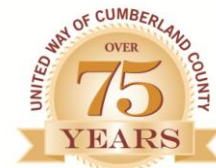


United Way of Cumberland County

222 Maiden Lane
Fayetteville, North Carolina 28301

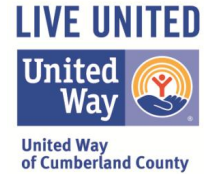


Speak Out! Cumberland County 2017 Community Needs Assessment





ACKNOWLEDGEMENTS



Speak Out! Cumberland County
2017 Community Needs Assessment

Community Needs Assessment Committee Chair

Dr. James A. Anderson, Chancellor, Fayetteville State University

Statistical Analysts & Survey Questionnaire Developers

Dr. Sherree Davis, Director of the Office of Civic Engagement and Service Learning, Fayetteville State University

Dr. Mark Kendrick, Community Volunteer

Dr. Constance Lightner, Associate Professor, Management Department, Fayetteville State University

Community Research

Crystal Moore-Williams, Community Impact Director, United Way of Cumberland County

Community Focus Group Facilitators & Recorders

Sylvia Adamczyk

Community Volunteer

Angel Adkins

Partnership for Children

Vera Bell

Community Volunteer

Donald Bennett, Jr.

Fayetteville NAACP/Fayetteville United Group

Jacqueline Bostic

Divine Concepts A-Z, Inc.

Mark Brown

Fayetteville Public Works Commission

Scott Burnette

Eaton Corporation

Barbara Carraway

Cumberland County Public Health Department

Shantal Covington

Community Volunteer

Sheila Cuffee

Fayetteville-Cumberland Human Relations Commission

Dorraine Dillahunt

Eaton Corporation

Catina Evans

Community Volunteer

Mary Flagg-Haugh

Community Volunteer

Brian Gaskell

City of Fayetteville Parks & Recreation

Monica Haynes

Community Volunteer

Stephaney Jackson

Partnership for Children

Cynthia Johnson

Community Volunteer

Dianne Leverette-Maloy

Community Volunteer

Stephen MacDonald

Community Volunteer

Ben Major

City of Fayetteville Fire Department

Carole Mangum

Partnership for Children

Karen McLeod

Community Volunteer

Jasmine McNair

Action Pathways-Head Start Program

Georgeanna Pinckney

L-3 Communications

Russet Rogers

Southern Regional-AHEC

Pamela Story

Cumberland County Schools- Social Work Dept.

Vicki Teachey

Community Volunteer

Pat Whitfield

Cumberland County Public Health Department

Dr. Belinda Wilkerson

Steps to the Future, Inc.

Nicole Worriax

Community Volunteer

Data Entry Volunteers

Christine George

UWCC Intern

Darlene Robeson-Daughter

UWCC Intern

Jasmine McNair

Community Volunteer

Shaunesy Walden

UWCC Intern

Special Thanks to our Community Partners

Beasley Broadcast Group

City of Fayetteville Parks & Recreation Community Centers

Cumulus Broadcast Group

The Fayetteville Observer

United Way of Cumberland County Board of Directors

United Way of Cumberland County Community Partner Agencies

United Way of Cumberland County Staff

Robert Hines

President & CEO

Lindsay Nunn

Resource Development Director

Shirley Stallings

VP Finance & Operations

Crystal Moore-Williams

Community Impact Director

DeLease Richardson

Finance/Administrative Assistant

Tracy Autry

Accounts Receivable Associate

Table of Contents

ACKNOWLEDGEMENTS.....	2
TABLE OF CONTENTS.....	3
LETTER FROM THE CHAIR	4
METHODOLOGY: HOW THE COMMUNITY ASSESSMENT WAS CONDUCTED.....	5
EXECUTIVE SUMMARY: MAJOR FINDINGS.....	6
CUMBERLAND COUNTY AT A GLANCE: COMMUNITY OVERVIEW.....	8
DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS.....	10
MAJOR ECONOMIC ISSUES.....	12
MAJOR HOUSING ISSUES.....	17
MAJOR HEALTH ISSUES.....	20
MAJOR PUBLIC SAFETY ISSUES.....	21
MAJOR SOCIAL ISSUES.....	24
MAJOR LEISURE & CULTURAL ACTIVITY ISSUES.....	25
MAJOR TRANSPORTATION ISSUES.....	25
GREATER FAYETTEVILLE UNITED SOCIAL CAPITAL SURVEY RESULTS.....	26
CROSS TABULATIONS OF RESPONSES.....	27

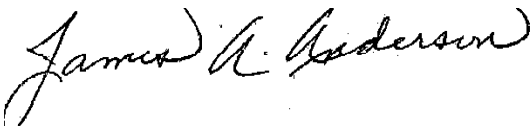
Letter from the Community Needs Assessment Committee Chair

United Way of Cumberland County, like all other United Ways across the county, is faced with critical decisions concerning the most effective and responsible way to allocate funds that are raised during the annual campaign. Program emphasis and priority settings are two ways that United Way of Cumberland County will use to guide funding decision making. United Way of Cumberland County is evolving from simply an organization that funds certain agencies into an organization that funds programs and services that have a measurable impact on issues affecting Cumberland County. Currently, UWCC is evolving into an organization that convenes and mobilizes volunteers and resources around critical community issues.

The 2017 Community Assessment Survey Tool is designed to identify current issues within our community. Respondents indicated the issues they perceived to be important or major in their neighborhoods. United Way of Cumberland County's Community Impact Council and Staff will use this report to determine the best way to use resources and to implement the UWCC's Community Impact Agenda of advancing the common good and improving the quality of life.

We wish to thank our Survey Development and Analyst Committee, the Community Focus Group Facilitators and Data Entry Volunteers. Their knowledge of issues and dedication to the community makes them leaders in the search for creative solutions to close the gap on community needs and issues. Thanks also to the board of directors and staff of UWCC for countless dedicated hours in support of this community assessment.

It is hoped that this document will be useful not only to the United Way of Cumberland County, but also to other organizations throughout Cumberland County.



Dr. James A. Anderson, Chancellor,
Fayetteville State University
Chair, UWCC Community Needs Assessment Committee

Our mission at United Way of Cumberland County is to improve the quality of lives in Cumberland County by addressing critical human needs and making an impact on those needs. We achieve our mission by strategically engaging and building relationships with diverse community stakeholders, contributors and partners to...

- **Identify Community Needs and Concerns,**
- **Choose a Limited Number of Critical Issues to address, and**
- **Develop Impact Strategies that Change Community Conditions to Improve Lives.**

Methodology

United Way of Cumberland County's (UWCC) Community Needs Assessment is a study of community issues conducted by a survey questionnaire to first, identify current issues faced by residents of Cumberland County and second, to obtain the measurement of the importance of those issues. The Assessment was designed around the target areas established by United Way World Wide: Education, Financial Stability and Health – the building blocks for a good quality life. The results from recent focus groups were used to modify the survey instrument to reflect current trends and issues. The following issues were identified: Economic, Housing, Education, Health, Public Safety, Transportation, Leisure and Cultural Activities.

The purpose of the Community Needs Assessment is to assist UWCC in determining community conditions and community responses to those conditions. UWCC volunteers and staff will use the responses to determine the best way to allocate resources and to implement the community impact agenda of advancing the common good and improving the quality of life in Cumberland County. The survey tool asked respondents to rate whether an issue was major, moderate, minor or not an issue in their community.

The UWCC's Community Needs Assessment Tool survey instrument was originally adopted with modifications from the *United Way Worldwide CCOMPASS II Survey Instrument*. United Way Worldwide (UWW) released a *Public Opinion Poll Survey Instrument* for conducting community needs assessments. Both instruments have been thoroughly field tested for validity and reliability. The UWCC Community Needs Assessment Development Committee reviewed, amended and adopted the survey instrument by combining essential elements of the *UWW Public Opinion Poll Survey Instrument* and the results of county wide community focus group meetings. Which were funded through a grant provided by the Cumberland Community Foundation. Community focus group meetings were held in neighborhood recreation centers across Cumberland County. The total number of meetings was 22 and a total of 234 Cumberland County residents attended the meetings.

Following a comprehensive marketing plan, surveys were mailed out to 6,000 randomly selected Cumberland County households. Using stratified random sampling, the county residency addresses were divided into 16 geographic areas, representing Cumberland County zip codes and the number of residencies in each zip code. There were 318 surveys returned for a return rate of 5.3%. The percentage of return caused some concern for the Community Needs Assessment Committee. As a result, a second needs assessment was conducted this time offering an incentive to household for completing and returning the survey. The second assessment was mailed out to 3,500 randomly selected Cumberland County households, using the same stratified random sampling as the initial assessment. There were 436 surveys returned for a rate of return at 12.5%.

Cross tabulations of major issues that met the 45 percentile criteria of importance are included as graphs in this report. The Community Assessment includes cross tabulations of respondents age, gender, occupation, ethnicity, and zip codes.

Executive Summary: Major Findings

Listed on the following tables are the top ten issues identified as major concerns by respondents who randomly received the household surveys. The 2017 Community Issue Responses Table provides a breakdown of the issues in each of the priority areas determined by the community focus group meetings.

The Top Ten Issues Identified as Major Concerns by Respondents:

2016 Top Ten Identified Issues

1. Crime (72%)
2. Low Paying Jobs (66%)
3. Unemployment (62%)
4. Affordable Medical Health (59%)
5. Affordable Dental Health Care (59%)
6. Homelessness (59%)
7. Affordable Mental Health Care (56%)
8. Gang Activity (55%)
9. Abuse, Neglect or Assault on Children (54%)
10. Illegal Drug Distribution (53%)

2012 Top Ten Identified Issues

1. Unemployment/Low Paying Jobs (77%)
2. Crime (76%)
3. Affordable Medical, Dental & Mental Health Care (63%)
4. Gang Activity (62%)
5. Homelessness (56%)
6. Literacy (54%)
7. Alcohol/Drug Abuse (52%)
8. Job Training & Placement Opportunities (50%)
9. Affordable After School & Summer Programs (47%)
10. Financial Management/Self Sufficiency Programs (46%)

2016 Community Issue Responses

MAJOR ECONOMIC ISSUES

Low Paying Jobs	66%
Unemployment	62%
Job Training & Placement Opportunities	41%
Financial Management/Self Sufficiency Programs	38%

MAJOR HOUSING ISSUES

Homelessness	59%
Shortage of Homeless Shelters	50%
Shortage of Affordable Housing	42%
Food, Clothing and/or Utility Assistance	37%
Lack of Mortgage/Rental Assistance	34%
Substandard Housing	31%
Overcrowded Housing	22%
Shortage of Transitional Housing	29%

MAJOR EDUCATION ISSUES

Literacy (Reading Below Grade Level, End of Grade Testing Scores)	48%
Overcrowded Classrooms	45%
Programs to Reduce High School Drop Out Rates	43%
Affordable Child Care Options	40%
Affordable Summer Programs	37%
Unsafe School Environment	35%
Affordable After-School Mentoring/Tutoring Programs	33%
Affordable Pre-K/Head Start Programs	33%

MAJOR HEALTH ISSUES

Affordable Medical Health Care	59%
Affordable Dental Health Care	59%
Affordable Mental Health Care	56%
Alcohol/Drug Abuse in Community	50%

MAJOR HEALTH ISSUES (cont'd)

Lack of PTSD Assistance	38%
Elderly Assistance/Services (Home Care & Centers)	37%
Programs & Services for Persons with Disabilities	35%
Prescription Assistance	34%
Lack of Home Health Care	30%
HIV/AIDS Awareness, Prevention/Intervention	27%
Medical Transportation Assistance	27%

PUBLIC SAFETY ISSUES

Crime	72%
Gang Activity	55%
Abuse, Neglect or Assault on Children	54%
Illegal Drug Distribution within the Neighborhood	53%
Domestic Violence	50%
Abuse, Neglect or Assault on the Elderly	44%

SOCIAL ISSUES

Teen Pregnancy	34%
Lack of Ex-Offender Re-Entry Programs	33%

LEISURE & CULTURAL ACTIVITY ISSUES

Shortage of Affordable Recreational Facilities	37%
Lack of Cultural Activities (Concerts, Museums)	31%
Youth Sports/Physical Activity Programs	29%
Adult Sports/Physical Activity Programs	26%

TRANSPORTATION ISSUES

Elderly & Disabled Public Transportation	31%
Transportation to and from Medical Appointments	29%
Inadequate Public Transportation	28%

Community Focus Group Summary of Major Findings

<u>Economic Issues</u>	<u>Health Issues</u>
*Job Training	*Affordable Health, Mental & Dental Assistance
*Unemployment	*Drug & Alcohol Abuse & Education
*Assistance for Homelessness (Shelters)	Elderly & Child Abuse
Personal Financial Assistance (Rent/Mortgage/Utilities)	Victim Assistance
Disability Assistance	Medical Transportation
Head Start/Child Care Programs	PTSD
<u>Basic Needs Issues</u>	<u>Public Safety Issues</u>
*Elderly Assistance/Services (Home Care & Centers)	*Crime
*Affordable Housing	Emergency Management Training & Shelter
Financial Management	Domestic Violence
Clothing Food Assistance	Human Trafficking
Support for Veterans	
Re-Entry for Ex-Offenders	<u>Other Social/Community Issues</u>
	*Transportation
<u>Educational Issues</u>	*Youth Sports/Physical Activities
*After School Programs	Teen Pregnancy
*Mentoring/Tutoring Programs & Services	High School Drop Out Rates
	Diversity Awareness

The major issues by number of responses were (ranked by frequency of response):

1. Crime
2. Job Training/Prep
3. Unemployment
4. Assistance for Homelessness
5. Drug/Alcohol Abuse and Education
6. Elderly Assistance/Services (Home Care & Centers)
7. Youth Sports Activities (Recreation Centers in Outlying Areas)
8. Affordable Housing
9. Mentoring/Tutoring Programs (After School Programs)
10. Mental Health Care Assistance
11. Transportation
12. Personal Financial Assistance
13. Affordable Health, Medical/Dental Insurance
14. Affordable Medication
15. Ex-Offender Re-Entry Programs

Community Focus Group meetings were made possible through a grant funded by

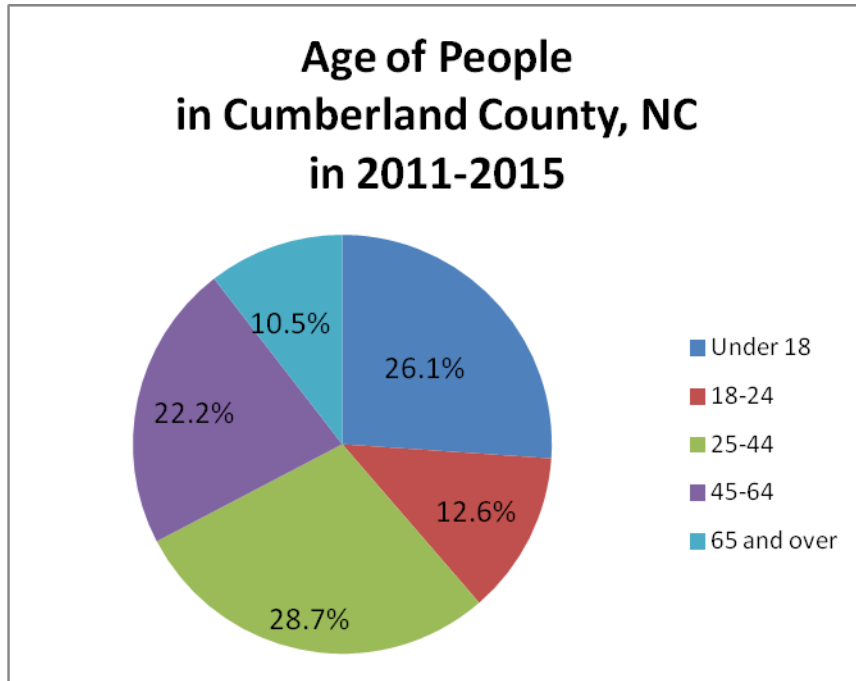


Cumberland County at a Glance

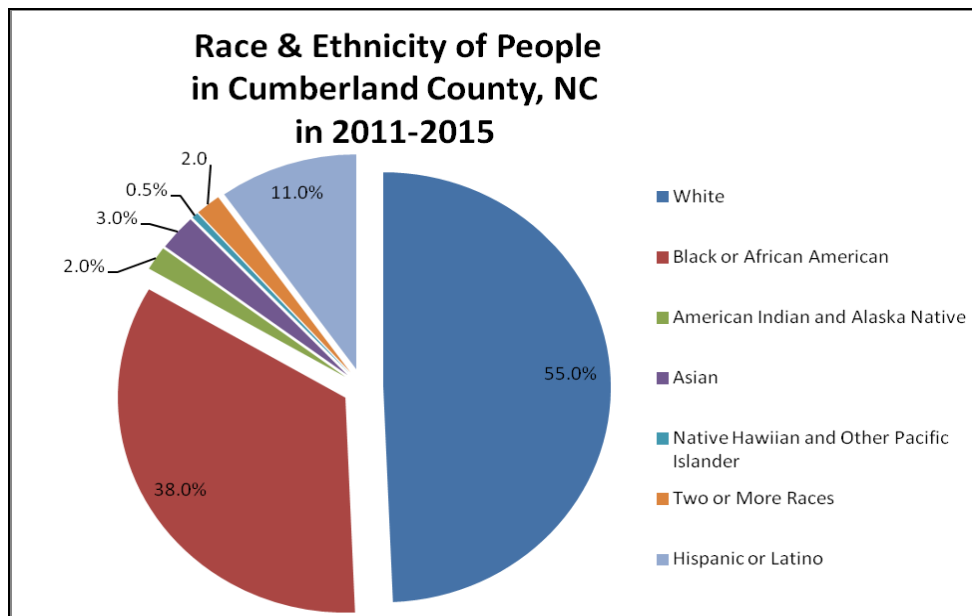
Community Overview

The following tables are based upon the 2011-2015 U.S. Census Bureau American Fact Finder Population and Housing Narrative Profile: American Community Survey: Population & Housing Profile 5-year Estimates.

POPULATION OF CUMBERLAND COUNTY. In 2011-2015, Cumberland County had a total population of 324,600 – 166,300 (51 percent) females and 158,300 (49 percent) males. The median age was 31 years. An estimated 26 percent of the population was under 18 years and 10 percent was 65 years and older.

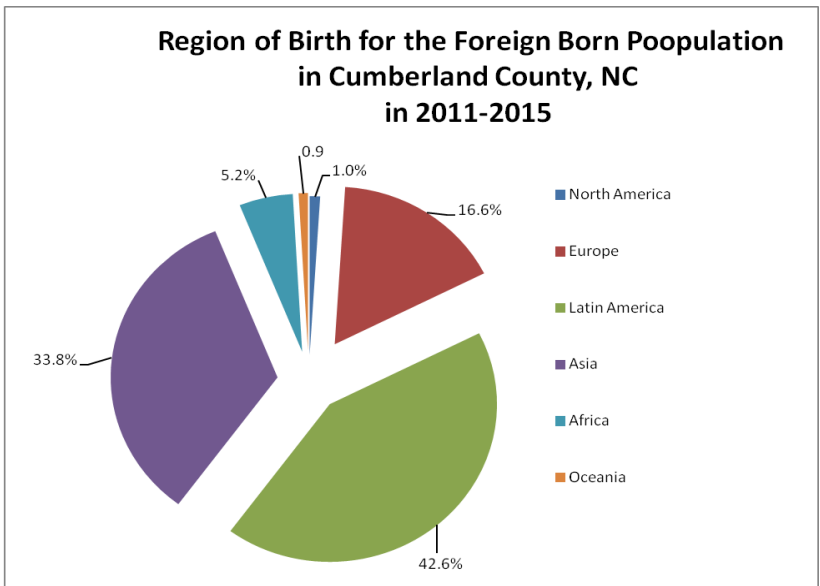


RACE AND ETHNICITY. For people reporting one race alone in 2011-2015, 55 percent were White; 38 percent were Black or African American; 2 percent were American Indian and Alaska Native; 3 percent were Asian; less than 0.5 percent were Native Hawaiian and Other Pacific Islander, and 2 percent were some other race. An estimated 5 percent reported two or more races. An estimated 11 percent of people in Cumberland County, North Carolina were Hispanic. An estimated 46 percent of the people in Cumberland County, North Carolina were White non-Hispanic. People of Hispanic origin may be of any race.

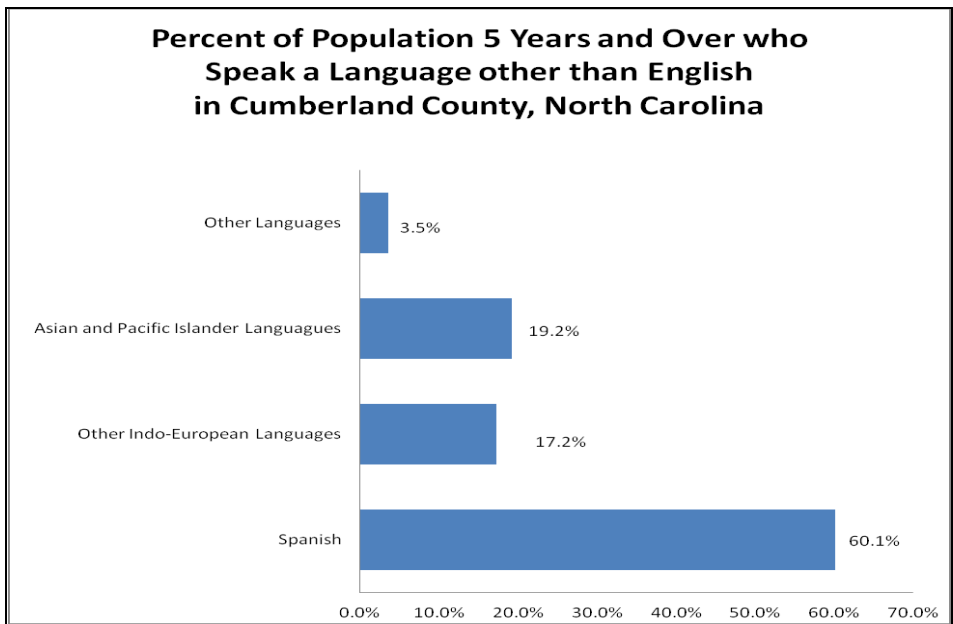


Nativity and Foreign Born: An estimated 94 percent of the people living in Cumberland County, in 2011-2015 were native residents of the United States and 46 percent of these residents were living in the state in which they were born.

An estimated 6 percent of the people living in Cumberland County, in 2011-2015 were foreign born. Of the foreign born population, 56 percent were naturalized U.S. Citizens, and 88 percent entered the country before the year 2010. An estimated 12 percent of the foreign born entered the country in 2010 or later. Foreign born residents of Cumberland County came from different parts of the world.

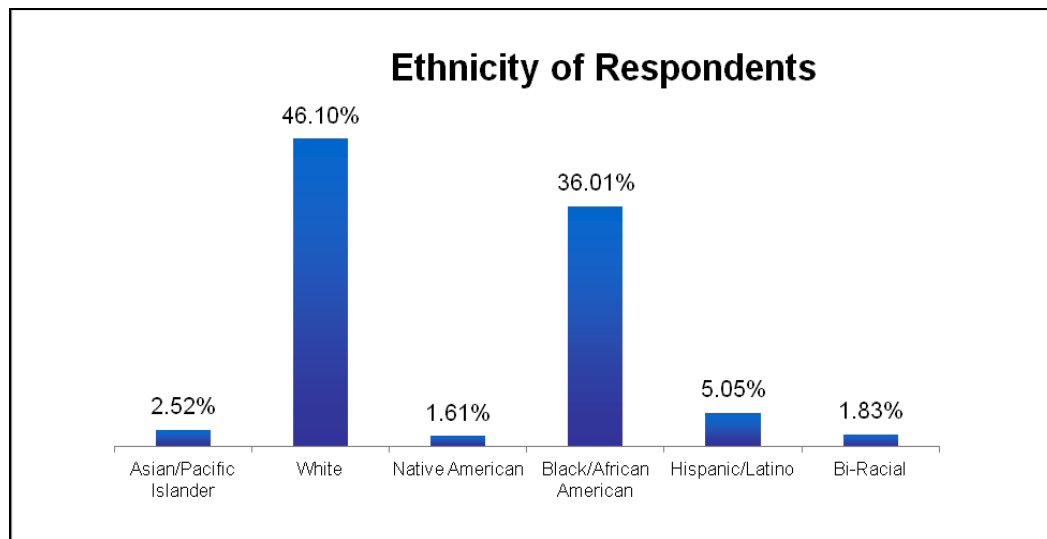
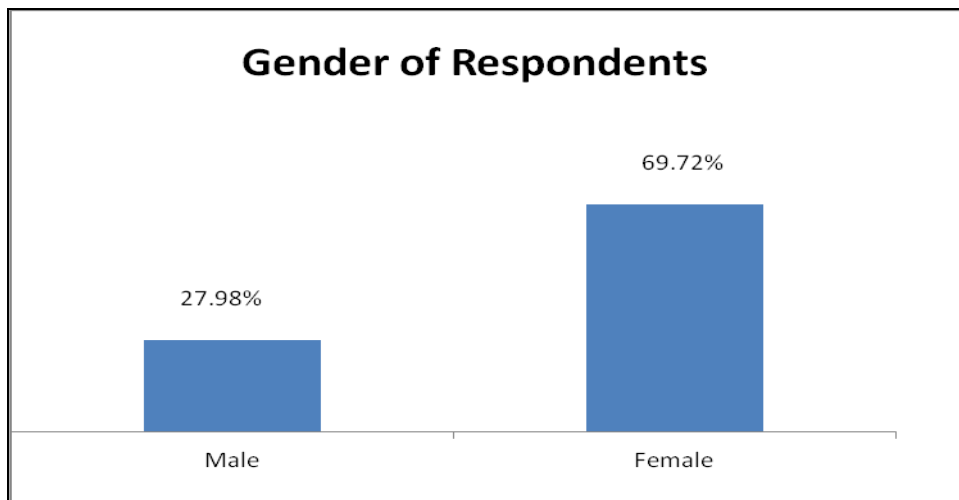
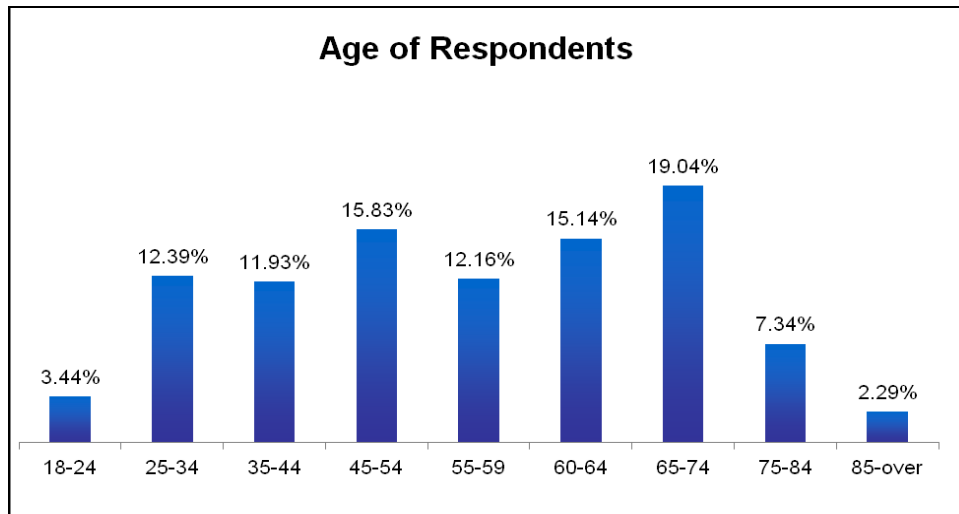


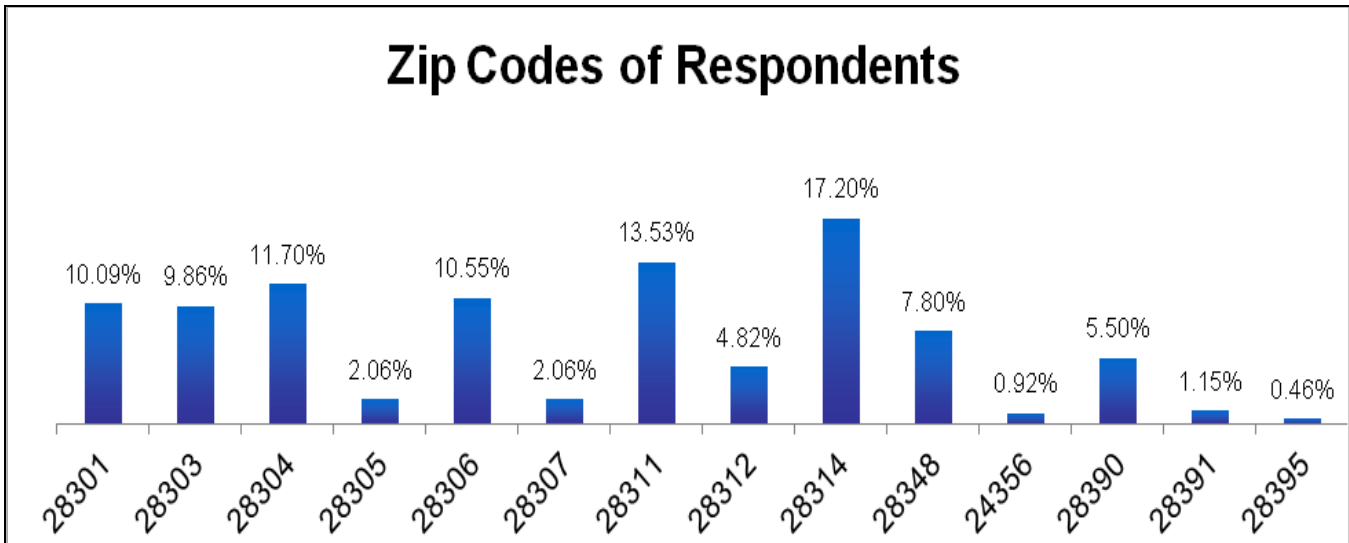
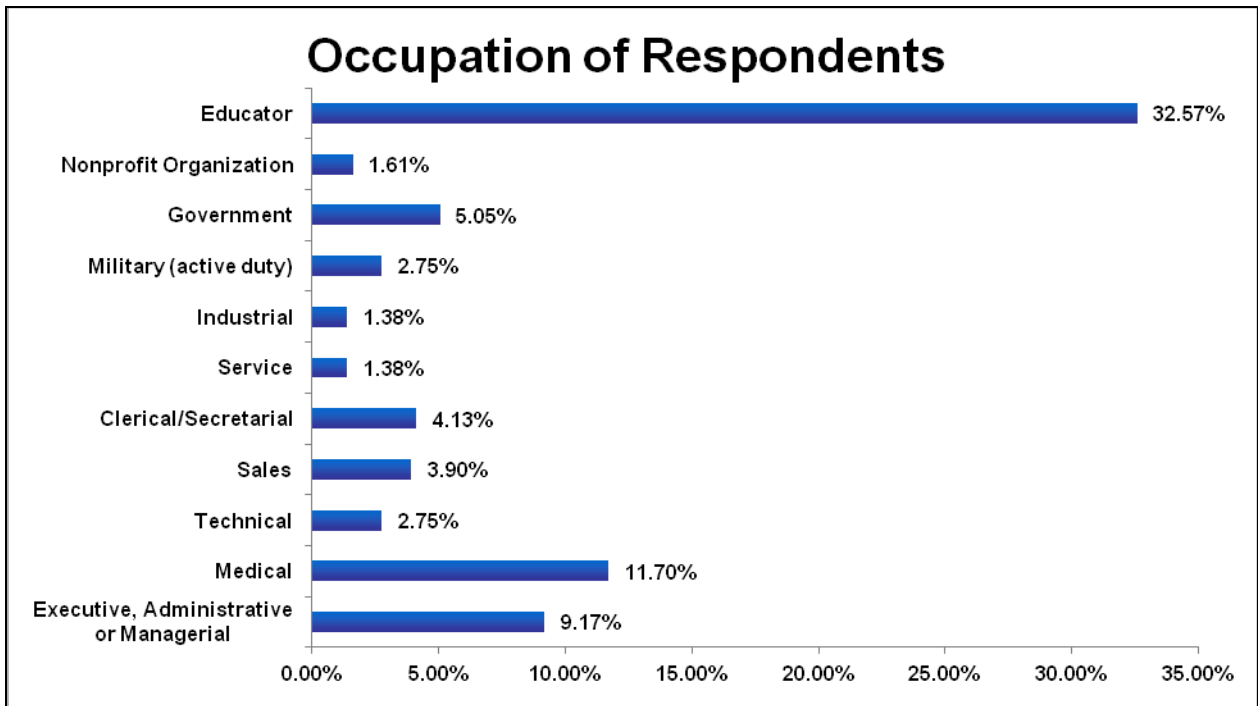
LANGUAGE: Among people at least five years old living in Cumberland County in 2011-2015, 11 percent spoke a language other than English at home. Of those speaking a language other than English at home, 60 percent spoke Spanish and 40 percent spoke some other language; 30 percent reported that they did not speak English “very well.”



Demographic Characteristics of Community Assessment Respondents

The following charts will provide demographic characteristics of the 436 respondents.

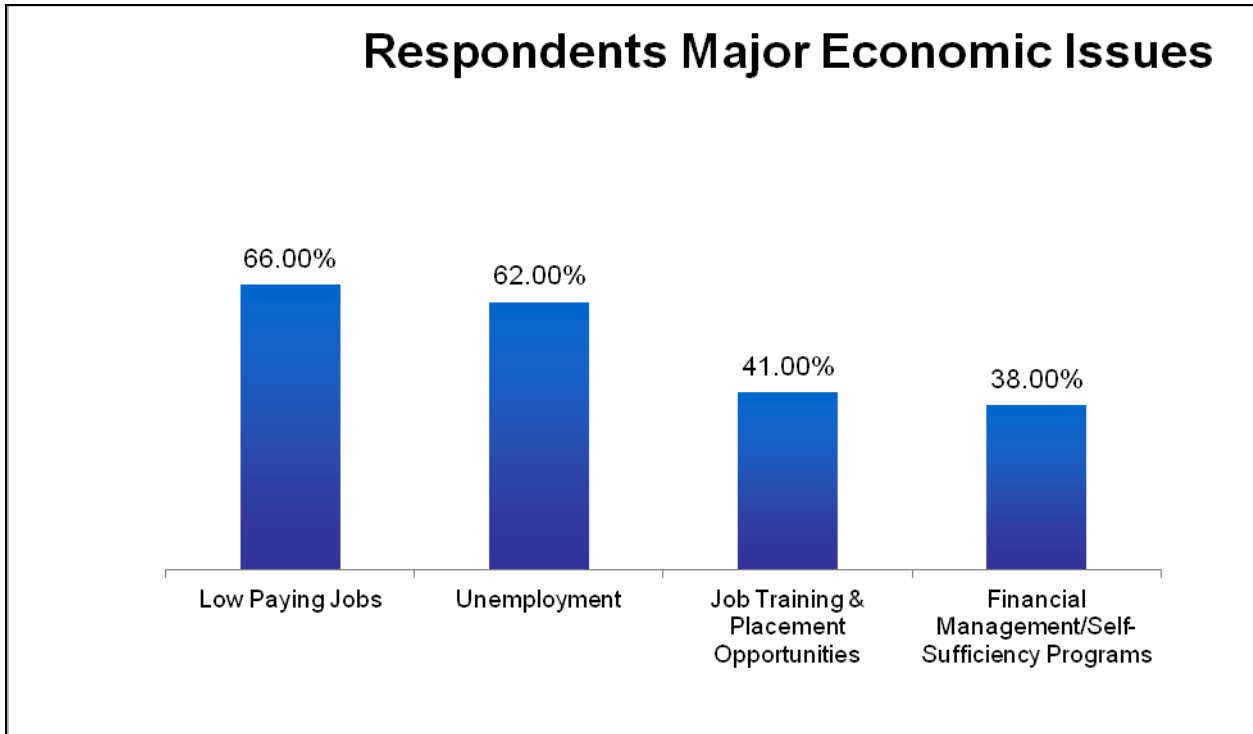




- 28301** (Murchison Road, FSU, E.E. Smith School District, Hillendale, Country Club Estates & Downtown Area)
- 28303** (Vanstory Hills, FTCC & Terry Sanford High School District)
- 28304** (CFVHS, Owen Drive, Raeford Road, Douglas Byrd High School District & 71st High School Districts)
- 28305** (Haymont, Savoy Heights & Terry Sanford High School District)
- 28306** (Massey Hill, Cumberland Road, Gates Four & Southview High School District)
- 28307** (Fort Bragg)
- 28311** (Methodist College, Ramsey Street, College Lakes & Pine Forest High School District)
- 28312** (Vander, Eastover, Cedar Creek Road, Cape Fear & Southview High School Districts)
- 28314** (Lake Rim, Cliffdale and Raeford Road & 71st High School District)
- 28348** (Hope Mills & Grays Creek School District)
- 28356** (Linden & Pine Forest School District)
- 28390** (Spring Lake & Pine Forest High School District)
- 28391** (Stedman)
- 28395** (Wade)

Major Economic Issues

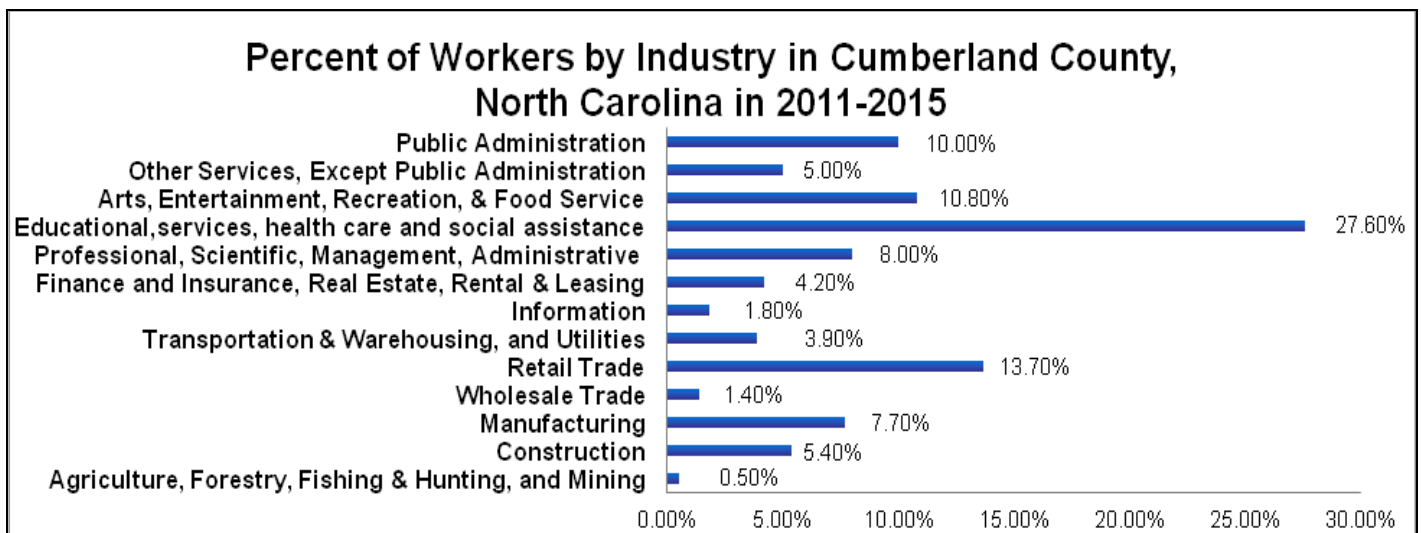
The following charts and data outline the most significant results of the Community Needs Assessment according to household respondents. In some cases there is comparative data to illustrate the issue while the charts speak for themselves in other issue areas. *It should be noted, however, that not all percentages add up to one hundred percent in each chart, as not all questions were answered by all of the respondents.*



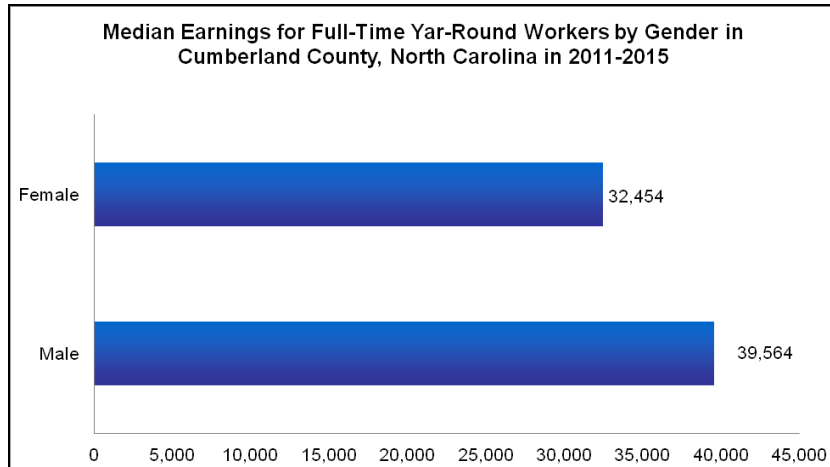
CURRENT ECONOMIC CONDITIONS *(based upon results from the 2011-2015 U.S. Census Bureau Fact-Finder)*

In Cumberland County 48% of the population 16 and over were employed; 35% were not currently in the labor force. An estimated 69% of the people employed were private wage and salary workers; 26 % were federal, state, or local government workers; and 4% were self-employed in their own (not incorporated) business.

