



Community Needs Assessment for the Community Action Partnership of Scott, Carver & Dakota Counties

Summary of Key Findings

D E C E M B E R 2 0 1 5

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Introduction

The Community Action Partnership of Scott, Carver, Dakota Counties (SCD-CAP) is a private, locally run nonprofit with offices in Shakopee, Chaska, and Rosemount, dedicated to bringing together resources to reduce poverty. The CAP Agency works in five key areas of focus, 1) Crisis Interventions, 2) Educational Services, 3) Food and Nutrition, 4) Safe and Stable Housing, and 5) Community Outreach.

In addition to the main offices, SCD-CAP Agency currently operates 14 Head Start classrooms and 18 Senior Nutrition dining sites in the three counties. Programming and resources provided by SCD-CAP include housing services, such as transitional housing and homeless prevention programs, as well as tenant education, and assistance with utility costs and energy conservation. Case workers for SCD-CAP's programs help families strategize how to meet client transportation needs and financial needs through planning and budgeting. Health services are offered through SCD-CAP's early childhood programming where families can get assistance accessing dental care, medical assistance, mental health services, and help with prescriptions. To assist clients in achieving employment SCD-CAP offers help with resume writing, applying for jobs, and exploring higher education. To help meet the basic needs of clients, SCD-CAP operates a thrift shop and offers school supplies, holiday gifts, and emergency service funds through their programming. SCD-CAP operates a food shelf among other food and nutrition-related programming. Additionally, child care services for families are provided through programs like Child Care Aware and Crisis Nursery.

SCD-CAP is required to conduct a community needs assessment every three years as a part of federal funding. In 2015, Wilder Research was contracted by SCD-CAP to conduct this assessment.

This summary report provides the key findings from the assessment that was conducted by Wilder Research on behalf of SCD-CAP in summer and fall 2015.

Study methods and participants

To engage the target population directly, Wilder Research conducted a survey of current SCD-CAP program participants. The survey was also made available to other low-income residents of Scott, Carver, and Dakota counties who are not SCD-CAP program participants. The 26-question survey asked about the primary needs of adults and children in participants' households. Additionally, the survey asked about participants' current use of SCD-CAP's social service programs, as well as challenges related to meeting their household's basic needs. **A total of 693 SCD-CAP participants completed the representative mailed survey, for a 35 percent response rate.** In addition, 24 individuals (who may or may not be SCD-CAP participants) completed the web survey. See Figure 1 for more information about SCD-CAP participants and survey respondents by program. See Figure 2 for a map showing the location of survey respondents across the three-county area.

1. Survey respondents

	Total number of SCD-CAP participants*	Number sampled**	Number who completed the survey**	Response rate
Chore	190	170	74	44%
Community Projects	2740	115	27	23%
Energy Assistance	20598	1236	518	42%
Emergency Services	668	254	54	21%
Food Shelf	7873	304	89	29%
Head Start	476	369	96	26%
MN Zoo Tickets	Unknown	88	24	27%
Senior Nutrition	1035	85	37	44%
SNAP	710	160	43	27%
Dakota Healthy Families	45	25	12	48%
Crisis Nursery	84	36	9	25%
Total	36,745	1,976	693	35%

*The total for the number of SCD-CAP participants is more than the sum of participants by program because not all SCD-CAP programs are listed. The total is the number of individuals served across all programs in 2014.

**The total for the number who were sampled from each program and the total for the number who completed the survey is less than the sum of participants by program because some respondents are participants of more than one program.

Of the 693 survey participants, the majority receive Energy Assistance. The total number of participants is less than the sum of participants for each program as survey respondents may be a participant of more than one SCD-CAP program (A list of program areas from Figure 1 are grouped into like programs for Figure 3 and all of the tables in the Data Book.) Three-quarters (74%) of participants who were surveyed are white, and 86 percent speak English at home. Half (49%) are households without children, about one-third (30%) are in partnered-parent households, and about one-quarter (22%) are in single-parent households.

Half (52%) have household incomes under \$15,000. Over half (57%) of respondents live in Dakota County. See Figure 3.

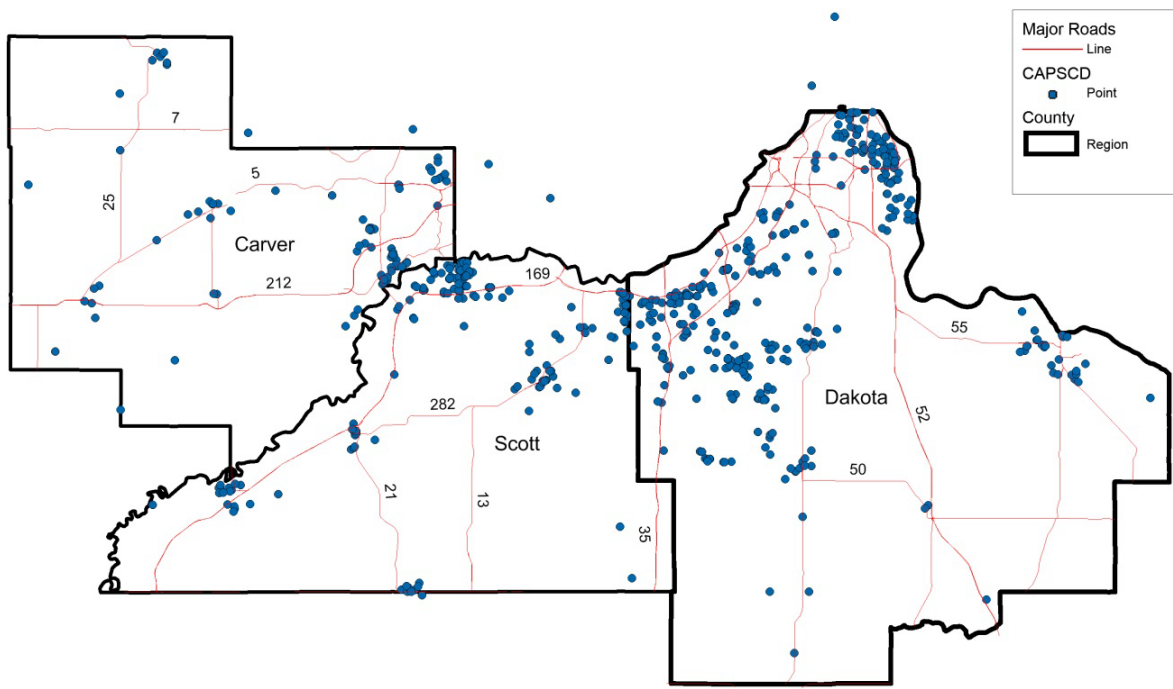
In addition to the survey, three other strategies were used to collect data to determine gaps in services for low-income residents in Scott, Carver, and Dakota counties. The first was a demographic overview of the area. Available data from the U.S. Census Bureau and other sources were used to document the characteristics of, and areas of need for, the population of interest. These data included unemployment rates, crime rates, housing data, educational attainment, and other similar data.

Second, we completed a field scan of organizations that provide services to people who are low-income in Scott, Carver, and Dakota counties, and we conducted key informant interviews with 29 representatives from the sample of identified organizations. These interviews reveal the perceived top needs of people who are low-income as well as assets and opportunities for potential partnerships for SCD-CAP. Detailed findings are discussed further in this summary report.

Lastly, Wilder Research conducted a study review to identify existing data regarding gaps in services for low-income populations and for specific subgroups. When triangulated with the survey data, these data give a comprehensive description of the greatest needs and gaps in services for people who are low-income in Scott, Carver, and Dakota counties.

A more detailed description of the methods used and detailed data can be found in the Community Action Partnership of Scott, Carver, and Dakota Counties Community Needs Assessment Data Book.

2. Location of survey participants throughout SCD-CAP's service area



3. SCD-CAP survey sample and respondents (demographic data do not include web survey respondents)

Characteristics	N	%
All Community Action participants (total survey respondents)	693	100%
Energy Assistance & Energy Conservation	553	80%
Senior Dining & Chore	94	14%
Housing	109	16%
Head Start, Early Head Start, Child Care Aware, & Crisis Nursery	139	20%
SNAP, Food Shelf, WIC, & Dakota Healthy Families	524	76%
Opt-in web survey respondents	24	--
Race/Ethnicity (N=688)		
Black / African American (including Somali, Oromo, and other African native)	102	15%
American Indian or Native American	28	4%
Asian American or Asian (including SE Asian and Pacific Islander)	23	3%
Hispanic / Latino	57	8%
White	511	74%
Home language (N=686)		
English	588	86%
Spanish	37	5%
Other language	61	9%
Household type (N=680)		
No children	330	49%
Single parent, 1+ children	148	22%
Partnered parent, 1+ children	202	30%
Poverty status (approximated)* (N=656)		
Less than 100% of poverty line	335	51%
100% to less than 125% of poverty line	167	26%
125% to 200% of poverty line	134	20%
Above 200% of the poverty line	20	3%
County participant lives in (N=693)		
Carver County	112	16%
Dakota County	396	57%
Scott County	174	25%

* Poverty levels have been approximated based on number of household occupants and the following income categories: less than \$10,000; \$10,000 to under \$15,000; \$15,000 to under \$20,000; \$20,000 to under \$25,000; \$25,000 to under \$30,000; \$30,000 to under \$40,000; \$40,000 to under \$50,000; \$50,000 to under \$75,000; \$75,000 or more.

