

Building Resilience: **A Community Needs Assessment**

RESILIENCE HIGH POINT



Center for Housing & Community Studies

2019



UNC GREENSBORO

Center for Housing
& Community Studies

Building Resilience: *A COMMUNITY NEEDS ASSESSMENT*

Report Submitted to Resilience High Point

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Executive Summary

This study was commissioned to provide a baseline as Resilience High Point begins its process of community revitalization, addressing issues of trauma among High Point residents, and enhancing service coordination between agencies that serve families in the community. A community needs assessment is a process used by organizations to determine priorities, make community improvements, or allocate resources. It involves determining gaps between community need and community assets. The study includes a review of the most recent socio-demographic and economic data (American Community Survey, High Point Police Department, Centers for Disease Control and Prevention, etc.); interviews of key informants; surveys of residents; and focus groups to seek community input. Baseline data will help in the next stage as a Vision for the Future and a Community Action Plan will be created. A variety of research methods have been used in the development of this report:

- **CHCS Survey:** Data was collected using a convenience sample of residents using a multi-modal approach. An online survey was constructed using Qualtrics and paper-based surveys were distributed in community groups and at community events. In addition, a Spanish version of the survey was distributed at community organization targeting immigrant communities. As a convenience sample, results may not be statistically representative of the population of High Point. A total of 524 surveys were completed.
- **Key Informants:** Interviews were conducted with a diverse set of people working in social services, non-profits, foundations, schools, and other programs. All of the key informants taking part in this survey had specific knowledge about community conditions and barriers to accessing resources among the communities they serve. For ease of access, all interviews were conducted over the phone. Calls were recorded. Following the interviews, researchers transcribed the audio of the interview. CHCS staff interviewed 9 key informants.
- **Focus groups:** Four public meetings were held in the evenings with between 10-25 participants each. The longest focus group was an hour and 25 minutes; the shortest focus group was an hour and 10 minutes in length. Characteristics of participants varied between the meetings. Municipal staff and non-profit agencies, community members, immigrants, and members of the NAACP were the primary participants.

Context

High Point is a city with unique needs, strengths, and weaknesses. As with many cities in NC, the decline in textiles and furniture production took a toll on the local economy. Mills established in the 1800s closed at the end of the 20th century due to global competition. Recently, as it has begun to recover from several decades of de-industrialization, disinvestment, and population flight, it has started to look at addressing dilapidated surplus housing, blighted neighborhoods, and cost-burdened households.

Community Strengths

Focus group participants elaborated on the “pull” factors that made them want to live in High Point. Common themes were familiarity as many residents have lived here most of their lives. Proximity to family was important. Many shared a deep concern and admiration for their community and said there was a strong sense of identity, familiarity, and community: “If I am standing in a grocery store in High Point, Greensboro, Winston Salem... people talk to you. They don’t act like you’re crazy. They’re not suspicious of you.” The community identifies as being working class and congenial: “High Points a city filled with a whole bunch of country folk. And when I say county folk, they don’t get caught up in being pompous, it’s a blue-collar mentality I think is here.” Very frequently though people were attracted by the relatively low cost of living (especially compared to

Greensboro, Winston Salem). People move to High Point and stay: “We had five kids in, next thing you know, 42 or 43. We enjoyed being a safe haven for the community.” Similarly, there are many immigrants who like High Point: “the immigrant community likes High Point. It feels like home. They move into High Point more than they move out.”

Demographic Summary

According to the American Community Survey (ACS) conducted annually by the Census Bureau, the population has grown 30.9% since the 2000 (ACS 2019). Most of the growth has been in the non-White population. High Point has high concentrations of wealth and poverty correlated with race/ethnicity. The foreign-born population living in High Point is 13.9%. About 10,000 residents are non-English speaking. Approximately 15.1 % of the population is over the age of 65, while 61.8% are of working age (18-64), 23.1% are under 18, and 7.6% are 5 years old or less. Just over a tenth (13.6%) of the population has one or more types of disabilities. About 7.2% of the population (5,964 total) of High Point are Veterans. More than one-fifth of family households (22.7%) were single parents with children (19.1% were female headed with children), while just over a quarter were married with children (27.4%). Few (4.0%) households had both grandparents and grandchildren living in the household. Only 1.5% households had grandparents caring for grandchildren.

High Point’s median household income was \$44,642 (ACS 2013-2017). Importantly, a quarter (26.5%) of

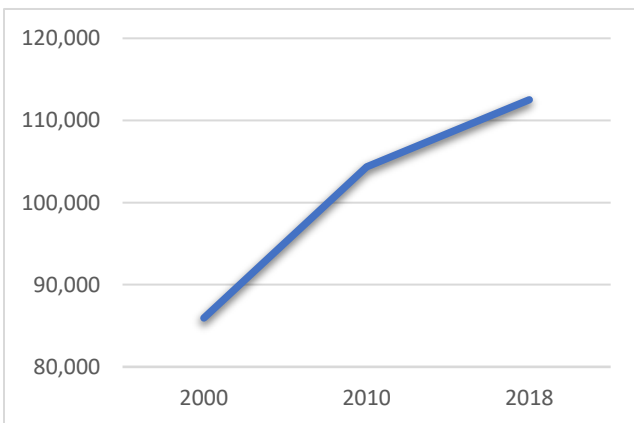


FIGURE 2 - POPULATION INCREASE HIGH POINT, NC 2000-2018

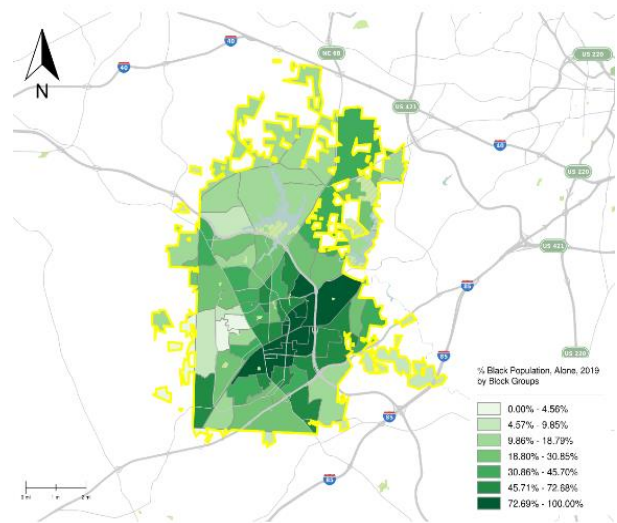


FIGURE 1 – AFRICAN AMERICAN POPULATION HIGH POINT NC (ACS 2019)

the households in High Point had an income below \$25,000. According to the Census (ACS 2019), there are about 22,365 individuals in poverty in High Point, or about 19.7% of the total population. About three out of ten (29.6%) children under the age of 18 in live in households under the poverty line (7,939 children in all). The unemployment rate citywide is low at 4.5%; but disproportionately effect neighborhoods in the south of the city. More than a quarter (27.6%) of residents are unbanked and 21.9% of High Point residents are uncomfortable trusting money to a bank.

