FOCUSING ON WHAT MATTERS

Health and Human Services Needs in Greater Greensboro
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August, 2004

Dear Community Friends:

We are pleased to share the results of the first comprehensive health and human services assessment for Greater Greensboro, Focusing on What Matters. This report contains the findings of a 12-month study led and guided by a Steering Committee of 25 knowledgeable community leaders from the business, education, religious and philanthropic sectors. The project was sponsored by nine community organizations and partners.

The study was initiated and managed by United Way because Greensboro, like many communities across America, faces dramatic and substantive changes. The goal of this assessment is to provide an overview of key health and human services issues and trends in the Greensboro community and to set an agenda of critical issues for community focus.

Perhaps the best service an assessment such as this can provide is to provoke, inform and inspire. Inspiration may come from seeing opportunities where others see only gaps. It is our hope that funders, as well as service providers, will use this information to inform and inspire their own decision-making.

Great thanks and appreciation are extended to all who provided input through this comprehensive community-wide process. More than 1,000 residents participated in focus groups or community forums, responded to surveys, or served as key informants to the process. The leadership of the Steering Committee, dedicated consultants and staff team enhanced our success for this important project. Without their expertise, this study would be far less comprehensive. For those of us who shared in this partnership, the experience was an inspiring and gratifying activity.

The Committee hopes that all who read this report will choose to be deeply engaged with the community and embrace the next challenges in the process: generating solutions, developing action plans and implementing programs with a great sense of urgency and enthusiasm. We encourage collaboration and cooperation with both traditional and nontraditional partners for the betterment of our community. Such efforts need to be undertaken now, empowered by the knowledge we have gathered from this assessment process.

By working together, we can build a healthier and better community for all of us!

Shirley T. Frye
Co-Chair

Randall Kaplan
Co-Chair
The goal of this health and human services assessment is to provide an overview of key human services issues and trends in Greater Greensboro. This assessment will help foundations, the United Way and other groups in the community make funding decisions and identify key issues on which to focus collaboration and partnership efforts for positive change.

This summary describes the results of a cooperative research initiative convened by the United Way of Greater Greensboro and sponsored by seven foundations and the Junior League of Greensboro during a 12-month period beginning May 2003. Other partners in the project represent service providers, business, government, universities, and approximately 1,000 citizens in the Greensboro community.

Key methods and sources for gathering information included 11 focus groups, five community forums, an e-mail survey, a service provider forum, community experts, and analysis of existing data, assessments and reports. As part of the community assessment, vital demographic and problem incidence data were compiled and analyzed around 25 vision statements describing a healthy community.

Participants were asked to prioritize the visions and judge Greensboro’s performance for each. Data from all sources was then compiled to provide informed insights about the nature and severity of the documented problems. The results include both perceptual (opinion) and objective (factual) data.

An ad hoc Steering Committee composed of community leaders from diverse backgrounds studied the data and identified 12 goals that they considered to be most reflective of the critical needs affecting the health and human care of Greensboro citizens. This report provides a synopsis of these key issues and their implications.

The full report, including more detailed data reports, focus group findings, forum reports and a compilation of existing data related to the selected goals, is available through www.unitedwaygso.org or by calling United Way at 336-378-6600.

This project is intended to produce a foundation upon which subsequent data or indicators may be compared to observe trends. Further, this needs assessment will serve as a new tool to frame Greensboro’s human services agenda for business, government, health and human service agencies and other key stakeholders.

The community agenda organizes the 12 goals into four focus areas: children; families and adults; health for children and adults; and building a stronger community.
4 FOCUS AREAS, 12 GOALS

- Enhance the well-being of our children
- Support the needs of our families and adult population
- Improve the health of children and adults
- Build a stronger community

ACCESS TO INFORMATION
- Service Delivery
- Diverse Leadership
- Inclusiveness

SUBSTANCE ABUSE
- Mental Health
- Obesity and Fitness

UNEMPLOYMENT
- Affordable Housing
- Older Adults

SCHOOL READINESS
- Quality Child Care

COMMUNITY AGENDA
BACKGROUND:

This assessment project is a first step in building the community’s commitment and understanding of Greensboro’s health, social and human services needs. For most, quality of life in Greensboro rivals that of any other city in the state and region. For many residents, life could not be better. But despite outward appearances, there are persistent social and human care issues throughout our community.

During the past five years, various planning and action groups have given much attention to the economic development of Greensboro, the creation of new business and jobs, the revitalization of downtown, and the promotion of a positive image and brand for the city. New directions and strategies to enhance our economic base and quality of life have been initiated. This study complements the work of Action Greensboro. But this study is the first to focus entirely on the health and human services issues.

Building on the momentum generated by these various groups, United Way of Greater Greensboro convened leaders of several key foundations to discuss interest and support of a comprehensive community assessment of health and human services needs in our community. These leaders agreed that a common needs assessment would provide a wider perspective and a solid analytical base to form a community agenda for addressing critical issues.

A partnership was formed in Spring 2003. Each member of the partnership pledged financial support or resources, and approved a proposed plan to conduct an assessment and to develop a community agenda of priorities for Greensboro. A steering committee of 25 business, education, religious and philanthropic leaders was formed in May 2003 to guide the assessment process.

This report is a tool to be used by individuals, neighborhoods, civic associations, funding organizations, service providers and policy makers to achieve gains in health and human services outcomes. The data presented is intended to serve as a reference and inspiration for building on the strengths of the community.

The agenda proposed in this report is intended to help us focus our energy and leverage our resources on those issues that “matter most”.

Citizens involved in the process believe a “healthy community” is within our reach if we find new ways to mobilize our resources to achieve new results. It is imperative that critical problems represented by these issues be managed “upstream” to reduce the “downstream” impact on the lives of children, families and our community.

PURPOSES OF ASSESSMENT

- Engage a wide cross-section of diverse community members to hear as many perspectives as possible
- Secure information about community strengths, needs and disparities
- Discover new areas of agreement and opportunities
- Identify issues for a community agenda
- Foster new partnerships and collaborations around critical issues
The community assessment developed a “snapshot” of a healthy community by gathering data from different sources, comparing the results with other data and documenting the findings. This section outlines the data gathering process.

**Focus Groups**
Eleven focus groups representing families; children; seniors; single parent households; Hispanics; gay, lesbian and transgendered individuals; unemployed and displaced workers; homeless; faith community; and college students were conducted in August/September 2003. Most of the 103 participants were recruited randomly; some were recruited from lists provided by community groups.

The focus groups served two purposes. First, ideas from the groups were used to develop 25 vision statements for a healthy community in Greensboro. Second, the focus groups identified critical social issues and related strengths, weaknesses, barriers and needs of the population, including segments that are not usually represented in community discussions.

