

YVEDDI

YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

COMMUNITY ASSESSMENT

2024 REPORT ON POVERTY

2024 COMMUNITY ASSESSMENT

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SECTION 1

EXECUTIVE SUMMARY

2024 COMMUNITY ASSESSMENT

Purpose

This document is designed to provide a robust and current source of strategic insights into the challenges hindering economic stability and self-sufficiency among the low-income communities in Davie, Stokes, Surry, and Yadkin counties in North Carolina. It is crafted following the principles of the Results Oriented Management and Accountability (ROMA) and the Mission Aligned Data Driven (MADD) Approach to Organizational Excellence.

The findings of this research are intended to serve as a foundational tool for guiding the organization's programs and initiatives. Its goal is to position the organization as a key player in coordinating community resources to effectively address the root causes and conditions of poverty, thereby enhancing the pathways to self-reliance and improving the overall quality of life for the residents.

Methodology

In order to provide the organization with the most comprehensive assessment possible, a variety of data types were collected and analyzed during the development of this product. Below is a summary of these data types, their sources, and the process used to translate the data into meaningful information.

- **Statistical Research**
  Statistical information was gathered through online research from more than five dozen unique data sources (see section 8) demonstrating federal, state, and local data. All data used in the study was the most recent available at the time of project development. Organizational data from the most recently completed CSBG Annual Report was integrated into quantitative research to provide statistics concerning the needs of individuals and families requesting assistance.

- **Surveys**
  Surveys were collected from various stakeholder groups to gain a well-rounded understanding of the community's needs and resources. A total of 453 surveys were gathered from board members (11), staff (38), volunteers (28), partners (12), vendors (2), local government representatives (15), representatives of local businesses and organizations (23), and community members (311). An additional 13 individuals participated in surveys that did not classify themselves.

  Among the respondents completing demographic data, the age distribution was as follows: 3.55% were aged 18-24 years, 26.04% were 25-44 years, 7.69% were 45-54 years, 6.21% were 55-59 years, 4.14% were 60-64 years, and 52.37% were 65 years or older. Regarding ethnicity, 12.14% identified as Hispanic and 87.86% as non-Hispanic. In terms of race, 9.79% identified as Black, 85.05% as White, and 5.15% as other races. The family types represented included single individuals (10.05%), traditional families (51.85%), two adults with no child (8.99%), single female parents (20.11%), single male parents (2.65%), custodial grandparents (2.65%), foster parents (0.53%), and other family structures (3.17%).

  A total of 205 individuals participated in the process that classified themselves as "low-income". This included 2 members of the governing body, 16 staff, 12 volunteers, 2 community partners, 2 local government representatives, 7 business/organization representatives, and 158 community members

- **Customer Data**
  Customer data was evaluated from the agency's most recently published annual report to provide a detailed picture of the individuals and families served by the organization.

- **Community Resource Data**
  Information concerning community resources was collected through web searches and feedback from staff members. This information was used, along with survey feedback from low-income residents, to identify potential gaps in service provision.

- **Data Analysis and Prioritization**

  The analysis and prioritization of resident needs and barriers to economic security are conducted using a robust, multi-faceted approach. This process begins with data collection from various sources, including surveys, statistical research, and organizational reports. By collecting five years' worth of data whenever possible, trends are identified to determine whether problems are improving or worsening over time. This longitudinal analysis helps to highlight persistent issues and emerging concerns.

  Local data is compared to state and national data to pinpoint areas where local situations are particularly problematic. For example, if a particular need shows a significantly higher rate in the region compared to state or national averages, it indicates a critical area requiring focused intervention. Additionally, county-level data within the region is compared to the regional averages, providing a detailed understanding of localized issues and disparities. This granular analysis allows for the identification of specific counties that may require targeted resources and support.

  Correlations between each of the metrics and poverty are also analyzed. This involves examining how factors such as food insecurity, housing instability, and access to healthcare relate to poverty levels. By understanding these relationships, the agency can better address the root causes of economic insecurity and develop more effective intervention strategies.

  Four specific metrics are normalized separately to ensure a balanced analysis: the number of individuals experiencing the need in the community, the number of survey respondents identifying the need as a primary concern, the number of survey respondents stating that they have experienced the issue, and the number of survey respondents who experienced the issue but could not find help. These metrics are then combined, and the total scores are normalized again, ensuring that each metric receives a one-quarter weight.

  This method provides a more comprehensive analysis by incorporating multiple perspectives and data points. By not relying on a single metric, this approach mitigates potential biases and ensures that the prioritization reflects a holistic view of community needs. For instance, if one were to rely solely on the number of individuals impacted, it might overlook the severity of unmet needs among those who could not find help. Conversely, focusing only on survey responses might not capture the full scope of the issue as reflected in statistical data.

  The multi-metric approach ensures that all relevant factors are considered, providing a nuanced understanding of the community's needs. It highlights the most critical issues based on a combination of statistical data, stakeholder input, and the urgency of unmet needs. This comprehensive method allows for strategic decision-making and resource allocation, ensuring that interventions are targeted effectively to address the most pressing concerns. Higher final scores indicate greater priority, reflecting the number of people impacted, the weighted importance of survey responses, and the critical nature of unmet needs. This multi-faceted analysis and prioritization process ensure that the most critical issues are identified and addressed strategically, promoting well-being and movement out of poverty.

Conclusion

Data indicates that 27,958 of the region's 196,435 local residents have incomes below the nationally recognized poverty level. This represents an estimated 13.82% of all individuals living in the area. Notably, this rate is higher than both the state (13.30%) and national (12.50%) averages. Over the past five years, this rate has decreased by 7.12%. While this indicates a positive change, the improvements are at a much slower pace than those experienced on the state (-13.64%) and national (-11.13%) levels.

The median income in the region stands at $59,218 annually, marking a commendable increase of 20.38%, surpassing the rate of inflation (+16.50%). While this is encouraging, it should be noted that Social Security increased by only 14.46% during this time, and the minimum wage income has not increased since 2009. As a result, households depending on these sources may be more at risk of economic insecurity, struggling to keep up with rising costs of living and potentially falling into poverty despite overall regional income growth.

Primary Conditions of Poverty

Although poverty may impact every household and community in a different way, survey data indicates that residents have the most difficulty with the following:

(1) Individuals are housing insecure (F)
(2) Individuals have poor mental health (F)
(3) Individuals are food insecure (F)
(4) Individuals are at risk of utility disconnection (F)
(5) Individuals have poor physical health (F)

Primary Causes of Poverty

The cause of the poverty problem in the county cannot be attributed to any single factor, but a complex combination of barriers that are deeply rooted in the lives of local residents and the infrastructure of the community. The most prevalent barriers preventing access to basic household needs, as identified by survey respondents, include the following:

(1) The community lacks an adequate number of safe and affordable housing units (C)
(2) Individuals have poor health (F)
(3) Individuals lack a living wage equivalent income (F)
(4) Individuals lack financial management skills (F)
(5) Individuals lack skills and qualifications for meaningful employment (F)

Primary Conditions of Poverty Explained

Individuals are housing insecure (F)
Housing insecurity is a significant issue, with 17,167 families spending over 30% of their income on housing costs, representing 21.65% of the population—more than double the poverty rate. Renters are especially burdened, with 37.03% facing housing cost burdens compared to 14.08% of homeowners. Moreover, 41.93% of cost-burdened households spend over half their income on housing.

The regional Fair Market Rent (FMR) for a 2-bedroom unit is $760 per month, requiring an annual income of $30,400 or $14.62 per hour. This is 60.48% of the income from a full-time minimum wage job. Larger families struggle to a greater degree, as a 4-bedroom unit costs $1,421 monthly, requiring an annual income of $53,496, close to the median household income of $59,218.

Homeownership is also challenging, with the median monthly mortgage cost at $1,222, requiring an income of $43,992. While lower than state and national averages, many households struggle to afford housing at these amounts.

Individuals have poor mental health (F)
Within the organization's service area, 26,823 adults (17.00%) suffer from frequent mental distress, exceeding the state average of 14%. Serious mental illness (SMI) affects 5.8% of adults, while 8.5% experience major depressive episodes (MDE). Suicidal thoughts are reported by 12.8% of adolescents and 4.7% of adults.

From 2010 to 2019, the prevalence of SMI increased by an average of 0.167% per year. However, from 2019 to 2022, this rate accelerated to an average annual increase of 0.40%, indicating a significant rise in mental health issues in recent years.

Mental health issues are more prevalent among low-income residents due to factors such as lack of access to healthcare, socioeconomic stress, and inadequate support systems. The majority of individuals accessing mental health care are unemployed and rely on Medicaid, highlighting the economic barriers to obtaining necessary treatment.

Poor mental health significantly impacts individuals' ability to maintain employment, engage in social activities, and manage daily life. Frequent mental distress and conditions like depression and suicidal thoughts are exacerbated by poverty, creating a cycle that is difficult to break without adequate resources and interventions.

The accelerated increase in SMI and suicidal thoughts in recent years underscores the need for enhanced mental health services, particularly for low-income communities. Addressing these issues requires a comprehensive approach, including improved access to mental health care, supportive services, and economic stability initiatives.

Individuals are food insecure (F)
Food insecurity, defined as the lack of reliable access to sufficient, affordable, nutritious food, has severe impacts on physical and mental health, particularly among low-income individuals. In 2022, 31,980 residents (16.00%) in the region experienced food insecurity, up from 13.32% in 2021. This includes 4,807 seniors, 7,660 children, and 19,513 working-aged adults.

Health impacts include nutritional deficiencies, stunted growth in children, weakened immune systems, and increased risks of chronic diseases like diabetes and heart disease. Seniors facing food insecurity are more likely to suffer from depression, asthma, congestive heart failure, and high blood pressure, contributing to over $130 billion in annual healthcare costs.

Children affected by food insecurity often perform poorly in school and exhibit behavioral problems, while adults may experience fatigue and cognitive impairments, reducing their productivity and ability to secure meaningful employment. The psychological stress of food insecurity leads to higher rates of depression and anxiety, further hindering individuals' efforts to escape poverty.

Individuals are at risk of utility disconnection (F)
Utility costs significantly impact a household's financial stability. In North Carolina, the average annual utility cost is $6,000, close to the national average. This includes electricity, natural gas, water, sewer, broadband, and streaming services. Electricity costs are $1,493 annually, consuming 9.90% of a minimum wage earner's income and 2.52% of the median income. Natural gas costs are higher in the state at $1,244.64 annually, taking up 8.25% of a minimum wage income and 2.10% of the median income. Water and sewer services cost $240 and $648 annually, respectively, while broadband costs $300 and streaming services $708 annually. Phone services cost $1,368 annually.

Combining these utility costs results in a monthly expense of $500.20, or $6,002.40 annually. For minimum wage earners, these costs consume 39.79% of their income. When adding the median mortgage payment of $14,664 annually or the median rent of $9,120 annually, the financial burden becomes severe, particularly for low-income families. For instance, a minimum wage earner's combined annual expenses for utilities and median rent exceed their entire annual income, highlighting the risk of utility disconnection and housing insecurity.

Individuals have poor physical health (F)
In the region, 25,214 adults (16.00%) report poor to fair health, and 19,000 (12%) experience frequent physical distress. Major health conditions include obesity (36.50% of adults), diabetes (10%), and high blood pressure. These conditions are strongly linked to the leading causes of death, such as heart disease and cancer.

Low-income residents are particularly affected by these health issues due to limited access to healthcare, nutritious food, and opportunities for physical activity. The uninsured rates are notably high among those earning less than $50,000, which exacerbates their health problems by restricting access to necessary medical care and preventive services.

Poor lifestyles associated with poverty, such as inadequate diet and lack of exercise, further contribute to the prevalence of chronic diseases. These factors not only lower the quality of life but also increase the risk of severe health complications and mortality among low-income individuals. Addressing these issues requires improved healthcare access, preventive care initiatives, and support for healthier lifestyle choices to mitigate the health disparities faced by low-income communities.

Primary Causes of Poverty Explained

The community lacks an adequate number of safe/affordable housing units (C)
Data indicates that there are 90,744 housing units available for the region's 79,301 households, suggesting a surplus of 11,443 units. However, nearly half (45.73%) of these homes are more than 40 years old, presenting challenges in maintenance and upgrades to meet modern safety and energy efficiency standards. Older homes often require significant renovations to address issues like asbestos, lead, mold, and outdated electrical systems, which can pose health and safety risks.

As a result, more than one-fifth (21.30%) of all housing units, totaling 19,325, are considered substandard. When these substandard units are excluded, the community faces a deficit of 7,882 housing units, indicating that many households are living in inadequate conditions.

Renters are particularly affected, with 41.00% of the region's 19,146 rental units classified as substandard. Among these, 53.57% have more than one severe condition, highlighting critical safety and habitability issues. In contrast, 16.03% of owner-occupied units are substandard, with 48.28% of these having multiple severe conditions. Renters are thus more than two and a half times as likely to live in substandard housing and nearly three times as likely to live in units with severe conditions compared to owners.

Individuals have poor health (F)
In the region served by the organization, 16.00% of local adults (25,214 individuals) have poor to fair health, and 19,000 adults (12%) experience more than 14 days of physical health distress each month. These rates are higher than state and national averages, indicating a significant health burden.

Health issues such as heart disease, cancer, and diabetes are prevalent among low-income residents due to limited access to healthcare and unhealthy lifestyles. These conditions not only reduce life expectancy but also impede the ability to secure meaningful employment, thus trapping individuals in a cycle of poverty.

Frequent mental distress affects 17.00% of adults (26,823 individuals), higher than the state average of 14%. This mental health burden, including increasing rates of serious mental illness (up 87.1% since 2010) and suicidal thoughts, significantly impacts productivity and economic stability.

Behavioral risks, including smoking (19.00% of adults), excessive drinking, insufficient sleep, and physical inactivity, exacerbate poor health outcomes. These behaviors are more common among low-income individuals, who face barriers to adopting healthier lifestyles, further hindering their ability to improve their economic situation.

Further, nearly one fifth, or 18.13%, of the local population (36,620 individuals) was noted as being disabled. Disabilities limit employment opportunities and increase healthcare costs, making it difficult for affected individuals and their families to achieve financial stability.

Individuals lack a living-wage equivalent income (F)
There are 27,956 low-income individuals in 8,287 households throughout the evaluated region, resulting in a poverty rate of 13.82%. This rate is higher than both the state average of 13.30% and the national average of 12.50%, indicating significant financial challenges for many residents.

The population with the highest risk of living in poverty are Multi-Racial (26.18%), Hispanic (25.66%), females (15.07%), living in single-parent households (32.85%), with five or more children (58.65%) who are in both pre-school and school-aged (26.73%).

Examining the incomes of local residents, the regional median stands at $59,218 annually, which reflects a 20.38% increase over the past five years. However, this amount remains significantly lower than the national average of $75,149. Within the region, Davie County has the highest median income at $69,105, while Surry County has the lowest at $52,743. There are also notable disparities among different demographic groups: White households earn an average of $60,867 annually, American Indian households $30,171, Black households $33,889, and Hispanic households $53,285. Single mothers face particular economic hardship, with a median income of just $26,437.

Comparing these median incomes to living wage requirements reveals further challenges. For one adult with no children, the living wage is $39,749 annually, while one adult with two children needs $82,493. A single mother with two children, earning $26,437, would need to work an impossible 218.04 hours per week at the federal minimum wage of $7.25 to meet this living wage. This stark contrast highlights the severe economic strain on single-parent households, particularly those led by women.

When considering inflation, which increased by 16.50% over the past five years, the median income increase of 20.38% suggests some improvement in real terms. However, Social Security income increased by only 14.46%, from $19,311 in 2018 to $22,103 in 2022, lagging behind inflation and making it difficult for beneficiaries to maintain their purchasing power.

Individuals lack financial management skills (F)
Numeracy, the ability to perform basic arithmetic and interpret mathematical information, is crucial for effective financial management. According to the National Center for Educational Statistics (NCES), adults who are not functionally numerate struggle with tasks like counting, sorting, and understanding simple graphs. This deficiency significantly impacts their employability and financial management skills, making it challenging to manage household budgets and make informed financial decisions.

Regional data from 2013 to 2017 reveals that 34.50% of the population, or 55,753 individuals, are numeracy deficient. This substantial number underscores the urgent need for targeted numeracy programs and interventions.

In individual counties, Yadkin has the highest numeracy deficiency rate at 38%, affecting 11,596 people. Surry follows closely at 37%, impacting 21,522 individuals. Stokes has a rate of 34%, affecting 12,768 individuals, while Davie has the lowest rate at 29%, with 10,256 individuals lacking essential numeracy skills.

The correlation between numeracy skills and poverty is evident. Individuals lacking numeracy skills are less able to manage their income effectively, which limits their job opportunities and ability to handle financial responsibilities. This directly contributes to higher poverty rates, as they struggle with budgeting, understanding financial products, and making informed economic decisions. Addressing numeracy deficiencies through targeted programs can enhance financial management capabilities, improve employability, and reduce poverty in the region.

Individuals lack skills and qualifications for meaningful employment (F)
In the region, 19,949 individuals lack a high school diploma, facing the highest unemployment rate at 10.88% and the lowest median earnings of $29,749. This results in a poverty rate of 24.68%. The most affected age groups are senior citizens (24.09% without a diploma) and individuals aged 45 to 64 (16.01%), with the largest number of residents without a high school diploma being between ages 45 and 64 (9,412).

Racial disparities are evident, with the highest educational barriers among Other Race (59.27% without a high school diploma) and Pacific Islander populations (32.08%). The Black population has 22.59% lacking a high school diploma, and the American Indian population has 23.11%.

Literacy challenges are also significant, with 23.00% of the regional population, or 37,169 individuals, identified as literacy deficient. Surry and Yadkin counties have the highest rates of literacy deficiencies at 26%.

Language barriers were also noted as impacting economic opportunities, with 14,950 residents speaking a language other than English at home, and 5,397 of these individuals facing language barriers. Spanish speakers form the largest group with language challenges, comprising 4,996 individuals. Vietnamese speakers have the highest percentage of language barriers at 53.64%.

The correlation between educational attainment, literacy, and language proficiency with poverty is clear. Individuals without a high school diploma are more likely to face unemployment and lower median earnings, directly contributing to a higher poverty rate. For those with literacy deficiencies, limited ability to read and write restricts access to better-paying jobs and educational opportunities, perpetuating economic hardship. Similarly, individuals with language barriers, particularly those who speak Spanish or Vietnamese, struggle to secure stable employment and earn competitive wages, further entrenching them in poverty. These interconnected issues underscore the need for comprehensive educational and language support programs to break the cycle of poverty and enhance socio-economic outcomes in the region.

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COMMUNITY ASSESSMENT

2024 REPORT ON POVERTY



SECTION 2

KEY FINDINGS

Key Point Summary

2024 Community Assessment

Prioritized Poverty Conditions

1. *Housing insecurity*
2. *Poor mental health*
3. *Food Insecurity*
4. *Risk of Utility Disconnection*
5. *Poor Physical Health*



Demographics

- 2022 Population: 196,435 (-0.62%)
- 2022 Households: 79,301 (-0.54%)
- 2022 Births: 1,896
- 2022 Deaths: 2,896
- 2022 Inward Migration: 9,233
- 2022 Outward Migration: 7,566

Population Summary:
45 year-old, White (88.18%), Non-Hispanic (91.20%), Females (50.83%)

Income & Poverty

- Low-Income individuals: 27,956 (-7.12%)
  - Deep Poverty: 11,053
  - 125% Poverty: 36,826
  - 200% Poverty: 66,623
- Poverty Rate: 13.82%
- Median Income: $59,218 (+20.38%)
- Inflation: +16.50%

- Cost of Living
  - 1 Adult/0 Child: $39,749
  - 1 Adult/2 Child: $82,493
  - 2 Adult/0 Child: $55,468
  - 2 Adult/2 Child: $75,390

Employment

- Labor Force: 92,987 (+0.72%)
- Unemployed: 4,611 (+9.92%)
- Unemployment Rate: 4.96%
- Jobs: 60,077
- Median Wage: $47,568
- Working Poor: 5,649

Prioritized Barriers

1. *Lack of safe and affordable housing*
2. *Poor health*
3. *Lack of living wage income*
4. *Lack of financial mgmt skills*
5. *Lack employment skills*

Highlights

- No Diploma: 7,114
- Literacy Deficient: 37,169
- Numeracy Deficient: 55,753
- Language Barriers: 5,397
- Average School Proficiency: C
- Childcare Deficit: 4,464
- Safe Housing Deficit: 7,882
- Housing Cost Burdened HH: 17,167
- Median Rent: $9,120
- Median Mortgage: $14,664
- Median Utilities: $6,000
- Eviction Rate: 4.17%
- Homeless: 28 (-66.27%)
- Poor Health: 25,214
- Frequent Physical Distress: 19,000
- Frequent Mental Distress: 26,823
- Disabled: 35,620
- Life Expectancy: 75.33 Years
- Uninsured: 21,550 (-10.66%)
- Food Insecure: 31,980 (+17.79%)
- No Vehicle HH: 3,515 (-8.75%)

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POVERTY PERSONAS



Sarah Williams

Sarah Williams, a 27-year-old single mother in Yadkin County, works as a home health aide, earning a modest income of $20,000 annually without benefits. She lives in a small apartment, where high rent and utility costs strain her finances. Her 4-year-old son attends a Head Start program, but finding affordable childcare outside of program hours is challenging. Without a car, Sarah relies on limited public transportation, affecting her job stability and access to healthcare. She faces high stress levels, often neglecting her own health to ensure her son's needs are met.

The Ramirez Family

Maria and Jose Ramirez are a Hispanic couple in their late 30s living in Surry County with their three children, ages 4, 8, and 11. Jose works full-time in construction, earning $28,000 annually, while Maria works part-time as a cleaner, earning $12,000 per year, bringing their household income to $40,000. They live in a small, aging rental home that requires frequent repairs and struggle with high utility bills. Despite their combined efforts, their income is insufficient to cover all expenses, and they often face food insecurity, relying on SNAP benefits and local food banks. Their children benefit from the Head Start program and local public schools, but the cost of additional childcare is a significant burden. Transportation is a constant challenge, as they share an old, unreliable car that frequently breaks down, affecting their ability to work and access essential services.





Linda Thompson

Linda Thompson is a 68-year-old retired factory worker living alone in Stokes County. She relies on Social Security benefits of $15,000 per year to cover her living expenses. Linda lives in an old mobile home that needs frequent repairs, and she struggles to afford her utility bills and medication costs. With limited mobility and no access to a reliable vehicle, Linda depends on community transportation services to get to medical appointments and buy groceries. Food insecurity is a constant issue, and she often visits local food banks to supplement her diet. Linda's isolation is compounded by her health issues, including diabetes and high blood pressure, which require regular medical attention that she sometimes skips due to transportation challenges.

Demographics

The combined population of Davie, Stokes, Surry, and Yadkin counties in North Carolina totals approximately 196,435 residents as of 2022. The largest portion of the population resides in Surry County, which has 71,429 residents, accounting for more than one-third of the region's population.

The demographic composition showcases a slight female majority, with 99,851 females compared to 96,584 males, resulting in a gender ratio of 97 males for every 100 females. Over the past five years, the number of females has decreased by 1.41%, while the number of males has increased by 0.21%, leading to a narrowing gender gap of 1.62%.

Racially, the population is predominantly White, constituting 88.18% of the residents, although this group has seen a decrease of 4.07% over the past five years. In contrast, the Multi-Race population has experienced substantial growth, increasing by 207.02%. Other racial groups include Black or African American (3.87%), Asian (0.42%), American Indian (0.35%), and Pacific Islander (0.02%). The Hispanic demographic has expanded to 8.80% of the local populace, reflecting a growth of 10.97% over the same period. Additionally, the number of foreign-born residents has increased to 9,030, with non-citizens accounting for 5,889 of this population, representing 65% of the foreign-born residents.

Over the past five years, the region's overall population has seen slight fluctuations. The population trend showed a decrease of 0.62%, with a notable decline between 2020 and 2021, where the population dropped from 197,724 to 195,768, marking a change of -0.99%. However, the population experienced a slight increase of 0.34% in 2022, indicating signs of recovery and a return to growth.

Migration patterns significantly influence these population changes. The region saw a net migration gain with 9,233 people moving in and 7,566 moving out, contributing to overall population growth despite natural decreases due to more deaths than births. This net migration gain offset the natural decrease resulting from 1,896 births and 2,896 deaths.

Age-wise, the median age of the population has increased from 44.73 years in 2018 to 45.23 years in 2022, indicating an aging population. The largest age group is Middle-Aged adults (35-54 years), comprising 24.77% of the population, followed by Seniors (65+ years) at 21.06%. The population of school-aged children (5-17 years) has declined by 3.90%, while the number of young children (<5 years) has decreased by 1.63%.

Household data shows that there are approximately 79,301 households in the region, with an average household size of 2.46, which remains unchanged over the past five years. The number of single female-headed households has increased by 1.83%, and single male-headed households have grown by 3.02%. Cohabitating couple households have experienced a significant increase of 18.52%, while married couple households have decreased by 6.18%.

Overall, the region exhibits a trend towards greater racial and ethnic diversity, an aging population, and a slight narrowing of the gender gap. Understanding these demographic shifts is crucial for effective community planning and resource allocation, ensuring that the evolving needs of the population are met effectively. Addressing the increasing demand for healthcare and age-related services for the growing senior population and fostering inclusive and culturally appropriate programs for the diversifying community will help create a balanced and resilient region that supports all its residents.

Poverty

During the most recent Census study, it was estimated that 27,956 residents, or 13.82% of the population, live below the national poverty level. This rate is higher than both the state average of 13.30% and the national average of 12.50%.

Surry County has the highest poverty rate in the region at 17.90%, with 12,615 individuals living in poverty. Yadkin County follows with a poverty rate of 13.80%, Stokes County at 12.00%, and Davie County at 11.60%. Although Davie County has the lowest poverty rate in the region, it still surpasses the state and national averages.

Over the past five years, the region has experienced a net decrease in poverty rates, dropping from 14.88% in 2018 to 13.82% in 2022. While this indicates positive change, the rate of improvement is slower compared to the state (-13.64%) and national (-11.13%) averages. Davie County experienced the most significant reduction, decreasing its poverty rate by 15.33%, from 13.70% in 2018 to 11.60% in 2022. Conversely, Surry County saw an increase in poverty, with rates rising by 5.92%, indicating worsening economic conditions in that area.

Gender disparities in poverty are evident, with females comprising 55.37% of the low-income population. The poverty rate among females is 15.07%, compared to 12.55% for males. Despite improvements for both genders over the past five years, the gap between male and female poverty rates has widened by 8.62%, highlighting the need for gender-specific interventions to address economic disparities.

Age-wise, children under five years old are most likely to live in poverty, with a rate of 21.75% in 2022. The poverty rate for children aged 5-17 is 19.68%, down from 22.68% in 2018. Young adults aged 18-34 have a poverty rate of 15.82%, while adults aged 35-64 have a rate of 11.68%. Seniors aged 65 and older saw an increase in their poverty rate, rising from 8.80% in 2018 to 9.88% in 2022, reflecting growing economic vulnerability among the elderly.

Racial disparities are also significant. Whites, who make up the majority of the population, account for 80.19% of the low-income population. However, minority groups face higher poverty rates: 23.30% for Black residents, 22.13% for those identifying as "Other Race," 18.40% for Pacific Islanders, 16.05% for American Indians, and 10.70% for Asians. Multi-Racial individuals have the highest poverty rate at 26.18%. Over the past five years, all racial groups except Blacks saw decreases in their poverty rates. The Black population experienced an increase in poverty, rising from 19.60% in 2018 to 23.30% in 2022.

Hispanics, who represent 8.80% of the population, have a poverty rate of 25.66%. Although their overall number increased by 9.22% over the past five years, their poverty rate decreased significantly by 17.36%, indicating improved economic conditions for this group.

The median income for the region is $59,218 annually, which is significantly lower than the national average of $75,149. Median incomes vary by race, with White households earning $60,867 annually, compared to $33,889 for Black households and $30,171 for American Indian households. Single-parent households, particularly those headed by females, face severe economic challenges. The median income for single mothers is $26,437, which is substantially lower than the living wage required for households with children.

Employment

The total labor force in the region includes 92,987 residents, representing 58% of all individuals aged 16 and above. Over the past five years, the labor force in the region experienced a modest increase of 0.72%, peaking at 93,896 in 2020. Despite this growth, the regional improvements lagged behind state and national trends, with the state labor force growing by 2.94% and the national labor force by 2.71%.

The regional unemployment rate stands at 4.96%, which is comparable to the statewide average of 4.98% and better than the national average of 5.29%. However, there are significant variations among the counties. Davie County has the lowest unemployment rate at 4.54%, indicating a relatively strong labor market. Surry County follows with an unemployment rate of 4.85%, and Yadkin County at 5.22%, both below the national average. Stokes County, however, faces a higher unemployment rate of 5.33%, suggesting more significant employment challenges.

Over the past five years, the region's unemployment rate has shown a significant upward trend, increasing by 9.25%. The COVID-19 pandemic had a profound impact, causing a drastic increase of 5.21% between 2020 and 2021. Although the growth rate slowed in 2022, it still recorded a 2.27% rise, which is significantly faster than the pre-pandemic one-year average increase of 0.77%.

Racial disparities in unemployment are evident. The "Other Race" category has the highest unemployment rate at 8.60%, followed by Multi-Racial individuals at 6.83%, and Black individuals at 5.95%. White individuals have an unemployment rate of 4.70%, while American Indians are at 3.60%. The Hispanic community faces a higher unemployment rate of 6.33%, which increased by 35.55% over the past five years, highlighting the growing economic challenges faced by this group.

Age-wise, the highest unemployment rate is among the youngest age group, 16-19 years, at 15.88%. The rates for those aged 20-24 (6.53%), 25-29 (7.25%), and 30-34 (7.47%) are also relatively high, reflecting job instability common in the early stages of careers. Unemployment rates decrease significantly in the 45-54 age group, which has the lowest rate at 1.75%. However, the rate rises again for those aged 55-59 (4.70%), likely due to age discrimination and difficulties transitioning to new roles.

Gender disparities are also present, with the unemployment rate among males at 4.83%, slightly higher than the 4.45% observed for females. This difference suggests a marginally higher likelihood of unemployment among men, possibly due to the susceptibility of male-dominated industries like manufacturing and construction to economic downturns.

Under-employment is a critical issue, with 5,649 members of the local labor force earning wages below the nationally recognized poverty level. This represents 6.22% of all workers and more than three-quarters (77.30%) of all able-bodied adults living at the poverty level. The median wage in the region is $47,568, which falls short of meeting the cost of living for any household configuration other than a single adult without children. The living wage for a single adult with two children is $82,493, and for a traditional family of four, it is $75,390, far exceeding the median wage.

The job market in the region is characterized by a substantial gap between the labor force and the number of available jobs. The labor force consists of 92,987 individuals, whereas the number of jobs available within the region is significantly lower at 60,077, leaving a deficit of 32,910 jobs. This shortfall suggests that many residents must seek employment outside the region, exacerbating issues related to commuting and work-life balance.

The manufacturing industry is the largest employer, with 11,307 jobs, accounting for 18.82% of total employment in the region. The retail industry follows, employing 8,085 individuals, or 13.46% of the total jobs. The health and social services sector is also significant, with 6,937 jobs making up 11.55% of the region's employment. Many of these positions require specific educational backgrounds and certifications.

Adult Education & Skills Development

In the region, there are 19,949 individuals without a high school diploma. This group faces the highest unemployment rate at 10.88% and the lowest median earnings at $29,749, resulting in a poverty rate of 24.68%. This significant portion of the population highlights the urgent need for educational interventions to improve their socio-economic outcomes. On the other hand, individuals with a high school diploma, who represent the largest group with 46,353 people, experience an unemployment rate of 5.83% and median earnings of $34,039, with a poverty rate of 14.70%.

Educational attainment beyond high school substantially improves economic outcomes. Individuals with some college education or an associate degree have an unemployment rate of 2.90%, median earnings of $40,422, and a poverty rate of 9.15%. Those with a bachelor's degree, numbering 17,860 individuals, have an even lower unemployment rate of 2.20%, median earnings of $55,868, and a poverty rate of 4.05%. The highest educational attainment in the region is among 8,476 individuals holding a graduate degree, with median earnings of $61,840 and a poverty rate of 4.05%.

Over the past five years, there have been significant improvements in educational attainment. The percentage of individuals without a high school diploma and those with some high school but no diploma has decreased significantly, by 21.62% and 22.20% respectively. Concurrently, there have been notable increases in the percentages of individuals with higher education degrees, including an 8.49% increase in those with some college education, a 15.18% increase in those with bachelor's degrees, and a 15.33% increase in those with graduate degrees. These changes indicate a trend towards higher educational attainment within the community.

When evaluating educational attainment by age group, senior citizens have the highest percentage without a diploma at 24.09%, followed by residents aged 35-44 at 16.80%, and those aged 45-64 at 16.01%. The largest portion of residents without a high school diploma is between the ages of 45 and 64, totaling 9,412 individuals. This data suggests that older adults are a critical target group for educational programs.

Disparities also exist across racial groups. While the White population has the smallest rate of educational barriers, with 17.29% lacking a high school diploma, other groups face greater challenges. The Black population shows a higher rate of educational barriers at 22.59%, the American Indian population at 23.11%, and the Pacific Islander population at 32.08%. The group categorized as Other Race has the highest rate of educational barriers at 59.27%. These disparities highlight the need for targeted educational programs to support groups with the highest percentages of individuals lacking high school diplomas.

Literacy and numeracy deficiencies also pose significant barriers to economic security. The regional data indicates that 23.00% of the population is literacy deficient, totaling 37,169 individuals. High rates of literacy deficiencies, particularly in Surry and Yadkin counties, underscore the urgent need for comprehensive literacy programs. Numeracy deficiencies are even more widespread, with 34.50% of the population identified as numeracy deficient, totaling 55,753 individuals. Yadkin and Surry counties exhibit the highest numeracy deficiency rates, emphasizing the need for targeted numeracy interventions.

Language proficiency barriers further compound these issues. In the region, 14,950 residents speak a language other than English at home, with 5,397 identified as having potential language barriers. Spanish speakers constitute the largest group facing language barriers, with 4,996 individuals experiencing challenges. High percentages of speakers with barriers are also noted among Vietnamese (53.64%), Other (45.00%), and Spanish (43.04%) speakers. Addressing language proficiency barriers is essential for improving the employment prospects and economic stability of non-English speakers in the region.

The survey revealed various hindrances that residents face in improving their education and skills. Transportation was frequently mentioned, with 13 respondents citing the lack of transportation as a significant obstacle to accessing educational resources. Additionally, the lack of childcare was identified as a barrier by several respondents, making it challenging for parents, especially single parents, to attend classes or training sessions.

Child/Youth Education

The region is served by 35 schools, catering to the needs of approximately 30,460 school-aged children as of 2022. Over the past five years, there has been a consistent decline in the school-aged population, dropping from 31,900 in 2018 to 30,460 in 2022, representing a cumulative decrease of 4.51%. This trend underscores the need for strategic educational planning and resource allocation to adapt to the changing demographic landscape.

School district proficiency scores for 2019 reveal that Davie, Stokes, Surry, and Yadkin counties generally have graduation rates close to or above the regional average of 89.73%. However, college and career readiness rates vary significantly. Elkin City Schools in Surry County stand out with a grade of B, the highest graduation rate (92.70%), and the highest college/career readiness rate (76.30%). In contrast, Mount Airy City Schools and Stokes County Schools have lower college and career readiness rates, indicating areas needing targeted improvement.

Teacher qualifications across the region are strong, with high percentages of experienced educators in all counties, ranging from 89.2% in Surry to 93.1% in Stokes, suggesting a solid foundation for quality education and student support. However, limited English proficiency poses an educational challenge, with 4.93% of the student population identified as having limited English proficiency. Surry County has the highest number of such students, representing 29.02% of the county's student population.

Access to technology is generally good, with Stokes County having the most favorable student-to-device ratio of 0.5. Despite this, issues such as suspensions and expulsions disproportionately affect economically disadvantaged students and students of color, with notable disparities in suspension rates. For instance, in Yadkin County, Black students face the highest rate of in-school suspensions at 510.95 per 1,000 students. Bullying remains a pervasive issue, with Yadkin County reporting the highest rate at 28.88 per 1,000 students. Bullying exacerbates challenges associated with poverty, leading to increased absenteeism, lower academic performance, and mental health issues.

Childcare/Early Education
The region has 9,512 young children but faces a significant childcare capacity shortfall with only 5,048 available slots, resulting in a deficit of 4,464 slots. Sixty percent of census tracts in the area are identified as childcare deserts, highlighting substantial gaps in availability.

The financial burden for childcare is considerable, with the average annual cost of infant care in North Carolina at $9,480, consuming 17.8% of a median family's income, well above the 7% affordability threshold. High childcare costs and limited availability prevent many parents from working or pursuing education, thus perpetuating the cycle of poverty.

Survey respondents frequently cited childcare costs and availability as major barriers to employment and education. In response, the organization operated 18 Head Start classrooms and 14 sites in FY 2023, serving 332 children to remove educational barriers and promote school readiness.

Transportation
Transportation significantly impacts residents' access to employment, education, healthcare, and essential services in Davie, Stokes, Surry, and Yadkin counties. The region experienced a decline in households without vehicles, from 3,852 in 2018 to 3,515 in 2022, indicating improved vehicle ownership. However, 3,515 households remain without a vehicle. Among these, 845 were noted as having at least one worker in the home. Further, 1,594 households have more workers than vehicles, resulting in 2,753 households having a transportation barrier to employment.

According to census data, public transportation in the region is limited, with only 175 residents using it in 2022, down from 187 in 2018. Nearly half of the labor force commutes outside their county for work, with the average commute time increasing from 27.15 minutes in 2018 to 28.15 minutes in 2022, higher than state and national averages. Transportation costs, including vehicle maintenance, insurance, and fuel, are prohibitive, limiting residents' ability to maintain reliable transportation.

Survey feedback highlighted transportation costs and availability as major barriers to employment and education. One participant stated, "The cost of transportation services are often too much for my clients to use," while another noted, "Most won't hire you with no transportation," illustrating the direct link between transportation access and job security.

In 2023, the regional transportation system provided 97,471 trips, supporting various essential activities such as employment, education, healthcare, and more. Addressing these transportation challenges through improved public transit, affordable transportation services, and better infrastructure is crucial for enhancing the economic stability and quality of life for residents.

Housing
The region has 90,744 housing units to accommodate the 79,301 local households, indicating a surplus of 11,443 units. However, a significant 21.30% of the units are substandard, including 7,850 rental units (41% of rentals) and 11,475 owner-occupied units (16% of owned homes). As a result, there is effectively a shortage of 7,882 safe housing units.

Affordability is also a major concern, with 21.65% of families being housing cost burdened. Renters are twice as likely to be cost burdened (37.03%) compared to owners (14.08%). The median rent is $846 per month, and the median mortgage payment is $1,222 per month, placing substantial financial pressure on low-income families. Additionally, the average annual utility cost in North Carolina is $6,002.40, which further exacerbates the financial burden, making housing costs unaffordable for many, especially those earning minimum wage.

Homelessness remains a concern, with 71 individuals identified in 2022, a decrease from 83 in 2018, indicating some improvement. Eviction rates, although lower than state averages, still impact housing stability. In 2018, there were 897 eviction filings, resulting in 772 actual evictions, indicating significant housing insecurity for affected households.

Health

While data indicates that 84% of the region's adults have good health, there are an estimated 25,214 residents with poor health. Among these, 19,000 were noted as having frequent (more than 14 days per month) physical distress. The local life expectancy is 75 years, which is lower than the state average of 76.3. Residents of some communities, like Yadkin and Surry counties (74.4 and 74.5 years respectively), were noted as having lower lifespans, while the lifespan in Davie County was 77 years, nearly as high as the average of the nation's best communities.

In terms of healthcare providers, the region faces shortages, with a physician-to-patient ratio of 3,010:1, a dentist-to-patient ratio of 4,010:1, and a mental health provider ratio of 1,125:1. These ratios are significantly higher than the state averages, indicating limited access to healthcare services.

Regarding disabilities, the region is home to 35,620 disabled residents, comprising 2,672 children, 17,615 adults, and 15,333 seniors. Disabilities include ambulatory (55.28%), cognitive (36.32%), independent living (34.54%), hearing (27.88%), vision (15.83%), and self-care (18.91%) conditions.

There are 21,550 uninsured residents, constituting 10.90% of the population. This uninsured rate is higher than both the state and national averages, exacerbating access barriers to healthcare. Lack of insurance is correlated with income level, education level, and employment status, further highlighting the complex interplay of health and socioeconomic factors.

Nutrition

In 2022, food insecurity affected 31,980 individuals in the region, representing a significant challenge for many residents. Over the past five years, the food insecurity rate fluctuated, peaking at 16.00% in 2022, up from 13.32% in 2021. Among those affected, 7,660 were children, 4,807 were seniors, and 19,513 were working-aged adults, indicating that food insecurity touches all age groups within the community.

Children are particularly vulnerable, with 18.93% experiencing food insecurity in 2022, a notable increase from previous years. This issue is severe in counties like Surry, where 20.70% of children were food insecure, reflecting broader trends seen across the region. For seniors, food insecurity stands at 11.62%, which translates to significant health risks and higher healthcare costs. Working-aged adults also face considerable food insecurity, contributing to the overall economic instability of affected households.

The average cost of a meal per person in the region is $3.82. For a family of four, this equates to $1,394 per month or $16,731.60 per year, representing 28.25% of the median household income and surpassing the total annual minimum wage income. This high cost underscores the financial burden on economically disadvantaged households, who often must rely on external subsidies to meet their nutritional needs.

The Supplemental Nutrition Assistance Program (SNAP) is a crucial resource for many, with 11,211 households, or 14.14% of the population, receiving benefits. This number has grown by 2.47% over the past five years. However, the average SNAP benefit of $1.71 per person per meal falls short of the required amount, covering less than half the necessary nutritional costs. For seniors, the situation is more dire, with an average benefit of only $1.17 per person per meal, and 20% of seniors receiving just $0.17 per meal, highlighting a significant gap in support for the most vulnerable populations.

Family Relationships
Over the past five years, data indicates that a number of family improvements were experienced in the region. This includes a decrease in unwed mother births (-2.34%), custodial grandparent households (-12.81%), and foster children (-2.24%).

While this is encouraging, it should be noted that the number of domestic violence deaths has increased by 26.32% during the same period, and Surry County experienced an increase of 56.78% in foster children. Further, the presence of 4,117 single-parent households and 1,743 custodial grandparents indicates a need to continue support for these vulnerable households.

Community
Data indicates that 82.93% of all North Carolina residents spend time with family and friends frequently, and the state ranks 19th in terms of residents spending time with neighbors, indicating the community values social connections and relationships, promoting a sense of belonging and interconnectedness among its members. In addition, 47.6% of all North Carolina residents engage in charitable giving, showcasing a spirit of generosity and altruism. The community also benefits from a 38.49% decline in the index crime rate from 2021 to 2022, contributing to a sense of safety and security for residents. Finally, there are 11,921 veterans in the region, reflecting an ultimate form of community engagement.

In contrast to these positive factors, volunteerism declined from 26.0% in 2015 to 22.8%. This is a concerning trend earning a rank as 34th in the nation, indicating the need for renewed efforts to encourage and support volunteer initiatives within the community. Additionally, the percentage of North Carolina residents donating to charitable organizations (47.6%) reflects a decrease from the 53.3% reported in 2015, signifying the possible impact of increasing inflation and unemployment rates. Furthermore, the relatively low percentage (45.7%) of North Carolina residents voting in the 2022 election places the state near the bottom (45th) of the national rankings, underscoring a lack of dedication to shaping its collective future through informed decision-making and advocacy.

Potential Service Gaps
Based on feedback from low-income residents participating in surveys, several significant service gaps are evident. Poor quality housing presents the most critical service gap, with 100% of individuals seeking assistance with the problem being unable to find help. Addressing this gap could involve increasing access to housing repair programs and improving the quality of available housing.

Inadequate income follows closely with an 87.5% service gap, where 14 out of 16 individuals could not access necessary services. Implementing case management services and resource coordination could help individuals secure better-paying jobs or access financial assistance programs.

Unemployment presents a 77.8% service gap, with 7 out of 9 individuals unserved. Providing job training programs, employment counseling, and job placement services could help individuals secure stable employment.

Housing insecurity and lack of affordable housing both show substantial gaps, with approximately 75.9% of individuals (22 out of 29) unable to find assistance. Expanding affordable housing programs and providing rental assistance could alleviate these issues.

In the transportation domain, both lack of personal transportation and lack of community transportation show gaps of 69.2%, indicating considerable mobility challenges. Expanding public transportation options and providing transportation vouchers or assistance programs could help individuals access employment, healthcare, and other essential services.

Childcare costs reveal a significant gap, with 68.8% of those experiencing the issue (11 out of 16) unable to access help. Increasing the availability of subsidized childcare and providing financial assistance for childcare expenses could support working parents.

The risk of utility loss shows a 68% service gap, with 17 out of 25 individuals unserved. Utility assistance programs and energy efficiency upgrades, such as weatherization services, could help prevent utility disconnections and reduce utility costs.

Poor mental health has a 51.5% service gap, with 17 out of 33 individuals unable to find necessary support. Enhancing mental health services by increasing access to counseling, support groups, and mental health education could address this need.

Financial management skills are lacking, with a 50% service gap (4 out of 8 individuals unserved). Offering budgeting classes, financial literacy workshops, and one-on-one financial counseling could improve individuals' financial management capabilities.

YVEDDI
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

COMMUNITY ASSESSMENT

2024 REPORT ON POVERTY



SECTION 3

COMPLIANCE

2024 COMMUNITY ASSESSMENT

Background

As the primary entity designated by the United States government to identify and eliminate the causes of poverty in local communities through the direct provision of services and coordination with other organizations, Community Action Agencies are held to a high standard of excellence through an accountability framework documented in the Community Service Block Grant (CSBG) that requires state funders to establish "performance goals, administrative standards, financial management requirements, and other requirements" (42 U.S.C. 9914). In order to fulfill their required oversight duties, state funding administrators are tasked with adopting, communicating, and evaluating each organization's ability to meet these basic standards on an annual basis.

Community Needs Assessment Standard Compliance

The following standards are directly associated with the development of a community assessment.

CSBG Standard 1.2: The organization analyzes information collected directly from low-income individuals as part of the community assessment.

During the assessment process, surveys were distributed online and administered directly to low-income individuals. A total of 205 individuals participated in the process that classified themselves as "low-income". This included 2 members of the governing body, 16 staff, 12 volunteers, 2 community partners, 2 local government representatives, 7 business/organization representatives, and 158 community members. These individuals were primarily White (83.53%), non-Hispanic (82.98%), seniors (53.89%) or young adults between the ages of 25 and 44 (31.74%). Among these, 63.55% were noted as having young children in the home. More than half (68.13%) stated that they had been assisted by the organization during the past year.

CSBG Standard 2.2: The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Multiple individuals representing community-based organizations, faith-based organizations, private sector, public sector, and educational institutions were invited to participate in the project. The table below provides a summary of the final number of participants representing each group that chose to participate.

Sector Represented	Participants
Educational Institutions	*6*
Faith-Based Organizations	*3*
Private Sector	*23*
Public Sector	*15*
Other Community Based	*5*

2024 COMMUNITY ASSESSMENT

CSBG Standard 3.1: The organization conducted a community assessment and issued a report within the past 3 years.

The Community Needs Assessment was completed in partnership with SA Howell, LLC. through a contractual agreement, monitored by the organization's leadership team. The assessment was finalized and unanimously approved by the Board of Directors on July 25, 2024. The final report will be posted on the organization's website.

CSBG Standard 3.2: As part of the community assessment, the organization collects and includes data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area.

During the process of quantitative research, statistical data was collected that identified the impact of poverty on individuals based on gender, age, and race/ethnicity. This data can be found throughout Section 7 of the document.

The population with the highest risk of living in poverty are Multi-Racial (26.18%), Hispanic (25.50%), females (15.07%), living in single-parent households (32.85%), with five or more children (58.65%) who are in both pre-school and school-aged (26.73%).

CSBG Standard 3.3: The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Also known as statistical or numerical data, quantitative data was collected through intensive research of more than 5 dozen unique data sources in ten domains of self-sufficiency. These categories include Income, Employment, Adult Education, Child/Youth Education, Childcare, Housing, Health, Nutrition, Transportation, Community Engagement, and Family Relationships. Data includes statistics for the local communities, the entirety of the service area, North Carolina, and the United States. Data sources include but are not limited to the U.S. Census Bureau, U.S. Department of Labor, National Center for Education Statistics, U.S. Department of Housing and Urban Development, National Low-Income Housing Coalition, M.I.T., U.S. Department of Agriculture, Center for Disease Control, and multiple-choice questions on locally administered surveys.

Qualitative data, often referred to as descriptive or narrative data, was collected through open ended survey questions. This included feedback from agency staff, board members, community partners, and residents of the region served, including those with limited incomes.

Four specific metrics were normalized separately to ensure a balanced analysis: the number of individuals experiencing the need in the community, the number of survey respondents identifying the need as a primary concern, the number of survey respondents stating that they have experienced the issue, and the number of survey respondents who experienced the issue but could not find help. These metrics are then combined, and the total scores are normalized again, ensuring that each metric receives a one-quarter weight.

This method provides a more comprehensive analysis by incorporating multiple perspectives and data points. By not relying on a single metric, this approach mitigates potential biases and ensures that the prioritization reflects a holistic view of community needs. For instance, if one were to rely solely on the number of individuals impacted, it might overlook the severity of unmet needs among those who could not find help. Conversely, focusing only on survey responses might not capture the full scope of the issue as reflected in statistical data.

The multi-metric approach ensures that all relevant factors are considered, providing a nuanced understanding of the community's needs. It highlights the most critical issues based on a combination of statistical data, stakeholder input, and the urgency of unmet needs. This comprehensive method allows for strategic decision-making and resource allocation, ensuring that interventions are targeted effectively to address the most pressing concerns. Higher final scores indicate greater priority, reflecting the number of people impacted, the weighted importance of survey responses, and the critical nature of unmet needs. This multi-faceted analysis and prioritization process ensure that the most critical issues are identified and addressed strategically, promoting well-being and movement out of poverty.

The geographic area served by the organization includes the following counties:

- *Davie*
- *Stokes*
- *Surry*
- *Yadkin*

CSBG Standard 3.4: The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

A report of the key findings on the causes and conditions of poverty can be found in Section 2 of this document. Agency (A) level needs will be documented separately by the organization upon completion of the SWOT Analysis during the development of the strategic plan.

CSBG Standard 3.5: The governing board formally accepts the completed community assessment.

The finalized document was presented to the Board of Directors on July 25, 2024. A formal acceptance was approved with a vote of 100%.

Head Start 1302.11-b.i: The number of eligible infants, toddlers, pre-school aged children, and expectant mothers, including their geographic location, race, ethnicities, and languages they speak.

An estimated 9,512 young children were noted as living in the region, this includes 2,076 in Davie, 1,880 in Stokes, 3,734 in Surry, and 1,822 in Yadkin County. Among these children, 2,102 live in poverty, representing a regional poverty rate of 22.10%, which is higher than both the state average of 19.91% and the national average of 17.73%. Among the region's young children, 6,361 live in homes where all parents are working, with 1,548 living in Davie County, 1,648 living in Stokes County, 2,323 living in Surry County, and 842 living in Yadkin County.

Area	Total Children <5	Low-Income Children <5	Young Child Poverty Rate
Davie	*2,076*	542	26.11%
Stokes	1,880	286	15.21%
Surry	3,734	933	24.99%
Yadkin	1,882	341	18.72%
REGION	**9,512**	**2,102**	**22.10%**

Source: U.S. Census Bureau (DP05)

The largest portion of the young children in the region were noted as identifying as White (7,425), with 371 identifying as Black, 216 identifying as another race, and 1,500 having a Hispanic ethnicity.

Area	White	Black	Other	Hispanic
Davie	*1,567*	171	81	257
Stokes	1,666	62	31	120
Surry	2,777	83	73	801
Yadkin	1,382	53	32	355
REGION	**7,425**	**371**	**216**	**1,500**

Source: U.S. Census Bureau ACS (DP02) I NCDHHS Division of Public Health

Through an analysis of birth records and data compiled from the U.S. Census Bureau, it is estimated that there are 1,895 children under the age of one, 1,888 one-year-olds, 1,912 two-year-olds, 1,913 three-year-olds, and 1,902 four-year-olds.

Area	<1 Year	1 Year Old	2 Years Old	3 Years Old	4 Years Old
Davie	*414*	412	417	416	415
Stokes	375	373	378	378	376
Surry	744	741	751	751	747
Yadkin	363	362	366	367	364
REGION	**1,895**	**1,888**	**1,912**	**1,913**	**1,902**

Source: U.S. Census Bureau ACS (DP02) I NCDHHS Division of Public Health

Although specific language data for children and pregnant women is unavailable, 7.68% of the population in the region are non-English speakers. The majority (86.47%) of these non-English speakers are Spanish speakers. Other languages include German (3.19%), non-specified Asian languages (2.29%), and Indo-European languages (2.16%).

Based on five-year averages of births, it is estimated that there are 1,903 pregnant women in the region at any given time.

Area	2017	2018	2019	2020	2021	Average
Davie	369	398	402	388	412	394
Stokes	404	396	370	383	422	395
Surry	738	757	766	756	718	747
Yadkin	392	363	375	362	344	367
REGION	**1,903**	**1,914**	**1,913**	**1,889**	**1,896**	**1,903**

Source: NCDHHS Division of Public Health

Head Start 1302.11-b.i.A: The number of children experiencing homelessness.

Homelessness among children is a pressing issue that carries implications far beyond the immediate lack of shelter. Homeless children face a higher risk of emotional and behavioral problems, which can impact their long-term development and educational success. For example, children who experience homelessness are more likely to see disruptions in their schooling, repeat grades, be expelled or drop out of school, and demonstrate lower academic performance.

Furthermore, the instability of homelessness can lead to increased health problems for children. The stress and trauma of being without a home can exacerbate or trigger physical and mental health issues. Access to healthcare becomes challenging, which, coupled with the aforementioned stress, can lead to serious health complications that might not be properly addressed or treated in a timely manner.

Among the 71 homeless individuals in the region, data indicates that 19 of these (26.76%) were homeless in Fiscal Year 2022. It should be noted that this is a decrease of 17.39% from the 23 children documented in the previous assessment.

Area	Total Homeless	Homeless Children
Davie	*8*	6
Stokes	1	0
Surry	61	13
Yadkin	1	0
REGION	**71**	**19**

Source: NC Balance of State Continuum of Care

Head Start 1302.11-b.i.B: The number of children in Foster Care

Children in foster care face unique challenges that can significantly affect their development and ability to break out of poverty. When a child enters foster care, it often follows trauma or instability in their family environment. This can lead to issues with attachment, trust, and emotional well-being, which are foundational to a child's development. Research suggests that early experiences of adversity and instability can have long-term impacts on cognitive development, educational attainment, and social-emotional skills — all key factors in a person's ability to succeed and be financially stable as an adult.

For instance, children in foster care may move between multiple homes and schools, leading to educational disruption and difficulties in forming lasting relationships with peers and adults outside their biological family. Such instability can hinder their academic performance and lead to lower graduation rates compared to their peers. This educational disruption is a significant barrier, as a solid educational foundation is closely linked to economic opportunities and the ability to secure employment that can lift individuals out of poverty.

Moreover, children in foster care might have limited access to extracurricular activities and support services that foster talents and skills, which are often vital for personal development and future job prospects. They may also face stigmatization and low expectations, which can negatively impact their self-esteem and aspirations.

According to the Annie E Casey Foundation, there were an estimated 481 children living in foster care during the 2022 calendar year. This is a decrease of 2.24% from the 492 documented in the previous assessment. While this is encouraging, it should be noted that Surry County experienced an increase of 56.78% during this period, as all other communities experienced decreases. The largest decrease was found in Davie County, at 33.33%.

Area	*2018 in Care*	2022 in Care	% Change
Davie	99	66	-33.33%
Stokes	171	136	-20.47%
Surry	118	185	+56.78%
Yadkin	104	94	-9.62%
REGION	492	481	-2.24%

Source: Kids Count

Head Start 1302.11-b.i.C: The number of children with disabilities, including the types of disabilities and relevant services and resources to these children by community agencies.

Disabilities can present substantial barriers to a child's educational attainment by affecting their cognitive, physical, sensory, or social-emotional development. Children with disabilities may encounter challenges in accessing and participating in educational programs and activities, hindering their opportunities for learning and skill development. This can perpetuate a cycle of disadvantage, as limited educational achievement is closely linked to reduced earning potential and increased likelihood of poverty later in life. Furthermore, disabilities can impact a child's social inclusion and emotional health, potentially leading to feelings of isolation, low self-esteem, and mental health challenges. Addressing the needs of children with disabilities requires a comprehensive approach that considers not only their educational requirements but also their broader social, emotional, and developmental needs to ensure equitable opportunities for success and well-being.

According to the U.S. Census Bureau, there are 45 young children with disabilities in the service area, all of which reside in Davie County, as there is no data available for the other counties. Among these, all 45 were documented as having hearing disabilities, 12 of which also had vision disabilities.

Area	*Total Disabled*	Hearing Disability	Vision Disability
Davie	45	45	12
Stokes	No Data	No Data	No Data
Surry	No Data	No Data	No Data
Yadkin	No Data	No Data	No Data
REGION	45	45	12

Source: U.S. Census Bureau ACS (S1810)

Head Start 1302.11-b.ii: The education, health, nutrition, and social services needs of eligible children and their families, including prevalent social or economic factors that impact their well-being.

While the entirety of this document focuses on the needs of low-income community members, including parents of eligible children, survey data was specifically isolated for low-income families with young children to allow for a deeper understanding of the needs impacting this portion of the population.

When examining the challenges faced by low-income families with young children, certain issues emerge as more prevalent, indicating the critical areas where support and intervention are most urgently needed.

Among the 68 survey respondents reporting that they have young children in the home, several significant challenges were identified. The most pressing issues include food insecurity, inability to pay off loans/debt, difficulty affording rent payments, and transportation limitations. These challenges directly impact the education, health, nutrition, and social services needs of eligible children and their families.

Food Insecurity: *A notable 11.76% of respondents experienced food insecurity, with 37.50% of these families unable to receive the assistance they needed. This highlights a significant gap in the availability and accessibility of nutritional support, which is essential for the well-being of children.*

Inability to Pay Off Loans/Debt: *Financial instability was another critical issue, with 7.35% of respondents reporting difficulties in paying off loans or debt. Of these, 60% were unable to access necessary assistance, exacerbating their financial struggles and potentially affecting their ability to provide for their children's needs.*

Difficulty Affording Rent Payments: *Housing stability is crucial for a child's development, and 7.35% of respondents reported struggling to afford rent payments. Of those experiencing this issue, 60% did not receive the assistance they needed, highlighting a significant area for intervention.*

Other significant challenges included ***felt socially isolated*** *(5.88%),* ***consideration of suicide*** *(2.94%),* ***experienced abuse or neglect*** *(2.94%), and* ***poor home insulation*** *(5.88%). Each of these issues underscores the multifaceted nature of the hardships faced by low-income families with young children. For instance, social isolation and mental health struggles like depression and suicidal thoughts can severely impact parental capacity to provide a nurturing environment for their children. Likewise, inadequate housing conditions, such as poor insulation, can affect both the physical health and overall well-being of young children.*

Head Start 1302.11-b.iii: Typical work and training schedules of parents with eligible children.

To adequately meet the needs of parents with eligible children, an analysis of typical work and training schedules was conducted based on survey data regarding childcare drop-off and pick-up times. The findings reveal significant patterns in the schedules of parents, which are crucial for determining the optimal hours of operation for childcare services.

The data indicates that a substantial portion of parents, 40%, need to drop off their children by 7am. Additionally, 20% of parents require a drop-off time as early as 6am, while another 20% need to drop off their children by 8am. Understanding these preferences is essential for establishing a schedule that aligns with the daily routines of most families.

Furthermore, the analysis of pick-up times shows that half of the parents, 50%, need to pick up their children by 5pm. Another 25% of parents need to pick up their children by 3pm, and an additional 25% by 4pm. These times reflect the end of the typical workday for many parents and highlight the necessity of extending childcare services to later in the afternoon.

To serve the largest portion of families effectively, the recommended hours of operation for the childcare facility are from 6am to 5pm. This schedule accommodates the needs of parents who require early drop-off at 6am and those who need to pick up their children by 5pm. By aligning the childcare hours with the typical work and training schedules of parents, we can better support the needs of low-income families and their eligible children. This approach promotes a stable and conducive environment for both parents and children, ensuring that parents can maintain their work and training commitments while their children receive the care and support they need.

Meeting the Head Start requirement 1302.11-b.iii involves understanding and addressing the typical work and training schedules of parents with eligible children. By providing childcare services that align with these schedules, we can significantly enhance the well-being of low-income families, thereby fulfilling our commitment to supporting the education, health, nutrition, and social services needs of eligible children and their families.

Head Start 1302.11-b.iv: Other child development, childcare centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of children served.

As of 2022, there are 9,512 young children in the region, with only 5,048 childcare slots available, resulting in a significant deficit of 4,464 slots. This shortfall highlights a critical gap in childcare capacity, with an overall ratio of 1.88 children per slot, indicating that the region does not have enough childcare facilities to meet the demand.

In Davie County, there are 2,076 children and 895 available slots, creating a deficit of 1,181 slots and a ratio of 2.31 children per slot. Stokes County has 1,880 children and 1,104 slots, resulting in a deficit of 776 slots and a ratio of 1.70 children per slot. Surry County, with 3,734 children and 2,338 slots, faces a deficit of 1,396 slots and a ratio of 1.60 children per slot. Yadkin County has 1,822 children and 711 slots, leading to a deficit of 1,111 slots and the highest ratio of 2.56 children per slot.

The region has 27 out of 45 census tracts (60%) identified as childcare deserts, where the availability of childcare slots is critically low. This scarcity of childcare can hinder children's development and delay parents' return to work or education, perpetuating cycles of poverty.

Detailed information, including a comprehensive list of childcare providers and their contact details, can be found on pages 141-151, specifically in tables 48-51.

Head Start 1302.11-b.v: Resources that are available in the community to address the needs of eligible children and their families.

The resources available to families in the region are documented at the end of each domain in the comprehensive report. These resources span various support services and programs aimed at addressing the socio-economic challenges faced by families. Detailed information about these resources can be found on pages 95, 114, 126, 138, 149, 150, 162, 175, 206, 207, 217, 226, 238, 248, and 259 of the report.

Head Start 1302.11-b.vi: Strengths of the community

While data concerning community strengths are documented under each domain in Section 7, highlights are provided below.

- *The poverty rate has decreased by 7.12% over the past five years.*
- *The poverty rate in Davie County (11.60%) is lower than the state (13.30%) and national (12.50%) averages.*
- *The poverty rate in Davie County has decreased by 15.33%, faster than the state (-13.64%) and national (-11.13%) averages.*
- *All age groups other than senior citizens experienced poverty rate improvements over the past five years.*
- *The poverty rate for individuals in the "Other Race" category improved by 47.06% during the evaluated period.*
- *The number of residents in deep poverty decreased by 923 over the past five years.*
- *The median income in the region has increased by 20.38%, outpacing inflation (+16.50%).*
- *Income inequality in the region is much more balanced than the state and national averages.*
- *Households with wages earn an average of $83,975 per year.*
- *The region's labor force has increased by 0.72% in spite of setbacks associated with the COVID-19 Pandemic.*
- *The regional unemployment rate (4.96%) is lower than the state (4.98%) and national (5.29% averages.*
- *The number of adults in the region without a high school diploma has decreased by more than 20% over the past five years.*
- *The number of school-aged children in poverty has decreased by 14.96% over the past five years.*
- *There are 54 providers of affordable housing in the region.*
- *The number of homeless individuals in the region has decreased by 14.49% since the previous assessment.*
- *A strong majority (84%) of the region's adults were noted as having good health.*
- *The life expectancy in Davie County (77 years) exceeds the state average of 76.60 years.*
- *Many of the leading causes of death in the region are preventable through lifestyle changes and public health interventions.*
- *The number of annual deaths for young children and senior citizens has decreased in recent years after experiencing increases throughout the COVID pandemic.*
- *The number of households without a vehicle has decreased by 8.75% over the past five years.*
- *The number of births to unwed mothers decreased by 2.34% during the evaluated period.*
- *The number of custodial grandparents has decreased by 12.81% over the past five years.*
- *The number of children in foster care decreased by 2.24% over the past five years.*

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SECTION 4

COMMUNITY ACTION



In January of 1964, Lyndon B. Johnson declared unconditional war on poverty. His strategy consisted of a new cooperative relationship between local citizens, community organizations, local government officials, state legislators, and national leaders.

The flagship of this new initiative was a small program known as Urban and Rural Community Action, whose task was to stimulate a better focusing of all available local, State, private, and Federal resources upon the goal of enabling low-income families, and low-income individuals of all ages, in rural and urban areas, to attain the skills, knowledge, and motivations and secure the opportunities needed for them to become self-sufficient.

To carry out this mission, Community Action Agency (CAA) leaders were asked to develop both long-range strategies and specific, short-range plans for using resources (both allocated and leveraged). These plans were to take into account the areas of greatest need, the availability of community resources, and its own strengths and limitations.

One unique element of the Economic Opportunity Act, the law that created the Community Action Network, was a requirement to develop plans and programs with the maximum feasible participation of the residents of the areas and members of the groups served. This requirement was established to ensure that the organization's activities were responsive and relevant to the low-income citizens to whom they were addressed.

In 1967, amendments to the Economic Opportunity Act led to additional guidance from the national network by means of the document "Organizing Communities for Action." In this document, specific guidance was provided reminding Community Action Agencies that they are not to be simply a dispenser of welfare or social services to the poor, but to be a source of leadership in identifying and eliminating the causes of poverty in the local community.

In 1973, the network faced its first major battle as President Richard Nixon ordered all Community Action Agencies to close by June. The network joined together and fought a legal battle that resulted in a victory for Community Action, as well as the families and communities it serves.

Realizing that they could not simply close the program down, the Ford Administration focused their attention on reducing the impact of the network by eliminating the Office of Economic Opportunity (OEO) and, thus, the cabinet level position over-seeing the program. Administration of the program was moved to the Department of Health Education and Welfare's Community Service Administration. While the mission of the network remained "to make the entire community more responsive to the needs and interests of the poor by mobilizing resources and bringing about greater institutional sensitivity", the reduction in federal support and public opinion associated with the name change (Economic Opportunity to Community Services) was damaging.

In 1981, President Reagan proposed a $0 budget for Community Action, this time with the support of Congress. In response to this crisis, David Bradley, a former student of Sargent Shriver, stepped on the scene to negotiate a compromise that led to the creation of the Community Services Block Grant (CSBG). Through CSBG, administrative authority was shifted to the states, which were allocated 5% of program funding for administrative duties. An additional 5% was allocated for discretionary anti-poverty purposes. The remaining 90% was to be used to fund Community Action Agencies.

During the Clinton Administration, several major laws were passed to reduce and reform anti-poverty efforts in the nation. Among these was the Government Performance and Results Act (GPRA), enacted due to waste and inefficiency in Federal programs that had led to a lack of confidence of the American people in the government. In this law, multiple new requirements were enacted to ensure accountability among organizations receiving government monies. It was this law, in part, that led to the development of the Results Oriented Management and Accountability (ROMA) system as the mandated management framework for Community Action Agencies, effective in 2001.

In 2010, the GPRA Modernization led to additional guidance focusing on the coordination of services among community partners, customer satisfaction, and data quality. It was this law that led to the development of a new performance management framework that includes Organizational Standards, State Accountability Measures, Federal Accountability Measures, and ROMA: Next Generation. While the framework does include some new regulations, it primarily holds the network accountable for returning to its roots with a focus on community level activities, an emphasis on addressing the causes of poverty, and ensuring organizations work together to truly impact the lives of customers and the community as a whole rather than simply delivering emergency services.

Today, more than 1,000 organizations across the nation join Yadkin Valley Economic Development District, Inc. (YVEDDI) to fulfill the mission of this amazing network.

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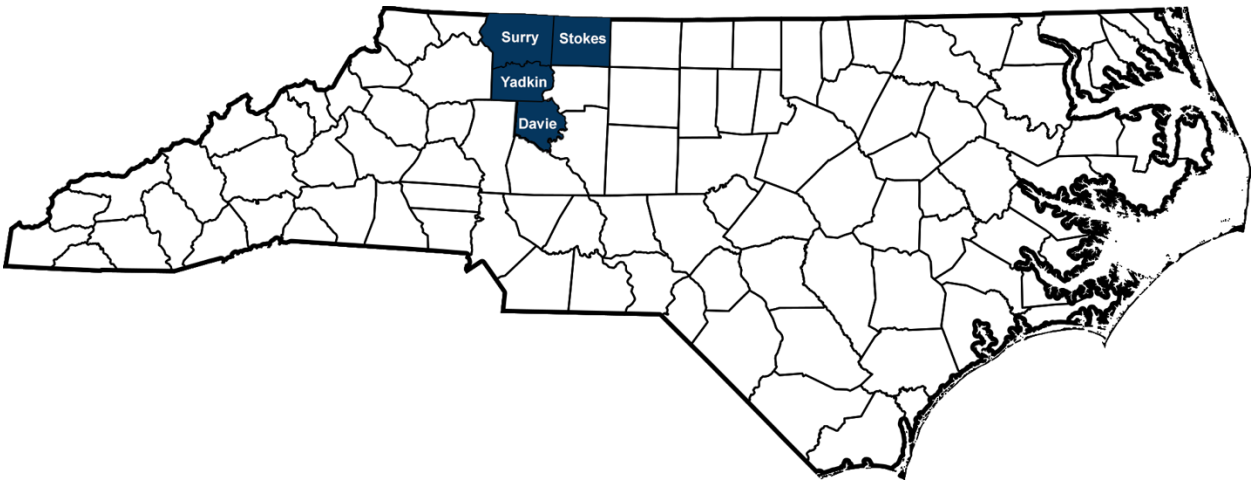


SECTION 5

THE AGENCY

Service Area

Located in central North Carolina, YVEDDI is committed to creating equal opportunities for all residents of Davie, Stokes, Surry, and Yadkin counties by prioritizing the progress of the customers over the programs provided.



Organization Background

On August 9, 1965, twenty-six interested citizens, invited by Joe C. Matthews, met at the Jonesville Town Hall to decide which counties would join together to develop a Community Action Agency (CAA). The following counties were represented: Ashe, Alleghany, Stokes, Surry, Wilkes, and Yadkin. Also, attending the meeting were Mr. Eddie Brown, a Representatives from Raleigh, and Ms. Micki Bingham, a Representative from Washington, DC. On August 23rd, the county planning boards from seven communities met and elected Joe C. Matthews as Chairman of the planning group and began working to establish a CAA. On August 30th, a steering committee met at the Yadkin County High School in Boonville to prepare to make application under the Economic Opportunity Act for the establishment of a four-county Community Action Agency (CAA). On September 16th, Articles of Incorporation were approved with Davie, Stokes, Surry, and Yadkin Counties, establishing Yadkin Valley Economic Development District, Inc. On June 6, 1966, Carroll F. Gardner was elected Chairman of the Board of Directors and John Hairston was elected Secretary/Treasurer. Claude A. (Bob) Campbell was the organization's first Executive Director.

Governance

Yadkin Valley Economic Development District, Inc. (YVEDDI) operates under the guidance of a twenty-four-member tri-partite board. This board comprises a balanced representation of the community, with one-third elected officials, one-third representing the interests of the business sector, and one-third voicing the perspectives and concerns of the low-income population.

Programs

The organization currently operates fourteen unique programs that are designed to assist low-income families and individuals with improved self-sufficiency and quality of life. Several programs focus on removing barriers for special populations, such as pre-school aged children, migrant children, senior citizens, disabled individuals, and victims of domestic violence/sexual assault.

Program	Davie	Stokes	Surry	Yadkin
Community Services	✓	✓	✓	✓
Domestic Violence/Sexual Assault Services		✓	✓	✓
Head Start/Pre-K	✓	✓	✓	✓
Migrant Head Start			✓	✓
Jones Family Resource Center			✓	
Public Transportation	✓	✓	✓	✓
Home Weatherization	✓	✓	✓	✓
Senior Services				
Meals-on-Wheels			✓	✓
Congregate Nutrition			✓	✓
Senior Centers			✓	✓
Retired and Senior Volunteer Program (RSVP)			✓	✓
Legal Services		✓	✓	✓
Medical Transportation	✓		✓	✓
General Transportation	✓		✓	✓

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SECTION 6

COUNTY PROFILES

2024 Community Assessment

Demographics

- 2022 Population: 43,030
- 2022 Households: 16,468
- 2022 Births: 412
- 2022 Deaths: 591
- 2022 Inward Migration: 2,413
- 2022 Outward Migration: 1,747

Population Summary:
45 year-old, White (85.55%), Non-Hispanic (92.66%), Females (51.16%)

Income & Poverty

- Low-Income individuals: 4,958 (-15.33%)
  - Deep Poverty: 2,225
  - 125% Poverty: 6,415
  - 200% Poverty: 11,609
- Poverty Rate: 11.60%
- Median Income: $69,105 (+14.35%)
- Inflation: +16.50%

- Cost of Living
  - 1 Adult/0 Child: $41,392
  - 1 Adult/2 Child: $90,979
  - 2 Adult/0 Child: $57,346
  - 2 Adult/2 Child: $77,563

Employment

- Labor Force: 20,828 (+2.49%)
- Unemployed: 946
- Unemployment Rate: 4.54%
- Jobs: 13,503
- Median Wage: $43,741
- Working Poor: 969

Highlights

- No Diploma: 934
- Literacy Deficient: 6,366
- Numeracy Deficient: 10,256
- Average School Proficiency: C
- Childcare Deficit: 1,181
- Safe Housing Deficit: 1,378
- Housing Cost Burdened HH: 3,365
- Median Rent: $10,056
- Median Mortgage: $16,788
- Median Utilities: $6,000
- Eviction Rate: 4.40%
- Homeless: 9
- Poor Health: 4,763
- Frequent Physical Distress: 3,743
- Frequent Mental Distress: 5,444
- Disabled: 7,730
- Life Expectancy: 77.0 Years
- Uninsured: 4,349
- Food Insecure: 6,360
- No Vehicle HH: 822

Davie County

2024 Community Assessment

Demographics

- 2022 Population: 44,696
- 2022 Households: 18,993
- 2022 Births: 422
- 2022 Deaths: 684
- 2022 Inward Migration: 2,390
- 2022 Outward Migration: 2,020

Population Summary:
47 year-old, White (91.61%), Non-Hispanic (96.41%), Females (50.93%)

Income & Poverty

- Low-Income individuals: 5,281 (-11.76%)
  - Deep Poverty: 2,349
  - 125% Poverty: 6,891
  - 200% Poverty: 14,939
- Poverty Rate: 12.00%
- Median Income: $57,539 (+19.74%)
- Inflation: +16.50%

- Cost of Living
  - 1 Adult/0 Child: $40,248
  - 1 Adult/2 Child: $82,243
  - 2 Adult/0 Child: $56,098
  - 2 Adult/2 Child: $76,024

Employment

- Labor Force: 20,836 (-6.77%)
- Unemployed: 1,110
- Unemployment Rate: 5.33%
- Jobs: 7,492
- Median Wage: $35,076
- Working Poor: 1,068

Highlights

- No Diploma: 1,364
- Literacy Deficient: 8,261
- Numeracy Deficient: 12,768
- Average School Proficiency: C
- Childcare Deficit: 776
- Safe Housing Deficit: 2,713
- Housing Cost Burdened HH: 4,355
- Median Rent: $9,408
- Median Mortgage: $14,352
- Median Utilities: $6,000
- Eviction Rate: 3.00%
- Homeless: 0
- Poor Health: 5,826
- Frequent Physical Distress: 4,369
- Frequent Mental Distress: 6,190
- Disabled: 8,761
- Life Expectancy: 75.40 Years
- Uninsured: 3,809
- Food Insecure: 7,020
- No Vehicle HH: 527

Stokes County

2024 Community Assessment

Demographics

- 2022 Population: 71,429
- 2022 Households: 28,990
- 2022 Births: 591
- 2022 Deaths: 1,102
- 2022 Inward Migration: 2,741
- 2022 Outward Migration: 2,367

Population Summary:
43 year-old, White (87.97%), Non-Hispanic (88.50%), Females (51.10%)

Income & Poverty

- Low-Income individuals: 12,615 (+5.92%)
  - Deep Poverty: 4,312
  - 125% Poverty: 12,615
  - 200% Poverty: 28,028
- Poverty Rate: 17.90%
- Median Income: $52,743 (+20.98%)
- Inflation: +16.50%

- Cost of Living
  - 1 Adult/0 Child: $37,981
  - 1 Adult/2 Child: $79,622
  - 2 Adult/0 Child: $53,206
  - 2 Adult/2 Child: $72,966

Employment

- Labor Force: 33,420 (+2.41%)
- Unemployed: 1,620
- Unemployment Rate: 4.85%
- Jobs: 28,398
- Median Wage: $43,446
- Working Poor: 2,426

Highlights

- No Diploma: 3,525
- Literacy Deficient: 15,124
- Numeracy Deficient: 21,522
- Average School Proficiency: C
- Childcare Deficit: 1,396
- Safe Housing Deficit: 2,446
- Housing Cost Burdened HH: 6,183
- Median Rent: $8,472
- Median Mortgage: $13,752
- Median Utilities: $6,000
- Eviction Rate: 3.50%
- Homeless: 19
- Poor Health: 9,595
- Frequent Physical Distress: 7,337
- Frequent Mental Distress: 10,159
- Disabled: 13,373
- Life Expectancy: 74.50 Years
- Uninsured: 8,885
- Food Insecure: 12,770
- No Vehicle HH: 1,483

Surry County

2024 Community Assessment

Demographics

- 2022 Population: 37,280
- 2022 Households: 14,850
- 2022 Births: 344
- 2022 Deaths: 519
- 2022 Inward Migration: 1,689
- 2022 Outward Migration: 1,432

Population Summary:
45 year-old, White (87.50%), Non-Hispanic (88.41%), Males (50.19%)

Income & Poverty

- Low-Income individuals: 5,102 (-9.80%)
  - Deep Poverty: 2,167
  - 125% Poverty: 7,201
  - 200% Poverty: 12,047
- Poverty Rate: 13.80%
- Median Income: $57,486 (+28.66%)
- Inflation: +16.50%

- Cost of Living
  - 1 Adult/0 Child: $39,374
  - 1 Adult/2 Child: $77,126
  - 2 Adult/0 Child: $55,224
  - 2 Adult/2 Child: $75,005

Employment

- Labor Force: 17,903 (+5.31%)
- Unemployed: 935
- Unemployment Rate: 5.22%
- Jobs: 10,684
- Median Wage: $37,038
- Working Poor: 1,186

Highlights

- No Diploma: 1,291
- Literacy Deficient: 7,934
- Numeracy Deficient: 11,596
- Average School Proficiency: C
- Childcare Deficit: 1,111
- Safe Housing Deficit: 1,345
- Housing Cost Burdened HH: 3,264
- Median Rent: $8,532
- Median Mortgage: $13,776
- Median Utilities: $6,000
- Eviction Rate: 3.50%
- Homeless: 0
- Poor Health: 5,030
- Frequent Physical Distress: 3,551
- Frequent Mental Distress: 5,030
- Disabled: 5,756
- Life Expectancy: 74.4 Years
- Uninsured: 4,507
- Food Insecure: 5,830
- No Vehicle HH: 683

Yadkin County

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COMMUNITY ASSESSMENT

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SECTION 7

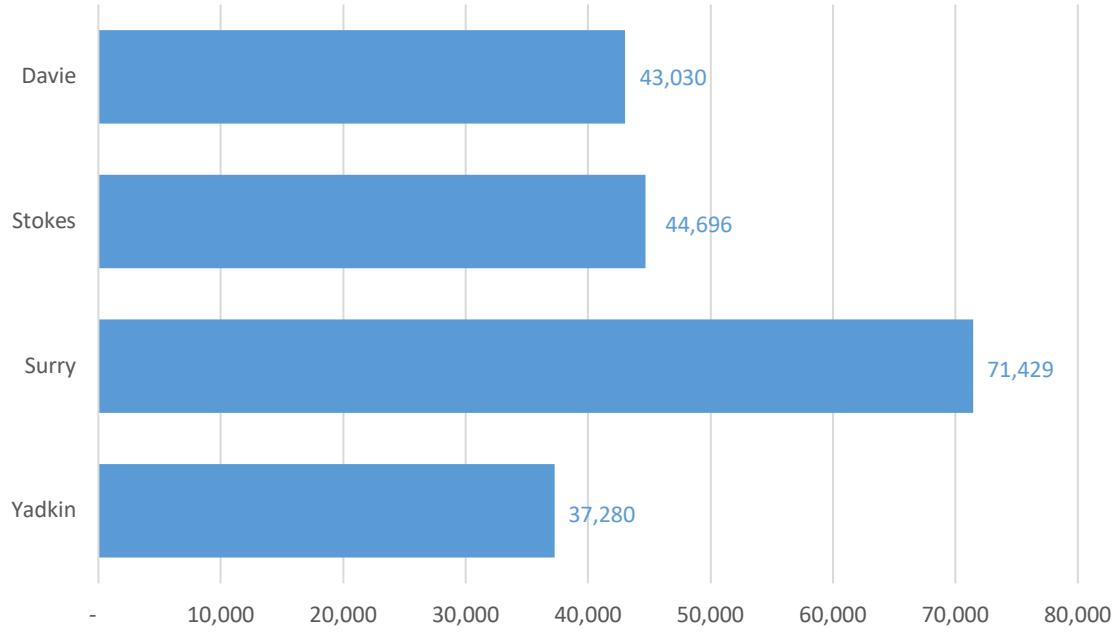
REGIONAL PROFILE

Demographics

Introduction:
Assessing the demographics of a community's residents is a fundamental step in conducting comprehensive research. These demographic insights serve as a foundation to which all other elements can be compared, and a cornerstone for understanding the multifaceted dynamics of the community. Examining population counts, trends in population change, migration patterns, and the distribution of residents by gender, age, race, and ethnicity provides critical context. This data offers a lens through which we can gain valuable insights into how poverty intersects with the broader community, helping to inform targeted strategies and policies that are sensitive to the diverse needs and circumstances of local residents.

Total Population:
The combined population of Davie, Stokes, Surry, and Yadkin counties in North Carolina totals approximately 196,435 as of 2022. The largest portion of the population resides in Surry County, which has 71,429 residents. This county accounts for more than one third of the region's population, highlighting its significance within the area. Understanding this distribution is essential for effective resource allocation and strategic planning. With such a large population concentration, Surry County may require more extensive infrastructure and services compared to its neighboring counties. This demographic overview provides a foundational reference for further analysis of specific community needs and the development of targeted interventions.

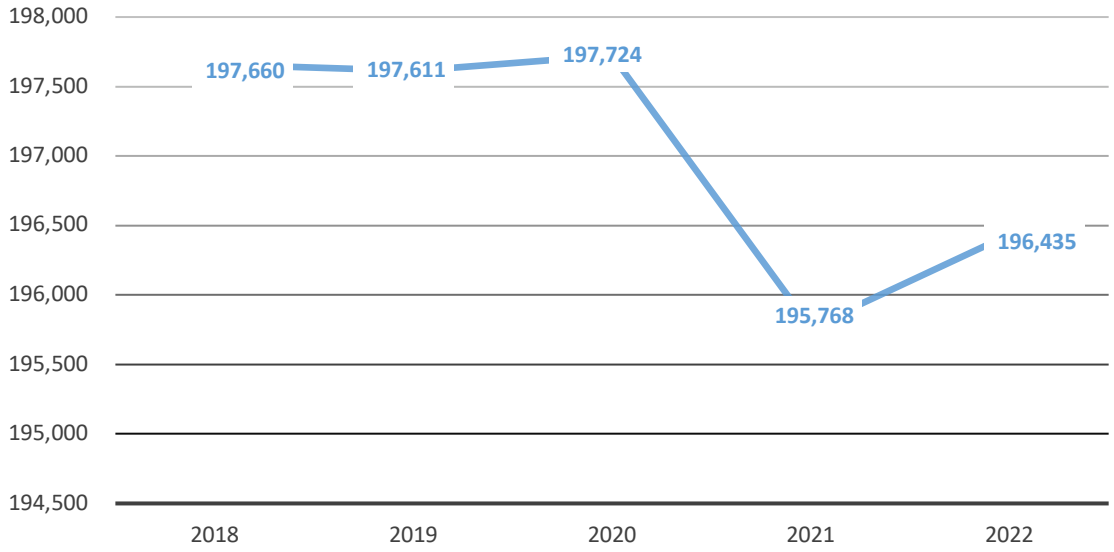
Chart 1: Population by County (2022)



Source: U.S. Census Bureau APS (DP02)

Population Change:
Over the past five years, the population trend for the region decreased by 0.62%. A notable decline occurred between 2020 and 2021, where the population dropped from 197,724 to 195,768, marking a change of -0.99%. This significant decrease could be correlated with various factors such as economic changes, migration patterns, or the impact of the COVID-19 pandemic. However, in 2022, the population experienced a slight increase of 0.34%, indicating signs of recovery and a return to growth.

