

April 2020

This update to the Charlotte Area Fund Community Assessment was completed in April 2020 in response to the COVID-19 global pandemic.

I. Background

This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.

In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 22, 2020. Despite efforts to contain the virus, by March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

Because of the highly contagious nature of COVID-19, the alarmingly high rate of fatalities associated with it and the lack of a vaccine or treatment, the only effective way to prevent mass illness is through restricted travel, physical distancing, frequent hand washing, coughing in elbows, not touching the face, and staying at home. By mid-March 2020, with the virus clearly past the stage of effective isolation and contact tracing, local, state and federal public health officials recommend extreme measures to minimize a public health catastrophe: mass quarantine, physical distancing, and a virtual lockdown of all public gatherings and economic activity.

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions, many which are more prevalent in African American communities, and, to some extent, Latinx and Native American communities, are at increased risk for severe symptoms from COVID-19. Persons of color, immigrants, and women are also disproportionately impacted by underlying health conditions linked to poverty, face discrimination in medical care, and are more likely to work jobs that require them to leave their homes. Also, persons with disabilities or chronic conditions are more vulnerable to COVID-19 due to their inability to thoroughly isolate themselves (need for hands-on care), physical impairments, environmental barriers, or interrupted services. The following additional populations experience differential exposure and extensive corresponding implications as a result of the pandemic: frontline workers, persons experiencing homelessness, gig-economy workers, low-income communities under quarantine, especially in urban settings, rural communities, tribal communities, incarcerated persons and returning citizens.

Children, families, individuals, and Community Action Agency staff may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis. Loss of income, growing childcare needs, heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic violence are growing factors as the crisis unfolds.

Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. It is likely that as needs evolve, some of those needs will not be captured in this update and therefore some necessary community responses may not connect to the needs identified in this document.

The *community* assessed in this document, related to the below information, is defined as the following: Mecklenburg County, North Carolina.

The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by [the US Census Bureau](#)). Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be used to view current and emergent needs related to this crisis.

II. Local Public Health Response

The first reported case of COVID-19 in North Carolina was March 3, 2020. The following week, the Mecklenburg County Health Department announced the first two confirmed cases of COVID-19 on March 12, 2020, having received the test results the previous night at 11:30pm on March 11, 2020.

Mecklenburg County's public health response began March 12, 2020 following NC Governor Roy Cooper's declaration of a state of emergency on March 10, 2020. Following the announcement of the first two confirmed cases, Mecklenburg County canceled gatherings of 100 or more people and recommended that people 65 or older avoid mass gatherings.

On March 13, 2020, Charlotte-Mecklenburg Schools (CMS) suspended competitions, performances and events before and after school hours. The CMS board voted to move spring break up by a month, sending students home March 19 with the plan to keep them home through at least March 27. The following day, Governor Cooper ordered all K-12 public schools closed for at least two weeks. On March 17, Governor Cooper banned sit-down service at bars and restaurants.

On March 24, 2020, Mecklenburg County Emergency Management imposed a stay-at-home order effective March 26, 2020 that prohibited gatherings of 10 or more people, required the closure of amusement parks, water parks, museums, fairs, play centers, playgrounds, recreation centers, gyms, bowling alleys, movie and performance theaters, and clubs. It also barred visitation at hospitals and nursing homes except under limited circumstances.

On March 29, 2020, Mecklenburg County reported its first COVID-19-related death.

On April 2, 2020, the CEOs of Atrium and Novant Health, hospital systems both headquartered in Mecklenburg County, ask the county to build a mass care field hospital with as many as 3,000 beds. On April 15, Atrium and Novant tell county officials they no longer need a mass care field hospital.

