Employment

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Healthcare

Housing

Poverty

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Community

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Adults

Youth

SCAN

FINAL REPORT 2003

Service
Community
Assessment of
Needs

Monroe County, Indiana
www.bloomington.in.us/~scan

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ACE = Advocates for Community Engagement
SPEA = School of Public and Environment Affairs
START = Students Taking Active Roles Today

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Executive Summary

This Service Community Assessment of Needs (SCAN) provides comprehensive, valid and reliable information about the human service needs and capacity of Monroe County. The last community assessment, SPAN/MC, was completed in 1998 using data collected in 1997. Changes in social service demand and capacity over the past five years required that the information be updated for use by funding organizations, program providers, local nonprofits and other community decision makers.

This project was a true collaborative effort. The SCAN Steering and Research Committees had representatives from all sectors – nonprofit, government and business– including local funding groups, social service agencies and other nonprofits, Indiana University, and research organizations. An advisory board with service provision and data collection experts assisted the Committees. The Indiana University Office of Community Outreach and Partnerships in Service-Learning dedicated an ACE (Advocates for Community Engagement) to the assessment team. Dozens of trained volunteers conducted open-ended structured interviews with community representatives.

The nonprofit organizations participating in this study represented social services, health care, education, recreation, youth development, arts and culture, environment, animal-related, faith-based, and community development. Input was also sought from government and business (for-profit) representatives.

The SCAN Steering Committee anticipates that this report could be useful to program developers, service providers, policy makers, community leaders, grant writers, researchers, funders, and the general public.

The results of SCAN are based on information from a variety of primary and secondary sources including existing community data from local, state and national sources, interviews and surveys with key informants, and telephone interviews with Monroe County households conducted by the Indiana University Public Opinion Laboratory. The questionnaire was designed to assess a household's experience with a series of potential challenges during the past year. Over 300 households answered questions about challenges including housing, education, economic needs, social and public safety concerns, environmental quality and community strengths.   To reach individuals without telephone service, or those who may not speak English as a primary language, the same household survey was administered to clients at several agencies in the community. Forty-two clients participated, including one group of Spanish-speaking individuals.

The analysis of the data is presented in ten content area sections – the *Community Challenges and Assets* -- followed by a process section on the management capacities and challenges faced by the nonprofit human service sector in Monroe County. These sections depict a community that is very fortunate in many ways.

Monroe County has excellent resources for education and health care, culture and recreational opportunities, and youth development programs. It gets high marks on cultural diversity, understanding and inclusivity. However, not all families and individuals are able to take advantage of these amenities. A growing number of households are finding that their annual income is insufficient to make ends meet. Our county's housing costs are among the highest in the state, while our median income is one of the lowest. These families, many with two wage earners, struggle to pay for housing, food, utilities, medical bills, prescriptions, car maintenance and more. Many of our elderly could stay in their homes with modification assistance and deliveries of warm meals. Families caring for elder parents and individuals with disabilities need respite care and help with transportation. Single mothers trying to improve their lives through education and job skills development need transitional support for low-cost tuition loans, affordable child care and transportation.

We have a variety of nonprofit organizations that help by providing information and referral, and programs and services. Many are excellent, and have dedicated staff who follow good professional practices. But these organizations are also challenged by rapidly increasing demands for services, decreasing sources of traditional funding, high staff turnover, limited facilities, and a lack of time for long-range planning, networking, communication and coordination. The respondents felt that the community needs a defined vision and a comprehensive plan for addressing challenges with complex roots that are not readily solvable.

The information presented in SCAN provides a more detailed picture of our community, and can help us begin to understand these situations. Each section in the report contains several examples of effective approaches or partnerships designed to address the challenges. The additional recommendations that are presented were suggested by interview participants, and are intended to be starting points for further discussion. The community indicators section presents potential benchmarks that could be used to help measure progress. The path toward a community solution will require much more discussion and planning, and a respectful and true coordinated effort among all of the sectors – nonprofit, government and business.

The *Data Supplement* is an objective information source for program planners, agency directors, and other community decision makers.

Methodology

Introduction

The Service Community Assessment of Needs (SCAN) Steering and Research Committees developed a process to provide comprehensive, valid and reliable information about the human service needs and capacity of Monroe County. The last community assessment, SPAN/MC was completed in 1998, using data collected in 1997.

Human services in Monroe County are delivered by a variety of agencies and organizations in the nonprofit, private and public sectors. They range from organizations that have been in existence for decades to new grass-roots support groups. The nonprofit organizations participating in this study represented social services, health care, education, recreation, youth development, arts and culture, environment, animal-related, faith-based, and community development. Input was also sought from government and business representatives. Most of the organizations were direct providers of programs and services, although some were "umbrella" organizations that provide technical assistance, professional development, information and referral and related services to other nonprofits. A listing of many of the social service agencies in Monroe County can be found in the United Way Community Services *IRIS Manual* (www.bloomington.in.us/iris/), the *Youth and Family Services Directory* (Community and Family Resources Department – City of Bloomington, http://www.city.bloomington.in.us/cfrd/), the *Directory of Resources and Services for People with Disabilities* (City of Bloomington/Council for Community Accessibility) and similar reference publications by local organizations.

This project was a true collaborative effort. The SCAN Steering and Research Committees included members from all three sectors – nonprofit, government and business– representing local funding groups, social service agencies, other nonprofits, Indiana University, and research organizations. An advisory board with service provision and data collection experts assisted the Committees. The Indiana University Office of Community Partnerships in Service-Learning dedicated an ACE (Advocates for Community Engagement) to the assessment team. Dozens of trained volunteers conducted open-ended structured interviews with community representatives.

Data Collected

Some of the research instruments were adapted from COMPASS 2.0, an assessment tool developed by the United Way of America. Several types of primary and secondary data were collected, including:

1. **Existing community data from local, state and national sources.** Recent community studies, topical needs assessments, annual reports and similar documents were obtained from social service agencies and other nonprofit human service organizations. Comparisons were also made with the results of the last community

needs assessment, SPAN/MC (1998). Information from City and County departments, state and national associations, *Kids Count* (Indiana Youth Institute), the Indiana Business Research Center and the U.S. Census are available in the SCAN Supplement. The Supplement presents data specific to Monroe County. In some cases, there is data for the surrounding counties, particularly Greene, Lawrence and Owen.   The Supplement contains statistical summaries, district and regional maps, and other useful tools for preparing grants and planning programs. Web sites are given where appropriate to allow the user to check for updated information as needed.

2. **Interviews with key informants.** Trained volunteers conducted 45-minute open-ended structured interviews with 125 key informants. The key informants who participated represented a broad spectrum of agencies and organizations providing human services in Monroe County. They included key informants from both large and small agencies, representing eight of the major National Taxonomy of Exempt Entities (NTEE) categories of nonprofit fields of activities. They answered in-depth questions about the programs, services, needs and capacities of their respective organizations. Other questions focused on community strengths, challenges, and trends. Responses were analyzed for common themes, and then divided into six categories: existing capacity, gaps in providing services, barriers, collaborations, systemic challenges, and recommended actions.