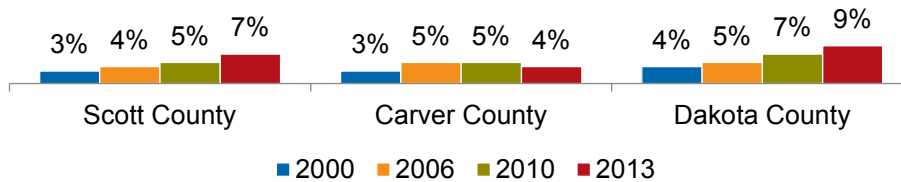
Greatest needs of low-income population in Scott, Carver, and Dakota counties

The data described in this summary report are key findings based on survey data; however, relevant findings from the field scan and demographic overview are also included to provide a more in-depth understanding of the needs of people who are low-income in Scott, Carver, and Dakota counties and to reveal any discrepancies between survey respondents' and service providers' understanding of the greatest needs. Additionally, information included from the review of other studies assists in further linking greatest needs and gaps in services for specific populations. The greatest needs are discussed in detail on subsequent pages.

Poverty trends

Since 2000, the percentage of residents living in poverty has increased in Scott, Carver, and Dakota counties. See Figure 4.

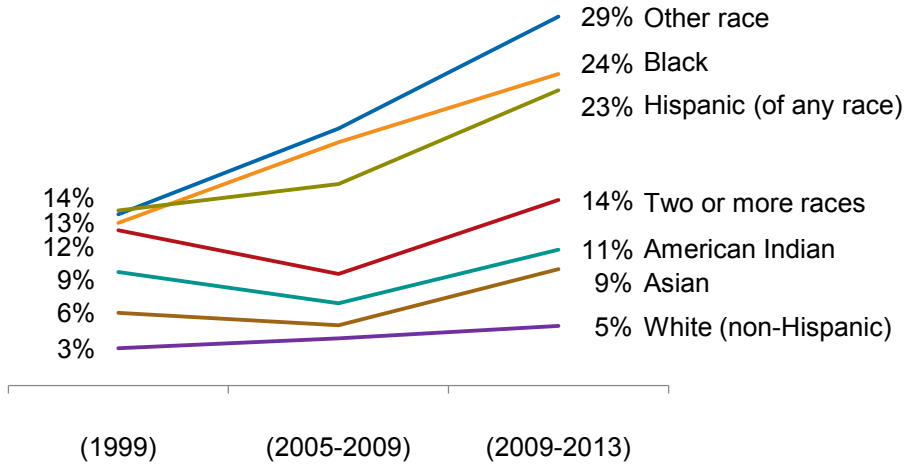
4. Poverty rates



Source: U.S. Census Bureau. Decennial Census and American Community Survey 2009-2013 5-year data. Retrieved from <http://factfinder.census.gov/>

The poverty rate for people of color has increased significantly over time compared with the poverty rate for the white population in these three counties. See Figure 5.

5. Poverty rate by race in all three counties

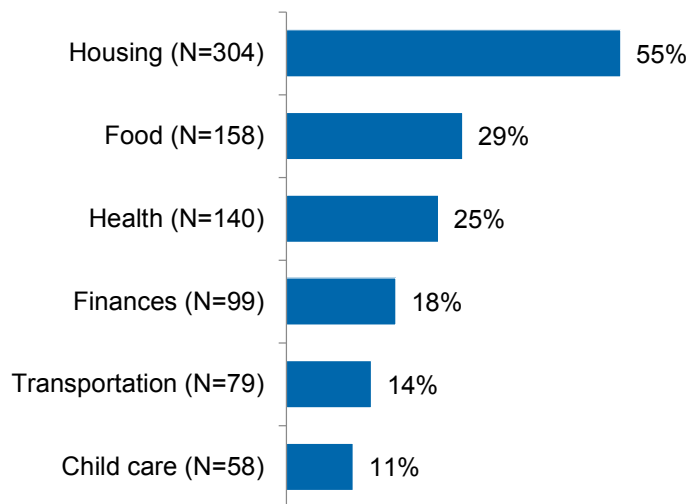


Source: U.S. Census Bureau. Decennial Census and American Community Survey 2009-2013 5-year data. Retrieved from <http://factfinder.census.gov/>

Respondents' greatest needs

In this report, the prioritization of the greatest needs of low-income people in Scott, Carver, and Dakota counties was primarily determined through an open-ended question on the participant survey, where respondents were asked to describe in their own words, the things that would do the most to meet the needs of the people in their household. Responses to these questions are illustrated in Figure 6.

6. What are the top two or three things that would most help meet the needs of people in your household?



Responses from interviews with leaders from organizations serving low-income populations in these counties aligned partially with the data from the participant survey. The top four needs for adults identified in the key informant interviews were: **transportation, housing, employment, and food**. Note that while transportation, housing, and food were included in the top needs identified through responses to the participant survey, employment was not.

The needs listed below are listed in order of most frequently mentioned type of need and then by specific subgroup most frequently mentioned within that type.

Housing-related needs include:

- Energy assistance – financial assistance to maintain utility services
- Financial assistance with housing – loans to buy a house, rental assistance, property tax assistance, and help finding affordable housing
- Help with household upkeep – chores, cleaning or repairs, improvements, and other non-financial assistance
- Energy conservation – home repairs and improvements related to temperature control (weatherization, HVAC, insulation, etc.)
- Finding suitable housing that is the appropriate size, has adequate space, in a location that is convenient for household members, and/or handicap accessible

Food-related needs include:

- Food assistance – financial assistance to pay for groceries
- Access to healthy/nutritious food

Health-related needs include:

- Dental care
- Health insurance, including assistance with health insurance challenges related to obtaining and maintaining insurance and affordable health care or help paying for medical expenses
- Medical assistance – financial assistance to low-income households to pay for medical costs
- Medical care and services, including in-home care and assistance

- Eye/vision care
- Mental health care, including therapy, psychology, and counseling
- Access to medical supplies, medications, and medical devices

Finance-related needs include:

- Financial or economic assistance, including cash and other benefits, such as social security and disability benefits
- Assistance with budgeting, managing, and/or saving money
- Help to reduce debt, repair credit, and access credit

Transportation-related needs include:

- Help with services and costs associated with car ownership, public transit, and other transportation services

Child care-related needs include:

- Access to child care
- Appropriate child care, including high quality child care, more conveniently located, available when needed, and able to meet special needs

Services to meet the greatest needs

An analysis of organizations that serve people who are low-income in SCD-CAP's service area revealed that the most common services provided align with some of the top needs identified from the survey results. Of 117 community organizations or agencies identified who serve low-income people in Scott, Carver, and/or Dakota counties, the most common types of services provided were related to employment (16%), housing (15%), food (14%), health care (13%), and utilities (9%). A few organizations provide services related to transportation, alcohol abuse or chemical dependency, and financial services.

Greatest Need #1: Housing

When asked about what would help most to meet the needs of people in the household the greatest proportion (55%) of survey respondents mentioned needs related to housing.

Nearly two-thirds (62%) of survey participants are renters and over one-third (36%) are homeowners. However, single-parent households are much less likely to be homeowners (20%). Most survey participants live in an apartment (34%), condominium (26%), or single family home (28%). In Scott, Carver, and Dakota counties, about one-third of *all households* are paying 30 percent or more of their income for housing (29% in Scott County, 30% in Carver County, and 30% in Dakota County), and **nearly three-quarters of all low-income households are paying 30 percent or more of their income for housing** (73% in Scott County, 71% in Carver County, and 79% in Dakota County).¹

SCD-CAP offers services for low-income residents related to housing: 1) transitional housing programs, 2) family and singles homeless prevention, 3) youth homeless prevention and housing services, 4) helping to prevent eviction, 5) helping clients get housing when they have a criminal record, 6) educating clients about how to be a good tenant, and 7) assistance paying for utilities and home energy crisis situations.