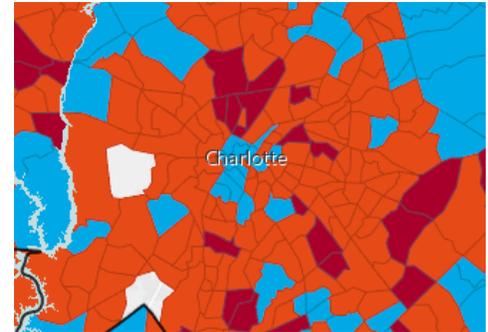
Following the March 24, 2020 stay-at-home order, Mecklenburg County's public health response mirrored the state, with the stay-at-home order extended through May 8, 2020. As determined by Governor Cooper, Phase 1 of slowly easing certain COVID-19 restrictions began on May 8, 2020, eliminating distinctions between essential

and nonessential businesses. If outcomes are positive, additional phases would take place between May 23-30, 2020 and June 20-July 11, 2020.

As of May 18, 2020, Mecklenburg County has 2,591 confirmed cases of COVID-19 and 64 deaths. As a result of this unprecedented public health crisis, Charlotte Area Fund is updating its Community Assessment because there is currently a significant impact on the community, and a number of short-, intermediate- and longer-term impacts are expected.

III. Immediate Impacts on the Community

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Action Network have been in the areas of health, education, employment, human services provision, and community resources. In this community, vulnerability is highest in the following areas which meet all three thresholds of the COVID-19 Vulnerability Footprint (population density above 100, uninsured population above 8% and age 65 population above 15%):



- Census Tract 14 – 3,250 population, 14.8% uninsured, 4.1% age 65 or older
- Census Tract 16.06 – 4,604 population, 36.6% uninsured, 9.1% age 65 or older
- Census Tract 20.03 – 5,778 population, 9.7% uninsured, 23.5% age 65 or older
- Census Tract 21 – 2,743 population, 12.3% uninsured, 16.0% age 65 or older
- Census Tract 30.08 – 5,853 population, 11.3% uninsured, 21.3% age 65 or older
- Census Tract 30.12 – 4,673 population, 12.8% uninsured, 15.7% age 65 or older
- Census Tract 31.02 – 4,628 population, 16.4% uninsured, 15.6% age 65 or older
- Census Tract 46 – 2,900 population, 15.2% uninsured, 15.7% age 65 or older
- Census Tract 48 – 3,569 population, 20.1% uninsured, 15.2% age 65 or older
- Census Tract 49 – 666 population, 18.9% uninsured, 24.5% age 65 or older
- Census Tract 50 – 1,928 population, 10.4% uninsured, 10.4% age 65 or older
- Census Tract 51 – 2,309 population, 20.8% uninsured, 16.5% age 65 or older
- Census Tract 52 – 1,949 population, 22.3% uninsured, 11.8% age 65 or older
- Census Tract 53.05 – 4,841 population, 18.2% uninsured, 18.4% age 65 or older
- Census Tract 53.07 – 3,607 population, 25.5% uninsured, 7.8% age 65 or older
- Census Tract 54.01 – 6,688 population, 16.4% uninsured, 16.1% age 65 or older
- Census Tract 54.03 – 4,483 population, 21.1% uninsured, 11.0% age 65 or older
- Census Tract 54.04 – 4,606 population, 14.5% uninsured, 15.1% age 65 or older
- Census Tract 57.06 – 7,624 population, 11.9% uninsured, 15.9% age 65 or older
- Census Tract 57.11 – 6,408 population, 10.2% uninsured, 27.7% age 65 or older
- Census Tract 57.12 – 4,173 population, 9.7% uninsured, 15.3% age 65 or older
- Census Tract 57.15 – 2,579 population, 8.0% uninsured, 15.7% age 65 or older
- Census Tract 58.11 – 4,547 population, 9.5% uninsured, 18.8% age 65 or older
- Census Tract 58.15 – 4,000 population, 11.8% uninsured, 18.9% age 65 or older
- Census Tract 58.25 – 5,234 population, 9.1% uninsured, 22.1% age 65 or older
- Census Tract 62.03 – 5,056 population, 9.0% uninsured, 17.1% age 65 or older

Nationwide, early data suggest that the following groups have experienced disproportionately higher rates of infection and/or complications/death as a result the COVID-19 pandemic:

- Males
- Individuals 60+ years old
- People of color, particularly African Americans
- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)

The following outlines the variety of impacts to the local community thus far:

HEALTH IMPACTS

Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.