Family Structure

Most respondents to the CHCS survey lived in households with two adults (37.7%) followed by living alone (27.5%), and three adult households (13.8%). Only 32.8% lived with minor children in the home; the majority with only 1-2 children. Most households with children had two parents (48.7%), followed by single-female head of household with children (22.7%). Only three households (2.5%) were intergenerational.

According to the Census, nearly half of households were females headed (47.2%) while 52.8% were male headed (ACS 2019). More than one-fifth of family households (22.7%) were single parents with

children, while just over a quarter were married with children (27.4%). Few family households were male headed with children (3.6%) while 19.1% were female headed with children. While about 4.0% of households had both grandparents and grandchildren, only 1.5% were households where grandparents were responsible for grandchildren under age 18 (ACS 2013-2017). Responsibility indicates that the grandparent is financially responsible for food, shelter, clothing, day care, etc., for any and all grandchildren living in the household.

TABLE 1 – FAMILY COMPOSITION (CHCS SURVEY)

Responses	N	Percent
Two parents	58	48.7%
Single mom	27	22.7%
Other (explain)	9	7.6%
Single dad	5	4.2%
Raising own children and children of others	5	4.2%
Shared custody	5	4.2%
Raising children of other family members	3	2.5%
Intergenerational Household	3	2.5%
Raising someone else's children (not family)	2	1.7%
No children, other dependents	2	1.7%
Total	119	100.0%

Disabilities, Veterans, Retirees

In High Point, 14,778 (roughly 13.6%) of the civilian noninstitutionalized population has one or more types of disabilities (ACS 2013-2017). CHCS survey respondents for High Point included 26% (n=81) persons with disabilities; nearly twice the rate of the general population. Some families (12.1%) report caring for adult children or adult dependents including seniors due to mental or physical disability. Most provide care themselves (49.1%) or other family members care for them (15.1%). Nearly 20% are left home alone either because they can stay home alone (13.2%) or by necessity (7.5%).

Nearly two in five (37.2% or 5,501) of people with a disability are unemployed. In fact, 21.0% of the unemployed population has one or more types of

disability. About 18.6% of residents in High Point (13,515) were retired in 2017, and a third (32.3%) of those with a disability are individuals over the age of 64. More than a quarter of those with a disability (27.1% or 3,963) are living in poverty. About 7.2% of the population (5,964 total) of High Point are Veterans. Roughly 10.1% of veterans in High Point are living in poverty. Of 32 veterans who responded to the CHCS Survey, 18 (56.3%) said they were receiving veteran's benefits and services. The remaining 14 (43.8%) were not.

Educational Attainment

According to the Census Bureau, most High Point residents (84.7%) had a high school diploma or higher while 30.1% of residents 25 years and older had a bachelor's degree, graduate, or degree (ACS 2013-2017). Only 6.5% had less than a 9th grade education. There is also a racial achievement gap in educational attainment with 82.1% of the African American population 25 years and older having a high school diploma or greater level of education compared to 89.3% of the white population (ACS 2013-2017). The gap is even more apparent with the percentage of the population having attained at least a bachelor's degree: 18.4% for African Americans and 36.7% for whites. Educational attainment is highest in the more affluent communities of north and west High Point. As indicated with Census results, most CHCS survey respondents had a high school education or more (87.9%). On average respondents had "Some College." Only 33.3% of CHCS survey respondents had a four-year degree or greater.

Preschool and Childcare

Of those with children in the home, 32.1% of CHCS survey respondents indicated needing assistance with before and after school care, 17.9% needed a daycare center, and 14.1% need evening childcare due to work shift schedules. Notable were those who needed assistance for a child with special needs (6.4%). One parent wrote in, "Daughter is a teenager with autism, she feels very alone with no friends so depression and anxiety."

Employment Issues

According to respondents to the CHCS Survey, the top three reasons for having lost a job include: Personal health/injury (23.4% of respondents), their position was abolished (22.5%), and transportation issues (21.1%). The most common help with employment seeking requested was career and job training (15.8% of respondents), more education (11.8%), computer help (11.1%), and work clothing (10.1%). In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted the need for better wages, more job skills, more tutors, better ways to increase educational attainment, and improved social mobility.

Concentrated Poverty

High Point's per capita income is \$25,013 while the median household income was \$44,642 (ACS 2013-2017). Importantly, a quarter (26.5%) of the households in High Point (10,862 households in total) had an income below \$25,000 and more than half (55.2%) of households had an annual income of less than \$50,000. Median household incomes are highest in west and north High Point. Incomes in High Point among survey respondents were bifurcated - meaning they were very poor or had higher incomes - few were in the middle. A majority CHCS survey respondents (68.6%) reported their household income fell below the median income for High Point

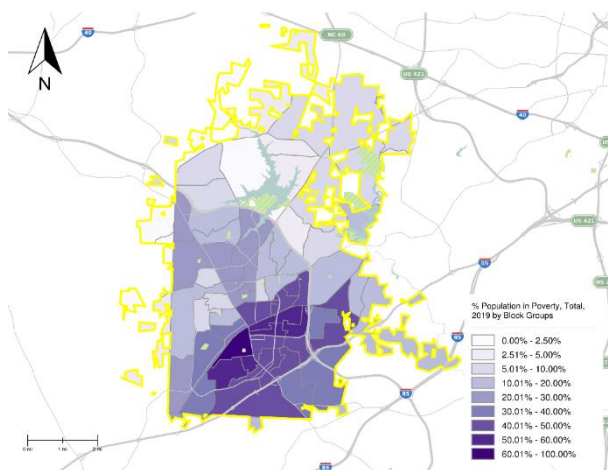


FIGURE 4 - POPULATION IN POVERTY IN HIGH POINT (ACS 2019)

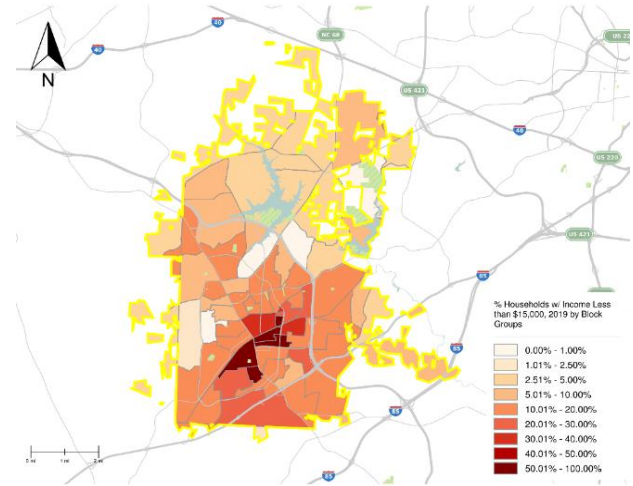


FIGURE 3 - MEDIAN HOUSEHOLD INCOME LESS THAN \$15,000 HIGH POINT NC (ACS 2019)

(\$44,642, ACS 2017). Nearly a third (30.1%) were lower than the poverty threshold for a single person (\$12,490) while almost a quarter (23.4%) earned \$61,110 or more. About 75.7% of households earned income from wages or salary while 30.3% received Social Security Income, 9.4% earned income from self-employment, and 16.3% received retirements income (ACS 2019). One-fifth of High Point households (19.9%) also received public assistance and/or food stamps/SNAP. It is noted that many households receive multiple sources of income.