The availability of affordable housing is extremely limited. There are now only 29 affordable and available housing units in Scott County, 28 units in Carver County, and 24 units in Dakota County for every 100 extremely low-income renters. Without paying more the 30 percent of one's income for housing, a person earning minimum wage would have to work 85 hours per week to afford the \$996 fair market rent for a 2-bedroom apartment.²

When asked specifically about access to safe and affordable housing nearly one-third (30%) of respondents said it is a problem for their household. Residents of Scott County were more likely than residents of Dakota and Carver counties to say that access to safe and affordable housing is a problem. Overall, 12 percent of respondents said it is a *big* problem. A greater proportion of single-parent households (19%) compared with other household types said it is a *big* problem for their household. Partnered-parent households (24%) were more likely than other household types to say it is a *small* problem for their household. One-quarter of all African American (including Somali, Oromo, and other African natives, 25%) and American Indian (23%) respondents, said it is a *big* problem for their household.

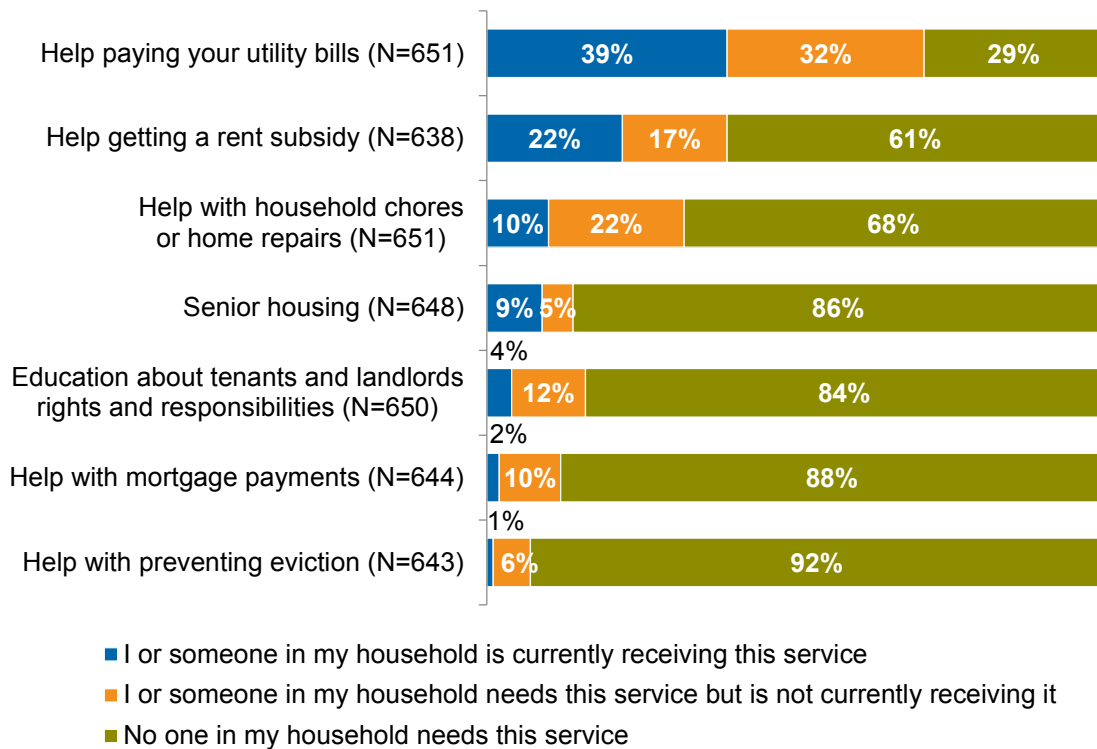
¹ U.S. Census Bureau. *Decennial Census and American Community Survey 2009-2013 5-year data*. Retrieved from <http://factfinder.census.gov/>

² Minnesota Housing Partnership. (2015). *2015 county profiles—A place to call home*. Retrieved from <http://www.mhponline.org/publications/county-profiles/2015>

Participants need help paying for rent and utilities

The housing-related needs most frequently mentioned by survey respondents include energy assistance (which is not surprising since 80% of survey respondents are Energy Assistance program participants) and financial assistance with getting and maintaining housing. These needs also rose to the top when respondents were asked if they or anyone in their household needs or currently receives a range of housing-related services. See Figure 7.

7. Housing-related services and needs



Housing was also the top need of low-income households in the area identified through interviews with nonprofit leaders.

You have to live way, way out in the rural community to find something affordable, [but] then transportation becomes a bigger issue. – A nonprofit leader in the area

There's support for affordable housing on the government side of things. Whether or not there's community support...Carver County had a run-in earlier this year, trying to get an affordable housing development passed. I think that's more of a challenge than anything. There's always that quotient of people who don't think that the government should be providing these services. – A nonprofit leader in the area

The thing we see are long waiting lists. And the deep subsidy programs like Section 8, housing choice voucher – those waiting lists are closed for years on end. – A nonprofit leader in the area

Housing-related needs vary for different subgroups within the low-income population

- There are differences in services received and services needed across household type.
 - Households without children were most likely to be receiving utility assistance (47%) compared with 34 percent of single-parent households and 27 percent of partnered-parent households.
 - Households without children (26%) and single-parents households (24%) were also more likely to be receiving help getting rent subsidies compared with 11 percent of partnered-parent households. Households with children were more likely to say they need these services, but are not receiving them (21% of single-parent households and 25% of partnered-parent households) than households without children (13%).
 - Households without children were more likely to be receiving chore services (19%) compared with households with children (1% of single-parent households and 4% of partnered-parent households). However, about 1 in 5 participants from both household types (with and without children) say they need this service, but are not receiving it.
 - Households with children (10% of single-parent households and 16% of partnered-parent households) were more likely than households without children (7%) to say they need help with mortgage payments, but are not receiving it.
- One-third (32%) of all participants said they need help paying utility bills, but are not receiving this service. A greater proportion of African Americans (including Somali, Oromo, and other African natives, 44%) and American Indians (43%) said that paying utility bills was a service they need, but are not currently receiving. American Indians are also more likely to need help with preventing eviction.
- Respondents whose household incomes are above 200% of the poverty line are more likely than other household types to need help with mortgage payments.

Services available for people experiencing homelessness are inadequate

In 2012, Wilder's Homelessness Study counted 101 individuals who were homeless in Scott and Carver counties and 328 individuals who were homeless in Dakota County. In Scott and Carver counties, children made up nearly one-quarter (27%) of the number of homeless people counted, in Dakota County children made up nearly half (46%).³

Lack of shelter for people experiencing homelessness, specifically, was one of the top five needs that arose during interviews with nonprofit leaders.

We have a very low vacancy rate and very high rents. We really struggle with housing the homeless population in Dakota County. – A nonprofit leader in the area

We don't have the best homeless shelters available; we only have two. We don't really have a good network as far as referring people. – A nonprofit leader from the area

They need to build some shelters. We need more. We need more beds. That really needs to be done... – A nonprofit leader in the area

Four percent of all survey participants, and 6 percent of single-parent households, said they have experienced homelessness in the last 12 months. Nearly one-quarter (23%, or 7 out of 30) of American Indian respondents indicated having been homeless in the last 12 months. Of the participants who have experienced homelessness in the last 12 months, 67 percent were without housing for more than three months.

Participants need help with household upkeep

Energy assistance and financial assistance were not the only housing-related needs mentioned when asked what would help most to meet the needs of people in the household. Respondents also said that help with household upkeep, such as assistance with chores, cleaning, and home repairs would help most.

Senior Dining and Chore program participants were the most likely to be receiving these services. On the other hand, Energy Assistance and Energy Conservation program participants and SNAP, Food Shelf, WIC, and Dakota Healthy Families program participants were most likely to say they need these services, but are not receiving them.

Greatest Need #2: Food

³ Wilder Research. (2013). Homelessness in Minnesota: Findings from the 2012 statewide homeless study. Retrieved from <http://www.wilder.org/Wilder-Research/Research-Areas/Homelessness/Pages/Statewide-Homeless-Study-Most-Recent-Results.aspx>

When asked about what would help the most to meet the needs of people in the household, the second most commonly mentioned need, listed by 29 percent of respondents, was related to food, including food assistance and access to healthy food.

Food assistance/SNAP is needed and relied upon by many participants

About one-third of households in poverty in Scott, Carver, and Dakota counties received assistance from the Supplemental Nutrition Program (SNAP) in 2013 (31% in Scott and Dakota counties and 33% in Carver County).⁴ Of all survey participants, over half (52%) receive food stamps/SNAP. Other than Energy Assistance, SNAP, the food shelf, and WIC are the programs that have the greatest proportion of survey respondents as participants.

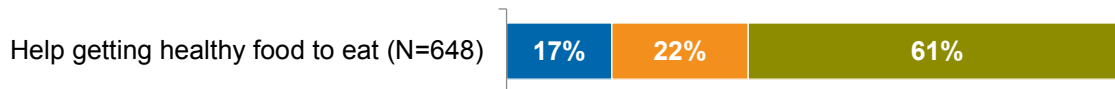
Although satisfaction with these programs is, overall, very high, these programs were given the lowest ratings of all SCD-CAP programs by participants in terms of their satisfaction. The expressed dissatisfaction may be attributed to generally unmet food-related needs.