- Based on the recent census, 17% of Mecklenburg County's population is over 60 years old representing 187,000 total individuals. Of reported COVID-19 cases in Mecklenburg County, 413 were over the age of 60 representing 28% of the total number of COVID-19 cases based on data found in the Engagement Network COVID-19 Report.
- Fatalities from COVID-19 are also particularly high in this age group. When broken down by age, NCDHHS reports that 85% of coronavirus fatalities in NC are among individuals older than 65, consistent with national trends

Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others.

- Mecklenburg County has a total of 2,662 licensed hospital beds, but only 188 ICU beds, according to data found in the Engagement Network COVID-19 Report. While slightly better than the state average. If the county were to experience a surge in cases, hospital capacity would be stretched thin. This would limit access not only for COVID-19 patients, but would also limit resources available to other patients with immediate needs, such as accidents, strokes or heart attacks.
- Nationally, providers are reporting the number of heart attack and stroke patients are down by 45% and 38% respectively, primarily because people are afraid to visit the ER. Both local and national pediatricians are reporting vaccination rates are down as people avoid medical offices for fear of exposure to COVID-19.

Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period.

- The Charlotte Business Ledger reported that mental-health related visits to emergency rooms were down by at least 50% during the first month of the pandemic, mirroring the decline in overall ER visits. Dr. James Rachal, a psychiatrist with Atrium Health stated that the lower numbers do not mean that fewer people need help, but that people are avoiding hospitals out of fear of contracting the virus.
- At the same time, calls to the National Suicide Prevention Lifeline's Disaster Distress Helpline, which provides help to those experiencing emotional distress related to a disaster rose 338% in March.

- Many providers are beginning to offer telehealth services, but demand is still outpacing availability of services, particularly for children, adolescents and Medicaid recipients in North Carolina.
- Reports of substance abuse and overdoses are on the rise both nationally and locally. [CMPD reported](#) a 24% increase in calls for drug overdoses in March and April, coinciding with the beginning of NC's stay-at-home order.

Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.

- According to the [County Health Rankings & Roadmaps](#) Free & Reduced Lunch Eligibility Data, 56% of children in Mecklenburg County receive free and reduced lunch – more than 83,000 children. While all of these children have access through school and nonprofit distribution sites, it is unlikely that all are receiving these meals.
- 2014 data from the N.C. Department of Public Instruction, School Nutrition Services showed that only 20% of eligible children received free meals through a similar summer nutrition program.
- An analysis of NC 211 (a unified helpline) call data by the UNCC Urban Institute found that calls for food assistance increased 747% from March 10 to April 9 - an increase of 730 calls from the previous month. In Mecklenburg County, the majority of these calls come from the three zip codes with the highest rates of poverty.
- Compounding the problem are the county's existing food deserts. According to UNCC Urban Institute data, nearly 15 percent of the county's population live in communities where most residents do not have access to a full-service grocery store carrying nutritious food. This is higher than the national average of 11 percent of people living in food deserts.

EMPLOYMENT IMPACTS

Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.

- According to the NC Department of Commerce, the average annual wage of individuals employed in [healthcare support occupations](#) in the Charlotte-Concord-Gastonia Metropolitan Statistical Area (MSA) is \$29,680. In 2019, there were an estimated 30,910 individuals employed in this field locally. This includes those working in close, frequent contact with vulnerable individuals – nursing assistants, orderlies, home health aides, phlebotomists, pharmacy aides and more.
- Individuals employed in [healthcare practitioner and technical occupations](#) (approximately 61,490 individuals) make an average annual salary of \$61,790, but this data is skewed by those in specialized fields (surgical, dentistry, optometry, anesthesiology, etc.). Paramedics, technicians, vocational nurses and others who are more likely to come into direct contact with vulnerable populations in more technical fields make anywhere from \$22,860 – \$44,930 per year on average.
- [According to the Charlotte Observer](#), Mecklenburg County's Pandemic Response Guidelines Plan, which was updated in February 2020, notes that 25-35% of health care providers could be absent from work

due to illness.