**Community Forums**
This part of the project assembled qualitative information from 219 citizens attending five community forums held in neighborhood settings throughout the four quadrants of the city. Using the 25 vision statements, small group discussions were organized around five general theme areas (children, families, diversity, resources, and relationships), and participants identified community strengths, resources and barriers to progress. In addition, potential solutions and leverage points for energy and resources were identified.

**Survey**
An e-mail survey was distributed to members of various community groups and posted on the websites of other groups. A response from 460 people validated and prioritized the vision statements to help in the selection of the most critical community issues.

**Existing Data and Community Interviews**
In addition to reviewing Census data and existing community-based assessments, the consultant team researched data from other reports, assessments and sources to compare our issues with national and state data and with other communities. Personal interviews were conducted with 11 chief executive officers to gather their perspectives on building a healthy community. A forum with 122 local nonprofit service providers helped the team sort feasible solutions and cross-cutting strategies to further reduce a long list of issues into a shorter, more relevant list.

**Selection of Community Agenda**
After combining all the data and testing for differences among various groups, a shorter list of issues representing a community-wide view on health and human services issues in Greensboro was presented to the Steering Committee. In a day retreat, the group selected 12 issues for the community agenda. Certainly, the agenda does not include all of the issues important to the community. It does include the issues that these leaders believe unified efforts will have the greatest impact on and that will yield the best results for Greater Greensboro at this time.
Behind the characteristics that make us a strong, vibrant community and the social and health concerns that plague us are trends that are changing life in our community.

Some highlights of the data gathered by the research team are presented here. Demographic information on pages 7-9 is from the City of Greensboro City Data Book, July 2003 unless otherwise noted.

Total population in Greensboro, 2002
Greensboro 229,634

Population Growth, 1990 - 2000
Greensboro 22.0%
Guilford County 21.2%
Forsyth County 15.1%
Randolph County 22.4%
Rockingham County 6.8%
Alamance County 20.9%

Caucasian 5.9%
African American 34.3%
Asian 27.0%
Hispanic 601.4%
### Per-Capita Income Growth, 1980 - 2000

<table>
<thead>
<tr>
<th></th>
<th>Guilford</th>
<th>Alamance</th>
<th>Forsyth</th>
<th>Mecklenburg</th>
<th>Wake</th>
<th>N.C.</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>$10,121</td>
<td>$8,792</td>
<td>$10,521</td>
<td>$10,455</td>
<td>$10,468</td>
<td>$8,247</td>
<td>$10,183</td>
</tr>
<tr>
<td>1990</td>
<td>$21,302</td>
<td>$17,574</td>
<td>$22,218</td>
<td>$23,297</td>
<td>$22,488</td>
<td>$17,367</td>
<td>$19,584</td>
</tr>
<tr>
<td>2000</td>
<td>$30,372</td>
<td>$25,832</td>
<td>$32,291</td>
<td>$37,737</td>
<td>$36,581</td>
<td>$26,882</td>
<td>$29,469</td>
</tr>
</tbody>
</table>

### Family Income in Greensboro, 1980 - 2000

<table>
<thead>
<tr>
<th></th>
<th>Less than $10,000</th>
<th>$10K - $14,999</th>
<th>$15K - $24,999</th>
<th>$25K - $49,999</th>
<th>$50K or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>19.5%</td>
<td>15.7%</td>
<td>30.3%</td>
<td>28.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>1990</td>
<td>8.3%</td>
<td>6.5%</td>
<td>15.7%</td>
<td>38.3%</td>
<td>31.2%</td>
</tr>
<tr>
<td>2000</td>
<td>5.5%</td>
<td>3.9%</td>
<td>11.2%</td>
<td>29.2%</td>
<td>50.2%</td>
</tr>
</tbody>
</table>

### Median Family Income in Selected Cities, 2000

- Charlotte: $50,000
- Durham: $45,000
- Greensboro: $40,000
- High Point: $40,000
- Raleigh: $55,000
- Winston-Salem: $45,000
- Greenville, SC: $50,000
- Knoxville, TN: $35,000
- Montgomery, AL: $30,000
TRENDS:

**Unemployment Rate**

Greensboro, Winston-Salem, High Point

<table>
<thead>
<tr>
<th>Month</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2003</td>
<td>6.4%</td>
</tr>
<tr>
<td>February 2003</td>
<td>6.3%</td>
</tr>
<tr>
<td>March 2003</td>
<td>6.0%</td>
</tr>
<tr>
<td>April 2003</td>
<td>6.0%</td>
</tr>
<tr>
<td>May 2003</td>
<td>6.3%</td>
</tr>
<tr>
<td>June 2003</td>
<td>6.8%</td>
</tr>
<tr>
<td>July 2003</td>
<td>6.8%</td>
</tr>
<tr>
<td>August 2003</td>
<td>6.3%</td>
</tr>
<tr>
<td>September 2003</td>
<td>5.9%</td>
</tr>
<tr>
<td>October 2003</td>
<td>6.1%</td>
</tr>
<tr>
<td>November 2003</td>
<td>6.1%</td>
</tr>
<tr>
<td>December 2003</td>
<td>5.8%</td>
</tr>
<tr>
<td>January 2004</td>
<td>6.0%</td>
</tr>
<tr>
<td>February 2004</td>
<td>6.2%</td>
</tr>
<tr>
<td>March 2004</td>
<td>5.0%</td>
</tr>
<tr>
<td>April 2004</td>
<td>4.9%</td>
</tr>
<tr>
<td>May 2004</td>
<td>5.1%</td>
</tr>
<tr>
<td>June 2004</td>
<td>5.7%</td>
</tr>
<tr>
<td>July 2004</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

**Greensboro Poverty Rate, 2000**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Poverty Rate</td>
<td>12.3%</td>
</tr>
<tr>
<td>Poverty Rate by Race/Ethnic Group</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>7.0%</td>
</tr>
<tr>
<td>African American</td>
<td>18.4%</td>
</tr>
<tr>
<td>Other</td>
<td>21.5%</td>
</tr>
<tr>
<td>Hispanic/Latin Origin</td>
<td>20.5%</td>
</tr>
<tr>
<td>Poverty Population by Age Group</td>
<td></td>
</tr>
<tr>
<td>0 - 4</td>
<td>10.1%</td>
</tr>
<tr>
<td>5 - 17</td>
<td>20.6%</td>
</tr>
<tr>
<td>18 - 64</td>
<td>59.2%</td>
</tr>
<tr>
<td>65 and older</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

**Greensboro Apartment Rental Rates, 1998 - 2002**

<table>
<thead>
<tr>
<th>Year</th>
<th>1 bedroom</th>
<th>2 bedrooms</th>
<th>3 bedrooms</th>
<th>Vacancy rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>$519</td>
<td>$598</td>
<td>$750</td>
<td>5.1%</td>
</tr>
<tr>
<td>2000</td>
<td>$544</td>
<td>$625</td>
<td>$786</td>
<td>6.0%</td>
</tr>
<tr>
<td>2002</td>
<td>$528</td>
<td>$622</td>
<td>$853</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Source: Economagic.com: Economic Time Series
We conducted a series of focus groups, as well as e-mail surveys, to find out what was important to the citizens of Greensboro. Some highlights of the data gathered by the research team are presented here. This gauges whether the issue was considered important, not whether the statement was considered true.

