

# ***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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## Introduction

This report was developed by the UNCG Center for Housing and Community Studies in response to a request from Dr. Patrick Harman, Executive Director at Hayden-Harman Foundation, for a needs assessment of the population of High Point, NC to be used by Resilience High Point.

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 service families in the community. The study includes a review of the most recent socio-demographic and economic data, interviews of key informants, and 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.

Over the course of the 4-month project (Aug 1 - Nov 30), the University of North Carolina at Greensboro Center for Housing and Community Studies provided technical support and analysis from the Center Director and Staff. CHCS staff:

- 1) attend bi-monthly partner meetings;
- 2) conduct 4 community 'listening sessions' or focus groups with community members;
- 3) conduct a multi-modal resident survey (online and paper through community partners);
- 4) complete nine telephone interviews with key informants;
- 5) perform an analysis and mapping of jurisdictional data for the City of High Point; and
- 6) produce a report and presentation identifying community assets, resident needs, and gaps between need and current resources.

## 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, dis-investment, and population flight, it has started to look at addressing dilapidated surplus housing, blighted neighborhoods, and cost-burdened households. Several recent studies have indicated the need for targeted investments in infrastructure, a focus on improving neighborhood amenities, projects aimed at reclaiming and rehabilitating aging properties, and identifying opportunities for strategic infill and new development (see <https://chcs.uncg.edu/high-point-market-segmentation-study/>). Recent studies have also underscored the physical and behavioral health issues of High Point (see <https://provost.uncg.edu/blog/2017/10/24/addressing-health-needs-in-the-greater-high-point-community/>).

## Methodology

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 goal of the needs assessment will be to identify primary concerns of families and how they are currently addressed; neighborhood concerns and how they are addressed; the resources needed to address family and neighborhood needs; identify how residents learn about community resources; and finally, what additional resources they would like to have in the community. A needs assessment is the “what” (what the organization needs) that precedes the gap analysis, which is the “how” (how to close the gap between where the organization is currently and where they want or need to be). Following a needs assessment, a plan of action needs to be made to address the needs (or close the gaps) to bring the organization closer to its desired future state.

## Data Sources

A variety of research methods have been used in the development of this report. First, an analysis of secondary socio-demographic data has been conducted. The latest information on community economic, demographic, and social conditions available from national sources (Census Bureau, American Housing Survey, American Community Survey, US Postal Service, Zillow, ESRI datasets, Centers for Disease Control and Prevention, etc.) have been combined with local jurisdictional sources (High Point Police Department, Guilford County Sheriff, Guilford County Health Department, etc.). However, relying on secondary data alone may skew findings. It is always the recommendation of UNCG CHCS that a comprehensive analysis should include primary, as well as the latest available secondary data. Thus, primary data has been collected and analyzed for this report and data and tables from the Census have been augmented by survey, focus group, and key informant interview data.

### CHCS Survey

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 to community organization targeting immigrant communities. A total of 524 surveys were completed. As a convenience sample, results may not be statistically representative of the population of High Point.

### Key Informant Interviews

Interviews were conducted with a diverse set of people working in social services, non-profits, foundations, schools, and other programs. Key Informants were assured that the information they shared would be kept completely confidential, so they could feel free to speak openly and honestly about their observations and concerns. In order to honor this commitment, this report does not list the names of key informants, only quotes in an aggregate format and redacted of any personally identifiable information. 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. CHCS staff interviewed 9 key informants. For ease of access, all

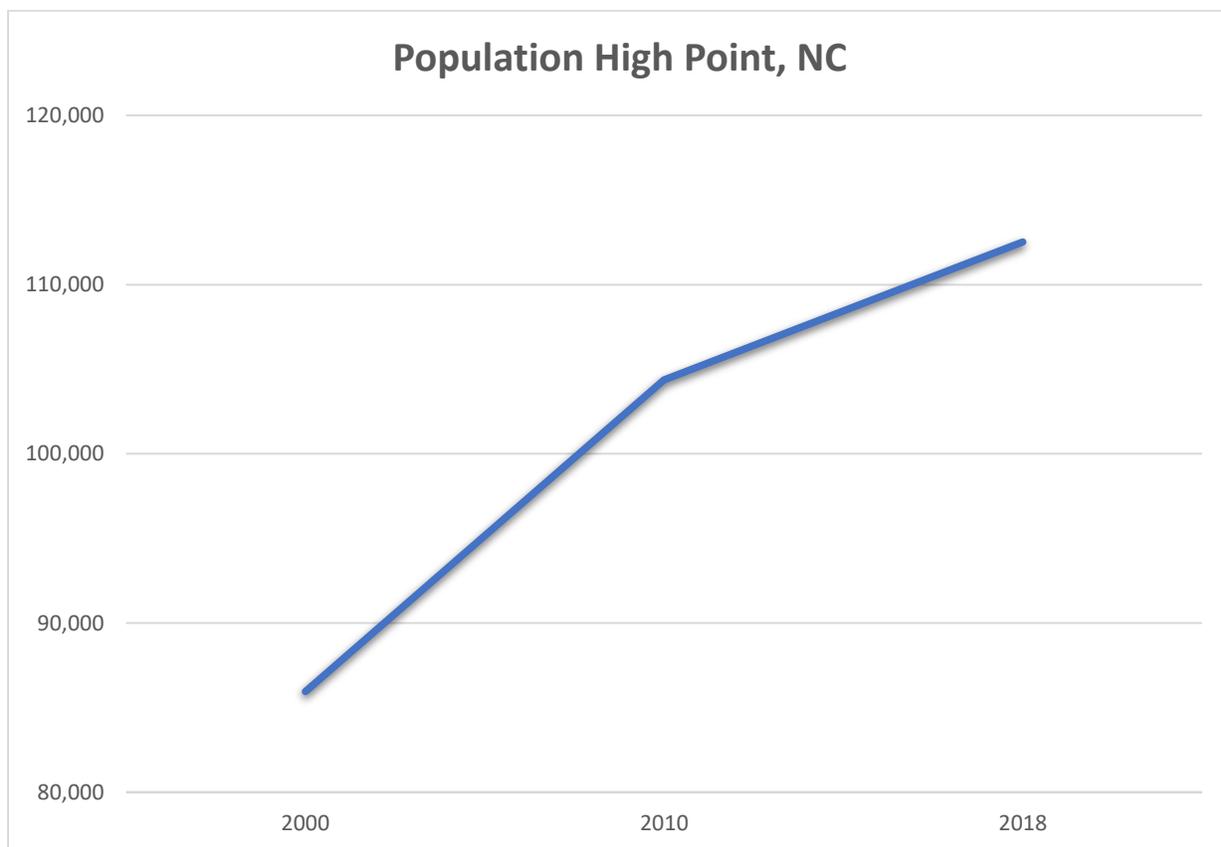
interviews were conducted over the phone. Calls were recorded using the Voice Recorder app. Interviews length varied, with the longest being nearly an hour and the shortest taking 30 minutes to complete. Interviews were semi-structured, with most interviewees responding to similar questions. At times, researchers elected to change questions in order to best reflect the experiences and knowledge of the interviewee. Following the interviews, researchers transcribed the audio of the interview.

### Focus Groups

The focus group, or group interview, is a common methodology that has been used as a means of data collection in the social sciences for at least a century. Focus groups gained popularity in the 1930s and 40s with Robert K. Merton who used them as a tool for gauging reactions to wartime propaganda materials (Morgan, 1988; Hollander 2004). Since then, the methodology has been employed in a wide variety of research settings that call for a deep understanding of a groups' perspective on an issue. It is through the synergistic, collaborative, and interactive atmosphere of the focus group that participants are influenced to express many ideas that may have been more difficult to express individually (Morgan 1988). Focus groups produce more in-depth information than other quantitative research methods. However, the value of focus group research is largely dependent on how well the focus groups are designed and executed and how carefully the data are collected and analyzed. Researchers held four focus groups or public listening sessions. All focus groups were held in the evening. 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.

## Population Profile

According to the 2018 American Community Survey (ACS 1-year estimate), High Point was home to an estimated 112,520 people and has grown 30.9% since the 2000 Census for an average growth rate of about 1.7% per year. The population density in High Point is about 2,041 persons per square mile, but ranges from 4,142 per square mile (around High Point University) to 324 per square mile in the neighborhoods south of the Bus I-85/ Hwy 311 intersection.



**FIGURE 1 - POPULATION INCREASE HIGH POINT, NC 2000-2018**

### Tenure in High Point

On average, CHCS survey respondents had lived or worked in High Point for 10.1 years with a range from less than one year to over 40 years.

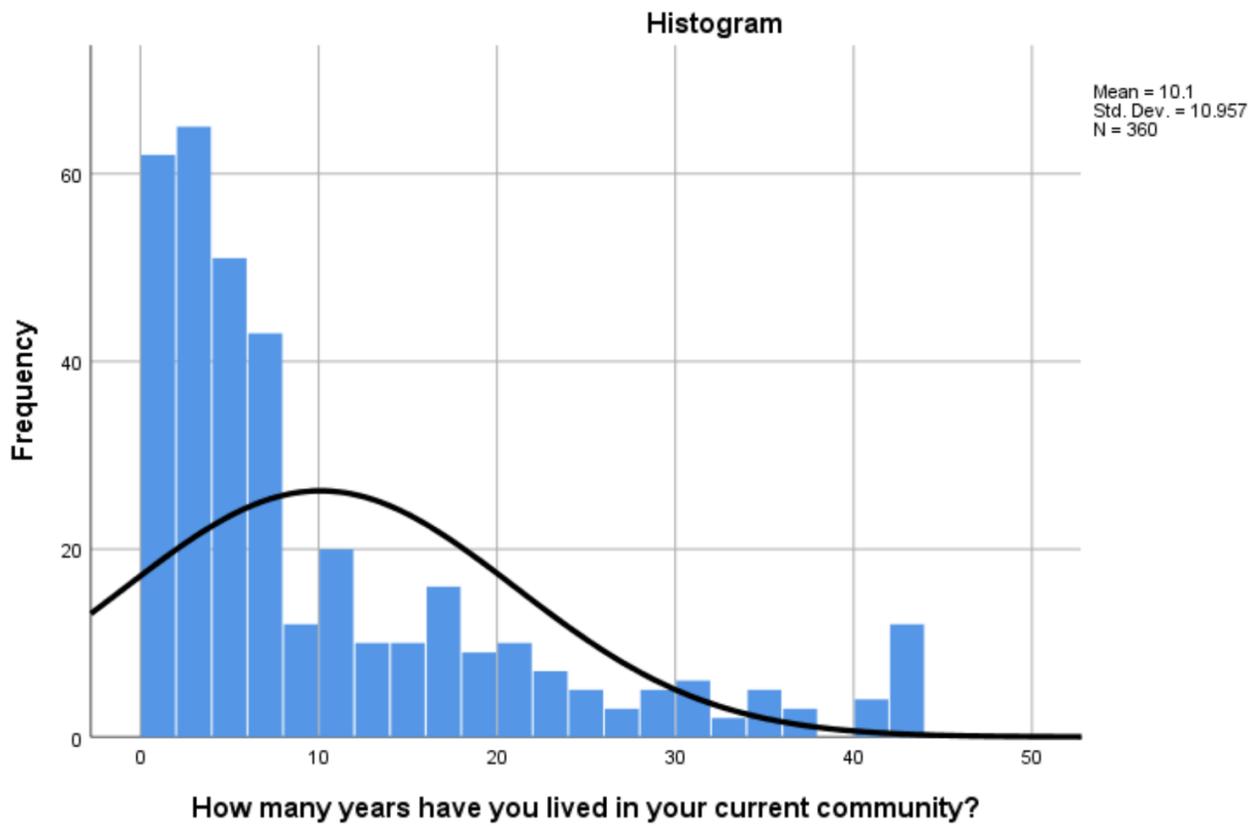


FIGURE 2 – TENURE AMONG CHCS SURVEY RESPONDENTS

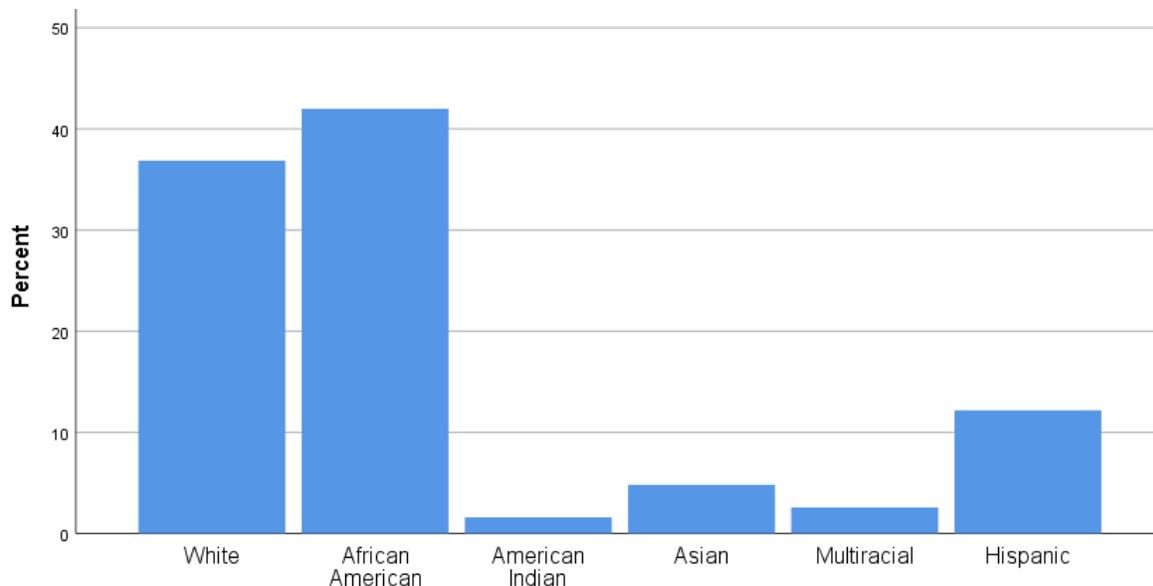
**TABLE 1 - RACE DISTRIBUTION IN HIGH POINT, NC**

Race	2000	2010	2013-2017	Percent of Total 2013-2017
White	51,957	55,989	56,410	51.35%
African American	27,244	34,394	37,395	34.04%
Asian	2,787	6,345	8,980	8.17%
Native Hawaiian or Pacific Islander	52	45	64	0.06%
American Indian or Alaskan Native	437	579	420	0.38%
Some Other Race	2,054	4,573	3,584	3.26%
Two or More Races	1,418	2,446	2,996	2.73%
Hispanic	4,302	8,847	11,133	10.13%

### Race and Ethnicity

High Point is 51.4% White, 34.0% African American, 10.1% Hispanic, and 8.2% Asian. Between 2000 and 2017, the White population increased by 8.6%, the African American population by 37.3%, and the Asian population by 222.2%. The number of Hispanics also increased by 158.8%.

Survey respondents could select multiple permutations of race and ethnicity. The survey sample was slightly less white and more people of color than in the general population. Just over a third (36.9%) identified as non-Hispanic White, while 42.0% were African American, 12.2% were Hispanic, 4.8% were Asian, 2.6% were multiracial, and 1.6% were American Indian.


**FIGURE 3 – RACE AND ETHNICITY OF SURVEY RESPONDENTS IN HIGH POINT**

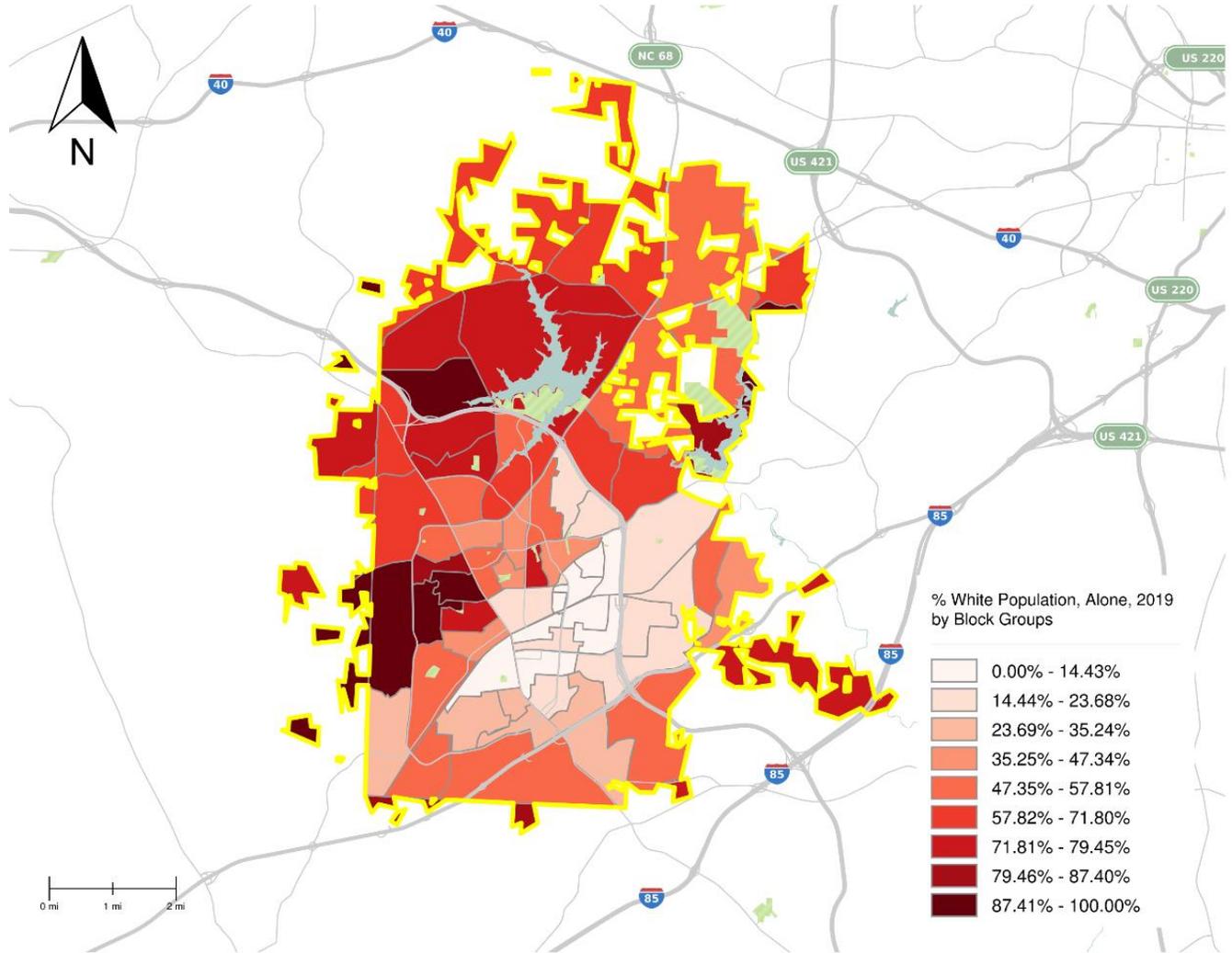
## Geospatial Segregation

Geospatial analysis shows a resurgence of racial/ethnic isolation and a “concentration effect” of poverty and marginalization. GIS mapping of American Community Survey data reveals that High Point has pockets that are highly segregated by race and income. The White population in High Point is highly concentrated in neighborhoods in west High Point (Emerywood/ Country Club) and north (around Oakview Estates). Meanwhile the neighborhoods in the Core City are disproportionately African American, and in the neighborhoods of southwest and southeast High Point have greater numbers of Asian residents. The Hispanic population has greatest concentrations in south High Point. Such residential concentrations combined with high rates of poverty may lead to the designation by the federal government as a racial or ethnic concentration of poverty, or an “R/ECAP.” According to HUD, an RCAP/ECAP “must have a non-white population of 50 percent or more. Regarding the poverty threshold, Wilson (1980) defines neighborhoods of extreme poverty as census tracts with 40 percent or more of individuals living at or below the poverty line... [or] three times the average tract poverty rate for the metro/micro area, whichever threshold is lower.” In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted issues with segregation by race and income:

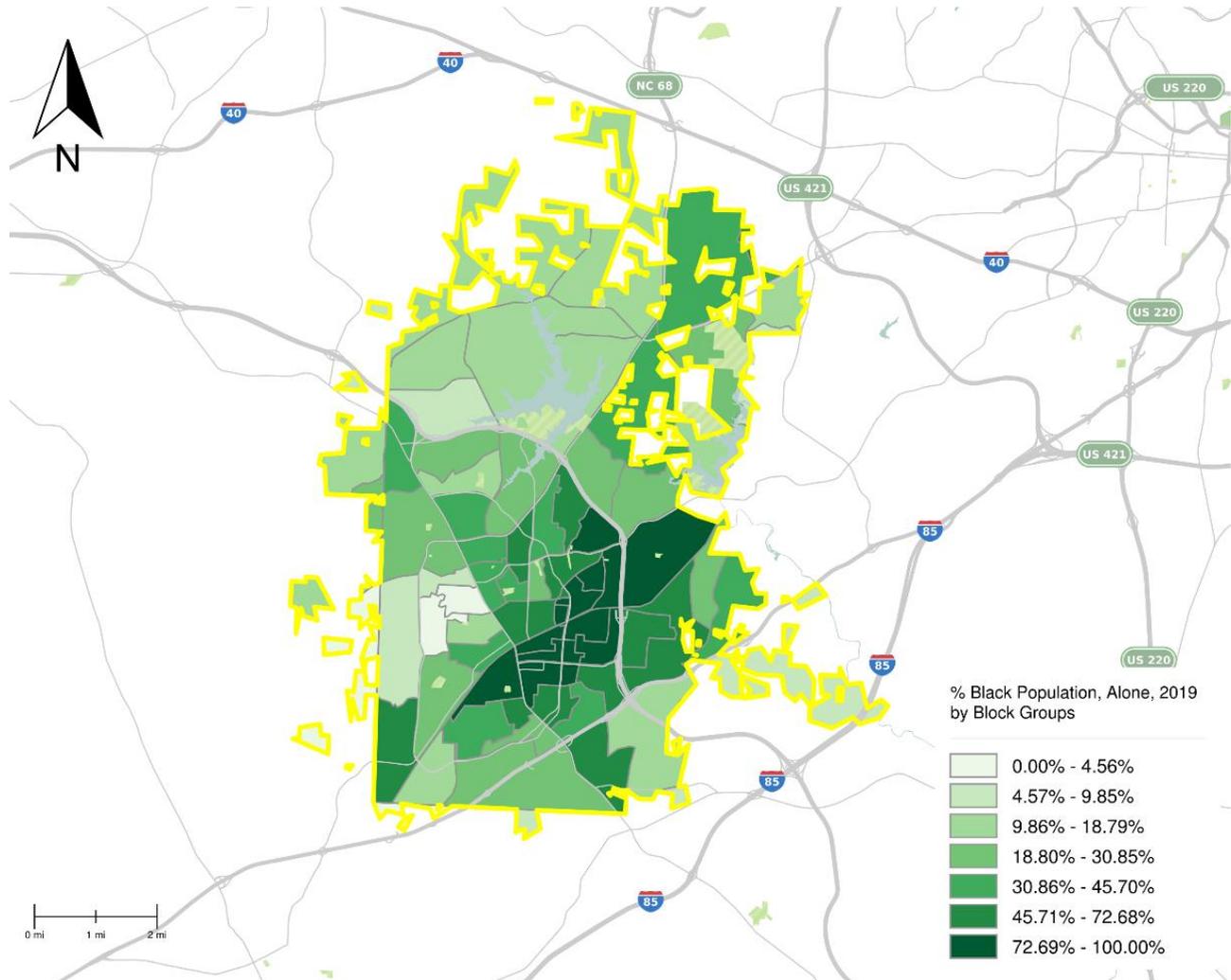
- *There is a great divide*
- *We’ve got very high concentrations of poverty in these communities.*
- *High Point was made divided. There are the haves and the have nots... People who did the work and people who owned the mills. We were imported.*
- *I live in north High Point. Most of your questions don't apply to me. The real issue is that most in north High Point live in a cocoon. Consciously or unconsciously, they ignore the issues that plague other citizens of the city. To get services and resources to everyone, we need true community spirit. We don't have community spirit. We are a city divided, mostly by race.*
- *It’s because there’s such a high concentration of millionaires. But at the same time, we have high rates of hunger.*
- *High Point, I don’t know how much you know about the history but, it sort of appears to still be a town of haves and have nots. I think that goes back to the very, very early days when the only people who lived*

*here were the people who owned the mills or worked in the mills. I think it goes back that far. So, it's a challenge, the stigma is still there. The poor people haven't gotten any wealthier, I don't think. So, we continue to deal with things the same way, we tend to ignore it.*

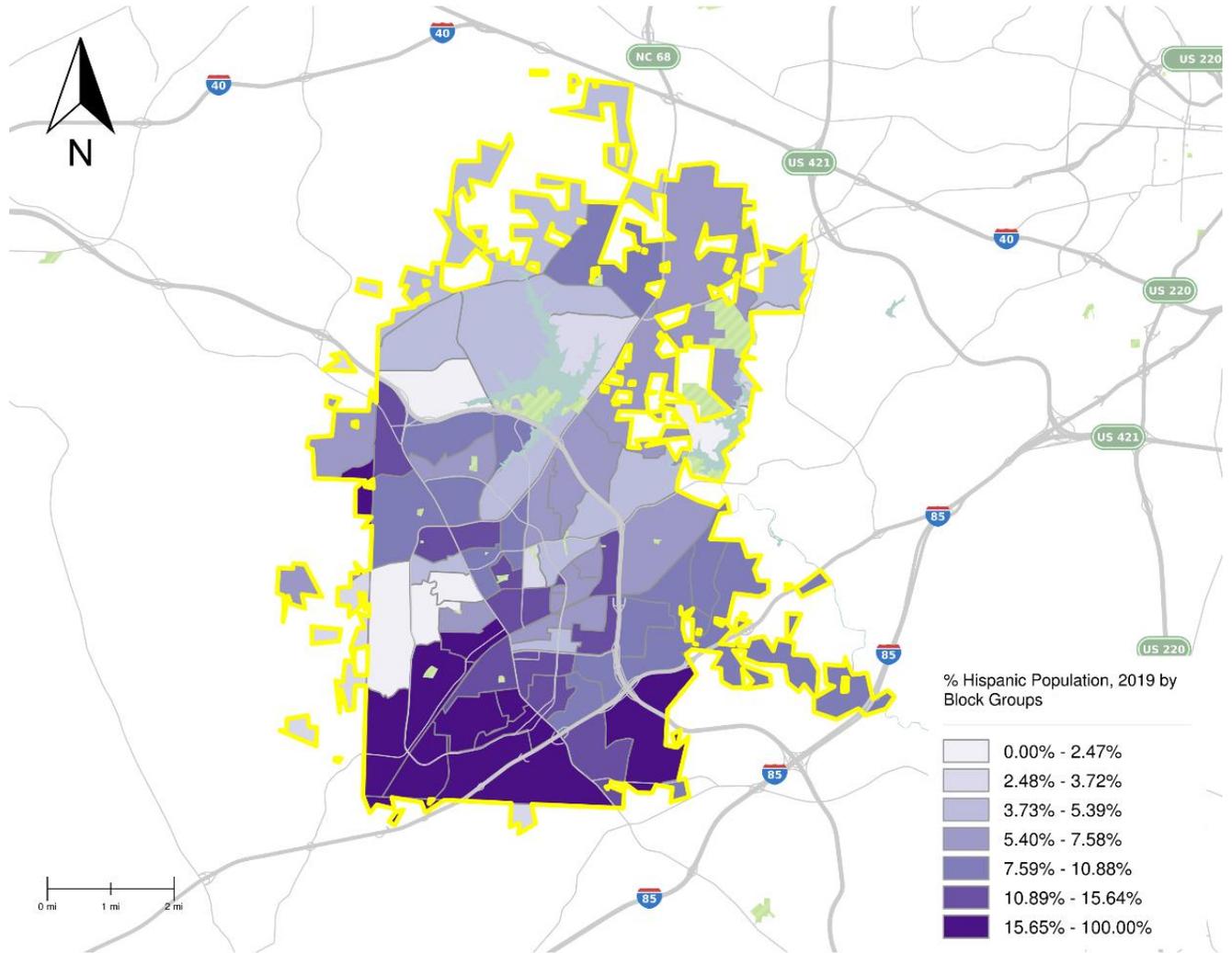
- *I am appalled that the citizens on my end of city only has jobs that pay the bare minimum, while areas starting at HPU are developing and bringing in new business and pouring money into those areas. Our children are attending [schools] that are less than efficient and we don't equally embrace the 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.*
- *I feel as though High Point has a very segmented community - there are very few spaces that both the wealthy citizens and the struggling citizens can meet and build relationships.*



**FIGURE 4 – WHITE NON-HISPANIC POPULATION, HIGH POINT NC (ACS 2019)**



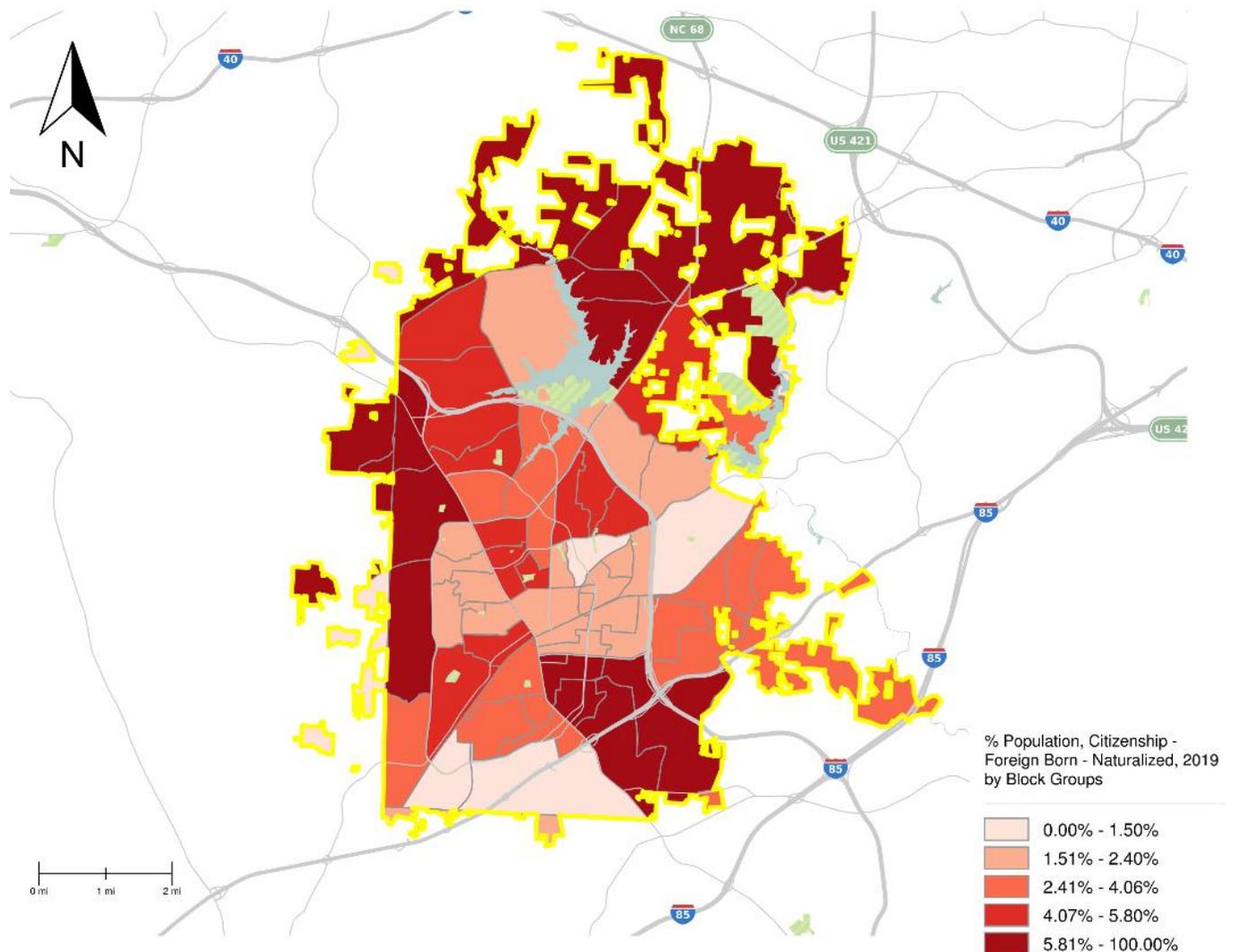
**FIGURE 5 – AFRICAN AMERICAN POPULATION, HIGH POINT NC (ACS 2019)**



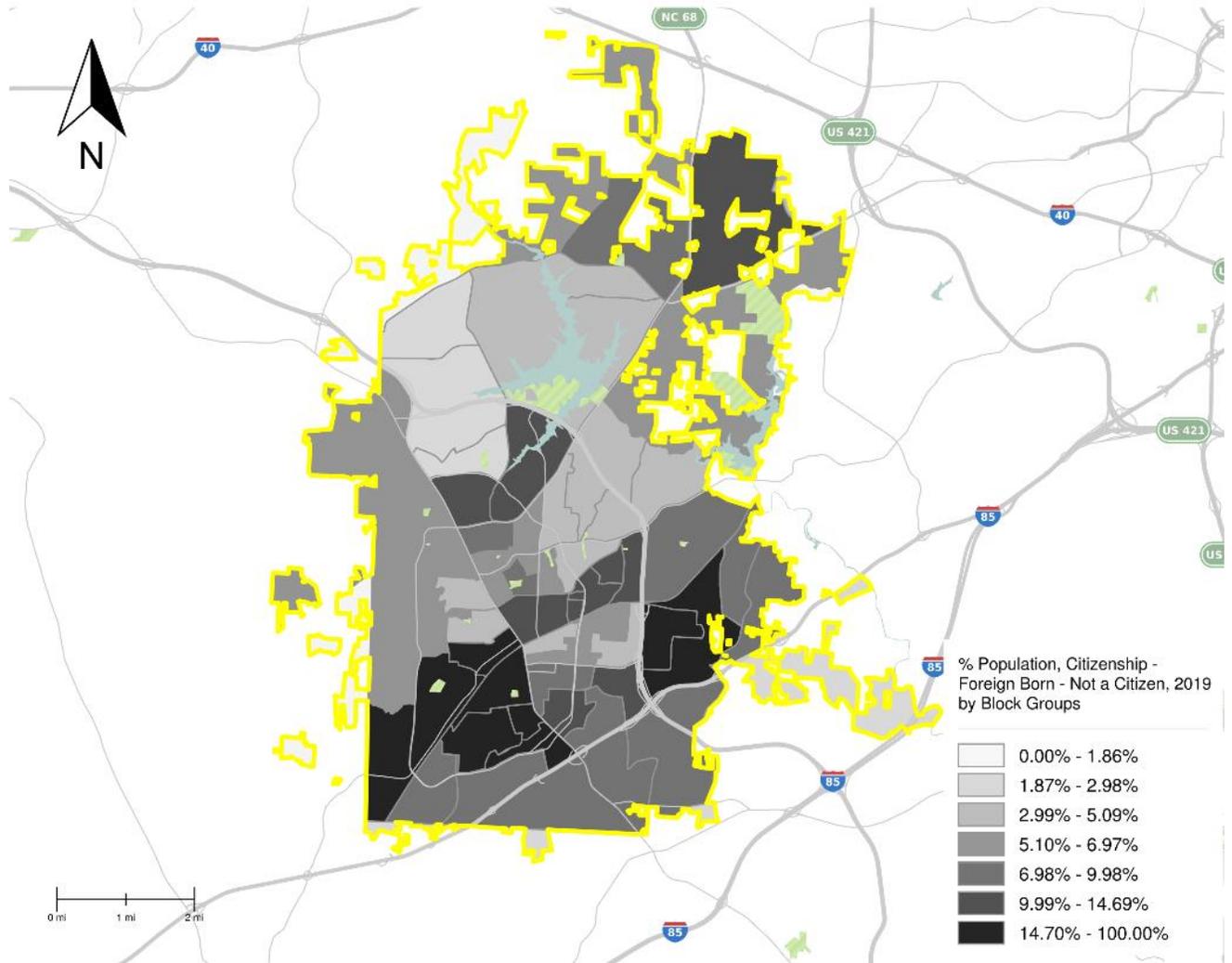
**FIGURE 6 – HISPANIC POPULATION, HIGH POINT NC (ACS 2019)**

## Foreign Born

Data from the U.S. Census indicate that 15,241 people or 13.9% of the population living in High Point were "foreign born." The Census defines foreign born as anyone who is not a U.S. citizen at birth. Similarly, 13.4% of survey respondents were foreign born and 9.2% were not U.S. citizens. The naturalized foreign-born population is fairly distributed around High Point while non-citizens tend to be concentrated in Southwest High Point and around High Point University.



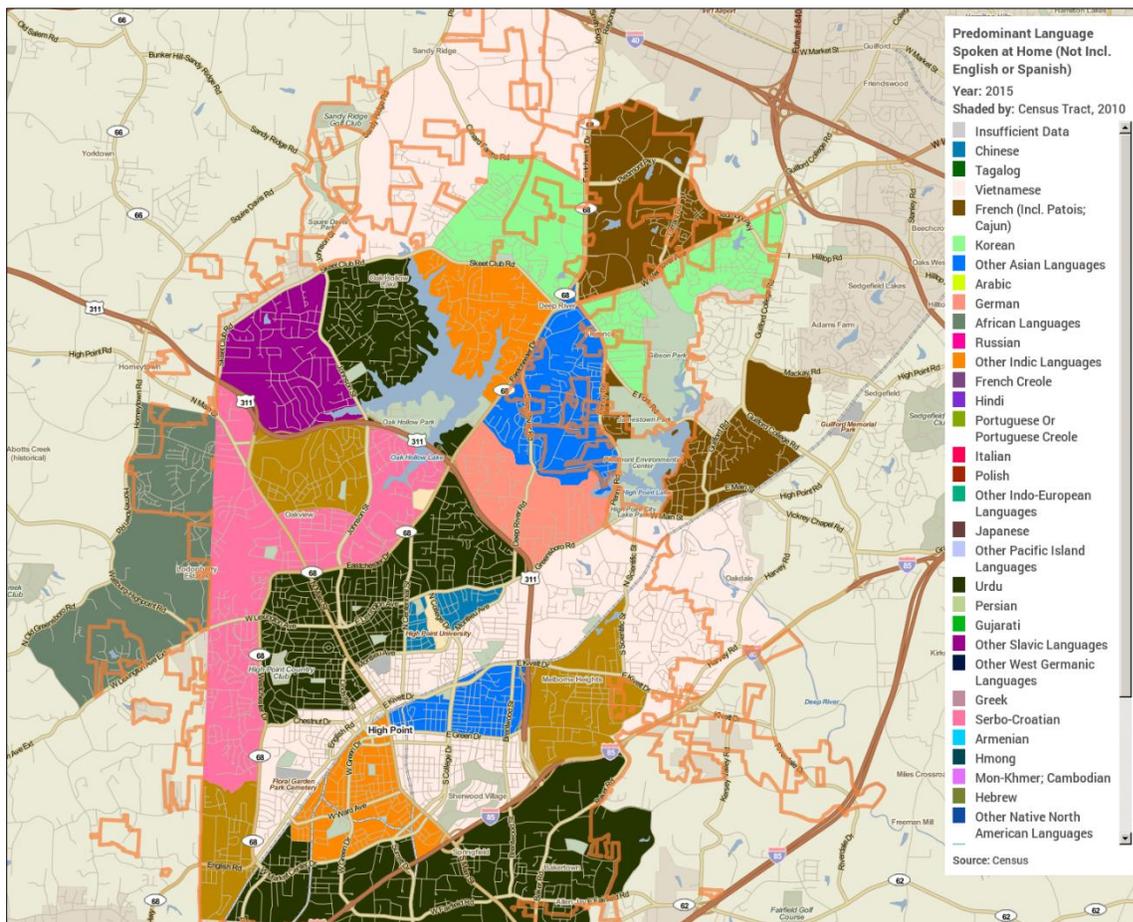
**FIGURE 7 – NATURALIZED POPULATION IN HIGH POINT (ACS 2019)**



**FIGURE 8 – NON-CITIZEN POPULATION IN HIGH POINT (ACS 2019)**

## Languages Spoken

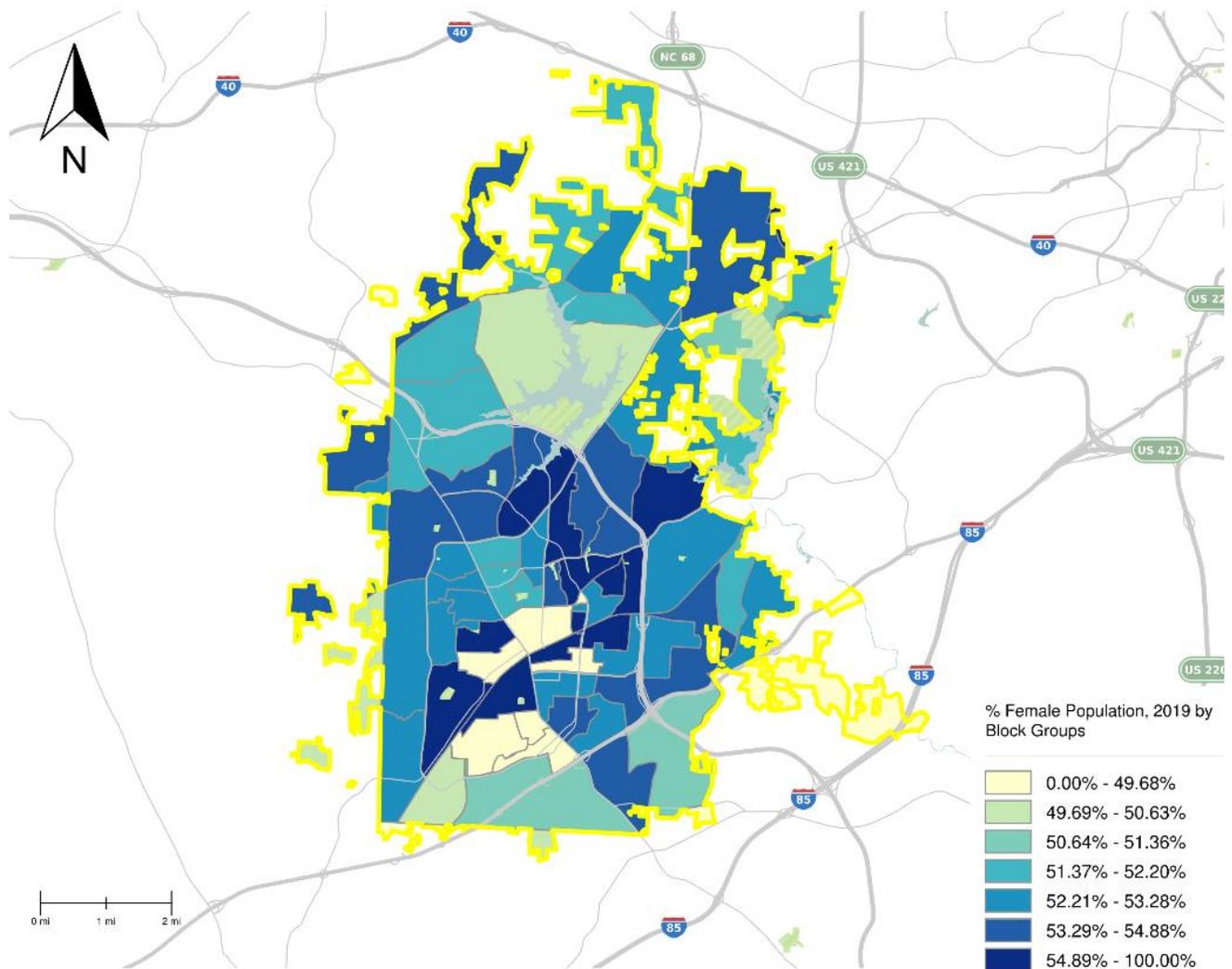
According to the American Community Survey (2013-2017), approximately 9.5% of the total population (9,794 in all) are non-English speaking. Of languages spoken in the home, the greatest percentage of non-English households is Spanish (7.3% of the population). Other predominant languages include Chinese, Vietnamese, Laotian, Other Asian Languages, French, African Languages, Urdu, and Serbo-Croatian. Respondents to the survey spoke English (83.7%), Spanish (8.5%), and “other” languages (7.8%) including American Sign Language, Amharic, Burmese, French, Karen, Kibembe, Kiswahili, Korean, Nepali, Oromo, Swahili, Urdu, Vietnamese, and Yoruba.