- Though a breakdown by county is not available, health care systems Atrium and Novant Health are Mecklenburg County's first and sixth largest employers respectively, with more than 47,000 regional employees between them based on data from the 2018 [Mecklenburg County Comprehensive Annual Financial Report](#).
- Anecdotally, we have observed evidence of the impacts of COVID-19 and increasing stress due to additional work hours and challenging work conditions. [Multiple first responders](#), a [nurse](#) at a Mecklenburg County Juvenile Detention Center, [nursing home caregivers](#), and others have tested positive or been quarantined due to exposure to the virus.

Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.

- The Charlotte-Mecklenburg Board of Education announced closure of the Charlotte-Mecklenburg School (CMS) District beginning Thursday, March 19 through the end of the school year. With schools closed and remote learning implemented for the 147,638 students and 9,111 teachers in the district, new challenges are surfacing.
- There are long-standing educational inequities present in CMS. A [National Center of Education Statistics](#) data set for years 2013-2017 showed that 16.5% of families with children enrolled at CMS had incomes below the poverty level, and 20.3% were enrolled in Food Stamp/SNAP benefits. 40% were single family households, and more than 15% of families did not have access to broadband internet. These challenges sparked CMS to create a new initiative, [Breaking the Link](#), analyzing the impacts of the district's efforts to dismantle the historical legacy of inequity in educational outcomes in Charlotte-Mecklenburg.
- The closure of CMS schools has magnified the impact of these inequities on both families – with parents struggling to work and manage their children's education – and teachers alike. Employment statistics from the NC Department of Commerce show that the average annual salary of all individuals employed in [education, training and library occupations](#) (an estimated 60,880 individuals) is \$44,180. But those in critical roles – early education, for example, see lower wages. Preschool teachers (an estimated 4,340 in the Charlotte-Concord Gastonia MSA), including those employed in Head Start and Early Head Start, make an annual salary of \$27,010. Teacher assistants (an estimated 7,270) make \$24,650 on average.

Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.

- As illustrated in the introduction to this section, one third the more than 40,000 unemployment claims filed in Mecklenburg County in March 2020 were attributed to job losses in the leisure and hospitality sector. Individuals employed in this sector are participating in the “gig economy” – in which workers piece together a living wage through multiple jobs or independent contractor work. Those in the gig economy do not have access to health insurance through an employer. The following data outlines the typical wages of individuals in different sectors that typically make up the gig economy:

- Individuals in [food preparation and serving related occupations](#) (estimated 112,320 individuals), including chefs, cooks, bartenders, waiters and more, make an average annual salary of \$17,550.
- Those in [sales and related occupations](#) (estimated 136,480 individuals), including retail workers, sales agents, travel agents, cashiers, real estate brokers and more, make an average annual salary of \$46,300.
- Residents in [personal care and service occupations](#) (estimated 32,260 individuals), including movie theater employees, hairdressers, manicurists, tour guides, fitness trainers and recreation workers, make an average annual salary of \$26,950.

EDUCATIONAL IMPACTS

Closings of public schools in the Community Assessment area are having an immediate impact on children’s education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.

- On March 13, 2020, [Charlotte-Mecklenburg Schools \(CMS\) suspended](#) competitions, performances and events before and after school hours. The CMS board voted to move spring break up by a month, sending students home March 19 with the plan to keep them home through at least March 27. The following day, Governor Cooper ordered all K-12 public schools closed for at least two weeks.
- On April 24, 2020, following an announcement from Governor Cooper, [CMS announced](#) it would extend the closure of schools through the end of the 2019-2020 academic year.
- On May 1, 2020, CMS Superintendent Earnest Winston [provided an update](#) on the progress of remote learning for nearly 150,000 students. He noted that CMS has not heard from roughly 3,000 students since schools closed in March due to COVID-19. Another concern was that there were roughly 300 CMS students who lacked access to technology, making it impossible for them to participate in online learning.
- On May 15, 2020, [CMS announced](#) that it would not be opening buildings during summer 2020 to accommodate face-to-face programming and community use. The school district noted that it would continue to offer remote supplemental learning opportunities, would allow continued use of technology resources like Chromebooks and mobile hotspots throughout the summer for all students in grades K-11, and would provide meal distribution and other services at grab-and-go sites.

Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.

- According to The 2019 State of Our Children Report produced through a partnership between Council for Children’s Rights and Communities in Schools Charlotte-Mecklenburg, Mecklenburg County saw an 8.55% increase in the child population and 6.39% increase in families with children over the decade from 2008 to 2017. More than 131,000 families in Mecklenburg County have children.

- [Local media outlets](#) have published many stories outlining the challenges faced by families with two working parents who are also having to provide homeschooling to their children or run the risk of their child falling behind.
- Effective April 1, 2020, the NC DHHS established an Emergency Child Care Subsidy Program from essential workers, providing financial aid to parents and caregivers who are essential workers, do not have other child care options, and meet the following criteria: income below 300 percent of the poverty line, are an essential worker fighting COVID-19 or protecting the health and safety of communities, and no other child care options are available.

HUMAN SERVICES IMPACT

Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating, leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet.

- Starting Monday, March 30, 2020, Mecklenburg County Public Health's (MCPH) southeast location (249 Billingsley Rd.) closed to the public. Family Planning, Sexually Transmitted Infection (STI) and HIV testing services have been provided exclusively at the northwest location (2845 Beatties Ford Rd., Charlotte).
- Key [Mecklenburg County departments](#) including the Department of Social Services (e.g. County Food Pantry, Senior Congregate Nutrition Program, Work First Employment Services), Community Support Services (e.g. Domestic Violence Adult Services, Domestic Violence Children's Services, Coordinated Entry, Veterans Services), Department of Community Resources (e.g. Child Support, Community Resource Center) and Criminal Justice Services have all been temporarily suspended.
- Key City of Charlotte systems like the Charlotte Area Transit System shifted on March 25, 2020 its fixed-route and community circulator buses to operate on a Saturday schedule Monday through Saturday.
- Nonprofit organizations meeting the needs of vulnerable populations have similarly needed to curtail or drastically change their services. For example, Urban Ministry Center and the Men's Charlotte of Charlotte, which merged last year, have [scaled down operations](#) to help with social distancing. On March 13, the Urban Ministry Center's Room In the Inn program, which partners with churches and colleges to provide housing for the homeless throughout the winter months, ended early.

Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time.

- Loaves & Fishes had to implement a new mobile food delivery system as food pantries were closed, additional resources were needed to deploy vehicles and hire warehouse workers to pack emergency food boxes and purchase food pallets.
- Safe Alliance, Urban Ministry Center and others [required additional funds](#) to providing hotel rooms to reduce numbers in shelters

- Charlotte Community Health Clinic is [implementing telehealth services](#) to provide greater access to care and has an increased need for self-monitoring tools like blood pressure monitors and other supplies to distribute in the drive-thru clinics

COMMUNITY RESOURCE IMPACTS

The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.