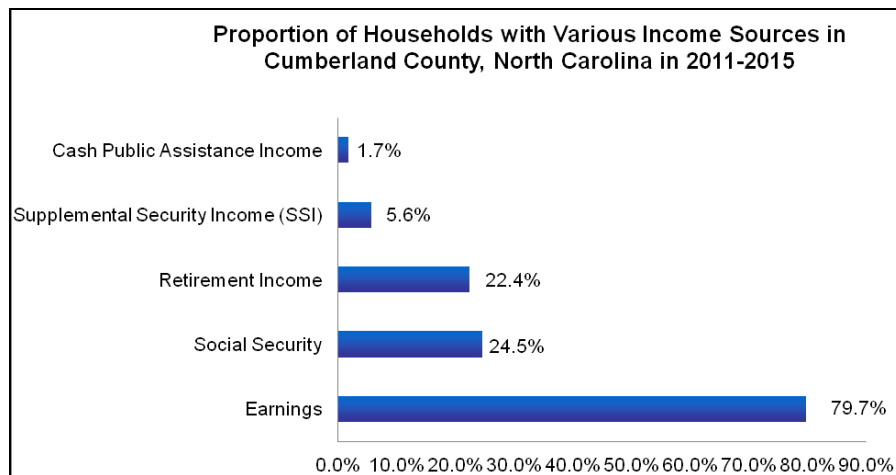
In 2011-2015, the civilian employed population 16 years and older in Cumberland County worked in the following industries.



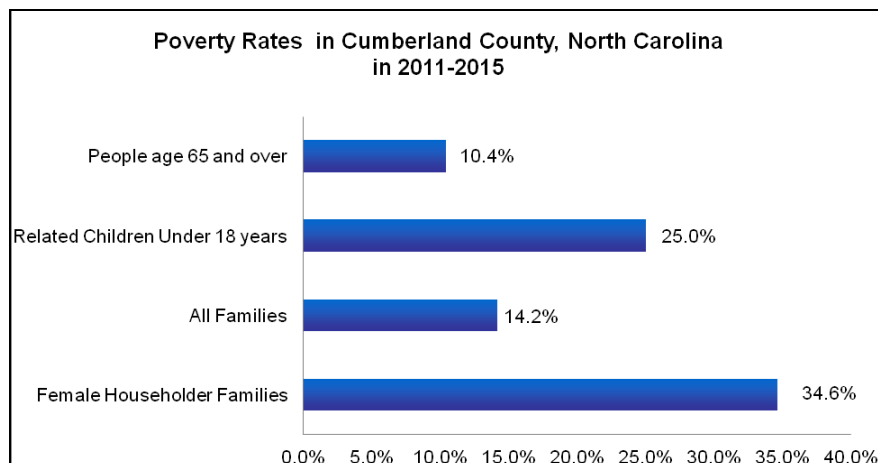
The median income of households in Cumberland County was \$44,171. An estimated 14 percent of households had income below \$15,000 a year and 5 percent had income over \$150,000 or more.



An estimated 79 percent of the households received earnings and 22 percent received retirement income other than Social Security. An estimated 24 percent of the households received Social Security. The average income from Social Security was \$16,047. These income sources are not mutually exclusive; that is, some households received income from more than one source.

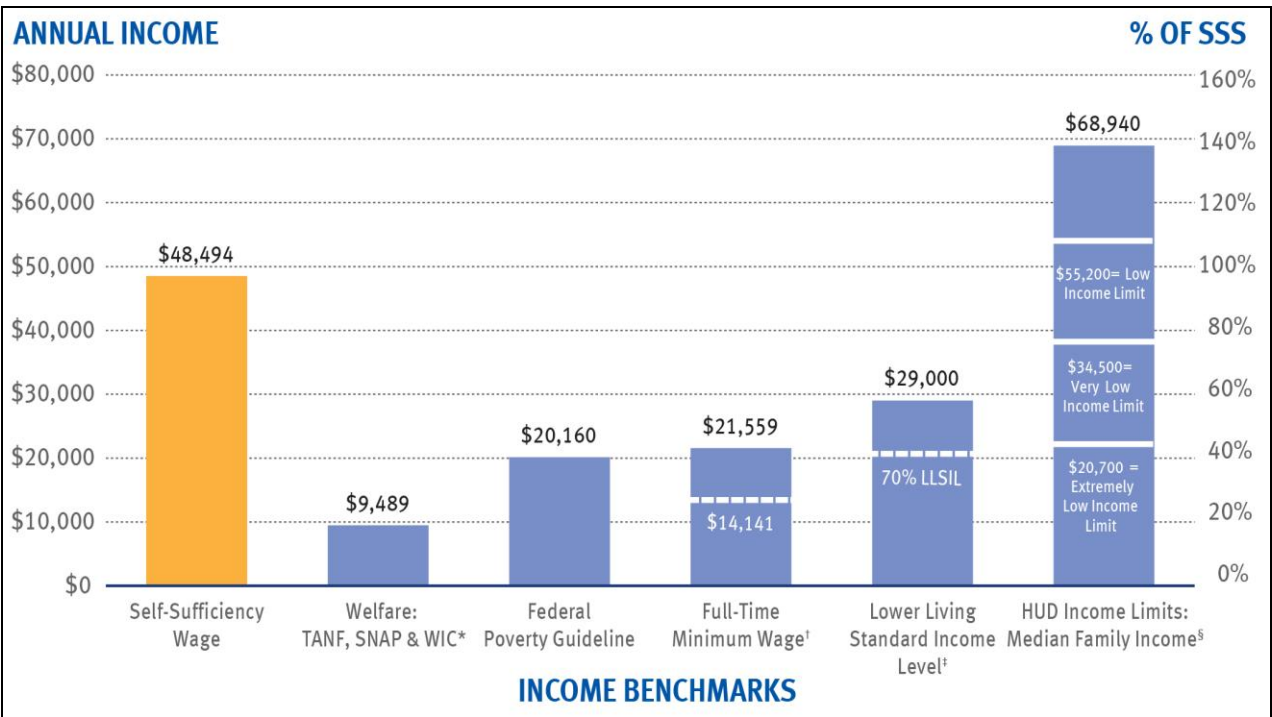


POVERTY IN CUMBERLAND COUNTY. In 2011-2015, 18 percent of people in Cumberland County were living at the poverty level. An estimated 25 percent of related children under 18 were below the poverty level, compared with 10 percent of people 65 years old and over. An estimated 14 percent of all families and 35 percent of families with a female householder and no husband present had incomes below the poverty level.



THE SELF-SUFFICIENCY STANDARD. The United Way of North Carolina published *The Self-Sufficiency Standard for North Carolina 2017* in an effort to ensure the best data analyses are enable North Carolina’s families and individuals to make progress toward real economic security. **The Standard defines the minimum income needed to realistically support a families basic needs, without public or private assistance.** Basic needs include, housing, child care, food, health care, transportation, and miscellaneous items, as well as the cost of taxes and the impact of tax credits. In addition, the report provides for each family type the amount of emergency savings required to meet needs during a period of unemployment or other emergency. The official poverty measure, developed half a century ago, is now methodologically out of date and no longer accurately measures poverty. Families are characterized as “poor” if their income is below the official poverty measure and “not poor” if it is above the official poverty measure. The Self-Sufficiency Standard shows incomes well above the federal measure of poverty are nevertheless far below what is necessary to meet families’ basic needs. Below is the Self Sufficient Standard for Cumberland County. The data components and assumptions included in the calculations are described briefly in Appendix A. For additional family types and for more information please visit www.unitedwaync.org/selfsufficiencystandard.

The Self-Sufficiency Standard for Cumberland County, 2017 for Select Family Types										
	Adult	Adult Infant	Adult Preschooler	Adult School-Age	Adult Teenager	2 Adults	2 Adults Infant	2 Adults Preschooler	2 Adults School-Age	2 Adults Teenager
MONTHLY COSTS										
Housing	\$679	\$833	\$833	\$833	\$833	\$679	\$833	\$833	\$833	\$833
Child Care	\$0	\$676	\$614	\$559	\$0	\$0	\$676	\$614	\$559	\$0
Food	\$241	\$358	\$366	\$434	\$458	\$476	\$586	\$593	\$658	\$681
Transportation	\$240	\$246	\$246	\$246	\$240	\$464	\$471	\$471	\$471	\$464
Health Care	\$165	\$466	\$463	\$472	\$488	\$507	\$521	\$518	\$528	\$543
Miscellaneous	\$133	\$258	\$252	\$254	\$202	\$213	\$309	\$303	\$305	\$252
Taxes**	\$313	\$633	\$601	\$618	\$359	\$428	\$688	\$662	\$673	\$450
Earned Income Tax Credit (-)	\$0	\$0	(\$13)	(\$4)	(\$153)	\$0	\$0	\$0	\$0	\$119
Child care Tax Credit (-)	\$0	(\$55)	(\$58)	(\$55)	\$0	\$0	(\$50)	(\$50)	(\$50)	\$0
Child Tax Credit (-)	\$0	(\$83)	(\$83)	(\$83)	(\$83)	\$0	(\$83)	(\$83)	(\$83)	(\$83)
SELF-SUFFICIENCY WAGE										
Hourly***	\$10.06	\$18.93	\$18.30	\$18.60	\$13.31	\$7.86	\$11.22	\$10.97	\$11.06	\$8.58
Monthly	\$1,770	\$3,331	\$3,221	\$3,274	\$2,343	\$2,768	\$3,950	\$3,860	\$3,893	\$3,021
Annual	\$21,244	\$39,973	\$38,648	\$39,291	\$2,811	\$33,213	\$47,395	\$46,322	\$46,721	\$36,252
Emergency Savings Fund****	\$35	\$81	\$77	\$79	\$64	\$28	\$44	\$43	\$43	\$36
* The Standard is calculated by adding expenses and taxes and subtracting tax credits.										
**The Taxes row includes payroll, federal and state income taxes.										
***The hourly wage is calculated by dividing the monthly wage by 176 hours (8 hours per day times 22 days per month). The hourly wage for families with two adults represents the hourly wage that each adult would need to earn, while the monthly and annual wages represent both parents' wages combined.										
****The Emergency Savings Fund is based on monthly contributions.										
NOTE: Totals may not add exactly due to rounding.										
NOTE: See Appendix A for descriptions of the data components and assumptions for each expenditure calculation.										



THE SELF-SUFFICIENCY STANDARD FOR SELECT NORTH CAROLINA COUNTIES AND FAMILY TYPES, 2017

	One Adult	One Adult One Preschooler	One Adult One Preschooler One School-age	Two Adults One Preschooler One School-age
Brunswick	\$23,158	\$39,813	\$50,308	\$57,598
Buncombe	\$21,819	\$42,964	\$55,800	\$62,254
Catawba	\$19,362	\$34,101	\$45,752	\$52,322
Cumberland	\$21,244	\$38,648	\$50,051	\$56,980
Forsyth	\$19,817	\$37,832	\$50,131	\$56,749
Guilford	\$20,878	\$39,277	\$51,620	\$58,383
Mecklenburg	\$24,054	\$46,684	\$60,211	\$67,168
Pitt	\$20,273	\$39,833	\$51,697	\$58,525
Robeson	\$17,152	\$32,026	\$43,676	\$50,055
Wake	\$25,287	\$48,601	\$64,397	\$71,652

Note: Detailed tables of the Self-Sufficiency Standard for eight select family types in every county in Carolina are shown in Appendix B. An Excel file of the Self-Sufficiency Standard in every county for over 700 family types can be downloaded at www.selfsufficiencystandard.org/north-carolina.

THE ROAD TO ECONOMIC SECURITY



The Self-Sufficiency Standard approach to economic security consists of three elements: securing the costs of daily basic needs, creating an emergency savings fund, and choosing the appropriate asset-building Economic Security Pathway(s).

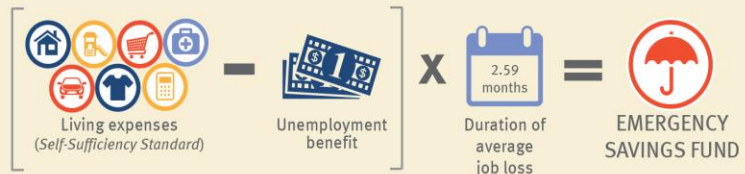
STEP 1: SECURE BASIC NEEDS

The Self-Sufficiency Standard calculates how much income families of various sizes and compositions need to make ends meet without public or private assistance in each county in North Carolina. The Standard measures income adequacy, and is based on the costs of basic needs for working families: housing, child care, food, health care, transportation, and miscellaneous items, plus taxes and tax credits. To download the full report and tables for 700+ family types, by county, visit www.selfsufficiencystandard.org/north-carolina.



STEP 2: CREATE AN EMERGENCY SAVINGS FUND

Beyond meeting basic needs the next step towards economic security is saving for emergencies, particularly job loss, the most common reason for income loss. Emergency savings, together with unemployment insurance, enable families to weather economic crises, and are an essential element on the road to achieving economic security.



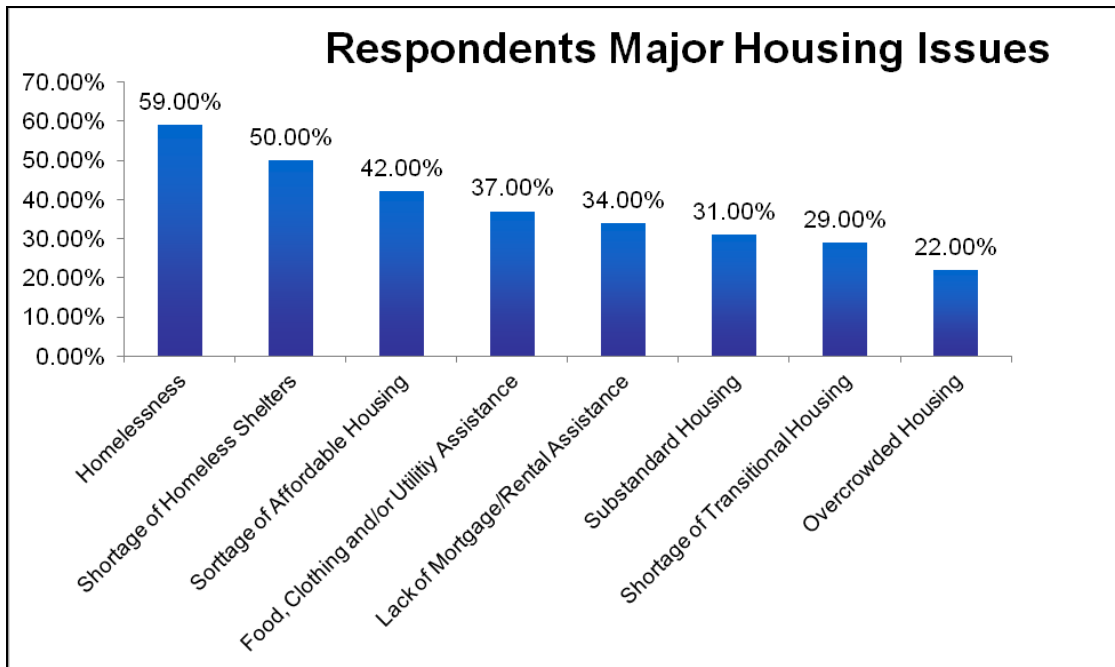
STEP 3: CHOOSE AN ECONOMIC SECURITY PATHWAY

Once a family has secured income at the Self-Sufficiency Standard level and instituted their emergency savings fund, the road to long-term economic security will be different for each. While there are many options, depending on family circumstances, this report considers three key pathways that many families can take to move closer to long-term economic security (1) postsecondary education, (2) improved housing and/or homeownership, and (3) savings for retirement.



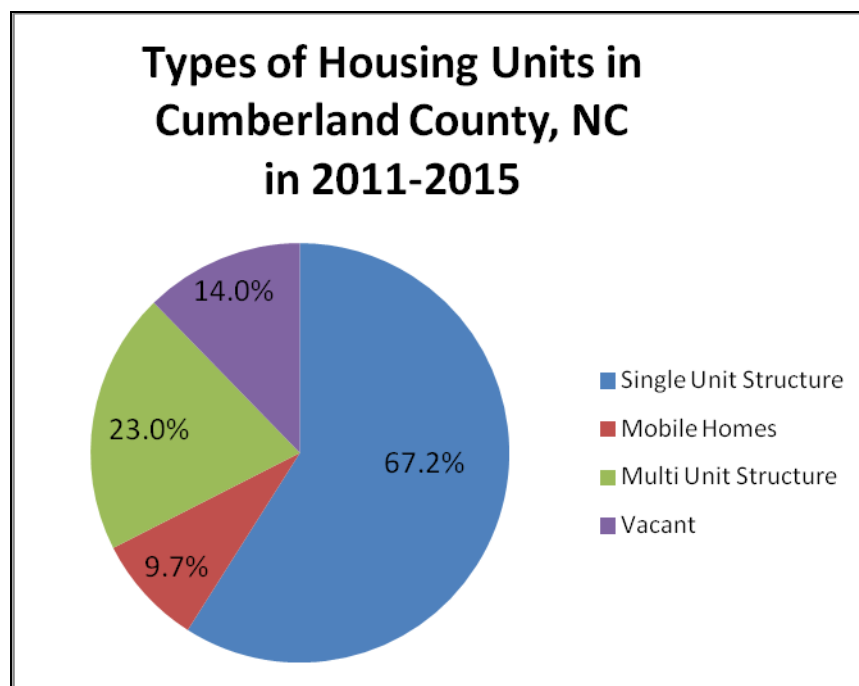
LONG-TERM ECONOMIC SECURITY

Major Housing Issues



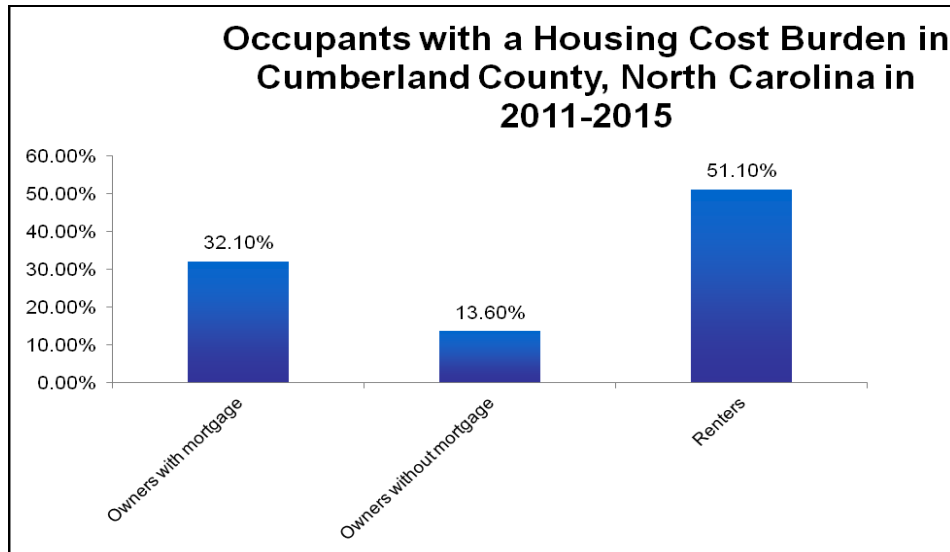
CURRENT HOUSING CONDITIONS (based upon results from the 2011-2015 U.S. Census Bureau Fact-Finder)

In 2011-2015, Cumberland County had a total of 142,100 housing units, 14% of which were vacant. Of the total housing units, 67% were in single-unit structures, 23% were in multi-unit structures and 10% were mobile homes. An estimated 42% of the housing units were built since 1990. The median number of rooms in all housing units in Cumberland County is 5. Of these housing units, 68% have three or more bedrooms.

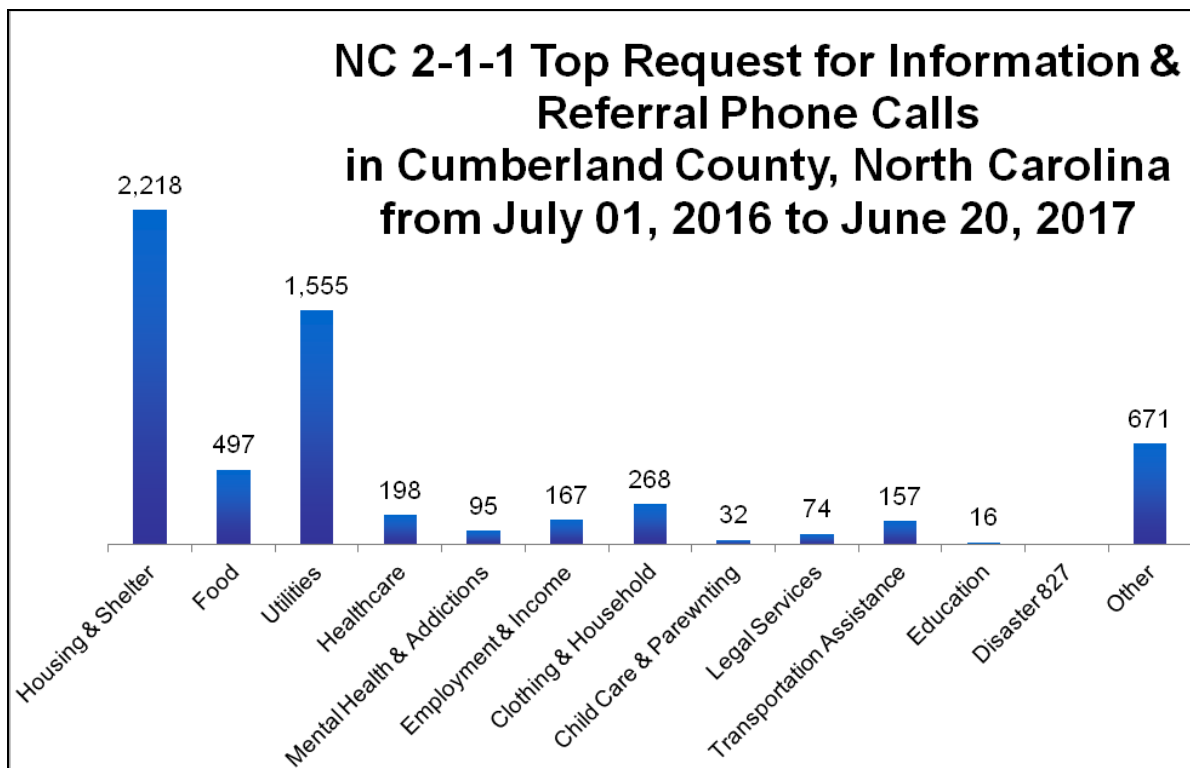


In 2011-2015, Cumberland County had 122,600 occupied housing units – 64,500 (53%) owner occupied and 58,200 (47%) renter occupied. An estimated 72% of householders of these units had moved in since 2000. An estimated 70% of the owner occupied units had a mortgage. An estimated 3% of the households did not have telephone service. An estimated 7% had no vehicles available and another 19% had three or more vehicles.

The median monthly housing costs for mortgaged owners was \$1,189, non-mortgaged owners-\$402, and renters-\$869. An estimated 32% of owners with mortgages, 14% of owners without mortgages and 51% of renters in Cumberland County spent 30% or more of household income on housing.



NC 2-1-1 is an information and referral services provided by United way of North Carolina and supported by local United Ways and public and private partners across NC. The service is available in all 100 NC Counties. Accessible via an easy-to-remember, three-digit number, families and individuals can call to obtain information on health and human services and resources within their community. The service is free, confidential and available in most languages. Below are the most requests referrals between July 1, 2016 and June 20, 2017.



CUMBERLAND COUNTY HOMELESSNESS TRENDS AND CURRENT CONDITIONS

According to the Department of Housing & Urban Development's (HUD) definition of homelessness a person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

According to the 2016 Cumberland County Continuum of Care Point-In-Time Count (see chart below), Cumberland County had a total of 515 people that were homeless (including families and children), 80 people were in emergency shelters, 144 people were in transitional housing and 291 were unsheltered (sleeping outside).

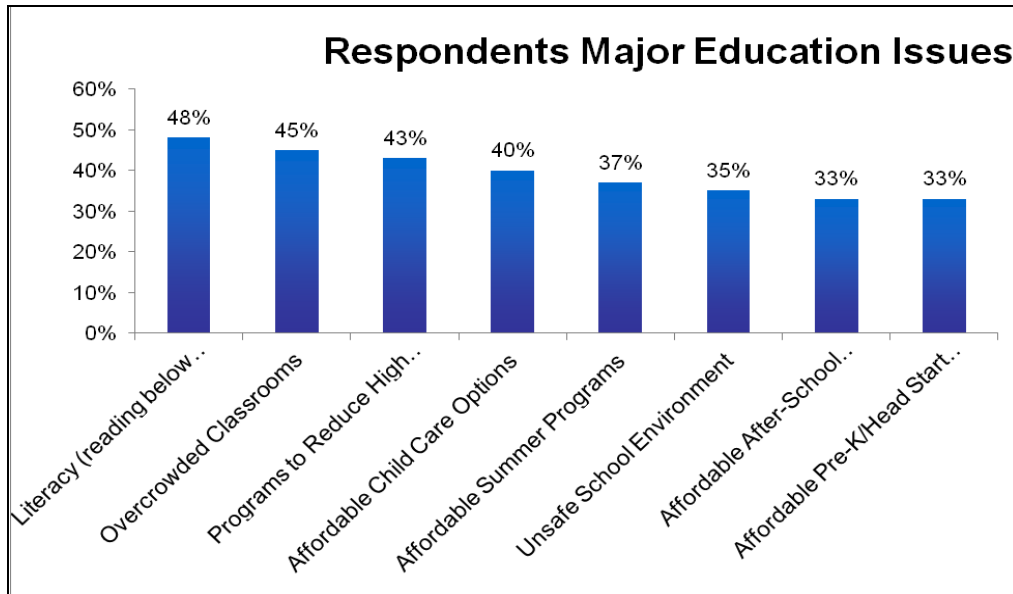
SUMMARY OF HOMELESS COUNT		
Cumberland County Continuum of Care: Homeless Point-In-Time Count: January 27, 2016		
	Number of People	Percentage of Total Homeless Population
Total Homeless People in Cumberland County	515	100%
People in Emergency Shelter	80	16%
People in Transitional Housing	144	28%
People who are Unsheltered	291	57%
AGE & HOUSEHOLD TYPE		
Adults in families with children	55	11%
Children in families	119	23%
Adults in households without children	341	66%
Children in households without adults	0	0%
YOUTH (UNDER AGE 25)		
Total people in youth households	29	6%
People in parenting youth households	14	3%
Unaccompanied youth	15	3%
VETERANS		
Total people in veteran households	45	9%
Total veterans	43	8%
Veterans in families with children	1	0%
Veterans in households without children	42	8%
CHRONICALLY HOMELESS PEOPLE		
Total chronically homeless people	80	16%
Chronically homeless people in families with children	6	1%
Chronically homeless adults without children	74	14%
SUBPOPULATIONS		
Adults with a serious mental illness	63	12%
Adults with a substance use disorder	38	7%
Adults with HIV/AIDS	5	1%
Adults who are victims of domestic violence	31	6%

It is important to note that ending homelessness is not an attainable goal without first addressing causation. Ensuring safe and affordable housing is achievable and making sure there are not only enough employment opportunities, but also jobs that pay a living wage.

Major education issues cited by household respondents were: Literacy (reading below grade level/end of grade testing scores; Overcrowded Classrooms; Programs to Reduce High School Dropout Rate; Affordable Childcare Options; Affordable

Major Education Issues

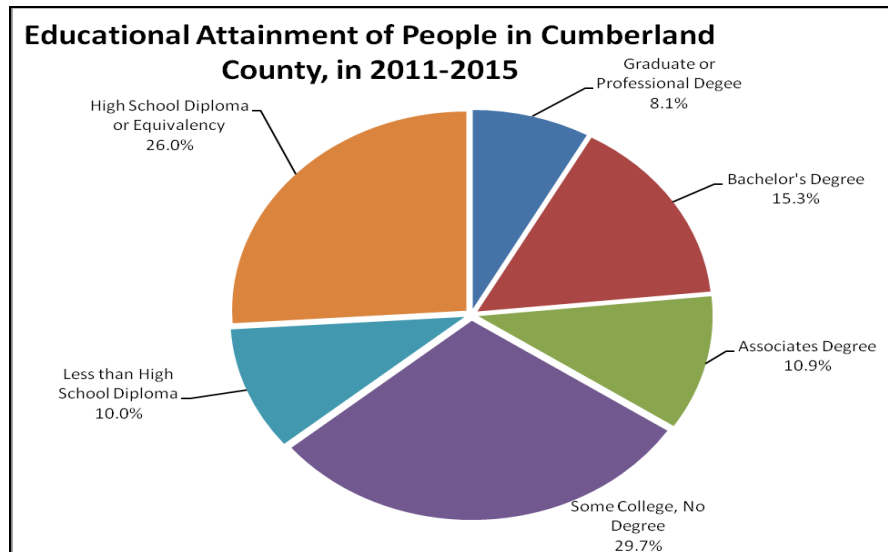
Summer Programs; Unsafe School Environment; Affordable After-School Mentoring/Tutoring Programs; and Affordable Pre-K/Head Start Programs. The following graph represents the results of the responses that Cumberland County residents indicated were major education issues.



In 2011-2015, 90% of people living in Cumberland County 25 years and over had at least graduated from high school and 23% had a bachelor's degree or higher. An estimated 10% did not complete high school.

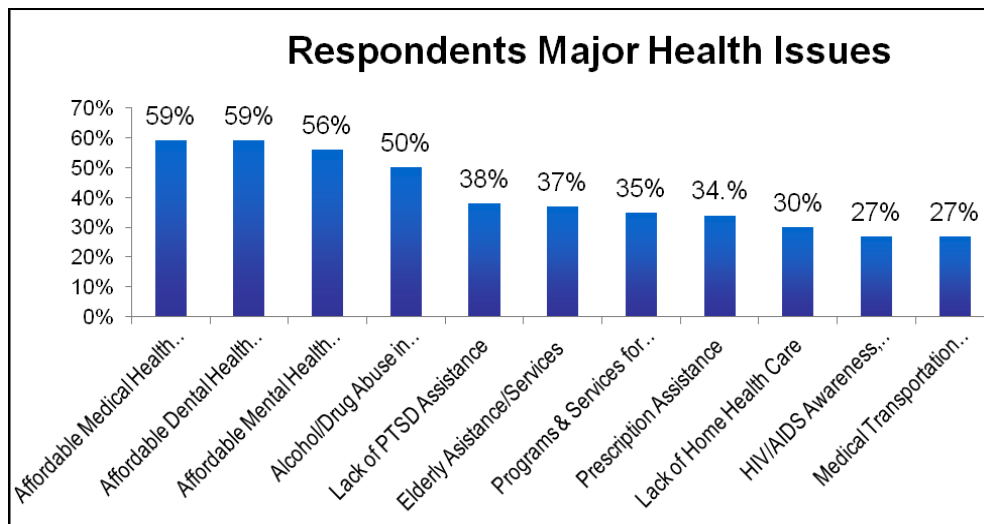
Cumberland County has the 5th largest school district in North Carolina. The Cumberland County school enrollment in 2011-2015 was 94,900 students. Nursery/Preschool enrollment was 5,933 (6.2%); Kindergarten to 12th Grade was 57,593 (60.7%); Kindergarten enrollment was 5,295 (5.6%); Elementary school (grades 1-4) enrollment was 17,523 (18.5%); Elementary school (grades 5-8) enrollment was 17,579 (18.5%); and high school (9-12) enrollment was 17,196 (18.1%). College or under graduate school enrollment was 26,625 (28%). Graduate/Professional school enrollment was 4,787 (5%). In 2015, there was a total of 3,509 graduates of that number 2,861 were pursuing higher education, 297 graduates were entering the Military, 13 were attending Military Academy appointments and 104 received Military Scholarships.

In Cumberland County, 418 students dropped out in the 2015-2016 school year, 8 more than in 2014-2015. The county's dropout rate dipped, from 2.07% to 2.55%, according to the Fayetteville Observer, posted Feb. 2, 2017. The school system's dropout rate was 2.63% in 2011-12 and was below this year's rate in other recent years, state records show.



Major Health Issues

Major health issues cited by household respondents were: Affordable Medical Health Care, Affordable Dental Health Care, Affordable Mental Health Care, Alcohol/Drug Abuse in Community, Lack of PTSD Assistance, Elderly Assistance/Services (Home Care & Centers), Programs and Services for Persons with Disabilities, Prescription Assistance, Lack of Home Health Care, HIV/AIDS Awareness, Prevention/Intervention, and Medical Transportation Assistance. (See Chart Below for detail)



The following data was compiled by the 2016 Cumberland County Health Department Community Health Assessment Team and can be found in the 2016 Cumberland County Health Assessment.

In 2016, Cumberland County Health Department's health assessment team identified the following as health problems in Cumberland County: Obesity, Heart Disease, Cancer, Fitness and Nutrition, Diabetes, Chronic Lower Respiratory Diseases, Stroke and Substance Abuse.

According to the 2016 community health opinion survey, 57.3% of the respondents had health insurance. The percentage of Cumberland County residents under age 65 (0-64 years) who did not have health insurance was 18.4% (58,000 residents). During 2010-2011, 18.4% of Cumberland County residents were uninsured compared to 18.9% of the State. Among Cumberland County residents, ages 0-18 years, 8.6% (9,000 residents) did not have health insurance and ages 19-64 years, 22.8% (50,000 residents) did not have health insurance. According to the 2016 community health opinion survey, 31.3% of the respondents stated that not having insurance prevented them from getting medical care; 65.7% of the respondents stated that when they are sick they go to their doctor to receive care.; and 2% of the respondents stated that when they are sick they would seek treatment at the Cumberland County Health Department.

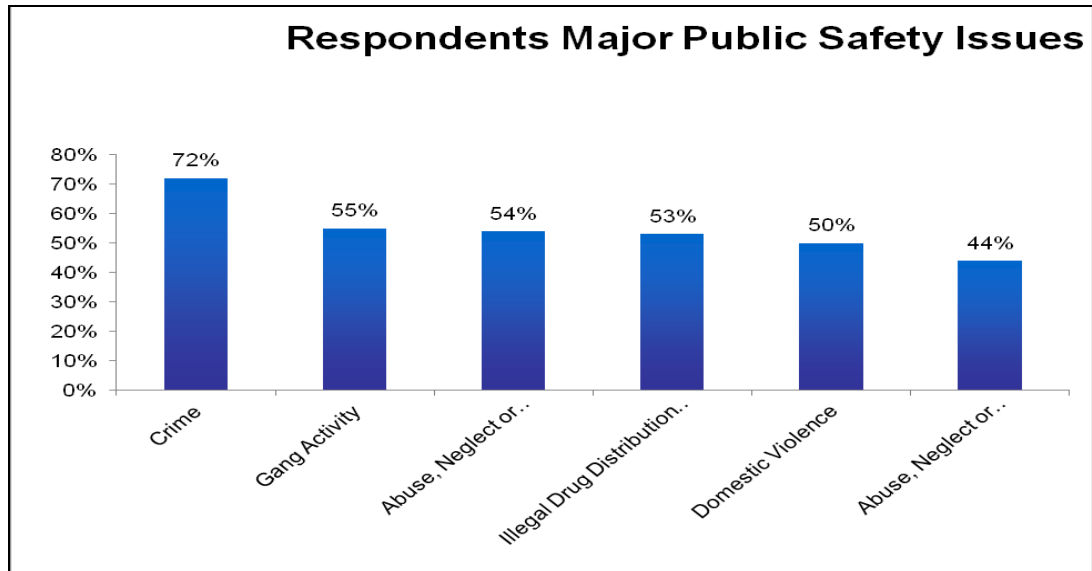
Issues reported by respondents that prevented them from receiving health care are as follows:

- No health insurance 31.3%
- Insurance didn't cover what they needed – 26.3%
- Cost (deductible/Co-pay) was too high – 5.8%
- Doctor would not take insurance or Medicaid – 8.6%
- Hospital would not take insurance – 2.5%
- Pharmacy would not take insurance or Medicaid – 4.5%
- Dentist would not take insurance or Medicaid – 3.0%
- No way to get to appointment – 3.0%
- Didn't know where to go – 1.0%
- Couldn't get an appointment – 23.7%
- The wait was too long – 19.2%

Inability to pay or high cost was a major factor in why individuals stated they didn't receive care.

