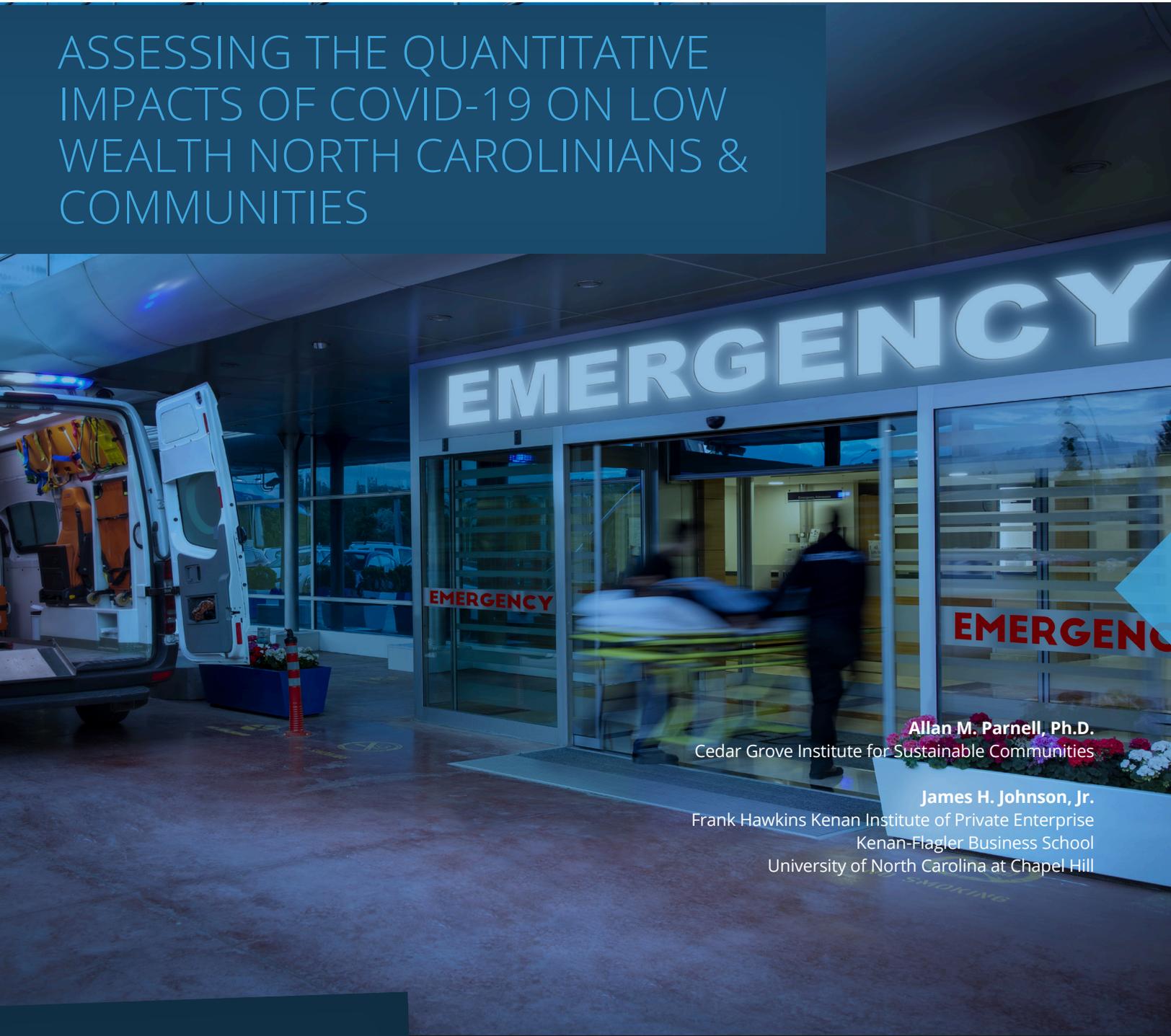


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ASSESSING THE QUANTITATIVE IMPACTS OF COVID-19 ON LOW WEALTH NORTH CAROLINIANS & COMMUNITIES



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Assessing the Quantitative Impacts of COVID-19 on Low Wealth North Carolinians & Communities

Abstract

This report presents results of a quantitative assessment of COVID-19's impact on low-income North Carolinians and specifically on a subset of twelve North Carolina counties where North Carolina Community Action Association (NCCAA) affiliates serve low-income residents. It builds upon and leverages the findings of an earlier qualitative analysis of the real-life impacts of COVID-19 on low wealth families and communities.

As we emerge from the pandemic, richer and more complete data will add to our understanding, but the impacts are clear, reflective in the seven key takeaways from this research.

Key Takeaway #1: Covid-19 exacted a heavy toll on NCCAA communities—comparatively far greater than the toll on the entire state.

In general, COVID exposure and death rates were higher in the twelve NCCAA counties than they were statewide. Vaccination rates were lower than the statewide vaccination rate in nine of the twelve NCCAA counties.

Key Takeaway #2: Medicaid expenditures soared during the pandemic—in part due high rates of COVID exposure in low wealth communities.

Medicaid expenditures and enrollment grew dramatically across the state after the onset of the pandemic. In all twelve NCCAA counties, the Medicaid COVID rate was higher than the statewide Medicaid COVID rate.

Key Takeaway #3: Making matters worse, deaths of despair—premature loss of life among mainly prime working age adults to suicide, alcohol, and drug abuse—increased sharply in North Carolina during the pandemic, especially in lower-income communities.

Compared to what had been the record high year of 2019, North Carolina opioid-abuse related deaths increased by 60% in 2021. The increases in opioid-related deaths were even higher in the twelve NCCAA counties that were the focus of this study.

Key Takeaway #4: Local agencies' roles in providing a broad range of assistance expanded sharply during the COVID-19 pandemic. Food insecurity increased greatly at the onset of the pandemic, and the need continues.

With the onset of the pandemic in March 2020, the need for assistance exploded in NCCAA and other low wealth communities. Prior to COVID, financial support for such assistance and programming came from Community Services Block Grants (CSBG), other federal agency funding, and local community and government resources. In March 2020, expenditures from these sources increased and were supplemented by funding through The Community Aid, Relief, and Economic Security Act (CARES), which allowed NCCAA affiliates to greatly increase assistance to needy individuals and families. But the level of need remains very high, raising serious questions about a post-pandemic benefits cliff, that is, what happens to needy families when CARES dollars and other sources of emergency assistance are no longer available. Further, food insecurity exploded at the beginning of the pandemic, and the needs and concerns of getting enough food continues to be a major issue of residents and community organizations in NCCAA counties. Demand on food banks is at an all-time high, and more than \$2 billion has been spent for the P-EBT program to feed children.

Key Takeaway #5: NCCAA communities were demographic winners and losers during the pandemic.

During the pandemic, most NCCAA western counties grew quickly as COVID refugees from larger cities and out of state bought properties and relocated to have more space and security. This was not the case in most NCCAA central and eastern counties where more people moved out than moved in, and mortality rates from all causes remained high. In several of these counties not only did more people move away than move in but also deaths exceeded births, leading to overall population decline during the pandemic.

Key Takeaway #6: Pandemic refugee migration created a major housing affordability crisis in the state—and the crisis was especially acute in NCCAA communities.