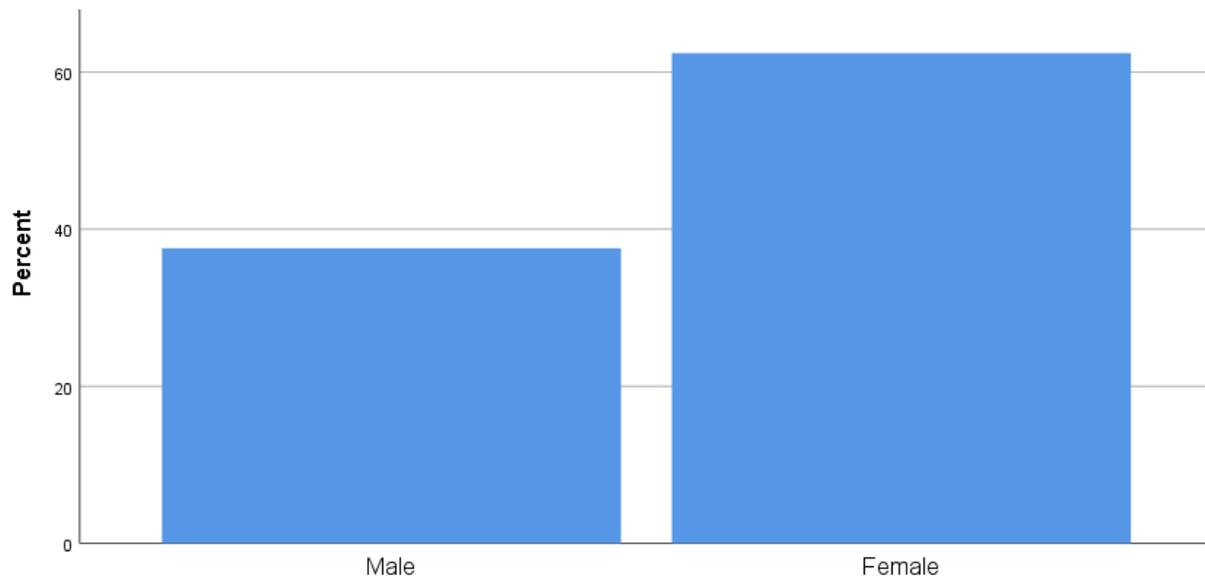
**FIGURE 9 – PREDOMINANT LANGUAGE NOT INCLUDING ENGLISH AND SPANISH IN HIGH POINT (ACS 2011-2015)**

## Sex

Less than half (47.3%) of residents in High Point are male, compared with 48.7% in North Carolina (ACS 2013-2017). There are neighborhoods in the Core City where the percentage of females is as much as eight percentage points higher than males (ACS 2019). Just over a third (37.6%) of survey respondents were male, while 62.4% were female.



**FIGURE 10 – FEMALE POPULATION, HIGH POINT NC (ACS 2019)**



**FIGURE 11 – SEX OF CHCS SURVEY RESPONDENTS**

### Sexual Orientation

According to the Census 2010, 0.74% of High Point Residents lived in same-sex couple households. There is no more recent Census data yet available. Most (82.8%) CHCS survey respondents indicated heterosexual as their sexual identity while 2.8% identified as homosexual and 2.4% identified as bisexual. 7.6% of respondents preferred not to disclose their sexual orientation

**TABLE 2 - HOW DO YOU IDENTIFY?**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Heterosexual	240	45.8	82.8	82.8
	Homosexual	8	1.5	2.8	85.5
	Bisexual	7	1.3	2.4	87.9
	Other	13	2.5	4.5	92.4
	Prefer not to say	22	4.2	7.6	100.0
	Total	290	55.3	100.0	
<b>Missing</b>	System	234	44.7		
<b>Total</b>		524	100.0		

**TABLE 3 – CHILDREN AND YOUTH POPULATION ESTIMATES, HIGH POINT (ACS 2019)**

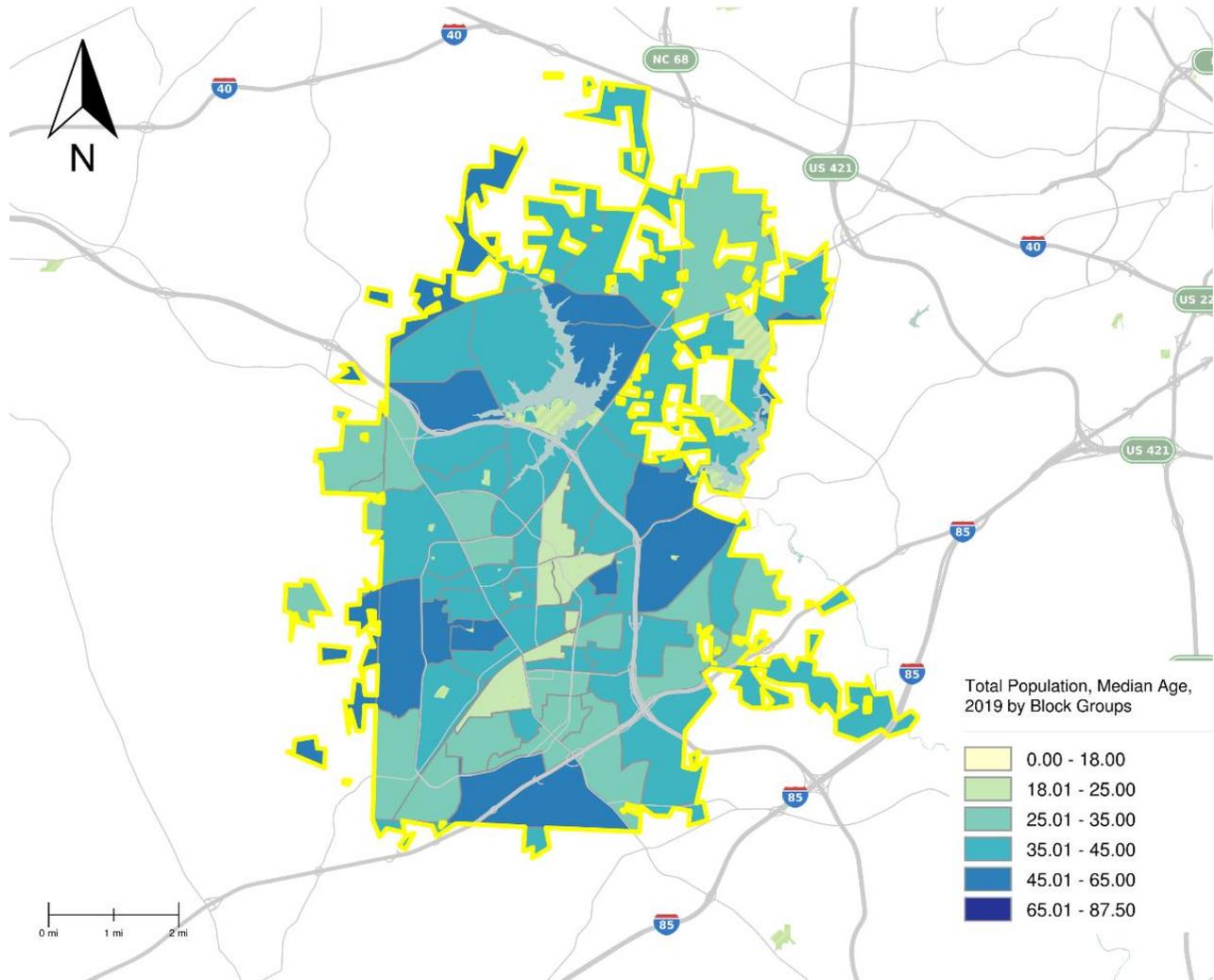
Age Range	Population	Percentage of total population
Birth to five years old	8,672	7.64%
Six to eleven years old	8,922	7.86%
Twelve to seventeen years old	8,645	7.62%
Eighteen to twenty-four years old	11,112	9.79%
<b>Working Age (18-64)</b>	<b>70,892</b>	<b>61.83%</b>
<b>Aging (65+)</b>	<b>17,088</b>	<b>15.05%</b>

### Age

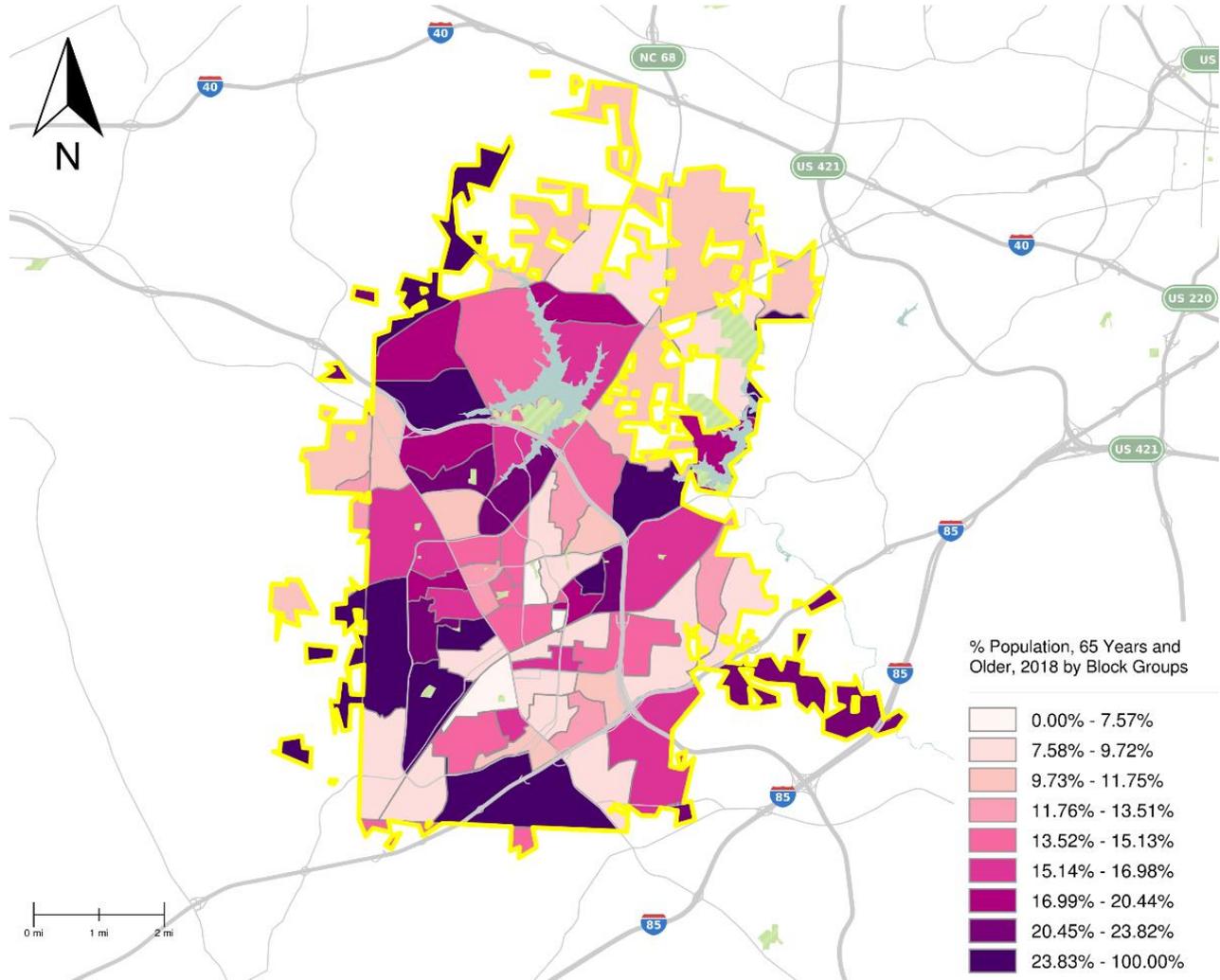
Median age in High Point, NC is 36 years old (ACS 2013-2017). Approximately, 15.1 % of the population is over the age of 65, while 61.8% are of working age (18-64), 23.1% are under 18, and 7.6% are 5 years old or less. There are concentrations of older neighborhoods where the median age is 45-65 years old in East, North, West, and South High Point. These same neighborhoods also have higher proportions of the population who are over 65 years old. Conversely, in Southwest High Point, the median age is younger (18-25 and 25-35) and there are more young children proportionally who are between zero and five years of age. The average age of CHCS survey respondents was between 35-44 years though there was a good range of respondents from under 18 to over 75 years old.

**TABLE 4 - HOW OLD ARE YOU?**

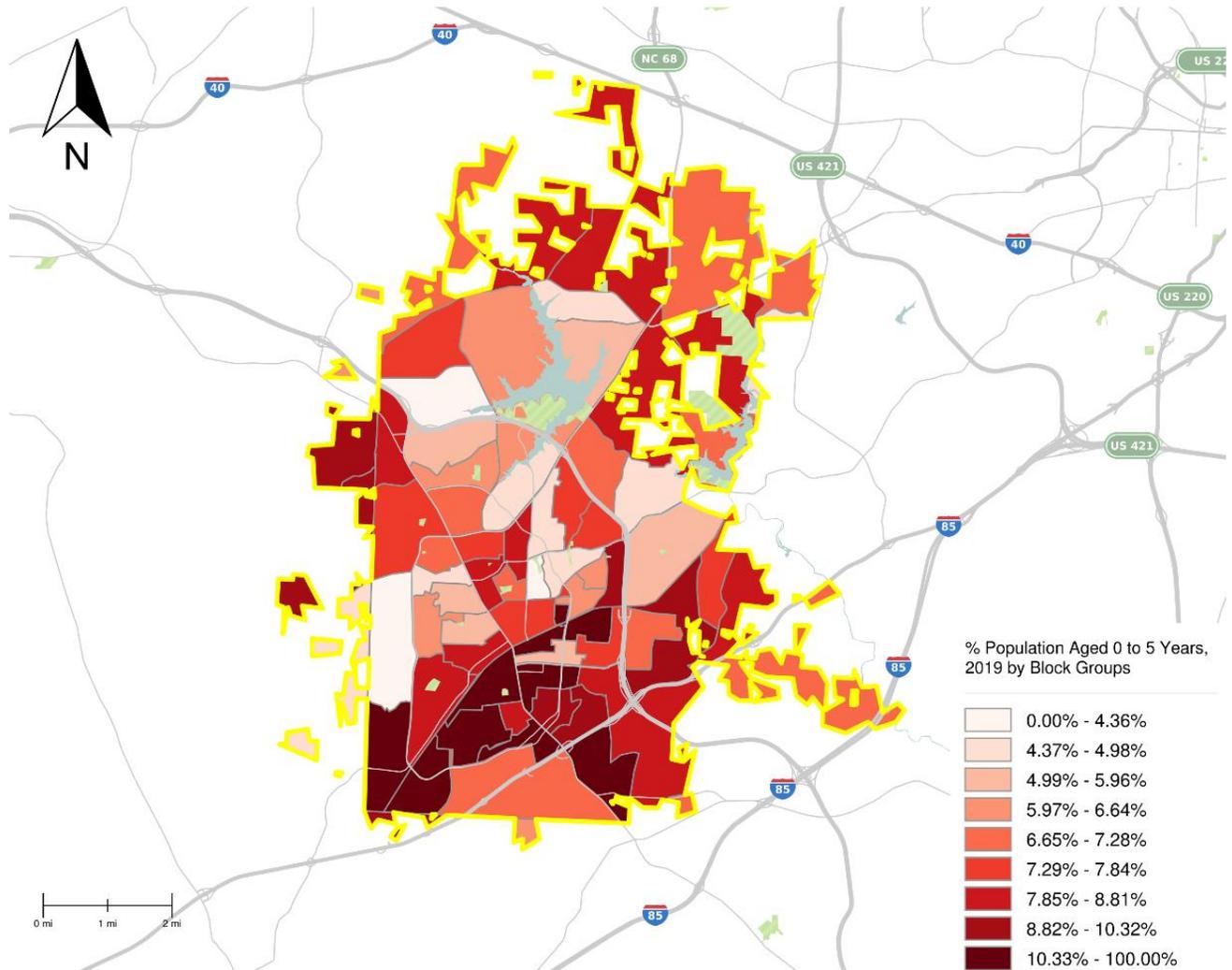
		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Under 18	3	.6	1.0	1.0
	18 - 24	34	6.5	10.8	11.7
	25 - 34	41	7.8	13.0	24.8
	35 - 44	62	11.8	19.7	44.4
	45 - 54	57	10.9	18.1	62.5
	55 - 64	72	13.7	22.9	85.4
	65 - 74	40	7.6	12.7	98.1
	75 - 84	6	1.1	1.9	100.0
	Total	315	60.1	100.0	
<b>Missing</b>	System	209	39.9		
<b>Total</b>		524	100.0		



**FIGURE 12 - POPULATION MEDIAN AGE, HIGH POINT NC (ACS 2019)**



**FIGURE 13 - POPULATION 65 YEARS OF AGE AND OLDER, HIGH POINT NC (ACS 2019)**



**FIGURE 14 - POPULATION 0 TO 5 YEARS OF AGE, HIGH POINT NC (ACS 2019)**

**TABLE 5 - DO YOU HAVE A PHYSICAL OR MENTAL DISABILITY?**

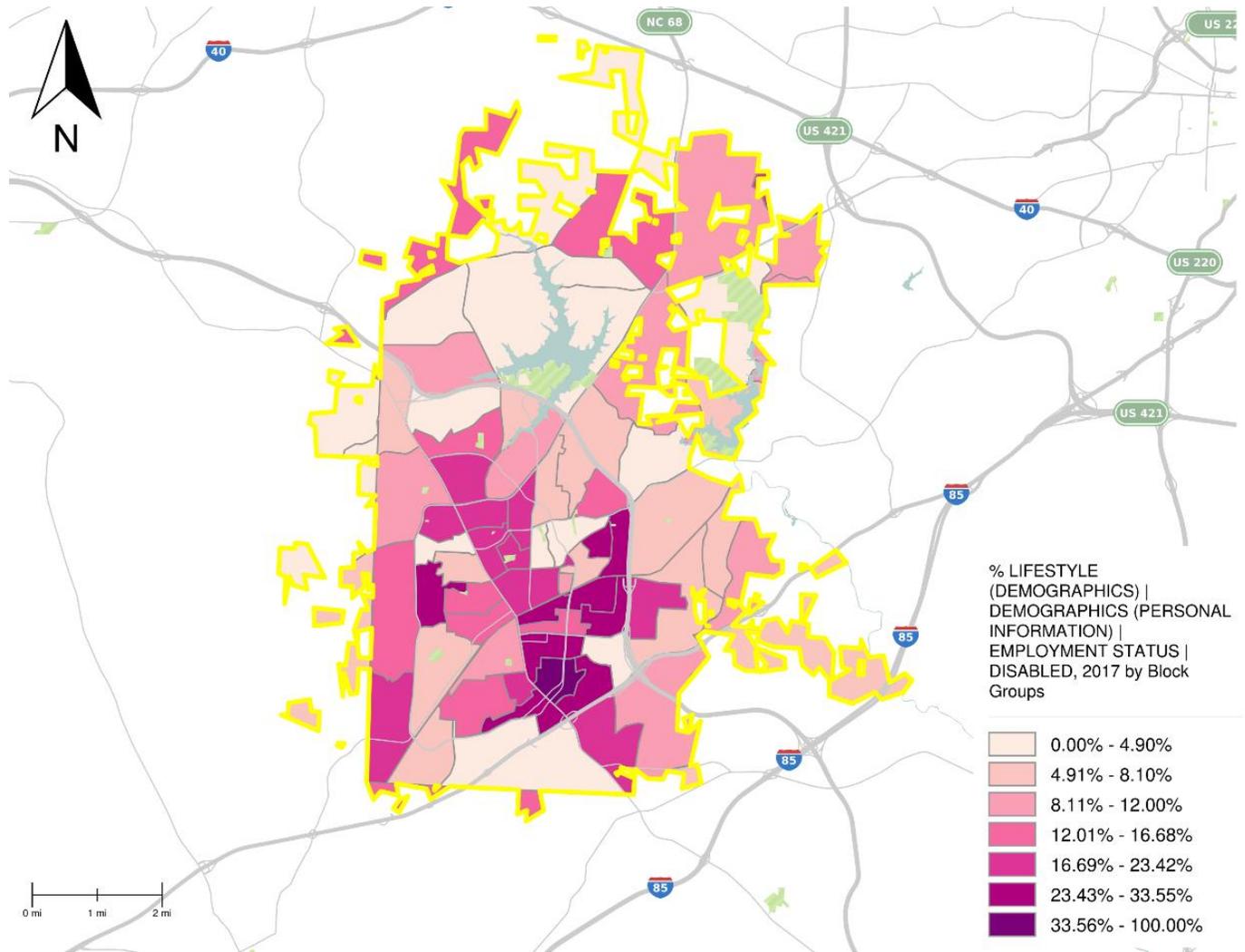
		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Yes	81	15.5	26.0	26.0
	No	231	44.1	74.0	100.0
	Total	312	59.5	100.0	
<b>Missing</b>	System	212	40.5		
<b>Total</b>		524	100.0		

### Persons with Disabilities

In High Point, 14,778 (roughly 13.6%) of the civilian noninstitutionalized population has one or more types of disabilities (ACS 2013-2017). A third (32.3% or 4,770) are individuals over the age of 64 and 37.2% (5,501) of people with a disability are unemployed. In fact, 21.0% of the unemployed population has one or more types of disability. More than a quarter of those with a disability (27.1% or 3,963) are living in poverty. 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%).

**TABLE 6 – WHO PROVIDES CARE?**

Responses	N	Percent
<b>Self</b>	26	49.10%
<b>Family</b>	8	15.10%
<b>Daycare</b>	2	3.80%
<b>Have to leave elder/senior alone</b>	4	7.50%
<b>Able to stay home alone</b>	7	13.20%
<b>Other (explain)</b>	6	11.30%
<b>Total</b>	53	100.00%



**FIGURE 15 – DISABLED POPULATION (EMPLOYMENT STATUS), HIGH POINT NC**

## Veterans

About 7.2% of the population (5,964 total) of High Point are Veterans. Veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty. Roughly 10.1% of veterans in High Point are living in poverty

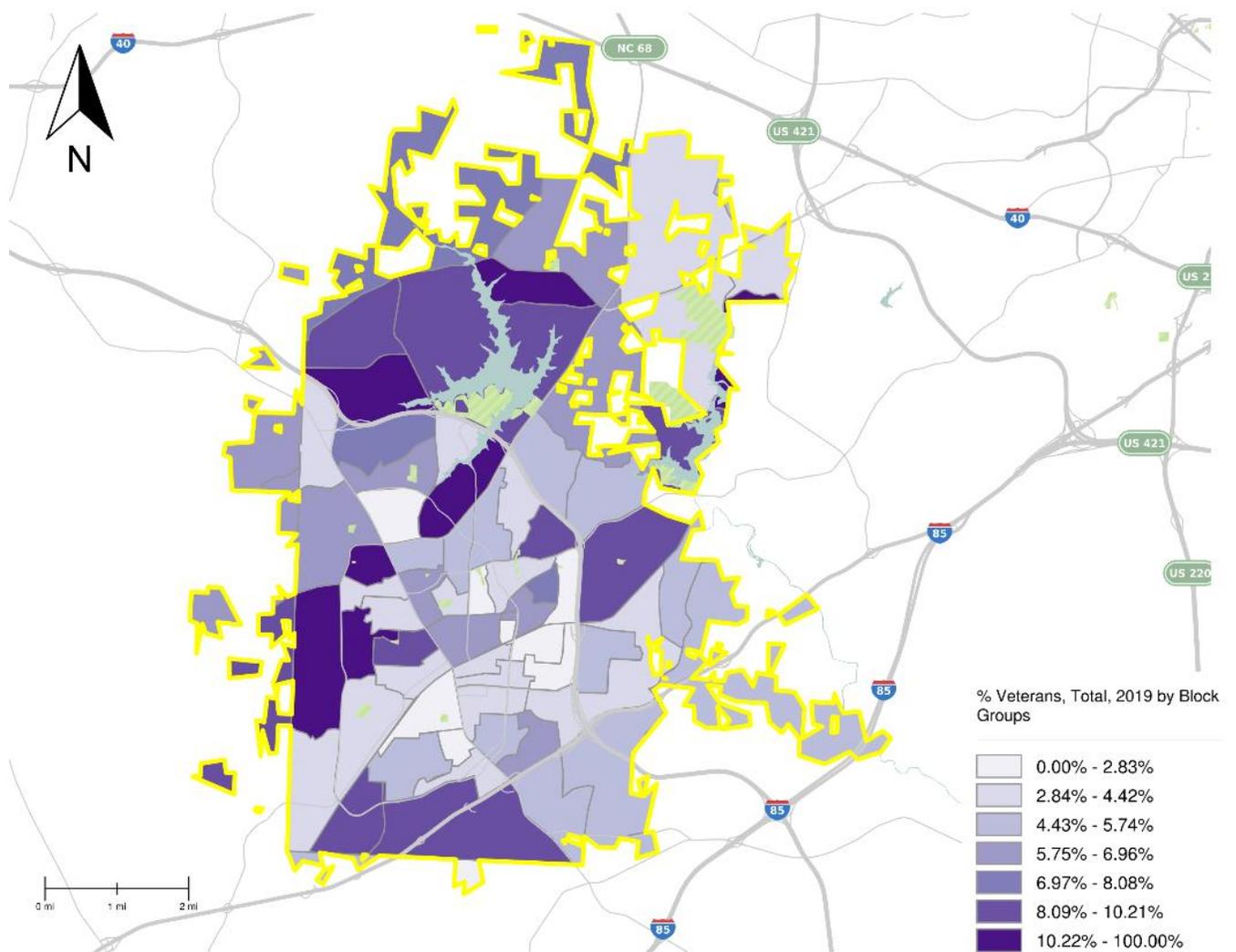


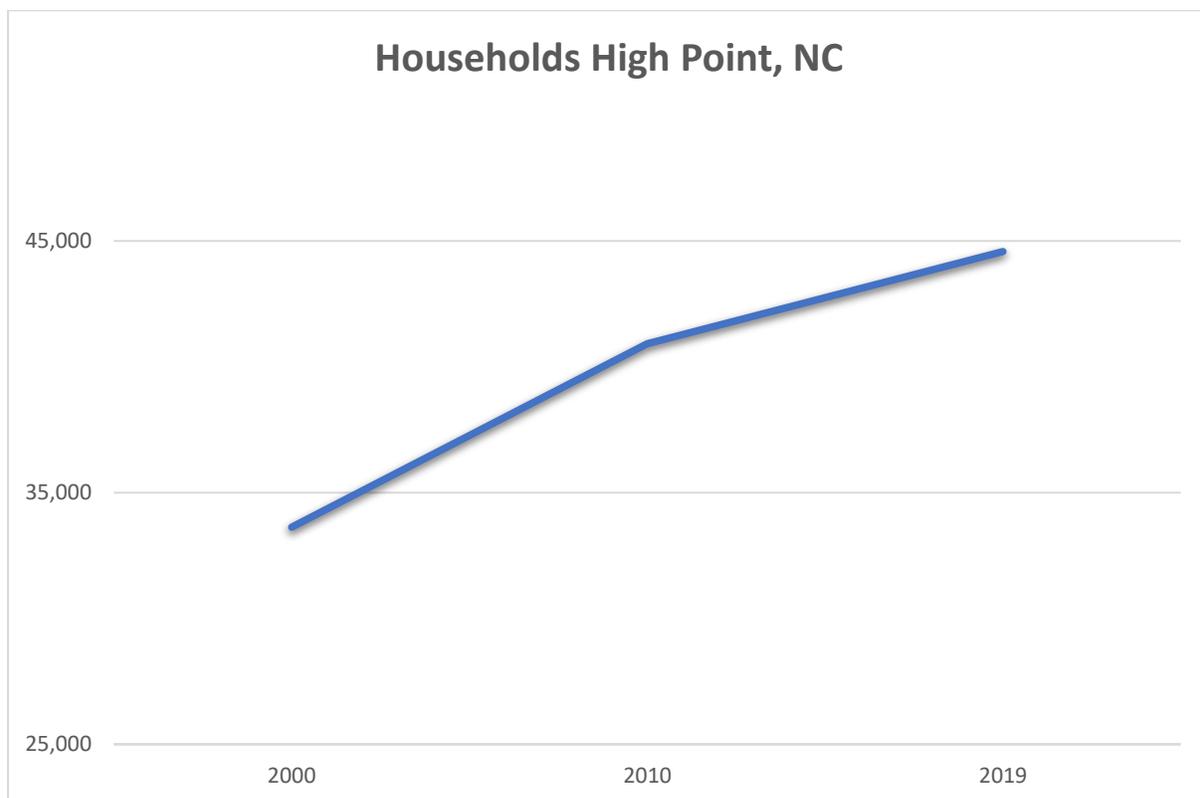
FIGURE 16 – VETERANS, HIGH POINT NC (ACS 2019)

**TABLE 7 – RETIRED POPULATION, HIGH POINT NC.**

Attribute	High Point, NC	North Carolina
# Retired, 2017	13,515	1,349,233
% Employment Status   Retired, 2017	18.58%	17.46%
# Retire or Take Early Retirement Last 12 Months, 2017	1,925	223,900
% Retire or Take Early Retirement Last 12 Months, 2017	2.65%	2.90%
% Households Owning Retirement Accounts, 2018	43.03%	45.37%
Average Value of Retirement Accounts, 2018	\$69,165.00	\$78,675.00

## Households

There are an estimated 44,581 households in High Point (ACS 2019); this is an increase of 32.6% since the 2000 Census. Most individuals (80.1%) live in family households. Families are groups of related people who live together, whereas households refer to the person or group of people living in a housing unit. Generally, households that do not contain a family are made up of unrelated people living together (e.g., roommates) or people living alone. The median household size in 2019 was 2.6 individuals.


**FIGURE 17 - HOUSEHOLDS HIGH POINT, NC 2000-2019**

**TABLE 8 – HOUSEHOLD POPULATION IN HIGH POINT, NC**

<b>Attribute</b>	<b>High Point, NC</b>	<b>North Carolina</b>
<b># Household Population</b>	109,680	10,154,256
<b># Households (HHs)</b>	44,581	4,124,750
<b>Household, Median Size</b>	2.60	2.70
<b># Non-Family Population</b>	18,762	1,770,725
<b>% Non-Family Population</b>	16.53%	16.97%
<b># Family Population</b>	90,918	8,383,531
<b>% Family Population</b>	80.08%	80.37%
<b># Families, Single Parents with Children</b>	6,582	488,051
<b>% Families, Single Parents with Children</b>	22.73%	18.01%
<b># Families No Children</b>	14,455	1,393,707
<b>% Families No Children</b>	49.91%	51.44%
<b># Families, Married w/ Children Under 18</b>	7,925	827,393
<b>% Families, Married w/ Children Under 18</b>	27.36%	30.54%
<b># Families, Male Householder, No Wife Present w/ Children Under 18</b>	1,040	117,156
<b>% Families, Male Householder, No Wife Present w/ Children Under 18</b>	3.59%	4.32%
<b># Families, Female Householder, No Husband Present w/ Children Under 18</b>	5,543	370,895
<b>% Families, Female Householder, No Husband Present w/ Children Under 18</b>	19.14%	13.69%

### Family Structure

Most CHCS survey respondents 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 female 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 9 - HOW MANY ADULTS LIVE IN YOUR HOME? (INCLUDING YOURSELF)**

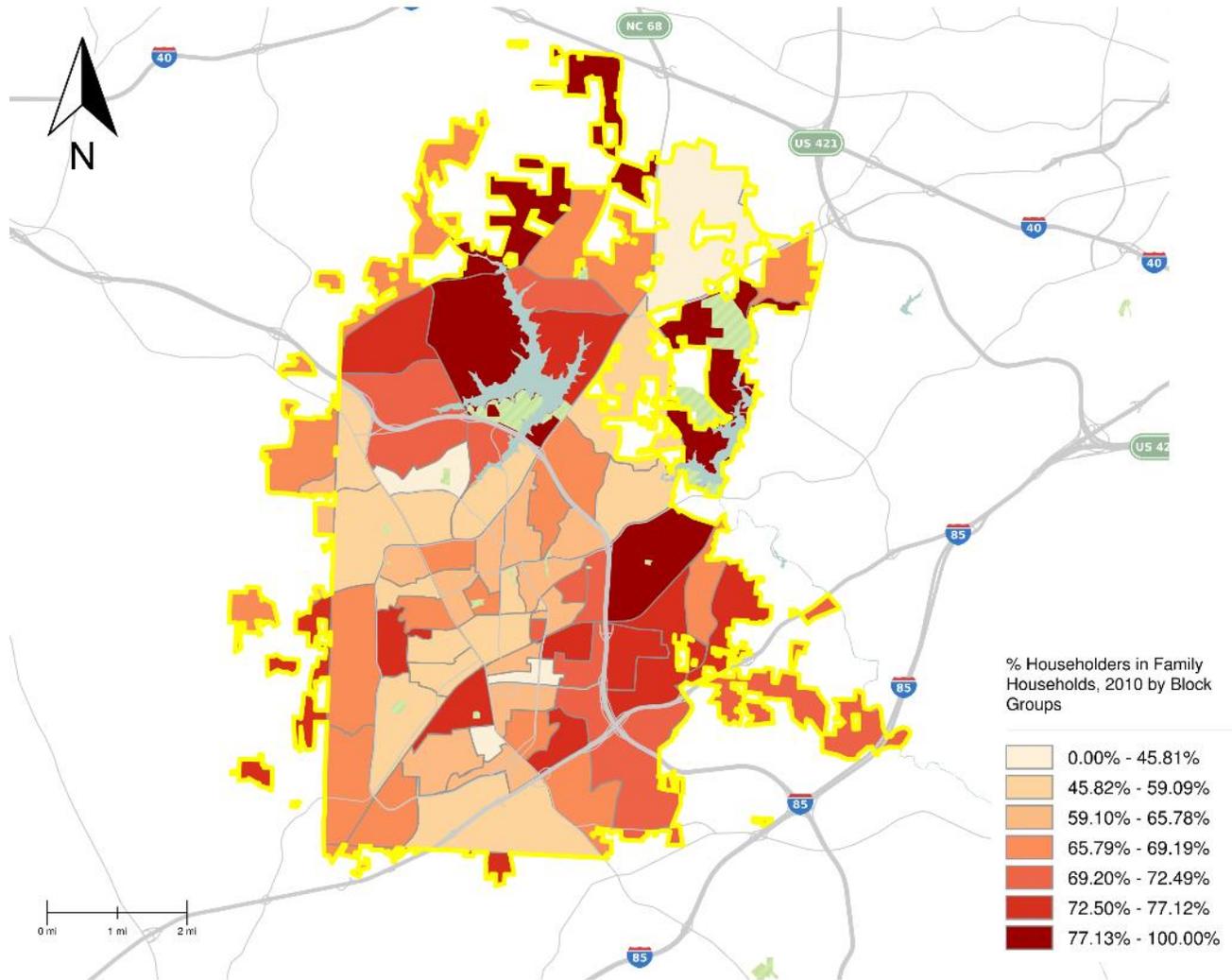
		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	just myself	92	17.6	27.5	27.5
	2 including myself	126	24.0	37.7	65.3
	3 including myself	46	8.8	13.8	79.0
	4 including myself	16	3.1	4.8	83.8
	5 including myself	9	1.7	2.7	86.5
	6 including myself	8	1.5	2.4	88.9
	7 including myself	3	.6	.9	89.8
	8 including myself	12	2.3	3.6	93.4
	9 including myself	2	.4	.6	94.0
	10 including myself	6	1.1	1.8	95.8
	More than 10 including myself	14	2.7	4.2	100.0
	<b>Total</b>		334	63.7	100.0
<b>Missing</b>	System	190	36.3		
<b>Total</b>		524	100.0		

**TABLE 10 - HOW MANY MINOR CHILDREN ARE IN YOUR HOME? (UNDER 18)**

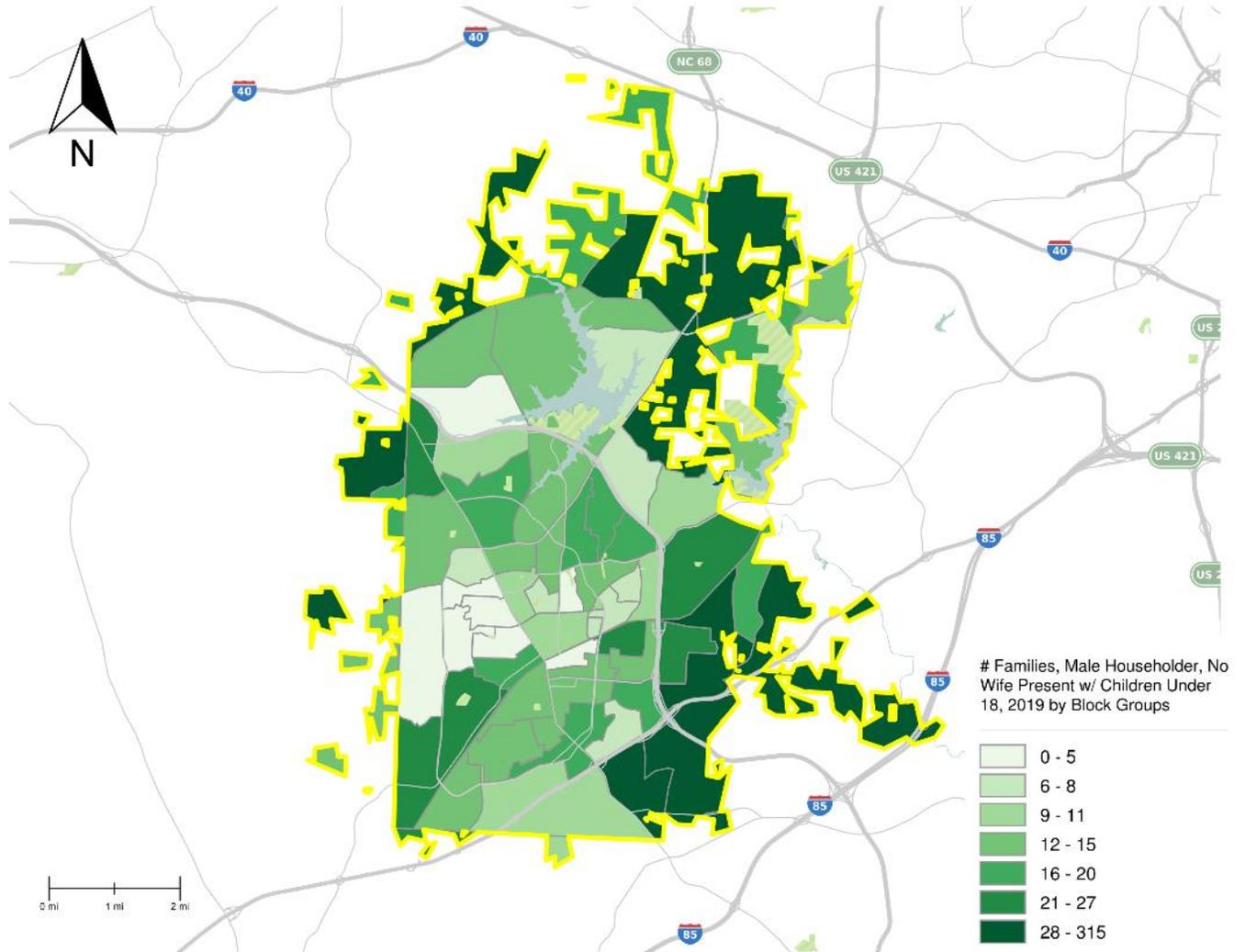
		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	None	217	41.4	67.2	67.2
	1	47	9.0	14.6	81.7
	2	34	6.5	10.5	92.3
	3	14	2.7	4.3	96.6
	4	7	1.3	2.2	98.8
	5	2	.4	.6	99.4
	6	2	.4	.6	100.0
	<b>Total</b>		323	61.6	100.0
<b>Missing</b>	System	201	38.4		
<b>Total</b>		524	100.0		

**TABLE 11 – FAMILY COMPOSITION CHCS SURVEY RESPONDENTS**

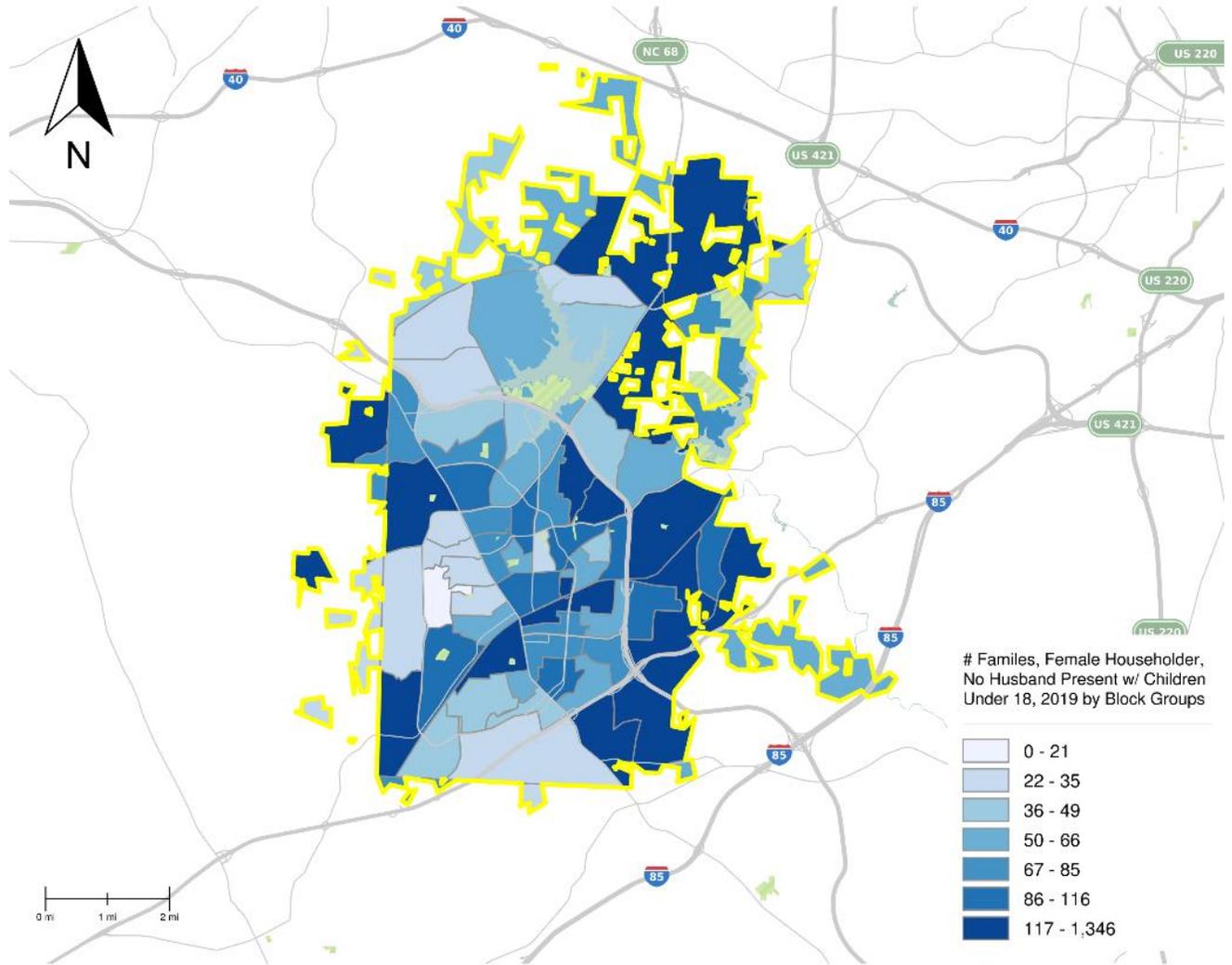
Responses	N	Percent
<b>Two parents</b>	58	48.70%
<b>Single mom</b>	27	22.70%
<b>Other (explain)</b>	9	7.60%
<b>Single dad</b>	5	4.20%
<b>Raising own children and children of others</b>	5	4.20%
<b>Shared custody</b>	5	4.20%
<b>Raising children of other family members</b>	3	2.50%
<b>Intergenerational Household</b>	3	2.50%
<b>Raising someone else's children (not family)</b>	2	1.70%
<b>No children, other dependents</b>	2	1.70%
<b>Total</b>	119	100.00%