**Top Vision Statements**

<table>
<thead>
<tr>
<th>Average Importance Rating - All Inputs*</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care is accessible, affordable and high quality</td>
<td>1.0</td>
</tr>
<tr>
<td>Everyone’s basic needs are met (food, housing, clothing, healthcare)</td>
<td>1.0</td>
</tr>
<tr>
<td>Stable business community that has the kind of jobs that can provide for families</td>
<td>1.3</td>
</tr>
<tr>
<td>Safe neighborhoods in which to live and raise families</td>
<td>1.7</td>
</tr>
<tr>
<td>Children have equal access to quality education, and complete their schooling</td>
<td>1.7</td>
</tr>
<tr>
<td>People are accepting and respectful of one another, regardless of differences</td>
<td>2.3</td>
</tr>
<tr>
<td>Adequate and affordable housing options exist</td>
<td>3.0</td>
</tr>
<tr>
<td>Neighborhoods are drug free</td>
<td>3.3</td>
</tr>
<tr>
<td>The needs of the elderly are being met</td>
<td>3.7</td>
</tr>
<tr>
<td>Everyone works together for the good of the larger community</td>
<td>4.0</td>
</tr>
<tr>
<td>Community leaders and role models come from all walks of life</td>
<td>4.3</td>
</tr>
</tbody>
</table>

* 1.0 = Top Importance
Enhance the well-being of our children

“Communities that help all children do well are healthier, stronger and safer communities.”

Turning Point: Engaging The Public on Behalf of Children, 2004
GOAL

Increase the number of children who are socially and academically prepared to start kindergarten

KEY ISSUES

- Need for greater support for parents and for improving parenting skills
- Preventable health issues
- Abuse and neglect
- Increased number of very young children with emotional and behavioral problems
- Insufficient number of quality pre-school opportunities for at-risk children
- Number of young children is increasing; growth projected to continue
- Poverty or low family income of many children

WHY SCHOOL READINESS?

Children with a healthy start in life have fewer learning and developmental problems and increase their chances for succeeding in school. Quality parenting and nurturing relationships support the healthy development of the child and have lifelong implications.

About 17% of Guilford County children 0 to 5 years live below the poverty level and 27% live in single parent households. (Frank Porter Graham Child Development Institute, 2003) The recent high unemployment level in our community has significantly reduced the income of many families and has added to the stresses of family life.

During the past few years, a greater number of very young children with delayed development and emotional or behavioral problems has been observed. More than 800 Guilford children, 0 to 2 years, are enrolled in early intervention services. (Graham Institute, 2003).

Parenting is challenging, especially for single parent families and households with two working parents. Children growing up in single parent families are twice as likely as their counterparts to develop serious psychiatric illnesses and addictions later in life. Often these families are coping with multiple sources of stress.

The rate of child abuse and neglect in Greensboro is of great concern. Unless the emotional consequences are treated, these children suffer lasting harm. People who grow up in families where they have been abused or have seen one parent abuse the other, tend to repeat the behavior, either as victim or as abuser.

INDICATORS AND FACTS

- Over 35,000 children ages 0-5 lived in Guilford County in 2004, a 5% increase from 2000 (NC State Demographics 2004)
- NC ranked 41st, near the bottom, of 50 states in 2004 KIDS COUNT in health and well-being (KIDS COUNT 2004, Annie E. Casey Foundation)
- 3,787 children in Guilford County received assessments for abuse or neglect in 2003 (Child Protection Services, NC Department of Health and Human Services)
- 550 children are currently in the custody of the Guilford County Department of Social Services according to that organization
- 528 children in Guilford County were born with low birth weight in 2002 (NC Child Advocacy Institute, NC Children’s Index 2004)
- Infant mortality rate in Guilford is 7.8 per 1,000 children born, has slightly declined and is just below the state level. Great disparity exists in infant mortality for whites (4.2) and minorities (13.1) (NC Center for State Health Statistics, 2003)
- Almost 10% of children live with grandparents or in foster care (NC Child Advocacy Institute, 2003 Report Card)
- 613 children were born to parents between the ages of 15-19 in 2000 (NC Child Advocacy Institute, NC Children’s Index 2002)
- 17.7% of the children entered kindergarten with untreated tooth decay (NC Child Advocacy Institute 2003 Report Card)

SCHOOL READINESS

CHALLENGE

Only when safe and nurturing environments are in place will children be well prepared for school. Parents need much support and education in helping their child become the best he/she can be. Stronger networks to support families and children will help reduce child abuse and neglect.
“Research shows that positive outcomes for at-risk children can be achieved and that the cost benefit ratio and rates yield a high public return.”

Art Rolnick, Federal Reserve Bank, 2003
GOAL  Expand opportunities for affordable, quality child care and after school care

KEY ISSUES
• Availability of quality child care and out-of-school care
• Affordability of child care
• Reduced funding for subsidies for child care placements
• Importance of healthy development of children
• Developing and retaining a well-trained child care workforce

QUALITY CHILD CARE

WHY QUALITY CHILD CARE?
Research has shown that quality, educational child care and after school care, especially for at-risk children, cuts crime later and significantly reduces other behavioral problems. Quality care and education are tied to school performance and are strongly correlated with early school success and other positive outcomes. Quality prekindergarten programs save taxpayers more than $7 for every $1 invested. (HighScope Perry Preschool Study Through Age 27, 1993).

The quality and reliability of child care impacts family issues such as family stress, child issues such as cognitive and social development, and broader societal issues such as the economy and welfare reform. The child care industry is a vital part of the state’s economic and community development. Improving child care opportunities makes Greensboro a more attractive place to live and work.

In 2003, more than 15,000 children in Guilford County were enrolled in child care. Regulated child care is available through 200 centers and 356 homes in Guilford County. Only 48% of these regulated child care centers and 25% of the homes have a 4 or 5 star rating, the desirable standard for quality care. (Graham Institute, 2003)

Families spend annually an average of 22% of their median family income ($11,580) on child care, more than double the recommended maximum of 10%. (Graham Institute, 2003) For many families, the cost of child care exceeds a year of in-state tuition at one of our public universities. Without child care subsidies, some families are forced to choose between unsatisfactory child care and quitting their job.

The average annual wage of a child care professional in North Carolina is less than $15,000 and only 14% of centers offer fully paid health benefits. (Graham Institute, 2003) Low wages, poor benefits and lack of job satisfaction result in high turnover in the child care industry. Continuity in care is important to the healthy development of children.