Home prices and rents increased sharply in the state and in all 12 NCCAA counties during the pandemic. In NCCAA counties, housing prices escalated regardless of whether communities were experiencing an influx of COVID refugees or not. The housing affordability crisis is affecting not only low wealth individuals and families but also civil servants—individuals responsible for protecting public health and safety as well as the education of children.

Key Takeaway #7: In response to business shutdowns and job losses, COVID-19 sparked a high level of both opportunity and necessity entrepreneurial activity.

In the 12 NCCAA communities, 8,226 applications for Employment Identification Numbers (EINs) were recorded in 2021, representing a 90.9 percent increase in the number compared to 2019 (4,309). Most of these applications were for sole proprietor or non-employee businesses—ventures launch by individuals out of necessity or in response to a pandemic-induced opportunity requiring an entrepreneurial solution. In contrast, wage-paying businesses—firms with paid employees—grew much more slowly during the pandemic.

Nothing short of a whole community health approach that attacks the social determinants of health at the individual or group level and the triple bottom line principles of sustainability at the organizational and community level is likely to ensure future viability, cohesiveness, resiliency, and prosperity in NCCAA counties moving forward.

Introduction

COVID hit North Carolina hard, with 3.1 million cases so far and over 26,000 deaths. Low-income communities in North Carolina were especially hard hit, with higher rates of COVID infections and deaths, sudden loss of jobs with little buffer, disruption of families and communities. In this paper, we conduct a quantitative assessment of COVID-19's impact on low-income North Carolinians and specifically on a subset of lower income North Carolina counties that are served by the North Carolina Community Action Association (NCCAA).

The research builds upon and leverages the findings of an earlier report we produced that examined the real-life impacts of COVID-19 on low wealth families and communities served by NCCAA member Community Action Agencies (Johnson, Parnell, & Bonds, 2021a,b). Through focus group interviews with low wealth families and local community leaders, we documented the lived experiences of North Carolinians who had limited resources to meet the challenges of the Covid-19 pandemic. Our findings were sobering.

During the pandemic, people lost their jobs or had to leave their jobs to either take care of children or reduce the risk of potentially exposing family members to the deadly virus. Few were in jobs that could be done remotely. People who had been on solid financial footings quickly became dependent on friends, neighbors, churches, and food banks. Social isolation took a toll. Some were eager to be vaccinated while others were deeply skeptical. Many communities quickly faced an affordable housing crisis, which in turn became a labor force problem. Delivery of health services and all county services became a challenge.

Study Purpose and Research Context

In this study, we attempt to quantify some of the qualitative impacts we documented in our earlier study (Johnson, Parnell, & Bonds, 2021a, b). Because no single source of data exist that would allow us to conduct a robust quantitative assessment of the pandemic's impact on low-wealth households and communities, we developed our database from multiple published sources of information, including the U.S. Census Bureau, Bureau of Labor Statistics, the U.S. Department of Housing and Urban Development, the North Carolina Department of Health and Human Services, and the North Carolina Department of Revenue, as well as from statistics compiled by NCCAA affiliated community action agencies. Further, to paint as accurate, reliable, and representative picture as possible of the quantitative impacts of the pandemic, we limited our analysis to twelve counties where the NCCAA has member community action agencies.

As a statewide organization, NCCAA divides the state into four regions--the Far West, West, Central, and East—and local community action agency affiliates assist and serve low wealth families and communities in each of the regions. For purposes of this study, we selected three counties from each of these regions: Cherokee, Yancey, and Rutherford (Far West); Anson, Cleveland, and Surry (West); Robeson, Rockingham, and Vance (Central); and Edgecombe, Duplin, and Lenoir (East).

Approximately seven percent of the state's total population (10,551,162) resided in these twelve counties (707,435) in 2021. The largest share of the study area's population--slightly more than one third—was concentrated in the Central Region (35% or 249,779). The smallest share resided in the Far West Region (16% or 112,510). The East Region and the West Region fell in between these two extremes, accounting for one fifth (21% or 151,580) and slightly above one fourth (27% or 193,566) of the total population of the twelve-county target area in 2021 (Table 1).

At the most general level, the population of the Far West and West Regions was predominantly white, while the population of the Central and East regions was more diverse in 2021, with a significant mix of African Americans, Native Americans, and Latinos as well as whites. Unpacking the data by race/ethnicity reveals a more nuanced picture of the regions' population dynamics.

- Compared to their share of North Carolina's total population (62.6%), Whites were over-represented in the Far West (88.6%) and West (66.8%) regions and under-represented in the Central Region (45.3%) and the East Region (44.5%).
- African Americans were under-represented in the Far West Region (3.7%) and over-represented in the East (39.6%), Central (30.2%), and West (24.1%) regions compared to their share of the state's total population (21.9%).
- Representing one percent of the state's total population, Native Americans were over-represented in Cherokee County (1.7%) in the Far West Region and especially in Robeson County (40%) in the Central Region.
- Accounting for 9.7% of the state's population in 2021, Latinos were over-represented in two of the study area counties—Surry (10.9%) in the West Region and Duplin (22.4%) in the East Region.

These patterns reflect the legacy of both historical and contemporary segregation along race/ethnic lines in our state.

Not surprising, given that poverty alleviation is the primary mission of NCCAA and its affiliated community action agencies, the poverty rate was higher and median household income was lower than the corresponding figures for the state in all twelve counties that constituted the target area for this study. Median household incomes

ranged between 13 percent and 25 percent lower than the statewide median (\$54,642) and poverty rates were between 1 percent and 13.7 percent higher than the statewide poverty rate (12.9%).

Emblematic of the economic plight of individuals and families in the target area prior to the pandemic, one fifth of households in Anson (20.7%) and Vance (21.3%) counties had incomes below the poverty level in 2020. More than one quarter of the households in Edgecombe (24.1%) and Robeson (26.6%) counties did not make enough money to live an above poverty level existence. Across all twelve counties, as the data in Table 1 reveals, a significant share of the population faced major hardships and challenges prior to the onset of the pandemic.

Table 1: Demographic and Economic Characteristics of NCCAA Counties in Study

Area		Total Population 2021	White Share	African American Share	Native American Share	Latino Share	Poverty Rate	Median Household Income
Far West	North Carolina	10,551,162	62.6%	21.0%	1.0%	9.5%	12.9%	\$54,642
	Cherokee County	29,167	90.7%	1.3%	1.7%	3.4%	15.1%	\$40,793
	Yancey County	18,757	92.4%	0.6%	0.4%	5.2%	12.9%	\$44,944
	Rutherford County	64,586	82.8%	9.2%	0.4%	4.6%	19.1%	\$43,182
	Far West Region	112,510	88.2%	3.7%	0.8%	4.4%	15.7%	\$42,973
West	Anson County	22,055	44.6%	48.2%	0.2%	4.1%	20.7%	\$39,799
	Cleveland County	100,359	72.5%	20.6%	0.2%	3.7%	15.0%	\$43,512
	Surry County	71,152	83.4%	3.5%	0.3%	10.9%	15.4%	\$44,979
	East Region	193,566	66.8%	24.1%	0.2%	6.2%	17.0%	\$47,763
Central	Vance County	42,185	39.1%	49.0%	0.2%	8.0%	21.3%	\$41,827
	Rockingham County	91,266	72.0%	18.1%	0.3%	6.2%	13.8%	\$45,697
	Robeson County	116,328	24.8%	23.6%	40.0%	8.9%	26.6%	\$36,362
	Central Region	249,779	45.3%	30.2%	13.5%	7.7%	20.6%	\$41,295
East	Edgecombe County	48,359	35.9%	57.3%	0.3%	4.8%	24.1%	\$40,489
	Duplin County	48,515	51.3%	23.0%	0.3%	22.4%	18.3%	\$43,422
	Lenoir County	54,706	49.0%	38.4%	0.2%	7.9%	17.2%	\$39,923
	East Region	151,580	45.4%	39.6%	0.3%	11.7%	16.5%	\$41,478

Source: 2021 Census Population Estimates and 2016-2020 American Community Survey.

