



# Prosperity Project 2018

## A Community Needs Assessment

### Sponsored by

Whatcom Community Foundation  
 United Way of Whatcom County  
 San Juan County Health Dept.  
 Whatcom County Healthy Dept.  
 Orcas Island Community Foundation



## EXECUTIVE SUMMARY

The 2018 Prosperity Project is Opportunity Council's community needs assessment that is designed to, (A) gain a detailed, quantitative understanding of the experiences of people living in low-resource households, and (B) provide a summary of qualitative data from other community assessments that speak to the human service needs within our three-county service region: Island, San Juan, and Whatcom counties. The Prosperity Project assessment is conducted every three years and is used by Opportunity Council in strategic planning so that our agency's priorities are aligned with the people we aim to serve.

This 2018 assessment relied on quantitative data from a client intercept survey of 854 households who were surveyed during an eight-week period in the late fall of 2017. The respondents were residents of this three-county region, with 65% from Whatcom, 11% from Island, and 24% from San Juan County. Close to three-fourths were female, 13% speak a language other than English in their home, 10% were Native American, and 14% Latino. Key findings from the survey are summarized below.

The qualitative data for this assessment (beginning on page 43) are derived from several recent health and human service needs assessments conducted by allied organizations (e.g. public health agencies, community foundations) throughout our tri-county region. Summary recommendations from these external assessments are reported in this 2018 Prosperity Project assessment to provide Opportunity County stakeholders and readers of this report with a more complete description of human services needs in our region. These recommendations derive largely from qualitative information provided by service consumers and professional service providers.

This combination of quantitative survey and qualitative external community assessments provides a rich set of data to help Opportunity Council leaders and stakeholders make key decisions about resource allocation and potential partnerships in advancement of our mission.

### **Summary of key findings from the Client Survey**

#### ***Employment, education and income***

**Key issues:** *Too few living wage jobs, lack of job skills, transportation challenges, medical debt, inability to save.*

- Eighty-one percent of respondent households surveyed reported incomes that register below 125% of the Federal poverty level.
- Most respondents surveyed said they have not been able to save for unexpected expenses (79%). Half (49%) have debt from medical or dental expenses.
- Fifty-eight percent of respondents reported finding it hard to get or keep a job. Top barriers were not enough jobs (47%) and disability (41%). Just over one-third (37%) reported not having the right skills. Transportation was a barrier for 35%.

- In dealing with the financial burdens, 69% of respondents have had to borrow money from family or friends, half have felt pressured to pay bills (54%) and 45% have had to pawn or sell valuable in order to make ends meet. Forty-two percent have fallen behind in rent (42%), and just under one-quarter (23%) said they have had their utilities shut off in the past year.

### **Housing**

**Key issues:** *Affordable housing has been consistently rated as both very important and difficult to access.*

- Fifteen percent of respondents surveyed identified themselves as homeless, and an additional 8% said they are doubling up (sharing with another household).
- Comparison with previous survey findings indicates a gap in housing services has increased relative to other service areas, especially in Whatcom and Island counties.

### **Health**

**Key issues:** *Affordable dental care has been consistently rated as both very important and difficult to access.*

- About one in three respondents (32%) rated their overall health as only *fair* or *poor*. The lowest income respondents were especially likely to give unfavorable health ratings (45%).
- Roughly half of respondents (49%) had experienced a time in the past year that they needed medical, dental, mental health services, or prescriptions and where not able to get it. The top barriers were cost and a lack of insurance.
- Comparison with previous survey findings indicates that the gap around medical healthcare has improved relative to other service areas, especially in Whatcom and Island counties.

### **Food and nutrition**

**Key issues:** *Food assistance programs are in high demand and relatively available. The lowest income households demonstrate the highest food insecurity. A substantial proportion of respondents or their children are skipping meals and going hungry.*

- One-third (32%) of respondents reported that someone in their household had gone hungry because they did not have enough food, while 57% had skipped a meal and 85% relied on some form of food assistance. Food security indicators – use of food assistance, hunger, and meal skipping – were correlated to level of household income.

### **Community services assessment trends**

**Evident trends:** *Affordable medical care continues to increase in availability in Island and Whatcom Counties. Affordable housing availability has decreased over time in these same two counties. Utility assistance availability has increased in San Juan County.*



## Key findings from the Qualitative Summary of Allied Community Assessments

Individual strategies and recommendations from the external assessments are presented within the framework of Opportunity Council's strategic goals in Table 4. Here are the emergent themes.

**Housing Stability:** The cross-cutting issue of homelessness is evident throughout the region, as is the overarching issue of affordability, particularly as it relates to rental housing, which has become scarce in all three counties due to low vacancy rates and rapidly escalating rent prices. Additional needs include public awareness of housing problems, housing preservation and housing rehabilitation services, special needs housing, landlord recruitment, and vocational services to increase housing stability.





**School and Work Readiness:** Specific needs for a wide variety of new and expanded early childhood care and education programs are described in assessments conducted by a task force of the Community Foundation of San Juan Island (CFSJI), and by the Generations Forward coalition in Whatcom County. Additionally, CFSJI recommends strategies to increase awareness of, and access to, secondary education programs, particularly through Skagit Valley College programs.

**Diversity, Equity and Inclusion:** Whatcom County's Community Health Improvement Plan (CHIP) recommends that human service organizations increase their focus on equity and build cultural competency. The CHIP also increased engagement and support for people and communities experiencing inequities, trauma, and stress.

**Financial Stability:** Recommended strategies to increase financial stability and prosperity included increased access to full day, evening, and weekend licensed child care; mobility and financial mentoring; direct financial assistance for child care, housing and individual development accounts. More job placement assistance and SSI/SSDI application assistance were also recommended.

**Whole Person Health:** Health-related themes that emerge from a variety of community health needs assessments and philanthropy task forces include: care coordination, including specifically targeting vulnerable/complex populations; greater access to substance use disorder treatment, particularly services to address the opioid crisis; food security; and maternal and child health. Systemic changes suggested include integrating health objectives into community planning (e.g. Comprehensive Plans); building momentum for collective impact to support young children and families; increase cross-sector care coordination. Additional themes include reducing the impact of interpersonal violence, and public education about the signs and symptoms of depression and suicide, and the resources available for those at risk.

## TABLE OF CONTENTS

 <b>Introduction</b> .....	<b>6</b>
Project context .....	6
Background and history .....	6
Poverty by the numbers .....	7
 <b>Findings</b> .....	<b>8</b>
Respondents: Who are they? .....	8
□ Gender and age .....	10
□ Race, ethnicity and language .....	10
□ Duration of residence in Northwest Washington region .....	11
□ Veteran status .....	11
Employment, education and income .....	13
□ Income and poverty status .....	13
□ Income and poverty status .....	14
□ Financial situations .....	16
□ Educational attainment and access to school .....	18
Housing .....	19
Health .....	20
Food and nutrition .....	28
□ Accessing community food resources .....	30
Community services assessment .....	31
□ Importance of services .....	31
□ Availability of services .....	32
□ Service gap analysis using importance-availability coordinate system .....	33
□ Service gap analysis using importance-availability index .....	39
 <b>Appendix A: Research Methods</b> .....	<b>48</b>
 <b>Appendix B: Survey</b> .....	<b>50</b>

## 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 \$25,100 per year for a family of four (2018 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 2011, Opportunity Council began a new tradition of producing a region-wide low-income household needs assessment that was repeated and improved in 2015. This 2018 report is an update of that effort with new survey data and additional, qualitative assessment data from allied organizations.

In part, the Prosperity Project helps Opportunity Council meet its requirement to conduct a community assessment every few years. However, this particular form of community assessment is also intended to produce a report that will 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. and
- 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 28 program locations throughout Island, San Juan, and Whatcom County gathering completed surveys from 854 survey respondents. This client-intercept 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. Federal Poverty Guidelines for 2018**

Family Size	Income per year at 100% of FPL	Monthly eligibility limits at 125% of FPL	Annual limit at 125% of FPL
1	\$12,140	\$1,265	\$15,175
2	\$16,460	\$1,715	\$20,575
3	\$20,780	\$2,165	\$25,975
4	\$25,100	\$2,615	\$31,375
5	\$29,420	\$3,065	\$36,775
6	\$33,740	\$3,515	\$42,175
7	\$38,060	\$3,965	\$47,575
8	\$42,380	\$4,415	\$52,975

The U.S. Census Bureau estimates that there were 32,649 people (16.0% of the population) living at or below 100% of the federal poverty level in Whatcom County, 7,362 in Island County (9.5%), and 1,749 in San Juan County (11.1%) in 2016 (the last year that estimates are available). Washington State, by comparison, is estimated to have 883,256 people living at or below poverty, comprising 12.7% 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 Whatcom, San Juan, and Island counties are 41%, 39%, and 28%, respectively

## FINDINGS OF CIENT SURVEY

### RESPONDENTS: WHO ARE THEY?

Because there is no existing list of all low-income households (or persons) in Whatcom, Island and San Juan Counties, it is not possible to draw a random sample from a well-defined population. Repeating the methodology used in previous Community Needs Assessments, the team intensively sampled as many unduplicated households as possible from social and health service sites throughout the three-county region (see Table 1). In all, 28 agencies and organizations participated in the data collection from October to December of 2017. Overall, 854 households completed the survey. These households included an estimated total of 1,929 persons.

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 near or below the federal poverty level. Based on Census data from 2016, it is estimated that there are approximately 41,760 living in poverty in the three-county region.<sup>1</sup>

---

<sup>1</sup> From The United States Census Bureau American Fact Finder <https://factfinder.census.gov/>



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

County	Participating program	Number of completed surveys	% of total
Island	Early Childhood Education and Assistance Program	5	1%
	Good Cheer Food Bank & Thrift	48	6%
	Helping Hand of South Whidbey	2	0%
	Opportunity Council - Island	35	4%
	South Whidbey Family Resource Center	3	0%
San Juan	Friday Harbor Elementary School	1	0%
	Friday Harbor Food Bank	30	4%
	San Juan Island Library	6	1%
	Lopez Island Family Resource Center	11	1%
	Mullis Community Senior Center	17	2%
	OPAL Community Land Trust	17	2%
	Orcas Island Food Bank	22	3%
	Orcas Community Resource Center	32	4%
	Orcas Senior Center	2	0%
	San Juan Island Family Resource Center	25	3%
	Weekend Packs for Kids	3	0%
	WIC/San Juan County Health Department	36	4%
Whatcom	Bellingham Food Bank	73	9%
	Department of Health and Social Services	96	11%
	Ferndale Community Resource Center	11	1%
	Foothills Food Bank	7	1%
	Opportunity Council – Conservation Education Program	16	2%
	Opportunity Council – Community Services	158	19%
	Opportunity Council – East Whatcom Regional Resource Center	49	6%
	Opportunity Council – Early Learning and Family Services	138	16%
	Whatcom Community College – Basic Food Employment & Training	11	1%
Three-county region		854	100%

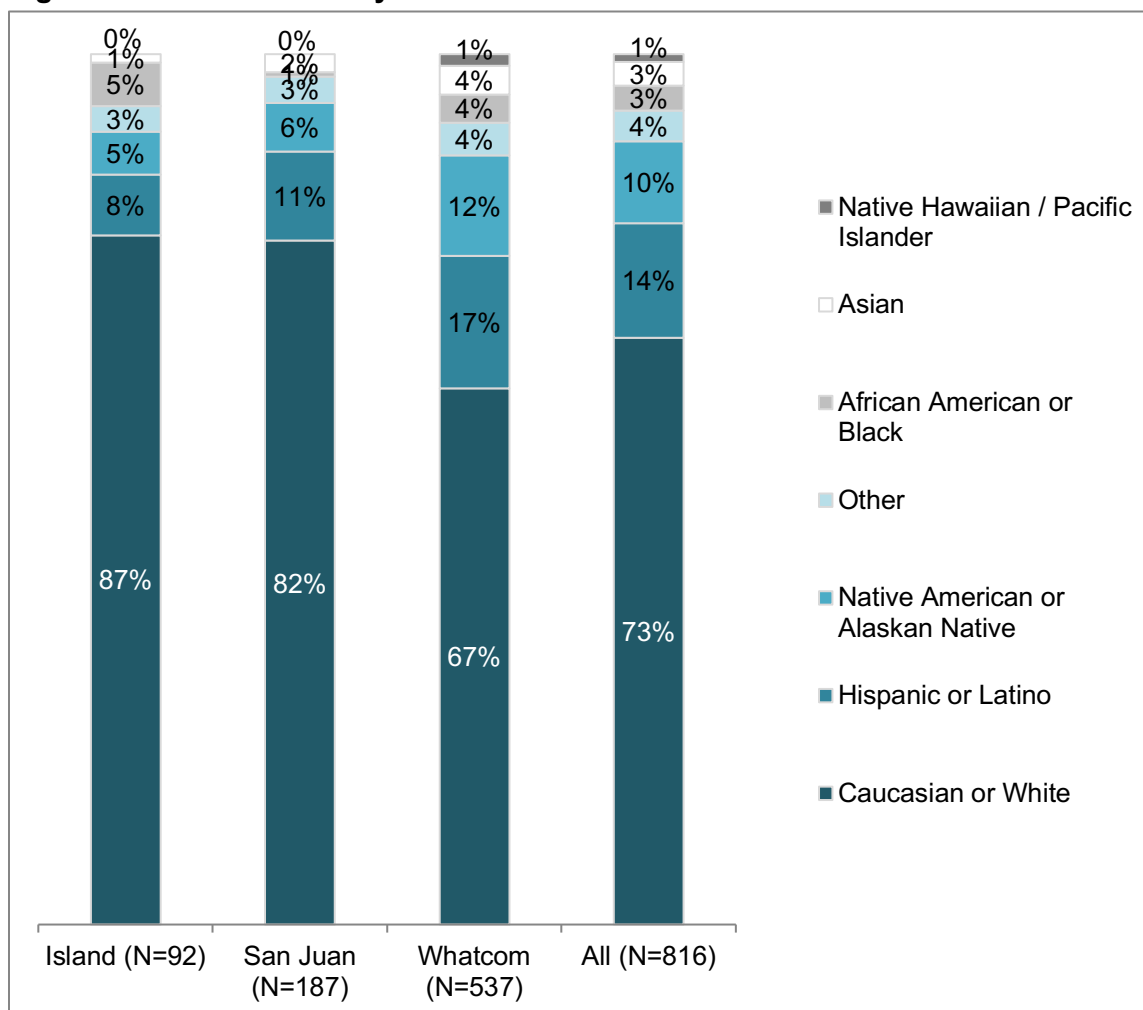
### Gender and age

Survey respondents were more likely to be female (70%) than male (30%). They ranged in age from 16 to 92 with a median of 40. The median age for each county was: Island, 50; San Juan, 57; Whatcom, 36.

### Race, ethnicity and language

In this study's three-county survey sample, about three out of four respondents identified as white. Fourteen percent identified as Hispanic (14%) and ten percent were Native American (10%). A very small minority identified as African American (3%), Asian (3%), or Native Hawaiian (1%). Four percent identified as "Other" (4%). For details by county, see Figure 1.

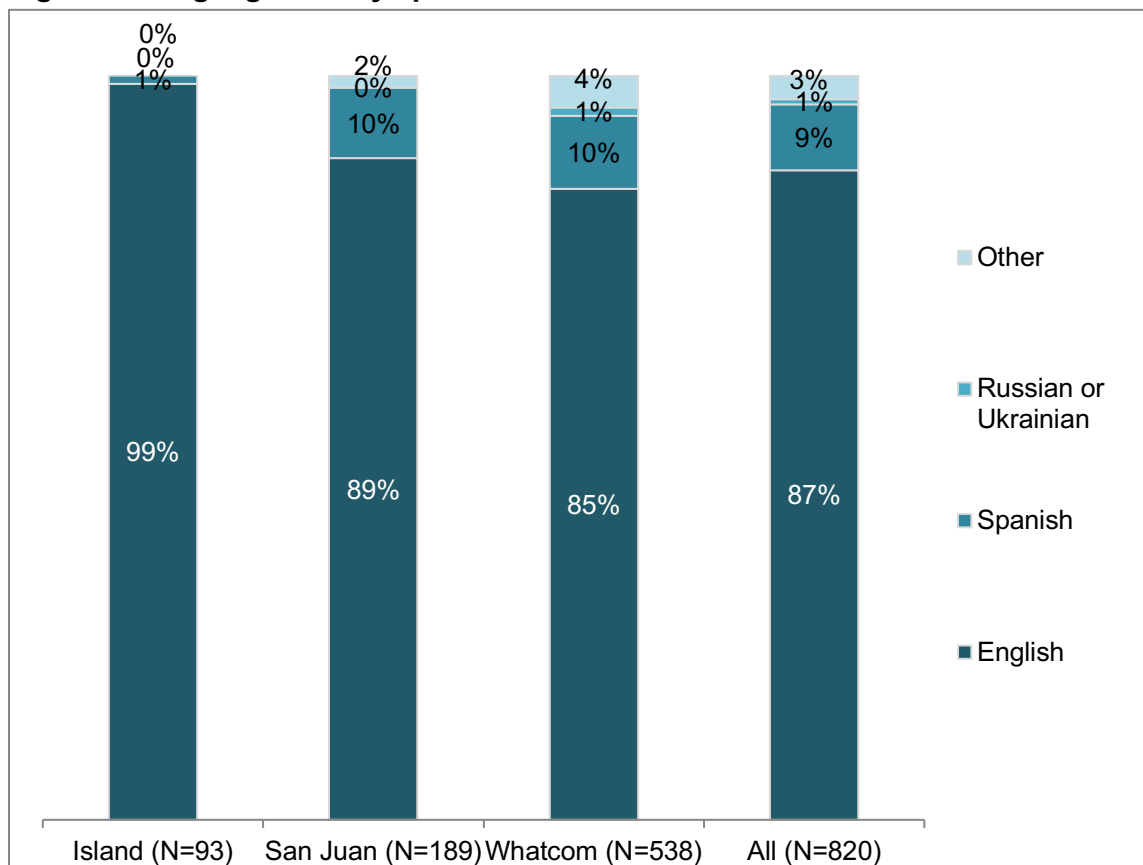
**Figure 1 Race and ethnicity**



Note: Respondents could identify as more than one race and ethnicity; Percentages total more than 100%

The majority of respondents said they typically speak English at home and 13% said they speak a different primary language. Nine percent (9%) said they speak Spanish at home and 1% said they speak Russian or Ukrainian. Three percent identified another language not listed. When asked to specify, respondents mentioned Punjabi, Vietnamese, and Arabic as well as several other single mentions.

