



Prosperity Project 2015

Experiences of Poverty in Whatcom, Island and San Juan County

Sponsored by

United Way of Whatcom County
Whatcom Community Foundation
Orcas Island Community Foundation
Orcas Power and Light Co-Op
WA State Department of Commerce



Table of Contents

Executive Summary	2
Acknowledgements and Appreciation	5
Opportunity Council	5
Introduction	7
Project Context	7
Background and History	7
Poverty by the Numbers	8
Survey Respondents: Who Are They?	9
Gender and Age	10
Race, Ethnicity, and Language	10
Disability Status	12
Duration of Residence in the Northwest Washington Region	12
Veteran Status	12
Employment, Education and Income	13
Income and Poverty Status	13
Employment	15
Financial Situations	17
Educational Attainment and Access to School	19
Housing	20
Housing Situations	20
Housing Cost Burden and Assistance	21
Housing Condition	23
Health and Healthcare	24
Health Insurance	26
Primary Care	27
Parenting and Childcare	31
Child Health Insurance	31
Child Characteristics	31
Head Start Enrollment and Child Characteristics	32
Childcare and Preschool	33
Food and Nutrition	35
Accessing Community Food Resources	37
Trends in School Lunch Program	38
Transportation	39
Community Services Assessment	41
Services gap analysis using importance-availability index	42
Services gap analysis using importance-availability coordinate system	43
Appendix A: Survey Questionnaire	48

Executive Summary

The 2015 Prosperity Project is a continuation of the 2006 Prosperity Project that was convened by the Whatcom Coalition for Healthy Communities. The goal of that effort was to gain a detailed and broad understanding of the experiences of people living in poverty. This was seen as a necessary step toward making recommendations about resource and services allocation in our communities. In 2010, this community-wide assessment was extended to Island and San Juan counties, resulting in the 2011 Prosperity Project reports. The intent of this 2015 report is to provide an update of this needs assessment. The assessment relied on data from a client intercept survey¹ of 896 households across Island, San Juan, and Whatcom County who were surveyed during an eight-week period in the spring of 2015.

The respondents were residents of this three-county region, with 44% from Whatcom, 33% from Island, and 23% from San Juan County. Close to three-fourths were female, 12% speak a language other than English in their home, 6% were Native American and 14% Latino. Key findings from the survey are summarized below. Please see the full report for more detailed findings by individual counties.

KEY FINDINGS ON THE CAUSES AND CONDITIONS OF POVERTY

Employment/Education/Finances

Key Issues: *Too few living wage jobs, lack of job skills, transportation challenges, inability to save money, too much debt, especially medical debt.*

Fifty four percent of respondents reported finding it hard to get or keep a good job, with 43% reporting that there were not enough jobs; 43% also reported a disability kept them from steady work. One third (33%) reported lack of skills as a barrier to employment. Transportation was a barrier to working for 24% of respondents.

Seventy four percent of respondents reported that it was hard to save for unexpected expenses, while 57% reported having debt from medical or dental expenses. Fines and legal fees are a problem for 23% of respondents, while credit card debt is a problem for 24%. Twelve percent respondents report having used a payday loan service and four percent of people report difficulty managing that debt.

The most frequently reported negative financial situations included, being pressured to pay bills by creditors (24%), having to borrow money from friends or family (17%), and falling behind in paying the rent or mortgage (10%).

The community service gaps analysis revealed that access to living wage jobs is very important, but these opportunities are scarce.

¹ "Client intercept survey" refers to a method of data collection used in this study. The sample of respondents are clients of participating agencies or programs that show up for services during the data collection period and who agree to participate in the survey.

Housing

Key Issues: Low availability of affordable housing, high burden of housing cost relative to income; housing payment crowds out spending on other basic needs, poor housing condition is common throughout the region, homelessness is prevalent in this population.

Housing was mentioned as among the most challenging issues for people, with 20% having had to share housing to prevent homelessness, and just under one third of people having to choose between rent and other basic needs. Thirteen percent of respondents had been homeless for more than a week in the past year. The rental housing cost burden was especially hard for people who did not have any rental housing financial assistance. On average, these renters spend \$656 per month on rent, compared to those with rental assistance who spend only \$299 per month on rent. Poor housing condition affects approximately one in five respondent households. Affordable housing was a service that was rated as very important, with low availability in the service gaps analysis.

Health and Access to Care

Key Issues: Low availability of affordable dental care, better availability of affordable medical care, poor health is associated with low household income, still a significant number of uninsured respondents, uninsured respondents highly likely to use hospital emergency department for usual source of care.

About one in three respondents (32%) rate their overall health as only fair or poor. Nine percent of the respondents had no health insurance at all, and 42% of all respondents had not received needed health care in the past year. More than one in four (29%) of respondents with no insurance said they usually go to the hospital emergency department for health care, compared to only 6% of those who get employer-provided insurance and 7% who pay for their own health insurance. Dental care was also mentioned as a service with very low availability, but very high importance to respondents. Affordable medical care is now considered to be more available than in previous surveys in all three counties.

Children and Childcare

Key issues: Downward trend in number of licensed childcare providers, high cost of childcare relative to wages, limited hours, lack of availability of care for special needs or infants. Childcare health insurance coverage is at or above 96%. Most parents say that children doing well in school.

About one third of respondents with children don't use childcare services at all. When asked about the status of their children, 47% felt that their children are receiving adequate medical care, and 70% reported that their children were doing well in school. Keeping adequate childcare was a problem for 35% of respondents and the challenges identified included affordability, evening and weekend care, and weekend care. Head Start parents were more likely to say that their children were doing well in school and that their children received adequate medical care.

Food/Nutrition

Key issues: Food assistance programs are used by 82% of respondent households. The lowest income households have the highest food insecurity. A substantial proportion of respondents or their children are skipping meals and going hungry. The availability of food assistance is relatively high.

One fifth (21%) of respondents reported that someone in their household had gone hungry because they did not have enough food, while 43% had skipped a meal and 82% relied on some form of food assistance. When the respondent group was analyzed by income within the sample, all three food security indicators – use of food assistance, hunger, and meal skipping – were correlated to level of household income.

Transportation

Key issues: *Transportation costs of fuel, car repairs, insurance price of ferry fares are significant problems for nearly half of respondents. Households with the lowest income are much more likely to rely on transit services. Limited bus routes, operating time, and access due to disability create bus use barriers for many respondents.*

Just under one third of respondents regularly use the bus. Bus use was inversely related to income, with the lower income respondents using the bus more frequently. The times and availability of transit was a key challenge for respondents in Whatcom and Island County where transit services exist. In San Juan County, 39% of respondents said that they are unable to afford to use the ferry. The most frequently mentioned transportation problems identified by respondents included being unable to afford gas (39%), being unable to afford car repairs (43%) or not having car insurance (27%).

Community Services

Survey respondents were asked to rate the importance and availability of 14 community-based social and health services. For three services, a substantial number of respondents indicated that the service was extremely important *and* very hard to get. These included affordable dental care (32%), help with housing (32%), living wage jobs (28%).

Families with young children would add affordable child care to the services that are extremely important and very hard to get.

A significant shift from previous Prosperity Project surveys is that respondents told us during this survey that affordable medical care is relatively easy to get. This finding is consistent in all three counties. During previous surveys (the most recent in 2011), respondents, in general, said that affordable medical care was relatively hard to get.

Acknowledgements and Appreciation

We are grateful to those families and individuals who participated in this survey. Without their willingness to share their experiences, we could not have gathered this kind of information.

Thanks to the primary report analysts and authors: Javier Flores, Katie Haverstock, and Greg Winter, staff of the Opportunity Council.

This report would not be possible without the cooperation of many community agencies and programs. Many organizations throughout the three-county region helped to distribute surveys to their clients. Each and every response provided valuable information, and helped paint a picture of the experiences of those in our communities with low-incomes.

A big “thank you” to United Way of Whatcom County, Whatcom Community Foundation, San Juan County, OPALCO, and the Washington State Department of Commerce for the funding needed for Opportunity Council to produce this report.

Finally, we would like to thank individuals and organizations in all three counties, in advance, for turning the information in this report into action.

Opportunity Council

Who We Are

The Opportunity Council is a private, non-profit Community Action Agency serving homeless and low-income families and individuals. Our goal is to help people learn to become self-sufficient.

We offer a broad scope of services that range from addressing immediate and crisis-oriented needs (food, emergency shelter, eviction-prevention) to longer-term programs that promote self-sufficiency in our community (early childhood education, home weatherization).

Mission Statement

The Opportunity Council is a private, non-profit human service organization that acts as a catalyst for positive change, both in the community and in the lives of the people it serves.

Prosperity Project Objectives

On behalf of the communities in Whatcom, Island, and San Juan Counties, Opportunity Council is committed to periodically assessing the needs and experiences of low-income households. We invite individuals, organizations, and community leaders to use this information to improve services coordination, increase services access, prioritize resource allocation, improve programming, and cultivating the political will of elected officials to join us in these efforts.

Thank You to our Prosperity Project Sponsors:



Whatcom
Community Foundation

GIVING HERE MATTERS



Department of Commerce
Innovation is in our nature.

Introduction

Project Context

The issue of poverty is not new, yet it has a significant impact on our entire community. For a long time, communities have been attempting to evaluate and remediate factors that contribute or lead to poverty, targeting both generational issues and situational life events.

Poverty is often defined by quantitative measures, such as a threshold of \$24,250 per year for a family of four (2015 Guidelines, U.S. Department of Health and Human Services). However, many aspects of poverty are not reflected in statistical indicators. Insufficient income to meet basic needs is a typical feature of most definitions of poverty. Nevertheless, this in itself does not take into account the myriad social, cultural, and political aspects of poverty. Poverty is not only deprivation of economic or material resources, but also a violation of human dignity.

Background and History

In 2015, Opportunity Council stepped forward to carry on a new tradition of producing a region-wide low-income household needs assessment that began with the 2006 Whatcom Prosperity Project assessment. In part, the Prosperity Project helps the agency meet its requirement to conduct a community assessment every few years. However, this particular form of community assessment honors the larger community's interest in seeing the Prosperity Project live on, beyond its inaugural effort in 2006.

The needs assessment process was intended to produce a report that would be useful to service providers, policy makers and the general community in working to eradicate poverty in our community. Our objectives for how the needs assessment report will be used include:

- Improve coordination and planning between agencies and service providers
- Identify ways to reduce barriers and increase access to services as well as to adjust program delivery and operations to better meet client needs
- Prioritize funding and resource allocation by governmental and charitable organizations
- Design and improve prevention and education programming
- Identify potential new and creative approaches based on client needs and perceptions
- Increase civic engagement and empowerment among the client population and the general public with regard to poverty and related issues

Collecting Information and Data

The Prosperity Project conducted a needs assessment survey in English and Spanish at 41 program locations throughout Island, San Juan, and Whatcom County,

gathering completed surveys from 896 survey respondents. This *client intercept*² method of data collection results in a “purposeful” sample, but not a random sample, of low-income households. Nevertheless, we believe that such a sample provides a very useful point-in-time representation of the experiences and characteristics of people living in poverty in the region.

Poverty by the Numbers

Poverty guidelines, as established by the Federal Office of Management and Budget, are shown in Table 1. The guideline of 125% of the federal poverty level is used as an eligibility criterion for some programs that assist persons in the region.

Table 1. The guideline of 125% of the federal poverty level is used as an eligibility criterion for some programs that assist persons in the region.

Table 1 Federal Poverty Guidelines for Year 2011

FAMILY SIZE	INCOME PER MONTH (\$) AT 100% OF FPL	MONTHLY ELIGIBILITY LIMITS AT 125% OF FPL (\$)	ANNUAL LIMIT AT 125% OF FPL (\$)
1	\$981	\$1,226	\$14,715
2	\$1,328	\$1,660	\$19,920
3	\$1,674	\$2,093	\$25,110
4	\$2,021	\$2,526	\$30,315
5	\$2,368	\$2,960	\$35,520
6	\$2,714	\$3,393	\$40,710
7	\$3,061	\$3,826	\$45,915
8	\$3,408	\$4,260	\$51,120

Source: Federal Register, Vol. 80, No. 12, January 20, 2015, pp. 3236–3237

The U.S. Census Bureau estimates that there were 32,503 people (16.4% of the population) living at or below 100% of the federal poverty level in Whatcom County, 1,679 in San Juan County (10.8%), and 6,886 in Island County (9.0%) in 2013 (the last year that estimates are available). Washington State, by comparison, is estimated to have 893,211 people living at or below poverty, comprising 13.4% of the overall population. The poverty rate varies considerably by demographic group. For example, the poverty rate for single mother families with children less than five years old in Island, Whatcom and San Juan counties are 40%, 28%, and 51%, respectively.

² “Client intercept survey” refers to a method of data collection used in this study. The sample of respondents are clients of participating agencies or programs that show up for services during the data collection period and who agree to participate in the survey.

Survey Respondents: Who Are They?

Overall, 896 households responded to the survey. These households include a total of 2,323 persons. Because there is no existing list of all low-income households (or persons) in the region, it is not possible to draw a random sample from a well-defined population. Rather, in this study, the team chose to intensively sample as many unduplicated households as possible from social and health service sites throughout the county (Table 2). After analyzing the household income characteristics of this sample and comparing them to poverty guidelines and statistics, we believe this sample is a reasonable representation of county residents with incomes at or below 125% of the poverty level. Based on Census data from 2013, we estimate that there are approximately 53,000 in this income bracket in the three-county region.

Table 2 Agencies and programs that participated in the Whatcom Prosperity Project survey

County	Participating Program	Number of client survey respondents	% of total
San Juan (N=207)	Friday Harbor Food Bank	29	14%
	Health Department	22	11%
	San Juan Island Family Resource Center	24	12%
	Mullis Center	21	10%
	Orcas Family Connections	17	8%
	Ask Orcas Food Bank	14	7%
	Senior Center	13	6%
	Grace Church Food Bank	11	5%
	Ask Orcas Library	7	3%
	WIC	7	3%
	DVSAS	5	2%
	Lopez Island Trust	5	2%
	San Juan Community Health	5	2%
	SJ Hometrust	5	2%
	Lopez Island Family Resource Center	5	2%
	Fish For Teeth	4	2%
	Lopez Senior Center	4	2%
	OPALCO	4	2%
	Ask Orcas	3	1%
	Orcas Library	3	1%
Whatcom (N=403)	OC - Community Services	150	37%
	OC - ELAFS	117	29%
	Goodwill	71	18%
	OC - EWRRCC	27	7%
	Point Roberts Food Bank	19	5%
	Public Defenders Office	8	2%
	YWCA	7	2%
	A Watered Garden	4	1%
Island (N=314)	Opportunity Council	155	49%
	Good Cheer	34	11%
	Service Center	32	10%
	Spin Café	19	6%
	ECEAP	18	6%
	Camano	16	5%
	NA	14	4%
	Head Start	11	4%
	Safe Harbor	6	2%
	OH Senior Center	4	1%
	Sunrise Services	3	1%
	Helping Hand	1	0%
	Meals on Wheels	1	0%

Gender and Age

Survey respondents were far more likely to be female (74%) than male (26%). They ranged in age from 18 to 94 years old. The median age for each county was: Island, 43; San Juan, 52; Whatcom, 39.

Race, Ethnicity, and Language

According to the U.S. Census Bureau's 2013 American Community Survey, the percentage of people who report their race as being something other than "White-only" is 14.4% in Island County, 6.5% in San Juan, and 13.5% in Whatcom. The proportion of people who identify as Hispanic or Latino is 5.9% in Island, 5.6% in San Juan, and 8.2% in Whatcom.

In this study's regional survey sample, about three out of four survey respondents (78%) identify as White, 6% Native American, 4% African American, 3.6% Asian and 1% are Hawaiian or Pacific Islanders; 14% of survey respondents identified as Hispanic or Latino. For details by county, see Figure 1.