Given this pre-pandemic state-of-affairs and the findings of our qualitative assessment of the pandemic's impact in these and other NCCAA communities (Johnson, Parnell, & Bonds, 2021a,b), we decided to focus this quantitative assessment on the effects on:

- **Population health**--COVID infections, opioid deaths, and other health outcomes, as well as changes in access to health services.
- **Community demographic change**—shifts in the size and composition of the population and the drivers of change.
- **Economic wellbeing**--unemployment, labor force participation, job losses and recovery, entrepreneurial activity, home prices and rents, and other key indicators; and
- **Institutional Supports**, including from NCCAA affiliates.

Based on our analysis of available data in these four domains, we organized the findings discussed in detail in this report around seven key takeaways that highlight quantitative impacts of COVID-19 on NCCAA families and communities. Because data dissemination often lags data collection, this report should be considered as a first step in assessing the quantitative impacts of the pandemic on NCCAA member communities. As other sources of data with key indicators become available, it will be necessary to update and broaden the analysis of the pandemic's impact on North Carolina's low wealth families and communities.

Key Takeaways

Key Takeaway #1: Covid-19 exacted a heavy toll on NCCAA Communities—comparatively far greater than the toll on the entire state.

As of August 20, 2022, according to NCDHHS COVID-19 Dashboard, there were 3,098,923 confirmed COVID-19 cases—294 cases for every 1,000 North Carolinians—and 25,843 COVID-deaths—2.4 deaths for every 1,000 people

in the state. Roughly 8% of the state's total COVID cases (237,068) and 12.2% of all COVID related deaths in the state (3,194) were concentrated in NCCAA communities. Across the four NCCAA regions, the highest concentration of cases (36% or 85,306) and deaths (31.4% or 989) was in the Central Region followed by the West Region where 28% of COVID cases (65,461) and 28% of deaths (885) were concentrated. The East Region accounted one fifth of both COVID cases (22% or 52,864) and COVID deaths (21% or 674) cases. The Far West Regions had the smallest share of COVID cases (14% or 33,437) and deaths (19% or 596).

COVID infections rates were higher than the statewide rate (294 cases for every 1,000 people) in eleven out of the twelve counties in this study. Cherokee County was the exception with an infection rate of 273 case for every 1,000 people. All twelve counties had significantly higher COVID death rates than the statewide COVID death rate (2.4 deaths for every 1,000 North Carolinians). Notably, the COVID death rate in Rutherford County (6.3) was almost three times the statewide COVID death rate. In Surry (5.2) and Duplin (5.2) the death rate was more than double the statewide death rate (2.4). In five NCCAA counties—Cherokee (4.4), Anson (4.6), Cleveland (4.1), Robeson (4.8), and Lenoir (4.3)—the COVID deaths rates were roughly twice as high as the statewide COVID death rate (2.4). In the remaining four counties—Yancey (3.2), Vance (3.0), Rockingham (3.3), and Edgecombe (3.3)—the COVID death rates hovered about one percent above the statewide rate (2.4%).

These elevated death rates were due, at least in part, to relatively low vaccination rates. Only three NCCAA counties—Vance (67.4%), Duplin (61.8%), and Lenoir (61.0%)—had vaccination rates above the statewide vaccination rate (60%). Consistent with the findings of

our qualitative assessment of COVID’s impact on North Carolina’s low wealth families (Johnson, Parnell & Bonds, 2021a, b), vaccine hesitancy appears to have been a problem in a majority of the NCCAA counties. In seven of the counties—Yancey (51.9%), Anson (56.6%), Cleveland (52.8%), Surry (53.9%), Rockingham (54.1%), Robeson (53.6%), and Edgecombe (55.8%)—only about half or slightly above half of the population reportedly received one or

more vaccination doses. In two counties—Cherokee (48.5%) and Rutherford (47.1%)—less than half of the population received vaccination doses. Such low vaccination rates created major challenges for health care providers—and for local community actions agencies trying to minimize or limit the spread and impact of the deadly virus in their communities (see Johnson, Parnell, & Bonds, 2021a).

Table 2: COVID-19 Cases, Deaths, and Vaccinations, 2022

Area		COVID Cases	Cases /1,000	Deaths from COVID	Deaths /1,000	One or More Vaccination Doses
Far West	North Carolina	3,098,923	293.7	25,843	2.4	60%
	Cherokee	7,963	273.0	127	4.4	48.5%
	Yancey	5,925	315.9	60	3.2	51.9%
	Rutherford	19,549	302.7	409	6.3	47.1%
	Far West Region	33,437		596		
West	Anson	7,497	339.8	101	4.6	56.6%
	Cleveland	33,309	331.9	411	4.1	52.8%
	Surry	24,655	346.5	373	5.2	53.9%
	West Region	66,461		885		
Central	Vance	14,020	332.3	126	3.0	67.4%
	Rockingham	24,702	270.7	304	3.3	54.1%
	Robeson	46,584	400.5	559	4.8	53.6%
	Central Region	85,306		989		
East	Edgecombe	15,747	325.6	160	3.3	4.8%
	Duplin	18,995	391.5	252	5.2	22.4%
	Lenoir	18,122	331.3	235	4.3	7.9%
	East Region	52,864		674		11.7%

Source: NCDHHS Covid Data Dashboard: <https://covid19.ncdhhs.gov/dashboard/cases-and-deaths> and <https://covid19.ncdhhs.gov/dashboard/vaccinations>. Data as of August 20, 2022. 2021 County population estimates used for case, death, and vaccination rates.

Key Takeaway #2: Medicaid expenditures soared during the pandemic—in part due to high rates of COVID exposure in low wealth communities.

During the pandemic, North Carolina’s total Medicaid expenditures increased by 22%—from \$14.8 million in 2019 to \$18.1 million in 2021.¹ The state’s Medicaid

enrollments increased more rapidly—by 675,000 or 32 percent—during this period, signaling a greater investment in care for Medicaid patients during the pandemic (Table 3).

Table 3: Changes in Medicaid Enrollments, 2019-2022

	Area	2022	Absolute Change 2019-2022	Percent Change 2019-2022
Far West	North Carolina	2,072,316	674,778	32.6%
	Cherokee	6,941	1,794	25.8%
	Yancey	4,035	1,091	27.0%
	Rutherford	15,353	5,528	36.0%
	Far West Region	26,329	8,413	32.0%
West	Anson	7,714	1,423	18.4%
	Cleveland	28,977	6,997	24.1%
	Surry	16,960	4,246	25.0%
	West Region	53,651	12,666	30.9%
Central	Vance	18,041	3,220	17.8%
	Rockingham	22,564	4,766	21.1%
	Robeson	50,666	12,087	23.9%
	Central Region	91,271	20,073	22.0%
East	Edgecombe	20,209	3,857	19.1%
	Duplin	15,279	4,049	26.5%
	Lenoir	17,486	4,218	24.1%
	East Region	52,974	12,124	22.9%

Note: Enrollment numbers are from July in each year.