3. **Key Informant Client Challenges Survey.** Key informants who represented agencies providing direct services to clients were asked to complete a 63-item survey. Fifty surveys were collected. Respondents were asked to rate the degree to which their clients had experienced specific household challenges in the past year in areas like economics, basic needs, employment, literacy, environmental quality, health care, education, childcare, transportation and disability services. The data were analyzed to obtain frequencies, means and group comparisons.

4. **Key Informant Community Strengths Survey.** The key informants were also given a 10-item Likert-type scale (strongly agree to strongly disagree) questionnaire to determine their perceptions of the degree to which the community exhibits civility, neighborhood strength, diversity, and willingness to engage in collaborative activities. The data were analyzed to determine means and relative rankings. (Several of the items from this instrument were included in the Household Survey, described below.)

5. **Household Survey Telephone Interviews.** The Indiana University Public Opinion Laboratory in Indianapolis (POL) worked with the SCAN Steering and Research Committees to develop the instrument and conduct the surveys. The questionnaire was designed to assess a household's experience with a series of potential challenges in the twelve months prior to the survey. The respondent was asked to report which were a "major challenge", "minor challenge" or "no challenge" to them. Areas that were addressed included housing, educational challenges, economic needs, social and public safety concerns, environmental quality and community strengths.

(The last comprehensive community needs assessment, SPAN/MC (1998), was modeled after the original COMPASS instruments. Both report general *perceptions* of community needs rather than specific household *experiences*, as is done in the present SCAN study.)

An initial question set was pilot-tested for validity. The final version, a 10-minute telephone survey, was administered by professional interviewers from the POL to 307 residents of Monroe County. Interviews were conducted in November of 2002. The data sample accurately represented the gender, ethnicity, geographic location, and income balance of Monroe County residents as reported on the 2000 Census. The data was analyzed to obtain frequencies, means and group comparisons.

[For the statisticians: Several charts in the sections below report what percentage of people gave a certain response. This can be used to determine the number of people in the community who would have answered that way. For instance, if 12% of the general population has a major problem finding a job that pays enough to make ends meet, that 12% can be multiplied by the number of Monroe County residents in the general population (about 120,000) to give an estimate of 14,400. Because we surveyed about 300 people, the estimate can vary as much as 5% in either direction. So, if everyone in the county was to be surveyed, the true number of people who would report this ranges from 13,680 to 15,120. To perform the same math with people who have annual incomes under $25,000 a year, multiply the percentage by 49,200. For under $15,000 a year, use 27,600.]

6. **Client Interviews.** To reach individuals who may not have telephone service or do not speak English, the same Household Survey was administered to clients at four community agencies. Forty-two clients participated, including one group of Spanish-speaking individuals (those for whom Spanish is a first language).   For consistency with the data gathered by Telephone Interview, the surveys were administered by trained on-site volunteers who read the questions to the clients and recorded the answers. The results of the Household Surveys from the client groups were compared with the results from the same survey given by telephone.

The clients were also asked to participate in a brief open-ended interview that requested information about their short and long-term goals, successes and challenges, and interactions with human service agencies. The purpose of the interviews was to learn more about the needs and experiences of specific populations, including low-income individuals and families, individuals in homeless shelters, individuals without employment, individuals experiencing hunger, and Spanish-speaking individuals.

7. **Provider Profiles.** Representatives from 72 nonprofit organizations completed Provider Profile surveys that requested information about programs, service populations, demand for services, program fee structures, partnership activities, funding sources, organizational capacity and available management tools. Several sections of this instrument were designed to correspond with a state-wide study that was being conducted at the same time (*Indiana Nonprofits Scope and Community*

Dimensions–a Preliminary Report Prepared for the Central Indiana Community Foundation, February 2003, Kirsten A. Gronbjerg, Project Director). This allowed comparisons to be drawn between the results of the Gronbjerg study and SCAN.

Analysis and Results

Qualitative responses from the Key Informant Interviews, Provider Profiles and Provider Client interviews were analyzed to determine primary categories and themes. These are incorporated in ten topical sections under the general heading "Community Challenges and Assets".

Numerical data was analyzed by the appropriate quantitative methods, including compiling frequencies, computing means, and calculating percentages. Relationships among data were examined using Chi Square, Factor Analysis and t-tests. All reported results are significant to either the .001, the .01 or .05 levels; this is indicated where relevant.

The instruments were designed to allow statistical comparisons to be made for the data from all the households responding to the telephone survey, and sub-groups such as households without students, and households with a specified income level (below $15,000 and below $25,000). Analysis by income level allows useful discussions of eligibility for services based on Federal poverty measures. Federal measures define eligibility strictly on income level.

Using more recent, complex measures of poverty (including that of the Indiana Coalition for Housing and Homelessness Issues [ICHHI]), the Research Committee developed a "low income" category for households that fell below a certain level of income based on their size and composition. Adjustments are made based on the ages of children and basic living expenses.

A parallel, but simpler analysis of the SCAN data was conducted that defined the variable "low income" as:
>   -a household size of 1-2 with an income less than $15,000, or
>   -a household size of 3-4 with an income of less than $25,000, or
>   -a household of 5 or more with an income less than $35,000.

The tables and charts used throughout the document clearly indicate which of these populations or subgroups are being discussed for each topic.

The *Community Challenges and Assets* segments are followed by an analysis and discussion of the human services nonprofit sector in Monroe County, examples of community indicators, and suggested goals and strategies.

Profile of Monroe County

Monroe County is one of 92 counties in the state of Indiana. It has 394 square miles of land area, with a population density of 307.5 per square mile. From 1990 to 2000, the population grew by 10.6%. The latest estimates (2002) report that the current population is 121,229. The county had 46,898 households in 2000 (12th out of 92 in the state). The average household size is 2.27 persons.

The US Census Bureau reports these population demographics for Monroe County and Indiana:

People QuickFacts	Monroe County	Indiana
Population, 2001 estimate	119,880	6,114,745
Population percent change, April 1, 2000-July 1, 2001	-0.6%	0.6%
Population, 2000	120,563	6,080,485
Population, percent change, 1990 to 2000	10.6%	9.7%
Persons under 5 years old, percent, 2000	5.1%	7.0%
Persons under 18 years old, percent, 2000	18.0%	25.9%
Persons 65 years old and over, percent, 2000	9.2%	12.4%
Female persons, percent, 2000	50.9%	51.0%
White persons, percent, 2000 (a)	90.8%	87.5%
Black or African American persons, percent, 2000 (a)	3.0%	8.4%
American Indian and Alaska Native persons, percent, 2000 (a)	0.3%	0.3%
Asian persons, percent, 2000 (a)	3.4%	1.0%
Persons of Hispanic or Latino origin, percent, 2000 (b)	1.9%	3.5%
White persons, not of Hispanic/Latino origin, percent, 2000	89.8%	85.8%

In 2000, the greatest proportion of jobs was in the services sector, with an average wage per job of $25,323, an increase of 6% since 1995 (adjusted for inflation). Per capita personal income for 2001 was $25,302. The median household income in 2000 was $33,311 [Data from STATS Indiana, 2003.]