**FIGURE 18 – FAMILY HOUSEHOLDS, HIGH POINT NC (ACS 2019)**



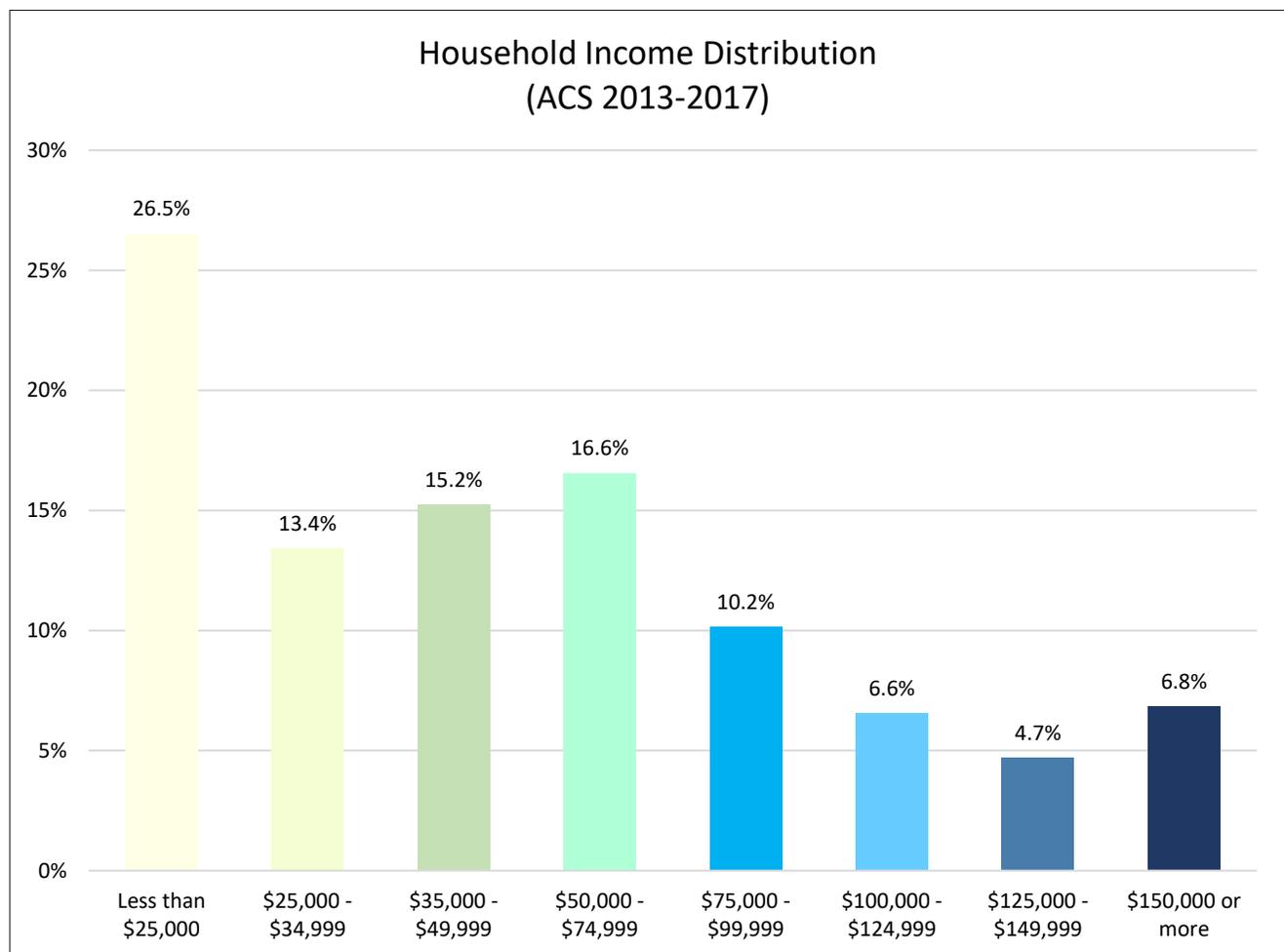
**FIGURE 19 – MALE HEADED FAMILY HOUSEHOLDS, HIGH POINT NC (ACS 2019)**



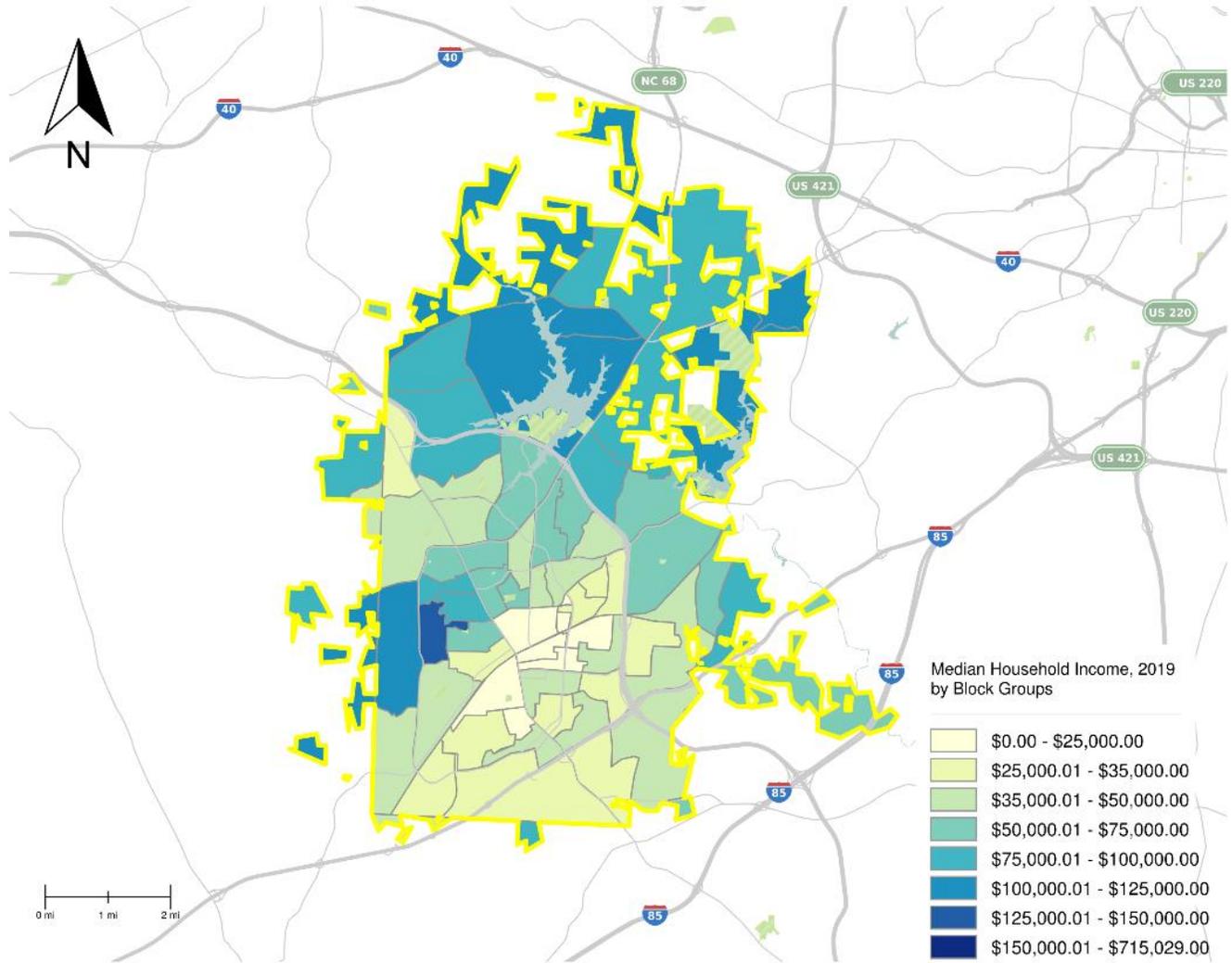
**FIGURE 20 – FEMALE HEADED FAMILY HOUSEHOLDS, HIGH POINT NC (ACS 2019)**

## Income and Expenses

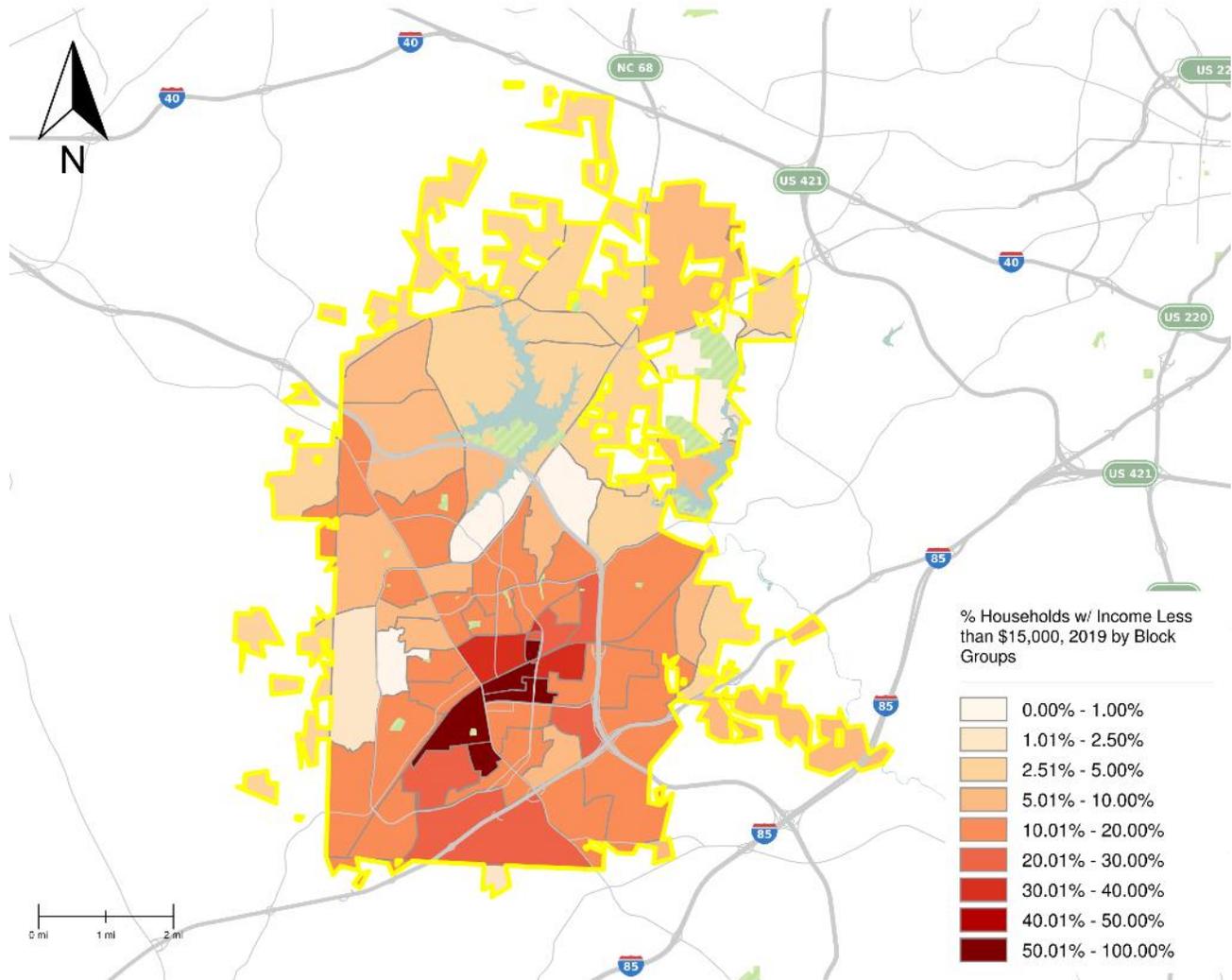
High Point's per capita income is \$25,013 while the median household income was \$44,642 (ACS 2013-2017). Importantly, a quarter (26.5%) of the households in High Point (10,862 households in total) had an income below \$25,000 and more than half (55.2%) of households had an annual income of less than \$50,000. Median household incomes are highest in west and north High Point. There are several neighborhoods in the Core City where 50% or more of households earn less than \$25,000 annually.



**FIGURE 21 - HOUSEHOLD INCOME DISTRIBUTION, HIGH POINT NC.**



**FIGURE 22 – MEDIAN HOUSEHOLD INCOME, HIGH POINT NC (ACS 2019)**



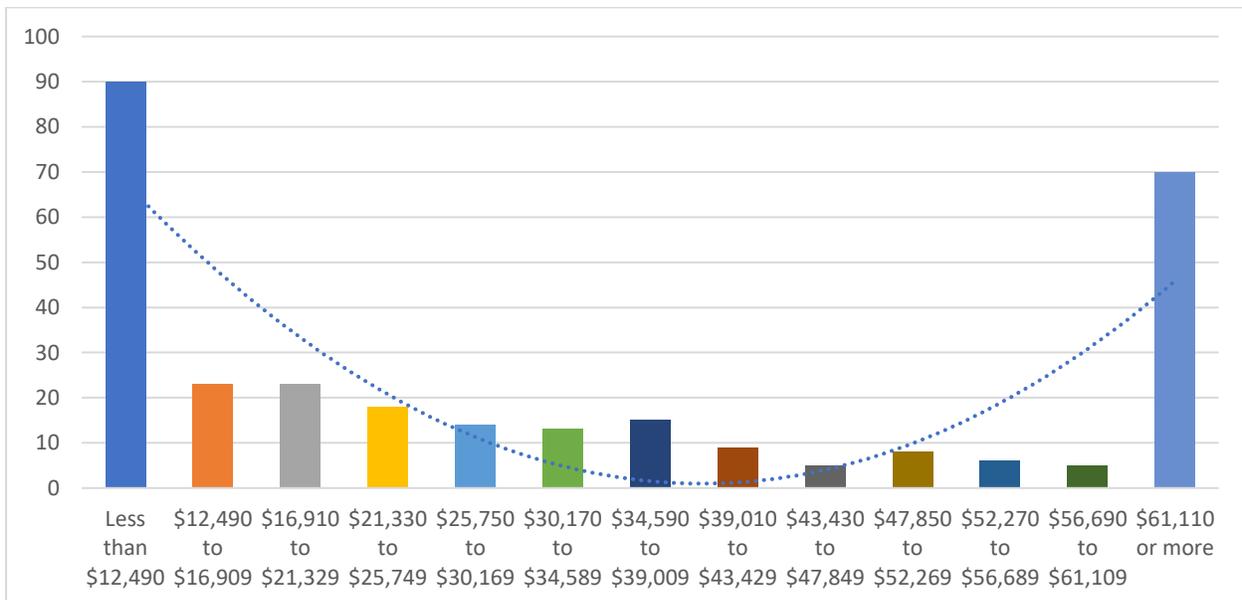
**FIGURE 23 – MEDIAN HOUSEHOLD INCOME LESS THAN \$15,000, HIGH POINT NC (ACS 2019)**

**TABLE 12 - WHAT IS THE TOTAL (GROSS) HOUSEHOLD INCOME OF YOUR HOME?**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Less than \$12,490	90	17.2	30.1	30.1
	\$12,490 to \$16,909	23	4.4	7.7	37.8
	\$16,910 to \$21,329	23	4.4	7.7	45.5
	\$21,330 to \$25,749	18	3.4	6.0	51.5
	\$25,750 to \$30,169	14	2.7	4.7	56.2
	\$30,170 to \$34,589	13	2.5	4.3	60.5
	\$34,590 to \$39,009	15	2.9	5.0	65.6
	\$39,010 to \$43,429	9	1.7	3.0	68.6
	\$43,430 to \$47,849	5	1.0	1.7	70.2
	\$47,850 to \$52,269	8	1.5	2.7	72.9
	\$52,270 to \$56,689	6	1.1	2.0	74.9
	\$56,690 to \$61,109	5	1.0	1.7	76.6
	\$61,110 or more	70	13.4	23.4	100.0
	<b>Total</b>		299	57.1	100.0

### Income of CHCS Survey Respondents

A majority CHCS survey respondents (68.6%) reported their household income fell below the median income for High Point (\$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. Note that 225 respondents did not provide income information.



**FIGURE 24 - GROSS SELF-REPORTED HOUSEHOLD INCOME**

**TABLE 13 – HOUSEHOLD INCOME SOURCES, HIGH POINT NC.**

<b>Attribute</b>	<b>High Point, NC</b>	<b>North Carolina</b>
<b>Household Income, Per Capita (\$), 2019</b>	\$31,151.00	\$34,495.00
<b># Total Households with Wage or Salary Income, 2019</b>	33,725	3,147,611
<b>% Total Households with Wage or Salary Income, 2019</b>	75.65%	76.31%
<b># Total Households with Social Security Income, 2019</b>	13,497	1,331,800
<b>% Total Households with Social Security Income, 2019</b>	30.28%	32.29%
<b># Total Households with Supplemental Social Security Income (SSI), 2019</b>	2,376	199,657
<b>% Total Households with Supplemental Social Security Income (SSI), 2019</b>	5.33%	4.84%
<b># Total Households with Self-Employment Income, 2019</b>	4,192	440,754
<b>% Total Households with Self-Employment Income, 2019</b>	9.40%	10.69%
<b># Total Households with Retirement Income, 2019</b>	7,266	815,541
<b>% Total Households with Retirement Income, 2019</b>	16.30%	19.77%
<b># Total Households with Public Assistance or Food Stamps/SNAP, 2019</b>	8,860	653,069
<b>% Total Households with Public Assistance or Food Stamps/SNAP, 2019</b>	19.87%	15.83%

### Source of Income

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 income from multiple sources.

TABLE 14 – HOUSEHOLD EXPENSES OF CHCS SURVEY RESPONDENTS

Responses	N	Percent	Percent of Cases
Food	276	10.90%	81.90%
Phone- cell	258	10.20%	76.60%
Gas	224	8.90%	66.50%
Utilities	197	7.80%	58.50%
Internet	183	7.30%	54.30%
Car/truck/ or other personal transportation	163	6.50%	48.40%
Rent	162	6.40%	48.10%
Cable/ Satellite TV	154	6.10%	45.70%
Health insurance	152	6.00%	45.10%
Credit cards	132	5.20%	39.20%
Other Insurance	105	4.20%	31.20%
Medical payments	100	4.00%	29.70%
Mortgage	86	3.40%	25.50%
Loans	83	3.30%	24.60%
Phone- home	69	2.70%	20.50%
Loans- School	59	2.30%	17.50%
Bus/taxi/Uber/shared rides or other public transportation	39	1.50%	11.60%
Childcare	26	1.00%	7.70%
Other (explain)	20	0.80%	5.90%
Child support	18	0.70%	5.30%
None	12	0.50%	3.60%
Loans- Payday	3	0.10%	0.90%
<b>Total</b>	<b>2521</b>	<b>100.00%</b>	<b>748.10%</b>

### Expenses

CHCS survey respondents indicated food (81.9% of respondents), cell phone (76.6%), gas (66.5%), utilities (58.5%), internet (54.3%), personal transportation (48.4%), and rent (48.1%) as the most common monthly expenses. “Other” bills included:

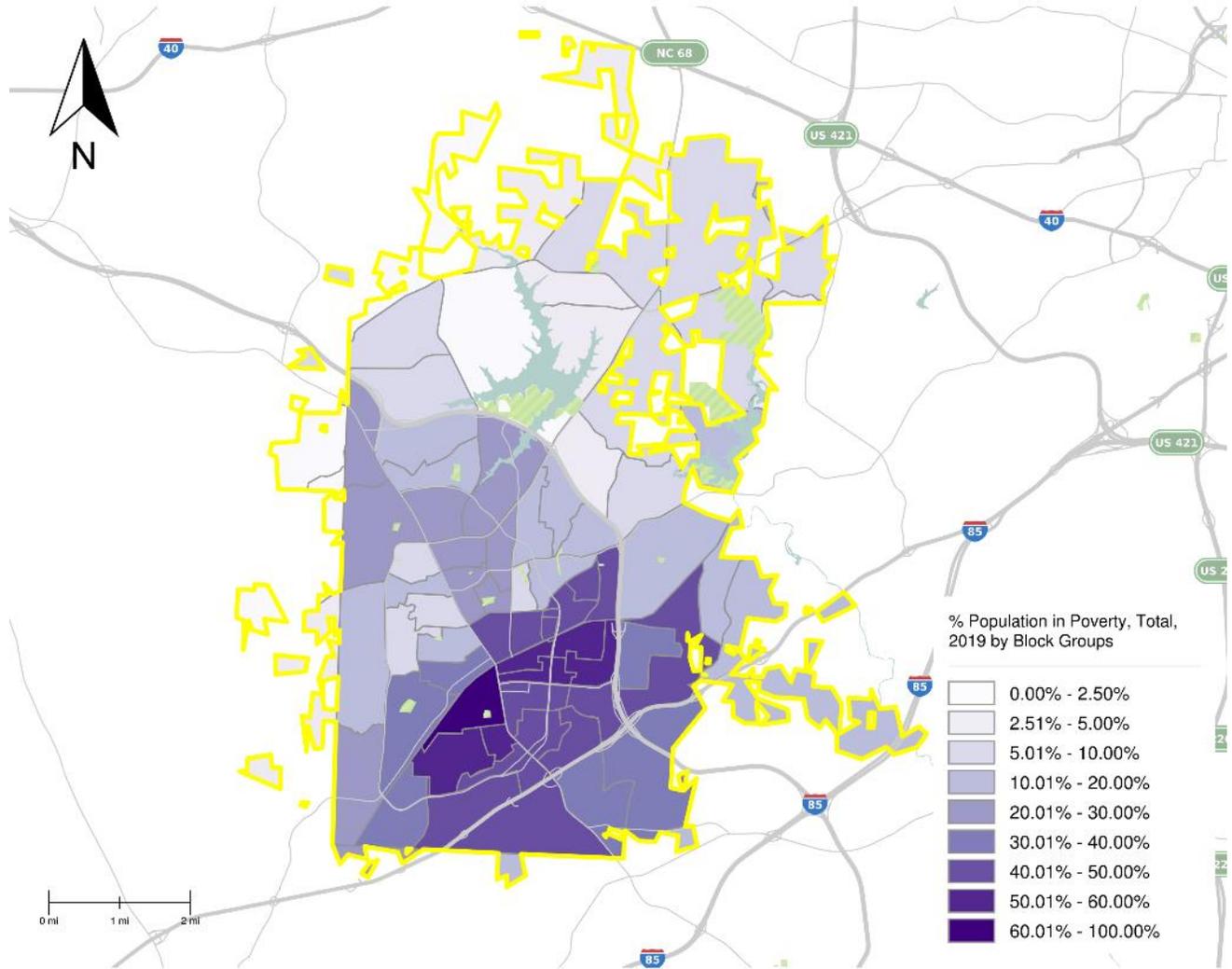
- *Alarm system*
- *Life insurance*
- *Medical co-pays*
- *Charitable giving*
- *Taxes*

**TABLE 15 – POPULATION IN POVERTY, HIGH POINT NC.**

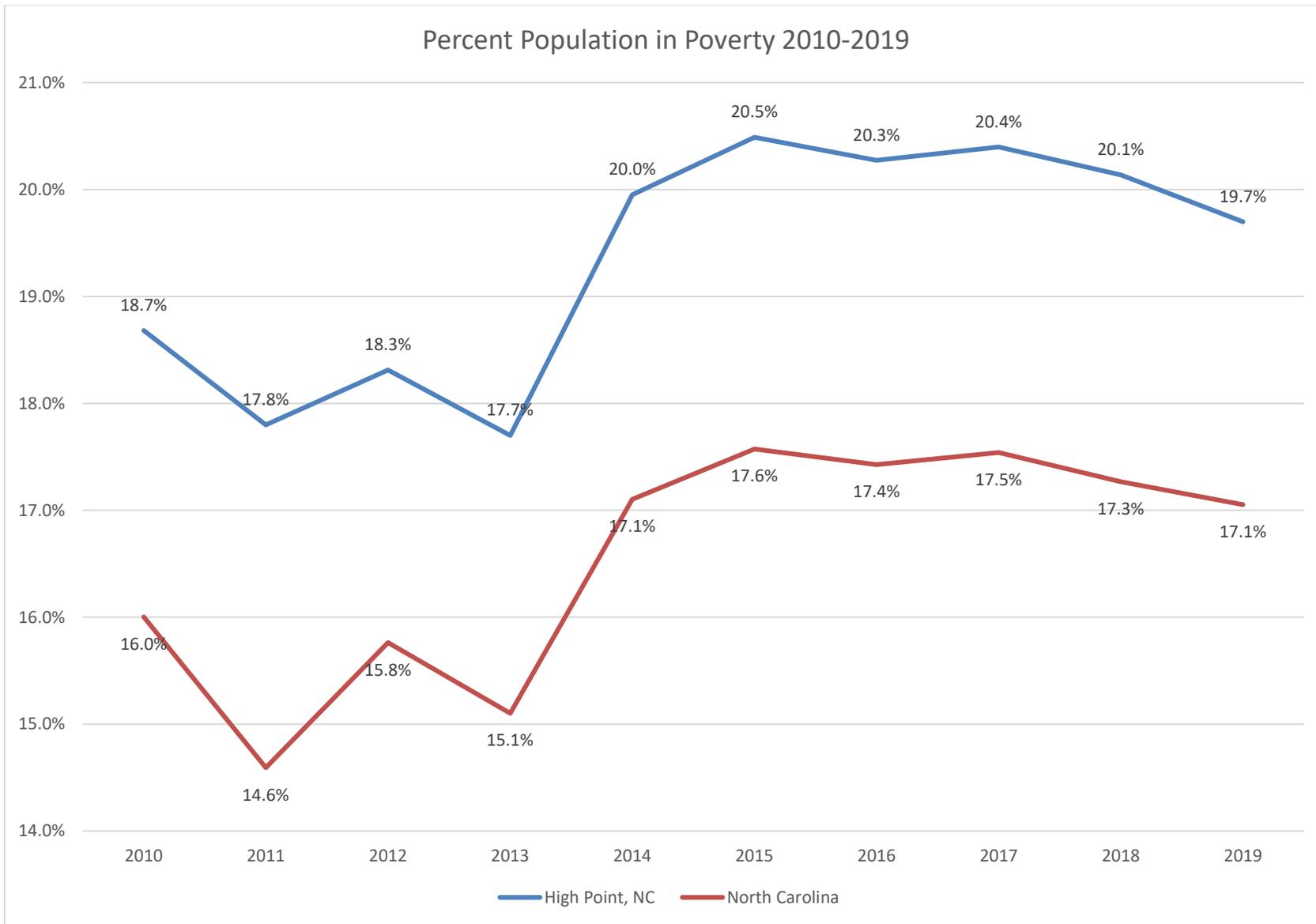
<b>Attribute</b>	<b>High Point, NC</b>	<b>North Carolina</b>
<b># Population in Poverty, Total, 2019</b>	22,365	1,778,781
<b>% Population in Poverty, Total, 2019</b>	19.70%	17.05%
<b># Population, Female, in Poverty, Total, 2019</b>	11,718	982,044
<b>% Population, Female, in Poverty, Total, 2019</b>	10.32%	9.41%
<b># Population, Male, in Poverty, Total, 2019</b>	10,647	796,737
<b>% Population, Male, in Poverty, Total, 2019</b>	9.38%	7.64%
<b># Population in Poverty, White Non-Hispanic, 2019</b>	4,689	799,903
<b>% Population in Poverty, White Non-Hispanic, 2019</b>	4.13%	7.67%
<b># Population in Poverty, Other Race Alone, 2019</b>	1,586	136,948
<b>% Population in Poverty, Other Race Alone, 2019</b>	1.40%	1.31%
<b># Population in Poverty, Hispanic, 2019</b>	3,302	304,353
<b>% Population in Poverty, Hispanic, 2019</b>	2.91%	2.92%
<b># Population in Poverty, Black Alone, 2019</b>	11,835	599,091
<b>% Population in Poverty, Black Alone, 2019</b>	10.42%	5.74%
<b># Population in Poverty, Asian Alone, 2019</b>	2,460	27,739
<b>% Population in Poverty, Asian Alone, 2019</b>	2.17%	0.27%
<b># Population in Poverty, American Indian and Alaska Native, 2019</b>	92	31,404

## Poverty

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 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.



**FIGURE 25 – POPULATION IN POVERTY IN HIGH POINT (ACS 2019)**



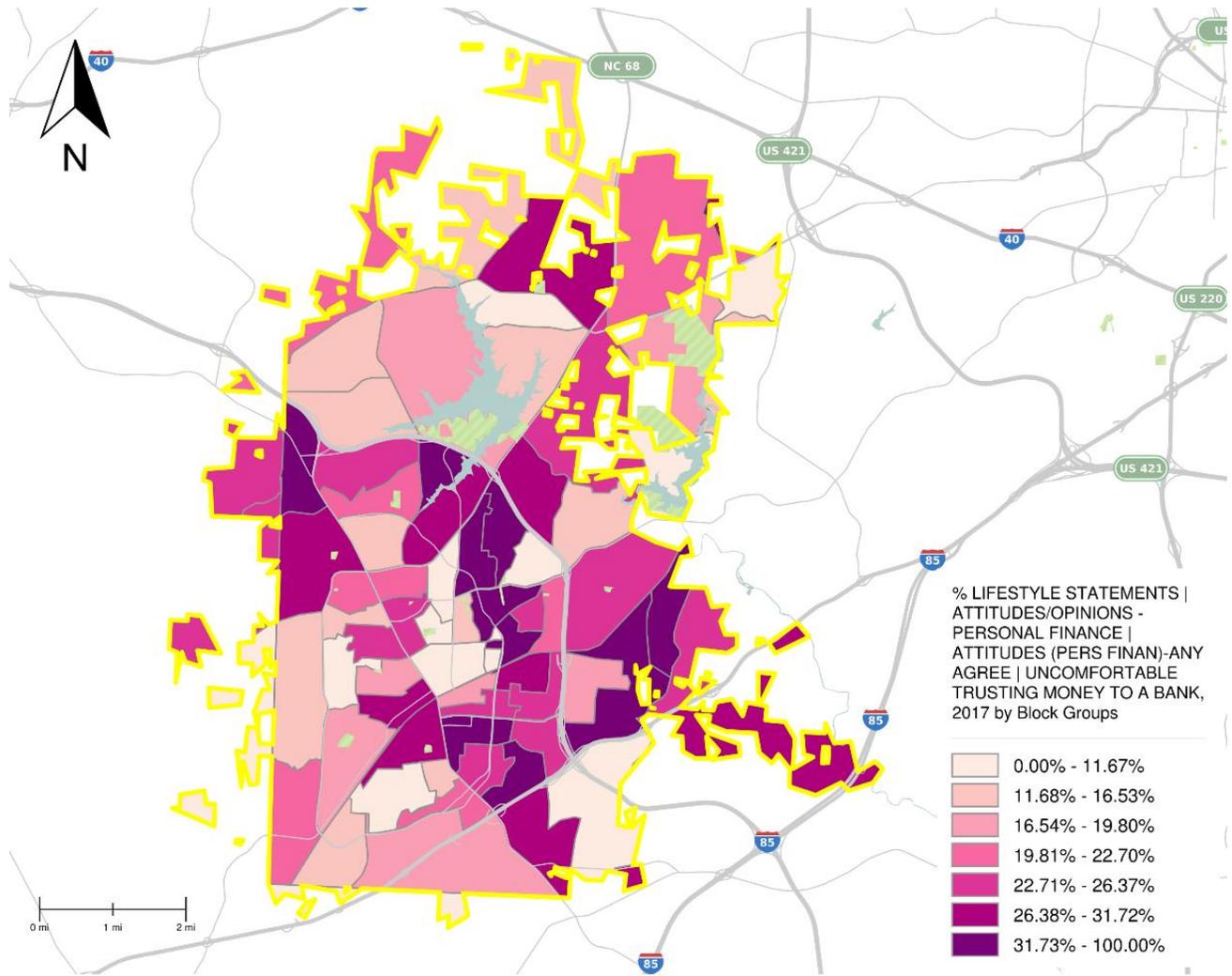
**FIGURE 26 – POPULATION IN POVERTY IN HIGH POINT NORTH CAROLINA 2010-2019**

TABLE 16 – BANKING ACCOUNTS AND ATTITUDES HIGH POINT

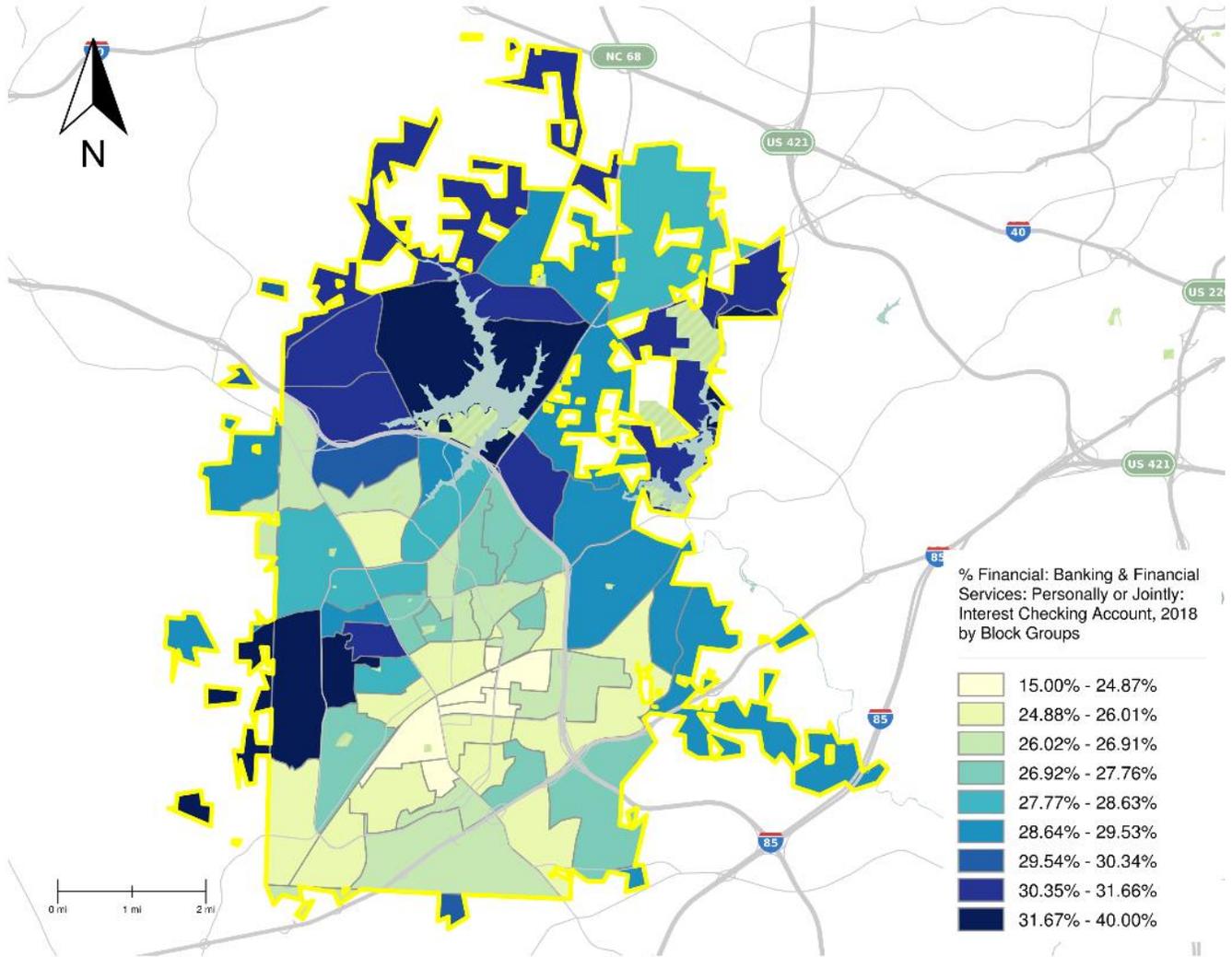
Attribute	High Point, NC	North Carolina
# Financial: Any Banking Service, 2018	32,002	2,963,445
% Financial: Any Banking Service, 2018	72.36%	72.78%
# Financial: Interest Checking Account, 2018	12,515	1,169,678
% Financial: Interest Checking Account, 2018	28.30%	28.73%
# Financial: Non-Interest Checking Account, 2018	12,839	1,188,105
% Financial: Non-Interest Checking Account, 2018	29.03%	29.18%
# Financial: Money Market Account, 2018	3,982	375,650
% Financial: Money Market Account, 2018	9.00%	9.23%
# Financial: Overdraft Protection, 2018	11,799	1,101,995
% Financial: Overdraft Protection, 2018	26.68%	27.06%
# Financial: Savings Account, 2018	24,892	2,312,183
% Financial: Savings Account, 2018	56.28%	56.79%
# Lifestyle Statements Uncomfortable Trusting Money to A Bank, 2017	15,938	1,655,219
% Lifestyle Statements Uncomfortable Trusting Money to A Bank, 2017	21.92%	21.42%

## Banking

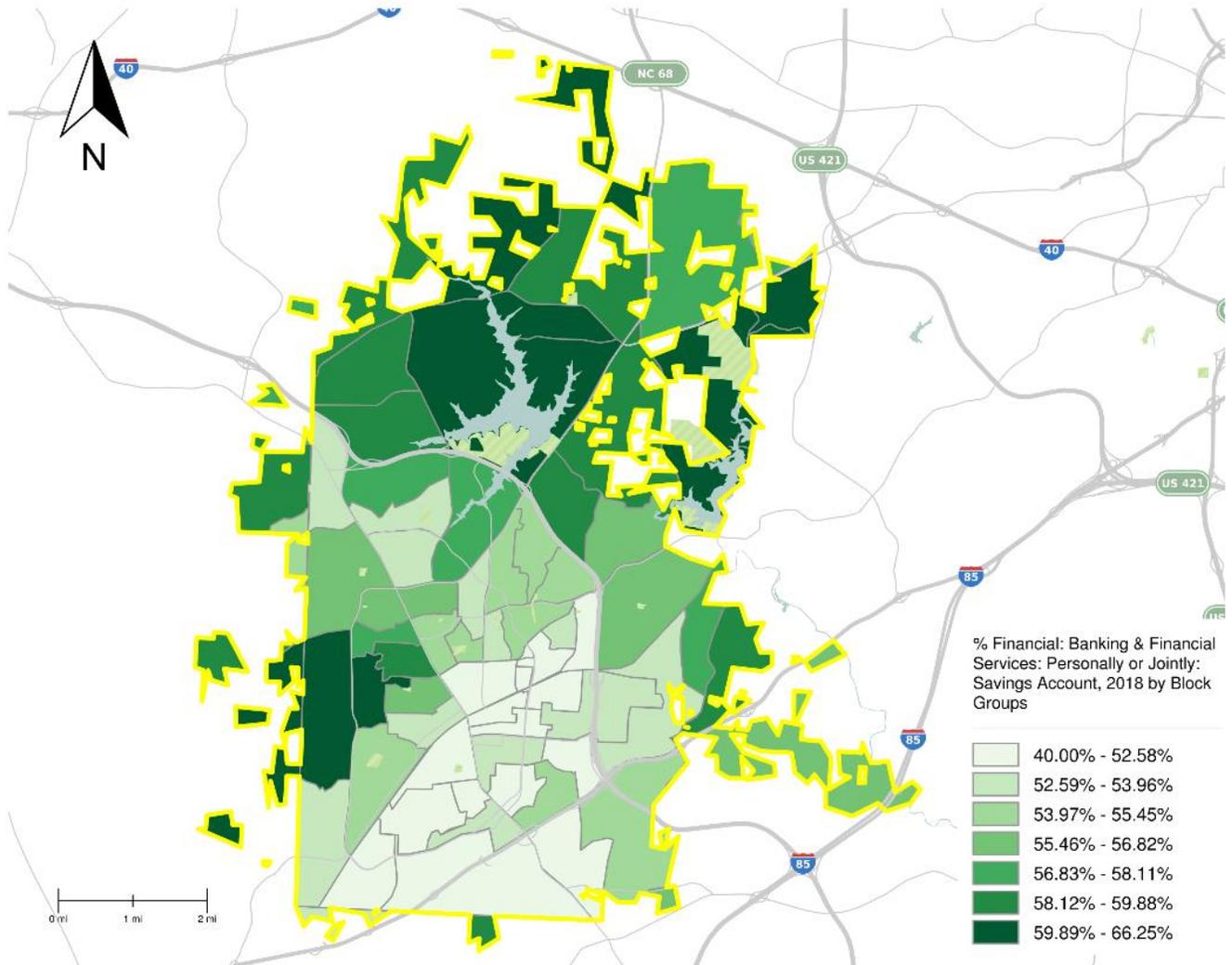
While most residents (72.4%) have some form of banking services, 21.9% of High Point residents are uncomfortable trusting money to a bank (Simmons Local Consumer Insights). More than a quarter (28.3%) have interest bearing checking accounts, while 29.0% have non-interest checking accounts, and 56.3% have a savings account.