According to the Census (ACS 2019), there are about 22,365 individuals in poverty in High Point, about 19.7% of the total population. Slightly more females are in poverty than males. While only 4.1% non-Hispanic White population is in poverty, 10.4% of African Americans are in poverty. Of those over 65, 10.1% are living in poverty (ACS 2013-2017). Recent population estimates for High Point suggest that there are approximately 4,023 families in poverty. About three out of ten (29.6%) children under the age of 18 in live in households under the poverty line (7,939 children in all). 39.7% of households that are headed by a single householder (female householder, no husband present; male householder, no wife present) with own children were below poverty level (ACS 2013-2017). About 6.1% of High Point's families meet the definition of "deep poverty" or living on less than 50% of the poverty level. Poverty is concentrated in the Core

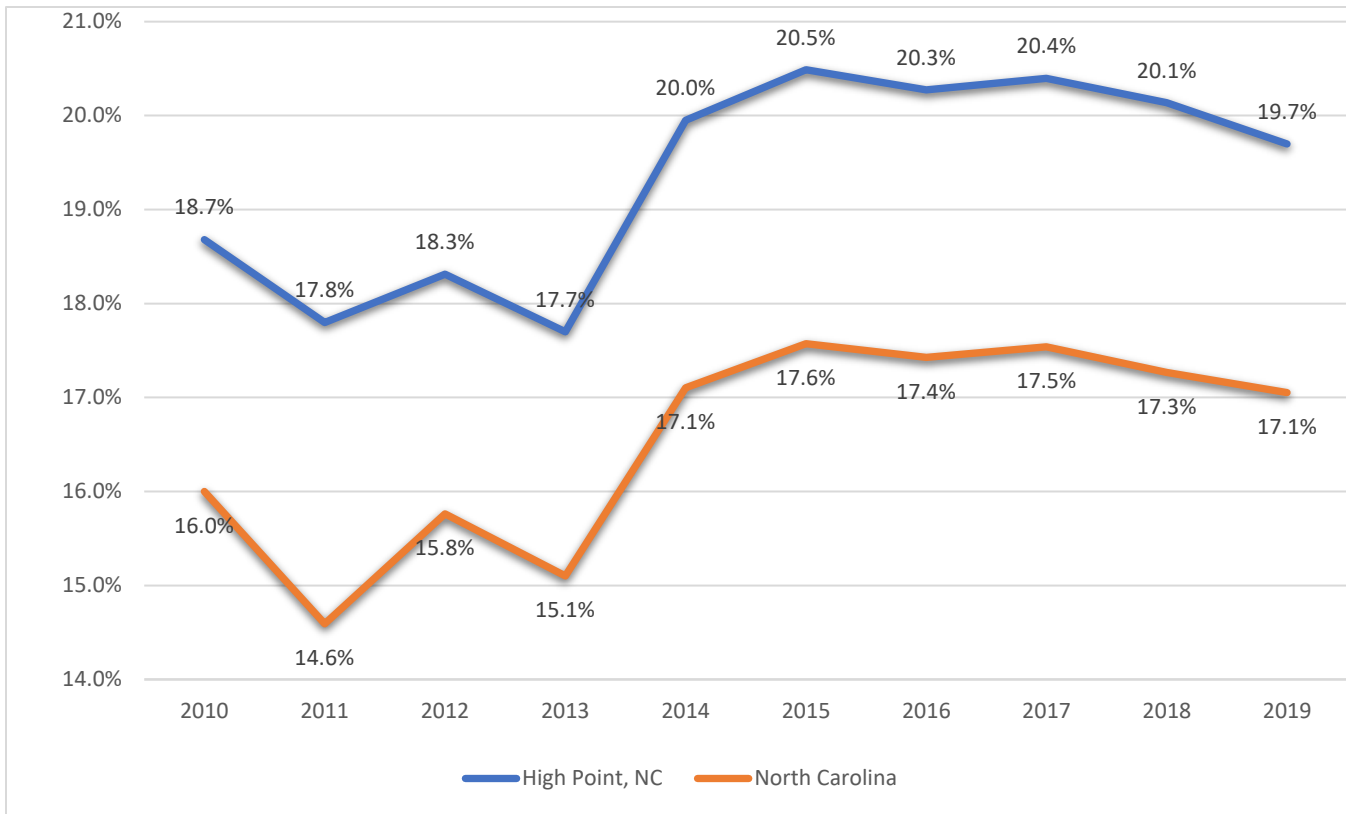


FIGURE 5 - PERCENT POPULATION IN POVERTY 2010-2019

City. These same areas (Census Tracts 144.08, 143, and 138) have been designated as concentrations of “persistent poverty” where 20 percent or more of the population has been living in poverty over the past 30 years (Brown University Longitudinal Tract Database, Policy Map, Census). Poverty rose sharply in 2014 from about 17% to 20% and has held consistent for the last five year.

While affordability and congeniality were factors attracting residents to High Point, the problems of concentrated poverty and race were affecting the everyday quality of life for many. There are several neighborhoods in the Core City where 50% or more of households earn less than \$25,000 annually. CHCS survey respondents, focus group participants, and key informants recognized the segregation by race and income in High Point as a root cause of some of the problems discussed in the community. One respondent noted that “most in north High Point live in a cocoon. Consciously or unconsciously, they ignore the issues that plague other citizens of the city.” A resident of south High Point describes the feeling of being left out of decisions says that in her

areas there is a “diverse community of seniors and young families that are praying someone, anyone, will speak to us about the inequities, we experience daily.” Race/Ethnic concentrations of poverty are accompanied by factors that have negative consequences for the health of individuals and families, crime and safety concerns, food and job access, and disproportionate educational opportunities. The concentration of poverty in the Core City and south High Point have resulted in low home ownership rates, vacant homes, homelessness, food deserts, and concentrations of health issues and lower life expectancy. Substance use was recognized as a contributing issue to crime and violence outbreaks in the Core City and south High Point.