SCD-CAP operates a food shelf in Scott County, has a smaller food pantry in Dakota County, and works collaboratively with a food shelf in Carver County. SCD-CAP also provides: 1) WIC services in Scott and Carver counties, 2) senior dining services with congregate and home delivery, 3) assistance applying for SNAP benefits, and 4) working to ensure children get at least one-third of their needed nutrition served daily through meals provided by the Head Start program.

Low-income residents need help accessing healthy foods

Survey participants were asked specifically about help getting healthy food to eat. While 17 percent of all respondents said they are receiving these services, 22 percent said they need this service, but are not receiving it. See Figure 8.

8. Food-related services and needs



- I or someone in my household is currently receiving this service
- I or someone in my household needs this service but is not currently receiving it
- No one in my household needs this service

⁴ U.S. Census Bureau. *Decennial Census and American Community Survey 2009-2013 5-year data*. Retrieved from <http://factfinder.census.gov/>

One-quarter (25%) of survey respondents participating in SNAP, the food shelf, WIC, or Dakota Healthy Families said they need this service, but are not currently receiving it. This may indicate that although participants of these programs are receiving food assistance, they are still unable to afford or lack access to *healthy* food.

Participants of the senior dining and chore programs were most likely to be receiving help accessing healthy food (29%). Households with children (24% of single-parent households and 27% of partnered-parent households) were more likely than households without children (17%) to say they need this service, but are not receiving it. African American (including Somali, Oromo, and other African native) (36%), Hispanic/Latino (29%), and American Indian (29%) participants were most likely of all racial subgroups to say they need help accessing healthy food. Participants who live in Scott County were most likely to be receiving services to help them access healthy food, however, there was also a greater proportion of respondents from Dakota and Scott counties who said they need this service, but are not receiving it compared with responses from Carver County participants.

Access to food was identified as one of the greatest needs of low-income residents by nonprofit leaders

When nonprofit leaders were asked about the greatest needs of the low-income population in Scott, Carver, and Dakota counties, the fourth most common need mentioned was access to food. In contrast, food-related services were the most frequently mentioned type of service by nonprofit leaders when asked what organizations are doing well to meet the needs of low-income residents. According to nonprofit leaders who were interviewed, although there are an increasing number of supportive services around food in the area, lack of or limited transportation makes it difficult for many low-income families to utilize services like food shelves.

Hunger [is a] serious issue. There are a lot of hungry people in our areas and communities and we've seen exponential growth in the number of people coming to our food shelf over the last 3-4 years. The rest of Dakota County has also seen this growth and I'm sure it's true in Scott and Carver counties. – A nonprofit leader in the area

I think the food shelves are doing a great job. I know CAP agencies have supported the local food shelves and served as a fiscal host until they could. There's one out in Waconia, which is a smaller city in the center of Carver County, and they have a food shelf and were partners with CAP agencies for a number of years and now they finally have their board and their systems, so they are able to take it on their own and run with it. – A nonprofit leader in the area

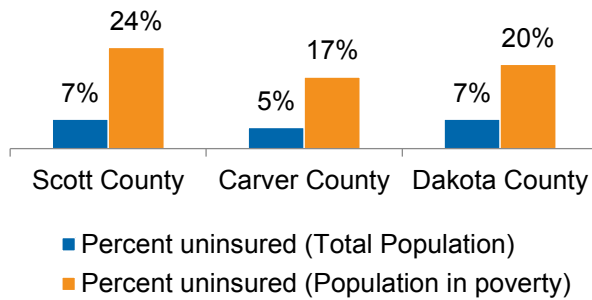
It has evolved to more than just filling bellies but filling bellies with quality and nutritious food. The U of M did a survey on the impact on education and health care caused by hunger. There's a huge financial incentive in our state to ensure that everybody is getting fed and is everybody getting access to healthier food so they can live a healthier life. There has been a tremendous evolution in that area. – A nonprofit leader in the area

Greatest Need #3: Health

When asked about what would help most to meet the needs of people in the household, health-related needs were the third most frequently mentioned. The health needs mentioned most were dental care, health insurance or help paying for medical expenses, and access to medical assistance. Less frequently mentioned needs were medical care or services, such as in-home care or assistance, eye/vision care, and mental health care.

A substantial proportion of participants, especially Hispanic/Latino participants, are lacking health insurance

9. Percent uninsured for total population and population in poverty



Source: U.S. Census Bureau. Decennial Census and American Community Survey 2009-2013 5-year data. Retrieved from <http://factfinder.census.gov/>

When asked if people in the household have health insurance, 86 percent said everyone in their household is insured, 10 percent said some, but not all household members are insured, and 4 percent said none of their household members are insured. Hispanic/Latino participants (43%), partnered-parent households (27%), and Head Start participants (26%) were most likely to have only some household members or no one in the household insured. Half (50%) of all participants receive Medical Assistance.

Survey participants who indicated that they are currently employed were asked whether their employer offers health insurance. One-third (32%) of participants who are employed said their employer provides them with health insurance. Households without children (20%), Hispanic/Latino (28%), and American Indian (20%) respondents were the least likely to be offered health insurance by their employer. Residents of Scott County (26%)

were less likely than residents of Carver (36%) and Dakota (37%) counties to have employer-provided health insurance.

Accessing health care, particularly dental care, is a problem for participants

Survey participants were asked how much of a problem access to health care is for their household. See Figure 10.

10. How much of a problem are these for your household?

	Not a problem	A small problem	A big problem
Access to health care	80%	16%	4%
Access to a dentist	63%	20%	17%
Access to mental health care	85%	12%	3%

Accessing health care is a greater problem for Spanish-speaking and American Indian respondents:

- 40% of Spanish-speaking respondents said that access to health care is a problem for their household, compared with 20% of all respondents.
- 46% of Spanish-speaking respondents said access to a dentist is a problem for their household, compared with 37% of all respondents.
- 21% of respondents from single-parent households said that access to mental health care is a problem for their household, compared with 15% of all respondents.
- According to survey responses, access to mental health care is more likely to be a problem for those whose household incomes are above 200 percent of the poverty line versus those whose incomes are less than 100 percent of the poverty line.

SCD-CAP offers health-related services through programs like Head Start, Early Head Start, and Dakota Healthy Families. Case workers also work with individuals in other programs to meet health-related needs. SCD-CAP assists with: 1) accessing dental services, 2) applying for Medical Assistance and medical insurance through MNSure, 3) accessing mental health services, and 4) accessing and managing prescriptions.

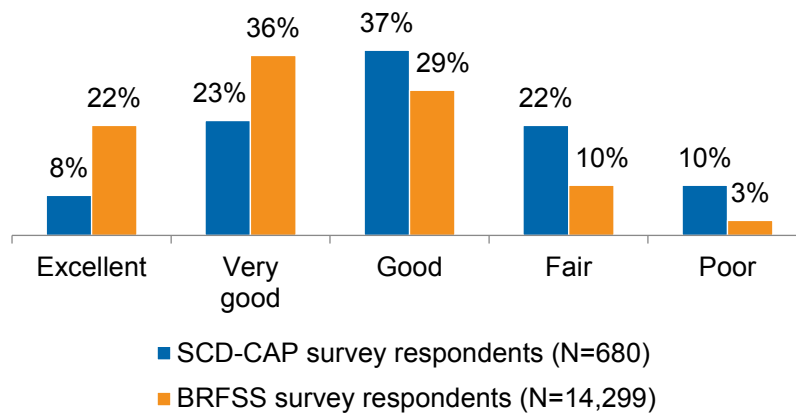
For the increasing numbers of minorities – soon to be majority – there are health care facilities that may not have culturally appropriate services. If a Latino family walks into a clinic and there’s nobody there who speaks their language, or there is a lack of materials in their language, they’re more than likely not going to go there again. Access for undocumented Latinos is a major problem. – A nonprofit leader in the area

Most low-income residents perceive their health as ‘good’ or better

Participants were asked to rate their overall health. The greatest proportion (37%) said that their overall health is good. Nearly one-third (31%) rated their overall health as very good or excellent and one-third (32%) rated their overall health as fair or poor. Survey respondents were more likely to rate their overall health as fair or poor compared with health ratings for the overall population in Minnesota. See Figure 11.

Participants without children were significantly more likely to rate their health as fair or poor compared with other household types. This difference is possibly explained by the fact that respondents who do not have children are more likely to be older adults.

11. Overall health ratings



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System 2013 data. Retrieved from <http://www.cdc.gov/brfss/index.html>

Greatest Need #4: Finances

Over one-quarter (26%) of participants said their household’s income was less than \$10,000, and three-quarters (78%) said their household’s income was less than \$25,000 in 2014.