For the convenience of the user, detailed statistical information for Monroe County and surrounding counties, including the recently expanded Bloomington MSA (Metropolitan Statistical Area), can be found in the Statistical Supplement section of SCAN. Each item includes the source and/or web address to allow the user to access any updates that may have occurred after SCAN was printed. The on-line version of SCAN, available at www.bloomington.in.us/~scan contains links to these sites.

The Community Challenges and Assets sections also direct the reader to relevant reference documents in the Statistical Supplement.

Community Challenges and Assets–
An Overview

Introduction

The ten sections that follow describe the most prevalent and urgent areas of need identified by the participants of SCAN. Data was collected from households, service agency clients, and community leadership from all three sectors – nonprofit, government and business. Five of the identified needs areas -- low educational attainment, under and unemployment, lack of affordable housing, chronic physical and mental health problems and the situations of vulnerable populations -- are key underlying contributors to low income, poverty and related challenges which are faced by nearly a quarter of the households in Monroe County. Addressing these needs areas is critical to achieving a higher quality of life for our community and will require an intentional, respectful and coordinated effort on the part of all sectors – business (for-profit), government, and nonprofit, including faith-based organizations.

The discussion of all ten areas further identifies gaps and barriers in existing services and examines issues of service coordination and delivery and community capacity. Naturally, not every aspect of human service delivery emerged as an unmet need in this study. For example, the last comprehensive community needs and capacity assessment, SPAN/MC (1998), revealed a severe shortage of child care capacity for both infant care and for parents working in the downtown and near west regions of Bloomington. In response, several providers added new services and locations, and this is no longer as critical a need. In many areas, human services are being delivered at a sufficient level to satisfy the most pressing need. This is not to suggest that funding and other resources should be shifted from these functioning areas to areas that are presently underserved. This could have severe consequences for programs that are working effectively. On the other hand, current assets can only be stretched so far. In the face of declining resources from traditional funding sources, greater ingenuity, fresh resources and a long-term coordinated vision and community-wide plan will be required.

Introductory summaries, bullet-point highlights and recommendations can be used to gain a quick overview of each of the ten sections. For those seeking more detailed information, each section contains:

- A description of the challenge or issue.
- Fast Facts and other references to pertinent statistics and secondary sources of information in the Statistical Supplement.
- Details about the scope and nature of the population(s) being affected, impact on the community, trends, and an analysis of the data from the various SCAN instruments, and from secondary sources.
- Examples to illustrate existing community efforts.
- Places to start for further investigation, direction, action, and policy.

Sources of Data

Information on each of the ten community challenges was derived from these primary sources:

- Telephone interviews with 307 randomly-selected residents of Monroe County conducted by the Indiana University Public Opinion Laboratory [Household Survey]
- Interviews and surveys given by trained volunteers with over 125 community and organization leaders representing a variety of sectors [Key Informant Interviews]
- Interviews conducted with 42 clients of several provider agencies, including residents of Monroe County without telephones or homes [Client Interviews]
- Service information from provider agencies, [Provider Profiles]
- Secondary data from other comprehensive studies like the Census

The Household Survey and Client Interviews were designed specifically to assess Monroe County residents' experiences in several distinct areas of community need, including:

- ➢ Housing
- ➢ Education
- ➢ Economic Needs
- ➢ Health Care
- ➢ Child Care
- ➢ Youth Activities
- ➢ Care for Disabled and Elderly Persons
- ➢ Family Services
- ➢ Environmental Quality
- ➢ Social Concerns
- ➢ Community Strengths
- ➢ Awareness of Services

Some of these categories have been combined in the analysis to present a more cohesive and focused account.

Representative Sampling

The Household Survey was designed to ensure the selection of an accurate proportion of males (49%) to females (51%) to match the 2000 United State Census data for Monroe County. Ninety-one percent of the respondents identified themselves as Caucasian; 2% as African American; 2% as Hispanic or Latino/a; 3% as Asian or Pacific Islander; and 3% gave some other response. (All Spanish speakers were able to complete the survey.) Age distribution ranged from 18 to 65 and over.

A decision was made to include full-time students as respondents in the telephone survey for several reasons: (1) The Census is designed to include students, and (2) students are increasingly present year-round, and (3) students often require community based human services.

Of the households responding to the telephone survey, 41% reported a total income of $25,000 or less during the 12 months prior to the survey; 23% reported an income of less than $15,000. Of those who are not full-time students, 26% reported an income of $25,000 or less during the past year. The following chart shows a comparison of income distribution for non-student households and full-time students.

**Distribution of Income for
Student versus Non-Student Households**

Income Range	Full-time students	Others
$15,000 or less	49%	10%
$15,001-$25,000	21%	16%
$25,001-$35,000	4%	12%
$35,001-$50,000	3%	16%
$50,001-$75,000	6%	13%
More than $75,000	4%	16%
Not Available	14%	17%
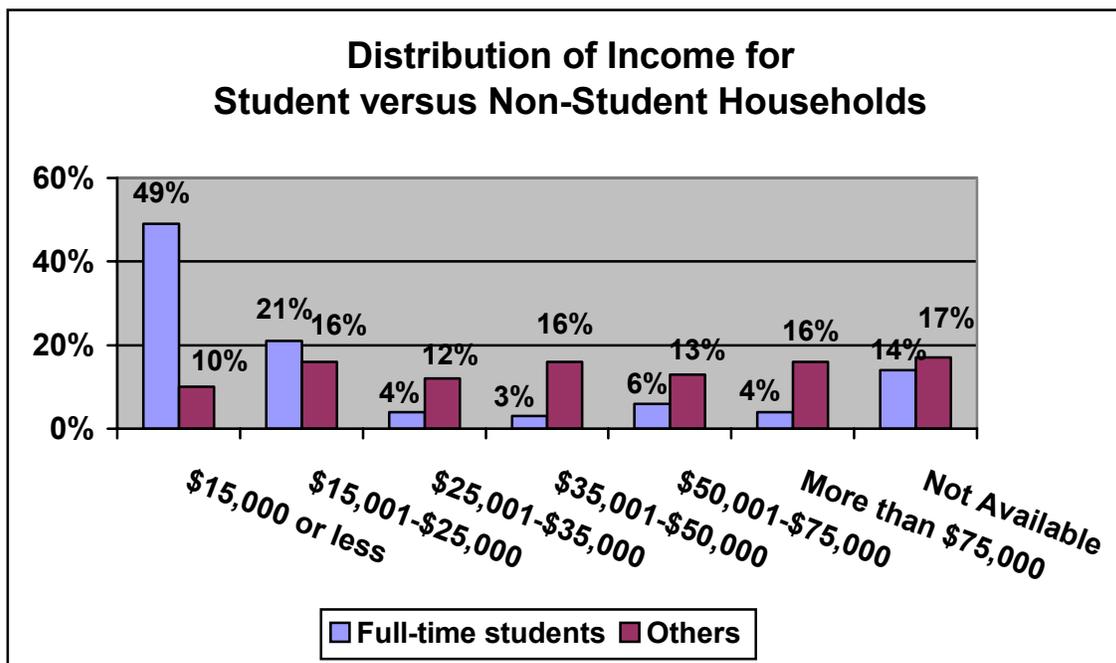
Most of the SCAN data analyses in each of the ten topical challenge areas include comparisons of survey households on the basis of non-student and full-time student status, and income level. Data collected from the service agency client households is often listed as well.