**FIGURE 27 – UNCOMFORTABLE WITH TRUSTING MONEY TO A BANK (2017)**



**FIGURE 28 – HAS AN INTEREST CHECKING ACCOUNT (2018)**



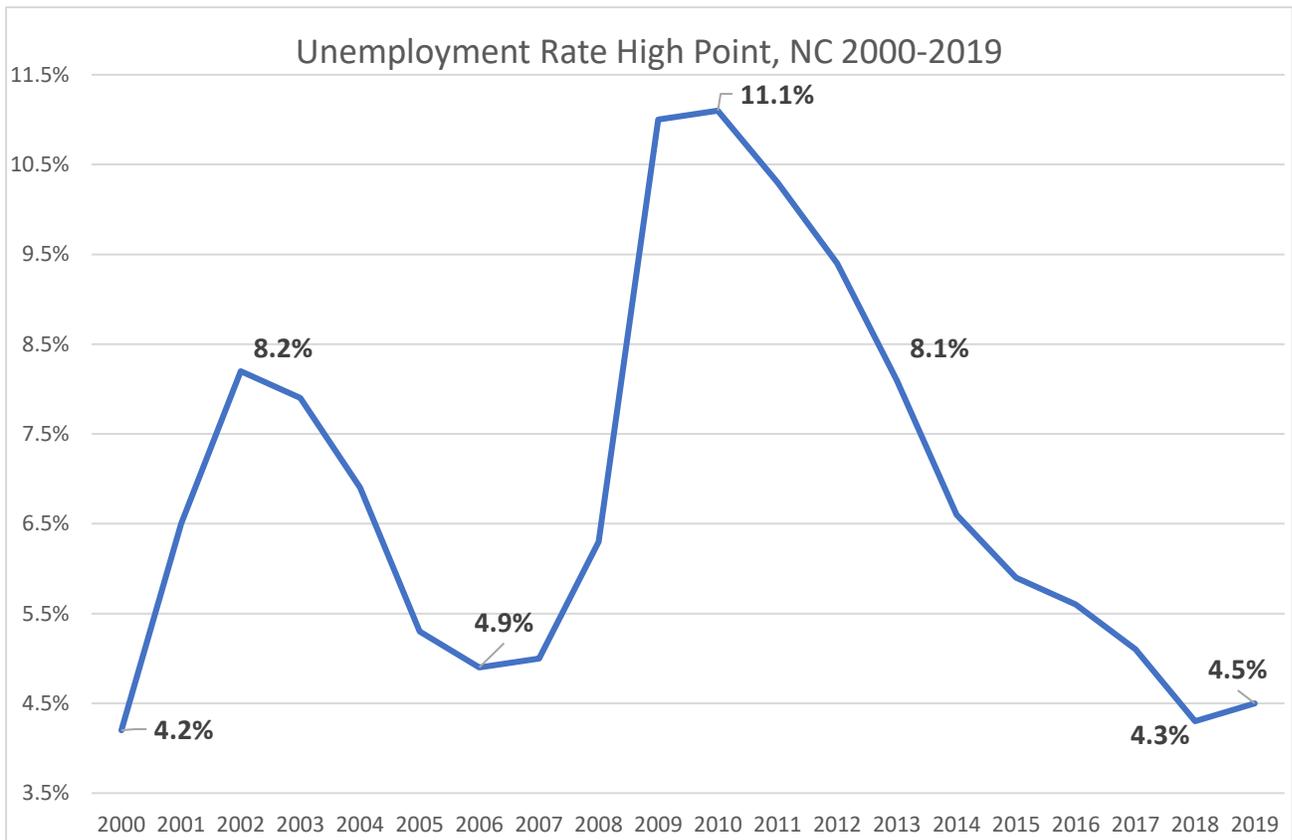
**FIGURE 29 – HAS A SAVINGS ACCOUNT (2018)**

**TABLE 17 – LABOR MARKET APRIL TO SEPTEMBER 2019, HIGH POINT NC.**

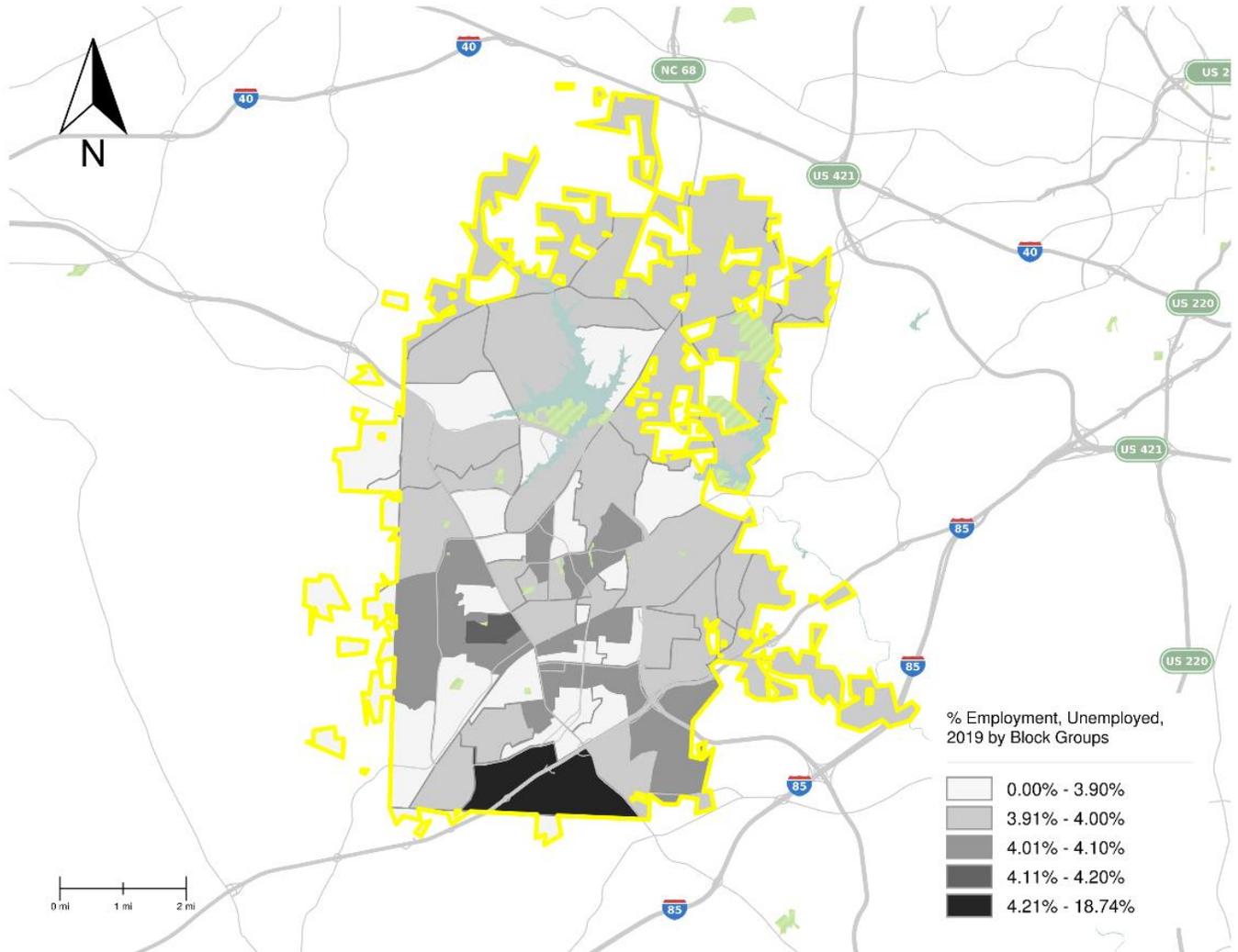
Unemployment rate	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019
City (High Point)						
<b>Employed</b>	52,235	52,245	51,918	52,151	51,815	52,709
<b>Unemployed</b>	2,141	2,422	2,727	2,698	2,593	2,139
<b>In Labor Force</b>	54,376	54,667	54,645	54,849	54,408	54,848
<b>Unemployment Rate</b>	3.9	4.4	5	4.9	4.8	3.9

## Employment

The table above shows the number of people who were employed, unemployed, in the labor force, and the unemployment rate for the High Point labor market, according to the Bureau of Labor Statistics. For the last six months, the average unemployment rate has been 4.5%. The unemployment rate peaked at 11.1% in 2010 and fell as low as 4.3% by 2018. Unemployment was highest in the neighborhoods of south High Point.



**FIGURE 30 - UNEMPLOYMENT RATE 2000-2019 HIGH POINT, NC**



**FIGURE 31 – UNEMPLOYMENT BY BLOCK GROUP, HIGH POINT NC (ACS 2019)**

**TABLE 18 - WHAT IS YOUR EMPLOYMENT STATUS?**

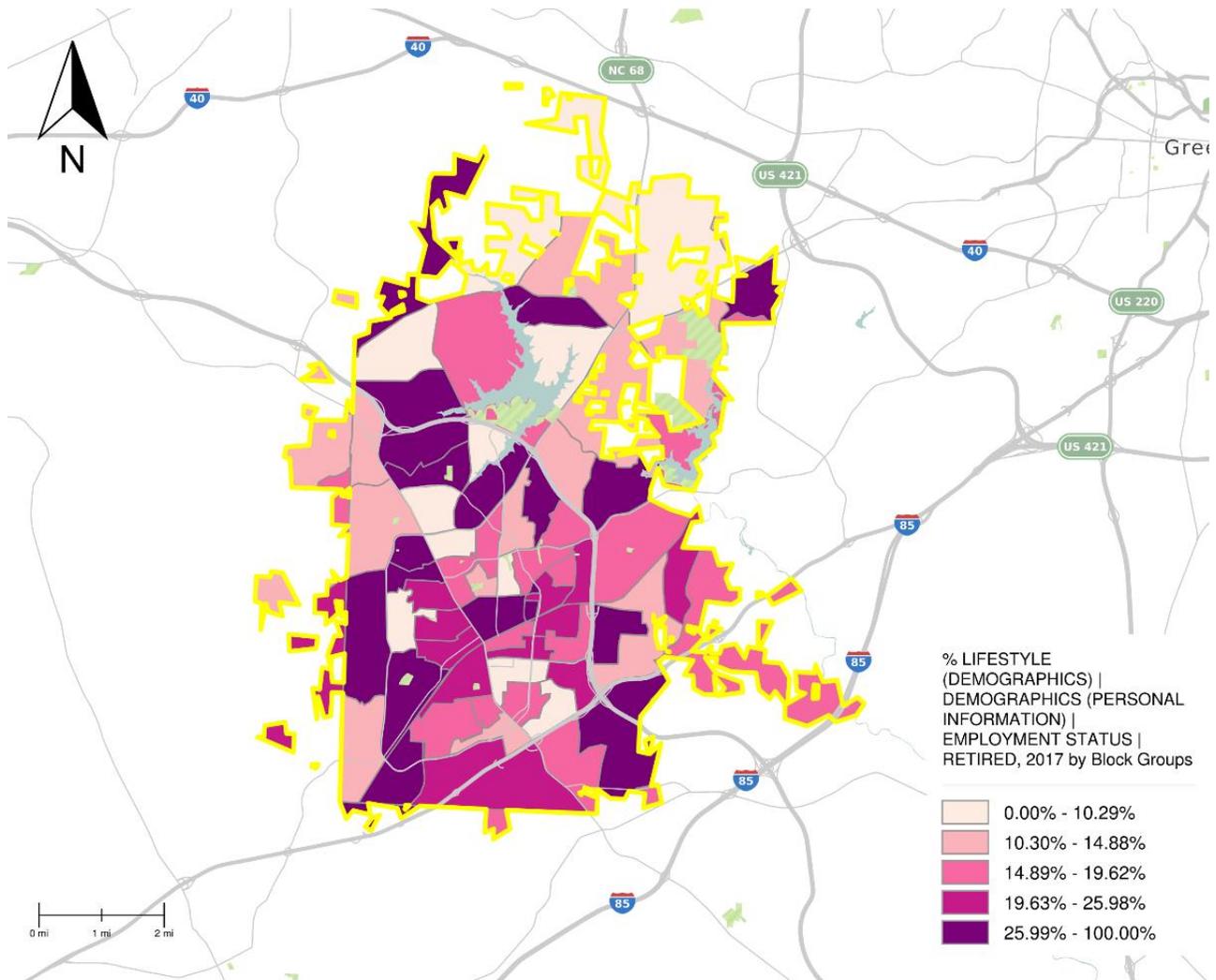
		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Employed full time	127	24.2	39.6	39.6
	Employed part time	45	8.6	14.0	53.6
	Unemployed looking for work	31	5.9	9.7	63.2
	Unemployed not looking for work	15	2.9	4.7	67.9
	Retired	39	7.4	12.1	80.1
	Student	20	3.8	6.2	86.3
	Disabled	33	6.3	10.3	96.6
	Other (explain)	11	2.1	3.4	100.0
	Total	321	61.3	100.0	
<b>Missing</b>	System	203	38.7		
<b>Total</b>		524	100.0		

### Employment of CHCS Survey Respondent

Only about 39.6% of CHCS survey respondents were employed full time while 14.0% were employed part time. Unemployed accounted for about 14.4% of the respondents. Students (6.2%), retired (12.1%) and disabled (10.3%) were other common responses.

### Retired People

About 18.6% of residents in High Point (13,515) were retired in 2017 (latest year of available data). In any given 12 months about 1,925 people retire. One-fifth of residents (43.0%) have a retirement account with an average value of \$69,165. Retired people are fairly evenly distributed around the city.



**FIGURE 32 – RETIRED POPULATION IN HIGH POINT (2017)**

**TABLE 19 - EMPLOYMENT BY INDUSTRY HIGH POINT (ACS 2013-2017)**

Employment by Industry	People Employed	Percent Employed in this Industry	Percent Employed in this Industry North Carolina
<b>Manufacturing</b>	8,275	16.84%	12.45%
<b>Health Care and Social Assistance</b>	6,643	13.52%	14%
<b>Retail Trade</b>	5,876	11.96%	11.81%
<b>Educational Service</b>	4,442	9.04%	9.18%
<b>Accommodation and Food Services</b>	3,649	7.42%	7.75%
<b>Finance, Insurance, Real Estate and Rental and Leasing</b>	3,336	6.79%	6.39%
<b>Transportation and Warehousing, and Utilities</b>	2,809	5.72%	4.42%
<b>Professional, Scientific, and Technical Services</b>	2,793	5.68%	6.08%
<b>Other Services</b>	2,323	4.73%	4.91%
<b>Administrative and Support and Waste Management</b>	2,289	4.66%	4.33%
<b>Construction</b>	1,863	3.79%	6.71%
<b>Wholesale Trade</b>	1,795	3.65%	2.6%
<b>Public Administration Employment</b>	1,323	2.69%	4.35%
<b>Arts, Entertainment, and Recreation</b>	817	1.66%	1.85%
<b>Information</b>	781	1.59%	1.79%
<b>Agriculture, Forestry, Fishing and Hunting</b>	80	0.16%	1.19%
<b>All Other Industries Employment</b>	29	0.06%	0.09%
<b>Management of Companies and Enterprises</b>	22	0.04%	0.1%

### Employment by Industry

Manufacturing is the major employment sector in High Point with about 16.8% of the labor market. Second is Health Care and Social Assistance sector with 13.5% and closely followed by Retail Trade with 12.0%. Education Services employed about 4,442 (9.0%) while Accommodation and Food Services employed 7.4%. About 7.3% are multiple job holders. The leading employers in the county include health systems (Cone and Wake Forest), schools (Guilford County Schools, UNCG, NCA&T), parcel shipping (US Postal Service, UPS), and government (Guilford County, Greensboro, High Point).

**TABLE 20 - LEADING EMPLOYERS BY NUMBER OF EMPLOYEE GUILFORD COUNTY**  
 N.C. Department of Commerce, Labor & Economic Analysis Division Q2 2019

<b>Rank</b>	<b>Year</b>	<b>Company Name</b>	<b>Industry</b>
1	2019	Cone Health	Education & Health Services
2	2019	Guilford County Bd Of Education	Education & Health Services
3	2019	City of Greensboro	Public Administration
4	2019	UNC Greensboro	Education & Health Services
5	2019	Wake Forest University Baptist Medi	Education & Health Services
6	2019	U S Postal Service	Trade, Transportation, & Utilities
7	2019	Guilford County Government	Public Administration
8	2019	Wal-Mart Associates Inc.	Trade, Transportation, & Utilities
9	2019	United Parcel Service Inc	Trade, Transportation, & Utilities
10	2019	Harris Teeter	Trade, Transportation, & Utilities
11	2019	Volvo Group North America LLC	Manufacturing
12	2019	Nc A&T State University	Education & Health Services
13	2019	Haeco Americas	Trade, Transportation, & Utilities
15	2019	BB&T	Financial Activities
15	2019	Labcorp	Education & Health Services
16	2019	City of High Point	Public Administration
17	2019	Thomas Built Buses Inc	Manufacturing
18	2019	Food Lion	Trade, Transportation, & Utilities
19	2019	The Lincoln National Life Ins Co	Financial Activities
20	2019	Qorvo Us Inc	Manufacturing
21	2019	Bank of America Na	Financial Activities
22	2019	Gilbarco Inc	Manufacturing
23	2019	Key Resources Inc	Professional & Business Services
24	2019	Charter Communications Inc	Information
25	2019	Guilford Technical Community College	Education & Health Services

TABLE 21 – REASONS FOR HAVING LOST EMPLOYMENT

Responses	N	Percent	Percent of Cases
Personal health/injury	49	13.90%	23.40%
Position abolished	47	13.30%	22.50%
Transportation issues	44	12.50%	21.10%
Cut hours	35	9.90%	16.70%
Plant or company closed or moved	30	8.50%	14.40%
Lack of advancement opportunity	25	7.10%	12.00%
Family health/injury	21	5.90%	10.00%
Job searching	18	5.10%	8.60%
Lack of childcare, cost of childcare, or other childcare issue	14	4.00%	6.70%
Lack of appropriate clothing	9	2.50%	4.30%
Work related injury	6	1.70%	2.90%
Pregnancy	5	1.40%	2.40%
Other (explain)	50	14.20%	23.90%
	353	100.00%	168.90%

### 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%). “Other” reasons given for losing a position included:

- *didn't qualify for maternity leave and I was hospitalized for 1 month and my child was in the NICU*
- *Flunked drug test*
- *Racial discrimination*

TABLE 22 – EMPLOYMENT ASSISTANCE NEEDED

Responses	N	Percent	Percent of Cases
Career/job training	47	8.90%	15.80%
Resume writing	36	6.80%	12.10%
Need for more education (GED, certifications, other educational attainment)	35	6.60%	11.80%
Computer help	33	6.20%	11.10%
Work clothes	30	5.70%	10.10%
Job search strategies	29	5.50%	9.80%
Career assessment	27	5.10%	9.10%
Job interviewing skills	26	4.90%	8.80%
Career information options	26	4.90%	8.80%
Assistance with completing applications	17	3.20%	5.70%
Access to hygienic products	17	3.20%	5.70%
Other (explain)	12	2.30%	4.00%
I don't need employment assistance	195	36.80%	65.70%
	530	100.00%	178.50%

### Employment Assistance

The most commonly requested help with employment seeking was career and job training (15.8% of respondents), more education (11.8%), computer help (11.1%), and work clothing (10.1%).

Other assistance included:

- *connection with better salary jobs.*
- *Ingles/idioma (English/Language)*
- *Childcare*

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:

- *I need more English tutoring help in High Point. reading Connections is very good. We need more teachers.*
- *Job Training is desperately needed in the 27260-zip code so these citizens will be ready to take the jobs the downtown development project will be creating. Many do not have transportation to get to jobs in North High Point. Let's start now through Faith based, community centers, and GTCC to seek out and help folks learn the job skills needed. A random survey of people working the Rockers games this summer indicate most of their employees do not live in HP and*

*certainly not in the 27260 area. Forward High Point needs to take the lead on helping correct that trend. The 27260 would serve as an ideal place to inform parents of the training opportunities*

- *mas programas educativos para los jovenes/ gratis o bajo costo (Free or reduced cost educational programs for youth)*
- *More resources for the young people in high point to Do to help curtail some of these shootings.*
- *Resources for people who leave prison*
- *We need access to higher wages in High Point. We also need training to ensure that the higher paying jobs are available to everybody. We also need public transportation to get people to the jobs. There also needs to be some sort of comprehensive plan to address the violence in the community.*
- *We need to create more opportunities to move up in high point*
- *We have so many people working two part time jobs, but because of working part time they're not eligible for medical benefits. And they can't afford it otherwise. One of the consequences of affordable health care, employers never want to have full time employees because they never have to pay for those benefits. That's part of it, both having jobs with livable wages.*
- *Good paying jobs. It's all about the economics. I think the other thing that will add to improve lives is access to healthy food, improved transportation systems, and access to healthcare.*

## Education

**TABLE 23 - WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU'VE COMPLETED?**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Less than high school	37	7.1	12.1	12.1
	High school graduate	58	11.1	19.0	31.0
	Some college	78	14.9	25.5	56.5
	2 year degree	31	5.9	10.1	66.7
	4 year degree	54	10.3	17.6	84.3
	Professional degree	41	7.8	13.4	97.7
	Doctorate	7	1.3	2.3	100.0
	Total	306	58.4	100.0	
<b>Missing</b>	System	218	41.6		
<b>Total</b>		524	100.0		

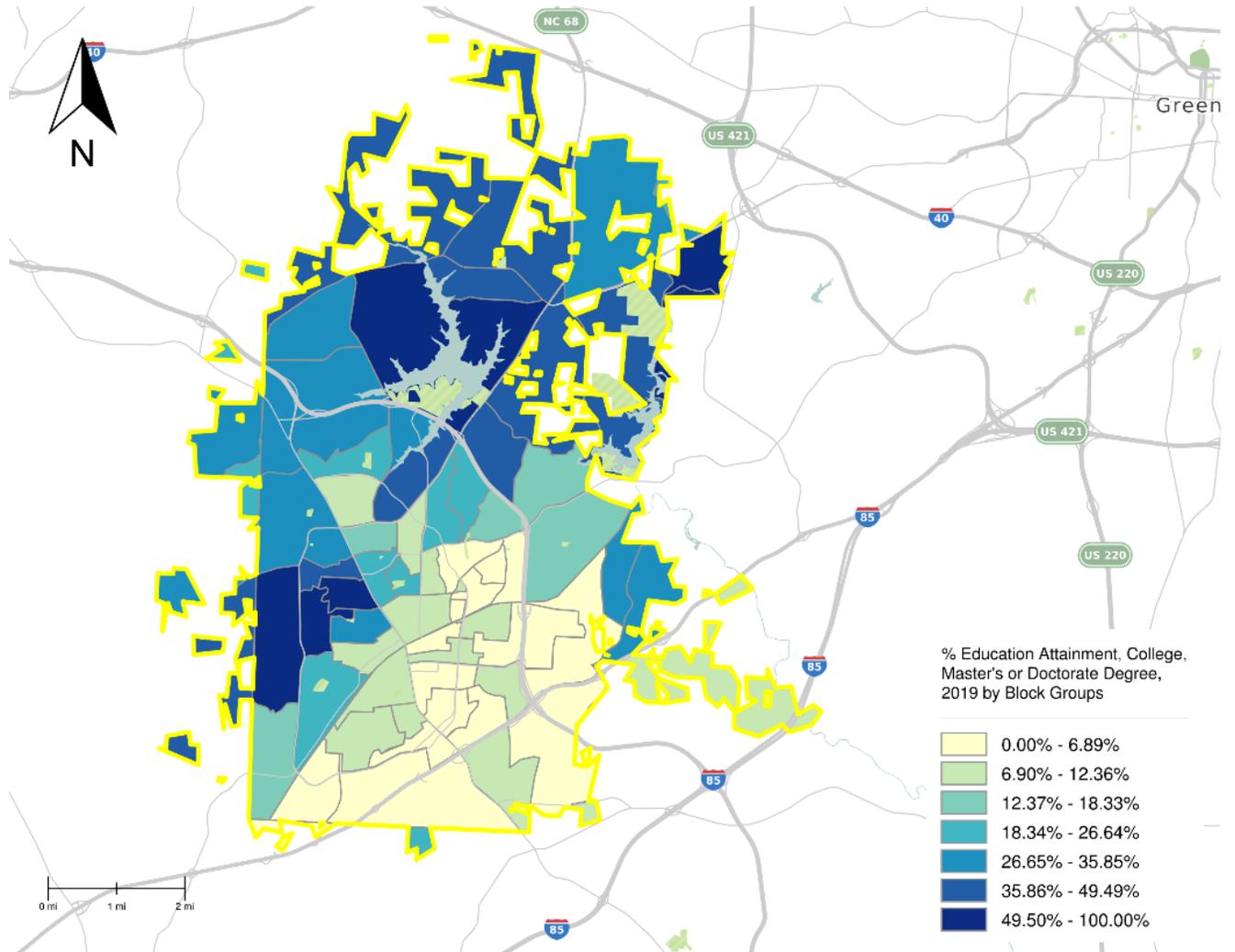
### Educational Attainment

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.

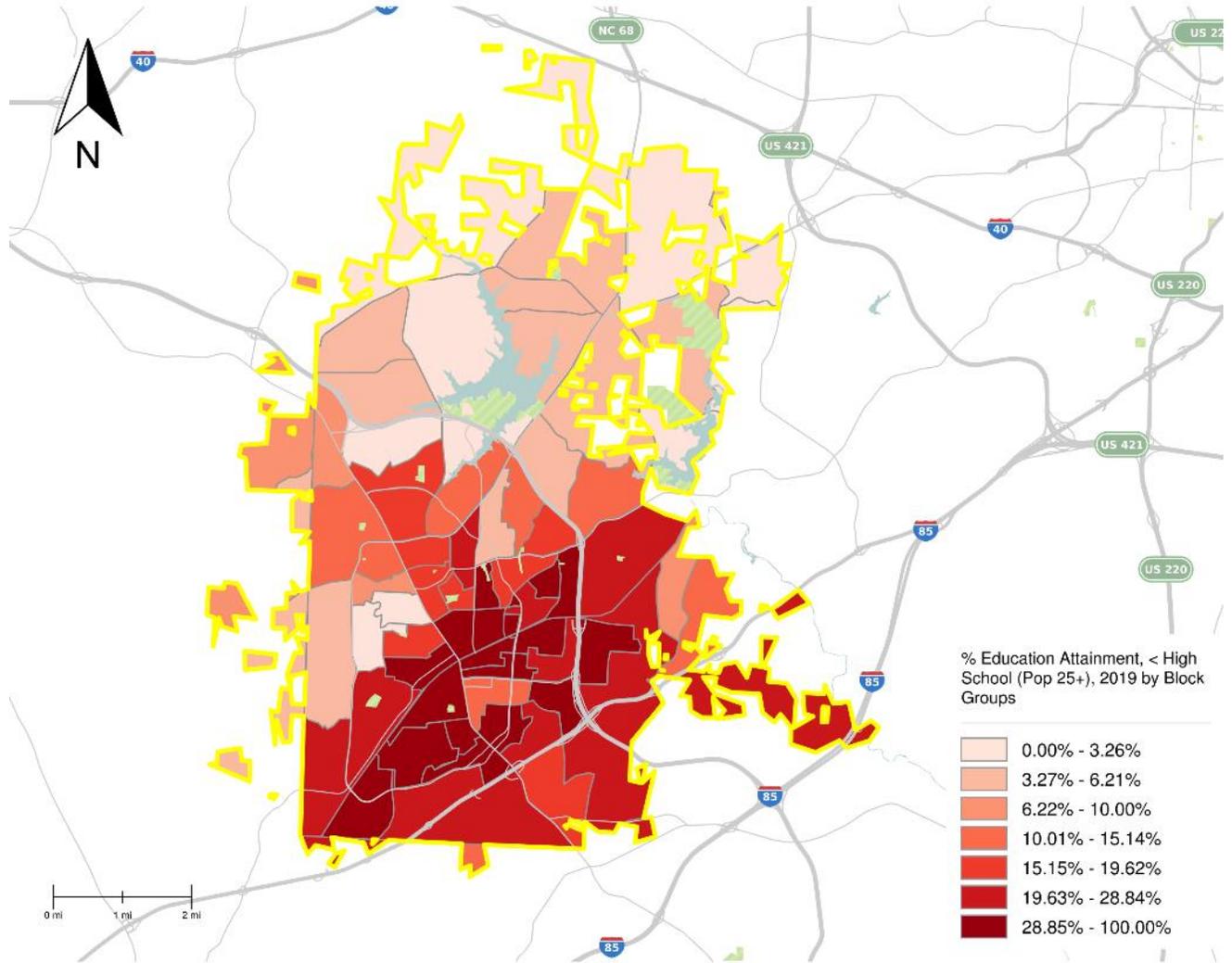
As indicated with Census results, most CHCS survey respondents had a high school education or more (87.9%). On average respondents had "Some College." Only 33.3% of CHCS survey respondents had a four-year degree or greater.

TABLE 24 – EDUCATIONAL ATTAINMENT, HIGH POINT NC.

<b>Attribute</b>	<b>High Point, NC</b>	<b>North Carolina</b>
# Education Attainment, < High School (Pop 25+), 2019	10,988	990,920
% Education Attainment, < High School (Pop 25+), 2019	14.42%	13.89%
# Education Attainment, High School (Pop 25+), 2019	18,601	1,843,993
% Education Attainment, High School (Pop 25+), 2019	24.42%	25.84%
# Education Attainment, Some College (Pop 25+), 2019	18,852	1,630,597
% Education Attainment, Some College (Pop 25+), 2019	24.75%	22.85%
# Education Attainment, Associate's Degree (Pop 25+), 2019	5,745	641,943
% Education Attainment, Associate's Degree (Pop 25+), 2019	7.54%	9.00%
# Education Attainment, Bachelor's Degree (Pop 25+), 2019	15,221	1,336,811
% Education Attainment, Bachelor's Degree (Pop 25+), 2019	19.98%	18.73%
# Education Attainment, Master's Degree (Pop 25+), 2019	4,990	490,346
% Education Attainment, Master's Degree (Pop 25+), 2019	6.55%	6.87%
# Education Attainment, Doctorate Degree (Pop 25+), 2019	672	88,536
% Education Attainment, Doctorate Degree (Pop 25+), 2019	0.88%	1.24%
# Education Attainment, Professional Degree (Pop 25+), 2019	1,113	113,360
% Education Attainment, Professional Degree (Pop 25+), 2019	1.46%	1.59%



**FIGURE 33 – EDUCATIONAL ATTAINMENT - BACHELORS, MASTER’S OR DOCTORAL DEGREE (ACS 2019)**



**FIGURE 34 – EDUCATIONAL ATTAINMENT – LESS THAN HIGH SCHOOL (ACS 2019)**

**TABLE 25 – TYPE OF CHILDCARE**

<b>Responses</b>	<b>N</b>	<b>Percent</b>
<b>Before/after school care</b>	25	32.10%
<b>Daycare center</b>	14	17.90%
<b>Evening hours due to work shift schedule</b>	11	14.10%
<b>Care for child with special needs</b>	5	6.38%
<b>Other (explain)</b>	23	29.52%
<b>Total</b>	78	100.00%

### 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 schedule. 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.”

Approximately, 1,550 children ages three or older were enrolled in preschool (ACS 2013-2017). According to the Subsidy Services Section of the Division of Child Development at the Department of Health and Human Services, 21,221 children are potentially eligible for subsidized childcare assistance in Guilford County. \$23,344,911 is currently available to serve eligible children yet only 4,559 children are receiving subsidized childcare assistance. This represents 21.48% of all potentially eligible children.<sup>1</sup>

There are a total of 48 NC Department of Health and Human Services Division of Child Development and Early Education licensed childcare centers in High Point including four Early Head Start (EHS), Early Head Start Child Care Partnership (EHS-CCP), and Head Start (HS) preschool programs and child development centers.

<sup>1</sup> [https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/subsidy\\_county\\_fact\\_sheets\\_17\\_18.pdf](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/subsidy_county_fact_sheets_17_18.pdf)

**TABLE 26 – LICENSED CHILDCARE, HIGH POINT NC.**

<b>Facility Name</b>	<b>License</b>
Above and Beyond Christian Day Care	Three Star Center License
Allen Jay Elementary Aces Program	Four Star Center License
Allen Jay Elementary Nc Pre-K Program	Four Star Center License
Alpha Academy	Four Star Center License
Apple Tree Academies	Three Star Center License
Apple Tree Academies	Three Star Center License
Appleville Academy	Four Star Center License
Carl C. Staley Jr. Child Development Center	Five Star Center License
Carl Chavis YMCA	Five Star Center License
Childcare Network #242	Five Star Center License
Childcare Network #253	Five Star Center License
Creative Corner Child Care	Four Star Center License
D & T Learning Zone	Five Star Center License
D & T Learning Zone Phase II	Five Star Center License
De Paul Academy	Five Star Center License
Fairview Elementary Nc Pre-K Program	Five Star Center License
Faith & Love Childcare Enrichment Center	Four Star Center License
Florence Elementary Aces Program	Four Star Center License
Florence Elementary School Pre-K	Five Star Center License
Hester's Creative Schools-Lakecrest	Four Star Center License
Hickory Chapel Child Development Center	Five Star Center License
High Point Family Day Care Center	Five Star Center License
Johnson Street Elementary Aces Program	Four Star Center License
Just What I Needed Child Dev. Center At High Point	Three Star Center License
Kid Appeal Learning Center	Five Star Center License
Kindercare Learning Center	Four Star Center License
Kindermission Academy	Four Star Center License
Kindernoggin	Five Star Center License
Kirkman Park Elementary Nc Pre-K Program	Four Star Center License
Laurel Oak Children's Center, Inc.	Four Star Center License
Little One's World Academy	Four Star Center License
Macedonia Head Start/Early Head Start	Five Star Center License
Mema King's Kids Learning Center	Three Star Center License
Montlieu Elementary Nc Pre-K Program	Four Star Center License
Northwood Elementary Preschool	Five Star Center License
Oak Hill Elementary Nc Pre-K Program	Five Star Center License
Oak Hollow Enrichment Center, Inc.	Four Star Center License
Oak View Elementary Nc Pre-K Program	Four Star Center License
Oakview Elementary Aces Program	Four Star Center License
Parkview Elementary Nc Pre-K Program	Five Star Center License
Shadybrook Elementary Aces Program	Four Star Center License
Shadybrook Elementary Preschool	Four Star Center License
Southwest Elementary Aces Program	Four Star Center License
The Sunshine House #125	Four Star Center License
Triad Child Development Center	Five Star Center License
Triangle Lake Elementary Aces Program	Four Star Center License
Union Hill Elementary Nc Pre-K Program	Five Star Center License
Wesleyan Education Center	GS 110-106 )

## Primary and Secondary Schools

High Point lies in four counties and has schools from each of these districts; however, the majority of public schools are within the Guilford County School (GCS) district. GCS is the third largest district in the state with a budget of \$729,928,427 (2017) and serving over 73,259 pre-K to high school students across 126 schools. The racial ethnic breakdown was: Black - 40.65%; White – 32.49%; Hispanic - 15.70%; Multi-Racial – 4.20%; American Indian - 0.39%; Pacific Islander - 0.15%. A total of 112 languages/dialects are spoken in GCS schools with the top five foreign languages being: Spanish, Arabic, Hindi, Vietnamese, and Karen.<sup>2</sup> There are 28 public schools, including one public charter school (Phoenix Academy) and one early middle college. The Early Middle College on the GTCC campus has a 100% graduation rate. There are also 10 private elementary, middle, and high schools.

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<sup>2</sup><https://www.gcsnc.com/cms/lib/NC01910393/Centricity/Domain/233/GCS-AnnualReport-2017-web.pdf>

**TABLE 27 – PUBLIC AND PRIVATE ELEMENTARY, MIDDLE, AND HIGH SCHOOLS HIGH POINT NC.**

<b>School</b>	<b>Type</b>	<b>Grades</b>	<b>Enrolled</b>	<b>Student per Teacher</b>	<b>District</b>
Allen Jay Elementary School	Public	PK-5	446	13:01	Guilford County
Allen Jay Middle - A Preparatory Academy	Public	5-8	301	16:01	Guilford County
Britain Academy	Private	5-12	235	N/A	N/A
Carter's Circle of Care Day Treat. School	Private	N/A	N/A	N/A	N/A
Dean B Pruett Scale School	Public	6-12	9	1:01	Guilford County
Early middle College at GTCC	Public	9-12	129	12:01	Guilford County
Fairview Elementary School	Public	PK-5	394	13:01	Guilford County
Ferndale Middle School	Public	6-8	744	15:01	Guilford County
Florence Elementary School	Public	PK-5	697	17:01	Guilford County
Hayworth Christian School	Private	PK-12	100	N/A	N/A
High Point Central High School	Public	9-12	1442	15:01	Guilford County
High Point Christian Academy	Private	PK-12	651	N/A	N/A
High Point Friends School	Private	PK-12	651	N/A	N/A
Immaculate Heart of Mary Catholic	Private	PK-8	201	N/A	N/A
John R Lawrence Elementary	Public	K-5	443	17:01	Randolph County
Johnson Street Elementary	Public	K-8	441	12:01	Guilford County
Kirkman Park Elementary School	Public	PK-5	331	13:01	Guilford County
Laurin Welborn Middle	Public	6-8	381	12:01	Guilford County
Ledford Senior High	Public	9-12	1288	20:01	Davidson County
Montlieu Avenue Elementary	Public	PK-5	681	14:01	Guilford County
Northwood Elementary School	Public	PK-5	650	13:01	Guilford County
Oak Hill Elementary School	Public	PK-5	464	12:01	Guilford County
Oak View Elementary School	Public	PK-5	525	14:01	Guilford County
Parkview Village Elementary School	Public	PK-5	363	12:01	Guilford County
Penn-Griffin Middle	Public	6-12	644	13:01	Guilford County
Phoenix Academy Inc	Charter	K-8	896	14:01	Guilford County
Piedmont School	Private	N/A	72	N/A	N/A
Shadybrook Elementary School	Public	PK-5	475	17:01	Guilford County
Southwest Elementary School	Public	K-5	797	17:01	Guilford County
Southwest Guilford High School	Public	9-12	1520	17:01	Guilford County
Southwest Guilford Middle School	Public	6-8	1075	17:01	Guilford County
T Wingate Andrews High School	Public	9-12	863	12:01	Guilford County
The Academy At High Point Central	Public	9-12	142	9:01	Guilford County
Triangle Lake Montessori Elementary	Public	PK-5	552	14:01	Guilford County
Tri-City Adventist Junior Academy	Private	PK-10	131	N/A	N/A
Union Hill Elementary School	Public	PK-5	513	14:01	Guilford County
Wesleyan Christian Academy	Private	PK-12	997	N/A	N/A
Westchester Country Day School	Private	PK-12	374	N/A	N/A

## Colleges and Universities

There are 15 colleges and universities within 25 miles of High Point. The largest universities in High Point are High Point University (961 degrees awarded in 2016), Health And Style Institute (135 degrees), and South University-High Point (84 degrees). High Point University, located in east High Point, offers 50 undergraduate majors, 43 undergraduate minors and 14 graduate degree programs. Guilford Technical Community College (GTCC) also has a campus in downtown High Point serving 2,500 students each semester in a number of programs including Adult Basic Education (High School, GED and English as a Second Language), continuing education, and curriculum courses. The High Point Campus curriculum programs include Pharmacy Technology, Human Services Technology, and Simulation and Gaming Design.

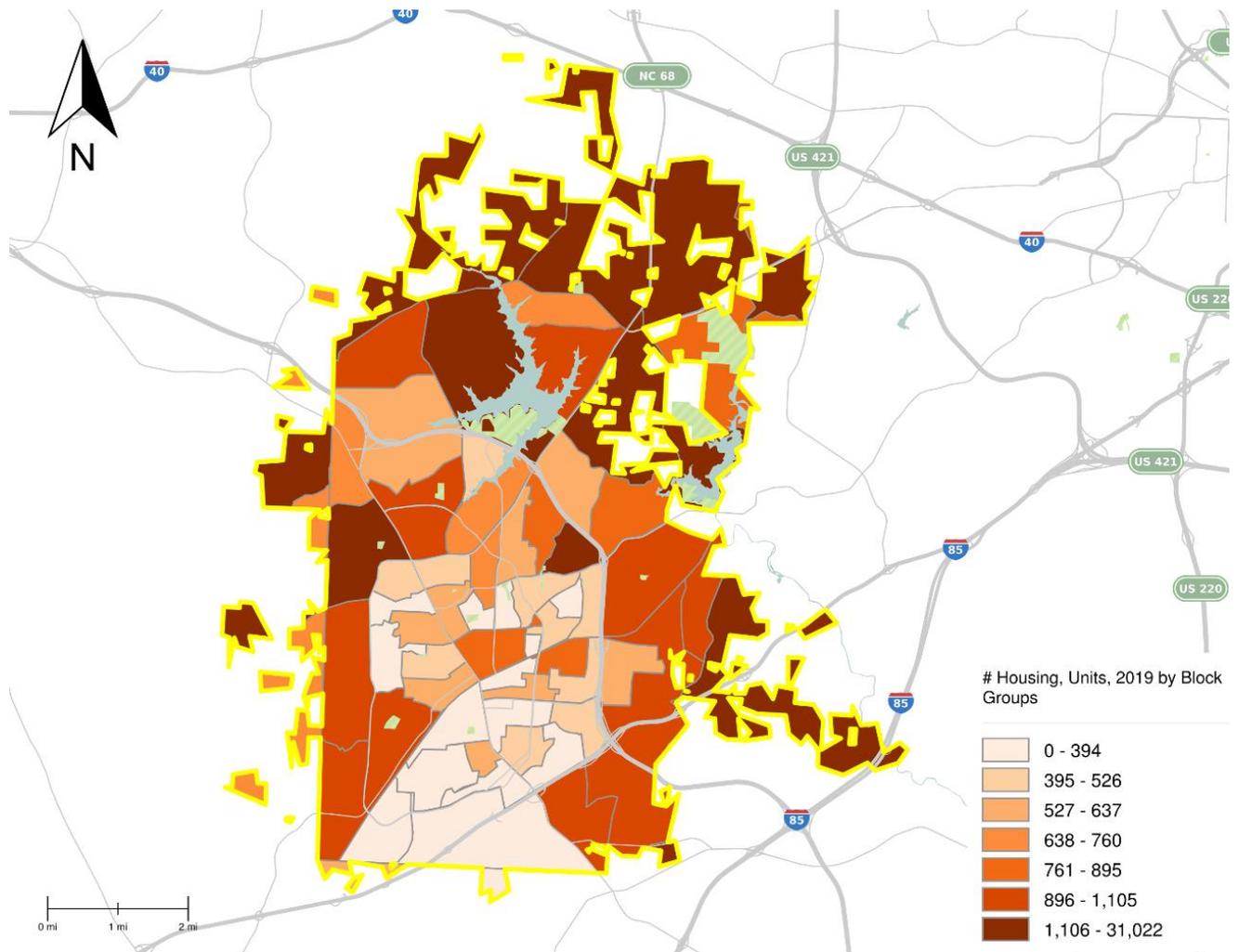
## Housing

**TABLE 28 -HOUSING STOCK (ACS 2013-2017)**

2013-2017 Housing Stock	Number of Units	Percent of Units
<b>Single family detached homes</b>	29,185	62.7%
<b>Single family attached homes</b>	2,925	6.28%
<b>2-unit homes and duplexes</b>	1,316	2.83%
<b>Units in small apartment buildings</b>	11,452	24.6%
<b>Units in large apartment buildings</b>	1,359	2.92%
<b>Mobile homes or manufactured housing</b>	291	0.63%

### Housing Stock

There were an estimated 46,550 housing units in this area. More than two-thirds (69%) of the housing stock in High Point is single family homes. These include all one-unit structures, both attached (6.3%) and detached (62.7%). Units in small apartment building are buildings with 3 to 49 units make up about a quarter (24.6%) of the housing stock. Large apartment buildings include buildings with 50 units or more, and account for only 2.9%.



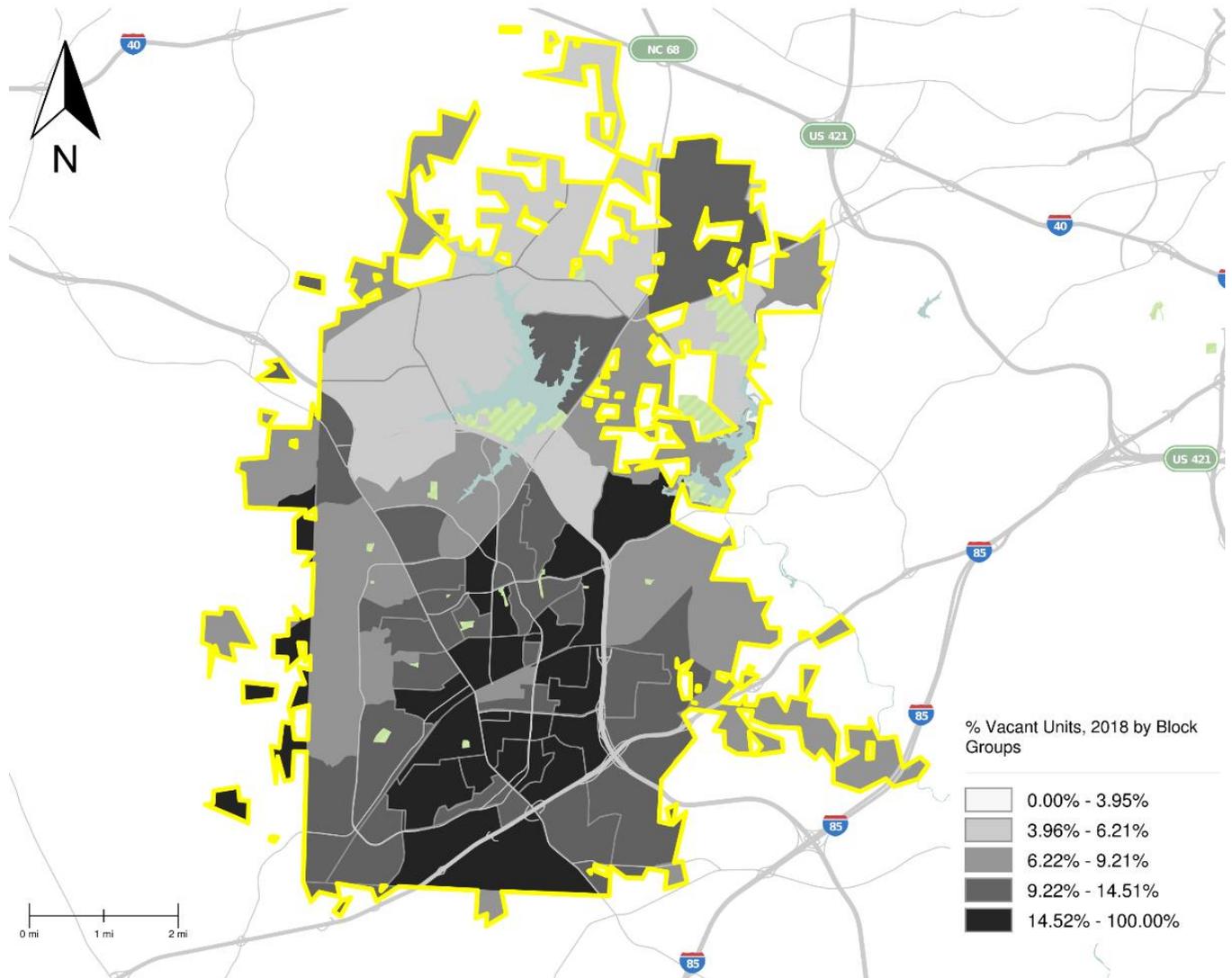
**FIGURE 35 - NUMBER OF HOUSING UNITS BY BLOCK GROUP (ACS 2019)**

**TABLE 29 – POSTAL ADDRESS VACANCY, HIGH POINT NC (VALASSIS 2019)**

Postal Address Vacancy	2018Q2	2018Q3	2018Q4	2019Q1	2019Q2	2019Q3
<b>Number Vacant - Residential</b>	2,111	2,075	2,163	2,288	2,176	2,136
<b>Percent Vacant - Residential</b>	5.01%	4.92%	5.13%	5.42%	5.15%	5.05%
<b>Number Vacant - Business</b>	922	906	906	934	925	902
<b>Percent Vacant - Business</b>	13.56%	13.31%	13.29%	13.67%	13.53%	13.22%
<b>Overall Vacancy Rate</b>	6.2%	6.09%	6.27%	6.57%	6.32%	6.19%

### Vacant and Abandoned Property

Vacancy is a recognized issue in High Point with an estimated 12.0% of housing units vacant (ACS 2013-2017). A housing unit is vacant if no one is living in it at the time of enumeration, unless occupants are temporarily absent. Postal vacancy shows short-term vacancy trends based on addresses where mail has not been collected for over 90 days. Data from Valassis Lists tracks vacancy on a quarterly basis. In the 3rd quarter of 2019, the overall vacancy rate in this area was 6.19%. While the existence of vacant and abandoned properties is often indicative of economic distress and disinvestment in a neighborhood, these properties must also be approached as more than just a symptom of these forces.



