Voices. Choices.

Greensboro's Human Services Study

Acknowledgements

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Many "voices" were heard during this project. We extend a special thanks to all individuals and organizations that supported or participated. Participants in the focus groups and forums helped us develop a strong foundation for the assessment. Respondents who completed the survey extended our reach into the community for input. Non-profit staff and executives helped us test ideas and judge the value of input received from community participants. Many community leaders shared existing data or served as key informants. You have helped to form this project and shape our future work.

Dear Greater Greensboro Community:

In this *Voices. Choices* community assessment, nearly 1800 members of our community expressed their visions for a Greensboro with a high quality of life for all residents. Through a series of focus groups, community forums, on-line and hard copy surveys, and an environmental scan, we worked to determine key visions of a high quality of life in Greensboro and to identify the issues about which we most need to focus to achieve those visions.

We asked the community four key questions:

What matters most to you when it comes to quality of life?
What are our community's strengths and needs?
How is Greensboro doing relative to the factors that are important to quality of life?
Where do we most need to focus our efforts and resources right now?

We heard ideas and visions on our community's strengths and needs from all major demographic and geographic segments of the community. Then, using the information they gave us, as well as environmental scan data, the Steering Committee used the following criteria to select the key issues for action: urgency, influenceability, timeliness, leveragability, relevance, and measurability. The four focus areas we prioritized for immediate action are:

- Financial stability of individuals and families
- Access to comprehensive healthcare services
- Successful school experiences for every child
- Nurturing children and youth for positive development

Although other issues are also important, these four best met our criteria for action, and in some cases encompass potential solutions for other issue areas. We also recognized that the current economic climate, disparities among different demographic groups, and a need for greater cultural competency and understanding were themes that cut across all issue areas and must be addressed as we work to implement solutions.

We ask you to join our effort to develop a positive plan of action for each of the four key priorities. Champion an issue or join a collaboration or partnership around one of these issues. Advocate. Participate. Help us develop measures for success and communicate our progress to others in the community.

We can move Greensboro forward from being a good community to being a great community by addressing these issues that mirror the visions expressed by community members in this *Voices. Choices* assessment. On behalf of the *Voices.Choices* Steering Committee, we present this report to you and invite you to be a part of turning our vision for a strong, healthy, and thriving Greensboro into reality.

Mona G. Edwards, Co-Chair

Roger L. Beahm, Co-Chair

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EXECUTIVE SUMMARY

A periodic assessment of human condition and services within a community is essential to identify concerns and priorities that contribute to a strong, safe, thriving community. A community assessment can be a very useful tool for gathering information and gaining insights to more fully understand problems, engage stakeholders, and ensure the most effective plan of action for community improvement. Furthermore, this collaborative process builds awareness and validates the need to align resources with critical needs and gaps for the common good of all citizens. A leadership team comprised of the United Way of Greater Greensboro and five private foundation partners led a second study of human services, *Voices.Choices: Greensboro's Human Services Study*, over a six month period beginning in August 2009. A previous assessment, *Focusing on What Matters,* was conducted in 2004 and set the stage for community collaboration and actions to address selected issues from 2004-09.

Methodology

In the *Voices.Choices* study, information was received from 1,746 "community voices" through 12 focus groups, four community forums, a provider forum and an e-mail survey completed by 1,485 residents. The enthusiastic and engaging participation of diverse groups of citizens from throughout the community enabled the research team to identify the factors that are most important to residents for a "high quality of life", to determine how well Greensboro is doing on "quality of life" factors, and to identify issues of greatest concern. The demographic profile of participants was representative of Greensboro's population based on 2008 census data. In addition, there was balanced geographical representation based on city zip codes.

> *"Knowing is not enough; we must apply. Willing is not enough; we must do."*
>
> *Johann Wolfgang von Goethe*

After reviewing and analyzing all data, a diverse Steering Committee composed of 18 community leaders as well as representatives from the funding partners selected four issues from a list of nine that they deemed most critical, strategic and could be influenced by Greensboro's human services community in 2010. The four issues selected were:

- Financial stability of individuals and families
- Access to comprehensive healthcare services
- Successful school experiences for every child
- Nurturing children and youth for positive development

Strategies and action plans will be developed by self-selected collaborative groups to address these issues over the next three to five years. Development of these plans and a focus on community-wide goals in each of the four issue areas will foster continued collaboration and opportunity for impact or improvement for the common good in our community.

Background

The recession environment surrounded the 2009 *Voices.Choices* process and we could definitely see the impact in the discussions and responses of the participants. The national recession that began in December 2007 and the anemic recovery thus far have taken a heavy toll on Greensboro's, Guilford County's and North Carolina's economy. Despite a few reports that the economy has begun to stabilize, local economic indicators suggest that the road to recovery will be a long one. About 44,816 workers, or 12.4%, remained out of work at the end of February 2010 (NC Employment Security Commission) in the Greensboro/High Point Metropolitan Statistical Area.

Preliminary reports on the development of budgets for Guilford County and the state propose major cuts in several areas, with no program to be spared. Overall, gaps will continue to widen between increased demand for services and the availability of services based on funding shortfalls and reductions. For many reasons, finding efficiencies, setting goals, developing priorities, being willing to change, creating evaluation systems to measure impact, working together for the common good, leaving politics out of the process---all are essential if we are to succeed in building a thriving community. Our leaders must make some tough decisions to focus on transformational change rather than short-term solutions such as one-time spending cuts and one-time revenues. Rebuilding the local economy will be a major task but essential to Greensboro's future.

This report summarizes the *Voices.Choices* human services study, reviews the process and the identification of the four top issues selected. In addition, information is included about all of the issues identified related to human services. More detailed information is presented about the four issues selected by the *Voices.Choices* Steering Committee including some best practices and successes from other communities and the research literature.

Priority Issues

Financial Stability of Individuals and Families

Our local citizens and businesses are suffering through the toll of the recession which has left workers unemployed and businesses with diminished revenue; forced families to deplete their savings; forced businesses and individuals into bankruptcy; caused a record number of housing foreclosures; and resulted in heavy demand for public assistance from low-income individuals. At the same time, local and state government revenues have experienced large declines due to loss of personal income and sales tax revenue eroding the ability of local and state governments to fulfill their basic responsibilities in education, law and order, and care for our most vulnerable residents. With a persistently high unemployment rate and loss of jobs, it is likely to take several years before personal income tax revenues fully rebound (NC Budget and Tax Center, *BTC Reports,* April 2010).

Even before the current economic recession, the decline of traditional industries had led to job loss and instability for many people in our community. The recession has increased our problems. Over the last decade Guilford County and the region have lost jobs in their manufacturing base and other traditional industries related to textiles, tobacco, and furniture. New industry and jobs have not been developed sufficiently to support individual and family needs. Wages lag behind the "living wage" level necessary to support basic needs. Many unemployed workers and those entering the workforce for the first time find themselves with inadequate education and skills required for work in the 21st century. Workers need new skills, more education, and training for developing jobs. Postsecondary education and workforce readiness are crucial to reversing the course of our economy.

Economic developers have engaged in efforts to develop a new economic base by focusing on "clusters of opportunity" in aviation, furnishings, advanced manufacturing and materials, transportation and logistics, life sciences, and information technology and these efforts must continue. The collaboration of counties and cities within the region will strengthen regional opportunities and workforce development needs to ensure a brighter future.

At the same time, careful attention is required for human service assistance in all areas (i.e., food, affordable housing, childcare assistance and Medicaid) to keep families afloat until times are better. The impact is great on all families, regardless of income level. Finding ways to improve the financial stability of individuals and families long-term is essential for their quality of life.

Access to Comprehensive Healthcare Services

Access to healthcare and lack of coordination between and among service providers was the most frequent comment made by participants in focus groups and community forums. A strong level of frustration was noted from minority and ethnic groups who felt there was a lack of cultural competence and understanding from providers who provide services to ethnic minorities.

Significant health disparities exist in Guilford County among racial and ethnic groups, with whites having significantly better health outcomes than other ethnic and racial minorities. Despite advances in healthcare, racial and ethnic minorities continue to have higher rates of disease and premature death related to breast cancer, prostate cancer, diabetes, and high blood pressure, communicable diseases including tuberculosis, HIV, syphilis, and gonorrhea. Higher rates of infant mortality, low birthweight, and teen pregnancy exist for non-minorities. These disparities arise from many complex factors, but two major contributing factors are inadequate access to care and substandard quality of care for these groups.

With the changing economic times, families have been impacted by the inability to afford primary and preventative care and by deep cuts in some health programs, such as community support for people with mental illness and substance abuse issues. In addition, personal care services that help people with disabilities or severe medical conditions to remain in their homes and out of institutional settings have been reduced, placing greater stress on family caregivers.

The state's Medicaid population has grown by nearly 200,000 residents since January 2008. Budget shortfalls will continue as steep declines in local and state revenue persist; revenue will be insufficient to maintain public services at current levels, much less restore service to the level prior to the recession.

The growing percentage of our population experiencing poor health and mental health outcomes and gaps in services makes it more urgent that we address health and mental health disparities. Poorer health outcomes impact businesses and the economy through absenteeism, productivity, performance and business outcomes. The health of children and youth impacts their educational attainment and job readiness. Untreated mental health and substance abuse disorders contribute to poor educational attainment, disruption of normal daily and workplace activities, impaired family relationships and homelessness and can result in high costs in community crisis are services. Helping all populations to achieve access to high quality healthcare services will promote wellness, better healthcare outcomes, and a higher quality of life for our community.

Successful School Experiences for Every Child

Overall, our schools are performing well and this was affirmed by respondents from the community in the *Voices.Choices* survey. However, the survey revealed that our community strongly desires high quality schools and believes that we have room for improvement. The county has continued to fund schools at a significant level, but more dollars are needed for new facilities, maintenance of old buildings, fuel for buses, utilities, supplements for teacher salaries in order to recruit and retain the best educators, programs to address the needs of students who have fallen behind, and innovative programs to prepare students for the 21st century in an era of rapid and global change.

Several programs within Guilford County Schools have been recognized nationally. The Guilford County system has a new leader and a new strategic plan in place. The strategic plan addresses some of the most critical issues such as achievement gaps, graduation rate, low performing schools, character development, literacy, involvement of parents through a parent academy, and includes other innovative ideas for achieving academic excellence. However, a greater level of community involvement and support and parent engagement are necessary to accomplish this new school agenda.

Education drives the economy. To be competitive in the future global marketplace, Greensboro/Guilford County will need to train more young people for the changing 21st century economy. Our community needs greater awareness of the value of education and its importance as the foundation to our economy, good citizenship, and a thriving community. Schools cannot accomplish what is needed alone.

Nurturing Children and Youth for Positive Development

Children and youth are our future! Investing in them makes economic sense because it strengthens the quality and productivity of our future labor force. Besides the economic importance, investing in our children and youth clearly reflect a community's values…that all children have a right to a fair start, to live and develop to their full potential.

Quality child care, preschool and afterschool programs are crucial to level the playing field and ensure every child entering school is ready to learn. For example, studies reveal that those enrolled in high quality early childhood education programs are subsequently more likely to complete higher levels of education, have higher earnings, be in better health, be in stable relationships, and are less likely to commit a crime or be incarcerated.

Investing in initiatives and programs that support positive youth development at all ages is one of the best ways to strengthen our community. Providing psychological and physical safety and structure, especially during afterschool hours, and ensuring that adults, whether parents or other family members, coaches, teachers, mentors, or others, have the skills and support to engage children and youth in meaningful relationships is extremely important. Providing opportunities for children and youth to build their skills and competencies within school and in out-of-school time can help all children realize their potential. These things should be provided for all children but are especially essential for those that are experiencing the risk of poverty, are living in unsafe environments, or having learning challenges.

Without a comprehensive and coordinated approach to positive youth development, as well as a way to track a community's progress, it is difficult for communities to make a difference, to benchmark their success and to identify which strategies are working. Making this a priority in our community in the near short-term can reap many benefits long-term.

<u>Recommendations</u>

Human service issues touch the lives of every citizen and greatly influence quality of life. Visions of a higher quality of life can position a community from being just "good" to one that is "great." The key benefit of an assessment is that it presents an objective way to prioritize and select interventions. The publishing of this report moves our community to the next step of accountability---creating a better community and helping to create a better life for all.

"Greatness is largely a matter of conscious choice and discipline."

Jim Collins, Author
Good to Great

Based on the integration of research and the input from voices heard from the *Voices.Choices* assessment, the following recommendations are offered for consideration for community action led by United Way and its foundation partners.

Recommendations

1. Form collaborative leader and stakeholder groups for each priority issue to develop a strategic implementation plan and to lead and monitor community-wide action around each of the four issues selected from the *Voices. Choices* process.

2. Form a *Voices.Choices* Leadership Council to oversee the work of these groups and to seek and leverage funds to address the four strategic priorities.

3. Develop a communications and engagement campaign to promote community-wide buy-in and support for the priority issues demonstrating how united efforts can enhance community impact and change for the greater good.

4. Publish annually a progress report of how well the community is doing on key community measures and on indicators for the four selected strategic issues.

5. Develop a timetable to repeat the *Voices.Choices* study every three to five years with a commitment of conducting the next study in 2013.

6. Develop a cooperative partnership composed of the United Way of Greater Greensboro and the United Way of Greater High Point and other supporting groups--- such as foundations, university researchers, and city and county governments---to sponsor and lead a county-wide *Voices.Choices* assessment in the future.

7. Form a professional research team who takes the responsibility of community data monitoring and oversight, planning and conducting future assessments, and publishing progress reports on an ongoing, consistent basis.

Voices.Choices 2010

Greensboro Vital Statistics in a Snapshot

Population of Guilford County (projected July 2010, PTCOG)……	480,028
Population of region (7 county area, projected July 2010, PTCOG)……	1,073,524
Residents of Greensboro (56%, PTCOG)……	268,815
Median household income……	$41,393
Homeownership……	60%
Non-Caucasian Population (Blacks, Hispanics, Asian, Native American)……	48.9%
Foreign born……	9.4%
Age 65+……	11.6%
Bachelor's degree or higher……	32.1%
People in poverty……	16.2%

Piedmont Triad Council of Government (PTCOG) and American Community Survey, 2008

Methodology

Focus Groups

Focus groups were planned to gather information from specific groups and to ensure that a broad range of voices were heard, including those that otherwise might not be heard from in the *Voices.Choices* study. Open invitation was extended to individuals from various groups, programs and services throughout the city through announcements, distribution of flyers and personal invitation by telephone. Twelve focus groups were held including persons who identified with the following areas: unemployed from the non-professional sector, unemployed professionals, homeless, young adults 18-30, youth, high school students, parents, older adults, volunteer leaders and staff from the faith community, persons with physical, mental and/or developmental disabilities, a Latino group, and citizens from a low wealth neighborhood. A descriptive summary of participants in focus groups is included in the Appendix of this report. Collectively, 113 persons enthusiastically participated in the focus groups and were grateful to have a voice in this community study. Visions and ideas from the participants were synthesized and analyzed to determine major themes and concepts for use in developing the community survey and in organizing discussion groups for the community forums. Many focus group participants requested future opportunities for community dialogue around topics and issues of concern.

Community Forums

An open community invitation was extended to community residents to attend one of four community forums held in each of four quadrants of the city. The purpose of the forums was to explore more in depth how to develop a community that will provide a good quality of life in human services for all of its residents. Similar visions and ideas from the 12 focus groups were grouped into major theme categories. These themes were used as a basis for organizing five break-out groups in each forum for facilitated discussion. Themes for these groups were physical environment, community, access and resources, support for families and children, and schools and quality education. After a description of each theme group was explained, the attendees self-selected the group of their greatest interest. Barriers, challenges, opportunities and strengths were examined for each theme category as is shown in the questions below.

- *Resources and strengths*
  Why is it important to do X? What are the opportunities for accomplishing X in Greensboro? Think about resources and strengths we have that support potential progress in this area.

- *Key barriers, obstacles, and challenges to progress on this issue*
  Does it seem like things are getting better? Worse? What makes you say that? What obstacles or challenges stand in the way of accomplishing X?

- *Possibilities that can make a difference with this issue, i.e. what needs to happen?*
  What could be done that would make a difference on this issue? Where is the most important place to start if X is to happen?

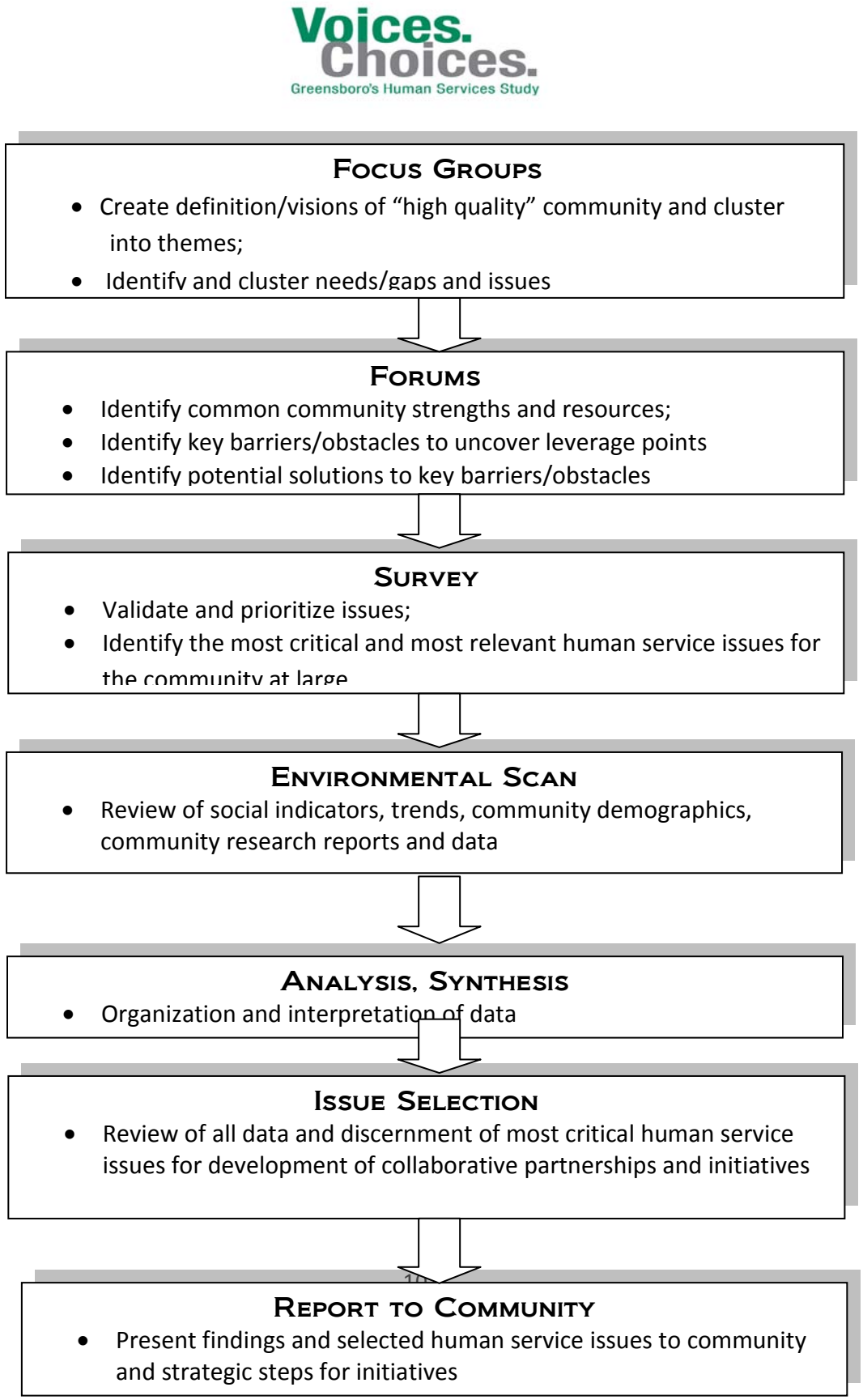
New ideas, insights, and perspectives to improve quality of life were solicited from the participants. Ideas from these discussions were reviewed and participants ranked their top three priorities to identify the most critical needs, to develop strategies for community action and to make choices for the greatest impact in the lives of people. Attendees were also asked to complete the survey and rank visions important for a high quality of life and to rate how the Greensboro community is performing on each of those visions. A summary description of forum participants is included in the Appendix.

Finally, a forum of non-profit agency providers in the human services area was held to compare what was being heard from consumers with perceptions from human service providers. Two activities were employed at the workshop to solicit ideas from the 53 non-profit executives in attendance. One focused on issues and strategies and the second was an asset mapping exercise to solicit creative ideas related to assets that already exist in our community. Similar and consistent ideas were heard from the non-profit executives as had been heard from consumers at the community forums.

Survey

After the focus groups, a 25 item survey (see Appendix) was created asking participants to indicate the top five statements (visions) that they believed were most important for our community and quality of life. The visions were constructed from the information generated from the focus groups and informed by issues typically identified as contributing to quality of life in the research literature and in other community surveys. Residents were then were asked to rate how well Greensboro is doing with regard to those visions. The survey included a second section where respondents were asked to judge using a five-point scale "how well Greensboro is doing" with regard to each of the statements in achieving a good quality of life. Response categories for "how well Greensboro is doing" were: great, pretty well, mixed, not so well, very badly. The last section requested demographic information about the respondent. Surveys were available both on-line, through Survey Monkey, as well as in hard copy distributed throughout the city (e.g., library) to ensure that there would be broad representation among respondents and that we were not excluding individuals that did not have internet or computer

access. Both online and hard copy surveys were available in Spanish and English. There were a total of 1485 surveys completed: 914 on line surveys and 571 hard copy surveys.

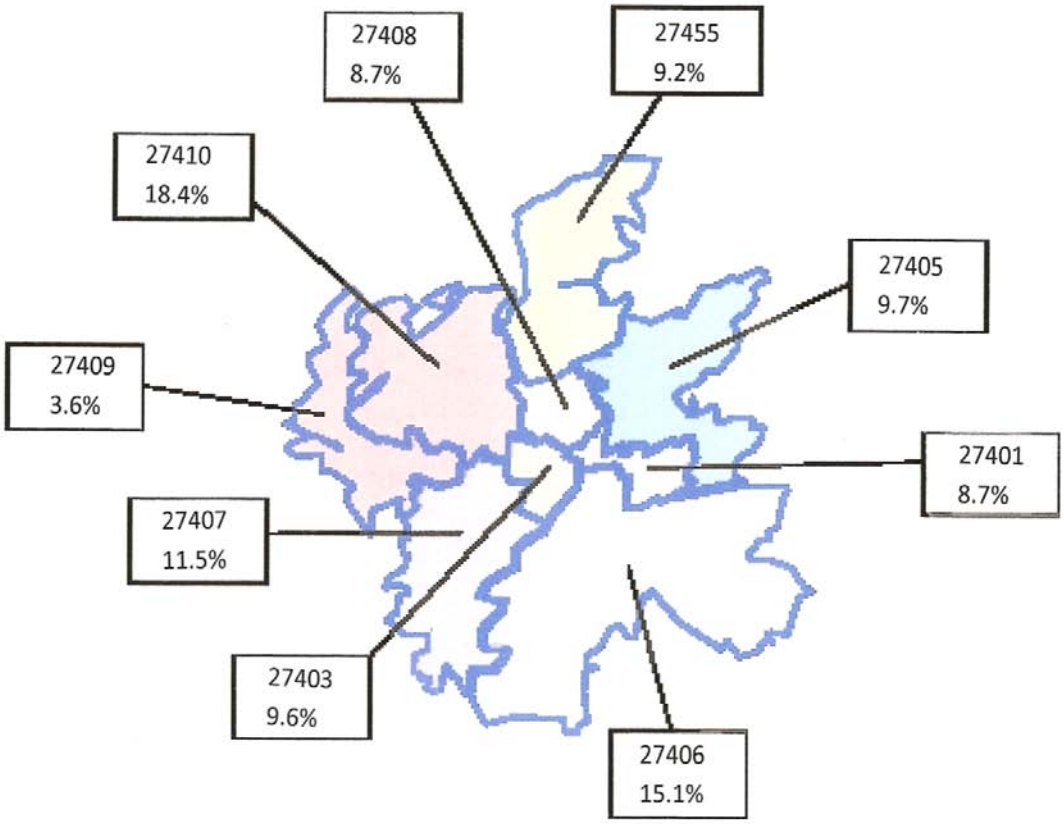


Methodology for Analyzing Survey Data

Survey Respondents

A total of 1485 individuals completed the survey. The respondents were both geographically and demographically diverse *(see charts summarizing demographics in the Appendix),* representing a good cross section of our community and similar to census data. There were over 50 different zip codes represented and the table below shows how the most frequently represented zip codes were distributed geographically. There were no significant differences in demographic characteristics between those that completed the survey online and those that completed a hard copy. Therefore, the entire sample was combined for the analyses.

Demographic Distribution by Zip Codes of Survey Respondents



Top Visions and Rankings of How Well Greensboro is Doing

Prior to analyzing the responses to determine the top visions and ratings of how Greensboro is doing, various statistical analyses were conducted to examine whether there were significant differences in responses based on age, gender, race/ethnicity, education, etc. or a combination of those characteristics (race and gender). Racial/ethnic groups for the initial analyses included African American, Asian American, Caucasian, Latino/Hispanic, Multiracial, Native American, and Other Racial/Ethnic Groups. Those identifying themselves in the "Other" group consisted of .7% of the respondents and were from a variety of backgrounds. An overwhelming majority were from African countries including Somalia, Liberia, Congo, Nigeria, and Zimbabwe as well as from other parts of the world including India and Pakistan. Some respondents from Southeast Asia identified themselves as Asian American and others indicated their race/ethnicity as Other including respondents from Thailand, Vietnam, Cambodia, and Montagnard. For the type of further analyses conducted, there were not sufficient numbers of those respondents identifying themselves as Asian American, Multiracial or Other to analyze separately so only the three major racial/ethnic groups were included in the resulting quantitative analyses (see the tables below) or in the examination of race/ethnicity and gender. However, the responses of those individuals in the other racial/ethnic groups were examined qualitatively to determine if there were any consistent trends in the manner in which individuals ranked the top visions or Greensboro's performance. There were no significant trends identified.

Because of the strong response resulting in a large number of surveys, even small differences can be statistically significant. With a large sample, it is generally more accurate to look at "effect size" and not just statistical significance when examining whether differences are meaningful. Thus, the analyses examined both effect size as well as statistical significance and looked at rank ordering of issues and Greensboro's performance within respondent groups. For example, two groups may differ in the relative rating but be quite similar in the rank ordering of which issue is most important.

Top Visions

With regard to *top visions*, there were gender and racial/ethnic differences in the degree to which a particular group endorsed the vision *as part of their top five*. Of the 25 visions, there were ethnic/racial differences on 15 of the statements. For example, with regard to affordable housing, more African Americans selected this as a top vision than did either Caucasians or Latinos. Latinos were more likely to endorse access to quality education for children than

either Caucasians or African Americans. Men were more likely to endorse safe neighborhoods than women or the different racial/ethnic groups and less likely to select health care access as a top issue although it was the 4th most frequent issue selected. While these differences were statistically significant, the size of the difference (effect size) was very small indicating that these differences were not great. In addition, when one examines the *rank ordering* of the visions within each racial/ethnic group, ***the relative rank order of the top tier issues across racial/ethnic groups and across men and women was similar to each other and similar to the themes identified in the focus groups and forums.***

Rank Ordering of the Visions by Race/Ethnicity and Gender					
Vision	**African American**	**Caucasian**	**Latino**	**Men**	**Women**
Health Care Access	1	2	2	4	1
Basic Needs Are Met	3	1	3	2	2
Access to Quality Education	5	6	1	5	3
Safe Neighborhoods	4	3	6	1	4
Crime Free	7	5	4	5	5
Parents Act Responsibly	6	4	*	3	6
Affordable Housing	2	*	5	*	7

**Not selected as among the top 7 visions*

The top tier visions across all major demographic groups includes: health care access, basic needs, safe neighborhoods, parents acting responsibly, access to quality education, affordable housing, and neighborhoods are crime free (see chart color coding the tiers of issues endorsed). The primary exception was the vision of affordable housing where African Americans, Latinos, and Women identified it as among their top seven and it did not appear among the top seven for Caucasians and Men.

How Well Greensboro Is Doing

Similar analyses were completed on the ratings of how well Greensboro is doing with regard to the 25 vision statements. Again, there were some statistically significant racial/ethnic as well as gender differences when one compares responses on 18 out of the 25 variables. With regard to racial and ethnic differences, there was a trend for African Americans to generally rate Greensboro less positively on the visions than either Caucasians or Latinos although this varied by issue. Conversely, men were more likely to rate Greensboro slightly better than women across the issues.

Average Ratings and Rank Ordering of How Well Greensboro is Doing on Top 5 Visions by Race/Ethnicity and Gender*					
Vision	**African American**	**Caucasian**	**Latino**	**Men**	**Women**
Access to Quality Education	3.1/1	3.2/1	3.2/1	3.3/1	3.1/1
Affordable Housing	3.1/1	3.2/1	2.8/3	3.2/2	3.1/1
Safe Neighborhoods	2.9/2	3.1/2	3.1/2	3.2/2	3.0/2
Basic Needs Are Met	2.7/3	2.8/3	2.8/3	3.0/3	2.7/4
Health Care Access	2.6/4	2.8/3	2.7/4	2.9/4	2.6/5
Crime Free	2.3/5	2.5/4	2.4/5	2.6/5	2.3/6
Parents Act Responsibly	2.9/2	2.8/3	3.2/1	2.9/4	2.8/3

** Higher ratings mean better performance; ratings range from 1=very badly to 3=mixed to 5= great*

However, similar to the selection of the top visions, when one examines the effect size of the differences and the relative ratings *within* groups, ***there are significant similarities in terms of the rank ordering of issues that all groups saw as areas where Greensboro was doing well, as well as those areas in which Greensboro was experiencing challenges (see below).***

All respondent groups thought that the vision in which Greensboro was doing the best was on Access to Quality Education although the average ratings were mixed ranging from 3.1 to 3.3 or mixed. The rest of the ratings and rank ordering was similar across the groups and visions with the exception of Parents Act Responsibly where Latinos thought this was the vision where Greensboro was doing the best, albeit mixed in their average rating (e.g., 3.2) and other groups were more likely to see other visions as our strengths.

Average Ratings and Rank Ordering of Those Visions Where Greensboro is Doing Poorly by Race/Ethnicity and Gender*					
Vision	**African American**	**Caucasian**	**Latino**	**Men**	**Women**
Crime Free	2.3/1	2.4/1	2.4/1	2.5/1	2.3/1
Job Security	2.4/2	2.5/2	2.4/1	2.6/2	2.3/1
Stable Businesses	2.6/3	2.7/3	2.6/2	2.8/3	2.6/2
Health Care Access	2.6/3	2.8/4	2.7/3	3.0/5	2.6/2
Basic Needs	2.7/4	2.9/5	2.9/4	3.0/5	2.7/3
Parents Act Responsibly	2.9/5	2.9/5	3.1/5	2.9/4	2.8/4

[*]*Lower ratings = poor performance; ratings range from 1=very badly to 3=mixed to 5= great*

Similarities were also noted in the rank ordering of those visions in which Greensboro is doing poorly. All racial/ethnic groups and both men and women ranked being crime free as the area in which we were doing the worst with average ratings indicating we were doing poorly (e.g., ranging from 2.3-2.5 followed by job security. One area of significant difference in ratings and rank ordering was with regard to Health Care Access. For this issue, it tied for the second worst performing issue for women, with a rating of 2.6; ranked third worst for Latinos and African Americans with ratings of 2.7 and 2.6, respectively in contrast to men who rated it as mixed at 3.0, with other issues such as crime, job security, stable business, and parents acting responsibly as poorer performers in Greensboro.