Moreover, residents perceive the poor economic conditions in some parts of the city to be contributing to the crime and violence: “If you take everything from me, I might be willing to steal, to kill.” They link this violence to youth in particular saying that there a few things for young people to do and a lack of job readiness. Moreover, high crime

rates have influenced young members of the community to accept deviant behavior as the social norm, according to the older generation. Concentrated poverty itself becomes a significant impediment to upward social mobility as residents spend far more time and money in order to purchase groceries or medicine, find opportunities for entertainment, or place their children in daycare while working. Since employment opportunities are also limited in such areas, residents must commute outside their residential communities for virtually all of their daily needs. Yet, a large percentage of affordable housing for lower-income households is found only in such concentrated areas of poverty. People in these communities *feel* like the City and residents in the north end do not understand their plight.

Education

According to the Census Bureau, most High Point residents (84.7%) had a high school diploma or higher while 30.1% of residents 25 years and older had a bachelor's degree, graduate, or degree (ACS 2013-2017). Only 6.5% had less than a 9th grade education. There is a seven percentage point gap in educational attainment by race: 82.1% of the African American population 25 years and older have a high school diploma or greater as compared to 89.3% of the white population (ACS 2013-2017). The gap is even more apparent with the percentage of the population having attained at least a bachelor's degree: 18.4% for African Americans and 36.7% for whites. Educational attainment is highest in the more affluent communities of north and west High Point. As indicated with Census results, most CHCS

survey respondents had a high school education or more (87.9%). On average respondents had "Some College." Only 33.3% of CHCS survey respondents had a four-year degree or greater.

Housing

The terms "home" and "neighborhood" indicate the geographic locations where many Americans live out their daily existence. Home is the essential foundation for everything else in a person's life, one of three most basic human needs. To be without a safe and dependable home makes every aspect of

daily living more complicated. The availability of fair, affordable, and safe housing plays a critical role in the economy and in communities by creating jobs, attracting new industry, reducing the incidence of foreclosures, increasing local tax revenues, and allowing working families to spend more on health, education, food, and other needs.

More than two-thirds (69%) of the housing stock in High Point are single family homes. Units in small apartment buildings make up about a quarter (24.6%) of the housing stock. Large apartment buildings account for only 2.9%.

Vacancy is a recognized issue in High Point as an estimated 12.0% of housing units are vacant (ACS 2013-2017).

Nearly half of the residents in High Point (45.5% or 24,253 households) rented their home. Typical (median) gross rent for rental units with cash rent in

"I am appalled that the citizens on my end of city only has jobs that pay the bear minimum, while areas starting at HPU are developing and bringing in new business and pouring money into those areas. Our children are attending that are less than efficient and we don't equally embrace the educational value that should be given to all kids. In my neighborhood we allow large 18 wheelers trucks to rumble through, even though signs are clearly posted stating no truck traffic. My neighbors and I have complained constantly and was told what do you expect us to do? The total disregard for this community is a shame and the City of Highpoint really doesn't care about this part of town. However, we are. Diverse community of seniors and young families that are praying someone, anyone, will speak to us about the inequities, we experience daily."

Survey Participant

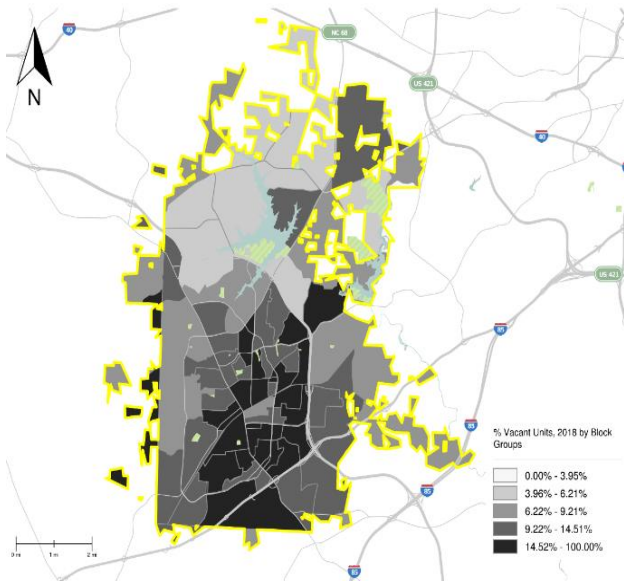


FIGURE 6 - PERCENT VACANT HIGH POINT NC

this area was \$821 (ACS 2013-2017). According to RentCafe (Oct 2019), average rent for an apartment in High Point is \$856. A little more than a half (54.5% or 22,297 households) owned their home. The median value in 2019 is \$150,706. Home values have increased about 6.9% in the last nine years. Home values were highest in the north and westernmost neighborhoods.

Affordable housing in High Point continues to be a struggle for working families. More than half of renters (52.3% or 9,761 renters) and 23.8% of homeowners were cost burdened (paying more than 30% of their income towards rent). A worker making minimum wage would need to work about 82 hours

weekly to afford a two-bedroom unit. According to the *Out of Reach* 2019 report by the National Low-Income Housing Coalition, the housing wage is defined as the amount people need to earn per hour to afford the rent for a modest, 2-bedroom apartment at fair market value, without paying more than 30% of their income for that housing. The housing wage in the Greensboro-High Point is \$14.79 per hour.

For every 100 rental households in High Point, 6 experienced an eviction. On any given day, around 3 families were evicted from their homes. The rate of evictions for High Point is 2% higher than NC with 1,182 completed evictions (resulting in writs of possession) and over 3,500 summary ejectment filings (the initial legal process to begin an eviction in the courts). Unfortunately, these numbers for 2016 underestimate the number of evictions in High Point. All of the evictions tracked in Eviction Lab are formal evictions - all going through the long process of legally removing a tenant.

“The community that has the resources is investing resources in development of the inner city, which is important, but they’re ignoring a large percentage of the population that doesn't have a way to advocate or a way to get out from under the burdens of not having anything, no resources, no advocates, no opportunities. So there's a lot of, I’m sure you know that, hundreds of thousands of dollars like millions of dollars went into the baseball stadium, this year and it was not, you know, let's sit down and talk to you people who live in High Point to see if you would rather see us spend these millions of dollars on a baseball stadium or if you would like for us to come clean up some communities and bulldoze some houses and build some more affordable housing.”

Interviewee

Housing needs included issues with repairs (23.0% of respondents), neighborhoods that were not safe (19.4%), Unhealthy conditions in the home (15.5%) and assistance with furnishings (12.0%). Housing cost issues such as affordability (7.8%), and utility assistance (7.8%) were low. In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted issues with housing ranging from evictions, poor quality housing, lack of investment in housing, and inequality in housing policy.