Chart 2: Five Year Regional Population Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP02)

Monitoring population changes is crucial as it serves as a foundation for understanding other data elements, such as poverty rates, unemployment, and educational attainment. By analyzing demographic trends and the factors driving them—such as economic conditions, public health events, and migration—we can better understand the underlying causes of poverty. Accurate population data is essential for effective planning and resource allocation, ensuring that community services and infrastructure are adequately provided for both current and future residents, particularly those living in poverty. Additionally, tracking population changes can highlight potential challenges and opportunities within the community, offering insights into potential future concerns. This enables the development of responsive strategies that address the evolving needs of the population. By closely monitoring these trends, policymakers and community leaders can make informed decisions to support the well-being and growth of the community, ensuring that anti-poverty initiatives are effectively targeted, and resources are directed where they are most needed.

Population Change Analysis:
To better understand the population change, two major factors must be evaluated: migration and natural growth. Over the past year, the region experienced an increase of 667 residents. This overall growth is influenced by various factors, including births, deaths, and migration patterns. On the regional level, the combined data from Davie, Stokes, Surry, and Yadkin counties show 1,896 births and 2,896 deaths, resulting in a natural decrease. However, the migration patterns reveal 9,233 people moved into the region while 7,566 moved out, contributing to a net migration gain which offsets the natural decrease and results in overall population growth.

Table 1: One-Year Population Change Analysis (2021-2022)

Area	*Total Change*	Births	Deaths	Moved In	Moved Out
Davie	+487	412	591	2,413	1,747
Stokes	+108	422	684	2,390	2,020
Surry	-10	718	1,102	2,741	2,367
Yadkin	+82	344	519	1,689	1,432
REGION	**+667**	**1,896**	**2,896**	**9,233**	**7,566**

Source: U.S. Census Bureau ACS (DP02) I NCDHHS Division of Public Health

Examining the counties individually provides more nuanced insights. Davie County experienced a significant net increase of 487 residents. This was due to a high number of people moving into the county (2,413) compared to those moving out (1,747), even though the county saw more deaths (591) than births (412). The positive migration balance significantly contributed to the overall population growth in Davie County.

Stokes County also experienced a net increase in population, albeit smaller, with a total change of +108 residents. The county had 422 births and 684 deaths, indicating a natural decrease. However, with 2,390 people moving in and 2,020 moving out, the positive migration balance helped to increase the population despite the natural decrease.

Surry County presented a different scenario with a slight population decline. The total change was -10 residents, driven by 718 births and 1,102 deaths, resulting in a natural decrease. Although 2,741 people moved into the county, 2,367 people moved out, nearly balancing the incoming population and contributing to the slight decline.

Yadkin County experienced a modest population increase of 82 residents. The county recorded 344 births and 519 deaths, indicating a natural decrease. However, the migration patterns showed 1,689 people moved in while 1,432 moved out, resulting in a positive net migration that contributed to the population growth.

Population Migration:
Focusing on the inward migration patterns is crucial for understanding the dynamics of population growth and the factors driving it. By examining where new residents are coming from, whether from within the state, other states, or abroad, we can gain insights into the reasons behind population changes. This understanding is vital for effective planning and resource allocation, as it helps community leaders and policymakers address the needs of new residents and ensure a smooth integration into the community. Moreover, analyzing migration patterns can reveal trends and potential future concerns, such as shifts in labor markets, housing demand, and social services requirements, enabling proactive and informed decision-making.

Table 2: One-Year Population Inward Migration Analysis (2021-2022)

Area	Change	Another County	Another State	Another Country
Davie	2,346	1,727	619	67
Stokes	2,348	1,963	385	42
Surry	2,712	1,553	1,159	29
Yadkin	1,648	1,300	348	41
REGION	**9,054**	**6,543**	**2,511**	**179**

Source: U.S. Census Bureau ACS (DP02)

At the regional level, the data shows a total inward migration of 9,054 people. Of these, 6,543 people, or approximately 72%, moved from another county within North Carolina. An additional 2,511 people, or 27.73%, moved from another state. The remaining 179 people moved to the area from abroad. This indicates that the majority of the migration comes from within the state, suggesting strong internal mobility.

Examining the counties individually provides more nuanced insights. In Davie County, the total inward migration was 2,346 people, with 1,727 coming from other counties within the state, 619 from other states, and 67 from abroad. The majority of the new residents in Davie County come from other counties within North Carolina, with a smaller but significant portion coming from other states. Similarly, Stokes County experienced an inward migration of 2,348 people, with 1,963 from other counties within the state, 385 from other states, and 42 from abroad. Stokes County also sees most of its inward migration from within the state, with fewer people moving in from other states and abroad.

In Surry County, the total inward migration was higher at 2,712 people, with 1,553 from other counties within the state, 1,159 from other states, and 29 from abroad. Surry County has a higher proportion of new residents coming from other states compared to the other counties, although the majority still come from within the state. Yadkin County had an inward migration of 1,648 people, with 1,300 from other counties within the state, 348 from other states, and 41 from abroad. Yadkin County follows the trend of having most of its inward migration from within the state, with smaller numbers from other states and abroad.

The inward migration patterns highlight the significant movement of people within the state, contributing to population changes in the region. This internal migration can be driven by factors such as employment opportunities, housing availability, and quality of life. Understanding these patterns is crucial for planning and resource allocation, as it helps community leaders and policymakers address the needs of new residents and ensure a smooth integration into the community. By monitoring where new residents are coming from, we can better anticipate and respond to demographic shifts and their implications for local services and infrastructure.

Gender:
The region's population is predominantly female, with 99,851 individuals, and a gender ratio of 97 males for every 100 females. This data is relevant as it can influence various aspects of community planning and resource allocation. For example, understanding the gender distribution can help in tailoring healthcare services, educational programs, and employment opportunities to meet the specific needs of the population. Additionally, gender ratio data can inform policies aimed at addressing gender-specific issues, promoting equality, and ensuring that both males and females have access to necessary resources and support.

Table 3: County Populations by Gender (2022)

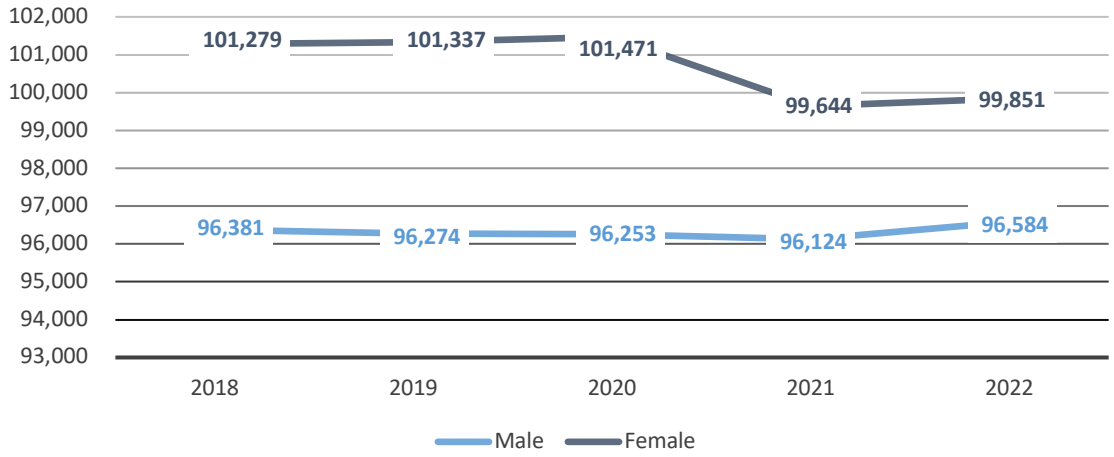
Area	*Male*	Female	Gender Ratio
Davie	21,018	22,012	95:100
Stokes	21,931	22,765	96:100
Surry	34,926	36,503	96:100
Yadkin	18,709	18,571	101:100
REGION	**96,584**	**99,851**	**97:100**
State	**5,131,370**	**5,338,844**	**96:100**
Nation	**164,200,298**	**166,897,295**	**98:100**

Source: U.S. Census Bureau ACS (DP05)

Looking at the county data, Davie County has 21,018 males and 22,012 females, resulting in a gender ratio of 95 males for every 100 females. Stokes County shows a similar trend with 21,931 males and 22,765 females, and a gender ratio of 96 males for every 100 females. Surry County also has a higher number of females (36,503) compared to males (34,926), with a gender ratio of 96 males for every 100 females. Yadkin County, however, presents a different picture with a near-equal gender distribution, having 18,709 males and 18,571 females, leading to a gender ratio of 101 males for every 100 females.

Over the past five years, the number of females has decreased by 1.41%, while the number of males has increased by 0.21%. As a result, the ratio of males to females has increased by 1.62%, indicating a narrowing gender gap in the region.

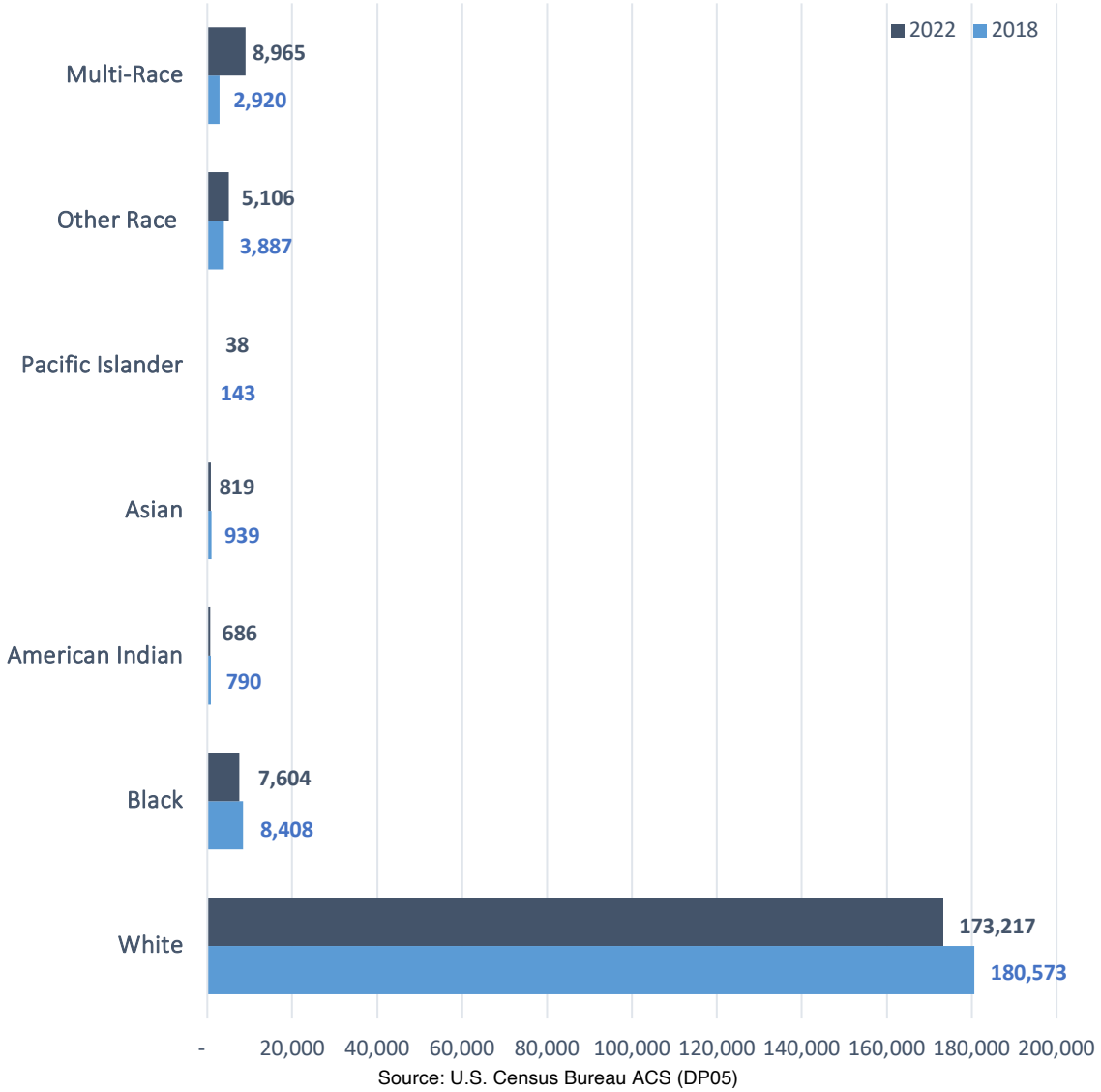
Chart 3: Regional Gender Population Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

Race:
Race, as a social construct, is an integral aspect to consider in poverty studies due to its impact on an individual's access to resources, opportunities, and equitable treatment within societies. Historically and contemporaneously, racial groups have experienced varying degrees of systemic advantage or disadvantage, which can be reflected in differing poverty levels. Establishing a baseline of racial groups among all residents allows researchers to discern patterns and disparities in socio-economic conditions that are often closely linked with race. This baseline is critical for developing targeted interventions and policies aimed at reducing poverty and promoting community-wide economic opportunity. By understanding the racial demographics of a population, stakeholders can better identify and serve the specific needs of each racial group, ensuring that poverty alleviation efforts are both fair and effective.

Chart 4: Regional Racial Profile Trend (2018/2022)



Source: U.S. Census Bureau ACS (DP05)

The most prominent race in the region, by far, are individuals identifying as White (88.18%). This is followed by Multi-Racial (4.56%), Black or African American (3.87%), and Other Race (2.60%). Much smaller portions were noted among those identifying as Asian (0.42%), American Indian (0.35%), and Pacific Islander (0.02%).

Over the past five years, the region has experienced significant changes in some racial groups. The most substantial change was observed in the Multi-Race category, which increased by 6,045 individuals, representing a growth of 207.02%. This remarkable rise indicates a growing recognition and reporting of multiracial identities within the community. The Other Race category also experienced significant growth, increasing by 1,219 individuals, a 31.36% rise, highlighting a diversifying population with more residents identifying outside the traditional racial categories.

Conversely, several racial groups saw declines over the same period. The White population decreased by 7,356 individuals, a reduction of 4.07%. Despite this decrease, Whites still constitute the largest racial group, making up 88.18% of the total population. The Black or African American population also saw a notable decline, decreasing by 804 individuals, which is a 9.56% reduction, bringing their percentage of the total population to 3.87%. This decline may reflect broader trends in migration or socio-economic factors influencing demographic shifts.

Smaller racial groups also experienced declines. The American Indian population decreased by 104 individuals, a 13.16% reduction, while the Asian population saw a decline of 120 individuals, a 12.78% decrease. The most significant relative decrease was seen in the Pacific Islander population, which dropped by 105 individuals, a 73.43% reduction, bringing their proportion of the total population to a mere 0.02%.

Table 4: Racial Profile by County (2022)

Area	*White*	Black	Am Indian	Asian	Pac Isl	Multi-Race	Other
Davie	36,814	1,782	202	323	0	2,707	1,202
Stokes	40,946	1,943	113	19	0	1,133	542
Surry	62,836	2,690	205	456	38	3,327	1,877
Yadkin	32,621	1,189	166	21	0	1,798	1,485
REGION	**173,217**	**7,604**	**686**	**819**	**38**	**8,965**	**5,106**
State	**6,800,458**	**2,192,455**	**109,600**	**325,670**	**6,948**	**613,129**	**421,954**
Nation	**218,123,424**	**41,288,572**	**2,786,431**	**19,112,979**	**624,863**	**29,142,780**	**20,018,544**

Source: U.S. Census Bureau ACS (DP05)

Simpson's Diversity Index (SDI) measures the probability that two individuals randomly selected from a sample will belong to different categories, with values closer to 1 indicating higher diversity. At the national level, the United States has a diversity index of 0.5356, suggesting a high degree of racial and ethnic diversity. North Carolina has a slightly lower but still significant diversity index of 0.5282, reflecting substantial diversity within the state.

In comparison, the region served by YVEDDI has a lower overall diversity index of 0.2181, indicating moderate diversity. This suggests that the region is less diverse than both the state and national averages. Among the counties, Davie County exhibits the highest diversity index at 0.2615, followed by Yadkin County at 0.2294, Surry County at 0.2218, and Stokes County with the lowest diversity index of 0.1581.

Understanding and fostering diversity within a community can yield numerous benefits. Diverse communities are often more vibrant and dynamic, offering a range of cultural perspectives and experiences that can enhance social cohesion and creativity. Economic benefits also arise from diversity, as a mix of backgrounds and ideas can drive innovation and attract a broader talent pool. Additionally, diversity can improve problem-solving and decision-making processes within communities, as varied viewpoints contribute to more comprehensive and inclusive solutions.

Ethnicity:
Ethnicity refers to the shared cultural, linguistic, or ancestral characteristics of a group of people. Unlike race, which is associated primarily with physical traits, ethnicity is tied more to social identity and is often linked with a common geographic origin, shared language, religious traditions, and historical experiences. Within the scope of this project, we will narrow our focus to the Hispanic ethnic group, a diverse collection of individuals with cultural and linguistic bonds to Spain and Latin American countries. The Hispanic identity is not defined by race but by a rich tapestry of cultural heritage, including language, traditions, and a collective history. The term Hispanic is inclusive of a vast array of cultural backgrounds and nationalities, each with distinct traditions and historical narratives.

Table 5: Hispanic Population Trend by County (2018/2022)

Area	2018 #	2018 %	2022 #	2022%
Davie	2,796	6.66%	3,157	7.34%
Stokes	1,314	2.86%	1,603	3.59%
Surry	7,450	10.33%	8,217	11.50%
Yadkin	4,120	10.94%	4,319	11.59%
REGION	**15,680**	**7.93%**	**17,296**	**8.80%**
State	**935,950**	**9.22%**	**1,051,008**	**10.04%**
Nation	**57,517,935**	**17.81%**	**61,755,866**	**18.65%**

Source: U.S. Census Bureau ACS (DP05)

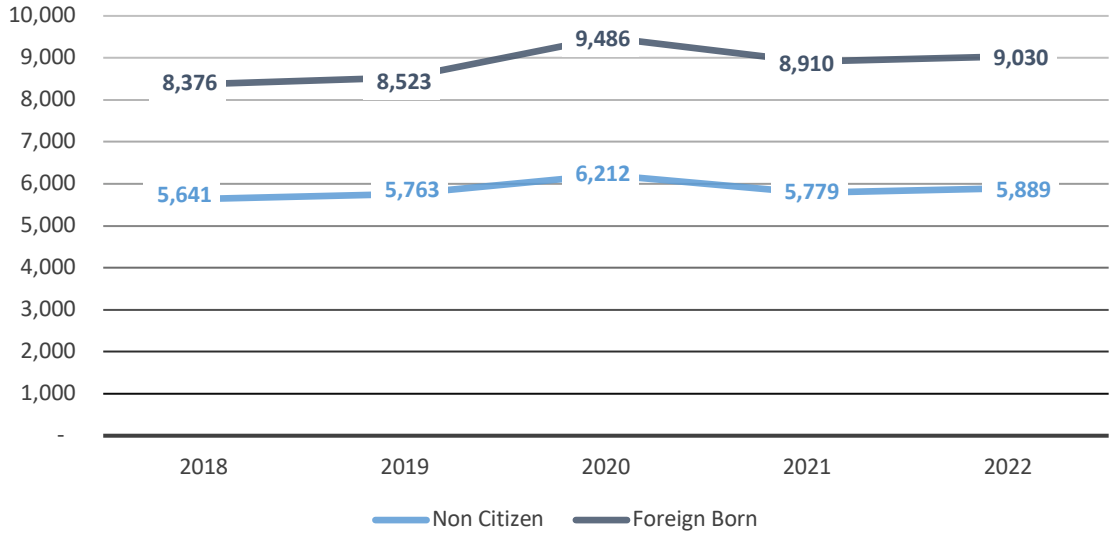
In 2022, the Hispanic population in the region comprised 17,296 individuals, representing 8.80% of the total population. When compared to state and national data, the region has a lower percentage of Hispanic residents than the state average of 10.04% and significantly lower than the national average of 18.65%.

Over the past five years, the Hispanic population in the region has increased by 10.97% from 2018 to 2022, reflecting a substantial growth rate. This increase is higher than the state's growth rate of 8.89% and more than double the national growth rate of 4.72%. The regional growth indicates a notable demographic shift that may impact community dynamics, service needs, and cultural integration strategies.

Among the counties, Surry and Yadkin have the highest percentages of Hispanic residents in 2022, with 11.50% and 11.59%, respectively. These counties show a notable Hispanic presence, which may influence local cultural practices, economic activities, and community services. Alternately, Stokes County has the lowest percentage of Hispanic residents at 3.59%, indicating less Hispanic representation compared to other counties in the region.

Foreign-Born Residents:
Tracking data on foreign-born individuals can be crucial in poverty research due to the unique socio-economic challenges these groups may face. Foreign-born residents, including non-citizens, often encounter systemic barriers to employment, healthcare, and education, which can predispose them to higher poverty rates. Their legal status may limit access to public assistance programs and influence their ability to secure stable, well-paying jobs. Additionally, language barriers and unfamiliarity with the host country's cultural and legal systems can further complicate their integration into the economy. By examining the circumstances of these populations, researchers can better understand the full landscape of poverty, identify the specific needs of these vulnerable groups, and inform policies aimed at reducing poverty among all residents.

Chart 5: Foreign Born Resident and Citizenship Trends (2018-2022)



Source: U.S. Census Bureau ACS (DP02)

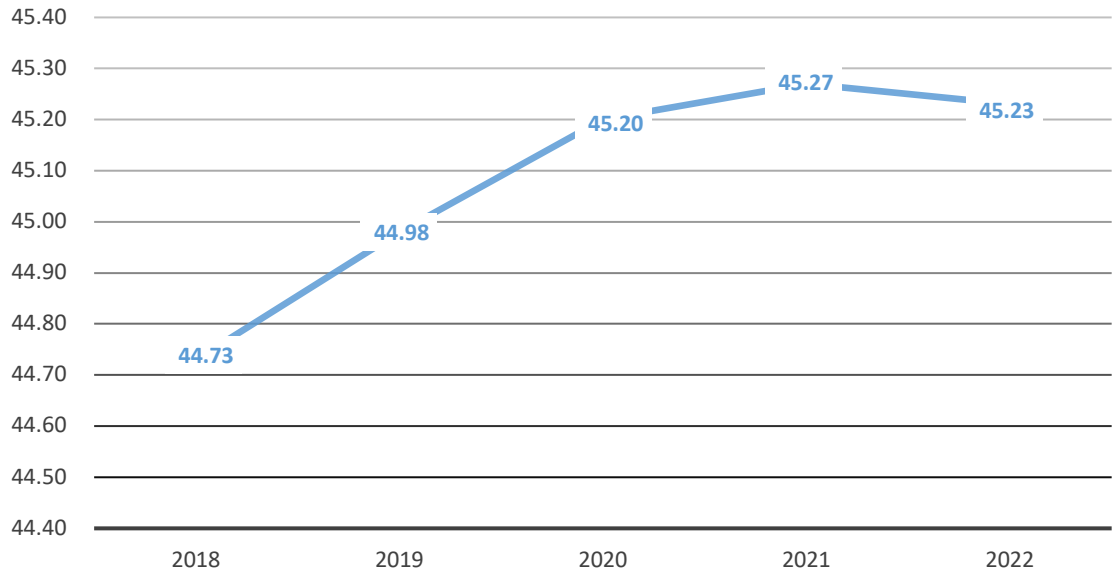
In 2018, there were 8,376 foreign-born residents, of which 5,641 were non-citizens, representing 67% of the foreign-born population. Over the past five years, the number of foreign-born residents has increased to 9,030 in 2022, with non-citizens accounting for 5,889 of this population. This represents a reduction in the proportion of non-citizens to 65%, indicating a decrease of 2.99% over the period.

The number of non-citizens has fluctuated, peaking at 6,212 in 2020 before decreasing to 5,779 in 2021 and slightly increasing again to 5,889 in 2022. Similarly, the foreign-born population experienced a peak of 9,486 in 2020, followed by a slight decline to 8,910 in 2021 and a subsequent increase to 9,030 in 2022.

This data highlights the dynamic nature of the foreign-born population and their non-citizen status within the region. The reduction in the percentage of non-citizens suggests a possible shift towards citizenship or changes in immigration patterns. Understanding these trends is essential for developing policies that address the specific challenges faced by foreign-born residents, particularly non-citizens, who may have limited access to resources and opportunities.

Age:
Age, as a demographic variable, plays a critical role in understanding the dynamics of a population. It can provide insights into the stage of life most residents are in, which in turn affects housing, education, employment, and healthcare needs. Median age serves as a pivotal starting point, offering a snapshot of the population's age distribution by pinpointing the exact middle of the age spectrum.

Chart 6: Regional Median Age Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

Over the past five years, the median age in the region has seen a gradual increase. In 2018, the median age was 44.73 years. This figure rose steadily, reaching 44.98 years in 2019, 45.20 years in 2020, and peaking at 45.27 years in 2021. By 2022, the median age slightly decreased to 45.23 years. Overall, the median age increased by 1.12% over this period.

- **Healthcare**: A rising median age could lead to increased demand for healthcare services, particularly those related to age-related conditions. Healthcare providers and policymakers may need to adjust resources to meet these demands.

- **Workforce:** An aging population might indicate a shift in the workforce, potentially leading to labor shortages in certain sectors. This could necessitate retraining programs for older workers or efforts to attract younger individuals to the region.

- **Housing:** There may be a growing need for housing options that cater to older adults, including downsizing opportunities and assisted living facilities.

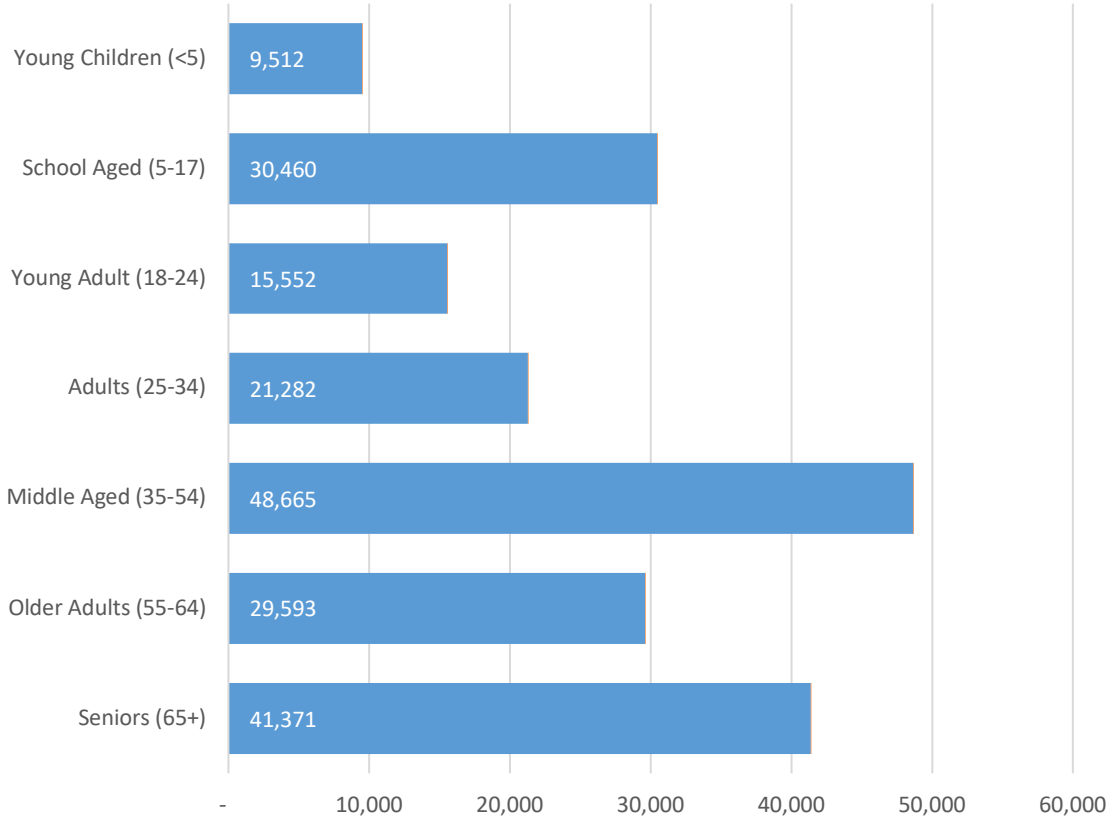
- **Social Services:** As the population ages, there could be a greater need for social services that support senior living, including transportation, community engagement programs, and in-home care services.

- **Economic Impact**: The consumption patterns may shift as the population ages, affecting local economies and possibly prompting a change in the types of businesses and services that are successful in the region.

In analyzing the population distribution by age group, we observe that the largest population segment is the Middle-Aged group (35-54 years), consisting of 48,665 individuals. This group represents a significant portion of the community and is likely to be heavily involved in the workforce, raising families, and contributing economically to the region.

The second largest group is the Seniors (65+ years), with a population of 41,371. This demographic indicates a substantial number of older adults who may require increased healthcare services, senior housing, and social support systems.

Chart 7: Regional Population by Age Group (2022)



Source: U.S. Census Bureau ACS (DP05)

Next, the School Aged group (5-17 years) comprises 30,460 individuals. This sizable segment highlights the demand for educational resources, extracurricular programs, and family services that cater to children and adolescents.

Following them, the Older Adults (55-64 years) group includes 29,593 people. This group is approaching retirement age and may begin to transition out of the workforce, potentially increasing the need for retirement planning and healthcare services.

The Adults group (25-34 years) has 21,282 individuals. This age group is often characterized by individuals establishing their careers, forming families, and buying homes, which influences housing markets and economic activity.

The Young Adult group (18-24 years), with 15,552 people, represents those who are likely in higher education or entering the early stages of their careers. This group impacts the demand for higher education, entry-level job opportunities, and affordable housing.

The smallest population groups are the Young Children (<5 years), totaling 9,512 individuals. This demographic underscores the need for early childhood education, childcare services, and pediatric healthcare.

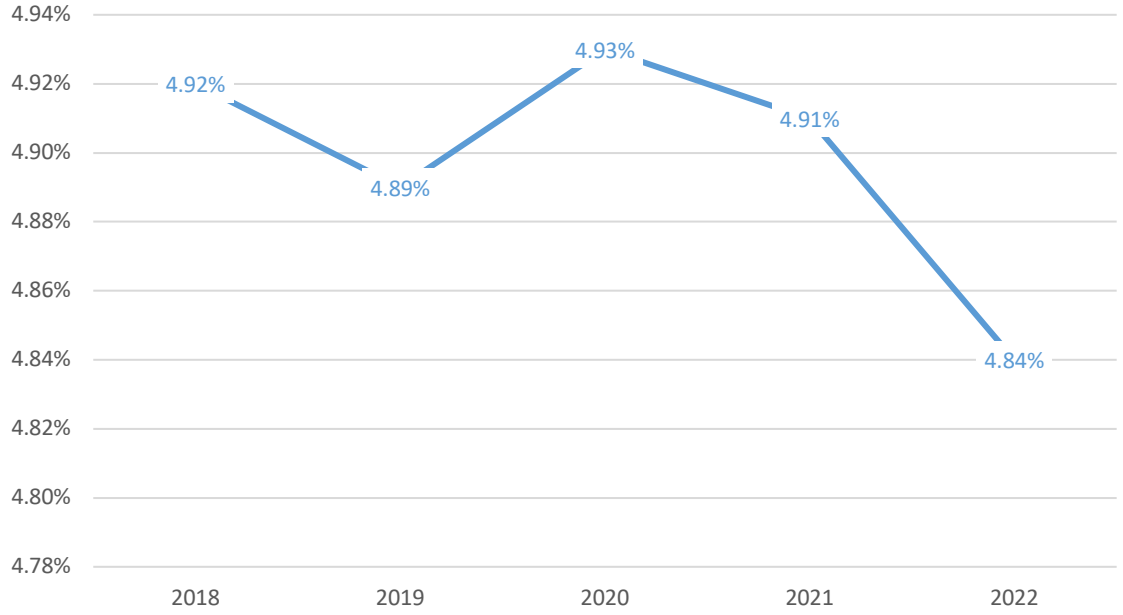
Chart 8: Regional Age Group Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

Young Children (Age 0-4):
Between the ages of birth and four years of age, young children experience rapid cognitive, emotional, and physical development, laying the foundation for future learning and growth. This crucial stage is marked by significant milestones in language acquisition, social skills, and early education, making it a vital period for nurturing and structured learning experiences.

Chart 9:Regional Young Children Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

Over the past five years, the young child population has decreased by 1.63% as a share of the total population. This rate is slower than the rates on both the state (-5.22%) and national (-6.51%) levels.

Table 6: Young Children Population Trend by County (2018/2022)

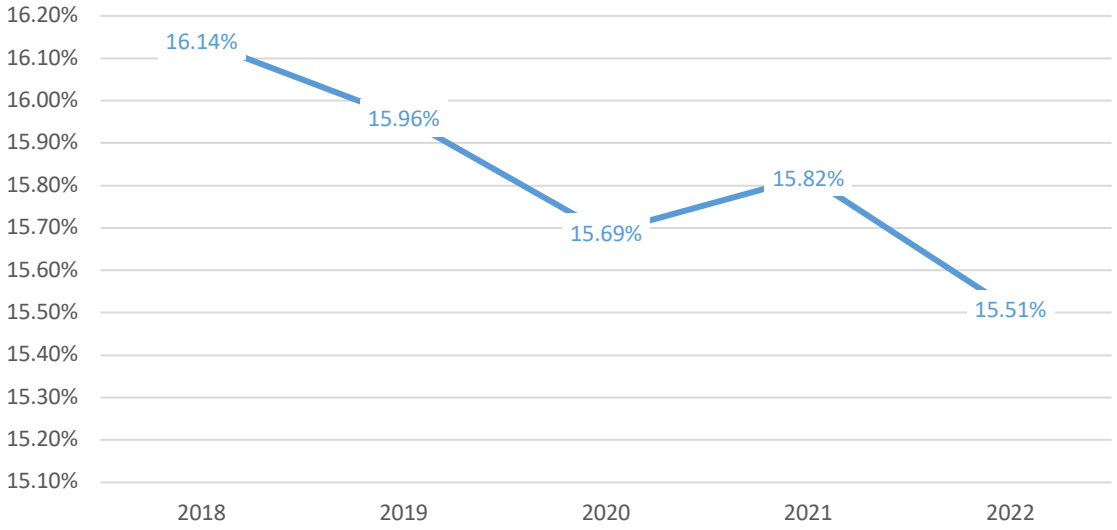
Area	2018 #	2018 %	2022 #	2022 %	Change
Davie	1,981	4.72%	2,076	4.82%	+2.12%
Stokes	2,051	4.47%	1,880	4.21%	-5.82%
Surry	3,710	5.15%	3,734	5.23%	+1.55%
Yadkin	1,980	5.26%	1,822	4.89%	-7.03%
REGION	**9,722**	**4.92%**	**9,512**	**4.84%**	**-1.63%**
State	**603,193**	**5.94%**	**589,767**	**5.63%**	**-5.22%**
Nation	**19,836,850**	**6.14%**	**19,004,925**	**5.74%**	**-6.51%**

Source: U.S. Census Bureau ACS (DP05)

Notable reductions were identified in Yadkin (-7.03%) and Stokes (-5.82%) counties, with increases occurring in Davie (+2.12%) and Surry (+1.55%) counties.

School-Aged Children (Age 5-17):
As children transition from early childhood into their school-age years, they enter a dynamic period of growth that encompasses educational, social, and emotional development. Between the ages of five and eighteen, children embark on a journey through primary and secondary education, where they not only acquire fundamental academic knowledge but also develop critical thinking, problem-solving skills, and a sense of identity. It's a transformative era where peer relationships, extracurricular activities, and increasing autonomy play pivotal roles in shaping their understanding of the world and their place within it. This age group's experiences in the classroom and beyond are instrumental in laying the groundwork for their future endeavors in higher education, vocational pursuits, and personal development.

Chart 10: Regional School-Aged Children Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP 05)

An estimated 30,460 school-aged children reside in the region served by the organization. After a decrease of 2.79% between 2018 and 2020, the number of school-aged children as a portion of the total population increased by 0.83%% in 2021, followed by a one-year decrease of 1.96% in 2022. Overall, the percentage of school-aged children as a portion of the total population decreased by 3.90% during the five-year period evaluated. This rate is faster than the state (-2.76%) and national (-1.62%) averages.

Table 7: School-Aged Children Population Trend by County (2018/2022)

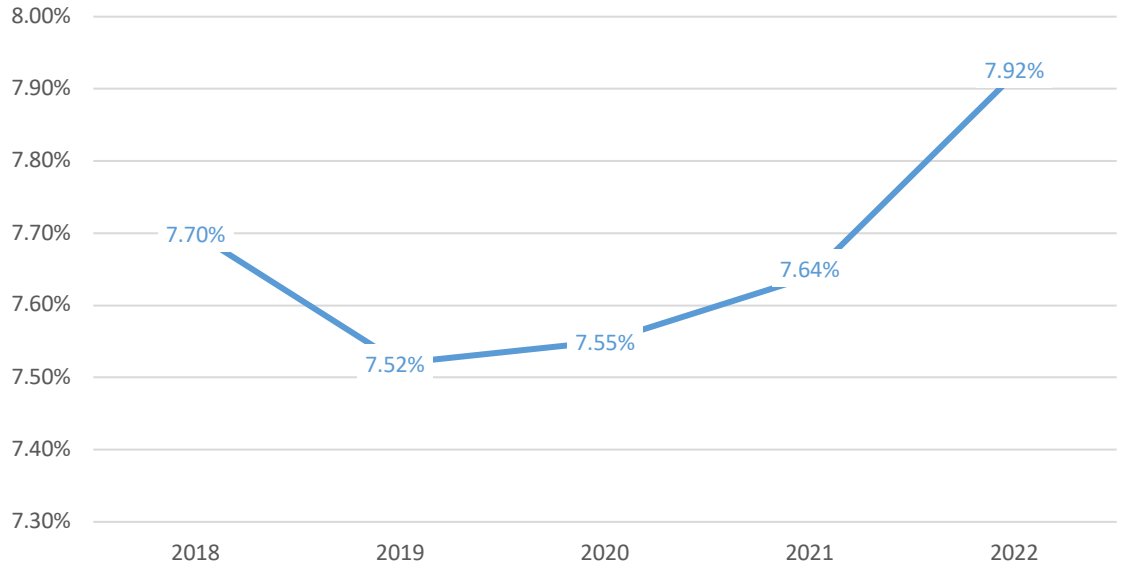
Area	2018 #	2018 %	2022 #	2022 %	Change
Davie	7,057	16.81%	6,931	16.11%	-4.16%
Stokes	6,869	14.96%	6,406	14.33%	-4.21%
Surry	11,893	16.50%	11,254	15.76%	-4.48%
Yadkin	6,081	16.14%	5,869	15.74%	-2.48%
REGION	**31,900**	**16.14%**	**30,460**	**15.51%**	**-3.90%**
State	**1,689,423**	**16.64%**	**1,694,121**	**16.18%**	**-2.76%**
Nation	**53,716,390**	**16.64%**	**54,208,780**	**16.37%**	**-1.62%**

Source: U.S. Census Bureau ACS (DP05)

On a county level, the greatest decrease was noted in Surry (-4.48%), followed closely by Stokes (-4.21%), and Davie (-4.16%) counties. The rate of change in Yadkin was much lower at 2.48%.

Young Adults (Age 18-24):
The years from eighteen to twenty-four are a significant transition phase from adolescence to full-fledged adulthood. Young adults navigate complex life decisions regarding their careers, higher education, and personal relationships. During this pivotal time, they often experience newfound independence, leaving the structured environment of school for the wider arenas of university life or the workforce. It's a time characterized by exploration, self-discovery, and the initial steps towards long-term life goals. The choices made and the experiences gained in this life stage can profoundly shape their future paths and identities.

Chart 11: Regional Young Adult Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

Data indicates that there are an estimated 15,552 young adults residing in the evaluated region, representing 7.92% of the total population, an increase of 2.86% over the past five years.

Table 8: Young Adult Population Trend by County (2018/2022)

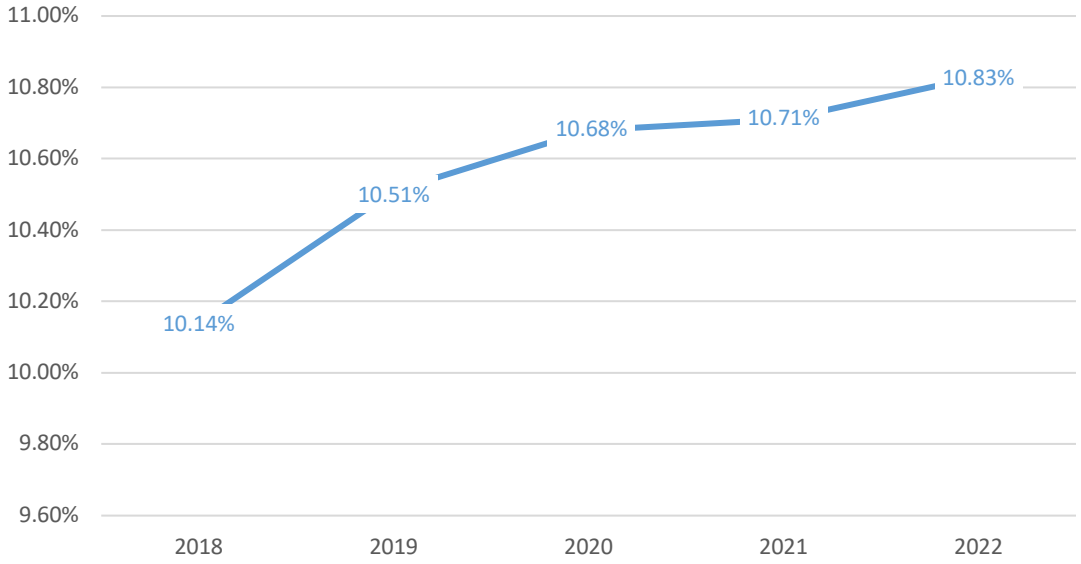
Area	2018 #	2018 %	2022 #	2022 %	Change
Davie	3,045	7.25%	3,271	7.60%	+4.83%
Stokes	3,383	7.37%	3,414	7.64%	+3.66%
Surry	5,819	8.07%	5,803	8.12%	+0.62%
Yadkin	2,971	7.89%	3,064	8.22%	+4.18%
REGION	**15,218**	**7.70%**	**15,552**	**7.92%**	**+2.86%**
State	**981,234**	**9.66%**	**1,014,214**	**9.69%**	**+0.31%**
Nation	**30,903,719**	**9.57%**	**31,282,896**	**9.45%**	**-1.25%**

Source: U.S. Census Bureau ACS (DP05)

While decreases occurred on the national level (-1.25%), increases occurred in every county throughout the region, the largest (+4.83%) being in Davie County, followed by Yadkin (+4.18%).

Adults (Age 25-34):
This decade in life typically involves significant milestones for many individuals, such as advancing in careers, forming long-term partnerships, or starting families. Adults in this age group are often settling into their chosen career paths, looking for stability, and making strides towards financial independence. This period is also marked by a deeper understanding of personal and professional relationships, as well as the impact of their contributions to society. The focus often shifts towards building a sustainable future and laying down roots, whether through homeownership, community involvement, or starting a family.

Chart 12: Regional Adult Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

In 2022, the region had 21,282 adults aged 25-34, representing 10.83% of the total population. This marks an increase from 2018, where the adult population was 20,033, accounting for 10.14% of the population. The rate of change for the region's adult population over this period was +6.80%, indicating a significant growth in this demographic.

Table 9: Adult Population Trend by County (2018/2022)

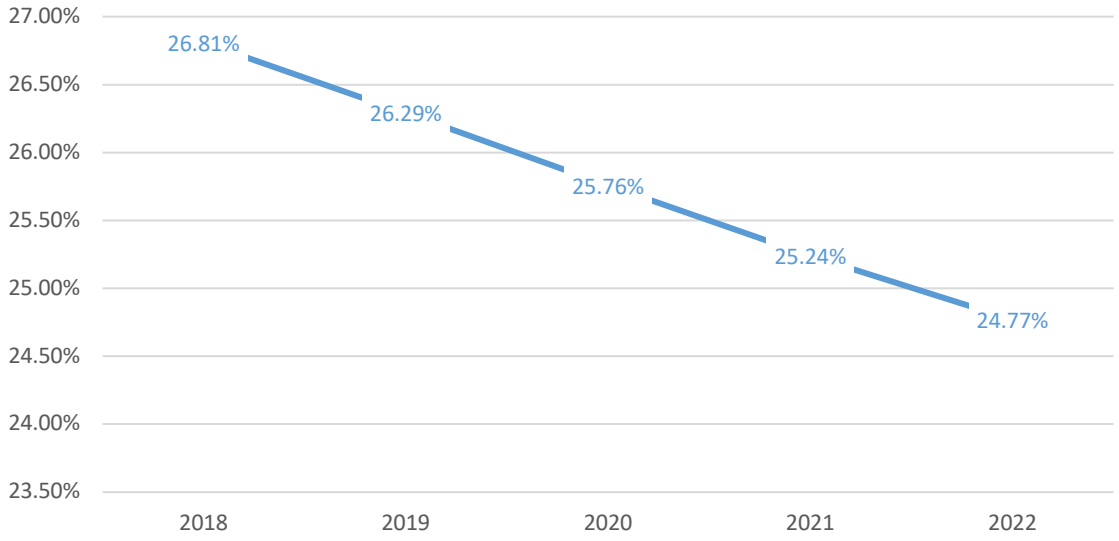
Area	2018 #	2018 %	2022 #	2022 %	Change
Davie	3,957	9.42%	4,414	10.26%	+8.92%
Stokes	4,800	10.46%	4,607	10.31%	-1.43%
Surry	7,411	10.28%	7,908	11.07%	+7.68%
Yadkin	3,865	10.26%	4,353	11.68%	+13.84%
REGION	**20,033**	**10.14%**	**21,282**	**10.83%**	**+6.80%**
State	**1,339,485**	**13.19%**	**1,394,673**	**13.32%**	**+0.99%**
Nation	**44,567,976**	**13.80%**	**45,388,153**	**13.71%**	**-0.65%**

Source: U.S. Census Bureau ACS (DP05)

While the percentage of residents in this age group (10.83%) is lower than the state (13.32%) and national (13.71%) averages, the regional rate of change (+6.80%) is significantly faster than the state (0.99%). In contrast, national data reflects a decrease (-0.65%).

Middle-Aged Adults (35-54):
Often considered the backbone of the workforce and family units, middle-aged adults carry substantial responsibilities in supporting younger and older generations alike. This stage is characterized by peak career development, leadership roles, and the nurturing of families. It's a time where the balance between personal aspirations and commitments to others is finely managed. Health and well-being often come to the forefront, as the effects of aging become more apparent. Community engagement, financial planning for retirement, and supporting children's education or caring for aging parents are common themes in this life stage.

Chart 13: Regional Middle-Aged Adult Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

Data indicates that there are approximately 48,665 individuals in this age group throughout the region, representing nearly one-quarter (24.77%) of the total population. Over the past five years, this age group has decreased by 7.61%, a faster pace than the state (-3.00%) and national (-1.82%) averages.

Table 10: Middle Aged Adult Population Trend by County (2018/2022)

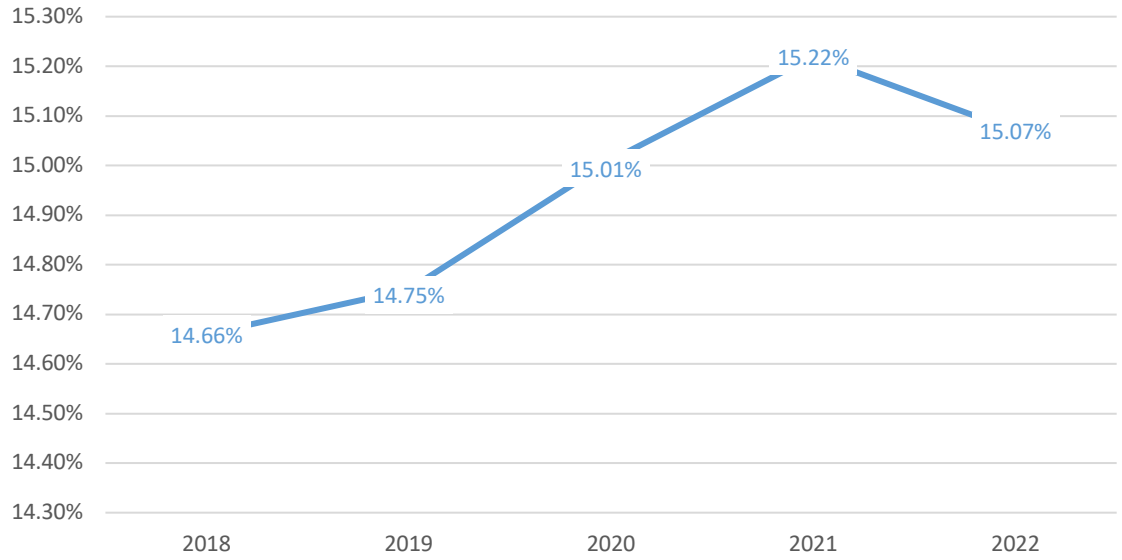
Area	2018 #	2018 %	2022 #	2022 %	Change
Davie	11,434	27.23%	10,646	24.74%	-9.14%
Stokes	12,380	26.97%	11,319	25.32%	-6.12%
Surry	19,013	26.37%	17,780	24.89%	-5.61%
Yadkin	10,173	27.01%	8,920	23.93%	-11.40%
REGION	**53,000**	**26.81%**	**48,665**	**24.77%**	**-7.61%**
State	**2,675,879**	**26.35%**	**2,675,944**	**25.56%**	**-3.00%**
Nation	**83,352,783**	**25.81%**	**83,897,716**	**25.34%**	**-1.82%**

Source: U.S. Census Bureau ACS (DP05)

On a county level, the largest decrease was identified in Yadkin County, at 11.40%. This was followed by Davie (-9.14%), Stokes (-6.12%), and Surry (-5.61%).

Older Adults (55-64):
As they approach the traditional retirement age, older adults begin to contemplate life beyond the workforce. It's a phase often associated with reflection on past achievements and the anticipation of a slower-paced life, with a focus on leisure, personal interests, and family. For many, it's also a time to plan earnestly for retirement, both financially and emotionally, and to make adjustments to living arrangements that accommodate changing mobility or health concerns. Despite these changes, many continue to contribute significantly to the workforce, their families, and society, offering experience, wisdom, and mentorship.

Chart 14: Regional Older Adult Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

The most recent Census data indicates that there are 29,593 older adults in the region served by the organization. This is an increase of 2.80% over the past five years, which is significantly faster than the state (+1.33%) and national (0.55%) rates of change.

Table 11: Older Adult Population Trend by County (2018/2022)

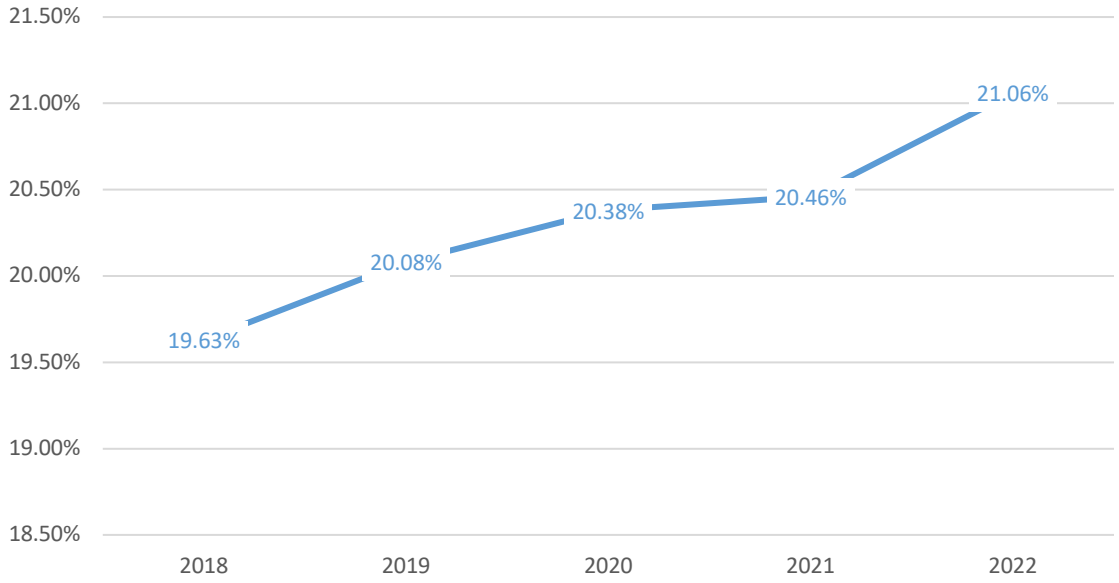
Area	*2018 #*	2018 %	2022 #	2022%	Change
Davie	6,204	14.77%	6,467	15.03%	+1.76%
Stokes	7,324	15.95%	7,295	16.32%	+2.32%
Surry	10,064	13.96%	10,249	14.35%	+2.79%
Yadkin	5,387	14.30%	5,582	14.97%	+4.69%
REGION	**28,979**	**14.66%**	**29,593**	**15.07%**	**+2.80%**
State	**1,295,412**	**12.76%**	**1,353,570**	**12.93%**	**+1.33%**
Nation	**41,286,731**	**12.79%**	**42,577,475**	**12.86%**	**+0.55%**

Source: U.S. Census Bureau ACS (DP05)

Yadkin County experienced the fastest growth, at 4.69%, with the slowest occurring in Davie County (+1.76%).

Senior Citizens (Age 65+):
Entering the senior years, individuals often experience significant lifestyle changes with retirement, changes in health status, and shifts in social dynamics. It's a period that can bring more leisure time and opportunities for travel, hobbies, and community involvement. Seniors may also face challenges such as managing health care needs, maintaining independence, and adjusting to the loss of peers and partners. This age group contributes to society through volunteerism, the transmission of knowledge and cultural values, and as active participants in the lives of their families and communities. Their well-being is influenced by the degree of their social support, economic security, and the quality of health care services they receive.

Chart 15: Regional Senior Citizen Population Percentage Trend (2018-2022)



Source: U.S. Census Bureau ACS (DP05)

In the evaluated region, an estimated 41,371 residents are over the age of 65, representing more than one-fifth (21.06%) of the total population. This is an increase of 7.25%, which is slower than the state (+7.89%) and national (+8.39%) averages.

Table 12: Senior Citizen Population Trend by County (2018/2022)

Area	2018 #	2018 %	2022 #	2022 %	Change
Davie	8,313	19.80%	9,225	21.44%	+8.28%
Stokes	9,098	19.82%	9,775	21.87%	+10.34%
Surry	14,189	19.68%	14,701	20.58%	+4.57%
Yadkin	7,208	19.14%	7,670	20.57%	+7.47%
REGION	**38,808**	**19.63%**	**41,371**	**21.06%**	**+7.25%**
State	**1,570,998**	**15.47%**	**1,747,925**	**16.69%**	**+7.89%**
Nation	**49,238,581**	**15.25%**	**54,737,648**	**16.53%**	**+8.39%**

Source: U.S. Census Bureau ACS (DP05)

The largest increases were noted in Stokes County (+10.34%), with the lowest change being in Surry (+4.57%).

Households:
A household, as defined by the Census Bureau, consists of all the people who occupy a housing unit, whether they are related or not. This unit could be a house, an apartment, a mobile home, or even a group of rooms or a single room that is intended as separate living quarters.

The data from 2022 indicates that there are approximately 79,301 households within the region, an increase of 0.54% from 2018's estimate of 79,734. It should be noted that the region's rate of change is significantly lower than the state (+4.76%) and national (+5.02%) averages.

The largest concentration of the region's households was found in Surry County (36.56%). The largest increase, however, was noted in Davie County (+2.93%). A decrease of 3.87% was identified in Yadkin County.

Table 13: Household Count by County (2018/2022)

Area	2018	2022	Change #	Change %
Davie	15,999	16,468	+469	+2.93%
Stokes	19,302	18,993	-309	-1.60%
Surry	28,985	28,990	+5	+0.02%
Yadkin	15,448	14,850	-598	-3.87%
REGION	**79,734**	**79,301**	**-433**	**-0.54%**
State	**3,918,597**	**4,105,232**	**+186,635**	**+4.76%**
Nation	**119,730,128**	**125,736,353**	**+6,006,225**	**+5.02%**

Source: U.S. Census Bureau ACS (DP02)

The average household size for the region is 2.46, which is smaller than the state (2.48) and national (2.57) averages. Over the past five years, the household size remains unchanged although decreases were experienced on state (-1.59%) and national (-2.28%) levels.

Table 14: Household Size Trend by County (2018/2022)

Area	2018	2022	Change %
Davie	2.60	2.59	-0.38%
Stokes	2.35	2.32	-1.28%
Surry	2.45	2.43	-0.82%
Yadkin	2.42	2.49	+2.89%
REGION	**2.46**	**2.46**	**+/-0%**
State	**2.52**	**2.48**	**-1.59%**
Nation	**2.63**	**2.57**	**-2.28%**

Source: U.S. Census Bureau ACS (DP02)

An increase of 2.89% was noted in Yadkin County, with decreases being observed in Stokes (-1.28%), Surry (-0.82%), and Davie (-0.38%).

Household Profiles:
In the analysis of poverty, understanding household composition is critical because different household types often have varying levels of vulnerability and resource needs. It should be noted that this dataset is only available for the past four years.

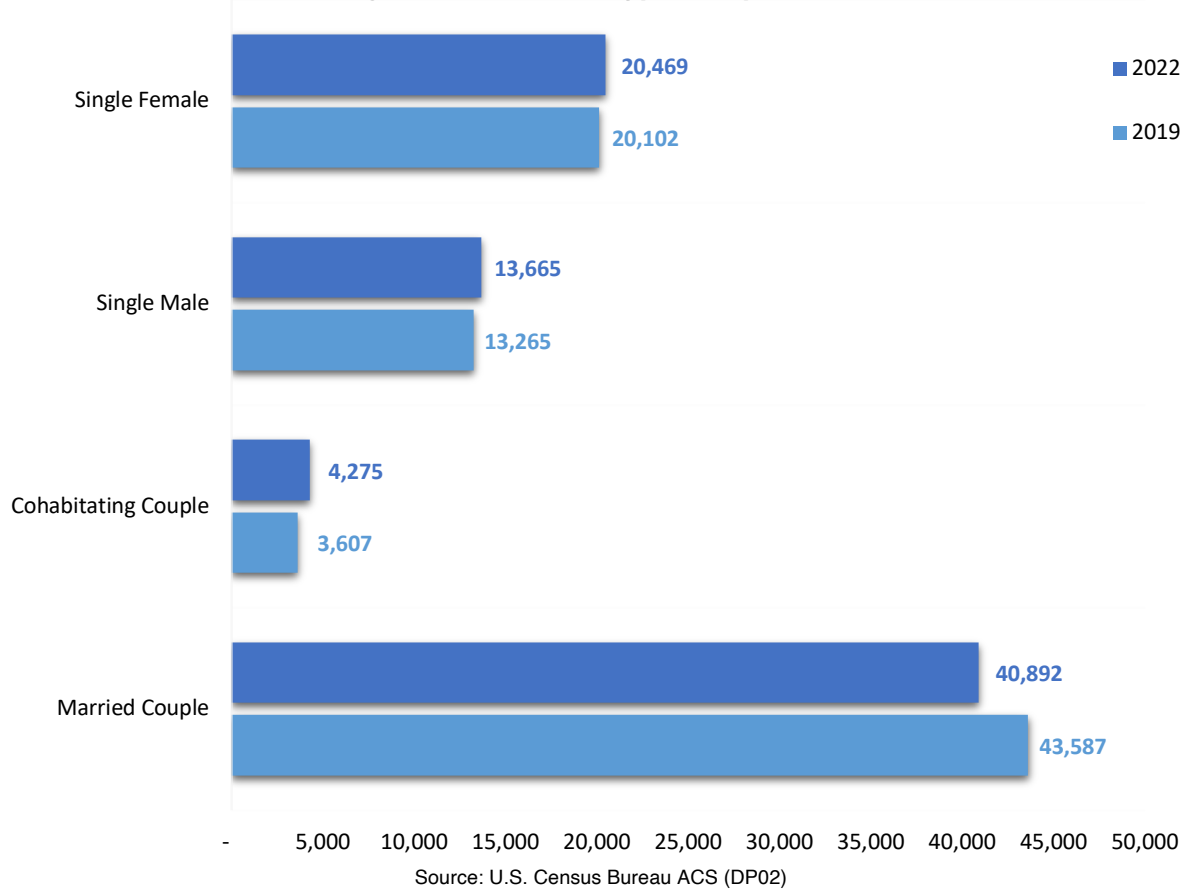
Single Female-Headed Households refer to homes where a female adult is the sole provider and decision-maker. In 2022, data indicates that 20,469 of the region's households fit this classification, an increase of 1.83% since 2019.

Single Male-Headed Households have grown to 13,665, marking an increase of 3.02% from 2019. Though they typically have lower poverty rates than single female-headed households, the growth in this segment might signal a need for targeted social programs specifically for single fathers.

Cohabitating Couple Households consist of two adults living together in a partnership without being married. This group experienced an increase of 18.52% to the current count of 4,275. This group can often share resources and may have dual incomes, which can offer more economic stability than single-adult households. However, they might not have the same legal protections or benefits as married couples.

Married Couple Households are composed of two adults legally bound by marriage. This is the largest grouping, at 40,892 households. Over the past five years, these households have decreased by 6.18%.

Chart 16: Regional Household Type Comparison (2019/2022)



Source: U.S. Census Bureau ACS (DP02)

Households with Children

Among the various household types in the region, an estimated 22,113 were noted as including at least one child under the age of 18. This is a decrease of 3.34% for the entire region, which is significantly faster than the state average (-0.03%) and in contrast to the national change of +1.02%.

Table 15: Households with Children Count by County (2018/2022)

Area	2018	2022	Change #	Change %
Davie	4,991	4,502	-489	-9.80%
Stokes	5,410	5,001	-409	-7.56%
Surry	7,955	8,369	+414	+5.20%
Yadkin	4,522	4,241	-281	-6.21%
REGION	**22,878**	**22,113**	**-765**	**-3.34%**
State	**1,219,054**	**1,218,725**	**-329**	**-0.03%**
Nation	**37,574,321**	**37,956,469**	**+382,148**	**+1.02%**

Source: U.S. Census Bureau ACS (DP02)

While increases were noted in Surry County (+5.20%), decreases were experienced in Davie (-9.80%), Stokes (-7.56%), and Yadkin (-6.21%) counties.

Households with Seniors

During the same time period, the number of households containing seniors increased from 27,326 to 29,339 (+7.37%). This rate of change is slower than both the state (+12.41%) and national (+12.73%) averages.

Table 16: Households with Seniors Count by County (2018/2022)

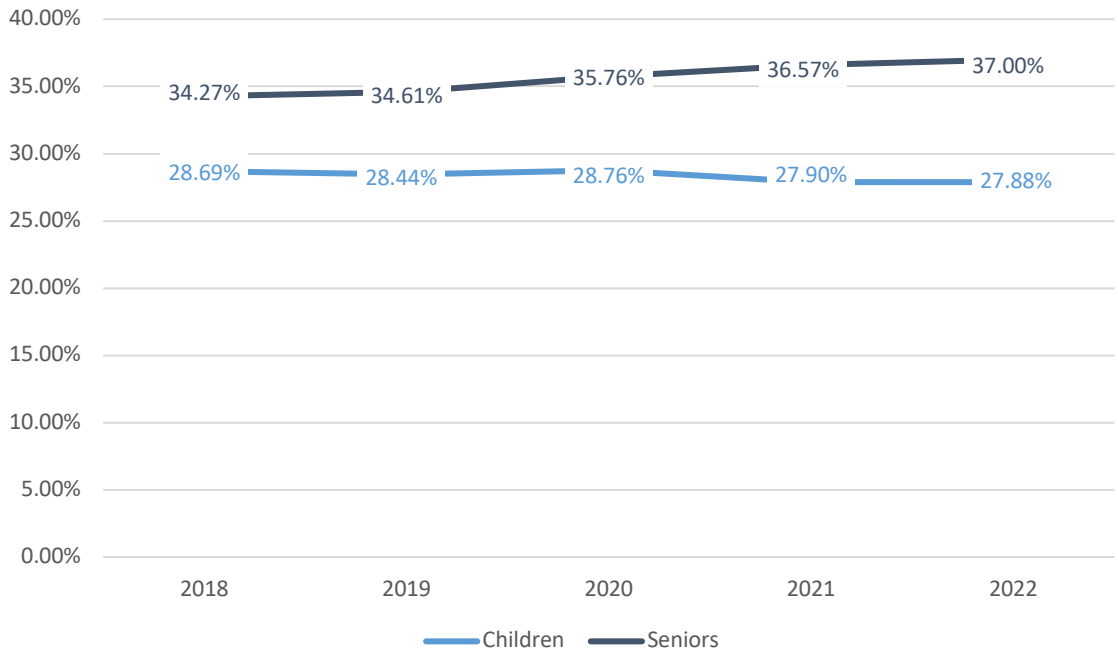
Area	2018	2022	Change #	Change %
Davie	5,728	6,523	+795	+13.88%
Stokes	6,508	7,116	+608	+9.34%
Surry	9,949	10,355	+406	+4.08%
Yadkin	5,141	5,345	+204	+3.97%
REGION	**27,326**	**29,339**	**+2,013**	**+7.37%**
State	**1,103,893**	**1,240,215**	**+137,000**	**+12.41%**
Nation	**34,395,751**	**38,775,247**	**4,379,496**	**+12.73%**

Source: U.S. Census Bureau ACS (DP02)

The largest increases were observed in Davie (+13.88%), followed by Stokes (+9.34%), Surry (+4.08%), and Yadkin (+3.97%).

To further demonstrate the scope of the community's aging population, the chart below provides the percentages of households in the region with children as compared to those with senior citizens. Between 2018 and 2022, the gap between the number of households with children and the number of households with seniors has increased by 69.83%

Chart 17: Regional Household with Seniors/Children Trends (2018-2022)



Source: U.S. Census Bureau (DP02)

The relevance of this data lies in its implications for community planning and resource allocation. An increasing number of senior households suggests a growing demand for services tailored to older adults, such as healthcare, senior housing, and social support programs. Conversely, the slight decline in households with children may indicate a reduced need for certain types of services, such as childcare and youth programs, but highlights the need to support the existing young population effectively.

General Observations:
In 2022, the combined population of Davie, Stokes, Surry, and Yadkin counties in North Carolina totals approximately 196,435 residents. This diverse population is characterized by a predominant age group of Middle-Aged individuals (35-54 years), making up 48,665 people. The racial composition is primarily White, accounting for 88.18% of the population, followed by African Americans at 3.87%, Asians at 0.42%, American Indians at 0.35%, and a growing Multi-Race population at 4.56%. In terms of ethnicity, the Hispanic population represents 8.80% of the total residents. The gender distribution shows a slight predominance of females, with 99,851 individuals compared to 96,584 males, resulting in a gender ratio of 97 males for every 100 females.

Over the past five years, the region's demographic profile has experienced several notable changes. The median age has increased from 44.73 years in 2018 to 45.23 years in 2022, reflecting an aging population. The senior population (65+ years) has grown by 7.25%, with Davie County experiencing the most substantial increase at 13.88%. Conversely, the population of school-aged children (5-17 years) has declined by 3.90%, indicating a reduction in the younger demographic.

Racial dynamics have also shifted, with the White population decreasing by 4.07%, a reduction of 7,356 individuals. The African American population has declined by 9.56%, while the American Indian and Asian populations have decreased by 13.16% and 12.78%, respectively. In contrast, the Multi-Race population has surged by 207.02%, highlighting a significant trend towards greater racial diversity within the region. The Hispanic population has also seen a growth of 10.97%, indicating increasing ethnic diversity.

Gender distribution has experienced slight changes, with the number of males increasing by 0.21% and females decreasing by 1.41%. This shift has narrowed the gender gap by 1.62%, leading to a more balanced gender ratio over time.

These demographic shifts underscore the growing aging population, increasing racial and ethnic diversity, and a slight narrowing of the gender gap. Understanding these changes is crucial for community planning and resource allocation, ensuring that the evolving needs of the population are met effectively. The increase in the senior population suggests a heightened demand for healthcare and age-related services, while the growing diversity emphasizes the need for inclusive and culturally appropriate community programs. Addressing these trends will help create a balanced and resilient community that supports all its residents.

Income & Poverty

Introduction

Poverty is simply defined as a state or condition in which a person lacks sufficient financial resources to maintain a minimum standard of living. This insufficiency hinders an individual's ability to secure adequate housing, access clean water, procure healthy food, and receive necessary healthcare. Determining poverty rates involves quantifying this deficit relative to established benchmarks. For the context of this project, these rates will be assessed based on the poverty threshold set by the United States government. This monetary benchmark varies depending on family size and composition to objectively measure and compare the economic well-being of community members.

Poverty Rates

The poverty rate is a statistical measure used to assess the prevalence of poverty within a specific population or geographic area. It quantifies the proportion of individuals or households living below a certain income threshold, known as the poverty line.

During the most recently completed Census study, an estimated 27,956 members of the region's population, or 13.82% of all individuals, were identified as having incomes below 100% of the national poverty level. It should be noted that this rate is higher than both the state (13.50%) and national (12.50%) averages.

Table 17: Poverty Rates by County (2022)

Area	Poverty Count	Poverty Rate
Davie	4,958	11.60%
Stokes	5,281	12.00%
Surry	12,615	17.90%
Yadkin	5,102	13.80%
REGION	**27,956**	**13.82%**
State	**1,357,418**	**13.30%**
Nation	**40,521,584**	**12.50%**

Source: U.S. Census Bureau ACS (S1701)

Surry County has the highest poverty count and rate, with 12,615 individuals living in poverty, which represents 17.90% of its population. This rate is significantly higher than the regional average of 13.82%, indicating a substantial poverty issue in Surry County.

Yadkin County follows with a poverty rate of 13.80%, closely aligned with the regional average but still higher than both the state and national averages. The poverty count in Yadkin is 5,102 individuals.

Stokes County has a poverty rate of 12.00%, with 5,281 individuals living below the poverty line. This rate is lower than both the state and national averages, albeit not significantly.

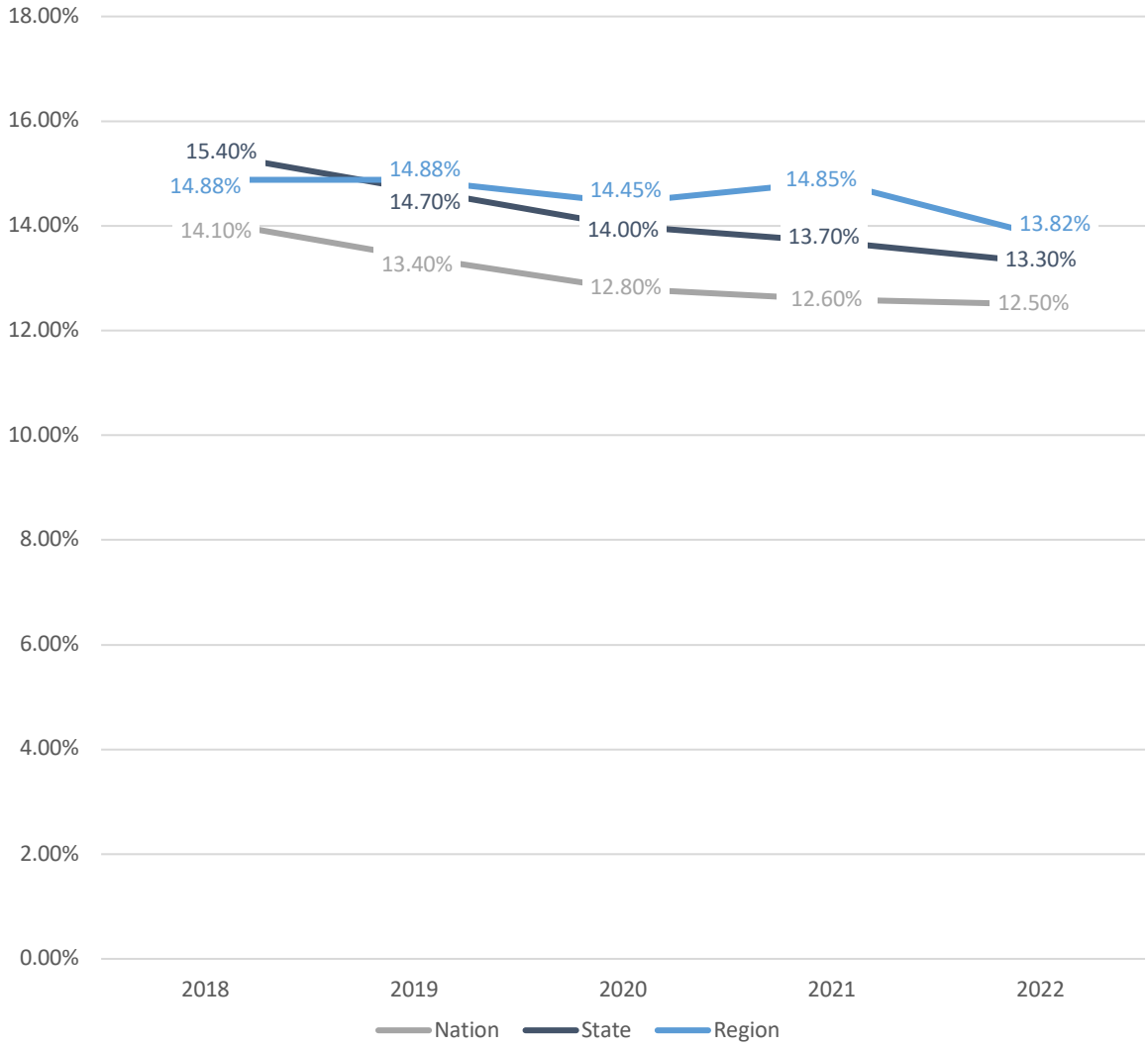
Davie County has the lowest poverty rate in the region at 11.60%, with 4,958 individuals living in poverty. Despite having the lowest rate in the region, it is still not considerably out of sync with state and national averages.

Poverty Trend

Monitoring poverty trends is essential, not only for grasping the current economic challenges, but also for forecasting future conditions. Historic data on poverty can reveal patterns and trajectories, enabling predictions on whether economic circumstances for low-income populations are likely to improve or worsen. By analyzing these trends, we can proactively address potential issues, adapt strategies to emerging needs, and set in motion effective solutions aimed at reducing poverty. This foresight is critical for shaping policies and programs designed to improve economic stability and uplift those in need.

Between 2018 and 2022, the regional poverty rate experienced a net decrease of 7.12%, lowering from 14.88% to 13.82%. While this data indicates positive change, the improvements occurred at a much slower pace compared to state (-13.64%) and national (-11.13%) averages. In 2018, the regional poverty rate of 14.88% was lower than the state average of 15.40% and closely aligned with the national average of 14.10%. However, due to the slower rate of improvement, the regional poverty rate is now higher than both the state (13.30%) and national (12.50%) averages as of 2022.

Chart 18: Regional Poverty Rate Trend (2018—2022)



Source: U.S. Census Bureau ACS (S1701)

In Davie County, the poverty rate decreased significantly from 13.70% in 2018 to 11.60% in 2022, representing a reduction of 15.33%. This decline indicates substantial progress in reducing poverty, surpassing the regional average change of -7.12% and the national average change of -11.13%.

Table 18: Poverty Rate Trends by County (2018-2022)

Area	2018	2019	2020	2021	2022	Change %
Davie	13.70%	13.90%	13.70%	12.60%	11.60%	-15.33%
Stokes	13.60%	13.80%	13.60%	14.80%	12.00%	-11.76%
Surry	16.90%	16.40%	16.40%	16.60%	17.90%	+5.92%
Yadkin	15.30%	15.40%	14.10%	15.40%	13.80%	-9.80%
REGION	**14.88%**	**14.88%**	**14.45%**	**14.85%**	**13.82%**	**-7.12%**
State	**15.40%**	**14.70%**	**14.00%**	**13.70%**	**13.30%**	**-13.64%**
Nation	**14.10%**	**13.40%**	**12.80%%**	**12.60%**	**12.50%**	**-11.13%**

Source: U.S. Census Bureau ACS (S1701)

Stokes County experienced fluctuations in its poverty rate, starting at 13.60% in 2018 and peaking at 14.80% in 2021, before dropping to 12.00% in 2022. Overall, Stokes County saw an 11.76% decrease in poverty, closely aligning with the national average change of -11.13% but not as significant as Davie County's reduction.

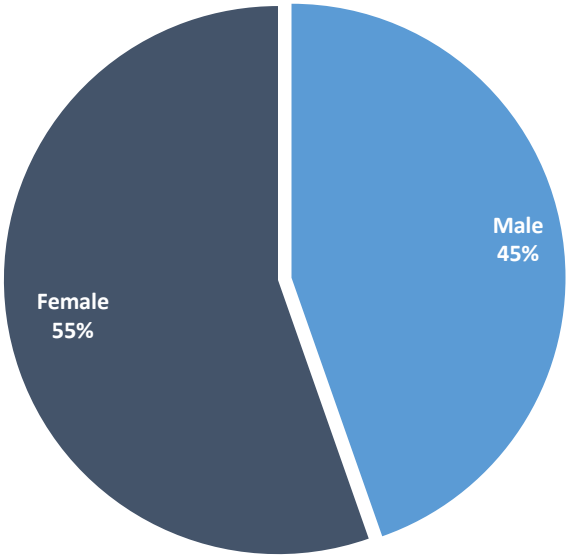
Unlike other counties, Surry County's poverty rate increased from 16.90% in 2018 to 17.90% in 2022, marking a 5.92% rise. This upward trend indicates worsening economic conditions in Surry County, diverging significantly from the regional, state, and national trends, which all show reductions in poverty rates.

In Yadkin County, the poverty rate started at 15.30% in 2018, fluctuating to 15.40% in 2021, before decreasing to 13.80% in 2022. This reduction corresponds to a 9.80% decrease, which is less than the state average change of -13.64% but still represents a positive movement towards reducing poverty.

Poverty by Gender

Evaluating poverty rates by gender is essential because it sheds light on gender-specific barriers that contribute to economic disparities. This knowledge can inform the development of targeted policies and programs that address unique challenges faced by men and women, such as wage gaps, employment opportunities, access to education, and healthcare. Recognizing these nuances ensures that anti-poverty strategies are equitable and effective, promoting gender equality and empowering all individuals to achieve financial stability and self-sufficiency.

Chart 19: Regional Population in Poverty by Gender (2022)



Source: U.S. Census Bureau ACS (S1701)

In the area served by the organization, more than half of the individuals living in poverty (55.37%) identified as female, representing 15,480 individuals. The remaining 12,476 residents (44.63%) identified as male.

Table 19: Gender Poverty Rate Trends by County (2022)

Area	LI Male #	LI Male %	LI Female #	LI Female %
Davie	2,149	10.30%	2,809	12.90%
Stokes	2,174	10.10%	3,107	13.80%
Surry	5,710	16.60%	6,905	19.20%
Yadkin	2,443	13.20%	2,659	14.40%
REGION	**12,476**	**12.55%**	**15,480**	**15.07%**
State	**594,769**	**12.00%**	**762,649**	**14.60%**
Nation	**18,109,332**	**11.30%**	**22,412,252**	**13.70%**

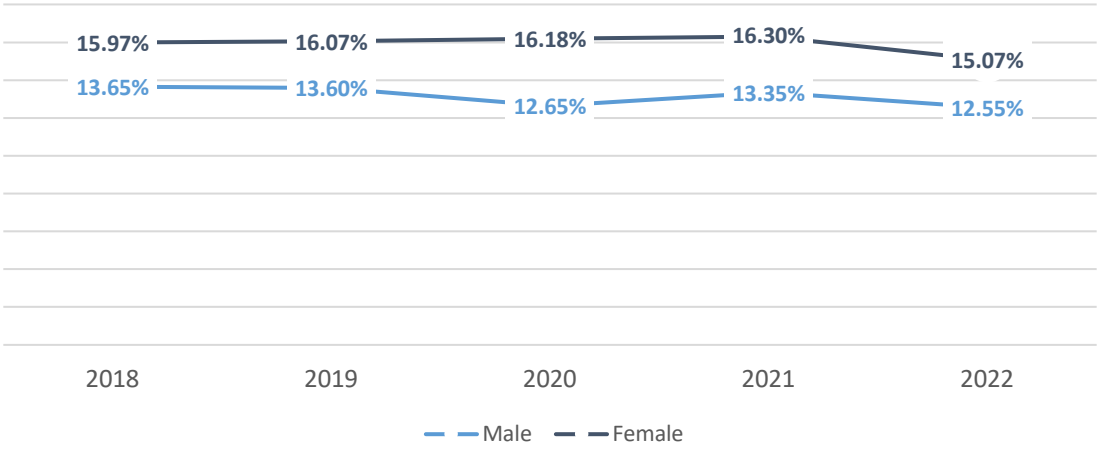
Source: U.S. Census Bureau ACS (S1701)

Not only did females account for the largest portion of the low-income population, but females also (15.07%) were more likely to live in poverty than males (12.55%). These gender disparities highlight critical areas for intervention, especially in supporting female-centric economic opportunities and addressing systemic barriers that disproportionately affect women. The data underscores the importance of tailored, community-specific strategies to combat poverty, with an emphasis on addressing the unique challenges faced by women in these communities.

Poverty Trend by Gender

From 2018 to 2022, the female poverty rate improved by 5.64%, decreasing from 15.97% to 15.07%. The male poverty rate improved by 8.06%, decreasing from 13.65% to 12.55%. However, the gap between male and female poverty rates has increased by 8.62% over the past five years. This widening gap indicates that while both genders have seen improvements in poverty rates, the rate of improvement for males has been more significant than for females.

Chart 20: Gender Poverty Rate Trend (2018-2022)



Source: U.S. Census Bureau ACS (S1701)

Monitoring gender poverty trends is crucial for several reasons. First, it helps identify persistent and emerging disparities between men and women, providing a clearer picture of how different segments of the population are affected by economic challenges. By understanding these disparities, policymakers and community leaders can develop targeted interventions that address the specific needs of each gender. For example, programs aimed at closing the wage gap, increasing access to education and training, and supporting women's healthcare can be more effectively implemented when there is a clear understanding of gender-specific poverty trends.

Second, tracking these trends over time allows for the assessment of the effectiveness of existing policies and programs. If the data shows that the gap between male and female poverty rates is widening, it may indicate that current strategies are not adequately addressing the unique challenges faced by women. This insight can lead to a reevaluation and adjustment of anti-poverty initiatives to ensure they are more inclusive and effective.

Additionally, monitoring gender poverty trends is important for fostering gender equality. Economic disparities between men and women can perpetuate cycles of poverty and limit opportunities for women to achieve financial independence. By highlighting these issues, communities can work towards creating a more equitable society where all individuals have the opportunity to thrive.

Finally, understanding gender poverty trends can help in the allocation of resources. Communities with higher rates of female poverty may require more funding for services such as childcare, healthcare, and job training programs specifically tailored for women. Effective resource allocation based on accurate data ensures that the most vulnerable populations receive the support they need.