Similarly, key community informants and service providers represent the full spectrum of service activities, including human service organizations, arts, education, environment, health, social service, public safety, youth development, community planning, faith-based, civil rights, information and advocacy, and more. The data they provided was incorporated in the Description, Key Findings, Community Examples and Places to Start sections.

The SCAN Steering Committee anticipates that the information in the sections that follow will be useful to program developers, service providers, policy makers, community leaders, grant writers, researchers, funders, and the general public.

Educational Attainment–
Creating Opportunities and Removing Barriers

Description

Educational attainment is a pathway to opportunity and has a direct impact on a person's employability, income and overall quality of life. SCAN found a relationship between educational attainment and experiences with economic and other household challenges. The majority of adults experiencing the greatest difficulties with major household challenges have not completed high school or a GED. Adults who have completed high school or a GED are still more likely to experience more major or minor household challenges than respondents who have even some additional post-secondary education. Adults who completed either a technical or academic degree program were less likely to experience household economic challenges than those who had not completed a degree program. Correspondingly, respondents in the lowest income groups were more likely to report their completed level of education as high school or less.

Our community has excellent resources for post-secondary education, including strong technology-based learning options. Low-income adults who are interested in furthering their education often face barriers. These include difficulty obtaining financial aid or loans because of a poor credit history or criminal background and finding transportation or child care to allow them to attend classes. Many who might benefit from distance education or on-line learning options do not have access to the required technology. Spanish-speaking individuals reported additional barriers due to language difficulties and the lack of work permits, Visas or other appropriate documentation.

Monroe County Fast Facts:

Percentage of Population with High School or BA Degrees as their Highest Education Level

Educational Attainment	2002 Population with a High School degree or Equiv as highest level	2002 Population who hold a BA degree as highest level
Monroe County Community School Corporation District	25%	21.5%
Richland Bean Blossom School Corporation District	39%	10.5%

For 2002:

- The Monroe County public school graduation rate for 12th graders was 90.7% (Indiana 91.1%)

- 71.6% of Monroe County public high school freshmen graduate in 4 years (Indiana 66.4%)

- 66.4% of Monroe County public high school graduates intend to enroll in a 4-year college (Indiana 57.8%)

- 4.1% of Monroe County public high school graduates intend to enroll at a technical or vocational college (Indiana 7.8%)

For additional education statistics for Monroe County and the MSA refer to the Statistics Supplement, including pages 9 and 15.

Key Findings

Educational Attainment and Household Challenges

The following chart shows the education level for participants in the Household Telephone Survey by all households, non-student households with an annual income of less than $25,000, and non-student households with an annual income of less than $15,000. Comparative data is also provided for the 42 clients who completed the same survey at a social service provider agency.

Education Level Completed	All Households	Non-student Households with income < $25,000	Non-student Households with income < $15,000	Provider Clients
Less than high school	4%	18%	33%	21%
High school or GED	28%	30%	33%	38%
Vocational/technical degree	3%	4%	5%	13%
Some college	27%	18%	5%	20%
College degree/Bachelors	20%	15%	10%	4%
Masters Degree	14%	11%	10%	4%
Doctorate (JD, MD, PhD)	3%	--	--	0%
Other	1%	4%	4%	0%
	N=307	n=125	n=71	n=42

Respondents with lower levels of educational attainment were about twice as likely to report major problems paying for basic needs, including food, clothing, utilities and keeping the car running. They also reported greater difficulty "finding a job that pays enough to meet the family's basic needs." There was not a significant difference for difficulty paying the rent or mortgage based on educational attainment.

Survey participants were also asked if reading presented a challenge to them in their daily lives. Reading was not found to be a significant problem for 95% of the respondents. It was a minor problem for 3% and a major problem for slightly over 1%. By comparison, the provider client surveys indicated that, while it was not a significant problem for 88%, it was a minor problem for 10%, and a major problem for 2%. This difference can be explained by the fact that the client surveys assessed a population with a lower level of educational attainment (21% had not completed high school) and include Spanish-speaking and other individuals for whom English is a second language.

Challenges and Barriers to Learning Opportunities
SCAN key informants identified challenges and barriers to maximizing available learning opportunities for various populations. Their comments are summarized below:

- **Families at economic risk** may include adults with lower levels of education who are underemployed or unemployed. The destabilizing effects on the "working poor" include hunger, lack of medical care, and problems with economic household issues, which in turn, often lead to family stress, anxiety, depression, and substance abuse. In some cases, there is even a greater incidence of child neglect and abuse or domestic violence. Children or youth in these situations often have increased absenteeism from school. They may not have adequate food or clothing. Some find themselves relocating frequently, changing schools and losing positive adult mentoring relationships. There may also be increased incidents of juvenile delinquency.

- **Adults with poor credit histories** may have difficulty obtaining education loans or getting a loan at a reasonable interest rate. Without a loan, the cost of tuition reduces the amount of money available for needed living expenses or otherwise prevents an individual from pursuing an education.

- **Adults who need child care services** may not be able to take advantage of community Adult Education programs that offer language skills, basic skills, and GED programs to improve employability. Some programs have found it helpful to have low-cost or free child care in close proximity or on site. The lack of affordable child care is an obstacle for some members of this population, and prevents them from moving forward. These costs are often no longer covered because of changes in the voucher program.

- **Individuals in need of transportation to attend classes** include people in outlying geographic areas, people with lower income levels, some elderly, and some people with disabilities.

- **Incarcerated adults can take classes** held at the jail for basic skills development, GED preparation, and employability. Monthly GED testing is given, but the programs have increased in demand – 25% in past year– while funding from federal and local sources is decreasing.

- **Spanish Speaking Teens and Adults** may face the language barriers that are often encountered by those whose first language is not English. Some undocumented workers can't access education opportunities. Also, there is not enough space in the teen education program for all interested students; as of spring of 2003, there was a 3-month wait for access to the program.

- **Individuals with severe mental health issues** may not be able to pursue an education or employment, because they are no longer receiving necessary treatments, case management, or medications after changes in state policies and funding cutbacks.

Community Resources for Educational Attainment

The residents of Monroe County are fortunate to have a variety of formal education systems in place, including two pre-school – 12th grade public school systems, a diversity of pre-schools including a Head Start program, several private and independent schools, alternative high schools, and post-secondary learning opportunities including Indiana University and Ivy Tech State College – Bloomington, both of which have Continuing Education programs. There is also a sizable home-schooling community. Career development opportunities for youth are provided through the schools and the Franklin Initiative. Bloomington is heavily "wired", and many residents have access to the Internet. (Many of the social service agencies in Bloomington first gained access to the Internet by participating in the Indiana Association of United Ways/Lilly Endowment Giant Step Initiative led by United Way and HoosierNet in the mid 1990s).