¹ <https://medicaid.ncdhhs.gov/reports/dashboards#Expenditures>

However, in eleven out of the twelve NCCAA counties Medicaid enrollments increased at a slower rate than the statewide increase. This may be due at least in part to the notably higher Medicaid enrollment rates in these counties prior to the pandemic. Rutherford County, which recorded the highest incidence of COVID cases

and the lowest vaccination rate, was the exception, with Medicaid enrollments increasing by 32.6%. But, notably, the Medicaid COVID rate, defined as the proportion of total COVID cases that were Medicaid recipients, exceeded the statewide Medicaid COVID rate (1.4%) in one NCCAA region and four NCCAA counties (Table 4).

Table 4: Total and Medicaid COVID Cases

Area	Total COVID Cases	Medicaid COVID Cases	Medicaid COVID Cases as a Percent of Total COVID Cases	
Far West	North Carolina	3,098,923	43,847	1.4
	Cherokee	7,963	140	1.8
	Yancey	5,925	49	0.8
	Rutherford	19,549	471	2.4
	Far West Region	33,437	660	2.0
West	Anson	7,497	16	0.2
	Cleveland	33,309	450	1.3
	Surry	24,655	201	0.8
	West Region	66,461	667	1.0
Central	Vance	14,020	225	1.6
	Rockingham	24,702	49	0.2
	Robeson	46,584	376	0.8
	Central Region	85,306	650	0.8
East	Edgecombe	15,747	399	2.5
	Duplin	18,995	81	0.4
	Lenoir	18,122	81	0.4
	East Region	52,864	561	1.1

Note: Enrollment numbers are from July in each year.

Compared to 1.4% of all COVID cases statewide, Medicaid recipients accounted for 2.5% of all COVID cases in Edgecombe County, 2.4% of all COVID cases in Rutherford County, 1.8% of all COVID cases in Cherokee County, and 1.6% of all COVID cases in Vance County. Due to the large absolute number of such cases in Rutherford (471) and Cherokee (140) counties, the Medicaid COVID rate for the Far West Region (2.0%) exceeded the statewide rate (1.4%). Low vaccination rates combined with a high incidence of individuals with multiple vulnerabilities to the deadly coronavirus go a long way toward accounting for these above average Medicaid COVID rates (Johnson, Parnell, & Bonds, 2021a).

Key Takeaway #3: Making matters worse, deaths of despair—premature loss of life among mainly prime working age adults to suicide, alcohol, and drug abuse—increased sharply in North Carolina during the pandemic, especially in NCCAA communities.

Paralleling a national trend, deaths due to opioid abuse were especially prominent in North Carolina during the pandemic (Jamison, 2021; Bernstein & Achenbach, 2021; NCDHHS, 2022; Case & Deaton, 2020). According to data compiled by the North Carolina Department of Health and Human Services, 3,759 North Carolinians succumbed to Opioid abuse-related deaths in 2021 (Table 5). That number represents a 60 percent increase—and an absolute increase of 1,107 deaths—over the recorded number of Opioid deaths in the state prior to the pandemic in 2019 (2,352).

Close to 10% of the 2021 opioid deaths of despair (363) were concentrated in NCCAA communities, as defined in this study. Of this total, over half (53%) were concentrated in NCCAA's Central Region (193) and one-third (121) were recorded in a single jurisdiction in this region (Robeson County).

Further, the rate of increase in the absolute number of opioid deaths in 2021 compared to the incidence of opioid deaths in 2019 in each of the four NCCAA regions was substantially higher than the state-wide increase between the two time periods (59.8%). Compared to the statewide increase, the relative increase in opioid deaths in NCCAA's Far West Region between 2019 (23 deaths) and 2021 (49

deaths) is especially noteworthy (113%), driven largely by a significant absolute increase in such deaths in Rutherford County (17). The 134% increase in deaths in this county accounted for two thirds of the overall increase in deaths in the Far West Region between 2019 and 2021.

Table 5: Absolute and Percent Change in Opioid Deaths, 2019 and 2021

Area		2021	2019	Absolute Change	Percent Change
Far West	North Carolina	3,759	2,352	1,107	59.8
	Cherokee	19	11	8	72.7
	Yancey	2	1	1	100.0
	Rutherford	28	11	17	134.5
	Far West Region	49	23	26	113.0
West	Anson	5	4	1	25.0
	Cleveland	22	17	5	29.4
	Surry	31	18	13	72.2
	West Region	58	39	19	74.4
Central	Vance	18	12	6	50.0
	Rockingham	54	32	22	68.7
	Robeson	121	64	57	89.1
	Central Region	193	108	85	78.7
East	Edgecombe	25	18	7	38.9
	Duplin	19	8	11	137.5
	Lenoir	19	17	2	11.8
	East Region	63	43	20	46.5
All NCCAA Counties		363	213	150	70.4

Note: Enrollment numbers are from July in each year.

Similarly, as Table 6 shows, the state experienced a significant increase (3,596 or 29.4%) in opioid-related emergency department visits in 2021 (15,224) compared to the incidence of such visits in 2019 (12,155). Paralleling the trend in opioid deaths, the increase in emergency department visits was greater in NCCAA communities (33%) than the statewide increase (29%). Looking across the NCCAA-defined regions, the increases were significantly higher than the state-wide increase (29%) in the Far West (77.8%) and the Central (52.7%) regions. The increase was lower in NCCAA's West Region (12.5%) than the statewide increase (29.4%).

The incidence of emergency department visits declined between 2019 and 2021 in the East Region (-10.4%). Given that opioid-abuse deaths increased by 46% between 2019 and 2021, the decline in emergency department visits may reflect a lack of access to emergency care as this region has experienced major cutbacks in medical services and hospital closings in recent years.

Table 6: Absolute & Percent Change in Opioid Related Emergency Department Visits, 2019 and 2021

Area		2021	2019	Percent Change	Percent Change
Far West	North Carolina	15,724	12,155	3,596	29.4
	Cherokee	17	16	1	6.2
	Yancey	13	12	1	8.3
	Rutherford	146	71	75	105.6
	Far West Region	176	99	77	77.8
West	Anson	26	21	5	25.8
	Cleveland	189	147	42	28.5
	Surry	137	145	-8	-5.5
	West Region	332	313	39	12.5
Central	Vance	39	74	15	20.2
	Rockingham	173	166	10	6.0
	Robeson	650	359	291	81.1
	Central Region	912	599	316	52.7
East	Edgecombe	80	84	-4	-4.8
	Duplin	63	28	35	125.0
	Lenoir	55	109	-54	-49.5
	East Region	198	221	-23	-10.4
All 12 NCCAA Counties		1,618	1,232	409	33.2

Note: Enrollment numbers are from July in each year.