- On March 24, 2020, Mecklenburg County Emergency Management [imposed a stay-at-home order](#), effective March 26, 2020, that prohibited gatherings of 10 or more people and required the closure of amusement parks, water parks, museums, fairs, play centers, playgrounds, recreation centers, gyms, bowling alleys, movie and performance theaters, and clubs. It also barred anyone from visiting loved ones in hospitals or nursing homes except under limited circumstances; and visit family or friends unless necessary. The county later extends the order, initially set to expire April 21, to April 29, 2020.
- While Mecklenburg County's parks, greenways, and nature preserves are [open for walk-in and bicycle access only](#), parking lots have been closed to vehicles. All Park and Recreation centers, including aquatic, nature and senior centers, are closed.
- From March 27, 2020 to May 8, 2020, Governor Cooper's stay-at-home order allowed only essential businesses to remain open. On May 8, 2020, [Phase 1 of the state's reopening plan took effect](#). Retail businesses are allowed to operate at 50 percent capacity and instruct customers to remain at least six feet apart; they also must clean regularly, provide hand sanitizer when available, and screen workers for symptoms. The order allows people to leave their homes and patronize any open business, although bars, entertainment venues, gyms, and personal care businesses remain closed.
- [Local media](#) has noted long lines at grocery stores and the absence of personal care items like toilet paper, paper towels, hand sanitizer and disinfecting wipes.

The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others. Charlotte Area Fund plays an important role in convening organizations, people and resources to support families.

- Charlotte Area Fund has helped to lead the convening of neighborhood leaders in three key area codes (28208, 28216 and 28217) where the COVID-19 infection rate has been significant. This includes Westside residents from Eagle Lake, Jackson Homes, Blvd Homes, Capitol Drive and Toddville Road, as well as church congregations and various neighborhood associations.
- Based on initial convening, action items identified by these key audiences have focused on the needs of children, young adults and older adults. The group is preparing a grassroots partnership with the Mecklenburg County Sherriff's office to launch a yard sign campaign with recommendations for safety, and a media campaign.

- Helping to build grassroots coalitions and connecting them to system-level supports is an important role Charlotte Area Fund intends to play, with a particular focus on the census tracts identified as a part of the COVID-19 Vulnerability Footprint.

IV. Anticipated near- and long-term impacts

The needs above are already established through initial data and anecdotal reports from customers, staff, board members and community stakeholders. Based on these already-observed events, it is likely that there will be near-term (1-3 months) and longer-term (greater than 3 months) impacts that require immediate planning. A partial, but not complete, list of the anticipated impacts includes:

PROLONGED SERVICE DISRUPTIONS

The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long-term issues.

- Navigating disruptions to service delivery may become long-term issues in Mecklenburg County, particularly if a second wave of COVID-19 forces Governor Cooper to issue another shelter-in-place order.
- For Charlotte Area Fund, that will mean impacts to the organization’s own self-sufficiency programming including employment, education, consumer education/money management, and nutrition activities. It will also limit the agency’s Senior Assistance Program, Property Management Training, HVAC Training, Broadband Fiber Optics Training and the Duke Energy Project.

PROLONGED EMPLOYMENT ISSUES

Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.

- While many view the current unemployment challenge as temporary, with furloughed workers likely to be welcomed back once the county reopens, it is quite likely that Mecklenburg County’s most economically-disadvantaged residents are the individuals who will experience longer-term unemployment.
- Charlotte Area Fund believes long-term recovery efforts from prolonged employment issues must be focused on helping those employed in service-related jobs be trained for skilled jobs that are either less likely to be furloughed as a result of a health pandemic or where salaried roles mean protections.

PROLONGED AGENCY CAPACITY ISSUES

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.

- Charlotte Area Fund is committed to identifying ways to offer services through digital streaming whenever possible, recognizing that those in the agency’s targeted service area may not have access to

Internet-enabled platforms.

PROLONGED COMMUNITY RESOURCE/COORDINATION ISSUES

The short-term community coordination needs cited in this Assessment are presumed to continue into the long-term. Current conditions may persist for an extended period; recovery efforts will require coordination; ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.

- As evidenced by the challenge Charlotte Area Fund had with identifying any single source that had previously aggregated the data contained in this assessment, the system of public and nonprofit supports in Mecklenburg County lack real-time coordination to understand the layered, inter-connected impact of COVID-19 on the community.
- Particularly missing is the voice of neighborhood leaders who are experiencing first-hand the challenges of COVID-19, which is dismantling the already-fragile balance of supports for low-income residents. Their first-hand, lived experiences is needed alongside statistical analysis to better understand the true impact of this pandemic and how best to help those who have been most adversely affected by it.
- Bringing together “grassroots” neighborhood leaders and “grasstops” system leaders is a role Charlotte Area Fund is uniquely qualified to perform, ensuring that new community readiness strategies are in place to guard against a future outbreak.