**Figure 2. Language usually spoken at home**



### *Duration of residence in Northwest Washington region*

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 was fifteen years. The median residence time for respondents in each county was: Island, 7; San Juan, 15; Whatcom, 16.

### *Veteran status*

Fifteen percent of respondents (15%) reported either themselves or someone in their household has served in the military. By county, the proportion of veteran households was: Island, 23%, San Juan, 17%, Whatcom 13%.

Approximately 37% of veteran households were single, unaccompanied persons. Of these single veterans, 69% were male. They ranged in age from 20 to 91, with a median age of 60. The median monthly income for single veterans was \$900, and 69% 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 was \$1,247 and the median was \$1,029. Monthly household incomes ranged from \$0 to \$5,108 per month. The median income ranged from \$800 for single person households to \$1,900 for six-person households. The analysis by county is shown in Table 2.

**Table 3. Household income by household size**

	Household size	Number of households	Mean monthly income	Median monthly income	% below 125% of poverty level
All	1	218	868	800	78%
	2	121	1,150	1,000	76%
	3	100	1,230	1,125	89%
	4	80	1,755	1,625	80%
	5	54	1,864	1,825	83%
	6	19	1,805	1,900	89%
	All HH sizes	642	1,247	1,029	81%
Whatcom	1	113	733	730	83%
	2	74	817	736	91%
	3	77	1,081	1,100	94%
	4	58	1,490	1,200	83%
	5	43	1,782	1,800	88%
	6	17	1,794	1,900	88%
	All HH sizes	415	1,130	958	88%
San Juan	1	73	1,069	943	70%
	2	31	1,766	1,700	48%
	3	15	1,716	2,000	73%
	4	11	2,705	2,500	64%
	5	6	2,342	2,425	50%
	6	1	1,800	1,800	100%
	All HH sizes	153	1,488	1,300	65%
Island	1	32	888	836	78%
	2	16	1,501	1,425	63%
	3	8	1,759	1,795	75%
	4	11	2,202	2,000	82%
	5	5	2,000	2,100	80%
	6	1	2,000	2,000	100%
	All HH sizes	74	1,404	1,200	75%

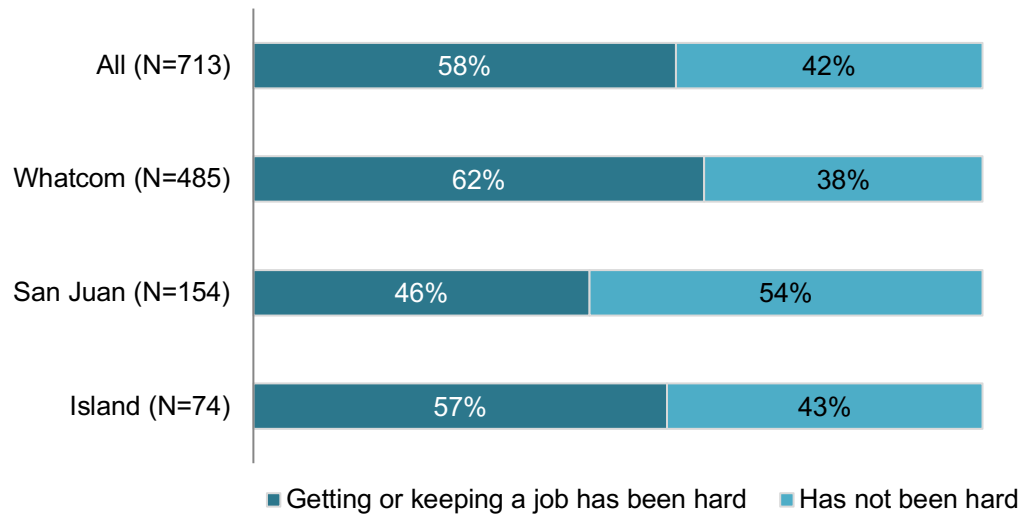
*Note: Only households of six or smaller that provided household size and income figures were included (N=642)*



### *Income and poverty status*

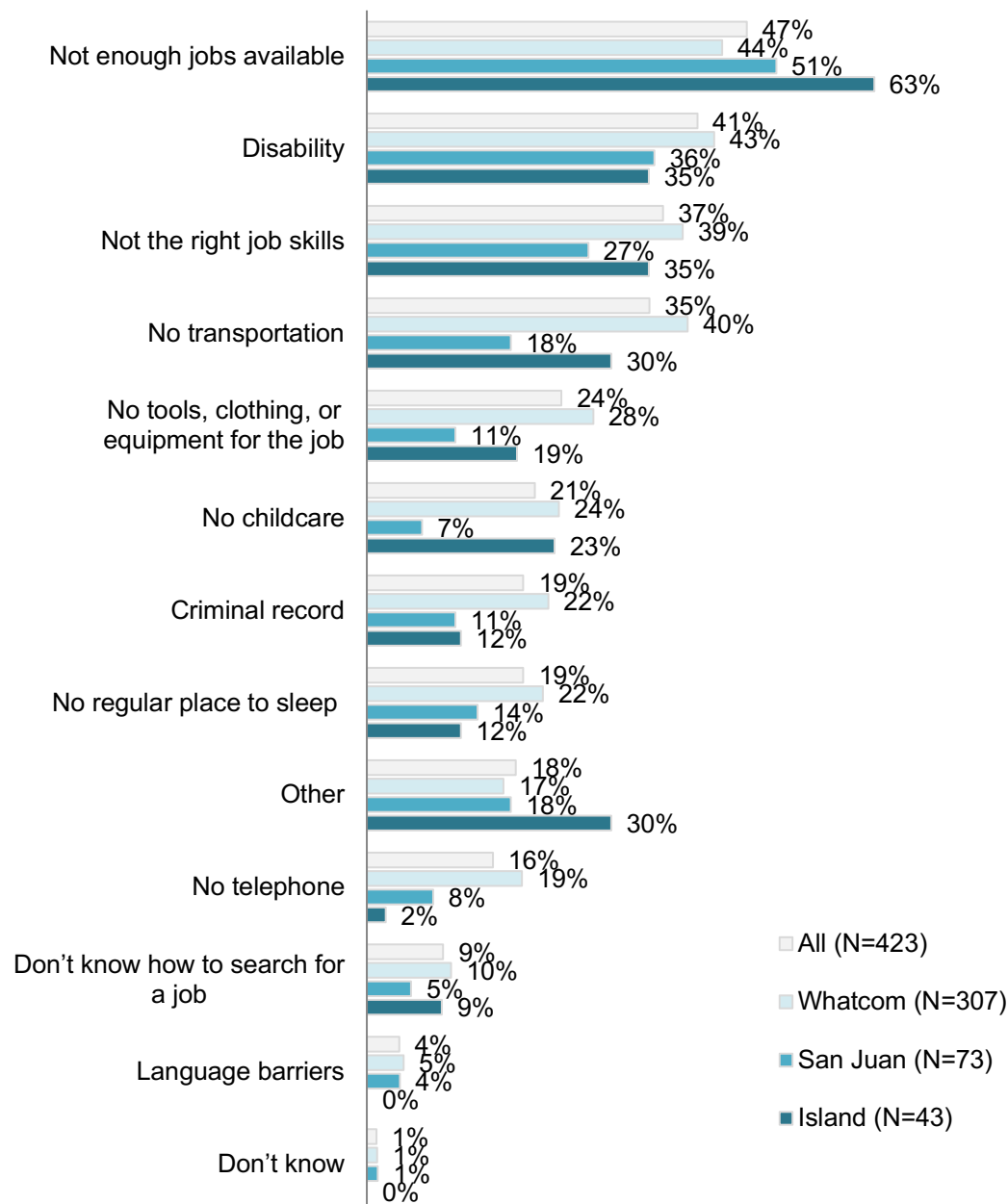
Over half of respondents in the three-county region said that getting or keeping a good job has been a problem in their household in the past year. For San Juan County, the proportion was slightly lower (46%). See Figure 3.

**Figure 3. Getting or keeping a job has been hard**



Respondents who had challenges with getting or keeping a job were asked to identify reasons. Top reasons included not enough jobs available (47%), Disability (41%), not having the right job skills (37%), and transportation (35%). For details by county see Figure 4.

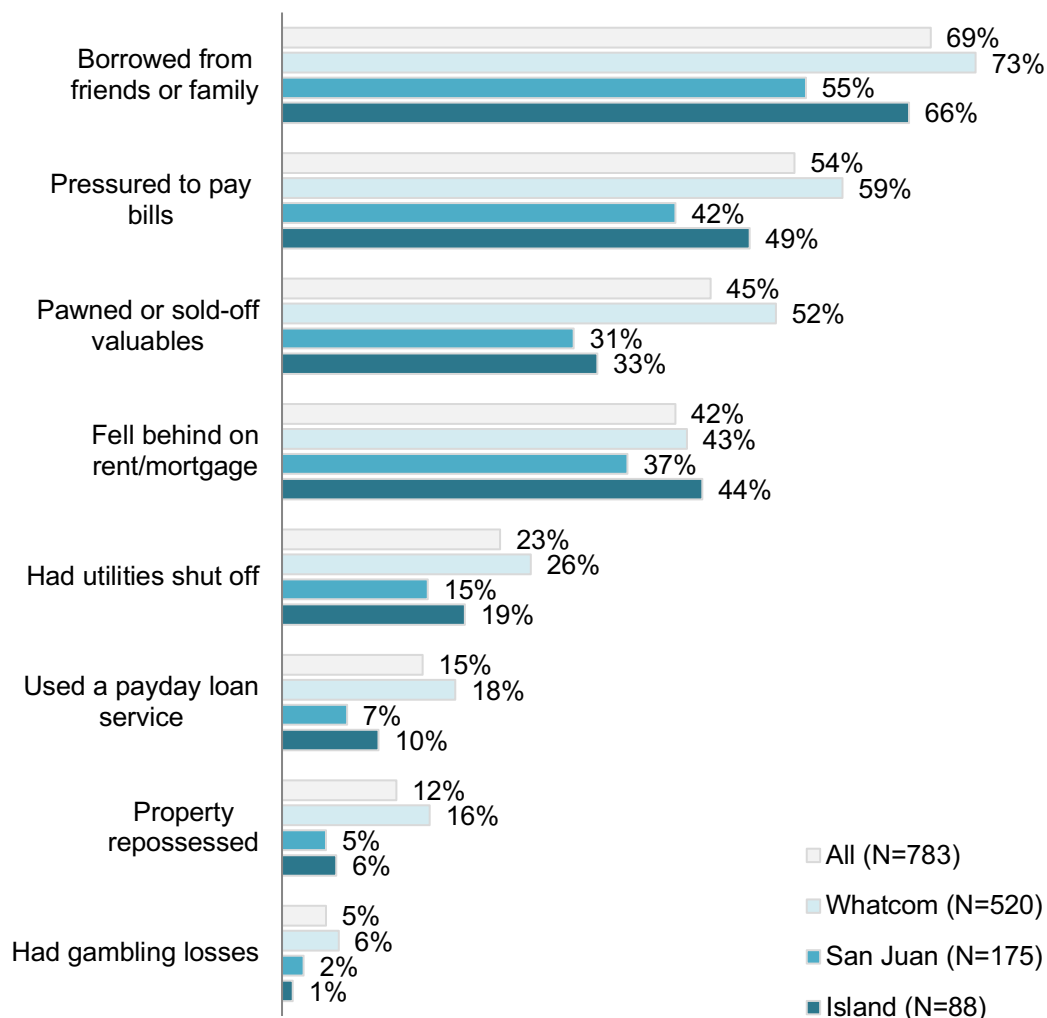
**Figure 4. Reasons why getting or keeping a good job has been hard**



### Financial situations

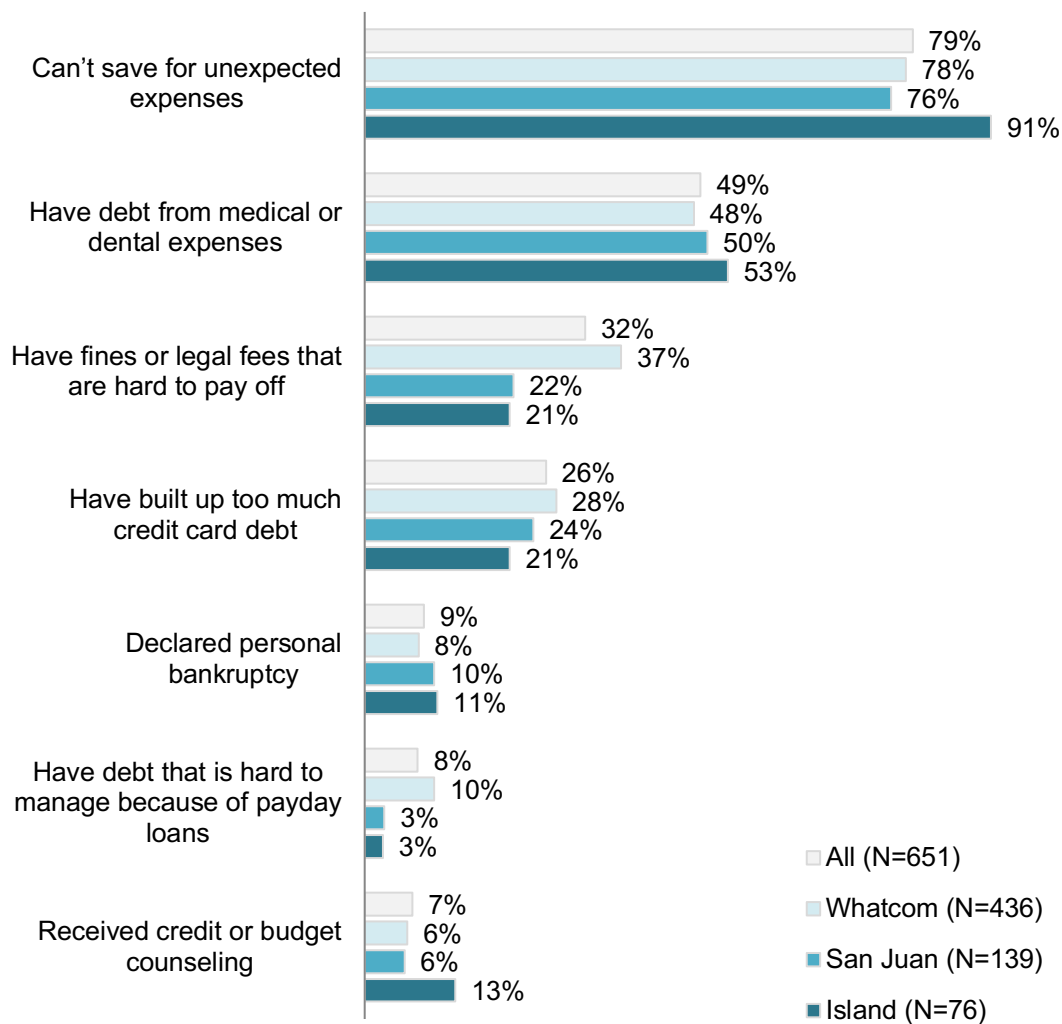
Survey respondents were asked to describe financial challenges of the past 12 months. Most commonly they said that they have recently had to borrow money from family or friends (69%) and they felt pressured to pay bills (54%). Just under half of respondents said they have pawned or sold-off valuables to make ends meet, though this was more common in Whatcom County than in San Juan or Island County, where respondents were more likely to say they have fallen behind on their mortgage. For details by county, see Figure 5.

**Figure 5. Financial situations experienced**



Among a list of seven common debt situations, survey respondents most frequently cited not being able to save for unexpected expense (79% region wide). Roughly half said they have debt from medical or dental expenses, a third have had fines or legal fees, and one-quarter have built up too much credit card debt. Credit and budget counseling were rare in most cases with only 6% in Whatcom and San Juan Counties obtaining help. Island County was a clear exception with 13% of those surveyed reporting they had received such support. See Figure 6 for details by county.

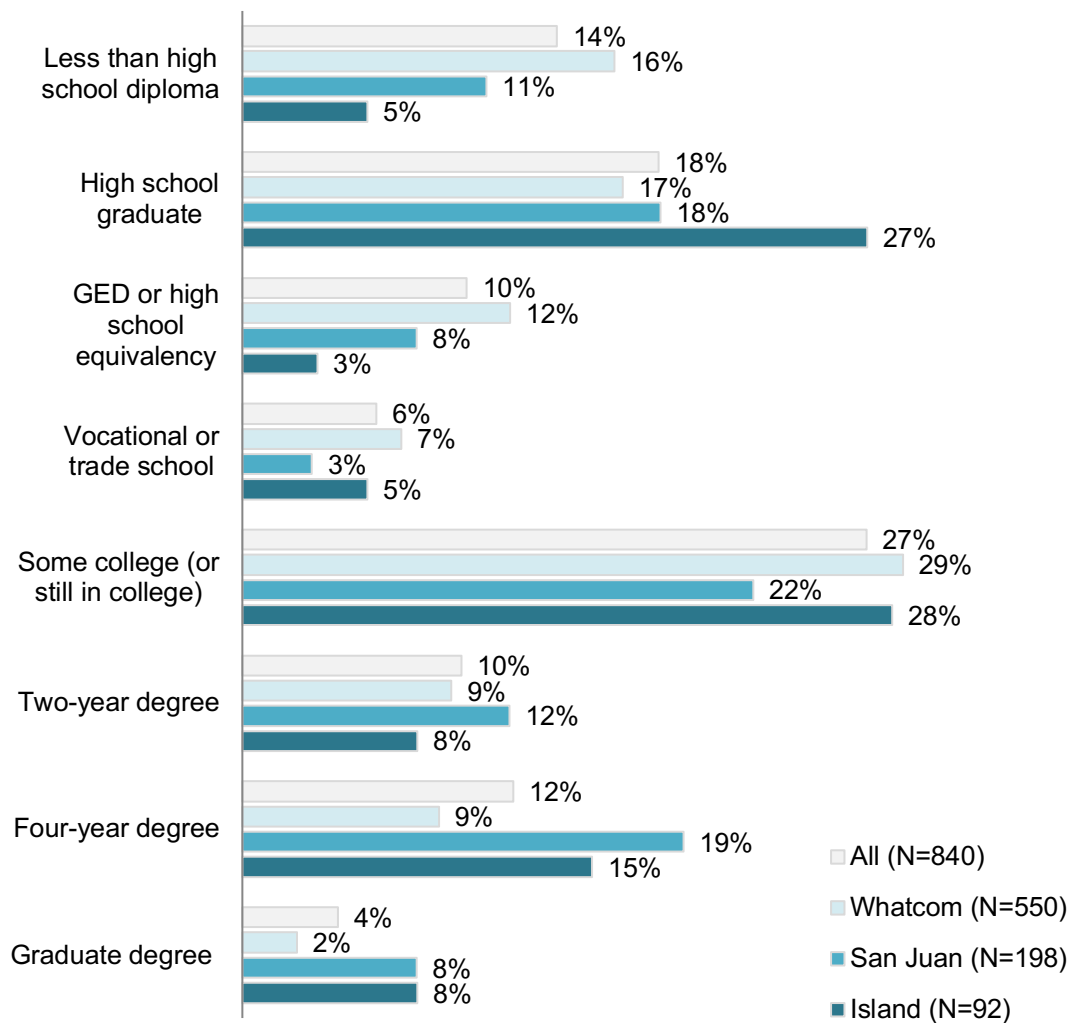
**Figure 6. Current debt situations**



### Educational attainment and access to school

A majority (58%) of survey respondents across the three-county region said they have some form of post-secondary education. They have attended vocational school (6%) or some college (27%), received a two-year degree (10%), a four-year degree (12%) or a graduate degree (4%). Fourteen-percent said they don't have a high school diploma (14%). See Figure 7 for details by county.