These statistics on opioid related deaths and emergency department visits are related to the systemic inequities in access to the social determinants of health—structurally sound housing, safe and healthy neighborhoods and schools,

good jobs paying livable wages, and access to affordable health care. Addressing these problems constitute a major challenge for NCCAA and its affiliated community actions agencies. To effectively assist families affected by

pandemic-induced deaths of despair and simultaneously significantly reduce the future incidence of both opioid abuse-related deaths and emergency department visits will require major financial investments in whole community health (Johnson, Bonds, & Parnell, 2022).

Key Takeaway 4: Local agencies’ roles in providing a broad range of assistance expanded sharply during the COVID-19 pandemic.

NCCAA affiliated community action agencies and other local organizations have long played essential roles in providing food assistance, transportation assistance, childcare assistance, utility assistance, and housing assistance as well as employment support and youth mentoring programs in low-wealth communities. Prior to COVID, financial support for such assistance and programming came from Community Services Block Grants (CSBG), other federal agency funding, and local community and government resources.

With the onset of the pandemic in March 2020, the need for assistance exploded in NCCAA communities. In our earlier report, a key informant in one NCCAA community described the sudden, overwhelming needs for assistance in the following way.

We’ve always had a hard time, but I think with the COVID hitting us when it did, that we found that everything doubled, all of the crises seemed to double. The food needs doubled. The need for heating and oil doubled and tripled. Unemployment—we don’t have a lot of employment in [this community], and so even what we had seemed to be diminished.

At the onset of the pandemic, the need for some types of services was reduced—for example, the demand for childcare support was reduced—at least temporarily—with the closure of many childcare centers.² However, this

temporary reduced demand was offset by the increased demand for other services such as broadband and Internet services to support remote education and work.

Fortunately, available funding through The Community Aid, Relief, and Economic Security Act (CARES) allowed NCCAA affiliated Community Action Agencies to help low wealth individuals and families cover their basic needs during the pandemic. Below we highlight patterns and expenditures from CARES Act funding and other sources of aid. North Carolina’s fiscal year (FY) runs from July 1 through June 30, so we cannot exactly capture the effects before and after the onset of the pandemic, but the spending patterns shed light on the types of needs in the community and the responses provided.

In FY 2019-2020, one community action agency distributed \$104,486 to needy individuals and families primarily from CSBG funding. Close to one half (47% or \$48,927) was disseminated March through June, coinciding with the onset of the pandemic and the lockdown period. Focusing on a broader timeframe, the community action agency expended on average \$6,945 per month during the first 8 months of the fiscal year—the pre-COVID period. During the last four months of the fiscal year—encompassing the COVID lockdown period—the agency’s average monthly expenditures were \$12,246—57% higher than pre-pandemic monthly expenditures. As the only disaster identified in the expenditure data for FY 2019-2020, it is safe to surmise that these increases in spending were attributable to COVID-19.

In FY 2020-2021, this same community action agency distributed \$181,505 to needy community residents—74% more than in FY 2019-2020. Of this total expenditure, \$96,778 were CSBG funds, \$78,482 were CARES funds, and \$6,251 were funds from other sources. Significant need for assistance continued into FY 2021-2022, with a

2 Some Community Action Agencies expanded their direct childcare services during the pandemic.

total of \$175,915 distributed. Of that total, \$109,589 was CSBG funds, \$59,070 was CARES funds, and \$7,247 was from other community sources.

Another community action agency distributed \$57,153 in FY 2019-2020, mostly CSBG funds, and \$246,849—representing a 334% increase in expenditures—to community members in need of assistance in FY 2020-2021. Emblematic of pandemic-induced community needs, direct CARES funds accounted for \$120,883 (49%) and community-related CARES funds accounted for \$22,936 (9%) in FY 2020-2021. The balance came from CSBG funds and other community funds.

These dollars supported community members' emergency needs after losing jobs and other supports following the onset and spread of the pandemic across the state. Using these dollars, NCCAA affiliates were able to assist needy individuals and family with food purchases, utility payments (HVAC, water, and lights), rent support, mortgage assistance, fuel for cars, and other basic needs. Similar assistance was coming from the faith-based community and other community groups, but we have no direct accounts to examine.

Food insecurity exploded at the beginning of the pandemic, and the needs and concerns of getting enough food was a major concern of residents and community organizations in our first report (Johnson, Parnell, & Bonds, 2021a). As one community organization leader put it,

We've always had a hard time, but I think with the COVID hitting us when it did, that we found that everything doubled, all of the crises seemed to double. The food needs doubled. ...when we surveyed our clients to see the major things that was troubling them, it was food. It was food and having access to food.

Since March 2020, almost a fifth of North Carolinians (19.3%) have experienced food insecurity.³ Feeding the Carolinas reported a 57% increase in demand for food in March 2020, and demand remained between 30% and 49% higher across affiliated food banks seven months later.⁴ The Food Bank of Central and Eastern North Carolina, which covers 34 counties, has provided more than 132 million meals since the beginning of the pandemic, spending 8 times more for food assistance than was normal prior to the pandemic.⁵

Food distribution systems—grocery stores, food banks, and other providers—and their supply chains were disrupted at the beginning of the pandemic. Between 20% and 50% of the roughly 3,000 local, community partner food pantries and organizations shut down for safety and other reasons. Reflecting on the situation, a local community leader we interviewed in our earlier study stated (Johnson, Parnell & Bonds, 2021a), “the lines have been very, very long and consistent when food was available at the respective sites [in central NC].” Fortunately, food banks, churches, and neighbors stepped up to take care of neighbors. For example, Loaves and Fishes, a food bank in Charlotte, developed mobile food distribution centers.

Feeding children was a large concern with the free and reduced lunch programs at schools suddenly ended and more families suddenly without money. The USDA Pandemic-EBT (P-EBT) program quickly expanded to try and fill the gap, feeding 948,000 children in 2020. P-EBT in North Carolina has distributed \$2.16 billion in food benefits for children since the beginning of the pandemic.⁶

3 <https://www.cnn.com/2020/10/07/food-banks-and-pantries-see-explosive-demand-amid-ongoing-pandemic-in-north-carolina.html>

4 <https://www.cnn.com/2020/10/07/food-banks-and-pantries-see-explosive-demand-amid-ongoing-pandemic-in-north-carolina.html>

5 <https://foodbankcenc.org/food-bank-covid-19-preparedness/>

6 <https://www.ncdohhs.gov/news/press-releases/2022/07/25/summer-p-ebt-begins-program-reaches-milestone-2-billion-help-buying-food-nc-families>

Key Takeaway #5: NCCAA communities were demographic winners and losers during the pandemic.

North Carolina was fourth most attractive migration destination in the country behind Texas, Florida, and Arizona during the first fifteen months of the COVID-19 pandemic (Figure 1). According to post 2020 census population estimates released by the U.S. Census Bureau, the state experienced an average net gain of 253

newcomers each day between April 1, 2020, and July 1, 2021. Movers from California, New York, Illinois, and a host of other states contributed to a statewide population growth rate (1.1%) that outpaced the national rate of population growth (0.1%) (Johnson, 2021; Johnson, Parnell & Bonds, 2022a).

