

NC Community Engagement Survey for SEPTEMBER 2022

Executive Summary

The purpose of the NC Community Engagement Survey (NC CES) of community leaders is to measure trends in pandemic recovery across North Carolina at the community level. The NC CES is sent via email monthly to community leaders throughout the state.

The survey solicits timely information about how NC communities are recovering from the pandemic and preparing for the future. Researchers use the data to monitor, evaluate, and compare the economic and social impact of the pandemic across the state. In September we examined five specific issues related to pandemic recovery, including access to food, healthcare, housing, childcare, and eldercare, as well as long-term and short-term measures of overall recovery in NC communities.

The survey panel members have the following characteristics:

- 331 community leaders responded in September across 98 of North Carolina's 100 counties and all the state's eight Prosperity Zones.
- 55% of all panelists report more than five years in their current leadership roles, and 35.4% report ten or more years of tenure, with just 7.7% indicating less than one year in their roles.
- About 72.4% of panelists work in a municipal, county, or state government role and 18.8% work in local education. The balance of panelists are leaders in business, public health, faith-based, and social services organizations.

This report for September presents observations across five time-periods for each question and focuses on trends in the third quarter of 2022 (July through September).

The September 2022 NC CES generated the following noteworthy insights:

- MODEST IMPROVEMENT IN BOTH THE LONG-TERM AND SHORT-TERM MEASURES OF PROGRESS While the short-term measure of conditions (last 30 days) remains slightly negative (net improvement score or NIS of -2.3), it is less negative compared to the August NIS of -3.7. Community leaders are still more optimistic about long-term recovery (since the onset of COVID), with an NIS of +78.1, a marginal increase from +76.3 in August.
- AFFORDABILITY OF NECESSITIES IMPROVED AGAIN IN SEPTEMBER BUT REMAIN A CONCERN Community leaders rated the affordability of all necessities negatively, with an average NIS for affordability of necessities of -43.4. About 95% of all affordability ratings were in the "stayed the same" or "declined" categories and food affordability was most negative with a mean NIS of -55.9.
- TWO LAGGING REGIONS POSTED SIGNIFICANTLY BETTER RATINGS IN SEPTEMBER

 The Western and Northwest Prosperity Zones both posted significantly improved ratings for pandemic recovery issues over the third quarter period (July to September). This finding is particularly encouraging since both zones have lagged the state overall in NIS since the inception of the survey in May. The improvements in the Western and Northwest Zones ranged from +6.0% for



healthcare access in the Northwest to +27.5% for housing access in the Western Zone over the third quarter. The Sandhills and Northeast Zone both lagged state-wide measures in all five recovery issues, with Sandhills showing the steepest decline in recovery ratings over the quarter.

- LOWEST RATED SHORT-TERM RECOVERY ISSUES IMPROVED THE MOST IN SEPTEMBER

 The two specific areas of pandemic recovery with the most consistently negative ratings access to housing and childcare posted substantially better Net Improvement Scores in September but remained in the "declined" category. Eldercare also received an improved NIS compared to the last measure in July. But the majority of all responses about specific issues (64%) remained "stayed the same" (4 on a 1 7 scale). All five specific issues maintained Net Improvement Scores (NIS) in the "declined" category, with scores ranging from food with -4.9 to housing with NIS of -22.9.
- CONTINUED CHALLENGES FOR THE ELDERLY AND FAMILIES WITH MODEST IMPROVEMENT About 80% of respondents indicated challenges for families with children and for the elderly are the same or worse compared to all households. More than half of respondents indicated conditions are worse for both families with children (52%) and the elderly (54%). However, ratings of conditions for families with children and the elderly improved slightly over the third quarter.

The long-term measure of overall change (since onset of COVID) in September continued to be far more upbeat than the short-term measure. The long-term overall measure posted a Net Improvement Score (NIS) of 78.1 compared to the short-term overall NIS of -2.3. The short-term measure (last 30-days) continued to tick up in September but remains in the net "declined" category. Most responses continued to be "stayed the same" (4 on 1-7 scale) in September as in past months. For the short-term measure, exactly half of respondents indicated "stayed the same" in September.