Selection of Priority Issues

A summary of all data from focus groups, forums and the survey, census information for Greensboro/Guilford County, and information from various research reports and other sources were compiled and presented to the Steering Committee for study prior to a retreat. The purpose of the retreat was to select priority issues that reflected the most critical needs in the community. From review of all of the data, the research team presented a list of nine issues for consideration. A list of criteria to use in selecting the issues was developed prior to the retreat. The criteria included the following:

- *Urgency or degree of threat* – How serious is this issue on a broad scale? Does it affect large numbers of people on a human service or quality of life basis? If we don't do anything, how bad will this issue get?
- *Influenceable* - Is the issue clear, focused and manageable (not too broad or amorphous)? Is it likely that we will be able to make a difference or impact this issue?
- *Leverage points* – Does the issue have strategic points of influence (such as timing, public will, leader support and/or commitment, resources and funding dollars) where applying effort makes a difference on a broad scale?
- *Timeliness* – Is there still time to make a difference on this issue? Is there time to provide guidance for decisions and stay in the game long enough to make a difference? Have major decisions already been made that make it less possible to build a community collaborative that can make a difference?

- *Relevance to the Purpose of the Voices.Choices Project* – Is this a human service issue? Is it so strongly related to a critical human service issue that it cannot be ignored?
- *Measurable* – Will we be able to track the change and measure results so that we can determine the difference we make? Are data available and accessible to help us benchmark or measure results?

With the help of a facilitator, small discussion groups, and thorough review the Steering Committee selected four priority issues:

1. Financial stability of individuals and families
2. Access to comprehensive healthcare services
3. Successful school experiences for every child
4. Nurturing children and youth for positive development

Access to Comprehensive Healthcare Services

Why is this important?

Accessible, affordable, high quality healthcare was the top ranked vision in the *Voices.Choices* community survey, and was a top tier issue in focus groups and forums. A strong level of frustration was noted from minority and ethnic groups who felt there was a lack of cultural competence and understanding from providers who provide services to ethnic minorities. Disparities in access to healthcare lead to disparities in health outcomes. Significant health outcome disparities exist in Guilford County among racial and ethnic groups, with whites having significantly better health outcomes than minority populations. As our population continues to diversify within current demographic trends, a larger portion of the population will be of individuals in racial and ethnic groups with poorer health outcomes. That will impact our health care delivery systems, our economy, and our quality of life. Addressing these disparities by eliminating barriers to access, improving quality of healthcare, and emphasizing wellness for all populations will ensure a higher quality of life and reduce overall healthcare costs for the community.

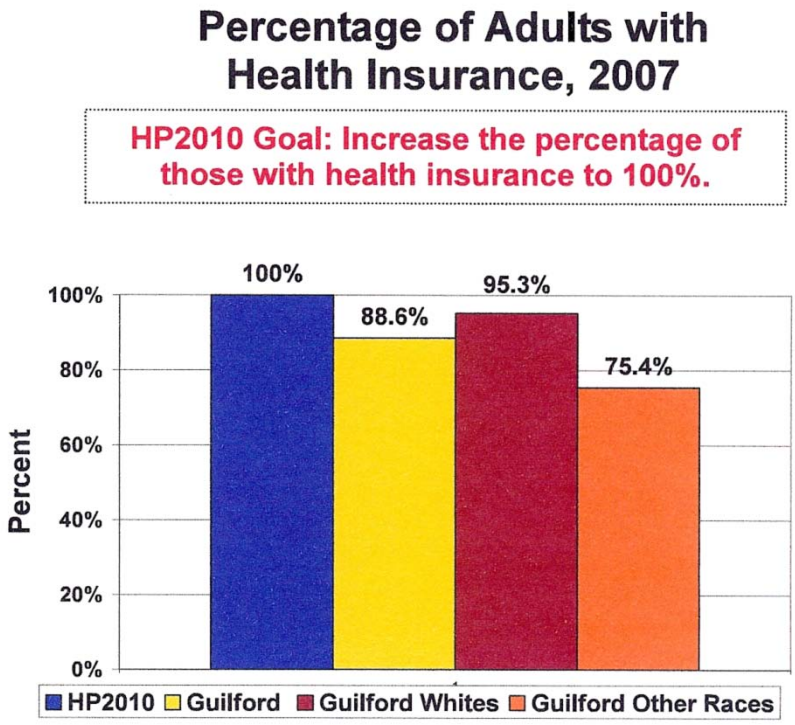
The field of mental health is also plagued with disparities in the availability of and access to its services. A U.S. Surgeon General Report (2000) found that minorities collectively experience a greater level of disability from mental illness than whites due to lesser and poorer quality care, and overrepresentation in vulnerable populations (such as the homeless and incarcerated), despite overall similar rates of prevalence and severity. Untreated mental health disorders interfere with daily activities, workplace activities, family relationships, and the ability to meet basic needs. North Carolina's efforts to reform its mental health care system through community-based care have had mixed results and in some cases led to gaps in care and poor quality of care. In Guilford County, the Guilford Center has identified specific areas of care where gaps are occurring, primarily due to a lack of providers. Developing additional resources to fill these gaps will be key to ensuring access to sufficient high quality mental health care for all who need it.

What is happening?

In Guilford County, as in the nation, there are significant disparities in health status between minorities and non-minorities. Despite advances in healthcare, racial and ethnic minorities continue to have higher rates of disease and premature death than non-minorities. Nationally, African Americans, Hispanic/Latinos, American Indians and Alaska Natives, Native Hawaiians, and Pacific Islanders have higher rates of chronic disease, communicable disease, and infant mortality than whites. These disparities arise from many complex factors, but two major contributing factors are inadequate access to care and substandard quality of care (National Partnership for Action to End Health Disparities, 2009).

The latest census data indicate that just 51% of Greensboro's population is white, and that diversity continues to grow. Greensboro's African American population is 40.6% of the total (Debbage and Galloway, 2009). And a national report sponsored by the Kaiser Family Foundation (2006) referenced Greensboro as a "New Growth Community" for the Hispanic/Latino population with a small but rapidly growing Hispanic/Latino population (from 1% in 1996 to 5.8% in 2008 according to American Community Survey Census data). The report found that Hispanic/Latinos in New Growth Communities faced a number of access barriers, including lack of insurance, language and cultural barriers, and lack of familiarity with the U.S. healthcare system. Minority populations of all racial and ethnic groups face barriers due to lower incomes and lack of insurance (Guilford County Department of Public Health, 2008).

Access to services that promote good health is linked to insurance coverage and to having a "healthcare home," or primary care provider who is familiar with the patient. Disparities are evident in health insurance coverage in Guilford County among racial groups and among those of different economic status. In 2007, 95.3% of white respondents reported having health coverage, whereas 75.4% of respondents of other races had health coverage. Among those with household incomes of $50,000 or over, 98.5% of individuals had health insurance coverage, while only 80.2% of those with household income less than $50,000 had coverage (Guilford County Department of Public Health, 2008).

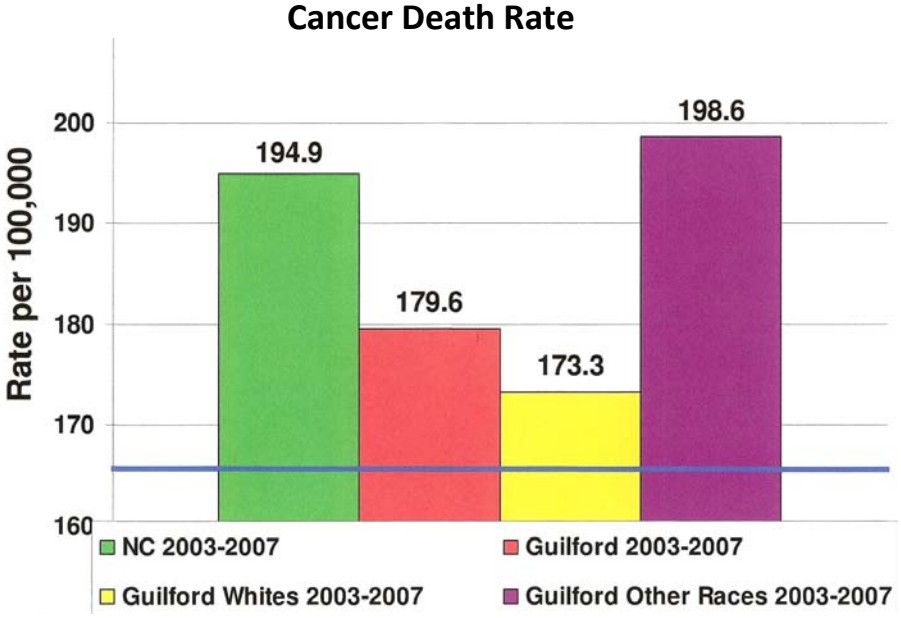


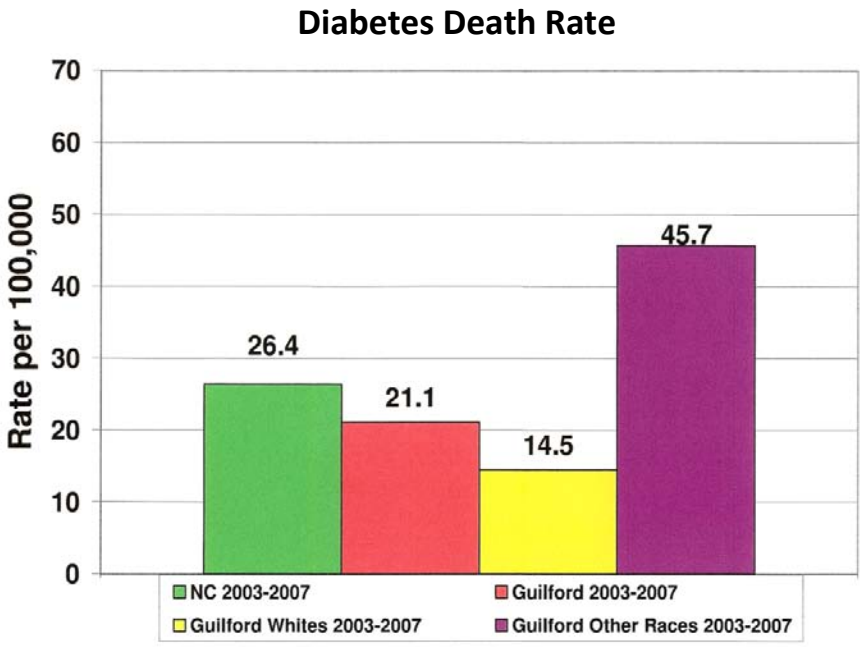
Guilford County Department of Public Health

The overall percentage of those with a primary source of healthcare has decreased from 84.4% in 2003 to 79.7% in 2007. One or more regular providers gave care to 84.2% of white respondents compared to 71% of those of other races. Of those individuals with income of $50,000 or more, 81.4% had one or more regular providers compared to 78.1% of those with income less than $50,000 (Guilford County Department of Public Health, 2008). Statewide, the North Carolina Child Health Report Card found that only 42% of Medicaid-eligible children ages 1 – 5 and 52% of Medicaid-eligible children ages 6-14 use dental care services (NC Child Health Report Card, 2009). The number of visits to the HealthServe clinic increased by 12% from 2007 to 2009 (from 21,772 to 24,398). The unduplicated number of people served in 2009 was 7,473, with 2,312 of those being new patients. Among those receiving care from HealthServe, 57% were African American, 22% were Caucasian and 12% were Hispanic/Latino.

In Guilford County, health outcome disparities are very evident. Of the 3,628 deaths in Guilford County in 2007, more than half were due to chronic diseases such as cancer, heart disease, stroke, and chronic lower respiratory disease. Death rates for chronic lower respiratory disease are higher among whites than other races (49.7% compared to 30.6%) but for all other chronic diseases, death rates are higher among non-whites (Guilford County Department of Public Health, 2008).

Non-white males die of prostate cancer at 2.7 times the rate of white males. The diabetes death rate for non-whites is almost 3.5 times that of whites. The death rate from diabetes was 14.4% for whites, but 49.9% for non-whites. Females of other races die from breast cancer at 1.5 times the rate of white females. (Guilford County Department of Public Health, 2008).
The tables below from Guilford County Healthy Carolinians show the death rates from cancer and diabetes from 2003-2007 for the state, county, and racial groups within the county. The horizontal line across the graph indicates the Healthy Carolinian goal.





Guilford County Healthy Carolinians

There are also disparities in the rates of communicable diseases in the county. The incidence rate for primary and secondary syphilis for whites was 1.4 per 100,000 population compared to 11.4 for other races. The incidence rate for gonorrhea was 75.2 per 100,000 for whites, compared to 884.8 per 100,000 for other races. The incidence rate for HIV Disease was 16.3 per 100,000 for whites compared to 70.6 per 100,000 for other races. The incidence rate for tuberculosis was 2.0 per 100,000 for whites compared to 12.6 per 100,000 for other races (Guilford County Department of Public Health, 2008).

The infant mortality rate for whites is lower than that for other races, with the rate for whites at 5.9 per 1,000 and for other races at 14.6 per 1,000. The percentage of low birth rates for whites was 8% while for other races it was 12.3% in 2007 (Guilford County Department of Public Health, 2008). Teen pregnancies are higher among non-whites, at 78.7 per 1,000 females ages 15-19 compared to 38.5 per 1,000 for whites (Guilford County Department of Public Health, 2008). A 2008 Head Start/Early Head Start Community Assessment noted that Guilford County Adolescent Pregnancy Prevention Coalition estimated that 71% of teen pregnancies are unintended, and therefore less likely to be served with timely prenatal care. Consequently, these teen pregnancies are more likely to result in premature and low birthweight babies who have a greater risk of infant mortality, respiratory problems, and developmental delays and disabilities (Shelton, 2008).

There are disparities as well in factors that promote positive health outcomes. In 2007, 35% of whites were at a healthy weight, compared to 22% of other races. Twenty-two percent of

whites were obese in 2007 compared to 36.9% of other races. Fifty-two percent of whites satisfied daily moderate physical activity levels in 2007, while only 24% of other races did (Guilford County Department of Public Health, 2008). Obesity and lack of physical activity are viewed as serious problems in our community.

A U.S. Surgeon General report in 1999 stated that "*Even more than other areas of health and medicine, the mental health field is plagued with disparities in the availability of and access to its services."* A later supplement to that Surgeon General initial report examined specific disparities. Noting that the overall incidence of mental illness is similar across racial and ethnic groups who are living functionally in a community at a prevalence rate of approximately 21%, the report also finds that individuals living in vulnerable, high-need groups such as those who are homeless, incarcerated or institutionalized have higher rates of mental illness. However, minorities have less access to and availability of mental health services, are less likely to receive needed mental health services, often receive a poorer quality of service when treated, and are underrepresented in mental health research (U.S. Surgeon General, 2000).

Minorities face many of the same barriers to mental health as non-minority populations (including cost, fragmentation of services, lack of availability of services, and social stigma toward mental illness). But minority racial and ethnic groups also face barriers due to mistrust and fear of treatment, racism and discrimination, and difference in language and communication. Language is a particularly important issue in mental health because mental health disorders affect thoughts and integrative aspects of behavior, and the diagnosis and treatment of mental health disorders depends greatly on verbal communication between the patient and clinician. Culture is also a key element in disparities because it influences diagnosis, treatment and service organization, with most health and mental health professionals in the United States trained in practices rooted in Western medicine and worldviews that may diverge from those of their consumers. The supplemental report finds that minorities collectively experience a greater level of disability from mental illness than whites due to lesser and poorer quality care, and overrepresentation in vulnerable populations, despite overall similar rates of prevalence and severity (U.S. Surgeon General, 2000). Lack of cultural competence of healthcare providers and lack of cultural understanding were cited frequently by community participants in the forums and focus groups in the *Voices.Choices* study.

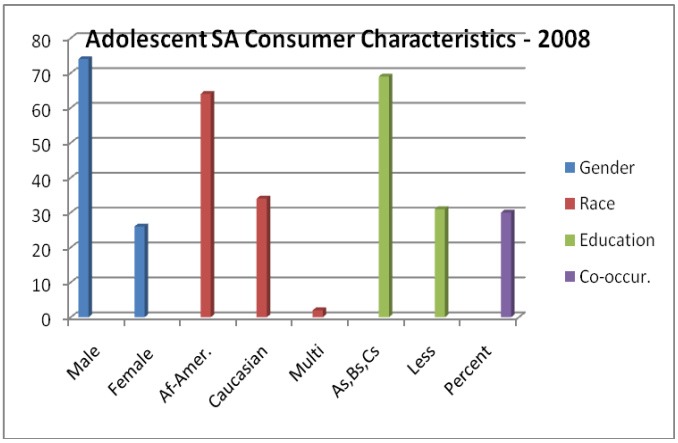
The North Carolina Office of Minority Health and Health Disparities (OMHHD) within the NC Department of Health and Human Services issued a "Disparities Call to Action" report in 2003 that assessed the challenges faced by the NC Division of Health, Developmental Disabilities and Substance Abuse Services. Key among those challenges was access and coordination of services, and socio-cultural challenges including trust, stigma, cultural difference, and language and communication challenges (NC DHHS OMHHD, 2003).

In Guilford County, the Guilford Center is the Local Management Entity (LME) which contracts with local providers to provide mental health, developmental disability, and substance abuse

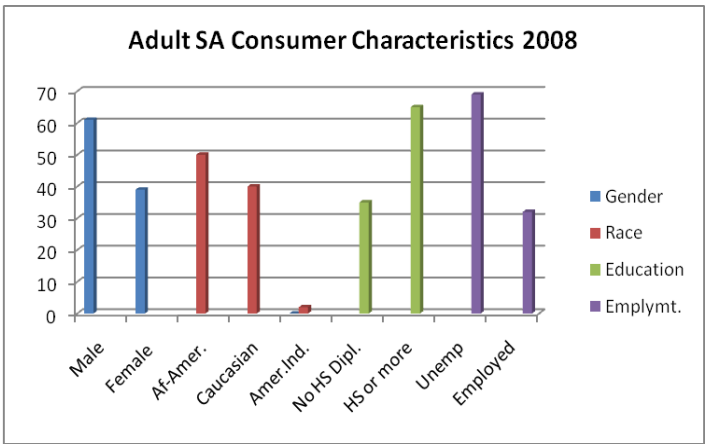
treatment to consumers in this area. Since it is a public agency, the majority of its consumers is of lower wealth, and most are minorities, with the majority being African American. The Guilford Center has established best practice continua for mental health (MH), developmental disabilities (DD), and substance abuse (SA) treatment services which list all of the best practice services that could be available in a community. Utilizing these continua to identify existing providers and gaps in services, the Guilford Center's 2009 Community Assessment Survey of 316 providers and community members identified specific areas of need such as short term crisis beds, respite care, and day activity. Although the Guilford Center has focused on and made progress in developing full continua of care, there is still a need for more providers to bridge the gaps (Guilford Center, 2009, http://www.mcwlhealthfoundation.org/content/view/92/152/).

Treatment provided to consumers in Guilford County through the Guilford LME in 2008 included substance abuse treatment for adolescents and adults, and mental health treatment for children, adolescents and adults.

With the exception of adult mental health treatment, the majority of consumers of services at the Guilford Center were African American, and the majority were male (NC TOPPS, 2009).

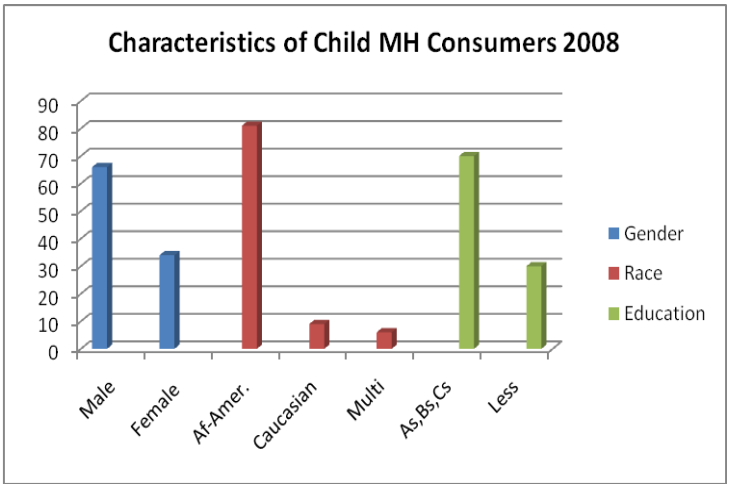


Adolescents served with substance abuse treatment services were 64% African-American, 34% Caucasian, and 2% multiracial; 1% identified their ethnicity as Latino, Hispanic or Spanish. Thirty percent of adolescents treated had a co-occurring mental health disorder (NC TOPPS, 2009).



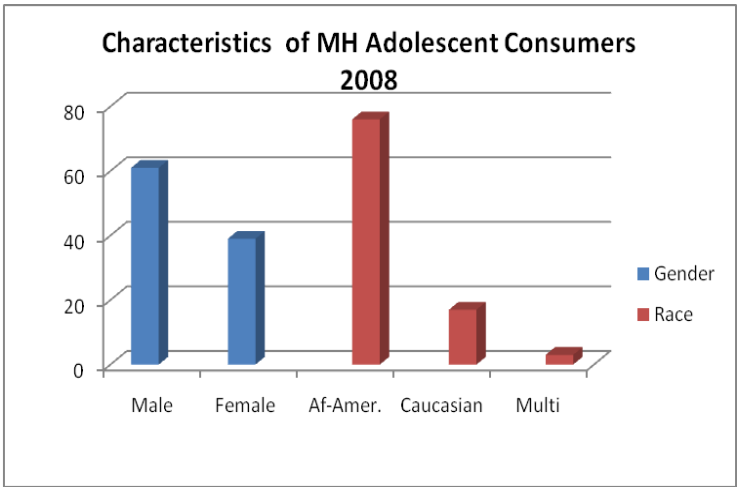
Adults served with substance abuse treatment were 50% African-American, 46% Caucasian, and 2% American Indian; 1% identified their ethnicity as Latino, Hispanic, or Spanish. Co-occurring mental health issues for adults served with substance abuse treatment services were: major depression (15%); bipolar disorder (10%); Schizophrenia (6%), and anxiety

disorder (6%). Among adults receiving substance abuse treatment, 47% had children under 18; 39% of those had custody of some of their children; 14 individuals served were pregnant or unsure if they might be pregnant (NC TOPPS, 2009).



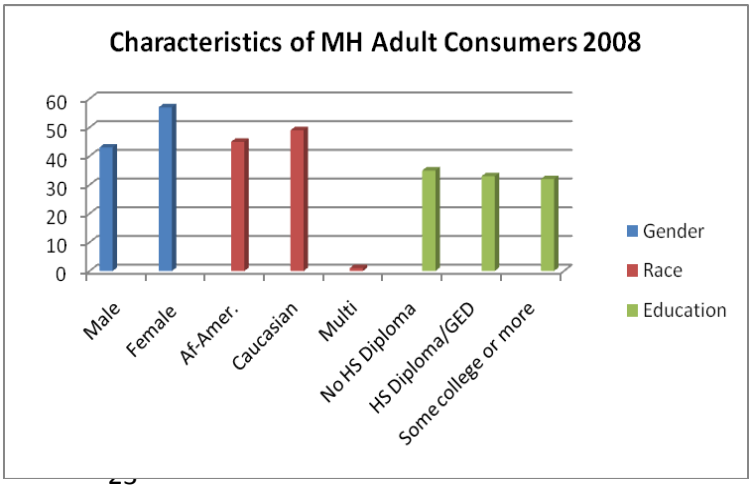
Children served with mental health treatment in 2008 were 81% African-American, 9% Caucasian, and 6% multiracial; 7% identified their ethnicity as Latino, Hispanic, or Spanish. Among the children who received care, 19% had received out of school suspensions and 3% had received expulsions, indicating the connection between mental health and school performance.

Adolescents served with mental health treatment in 2008 were 76% African-American, 17% Caucasian, and 3% multiracial; 5% indicated their ethnicity as Latino, Hispanic, or Spanish.



Adults served with mental health treatment were 45% African-American, 49% Caucasian, and 1% multiracial; 5% indicated their ethnicity as Latino, Hispanic, or Spanish (NC TOPPS, 2009).

Unlike the Health Department data, which is based on public records and therefore provides a comprehensive view of health status across all populations in the county, the mental health data reflects only those who sought and obtained treatment through the Guilford Center, so it does not delineate disparities in outcomes among all racial and ethnic populations in the



county. The Guilford Center report does clearly show that there are gaps in services for its consumers, who are predominantly minority.

The growing percentage of our population experiencing poor health and mental health outcomes and gaps in services makes it more urgent that we address health and mental health disparities. The urgency of these issues was reflected in the high priority given to the vision of "access to health services" in focus groups, forums, and surveys in the *Voices.Choices* study. *"Accessible, affordable, high quality healthcare*" was the top ranked vision in the community survey and community forums. African-American respondents ranked it number 1 overall, and Caucasian and Hispanic/Latino respondents ranked it their number 2 priority overall. In focus groups, the themes of better healthcare for all, better access to services, more opportunities for the disabled, accountability in provision of services, and access were frequently expressed as key visions. The Nonprofit Executive Workshop ranked mental illness, lack of awareness of resources and services, and inadequate mental health services as key issues undermining strong families and healthy children. In addition to its top ranking as a priority, access to healthcare was seen by survey respondents as an area in which Greensboro is currently performing poorly compared to other visions. Survey respondents rated *"access to healthcare"* 2.76 on a scale of 1 (very badly) to 5 (great), a numerical ranking that placed it among the top four visions of 25 in the survey that needed improvement in the Greensboro community. "*Access to healthcare services*" was ranked a high priority from all the "voices" we heard from in the *Voices.Choices* study and current health outcome data about health disparities in Guilford County support how important this issue is in our community.

Our community has significant assets in healthcare resources that can be brought to bear on this issue, including the Moses Cone Health System, more than 1000 non-federal physicians, over 5000 registered nurses and more than 3500 hospital and nursing facility beds, as well as the Adult Health and Child Health programs in the Guilford County Health Department (Sheps Center for Health Services Research, 2007).

The Guilford County Health Department and Guilford County Healthy Carolinians Partnership, have established priorities and goals for reducing disparities and improving health overall in the county. They track annually our progress countywide toward Healthy People 2010 goals (national goal levels) and Healthy Carolinians 2010 (state goal levels). The Healthy Carolinians Partnership has identified priority health objectives and focus areas through a community household survey in 20 of the highest poverty census tracts. Highest ranking objectives resulting from this assessment included: HIV infection, infant mortality, primary and secondary syphilis, gonorrhea, teenage overweight and obesity, adolescent condom use, adolescent pregnancy, high school cigarette smoking, middle school smoking, adult obesity, insurance, heart disease mortality, regular source of care, adult smoking, low birth weight, prenatal care, oral health for children, adult physical activity, and asthma. The assessment reinforced the issue of serious racial and geographic health disparities in our community (Healthy Carolinians, 2010).

Building on the community assessment that identified the priority health objectives, the Healthy Carolinians Partnership has developed focus areas for "Learning Clusters" (an academic-community advanced practice collaborative), and is developing Community Action Plans to incorporate best practices in those focus areas. Key focus areas are: Community Health/Healthy Homes; Health Promotion; Infant Mortality (Healthy Birth outcomes); and Responsible Sexual Behavior (Healthy Carolinians, 2010).

The Health Department has a number of programs that target specific populations, such as Universal Newborn Home Visits, Baby-Love Maternity Care Coordination, and Child Services Coordination. Guilford Child Development has a Nurse Family Partnership program that helps provide a solid healthcare start to children born in low income households (Shelton, 2008).

The Guilford Center tracks progress toward providing a full continuum of best practice services in mental health, substance abuse, and developmental disabilities. The performance indicators that are completed quarterly in the state Department of Health and Human Services' Community Systems Progress Indicator reports show the number and percentage of folks served by MH, SA, and DD by child, adolescent, and adult relative to the LME and state in comparison to those who need services (http://www.ncdhhs.gov/mhddsas/statspublications/reports/sfy10q1appendicesrev1-20-10.pdf). The first quarter of 2009-2010 data show that Guilford served an estimated 43% of adults with MH needs and only 10% of adults with SA needs. Forty-two percent of children in need of MH and 7% of kids with SA needs. Clearly, there is a great unmet need.

A number of community coalitions, including the Guilford County Adolescent Pregnancy Prevention Coalition, Guilford Community AIDS Partnership, Guilford CARES (the county wide organization resulting from the recent merger of the Guilford County Mental Health Coalition, the Guilford County Substance Abuse Coalition and The ARC), and others are key stakeholders in improving health and mental health outcomes in the county.

Making Connections

Loss of jobs, our community's high rate of unemployment, reduced health benefits in the workplace and the high cost of health insurance are factors that are affecting access to health care for many families and individuals. The health of children and youth can impact their educational attainment and job readiness, further impacting economic outcomes for them and for the community. Helping all populations to achieve access to high quality healthcare will promote wellness, better health care outcomes, and a higher quality of life for our community. In addition, as the Bureau of Labor Statistics estimates that 41.5% of the workforce will be members of racial minorities within the decade, the health disparities these minorities face will further impact businesses and the economy through absenteeism, productivity, performance and business outcomes.

Untreated mental health and substance abuse disorders also contribute to poor educational attainment, disruption of normal daily and workplace activities, impaired family relationships and homelessness and can result in high costs to the community in crisis care services. The recently published White Papers commissioned by the Moses Cone-Wesley Long Community Health Foundation present recommendations for addressing mental health and substance abuse issues in our community (http://www.mcwlhealthfoundation.org/content/view/92/152/). Increased community resources for wellness and treatment will be a primary factor in obtaining positive outcomes. Helping all populations to achieve access to high quality healthcare will promote wellness, better healthcare outcomes, and a higher quality of life for our community.

Aging Population

Why is this important?

Between 2000 and 2030, the number of adults age 65 and over in North Carolina is expected to double while the number of younger residents will increase only modestly. As the Baby Boomer generation ages, this demographic shift will affect our region's workforce, health and human service agencies and beyond. A desire to maintain good health, social connections, and sufficient financial resources are priorities for many older adults and their families. In addition, our city's older residents possess wisdom, energy, and resources that can improve the community for all.

What is happening?

North Carolina ranks 10th in the size of the population group 65+. Older adults are the fastest growing segment of our population and Baby Boomers represent 25.8% of North Carolina's total population (http://www.dhhs.state.nc.us/aging/, 2009). In 2008 there were 81,382 people age 60+ living in Guilford County representing about 12% of our population. As Baby Boomers begin turning 65 in 2011, the large number in the this cohort will create a major demographic shift, and by 2030 older adults (65+ years) will make up 18% of Guilford County's population. This shift will result in an increasing burden on health and human service systems.

Life expectancy continues to increase. By 2020 life expectancy is projected to be 79.5 years overall, 77.1 for males and 81.9 for women (2010 Statistical Abstract, US Census Bureau). Consequently, we can expect the older age cohorts to continue to increase in number. In general, women live longer than men across racial and ethnic groups, and whites live longer on average than persons of minority races. Approximately 79.5% of Guilford County elderly are white, 19% African American (http://www.dhhs.state.nc.us/aging/ 2009). According to the 2008 American Community Survey, there were 4,910 Guilford County grandparents who reported that they had one or more grandchildren living with them under 18 years old *for whom they were responsible*.