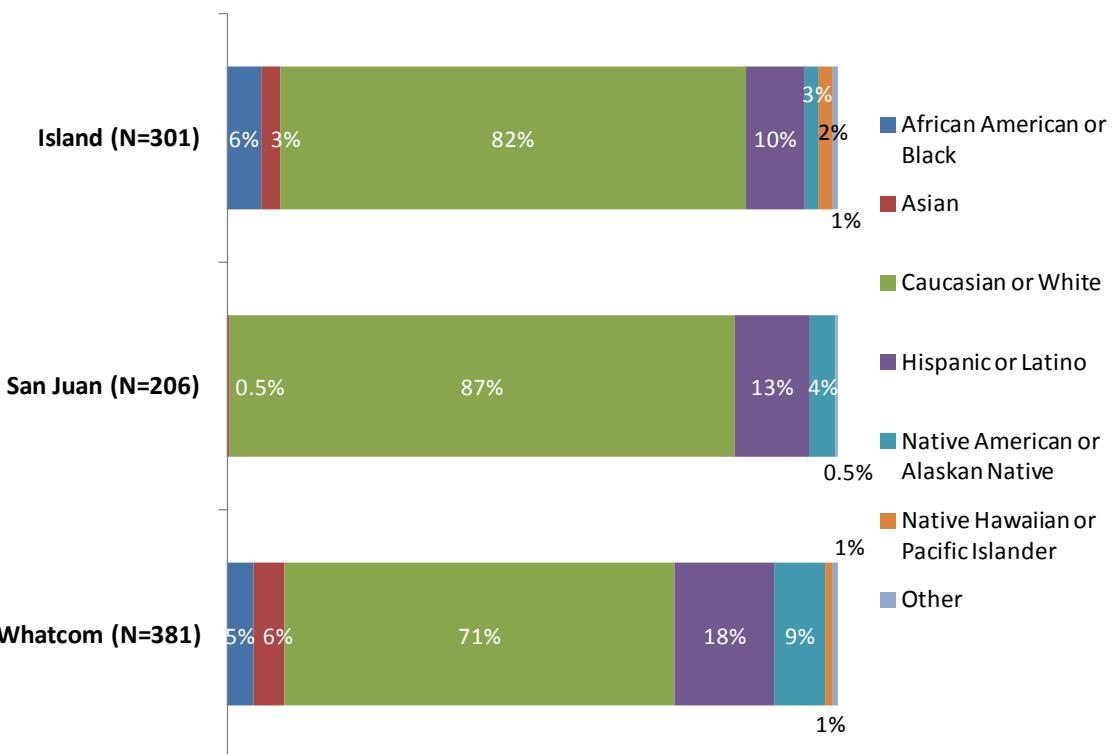


Figure 1 Respondent race and ethnicity (n=888) (Note that these percentages do not add to 100% because Hispanic/Latino is an ethnicity. Respondents may be both Hispanic and Caucasian, for example)

Many survey respondents speak a language other than English at home. While the vast majority speaks English (87.6%), other languages included Spanish (9.2%), Russian or Ukrainian (.4%), and 2.8% or fewer spoke Punjabi, Arabic, Japanese, Filipino, and Vietnamese. For details by county, see Figure 2.

In comparison, the results from the U.S. Census Bureau's 2013 American Community Survey estimated that the percentage of each county's population who speak only English at home is: Island County, 91.3%; San Juan, 92.8%; and Whatcom, 87.5%.

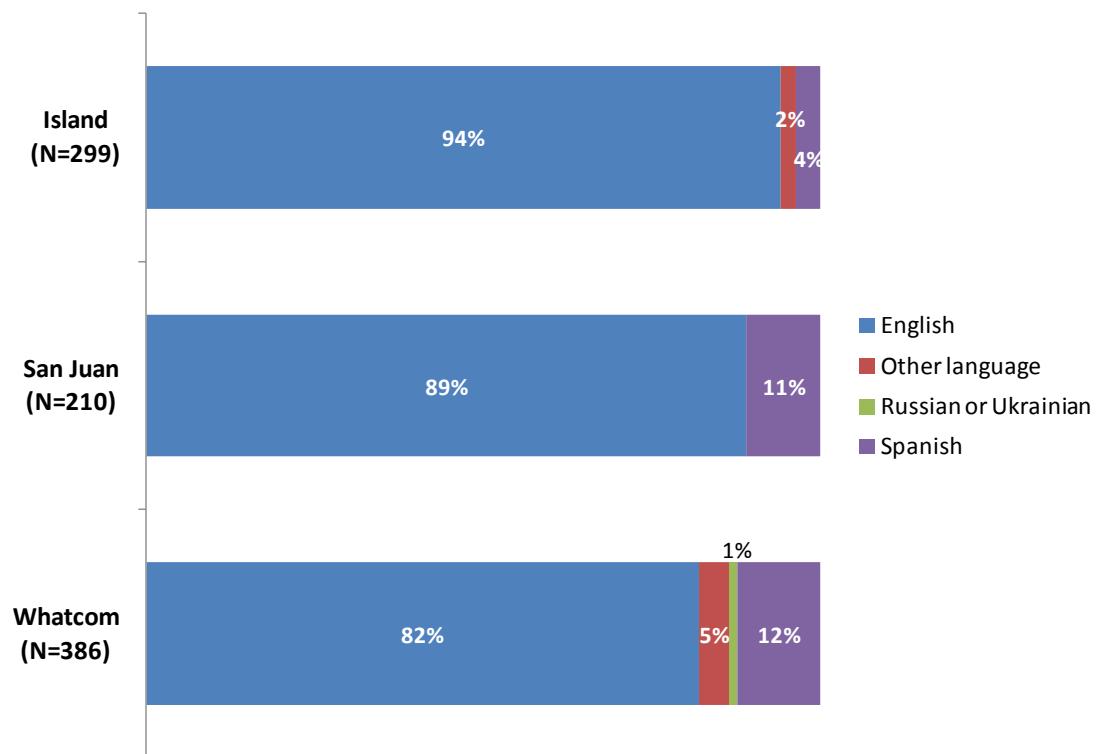


Figure 2 Respondent language usually spoken at home (N=635)

Disability Status

Survey respondents were asked if anyone in their household has difficulty with certain activities due to physical, mental or emotional conditions lasting six months or more (Figure 3). About one in three households include at least one member who has difficulty learning, remembering or concentrating (31%) and about one quarter has difficulty working at a job (26%). Fewer survey respondents reported having household members who have trouble going outside the home (14%) or dressing, bathing, or getting around the house (9%).

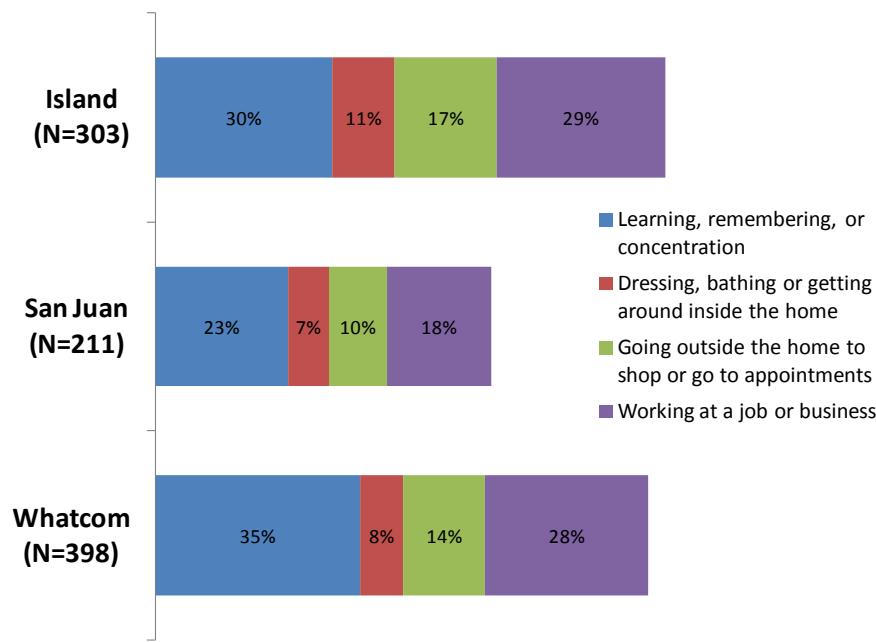


Figure 3 Percent of all households with a person whose disability limits one or more activities (N=726)

Duration of Residence in the Northwest Washington Region

Survey respondents were asked how long they have lived in their County. For the three-county region, the median number of years lived in their current county of residence is 12 years. The median residence time for respondents in each county was: Island, 10 years; San Juan, 15; Whatcom, 14.

Veteran Status

Approximately 14% of survey respondents (n=128) reported either themselves or someone in their household had served in the military. By county, the proportion of veteran households was: Island, 20%; San Juan, 16%; Whatcom, 9%.

Approximately 25% of veteran households were single, unaccompanied persons. Of these single veterans, 75% were male. They ranged in age from 43 to 86, with the median age being 62. The median monthly income for single veterans was \$952, and 52% had income below the Federal Poverty Level.

Employment, Education and Income

Income and Poverty Status

For the three-county region, the mean monthly income from all sources for survey respondent households is \$1,429 and the median monthly income is \$1,168 (Table 3). Monthly household incomes ranged from \$0 to \$8,769 per month. The median monthly income ranged from \$800 for single-person households to \$2,000 for 6-person households. The income analysis by county is found in Table 3 below.

Table 3 Respondent household income by household size

	Household size	Number of households	Mean monthly income	Median monthly income	% below 125% of Poverty Level
Island County	1	62	1,046	933	69%
	2	66	1,194	1,100	77%
	3	37	1,593	1,200	76%
	4	24	1,678	1,366	79%
	5	16	1,826	2,000	94%
	6	6	1,267	1,400	100%
<hr/>					
San Juan County	1	50	1,194	910	72%
	2	39	2,253	2,000	41%
	3	19	2,150	2,220	47%
	4	19	2,290	2,200	63%
	5	6	2,136	1,650	67%
	6	5	2,000	2,000	100%
<hr/>					
Whatcom County	1	73	1,005	744	78%
	2	63	1,265	1,000	78%
	3	45	1,208	1,000	89%
	4	33	1,596	1,673	85%
	5	32	1,742	1,550	88%
	6	6	2,467	2,000	83%

Approximately half of respondent households (53%) include at least one member with employment income. The next most frequently reported income sources are Social Security (23%), Temporary Assistance for Needy Families, referred to as TANF (15%), SSI (16%), and Child Support (11% each).

For details by county, see Figure 4.

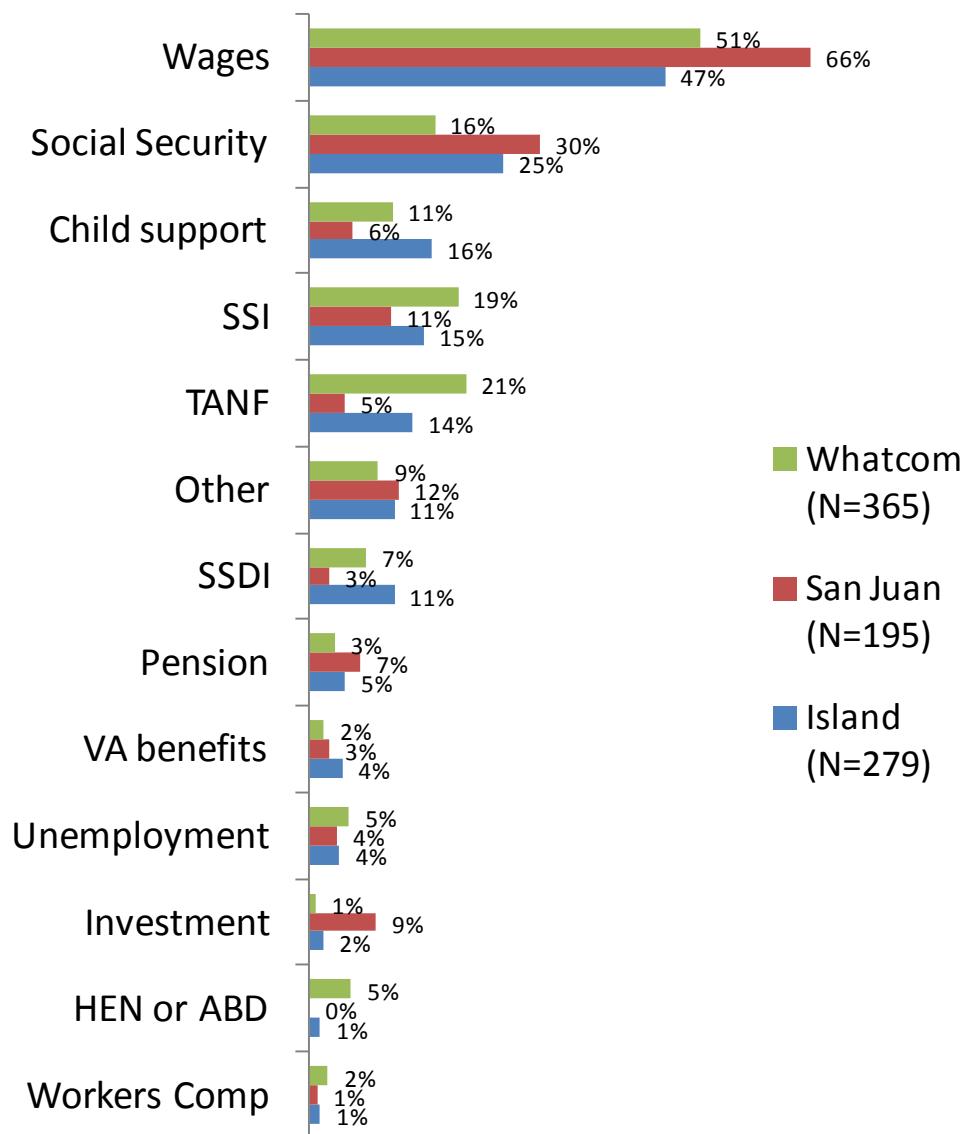


Figure 4 Household income sources (N=597)

Employment

In Whatcom (59%) and Island (55%) counties, more than half of survey respondents said that getting or keeping a good job had been a problem for someone in their household. The proportion who reported this problem in San Juan County was less than half (43%). For details by county, see Figure 5.

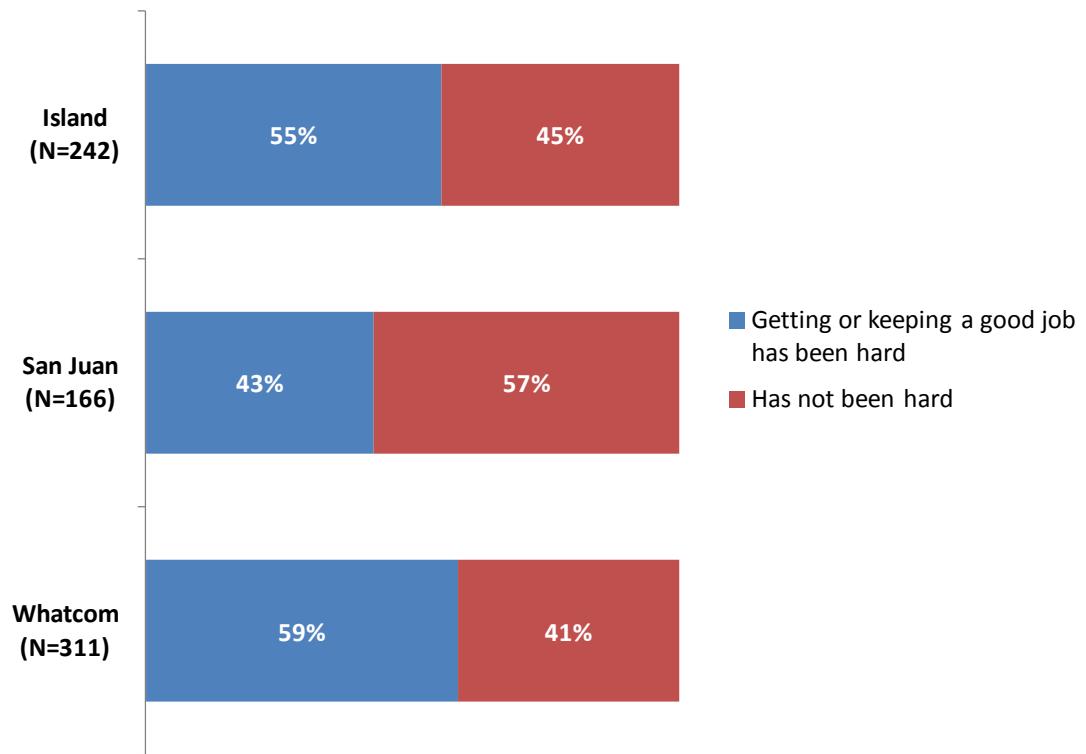


Figure 5 Proportion of households who report difficulty getting or keeping a good job (N=719)

Top reasons for difficulty getting or keeping a good job include too few jobs (43%), lacking the right kinds of skills (33%), physical or mental disability (43%), and lack of transportation (24%). For details by county, see Figure 6.