Major Public Safety Issues

Major public safety issues cited by household respondents were: Crime, Gang Activity, Abuse, Neglect or Assault on Children, Illegal Drug Distribution, Domestic Violence, and Abuse, Neglect or Assault on the Elderly. (See chart below for reporting detail).



Based upon the 2016 Fayetteville Police Department Annual Report the following crime statistics hold true for Fayetteville/ Cumberland County. The Fayetteville Police Department made 6,930 arrests in 2016 compared to 6,594 in 2015.

	VIOLENT CRIMES					
	YEAR	HOMICIDE	RAPE	ROBBERY	AGGRAVATED ASSAULT	TOTAL ALL VIOLENT CRIMES
City of Fayetteville Police Department	2016	31	100	319	1,083	1,533
	2015	17	66	386	715	1,184

	PROPERTY CRIMES				
	YEAR	BURGLARY	LARCENY	MOTOR VEHICLE THEFT	TOTAL ALL PROPERTY CRIMES
City of Fayetteville Police Department	2016	1,869	6,945	391	9,205
	2015	2,144	7,166	412	9,722

JUVENILE CRIME IN CUMBERLAND COUNTY.

The Cumberland County Juvenile Crime Prevention Council (CCJCPC) prioritized the following risk factors for 2017: Family management problems; Family conflict; Academic failure beginning in late elementary school; and Lack of commitment to school. Cumberland County and the 12th District Court System rely upon community based collaborations to address persistent juvenile crime/delinquency problems that affect our community and public safety. Although national and state data show a substantial decrease in court referrals and adjudications, those entering the system demonstrate more serious, chronic mental health/substance use problems and criminal behavior.

Division of Adult Corrections (DACJJ) and local Juvenile Crime Prevention Council (JCPC) over the past 10 years is used to ensure consistency in longitudinal studies of crime rates. Cumberland compared data with Durham, Guilford, Mecklenburg and Wake counties because of similarities in juvenile crime rates. Cumberland has always ranked 4th in the state behind Wake, Mecklenburg and Guilford, respectively, in the areas of crime rates and Youth Detention Center (YDC) commitments/secure detentions. 2015 local data indicates Cumberland is tied with Guilford for children living in poverty. Cumberland is ranked #1 in unemployment among the comparable counties. The number of Cumberland County delinquent

youth per capita continues to be above the state rate. School campus crime rates reported by the North Carolina Department of Public Instruction (NCDPI) in 2014-15 indicate Cumberland County has the highest school crime rate of the sample at 1.61 per 100 students, with Durham trailing at 1.25. According to NCDPI data, Cumberland consistently ranks above the state average for short-term school suspensions.

363 Cumberland County students dropped out of school in 2015, comprising a 26% increase in dropouts that the previous year. All counties in the sample reported an above average delinquency rate in the 10 year data. Cumberland had the highest rates for two fiscal years including 2015. According to the DACJJ 2015 complaints data, Cumberland ranks high in the region for reports of violent/serious offenses. Cumberland historically commits more youth to YDCs than most other counties. In 2015 the local detention admission was 215, which was down 30% from 306 admissions in 2014. This makes Cumberland County second for admissions. 14 youth were committed to YDCs in 2015; 15 youth were served Post Release Supervision (PRS). 40% of petitions involved weapons, sex, drugs and/or alcohol.

Based upon the 2015 Department of Public Safety (DPS)/DACJJ risk and needs data, 10% of youth involved with DACJJ services report being rejected by positive peers and 55% report association with delinquent peers some of the time and on a regular basis. Of these youth, 4% associate regularly with gangs. 2015 data indicates the number of undisciplined/delinquent youth with 2 or 3 prior referrals at 16%, which is above the state rate. 2015 school-trend data indicates 46% report moderate to serious behavioral problems; 18% require further assessment of mental health needs and subsequent treatment. 18% of youth report being a victim with support and 2% report being victimized by a caregiver without support. 12% indicate their sexual behaviors either need further assessment or have been assessed as dangerous. 11% are functioning below grade level.

2015 data indicate 35% of youth report family criminal history and/or the family being active under court supervision or gang involvement; 28% indicate medium to high overall risk/needs of the youth. 12% of parents are willing but unable to supervise their youth; 52% of parent's skills are marginal; 19% report conflict, family discord and domestic violence in the homes. 7% report household substance abuse; 12% report the family or members are under court supervision for gang activity or are incarcerated and 23% report a history of convictions for family members.

ABUSE NEGLECT AND ASSAULT ON CHILDREN & DOMESTIC VIOLENCE.

According to The Fayetteville Observer article posted on September 25, 2017 Cumberland County has the most foster kids in North Carolina. The latest figures show that Cumberland County had an average of 872 foster children in 2016-a 40% increase in five years. Wake County, home to three times as many children as Cumberland County, ranked a distant second average foster care numbers: 687. Mecklenburg County, the state's largest, had even fewer in care. Many factors are to blame for more children entering foster care in Cumberland County, including opioid abuse, poverty, sluggish economy, mental health problems, domestic violence and a growing number of neglect and abuse cases. A study last year by Castlight Health inc. found the rate of opioid abuse in Fayetteville to be the 18th highest in the country. Across the state, research shows North Carolina's child welfare system is hindered by limited funding for prevention and treatment programs.

From 2011 to 2016, the State Child Fatality Review Team investigated 120 deaths. The review team has a backlog of 112 child death cases still waiting to be examined. Punishments in child deaths is often less severe than for killing adults.

North Carolina's court system no longer tracks domestic violence cases. But it did in 2009. That year, Cumberland County recorded 2,209 cases – almost twice as many as Forsyth County.

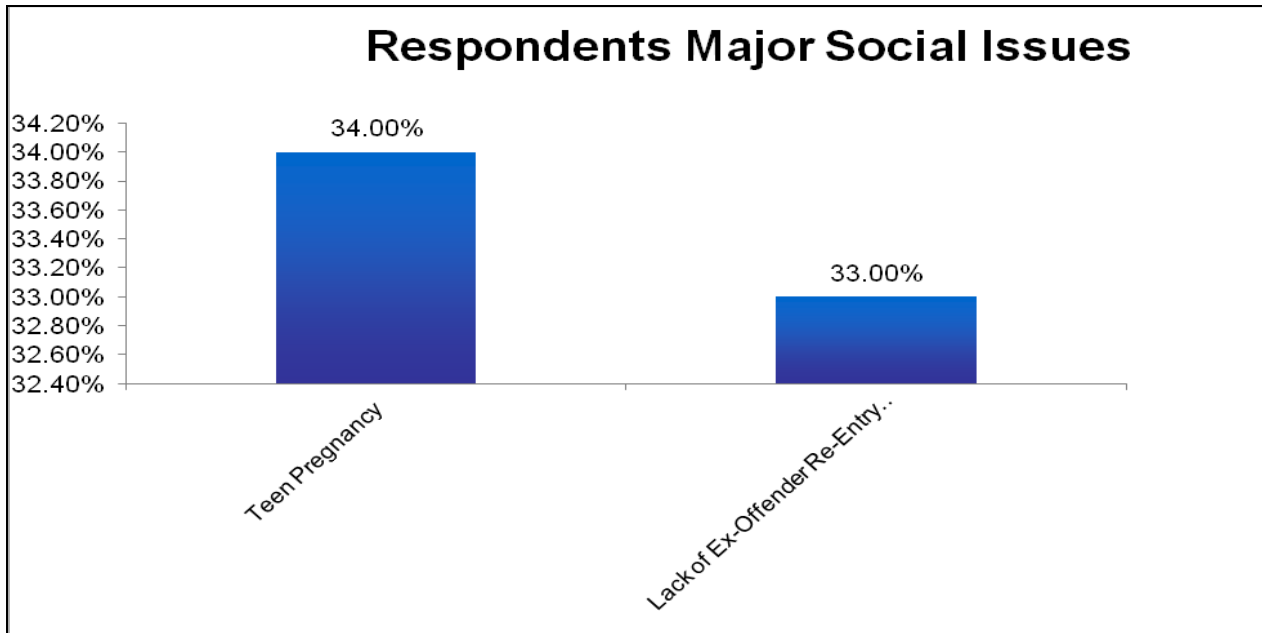
According to the Childhood Domestic Violence Association, children living in violent households are abused or seriously neglected at a rate 1,500 times higher than the national average. Those children are much more prone to wind up in foster care. The county scored high in the number of children who age-out of foster care. Guilford County had the state's highest adoption rate at 59%; Cumberland's was only 9 percent.

In 2007, The Pew Charitable Trusts released a national study on the effects of aging out of foster care. Among its findings are:

- One in four former foster children will be in prison within two years of aging out.
- More than a fifth will become homeless.
- Only 58 percent will have a high school diploma by age 19.
- Fewer than 3 percent over age 25 will have earned a college degree.

Major Social Issues

Major social issues cited by household respondents were: Teen Pregnancy and Lack of Ex-Offender Re-Entry Programs.



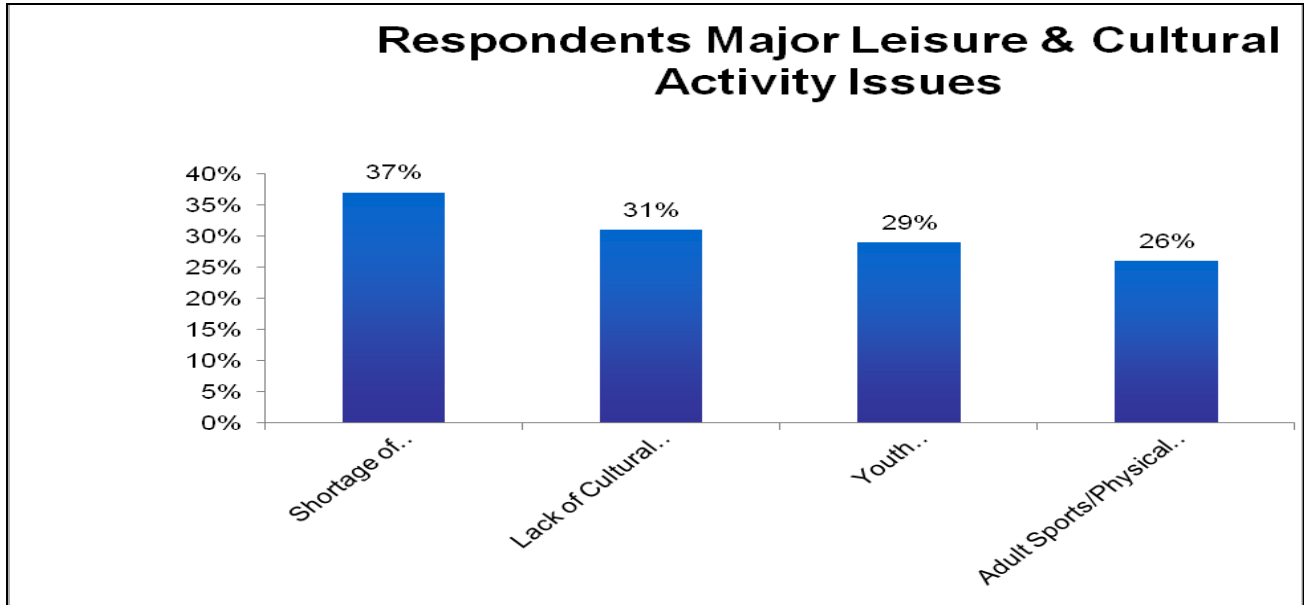
Cumberland County continues to make progress in lowering its' teen pregnancy rate. According to the Cumberland County Community Health Assessment in 2013 for ages 15-19 the pregnancy rate was 56% in 2014 it decreased to 48.6%. Cumberland County has the highest pregnancy rate for youth ages 15-19 years.

2011-2015 PREGNANCY RATES PER 1,000 POPULATIONS FOR GIRLS 15-19										
Residence	Total Pregnancies	Rate	White	Rate	African American	Rate	Other Race	Rate	Hispanic	Rate
North Carolina	57,752	36.2	23,766	25.6	21,516	50.2	2,157	31.7	10,071	58.2
Cumberland	2,706	51.1	880	45.3	1,380	55.4	127	53.4	301	48.5
Durham	1,794	39.2	145	11.1	1,090	46.5	28	9.5	52.1	80.8
Forsyth	2,253	35.4	581	183.7	979	46.3	41	20.2	632	67.6
Guilford	2,842	30.2	62.5	14.7	1,667	42.8	145	29.3	399	51.4
Mecklenburg	5,265	33.7	765	11.9	2,928	47.2	181	23.9	1,345	59.6
Wake	3,820	22.9	858	9.1	1,873	43.5	83	8.4	985	50.0

<http://www.schs.state.nc.us/SCHS/data/databook-2017>

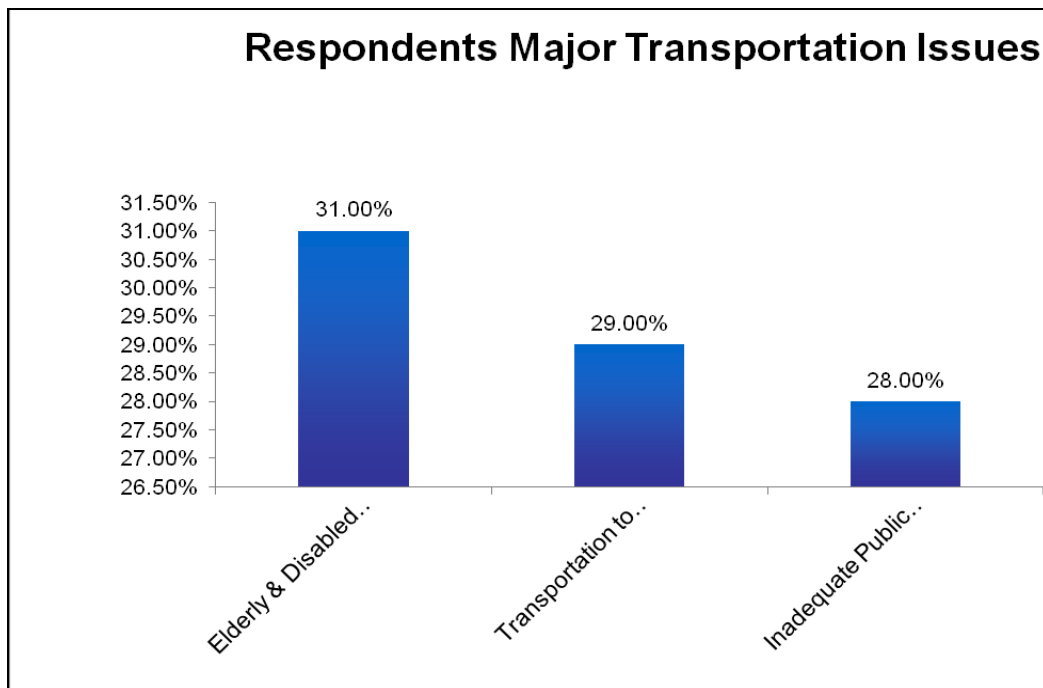
Major Leisure & Cultural Activity Issues

Major leisure and cultural activity issues cited by household respondents were: Shortage of Affordable Recreational Facilities; Lack of Cultural Activities (Concerts, Live Plays, Museums); Youth Sports/Physical Activity Programs ; and Adult Sports/Physical Activity Programs. Graph below provides the percentage of respondents.



Major Transportation Issues

Major transportation issues cited by household respondents were: Elderly and Disabled Public Transportation; Transportation to and from Medical Appointments; and Inadequate Public Transportation.



Greater Fayetteville United Fayetteville/Cumberland County Social Capital Survey Results

Social Capital: Why is it important?

Social Capital is the glue that holds our community together.



Social capital is the measure of intra and interracial trust, communication, engagement in politics, formal group involvement, giving and volunteering, faith based engagement, and informal social ties. Communities with a strong foundation of trust between and among different groups are healthier, thrive economically and educationally, and are more likely to take action to improve their community. Low levels of social capital often translate into a lower quality of life for residents.

These communities also have less civic engagement, which can diminish a community's ability to come together to solve its problems. The social capital assessment project provides the data the community needs to establish a benchmark and empower residents and local agencies to work together to build stronger fabric and strengthen community bonds.

THE 2017 CUMBERLAND COUNTY SOCIAL CAPITAL SURVEY

Greater Fayetteville United conducted a Cumberland County-wide social capital survey in May 2017. The survey was administered by a nationally recognized consultant. The full report is posted on GFU website.

- 7-page survey; took approximately 15 mins to complete; by mail, online and phone
- Survey was available in Spanish
- Randomly selected sample of households in Cumberland County
- 615 respondents from across the city providing a confidence level of 95% margin of error +/- 3.9%
- Demographics of the survey respondents accurately reflects County demographics.

RESULTS OF THE SURVEY

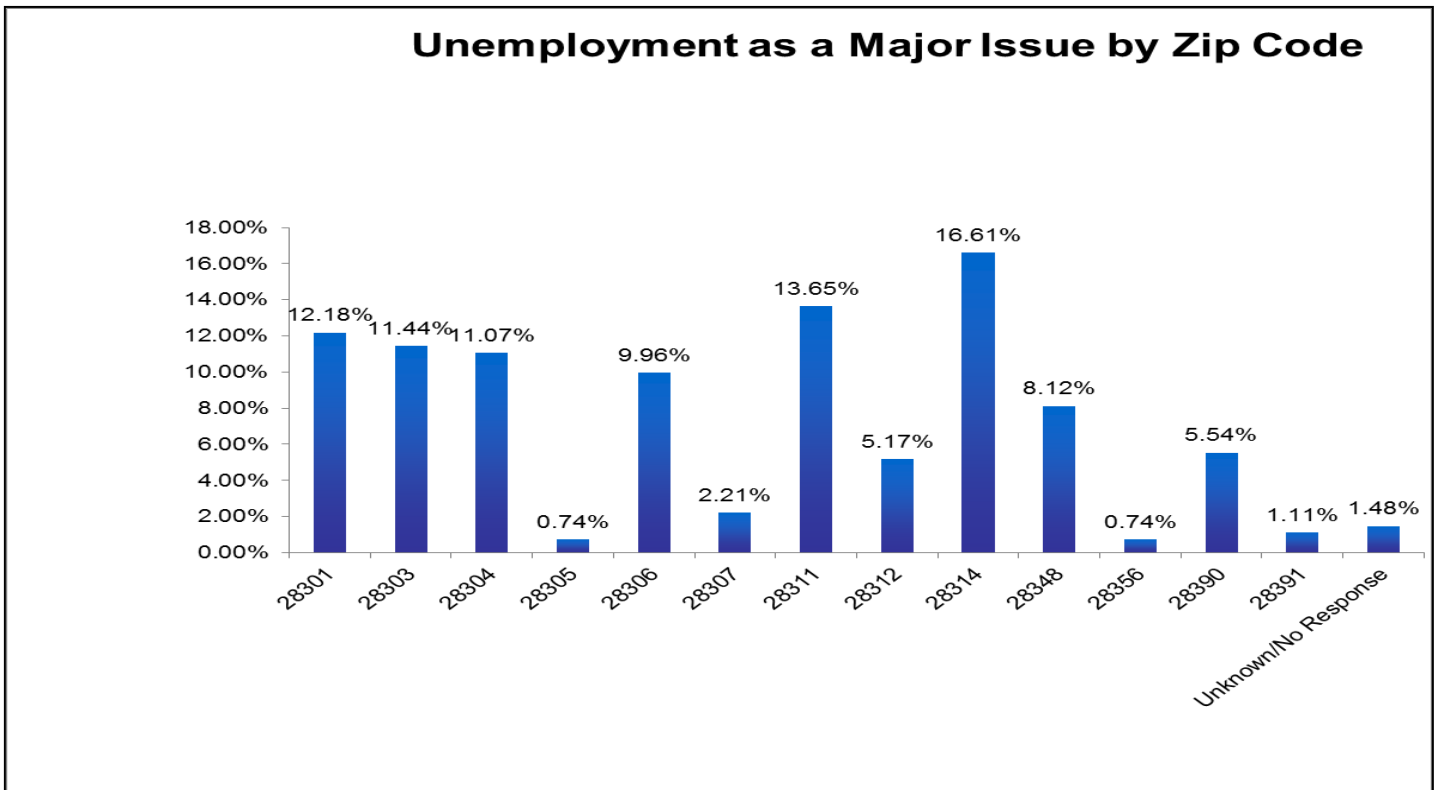
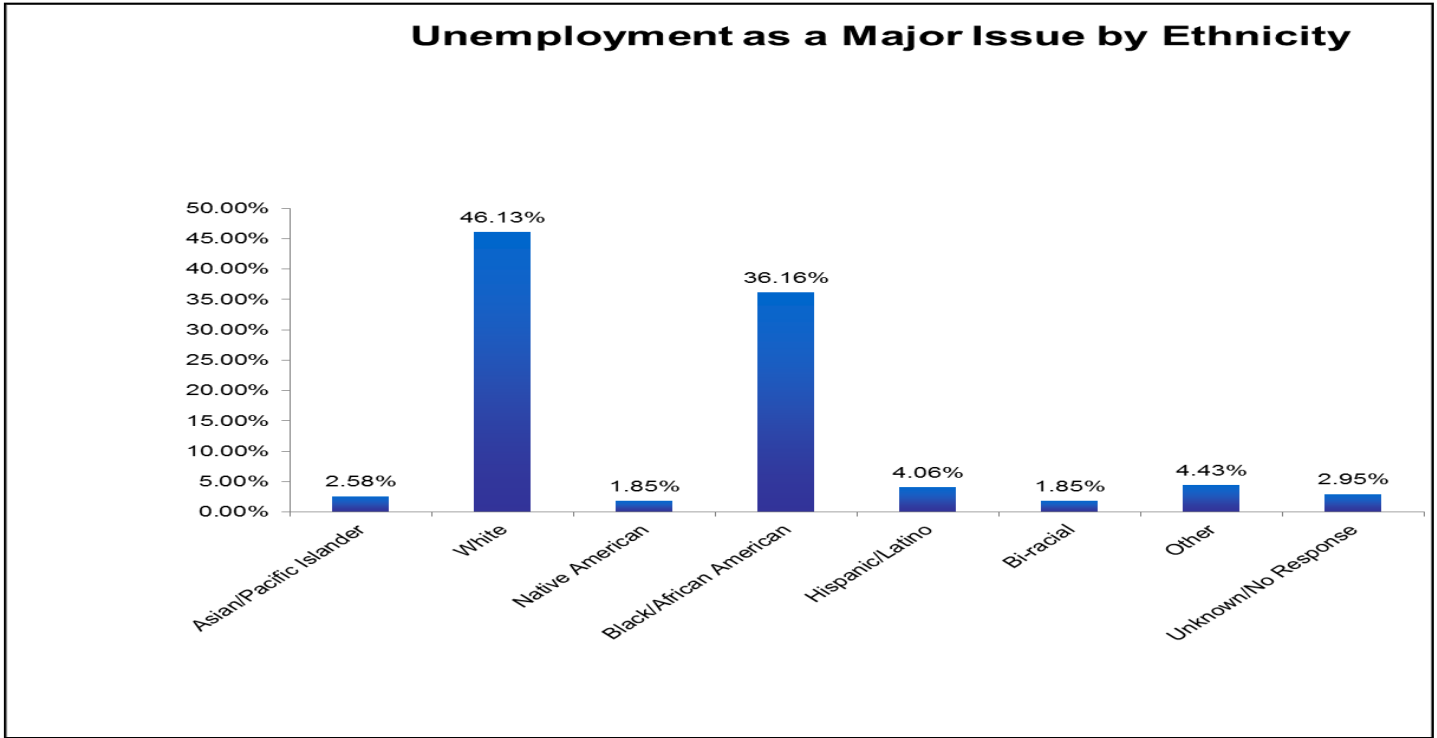
The results of the survey reflect community strengths. The results also identify key gap areas for improvement:

- Top barriers to being more involved in the community are *Inflexible/Demanding Work Schedule and Lack of Information*.
- Residents have a positive perception of law enforcement, but lower perception of streets & roads, public health & mental health and affordable housing.
- Residents have a high engagement in religious organizations but have a low engagement in neighborhood and civic opportunities.
- Residents disagreed with the statement that all schools have the same resources
- Residents disagreed with the statement that members of different races, ethnicities, and cultures have the same treatment in the justice system.
- Residents have a positive perception of Cumberland County as a place to live for military affiliated individuals, but lower perception for persons with disabilities, LGBTQ, and young adults.
- When residents are engaged with the community, they are more trusting of other people, rate themselves as "Very Happy", in "Excellent/Very Good Health", and have a high involvement in religious organizations.

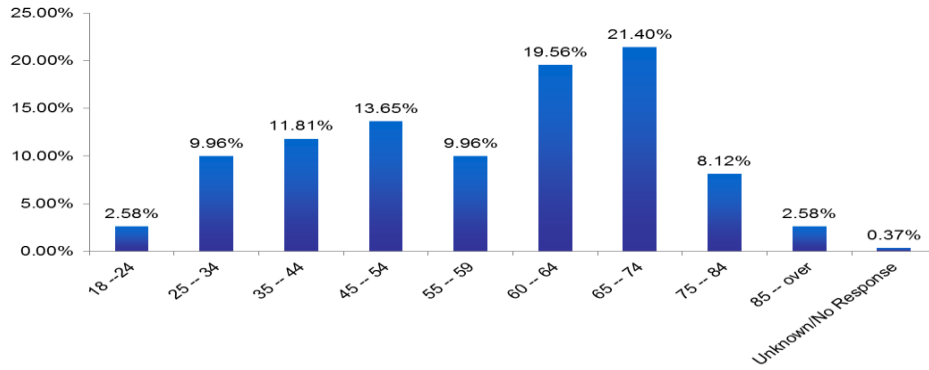
Cross Tabulations of Responses

The following cross tabulations are based upon respondents' ethnicity, zip code, age, gender and occupation.

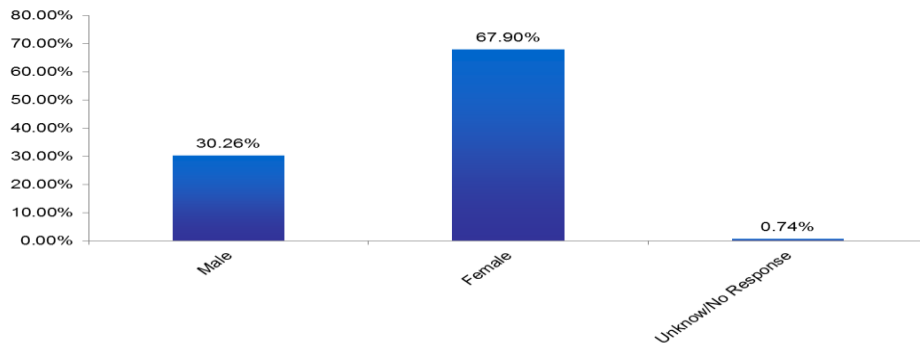
Unemployment as a Major Issue



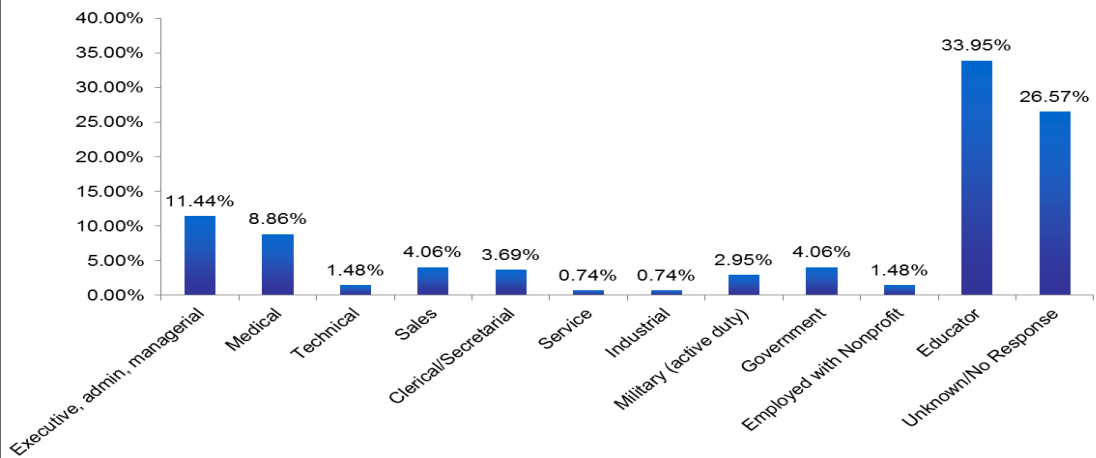
Unemployment as a Major Issue by Age



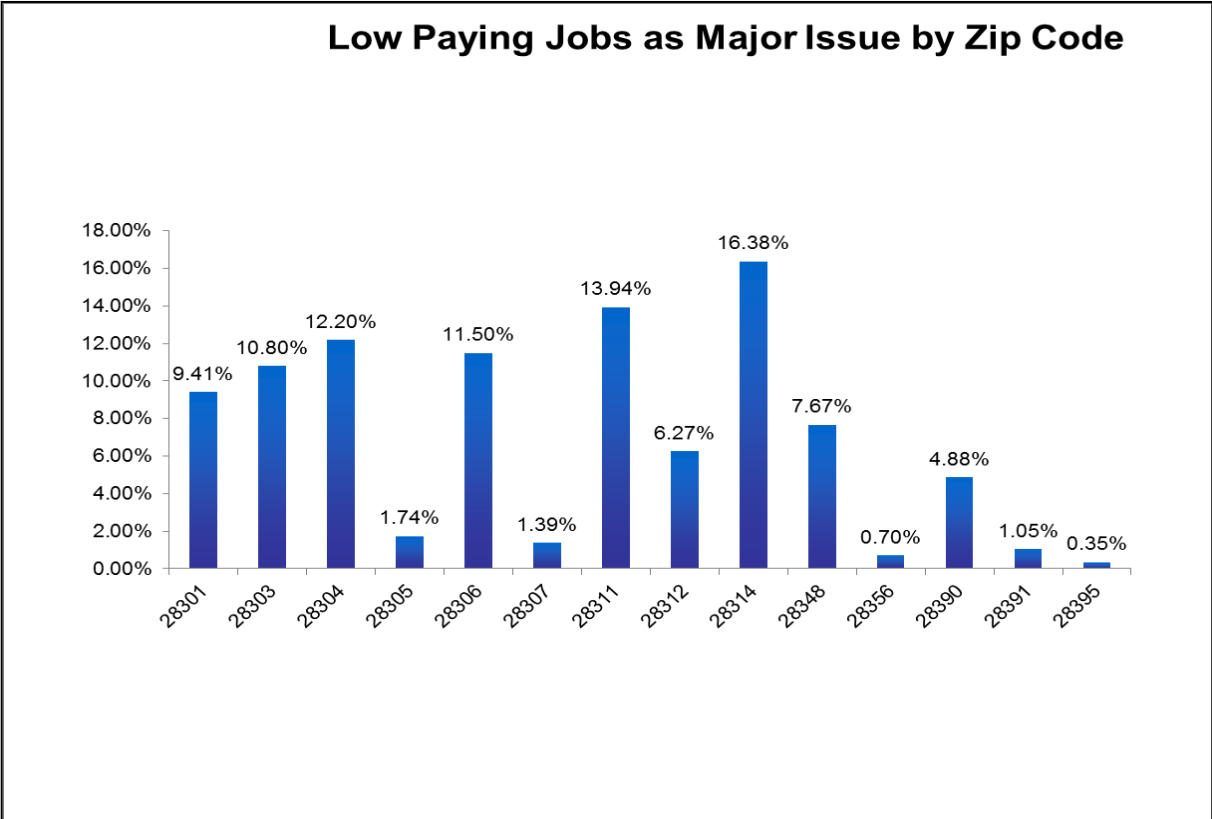
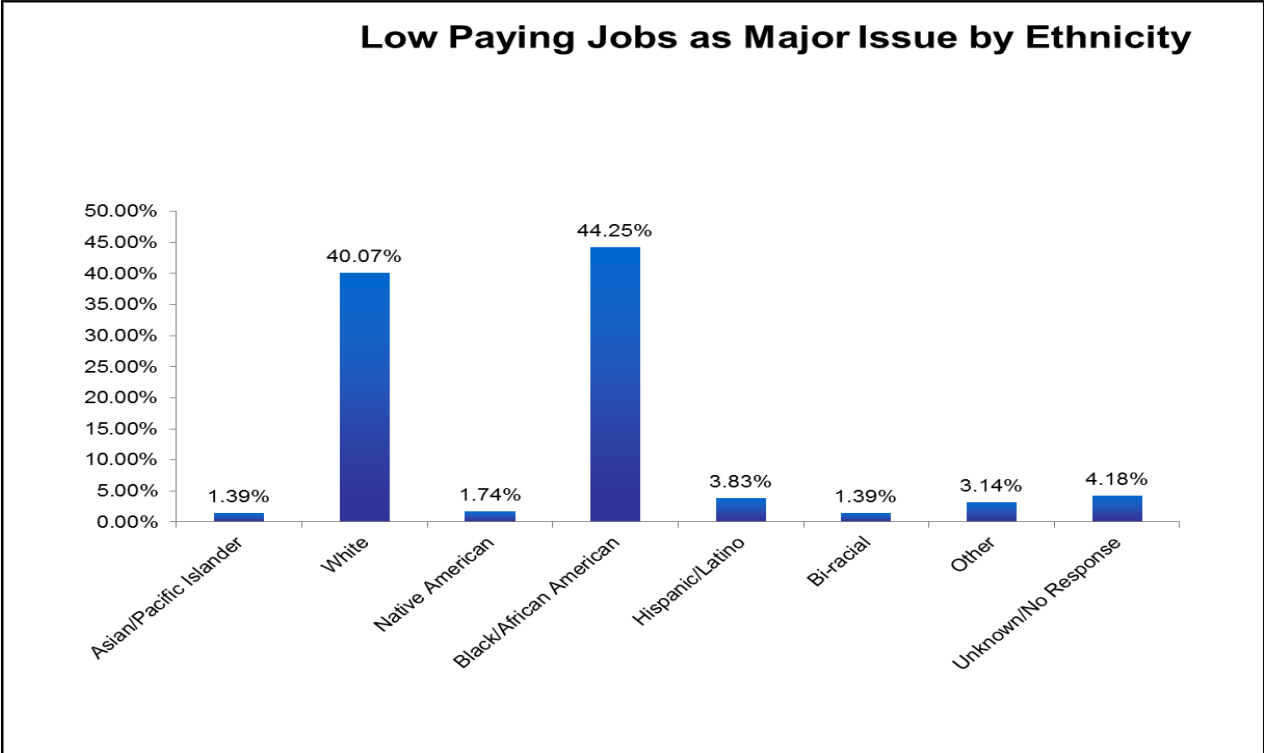
Unemployment as a Major Issue by Gender



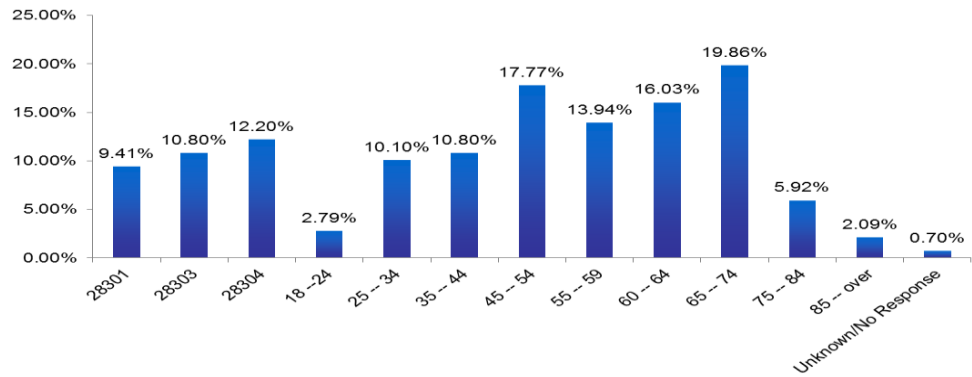
Unemployment as a Major Issue by Occupation