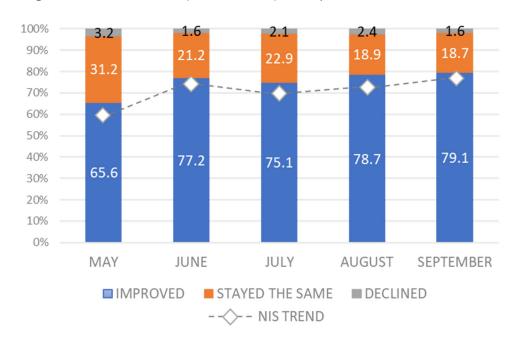
Long-Term and Short-Term Net Improvement Scores* (NIS) of COVID Recovery

SINCE COVID	MAY	JUNE	JULY	AUGUST	SEPTEMBER
IMPROVED	65.6	77.2	75.1	78.7	79.1
STAYED THE SAME	31.2	21.2	22.9	18.9	18.7
DECLINED	3.2	1.6	2.1	2.4	1.6
NIS*	62.4	75.6	73.0	76.3	78.1
LAST 30 DAYS	MAY	JUNE	JULY	AUGUST	SEPTEMBER
LAST 30 DAYS IMPROVED	MAY 32.2	JUNE 15.4	JULY 19.6	AUGUST 20.5	SEPTEMBER 23.8
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IMPROVED	32.2	15.4	19.6	20.5	23.8
IMPROVED STAYED THE SAME	32.2 56.9	15.4 49.5	19.6 52.3	20.5	23.8 50.0

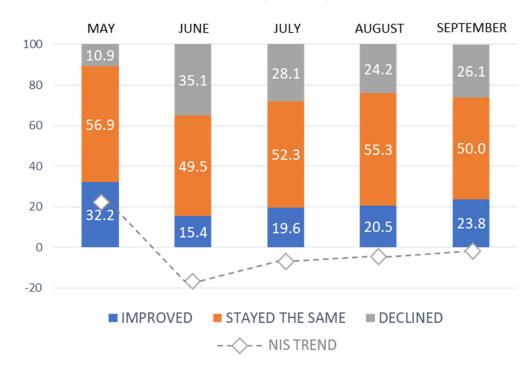
 $[^]st$ Net Improvement Score (NIS) is the percent of positive responses minus the percent of negatives.



Long-term measurement (since COVID) of Improvement in Conditions



Short-term measurement (last 30 days) of Improvement in Conditions



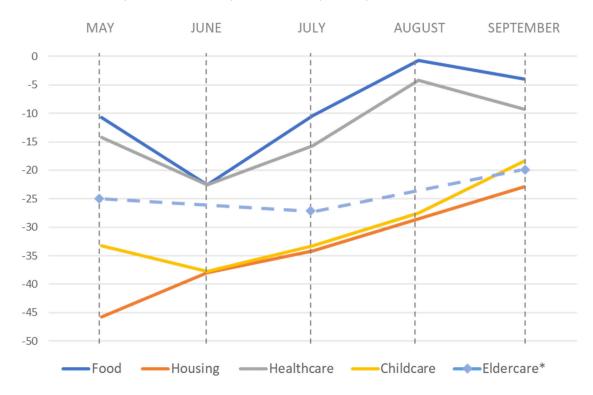


Comparing Net Improvement Scores by Specific Recovery Issues – May to September 2022

Community Issues – Access to	May	June	July	August	September	August-September NIS Change
Food	-10.7	-22.5	-10.4	-0.7	-4.0	-3.3
Housing	-45.7	-38.0	-34.1	-28.5	-22.9	+5.6
Healthcare	-14.2	-22.6	-15.7	-4.2	-9.2	-5.0
Childcare	-33.2	-37.8	-33.2	-27.5	-18.4	+9.1
Eldercare*	-25.0	n/a	-27.2	n/a	-20.4	+6.8*

^{*} Data collected every other month – change from July to September

NIS Trends for Specific Recovery Areas – May to September 2022



Measures of Specific Recovery Issues

All measures of change over the 30-day period for access to specific necessities in NC communities remained in the net "declined" category in September, ranging from a Net Improvement Score (NIS) of -4.0 for food access to -22.9 for housing access. The September results contained some positive news, though, because the NIS for the two most negative issues (housing and childcare access) became significantly less negative from August to September, posting one-month upticks of 5.6% and 9.1% respectively. Access to eldercare also received a less negative NIS (6.8% better) compared to July – the last period where it was measured. Access to food and healthcare both received scores that were marginally more negative in September.