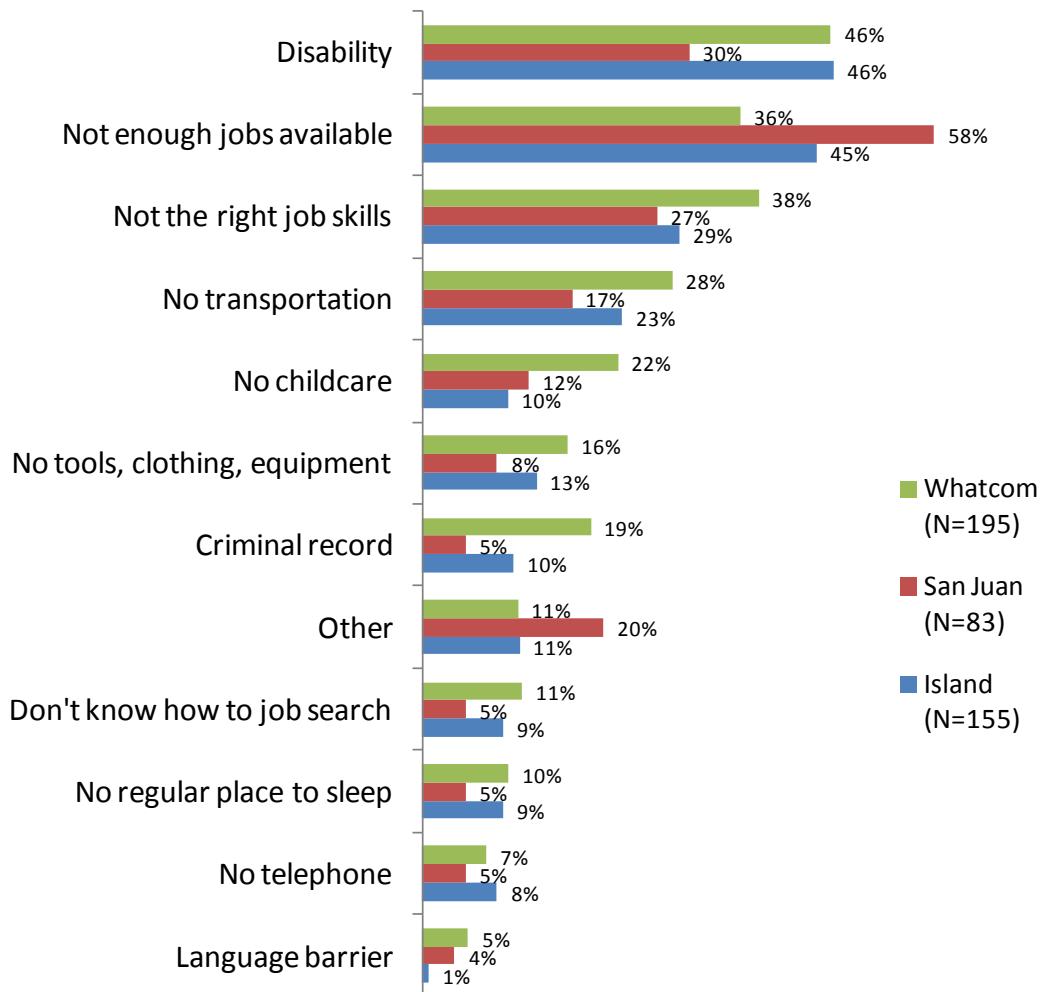


Figure 6 Reason why getting or keeping a good job is hard for household (N=433)

Financial Situations

Survey respondents commonly said that they have recently had to borrow money from family or friends (60%) and they felt pressured to pay bills by stores, creditors or bill collectors (56%). Forty-two percent fell behind in paying their rent or mortgage payment and 38% said that they had to pawn or sell off valuables to make ends meet. Another financial situation that was common was utility shut-off, which affected 20% of respondents. For details by county, see Figure 7.

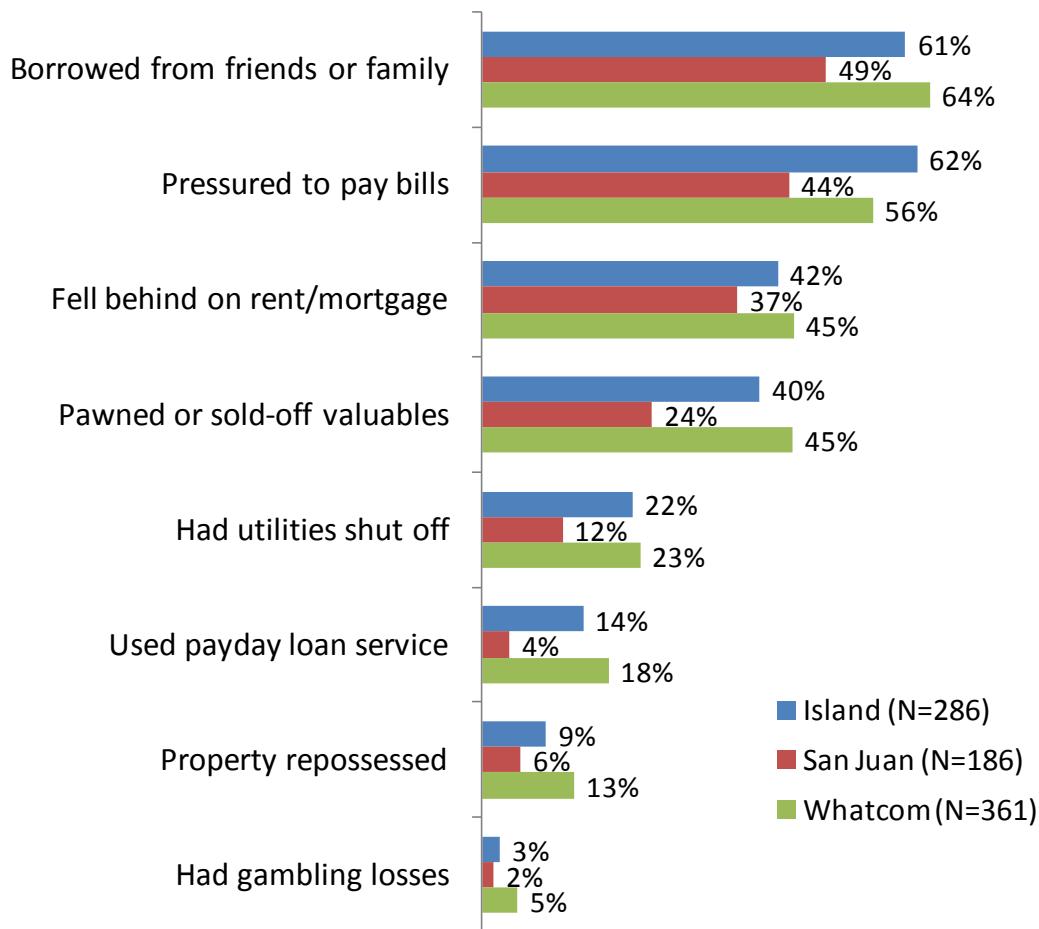


Figure 7 Financial situations experienced by survey respondents in the last 12 months (N=636)

Among a list of seven household financial situations, survey respondents most frequently reported not being able to save for unexpected expenses (74%), having debt from medical or dental care (57%), building up too much credit card debt (24%), or having fines or legal fees that are hard to pay off (23%). For details by county, see Figure 8.

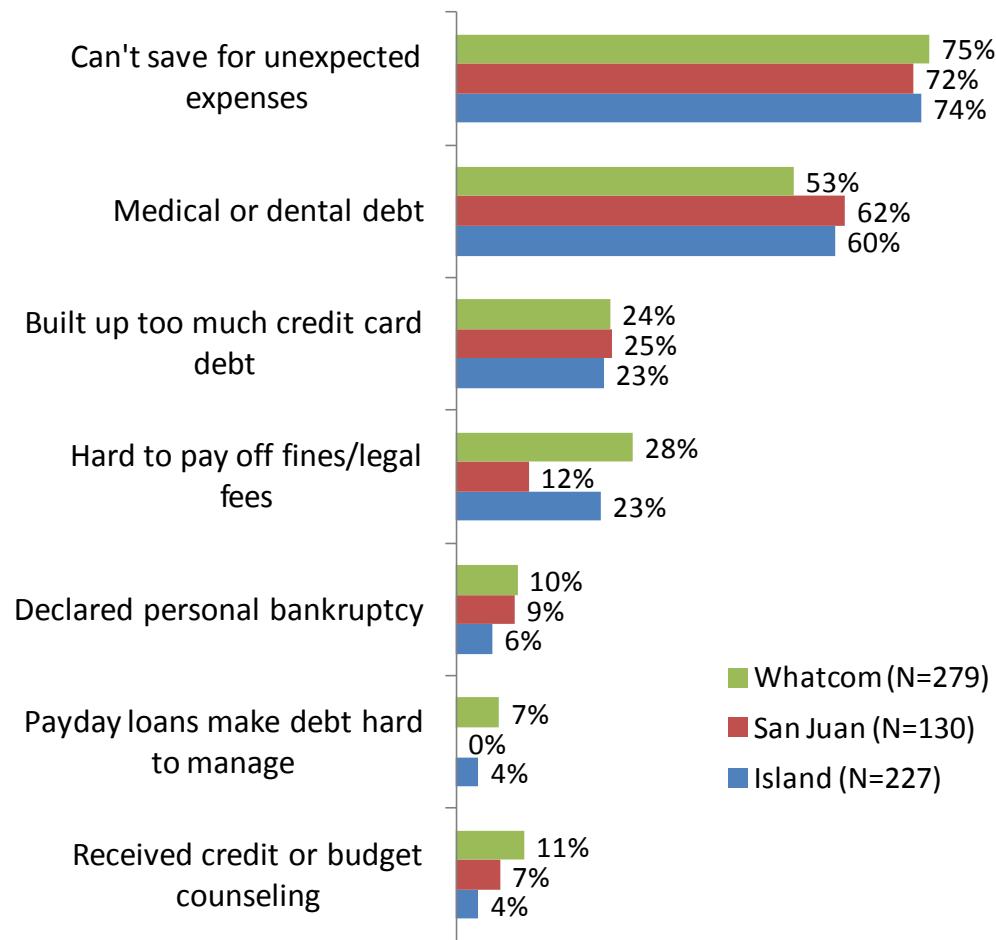


Figure 8 Respondent current debt situations (N=636)

Educational Attainment and Access to School

A majority (59%) of survey respondents in each county have some form of post-secondary education (Figure 9). They have attained vocation or trade school education (7%), some college education (27%), a two-year degree (9%), four-year degree (10%) degree, or a graduate degree (6%). The proportion of respondents who have a high school education or equivalent is 28%. Those who have less than a high school education is 14%. For details by county, see Figure 9.

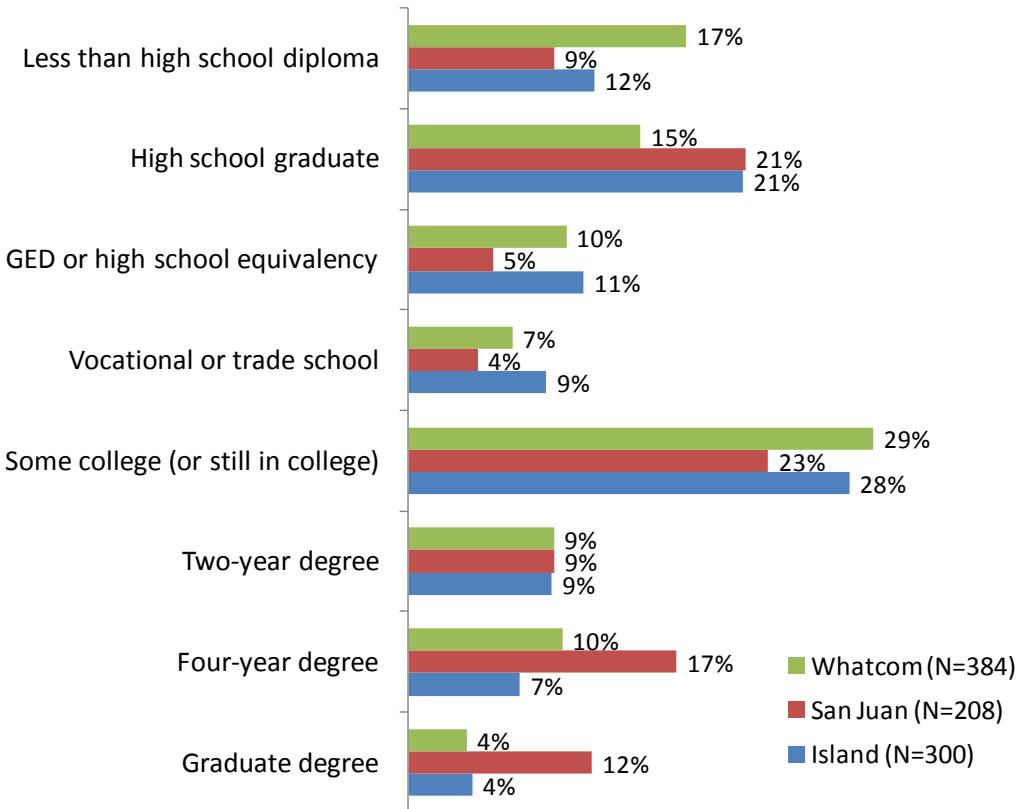


Figure 9 Educational attainment of survey respondents (N=892)

Housing

More than half of survey respondents (55%) rent their housing. Survey respondents who are homeowners ranged from 24%. The remaining survey respondents currently share housing with another household (7%), live in transitional housing or an emergency shelter (7%), or are homeless (7%). For details by county, see Figure 10.

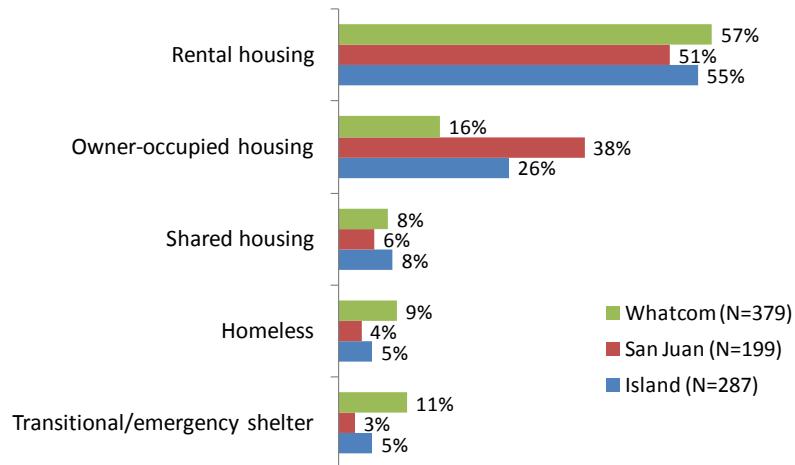


Figure 10 Respondent housing type (N=865)

Housing Situations

Nearly one third of survey respondents (31%) said that in the last 12 months they had to choose between paying the rent or mortgage and other basic needs. One in five (20%) had to share housing with another household to prevent becoming homeless. Thirteen percent said they had experienced homelessness for more than a week, and many have had to move more than once in the last year (14%). For details by county, see Figure 11.