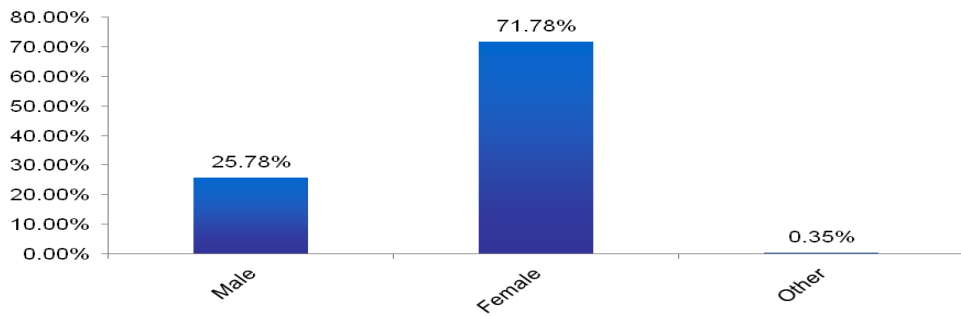
Low Paying Jobs as a Major Issue



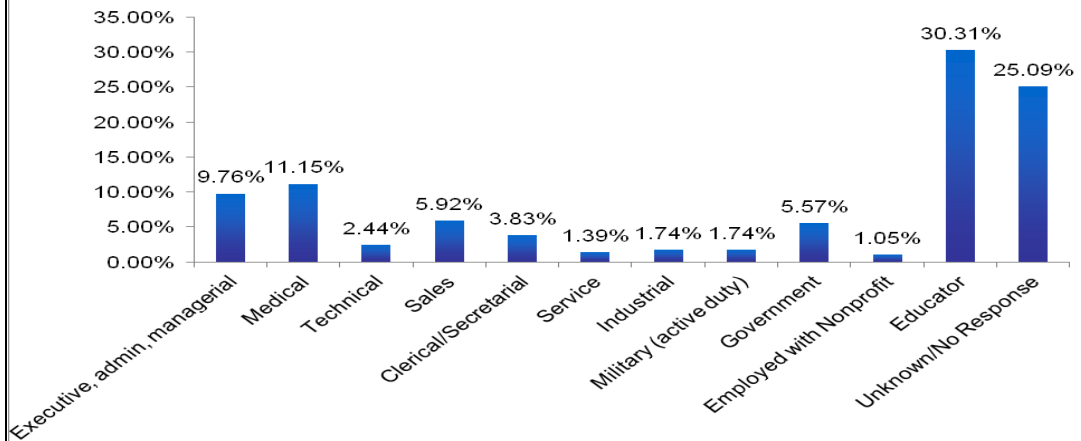
Low Paying Jobs as Major Issue by Age



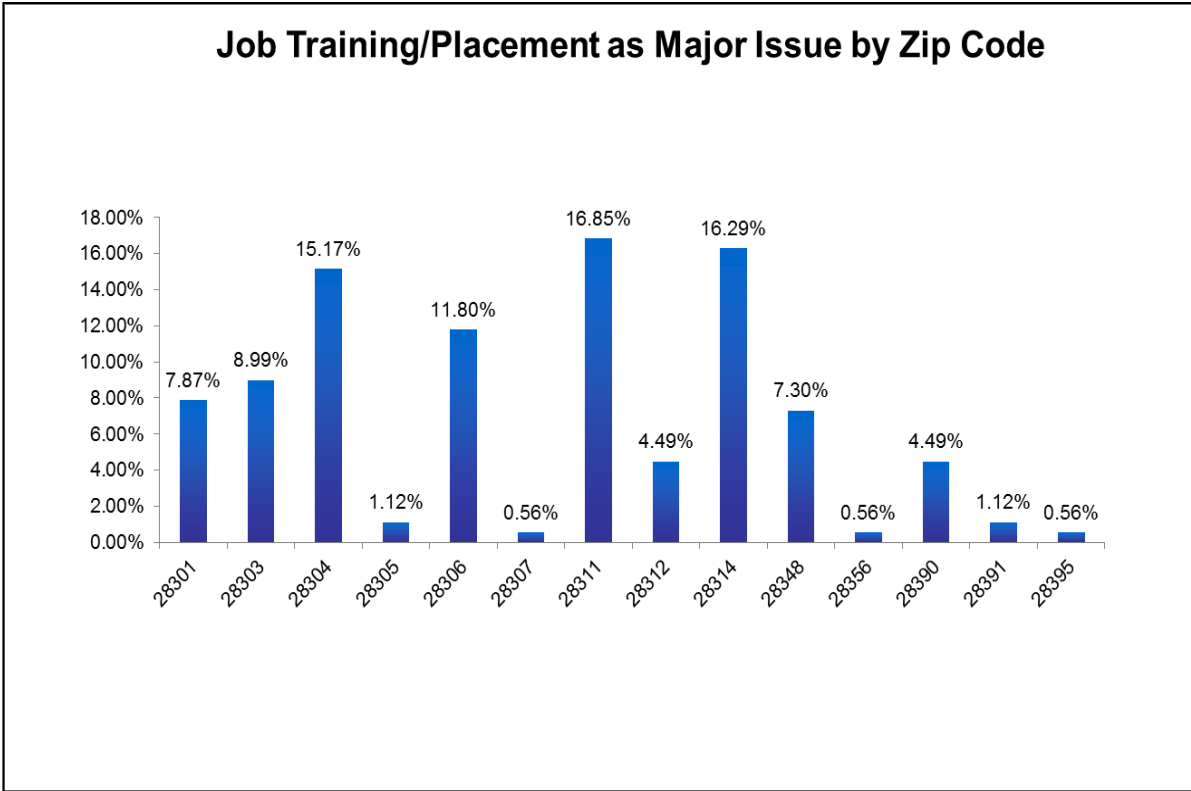
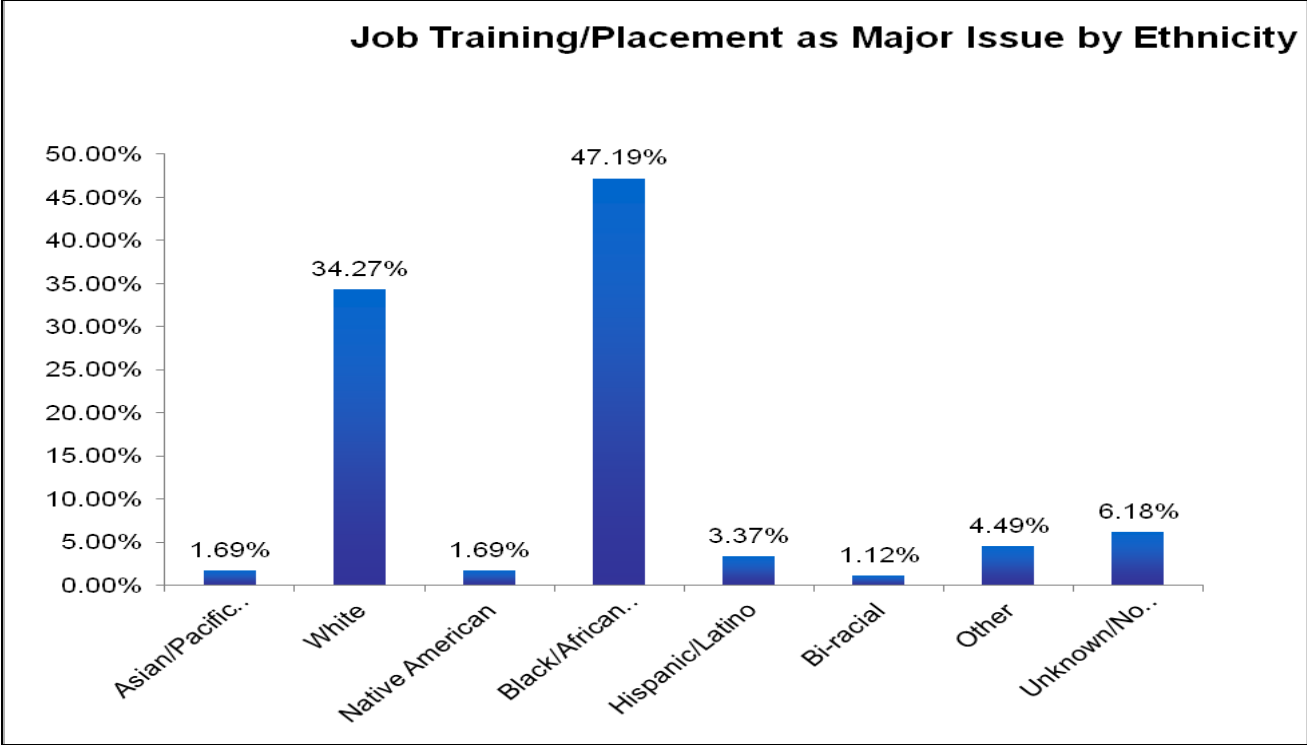
Low Paying Jobs as Major Issue by Gender



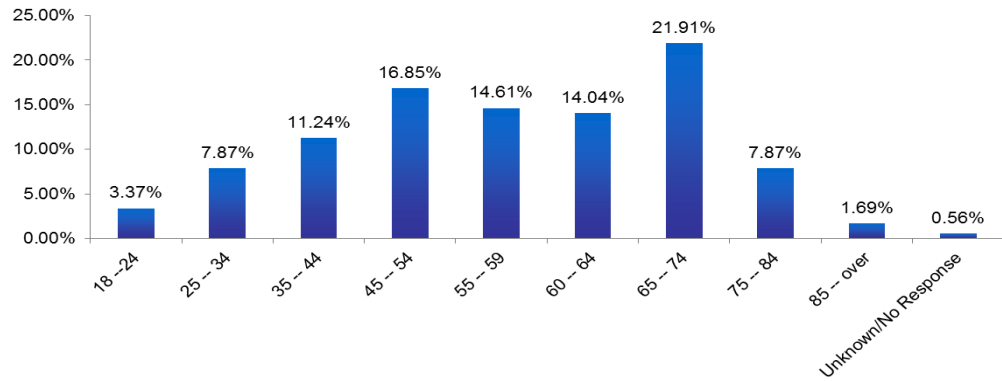
Low Paying Jobs as Major Issue by Occupation



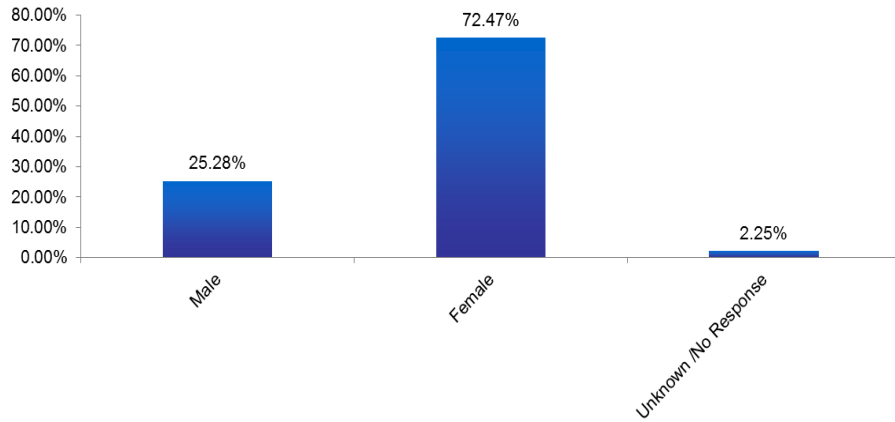
Job Training/Placement as a Major Issue



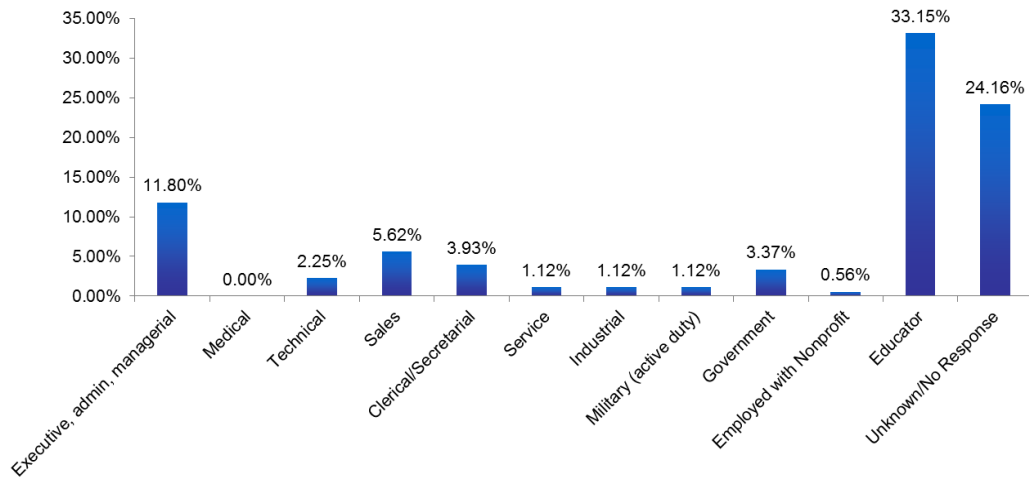
Job Training/Placement as Major Issue by Age



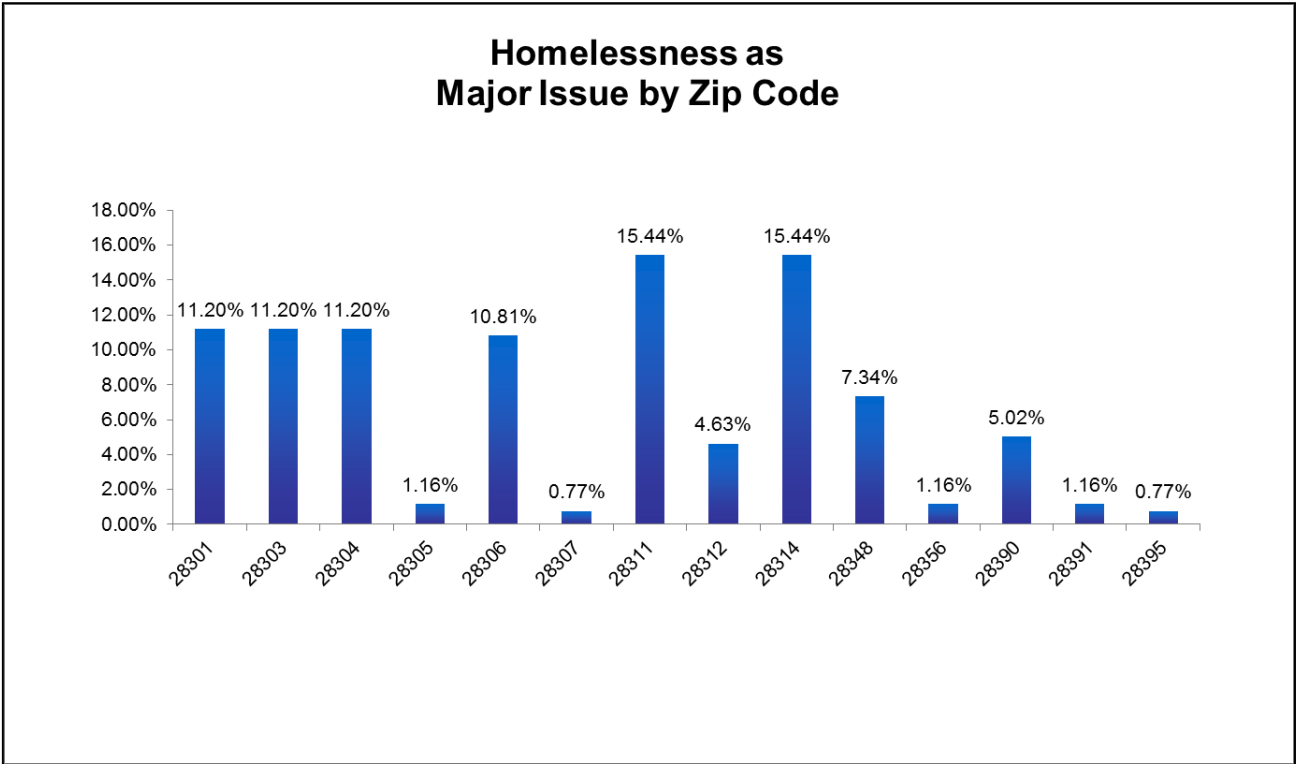
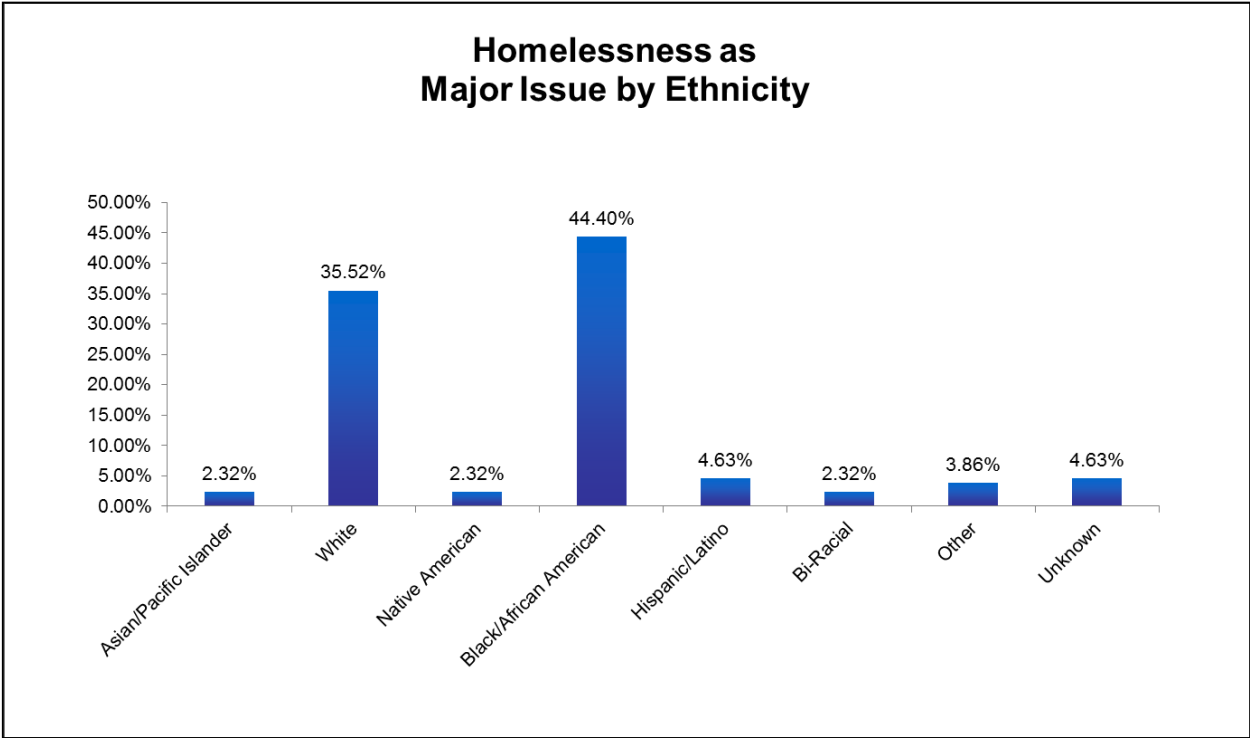
Job Training/Placement as Major Issue by Gender



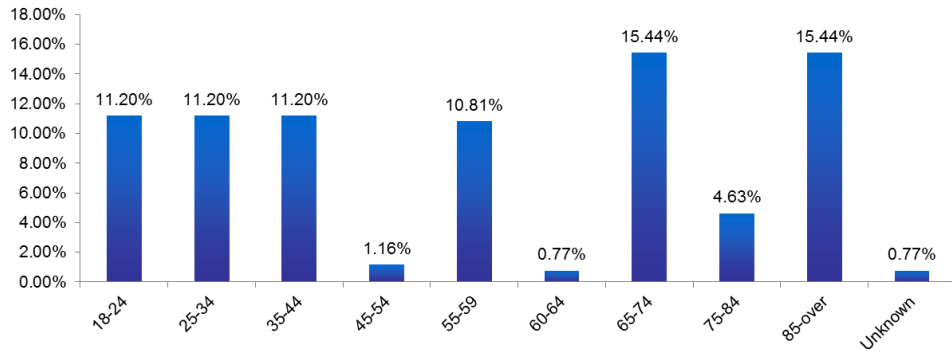
Job Training and/or Placement as Major Issue by Occupation



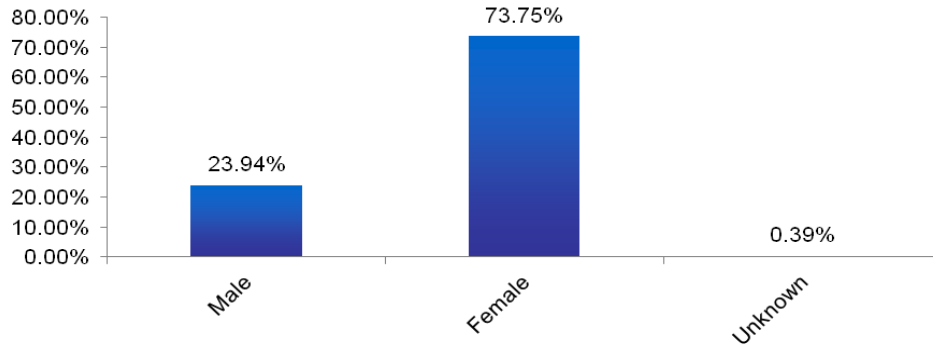
Homelessness as a Major Issue



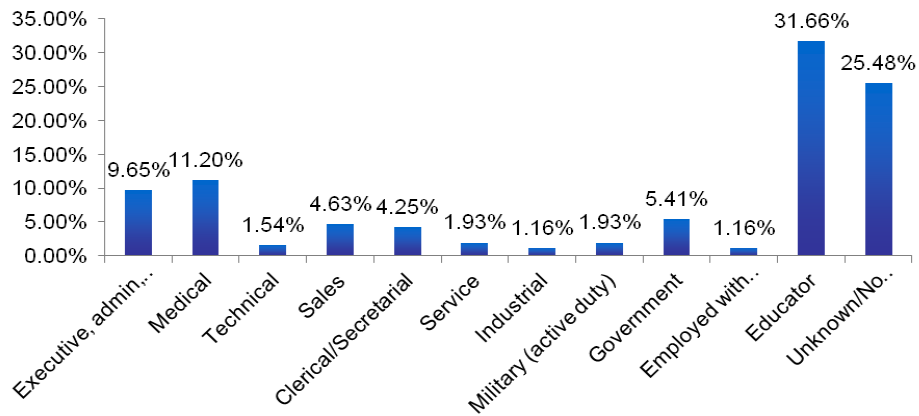
Homelessness as Major Issue by Age



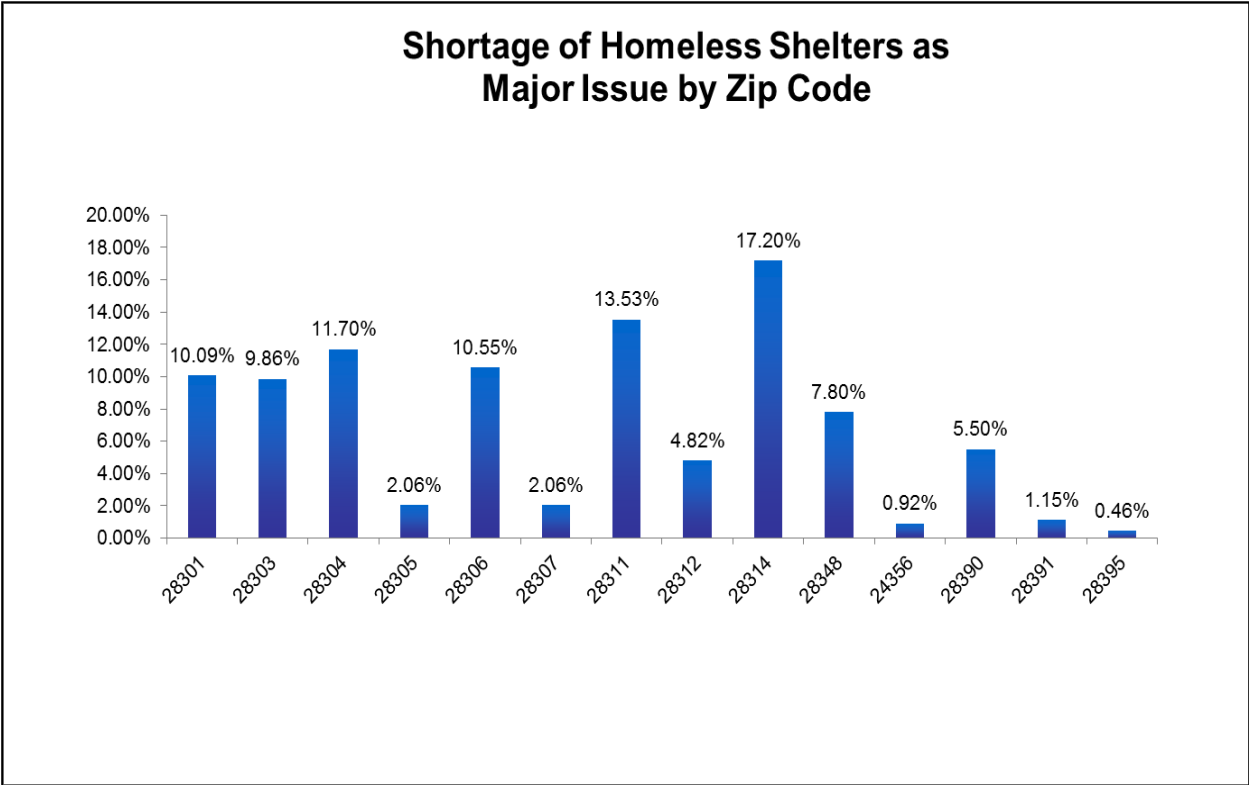
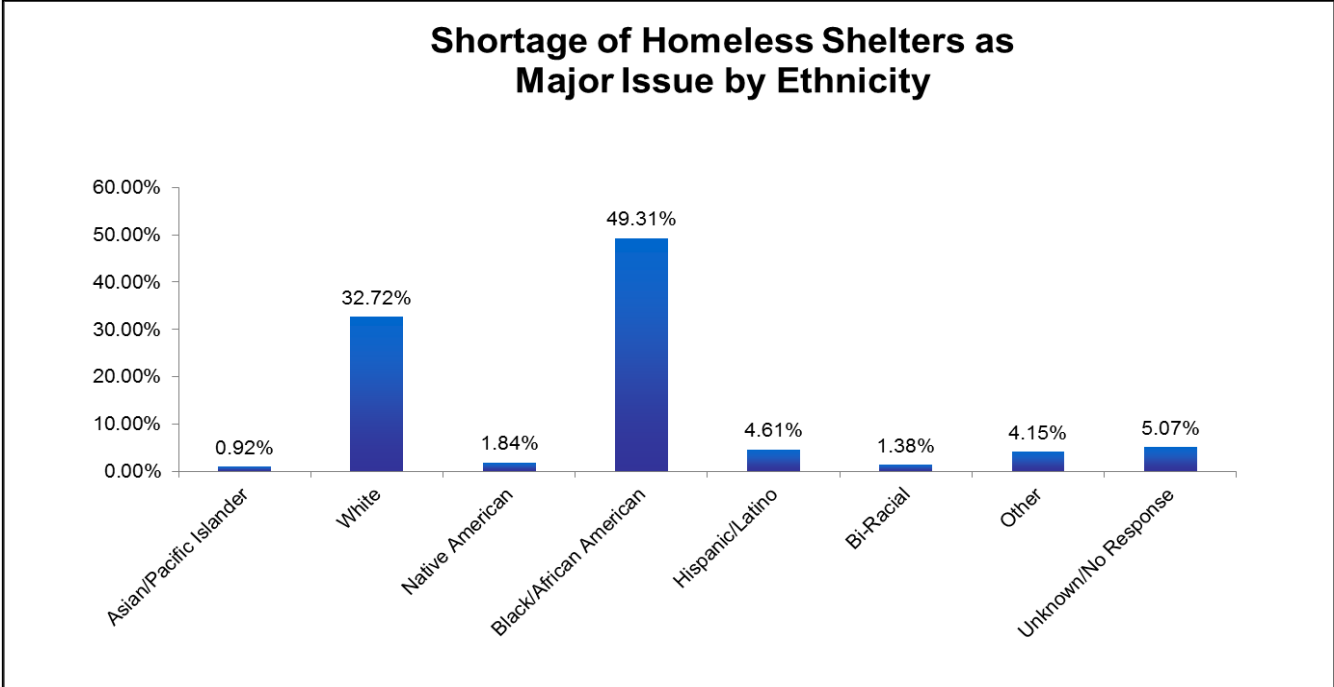
Homelessness as Major Issue by Gender



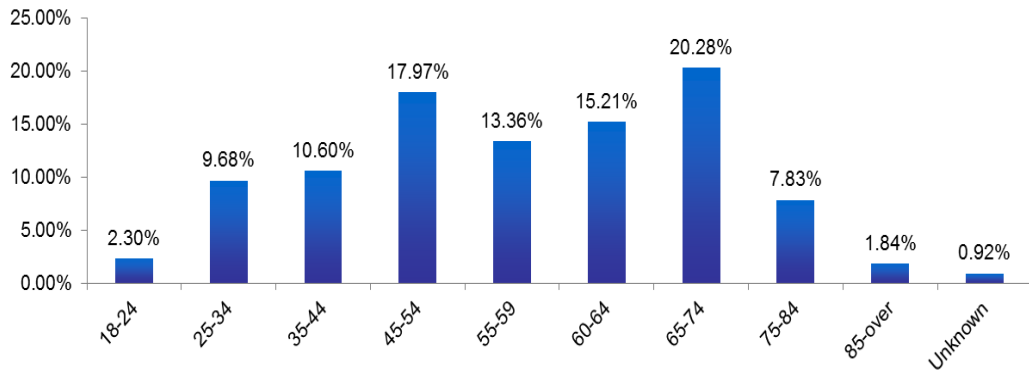
Homelessness as Major Issue by Occupation



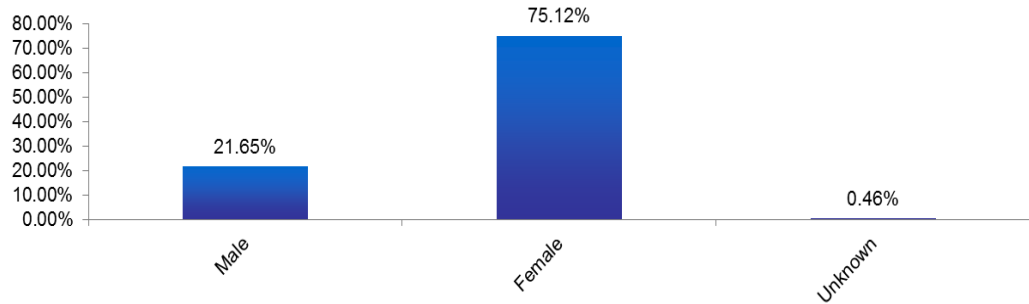
Shortage of Homeless Shelters as a Major Issue



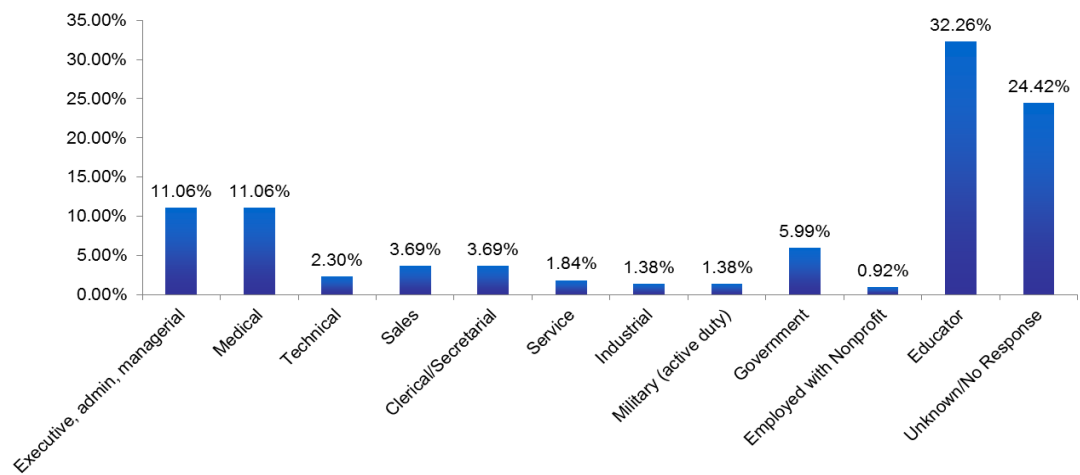
Shortage of Homeless Shelters as Major Issue by Age



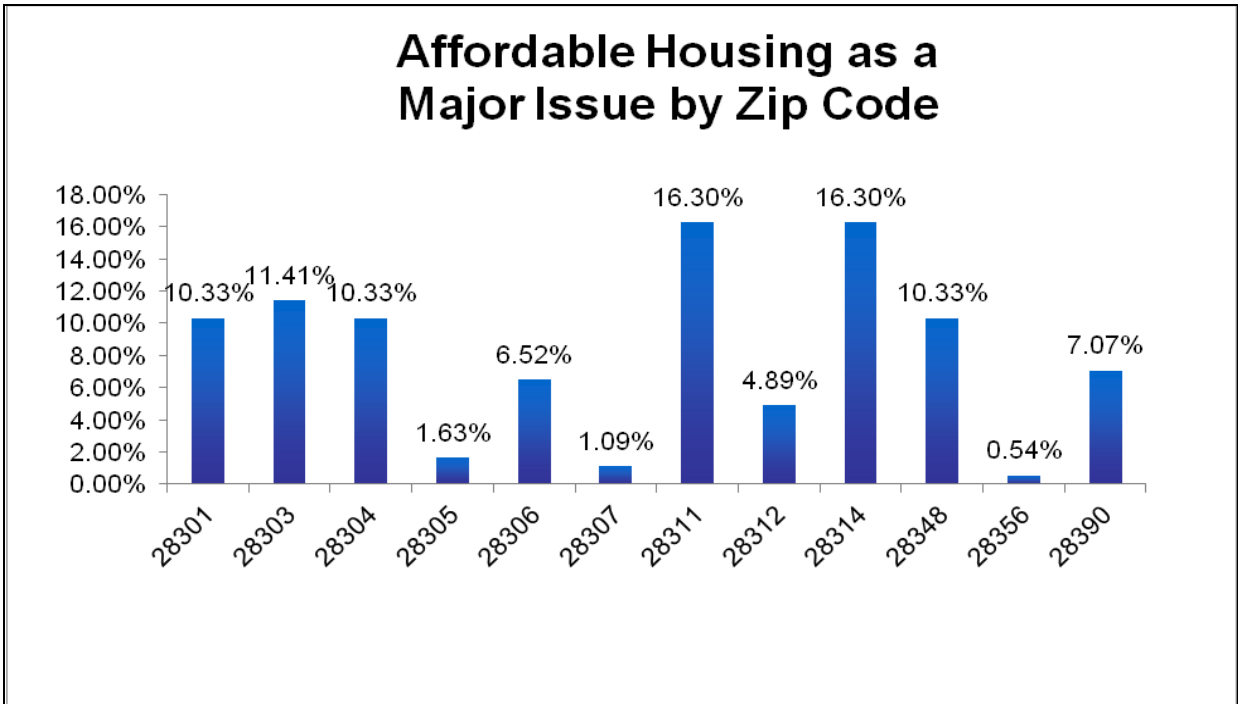
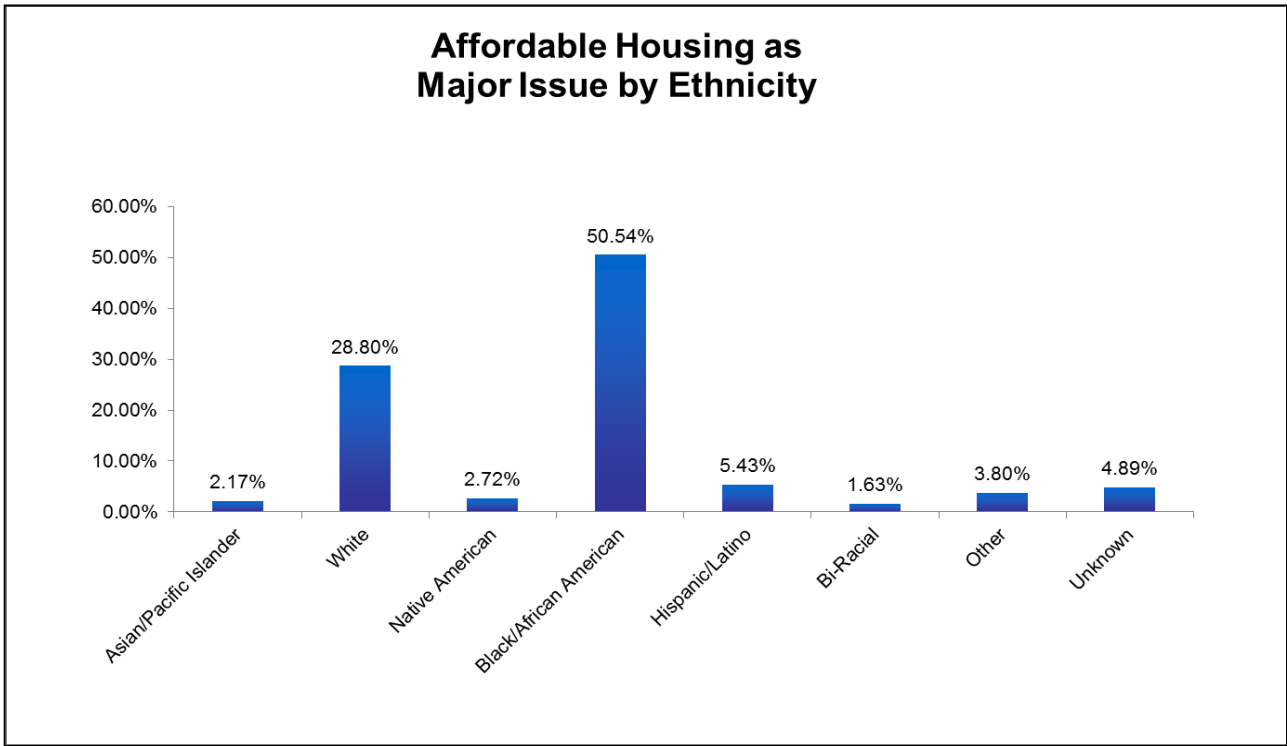
Shortage of Homeless Shelters as Major Issue by Gender