There is a need for financial services, including access to benefits and financial education

Nearly one-fifth (18%) of participants said that services related to financial or economic assistance would help most to meet the needs of their household. Finance-related services include: 1) financial assistance (benefits, cash, and

SCD-CAP case workers in individual programs help families strategize financial needs by assisting them to develop a budget and providing resources that help stretch their annual income.

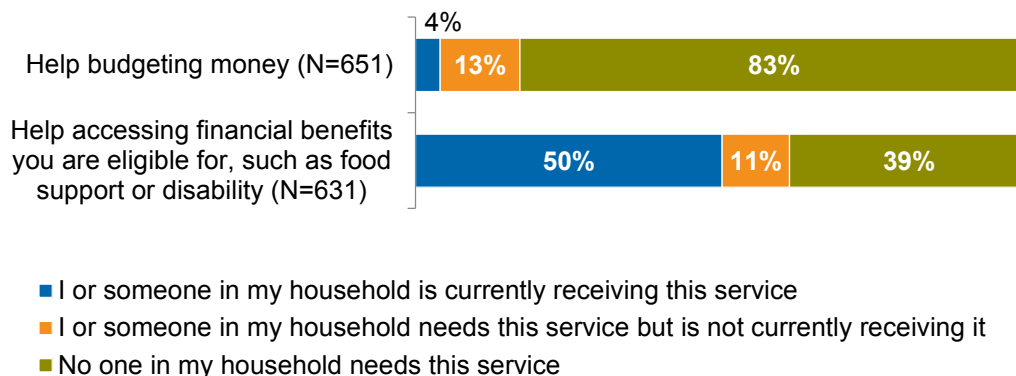
money), 2) help with budgeting, managing or saving money, and 3) help reducing debt, and repairing or accessing credit.

When asked how much of a problem having enough money to meet basic needs is for their household, 33 percent said it is not a problem, 40 percent said it is a small problem, and 27 percent said it is a big problem. Respondents from single-parent households (80%) and participants of the SCD-CAP housing program (79%) were most likely to have reported having problems paying for basic needs.

While half (50%) of survey respondents are receiving help accessing financial benefits, 11 percent said they need the service, but are not receiving it. Partnered-parent households (16%) were more likely than other household types (10% of households without children and 11% of single-parent households) to say they need this service, but are not receiving it.

Thirteen percent of respondents said they need help budgeting money, but are not receiving it. See Figure 12. Single-parent households (22%) and partnered-parent households (17%) were more likely than households without children (8%) to say they need this service, but are not receiving it.

12. Financial services and needs



Greatest Need #5: Transportation

The majority of residents living in poverty and employed in all three counties drive to work (71% in Scott County, 63% in Carver County, and 67% in Dakota County) versus over 80 percent of the total population.⁵ When asked about what would help the most to meet the needs of people in the household, transportation-related needs were the fifth most frequently mentioned, by 14 percent of all participants.

Specific transportation needs include help with services and costs related to car ownership, public transportation, and other transportation services.

SCD-CAP case workers help families strategize in order to meet their transportation needs.

Low-income residents of Scott, Carver, and Dakota counties need better access to transportation

During Wilder's 2012 Homelessness Study, individuals experiencing homelessness and who were unemployed were asked what the biggest barriers are to getting employment. Half (51%) of people who are homeless counted in Scott and Carver counties and one-third (35%) in Dakota County said transportation was their biggest employment barrier, which was the most commonly mentioned problem or barrier to getting a job for people experiencing homelessness.⁶

Transportation-related needs were the second most frequently mentioned needs for the low-income population by nonprofit leaders. Over half (17 out of 29) described lack of transportation and the difficulty people who are low-income have accessing services, and the isolation it causes, in particular, for many living in rural areas of the three counties.

Families who live in large suburban service areas are sort of invisible. It's not concentrated poverty where we could set up localized services, like health services in neighborhoods or community health centers. People that are poor in Scott, Carver, and Dakota counties have to travel a great distance to find services and have more difficulty finding where they can get those kinds of supports. – A nonprofit leader in the area

Most of the transportation, in order to get from one place in Dakota County to another, you have to go to Saint Paul or Minneapolis, because that's how the bus schedules work. Everything is a hub out of the metro area. So it's not a very convenient thing. – A nonprofit leader in the area

⁵ U.S. Census Bureau. *Decennial Census and American Community Survey 2009-2013 5-year data*. Retrieved from <http://factfinder.census.gov/>

⁶ Wilder Research. (2013). Homelessness in Minnesota: Findings from the 2012 statewide homeless study. Retrieved from <http://www.wilder.org/Wilder-Research/Research-Areas/Homelessness/Pages/Statewide-Homeless-Study-Most-Recent-Results.aspx>

Greatest Need #6: Child care

Over half of all survey participants have at least one child under the age of 18 living in their household. When asked about the one thing that would help the most to meet the needs of the household, child care needs were the sixth most frequently mentioned need, by 11 percent of respondents. Participants said they not only need financial assistance for child care and help finding affordable child care, but they need help finding suitable child care – child care that is high quality, conveniently located, open during the hours when child care is needed, and equipped to address special needs.

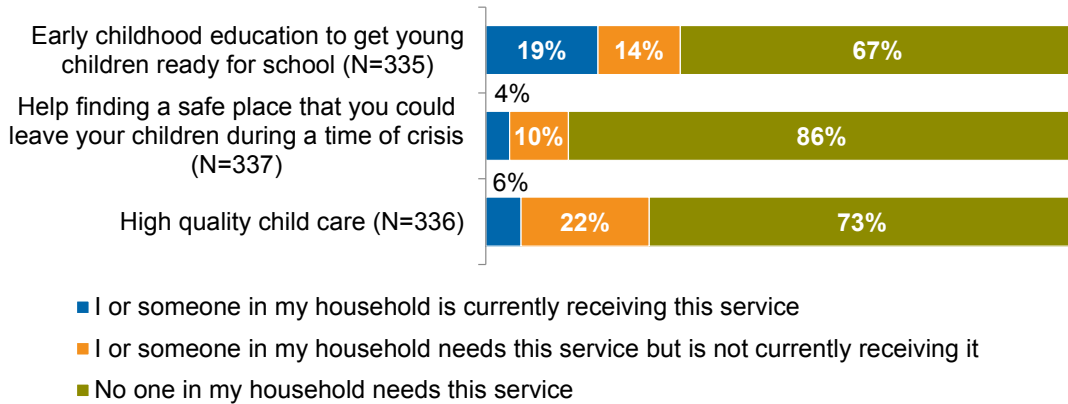
SCD-CAP offers child care services through programs like Child Care Aware, which helps families learn more about the elements of quality child care and how to locate programs in their communities, and Crisis Nursery, a prevention program dedicated to protecting children from abuse and neglect. Head Start also offers a preschool experience for four half-days a week from September through May.

Thirty-eight percent of respondents who have children said paying for child care is a problem for their household. Respondents with children who are participants of Head Start, Early Head Start, Child Care Aware, and/or Crisis Nursery (30%) compared with all respondents with children (22%) were more likely to say that paying for child care is a big problem for their household.

When asked about how much of a problem finding child care that is open during the times they need it is, 29 percent of all respondents with children said it is a problem. A greater proportion of African American (including Somali, Oromo, and other African native) respondents (39%), Head Start, Early Head Start, Child Care Aware, and/or Crisis Nursery participants (44%), and SNAP, Food Shelf, WIC, and Dakota Healthy Families (30%) said it is a problem for their household.

Twenty-two percent of participants with children said they need high quality child care, but are not receiving it. Fourteen percent said they need early childhood education, but are not receiving it, and 10 percent said they need help finding a safe place they could leave their child during a time of crisis, but are not receiving it.

13. Child care-related services and needs



Other needs

Low-income residents have trouble paying for basic needs, like clothing and furniture

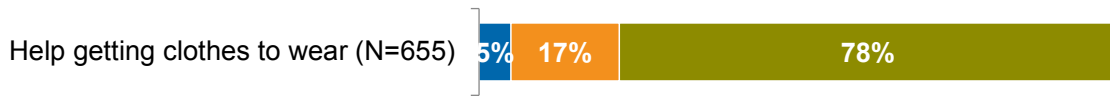
When asked how much of a problem is having enough money to meet basic needs, 40 percent of participants said it is a small problem and 28 percent said it is big problem.

The subgroups most likely to respond saying that paying for basic needs is a big problem for their household were American Indian respondents (47%), housing program participants (40%), respondents whose annual household income is less than 100 percent of the poverty line (36%), and single-parent households (34%).