Median income for those 65 years of age in NC is $31,184. Overall, 27% of all older adults in Guilford County live below the poverty level (http://www.dhhs.state.nc.us/aging/, 2009). The rate of poverty increases with age with 6.8% for the age group 55-64 years old, 7.6% for the 65-74 age group, and 13% for the 75+ age group.

More than one of every five Americans age 62 and older who expected to retire early is still working (Clarke, P., Health and Retirement Study, University of Michigan, 2006). Older workers approaching retirement have faced dramatic changes in the structure of state and corporate pension plans and benefits plus changes in Medicare and Social Security. The recent recession has decreased lifetime savings and investments and has made it necessary for some retired

elders to return to work either part- or full-time. In 2000, 3.8% of the adult labor force in Guilford County was 65+ years of age. In 2005, one in five persons (20%) age 65-74 was still working, as were 6.4% of those 75 and older (UNC Institute of Aging, 2009).

While many seniors are healthy, engaged, and living in comfortable circumstances, others face declining health, poverty, and social isolation. Recognizing levels and types of disability are critical for planning services and understanding the scope of care giving needs in Greensboro. In 2008, 33% of older adults 65+ years had some type of disability, down from 42% in 2000 (American Community Survey, 2008), with physical challenges such as walking, climbing stairs, and dressing or mental or emotional conditions that affect daily life. This decrease in disability means that seniors will remain active longer and will be engaged in life and community. Mental health challenges are likely to increase across the elderly age range and while this includes dementia and Alzheimer's there is also greater risk for depression. In addition, elders are less likely to seek mental health treatment than younger adults. Any of these challenges may result in high personal toll and stress on individuals and families. As more of our citizens take on care giving responsibilities, respite and other types of support will be needed by these caregivers.

According to the 2008 American Community Survey, 99% of older adults 65 and over (civilian non-institutionalized) had health insurance coverage and 70% of them had private health insurance. As of 2007, 92% of NC Medicare beneficiaries had prescription drug coverage (http://www.aging.unc.edu, 2009). The five leading causes of death among older adults 65+ in NC and Guilford County were heart disease, cancer, stroke, chronic respiratory disease, and Alzheimer's disease. While Guilford's continuum of health services for older persons has widened in recent years to include everything from hospital and nursing home care to assisted living, home health services and adult day care, rising healthcare costs continue to be a burden. Moreover, significant financial disparities exist by gender, race and ethnicity.

As residents age, costly chronic health conditions such as diabetes, heart disease, cancer, Alzheimer's, and arthritis/joint problems catch up with more of our residents so it is important to promote healthful behaviors for residents of all ages to maintain well-being in later years. Rising health care and long-term care costs are major threats to seniors' economic security. The *Genworth 2010 Cost of Care Survey* (http://www.genworth.com) provides the comparative costs of elder care in Greensboro based on a national survey conducted annually of long-term care providers. Overall, the cost of care among facility-based providers has steadily increased over the past five years and is projected to increase at an annual rate of approximately five percent. The cost of care in the Greensboro area is slightly higher than the average costs in North Carolina and slightly less than the average costs in the United States. Based on these costs, the number of family caregivers is likely to rise as Boomers age because many seniors will not have planned adequately to cover the costs of care in their later years. Wellness and prevention practices are cost effective strategies for managing the costs of care and maintaining independence of seniors.

Comparison of Cost of Types of Elder Care in Greensboro Area

Care Type	In-Home Care Agencies	Adult Day Health Care	Assisted Living Communities (one bedroom unit)*	Nursing Homes (semi-private, double occupancy room)	Nursing Homes (private, single occupancy room)
Hourly Rate (Min-Max)	$18-$20/hour	N/A	N/A	N/A	N/A
*Daily Rate (Min-Max)**	$144-160/day	$25-60/day	N/A	$140-217/day	$152-245/day
*Monthly Rate (Min-Max)***	$4,320-4,800/month	N/A	$1,000-3,995/month	$4,200-6,510/month	$4,560-7,350/month
Median Annual Rate	$41,756	$12,480	$33,420	$68,620	$73,741

Genworth 2010 Cost of Care Survey

* Rate calculated on 8 hour day

** Rate calculated on 30 days

Many seniors and Baby Boomers lack knowledge and skills to plan and manage a secure retirement. The aging population will create numerous challenges for our community including demand for more nurse aides and other paraprofessionals to meet the long term care needs of older adults. People must consider living and care giving arrangements in light of smaller nuclear and extended families.

A new study by the N.C. Center for Public Policy Research (http://www.nccppr.org, 2010) finds that the elderly play a big role in the community's civic life and will be even more important as our population ages. The elderly vote at higher rates than the population at large. They return the census at higher rates than other age groups. They give a higher percentage of their income to nonprofits in the community. And surprisingly, for those that use the Internet, they are even more likely than the Baby Boom generation (born in 1946-64) to be civically engaged online. Twenty-three percent of older adults and 29% of Baby Boomers volunteer their time in faith or community organizations, exceeded only by college students as a population group.

In summary, Guilford County has a large, growing, and economically and ethnically diverse older population. With this diversity come both special assets and special challenges. Even the most vulnerable older adults often give as much to their communities as they receive. Nevertheless, we must be aware that those who face disabilities, disparities of income and health care, and the responsibilities of caring for grandchildren are more likely to need public services and supports. Baby Boomers will transform our older population and with that will come new attitudes, new challenges, new opportunities and new resources.

Making Connections:

The significant demographic change as the Baby Boomers (those born between 1946 and 1964) approach retirement age and the demand on private and public services to meet their needs increases will be challenging. The health, human service, employment, and education systems must adapt to the changing needs and interests of the seniors of today and tomorrow. The business and faith communities as well as others must identify and respond to the challenges and opportunities of these demographic shifts. And families will be affected, too, as some will be forced to assume unanticipated care giving roles.

With the aging of the population our community must be prepared to reap the benefits and face the challenges of an older population that is not only living longer but living better. We need to utilize older adults as the great civic resource they are. Many seniors make good use of these added years by contributing to the community as volunteers, paid workers, community leaders and family caregivers. We will see an increase in the number of people who want to contribute by volunteering. If we want to make the best use of their talents, non-profit and faith communities will need to construct an infrastructure to accommodate the influx and interests of older adults. The more civically engaged our future generations of seniors are, the better off our community will be.

Civic Engagement

Why is this important?

We all gain when everyone participates in society---by running for office, getting involved in community, donating to a charity or lending time and talent as a volunteer. People must also believe they are valued members of their community and have a voice in shaping it. The involvement of volunteers in schools, faith community ministries and non-profit agencies is a significant contribution in meeting community needs and supporting the common good. The Greensboro community has more than 500 non-profits and this sector definitely needs the professional skills offered by volunteers.

What is happening?

The Greensboro Metropolitan Statistical Area (MSA) had an average of 186,800 volunteers from 2005-2008. Between 2005-2008, Greensboro had an average volunteer rate of 28%, ranking Greensboro 40th within the 75 mid-size cities. Greensboro residents exceeded the national rate for volunteerism in 2008 and contributed 46 hours of service annually per resident, ranking them 12th within the 75 mid-size cities (http://www.volunteeringinamerica.gov). In 2009, volunteer service in Greensboro was valued at $18.10 per hour, slightly below the national average of $20.85 (http://www.independentsector.org). On the average, volunteers in Greensboro contributed 30.5 million hours of service per year valued at $617.3 million. Volunteers were much more likely to donate to a charitable cause in 2008, with 78.2% contributing $25 or more compared to 38.5% of the non-volunteers (http://www.volunteeringinamerica.gov, 2009). Seventy percent of the *Voices.Choices* survey respondents in this study were active volunteers.

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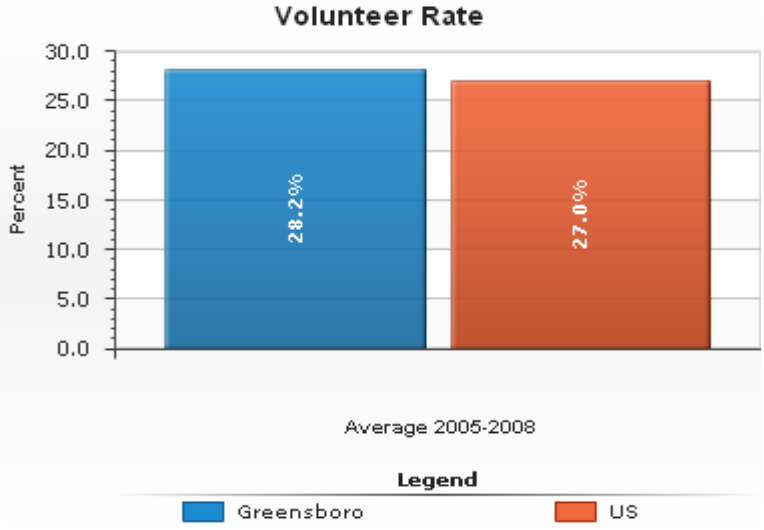
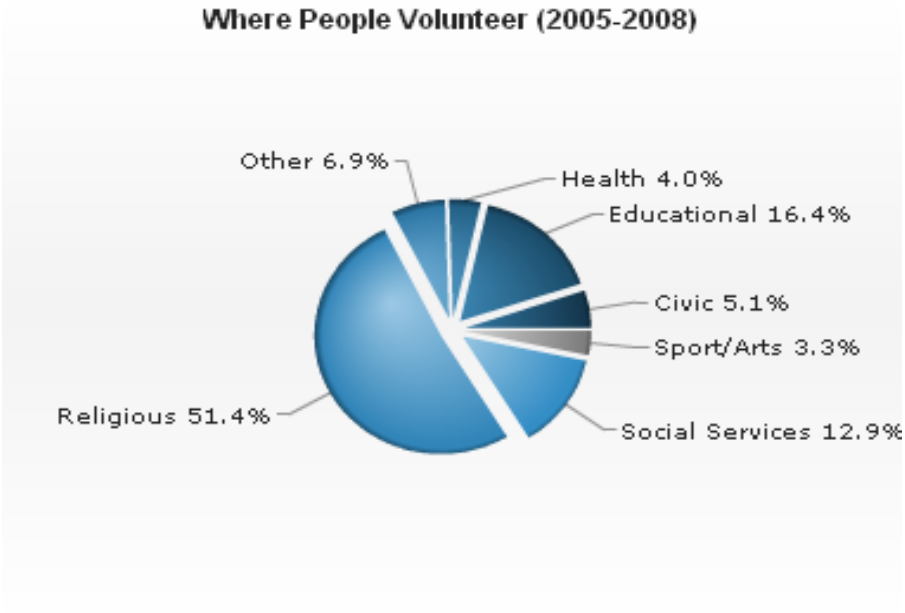
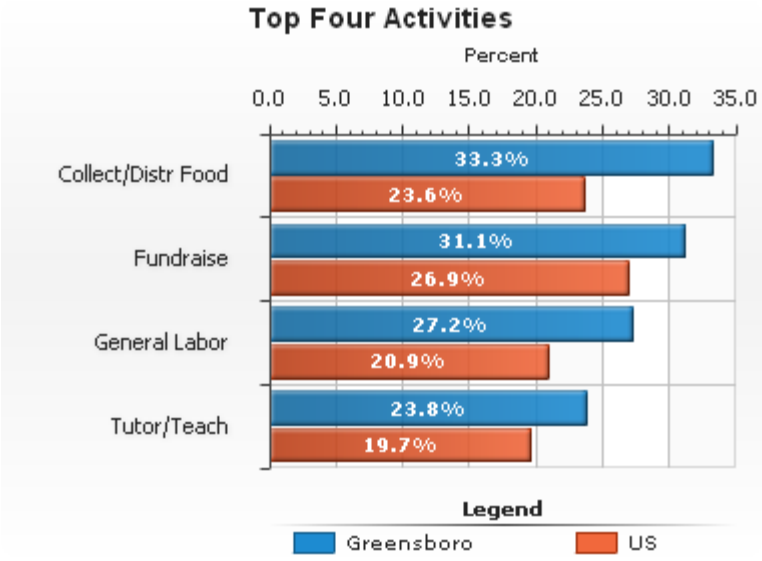


Religious organizations were most popular for volunteer service; 51%, of adults volunteered with faith communities followed by education at 16%. Volunteers who serve through religious organizations are the most likely to continue serving; 70% of faith based volunteers continue serving from one year to the next resulting in the highest retention rate for all areas of service.



The top four activities Greensboro residents volunteer were collecting and distributing food, fundraising, general labor and tutoring/teaching. Forty-seven percent of Greensboro residents were engaged with neighbors in solving a community problem and 55% had attended a public meeting.



More than 22,000 people are helping to meet local needs, strengthen communities and increase civic engagement through national service projects in North Carolina such as Senior Corps, AmeriCorps and Learn and Serve America. These programs have brought $17,000,000 during 2009-10 to NC communities (http://www.nationalservice.gov). All of these programs operate in Greensboro. Senior Corps programs include Foster Grandparents, Senior Companions and RSVP. AmeriCorps workers provide intensive, results-driven services to meet education, environmental, health, economic and other pressing needs in NC communities. Some will serve through VISTA with a focus on poverty, illiteracy, health, and housing. In exchange for their service, AmeriCorps members earn an education award that can be used to pay for college or to pay back qualified student loans. These programs are beneficial to both the community and the service volunteer. Colleges and universities are increasingly focusing on how they can be more engaged as a partner in the community leading to increases in service learning and volunteering among college age students. This pattern of service learning has also reached down to high school and senior projects for high school graduation, and beginning the 2010-2011 school year service learning will be incorporated for all grades as part of the Character Education initiative of the Superintendent's Strategic Plan in Guilford County Schools. Emphasis will be placed on the "learning" aspect, incorporating enhanced curriculum into the service component. Service learning encourages volunteering and helps establish a value for civic engagement among our young people.

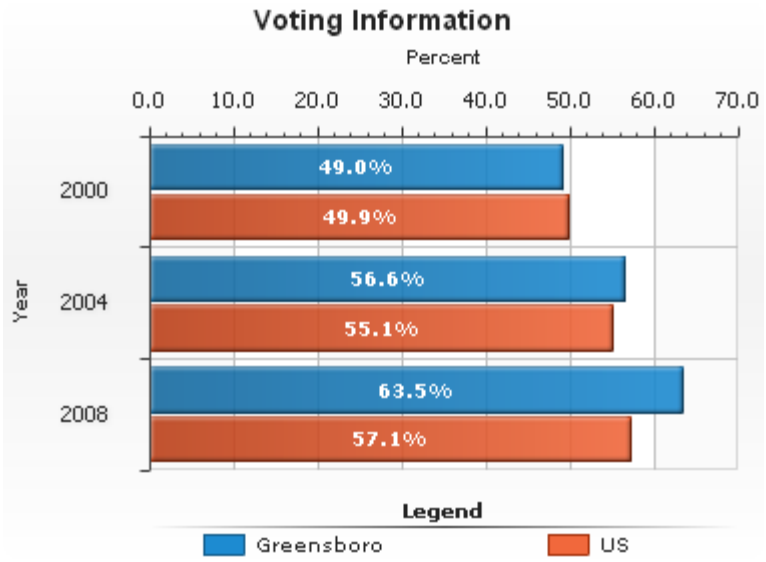
According to the report *America's Civic Health Index for* 2009 (National Conference on Citizenship, Harvard University, 2009) the economic downturn may be reshaping civic engagement. The national survey finds that 72% of Americans say they cut back on time spent volunteering, participating in groups, and other civic activities in the past year when the economy was free-falling. People turned inward to take care of one's family and friends; they focused their trust on more personal institutions---small local businesses and religious and faith communities. This cut-back means that our overall civic capacity or cumulative social capital may be decreasing significantly.

Overall, the volunteer rate among young adults (16-24) is increasing. Millennials (age 18-29) were the largest growing segment nationally (Volunteering in America Study, National and Community Service, July 2009), leading the way in volunteering with a 43% service rate compared to a 35% rate for Baby Boomers and 23% for retirees. This increased interest and participation in volunteering among young adults coincided with their reported increase in the belief held by 70% of the respondents that "it is essential to help other people in need", the highest rate since 1970 (The American Freshman: National Norms for 2008, Higher Education Research Institute, January, 2009).

One of our best measures of local civic engagement is the *Social Capital Community Benchmark Survey,* conducted in 2000 and again in 2006 by the Community Foundation of Greater Greensboro (http://www.cfgg.org/learn/community studies and reports). Some of the findings were:

- 49% of Guilford County residents were involved in charity or social welfare organizations that provide services to community residents, compared to 34% nationally
- 32% were involved in a neighborhood organization, compared to 21% nationally
- Formal leadership (which includes involvement in groups, attendance at group meetings and leadership in groups) indicates that Guilford County rates have declined across most age groups since 2000 but is still slightly above the national average.
- Guilford residents indicated less than average levels of trust in their fellow residents and exhibited a decline in this area from 2000 to 2006.

Voter turnout, one indicator of civic engagement, is quite inconsistent in Greensboro elections. Voter turnout for national presidential elections increased 14.5 percentage points since 2000, from 49% in 2000 to 63.5% in 2008. In the November 2009 municipal election, 39,572 persons of the 219,593 registered voters in Greensboro voted for a voter turnout of 18% (Guilford County Board of Elections, 2009). Voter turnout was 12.5% in 2005 and increased to 21% in 2007.



Making Connections:

Civic health and social capital have well-established connections to issues such as resilience, community safety, education, public health and American democracy. For example, students who volunteer in their communities are also engaged and successful in school; retirees who volunteer are healthier and happier; and cities with higher levels of civic engagement have better schools and other public institutions. As the economy slows and non-profit organizations struggle to provide services on smaller budgets, volunteers become even more vital to the health of our nation's communities.

As community needs across the country grow and people respond to the President's call to service, the non-profit community must create a strong foundation that encourages volunteers to keep serving and helps former volunteers or those who have never volunteered to step forward and "answer the call." Non-profits are struggling to fill the gap between increasing community needs and decreasing cash donations. But corporate donors have a precious asset: the skills of their workforce. Pro bono or skilled volunteerism could help offset the decline in corporate giving. In the 2009 Deloitte *Volunteer IMPACT Survey*, more than half (57%) of the non-profits responding said they did not have the infrastructure in place to effectively deploy volunteers, mostly because they were short on paid staff to train and manage volunteers. Tax breaks, paid time off, and educational vouchers are the incentives favored most from employers as ways of increasing levels of public engagement by their employees.

Volunteering has value and benefit to both the community and the volunteer. For volunteers, it leads to greater life satisfaction and lower rates of depression. Individuals who volunteer are more likely to live longer and experience greater functional ability and better health outcomes later in life than those who do not volunteer. For example, volunteers age 60 and older experience the greatest benefits from volunteering, most likely because volunteering provides them with physical and social activity and a sense of purpose at a time when their social roles are changing. But perhaps the biggest benefit people get from volunteering is the satisfaction of incorporating service into their lives and making a difference in their community and country. The intangible benefits alone—such as pride, satisfaction and accomplishment—are worthwhile reasons to serve. In addition, when we share our time and talents, we solve problems, strengthen communities, improve lives, connect to others and transform our own lives (http://www.nationalservice.gov).

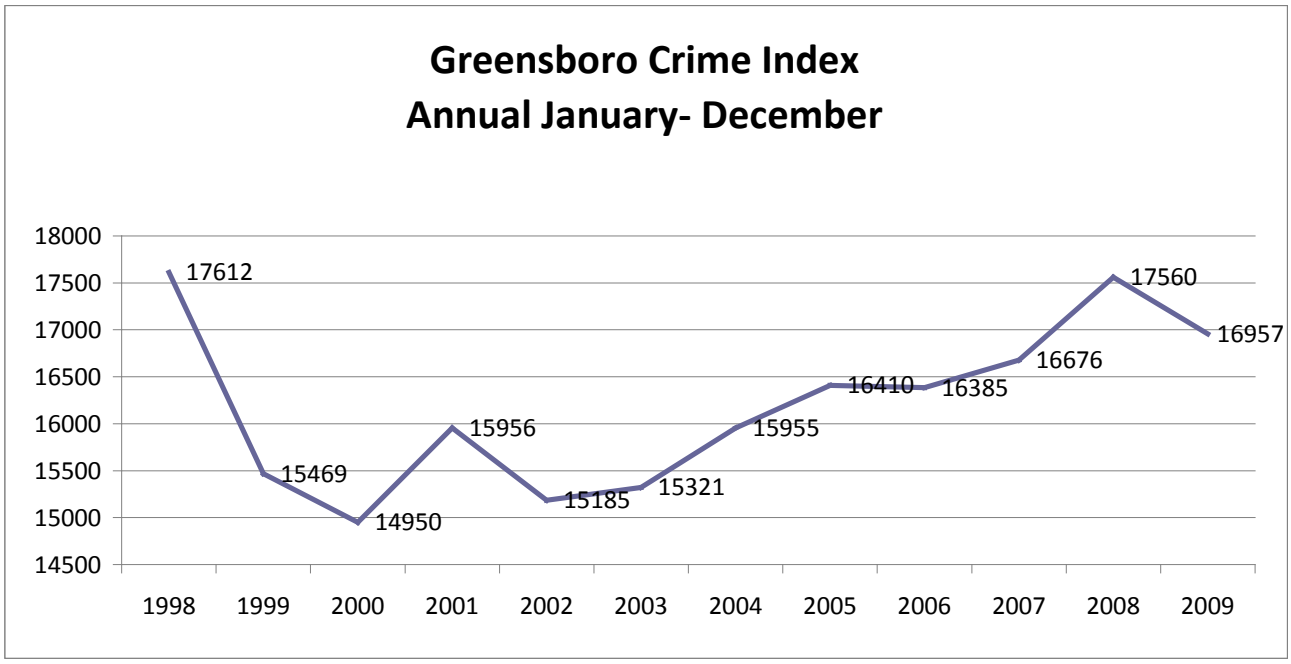
Crime and Safety

Why is this important?

Safety and lack of crime is a key component in a community's quality of life and the ability of its residents to go about their normal activities of life. High crime rates are expensive to communities in terms of human cost and property damage, and discourage investment of new businesses and employers in a community. Although Greensboro's crime rates decreased in 2009 compared to 2008, the longer-term trend over the past 10 years has seen an increase in crime overall, and public perceptions expressed in the *Voices.Choices* study may reflect this longer term trend rather than the more recent decrease.

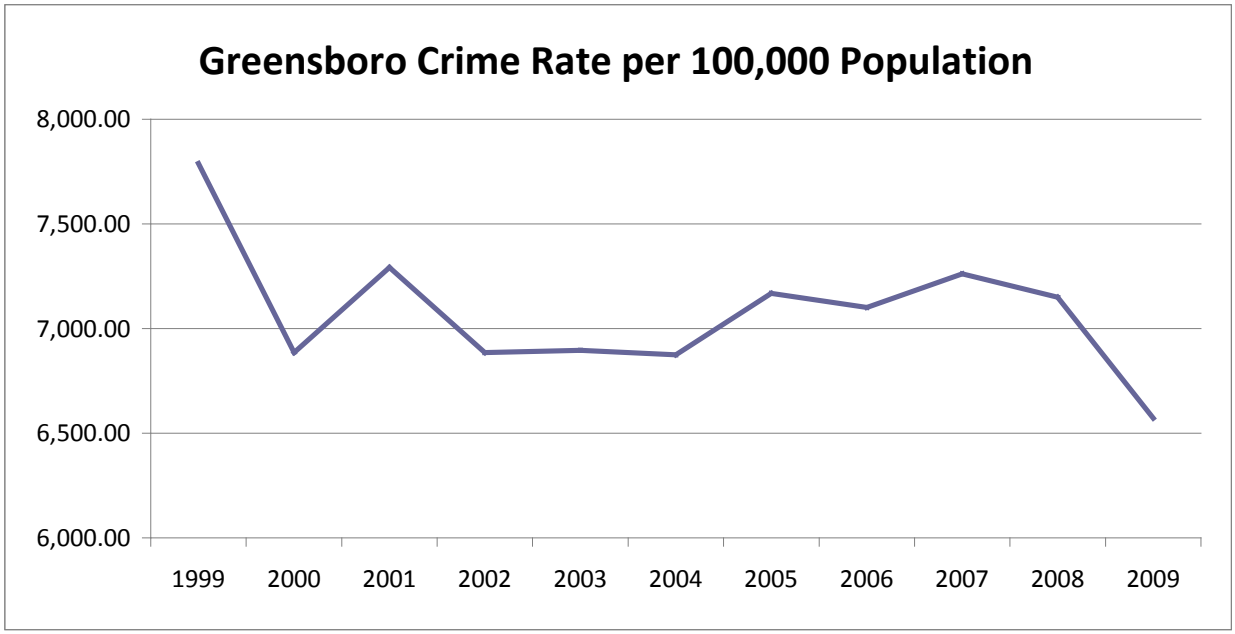
What is happening?

Over the past ten years, the total number of criminal offenses has risen steadily in Greensboro. Early data from last year indicate that 2009 saw a drop in total offenses compared to 2008, but it is too soon to tell whether this is a trend. The average daily population in Guilford County jails was 845 in 2009 (Guilford County Sheriff's Office).



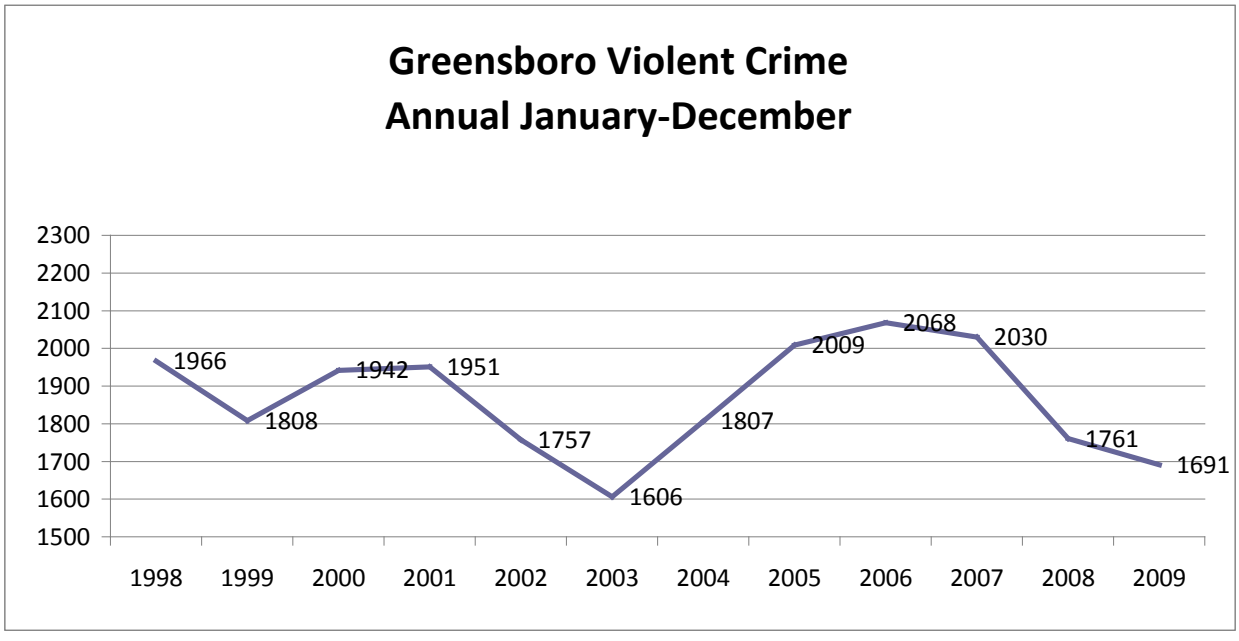
Greensboro Police Department

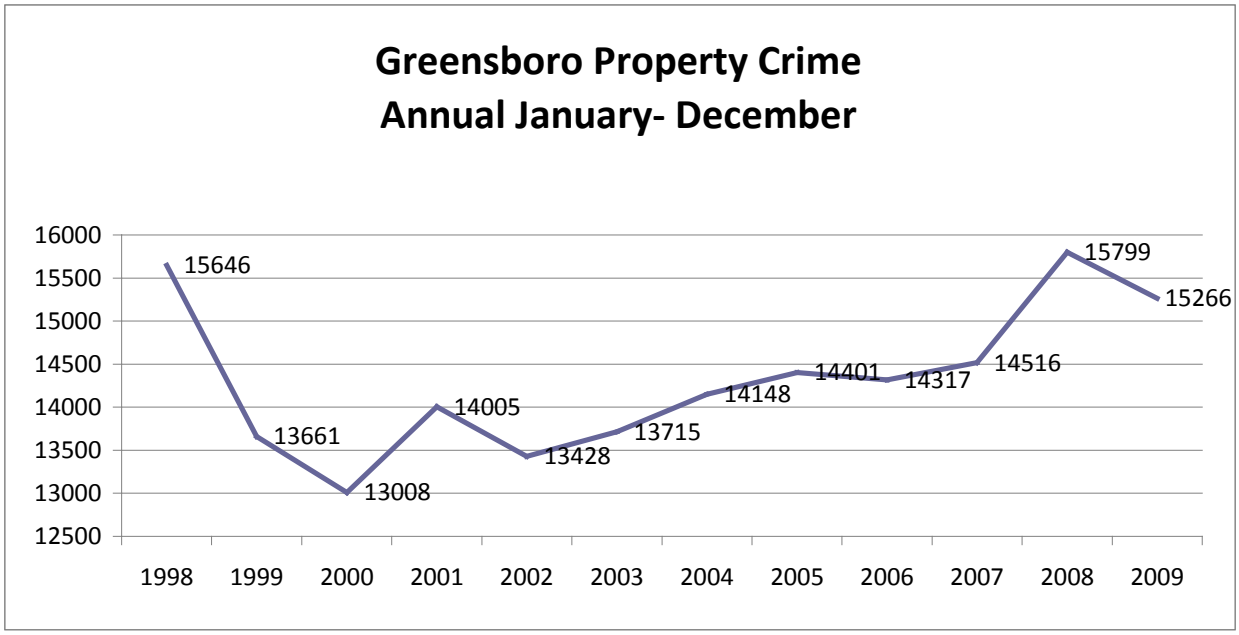
While population has increased over this time period, the rate of crime per 100,000 population also steadily increased from 2003 to 2007, but since then has fallen in the past two years (Greensboro Police Department, 2010).