Differences across Prosperity Zones in North Carolina

Geographical zones across NC continue to produce widely varying views of pandemic recovery. The mean measures of five pandemic recovery issues are shown below for all eight Prosperity Zones in NC. The light-red highlights indicate Prosperity Zones that are below the average rating of improvement/decline for the state (scale of 1 to 7). In contrast to prior months when four zones consistently lagged the state-wide averages, only three Prosperity Zones registered four or more pandemic recovery measures below NC means – the North Central, Sandhills and Northeast Zones. This reflects a particularly steep decline in ratings for the Sandhills Zone, including a -15.9% decline in the short-term overall rating during the quarter. In contrast, the Western and Northwest Zones posted improved ratings over the third quarter and are no longer among the lagging zones for four or more issues.

September Mean Ratings for Recovery Issues by Prosperity Zones (scale of 1 - 7)

	Food	Housing	Healthcare	Childcare	Eldercare	Overall
Western	4.14	3.72	4.17	3.62	3.86	4.19
Northwest	4.00	3.53	3.79	3.66	3.57	4.00
Southwest	4.00	3.64	3.93	3.61	3.67	4.08
Piedmont-Triad	4.30	3.76	3.61	3.78	3.71	3.97
North Central	3.77	3.61	3.79	3.68	3.56	3.73
Sandhills	3.61	3.13	3.82	3.43	3.14	3.36
Northeast	3.65	3.29	3.65	3.45	3.56	3.92
Southeast	4.00	3.96	3.89	3.89	3.56	4.00
ALL NC	3.96	3.59	3.84	3.66	3.64	3.94

indicates ratings for the Prosperity Zone are below state-wide averages

3rd Quarter Trend in Mean Ratings for Prosperity Zones (July to September 2022)

_	Food	Housing	Healthcare	Childcare	Overall
Western	+10.5%	+27.5%	+13.4%	+13.1%	+17.1%
Northwest	+7.0%	+9.1%	+6.0%	+11.1%	+0.8%
Southwest	-3.6%	+2.9%	+1.5%	+2.8%	-0.7%
Piedmont-Triad	+14.4%	+6.1%	-3.1%	+6.8%	+3.6%
North Central	-4.5%	+10.6%	-3.0%	+8.1%	-0.6%
Sandhills	+2.8%	-7.7%	-5.3%	+0.4%	-15.9%
Northeast	+5.0%	+5.5%	+13.6%	+6.9%	+7.5%
Southeast	+3.1%	+8.6%	+2.1%	+9.5%	+0.5%
ALL NC	+4.2%	+7.8%	+2.7%	+7.6%	+2.3%

indicates one-month changes for the Prosperity Zone lagged state-wide change



3rd Quarter Trend – July to September: Are Conditions More Challenging for Families with Children and the Elderly? (Agreement scale 1 – 7 where higher agreement is worse)

	CONDITION	S FOR FAMILIES V	VITH CHILDREN	CONDITIONS FOR THE ELDERLY		
	July	September	3 rd Q change	July	September	3 rd Q change
Food	4.79	4.73	+1.3%	5.01	4.86	+3.0%
Housing	4.85	4.81	+0.8%	4.95	4.87	+1.6%
Healthcare	4.71	4.53	+3.8%	4.78	4.61	+3.6%
ALL ISSUES	4.78	4.69	+1.9%	4.91	4.78	+2.6%

indicates conditions for specific issue lagged all issues for families with children or the elderly

Community leaders still consistently report that access to necessities is more of a challenge for families with children and the elderly compared to all households in the state. Access to food and housing remain the most challenging issues for families and the elderly, although these ratings have become slightly less negative over the quarter. A majority of community leaders rated all conditions for both families with children (52%) and the elderly (54%) more challenging, with about 84% of respondents rating all conditions the same or worse compared to all households.

Conclusions

The basic approach of this study is to track the assessments of community leaders concerning improvements (or declines) in community conditions from month-to-month. The scales in the study provide a clear option for "stayed the same" (4 on 1-7 scale). Respondents continue to use this neutral response option more than 64% of the time when rating specific issues. The neutral option was used by 50% of panelists for the overall month-to-month measurement, as well. The derived measures of improvement or decline – like the Net Improvement Scores and mean ratings, should be interpreted with this in mind.

Short-term assessments of changes in community conditions in September stayed in the net negative category, with the overall month-to-month measure yielding 26.1% of ratings in the "declined" category and 23.8% in the "improved" category for a negative Net Improvement Score (NIS = -2.3). The long-term measure of improvement or decline in conditions, assessing changes in community conditions since the onset of the COVID-19 epidemic, is significantly more positive with 79.7% reporting improvement and 1.6% reporting decline (NIS = +78.1). Both the long-term and the short-term measures of improvement versus decline represent a modest uptick from results in August.