Poverty by Age

Understanding poverty rates by age is crucial as it highlights the distinct economic vulnerabilities experienced at different life stages. Young children in poverty may face developmental challenges, while working-age adults may struggle with employment stability. Elderly individuals may confront inadequate retirement resources, affecting their quality of life. By analyzing poverty through an age-based lens, interventions can be designed to provide age-appropriate support, such as child nutrition programs, job training for adults, and income security for seniors, ensuring that each age group receives the focused assistance they need to overcome the specific challenges of poverty they face.

Children under five years old are the most likely to live in poverty, with a poverty rate of 21.75% in 2022. This age group often faces higher poverty rates due to factors such as the costs associated with early childhood care, the potential lower earning power of their parents who might be early in their careers, and other socio-economic challenges that can impact young families. Poverty can have profound effects on young children, including inadequate nutrition, limited access to healthcare, and developmental delays. Early childhood is a critical period for cognitive and emotional development, and poverty can severely impact a child's long-term prospects. Interventions such as early childhood education programs, nutritional support, and healthcare access are essential to mitigate these risks.

Table 20: Poverty Data by Age Group Comparison (2018/2022)

Age	2018		2022		Change	
Group	Count	Rate	Count	Rate	Count	Rate
<5	2,422	24.98%	2,102	21.75%	-320	-12.93%
5-17	7,137	22.68%	6,069	19.68%	-1,068	-13.23%
18-34	6,297	17.95%	5,904	15.82%	-393	-11.87%
35-64	10,162	12.13%	9,670	11.68%	-492	-3.71%
65+	3,528	8.80%	4,211	9.88%	+683	+12.27%

Source: U.S. Census Bureau (S1701)

Children aged 5-17 have a poverty rate of 19.68% in 2022, down from 22.68% in 2018, indicating a reduction of 13.23% over the period. Poverty in this age group can impact educational attainment, social development, and overall well-being. Children in poverty may face challenges such as food insecurity, unstable housing, and limited access to educational resources. These factors can lead to poor academic performance, higher dropout rates, and long-term economic disadvantages. Programs that provide school meals, after-school tutoring, and stable housing can help improve outcomes for children in this age group.

Young adults aged 18-34 had a poverty rate of 15.82% in 2022, down from 17.95% in 2018, reflecting an 11.87% reduction. This suggests that while young adults still face significant economic challenges, there has been some improvement over the past five years. Poverty in this age group can impact educational and career opportunities, delaying milestones such as completing higher education, entering the workforce, or achieving financial independence. Young adults in poverty may struggle with student loan debt, low-wage jobs, and housing instability. Policies that focus on affordable education, job training, and housing assistance can support this demographic in achieving economic stability.

The age group of 35-64 had a poverty rate of 11.68% in 2022, slightly down from 12.13% in 2018, showing a modest reduction of 3.71%. This group, which typically includes prime working-age adults, shows the smallest improvement among the groups with reduced poverty rates. Adults in this age group often face challenges such as employment stability, healthcare costs, and supporting dependents. Poverty can limit their ability to save for retirement, invest in their children's education, or afford necessary medical care. Interventions such as workforce development programs, healthcare access, and financial literacy education can help alleviate poverty in this age group.

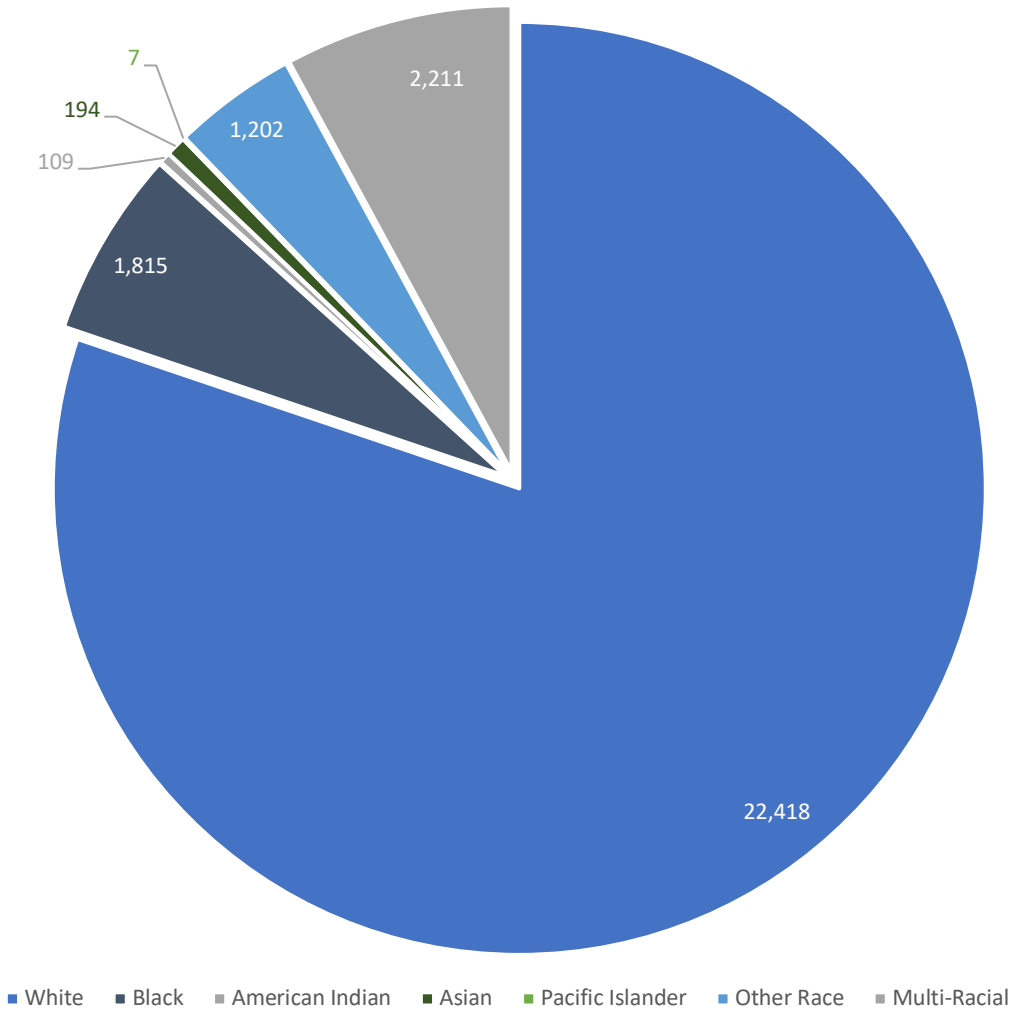
The only age group to see an increase in poverty rates over the period was seniors aged 65 and older. Their poverty rate increased from 8.80% in 2018 to 9.88% in 2022, a rise of 12.27%. This increase highlights the growing economic vulnerability of the elderly, potentially due to inadequate retirement savings, rising healthcare costs, and other age-related financial challenges. Seniors in poverty may struggle with fixed incomes, health issues, and housing insecurity. Programs that provide affordable healthcare, social security benefits, and senior housing can help improve the quality of life for elderly individuals living in poverty.

Poverty by Race

Analyzing poverty rates by race reveals the systemic inequalities that contribute to disparate economic conditions among different racial groups. This data can guide targeted policies and programs to address the specific barriers that minority populations often face, including discrimination, unequal access to education, and job opportunities. It helps in ensuring that efforts to alleviate poverty are equitable and effective, promoting social justice and economic inclusivity.

The largest portion of the low-income population in the region is White, accounting for 22,418 individuals or 80.19% of the low-income population. This high percentage reflects the overall racial composition of the region, where Whites are the majority. However, the high number of Whites in poverty also indicates that poverty is not confined to minority groups and that systemic economic issues affect the broader population.

Chart 21: Population in Poverty by Race (2022)



Source: U.S. Census Bureau (S1701)

The Multi-Racial group makes up 7.91% of the low-income population, with 2,211 individuals. Multi-racial individuals may face unique socio-economic challenges due to their diverse backgrounds and experiences with racial identity. Addressing poverty within this group requires a nuanced understanding of their specific needs and circumstances.

The Black population constitutes 6.49% of the low-income population, with 1,815 individuals. Although this percentage is lower compared to Whites, it is still significant. The Black community often faces historical and systemic barriers, including discrimination in the job market, lower wages, and limited access to quality education and healthcare. These factors contribute to higher poverty rates within this group.

Individuals categorized as 'Other Race' constitute 4.30% of the low-income population, totaling 1,202 people. This group can include individuals from various ethnic backgrounds who do not fit into the traditional racial categories. Their diverse experiences and challenges need to be acknowledged in poverty alleviation efforts.

The Asian population accounts for 0.69% of the low-income population, with 194 individuals. Despite often being perceived as a 'model minority,' Asian communities can experience significant economic disparities, especially among subgroups that face language barriers, immigration status issues, and employment discrimination. This data underscores the need to consider these nuances when addressing poverty within Asian populations.

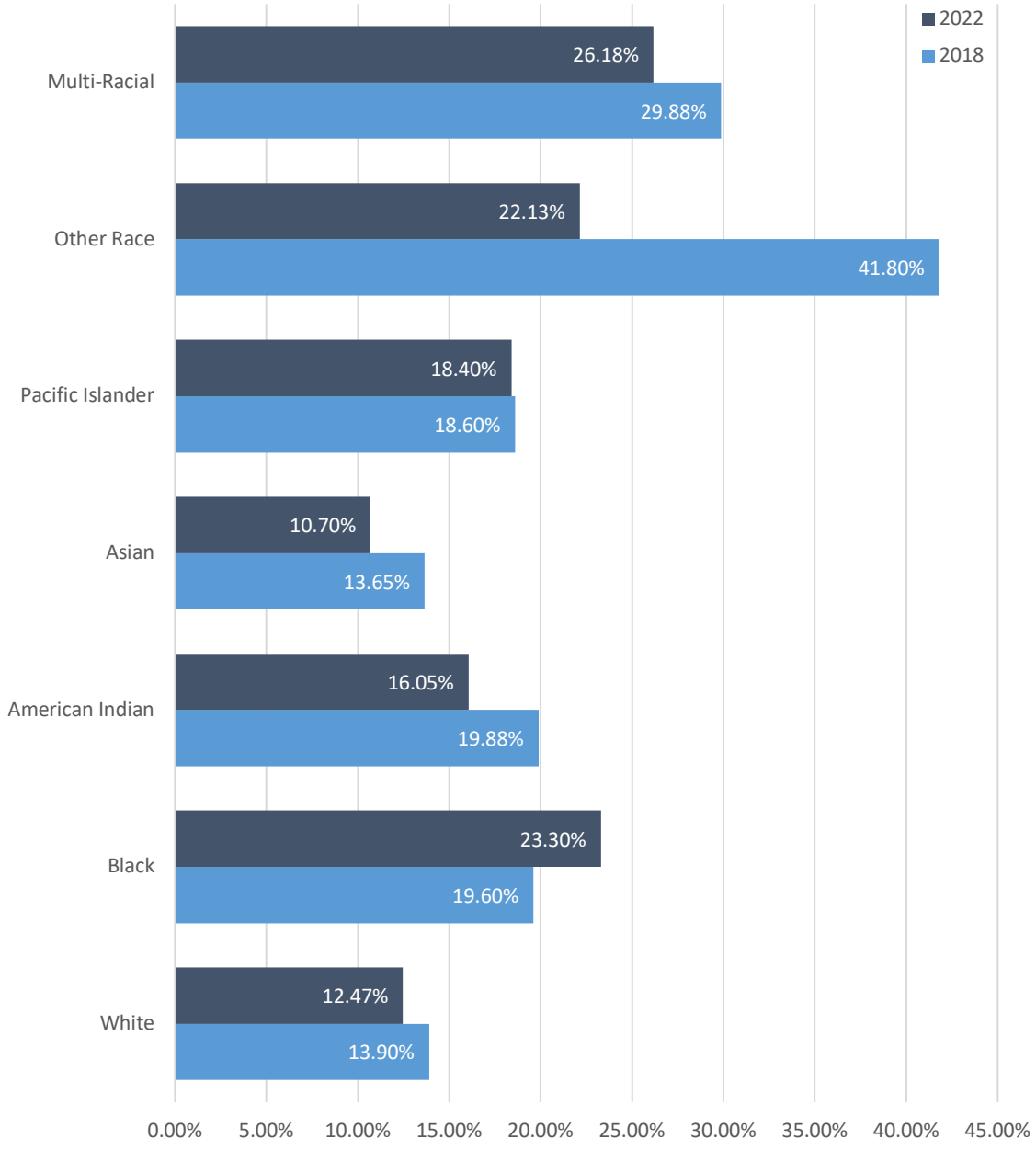
American Indians represent a small fraction of the low-income population, with 109 individuals, or 0.39%. This small percentage may be due to the overall smaller population size of American Indians in the region. Nonetheless, American Indians can face unique challenges such as cultural discrimination, limited access to education and healthcare, and economic marginalization, which can contribute to poverty.

Pacific Islanders are the smallest racial group in the low-income population, with only 7 individuals or 0.03%. While this number is extremely low, it highlights the importance of not overlooking smaller racial groups in poverty assessments and ensuring that all communities receive appropriate support.

When considering the likelihood of living in poverty, as opposed to the portion of the total population in poverty, the 2022 poverty rates reveal significant disparities among different racial groups. Analyzing these rates alongside the changes from 2018 to 2022 provides a clearer understanding of the trends and challenges specific to each group, highlighting both progress and ongoing issues.

More than one-quarter (26.18%) of all residents identifying as Multi-Racial live in poverty. This is followed by residents identifying as Black (23.30%), Other Race (22.13%), Pacific Islander (18.40%), and American Indian (16.05%). The lowest rates were found among individuals identifying as White (12.47%) and Asian (10.70%).

Chart 22: Average Poverty Rates by Race (2018/2022)



Source: U.S. Census Bureau (S1701)

Over the past five years, all races, other than those identifying as Black, experienced decreases in their poverty rates. The Black population saw an increase of 18.88% in their poverty rate, rising from 19.60% in 2018 to 23.30% in 2022. This significant increase highlights ongoing socio-economic challenges and systemic barriers that disproportionately affect Black individuals. Monitoring changes over time is crucial for understanding the underlying causes and developing targeted interventions to address these disparities.

For the 'Other Race' category, there was a substantial decrease in the poverty rate, which dropped by 47.06%, from 41.80% in 2018 to 22.13% in 2022. This significant improvement suggests effective poverty alleviation efforts within this group or socio-economic changes favoring these individuals.

The Asian population also experienced a notable decrease in their poverty rate, with a reduction of 21.61%, dropping from 13.65% in 2018 to 10.70% in 2022. This decline indicates significant progress in improving economic conditions for this group.

The American Indian population saw a decrease of 19.27% in their poverty rate, which went from 19.88% in 2018 to 16.05% in 2022. This reduction reflects improvements in the economic well-being of this group.

Multi-Racial individuals experienced a decrease in their poverty rate by 12.38%, with the rate declining from 29.88% in 2018 to 26.18% in 2022. While this group still faces high poverty rates, the reduction indicates some progress in addressing their economic challenges.

The White population experienced a decrease of 10.29% in their poverty rate, which went from 13.90% in 2018 to 12.47% in 2022. This reduction shows gradual improvement in economic stability for this group.

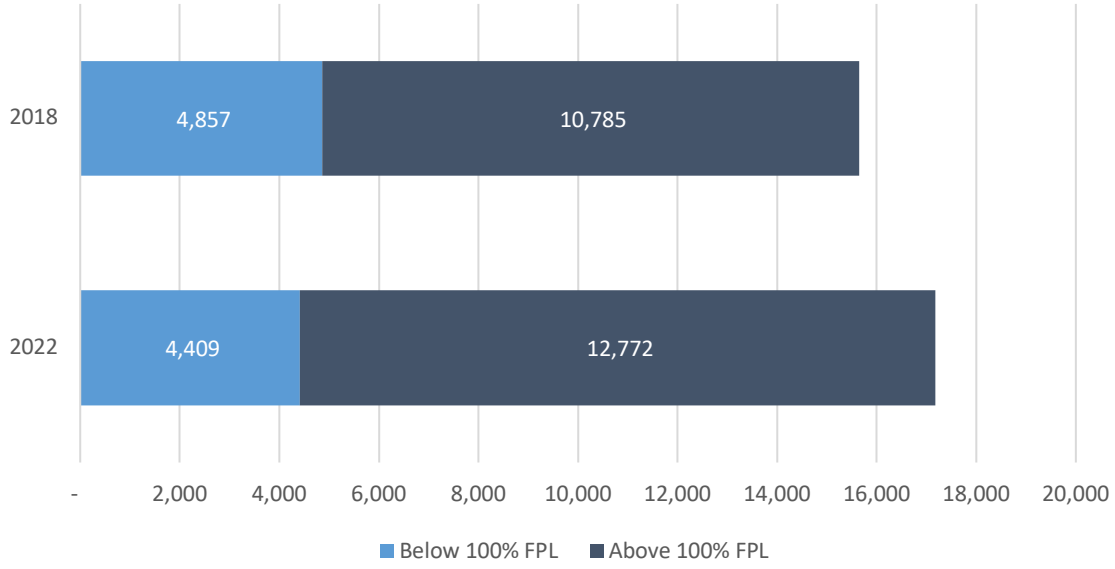
Pacific Islanders had the smallest change in their poverty rate, with a decrease of 1.08%, going from 18.60% in 2018 to 18.40% in 2022. Although the change is minimal, it still indicates a slight improvement in their economic conditions.

Poverty by Ethnicity

In 2022, the region had 17,181 Hispanic residents, with 4,409 individuals identified as low income, resulting in a poverty rate of 25.66%. This indicates that a significant portion of the Hispanic population faces economic hardships, underscoring the need for targeted poverty alleviation efforts.

In comparison, in 2018, the Hispanic population in the region was 15,642, with 4,857 individuals living below the poverty line, which represented a poverty rate of 31.05%. Although the overall number of Hispanic residents increased by 9.22% over the past five years, the poverty rate among Hispanics decreased significantly by 17.36% during the same period.

Chart 23: Low-Income Hispanic Count Comparison (2018/2022)



Source: U.S. Census Bureau (S1701)

This decrease in the poverty rate among Hispanic residents is a positive indicator of improved economic conditions within this ethnic group. The reduction in this poverty rate suggests that there may have been effective socio-economic interventions, increased access to economic opportunities, or improved community support systems that have benefited the Hispanic population.

Poverty Benchmarks

An estimated 11,053 local residents were noted as living in deep poverty. Defined by incomes below 50% of the nationally recognized poverty level, these individuals are known to live in a state of severe economic hardship where residents struggle to afford basic necessities. Over the past five years, the number of individuals in this income category decreased by 923 or 7.71%.

Table 21: Poverty Benchmark Count Comparison (2018/2022)

Poverty %	2018	2022	Change
< 50%	11,976	11,053	-923
50 - 100%	17,570	16,903	-667
100 - 125%	11,933	8,870	-3,063
125 - 150%	11,570	10,687	-883
150 - 200%	20,705	19,110	-1,595

Source: U.S. Census Bureau (S1701)

Data indicates that there are 27,956 local residents living in poverty at the present time, 16,903 of which (60.46%) are above 50%. Over the past five years, the number of community members in this poverty bracket has decreased by 3.80%.

Overall, there are an estimated 36,826 residents in the region that qualify for CSBG based on the traditional 125% level, with 66,623 qualifying based on the 200% level that has been utilized since the award of CARES funding.

Table 22: Poverty Benchmarks by County (2022)

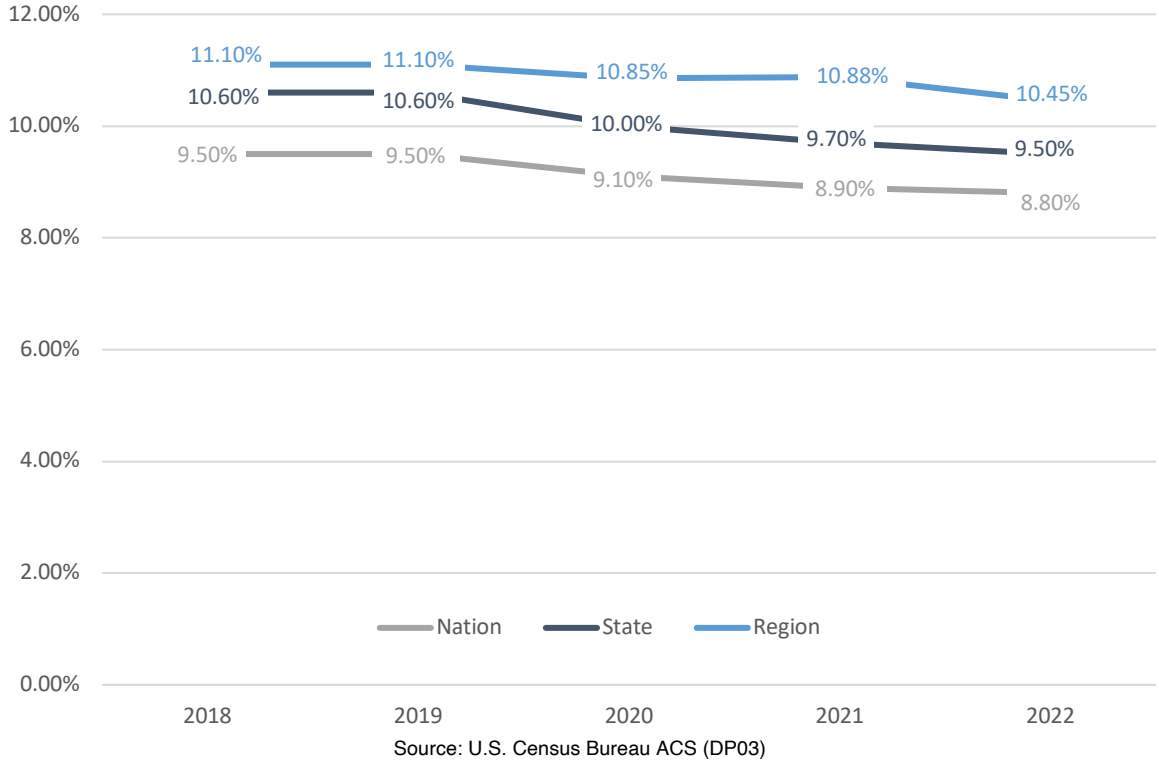
Area	>50%	>100%	>125%	>200%
Davie	2,225	4,958	6,415	11,609
Stokes	2,349	5,281	6,891	14,939
Surry	4,312	12,615	16,319	28,028
Yadkin	2,167	5,102	7,201	12,047
REGION	**11,053**	**27,956**	**36,826**	**66,623**
State	**612,228**	**1,357,418**	**1,813,380**	**3,216,609**
Nation	**18,860,708**	**40,521,584**	**53,120,911**	**93,118,710**

Source: U.S. Census Bureau ACS (S1701)

Households in Poverty

It is estimated that there are 8,287 households living in poverty throughout the region. This number is contextualized by the poverty rates that compare the region not only to the state but also to national averages, providing a broader perspective on the socioeconomic challenges these households face. For 2022, the poverty rate in the region stands at 10.45%, which is higher than both the state (9.50%) and national (8.80%) averages.

Chart 24: Household Poverty Rate Trend (2018-2022)



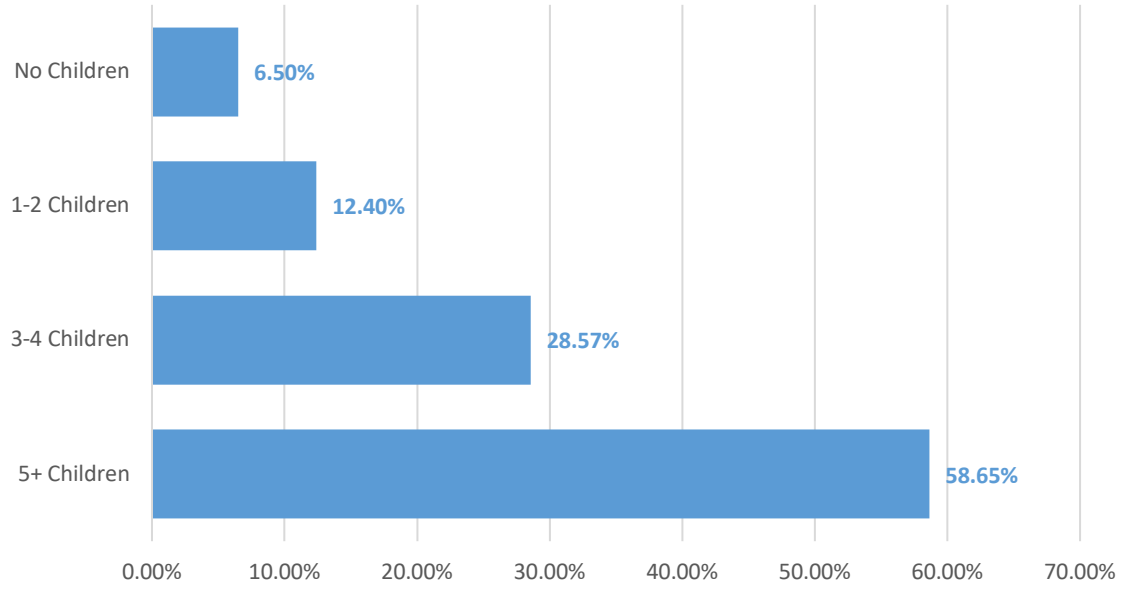
Source: U.S. Census Bureau ACS (DP03)

Over the past five years the region has experienced a decrease in the household poverty rate of 5.86%. This is significantly slower than the improvements on the state (-10.38%) and national (-7.37) levels.

The analysis of poverty rates among households with and without children reveals significant disparities, influenced heavily by the presence and number of children within the household. Households without children exhibit a notably lower average poverty rate of 6.50%, which contrasts sharply with the 16.07% observed in households with children. This discrepancy underscores the increased economic pressures and challenges faced by families with dependents.

The economic strain intensifies as the number of children in a household increases. For families with 1-2 children, the poverty rate stands at 12.40%, which more than doubles for those with 3-4 children (28.57%). Well more than half (58.65%) of all households with more than five children are living in poverty. This pattern suggests that larger families may struggle with the compounded costs of childcare, education, healthcare, and basic necessities, stretching household finances thinner.

Chart 25: Poverty Rates by Number of Children (2022)



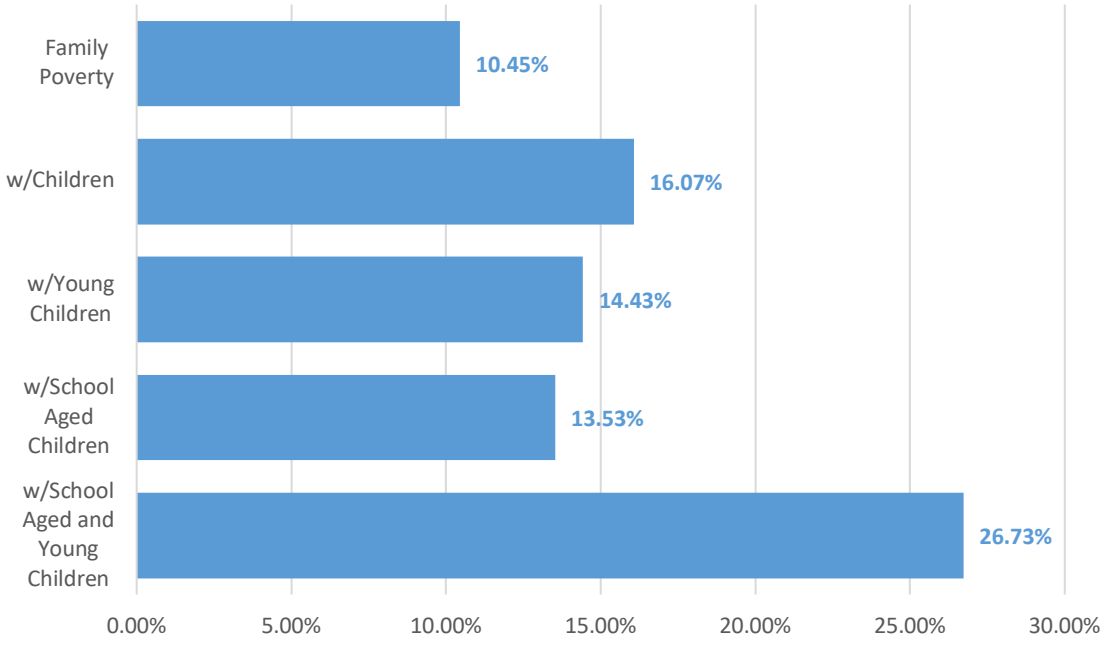
Source: U.S. Census Bureau ACS (S1702)

Evaluating the data further to analyze the economic likelihood of poverty based on the age of children, data indicates that families with young children (14.43%) are more likely to experience poverty than those with school-aged children (13.53%). This higher poverty rate among families with young children can be attributed to several factors. Young children often require more direct care, which can limit parents' ability to engage in full-time employment or higher-paying jobs. Additionally, the costs associated with early childhood care, such as daycare or preschool, can be substantial, further straining family finances.

However, even though families with school-aged children have a slightly lower poverty rate, they still face significant financial challenges. The expenses associated with raising school-aged children, such as school supplies, extracurricular activities, and transportation, add up and can be a considerable financial burden. These costs can impact the family's overall economic stability, highlighting the ongoing need for support and resources for families with children of all ages.

The data also reveals a stark contrast when families have both young and school-aged children. In such households, the poverty rate jumps to 26.73%, the highest among all family types analyzed. This significant increase underscores the compounded financial pressures these families face. Juggling the costs of early childhood care and education with the needs of school-aged children creates a challenging financial environment. Parents in these situations might struggle with the high costs of childcare and educational expenses simultaneously, making it more difficult to achieve economic stability.

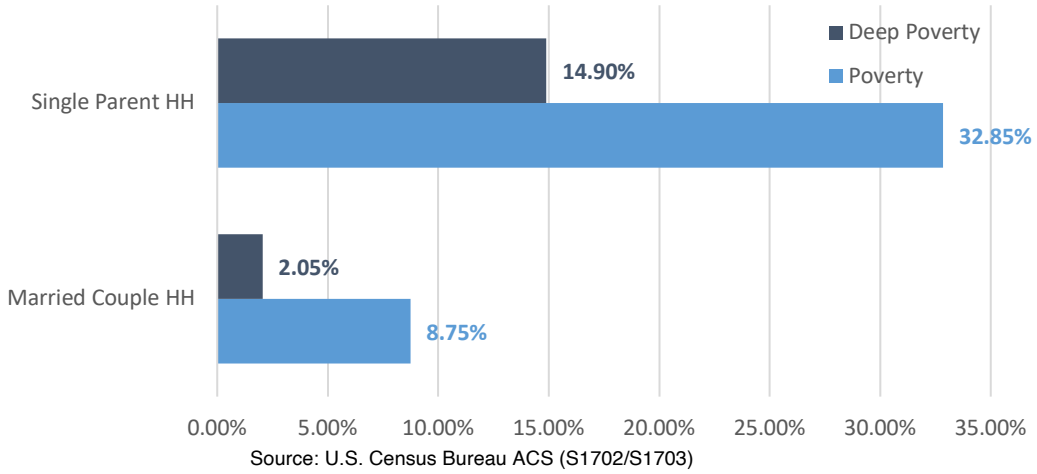
Chart 26: Poverty Rates by the Age of Children (2022)



Source: U.S. Census Bureau ACS (S1702)

Although county-level data was limited in the region, statewide data indicates that the structure of the household is also a risk factor associated with the likelihood of living in poverty. According to Census Bureau data, single-parent households were 3.75 times more likely to live in poverty and more than seven times as likely to live in deep poverty than married-couple households with children.

Chart 27: State Poverty Rates by Household Types with Children (2022)



Source: U.S. Census Bureau ACS (S1702/S1703)

Given these insights, programs and policies aimed at poverty alleviation could benefit from focusing on single-parent households, providing additional resources and support systems to address their specific challenges. Enhancing access to affordable childcare, job training, and educational opportunities for single parents, as well as considering the impact of policies on household composition, could be key steps in mitigating poverty and deep poverty in this demographic.

Median Income

Median Income reflects the middle point of income distribution in a given area, as documented by the U.S. Census Bureau. Unlike the mean income, which calculates the average by adding all incomes and dividing by the number of residents, the median income identifies the income level that divides the population into two equal groups: half of the population earns above this amount, and the other half earns below. This measure is often preferred over mean income because it is less skewed by extremely high or low values and provides a more accurate representation of typical earnings.

The median income for the region is $59,218 annually. While this is an increase of 20.38% over the past five years, the amount remains significantly lower than the national average ($75,149).

Table 23: Median Income Change Comparison (2018/2022)

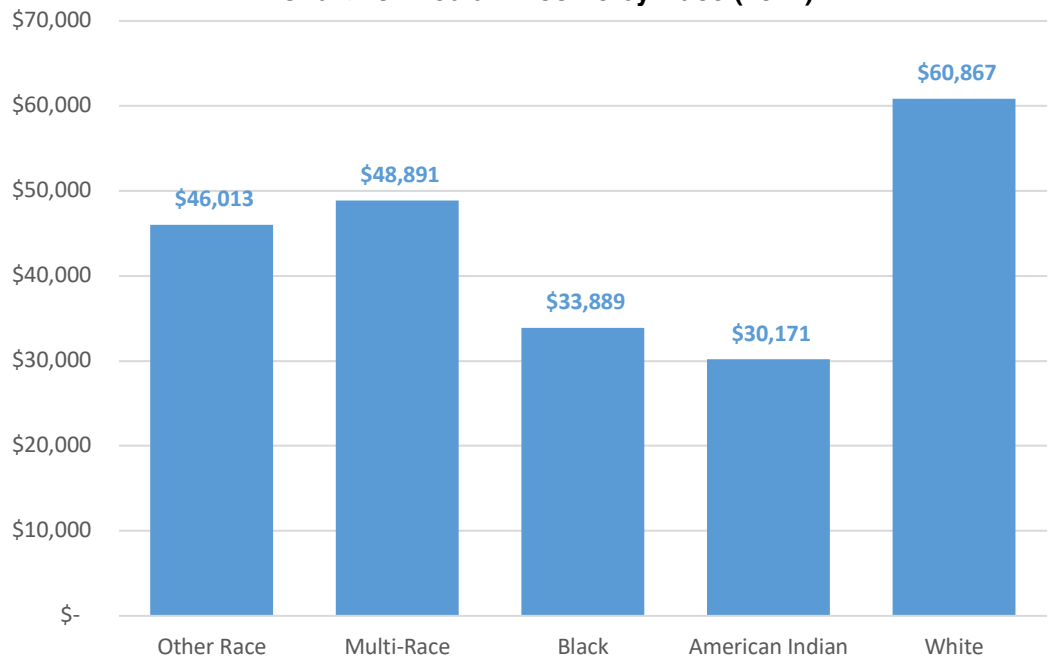
Area	2018	2022	$ Change	% Change
Davie	$60,434	$69,105	+$8,671	+14.35%
Stokes	$48,054	$57,539	+$9,485	+19.74%
Surry	$43,597	$52,743	+$9,146	+20.98%
Yadkin	$44,682	$57,486	+$12,804	+28.66%
REGION	**$49,192**	**$59,218**	**+$10,026**	**+20.38%**
State	**$54,602**	**$66,186**	**+$11,584**	**+21.22%**
Nation	**$62,843**	**$75,149**	**+$12,306**	**+19.58%**

Source: U.S. Census Bureau ACS (DP03)

Looking at the individual counties within the region, the highest income was found in Davie County, at $69,105. In contrast, the lowest amount was found in Surry, at $52,743.

Similar to poverty rates, it should also be noted that demographics have an impact on the median income of residents. For example, households with a White head of household have an average earning of $60,867 annually, while those with householders who identify as American Indian ($30,171) or Black ($33,889) are significantly lower.

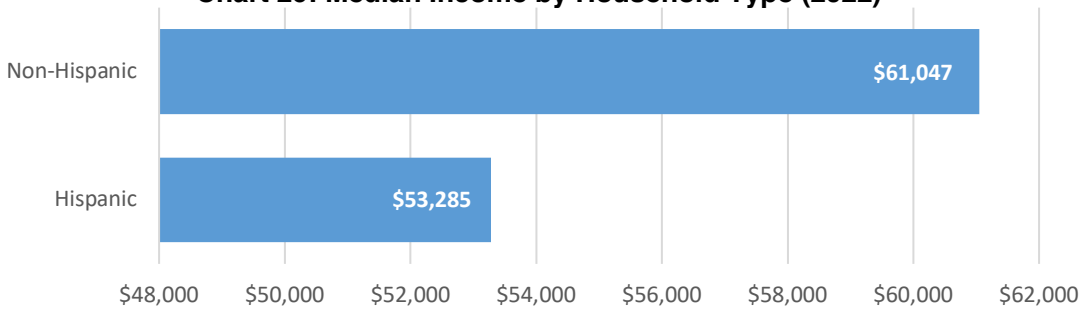
Chart 28: Median Income by Race (2022)



Source: U.S. Census Bureau ACS (S1903)

When considering the ethnicity of the householder, residents who considered themselves to be Hispanic were noted as having incomes lower than those of Non-Hispanics.

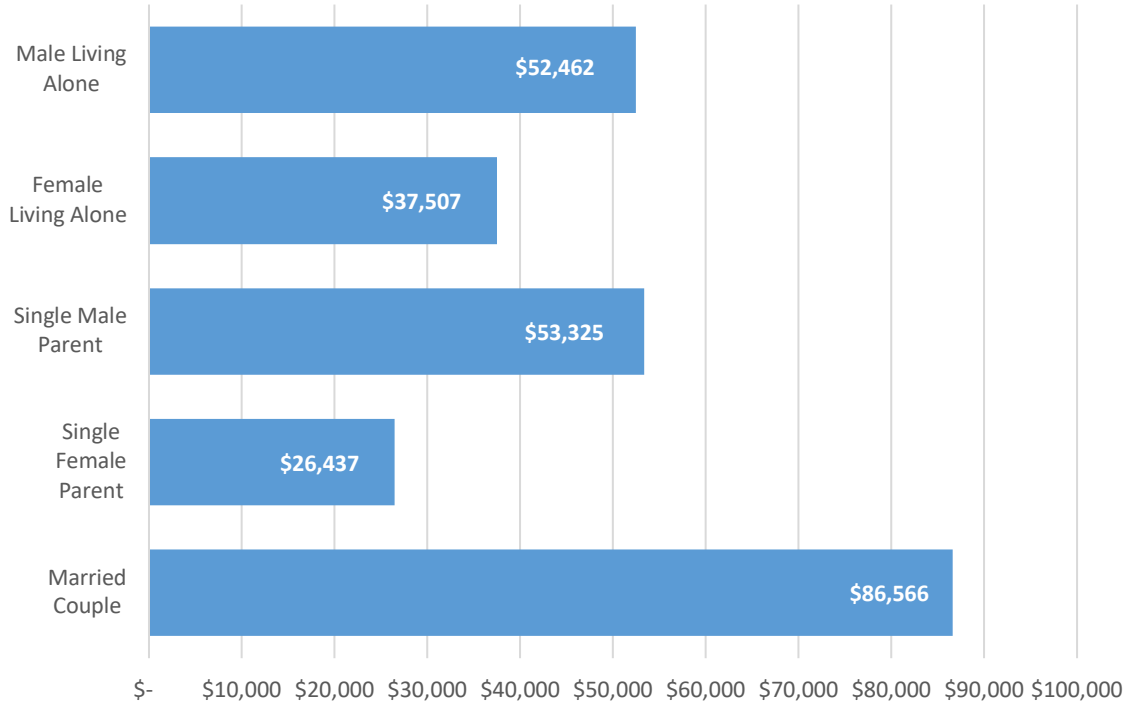
Chart 29: Median Income by Household Type (2022)



Source: U.S. Census Bureau ACS (S1903)

The household structure was also noted as a contributing factor to income amounts, with married couple households having median incomes significantly higher than homes with only one adult. For example, the median income for single female parent households ($26,437) is less than one-third (30.54%) of the income in married couple households ($86,566).

Chart 30: Median Income by Household Type (2022)



Source: U.S. Census Bureau ACS (S1903)

Living Wage Equivalent (LWE)

The Living Wage Equivalent (LWE) analysis underscores the stark contrast between median incomes and the actual living wage requirements for various household sizes in the region. While the U.S. Census Bureau utilizes an official poverty measure (OPM) based on pre-tax income thresholds set in the 1960s and adjusted for family size, this method fails to accurately reflect the current economic hardships faced by local residents. A more precise measure is achieved by comparing median incomes to living wage amounts, which consider the average costs of food, childcare, medical care, housing, transportation, and other necessary expenses within a specific community.

Table 24: Median Income vs. Living Wage (2022)

Area	Min Wage FT	Median Income	1 Adult 0 Child	1 Adult 1 Child	1 Adult 2 Child	2 Adult 0 Child	2 Adult 1 Child	2 Adult 2 Child
Davie	$15,080	$69,105	$41,392	$71,323	$90,979	$57,346	$68,432	$77,563
Stokes	$15,080	$57,539	$40,248	$66,747	$82,243	$56,098	$66,955	$76,024
Surry	$15,080	$52,743	$37,981	$65,104	$79,622	$53,206	$64,189	$72,966
Yadkin	$15,080	$57,486	$39,374	$63,918	$77,126	$55,224	$65,915	$75,005
REGION	**$15,080**	**$59,218**	**$39,749**	**$66,773**	**$82,493**	**$55,468**	**$66,373**	**$75,390**

Source: MIT Living Wage Calculator | Source: U.S. Census Bureau ACS (DP03)

The analysis reveals a significant disparity, particularly for single-parent households. For instance, a single mother with two children requires an annual living wage of $82,493. Given the federal minimum wage of $7.25 per hour, she would need to work 218.04 hours each week to reach the living wage amount—an impossible scenario given that there are only 168 hours in a week. This calculation does not even account for essential activities such as sleep, meals, or family time.

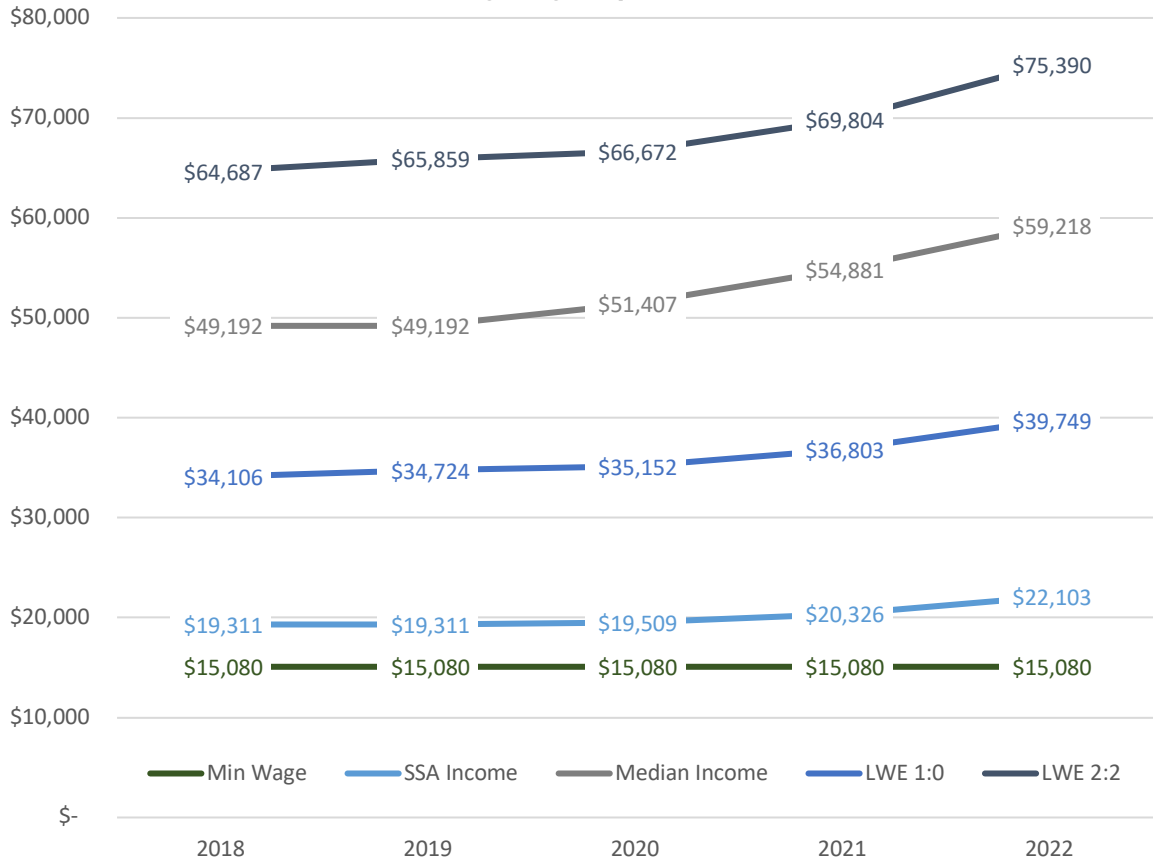
Even single-parent homes earning the median income amount of $26,437, specific to this population, would require significant subsidies to afford basic household needs.

In contrast, married-couple households have a median income of $86,566, which generally exceeds the living wage requirements for most family configurations. However, even these households can face financial pressure when considering the additional costs associated with raising children, such as education, extracurricular activities, and healthcare.

Although significant enough, these financial constraints are exacerbated when considering additional necessities and unforeseen expenses such as school supplies, healthcare costs, and other emergencies. The current living wage model illustrates that many residents face economic hardships far beyond what the official poverty measures may suggest. The standard poverty measures, based on outdated benchmarks, often fail to capture the real cost of living, leaving many families struggling to make ends meet despite being above the official poverty line.

The data shows that while inflation increased by 16.50%, several other economic indicators grew at different rates. The minimum wage remained unchanged at $15,080 throughout the period, highlighting a critical area where earnings did not keep pace with inflation or other income measures. This stagnation in minimum wage means that individuals relying solely on minimum wage earnings faced increasing financial strain as the cost of living rose.

Chart 31: Income vs. Living Wage Equivalent Amounts (2018-2022)



Source: U.S. Census Bureau ACS (DP03)

Social Security income saw a 14.46% increase from $19,311 in 2018 to $22,103 in 2022. Although this increase is notable, it still lags behind the rate of inflation, implying that Social Security beneficiaries may struggle to maintain their purchasing power and cover their expenses.

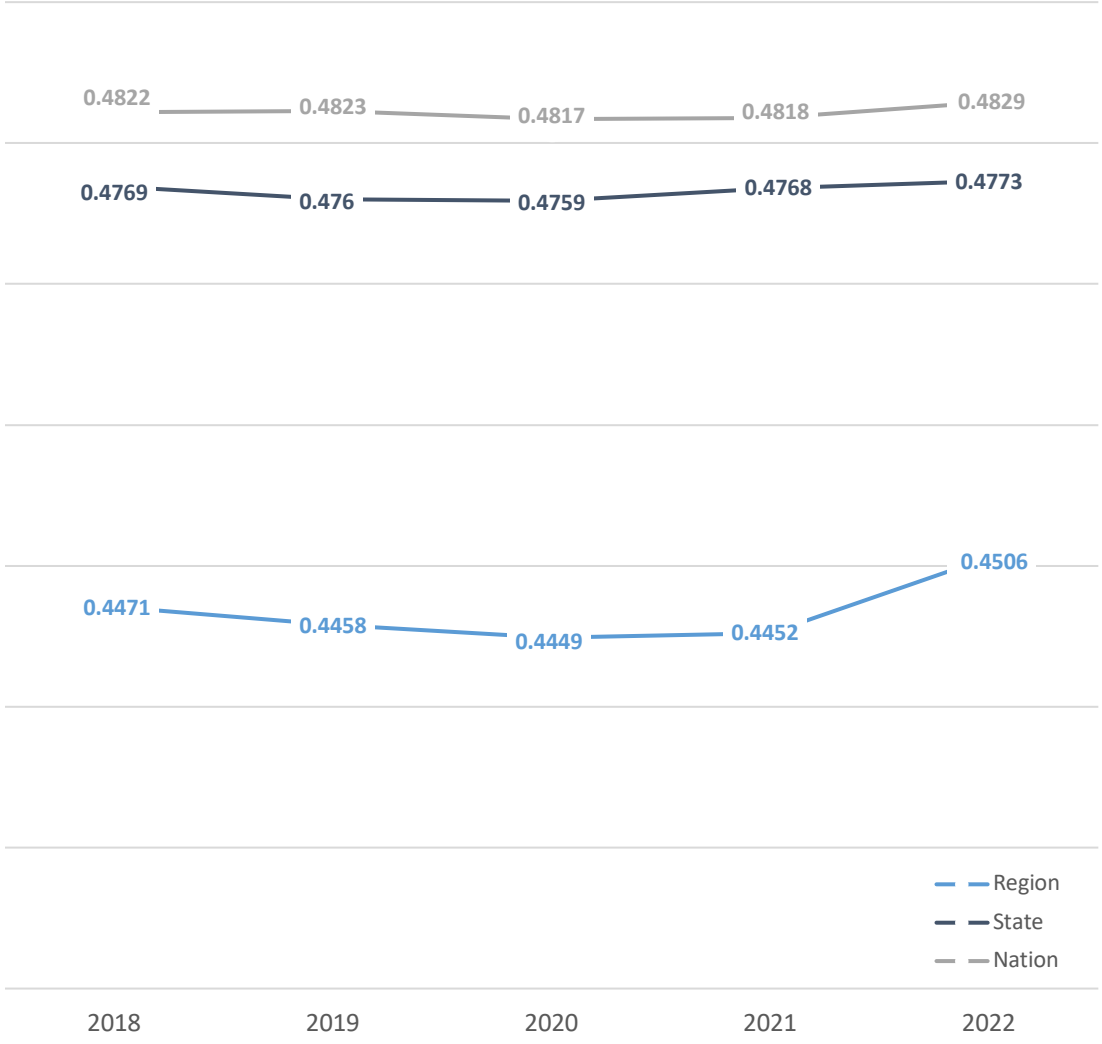
In contrast, the median income exhibited a significant increase of 20.38%, rising from $49,192 in 2018 to $59,218 in 2022. This growth outpaced inflation, suggesting that median household incomes generally improved in real terms over the period. However, this positive trend does not necessarily reflect the financial reality for all households, particularly those on minimum wage or fixed incomes.

Income Inequality

The Gini coefficient is a commonly used measure of income inequality within a population. Its values range from 0 to 1, where 0 represents perfect equality (everyone has the same income) and 1 represents perfect inequality (one person has all the income). This coefficient provides a snapshot of the distribution of income across a region, state, or nation, and helps in understanding the economic disparities that exist within the area.

The current regional Gini coefficient stands at 0.4506, indicating a moderate level of income inequality. While not extremely high, this value still suggests that there are noticeable disparities in income distribution among the population. For comparison, the state Gini coefficient is 0.4773, and the national Gini coefficient is 0.4829. Both the state and national figures are higher than the regional value, indicating greater income inequality at these broader levels.

Chart 32: Income Inequality Trend (2018-2022)



Source: U.S. Census Bureau ACS (B19083)

Over the past five years, the regional Gini coefficient increased by 0.78%, rising from 0.4471 in 2018 to 0.4506 in 2022. While this increase signifies a moderate rise in income inequality within the region, it is occurring at a faster pace compared to the state and national changes. The state's Gini coefficient increased by only 0.08%, from 0.4769 in 2018 to 0.4773 in 2022, indicating a relatively stable level of inequality with a very marginal increase. At the national level, the Gini coefficient saw a 0.15% increase, moving from 0.4822 in 2018 to 0.4829 in 2022, showing a minor rise in income inequality across the country. This comparison highlights that, although the regional increase is not drastic, it is progressing at a quicker rate than the changes observed at the state and national levels.

Table 25: Household Income Benchmarks (2022)

Area	$25K - $50k	$15k - $25k	< $15k
Davie	3,502	1,189	1,126
Stokes	4,531	1,776	1,803
Surry	6,546	3,414	4,017
Yadkin	3,764	1,859	1,090
REGION	**18,344**	**8,238**	**8,036**

Source: U.S. Census Bureau (DP03)

Analyzing the 2022 household income distribution within the region, as reported by the U.S. Census Bureau, reveals significant economic disparities among residents. There are 34,618 households with incomes less than $50,000, and among these, 16,274 (47.01%) have incomes below $25,000. Additionally, 8,036 households earn less than what would traditionally be made by a full-time minimum wage job.

This data highlights a substantial number of households potentially impacted by economic insecurity, particularly those earning less than the living wage for their family configuration. Compared to the 8,287 households living in poverty, which represents 10.45% of the region's 79,301 households, it is clear that a much larger portion faces economic challenges.

Based on the data available, an estimated 24,617 households are economically insecure with a 95% confidence that the true number of economically insecure households falls between 24,356 and 24,878. This estimation underscores the significant portion of the population facing economic challenges, far exceeding those officially classified as living in poverty, and illustrates the true extent of economic hardship beyond what official poverty measures capture.

Income Types

When considering the types of income received by households in the area, it is evident that wages from employment constitute the primary source of income for a majority of the population. Of the 79,301 households, 53,879 (67.94%) are wage earners, with an average income of $81,975. This income level generally meets or exceeds the living wage requirements for most family configurations in the region.

Table 26: Income Types (2022)

Measure	Wages	SSA	Retirement	SSI	TANF
Number	53,879	32,623	21,941	4,717	1,895
Avg. Amount	$81,975	$22,103	$23,319	$11,402	$2,932

Source: U.S. Census Bureau (DP03)

Social Security benefits are received by 32,623 households (41.13%), with an average income of $22,103. Social Security Income (SSI) is primarily available to individuals who are retired or disabled, providing a financial safety net for those who can no longer work due to age or disability. However, this average income falls short of the living wage requirements, indicating that many Social Security recipients may struggle to cover their basic expenses.

Retirement income is reported by 21,941 households (27.67%), with an average income of $23,319. This income typically comes from pensions, savings, and investments accumulated during one's working years. Similar to Social Security, retirement income does not meet the living wage threshold, suggesting that retired individuals may face economic challenges.

Supplemental Security Income (SSI) is received by 4,717 households (5.95%), with an average income of $11,402. SSI is a federal income supplement program funded by general tax revenues, designed to help aged, blind, and disabled people who have little or no income. Its goal is to provide cash to meet basic needs for food, clothing, and shelter. The average SSI income is significantly below the living wage, highlighting the economic vulnerability of households dependent on this source.

Temporary Assistance for Needy Families (TANF) is provided to 1,895 households (2.39%), with an average income of $2,932. TANF is a federal assistance program aimed at helping needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of TANF. The average TANF income is far below the living wage, underscoring the severe financial hardships faced by these households.

Community Feedback

The community survey data reveals a significant concern regarding the lack of living-wage equivalent income among residents. Out of the 453 respondents, 205 identified themselves as low-income. Many respondents emphasized the challenge of low wages and the high cost of living as critical factors contributing to their financial instability. One respondent noted, "Due to the increase of cost for everything and lower paying jobs in the area it puts a strain on households to buy/pay for items without assistance." Another echoed this sentiment, stating, "The cost of living makes it hard to pay bills and keep clothing on us."

The survey also shed light on the barriers faced by residents in their efforts to escape poverty. These barriers include inadequate income, lack of financial management skills, and difficulties in obtaining employment that pays a living wage. A respondent mentioned, "Health conditions can multiply the negative outcomes as well. Once you are in poverty, it then affects your ability to maintain adequate housing and food," illustrating the cyclical nature of poverty.

Regarding financial management, a portion of respondents indicated a need for better budgeting and money management skills. One participant pointed out, "Most people these days don't have budgeting skills because everything is so high, and it takes everything you make to live."

Overall, the survey data underscores the critical need for interventions focused on improving income levels and providing financial education to enhance economic security for low-income families and individuals in the community. Addressing these issues is essential for helping residents achieve a stable and self-sufficient lifestyle.

Agency Data

In Fiscal Year 2023, the organization served 65 local residents through the Community Services Block Grant Program, 7 of which were noted as escaping poverty. One customer was noted as failing to complete the program in 2014 due to challenges associated with being a single parent of four. She returned to the program in 2020, improving her employment skills and securing full-time employment as a Licensed Practicing Nurse (LPN).

Additionally, 78,319 services were provided through the Jones Family Resource Center, a multi-purpose center that provides assistance with health and wellness, education, recreation, socialization, and volunteerism.

Income Assistance Resources

Resource Name	Contact Information	Description
US Social Security Administration	www.ssa.gov	Provides financial protection for Americans.
Work First Family Assistance	800-662-7030; https://www.ncdhhs.gov/divisions/social-services/work-first-family-assistance	North Carolina's Temporary Assistance for Needy Families (TANF) program.

Conclusion: Strengths
The region displays several positive economic indicators. Notably, Davie County experienced a significant decrease in poverty, from 13.70% in 2018 to 11.60% in 2022, representing a reduction of 15.33%. This decline is impressive, surpassing both the regional and national average changes, indicating substantial progress in poverty reduction. Similarly, Stokes County saw an 11.76% decrease in poverty rates, aligning closely with the national average change.

The region's overall poverty rate decreased by 7.12%, lowering from 14.88% to 13.82% between 2018 and 2022. Additionally, certain age groups showed notable improvements. For instance, poverty rates for children aged 5-17 decreased by 13.23%, and for young adults aged 18-34, the rate dropped by 11.87%.

Further strengths include the relatively high median income for married-couple families, which stands at $86,566, indicating financial stability for a significant portion of the population. Moreover, a large number of households have wage earners, with 53,879 households (67.94%) relying on employment income. The average income for these households is $81,975, demonstrating a substantial earning potential within the region.

Conclusion: Weaknesses
Despite some improvements, there are 27,956 low-income individuals residing in 8,287 households throughout the region. This represents a rate of 13.82%, which is higher than both the state (13.30%) and national (12.50%) averages. The median income for single mothers is particularly concerning at $26,437, which is significantly lower than the cost of living for households with children. For instance, a single parent with two children needs an annual income of $82,493 to meet basic living expenses, highlighting the severe economic strain on these households.

The population with the highest risk of living in poverty are Multi-Racial (26.18%), Hispanic (25.66%), females (15.07%), living in single-parent households (32.85%), with five or more children (58.65%) who are in both pre-school and school-aged (26.73%).

In contrast with the official poverty data, the estimated number of economically insecure households is 24,617, with a 95% confidence that the true number falls between 24,356 and 24,878. This estimate underscores the significant portion of the population facing economic challenges, far exceeding those officially classified as living in poverty, and illustrates the true extent of economic hardship beyond what official poverty measures capture.

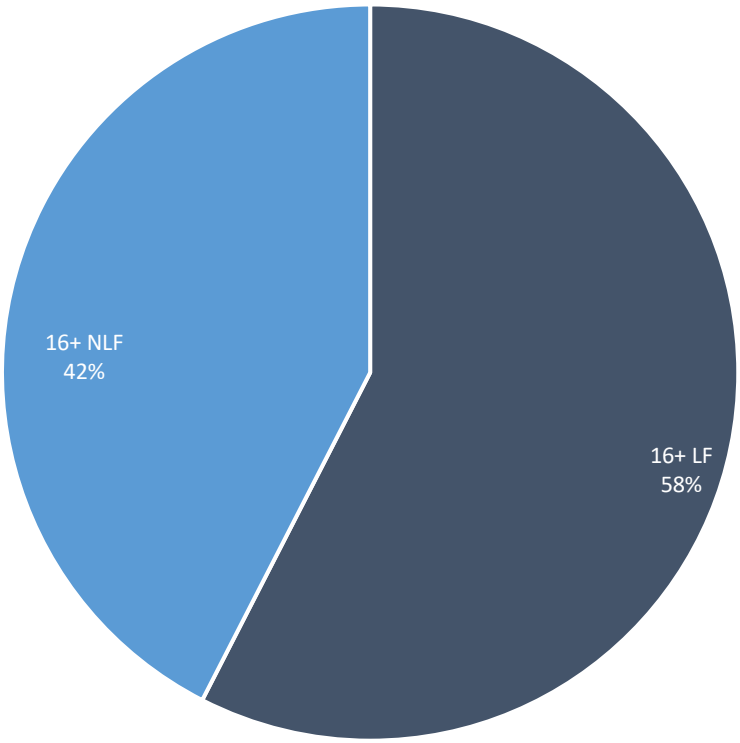
Employment & Industry

Introduction
The study of employment is a fundamental aspect of poverty research because job availability and the nature of employment directly influences economic stability. By examining employment patterns, researchers can pinpoint where job scarcity or low-wage employment may be perpetuating poverty. This evaluation can help to shed light on the structural and systemic factors affecting the labor market, guiding effective policymaking to foster job creation, skill development, and equitable economic growth, ultimately aimed at poverty alleviation.

Labor Force
Understanding the number of individuals in the labor force within a community is pivotal for gauging its economic health and workforce potential. It allows for an assessment of the active working population that contributes to the local economy and is a key indicator of labor market strength. This knowledge aids in identifying the level of unemployment, underemployment, and the need for workforce development programs. It also helps in planning for future economic development strategies, including education and training programs, which are essential for matching skills with job opportunities and promoting sustainable economic growth.

In the local service area, a total of 92,987 local residents were noted as being a part of the labor force. This represents 58% of all individuals between the ages of 16 and 64.

Chart 33: Labor Force (2022)



Source: : U.S. Census Bureau (DP03)

Over the past five years, the labor force in the region experienced a modest increase of 0.72%, peaking at 93,896 in 2020. Despite this growth, the regional improvements lagged behind state and national trends. During the same period, the state labor force grew by 2.94%, and the national labor force increased by 2.71%. It should also be noted that while the state and national labor forces continuously improved throughout the COVID pandemic, the region did not mirror this consistent upward trend. This disparity underscores the region's unique challenges in achieving labor force growth and highlights the need for targeted economic development strategies.

Table 27: Labor Force Trend by County (2018-2022)

Area	2018	2019	2020	2021	2022	Change
Davie	20,321	20,298	20,997	20,511	20,828	+2.49%
Stokes	22,369	22,348	22,158	21,270	20,836	-6.77%
Surry	32,635	32,601	33,127	33,483	33,420	+2.41%
Yadkin	17,001	16,978	17,614	17,768	17,903	+5.31%
REGION	***92,326***	***92,225***	***93,896***	***93,032***	***92,987***	***+0.72%***
State	***5,139,789***	***5,045,479***	***5,210,600***	***5,219,602***	***5,290,874***	***+2.94%***
Nation	***163,276,329***	***164,629,492***	***165,902,838***	***167,869,126***	***169,093,585***	***+2.71%***

Source: U.S. Census Bureau (DP03)/Bureau of Labor Statistics

Analyzing the labor force trends at the county level reveals varying patterns of growth and decline. Yadkin County stood out with the highest growth rate of 5.31%, suggesting a more robust economic expansion compared to its neighboring counties. Davie County experienced a modest increase of 2.49% over the past five years, indicating some economic stability and growth. Surry County showed a similar trend with a 2.41% increase, reflecting consistent labor market improvements.

Conversely, Stokes County faced a significant decline of 6.77%, indicating potential economic challenges and a contraction in its labor force. This decline contrasts sharply with the overall regional trend, where the labor force increased by 0.72%.

Unemployment Rate

The unemployment rate is a key economic indicator that measures the percentage of people within the labor force who are actively seeking employment but currently do not have jobs. It reflects the extent to which individuals in the workforce are able to secure meaningful employment. A high unemployment rate suggests a larger portion of the labor force is experiencing joblessness, potentially leading to financial hardships.

Assessing the current unemployment rate holds significant importance because it directly impacts poverty levels within a community. Elevated unemployment rates often result in higher poverty rates as individuals without jobs may struggle to meet their basic needs due to a lack of financial resources.

Comparing local unemployment rates to state and national averages provide valuable context for understanding the economic conditions of a specific community within a broader framework. This comparison aids in determining whether a locality is performing better or worse than larger regions, influencing decisions regarding resource allocation, job development initiatives, and employment support services.

With an overall regional unemployment rate of 4.96%, the area is comparable with the statewide average of 4.98%, and notably better than the national average of 5.29%.

Table 28: Annual Unemployment Rate Estimates by County (2022)

Area	Labor Force	Unemployed	Rate
Davie	20,828	946	4.54%
Stokes	20,836	1,110	5.33%
Surry	33,420	1,620	4.85%
Yadkin	17,903	935	5.22%
REGION	***92,987***	***4,611***	***4.96%***
State	***5,290,874***	***263,374***	***4.98%***
Nation	***169,093,585***	***8,944,003***	***5.29%***

Source: U.S. Census Bureau (DP03)

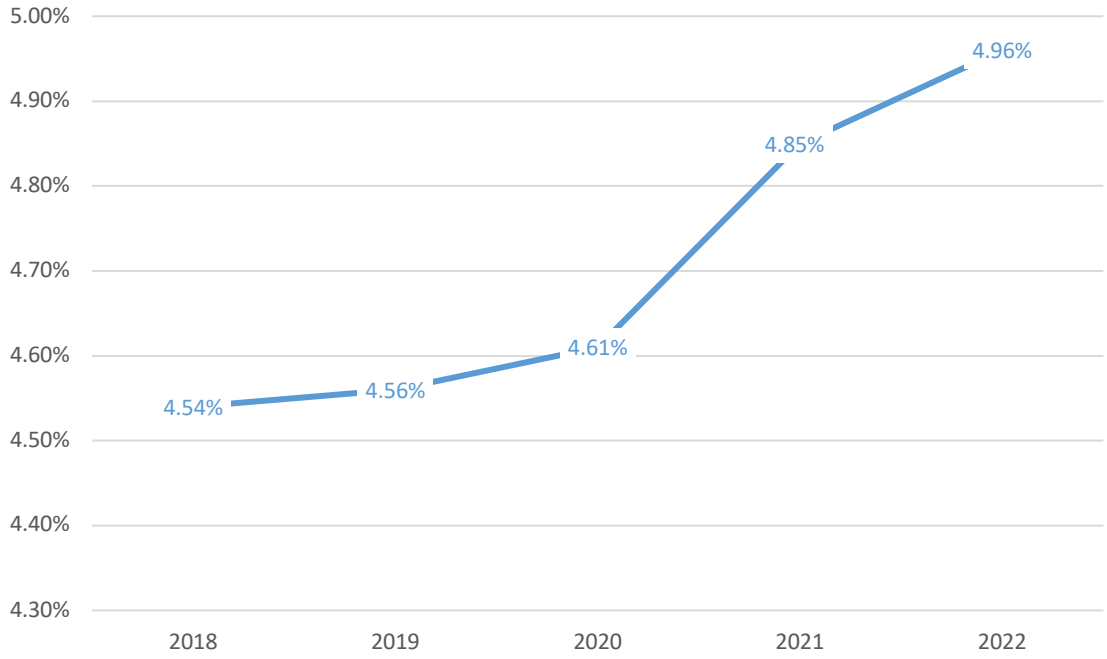
Examining individual counties within the region, Davie County has the lowest unemployment rate at 4.54%, indicating a relatively strong labor market. Surry County follows with an unemployment rate of 4.85%, also below the state and national averages, though slightly higher than Davie. Yadkin County has an unemployment rate of 5.22%, which is above the regional average but still below the national average.

Stokes County, however, has the highest unemployment rate in the region at 5.33%. This rate is above both the regional and state averages, suggesting that Stokes County faces more significant employment challenges compared to its neighboring counties.

Unemployment Trend

The unemployment rate in the region has shown a significant upward trend over the past five years, increasing by 9.25%. The rate rose steadily before the COVID-19 pandemic, with a 1.54% increase from 2018 to 2020. However, the pandemic had a profound impact, causing a drastic increase of 5.21% between 2020 and 2021. Although the growth rate slowed in 2022, it still recorded a 2.27% rise, which is significantly faster than the pre-pandemic one-year average increase of 0.77%. In contrast, the state unemployment rate decreased by 18.08% during the same period, and the national unemployment rate improved by 13.13%. This stark difference highlights the unique economic challenges faced by the region in recovering from the pandemic's effects on employment.

Chart 34: Regional Unemployment Trend (2018-2022)

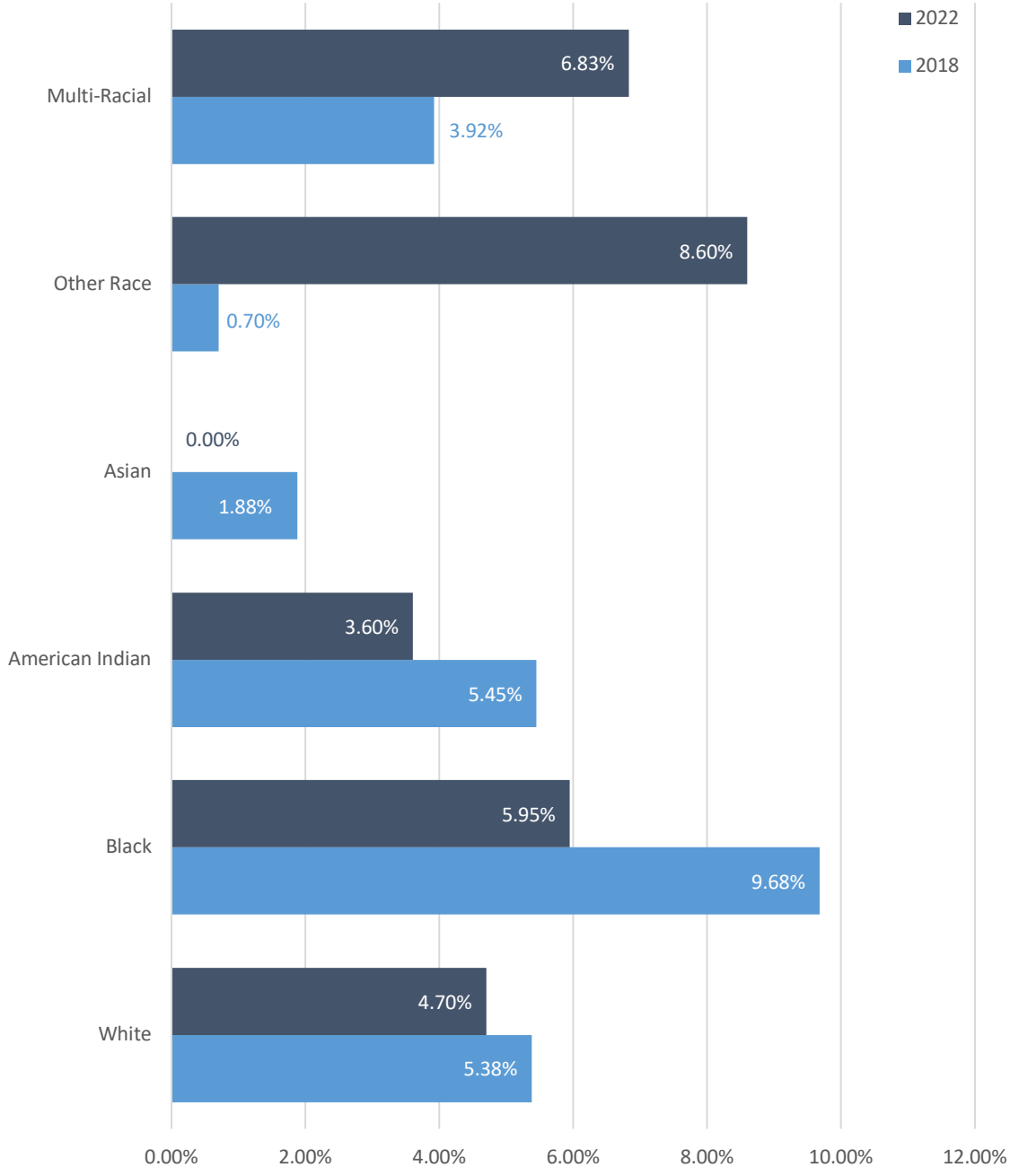


Source: : U.S. Census Bureau (DP03)/Bureau of Labor Statistics

Unemployment Rates by Race

Evaluating the unemployment data for 2022 reveals distinct variations among different racial groups in the region. The "Other Race" category exhibits the highest unemployment rate at 8.60%, indicating the greatest likelihood of unemployment among this group. Multi-Racial individuals follow, with an unemployment rate of 6.83%, suggesting a significant portion of this population is also facing employment challenges. Black individuals have an unemployment rate of 5.95%, which is higher than the overall regional average, indicating a relatively higher likelihood of unemployment.

Chart 35: Unemployment Rates by Race (2018-2022)



Source: U.S. Census Bureau (S2301)

White individuals have an unemployment rate of 4.70%, which, while lower than the previously mentioned groups, still reflects a notable percentage of the population. American Indians have an unemployment rate of 3.60%, which is relatively lower, indicating a smaller portion of this population is unemployed. Both Asian and Pacific Islander populations report a 0.00% unemployment rate, suggesting full employment among these groups in the region.
Over the past five years, the Asian population demonstrates the most substantial improvement, with the unemployment rate decreasing by 100% from 1.88% in 2018 to 0.00% in 2022, indicating full employment in this group.

The Black population experienced a notable decrease in unemployment, with a 38.53% reduction from 9.68% in 2018 to 5.95% in 2022. Similarly, the American Indian population saw a significant improvement, with unemployment dropping by 33.94% from 5.45% to 3.60%. The White population also experienced a reduction in unemployment, with a 12.64% decrease from 5.38% to 4.70%.

On the other hand, the "Other Race" category saw a dramatic increase in unemployment, with the rate skyrocketing by 1,128.57% from 0.70% in 2018 to 8.60% in 2022. The Multi-Racial group also experienced an increase in unemployment, with a 74.23% rise from 3.92% to 6.83%.

Unemployment Rates by Ethnicity

In 2022, the unemployment rate for Hispanic individuals was 6.33%, while the rate for Non-Hispanic individuals was 4.75%. This data indicates that Hispanic individuals are experiencing higher levels of unemployment compared to their Non-Hispanic counterparts.

Table 29: Regional Unemployment Rates by Ethnicity (2022)

Ethnicity	2018	2022	% Change
Hispanic	4.67%	6.33%	+35.55%
Non-Hispanic	5.42%	4.75%	-12.36%

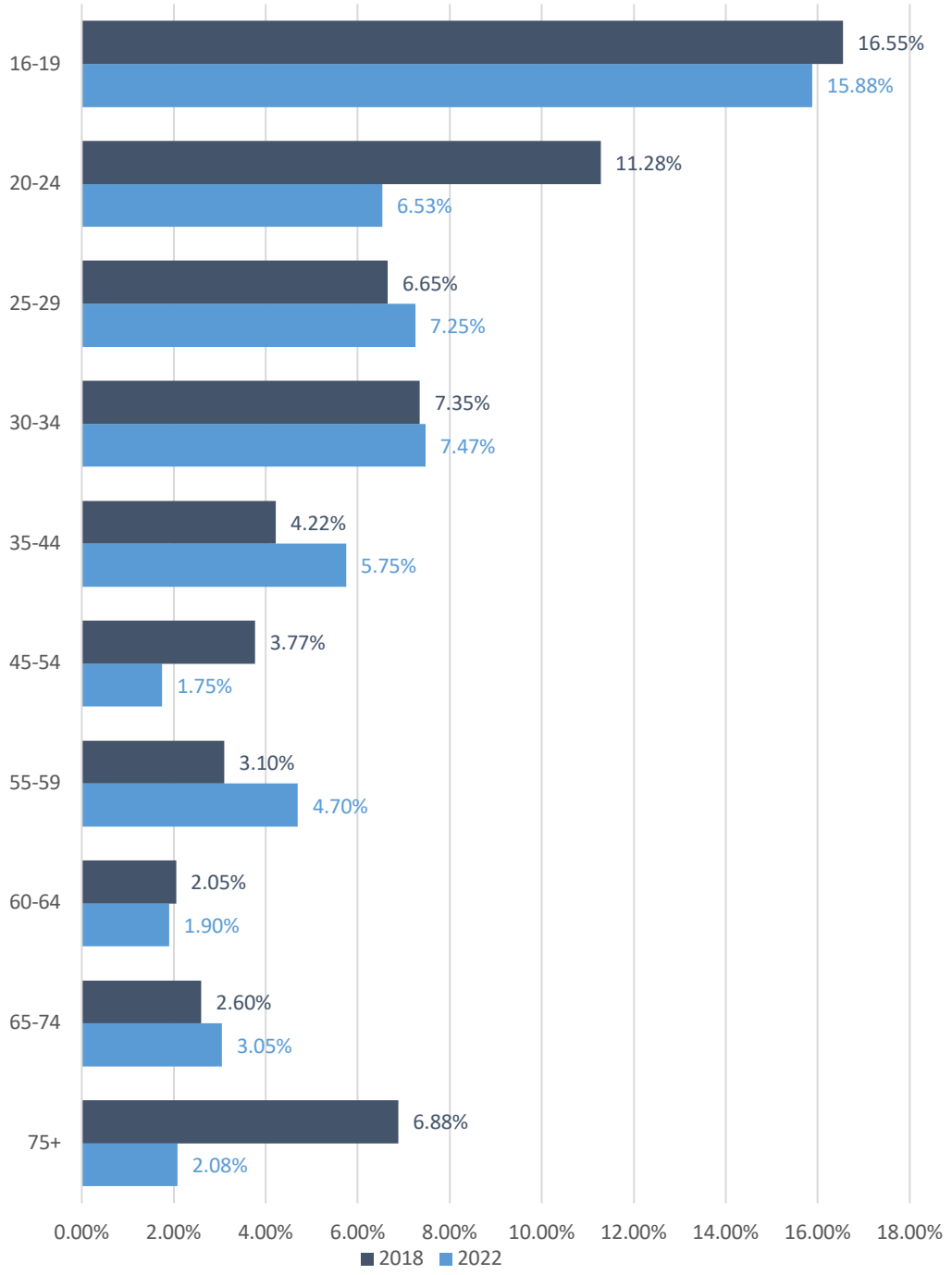
Source: U.S. Census Bureau (S2301)

While the unemployment rate increased drastically for residents identifying as Hispanic (+35.55%), the non-Hispanic community experienced an average decrease of 12.36%. This disparity highlights the growing economic challenges faced by the Hispanic community over the last five years, indicating a need for targeted interventions and policies to address the specific barriers contributing to this rise in unemployment.

Unemployment Rates by Age

When considering age, the highest unemployment rate was experienced among the youngest age group, 16-19 years, at 15.88%. This elevated rate can be attributed to several factors, including the lack of experience and skills that younger individuals typically have, as well as their potential involvement in education rather than full-time employment.

Chart 36: Unemployment Rates by Age (2022)



Source: U.S. Census Bureau (S2301)

The rates for those aged 20-24 (6.53%), 25-29 (7.25%), and 30-34 (7.47%) are also relatively high. These age groups are typically in the early stages of their careers, where job instability is more common as individuals often transition between jobs or continue their education. The National Bureau of Economic Research highlights that young adults often face higher unemployment rates due to job turnover and the ongoing process of gaining stable employment.

Unemployment rates start to decrease significantly in the 45-54 age group, which has the lowest rate at 1.75%. This trend can be explained by the fact that individuals in this age group are often well-established in their careers, possess significant work experience, and have greater job stability. However, the unemployment rate rises again for those aged 55-59 (4.70%), likely reflecting challenges such as age discrimination and difficulties in transitioning to new roles or industries as reported by AARP.

The older age groups, 60-64 (1.90%), 65-74 (3.05%), and 75+ (2.08%), show relatively low unemployment rates. Many individuals in these groups are either retired or have chosen to remain in or return to the workforce, often in part-time or less demanding roles. The lower rates might also reflect selective retention in employment for those who continue working past traditional retirement age.

The most notable improvement is seen in the 75+ age group, where the unemployment rate dropped by 69.77%, from 6.88% in 2018 to 2.08% in 2022. This dramatic decrease may be attributed to the increasing trend of older adults opting for retirement or semi-retirement, thus leaving the labor force. The U.S. Census Bureau notes that many older adults have been gradually moving out of the workforce, especially post-pandemic, leading to lower unemployment rates within this age bracket.

The 45-54 age group also saw a significant improvement with a 53.58% reduction in unemployment rates, from 3.77% in 2018 to 1.75% in 2022. This could be due to the stable employment these individuals typically enjoy, often being in mid-career roles with established job security. Mid-career professionals are less likely to be unemployed due to their experience and skills, which are in high demand across many industries.

The unemployment rate for the 20-24 age group decreased by 42.11%, dropping from 11.28% in 2018 to 6.53% in 2022. This improvement can be partly attributed to educational advancements and training programs targeted at young adults to better prepare them for the job market. Organizations such as the National Skills Coalition have highlighted the importance of equipping young workers with skills relevant to the current job market, which may contribute to this positive trend.

A moderate improvement of 7.32% was observed in the 60-64 age group, where unemployment decreased from 2.05% in 2018 to 1.90% in 2022. This age group often benefits from continued employment due to their expertise and experience, coupled with many individuals choosing to work longer before retirement to ensure financial stability.

The 16-19 age group showed a slight improvement of 4.05%, with unemployment rates dropping from 16.55% in 2018 to 15.88% in 2022. This marginal decrease indicates persistent challenges for teenagers in securing employment, often due to a lack of experience and the competition with more experienced workers for entry-level jobs.

The unemployment rate for the 30-34 age group slightly increased by 1.63%, from 7.35% in 2018 to 7.47% in 2022. This marginal change indicates relatively stable employment conditions for this age group, who are typically in the early to mid-stages of their careers.

The unemployment rate for those aged 25-29 increased by 9.02%, from 6.65% in 2018 to 7.25% in 2022. This age group may face challenges due to the transitional nature of this life stage, where individuals might be changing jobs more frequently or continuing education, impacting their consistent participation in the workforce.

The 65-74 age group saw an increase in unemployment rates by 17.31%, rising from 2.60% in 2018 to 3.05% in 2022. This increase could be influenced by older workers re-entering the workforce post-retirement due to financial necessity or personal choice but facing challenges in finding suitable employment. The Economic Policy Institute notes that age discrimination and the demand for new skills can make it difficult for older adults to secure employment.

The 35-44 age group experienced a significant increase in unemployment rates by 36.26%, from 4.22% in 2018 to 5.75% in 2022. This increase may reflect economic volatility affecting mid-career professionals, potentially due to industry shifts or layoffs during the COVID-19 pandemic.

The 55-59 age group saw a substantial increase in unemployment rates by 51.61%, from 3.10% in 2018 to 4.70% in 2022. This could be due to older workers facing challenges in the job market, such as age discrimination and difficulties in transitioning to new roles or industries, as noted by the AARP.

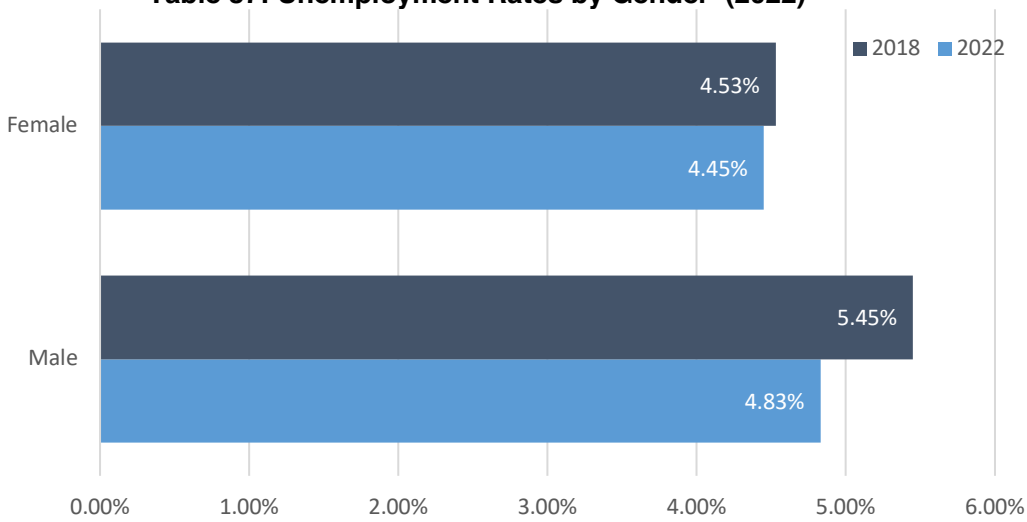
Unemployment Rates by Gender

In 2022, the unemployment rate among males was 4.83%, slightly higher than the 4.45% observed for females. This difference suggests a marginally higher likelihood of unemployment among men compared to women within the region. Various factors may contribute to this disparity, including differences in industry employment, job stability, and participation rates in the labor force.

Research indicates that men are often more affected by job losses in industries that are traditionally male dominated, such as manufacturing and construction, which can be more susceptible to economic downturns and structural changes in the economy (Bureau of Labor Statistics, bls.gov). Additionally, women are more likely to work in sectors like healthcare and education, which tend to have more stable employment opportunities.