**Figure 7. Educational attainment**

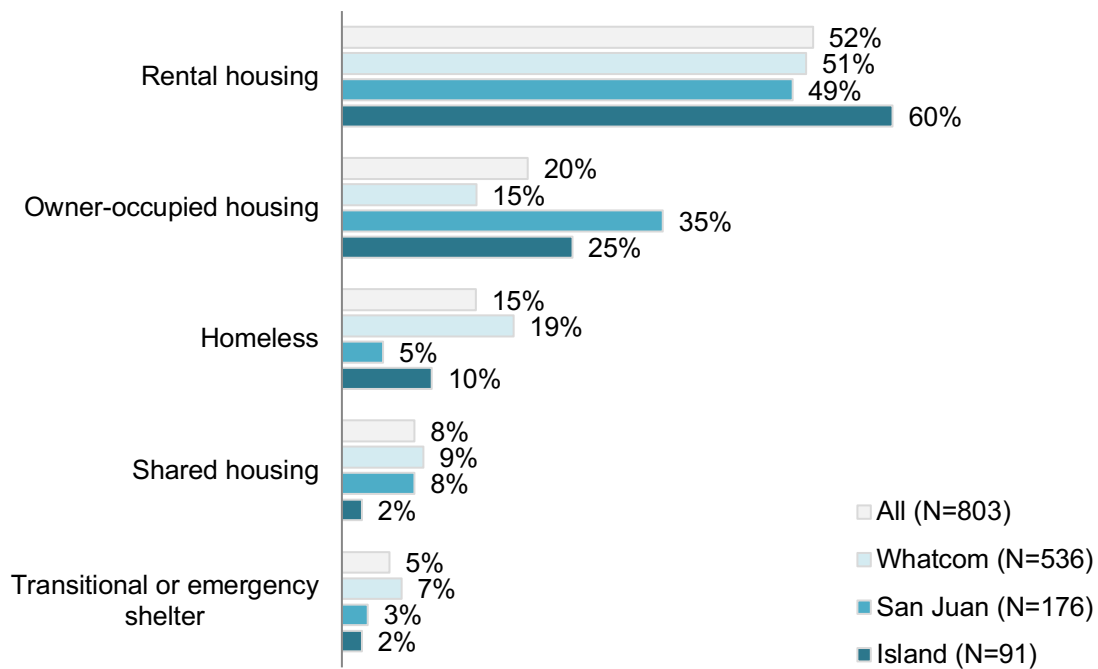




## HOUSING

Just over half of respondents said they rent their home (52%). The proportion who said they own their home ranged from 15% in Whatcom County up to 35% in San Juan County. Region-wide, the respondents who do not rent or own fell in the categories of homeless (15%), shared housing (8%) or transitional/emergency housing (5%). For more details by county see Figure 8.

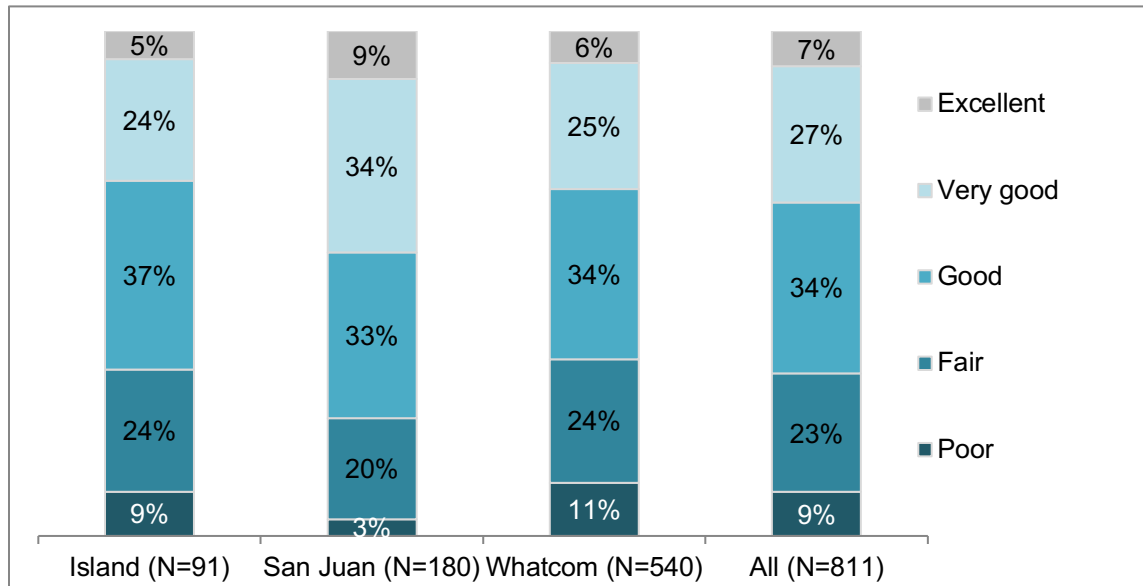
**Figure 8. Housing type**



## HEALTH

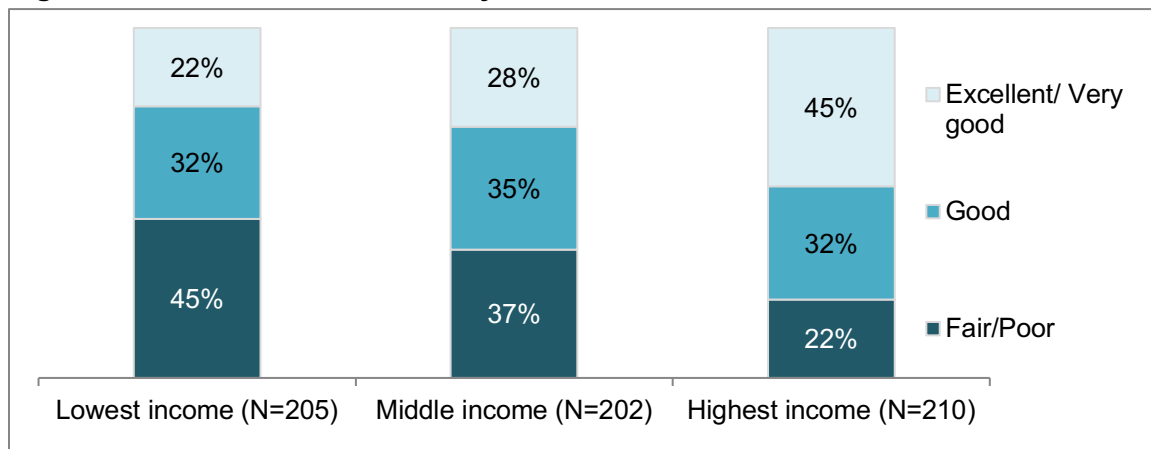
Two-thirds of respondents (68%) rated their health favorably (as *excellent*, *very good*, or *good*). The remaining third described their health unfavorably, as *fair* or *poor* (32%).

**Figure 9. General health status**



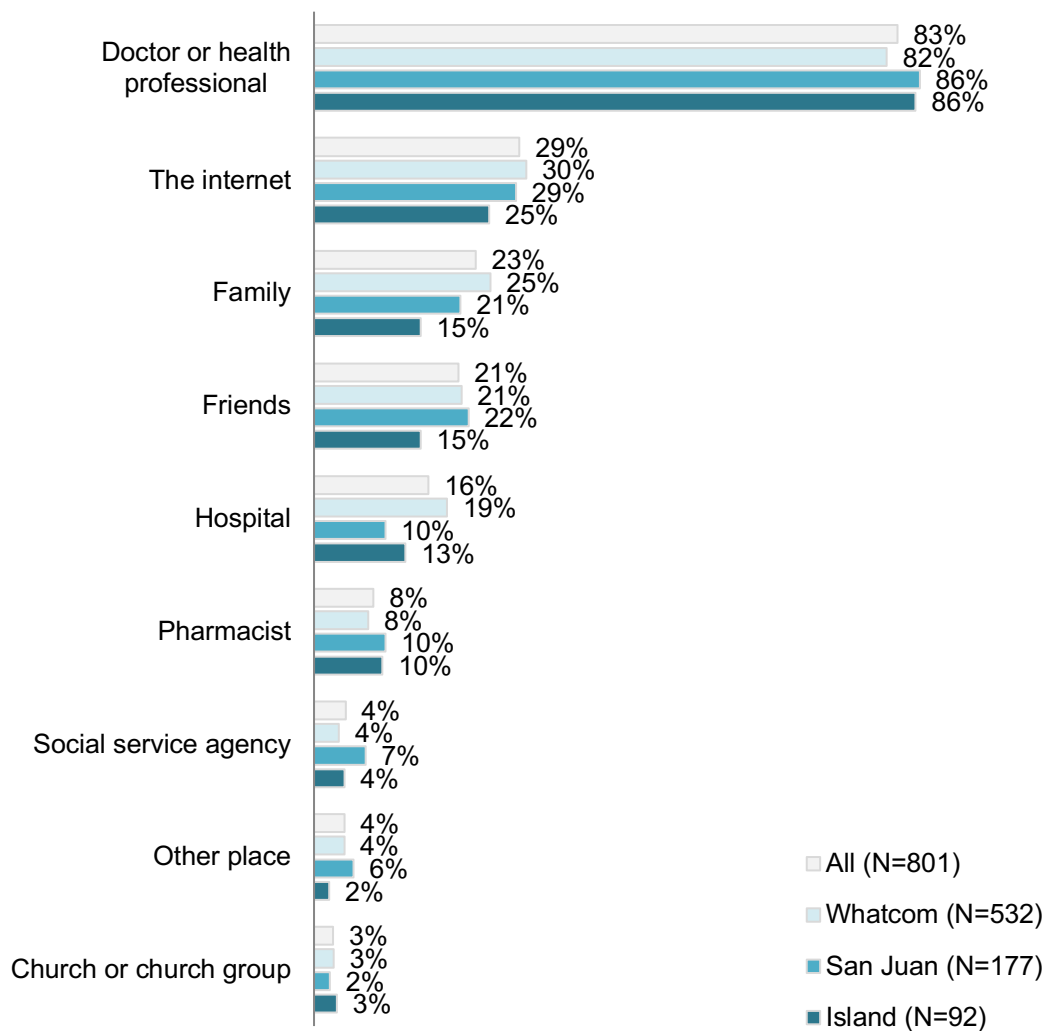
Analysis found that household income was associated with general health status. Sampled households were divided into three roughly equally sized groups based on income. Those in the lowest income group (\$0 through \$735/month) were twice as likely to describe their health unfavorably when compared to those in the highest income group (\$1500 and up). See Figure 10.

**Figure 10. General health status by income**



Respondents were asked about where they usually go for health advice or information. The most common response was a doctor or other health professional (83%). The second most popular source of information was the internet (29%), followed by family (23%) and friends (21%).

**Figure 11. Sources for health advice and information**



Roughly half of respondents said there was a time in the past year that they needed medical, dental, mental health care, or prescription medication but did not get it.

**Figure 12. Proportion who needed medical, dental, mental health care, or prescription medication but did not get it**



Respondents who have had to go without needed care were asked to report the barriers to four different kinds of health services as applicable: medical, dental, mental health, and prescriptions. Figure 13 shows the responses for the three-county area. The most common reason for not receiving healthcare related services (of any sort) was cost. Insurance was also a common barrier, most notably for dental care. Mental health care needs tended to have different barriers, particularly being busy, transportation, being nervous or fearful and not knowing where to go.

**Figure 13. Reasons for not getting healthcare**

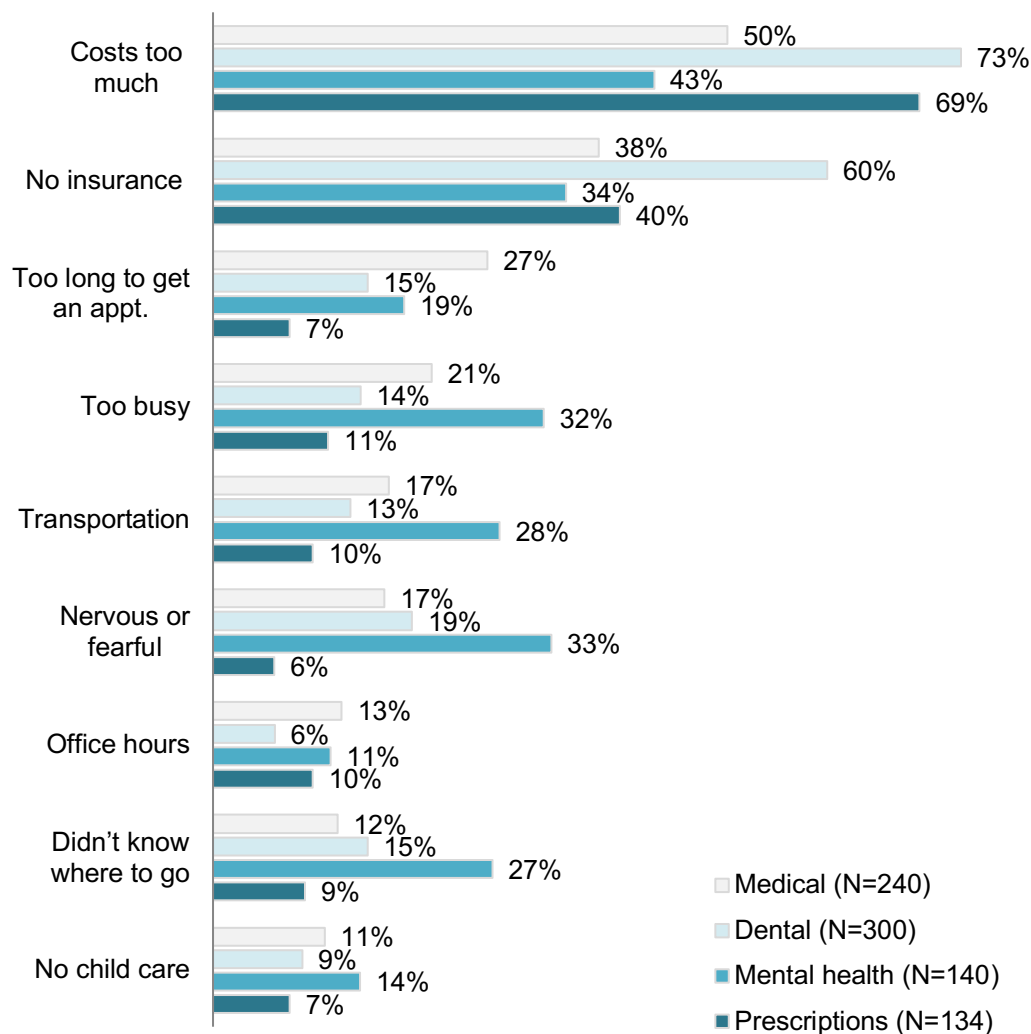




Figure 14 shows the barriers specific to medical care in each of the counties and region combined. The rank order of barriers was similar across the counties, though the proportion of respondents citing a lack of insurance and transportation as barriers was slightly higher in San Juan County when compared to the other two. Respondents in Island County were particularly likely to say they were too busy.