INDICATORS AND FACTS
• 64% of Guilford families with children under 5 have two working parents, necessitating some form of child care (Graham Institute)
• 35% of all Guilford children 0-4 years are enrolled in regulated child care. Of these children 44% (6,613) receive a public subsidy. Hundreds were denied a subsidy last year due to a long waiting list and state budget cuts (Graham Institute)
• High staff turnover rate (41%) in Guilford child care programs affects the continuity and quality of care (Graham Institute)
• 22% of youth (K-12) have no adult supervision after school and only 10% of NC youth participate in after school programs (After School Alliance, 2004)
“Job loss and economic stagnation have stressed workers and families, social service providers and charities.”

News & Record, October 27, 2003
The last three years have been especially hard on Greensboro workers. They have experienced mass lay-offs, record long-term unemployment, declining wages and loss of jobs in the manufacturing and textiles industries. In spite of a reported economic recovery, a strong labor market recovery still eludes North Carolina, including Greensboro. Payroll employment still has not returned to pre-recession levels and Greensboro individuals and families are “feeling the pinch” in many ways.

The Piedmont Triad has lost more than 29,000 jobs since July 2000. (News & Record, 10/26/03) The unemployment rate in Greensboro has grown larger each year since 1999 (2.4%), to a record high of 6.4% in 2002 (City of Greensboro City Data Book, July 2003) and was 5.1 in June 2004. (NC Employment Security Commission) Many workers are actively seeking work and there are thousands more who would like to be working but have dropped out of the labor force due to frustration. Some have been forced to retire early or settle for low wage service jobs.

Record numbers of dislocated workers have turned to the Employment Security Commission of North Carolina (ESC). Others are changing career directions, seeking retraining or upgrading their skills in order to remain competitive in today’s job market. As a result of the economic downturn and restructuring, the demand for worker related service and training increased, and the capacity for service and training providers is reduced.

North Carolina’s current workforce is mismatched in comparison with the skill levels and the type of skills of future jobs. Many people are having to start over. The ESC projects that 42% of total job growth over the next 7 years will be for occupations typically requiring some type of post-secondary degree. Fully 50% of NC’s workforce has a high school education or less. (US Census 2000)

• Unemployment and underemployment
• Permanent job losses in traditional industries
• Lack of or reduced support for workers in job transitions
• Skill level of workers insufficient for future jobs
• Coping with the stresses related to job loss, reduced income and family stability

WHY UNEMPLOYMENT?

KEY ISSUES

WHY UNEMPLOYMENT?

Much support, awareness of resources and help to access them are needed for displaced, unemployed and underemployed workers. Several groups within the community are seeking new businesses that will bring new jobs to the Triad.
Support the needs of our families and adult population

“For too long, the true extent of the housing crisis... has been hidden.”
Shelia Crowley, President,
National Low Income Housing Coalition
**GOAL**

Expand quality housing opportunities for low-to-moderate income families

**KEY ISSUES**

- Availability of and access to affordable, safe housing
- Cost burden of housing on family income
- Lack of home ownership opportunities for low to moderate income families
- Increasing number of homeless families with children

**WHY AFFORDABLE HOUSING?**

Our community needs more stable neighborhoods where families can put down roots and form positive relationships. National studies have found that home ownership has a positive impact on education, crime and neighborhood stability. Children need healthy, stable homes and neighborhoods to flourish in school and gain from positive role models of adult neighbors.

The housing industry is one of the strongest sectors of the American and local economy today. But the private housing market rarely reaches down to the lowest income people. As the number of immigrant, minority and female-headed households continues to grow, demand for starter homes, and for affordable rentals, will increase. The lack of safe and affordable housing is an urgent public problem.

Homeownership has been on the rise in recent years because of low mortgage rates but remains an impossible dream for low income families. In addition, many homeowners with scant savings are spending half or more of their incomes on housing.

Greensboro residents must earn $11.50 per hour to afford a two-bedroom apartment. If one is earning a salary much less than that, something has to give. What gives is health care, the family car and a decent place to live.

Overall, 2,500 children lived in public housing in 2003; 3,800 lived in Section 8 housing. *(Greensboro Housing Authority -- GHA)* The growing gap between supply and demand has created a crisis for poor families. Therefore it is no surprise that families and children represent a large portion of the homeless.

**INDICATORS AND FACTS**

- A typical low-income family devoted 38% of household income to housing in 1991. In 2001, that share had jumped to 45% *(National Low Income Housing Coalition, 2004)*
- A worker must earn $11.50 per hour to afford rent for a two-bedroom apartment. *(Greensboro Housing Coalition -- GHC)*
- 25% of Greensboro families could not afford the cost of a two-bedroom rental unit in 2002 *(GHC)*
- Greensboro had 3,788 Section 8 vouchers available in 2003 and 2,787 families on a waiting list for housing *(GHA)*
- 90% of heads of households in Greensboro public housing were single females earning an average of $6,677 annually *(GHA)*
- Four shelters in Greensboro served 5,083 people in the first nine months of 2003, an increase of 9% over the previous year; 29% were children, mostly 6-12 years old *(Greensboro Urban Ministry)*
- Families in homeless shelters have increased 40% in the last 5 years *(Greensboro Urban Ministry)*
- 845 people were identified without shelter in December 2003; 400 were living on the street *(GHC 2003)*
- Family homelessness is growing 11% per year. Nationally, children make up 39% of the homeless population *(Urban Institute, 2000)*

**CHALLENGE**

If people cannot afford a place to live, they are at risk of becoming homeless. Few human needs are more fundamental than the need for a home. Public intervention is required to assure that all people have basic, affordable housing.
Support the needs of our families and adult population

“Helping others keeps me busy and from getting lonely.”
Focus Group Participant 2003
Increase the community’s capacity to meet the needs of the older adult population, which is expected to double by 2020

KEY ISSUES
• Projected increase in elderly population
• Low, fixed incomes for meeting basic needs
• Chronic health issues affecting quality of life
• High cost of health care and medications
• Insufficient support for caregivers
• Inadequate individual planning for later years
• Lack of affordable, safe housing
• Inadequate access to services

WHY OLDER ADULTS?

Most older adults prefer to live independently as long as possible and to live close to family and friends in familiar surroundings. Home and community-based care provide favorable alternatives to nursing homes because people receive services more tailored to their needs.

Many older adults are unable to manage the challenges of a reduced income, combined with rising housing costs, medical expenses and other factors. The major sources of income for older adults are Social Security, income from assets, public and private pensions, and earnings. The uncertainty of the future of Social Security, lost or reduced pension plans, and limited savings and assets require many older adults to continue working beyond the traditional retirement age.

Individuals can play a greater role in preparing for the later years and eventual long-term care needs. Some people do make financial plans for retirement, but most do not plan for long-term health care needs.