Understanding these differences is crucial for developing targeted employment policies and support services to address the specific needs of both genders in the workforce. Such measures can help to mitigate unemployment disparities and promote more equitable economic growth within the community.

Table 37: Unemployment Rates by Gender (2022)



Source: U.S. Census Bureau (S2301)

From 2018 to 2022, the unemployment rate for both males and females showed a decline. Specifically, the unemployment rate for males decreased from 5.45% in 2018 to 4.83% in 2022, representing an 11.38% improvement. This significant reduction indicates a positive trend in male employment, suggesting that more men were able to secure jobs over this period.

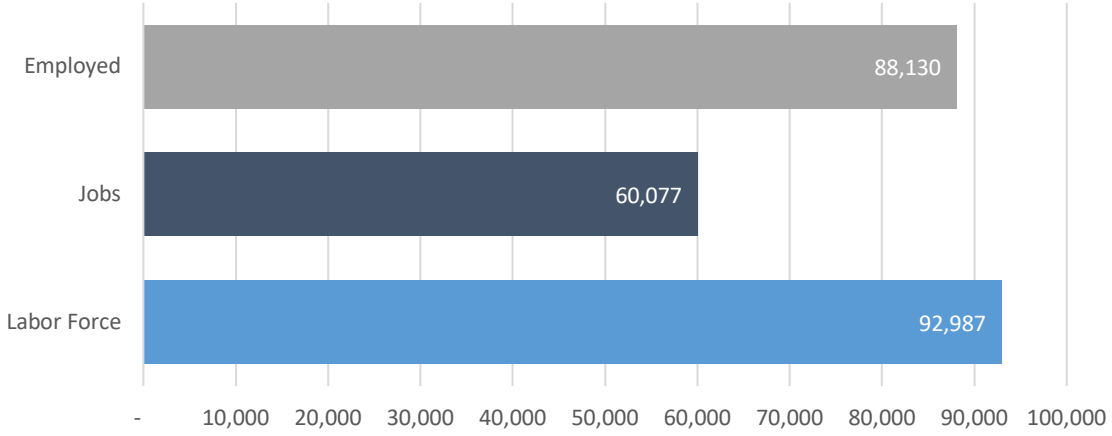
In comparison, the unemployment rate for females decreased from 4.53% in 2018 to 4.45% in 2022, a smaller reduction of 1.77%. While the decline in female unemployment is less pronounced than that for males, it still indicates a positive trend.

The larger decrease in male unemployment could be attributed to various factors, including economic recovery in traditionally male-dominated industries such as manufacturing and construction, which experienced job growth during this period (Bureau of Labor Statistics, bls.gov). On the other hand, the relatively smaller decline in female unemployment rates suggests that while women also benefited from improved economic conditions, the gains were not as substantial.

Job Availability

Job availability is a crucial component of a healthy economy, demonstrating the capacity of a community to provide suitable employment for its local labor force. Failure to provide an adequate number of employment opportunities indicates a need for residents to travel outside of the area for employment, often increasing the impact of transportation and childcare barriers.

Chart 38: Employment Infrastructure vs Labor Force (2022)



Source: US Census Bureau (DP03) I NC Department of Commerce

In analyzing the current employment situation within the region, it is evident that there is a substantial gap between the labor force and the number of jobs available. The labor force consists of 92,987 individuals, whereas the number of jobs available within the region is significantly lower at 60,077. This is a deficit of 32,910 jobs.

Despite the apparent shortfall in job availability, the number of individuals employed stands at 88,130. This higher employment figure compared to the number of jobs suggests that a significant number of residents commuting to jobs outside the region, which could exacerbate issues related to commuting times and work-life balance.

The regional job deficit highlights a critical area of concern for economic planning and development. To address this imbalance, targeted efforts to stimulate job creation within the region are necessary. This could involve incentivizing businesses to set up operations locally, enhancing vocational training and education to align the local workforce's skills with the needs of industries that are expanding or emerging within the region, and improving transportation infrastructure to reduce the commuting burden on working residents.

Overall, strengthening the job market locally not only aids in reducing unemployment but also supports broader economic stability by ensuring that residents have access to suitable employment opportunities close to home. This can lead to enhanced quality of life and can help in curbing the economic drain that occurs when a substantial portion of the workforce commutes to areas outside the region for work.

Industry and Wage Study

The study of industry and wage dynamics is paramount for a comprehensive socioeconomic analysis. It offers insights beyond mere job availability, diving into whether the employment opportunities in a community adequately support its residents' economic welfare. Examining the variety of industries present and analyzing the wages they offer sheds light on the economic viability and the potential for sustainable livelihoods within the county. This nuanced understanding is critical, as it pinpoints sectors that underpin the local economy and identifies gaps where economic interventions could be most effective.

Table 30: Industry and Wage Study (2022)

Industry	Jobs	Avg. Wage
Agriculture	150	$37,258
Utilities	134	$75,296
Construction	5,299	$54,925
Manufacturing	11,307	$51,142
Wholesale	1,260	$59,202
Retail	8,085	$30,108
Transportation	3,247	$55,029
Information	219	$72,592
Finance/Insurance	978	$60,801
Real Estate	339	$59,007
Professional/Technical	1,339	$52,975
Management	424	$74,655
Administrative/Waste	2,986	$40,599
Education	795	$48,204
Health/Social	6,937	$47,606
Arts/Entertainment	365	$16,449
Accommodation/Food	5,495	$17,979
Federal Government	341	$60,112
State Government	1,024	$49,244
Local Government	7,856	$46,228
Other	1,497	$37,076
Total	**60,077**	**$47,568**

Source: NC Department of Commerce

The manufacturing industry is the largest employer, with 11,307 jobs, accounting for 18.82% of the total employment in the region. Jobs in this sector typically include production, assembly, quality control, and maintenance roles, with an average wage of $51,142. Many positions in manufacturing require special education or certifications, such as vocational training or specific technical skills like welding, machining, or electrical work.

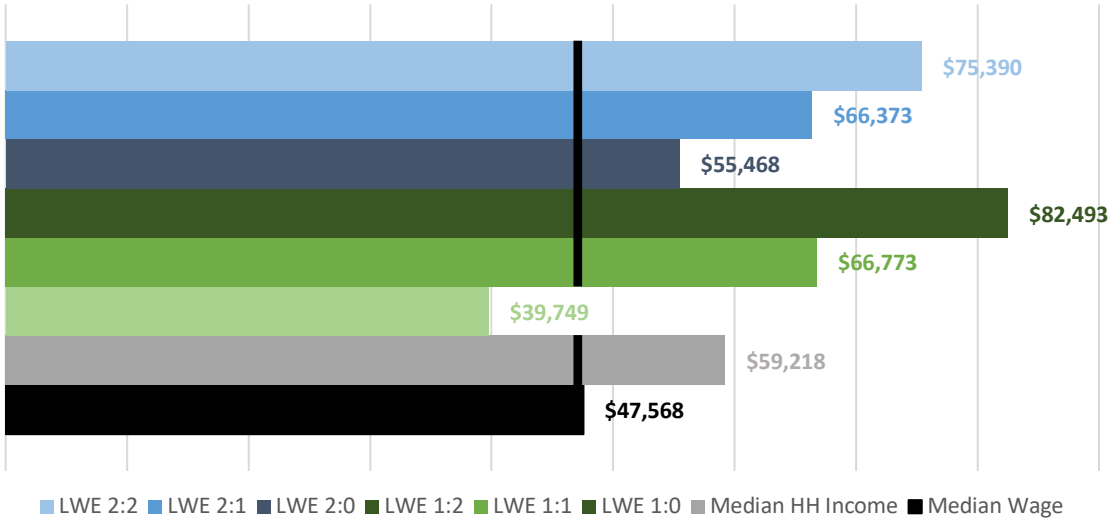
The retail industry follows, employing 8,085 individuals, which represents 13.46% of the total jobs. Positions in retail range from sales associates and store managers to cashiers, stock clerks, and customer service representatives, offering an average wage of $30,108. Generally, jobs in retail do not require advanced education, but some positions, especially managerial roles, may benefit from certifications in retail management, customer service, or business administration.

The health and social services sector is also a significant employer, with 6,937 jobs making up 11.55% of the region's employment. This sector includes roles in healthcare facilities and social services organizations, such as nurses, healthcare aides, social workers, therapists, and administrative staff, with an average wage of $47,606. Many positions in this field require specific educational backgrounds and certifications. For example, nurses need to complete nursing programs and obtain licensure, social workers typically need a degree in social work and state licensure, and healthcare aides often require certification in patient care or medical assistance. These industries are crucial to the region's economy, providing a diverse range of employment opportunities while necessitating various levels of education and certification.

Under-Employment

Under-employment is a critical yet often overlooked aspect of labor statistics. It occurs when individuals are working, yet the income they earn is insufficient to meet the cost of living in their community. Although a community's employment rates may appear robust, under-employment may signal a mismatch in the labor market, highlighting the need for economic strategies that foster job creation in line with the living wage standards and skill levels of the workforce.

Chart 39: Median Wage vs. Cost of Living (2022)



Source: US Census Bureau (S1903), MIT Living Wage Calculator

The median wage in the region is $47,568, which falls short of meeting the cost of living for any household configuration other than a single adult without children. Even for a single adult, the median wage is barely adequate, as the living wage requirement for one adult with no children is $39,749, providing a minimal buffer above essential living costs.

This analysis underscores the challenges faced by families, particularly those with children or single-parent households, where the cost of living significantly exceeds the median wage. For instance, a single adult with two children would require a living wage of $82,493, far surpassing the median wage. Similarly, households with two adults and two children need $75,390 to meet living wage standards, indicating a substantial gap between earnings and the necessary income to support a family.

Such data is crucial as it points to the need for economic policies that not only create more jobs but ensure these jobs offer wages that align more closely with the real economic demands faced by residents. Strategies may include encouraging industries that offer higher wages, improving educational and training programs to elevate the workforce's skill level, and promoting full-time employment opportunities that can provide a living wage. Addressing under-employment is essential for fostering a truly healthy economy where fewer residents are forced to juggle multiple jobs or stretch insufficient incomes to meet basic needs, thereby enhancing the overall quality of life within the community.

As a result of the region's wages, data indicates that 5,649 members of the local labor force earn wages below the nationally recognized poverty level. This represents 6.22% of all workers and more than three-quarters (77.30%) of all able-bodied adults who are living at the poverty level.

Table 31: Working Poor by County (2022)

Area	Number of Working Poor	% of Workers	% of Low Income Labor Force
Davie	969	4.90%	73.86%
Stokes	1,068	5.40%	74.74%
Surry	2,426	7.60%	78.79%
Yadkin	1,186	7.00%	79.70%
REGION	**5,649**	**6.22%**	**77.30%**
State	**308,653**	**6.30%**	**79.82%**
Nation	**8,929,884**	**5.70%**	**78.70%**

Source: U.S. Census Bureau (S1701, S2301, C18120)

Community Feedback

The community survey data highlights the significant impact of employment on residents' incomes, emphasizing issues related to unemployment and low wages. Among the individuals stating that employment was a major concern in the region, a substantial percentage identified inadequate income as a primary barrier to economic security. This directly ties into employment issues, as many respondents pointed out the difficulty in securing jobs that pay a living wage.

A total of 17.3% indicated that unemployment is a critical factor impacting the ability of local residents to meet basic needs. Additionally, 5.1% of respondents reported under-employment as a significant issue, both of which contribute to the 54.8% who highlighted inadequate income as a major barrier.

Survey responses revealed several barriers to finding meaningful employment. A significant percentage of respondents pointed to a lack of qualifications and job opportunities in the area. One participant stated, "Between a weak economy and the aftermath of COVID, there are many families struggling to find adequate employment." Another respondent noted, "Jobs expect more than they pay, and it seems hard to get a job these days because they are picky."

Barriers to employment also included past criminal offenses, which made it more challenging for individuals to obtain jobs that offer a livable wage. One respondent mentioned, "Barriers to employment due to past criminal offenses made it more difficult to obtain a livable wage."

Moreover, poor health was cited as a limiting factor in securing and maintaining employment. A respondent shared, "Poor health can limit what a person can do in a job position. If you are not healthy enough to do the work, then you are not going to be able to keep the job."

Agency Data

The most recently completed agency report indicates that 11 local residents secured employment as a result of agency programs. This includes 4 from Davie County, 2 from Stokes, and 5 from Surry. Additionally, 2 residents increased employment, one of which was from Davie County and one of which was from Surry County.

Employment Resources

Resource Name	Contact Information	Description
NC Dept of Vocational Rehabilitation	919-859-8301	Assists individuals in North Carolina with disabilities with obtaining, retaining, or maintaining employment
NC Dept. of Commerce-Division of Workforce Solutions	800-562-6333	Help people in North Carolina find jobs through a statewide system of workforce programs that prepare residents for employment
Work First Family Assistance	800-662-7030; www.ncdhhs.gov/divisions/social-services/work-first-family-assistance	North Carolina's Temporary Assistance for Needy Families (TANF) program
Yadkin County Human Services Agency	336-849-7910	Offers social services support, WIC, a medical clinic, and environmental health support to the citizens of Yadkin County
YVEDDI	336-367-7251	Builds self-sufficiency for under-resourced individuals and families through coaching, mentoring, and community partnerships

Conclusion: Strengths
Although the labor force increase (+0.72%) was lower than state and national averages, data revealed some level of economic stability in the region. It should also be noted that Yadkin County experienced a growth of 5.31%, suggesting more robust economic activity.

The manufacturing sector, which is the largest industry in the region with 11,307 jobs, offers moderately high wages at $51,142 annually. The retail and health sectors also provide substantial employment opportunities, with 8,085 and 6,937 jobs, respectively. Moreover, the region's unemployment rate of 4.96% is comparable to the state average of 4.98% and better than the national average of 5.29%, indicating a relatively healthy labor market.

Conclusion: Weaknesses
One of the primary weaknesses is the significant job deficit in the region. While the labor force consists of 92,987 individuals, there are only 60,077 jobs available, leaving a shortfall of 32,910 jobs. This deficit suggests that many residents must seek employment outside the region, which can exacerbate issues related to commuting and work-life balance.

Additionally, the median wage in the region is $47,568, which falls short of meeting the cost of living for any household configuration other than a single adult without children. For instance, the living wage for a single parent with two children is $82,493, and for a traditional family of four, it is $75,390, far exceeding the median wage. This income disparity indicates that many families are struggling to meet their basic needs, leading to significant economic insecurity.

Unemployment rates also present a concerning picture. Despite some positive trends, the overall regional unemployment rate has increased by 9.25% over the past five years, with notable spikes during the COVID-19 pandemic. The region’s rate continued to rise, unlike the state and national rates, which saw improvements. The most affected age group is 16-19 years, with an unemployment rate of 15.88%, highlighting the difficulties young people face in securing employment.

Racial and ethnic disparities in unemployment are significant. The "Other Race" category has the highest unemployment rate at 8.60%, followed by Multi-Racial individuals at 6.83% and Black individuals at 5.95%. Hispanic residents face higher unemployment rates (6.33%) compared to Non-Hispanic residents (4.75%), with the Hispanic unemployment rate increasing by 35.55% over the past five years.

Under-employment is another critical issue, with 5,649 members of the local labor force earning wages below the nationally recognized poverty level. This represents 6.22% of all workers and more than three-quarters (77.30%) of all able-bodied adults living at the poverty level. Many jobs in the region pay less than $50,000 annually, with some industries, such as retail and accommodation/food services, offering average wages as low as $30,108 and $17,979, respectively. This highlights the prevalence of low-wage jobs that do not meet the cost of living, exacerbating economic insecurity for many residents.

Skills and Qualifications

Adult Education levels

The link between educational attainment and socio-economic outcomes is starkly illustrated by disparities in employment rates, median earnings, and poverty levels across different educational categories. Understanding this relationship is crucial in addressing the underlying factors contributing to poverty and designing effective interventions.

Table 32: Educational Impact on Employment/Wages (2022)

Education Level	Unemployment Rate	Median Earnings	Poverty Rate
Graduate Degree	2.20%	$61,840	4.05%
Bachelor's Degree		$55,868	
Associate degree	2.90%	$40,422	9.15%
Some College (No Degree)			
High School Diploma/GED	5.83%	$34,039	14.70%
No High School Diploma	10.88%	$29,749	24.68%

Source: U.S. Census Bureau (S1501, S2301, S1701)

In the region, there are 19,949 individuals without a high school diploma. This group faces the highest unemployment rate (10.88%) and the lowest median earnings ($29,749), resulting in a poverty rate of 24.68%. This significant portion of the population highlights the need for educational interventions to improve their socio-economic outcomes.

Table 33: Adult Educational Attainment Level (2022)

Area	No HS	Some HS	HS Diploma	Some College	Assoc. Degree	Bach. Degree	Grad. Degree
Davie	934	2,191	9,363	7,248	2,965	5,358	2,693
Stokes	1,364	2,766	12,618	7,435	3,494	3,471	1,848
Surry	3,525	5,578	14,773	11,567	5,973	6,190	3,032
Yadkin	1,291	2,300	9,599	6,164	3,427	2,841	903
REGION	**7,114**	**12,835**	**46,353**	**32,414**	**15,859**	**17,860**	**8,476**
State	**286,553**	**471,586**	**1,804,406**	**1,460,120**	**720,557**	**1,533,552**	**895,338**
Nation	**10,742,781**	**13,856,917**	**59,741,825**	**44,692,390**	**19,815,732**	**47,391,673**	**30,359,674**

Source: U.S. Census Bureau ACS (DP02)

The largest group, consisting of 46,353 individuals, holds a high school diploma. This group has an unemployment rate of 5.83% and median earnings of $34,039, with a poverty rate of 14.70%. Despite having completed high school, many in this category still face economic instability, indicating that a high school diploma alone may not be sufficient for economic security.

Individuals with some college education, up to an associate degree, have an unemployment rate of 2.90%, median earnings of $40,422, and a poverty rate of 9.15%. The data demonstrates that attending college substantially improves economic outcomes and the ability of residents to escape poverty.

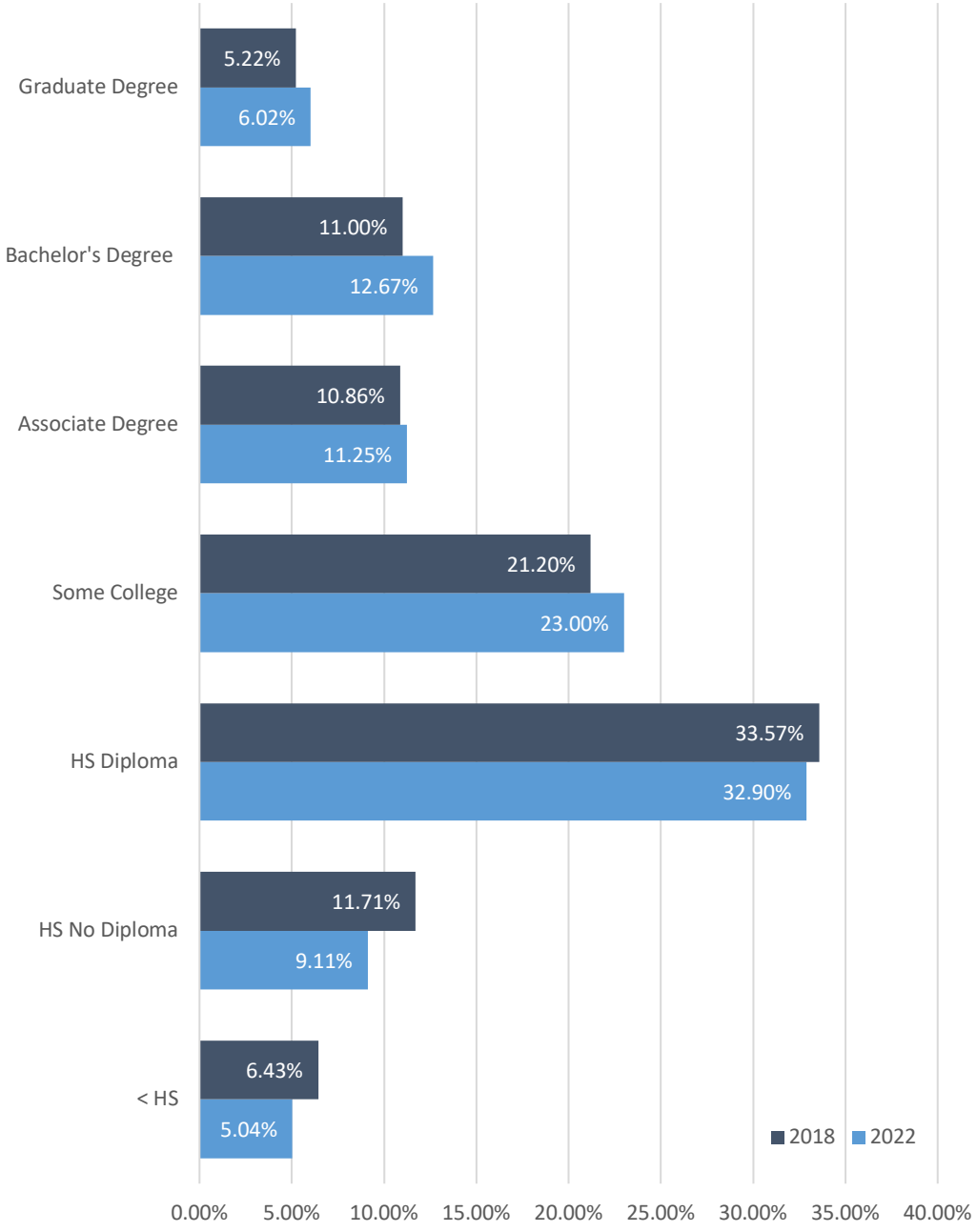
The region has 17,860 individuals with a bachelor's degree who experience even better outcomes with lower unemployment rates and higher median earnings. This group has an average unemployment rate of 2.20%, a poverty rate of 4.05%, and median earnings of $55,868.

Finally, 8,476 individuals in the region hold a graduate degree. While data does not demonstrate notable increases in poverty and unemployment rates over those with a bachelor's degree, the average income earned is $61,840 annually.

By examining these numbers, it becomes clear that higher educational attainment is closely linked to improved economic outcomes in terms of lower unemployment rates, higher median earnings, and reduced poverty rates. Addressing educational disparities through targeted interventions and support systems is crucial for improving the overall economic well-being of the region's population.

Over the past five years, data trends demonstrate encouraging improvements. The percentages of individuals with less than a high school diploma and those with some high school but no diploma have decreased significantly, by 21.62% and 22.20% respectively. Additionally, there are notable increases in the percentages of individuals with higher education degrees, including an 8.49% increase in those with some college education, a 15.18% increase in those with bachelor's degrees, and a 15.33% increase in those with graduate degrees. These changes indicate that more individuals in the community are pursuing and attaining higher levels of education, leading to an overall increase in educational attainment within the region.

Chart 40: Adult Educational Attainment Change Comparison (2018/2022)



Source: U.S. Census Bureau ACS (DP02)

When evaluating educational attainment by various age groups, senior citizens were noted as having the highest percentage without a diploma (24.09%). This was followed by residents between the ages of 35 and 44 (16.80%), ages 45 to 64 (16.01%), ages 25 to 34 (14.49%), and ages 18 to 24 (12.77%). The largest portion of residents without a high school diploma were between the ages of 45 and 64 (9,412), with seniors being the second largest group (9,347).

Table 34: Educational Attainment by Age Group (2022)

Education Level	18-24	25-34	35-44	45-64	65+
Less Than High School	1,943	2,902	3,894	9,412	9,347
High School Diploma	12,283	13,631	14,794	39,925	24,071
College Degree	992	3,500	4,496	9,458	5,390
TOTAL POPULATION	**15,218**	**20,033**	**23,184**	**58,795**	**38,808**

Source: U.S. Census Bureau ACS (S1501)

The percentages of individuals with a high school diploma show that the majority across all age groups have at least completed high school. Among the age groups, 80.69% of those aged 18-24, 68.05% of those aged 25-34, 63.82% of those aged 35-44, 67.91% of those aged 45-64, and 62.04% of those aged 65+ hold a high school diploma.

When it comes to higher education, the percentages are notably lower. Among the 18-24 age group, only 6.52% have obtained a college degree. For the 25-34 age group, this figure increases to 17.47%, and for those aged 35-44, it is 19.38%. The 45-64 age group has 16.09% with a college degree, and the 65+ age group has 13.88%.

These statistics highlight a clear need for targeted educational programs aimed at increasing high school completion rates, particularly for older adults. Additionally, initiatives to support higher education attainment across all age groups, especially for the working-age population, can play a crucial role in improving economic outcomes and reducing poverty rates. Addressing these educational gaps is essential for fostering a more educated and economically stable community.

When examining various racial groups, disparities were identified that should be considered in organizational strategies. While the White population is by far the largest, they have the smallest rate of educational barriers, with 17.29% (22,556 individuals) lacking a high school diploma. This group also includes 86,132 individuals with a high school diploma and 21,778 with a college degree, out of a total of 130,466 individuals.

Table 35: Educational Attainment by Race (2022)

Race	Less Than High School	HS Diploma	College Degree	TOTAL
White	22,556	86,132	21,778	130,466
Black	1,357	4,134	516	6,007
American Indian	144	369	110	623
Asian	99	245	182	526
Pacific Islander	34	7	65	106
Other Race	1,132	728	50	1,910
Multi-Racial	233	806	143	1,182

Source: U.S. Census Bureau ACS (S1501)

Following the White population, the Asian population has relatively low educational barriers, with 18.82% (99 individuals) lacking a high school diploma, 245 holding a high school diploma, and 182 possessing a college degree, out of a total of 526 individuals. The Multi-Racial group has a higher rate of educational barriers, with 19.17% (233 individuals) lacking a high school diploma, 806 having a high school diploma, and 143 possessing a college degree, totaling 1,182 individuals.

The Black population shows a higher rate of educational barriers, with 22.59% (1,357 individuals) lacking a high school diploma. This group includes 4,134 individuals with a high school diploma and 516 with a college degree, out of a total of 6,007 individuals. The American Indian population has a rate of 23.11% (144 individuals) lacking a high school diploma, 369 holding a high school diploma, and 110 possessing a college degree, totaling 623 individuals.

The Pacific Islander population has a significant rate of educational barriers, with 32.08% (34 individuals) lacking a high school diploma, 7 holding a high school diploma, and 65 possessing a college degree, out of a total of 106 individuals. The group categorized as Other Race has the highest rate of educational barriers, with 59.27% (1,132 individuals) lacking a high school diploma, 728 holding a high school diploma, and 50 possessing a college degree, totaling 1,910 individuals.

These disparities indicate a need for targeted educational programs that focus on groups with the highest percentages of individuals lacking high school diplomas. Specifically, the Other Race and Pacific Islander populations show the most significant need for educational support. Additionally, Black and American Indian populations also show substantial rates of educational barriers that warrant targeted interventions. Addressing these disparities through tailored educational programs can help improve high school completion rates and support transitions to higher education, thereby enhancing the socio-economic outcomes of these populations and fostering a more equitable and educated community.

Literacy

Literacy is a fundamental skill essential for employment and economic mobility. High literacy levels are correlated with a greater likelihood of securing quality employment, as many jobs require the ability to read, write, and understand complex information. Conversely, low literacy can limit job opportunities, confine individuals to lower-paying roles, and increase the risk of unemployment, thereby exacerbating the cycle of poverty. According to the National Center for Education Statistics (NCES), adults with lower literacy skills are more likely to report being out of the labor force, have lower median weekly earnings, and face higher rates of poverty. These statistics underscore the critical role literacy plays in an individual's capacity to engage effectively in the workforce and achieve financial independence.

Table 36: Literacy Deficient Individuals/Rate (2013-2017 Avg.)

Area	%	#
Davie	18.00%	6,366
Stokes	22.00%	8,261
Surry	26.00%	15,124
Yadkin	26.00%	7,934
REGION	**23.00%**	**37,169**

Source: National Center for Educational Statistics

The regional data on literacy deficiencies, averaged over the period from 2013 to 2017, reveals that 23.00% of the population is identified as literacy deficient. This equates to a total of 37,169 individuals who lack essential literacy skills across the region. This high percentage highlights the widespread nature of literacy challenges and underscores the urgent need for comprehensive and targeted literacy programs.

When examining individual counties, the largest rates of literacy deficiencies were noted in Surry and Yadkin, both at 26%. This was followed by Stokes at 22% and Davie at 18%. This data suggests that targeted literacy improvement initiatives in Surry and Yadkin counties may be particularly impactful in reducing overall regional literacy deficiencies.

Numeracy

Numeracy is critical skill set that encompasses the ability to count or perform simple arithmetic. It can also involve the ability of a person to access, interpret, and communicate mathematical information and ideas to meet the complex demands of various situations in adult life. According to the National Center for Educational Statistics (NCES), adults who are classified as below level 1 are not considered functionally numerate, meaning they struggle with tasks like counting, sorting, and identifying elements of simple graphs and spatial representations. This lack of numeracy skills can significantly impact a person's employability and financial management capabilities, as it affects their ability to perform tasks that are essential for many jobs and to manage household budgets effectively. It is also a factor that can contribute to an individual's likelihood of experiencing poverty, as it limits their job opportunities and ability to engage with financial and economic systems. Numeracy is integral to understanding and making informed decisions based on numerical data, which is an essential part of daily life and work in the modern world.

Table 37: Numeracy Deficient Individuals/Rate (2013-2017 Avg.)

Area	%	#
Davie	29.00%	10,256
Stokes	34.00%	12,768
Surry	37.00%	21,522
Yadkin	38.00%	11,596
REGION	**34.50%**	**55,753**

Source: National Center for Educational Statistics

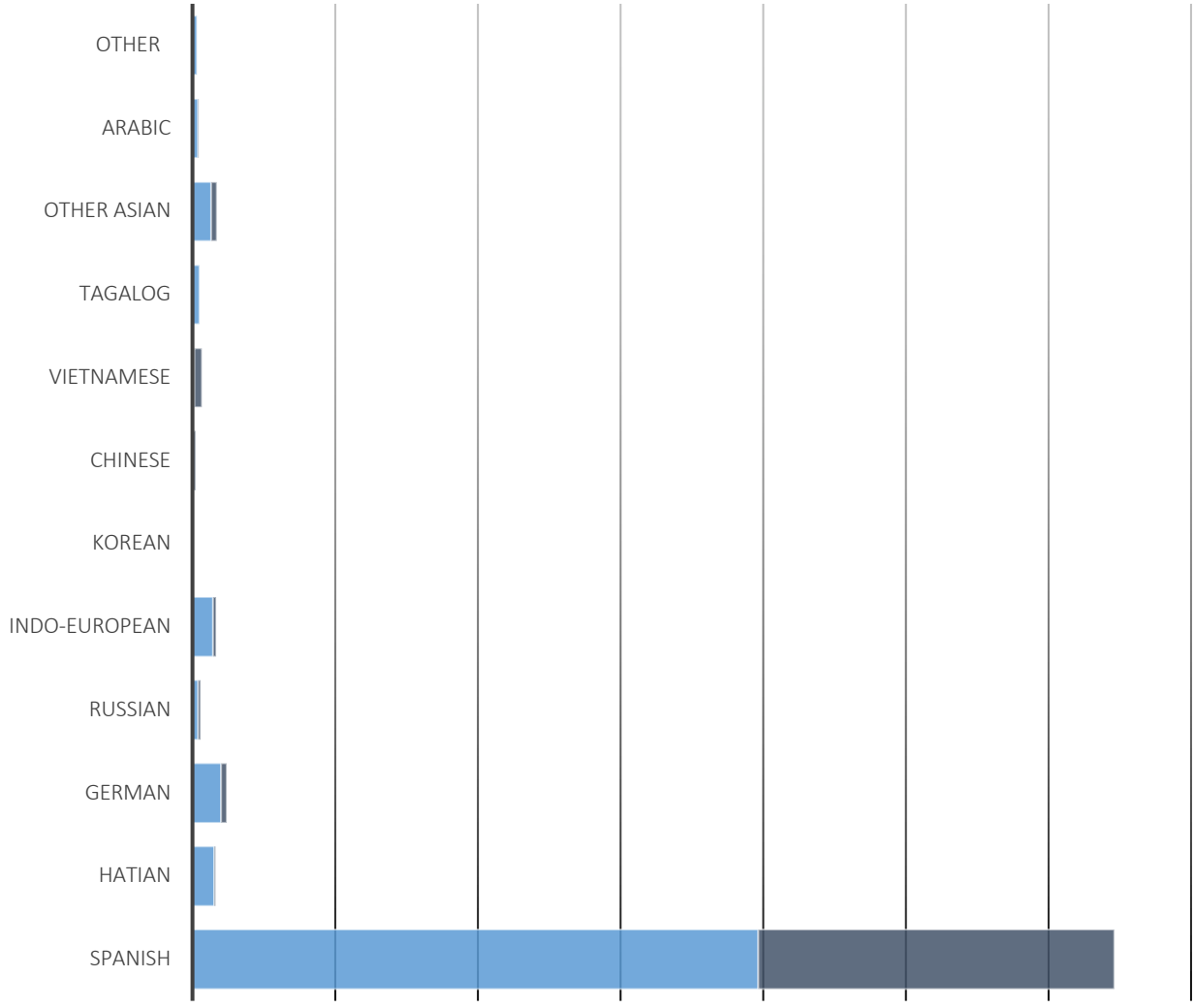
The regional data on numeracy deficiencies, averaged over the period from 2013 to 2017, indicates that 34.50% of the population is identified as numeracy deficient, totaling 55,753 individuals. This high percentage highlights the extensive challenge of numeracy deficiencies and underscores the urgent need for targeted numeracy programs and interventions across the region.

When examining individual counties, Yadkin has a numeracy deficiency rate of 38%, impacting 11,593 individuals. Surry, with a slightly lower percentage of 37.00%, has a significant number of numeracy-deficient individuals, totaling 21,522. Stokes exhibits a lower rate at 34.00%, impacting 12,768 individuals. Finally, Davie faces the lowest rate at 29.00%, with 10,256 individuals lacking essential numeracy skills.

English Proficiency

A study conducted by the U.S. Census Bureau found that individuals who speak languages other than English at home face significant economic challenges. They are less likely to be employed, less likely to secure full-time work when employed, and even when they do find full-time employment, they earn lower median wages than their English-speaking counterparts. Employment, work status, and earnings among those who speak another language are closely tied to their proficiency in English. On average, workers who speak only English earn a median annual income of $42,000, compared to $34,000 for those with limited English proficiency (U.S. Census Bureau, American Community Survey Reports, 2019). This disparity underscores the urgent need for English language proficiency programs to improve economic opportunities for non-English speakers.

Chart 41: Resident Primary Language with Proficiency Barriers (2022)



	Spanish	Hatian	German	Russian	Indo-European	Korean	Chinese	Vietnamese	Tagalog	Other Asian	Arabic	Other
No Barriers	7,932	304	399	84	288	1	14	26	97	266	78	64
Potential Barriers	4,996	19	78	33	45	-	34	105	-	77	10	-

Source: U.S. Census Bureau (C16001)

In the region, there are 14,950 residents who speak a language other than English at home, with 5,397 of these individuals identified as having potential language barriers. The largest number of individuals with language barriers is found among Spanish speakers, with 4,996 facing challenges.

Examining the languages with the highest percentage of speakers experiencing barriers reveals that Vietnamese speakers are the most affected, with 53.64% of the 131 speakers facing language barriers. This is followed by speakers of "Other" languages, where 45.00% of the 64 speakers have barriers. Similarly, Spanish speakers, who form the largest group with 12,928 individuals, have 43.04% facing language barriers. "Other Asian" language speakers also face significant challenges, with 43.01% of the 343 speakers experiencing barriers. Russian speakers are next, with 36.32% of the 117 speakers having language barriers.

In contrast, speakers of Haitian (13.49% of 323 speakers), German (13.07% of 477 speakers), and Arabic (17.65% of 88 speakers) have relatively lower percentages of individuals with language barriers. These statistics highlight the urgent need for tailored language proficiency programs to support these communities, especially those with higher percentages and larger populations of individuals facing language barriers. Addressing these needs is essential for improving their employment prospects and economic stability.

Community Feedback
A substantial number of survey respondents highlighted inadequate literacy, education levels, and lack of essential skills and certifications as significant barriers to employment. Among those who identified employment as a major concern, a notable portion pointed to the lack of necessary qualifications, with many residents struggling to meet the educational and skill requirements for available jobs.

One respondent noted, "I would like to see more training for skillful jobs in order that we may attract major employers for our economy." This sentiment was echoed by others who emphasized the need for better access to education and vocational training. Sixteen respondents identified the lack of qualifications as the greatest barrier to employment, indicating a need for enhanced educational opportunities.

The survey also revealed various hindrances that residents face in improving their education and skills. Transportation was another frequently mentioned barrier. Thirteen respondents cited the lack of transportation as a significant obstacle to accessing educational resources. This issue is compounded in rural areas where public transportation options are limited or nonexistent. Additionally, the lack of childcare was identified as a barrier by several respondents, making it challenging for parents, especially single parents, to attend classes or training sessions.

Agency Data
According to the most recently published agency annual report, 7 residents completed education/training programs, with 56 total individuals developing life skills for enhanced employability.

Adult Education/Skills Development Resources

Resource Name	Contact Information	Description
Davidson County Community College-Davie Campus	336-751-2885	Offers certificates, diplomas, and associate degrees for the residents of Davie County and the surrounding area
Davie County Public Library	336-753-6030	Offers resources through Cengage Learning including career transition support and vehicle maintenance/repair information for Davie County residents
Davie Education Center by DCCC	336-224-4583	A secondary location of Davidson Community College
Department of Commerce-Division of Workforce Solutions	800-562-6333	Help people in North Carolina find jobs through a statewide system of workforce programs that prepare residents for employment
Family Promise of Davie County	336-284-4200	Assist families experiencing homelessness and low-income families achieve independence
Forsyth Technical Community College	336-723-0371	A public community college in Winston-Salem
Goodwill Industries of Northwest North Carolina	336-724-3621	Provide career services to enable job seekers to access a wide range of free employment and training programs and services
Just Hope, Inc	336-936-9161	Assists with hygiene items, job search, budget building, agency referrals, case management, substance abuse referrals, and counseling for homeless or displaced individuals/families
NC Dept. of Vocational Rehabilitation Services	919-859-8301	Assists individuals in North Carolina with disabilities with obtaining, retaining, or maintaining employment
NCWorks Career Center at Davie Campus	336-934-3286	Offer career planning, on-the-job training, job search training, referrals, and other services for residents in the surrounding area
Springwell Network (Group Homes of Forsyth County)	336-661-7788	Provides quality residential care and training for persons with developmental disabilities in Stokes County
Surry Community College	336-386-8121	Community College
United Way of Davie County	336-751-0313	Building stronger communities by advancing the health, financial stability, and education of Davie County residents
Winston-Salem Urban League	336-717-1223	Empowers and advocates for African Americans and other disenfranchised communities through education, training, and civic engagement
Work First Family Assistance		North Carolina's Temporary Assistance for Needy Families (TANF) program
YMCA	336-751-9622	Enhancing the lives of people in the community through an ever-growing list of programs and opportunities
YVEDDI	336-367-7251	Builds self-sufficiency for under-resourced individuals and families through coaching, mentoring, and community partnerships

Conclusion: Strengths
Over the past five years, there has been a significant improvement in educational attainment levels. The percentage of individuals without a high school diploma has decreased by 21.62%, and those with some high school education but no diploma have decreased by 22.20%. Additionally, there have been notable increases in the percentages of individuals pursuing higher education, with an 8.49% increase in those with some college education, a 15.18% increase in those with bachelor's degrees, and a 15.33% increase in those with graduate degrees. These positive trends indicate that more individuals in the community are pursuing and attaining higher levels of education, leading to an overall increase in educational attainment within the region.

Conclusion: Weaknesses
Despite the improvements, several weaknesses persist. A significant portion of the population still faces educational barriers. In the region, 19,949 individuals do not have a high school diploma, resulting in the highest unemployment rate (10.88%) and the lowest median earnings ($29,749), with a poverty rate of 24.68%. This highlights the need for targeted educational interventions to improve the socio-economic outcomes of this group.

Furthermore, while the largest group of individuals, consisting of 46,353 people, holds a high school diploma, this group still faces an unemployment rate of 5.83% and median earnings of $34,039, with a poverty rate of 14.70%. This suggests that a high school diploma alone may not be sufficient for economic security, and additional support may be needed to help these individuals advance their education or skills.

When examining educational attainment by age groups, senior citizens have the highest percentage without a diploma (24.09%), followed by those aged 35-44 (16.80%) and 45-64 (16.01%). The largest portion of residents without a high school diploma is between the ages of 45 and 64 (9,412), indicating that older adults are a critical target group for educational programs.

Disparities also exist across racial groups. While the white population has the smallest rate of educational barriers (17.29%), other groups, such as the Pacific Islander and "Other Race" categories, have significantly higher rates of educational barriers (32.08% and 59.27%, respectively). These disparities highlight the need for tailored educational programs to support groups with the highest percentages of individuals lacking high school diplomas.

In addition to these educational attainment challenges, literacy and numeracy deficiencies pose significant barriers to self-sufficiency and economic security. The regional data on literacy deficiencies reveals that 23.00% of the population lacks essential literacy skills, equating to 37,169 individuals. High rates of literacy deficiencies, particularly in Surry and Yadkin counties (both at 26%), highlight the urgent need for comprehensive and targeted literacy programs. Literacy is a fundamental skill essential for employment and economic mobility, and low literacy can limit job opportunities, confine individuals to lower-paying roles, and increase the risk of unemployment, thereby exacerbating the cycle of poverty.

Numeracy deficiencies are also prevalent, with 34.50% of the population identified as numeracy deficient, totaling 55,753 individuals. Yadkin and Surry counties exhibit the highest numeracy deficiency rates at 38% and 37%, respectively. Numeracy is critical for performing tasks essential for many jobs and managing household budgets effectively. Lack of numeracy skills can significantly impact a person's employability and financial management capabilities, limiting job opportunities and increasing the likelihood of experiencing poverty.

Language proficiency barriers further compound these issues. In the region, there are 14,950 residents who speak a language other than English at home, with 5,397 of these individuals identified as having potential language barriers. Spanish speakers constitute the largest group with language barriers, with 4,996 individuals facing challenges. High percentages of speakers with barriers are also noted among Vietnamese (53.64%), Other (45.00%), and Spanish (43.04%) speakers. Language proficiency is closely tied to economic outcomes, as individuals with limited English proficiency are less likely to be employed, less likely to secure full-time work, and earn lower median wages compared to their English-speaking counterparts. Addressing language proficiency barriers is essential for improving the employment prospects and economic stability of non-English speakers in the region.

Child/Youth Education

Introduction
The importance of education in alleviating long-term poverty cannot be overstated. Access to quality education from a young age equips children with critical skills, increasing their future economic opportunities and potential to break the cycle of poverty that may have affected their families. The Urban Institute reports that education is a crucial element in disrupting the persistence of poverty across generations. By providing the tools for academic and personal success, society can create pathways for children to not only achieve financial stability but also contribute to the broader economic health of their communities.

School-Aged Children (Age 5-17)
There are 30,460 school-aged children in the region. Surry County has the highest concentration, accounting for 36.94% of the total school-aged population with 11,254 children. Davie County follows with 22.75%, representing 6,931children. Stokes County has 20.91% of the school-aged population, totaling 6,406 children. Yadkin County has the smallest share, comprising 19.40% of the total with 5,869 children.

Table 38: School-Aged Children by Age Group/County (2022)

Area	5-9 Years	10-14 Years	15-17 Years	TOTAL (5-17)
Davie	2,426	2,812	1,693	6,931
Stokes	2,354	2,259	1,793	6,406
Surry	3,906	4,505	2,843	11,254
Yadkin	1,879	2,575	1,415	5,869
REGION	**10,565**	**12,151**	**7,744**	**30,460**

Source: U.S. Census Bureau (DP05)

The region has a total of 10,565 children in the elementary school age group (5-9 years). This represents a significant portion of the school-aged population, indicating a strong need for robust elementary education programs. Early education is critical as it lays the foundation for future learning and development. Ensuring these young students have access to quality education and resources is essential for their academic growth and overall well-being.

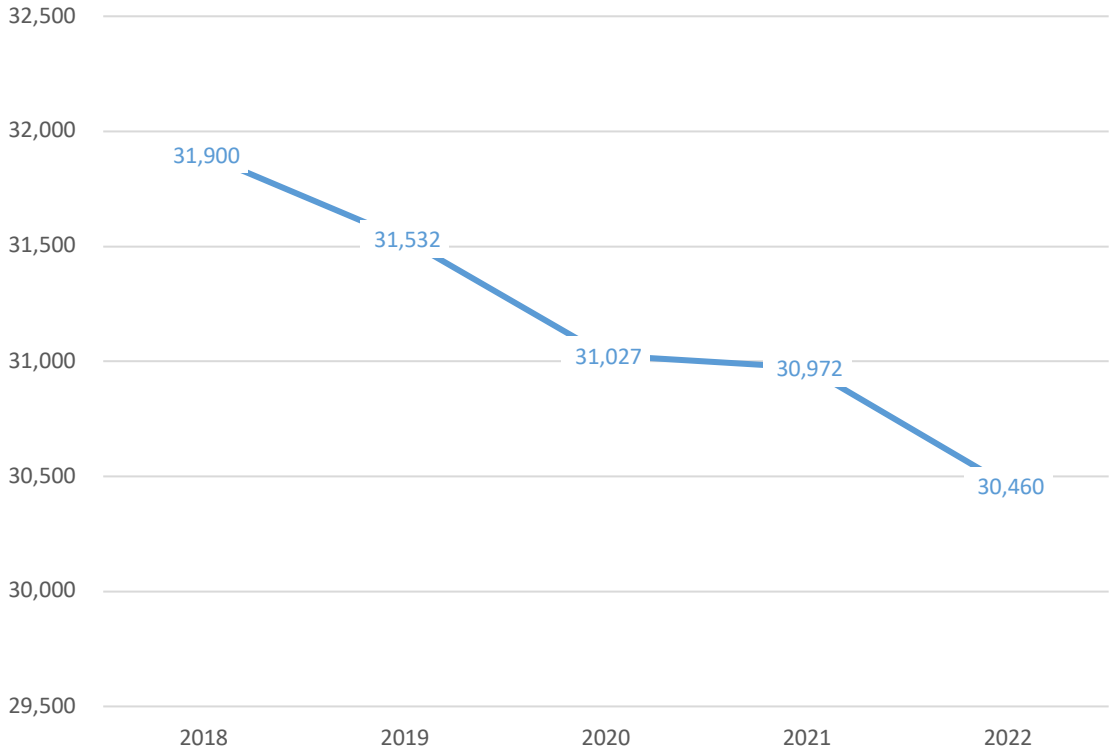
In the age group corresponding primarily with middle school enrollment (10-14 years), there are 12,151 children. This group is larger than the elementary school age group, highlighting the importance of preparing adequate resources to support students as they transition from elementary to middle school. Middle school is a pivotal time for cognitive and social development, requiring focused educational strategies. Providing support during this transitional period can help students build strong academic skills and personal resilience.

The age group corresponding primarily with high school enrollment (15-17 years) consists of 7,744 children. This is the smallest of the three age groups, reflecting the typical demographic trend where the number of children decreases with age due to various factors, including graduation and early school leaving. High school education is crucial for preparing students for higher education or entry into the workforce, making it essential to address the specific educational needs of this group. Ensuring that high school students receive appropriate guidance and support can help them achieve their academic goals and set a strong foundation for their future careers.

The chart depicting the school-aged population trend from 2018 to 2022 reveals a consistent decline over the five-year period. In 2018, the school-aged population in the region was 31,900. This number decreased by 1.15% to 31,532 in 2019. The decline continued into 2020, with the population falling to 31,027, representing a further decrease of 1.60%.

Between 2020 and 2021, coinciding with the COVID-19 pandemic, the rate of decline slowed significantly to 0.18%, bringing the population to 30,972. However, this slight reprieve was short-lived as the decline rate increased again in 2022, with a reduction of 1.65%, resulting in a school-aged population of 30,460.

Chart 42: School-Aged Population Trend (2018-2022)



Source: U.S. Census Bureau (DP05)

Overall, the five-year trend demonstrates a cumulative downward trend of 4.51%, from 31,900 in 2018 to 30,460 in 2022. This decline in the school-aged population may have significant implications for educational planning and resource allocation in the region and should be monitored closely over the coming years.

School-Aged Children in Poverty (Ages 5-17)

The implications of poverty on education are multifaceted. Children from impoverished backgrounds often have limited access to educational resources, such as books and technology, which are essential for learning in today's digitized world. They may also experience unstable living conditions, food insecurity, and insufficient healthcare, all of which can lead to absenteeism, concentration difficulties, and lower academic performance. Additionally, the stress of financial insecurity can take a toll on a child's mental health and well-being, further hindering their ability to learn and succeed in school.

Table 39: School-Aged Children in Poverty by County Comparison (2018/2022)

Area	2018	2022	Change
Davie	1,458	1,087	-25.45%
Stokes	1,391	1,019	-26.74%
Surry	2,694	2,607	-3.23%
Yadkin	1,594	1,356	-14.93%
REGION	**7,137**	**6,069**	**-14.96%**

Source: U.S. Census Bureau (S1701)

In 2018, the region had a total of 7,137 low-income school-aged children, which decreased to 6,069 by 2022, reflecting a reduction of 14.96%. This decline is significantly steeper compared to the overall reduction in the school-aged child population, which was 4.51% over the same period. In 2018, low-income children made up 22.68% of the total school-aged population, but this percentage dropped to 19.68% by 2022. This indicates an overall improvement in the economic status of families with school-aged children in the region.

Davie County saw the number of low-income school-aged children decrease from 1,458 in 2018 to 1,087 in 2022, a reduction of 25.45%. This is a notable improvement compared to the regional average reduction of 14.96%. Stokes County experienced the largest decrease in low-income school-aged children, with numbers falling from 1,391 in 2018 to 1,019 in 2022, a reduction of 26.74%. This significant decrease highlights a substantial positive shift in economic conditions for families in this county. In contrast, Surry County had a smaller reduction compared to the other counties, with low-income children decreasing from 2,694 in 2018 to 2,607 in 2022, representing a reduction of only 3.23%. This suggests that economic conditions for families with school-aged children in Surry County have not improved as much as in other counties in the region. Yadkin County saw the number of low-income school-aged children decrease from 1,594 in 2018 to 1,356 in 2022, a reduction of 14.93%. This is closely aligned with the regional average reduction, indicating a consistent trend across the region.

Overall, the data indicates that while the region is seeing a general decrease in the number of low-income school-aged children, the extent of this improvement varies significantly by county. Davie and Stokes counties have shown remarkable reductions in low-income children, indicating significant economic improvements for families in these areas. In contrast, Surry County's smaller reduction highlights the need for continued support and targeted interventions to assist families in improving their economic conditions. The overall regional trend of a 14.96% reduction in low-income school-aged children, compared to a 4.51% reduction in the total school-aged population, suggests a positive shift in economic stability for many families, thereby providing a better foundation for children's educational success.

Educational Infrastructure

A strong educational infrastructure serves as the cornerstone of societal progress and individual development. It is the engine that drives economic growth, innovation, and workforce readiness, creating a skilled and adaptable labor force that can compete in a globalized world. Furthermore, education is the primary pathway to breaking the cycle of poverty, offering individuals the knowledge and skills needed to secure better job opportunities and higher incomes. Beyond its economic role, a robust educational system fosters informed and engaged citizens, strengthening democratic societies and promoting social cohesion. It also contributes to improved public health outcomes, as education correlates with healthier lifestyles and access to better healthcare.

The North Carolina Department of Education provides a comprehensive overview of the state's school report cards, which serve as an important resource for parents, educators, state leaders, researchers, and others. These report cards include a wealth of information about school and district-level data in various areas, such as student performance and academic growth, school and student characteristics, and more. They cover all North Carolina public schools, including charter and alternative schools, and provide a user-friendly interface for quick reference on critical topics for parents and educators.

North Carolina's school report cards include historical school performance grades, student performance on End-of-Grade and End-of-Course tests, English Learner progress indicators, participation rate reporting, ACT/ACT WorkKeys/SAT/AP/IB performance, college enrollment and endorsements, school safety metrics, preschool enrollment, digital teaching and learning, class size, school attendance, chronic absenteeism, school size, educator qualifications, school improvement funding, per-pupil expenditure, arts education indicators, long-term goals, and CSI/TSI designations. These comprehensive metrics help stakeholders understand the state of education in North Carolina and guide improvements.

Table 40: School District Proficiency Scores (2019)

County	School System	Grade	Grad %	College/Career Ready
Davie	Davie County Schools	C	88.10%	63.60%
Stokes	Stokes County Schools	C	89.10%	50.30%
Surry	Mount Airy City Schools	C	89.50%	49.60%
Surry	Surry County Schools	C	90.50%	56.80%
Surry	Elkin City Schools	B	92.70%	76.30%
Yadkin	Yadkin County Schools	C	88.50%	54.90%
	Regional Average	**C**	**89.73%**	**58.58%**

Source: North Carolina Department of Education: North Carolina School Report Cards

According to the Every Student Succeeds Act (ESSA), annual state report cards must be concise, understandable, and widely accessible to the public. They must include descriptions of the state's accountability system, long-term goals, and performance indicators for all public schools, disaggregated by various student subgroups. The ESSA mandates reporting on academic achievement, high school graduation rates, English proficiency, school quality, student success indicators, school climate and safety, teacher qualifications, per-pupil expenditures, and other relevant data to ensure transparency and inform educational strategies and policies.

Every district and charter school receives an A-F letter grade based 80 percent on the school's achievement score (calculated using a composite method based on the sum of points earned by a school on all of the indicators measured for that school), and 20 percent on students' academic growth (compares the actual performance of the school's students to their expected performance based on a statewide statistical model). The letter grades are computed on a 15-point scale (85-100=A; 70-84=B; etc.).

To assess the quality of educational infrastructure and its impact on student outcomes, this report examines state-assigned proficiency scores, grades, and the number of children who are college and career-ready. This evaluation will help identify strengths and weaknesses in the educational system, providing a foundation for strategic planning to enhance student achievement and prepare them for future success.

Davie County Schools, with a grade of C, have a graduation rate of 88.10% and a college/career readiness rate of 63.60%. While they perform close to the regional average in graduation rates, they slightly exceed the regional average in college/career readiness. Stokes County Schools, also graded C, have a graduation rate of 89.10%, slightly above the regional average, but fall behind in college/career readiness with a rate of 50.30%.

In Surry County, the educational outcomes vary significantly among the different school systems. Mount Airy City Schools, graded C, have a graduation rate of 89.50%, which is just above the regional average. However, they have one of the lowest college/career readiness rates at 49.60%. Surry County Schools, also graded C, exceed the regional average in graduation rates at 90.50% and perform similarly to the regional average in college/career readiness with a rate of 56.80%. Elkin City Schools stand out with a higher grade of B, boasting the highest graduation rate in the region at 92.70% and the highest college/career readiness rate at 76.30%. These disparities within Surry County highlight the varying levels of performance among the school systems, with Elkin City Schools significantly outperforming both the regional averages and the other schools in the county.

Yadkin County Schools, graded C, are slightly below the regional average in both graduation rates and college/career readiness, with rates of 88.50% and 54.90%, respectively.

The data on educational infrastructure and outcomes in the region reveals a mixed picture regarding the preparedness of students to secure employment or pursue further academics as they transition into adulthood. While the regional average for graduation rates is relatively high at 89.73%, the average college/career readiness rate of 58.58% indicates that a significant portion of students may not be fully equipped with the skills and knowledge necessary for post-secondary success or immediate entry into the workforce. Notably, Elkin City Schools demonstrate strong performance, suggesting effective practices that could be modeled in other districts. However, lower college/career readiness rates in areas like Mount Airy City Schools and Stokes County Schools underscore the need for targeted improvements. Addressing these disparities and focusing on enhancing college and career readiness across the board will be crucial for ensuring that all students in the region are well-prepared to thrive in their future academic and professional endeavors.

Teacher qualifications across the region indicate a strong presence of experienced educators, which is a positive indicator for student outcomes. In Davie, 90.5% of teachers are experienced, with the remaining being new to the profession. Stokes boasts the highest percentage of experienced teachers at 93.1%, while Surry has 89.2% experienced teachers. Yadkin also shows a high level of teacher experience at 90.3%. The presence of seasoned educators across these counties suggests a solid foundation for teaching quality and student support, which is essential for fostering academic achievement and readiness for college and careers.

Student Barriers

When addressing student barriers in education, it is essential to consider various factors that can impact a child's academic performance and overall well-being. Barriers such as limited English proficiency, access to technology, suspensions and expulsions, and bullying can significantly hinder a student's ability to succeed academically and later in life. Understanding these barriers is crucial in the context of poverty, as overcoming them can lead to improved educational outcomes and long-term economic security.

Table 41: Limited English Proficiency by County (2022)

Area	Total Students	Limited English
Davie	5,911	857
Stokes	5,454	1,593
Surry	10,012	2,904
Yadkin	4,951	876
REGION	**126,328**	**6,230**

Source: North Carolina Department of Education: North Carolina School Report Cards

In the region, there are 126,328 total students, with 6,230 identified as having limited English proficiency, representing 4.93% of the student population. This language barrier can severely impede their ability to access the full curriculum, participate in class, and complete assignments, thereby increasing their risk of academic failure and dropout. Surry County has the highest percentage of students with limited English proficiency at 2,904, making up 29.02% of the county's student population. This is followed by Stokes County with 1,593 students (14.68%), Yadkin County with 876 students (17.69%), and Davie County with 857 students (14.49%). Addressing language barriers through targeted support programs is crucial for these students' academic success and future economic opportunities.

Access to technology is vital for modern education. While all communities in the region demonstrate that students have access to technological devices, Stokes County stands out with the most favorable ratio of 0.5 students per device, indicating that each student has access to two devices. Surry (0.7), Yadkin (0.7), and Davie (0.8) counties are closer to alignment with the state average of 0.7 students per device. Ensuring equitable access to technology is essential for enhancing learning opportunities and preparing students for the digital economy.

Suspensions and expulsions significantly disrupt a child's education and can have lasting negative impacts, especially for those already facing socioeconomic challenges. There is a clear link between behavioral issues and poverty, as socio-economic determinants of health (SDOH) such as unstable housing, food insecurity, and limited access to healthcare can contribute to stress and behavioral problems in children. When these factors are not addressed, they often manifest as disciplinary issues in school.

The region shows significant variations in suspension rates, highlighting how behavioral challenges disproportionately affect certain demographics. In Davie County, there are 123.67 short-term suspensions per 1,000 students, 0.17 long-term suspensions, and 198.11 in-school suspensions. Stokes County has even higher rates, with 131.10 short-term suspensions, 0.37 long-term suspensions, and 246.97 in-school suspensions. Surry County reports 110.66 short-term suspensions, 0.14 long-term suspensions, and 96.05 in-school suspensions, while Yadkin County records 112.30 short-term suspensions, no long-term suspensions, and 211.07 in-school suspensions.

Notably, suspension rates are significantly higher among economically disadvantaged students and students of color. For instance, in Yadkin County, Black students face the highest rate of in-school suspensions at 510.95 per 1,000 students, with the second highest rate being 171.43 for Multi-Racial). This stark disparity underscores the role that racial and economic inequities play in the educational experience.

Moreover, economically disadvantaged students are consistently more likely to be suspended than their non-disadvantaged peers. For example, in Davie County, economically disadvantaged students experience an in-school suspension rate of 174.2 per 1,000 students, compared to just 56.19 for non-economically disadvantaged students. This pattern is consistent across the region and illustrates how poverty exacerbates behavioral issues and disciplinary actions.

Addressing these disparities requires a comprehensive approach that includes providing support for families to mitigate the effects of SDOH, implementing restorative justice practices in schools, and training educators to understand and address the underlying causes of behavioral issues. By focusing on these areas, we can create a more equitable educational environment that supports all students, particularly those from disadvantaged backgrounds, and helps reduce the long-term negative outcomes associated with suspensions and expulsions.

Bullying is a pervasive issue in schools that has far-reaching impacts on a student's academic performance, mental health, and overall well-being. Research indicates that bullying can exacerbate the challenges associated with poverty, creating a vicious cycle that further entrenches disadvantaged students in their socioeconomic status. The socio-economic determinants of health (SDOH), such as unstable housing, food insecurity, and limited access to healthcare, can increase a child's vulnerability to bullying and magnify its effects.

In the region, bullying rates vary, but all are cause for concern. Davie County reports a bullying rate of 15.56 per 1,000 students, Stokes County is slightly higher at 17.79 per 1,000 students, Surry County has a rate of 14.18 per 1,000 students, and Yadkin County experiences the highest rate at 28.88 per 1,000 students. These statistics highlight the prevalence of bullying and its potential impact on students' educational experiences and long-term outcomes.

Bullying can lead to increased absenteeism, as victims often avoid school to escape their tormentors. This can result in lower academic performance and disengagement from the educational process, making it harder for these students to break free from the cycle of poverty. Furthermore, the stress and trauma associated with bullying can have severe mental health repercussions, including anxiety, depression, and suicidal ideation. These mental health challenges can impede a student's ability to concentrate, participate in class, and perform well academically.

For students already living in poverty, the impacts of bullying can be even more pronounced. The additional stress and trauma can exacerbate the effects of existing socio-economic challenges, leading to a higher likelihood of academic failure and dropout. This, in turn, reduces their chances of securing stable, well-paying employment in the future, perpetuating the cycle of poverty.

Addressing bullying requires a multifaceted approach that includes creating a supportive school environment, implementing anti-bullying programs, and providing mental health resources for victims. Schools must also work to address the broader socio-economic factors that contribute to bullying and its impacts. By doing so, they can help create a safer, more inclusive educational environment that supports all students, particularly those from disadvantaged backgrounds, in achieving their full potential and breaking the cycle of poverty.

Community Feedback

Respondents emphasized the importance of quality education in preparing children for a future beyond poverty and improving their overall academic performance. The feedback underscored the critical role of early intervention and support in shaping the educational outcomes of young learners.

Several respondents mentioned the need for enhanced educational resources and support systems within schools. One participant noted, "I believe the low self-esteem issue begins with our youth and the neglect/abuse in the home. If we can reach them young and pull them out or through bad situations, we can stop the end result of homelessness." This highlights the connection between early educational support and long-term socio-economic stability.

The survey responses also pointed to the quality of schools and their impact on student performance. While specific data on school performance was not detailed, the general sentiment suggested that improving the quality of education is essential for better academic outcomes. One respondent stated, "Children cannot be ready for school and learning without proper nutrition," indicating that holistic support, including nutrition, plays a significant role in educational success.

Another crucial aspect raised was the need for more accessible and affordable educational programs. One respondent shared, "We are missing out on helping students get prepared for a future without a college degree but with skills in great need in this country." This suggests a gap in vocational training and skill-based education, which are vital for preparing students for various career paths.

In summary, the survey data underscores the importance of quality education in breaking the cycle of poverty and improving academic performance. Early intervention, holistic support, and accessible educational programs are crucial for preparing children and youth for a successful future. Addressing these areas can significantly enhance the educational outcomes and socio-economic prospects of the community's younger population.

Other Child/Youth Educational Resources

Resource Name	Contact Information	Description
County Public Library	Contact local branch	Offer a variety of educational programs for children. Contact local facility for more info.
Davie County Recreation and Parks	336-753-8326	Offer recreational experiences through programs, events, parks, and cultural resources to the residents of Davie County
NextGen Youth Services powered by Goodwill of NWNC	336-904-0300	Provides training and employment services to youth ages 16-24.
Stokes County 4-H	336-593-8179	Educational program for youth in Stokes County
Stokes County Friends of Youth	336-983-0350	Advocates the needs of young people through individual counseling, family counseling, parenting skills classes.
Stokes Partnership for Children	336-985-2676	NC PreK, educational opportunities for children and adults in Stokes County
United Way of Davie County	336-751-0313	Building stronger communities by advancing the health, financial stability, and education of Davie County residents
YMCA	336-751-9622	Enhancing the lives of people in the community through an ever-growing list of programs and opportunities

Conclusion: Strengths

The region demonstrates notable strengths in several areas that support educational attainment and future economic stability for students. A high percentage of teachers across all counties are experienced, with Stokes County having the highest percentage at 93.1%, followed by Yadkin at 90.3%, Davie at 90.5%, and Surry at 89.2%. Experienced teachers are essential for providing quality education and fostering a supportive learning environment.

Access to technology is another strength in the region. Stokes County stands out with the most favorable student-to-device ratio of 0.5, indicating that each student has access to two devices. Surry and Yadkin Counties have a ratio of 0.7 students per device, aligning with the state average, while Davie County has a ratio of 0.8 students per device. This widespread access to technology is vital for modern education, enhancing learning opportunities and preparing students for the digital economy.

The overall trend in the reduction of low-income school-aged children is a positive indicator of economic improvement in the region. From 2018 to 2022, the number of low-income school-aged children decreased by 14.96%, compared to a 4.51% reduction in the total school-aged population. This suggests that economic conditions for families with school-aged children are improving, potentially leading to better educational outcomes.

Conclusion: Weaknesses

Despite these strengths, the region faces several weaknesses that hinder educational attainment and long-term economic security for students. Limited English proficiency is a significant barrier, with 4.93% of the student population identified as having limited English proficiency. Surry County has the highest number of students facing this barrier, with 2,904 students, representing 29.02% of the county's student population. Addressing language barriers through targeted support programs is crucial for these students' academic success and future economic opportunities.

Suspensions and expulsions disrupt education and disproportionately affect economically disadvantaged students and students of color. For instance, in Yadkin County, Black students face the highest rate of in-school suspensions at 510.95 per 1,000 students. Economically disadvantaged students consistently experience higher suspension rates compared to their non-disadvantaged peers. This pattern highlights the need for a comprehensive approach to addressing behavioral issues and the socio-economic determinants of health (SDOH) that contribute to these disparities.

Bullying is another pervasive issue that significantly impacts students' academic performance, mental health, and overall well-being. Yadkin County experiences the highest rate of bullying at 28.88 per 1,000 students, followed by Stokes County at 17.79, Davie County at 15.56, and Surry County at 14.18. Bullying exacerbates the challenges associated with poverty, leading to increased absenteeism, lower academic performance, and mental health issues. Addressing bullying requires creating a supportive school environment, implementing anti-bullying programs, and providing mental health resources for victims.

These barriers, including limited English proficiency, high suspension rates, and bullying, underscore the importance of targeted interventions and support systems to improve educational outcomes and long-term economic security for students in the region.

Childcare and Early Education

Introduction
Childcare plays a crucial role in shaping employment outcomes, educational achievements, and the prevalence of poverty, with a significant impact on individuals, families, and society. Accessible and affordable childcare services are closely intertwined with these pivotal aspects of human development and socio-economic well-being, as demonstrated in several studies.

First and foremost, the availability of quality childcare services profoundly influences employment, particularly for parents and predominantly mothers. Research from the Center for American Progress underscores how a lack of affordable childcare can hinder mothers' participation in the labor force . High childcare costs and the unavailability of suitable arrangements have been identified as key factors leading mothers to make career sacrifices, reduce working hours, or exit the workforce entirely. Consequently, this wage gap and the career interruptions experienced due to childcare responsibilities can have long-term implications for mothers' earnings and economic security.

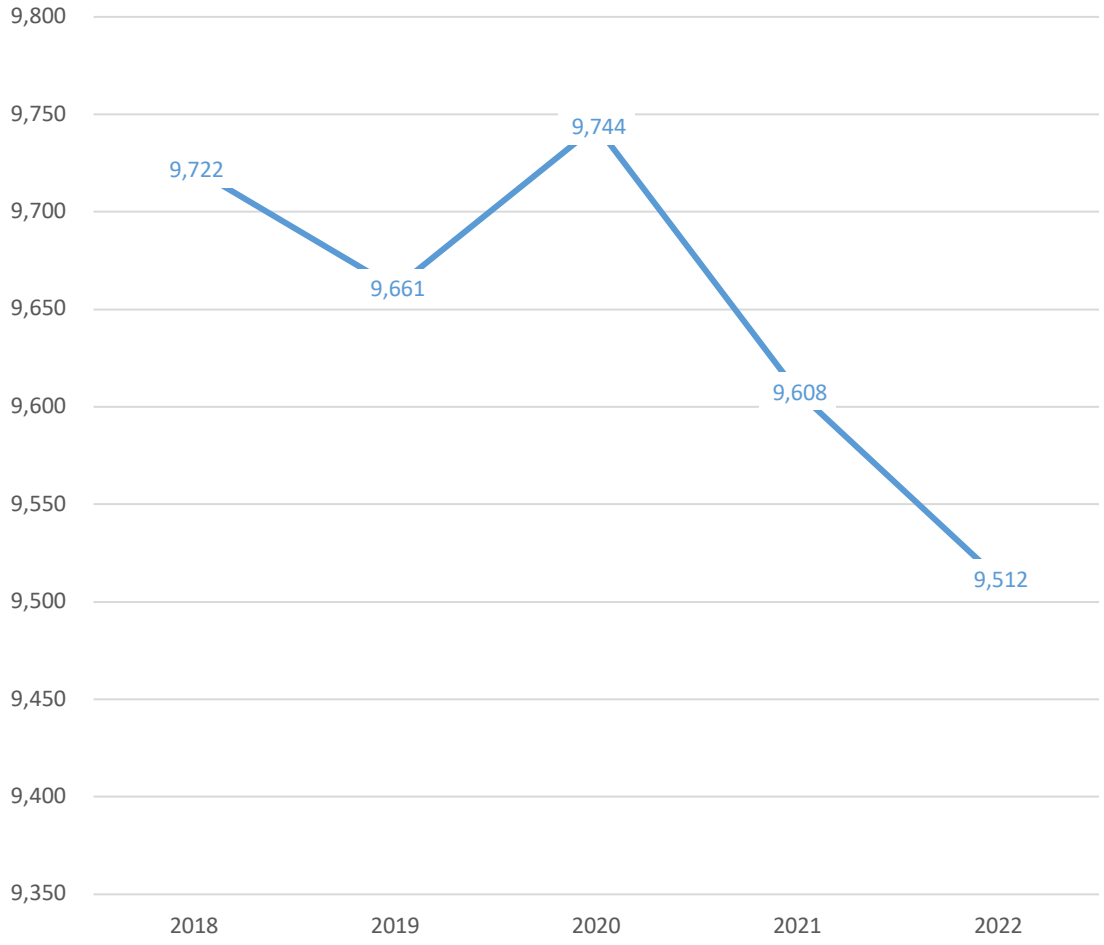
Second, the impact of childcare on educational attainment is notable, particularly for parents seeking to advance their education or job skills. CAP's research indicates that accessible and affordable childcare services enable parents to engage in educational opportunities that enhance their qualifications, leading to improved career prospects and higher earning potential. Conversely, the lack of adequate childcare options can be a significant barrier for parents aspiring to pursue further education or skill development, limiting their upward economic mobility.

Finally, the relationship between childcare and poverty is evident, with significant implications for families' economic well-being. Data from the Institute for Women's Policy Research highlights how caregiving responsibilities, including difficulties in securing affordable childcare, contribute to financial hardship for families with young children. High childcare costs can strain family budgets, potentially pushing them into poverty. Additionally, parents who are compelled to leave the workforce or reduce working hours due to childcare challenges may experience a substantial decline in their income, exacerbating the persistence of poverty among families with young children.

Pre-School Children

As of 2022, there are 9,512 young children in the region. This represents a decrease of 2.16% over the past five years. After a decrease of 0.63% in 2019, the population increased by 0.86% in 2020, more than offsetting decreases from the previous year. This was followed by decreases of -1.40% and 1.00% in the years following.

Chart 43: Young Child Count Trend (2018-2022)



Source: U.S. Census Bureau (DP05)

The decline in the young child population could affect future school enrollments and the allocation of educational resources. Schools and early education programs may need to adjust their strategies to accommodate changing demographics, ensuring that resources are efficiently utilized to support the remaining population.

Young Children in Poverty

Poverty has profound effects on young children's development, health, and educational outcomes. Children growing up in poverty often face numerous challenges that can hinder their ability to succeed in school and later in life. According to the National Center for Children in Poverty (NCCP), poverty can impact a child's cognitive, social, and emotional development. It can also affect their physical health due to inadequate access to nutritious food, healthcare, and safe living conditions.

Children in low-income families are more likely to experience food insecurity, which can lead to malnutrition and related health problems. They often live in environments with higher levels of stress due to economic instability, which can affect their mental health and ability to focus and learn. Additionally, children in poverty may have limited access to early childhood education programs, which are crucial for developing foundational skills necessary for academic success.

According to the American Psychological Association (APA), the chronic stress associated with living in poverty can affect children's brain development and lead to behavioral issues. This stress can impact their ability to form secure attachments, regulate emotions, and develop executive functions, which are essential for problem-solving and academic achievement.

In the region, there are 2,102 young children, with 20,150 (22.10%) identified as low-income. This rate is higher than the state (19.91%) and national (17.73%) averages.

Table 42: Young Children in Poverty (2022)

Area	Children	Low-Income	Rate
Davie	*2,076*	542	26.11%
Stokes	*1,880*	286	15.21%
Surry	*3,734*	933	24.99%
Yadkin	*1,822*	341	18.72%
REGION	***9,512***	**2,102**	**22.10%**
State	***589,767***	**117,418**	**19.91%**
Nation	***19,004,925***	**3,369,529**	**17.73%**

Source: U.S. Census Bureau (S1701)

Early education plays a critical role in mitigating the effects of childhood poverty and improving long-term socio-economic outcomes for disadvantaged children. Here are several ways in which early education can impact childhood poverty:

- Cognitive Development and School Readiness:
  Early education programs, such as preschool and Head Start, provide young children with a stimulating environment that promotes cognitive development and prepares them for school. Research indicates that children who attend high-quality early education programs demonstrate improved language, literacy, and math skills compared to their peers who do not attend such programs. These foundational skills are crucial for academic success and reduce the likelihood of future educational challenges .

- Social and Emotional Development:
  Early education helps children develop essential social and emotional skills, such as self-regulation, cooperation, and empathy. These skills are important for forming positive relationships with peers and teachers and for navigating the school environment effectively. Children from low-income families who participate in early education programs are better equipped to handle stress and are less likely to exhibit behavioral problems, contributing to a more positive school experience and reducing the risk of school dropout .

- Parental Employment and Economic Stability:
  Access to affordable early education allows parents, particularly mothers, to enter the workforce or pursue further education and job training. This can lead to increased family income and greater economic stability. The Center for American Progress reports that affordable childcare is a key factor in enabling parents to maintain employment and achieve economic self-sufficiency, which in turn helps lift families out of poverty .

- Long-Term Educational and Economic Outcomes:
  Children who attend quality early education programs are more likely to graduate from high school, attend college, and secure stable employment. These long-term educational and economic benefits contribute to breaking the cycle of poverty. A study by the National Institute for Early Education Research (NIEER) found that early education investments yield significant returns in the form of higher earnings and reduced reliance on public assistance in adulthood .

- Health and Well-Being:
  Early education programs often provide health screenings, nutritious meals, and opportunities for physical activity, which contribute to the overall well-being of children. Access to these resources is particularly important for children from low-income families, who may otherwise face health disparities. Improved health outcomes in early childhood can lead to better academic performance and reduced healthcare costs in the long run .

Childcare Infrastructure

Research identified a significant gap in childcare capacity across the region, underscoring the critical need for increased childcare slots to meet the existing demand. Across the region, there are 9,512 children in need of childcare, but only 5,048 slots are available, resulting in a shortfall of 4,464 slots. This shortfall indicates that there are not enough childcare facilities to meet the demand, with an overall ratio of 5.52 children for every available childcare slot, highlighting the insufficiency in childcare provision. Since the previous assessment, the number of childcare slots has decreased by 2.32%.

Table 43: Childcare/Pre-School Facilities & Capacity Count by County (2022)

Area	Children	Slots	+/-	Ratio	Deserts
Davie	*2,076*	895	-1,181	2.31	4/7
Stokes	*1,880*	1,104	-776	1.70	6/9
Surry	*3,734*	2,338	-1,396	1.60	13/22
Yadkin	*1,822*	711	-1,111	2.56	4/7
REGION	**9,512**	**5,048**	**-4,464**	**1.88**	**27/45**

Source: Center for American Progress | National Center for Educational Statistics

According to the Center for American Progress (CAP), a childcare desert is defined as any census tract with more than 50 children under age 5 that contains either no childcare providers or so few options that there are more than three times as many children as licensed childcare slots. In the area served by the organization, 27 of the 45 census tracts (60%%) were identified as childcare deserts.

This scarcity of childcare slots can hinder children's social, emotional, and cognitive development, delay parents' return to work or education, and ultimately perpetuate the cycles of poverty that the region is striving to break.

Looking at specific counties, the highest child to slot ratio was identified in Yadkin County, at 2.56. This represents a deficit of 1,111 slots. Further, four of the seven census tracts in the county were classified as deserts.

In Davie County, there are 2,076 children but only 895 childcare slots available, creating a shortfall of 1,181 slots. This results in a ratio of 2.31 children per slot, indicating a high demand that exceeds the current supply. Additionally, four of the census tracts are identified as childcare deserts, where families face significant difficulties accessing childcare services.

Stokes County has a population of 1,880 children, with only 1,104 childcare slots available. As a result, the community has a deficit of 776 slots, a ratio of 1.70, with six out of nine census tracts being identified as deserts.

Finally, Surry County was noted as having the lowest ratio at 1.60, with 3,734 young children and 2,338 slots, a deficit of 1,396 slots. Among the 22 census tracts in the community, 13 were classified as deserts.

Table 44: Davie County Childcare Desert Classification and Ratio by Census Tract (2020)

Tract	Ratio (:1)	Desert
801	10.29	Yes
802	10.86	Yes
803	0.97	No
804	8.11	Yes
805	2.69	No
806	0.53	No
807	3.59	Yes

Source: Center for American Progress

Table 45: Stokes County Childcare Desert Classification and Ratio by Census Tract (2020)

Tract	Ratio (:1)	Desert
701	25.47	Yes
702	N/A	Yes
703	N/A	Yes
704	7.85	Yes
705.01	0.62	No
705.03	0.80	No
705.04	10.56	Yes
706	3.83	Yes
707	1.78	No

Source: Center for American Progress

Table 46: Surry County Childcare Desert Classification and Ratio by Census Tract (2020)

Tract	Ratio (:1)	Desert
9301.01	N/A	Yes
9301.02	13.39	Yes
9302.01	1.65	No
9302.02	1.53	No
9303.01	0.39	No
9303.02	0.72	No
9304	1.18	No
9305.01	18.25	Yes
9305.02	6.58	Yes
9306	0.35	No
9307	17.88	Yes
9308.01	3.61	Yes
9308.02	6.03	Yes
9309.01	0.73	No
9309.02	16.88	Yes
9310.01	N/A	Yes
9310.02	1.14	No
9310.03	6.50	Yes
9311.01	N/A	Yes
9311.02	3.86	Yes
9311.03	3.61	Yes
9312	1.25	No

Source: Center for American Progress

Table 47: Yadkin County Childcare Desert Classification and Ratio by Census Tract (2020)

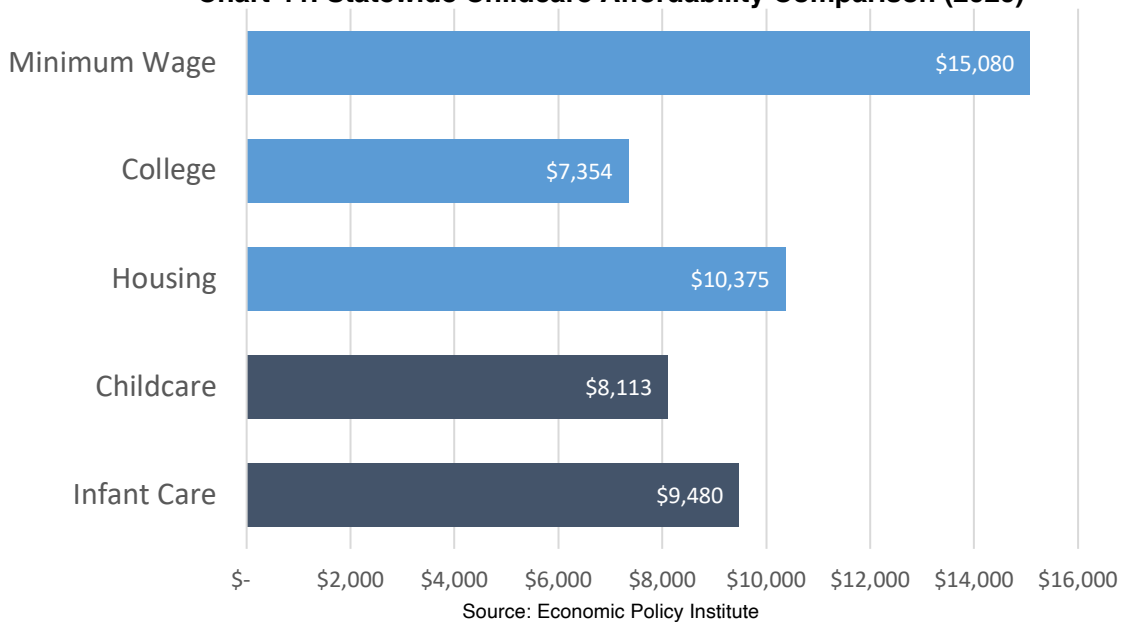
Tract	Ratio (:1)	Desert
501.01	3.25	Yes
501.02	1.28	No
502	0.69	No
503	9.91	Yes
504	5.98	Yes
505.01	1.62	No
505.02	4.50	Yes

5.98Source: Center for American Progress

Childcare Affordability

The financial burden of childcare in North Carolina is a significant economic stressor for families, particularly underscored by the comparison of childcare costs to other major expenses. The average annual cost of infant care in the state is $9,480, which breaks down to $790 per month. This cost is 28.90% more than the annual tuition for a four-year public college and only 8.6% less than the average rent, illuminating the substantial investment required for early childcare. North Carolina is one of 33 states in which infant care is more than college.

Chart 44: Statewide Childcare Affordability Comparison (2020)



Source: Economic Policy Institute

For a family with a median income in North Carolina, infant care for one child consumes a notable 17.80% of their earnings, which is more than double the 7% threshold that the U.S. Department of Health and Human Services defines as affordable. In practical terms, only 12.40% of North Carolina families can comfortably afford infant care without it being a financial strain.

The economic impact deepens with the addition of a second child. The cost for two children, an infant and a 4-year-old, rises to $17,593 annually—41% higher than the average rent in the state. This means typical families must allocate 33% of their income to childcare, which is a significant portion of their financial resources.

For those earning minimum wage, the cost of childcare is even more prohibitive. A minimum wage worker would need to work from January to August, roughly 33 weeks, to cover the cost of childcare for just one infant.

Community Feedback

Survey respondents indicated that the high cost of childcare is a major barrier for many families. One resident noted, "Childcare costs can outweigh the salary of most jobs," reflecting the financial strain that childcare expenses place on households. Another echoed this sentiment, stating, "The regular childcare cost is half of a normal working parent's income," highlighting how childcare expenses can consume a significant portion of family income.

Availability of childcare was also a critical issue identified in the survey. Many respondents pointed to a shortage of childcare facilities in their area, making it difficult for parents to find reliable and accessible care for their children. One participant mentioned, "Childcare can be hard to find/expensive," illustrating the dual challenge of limited availability and high costs.

The quality of childcare services was another concern raised by respondents. Some parents expressed the need for better quality childcare options that provide a safe and nurturing environment for their children. One respondent shared, "Childcare for a week is insane at facilities that we have visited and enjoyed, but if we compromise with quality care and safety we could save $75-100 a week, but that's not a compromise we are willing to do," underscoring the importance of quality in childcare choices.

Quantitative data from the survey further supports these concerns. Among the respondents, 57 indicated that a lack of childcare impacts their ability to meet basic needs, while 67 reported that unreasonable childcare costs are a significant barrier. Additionally, 9 respondents mentioned being unable to locate childcare, and 11 struggled with affording childcare.

Childcare challenges also impact parents' ability to work and pursue education, perpetuating the cycle of poverty. One respondent highlighted this connection by stating, "Not being able to work or provide due to lack of affordable childcare." Another mentioned, "Our shifts start hours before our child's class and our shifts end several hours after pickup times," pointing out the misalignment between work schedules and childcare availability.