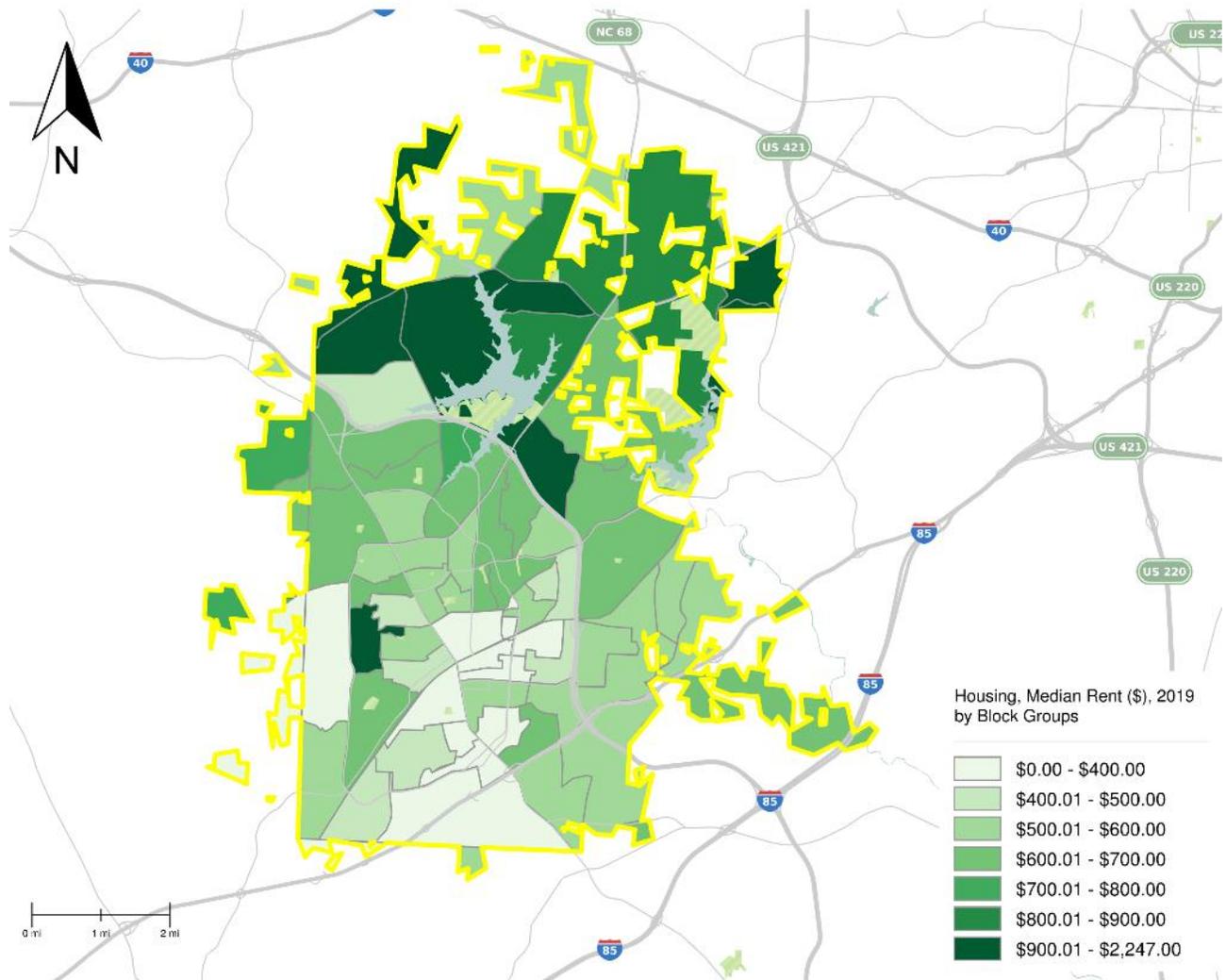
**FIGURE 36 - PERCENT VACANT HIGH POINT NC**

**TABLE 30 –RENTERS, HIGH POINT NC (ACS 2019)**

<b>Attribute</b>	<b>High Point, NC</b>	<b>North Carolina</b>
<b># Housing, Renter Occupied, 2019</b>	20,151	1,451,612
<b>% Housing, Renter Occupied, 2019</b>	45.20%	35.19%
<b># Vacant Units For Rent, 2019</b>	2,286	161,012
<b>% Vacant Units For Rent, 2019</b>	38.02%	25.70%
<b>Housing, Median Rent (\$), 2019</b>	\$593.00	\$621.00

### Rental Market

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 this area was \$821 (ACS 2013-2017). According to RentCafe (Oct 2019), average rent for an apartment in High Point is \$856. Median rent was highest in the north of the city. The most affordable neighborhoods in High Point are Archdale, where the average rent goes for \$667/month, Townsend Business Park, where renters pay \$667/mo on average, and West Fairfield, where the average rent goes for \$667/mo. The most expensive neighborhoods in High Point are Skeet Club Ridge (\$886), The Overlook (\$886) and Walnut Creek (\$886).



**FIGURE 37 – MEDIAN RENT BY BLOCK GROUP (ACS 2019)**

TABLE 31 – OWNERS VS. RENTERS, HIGH POINT NC (ACS 2019)

Attribute	High Point, NC	North Carolina
# Housing, Owner Households, With Mortgage, 2019	18,312	1,817,590
% Housing, Owner Households, With Mortgage, 2019	74.96%	67.99%
# Housing, Owner Occupied, 2019	24,430	2,673,138
% Housing, Owner Occupied, 2019	54.80%	64.81%
Housing, Median Value (\$) Owner Occupied, 2019	\$150,706.00	\$158,385.00

### Homeowners

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. Proportionally more homes were for sale in the Core City and north.

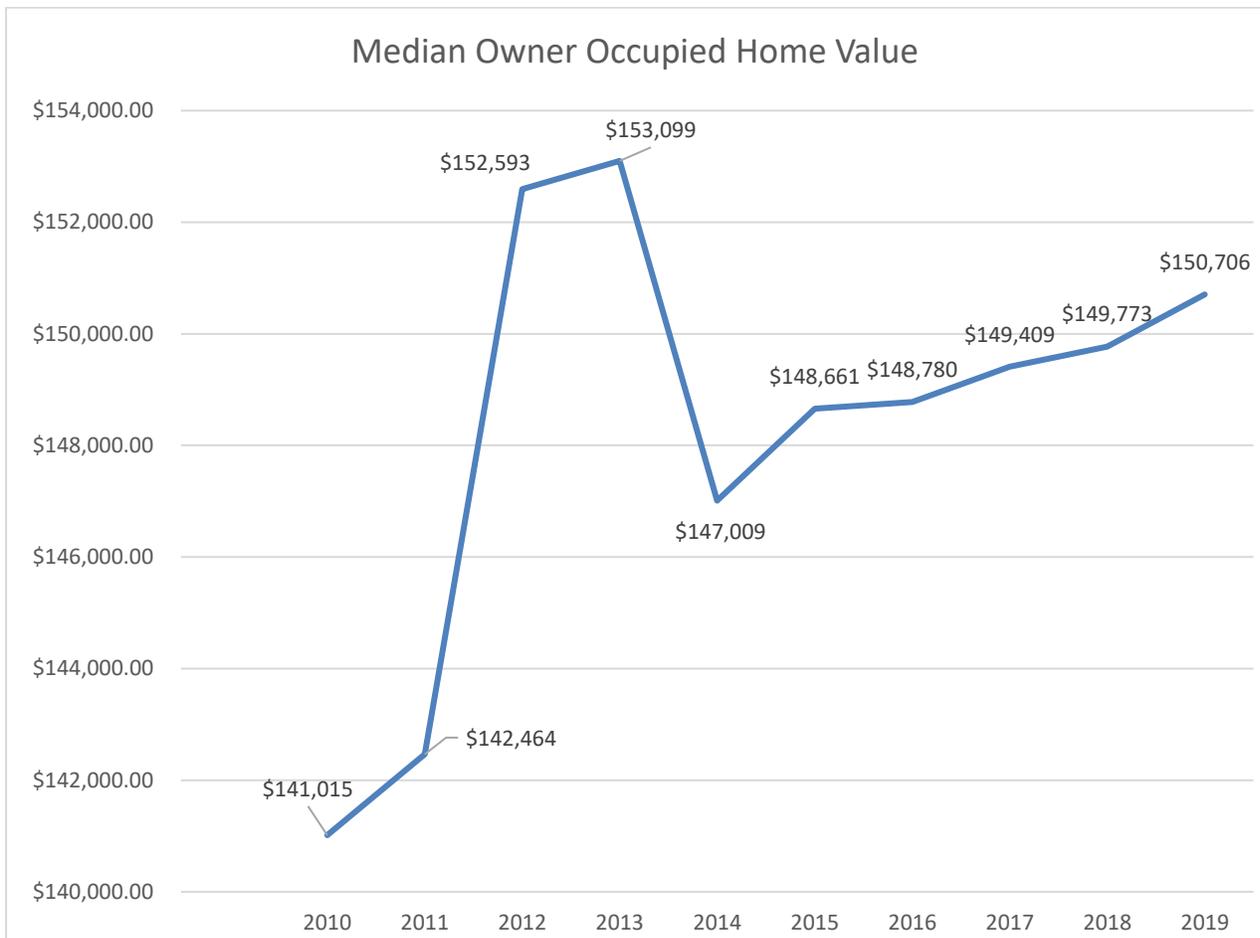
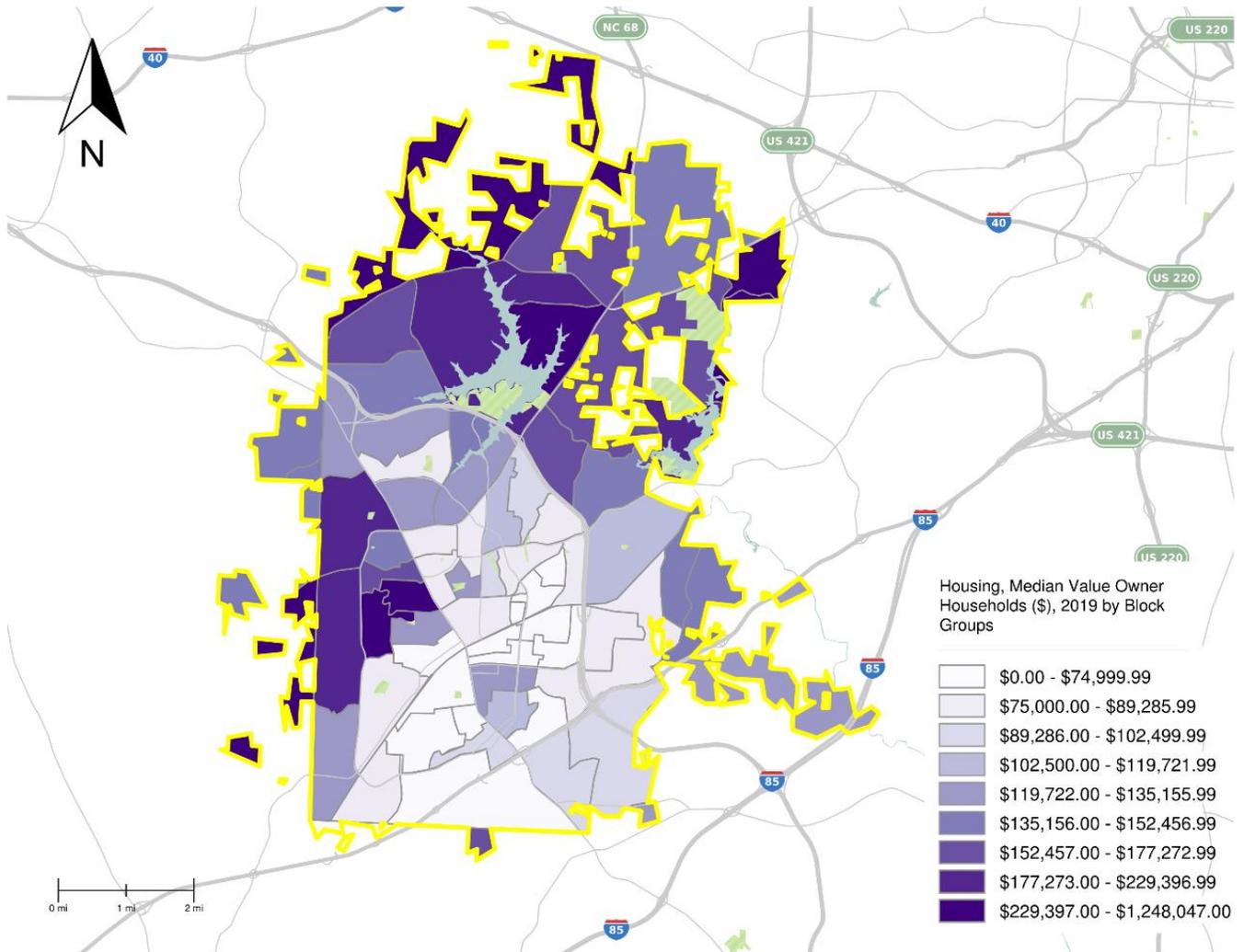
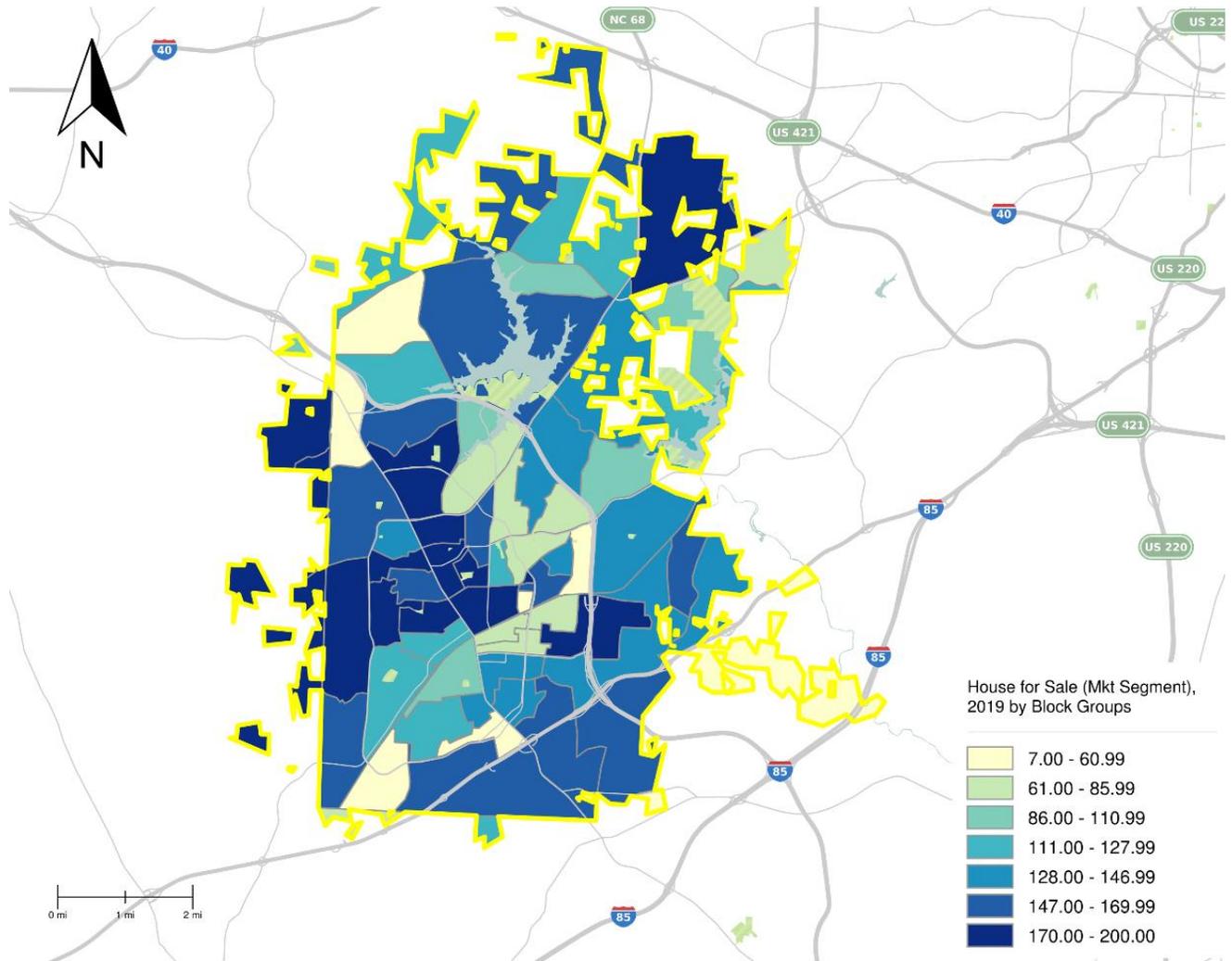


FIGURE 38 – MEDIAN OWNER-OCCUPIED HOME VALUES (ACS 2010-2019)



**FIGURE 39 – MEDIAN OWNER-OCCUPIED HOME VALUES (ACS 2019)**



**FIGURE 40 – HOUSING SALES 2018 BY BLOCK GROUP**

TABLE 32 - HUD FAIR MARKET RENTS GREENSBORO-HIGH POINT, NC

HUD Final FY 2018 FMRs By Unit Bedrooms Guilford County, NC					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
<b>FY 2018 FMR</b>	\$625	\$692	\$806	\$1,078	\$1,294
<b>FY 2017 FMR</b>	\$578	\$655	\$763	\$1,025	\$1,228

Source: US Department of Housing and Urban Development<sup>3</sup>

### Housing Cost-Burden

Affordable housing in High Point continues to be a struggle for working families. 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. A worker making minimum wage would need to work about 82 hours weekly to afford a two-bedroom unit. 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). Of those cost-burdened renters, 18.42% were over the age of 65. Additionally, 52.13% of cost burdened renters earned less than \$20,000 (ACS 2013-2017). Similarly, of those cost-burdened homeowners, 24.2% were over the age of 65 and 72.8% of cost burdened homeowners earned less than \$20,000 (ACS 2013-2017).

<sup>3</sup> [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018\\_code/select\\_Geography.od](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018_code/select_Geography.od)

**TABLE 33 - WHAT IS YOUR HOUSING STATUS?**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Own	124	23.7	36.2	36.2
	Rent	131	25.0	38.2	74.3
	Staying with friends or family	16	3.1	4.7	79.0
	Homeless- streets/car	1	.2	.3	79.3
	Homeless- shelter	3	.6	.9	80.2
	Homeless- temporary housing	12	2.3	3.5	83.7
	Hotel/motel	2	.4	.6	84.3
	Assisted living	4	.8	1.2	85.4
	Group home	1	.2	.3	85.7
	Halfway house	33	6.3	9.6	95.3
	Other (explain)	16	3.1	4.7	100.0
	Total	343	65.5	100.0	
<b>Missing</b>	System	181	34.5		
<b>Total</b>		524	100.0		

### Housing Status of CHCS Survey Respondents

Most CHCS survey respondents were renters (38.2%) or homeowners (36.2%). Many indicated living in halfway homes (9.6%), staying with friends (4.7%), or living in temporary housing (3.5%). “Other” housing included public housing and dorm rooms at High Point University.

## Evictions

Data from the Princeton Eviction Lab, the first national database of evictions, shows that in 2016, High Point had a 6.06% eviction rate. For every 100 rental households in High Point, 6 experienced an eviction. On any given day, around three 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 about 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. As Matthew Desmond, the Principal Investigator at the Eviction Lab, writes, informal evictions are perhaps more common than formal evictions. An informal eviction could be a landlord padlocking the door while the tenant is at work or a landlord threatening a tenant if they do not leave their home.

## Eviction Rates of Triad Cities

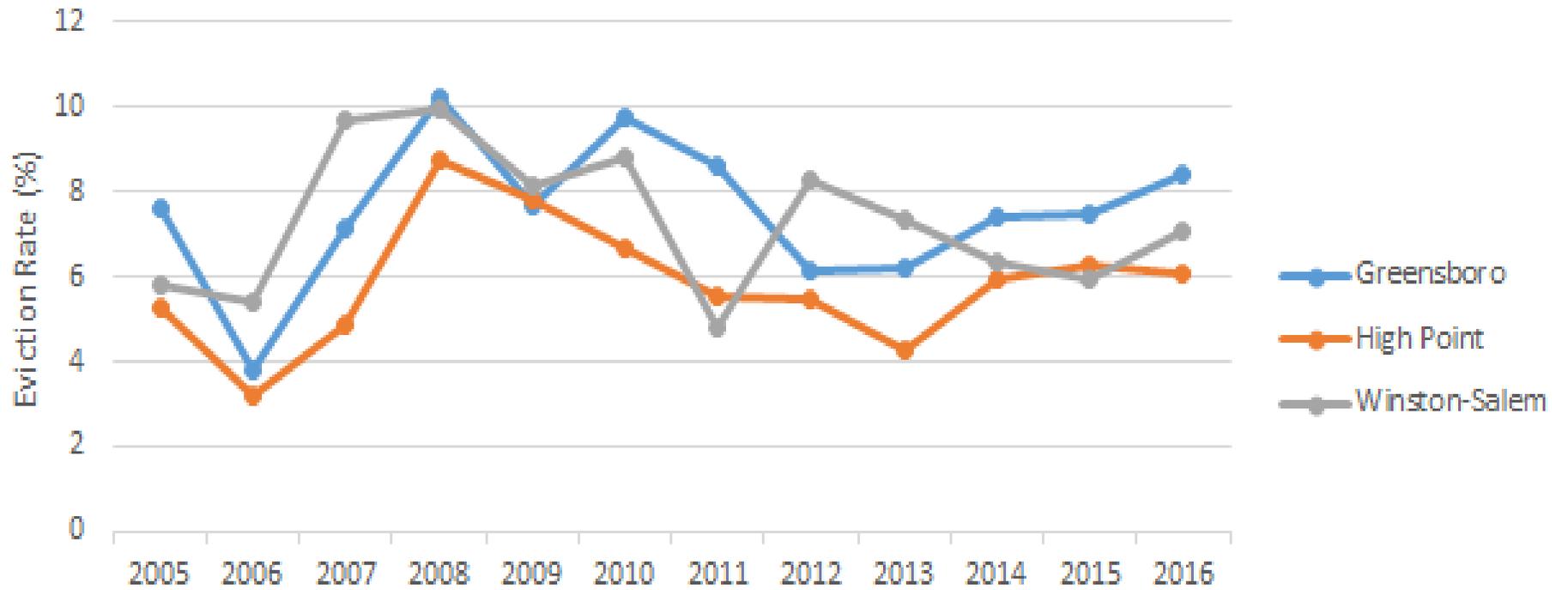
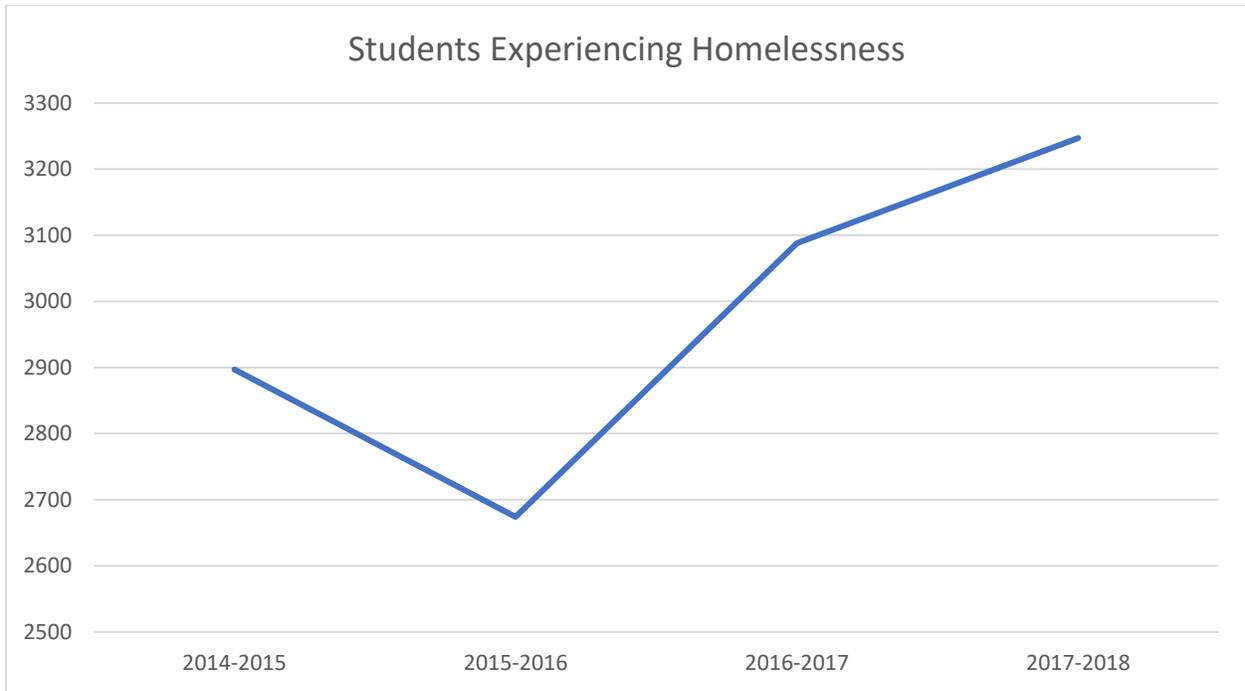


FIGURE 41 - EVICTION RATES 2005-2016 PIEDMONT TRIAD LARGE CITIES, CHCS ANALYSIS OF EVICTION LAB DATA

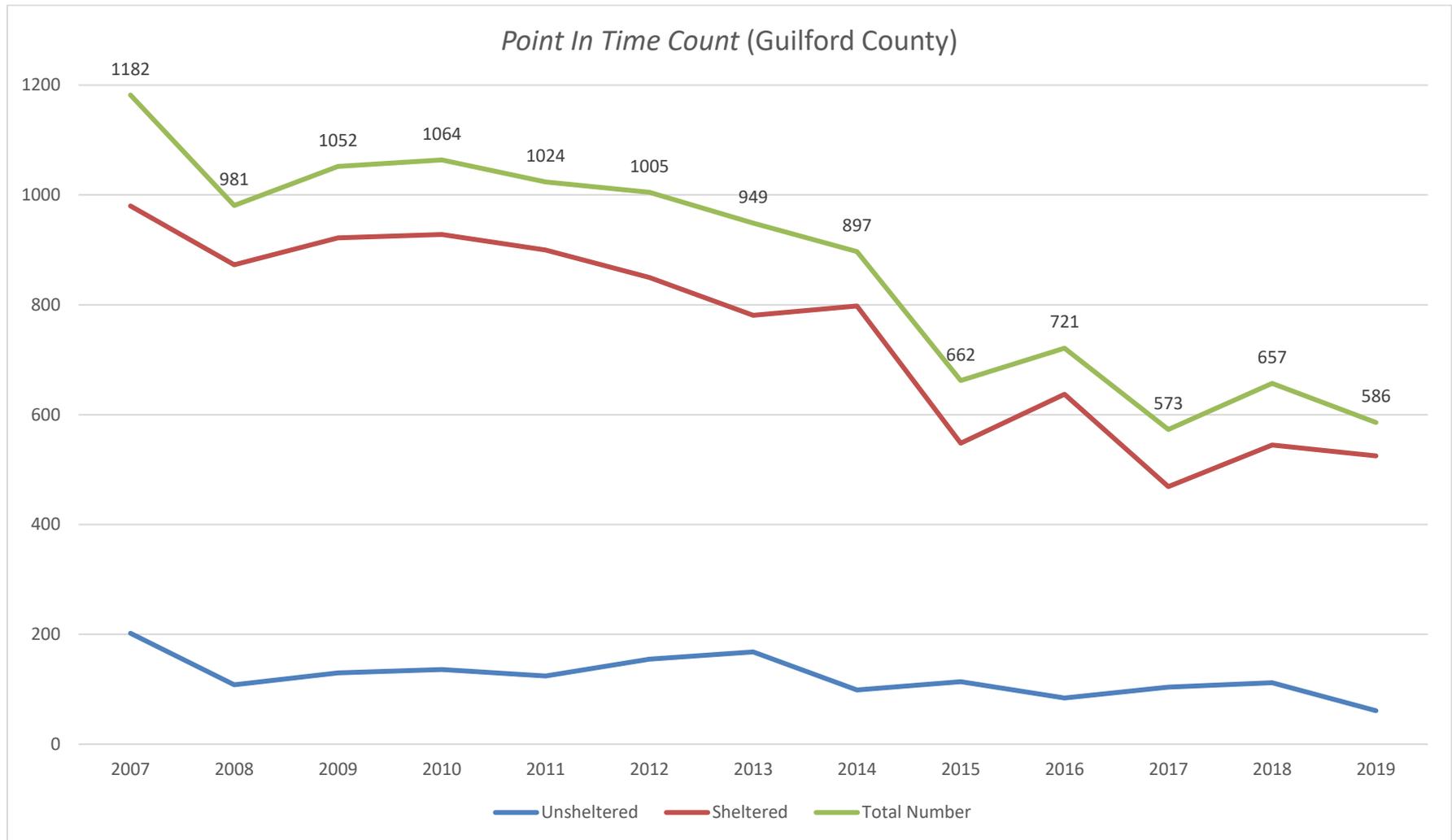
## Homelessness

Point in Time counts, conducted bi-annually across the nation, provide a snapshot of unduplicated sheltered and unsheltered individuals and families experiencing homelessness on any given night as defined by the U.S. Department of Housing and Urban Development (HUD). HUD defines an individual as experiencing homelessness when they reside in places not meant for human habitation, in an emergency shelter or transitional housing, or when they lack the resources and/or support networks needed to obtain housing. The count includes only individuals willing to answer questions about their living status within a single 24-hour time period. According to the Partners Ending Homelessness, 586 People experienced homelessness on 30 January 2019 in Guilford County. According to the Department of Homeless Services and Community Support at Guilford County district, K-12 student homelessness was up 21% since 2015-216 with 3,247 students experiencing homelessness system wide. This count using a different definition of homelessness that includes those who lack a fixed, regular, and adequate nighttime residence. Students complete a form that states that they are going through a housing crisis of some sort. In focus groups, interviews, and on the CHCS survey write-in boxes, community members discussed issues with homelessness:

- *Well a lot of times children that have unstable housing it can impact their development if they move around frequently, if they're in insufficient housing, and if they don't have a stable environment. We work with families in many cases who cannot acquire their own housing so they live with family members, sometimes in overcrowded housing, we have families currently that cannot obtain housing, so they are living in hotels. A lot of times they cannot get the housing because they have not established credit, sometimes it can be because of a criminal background check. However, we are currently serving families that are living in Hotels in High Point, where one family is paying well over 1200 dollars to live there. So, he has the money, he just can't get into housing.*



**FIGURE 42 - STUDENTS EXPERIENCING HOMELESSNESS IN GUILFORD COUNTY (GCS)**



**FIGURE 43 - HOMELESSNESS IN GUILFORD COUNTY, POINT IN TIME COUNT, 2007-2019**

**TABLE 34 - HOUSING NEEDS OF SURVEY RESPONDENTS**

<b>Responses</b>	<b>N</b>	<b>Percent</b>	<b>Percent of Cases</b>
None	117	25.10%	41.30%
Repairs	65	13.90%	23.00%
Neighborhood not safe	55	11.80%	19.40%
Unhealthy conditions - mold, lead, pests, other health issues	44	9.40%	15.50%
Furniture or household goods	34	7.30%	12.00%
Pet friendly environment	29	6.20%	10.20%
Mortgage or rent assistance	25	5.40%	8.80%
Housing not affordable	22	4.70%	7.80%
Utility assistance	22	4.70%	7.80%
Unsafe home structure	18	3.90%	6.40%
Handicap access or modification	12	2.60%	4.20%
Other medical accommodations	12	2.60%	4.20%
Other (explain)	12	2.60%	4.20%
<b>Total</b>	<b>467</b>	<b>100.00%</b>	<b>164.80%</b>

### Housing Needs

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:

- *We don't have enough affordable housing. We also have a lot of housing that is questionable, that obviously needs repairs. And the city is doing a really good job addressing that, but it takes time. If you can't put, uhm, if you wanna do affordable housing through tax incentives, you are penalized for wanting to do affordable housing in food deserts. It's the way they do the application with the state. So, it's hard to get affordable housing, other than through the Housing Authority, in the areas that we need it most. I know that urban planners like to say that we need to move folks down into the suburbs where the jobs are, but then we'd need a better transportation system. A lot of the stuff I'm learning as mi going, it really is, housing is a major issue. I mean how much people have to pay for rent is ridiculous. And I've met too many*

*people, both in Greensboro and High Point, that live in deplorable positions. I've had homeless people living in sheds, living in barns, but not in shelters.*

- *The housing in High Point, outside of the public housing authority communities is horrible. There are so many boarded up houses, there's sub-standard housing. It's not being addressed very well.*
- *There needs to be more resources and even people willing to invest in building more low-income housing.*
- *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.*
- *There's are a number of houses that we notice that are vacant. However, because the crime is so high in that area families don't want to live there. The houses that are near are kind of going downhill, we are on the corner of Greene and Commerce. So, if you go up and down Commerce or Greene, you'll see a lot of vacant houses right there but no one's living in them.*
- *I would like for all the abandoned houses and the houses that are not worth repairing and have been left alone for years to be demolished. They are in the E. Commerce, Cable St. Walnut and White Oak area. This will deter a lot of the crime and drug activity*
- *Why is public housing eviction POLICY fucked up why is little things like that stopping a family from being stable we already have to work hard in USA with small children under 10; shit is tough I been evicted from another state paid my rent up then move did not return fucking keys now I'm evicted....fucked up now in NC when I'm denied denied denied. So maybe I should shoot some shit up because WTF am I fighting for Ben Carson and all the other mayors and city Council's don't give a fuck because they making millions of a CAMPAIGN*
- *More cost-effective, safe ways to have repairs done around the home.*

- *My elderly mom who lives with me has asthma and because she needs the air conditioner on to breathe, our High Point utility bill has been between 500 and 600 a month all summer. This is killing me but there is no way around it. The cost of electricity is literally bankrupting me because it's on top of pseudo-high rent because I had to find a home that was accessible so she could get in and out. I'm drowning, working 3 jobs so that I can pay for my daughter's necessary therapy and so my mom can breathe. I wouldn't even have cable but she's home bound and needs the external mental stimulation to feel a part of the world to avoid extreme depression.*

## Transportation

TABLE 35 - TRANSPORTATION HIGH POINT, NC

Attribute	High Point, NC	North Carolina
Household, Median Vehicles, 2019	2.10	2.30
# Household w/ No Vehicles, 2019	3,759	264,041
% Household w/ No Vehicles, 2019	8.43%	6.40%
Transportation (Household Average), 2019	\$5,799.95	\$7,628.30
Parking fees (Household Average), 2019	\$32.27	\$43.74
Public and other transportation (Household Average), 2019	\$434.49	\$591.64

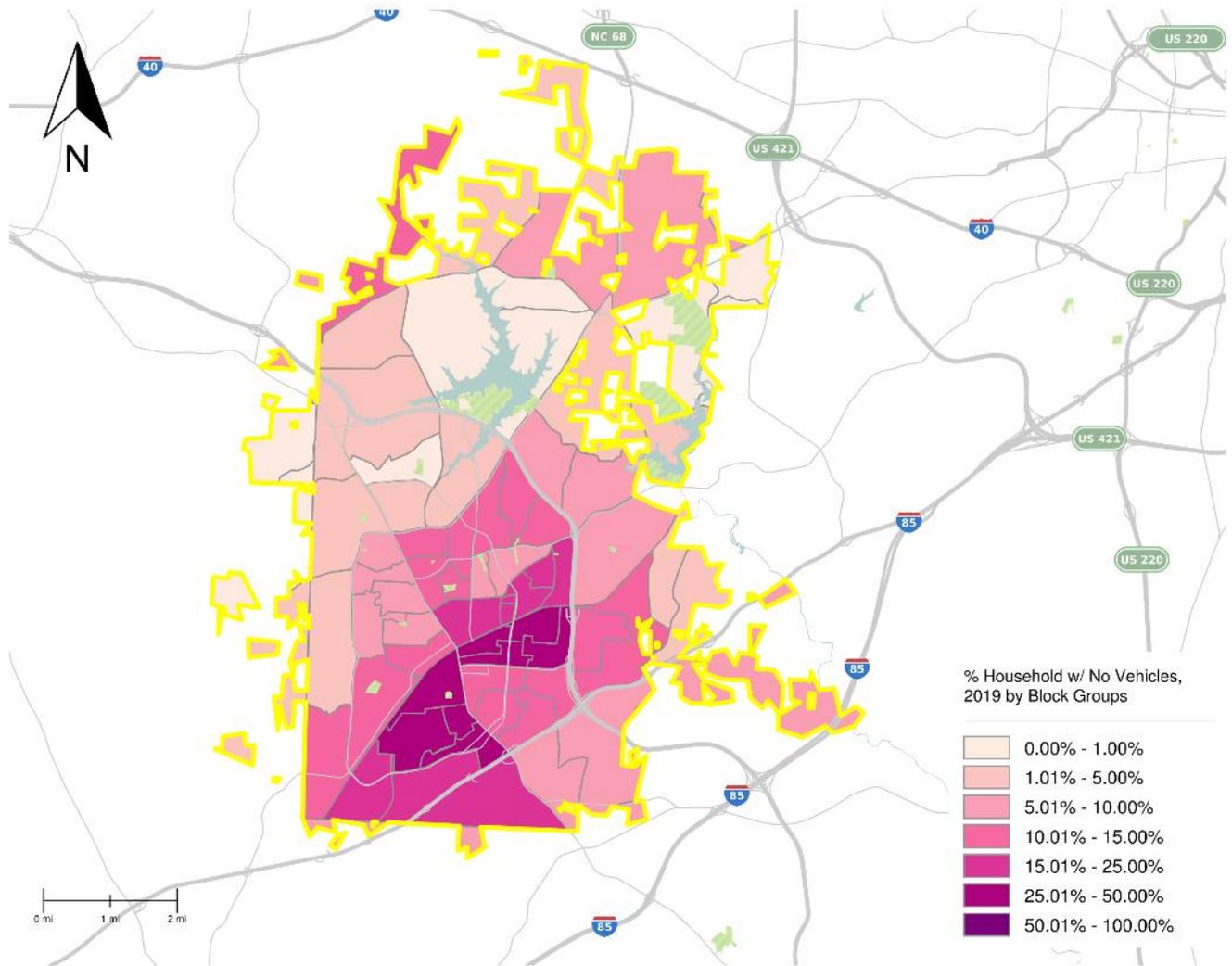
### Personal Transportation

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.

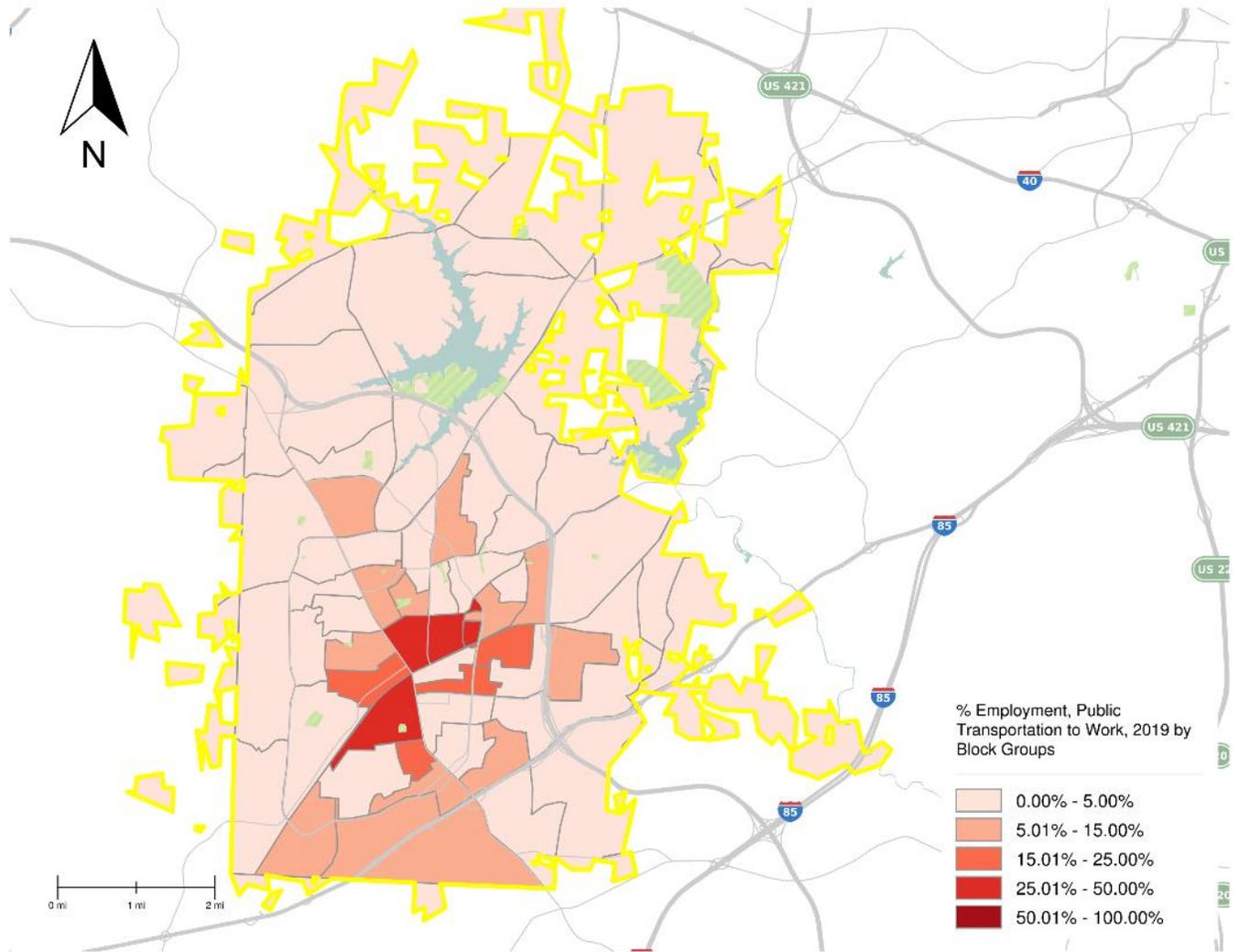
As with the Census data, most respondents indicate their primary means of transportation was a personal car or truck (70.7% of respondents). Others walk (11.3%) or depend on a bus (8.4%).