Figure 1: Interstate Migration Patterns in the First Year of the Pandemic

Net Out-Migration				Net In-Migration			
Total Migration	Migrants/Day	Top Origin States	Top Destination States	Migrants/Day	Total Migration		
-415,522	-923	California	Florida	678	305,218		
-387,397	-861	New York	Texas	532	239,792		
-145,656	-324	Illinois	Arizona	276	124,295		
-40,686	-90	Massachusetts	North Carolina	253	114,020		
-34,074	-76	Louisiana	South Carolina	182	82,142		
-29,149	-65	New Jersey	Tennessee	167	75,259		
-22,143	-49	D.C.	Georgia	150	67,437		
-19,312	-43	Maryland	Idaho	126	56,851		
-15,059	-33	Hawaii	Utah	83	37,304		
-11,734	-26	Minnesota	Nevada	81	36,605		
-10,254	-23	Michigan	Oklahoma	65	29,129		
-6,828	-15	North Dakota	Alabama	59	26,717		
-6,356	-14	Kansas	Montana	49	22,062		
-5,365	-12	Alaska	Colorado	48	21,750		
-3,378	-7	Nebraska	Washington	43	19,195		
			Missouri	41	18,604		
			Arkansas	41	18,458		
			Maine	40	17,912		
			New Hampshire	35	15,977		
			Delaware	33	15,039		
			Oregon	31	14,080		
			Kentucky	25	11,496		

Elsewhere we have explored the impact of pandemic migration on the size, composition, and geographic distribution of North Carolina’s population as well as the implications for future land development and community economic development in the state (Johnson 2021; Johnson, Parnell, & Bonds, 2022a,b).

As a popular migration destination for pandemic refugees leaving major urban centers in other regions of the country, North Carolina’s population grew by 111,774 during the first fifteen months of the pandemic (Johnson, 2021; Johnson, Parnell, & Bonds, 2022). However, this growth was not evenly distributed throughout the state. Rather, the bulk of the growth (88 %) was highly concentrated in twenty-six of the state’s 100 counties—mainly metropolitan counties along the I-40/I-85 corridor and amenity rich counties in the mountains and on the coast.

Figure 2: Demographic Change in North Carolina Counties, 2010-2021

NC County Growth Poles, April 1, 2020 – July 1, 2021 (NC=111,774)

Wake	20,794		
Johnston	10,505		
Brunswick	7,522	50.5%	
Mecklenburg	6,794		
Cabarrus	5,474		
Union	5,381		
Franklin	3,130		
Moore	3,036	74.2%	
Forsyth	2,933		
Gaston	2,913		
Lincoln	2,860		
Pender	2,612		
Alamance	2,462		87.8%
Harnett	2,398		
Buncombe	2,082		
Pitt	1,926		
Davidson	1,707		
Chatham	1,607		
Onslow	1,584		
Currituck	1,533		
Durham	1,293		
Rowan	1,275		
Catawba	1,113		
Guilford	1,111		
Hoke	1,032		
Randolph	1,001		

Source: U.S. Census Bureau QuickFacts

Paralleling the statewide trend, as Table 7 shows, North Carolina’s pandemic induced population growth was unevenly distributed across NCCAA regions. Counties served by NCCAA affiliates in the Far West (0.7%) and the West (0.3%) regions grew while counties served by local community action agencies in the Central (-0.2%) and East (-0.8%) regions lost population during the pandemic.

Table 7: Absolute and Percent Population Change, Community Action Agency Counties, April 1, 2020- July 1, 2021

	Area	Total Population July 1, 2021	Total Population April 1, 2020	Abosolute Change	Percent Change
Far West	North Carolina	10,551,162	10,438,388	111,774	1.1
	Cherokee	29,167	28,774	393	1.4
	Yancey	18,757	18,470	287	1.5
	Rutherford	64,586	64,444	142	0.2
	Subtotal	112,510	111,688	822	0.7
West	Anson	22,060	22,055	5	.02
	Cleveland	100,359	99,519	840	0.8
	Surry	71,152	71,359	-207	-0.03
	Subtotal	193,571	192,933	638	0.3
Central	Vance	42,185	42,578	-393	-0.9
	Rockingham	91,266	91,096	170	0.2
	Robeson	116,328	116,530	-202	-0.2
	Subtotal	249,779	250,204	-425	-0.2
East	Edgecombe	48,359	48,900	-541	-1.1
	Duplin	48,515	48,715	-200	-0.4
	Lenoir	54,706	55,122	-416	-0.7
	Subtotal	151,580	152,737	-1,157	-0.8
	All CAA Counties	707,460	707,562	-122	-0.02

Source: U.S. Census Bureau, Population Division, 2021.

Table 7 provides insights into the sources of North Carolina’s population growth—net migration versus natural change—during the first fifteen months of the pandemic. Predominantly the state’s growth (98%) was driven by pandemic refugee migration—a net gain of 114,080 people who relocated to North Carolina from mainly other states in the U.S. This migration induced growth was slightly offset by a net natural population loss as deaths exceeded

births in the state during this period by -2,541, resulting in the previously cited net growth of 111,774 during the initial phase of the pandemic. Obviously, some of these deaths were COVID-related but, continuing a pre-pandemic trend, others were related to the normal aging process in counties that also were losing young people through outmigration prior to the pandemic.

As Table 8 shows, the 12 NCCAA communities captured a small share of the state’s net migration gains (.03 percent or 3,459 people) during the first fifteen months of the pandemic. However, the net migration gains were highly concentrated. Reflecting pandemic refugees’ preference

for sparsely settled and amenity rich destinations, among the NCCAA’s twelve counties targeted in this research, the three counties in Far West region and the three counties in West region captured 51% and 49% of the net migration, respectively.

Table 8: Components of Population Change, Community Action Agency Counties, April 1, 2020 – July 1, 2021

Area		Absolute Population Change	Natural Change	Net Migration	Percent Change Due to Migration
Far West	North Carolina	111,774	-2,541	114,080	98.0
	Cherokee	393	-301	704	55.8
	Yancey	287	-123	416	70.0
	Rutherford	142	-508	654	21.7
	Far West Region	822	-932	1,774	46.3
West	Anson	5	-91	97	5.1
	Cleveland	840	-481	1,323	63.4
	Surry	-207	-509	297	9.0
	West Region	638	-1,081	1,717	37.1
Central	Vance	-393	-117	-277	-70.5
	Rockingham	170	-714	887	19.2
	Robeson	-202	-115	-112	-55.4
	Central Region	-425	-946	498	-54.1
East	Edgecombe	-541	-294	-252	-46.5
	Duplin	-200	-53	-150	-75.0
	Lenoir	-416	-293	-128	-30.8
	East Region	-1,157	-640	-530	-42.1
All 12 NCCAA Counties		-122	-3,599	3,459	3.5

Source: U.S. Census Bureau, Population Division, 2021.

NCCAA targeted counties in the Central and East regions, by contrast, were net exporters of population during the pandemic, losing -498 and -530 people, respectively, during the first fifteen months of the pandemic. Moreover, as Table 8 shows, NCCAA communities in these two regions of the state also lost population through natural population change during the first fifteen months of the pandemic.

That is, in addition to experiencing population loss through net outmigration, deaths also exceeded births, meaning these counties were literally dying demographically. While some of the deaths were undoubtedly COVID-related—as we showed earlier in this report—others were likely due to various causes that beset older adults as they progress through the life course.

Key Takeaway #6: Pandemic refugee migration created a major housing affordability crisis in the state—and the crisis was especially acute in NCCAA communities.