Overall, the survey data underscores the critical need for accessible, affordable, and quality childcare and early education services. Addressing these challenges is essential for supporting families, enabling parents to work and pursue education, and ultimately breaking the cycle of poverty in the community.

Agency Data

In Fiscal Year 2023, the organization operated 18 Head Start classrooms and 14 sites, serving 332 children with services designed to remove educational barriers promoting school readiness.

Conclusion: Strengths
The community provides 5,048 secure childcare environments, which play a critical role for families where parents are engaged in work or pursuing education. This service is essential in supporting the community's workforce and educational pursuits, allowing parents to contribute to the local economy while ensuring their children are in a safe setting.

Conclusion: Weaknesses
Despite the availability of these childcare environments, significant weaknesses remain that hinder the region's ability to meet the demand for childcare services. The most glaring issue is the substantial shortfall of 4,464 childcare slots across the region, resulting in a ratio of 1.88 children for every available slot. This critical undersupply means many families struggle to find adequate childcare, which adversely affects parents' ability to work and children's early development.

A secondary barrier identified in the evaluation was cost. The average annual cost of infant care in the state is $9,480, which breaks down to $790 per month. This cost is 28.90% more than the annual tuition for a four-year public college and only 8.6% less than the average rent.

The overall insufficiency of childcare slots not only hampers children's social, emotional, and cognitive development but also delays parents' return to work or education. This scarcity of childcare services can perpetuate the cycles of poverty that the region strives to break. Addressing these gaps through increased investment in childcare facilities and resources is essential to support the well-being and economic stability of families in the region.

Table 48: Davie County Childcare Centers

Center Name	City	Telephone	Ages Served
A Child's World Learning Center	Advance	(336) 940-3975	0-12y
Almost Home Child Care, LLC	Mocksville	(336) 751-7529	0-12y
Bright Futures Enrichment Center LLC	Mocksville	(336) 751-7118	0-12y
Central Davie Developmental Preschool	Mocksville	(336) 751-2491	2y-7y
Cuddly Care Day Care	Mocksville	(336) 751-5640	0-12y
Davie Family YMCA	Mocksville	(336) 751-9622	5y-12y
DCS Cooleemee Preschool	Cooleemee	(336) 284-2581	3y-6y
DCS Cornatzer Preschool	Mocksville	(336) 940-5097	3y-6y
DCS Mocksville Preschool	Mocksville	(336) 757-0016	3y-6y
DCS Pinebrook Preschool	Mocksville	(336) 998-3868	3y-6y
DCS Shady Grove Preschool	Advance	(336) 998-4719	3y-6y
Jack G Koontz Head Start	Mocksville	(336) 367-4993	3y-5y
Kountry Kids Learning Center & Preschool	Mocksville	(336) 940-2418	0-12y
Mocksville Head Start	Mocksville	(336) 367-7251	3y-5y
Mudpies Child Development Center-Mocksville	Mocksville	(336) 751-5298	0-12y
William R. Preschool	Mocksville	(336) 492-5421	3y-6y

Table 49: Stokes County Childcare Centers

Center Name	City	Telephone	Ages Served
Danbury Head Start	Danbury	(336) 593-8113	3y-5y
Calvary Baptist Preschool	Germanton	(336) 983-4481	1y-6y
First Baptist Child Development Center	Germanton	(336) 983-9332	0-12y
First Step Child Care	Germanton	(336) 591-9151	0-12y
Hope Childcare	Germanton	(336) 591-1150	0-12y
Kidz Community Childcare	Germanton	(336) 983-8393	0-12y
King Elementary School	Germanton	(336) 983-5824	3y-6y
London Head Start	Germanton	(336) 591-7340	3y-5y
Mt. Olive Head Start	Germanton	(336) 367-4993	3y-5y
New Life Center	Germanton	(336) 591-3109	0-12y
Pinnacle Elementary Preschool	Germanton	(336) 368-2990	3y-6y
Rainbow Child Care Center @ King	Germanton	(336) 983-2024	0-12y
Sandy Ridge Head Start	Germanton	(336) 871-2551	3y-5y
Shoals Elementary Pre-K School Ready	Germanton	(336) 325-2518	3y-6y
Walnut Cove Elementary Pre-K	Germanton	(336) 591-4408	3y-6y

Table 50: Surry County Childcare Centers

Center Name	City	Telephone	Ages Served
A Child's World Learning Center Pilot Mountain	Pilot Mountain	(336) 444-9088	0-12y
A Grace Academy Of Mt. Airy	Mount Airy	(336) 789-7771	0-12y
BH Tharrington Preschool	Mount Airy	(336) 789-9046	3y-6y
C B Eller Elementary School Pre K	Elkin	(336) 835-5640	3y-6y
Cedar Ridge Elementary Pre-K School Ready	Lowgap	(336) 352-4320	3y-6y
Central Methodist Child Care	Mount Airy	(336) 786-4416	3y-12y
Copeland Elementary Pre-K School Ready	Dobson	(336) 374-2572	3y-6y
Dobson Elementary School Pre-K School Ready	Dobson	(336) 386-8913	3y-6y
East Bend Out-Of-School-Time Program	East Bend	(336) 699-8419	5y-12y
East Bend Preschool	East Bend	(336) 679-5283	3y-6y
Elkin Elementary Preschool	Elkin	(336) 835-2756	3y-6y
Fall Creek Preschool	East Bend	(336) 699-8257	3y-6y
Flat Rock Elementary Pre-K School Ready	Mount Airy	(336) 786-2910	3y-6y
Franklin Elementary Pre-K School Ready	Mount Airy	(336) 786-2459	3y-6y

Granite City Head Start	Mount Airy	(336) 786-6155	0-5y
Jones Head Start	Mount Airy	(336) 786-6155	3y-12y
Kindercare Learning Center	Mount Airy	(336) 719-0500	5y-12y
Magical Moments Learning Academy	Mount Airy	(336) 789-1332	1y-12y
Mount Pilot Child Enrichment Center	Pilot Mountain	(336) 368-1020	0-12y
Oak Grove Head Start	Elkin	(336) 835-4248	3y-5y
Parent's Choice	Dobson	(336) 386-8883	0-12y
Paynetown Head Start	Mount Airy	(336) 786-2910	3y-5y
Pilot Mtn. Elem. School Pre-K School Ready	Pilot Mountain	(336) 444-8200	3y-6y
Pleasant Hill Baptist Church Day Care	Elkin	(336) 258-8070	0-12y
Rainbow Child Care Center	Mount Airy	(336) 786-5588	3y-12y
Rainbow Child Care Center @ Elkin	Elkin	(336) 835-7605	0-12y
Rainbow Child Care Center @ Mountain View	Mount Airy	(336) 786-1616	0-12y
Rainbow Child Care Center @ Riverside	Mount Airy	(336) 719-0298	0-12y
Red Hill Creek Head Start	Dobson	(336) 352-4588	3y-6y
Rockford Elem. School Pre-K School Ready	Dobson	(336) 374-6300	3y-6y
South Main Children's Center Ii	Mount Airy	(336) 789-6840	0-12y
Surry Head Start	Dobson	(336) 367-7202	3y-5y
Tiny Hands Child Care Of Dobson	Dobson	(336) 356-2244	0-12y
Westfield Pre-K School Ready	Pilot Mountain	(336) 351-2745	3y-6y
White Plains Pre-K School Ready	Mount Airy	(336) 320-3434	3y-6y

Table 51: Yadkin County Childcare Centers

Center Name	City	Telephone	Ages Served
Boonville Head Start	Boonville	(336) 367-7251	3y-5y
Boonville Out-Of-School Time	Boonville	(336) 367-5378	5y-12y
Boonville Preschool	Boonville	(336) 367-7021	3y-12y
Children's Center, The	Yadkinville	(336) 679-8336	0-12y
Courtney Out-Of-School-Time Program	Yadkinville	(336) 463-5962	5y-12y
Courtney Preschool	Yadkinville	(336) 463-5510	3y-12y
ECMHSP Boonville Educational Campus	Boonville	(336) 265-1396	0-5y
Forbush Preschool	East Bend	(336) 699-8447	3y-6y
Jonesville Head Start	Jonesville	(336) 835-1879	3y-5y
Jonesville Out-Of-School-Time Program	Jonesville	(336) 835-5072	5y-12y
Jonesville Preschool	Jonesville	(336) 835-2263	3y-6y
Little Darlings Childcare, Inc.	East Bend	(336) 699-4381	0-12y
Mother Hen Child Care	Boonville	(336) 367-3490	5y-12y
Small Folks Child Care Center, Inc.	Yadkinville	(336) 679-7108	0-12y
West Yadkin Out-Of-School-Time Program	Hamptonville	(336) 468-2656	5y-12y
West Yadkin Preschool	Hamptonville	(336) 468-9724	3y-6y
Yadkinville Head Start	Yadkinville	(336) 367-4993	3y-5y
Yadkinville Out-Of-School-Time Program	Yadkinville	(336) 679-7106	5y-12y
Yadkinville Preschool	Yadkinville	(336) 679-7106	3y-12y

Housing and Energy

Introduction

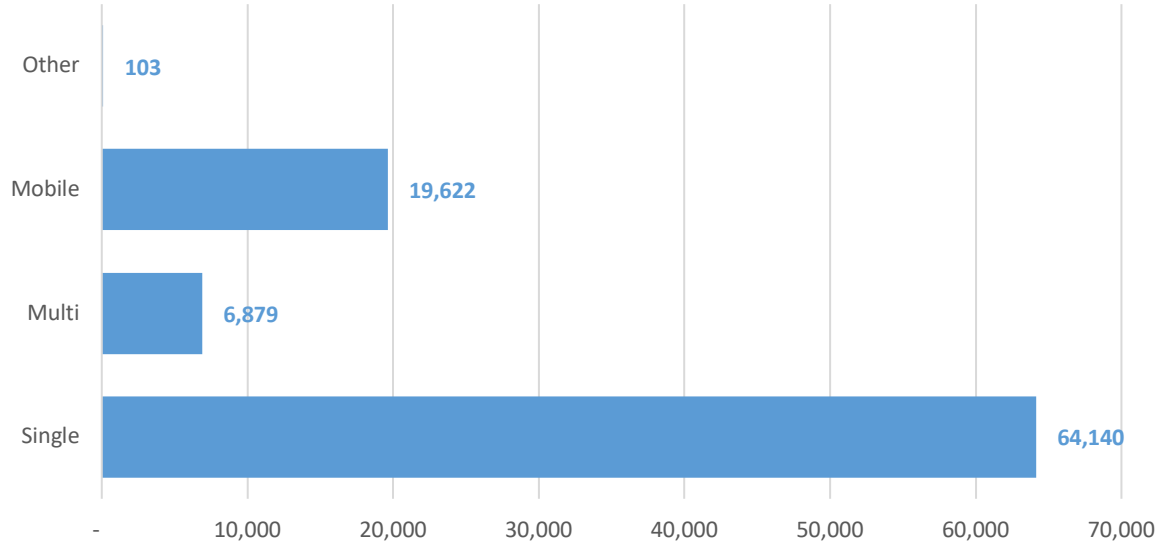
Housing and energy are fundamental pillars of a household's well-being and economic security, playing pivotal roles in determining the quality of life and overall stability of individuals and families. Adequate housing provides shelter, security, and a sense of belonging, while access to affordable energy sources is essential for maintaining a comfortable living environment. However, the relationship between poverty and these basic needs is intricate and mutually reinforcing. Poverty often leads to inadequate and unstable housing arrangements, causing individuals and families to face homelessness or live in substandard conditions.

Recognizing the profound impact of poverty on housing and energy is crucial for developing targeted interventions and policies aimed at improving the well-being of vulnerable populations, addressing disparities, and fostering economic security for all. This research explores the intricate interplay between poverty, housing, and energy, shedding light on the challenges faced by marginalized communities and proposing strategies to enhance their living conditions and economic prospects.

Housing Availability

Data indicates that there are 90,744 housing units available to accommodate the region's 79,301 households. This represents a surplus of 11,443 units. Among the homes available, single-family homes make up the largest portion with 64,140 units (70.68%). This suggests a significant preference or availability of single-family living arrangements in the region.

Chart 45: Housing Infrastructure by Type (2022)



Source: U.S. Census Bureau (DP04)

Multi-family units, including apartments and condominiums, account for 6,879 units (7.58%). The substantial number of multi-family units highlights their importance in providing affordable housing options, especially in urban areas where space is limited and housing costs can be high.

Mobile homes make up 19,622 units (21.62%), providing a crucial affordable housing option for some residents, despite representing a smaller fraction of the overall housing market. The category labeled "Other" includes 103 units, encompassing non-traditional housing types that do not fall into the other categories.

The predominance of single-family homes indicates a preference for this type of housing, which often provides more space and privacy. However, single-family homes generally require higher incomes and more financial stability to purchase and maintain, which can be challenging for lower-income households.

The significant number of multi-family units is crucial for accommodating a growing population and providing more affordable living options. These units offer lower-cost alternatives for families and individuals who may not be able to afford single-family homes, playing a vital role in mitigating housing insecurity.

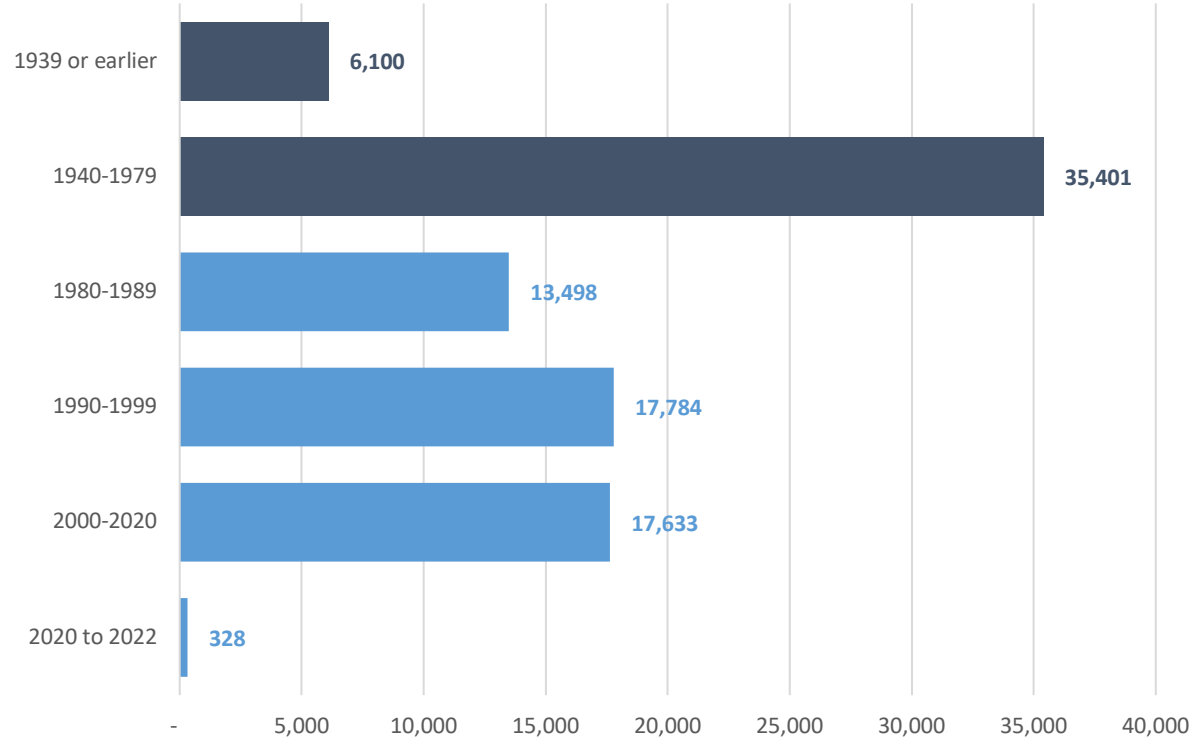
Mobile homes, though a smaller segment of the market, are essential for those seeking lower-cost housing. These units can be a viable solution for affordable living, though they may come with trade-offs in terms of quality and stability.

The "Other" category, though small, represents the diversity of housing solutions that can cater to specific needs within the community. This category may include non-traditional housing arrangements, such as shared housing, co-housing, or other innovative housing models that provide alternatives to conventional housing types.

Housing Condition

The data reveals that nearly half (45.73%) of the region's housing stock is more than 40 years old. This presents substantial challenges in maintaining and upgrading these homes to meet modern safety and energy efficiency standards. Older homes often require significant renovations to address issues that have developed over the decades.

Chart 46: Housing Units by Age (2022)



Source: U.S. Census Bureau (DP04)

Money crashers explains that housing age can be subjective but are generally based on a number of factors. The most important of these factors include:

- **Construction style and quality.** Prefabricated and mobile homes are generally constructed to lower quality standards than solidly built Tudors, craftsman, or colonial styles. Mass-produced houses, which tend to be newer, can have quality issues as well. However, custom-built new homes may be constructed even more solidly and durably than older homes. Ultimately construction quality comes down to the quality of the materials used and the skill of the builder.

- **Climate and Geology**. Climate, particularly humidity, temperature extremes, and storms, accelerate the aging process. Homes in the eastern half of the United States are more likely to experience problems attributable to these issues, such as roof damage and basement or foundational moisture, than homes in coastal California cities like San Francisco and Oakland. Geological factors that can accelerate the aging process include seismic activity, sinkholes, limestone geology, and high water tables.

- **Renovations.** In some cases, antique homes are updated so dramatically that it is difficult to define their age any longer. In some cases, the only original components may be the foundation or basement and a few structural supports rising above the home's footprint. For these homes, it may not be accurate to attribute the construction to its original build date.

According to Money Crashers, even well-maintained older homes can present problems that owners of newer homes do not have to worry about. These include health hazards (asbestos, mold, etc.), serious pest problems that can lead to structural issues, and issues with utility systems (wiring, plumbing, etc.).

1. **Lead and Asbestos**
   Lead and asbestos are two hazardous materials that were used in residential applications until relatively recently. Lead is a neurotoxic metal that's particularly harmful to children. It is commonly found in exterior and interior paint made before 1978. It is also found in substantial quantities in pre-World War II plumbing systems and in smaller quantities in waterpipes installed before the mid 1980s.

   Asbestos is a naturally occurring fibrous material that causes a serious form of lung cancer and other respiratory problems. It was used in insulation and fireproofing materials until the mid-1970s. Although the EPA banned most asbestos applications by the 1980s, they never required building owners to remove existing asbestos. Accordingly, many older crawlspaces, walls, and pipes may still contain asbestos insulation.

2. **Termite Damage**
   Over time, termites can devastate the wooden components of a home, including floors, structural supports, and drywall. The problem is particularly acute in the southern half of the country, where termites are active for most or all of the year. Older homes are more likely to have termite infestations due to compromised foundations or drywall.

   Depending on the length and severity of the infestation, termite damage repairs can range from cosmetic fixes that cost a few hundred dollars to structural remediation costing $10,000 or more.

3. **Mold and Mildew Damage**
   Over time, homes exposed to excessive moisture often develop mold and mildew problems. Though particularly common in basements and bathrooms of wet-climate homes, moisture-related microorganism growth can occur anywhere. The problem is more likely to occur in older homes because moisture more readily seeps through cracked foundations and leaky pipes. However, since infestations can start inside of walls, it is possible to walk through a mold-infested home without realizing there is a problem.

   While small amounts of indoor mold growth are permissible and even expected, uncontrolled growth can exacerbate allergies and existing respiratory problems (such as asthma) in healthy children and adults. More serious infections can develop in the very young, the very old, and those with compromised immune systems.

   Also, mold eats away at its host surfaces, particularly wood, drywall, grout, and other porous or semiporous substances. Unchecked infestations can cause structural damage and render a home uninhabitable.

4. **Plumbing Problems**
   The biggest danger of an old or substandard plumbing system is the possibility of a pipe failure that floods the home or causes major water damage in the walls and floors. A serious failure can temporarily render the home uninhabitable and cost tens of thousands of dollars to clean up, though the damage is often covered by homeowners' insurance if the occupants are able to afford it. It can also lead to longer-term issues, such as mold infestations. Understanding the materials used in the construction of the home is important. While brass and copper pipes typically last 50 years or more, steel pipes can wear out after as little as 20 years. Pipes made from PEX, an increasingly common plastic material, typically last 40 to 50 years.

   Root damage is another issue attributed to many older homes, especially those in heavily vegetated neighborhoods. Over time, tree roots work their way into older drainage pipes under or outside of the home's foundation, busting through pipe joints and tapping the year-round supply of water.

5. **Foundation or Structural Problems**
   Older homes are prone to a variety of foundational and structural problems. This may include major cracks in the slab or perimeter foundation wall, corrosion, dry rot, or moisture damage in pilings or concrete foundation supports, damaged piers/support footings, and dry rot/moisture damage in above-ground studs. Signs of foundation or structural damage include doors that fail to latch, visible cracks in walls, cracked tile or concrete floors, persistently stuck windows, and floors that are uneven.

6. **Radon**
   Radon is a radioactive gas that occurs naturally in certain types of bedrock. The Environmental Protection Agency (EPA) states that radon tends to persist at higher concentrations in the Northeast, Midwest, and Intermountain West, but can occur anywhere.

   Radon enters homes through cracks in the foundation perimeter and basement walls, which are more common in older homes. The gas then circulates throughout poorly ventilated houses over time. Though it is not toxic when encountered intermittently and in small doses, radon is the leading cause of lung cancer for nonsmokers, and exposure over the generally accepted safe concentration is not recommended for a longer period.

7. **Roof Problems**
   Older homes generally have older, possibly deteriorating roofs. This presents numerous problems, including pest infestations, interior water damage, and less-effective insulation. Problems stemming from a compromised roof, particularly once interior leaks begin occurring regularly, can cost tens of thousands of dollars to fix and may not be covered by homeowners' insurance.

8. **Inefficient Windows**
   Old homes are more likely to have older, inefficient windows. The primary downside of inefficient windows is a higher electricity bill because the home's climate control system has to work harder to compensate for leaks. According to the Federal Government's Energy Star program, installing the most efficient class of windows in your entire home can reduce your electric bill by as much as $600, depending on the size of your home and where you live.

9. **Inadequate or Unsafe Electrical Systems**
   Electrical problems generally fall into two categories: convenience and safety.

   Unless electrical systems have been updated, older homes may lack sufficient numbers of electrical outlets to address the resident's electronic devices.

   More importantly, the lifespan of electrical wiring itself is limited by the lifespan of the wire's insulation. Wiring installed before 1960 lasts roughly 70 years, while newer wiring is estimated to last at least 100 years. Once the insulation deteriorates to the point that the actual wire is exposed, the risk of an electrical fire, shocks, short circuits, and localized power failures increase dramatically.

   Electrical service panels and circuit breakers are also prone to deterioration. Service panels last 60-70 years, while breakers last 30-40 years. Failing panels and breakers can cause shock, power failure, fire, and other dangers.

   It should also be noted that water damage, fire, pest infestation, and other unusual events can harm some or all of an electrical system's components, necessitating repair or replacement long before they reach their life expectancy.

10. **Failing or Inefficient Mechanicals and Appliances**
    Older homes are more likely to have old mechanical equipment, such as water heaters, furnaces, and air conditioning units, as well as older household appliances. Mechanical and appliance lifespan varies by item, brand, and workload. Equipment near the end of its useful life is more prone to failure, raising the possibility of an inconvenient or dangerous situation – such as the loss of heat in winter or an electrical fire. It should also be noted that older equipment is generally less energy efficient, resulting in high utility costs.

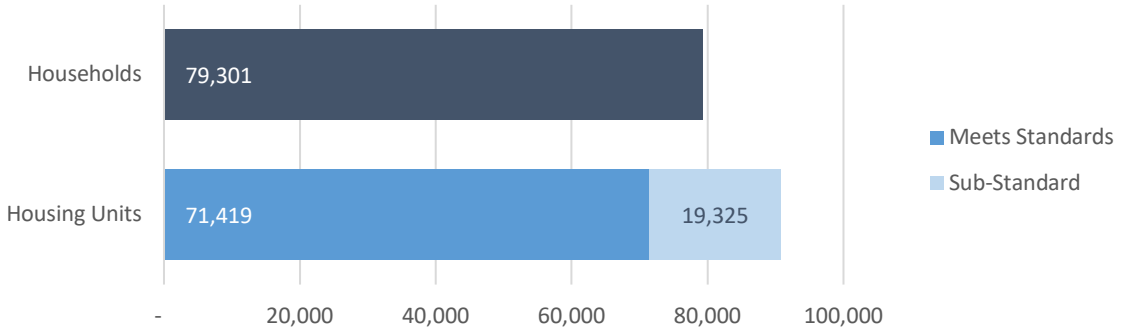
11. **Unhelpful, Unfinished, or Outdated Updates**
    While many older homes retain the charm and function of their original construction, others have experienced a host of unhelpful or anachronistic updates that detract from the homeowner's experience and potentially add to the cost of ownership.

    Unfortunately, the cost of repairs can often be high. Residents should be aware of the safety concerns associated with the home and consider how it may impact young children, senior citizens, or disabled residents. Some unfinished projects also provide easy access to insects and rodents, which can impact the health of those living in the home.

12. **Substandard or Unsafe Features**
    Depending on the style, location, and history of the home, some original features may be obsolete, not up to building codes, or simply unsafe. These may include laundry chutes, servant staircases, staircases leading to nowhere, steep staircases, low ceilings, blocked off chimneys, and non-working fireplaces.

The total number of substandard housing units in the region is 19,325, which accounts for more than one-fifth (21.30%) of all housing units. This significant proportion highlights a major issue in the quality of housing available to residents. When these substandard units are excluded from the available housing stock, the community would face a deficit of 7,882 housing units. This suggests that at least 7,882 households are living in substandard housing conditions.

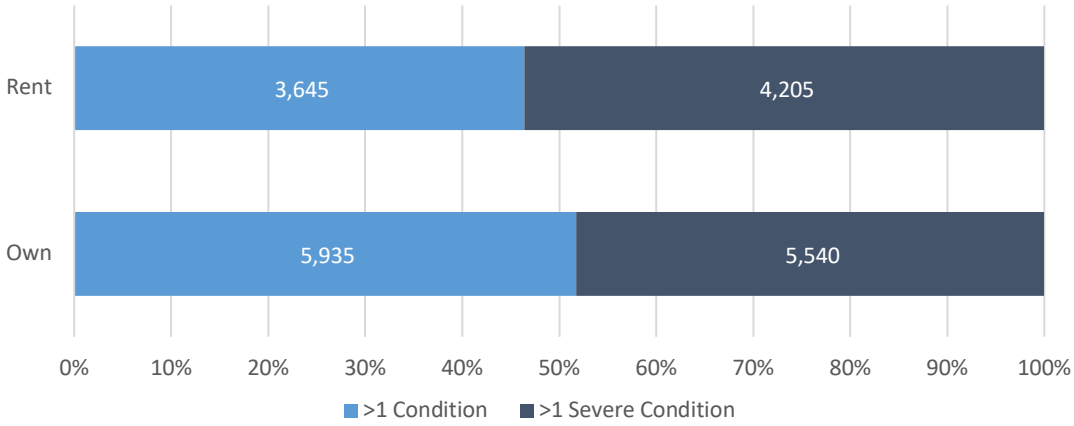
Chart 47: Regional Housing Units vs Households (2022)



Source: U.S. Census Bureau ACS (DP05)/ U.S. Department of Housing and Urban Development

The total number of rental units with substandard conditions is 7,850, an estimated 41.00% of the region's 19,146 rental units. Among the region's sub-standard units, an estimated 4,205 (53.57%) have more than one severe condition, indicating critical safety and habitability issues.

Chart 48: Regional Substandard Housing Count by Occupancy Type (2022)



Source: U.S. Department of Housing and Urban Development

The total number of owner-occupied units with substandard conditions is 11,475 out of 71,598, or 16.03%. Among the substandard units, 5,540 (48.28%) have more than one severe condition. This data shows that renters are more than two and a half times as likely to live in substandard housing units and compared to owners and nearly three times as likely to live in units with severe conditions.

This disparity underscores the need for targeted housing policies and interventions to address the quality of rental housing. Renters typically have less control over their living conditions and rely on landlords for maintenance and repairs. The higher prevalence of severe conditions in rental units highlights the importance of stricter enforcement of housing standards and support for tenants' rights to ensure safe and adequate housing.

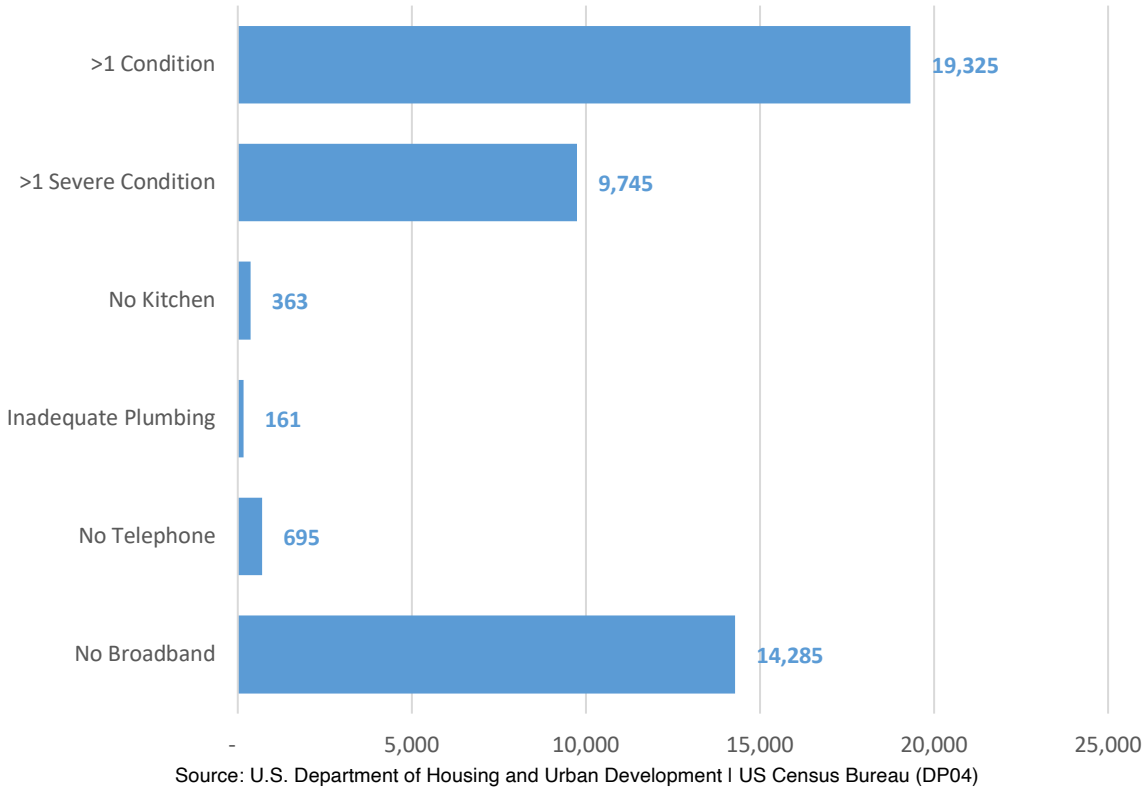
Among the conditions specifically identified as problematic, the lack of cooking facilities in an estimated 363 homes is a significant concern. This deficiency hampers residents' ability to prepare nutritious meals, potentially leading to a reliance on more expensive and less healthy food options, which can contribute to a range of diet-related health issues.

Additionally, inadequate plumbing in 161 homes is not only a basic sanitation issue but also impedes residents' ability to maintain cleanliness, which is fundamental to preventing illness. The impact extends to public health concerns, especially in densely populated areas where diseases can spread more rapidly due to poor hygiene conditions.

The absence of telephone services in about 695 households presents barriers to communication that are vital for emergency services, healthcare access, and employment opportunities. In our modern society, where timely communication is crucial, being without a phone can isolate individuals and limit their ability to engage fully with the community and essential services.

Furthermore, the lack of broadband internet in 14,285 households puts these residents at a significant disadvantage in numerous ways. In the current era, where education, employment, and even healthcare are increasingly conducted online, not having internet access can severely restrict educational and economic opportunities. It can hinder children's learning, adults' job searches, and the general ability to participate in a society where digital literacy is integral to success.

Chart 49: Notable Housing Conditions (2022)



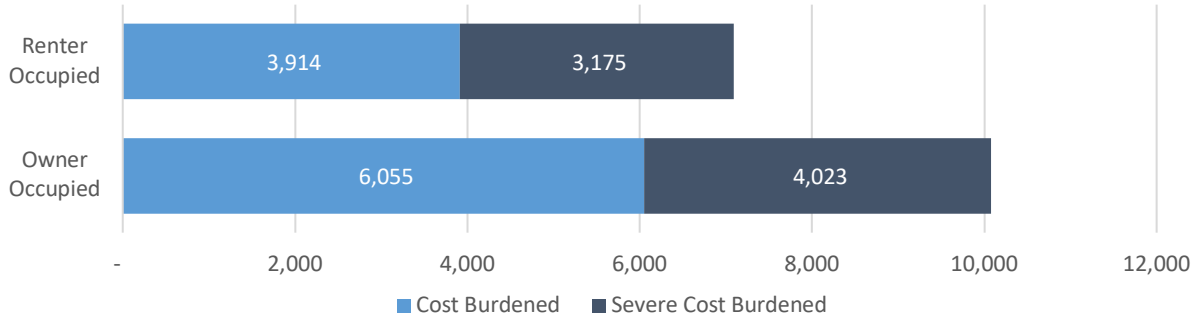
Source: U.S. Department of Housing and Urban Development | US Census Bureau (DP04)

Each of these issues can contribute to the perpetuation of poverty by limiting access to opportunities and resources that could otherwise help households improve their socio-economic standing. Addressing these gaps is vital for the community's overall health, education, and economic development.

Housing Affordability

In addition to housing availability and condition, the factor of affordability must also be taken into consideration when evaluating the housing infrastructure in a local community. According to the U.S. Department of Housing and Urban Development, an estimated 17,167 families are currently housing cost burdened. This simply means that they spend more than 30% of their household income on rent/mortgage and utilities combined. To put this number in perspective, it accounts for 21.65% of the total population, which is more than twice times the number of households who are living in poverty (10.45%). This data also tells us that renters (37.03%) are more than twice as likely to be cost burdened than owners (14.08%). Among those that were cost burdened, 41.93% were classified as severe cost burdened, meaning that they spend more than 50% of their income on housing costs.

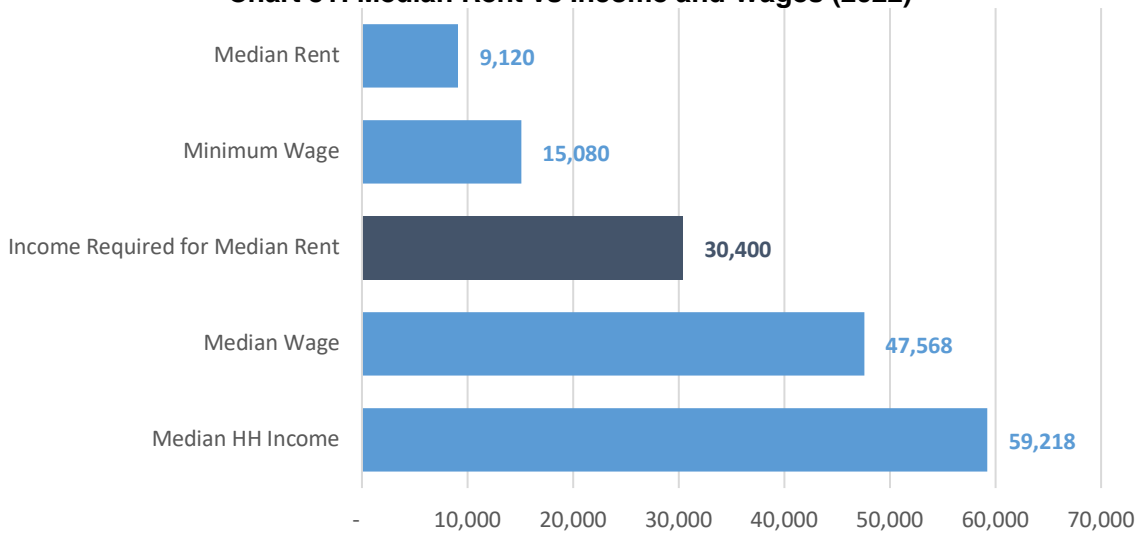
Chart 50: Cost Burdened Resident Count by Occupancy Type (2020)



Source: U.S. Department of Housing and Urban Development

Expanding on this data, the National Low-Income Housing Coalition's Out of Reach 2021 Report indicates that the average 2-bedroom Fair Market Rent (FMR) for residents in the state is $1,287 per month, or $15,444 annually. In the region evaluated for this project, housing costs were noted as being more affordable at $760 per month, or $9,120 annually. This accounts for 60.48% of the amount that would be earned by a full-time minimum wage job. In fact, affording rent in this range would require a salary of approximately $30,400 annually, or $14.62 per hour. This translates to an estimated 51.53 hours per week.

Chart 51: Median Rent vs Income and Wages (2022)



Source: U.S. Department of Housing and Urban Development I US Census Bureau (DP04)

When considering larger family units, the financial burden becomes more pronounced. A 4-bedroom unit at the regional average FMR costs $1,421 monthly, necessitating an annual income of $53,496 This indicates that larger families in the region may face significant affordability issues unless they have income well above the minimum wage. It should be noted that this amount is only slightly lower than the median household income of $59,218.

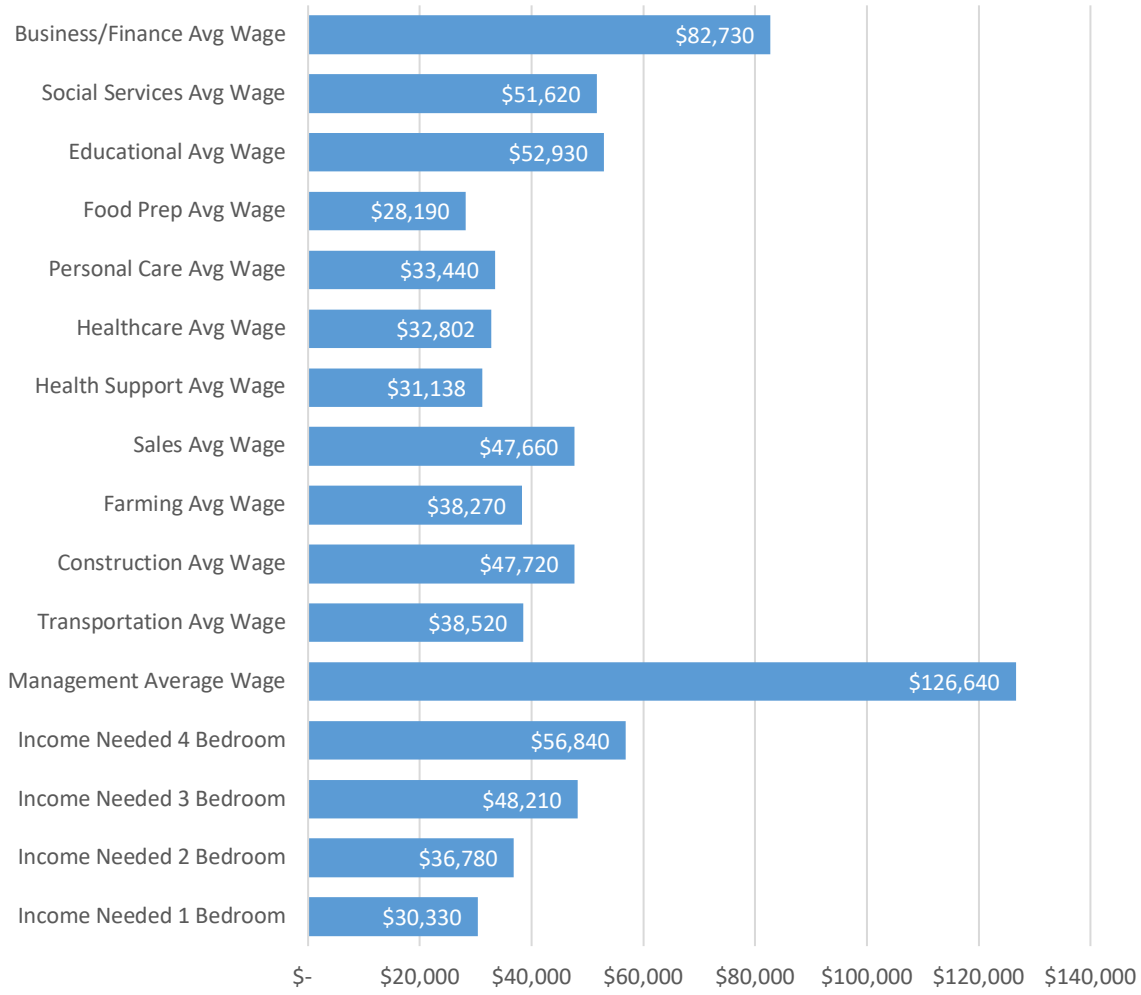
Table 52: Median Rent Cost by Unit Size and County (2022)

Area	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	Median
Davie	$805	$969	$1,280	$1,486	$971
Stokes	$805	$969	$1,280	$1,486	$897
Surry	$618	$771	$981	$1,226	$802
Yadkin	$805	$969	$1,280	$1,486	$714
REGION	**$758**	**$920**	**$1,205**	**$1,421**	**$846**

Source: National Low Income Housing Coalition I US Census Bureau (DP04)

The comparison between the median wages of various job positions and the income required to afford different sizes of rental housing underscores the difficulty many workers encounter in securing affordable housing.

Chart 52: Position Specific Median Wage vs Housing Wage (2022)



Source: National Low Income Housing Coalition/MIT's Living Wage Calculator

Overall, while individuals in upper management positions ($126,640) and business/finance ($82,730) are unlikely to have concerns about housing affordability, a significant majority of workers in essential sectors like food preparation, farming, construction, and healthcare face substantial challenges. Larger families, in particular, would struggle more significantly to secure affordable housing, especially as the size of the rental unit increases. Addressing these issues through policy interventions and support programs is crucial for enhancing economic stability and reducing poverty.

For example, food preparation workers, who earn an average annual wage of $28,190, affording even a 1-bedroom unit, which requires an income of $30,330, is a challenge. They fall short by $2,140, indicating that they would experience housing cost burdens for any rental size. Farming workers, earning $38,270 annually, can afford 1-bedroom and 2-bedroom units but fall short of the income needed for a 3-bedroom unit, indicating difficulties in securing larger housing without financial strain.

Construction workers, with an average annual wage of $47,720, fare better, being able to afford 1-bedroom, 2-bedroom, and almost 3-bedroom units. However, the income required for a 4-bedroom unit ($56,840) is beyond their reach, highlighting the challenges larger families would face. Healthcare workers earn $32,802 annually, which is just above the income needed for a 1-bedroom unit but below the threshold for a 2-bedroom unit, pointing to financial difficulties in securing larger units.

In conclusion, the disparity between wages and the income required for various housing sizes reveals that many of these workers, particularly those with larger families, struggle to secure affordable housing. Addressing these affordability challenges through targeted policy interventions and support programs is essential for enhancing economic stability and reducing poverty, ensuring that all workers have access to safe and affordable housing.

While the number of individual units associated with each affordable housing are no longer published, data indicates that there are 54 affordable housing providers in the region.

Davie County Affordable Housing (8)

Facility Name	Programs	City
Arc Hds Davie Co Gh	Senior, Project-Based Rental Assistance, Section 202	Mocksville
Camden Pointe Apartments	Section 8 Housing Choice Vouchers (HCV), LIHTC	Mocksville
Cedar Ridge	USDA Section 515	Mocksville
Glen Apartments & Mocksville	Project-Based Rental Assistance, USDA Section 515, LIHTC	Mocksville
Mocksville Pointe Apartments	Section 8 Housing Choice Vouchers (HCV), LIHTC	Mocksville
Rowan Pointe	Section 8 Housing Choice Vouchers (HCV), LIHTC	Mocksville
Smith Creek Apartments	Section 8 Housing Choice Vouchers (HCV), LIHTC	Bermuda Run
Willow Pond	Section 8 Housing Choice Vouchers (HCV), LIHTC	Mocksville

Source: Affordable Housing Online

Stokes County Affordable Housing (4)

Facility Name	Programs	City
Arc Hds Stokes Co. Apartments	Senior, Project-Based Rental Assistance, Section 202	Walnut Cove
Heritage	USDA Section 515, LIHTC	Walnut Cove
Pine Ridge Apartments	USDA Section 515, LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Walnut Cove
Stokesburg Meadows	USDA Section 515, LIHTC, Project-Based Rental Assistance	Walnut Cove

Source: Affordable Housing Online

Surry County Affordable Housing (28)

Facility Name	Programs	City
Camden Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Mount Airy
Cooper Terrace	LIHTC	Elkin
Arc Hds Surry County Group Home 1	Project-Based Rental Assistance, Supportive Housing for the Elderly	Mount Airy
Arc Hds Surry County Group Home 3	Project-Based Rental Assistance, Supportive Housing for the Elderly	Mount Airy
Arc Hds Surry County Group Home 4	Section 811, Project-Based Assistance, Supportive Housing for Disabled Persons	Mount Airy
Arc Hds Surry County Group Home 5 (Icf Mr)	Section 811, Project-Based Assistance, Supportive Housing for Disabled Persons	Mount Airy
Cac of Surry Co.	Section 811, Project-Based Assistance, Supportive Housing for Disabled Persons	Mount Airy
Chatham Woods	LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Elkin
Childrens Center	Accepts Section 8 Housing Choice Vouchers (HCV)	Dobson
Dobson Village Apartments	USDA Section 515, Project-Based Rental Assistance	Dobson
Elk Court Apartments	USDA Section 515, LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Elkin
Elkin Ridge Apartments	LIHTC	Elkin
Garden Terrace Apartments	USDA Section 515, LIHTC, Project-Based Rental Assistance, Accepts Section 8 Housing Choice Vouchers (HCV)	Mount Airy
Globe Tobacco Lofts	LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Mount Airy
Maple Court Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Mount Airy
Maple Ridge Apartments	USDA Section 515, LIHTC, Project-Based Rental Assistance	Elkin
Meadowview II Marshall Park Graniteview	HUD-funded Public Housing	Mount Airy
Mountain Place	Section 202, Project-Based Rental Assistance	Mount Airy
Pine Terrace Apartments	USDA Section 515, LIHTC, Project-Based Rental Assistance	Mount Airy
Pinnacle Hill	USDA Section 515, Project-Based Rental Assistance	Pilot Mountain

River Hill	USDA Section 515, Project-Based Rental Assistance	Mount Airy
Shamrock Terrace Apartments	USDA Section 515, LIHTC, Project-Based Rental Assistance	Dobson
South Village Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Mount Airy
Surry Manor Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Dobson
Village Green Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Mount Airy
Whistler's Cove	LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Mount Airy
Woodland Bluff	LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Elkin
Woodrun Apts	USDA Section 515	Elkin
Camden Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Mount Airy

Source: Affordable Housing Online

Yadkin County Affordable Housing (13)

Facility Name	Programs	City
Arc Hds Yadkin County Gh	Section 202, Project-Based Rental Assistance	Boonville
Arlington Hill	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Jonesville
Bell Brook Apartments	LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Yadkinville
Briarwood Apartments	USDA Section 515, LIHTC, Project-Based Rental Assistance	Jonesville
Hunter Ridge Apartments	Accepts Section 8 Housing Choice Vouchers (HCV)	Boonville
Jonesville Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Jonesville
Meadows Apartments (the)	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Yadkinville
Oakwood Phase II	LIHTC, Accepts Section 8 Housing Choice Vouchers (HCV)	Yadkinville
Timberwood Apartments	USDA Section 515	Jonesville
Wesley Hollows	USDA Section 515, Project-Based Rental Assistance	Boonville
Yadkin Apartments II	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Jonesville
Yadkin County Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Jonesville
Yadkin III Apartments	Section 8 Based Rental Assistance, Project-Based Rental Assistance	Boonville

Source: Affordable Housing Online

HOME Investment Partnership (HOME)

In projects with five or more HOME-assisted units, at least 20% of the units must be occupied by families earning 50% or less of the area median income (AMI). All other HOME-assisted units must be occupied by families earning 80% or less of the AMI, but in practice most are reserved for families earning 60% or less of the AMI.

Low-Income Housing Tax Credit (LIHTC)

Since the property has received funding in part through the Low-Income Housing Tax Credit program, a certain number of units are set aside for lower income households. Households must earn either less tan 50% or 60% of the area median income (AMI), depending on the set-aside option chosen by the property owner to qualify for the units. Rents in these units are capped at a maximum of 30% of the set-aside area median income (adjusted for unit size). Some rental units in the property may not be subject to LIHTC and therefore have higher rents and no maximum household income requirements.

Public Housing

Since the property is owned and managed by a Public Housing Authority, all of the rents at the property are based off of tenant incomes. Tenants will make a monthly contribution toward the rent equal to 30% of their adjusted income. A housing authority may establish a minimum rent of up to $50.

Section 8 Project-Based Rental Assistance
Since the property has a Project-Based Section 8 contract with HUD, some or all of the rents at this community are based on tenant incomes. Tenants leasing units participating in the Section 8 Project-Based Rental Assistance program typically contribute less than 30% of their adjusted income towards rental costs.

Section 202 (Supportive Housing for the Elderly)
Since the property was built or renovated using funding from HUD's Section 202 Supportive Housing for the Elderly program, residency is usually restricted to households earning 50% of the Area Median Income (AMI) or less with at least one member age 62 years or older. Tenants pay rent based on household income. This rent is usually the highest of the following three amounts: either 30% adjusted monthly income, or 10% unadjusted monthly income, or, if receiving welfare assistance, the housing costs portion of this assistance.

Section 515 Rural Rental Housing
This property has received funding in part through the Section 515 Rural Rental Housing (Section 515) program. Very low-, low-, and moderate-income families, elderly persons, and persons with disabilities are eligible to live at this property. Persons or families living in substandard housing have priority for tenancy.

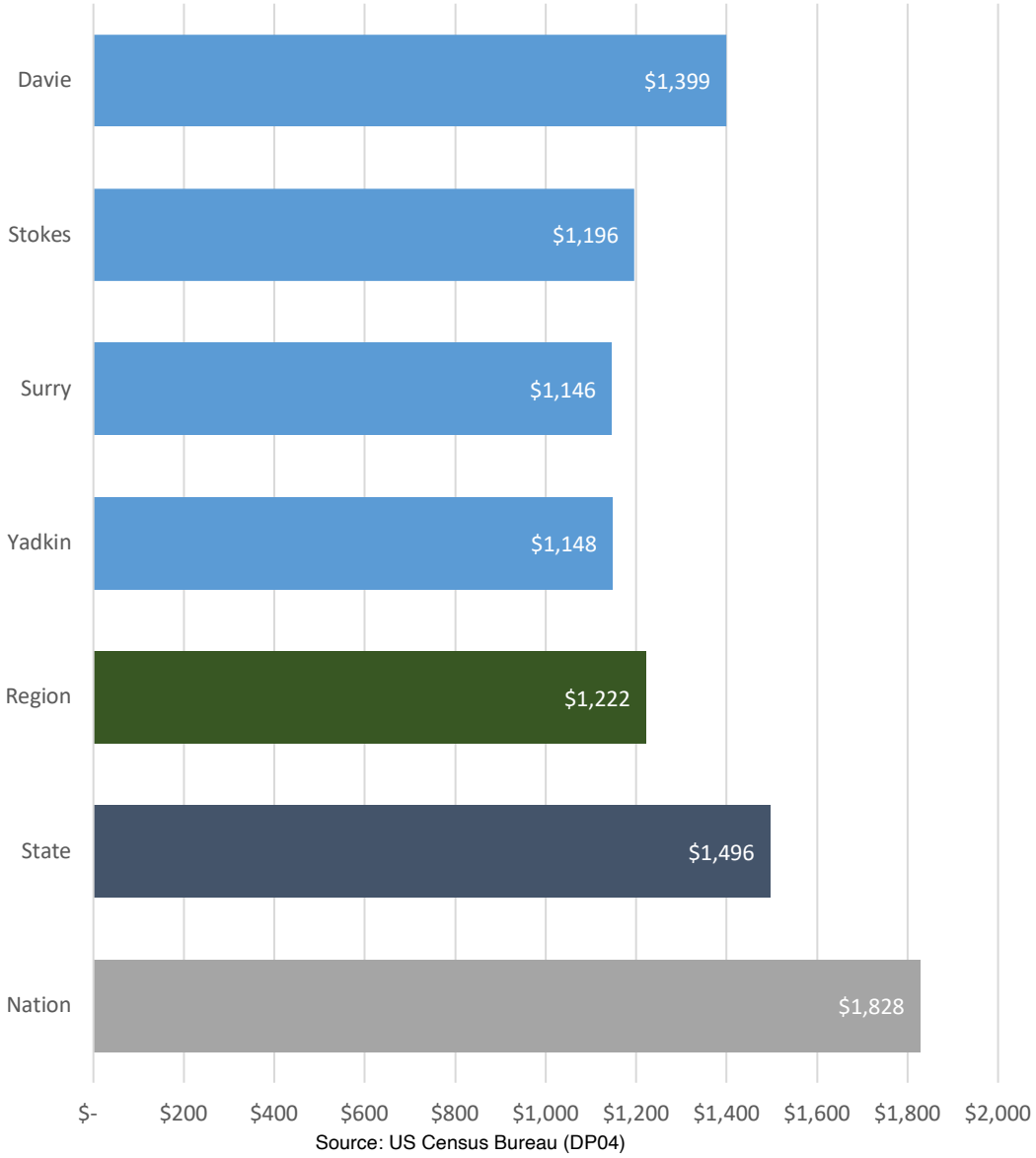
Section 521 Rural Rental Assistance Program
The Section 521 Rural Rental Assistance program is part of the U.S. Department of Agriculture's initiatives to help very low-income families, the elderly, and persons with disabilities afford rent in rural areas. It is applicable in properties financed by Section 515 Rural Rental or Section 514/516 Farm Labor Housing programs. The assistance covers the gap between 30% of a tenant's income and the monthly rental rate, ensuring that housing remains affordable. For more detailed information, you can visit the Housing Assistance Council's overview of the program at ruralhome.org.

Section 538 Rural Rental Housing
The Section 538 Guaranteed Rural Rental Housing Program (GRRHP) is designed to support the development of affordable rental housing for low- and moderate-income individuals and families in eligible rural areas. It offers loan guarantees to private lenders for loans made to eligible borrowers, which can include state and local governmental entities, nonprofit organizations, for-profit organizations, and federally-recognized tribes. These loans can finance the construction, improvement, and purchase of multi-family rental housing. Rent is capped based on income levels relative to the area median income, and complexes must have at least five units.

Section 811 Rural Rental Housing
The Section 811 Supportive Housing for Persons with Disabilities program provides funding to develop rental housing with supportive services for very low- and extremely low-income adults with disabilities. This can include the development of group homes, independent living complexes, and other housing models that provide coordinated support. The goal is to allow individuals to live as independently as possible while receiving the services they need.

For individuals who own their homes, the financial landscape of home ownership in the region presents its own set of economic challenges. The median monthly mortgage cost in the region stands at $1,222, is lower than the state ($1,496) and national (1,828) averages.

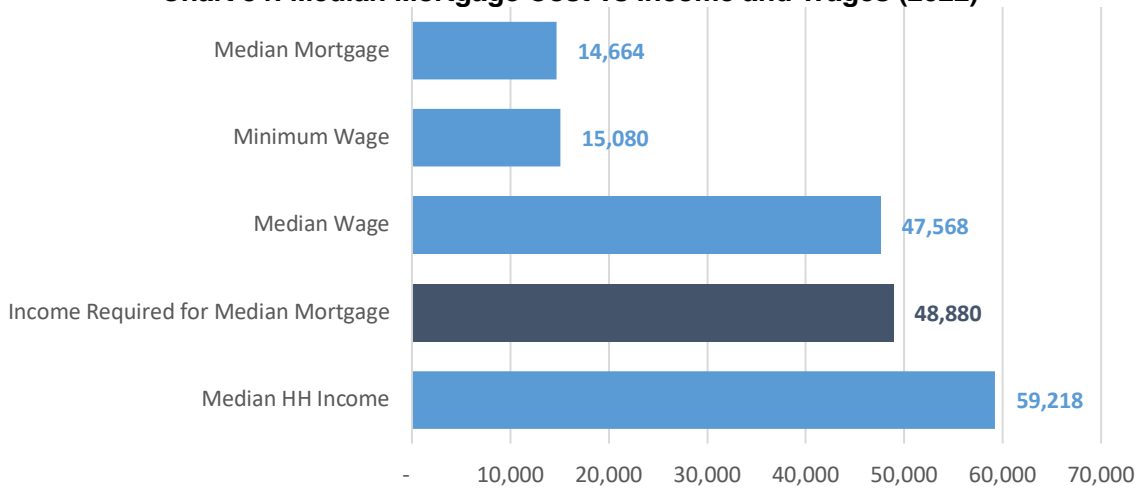
Chart 53: Median Mortgage Amounts by County (2022)



Source: US Census Bureau (DP04)

Comparing the median mortgage amount of $14,664 annually to the minimum wage, it is evident that low wage workers are not financially equipped for home ownership. In fact, the region's median wage of $47,568 is $1,312 less than is needed to maintain a mortgage and more than three times the amount earned from minimum-wage.

Chart 54: Median Mortgage Cost vs Income and Wages (2022)



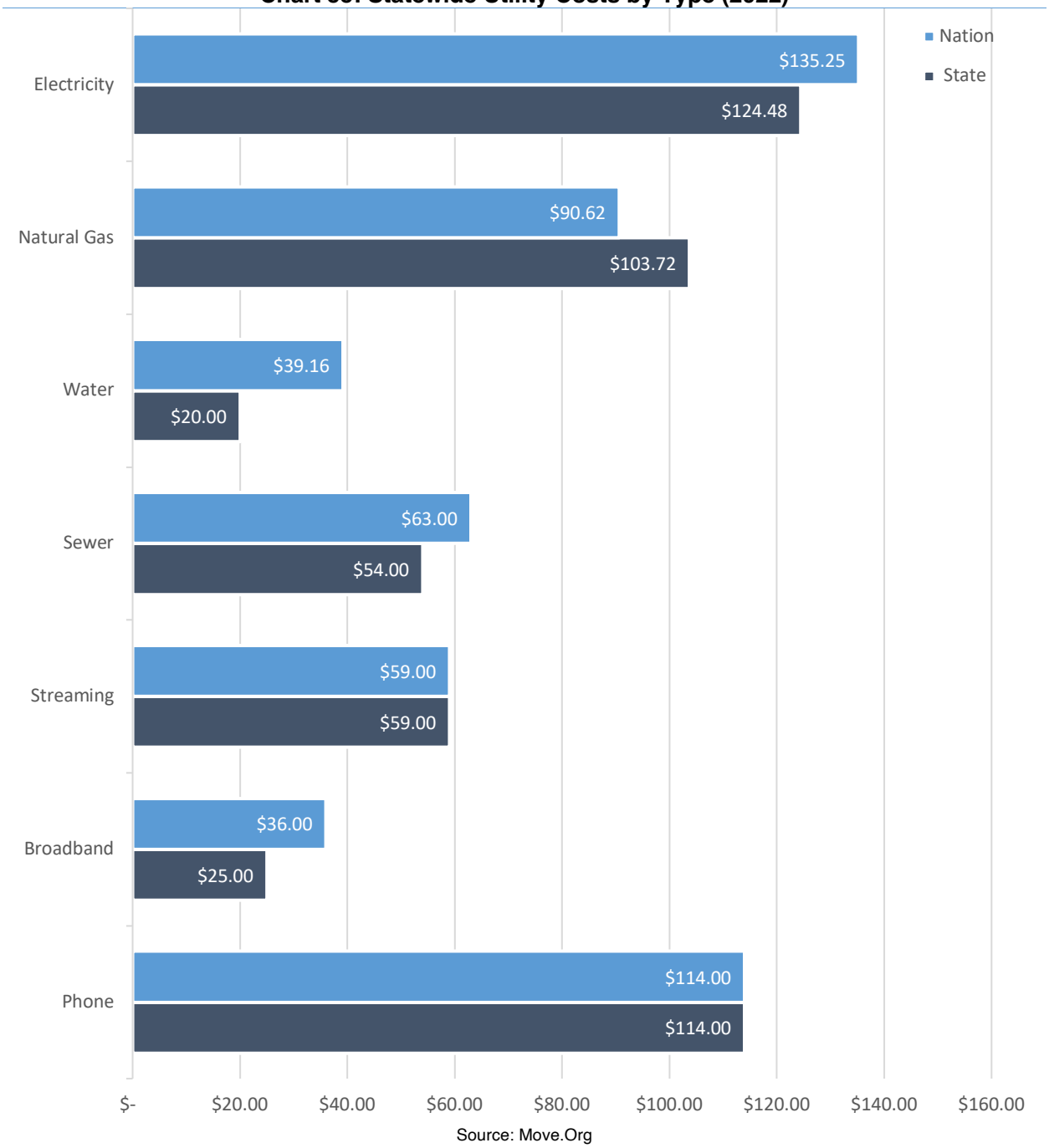
Source: US Census Bureau (DP03, DP04), Bureau of Labor Services

In addition to rent and mortgage amounts, the average cost of utility bills is a significant factor in a household's financial stability. In North Carolina, the average utility cost is $6,000, only $444 less than the national average. This includes costs for essential services such as electricity, natural gas, water, and sewer, alongside modern necessities like broadband and streaming services. While some utilities like electricity, water, and sewer are slightly less expensive in the state compared to national averages, natural gas is notably higher.

Electricity is essential for lighting homes, powering appliances, and providing heating and cooling, among other uses. In North Carolina, the average monthly cost is $124.48, which is lower than the national average is $135.25. Annually, this amounts to $1,493 in the state and $1,623 nationally. When compared to the annual minimum wage of $15,080, The state's electricity costs consume about 9.90%, while nationally, it's approximately 10.76%. In terms of the median income of $59,218, it represents around 2.52% in the state and 3.27% nationally. To decrease these costs, homeowners can improve insulation, install energy efficient appliance and LED lighting, turn off lights and appliances are not in use, and utilize smart thermostats to optimize energy use. Electric costs can also be impacted through programs such as Weatherization, that insulate homes and reduce heating costs.

Natural gas is primarily used for heating and cooking. In North Carolina, residents pay on average $103.72 per month, higher than the national average of $90.62. This equates to $1,244.64 annually in state, versus $1,087.44 across the nation. This utility accounts for 8.25% of the annual minimum wage in the state and 7.21% nationally. With respect to the median income, it's about 2.10% in North Carolina and 2.19% nationally. Regular maintenance of gas appliances and weatherization of homes are effective ways to reduce natural gas expenses.

Chart 55: Statewide Utility Costs by Type (2022)



Source: Move.Org

Water services are vital for everyday living, encompassing drinking, cooking, cleaning, and sanitation needs. The average monthly cost of water services in North Carolina is $20, considerably lower than the national average of $39.16. This translates to an annual cost of $240 in the state and $469.92 nationally. For minimum wage earners, water services represent 1.59% of their income at the state level and 3.11% nationally. Compared to the median income, the expenditure on water services is about 0.41% in North Carolina and 0.79% nationally. Water conservation methods, such as fixing leaks, using water-efficient appliances, and adopting mindful water usage habits, can help households manage these costs.

Sewer services are essential for sanitation and public health. In North Carolina, the average monthly cost is $54, slightly lower than the national average of $63. Annually, this equals $648 in the state and $756 nationally. This utility consumes about 4.30% of the annual minimum wage in the state and 5.01% nationally. When compared to the median income, it represents 1.09% in North Carolina and 1.28% nationally. Households can reduce these costs by implementing water-saving practices, regularly maintaining plumbing systems to prevent issues, and exploring any available municipal assistance programs for lower-income residents.

Broadband internet is indispensable in today's digital age, facilitating everything from remote work to online education. In North Carolina, the average monthly cost for broadband is $25, significantly lower than the national average of $36. Annually, this amounts to $300 in the state and $432 nationally. For someone earning the minimum wage, broadband costs represent about 1.99% of their income at the state level and 2.86% nationally. In relation to the median income, it accounts for 0.51% in the state and 0.73% nationally. To lower broadband expenses, consumers can bundle services, choose basic plans, or utilize community resources such as public libraries offering free internet access.

Streaming services are becoming a staple in households for entertainment, with an average monthly cost of $59 both in the state and nationally. This leads to an annual expense of $708. For minimum wage earners, streaming services take up 4.69% of their annual income. For those with the median income, the cost is about 1.20%. Households can manage these costs by sharing subscriptions, opting for free or lower-cost streaming options, or limiting the number of services subscribed to simultaneously.

Phone services are a crucial utility, providing essential communication for personal and professional needs. Both state and national averages for phone services are $114 per month. This uniform cost translates to $1,368 annually. For those earning the annual minimum wage of $15,080, phone services account for approximately 9.07% of their income. When considering the median income of $59,218, the expenditure on phone services represents about 2.31%. To manage and reduce these costs, individuals can explore alternative plans, switch to prepaid options, or leverage internet-based communication tools for some calls.

When combining all utility costs, the total monthly expense in North Carolina is $500.20, resulting in an annual total of $6,002.40. For individuals earning the minimum wage, utility costs alone consume 39.79% of their annual income. For those earning the median income, these costs represent about 10.13%.

When these utility costs are added to the median mortgage payment of $14,664 annually and the median rent of $9,120 annually, the financial burden becomes even more pronounced. The combined costs significantly increase the likelihood of housing insecurity, particularly for low-income families. For instance, a minimum wage earner's total annual expenses for utilities and median rent would amount to $15,122.40, which exceeds their entire annual income of $15,080, making it virtually impossible to cover other essential living expenses without experiencing severe financial strain.

Programs such as LIHEAP that subsidize utility payments are crucial, especially for those on fixed incomes such as senior citizens and individuals with disabilities. Additionally, initiatives like weatherization can reduce utility burdens by improving energy efficiency, thereby lowering heating and cooling costs. These support mechanisms are essential for alleviating the economic pressures faced by low-income households and ensuring more sustainable living conditions

Evictions

The most significant impact of housing insecurity is the loss of housing. Eviction filings represent the initiation of legal proceedings by landlords to remove tenants, which can occur for a variety of reasons, including non-payment of rent or breach of rental agreement terms. The filing rate, expressed as a percentage, is the proportion of rental households against which such actions are initiated. An eviction count signifies the actual number of evictions carried out, which might be lower than the filings due to resolutions or dismissals. The eviction rate reflects the percentage of these filings that result in the tenant being legally compelled to leave their residence.

Table 53: Eviction Filings (2018)

Area	Filing Count	Eviction Count	Filing Rate	Eviction Rate
Davie	196	160	5.40%	4.4%
Stokes	162	143	3.30%	3.0%
Surry	371	322	4.10%	3.5%
Yadkin	168	147	4.00%	3.5%
REGION	**897**	**772**	**4.84%**	**4.17%**
State	**176,000**	**124,000**	**11.70%**	**8.30%**

Source: Eviction Lab

In Davie County, there were 196 eviction filings, with 160 of these resulting in actual evictions. The filing rate in Davie County is 5.4%, while the eviction rate is 4.4%. These figures are significantly lower than the state averages, indicating relatively better housing stability compared to the broader state context. However, for the 160 households that faced eviction, the consequences are dire, leading to potential homelessness and financial instability.

Stokes County recorded 162 eviction filings and 143 evictions. The filing rate stands at 3.3%, and the eviction rate is 3.0%. These rates are among the lowest in the region, suggesting fewer legal proceedings for evictions relative to the number of rental households. Despite this, the 143 evicted households face severe repercussions, including the disruption of family stability and challenges in securing new housing due to the eviction record.

In Surry County, there were 371 eviction filings, with 322 resulting in evictions. The filing rate here is 4.1%, and the eviction rate is 3.5%. While these rates are higher than those in Davie and Stokes counties, they remain below the state average. The high number of actual evictions (322) indicates significant housing insecurity for many families in Surry County, underlining the need for targeted interventions to prevent evictions and support those at risk.

Yadkin County saw 168 eviction filings and 147 evictions. The filing rate is 4.0%, and the eviction rate is 3.5%. These figures are comparable to those in Surry County, indicating a moderate level of eviction activity relative to the region. The eviction of 147 households signifies a substantial impact on the community, with affected families likely facing financial and social hardships.

Overall, the region experiences a lower eviction filing rate (4.84%) and eviction rate (4.17%) compared to the state averages of 11.70% and 8.30%, respectively. This suggests a relatively stable housing situation across the region, though challenges remain. The data reveals that while some counties like Stokes exhibit lower rates of eviction filings and actual evictions, other areas such as Surry and Yadkin still face somewhat higher rates of housing insecurity.

Foreclosures

The foreclosure data for North Carolina in 2022 reveals significant challenges for homeowners, though some states face even more dire circumstances. North Carolina had a foreclosure rate of 1 in every 958 homes, placing it 17th in the nation. This translates to 4,917 homes in foreclosure among those with mortgages. With 62.5% of homes in the state carrying a mortgage and a median home value of $182,100, North Carolina's housing market is situated between states with significantly higher and lower home values.

For comparison, states like California and Maryland have higher median home values at $538,500 and $325,400 respectively, and also face substantial foreclosure rates. Conversely, states like Ohio and Indiana have lower median home values at $151,400 and $148,900, respectively, and also deal with high foreclosure rates. Despite not being the worst affected, North Carolina's foreclosure situation is still critical. Unfortunately, county-level data is not available, limiting a more granular analysis of the foreclosure impact within the state.

Table 54: State Foreclosure Rates (2022)

State	Foreclosure Rate	Homes in Foreclosure	Homes with a Mortgage	Median Home Value
Illinois	1:385	14,086	62.8%	$202,100
New Jersey	1:410	9,177	66.0%	$343,500
Ohio	1:475	11,028	62.4%	$151,400
Delaware	1:497	903	64.7%	$258,300
South Carolina	1:513	4,568	57.7%	$170,100
Florida	1:560	17,624	56.7%	$232,000
Nevada	1:567	2,259	67.5%	$290,200
Indiana	1:606	4,822	65.2%	$148,900
Georgia	1:770	5,731	64.5%	$190,200
Michigan	1:773	5,913	59.6%	$162,600
Connecticut	1:773	1,979	67.4%	$279,700
Oklahoma	1:824	2,120	54.5%	$142,400
Maryland	1:863	2,934	72.5%	$325,400
California	1:881	16,340	69.5%	$538,500
Iowa	1:899	1,571	60.4%	$153,900
Alabama	1:925	2,475	55.7%	$149,600
North Carolina	**1:958**	**4,917**	**62.5%**	**$182,100**
Arizona	1:961	3,207	63.3%	$242,000
Texas	1:1,005	11,527	56.8%	$187,200
Pennsylvania	1:1,038	5,531	59.9%	$187,500

Source: TGV News

The foreclosure process is complex and has severe repercussions for affected families. It involves complicated legal proceedings that are difficult to halt or reverse once initiated. Families undergoing foreclosure face not only the immediate loss of their home but also long-term financial consequences. These include significant damage to credit scores, which can affect future borrowing and rental opportunities, and potential deficiency judgments, where lenders can pursue remaining debt even after the home is sold. Additionally, the psychological stress and instability associated with foreclosure can have profound impacts on family well-being, contributing to mental health issues and disrupting children's education and social stability.

Homelessness

The ultimate consequence of a housing cost burden is the loss of housing. Not only does homelessness impact the quality of a person's life, but a lack of housing can impact health and the ability to secure meaningful employment.

Table 55: Homeless Count by County (2022)

Area	Unsheltered	Sheltered	Transitional	Total
Davie	0	0	8	8
Stokes	1	0	0	1
Surry	15	40	6	61
Yadkin	1	0	0	1
REGION	**17**	**40**	**14**	**71**

Source: NC Balance of State Continuum of Care

According to the 2022 Point-In-Time (PIT) Count, an estimated 71 homeless individuals were identified in the local service area. Among these, only 17 were noted as being unsheltered. Over the past five years, the number of homeless individuals has decreased by 14.46%, from a count of 83 captured in 2018. The largest portion of the homeless population for the region has consistently been found in Surry County.

Table 56: Regional Homeless Trend (2018-2022)

Area	2018	2022	% Change
Davie	9	8	-11.11%
Stokes	0	1	No Data
Surry	67	61	-8.96%
Yadkin	7	1	-85.71%
REGION	**83**	**71**	**-14.46%**

Source: NC Balance of State Continuum of Care

Community Feedback
Among the respondents, housing insecurity emerged as a prevalent concern. Many participants indicated difficulty paying rent, mortgage, and utilities, which directly affects their ability to maintain stable housing. A substantial 57.9% of respondents identified housing insecurity as one of the most critical conditions of poverty in their community. Additionally, 25.8% highlighted the risk of utility loss as a significant concern.

Comments from the survey underscore these challenges. One respondent shared, "The cost of living makes it hard to pay bills and keep clothing on us," reflecting the financial strain that many households face. Another participant mentioned, "It is extremely difficult to find affordable housing in my area and once you find housing you can't afford utilities and food," illustrating the compounding effects of high housing costs on overall living expenses.

Quantitative data further supports these concerns. Among those who needed assistance with housing, 14 respondents indicated they required help paying off loans or debt, and 13 needed assistance with rent payments. Additionally, 9 respondents reported needing assistance with mortgage payments, and 17 required help with their utility bills. These figures highlight the widespread need for financial support to maintain housing stability.

Homelessness is another critical issue identified in the survey. One respondent mentioned, "Mount Airy has experienced a tremendous increase in homelessness," indicating a growing concern in specific areas. Another noted, "Every day I see individuals who struggle to find affordable housing since the average rent price is between $900 - $1200 a month," emphasizing the gap between housing costs and residents' ability to pay.

Housing quality also surfaced as a significant concern. Respondents pointed to issues such as poor insulation, inadequate heating units, and other substandard living conditions. One participant commented, "Housing is scarce, really 'clean' and 'affordable' housing is scarce," highlighting the dual challenges of availability and quality. Another respondent shared, "Rent is outrageous. no one can find affordable places and lose hope," reflecting the emotional and psychological toll of housing insecurity.

The availability of housing is a recurring theme, with many respondents indicating a shortage of affordable and adequate housing options. One participant noted, "Affordable housing is a major concern in our community. There are people who have HUD vouchers but cannot find a place to live that HUD will approve," underscoring the mismatch between housing needs and available resources.

Agency Data
The organization operated several programs aimed at promoting improved economic security and overall well-being.

The Weatherization Program focuses on enhancing the energy efficiency of homes, leading to reduced energy costs and improved living conditions. In the past year, this program served a total of 102 individuals residing in 58 homes across Davie (5), Rowan (27), Stokes (7), Surry (13), and Yadkin (6) counties. Impressively, the organization scored excellent in all 13 evaluation criteria for the program for the second consecutive year, with no findings or trends for concern.

The LIHEAP Heating and Repair/Replacement Program provides crucial support for individuals with heating systems that are functioning below the manufacturer's standards or those lacking an adequate heat source. This program served 48 people in 28 homes, ensuring they have access to safe and efficient heating during colder months.

Through the Community Services Block Grant, the organization helped one family secure safe housing, illustrating the direct impact of their services on housing stability. Additionally, 6,919 individuals received clothing items through Grace's Closet, a free community clothing closet located at the L.H. Jones Family Resource Center, demonstrating the organization's commitment to addressing various aspects of economic security and well-being.

2024 COMMUNITY ASSESSMENT

Housing Resources

Resource Name	Contact Information	Description
Advocacy Center	336-753-0407	Provide one time/temporary assistance to qualifying Davie County residents in time of crisis for temporary threats of homelessness
County Dept of Social Services	Contact local agency	Operates state and national social services programs for the community
Duke Energy - Helping Home Fund	ncaa.net/duke-energy-hhf	Free assistance to income-qualified customers to make homes more energy efficient
East Stokes Outreach Ministries	336-591-3237	Food pantry and thrift store. Also offers assistance with clothes, electric & water bills, fuel, oil, and medicine.
Family Promise of Davie County	336-284-4200	Assist families experiencing homelessness and low-income families achieve independence
Habitat for Humanity	mountairyhabitat.org	Builds homes for those in need
Just Hope, Inc	336-936-9161	Assists with hygiene items, job search, budget building, agency referrals, case management, substance abuse referrals, and counseling for homeless or displaced individuals/families
King Outreach Ministry	336-983-4357	Provides assistance with clothing, food, medication, housing, utilities, counseling, referrals, and housewares
NC Foreclosure Prevention Fund/NC Housing Finance Authority	888-442-8188	Free counseling for North Carolina residents in the foreclosure process
Salvation Army	800-SAL-ARMY	Offer rent and utility assistance to those in need
Surry Homeless & Affordable Housing Coalition	336-786-4075	Income-based housing and case management for people who have experienced homelessness
Surry-Yadkin Residential Services	336-719-0062	Offer a vocational day program and operate 2 group homes for residents with intellectual and developmental disabilities
The Ark	336-527-1637	Provides a safe environment for families and individuals in need of emergency or transitional housing
the Shepherd's House	336-786-1420	Offers emergency shelter, counseling, food, clothing, and case management
United Way of Davie County	336-751-0313	Building stronger communities by advancing the health, financial stability, and education of Davie County residents
Yadkin Christian Ministries	336-677-3080	Housing assistance for residents of Yadkin County
Yadkin Christian Ministries	336-677-3080	Utility assistance for residents of Yadkin County
Yokefellow Cooperative Ministry	336-789-5838	Provides assistance with food, medications, and utilities
YVEDDI (CSBG)	336-367-7251	Builds self-sufficiency for under-resourced individuals and families through coaching, mentoring, and community partnerships

Conclusion: Strengths
The region exhibits several strengths in its housing sector that promote movement out of poverty and overall well-being. First, there is a surplus of 11,443 housing units, indicating good availability and less pressure on the housing market. The prevalence of single-family homes, which make up the majority of the housing stock, suggests stability and space for families, providing a conducive environment for raising children and ensuring family well-being.

Additionally, the significant number of multi-family units and mobile homes offers essential affordable housing options. This diversity in housing types helps accommodate various socio-economic groups, ensuring that even lower-income families have access to stable housing. The presence of affordable housing programs such as Section 8, LIHTC, and public housing strengthens the region's ability to support low-income families in securing housing.

The region has also experienced a reduction in homelessness over recent years, with a decrease in the total number of homeless individuals from 83 in 2018 to 71 in 2022.

Conclusion: Weaknesses
Despite several strengths, the region faces significant weaknesses that hinder housing stability and affordability, impacting overall quality of life and efforts to move out of poverty. A high proportion of housing units, 21.30%, are classified as substandard, including issues such as inadequate plumbing, lack of kitchen facilities, and the absence of essential services like broadband and telephone. Renters are disproportionately affected, with 41% of rental units being substandard, highlighting the need for improved housing standards and stricter enforcement.

Housing affordability remains a critical issue. The median rent in the region is $846 per month, or $10,152 annually, and the median mortgage payment is $1,222 per month, or $14,664 annually. When combined with the average annual utility cost of $6,002.40 in North Carolina, the financial burden becomes significant. For renters, the total annual cost (rent plus utilities) is $16,154.40, which is 107.14% of the minimum wage income of $15,080 and 33.87% of the median wage of $47,568. For homeowners, the total annual cost (mortgage plus utilities) is $20,666.40, which is 137.08% of the minimum wage income and 43.61% of the median wage. This indicates that both renters and homeowners, particularly those earning minimum wage, face substantial financial strain in securing and maintaining housing.

Moreover, the region also faces a concerning foreclosure rate, with North Carolina ranking 17th in the nation. While not the worst-affected state, the foreclosure rate of 1 in every 958 homes indicates ongoing challenges for homeowners, leading to potential long-term financial instability and credit damage.

Finally, eviction rates, though lower than state averages, still present significant challenges for housing stability in the region. The eviction of 772 households in 2018 signifies substantial impacts on family stability and financial security, necessitating targeted interventions to prevent evictions and support those at risk. The financial strain of high housing costs, combined with lower median wages in essential sectors like food preparation, farming, construction, and healthcare, highlights the urgent need for comprehensive housing support programs to ensure long-term housing stability and economic security for the region's residents.

Health & Well-Being

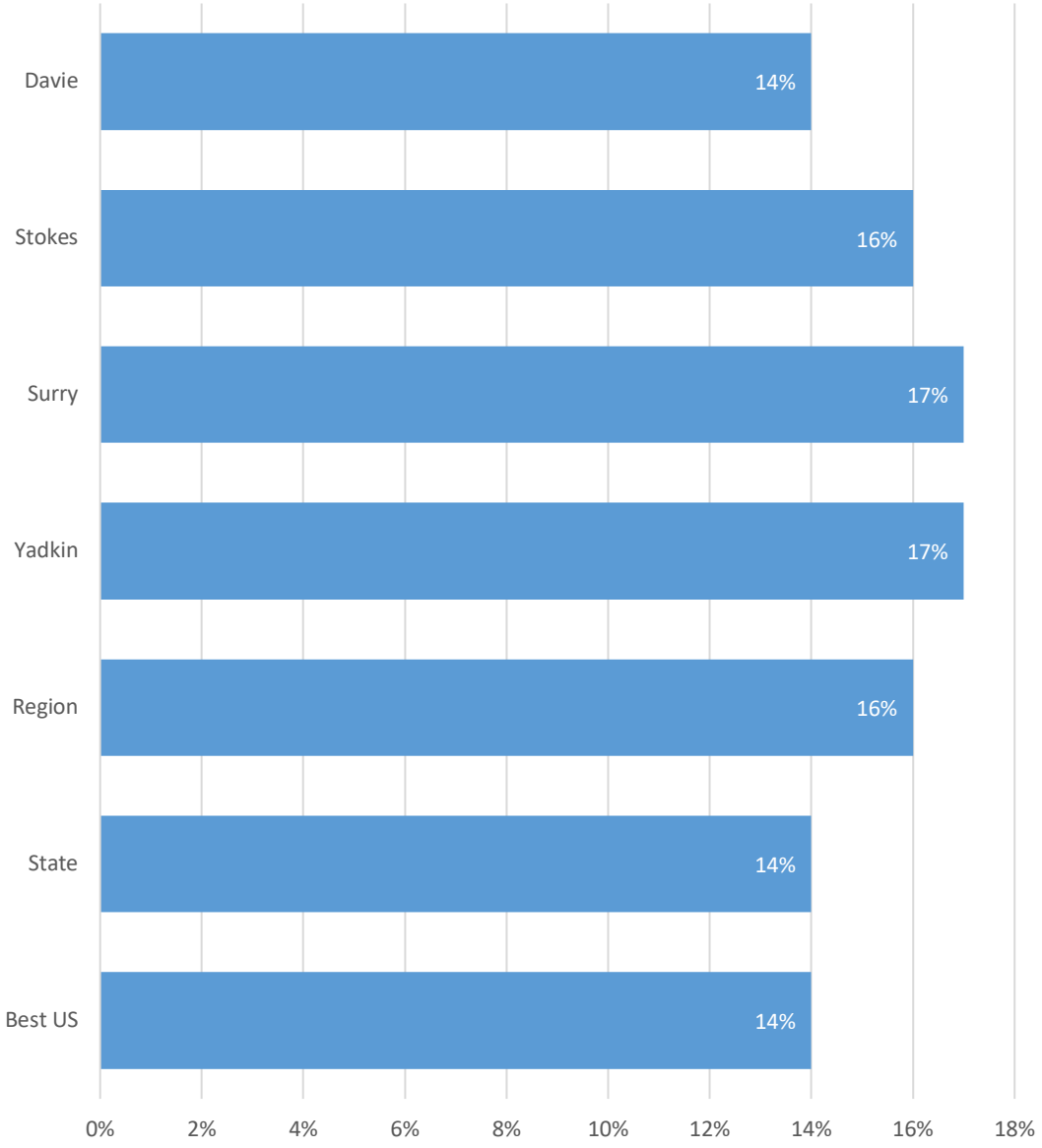
Introduction

Access to healthcare and overall well-being are critical components in the fight against poverty. Good health is a fundamental building block for economic stability and prosperity, enabling individuals to work, learn, and engage fully in their communities. Unfortunately, poverty often exacerbates health issues and can lead to inadequate housing, food insecurity, and limited access to preventative care—all factors that contribute to poorer health outcomes.

General Health

In the region served by the organization an estimated 16.00% of all local adults (25,214 individuals) adults were noted having poor to fair health. In comparison, the nation's best communities and North Carolina average at 14%.