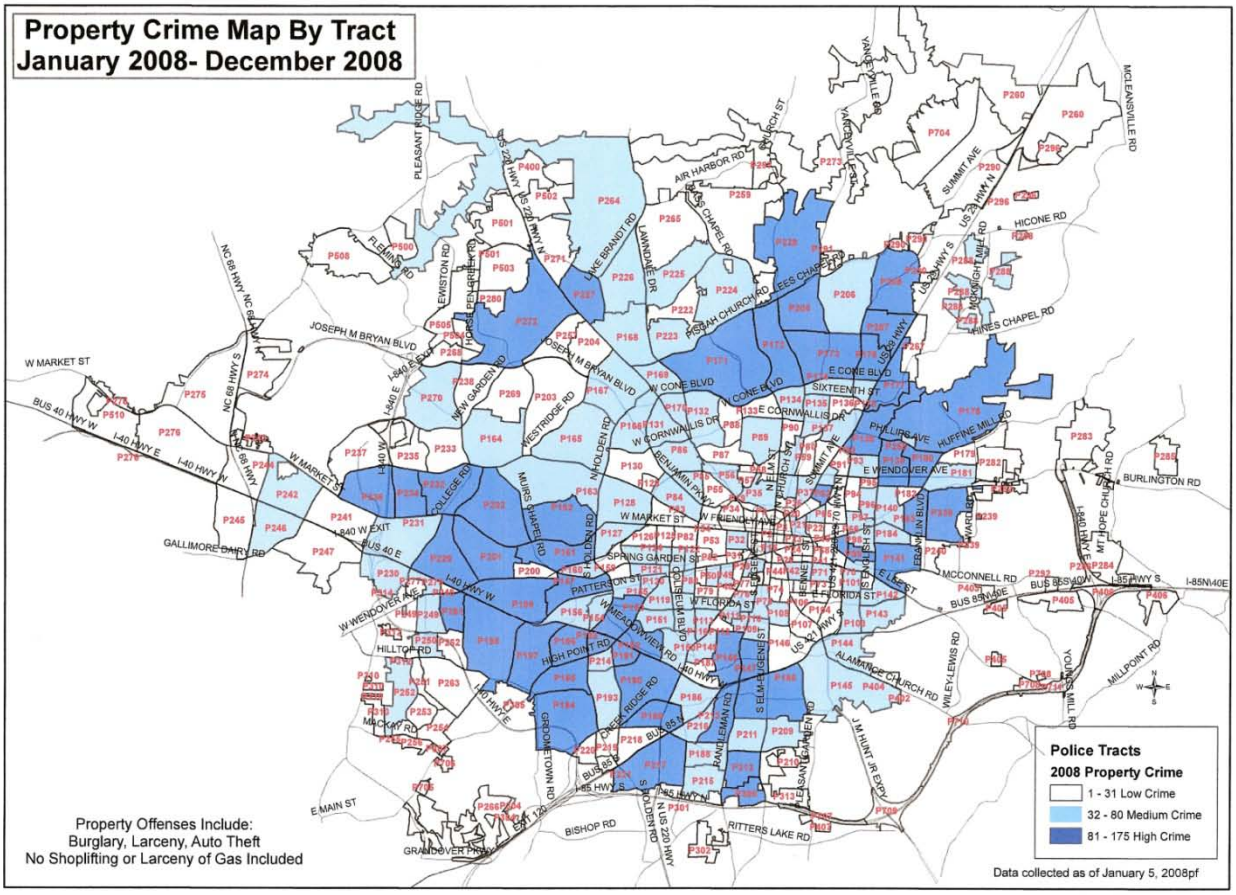


Greensboro Police Department

While violent crime is extremely distressing, property crime affects more people due to the much greater number of offenses. The widespread nature of property crime in Greensboro, and related media coverage, over the past several years may contribute to a public perception of a lack of safety even though violent crime and property crime has actually decreased slightly, as shown on the charts and map below (Greensboro Police Department, 2010).




Greensboro Property Crime
Annual January- December
16000
15500
15000
14500
14000
13500
13000
12500
15646
13661
13008
14005
13428
13715
14148
14401
14317
14516
15799
15266
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009



In analyzing the different types of crime in 2009 compared to 2008, it is apparent that many categories of crime, especially violent crime, decreased, including homicide, rape, and aggravated assault. However, some categories of offenses that may be less serious but affect more individuals were unchanged or slightly up. In particular, although overall burglaries decreased from 4946 in 2008 to 4779 in 2009, the decrease was all in non-residential burglaries, while residential burglaries actually increased slightly, from 3772 in 2008 to 3780 in 2009. This may have contributed to a community perception of increased crime even while crime overall actually decreased (see chart below). This community perception is likely influenced by the weekly newspaper publication of a map showing residential burglaries.

Greensboro Police Department
Part 1 Offenses
2009

Crime	2008	2009	% Change
Murder	25	**18**	-28%
Rape	95	**73**	-23%
Robbery	**1004**	**917**	-9%
Commercial	*267*	208	-22%
Individual	*737*	709	-4%
Aggravated Assault	637	683	7%
Burglary	**4946**	**4779**	-3%
Residential	*3772*	3780	0%
Non-Residential	*1174*	999	-15%
Larceny	**9784**	**9681**	-1%
from Auto Accessory	*1407*	1293	-8%
from Auto	*2839*	2841	0%
from Building	*616*	505	-18%
from Residence	*829*	775	-7%
Purse Snatching	*31*	25	-19%
from Coin-Operated Machine	*44*	37	-16%
Pocket-Picking	*29*	22	-24%
Shoplifting	*2447*	2850	16%
Larceny of Bicycle	*137*	175	28%
Larceny All Other	*1333*	1094	-18%
Larceny of Gas	*72*	62	-14%
Auto Theft	**1069**	**806**	-25%
Total Violent	**1,761**	**1,691**	-4%
Total Property	**15,799**	**15,266**	-3%
Index Total	**17,560**	**16,957**	-3%

This information is subject to change due to report reclassification or additional unfounded cases

These data may also explain why crime and safety were listed among top concerns in focus groups, forums and the survey in the *Voices. Choices* study. "Safe neighborhoods" was a top tier vision among survey respondents; "neighborhoods and the city are free from crime, gang and drug activities" was a second tier vision. Crime and safety were in the third tier of visions for a high quality of life in both the focus groups and the forums. Unsafe communities were a factor seen as undermining a "sense of community," in the Nonprofit Executives Forum, and a perceived increase in gangs was seen as undermining strong families and children.

Some of the *Voices.Choices* survey participants indicated that there is apprehension in some population groups, particularly immigrant groups, about interacting with the police. That suggests that some may avoid reporting criminal activity in their communities, and it may also influence their perception of safety. Minority populations are disproportionately impacted by criminal activity. Age-adjusted homicide death rates were significantly higher among males of minority races at 28.2 per 100,000 compared to 5.7 per 100,000 among whites (Guilford County Department of Public Health, 2008).

Greensboro is often promoted as a community that has all the amenities of a big city without some of the problems faced by larger metropolitan areas; however, the crime rates for Greensboro have been comparable to, and in some cases higher than, those in other larger North Carolina cities (e.g., in 2008, Greensboro's property crime rate was the highest).

Greensboro Crime Rate Comparison to Other Cities 2008

City	Population	Violent Crime	Violent Crime Rate per 100,000 Population	Property Crime	Property Crime Rate per 100,000 Population
Greensboro	249,561	2,157	864.31	15,809	6,334.72
Charlotte	758,769	7,070	931.77	46,934	6,185.54
Raleigh	388,661	2,245	577.62	13,220	3,401.42
Durham	221,785	1,815	818.36	11,958	5,391.70

FBI Uniform Crime Report, 2008

Making Connections

Low crime rates and positive public perceptions of safety can increase the community's sense of well-being and high quality of life and contribute to enhanced economic development and civic engagement. As one focus group participant stated, "You have to feel safe before you feel like getting to know and be involved with other people." With increased public attention to, and media reporting of, criminal activity and policing, this may be an opportune time to work toward greater public safety and more positive perceptions of safety in the community.

The cost of crime corrections has quadrupled in the last 20 years and uses a significant portion of taxpayer dollars. In North Carolina, 1 in 38 adults are under correctional control, meaning they are in prison or jail, on parole or in probation, compared to 1 in 60 adults in 1982. In 2007, North Carolina ranked 29th with 35% of the correctional population in prison or jail. As of January 1, 2010, North Carolina had 39,871 persons in state or federal prisons (Prison Count 2010, http://www.pewcenteronthestates.org). North Carolina spent $1.25 billion on corrections in 2008 or 6.2% of the state's general fund. The cost for one day in prison is $74.77/person. For every dollar NC spent on prisons in 2008, it spent 15 cents on probation and parole. (Pew Center on the States, 2009, One in 31: The Long Reach of American Corrections, http://www.pewcenteronthestates.org). Reducing crime can free up more dollars to be allocated for health and other human services in communities.

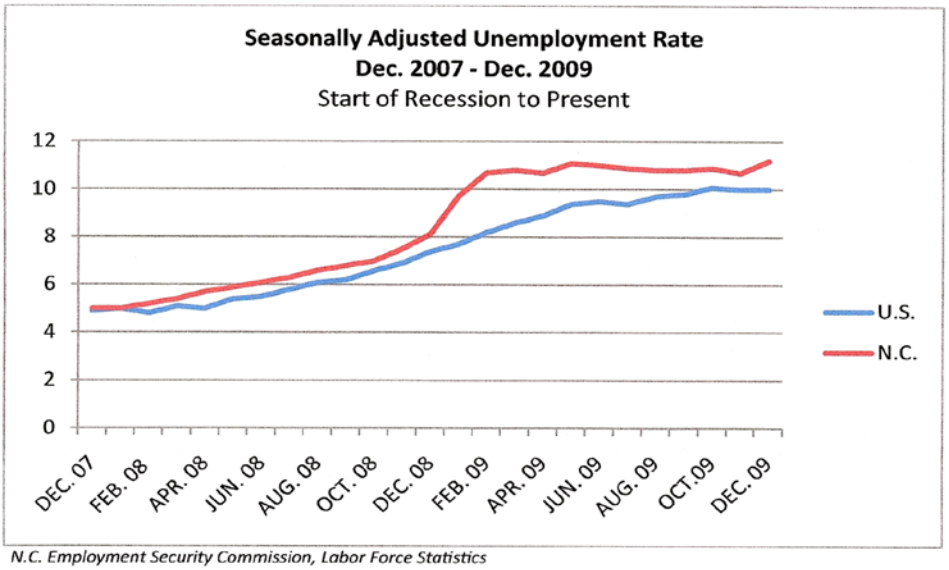
Financial Stability of Individuals and Families

Why is this important?

The local economy and job opportunities are transforming in key ways that will impact workers' ability to achieve and sustain a living wage sufficient to provide basic needs. Even before the current economic recession, the decline of traditional industries in this area had led to job loss and instability for many. A major trend statewide as well as locally is the shift from an economy based on traditional manufacturing to a new economy based on service industries requiring a higher skill level. One effect of this trend is the disappearance of "middle jobs," those which paid a family-sustaining wage and often with healthcare coverage, and required minimal, formal education. We have opportunities through our many strong educational institutions to increase education and skill levels to meet the workforce needs of the future and ensure that workers are able to compete for higher paying jobs. Our city, county, and regional partners in economic development are actively engaged in targeting "Clusters of Opportunity" to recruit higher paying industries in areas such as aviation, advanced manufacturing, transportation, and information technology.

What is happening?

Unemployment in Greensboro/High Point was 11.5% in March, 2010 which represents almost a 100% increase from the unemployment rate of 5.8% in 2003 (NC Employment Security Commission, 2010). In part, this is due to the current economic recession, but it also reflects layoffs in previous years from large employers in the area's traditional industries of textiles, manufacturing, and tobacco. In addition, those jobs that remain are in lower paying economic

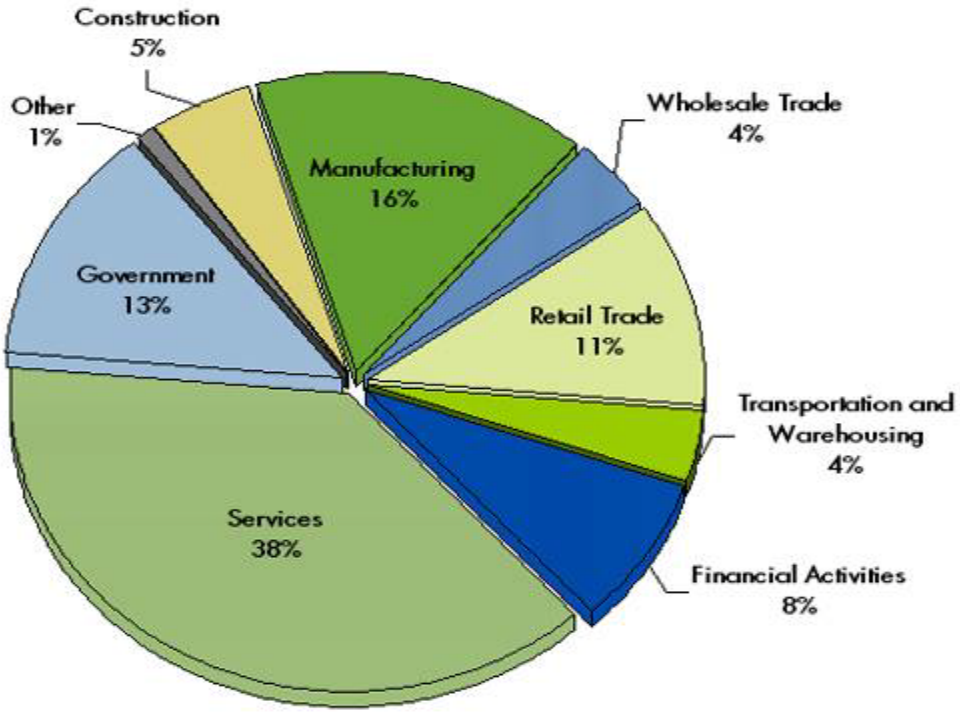


N.C. Employment Security Commission, Labor Force Statistics

sectors, leaving many hardworking individuals and families with wages that are insufficient to meet the costs of basic needs such as housing, food, and healthcare, typically without health insurance (NC Commission on Workforce Development, 2007). The job market is transforming to a "knowledge economy," and many high school graduates find that the newer jobs available demand high-level skills such as the ability to communicate, to solve problems, and to innovate (NC Network of Grantmakers, 2008).

The state as a whole has not created enough jobs to keep pace with the workforce since 2000, and as a result, proportionately fewer prime-age adults (ages 20-64) are employed now than in 1990. This pattern is the opposite of the pattern that prevailed during the 1990s, when job growth consistently outpaced workforce growth. The 1990s were a period in which North Carolina gained workers and gained jobs, but the economic trends since 2000 begin with a brief recession through 2001, after which employers continued to shed jobs and the labor market did not fully return until four years later. Thus the trend of this past decade saw a greater increase in prime-age workers than in jobs, with prime-age workers increasing by 771,000 (a 16.1% increase) while payroll employment increased by 258,000 positions (a 6.6% increase) through 2007. The overall slowdown in job growth has contributed to high levels of unemployment and under-employment, and the 2008 recession exacerbated the problem (Quintero, NC Justice Center Newsletter, 2008).

Piedmont Triad Workforce: Employment by Industry 2008



While the state-wide economy has declined in strength, it has also evolved into one based on a different mix of jobs than before. Traditional manufacturing industries such as textiles, apparel, furniture have seen large losses (textiles, a 30.8% loss between 2002 and 2005; apparel, a 26% loss; and furniture a 12.4% loss). These losses are impacting many workers who are semi-skilled and who do not have the skills to compete for newer, higher demand occupations. The largest employment sector is services, employing 38% of all workers, and usually at a lower wage than other jobs.

The proportion of jobs requiring a minimum two-year degree is increasing at a faster pace in North Carolina than the nation as a whole. North Carolina, even in its high earning metro counties, currently trails the US in average earnings by 4%. To close that gap, the future prosperity of the state must rely on further enhancing workers' education and skills. Higher skilled incoming workers from other states can help fill the gap, while lower skilled out-of-state workers present both opportunities and challenges in this regard (NC Commission on Workforce Development, 2007)

It is estimated that the demand for more highly skilled workers statewide will exceed available supply by 19,000 positions annually through 2017, but many persons in the labor pool will not have the skills to compete and disparity exists among racial and ethnic groups. Even though the community has a rapidly growing Hispanic population, 50% of Hispanic adults older than 25 and 52% of Hispanic men have not completed high school. In comparison, only 15% of non-Hispanic white adults have not completed high school (NC Commission on Workforce Development 2007). Disparities in earnings contribute to disparities in other human services areas, such as health care, child care, housing, and post-secondary education. Minority racial and ethnic groups are more likely to be employed in low-wage jobs that do not include health care benefits, and they are more likely to earn less than a living wage. Consequently, they have less money for basic needs, health care and other family needs.

While the Greensboro area mirrors many of the major economic trends of the state as a whole, particularly losses in manufacturing, it has experienced even more economic difficulties than many cities of similar size and characteristics. The Greensboro-High Point Metropolitan Statistical Area (MSA) has lost more than 20,000 jobs since 2000, making it among the nation's top 20 job-losing areas of the past decade (G. Donald Jud, 2010).

A "State of the City" Report commissioned by the Greensboro Partnership and published by Dr. Keith Debbage and Suzanne Galloway (http://www.uncg.edu/~kgdebbag) in December 2009 compared benchmark economic indicators in Greensboro to those in comparable cities in North Carolina and the southeast, and found that Greensboro is lagging behind peer cities on key indicators. Median earnings and per capita income in Greensboro are eroding relative to the peer city group. Median earnings, which are a good indicator of the overall skill level of the community, were $24,885 in Greensboro in 2008, compared to the peer city average of

$25,729. Between 2000 and 2007, the percentage of African-American households earning less than 80% of the median increased, while the percentage of White households earning less than 80% of the median decreased (City of Greensboro Draft 2010 Consolidated Plan). Per capita income, which is a measure of overall wealth including interest, dividends and transfer payments rather than just earned income, was also below the average for comparable cities, with Greensboro's per capita income at $25,560 compared to the peer city average of $26,395 (http://www.uncg.edu/~kgdebbag, 2009).

Greensboro is below peer cities in average wage rates within economic sectors and job generation rates, and has a disproportionate share of its employment in lower paying sectors. Currently, Greensboro has a disproportionately large share of retail jobs, which are low-skill and low-wage, with 15.8% of all jobs in that sector, compared to 9.5% in Raleigh and 8.9% in Durham (http://www.uncg.edu/~kgdebbag, 2009). Moreover, the fastest growing employment sectors in Greensboro are healthcare support and social services, also among the lowest paying of the sectors. Health care support entry wages are $8.29 per hour and average wages are $11.32 per hour, while social service entry wages are $11.96 per hour and average wages are $17.87 per hour (NC Employment Security Commission Occupational Employment Statistics, 2009). These wages are not high enough for a worker to be able to afford fair market rent (City of Greensboro Draft 2010 Consolidated Plan). Professional, scientific, and management jobs require a higher degree of expertise and training and they are high-wage, high-skill jobs that are desirable for a robust city economy. In 2008, Greensboro only generated 9,924 jobs in this sector compared to a peer city average of 18,504 (http://www.uncg.edu/~kgdebbag, 2009).

The NC Commission on Workforce Development notes that larger urban areas such as Charlotte and the Research Triangle are expanding in the service sector, but the Piedmont Triad has "not yet gained traction in finding a new economic base to replace its declining manufacturing industries" (NC Commission on Workforce Development, 2007). Because the service sector jobs that are available in Greensboro are generally low wage, low-skill jobs, as noted above, even those who are able to obtain employment may be under-employed.

The Living Income Standard, developed for North Carolina localities by the NC Justice Center in 2001, is based on local prices for basic needs. This standard goes beyond the Federal Poverty Level (FPL) in estimating the real cost of living. The Federal Poverty Level was developed in 1965 by a Social Security Administration employee to capture the "floor" under which a family could not survive in an emergency situation, and was not intended to represent an adequate income. Numerous scholars and commissions have since concluded that the FPL does not give an adequate representation of a household-sustaining income. Key limitations of the FPL include: the FPL is based only on the cost of food and assumes that it accounts for one-third of a family's expenses (actually food accounts for a much smaller share now); the FPL does not include expenses that are common today but were not common during the 1960s, such as child care; the FPL was designed to measure a family's after-tax income but today is applied to its pre-tax income; and the FPL is calculated as a fixed amount, whereas the costs of basic needs varies widely across different geographic areas (NC Justice Center, 2008.)

The impact of the employment shifts and disparities in the local economy is that many hardworking individuals and families are unable to earn wages that meet their basic needs and support a household without other human service assistance. The 2008 Annual Living Income Standard (LIS) for Guilford County for a four-person family is $43,787 (the hourly wage needed for this level for a full-time worker is $21.05). This LIS represents the income needed to adequately meet basic needs including housing, food, healthcare, transportation, childcare, and clothing. It does not include savings or debt payment. More than 43% of Greensboro families made less than this LIS in 2007 (NC Justice Center, 2008).

In 2006, 78% of jobs in the state paid wages below the Living Income Standard (NC Justice Center 2008). The calculation of the 2008 Living Wage Standard for a family of four (two adults, two children) in Guilford County was based on the following estimates of expense:

2008 Living Wage Standard for Guilford County (family of 4)

Budget Item	Monthly Cost
Housing	$709
Food	$468
Childcare	$899
Healthcare	$636
Transportation	$366
Other necessities	$318
Taxes (including non-refundable credits)	$372
Refundable tax credits	$(88)
TOTAL MONTHLY BUDGET	**$3,649**

Source: NC Justice Center, 2008

This LIS is 208% of the Federal Poverty level for a family of four. Since many working families do not earn wages that approach this Living Income Standard, they must use a number of strategies to get by: careful budgeting and prioritizing of expenses (although unexpected emergencies can defeat the best planning and tip a family into financial crisis); postponing expenses or doing without; relying on informal arrangements (bartering or getting assistance from family or friends); using debt to finance expenses; trying to increase income (by taking second or third jobs); and asking for help from churches, charities, or public assistance providers (NC Justice Center, 2008). More than 66,316 persons in Guilford County participated in the Food Stamp program in Sept. 2009, an increase of 12,652 persons since September 2008 (Guilford County WorkFirst Plan, 2009).

The issue of jobs with adequate wages to support basic needs rose to the top of those expressed in focus groups, forums, and surveys in our *Voices.Choices* study. The focus groups identified the visions of “improved economy,” “more and better jobs,” and “high quality

employment" as important themes for a high quality of life, with broad-based support across different focus groups. For example, the focus group of homeless persons placed "jobs" rather than "housing" at the top of their list of visions for a better quality of life. Concern for "jobs that can provide for families" ranked fifth overall with all forum participants, and was ranked eighth overall of all visions in the survey. The vision, "everyone's basic needs are met," ranked second in importance in the survey, and without a job that pays a living wage, basic needs cannot be met. The Steering Committee confirmed the importance of this issue in their selection of it as a priority area for action at their January, 2010 retreat.

Local economic developers are targeting "Clusters of Opportunity" in the areas of aviation, furnishings, advanced manufacturing and materials, transportation and logistics, life sciences, and information technology to promote to businesses for investments and jobs in our area. Industry clustering is a strong competitive advantage for companies that have significant flows of goods and services between them. Collaboration and partnerships among schools, universities, industries, and other entities can enhance the area's ability to recruit industries by coordinating education and local initiatives with desired industries and their workforce needs (Piedmont Triad Partnership, 2009; Greensboro Economic Development Alliance, 2010).

Most of the jobs in the sector clusters being targeted will require a high level of education and skill and will pay higher wages. For example, the average estimated wage in life sciences is $28.14 per hour (NC Employment Security Commission Occupational Employment Statistics, 2009). Economic developers are partnering with educational institutions, including NCA&T, UNCG, GTCC and Guilford County Schools to ensure coordination and promotion of educational resources to develop the skilled workforce needed for these industries.

Community college enrollment in North Carolina increased 15% in 2009 compared to the previous year as unemployed workers sought retraining (NC Budget and Tax Center, *BTC Reports,* April 2010). An example of the role that schools, college, and universities can play in economic recovery is Quick Jobs that was created in 2004 at Guilford Technical Community College (GTCC) to provide training in 90 days or less in several areas. This program was created to provide new skills, update old skills, or earn certifications to enable people to find employment. GTCC added JobsNow in 2009 with funding received from the American Recovery and Reinvestment Act. This training is also geared to help workers quickly (over a six month period) learn new skills and re-enter the job market in positions where there is employment to be filled. Currently, training exists in four areas through JobsNow: Industrial Maintenance, Green Weatherization, Medical Administrative Assistant Training and Enhanced Certified Nursing Assistant Training (http://www.gtcc.edu).

Another approach to helping individuals and families to achieve financial stability is "holistic revitalization" of our community, particularly segments of high risk. Holistic revitalization is a community development initiative that strives to address the array of issues and challenges that trap families in intergenerational poverty. "Rather than focusing on just a single component of community change, holistic initiatives typically include mixed-income housing,

radically improved cradle-to-college educational opportunities, youth and development programs, jobs and job training, health and wellness programs, transportation access, recreational opportunities and commercial investment" (Purpose Built Communities, (http://purposebuiltcommunities.org/what-is-it/what-is-it.html). This comprehensive, holistic model has been successful in several US communities including East Lake in Atlanta, and communities in Indianapolis, Memphis and New Orleans. The East Lake community has seen children's test scores and property values soar and violent crime in the neighborhood go down 95%. The East Lake model demonstrates how a community can break the cycle of poverty, builds long-term prosperity and is a proven economic success. Charlotte, NC has recently joined the network of Purpose Built Communities with its Cornerstone Children's Initiative building a quality cradle-through-college continuum of education and support services as part of a holistic revitalization for families and children in Charlotte. Models such as this hold promise for Greensboro in transforming our economy and the lives of our most vulnerable citizens where everyone has the opportunity to thrive.

Making Connections

Access to quality secondary and post-secondary education that provides the level of knowledge and skills required to successfully compete for the jobs of the new economy will be crucial to support the ability of individuals and families to meet their basic needs. To the extent that people are unable to obtain a living wage, income supports such as childcare assistance, Medicaid, rental assistance, food stamps, WorkFirst, the Earned Income Tax Credit, and other public and private human services assistance will be needed to bridge the gap.

In thinking about the long-term future in Greensboro, the challenge is not that leaders don't care or don't know about the problems, disparities and gaps that exist in our communities. The problem is that they don't know how to fully harness their current efforts to make sustained progress. Working together, it is time for our leaders and decision-makers to vision a bigger picture, seek broader partnerships, set bigger goals and to adopt bolder strategies to ensure community progress and a better life for more citizens. The result will be better quality of life and better outcomes for Greensboro's citizens.

Housing and Homelessness

Why is this important?

Greensboro lacks an adequate supply of affordable housing and individuals and families are increasingly facing heavy housing cost burdens as their incomes fail to keep up with the cost of housing. Lower income households are most heavily impacted by housing cost burdens and are often just one financial crisis away from homelessness. Housing is a basic need which facilitates the attainment of other needs: housing stability is associated with enhanced educational, health and mental health outcomes.

> *"When a community ensures that housing within reasonable price ranges exists, offers its members living wage jobs, provides quality schooling to develop individuals' capacity to hold good jobs, and offers other supports for families and individuals, people can maintain stable housing. But far too few communities have these resources… without these basic building blocks of a civil society, we are creating an underclass of persistently poor people vulnerable to homelessness."* (Burt, Martha, 2001)

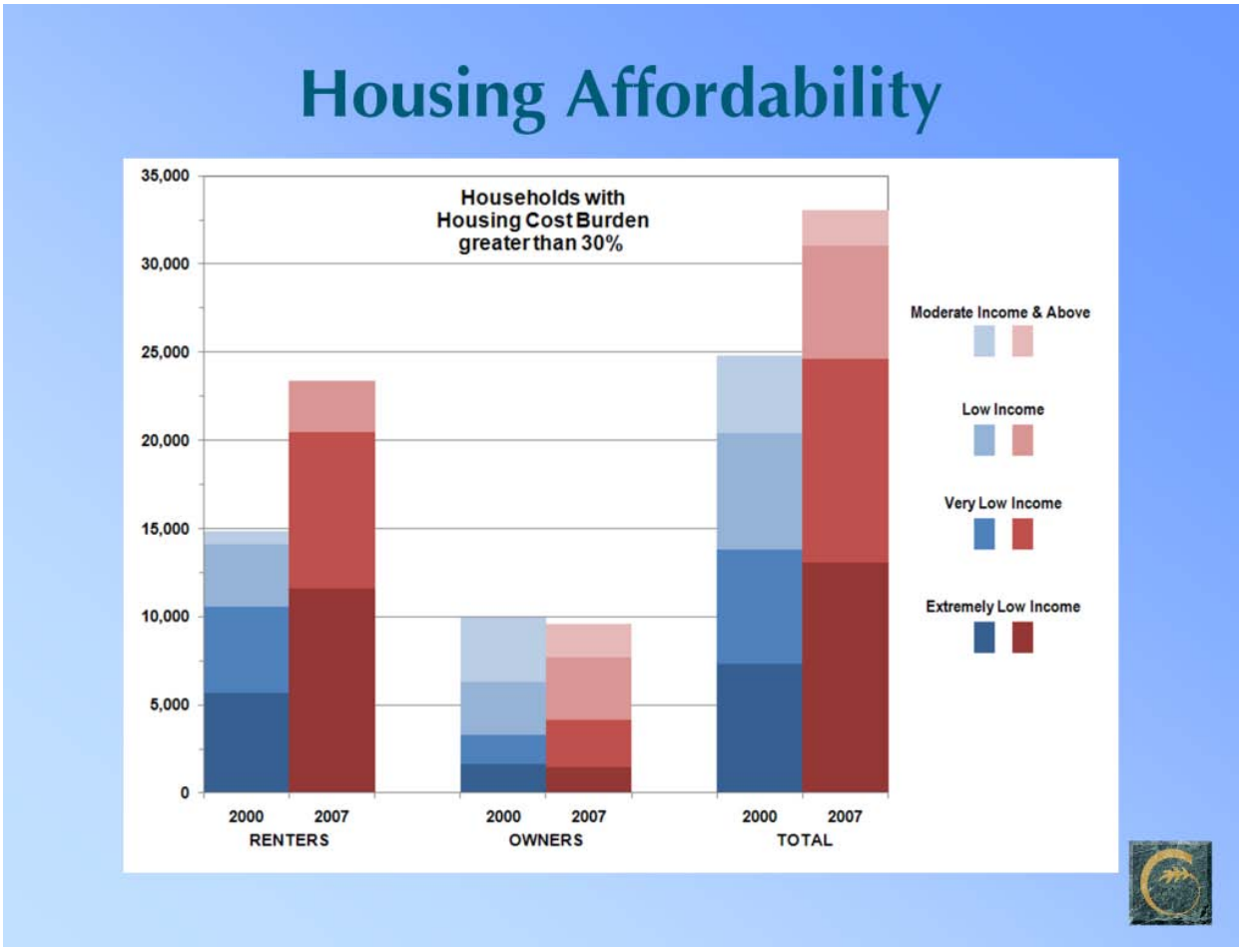
What is happening?

Households paying more than 30% of their income for housing and certain utilities are considered by federal definition to experience a housing cost burden that may impede their ability to afford other necessities such as food, clothing, and health care. As such, any household that pays more than 30% experiences cost burden and does not have *affordable* housing. Thus, affordable housing applies to all households in the community. Overall, the number of all households spending more than 30% of their monthly income on housing increased by nearly one-third to over 33,000 from 2000 to 2007. (Guilford County and City of Greensboro Draft 2010-2014 Consolidated Plan).

Even before the local economy began to shift from a manufacturing base to a more service based job market and lower wages, many households needed to spend a greater portion of their monthly income on housing. Nearly all income level households have been affected, but the largest gap in housing affordability and the largest increase in that gap impacted extremely low income renter households. These households more than doubled from over 5,600 in the year 2000 to 11,600 in 2007 (Guilford County and City of Greensboro Draft 2010-1014 Consolidated Plan).