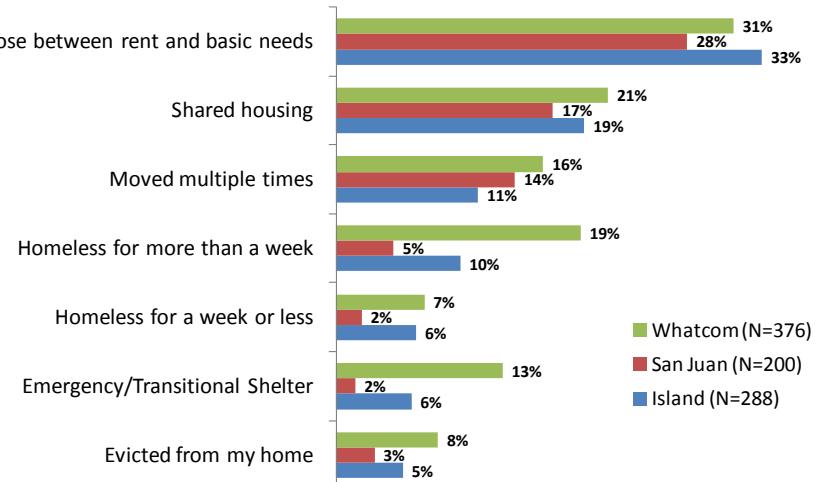


Figure 11 Respondent housing situations (N=864)

Housing Cost Burden and Assistance

On average, low-income renter households pay \$566 per month for rent, and low-income homeowners pay \$690 per month for mortgage payments (Table 4). Housing is considered to be affordable when households spend no more than 30% of their pretax income on housing costs. A conservative estimate of housing cost burden can be determined by comparing household income to reported rent or mortgage payment. On average, renters and owners in this sample of respondents are spending nearly half or more of their income for monthly rent (61%) or mortgage (45%) payments. More than half of low-income homeowners (58%) and renters (65%) are spending more than 30% of their household income on mortgage or rent payments. The proportion respondents paying more than a third of income for housing costs is certainly higher than what could be estimated with this survey data because the questionnaire did not measure other housing costs such as utilities, insurance, property taxes and maintenance.

Table 4 Renter and owner cost and cost burden for three-county region

	Renters (n=404)	Owners (n=136)
Mean monthly cost (rent or mort. pmt.)	\$566	\$690
Median monthly cost (rent or mort. pmt.)	\$550	\$578
Mean cost burden (% of income spent on rent)	61%	45%
Cost burdened: >30% of income	65%	58%

The average cost burden for respondent renters and homeowners varies considerably by county (Figure 12). The average proportion of household income that owners pay for their mortgage payment ranges from 38% in Whatcom County to 56% in Island County. Average renter housing cost burden ranged from 49% in San Juan County to 71% in Whatcom County.

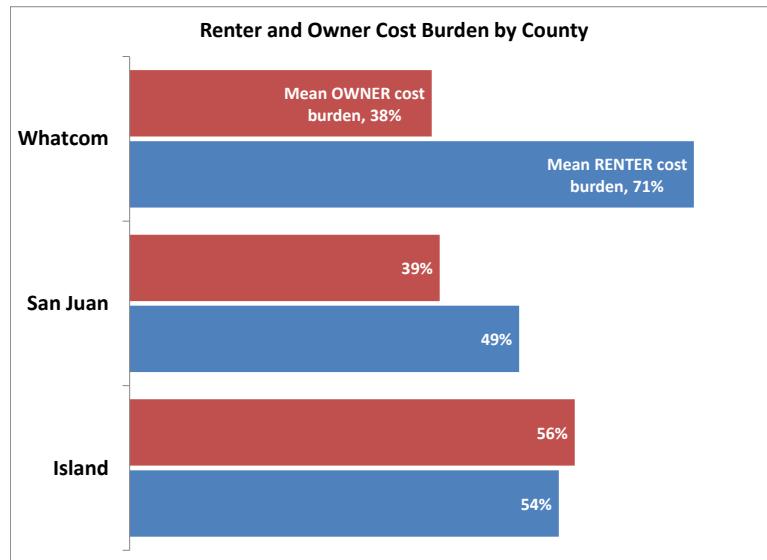


Figure 12 Mean owner and renter cost burden by county

Housing assistance in the forms of various subsidies for low-income renters (e.g. Section 8 voucher) and homeowners (e.g. down payment assistance; subsidized mortgages) are meant to reduce the household's housing cost burden. Figure 13 demonstrates this by comparing the average rent and mortgage payments for survey respondents with and without some form of housing assistance. For renters in the three-county region, the effect is substantial. On average, renters without assistance pay more than twice as much per month (\$656 compared to \$299). The effect of assistance for owner households that receive assistance is not as large as that for renters in this sample of homeowners.

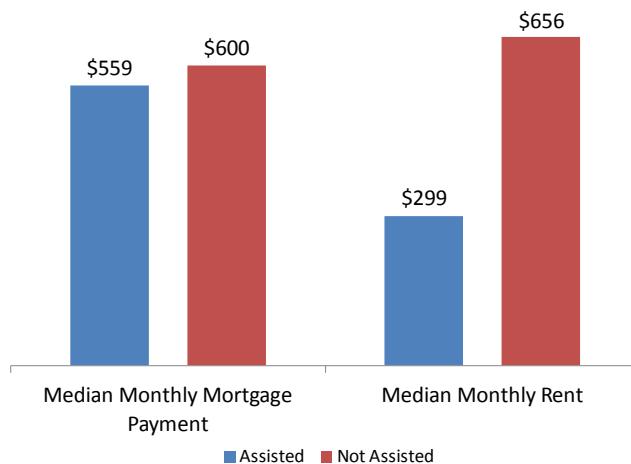


Figure 13 Mean renter and owner housing cost for respondents with and without housing assistance

Housing Condition

Most survey respondents reported their housing to be in good shape (35%) or needing only minor repairs (45%). Just 3% say that their home is in such bad shape that it is unsafe (Figure 14).

For details by county, see Figure 14.

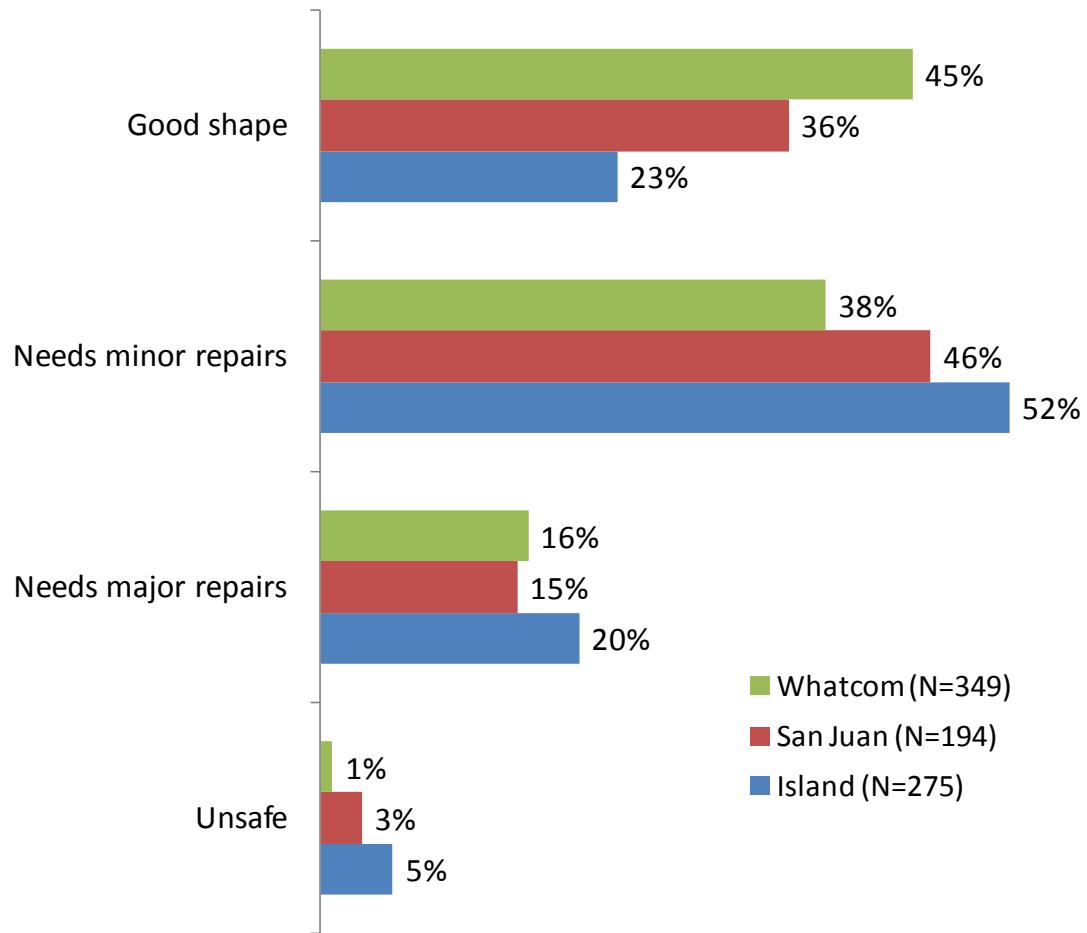


Figure 14 Housing condition

Health and Healthcare

Combining several categories of health status (Figure 15), about two-thirds of the survey respondents said that, in general, their health was good (40%), very good (21%), or excellent (6%). The other third said their health was fair (23%) or poor (9%). For details by county, see Figure 15.

In comparison, during the period 2008-2010 countywide health surveys of the entire state population estimated that only 13% of participants said their health was just *fair* or *poor*.³

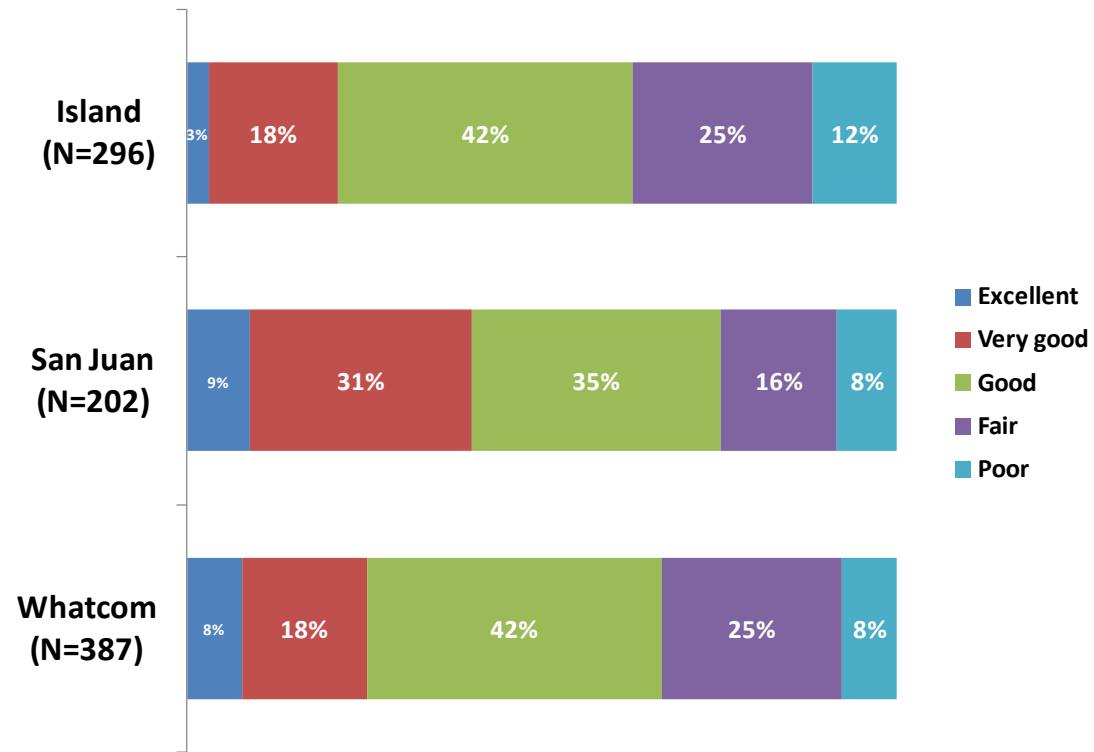


Figure 15 Respondent general health status (N=885)

And according to the Washington State Department of Health, “*Washington State BRFSS data for 2008–2010 combined showed that adults from lower income households were more likely than those in higher income households to say they had fair or poor health. After adjusting for age, 30% ($\pm 1\%$) of adults with annual household incomes less than \$25,000 said their health was fair or poor. By contrast, only 6% ($\pm 1\%$) of adults in households with annual incomes of \$75,000 or more said their health was fair or poor.*”

³ 2008-2010 Behavioral Risk Factor Surveillance System (BRFSS) Data Summary, Washington State Department of Health (<http://www.doh.wa.gov/Portals/1/Documents/5500/GHS-SRHS2012.pdf>) .

Within our study's sample, household income is associated with general health status (Figure 16). Sampled households were divided into three roughly equal sized groups based on income. Those in the lowest income group (\$0-799/month) were twice as likely to report poor or fair health as those in the highest income group (\$1,600 and higher).



Figure 16 Respondent general health status by income group (income group boundaries: low=\$0-799/month; middle=\$800-1,600; high=\$1,601+)

Health Insurance

More than one in three survey respondents (38%) rely on DSHS coupons (or Medicaid) for medical coverage. A similar proportion (35%) use Medicare. Commercial insurance plans were divided between those who pay for individual insurance out of pocket (7%) or through a group plan (9%). About 9% of survey respondents have no medical coverage. For details by county, see Figure 17.

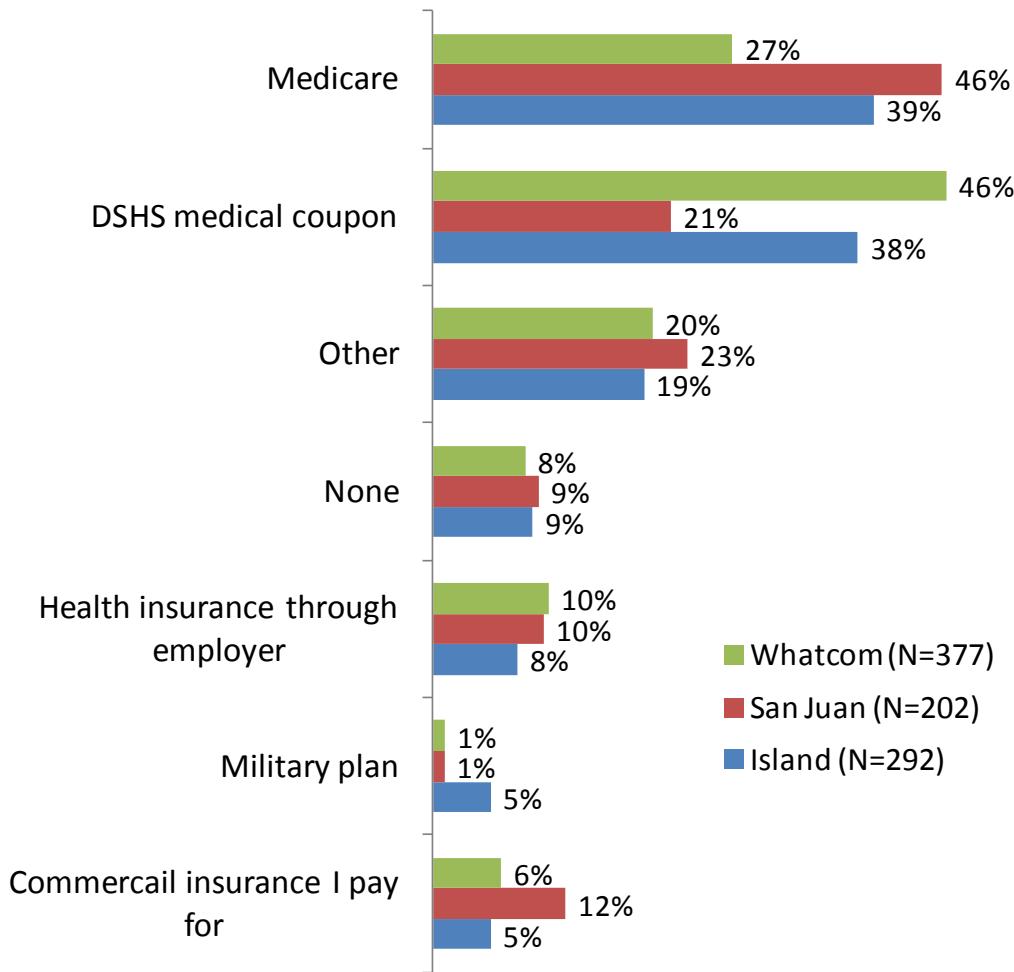


Figure 17 Respondent's type of health insurance (N=871)

Primary Care

Survey respondents reported that they usually get their medical care from a private doctor's office (54%), a community health clinic such as Interfaith Community Health Center or Sea Mar (13%), or the hospital emergency department (18%).