Chart 56: Percentage of Adults with Poor Health (2024)

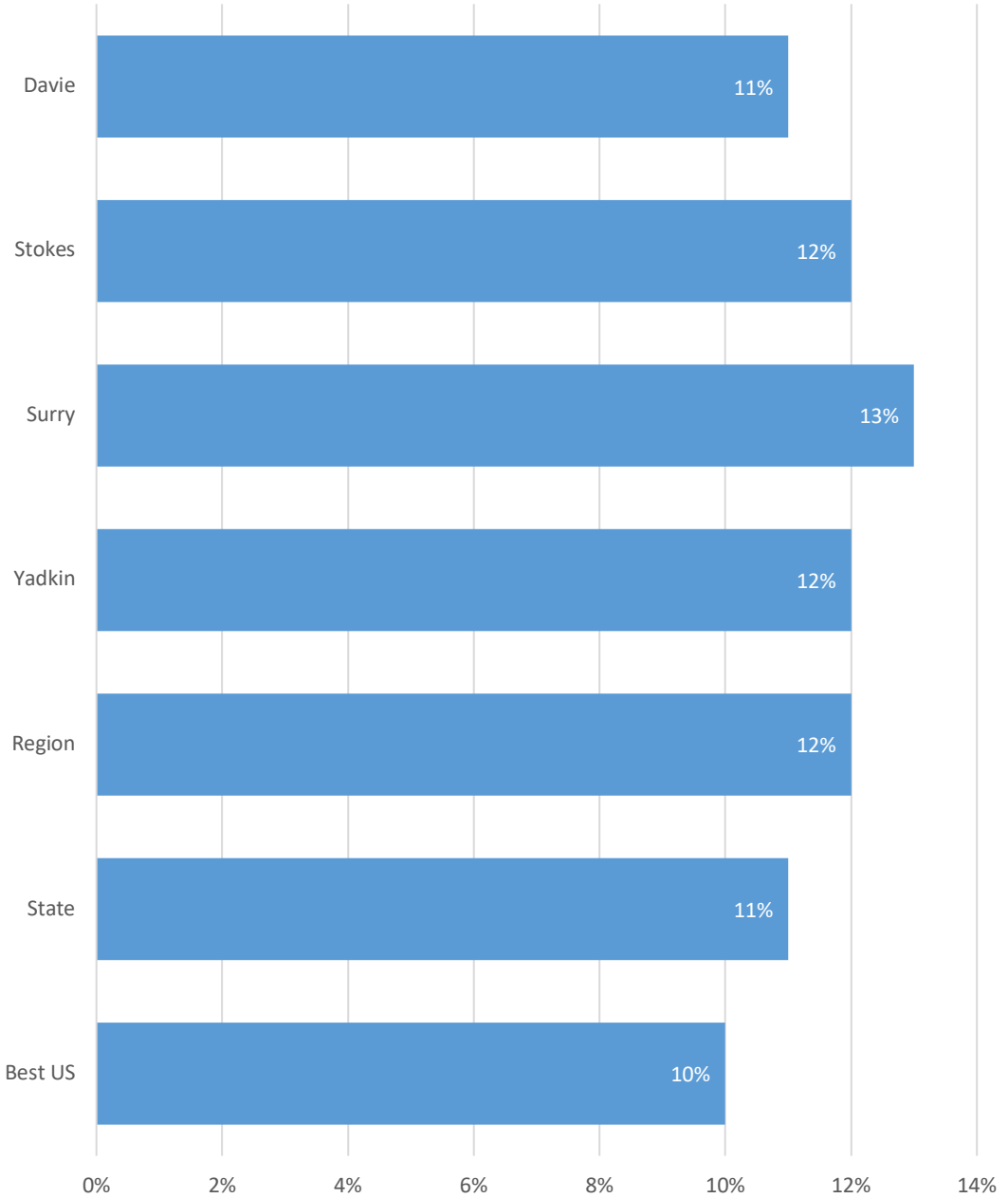


Source: County Health Rankings (CDC BRFSS)

Among the residents with poor health, many struggle with severe conditions that impact their quality of life on a regular basis. The most recently published data indicates that 19,000 local adults, representing 12% of the population over the age of 18, suffer from more than 14 days of physical health distress each month. This is higher than the state average of 11% and the nation's best communities (10%).

Frequent physical health distress is a significant indicator of overall health and quality of life. The chart below highlights the percentage of adults experiencing frequent physical distress across various counties within the region. Surry County has the highest rate at 13%, with the lowest being found in Davie (11%).

Chart 57: Percentage of Adults with Frequent Physical Health Distress (2024)



Source: County Health Rankings (CDC BRFSS)

This data underscores the importance of addressing chronic health conditions and providing adequate healthcare resources. Poor physical health days are influenced by various factors, including access to healthcare, socioeconomic status, and lifestyle choices. By examining these health outcomes, policymakers and health professionals can better understand and mitigate the challenges faced by different communities, leading to improved health policies and interventions.

It's crucial to recognize that health-related quality of life (HRQoL) not only affects individuals' day-to-day experiences but also has broader implications for community well-being and economic stability. Measures such as these are essential for capturing the nuances of public health and guiding efforts to enhance the overall quality of life for residents."

When considering the factors that promote poor physical health, obesity is one of the greatest influencing factors. While the term simply implies that a person has too much body fat, a diagnosis of obesity is actually based on a Body Mass Index calculation of 30 or higher. With more than 36.50% of the region's adults (57,411 individuals) suffering from obesity, it ranks as a tremendous health concern in the county. It should be noted that this rate is higher than the state average of 36%. The nation's best communities reflect an average of 34%.

Not only does obesity in itself lead to a general feeling of poor health, but it also increases the risk of high blood pressure, heart disease, stroke, diabetes, high cholesterol, joint problems, trouble breathing (including sleep apnea), and gallstones.

Obesity is a complex condition that can impact anyone. Contributing factors to obesity include social and physical environments, genetics, medical history, and behaviors such as poor diet and physical inactivity. Childhood maltreatment has also been identified as a risk factor for obesity. The prevalence of obesity is highest among adults ages 45-64, those with lower levels of educational attainment, and with incomes of less than $25,000 per year.

Table 57: Major Health Conditions (2024)

Area	Obesity	Diabetes	STI Infections
Davie	11,908	3,062	102
Stokes	13,108	3,641	82
Surry	21,448	6,209	144
Yadkin	10,948	2,959	74
REGION	**57,411**	**15,870**	**402**
State	**2,947,077**	**900,496**	**49,388**
Nation	**87,680,522**	**25,788,389**	**1,277,815**

Source: County Health Rankings (CDC BRFSS, NCHHSTP)

High Blood pressure, also known as Hypertension, is a major risk factor for heart disease and stroke. Although county-level data was not available, the American Heart Association reports that nearly one-half (46.7%) of all adults in the United States and 37.4% of North Carolina residents have been diagnosed with Hypertension. Data indicates that a person's age, income, education, employment, and social status are directly linked to the risk of high blood pressure. Populations with higher prevalence of hypertension include men (as compared to women), adults ages 65 and older, individuals identifying as Black (likely associated with socio-economic stress factors), and low-income individuals.

An estimated 10.00% of all adults (15,870 individuals) in the organization's service area have been diagnosed with Diabetes. This disease occurs when a person's blood glucose (blood sugar) is too high. Blood glucose is a person's main source of energy and is generated by food. This disease can not only put a person's life at risk, but it is also often associated with fatigue, decreased ability to heal, reduced sex drive, erectile disfunction, urinary tract infections, yeast infections, and dry skin. Of the three types of Diabetes, Type 2, is directly associated with obesity and is more common among individuals with low incomes.

With an estimated 402 adults impacted, sexually transmitted infections are not a prominent concern in the region, however, it is important to monitor these conditions closely on an ongoing basis as they can often spread quickly when left unchecked, impacting the economic well-being of infected persons and, in some cases, the health of community members they come in contact with.

Mental Health

Mental health is the level of psychological well-being that allows a person to maintain an appropriate functioning of their emotional and behavioral abilities. Mentalhealth.org, a service of the U.S. Department of Health and Human Services, reports that mental health is important at every stage of life, from childhood and adolescence through adulthood, as it impacts how a person thinks, feels, acts, handles stress, relates to others, and makes informed decisions. The 2019 report states that there are many factors that contribute to mental health problems, including biological factors (brain chemistry), life experiences (trauma and/or abuse), and family history of mental health problems.

The latest Behavioral Health Barometer for Region 4, which includes North Carolina, provides detailed insights into serious mental illness (SMI), major depressive episodes (MDE), and suicidal thoughts and behaviors among different age groups.

Table 58: State Residents Reporting Mental Health Concerns by Age Group (2022)

Ages	Serious Mental Illness	Major Depressive Ep.	Suicidal Thoughts
12-17	No Data	19.5%	12.8%
18+	5.8%	8.5%	4.7%

Source: Center for Behavioral Health Statistics and Quality – Behavioral Health Barometer: Region 4, Volume 7

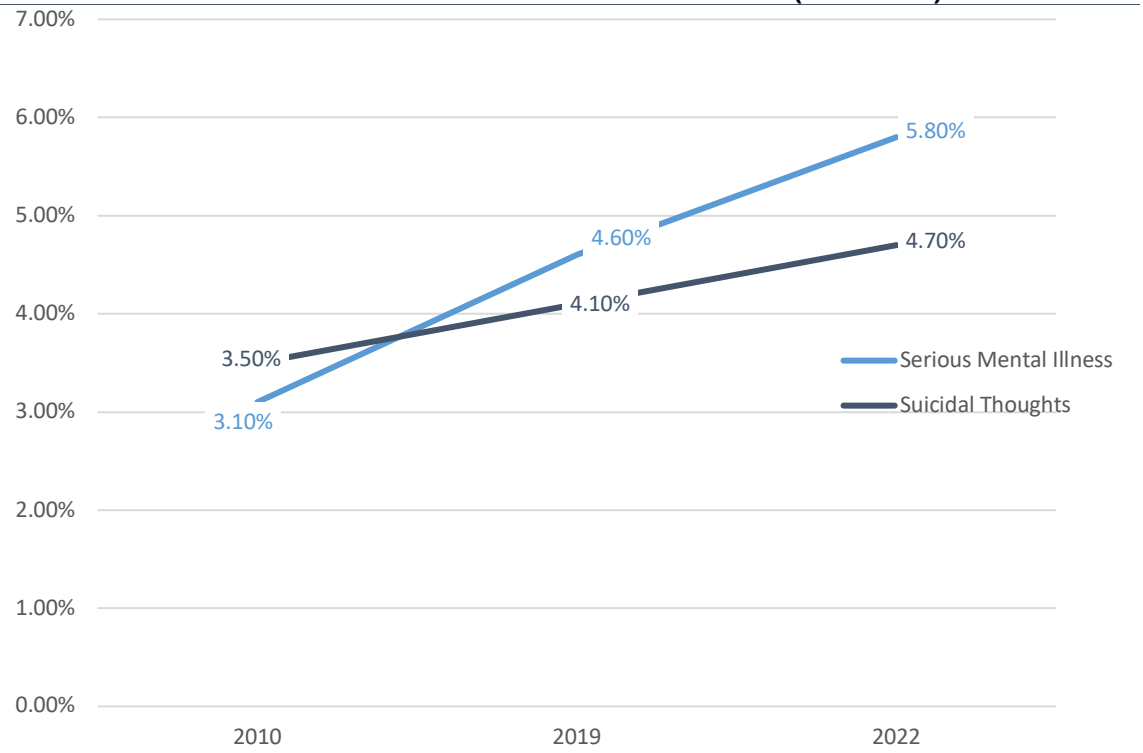
Serious mental illness (SMI) refers to mental, behavioral, or emotional disorders in adults that result in serious functional impairment, substantially interfering with or limiting one or more major life activities. In North Carolina, 5.8% of adults reported experiencing SMI. This condition significantly affects individuals' abilities to maintain employment, engage in social activities, and manage daily life tasks, often requiring ongoing treatment and support, including therapy, medication, and sometimes hospitalization.

Major depressive episodes (MDE) are characterized by a period of at least two weeks where there is a depressed mood or loss of interest or pleasure in daily activities, along with other symptoms such as changes in sleep, appetite, energy, concentration, and self-worth. Among adolescents aged 12-17 in North Carolina, 19.5% reported experiencing at least one MDE. This condition in adolescents can lead to academic challenges, social withdrawal, and increased risk of engaging in risky behaviors, including substance abuse. Early intervention and treatment are critical to managing symptoms and preventing long-term negative outcomes. For adults, 8.5% reported experiencing at least one MDE. Depression in adults can lead to decreased productivity, strained relationships, and a higher risk of developing chronic health conditions, typically managed through a combination of medication and therapy.

Suicidal thoughts, which include having serious thoughts about ending one's life, making plans for suicide, or attempting suicide, were reported by 12.8% of adolescents aged 12-17 in North Carolina. These thoughts are a critical indicator of severe emotional distress and require immediate intervention to prevent suicide attempts, necessitating mental health support, counseling, and sometimes medication. Among adults, 4.7% reported having serious thoughts of suicide. These thoughts are serious and necessitate immediate mental health intervention to prevent potential suicide attempts, requiring counseling, crisis intervention, and support systems.

From 2010 to 2019, the prevalence of serious mental illness (SMI) increased from 3.10% to 4.60%. This represents an increase of 1.50 percentage points over nine years. This is an average increase of 0.167% per year. From 2019 to 2022, the prevalence of SMI increased from 4.60% to 5.80%. This represents an increase of 1.20 percentage points over three years, with an average annual increase of 0.40%. Comparing these figures, the average annual increase in the prevalence of SMI was 0.167% per year between 2010 and 2019, whereas it was 0.400% per year between 2019 and 2022. This indicates that the rate of increase in SMI has accelerated in the more recent period.

Chart 58: State Mental Health/Illness Trend (2019/2022)



Source: Center for Behavioral Health Statistics and Quality – Behavioral Health Barometer: Region 4, Volume 6 & 7

The faster pace of increase in SMI between 2019 and 2022 suggests that factors contributing to mental illness may have intensified in recent years. While the COVID-19 pandemic undoubtedly played a significant role, exacerbating stress, anxiety, social isolation, and economic instability, it is essential to consider other societal factors that were already influencing this trend. These include economic pressures, increased use of social media and technology, improved awareness and diagnosis of mental health issues, and rising substance use.

The average annual increase in SMI has more than doubled in the recent period compared to the previous decade. This trend underscores the need for enhanced mental health resources and interventions to address the growing prevalence of mental illness in North Carolina. Understanding and mitigating the various contributing factors will be crucial in reversing this upward trend and improving mental health outcomes for the population.

Also concerning is the increase of serious suicidal thoughts during the period. From 2010 to 2019, the prevalence of serious thoughts of suicide increased from 3.50% to 4.10%. This represents an increase of 0.60 percentage points over nine years. The average annual increase during this period is 0.067%.

From 2019 to 2022, the prevalence of serious thoughts of suicide increased from 4.10% to 4.70%. This represents an increase of 0.60 percentage points over three years. The average annual increase during this period is 0.20%.

The faster pace of increase in serious thoughts of suicide between 2019 and 2022 suggests that factors contributing to suicidal ideation may have intensified in recent years. The COVID-19 pandemic is likely a significant factor, potentially exacerbating stress, anxiety, social isolation, and economic instability. However, other societal factors such as economic pressures, increased use of social media and technology, and rising substance use also appear to play a role. This trend underscores the urgent need for enhanced mental health resources and interventions to address the growing prevalence of suicidal ideation in North Carolina. Understanding and mitigating the various contributing factors will be crucial in reversing this upward trend and improving mental health outcomes for the population.

Frequent mental distress, characterized by extended periods of stress, depression, and emotional problems, can severely impact an individual's ability to function and contribute to their community. The higher rates in the region's counties suggest a greater need for mental health resources and interventions tailored to these communities' specific needs. The data underscores the importance of considering local nuances when planning health services and allocating resources.

Within the organization's service area, data indicates that 26,823 adults (17.00%) suffer from frequent (more than 14 days per month) mental distress. This rate is higher than the state average of 14%.

Table 59: Adults with Frequent Mental Distress (2024)

Area	Number	Percent
Davie	5,444	16.00%
Stokes	6,190	17.00%
Surry	10,159	18.00%
Yadkin	5,030	17.00%
REGION	**26,823**	**17.00%**
State	**1,146,086**	**14.00%**

Source: County Health Rankings (CDC BRFSS, NCHHSTP)

It should also be noted that according to the Mental Health National Outcome Measures (NOMS) Report for calendar year 2019, the 107,091 North Carolina residents accessing mental health care were predominately female (51.00%) as compared to male (49.00%), White (61.60%) and Black (31.60%), between the ages of 25 to 44 (45.60%) and 45 to 64 (28.10%). The majority (57.00%) were unemployed, with 28.80% being employed, and 14.20% not being in the labor force. These individuals predominately lived in private residences (92.50%), with 4.80% being homeless. More than three-quarters (79.80%) are Medicaid recipients, with 20.10%

Disability Status

Data indicates that an estimated 18.13% of the local population, or 36,620 individuals, were classified as disabled in 2022. This rate is notably higher than the state (13.30%) and national (12.90%) averages.

Table 60: Disabled Individuals by Age Group and County (2022)

Area	Young Children	School-Aged Children	Adults	Seniors	TOTAL	Percent
Davie	45	618	3,611	3,456	7,730	17.96%
Stokes	No Data	820	4,610	3,331	8,761	19.60%
Surry	No Data	898	6,515	5,960	13,373	18.72%
Yadkin	No Data	291	2,879	2,586	5,756	15.44%
REGION	**45**	**2,627**	**17,615**	**15,333**	**35,620**	**18.13%**

Source: U.S. Census Bureau (DP02, S1810)

For adults, a disability status significantly impacts their quality of life and economic security. Disabled adults often face barriers to securing meaningful employment, which exacerbates financial instability. This demographic is likely to have dependents, meaning their inability to work can affect the economic well-being of the entire family. According to the U.S. Census Bureau, 17,615 adults in the region are disabled, and with the average household size being 2.46, this potentially impacts up to 43,332 individuals. This underscores the broader economic implications of adult disabilities on entire households and communities.

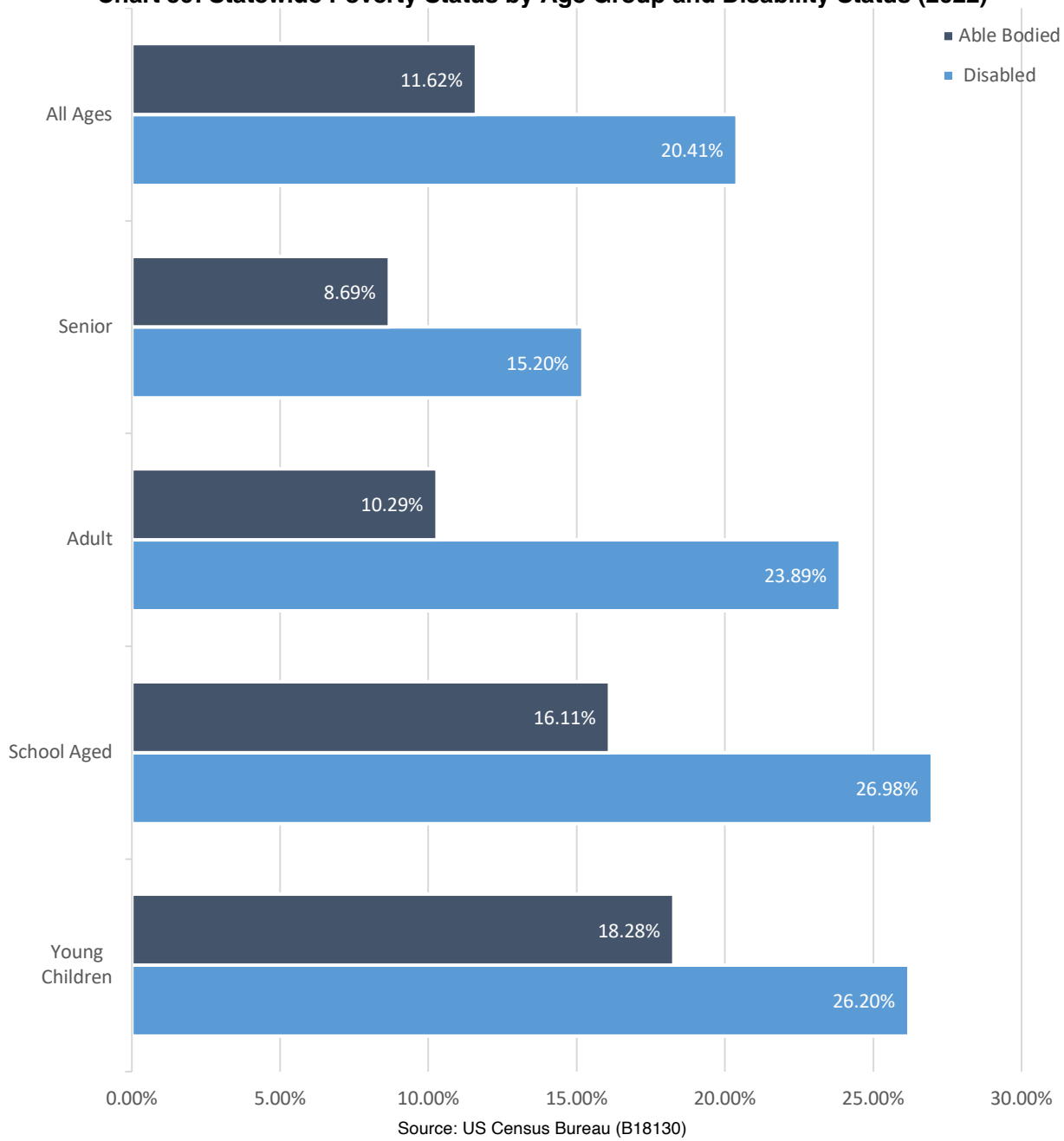
For children, disabilities can severely impact the financial stability of their households. Families with disabled children often face increased medical and caregiving costs, which can strain their finances. Furthermore, the need for specialized care might prevent an adult family member from maintaining full-time employment, thereby reducing the household's income. Additionally, disabled children may encounter educational challenges, potentially affecting their future economic opportunities. The census data indicates that 2,627 school-aged children and 45 young children are living with disabilities in the region, highlighting the need for supportive services to mitigate these challenges.

For seniors, disabilities typically lead to a decreased quality of life and increased medical expenses. The limitations imposed by disabilities can result in higher healthcare costs and the need for long-term care, which can be financially burdensome. In the region, 15,333 seniors are reported to have disabilities, further emphasizing the need for accessible healthcare and support services to manage their conditions effectively.

The comparison of disability rates across the counties within the region reveals notable differences. Stokes County has the highest disability rate at 19.60%, followed by Surry County at 18.72%, Davie County at 17.96%, and Yadkin County at 15.44%. This variation suggests that specific local factors in these counties may be contributing to higher disability rates, such as economic conditions, access to healthcare, or demographic differences. Understanding these disparities is crucial for tailoring interventions and resources to effectively address the unique needs of each county within the region.

Across all age groups, disabled individuals are significantly more likely to live in poverty compared to their able-bodied counterparts. This trend is consistent among young children, school-aged children, adults, and seniors, as shown in the accompanying data. For example, 20.41% of disabled individuals across all ages are classified as low-income, compared to only 11.62% of able-bodied individuals. This pattern holds true within each specific age group, indicating a pervasive issue that affects disabled residents universally.

Chart 59: Statewide Poverty Status by Age Group and Disability Status (2022)

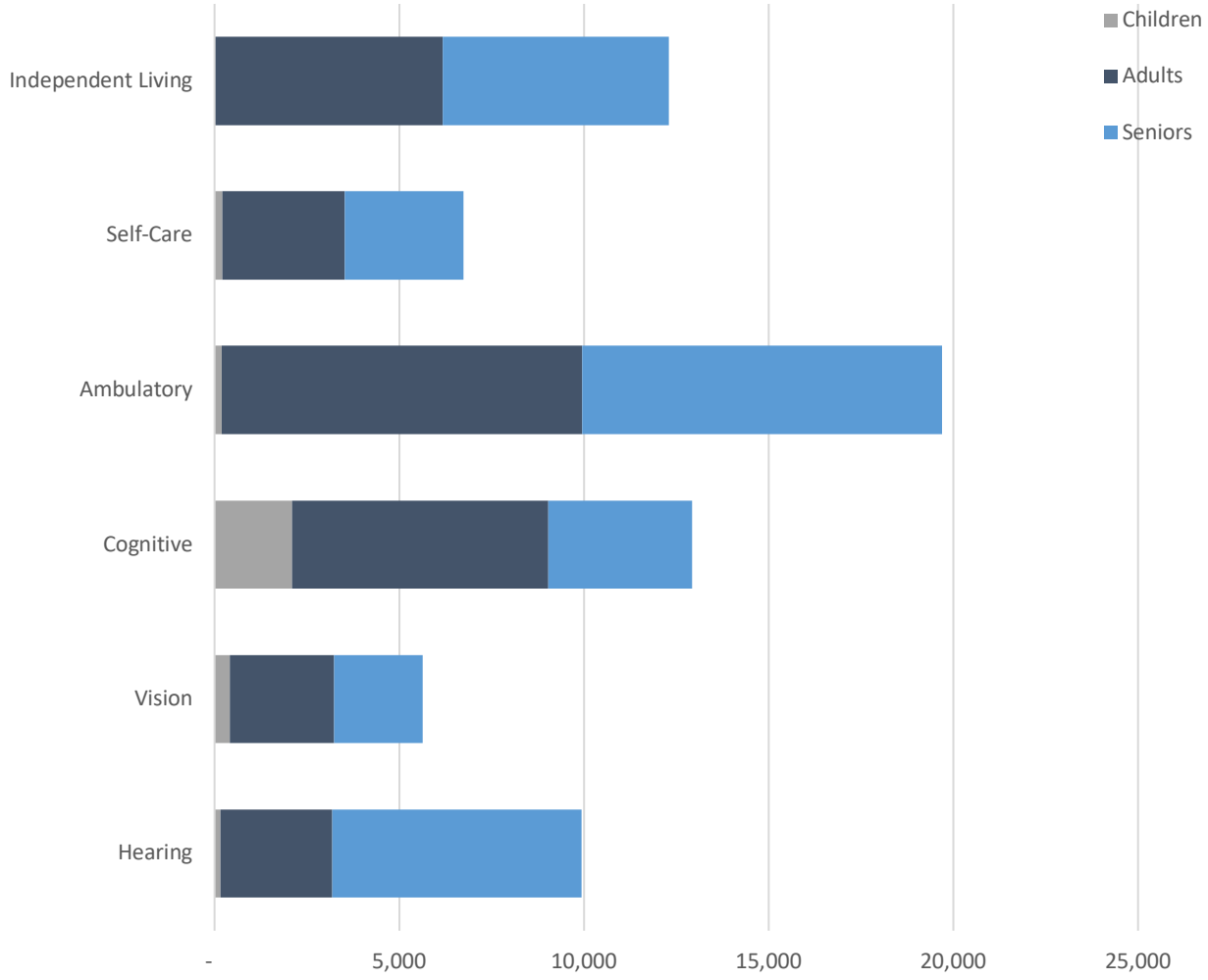


Source: US Census Bureau (B18130)

The correlation between disability and poverty underscores the compounded challenges faced by disabled individuals, including barriers to employment, higher healthcare costs, and limited access to support services. These factors contribute to the economic vulnerability of disabled residents, necessitating targeted interventions to improve their living conditions and reduce poverty rates.

The data presented offers a comprehensive view of the prevalence and impact of various types of disabilities within the community. Among the disabled population, the most common type of disability is ambulatory, affecting 55.28% of the total disabled population, or 19,690 individuals. This type of disability, which involves serious difficulty walking or climbing stairs. This disability impacts 9,754 adults, 9,741 seniors, and 195 children.

Chart 60: Disability Counts by Type (2022)



	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
Children	159	422	2,094	195	209	-
Adults	3,019	2,815	6,944	9,754	3,324	6,178
Seniors	6,754	2,400	3,898	9,741	3,202	6,126

Source: US Census Bureau (S1810)

Cognitive disabilities, which include serious difficulty concentrating, remembering, or making decisions, are the second most common, affecting 36.32% of the disabled population. This translates to 12,936 individuals, with the highest number found among adults (6,944), followed by seniors (3,898), and children (2,094). These disabilities can significantly hinder daily functioning and employment opportunities, requiring tailored support and interventions.

Independent living difficulties affect 34.54% of the disabled population, equating to 12,304 individuals. This category includes serious difficulties doing errands alone such as visiting a doctor's office or shopping and is particularly challenging for adults and seniors. There are 6,178 adults and 6,126 seniors affected.

Hearing impairments are reported by 27.88% of the disabled population, or 9,932 individuals. This type of disability is most common among seniors, with 6,754 individuals affected, followed by adults (3,019) and children (159). Hearing impairments can impact communication and social interaction, necessitating accessible resources and accommodations.

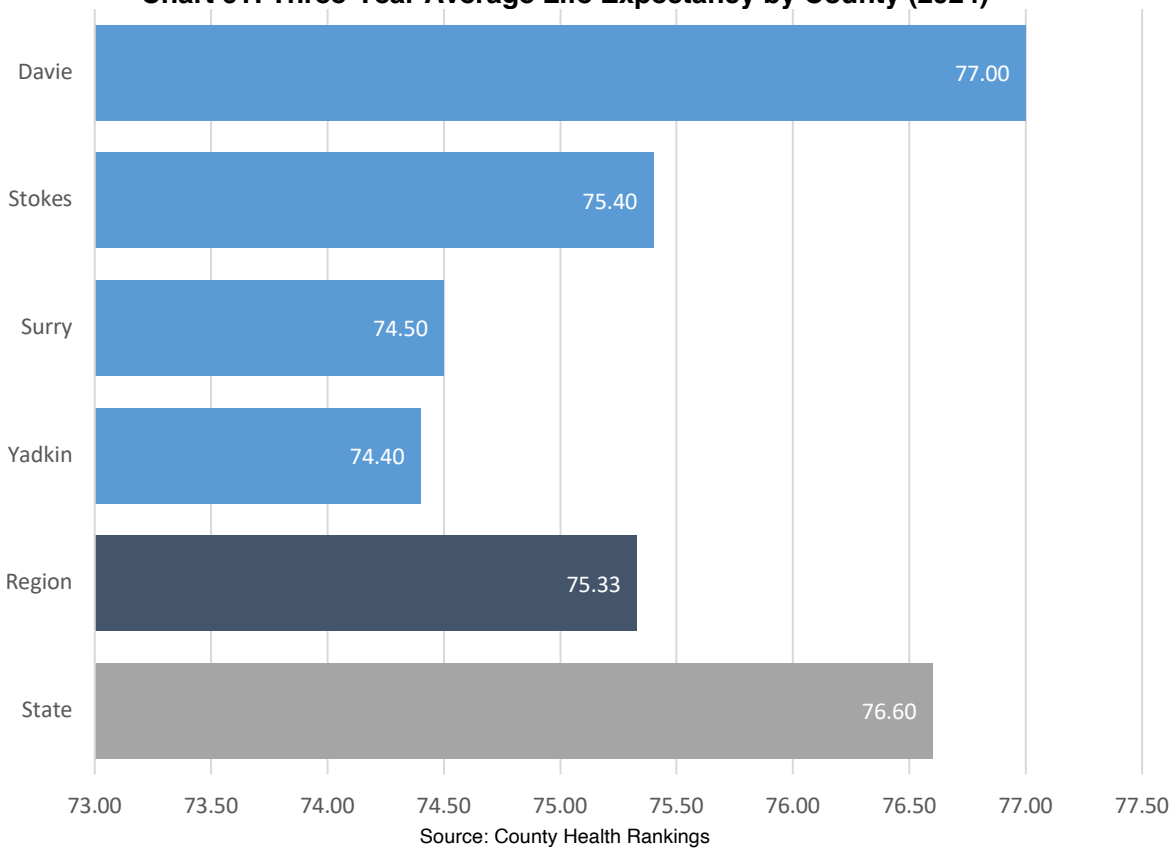
Self-care difficulties, which involve serious difficulties bathing or dressing, are reported by 18.91% of the disabled population, affecting 6,735 individuals. This type of disability is particularly common among seniors (3,202) and adults (3,324), with only 209 children experiencing the condition. This indicates a need for personal care services and support to maintain personal hygiene and daily routines.

Vision impairments affect 15.83% of the disabled population, or 5,637 individuals, with the highest prevalence among adults (2,815), followed by seniors (2,815), and children (422). Vision impairments can limit mobility and access to information, underlining the importance of providing assistive technologies and services.

Life Expectancy

One significant consequence of poor health is a reduced life expectancy. Life expectancy is a statistical measure that estimates the average number of years a person can expect to live, based on current mortality rates. This measure is calculated by analyzing the age-specific death rates of a population over a specific period. It serves as an important indicator of overall health and well-being within a community.

Chart 61: Three-Year Average Life Expectancy by County (2024)



Source: County Health Rankings

In the evaluated region, the life expectancy is 75.33 years, which is notably lower than the state average of 76.60 years. This regional figure highlights a concerning gap when compared to the state, suggesting that residents in this region may face more significant health challenges that affect their longevity.

When examining life expectancy at the county level within the region, additional disparities become evident. Davie County has the highest life expectancy at 77.00 years, which is above both the regional and state averages. This suggests that residents in Davie County may have better access to healthcare, healthier lifestyles, or other favorable conditions contributing to their higher life expectancy.

In contrast, Stokes County has a life expectancy of 75.40 years, which is slightly above the regional average but still below the state average. This indicates that while Stokes County is doing slightly better than the region overall, there are still health issues that need addressing.

Surry County, with a life expectancy of 74.50 years, and Yadkin County, at 74.40 years, both fall below the regional average. These figures are particularly concerning as they suggest that residents in these counties face more severe health disparities. The lower life expectancies could be attributed to a range of factors, including limited access to healthcare services, higher rates of chronic diseases, socioeconomic challenges, and lifestyle factors.

The disparities in life expectancy within the region underscore the need for targeted health interventions and policies aimed at improving health outcomes. Addressing the root causes of poor health, such as access to quality healthcare, health education, and socioeconomic support, is crucial for enhancing life expectancy and overall well-being in the more affected counties.

By understanding and addressing these local health disparities, policymakers and health professionals can work towards reducing the gap in life expectancy and ensuring that all residents have the opportunity to lead longer, healthier lives.

According to accredited research, individuals with lower income levels tend to have lower life expectancies as compared to their higher-income counterparts. A comprehensive analysis by Harvard found significant differences in life expectancy based on income levels, revealing that the poorest Americans have life expectancies comparable to those in much poorer countries like Sudan or Pakistan. This study highlighted that even within wealthy areas such as New York City and San Francisco, low-income residents tend to live longer than those in poorer regions, underscoring the role of economic conditions and local health policies in determining longevity.

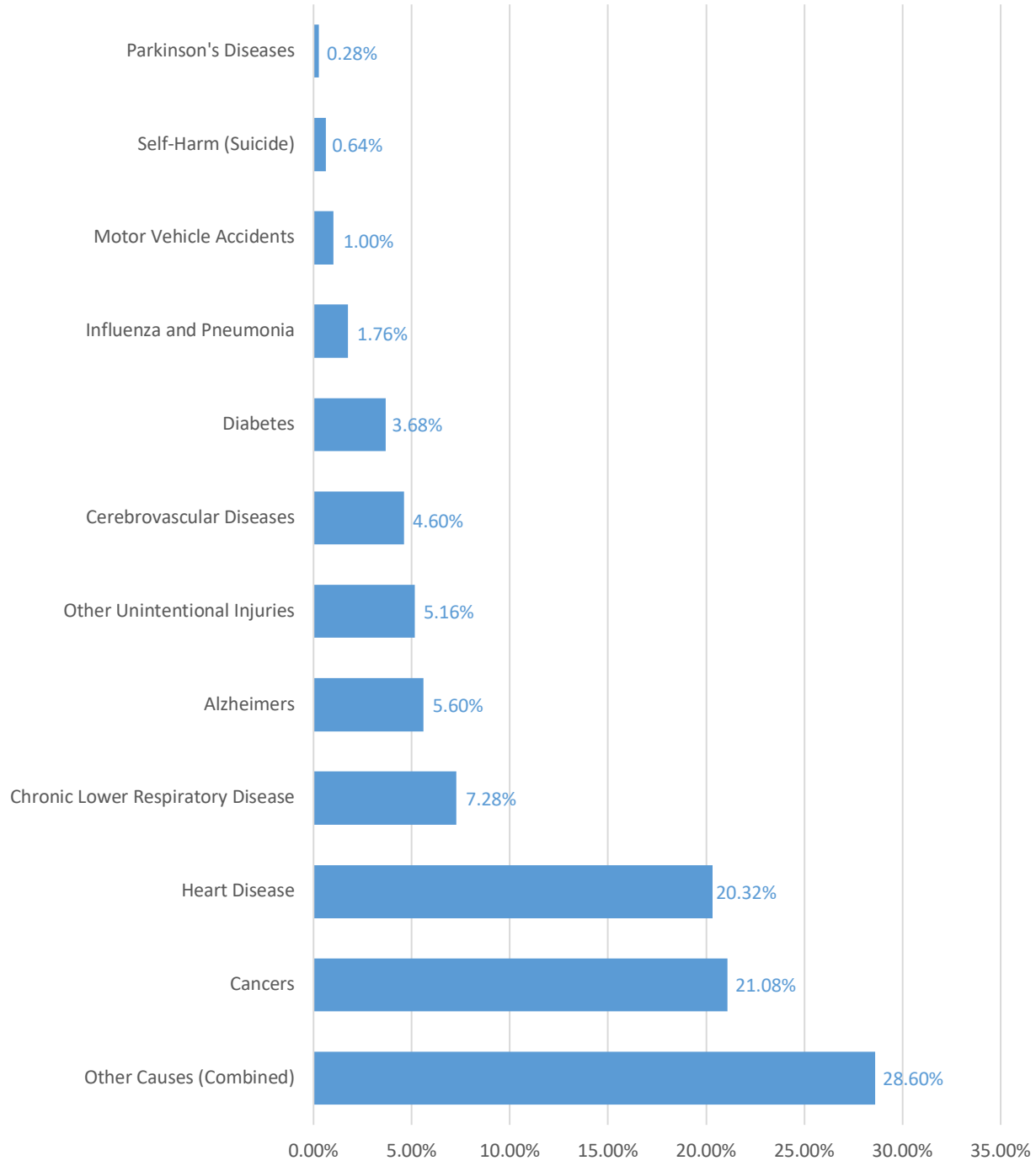
Further evidence from the Urban Institute shows that income disparities directly correlate with health outcomes and longevity. Lower income limits access to necessary resources like stable housing, nutritious food, and healthcare, all of which are crucial for maintaining good health and extending life expectancy. Additionally, a report by the U.S. Government Accountability Office (GAO) noted that lower-income individuals approaching retirement age live significantly fewer years than their higher-income peers, which affects their total lifetime benefits from programs like Social Security.

The correlation between lower income and reduced life expectancy is clear: economic hardship often leads to increased exposure to stress, reduced access to healthcare, and higher prevalence of chronic conditions, all of which contribute to premature mortality. Addressing these disparities requires targeted policy interventions to improve the economic and health outcomes for low-income populations, ensuring more equitable access to the resources necessary for a longer, healthier life.

Causes of Death

In 2021, the region recorded 2,896 deaths, representing a 15.47% increase from 2017, when there were 2,508 deaths. Notably, there was a significant rise in the number of deaths between 2019 and 2020, from 2,500 to 2,800, likely correlating with the impact of the COVID-19 pandemic, which contributed to higher mortality rates globally. This trend underscores the profound effects of the pandemic on public health in the region.

Chart 62: Leading Causes of Death (2021)



Source: NCDHHS Division of Public Health

The leading cause of death in the region was identified as cancer, accounting for 21.08% of all deaths. The diversity of cancers reflects the complexity of the disease and the range of tissues and organs that can be affected.

- Lung cancer, often associated with smoking, serves as a stark reminder of the dangers of tobacco use and the benefits of smoking cessation programs. Smoking is the primary risk factor, but exposure to radon gas, asbestos, and other pollutants also contribute. Treatment options include surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy. Early detection through screening can significantly improve outcomes, highlighting the need for accessible healthcare services to facilitate these screenings, especially for low-income individuals who may face barriers to accessing care.

- Colon cancer arises from the lining of the large intestine. The high incidence of colon cancer underscores the critical role of screening procedures like colonoscopies for early intervention. Risk factors include a diet high in red and processed meats, a sedentary lifestyle, obesity, smoking, and heavy alcohol use. Treatments include surgery, radiation therapy, and chemotherapy. Preventive measures such as regular screenings and a healthy diet are crucial, and access to these preventive services is particularly important for low-income populations who may otherwise lack the resources for timely interventions.

- Breast cancer is one of the most common cancers among women. It reinforces the value of regular mammograms and awareness of breast health. Risk factors include genetic mutations (such as BRCA1 and BRCA2), family history, hormonal factors, and lifestyle choices. Treatment options include surgery, radiation therapy, chemotherapy, hormone therapy, and targeted therapy. Ensuring that all women have access to regular screenings and education about breast health is vital, particularly for those in lower-income brackets who might not have easy access to such resources.

- Pancreatic cancer is known for its aggressive nature and poor prognosis, making research into early detection methods a high priority. Risk factors include smoking, chronic pancreatitis, diabetes, and family history. Treatment typically involves surgery, chemotherapy, and radiation therapy. Early detection is challenging but crucial, necessitating enhanced access to medical care and advanced diagnostic tools, which can be particularly difficult for low-income residents.

- Prostate cancer, while typically slow-growing, is prevalent among men and a significant area of focus for screenings like PSA tests. Risk factors include age, family history, and race, with African American men at higher risk. Treatment options include active surveillance, surgery, radiation therapy, hormone therapy, and chemotherapy. Accessible screening programs are essential to catch the disease early, especially in underserved communities.

- Liver cancer involves malignant tumors in the liver and is often related to chronic liver diseases such as cirrhosis or hepatitis. Risk factors include chronic hepatitis B and C infections, heavy alcohol use, and fatty liver disease. Treatments include surgery, liver transplantation, ablation, embolization, radiation therapy, and targeted therapy. Preventive measures such as hepatitis vaccinations and regular screenings for those at risk are vital and should be made accessible to all socioeconomic groups.

- Leukemia involves the uncontrolled proliferation of white blood cells and is a focus of intense research into genetic and environmental risk factors. Treatment typically involves chemotherapy, radiation therapy, targeted therapy, and sometimes stem cell transplants. Early detection and ongoing research into risk factors and treatment options are crucial, with an emphasis on ensuring equitable access to care for all patients.

- Brain cancer can have a devastating impact on function, highlighting the need for advancements in neuro-oncology. Symptoms vary depending on the tumor's location and size but can include headaches, seizures, and cognitive changes. Treatment options include surgery, radiation therapy, and chemotherapy. Early detection and access to advanced treatment are critical for improving outcomes, underscoring the importance of accessible healthcare services.

- Bladder cancer is notable for its potential to recur, meaning that patients often require ongoing surveillance. Risk factors include smoking, exposure to certain industrial chemicals, and chronic bladder inflammation. Treatments include surgery, chemotherapy, radiation therapy, and immunotherapy. Regular follow-up care is essential to monitor for recurrence, and ensuring this care is accessible is particularly important for low-income individuals.

- Kidney cancer occurs in the cells of the kidneys, and ongoing research into its causes is crucial to develop better prevention strategies. Risk factors include smoking, obesity, high blood pressure, and family history. Treatments include surgery, targeted therapy, immunotherapy, and sometimes radiation therapy. Preventive strategies and early detection through accessible healthcare services are key to improving survival rates.

- Stomach cancer is a malignant tumor in the stomach lining. Its treatment and prognosis often depend on the stage at which it is diagnosed, underscoring the need for attention to digestive health symptoms that may otherwise be overlooked. Risk factors include infection with Helicobacter pylori, smoking, certain dietary factors, and family history. Treatments include surgery, chemotherapy, radiation therapy, and targeted therapy. Early detection and access to appropriate care are vital, particularly for underserved populations.

- Throat cancer refers to malignant tumors in the esophagus. These cancers are particularly concerning due to their impact on essential functions like swallowing and are strongly linked to smoking and alcohol consumption. Treatments include surgery, radiation therapy, chemotherapy, and targeted therapy. Preventive measures include reducing tobacco and alcohol use, and accessible healthcare is crucial for early detection and treatment.

- Ovarian cancer is particularly challenging to detect early, which is why ongoing research into symptoms and risk factors is essential. Risk factors include age, family history, genetic mutations (BRCA1 and BRCA2), and reproductive history. Treatments include surgery, chemotherapy, and targeted therapy. Early detection is difficult but vital, highlighting the importance of accessible healthcare for regular check-ups and genetic counseling.

- Oral cancers involve abnormal tissue growth in the mouth, affecting areas like the pharynx and tongue. This type of cancer highlights the importance of early detection, often through dental visits, and is associated with risk factors like tobacco use and HPV infection. Treatments include surgery, radiation therapy, and chemotherapy. Regular dental check-ups and public health campaigns about the risks of tobacco use and HPV can aid in prevention.

- Skin cancers, with malignant melanoma being the most dangerous form, emphasize the importance of skin protection and regular skin examinations to catch any changes early. Risk factors include excessive sun exposure and tanning bed use. Treatments include surgery, radiation therapy, chemotherapy, and targeted therapy. Public health initiatives promoting skin protection and regular dermatological check-ups are crucial for early detection and prevention.

- Cervical cancer and uterine cancer affect the female reproductive organs and are areas where regular gynecological screenings can have a significant impact on outcomes. Risk factors for cervical cancer include HPV infection, smoking, and immunosuppression. Uterine cancer risk factors include obesity, hormonal imbalances, and age. Treatments include surgery, radiation therapy, chemotherapy, and targeted therapy. Accessible gynecological services and public health education on the importance of regular screenings are vital for early detection and treatment.

- Although traditionally rare, lymph cancer, including Hodgkin's disease, is a reminder of the critical nature of the lymphatic system and the body's immune response. Symptoms often include swollen lymph nodes, fatigue, and weight loss. Treatments include chemotherapy, radiation therapy, and stem cell transplants. Ensuring access to comprehensive medical care and advanced treatments is crucial for managing these conditions effectively.

The second most common factor was heart disease, accounting for 20.32% of all deaths. This category, which includes a range of conditions related to the heart and circulatory system, is a significant public health concern. The high incidence of these diseases indicates a critical need for public health interventions aimed at prevention, early detection, and management.

- High blood pressure, or hypertension, stands out as a common yet serious condition that can lead to further cardiovascular issues if left unmanaged. As a silent disease, it often manifests with no symptoms but leads to detrimental effects on the heart and blood vessels over time, making regular monitoring essential for early intervention.

- Rheumatic fever and subsequent heart diseases, typically resulting from untreated streptococcal infections, can cause lasting damage to the heart valves. This is particularly concerning for children, as the long-term effects can severely impact their quality of life. These conditions necessitate the need for adequate treatment of initial infections and monitoring for potential heart complications.

- Hypertensive heart disease, which results from high blood pressure affecting the heart muscle, can progress to heart failure if not properly treated. This condition exemplifies the importance of managing blood pressure to prevent the heart from becoming weakened or enlarged.

- Obstructive heart diseases, including ischemic heart diseases and heart attacks, are caused by blockages that impede the blood supply to the heart muscle. These blockages are often due to a buildup of plaque in the arteries, which can be influenced by diet, lifestyle, and genetics. Interventions to reduce risk factors, such as cholesterol and obesity, are crucial.

- Stroke, characterized by the sudden loss of brain function due to a disturbance in blood supply, continues to be a leading cause of death and disability. The critical nature of stroke treatment underscores the need for rapid and accessible emergency care.

- Arteriosclerosis, the hardening of the arteries, can narrow the blood vessels and decrease blood flow, potentially leading to heart attacks and strokes. Lifestyle modifications and medications are pivotal in managing this condition.

- Aortic aneurysm and dissection involve the aorta, the body's main artery. These conditions can be immediately life-threatening, highlighting the importance of surveillance in individuals at risk.

- The broader category of other heart and circulatory system diseases includes a variety of conditions that affect the heart's functionality and the vascular system's integrity. These diseases collectively contribute to the high cardiovascular mortality rate and call for a wide-ranging approach to cardiovascular health that includes education, lifestyle modifications, and improved healthcare access.

The causes of heart disease are often a combination of genetic predisposition and modifiable lifestyle factors. High blood pressure, elevated cholesterol levels, obesity, diabetes, and tobacco use are significant risk factors. Lifestyle modifications such as adopting a heart-healthy diet rich in fruits, vegetables, and whole grains, engaging in regular physical activity, quitting smoking, and maintaining a healthy weight can play a crucial role in prevention. Additionally, medical interventions including medications to manage blood pressure and cholesterol, as well as measures to control blood sugar in diabetes, are critical in managing the risks associated with heart disease.

Respiratory diseases accounted for 7.28% of all deaths, signifying their substantial impact on public health. The spectrum of conditions causing these deaths ranges from acute infections to chronic obstructive pulmonary disorders, each presenting its unique challenges in both treatment and prevention.

- Bronchitis, particularly chronic bronchitis, is an inflammation of the lining of the bronchial tubes. Preventive strategies for bronchitis include avoiding smoking, reducing exposure to pollutants, and managing existing respiratory conditions with appropriate medical care.

- Emphysema, a type of chronic obstructive pulmonary disease (COPD), is characterized by damage to the air sacs in the lungs, leading to difficulty breathing. Smoking is the most significant risk factor for developing emphysema, and smoking cessation is the most effective preventive measure. Additionally, occupational safety measures can prevent exposure to industrial pollutants that may contribute to the condition.

- Asthma is a chronic condition that narrows and inflames the airways, causing wheezing, shortness of breath, and coughing. While not always preventable, the management of asthma includes avoiding triggers, such as allergens and irritants, and using prescribed medications to control symptoms and prevent attacks.

The category of other chronic lower respiratory diseases, predominantly chronic obstructive pulmonary disease (COPD), reflects conditions where airflow is obstructed. Preventive lifestyle changes include smoking cessation, avoidance of secondhand smoke, maintaining good indoor air quality, and regular exercise to strengthen respiratory muscles.

Alzheimer's Disease, a severe neurological disorder that is characterized by progressive dementia and atrophy of the cerebral cortex, accounted for 5.60% of all deaths in the region. Alzheimer's leads to the gradual loss of cognitive functions, including memory and reasoning, and ultimately the ability to perform simple tasks. While there is currently no cure for Alzheimer's, prevention strategies focus on maintaining a healthy lifestyle, which may include engaging in physical and mental activities, eating a balanced diet, and managing cardiovascular health to possibly delay the onset of symptoms.

In the region, "other unintentional injuries" account for 5.16% of all deaths. This category encompasses a range of incidents such as drowning, accidental poisonings, suffocations, and other accidents that are not classified under major categories like motor vehicle accidents. These fatalities highlight the need for comprehensive public safety measures, accident prevention education, and robust health interventions to address and mitigate the wide range of risks contributing to unintentional injuries and fatalities. Such efforts are crucial in reducing the incidence and impact of these often-preventable causes of death.

Cerebrovascular disease, which accounts for 4.60% of all deaths, includes conditions such as stroke that disrupt blood flow to the brain. Strokes can cause sudden loss of brain function, leading to paralysis, speech difficulties, and other serious health issues. The main risk factors include high blood pressure, smoking, diabetes, and high cholesterol. Prompt medical treatment is critical for improving outcomes, and preventive measures such as managing blood pressure and adopting a healthy lifestyle are essential for reducing the risk of cerebrovascular events.

Diabetes, responsible for 3.68% of deaths, is a chronic metabolic disorder characterized by high blood sugar levels. It can lead to severe complications like cardiovascular disease, kidney failure, nerve damage, and vision loss. The primary types are Type 1, which is insulin-dependent, and Type 2, which is often related to lifestyle factors such as obesity and inactivity. Management includes monitoring blood sugar levels, medication, insulin therapy, and lifestyle modifications such as a balanced diet and regular physical activity. Early detection and management are crucial to prevent complications.

Influenza and pneumonia account for 1.76% of deaths, primarily affecting the respiratory system. Influenza is a viral infection that can lead to severe respiratory complications, while pneumonia is an infection that inflames the air sacs in the lungs, which can be caused by bacteria, viruses, or fungi. Both conditions are particularly dangerous for the elderly, young children, and those with weakened immune systems. Preventive measures include annual flu vaccinations, good hygiene practices, and prompt medical treatment. Early intervention is key to reducing the severity and mortality associated with these infections.

Motor vehicle accidents are responsible for 1.00% of all deaths in the region. These fatalities highlight the critical need for road safety measures, including the enforcement of traffic laws, promotion of safe driving practices, and improvement of road conditions. Factors contributing to motor vehicle accidents include distracted driving, speeding, driving under the influence of alcohol or drugs, and not using seat belts. Public education campaigns and technological advancements in vehicle safety features are essential strategies for reducing the incidence of motor vehicle-related deaths.

Self-harm or suicide accounts for 0.64% of deaths, underscoring the importance of mental health support and intervention. Suicide is often linked to mental health conditions such as depression, anxiety, and substance abuse. Prevention strategies include increasing access to mental health care, providing crisis intervention services, and implementing community support programs. Public awareness campaigns and education about the signs of suicidal behavior can help in early identification and prevention. Reducing the stigma around mental health issues and encouraging people to seek help are crucial steps in addressing this serious public health concern.

Parkinson's disease, responsible for 0.28% of deaths, is a progressive neurological disorder that affects movement. Symptoms include tremors, stiffness, slow movement, and balance problems. Although the exact cause is unknown, it involves the loss of dopamine-producing brain cells. Treatment focuses on managing symptoms through medications, physical therapy, and in some cases, surgical interventions such as deep brain stimulation. Research is ongoing to better understand the disease and develop more effective treatments. Access to specialized care and support services is vital for individuals living with Parkinson's disease.

In addition to these specific causes, 28.60% of all deaths are grouped into a single "other" category. This category encompasses various less common causes of death that collectively contribute significantly to the region's overall mortality rate. These could include a range of conditions and diseases not covered by the major categories, highlighting the diverse nature of health challenges faced by the population. Understanding and addressing these causes through targeted health initiatives and improved healthcare access is essential for reducing overall mortality and improving public health outcomes.

When considering age as a factor, the largest portion of the region's deaths in 2021 occurred in individuals over the age of 65, accounting for 2,128 deaths. This age group has consistently represented the highest number of deaths each year, reflecting the increased vulnerability of older adults to various health conditions. From 2017 to 2021, the 65+ age group saw a 13.92% increase in deaths, rising from 1,868 in 2017 to 2,128 in 2021. The COVID-19 pandemic has significantly impacted this age group, as older adults are more susceptible to severe outcomes from the virus. Additionally, the pandemic has exacerbated underlying health conditions and limited access to healthcare services, contributing to the increased mortality rate.

Table 61: Regional Deaths by Age Trend (2022)

Age Group	2017	2018	2019	2020	2021
0-4 Years	9	12	19	20	13
5-14 Years	2	3	1	3	3
15-24 Years	32	16	21	24	26
25-34 Years	50	43	37	47	66
35-44 Years	69	60	45	60	94
45-54 Years	161	129	127	150	187
55-64 Years	317	343	345	356	379
65+ Years	1,868	1,877	1,905	2,140	2,128

Source: NCDHHS Division of Public Health

For the 55-64 years age group, there was a 19.56% increase in deaths, with deaths rising from 317 in 2017 to 379 in 2021. This age group is at higher risk for chronic health conditions such as heart disease, diabetes, and cancer. Access to regular healthcare services and effective management of chronic conditions are crucial for improving outcomes in this age group.

The 45-54 years age group experienced a 16.15% increase in deaths, from 161 deaths in 2017 to 187 in 2021. This age group often deals with chronic health conditions, and their increased mortality rate underscores the importance of regular healthcare and preventive measures to manage these conditions effectively.

For the 35-44 years age group, there was a 36.23% increase in deaths, with deaths rising from 69 in 2017 to 94 in 2021. This age group may have been impacted by factors such as chronic health conditions, substance abuse, and mental health issues. Increased stress and health issues during this period may have also contributed to the rise in mortality.

The 25-34 years age group saw a 32.00% increase in deaths, rising from 50 in 2017 to 66 in 2021. This age group may have been affected by a range of factors, indicating the importance of targeted interventions to address their specific health challenges.

For the 15-24 years age group, there was a 23.08% increase in deaths, with deaths rising from 32 in 2017 to 26 in 2021. This increase in mortality highlights the need for targeted interventions to address the health risks faced by this age group.

For the 0-4 years age group, there was a 44.44% increase in deaths, rising from 9 in 2017 to 13 in 2021. While the absolute numbers are relatively small, this increase emphasizes the importance of access to pediatric healthcare and preventive measures for young children.

For the 5-14 years age group, there was a 50.00% increase in deaths, though the absolute numbers remained small, from 2 deaths in 2017 to 3 in 2021. This age group typically has lower mortality rates, so even a slight increase can result in a significant percentage change. Factors such as accidents and infectious diseases may have contributed to this increase.

Behavioral Risks

Data indicates that many of the county's health concerns, including the causes of death, can be greatly impacted by behavioral change.

Table 62: Common Behavioral Risks (2024)

Area	Smoking	Excessive Drinking	Insufficient Sleep	Physically Inactive
Davie	*16.00%*	17.00%	32.00%	22.00%
Stokes	*20.00%*	17.00%	33.00%	24.00%
Surry	*20.00%*	16.00%	34.00%	25.00%
Yadkin	*20.00%*	16.00%	32.00%	25.00%
REGION	***19.00%***	**16.50%**	**32.75%**	**24.00%**
State	***15.00%***	**18.00%**	**32.00%**	**22.00%**
Nation	***15.00%***	**18.00%**	**33.00%**	**23.00%**

Source: County Health Rankings

One behavior that heightens the risk of poor health and premature death is the use of tobacco, alcohol, and other drugs. Although socially accepted, the most commonly abused substance in the region is tobacco. Throughout the service area, an estimated 29,932 adults (19.00%) smoke tobacco. According to the CDC, smoking can contribute to health conditions that impact a person's quality of life and is directly associated with many of the leading causes of death (Heart Disease, Stroke, Respiratory Disease, Diabetes, Cancer).

National statistics indicate that people with low incomes are more likely to smoke and generally smoke more heavily than individuals in higher income brackets. Unfortunately, due to the lack of access to healthcare, low-income individuals are also much less likely to receive a diagnosis of major health conditions until the late stages of the illness. This results in a higher cost of treatment which, in addition to the average cost of $2,160 per year (or $180 per month) to maintain the habit, can severely impact the household's economic security.

The cost of smoking itself is not the only contributing factor associated with poverty. Data indicates that smokers are 7.5% less likely to obtain a job within a year than non-smokers, even when other factors are eliminated, and earn an average of 6.8% less. Employers attribute this to the loss of productivity among smokers, resulting in an additional average annual cost of more than $3,000 per employee using the substance.

Moreover, smoking significantly increases healthcare costs for smokers due to the need for treatments related to smoking-induced health issues. These can include respiratory treatments, surgeries for lung cancer or COPD, and cardiovascular interventions like angioplasty or coronary artery bypass surgery. For individuals who smoke, higher insurance premiums are another financial strain, as health and life insurance providers often charge smokers up to 50% more for premiums due to the increased health risks associated with smoking.

Furthermore, the social and psychological costs associated with smoking can also impact an individual's quality of life and economic stability. Smoking is often associated with stress and mental health issues, which can create a vicious cycle of dependence and financial strain. Efforts to quit smoking can be hindered by a lack of resources and support, particularly among low-income populations. Smoking cessation programs, though effective, often require significant time and financial investment, which can be prohibitive for those already struggling economically.

An estimated 25,738 individuals, or 16.50% of the region's adult population, are estimated to regularly drink alcohol excessively. Excessive alcohol consumption can severely impair problem-solving skills, judgment, concentration, reaction times, and coordination, increasing the risks associated with physical, mental, economic, and social health.

Studies have shown a significant relationship between excessive alcohol consumption and poverty. The cost of supporting an alcohol addiction can independently contribute to financial instability. Employers are also often hesitant to hire excessive drinkers due to their higher likelihood of involvement in accidents, aggressive behavior, increased absenteeism, and lower productivity. Those who do secure employment often find themselves in low-paying jobs, exacerbating their economic difficulties

Healthcare costs are generally a major concern for drinkers, as they are more prone to illness and injury. Long-term risks of excessive alcohol consumption include heart disease, hypertension, liver disease, various cancers, multiple mental health issues, poisoning, violence, and vehicle accidents. These health problems not only reduce quality of life but also increase healthcare expenses, further straining financial resources .

Research indicates that the cyclical nature of alcohol dependency and poverty is a significant public health concern. Individuals with lower socioeconomic status are more likely to experience stress and adverse living conditions, which can lead to higher alcohol consumption as a coping mechanism. This, in turn, perpetuates a cycle of poverty and health issues that are difficult to break without targeted interventions and support .

According to the National Institute of Health (NIH), drug use can have a wide range of health consequences. The impact of the drug, however, can differ drastically based on the specific substance that is used, the method of use, the dosage, existing health conditions, and other factors. Short-term impacts may include a loss of appetite, changes in sleep patterns, increased/decreased heart rate and blood pressure, mood changes, heart attack, stroke, psychosis, overdose, and death. Unfortunately, the user may experience one or more of these side effects after only a single use.

Extended exposure can lead to Heart Disease, Lung Disease, Cancer, HIV/AIDS, Hepatitis, multiple types of mental illness and, while addiction is not experienced by all users, it is a major risk associated with long-term use, which changes the way brain circuits work. This can interfere with how a person experiences normal pleasures in life, such as food and sex, their ability to control stress levels, basic decision making, their ability to learn and remember, etc. These changes make it much more difficult to stop using the substance, even when they are aware of the negative impact on their lives, and they want to quit.

Table 63: Self-Reported Substance Abuse Rates (2022)

Ages	Marijuana	Cocaine	Heroin	Meth	Opioid
12-17	8.90%	0.11%	1.10%	0.09%	2.0%
18+	16.50%	1.80%	1.80%	0.70%	3.50%

Source: Center for Behavioral Health Statistics and Quality

Marijuana emerges as the primary drug of choice across both age groups in the state, with 16.50% of adults and 8.90% of individuals aged 12-17 reporting use. Its prevalent use can have varied health effects, including potential impacts on cognitive development in adolescents, mental health issues such as anxiety and depression, and in some cases, it may affect lung health due to smoke inhalation. The use of marijuana often intersects with socioeconomic factors, with some evidence indicating higher usage rates in lower-income neighborhoods. Since the previous report, the use of Marijuana has decreased by 18.35% among youth and by 45.85% among adults.

Opioids represent a significant concern within the region, with 3.50% of adults and 2.0% of individuals aged 12-17 reporting use. Opioid use encompasses both prescription medications, such as oxycodone and hydrocodone, and illicit substances, including heroin and synthetic opioids like fentanyl. The National Institute on Drug Abuse (NIDA) indicates that opioid misuse can lead to severe health consequences, including respiratory depression, which can be fatal in cases of overdose. Long-term use can result in physical dependence and addiction, characterized by compulsive drug seeking and use despite harmful consequences. The use of opioids has decreased by 51.34% among youth and by 59.16% among adults.

The impact of opioid use extends beyond physical health, affecting mental health and socio-economic stability. Users often experience profound mood swings, increased anxiety, depression, and cognitive impairments that interfere with daily functioning and employment. Moreover, the high cost of maintaining an opioid addiction can deplete financial resources, exacerbating poverty and reducing access to necessary healthcare and rehabilitation services. The opioid crisis has also strained public health systems, increasing the need for emergency medical interventions, mental health services, and community support programs.

Cocaine use is reported by 1.80% of adults and 1.10% of youth, reflecting its presence as a substance of abuse. Cocaine can lead to serious health issues, including heart attacks, stroke, and mental health disorders. Its use is often higher in urban settings and can be associated with both poverty and affluence, impacting a wide range of demographic groups. Since the previous report, cocaine use has decreased by 71.79% among youth and by 68.25% among adults.

Heroin is an opioid drug made from morphine, a natural substance extracted from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia. It can be a white or brown powder, or a black sticky substance known as black tar heroin. Heroin can be injected, sniffed, snorted, or smoked. All methods of heroin use can result in addiction and other severe health problems

The impact of heroin on a person is profound and multifaceted. Short-term effects include a surge of euphoria, dry mouth, warm flushing of the skin, and a heavy feeling in the arms and legs. Following this initial euphoria, the user experiences alternating wakeful and drowsy states. Heroin depresses the central nervous system, which can slow breathing and heart rate. Long-term use can lead to collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, liver or kidney disease, and lung complications, including various types of pneumonia. Chronic heroin use can also cause significant changes in brain function, affecting decision-making abilities, behavior regulation, and responses to stress.

The increase in heroin use among youth is particularly alarming. The data shows a dramatic rise of 2,650% among individuals aged 12-17 between 2016 and 2022. This spike suggests a growing crisis, with younger individuals becoming more susceptible to experimenting with this dangerous substance. The increase among adults, although not as steep, is still significant at 153%, indicating that heroin use is becoming more prevalent across various age groups. This surge can be attributed to multiple factors, including the increased availability of heroin, the transition from prescription opioid abuse to heroin use due to cost and availability, and the potent addictive nature of opioids.

Addressing the rising heroin use requires comprehensive public health strategies, including prevention programs targeting youth, expanded access to treatment and recovery services, and harm reduction initiatives like the distribution of naloxone to reverse overdoses. It is crucial to tackle the underlying issues that contribute to substance abuse, such as mental health disorders, socioeconomic disparities, and the availability of illicit drugs, to mitigate this growing public health crisis.

Each of these substances has complex social determinants and a range of health implications. Addressing their use requires a multifaceted approach that includes public health interventions, accessible treatment programs, and policies that consider the socioeconomic and racial disparities related to substance use and healthcare.

When looking specifically at the impact of these substances in the workplace, Quest Diagnostics, the world's leading provider of diagnostic information services, recently reported that positive drug tests experienced a consistent rate of 4.6% for two consecutive years, matching the rate of 2021. The report details positivity rates across different workforce categories, with the general U.S. workforce showing a higher positivity rate (5.7% in 2022) compared to the federally mandated, safety-sensitive workforce (2.4% in 2022). The report also breaks down positivity rates by the reason for testing, indicating the highest rates in the 'for cause' category, especially in the general workforce (38.6% in 2022).

Marijuana continues to be the leading substance identified in urine drug tests, with a noticeable increase in positivity rates over recent years, now at 0.98% for safety-sensitive workers and 4.3% for the general workforce in 2022. Amphetamine and methamphetamine use also shows an increase, especially in the general U.S. workforce, with rates reaching 1.5% in 2022. Cocaine and oxycodone positivity rates remain relatively stable, with a slight increase or stabilization in the general workforce. The report underscores the ongoing challenges of addressing substance use within varied work environments.

A publication by Robert Kaestner at the National Bureau of Economic Research also explains that there is a connection between drug use and poverty. While drug use has negative impacts on physical and cognitive abilities, resulting in lower productivity, the greater connection is related to the determinants of poverty: education, human capital investments, marriage, and fertility. Interestingly, data also indicates that drug use is encouraged by reduced education levels, poor returns on human capital, and lack of meaningful relationships. Thus, areas with limited economic opportunity generally have higher usage rates and more affordable drugs.

A secondary behavioral concern in the region, contributing to the predominate obesity epidemic experienced by more than one-third (36.50%) of the adult population, is physical inactivity. County Health Rankings reports that 37,731individuals (24.00%) report a lack of physical activity on a regular basis. The CDC reports that these individuals are at an increased risk of Heart Disease,

Type 2 Diabetes, multiple cancers (endometrial, breast, and colon), Hypertension, high cholesterol, Stroke, Liver Disease, Gallbladder Disease, Sleep Apnea, Osteoarthritis, and gynecological problems (abnormal periods, infertility, etc.).

Ensuring children are physically active is extremely important to promote development of strong bones and muscles. The CDC also documents an association between physical activity in children and cognition (i.e., academic performance, and memory) performance. Some studies also indicate that regular exercise reduces the likelihood of depression.

The CDC reports that one-third of all U.S. adults are sleep deprived. Local statistics confirm the issue, finding that 32.75% of the region's citizens (51,561) are not receiving the amount of rest necessary for proper functioning of the body. Not only does a lack of sleep contribute to vehicle accidents and mistakes at work that lead to injury, but studies also indicate that there are direct links between sleep and conditions such as Type 2 Diabetes, Heart Disease, and depression.

Provider Access

Access to medical providers is a fundamental component of a robust healthcare system. Medical providers encompass a range of professionals, including primary care physicians, dentists, and mental health providers, all of whom play a critical role in maintaining the health and well-being of the community. These providers offer essential services such as routine check-ups, health-risk assessments, vaccinations, screening tests, dental care, mental health counseling, and management of chronic illnesses. Adequate access to these services ensures early detection and treatment of health issues, helps in preventing the progression of diseases, and promotes overall public health.

Table 64: Medical Providers to Population Ratio (2024)

Area	Physicians	Dentists	Mental Health Professionals
Davie	2,420:1	2,450:1	1,130:1
Stokes	3,710:1	6,450:1	1,510:1
Surry	1,780:1	2,460:1	720:1
Yadkin	4,130:1	4,680:1	1,140:1
REGION	**3,010:1**	**4,010:1**	**1,125:1**
State	**1,410:1**	**1,630:1**	**320:1**
Best US	**1,330:1**	**1,360:1**	**320:1**

Source: County Health Rankings

Primary care physicians are often the frontline in healthcare. They are essential for providing routine check-ups, health-risk assessments, vaccinations, screening tests, and counseling on maintaining a healthy lifestyle. Additionally, they manage chronic illnesses and coordinate care with specialists, making them pivotal in ensuring comprehensive patient care. The importance of an adequate number of physicians cannot be overstated; they are essential for early detection and management of health conditions, reducing overall healthcare costs, and improving patient outcomes.

The nation's best communities have a provider-to-patient ratio of 1,330:1, highlighting an ideal standard for healthcare access. However, the data for our region reveals a significant shortage of physicians. The regional average provider-to-patient ratio stands at 3,010:1, which is more than double the recommended national ratio. This disparity indicates that residents in this region are likely to experience longer wait times for appointments, reduced time per patient visit, and potentially overwhelmed healthcare providers, which can all impact the quality of care received.

Examining the data by county, we find that Davie County has a ratio of 2,420:1, which, while better than the regional average, is still considerably higher than the state average of 1,410:1. Stokes County faces a more severe shortage with a ratio of 3,710:1, and Yadkin County is the most underserved with a ratio of 4,130:1. Surry County, although better than the regional average, still has a high ratio of 1,780:1.

The lack of sufficient medical providers can have several adverse effects on the well-being of residents, especially those with low incomes. Individuals in low-income brackets often have less access to healthcare and may face additional barriers such as transportation issues and the inability to take time off work for medical appointments. Longer wait times and reduced interaction with healthcare providers can lead to delayed diagnoses and treatment, exacerbating health issues that might have been manageable with timely intervention.

Furthermore, overwhelmed healthcare providers are at a higher risk of burnout, which can reduce the quality of care they are able to provide. This can create a vicious cycle where healthcare outcomes worsen, increasing the demand for medical services and further straining the already limited resources. For residents, this means higher healthcare costs in the long term, both in terms of financial expenses and health outcomes.

In some states, benchmarks and policies are established to ensure residents have better access to healthcare. For instance, setting lower provider-to-patient ratio mandates and increasing funding for medical education and training programs to encourage more physicians to practice in underserved areas. Additionally, implementing telehealth services and mobile clinics can help alleviate some of the burdens by providing more accessible healthcare options to residents in these regions.

Addressing the provider shortage is crucial for improving the overall well-being of the region's residents, ensuring that they receive timely and effective medical care, which can ultimately lead to better health outcomes and a healthier community.

Dental health is integral to overall health and well-being. Poor oral health can lead to a range of problems, including tooth decay, gum disease, and more severe conditions like heart disease and diabetes. Regular dental check-ups are essential for early detection and prevention of oral health issues, helping to maintain good health and prevent more severe conditions. For low-income residents, access to dental care is often limited due to financial constraints, lack of insurance, and fewer available providers in certain areas. This lack of access can result in untreated dental problems, which can lead to chronic pain, infections, and complications that affect overall health and quality of life.

The best communities in the nation have a dentist-to-patient ratio of 1,360:1, demonstrating an ideal standard for dental care access. The state average in North Carolina is 1,630:1, which is closer to the ideal ratio. However, the regional average dentist-to-patient ratio is 4,010:1, indicating a severe shortage of dental care providers in the region. This disparity suggests that residents are likely to experience longer wait times for appointments, reduced time per patient visit, and potentially overwhelmed dental care providers, which can impact the quality of care received.

Examining the data by county, we find that Davie County has a dentist-to-patient ratio of 2,450:1, which is better than the regional average but still significantly higher than the state average. Stokes County faces the most severe shortage with a ratio of 6,450:1, indicating extremely limited access to dental care. Yadkin County has a ratio of 4,680:1, also reflecting a significant shortage, while Surry County, with a ratio of 2,460:1, is better than the regional average but still higher than the state average.

The lack of sufficient dental care providers can have several adverse effects on the well-being of residents, especially those with low incomes. Individuals in low-income brackets often have less access to dental care and may face additional barriers such as transportation issues and the inability to take time off work for dental appointments. Poor oral health can lead to serious health issues, including infections, cardiovascular diseases, and complications in managing chronic illnesses like diabetes.

Mental health is a critical aspect of overall well-being, influencing how individuals think, feel, and act. Access to mental health professionals is essential for diagnosing and treating mental health conditions, providing therapy, and offering support for managing stress, anxiety, depression, and other mental health issues. The best communities in the nation have a mental health provider-to-patient ratio of 320:1, demonstrating an ideal standard for mental health care access. The state average in North Carolina is also 320:1, indicating that the state meets the national benchmark for mental health provider availability.

However, the regional average mental health provider-to-patient ratio is 1,125:1, highlighting a significant shortage of mental health professionals in the region. This disparity suggests that residents are likely to experience longer wait times for mental health appointments, reduced time per session, and potentially overwhelmed mental health providers, which can impact the quality of care received.

Examining the data by county, we find that Surry County has a mental health provider-to-patient ratio of 720:1, which is better than the regional average but still significantly higher than the state and national averages. Davie County has a ratio of 1,130:1, and Yadkin County has a ratio of 1,140:1, both of which reflect a substantial shortage. Stokes County faces the most severe shortage with a ratio of 1,510:1, indicating extremely limited access to mental health care.

The lack of sufficient healthcare providers across these specialties can create a cycle of poor health outcomes, increased healthcare costs, and diminished quality of life. Addressing these shortages requires comprehensive strategies, including setting lower provider-to-patient ratio mandates, increasing funding for education and training programs, and implementing community-based and telehealth services to make healthcare more accessible. Improving access to healthcare providers is crucial for the well-being of the region's residents, ensuring they receive timely and effective care, which can lead to better health outcomes and a healthier community.

There are 48 health centers located throughout the region, with an estimated 321 hospital beds.

Davie County Medical Facilities

Facility Name	Category	Sub-Category	Hospital Beds
Bermuda Commons Nursing and Rehabilitation Center	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Bermuda Village Retirement Center	Skilled Nursing Facilities/Nursing Facility (Distinct Part)	Title 18/19	N/A
Boxwood Acres	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
Davie Kidney Center	End Stage Renal Disease Facility	End Stage Renal Disease	N/A
Davie Medical Center	Hospital	Short Term	42
Davie Nursing and Rehabilitation Center	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
GFHS Counseling Center - Mocksville	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At Central Davie Academy	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At Cornzter Elementary	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At Davie County Early College	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At Davie County High	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At North Davie Middle	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At Pinebrooke Elementary	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At Shady Grove Elementary	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At South Davie Middle	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At William Ellis Middle	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra At William R. Davie Elementary School	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra Family Dentistry	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Kintegra Family Medicine - Mocksville	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Pleasant Acres	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
Twinbrooks	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
TOTAL			**42**

Stokes County Medical Facilities

Facility Name	Category	Sub-Category	Hospital Beds
King Dialysis Center	End Stage Renal Disease Facility	End Stage Renal Disease	N/A
Lifebrite Community Hospital Of Stokes	Hospital	Critical Access Hospitals	65
Lifebrite Family Medical & Urgent Care of Pine Hal	Rural Health Clinic	Rural Health Clinic	N/A
Lifebrite Family Medical of Danbury	Rural Health Clinic	Rural Health Clinic	N/A
Pilotview	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
Stokes County Nursing Home	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Universal Health Care/King	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Village Care of King	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Walnut Cove Health and Rehabilitation Center	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
TOTAL			**65**

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Surry County Medical Facilities

Facility Name	Category	Sub-Category	Hospital Beds
Central Continuing Care	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Chatham Nursing & Rehabilitation	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Choice Physical Therapy & Wellness, Inc	Outpatient Physical Therapy/Speech Pathology	Opt Or Speech Pathology	N/A
Elkin Dialysis Center	End Stage Renal Disease Facility	End Stage Renal Disease	N/A
High Country Community Health	Federally Qualified Health Center	Federally Qualified Health Center	N/A
Hugh Chatham Memorial Hospital	Hospital	Short Term	81
Mt Airy Dialysis Center	End Stage Renal Disease Facility	End Stage Renal Disease	N/A
Northern Regional Hospital	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Northern Regional Hospital	Hospital	Short Term	133
Park Drive Group Home	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
Pruitthealth-Elkin	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Surry Community Health Center By Harborview	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Sydnor Street Group Home	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
TOTAL			**214**

Yadkin County Medical Facilities

Facility Name	Category	Sub-Category	Hospital Beds
Willowbrook Rehabilitation and Care Center	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
Yadkin Dialysis Center	End Stage Renal Disease Facility	End Stage Renal Disease	N/A
Yadkin I	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
Yadkin II & III	Intermediate Care Facility (Mentally Retarded)	Title 19 Only	N/A
Yadkin Nursing Care Center	Skilled Nursing Facilities/Nursing Facility (Dually Certified)	Title 18/19	N/A
TOTAL			**0**

Ambulatory Surgical Center:
These are modern health care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures that do not require an overnight hospital stay.

End Stage Renal Disease Facility:
This type of facility provides life-sustaining dialysis treatment to patients suffering from severe kidney failure, also known as end-stage renal disease.

Federally Qualified Health Center:
These are community-based healthcare providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They offer sliding fee scales for individuals with limited financial means.

Home Health Agency:
Organizations under this category provide in-home medical services for individuals recovering from an illness or injury, or those needing special medical care at home.

Hospice:
A service that provides palliative care for the terminally ill and support to their families, focusing on quality of life rather than curative treatment.

Hospital:
A complex healthcare institution that provides patient treatment with specialized medical and nursing staff and medical equipment.

Intermediate Care Facility:
This facility caters to individuals who require a level of care between hospital acute care and lower levels of residential care, often for individuals with developmental disabilities.

Outpatient Physical Therapy/Speech Pathology:
These centers offer therapeutic and rehabilitation services for individuals recovering from physical injuries or dealing with speech and language disorders.

Rural Health Clinic:
A clinic located in a rural, medically underserved area that provides primary care services; it may also offer additional services such as on-site lab and x-ray services.

Skilled Nursing Facilities/Nursing Facility:
Facilities that provide a high level of medical care provided by licensed nurses, including both short-term rehabilitative services and long-term care for chronic conditions or disabilities.

Insurance Coverage

Insurance coverage is a crucial element in ensuring access to healthcare services. It plays a vital role in reducing financial barriers to medical care, enabling individuals to receive necessary treatments and preventive services without the burden of high out-of-pocket costs. Preventive care, such as routine check-ups, vaccinations, and screenings, is essential for early detection and management of health conditions, which can significantly improve long-term health outcomes and reduce overall healthcare costs. Comprehensive insurance coverage is associated with better health outcomes, as it facilitates regular access to primary care, specialist services, and emergency care when needed. Without adequate insurance, individuals are more likely to delay or forego medical care, which can lead to worsening health conditions and higher long-term healthcare costs.

The lack of insurance disproportionately impacts low-income residents, who often face numerous barriers to accessing healthcare. These individuals are less likely to afford out-of-pocket costs for medical services and are more vulnerable to financial hardships due to medical expenses. As a result, low-income individuals without insurance are more likely to experience untreated health issues, leading to more severe health problems that require expensive emergency care. This creates a cycle of poor health and financial instability, further exacerbating the challenges faced by low-income communities.

Table 65: Uninsured Population by County (2018/2022)

Area	2018 Count	2018 Rate	2022 Count	2022 Rate	Rate +/-
Davie	4,510	10.80%	4,349	10.20%	-5.56%
Stokes	5,895	13.00%	3,809	8.60%	-33.85%
Surry	9,132	12.80%	8,885	12.60%	-1.56%
Yadkin	4,569	12.20%	4,507	12.20%	+/-0%
REGION	**24,106**	**12.20%**	**21,550**	**10.90%**	**-10.66%**
State	**1,100,719**	**11.10%**	**1,077,458**	**10.50%**	**-5.41%**
Nation	**29,752,767**	**9.40%**	**28,315,092**	**8.70%**	**-7.45%**

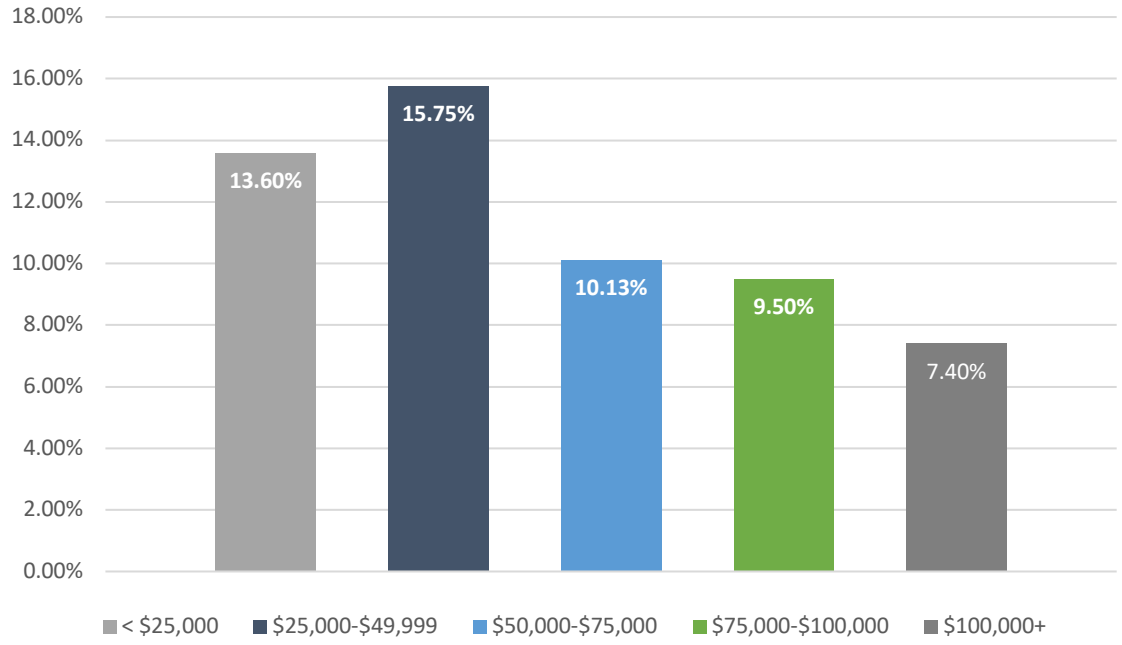
Source: U.S. Census Bureau (S2701/S2703)

In 2022, 10.90% of the region's residents were not covered by insurance, a decline from 12.20% in 2018. This represents a 10.66% decrease over the period. In comparison, the state uninsured rate decreased from 11.10% in 2018 to 10.50% in 2022, a 5.41% reduction. Nationally, the uninsured rate also saw a decline, dropping from 9.40% in 2018 to 8.70% in 2022, reflecting a 7.45% decrease. Despite these declines, the region's uninsured rate remains higher than both the state and national averages, indicating a greater prevalence of uninsured individuals within the region.