As the older adult population increases, the number of age-related disabilities and health problems will also increase. Our community will need a skilled workforce of home health and nursing aides, nurses, doctors and other specialists to meet the needs.

Providers reported no wait or minor waiting times for service, most probably because of low awareness and poor knowledge about services. Generally, most service systems are operating at capacity at this time.

INDICATORS AND FACTS
• 20% of Greensboro’s population (43,648) in 2003 was 55+ (City of Greensboro City Data Book, 2003) and the NC Division of Aging projects a 25% increase during the next 10 years
• 10% of Greensboro’s residents 60+ live below the poverty level (NC Division of Aging, NC State Data Center)
• Median household income for those 65-74 in Guilford County is $35,000 and $22,000 for those 75+ (NC Division of Aging, Census 2000)
• 42% of Greensboro residents 65+ report a limiting disability that restricts their lifestyle (US Census 2000)
• Almost 30% of those 65+ live alone, and 17% are without transportation (Area Agency on Aging, Piedmont Triad Council of Governments, 2002)
• More than 3,263 older adults in Guilford County are diagnosed with Alzheimer’s disease, of these 1,942 are moderate to severe cases and can not safely be left unsupervised (NC Division of Aging, NC State Data Center, 2003)
• One in five people have care giving responsibilities for a spouse or family member (National Caregiving Study, 2001)
Improve the health of children and adults

Focus Group Participant 2003

“I have used drugs since 17 and am now 49. I lost all those years; I have no living skills.”

Focus Group Participant 2003
KEY ISSUES

- Prevalence of use among youth and adults
- Effect of substance abuse on children and families
- Limited support and treatment services for youth
- Relationship of drugs and alcohol on crime and safety in neighborhoods and the city
- Prevention and education opportunities
- Relapse and support after recovery
- Availability of drugs and alcohol in the community

WHY SUBSTANCE ABUSE?

Substance abuse is complex and closely associated with other community problems, such as street and neighborhood safety, violent crime, prostitution, domestic violence, child abuse and neglect, homelessness and chronic health conditions. Substance abuse exists in all age, income and ethnic groups.

Substance abuse includes the use or abuse of alcohol, illicit drugs, and use of tobacco among minors. Surveys depend on self-reporting, so the problem may be greater than data report. Two major interstate highways through Greensboro make the city a convenient conduit for drug trafficking.

According to the 2001 federal Substance Abuse & Mental Health Administration (SAMHA) Household Survey, approximately 7.9% of the Guilford County population 12 years and older were users of illicit drugs, an estimated 26,154 people. Marijuana was the most commonly used drug, used by 5.8% of the population, followed by cocaine (1.5%). More than half of our youth report using an illicit drug.

More than one-third (38.4%) of Guilford’s population currently uses alcohol; 17% report abuse or addiction. (Guilford County Substance Abuse Coalition, 2003) Results from the 2003 Guilford Youth Risk Behavior Survey reveal that 41.4% of middle and high school students had used alcohol in the last 30 days; one in four students reported binge drinking.

Substance abuse can wreck one’s family life, destroy relationships and affect employment success. Eighty percent of all child welfare cases in Guilford County involve substance abuse, often with both parents. (GC Substance Abuse Coalition, 2003) Chronic substance abuse is one of the most important contributing factors for homelessness in Greensboro. Illicit drug use, particularly crack and heroin, contribute to the spread of hepatitis, syphilis and HIV/AIDS, both through injection and sexual activity.

INDICATORS AND FACTS

- 43% of high school students in Guilford County self-report the use of marijuana on the Youth Risk Behavior Survey (2003)
- 37% of Guilford County high school students report being offered, sold or given illegal drugs on school property (Guilford County Youth Risk Behavior Survey 2003 – YRBS)
- 41% of Guilford County high school students have used alcohol in last 30 days; 24% report binge drinking (YRBS)
- 45% of Guilford adults report drinking in the last 30 days; 2.1% heavy drinking; 8% binge drinking (NC Behavior & Risk Factor Surveillance System 2002 – BRFSS)
- 19% of those served by The Guilford Center (Guilford County Area Mental Health, Developmental Disabilities and Substance Abuse Program) in 2003 were treated for substance abuse (The Guilford Center 2002-03 Annual Report)
Improve the health of children and adults

“Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”

World Health Organization

FOCUSING ON WHAT MATTERS
Health and Human Services Needs in Greater Greensboro
GoAL

Improve mental health services, especially for children and youth

KEY ISSUES

- Prevalence of mental health needs in our community, especially for children and youth
- Gaps in service for children and older adults
- Awareness of and access to services
- Stigma associated with mental illness
- Changing situation in state and community mental health reform

WHY MENTAL HEALTH?

Mental illnesses attack not only individuals, but also their families and communities, often disrupting lives, careers and educational opportunities. Stigma still prevents many from reaching out for help.

Mental health problems with children are usually manifested by behaviors. Children growing up in unsafe environments may experience levels of anxiety that create disruptive behavior in school settings or aggression if they have been exposed to family violence. Often mental health problems are behind problems of withdrawal and isolation from other children.

Between 10% and 12% of Guilford children experience serious emotional disturbance (SED). (Center for Youth, Family and Community Partnerships, UNCG) Common mental health issues among children include anxiety, disruptive conduct, depression, learning disability, attention deficit, eating disorders and substance abuse. Children with SED are more likely to live in poverty, to have parent(s) with sporadic employment and to be suspended from or drop out of school.

Although any child may develop mental health problems, minority children and youth, the inner city and rural poor, and the children of new immigrants are among those with the greatest need and least access to mental health services. Cultural competence and communication are major barriers for providing service to the growing Latino population.

The Guilford Center (Guilford County Area Mental Health, Developmental Disabilities and Substance Abuse Program) is very strong, but reform brings drastic change that affects the community’s safety net. Community organizations will need training and technology to respond to these changes.

INDICATORS AND FACTS

- 1 in 4 families in Greensboro is affected by mental illness; 34,000 adults diagnosed (Greensboro Mental Health Association)
- Local and state mental health reform defines new service standards and target populations, reducing services for at least 1,000 children, youth and older adults (Communications, The Guilford Center, 2003)
- Of the 15,000 clients served by Guilford Center in 2002, 27% were under 18 (The Guilford Center 2002-03 Annual Report)
- With the proposed closing of state facilities, 100 clients with profound disabilities will be returned to Guilford County for care, including housing, day services, case management and medical services (Communications, The Guilford Center, 2004)
- Only 25% of all persons experiencing depression receive adequate treatment (Greensboro Mental Health Association)
- 1 in 6 teens in Guilford County report feeling alone in life, while 39% say they feel stress most of the time (Guilford County Youth Risk Behavior Survey – YRBS, 2003)
- Among depressed teens in Guilford, 17% have thought about suicide in the past 12 months (YRBS)
- 35% of homeless adults have a serious mental illness; many are dually diagnosed with substance abuse (Greensboro Urban Ministry, 2003)
Improve the health of children and adults

“Our goal is to aid Americans in living healthier, longer lives.”