Irrespective of whether the population of NCCAA communities was growing or declining, North Carolina's pandemic induced population growth, combined with migration-driven population growth during the preceding decade (Johnson, Bonds, & Parnell, 2021), has created a major housing affordability crisis in the state, dramatically increasing the cost of both homeownership and rental housing (ATTOM, 2022; Campbell, 2021; Henkel, 2021; Moore, 2022; Muraca, 2021; Noguera, 2022; Southern Advancement Project, 2022).

Between 2020 and 2022, as Table 9 shows, the median listing price for homes in North Carolina increased from \$263,000 to \$341,000, or by 29.6%. For this study's targeted area, the median listing price increases were significantly greater across all four regions and in nine of the twelve NCCAA counties—driven in part by pandemic refugees from other states (Far West and West regions) and by local inter-county movers fleeing the sharply rising cost of housing in nearby metro counties like Durham, Guilford, Forsyth, and Wake counties in the Central Region and like Nash and Pitt counties in the East Region (Johnson, Bonds, and Parnell, 2022).

Table 9: Median Listing Price for Homes, March 2020 & March 2022

Area		Median Price 2020	Median Price 2022	Absolute Change	Percent Change
Far West	North Carolina	\$263,000	\$341,000	\$78,000	29.6
	Cherokee	\$191,850	\$249,800	\$59,950	30.2
	Yancey	\$317,949	\$405,000	\$87,051	27.4
	Rutherford	\$155,000	\$269,000	\$114,000	73.5
	Area Average	\$221,600	\$307,933	\$86,333	38.9
West	Anson	\$74,750	\$251,950	\$177,300	239.1
	Cleveland	\$158,950	\$229,900	\$70,950	44.6
	Surry	\$165,000	\$207,450	\$42,950	25.7
	Area Average	\$132,900	\$229,767	\$98,867	72.9
Central	Vance	\$135,000	\$235,500	\$100,500	74.4
	Rockingham	\$159,000	\$189,900	\$30,900	19.4
	Robeson	\$120,000	\$173,900	\$53,900	44.9
	Area Average	\$138,000	\$199,767	\$61,767	44.8
East	Edgecombe	\$95,500	\$185,000	\$90,000	94.7
	Duplin	\$140,000	\$194,000	\$54,500	38.9
	Lenoir	\$114,950	\$175,000	\$60,050	52.2
	Area Average	\$116,817	\$184,667	\$78,000	58.1

Source: realtor.com and redfin.com.

Yancey County in the Far West Region (27.4%), Surry County in the West Region (25.7%), and Rockingham County (19.4%) in the Central Region were the exceptions with median home price increases below the statewide increase (29.6%). But even in these counties, the absolute increase in the median listing prices of home—ranging between \$31,000 and \$87,000—was well beyond affordability for the typical resident whose median household incomes were in the mid-\$40,000 range prior to the pandemic (see Table 1).

A similar trend was observed in the rental housing market (Torres & Marte, 2022). Between 2019 (pre-pandemic) and 2022 (post pandemic), as Table 10 reveals, the fair market rent for a two-bedroom apartment increased by between 6% and 18% in NCCAA communities—major increases for low wealth individuals and families who were already saddled with a housing burden prior to the pandemic (Johnson, Parnell, & Bonds, 2021). Among NCCAA targeted communities, one region (the West—10.1%) and five counties experienced double digit increase in rents—

Cherokee (13.0%) in the Far West Region, Anson (18.6%) in the West Region, Rockingham (11.2%) in the Central Region, and Edgecombe (12.8%) in the East Region. In the remaining NCCAA counties, the rent increased ranged

between 5.7% and 9.1%—still substantial and beyond the ability to pay for individuals and families with median household incomes in the mid-\$40,000 range prior to the pandemic (Table 1).

Table 10: Fair Market Rent (FMR) for 2-Bedroom Rentals in 2019 and 2022 and Percent Increase

	Area	2019 2-Bedroom FMR	2022 2-Bedroom FMR	Increase
Far West	Cherokee County	\$679	\$767	13.0%
	Yancey County	\$682	\$724	6.2%
	Rutherford County	\$679	\$724	6.6%
	Far West Region	\$680	\$738	8.5%
West	Anson County	\$679	\$805	18.6%
	Cleveland County	\$685	\$724	5.7%
	Surry County	\$679	\$724	6.6%
	West Region	\$681	\$751	10.3%
Central	Vance County	\$679	\$741	9.1%
	Rockingham County	\$679	\$755	11.2%
	Robeson County	\$679	\$724	6.6%
	Central Region	\$679	\$740	9.0%
East	Edgecombe County	\$721	\$813	12.8%
	Duplin County	\$679	\$737	8.5%
	Lenoir County	\$703	\$760	8.1%
	East Region	\$701	\$770	9.8%

Source: U.S. Department of Housing and Urban Development, <https://www.huduser.gov/portal/datasets/fmr.html>

A local government official in NCCAA's West Region summed up the impact of pandemic migration on housing cost in his community by stating (Johnson, Parnell, & Bonds, 2021a),

...wow, do we need affordable housing...with people fleeing the city, every house that's for sale [in this community] is gone. They're [outsiders] buying these houses sight unseen; they're coming here. They don't even go in the home; they're buying them online, and they're fleeing the city. I've got people from New York, Pennsylvania, Tennessee, Florida. They're all coming here. There's no affordable housing. That was a problem before the pandemic, now it is a real problem.

He continued by stating,

We had a billion dollars—one billion dollars in residential real estate sales in the high-country region for the year of 2020. A lot of those folks are relocating from Charlotte, Raleigh, Atlanta, wherever they come from, driving up the property values as well as they come, to the point that any parcel that we could have ever thought about for some sort of [affordable] housing project is so astronomically priced now that it makes it not cost-effective.

He concluded by saying,

So, while in the short term we've got some economic flow in our county, if you were a real estate agent or a construction worker, you were doing ok. But long-term, that's just going to make a hard issue [affordable housing] even worse.

Describing the impact on his community, another community leader in NCCAA's West Region said,

What I've seen...our population changed. We're a population of 17,800 people...but...we're eight golf courses and two ski resorts. So, all these people that are normally not here chose to flee the city and come to their homes in the mountains [during the pandemic]. So, our population is probably 27,000 people. And that did put a strain...on services that the county provided (Johnson, Bonds, & Parnell, 2021).

In both rapidly growing and declining counties, North Carolina's pandemic-induced population boom's attendant accelerated housing costs has forced some long-term residents into structural homelessness, that is, into either staying with relatives and friends on a temporary basis as "couch surfers" or living independently in weekly hotel rentals (Wilson, 2020; Campbell, 2021; Johnson, Parnell, & Bonds, 2021). It has forced other long-term residents, including most notably some civil servants who are responsible for educating children and protecting public health and safety in these rapidly growing markets—police officers, fire personnel, EMS workers, nurses, and public-school teachers—to seek alternative housing in faraway places from not only their jobs but also their longstanding institutional ties and social networks (Moore, 2022; Flannery, 2022). For affected workers with caregiving responsibilities (children, older adults, or both), the residential dislocation has been particularly stressful, resulting in some instances in economic dislocation or job loss, especially for those forced into one-way daily commutes of ninety minutes or longer--the so-called "super commuter" (see Stacker, 2021; Wheatley, 2021).