Several survey respondents said addressing their basic needs would help most to meet the needs of their household. In order of most frequently mentioned: clothes, general basic needs (not further specified), furniture, phone service, and school supplies or books. When survey participants were asked, specifically, if they needed help getting clothes, 17 percent of respondents said they need but are not currently receiving this service. See Figure 14. Households with children (21% of single-parent households and 18% of partnered-parent households) were more likely than households without children (14%) to say they need this service, but are not receiving it.

SCD-CAP has a thrift shop located in Shakopee that is open to the public that offers low priced, high quality clothing. Vouchers for the thrift shop are given out by case workers throughout SCD-CAP's service area. SCD-CAP also offers help with: 1) school supplies, 2) holiday gifts, and 3) emergency service funds.

14. Basic needs-related services and needs



- I or someone in my household is currently receiving this service
- I or someone in my household needs this service but is not currently receiving it
- No one in my household needs this service

Employment: There is a need for better jobs

Less than 5 percent of survey respondents said employment related services would help most to meet the needs of people in their household; however, 11 out of 29 nonprofit leaders interviewed said employment-related needs are one of the greatest needs of low-income residents, making it the third most commonly mentioned need by nonprofit leaders.

It's the number one issue – underemployment, lack of living wage jobs facing our low-income and unemployed population today. – A nonprofit leader in the area

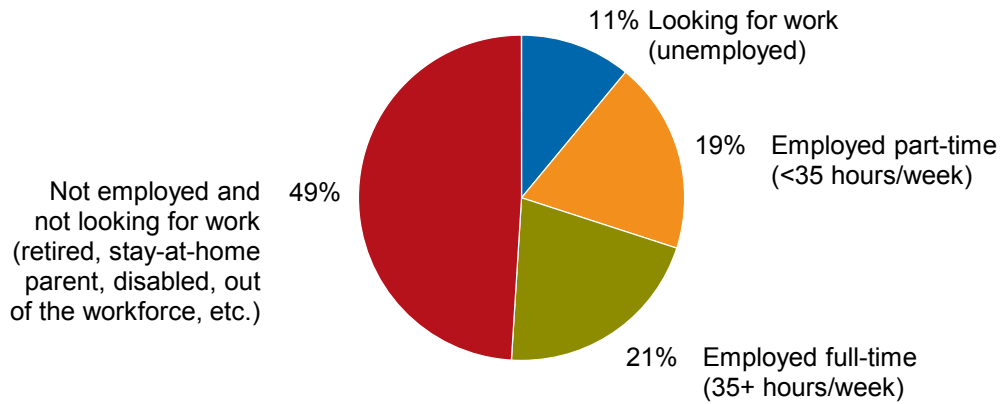
Number one is employment and employment with livable wages. People come to our food shelves not because they want to, but because they need to. – A nonprofit leader in the area

Although needs related to employment did not rise to the top for survey participants, it is likely that there is, in fact, a need for employment services based on responses from survey participants regarding their employment status. Nearly one-third (30%) of respondents said that they are either employed part-time (which could mean that they are underemployed), or unemployed and looking for work. Employment needs may not have risen to the top for survey respondents because nearly half (49%) reported that they are retired, stay-at-home parents, disabled, or otherwise out of the workforce. See Figure 15. For the population in poverty overall, the unemployment rate was 26% in Scott County, 28% in Carver County, and 32% in Dakota County in 2013.⁷

SCD-CAP offers employment related services, including: 1) help with resume writing, 2) help applying for jobs, 3) getting better paying jobs with more benefits or more hours, and 4) exploring higher education to get higher wages.

⁷ U.S. Census Bureau. *Decennial Census and American Community Survey 2009-2013 5-year data*. Retrieved from <http://factfinder.census.gov/>

15. Current employment status (N=678)



A network of providers and their relationship to SCD-CAP

Who is in the field?

Wilder Research and SCD-CAP together identified 117 organizations that provide services to low-income residents of Scott, Carver, and Dakota counties. From a list of 117 organizations, Wilder Research – with guidance from SCD-CAP – invited 39 organizations to participate in an interview. Of those 39 organizations, representatives from 29 organizations agreed to an interview. Of the organizations identified, the most common services provided are related to employment (16%), housing (15%), food (14%), health care (13%), and utilities (9%). Fewer than five organizations provide services related to transportation, alcohol abuse or chemical dependency, and financial services. Most of these organizations serve residents of the metro area, primarily in Scott, Carver, and Dakota counties. Forty-seven of these organizations provide services for residents across the state of Minnesota.

Relationship to and perceptions of SCD-CAP

Overall, nonprofit leaders have positive perceptions of SCD-CAP, and those that have worked with SCD-CAP in the past felt the partnerships had been very effective

On a scale of 1-5, with 1 being “not very effective” and 5 being “extremely effective,” the majority of those interviewed gave a rating of 4 when asked to rate the effectiveness of their work with SCD-CAP.

I think CAP has a multidisciplinary approach to its clients...My impression is positive and it's a holistic approach of providing things that they community needs. I think of those agencies generally as being advocates for low-income people. This is a generalization of others I have worked with, especially in the Head Start setting. I have been generally impressed with the staff. – A nonprofit leader in the area

Long established relationship, mutual respect, the shared mission for caring for people is what worked well. – A nonprofit leader in the area

Nonprofit leaders are aware of and knowledgeable about many of the services SCD-CAP provides to its clients

When asked to talk about the range and types of services and programs SCD-CAP offers, all nonprofit leaders interviewed were able to provide a substantive answer that displayed their understanding of what SCD-CAP does. When describing SCD-CAP, nonprofit leaders most commonly named Head Start and Early Head Start (19 out of 29), Energy Assistance (17 out of 29), housing programs like rental assistance and homelessness prevention programs (17 out of 29), and the food shelf (15 out of 29).

They do a lot of energy and weatherization assistance. Child care referral. Housing assistance is available still for the programs that they used to have and still have to some extent. They run the Head Start programs in the area, where they coordinate with other agencies. – A nonprofit leader in the area

One nonprofit leader suggested a new framework from which organizations like SCD-CAP can develop their services

According to one interviewee, organizations serving people who are low-income often develop the services they provide from a deficit-based approach rather than viewing the community as having assets that can be tapped into in order to help them achieve self-sufficiency.

It requires a different mindset. My understanding of CAP is that it was a war on poverty [initiative] and it was from the government and I think interactions with governmental agencies (and I'm going to stereotype here), but it's typically that they have to fix [things]. You come in with a need, and they have a system or a fix or something they are going to lay on you. That is not a strength-based, empowering approach, typically. What is required is a transformational shift in how they think about services, and coming at it from a more client-centric approach. They need to really draw out and work with that particular individual's strengths and circumstances and then wrap supports around them, but not thinking about it like a transaction or a problem to be fixed by the organization... Are we seen as this is a transaction and this is a fix? Or is it much more about relationship and coming along side and sitting on the same side of the table vs. sitting across the table from each other? Those are two very different approaches. – A nonprofit leader in the area

Changing demographics in the area require nonprofit and governmental organizations to work together to address increasing and changing needs

When asked about how the needs of the low-income population in these areas may change in the next 5-10 years, 7 out of 29 nonprofit leaders talked about the increase in immigrant and migrant populations, specifically the Hispanic/Latino and Somali population and the impact these changes may have on service needs. Interviewees also discussed the increase in the population of older adults and a recent boom in population,

in general, in the area. According to one nonprofit leader there has been a disproportionate increase in the low-income population.

Our part of Dakota County is getting to be much more like the inner-city in terms of demographic makeup, socioeconomic makeup. We have an increasing migration of poorer and culturally diverse families from Saint Paul... People struggling for housing and to maintain self-sufficiency is growing every day. – A nonprofit leader in the area

People who speak different languages. People who have immigration issues. They're not accessing those services to the extent that services are available. People who previously didn't have a need for support services and who are not familiar with where to go or that the services even exist or that the people are even eligible. – A nonprofit leader in the area

What we don't have is a lot of culturally specific services. We have a pretty significant Somali population in the Burnsville area, and we don't have any providers that specialize in serving Somali clients. In my department we don't have any people of Somali descent working here. – A nonprofit leader in the area

[Dakota] County has always prided itself on having the lowest per capita tax rate of any county in the state of Minnesota. They are very proud of that and they pride themselves on no tax increase. Now they struggle to figure out how they take care of the different population, when our money is already being spent in other areas that we've always spent on our population. – A nonprofit leader in the area

I think there's a big conversation with the seniors. The baby boomers are aging and we know we have a big senior population in Hastings. And that is something that we are already starting to have conversations about. – A nonprofit leader in the area

Lack of adequate funding was a challenge shared across all organizations in meeting the needs of the low-income populations

Nonprofit leaders were asked what challenges they think SCD-CAP and other agencies will face in meeting the needs of people who are low-income. Funding issues came up as a challenge across organizations. Some interviewees also talked about the challenge of navigating constantly changing priorities from government officials and funders. Others talked about the challenge of working collaboratively when organizations and government agencies are often working in silos and lack the communication needed to prevent duplicative services and ensure effective service delivery and program development.