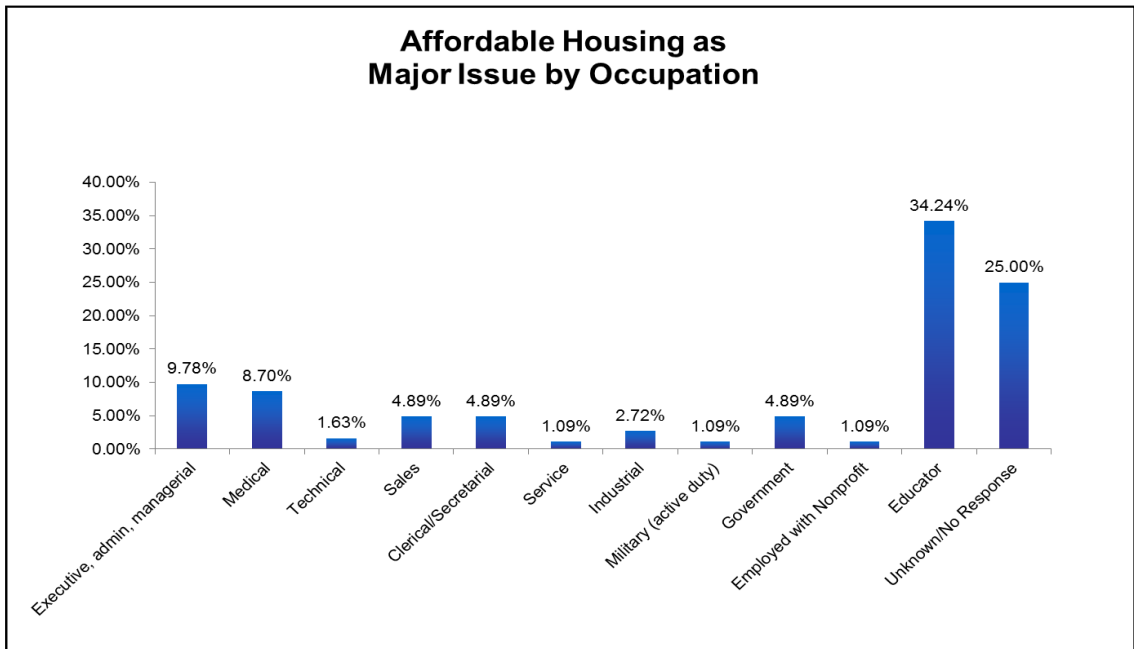
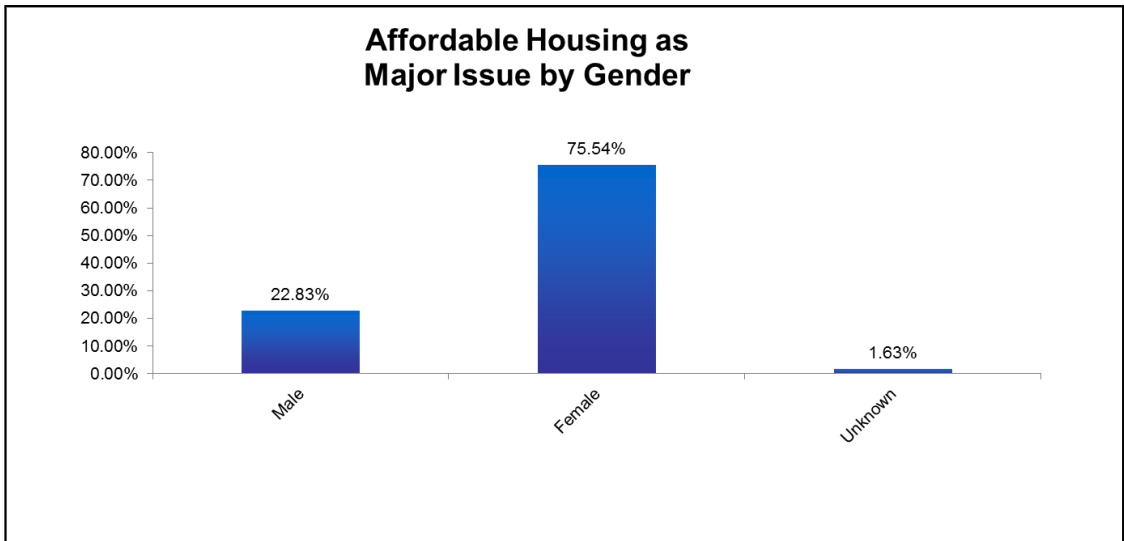
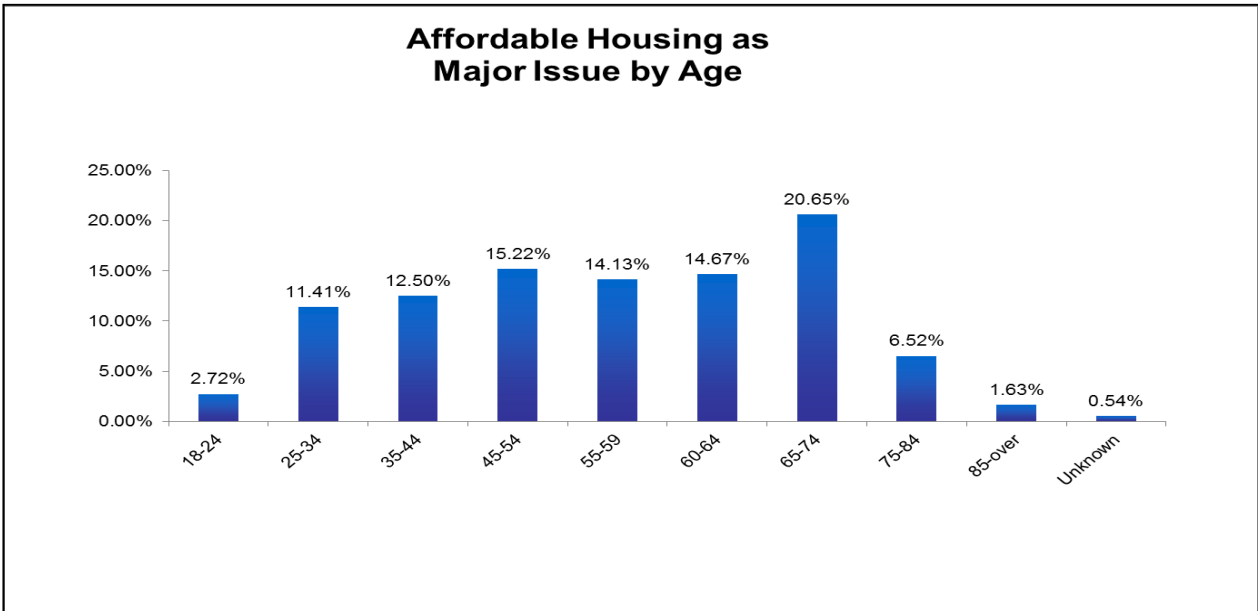


Shortage of Homeless Shelters as Major Issue by Occupation

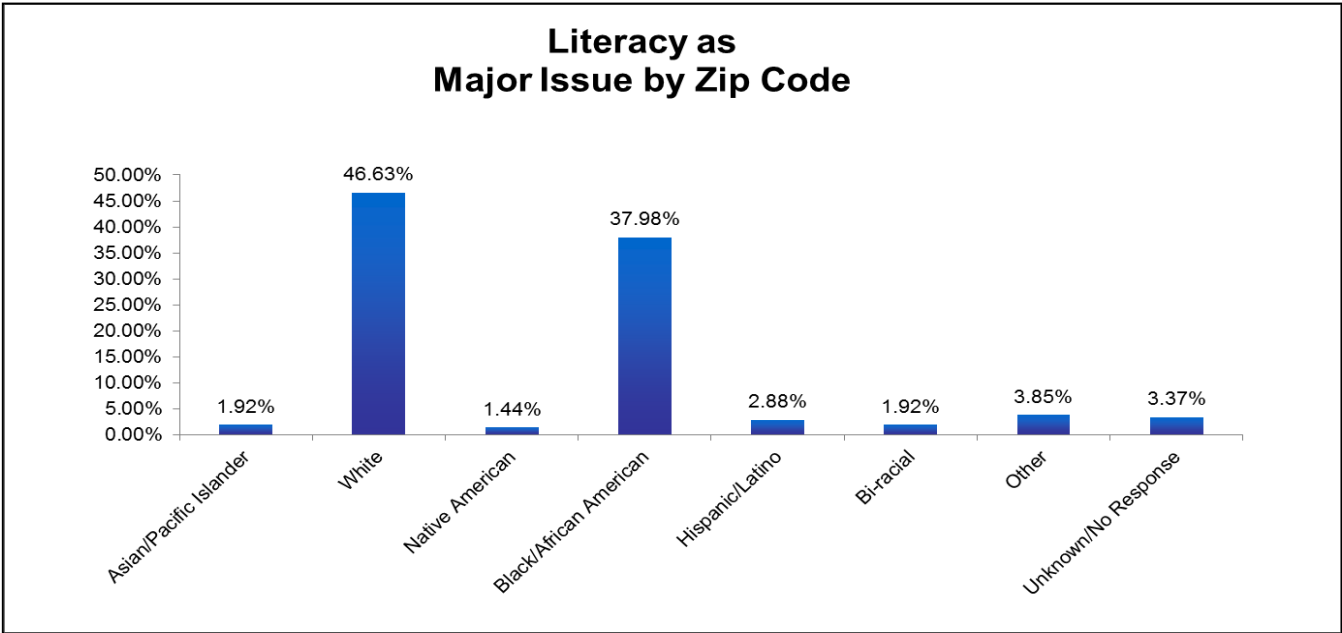
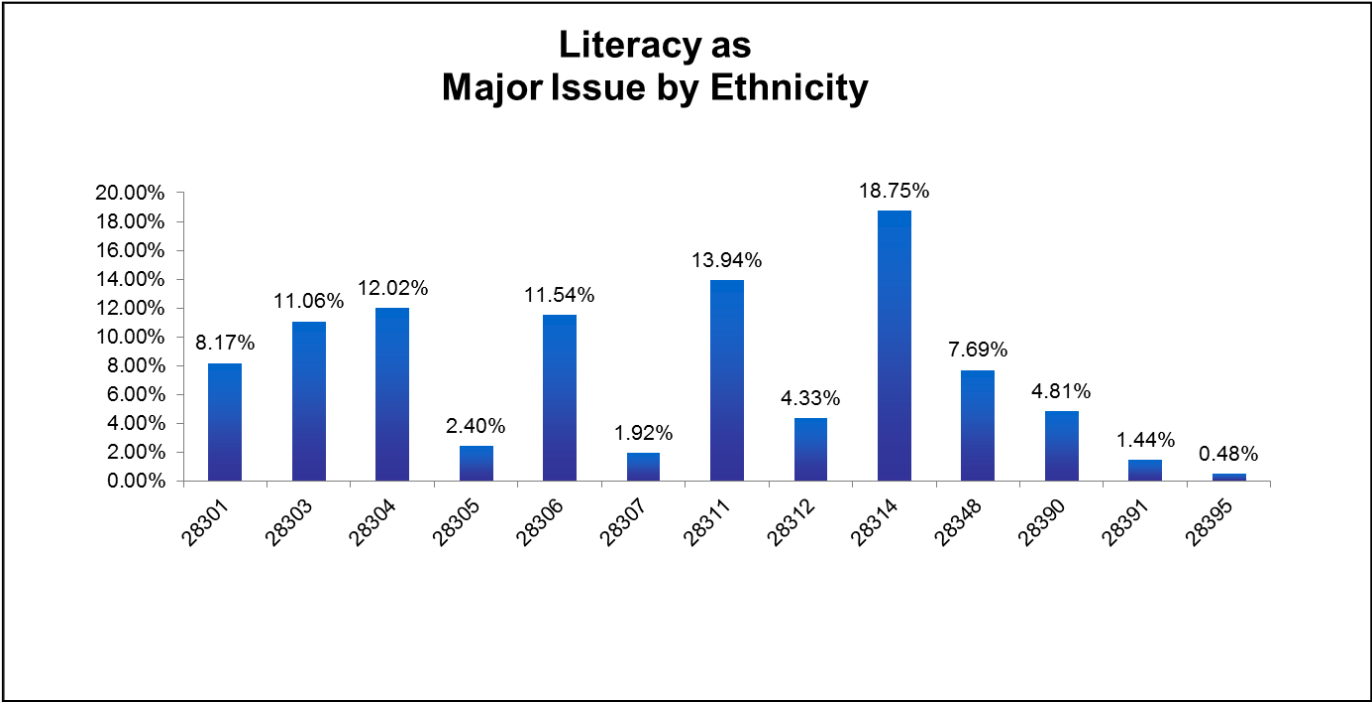


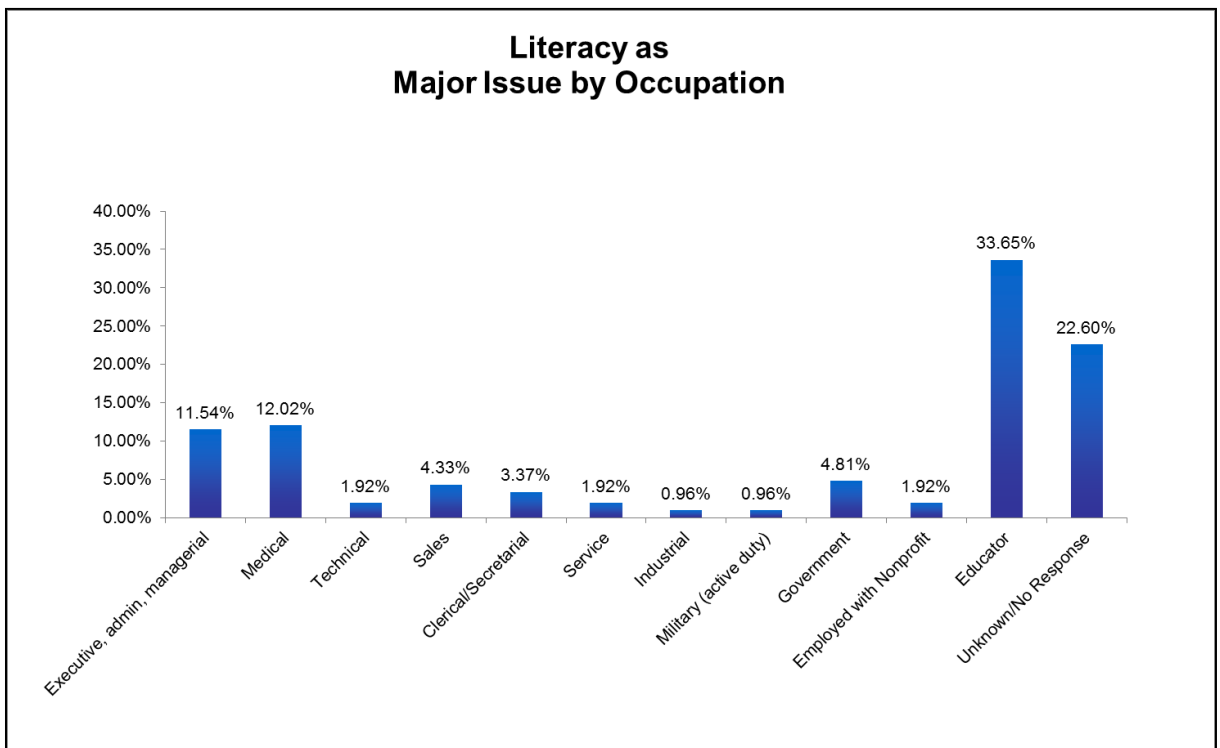
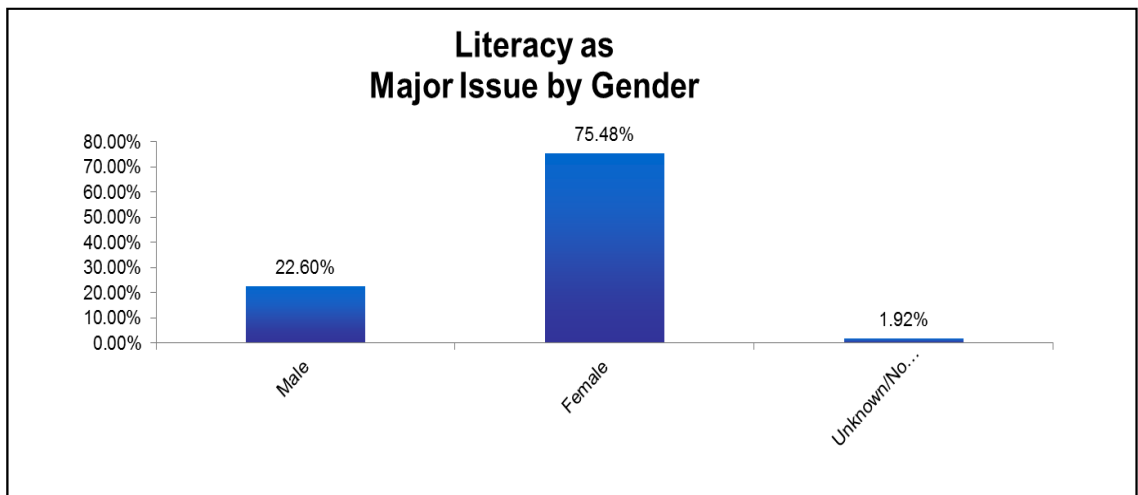
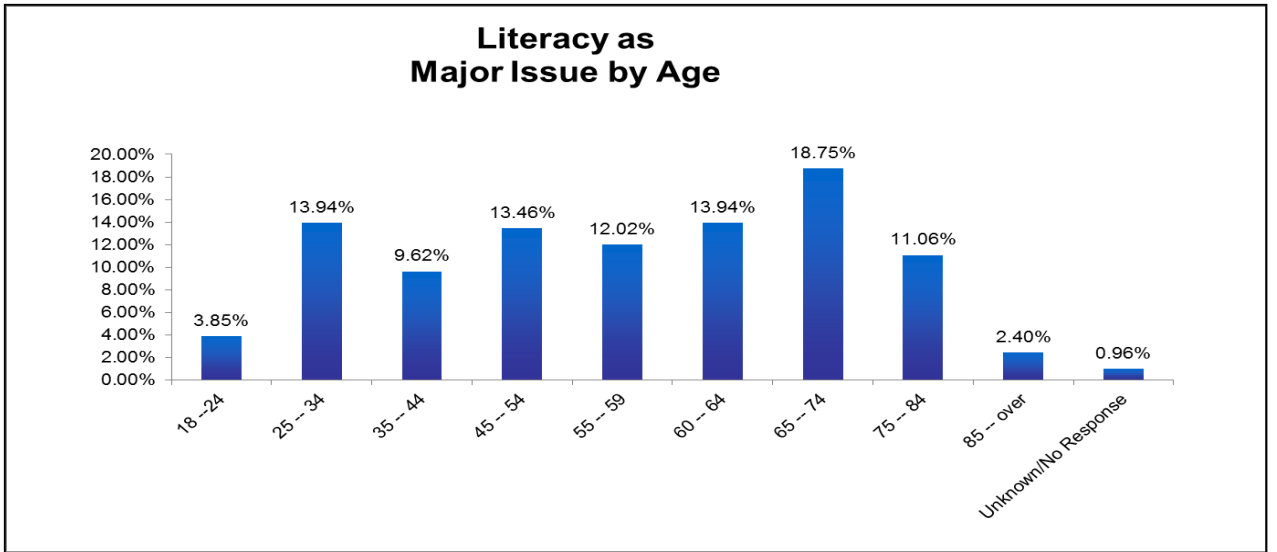
Affordable Housing as a Major Issue



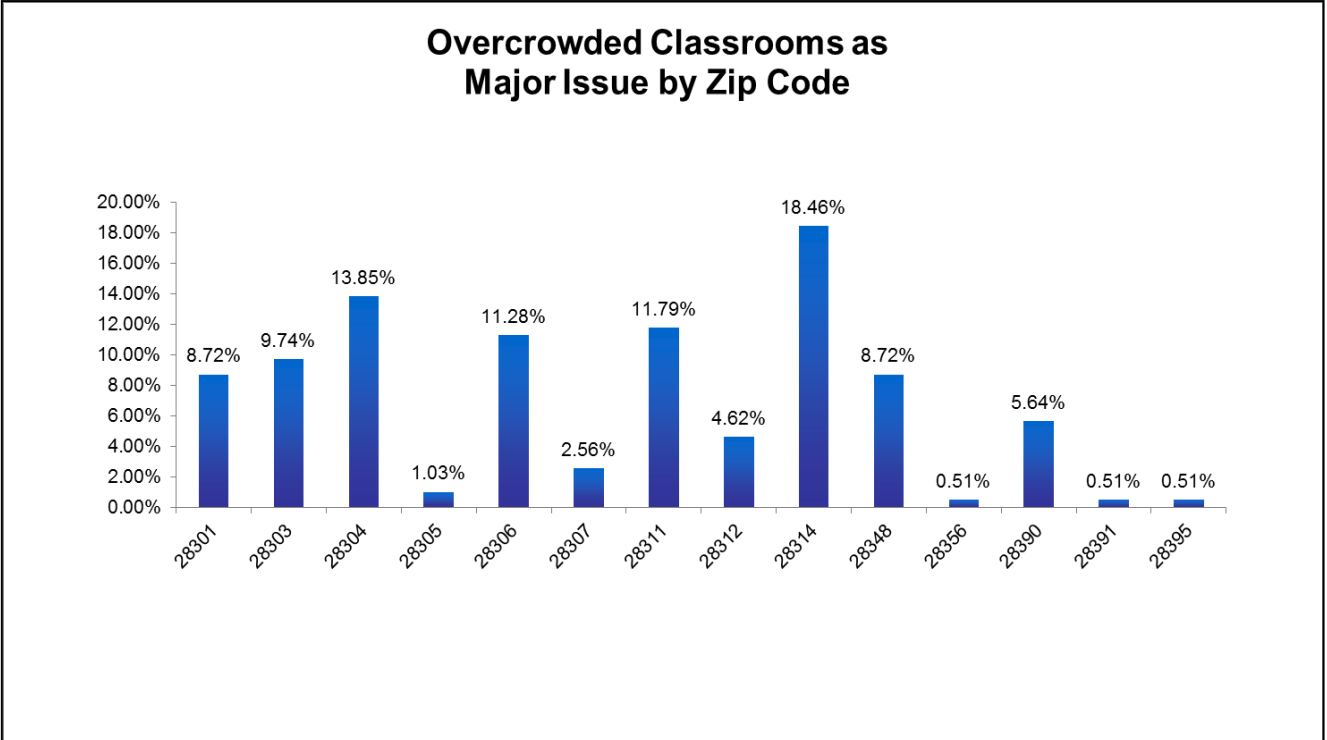
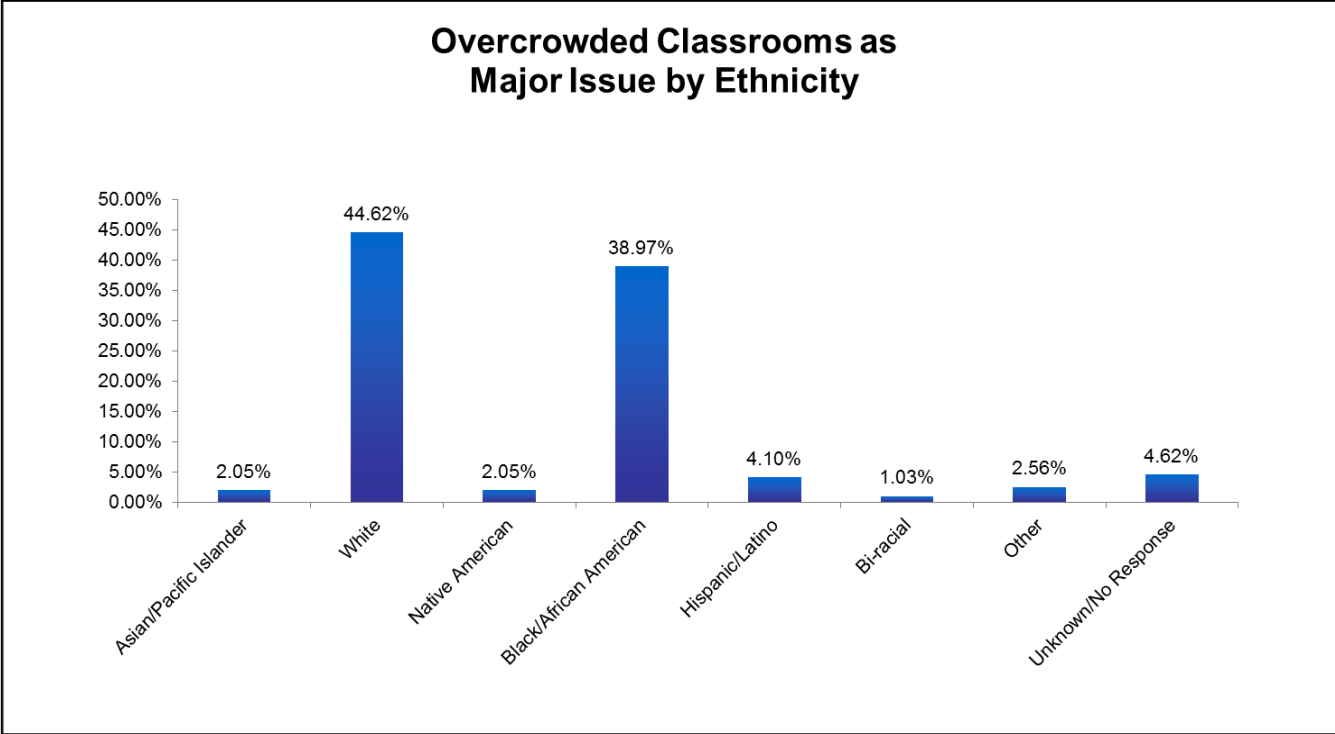


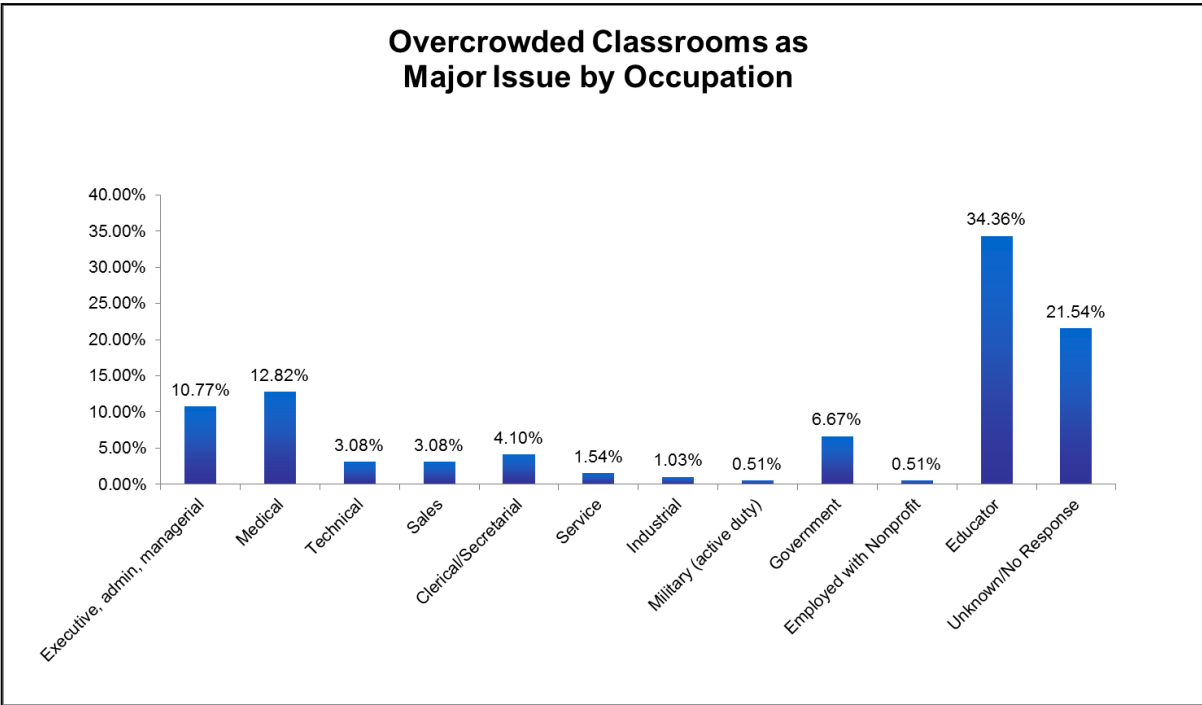
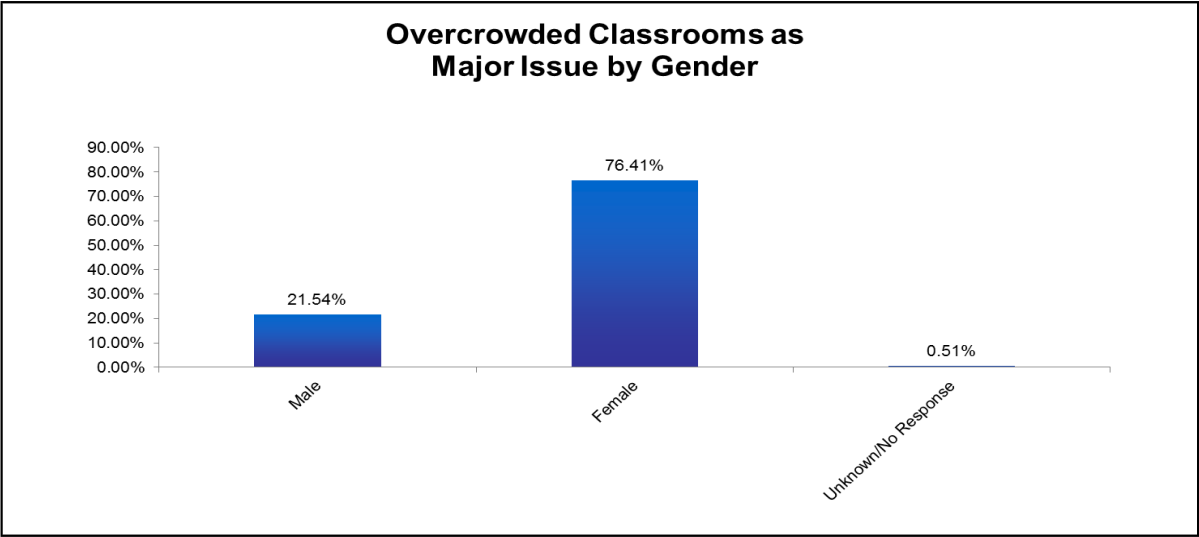
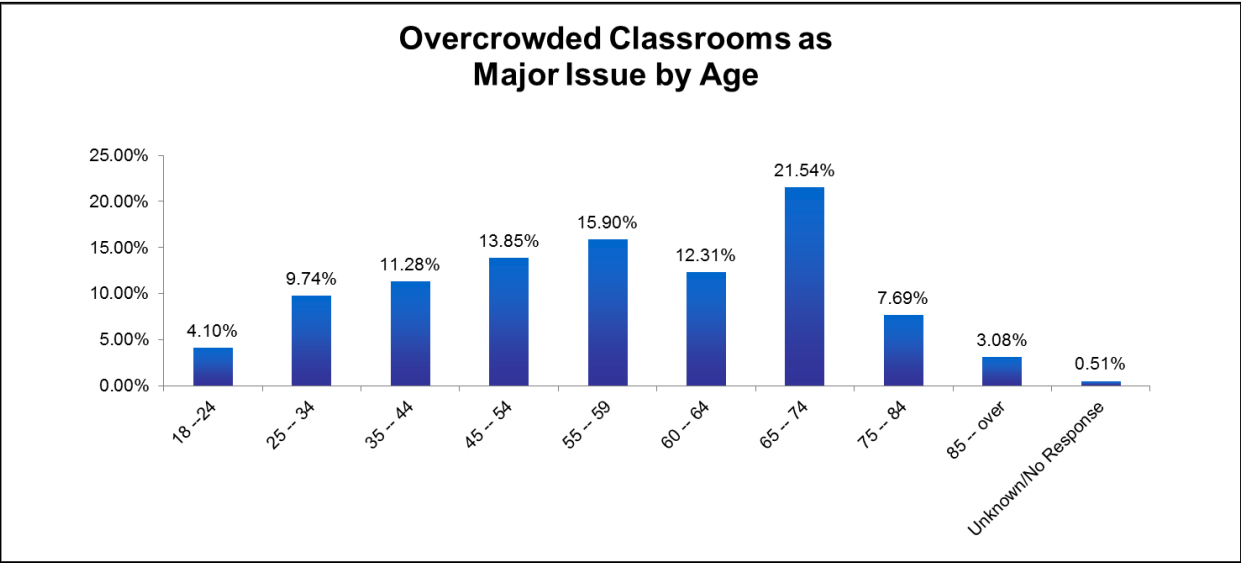
Literacy as a Major Issue



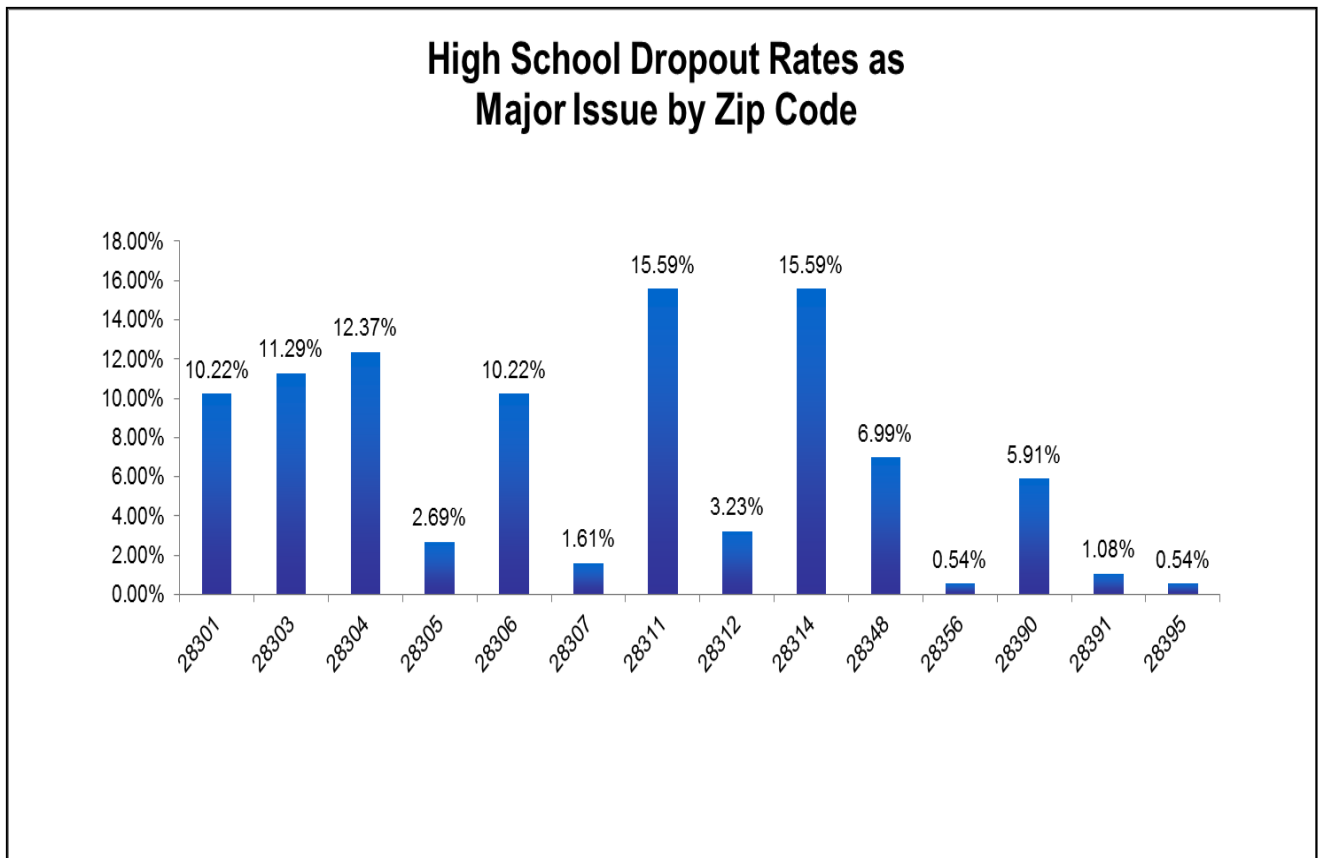
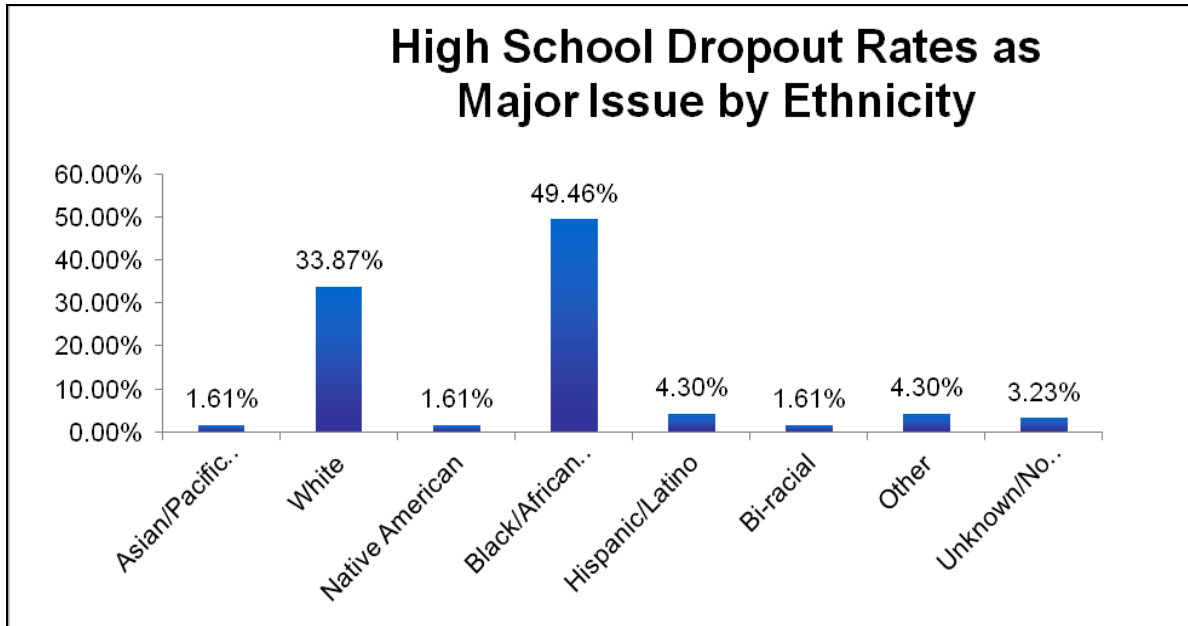