TABLE 36 - CHCS SURVEY RESPONDENT TRANSPORTATION

Responses	N	Percent	Percent of Cases
Personal car/truck	237	66.20%	70.70%
Walk	38	10.60%	11.30%
Bus	28	7.80%	8.40%
Friends' car/truck	18	5.00%	5.40%
Bike	8	2.20%	2.40%
Cab	8	2.20%	2.40%
Pay other people	8	2.20%	2.40%
Scooter	2	0.60%	0.60%
Motorcycle	2	0.60%	0.60%
Other (explain)	9	2.50%	2.70%
	358	100.00%	106.90%



**FIGURE 44 – NO VEHICLE OWNERSHIP IN HIGH POINT, NC (ACS 2019)**



**FIGURE 45 – PUBLIC TRANSPORTATION HIGH POINT, NC (ACS 2019)**

**TABLE 37 - PUBLIC TRANSPORTATION RIDERSHIP**

Agency	Mode	Unlinked Trips	Operating Expenses
High Point Transit	Bus	856,257	\$2,386,022
Piedmont Authority for Regional Transportation	Commuter Bus	511,377	\$5,333,091

Data current as of August 8, 2016

SOURCE: U.S. Department of Transportation National Transit Database; Monthly Module Adjusted Data Release

### Public Transportation

Public transportation in High Point includes the High Point Transit System (Hi Tran), Transportation and Mobility Services of Guilford County (TAMS), and the Piedmont Authority for Regional Transportation (PART). High Point has 14 routes and a regular fare of \$1.25 and discounted fares for seniors/disabled for .60¢. Transfers are also free and children under 43" in height ride free. TAMS Transportation is provided for medical appointments, employment, education, senior services, nutrition sites and adult day care for those without access to Hi Tran. The Piedmont Authority for Regional Transportation (PART) also operates a regional transit system with 15 express routes connecting with the High Point and Greensboro transit systems and offering services to 10 counties of the Piedmont Triad. Only 1.0% of the population uses public transportation to commute to work in High Point (ACS 2013-2017). Nonetheless, 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:

- *I think probably all the resources are worn out and maxed out. There just aren't enough resources. I think if more resources were available and people had more access to the resources.... again, transportation. I know you're hearing this over and over again, it's a problem, I mean how are people going to get to their resources.*
- *We need bus on weekends and nights and to major restaurant row*
- *We need bus services all over High Point, more stops, longer hours and on the weekends*

- *en ciertas áreas, mas centrico. Pero si me ofrecen trabajo en, por decir Ashdale, no hay transporte (In certain more central areas there are buses, but if I am offered work, let's say, in Ashdale, there is no transportation)*
- *No hay transporte por la noche (there is no transportation at night)*
- *I came here to retire. It must be difficult for young people to get to those resources, because of the issue with transportation.*
- *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. Now, they can get help to medical appointments only through Medicaid transportation and it has to be for the child, if the child has Medicaid. Medicaid will provide a ride to doctors. But if you're trying to get to a job interview, grocery store, you name it, it's usually difficult. And so, some of them will have family members that will give them a ride, however family members will even overcharge them so they much rather be on the bus. And if you have two of three kids you might prefer someone pick you up rather than get on a bus.*
- *There are many food deserts and areas that lack transportation in High Point. Additionally, the transportation services that do exist are not adequate, for example for someone who works 2nd or 3rd shift.*
- *Transportation to jobs in a reasonable distance. Example: I received an email for an interview at FedEx. I did not respond because I don't have transportation there. My car was repossessed, lost my home and my car within 45 days of each other. No money for Uber, Lyft, bus or what have you. The FedEx job is in Kernersville. Amazon job is in Colfax. I can't see myself setting myself up for a job that I can't get to. Found information on the social services website about transportation assistance to job related activities. Inquired about it and the lady said she didn't even know anything about it and that I had to contact HP. Why are the two offices connected if you will be bounced around? Contacted a food bank, and well, can't get there either.*

## Food Costs and Access

TABLE 38 - FOOD EXPENSES, HIGH POINT NC

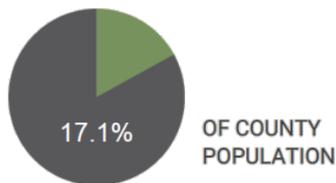
Attribute	High Point, NC	North Carolina
Food (Household Average), 2019	\$4,634.80	\$6,024.10
Food at home (Household Average), 2019	\$2,587.80	\$3,335.66
Other food at home (Household Average), 2019	\$935.56	\$1,205.30
Miscellaneous foods (Household Average), 2019	\$493.82	\$637.11
Frozen prepared foods (Household Average), 2019	\$85.31	\$109.07
Other canned and packaged prepared foods (Household Average), 2019	\$165.05	\$213.00
Baby food (Household Average), 2019	\$10.82	\$13.82
Food away from home (Household Average), 2019	\$2,049.31	\$2,693.88

### Food Costs

Households on average spend over \$4,600 on food in High Point almost equally distributed between food at home (\$2,500) and food away from home (\$2,049). The highest expenses were logically in high income neighborhoods. According to Feeding America, average meal costs of \$3.01 are on par with national averages.

#### COUNTY FOOD INSECURITY RATE

FOOD INSECURE PEOPLE:  
88,370



#### ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE

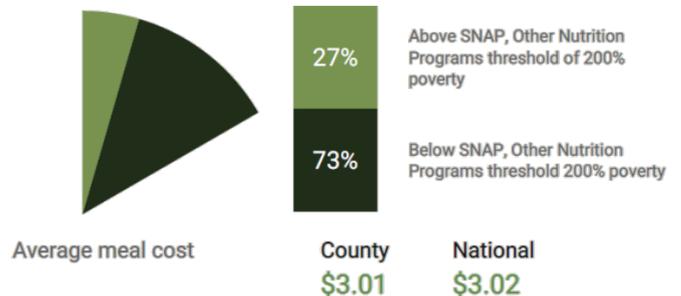
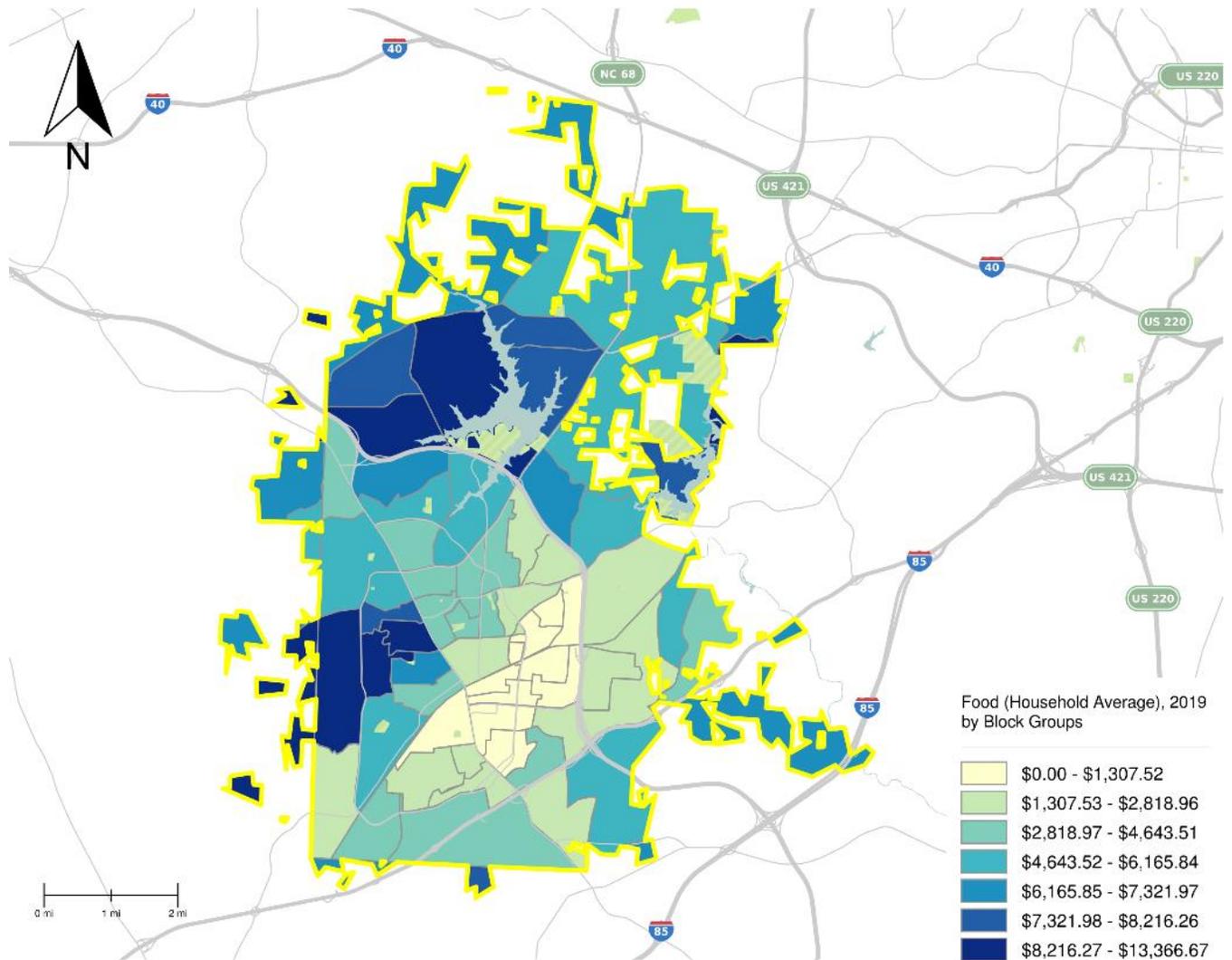


FIGURE 46 - FOOD INSECURITY RATE GUILFORD COUNTY SOURCE: FEEDING AMERICA MAP.FEEDINGAMERICA.ORG



**FIGURE 47 – HOUSEHOLD AVERAGE FOOD EXPENSES (ACS 2016)**

## 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.

Attempts to address food security and food hardship include backpack programs for children, food pantries and meal programs, Food Finder,<sup>4</sup> 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.

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.

**TABLE 39 - HOW FAR DO YOU LIVE FROM THE CLOSEST MAJOR GROCERY?**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Less than a mile	82	15.6	23.8	23.8
	1-2 miles	117	22.3	34.0	57.8
	2-5 miles	98	18.7	28.5	86.3
	5-10 miles	29	5.5	8.4	94.8
	more than 10 miles	8	1.5	2.3	97.1
	I am not sure	10	1.9	2.9	100.0
	<b>Total</b>	<b>344</b>	<b>65.6</b>	<b>100.0</b>	
<b>Missing</b>	System	180	34.4		
<b>Total</b>		<b>524</b>	<b>100.0</b>		

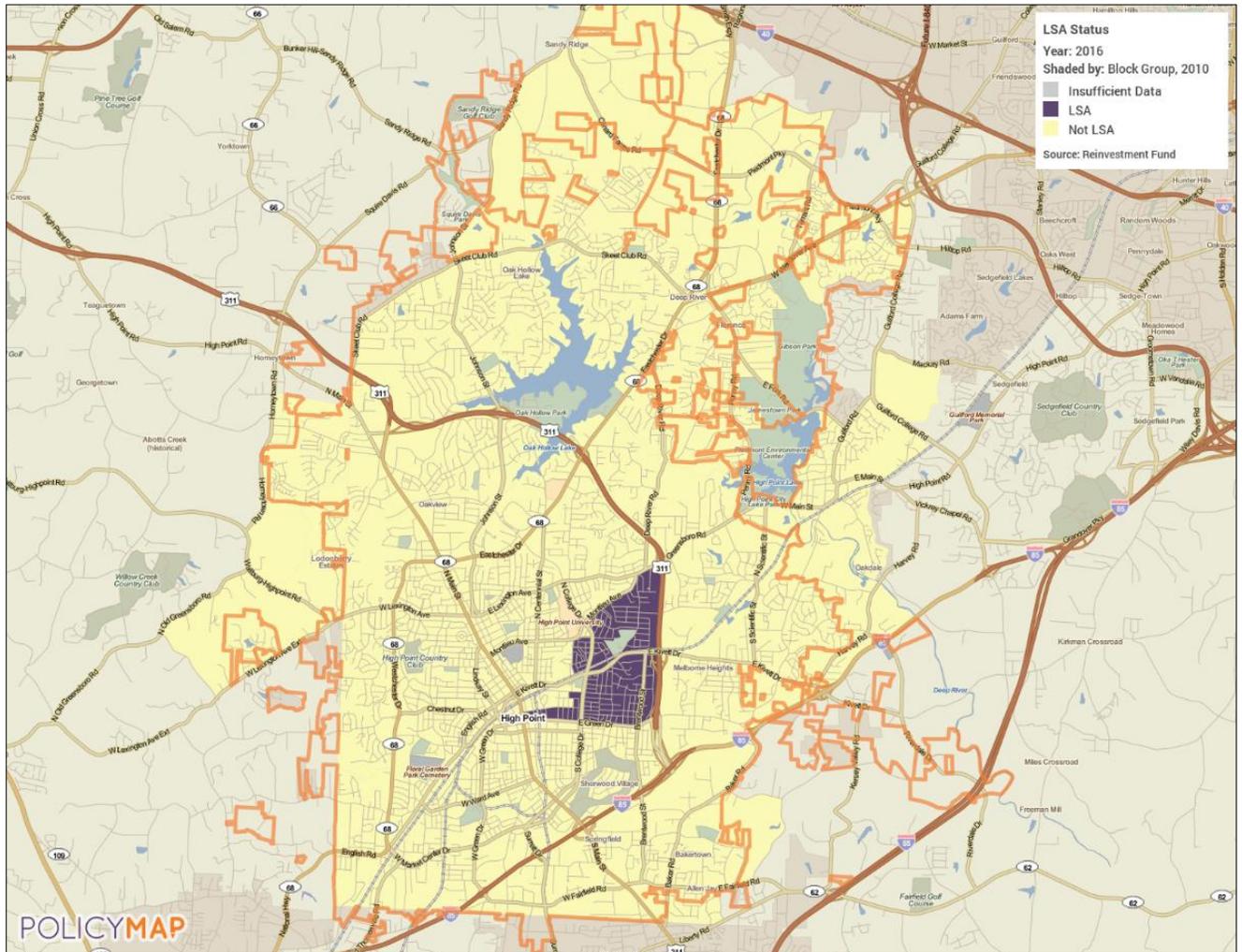
<sup>4</sup> <https://findfood.ghpfa.org/>

**TABLE 40 - SUPERMARKETS BY SERVICE LEVEL AND TYPE**

<b>STORE NAME</b>	<b>ADDRESS</b>	<b>SERVICE LEVEL</b>	<b>GROCERY RETAIL TYPE</b>
Superior Food Supermarket	220 N Centennial St	Full Service	Conventional
Food Lion Store	1107 E Lexington Ave	Full Service	Conventional
Food Lion Store	3136 E Kivett Dr	Full Service	Conventional
Food Lion Store	2705 N Main St Ste 103	Full Service	Conventional
Food Lion Store	110 E Fairfield Rd	Full Service	Conventional
Harris Teeter	265 Eastchester Dr Ste 121	Full Service	Conventional
Food Lion Store	2200 Westchester Dr	Full Service	Conventional
Harris Teeter	1589 Skeet Club Rd Ste 140	Full Service	Conventional
Food Lion Store	3935 Brian Jordan Pl	Full Service	Conventional
Lowe's Food Store	1236 Guilford College Rd	Full Service	Conventional
Walmart Neighborhood Mkt	4102 Precision Way	Full Service	Conventional
Family Dollar	944 N Main St	Limited Service	Dollar Store
Family Dollar	2200 Westchester Dr Ste 120	Limited Service	Dollar Store
Family Dollar	119 Greensboro Rd	Limited Service	Dollar Store
Family Dollar	3102 E Kivett Dr	Limited Service	Dollar Store
Dollar General	1143 E Lexington Ave	Limited Service	Dollar Store
Dollar Tree	2850 S Main St	Limited Service	Dollar Store
Family Dollar	110 E Fairfield Rd Ste 118	Limited Service	Dollar Store
Dollar Tree	274 Eastchester Dr	Limited Service	Dollar Store
Dollar General	1677 Westchester Dr Ste 162	Limited Service	Dollar Store
Family Dollar	417 Brentwood St	Limited Service	Dollar Store
Dollar General	3122 E Kivett Dr	Limited Service	Dollar Store
Dollar General	5430 Samet Dr	Limited Service	Dollar Store
Family Dollar	840 S Main St	Limited Service	Dollar Store
Dollar General	2907 S Main St	Limited Service	Dollar Store
Save A Lot	131 Greensboro Rd	Full Service	Limited Assortment
Aldi Food Store	3306 N Main St	Full Service	Limited Assortment
Save A Lot	2826 S Main St	Full Service	Limited Assortment
Walmart Supercenter	2710 N Main St	Full Service	Supercenter
Walmart Supercenter	2628 S Main St	Full Service	Supercenter
Asian Market	2931 E Kivett Dr	Limited Service	Superette
Family Food Mart	1006 Leonard Ave	Limited Service	Superette
Green Market	900 W Green Dr	Limited Service	Superette
Kivett Drive Grocery	1506 Oneka Ave	Limited Service	Superette
Daniel Brooks Town Store	400 Henley St	Limited Service	Superette
Terrys Discount Grocery	1204 W Fairfield Rd	Limited Service	Superette
Horn Red Dot Superette	345 Ennis St	Limited Service	Superette
Sellers Grocery	2201 Little Ave	Limited Service	Superette
English Road Grocery	1924 W English Rd	Limited Service	Superette
Red Dot Grocery	345 Ennis St	Limited Service	Superette
Five Points Grocery	1226 Montlieu Ave	Limited Service	Superette

In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted issues with food access:

- *You notice that there are resources within particular communities, every store is available. And then you come back here and there's hardly anything, Unfortunately, it's in black and brown communities.*
- *We lost two grocery stores the last two years, that was devastating to our community.*
- *We have a variety of food pantries, I'm not sure where any of them are*
- *People are obese because they don't have access to cheap, healthy food! They can't afford it.*
- *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.*
- *There are a number of places in High Point that help families with food, food insecurity was an issue with a lot of our families and to some it still is, but I have seen more and more resources come up in recent years to try to help address that. Whether it's the Mobile Market or the garden center being created in various neighborhoods, that has helped.*
- *[We need] healthy food and access to healthy food sources for long-term health sustainability of our health care systems.*
- *Healthy food connections in the inner city, accessibility to public transportation to support off-shift employment throughout the Triad, family education resources to assist with issues concerning our families. I could write a book, but I will stop there.*
- *So, we have some food deserts were the only thing you have are convenience stores. That's an issue. There's also the issue of transportation, is an issue. Our bus system is not very strong. They shut down, they don't run constantly, and you have to take many buses. And if we don't have those food marts or transportation, are there strong healthy food pantries? Mhm. So, what you see when you're looking at an asset map of High Point often times there's holes where there's no resources available at all. Or they have very limited availability. Or that the food available is not culturally appropriate. We have 110 languages in or school systems, we have a growing Muslim population and they have dietary restrictions*



**FIGURE 48 – LIMITED SUPERMARKET ACCESS (REINVESTMENT FUND 2016)**

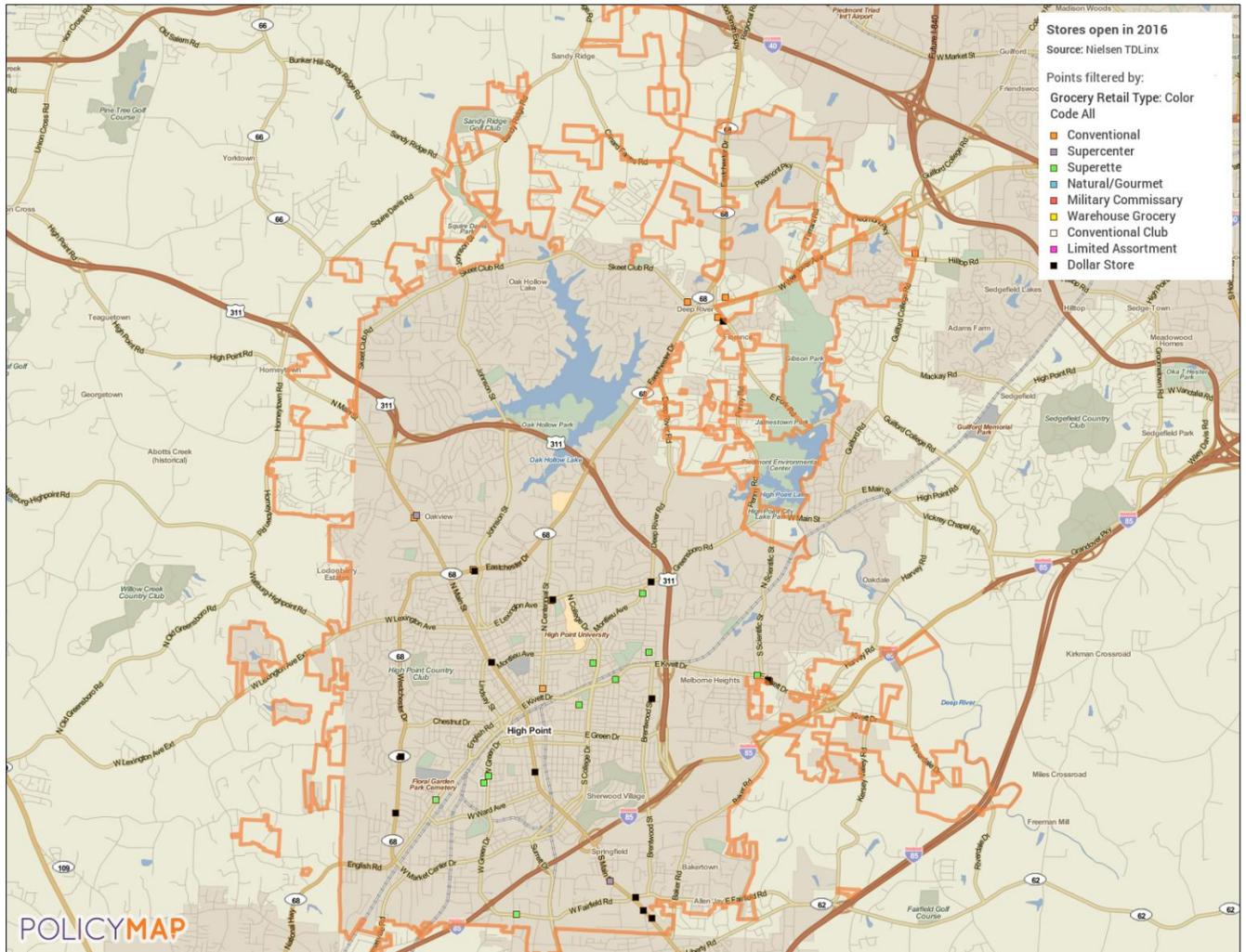


FIGURE 49 –SUPERMARKETS LOCATIONS (NIELSEN TDLINX DATABASE)

## Health Issues

TABLE 41 - CHCS SURVEY SELF-REPORTED HEALTH ISSUES

Response	N	Percent	Percent of Cases
Dental care	86	16.00%	31.00%
Eye/vision care	59	11.00%	21.30%
Prescription medication/ money for prescription	40	7.40%	14.40%
General medical care	36	6.70%	13.00%
Sleep problems	28	5.20%	10.10%
Mental health care	27	5.00%	9.70%
Diabetes	23	4.30%	8.30%
Hearing care	17	3.20%	6.10%
Hypertension	15	2.80%	5.40%
OBGYN services	14	2.60%	5.10%
Substance abuse treatment	13	2.40%	4.70%
Pulmonary Disease (COPD, Emphysema, Asthma)	9	1.70%	3.20%
Heart Disease	8	1.50%	2.90%
Medical equipment	8	1.50%	2.90%
Child diagnosed with a disability	5	0.90%	1.80%
AIDS/HIV risk or treatment	4	0.70%	1.40%
STIs (sexually transmitted infections)	3	0.60%	1.10%
Teen pregnancy	1	0.20%	0.40%
Other (explain)	15	2.80%	5.40%
None	126	23.50%	45.50%
	537	100.00%	193.90%

### Self-Reported Health Issues

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%).

TABLE 42 - PERCENTAGE OF RESIDENTS REPORTING SELECT CHRONIC HEALTH CONDITIONS

	<b>Guilford County</b>	<b>High Point</b>
<b>High Blood Pressure</b>	38.6	41.0
<b>High Cholesterol</b>	31.6	35.7
<b>Overweight/Obesity</b>	36.2	34.1
<b>Depression or Anxiety</b>	23.97	26.3
<b>Diabetes</b>	17.7	22.1
<b>Asthma</b>	15.1	14.1
<b>Angina/Heart Disease</b>	10.5	10.8
<b>Cancer</b>	10.4	8.5
<b>Osteoporosis</b>	7.6	6.9

*Source: 2016 Guilford County Community Health Survey (GCCHS).*

**TABLE 43 - CHCS SURVEY SELF-REPORTED BEHAVIORAL HEALTH ISSUES**

<b>Responses</b>	<b>N</b>	<b>Percent</b>	<b>Percent of Cases</b>
Depression	56	10.50%	20.90%
Planning for the future/ goal setting	35	6.50%	13.10%
Personal problems	31	5.80%	11.60%
PTSD (Post Traumatic Stress Disorder)	28	5.20%	10.40%
Self-esteem	27	5.00%	10.10%
Anger control	24	4.50%	9.00%
Alcohol use	23	4.30%	8.60%
Making decisions/ problem solving	20	3.70%	7.50%
Addiction	19	3.60%	7.10%
Trauma	18	3.40%	6.70%
Drug use	17	3.20%	6.30%
Parenting classes	16	3.00%	6.00%
Disability counseling	15	2.80%	5.60%
Family conflicts	14	2.60%	5.20%
Couples communication	12	2.20%	4.50%
Thoughts of suicide (in the past 6 months)	11	2.10%	4.10%
Caregiver support	10	1.90%	3.70%
Victimization	3	0.60%	1.10%
Elder abuse	1	0.20%	0.40%
Spousal abuse	1	0.20%	0.40%
Other (explain)	7	1.30%	2.60%
None	147	27.50%	54.90%
<b>Total</b>	<b>535</b>	<b>100.00%</b>	<b>199.60%</b>

### Behavioral Health Needs

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 :

- *The stigma for mental health and substance use disorder is a huge barrier to things getting better*
- *I'd like to see more funding to help the mental health providers and the substance use disorder treatment providers be able to reach more people and have more effective services, we're so limited. For instance, we last year tried to secure a campus that would have allowed us to serve twice as many people with our outpatient treatment program but because of the stigma we couldn't get the funding to move to another facility, and that was nothing more than the funding.*
- *What we're running into believe it or not is meeting behavioral health resources for children that are hard to find, both in High Point and in Greensboro, even if you've been exposed to abuse and domestic violence, there are not many providers that'll see kids under five. So, there are children exhibiting mental health and behavioral issues under the age of five. So that's been a huge challenge there are a few places in Greensboro we can find, and one place in particular is at family services where they'll see children under five.*
- *I think additional resources to address trauma in children (perhaps with increased counselor support) would be a tremendous help.*
- *Are there any services for autism that don't have a 10-year waiting list?*

## Life Expectancy

There are a number of health concerns facing High Point residents. While 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.

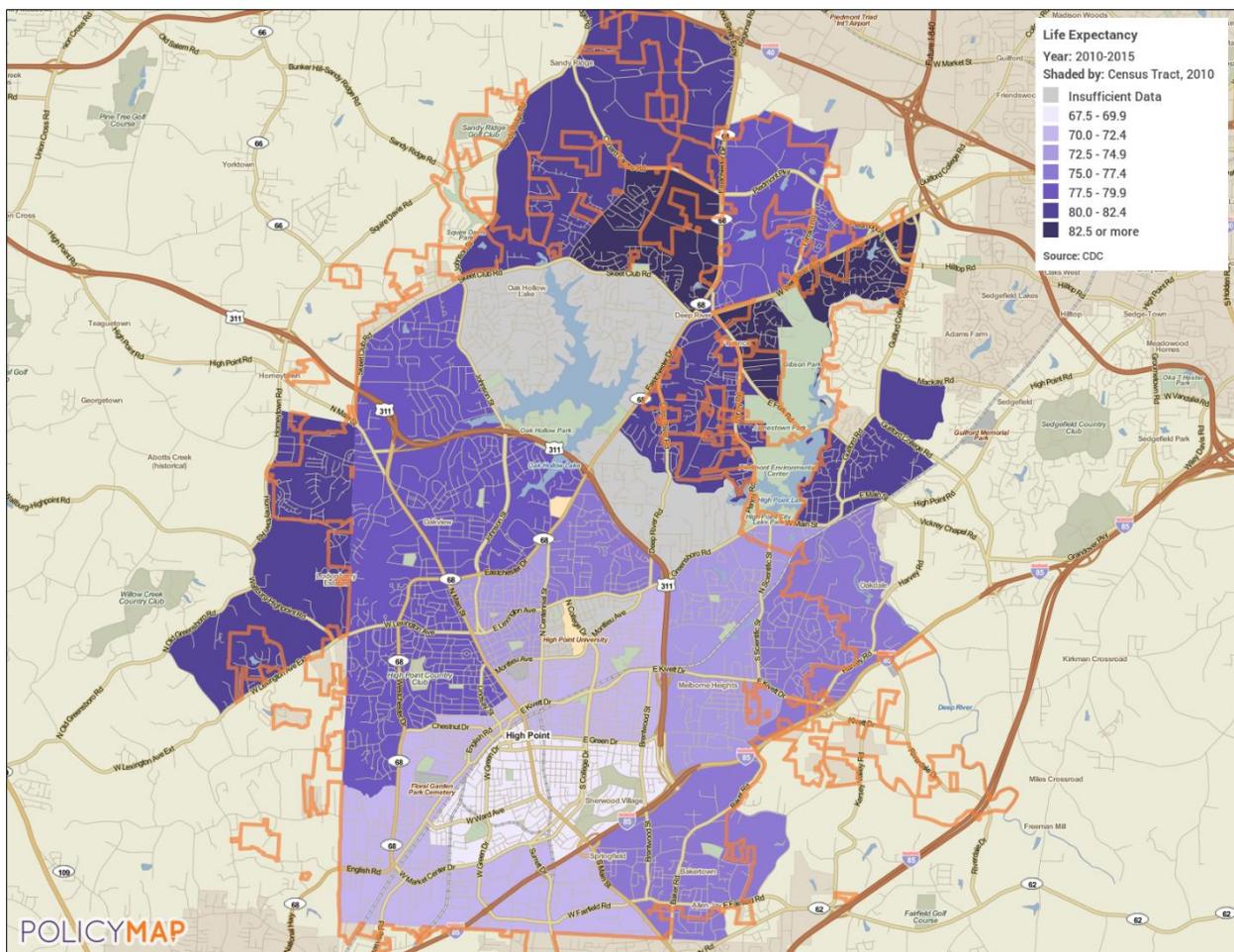


FIGURE 50 – LIFE EXPECTANCY BY CENSUS TRACT (CDC 2015)

## Infant Mortality

According to the Guilford County Department of Health and Human Services *2019 Maternal and Child Health Data Brief*<sup>5</sup> after several years of declining rates, the infant mortality rate increased to 8.3 per 1,000 live births in 2016 and then to 9.8 per 1,000 live births in 2017. The Guilford County infant mortality rate is higher than that of the state of North Carolina as well as the US rate. High Point, with 14 infant deaths among 1,238 live births (11.3 per 1,000) is contributing significantly to the increase. Poor birth outcomes are a significant problem for Guilford County, with rates of infant mortality considerably higher than national benchmarks. The incidence of low birth weight, preterm births and teen pregnancies occur at higher rates in areas of the county characterized by higher rates of poverty and unemployment, and low educational attainment.<sup>6</sup>

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<sup>5</sup> <https://www.guilfordcountync.gov/home/showdocument?id=7245>

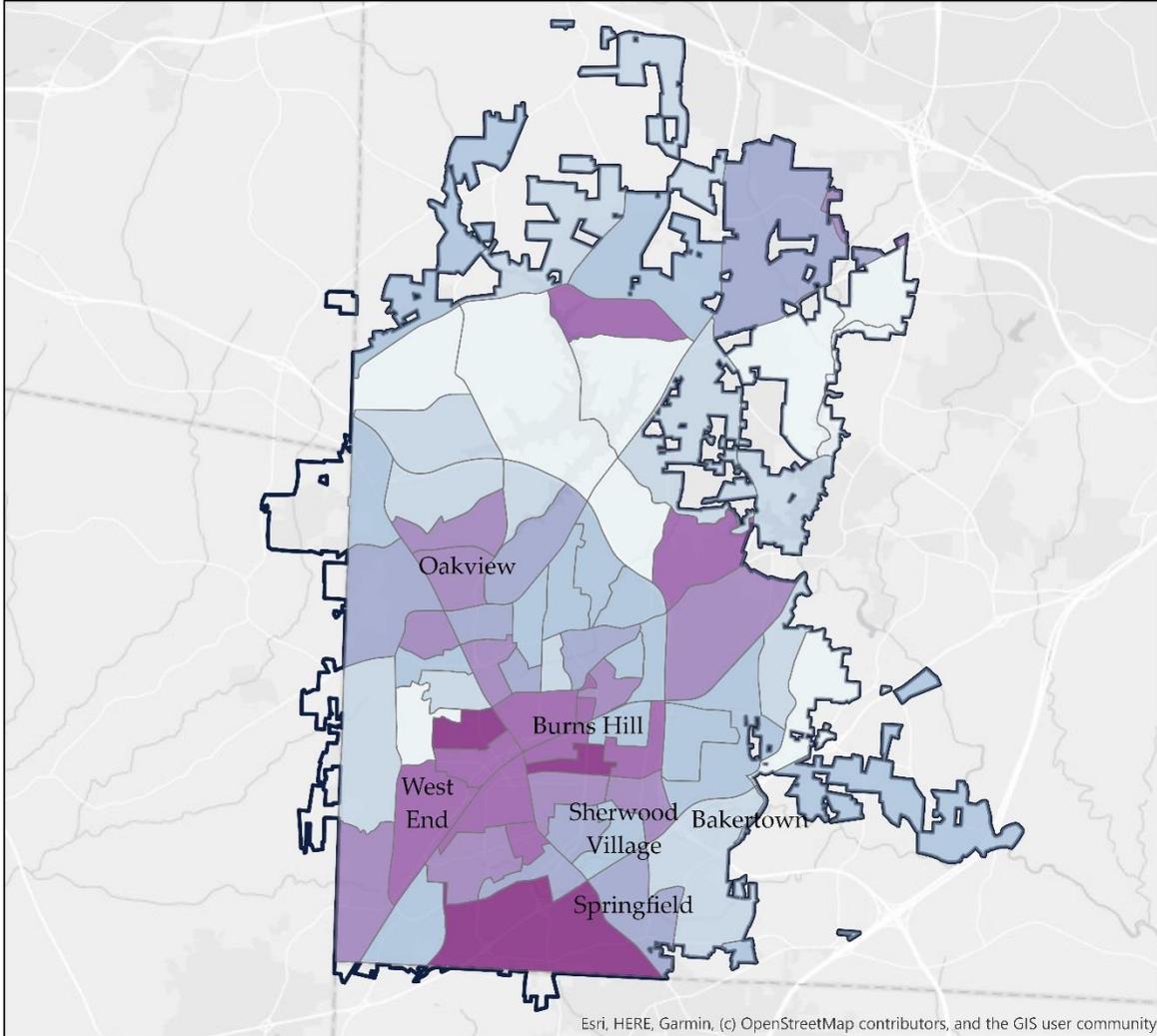
<sup>6</sup> [https://www.highpointregional.com/about\\_us/community\\_health\\_needs\\_assessment.aspx](https://www.highpointregional.com/about_us/community_health_needs_assessment.aspx)

## Emergency Services Response Rates

Data from the Guilford County Emergency Services was compiled for the five-year period of 2014-2018. All responses were mapped and aggregated to the Census Block Group level. After annualizing the data, incidence rates per 1000 were computed using total population per block group (ACS 2013-2017). Due to the nature of the data set, transfer calls from inside hospitals are included in analysis. There were a total of 70,813 responses from Guilford County Emergency Services in High Point during the five-year period: or about 14,163 responses per year on average. The annualized rate for High Point was about 120 EMS responses per 1000 population. The highest rate of 578 responses per 1000 people resides in the High Point Regional Hospital block group (137005). The E Green/ Leonard Drive neighborhood has the second highest rate of 459 responses per 1000 people as well as the third highest rate of violent crimes. Low rates of emergency service response are also where low rates of crime occur. Oak Hollow Park has the lowest rate of emergency response of 30 per 1000 people (163041). Similarly, the Gibson Park neighborhood has a response rate of 37.8 per 1000 people (164071). These block groups consistently have low rates of EMS response and crime activity.

## High Point

Emergency Service Response Rate per 1,000 People, 2014 - 2018



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### EMS Responses (per 1,000 people)

- 29 - 56
- 57 - 81
- 82 - 117
- 118 - 150
- 151 - 208
- 209 - 326
- 327 - 578



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0 2 4 8 Miles

Source: CHCS calculated from Guilford County EMS data 2014-2018 and ACS 2013-2017 population data (Natural Breaks, rounded to nearest whole number)

FIGURE 51 - EMS RESPONSE RATE 2014-2018

**TABLE 44 – HEALTHCARE COSTS**

<b>Attribute</b>	<b>High Point, NC</b>	<b>North Carolina</b>
<b>Healthcare (Household Average), 2019</b>	\$2,945.19	\$3,854.90
<b>Health insurance (Household Average), 2019</b>	\$2,013.22	\$2,629.54
<b>Medical services (Household Average), 2019</b>	\$546.70	\$726.05
<b>Physician's services (Household Average), 2019</b>	\$128.03	\$169.75
<b>Dental services (Household Average), 2019</b>	\$180.16	\$238.58
<b>Eyecare services (Household Average), 2019</b>	\$34.86	\$46.33
<b>Lab tests, x-rays (Household Average), 2019</b>	\$35.09	\$46.30
<b>Hospital room and services (Household Average), 2019</b>	\$99.90	\$133.47
<b>Other medical care services (Household Average), 2019</b>	\$12.77	\$16.85
<b>Drugs (Household Average), 2019</b>	\$289.84	\$377.21
<b>Nonprescription drugs (Household Average), 2019</b>	\$71.84	\$93.11
<b>Nonprescription vitamins (Household Average), 2019</b>	\$49.26	\$63.75
<b>Prescription drugs (Household Average), 2019</b>	\$168.65	\$220.67
<b>Medical supplies (Household Average), 2019</b>	\$94.96	\$124.08
<b>Eyeglasses and contact lenses (Household Average), 2019</b>	\$42.43	\$56.52

### Health Costs

Average household healthcare expenses were \$2,945.19 in 2019 while health insurance was \$2,013.22 on average. Households also spent an average of \$289.84 on drugs (prescription and non-prescription).

### Health and Well-Being Facilities

There are a number of Health and Well-Being Facilities in High Point. There is one hospital (354 beds, High Point Regional Hospital); two mental health treatment facilities (Broadstone Place and Family Service of the Piedmont); five Drug and Alcohol Treatment Facilities (Youth Focus, Continuum Care Services Inc, Family Services of the Piedmont, Caring Services Inc, Daymark Recovery Services); three nursing homes (Westchester Manor at Providence Place, Maryfield Nursing Home, Meridian Center); and two Community Health Centers (TAPM Family Medicine at Brentwood and TAPM Family Medicine at E. Commerce).

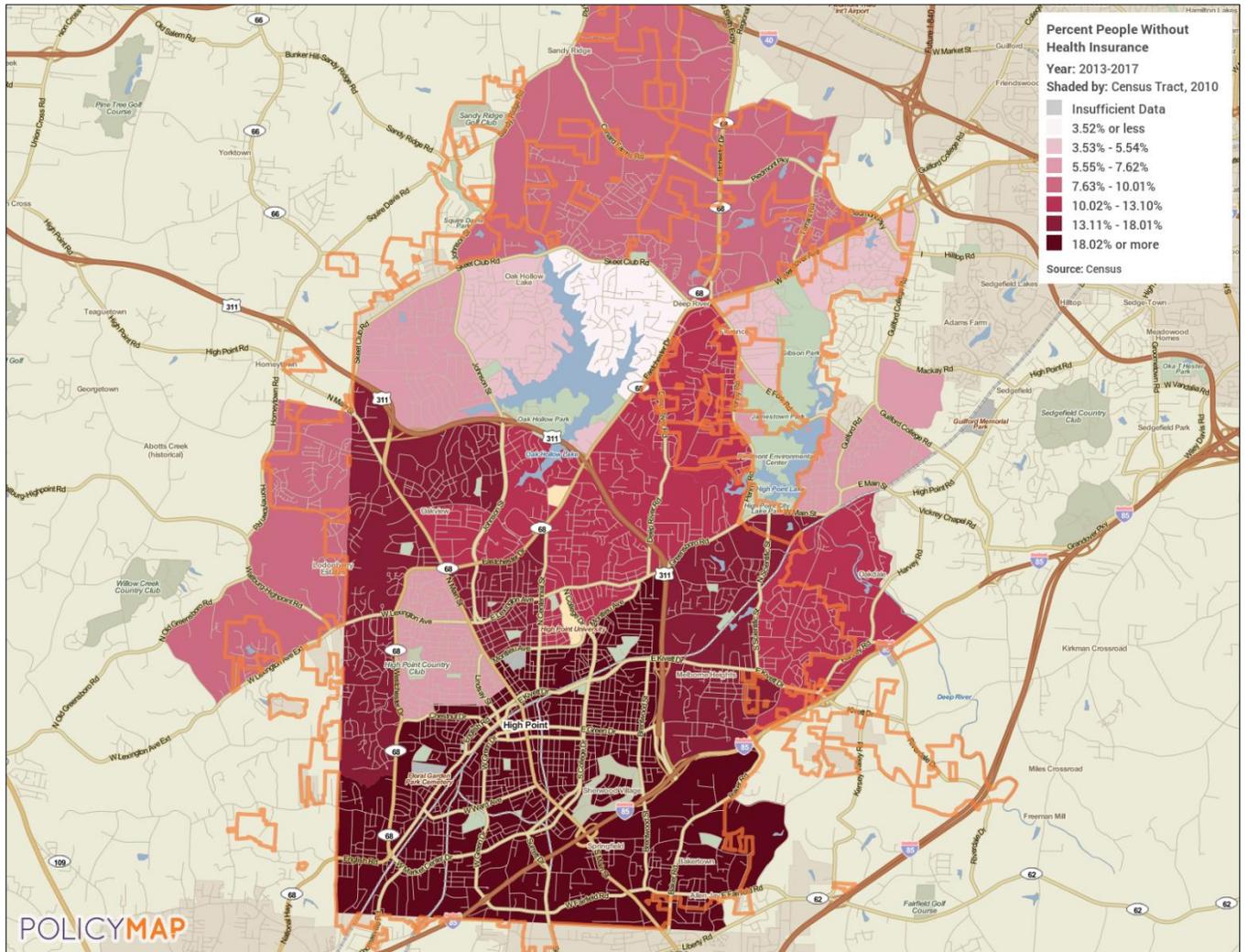
**TABLE 45 - DOES EVERYONE IN YOUR HOUSEHOLD HAVE HEALTH INSURANCE OR OTHER HEALTH CARE COVERAGE?**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Yes, everyone is covered	196	37.4	61.6	61.6
	Some in my household do not have insurance	66	12.6	20.8	82.4
	No one in my household has coverage	56	10.7	17.6	100.0
	Total	318	60.7	100.0	
<b>Missing</b>	System	206	39.3		
<b>Total</b>		524	100.0		

### Health Insurance

Average household healthcare expenses were \$2,945.19 in 2019 while health insurance was \$2,013.22 on average. Households also spent an average of \$289.84 on drugs (prescription and non-prescription). 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. Reasons for lacking coverage included:

- *Because they are not eligible Medicaid and don't have coverage with their job.*
- *Cobra expired, one year before Medicare eligible and ACA will not let me apply/purchase private policy until November with January 2020 effective date. Also, only one source of private health care in NC.*
- *Lack of income. Barely making ends meet. Living in a extended stay motel. Housing is to expensive for a single person*
- *Lost health insurance from spouse when he lost his job due to long term illness. Lost disability coverage can no longer afford COBRA.*
- *Personal Insurance is too expensive right now. I took early retirement, so I have to wait for Medicare until I am 66.*
- *Started a new job and waiting for coverage to take effect.*
- *We can't afford medical insurance for my mother. She is 62 yrs, but is undocumented*
- *There is a need for low cost dental care for adults & healthcare for those that don't qualify for Medicaid but can't afford health insurance. There need to be more job fairs & job training offered in HP similar to what's offered in other cities.*
- *Insufficient affordable/free healthcare for homeless, unemployed, and underemployed single individuals*



**FIGURE 52 – HEALTH INSURANCE COVERAGE (ACS 2013-2017)**

TABLE 46 -STUDENTS WITH IDENTIFIED HEALTH CONDITIONS, GUILFORD COUNTY, ACADEMIC YEAR 14-15

Condition	Elementary	Middle School	High School	Number of related plans of care
<b>Asthma</b>	2,346	777	482	3,091
<b>Allergies (severe)</b>	1,127	405	298	1,476
<b>ADD/ADHD</b>	1,011	470	344	31
<b>Seizure Disorder/ Epilepsy</b>	165	82	91	298
<b>Diabetes Type I</b>	49	50	97	192
<b>Migraine headaches</b>	63	107	106	161
<b>Cardiac conditions</b>	61	28	24	75
<b>Autistic disorders</b>	317	132	163	15
<b>Emotional/behavioral</b>	72	45	90	20

### Children's Health

The Guilford County Public Health 2016 County Health Assessment report,<sup>7</sup> identifies the leading health issues affecting children of Guilford County. The report presents data (see table above) on leading health conditions. The County Health Assessment report also found that children are impacted by a number of physical and mental health conditions. The leading health issues resulting in either a Nursing Care Plan (NCP), an Individualized Health Plan (IHP) or an Emergency Action Plan (EAP) at school are asthma, allergies, seizure disorders, Type I diabetes, migraine headaches, and cardiac conditions.