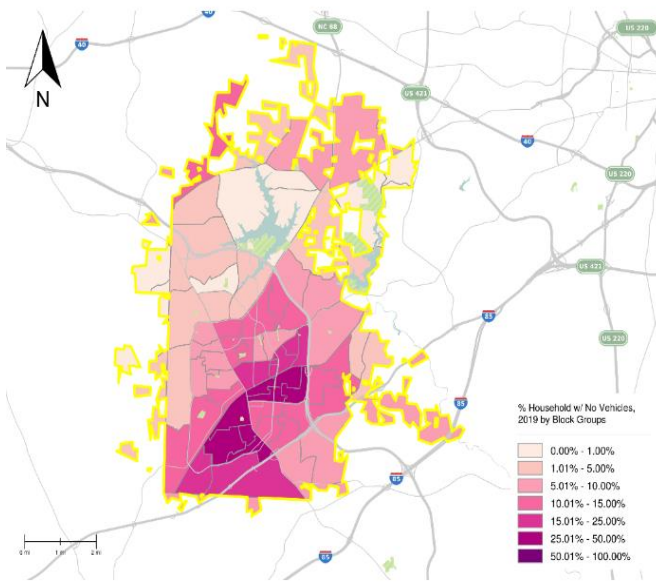


FIGURE 7 - NO VEHICLE OWNERSHIP IN HIGH POINT, NC (ACS 2019)

Transportation

According to the Census Bureau, High Point residents are heavily dependent upon automobiles. Most people in High Point commute to work by personal automobile (92.3%) with an average commute time of 19.5 minutes. Few commuters (1.34% of the workforce) in High Point have "super commutes" in excess of 90 minutes. Only 12.1% of residents carpool and 4.4% work from home. The average car ownership in High Point, NC is 2.1 cars per household while 8.4% of households do not have a vehicle. Average transportation costs per household are \$5,800. As with the Census data, most respondents indicate their primary means of transportation was a personal car or truck (70.7% of

"I think that the food is available, I think it's more a problem of being able to get the food to the people who need it. So, I think that you know probably, if you ask Mobile Meals they will tell you they have a lot of people on their waiting list because they don't have enough drivers to deliver the food. Those kinds of things, those are problems."

Focus Group

respondents). Others walk (11.3%) or depend on a bus (8.4%).

Neighborhoods in the Core City are dependent upon public transportation with low vehicle ownership and high transit utilization. In focus groups, interviews, and on the survey write-in boxes, community members noted issues with public transit and transportation availability in general: "We have very few families that own their own vehicles. So to get to appointments other than medical appointments is usually through the bus but a lot of them will use the transit system.....But if you're trying to get to a job interview, grocery store, you name it, it's usually difficult."

Food Access

While only 11.1% of adults reported eating less than 1 serving of fruit/vegetables per day in High Point (CDC) that rate is 17.5% in Southwest High Point in part due to a lack of access. Seven Census Block Groups in southeast High Point have been designated as Limited Supermarket Access (LSA) areas. Residents of LSA areas travel farther to reach supermarkets than residents of non-LSA areas within the same population density and car ownership class. Among retail food outlets, there are 11 full service conventional supermarkets, 14 limited selection dollar stores, 3 full service limited assortment stores, 3 supercenters, and 11 limited selection neighborhood groceries. Notably, most of the supermarkets in the southern part of High Point are limited selection stores. Most CHCS survey respondents get their food from Food Lion, Walmart, Save-a-lot, Harris Teeter, Aldis, and Family Dollar. Other food resources included Caring Services and various Food Pantries. Less than a quarter (23.8%) of respondents are within a mile of a supermarket. Thus, most meet the USDA definition of having low

access to food. A third more (34.0%) are within 2 miles of a supermarket. Attempts to address food security and food hardship include backpack programs for children, food pantries and meal programs, Food Finder, and community gardens. The Greater High Point Food Alliance is working with the Second Harvest Food Bank to provide a food pantry program with healthy foods. High Point Medical Center also provides a farmer’s market. In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted issues with food access.

Physical and Behavioral Health

There are a number of health concerns facing High Point residents. Average life expectancy in High Point is 78.1 years, the range is over 17 years depending on the neighborhood. Life expectancy in High Point is .8 years lower than the mean for Guilford County (78.9 year), though it is .4 years higher than the mean for North Carolina (77.7). The life expectancy by Census Block Group varies from a low of 70.1 to a high of 87.04. There was a total of 70,813 responses from Guilford County Emergency Services in High Point during the five-year period (2014-2018); about 14,163 responses per year on average. The annualized rate for High Point was about 120 EMS responses per 1000 population.

According to CDC Surveys, 21.4% of adults reported fair or poor health in the past 30 days (CDC Behavioral Risk Factor Surveillance System). The leading self-identified adult health issues for High Point include High Blood Pressure, High Cholesterol, and Obesity (County Health Assessment). According to the CDC 500 Cities report, 36.3% reported being obese (body mass index of 30 or greater). Self-reported health care issues on the CHCS survey included needing dental care (31.0% of respondents), needing vision care (21.3%), needing Prescription medication/ money for prescription (14.4%), and needing general medical care (13.0%). Only 61.8% of households self-reported having full coverage for everyone on the CHCS survey. One-in-five households had someone not covered under health insurance, while 17.6% said no one in their household was covered.

According to the CDC, 20.8% of adults reported seven or more days of poor mental health in the past 30 days. Self-reported behavioral health care issues on the CHCS survey included depression (20.9%), planning for the future/ goal setting (13.1%), personal problems (11.6%), Post Traumatic Stress Disorder (10.4%), issues with self-esteem (10.1%), anger issues (9.0%), and alcohol use (8.6%). In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted behavioral health needs ranging from more substance use treatment, better services for children, and more resources for people with special needs.

Safety and Crime

A majority of High Point residents (60.9%) worry about crime (Simmons Local Consumer Insights). Respondents to the CHCS survey were also concerned over unsafe living conditions (38.2%), bad housing conditions (21.8%), and poor public transit (20.1%). Safety and crime in the neighborhood were reflected in the write-in responses, interviews, and focus groups. Discussion ranged from fear of crime, increasing violence, gangs, and need for more policing.