Surgeon General
GOAL
Reduce obesity and improve physical fitness through better nutrition and increased physical activity

KEY ISSUES
- Prevalence of obesity among children, youth and adults
- Need for supportive environments to encourage healthier lifestyles and behaviors
- Lack of physical activity in schools and family life
- Poor nutrition and lifestyle behaviors
- Cost burden of obesity as related to chronic disease and health care expenditures
- Need for prevention and education

WHY OBESITY AND FITNESS?
Our nation, North Carolina and Greensboro face an obesity epidemic. North Carolinians are three to four times more likely to be obese than the United States average. North Carolina ranks 10th highest in the nation in overweight and obesity. More than 60% of adults in our community are obese. (2003 BRFSS) The prevalence of childhood obesity is estimated at 44% among elementary school students, 29% among middle school students and 30% among high school students. Overweight youth have a 70%-80% chance of remaining overweight or becoming obese as adults.

Healthy lifestyles and behaviors are the foundation for good health. Both adults and children have become "couch potatoes" with sedentary lifestyles and inactivity during leisure time. Daily physical activity is not required at school. Children from lower incomes and educational levels are less likely to participate in organized physical activity.

Serious disease and health consequences are related to obesity and the incidence is higher among African-Americans. Obesity is linked to heart disease, hypertension, diabetes, sleep apnea, gallbladder disease, cancer and osteoarthritis. Promotion of healthy lifestyles and behaviors should be interwoven into cultures, worksites, families and social activities throughout the community.

INDICATORS AND FACTS
- Just 45% of adults in Guilford County are listed at an ideal body weight (BRFSS, 2002)
- 44% of Guilford residents reported they are trying to lose weight (BRFSS, 2002)
- Only 41% of adults participate in moderate physical activity and only 18% exercise 20-30 minutes three times per week (BRFSS 2002)
- 74% of children and youth participate in moderate physical activity (YRBS, 2003)
- 6.7% of our adult population has been diagnosed with diabetes and the rate is increasing; many others may have it but are undiagnosed (BRFSS, 2002)
- One in three children born in 2000 will become diabetic unless they start eating less and exercising more (Center for Disease Control, 2003)
- Only 29% of adults and children eat at least 5 fruits and vegetables a day; 51% of children eat less than one serving (BRFSS, 2002; YRBS, 2003)
“We ask ourselves all the time if it's a matter of services not being available or people not knowing about them.”

Greensboro Nonprofit Executive, 2003
Greensboro is home to a rich array of services and programs that address the fundamental human needs of the population: health care, social services, mental health counseling, education and training, meals for seniors, faith-based ministries, housing assistance, legal services, and more. On the other hand, it is clear from the forums and focus groups for this community assessment that many residents have basic needs that remain unmet. Service providers identified that the largest single barrier to people receiving help is a lack of awareness among local residents of what services are available. At a forum of 120 nonprofit executives, when presented with a list of 45 possible barriers to “meeting basic needs”, the group rated awareness of services and resources as the most crucial factor to address. One-third of the group included this obstacle as one of their top three choices.

There are many possible strategies for increasing the public’s awareness of what services and programs are available. Some involve public education and outreach, while others focus more on creating convenient, high-profile points of access so that people know where to turn when they encounter a specific need. The situation in Greensboro warrants dedicated efforts in both these domains.

Public education is particularly important when a community experiences changes in the mix of services that are available, increased demand for services, or an influx of new residents. One of the more critical issues with regard to public education involves reaching “new beneficiaries” of the service-delivery system. This includes people in crisis because of a job loss, the need to care for an elderly parent, or some other event. The new beneficiaries also include refugees and immigrants who enter the community with hopes and ambition, but also confusion about how the system operates here. Language barriers hamper efforts to reach these individuals with critical, culturally appropriate guidance.

One of the major resources available in Greensboro for increasing public awareness on services and programs is the “Call United Way 211” information and referral system. Residents can call 2-1-1 on a 24/7 basis to find resources to address a wide range of needs and questions. Bi-lingual operators provide services in Spanish. Although 211 offers a major solution to the problem of limited public awareness, the service is under-utilized and has not reached its full potential.

Innovative public education strategies will be required to reach an increasingly diverse population with the information they need in order to meet a more complex set of needs. Call United Way 211 is a critical tool, but only if this service becomes more familiar to the larger community.

**GOAL**

*Increase knowledge of and access to information that leads to improved utilization of health & human services*

**KEY ISSUES**

- Growing diversity of community requires cultural competence and communication to serve needs of new population groups
- Inadequate resources to provide translation and interpretation services
- Inadequate marketing of Call United Way 211

**WHY ACCESS TO INFORMATION?**

Greensboro is home to a rich array of services and programs that address the fundamental human needs of the population: health care, social services, mental health counseling, education and training, meals for seniors, faith-based ministries, housing assistance, legal services, and more. On the other hand, it is clear from the forums and focus groups for this community assessment that many residents have basic needs that remain unmet.

**INDICATORS AND FACTS**

- Call United Way 211 received 29,767 calls in 2003, of which roughly two-thirds were from callers living in Guilford County. Call volume from Greensboro residents increased 9% between 2002-2003 (United Way 211 Annual Report 2003)
- Approximately 10,000 persons of Hispanic or Latino origin now call Greensboro home, a figure that increased six-fold between 1990 and 2000 (City of Greensboro City Data Book, 2003)
- Guilford County ranks third among NC counties in the number of Asian residents (10,294) (US Census 2000)
“Successful communities understand that addressing challenges requires different skills than those employed by previous generations of problem solvers.”

Chris Gates, President, National Civic League

Build a stronger community
Throughout the country, and certainly within Greensboro, nonprofit organizations are being asked to do more with less. This is particularly true in those sectors where demand is increasing due to the downturn in the Triad’s traditional economic base (e.g., job training), as well as where the cost of services has increased beyond inflation (e.g., health care).

With these new pressures, it becomes more crucial than ever that local agencies deliver their services and programs efficiently and effectively. This requires agencies not only to refine how their programs operate on a day-to-day basis, but to also review how and why the needs of the agency’s clients are changing over time.

Refinements and realignments need to occur not only within individual agencies, but also across agencies. Different agencies have different forms and eligibility requirements. Agencies with related services may or may not have an effective process for referring clients back and forth.