<sup>7</sup> <https://www.guilfordcountync.gov/our-county/human-services/health-department/health-statistics/2016-community-health-assessment>

**TABLE 47 - CHCS SURVEY VETERANS RECEIVING BENEFITS**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	I am not a veteran	272	51.9	89.5	89.5
	I am a veteran, and I am receiving benefits	18	3.4	5.9	95.4
	I am a veteran, but I am not receiving benefits	14	2.7	4.6	100.0
	Total	304	58.0	100.0	
<b>Missing</b>	System	220	42.0		
<b>Total</b>		524	100.0		

### Veteran Benefits

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. Reasons provided for not receiving benefits included:

- *Have not applied.*
- *Have been applying with difficulties. Need a lawyer.*
- *Medical care is too far away.*
- *VA is considering my application, but it is taken several months. VA seems to rely too much on looking at evidence from the past that may not have been reported while on duty. the reason it wasn't reported in my case was there was nobody to report it too, stigma.*

## Crime

TABLE 48 - COMMUNITY CONCERNS CHCS SURVEY RESPONDENTS

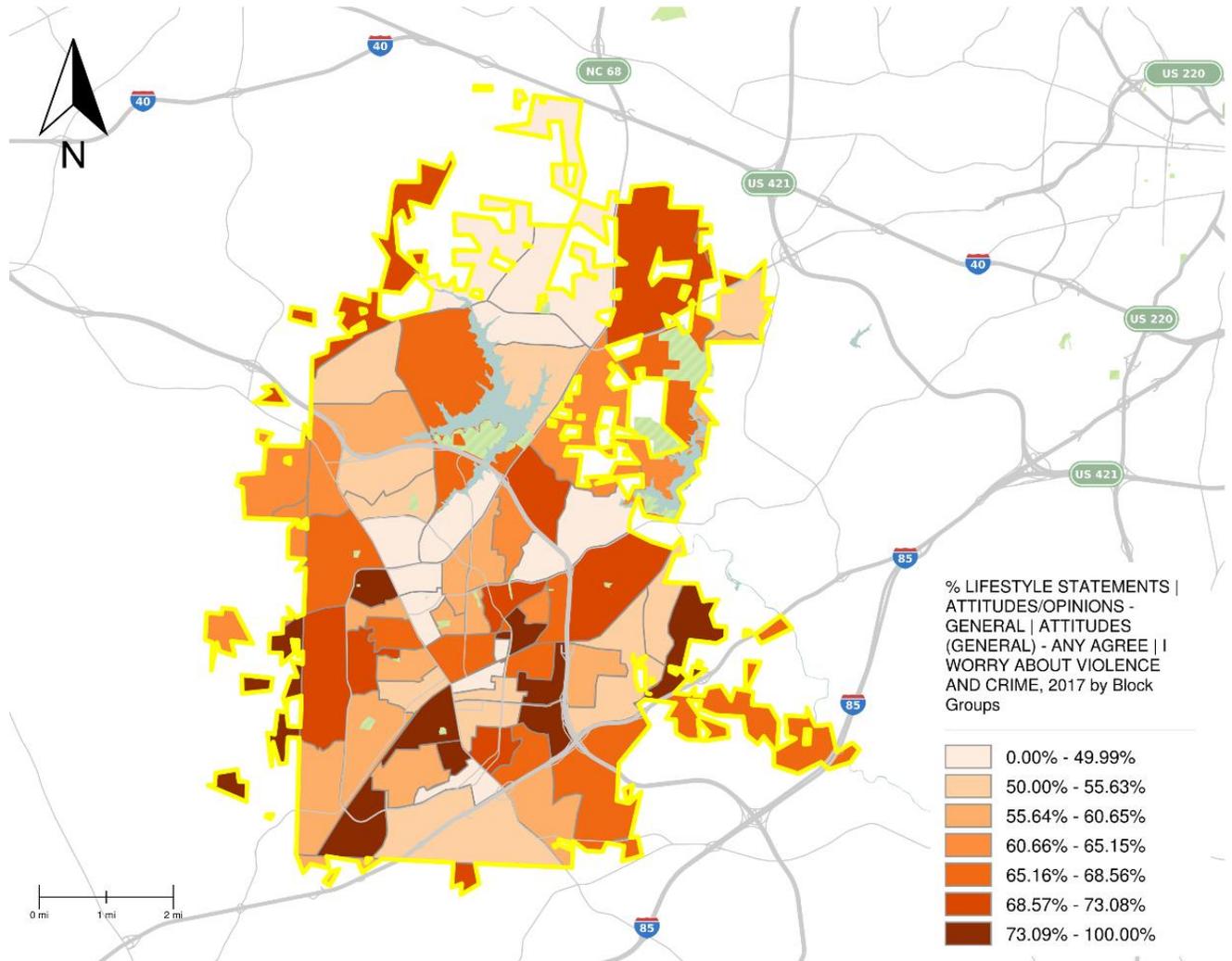
Responses	N	Percent	Percent of Cases
Unsafe	112	20.40%	38.20%
Bad house conditions	64	11.70%	21.80%
Poor/ no public transit	59	10.70%	20.10%
Overall feeling	39	7.10%	13.30%
Neighbors	36	6.60%	12.30%
Too expensive	35	6.40%	11.90%
Not child friendly	34	6.20%	11.60%
Not diverse enough	27	4.90%	9.20%
Bad	26	4.70%	8.90%
Not conveniently located	23	4.20%	7.80%
Not near my school/work	17	3.10%	5.80%
Too ethnically diverse	5	0.90%	1.70%
Other (explain)	72	13.10%	24.60%
<b>TOTAL RESPONSES</b>	<b>549</b>	<b>100.00%</b>	<b>187.40%</b>

### Perception of 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. Including:

- *growing in break-ins, you can't leave anything in your yard and people have no respect of others property*
- *Drugs, littering, shootings*
- *shooting and killing*
- *That gang members are starting to come on this side now. And drug dealers are purchasing homes in the good area and making it bad for others.*
- *Too much shady activity (homeless, street workers, suspect individuals)*
- *We're close to where the drug addicts are and the gangbangers etc.*
- *All of High Point is unsafe unless you have money*

- *Gangs a couple blocks over.*
- *I would feel a little safer if someone would find out who separately shots their guns around here, it is nerve racking.*
- *There's a huge wave of violence that has just kinda flooded over our community. There needs to be a way to try to engage with our young people before they get so deeply orientated into that life. I don't know what that way not sure anyone knows what that way is.*
- *Need to stop all the gang activity and drive by shooting. High point is getting the reputation of not being safe.*
- *Need, need, need more police in the neighborhood. Stop the drug selling over here. Need more cleanliness over here.*
- *I think the police needs to be more pro active in protecting our communities instead of trying to "find" crime somewhere else they should be at the places most effected with violence to maybe prevent it from happening in the first place.*
- *How to solve the crime rate as far as drugs and killings. How come community stores allow drugs to be sold on their property or why the police allow it?*
- *This may not matter or be addressed in the right forum but the HPPD needs to stay in the core part of the city. Moving to the area near Emerywood does nothing to help folks. Even though crime is EVERYWHERE in hp a centrally located pd is better.*
- *There's no questions that violence is a problem in the Triad. It's a community issue, and so violence is an issue we have to deal with.*



**FIGURE 53 - FEAR OF VIOLENCE AND CRIME**

**TABLE 49 – TYPES OF CRIME 2013-2017**

Crime Rates per 100,000 persons	2013	2014	2015	2016	2017
City (High Point)					
<b>Aggravated Assault</b>	322.58	309.56	345.59	411	471.66
<b>Burglary or Larceny</b>	3,893.31	3,340.7	3,196.89	3,385.83	3,453.83
<b>Motor Vehicle Thefts</b>	291.81	218.35	196.96	188.45	249.18
<b>Murder</b>	1.86	3.69	7.29	6.28	17.8
<b>Rape</b>	27.97	21.19	33.74	32.31	24.92
<b>Robbery</b>	165.95	130.83	178.72	197.42	183.33

**TABLE 50 – VIOLENT CRIMES**

Attribute	High Point, NC	North Carolina
<b>EASI Total Crime Index, 2019</b>	99.00	99.00
<b># Violent Crime, 2016</b>	721	37,769
<b># Property Crime, 2016</b>	3,983	277,765
<b>Average Violent Crime Rate (per 100,000), 2016</b>	647.01	372.23
<b>Average Property Crime Rate (per 100,000), 2016</b>	3,574.28	2,737.47

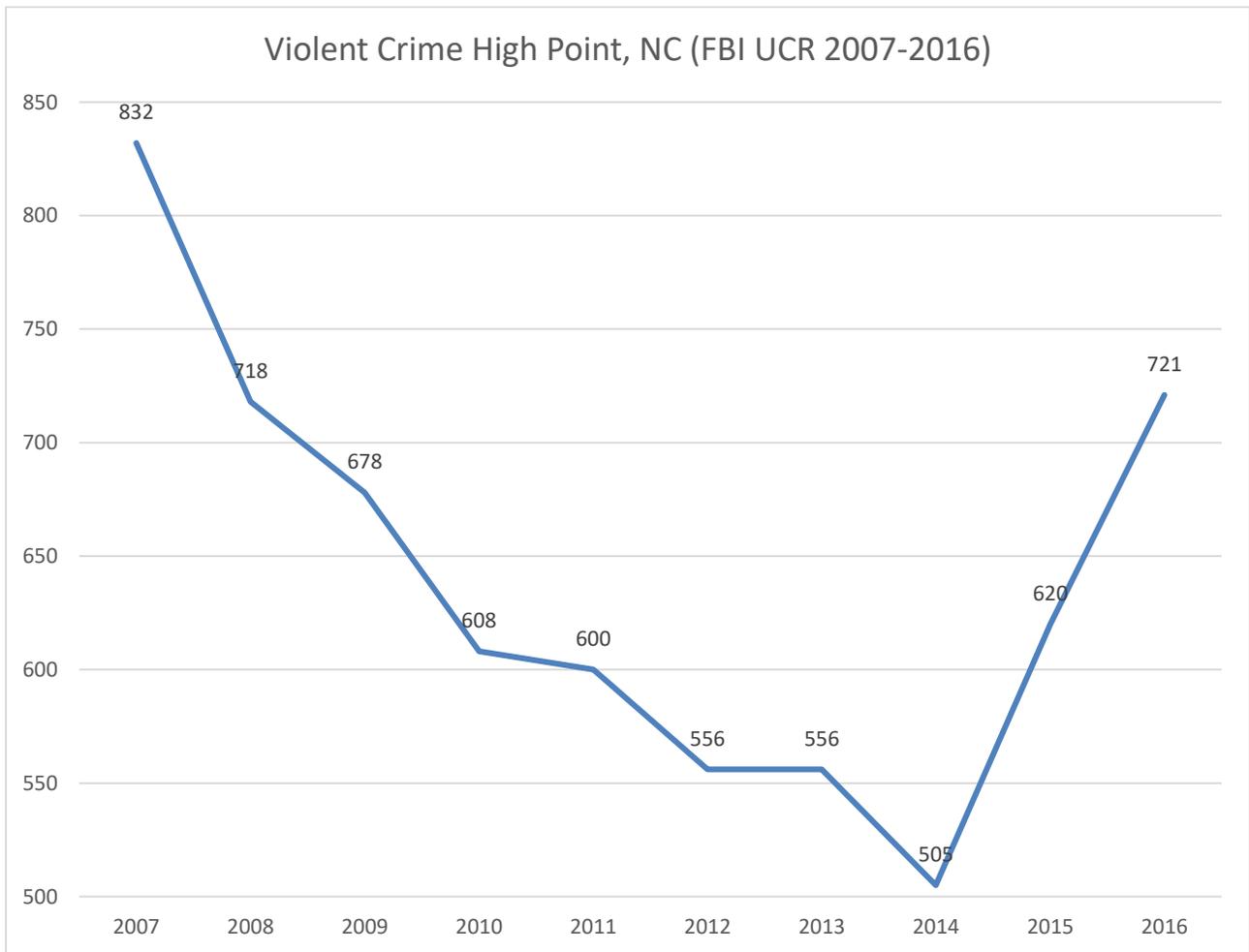
## Violent Crimes

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 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. Areas of high violent crime are at the core of High Point, either in an urban, industrial space or along a busy highway corridor. The West End neighborhood (140001) has the highest violent crime response rate of 83.9 crimes per 1000 people. The second highest violent crime rate is in the West Fairfield neighborhood with 79.4 crimes per 1000 people. The West Fairfield neighborhood also has high rates of property crime, alcohol overdoses, opioid overdoses, and a variety of other EMS calls and responses. Other high rates of violent crimes can be seen in the E Green Drive/ Leonard Ave neighborhood. Opioid deaths are among the highest within this block group. Conversely, the lowest rates of violent crime are centric to the northern

areas around Oak Hollow Lake. The neighborhood along Highway 311 and Johnson Street just outside of Oak Hollow Lake has the lowest rate of 0.9 violent crimes per 1000 people (163032). The adjacent block group also along Highway 311 and Johnson Street has the next lowest rate of 1.4 per 1000 people (163041).

Community members expressed specific fears about violence in the focus groups and in write-in questions on the CHCS survey:

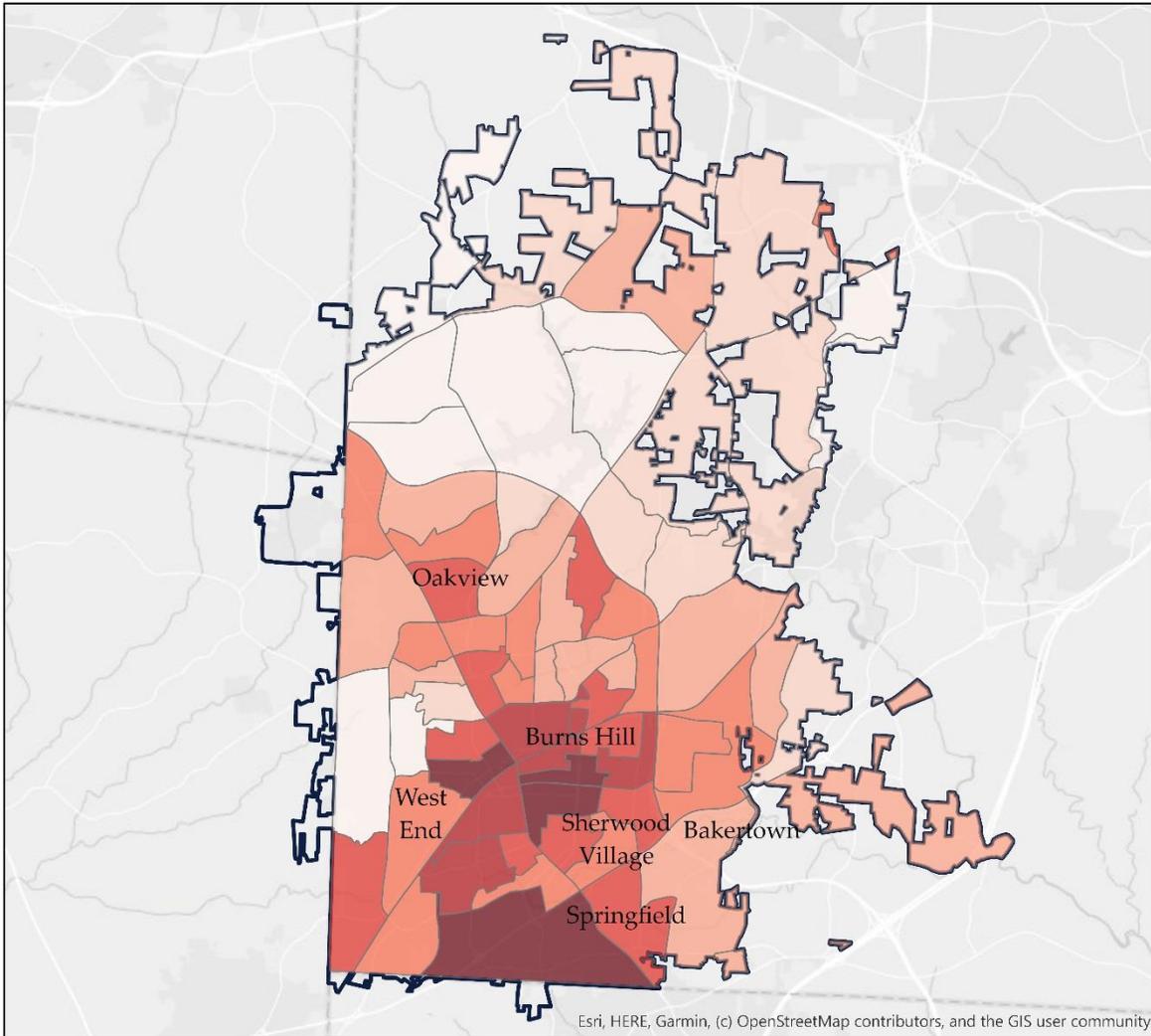
- *Crime is out of control. The mayor and city council only do what is in the best interest of Nido Quebin & the furniture market. They don't care about the crime that the rest of the city deals with.*



**FIGURE 54 – VIOLENT CRIMES IN HIGH POINT 2007-2016 (FBI)**

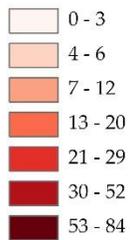
## High Point

Violent Crime Rate per 1,000 people, 2014 -2018



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### Violent Crime (per 1,000 people)



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Source: CHCS calculated from High Point PD 2014 - 2018 and ACS 2013- 2017 population data (Natural Breaks, rounded to nearest whole number)

FIGURE 55 – VIOLENT CRIMES IN HIGH POINT 2014-2016 (CHCS 2019)

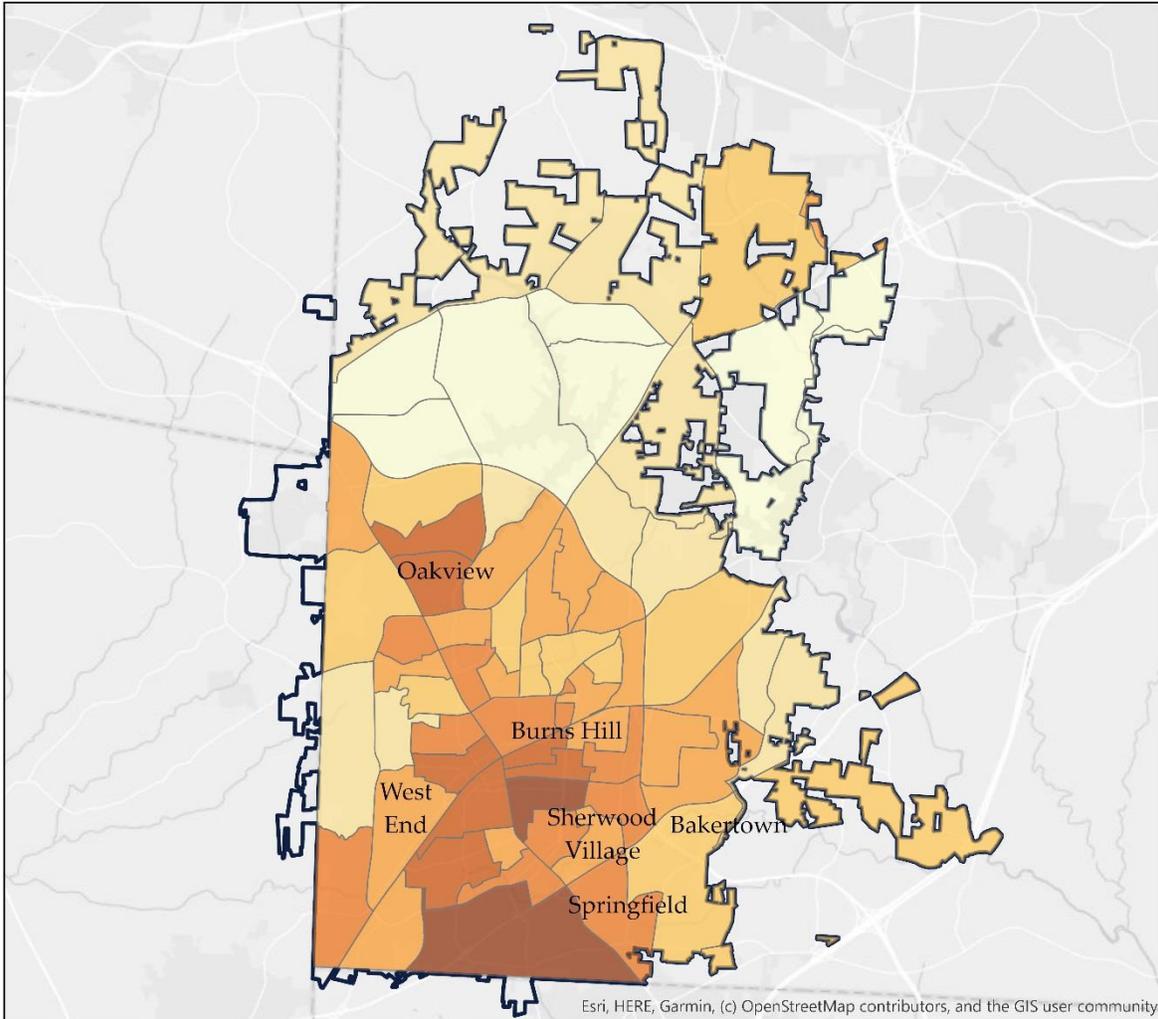
### Total Crimes (Police and Sheriff)

There were about 60,503 crime incidents in High Point over 5 years from the High Point Police Department and the Guilford County Sherriff combined, or about 12,101 crime responses annually. The average crime rate in High Point is about 102.8 incidents per 1000 people annually.

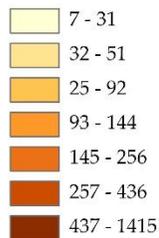
The highest crime rate is in Southern High Point, with 1,415 incidents occurring per 1000 people (block group 145011). This high rate is partly due to the block group's low population of 710 people and the considerable amount of commercial infrastructure within it. The area also has the highest rates of property crime (1,002 per 1000), substance use crime (33.8 per 1000) and "other" substance use crime (17.2 per 1000). The next highest crime rate occurs in the Sherwood Village neighborhood (block group 142004) with 436 crimes per 1000 people. This block group has the fourth highest violent crime rate (60 per 1000), the second highest substance possession crime rate (21 per 1000). Block groups with the lowest crime rates are on the outskirts of High Point. The block group with lowest crime rate runs along Guilford College Rd. and Gibson Park (block group 164081) and has a crime rate of 7.9 per 1000 people. The block group surrounding Oak Hollow Park has a crime rate of 18.9 per 1000 people (block group 163041). Controlled substance possession and violent crimes are low within both block groups.

## High Point

Total Crime Rate per 1,000 people, 2014 -2018



Total Crime (per 1,000 people)



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Source: CHCS calculated from High Point PD 2014 - 2018 and ACS 2013 - 2017 (Natural Breaks, rounded to nearest whole)

FIGURE 56 – TOTAL CRIMES (CHCS 2019)

## 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. High Point Police Chief Kenneth Shultz recently explained the correlation between crime and distribution of heroin. He said, “We had a 300 percent increase in overdoses just this past year from 2016. So obviously the heroin is an issue here. Violence, home invasions, the drug-related aspects, that is an ongoing driver for the violence that we have seen in High Point.”<sup>8</sup> 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.

## Possession

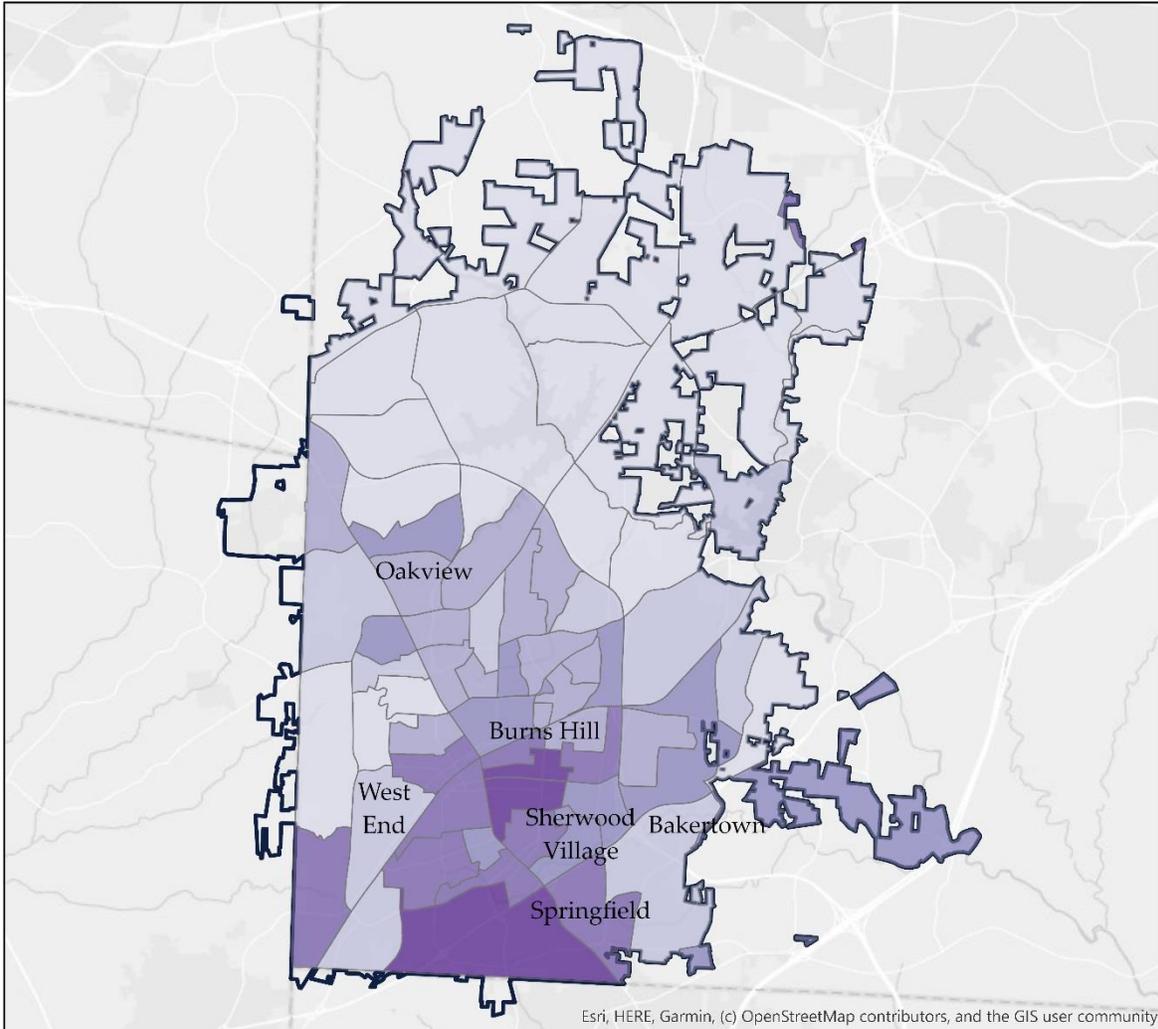
There were a total of 2,362 substance possession related crimes between 2014-2018 from the High Point Police Department, the Greensboro Police Department, and the Guilford County Sherriff combined or an annualized total of 472.4 substance possession crimes per year. The mean rate of substance possession crime is about 4 incidents per 1000 people annually. The highest rate of drug possession crime is in the West Fairfield / W Market Center neighborhood with 35.2 substance possession crimes per 1000 people (block group 0145011). Among the adult stores, convenience marts, and low-grade motels there is prominent drug use. This block group is a continuous hot spot for opioid related and EMS response activity. Other high rates of drug possession include the E. Russell/ College Drive neighborhood with a drug possession crime rate of 21 per 1000 persons. Areas of low drug possession crimes consist of the affluent block groups situated around Oak Hollow Lake. Both the Skeet Club Rd/ Eastchester neighborhood (163051) and the Skeet Club Rd/ Johnson St. neighborhood (163041) have a rate of 0.2 crimes per 1000 people. Both block groups have an older, wealthier demographic.

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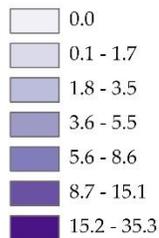
<sup>8</sup> <https://www.wfdd.org/story/triad-wide-drug-bust-yields-unprecedented-amount-heroin>

## High Point

Controlled Substance Possession Crime Rate per 1,000 people, 2014 - 2018



Possession Crime (per 1,000 people)



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Source: CHCS calculated from Guilford County Sherriff and High Point PD and ACS 2013 - 2017 population data (Natural Breaks, rounded to the nearest tenth)

FIGURE 57 – POSSESSION OF CONTROLLED SUBSTANCES (CHCS 2019)

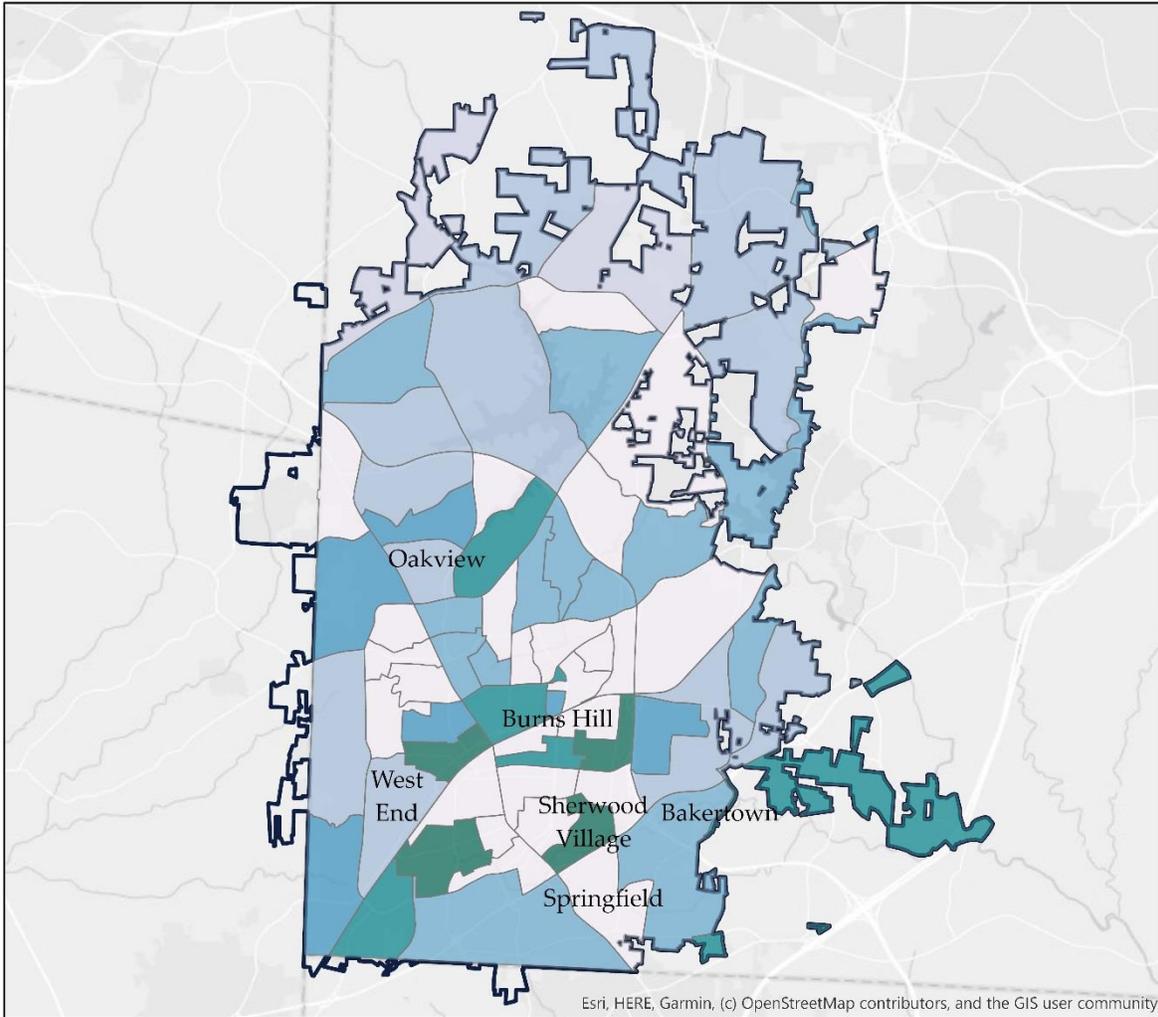
## Drug- Related Deaths

Death record data from Guilford County was gathered for the five-year period of 2014 - 2018. All responses were mapped and aggregated to the Census Block Group level. After annualizing the data, incidence rates per 1000 were computed using total population per block group (ACS 2013-2017). Among the five death categories (accidental poisoning, alcoholism, intentional poisoning, homicide, opioid, and undetermined intent for poisoning) only two were significant to map on a per capita basis. The categories too small to map beyond an incident basis are drug suicides and undetermined deaths. There were no drug homicides and 11 drug suicides and 2 undetermined drug deaths for the 2014 - 2018 years.

There were 109 opioid deaths in High Point between 2014 - 2018; or about 22 opioid deaths annually. The annualized mean rate for High Point is 0.19 opioid deaths per 1000 population. The highest rate of opioid deaths of 1.2 per 1000 population is in the Burns Hills neighborhood of High Point (139003). Drug possession and violent crime are also high. The second highest rates of 1 per 1000 population are in West End neighborhood and the Harvell Park neighborhoods (140001, 143001). Unintentional drug deaths, which partly include opioid deaths, occurred 132 times for the 2014 - 2018 period; or approximately 26.4 annually. Harvell Park (block group 143001) has the highest unintentional death rate of 1.6 per 1000 population. Harvell Park historically had the highest rates of opioid and unintentional death rates (NCDHHS), however, the most recent death data shows Harvell Park has the fourth highest opioid death rate.

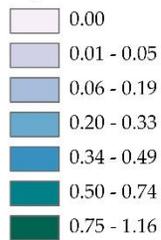
## High Point

Opioid Death Rate per 1,000 People Based on Guilford County Death Records, 2014 - 2018



Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

### Opioid Deaths (per 1,000 people)



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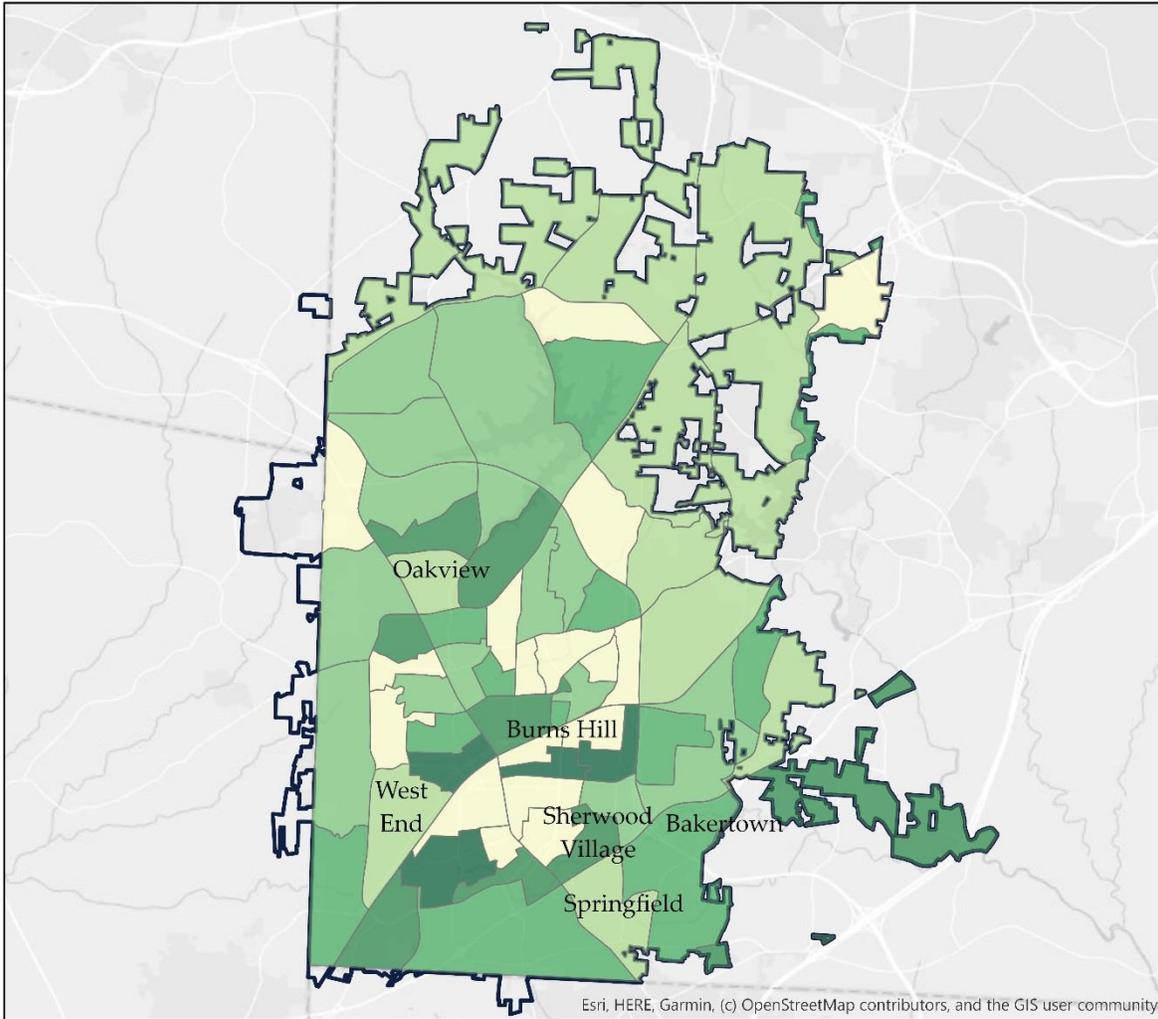


Source: CHCS calculated from NC Guilford County data 2014-2018 and ACS 2013- 2017 population data (Natural Breaks, rounded to nearest hundredth)

FIGURE 58 – OPIOID DEATHS (CHCS 2019)

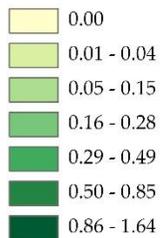
## High Point

Rate of Unintentional Overdoses per 1,000 People Based on Guilford County Death Records, 2014 - 2018



Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Unintentional Overdoses (per 1,000 people)



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Source: CHCS calculated from NC Guilford County data 2014-2018 and ACS 2013- 2017 population data (Natural Breaks, rounded to nearest hundredth)

FIGURE 59 – UNINTENTIONAL OVERDOSE (CHCS 2019)

## Public Perception of Substance Use

In focus groups, interviews, and on the CHCS survey write-in boxes, community members noted issues with substance use and drugs:

- *There's not much [Substance Use Programs]. There are a couple of faith-based programs, but I think [Caring Services is] the only licensed state mental health facility providing substance use disorder treatment in High Point.*
- *Adverse childhood experience, biggest contributor [to substance use]. If you had the opportunity to sit in a room with our folks and hear their stories of how they've grown up and what they've been exposed to, it makes it a lot easier to understand why they're here. It's a mess.*
- *If you look at the homeless population, I think most of the studies that I have seen indicate that 85% of the population of homeless people has to do with substance abuse disorder and mental health. And you know, the community is willing to support programs for the homeless, and it's exactly the same population that we're serving and mental health is serving, they just don't have the same stigma attached that mental health disorder and substance abuse disorder treatment has. Same population, exact same people.*
- *We have families that are dealing with substance abuse and mental illness, and those things can sometimes hinder them making the best choices and sticking with it.*

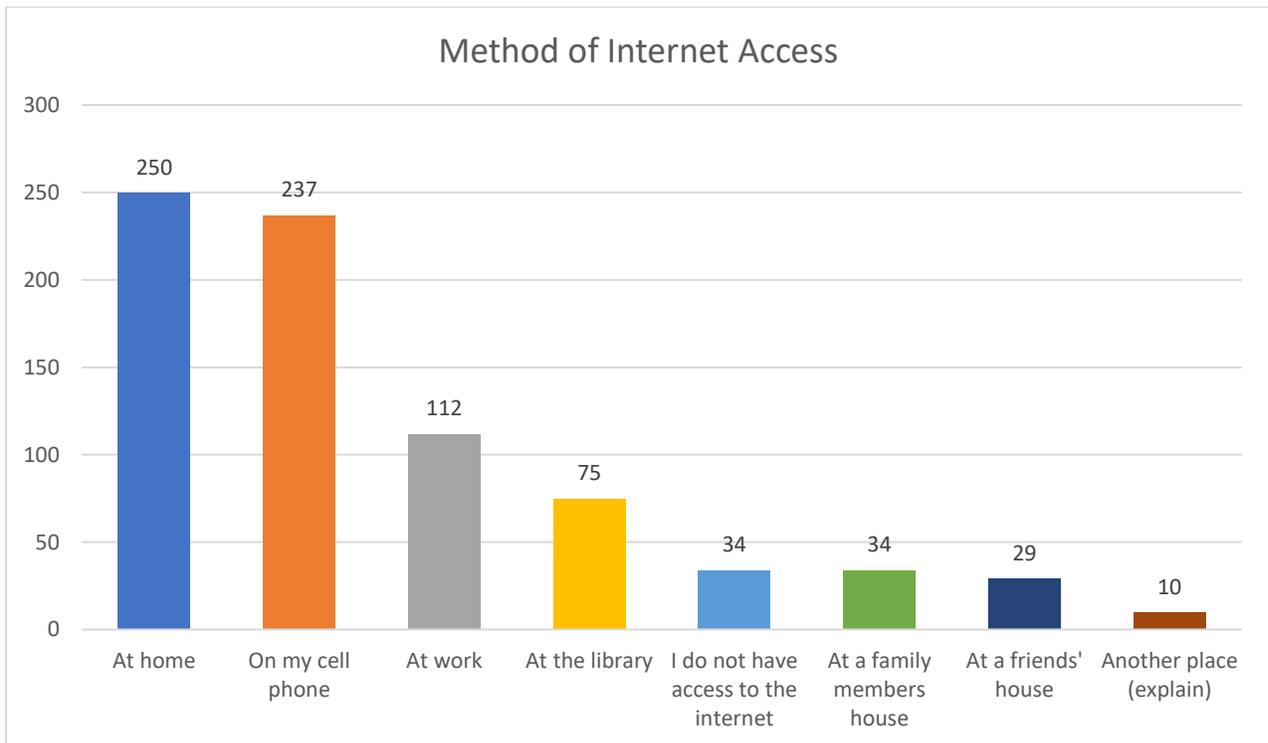
## Communications and Media

**TABLE 51 - METHOD OF ACCESSING THE INTERNET BY RACE (CHCS SURVEY)**

Race/ Ethnicity	No internet	Home	Work	Library	Friends' house	Family member's house	Cell phone	Another place (explain)
<b>White</b>	2.7%	82.3%	38.9%	26.5%	10.6%	13.3%	75.2%	2.7%
<b>African American</b>	19.4%	58.9%	33.3%	23.3%	7.0%	7.8%	64.3%	3.9%
<b>American Indian</b>	0.0%	75.0%	0.0%	25.0%	0.0%	0.0%	50.0%	0.0%
<b>Asian</b>	13.3%	73.3%	13.3%	13.3%	6.7%	6.7%	60.0%	0.0%
<b>Multiracial</b>	12.5%	87.5%	25.0%	12.5%	0.0%	12.5%	62.5%	0.0%
<b>Hispanic</b>	0.0%	84.2%	23.7%	15.8%	13.2%	13.2%	71.1%	2.6%

### 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.



**FIGURE 60 - METHOD OF ACCESSING THE INTERNET (CHCS SURVEY)**

**TABLE 52 - HOW OFTEN DO YOU USE EACH KIND OF MEDIA?**

	Daily	Weekly	Monthly	A few times a year	Less than once a year	Never
An internet search using a search engine such as Google or Bing	52.4%	19.3%	5.4%	4.1%	1.0%	17.9%
A local television broadcast	49.5%	19.9%	6.6%	9.6%	3.0%	11.3%
A local radio broadcast	39.8%	16.0%	7.1%	7.8%	5.8%	23.5%
The website of a local television news station	30.8%	15.1%	11.6%	13%	3.4%	26.0%
Word of mouth from friends, family, co-workers and neighbors	30.0%	29.0%	12.1%	9.0%	3.8%	16.2%
A person or organization you follow on a social networking site	27.1%	14.4%	10.6%	7.4%	3.9%	36.6%
The website of the local newspaper	17.5%	13.0%	10.3%	15.8%	4.5%	39.0%
The print version of the local newspaper	16.2%	12.3%	5.6%	14.2%	6.3%	45.4%
Some other website that is dedicated to your local community	12.5%	15.4%	11.4%	13.2%	5.9%	41.8%
The website of a local radio station	11.1%	8.6%	7.5%	10.7%	9.6%	52.5%
A blog about your local community	9.1%	8.7%	10.9%	8.7%	6.9%	55.6%
A person or organization you follow on Twitter	8.7%	6.5%	4.7%	5.4%	5.1%	69.6%
An e-mail newsletter or listserv about your local community	7.8%	15.7%	13.5%	9.3%	5.3%	48.4%
A print newsletter about your local community	4.7%	6.5%	11.2%	13.0%	7.6%	57.0%

### Media Usage

CHCS survey respondents were 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 news (30.8%) and word of mouth (30.0%) were also frequently used to get news.