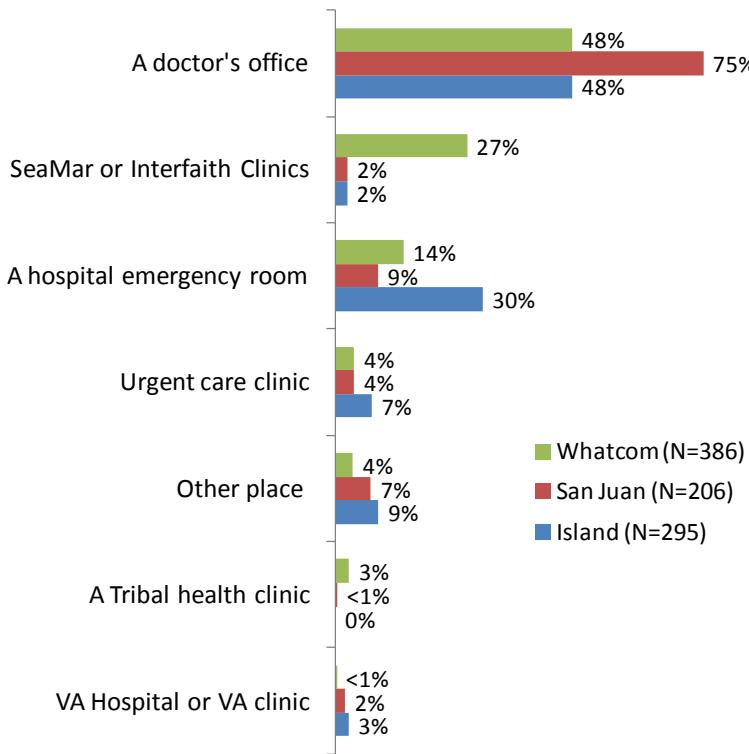


Figure 18 Where survey respondents usually go for medical care (N=887)

Where survey respondents usually go for medical care is associated with the type of coverage they carry (Figure 19). For example, Nearly four out of five (79%) of those with commercial insurance plans (either self-pay or through employers) usually go to a private doctor's office for medical care. Approximately 60% of those with Medicare and Medicaid usually go to a private doctor's office for medical care. A majority (60%) of respondents with no insurance coverage rely most frequently on community health centers, urgent care clinics, or the hospital emergency department.

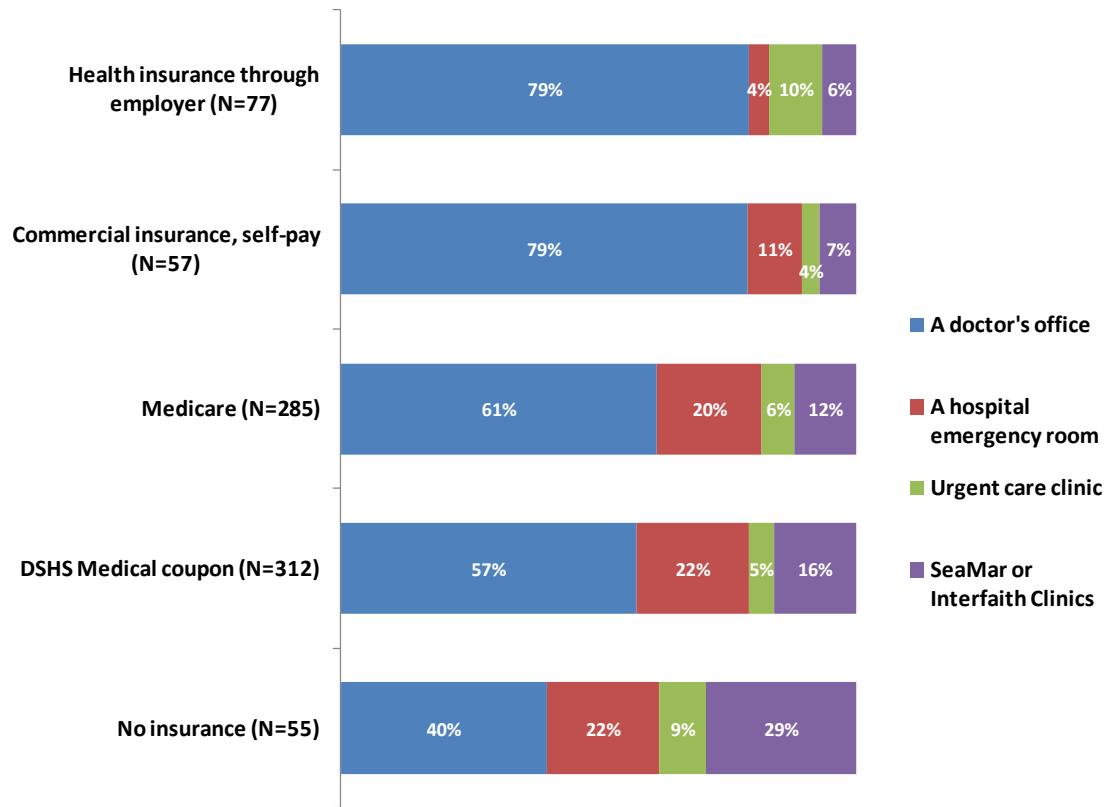


Figure 19 Where survey respondents usually go for health care by type of insurance plan

Most survey respondents (78%) said they usually go to a doctor or other healthcare professional for advice or information about their health (Figure 20). The next most frequently cited sources of health information are family (26%), the internet (30%), friends (19%), the hospital (14%), and pharmacists (11%). For details by county, see Figure 20.

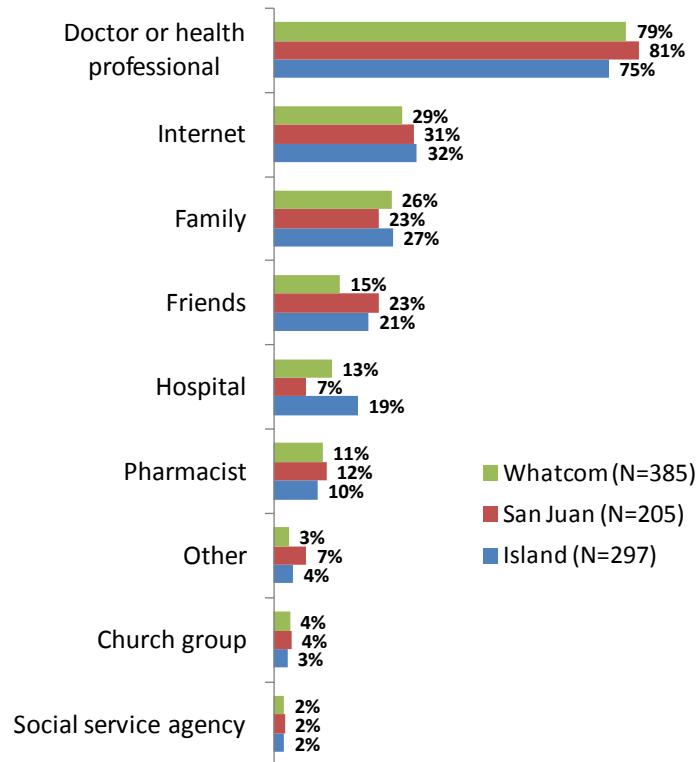


Figure 20 Where survey respondents usually go for advice or information about health (N=887)

Forty two percent of the survey respondents said that in the last 12 months, they needed medical, dental, mental health care or medication, but didn't receive it (Figure 21). For details by county, see Figure 20.

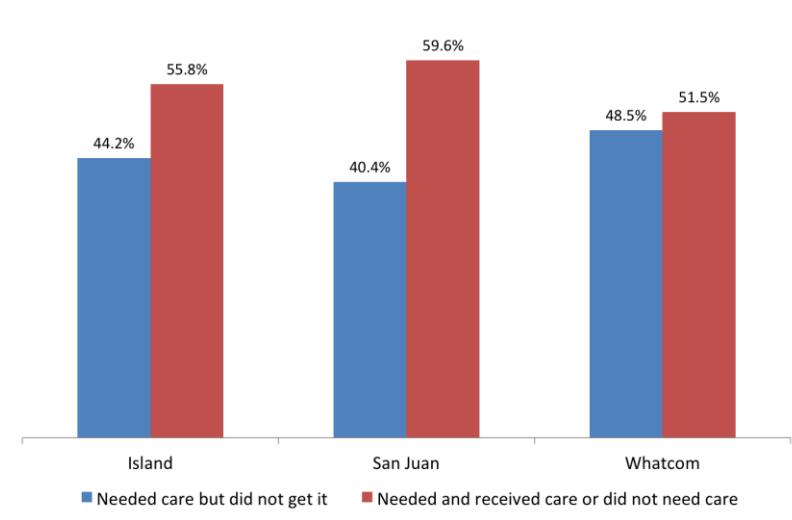


Figure 21 Proportion of survey respondents who needed medical, dental, mental health care or medication in the last 12 months, but did not get it (N=856)

Region wide, the most common reasons for not receiving any of four types of health care (medical, dental, mental health, or medications) are the high cost and not having insurance. More than three in four survey respondents who did not receive needed dental or prescriptions cited high cost as a reason. For details by county, see Figure 22.

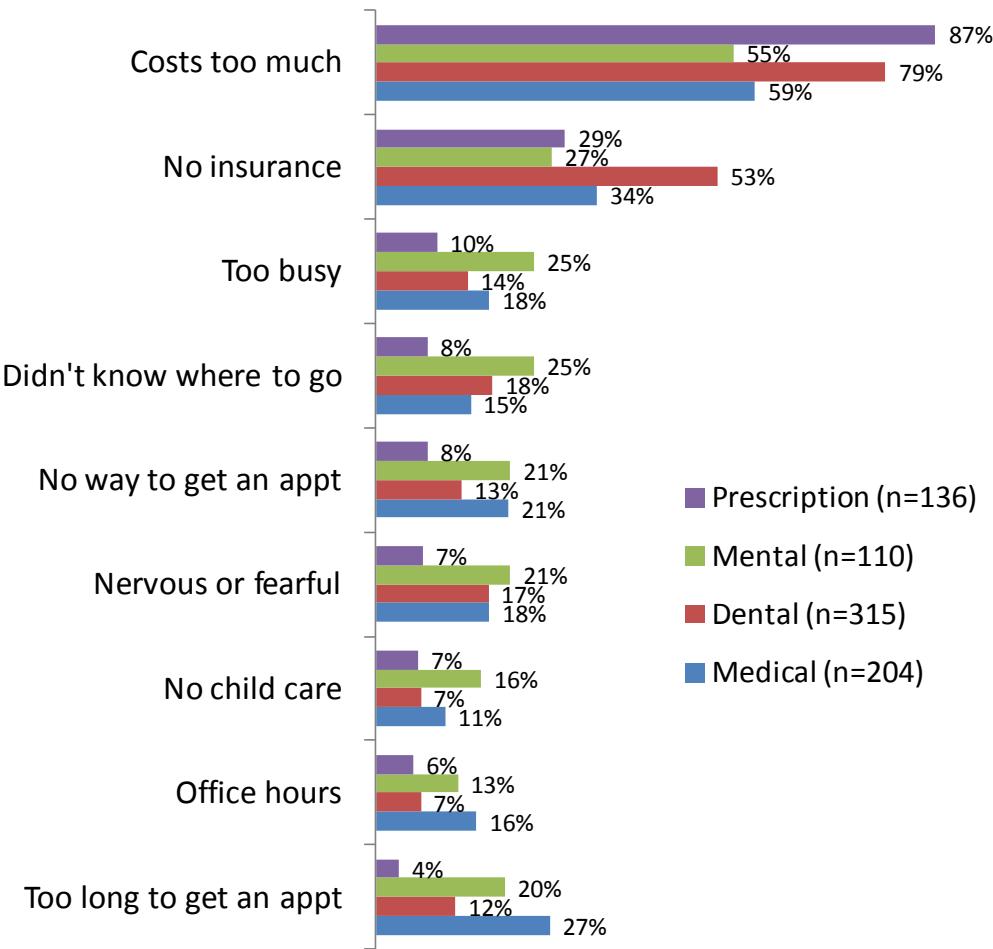


Figure 22 Main reasons for not getting each type of health care

Parenting and Childcare

There is arguably nothing more important to parents than the care and support their children receive. The responsibility to find quality, affordable childcare is of significant concern. According to Opportunity Council's Child Care Aware of Northwest Washington, there has been a downward trend in the number of available child care providers in Island, San Juan, and Whatcom counties. In the three county region, there were 928 fewer licensed child care slots (a 16% decrease) in 2015 than in 2012. Over one in four of providers reported having Spanish-speaking staff. Infant care continues to be the most difficult care to find and the most expensive, with a median cost in 2014 of \$9,876 in Island, \$10,400 in San Juan, and \$11,526 in Whatcom County annually. For a family living in the three county region, with an infant and a preschooler in full-time care, the annual median cost represents 30% to 37% of their median household income.⁴

Child Health Insurance

Of the survey respondents with children under 18 living at home, 96% say their children are covered by health insurance. There is very little variation by county: Island, 95%; San Juan, 96%, Whatcom, 97%.

Child Characteristics

Respondents with children under 18 years old living at home were asked to describe their children in terms of hopes and concerns, and in terms of particular disabilities. Almost three-fourths of parents (70%) said their children are doing well in school, and nearly half (47%) said their children receive adequate medical care.

Prevalence of children with disabilities includes learning disabilities (20%), developmental disabilities (15%), and physical disabilities (5%). Additionally, 14% of parents said they are worried about their children's weight or eating habits.

For details by county, see Figure 23.

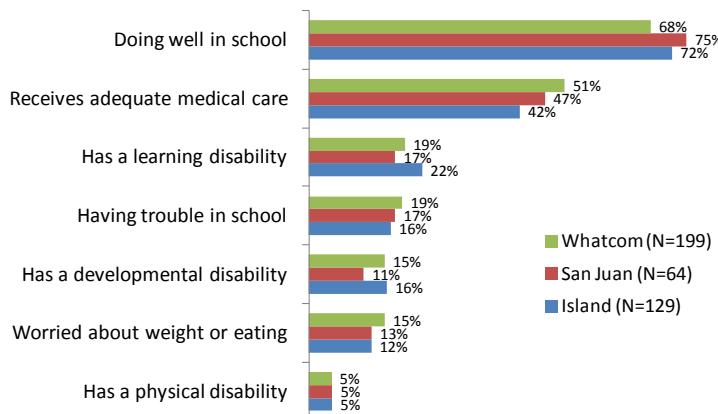


Figure 23 Characteristics of survey respondents' children

⁴ Opportunity Council Child Care Aware of Northwest Washington. Child Care in Island County, San Juan Count, and Whatcom County individual reports. (August 2015).

Head Start Enrollment and Child Characteristics

Since a large percentage of respondents were recruited from regional early learning programs, we can compare families with young children who responded that their children are enrolled in Head Start programs with families with young children who are not enrolled in head Start (Figure 24). Nationally, recent research confirms that Head Start has a positive impact on children's preschool experiences, school readiness, health insurance status and health status.⁵

In this survey, families with young children in the Head Start program reported more frequently (82%) that their children are doing well in school compared to non-Head Start families (58%). Head Start families also reported more frequently that their child receives adequate medical care (51% versus 43%).