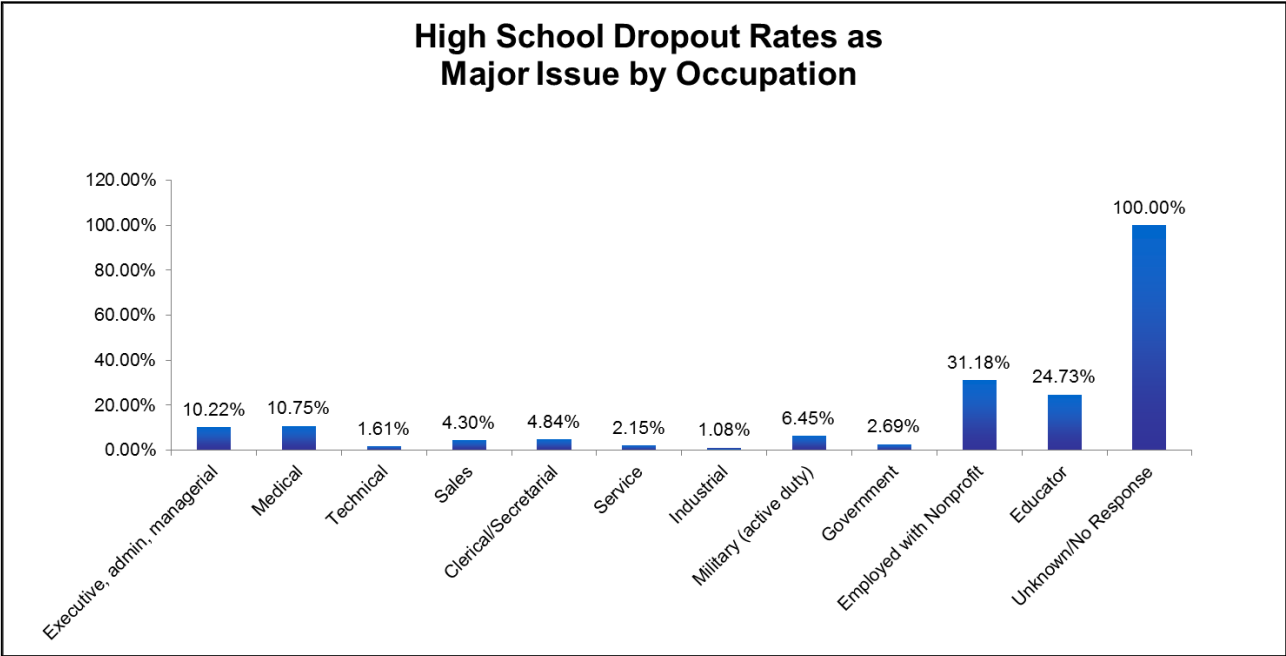
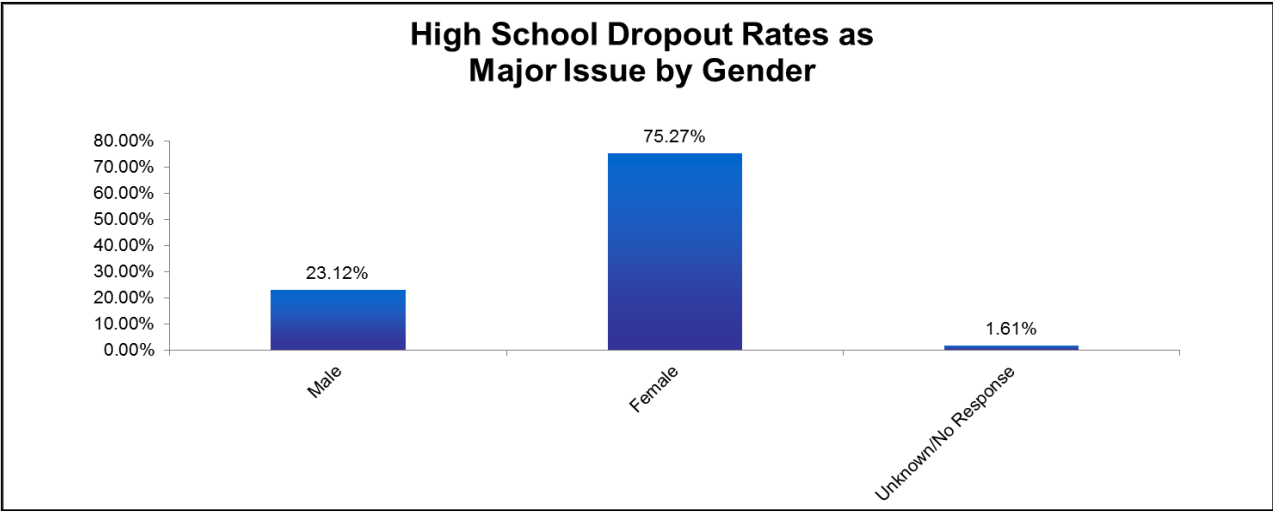
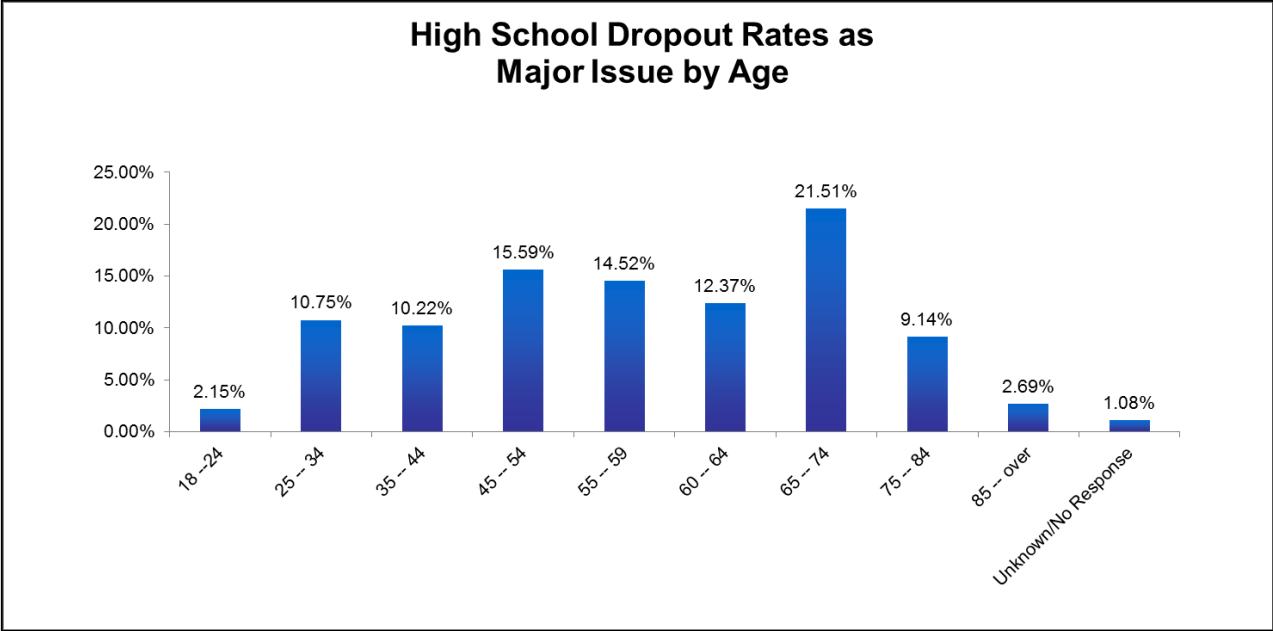
Overcrowded Classrooms as a Major



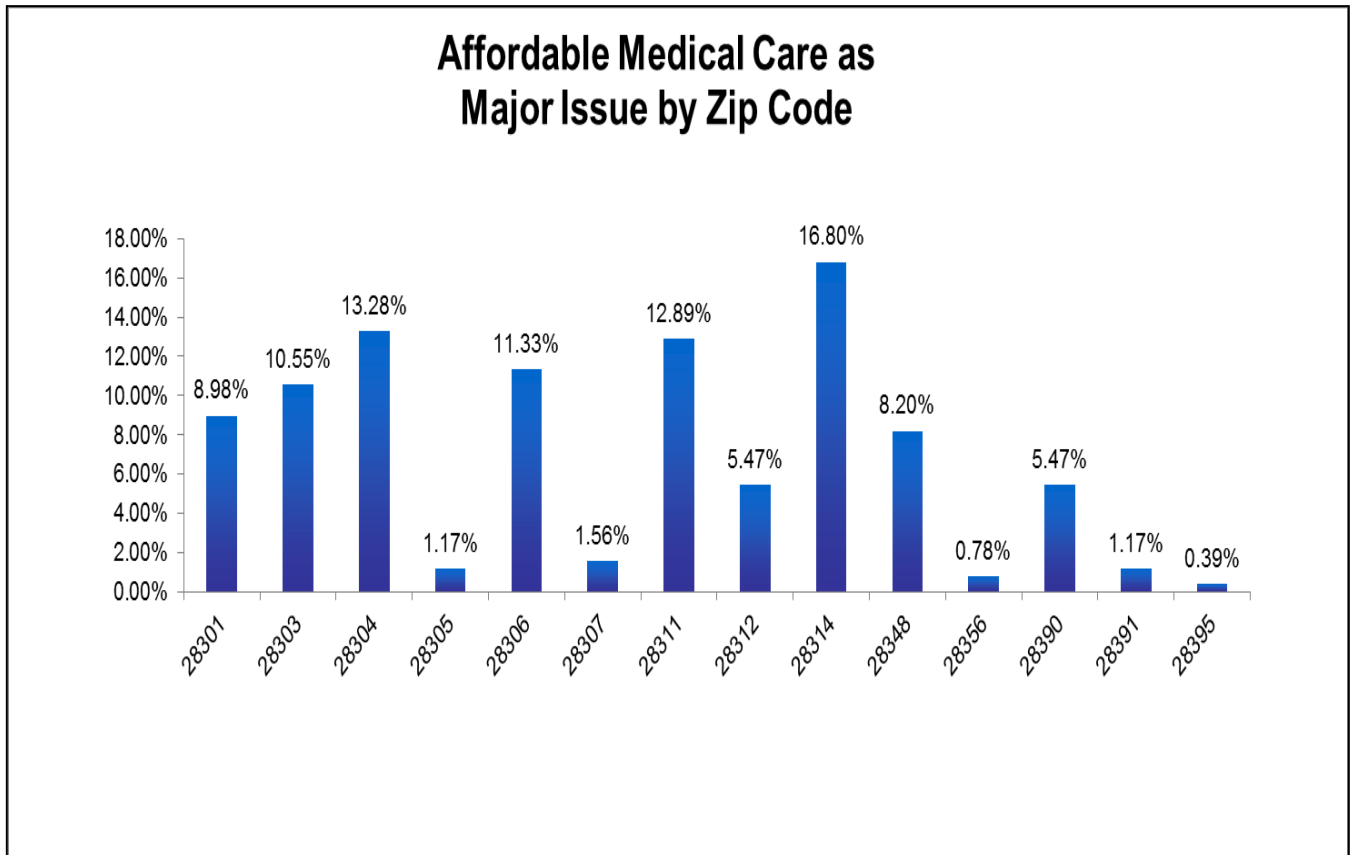
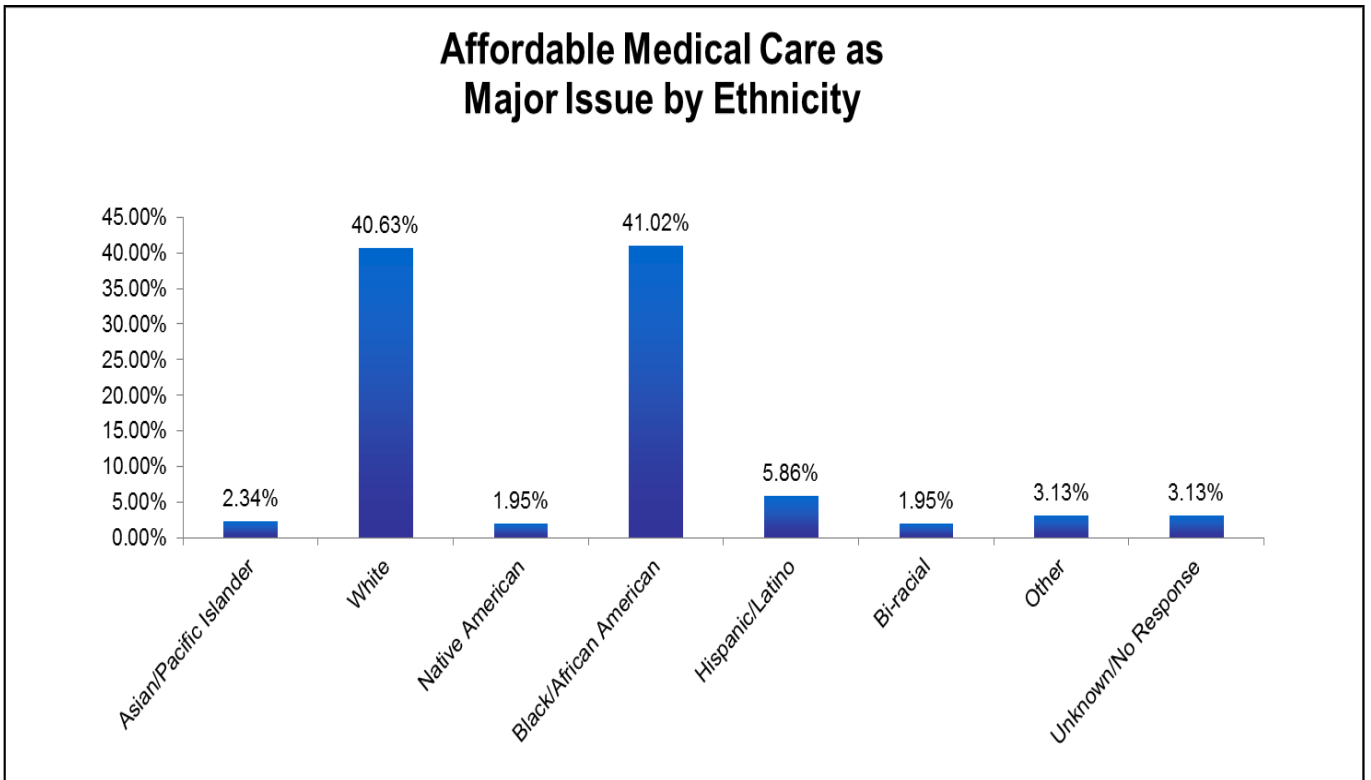


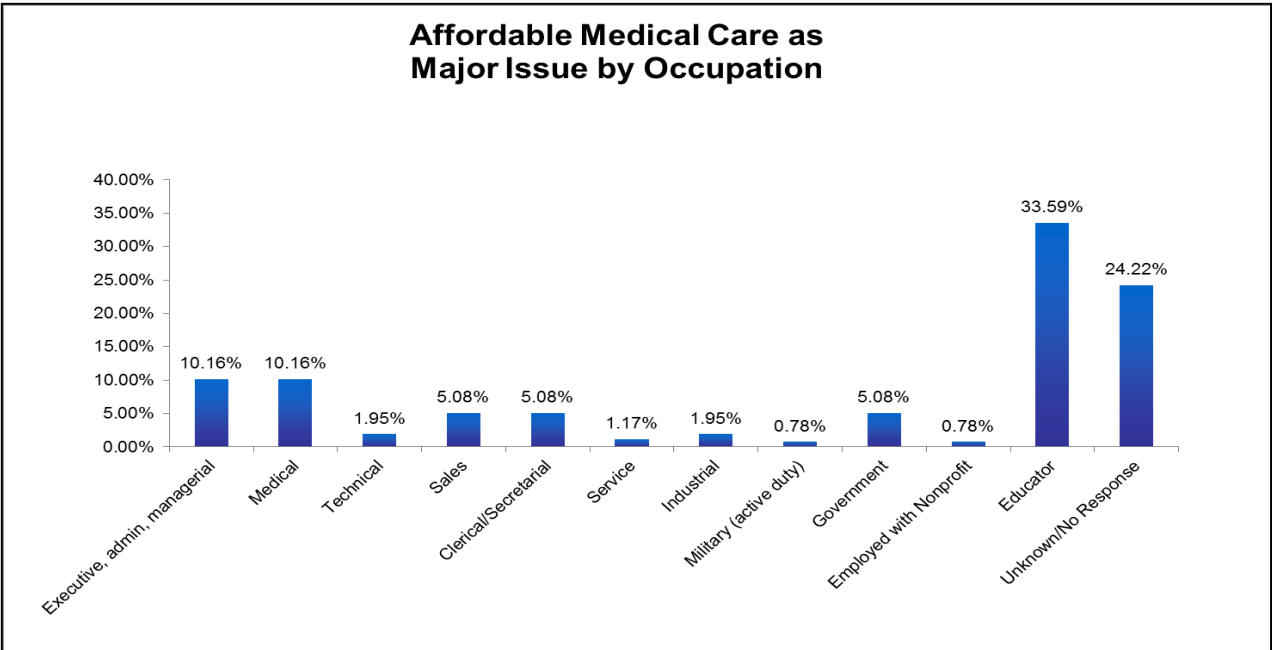
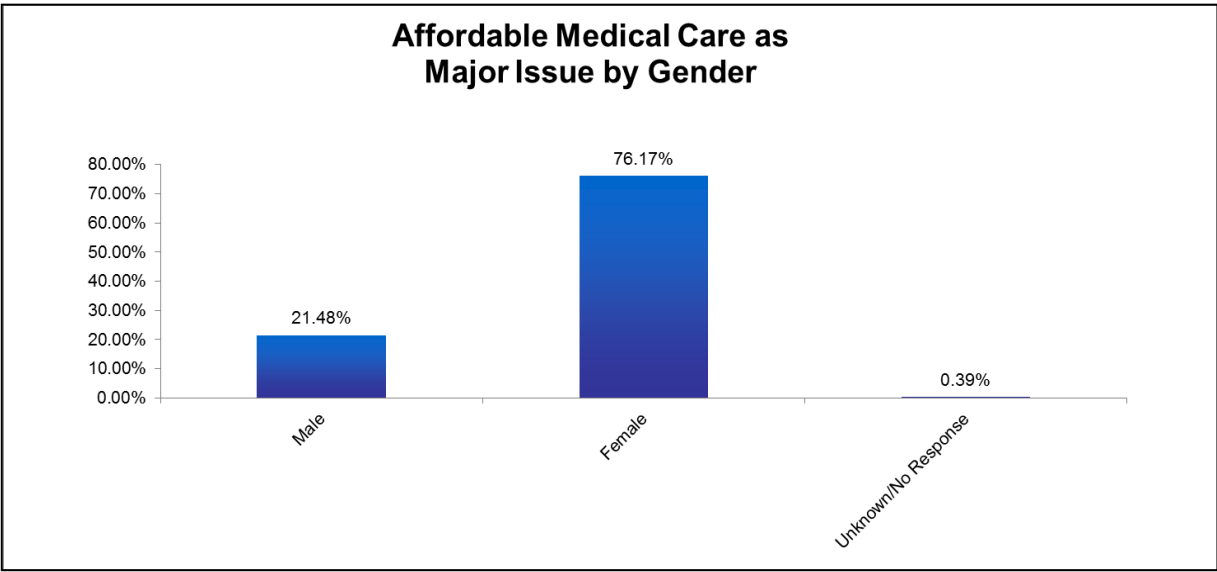
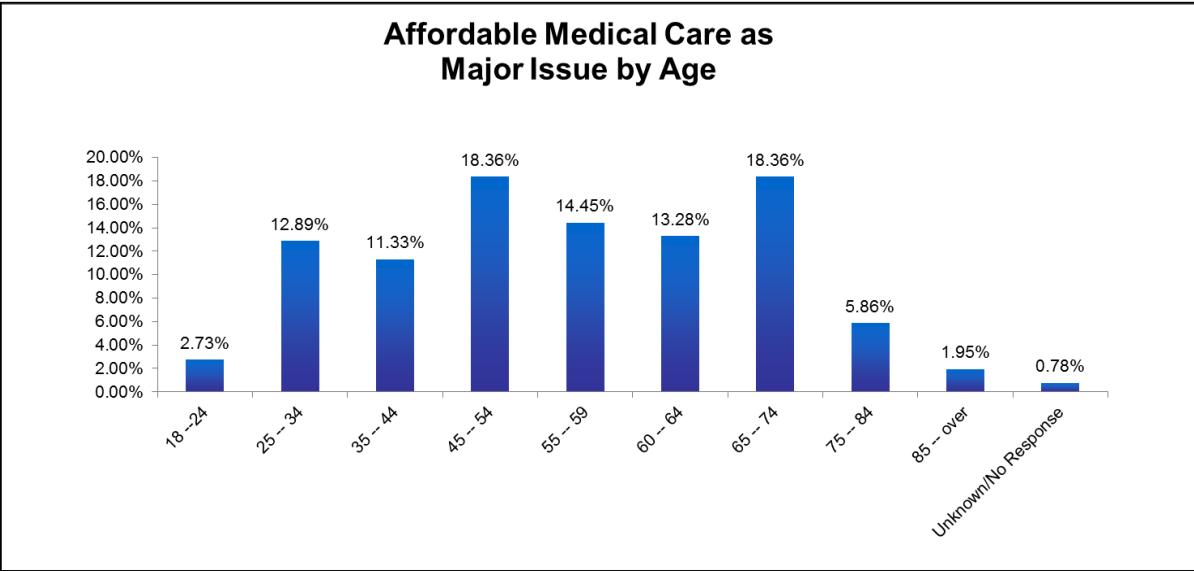
High School Drop Out Rates as a Major Issue



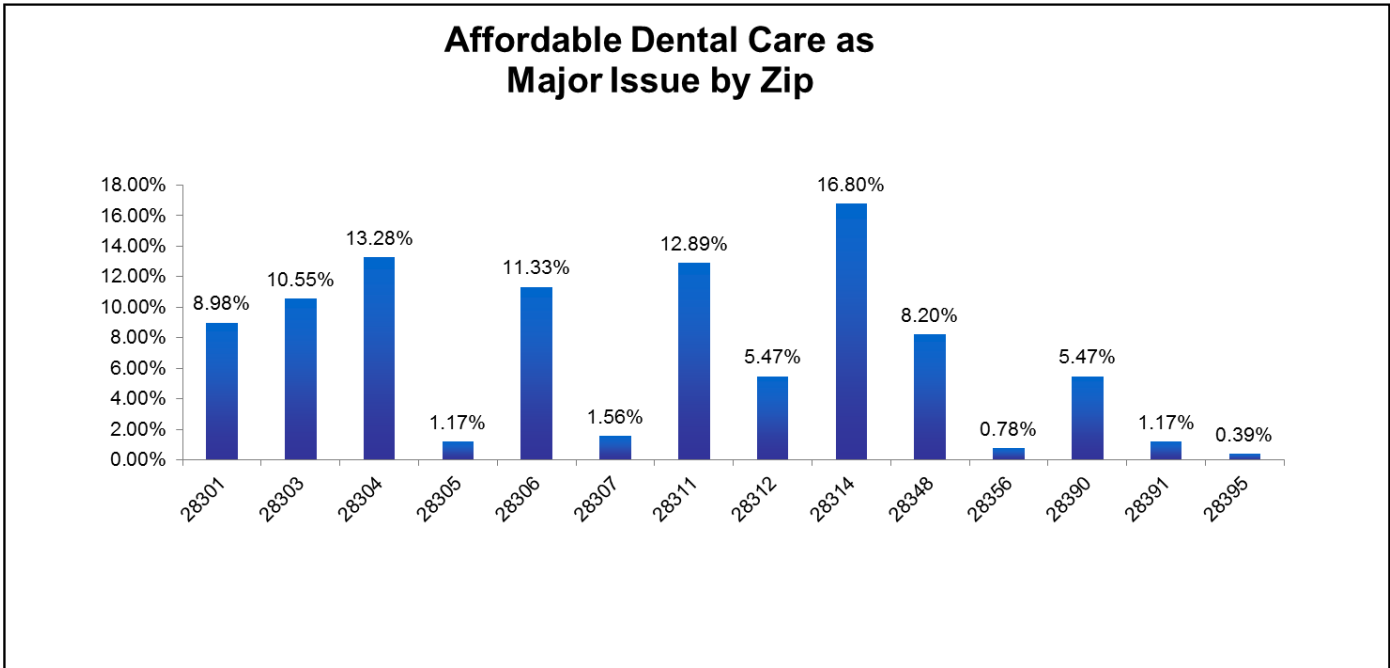
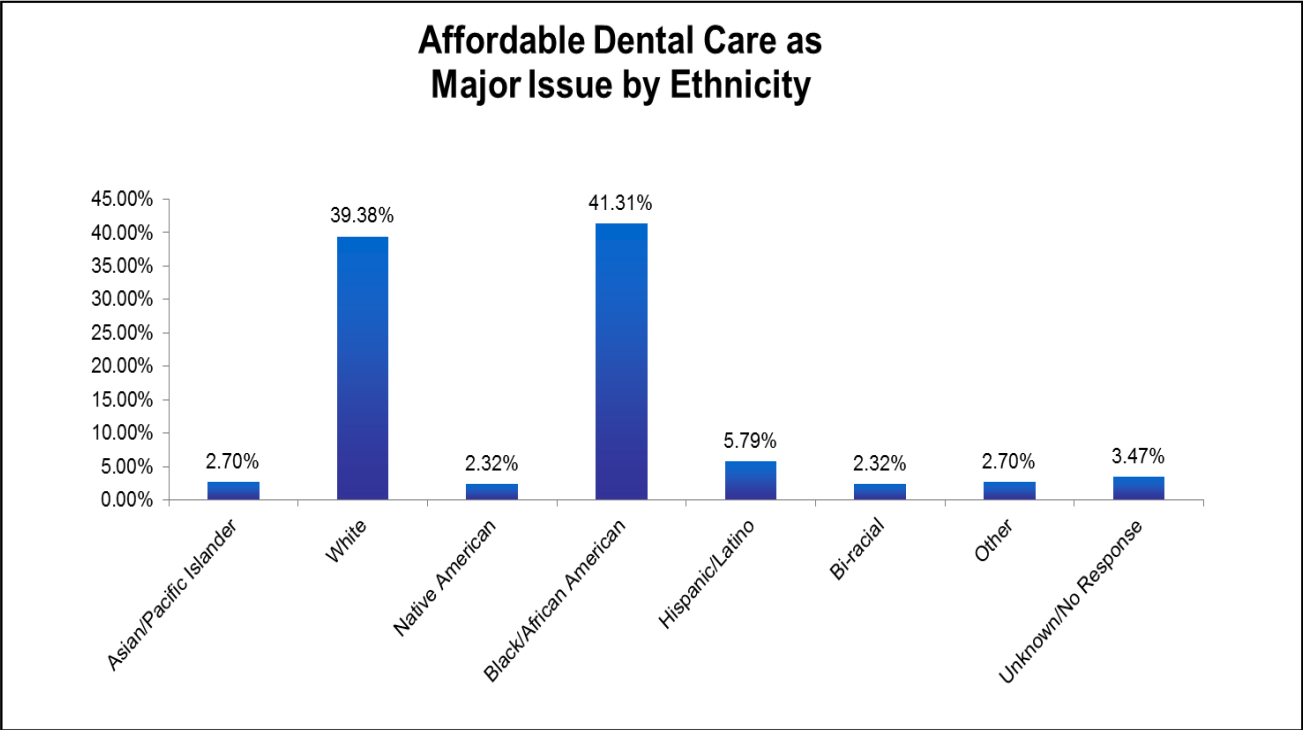


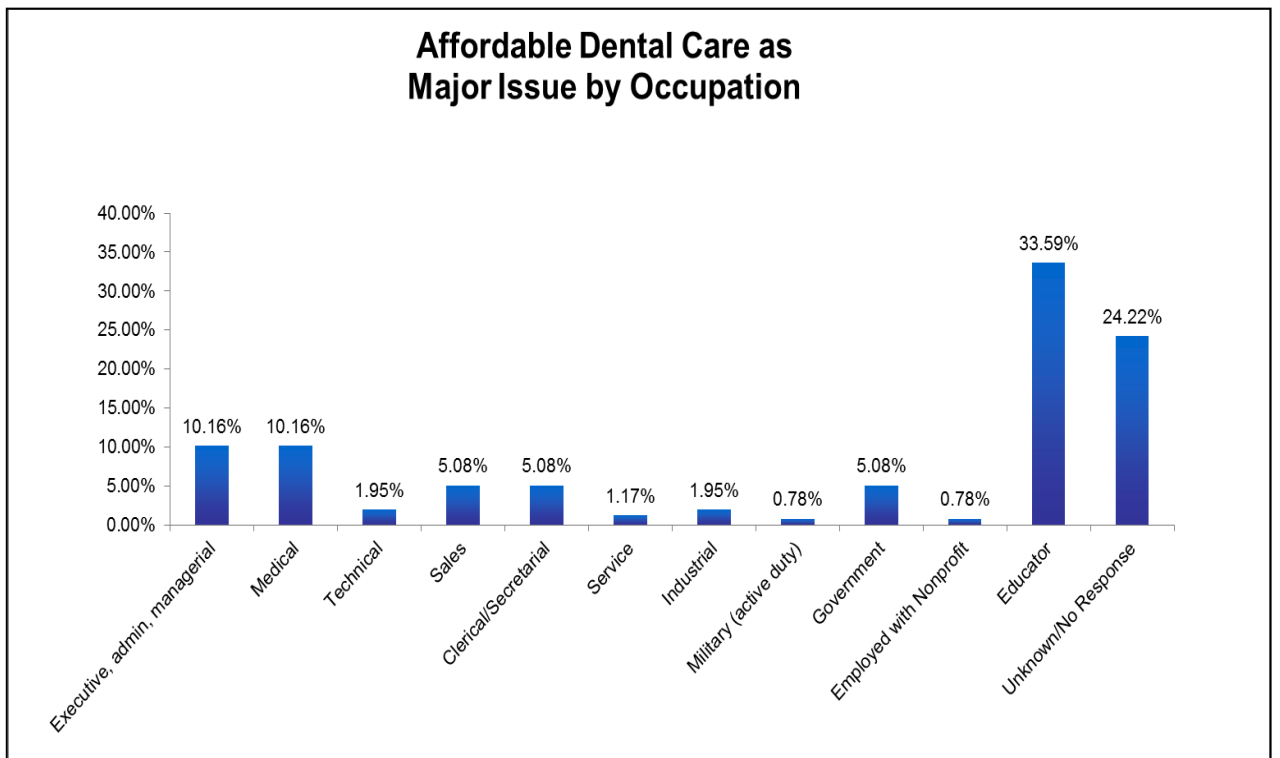
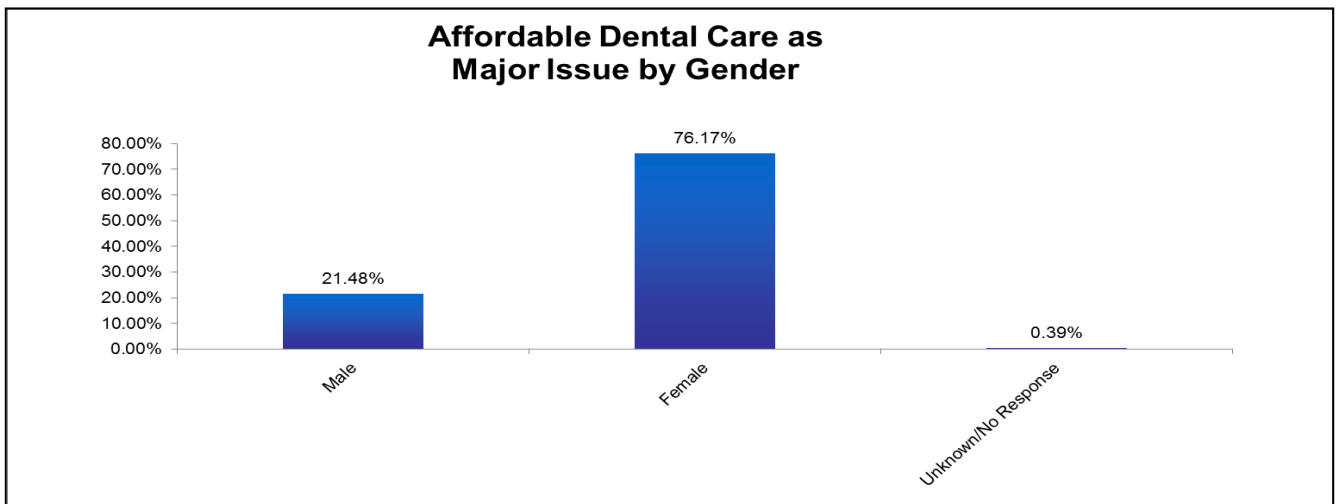
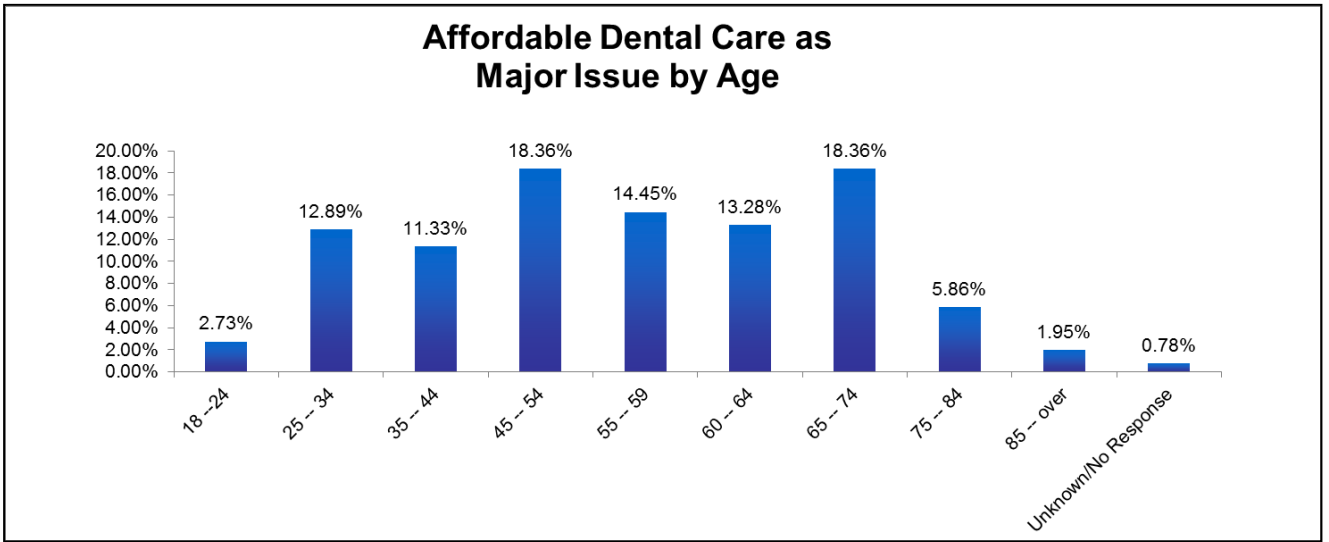
Affordable Medical Health Care as a Major Issue





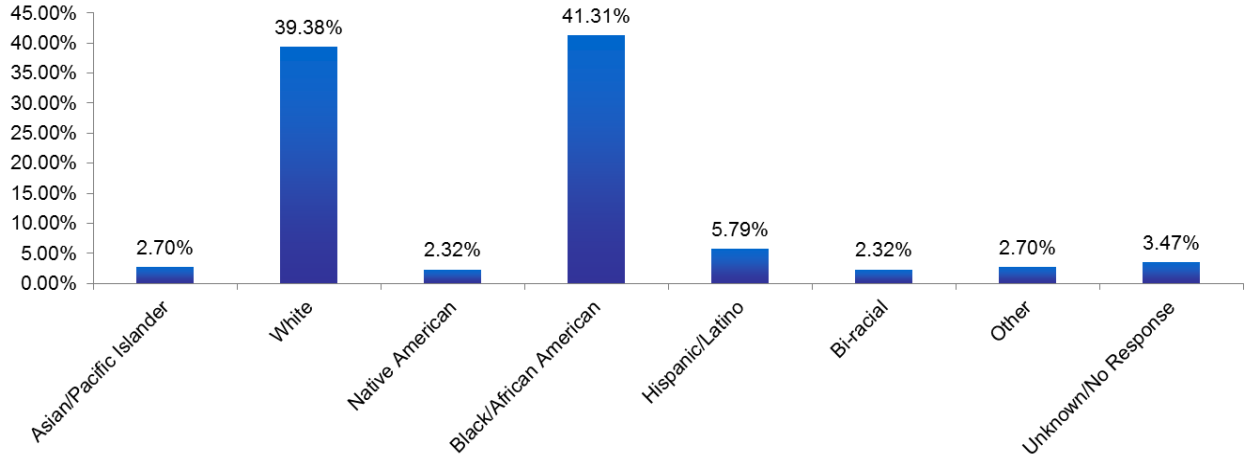
Affordable Dental Health Care as a Major Issue



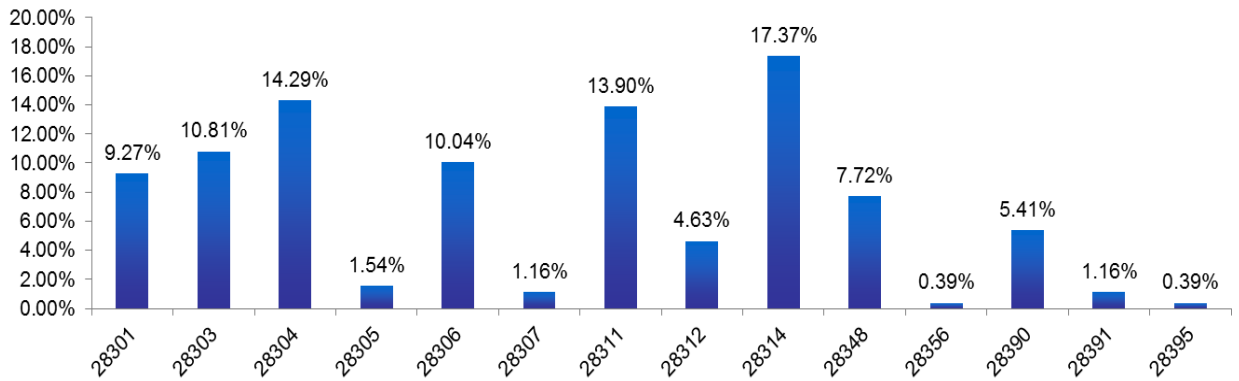


Affordable Mental Health Care as a Major Issue

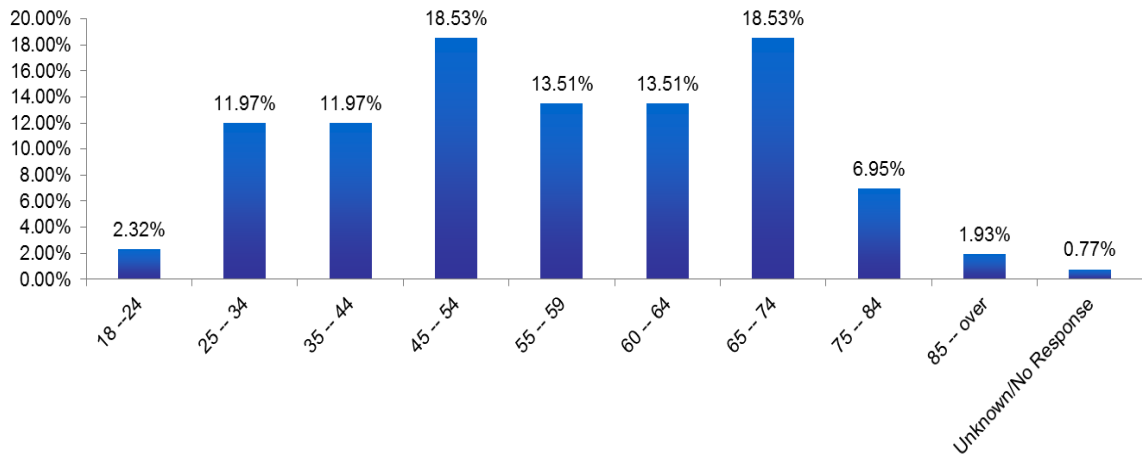
Affordable Mental Health Care as Major Issue by Ethnicity



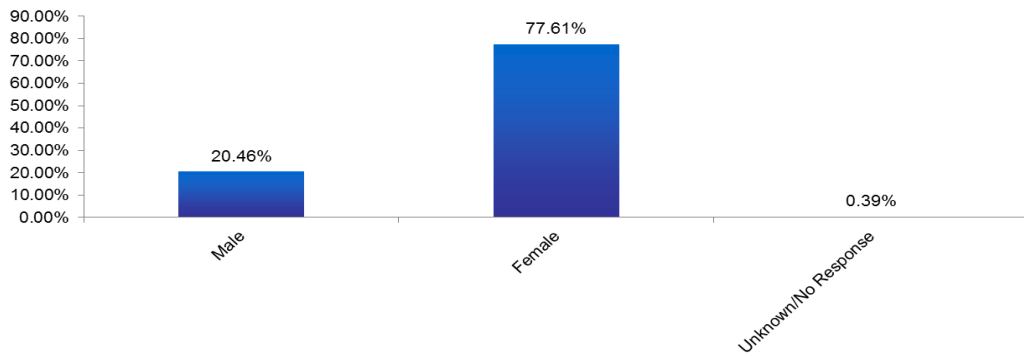
Affordable Mental Health Care as Major Issue by Zip Code