**Figure 14. Reasons for not getting healthcare: Medical**

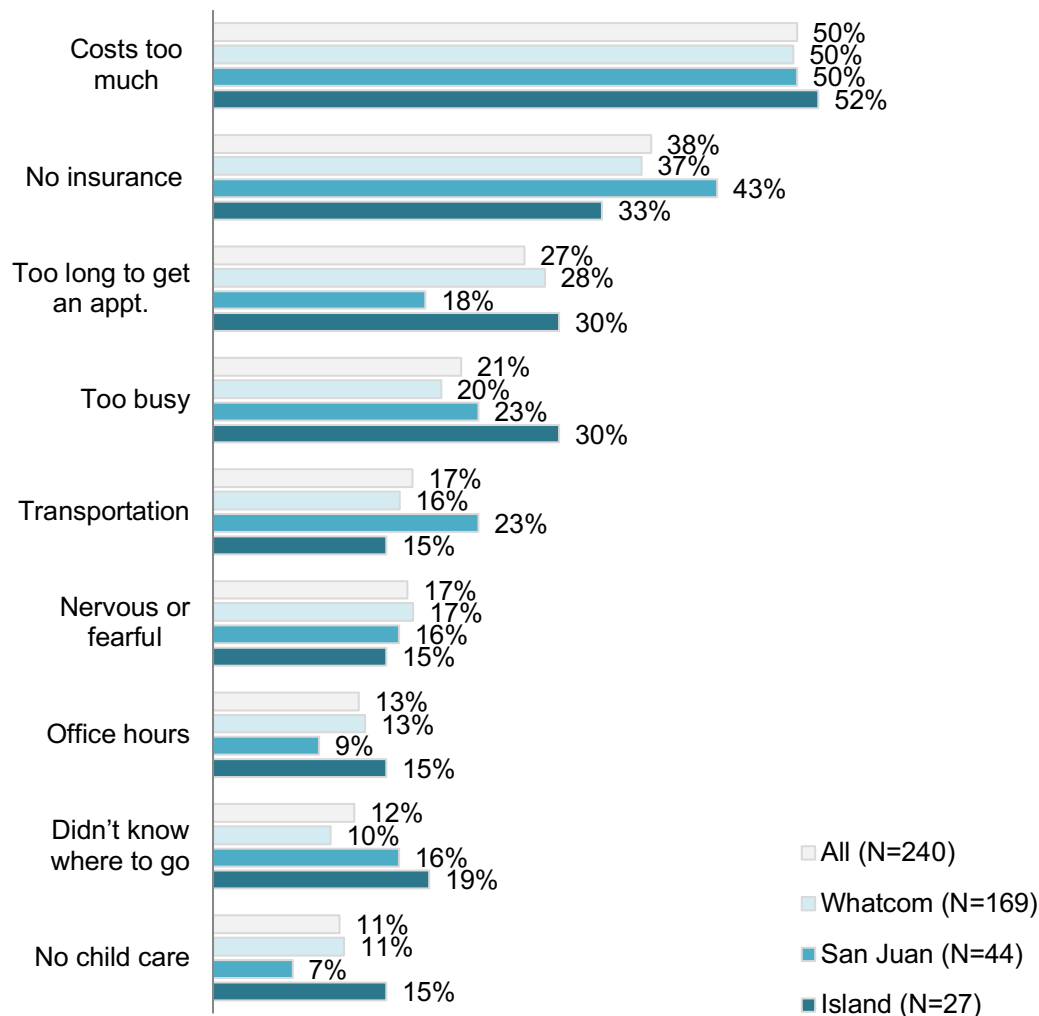
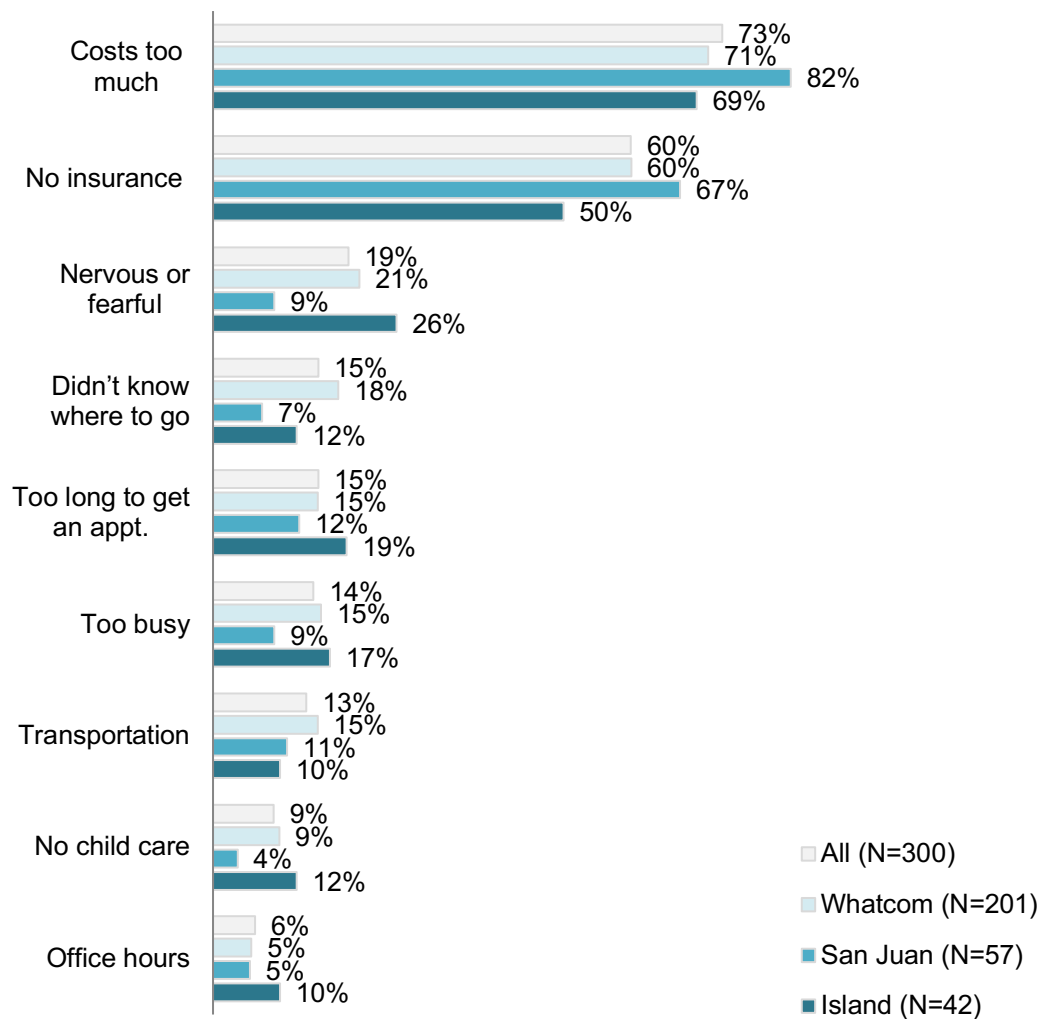


Figure 15 shows the barriers specific to dental care in each of the counties and region combined. Respondents from San Juan County were especially likely to mention cost and insurance as barriers, and slightly less likely to point to issues like fear, uncertainty about where to go, or being too busy.

**Figure 15. Reasons for not getting healthcare: Dental**



Rankings of barriers specific to mental health care showed variability between the three counties. A lack of insurance was the top barrier for respondents from San Juan County, at a significantly higher proportion than the other counties (56%, compared to 33% in Whatcom County and 22% in Island County). It should be noted that smaller numbers of respondents can increase the variability in responses; the figures from San Juan and Island should be regarded with caution.

**Figure 16. Reasons for not getting healthcare: Mental Health**

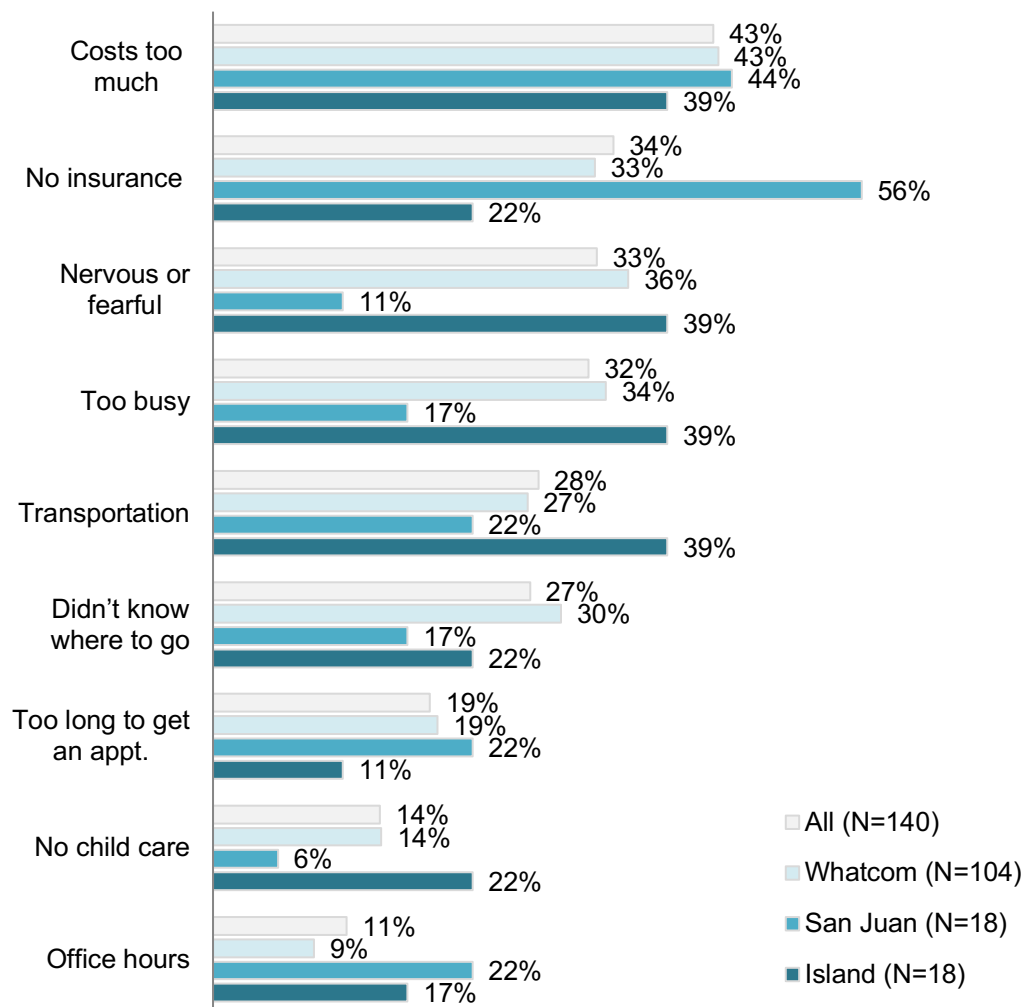
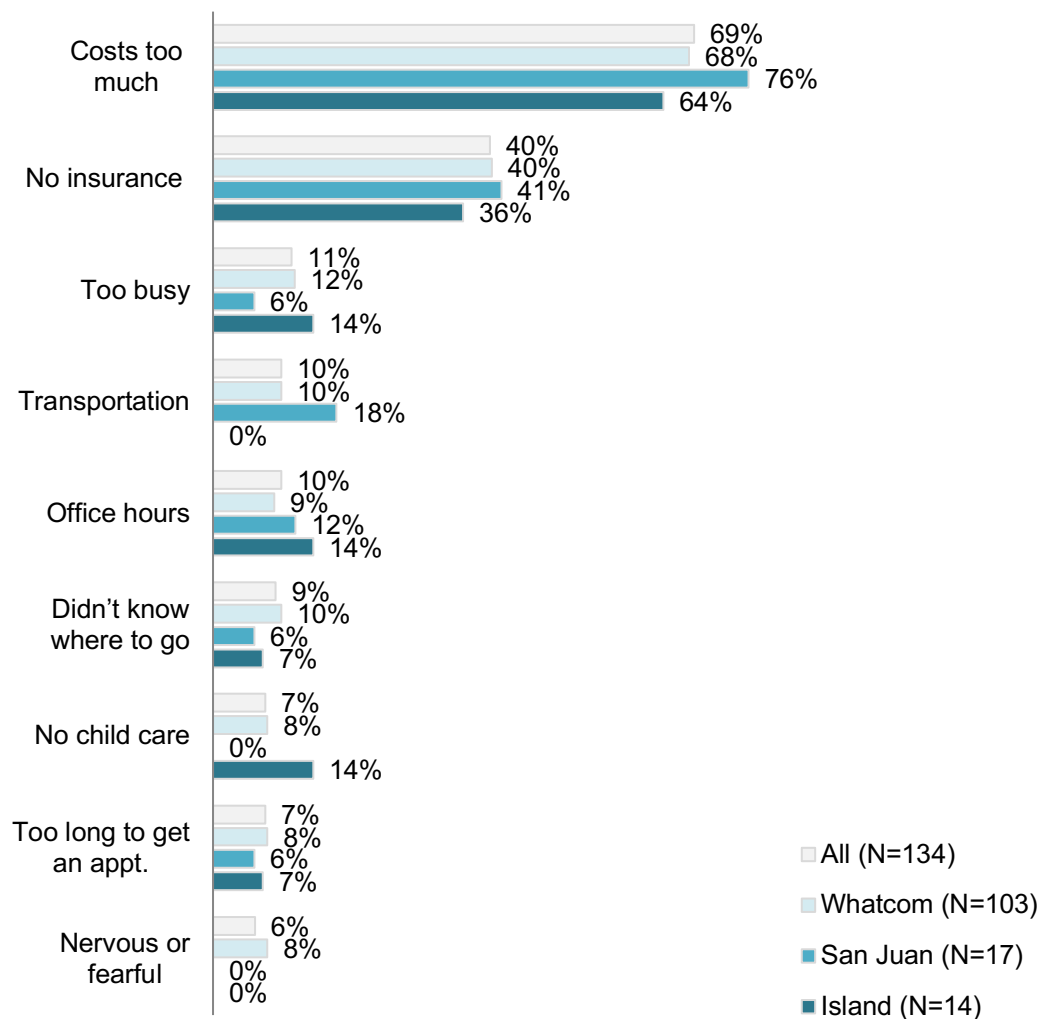


Figure 17 shows the barriers to accessing prescriptions in each of the counties and region combined. The rank order of barriers was similar across the counties, though the proportion of respondents citing cost and transportation as barriers was slightly higher in San Juan County than the other two counties. It should be noted that smaller numbers of respondents can increase the variability in responses; the figures from San Juan and Island should be regarded with caution.

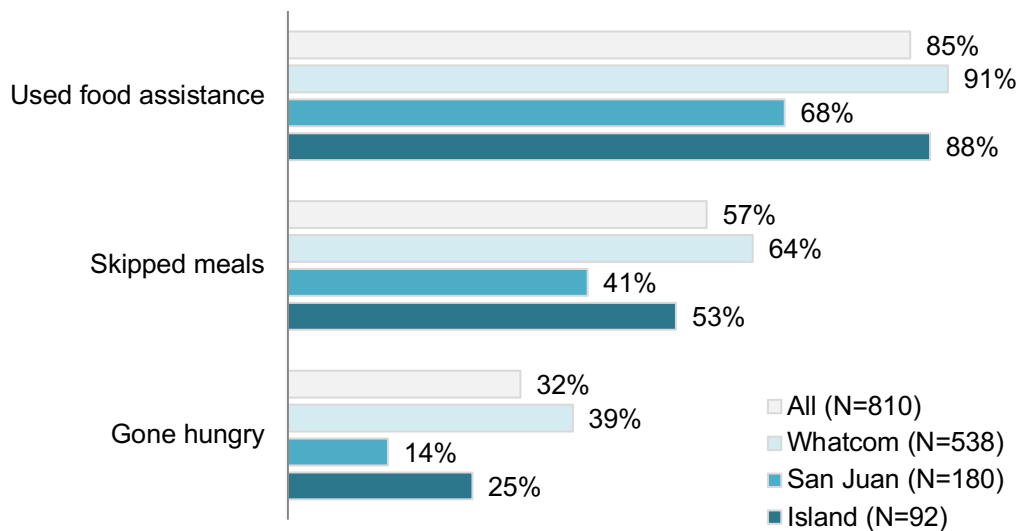
**Figure 17. Reasons for not getting healthcare: Prescriptions**



## FOOD AND NUTRITION

Most respondents said that they access programs that supplement their household's food supply (85% of respondents region-wide). Even so, 57% said that someone in their household has skipped meals in the past 12 months because there was not enough money for food. Nearly one-third said someone at home went hungry for lack of food. See Figure 18 for details by county.

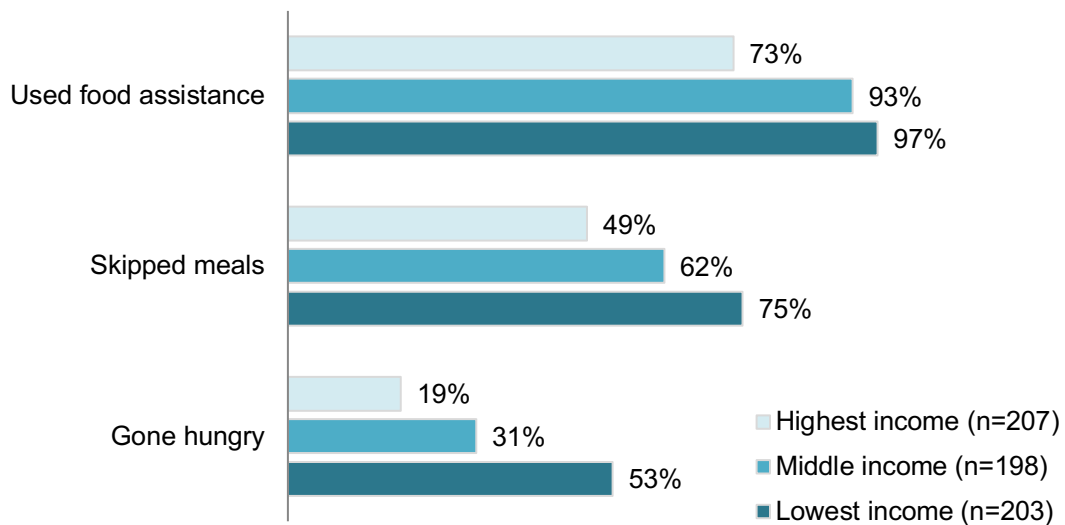
**Figure 18. Household food security and assistance indicators**



*Note: Actual number of respondents per question varied up to +/-3%*

Analysis found that household income was associated with these three food security indicators. Sampled households were divided into three roughly equally sized groups based on income. Those in the lowest income group (\$0 through \$735/month) were more than twice as likely to say someone in their household went hungry when compared to those in the highest income group (\$1500 and up). See Figure 19.