V. Addressing Equity Implications

Though immediate data may not yet be easily obtained regarding the demographics of those most impacted by the COVID-19 epidemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. Community Action recognizes the obligation to ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond. Therefore, it is with this lens that communities are invited to use the equity lens and the question, “why”, to understand the specific needs of the diverse populations served.

- COVID-19 has only served to highlight what Charlotte Area Fund has long known to be true, that black and brown individuals in Mecklenburg County are at an increased risk for negative impacts at a time of crisis. The pandemic has highlighted both the social determinants of health and their reverse – the health determinants that lead to poor social outcomes. These issues are invariably linked, which is why Community Action is so important – exploring the cross-cutting factors that are too often silos of human services.
- Against the backdrop of COVID-19, local civil unrest and calls for racial justice in the wake of George Floyd’s death has sparked renewed discussions about equity and access by corporate, civic and policy leaders. Charlotte Area Fund’s historic role as an organization that reaches in to neighborhoods while coordinating with system leaders is needed now more than ever. Equity is a strong value for the agency and is top of mind moving forward.
- One area where Charlotte Area Fund is particularly focused is in workforce development. According to the [Charlotte Regional Business Alliance](#), racial disparities exist in a number of industries. While African

American workers make up 23 percent of the overall workforce, they represent only 13 percent of the Professional Services workforce and less than 10 percent of the Construction workforce. Latinx individuals are most underrepresented in Public Administration, Educational Services, Health Care, Financial Services and Professional Services industries, all of which include less than 5 percent Hispanic workforces. Minority groups are overrepresented in a variety of industries, mostly vulnerable and requiring front-line workers.

- The impacts of COVID-19 have also revealed a number of disparities according to the [Charlotte Regional Business Alliance](#). Women made up more than 55 percent of North Carolina unemployment claims in April 2020 for example, despite making up less than 50 percent of the total workforce. Minority-owned businesses are also highly concentrated in industries affected by COVID-19, particularly Accommodation and Food Services and Health Care.
- Income disparities vary by race. Across all industries for workers employed at least a year, average wages for whites (\$50,840) and Asians (\$53,628) are significantly higher than for African Americans (\$33,688) and Hispanics (\$36,100) according to the [Charlotte Regional Business Alliance](#).

VI. Conclusion

Based on the prompts built in to this assessment, Charlotte Area Fund is planning to tackle the following three areas of focus with funding from the CARES Act:

HEALTH IMPACTS: Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others.

- Charlotte Area Fund is uniquely well-positioned to partner with grassroots organizations and system leaders to help stop the spread of COVID-19 while serving as an umbrella agency for a coordinated response and messaging for the most vulnerable communities in its service region. Keeping people healthy requires both a prevention and intervention response, and funds from the CARES Act will be deployed in service to both.

EMPLOYMENT IMPACTS: Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.

- Initial unemployment figures for Mecklenburg County are significant. Charlotte Area Fund's historical focus on workforce development has a new lens with recently unemployed individuals in the service and retail sectors needing to consider how shifts in consumer preferences will impact their long-term sustainability. Charlotte Area Fund is prepared to leverage its own programming and partner with leading workforce development agencies and grassroots nonprofits to address the needs of people in vulnerable neighborhoods.

HUMAN SERVICES IMPACT: Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating, leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet.

- Charlotte Area Fund's focus on access to nutrition and support for senior populations fit squarely in community need based on the assessment. Human service agencies have been both disrupted by COVID-19 and overwhelmed by need. Charlotte Area Fund is prepared to expand its own programming while also partnering with system partners and grassroots leaders to help ensure access to healthy food and that senior populations are cared for in the most vulnerable communities in Charlotte Area Fund's service area.