Examining the data by county reveals varied trends. Davie County saw the uninsured rate improve slightly, decreasing from 10.80% in 2018 to 10.20% in 2022, marking a 5.56% improvement. This shows progress in ensuring more residents have access to insurance. The most notable improvement occurred in Stokes County, where the uninsured rate dropped significantly from 13.00% in 2018 to 8.60% in 2022, a substantial decrease of 33.85%. This dramatic improvement suggests successful local initiatives or policies aimed at increasing insurance coverage. Surry County saw a minor improvement, with the uninsured rate decreasing from 12.80% in 2018 to 12.60% in 2022, a modest 1.56% reduction. While progress has been made, the rate remains relatively high compared to other counties in the region. In contrast, Yadkin County's uninsured rate remained stable, with no change from 12.20% between 2018 and 2022.

When examining the uninsured rates by income level, it is evident that the likelihood of being uninsured decreases as income levels increase, with one notable exception. According to data from the U.S. Census Bureau, the uninsured rate for individuals earning less than $25,000 is 13.60%, slightly lower than the 15.75% rate for those earning between $25,000 and $49,999. This anomaly can be attributed to the availability of Medicaid coverage for the lowest-income individuals. Medicaid provides health coverage to low-income Americans, including children, pregnant women, parents, seniors, and residents with disabilities.

Chart 63: Uninsured Rates by Income Level (2022)



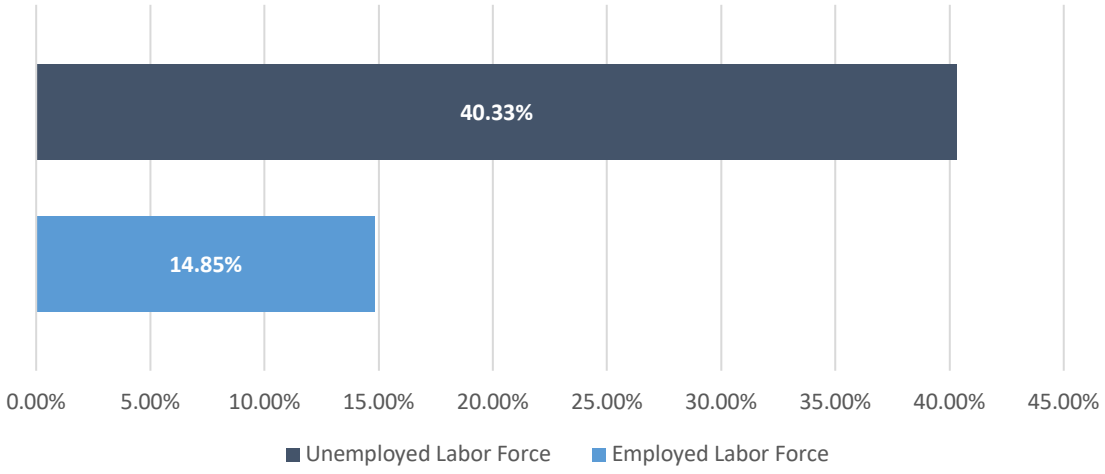
Source: U.S. Census Bureau (S2701)

For income levels between $50,000 and $75,000, the uninsured rate is 10.13%, and it continues to decrease to 9.50% for those earning between $75,000 and $100,000. The lowest uninsured rate, 7.40%, is observed in individuals earning over $100,000. This decreasing trend illustrates the positive correlation between higher income levels and increased access to health insurance. Higher income earners are more likely to afford private health insurance or receive employer-sponsored coverage, leading to better overall health outcomes due to consistent access to healthcare services.

By understanding these disparities in uninsured rates, policymakers can focus on expanding access to affordable healthcare for lower-income individuals, potentially through further Medicaid expansion or subsidies for private insurance. Ensuring that all income groups have adequate health coverage is crucial for promoting preventive care, reducing long-term healthcare costs, and improving the overall health and economic stability of the population.

Unemployment often results in the loss of employer-sponsored health insurance and the lack of financial means to afford private insurance or out-of-pocket medical costs. Even with programs like COBRA or the Affordable Care Act marketplaces intended to help bridge this gap, the cost can be prohibitive without an income. This economic barrier is reflected in the significantly higher uninsured rates among the unemployed.

Chart 64: Uninsured Rates by Employment Status (2022)



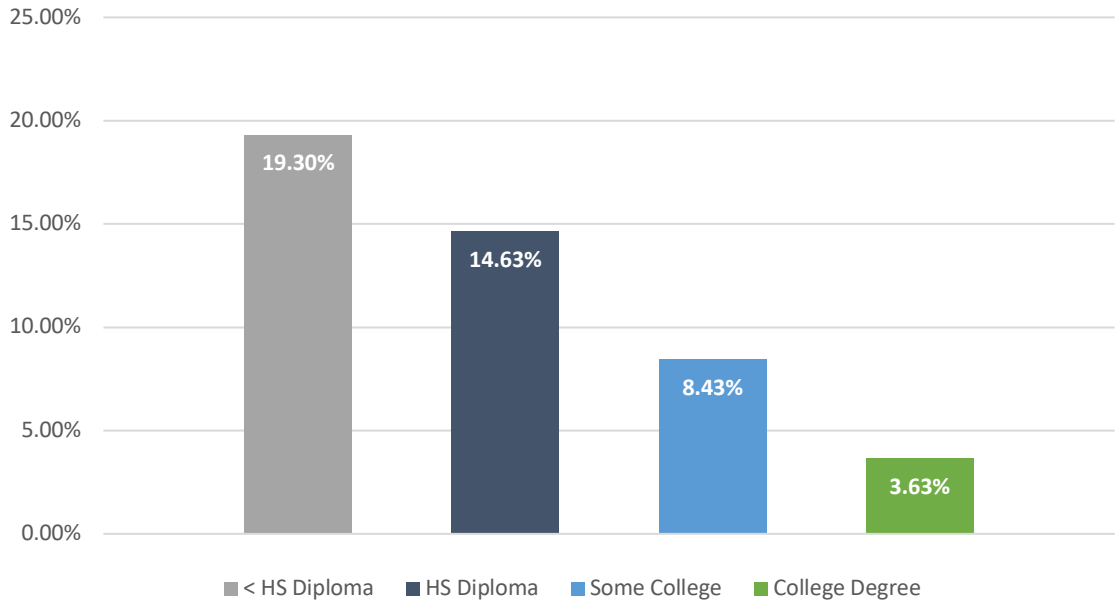
Source: U.S. Census Bureau (S2701)

According to the U.S. Census Bureau's 2022 data, the uninsured rate for the unemployed labor force is 40.33%, markedly higher than the 14.85% rate for those in the employed labor force. This disparity underscores the critical link between employment and access to health insurance. Employment often provides not only the financial means to afford health insurance but also access to employer-sponsored health plans, which are typically more affordable and comprehensive than individual market plans.

The higher uninsured rate among the unemployed is particularly concerning because these individuals, who are already facing the economic hardship of unemployment, are also the most vulnerable to the health and financial risks associated with being uninsured. Without insurance, they are less likely to receive necessary medical care, including preventive services, which can lead to worsening health conditions and higher long-term healthcare costs. This situation may lead to a cycle of health disparities where the unemployed, who may need medical care the most due to stress and other factors associated with job loss, are the least able to access it. The lack of insurance among the unemployed can exacerbate mental health issues and contribute to a decline in overall well-being, making it harder for them to re-enter the workforce and regain financial stability.

Data suggests that adult education levels are also, to some degree, associated with insurance coverage. The uninsured rate for individuals without a high school diploma is 19.30%, significantly higher than those with higher educational attainment. Those with a high school diploma have an uninsured rate of 14.63%, while individuals with some college education have a rate of 8.43%. The lowest uninsured rate is found among individuals with a college degree, at just 3.63%. This data highlights the correlation between educational attainment and access to health insurance.

Chart 65: Uninsured Rates by Education Level (2022)



Source: U.S. Census Bureau (S2701)

The higher uninsured rates among individuals with lower education levels can be attributed to several factors. Lower educational attainment often limits employment opportunities, leading to jobs that are less likely to offer health insurance benefits. Additionally, individuals with lower education levels may face financial barriers that make it challenging to afford private health insurance or pay for out-of-pocket medical expenses.

In the region, 4.85% of children under 6 years old are uninsured, which is slightly higher than both the state (4.60%) and national (4.40%) averages. This highlights a gap in coverage for the youngest demographic, who are particularly vulnerable and in need of regular medical care for development and preventative health measures.

Table 66: Uninsured Rates by Age Group and Disability Status (2022)

Area	<6 Years	6-18 Years	19-64 Years	65+ Years	Disabled
Region	**4.85%**	**5.80%**	**16.65%**	**0.50%**	**6.35%**
State	4.60%	5.80%	15.30%	0.60%	7.30%
Nation	4.40%	5.70%	12.20%	0.80%	5.60%

Source: U.S. Census Bureau (S2701)

For children aged 6-18 years, the uninsured rate is 5.80%, which aligns with the state rate but is slightly above the national average of 5.70%. Ensuring children in this age group have health coverage is crucial for their continued development and education, as untreated health issues can significantly impact their learning and quality of life.

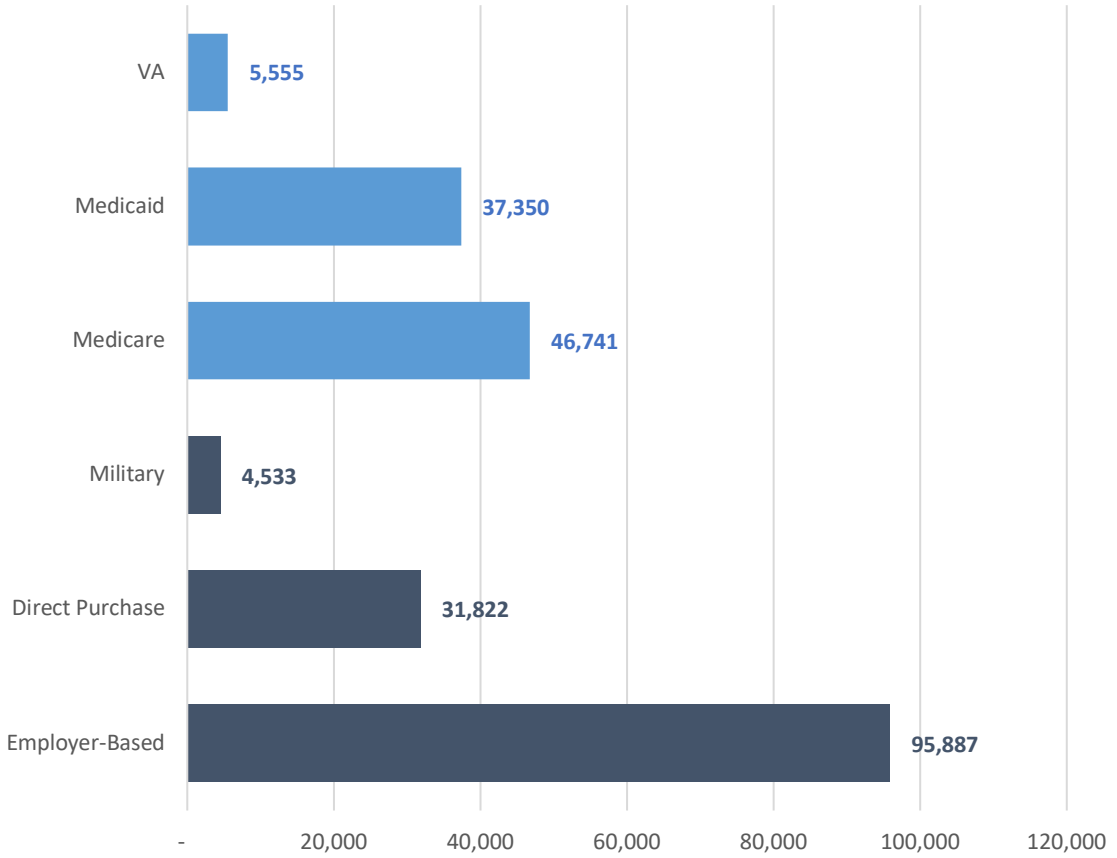
Among adults aged 19-64 years, the region has an uninsured rate of 16.65%, which is higher than both the state (15.30%) and national (12.20%) averages. This age group represents the workforce and primary caregivers, and higher uninsured rates can lead to broader socioeconomic challenges, including reduced productivity and increased financial strain from medical expenses.

For seniors aged 65 and older, the uninsured rate is 0.50%, slightly lower than the state (0.60%) and significantly lower than the national (0.80%) averages. This low rate is likely due to the widespread availability of Medicare for individuals over 65, ensuring that most seniors have access to necessary medical care.

Finally, the uninsured rate among disabled individuals in the region is 6.35%, which is higher than the national average of 5.60% but lower than the state average of 7.30%. Disabled individuals often have higher medical needs and costs, making insurance coverage critical to their well-being and quality of life.

In the region, 172,680 residents have some form of insurance, accounting for 88.90% of the total population. This figure includes both private and public insurance coverage. Private insurance is held by 124,913 residents, representing 64.31% of the total population. Public insurance, on the other hand, covers 77,907 residents, making up 40.11% of the total population.

Chart 66: Population Receiving Insurance by Type (2022)



Source: U.S. Census Bureau (S2701, S2703)

Public insurance programs are government-funded initiatives designed to provide healthcare coverage to specific populations, including low-income families, elderly individuals, and veterans. These programs are crucial in ensuring that vulnerable groups have access to necessary medical services. In the region, public insurance covers 77,907 residents, accounting for 40.11% of the total population. The main types of public insurance include Medicare, Medicaid, and VA healthcare.

The Veterans Health Administration (VA) provides comprehensive healthcare services to eligible veterans. The VA offers a variety of services, including preventive care, primary care, specialty care, and mental health services. In the region, 5,555 residents are covered by VA healthcare, demonstrating its significance in providing medical support to those who have served in the military. The VA healthcare system is designed to address the unique health needs of veterans, including injuries and conditions related to their service.

Medicaid is a joint federal and state program that provides health coverage to low-income individuals and families. Eligibility and benefits can vary by state, but the program generally covers a wide range of healthcare services, including doctor visits, hospital stays, long-term medical and custodial care costs, and more. In the region, Medicaid covers 37,350 residents, highlighting its role in supporting low-income families and individuals who might otherwise be unable to afford healthcare. This program is essential for providing preventive care, managing chronic conditions, and ensuring overall health equity.

Medicare is a federal program primarily aimed at individuals aged 65 and older, though it also covers younger individuals with disabilities. It is divided into different parts that cover specific services: Part A (hospital insurance), Part B (medical insurance), Part C (Medicare Advantage plans), and Part D (prescription drug coverage). In the region, 46,741 residents are covered by Medicare, reflecting its importance in providing healthcare to the senior population and those with certain disabilities. Medicare ensures that these individuals have access to hospital care, medical services, and prescription medications, thereby supporting their health and well-being.

Private insurance includes plans that are typically obtained through employers or purchased individually by consumers. These plans are crucial for providing comprehensive health coverage, including preventive services, emergency care, and treatment for chronic conditions. In the region, 124,913 residents have private insurance, accounting for 64.31% of the total population. The main types of private insurance include employer-based insurance, direct purchase plans, and military insurance.

Military insurance, provided through programs like TRICARE, offers healthcare coverage to active-duty service members, retirees, and their families. In the region, 4,533 residents are covered by military insurance. This type of insurance ensures that military personnel and their dependents have access to necessary medical services, including preventive care, treatment for injuries and illnesses, and specialized care related to military service. Military insurance plays a crucial role in maintaining the health and readiness of the armed forces and supporting their families.

Direct purchase plans are health insurance policies that individuals buy independently, without going through an employer. These plans are particularly important for self-employed individuals, early retirees, and those whose employers do not offer health insurance. In the region, 31,822 residents have direct purchase plans. These plans provide flexibility and choice, allowing individuals to select coverage that best meets their needs and financial situations. They typically include options for various levels of coverage, from basic to comprehensive plans.

Employer-based insurance is the most common form of private insurance, covering a significant portion of the working population. This type of insurance is typically offered as part of an employee benefits package and may cover the employee, their spouse, and dependents. In the region, 95,887 residents are covered by employer-based insurance. This type of coverage is vital as it often includes comprehensive benefits, such as preventive care, hospital visits, and specialist services, contributing to the overall health and productivity of the workforce.

Understanding these insurance sources is vital as they reflect the community's economic diversity and access to healthcare services. Each source has distinct eligibility requirements, coverage benefits, and limitations, shaping the healthcare landscape of the region.

Community Feedback

Survey respondents frequently mentioned the high cost of medical care and inadequate insurance as significant barriers to accessing necessary health services. One respondent shared, "With the prices of everything, people have trouble buying food and paying for housing and this causes poor health decisions if they don't have the money, they don't go to doctors to take care of themselves." This statement illustrates the financial strain that prevents residents from seeking timely medical care.

Mental health concerns were also prominently featured in the survey responses. Poor mental health was identified by 33.7% of respondents as a critical condition of poverty in the community. Many participants pointed to the lack of adequate mental health services and the high cost of care as significant barriers. One respondent noted, "There are a lot of people who need help in their mental health," highlighting the unmet need for mental health support. Another mentioned, "Our community as well as many others across the US have seen an increase in mental health issues since the 2019 COVID pandemic."

Drug addiction emerged as a major concern, with 40 respondents identifying drug abuse as having the greatest impact on residents' ability to secure basic needs. The prevalence of addiction contributes to various socio-economic challenges, including homelessness and unemployment. One participant stated, "Drug use contributes to all of the other subjects listed and is the root of many of those problems."

The survey data also highlighted the barriers to accessing medical care, including transportation issues, the high cost of medical bills, and inadequate insurance coverage. Thirteen respondents cited the lack of transportation as a significant barrier to accessing healthcare services. Additionally, 72 respondents indicated that poor health impacts their ability to work, underscoring the link between health and economic stability.

Access to affordable medication and quality of care were also notable concerns. One team member mentioned, "Often residents share that the cost of medicines and their contribution to medical insurance leaves nothing left over for daily needs, food, and housing," illustrating the financial burden of healthcare costs. The distance to medical care was another barrier mentioned by several respondents, particularly those in rural areas.

Overall, the survey data underscores the critical need for comprehensive healthcare services that address both physical and mental health concerns. Improving access to affordable medical care, mental health services, and addiction support is essential for enhancing the overall well-being and economic stability of the community. Addressing these health-related issues through targeted interventions and support programs is crucial for helping residents achieve and maintain a healthy and productive life.

Agency Data

Through the Head Start Program, 308 children received medical exams, 318 children received dental exams, 315 children established a medical home by the end of program enrollment, 288 children established a dental home at the end of program enrollment, 332 children received preventative dental care, and 279 children received mental health services.

2024 COMMUNITY ASSESSMENT

Health Resources

Resource Name	Contact Information	Description
A Storehouse for Jesus	336-751-1060	Helping those in need with food, clothing, pharmacy, medical, dental, and eye clinics
Alpha Acres	336-723-1848	Addiction recovery program for men
Area Agency on Aging	336-904-0300	Senior services and programs
Bowman Gray Child Guidance	336-716-5531	Provides mental health services to indigent children ages 3 through 17 and their families from Stokes and Davie counties
Cancer Services, Inc	336-760-9983	Education and advocacy for those facing cancer
Community Care Center	336-723-7904	Provide healthcare services and medications to uninsured, low-income residents who don't qualify for federal or private insurance
Compassion Care Center	336-679-7101	Free and confidential healthcare for women in Yadkin County
County Dept of Social Services	Contact local agency	Operates state and national social services programs for the community
County Health Dept	Contact local agency	Offer low-cost healthcare and screenings
Davie County Senior Services	336-753-6230	Provides seniors of Davie County with accessible services and programs that enrich lives
Davie County Veteran Services	336-753-6225	Counsels and assists veterans and families in obtaining benefits from the VA
Davie Domestic Violence Services and Rape Crisis Center	336-751-3450	Serves men, women, and children who are victims of domestic violence and sexual assault in the Davie area
Daymark Recovery Services	866-275-9552	Community-based recovery programs
East Stokes Outreach Ministry	336-591-3237	Food pantry and thrift store. Also offers assistance with clothes, electric & water bills, fuel, oil, and medicine
Grace Clinic	336-835-1467	Provides basic health care services and health education at little or no cost
Grace's Closet	336-786-6155	Community clothing closet
Hand of Hope Medical Center	336-849-7960	A free medical clinic for uninsured residents of Yadkin County
Hope Valley	336-368-2427;336-386-8511	Residential recovery program for men and women
Insight Human Services	336-725-8389	Provides substance abuse and mental health services
Just Hope, Inc	336-936-9161	Assists with hygiene items, job search, budget building, agency referrals, case management, substance abuse referrals, and counseling for homeless or displaced individuals/families
King Outreach Ministry	336-983-4357	Provides assistance with clothing, food, medication, housing, utilities, counseling, referrals, and housewares
LifeLine Pregnancy Help Center	lifelinehelps.org	Provide education, counseling, support, and community networking to men and women who are facing an unplanned pregnancy and those suffering from past abortions
Lifespan Creative Campus	336-374-4466	Offers a range of services to individuals with developmental and intellectual disabilities, substance use, and mental health disorders
Lyn's Medical Loan Closet	336-415-4257	Offers loan of medical equipment at no cost
National Alliance on Mental Illness	www.nami.org	Providing support and education to those living with mental illness
National Suicide Prevention Hotline	988	Support for those considering suicide
Pilot Mountain Outreach Center	336-368-4907	Food pantry and counseling center
Smile Starters	336-777-1272	Provides general dental services to underserved children and young adults throughout North Carolina
Stokes County Friends of Youth	336-983-0350	Advocates the needs of young people through individual counseling, family counseling, parenting skills classes
Surry Friends of Youth	336-789-9064	Advocates the needs of young people through individual counseling, family counseling, parenting skills classes
Surry Medical Ministries Clinic	336-789-5058	Comprehensive healthcare services for patients of all ages without health insurance or with NC Medicaid
Yadkin Christian Ministries	336-677-3080	Medical assistance for residents of Yadkin County
Yadkin Christian Ministries	336-677-3080	Medicine assistance for residents of Yadkin County
Yadkin County Medical Clinic	336-849-7910	Preventative healthcare programs and acute sick care for those enrolled in preventative program
Yokefellow Cooperative Ministry	336-789-5838	Provides assistance with food, medications, and utilities
YVEDDI	336-367-7251	Builds self-sufficiency for under-resourced individuals and families through coaching, mentoring, and community partnerships

Conclusion: Strengths
The region has demonstrated notable improvements in several areas of healthcare access and insurance coverage, which support movement out of poverty and overall wellness. One significant strength is the overall decrease in the uninsured rate by 10.66% from 2018 to 2022, indicating that more residents now have access to health insurance, a crucial factor in economic stability and health. Stokes County, in particular, has seen a remarkable 33.85% reduction in uninsured rates, reflecting successful efforts to increase coverage.

Public insurance programs play a crucial role in supporting the health of the region's residents. With 46,741 residents covered by Medicare, 37,350 by Medicaid, and 5,555 receiving VA benefits, these programs ensure that vulnerable populations such as the elderly and low-income individuals have access to necessary healthcare services. These programs help reduce out-of-pocket expenses and provide a safety net for those who might otherwise be unable to afford healthcare.

Additionally, a substantial 64.31% of the total population, or 124,913 residents, have private insurance, highlighting the availability and utilization of employer-based and direct-purchase insurance plans in the region. This broad coverage through private insurance indicates that many residents have access to a range of healthcare services, contributing to better health outcomes and economic stability.

Importantly, many of the leading causes of death in the region, such as heart disease and diabetes, can be positively impacted by lifestyle changes. This suggests that with proper education and resources, health outcomes can improve significantly. Public health initiatives focused on promoting healthy lifestyles can therefore have a profound impact on reducing mortality rates and enhancing the overall well-being of the community.

Conclusion: Weaknesses
Despite these improvements, the region continues to face significant challenges that hinder movement out of poverty and overall wellness. Certain demographics, such as individuals with less than a high school diploma (19.30%) and the unemployed labor force (40.33%), still experience high uninsured rates, indicating ongoing disparities in healthcare access. This lack of insurance coverage can lead to delayed medical care and worsening health conditions, which in turn can exacerbate economic hardships.

Health challenges remain prevalent, with 21.50% of residents experiencing frequent mental distress and many facing physical health issues. Chronic diseases such as diabetes and heart disease are widespread, negatively impacting residents' quality of life and increasing healthcare costs. These health issues can limit individuals' ability to work and support their families, creating a cycle of poor health and economic instability.

The region also suffers from a shortage of healthcare providers, particularly in the areas of medical, dental, and mental health services. The average ratio of mental health professionals to residents is 1,125:1, which is significantly higher than the state's ratio of 320:1, highlighting a critical gap in mental health services. This shortage can result in longer wait times for appointments, reduced time per patient visit, and potentially overwhelmed healthcare providers, all of which can impact the quality of care received by residents.

Nutrition

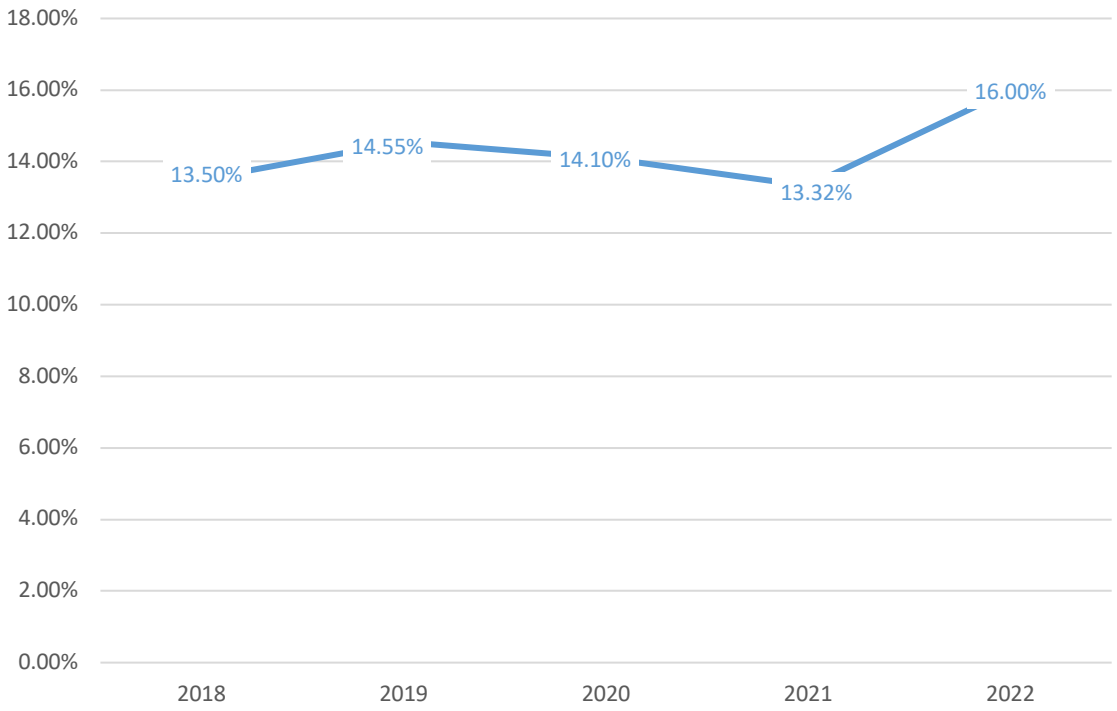
Food Insecurity

Food insecurity refers to the state of being without reliable access to a sufficient quantity of affordable, nutritious food. It encompasses a range of issues, from reduced quality, variety, or desirability of diet to disrupted eating patterns and reduced food intake due to lack of money or other resources.

Food insecurity significantly impacts physical health. Nutritional deficiencies are common among those experiencing food insecurity, leading to conditions such as anemia (iron deficiency), scurvy (vitamin C deficiency), and rickets (vitamin D deficiency). In children, inadequate nutrition can result in stunted growth and developmental delays. Additionally, poor nutrition weakens the immune system, making individuals more susceptible to infections and chronic diseases. Paradoxically, food insecurity can also lead to obesity, as individuals may rely on cheaper, calorie-dense, nutrient-poor foods, increasing the risk of diabetes, hypertension, and heart disease.

Chronic diseases are more prevalent among food-insecure populations. These individuals are at higher risk for diabetes, hypertension, and cardiovascular diseases due to poor diet quality and inconsistent access to healthy foods. Physically, the lack of adequate nutrition can lead to general fatigue and low energy, impacting daily functioning and productivity. Cognitive impairments are also common, as poor nutrition affects brain function, leading to difficulties in concentration, memory, and learning.

Chart 67: Food Insecurity Rate Trend (2018-2022)



Source: Feeding America

The psychological impacts of food insecurity are profound. Constant worry about where the next meal will come from creates significant stress and anxiety, adversely affecting overall mental health and well-being. Food insecurity is linked to higher rates of depression, as the psychological burden of not being able to provide adequate food for oneself or one's family can lead to feelings of hopelessness and despair. Social stigma and isolation are additional consequences, as individuals experiencing food insecurity may feel ashamed or embarrassed, leading to reduced social support networks and increased feelings of loneliness and depression. Behavioral issues such as irritability, aggression, and difficulty in social interactions can also arise from the stress and anxiety related to food insecurity.

In 2022, food insecurity was a pressing issue across the region. The total number of food-insecure individuals in the area amounted to 31,980, reflecting a food insecurity rate of 16.00%. This represents a significant increase from 2021, when the regional average was 13.32%, indicating that more residents are struggling to access sufficient, nutritious food.

Breaking down the data by county provides a clearer picture of the impact of food insecurity in each area. In Davie County, 6,360 individuals, or 14.8% of the population, experienced food insecurity in 2022. This marked a notable increase from the previous year, where 11.9% of the population was food insecure. The rising numbers suggest worsening conditions and greater challenges for residents in securing adequate food.

Stokes County reported 7,020 food-insecure individuals in 2022, which constituted 15.7% of the population. This was an increase from 2021, where the food insecurity rate was 13.8%. The steady rise over the years highlights the growing difficulties faced by Stokes County residents in maintaining food security.

Surry County had the highest number of food-insecure individuals among the four counties, with 12,770 people affected in 2022, equating to 17.9% of the population. This significant rise from 14.5% in 2021 underscores the severity of food insecurity in Surry County, where nearly one in five residents struggle with food access.

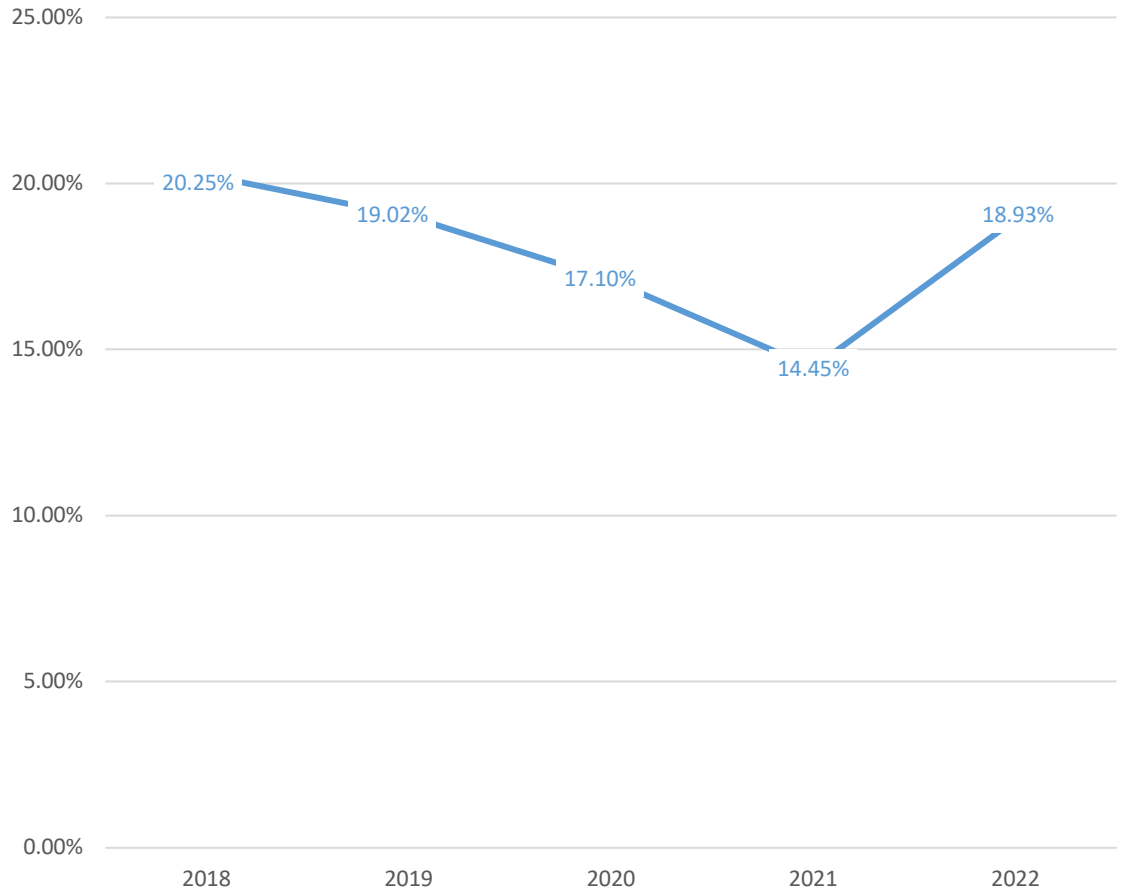
In Yadkin County, 5,830 individuals, or 15.6% of the population, experienced food insecurity in 2022. This was an increase from 13.1% in 2021, further emphasizing the escalating problem in ensuring adequate food supply among Yadkin County residents.

In the state of North Carolina, individuals identifying as Black were noted as experiencing a higher food insecurity rate (26%) than those who identify as White (10%). Latinos also experienced higher rates at 22.0%

Child Food Insecurity

In 2022, food insecurity among children in the region posed a critical issue, affecting their health, education, and overall development. The total number of food-insecure children in the region amounted to 7,660, with a regional average food insecurity rate of 18.93%. This represents an increase from the previous year, highlighting the ongoing struggle to ensure that children have reliable access to nutritious food.

Chart 68: Child Food Insecurity Trend (2018-2022)



Source: Feeding America

Davie County saw 1,480 children facing food insecurity in 2022, making up 16.50% of the population under 18. This was a notable rise from 12.10% in 2021, indicating worsening conditions for children in the county. In Stokes County, 1,690 children, or 20.40% of the under-18 population, were food insecure, up from 16.40% in 2021. This increase points to growing challenges in ensuring that children receive enough nutritious food.

In Surry County, 3,100 children were food insecure in 2022, accounting for 20.70% of the under-18 population. This was a significant increase from 15.00% in 2021, underscoring the severity of the issue. Yadkin County had 1,390 children experiencing food insecurity, representing 18.10% of the under-18 population, up from 14.30% in 2021. This increase further emphasizes the need for interventions to address food insecurity among children.

Food insecurity among children has severe implications for their physical health, educational outcomes, and overall development. Adequate nutrition is critical for proper growth and cognitive development. Nutritional deficiencies can lead to developmental delays, weakened immune systems, and a higher susceptibility to illnesses. Poor nutrition negatively impacts cognitive function, leading to difficulties in concentration, memory, and learning, which are crucial for academic success.

Feeding America reports that food-insecure children are more likely to fail a grade in school. The lack of consistent access to nutritious food can hinder their ability to focus and perform well academically. Additionally, food-insecure children often experience behavioral problems that lead to difficulties in social interactions with peers and teachers. These behavioral issues can manifest as irritability, aggression, and withdrawal, further complicating their social and academic life.

Senior Food Insecurity

Food insecurity among seniors is a critical issue, impacting their health, well-being, and overall quality of life. According to national statistics, nearly 1 in every 4 seniors in America faces the threat of hunger and/or malnutrition. This includes those who are unsure where their next meal will come from and those who lack access to healthy food options. In the region served by YVEDDI, Feeding America estimates that 11.62% of North Carolina seniors are food insecure. This translates to approximately 4,807 seniors throughout the region.

Food insecurity in this population leads to severe health implications. Research indicates that food-insecure seniors are 233% more likely to suffer from depression, 90% more likely to experience asthma, 57% more likely to experience congestive heart failure, 32% more likely to experience limitations in activity, and 19% more likely to experience high blood pressure. These health issues not only diminish their quality of life but also result in substantial healthcare costs. The AARP reports that seniors face healthcare costs exceeding $130 billion annually due to medical issues stemming from hunger.

Estimated Food Insecurity Counts (All Ages)

Overall, it is estimated that among the 31,980 food insecure residents,4,807 are senior citizens, 7,660 are children, and 19,513 are working-aged adults.

Table 67: Food Insecurity Estimates by Age (2022)

Area	Children	Adults	Senior	Total
Davie	1,480	3,808	1,072	6,360
Stokes	1,690	4,194	1,136	7,020
Surry	3,100	7,962	1,708	12,770
Yadkin	1,390	3,549	891	5,830
REGION	**7,660**	**19,513**	**4,807**	**31,980**

Source: Feeding America

Food Affordability

The average cost per meal per person in the region is $3.82. To put this cost into perspective, an average family of four spending this amount for each household member would need to budget an estimated $1,394 per month on food, or $16,731.60 per year. This is more than one-quarter (28.25%) of the median household income and 110.10% of the minimum wage salary.

At these rates, economically disadvantaged households are forced to seek outside subsidies in order to survive. The primary subsidy, utilized by 11,211 households, or 14.14% of the population, is the Supplemental Nutrition Assistance Program (SNAP). Formerly known as Food Stamps, this program provides low-income residents with a monthly allocation of funds that can be used exclusively for the purchase of food. It should be noted that the number of SNAP recipients has increased by 2.47% over the past five years.

Table 68: SNAP Recipient Households (2022)

Area	SNAP Recipients	SNAP Recipients%
Davie	1,787	10.85%
Stokes	2,534	13.34%
Surry	5,087	17.55%
Yadkin	1,803	12.14%
REGION	**11,211**	**14.14%**

Source: U.S. Census Bureau (S2201)

Of the households receiving SNAP benefits, nearly half (47.10%) have at least one worker in the home, 46.00% have at least one child in the home, 51.98% have at least one disabled member, and 33.59% include at least one senior citizen. 26.20% were single parent households, with 19.19% being traditional family households. The median income for all recipients was $18,876. SNAP recipients in the community were noted as being predominately White (85.76%), non-Hispanics (79.31%).

Although SNAP subsidies are extremely beneficial for low-income families, the average benefit is $1.71 per person per meal, or $344 per household. This is less than half of the amount needed to sustain the nutritional needs of a person. For senior citizens the average benefit is significantly lower at $1.17 per person per meal, with an estimated 20% having a benefit of $0.17 per person per meal. This leaves those with the greatest income barriers with a need for additional subsidies.

Community Feedback

A substantial 64.7% of respondents identified food insecurity as one of the most critical conditions of poverty in their community. This indicates that a large portion of the population struggles to secure sufficient and nutritious food. One respondent commented, "The cost of food is so high and we do not qualify for food stamps," reflecting the financial barriers that many families face in accessing adequate nutrition.

The rising cost of food was a common theme in the survey responses. Participants frequently mentioned how these increased costs exacerbate their financial strain, making it difficult to afford other necessities. One respondent noted, "Prices are expensive nowadays and food stamps are being cut down," highlighting the challenges faced by those who rely on government assistance. Another shared, "Food insecurity for many children in the classroom," pointing to concerns of food scarcity on educational outcomes and child development.

Many respondents also described the difficult choices they have to make between buying food and paying for other essential expenses. One participant stated, "Food insecurity is critical as there are many who have to make tough decisions between buying food and/or taking care of their home expenses and/or purchasing much-needed medication." This underscores the interconnected nature of food insecurity with other aspects of poverty.

The quality of food available to low-income families was also a concern. Several respondents mentioned that they often have to resort to cheaper, less nutritious options due to cost constraints. One respondent highlighted this by stating, "Low income and food security go hand in hand because the cost of food (everything) has skyrocketed and makes eating healthy or for the entire month difficult." Another noted, "Access to affordable healthy food options - healthier food costs more and unsure how to prepare when they receive healthy options from food banks," indicating a need for better food education and support.

Additionally, the survey responses pointed to the reliance on community resources like food banks and meal programs to meet nutritional needs. One respondent mentioned, "Many of the people I meet daily have to rely on meals provided by YVEDDI to meet their nutritional needs," highlighting the importance of these services for vulnerable populations.

Agency Data

During the most recently completed program year, a total of 228 seniors received congregate meal assistance and 331 seniors received home-delivered meals. Data indicates that 58% of all home-delivered meal recipients live alone, and for many of them, the person delivering the meal is the only person they will see that day. A strong majority (90%) of these customers state that Meals on Wheels helps them to live independently, and 67% state that the food delivered makes up more than half of the food they have available that day.

Food and Nutrition Resources

Resource Name	Contact Information	Description
A Storehouse for Jesus	336-751-1060	Helping those in need with food, clothing, pharmacy, medical, dental, and eye clinics
County Dept of Social Services	Contact local agency	Operates state and national social services programs for the community
East Stokes Outreach Ministry	336-591-3237	Food pantry and thrift store. Also offers assistance with clothes, electric & water bills, fuel, oil, and medicine
Family Promise of Davie County	336-284-4200	Assist families experiencing homelessness and low-income families achieve independence
First Baptist Church	336-786-5185	Drive-through meal pick-up every Thursday 5:30-6pm
Foothills Food Pantry	336-386-8405	Offers food to low-income individuals and households that lack a reliable access to affordable, nutritious food
Just Hope, Inc	336-936-9161	Coordinates with other businesses to provide hot meals to the residents of local hotels and campsites 2-3 times per week
King Outreach Ministry	336-983-4357	Provides assistance with clothing, food, medication, housing, utilities, counseling, referrals, and housewares
Meals on Wheels North Carolina	704-932-3412	High-quality nutrition services for seniors
Mt. Airy First Pentecostal Holiness Church	336-789-9511	Food Pantry
Northern Stokes Food Pantry	336-351-0900	Provides food assistance to the Stokes County community and surrounding areas
Pilot Mountain Outreach Center	336-368-4907	Food pantry and counseling center
Piney Grove Baptist Food Pantry	336-725-8995	Tuesdays and Thursdays 11am-3pm
Second Harvest Food Bank	336-784-5770	Serves as a major source of food for more than 500 food assistance programs throughout 18 counties of Northwest North Carolina
Tri County Christian Ministry	336-526-1089	Serves families in need of basic requirements including food, assistance for utilities, medication, and other items for residents in parts of Surry and Yadkin counties
Trinity Episcopal Church Food Pantry WMU	336-786-6067	Thursdays 8:30am-9:30am. Provide food to clients once per month
Yadkin Christian Ministries	336-677-3080	Food assistance for residents of Yadkin County
Yokefellow Cooperative Ministry	336-789-5838	Provides assistance with food, medications, and utilities

Conclusion: Strengths
One notable strength in the YVEDDI region is that the majority of the population, approximately 84%, have adequate access to nutritional food. This includes 81.07% of all children and 88.38% of all senior citizens, indicating that a substantial portion of the community can meet their nutritional needs. Additionally, SNAP benefits are available to assist 14.14% of the region's households. Nearly half (47.10%) of these households have workers, providing essential support to low-income working families. This assistance helps these families maintain better nutrition and overall health, promoting economic stability and potential movement out of poverty.

Conclusion: Weaknesses
Despite the strengths, food insecurity remains a significant issue in the region, affecting 31,980 individuals, or 16.00% of the population. The SNAP benefits, though beneficial, are insufficient to cover the average meal cost. The average SNAP allocation is $1.71 per person per meal, well below the average meal cost of $3.82. For seniors, the situation is more critical, with an average benefit of $1.17 per meal, and about 20% receiving only $0.17 per meal. This inadequacy forces recipients to make difficult choices, often compromising on nutrition and other essential needs.

The food insecurity rate has seen a notable increase from 13.32% in 2021 to 16.00% in 2022. This indicates a growing struggle among residents to access sufficient, nutritious food. Food insecurity leads to numerous health issues, including nutritional deficiencies, chronic illnesses, and weakened immune systems. It also causes significant psychological stress, anxiety, and depression, further diminishing individuals' capacity to work and maintain financial stability. Seniors face unique challenges, with nearly one in four at risk of hunger and malnutrition, significantly increasing their likelihood of chronic health conditions and substantial healthcare costs.

Moreover, food insecurity among children has severe implications for their development and educational outcomes. Nutritional deficiencies can lead to developmental delays and weakened immune systems, affecting their ability to concentrate and learn. This disadvantage in education can have long-term effects on their future economic opportunities, hindering efforts to break the cycle of poverty. Addressing these weaknesses through enhanced support programs, increased SNAP benefits, and targeted interventions for the most vulnerable populations is essential for improving nutrition and promoting overall well-being in the YVEDDI region.

Transportation

Transportation Availability

Transportation can be a major barrier to self-sufficiency by limiting access to employment and education. It also impacts a person's quality of life by preventing them from securing healthcare, food, and other essential services. An article in the New York Times titled "Transportation Emerges as Crucial to Escaping Poverty" highlights that the impact of transportation on social mobility is stronger than many other factors, such as crime rates, elementary-school test scores, or the percentage of two-parent families in a community.

Studies conducted by Harvard University and New York's Rudin Center of Transportation emphasize the strong link between the availability of public transportation systems and income. Researchers compared neighborhoods by their accessibility to mass transit and the number of jobs within an hour's commute. They found that residents in areas least served by mass transit relied heavily on personal vehicles. Those with some, but insufficient, access to transportation had the highest unemployment rates and the lowest incomes.

Reliable transportation is fundamental to accessing employment and education. In areas where public transportation is limited or unreliable, individuals often face difficulties securing and maintaining jobs, especially those that are not within walking distance or require commuting beyond the operational hours of public transit. Similarly, students and job trainees may struggle to attend educational institutions and training programs, thereby hindering their potential for upward mobility.

Transportation availability is also crucial for accessing healthcare services. Individuals without adequate transportation options may miss medical appointments, delay seeking care, or rely on emergency services for conditions that could have been managed with timely intervention. This can lead to worsened health outcomes and increased healthcare costs. Access to grocery stores and other food sources is another critical aspect affected by transportation. Without reliable transportation, individuals may be forced to shop at more expensive convenience stores with limited healthy food options, contributing to food insecurity and poor nutrition.

Moreover, transportation impacts social inclusion and community engagement. Reliable transit options enable individuals to participate in social activities, community events, and civic engagements, fostering a sense of belonging and community support. This social inclusion is vital for mental health and overall well-being.

The economic implications of transportation accessibility are profound. Regions with well-developed public transportation systems tend to have lower unemployment rates and higher income levels. Public transit not only connects workers to jobs but also stimulates local economies by increasing accessibility to businesses and services. Expanding and improving public transportation can also have positive environmental impacts. Reducing reliance on personal vehicles helps decrease traffic congestion, lower greenhouse gas emissions, and reduce pollution, contributing to a healthier environment and improved public health.

In 2022, the U.S. Census Bureau identified 3,515 households in the service area without a vehicle. Although 2,670 of those without a vehicle (75.96%) do not contain a member of the labor force, these households could struggle to obtain basic needs. For the remaining 845, the lack of transportation impacts their ability to secure/maintain employment.

Table 69: Number of Vehicles per Household (2022)

Area	0	1	2	3	4+
Davie	822	3,732	6,135	3,778	2,001
Stokes	527	4,899	6,611	3,759	3,197
Surry	1,483	8,299	9,738	5,909	3,561
Yadkin	683	3,300	4,951	3,398	2,518
REGION	**3,515**	**20,230**	**27,435**	**16,844**	**11,277**

Source: U.S. Census Bureau (B08203)

An additional 20,230 households were identified as having only one vehicle in the home. Among these, an estimated 1,159 had more than one family member working in the home. While these households would have access to basic necessities unless the condition of the vehicle produced a barrier of some type, secondary household members may face difficulties improving education/skills and securing employment due to a lack of transportation. Overall, an estimated 1,594 households have more workers than vehicles in the home and 2,753 total households have a transportation employment barrier of some type. Based on the average household size of 2.46, an estimated 6,772 local residents may be impacted overall.

Over the five-year period from 2018 to 2022, the YVEDDI region experienced a notable decline in the number of households without cars. In 2018, there were 3,852 households with zero cars, and by 2022, this number had decreased to 3,515. This represents an overall decline of 8.75%, indicating a trend of households acquiring vehicles over time.

Chart 69: Vehicle Ownership Trend (2018-2022)



Source: U.S. Census Bureau (B08203)

Analyzing the categories of households with varying numbers of cars reveals that while the number of households with one or two cars showed slight decreases, the category of households with four or more cars saw a significant increase. In 2018, there were 10,127 households with four or more cars, which increased to 11,277 in 2022. This rise suggests that some households are not just acquiring one vehicle but multiple vehicles, reflecting potentially improved economic conditions and increased access to personal transportation.

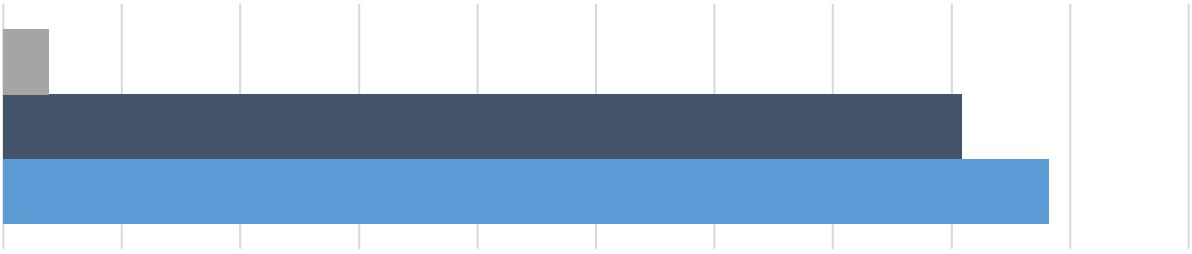
The decrease in households without cars and the simultaneous increase in households with multiple cars can have several implications. Improved access to personal vehicles enhances mobility, providing better access to employment, education, healthcare, and essential services. This trend can contribute positively to social mobility and economic stability, as reliable transportation is crucial for accessing opportunities that facilitate self-sufficiency and improved quality of life.

Overall, the shift from zero-car households to those with multiple vehicles highlights a positive change in transportation availability in the YVEDDI region, potentially reducing transportation barriers and supporting the movement out of poverty. This trend underscores the importance of continued investment in transportation infrastructure to support economic development and enhance the well-being of residents.

Commutes

Commuting patterns significantly influence the daily lives of residents, particularly those with restricted access to transportation or living in poverty. For such individuals, the distance between home and work can represent not just a physical journey but a barrier to employment opportunities, potentially limiting their access to higher-paying jobs that are often located farther away. This can perpetuate the cycle of poverty by confining job seekers to a smaller pool of local, possibly lower-wage employment options. Moreover, lengthy commutes can lead to increased expenses, time away from family, and stress, further impacting the quality of life and work-life balance.

Chart 70: Worker Commutes (2022)



	Region
Out of State	1,921
Out of County (Same State)	40,412
In County	44,096

Source: U.S. Census Bureau (B08007)

In the service area, an estimated 42,333 members of the labor force (48.9%) travel outside of their county of residence for employment, with 1,921 of these traveling out of state for work. The remaining 44,096 residents (51.1%) work in their county of residence. This commuting pattern underscores the need for reliable transportation options both within and beyond county lines to support the workforce and enhance economic opportunities.

Table 70: Worker Commutes by County (2022)

Area	Total Workers	In County	Out of County	Out of State
Davie	19,362	8,970	10,310	82
Stokes	19,243	5,989	12,669	585
Surry	31,099	21,448	8,537	1,114
Yadkin	16,725	7,689	8,896	140
REGION	**86,429**	**44,096**	**40,412**	**1,921**

Source: U.S. Census Bureau (B08007)

In Davie County, there are 19,362 total workers, with 8,970 (46.3%) working within the county. A larger portion, 10,310 workers (53.2%), commute to another county within North Carolina, and a small fraction, 82 workers (0.4%), commute out of state. This high rate of intrastate commuting underscores Davie County's reliance on neighboring employment hubs, highlighting the importance of regional transportation infrastructure.

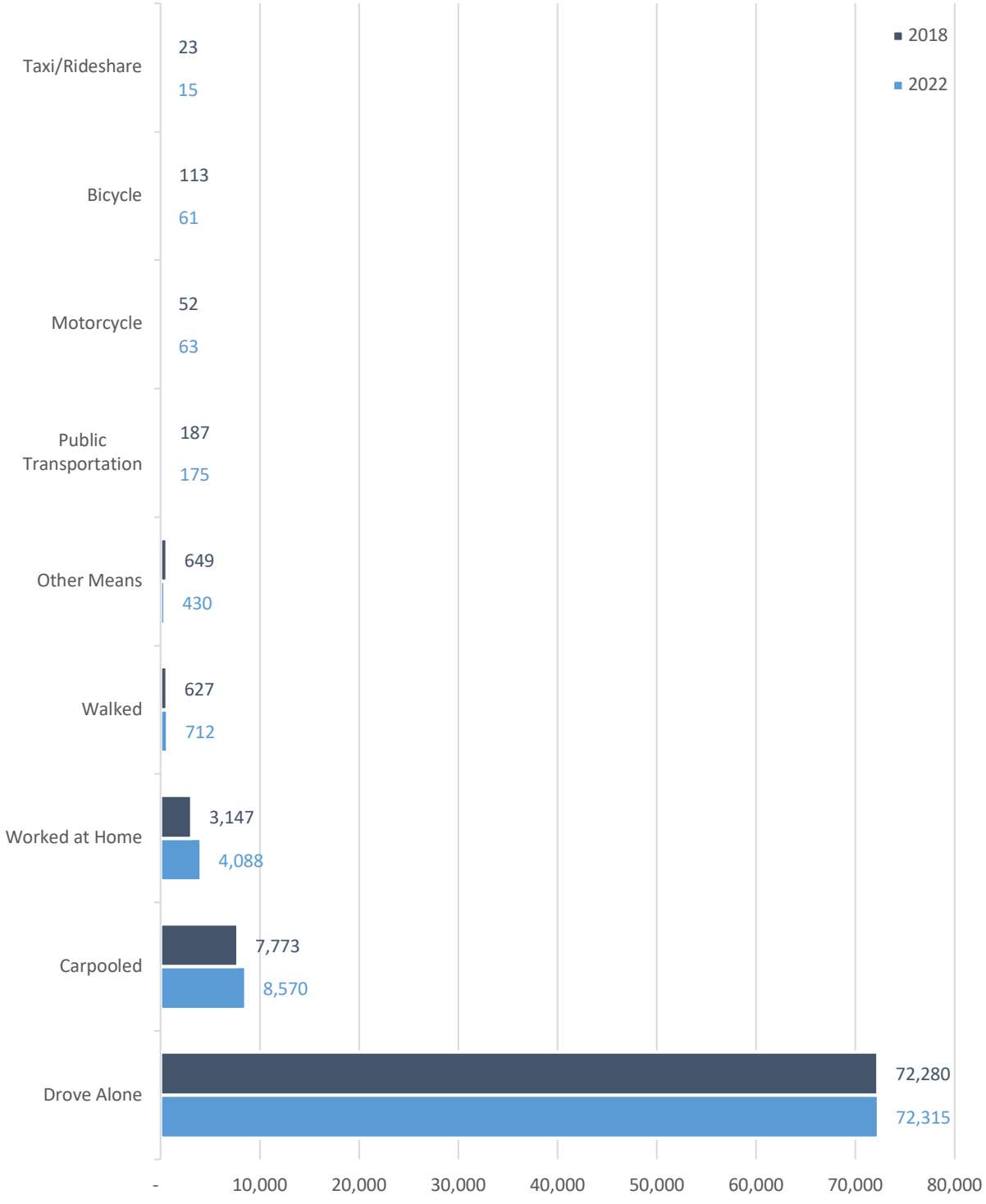
Stokes County has a total of 19,243 workers, with 5,989 (31.1%) working within the county. The majority, 12,669 workers (65.8%), commute to other counties within North Carolina, while 585 workers (3.0%) travel out of state for work. Stokes County exhibits a significant dependence on employment opportunities in adjacent counties, stressing the need for robust cross-county transportation networks.

Surry County has 31,099 total workers, with a substantial 21,448 (69.0%) working within the county. Meanwhile, 8,537 workers (27.4%) commute to other counties in North Carolina, and 1,114 workers (3.6%) travel out of state. Surry County's high rate of local employment suggests a stronger internal job market, but the significant number of commuters still highlights the need for efficient transportation options.

Yadkin County, with 16,725 total workers, has 7,689 (46.0%) working within the county. A notable 8,896 workers (53.2%) commute to other counties within North Carolina, and 140 workers (0.8%) commute out of state. The high percentage of intrastate commuters in Yadkin County emphasizes the importance of connecting transportation systems to support these workers.

In 2022, the most prevalent commuting method was driving alone, with 72,315 individuals (83.6%) using this mode. This is a slight increase from 2018, where 72,280 individuals (85.2%) drove alone. The rate of change here is minimal, indicating a stable reliance on personal vehicles for commuting.

Chart 71: Commute Method (2018/2022)



Source: U.S. Census Bureau (B08301)

Carpooling was the next most common method, with 8,570 individuals (9.9%) carpooling in 2022, compared to 7,773 individuals (9.2%) in 2018. This represents an increase of 797 individuals (10.2%), suggesting a growing trend towards shared commuting, possibly driven by rising fuel costs and environmental considerations.

The number of people working from home saw a significant rise, with 4,088 individuals (4.7%) working from home in 2022, up from 3,147 individuals (3.7%) in 2018. This substantial increase highlights the impact of the COVID-19 pandemic, which likely accelerated the shift towards remote work.

Walking to work also saw a slight increase, with 712 individuals (0.8%) walking in 2022, up from 627 individuals (0.7%) in 2018. This rise of 85 individuals (13.5%) indicates a modest increase in the number of people choosing to walk to their workplaces.

Other means of commuting, including methods such as scooters or personal transport devices, saw a decrease from 649 individuals (0.8%) in 2018 to 430 individuals (0.5%) in 2022. This decline of 219 individuals (33.8%) suggests a reduced reliance on alternative transportation modes.

Public transportation usage remained low, with 175 individuals (0.2%) using public transit in 2022, slightly down from 187 individuals (0.2%) in 2018. This small decrease indicates a relatively stable but limited reliance on public transit in the region.

The use of bicycles for commuting decreased notably from 113 individuals (0.13%) in 2018 to 61 individuals (0.07%) in 2022, a decline of 52 individuals (46%). This sharp drop suggests a reduction in cycling, possibly due to safety concerns, weather conditions, or changes in commuting patterns.

Taxi and rideshare usage declined from 23 individuals (0.03%) in 2018 to 15 individuals (0.02%) in 2022, showing a decrease of 8 individuals (34.8%). This trend may reflect changes in consumer behavior and the increased availability of other transportation options.

The number of motorcycle commuters increased slightly from 52 individuals (0.06%) in 2018 to 63 individuals (0.07%) in 2022, showing a modest rise of 11 individuals (21.2%).

In summary, the data for 2022 compared to 2018 reveals key trends in commuting methods within the YVEDDI service area. The notable increase in remote work, attributed to the COVID-19 pandemic, represents a significant shift in how people approach their daily commutes. Carpooling and walking have shown modest increases, while public transportation and alternative modes have either remained stable or declined. These trends underscore the evolving landscape of commuting in the region, highlighting the need for continued adaptation in transportation planning and infrastructure to meet the changing needs of the workforce.

Commute times are a crucial factor in determining the quality of life and economic productivity of a region. Longer commute times can lead to increased stress, reduced time for family and leisure activities, and higher transportation costs. They can also impact job satisfaction and overall health. Efficient commute times enhance access to employment opportunities, improve work-life balance, and contribute to overall economic stability and growth.

Chart 71: Average Commute Times by County (2018/2022)

Area	2018	2022	% Change
Davie	26.40	27.00	+2.27%
Stokes	29.30	30.90	+5.46%
Surry	26.30	25.90	-1.52%
Yadkin	26.60	28.80	+8.27%
REGION	**27.15**	**28.15**	**+3.68%**
State	**24.80**	**25.00**	**+0.81%**
Nation	**26.60**	**26.70**	**+0.38%**

Source: U.S. Census Bureau ACS (DP03)

In 2022, the average commute time for the YVEDDI service area is approximately 28.15 minutes. This is higher than the North Carolina state average of 25.00 minutes and the national average of 26.70 minutes. In Davie County, the average commute time is 27.00 minutes, slightly above the state and national averages but below the regional average. Stokes County has the highest average commute time in the region at 30.90 minutes, significantly higher than both the state and national averages. Surry County has an average commute time of 25.90 minutes, which is lower than the regional average. Yadkin County has an average commute time of 28.80 minutes, above both the state and national averages and higher than the regional average.

From 2018 to 2022, the average commute time in the YVEDDI region increased from 27.15 minutes to 28.15 minutes, indicating a growing trend in commuting duration with a percentage change of +3.68%. This trend is higher than the increases observed at the state and national levels. North Carolina's average commute time increased slightly from 24.80 minutes in 2018 to 25.00 minutes in 2022, with a percentage change of +0.81%. Nationally, the average commute time rose from 26.60 minutes in 2018 to 26.70 minutes in 2022, showing a percentage change of +0.38%.

Examining the county-specific changes over this period, Davie County's commute times increased from 26.40 minutes in 2018 to 27.00 minutes in 2022, reflecting a +2.27% change, which is below the regional trend. In Stokes County, commute times rose from 29.30 minutes in 2018 to 30.90 minutes in 2022, with a significant percentage change of +5.46%, indicating growing transportation demands or congestion issues. Surry County experienced a decrease in commute times from 26.30 minutes in 2018 to 25.90 minutes in 2022, showing a -1.52% change, which indicates relatively stable or improving commuting conditions. Yadkin County's commute times increased from 26.60 minutes in 2018 to 28.80 minutes in 2022, reflecting the highest percentage change of +8.27%, suggesting significant changes in commuting patterns or infrastructure challenges.

Community Feedback
Among the respondents, a significant percentage identified transportation as a major barrier to securing employment and accessing essential services. Thirteen respondents cited the lack of transportation as a significant obstacle to accessing educational resources, while 33 respondents mentioned the lack of community transportation as a barrier to meeting basic needs.

Survey feedback indicates that the availability and quality of public transportation are major concerns. One respondent noted, "No public transportation available," highlighting the lack of essential services in certain areas. Another echoed this sentiment by stating, "The circulator route is extremely limited, poorly advertised, and somewhat inconsistent," underscoring the challenges residents face in relying on public transportation.

Cost is another critical issue affecting transportation access. Many respondents mentioned that the cost of transportation services is often prohibitive. One participant shared, "The cost of transportation services are often too much for my clients to use," reflecting the financial barriers that prevent residents from utilizing available transportation options. Additionally, several respondents pointed out the high cost of maintaining personal vehicles, with one stating, "Insurance costs, maintenance, and fuel costs prohibit some from having safe, reliable transportation."

The quality and reliability of transportation services also surfaced as significant concerns. One respondent mentioned, "Most can't afford to maintain or repair their personal cars," illustrating the financial strain associated with vehicle ownership. Another respondent commented, "Good, qualified, trustworthy mechanics are booked up leaving low-income folks struggling to keep their vehicles operating properly."

Transportation's impact on employment opportunities was a recurring theme in the survey responses. One participant noted, "Most won't hire you with no transportation," highlighting the direct link between transportation access and job security. Another respondent shared, "It is a rural area so you have to have a car to get to work," emphasizing the necessity of personal transportation in areas with limited public transit options.

The survey data also highlighted the limited hours and routes of existing public transportation services. One respondent mentioned, "Limited routes and hours of operation," indicating the need for expanded services to better meet the community's needs. Another participant suggested, "Offer transportation to the elderly in the Pilot Mountain area to places like the Senior Center in Pilot for socialization and exercise," pointing to specific gaps in service that could improve residents' quality of life.

Agency Data
The organization operates a regional transportation system serving Davie, Stokes, Surry, and Yadkin counties, utilizing a fleet of wheelchair vans, minivans, and light transit buses (20 to 25 feet). This system provides a variety of transit services and programs to groups and individuals within the region.

In 2023, the number of trips increased by 19% as public confidence in travel rebounded post-pandemic. A total of 97,471 trips were provided, with an average cost of $24.00 per trip. These trips supported various essential activities, including employment, education, recreation, healthcare, legal services, and nutrition. This comprehensive transportation service has played a critical role in enhancing the accessibility and mobility of residents, thereby contributing to their overall well-being and economic security.

Transportation Resources

Resource Name	Contact Information	Description
Piedmont Authority for Regional Transportation	336-883-7278	Transportation for the Winston-Salem, Greensboro, Davidson County areas
Wheels4Hope	336-355-9130	Provides safe, reliable, affordable vehicles to people who need them
YVEDDI	336-679-2071	Regional transportation system serving Davie, Stokes, Surry, and Yadkin counties

Conclusion: Strengths
Transportation availability in the YVEDDI region supports overall well-being and facilitates movement out of poverty in several ways. One major strength is the high rate of households acquiring vehicles over time. From 2018 to 2022, the number of households without cars declined from 3,852 to 3,515, indicating an overall improvement in vehicle ownership. This trend enhances mobility, providing better access to employment, education, healthcare, and essential services. For example, reliable transportation is fundamental for accessing job opportunities, and the availability of personal vehicles significantly improves this access.

Additionally, public transportation, although limited, plays a crucial role in connecting workers to jobs and stimulating local economies. Carpooling has also seen an increase, with 8,570 individuals carpooling in 2022 compared to 7,773 in 2018. This suggests a growing trend towards shared commuting, driven by rising fuel costs and environmental considerations. The notable rise in remote work, with 4,088 individuals working from home in 2022 compared to 3,147 in 2018, highlights the impact of the COVID-19 pandemic and reflects a significant shift towards flexible work arrangements.

These strengths underscore the importance of continued investment in transportation infrastructure to support economic development and enhance the well-being of residents. Improved access to personal vehicles and the increase in remote work contribute positively to social mobility and economic stability.

Conclusion: Weaknesses
Despite these strengths, there are several weaknesses in the transportation system that hinder overall well-being and movement out of poverty. The region still has a significant number of households with only one vehicle, which can limit secondary household members' ability to access education and employment opportunities. In 2022, 20,230 households had only one vehicle, and many of these households had more than one family member working. This creates a transportation barrier for secondary household members, potentially hindering their ability to improve their education or skills and secure employment.

Commute times in the YVEDDI region have also increased, with the average commute time rising from 27.15 minutes in 2018 to 28.15 minutes in 2022. This increase is higher than the state and national trends, indicating growing transportation demands or congestion issues. Specifically, Stokes County has the highest average commute time at 30.90 minutes, reflecting significant transportation challenges.

Furthermore, public transportation usage remains low, with only 175 individuals using public transit in 2022, down slightly from 187 in 2018. This limited reliance on public transit indicates inadequate public transportation infrastructure, which can restrict access to essential services for those without personal vehicles. The use of bicycles for commuting has also decreased notably, suggesting a lack of safe cycling infrastructure.

In summary, while there are strengths in the transportation system that support overall well-being and movement out of poverty, several weaknesses persist. Addressing these weaknesses through enhanced public transportation, improved cycling infrastructure, and solutions for households with limited vehicle access is essential for reducing transportation barriers and supporting the economic well-being of the region's residents.

Family Relationships

In 2017, the National Institute of Health reported that family relationships play a central role in the shaping of an individual's well-being. Family members are linked in important ways through each stage of life, and these relationships are an important source of social connection and social influence. The quality of these relationships can influence well-being through psychosocial, behavioral, and physiological pathways. Further, the article explains that negative relationships can produce stress, which undermines the health and well-being by impairment of immune function, impacting cardiovascular health, and increasing the risk of depression.

Domestic Violence

The study concludes that romantic relationships are one of the most important types of relationships, defining life context and impacting well-being throughout adulthood. A happy relationship is generally associated with increased mental and physical health due to strong social support, enhanced self-esteem, improved health behaviors, and a better ability to cope with stress. Individuals in relationships full of conflict, however, are more likely to report depressive symptoms and poor health. In fact, a number of studies suggest that the negative aspects of poor relationships have a stronger impact on well-being than the positive aspects of good relationships.

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Domestic violence remains a significant issue in North Carolina, with substantial impacts on individuals and communities. Recent data from the N.C. Governor's Crime Commission and the North Carolina State Bureau of Investigation (NCSBI) provide a comprehensive view of the prevalence and nature of domestic violence incidents in the state.

Between 2019 and 2021, there were 185,936 reported incidents of domestic violence in North Carolina. The most common type of domestic violence was simple assault, accounting for 138,375 reports. Aggravated assault and homicide incidents totaled 21,199 during this period, with women comprising 71% of the victims in 2021. Notably, 81% of these incidents occurred in a residence or home, underscoring the intimate and personal nature of these crimes.

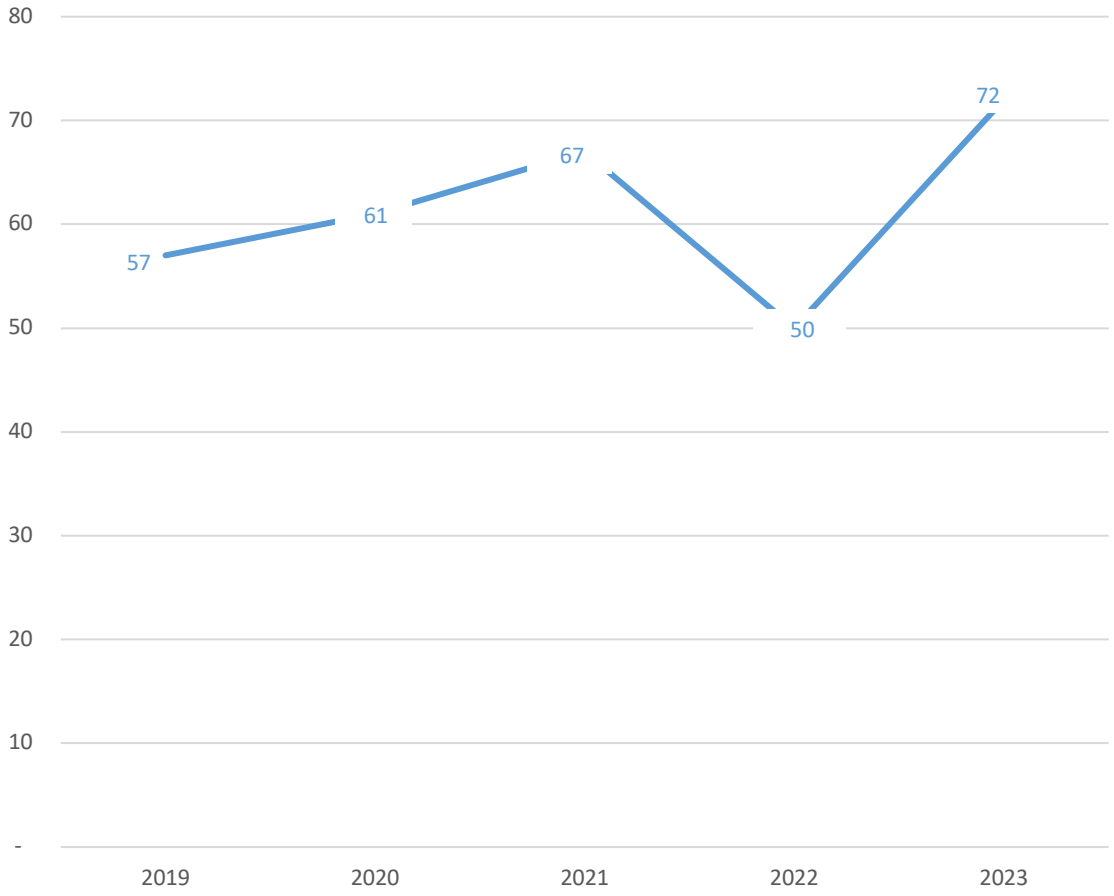
In 2022, the number of domestic violence-related homicides was reported to be 115, marking a significant decrease from the 148 homicides reported in 2021. This reduction represents a 22.3% decrease in domestic violence homicides, indicating some progress in addressing the most severe outcomes of domestic violence.

Efforts to combat domestic violence in North Carolina include a range of services and support systems. The National Network to End Domestic Violence (NNEDV) reported that on a single day in September 2023, 67 out of 85 identified domestic violence programs in North Carolina provided services to 1,403 victims, including 699 adults and children. This snapshot highlights the ongoing need for robust support services to assist those affected by domestic violence

The comprehensive analysis provided by the N.C. Governor's Crime Commission and the NCSBI emphasizes the importance of understanding the full scope of domestic violence. This data is crucial for developing effective policies and allocating resources to support victims and prevent future incidents.

Analyzing the trend of domestic violence deaths in North Carolina over the past five years reveals significant fluctuations and potential correlations with external factors, such as the COVID-19 pandemic.

Chart 72: North Carolina Domestic Violence Deaths (2019-2023)



Source: North Carolina Coalition Against Domestic Violence

In 2019, there were 57 domestic violence deaths reported in North Carolina. This number increased to 61 in 2020 and further to 67 in 2021. The peak in 2021 coincides with the height of the COVID-19 pandemic, which introduced numerous stressors likely exacerbating domestic violence situations. The pandemic brought about widespread lockdowns, economic uncertainty, and social isolation, factors known to increase stress levels and potentially escalate conflicts within households. The isolation from social support networks made it harder for victims to seek help, and economic hardships, including job losses and financial instability, added to the stress within families, contributing to the rise in domestic violence incidents and fatalities. Additionally, many support services, including shelters and counseling, were limited due to COVID-19 restrictions, making it more challenging for victims to access necessary resources.

In 2022, the number of domestic violence deaths decreased to 50, indicating a potential reduction in incidents as pandemic-related restrictions eased and support services became more accessible again. However, this decrease was followed by a significant increase in 2023, with 72 deaths reported, the highest in the five-year period. The lingering economic impact of the pandemic, including continued financial challenges and inflation, may have contributed to ongoing stress and conflicts within households. Additionally, the long-term psychological impacts of the pandemic, including increased mental health issues and substance abuse, could have played a role in the rise of domestic violence deaths in 2023.

The trend of domestic violence deaths in North Carolina from 2019 to 2023 shows a concerning increase, particularly during and after the COVID-19 pandemic. The peak in 2021 and the significant rise in 2023 highlight the need for continued focus on supporting victims of domestic violence, addressing underlying economic and psychological stressors, and ensuring access to resources and services. Understanding these trends and their correlations with external factors is crucial for developing effective interventions and policies to prevent future incidents and support affected individuals.

Parenting

Parenting is a complex and multifaceted aspect of family life, impacting both the parents and the children in significant ways. Even in the strongest of relationships, couples who have children often struggle to provide a healthy environment that meets a child's needs for emotional, social, cultural, educational, and relational security. The National Institutes of Health (NIH) highlights that parenthood brings both rewards and stressors, each having important implications for well-being. Parenthood can enhance social integration and provide a sense of fulfillment, but it can also introduce significant stress, potentially diminishing overall well-being.

In the service area, a total of 22,113 households (27.88%) have at least one child under the age of 18 living in the home. This statistic underscores the importance of focusing on the needs and challenges of families with children to ensure they receive adequate support.

Research indicates that positive parent-child relationships are crucial for the healthy development of children. These relationships foster emotional security, social competence, and cognitive development, which are essential for a child's success in life. However, parenting can be particularly challenging when parents face external stressors such as financial instability, lack of social support, or health issues. These stressors can impact the parents' ability to provide a nurturing environment, thereby affecting the child's well-being.

Births

The North Carolina Department of Health and Human Services documented a total of 1,896 births in 2022. Based on five-year averages, it is estimated that 1,903 women are pregnant during any given year.

Table 72: Annual Births (2017-2021)

Area	2017	2018	2019	2020	2021	Average
Davie	369	398	402	388	412	394
Stokes	404	396	370	383	422	395
Surry	738	757	766	756	718	747
Yadkin	392	363	375	362	344	367
REGION	**1,903**	**1,914**	**1,913**	**1,889**	**1,896**	**1,903**

Source: NCDHHS Division of Public Health: Statistics and Reports

Single Parent Households

For single parents, especially those without a strong external support system, the emotional and financial stress can be overwhelming. According to the U.S. Census Bureau, there are an estimated 4,117 single parents in the local service area, a strong majority of which (77.00%) are headed by a female householder.

Table 73: Single Parent Households (2022)

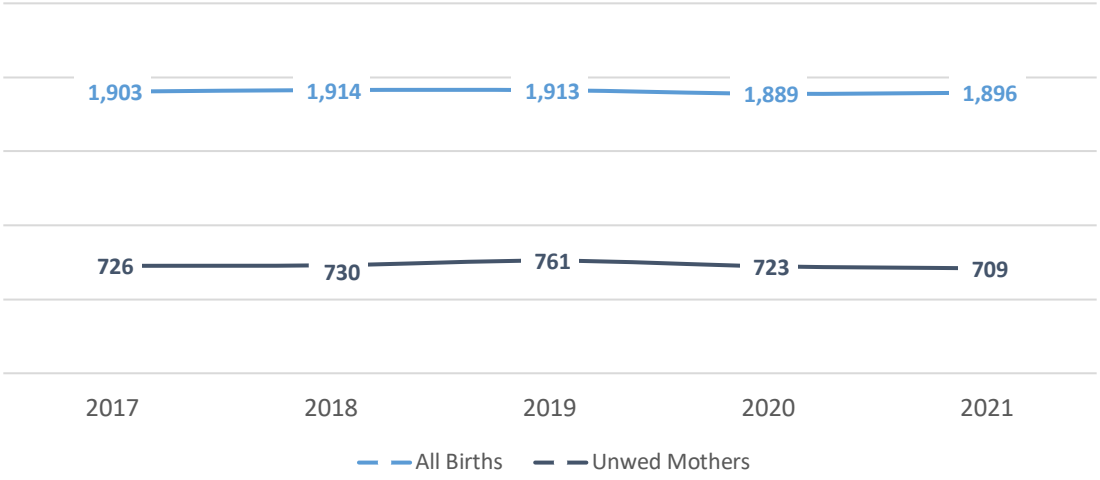
Area	Male Householder	Female Householder	Total
Davie	352	248	600
Stokes	206	922	1,128
Surry	286	1,424	1,710
Yadkin	103	576	679
REGION	**947**	**3,170**	**4,117**

Source: U.S. Census Bureau (DP02)

These households have a heightened poverty risk due to employment barriers that are generally associated with childcare. Although single parent households can be caused by a variety of circumstances (divorce, death of a spouse, etc.), it should be noted that unwed mothers account for more than one-third (37.39%) of all births in the county. These households are generally much more likely to have no prenatal care than married couple parents and are significantly more likely to use Medicaid to pay for birthing than married couple parents.

While the number of total births has decreased by 0.37% over the past five years, the number of births to unwed mothers has decreased by 2.34%. This indicates a slight improvement, suggesting that fewer children are being born into potentially more vulnerable single-parent situations. However, the percentage of births to unwed mothers remains a significant proportion of the total births, highlighting an ongoing area of concern for community health and social services.

Chart 73: Trend of Total Births and Unwed Mother Births (2017-2021)



Source: NCDHHS Division of Public Health: Statistics and Reports

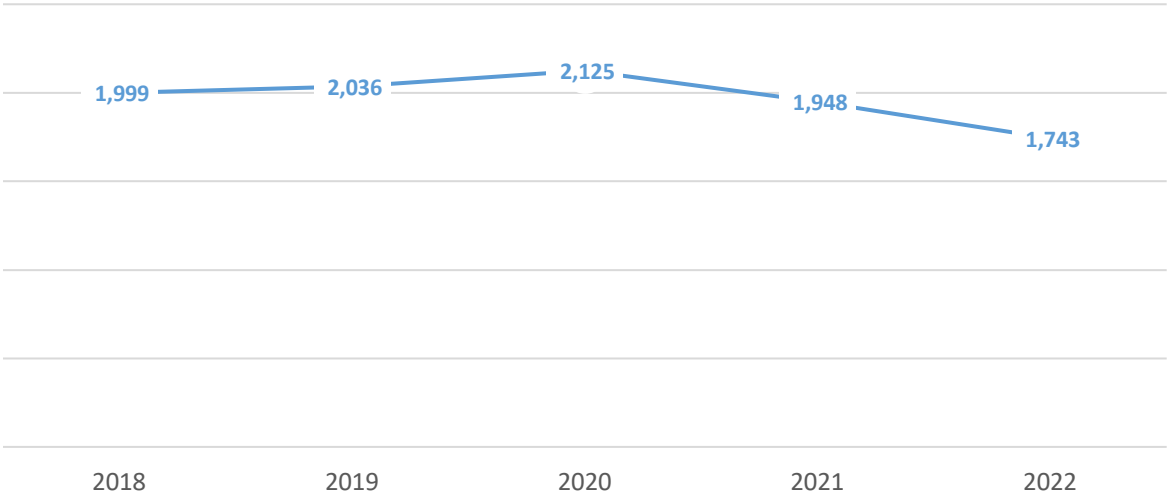
Custodial Grandparents

Grandparents who assume the primary caregiving role often face unique and significant challenges. These challenges include financial strain, as many grandparents may be living on fixed incomes or retirement savings, making it difficult to meet the additional expenses of raising children. Moreover, custodial grandparents frequently encounter health issues related to aging, which can be exacerbated by the physical and emotional demands of caregiving. The increased stress from managing these demands later in life can lead to burnout and adversely affect their well-being.

The situation also impacts the children involved, who may require additional support to cope with the absence of their parents and adjust to living with older caregivers. These children often face emotional and psychological challenges that necessitate tailored support services to ensure their well-being and development.

In the YVEDDI service area, data indicates that 1,743 grandparents are solely responsible for raising their grandchildren. Over the past five years, the number of custodial grandparents has decreased by 12.81%, peaking at 2,125 in 2020. This decline may be attributed to various factors, including changes in family structures, improvements in social services, or other socio-economic dynamics.

Chart 74: Custodial Grandparent Trend (2018-2022)



Source: US Census Bureau (DP02)

The trend shows a notable peak in 2020, likely influenced by the COVID-19 pandemic. During this period, many families experienced disruptions, with grandparents stepping in as primary caregivers due to health concerns, economic pressures, or the unavailability of other family members. The subsequent decline in custodial grandparent numbers may reflect a return to more stable family arrangements or the availability of alternative caregiving solutions.

Foster Children

For some children, the lack of nurturing relationships leads to an advanced level of instability due to removal from their home. Although in the best interest of the child, the removal from a home can be devastating and confusing. Once in foster care, data indicates that 54% of all children are in placement for more than 12 months. The longer the child is in placement, the more likely they will be moved from one home to another, placing them at risk of multiple negative social and emotional outcomes due to disrupted relationships with siblings and other relatives, friends, classmates, teachers, coaches, and religious leaders. Studies have proven that these early experiences can impact a child's brain development and lead to stress disorders that will continue into adulthood.

In 2022, the number of children in foster care was 481, a decrease of 2.24% from the 492 documented in 2018. While this is encouraging, it should be noted that Surry County experienced an increase of 56.78% during the same period, as all other communities improved. The largest decrease in the region was noted in Davie County, where 66 children were noted as being in care, a reduction of 33.33% from the 99 in the previous assessment.

Chart 74: Foster Child Trend (FY2018-FY2022)

Area	2018 in Care	2022 in Care	% Change
Davie	99	66	-33.33%
Stokes	171	136	-20.47%
Surry	118	185	+56.78%
Yadkin	104	94	-9.62%
REGION	492	481	-2.24%

Source: Kids Count

Community Feedback

Domestic violence emerged as a critical concern among respondents. Several participants mentioned the prevalence of abuse and neglect, underscoring the need for robust support systems. One respondent noted, "I see a lot of abuse and neglect," while another pointed out, "Unsafe home environments are on the rise as folks are struggling to make ends meet," linking financial stress to increased domestic conflicts and violence.

Parenting struggles were frequently highlighted, particularly among single parents. Single parent households, especially single mothers, face considerable challenges in balancing work, childcare, and other responsibilities. Twenty percent of respondents identified as single mothers, indicating a substantial portion of the community grappling with the unique difficulties of single parenting. One respondent shared, "Having trouble parenting my own children," reflecting the personal struggles many parents face.

Custodial grandparent households and foster care also featured prominently in the survey responses. Several respondents pointed out that grandparents often step in to care for their grandchildren, usually due to issues like addiction or incarceration of the parents. One participant mentioned, "Children are being raised by grandparents who have health issues because of addiction and incarcerated parents." This situation adds an additional layer of complexity and stress to family dynamics, as elderly grandparents take on parenting roles once again.