Funding will be a challenge. It seems like federal funding in many areas has decreased...In general it's been a lot tougher to raise funds for organizations that are community based in the last decade. An ongoing issue will be to maintain the funding or to increase it because the need is always larger than the amount of funding that is available. – A nonprofit leader in the area

[There] just aren't enough resources both through the public and private sectors to adequately address these issues. Any funding that does become available goes to priority core cities. It's been a long time since Scott County received any additional federal housing dollars...[there] just needs to be a concerted effort to keep lobbying [the] legislature and pushing congressional representatives to be an advocate for more housing dollars. – A nonprofit leader in the area

Working together to meet the needs of people who are low-income

Current and developing partnerships

Nonprofit leaders were asked what could be done better to meet the needs of low-income residents in Scott, Carver, and Dakota counties and how organizations might work together to serve low-income residents.

The majority of those interviewed talked about the value of collaboration and communication between agencies and organizations

In terms of communication nonprofit leaders would like to better understand what other organizations do to serve the low-income community, and to communicate about how best to partner in order to coordinate resources and avoid redundancy in services provided. A couple interviewees referred to the Coordinated Entry System, which is a centralized system for people experiencing a housing crisis, as an example of how organizations are working collaboratively to address housing needs.

It's so easy to say money, money, money, but that's not the only thing that will solve all the problems. It's continuing collaborations and knowing exactly where we need to increase services. Like I said with coordinated entry...it's helping us figure out what we need in order to get closer to solving people's housing crisis faster, but it's going to take a lot of time to get to perfection -- and more money. – A nonprofit leader in the Twin Cities

...just meeting and connecting and viewing each other as allies in our collective goal of poverty alleviation and hunger relief as opposed to operating in silos—that is the common theme I feel. In general, the nonprofit world is fixated on doing their own thing, but we have so much more power collectively. – A nonprofit leader in the area

A nonprofit leader described factors that are necessary in order to collaborate:

If we were going to be engaged in a collaborative discussion with SCD-CAP about anything there would have to be time for them to get to know that they can trust me and they can trust this organization, just as there has to be time for me to get to know that I can trust them and their organization. – A nonprofit leader in the area

When asked what has worked well in collaboration with SCD-CAP, the greatest number of nonprofit leaders said referrals.

*The referrals back and forth. When I refer clients to them for help with food or energy assistance or WIC or child care or referrals and vice versa when they refer them to me for help with benefit issues or housing problems. Those are the things that work very well.
– A nonprofit leader in the area*

A nonprofit leader gave an example of how organizations could be, and already have been, working collaboratively to streamline service delivery:

For some programs it would make sense either to maintain or improve centralization of program or services for people who are homeless or about to become homeless. We have different organizations with different pieces of the homeless issue. Single men are served one way, single women with children are served another way by a different agency, etc. The resources get scattered, administrative costs increase as a result of that. If we were able to consolidate all of those programs and the people who work in those programs and the dollars that fund those programs into one place, we might be able to find some ways to serve more people better and stretch the dollars. – A nonprofit leader in the area

...In the last few years we have developed a housing coalition where all five counties surrounding Hennepin and Ramsey counties come together to form a combined entity that applies for McKinney-Vento dollars on a five countywide basis rather than applying individually, which they [previously] did every two years. – A nonprofit leader in the area

Data sharing also arose as a potential strategy to improve the delivery of services and to create a more cohesive and comprehensive referral process.

Everyone dreams of a database where we could share information on people who entered the system through one agency, but they might be helped by several and it would be nice to do referrals and not ask people to start over and to have an ability to be more closely linked electronically and information-wise. – A nonprofit leader in the area

Because SCD-CAP offers so many different types of programming, it would be beneficial to increase outreach and develop more effective communication strategies

While some nonprofit leaders felt that SCD-CAP provides good communication as a collaborative partner, others felt like it could be improved, in part, because of the wide range of services offered.

SCD-CAP does a lot that people don't know. Services are really diverse and really across a very broad spectrum. I think that's one of its challenges: knowing how to make sure that people know about all of their programs and what to refer to SCD-CAP. That's an ongoing challenge just because it does so much—I think for SCD-CAP to do more marketing of what it does and doing more work to say, 'Here are all of the things we have and here is how you refer to them', doing that sort of outreach to make sure we're having a good clean hand-off between health care and the CAP agency. – A nonprofit leader in the area

It's not easy to navigate where the services that could help them are. The more we can do to promote and publicize services...maybe we even need to get a little flashy, buying billboards or buying some time on the Hispanic television station. Services need to be very visible, more visible than they are now in our communities. – A nonprofit leader in the area

I am surprised by the lack of communication that I've seen coming out of CAP right now. Maybe I'm just not in the right channels or whatever, but I know they are going through a leadership change. I'm not even sure... I have heard varying stories of: there was a set back and they had to kind of restart that process, to now they have someone in place. I'm not sure what the truth is, and even when I've gone out and kind of explored their site it's not readily apparent to me. Is there an executive director in place now? And why hasn't there been more communication about that with people in the community. What's going on? It just surprises me. – A nonprofit leader in the area

Challenges mentioned were related to recent changes in leadership within SCD-CAP

While the relationship between SCD-CAP and other organizations has been strong in the past, a strain was put on the relationships with changes in SCD-CAP over the past few years. Nonprofit organizations are hopeful that relationships can be rebuilt with the recent hiring of a new Executive Director.

One difficulty specific to CAP is they need to get their leadership straightened out before they can get these problems resolved. They are in the midst of a CEO search. I hope they get somebody who can bring the agency back to the level it was a few years ago. CAP's involvement is badly needed. – A nonprofit leader in the area

They've had a big change in administration; I think that change was a good thing. – A nonprofit leader in the area

I know they had a changeover in the directorship at the CAP agency about 3-4 years ago that I think accredited some turmoil. – A nonprofit leader in the area

All of the nonprofit leaders interviewed were open to working with SCD-CAP again or for the first time

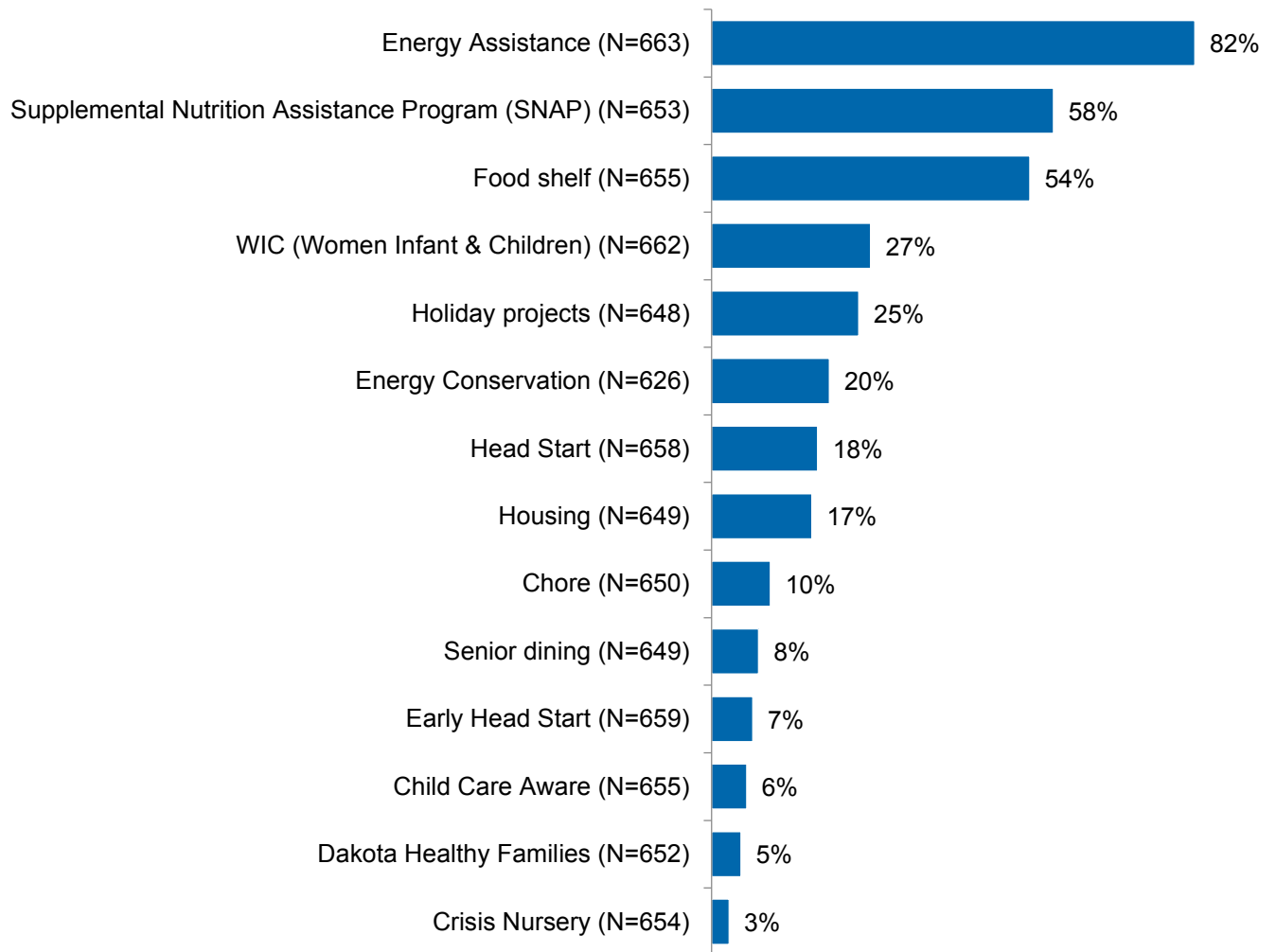
Nonprofit leaders are interested in partnering in a variety of areas. Some topics mentioned include collaborating through joint grant funding, through cross-referrals, on housing and Community Connect events, and on food access and nutrition education.