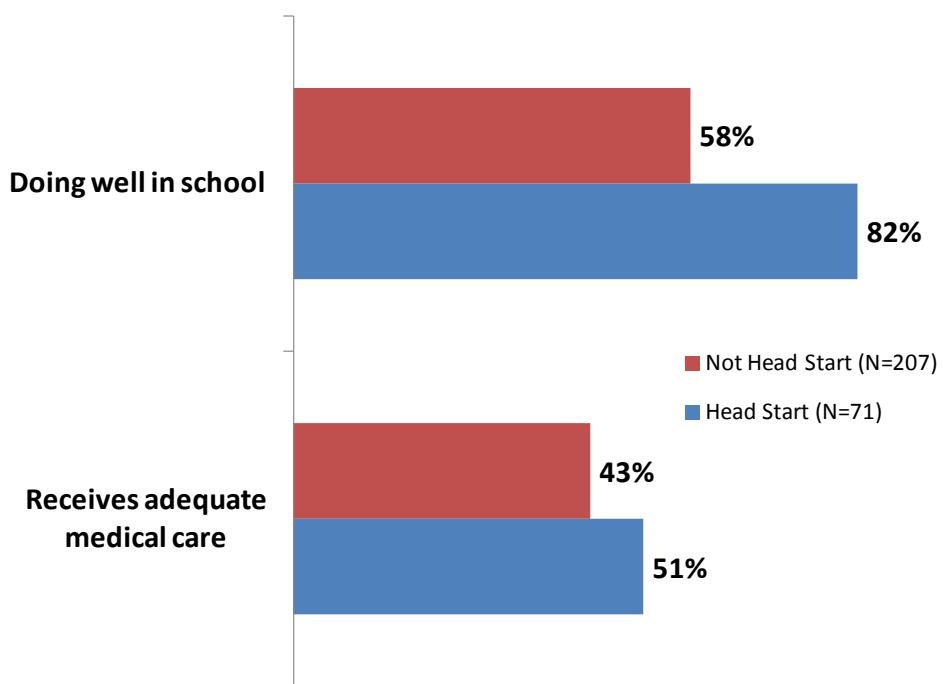


Figure 24 Comparison of families with young children in the Head Start program

⁵ Puma, Michael, Stephen Bell, Ronna Cook, Camilla Heid, Gary Shapiro, Pam Broene, Frank Jenkins, Phillip Fletcher, Liz Quinn, Janet Friedman, Janet Ciarico, Monica Rohacek, Gina Adams, and Elizabeth Spier. 2010. Head Start Impact Study: Final Report. Washington, DC: U.S. Department of Health and Human Services.

Childcare and Preschool

About half (22%) of the survey respondents with children at home less than 13 years old said they use Head Start programs⁶, a third (33%) of survey respondents with children at home less than 13 years old said they do not use any form of childcare service. Just under a third relies on relatives, friends, or neighbors (31%) for childcare. About one in four (26%) said that a grandparent sometimes takes care of the children. Some survey respondents use licensed childcare services (20%) and unlicensed childcare (7%). For details by county, see Figure 25.

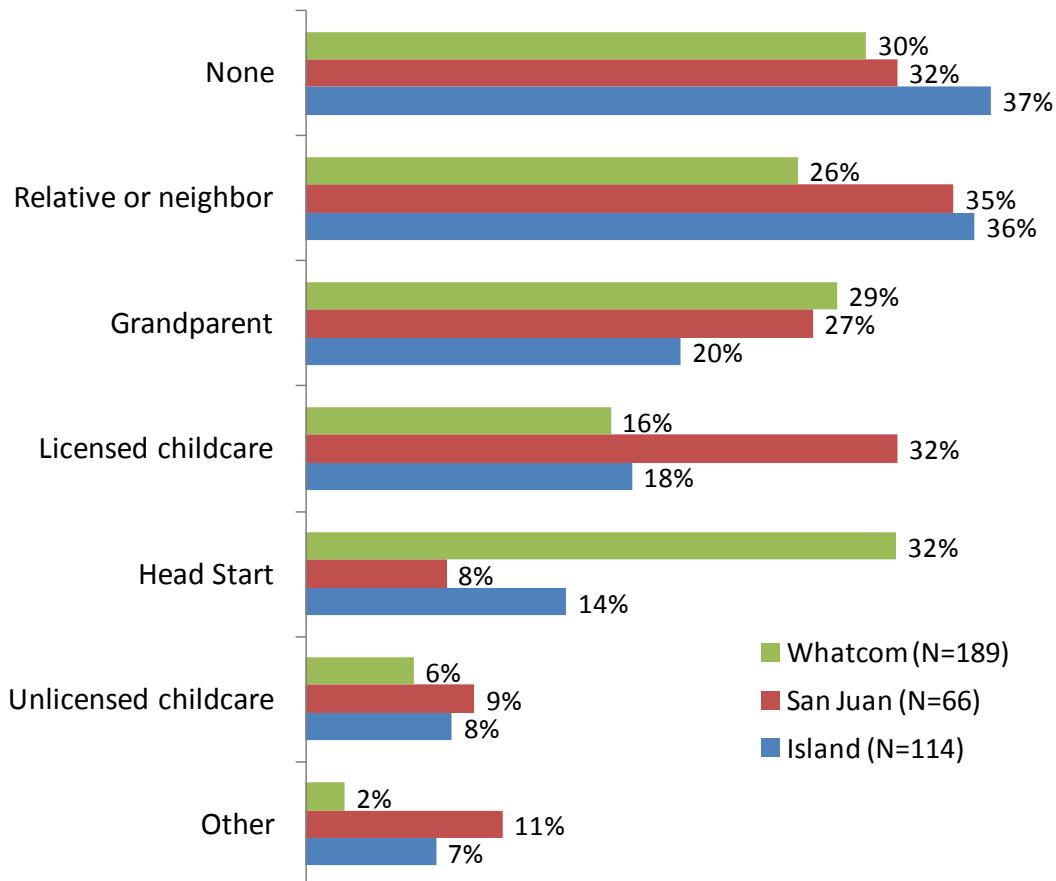


Figure 25 Type of childcare services used (N=369)

⁶ Because Head Start classrooms were data collection sites for this survey, Head Start families are overrepresented in the data; therefore, the Head Start participation proportion of 32% is much higher than would be found in a general sample of low-income families with young children.

Thirty five percent of childcare users find it hard to get and keep adequate services. Of those who do find it hard to get or keep childcare, over half say it is hard to find affordable services (Figure 26). Some also find it difficult to find childcare services that fit their needs, such as evening (35%), weekend (32%), and part-time (19%) care. Care for infants (20%) and children with special needs (8%) were hard to find for some survey respondents.

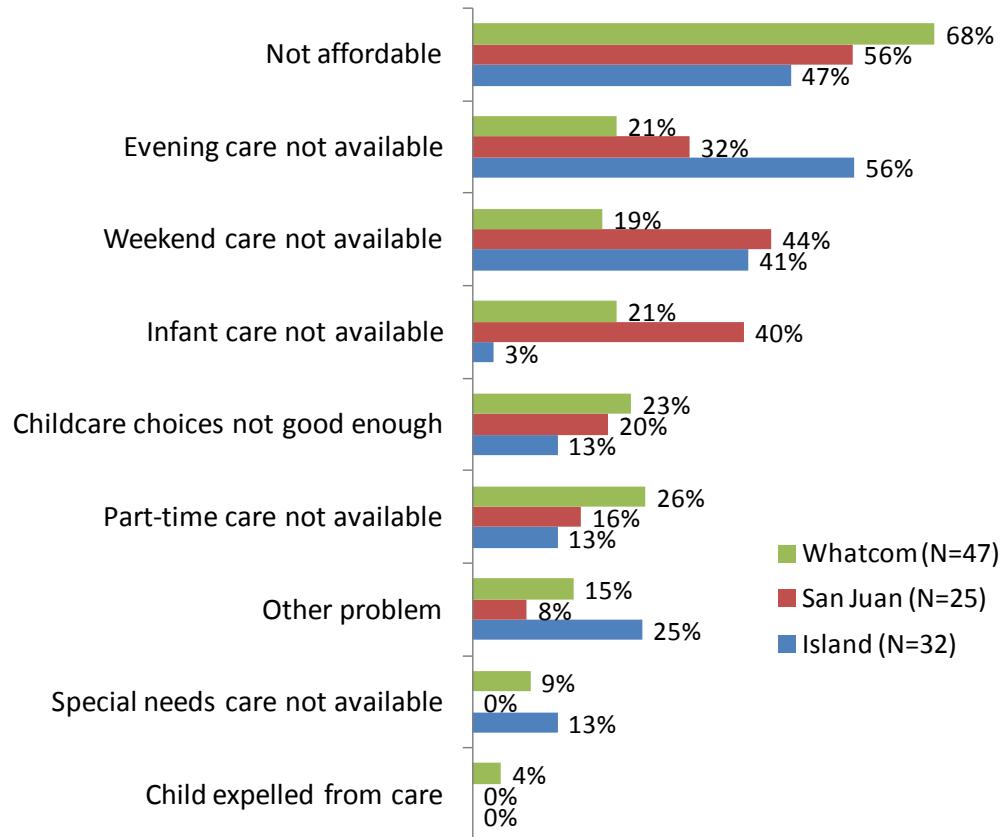


Figure 26 Reasons for difficulty keeping adequate childcare services (N=104)

Food and Nutrition

Programs that supplement a household's food supply help 82% of survey respondents (Figure 27). Even so, forty three percent said that someone in their household had skipped meals in the past 12 months because there was not enough money for food. And nearly one quarter (21%) said that someone at home had gone hungry because they could not get enough food.

For details by county, see Figure 27.

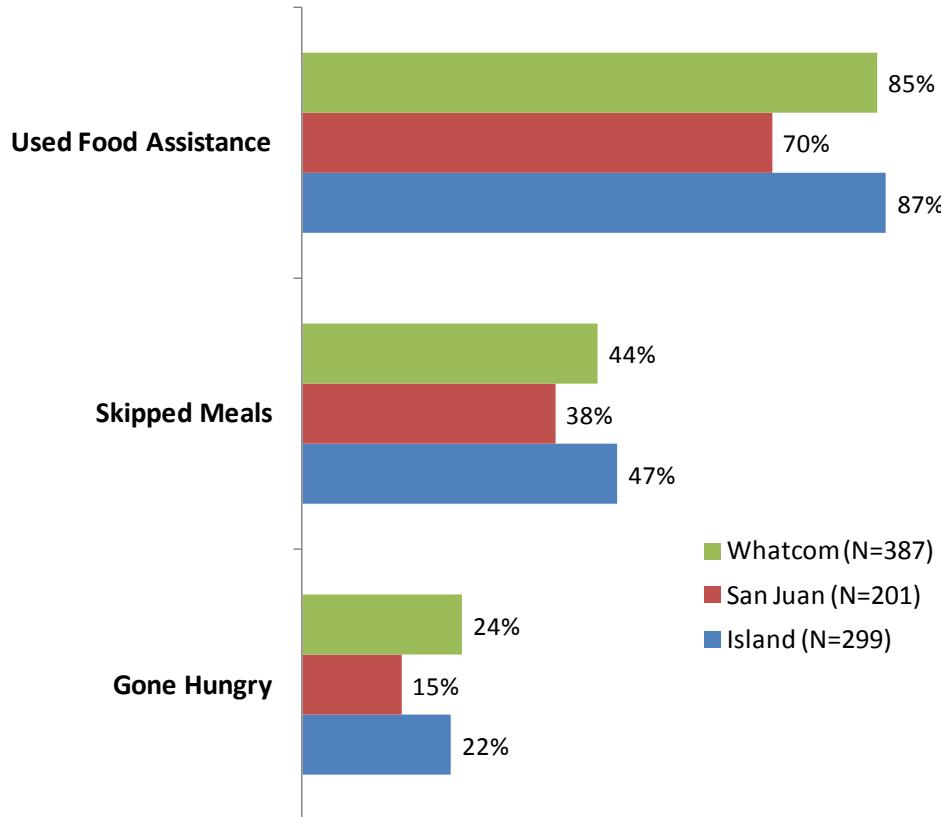


Figure 27 Respondent household food security and assistance indicators

These three food security indicators are all associated with household income (Figure 28). When the respondent sample is divided into roughly equal size groups based on income, all three indicators are positively associated with income. The lowest income group is three times more likely to report hunger, and almost twice as likely to report skipping meals compared to the highest income group. And using food assistance is nearly universal for households in the lowest income group.

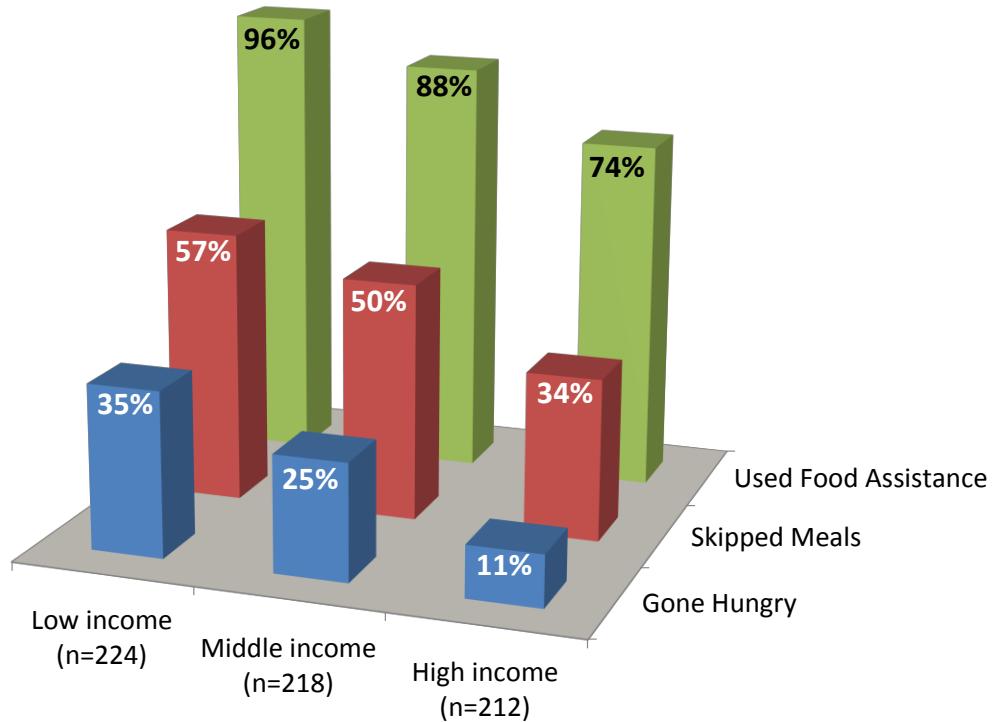


Figure 28 Food security and assistance indicators by income group (income group boundaries that divide the respondent sample into roughly equal thirds: low=\$0-799/month; middle=\$800-1,600; high=\$1,601+)

Accessing Community Food Resources

Many survey respondents rely on a wide variety of food assistance programs. Two stand out for the degree of participation by respondent households. Food banks supply food to 69% of respondent households, and 78% of survey respondents use Food Stamps. For details by county, see Figure 29.

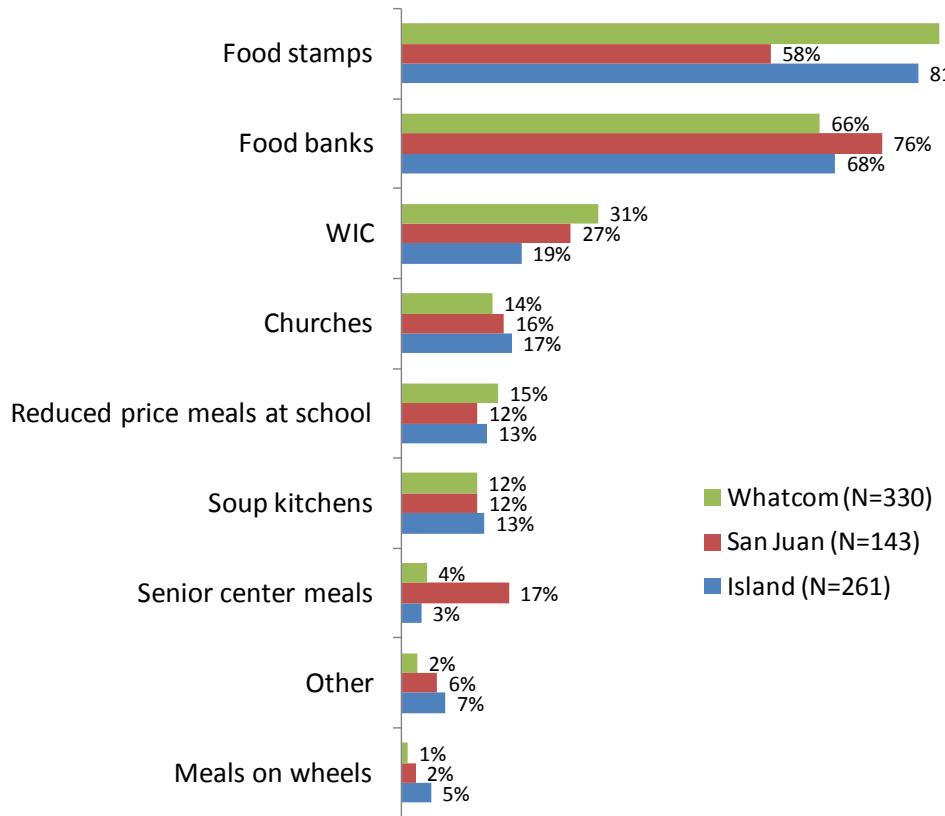


Figure 29 Food assistance programs used by survey respondents

Trends in School Lunch Program

This indicator reflects the percentage of public school children in the three county region enrolled in the Free or Reduced Price Meal Program at school.⁷ The Free or Reduced Price Meal Program helps ensure that low-income children get adequate nutrition. For some children, the school meal is the most significant meal of the day. Children who are hungry have trouble concentrating in class and have less energy for school. In addition, their health and development can be affected by poor nutrition. This indicator also serves as a measure of local child poverty. The proportion of school children in enrolled in the free or reduced meal program rose over the last 10 years.