The system of health and human services will begin to operate more like a true “system” only if there is strong coordination and open, consistent sharing of information among the various government agencies, nonprofit organizations, churches, and funders involved in service delivery. At the nonprofit executive forum, participants acknowledged three strategies that must occur if improvement is to take place:

- More sharing of resources and knowledge among providers
- Collaboration among providers and funders
- Collaboration and synergy among nonprofits

One of the most critical barriers recognized by the participants in the nonprofit executives forum was “a lack of leadership and systems-level thinking among key policy makers and program managers.” Efforts to reform the health and human service systems (whether they are intra-organizational or inter-organizational) require a new form of leadership, one that searches for new opportunities rather than fighting to hold-on to existing turf.

The level of resources allocated to local agencies and nonprofits has failed to keep pace with the increased scale and complexity of the community’s issues. Doing more with less will require new approaches and a more comprehensive, strategic approach to meeting health and human service needs.
“As the world changes, the very meaning and understanding of 'leadership' is changing... The new leadership is more open, more inviting, more inclusive, and it is predicated on trust.”

Katherine Tyler Scott
Faced with a new generation of issues and challenges, Greensboro will thrive as a healthy community only by embracing a new generation of leaders. These new leaders will come not only from the obvious segments of the community (e.g., large corporations and long-established civic organizations), but also from neighborhoods, churches, new businesses, education, the arts, and the community at large. A defining feature of this new class of leaders will be its diversity - young and old, male and female, gay and straight, newcomers and old-timers, conservative and liberal, and participants from every racial and ethnic group. Already, this mix of interests, perspectives, and demographics is beginning to emerge within organizations and coalitions that are working to solve Greensboro’s problems and to set the course for the future.

The e-mail survey conducted as part of the Community Assessment reinforces the conclusion that more could be done in expanding and diversifying the set of people who are playing a leadership role in Greensboro. When asked how Greensboro was performing on the item, “Community leaders come from all walks of life,” only 31% of the 460 respondents responded with a positive rating (either "very good" or "pretty good"). In contrast, 36% rated Greensboro as either "not so good" or "very bad" on this item.

Greensboro has a strong base of emerging leaders from all walks of life who are poised to step into higher profile roles. The 2000 Social Capital Benchmark Survey provides evidence that Greensboro has a higher proportion of emerging leaders than do most other communities. In many segments of Greensboro, individuals have begun to develop the skills, perspective and sensibilities required to serve in the role of community leader. More training and mentoring opportunities, particularly in the facilitative form of leadership, will allow more inclusive, collaborative approaches to problem solving.

For new leaders to ascend into the community’s leadership structure, Greensboro will need to work on the inclusiveness of the leadership structure. As new ideas and paradigms emerge from change, there will undoubtedly be some misunderstanding and conflict. Only if both existing and new leaders are open, adaptable, and willing to reexamine long-held assumptions, will the community increase its capacity to address its challenges.

### Key Issues

- Historically, Greensboro’s political and business leaders have not reflected the demographics of the larger community
- Increasing diversity of the population brings more perspectives into community debates
- Many "sub-groups" report barriers to entering Greensboro’s leadership structure
- Few leadership development programs are tailored to race, ethnicity or culture

### Why Leadership?

Faced with a new generation of issues and challenges, Greensboro will thrive as a healthy community only by embracing a new generation of leaders. These new leaders will come not only from the obvious segments of the community (e.g., large corporations and long-established civic organizations), but also from neighborhoods, churches, new businesses, education, the arts, and the community at large.

### Indicators and Facts

- 36% of respondents to the e-mail survey rated Greensboro as "very bad" or "not so good" on "Community leaders come from all walks of life"
- In the Social Capital Benchmark Survey, 20% of African Americans and 11% of whites reported that "local government could hardly ever be trusted to do the right thing" (compared to 16% of African Americans and 9% of whites among the national sample)
“We must develop the ability to tolerate the creative chaos of many voices and opinions all expressing themselves at once...and listen with respect.”

Marianne Williamson, The Healing of America
The final issue emerging from the Community Assessment is one that establishes a positive climate for addressing all 11 of the preceding issues: inclusiveness and respect for differences. Focus group, forum, and survey participants consistently indicated how important it is for Greensboro to be a place where “People are accepting and respectful of one another, regardless of differences.” Many participants emphasized that everyone needs and deserves respect, regardless of whether they are young or old, single or married, employed or unemployed, English-speaking or Spanish-speaking, white or African American, gay or straight.

Despite the high level of importance attached to the concepts of acceptance and respect, it appears that Greensboro has room for improvement on this factor. Only 19% of the respondents to the e-mail survey rated Greensboro as doing well (“pretty good” or “very good”) on the item, “People are accepting and respectful of one another, regardless of differences”, compared to 33% who rated Greensboro as either “very bad” or “not so good”. African Americans in the sample were even less inclined to view Greensboro as an accepting place, with 48% assigning a rating of “very bad” or “not so good”.

Respect and acceptance are critical not only because they fulfill a vital human need, but also because they foster a more functional community. Without respect and acceptance, mistrust abounds; the larger social fabric is fractured. This undermines the community’s ability to find common ground and to advance the greater good.

According to many of the participants in the Community Assessment, Greensboro suffers from this pattern of divisiveness. Differences in perspective have traditionally been a source of conflict, rather than an opportunity for learning.

Building on its progressive traditions, Greensboro has the experience and the ability to create innovative new forums for bridging lines of difference. In addition, key institutions such as the Community Foundation of Greater Greensboro have set the stage for trust-building initiatives with their work in the area of “social capital.”

**GOAL**

*Develop a community that is inclusive and respectful of differences*

**KEY ISSUES**

- Traditional patterns of geographic and social segregation between African Americans and whites
- Misunderstanding and mistrust of new immigrants
- Job losses in traditional industries that lead to resentment of newcomers who are hired into the “new economy”
- Lack of opportunities for residents from different cultures to come together to learn about one another and to build more trusting relationships
- Natural fear of what we do not understand, which promotes mistrust of people who are “different”

**WHY INCLUSIVENESS?**

The final issue emerging from the Community Assessment is one that establishes a positive climate for addressing all 11 of the preceding issues: inclusiveness and respect for differences. Focus group, forum, and survey participants consistently indicated how important it is for Greensboro to be a place where “People are accepting and respectful of one another, regardless of differences.” Many participants emphasized that everyone needs and deserves respect, regardless of whether they are young or old, single or married, employed or unemployed, English-speaking or Spanish-speaking, white or African American, gay or straight.

**INDICATORS AND FACTS**

- In the Social Capital Benchmark Survey, Greensboro was "below average" on measures of social trust and interracial trust
- Respondents were more likely to have been in the home of a person of a different race in the past year (72% vs. 69% for other communities in the South) (Greensboro Social Capital Benchmark Study, 2000)
- In this study’s e-mail survey, one of the lowest performing areas was "Cultural, gender or age biases don’t exist," with 59% of respondents rating Greensboro as either "not so good" or "very bad"

**CHALLENGE**

Making Greensboro a more accepting, respectful community essentially calls for a shift in the local culture. Efforts to build trust or social capital are met with resistance in some quarters of the community. They will succeed only if a critical mass of leaders and residents become committed to the vision of a diverse community and persevere in the face of setbacks.
THE FUTURE

Building on our Strengths
Nearly 1,000 residents of Greensboro participated in focus groups, community forums, or an e-mail survey. They prioritized and rated 25 statements about "what makes Greensboro a healthy community." They identified how well Greensboro is performing on each of the visions of a healthy community, what is working well in health and human services, what could be done better and what barriers or conditions must be changed to improve our community’s health and human services.