While the number of violent crimes declined from 832 in 2007 to 505 in 2014, it has begun to rise again. Murders per 100,000 persons, as reported by the

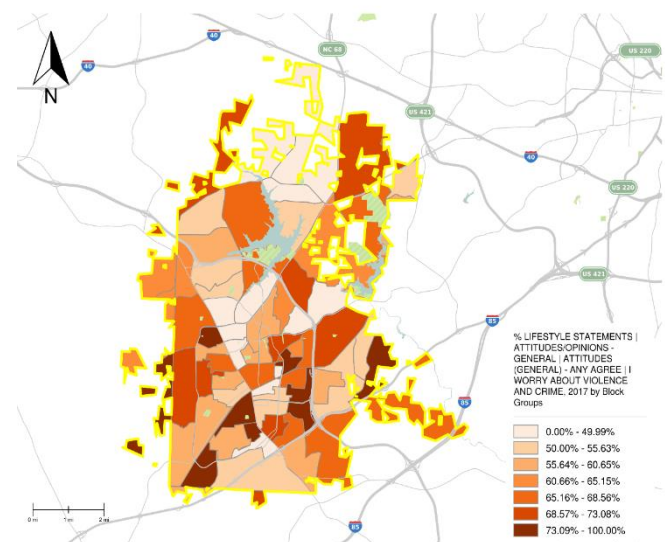


FIGURE 8 - FEAR OF VIOLENCE AND CRIME

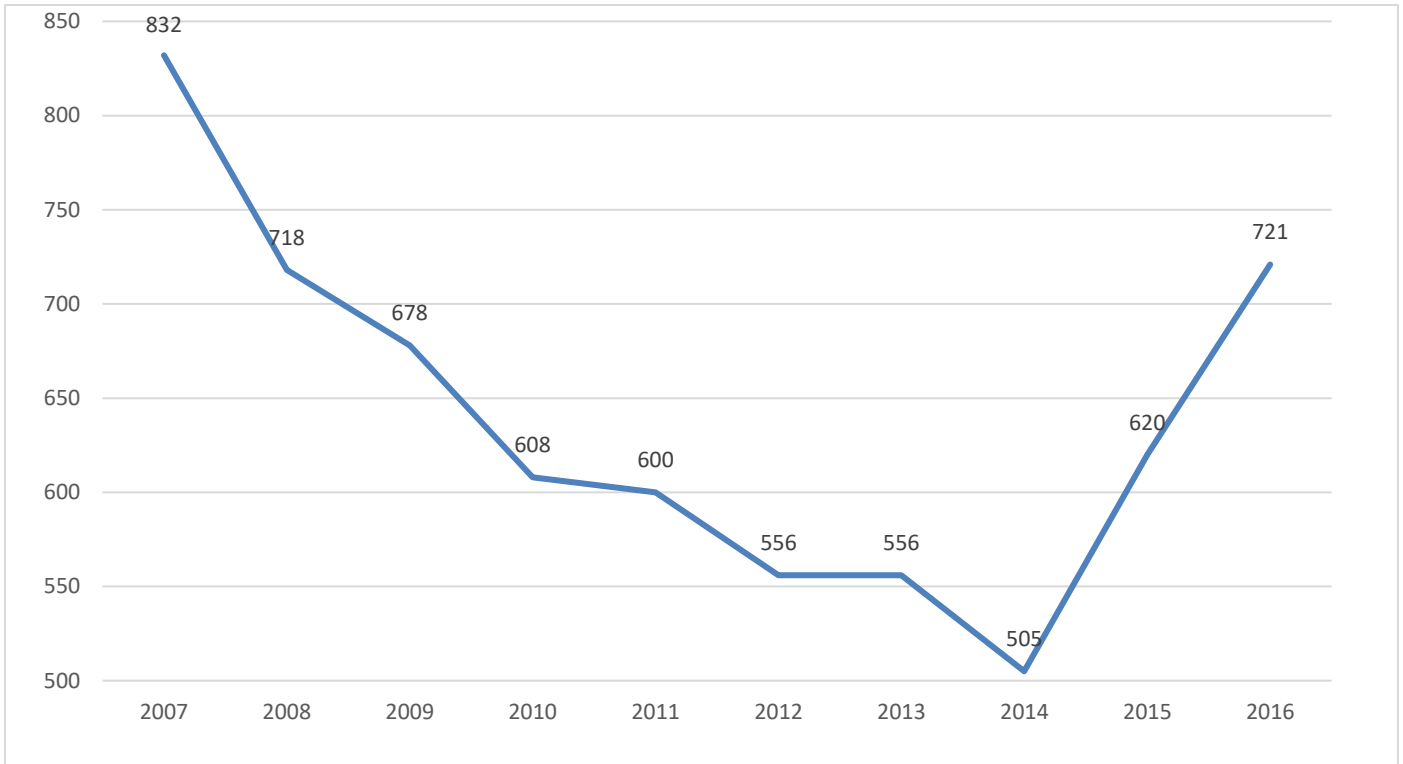


FIGURE 9 - VIOLENT CRIMES IN HIGH POINT 2007-2016 (FBI)

FBI's Uniform Crime Reports, had risen to 17.8 by 2017 from a low of 1.86 in 2013. According to the High Point Police and Guilford County Sheriff's data, there were 7,841 violent crime incidents over 5 years from the High Point Police Department, the Greensboro Police Department, and the Guilford County Sheriff combined, or about 1,568 violent crime responses annually. The average rate of violent crime responses is 13.3 incidents per 1000 people annually. Community members expressed specific fears about violence in the focus groups and in write-in questions on the CHCS survey.

Substance Use

High Point is intersected by several interstate and major highways. It is near a major airport and a railroad depot with daily passenger traffic within NC and along the east coast. This centrality has contributed to the illicit trade of opiates; especially where social determinants such as high poverty and high unemployment also contribute.

In 2015, the monthly average for Heroin Overdose calls for service, as reported by the High Point Police Department, was 6.4. By 2017, there were 27 calls a month on average and over 300 calls overall. In addition, there were 1,569 hospital visits to High Point Regional in 2016 for opiate addiction. There were 109 opioid deaths in High Point between 2014 - 2018; or about 22 opioid deaths annually. The highest rate of opioid deaths of 1.2 per 1000 population is in the Burns Hills neighborhood.

"Crime is out of control. The mayor and city council only do what is in the best interest of Nido Quebin & the furniture market. They don't care about the crime that the rest of the city deals with."
 Survey Respondent