Abuse and neglect were recurring themes, with respondents emphasizing the need for more resources and support for affected families. One participant stated, "There are many families that are in danger of abuse and neglect of children due to these complicated circumstances," highlighting the intersection of various socio-economic factors that contribute to family instability.

Additionally, the survey responses pointed to a lack of adequate services for families dealing with abuse and neglect. One respondent mentioned, "Also, our county does not have many services for neglected and abused families," indicating a gap in available resources and support systems.

2024 COMMUNITY ASSESSMENT

Family Resources

Resource Name	Contact Information	Description
Al-Anon Family Groups	al-anon.org	Support for individuals and families facing alcohol addiction
Annie's Hope Center	336-403-4224	Offers long-term residence to women and children survivors of domestic violence for at least 1 year
Big Brothers Big Sisters	336-751-9906	Intensive, community-based mentoring program for at-risk school-aged children and adolescents
Davie Center for Violence Prevention	336-753-6150	Assistance for victims of domestic violence or sexual assault in Davie County
Davie Domestic Violence Services and Rape Crisis Center	336-751-3450	Serves men, women, and children who are victims of domestic violence and sexual assault in the Davie area
Dragonfly House Children's Advocacy Center	336-753-6155	Provides services to children birth-17 who have experienced any form of physical abuse, sexual abuse, neglect, or who have witnessed violence
My Sister's House	252-459-3094	Provides support to victims of domestic violence, sexual assault and human trafficking through advocacy, shelter, education, and community outreach
Project C.A.R.E.	828-485-4267	Specially trained family consultant team who coaches caregivers of individuals with dementia/Alzheimer's
SCAN (Stop Child Abuse Now)	336-748-9028	Support for victims of child abuse in the Winston-Salem area
Smart Start of Davie County	336-751-2113	Offers programs that ensure quality early education, health, and family support for all children prenatal to kindergarten in Davie County
Stokes County Advocacy Council to Seniors	336-593-8156	Offers Heat Relief Program and Farmers' Market Nutrition Program to seniors in Stoke County
Surry County Early Childhood Partnership, Inc	336-786-1880	promotes the healthy development of children 0-5 years of age and provides support for their families
United Way of Davie County	336-751-0313	Building stronger communities by advancing the health, financial stability, and education of Davie County residents
YVEDDI Domestic Violence	336-593-9323; 336-356-2014; 336-679-2072	Provide emergency services and assistance to persons who have been victimized by domestic violence/sexual assault

Conclusion: Strengths
Over the past five years, several positive trends have been observed in the YVEDDI service area that support overall well-being and movement out of poverty. One notable strength is the slight reduction in the number of children in foster care. The total number of children in foster care decreased from 492 in 2018 to 481 in 2022, representing a 2.24% reduction. In fact, improvements were noted in all but one county in the region.

Another strength is the decrease in births to unwed mothers. While the total number of births has decreased by 0.37% over the past five years, the number of births to unwed mothers has decreased by 2.34%. This suggests an improvement, as fewer children are being born into potentially more vulnerable single-parent situations. This trend indicates progress in family planning and support services, which are essential for community health and social services.

Conclusion: Weaknesses
Despite these positive trends, several weaknesses exist. Trends in births reveal areas of concern. While the total number of births has slightly decreased, indicating some stability, the proportion of births to unwed mothers remains significant. In 2021, unwed mothers accounted for more than one-third (37.39%) of all births in the county. These households are generally much more likely to lack prenatal care and rely on Medicaid for birthing costs than married couple parents, highlighting ongoing vulnerabilities and health disparities.

While the regional number of children in foster care improved over the past five years, Surry County experienced an increase of 56.78%. More than one-third of all foster children in the region reside in the is community, indicating a need for continued evaluation.

Domestic violence remains a significant issue in North Carolina, with substantial impacts on individuals and communities. Between 2019 and 2021, there were 185,936 reported incidents of domestic violence, with the most common type being simple assault. The number of domestic violence-related homicides showed significant fluctuations, peaking in 2021 during the COVID-19 pandemic. This increase highlights the heightened stress and isolation experienced during the pandemic, which likely exacerbated domestic violence situations. Although there was a decrease in domestic violence deaths in 2022, the significant rise in 2023 underscores the persistent challenges in addressing domestic violence effectively.

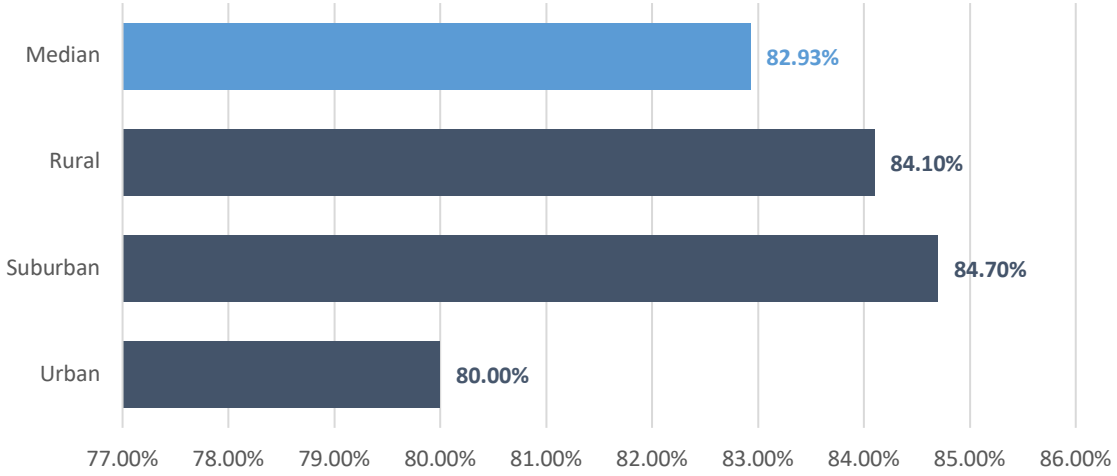
Community Engagement

Community engagement is the involvement of individuals in activities that contribute to the well-being of their community. This can include social interactions, volunteering, participation in groups, and political activities. Civic health, a measure of the strength and vitality of a community's social fabric, is influenced by these activities. A robust civic health is essential as it fosters higher employment rates, better education systems, more responsive governance, and overall community vitality. This summary evaluates community engagement in North Carolina based on data from the North Carolina Civic Health Index (NCCHI).

Social Connectedness

The data shows that 82.93% of North Carolina residents spend time with family and friends. This percentage varies by the type of community, with rural areas having the highest percentage at 84.10%, followed by suburban areas at 84.70%. Urban areas have the lowest percentage, with 80.00% of residents spending time with family and friends. This suggests that suburban and rural residents may have stronger or more frequent connections with family and friends compared to their urban counterparts. Factors such as different social dynamics, lifestyle choices, and community structures in these areas could influence these variations.

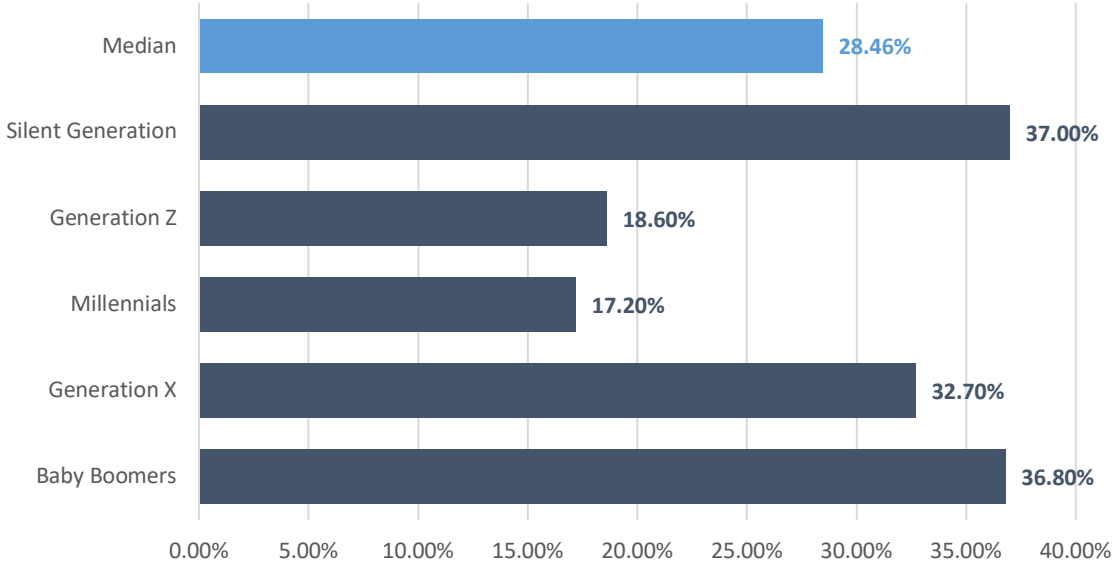
Chart 75: North Carolina Residents Spending Time with Family and Friends (2023)



Source: North Carolina Civic Health Index

Neighborly interactions show significant variation among different age groups in North Carolina. Overall, 28.46% of residents interact with their neighbors. The Silent Generation (born 1928-1945) has the highest rate of neighborly interactions at 37.00%, followed closely by Baby Boomers (born 1946-1964) at 36.80% and Generation X (born 1965-1980) at 32.70%. In contrast, younger generations, including Generation Z (born 1997-2012) and Millennials (born 1981-1996), have much lower rates of neighborly interactions at 18.60% and 17.20%, respectively. This generational shift in social behavior could be influenced by increased mobility, digital communication, and changes in lifestyle preferences.

Chart 76: North Carolina Neighborly Interactions by Age Group (2023)



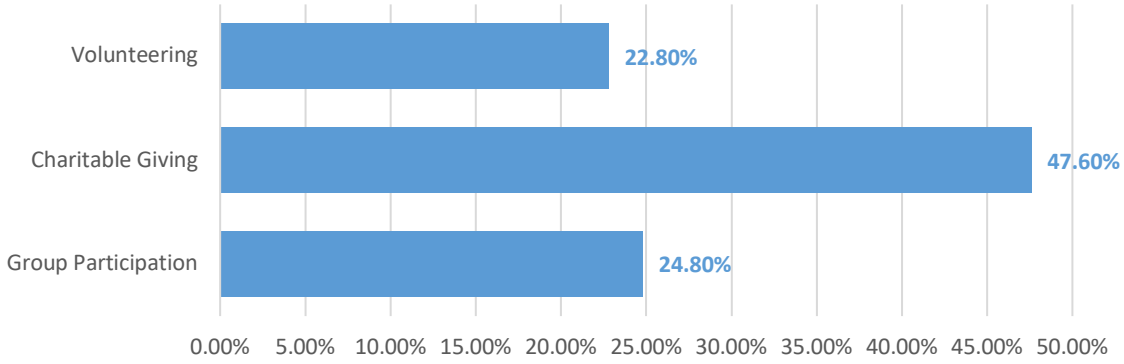
Source: North Carolina Civic Health Index

Additional data from the report indicates that North Carolina residents' engagement in social and civic activities varies widely. For instance, volunteering rates and participation in community groups also differ significantly by age and community type. Rural residents are more likely to volunteer and participate in community activities compared to urban residents. Moreover, older generations tend to be more engaged in civic activities such as voting and attending public meetings than younger generations.

Community Involvement

Community involvement encompasses a wide range of activities that residents engage in to support and improve their local communities. This includes volunteering, charitable giving, and participating in local groups and civic organizations. Such engagement is crucial because it fosters a sense of belonging, strengthens social ties, and empowers individuals to contribute to their community's well-being. Active participation in community activities helps address local challenges, supports those in need, and drives positive change. By being involved, residents not only enhance their own lives but also build stronger, more resilient communities that can effectively respond to social, economic, and environmental challenges.

Chart 77f: North Carolina Community Involvement (2023)



Source: North Carolina Civic Health Index

Volunteering provides critical support to numerous community services and enhances civic engagement. Although the rate of 22.80% suggests a notable level of volunteerism, there is room for growth. Encouraging more residents to participate in volunteer activities can foster a stronger sense of community, provide essential services to those in need, and enhance social cohesion.

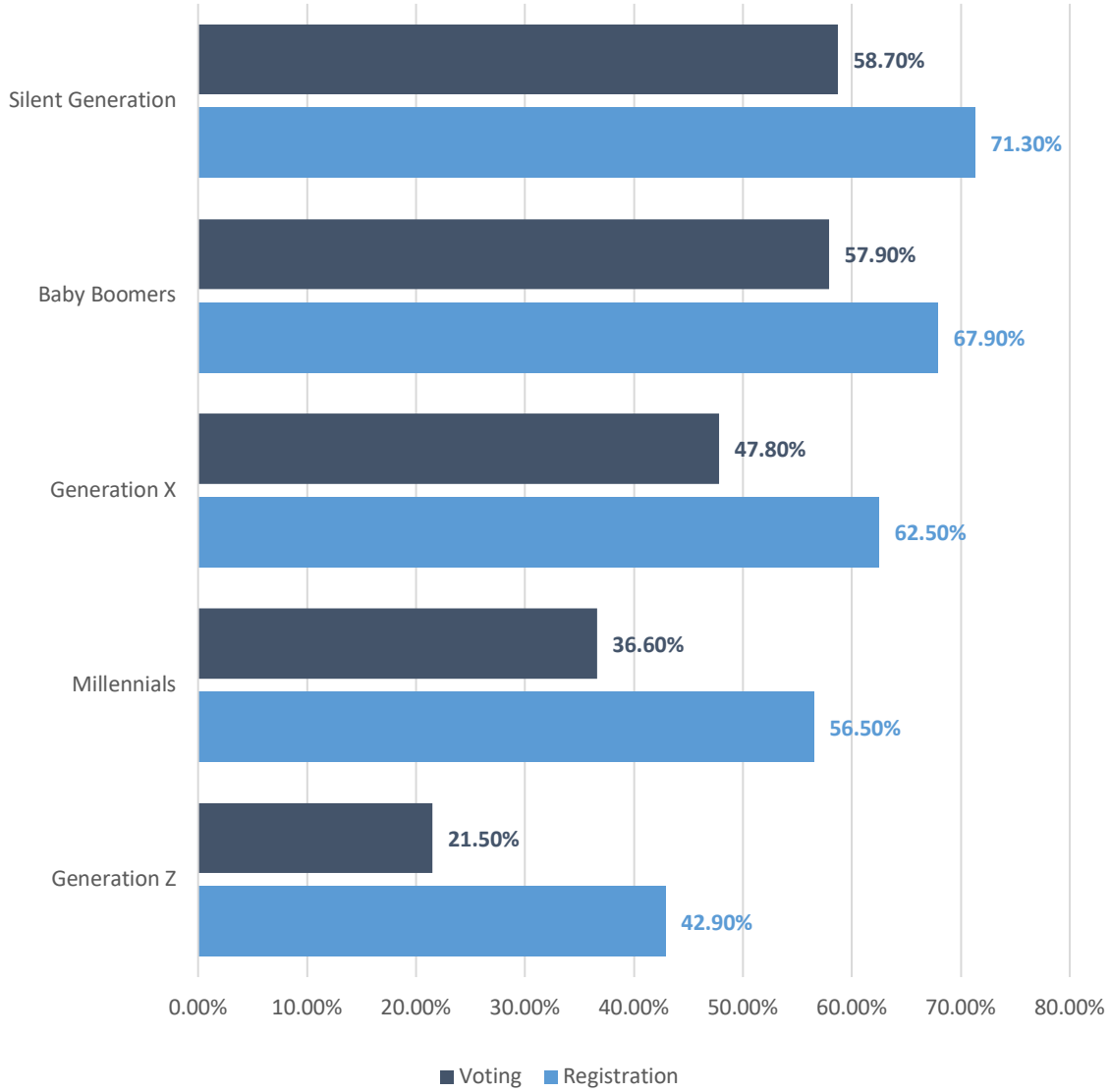
Charitable giving at 47.60% demonstrates a strong inclination among North Carolina residents to support various causes financially. This level of giving reflects a community-oriented mindset and a willingness to contribute to the welfare of others. Such contributions are vital for non-profit organizations, community programs, and social services that rely heavily on donations to operate and expand their reach.

Group participation, with 24.80% of residents involved, highlights the significance of social and civic groups in community engagement. Participation in such groups can range from local clubs and associations to civic organizations and advocacy groups. These interactions not only strengthen social ties but also empower residents to influence local decisions and drive community improvements.

Political Action

Political action, particularly voting, is a crucial aspect of civic engagement and community involvement. It reflects the population's participation in the democratic process and their ability to influence policy and decision-making that affects their lives. The data shows varying levels of voting and registration across different age groups and educational levels in North Carolina.

Chart 78: North Carolina Voting by Age Group (2023)

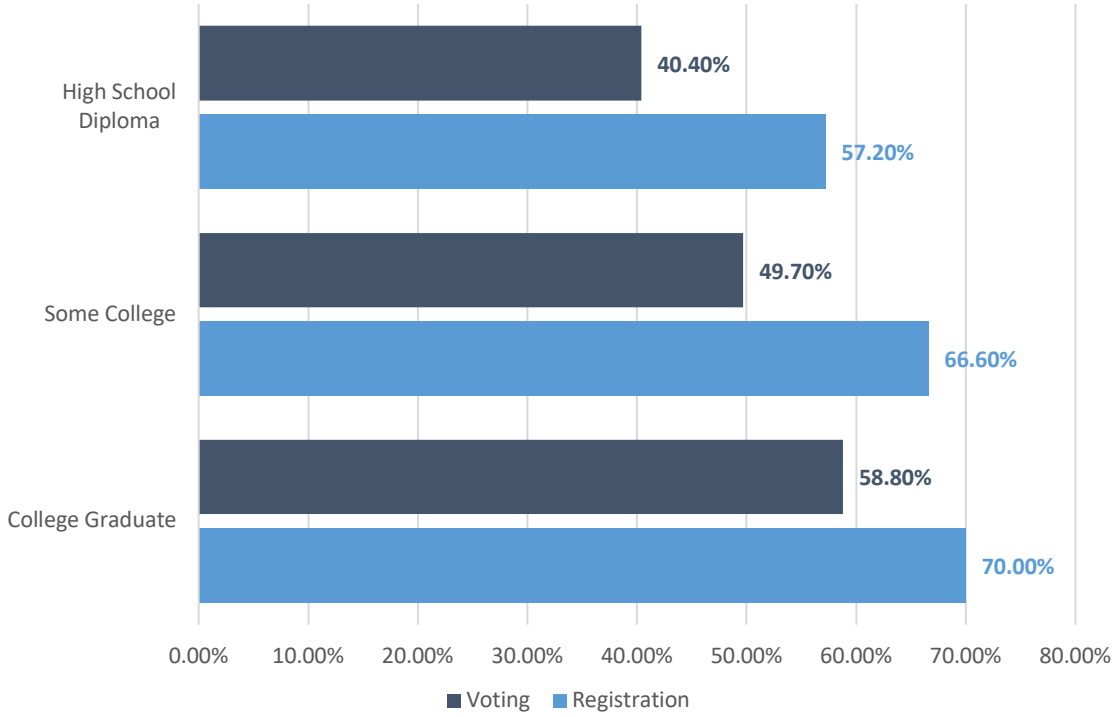


Source: North Carolina Civic Health Index

Among the various age groups, the Silent Generation has the highest voting and registration rates, with 58.7% voting and 71.3% registered. Baby Boomers follow closely, with 57.9% voting and 67.9% registered. Generation X shows a lower participation rate, with 47.8% voting and 62.5% registered. Millennials have a significantly lower voting rate at 36.6%, though their registration rate is 56.5%. Generation Z, the youngest cohort, has the lowest engagement with only 21.5% voting and 42.9% registered. These trends suggest that older generations are more engaged in the voting process while younger generations show less participation, which may impact the representation of their interests in political decisions.

When examining voting and registration by educational level, college graduates have the highest rates, with 58.8% voting and 70.0% registered. Those with some college education also show strong participation, with 49.7% voting and 66.6% registered. Individuals with a high school diploma or less have the lowest engagement, with 40.4% voting and 57.2% registered. This data indicates that higher educational attainment is associated with greater political engagement, highlighting the importance of education in fostering informed and active citizens.

Chart 79: North Carolina Voting by Education Level (2023)



Source: North Carolina Civic Health Index

Overall, the data underscores the need to promote voter engagement across all age groups and educational levels. Efforts to increase political participation, especially among younger generations and those with lower educational attainment, are essential for ensuring a representative and functioning democracy. Addressing barriers to voting and implementing strategies to encourage civic participation can help achieve this goal.

Veterans

Although not included in the Civic Health Index Report, there can be no greater form of civic engagement than participation in military services. According to the U.S. Census Bureau, an estimated 11,921 veterans reside in the service area. This accounts for 7.62% of all adults in the county. Among the veterans living in the region, 3,791 participated in the Gulf Wars, with 4,929 participating in Vietnam, 723 participating in the Korean War, and 143 participating in World War II.

Table 75: Veteran Counts by Age Group (2022)

Area	18-34	35-54	55-64	65-74	75+	Total
Davie	106	588	735	764	785	2,978
Stokes	236	436	736	942	764	3,114
Surry	153	713	726	1,113	918	3,623
Yadkin	130	411	371	488	806	2,206
REGION	**625**	**2,148**	**2,568**	**3,307**	**3,273**	**11,921**

Source: U.S. Census Bureau ACS (S2101)

The region's veterans were primarily male (94.25%), White (91.61%), non-Hispanics (99.46%) over the age of 65 (55.20%).

Crime Rates

Crime rates are a critical indicator of community health and safety that are closely linked to poverty. Higher crime rates often correlate with increased levels of poverty, creating a cycle of socioeconomic challenges that hinder community development and individual well-being.

Index crimes include a combination of violent and property crimes, providing an overall measure of the crime rate in a given area. In the region, the index crime rate was 1,104.0 per 100,000 people, significantly lower than the state average of 2,526.0 per 100,000 people. At the county level, Davie County had the highest index crime rate at 2,225.3, followed by Surry County at 1,696.3, and Yadkin County at 1,393.3. Notably, there is no published data for Stokes County. Compared to the regional average, Davie County's index crime rate is more than double, indicating a higher prevalence of crime in this area, while Surry and Yadkin counties are closer to the regional average but still above it.

Table 76: Crime Rates by Type and County (2022)

Area	Index Crime Rate	Violent Crime Rate	Property Crime Rate
Davie	2,225.3	333.1	1,892.2
Stokes	No Data	No Data	No Data
Surry	1,696.3	207.0	1,489.3
Yadkin	1,393.3	164.2	1,229.1
REGION	**1,104.0**	**234.8**	**1,536.9**
State	**2,526.0**	**412.2**	**2,113.9**

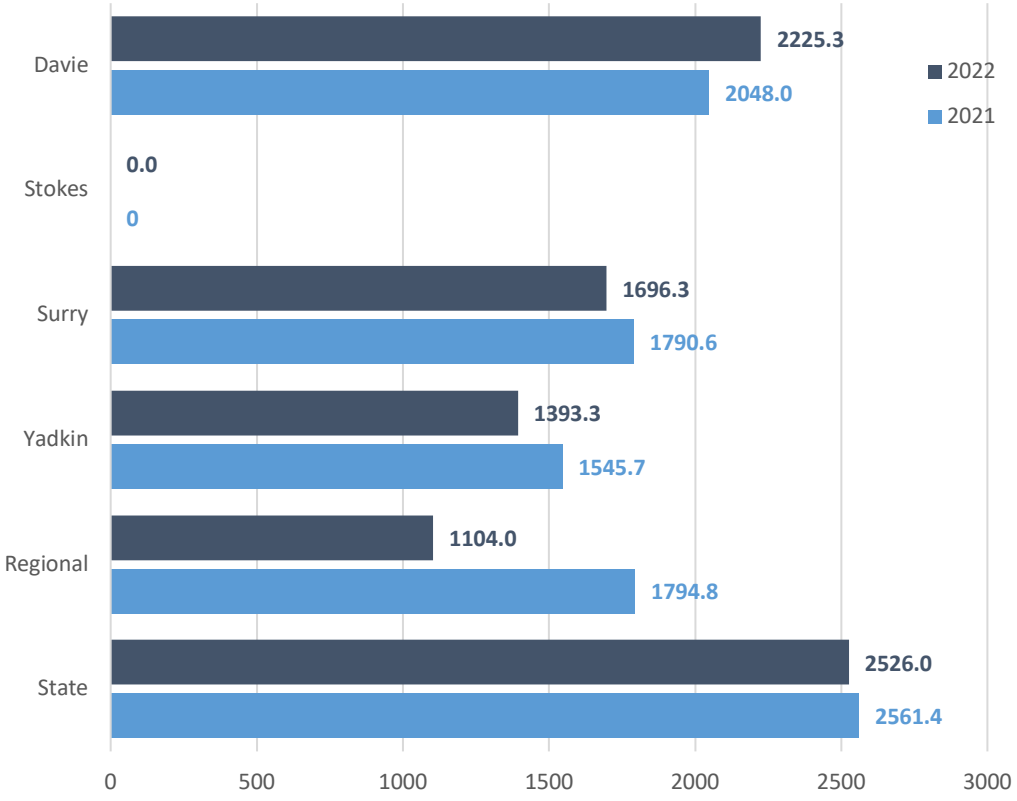
Source: North Carolina State Bureau of Investigation

Violent crime rates measure serious offenses such as murder, rape, robbery, and aggravated assault. In 2022, North Carolina's violent crime rate was 412.2 per 100,000 people, showing a 3.9% decrease from the previous year. The regional violent crime rate was 234.8 per 100,000 people, considerably lower than the state average. Among the counties with available data, Davie County had the highest violent crime rate at 333.1, followed by Surry County at 207.0, and Yadkin County at 164.2. Davie County's rate is higher than the regional average but lower than the state average, whereas Surry and Yadkin counties have significantly lower rates compared to both the regional and state averages. Again, Stokes County data is not available for comparison.

Property crimes include offenses such as burglary, larceny-theft, and motor vehicle theft. The state property crime rate was 2,113.9 per 100,000 people in 2022, with a slight decrease of 0.9% from the previous year. The regional property crime rate was 1,536.9 per 100,000 people, lower than the state average. Davie County reported the highest property crime rate at 1,892.2, followed by Surry County at 1,489.3, and Yadkin County at 1,229.1. Davie County's property crime rate is higher than the regional average but lower than the state average. Surry and Yadkin counties have lower rates compared to both the regional and state averages, highlighting a relatively safer environment in terms of property crimes in these areas.

From 2021 to 2022, North Carolina saw a general trend of decreasing crime rates. The overall violent crime rate in the state decreased by 3.9%, with significant reductions in murder (14%), rape (3%), robbery (2.7%), and aggravated assault (3.9%). Property crimes also decreased by 0.9%, with burglary rates dropping by 7.9%. However, larceny-theft rates remained stable with a minor increase of 0.2%, and motor vehicle theft rates rose by 6.6%.

Chart 80: Index Crime Rate Trend by County (2021-2022)



Source: North Carolina State Bureau of Investigation

In comparison, the regional trends varied. The region's index crime rate, violent crime rate, and property crime rate were all lower than the state averages, indicating relatively better overall safety. However, county-level variations suggest areas of concern. Davie County, with its higher index and property crime rates, indicates more significant challenges at the local level. Surry and Yadkin counties, while having lower crime rates than Davie, still show numbers that suggest the need for continued focus on crime reduction strategies.

The connection between crime and poverty is well-documented, with socioeconomic deprivation often leading to higher crime rates. Poverty can drive individuals towards criminal activities as a means of survival or due to lack of opportunities. High crime rates, in turn, perpetuate poverty by creating an unsafe environment, deterring investment, reducing property values, and limiting access to quality education and jobs. This cyclical relationship underscores the need for comprehensive strategies to address both poverty and crime concurrently. Addressing poverty through education, employment opportunities, and community support can contribute significantly to reducing crime rates. The regional focus should be on providing resources and programs tailored to the specific needs of the counties, especially those like Davie with higher crime rates.

Community Feedback
Among the respondents, several identified past criminal offenses as a major barrier to obtaining stable and well-paying jobs. Specifically, 3.1% of the respondents highlighted criminal records as a situation impacting their ability to meet basic needs .

One respondent pointed out, "Barriers to employment due to past criminal offenses made it more difficult to obtain a livable wage," indicating the persistent challenges that individuals with criminal records face in the job market. The stigma associated with criminal records often prevents residents from accessing employment opportunities, which in turn affects their economic stability and quality of life.

In addition to employment barriers, the survey data also indicates that criminal records can exacerbate other socio-economic challenges. For example, limited employment opportunities due to a criminal record can lead to housing insecurity, as individuals struggle to afford rent or mortgage payments. This interconnected nature of socio-economic issues highlights the broader impact of criminal records on residents' ability to achieve and maintain financial stability.

Agency Data
Through the agency's Retired Senior Volunteer Program (RSVP), 161 residents over the age of 55 in Surry and Yadkin counties donated a total of 11,896.50 hours. This substantial contribution has significantly improved the community while also strengthening the volunteers' own civic engagement.

Community Engagement Resources

Resource Name	Contact Information	Description
Community Access Partners, Inc	336-993-4200	Interpretation and translation services
East Bend Senior Center	336-699-5100	Offer a variety of educational programs and nutritional meals for seniors
Exodus Ministries	336-529-8993	A volunteer Christian mentoring center for troubled families
IMPACT of the Piedmont	336-751-5014	Provides individualized home and community-based support for children and adults with intellectual and developmental disabilities
Safe Kids Surry County	336-386-9144	Implements evidence-based programs that help parents and caregivers prevent childhood injuries
Senior Centers of Surry County	336-786-6155	Offer a variety of educational programs and nutritional meals for seniors
Surry County Health and Nutrition Center	336-401-8400	Promote personal, family, and community health for the residents of Surry County
Winston-Salem Urban League	336-717-1223	Empowers and advocates for African Americans and other disenfranchised communities through education, training, and civic engagement
Yadkin County Senior Center	336-679-3596	Offer a variety of educational programs and nutritional meals for seniors
Yadkin Valley Senior Center	336-526-1087	Offer a variety of educational programs and nutritional meals for seniors

Conclusion: Strengths
The region exhibits several strengths that contribute to promoting well-being and facilitating movement out of poverty. High levels of community engagement and social connectedness play a critical role. The data indicates that 82.93% of residents, especially in rural (84.10%) and suburban (84.70%) areas, spend time with family and friends, fostering strong support networks. These networks provide essential emotional, financial, and logistical support, which can help individuals navigate economic challenges more effectively.

Community involvement is also a strong point, with 47.60% of residents participating in charitable giving and substantial portions engaging in volunteering (22.80%) and group activities (24.80%). This engagement strengthens community ties and supports numerous local services and programs essential for addressing social issues, including poverty. Such involvement helps create a resilient community where residents work together to improve their collective well-being.

Political action and civic participation, particularly among older generations, further enhance the community's strengths. Higher voting (58.70%) and registration (71.30%) rates among the Silent Generation and Baby Boomers (57.90% voting, 67.90% registration) ensure that the needs and interests of the community are well-represented in policymaking. This political engagement is crucial for advocating for policies and resources that address poverty and other social issues.

The presence of veterans is another significant strength. Veterans bring valuable skills, leadership, and discipline to the community, and their involvement in local activities can enhance community resilience. Targeted services and support for veterans can also positively impact the broader community, creating a supportive environment for all residents. Specific numbers and their impact on the community, however, were not provided in the report.

Conclusion: Weaknesses
Despite these strengths, the region faces several weaknesses that hinder well-being and movement out of poverty. High crime rates, particularly in Davie County, pose significant challenges. Davie County's index crime rate is 2,225.3 per 100,000 people, and its violent crime rate is 333.1 per 100,000 people, both of which are higher than the regional averages (index crime rate of 1,104.0 and violent crime rate of 234.8) and state averages (index crime rate of 2,526.0 and violent crime rate of 412.2). High property crime rates in Davie County (1,892.2 per 100,000) also lead to financial losses and increased insurance costs, straining household budgets.

Gaps in political participation among younger generations and those with lower educational attainment are also concerning. Lower voting and registration rates among these groups mean that their interests are often underrepresented in policymaking. For example, Millennials show a voting rate of only 36.60% and a registration rate of 56.50%, while Generation Z has even lower participation with 21.50% voting and 42.90% registration. This lack of representation can perpetuate cycles of poverty and inequality, as policies may not adequately address the needs of these demographics.

Disparities in social engagement across different demographic groups also present challenges. Younger generations, such as Generation Z (18.60%) and Millennials (17.20%), have lower rates of neighborly interactions compared to older generations like the Silent Generation (37.00%) and Baby Boomers (36.80%). This shift in social behavior could weaken community ties and support networks for younger residents, making it more difficult for them to navigate economic challenges and achieve well-being.

YVEDDI
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

COMMUNITY ASSESSMENT

2024 REPORT ON POVERTY



SECTION 8

DATA SOURCES

Research and Statistical Data

Demographic Profile

Personal Demographics: Census Bureau ACS Tables DP02-DP05
https://www.census.gov/programs-surveys/acs

Household Demographics: Census Bureau ACS Tables DP02, S1101
https://www.census.gov/programs-surveys/acs

Senior Citizen Demographics: Census Bureau ACS Tables DP02, S0103
https://www.census.gov/programs-surveys/acs

Median Age: Census Bureau ACS Table DP05
https://www.census.gov/programs-surveys/acs

Citizenship Status: Census Bureau ACS Table DP02
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https://www.census.gov/programs-surveys/acs

Birth Statistics: NCDHHS Division of Public Health
https://schs.dph.ncdhhs.gov/data/vital.cfm

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Income and Poverty

Poverty Data: Census Bureau ACS Tables S1701-1703
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Household Poverty Data: Census Bureau ACS Tables S1901-1903, S2201
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Income Inequality: US Census Bureau ACS Table B19083
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https://www.urban.org/features/unwaged-war-deep-poverty

Employment & Industry

Labor Force/Employment Statistics: Bureau of Labor Statistics
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Under-Employment/Working Poor: Census Bureau ACS Tables S1702, S0802
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Health

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Survey Data

Question 1: How would you classify yourself? – 440 Responses

Board Member	11
Staff Member	38
Volunteer	28
Community Member	311
Business/Organization/Government	52

Question 2: Which sector do you represent on the governing body? (Board only) – 11 Responses

Community Members	9
Government	1
Local Businesses/Organizations	1

Question 3: Which option best classifies your role in the organization? (Staff only) – 37 Responses

Executive/Administrative Team	2
Finance	0
Human Resources	0
Public Relations	0
Program Management	14
Program Staff	18
Other	3

Question 4: Which community/communities do you reside in and/or serve? – 447 Responses

Davie	39
Stokes	88
Surry	228
Yadkin	162

Question 5: What is the name of your organization? (Stakeholders Only) – 48 Responses

- Addiction Recovery Medical Services
- Altec
- American Red Cross
- Carolina Senior Center
- CENTRAL SYSTEMS, INC
- Children's Center of Northwest North Carolina
- County of Yadkin
- Davie County Public Sector
- Davie County Sheriff
- Daymark Recovery Services
- DHHS: NCDVR: Vocational Rehabilitation
- Family Promise of Davie County
- Foothills Food Pantry
- Goodwill Industries
- Greater Mount Airy Ministry of Hospitality – The Shepherd's House
- Helping Hands Food Pantry
- Heroes Helping Heroes
- High Country Community Health
- Insight Human Services
- Mount Airy City Schools
- Mount Airy Public Library
- NETworX Yadkin
- NextGen
- Northwestern Regional Library
- Piedmont Triad Regional Council
- Project CARE
- Smart Start of Yadkin County
- Stokes Partnership for Children
- Surry Community College
- Surry County Fire Marshal's Office
- Surry County Government
- Surry County Health & Nutrition Center
- Surry County Veterans Council
- Surry/Stokes Friends of Youth
- The Parenting PATH
- The Shepherd's House
- Town of Jonesville
- Trinity Church Food Pantry
- Unique Background Solutions
- United Fund of Surry
- Vaya Health
- Vincent's Legacy Kindness Rocks & Abound Health, LLC
- Yadkin County Board of Commissioners
- Yadkin County Human Services Agency

Question 6: Which of the following best describes your organization? (Stakeholders Only) – 47 Reponses

Local Government	9
Law Enforcement	1
Faith Based Organization	3
Veteran Services	1
Educational Institution	6
Other Community Organization	27

Question 7: What type of services do you provide? (Stakeholders Only) – 36 Reponses

Case Management	16
Income Management Assistance	2
Employment Assistance	12
Adult Education Assistance	8
Adult Skills Development Assistance	7
Child/Youth Education Assistance	12
Childcare	2
Emergency Housing/Utility Payments	4
Homeless/Transitional Housing	8
Housing Development	1

Physical Health Services	4
Mental/Emotional Health Svc	14
Behavioral Health Services	10
Domestic Violence Assistance	3
Food Assistance	9
Resource Coordination	16
Application Assistance	7
Parent Supports	12
None	1
Other	16

Question 8: Do you consider yourself to be low-income? – 427 Respondents

Classification	Yes	No
Board Member	2	9
Staff Member	16	22
Volunteer	12	14
Community Member	158	132
Business/Organization/Government	11	38
TOTAL	**199**	**215**

Question 9: What is your age range? – 338 Respondents

18-24 years	12	3.55%
25-44 years	88	26.04%
45-54 years	26	7.69%
55-59 years	21	6.21%
60-64 years	14	4.14%
65+ years	177	52.37%

Question 10: Do you consider yourself to be Hispanic? – 206 Responses

Yes	25	12.14%
No	181	87.86%

Question 11: What is your race? – 194 Responses

Black	19	9.75%
White	165	85.05%
Asian	0	0.00%
American Indian	0	0.00%
Other	10	5.15%

Question 12: What is your family type? – 189 Responses

Single Individuals	19	10.05%
Adults with Children	98	51.85%
Two Adults, No Children	17	8.99%
Single Parent (Female)	38	20.11%
Single Parent (Male)	5	2.65%
Custodial Grandparent	5	2.65%
Foster Parent	1	0.53%
Other	6	3.17%

Question 13: Do you have any pre-school aged children? – 107 Responses

Yes	68	63.55%
No	39	36.45%

Question 14: Are you familiar with YVEDDI? – 214 Responses

Yes	200	93.46%
No	14	6.54%

Question 15: Do you consider yourself to be a partner with YVEDDI? (Stakeholders Only) – 43 Responses

Yes	2	4.65%
No	41	95.35%

Question 16: Have you ever been assisted by YVEDDI? – 346 Responses

Classification	Yes	No
Board Member	1	10
Staff Member	5	32
Volunteer	8	2
Businesses/Organizations/Government	9	38
Community Members	183	58
TOTAL	**206**	**140**

Question 17: Please select any services that you have received from the organization over the past twelve months? (Customers Only) – 121 Responses

Head Start/Early Childhood Dev.	17
Domestic Violence Assistance	4
Senior Center Activities	37
Meals on Wheels	52
Senior Center Congregate Meals	27
Home Weatherization	1
Transportation Assistance	12
Other	6

Question 18: From your perspective, what are the most critical conditions of poverty in your community? – 380 Responses

Food Insecurity	246
Housing Insecurity	220
Homelessness	0
Risk of Utility Loss	98
Poor Physical Health	120

Poor Mental Health	128
Unsafe Home Environments	83
Inadequate Clothing	20
None/Unknown	23
Other	22

Question 19: From your perspective, which of the following situations impacts the ability of local residents to meet these basic needs? – 392 Responses

Inadequate Income	215
Lack of Financial Management Skills	82
Unemployment	68
Under-Employment	20
Lack of Affordable Housing	139
Poor Quality Housing	27
Poor Health	72
Lack of Personal Transportation	86
Lack of Community Transportation	33
Lack of Education/Skills	74

Lack of Childcare	57
Unreasonable Childcare Cost	67
Discrimination	8
Criminal Records	12
Addictions	65
Domestic Abuse	21
Lack of Social Support	34
Inadequate Health Service Access	16
None/Unknown	18
Other	38

Question 20: From your perspective, which of the following barriers have the GREATEST impact on a person's ability to secure meaningful employment in your local community? – 32 Responses

A lack of job opportunities	11
Discrimination	3
A lack of qualifications	16
A lack of transportation	11
A lack of childcare	6
Insufficient networking opportunities	5

Criminal records	6
Addictions	7
Poor health	3
Unknown	8
Other	2

Question 21: Which skills and/or qualifications do you feel present the biggest barrier to employment for individuals in your community? – 33 Responses

Inadequate literacy skills	7
Inadequate language skills	3
Inadequate office skills	5
Inadequate technical skills	12
Lack of digital skills	11
Inadequate soft skills	11

No high school diploma	6
No college education	4
Lack of required certifications	5
Lack of ambition	1
Unknown	10

Question 22: Which, if any, of the following barriers do adults encounter when trying to improve their qualifications for local jobs? – 34 Responses

Lack of resources in the community	8
Lack of resource awareness	9
Inability to afford available resources	12
Lack of online learning options	2
Lack of ambition	2

Lack of transportation to resources	13
Lack of childcare to utilize resources	9
Lack of time to use resources	1
Lack of computer/internet access	8
Unknown	12

Question 23: Which, if any, of the following health and safety concerns have you seen in the homes in your community? - 10 Responses

Rodent or insect infestation	3
Sagging/leaking roof	3
Inadequate insulation	4
Lead-based paint	1
Broken windows/doors	2
Openings in walls/floors/ceilings	3

Inadequate heating units	6
Foundation issues	1
Mold	2
Asbestos	1
Unknown	1

Question 24: What aspects of community transportation are inadequate in your area? - 22 Responses

No public transportation available	11
Limited routes	8
Limited hours of operation	9
High cost	7
Unreliable Service	2

Lack of accessibility for disabled	1
Safety concerns	1
Other	4
Unknown	2

Question 25: Which types of addictions have the greatest impact on the ability of residents to secure basic needs? - 45 Responses

Alcohol	31
Drugs	40
Tobacco	8
Pornography	1
Work	3
Shopping	1

Gambling	7
Food	2
Internet/Video Games	5
Other	2
Unknown	4

Question 26: What barriers most contributed to inadequate health service access? – 7 Responses

A lack of insurance	3
Inadequate insurance	2
Insufficient mental health services	3
Inaccessibility for disabled residents	1

High cost of medical care	5
Long waiting times for appointments	1
Unknown	2

Question 27: Based on your work and/or school schedule, what would be the ideal time for dropping your children off for childcare? (Low-Income with Children Only) – 5 Responses

6:00 am	1
7:00 am	2
8:00 am	1
8:00 pm	1

Question 28: Based on your work and/or school schedule, what would be the ideal time for picking up your children from childcare? (Low-Income with Children Only) – 4 Responses

3:00 pm	1
4:00 pm	1
5:00 pm	2

Question 29: Which of the following situations below are relevant to personal transportation used by low-income residents? - 243 Responses

The majority are in good conditions	29
Many have minor issues	98
Many have major issues	79
Most lack modern safety features	43
Many lack insurance due to the cost	81

Frequent breakdowns	56
High repair costs	126
Lack of trustworthy mechanic	43
Other	23

Question 30: Which of the following situations have you personally struggled with over the past twelve months? (Low-Income Only) – 69 Respondents

Situation	Assistance Unavailable	Assistance Received
I had needed assistance with job search	7	2
I needed assistance with uniforms/tools for work	3	2
I needed help developing a budget	4	4
I lacked the education/skills needed to get a job in my community	7	5
I needed assistance paying off loans/debt	14	2
I needed assistance with my rent payment	13	6
I was evicted from my home	3	2
I needed assistance with my mortgage payment	9	1
I experienced a foreclosure on my home	3	0
I was homeless	2	2
I had to relocate due to the cost of my housing	3	0
I needed assistance with my utility bill	17	8
My utility service was disconnected	5	2
I needed assistance getting medical care for a family member	1	6
I felt socially isolated	7	4
I needed assistance with depression	10	10
I seriously considered suicide	0	2
I needed assistance applying for SSI, TANF, or another benefit	6	6
I experienced abuse/neglect	2	4
I needed assistance improving the health/safety of my home	5	0
I needed assistance improving the insulation of my home	8	1
I had personal transportation limitations	9	4
I struggled with food insecurity	8	15
I was unable to locate childcare	9	3
I was unable to afford childcare	11	5
I needed assistance with my parenting skills	3	2
I needed assistance with criminal record limitations	4	0
I needed assistance with an addiction	2	1

Income and Poverty Comments:

- *Due to the increase of cost for everything and lower paying jobs in the area it puts a strain on households to buy/pay for items without assistance.*
- *Income provided doesn't help to meet all needs.*
- *The cost of living makes it hard to pay bills and keep clothing on us*
- *Elderly lack of income*
- *The economy getting worse every day seeing people struggle trying to survive.*
- *Unless you are fortunate to have a good, stable, well-paying job, it doesn't take much to push you into poverty. Health conditions can multiply the negative outcomes as well. Once you are in poverty, it then affects your ability to maintain adequate housing and food.*
- *Without assistance, poverty can be impossible to escape.*
- *ACES! I am thinking of a cycle. Stress, maybe cannot meet basic needs. Potential response of stress causing neglect or abuse. I work as a counselor. Sometimes, it feels like the system is "broken" but the helpers keep showing up, working to do what we can, to make things better.*
- *Poverty has been exasperated by inflation, substance abuse and mental health challenges. Due to inflation, many basic needs are now unattainable which has led to an increase in poverty rates in some areas of our county.*
- *Because the high cost of food, child care, and rent and low wage pay many have a very hard time meeting these needs.*
- *The current state of the economy has had a significant impact on the residents of Stokes County, necessitating a proactive approach to addressing the challenges they face. Acknowledging the struggles of these families and collaborating to find sustainable solutions that can uplift them should be a priority. It is evident that the economic downturn has adversely affected the families in Stokes County. The majority of the county's citizens lack a college education and are often in low-paying jobs. Consequently, they are unable to meet their financial obligations, let alone provide for their families' basic needs. This financial strain has resulted in poor physical health, further exacerbating their predicament. It is essential to recognize the gravity of this situation and work towards a viable solution to uplift families in Stokes County. We must develop and implement strategies that can enhance the economic wellbeing of these families, improve their access to education and job opportunities, and promote a healthy lifestyle. In conclusion, the economic struggles of families in Stokes County require a concerted effort to find solutions that can improve their wellbeing. Given that these individuals are an integral part of the community, it is incumbent upon all stakeholders to work towards a sustainable solution that can uplift them and improve their quality of life.*
- *Certain populations live on a fixed income and don't always have enough money to meet their needs*
- *The rural areas of these counties are starting to reflect the change in culture and how rural population is trending towards poverty levels unlike the past.*
- *Everything has went up but people's wages and it's hard to live on what you make when everything is higher rent, food, electric, water, etc.*
- *Due to limited income, food/housing insecurity as well as the risk of losing utilities seem to be the most critical in our area*
- *We are in a very low income area, it's hard to find a job that pays more than 11.50 an hour.*
- *There is not a lot of local high paying jobs in the area and not a lot of opportunity or choices to pick from.*
- *Income is not matching the cost of living.*

- *In my area, some people have the lack of income or unemployed due to an increase of not able to perform a job. Most people these days don't have a budgeting skills because everything is so high and it takes everything you make to live.*
- *Pay too low*
- *Employees not making enough money for the economy today.*
- *The income given is lower than the housing units available.*
- *It's not a fair system, but without our current employment I know we would be living from our vehicle because every bill we have has gone up since November.*
- *Managing money when one person gets paid once a month*
- *The needs are great for low-income families and there are limited resources available in our local, rural area*

Employment Comments:

- *Thinking about my general community, these are issues that appear to be the most prevalent. Barriers to employment due to past criminal offenses made it more difficult to obtain a livable wage.*
- *Between a weak economy and the aftermath of COVID, there are many families struggling to find adequate employment.*
- *Jobs expect more then they pay and it seems hard to get a job these days because they picky*
- *My job isn't the best and is not very dependable to pay my bills, I don't know what I would do without this program.*
- *Poor health can limit what a person can do in a job position. If you are not healthy enough to do the work, then you are not going to be able to keep the job. Stable long-term employment is important to maintain a reasonable lifestyle. Most employers are willing to help a good worker to get the qualifications needed to continue employment or advance to better paying positions. Many good jobs have been off shored and are no longer available within driving distance.*

Adult Education/Skills Comments:

- *I would like to see more training for skillful jobs in order that we may attract major employers for our economy.*
- *I believe that since we have lost our CoVid-19 funding we have seen a decrease in enrollment and an increase in the W/F rate here at Surry Community College. I was able to during Covid to help student buy books pay for Transportation to and from class, help with Childcare, help with utility bills etc. Now we are grateful if we can fund students for tuition and fees only. The NC Legislature gave us, through the STWD program only $11,950 for FY 23-24 ending in June of this year, and for 24-24 we see nothing on the horizon. We blew through that in a matter of 3 months funding students just for tuition and fees, which are rather low as we are a Community College. These are for Continuing Ed classes i.e. Healthcare, Computer Information, Basic Law Enforcement Training and Truck Driving, electronics, and Construction, just to name a few of the courses we offer, all programs that have in very high demand in the employment sector. We are missing out on helping students get prepared for a future without a college degree but with skills in great need in this country.*

Child Education/Skills Comments:

- *I believe the low self esteem issue begins with our youth and the neglect/abuse in the home. If we can reach them young and pull them out or through bad situations, we can stop the end result of homelessness.*

Housing Comments:

- *We have had students in class that are living in a hotel.*
- *Several patients from my office have expressed housing insecurity.*
- *Seeing students living in a hotel situation*
- *Cost of living continues to increase for those that aren't able to purchase a home struggle to find a home for rent for a decent price.*
- *People are going without shelter*
- *I feel as if housing cost have definitely raised so much through the years and many people struggle to get by.*
- *It is extremely difficult to find affordable housing in my area and once you find housing you cant afford utilities and food.*
- *Its also really hard to find places to live around here, or the rent is way too high for what the house is.*
- *Rent is outrageous. no one can find affordable places and lose hope*
- *Rent increase.*
- *I can only speak to my personal experiences but housing insecurity is a main issue that I have had to navigate*
- *Thinking about my general community, these are issues that appear to be the most prevalent. After having been homeless in this community, these were issues I saw others navigating in shelter spaces.*
- *Housing to expensive to afford*
- *Families are constantly needing assistance paying for housing, finding affordable housing, paying for utilities, understanding utilities, etc.*
- *Between a weak economy and the aftermath of COVID, there are many families struggling to find adequate housing.*
- *The ability to access housing and afford housing in the first place may be more critical that housing insecurity. This is particularly true for younger generations coming from families of minimal or no wealth.*
- *As a child that grew up in poverty, I can recall parents having a job loss that led to failure to keep utilities paid and the food insecurity goes hand in hand with that. More utility services for emergency situations would be helpful.*
- *Housing is expensive and in short supply. This does make it difficult for low income adults.*
- *Housing is scarce, really "clean" and "affordable" housing is scarce. (Then, to have landlords who actually care about their properties and will keep them up to code). Most trailers (and not in good condition) now are renting for over $600-$1000/month. That is ridiculous!*
- *Mount Airy has experienced a tremendous increase in homelessness but some of this is driven by the existence of services based in Mount Airy that cater to that population; drawing homeless persons from other counties.*
- *Every day I see individuals who struggle to find affordable housing since the average rent price is between $900 - $1200 a month. The price of rent is astronomical and I could not even afford those prices. With the increase in prices, it is also difficult to cover utilities as well.*
- *Rent- landlords are very greedy and with the cost of living rent prices have gone through the roof, often require a person to have 3 times the monthly rent in income and large amounts of money to put down for first, last and security. If you are in poverty or depend on social security this is not logical and is causing many people to be homeless.*
- *Lack of affordable housing leaves families vulnerable, stress and mental health issues causing poor physical and mental health*

- *Housing insecurity seems to be an increasing for our area as well as others. It's a basic need for all. Especially vulnerable populations including the young and elderly are particularly vulnerable. The elderly need adequate housing to survive. Utility loss especially during the winter is very important, and I understand that YVEDDI can provide assistance.*
- *Affordable housing is a major concern in our community. There are people who have HUD vouchers but cannot find a place to live that HUD will approve.*
- *Utility and housing costs have skyrocketed; there are few to none rental assistance resources so families and/or individuals have very limited (if any) resources within the communities that they can access to receive assistance so this puts them at great risk of losing their housing. Utility costs have increased drastically and there are limited resources and/or limited funds available to assist customers in paying large utility bills (especially those on fixed incomes) therefore putting them at great risk of having their utilities disconnected.*
- *The cost of rent and utilities continues to grow and most paychecks don't. Some months it is a choice between paying what bills in full and what bills can be partials. And as we know that partial bill will be added to the full month the following month and you just have to hope that god gives you the ability to find a way to make it through the next hurdle and pray you can make the disconnect notice or the rent deadlines.*
- *The building and transformation of affordable housing is adversely affected by the increase of allowing homes to be used for short term rentals. Originally, home rentals were for a weekend during a major event but now it is a full time business. While hotel rental income is great for the community, affordable housing has far more impact. Getting a $400 bill when you budget $150 has an impact that can be catastrophic. To pay the bill in full means a radical change in the amount left to buy essentials. If the home can not be made more energy efficient then the occupant has begun a spiral that may end with eviction and homelessness.*
- *Yadkin County, like many other surrounding counties, struggle with not only affordable housing, but housing in general. There have been strides made in the recent years to help this but we still aren't where we need to be.*
- *No shelter for the homeless.*
- *There are too many houses/apartments not maintained to provide a healthy environment for all ages. Unfortunately, many in this housing group do not have the means to seek a better place to live*
- *Rent and utilities are outrageously priced. A lot of people cannot afford these basic needs.*
- *Landlords have increased their rent prices, making it unable for certain income levels to attain adequate housing. There is a lack of adequate housing in our area.*
- *Affordable housing and safe housing options are becoming more scarce in the area.*
- *I see a lot of people struggle finding housing—especially people struggling with developmental disabilities or mental health—and have no one to help navigate the process.*
- *Unsafe home environments, housing insecurity and poor mental health are often intertwined. Those with housing insecurity are often in poverty which leads to poor mental health and can contribute to an unsafe home environment if illicit substances are chosen to treat the mental health concerns.*
- *There are waiting lists for low income housing. People who work are struggling with availability of housing if they are looking for somewhere to rent. Facebook is full of posts for people looking for affordable rentals. I have friends who have been looking for something to rent that they can afford for 3 years so that they can get out of a horrible situation in a trailer park.*
- *One of the most common reasons checked on our Emergency Funding Portal is the need for temporary housing, also help with Utility Bills is the second most common item asked for when requesting emergency financial assistance from students.*

- *Housing is very limited in all areas. However, the housing that is available/affordable, is not fit to live in. Therefore, families are forced to be overcrowded.*
- *There is little to no housing in our area that the average person can afford... rent is ridiculously expensive and so is mortgage. I was recently forced to relocated due to my landlords selling out and so we decided to buy a house since our mortgage would be about the same as any rent in our area.*
- *Housing insecurity is critical as there are many who have to make tough decisions between buying food and/or taking care of their home expenses and/or purchasing much needed medication.*
- *I get calls several times for people looking for help with their utility bills because they don't have enough money in the bank to pay everything.*
- *My seniors are always in need of repairs at their homes and are wanting me to give them names of trust worthy workers to do the work for them for a respectful price range. I have heard many times from my seniors how they have been taking advantage of by home repair workers and work they have had done that was sloppy or incomplete at outrageous prices. They need family, friends or advocates to make sure they are not being taking advantage of.*
- *The basic need of housing is first and foremost. It is critical to survival and critical in supporting good health. People who do not gave a suitable home to live in have poorer health outcomes.*
- *There is a large number of homeless in Surry County especially. Many people are unaware of services that can assist with utilities.*
- *Currently there is still a shortage of affordable housing/rental properties in our community. Resources are very limited for those needing utility assistance*
- *These are a lot of the issues in our community. I personally haven't struggled with these issues currently but I have with some of them in the past. I have had issues paying my rent here recently because the cost of everything has went up.*
- *No one can afford $1,200 for a 1-2 bedroom because they expect twice amount of rent and minimum wage don't cut it.*
- *Rent too high Home to hard to find*
- *Without fines, it is difficult to make a landlord improve the condition of his property. Perhaps if there were funds available for renters , who under supervision could make these improvements. Without interference or funds from the landlord, progress could be slow but eventually conditions would improve. Education about the why maintenance is important should begin in grade school. The basics of checking for leaks, water infiltration, roof inspection, and caring for a home must be part of the curriculum as kids are not learning it from their parents.*
- *Another barrier is adequate housing for low income individuals or families.*
- *Rent for our place too small for us is $100 more than December and the landlord still fixes nothing.*
- *We have poor credit so funding for a down payment for a house is hard*
- *Homeless don't need to be in freezing temperatures*
- *More programs to serve low income individuals/families to support lack of housing.*

Childcare Comments:

- *Not being able to work or provide due to lack of affordable childcare*
- *Lack of childcare is an important barrier. Childcare needs to be plentiful, affordable, and offered 24/7. Most work hours do not match available childcare hours.*
- *Child care costs too much.*
- *We can't afford child care*
- *Childcare costs can outweigh the salary of most jobs!*

- *Childcare facilities (full already)*
- *Childcare is also an issue in our county. One problem is that there aren't enough childcare facilities in our county. Our county is combatting that with a new facility that should be able to handle a large number of children and potentially be open 24 hours. There is also the cost of childcare. Many parents have left the workforce due to the cost of childcare especially since COVID. We are hoping that with the addition of our new facility, parents may be able to re-enter the workforce in Yadkin County.*
- *Youngest daughter (1.5yrs) got diagnosed w/ type 1 Diabetes so I am unable to work*
- *Childcare cost are high and continue to spike making it hard for families to afford childcare some can't afford reliable transportation back and forth to work*
- *Childcare can be hard to find/expensive*
- *The regular childcare cost is half of a normal working parents income.*
- *Cost is far too high.*
- *The cost for childcare is extremally high. (At least $200. per child, per week.) School age kids get out of school at 3pm and have several days/times throughout the school year that the school is closed for holidays, teacher work days, etc. This leaves parent in a pinch to try to find child care. School age kids also get out of school for summer leaving the parent to find child care or summer programs. This is another financial set back to the working family. It is almost cheaper for one parent to not work rather than working just to send child(ren) to daycare. This has become an increasing concern for the working family.*
- *Our shifts start hours before our child's class and our shifts end several hours after pickup times. We have to scrounge and hope the few family we do have will help when they can to ensure she gets where she needs to be and managing her brothers schedule which operates much earlier too can be a large hassle.*
- *Childcare for a week is insane at facilities that we have visited and enjoyed, but if we compromise with quality care and safety we could save $75-100 a week by that's not a compromise we are willing to do.*
- *Cost is a barrier*
- *In my opinion, child care is one of the most critical functions. Not to minimize the other services, but, if provided in a flexible, well-managed manner, could make a tremendous impact on bettering the lives of their clients.*

Health Comments:

- *Wait time after doctor's appointments, etc. Some clients complain of lengthy wait times after appointments and other.*
- *Incorporate special populations and senior services together to meet needs of seniors, the disabled, and adult children*
- *Several patients in the community with mental health needs.*
- *Seeing mental health problems starting out at very young ages.*
- *People are going without clothes*
- *Also since they are low income they don't have medical insurance either unless they get assistance and have Medicaid.*
- *Lots of addiction in the community.*
- *There is drug and abuse in the area I live.*
- *I need scrubs for work and my son needs clothes and cleats for football.*
- *Many of the individuals I met in the shelter spaces were either recovering addicts or had active addictions. After stabilizing, people in my immediate community have mentioned that meth addictions are common in this area.*
- *Poor mental health relates to lack of income and drug abuse. Dealing to make money and abusing at the same time. Also pain medication abuse.*

- *No adequate mental health treatment*
- *It is apparent that often the aged can't afford enough medical services, namely dentist care.*
- *With the prices of everything, people have trouble buying, food and paying for housing and this causes poor health decisions if they don't have the money, they don't go to doctors to take care of themselves.*
- *No money to be healthy*
- *Chronic stress from insecurity leads to physical and mental issues as well as substance misuse.*
- *Families are constantly needing assistance managing their mental health, etc.*
- *Both poor mental health and physical health impair one's ability to produce their own income and interact with a society that might be able to provide social support. Additionally, the costs of behavioral and medical care are incredibly expensive, and having poor health in either facet leads to increased urgent and emergency utilization as well as more expensive intervention services/surgeries.*
- *There are a lot of people who need help in their mental health*
- *I feel that people in our community struggle with basic needs. This includes lack of food, housing, physical and mental health services. From my point of view as a licensed substance abuse counselor, it is difficult for our patients to move forward in their sobriety if they lack basic needs. From my years of working in this community, there are many people who struggle with basic needs and look to community resources for assistance*
- *People with poor mental and physical health have trouble making good decisions and being able to hold down a job, which results in homelessness.*
- *Until the State and Federal governments do more to provide sufficient mental health resources these issues will only continue perpetuate themselves.*
- *Our community as well as many other across the US have seen an increase in mental health issues since the 2019 COVID pandemic.*
- *Most elderly that are in poor physical health and live alone do not have the support that they need, such as*
  shopping, washing their clothes, and taking care of their personal needs.
- *Many families in Surry county have multiple addictions and drug abuse problems mainly opioid abuse within same family unit. which leads to a variety of situations. Loss of jobs, loss of homes-and food insecurity*
- *There are many residents without health insurance and adequate, steady income to support basic needs, much less medical services, including dental care*
- *Drug use contributes to all of the other subjects listed and is the root of many of those problems.*
- *Clothing is also an issue. Our county has very little availability to clothing in general without traveling to a neighboring county. Several non-profits do coat donation programs that assist with this. There are a few churches that also pitch in with helping these issues. YVEDDI also helps to recognize these issues and help where needed.*
- *Personally, I worry MOSTLY how to get to medical appointments when procedures requires a driver.*
- *There are lots of people struggling with poverty plus addiction and mental health problems.*
- *I work with the mental health and substance abuse populations and these are the top 3 issues I see within the community. People don't always have knowledge of available resources or the ability to access these things. I see a lot of people struggle finding housing—especially people struggling with developmental disabilities or mental health—and have no one to help navigate the process. Same goes for poor physical and mental health. Not to mention the lack of mental health services available in rural counties.*

- *Unsafe home environments, housing insecurity and poor mental health are often intertwined. Those with housing insecurity are often in poverty which leads to poor mental health and can contribute to an unsafe home environment if illicit substances are chosen to treat the mental health concerns.*
- *When a person's physical and mental health are at risk it can cause an abundance of problems*
- *Some kids have behaviors that are not addressed at home that are then brought into the classroom. We see many children with oral issues and they don't have a dental home.*
- *I see a lot of mental situations.*
- *The Yadkin County Health & Human Services offer a Level 1 in-home aid service that helps seniors with cleaning their homes, they love this service but they wish there were more than one girl in the entire county that does it. There is a waiting list and several of my seniors are on it. I would like to see more of this for our seniors.*
- *Without proper housing, food and utilities individuals have no way to take care of their physical and mental health. These three items are the first necessity in my opinion.*
- *I feel that Stokes county has a lot of people who need mental health services but are unable to reach out due to a lack of transportation and/or knowledge of services.*
- *The out of pocket cost for meds and medical appointments along with the lack of support for people with out anyone to help them.*
- *Often residents share that the cost of medicines and their contribution to medical insurance leaves nothing left over for daily needs, food, and housing.*
- *Drugs are mainly the cause of a lot of deaths*
- *Drug addiction is a huge barrier to overcome, especially for those with a lack of social support. There are very limited resources and services for this particular population*
- *The impact of drug addiction is extremely high in this area.*
- *Classes to teach people awareness of exercise & staying in shape, and classes on fitness*
- *Assistance with healthcare and at least some basic dental coverage are desperately needed*
- *Help with mental health / they can't help themselves this is normality for their minds & circumstances*
- *I feel that there are many people in our community who do not have insurance.*
- *More programs to serve low income individuals/families to support addictions, and mental health.*

Nutrition Comments:

- *Better Food*
- *More protein, fruits, veggies instead of so much pasta. Also, softer foods easier to chew instead of foods like tough broccoli stalks.*
- *Could improve Food box at Senior Center and Better free meals for seniors.*
- *Could improve quicker turn around of our meals-on-wheels waiting list*
- *Find ways to improve the congregate program. How can it be more attractive to younger seniors who may not be inclined to come to a congregate site as it exists today.*
- *Have regular meals at centers, replace the ones being served now.*
- *Food insecurity for many children in the classroom.*
- *Several patients from my office have expressed food insecurity.*
- *Food insecurities for families not having enough*
- *People are going without food*
- *I feel as if food cost have definitely raised so much through the years and many people struggle to get by.*

- *There is a lot of low income in this community, which in result most can't afford food all the time unless they have assistance.*
- *Prices are expensive now days and food stamps are being cut down*
- *The cost of food is so high and we do not qualify for food stamps.*
- *The food is so high and keeps going up. You can only afford when is necessary.*
- *Food is expensive.*
- *Just don't have money to buy groceries.*
- *I can only speak to my personal experiences but food insecurity is a main issue that I have had to navigate*
- *Cost of food keeps going up so good food is not affordable.*
- *Food to expensive to afford*
- *It is apparent that often the aged can't afford enough good healthy food*
- *Between a weak economy and the aftermath of COVID, there are many families struggling to find adequate food.*
- *There are a lot of people who need help in getting food*
- *I also see seniors who struggle to find enough food resources on tight budgets.*
- *Low income and food security go hand in hand because the cost of food (everything) has sky rocketed and makes eating healthy or for the entire month difficult (even for middle income people it is very difficult) and coincides with obesity due to having to eat cheaper, processed foods*
- *Many families do not have adequate food, and lack of knowledge as to what to purchase with the funds they have.*
- *Access to affordable healthy food options - healthier food cost more and unsure how to prepare when they receive healthy options from food banks.*
- *Food insecurity seems to be an increasing for our area as well as others. It's a basic need for all. Especially vulnerable populations including the young and elderly are particularly vulnerable. Children cannot be ready for school and learning without proper nutrition. The elderly need adequate food to survive.*
- *Food costs have greatly increased, increasing strain on community food banks, families and individuals often have to choose between paying bills or buying groceries.*
- *People can't buy affordable, quality food. Eating out is cost prohibitive and even fast food, a common fall back, is too high for regular consumption. The contract for on-site meals at the senior centers has risen and is difficult to maintain, let alone increase to cover more needy persons.*
- *We have local food banks and many churches have food pantry's however with inflation, the demand is at an all time high. Many children only get one good meal per day and that is while they are at school. There are a few campaigns across the county to fight this by sending donated food home with children.*
- *Many elderly have SNAP but may not meet their needs to provide a health lifestyle.*
- *Food is outrageously priced. A lot of people cannot afford these basic needs.*
- *The cost of groceries have made it impossible for some people to have healthy foods.*
- *Grocery prices are too high. People are having a hard time buying enough food. They are also forced to choose cheap items which contribute to malnourishment.*
- *One of the most common reasons checked on our Emergency Funding Portal is the need for food.*
- *Just feel a lot of people does not have the proper food to eat a well balanced diet.*
- *Food insecurity is critical as there are many who have to make tough decisions between buying food and/or taking care of their home expenses and/or purchasing much needed medication.*

- *I work with the Meals on Wheels program so I see daily the food insecurity, especially among senior citizens. The poor health of our clients causes a lot of medical bills. Medical bills plus the added expense of utility bills, especially in the winter months, leads to a lot of our clients skipping the grocery store because they don't have any more money to pay for inflated grocery prices.*
- *The basic need of food is first and foremost. It is critical to survival and critical in supporting good health. People who do not gave food to eat have poorer health outcomes.*
- *Due to increased cost of food, utilities, insurance, etc. I feel our community is struggling to make ends meet. They must choose between purchasing groceries and other basic necessities.*
- *Many of the people I meet daily have to rely on meals provided by Yveddi to meet their nutritional needs as well as Federal Food Commodity distributions.*
- *Many people are unaware of services that can assist with food insecurity.*
- *I would like to see more funding for meals on wheels as well as more training for skillful jobs in order that we may attract major employers for our economy.*
- *Classes to teach people how to cook healthy, how to shop for healthy food, awareness of healthy eating.*
- *Low sodium meals delivered would be healthiest & most beneficial.*
- *Sometimes seniors will not share concerns of meals because they may lose the help they are already receiving.*
- *Local food pantry deliveries would benefit our community*

Transportation Comments:

- *Provide transportation to senior centers to engage community members and decrease social isolation.*
- *Expand circulator service to Yadkin county*
- *Offer Spanish speaking person to set up transportation, offer free transportation for anyone even if it is not medical*
- *Work with folks that have an urgent need for unscheduled medical appointments.*
- *Additional funding for those who need transportation services but do not have Medicaid or other type of insurance.*
- *Some of our patient families may need transportation support "after hours" for a later appointment.*
- *the cost of transportation services are often too much for my clients to use.*
- *Add a Mt. Airy transit route (like Elkin)*
- *Non-medical transport for all of Davie County. The circulator route is extremely limited, poorly advertised, and somewhat inconsistent. It leaves a significant gap for Cooleemee residents, which are arguably the highest need in our community.*
- *Explore the opportunity to provide transportation services to other places outside of health care provider appointments - like to food assistance programs.*
- *Offer more people transportation to and from day treatment programs, or medication management/ pain management, or other needed services (outside of medical appointments).*
- *Offer transportation to the elderly in the Pilot Mountain area to places like the Senior Center in Pilot for socialization and exercise*
- *Could improve transportation*
- *I would be beneficial if there were services in place through grants or other financial methods to assist those without transportation who do not have insurance to pay for YVEDDI and who do not have money to spend on buying a car, fixing up their car, maintaining a car.*
- *It is a rural area, so you have to have a car to get to work.*

- *A lot of people especially kids do not have transportation to get to other towns with more opportunities.*
- *We have a good amount of people that walk, ride a bike or scooter or use Yveddi.*
- *Expanded transportation funding through the state for additional trips to critical appointments and shopping opportunities, thus providing options for lower-cost foods and prescriptions'. I.E Walmart type chains*
- *I have seen people who do not qualify for transportation due to not having insurance which means that they must rely on others or must drive their own vehicles which may be unsafe.*
- *We are often asked about gas cards.*
- *Many do not have transportation or no longer drive.*
- *While transportation is available it is limited due to lack of funding.*
- *Most won't hire you with no transportation*
- *Limited transportation in all the Counties.*
- *I wish there was a "low fare" public transportation option. I know free is not feasible with the prices of gasoline these days but if we could provide local cities [Dobson, mount airy, elkin, etc.] with maybe a $2 one way ticket then perhaps folks would be eligible to live a happier life without the worries of the costs of owning a vehicle*
- *Transportation to and from is very difficult with our schedules.*
- *I worry she will continue to be the one that gets the short end of the stick when it comes to getting to school on time every day. Her brother being in public school and missing days due to transportation could have us visiting the court house when literally were doing the best we can, whereas for her if we can't find transportation then we have to find a sitter and hope that works according and is not fair to her.*
- *Health, no license, cant afford vehicle*
- *Most can't afford to maintain or repair their personal cars*
- *Cars manufacturers are adding more technology to cars and they are becoming more difficult and more expensive to repair. The days of servicing your own car have passed and now a technician with computer diagnostic equipment is required to repair a vehicle. Finding a mechanic that is good and trustworthy is also more difficult. Since more people rely on mechanics instead of working on their own vehicle, this has put a supply and demand strain on available mechanics. Good, qualified, trustworthy mechanics are booked up leaving low-income folks struggling to keep their vehicles operating properly. Add to that the cost of parts and labor and you have a lot of people with unreliable vehicles.*
- *I think it may be helpful to provide a bike drive or something of the sort for those who are not able to afford a car or may not really need one if they are working in town. of course public transportation would be a good idea too, but it is a large expense for the community and would be something that needs to be funded for a longer period of time.*
- *Insurance costs, maintenance and fuel costs prohibit some from having safe, reliable transportation.*
- *Some just can't make enough to get Repairs or insurance and just give up*
- *Community members have limited income which causes a strain when their personal vehicles need repair. People must choose between utilities, housing and food or repair their vehicles. I have seen vehicles which most would say are unsafe but it is their only means of transportation. This includes bald tires, windows shattered, expired tags and lack of insurance. Many of our patients also have no driver's license due to DUI's/DWI's. As a result they are pulled over and get tickets for driving with license revoked. Many have no other means to get to the store, doctor's office etc. which is why they continue to drive and pray that they are no pulled over. Insurance is also very expensive which contributes to not having proper tags.*

- *We have many members of our community that do not have insurance, so they are unable to use current transportation services. They also have limited income and are not able to pay for transportation outright.*
- *Overall, I believe the financial strain of a vehicle can cause more stress. I understand this personally. For years, I kept taking out loans to get my car fixed. It was stressful. I know a large family (parents with many kids) that are constantly changing vehicles because they think they find a "good deal" but it turns out to be junk and they spend more money fixing the car than what it is worth.*
- *Major mechanical issues potentially making them unreliable or unsafe, - limited income further complicates this issue.*
- *Hard for struggling to keep ins tags and taxes valid*
- *Lack of vehicles and cost or lack of public transportation*
- *Outside of YVEDDI transportation, I don't know of any other reliable public transportation for people. It can be a challenge for people to get to where they need to go. Although I don't know what would help, it could be increased affordable public transportation could help and a way to increase the YVEDDI transportation. With increasing costs for cars, gas, and insurance, it can be a significant barrier to access.*
- *I had a water pump recently replaced that costed 480.00, which is almost 2 weeks pay. That cost me with the groceries for those 2 weeks.*
- *Every year for 5 years we have had to scrounge money together to purchase a new vehicle between October and November every year. 1 the frame broke, 1 the motor caught on fire while I was driving, 1 the timing jumped while hours from home, 1 that the transmission doesn't properly hold a cv axle and the torque converter is out, our last 2 are hanging in there but have costed us tons since purchase. We financed our family vehicle at way to high cost because of credit issues but had no choice to be able to find good transportation. Our van payment is over $900 a month. Not including insurance associated, and it's torn up on us twice this year (2024) alone. We paid extra to have a warranty put in place but everything that has happened wrong the warranty is able to get around fixing so we're left for repairs and out 100s again to be able to have transportation to and from work.*
- *See a lot of very old cars our clients walking over 2 miles to pick up food.*
- *No public transportation system.*
- *Having your own car can be expensive; you have to pay your month car payment plus insurance and the costly bills that come with paying for gas, and monthly maintenance can be hard. You have to worry with tires, breaks, oil changes, inspections, and the list can go on and on.*
- *Most of the clients we service are low or no income. They are living paycheck to paycheck already. If they have a vehicle that breaks down often or needs new tires, etc. they simply can't afford it. Thus causing them to miss time from work or lose their jobs altogether which simply increases their inability to become independent.*
- *There are options for transportation in this area but many are unaware of how to access them.*
- *People can routinely get to work because of a bus service, they can stay employed and raise their standard of living.*
- *Transportation to doctor visits would benefit the community.*
- *Need for transportation to doctor's appointments, procedures, and surgery.*
- *Transportation Lower Cost!*
- *I would love to see services in place to help them with transportation.*
- *I feel that there are many people in our community who lack transportation.*
- *Open up transportation to help more people than is able to qualify for the assistance.*

- *In my opinion, transportation is one of the most critical functions. Not to minimize the other services, but, if provided in a flexible, well-managed manner, could make a tremendous impact on bettering the lives of their clients*
- *Transportation is a huge problem in Surry County.*
- *Public low fee routes open to all in the Mt. Airy area would be a dream come true, also routes connecting the major municipalities such as Mt Airy, Pilot Mtn, Dobson, and Elkin*
- *Transportation should be available to those that need to get to activities within the county, not just the populas areas.*
- *My worry is not having transportation to medical when procedures require a driver. I don't mind paying...*

Family Comments:

- *Construction for low-income elderly people. New and/or repairing flooring, roofing, and guttering with no scamming or no leaving the job before completion.*
- *We have had students removed from their home by DSS due to abuse.*
- *Abuse and neglect of all ages particularly the young and elderly are major issues that need ongoing attention and solutions.*
- *Support for abused/neglect would be difficult unless it was an extreme obvious situation.*
- *Also, our county does not have many services for neglected and abused families.*
- *There are many families that are in danger of abuse and neglect of children due to these complicated circumstances.*
- *I see a lot of abuse and neglect.*
- *Unsafe home environments are on the rise as folks again are struggling to make ends meet which sometimes turns into disagreements, arguments, etc. in the home space which then escalates to violence and/or abuse in the home and neglect for the minors in the household.*
- *Lack of food and housing cause unsafe environments for children and adults.*
- *Children are being raised by grandparents who have health issues because of addiction and incarcerated parents.*
- *Having trouble parenting my own children*
- *There are many singular services that could combine forces and funding and meet "sandwich generation" needs and generation of grandparents raising grandkids.*
- *Yadkin County has lots of older adults that need help. Not all have family around to help them.*

Community Comments:

- *Little Library at Senior Center*
- *Day trips for seniors*
- *People are constantly entering the time in their life cycle that they need services and yet there doesn't seem to be a way to make information readily available on an on-going basis. Health fairs are a great way to let the public know where to go and what's available but they can only be held periodically. We need to find more ways to keep information in the forefront.*
- *Having access to more resources to assist those who are disabled and have needs.*
- *Check on me. I live alone. My family that looks after me live in Winston Salem.*
- *Help seniors with yardwork & utility bills. Build wheelchair ramps for seniors.*
- *Offer Day Trips for Seniors*
- *Little library outside to get books and swap.*
- *Sometime feeling there is a racial difference or people not born in the U.S. receive more funding/help than the U.S. citizens.*
- *Not enough outreach or continued outreach for those in difficult situations for the area.*

- *Elderly lack of support system*
- *A lot of people are not aware of the resources available; however some resources are not always willing to help everyone (many shelters) and there is not enough of the resources in mount airy.*
- *The other items are the responsibility of other organizations, such as: Surry County Health and Nutrition Center and DSS, Law Enforcement, Surry County Office of Substance Abuse Recovery, Surry County Housing Consortium and other nonprofits. With limited financial resources available for these issues, organizations need to focus on certain core functions and avoid as much overlap as possible.*
- *Overall it seems that people are not aware of programs available to assist them.*
- *Some people don't have all the resources to get what they need*
- *Community Activities !*
- *Need to expand and strengthen community partnerships, find away to get more community resources involved and working together to address the complexities of the needs faced by those living in the communities we serve.*

YVEDDI
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

COMMUNITY ASSESSMENT

2024 REPORT ON POVERTY



SECTION 9

ANALYTICS

2024 COMMUNITY ASSESSMENT

Survey Feedback

Davie	#	Condition	Percent	Cause	Percent	Overall	Percent
39	**1**	Food Insecurity	67.57%	Lack of Income	51.28%	Food Insecurity	67.57%
	2	Housing Insecurity	59.46%	Lack of Affordable Housing	41.03%	Housing Insecurity	59.46%
	3	Poor Physical Health	35.14%	Lack of Personal Transportation	41.03%	Lack of Income	51.28%
MOE	**4**	Risk of Utility Loss	29.73%	Lack of Education/Skills	28.21%	Lack of Affordable Housing	41.03%
±15.69%	**5**	Poor Mental Health	24.32%	Childcare Costs	23.08%%	Lack of Personal Transportation	41.03%

Stokes	#	Condition	Percent	Cause	Percent	Overall	Percent
88	**1**	Food Insecurity	64.47%	Lack of income	57.50%	Food Insecurity	64.47%
	2	Housing Insecurity	61.84%	Lack of Affordable Housing	33.75%	Housing Insecurity	61.84%
	3	Poor Mental Health	40.79%	Lack of Education/Skills	25.00%	Lack of Income	57.50%
MOE	**4**	Poor Physical Health	30.26%	Lack of Childcare Slots	25.00%	Poor Mental Health	40.79%
±10.44%	**5**	Risk of Utility Loss	22.37%%	Lack of Personal Transportation	22.50%	Lack of Affordable Housing	33.75%

Surry	#	Condition	Percent	Cause	Percent	Overall	Percent
228	**1**	Food Insecurity	57.98%	Lack of Income	53.16%	Food Insecurity	57.98%
	2	Housing Insecurity	56.91%	Lack of Affordable Housing	29.47%	Housing Insecurity	56.91%
	3	Poor Mental Health	38.83%	Lack of Personal Transportation	23.16%	Lack of Income	53.16%
MOE	**4**	Poor Physical Health	35.64%	Lack of Financial Management Skills	22.63%	Poor Mental Health	38.83%
±6.48%	**5**	Risk of Utility Loss	24.47%	Addictions	21.58%	Poor Physical Health	35.64%

Yadkin	#	Condition	Percent	Cause	Percent	Overall	Percent
162	**1**	Food Insecurity	68.49%	Lack of Income	54.67%	Food Insecurity	68.49%
	2	Housing Insecurity	64.38%	Lack of Affordable Housing	46.67%	Housing Insecurity	64.38%
	3	Poor Physical Health	30.14%	Lack of Financial Management Skills	24.67%	Lack of Income	54.67%
MOE	**4**	Risk of Utility Loss	29.45%	Lack of Personal Transportation	24.00%	Lack of Affordable Housing	46.67%
±7.68%	**5**	Poor Mental Health	27.40%	Poor Health	22.00%	Poor Physical Health	30.14%

Region	#	Condition	Percent	Cause	Percent	Overall	Percent
453	**1**	Food Insecurity	64.74%	Lack of Income	54.85%	Food Insecurity	64.74%
	2	Housing Insecurity	57.89%	Lack of Affordable Housing	35.46%	Housing Insecurity	57.89%
	3	Poor Mental Health	33.42%	Lack of Personal Transportation	21.94%	Lack of Income	54.85%
MOE	**4**	Poor Physical Health	31.32%	Lack of Financial Management Skills	20.92%	Lack of Affordable Housing	35.46%
±4.30%	**5**	Risk of Utility Loss	25.79%	Lack fo Education/Skills	18.88%	Poor Mental Health	33.42%

2024 COMMUNITY ASSESSMENT

Resident Need (Conditions) Prioritization Scores

#	Resident Needs	Total Score	Impacted	Score	Surveys	Score	Experienced	Score	Unserved	Score
1	Housing Insecurity	**99.87**	48,239	**31**	209	**89**	29	**73**	22	**100**
2	Poor Mental Health	**88.31**	75,373	**48**	6	**51**	33	**83**	17	**77**
3	Food Insecurity	**73.13**	31,980	**20**	234	**100**	23	**58**	8	**36**
4	Risk of Utility Loss	**71.92**	48,239	**31**	94	**40**	25	**63**	17	**77**
5	Poor Physical Health	**35.34**	53,390	**34**	111	**47**	7	**18**	1	**5**
6	Abuse/Neglect	**20.16**	9,945	**6**	67	**29**	6	**15**	2	**9**

2024 COMMUNITY ASSESSMENT

Barriers (Causes) Prioritization Scores

#	Resident Needs	Total Score	Impacted	Score	Surveys	Score	Experienced	Score	Unserved	Score
1	Lack of Housing	**88.64**	48,239	**31**	132	**56**	29	**73**	22	**100**
2	Poor Health	**87.55**	70,851	**45**	69	**29**	40	**100**	18	**82**
3	Inadequate Income	**82.24**	78,556	**50**	204	**87**	16	**40**	14	**64**
4	Financial Mgmt Skills	**58.54**	156,666	**100**	78	**33**	8	**20**	4	**18**
5	Lack of Ed/Skills	**43.37**	56,057	**36**	69	**29**	12	**30**	7	**32**
6	Childcare Costs	**41.22**	3,358	**2**	67	**29**	16	**40**	11	**50**
7	Personal Transport	**40.14**	14,356	**9**	82	**35**	13	**33**	9	**41**
8	Childcare Slots	**34.66**	12,544	**8**	53	**23**	12	**30**	9	**41**
9	Healthcare Access	**33.85**	109,985	**70**	16	**7**	7	**18**	1	**5**
10	Public Transportation	**32.85**	14,356	**9**	32	**14**	13	**33**	9	**41**
11	Unemployment	**30.55**	12,957	**8**	63	**27**	9	**23**	7	**32**
12	Addictions	**30.46**	72,324	**46**	62	**26**	3	**8**	2	**9**
13	Poor Quality Housing	**20.47**	22,059	**14**	25	**11**	5	**13**	5	**23**
14	Domestic Abuse	**13.45**	9,945	**6**	21	**9**	6	**15**	2	**9**
15	Under-Employment	**6.08**	15,874	**10**	18	**8**	0	**0**	0	**0**

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