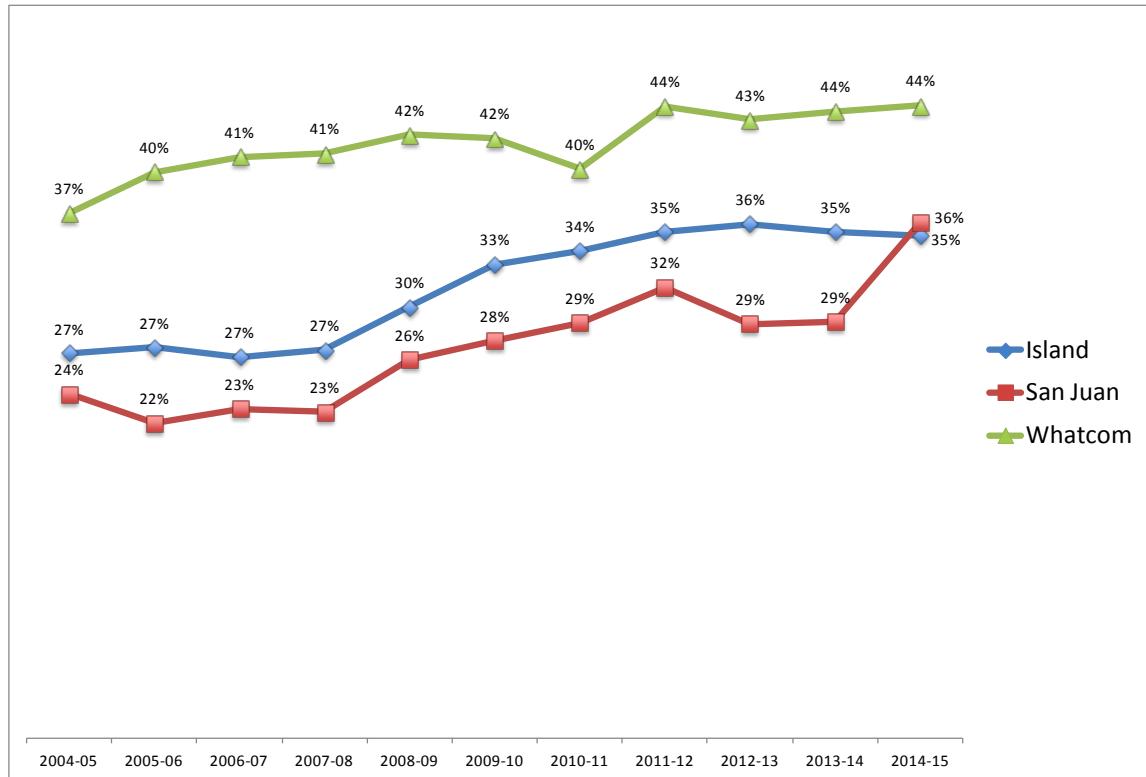


Figure 30 Percent of Island, San Juan, and Whatcom County public school enrollment in free and reduced meals programs (Source: WA State Office of the Superintendent of Public Instruction)

⁷ A child's family income must fall below 185% of the Federal Poverty Level (or \$44,862.50 for a family of four in 2015) to qualify for reduced-cost meals, or below 130% of the Federal Poverty Level (\$32,737.50 for a family of four in 2015) to qualify for free meals. Not all eligible children are enrolled in the program, so these numbers do not reflect all low-income school-age children.

Transportation

Forty three percent of survey respondents said they are unable to afford gas for their cars. Many have additional problems, including inability to afford needed car repairs (40%), not having car insurance (28%), and not having access to a car (26%).

Nineteen percent of survey respondents said they either don't have a driver's license or it is suspended. One quarter of survey respondents said they do not have any transportation problems. For details by county, see Figure 31.

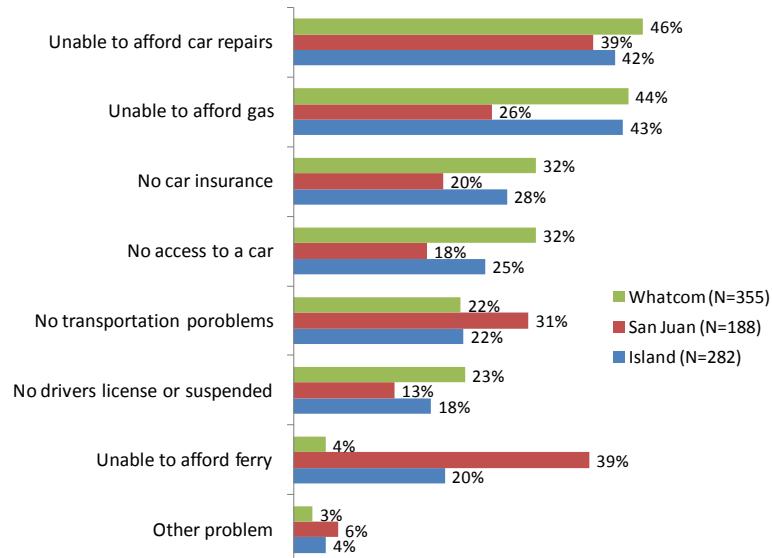


Figure 31 Household transportation problems

Public Transit Use

Nearly one third of survey respondents (32%) reported that someone in their household regularly uses the bus. Regular bus use is associated with household income (Figure 32). Survey respondents in higher income groups are significantly less likely to have a regular bus rider in their household.

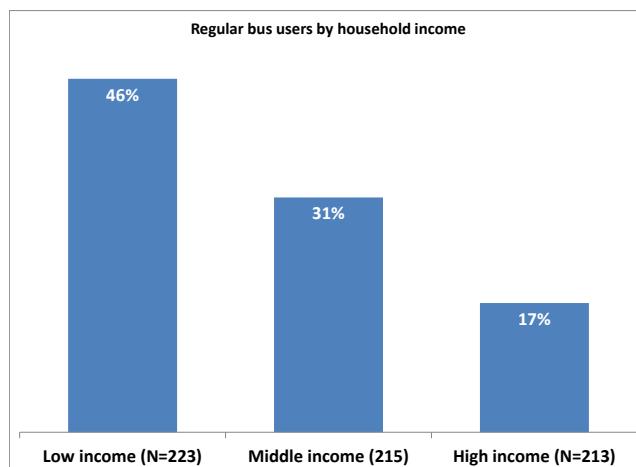


Figure 32 Proportion of regular bus users within income groups (income group boundaries that divide the respondent sample into equal thirds: low=\$0-799/month; middle=\$800-1,600; high=\$1,601+)

When asked why people in their households don't regularly use the bus, 54% say they prefer to use their cars (Figure 33). The next most common reasons are related to bus schedules and routes: times/days don't work for them (18%)⁸, no bus stop close to home (22%) and no service where they are going (25%). Some reported the cost of bus fare (7%), or a disability (10%) as a barrier.

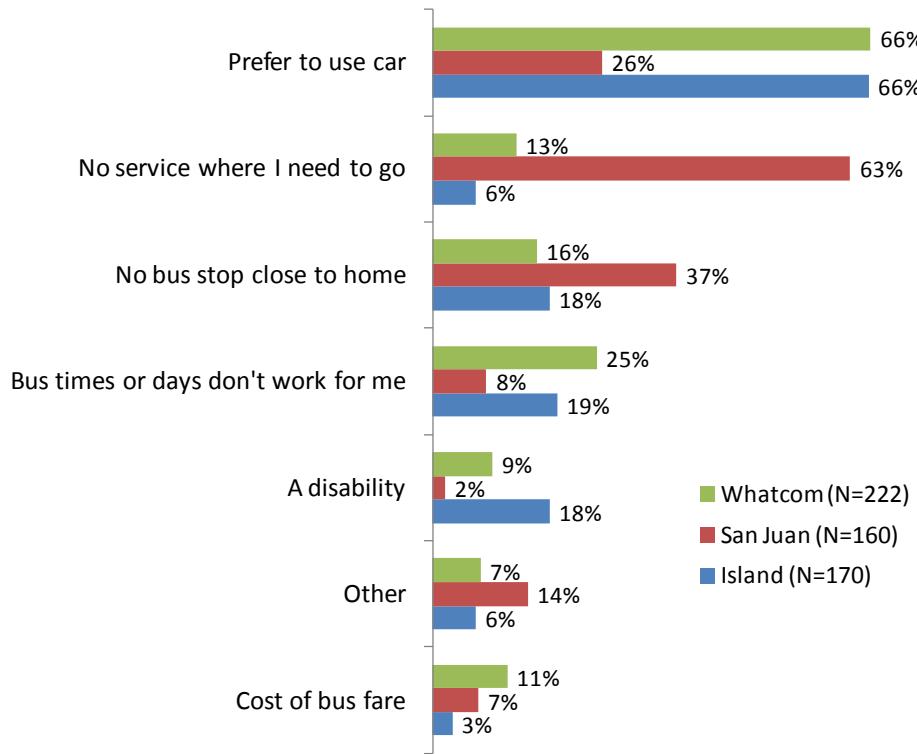


Figure 33 Reasons for not regularly using the bus by non-regular bus users (N=552)

⁸ It should be noted that this survey was conducted during a time when Sunday WTA bus service had been suspended countywide, including in Bellingham.

Community Services Assessment

Survey respondents rated both the *importance* and the *availability* of 14 categories of community-based services to their own household. Below, we examine these consumer perspectives as a method of analyzing local low-income service gaps.

Importance of Services

More than half of survey respondents say that affordable dental care (62%), housing assistance (58%), affordable medical care (53%) are extremely important to their households. And about half rated living wage jobs (50%) food assistance (47%), and utility assistance (47%) as extremely important to their households. For details by county, see Figure 34.

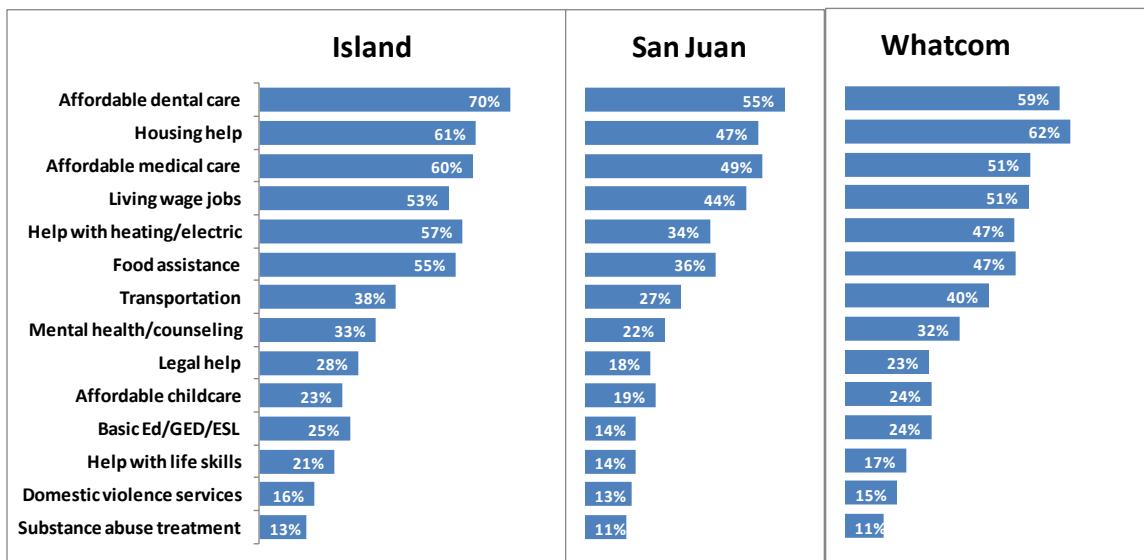


Figure 34 Proportion of survey respondents by county who rate services “extremely important” to their households at the time of the survey

Availability of Services

Significant proportions of survey respondents agree that some services are “very hard to get” in Whatcom County. More than one in three report that affordable dental care (38%), affordable housing (37%), and living wage jobs (36%) are very hard to get. The services next most frequently reported as very hard to get are affordable childcare (29%) and legal assistance (28%). . For details by county, see Figure 35.

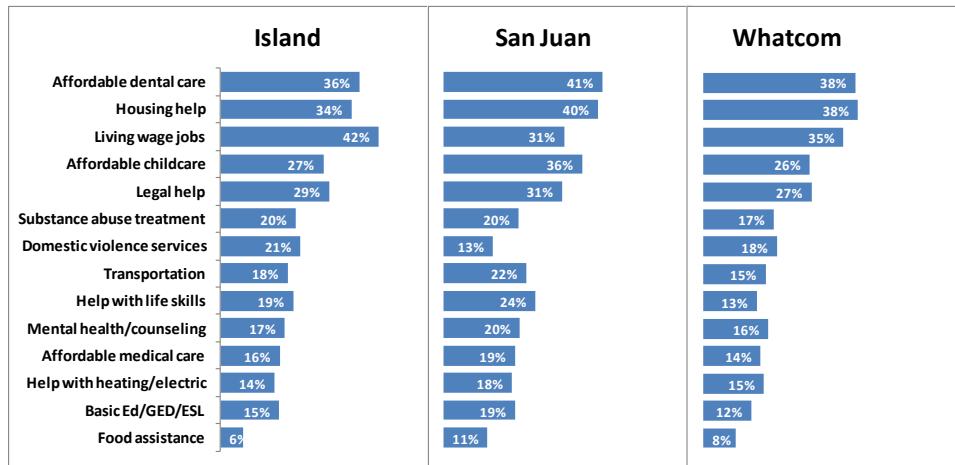


Figure 35 Proportion of survey respondents by county who rate services “very hard to get”

Services gap analysis using importance-availability index

From an individual household’s perspective, if a social or health service is both “extremely important” to their household and “very hard to get”, there is a perceived extreme service gap for that particular service. Figure 36 presents the proportion of survey respondents in both groups who perceive an extreme service gap for each of the 14 services. Services perceived most frequently as having an extreme service gap are affordable dental care, living wage jobs, housing help, and affordable medical care (Figure 36).