**Figure 19. Household food security and assistance indicators by monthly income**

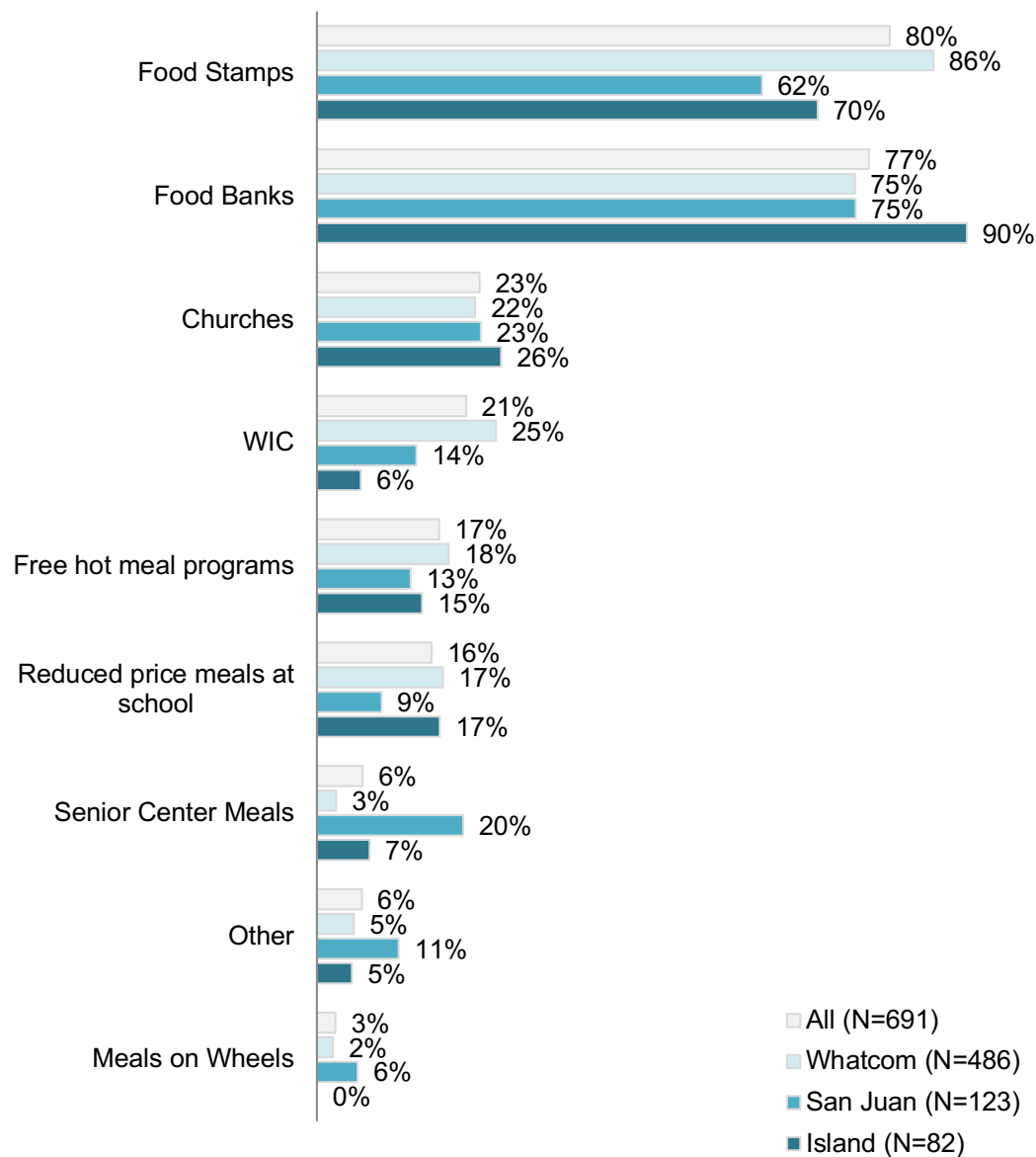


*Note: Actual number of respondents per question varied up to +/-3%*

### Accessing community food resources

Region-wide, 85% of respondents said they used at least one community food resource; half of the respondents surveyed said they relied on two or more. The predominant services mentioned were food stamps (80%) and food banks (77%). For details by county see Figure 20.

**Figure 20. Food assistance programs used by respondent households**





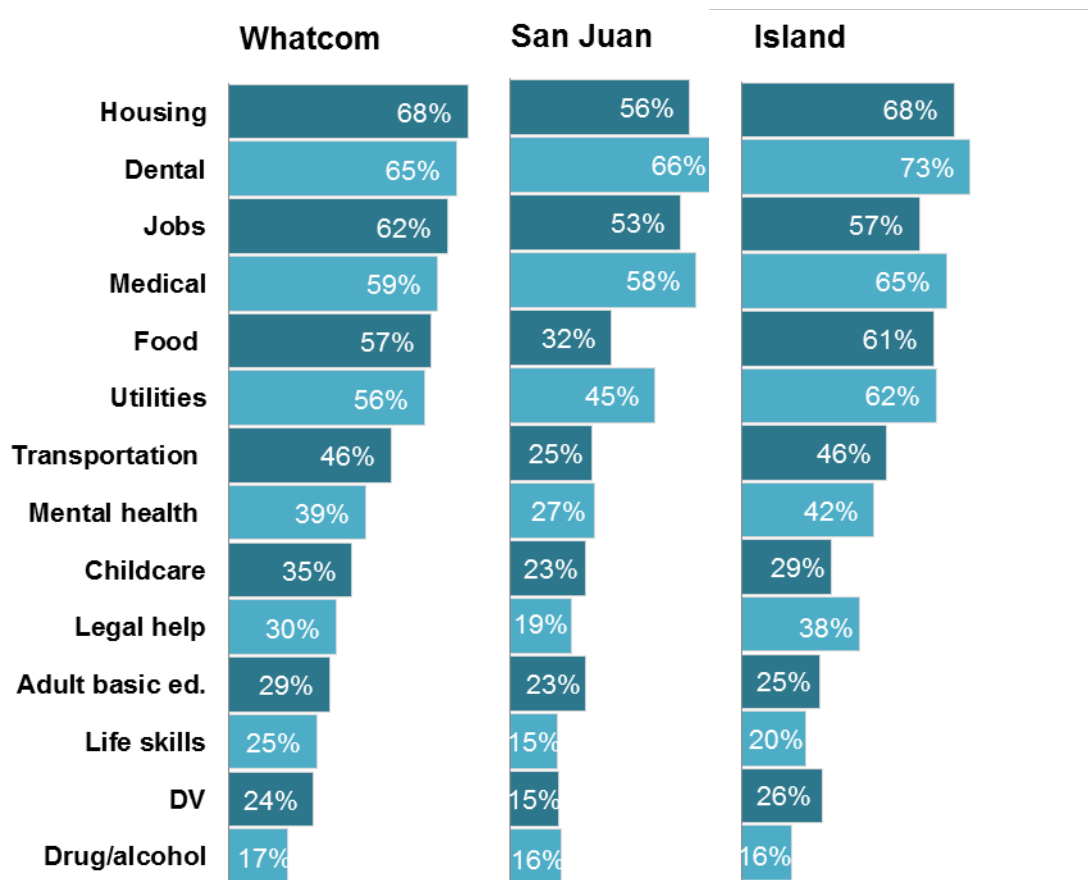
## COMMUNITY SERVICES ASSESSMENT

Survey respondents rated both the importance and the availability of 14 categories of community-based services to their own household. This section of the report presents the consumer perspectives as a method of analyzing local low-income service gaps<sup>2</sup>.

### *Importance of services.*

The services rated as most important to respondent households included Housing, Dental, Jobs and Medical, though the order of rank was slightly varied among the three counties. Whatcom county respondents ranked housing as the most important, though dental was a close second. San Juan and Island County respondent ratings pointed to Dental as the most important service. See Figure 21.

**Figure 21. Proportion of “extremely important” service ratings**



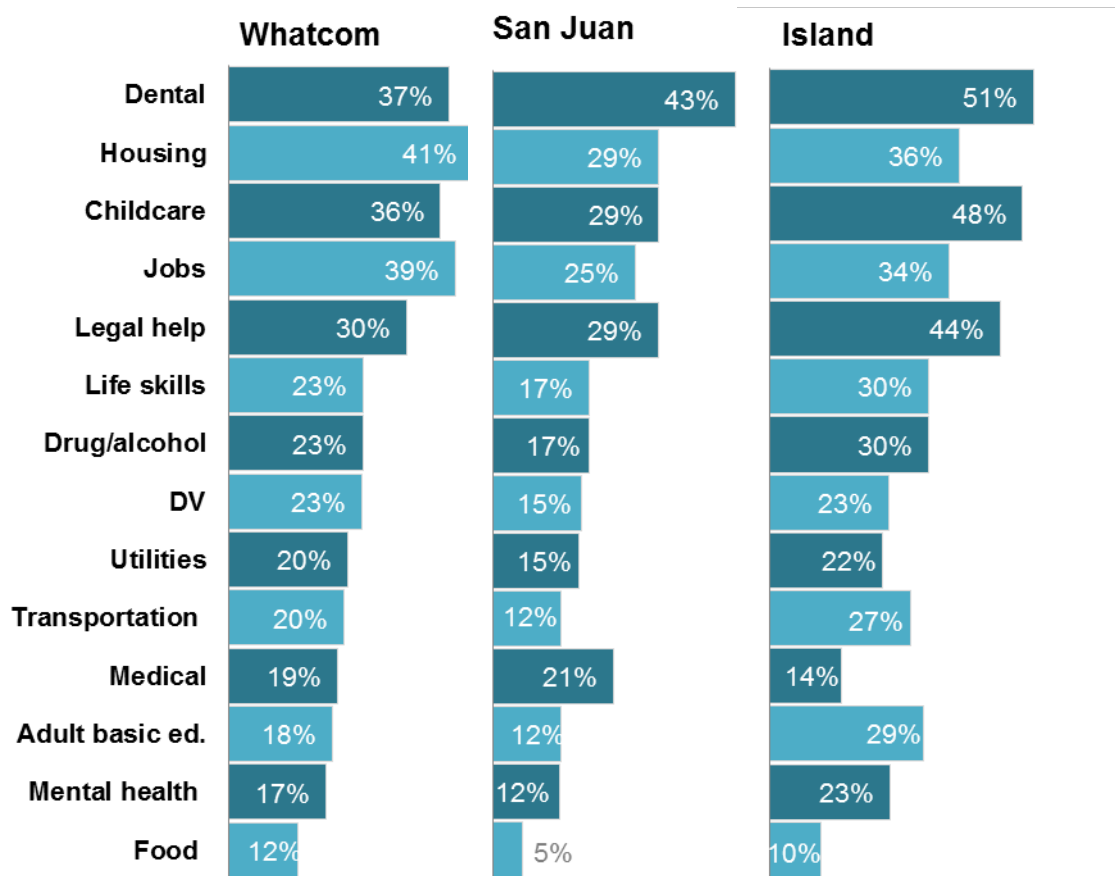
*Services sorted by region-wide rating, not shown*

<sup>2</sup> The number of respondents who provided importance and availability ratings of services fluctuated between services. The range of Ns: Island, n=33 to 88; San Juan, n=79 to 191; Whatcom, n=315 to 542.

### Availability of services

Region wide, the services rated as most difficult to access included Dental, Housing, Childcare, and Jobs. The order of rank varied somewhat among the three counties. See Figure 22 for details by county.

**Figure 22. Proportion of "very hard to get" service ratings**



*Services sorted by region-wide rating, not shown*

### *Service gap analysis using importance-availability coordinate system*

Because survey respondents rated these services on a five-point scale<sup>3</sup>, another way to analyze the data is to calculate the average importance and availability scores for each service area. These data form the basis of an “importance-availability” coordinate rating system (Figures 19 through 23). The average importance and availability ratings among the clients and providers were calculated and plotted on graphs. The lines making up the crosshairs of each graph represents 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 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 upper left quadrant (Quadrant I) of the graphs. These are services that are both more important than average, yet most challenging to access.

Technical note about these figures: Readers will note that the quadrants for each chart are of different size. This is because the crosshairs that delineate each chart’s quadrants are positioned at the average importance and availability scores for survey respondents within each segment. Additionally, the low and high ends of the scale vary slightly in order to maximize the spread of the services in each illustration (so services are less clustered and easier to read).

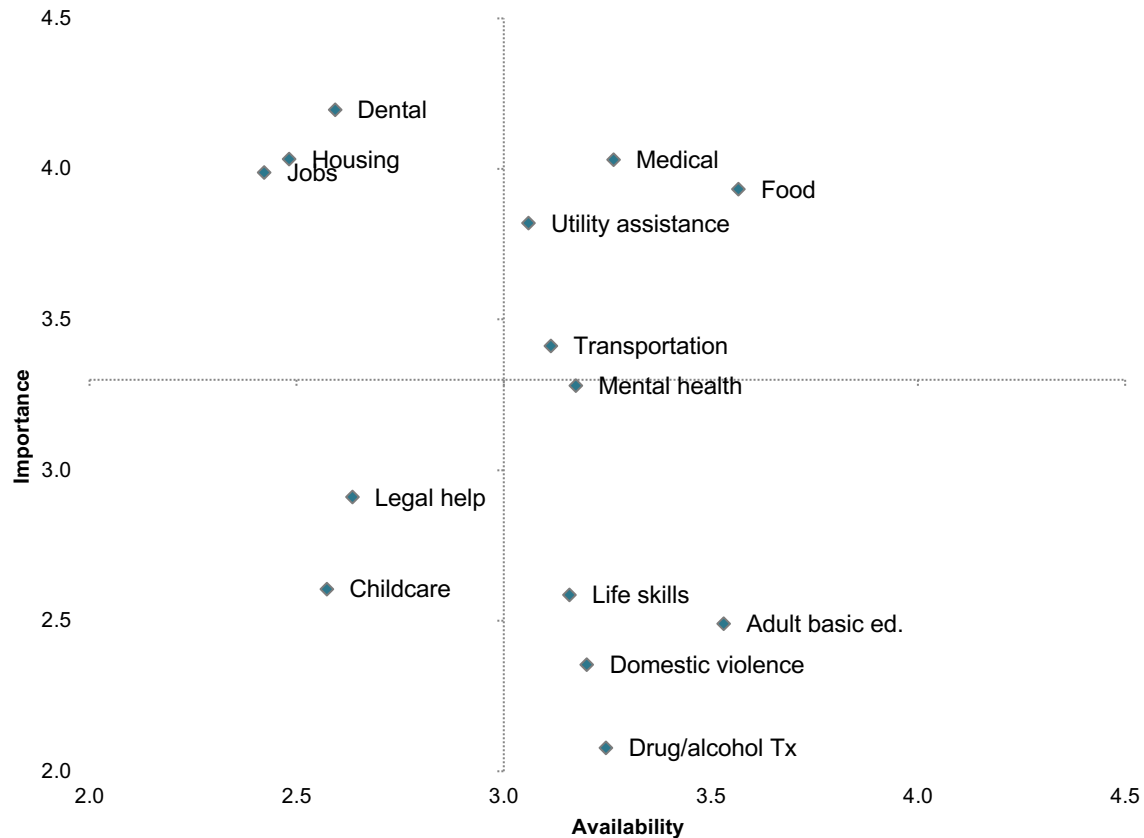
---

<sup>3</sup> Importance scale: Extremely important, very important, somewhat important, a little important, Not important  
Availability scale: Very easy to get, somewhat easy to get, somewhat hard to get, very hard to get, impossible to get

### Three-county region

*Dental, housing, and living wage jobs* appear to be high priority service areas across the general population of low-income households surveyed across all three counties. All three of these service areas were rated as more important and more difficult to access than average.

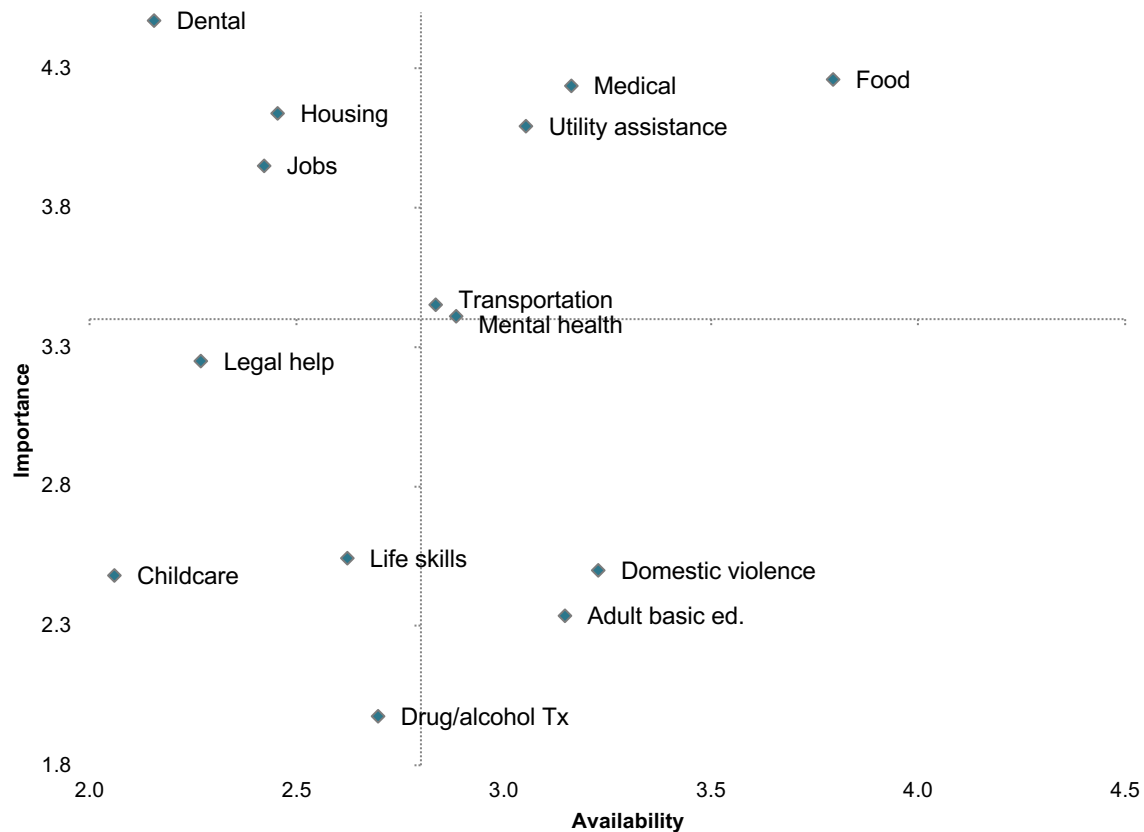
**Figure 23. Three-county region respondent perspectives on relative importance and availability of services**



## Island County

*Dental, housing, and living wage jobs* were all rated as above average in importance and below average in availability in Island County. These were the same three services that were prioritized in the 2015 analysis.