Table 11: Median Listing Price for Homes, March 2020 & March 2022

	Area	Median Price 2020	Median Price 2022	Absolute Change	Percent Change
Far West	North Carolina	\$263,000	\$341,000	\$78,000	29.6
	Cherokee	\$191,850	\$249,800	\$59,950	30.2
	Yancey	\$317,949	\$405,000	\$87,051	27.4
	Rutherford	\$155,000	\$269,000	\$114,000	73.5
	Far West Region Average	\$221,600	\$307,933	86,333	38.9
West	Anson	\$74,750	\$251,950	\$177,300	239.1
	Cleveland	\$158,950	\$229,900	\$70,950	44.6
	Surry	\$165,000	\$207,450	\$42,950	25.7
	Wes Region Average	\$132,900	\$229,767	\$98,867	72.9
Central	Vance	\$135,000	\$235,500	\$100,500	74.4
	Rockingham	\$159,000	\$189,900	\$30,900	19.4
	Robeson	\$120,000	\$173,900	\$53,900	44.9
	Central Region Average	\$138,000	\$199,767	\$61,767	44.8
East	Edgecombe	\$95,500	\$185,000	\$90,000	94.7
	Duplin	\$140,000	\$194,000	\$54,500	38.9
	Lenoir	\$114,950	\$175,000	\$60,050	52.2
	East Region Average	\$116,817	\$184,667	\$78,000	58.1

Source: realtor.com and redfin.com.

Key Takeaway #7: In response to business shutdowns and job losses, COVID-19 sparked a high level of both opportunity and necessity entrepreneurial activity.

Our qualitative study revealed that some individuals and families leveraged their entrepreneurial acumen and temerity to survive during the COVID-19 induced economic downturn. They either attempted to start a business out of necessity or saw an emerging market opportunity and took advantage of it. In the first study, one resident from a community in western North Carolina reported,

I think everybody's got the side hustle...It's your regular job and then the other 12 things that you do to try to make it all work. And some of those 12 things have become people's primary things and helped them balance a little bit.

One indicator of the extent or degree to which entrepreneurialism was a coping strategy during the pandemic—nationally, in North Carolina, and in the 12 NCCAA communities can be seen in Table 12, which presents data on business formations as indicated in applications for Employer Identification Numbers (EINs) in 2019 (pre-pandemic) and in 2021 (roughly twenty months into the pandemic).

Nationally, in 2021, there were 5.3 million applications for EINs—1.9 million or 53 percent more than there were in 2019 (3.5 million). In North Carolina, there were 171,344 EIN applications in 2021—61,384 or 55.8% more than there were in 2019 (109,960). In NCCAA communities as defined in this study, there were 8,226 applications in 2021, representing a 90.9 percent increase in the number compared to 2019 (4,309).

Table 12: Absolute and Percent Change in Business Formations, 2019- 2021

Area		2021	Absolute Change 2019-2021	Percent Change 2019-2021
Far West	United States	5,364,125	1,867,662	53.4
	North Carolina	171,344	61,384	55.8
	Cherokee	244	65	36.3
	Yancey	159	59	59.0
	Rutherford	561	215	62.1
	Far West	964	339	54.2
West	Anson	291	147	102.1
	Cleveland	1,086	481	79.5
	Surry	580	163	39.1
	West Region	1,597	791	67.8
Central	Vance	623	335	116.3
	Rockingham	830	398	92.1
	Robeson	1,597	892	126.5
	Central Region	3050	1,625	114.0
East	Edgecombe	914	571	166.5
	Duplin	609	228	59.8
	Lenoir	732	363	98.4
	East Region	2,255	1,162	106.3

U.S. Census, Economic Indicators Division, Business Formation Statistics, available at <https://www.census.gov/econ/bfs/index.html>.

It should be noted, however, that most of these EIN applications, in all likelihood, were for non-employee or sole proprietor businesses as opposed to employee-owned enterprises. Support for this assertion comes from the data in Table 13, which highlight absolute and relative changes in the number of wage-paying establishments between 2019 and 2021, that is, employer owned businesses with paid employees. Nationally and in North Carolina, such business

increased by eight percent and eleven percent, respectively, between these two time periods. The increased in NCCAA regions and counties were much smaller, ranging between 3.5% and 6.5%. The single exception was Yancey County where the number of wage-paying establishment increased by 41 or 11 percent between 2019 and 2021.

Table 13: Absolute and Percent Change in Wage Paying Establishments, 2019 (Q4) – July 2021 (Q4)

Area		Number of Establishments 2021 (4Q)	Absolute Change in Number of Establishments 2019 (Q4)- 2021(Q4)	Percent Change in Number of Establishments 2019 (Q4) – 2021 (Q4)
Far West	United States	11,194,120	830,362	8.0
	North Carolina	324,748	33,046	11.3
	Cherokee	772	32	4.3
	Yancey	415	41	11.0
	Rutherford	1,362	73	5.7
	Far West	2,549	146	6.1
West	Anson	481	11	2.3
	Cleveland	2,189	133	6.5
	Surry	1,865	56	3.1
	West Region	4,535	200	4.6
Central	Vance	897	48	5.6
	Rockingham	1,742	80	4.8
	Robeson	2,080	71	3.5
	Central Region	4,719	199	4.4
East	Edgecombe	984	60	6.5
	Duplin	1,147	39	3.5
	Lenoir	1,373	59	4.5
	East Region	33,504	158	4.7

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, available at <https://www.bls.gov/CEW/>.

Summary

Low-income communities bore the brunt of the COVID-19 pandemic. The twelve NCCAA counties we focused on outpaced the statewide rates of COVID-19 exposures and deaths while trailing the state in vaccination rates. NCCAA communities also were more adversely affected than the state as a whole by the influx of pandemic refugees from other states, who drove up the cost of housing and in the process exacerbated a housing affordable crisis for NCCAA individuals and families who were already “house burdened,” that is, spending in excess of 30 percent of monthly income on rent or mortgage payments prior to the pandemic. Faced with job loss and in some instances, difficulty accessing federal, state, and local assistance, business start-up rates, as measured by applications for EINs, were much higher in NCCAA communities than they were statewide. That is, residents in NCCAA communities were more likely than other residents of the state to pursue entrepreneurship as a pathway to survival during the pandemic.

However, given disproportionate COVID exposures, COVID-related deaths, and pandemic-induced deaths of despair, and despite the considerable efforts of local community actions agencies and other entities as well as the residents themselves undertook to address the accelerating costs of housing, food, health care, and other basic necessities, nothing short of whole community health approach is likely to ensure future viability, cohesiveness, resiliency, and prosperity in NCCAA counties.

Such an approach attacks the social determinants of health at the individual or group level and the triple bottom line principles of sustainability at the organizational and community level. That is, the whole community health approach attacks both legacy and present day policies, procedures, and practices that continue to create disparate health outcomes and premature deaths manifested more often than not along racial lines; and chronic underinvestment or investment that leads to displacement, food insecurity, employment challenges, access to needed services, environmental injustices, and limited access and chronic credit challenges. For a concrete example, see our Whole Community Health Initiative in Edgecombe and Robeson counties—places that ranked, respectively, next to last (99th) and last (100th) in the Robert Wood Johnson Foundation’s County Health Rankings for the state of North Carolina in 2020.

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