Informal education resources are equally strong. The public library has two locations, and is studying the feasibility of a third location. Over 3000 patrons on a daily basis utilize the library. Additional opportunities are provided by Indiana University, Ivy Tech, WonderLab, the city and county Parks and Recreation Departments and the educational enrichment classes offered by many community organizations *(see the section on Youth Development).*

There are a variety of ongoing and expanding efforts to meet the growing demand for basic adult education, including programs offered at the new Family Resource Centers and at the jail. Some programs are designed for non-native English speakers. Providers of the Spanish-language GED programs estimate that they are meeting about 75% of the needs of teens and 20% of other Latinos. Some of the organizations

involved in these efforts include Monroe County Community School Corporation Adult Education, the Monroe County Sheriff's Department and Jail, FSSA (IMPACT), WorkOne, the Monroe County Public Library, Youth Services Bureau, IU Family Housing, Ivy Tech State College – Bloomington, IU Continuing Studies, Monroe County Probation Department, the City of Bloomington, Head Start, Vocational Rehabilitation, the IU School of Education, and VITAL.

Several community organizations and social service agencies work cooperatively to provide school supplies to low-income children and their families. In 2002, these organizations estimated the need to provide assistance to 96 families. The actual number of families requiring assistance with school supplies as well as shoes for students was 300, more than three times the estimate. In-kind and financial support from both individuals and businesses supports these initiatives. Everyone involved in providing these services is concerned about increased demand in the coming years.

Some community employers have been working cooperatively with education institutions and other organizations to provide their employees with job and life skills development.   Award-winning programs at several social service agencies, including Middle Way House and Stone Belt Center have made adult education, together with job and life skills development, a core portion of their mission. Some provide consultation to businesses on supporting and integrating their clients into the workforce.

Places to Start

A lack of education and continued skill development beyond the high school level is directly linked to a lower income, which in turn, is one of the root causes for poverty and related challenges faced by individuals and families in our community. Increased education is vital to "breaking the cycle" from one generation of a family to the next. Effective partnerships among all three sectors – nonprofit human service providers, government and business (for-profit) - will be required to address the challenges and barriers.

Specifically, the community needs to
- Make sure that the entire community, including citizens and decision makers, is aware of the negative potential impact of low educational attainment on employment options, economic prosperity and overall quality of life.

- Ensure that children receive a quality education beginning at an early age. They must complete high school and graduate with competitive competencies and thinking skills. *(See Youth Development section)*

- Identify children, young people, and families who are at-risk, and would benefit from services to help them begin or complete additional education. Youth whose families move frequently, resulting in a change of school district, are one target population to observe.

- Provide resources for coordinated services so that individuals and families may overcome barriers and be able to effectively take advantage of a variety of educational opportunities, from GED programs to post-secondary and vocational education. This would include identifying sources of low-interest loans for those who may have difficulty qualifying or present a credit-risk; and securing child care and transportation services for those who need them. It may also entail helping some individuals gain access to the technology that would allow them to complete advanced online education on a schedule that does not conflict with employment and family responsibilities. Individuals with weaker reading, math or other basic skills may need tutoring or other support services.

- Ensure that these same opportunities and support services are available to individuals for whom English is not a first language.

- Foster partnerships between local employers and educational institutions. Business and workplace peers and mentors can have a positive impact by helping to instill self-esteem, respect for work, an appreciation of portable skills, and the need for continuing education.

- Acknowledge that there will be a population, many of whom are experiencing multiple and often chronic challenges, which will have difficulty reaching even a basic level of educational attainment. The community needs to plan how to best provide ongoing services for this population, and to consider sources and types of support, including stable funding.

Employment– Supporting those Entering or Making a Transition

Description

Economic resources and opportunities can be a key determinant of quality of life. Having a satisfying, well-paying job can lead to personal fulfillment. It also allows individuals and families to pay for basic needs like food, shelter and health care, or to take advantage of opportunities for additional learning, recreation and culture. In contrast, not having a good job can be a significant disadvantage, adversely affecting many other aspects of life.

The weak national, state and local economies have put a serious financial strain on many households. Local social service providers are reporting an increase in requests for basic needs assistance – food, money for rent and utilities, and prescriptions–at a rate they cannot meet. What is even more disturbing about this trend is who is asking for help. Many of the requests come from individuals who are employed but can't keep up with the increased costs of living for their families. One trustee reported a 200% increase in poor relief in 2002. Some providers refer to these families as "the working poor".

Some of the issues these families are dealing with include:
- Income thresholds to determine eligibility for child care vouchers and welfare benefits have become so restrictive that many who need those federally-funded services are no longer receiving them.
- A lack of affordable housing forces many families to spend a significant percentage of their income on housing, leaving too little for their other needs.
- Single parents going back to work may lose TANF benefits and food stamps, even at very low wage levels.
- Health care costs are high. Many families can't afford health insurance. An accident or illness can lead to a disastrous chain of events, where the lack of ability to pay for medical bills leads to a bad credit rating which in turn leads to high interest consumer loans; for some this can escalate to a loss of their home. Some become depressed, or may become involved in crime, substance abuse or domestic violence.

The increasing need and requests for assistance puts stress on providers, who have to further stretch already limited staff and resources. Many providers have concerns about the increasing demand for services in the face of a weak economic climate and declining federal and state funding for programs. (In addition to the resident population, over 14,000 individuals commute to work in Monroe County on a daily basis; some of these people receive services from local providers.)

Obviously, efforts to strengthen the local economy, create well-paying jobs, and identify new resources or use existing resources in a more coordinated fashion are critical to the long-term health of our families and community.

But more immediately, it is important to help any qualified individuals who have lost their jobs due to company downsizing or other economic reasons find suitable employment as quickly as possible. Others who would like to increase their earnings may have difficulty finding a better job – many of the positions that are available are either higher skill, higher paying jobs for which they are not qualified, or low skill, low paying jobs which still do not pay enough to make ends meet. These individuals would benefit from additional training and skills development.

Other individuals trying to enter or make a transition in the workplace might need support services, including technical and life skills development, technology training, help with overcoming language barriers, child care assistance, transportation, and more. Several social service agencies and other organizations in the community have excellent programs for employer and employee support services, and business creation.

