the region. It indicates assistance needed for children, whether through medical, educational, economic or social means, to one of the region’s most vulnerable group: children. The continued assessment of children living in poverty is required to maintain a healthy and upwardly mobile population.
Child Abuse

What's Measured

The report examines substantiated reports of child abuse or neglect per county for the fiscal years 2004-05 and 2005-06. The indicator does not document the percentage of children abused and/or neglected in a county, or even the percentage of children who are the subjects of reports of abuse and/or neglect. It represents only the percentage of abuse and/or neglect reports made to each county’s child protective services that are substantiated by those agencies, based on investigative findings. The actual number of reports of abuse and/or neglect is not available on a county basis. Data for this indicator are from the NC Department of Health and Human Services Division of Social Services and the South Carolina Department of Social Services. For convenience, “child abuse and/or neglect” is shortened below to “child abuse.”

The regional indicator is calculated as an un-weighted average of county indicators.

Why It’s Measured

Child abuse is a measure of the well-being of a vulnerable segment of the population. Child abuse has been shown to have both profound immediate as well as long-term effects on child development. The immediate effects of abuse can be observed in children that are often times passive and withdrawn from others. The long-term effects of abuse can be witnessed in higher rates of psychiatric disorders, increased rates of substance abuse, and a host of severe relationship difficulties. This measurement will also assist agencies in their efforts to address this issue and provide a measurement for initiatives to reduce the amount of children that are abused in this region.

Indicator Results

For fiscal year 2005-06, the regional county average of substantiated reports of child abuse was 23.5%. The 14-county average for fiscal 2005-06 was 1.4 percentage points (or 6 percent) higher than the North Carolina average (22.1%) and 13.5 percentage points (or 36 percent) lower than the South Carolina average (37.0%).

The highest rates of substantiated reports of child abuse for 2005-06 occurred in Iredell (38.4%), York (33.0%), and Chester and Lancaster counties (31.0% each.) The lowest rates occurred in Union (12.2%), Gaston (14.8%) and Cleveland (15.6%) counties.

It is important to note that although South Carolina has data available for 2005-06, it does not have data for 2004-05, limiting historic trend analysis to the region’s North Carolina counties. Of the eleven North Carolina counties that reported child abuse and/or neglect for 2004-05 and 2005-06, two counties’ rates of substantiated child abuse reports remained relatively unchanged (Lincoln and Mecklenburg,) while five showed increases (Anson, Cabarrus, Catawba, Cleveland, and Iredell,) and four showed decreases (Gaston, Rowan, Stanly and Union.)

Evaluation

The absence of trend data for the entire region limits the ability to interpret the indicator results. However, the more than two-fold difference between the lowest and highest rates reported by counties suggests that further investigation into underlying causes is warranted. Are the higher numbers the result of more instances of child abuse or of increased willingness to report suspected abuse, and vice-versa for the lower numbers?

Connections

Concern for the welfare of children, particularly those who are abused and neglected, has been a long-standing issue among medical and health care professions, social service providers, and the general public. There are connections to education, health, and public safety.
Teenage Birth Rate

What's Measured

The study looked at births to mothers under the age of 18 as a percent of all births. The years examined were 2000 through 2005 for North Carolina counties in the region and 2000 through 2003 for South Carolina counties in the region. North Carolina State Center for Health Statistics and the South Carolina Office of Research and Statistics provide data on births to mothers under 18. The regional indicator is the un-weighted average of the 14-counties’ teen birth rates, and is calculated only for 2000 - 2003.

Why It's Measured

This measure indicates potential stress placed on counties and the region due to challenges associated with teen parenting. It also helps indicate social well-being, economic opportunity and educational attainment of these young parents, both as teenagers and future adults. This indicator can help keep the issues facing teen parents on the agenda, assist agencies in dealing with this issue, and provide a measurement for initiatives that have lowering teen births as a goal.

Indicator Results

The 2003 regional county average of births to teenaged mothers was 4.5%, down from 5.4% in 2000. The regional county rate was higher than the statewide rate for North Carolina (3.9% for 2003,) and has remained so for all four years examined. It has fluctuated around the statewide rate for South Carolina (4.6% for 2003.) By county, the highest rates of teen births in the region for 2003 were in Chester (7.5%) and Cleveland (5.6%), while the lowest were in Mecklenburg (3.1%), Union and Cabarrus (3.5% each) and Catawba (3.6%).

From 2000 to 2003, thirteen of the region's fourteen counties saw a decline in teen birth rates. The exception was Iredell County, whose teen birth rate increased from 4.4% in 2000 to 4.6% in 2003. Lancaster, Anson and Gaston experienced substantial drops in teen birth rates: Lancaster went from 6.9% to 4.6%, Anson from 7.4% to 5.0%, and Gaston from 5.3% to 3.8%.