I think that a lot of what we're hearing from people is that if people's wages were higher they'd be able to afford food or grow food, or if transportation was better people would be more connected. I think it's all interconnected and CAP, because it works in so many different areas, would have really good perspective to bring to that work and it would also be a good opportunity for us to look for a way to collaborate in our other programming as well. – A nonprofit leader in the area

Satisfaction with SCD-CAP services

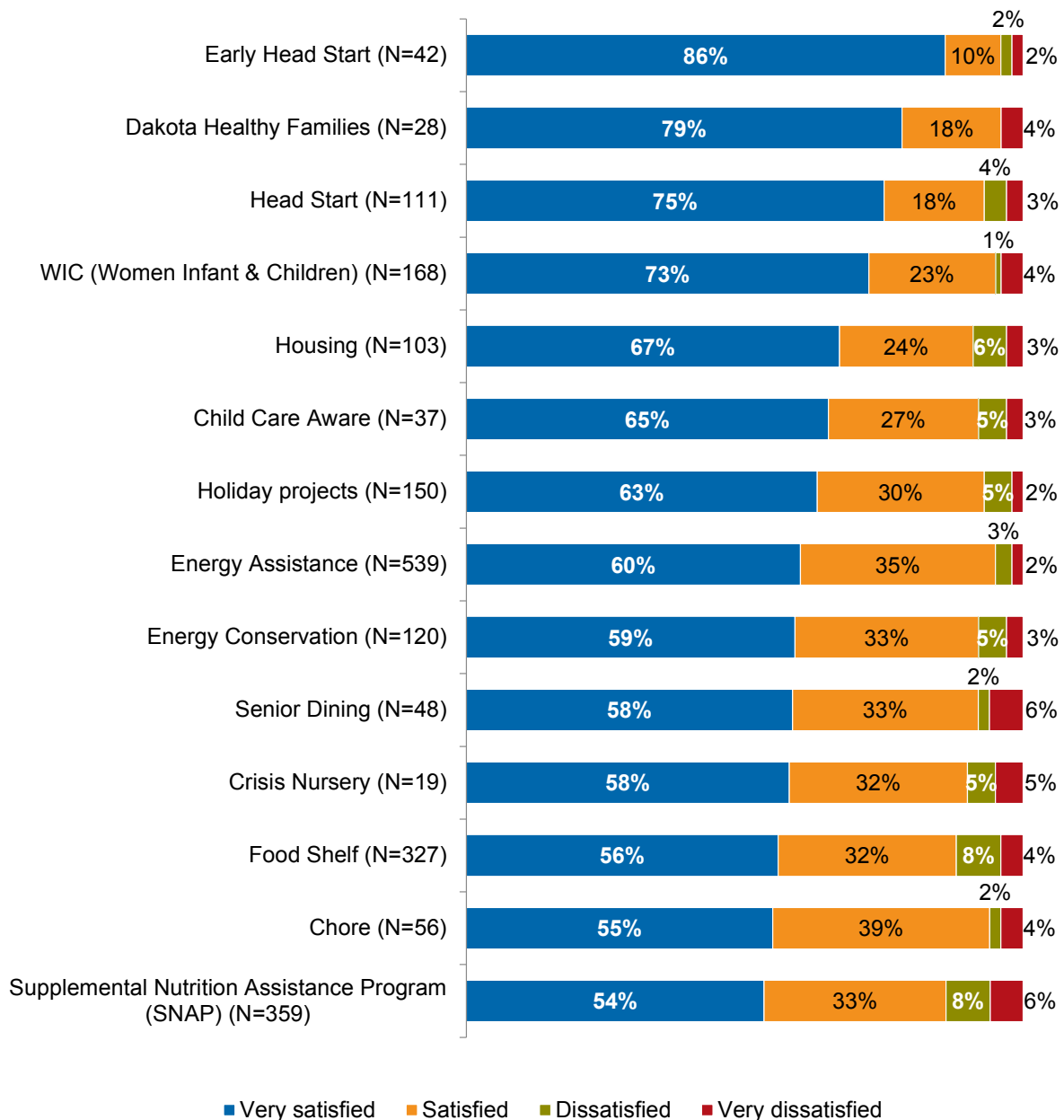
Participants were asked to indicate all of the types of services they have received from SCD-CAP. The types of SCD-CAP services received by the largest proportion of respondents were Energy Assistance (82%), assistance applying for Supplemental Nutritional Assistance Program (SNAP) benefits (58%), and the food shelf (54%). See Figure 16.

16. Services received



Overall, participants were satisfied with the services provided by SCD-CAP. Over 90 percent of program participants said they were either satisfied or very satisfied with 11 of the 14 programs listed in the chart below. Ten percent or more of program participants said they were either dissatisfied or very dissatisfied with the SNAP program, the food shelf, and Crisis Nursery.

17. Level of satisfaction with services chart



Moving forward

Partnering to meet the greatest needs

- There is limited housing stock and extremely tight vacancy rates. SCD-CAP may consider partnering with other organizations and coalitions working on policy solutions (e.g., Minnesota Housing Partnership and Family Housing Fund) to address housing needs and increase the affordable housing stock.
- Focus housing resources on subgroups that need it the most. For example, African American (including Somali, Oromo, and other native Africans) and American Indians indicated having the most trouble finding safe and affordable housing. And a smaller proportion of families are receiving help getting rental subsidies compared with individuals without children.
- There are not enough emergency shelters and beds within the shelters that exist to meet the needs of the increasing number of people who are experiencing homelessness. SCD-CAP may consider working to increase the number of emergency shelters and/or the number of beds that exist within current emergency shelters.
- In exploring solutions to transportation needs of low-income households in Scott, Carver, and Dakota counties, it may be helpful to discuss revisiting or supplementing the “hub and spoke” model of public transit (where all routes go to downtown, designed for people from the suburbs coming to the city to work, not for low-income people who often go from one suburb or urban neighborhood to another). SCD-CAP may consider partnering with Transit for Livable Communities around advocacy and community engagement to ensure equity in the metro transit system and/or join the Alliance for Metropolitan Stability and Transportation Forward.
- Consider developing a transportation program that helps participants get to where they need to go to receive services and/or develop a food delivery program that addresses challenges families face to get to food shelves and/or grocery stores.
- Work with providers in the area to increase access to health care services, in particular dental care. Lack of access to health care is most common among Hispanic/Latinos in the area. SCD-CAP may consider utilizing Community Health Workers to connect families in specific cultural communities to health insurance and health care services.

Facilitating partnerships

- Develop effective communication strategies to ensure people know the range of services offered by SCD-CAP. Develop transparent communications with partners in an effort to build trust and repair any damaged relationships from past leadership and staff changes.
- Develop efforts to increase or advocate for data sharing in an effort to simplify the system clients need to navigate to get appropriate services. Consider the Coordinated Entry System model as a way to coordinate other types of services other than housing.
- SCD-CAP should consider building relationship or getting more involved in existing efforts in the community, for example:
 - Bridge to Benefits was mentioned by one of the nonprofit leaders as a tool developed by the Children’s Defense Fund that links individuals and families to public work support programs and tax credits.
 - The FISH network (Families and Individuals Sharing Hope), which was suggested by one of the nonprofit leaders we interviewed, is an effort to connect government, the faith community, nonprofits, service groups, and businesses and professionals to make it easier for people in need to know where to go for help.
- Consider conducting future needs assessments and approaching future program development from an asset-based framework rather than a needs-based approach with the idea that the community has knowledge and assets that can be capitalized on and can influence the types of services offered to promote self-sufficiency.