Lower income households face greater difficulties with housing costs than other households. 2007 HUD Fair Market Rent for a two-bedroom unit in Greensboro was $705; to afford that rent an employee must earn $28,200 annually or $13.58 per hour for one wage earner. A full-time minimum wage job pays about $15,080 per year; a household could afford a rent of about $380 on that income. Low-income housing refers to housing for "low-income" households. HUD considers a household low-income if it earns 80% or less of the median family income. In

short, low-income housing is targeted at households that earn 80% or less of the median family income. Eighty percent of median income in Guilford County in 2007 was $42,880. With 55% of Greensboro households earning less than 80% of median, that means that 60,659 households could not afford the fair market rent for a two bedroom unit (Guilford County and City of Greensboro Draft 2010-1014 Consolidated Plan). The average family income of public housing residents in Greensboro was $6,684 in September 2009 (*Greensboro Housing Authority, 2009*). Affordable housing is a serious problem for many families in Greensboro because of their income and the cost burden factor.



Housing and Community Development, City of Greensboro, 2010

About 49% of Guilford County households (93,600) were considered low-income (80% or less of median family income) in 2007. Between 2000 and 2007, the estimated number of low-income households in the county increased from 62,164 to 93,600, an increase of 50% percent (Guilford County and City of Greensboro Draft 2010-2014 Consolidated Plan).

The need for housing assistance continues to grow; a large gap exists between supply and demand for lower income families (Guilford County and City of Greensboro Draft 2010-2014 Consolidated Plan). The Greensboro Housing Authority (GHA), which provides affordable

housing to lower income households, operates 2,158 units of public housing and manages over 2,900 housing assistance vouchers. GHA had a combined waiting list of 5,993 in September 2009, an increase of over 1,482 people, or 33%, since September 2008 (Greensboro Housing Authority, 2009). Federal annual funding for public housing declined by 25% between 1999 and 2006 *(*National Alliance to End Homelessness, Fact Sheet: Affordable Housing Shortage, 2007*,* http://www.endhomelessness.org*)*.

In Guilford County, the fastest growth in owner households was in the lower income brackets, with a growth of 88% of homeowners earning less than 30% of median family income. (Guilford County and City of Greensboro Draft 2010-2014 Consolidated Plan). This growth may have come in part because of the federal emphasis on homeownership, which resulted in programs such as Greensboro Housing Authority's *Housing Choice Voucher Homeownership Program*, which enables residents to use housing assistance vouchers to make mortgage payments. It may also have come in part due to longer term homeowners aging in place.

The economic downturn has hit homeowners hard. Nationally, 1 in every 365 units was foreclosed upon in December, 2009. In North Carolina, 1 in every 1,155 units was foreclosed upon in December, 2009 (RealtyTrac, http://www.Realtytrac.com, 2010). One in every 662 housing units was foreclosed upon in Guilford County. With one of the highest unemployment rates in the state, our area has experienced more foreclosures than some other areas of the state. Guilford County had 2,332 foreclosed homes with an average sales price of $125,061 in December, 2009 (RealtyTrac, http://www.Realtytrac.com, 2010).

There are discrepancies between the type of housing needed and the type of housing being built, with the biggest gap being a shortage of affordable housing for low-income households. While the private market generally accommodates general population growth demands, there is a need of 30,000 units of affordable housing for low income populations to accommodate anticipated growth over the next five years. (Guilford County and City of Greensboro Draft 2010-2014 Consolidated Plan).

Ultimately, high housing cost burden and the inability of individuals and families to afford available housing results in many households being precariously housed, doubled up or in substandard housing, and vulnerable to a crisis such as a lost job, illness, domestic violence or a natural disaster that forces them into homelessness. In 2007, 50% of all low-income renters faced housing problems such as high cost burden, over-crowded conditions or substandard housing conditions (Guilford County and City of Greensboro Draft 2010-2014 Consolidated Plan).

Homelessness

Homelessness is defined by the U. S. Department of Housing and Urban Development (HUD) as a person sleeping in a place not meant for human habitation (streets, emergency shelter, etc.). Chronic homelessness is defined as a person with a disabling condition who has either been continuously homeless for a year or more, or has had four episodes of homelessness in the past three years. Homelessness is a critical issue throughout the nation, North Carolina and Guilford County. In a crisis situation of homelessness individuals and families often access expensive community resources without achieving outcomes that lead to stability in housing and health. While about 1% of the national population experiences homelessness annually, as much as 10% of those in poverty may experience homelessness in a given year (Burt, 2001.) After one failure such as eviction for nonpayment of rent, or another personal problem (such as a criminal charge, or a family break-up), housing options may become even more limited. Those who are disabled are the most likely to remain homeless (Culhane, et. al., 2002).

Studies have shown that persons without stable housing have more health issues than those with housing; one third to one half of the homeless population has a chronic illness, compared to less than one fourth of the housed population (Zerger, 2002). Mortality rates for homeless persons are three times higher than for housed persons of the same age (O'Connell, 2005). Homeless persons have higher rates of hospitalization and emergency department use than the general population (O'Connell, 1999). A report prepared in 2005 by the New York Department of Homeless Services and Department of Health found that health disparities between the homeless population and the housed population were "huge." For example, new HIV diagnoses among the homeless population were 16 times higher than among the housed population. (New York Departments of Health and Mental Hygiene and Homeless Services, 2005.)

Homeless persons also are more likely to use jails and prisons than housed individuals. Individuals who were homeless at the time of arrest are overrepresented in the prison population (Ditton, 1999). Homeless populations have higher rates of former prisoners than the general population (Burt, et. al., 1999). The association between homelessness and imprisonment is bidirectional: imprisonment disrupts family and community contacts and decreases employment and housing prospects, while homelessness can increase the likelihood of arrest and imprisonment (Kushel, et. al., 2005). There are also linkages between imprisonment and severity of mental illness and substance abuse in homeless individuals (McGuire, et. al., 2004).

The fourth Point-in-Time Count of homeless persons in Guilford County conducted on January 27, 2010 over a 24-hour time period, enumerated 1,064 people, a decline of 10% since 2007 (Partners Ending Homelessness, 2010). This year's count shows increases in homeless veterans, domestic violence victims and homeless children. This year's snapshot count revealed a 13% drop in homeless adults but an 8% rise in homeless children (202 children). At least 131 were chronically homeless, or had been homeless more than a year, some for many years. The Guilford County School System (GCS) reports data annually on the number of children experiencing homelessness over the course of the school year. In 2008-09, GCS reported 1,585

children homeless. On January 27, 2010 GCS reported a count of 1,230 children experiencing homelessness on that day.

Typically, many homeless persons have mental health or substance abuse disorders. Among those counted in January, 115 had serious mental illness; 296 had substance abuse disorders. Sixty-one had been discharged from the behavioral health care system within 30 days of becoming homeless; 36 had been discharged from the health care system; and 80 had been discharged from the criminal justice system within 30 days of becoming homeless. Unemployment and under-employment were the top reasons given for homelessness according to the point-in-time count data.

Included in the January, 2010 count were 121 veterans, an overall 20% increase since 2007. Of great concern is the 55% increase in the number of veterans living on the street or in emergency shelters. Nationally, veterans are a large portion of the homeless population, making up approximately one-fifth of all homeless people (National Alliance to End Homelessness, 2008).

The total number of persons counted in this annual count has remained fairly stable at around 1,000 persons since 2006, despite the addition of some permanent supportive housing in the city and county. Unfortunately, the point-in-time count does not give the full picture of homelessness. Based on data collected from the count, the school system and North Carolina's Homeless Management Information System (HMIS), the 2008 count was more than 4,077 and many estimate the number was even higher in Guilford County. Data from the HMIS system reflect a total of 4,770 unduplicated individuals and families in 2009.

A recent national research study (U.S. Department of HUD, 2010) estimates that when an individual or a family becomes homeless for the first time, the cost of providing them housing and service can vary widely, from $581 to $3,530 a month. From a public cost standpoint, emergency shelter is expensive and can be much costlier than a permanent housing solution.

Most long-term, chronically homeless individuals are disabled by mental or physical illness or substance addictions, and utilize large amounts of public and private crisis care services, including emergency rooms, mental health facilities, police time, jails, and shelters. As well as being seen as a sign of social disorder, chronic homelessness is expensive to the community. The Jordan Institute for Families at UNC-CH tracked the community expenses of 20 chronically homeless individuals in Guilford County both before and after they enrolled in the Housing Support Team program, which provided permanent housing and support services. In the year prior to enrolling, these

Five Principles to Reduce Family Homelessness

- Early intervention and prevention
- Coordinated access to support services
- Rapid re-housing
- Tailored programs
- Increased economic opportunity

Bill & Melinda Gates Foundation, 2009

20 individuals cost a total of $219,692 in arrests, incarcerations, emergency shelter use, and health, mental health and substance abuse services. In the year following their enrollment, their costs for the same services were $203,230 (Jordan Institute for Families, 2008).

Although the total number of emergency shelter and transitional housing beds in the county would be almost enough to accommodate those known to be homeless, most of the shelters or beds are reserved for specific sectors of the homeless population such as women, teens, or families affected by domestic violence, because the services at those facilities are targeted toward specific needs (Homeless Prevention Coalition of Guilford County, 2009). Winter emergency shelters (WE!) were opened in faith communities in the winters of 2008 and 2009 (December to April) to accommodate men and women who were living on the street and needed emergency shelter. During the 2009-10 winter, WE! provided consistent emergency shelter for 205 adult men and women through faith community partners.

Data show that homeless families are the fastest growing segment of the homeless population (HUD, 2009)! The uncertain economic times including cost of housing, unemployment, and fewer jobs that pay a living wage are putting many families at higher risk. Families can become homeless for many reasons. Frequently, they are simply unable to obtain affordable housing, but one or more other factors---abrupt job loss, a housing eviction, domestic violence, medical catastrophes, and mental health or addiction issues---make families vulnerable. In Greensboro more homelessness prevention and re-housing resources are needed for families. Not only are we able to document a rise in the number of homeless families in our community, but we also know that families are less visible on the street. Waiting lists exist for emergency and transitional housing for families (Greensboro Urban Ministry, 2010). Many find shelter in hotels, in crowded apartments and rooms with relatives and friends, cars and other transient places. The devastation experienced by children and families facing a housing crisis and homelessness are significant.

- Homeless children have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems of non-homeless children (The National Child Traumatic Stress Network, 2005. http://www.nctsnet.org).

- Half of school-age homeless children experience anxiety, depression, or withdrawal, compared to 18% of non-homeless children (http://www.nctsnet.org).

- By age 8, one in three homeless children has developed a serious emotional disturbance (http://www.nctsnet.org).

- Many families are forced to separate when they become homeless. Nationwide, approximately one-third of children in foster care have a homeless or unstably housed parent (The National Alliance to End Homelessness, 2004. http://www.endhomelessness.org).

In 2006-07, a county-wide task force of professionals and community volunteers developed a Ten Year Plan to end chronic homelessness and reduce all homelessness in the county. The focus of this plan has been to build an infrastructure through housing, prevention, and supportive services through the continuum of care in our community for homeless persons. Community support of the Ten Year Plan can make a critical difference in ending the crisis of homelessness for families and individuals in our community.

A majority of those who are homeless, about 80-85%, may be helped to cycle out of homelessness by financial and other temporary transitional housing supports (Partners Ending Homelessness, 2008). This approach is receiving a high priority in federal policy (National Alliance to End Homelessness, 2009), and is currently being utilized in Greensboro to implement a Homeless Prevention and Rapid Re-housing Program that provides emergency financial assistance to families in crisis situations to keep them in their own home or help them rapidly return to a home of their own.

Approximately 15% of those who are homeless are chronically homeless (homeless for a year or more or having episodes of homelessness four times or more in three years) usually, as described above, because of physical or mental disabilities including serious mental illness, substance abuse, and developmental disabilities (Partners Ending Homelessness, 2008). These persons need long-term supportive housing and support services to stay housed.

In the *Voices.Choices* study, Housing and Homelessness ranked in the fourth tier of visions that were expressed in focus groups, and in the second tier of visions from the four community forums. Housing as a basic need ranked as the second highest vision in the *Voices.Choices* community survey, while "adequate and affordable housing options" ranked seventh overall in that survey. An inadequate supply of affordable housing and safety issues in cheaper housing were issues raised in the Nonprofit Executives Forum. The Steering Committee acknowledged that this issue is an important one, but that community partnerships had been formed and many community groups were already working on increasing the supply of affordable housing and/or providing safe shelter for the homeless. Also, the ability of human services providers to address the issue of adequate income to support housing falls more clearly under "Improving Financial Stability of Individuals and Families.'

> *"…the path to opportunity begins with a place to call home---especially for families with children."*
>
> Bill & Melinda Gates Foundation

Making connections

Affordability is affected both by housing supply and by household income. Additional affordable housing units, housing assistance and income supports will be crucial to maintaining family stability and promoting positive educational, health and mental health for individuals and families.

Homelessness increases health disparities and the likelihood of arrest and imprisonment. Continued high rates of homelessness, especially long-term chronic homelessness, will result in the need for additional health care, behavioral health care, and criminal justice system resources to deal with crises. Homeless children are more likely to have poor educational outcomes, which will impact our ability to provide the level of skilled workers in our workforce that would attract higher paying businesses and industries to the community.

As a community, our responses are generally organized in a way that only treats the symptoms of larger problems---focusing more on crisis intervention and short-term help rather than early intervention related to the root of the problem and long-term solutions. Affordable housing solutions, temporary financial assistance, and short term transitional housing will assist many to move out of homelessness, but for others there will remain a need for permanent supportive housing with mental health and other supportive services. To be a thriving community more attention is needed on preventing families from becoming homeless and promoting long-term family stability. To achieve this goal, the community's approach will require a realignment of priorities, a reallocation of existing funding, and new resources.

Nurturing Children and Youth for Positive Development

Why is this important?

Children and youth are our future! Investing in them makes economic sense. Fostering a child's development results in higher incomes for their future families, strengthens the quality and productivity of our future labor force, and increases our ability to be competitive in a global economy. Moreover, the efficacy of other programs (e.g., health, nutrition, education, etc.) can be improved when well coordinated with effective programs of child and youth development. This investment also reduces the need for spending future public resources in order to compensate for the problems that arise when we fail to address children's needs. Equally important as the economic benefits, when we invest in our children and youth, it clearly reflects a community's values…that all children have a right to a fair start, to live and develop to their full potential.

> "By the time our investment in public education begins at age 5, a substantial amount of brain architecture has already been built, and children who miss important learning opportunities or who experience significant adversity are already behind their peers on the first day of school."
>
> Jack P. Shonkoff, M.D.,
> Center for Developing Child,
> Harvard University

A critical period for this investment is in early childhood where challenges such as low birth weight, lack of quality child care, persistent poverty, lack of preventative medical care, or exposure to violence and trauma can change not only the child's current developmental status, but also can result in permanent changes in brain function and the ability to regulate one's emotions. These changes place the child at risk for adverse outcomes as an adolescent and adult. For example, between 9.5 and 14.2% of children in the US between birth and five years old have significant enough behavioral or social-emotional challenges to warrant intervention. Without quality intervention, these emotional challenges are likely to become serious disorders over time (National Scientific Council on the Developing Child, 2006).

Equally important to successful adulthood are the critical times of middle school and adolescence. This is a time when youth need to acquire values, skills, and competencies as well as to avoid making choices and engaging in risky behaviors that will limit their future potential.

The long-term public costs associated with poor adolescent health outcomes are already estimated at $335 billion annually in federal, state, and local expenditures, and these costs are likely to increase, if adolescent health challenges are not addressed comprehensively (Centers for Disease Control and Prevention et al., *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities* (Atlanta, Ga.: Centers for Disease Control, 2004).

Just as in early childhood, parents, families, peers, schools, neighborhoods, and extended communities all play crucial roles in these developmental tasks, ideally providing for their safety and well-being and steering them in the right direction. Increasing attention to the importance of investing in children and youth has led to an understanding of what it takes for young people to grow up ready for school, ready to work, and ready to live as successful adults. This accumulation of research and programming is often referred to as the field of positive youth development.

A positive youth development approach focuses on enhancing the "protective factors" or "assets" in young people's lives and minimizing "risk factors" in order to optimize their chances to thrive. Alternatively, "risk factors" increase the likelihood of negative outcomes. Possessing or experiencing certain protective factors (e.g., skills, traits, experiences) can significantly increase the likelihood that children and youth will develop healthy, positive behaviors and limit the incidence of many negative outcomes. For example, academic achievement and participation in a religious community are factors associated with decreased violence, substance abuse, and high-risk sexual behavior (Resnick, M. D.& Rinehart, P. M., 2004; *Influencing Behavior: The Power of Protective Factors in Reducing Youth Violence,* Minneapolis, MN.: Center for Adolescent Health and Development, University of Minnesota).

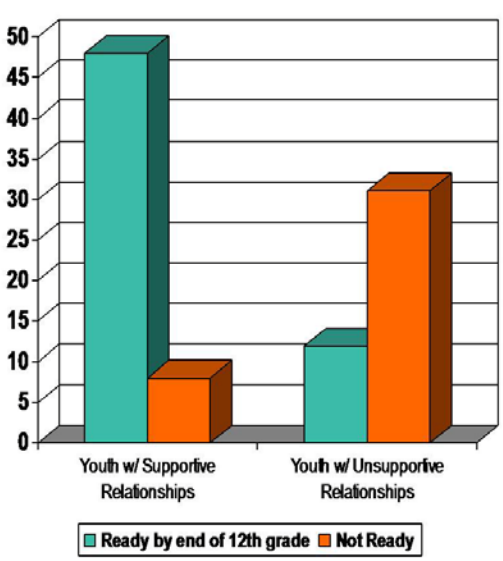
The most effective youth development strategies provide key supports and opportunities across a variety of environments such as school, at home with family, and in other community-based settings, and targets these initiatives across ages and key transitions from early childhood to middle school to adolescence to early adulthood. In 2002, the National Research Council's Committee on Community-Level Programs for Youth identified common factors associated with positive youth development. The study found that regardless of whether the strategy was preventative or represented an intervention, and regardless of the content of the interventions (e.g., teen pregnancy, mental health, or positive youth development more broadly), those strategies that were maximally effective addressed the following:

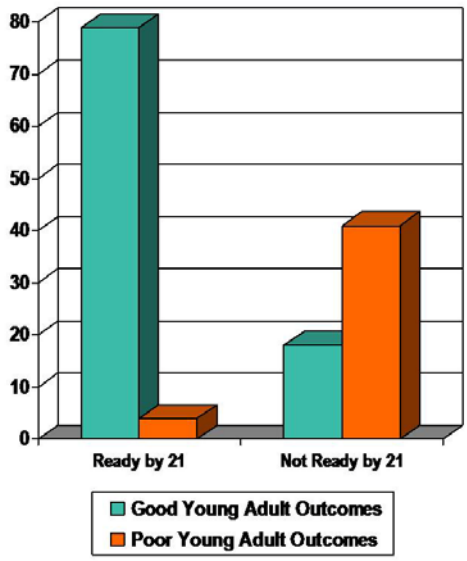
- physical and psychological structure and safety;
- supportive adult relationships, belonging, and positive social norms; and
- opportunities to build skills and competencies.

For example, in terms of *physical and psychological structure and safety*, social conditions of a neighborhood such as crime and physical disorder are associated with negative child outcomes. Unfortunately, as many as 10 million children per year may witness or be victims of violence in their homes or live in communities with crime levels at alarmingly high rates. Children exposed to this level of violence are at increased risk for diminished health and well-being, affecting their emotional growth, cognitive development, physical health and school performance. Without intervention, children and adolescents living in these neighborhoods are also more likely to become victims of violent crime and to perpetuate acts of violence, committing crimes at younger ages and nearly twice as often as their peers who have not been similarly exposed to violence (National Center of Children Exposed to Violence, http://www.nccev.org/us/overview.html).

How well physical and psychological structure is provided in childhood and adolescence also impacts their outcomes. More specifically, how young people spend their out-of-school time also influences their health and well-being. Children left alone and unsupervised, regardless of sex, race, or economic status, are more likely to drink alcohol or take drugs than their peers who are supervised by an adult. Not surprisingly, out-of-school time programs can help youth develop and nurture their talents, improve their academic behaviors, and help them form bonds with adults and youth who are positive role models. In the National Longitudinal Survey of Youth, researchers found that students who reported high levels of participation in school-sponsored activities were less likely than non-participants to engage in risky behaviors, such as dropping out of school, delinquency and criminal behavior, taking drugs, smoking, drinking, and engaging in high risk sexual activity. Similarly, younger children who have access to high quality child care are more likely to be healthy and ready to learn, thereby maximizing their potential for social development and academic achievement. In response to this growing body of research, many states and communities have increased public and private investment in out-of-school time (Eccles, J., & Gootman, J.A., Eds., 2002; *Community Programs to Promote Youth Development,* Washington, D.C.: National Academies Press).

Formal and informal relationships with adults also play a crucial role in providing the ongoing support and experience youth need to realize their full potential or, in some cases, to counteract negative influences by providing positive social norms. Research consistently shows that youth with supportive relationships in place as they enter high school are five times more likely to leave high school "ready" than those with weak relationships, and those with supportive relationships were more than four times more likely to do well as young adults (Gambone, Connell & Klem, 2002).





Whether it's the quality of attachment between an infant and caregiver that forms the basis for secure relationships in adulthood or the structure and guidance provided to an adolescent in an after school program from a mentor, or a relationship with a teacher or coach, supportive relationships with adults consistently are associated with improved youth outcomes and can minimize the negative impact of risk factors such as exposure to violence or living in poverty (http://www.gih.org/usr doc/positive youth development.pdf).

Positive youth and adult outcomes are also strongly associated with having *well developed skills and abilities.* This is particularly evident in examining the impact of literacy. Literacy represents a key determinant of academic, social, and economic success (Snow, Burns, & Griffin, 1998) and an essential component to having a fulfilling life and becoming a successful employee and citizen (Moore, Bean, Birdyshaw, & Rycik, 1999). In contrast, research has shown that low literacy skills create significant barriers to economic and social success. According to the National Center for Education Statistics, adults with lower levels of literacy earn lower salaries with those with "below basic" literacy skills earning on the average less than $300 a week (Kutner et al., 2007). Students with poor academic skills are more likely to be delinquent and subsequently involved in the juvenile justice system and have a higher propensity for gang membership (Hill, et al, 1999; Hill, Lui, & Hawkins, 2001) (http://www.neglected-delinquent.org/nd/docs/literacy_brief_20100120.pdf).

What is happening?

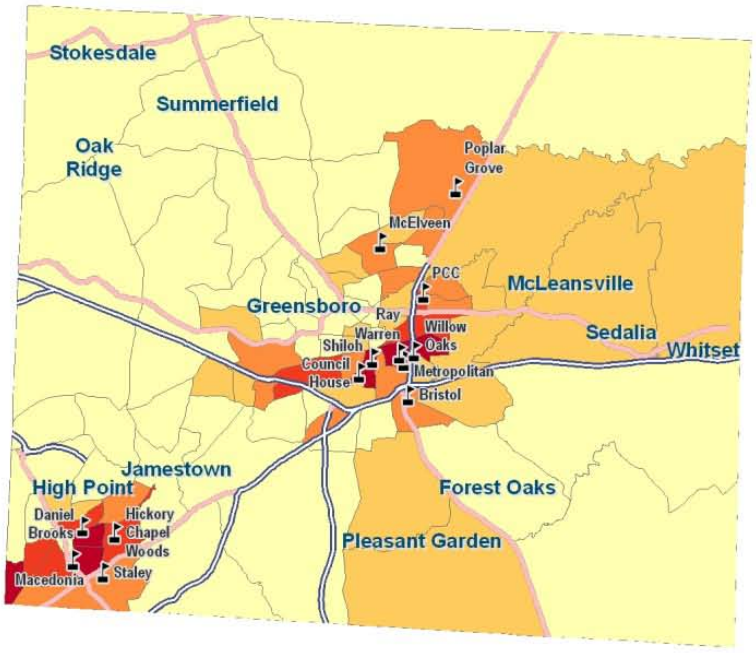
By July 2010, there will be an estimated 130,000 young people under the age of 20 in Guilford County (Office of State Budget and Management, http://www.osbm.state.nc.us/). While many of our children and youth are thriving, the NC Institute of Medicine's annual health report card shows NC still has a way to go (2009 Report Card, www.ncchild.org and www.nciom.org). Progress has been made, but the data for some indicators, --- infant mortality, low birth weight, teen pregnancy, child abuse, homicides, access to dental care, obesity, and the use of tobacco, alcohol, and illegal substances---reflect continued unacceptable risks to children and youth, and should be cause for grave concern.

> *"There can be no keener revelation of a society's soul than the way in which it treats its children."*
>
> Nelson Mandela, former president of South Africa

The recent economic downturn has exacerbated these challenges with 20% of all children under 18 living in poverty and 27% of all households in Greensboro earning $25,000 or less (American Community Survey, 2008). The situation for families with single female head of household was even graver; 43% of families with female head of household with children under age 5 were living in poverty and 24% of families with female head of household with children under age 18 were living in poverty in 2008. The shift is graphically depicted comparing census rates in 2000 with rates in 2007 (see map on next page). Poverty and racial disparities are underlying factors to many of the issues that were heard in the process of conducting the *Voices.Choices* study. Nationally and locally, the gap is widening between the "haves" and "have nots."

Guilford County, North Carolina

Approximate Distribution of Families Living Below Poverty, 2000 - 2007



Head Start Centers

Percent of Families Pelow Poverty

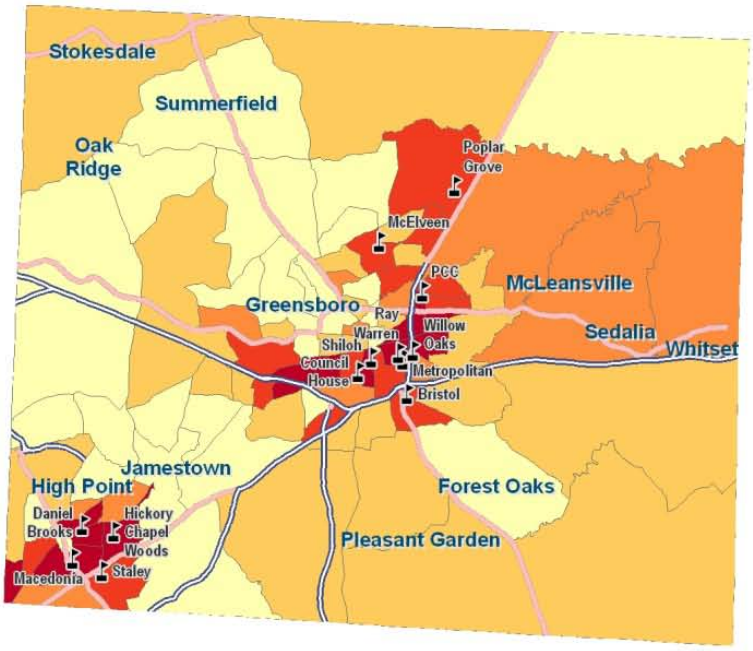
- < 5%
- 5 to 10%
- 10 to 15%
- 15 to 25%
- > 25%

2000

Actual Decennial Census data by Tract, SF3

2005 - 2007

Inferred from American Community Survey Census Place growth estimates for Greensboro, High Point and Guilford County



Sources:
U.S. Census Bureau,
ESRI Streetmap USA

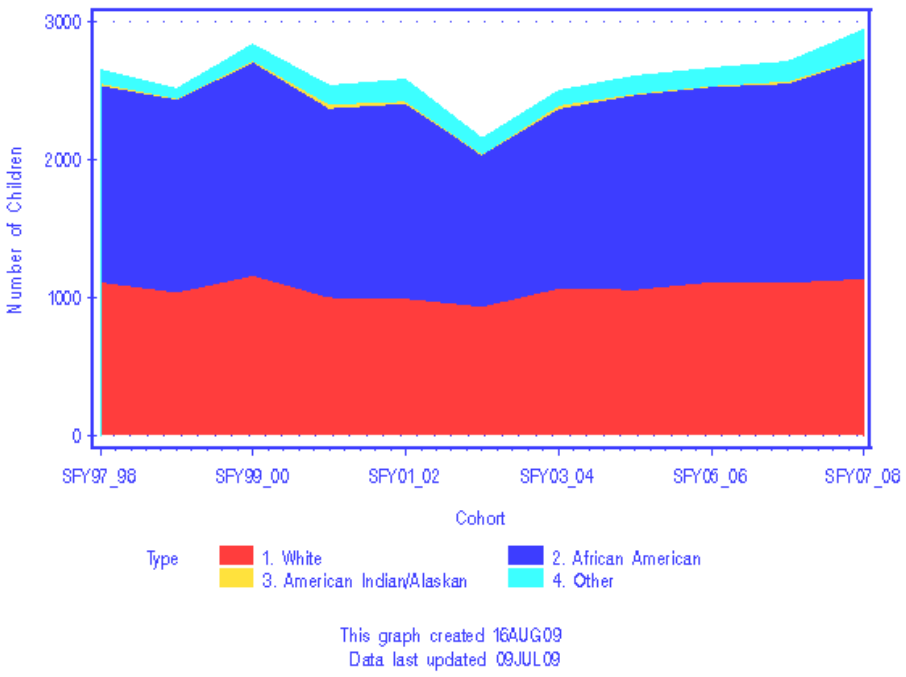
Map created on June 15, 2009 by the Center for GISc at UNC Greensboro

Safety and Health

Children who are healthy and who grow up in safe environments become healthy and productive adults. There are a number of areas in which Greensboro and Guilford County are making good progress but there are other health concerns facing Greensboro's children and youth.

One factor that affects a child's psychological and physical safety is abuse and neglect. Guilford County's Department of Social Services has aggressively addressed the prevention, identification, and the treatment of abuse and neglect. For 2007-2008, there were 2.942 unique first-time reports and for the first half of the 2008-2009 year there were nearly as many at 2,179 (Duncan, Kum, Falir, Stewart, & Weigensberg, 2009; http://ssw.unc.edu/cw/). Of those, 18.67% were substantiated for 2007-2008 and 31.9% for partial year 2008-2009. Over half were for children birth through five (53.16% and 50.99% for 2007-2008 and partial year 2008-2009, respectively. Child abuse and neglect of children needs improvement.

Child Abuse and Neglect in Guilford County, 1997-98 – 2007-08



Schools can provide great structure but can be a place where children and youth do not feel safe. Reportable crimes were down approximately 15% for Guilford County Schools in 2008-09

for a total of 545 acts. The 346 acts that occurred in high schools equated to 15.91 acts per 1,000 students, close to the state rate of 15.7 per 1,000 students.

Short-term suspensions (up to 10 days) totaled 11,928 for the district, decreasing slightly by less than 1%. Long-term suspensions (> 10 days) for more serious offenses showed a larger decline, down 59% from 2007-08 to 41 suspensions in 2008-09. The rate of short-term suspensions is lower in the district than it is in the state with 29.7 suspensions per 100 students compared to 34.8 per 100 students in the state. Despite these positive data, 32% of middle school students and 20.1% of high school students reported carrying a weapon to school in the last 30 days on the Youth Risk Behavior Survey.

Obesity

With regard to health concerns, obesity is an area in which Greensboro, the county, and our state are experiencing challenges. Why be concerned about obesity? There are serious implications of childhood obesity for other health concerns as a child and as an adult. Overweight children and adolescents are more likely to have risk factors associated with cardiovascular disease and diabetes (such as high blood pressure, impaired glucose tolerance, high cholesterol, and Type 2 diabetes) than are other children and adolescents. North Carolina has the 12th highest rate of adult obesity in the nation, at 28.3% and the 14th highest rate of overweight youths (ages 10-17) at 33.5%, according to the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF; *F as in Fat Report*).