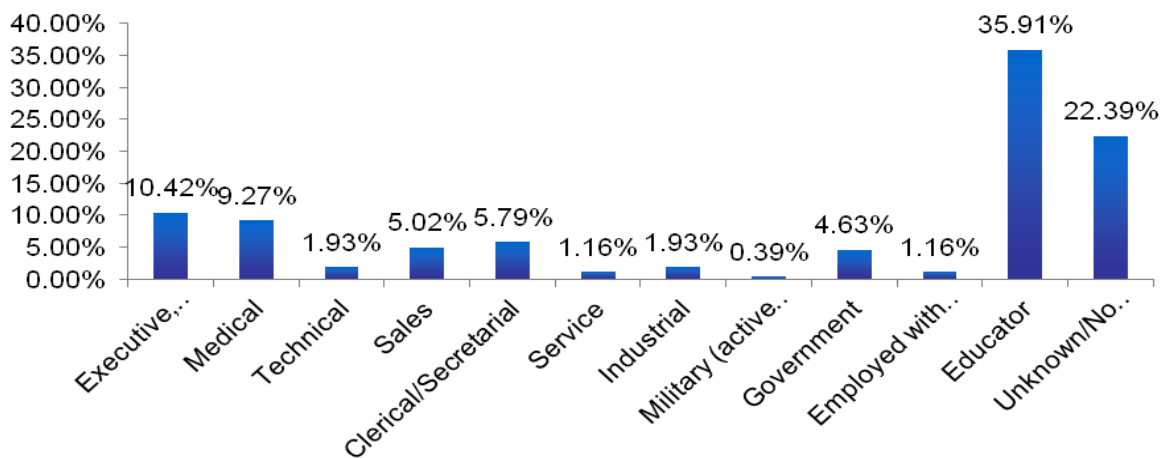
Affordable Mental Health Care as Major Issue by Age



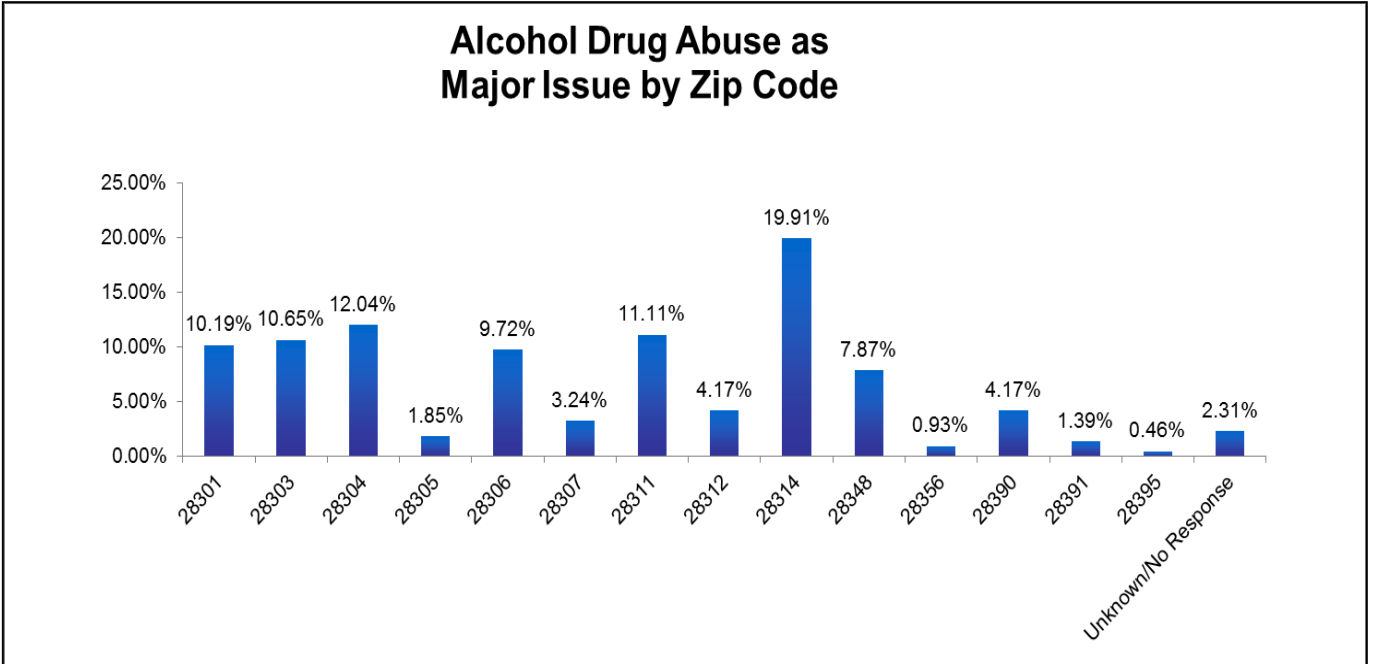
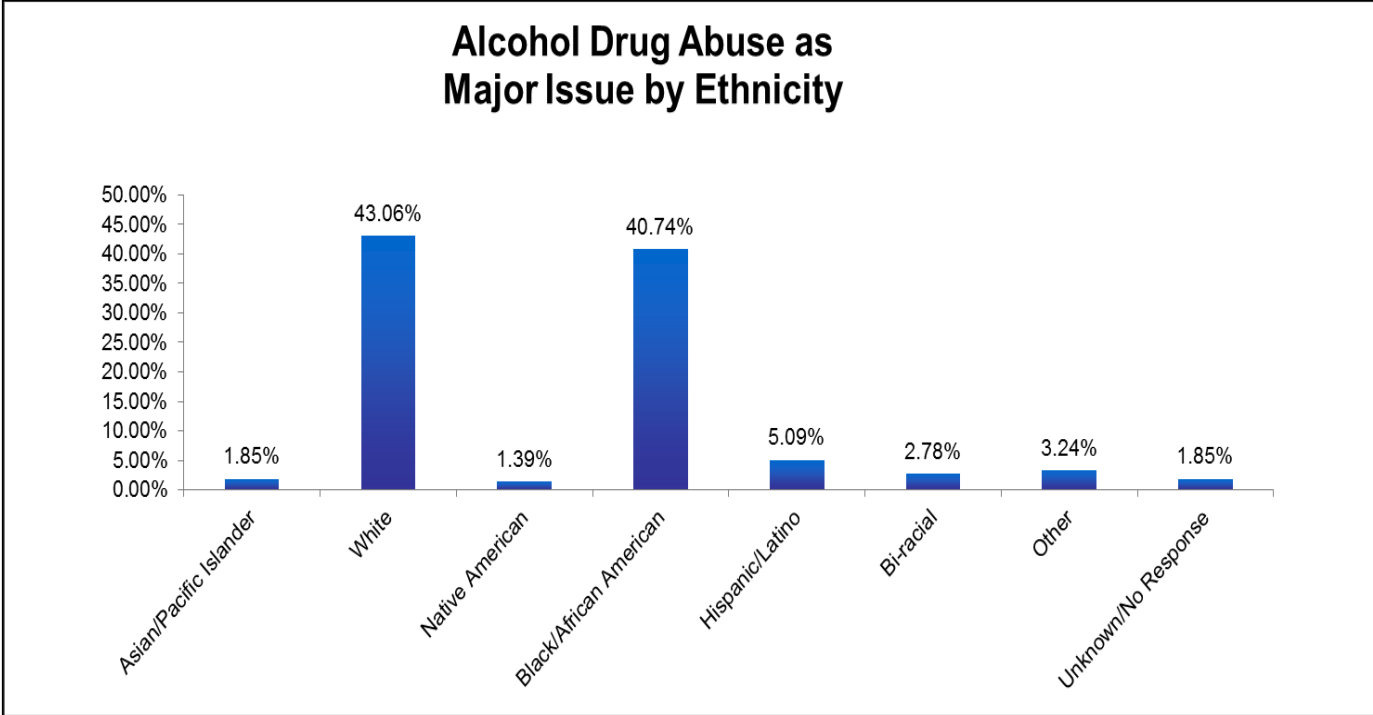
Affordable Mental Health Care as Major Issue by Gender

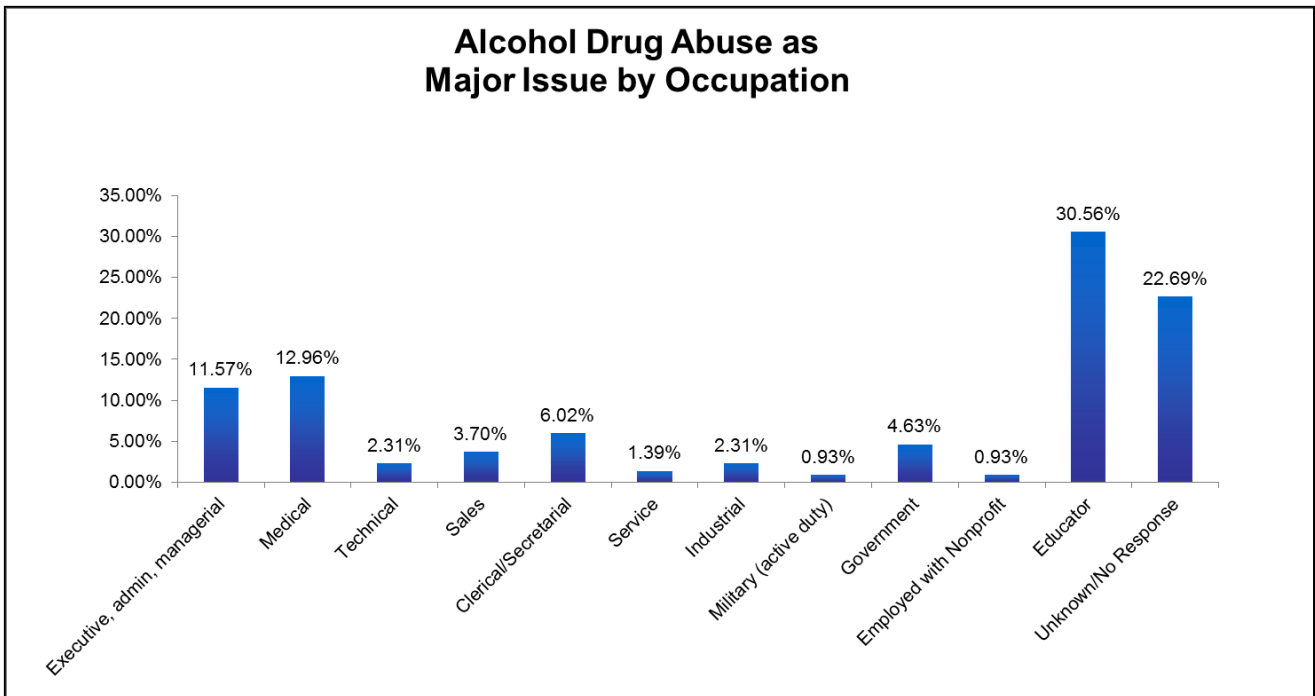
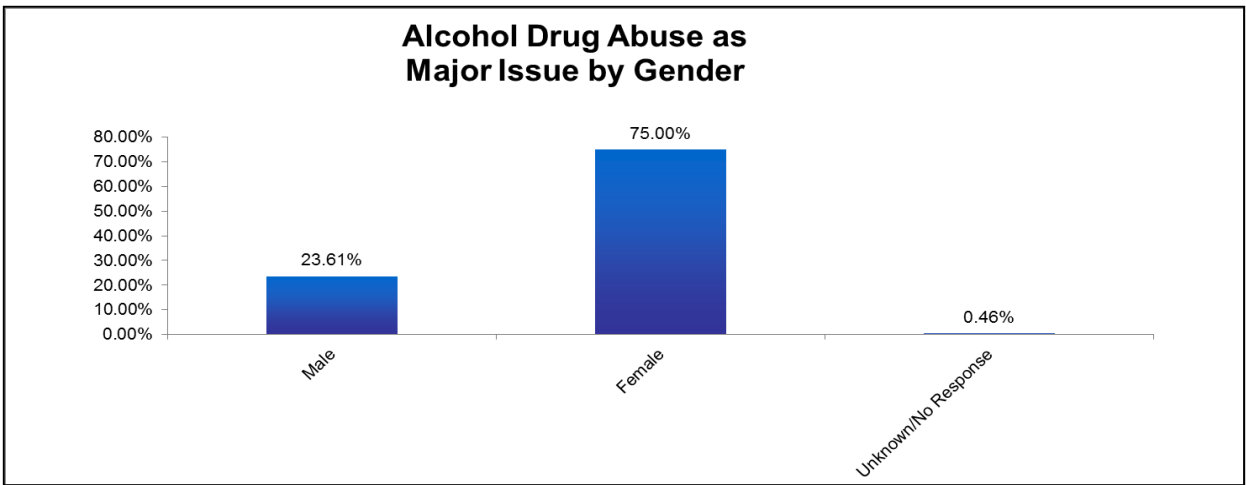
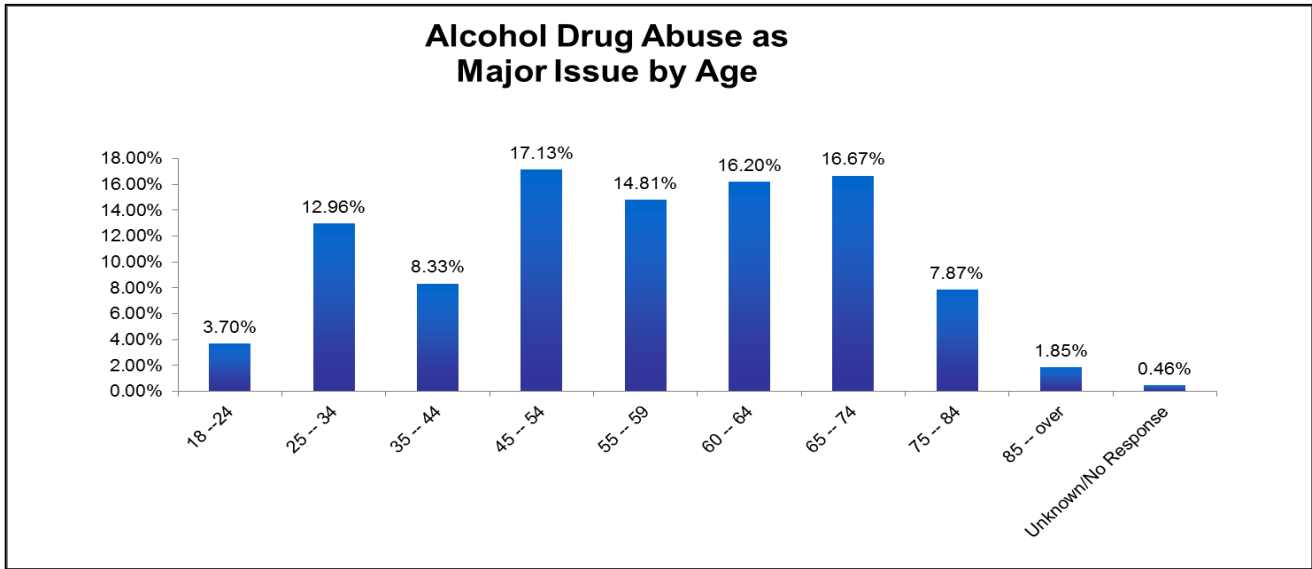


Affordable Mental Health Care as Major Issue by Occupation

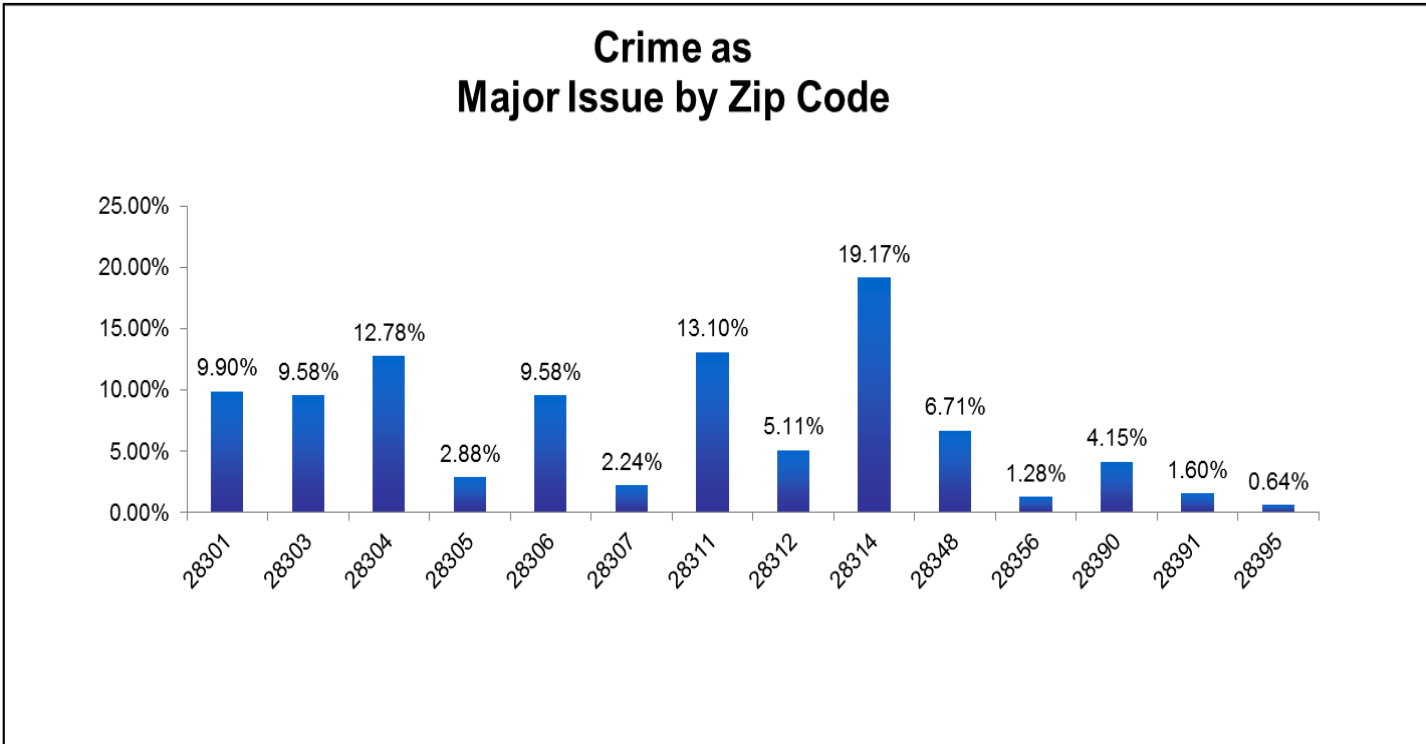
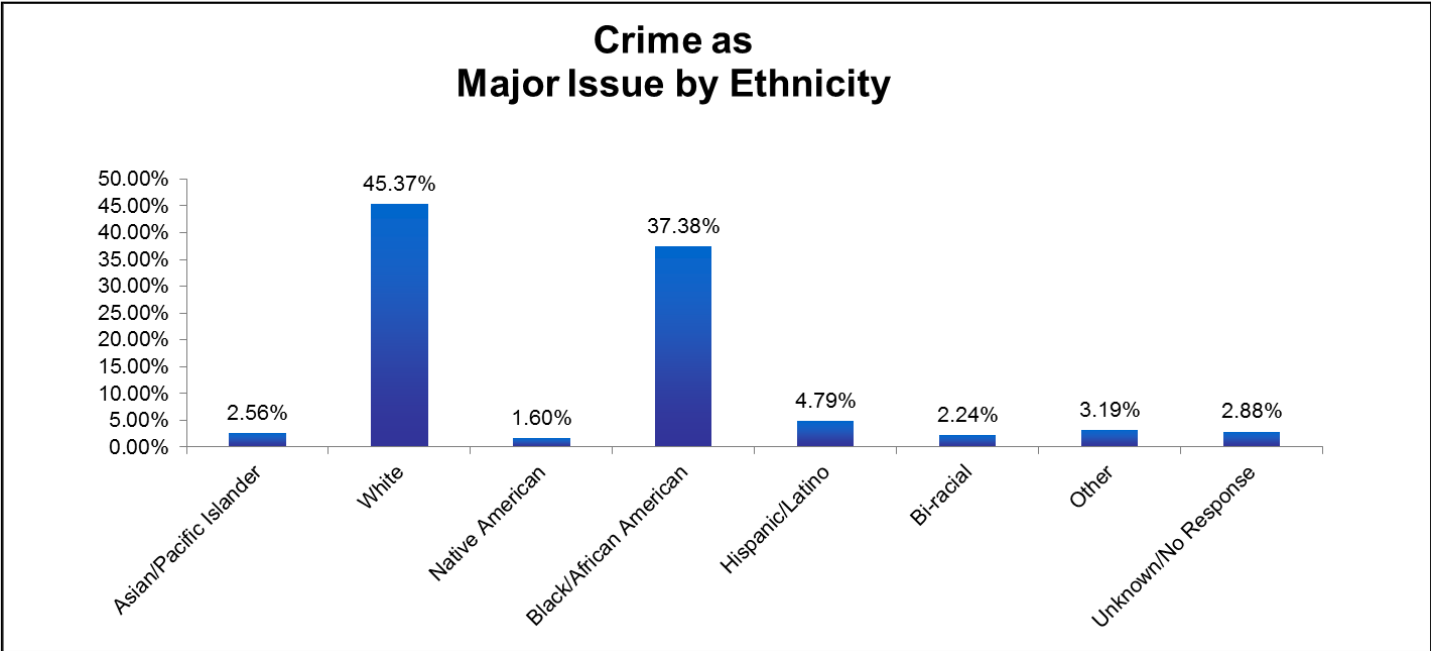


Alcohol Drug Abuse as a Major Issue

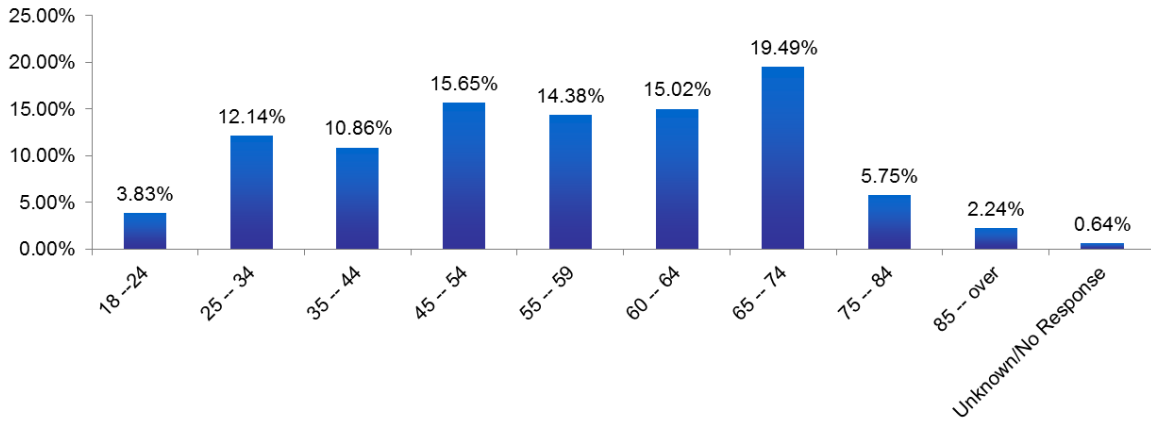




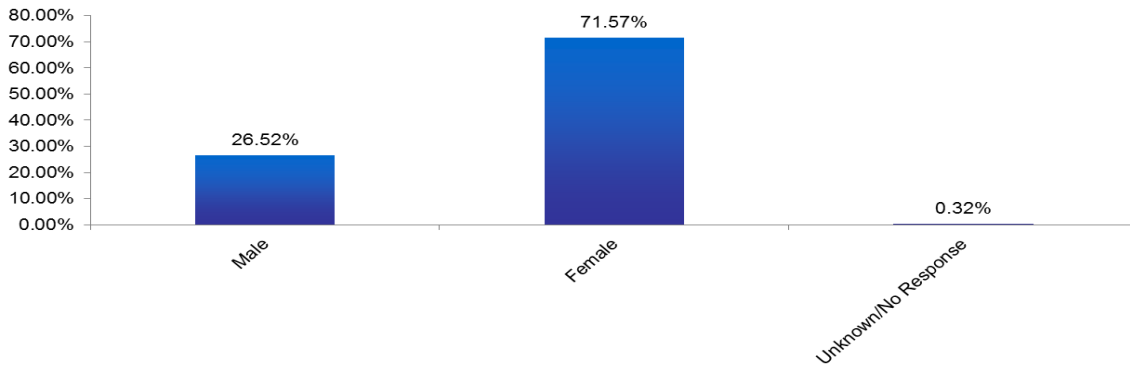
Crime as a Major Issue



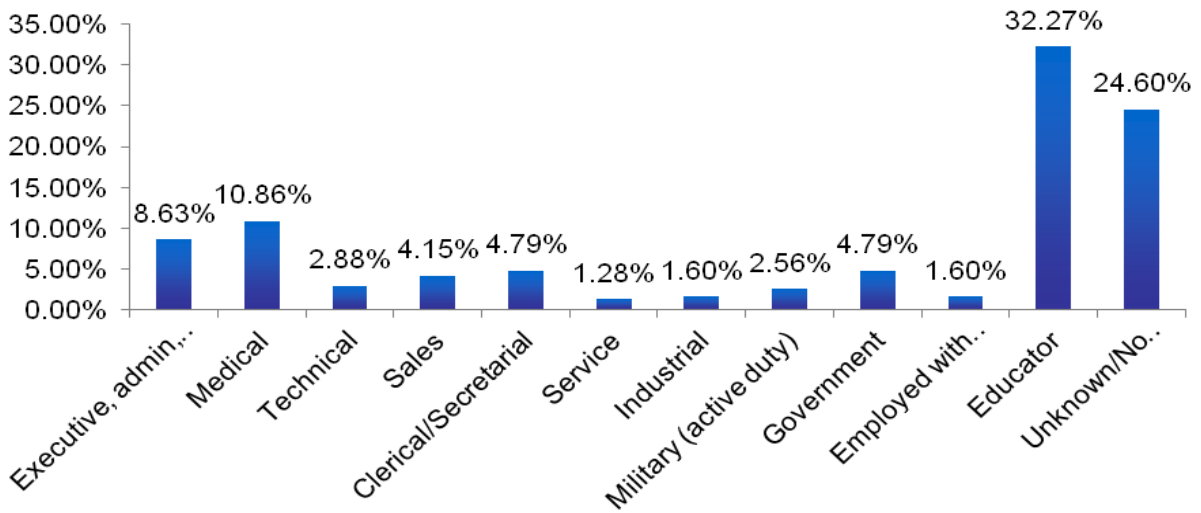
Crime as Major Issue by Age



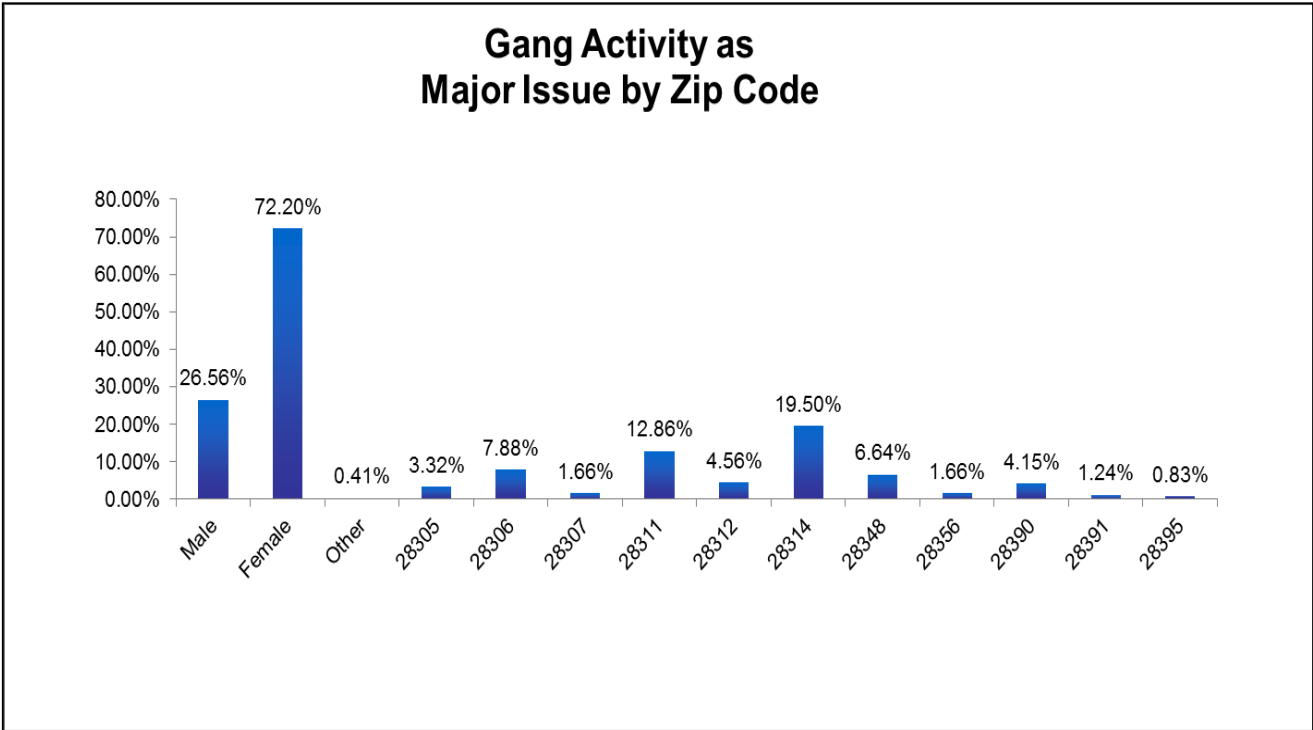
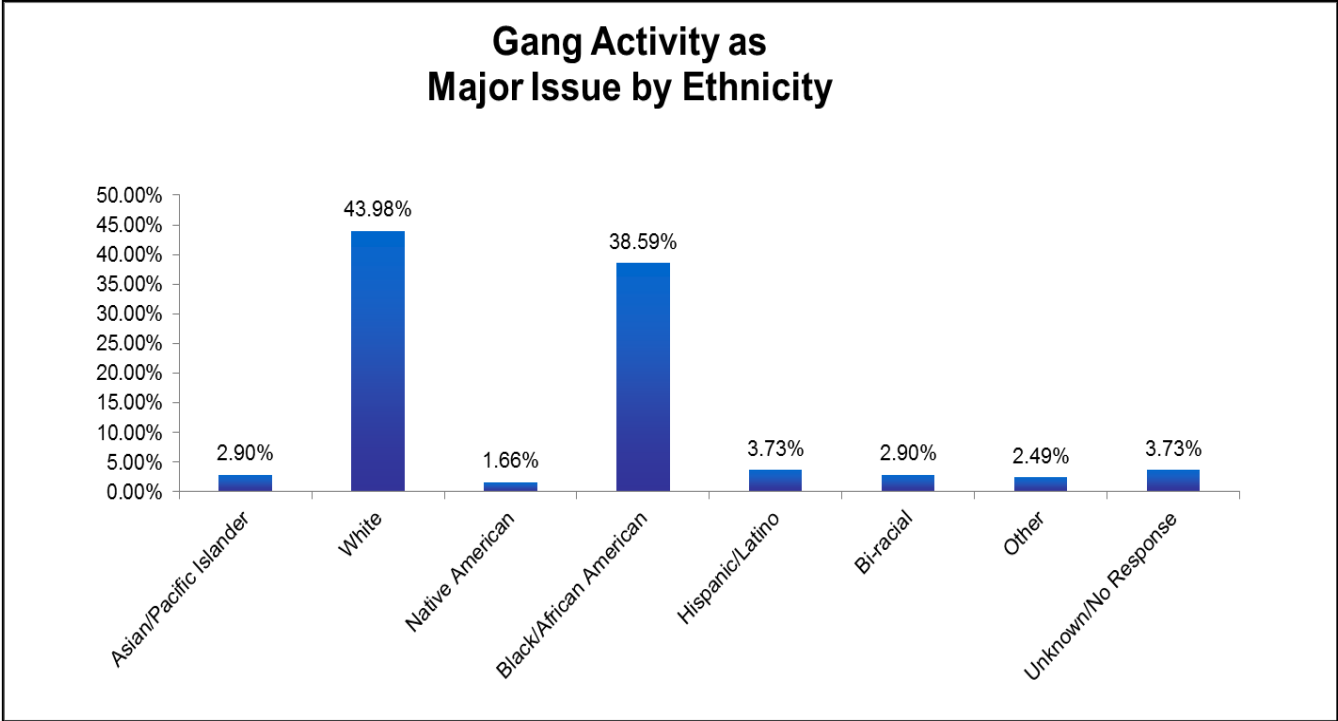
Crime as Major Issue by Gender



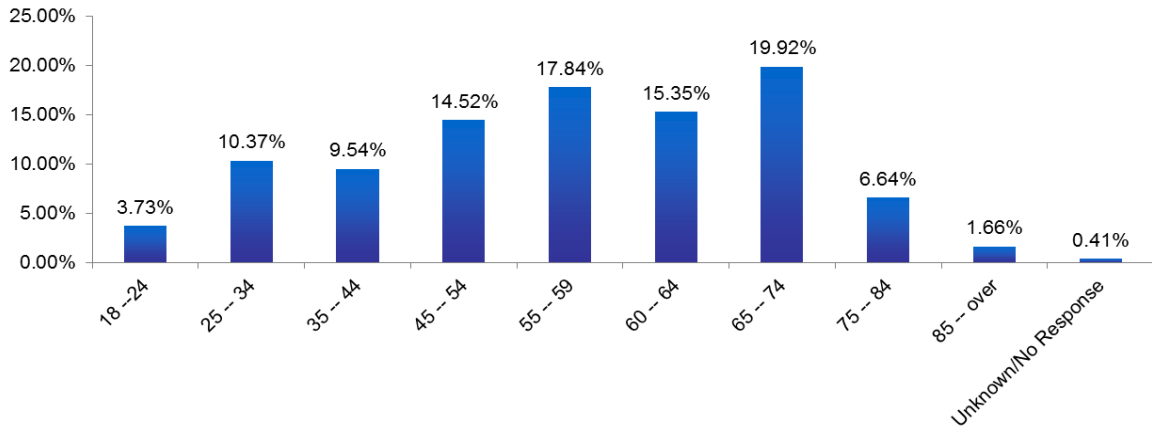
Crime as Major Issue by Occupation



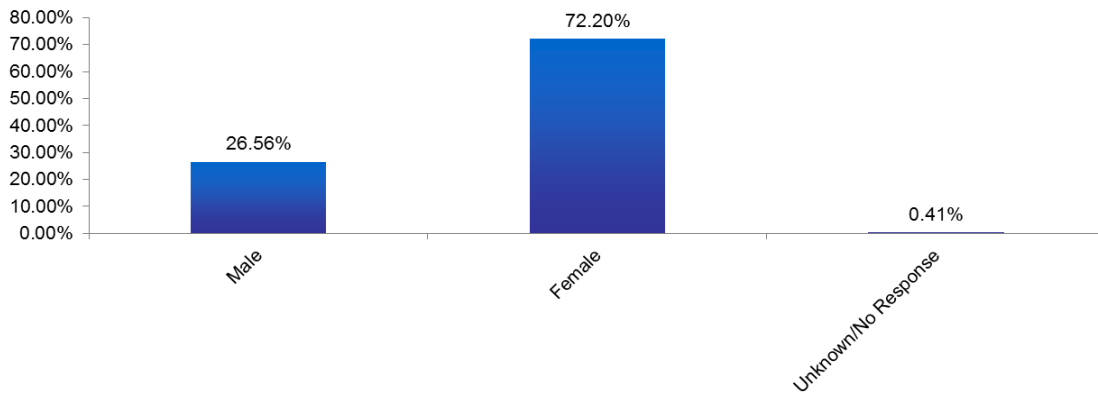
Gang Activity as a Major Issue



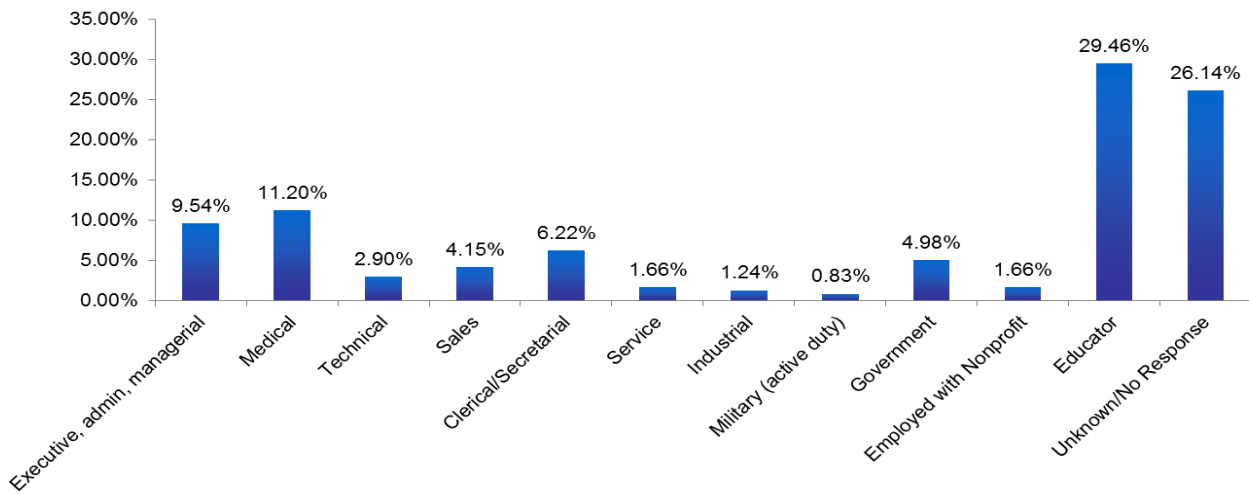
Gang Activity as Major Issue by Age



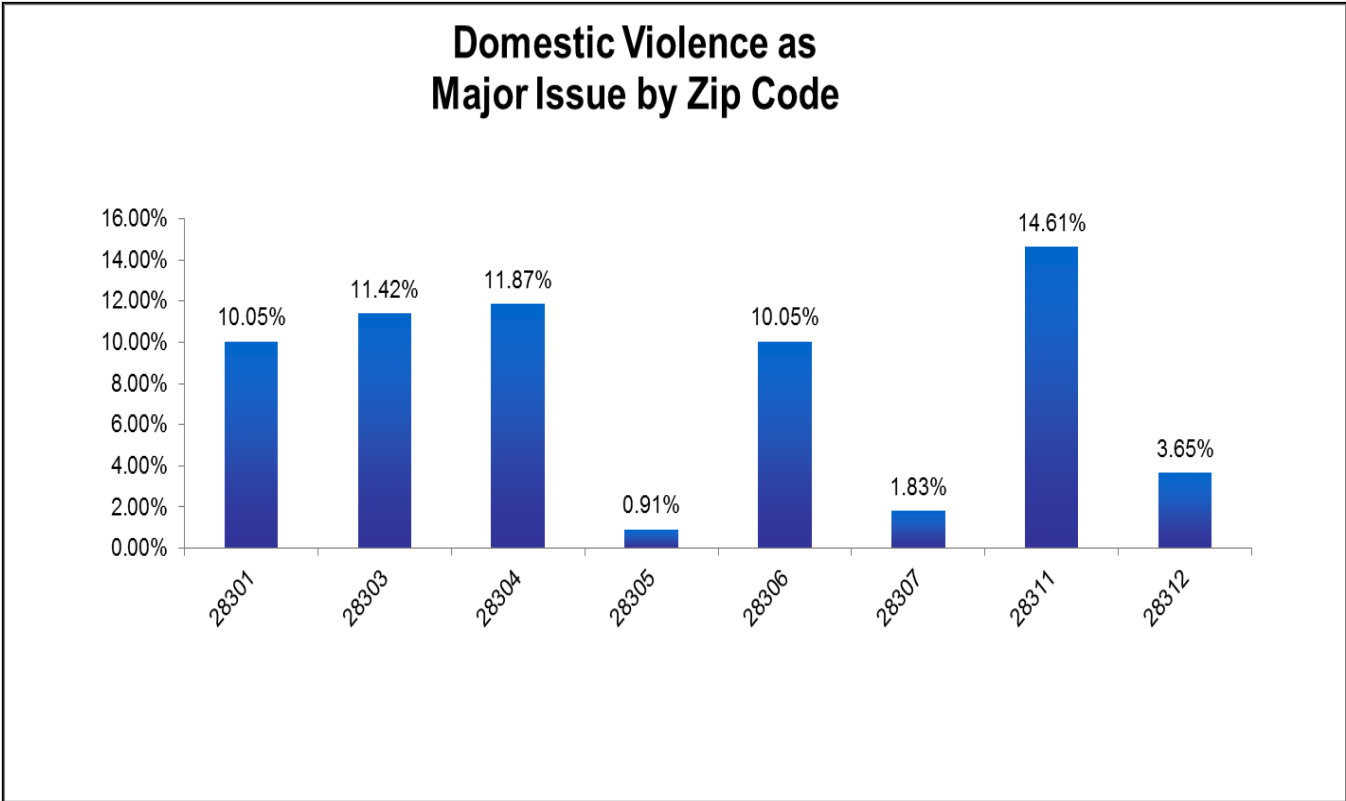
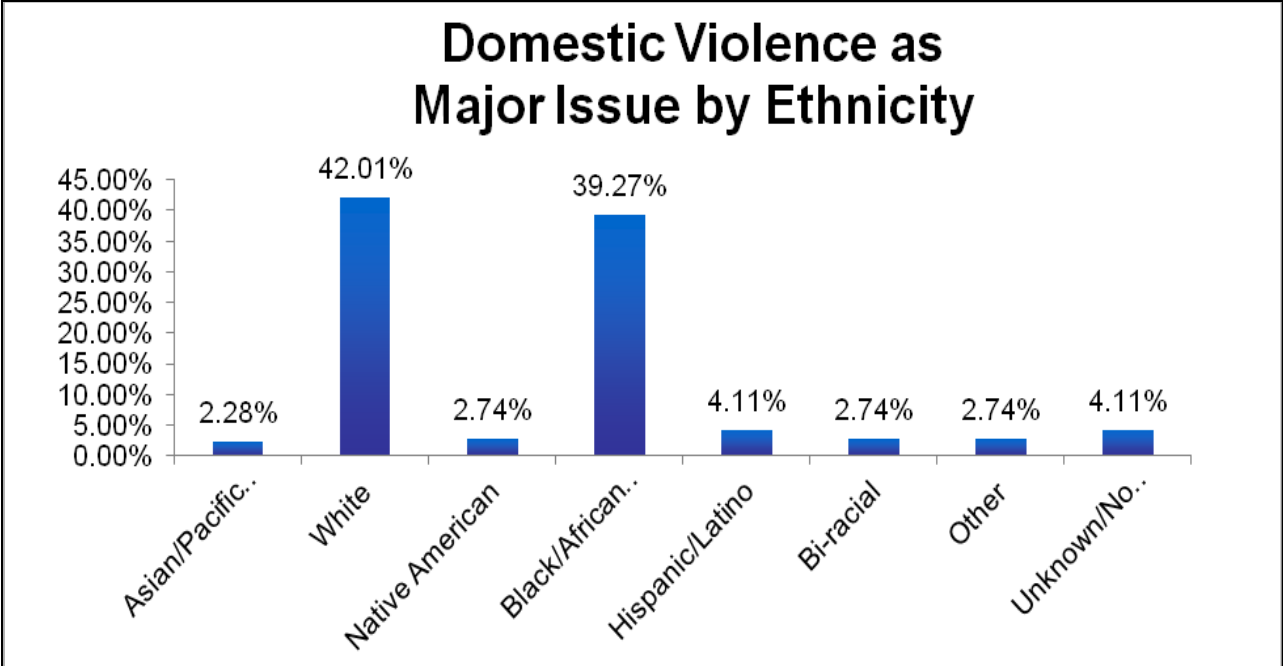
Gang Activity as Major Issue by Gender