Monroe County Fast Facts
- Per Capita Personal Income (annual, 2001): $25,302
- Median household income: $33,311 (2000); 87th in state [Indiana $41,567]
- Poverty Rate (2000): 18.9%; 1st in state [Indiana, 9.5%]
- Children under 18: 11.8%; 35th in state [Indiana 11.7%]
- Total Residential Labor Force (2002): 63,200; 12th in state
- Total Employed (2002): 61,030; 12th in state
- Unemployment rate: 3.1% (June 2003); 88th rank in state [Indiana 4.6%]
- Households: married with children: 8212; single parents 3165

Commuting Patterns – Top 5 in 2002

Into Monroe from these Counties	Number of Commuters	Percent of Total Employed	Out of Monroe to these Counties	Number of Commuters	Percent of Total Employed
All Areas	14,329	20.7%	All Areas	4,527	7.6%
Lawrence	3,333	4.8%	Marion	1,187	2.0%
Greene	3,248	4.7%	Martin	697	1.2%
Owen	2,438	3.5%	Lawrence	538	0.9%
Morgan	677	1.0%	Morgan	393	0.7%
Brown	561	0.8%	Owen	362	0.6%

(Source: Indiana Department of Revenue)

Key Findings

The data gathered from SCAN

- Helped define the scope of unemployment, and related unmet human service needs.
- Identified vulnerable populations who are either currently experiencing poverty or are more at risk for doing so.
- Examined challenges and barriers in employment-related services (childcare, transportation, job skills, language barriers, etc).
- Suggested the need for job training, along with challenges and barriers.
- Indicated some promising strategies, partnerships and resources for helping to support individuals and families entering or making a transition in the workforce.
- Showed the need for continued economic development in our county.
- Demonstrated that the lack of employment or underemployment is linked to low income, and in turn, to poverty in our community.

Work Status

Household residents were asked about their current work status and whether they had experienced difficulties in paying for various necessities during the 12 months prior to the survey. Almost a third of the respondents (29%), said that "finding a job that pays enough to meet the family's basic needs" was a major or minor problem. By comparison, the clients of service provision agencies found this to be a much greater challenge; 52% had a major problem and 22% had a minor problem. Respondents were also asked about accessing work-related training opportunities. While this was a challenge for less than 10% of the general population, it was a problem for 39% of the individuals in the client provider group.

The Federal poverty measures define eligibility strictly on income level. Several recent measures of poverty, including that of the Indiana Coalition for Housing and Homelessness Issues (ICHHI), defines a Self-Sufficiency Standard based on income and household size, with adjustments for the ages of children and other basic living expenses. A parallel, but simpler analysis of the SCAN data was conducted that defined "low income" as:

- a household size of 1-2 with an income less than $15,000, or
- a household size of 3-4 with an income of less than $25,000, or
- a household of 5 or more with an income less than $35,000.

For families defined as "low income" on the basis on income and size, finding a job to pay the family's basic needs was a major problem for 25% and a minor problem for 38%.

Question	Major Problem	Minor Problem	No Problem	No Answer
General Population				
Finding a job that pays enough to meet the family's basic needs?	12%	17%	62%	9%
Getting access to needed work-related training opportunities?	2%	7%	87%	4%
Non-Student Households with Income < $25,000				
Finding a job that pays enough to meet the family's basic needs?	20%	24%	41%	15%
Getting access to needed work-related training opportunities?	4%	13%	78%	5%
Non-Student Households with Income < $15,000				
Finding a job that pays enough to meet the family's basic needs?	19%	28%	33%	20%
Getting access to needed work-related training opportunities?	5%	19%	71%	5%
Provider Clients				
Finding a job that pays enough to meet the family's basic needs?	52%	22%	26%	0%
Getting access to needed work-related training opportunities?	25%	14%	61%	0%

Respondents were asked about their current employment status. Among non-students, 57% work full time, compared to 8% of students working full time. Non-students report an unemployment rate of 6.3%; while students report that 28% are unemployed, it is likely that many of these individuals are not looking for work and would not meet the standard definition of unemployment. For respondents from the client group, fewer were working full-time; a slightly higher percentage were retired.

The following chart illustrates the data for current work status for all of the households in the study, compared to non-full-time student households, full-time student households and provider clients:

Current Work Status	All Households	Non-Full-time Student Households	Full-time Student Households	Provider Clients
Working full-time for pay	40%	57%	8%	30%
Working part-time for pay	24%	8%	56%	3%
Temporarily unemployed	14%	6%	28%	19%
Retired	15%	22%	0%	27%
Keeping house	5%	6%	1%	5%
Doing something else	2%	1%	6%	16%

The same comparison is shown below for non-student households with $15,000 and $25,000 annual income, and households defined as "low income" based on household size and income, versus "non low income." The higher income households had about the same percentage of retired persons, but had a higher rate of full-time employment, less part-time employment and less unemployment.

Current Work Status	Non-student Households, inc<$15,000	Non-student Households, Inc<$25,000	"Low Income" Households	"Non Low Income Households"
Working full-time for pay	33%	43%	48%	59%
Working part-time for pay	5%	11%	11%	7%
Temporarily unemployed	14%	11%	11%	5%
Retired	38%	30%	22%	22%
Keeping house	10%	6%	8%	6%

Respondents were also asked if they were working more than one job to make ends meet. About 14% of the non-student households said "yes"; 86% said "no". For non-student households earning less than $15,000, 38% worked more than one job. In the client provider group, only one person reported working an additional job, but many did not answer this question.

Income Level

When asked, "Last year, before taxes and including all sources, what was your total household income," the responses were:

Income Level	All Households (N=307)	Non-Full-time Student Households	Full-time Student Households	Provider Clients
Less than $15,000	23%	10%	49%	70%
$15,001 to $25,000	18%	16%	21%	24%
$25,001 to $35,000	9%	12%	4%	2%
$35,001 to $50,000	12%	16%	3%	2%
$50,001 to $75,000	11%	13%	6%	2%
More than $75,000	12%	16%	4%	--
Don't know/No answer	16%	17%	4%	--

Among those who are not full-time students, 26% reported an income of $25,000 or less during the past year. The chart above shows the distribution of incomes for both full-time students and non-students. Student incomes are concentrated in the lower categories.

Of those who were interviewed at the service provider locations, 70% had incomes below $15,000. Many of these individuals are dependent on social security and/or disability payments as their primary income. Another 24% fell in the $15,000 to $25,000 category, still considered an at-risk bracket for a family by most determinations.

The POL (Indiana University Public Opinion Lab) analysis of demographic factors by income level further indicated:
- Age differences between the income groups are significant. While 33% of those in the lower income group are over 65, just 7% of those in the higher income group are over 65. About 73% of the higher income respondents are between 30 and 65, while 31% of the lower income respondents are in this age category.
- A greater percentage of women (68%) are in the lower income group than men (50%)
- Households in the lower income group are more likely to include an elderly or disabled member. About 37% of these households include such a resident, compared with 15% in the higher income group.

- Respondents in the lower income group are more likely (49%) to report their highest education level to be high school or less compared to 22% of the higher income respondents.
- Over half of the respondents in the lower income group indicate that they rent their current residence, while less than one quarter of respondents in the higher income group rent their residence.
- There was also a significant relationship between income group and current work status. Close to 30% of lower income respondents are retired, while 12% of higher income respondents are retired. About 43% of lower income respondents report working full-time, compared to 70% of higher income respondents. Lower income respondents are also more likely than higher income respondents to be temporarily unemployed or working part time. (A number of the provider clients are on permanent disability.)
- As would be expected, respondents in the lower income groups are more likely to have experienced several problems related to finances. Many did not have enough money for basic necessities such as food, housing, utilities, and clothing during the past twelve months. They are also more likely to have had trouble keeping the car running. Over 22% report needing emergency or supplemental food assistance during the past year.