From 2003 to 2005, the declining trend in teen births among the region's North Carolina counties appears to be reversing: the 11 counties averaged a 4.5% teen birth rate for 2005, up from 4.0% in 2004 and 4.2% in 2003. Anson, Cleveland, Gaston, Stanly and Union led this trend reversal with increases ranging from one-half to two percentage points (or, ten to 40 percent of the indicator value.) Only Cabarrus, Iredell and Lincoln continued the trend of declines in teen birth rates.

Evaluation

Some authorities argue that the recent decline in teenage pregnancies can be attributable to the increased use of contraceptives. However, despite data that illustrates that contraception decreases rates of teen pregnancy, there has yet to be a general consensus on whether the decline is attributable to public schools sex-education curricula, contraceptive usage, or a combination of both factors.

The apparent increase in teen birth rates from 2003 to 2005 among the region's North Carolina counties is troubling, and bears monitoring to determine whether the long-term trend is truly reversing, stabilizing, or with this minor aberration, continuing downward, as well as to see what pattern the region's South Carolina counties follow. On the state and federal level, policy makers need to continue to concentrate on finding ways to sustain recent declines in teenage pregnancy and childbearing.

Connections

Births to teenaged women can be correlated to multiple social, economic and health-related indicators as a measurement of social well-being. Girls under the age of 18 that become pregnant also are at increased risk for not finishing high school. Without that educational attainment, they erode their earning potential, thus increasing the chance they will live a life of poverty.
Teenage Birth Rate (continued)

Percent of Births to Mothers Under Age 18

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<th>County</th>
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<td>Mecklenburg</td>
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Elderly Assistance Rate

What's Measured

The study spotlights the percentage of individuals age 65 or older who require assistance in performing Activities of Daily Living (ADL). Data by county were available for the year 2000 from North Carolina Division of Aging and Adult Services and South Carolina Mature Adult Count. Activities of Daily Living include eating, dressing, bathing, personal hygiene-related tasks, transfers (the ability to get in and out of a bed or chair), ambulation and communication.

The percent of individuals aged 65 and older who need ADL assistance is available for each county in the region and for the two states. In the absence of the appropriate weighing factors for the county data, the regional indicator is calculated as an un-weighted average of the county data.

Why It's Measured.

An individual's ability to perform Activities of Daily Living is important to individual quality of life and autonomy, but also helps in determining types of long-term care (i.e. home care or nursing home) and coverage of individual needs (i.e. Medicaid, Medicare). While ADL assistance may be provided by family members, these services may also be provided by local, state and private agencies. This indicator can help those agencies gauge the level of demand for such services. Also, as Baby Boomers embark on retirement, the number of people needing ADL assistance will likely increase.

Indicator Results

The regional county average for 2000 of the percent of elderly residents who need ADL assistance was 46.4%. This is consistent with the North Carolina average of 45.7% and the South Carolina average of 45.8%. By county, residents needing ADL assistance ranged from a low in Mecklenburg at 40.9 % to a high in Gaston at 49.6 %.

Evaluation

Without further data and analysis, no clear pattern can be established to explain the relatively small differences among the counties' results for this indicator. The region's most rural counties, such as Anson and Chester, tended to have among the highest rates of elders needing ADL assistance in 2000, and Mecklenburg, the most urban county, had the lowest; however, the pattern is less clear for counties that are both urban and rural.

The relatively low degree of variation by county, the potential impact of the aging Baby Boomer population and increasing life expectancies, suggest that services for those ages 65 or older will need to be carefully considered not only on a county level but on regional, state and national levels as well.

The lack of trend data also hampers interpretation of this indicator. Is it changing or remaining stable? If it is changing, how fast is it changing? Many factors influence elders' ability to manage Activities of Daily Living without assistance, including their health status, their age, and the state of medical science. To date, every generation in the U.S.'s recent history has entered retirement in better overall health and with longer life expectancy than the preceding generation. Will the Baby Boomers continue that trend, or diverge from it? Will advances in medical science enable more elders to care for themselves longer or will they extend lives but at the cost of additional ADL assistance needed? Given the size of the Baby Boom generation, the implications for provision of elder care could be significant, underscoring the importance of monitoring trends in this indicator.

Connections

There are obvious connections to demographics and health, in that the age and health status of individuals and medical science all play a role in determining the extent to which ADL assistance is needed. There are also connections to the economy, in that “Health care and social assistance” is among the region's fastest growing employment sectors.