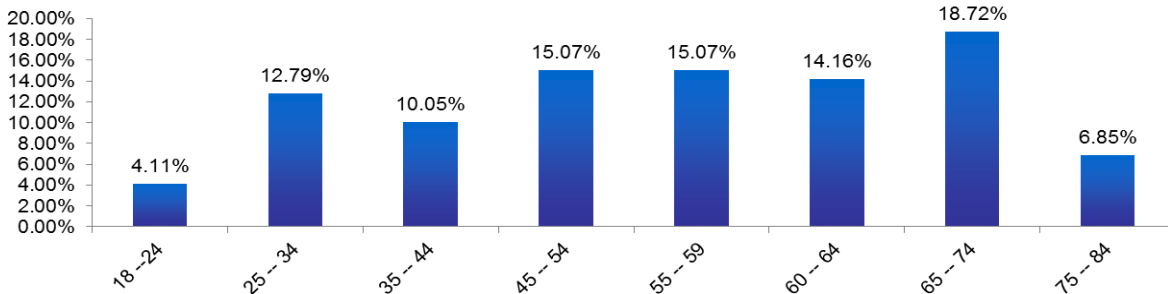
Gang Activity as Major Issue by Occupation



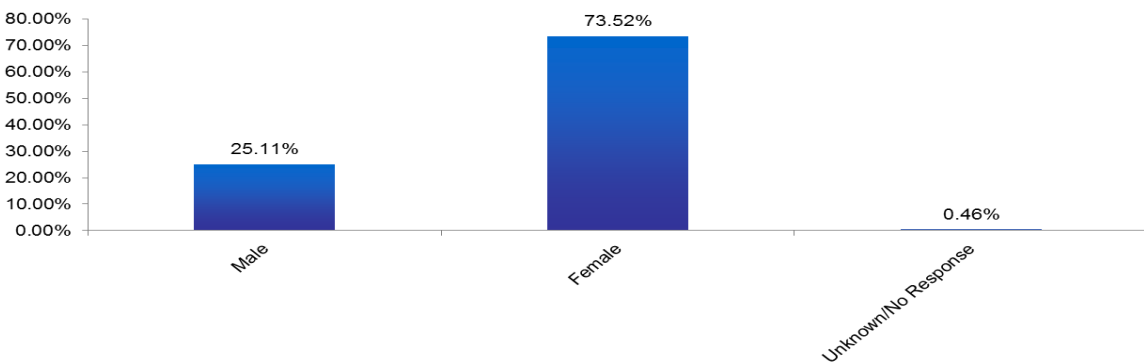
Domestic Violence as a Major Issue



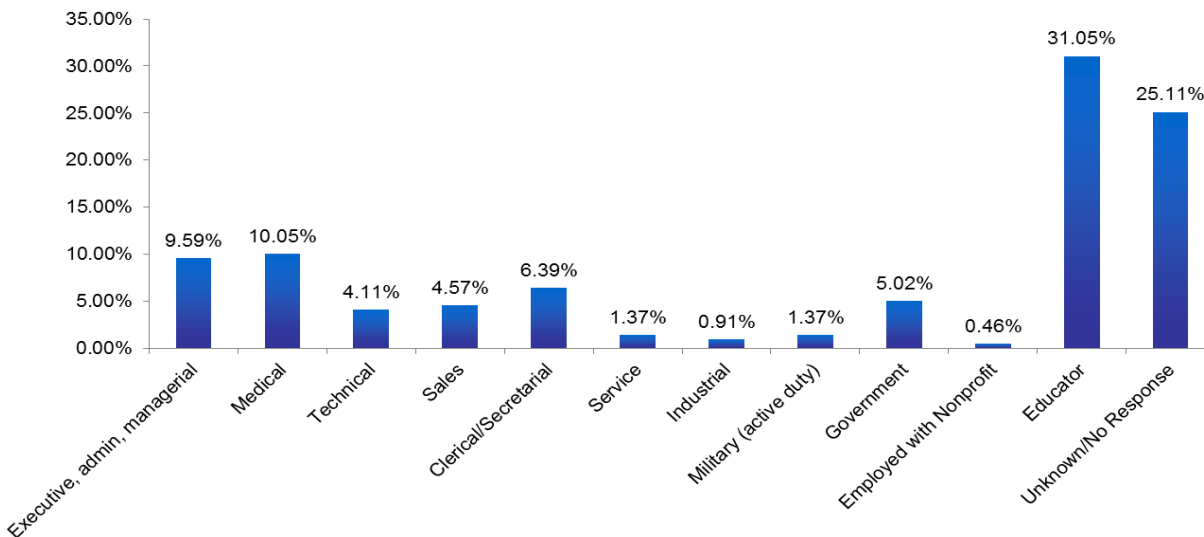
Domestic Violence as Major Issue by Age



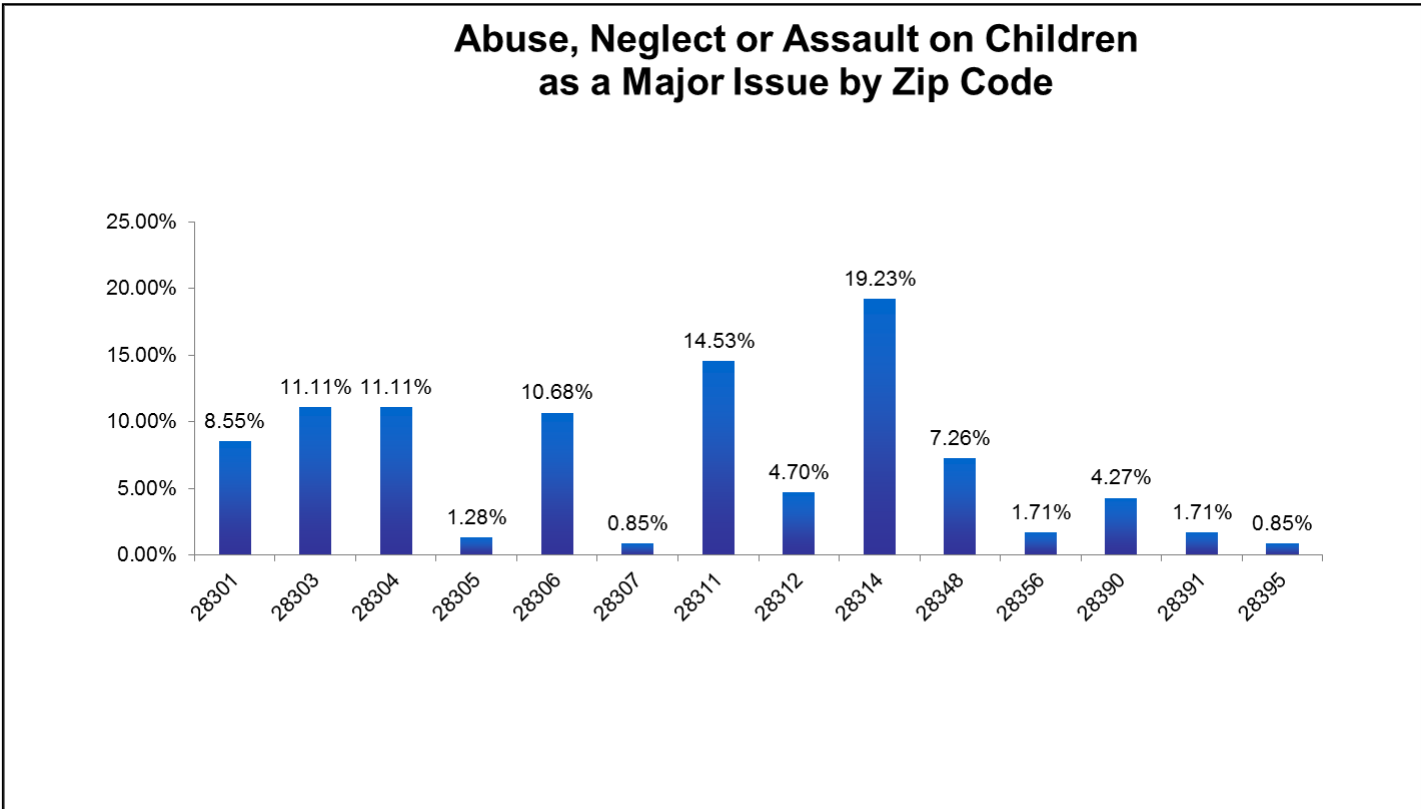
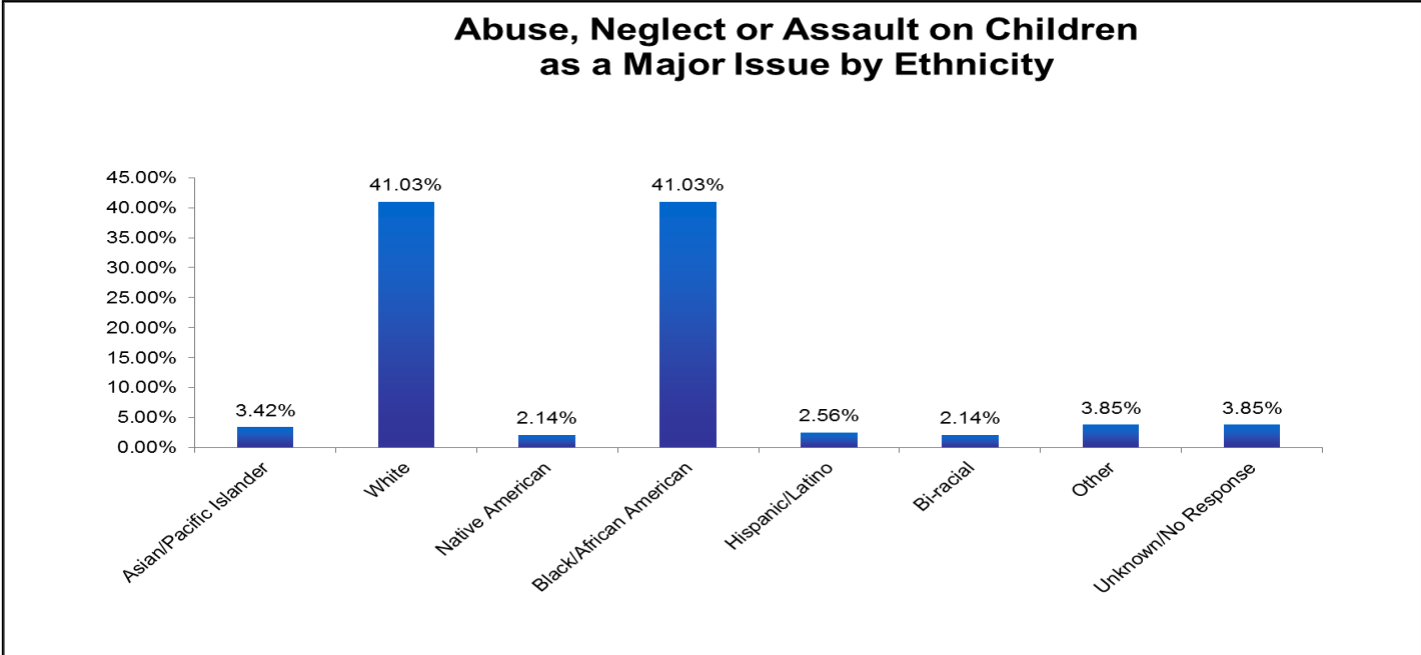
Domestic Violence as Major Issue by Gender



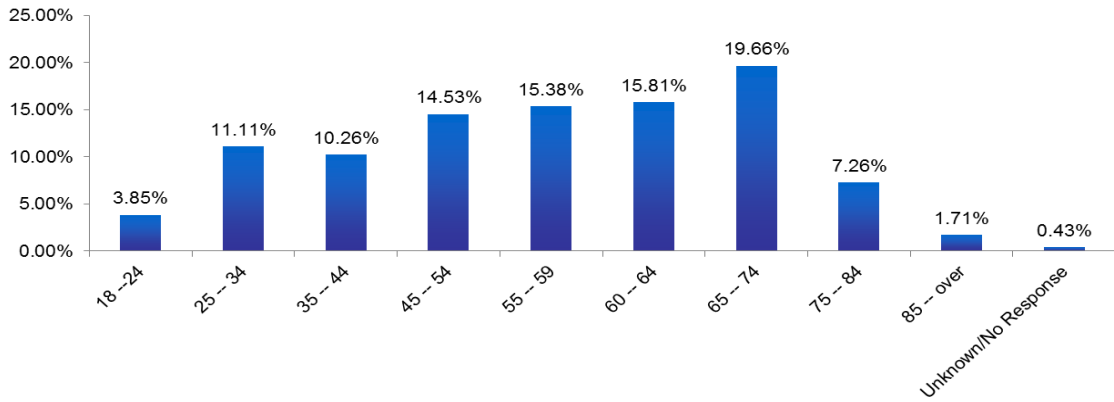
Domestic Violence as Major Issue by Occupation



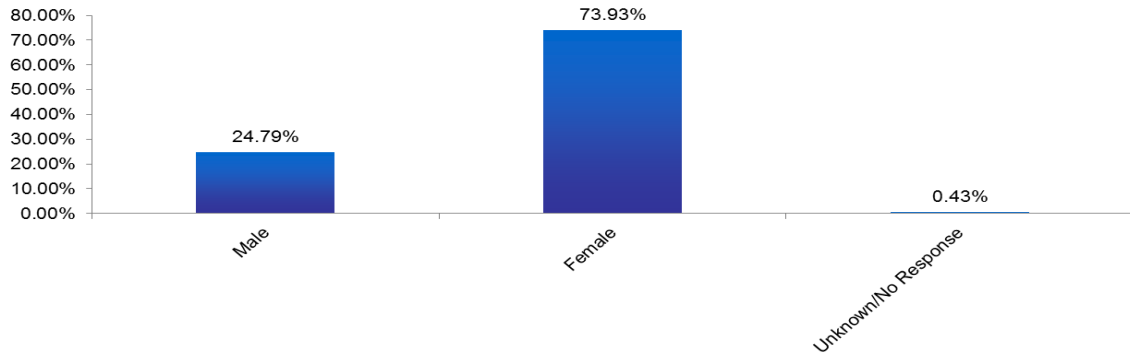
Abuse, Neglect or Assault on Children as a Major Issue



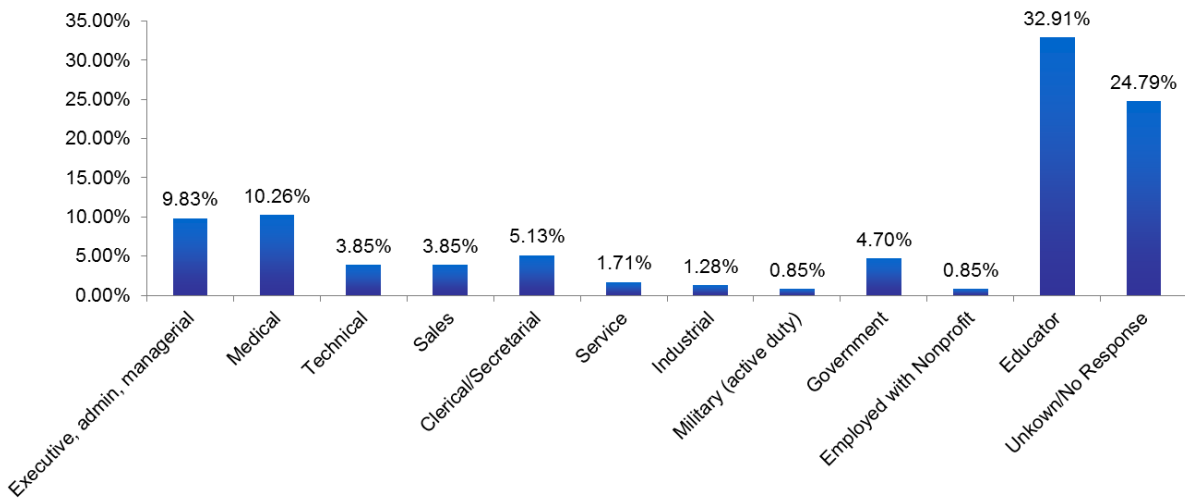
Abuse, Neglect or Assault on Children as a Major Issue by Age



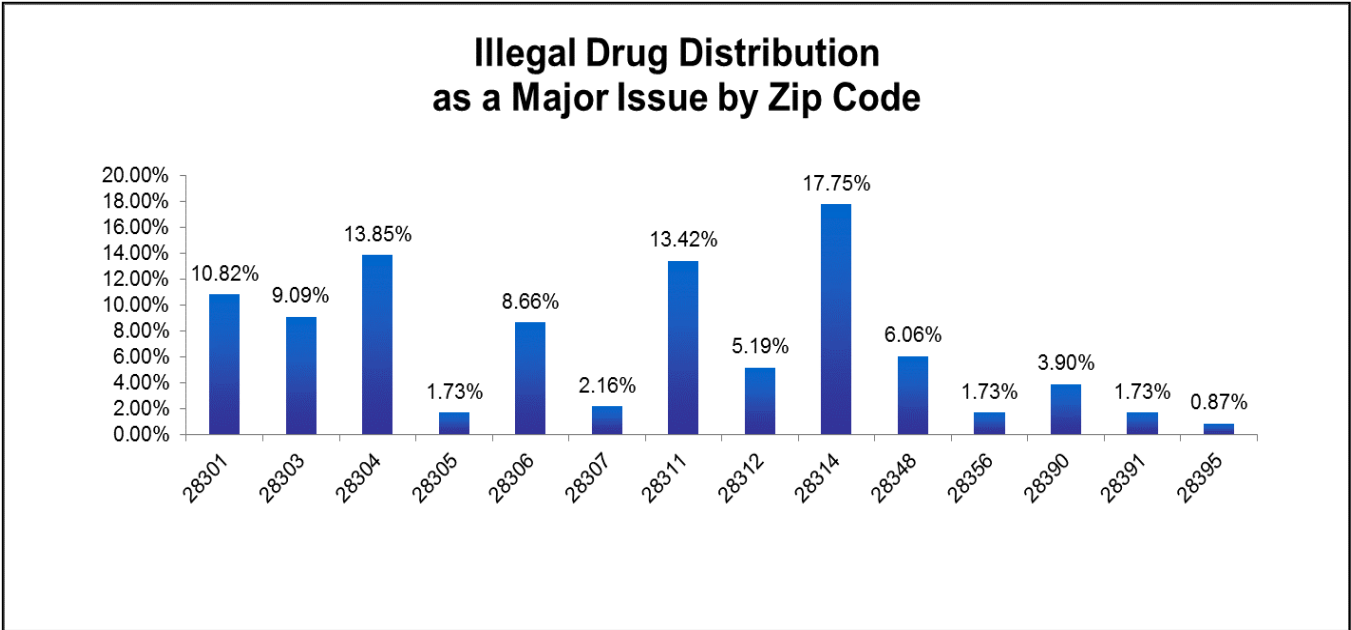
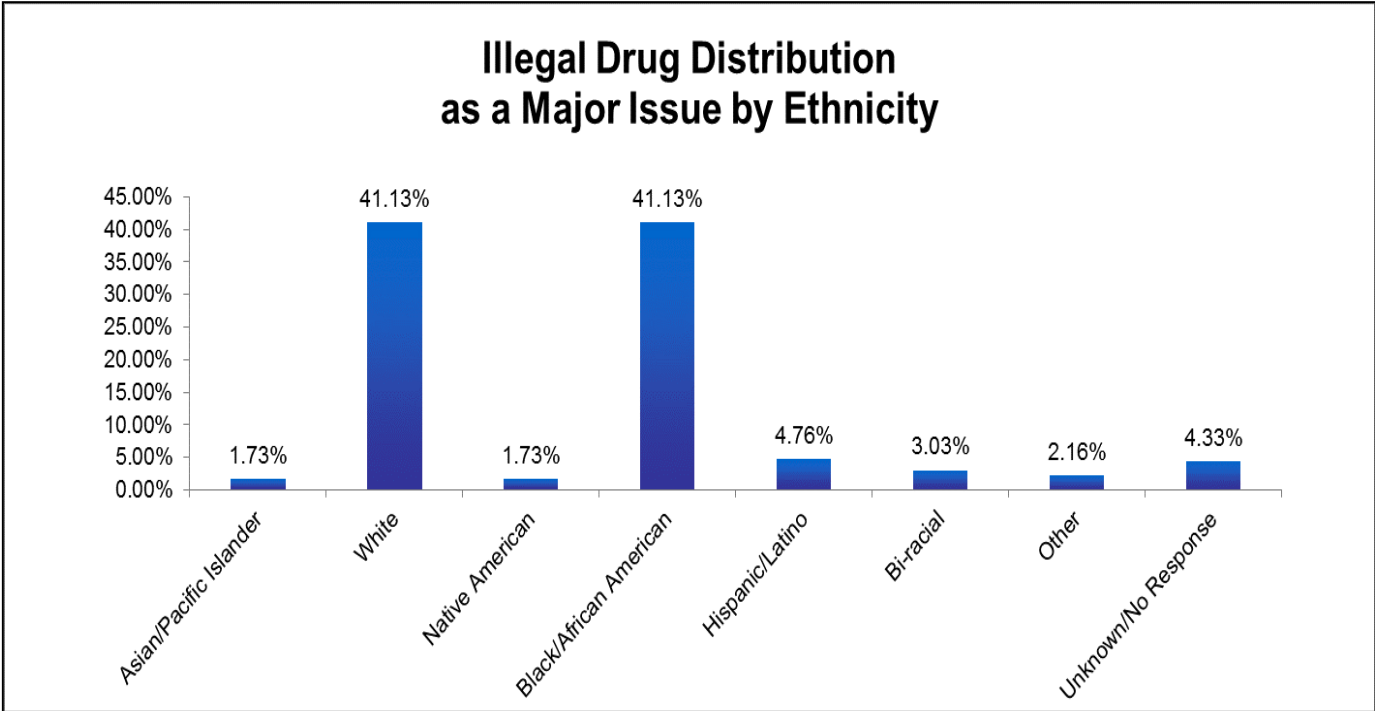
Abuse, Neglect or Assault on Children as a Major Issue by Gender



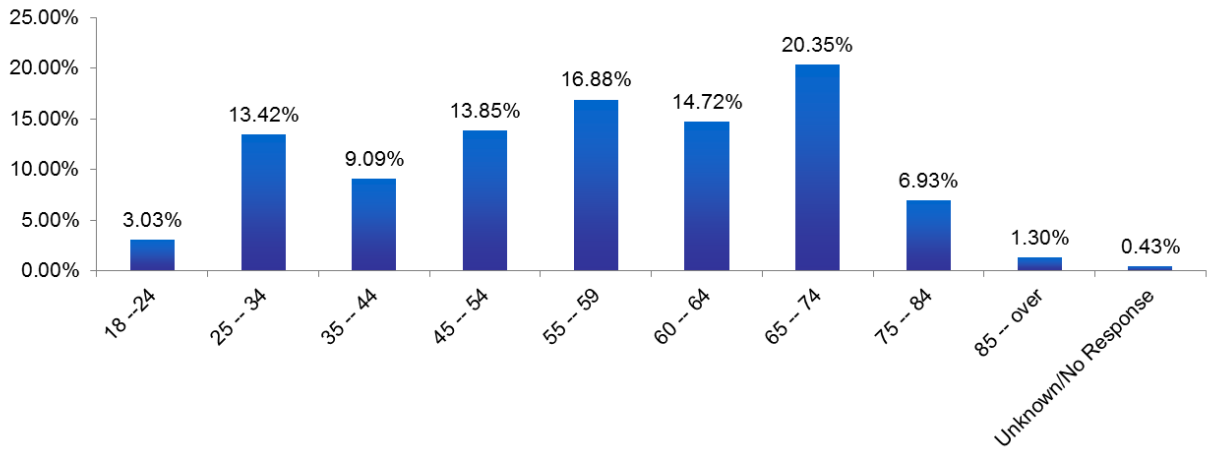
Abuse, Neglect or Assault on Children as a Major Issue by Occupation



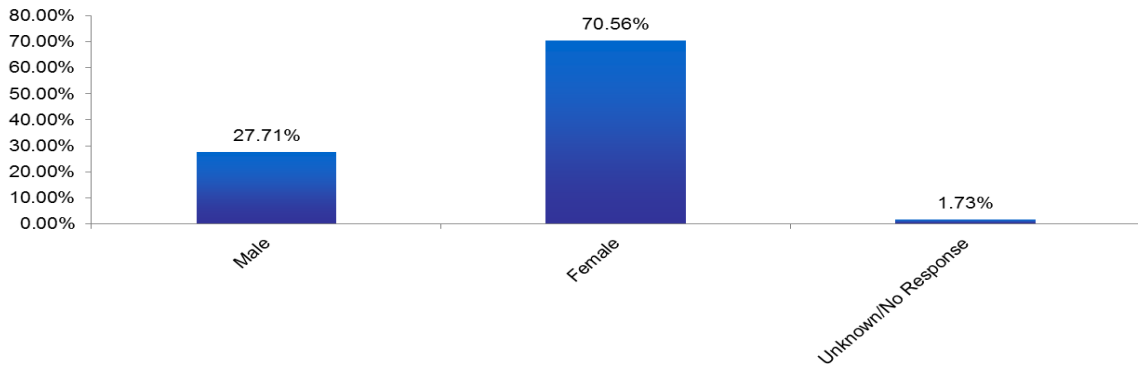
Illegal Drug Distribution as a Major Issue



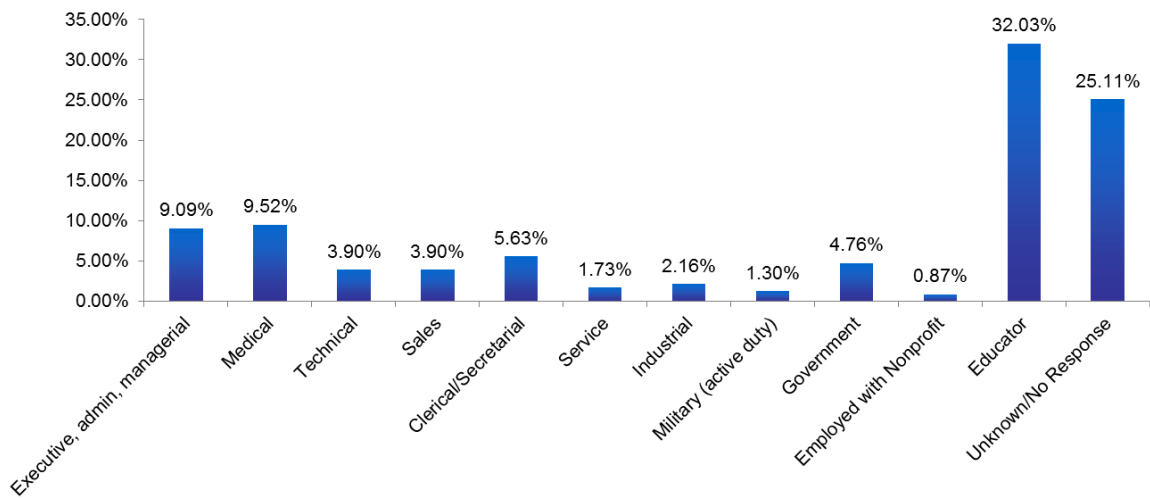
Illegal Drug Distribution as a Major Issue by Age



Illegal Drug Distribution as a Major Issue by Gender



Illegal Drug Distribution as a Major Issue by Occupation



Appendix A: How is the Standard Calculated?

HOW IS THE STANDARD CALCULATED?

The Self-Sufficiency Standard is the amount needed to meet each basic need at a minimally adequate level, without public or private assistance. The Standard is calculated for over 700 family types for all North Carolina counties. The data components and assumptions included in the calculations are briefly described below. For more details and the specific data sources for North Carolina, see *Appendix A: Methodology, Assumptions, and Data Sources*.



HOUSING. Housing costs are based on the U.S. Department of Housing and Urban Development Fair Market Rents (FMRs). FMRs include utilities, except telephone and cable, and reflect the cost of housing that meets basic standards of decency. FMRs are set at the 40th percentile, meaning that 40% of the decent rental housing in a given area is less expensive than the FMR and 60% is more expensive. FMRs within a multi-county metropolitan area are adjusted using Small Area FMRs.



CHILD CARE. Child care includes the expense of full-time care for infants and preschoolers and part-time—before and after school—care for school-age children. The cost of child care is calculated from market-rate costs (defined as the 75th percentile) taken from a state-commissioned survey by facility type, age, and geographic location. It does not include extracurricular activities, babysitting when not at work, or coverage for work beyond full time.



FOOD. Food assumes the cost of nutritious food prepared at home based on the U.S. Department of Agriculture Low-Cost Food Plan. The Low-Cost Food Plan was designed to meet minimum nutritional standards using realistic assumptions about food preparation time and consumption patterns. The food costs do not allow for any take-out or restaurant meals. Food costs are varied by county using Feeding America's *Map the Meal Gap* data based on Nielsen scans of grocery receipts.



TRANSPORTATION. The Standard assumes the cost of public transportation if 7% or more of workers use public transportation to get to and from work, however no counties in North Carolina meet this level. Private transportation costs are assumed for all counties in North Carolina. Private transportation costs assume the expense of owning and operating a car. Per-mile costs are calculated from the American Automobile Association. Commuting distance is computed from the National Household Travel Survey. Auto insurance premiums are the average statewide premium cost from the National Association of Insurance Commissioners index by county using premiums from top market share automobile insurance companies. Fixed costs of car ownership are calculated using Consumer Expenditure Survey amounts for families with incomes between the 20th and 40th percentile. Travel is limited to commuting to work and day care plus one shopping trip per week.



HEALTH CARE. Health care costs assume the expenses of employer-sponsored health insurance. Health care premiums are the statewide average paid by workers, for single adults and for families, from the Medical Expenditure Panel Survey. A county index is calculated from rates for the second-lowest cost Silver plan via the federal marketplace.



MISCELLANEOUS. Miscellaneous expenses are calculated by taking 10% of all other costs. This expense category consists of all other essentials including clothing, shoes, paper products, diapers, nonprescription medicines, cleaning products, household items, personal hygiene items, and telephone service. It does not include cable or internet service.



TAXES AND TAX CREDITS. Taxes include federal income tax, payroll taxes, and state and local sales taxes where applicable. Tax credits calculated in the Standard include: the federal Earned Income Tax Credit, Child and Dependent Care Tax Credit, and the Child Tax Credit. State tax credits include the North Carolina Child Credit.



EMERGENCY SAVINGS. Emergency savings is the amount needed to cover living expenses when there is job loss net of the amount expected to be received in unemployment benefits. The amount calculated takes into account the average tenure on a job and the average length of unemployment of North Carolina workers. In two-adult households, the second adult is assumed to be employed so that the savings only need to cover half of the family's basic living expenses over the job loss period.

To download the full report and data for all 700+ family types visit www.selfsufficiencystandard.org/north-carolina

HOW IS THE STANDARD USED?

- The Standard was cited in research and testimony in the successful campaign to raise the minimum wage in Seattle to \$15/hour (over several years, depending on establishment size), in support of the SeaTac (Washington) living wage ordinance (raising wages to \$15/hour for covered employees), and in support of the 2016 initiative to raise the statewide Washington State minimum wage to \$13.50/hour (by 2020, indexed thereafter).
- The Standard was used to design the unique Oregon statewide three-tiered minimum wage schedule, which raises the minimum wage (in steps, and then indexed) to three different levels, depending on the cost of living in the three areas in Oregon.

TARGETED ALLOCATION OF RESOURCES

The Self-Sufficiency Standard has been used to target job training resources on education/training that leads to self-sufficiency waged jobs. Using a targeted jobs strategy, the Standard helps to match job seekers with employment that pays Self-Sufficiency Wages. Through analysis it is possible to determine the jobs and sectors on which to target training and education resources, including training for occupations that are nontraditional for women and people of color.

- In Connecticut, the Self-Sufficiency Standard has been adopted at the state level since 1998. It has been used in planning state-supported job training, placement and employment retention programs, and has been distributed to all state agencies that counsel individuals seeking education, training, or employment. Connecticut's Permanent Commission on the Status of Women regularly uses the Self-Sufficiency Standard in legislative testimony.
- In California's Santa Clara County, the Self-Sufficiency Standard was used in a sectoral employment intervention analysis that focused on the availability of nontraditional jobs, the geographical spread of those jobs, the availability of training resources, and wage rates. The analysis led to a curriculum and counselor training package that targeted transportation jobs and provided \$140,000 to the community college system to explore how to strengthen preparation for these jobs.

POVERTY AND ECONOMIC INEQUALITY RESEARCH

Because the Standard provides an accurate and specific measure of income adequacy, it is frequently used in research. The Standard provides a means of estimating how poverty differs from place to place and among different family types. The Standard provides a means to measure the adequacy of various work supports, such as child support or child care assistance, given a family's income, place of residence, and composition.

- Rise Together Bay Area and Insight Center for Community Economic Development's report *Promoting Family Economic Security in the San Francisco Bay Area Region* included the Standard as a key benchmark in its economic models.
- In several states, the Standard has been used along with data from the U.S. Census Bureau to measure the number of families above and below the Standard, as well as by characteristics such as race, ethnicity, gender, family type, education, occupation, and employment. These demographic reports have been published by the Center for Women's Welfare for eight states, and the most recent of these reports demonstrates the impact of the Great Recession as measured by the Standard.

COMMUNITY INDICATOR

Community indicators and scorecards help communities to examine the well-being of residents. The Self-Sufficiency Standard provides communities with an indicator of the cost of living at a basic needs level and, in some communities, we have measured how many households are living below the Standard. These are also excellent educational tools for the public and government officials.

- The Dave and Lucille Packard Foundation includes the Self-Sufficiency Standard in Kidsdata.org, a database tool providing access to information about the health and well-being of children across California.
- The increase or decrease in the number of families living below the Self-Sufficiency Standard is included as an indicator of economic well-being in the Erie Vital Signs Dashboard.

THE STANDARD IN PRACTICE

For more descriptions of the ways organizations apply the Self-Sufficiency Standard in their work and links to examples, please visit www.selfsufficiencystandard.org/standard-practice.



**United Way of
Cumberland County
222 Maiden Lane
Fayetteville, NC 28301**

Phone: 910-483-1179

Fax: 910-483-5913

www.unitedway-cc.org