Figure 6: Problems with meeting basic needs
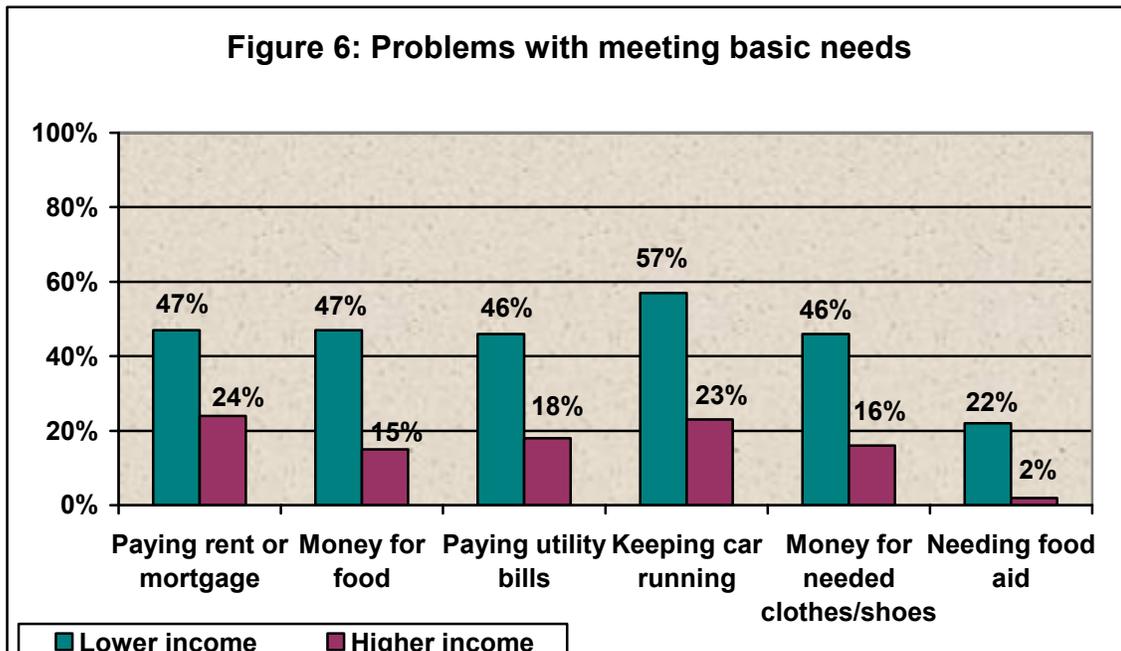
- Another major area of difficulty for respondents in lower income categories was health care. Respondents with lower incomes were significantly more likely to report difficulty paying for doctor visits, prescription medication, dental care and vision care.

Figure 7: Problems with access to health care

	Money to pay doctor	Money for prescriptions	Money to go to dentist	Money for eye exam or glasses
Lower income	44%	46%	32%	45%
Higher income	22%	20%	11%	18%
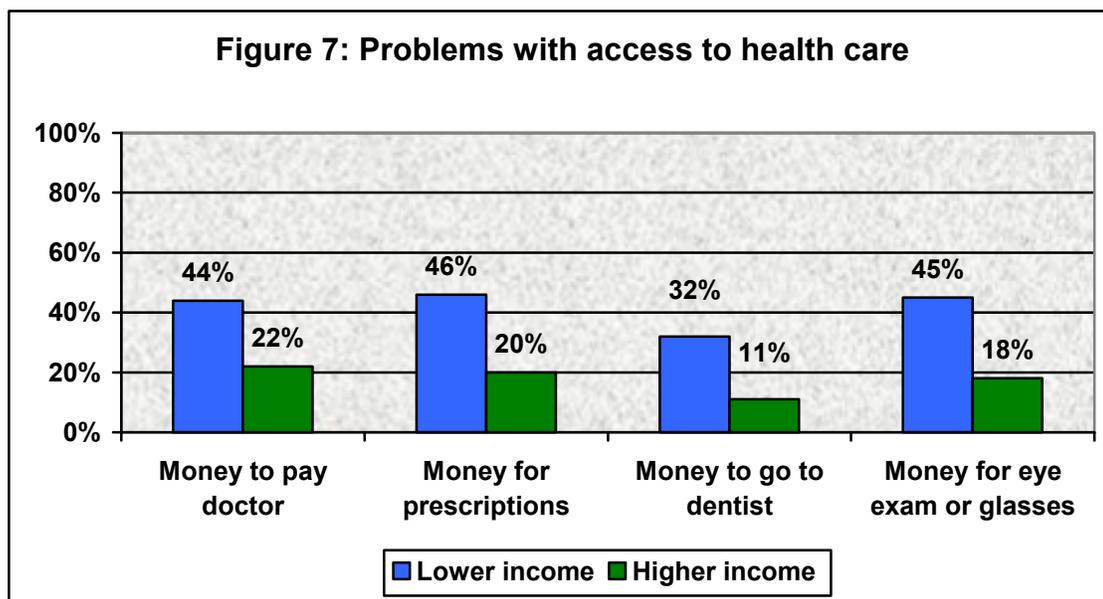
- Respondents in the lower income group were also more likely to report a problem with obtaining a loan at a reasonable interest rate (32% lower income; 10% higher income) and affording needed legal help (32% lower income; 10% higher income).

Jobs and Workforce Development

During their interview, a majority of key informants mentioned job creation, training and retention among the priority needs in the community. Individuals without a higher level of education tend to be employed in lower-paying, lower-skill jobs. Those who are unemployed or underemployed are experiencing a widening gap in their ability to make ends meet. While some of the recent jobs that have been created in the community are higher skilled and higher paying (life science-related, especially), there are even more that are in large retail, hospitality and similar fields that traditionally pay less. *(See the Statistical Supplement starting on page 22 for an analysis of income by field.)*

Job creation and job training are significant needs that will require a longer-term investment by the community. In the interim, many people cannot earn enough money to rent a home or pay for child care. For those experiencing difficulties, short-term assistance is available from the Office of Family and Children, the township trustees' offices, the faith-based community and social service agencies. Many of these organizations have limited resources and do not have the capacity to both address

improving the long-term prospects for the individual and family, and meet their immediate needs. Additional job training and support are needed to increase job entry and retention. Individuals may require financial aid to be able to participate in the job training that could lead to employment with higher compensation. Temporary support services, including child care and transportation, may be necessary while an individual is becoming established.

The following is a summary of the data from community members on the issue of unemployment and workforce development. Comments are grouped into four categories: barriers to job entry, job retention, job training and employment issues. Survey results concerning employment support services follow.