Of the five specific community conditions measured, three became less negative compared to prior periods (access to housing, childcare, and eldercare) and two became more negative (access to food and healthcare). Nevertheless, all five issues remained in the "declined" category, ranging from NIS of -4.0 for food access to -22.9 for childcare access.

Over the entire third quarter (July through September), five of the eight Prosperity Zones in NC received upticks in overall ratings (Western, Northwest, Southeast, Northeast, and Piedmont-Triad), and three regions received more negative ratings (Sandhills, Southwest, and North Central). The North Central, Sandhills, and Northeast Zones all lagged state-wide averages for four or more specific measures of recovery.



Appendix A

Panelists Compared to Population by Prosperity Zones

	Resp.	Pop.	Counties Represented
Western	14.2%	7.0%	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Polk, Rutherford, Swain, Transylvania
Northwest	11.6%	5.9%	Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Catawba, McDowell, Mitchell, Watauga, Wilkes, Yancey
Southwest	13.1%	23.1%	Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union
Piedmont-Triad	14.1%	16.5%	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin
North Central	19.3%	24.4%	Chatham, Durham, Edgecombe, Franklin, Granville, Harnett, Johnston, Lee, Nash, Orange, Person, Vance, Wake, Warren, Wilson
Sandhills	10.3%	8.1%	Bladen, Columbus, Cumberland, Hoke, Montgomery, Moore, Richmond, Robeson, Sampson, Scotland
Northeast	12.0%	4.9%	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
Southeast	14.3%	10.1%	Brunswick, Carteret, Craven, Duplin, Greene, Jones, Lenoir, New Hanover, Onslow, Pamlico, Pender, Wayne
ALL	100.0%	100.0%	

Time in Leadership Position for all Panelists

TENURE	Percent
Less than one year	7.7%
One to two years	13.8%
Three to five years	23.6%
Six to ten years	19.5%
More than ten years	35.4%
TOTAL	100.0%
More than five years	54.9%



Areas of Community Leadership for all Panelists

	AREA OF LEADERSHIP	
1	Arts & culture	0.5%
2	Business & commerce	2.1%
3	County government	7.9%
4	Education – Childcare, Early	2.0%
5	Education - K-12	12.9%
6	Education - Postsecondary	3.0%
7	Faith-based organizations	1.6%
8	Food & nutrition	0.8%
9	Housing	0.3%
10	Labor & workforce	0.5%
11	Libraries	0.8%
12	Municipal government	64.2%
13	Public health	0.8%
14	Regional planning	0.8%
15	Social services	1.3%
16	Tribal organizations	0.4%
	TOTAL	100.0%
	ALL GOVERNMENT	72.2%
	ALL EDUCATION	18.7%

Specific Issues in Community Recovery — Rank Order of Importance

	Mean	Implied
Access to:	Rank	Rank
Food	2.62	T1
Housing	2.67	T1
Childcare	3.62	T3
Healthcare	3.64	T3
Eldercare	4.99	T5
Technology	5.05	T5
Transportation	5.42	7



Appendix B

Background

The **NC Community Engagement Survey** is a monthly survey that solicits timely insights into the state of community conditions across North Carolina. The approach will monitor, measure, and evaluate the impact of economic and social interruptions found at the substate level. The survey results will help measure the progress toward recovery from these interruptions and help strengthen regional economic resilience.

The design is inspired by the U.S. Census Household Pulse Survey, which provides statewide data on several topics related to COVID-19. The **NC Community Engagement Survey** seeks participation from community leaders in each county to share their perspectives on regional and local trends related to housing, broadband, food access, education, and more. The survey will be a shared resource among project partners seeking to generate and analyze local community health.

The objective is to obtain statistically relevant results for every county in the state. Regional results, for groups such as the Councils of Government and the Prosperity Zones, will be provided when appropriate.

The **NC Community Engagement Survey** was launched in May 2022 by the NC Pandemic Recovery Office. The Survey is being conducted by researchers from East Carolina University and is funded through a grant to the Governor's Office from the U.S. Economic Development Administration. The grant will support additional, related research efforts over the next two years.

Supporters of the **NC Community Engagement Survey** include the UNC School of Government ncIMPACT Initiative, the NC Rural Center, the NC Association of County Commissioners, and the NC League of Municipalities.

For questions about the survey, please contact NCPRO by reaching out to <u>Andy McCracken</u> or <u>Dr. Jim</u> <u>Kleckley</u>. Survey administration and analysis is coordinated by East Carolina University faculty <u>Dr. William</u> (Jason) Rowe and <u>Dr. Russ Lemken</u>.