The health of Guilford County residents is reflective of these state and national trends. The number of children in the County at risk for being overweight is 14.6% and the number that is already overweight is 13.5%. Nationally, data from two NHANES surveys (1976–1980 and 2003–2004) show that the *prevalence of overweight is increasing:* for children aged 2–5 years, prevalence increased from 5.0% to 13.9%; for those aged 6–11 years, the rate increased from 6.5% to 18.8%; and for those 12-19 years, it increased from 5.0% to 17.4% (http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm). Nearly a quarter of middle school and high school students described themselves as being overweight in 2008 (22.5% and 22.8%, respectively) with 10.3% of high school students actually being overweight; http://www.guilfordeducationalliance.org/resources/documents/Finalcombinedreport.pdf; Youth Risk Behavior Survey).

Guilford Child Health conducted a small random chart audit of 300 charts, looking at children from 2-16 years. The results of this review were that 23.3% were considered to be overweight or obese and 16.3% at risk for being overweight. However, when the pediatric practice conducted an audit of all patients coming for physical examination,

the percentage of children considered to be overweight, obese or at risk for being overweight was an alarming 40-45%.

Birth weight and infant mortality

Infant mortality, low birth weight, preterm births and teen pregnancies continue above desirable levels in Guilford County. All are indicators affecting healthy babies and a good start in life. With regard to low birth weight and infant mortality, the county is experiencing a negative trend in many respects. The percentage of low birth weight (<2500 grams) babies rose in the period 2004-2008 to 9.4 as compared to 9.2 the previous 4-year period. For racial/ethnic minorities, this rate was 12.7% in the county. These rates are significantly higher than the state rate of 9.1. Births to teen mothers are at greater risk for being born low birth weight and in 2008, there were 966 teen pregnancies, a rate of 53 per 1,000, putting Guilford County 68 out of 100 counties (http://www.gcapponline.org/). The teen pregnancy rate for white females ages 15-19 was 38 per 1,000 compared to a rate of 79 pregnancies per 1,000 for other races. Preterm births are higher in other races (14.7%) compared to 11.2% in whites (Health Report 2008, Guilford County Department of Health). Low birth weight babies are at higher risk of infant death, developmental problems, and health problems throughout life. Early screening and intervention are necessary.

Infant mortality also increased with the percentage per 1,000 live births increasing to 9.9 over the period 2004-2008 from 8.6 from 1999-2003. In comparison, the rate for NC decreased from 8.5 in 1999-2003 to 8.4 in 2004-2008. Minority females had an infant mortality rate more than twice as high as white females. Sixty-two children died within the first week of life in 2008. Another 107 died within the first year with 29 dying from age one through 19 such that youth death rates per 100,000 increased to a rate of 75.4 in 2004-2008 for Guilford while the state average for that same period was 74.7, down from 77.3 during 1999-2003.

Quality Day Care and After School Options

Quality child care and preschool programs are crucial to level the playing field and ensure every child entering school is ready to succeed. Every dollar invested in early care and education has a $7 return to society (NC Action for Children, 2009). The potential need for day care and after school care is great in Greensboro and across the county due to the number of children as well as the number of single caregivers and individuals who are employed. These factors coupled with the findings that children who participate in quality early childhood development programs are more likely to be healthy adults, more likely to have higher earnings and less

likely to commit crime and receive public assistance (see commissiononhealth.org; Beyond Health Care: New Directions to a Healthier America, RWJ Foundation) highlights the importance of affordable and available child care that is of high quality. In 64% of Greensboro families with children under age 6, both parents are employed; in 79% of families with children ages 6-17, both parents work (American Community Survey, 2008).

Family Status of Children in Greensboro

Family Status	Children Under 6 years	6-17 years
Living with 2 parents	21,767	42,406
Both parents working	14,087	27,289
Father only working	6,595	12,715
Mother only working	633	1,374
Neither parent working	482	1,028
Living with Father Only	1,579	3,865
Father working	1,442	3,674
Father not working	137	191
Living with Mother Only	10,434	21,147
Mother working	7,449	17,340
Mother not working	2,935	3,807

American Community Survey, 2006; US Census Bureau

A snapshot of day care options and utilization in Guilford County as of 6/30/09, (http://ncchildcare.dhhs.state.nc.us/pdf_forms/statistical_detail_report_june_2009.pdf) reveals that 17,642 children were in some type of care across the 540 facilities options (e.g., family day care homes or centers or religously affiliated centers). A breakdown of the utilization appears below. Approximately one-third of children in regulated child care receive a subsidy. However, there are still more than 2,000 children in Guilford County who are eligible and whose families have applied for a subsidy but are not receiving one (www.ncchild.org.) The average annual cost of child care for a four year old in a center in NC is $6,756; infant care will be higher. Subsidies are essential to support low income working parents.

Children and Youth in Day or After School Care in Guilford County

5 Star Center	5 Star Family CC Home	4 Star Center	4 Star Family CC Home	3 Star Center	3 Star Family CC Home	2 Star Center	2 Star Family CC Home	1 Star Center	1 Star Family CC Home	GS 110-106 Center	Prov Center License	Temp Center License	Grand Total
2,855	229	5,747	275	3,923	181	1770	233	578	198	1,373	130	250	17,684

While there has been an increase in the quality of day care centers and homes, less than half of the available options are rated as 4 or 5 star facilities. In addition, not all families who are seeking a quality day care or after school option can afford it.

Count of Active Licensed Facilities in Guilford County

5 Star Center	5 Star Family CC Home	4 Star Center	4 Star Family CC Home	3 Star Center	3 Star Family CC Home	2 Star Center	2 Star Family CC Home	1 Star Center	1 Star Family CC Home	GS 110-106 Center	Prov Center License	Temp Center License	Grand Total
52	37	87	49	89	37	33	48	18	59	19	1	11	540

The state's economic challenges have significantly impacted funding for options to improve conditions for children. For example, in contrast to a long history of increased funding to early childhood initiatives, this year's budget resulted in major cuts to most programs including $5 million cut to *More at Four*, a state-funded, community-based pre-kindergarten program. *More at Four* is designed to provide 4-year-old children, who may not otherwise be served, with a valuable educational experience. Similarly, Guilford County Schools began the school year with After-school Care Enrichment Services, or ACES, at 64 elementary schools, but raised the cost in the fall of 2009. In January 2010, they closed 3 of these programs in High Point, at Kirkman Park, Parkview and Montlieu elementary schools, reportedly due to the availability of other low cost options. Despite this, families frequently comment on the lack of affordable, accessible, quality day care and after school options for their children.

As mentioned earlier, providing psychological and physical safety and structure is essential to positive youth outcomes. Unfortunately, many youth are facing these challenges without this supportive network of adults. A national survey in 2009, *America After 3PM*, of over 30,000 households revealed that 30% of middle school students are unsupervised after school (http://www.Afterschoolalliance.org) during the times that are the peak hours for juvenile crime and experimentation with smoking, drugs, and sex (Fight Crime: Invest in Kids, 2002). While more middle school students are participating in afterschool programs nationally (15% versus 11% in 2004), over a third of parents indicated that they would enroll their children in a program if one were available. Cost and hours of operation were cited as major barriers. Children and youth who participate in quality after school programs using evidence-based programming are more likely to stay in school, have higher achievement, and less likely to engage in risky behavior (Collaborative for Academic, Social, and Emotional Learning, 2007).

Challenges Facing Adolescence

As noted above, middle school and high school are times of unique challenges. In terms of education, Guilford County Schools (GCS) has made significant progress. The district's achievement gap in reading has narrowed from the 2007-08 school year to the 2008-09 school year, but is still unacceptable. In 2007-08, there was a 37.1 percentage gap for reading, while the latest results show a 33.1 percentage gap (http://www.guilford.k12.nc.us/). In a year when North Carolina recorded its lowest high school dropout rate ever, 4.27 percent, the dropout rate for GCS remained well below the state average at 3.13 percent. This rate is down from 3.31 percent in 2007-08. The district had the lowest dropout rate of the five largest school districts in the state.

Middle school and adolescence is also a time where youth are faced with decisions regarding tobacco, alcohol, and drug use and risky sexual behaviors. Tobacco, alcohol and substance use continue to be risks for some youth and adolescents. About 29% of middle school and 39% of high school youth reported using alcohol in the last 30 days *(2008 Guilford County Youth Risk Behavior Survey,* Guilford Education Alliance and Guilford County Healthy Carolinians, http://www.guilfordeducationalliance.org*).* In terms of sexual behavior, a majority of middle school (83%) and 51.7% of Guilford high school students reported that they had never had sexual intercourse *(2008 Guilford County Youth Risk Behavior Survey,* Guilford Education Alliance and Guilford County Healthy Carolinians*).* Condom use has increased over the last 5 years and most use some type of pregnancy prevention method during intercourse. Teen pregnancy is always of concern because of pregnancy outcome. Guilford has a teen birth rate of 33 births per 1,000 compared to a state rate of 47 per 1,000 *(Action for Children,* 2008*).*

Making Connections

Children reared in a loving, stable environment that provides positive stimulation, and who received early screening and intervention for health or developmental problems, are more likely to enter school ready to do their best. Good health gives children the best chance to enter school ready to succeed and to be productive throughout their lives. Investing in initiatives and programs that support positive youth development is one of the best ways to strengthen our community. Providing psychological and physical safety and structure; ensuring that adults, whether parents or other family members, coaches, mentors, teachers or others, have the skills and support to engage children and youth in meaningful relationships; and providing opportunities for children and youth to build their skills and competencies can help

all children realize their potential but is especially essential for those that are experiencing the risk of poverty, are living in unsafe environments or have learning challenges. Organizations such as the Search Institute have any number of resources, newsletters, and list serves to assist communities in their efforts to support their youngest residents (http://www.search-institute.org/downloads).

Recently the Search Institute has joined forces with the Forum for Youth Investment in an initiative called "Ready by 21^{R} Challenge" that helps mobilize communities to increase the odds for children and youth (http://www.forumforyouthinvestment.org/readyby21). For example, The Ready by 21 Partners, led by the Forum for Youth Investment and the United Way of America (UWA), and working with the JC Penney Afterschool Fund, awarded Ready by 21 Challenge grants to two local United Ways to utilize the Ready by 21 Approach to create data-driven plans that build on and coordinate existing efforts to improve out of school (OST) supports to boost youth outcomes in their communities.

Ensuring quality day care and out of school programs can be effective in addressing a number of challenges and critical factors as they can provide both a physically as well as psychologically safe environment and an opportunity to experience a supportive relationship with another adult, such as a mentor or teacher. In addition, depending on the focus, these programs can address gaps in early childhood reading readiness or literacy skills.

Many adults, including parents, may need some assistance. In a recent study through the Search Institute that regularly conducts research on developmental assets that lead to positive youth outcomes, they found that many parents "go it alone", not regularly seeking support from other family, friends or community resources. And yet, the research also shows that having a network of support helps to strengthen families and leads to more positive outcomes for children and youth. Parents who have strong supportive networks themselves are more likely to be affectionate with and provide appropriate structure for their children, are more likely to be involved in their education, and more likely to engage in effective parenting. Resources through organizations like the Search Institute (see **http://www.search-institute.org/system/files/SocialSupportforParents.pdf)** and efforts such as the proposed Parent Academy through Guilford County Schools can help.

Academic achievement, of course, is a key indicator being linked to graduation rates, later salary rates, employment, among other outcomes. Focusing on one aspect, literacy can be particularly impactful given the link between literacy and graduation and drop out rates, unemployment and even involvement in the juvenile justice system. Joining forces with existing initiatives such as the Million Books through Guilford County Schools or the efforts of Reading Connections, among others, can strengthen Greensboro's literacy rates.

Without a comprehensive and coordinated approach to positive youth development as well as a way to track a community's progress, it is difficult for communities to make a difference, to benchmark their success and to identify which strategies are working. One resource that provides such a roadmap is called *Getting to Outcomes with Developmental Assets,* available through the Search Institute (http://www.searchinstitutestore.org/ProductDetails.asp?ProductCode=0158-W). It weaves together proven evaluation and accountability models that include program planning, implementation, and outcome measurement together with the Developmental Assets framework aimed at improving the quality of community development, along with examples from the Healthy Youth initiative, a network of nearly 600 community organizations engaged in positive youth development. This framework, coupled with a variety of regularly administered city or county wide assessments such as the annual Kids Count through the Annie E. Casey Foundation and the NC Child Advocacy Center, as well as the number of state health indicators that are tracked yearly or biannually, can help a community to nurture their children and youth.

"Child development is a foundation for community development and economic development, as capable children become the foundation of a prosperous and sustainable society."

The Science of Early Childhood Development, www.developingchild.harvard.edu

This framework, coupled with a variety of regularly administered city or county wide assessments such as the annual Kids Count through the Annie E. Casey Foundation and the NC Child Advocacy Center, as well as the number of state health indicators that are tracked yearly or biannually, can help a community to nurture their children and youth. A strong, coordinated community-wide effort focused on positive development of our youth is needed for a thriving community.

When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. "Basic concepts in the science of early brain development, established over decades of neuroscience and behavioral research, help illustrate why child development---particularly from birth to 5 years--- is a foundation for a prosperous and sustainable society" (http://www.developingchild.harvard.edu). Quality child care, safe and healthy environments for our youth and a strong education system are part of a community that economic development experts believe will attract and support businesses and a high quality of life.

Successful School Experiences for Every Child

Why is this important?

Young people are our next generation of workers and citizen leaders. To help each child reach his/her full potential and succeed in work and life, we need to ensure our schools have adequate resources to provide high quality education to every child. Education drives the economy and determines our future quality of life. To be competitive in the future global marketplace, Greensboro/Guilford County will need to train more young people for the changing 21st century economy. In addition to performing well on tests, our students need character development and a rich curriculum that focuses on the development of the whole person---one who becomes a responsible citizen and engaged in local community. Educational institutions, from regulated child care, to K through 12, and then postsecondary education, are the pipeline to a better future.

> *"Education is the foundation of all societies and globally competitive economies. It is the basis for reducing poverty and inequality, improving health, enabling the use of new technologies, and creating and spreading knowledge."*
>
> *from World Bank Millenium Development Goals*

What is happening?

Guilford County Schools (GCS) is the third largest district in the state. There has been steady enrollment growth and increasing diversity over the past decade (http://www.gcsnc.com/). There were 71,464 students were enrolled in 2009-10 including 32,577 elementary, 16,363 middle, and 22,524 high school students. Student racial/ethnic composition was 40.4% Black, 39.1% White, 9.2% Hispanic, 5.5% Asian, 5.3% multi-racial, and 0.5% American Indian. More than 150 languages/dialects were spoken representing 142 ethnic groups. The student population included 10,452 special education students and 10,028 advanced learners within the 120 schools. Approximately 13.7% (11,366) of students in Guilford County do not attend a GCS school but have chosen instead a private, charter, or home-based school option.

The Guilford Education Alliance published an annual report, *Education Matters in Guilford County*, *2009* (http://www.GuilfordEducationAlliance.org.) reviewing progress and highlighting school success through a retrospective analysis of the previous year, comparing data to past years when available. Overall, our schools are performing well, and this was affirmed by respondents from the community in the *Voices.Choices* survey. However, the survey also revealed that our community strongly desires high quality schools and believes that we have room for improvement. A random, telephone survey conducted by GCS in November-December 2009 revealed that quality education, safety and good teachers are top concerns for parents and community residents. A majority of parents gave "good or very good" ratings on

all the areas measured. Most ratings by community residents were lower than those of parents, but a majority gave "good/very good" ratings on all areas except the Board of Education.

Currently, GCS spends approximately $8,398 per student annually (http://www.gcsnc.com). The total operating budget for the school system for 2009-10 was $590,685,328, which included $21.9 million in reductions from the previous school year. A major portion of that reduction was from the state; additional state reductions are proposed for the 2010-11 school year. The county has continued to fund schools at a significant level but more dollars are needed to pay the voter approved bond debt for new facilities, maintenance of old buildings, fuel for buses, utilities, supplements for teacher salaries in order to recruit the best educators, programs to address the needs of students who have fallen behind, and innovative programs to prepare students for the 21st century in an era of rapid and global change.

Several programs within GCS have been recognized nationally. GCS is a state and national leader in the Middle College High School Movement; three of our Middle Colleges had 100% graduation rate and three had a 95% graduation rate. Ten of the district's schools were 2009 Honor Schools of Excellence, the highest level a school can obtain on the state ABCs, compared to only one school being named in 2008. Among the six largest school districts in North Carolina, GCS ranked fourth on the state ABCs. Within GCS, about 75% of schools made expected growth with an average composite score of 66.5% compared to 60% in 2008, signifying our schools are improving. In 2009 GCS students were offered a record $79 million in scholarships, about $2 million more than the previous year's record. In spite of these successes for GCS, a wide achievement gap and disparity exists among racial and ethnic minority students who face challenges within some of the district's schools.

In spite of these successes for GCS, a wide achievement and disparity exists among racial and ethnic minority students who face challenges within some of the district's schools. Ten GCS schools fell in the ABCs low-performing category in 2009, one more school than in 2008. In 2008-09 the percentage of total schools and middle schools making Annual Yearly Progress (AYP) was the highest ever for the district, but 10 GCS schools were among NC's 75 lowest-performing schools. Sixty-nine percent of 113 schools made the federal target for Adequate Yearly Progress, the second highest among the six largest districts in the state. The district's current strategic plan has goals to reduce the achievement gap and has included dollars in the 2010-11 budget to address low performing schools (www.gcsnc.com/10_11budget/presentation). Most of the low-performing schools serve students who live in communities of low wealth. Eight of these schools have a Title 1 designation. Title I status indicates more than 50% of the students enrolled in that school are behind academically or at risk of falling behind. In addition, Title 1 schools are part of the federal program that provides funding for high poverty schools to help students academically. Fifty schools in the district have a Title 1 designation. Fifty-three percent of students were on free/reduced lunch during 2009-10, up slightly from the previous year (GCS, 2010).

GCS annual yearly progress reading test scores show room for academic improvement and when analyzed by race show a wide achievement gap (NC Dept Public Instruction, http://www.ncpublicschools.org/data/reports/). The district's achievement gap in both reading and math has narrowed from the 2007-08 school year to the 2008-09, but is still unacceptable. In 2007-08, there was a 37.1 percentage gap for reading, while the latest results show a 33.1 percentage gap (http://www.guilford.k12.nc.us). In 2007-08, there was a 29.3 percentage gap for math while the latest results show a 22.6 percentage gap for math. To eliminate these gaps completely, the system will need to accelerate strategies for improvement in order to close the gap even faster.

Attainment of a high school diploma is the single most effective preventive strategy against adult poverty (Children's Defense Fund, 2008). Guilford's graduation rate of 79.9% for 2009 (NC Dept Public Instruction*)* has held steady for the past three years compared to the state rate of 71.7%. GCS rated higher than other urban districts but there is still room for improvement. A high school diploma is essential to finding a job and earning a decent wage. GCS has included a progressive goal in its strategic plan to improve the graduation rate to 90% by 2012. However, it is important that the diploma represent an education that prepares our students for their next level of education. Too many of our high school graduates who attend Guilford Technical Community College require remedial education before entering their college level course work (50% require remediation in reading or English and 85% require remedial math.)

Approximately one-third of NC students who enter high school each fall will not graduate within four years (htpp://www.ncpublicschools.org/graduate). The dropout rate in GCS during the 2008-09 school year was 3.13%, slightly lower than the previous year and significantly below the state average of 4.27% *(*NC State Dept of Instruction, 2010). During the 2008-09 school year, 723 students, 38% female, 62% male, from grades 9-12 dropped out of school. Attendance was the most frequently cited reason for dropout. A research report of North Carolina data shows that students who avoid crime and suspensions are more likely to stay in school and graduate (http://www.dpi.state.nc.us/docs/research/discipline/reports/consolidated/2008-09/consolidated-report.pdf). The largest numbers of students drop out in ninth grade. Early intervention is critical for graduation success. The NC Department of Public Instruction provides resources for local district campaigns "The Message: Graduate!" to prevent dropout (http://www.ncpublicschools.org/graduate).

A young adult without a high school diploma or GED cannot continue his or her education, or enter the military. In 2008, the average rate of joblessness for dropouts between the ages of 16 and 24 was 54%; among black dropouts, the jobless rate was 69%. The jobless rate for high school graduates during this same period was 32%; for college graduates, 13%. Furthermore, the report estimates that the average high school dropout will cost taxpayers more than $292,000 during their working lives, resulting from lower tax revenues, public assistance and incarceration costs (Northwestern University, 2009). Several "prevent dropout" model programs report successful results including a community collaborative model in the Winston-

Salem/Forsyth County Schools, "Graduate. It Pays." (http://www.wsfcs.k12,nc.us, 2010). Information from their website indicates a dropout earns 32% less than a high school graduate, is only qualified for 12% of available jobs, is 3.5 times more likely to be in jail or prison than a graduate; that 80% of prisoners are high school dropouts; and a dropout is more likely to be in poor health, on public assistance and the single parent of a future dropout. These data clearly support the importance of education and successful graduation.

Overall, our schools are improving but progress must continue on academic outcomes. The mean total SAT score for 2009 GCS graduates was 988--- 500 for math and 488 for critical reading (NC Dept Public Instruction, 2009) and slightly below the state average of 1006, and the national average of 1016. Six of 22 Guilford high schools had average scores below 850.

The Career and Technical education staff of GCS conducts an annual survey of all graduates who completed a College Tech Prep (CTP) course of study while in high school to determine post-secondary pursuits (http://www.gcsnc.com). The 2008 follow-up study revealed the following about 2007 graduates.

Post-secondary Pursuit	Percentage of Graduates
Attending a four-year college or university	35%
Attending GTCC	32%
Attending a 2-year college or trade school other than GTCC	4%
Enrolled in military	2%
Working, not attending school	18%
Seeking employment	9%

Guilford County Schools, 2008

For the past decade, the United States has focused on closing achievement gaps between the lowest- and highest-performing students with the No Child Left Behind (NCLB) agenda. This agenda is useful but focuses on basic skills---reading, math and now, science. Despite this emphasis, achievement gaps still persist within our schools. This approach has skirted the importance of the demand for advanced skills for global competiveness. This is troubling because students graduating with primarily basic competencies are the ones most likely to flounder in the rising high-skill/high-wage service economy we have entered. Consequently, our students are challenged with closing two gaps---academic achievement of basic competencies and the global achievement gap that requires more advanced 21st century skills (http://www.p21.org/route21/).

"Equally important is the global achievement gap between U. S. students---even our top-performing students---and their international peers in competitor nations."

21st Century Skills, Education & Competitiveness, 2008

Making Connections

Getting students ready for college academics is a national issue, according to Dr. John E. Roueche, professor and director of the community college leadership program at the University of Texas at Austin. "In almost every state, the state mandated exit exam for high school graduation is simply not consistent with the skills and competencies required for successful entry into the required common core courses," said Dr. Roueche at a March Education Summit convened at Guilford Technical Community College to address ways to prepare students to be successful in college. GTCC reported that approximately 50% of the 2009 GCS graduates who entered their programs needed to take developmental English or reading courses (http://www.gtcc.edu).

The Partnership for 21st Century (http://www.p21.org/route21/) has identified skills that all Americans, not just an elite few, should have to successfully navigate the 21st century with marketability, employability, and readiness for citizenship. These skills include the following:

21St Century Learning Skills

- Thinking critically and making judgments about the barrage of information that comes their way enabling them to make reasoned decisions and take purposeful action.
- Solving complex, multidisciplinary, open-ended problems that all workers encounter routinely.
- Creativity and entrepreneurial thinking---the ability to recognize and act on opportunities and the willingness to embrace risk and responsibility.
- Communicating and collaborating with teams of people across cultural, geographic and language boundaries with competence and respect.
- Making innovative use of knowledge, information, and opportunities to create new services, processes, and products.
- Taking charge of financial, health, and civic responsibilities and making wise choices.

The Partnership encourages schools, states and communities to advocate for the infusion of 21st century skills into education and to find tools and resources to help facilitate and drive this change. These skills will help ensure every child's success as citizens and workers (http://www.21stcenturyskills.org, 2008) and will enhance our global competitiveness.

Schools can not meet the challenges alone. If students are to do better, then the change will need to be grounded in the fabric of the community, and that means getting parents, businesses, and higher education----everyone---engaged. What one organization could do on its own is probably quite modest. However, working together in concert with other groups, organizations, and the schools, a substantial impact is possible. The Pew Center on the States

supported a study Quality Counts *2007*, *From Cradle to Career: Connecting American Education from Birth Through Adulthood* (http://www.pewtrusts.org/our_work_report_detail.aspx?id=24680) that ranked states by a "chance for success score" on nine indicators related to state policies for improving K-12 education. North Carolina ranked lower than the national average on seven of the nine indicators. The report also highlights how children's chances for success don't just rest on what happens from kindergarten through high school. They are also shaped by experiences during the preschool years and opportunities for continued education and training during and beyond high school.

The Harvard Family Research Project has conducted extensive research and evaluated many programs related to family involvement in education and out-of-school time program supports (http://www.hfrp.org). Findings from their work embrace the idea that multiple learning settings---from schools, to afterschool and summer programs, to physical and mental health services, faith communities---can provide more opportunities for and benefits to children than schools alone. Out-of-school time programs are also recognized as a valuable opportunity for middle and high school youth as they help keep them connected to positive role models and engaged in their education at a time when many disengage and are prone to drop out (Engaging our Older Youth, http://www.hfrp.org).

A national survey in 2009, *America After 3PM* of over 30,000 households revealed that 30% of middle school students are unsupervised after school during the times that are the peak hours for juvenile crime and experimentation with smoking, drugs, and sex (Fight Crime: Invest in Kids, *2002*). While more middle school students are participating in afterschool programs (15% versus 11% in 2004), over a third of parents indicated that they would enroll their children in a program if one were available. Cost and hours of operation are cited as major barriers (htpp://www. afterschool alliance.org). The investment is well worth it. Children and youth who participate in quality after school programs are more likely to stay in school, have higher achievement, and less likely to engage in risky behavior (Collaborative for Academic, Social, and Emotional Learning, 2007).

Out-of-school time programs create important pathways to learning for students and have many benefits, especially when they work closely in partnership with schools to support school success. A more intentional effort in the development of this type of partnership in Guilford County and the Greensboro community, and the alignment of school and non-school supports, could greatly enhance our school district's success. The Harvard Family Project report *Partnerships for Learning: Promising Practices in Integrating School and Out-of-School Time Program Supports* (http://www.hfrp.com,) shares best practices, benefits, lessons learned, and describes several model programs that may be useful to the Greensboro community.

Families matter, too. From the time children are born, parents influence their cognitive, social and emotional development. Readiness for school is shaped by familial interactions and

activities, and consistent engagement during the child's elementary years is related to positive academic and behavioral outcomes. Family engagement remains important during adolescence and predicts healthy youth behaviors and higher rates of college enrollment. The *Resource Guide for Family Engagement Across the Developmental Pathway,* (http://www.hfrp.org,) includes research reports, best practices, and toolkits that show how communities and schools can reach out to families to meaningfully engage and support them in their children's education. The new GCS Strategic Plan includes the establishment of a Parent Academy, an initiative designed to provide the training, information and support parents need to help their students grow (http://www.gcsnc.com). Similar parent academies are being established by school districts throughout the nation to help moms and dads do more for their kids, to get parents more involved in their children's education, and to strengthen the school/family partnership (*Time Magazine*, Nov 16, 2009).

> "The answer to a successful school is to make the school part of the community---a place where parents, teachers, administrators, volunteers and community members all dedicate themselves to each child's success."
>
> Charles B. Knapp, President
> Purpose Built Communities

North Carolina's public education system and Guilford County Schools are at a crossroads. Facing rapid and global change, our education leaders and policymakers need to value and encourage innovation at all levels as our community strives to rebuild its economy. Too many of our future workers are being lost to drop-out or failure to continue their education after high school. Programs to reduce poverty and create good jobs in the community could also help narrow achievement gaps of students because family income is one of the strongest predictors of students' test scores. Postsecondary education and workforce readiness are crucial to reversing the course of our economy, but schools are where the foundation begins. Success will require the "whole village." Public and private-sector investments and support are vital to expand learning opportunities that encompass out-of-school time and summer learning experiences to keep all youth, but particularly those from underserved areas, on a trajectory of positive development.

Key Measures

Key measures are primary indicators of conditions within a community that help us judge how well we are doing in a given area. "Indicators are small bits of information that reflect the status of larger systems. When the condition of something can not be seen in its entirety, indicators make these conditions visible" (Tyler Norris Associates, *Community Indicators Handbook,* 2006, www.tylernorris.com). Key measures are intended to provide the public, policymakers and program directors with a general overview and understanding of trends. For example, health care coverage is an indicator of access to primary and preventative care. Both are important for the early diagnosis and treatment of health problems, which can result in emergency room visits if left untreated. Access to and usage of primary care can save taxpayers money in the long run. Health care coverage is also important to financial stability of individuals and families.

Indicators help us see relationships among aspects of community life and therefore help us understand our community better. When indicators are measured over time, we can trace trends—are we improving, staying the same, or getting worse? By measuring these kinds of data, we can:

- Learn where we are today
- Inspire action to improve the quality of life in the city or region
- Measure progress over time
- Link the past to the future
- Evaluate the degree to which our actions are working or not working

Societies measure what they care about. Measurement provides both an empirical and numerical basis for evaluating performance, determining the impact of our activities, and making decisions for the future. Community indicators can be used in a number of ways including the following:

Description – provide knowledge about the community. For example, knowing the high school dropout rate helps us to understand what is affecting the educational outcome of our youth and their future. High school dropouts are more likely to be involved in illegal activities and are also likely to have lower income earnings as adults.

Monitoring – track results or conditions within the community. This helps in assessing how well we are doing, helps with planning, and guides public policy changes.

Setting goals – set goals and strategies for specific programs. This develops focus on appropriate activities to achieve intended outcomes and helps allocate community resources across agencies, levels of government, and private and public groups.

Outcomes-based accountability – hold various community groups accountable for improving outcomes.

Promoting community responsibility – indicators can be a tool for promoting public awareness and mobilizing the community toward positive change.

Generally, a community identifies and commits to maintain a list of selected indicators in certain topic areas over time. Good indicators are developed by a broad spectrum of community members, and selection of those indicators will depend primarily on the information, resources, and needs within your community.This report contains potential key measures for the four selected issues and other areas related to health and human services. As new data become available, other measures can be added. However, it is most important to select a few key indicators that are tracked consistently rather than collecting too much data. By tracking key measures annually, or some other given timeframe, progress can be monitored in a community. This tracking process allows community leaders to address progress on issues early when corrections to strategies and actions can still make a difference.

What makes a good indicator? Criteria should be established to determine the key measures a community will track over some period of time. Many communities have established criteria for selecting indicators (http://www.mncompass.org., www.communityresearchpartners.org., www.bnia.org. One example is shown below.

Criteria (Minneapolis/St.Paul http://www.mncompass.org)

Relevant – relates to stated topic goals
Valid – truly measures what it is intended to measure
Time – regularly collected the same way
Leading – signals broader changes to come, allowing the community to respond proactively
Policy-responsive – can be impacted by policy changes within a relatively short time period
Affordable – can be easily collected within project budget

Secondary criteria
Understandable – easy for our target audience to understand.
Comparable – allows for comparison within the region, by different groups.
Standardized – allows for comparison with other regions, metro areas, states, or countries.
Outcome-oriented – reflects changes or actual impacts on the community, rather than change in inputs, such as funding or policies that could eventually lead to community change.

The chart below provides a listing of potential key measures in health and human services that might be considered for adoption and use in Greensboro. Several within this list are also collected and utilized in other community reports. Additional indicators will be selected for the four priority issues.