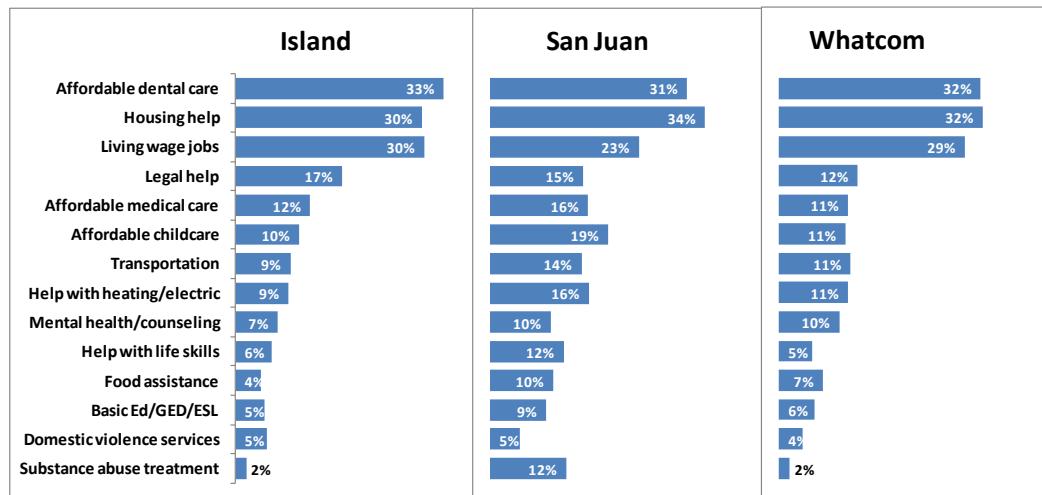


Figure 36 Percent of survey respondents by county who perceive an extreme gap in their community for the listed service (extreme service gap is defined here as “extremely important” to their household and “very hard to get”)

Services gap analysis using importance-availability coordinate system

Because survey respondents rated these services on five-point scales⁹, another way to analyze these data is to calculate the average importance and availability scores for each service. These data form the basis of an “importance-availability” coordinate rating system. The average importance and availability ratings among clients and providers were calculated and plotted on graphs. The lines making up the “crosshairs” of each graph represent the average importance score and the average availability score for each group of survey respondents.

The importance-availability charts are divided into quadrants that rate the services as follows:

- Quadrant I: Above average in importance, and below average in availability
- Quadrant II: Above average in importance and availability
- Quadrant III: Below average in importance and availability
- Quadrant IV: Below average in importance, and above average in availability

Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant (QI) of these graphs. These are the services that, on average, are extremely important to low-income households and very hard for them to access (Figure 37).

For this list of items, *affordable housing*, *dental*, and *living wage jobs* appear to be high priority services needing attention. These are services that have a high potential to benefit every low-income household, so it should come as no surprise that these rank high in importance across the whole respondent sample. This finding should not diminish the importance of other services that are needed by a smaller percentage of the population (e.g., childcare is only important to households with children).

⁹ Importance scale ranged from 1, for “not important” to 5, for “extremely important”; Availability scale ranged from 1, for “very hard to get” to 5, for “very easy to get”

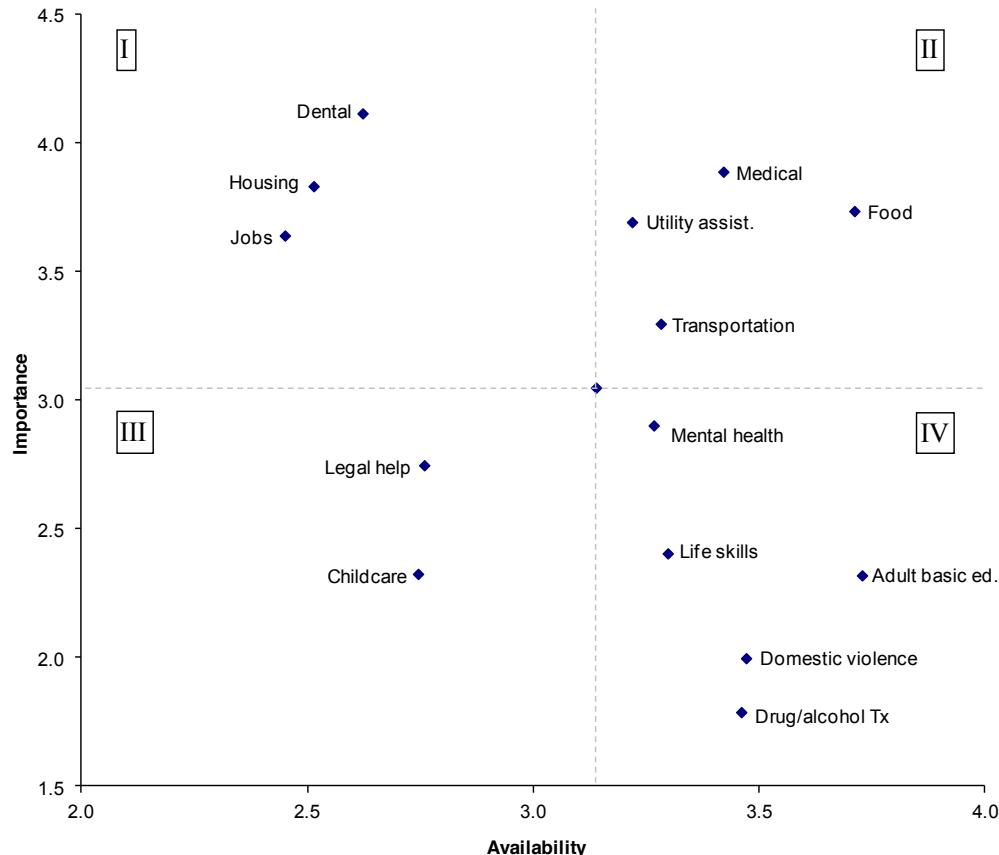


Figure 37 Three-County Survey respondents' perspectives on services' importance and availability

Individual County Results

Looking at these results by individual county subsamples (Figure 38, Figure 39, and Figure 40), Affordable Dental Care, Housing Help, and Living Wage Jobs were rated as above average in importance and below average in availability across all three counties. The respondents in San Juan County also rated Utility Assistance as highly important and relatively hard to get. Respondent groups in all three counties rated

Legal Assistance and Affordable Childcare as relatively hard to get, but these services scored below average in importance. The reason for the low importance score is primarily because there are many respondents without children who scored childcare as unimportant to their household.

For all three counties, Food Assistance was rated as highly important and relatively easy to get. Affordable Medical Care was also rated as above average in both importance and availability. This is a remarkable finding because during the 2011 Prosperity Project survey, Affordable Medical Care was rated as highly important and hard to get by respondents in all three counties.

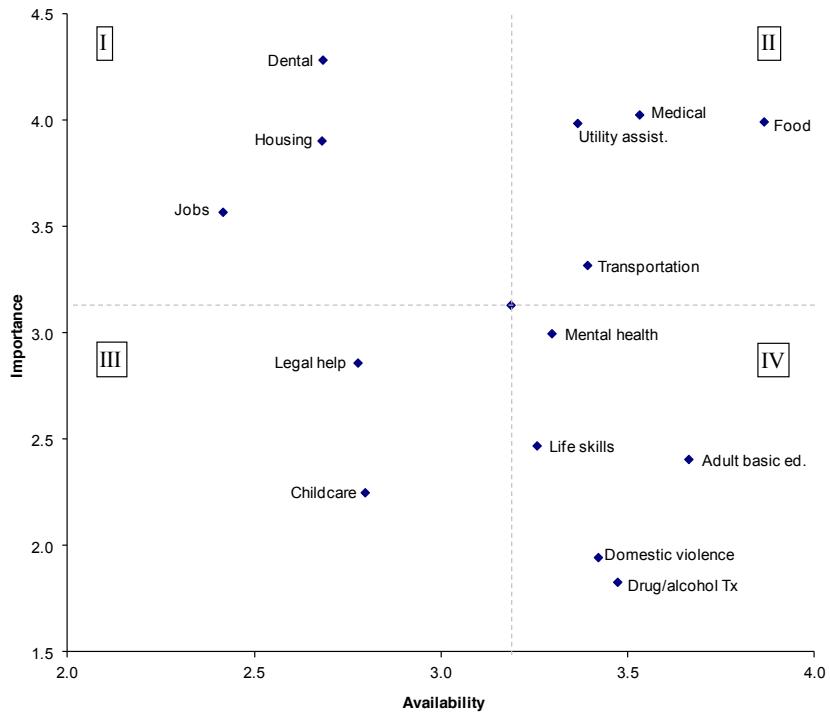


Figure 38 Island County respondents' perspectives on services' importance and availability

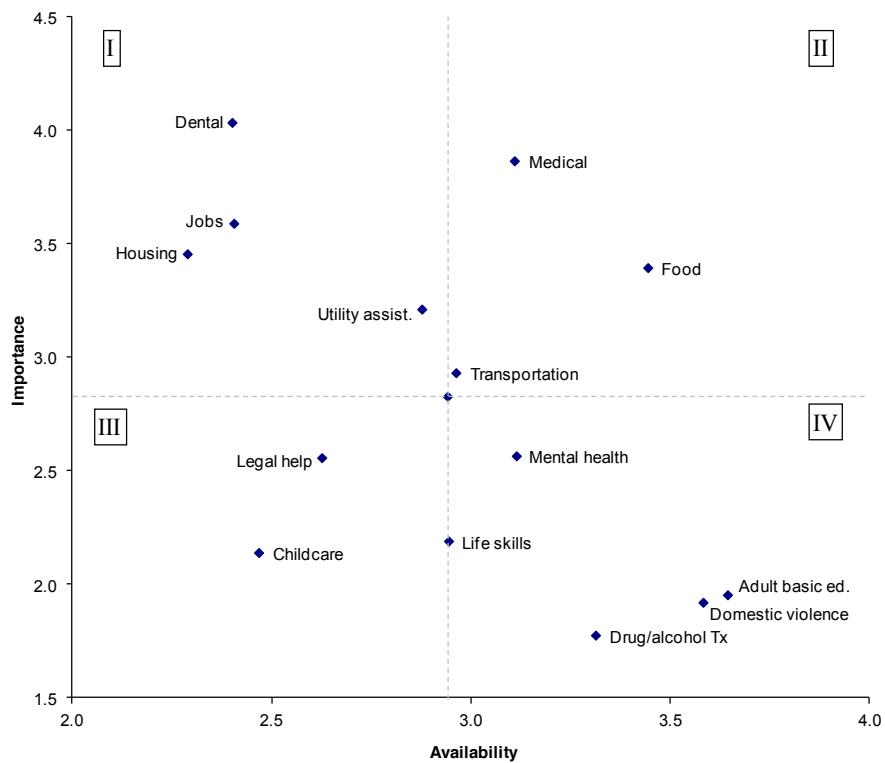


Figure 39 San Juan County respondents' perspectives on services' importance and availability

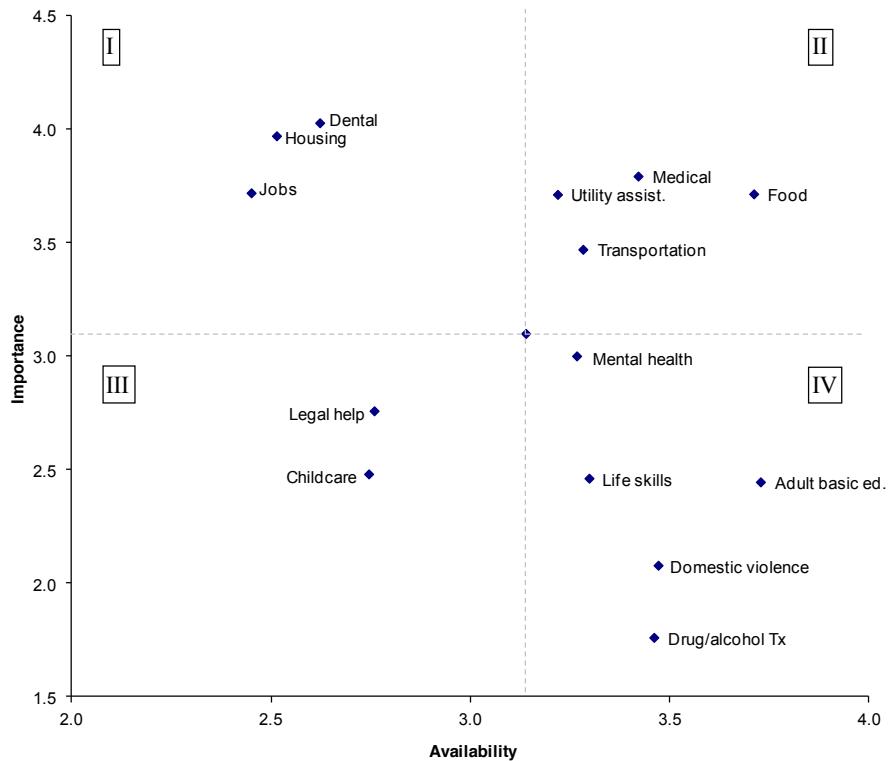


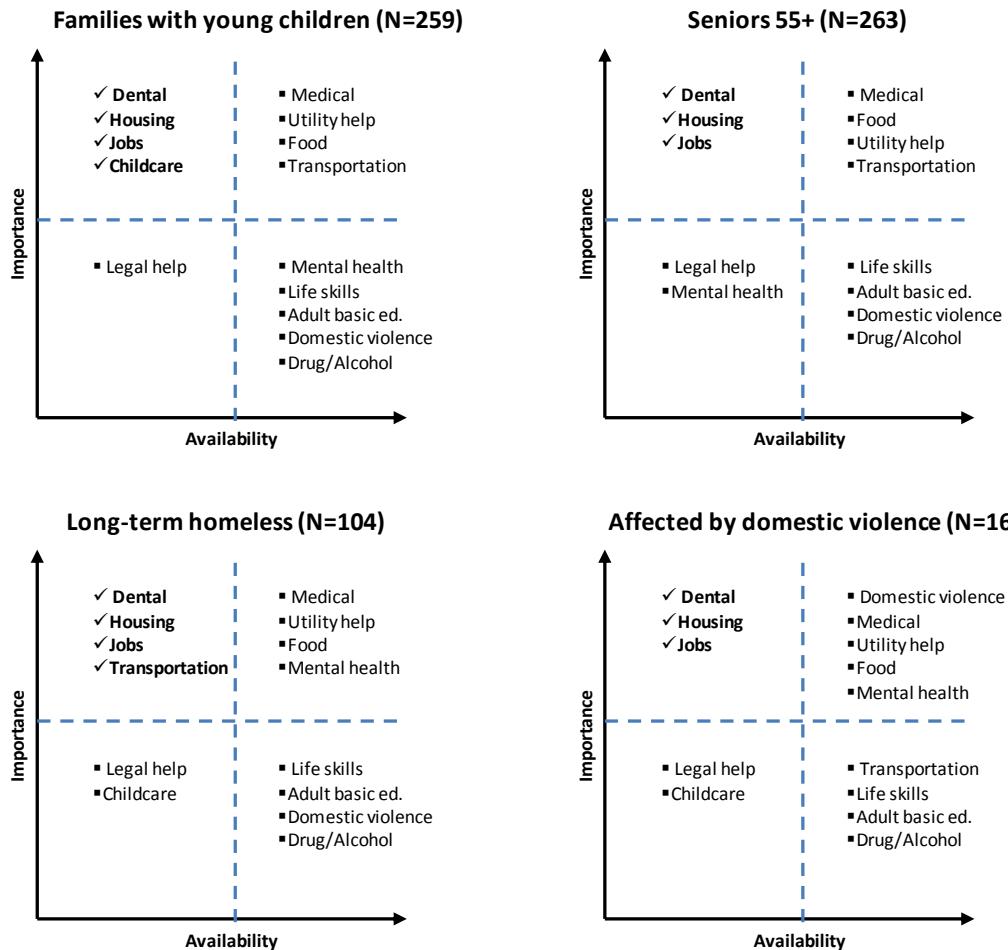
Figure 40 *Whatcom County respondents' perspectives on services' importance and availability*

Subsample populations

Demographic and situational information provided by respondents allows a look at how different subsample populations view the importance and availability of services. As with Figure 37, the first quadrant in the upper left contains those services that planners would consider a priority for action.

Given that these subsample populations are not mutually exclusive, there is some overlap in importance and availability of services. Affordable Dental Care, Housing Help, and Living Wage Jobs were rated as above average in importance and below average in availability across all four groups we examined: families with young children, seniors, people who have been homeless, and people who were affected by domestic violence (Figure 41).

Families with Young Children (under six years old) rated affordable childcare as above average in importance and below average in availability, all other populations rated childcare as below average in importance and availability. People who have been homeless for more than a week during the past 12 months rated Transportation as highly important and hard to access. People who have experienced homelessness and those who have been affected by domestic violence rated Mental Health services as highly important and relatively easy to access. And people who are affected by domestic violence also rate Domestic Violence services as highly important and easy to get.

**Figure 41 Importance and availability of services for demographic subgroups**

Appendix A: Survey Questionnaire