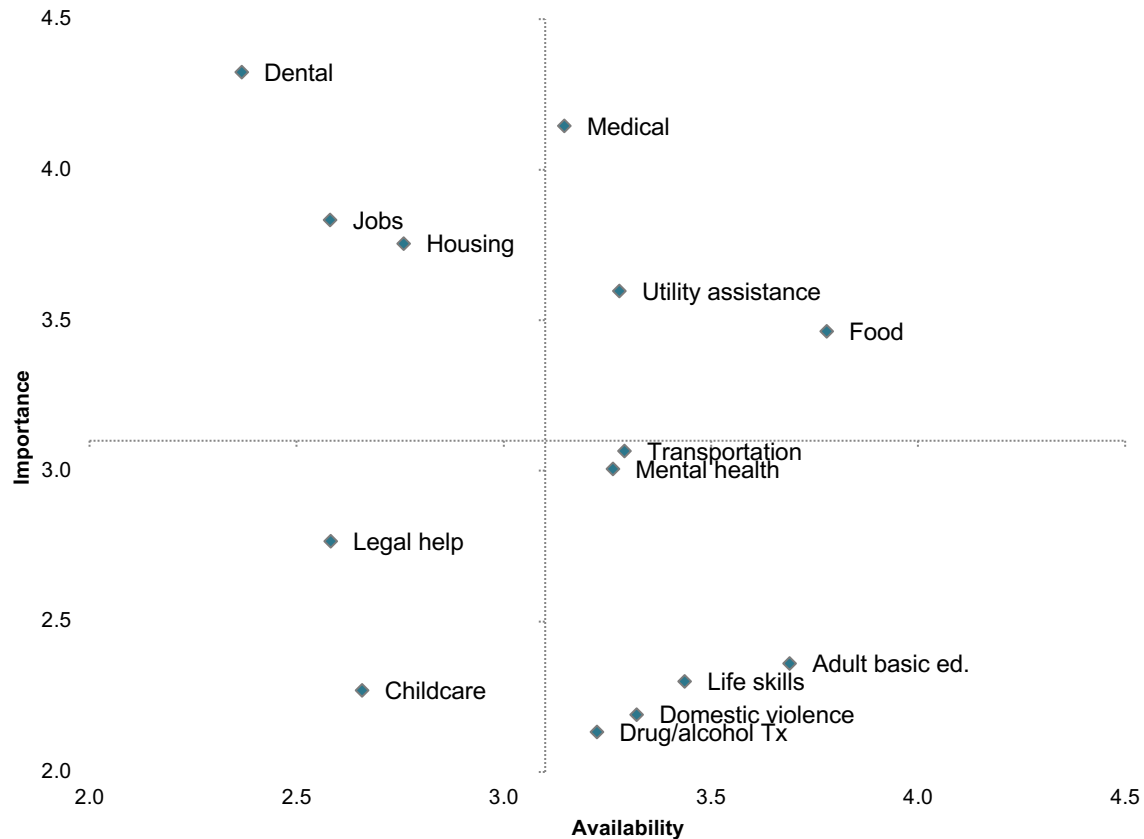
**Figure 24. Island County respondent perspectives on relative importance and availability of services**



### San Juan County

*Dental, housing, and living wage jobs* were rated as above average in importance and below average in availability in San Juan County. These three services were also prioritized in the 2015 analysis, along with utility assistance which was rated higher than the average service availability rating in the current analysis, moving it into Quadrant II (above average in both importance and availability).

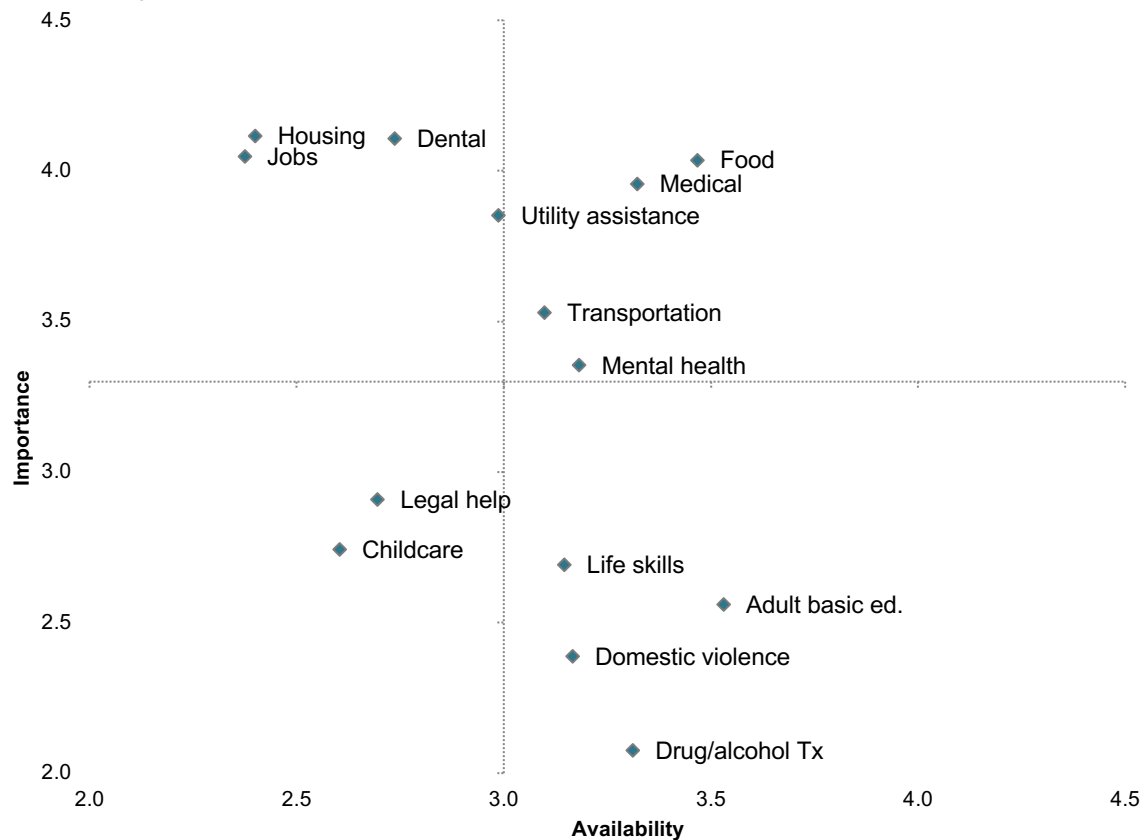
**Figure 25. San Juan County respondent perspectives on relative importance and availability of services**



## Whatcom County

*Dental, housing, living wage jobs, and utility assistance* were rated as above average in importance and below average in availability in Whatcom County. *Dental, housing, and living wage jobs* were prioritized in the 2015 analysis. Slightly lower utility assistance ratings moved that service area into Quadrant I in 2017.

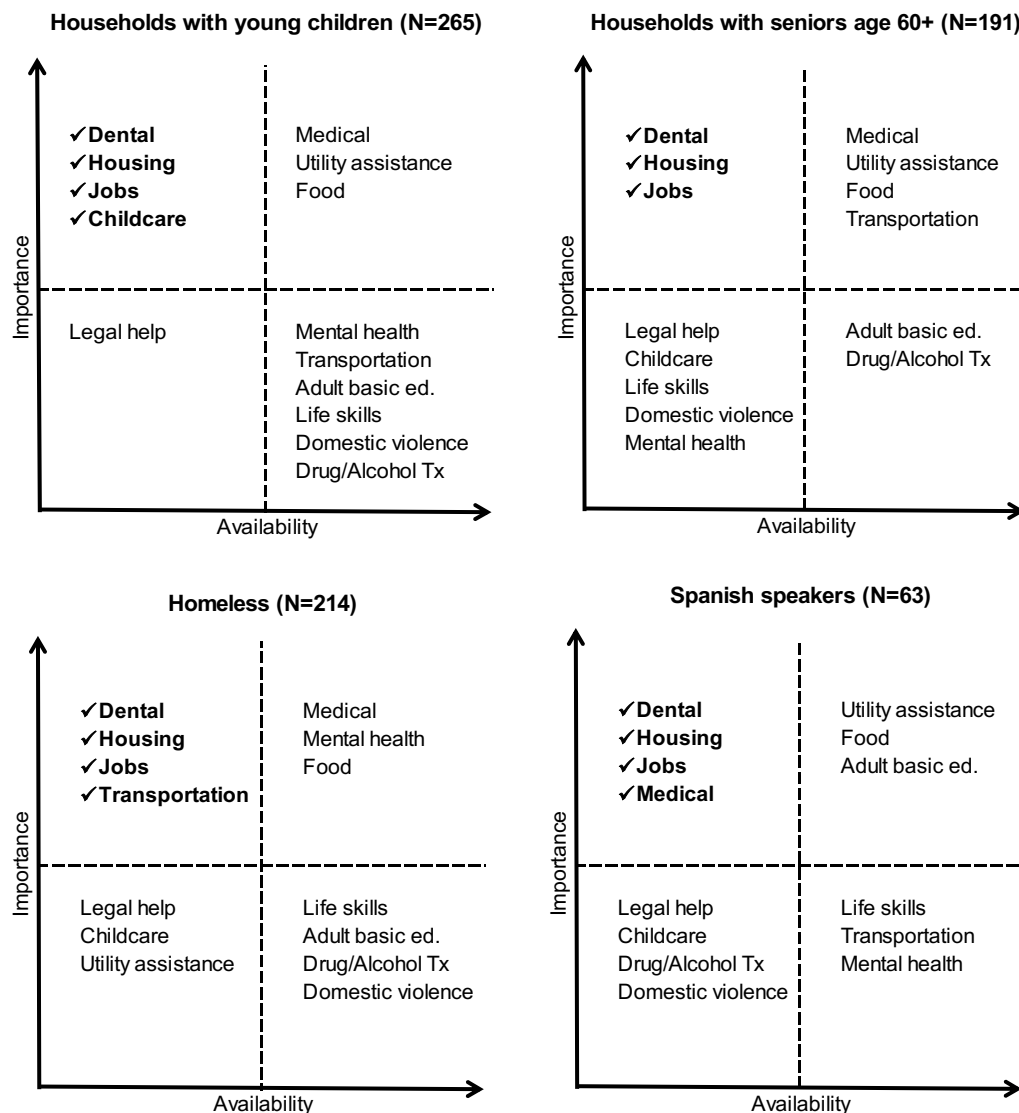
**Figure 26. Whatcom County respondent perspectives on relative importance and availability of services**



### Subsample populations: Young children, seniors, the homeless, Spanish speakers

Demographic and situational information provided by respondents allows a look at how different segments of the population view the importance and availability of services. Given that these segments of the population are not mutually exclusive, there is significant overlap in the importance and availability of services. All four of the segments identified in Figure 24 expressed a gap in services for dental, housing and jobs. However families with young children (under age 6) also identified a gap in childcare, the segment that was homeless at the time of being surveyed identified a gap in transportation, and respondents who speak Spanish at home identified a gap in medical care.

**Figure 27. Households with young children ages 5 and under, seniors 55+, homeless, and Spanish speakers**

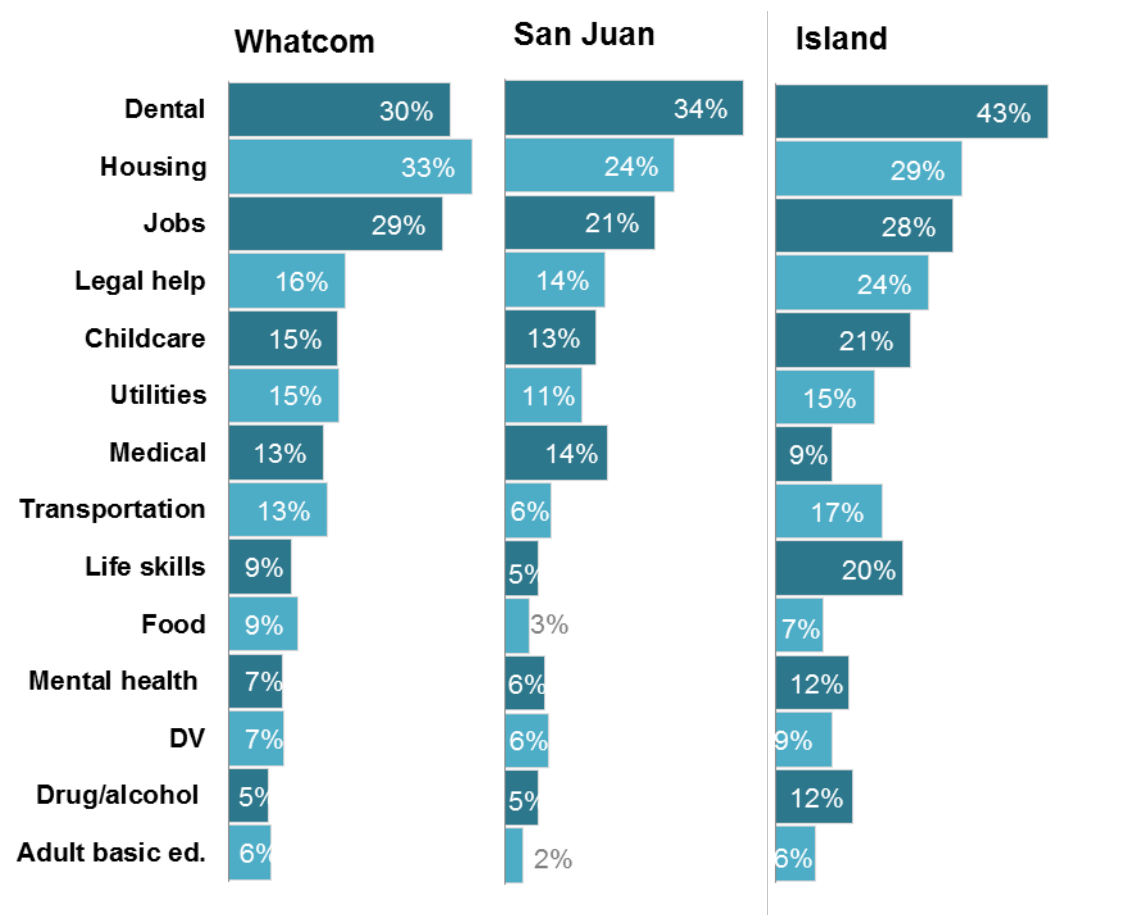




### Service gap analysis using importance-availability index

From an individual household's or individual service provider's perspective, if a social or health service is both "extremely important" to their household or their clientele and "impossible to get", there is a perceived extreme service gap for that particular service. This metric provides another way to examine the gaps identified in Figure 20. This metric can be ranked, as it is in Figure 24 below, to identify the largest gaps (such as Dental services in Island County) or the smaller gaps (like adult basic education in San Juan County). Figure 24 also illustrates that while the service areas are similarly ranked, there are slight differences in the three counties when compared side by side. For example, Life Skills Services may be in higher demand in Island County than San Juan County.

**Figure 28. Proportion of both "extremely important" and "very hard to get" service ratings**



*Services sorted by region-wide rating, not shown*

The importance-availability index is especially useful when looking at the rank order of service gaps over time. Figure 25 shows the ranking of gaps in service areas at each survey period for the past three Prosperity Project reports, within Island County. The light colored markers indicate the service areas that were identified in Quadrant I (above average in importance and below average in availability). In Island County, Dental services have consistently emerged as the most prominent service gap in terms of the importance-availability index. The medical service gap identified in 2010 dropped substantially in the gap ranking. Service gaps that may be on the rise in Island County (jumping more than two spots since 2010) include transportation and life skills. Childcare and Housing gaps may also be increasing.

**Figure 29. Identified service gaps over time in Island County: Rank Order**

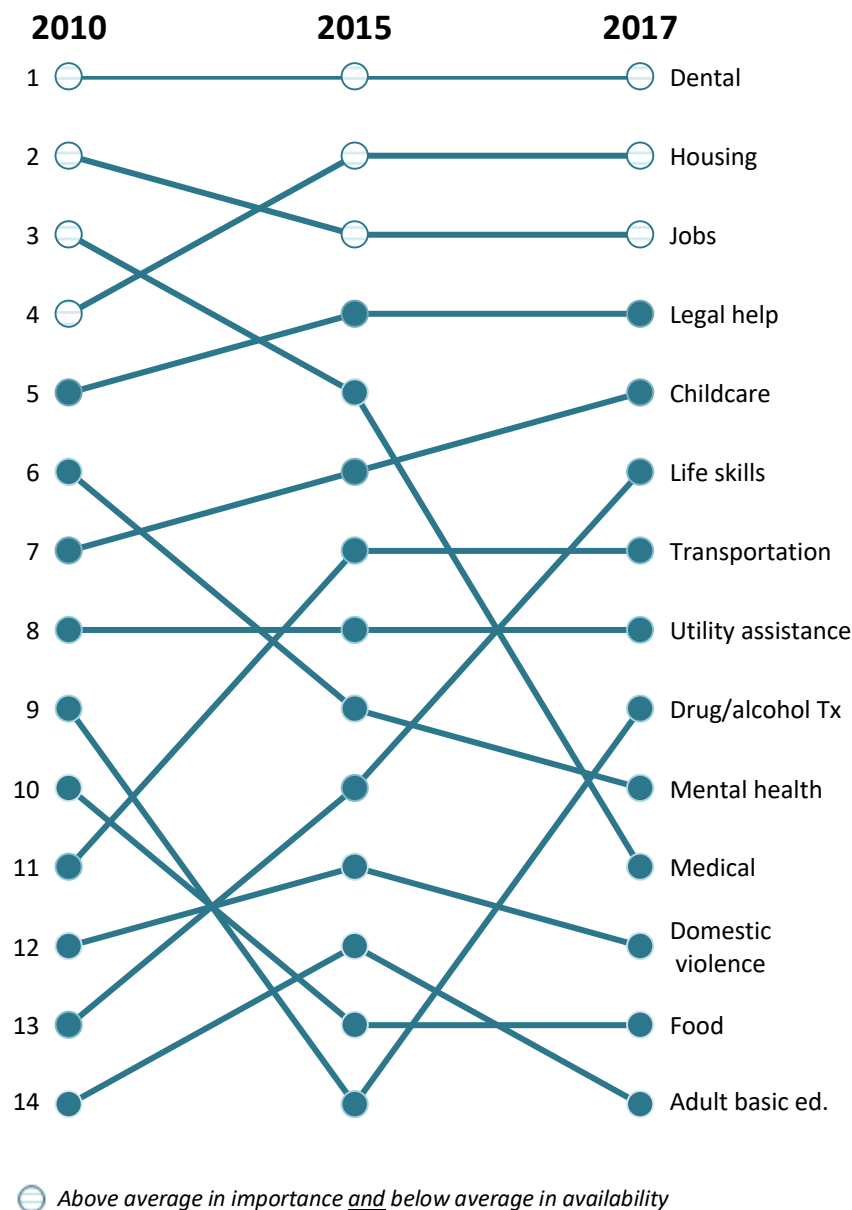


Figure 26 shows the ranking of gaps in service areas at each survey period for the past three Prosperity Project reports, within San Juan County. The light colored markers indicate the service areas that were identified in Quadrant I (above average in importance and below average in availability). In San Juan County, the most prominent gaps in service have been Dental, Housing and Jobs, and have been fairly consistent across time. The gap in service for life skills identified in 2010 fell (more than two spots) since 2010, while gaps in service around childcare and domestic violence appear to have increased in that time period.