Combined data from all of the participants identified the following as perceived strengths in our community:
- Strong sense of volunteerism and a willingness to become involved
- Network of services available when needed, a safety net
- Children feel good about themselves
- Events and organizations are open and inclusive
- Generally, safe neighborhoods in which to live and raise families.

Overall, people were positive about Greensboro and recognized it as a good place to live and raise a family.

Working Together
The strong participation of citizens in the data gathering stages of the community assessment process indicates that people want to work together to create a great community. The more the information in this report is shared, discussed, used, refined and enhanced, the greater our progress will be.

“Community guardians are those individuals who rise above the fray, and convene different groups to focus on the greater good of the community.”

John W. Gardner

United Way seeks champions for the issues identified in the community agenda. A champion provides leadership to convene stakeholders and direct an interactive process to examine the issue as a whole and look for specific ways to move closer to the goal. Through collective wisdom, the leadership group for each issue will develop strategies for significant community change over the next three to five years. Champions will seek new partnerships and collaborations to provide different perspectives and ensure that the solutions are holistic and address all the populations affected by the issue.

Monitoring Progress
Performance measures are essential to determine the progress made and outcomes achieved toward the community agenda. As the saying goes, "many things that count cannot be counted". Yet many can be counted. Statistics, like personal stories, tell important aspects of the truth about what is happening in a community. Indicators are small pieces of information that reflect the status of larger systems.
This report is a first step in gathering information and reporting on social indicators of health and human services. The Steering Committee feels that it is important that a comprehensive process be developed to ensure the implementation of the agenda and the monitoring of its progress. Ten indicators were identified in a 2003 report presented by Action Greensboro, *Benchmark Analysis for Greensboro and Select Cities: Developing Community Performance*. Other public and private groups in the community also track progress on various indicators.

Once champions are identified for all the issues, United Way and other partners hope to bring champions together to develop a process for moving forward on these issues. Furthermore, this assessment will be an excellent tool for community planning and decision making by all groups. In collaboration with existing efforts, more attention could be given to mobilizing assets of the entire community or neighborhood around a priority issue in order to increase the likelihood of success for positive change.

**Making a Difference**

It is eminently clear that Greensboro has become an extraordinarily diverse community. New citizens have come from many different countries and cultures. The twelve goals delineated by the assessment impacts all of our new and old community groups. Uniting providers, community leaders, and the diverse families and individuals to create solutions will be a complex endeavor, but important.

Many concerns were heard throughout the process. Those concerns included ethnic and socioeconomic disparities and building a stronger sense of trust among decision makers, providers of services and recipients of services. If Greensboro is to be a “healthy” community, it is as important to address these concerns as it is to improve the conditions specified in the community agenda.

Sharing this report and actively engaging people in ongoing dialogues around the issues in this agenda remain vital components of success in moving forward. Several partners are committed to support the continuation of this process of community-based strategic planning and priority setting. Unity in purpose and priority ensures that resources are mobilized to create positive systemic changes.

As a community of citizens we are vibrant and strong. We value our quality of life and that of our friends and neighbors -- those we know and those we don’t. Working together, our progress will be greater as we build a better Greensboro.

“Community exists when people who are interdependent, struggle with the traditions that bind them and the interests that separate them so that they can realize a future that is an improvement on the present.”

*Craig Moore*
This project and report would not have been possible without the contributions and support of many people. To each, we extend our sincere thanks.

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**STEERING COMMITTEE MEMBERS**

- Neil Belenky, United Way of Greater Greensboro
- Leo Bontempo, United Way Community Impact Council
- Sandra Boren, The Cemala Foundation
- Ivan Canada, synerG
- Beth Copenhaver, Guilford County Schools
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- Luis Osorio, Our Lady of Grace Catholic Church Hispanic Ministry

**CONSULTANTS**

- Kim Doran, Quixote Group Research, Marketing & PR, LLC.
- Doug Easterling, Research Associate Professor, Public Health Sciences, Wake Forest University
- Chuck Mattina, Quixote Group Research, Marketing & PR, LLC.
- Terri Shelton, Director, Center for Youth, Family and Community Partnerships, The University of North Carolina at Greensboro

**STAFF**

- Sheron K. Sumner, United Way of Greater Greensboro
- Ann Smith-Palenchar, United Way of Greater Greensboro
- Jessy Farmer, Research Assistant, Center for Youth, Family and Community Partnerships, The University of North Carolina at Greensboro

**OTHERS**

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ENHANCE THE WELL-BEING OF OUR CHILDREN

SCHOOL READINESS GOAL
Increase the number of children who are socially and academically prepared to start kindergarten

AFFORDABLE CHILD CARE GOAL
Expand opportunities for affordable, quality child care and after school care

SUPPORT THE NEEDS OF OUR FAMILIES AND ADULT POPULATION

UNEMPLOYMENT GOAL
Ensure displaced workers and their families have a network of support and retraining during job transition

AFFORDABLE HOUSING GOAL
Expand quality housing opportunities for low-to-moderate income families

OLDER ADULTS GOAL
Increase the community’s capacity to meet the needs of the older adult population, which is expected to double by 2020

IMPROVE THE HEALTH OF CHILDREN AND ADULTS

SUBSTANCE ABUSE GOAL
Reduce substance abuse and the destructive effects it has on families and the community

MENTAL HEALTH GOAL
Improve mental health services, especially for children and youth

OBESITY AND FITNESS GOAL
Reduce obesity and improve physical fitness through better nutrition and increased physical activity

BUILD A STRONGER COMMUNITY

ACCESS TO INFORMATION GOAL
Increase knowledge of and access to information that leads to improved utilization of health and human services

SERVICE DELIVERY GOAL
Improve the effectiveness and efficiency of, and access to, our health and human services delivery system

DIVERSE LEADERSHIP GOAL
Cultivate new leaders and leadership opportunities that reflect the growing diversity of our community

INCLUSIVENESS GOAL
Develop a community that is inclusive and respectful of differences
FOCUSBING ON WHAT MATTERS
Health and Human Services Needs in Greater Greensboro
Second Printing: September 2004
United Way of Greater Greensboro
1500 Yanceyville Street
Greensboro, NC 27405
Ph. 336.378.6600 • Fax. 336.378.6611
www.unitedwaygso.org