## Perceptions of Community

TABLE 53 - IN YOUR OPINION, HOW WOULD YOU RATE YOUR COMMUNITY OVERALL

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Poor	38	7.3	10.6	10.6
	Fair	75	14.3	20.9	31.5
	Good	100	19.1	27.9	59.3
	Above Average	111	21.2	30.9	90.3
	Excellent	35	6.7	9.7	100.0
	Total	359	68.5	100.0	
<b>Missing</b>	System	165	31.5		
<b>Total</b>		524	100.0		

### Perception of High Point

Overall, respondents ranked High Point as good to above average (58.6% overall). Respondents indicated that High Point’s location, affordable housing, access to shopping, access to health care and hospitals, good public services (911, fire, police), church communities, events for children, parks, non-profits (Caring Services, YWCA, LEAP), and people were all important resources for the community. Overall, 39.6% said affordability was a major factor that influenced them to move to High Point followed very closely by location (39.3%), and perception of safety (29.9%).

TABLE 54 – WHAT DO YOU LIKE MOST ABOUT YOUR COMMUNITY?

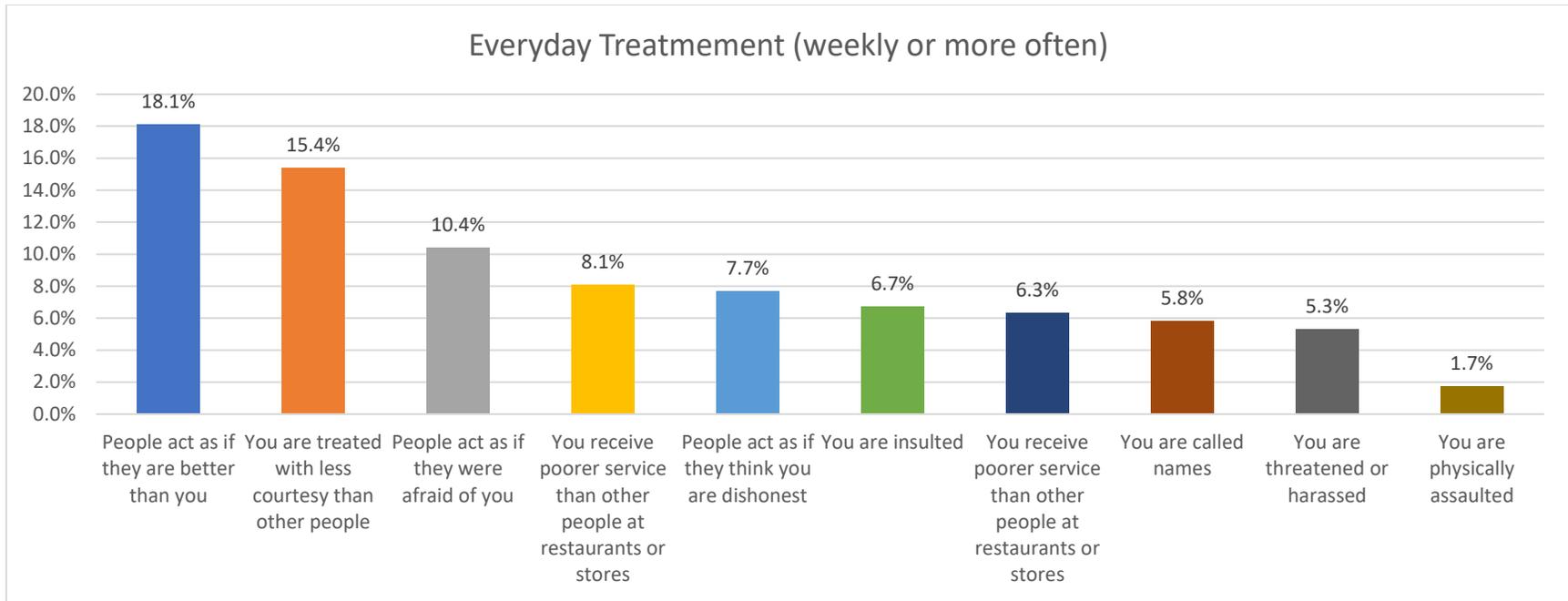
Responses	N	Percent	Percent of Cases
Affordability/Cost	135	14.40%	39.60%
Convenient location	134	14.30%	39.30%
Safe	102	10.90%	29.90%
Housing condition	91	9.70%	26.70%
Other	81	8.60%	23.80%
Overall feeling	73	7.80%	21.40%
Near my school/work	73	7.80%	21.40%
Diversity (a mix of different races)	53	5.70%	15.50%
Neighbors	43	4.60%	12.60%
Good	35	3.70%	10.30%
Family in the same neighborhood	29	3.10%	8.50%
Good public transportation	25	2.70%	7.30%
I have always lived here	25	2.70%	7.30%
Child friendly	22	2.30%	6.50%
People who are the same race as me	16	1.70%	4.70%
<b>TOTAL RESPONSES</b>	937	100.00%	274.80%

**TABLE 55 – EVERYDAY TREATMENT (CHCS SURVEY)**

	Daily	Weekly	Monthly	A few times a year	Less than once a year	Never
People act as if they are better than you	8.7%	9.4%	8.7%	25.1%	15.1%	33.1%
You are treated with less courtesy than other people	7.0%	8.4%	10.4%	28.9%	14.8%	30.5%
You are called names	5.0%	1.3%	3.3%	12.0%	18.6%	59.8%
You receive poorer service than other people at restaurants or stores	4.7%	5.7%	8.4%	22.7%	17.7%	40.8%
People act as if they were afraid of you	3.4%	4.7%	4.7%	11.1%	15.5%	60.6%
You are insulted	3.0%	3.7%	4.7%	17.8%	20.2%	50.5%
People act as if they think you are dishonest	2.4%	3.4%	3.4%	13.2%	19.3%	58.4%
You receive poorer service than other people at restaurants or stores	2.0%	5.7%	8.1%	20.1%	22.5%	41.6%
You are threatened or harassed	2.0%	3.3%	2.3%	8.0%	19.0%	65.3%
You are physically assaulted	1.0%	0.7%	1.0%	1.7%	7.0%	88.6%

### 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%).



**FIGURE 61 – EVERYDAY TREATMENT (WEEKLY OR MORE OFTEN)**

**TABLE 56 - EVERYDAY TREATMENT BY RACE/ETHNICITY (DAILY)**

RACE/ETHNICITY	Treated with less courtesy	Receive poorer service	People act as if they think you're not smart	People act as if they were afraid of you	People act as if they think you are dishonest	People act as if they are better than you	Called names	Insulted	Threatened or harassed	Physically assaulted
non-Hispanic White	53.8%	15.4%	23.1%	0.0%	15.4%	46.2%	30.8%	23.1%	23.1%	7.7%
African American	33.3%	11.1%	38.9%	33.3%	16.7%	55.6%	27.8%	22.2%	11.1%	5.6%
Native American	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Asian	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
Two or more races	25.0%	25.0%	75.0%	25.0%	25.0%	100.0%	50.0%	0.0%	0.0%	0.0%
Hispanic	50.0%	12.5%	12.5%	12.5%	12.5%	75.0%	37.5%	12.5%	12.5%	12.5%

## Other Concerns of Residents

In the CHCS survey and in focus groups, residents were asked to suggest other areas of concern or suggestions of how to improve High Point. Responses fit into the following categories: Increased Community Engagement; Better Municipal Services; More Senior Services; Enhancing Arts and Culture; and Improving Parks, Recreation, and Green Spaces.

### Increased Community Engagement

- *Banquetas en nuestro vecundario (Neighborhood Parties)*
- *How to bring a point to change and make more adults come out. and move to say but sometimes when you feel pointed but is not good*
- *More community support and involvement*

### Better Municipal Services

- *Need sidewalks on a lot of the streets of high point where residential areas are.*
- *more streetlights more lights*

### More Senior Services

- *Programs of support and activity other than the senior center for aging adults.*
- *provide assisted living for the elderly without it costing an arm and leg. needs to be apartment complexes that are not considered low income housing where anyone can get in. the elderly community when downsizing has very few options that are affordable and only for the elderly who can still take care of themselves and not in a low housing area that has drug and violence associated with the complex or be associated with a nursing home facility. is a major area that should be addressed. If the city can fork out money to build a baseball stadium, they should be able to put elderly complexes on the north side of high point that are low cost and not in areas that have high crime rates.*
- *More senior recreation opportunities*
- *Senior citizen services are almost non-existent or inadequate*
- *We need a better hub or clearinghouse for a volunteer network... And resources need to be better available through Google searches.*

#### Enhanced Arts and Culture

- *Better advertisement of events, concerts, social gatherings for the people of high point.*
- *Why are we not promoting good music when it comes to town?*

#### Improving Parks, Recreation, Green Spaces

- *One thing I really like about High Point is the great Parks and Rec organization!*
- *There's too much development going on that is ruining the natural habitats and greenery that makes HP beautiful*

## Conclusions

By means of interviews, focus groups, surveys, and secondary data analysis, a number of strengths and issues have been identified in the area.

### Demographic Summary

The population has grown 30.9% since the 2000. 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 now 13.9% and comes from many countries of origin. 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, only 1.5% were households where grandparents were caring for grandchildren.

High Point's median household income was \$44,642 (ACS 2013-2017). Importantly, a quarter (26.5%) of 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, about 19.7% of the total population. About three out of ten (29.6%) children under the age of 18 live in households under the poverty line (7,939 children in all). The unemployment rate citywide is low at 4.5%; but disproportionately neighborhoods in the south of the city have high rates of unemployment. More than a quarter (27.6%) of residents are unbanked and 21.9% of High Point residents are uncomfortable trusting money to a bank.

### 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. Many 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 Point is 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 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, [they are] 42 or 43." 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." One Hispanic focus group member noted:

- *Lo más cómodo aquí es el estilo de la vivienda. El estilo es más bajo comparado a otros estados, como la comida, caros (más barato) cuando alguien compra una casa es más bajo que otros estados. A visto casas que son como \$180,000-\$500,000 y eso es más barato comparado a otros lugares como Nueva York.*
- *The most comfortable thing about here is the cost of living. The cost is lower compared to other states, such as food, expensive (cheaper) when someone buys a house is lower than other states. I have seen houses that are like \$ 180,000- \$ 500,000 and that is cheaper compared to other places like New York.*

### Concentrated Poverty

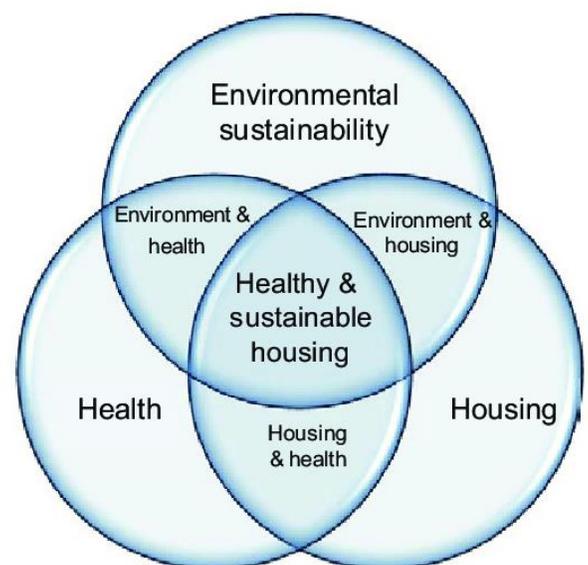
While affordability and congeniality were factors attracting residents to High Point, the problems of concentrated poverty and race were affecting the everyday quality of life for many. CHCS survey respondents, focus group participants, and key informants recognized the segregation by race and income 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 are 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.

### Importance of 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.



There is a complex dynamic between housing conditions, socio-demographic factors, and negative community outcomes. Suitable housing stock, stable communities with few vacant properties, well-planned public spaces, and strong “collective efficacy” among neighbors have also been linked to reducing crime and enhancing quality of life. Shortage of affordable housing, public housing projects that create and maintain concentrations of poverty, lack of public transit to access affordable options in better neighborhoods, suburbanization, zoning and planning favoring creation of exclusive neighborhoods, and the disparate impact of mortgage lending practices are some of the structural barriers to housing choice that have made it difficult to overcome the legacy of segregation, leaving some neighborhoods in perpetual poverty with few opportunities for improvement. According to Cohen and Wardrip (2011), “affordable housing does more than improve the quality of life for local residents - it strengthens the local economy by creating jobs and fortifying a community’s tax base. Providing affordable housing also yields economic benefits to local employers by making it easier to attract and retain workers” (4).

## Recommendations

### ISSUE #1: Address Community Violence as an Economic Issue

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. Poverty, crime, violence, and substance use are all geographically concentrated in the center and south of the city and attributed largely to youth who have poor educational attainment, few employment opportunities, and few social/recreational options. Greater policing treats the symptoms without fixing the root causes of economic duress.

**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 (perhaps in the housing construction, skilled trades, electronics, and manufacturing industries). Next, 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: Lack of Safe Affordable Rental Housing in High Opportunity Neighborhoods

Even in High Point, where the rent is perceived to be more affordable, we find that more than 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 (resulting in writs of possession) and over 3,500 summary ejection filings (the initial legal process to begin an eviction in the courts). Eviction, or even the threat of eviction, has been shown to affect mental and physical health. Mental health issues resulting from eviction can range from anxiety and depression to suicide. Tenants who are forced to relocate to poorer housing conditions may face the possibility of increased emergency room visits resulting from lower standards of living and causing further economic hardship for the household. 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 good 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: Limited access to food, medical care, behavioral health services, 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 it would be optimal to increase the number of these high value assets in low income communities, it may be more affordable to first increase access by reducing the barriers to utilizing mass transit. Food pantries and mobile outreach are stop-gap with limits on how often and how much food a family can get. 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. Hi Tran and other public transit options are not cheap enough, convenient enough, or available at enough times currently. These barriers need to be removed while encouraging long-term development of neighborhood-based clinics, supermarkets, and employment opportunities.

**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 may be established. Discounted rides to large employers or retail centers may also encourage more ridership. In studies where low-income people were given half price transit fares, they used mass transit for about 30% more trips per week than the control group paying full price.*

#### ISSUE #4: Availability and Cost of Childcare

Whether it is increasing civic participation in neighborhood associations, developing a program for increasing educational attainment, improving employment opportunities, accessing mental health care, or providing access to medical services, childcare is an issue. 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. And so more options for families, and I think that to that if you had more programs that did, used the holistic approach to address uhm, housing as well as employment, and have a hub where families could go where a family could go to get all those needs met at once.” As she explained, 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

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 are significant. These include loss of housing, employment, long term illnesses, and decreased quality of life. Life threatening health outcomes resulting from IOU include contraction of Hepatitis C, HIV, and heart problems such as endocarditis. Another significant impact of the misuse of opioids involves users who are parents and their (in)ability to parent and be responsible for children. Another negative social impact of opioid misuse is its connection with criminal activity. High Point Police Chief Kenneth Shultz recently explained the correlation between crime and distribution of heroin. He said, "We had a 300 percent increase in overdoses .... So obviously the heroin is an issue here. Violence, home invasions, the drug-related aspects, that is an ongoing driver for the violence that we have seen in High Point."

**RECOMMENDATIONS: *The community's response to Substance Use must include social services agencies, healthcare systems, behavioral health programs, and substance use treatment through systems-level changes. 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 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 stakeholders 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. This visioning exercise should be interactive and inclusive. Residents of neighborhoods impacted by crime, violence, substance use, poverty, food insecurity, unemployment, and other issues should be included. Visioning should be innovative and aspirational.

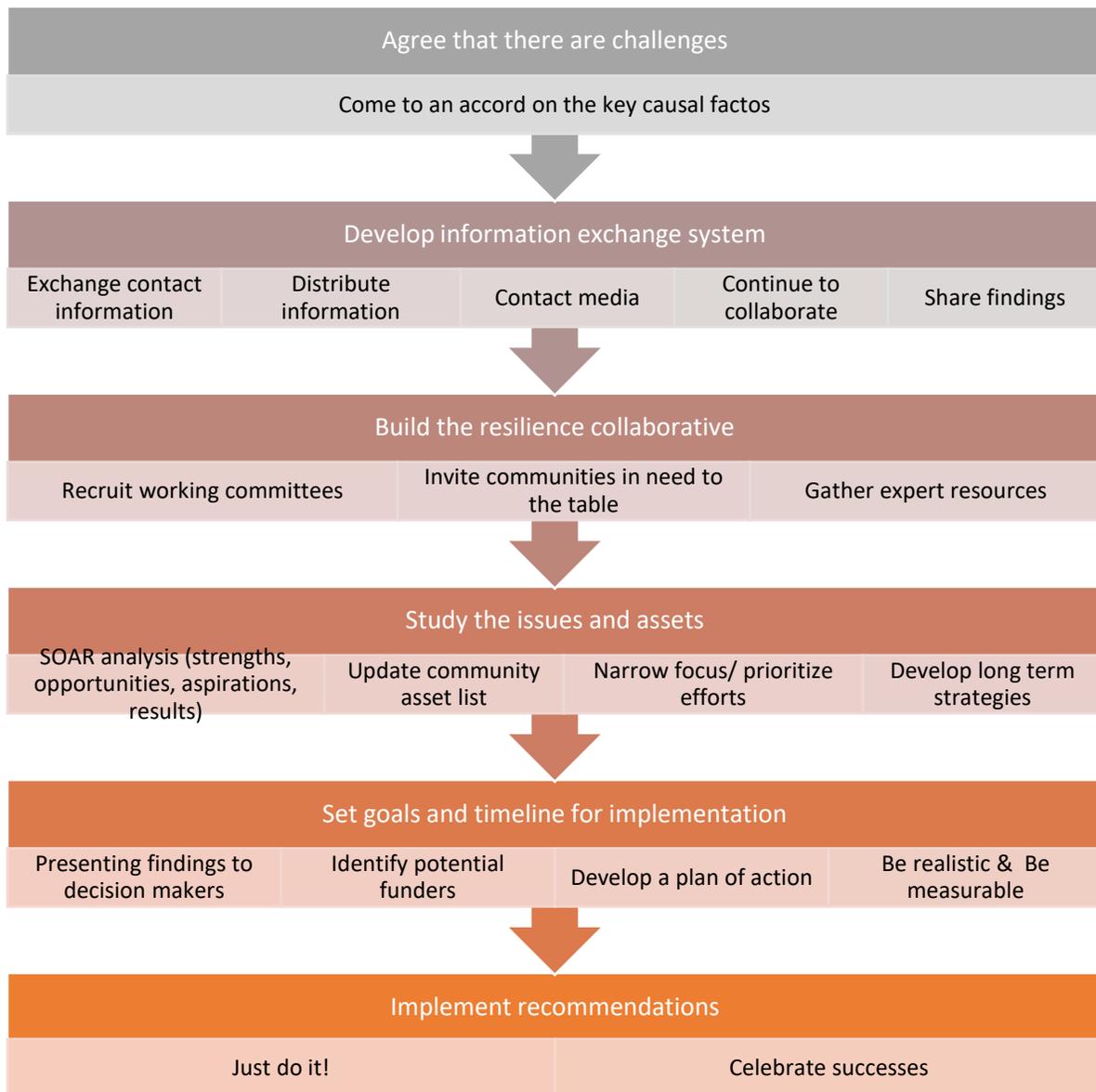


FIGURE 62 - COMMUNITY ACTION PLANNING

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.

## Appendix A: Data Collection Instruments

Focus Group Guide

Moderator (s) \_\_\_\_\_

Recorder(s) \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

**Focus Group Participants (FG assistant record first names only)**

1 \_\_\_\_\_

7 \_\_\_\_\_

2 \_\_\_\_\_

8 \_\_\_\_\_

3 \_\_\_\_\_

9 \_\_\_\_\_

4 \_\_\_\_\_

10 \_\_\_\_\_

5 \_\_\_\_\_

11 \_\_\_\_\_

6 \_\_\_\_\_

12 \_\_\_\_\_

## Protocol

### Pre-Discussion Activities

1. Setup recording device and test
2. Greet participants and distribute name tags
3. Allow a short period to get a light snack and beverage **(5 MIN)**
4. Distribute/collect Needs Assessment Survey, explain surveys and have them complete. **(10 MIN)**

### Moderator Instructions

These questions should be modified as needed to maintain the natural flow of the conversation and to explore topics which arise in the course of the focus group. The script below is a general guide to direct the conversation. Probes should be revised as needed to encourage elaboration on answers and to maintain the flow of the conversation. If participants go off topic, but are providing useful content, continue probing as needed then redirect to the original script. If off topic conversation does not appear relevant, a casual redirect to original script should be made. Notes of most salient points should be kept by the recorder during interviews.

## FG Goals:

1. To understand the current quality of life in High Point ;
2. To identify resources currently employed for improving the quality of life;
3. To identify gaps in service systems; and
4. To explore ways in which the service system may improve communication, coordination, and integration to address these issues

Record start time: \_\_\_\_\_

## Introduction/ Statement of Purpose

**5 minutes**

*Good evening/good morning. My name is \_\_\_\_\_. I am part of a team who are here to understand*

*your experiences as a resident of High Point in terms of the quality of life. We will be exploring a wide range economic, educational, and social service needs. We thank all of you for joining us today (this evening). Before we begin, I'd like to explain a few simple ground rules*

*We will be asking you a number of questions today to which there **are no right or wrong answers**. We want to hear from everyone that has something to say. Consider this a chance to make your voice heard. Everyone's opinion will be valued and respected. What you say in this room stays in this room. We may use what you say, but no statements will be linked to your name.*

*We are recording the discussion just to be sure that we do not miss any important comments. The recordings are for our records only. It will not be available to groups or individuals outside of this research team. The recordings will be erased once our reports are completed. We will produce a report from today's group, but **we will not link any names** or other identifying items to comments within the report. We also ask each of you **not to share** what others have said. It's OK to tell people who are not here about the general comments, but please do not use anyone's name.*

*The only other rules are to take turns, be respectful of different views, keep your comments limited to what you have experienced and what you believe, and try to stay focused on the point of the question. Everyone's opinion will be valued and respected.*

***Before we begin does anyone have any general questions about how we will proceed?***

## **Introductions**

**5 mins**

*We'd like to take a few minutes for people to introduce themselves. As I mentioned, my name is \_\_\_\_\_, and I will be leading today's focus group. I would like to introduce \_\_\_\_\_ who is/are also members of the team from the Center for Housing and Community Studies at UNCG. He/she/they will be observing and taking notes of our conversation to help make sure we remember all of the important points of our discussion.*

***Now, let's go around the table (room) and have each of you briefly introduce yourselves using your first name only, tell us a little about yourself and one thing that you like about living in High Point***

*How long have you lived here?*

*What do you like about it here?*

*What keeps you here?*

## **Quality of Life**

**20-25 mins**

*The High Point Resilience Action Research Project sponsored is working to establish an inter-agency collaborative to improve the quality of life here for residents. We are now going to spend some time talking about your experiences or understanding of the quality of life in High Point.*

***What are your thoughts on the quality of life in this area?***

*What is the current state of the economy here?*

*What kinds of jobs are available?*

*Is economic development an issue?*

*What local economic policies and decisions have made the quality of life better or worse?*

*Is the local population “job ready”?*

*Are people adequately educated and trained for the kinds of jobs there are today?*

*Does the cost or availability of affordable housing play a part in the quality of life?*

*Is health-care costs or availability an important factor? How so?*

*Are food costs or availability an issue impacting the quality of life?*

*Are there socio-demographic issues that are related to poverty in this area? For example, the age of the population, family size, language barriers, disability or other individual characteristics?*

*What else impacts the quality of life in this area?*

## **Needs and Negative Impacts on Quality of Life**

**20 mins**

***What things do people lack here?***

food, housing, transportation, clothing, healthcare, dental, etc.?

***What hurts the quality of life?***

***Are certain groups hit harder than others?***

*What is the quality of life like for children and families?*

*What is the quality of life like for minorities?*

*What is the quality of life like for the elderly or disabled?*

*What is the quality of life like for immigrants and refugees?*

**Community Assets**

***15-20 mins***

***What resources in this area currently are there to help improve the quality of life?***

- ?
- *Non-Profits?*
- *Churches?*
- *Social Service Agencies?*

- *Other Governmental Agencies?*
- *Social networks? Family? Friends?*
- *Individuals?*
- *Other?*

***How can these resources be better utilized to improve the quality of life?***

***What resources are missing to better the quality of life?***

***How do people find out about assets and resources in the community?***

**Wrap-up**

**10 mins**

*We are nearly finished...*

**If you could identify one thing to do differently or in a better way to improve the quality of life --- what would it be?**

***Is there anything else you would like to add regarding your experiences with experiencing or addressing poverty, community resilience, provision of social services, or anything else for High Point residents?***

*Thank you for taking the time to talk with us today (this evening). Your comments have been extremely helpful to us. Remember also to hold in confidence the things we have discussed today/this evening. It's OK to tell people the general comments that were made, but please do not use anyone's name.*

TURN OFF RECORDER

Record end time:

## Key Informant Interview

### Introduction:

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the High Point Resilience Action Research Project. Am I speaking with \_\_\_\_\_?

You should have received an email from me previously. I work for the UNCG Center for Housing and Community Studies, and we're conducting an assessment of High Points' community needs as identified by residents. This requires us to interview key informants knowledgeable about the varying and interconnected issues that impact High Point. We're interested in collecting information on a wide range economic, educational, and social service needs. You have been identified as a leader with expertise in one of these sectors for the City of High Point. Would now be a good time for an interview? (30 mins)

If no, record date and time for a scheduled interview.

If yes: Great, thank you for taking the time to answer our questions. Your input is vital in conducting an accurate assessment of neighborhood needs and an informed plan of action for the individuals and organizations of High Point. Please understand that this interview is confidential; key informants remain anonymous and no response will be associated to your name. For the purpose of documenting and transcribing your responses, I will be recording this interview on a tape recorder. Is this ok with you?

Thank you. Please give me a few moments to prepare my recorder.

1. What is your name and the name of the organization or group you work with?

2. Tell me in your own words a little about your role and responsibility

3. What are the most important resources and assets in High Point for addressing community needs?  
Why?

4. Are these resources and assets sufficient? What needs are going unmet?

5. Are there any wasted or underutilized community resources? Explain?

7. What is the greatest unmet need in the community currently?

8. What kind of obstacles exist in providing reliable resources for the needs of the community?

9. Are there other issues in High Point that make your efforts to address issues worse? In other words, as you and your agency are attempting to solve problems, are there external factors outside your area of influence making it worse?

10. What can be done, on the organizational or individual level that would help to improve what your organization is doing? (ie, greater networks, transportation to facility, education of facility)

11. Are there any groups of people you have noticed are disproportionately affected by the problem at hand or experience barriers to receiving resources? PROBE

12. What collaborations exist currently between agencies to address inter-connected issues?

13. What collaborations are needed to go further?

14. What, in your opinion, is most needed to improve the most lives in High Point?

15. Thank you for your time. Are there any things you would like for us to elaborate on further or any questions you feel I should have asked about community needs in High Point?

## Community Needs Survey

# Community Needs Survey

## BACKGROUND INFORMATION

The UNCG Center for Housing and Community Studies is assisting the ***High Point Resilience Action Research Project*** in collecting community feedback on needed services and resources in High Point. Your input will be helpful in better understanding the current status of the community, services you may already be using, and additional services needed. The goal is to increase needed services and better identify gaps in need.

## SURVEY INSTRUCTIONS

Please help us by completing the following brief survey. We are interested in your opinions and thoughts. The survey is being conducted **confidentially**. Your name, address, and any personally identifiable data will not be associated in anyway with the answers you provide. Responses will be grouped together and summarized. Individual responses will not be reported.

The survey will take **about 15-20 minutes** and is completely voluntary. You may choose not to answer a question, or not to participate without penalty. Please be honest and complete in your answers. Results will be used to help identifying strengths as well as problems in High Point. By completing this survey, you will help towards research of understanding families' resources and needs.

You will be asked to answer survey questions that include education, employment, housing, healthcare and other basic needs.

Q3 Do you live in High Point?

- A Yes
- B I do not live in High Point, but I work in High Point
- C No

**IF NOT - STOP HERE AND DO NOT COMPLETE THE SURVEY**

Q4 What is the name of neighborhood where you live in? (for example - Macedonia Neighborhood). If unsure, what are the nearest street cross sections? (for example - N. University Pkwy and N Centennial)

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Q5 How many years have you lived in your current community? \_\_\_\_\_

Q6 In your opinion, how would you rate your community overall?

- A Excellent
- B Above Average
- C Good
- D Fair
- E Poor

Q7 What is most important resource to you or your community? (This can be anything in your community, ie a person, place, thing, service).

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Q8 Why is this the most important resource?

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Q9 What factors influenced you to move to the neighborhood where you live now? (choose all that apply)

- A Convenient location
- B Overall feeling
- C Neighbors
- D Child friendly
- E Near my school/work
- F Housing condition
- G Good schools
- H Affordability/Cost
- I Safe
- J Good public transportation
- K People who are the same race as me
- L Diversity (a mix of different races)
- M Family in the same neighborhood
- N I have always lived here
- O Other (explain)

---

Q10 What would you say are the worst things about your neighborhood as a place to live? (choose all that apply)

- A Not conveniently located
- B Overall feeling
- C Neighbors
- D Not child friendly
- E Not near my school/work
- F Bad schools
- G Too expensive
- H Too ethnically diverse
- I Unsafe
- J Not diverse enough
- K Bad house conditions
- L Poor/ no public transit
- M Other (explain)

---

**QUALITY OF LIFE**

Q12 Do you have reliable telephone access?

- (A) Yes
- (B) No

Q13 Has your phone number changed in the last 3 months?

- (A) Yes
- (B) No

Q14 How do you access the internet? (mark all that apply)

- (A) I do not have access to the internet
- (B) At home
- (C) At work
- (D) At the library
- (E) At a friends' house
- (F) At a family members house
- (G) On my cell phone
- (H) Another place (explain)

Q15 Where do you primarily get your food? (name of store or food source)

---

Q16 How far do you live from the closest major grocery store like a Food Lion, Aldis, Harris Teeter, etc.?

- (A) Less than a mile
- (B) 1-2 miles
- (C) 2-5 miles
- (D) 5-10 miles
- (E) more than 10 miles
- (F) I am not sure

Q17 If you're unsure of the distance, how long does it take to get there? (in minutes by car, taxi, Uber, or other vehicle)

- (A) 5 mins or less
- (B) 5-10 mins
- (C) 10-15 mins
- (D) 15-20 mins
- (E) 20-25 mins
- (F) 25-30 mins
- (G) more than 30 mins

Q18 What is your housing status?

- (A) Own
  - (B) Rent
  - (C) Staying with friends or family
  - (D) Homeless- streets/car
  - (E) Homeless- shelter
  - (F) Homeless- temporary housing
  - (G) Hotel/motel
  - (H) Nursing/long-term care
  - (I) Assisted living
  - (J) Group home
  - (K) Halfway house
  - (L) Other (explain)
- 

Q19 How many adults live in your home? (including yourself) \_\_\_\_\_ adults including myself

Q20 How many minor children are in your home? (under 18) \_\_\_\_\_ children

*If no children, Skip To: Q23*

Q21 If you have children or other dependents in your care, what is your housing situation? (select all that applies)

- (A) Single mom
  - (B) Single dad
  - (C) Two parents
  - (D) Raising own children and children of others
  - (E) Raising children of other family members
  - (F) Raising someone else's children (not family)
  - (G) Foster children
  - (H) Shared custody
  - (I) No children, other dependents
  - (J) Intergenerational Household
  - (K) Other (explain)
-

Q22 What kind of child care (of dependent care) do you need help with? Mark all that apply.

- (A) Daycare center
  - (B) Before/after school care
  - (C) Care for child with special needs
  - (D) Evening hours due to work shift schedule
  - (E) Other (explain)
- 

Q23 Are you caring for adult children or adult dependents including seniors? (Due to mental or physical disability)

- (A) Yes
- (B) No

*If you are not caring for adult children or adult dependents Skip To: Q25*

Q24 Who provides care for the adult children or adult dependents? (Check all that apply)

- (A) Self
  - (B) Friends
  - (C) Family
  - (D) Church
  - (E) Daycare
  - (F) Have to leave elder/senior alone
  - (G) Able to stay home alone
  - (H) Other (explain)
- 

Q25 What is the total (gross) household income of your home? (the income all contributing persons within the home).

- (A) Less than \$12,490
- (B) \$12,490 to \$16,909
- (C) \$16,910 to \$21,329
- (D) \$21,330 to \$25,749
- (E) \$25,750 to \$30,169
- (F) \$30,170 to \$34,589
- (G) \$34,590 to \$39,009
- (H) \$39,010 to \$43,429
- (I) \$43,430 to \$47,849
- (J) \$47,850 to \$52,269
- (K) \$52,270 to \$56,689
- (L) \$56,690 to \$61,109
- (M) \$61,110 or more

Q26 Which of these monthly bills do you have? (check all that apply).

- (A) Cable/ Satellite TV
  - (B) Car/truck/ or other personal transportation
  - (C) Bus/taxi/Uber/shared rides or other public transportation
  - (D) Child care
  - (E) Child support
  - (F) Credit cards
  - (G) Food
  - (H) Gas
  - (I) Health insurance
  - (J) Other Insurance
  - (K) Internet
  - (L) Loans
  - (M) Loans- Payday
  - (N) Loans- School
  - (O) Medical payments
  - (P) Mortgage
  - (Q) Phone- cell
  - (R) Phone- home
  - (S) Rent
  - (T) Utilities
  - (U) None
  - (V) Other (explain)
- 

Q27 Do you have any of the following housing related needs? (Check all that apply)

- (A) Unsafe home structure
  - (B) Unhealthy conditions - mold, lead, pests, other health issues
  - (C) Housing not affordable
  - (D) Furniture or household goods
  - (E) Handicap access or modification
  - (F) Mortgage or rent assistance
  - (G) Other medical accommodations
  - (H) Pet friendly environment
  - (I) Repairs
  - (J) Utility assistance
  - (K) Neighborhood not safe
  - (L) None
  - (M) Other (explain)
-

Q28 What is your primary means of transportation? How do you get around most of the time?

- A Walk
  - B Bike
  - C Scooter
  - D Motorcycle
  - E Personal car/truck
  - F Friends' car/truck
  - G Cab
  - H Bus
  - I Pay other people
  - J Other (explain)
- 

Q29 Have you ever lost a job due to? (check all that apply)

- A Transportation issues
  - B Job searching
  - C Lack of childcare, cost of childcare, or other childcare issue
  - D Position abolished
  - E Lack of appropriate clothing
  - F Plant or company closed or moved
  - G Cut hours
  - H Personal health/injury
  - I Family health/injury
  - J Work related injury
  - K Pregnancy
  - L Lack of advancement opportunity
  - M Other (explain)
- 

Q30 Would you like help with these employment seeking activities? (check all that apply)

- A None, I don't need employment assistance
- B Career assessment
- C Career/job training
- D Job search strategies
- E Assistance with completing applications
- F Job interviewing skills
- G Resume writing
- H Computer help
- I Career information options
- J Work clothes
- K Access to hygienic products

- L Need for more education (GED, certifications, other educational attainment)
  - M Other (explain)
- 

Q31 Do you or someone in your household have any unmet needs related to the following health care issues? (check all that apply)

- A AIDS/HIV risk or treatment
  - B Child diagnosed with a disability
  - C Dental care
  - D Diabetes
  - E Eye/vision care
  - F General medical care
  - G Hearing care
  - H Heart Disease
  - I Hypertension
  - J Medical equipment
  - K Mental health care
  - L Prescription medication/ money for prescription
  - M Prosthesis
  - N Pulmonary Disease (COPD, Emphysema, Asthma)
  - O STIs (sexually transmitted infections)
  - P Substance abuse treatment
  - Q Teen pregnancy
  - R OBGYN services
  - S Sleep problems
  - T None
  - U Other (explain)
-

Q32 Are you or someone in your household in need of help with any of these things:(Check all that apply)

- A Alcohol use
- B Anger control
- C Addiction
- D Drug use
- E Caregiver support
- F Couples communication
- G Depression
- H Disability counseling
- I Elder abuse
- J Family conflicts
- K Making decisions/ problem solving
- L Parenting classes
- M Personal problems
- N Planning for the future/ goal setting
- O PTSD (Post Traumatic Stress Disorder)
- P Self-esteem
- Q Spousal abuse
- R Child abuse
- S Thoughts of suicide (in the past 6 months)
- T Trauma
- U Victimization
- V None
- W Other (explain)

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Q33 Does everyone in your household have health insurance or other health care coverage?

- A Yes, everyone is covered
- B Some in my household do not have insurance
- C No one in my household has coverage

Q34 If everyone in your household does not have health insurance or other health care coverage, Why Not?

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Q35 If you are a US veteran, are you receiving veteran's benefits?

- A I am not a veteran
- B I am a veteran, and I am receiving benefits
- C I am a veteran, but I am not receiving benefits

Q36 If you are a US veteran, and not receiving benefits, why not?

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MEDIA USAGE

Q37 How often do you use each kind of media?

	Daily	Weekly	Monthly	A few times a year	Less than once a year	Never
The PRINT version of the local newspaper	(A)	(B)	(C)	(D)	(E)	(F)
The website of the local newspaper	(A)	(B)	(C)	(D)	(E)	(F)
A local television broadcast	(A)	(B)	(C)	(D)	(E)	(F)
The website of a local television news station	(A)	(B)	(C)	(D)	(E)	(F)
A local radio broadcast	(A)	(B)	(C)	(D)	(E)	(F)
The website of a local radio station	(A)	(B)	(C)	(D)	(E)	(F)
Some other website that is dedicated to your local community	(A)	(B)	(C)	(D)	(E)	(F)
A blog about your local community	(A)	(B)	(C)	(D)	(E)	(F)
A person or organization you follow on a social networking site	(A)	(B)	(C)	(D)	(E)	(F)
A person or organization you follow on Twitter	(A)	(B)	(C)	(D)	(E)	(F)
An e-mail newsletter or listserv about your local community	(A)	(B)	(C)	(D)	(E)	(F)
A print newsletter about your local community	(A)	(B)	(C)	(D)	(E)	(F)
Word of mouth from friends, family, co-workers and neighbors	(A)	(B)	(C)	(D)	(E)	(F)
An internet search using a search engine such as Google or Bing	(A)	(B)	(C)	(D)	(E)	(F)

**Q38 EVERYDAY TREATMENT**

In your day-to-day life, how often have any of the following things happened to you?

	Daily	Weekly	Monthly	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	(A)	(B)	(C)	(D)	(E)	(F)
You receive poorer service than other people at restaurants or stores.	(A)	(B)	(C)	(D)	(E)	(F)
People act as if they think you're not smart.	(A)	(B)	(C)	(D)	(E)	(F)
People act as if they were afraid of you.	(A)	(B)	(C)	(D)	(E)	(F)
People act as if they think you are dishonest.	(A)	(B)	(C)	(D)	(E)	(F)
People act as if they are better than you.	(A)	(B)	(C)	(D)	(E)	(F)
You are called names.	(A)	(B)	(C)	(D)	(E)	(F)
You are insulted.	(A)	(B)	(C)	(D)	(E)	(F)
You are threatened or harassed.	(A)	(B)	(C)	(D)	(E)	(F)
You are psychically assaulted.	(A)	(B)	(C)	(D)	(E)	(F)

**DEMOGRAPHICS**

We are almost done. In these last few questions we will be collecting demographic information. Again, we remind you that none of this information is linked to you in any way. All information you have provided is completely anonymous.

Q40 How old are you?

- (A) Under 18
- (B) 18 - 24
- (C) 25 - 34
- (D) 35 - 44
- (E) 45 - 54
- (F) 55 - 64
- (G) 65 - 74
- (H) 75 - 84
- (I) 85 or older

Q41 What is the highest level of education you've completed?

- (A) Less than high school
- (B) High school graduate
- (C) Some college
- (D) 2 year degree
- (E) 4 year degree
- (F) Professional degree
- (G) Doctorate

Q42 Do you have a physical or mental disability?

- (A) Yes
- (B) No

Q43 What is your employment status?

- A Employed full time
  - B Employed part time
  - C Unemployed looking for work
  - D Unemployed not looking for work
  - E Retired
  - F Student
  - G Disabled
  - H Other (explain)
- 

Q44 Were you born in the US?

- A Yes
- B No

Q45 Are you a US citizen?

- A Yes
- B No

Q46 What languages do you speak at home?

- A English
  - B Spanish
  - C Other (Explain)
- 

Q47 Are you Hispanic or Latino?

- A Yes
- B No

Q48 Please mark one or more boxes to indicate what you consider your race to be.

- A White
  - B Black or African American
  - C American Indian or Alaska Native
  - D Asian
  - E Native Hawaiian or Pacific Islander
  - F Other (explain)
- 

Q49 What is your current marital status?

- A Married
- B Partnered
- C Widowed
- D Divorced
- E Separated
- F Never married

Q50 What is your sex?

- A Male
- B Female
- C Other/non-binary

Q51 How do you identify?

- A Heterosexual
- B Homosexual
- C Bisexual
- D Other
- E Prefer not to say

Q52 What have we not asked that you feel is important and related to needed services and resources in High Point?

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**UNC GREENSBORO**  
Center for Housing  
& Community Studies

## **HIGH POINT Community Needs Survey**

**The *High Point Resilience Action Research Project* is collecting community feedback on needed services and resources in High Point. The goal is to increase needed services and better identify gaps in need.**

**The survey will take about 15-20 minutes and is completely confidential.**

**Proceed to the Survey:**

**<http://go.uncg.edu/hpneeds>**

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