**Figure 30. Identified service gaps over time in San Juan County: Rank Order**

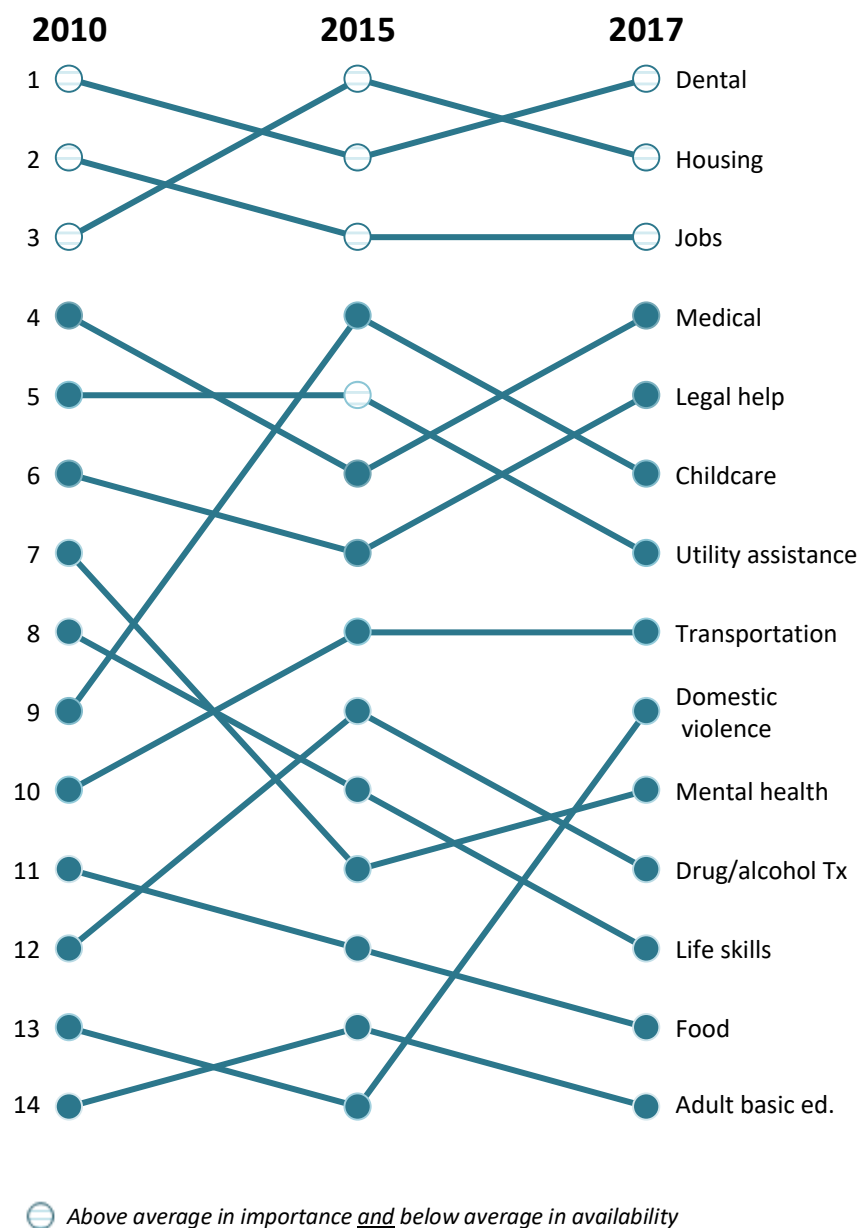
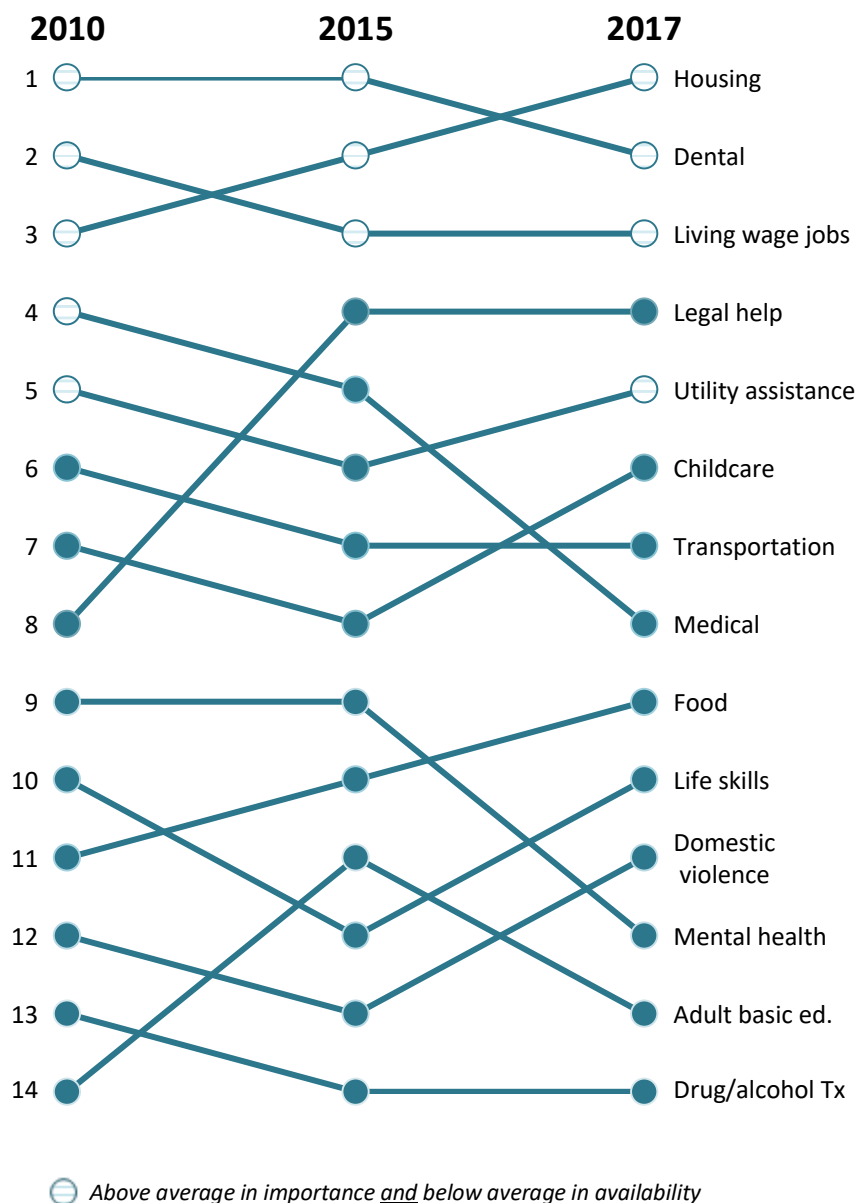


Figure 27 shows the ranking of gaps in service areas at each survey period for the past three Prosperity Project reports, within Whatcom County. The light colored markers indicate the service areas that were identified in Quadrant I (above average in importance and below average in availability). The most prominent gaps in service have been Dental, Housing and Jobs. This has been fairly consistent across time, although Housing appears to show a consistent trend up (as a prioritized service gap). The gaps in service for medical and mental health services identified in 2010 fell (more than two spots) since 2010, while gaps in service around legal help appear to have increased in that time period.

**Figure 31. Identified service gaps over time in Whatcom County: Rank Order**



## QUALITATIVE SUMMARY OF COMMUNITY ASSESSMENTS FROM ALLIED ORGANIZATIONS

In addition to the low-income household survey data presented in earlier sections of this report, we also present, below, a summary of health and human services needs and recommendations from allied organizations in each of our three counties. These are derived from a sampling of strategic plans and assessments by public health agencies, philanthropy partners and other organizations. The content of these external assessments are largely based on qualitative data derived from interviews and focus groups with members of target populations and expert opinion of service provider staff.

Individual strategies and recommendations from the external assessments are presented within the framework of Opportunity Council's strategic goals in Table 4. Here are the emergent themes.

**Housing Stability:** The cross-cutting issue of homelessness is evident throughout the region, as is the overarching issue of affordability, particularly as it relates to rental housing, which has become scarce in all three counties due to low vacancy rates and rapidly escalating rent prices. Additional needs include public awareness of housing problems, housing preservation and housing rehabilitation services, special needs housing, landlord recruitment, and vocational services to increase housing stability.

**School and Work Readiness:** Specific needs for a wide variety of new and expanded early childhood care and education programs are described in assessments conducted by a task force of the Community Foundation of San Juan Island (CFSJI), and by the Generations Forward coalition in Whatcom County. Additionally, CFSJI recommends strategies to increase awareness of, and access to, secondary education programs, particularly through Skagit Valley College programs.

**Diversity, Equity and Inclusion:** Whatcom County's Community Health Improvement Plan (CHIP) recommends that human service organizations increase their focus on equity and build cultural competency. The CHIP also increased engagement and support for people and communities experiencing inequities, trauma, and stress.

**Financial Stability:** Recommended strategies to increase financial stability and prosperity included increased access to full day, evening, and weekend licensed child care; mobility and financial mentoring; direct financial assistance for child care, housing and individual development accounts. More job placement assistance and SSI/SSDI application assistance were also recommended.

**Whole Person Health:** Health-related themes that emerge from a variety of community health needs assessments and philanthropy task forces include: care coordination, including specifically targeting vulnerable/complex populations; greater access to substance use disorder treatment, particularly services to address the opioid crisis; food security; and maternal and child health. Systemic changes suggested include integrating health objectives into community planning (e.g. Comprehensive Plans); building momentum for collective impact to support young children and families; increase cross-sector care coordination. Additional themes include reducing the impact of interpersonal violence, and public education about the signs and symptoms of depression and suicide, and the resources available for those at risk.

**NOTE:** *It should be emphasized that this is merely a sampling of some of the easiest to access external needs assessments.*

**Table 4 Qualitative data: Summary of Regional Allied Organization Community Assessments**

Goal Category	Island County	San Juan County	Whatcom County
<b>Housing Stability</b>	<p><b>Island County Community Health Housing Strategies</b></p> <ul style="list-style-type: none"> <li>• Increase availability of overnight emergency shelter and support services to individuals seeking shelter.</li> <li>• Preserve existing and increase total number of units of healthy affordable housing.</li> <li>• Increase availability of permanent, supportive housing units.</li> </ul> <p><i>Source: Vision 2020<sup>4</sup></i></p> <p><b>Skagit (Tri-County) Home Consortium</b></p> <ul style="list-style-type: none"> <li>• Homelessness: The Consortium member counties (Island, Skagit, San Juan) will allocate HOME funds for the purpose of providing tenant-based rental assistance (TBRA) targeted toward homeless households that are prioritized for housing assistance through each county's coordinated entry program.</li> <li>• Affordable Housing: The Consortium anticipates setting aside funds to provide development opportunities for affordable housing—both rental and homeownership.</li> </ul> <p><i>Source: Skagit County HOME Plan<sup>5</sup></i></p>	<p><b>San Juan County Housing Strategies</b></p> <ul style="list-style-type: none"> <li>• Educate Public on the Availability and Affordability of Housing in San Juan County.</li> <li>• Increase the Availability and Affordability of Housing Stock in San Juan County.</li> <li>• Maintain Housing Stock that is Affordable.</li> </ul> <p><i>Source: SJC Action Plan<sup>6</sup></i></p> <p><b>Orcas Island Housing Needs</b></p> <ul style="list-style-type: none"> <li>• Long term, affordable rental housing</li> <li>• More rental housing</li> <li>• Increased housing stock</li> <li>• Affordable housing for individuals who experience disability</li> <li>• Expanded home repair program</li> <li>• More “board and care homes” on Orcas</li> </ul> <p><i>Source: OICF SSS<sup>7</sup></i></p> <p><b>San Juan island Housing Needs</b></p> <ul style="list-style-type: none"> <li>• Affordable rental housing: Collect additional data to quantify demand. Facilitate conversations with core organizations to address needs.</li> <li>• Substandard housing: Organize local volunteer efforts to make repairs to substandard houses.</li> <li>• Homelessness/emergency housing: Meet with San Juan Island Family Resource Center to identify needs more specifically.</li> </ul> <p><i>Source: CFSJI Task Force<sup>8</sup></i></p>	<p><b>Whatcom County Homeless Plan</b></p> <ul style="list-style-type: none"> <li>• Coordinate homeless services through coordinated entry</li> <li>• Homeless prevention</li> <li>• Rapid rehousing and housing-first services</li> <li>• Recruit landlords for private-sector housing</li> <li>• Reduce institutional re-entry homelessness</li> <li>• Reduce youth and veteran homelessness</li> <li>• Increase employment and vocational services</li> <li>• Monitor performance of progress toward goals</li> </ul> <p><i>Source: Whatcom Plan to End Homelessness<sup>9</sup></i></p> <p><b>Whatcom County Housing Strategies</b></p> <ul style="list-style-type: none"> <li>• Decrease homelessness</li> </ul> <p><i>Source: Whatcom CHIP<sup>10</sup></i></p> <p><b>Early Childhood Housing Recommendations</b></p> <ul style="list-style-type: none"> <li>• As the Opportunity Council moves further into the area of housing development, ELAFS can make sure we have a seat at the table to ensure the availability of units appropriate for families.</li> </ul> <p><i>Source: ELAFS CNA Report<sup>11</sup></i></p>

<sup>4</sup> Vision 2020: Island County Community Health Improvement Plan 2017 - 2020

<sup>5</sup> 2018-2022 Skagit County HOME Consortium Consolidate Plan

<sup>6</sup> San Juan County Affordable Housing Workgroup Strategic Action Plan (March 2017)

<sup>7</sup> Orcas Island Community Foundation Social Services Summit (March 6, 2018)

<sup>8</sup> Community Foundation of San Juan Island: Community Needs Task Force Update (October 2016)

<sup>9</sup> A Home for Everyone: Whatcom County Plan to End Homelessness (Phase 4)

<sup>10</sup> Whatcom County Community Health Improvement Plan (CHIP) Progress Report 2016 – 2017 (February 2018 DRAFT)

<sup>11</sup> Opportunity Council Early Learning and Family Services (ELAFS) Community Needs Assessment 2017 - 2018

Goal Category	Island County	San Juan County	Whatcom County
School and Work Readiness		<p><b>San Juan Island Education Strategies</b></p> <ul style="list-style-type: none"> <li>• Campaign to better inform the community of public school funding/state mandates. Partner with SV Community College and San Juan Island Library to utilize combined resources.</li> <li>• Provide scholarships for the SV Community College, vocational and technology programs, and for incidental needs such as living expenses. Focus on those who did not take the usual route to college and need to balance employment with gaining additional skills.</li> <li>• Provide and direct scholarships to island students to provide alternative educational opportunities and choices.</li> </ul> <p><i>Source: CFSJI Task Force</i></p> <p><b>San Juan Island Early Childhood Strategies</b></p> <ul style="list-style-type: none"> <li>• Develop a directory of resources specifically for early childhood development.</li> <li>• Establish a home visit program to strengthen at-risk families and improve the lives of children. Make programs available to all families in need.</li> <li>• Implement programs that will address childhood behaviors, wellness, health and nutrition, such as Adverse Childhood Experiences (ACEs), Calm Yoga, and Mind Up.</li> <li>• Partner with organizations such as Friends and Neighbors and 4H to set up training for seniors who would be well suited and interested to volunteer as a foster grandparent.</li> <li>• Introduce educational programs into the classrooms that encourage student questions and inquisitiveness.</li> <li>• Increase information flow between the various pre-schools and the FHES with an eye towards a seamless transition for the child.</li> </ul> <p><i>Source: CFSJI Task Force</i></p>	<p><b>Generations Forward</b></p> <ul style="list-style-type: none"> <li>• Generations Forward infrastructure: Coordination and Leadership; Communication and Advocacy; Data and Monitoring; Community Outreach and Partnership Development; Parent/Family Engagement</li> <li>• Child Care Facilities: Accessible throughout county</li> <li>• Child Care Staffing: Recruitment, retention, training, reimbursement, well-being</li> <li>• Expanded Preschool/Pre-K Programs: Promise K, Jump Start, Head Start/ECEAP</li> <li>• Other Early Learning Initiatives: Kaleidoscope Play and Learn</li> <li>• Expanded After-School Offerings: Targeted areas in Bellingham, East County, etc.</li> <li>• Parenting Support: Perinatal Support: Peer connections, Baby Box program; Parent/Family Engagement: Triple P, Incredible Years, Vroom; Home Visiting/Intensive Parent Services: NFP, EHS, PAT, PCAP; and Foster Care/Dependency Care</li> </ul> <p><i>Source: Generations Forward<sup>12</sup></i></p> <p><b>Early Childhood Recommendations</b></p> <ul style="list-style-type: none"> <li>• The census tracts with the largest increases in population since the 2010 Census are in Ferndale and north Bellingham. Though ELAFS sites do serve these populations, they are not always geographically located near the high growth census tracts, such as the east of I-5 portion of Bellingham's urban growth area that stretches north toward Lynden.</li> </ul> <p><i>Source: ELAFS CNA Report</i></p>

<sup>12</sup> Generations Forward: Envisioning a Future Where All Whatcom County Children Thrive