Potential Key Measures for Health and Human Services in Greensboro

Aging

- Median income
- Disability

Civic Engagement

- Volunteerism rate
- Voter turnout

Early Childhood

- Low birth weight
- Early childhood screening or Kindergarten achievement scores

Economy and Workforce

- Per capita income
- Median income
- Unemployment rate
- Average wages by industry

Education

- Fourth grade and ninth grade reading proficiency
- School dropout rate
- High school graduation rate
- Number of low performing schools

Health

- Diabetes incidence rate
- Obesity rate
- Health care insurance coverage of adults
- and children
- Mental health and substance abuse
- admissions
- Teen birth rate
- Teen pregnancy rate
- Infant mortality rate
- Teen use of alcohol/drugs in last 30 days

Housing

- Cost-burdened households
- Apartment rental affordability
- Homeownership gap
- Homeless persons

Public Safety

- Violent crime rate
- Property crime rate

Note: This is a proposed baseline list of key measures. Others may be added if more depth or insight into an issue is needed.

Recommendations

Human service issues touch the lives of every citizen and greatly influence quality of life. Visions of a higher quality of life can position a community from being just "good" to one that is "great." The key benefit of an assessment is that it presents an objective way to prioritize and select interventions. The publishing of this report moves our community to the next step of accountability---creating a better community and helping to create a better life for all.

> *"Greatness is largely a matter of conscious choice and discipline."*
>
> Jim Collins, Author
> *Good to Great*

Based on the integration of research and the input from voices heard from the *Voices.Choices* assessment, the following recommendations are offered for consideration for community action led by United Way and its foundation partners.

1. Form collaborative leader and stakeholder groups for each priority issue to develop a strategic implementation plan and to lead and monitor community-wide action around each of the four issues selected from the *Voices. Choices* process.
    - Financial stability for individuals and families
    - Access to comprehensive healthcare services
    - Successful school experiences for every child
    - Nurturing children and youth for positive development

2. Form a *Voices.Choices* Leadership Council to oversee the work of these groups and to seek and leverage funds to address the four strategic priorities.
    - Members shall include leaders from:
        - Foundation partners
        - *Voices.Choices* assessment team
        - Steering Committee
        - Other key stakeholders

3. Develop a communications and engagement campaign to promote community-wide buy-in and support for the priority issues demonstrating how united efforts can enhance community impact and change for the greater good.

4. Publish annually a progress report of how well the community is doing on key community measures and on indicators for the four selected strategic issues.
    - The Leadership Council will determine key measures for the community
    - Each strategic issue group will select and monitor indicators for their issue

5. Develop a timetable to repeat the *Voices.Choices* study every three to five years with a commitment of conducting the next study in 2013.
    - Allows time for progress to be made on issues and for observance of trends
    - 2010 US Census data will be available

6. Develop a cooperative partnership composed of the United Way of Greater Greensboro and the United Way of Greater High Point and other supporting groups--- such as foundations, university researchers, and city and county governments---to sponsor and lead a county-wide *Voices.Choices* assessment in the future. This united effort will bring together several groups who conduct assessments, provide efficient use of resources and encourage multiple perspectives in examining our community and seeking solutions for the greater good.

7. Form a professional research team who takes the responsibility of community data monitoring and oversight, planning and conducting future assessments, and publishing progress reports on an ongoing, consistent basis. (Models exist in Jacksonville, FL; Columbus, OH; Minneapolis/St. Paul, MN and other cities).

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Resource Links

Action for Children North Carolina – http://www.ncchild.org/

After School National Trends, Programs, and Reports – http://www.afterschoolalliance.org/

Bill and Melinda Gates Foundation - www.gatesfoundation.org/

Center on the Developing Child Harvard University - http://developingchild.harvard.edu/

Child Welfare, Work First, and Food & Nutrition Services in North Carolina by State and by County - http://ssw.unc.edu/ma/

City of Greensboro Department of Housing and Community Development – http://www.greensboro-nc.gov/departments/hcd/

Collaborative for Academic, Social, and Emotional Learning (CASEL) – www.casel.org

Commission to Build a Healthier America - http://www.commissiononhealth.org/

Community Foundation of Greater Greensboro Social Capital Reports – http://www.cfgg.org/learn/community_studies_and_reports

Corporation for National and Community Service - http://www.nationalservice.gov/

Day Care Options and Utilitzation in Guilford County – http://ncchildcare.dhhs.state.nc.us/pdf_forms/statistical_detail_report_june_2009.pdf

Federal Bureau of Investigation Crime Reports – http://www.fib.gov/ucr

Fight Crime: Invest in Kids – www.fightcrime.org

Forum for Youth Investment - http://www.forumforyouthinvestment.org/

Grantmakers in Health – www.gih.org

Greensboro Police Department Crime Statistics – http://www.greensboro-nc.gov/departments/Police/Statistics/

Guilford Coalition on Adolescent Pregnancy Prevention - http://www.gcapponline.org/

Guilford County Department of Public Health – http://www.guilfordhealth.org

Guilford County Schools - http://www.gcsnc.com/

Guilford Education Alliance – www.guilfordeducationalliance.org

Guilford Technical Community College - http://www.gtcc.edu/

Harvard Family Research Project - http://www.hfrp.org/

Higher Education Research Institute - http://www.gseis.ucla.edu/heri/index.php

Homeless Prevention Coalition of Guilford County - http://www.hpcgc.org/

National Alliance to End Homelessness - http://www.endhomelessness.org/

National Center of Children Exposed to Violence - http://www.nccev.org/us/overview.html

National Conference on Citizenship - http://www.ncoc.net/

National Child Traumatic Stress Network –
http://www.nctsnet.org/nccts/nav.do?pid=hom_main

North Carolina Department of Health and Human Services – http://www.dhhs.state.nc.us

North Carolina Department of Public Instruction Reports and Statistics –
http://www.ncpublicschools.org/data/reports/

North Carolina Employment Security Commission – http://www.ncesc.com

North Carolina Justice Center Budget and Tax Studies – http://www.ncjustice.org

National Scientific Center on the Developing Child –
http://developingchild.harvard.edu/initiatives/council/

National Value of Volunteer Time at Independent Sector - http://www.independentsector.org/

North Carolina Institute of Medicine Task Force on Adolescent Health –
http://www.nciom.org/projects/adolescent/adolescent.shtml

Office of State Budget and Management - http://www.osbm.state.nc.us/

Partners Ending Homelessness - http://www.partnersendinghomelessness.org/

Partnership for 21st Century Skills - http://www.p21.org/route21/

Pew Center on the States - http://www.p21.org/

Ready by 21^{R} Challenge - http://www.forumforyouthinvestment.org/readyby21

Search Institute - http://www.search-institute.org/

Trust for America's Health - http://healthyamericans.org/

Urban Institute – http://urban.org

U.S. Census Bureau, American FactFinder –
http://factfinder.census.gov/home/saff/main.html?_lang=en

U.S. Department of Housing and Urban Development (HUD) Research Reports –
http://www.huduser.org/portal/

Volunteer Impact from Deloitte - http://www.deloitte.com/view/en_US/us/About/Community-Involvement/volunteerism/index.htm

Volunteering in America - http://www.volunteeringinamerica.gov/

Appendices

Voices.Choices Community Assessment
Description Summary of Focus Group Participants

12 completed

Group	# in Group	Zip Codes	Gender	Ethnicity	Age	Socio-Economic Status	Other Notes
Unemployed	8	6	2 male 6 female	5 AfricanAmerican 2 Hispanic 2 Multi-racial	25-34 2 35-44 2 45-54 4	All low	6 had children at home 1 had disabled child 1 parents lived with
Unemployed, Professional	5	5	4 males 1 female	All white	35-44 1 55-64 4	Middle class	1 had children at home 4 had 4 yr or post-graduate degree
Faith Community	9	5	4 males 5 female	3 African American 6 white	25-34 1 45-54 1 55-64 5 65-74 1	Middle class	5 had children at home 2 mental health 1 disabled family member All college graduates
Latino	8	5	3 male 5 female	8 Latino/Hispanic (Cuba, Mexico, Dominican Rep.)	18-24 1 25-34 2 45-54 5	Mixed	5 had children at home 1 disabled family member Mixed education levels
Older Adults	13	6	13	11 African American 2 white	65-74 4 75-84 7 85 + 2	Mostly low	Sr. Resources clients mostly
Young Adults, under 30	8	6	5 female 3 male	5 white 1 African American 1 Asian American 1 Black	18-24 2 25-34 6	Mixed	1 college student 1 unemployed 2 part-time employed 4 married 1 had children
Youth	10	6	7 female 3 male	3 white 7 African American	All less than 18	Mixed High	5 high schools represented 2 had siblings w special needs
Parents	8	5	1 male 7 female	1 Hispanic 1 African American 6 white	35-44 5 45-54 3	Mixed High	2 single parents Mixed education levels
Homeless	16	4	12 men 4 female	3 multi-racial 4 whites 9 African American	18-24 1 25-34 6 35=44 2 45-54 3 55-64 2	Low	IRC clients
Eastside Park	4	1	4 women	4 African American	55-64 1 65-74 2 75-84 1	Low	
Middle College Youth	8	8	3 Male 5 Female	4 African American 1 Multi-racial 3 white	Less 18 7 18-24 1	Mixed	GTCC East campus
Persons with Disabilities	16	8	14 female 2 male	1 African American 1 unknown 14 white	25-34 4 35-44 4 45-54 2 55-64 1 65-74 3	Mixed	Many types of disability including mental, physical and developmental disability

Total Participants = 113

General Themes from Focus Groups

Themes	Frequency	Notes
Physical Environment • Clean, green, attractive environment • Improved public transportation, roads, sidewalks • Safe with less crime • Stronger and better community leadership	**22**	*8 of 12 focus groups listed in their top 3 priorities*
Community • Connectivity, diversity, respect, unity, tolerance, equality, fairness • Knowing my neighbors, sense of community	**17**	*9 of 12 focus groups listed in their top 3 priorities;* *11 of 12 focus groups listed in their priorities*
Access & Resources • More access to services, one portal entry to services, better knowledge of resources • Affordable housing, no homelessness • Better health care for all	**17**	*5 of 12 focus groups listed in their top 3 priorities*
Jobs & Economy • Stable and improved economy with more jobs and quality jobs	**15**	*6 of 12 focus groups listed in their top 3 priorities;* *10 of 12 focus groups listed in their priorities*
Support for Families & Children • Parent responsibility and accountability for children • Support and services for families and children • Activities for seniors, youth; arts, sports, activities for all • Secure, safe neighborhoods	**13**	*11 of 12 focus groups listed in their priorities*
Schools and Quality Education • Better schools and educational opportunities for all • Opportunities for training and affordable education after high school	**9**	

***Number = frequency of times listed as major theme from visions from all focus groups*

Summary of Themes from 12 Focus Groups

Cluster Theme	Freq	Total Freq	Notes
Positive Respectful community, good human relations & attitudes	6		**Community ---connected, respect & unity**
Living together in community w cultural unity & respect	2		9 of 12 focus groups rated one or more of these themes in yellow as a first – third priority in importance
Better connectivity and diversity	1		
Sense of community, knowing neighbors, communications among	2		11 of 12 groups listed one or more of these themes in their final list of things important to a community with a good quality of life in human services.
More tolerance, fewer "isms"	1		
Social well being, social capital	1		
Equality & fairness	3		
Arts, sports & activities for all	1	**17**	
Improved economy	7		**Jobs & Economy**
Better and more jobs	6		6 of 12 focus groups rated one or more of these themes in gray as a first – third priority in importance
High quality employment	2	**15**	10 of 12 groups listed one or more of these themes in their final list of things important to a community with a good quality of life in human services.
Cleaner environment, good aesthetics	4		**Physical Environment**
Better roads and sidewalks	1		8 of 12 focus groups rated one or more of these themes as a first – third choice in importance.
Improved public transportation	4		
Improved city planning & services	1		Every focus group listed one or more of these themes in their final list of
Safe environment, lighting, crosswalks	1		things important to a community with a good quality of life in human services
Safety, lack of crime	8		
Better community leadership	3	**22**	
Opportunity for disabled	2		**Access & Resources**
Better healthcare for all	3		5 of 12 focus groups rated one or more of these themes as a first – third
Better knowledge of community resources	1		choice in importance.
Better access to services	4		
Infrastructure, one portal entry to service	1		9 of 12 focus groups listed one or more of these themes in their final list of things important to a community with a good quality of life in
Accountability in providing services & access	1		human services.
Housing	1		
Affordable housing & shelter	3		
No homelessness	1	**17**	
Support for families and children	5		**Support for Families & Children**
Family support for work	2		3 of 12 focus groups rated one or more of these themes as a first - third
Parent accountability for children	1		choice in importance
Activities for seniors and youth	2		
Arts, sports, activities for all	1		11 of 12 focus groups listed one or more of these themes in their final list of things important to a community with a good quality of life in
Secure and safe neighborhoods	1		human services.
Less alcohol, drugs, smoking	1	**13**	
Better Schools & education	8		**Schools & Quality Education**
Improved education	1	**9**	4 of 12 focus groups rated one or more of these themes as a first – third choice in importance. 9 of 12 focus groups listed one or more of these themes in their final lost of things important to a community with a good quality of life in human services.

Descriptive Summary of Forum Participation

	Newcomers	Aycock	Mt. Zion	Smith	Total
Attendance	23	12	16	45	95
Gender					
Male	8	3	4	15	30
Female	12	7	12	20	51
				Unknown 1	1
Race					
White	15	5	5	11	36
African American	3	4	10	12	29
Hispanic	4		1	7	12
Bi-Racial				2	2
Native American				1	1
Unknown				2	2
# Zip Codes	9	7	9	14	19 Different ones
Age					
18-24	1		1	3	5
25-34	0		2	6	8
35-44	5	3	7	8	23
45-54	9	4	3	7	23
55-64	4	1	2	9	16
65-74	1	2	1	1	5
75-84	1				1
85 plus					
Unknown				2	2

Pouring rain and weather affected attendance at Aycock and Mt. Zion

AGE----------

Male	Female	18-24	25-34	35-44	45-54	55-64	Over 65
30	51	5	8	23	23	16	8

RACE

African American	29
Caucasian	36
Hispanic	12
Multi-Racial	2
Native American	1
Other	2

Summary of Suggested Strategies from All Forum Groups

- Strengthen efficiency and effectiveness of service delivery
    - Coordination, collaboration across and among agencies and providers
    - Centralization
    - Catalog of information by category
    - Single portal of entry
    - More $ to direct service; less in administrative costs
    - Strengthen education and awareness about resources for service
    - Utilize volunteers to strengthen service

- Affordable housing opportunities
    - Expand resources

- Higher student performance and outcomes
    - Parent and community engagement in schools
    - After school programs for at-risk students
    - Students are more vested in education/school
    - More collaboration and referral to community services
    - Equalize schools, i.e. resources and opportunities
    - More resources and teachers/staff
    - Adequate resources and proper staffing in all classrooms
    - In-school mental health advocacy
    - Educators trained in diversity so know difference in bad behavior and cultural difference
    - Tap more resources from business and community

- Revitalize and strengthen neighborhoods
    - Appearance
    - Sense of community and pride
    - Sustainability and property value
    - Safety, less crime, drugs etc.

- Promote and celebrate diversity in GSO
    - Brand it and develop a marketing campaign
    - Increase education about divided community…race, culture, economics
    - More cross cultural events and cross collegiate events
    - More cultural events in city
    - Increase community education in cultural competence
    - Strive for respect and unity

- Strengthen Greensboro leadership
    - Younger leaders
    - Recruit and utilize young professionals
    - Public leadership more visible in community
    - More aware of diversity; trained in cultural competence
    - More education and awareness of needs of families and children
    - Fewer personal agenda among those leaders in service

- Transportation that more effectively meets needs of residents
    - Mapping routes
    - Schedules

- Increase funding for human services and basic needs
    - More engagement of faith communities and civic groups
    - Apply resources where they are most needed
    - Expand resources

Voices. Choices.
Greensboro's Human Services Study

Visions of Our Community

*Review the entire list below and then place a check by the **top 5 statements** that you believe are most important for our community and a good quality of life for all of our citizens.*

_____ Adequate and affordable housing options exist.
_____People care about each other.
_____Safe neighborhoods exist in which to live and raise families.
_____Parents act responsibly and are accountable for their children.
_____Children have equal access to quality education and complete their schooling.
_____The community is free from cultural, gender, or age biases.
_____A network of family services is available to all types of families.
_____People are accepting and respectful of one another, regardless of differences.
_____Children are active and healthy.
_____The physical environment is clean, green, attractive, and a fun place to be.
_____People step beyond their social circles to get to know others.
_____Children feel good about themselves.
_____Health care is accessible, affordable, and of high quality.
_____Stable business community exists that has the kind of jobs that can provide for families.
_____Adequate and affordable transportation system is widely available to everyone.
_____Regular opportunities exist for the community to come together in festivals, gatherings, celebrations, and in arts and sports activities.
_____Children and youth have positive role models and mentors rather than too strong a reliance on TV, pop culture, and other media.
_____Homeless people have a safe place to go.
_____Everyone works together for the good of the larger community.
_____Neighborhoods and the city are free from crime, gang, and drug activities.
_____Varied educational opportunities exist for all cultural groups that lead to decent jobs.
_____Everyone's basic needs are met (food, housing, clothing, and health care).
_____People have a sense of job security.
_____Information about community resources is easily accessible and also available in various languages.
_____The community accepts, understands, and supports all different types of families.

_____Other (Specify)_____

Voices. Choices.
Greensboro's Human Services Study

How Well Greensboro Is Achieving the Ideal of a Good Quality of Life

From your standpoint, how is Greensboro (GSO) doing with regard to each of the following factors in achieving a good quality of life: ***Great, Pretty Well, Mixed, Not so Well, or Very Badly.*** Circle one response for each statement.

	Great	Pretty Well	Mixed	Not So Well	Very Badly
1. How well GSO is doing: Adequate and affordable housing options exist	5	4	3	2	1
2. How well GSO is doing: People care about each other	5	4	3	2	1
3. How well GSO is doing: Safe neighborhoods exist in which to live and raise families	5	4	3	2	1
4. How well GSO is doing: Parents act responsibly and are accountable for their children	5	4	3	2	1
5. How well GSO is doing: Children have equal access to quality education and complete their schooling	5	4	3	2	1
6. How well GSO is doing: The community is free from cultural, gender, or age biases	5	4	3	2	1
7. How well GSO is doing: A network of family services is available to all types of families	5	4	3	2	1
8. How well GSO is doing: People are accepting and respectful of one another, regardless of differences	5	4	3	2	1
9. How well GSO is doing: Children are active and healthy	5	4	3	2	1
10. How well GSO is doing: The physical environment is clean, green, attractive, and a fun place to be	5	4	3	2	1
11. How well GSO is doing: People step beyond their social circles to get to know others	5	4	3	2	1
12. How well GSO is doing: Children feel good about themselves	5	4	3	2	1
13. How well GSO is doing: Health care is accessible, affordable, and of high quality	5	4	3	2	1

Please turn over the page and continue…

		Great	Pretty Well	Mixed	Not So Well	Very Badly
14. How well GSO is doing:	Stable business community that has the kind of jobs that can provide for families	5	4	3	2	1
15. How well GSO is doing:	Adequate and affordable transportation system is widely available to everyone	5	4	3	2	1
16. How well GSO is doing:	Regular opportunities exist for the community to come together in festivals, gatherings, celebrations, and in arts and sports activities	5	4	3	2	1
17. How well GSO is doing:	Children and youth have positive role models and mentors rather than too strong a reliance on TV, pop culture, and other media	5	4	3	2	1
18. How well GSO is doing:	Homeless people have a safe place to go	5	4	3	2	1
19. How well GSO is doing:	Everyone works together for the good of the larger community	5	4	3	2	1
20. How well GSO is doing:	Neighborhoods and the city are free from crime, gang, and drug activities	5	4	3	2	1
21. How well GSO is doing:	Varied educational opportunities exist for all cultural groups that lead to decent jobs	5	4	3	2	1
22. How well GSO is doing:	Everyone's basic needs are met (food, housing, clothing, and health care)	5	4	3	2	1
23. How well GSO is doing:	People have a sense of job security	5	4	3	2	1
24. How well GSO is doing:	Information about community resources is easily accessible and also available in Spanish or other languages	5	4	3	2	1
25. How well GSO is doing:	The community accepts, understands, and supports all different types of families	5	4	3	2	1

26. Are there any other areas in which you believe that Greensboro is doing particularly well?

_____

27. Are there any other areas where you believe that Greensboro is doing particularly poorly?_____

Please turn over the page and continue…

Group_____

Voices. Choices.
Greensboro's Human Services Study

Participant's Background Information

To help us know the demographics of the citizens in our community who participate in our data gathering processes, please provide us with the following background information about yourself. Fill in the blank or check the answer most appropriate for you.

1. What is your zip code?_____

2. What is your employment status?
   _____Employed full time
   _____Employed part-time
   _____Looking for work
   _____Retired
   _____Stay at home, do not work

3. If you are employed, what type of organization do you work for?
   _____Private business or company
   _____Nonprofit organization
   _____Church
   _____Government---local, state, or federal
   _____Education
   _____Self-employed
   _____Other _____

4. Do you regularly volunteer with a nonprofit organization or faith based organization?
   _____ Yes
   _____ No

5. What is your gender? _____Male _____Female

6. What is your age?
   _____Less than 18
   _____18-24
   _____25-34
   _____35-44
   _____45-54
   _____55-64
   _____65-74
   _____75-84
   _____85 or older

7. What languages do you speak at home?
   _____English
   _____Spanish
   _____Other_____Please specify

Group_____

8. What racial or ethnic group (s) do you identify yourself with?
   _____African-American
   _____Asian American
   _____Caucasian or white
   _____Hispanic or Latino
   _____Multi-racial
   _____Native American
   _____Other _____Please identify

9. How much formal education have you received?
   _____Some high school, but did not graduate
   _____High school graduate or GED
   _____Some college, but did not graduate
   _____Associate or other 2-year degree
   _____Bachelors or other 4-year degree
   _____Post-graduate work or degree

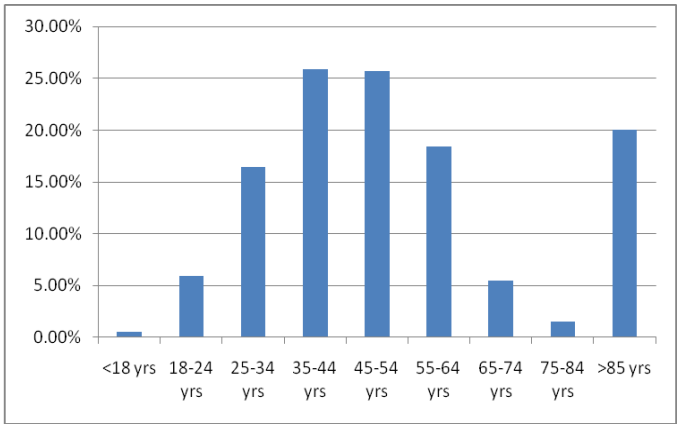
10. Besides yourself, who else is living in your household?
    _____Spouse
    _____Parents
    _____Children
    _____Partner
    _____Roommate
    _____Other_____If other, who and what is relationship?

11. Check all of the statements below that apply to you.
    _____ I am developmentally disabled or have a family member (spouse, parent or child) who is.
    _____I am physically handicapped or have a family member (spouse, parent or child) who is.
    _____I have mental illness or have a family member ((spouse, parent or child) who does.
    _____My sexual orientation is gay, lesbian, bisexual or transgender.
    _____I am homeless.
    _____None

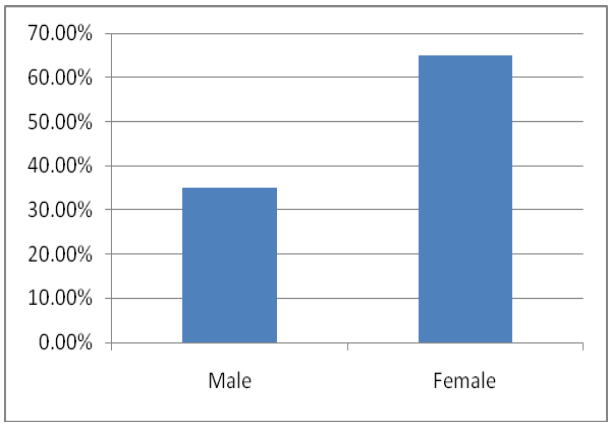
Other Comments:

Thank you for your participation!

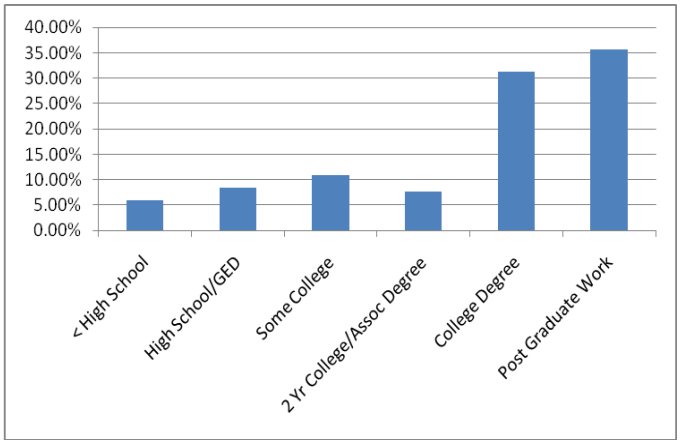
Demographic Characteristics of Survey Respondents



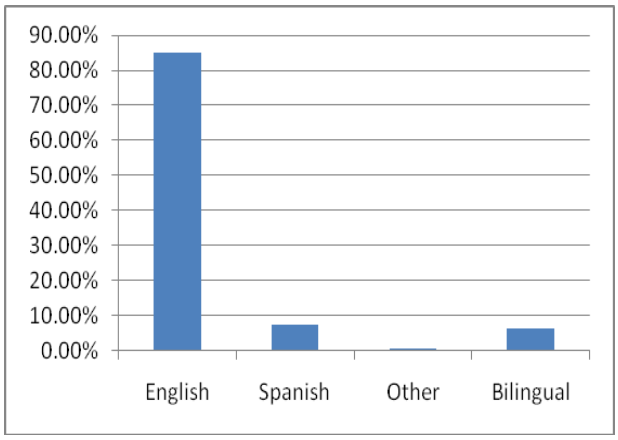
Age



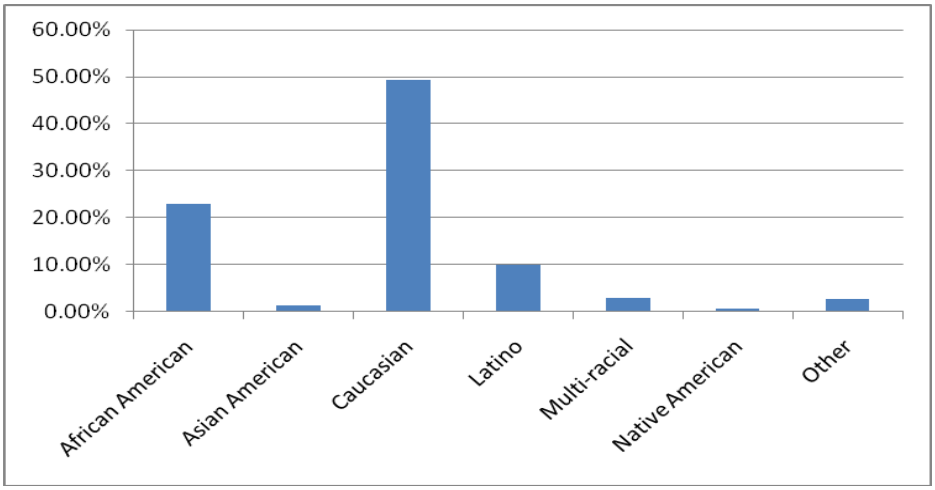
Gender



Education

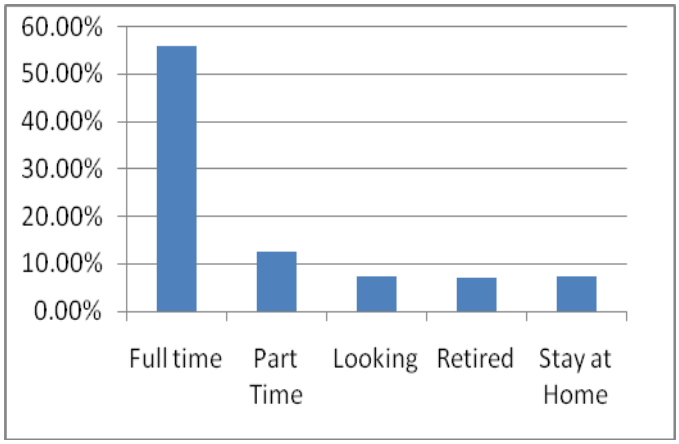


Language Spoken

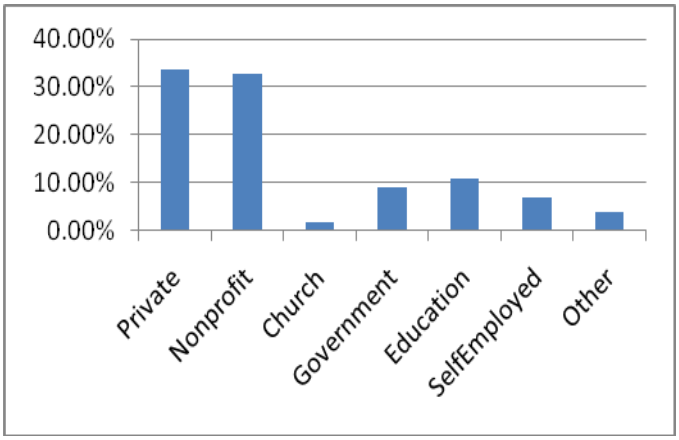


Race/Ethnicity

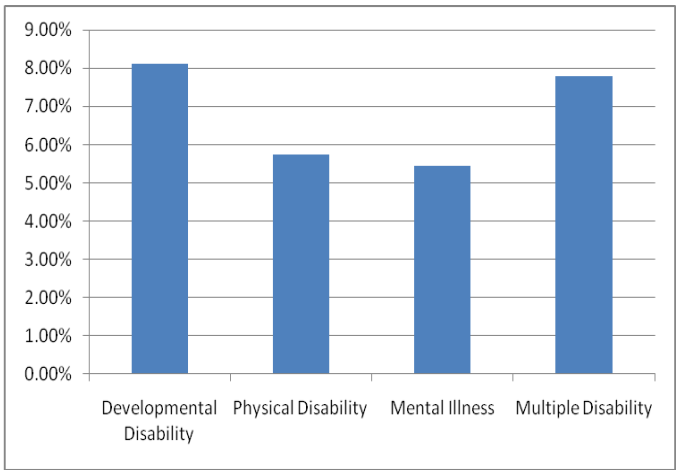
Demographic Characteristics of Survey Respondents



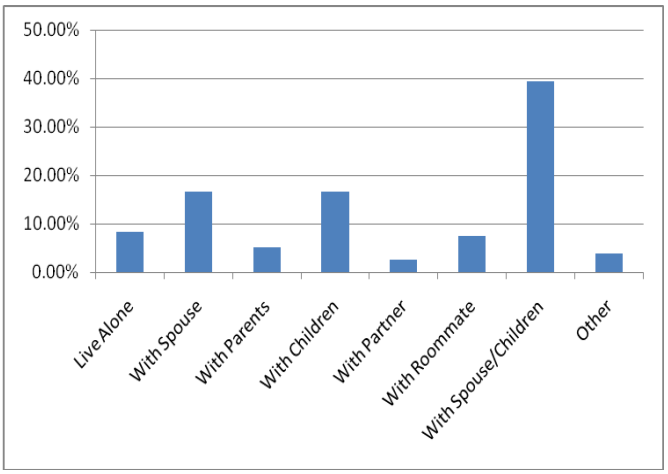
Employment Status



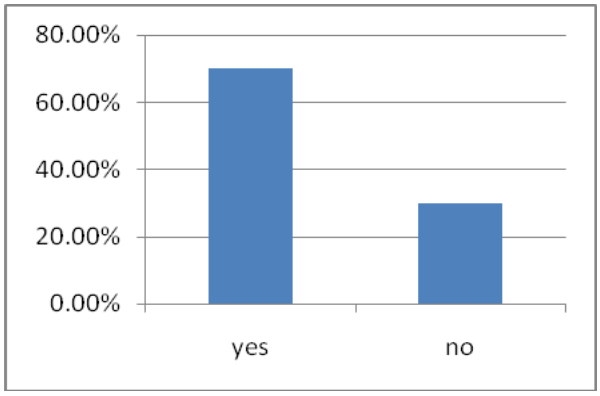
Employer Organization



Disability Status



Household Status



Percent Who Volunteer

Vision Statements from the Survey Grouped by Theme Category

Community---connected, respect & unity

- People care about each other.
- There are regular opportunities for the community to come together in festivals, gatherings, celebrations, and arts and sports activities.
- People step beyond their social circles to get to know others.
- Everyone works together for the good of the larger community.
- People are accepting and respectful of one another, regardless of differences.
- Cultural, gender, or age biases do not exist.