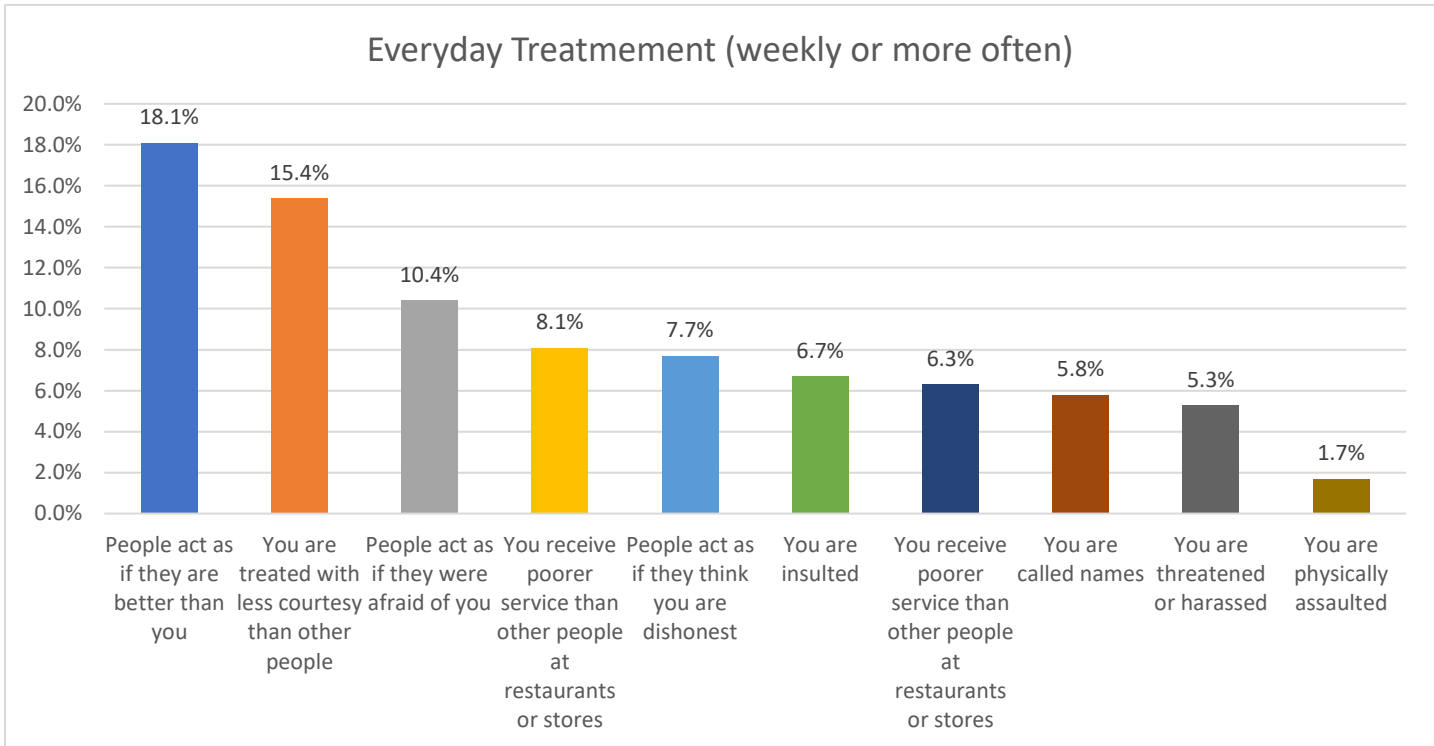


FIGURE 10 - EVERYDAY TREATMENT (WEEKLY OR MORE OFTEN)

Communications & Internet

Of CHCS survey respondents, 95.1% of responded had reliable telephone access and only 5.7% had changed their number in the last three months. Most (72.3%) access the internet from home, while 68.5% use their cell phones to connect and 32.4% connect at work. One in five (21.7%) connect to the internet at the library and 9.8% do not have access to the internet. Non-whites were less likely to have internet access than white respondents. White respondents are more likely to access the internet at home. CHCS survey respondents were also asked about the frequency and type of media they used. The most frequent type of media was an internet search using a search engine such as Google or Bing (52% of respondents performing this media search daily). About half (49.5%) followed local television broadcasts daily, and 39.8% followed a local radio broadcast daily. Websites from local TV new (30.8%) and work of month (30.0%) were also frequently used to get news.

Everyday Treatment

Respondents were asked about their perception of treatment by others in their community. While most people never or rarely perceived being discriminated against, 18.1% felt that others acted as if they were better than them, 15.4% felt they were treated with less courtesy than others, and 10.4% felt people acted as if they were afraid of them on a weekly basis or more often. African American respondents were more likely to feel like people act as if they think they are not smart (38.9%), people act as if they were afraid of them (33.3%), and people act as if they are better than them (55.6%). Hispanic respondents were more likely to feel like people act as if they are better than them (75.0%), to be called names (37.5%), or to report more frequent physical assaults (12.5%).

Recommendations

ISSUE #1: Address Community Violence

Community violence and issues with safety and fear were pervasive in all conversations with residents in High Point. The sudden surge in violence around 2014 parallels the uptick in poverty in 2013 and substance use (especially opioids) during the same time frame. Community level risk factors for violence include increased levels of unemployment, poverty and transiency; decreased levels of economic opportunity and community participation; poor housing conditions; gang activity, emotional distress and a lack of access to services.

RECOMMENDATION: *Provide more social/recreational options specifically targeted to young men in southwest and southern neighborhoods. Link these services with mentorship, GED, job training, and paying apprenticeship programs (housing construction, skilled trades, electronics, and manufacturing industries). Create workforce development and entrepreneurship programs that link k-12, community college, and economic development together to create a pipeline to employment rather than prisons. Addressing unemployment, under employment, and low wage part-time employment as economic issues are a must. So too is recognizing addiction as a work-force readiness issue.*

ISSUE #2: Safe Affordable Housing

More half of renters (52.3%) were cost burdened (paying more than 30% of their income towards rent). This means that around 10,000 households are one car-repair, one hospitalization, or one high-utility bill away from being evicted from their homes. The rate of evictions for High Point is 2% higher than NC with 1,182 completed evictions. Eviction, or even the threat of eviction, has been shown to affect mental and physical health. Eviction touches the lives of High Point's youngest residents. School performance tends to decrease when students are in unstable housing situations. Eviction and housing affordability are contributing factors in homelessness. The lack of affordable choices in

neighborhoods with goods schools, nearby employment, full-service supermarkets, and low crime rates is an underlying issue causing those with low incomes to be further segregated and concentrated in precarious communities with few assets.

RECOMMENDATIONS: *Promote and encourage the development of affordable rental housing units especially for households whose incomes are less than 30% of the Area Median Income in high opportunity areas by means of expansion of public housing, voucher programs, and affordable units in the \$400 or less range for those with fixed incomes, disability, social security, or other limited means. Developing more affordable rental housing options requires a cooperative approach between private developers, non-profits, county and municipal governments, and social impact investors helping to make low-interest funds available to for-profit developers helping to off-set the high cost of building affordable units in high market value neighborhoods. Simultaneously, pushing for local inclusionary ordinances and revising single-family zoning preferences may open new opportunities for development outside of the Core City. Aligning land-use policy, significant funding, political will, and public support will take a coordinated effort.*

ISSUE #3: Access to Food, Healthcare, and Jobs

Transportation issues emerged in all contexts: food access and insecurity, better employment opportunities, access to educational offerings at GTCC and other locations, and access to preventative health care are as much a transit issue as an issue of living in medical, food, or educational 'deserts.' While not a long-term solution to addressing medically underserved and low food access areas, the approach of increasing transportation choices and decreasing transportation costs may lead to better immediate outcomes especially when paired with SNAP/EBT or other benefits.