Goal Category	Island County	San Juan County	Whatcom County
<b>Diversity, Equity and Inclusion</b>			<p><b>Whatcom County Equity strategies</b></p> <ul style="list-style-type: none"> <li>• Increase community awareness and understanding of equity issues</li> <li>• Increase organizational cultural competency and equity focus</li> <li>• Engage and support individuals and communities experiencing inequities and high levels of trauma and stress</li> </ul> <p><i>Source: Whatcom CHIP</i></p> <p><b>Early Childhood Recommendations</b></p> <ul style="list-style-type: none"> <li>• As the County minority populations continue to grow, the need for bilingual teachers and cultural competency training will increase.</li> </ul> <p><i>Source: ELAFS CNA Report</i></p>
<b>Financial Stability</b>		<p><b>Orcas Island Financial Stability Needs</b></p> <ul style="list-style-type: none"> <li>• Dream Builders for all kids</li> <li>• Childcare, especially evening and weekend childcare</li> <li>• Financial planning</li> <li>• Job placement assistance for under-employed that don't qualify for disability</li> <li>• SSDI application assistance</li> </ul> <p><i>Source: OICF SSS</i></p>	<p><b>Generations Forward</b></p> <ul style="list-style-type: none"> <li>• Family economic mobility initiatives: Financial Mentoring Programs: Project X-it, Mobility Mentoring; Direct Financial Assistance: Housing, child care, savings accounts</li> </ul> <p><i>Source: Generations Forward</i></p> <p><b>Early Childhood Recommendations</b></p> <ul style="list-style-type: none"> <li>• Lack of living wage jobs, and affordable housing mean a financial hardship is likely to become a financial crisis. Through programs such as Project X-it and the implementation of Mobility Mentoring practices, ELAFS can help families build their financial resiliency in order to weather these crises.</li> </ul> <p><i>Source: ELAFS CNA Report</i></p> <p><b>Early Childhood Recommendations</b></p> <ul style="list-style-type: none"> <li>• The current inadequate supply of licensed child care throughout ELAFS's service area imposes a burden on families of low-income, especially when the Head Start or ECEAP programming is part-day. The Department's survey of currently enrolled families showed a much stronger need and preference for full or extended day program models over part-day options.</li> </ul> <p><i>Source: ELAFS CNA Report</i></p>



Goal Category	Island County	San Juan County	Whatcom County
Whole Person Health	<p><b>Island County Community Health Strategies</b></p> <ul style="list-style-type: none"> <li>Promote education and engagement for patient health planning.</li> <li>Strengthen collaboration and coordination of patient care between providers and agencies.</li> <li>Expand availability of health care services, especially for those at greatest risk (i.e. vulnerable populations).</li> <li>Educate the public about the signs and symptoms of depression and suicide and inform them about the resources available for those at risk.</li> <li>Reduce the likelihood and/or impact of interpersonal abuse among residents of Island County.</li> </ul> <p><i>Vision 2020</i></p> <p><b>Island County Substance Use Disorder Strategies</b></p> <ul style="list-style-type: none"> <li>Improved county and regional data collection systems for the monitoring and evaluation of substance use disorder is needed.</li> <li>Programs to incentivize employment in Island County, and to license existing Island County mental health and social work professionals should be explored.</li> <li>Crisis intervention and detoxification resources are needed services, currently inadequately available to Island County residents.</li> <li>The lack of crisis support services, SUD treatment, and recovery support services are primary areas of concern.</li> <li>Transportation access, due to the limited availability of treatment provision in many areas, is a significant barrier.</li> </ul> <p><i>Island County SUDS<sup>13</sup></i></p>	<p><b>Orcas Island Health Strategies</b></p> <ul style="list-style-type: none"> <li>Case coordination/case management funding</li> <li>Access to behavioral health/SUD services</li> <li>Medication management</li> <li>Senior meals or meals on wheels 5-days-a-week</li> <li>Vendors (contractors) for Medicaid transformation services</li> <li>In-home health care provider co-op as a vendor for copes, etc. on island</li> </ul> <p><i>Source: OICF SSS</i></p> <p><b>San Juan Island Food Security Needs</b></p> <ul style="list-style-type: none"> <li>Build a community kitchen</li> <li>Establish a cold storage facility to act as a hub for distribution of local food</li> <li>Form partnerships for school gardens.</li> <li>Expanded use and access to green houses and hoop houses to extend the growing season</li> <li>Subsidies to low income individuals, families and seniors to enable the purchase local food.</li> </ul> <p><i>Source: CFSJI Task Force</i></p> <p><b>PeaceHealth Community Health Needs</b></p> <ul style="list-style-type: none"> <li><b>Care Coordination for complex patients:</b> Community Paramedicine; Outreach service for people with serious illness or needing post-acute home visiting; Develop an on-line Resource Guide</li> <li><b>Maternal Child Health and Development:</b> Increase rate of childhood immunizations; Integrate ACEs screening and resiliency work into primary care BH programming; Expand home visitor and parenting skills programming</li> <li><b>Behavioral Health;</b> Develop and implement an Improvement Plan to increase coordination between Compass Health, PIMC, EMS and criminal justice; Establish ED tele-psych service</li> </ul> <p><i>Source: PeaceHealth CHNA<sup>14</sup></i></p>	<p><b>Supporting Young Children and Families</b></p> <ul style="list-style-type: none"> <li>Build momentum for collective action</li> <li>Increase parent and community engagement</li> <li>Increase services and supports for young children and families</li> <li>Increase policy and system change to meet child and family needs</li> </ul> <p><b>Integrating Health into Community Planning</b></p> <ul style="list-style-type: none"> <li>Increase focus on health in community design and planning</li> <li>Increase access to healthy food in East Whatcom County</li> <li>Increase access to safe walking and biking facilities in East Whatcom County</li> </ul> <p><b>Addressing Complex Health Needs</b></p> <ul style="list-style-type: none"> <li>Increase capacity of health care system to support vulnerable populations and people with complex needs</li> <li>Increase early identification and intervention for children with health and developmental needs</li> <li>Increase coordinated support for adults with complex health and social needs</li> </ul> <p><b>Responding to the Opiate Crisis</b></p> <ul style="list-style-type: none"> <li>Coordinate opiate response strategies and increase public awareness</li> <li>Decrease prescription opiate misuse</li> <li>Prevent overdose deaths</li> <li>Increase access to opiate treatment and harm reduction</li> </ul> <p><i>Source: Whatcom CHIP</i></p>

<sup>13</sup> Island County Substance Use Disorder Services, 2016 Needs Assessment

<sup>14</sup> PeaceHealth, Peace Island Medical Center Community Health Needs Assessment 2016

## **APPENDIX A: RESEARCH METHODS**

Opportunity Council's consultant - Applied Research Northwest - guided the Prosperity Project survey design, data collection, data processing, data analysis and report writing. Our agency is grateful for the help of ARN staff, Pamela Jull and Rachel Williams, in making this report possible.

The 2018 Prosperity Project repeated the methodology employed in both 2011 and 2015, with minor refinements.

Stakeholders first reviewed the survey questions from 2015 with the goal of reducing the number of items, with the intention of decreasing the respondent burden for participation. The final 2017 instrument contained 64 questions covering food, housing, health, services, employment, income, as well as basic demographics.

The paper and pen survey was administered to as many unduplicated households as possible from social and health service sites throughout the three-county region (see Table RM.1). In all, 28 agencies and organizations participated in the data collection from October to December of 2017.

Overall, 854 households completed the survey. These households included an estimated total of 1,929 persons.

**Table RM.1. Agencies and programs that participated in the Prosperity Project survey**

County	Participating program	Number of completed surveys	% of total
Island	Early Childhood Education and Assistance Program	5	1%
	Good Cheer Food Bank & Thrift	48	6%
	Helping Hand of South Whidbey	2	0%
	Opportunity Council - Island	35	4%
	South Whidbey Family Resource Center	3	0%
San Juan	Friday Harbor Elementary School	1	0%
	Friday Harbor Food Bank	30	4%
	San Juan Island Library	6	1%
	Lopez Island Family Resource Center	11	1%
	Mullis Community Senior Center	17	2%
	OPAL Community Land Trust	17	2%
	Orcas Island Food Bank	22	3%
	Orcas Community Resource Center	32	4%
	Orcas Senior Center	2	0%
	San Juan Island Family Resource Center	25	3%
	Weekend Packs for Kids	3	0%
	WIC/San Juan County Health Department	36	4%
Whatcom	Bellingham Food Bank	73	9%
	Department of Health and Social Services	96	11%
	Ferndale Community Resource Center	11	1%
	Foothills Food Bank	7	1%
	Opportunity Council – Conservation Education Program	16	2%
	Opportunity Council – Community Services	158	19%
	Opportunity Council – East Whatcom Regional Resource Center	49	6%
	Opportunity Council – Early Learning and Family Services	138	16%
	Whatcom Community College – Basic Food Employment & Training	11	1%
Three-county region		854	100%

## APPENDIX B: SURVEY

# San Juan County Prosperity Project 2017



## WHAT DO YOU THINK?

### A survey about ways to support everyone in San Juan County

The San Juan County Prosperity Project wants to find ways to help everyone in our community be successful in their lives. We hope you will take this survey and fill it out completely. As thanks for your help, **we will enter you in a raffle for VISA gift cards (\$100, \$50 and \$25 prizes).**

The questions take about 10-15 minutes to answer and your answers are confidential.

Thanks for your help!

Questions? Please contact Javier Flores, Opportunity Council: (360) 734-8396 ext 381.

## FOOD & HOUSING

1. Including yourself, how many people are in your household? \_\_\_\_\_
2. Which best describes your current home? *(CHECK ONLY ONE)*
  - ☐ Rental housing
  - ☐ Owner-occupied housing
  - ☐ Sharing a home with another household
  - ☐ Transitional or emergency shelter
  - ☐ I am homeless
3. In the last 12 months, have you or anyone in your home gone hungry because you were not able to get enough food?
  - ☐ Yes
  - ☐ No
  - ☐ Don't know
4. In the last 12 months, did you ever skip or cut the size of your meals because there wasn't enough money for food?
  - ☐ Yes
  - ☐ No
  - ☐ Don't know
5. In the last 12 months, have you or anyone in your home used any food assistance services such as food stamps, food banks, or any other program that helps with food or food costs?
  - ☐ Yes → PLEASE ANSWER #6
  - ☐ No → PLEASE SKIP TO #7
  - ☐ Don't know → PLEASE SKIP TO #7
6. IF YES: Here is a list of food services. Check any that your household used in the last 12 months? *(CHECK ALL THAT APPLY)*
  - ☐ Food Banks
  - ☐ Food Stamps
  - ☐ Senior Center Meals
  - ☐ Meals on Wheels
  - ☐ Churches
  - ☐ Free hot meal programs
  - ☐ Reduced price meals at school
  - ☐ WIC
  - ☐ Other (PLEASE DESCRIBE) \_\_\_\_\_
  - ☐ Don't know

## YOUR HEALTH

**7. Would you say that in general your health is...? (CHECK ONLY ONE)**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**8. When you need advice or information about your health, where do you usually go? (CHECK ALL THAT APPLY)**

- ☐ A doctor or health professional
- ☐ Family
- ☐ Friends
- ☐ Pharmacist
- ☐ Social service agency
- ☐ Hospital
- ☐ The internet
- ☐ Church or church group
- ☐ Other place (PLEASE DESCRIBE) \_\_\_\_\_

**9. Was there a time during the past 12 months when you needed medical, dental, mental health care, or prescription medication but did not get it?**

- ☐ Yes → PLEASE ANSWER 10 below
- ☐ No → PLEASE GO TO PAGE 4
- ☐ Don't know → PLEASE GO TO PAGE 4

**10. If YES, for each type of care, what are the main reasons you did not get the care or medication you needed? (CHECK ALL THAT APPLY)**

	Medical	Dental	Mental health	Prescriptions
A. Costs too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Office wasn't open when I could get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Too many days to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. No way to get to appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Nervous or fearful of the experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Didn't know where to go for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Too many other things I need to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Could not get child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. Other reasons (PLEASE DESCRIBE):

\_\_\_\_\_

## SERVICES

The following questions will help us find out which of the following services are the most important to you?

11. On a scale of 1 to 5, how important is this service to your household now? Use 1 for “not important” and 5 for “extremely important”

PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE OR CHECK “Don’t know”

	Not important			Extremely important	
a. Housing help (help keeping rent low enough to afford)	1	2	3	4	5
b. Childcare I can afford	1	2	3	4	5
c. Basic Education/English (ESL)/GED	1	2	3	4	5
d. Legal help	1	2	3	4	5
e. Food (help getting enough food)	1	2	3	4	5
f. Transportation that meets my needs	1	2	3	4	5
g. Affordable medical care	1	2	3	4	5
h. Affordable dental care	1	2	3	4	5
i. Living wage jobs	1	2	3	4	5
j. Help with heating & electric bills	1	2	3	4	5
k. Mental health services or family counseling	1	2	3	4	5
l. Domestic violence shelter and/or counseling services	1	2	3	4	5
m. Drug/alcohol treatment & counseling	1	2	3	4	5
n. Help with life skills (such as budgeting, preparing meals, time management, etc.)	1	2	3	4	5

PLEASE GO ON TO THE NEXT PAGE



12. Next we would like to know how easy it is to access these services. On a scale of 1 to 5, how easy is it for your household to locate and receive these services? Use 1 for “very hard to get” and 5 for “very easy to get”

PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE OR CHECK “Don’t know”

	Very hard to get ----- Very easy to get						
a. Housing help (help keeping rent low enough to afford)	1	2	3	4	5	or <input type="checkbox"/> Don't know	
b. Childcare I can afford	1	2	3	4	5	or <input type="checkbox"/> Don't know	
c. Basic Education/English (ESL)/GED	1	2	3	4	5	or <input type="checkbox"/> Don't know	
d. Legal help	1	2	3	4	5	or <input type="checkbox"/> Don't know	
e. Food (help getting enough food)	1	2	3	4	5	or <input type="checkbox"/> Don't know	
f. Transportation that meets my needs	1	2	3	4	5	or <input type="checkbox"/> Don't know	
g. Affordable medical care	1	2	3	4	5	or <input type="checkbox"/> Don't know	
h. Affordable dental care	1	2	3	4	5	or <input type="checkbox"/> Don't know	
i. Living wage jobs	1	2	3	4	5	or <input type="checkbox"/> Don't know	
j. Help with heating & electric bills	1	2	3	4	5	or <input type="checkbox"/> Don't know	
k. Mental health services or family counseling	1	2	3	4	5	or <input type="checkbox"/> Don't know	
l. Domestic violence shelter and/or counseling services	1	2	3	4	5	or <input type="checkbox"/> Don't know	
m. Drug/alcohol treatment & counseling	1	2	3	4	5	or <input type="checkbox"/> Don't know	
n. Help with life skills (such as budgeting, preparing meals, time management, etc.)	1	2	3	4	5	or <input type="checkbox"/> Don't know	

## EMPLOYMENT AND INCOME

**13. Has getting or keeping a good job been hard for you or anyone in your home in the past 12 months?**

- ☐ Yes→PLEASE ANSWER #14  
☐ No→PLEASE SKIP TO #15  
☐ Don't know→PLEASE SKIP TO #15

**14. If YES, what's been hard about getting or keeping a good job? (CHECK ALL THAT APPLY)**

- ☐ Not enough jobs available  
☐ Not the right job skills  
☐ Don't know how to search for a job effectively  
☐ No tools, clothing, or equipment for the job  
☐ No transportation  
☐ No childcare  
☐ No regular place to sleep at night  
☐ No telephone  
☐ A criminal record  
☐ Language barriers  
☐ Physical or mental disability  
☐ Other (please describe) \_\_\_\_\_  
☐ Don't know

**15. About how often did each of the following things happen to you during the last 12 months?**

	Did not happen	Happened once	Happened a few times	Happened frequently
a. Fell behind in paying rent or mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pressured to pay bills by stores, creditors, or bill collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Car, household appliances, or furniture repossessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pawned or sold-off valuables to make ends meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Used a payday loan service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Borrowed money from friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had utilities (water, heat, or electricity) shut off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Had gambling losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Which of the following situations apply to you or your household? (CHECK ALL THAT APPLY)

- ☐ Have debt from medical or dental expenses
- ☐ Received credit or budget counseling
- ☐ Declared personal bankruptcy
- ☐ Have built up too much credit card debt
- ☐ Have debt that is hard to manage because of payday loans
- ☐ Have fines or legal fees that are hard to pay off
- ☐ Can't save for unexpected expenses
- ☐ None of the above

17. In the last 12 months, what was your average estimated total MONTHLY household income from all sources?

Dollars per MONTH     \$ \_\_\_\_\_

☐ Don't know

18. Where do you live now?                      CITY \_\_\_\_\_ STATE \_\_\_\_\_

19. INCLUDING YOURSELF, how many persons in your household are...?

0-5 years old \_\_\_\_ 6-17 years old \_\_\_\_ 18-59 years old \_\_\_\_ 60+ years old \_\_\_\_

20. How long have you lived in San Juan County? (IF LESS THAN ONE YEAR, WRITE "<1")  
\_\_\_\_\_ YEARS

21. What is your sex?                      ☐ Male                      ☐ Female                      ☐ Transgender

22. What is your age?                      \_\_\_\_\_ YEARS OLD

23. Which best describes your race and ethnicity? (CHECK ALL THAT APPLY)

- ☐ African American or Black
- ☐ Asian
- ☐ Caucasian or White
- ☐ Hispanic or Latino
- ☐ Native American or Alaskan Native
- ☐ Native Hawaiian / Pacific Islander
- ☐ Other (Specify) \_\_\_\_\_

21. What language do you usually speak in your home? (CHECK ONLY ONE)

- ☐ English
- ☐ Spanish
- ☐ Russian or Ukrainian
- ☐ Other (Specify) \_\_\_\_\_

**22. Have you or anyone in your home served in the military?**

- ☐ Yes  
☐ No  
☐ Don't know

**23. What is the highest level of education you have completed? (CHECK ONLY ONE)**

- ☐ Less than high school diploma  
☐ High school graduate  
☐ GED or high school equivalency  
☐ Vocational or trade school    ☐ Some college (or still in college)  
☐ Two-year degree  
☐ Four-year degree  
☐ Graduate degree (MS, MA, PhD, JD, MD, etc.)

----- RAFFLE ENTRY FORM BELOW -----

As thanks for your help, we would like to enter you in a drawing for a VISA gift card worth up to \$100. To be eligible for this drawing, you must write your first name, phone number and/or address on this page so that we can enter you in the drawing and so that we know how to contact you.

You must have completed this survey form to be eligible for the drawing. The drawing will take place in December 2017.

Your first name or initials \_\_\_\_\_

Your phone number \_\_\_\_\_

OR (we need a contact phone number or mailing address to tell you if you win)

Your mailing address (below) so we can contact you if you win a cash prize:

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation. Your answers are very helpful.

If you have any questions, please contact Javier Flores, Opportunity Council: (360) 734-8396 ext 381.