Physical Environment

- The physical environment is clean, green, attractive and a fun place to be.
- Neighborhoods and the city are free from crime, gang and drug activities that threaten the community's well being.
- Adequate and affordable transportation system is widely available to everyone.

Access & Resources

- Adequate and affordable housing options exist.
- Health care is accessible, affordable and of high quality.
- The homeless have a safe place to go.
- Everyone's basic needs are met (food, housing, clothing, health care).
- Information about community resources is easily accessible and also available in various languages.

Support for Families and Children

- Safe neighborhoods in which to live and raise families.
- Stable business community that has the kind of jobs that can provide for families.
- A network of family services is available to all types of families.
- People have a sense of job security.
- The community accepts, understands and supports all different types of families.
- Children feel good about themselves.
- Children are active and healthy.
- Children and youth have positive role models and mentors rather than too strong a reliance on TV, pop culture and media.
- Parents act responsibly and are accountable for their children.

Schools and Quality Education

- Children have equal access to quality education, and complete their schooling
- Varied educational opportunities exist for all cultural groups that lead to decent jobs.

Voices. Choices.
Greensboro's Human Services Study

Summary of Visions and Ratings from Surveys

Note: Visions are ranked in order of importance and grouped by color into tiers. We are recommending the issues in the top 3 tiers---blue, yellow, green. This chart enables you to see what people thought was important and how well we are doing on the top visions.

Issue	How Well Is Greensboro Doing?
Health care is accessible, affordable, and of high quality	2.76
Everyone's basic needs are met (food, housing, clothing, and health care)	2.80
Safe neighborhoods exist in which to live and raise families	3.07
Children have equal access to quality education and complete their schooling	3.22
Parents act responsibly and are accountable for their children	2.88
Neighborhoods and the city are free from crime, gang, and drug activities	2.41
Adequate and affordable housing options exist	3.15
Stable business community exists that has the kind of jobs that can provide for families.	2.63
Children and youth have positive role models and mentors rather than too strong a reliance on TV, pop culture, and other media	2.76
People are accepting and respectful of one another, regardless of differences	3.01
Children are active and healthy	3.05
A network of family services is available to all types of families.	3.30
The physical environment is clean, green, attractive, and a fun place to be.	3.63
People care about each other.	3.10
Adequate and affordable transportation system is widely available to everyone.	3.05
Everyone works together for the good of the larger community.	2.93
People have a sense of job security.	2.37
The community accepts, understands, and supports all different types of families.	3.14
The community is free from cultural, gender, or age biases.	2.87
Information about community resources is easily accessible and also available in various languages.	3.26
Children feel good about themselves.	3.19
Homeless people have a safe place to go.	2.87
Varied educational opportunities exist for all cultural groups that lead to decent jobs.	3.04
Regular opportunities exist for the community to come together in festivals, gatherings, celebrations, and in arts and sports activities.	3.62
People step beyond their social circles to get to know others.	2.79

Summary of Visions and Ratings from Surveys

Note: Visions are ranked by the score in the right hand column "How well is Greensboro doing?" Lower scores mean we are not doing as well.

Issue	How Well Is Greensboro Doing?
The physical environment is clean, green, attractive, and a fun place to be.	3.63
Regular opportunities exist for the community to come together in festivals, gatherings, celebrations, and in arts and sports activities.	3.62
A network of family services is available to all types of families.	3.30
Information about community resources is easily accessible and also available in various languages.	3.26
Children have equal access to quality education and complete their schooling	3.22
Children feel good about themselves.	3.19
Adequate and affordable housing options exist	3.15
The community accepts, understands, and supports all different types of families.	3.14
People care about each other.	3.10
Safe neighborhoods exist in which to live and raise families	3.07
Children are active and healthy	3.05
Adequate and affordable transportation system is widely available to everyone.	3.05
Varied educational opportunities exist for all cultural groups that lead to decent jobs.	3.04
People are accepting and respectful of one another, regardless of differences	3.01
Everyone works together for the good of the larger community.	2.93
Parents act responsibly and are accountable for their children	2.88
The community is free from cultural, gender, or age biases.	2.87
Homeless people have a safe place to go.	2.87
Everyone's basic needs are met (food, housing, clothing, and health care)	2.80
People step beyond their social circles to get to know others.	2.79
Children and youth have positive role models and mentors rather than too strong a reliance on TV, pop culture, and other media	2.76
Health care is accessible, affordable, and of high quality	2.76
Stable business community exists that has the kind of jobs that can provide for families.	2.63
Neighborhoods and the city are free from crime, gang, and drug activities.	2.41
People have a sense of job security.	2.37

Voices. Choices.

Greensboro's Human Services Study

Selected Issues

Introduction

The second comprehensive health and human services assessment for Greater Greensboro, *Voices.Choices*, was conducted August 2009 through February 2010. The assessment was a cooperative research initiative convened by United Way of Greater Greensboro and sponsored by the following foundations: Bryan Foundation, Community Foundation of Greater Greensboro, Moses Cone-Wesley Long Community Health Foundation, Toleo Foundation , Weaver Foundation, and the United Way of Greater Greensboro. The assessment was conducted by a research team led by Sheron K. Sumner, Ph.D.; Nancy P. Hunter, MPA; and Terri L. Shelton, Ph.D., Interim Vice Chancellor for Research and Economic Development, and Director, Center for Youth, Family, & Community Partnerships, The University of North Carolina Greensboro.

Key methods and sources for gathering information included 12 focus groups, four community forums, an e-mail survey, a service provider forum, community experts, and analysis of existing data and reports. Information was gathered from 1,749 participants and represented "voices" from throughout our community. A full report, executive summary and detailed data reports will be available on the United Way website www.unitedwaygso.org in early May.

This summary focuses on the four issues selected by the Ad Hoc Steering Committee composed of community leaders from diverse backgrounds who studied the data and identified four issues that they considered to be most reflective of the critical needs affecting health and human care in Greensboro at this time. This report provides a synopsis of the four issues including goals, key factors, why the issue is important and selected indicators.

Issues:

Improving the financial stability of individuals and families

Access to comprehensive health care services

Successful school experiences for every child

Nurturing children and youth for positive development

Financial Stability of Individuals and Families

Goal: Enable people to obtain jobs with wages that support basic needs

Goal: Connect those who are unable to obtain sustaining employment to community services and resources that maintain individual and family financial stability

Key Factors:

- High unemployment rate
- Under-employment due to a transforming local economy
- Inability of workers earning low or minimum wage to meet their basic needs without assistance
- Skill levels of workers insufficient for higher paying jobs of the future
- Higher wage employment is crucial to improving other human service issues

Why this is important:

More and more, hardworking individuals and families are unable to meet basic needs and get ahead financially. At the end of February, 2010, the rate of unemployment in the Greensboro/High Point MSA was 12.4% and was 11.8% overall in Guilford County *(NC Employment Security Commission, 2010).* This represents more than a 100% increase from the unemployment rate of 5.8% in 2003.

Although the federal minimum wage was increased to $7.25 in July, 2009, that wage is far below what is required to meet basic needs. A 40-hour per week employee earning minimum wage would only receive $15,090 annually, far below what is required to meet basic needs, even without consideration of the rising cost of housing, education and healthcare. In addition, low wage workers often do not receive health insurance and other benefits and have difficulty achieving long-term financial stability.

Wages have not kept pace with the rising cost of housing, food, health care and education. The 2008 Annual Living Income Standard (LIS) for Greensboro for a four-person family is $41,092 *(NC Justice Center, 2008).* The hourly wage needed for this income level for a fulltime worker is $19.76. This LIS represents the income needed to adequately meet basic needs including housing, food, healthcare, transportation, childcare, and clothing. It does not include savings or debt payment. More than 43% of Greensboro families made less than this LIS in 2007. A large gap exists between what workers earn and what it costs to meet basic expenses.

Even before the current economic recession, the decline of traditional industries had led to job loss and instability for many people in our community. A major trend statewide and locally is the shift from an economy based on traditional manufacturing to a new economy based on

service or knowledge industries requiring a higher skill level. Workers' skills have not stayed in alignment with changing industry needs.

Lower level service industry jobs often pay minimum wages that are insufficient to support a household without other human service assistance. The retail sector, for example, offers low-skill, low-paying jobs, and Greensboro has a disproportionately large share of retail jobs compared to other similar cities. 15.8% of our workers are employed in such jobs (19, 271 people) compared to 9.5% in Raleigh or 8.9% in Durham. "Middle jobs," those which paid a family-sustaining wage and required minimal formal education or training, are disappearing. The job market is transforming to a "knowledge economy, " and many high school graduates will find that the newer jobs demand high-level skills such as the ability to communicate, to solve problems, and to innovate *(NC Education Report, 2008, NC Network or Grantmakers).*

Many workers will need more education. Although it is a challenge for many, it disproportionately affects some groups more than others. Fifty per cent of Hispanic adults older than 25 and 52% of Hispanic men have not completed high school, whereas 15% of non-Hispanic white adults have not completed high school *(NC Commission on Workforce Development 2007)*. Community plans must include opportunities for prime working age adults to retrain or qualify for college so they can join or advance in jobs that pay a family-sustaining wage.

We have opportunities through our many strong educational institutions to increase education and skill levels to meet the workforce needs of the future and ensure that workers are able to compete for higher paying jobs. Our city, county, and regional partners in economic development are actively engaged in targeting "Clusters of Opportunity" to recruit higher paying industries in areas such as aviation, advanced manufacturing, transportation, and information technology.

Indicators:

- $44,986 was the median household income in Guilford County in 2008 *(US Census, American Community Survey/,*
- 26% of households in Greensboro had an income of less than $25,000 *(US Census, American Community Survey, 2008).*
- 3.1% of households received public assistance in 2008 *(US Census, American Community Survey).*
- 78.5% of families with children 6-17 had two parents in the labor force; 64% of families with children under 6 years had two working parents *(US Census, American Community Survey, 2008).*
- The fastest growing employment sectors in Greensboro are healthcare support and social services, among the lowest paying of the sectors. Health care support entry wages are $8.29 per hour and average wages are $11.32 per hour, while social service entry wages are $11.96 per hour and average wages are $17.87 per hour *(NC Employment Security Commission Occupational Employment Statistics 2009)*.

- In 2006, 78% of jobs in the state paid wages below the Living Income Standard *(NC Justice Center, 2008).*
- 66,316 persons in Guilford County participated in the Food Stamp program in September 2009, an increase of 12,652 persons since September 2008 *(Guilford County WorkFirst Plan, 2009).*
- 46% of total renter households and 16% of homeowners in Greensboro had a housing cost burden of 30% or more; 24% of renters and 6% of homeowners had a housing cost burden of 50% or more *(City of Greensboro, Housing Needs Assessment 2010-14, 2010).*
- Assistance provided by Greensboro Urban Ministry included 279,759 meals served in the Potter's House Community Kitchen and 1,307,843 pounds of donated food distributed to 25,905 people.

Possible Indicators for future tracking:

- Unemployment rate *(NC ESC)*
- Employment sector and wage trends *(NC ESC)*
- Number of households who can afford Fair Market Rent (*Greensboro ConPlans*)
- Households earning a "Living Wage" as defined by NC Budget and Tax Center
- Poverty rate (*US Census*)
- Household and median income (*US Census*)

Access to Comprehensive Health Care Services

Goal: People have access to primary care services including medical care, mental health services, substance abuse treatment and dental care

Goal: Increase the percentage of people who have insurance or health care coverage

Goal: Promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations

Key Factors:

- Health disparities among all ethnic and racial minorities and other underserved populations
- Poorer health outcomes for Hispanics, African-Americans and other underserved groups
- Legal, language and cultural barriers to health care access
- Lack of providers to meet mental health needs
- Limited access to dental care

Why this is important:

Access to health care and lack of coordination between and among service providers was the most frequent comment made by participants in focus groups and community forums. A strong level of frustration was noted from minority and ethnic groups who felt there was a lack of cultural competence and understanding from providers who provide services to ethnic minorities.

The latest census data *(US Census, 2008)* indicates that just 51% of Greensboro's population is white, 41% African American and that diversity continues to grow. A national report sponsored by the Kaiser Family Foundation referenced Greensboro as a "New Growth Community" for the Hispanic/Latino population, with a small but rapidly growing Hispanic/Latino population (1% in 1996 and 7% in 2008). The report found that Hispanics/Latinos in New Growth communities faced a number of access barriers, including lack of insurance, language and cultural barriers, and lack of familiarity with the U.S. health care system. Minority populations of all racial and ethnic groups face barriers due to lower income and lack of insurance resulting in health disparities. The growing percentage of our population experiencing poorer health outcomes will impact our health care delivery systems, our economy, and our quality of life.

Access to services that promote good health is linked to insurance coverage and to having a "health care home," or primary care provider who is familiar with the patient. Here again,

disparities are evident in health insurance coverage in Guilford County between racial groups and between those of different economic status. 93.5% of white respondents reported having

health coverage in 2007, whereas only 75.4% of respondents of other races had health coverage in 2007. 98.5% of those with household incomes of $50,000 or over had health insurance coverage, while 80.2% of those with household income less than $50,000 had coverage *(Guilford County Department of Public Health 2008).*

The overall percentage of those with a primary source of health care has decreased from 84.4% in 2003 to 79.7% in 2007. 84.2% of white respondents had one or more regular providers compared to 71% of those of other races. 81.4% of those with income of $50,000 or more had one or more regular providers compared to 78.1% of those with income less than $50,000 *(Guilford County Department of Public Health 2008).*

Significant health disparities exist in Guilford County between racial and ethnic groups, with whites having significantly better health outcomes than other ethnic and racial minorities *(Guilford County Department of Health, 2009).* Despite advances in health care, racial and ethnic minorities continue to have higher rates of disease and premature death related to breast cancer, prostate cancer, diabetes, and high blood pressure; communicable diseases including tuberculosis, HIV, syphilis, and gonorrhea. Higher rates of infant mortality, low birth weights, and teen pregnancy exist for non-minorities. These disparities arise from many complex factors, but two major contributing factors are inadequate access to care and substandard quality of care *(National Partnership for Action to End Health Disparities, 2009).*

The growing percentage of our population experiencing poor health and mental health outcomes and gaps in services makes it more urgent that we address health and mental health disparities. Poorer health outcomes impact businesses and the economy through absenteeism, productivity, performance and business outcomes. The health of children and youth impacts their educational attainment and job readiness. Untreated mental health and substance abuse disorders contribute to poor educational attainment, disruption of normal daily and workplace activities, impaired family relationships and homelessness and can result in high costs in community crisis are services. Helping all populations to achieve access to high quality healthcare will promote wellness, better health care outcomes, and a higher quality of life for our community.

Indicators:

- Death rates from chronic diseases such as cancer, heart disease, and stroke are higher among non-whites than whites *(Guilford County Department of Public Health 2008)*.
- The incidence rates for communicable diseases are higher among non-whites than whites. The incidence rate for HIV Disease was 16.3 per 100,000 for whites compared to 70.6 per 100,000 for other races. The incidence rate for tuberculosis was 2.0 per 100,000 for whites compared to 12.6 per 100,000 for other races. *(Guilford County Department of Public Health 2008)*

- 93.5% of white respondents reported having health coverage in 2007, whereas 75.4% of respondents of other races had health coverage in 2007.

- 98.5% of those with household incomes of $50,000 or over had health insurance coverage, while 80.2% of those with household income less than $50,000 had coverage *(Guilford County Department of Public Health 2008).*
- The overall percentage of those with a primary source of health care has decreased from 84.4% in 2003 to 79.7% in 2007. *(Guilford County Department of Public Health 2008).*
- With the exception of adult mental health treatment, the majority of consumers of services at the Guilford Center were African American, and the majority was male. *(NC TOPPS 2009)*.

Possible Indicators for future tracking (available from *Guilford County Health Department):*

- Mortality rates from chronic diseases by race and gender
- Rates of communicable diseases
- Percentage of those with health insurance
- Percentage of those with primary care
- Incidence of tobacco, alcohol and substance use
- HIV and AIDS rate
- Differential rates of low birth weight, infant mortality and access to prenatal care by month of pregnancy by ethnic and racial groups

Successful School Experiences for Every Child

Goal: Ensure that third and eighth graders are reading at grade level

Goal: Narrow achievement gaps and promote educational opportunities for children who face challenges due to poverty, low resource communities, disability, or language proficiency

Goal: Prepare students for further education, future employment and living as a responsible citizen

Key Factors:

- End-of-grade testing scores for third and eighth graders indicates students from low resource communities are not performing as expected
- Too many high school freshmen are dropping out of school
- Number of low performing schools within the GCS system increasing and unacceptable
- Low literacy rate
- Existing achievement gap between racial and ethnic populations continues, especially in low resource communities
- Existing drop out rate for minority students

Why is this important?

Young people are our next generation of workers and leaders. To help each child reach his/her full potential and succeed in work and life, we need to ensure our schools have adequate resources to provide high quality education to every child. Education drives the economy. To be competitive in the future global marketplace, Greensboro/Guilford County will need to train more young people for the changing 21st century economy. In addition to performing well on tests, our students need character development and a rich curriculum that focuses on the development of the whole person---one who becomes a responsible citizen and engaged in local community. Educational institutions, from regulated child care, to K through 12, and then postsecondary education, are the pipeline to a better future.

Guilford County Schools (GCS) is the third largest district in the state. There has been a steady growth in enrollment over the past decade, and 71,464 students were enrolled in 2009-10 *(Guilford County Schools).* Student ethnic composition was 40.4% Black, 39.1% White, 9.2% Hispanic, 5.5% Asian, 5.3% multi-racial, and 0.5% American Indian. More than 150 languages/dialects were spoken representing 142 ethnic groups. Approximately 13.7% (11,366) of students in Guilford County do not attend a GCS school but have chosen instead a private, charter or home-based school option.

The Guilford Education Alliance publishes an annual report, *Education Matters in Guilford County* (*www.GuilfordEducationAlliance.org.)* reviewing progress and highlighting school success through a retrospective analysis of the previous year and comparing data to past years when available. Overall, our schools are performing well and this was affirmed by respondents from the community in the *Voices.Choices* survey. However, the survey revealed that our community strongly desires high quality schools and believes that we have room for improvement. The county has continued to fund schools at a significant level but more dollars are needed for new facilities, maintenance of old buildings, fuel for buses, utilities, supplements for teacher salaries in order to recruit the best educators, programs to address the needs of students who have fallen behind, and innovative programs to prepare students for the 21st century in an era of rapid and global change.

Several programs within GCS have been recognized nationally. GCS is a state and national leader in the Middle College High School Movement. In 2009 GCS students were offered a record $79 million in scholarships, about $2 million more than the previous year's record. In spite of all these successes, a wide achievement gap and disparity exists among racial and ethnic minority students who face challenges. Programs to reduce poverty and create good jobs in the community could also help narrow achievement gaps because family income is one of the strongest predictors of students' test scores.

Attainment of a high school diploma is the single most effective preventive strategy against adult poverty *(Children's Defense Fund, 2008).* Guilford's graduation rate of 79.9% for 2009 (*Dept Public Instruction)* has held steady for the past three years and is higher than the rate for other urban districts but could be improved. A high school diploma is essential to finding a job and earning a decent wage. GCS has included a progressive goal in its strategic plan to improve the graduation rate.

Approximately one-third of NC students who enter high school each fall will not graduate within for years *(www.ncpublicschools.org/graduate).* The dropout rate in GCS during the 2007-08 school year was 3.31%, slightly higher than the previous year but significantly below the state average of 4.97% *(NC State Dept of Instruction, 2009)* affecting 760 students, 39% female, 61% male. Attendance was the most frequently cited reason for dropout. Students are frequently retained in third, sixth, and ninth grades which are cited as critical grade transitions. Early intervention is critical for graduation success.

A young adult without a high school diploma or GED cannot continue his or her education, or enter the military. In 2008, the average rate of joblessness for dropouts between the ages 16 and 24 was 54%; among black dropouts, the jobless rate was 69%. The jobless rate for high school graduates during this same period was 32%; for college graduates, 13%. Furthermore, the report estimates that the average high school dropout will cost taxpayers more than $292,000 during their working lives, resulting from lower tax revenues, public assistance and incarceration costs *(Northwestern University, 2009).* Several "prevent dropout" model programs report successful results including a community collaborative model in the Winston-Salem/Forsyth County Schools, "Graduate. It Pays." (*www.wsfcs.k12,nc.us, 2010*). Information

from their website indicates a dropout earns 32% less than a high school graduate, is only qualified for 12% of available jobs, is 3.5 times more likely to be in jail or prison than a graduate; 80% of prisoners are high school dropouts; and a dropout is more likely to be in poor health, on public assistance and the single parent of a future dropout. The NC Department of Public Instruction provides resources for local campaigns "The Message: Graduate!" to prevent dropout *(www.ncpublicschools.org/graduate).*

North Carolina's public education system and Guilford County Schools are at a crossroads. Facing rapid and global change, our education leaders and policymakers need to value and encourage innovation at all levels as our community strives to rebuild its economy. Too many of our future workers are being lost to drop-out or failure to continue their education after high school. Postsecondary education and workforce readiness are crucial to reversing the course of our economy.

Indicators:

- Guilford County *(GCS)* enrolled 71,464 students --- including 32,577 elementary, 16,363 middle, and 22,524 high school students.
- The student population included 10,452 special education students and 10,028 advanced learners *(GCS).*
- 53% of students were on free/reduced lunch, up slightly from the previous year *(GCS, 2010).*
- $8,398 was projected to be spent per student *(GCS).*
- Guilford County School district's achievement gap in reading has narrowed from the 2007-08 school year to the 2008-09 school year, but is still unacceptable. In 2007-08, there was a 37.1 percentage gap for reading, while the latest results show a 33.1 percentage gap (*www.guilford.k12.nc.us*).
- Mean SAT score for 2009 GCS graduates was 988--- 500 for math and 488 for critical reading *(NC Dept Public Instruction, 2009*) and slightly below the state average of 1006 and the national average of 1016. Six of 22 Guilford high schools had average scores below 850.
- In 2008-09 the percentage of total schools and middle schools making AYP was the highest ever for the district, but 10 schools were among NC's 75 lowest-performing schools in the district (*Guilford Education Alliance, Education Matters*).
- GTCC reported that approximately 50% of the 2009 GCS graduates who entered their programs needed to take developmental English or reading courses *(GTCC).*
- GCS annual yearly progress reading test scores *(NC Dept Public Instruction)* show room for academic improvement and when analyzed by race show a wide achievement gap.

Possible indicators for future tracking:

- Graduation rate
- Drop out rate
- End of grade test scores
- Number of low performing schools
- Percentage of students on reduced or free lunch
- SAT scores

Nurturing Children and Youth for Positive Development

Goal: Enhance early literacy and pre-reading development of young children

Goal: Increase access to high quality early learning environments

Goal: Increase access to high quality after school activities for youth in middle school

Goal: Increase awareness among parents/caregivers regarding ways they can support their children's learning at home, school, and community

Key Factors:

- Limited affordable high quality childcare and after school opportunities
- Low literacy and lower than optimal high school graduation rates
- Rates of teen pregnancy, infant mortality, preterm and low birth-weight births too high
- Limited access to high quality medical, dental, mental health, and substance abuse services for all children and youth
- Too few children with "medical home"
- Too many children and youth engaged in risky behavior
- Lack of positive adult role models for *all* children and youth
- Some parents and caregivers need assistance to help their children succeed in school

Why this is important:

Children and youth are our future! Investing in them makes economic sense because it strengthens the quality and productivity of our future labor force. Expanding a child's capacity for learning results in higher incomes for future families and permits investment in the quality of life for the next generation. Moreover, the efficacy of other programs (e.g., health, nutrition, education, etc.) can be improved through their combination with programs of child development. This investment raises the efficiency of public expenditures and reduces the need for future public resources to compensate for failure to address children's needs. Besides the economic importance, investing in our children and youth clearly reflect a community's values…that all children have a right to a fair start, to live and develop to their full potential.

Early experiences provide the foundation for a child's learning, but some families need help gaining the skills necessary to help their children succeed. This is particularly important in early childhood where challenges such as low birthweight, lack of quality child care, persistent poverty, lack of preventative medical care, or exposure to violence and trauma can change not only the child's current developmental status, but also can result in permanent changes in brain function and the ability to regulate one's emotions placing the child at risk for adverse outcomes as an adolescent and adult. For example, between 9.5 and 14.2% of children in the

US between birth and five years old have significant enough behavioral or social-emotional challenges to warrant intervention. Without quality intervention, these emotional challenges are likely to become serious disorders over time (*National Scientific Council on the Developing Child, 2006).*

Quality child care and preschool programs are crucial to level the playing field and ensure every child entering school is ready to learn. Studies *(Children's Defense Fund, 2008)* reveal that "those enrolled in high quality early childhood education programs are subsequently more likely to complete higher levels of education, have higher earnings, be in better health, be in stable relationships, and are less likely to commit a crime or be incarcerated."

Other critical development times include middle school and adolescence, a time when youth need to acquire values, skills, and competencies as well as to avoid making choices and engaging in risky behaviors that will limit their future potential. During middle school and adolescence children are increasingly facing significant challenges alone. A national survey in 2009, *America After 3PM* (*Afterschool Alliance.org*), of over 30,000 households revealed that 30% of middle school students are unsupervised after school during the times that are the peak hours for juvenile crime and experimentation with smoking, drugs, and sex (*Fight Crime: Invest in Kids, 2002*). While more middle school students are participating in afterschool programs (15% versus 11% in 2004), over a third of parents indicated that they would enroll their children in a program if one were available. Cost and hours of operation are cited as major barriers. The investment is well worth it. Children and youth who participate in quality after school programs using evidence-based programming are more likely to stay in school, have higher achievement, and less likely to engage in risky behavior (*Collaborative for Academic, Social, and Emotional Learning, 2007*). Quality afterschool and summer programs enhance the acquisition of academic, social and workforce skills students need to succeed.

By July 2010, there will be an estimated 130,000 young people under the age of 20 in Guilford County. While many of our children and youth are thriving, the NC Institute of Medicine's annual health report card shows NC still has a way to go (*2009 Report Card*). Even though progress has been made, the data for some indicators, --- infant mortality, low birth weight, teen pregnancy, child abuse, homicides, access to dental care, obesity, and the use of tobacco, alcohol, and illegal substances---reflect continued unacceptable risks to children and youth, and should be cause for grave concern.

Healthy youth make healthy adults. Success in school is closely correlated with health. Though all youth have various risk factors, parents have a responsibility to be a good role model and to help their youth practice healthy behaviors. Communities and parents need to be engaged in and to support the health and well-being of adolescents.

Investing in initiatives and programs that support positive youth development is one of the best ways to strengthen our community. Providing psychological and physical safety and structure, ensuring that adults, whether parents or other family members, coaches, teachers, mentors, or others, have the skills and support to engage children and youth in meaningful relationships; and providing opportunities for children and youth to build their skills and competencies can

help all children realize their potential but is especially essential for those that are experiencing the risk of poverty, are living in unsafe environments, or having learning challenges.

Indicators:

- The poverty rate in Greensboro for families with children under five is 27.4% and for single female head of household it is 42.9% *(American Community Survey, 2008).*
- In 2006, only 55% of the children enrolled in regulated child care or preschool programs were enrolled in a program receiving 4 or 5 stars (*2007 School Readiness Report Card*).
- Guilford County's infant mortality in 2008 was 9.9 per 1,000 live births, up slightly from 2008's rate of 9.5 (*News & Record, 8/27/2009*).
- In 2008, there were 966 teen pregnancies, a rate of 53 per 1,000, putting Guilford County 68 out of 100 counties *(http://www.gcapponline.org/*).
- From 2004-2008 the average percent of low birthweight (<2,500 grams) births in Guilford County was 9.4 and 12.7 for racial/ethnic minorities.
- *Action for Children* (*2008*) reported that 12% of Guilford County children were overweight, slightly below the 17% level for NC (which represents the 14th highest rate of overweight youth in the nation *(www.nchealthinfo.org*).
- Nationally, the Institute of Medicine *(Sept 2009)*, reported that over the last 30 years obesity prevalence among children 2 to 5 years old increased from 5% to 12.4%; among children 6 to 11, it increased from 6.5% to 17 %; and among adolescents 12 to 19 years old, it increased from 5% to 17.6%.
- Tobacco, alcohol and substance use continue to be risks for some youth and adolescents. About 29% of middle school and 39% of high school youth reported using alcohol in the last 30 days *(2008 Guilford County Youth Risk Behavior Survey, Guilford Education Alliance and Guilford County Healthy Carolinians).*
- A majority of middle school (83%) and 51.7% of high school students in Guilford County reported that they had never had sexual intercourse *(2008 Guilford County Youth Risk Behavior Survey, Guilford Education Alliance and Guilford County Healthy Carolinians).* Condom use has increased over the last 5 years and most use some type of pregnancy prevention method during intercourse. Teen pregnancy is always of concern because of pregnancy outcome.
- Guilford has a teen birth rate of 33 births per 1,000 compared to a state rate of 47 per 1,000 *(Action for Children, 2008).*

Possible Indicators for future tracking:

- Percentage of children enrolled in regulated early care and preschool education programs certified at the 4 and 5 star levels (*Guilford County Partnership for Children*)
- Percentage of children with normal body mass index (*Kindergarten Health Assessment*)
- Developmentally appropriate skills and behaviors across developmental domains (*Kindergarten Health Assessment*)
- Rate of tobacco, alcohol, substance use and sexual activity among middle and high school youth (*Youth Risk Behavior Survey*)
- Percentage of Guilford County School (*GCS*) children proficient in reading (GCS EOG)

- Graduation and drop out rates *(GCS*)
- Percentage of middle school students who need to be in afterschool programs who are able to attend a high quality program
- Number of parents and community volunteers involved in Parent Academy of Guilford County Schools.