RECOMMENDATIONS: *Promote and encourage the use of Hi Tran among all social service agencies,*

government services, medical and health facilities, and even retail establishments by providing subsidized or free unlimited ride 30-day passes to families in target neighborhoods. Encourage Medicare recipients, senior citizens (age 60 and over) and disabled persons to take advantage of the High Point Transit System's half-fare program. By increased ridership, institutional partnerships, and through increased public petitioning to Hi Tran for more frequent service, later evening service, and more routes. Discounted rides to large employers or retail centers may also encourage more ridership.

ISSUE #4: Availability and Cost of Childcare

Parents told us, “if I don’t have childcare I can’t work.” Likewise, key informants at social service agencies explained: “We’re really grateful for the programs that do allow families to attend at no cost or at low cost, but there doesn’t seem to be enough of the childcare slots because there’s always a waiting list with Head Start.” Childcare must be embedded in all services in order to remove the barriers for participation and to increase the opportunities for positive early childhood interventions.

RECOMMENDATION: Create proactive approaches for serving children in poverty impacted communities. Early brain development research clearly demonstrates that birth to five is a critical period in the development of language, executive functioning, and emotional regulation. These are the greatest factors leading to early school success and critical third grade reading performance -- impacting success in school and in life. Extra efforts should be made to provide programs for low cost or free childcare in target neighborhoods and at key service providers. Provide parent and staff education on the role of trauma and chronic stress in children’s compromised development and training to encourage the development of protective factors to buffer stress. Consider a “Resilience” approach which addresses both adverse childhood events (ACEs) and trauma-informed practice.

ISSUE #5: Substance Use Treatment

Like many places across the U.S., High Point is trying to determine how to best address the opioid epidemic and stop the illicit use of prescription opioids and heroin. The social and human costs of intravenous opioid use (IOU) on individuals, families and communities is significant. These include loss of housing, employment, long term illnesses, and decreased quality of life. Another significant impact of the misuse of opioids involves users who are parents and their (in)ability to parent and be responsible for children. There is also a clear connection with criminal activity.

RECOMMENDATIONS: Particular focus should be given to social determinants of health and behavioral health disparities. Addiction and substance use should be treated as public health issue rather than criminal justice issue. Public health intervention must be multipart and include: Prevention, Diversion, Deterrence, Harm Reduction, Detox/Rehab, and Long-term Recovery. Harm Reduction intervention teams providing needle exchange and rapid response to overdoses should be coordinated and include a broad-based community coalition of healthcare, first responders, and social workers. Attempts must be made to address the local need for detox facilities, recovery programs, and of long-term recovery support. Mental health services should be greatly expanded.

RECOMMENDED Next Steps: Vision of

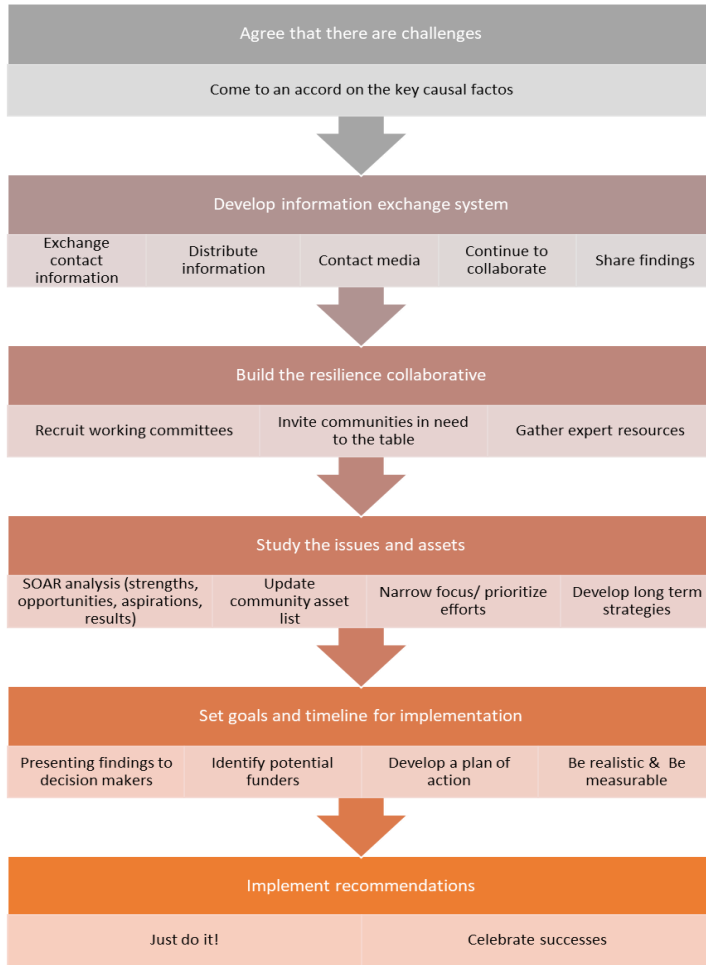


FIGURE 11 - COMMUNITY ACTION PLANNING

Success & Community Action Plan

The next steps for the project should be careful digesting of the contents of this report and a series of meetings with stake holders to discuss ways to disseminate the information. Using this information, the community should set a goal or vision of what success looks like in a 5-year period. Visioning should be innovative and aspirational.

Stakeholders should then be enlisted in the development of a Community Action Plan (CAP). A CAP is a stakeholder-based approach used to address a variety of social issues. The CAP is the roadmap to achieving the vision set forth by the community. The guiding principle of CAP lies in the acknowledgement

of the importance of the local community in informing and understanding complex social issues, identifying community resources, exposing deficiencies and concerns, and developing processes for long-term solutions. Following common practices in CAPs, meetings are scheduled over the course of several months to: 1) Listen to families and community partners identifying successes and obstacles to address trauma in the community; 2) collect and use additional data to best understand and identify the underlying causes of problems; 3) identify potential strategies and options for addressing the problems in a later implementation phase; 4) create a plan to implement proposed solutions at the end of the data gathering and analysis; and 5) determine how results will be evaluated and monitored.

Asset Based Community Development (ABCD) should be considered as an approach to building on the CAP. ABCS is a community-driven, empowering, participatory and inclusive, comprehensive approach that focuses on coalition development and capacity-building. It recognizes that documenting “need” can be an asset as much as a liability. Used properly, ABCD enables a community to see its strengths and weaknesses and create the programs and services needed to help those who need them while highlighting the programs and services the community already offers. Asset-based community development brings the lack of certain programs and services to the attention of a community. However, it also highlights the services and programs that a community does provide, shedding a positive light on a community. In this way, a community knows where it has room for improvement, while also seeing what it does have to offer its people that may make it stand out from other communities. Because of the success that numerous communities have had with using community based asset development, the literature suggests that this would be a very good tool for mapping assets and needs among specific groups and/or within communities in general, taking into consideration the nuanced differences of context in a given community project.