Barriers to Job Entry
- Some employers are not willing to devote significant time and money to cultivating potential employees who present challenges prior to or upon entry into the workforce. There are enough other potential employees who do not present these challenges and individual employers have little incentive to invest resources in building a workforce.
- Some individuals are denied employment when background checks reveal that they have a bad credit rating. Others may find themselves permanently hampered by a criminal history.
- Underemployment is an issue. Many individuals can't find a suitable job that pays enough for them to cover their basic household expenses. There has been a decline in the number of light manufacturing jobs that paid better wages for individuals with minimal education.
- Some individuals do not have the educational credentials, technology and other work skills, or life skills needed to be competitive in the job market.
- Confidentiality of client information is an issue. Under the present system, agencies and organizations don't have an accepted way to make cross-referrals or exchange information about a client, even if the client agrees. Some organizations believe that they could help more individuals if they could discuss unemployment and job information with nonprofit providers. They also believe it would be helpful to have more information on employer needs to assist with potential matches.
- The lack of coordinated community data prevents organizations from applying for additional funding to support workforce development efforts.
- Many employers are not aware of the resources and incentives available to them to hire people with disabilities. (Hire Potential Indiana is now helping to provide this information.)

Job Retention
- Improving job retention is a critical issue that needs to be addressed. Maintaining employment is a particular challenge for clients who have difficulty finding transportation to work and accessing child care, financial aid and other support services.
- Some individuals do not have the life skills to maintain employment. Providers also report working with clients who lack motivation, or who have gotten discouraged and given up.
- Individuals with education and experience in health care and computer systems often leave Monroe County for the Indianapolis market because the pay scale for comparable jobs is better.

Job Training
- Employers prefer to hire trained workers, rather than investing resources in training programs.
- There are many local resources available for job training; but not all are affordable or accessible.
- Some employees need budgeting classes and financial training to help them make better decisions about handling their income.
- Job training is needed for homeless populations. Such a training program could include a rehabilitation element for individuals with substance abuse problems. (There are currently not enough rehabilitation programs in the community.)
- Many social service agencies do not have the expertise, or the liability insurance, to conduct job training. More collaborative efforts are needed with organizations that do have this capacity.
- There is a lack of coordination among job development providers that serve different target populations.

Compensation and Benefits
- Many workers lack benefits, including those holding full-time employment in low-end food service and retail. Providers also cited examples of seasonal workers, like school bus drivers, who hold other jobs during the summer, and usually do not have health insurance. Others have heard that employers pay workers in cash and do not provide worker's compensation.

Employment Related Support Services

Household Survey respondents were asked to report difficulties with employment-related issues, including finding day care during working hours, finding transportation, and getting care for disabled or elderly members of their households. The results follow:

Question	Major Problem	Minor Problem	No Problem	Don't Know
Finding day care during the work hours you need it?	0%	53%	47%	0
Finding transportation to get any children in your household to day care?	0%	76%	24%	0
Having access to adequate public transportation to go to and from work?	9%	11%	70%	10%
Getting needed services for any of the people in your household who are disabled?	21%	12%	63%	4%
Getting elder care for a member of your household?	3%	6%	80%	11%
Have you or anyone in your household had problems finding or keeping housing or employment because of your race, ethnicity or sexual orientation?	1%	1%	98%	0%

Transportation
Accessing transportation to and from work is a problem for close to 20% of the respondents. Public transportation options are limited by route and schedules, particularly for outlying areas of the county. A Transportation Commission is currently conducting a more detailed assessment of needs. Adding additional routes to rural areas presents challenges, including increased costs for liability insurance. Additional transportation would help clients get to work and access other community organizations and programs. The clients of many social service agencies rely on Bloomington Transit services. For example, WonderLab would like to have more low-income children attend, but parents have difficulties getting children to a program.

Other regulations limit the creation of innovative programs. For example, any kind of program that helps provide vehicles for use by clients is limited to 11 cars; otherwise the organization has to be a registered auto dealer. Additional needs include transportation for people with disabilities who are unable to use the fixed route system. Many elderly may no longer be able to drive, yet may not meet the eligibility requirements for transportation under the Americans with Disabilities Act and suffer a loss of independence as a consequence.

(*Child care, elder care and services for people with disabilities are presented in later sections of this report.*)

Community Resources

Much has been done since the last community needs assessment (SPAN/MC, 1998) to improve local public transportation in the city. Bloomington Transit has worked in partnership with the Indiana University bus service so that more stops have been added, customers can purchase joint passes, and sliding fee scales are available. Many social service organizations and faith-based organizations purchase passes for clients who need them.

Middle Way House has achieved state and national recognition for its approach to business creation. Their programs have generated interest from other communities interested in duplicating the mechanism and creating similar alliances. Middle Way House would like to establish relationships with existing businesses to provide them with consulting services on working with challenging populations. The job training and economic development programs that it offers can help clients living in poverty.

Stone Belt Center is another example of a provider that has formed a partnership with an existing business. Clients are trained to work as skilled craftsmen under the mentorship of the business's founder. In addition to this new program, Stone Belt will continue to provide the support services and job skills training its clients need to have a successful employment experience. Additional service providers who support the efforts of people with disabilities to find jobs in Monroe County include Options for Better Living, the Center for Behavioral Health and Goodwill Industries.

The Franklin Initiative works cooperatively with the local school systems to place community volunteers in the schools, and to connect businesses with student interns who can investigate potential careers while learning valuable job skills.

The Small Business Development Center, Ivy Tech State College – Bloomington and Indiana University Division of Continuing Studies have formed a partnership to help small businesses and people interested in starting small businesses participate in a sequential curriculum to develop critical skills and competencies.

Hire Potential Indiana is a business led entity designed to inform employers about the benefits of hiring people with disabilities and the resources available to them. It is a collaboration among employers, state agencies and local providers.

Places to Start

- Community partners should continue effective efforts, and let others interested in similar endeavors know what successes and difficulties were encountered.

- Create a comprehensive community strategy that focuses on developing all potential members of the workforce, including young adults considering career options, adults seeking to enter the workforce and incumbent workers. The strategy should consider the needs of both the employer and the employee, and

suggest a means of providing information, removing employment barriers, and facilitating access to job development support services. Employers will benefit by having a more productive, educated and trained workforce. Employees will benefit from improved economic well-being and quality of life from enhanced skills and employment opportunities.

- Continue to develop the local economy by seeking additional desirable employment opportunities in high growth areas with good compensation and benefits, and by strengthening the small businesses that form a significant part of our employment base.

- Work closely with community stakeholders, including those in education, workforce development, and family support services.

- Look for opportunities to build affordable housing near basic employment areas to help alleviate transportation issues.

Affordable Housing

Description

Housing in Monroe County, especially in Bloomington, continues to be a major expense for individuals and families. Many spend a disproportionately high percentage of their income for rent or mortgage payments. The 2000 Census found that over one-third of renters in Indiana (36%) spent 30% or more of their pre-tax income on rent. This leaves these households with significantly less money for other essential needs, which is a cause for concern. The Indiana Community Action Association (2002) found that almost 17% of renters in Indiana spend over half of their incomes on rent. For Monroe County, 56.5% of rental households spend over 30% of their household income on rent. (Census figures do include student renters attending Indiana University.) Housing options in outlying areas of the county may be more modestly priced, but are further away from employment and critical services.

In addition to affordability, other common housing needs include maintenance assistance for the elderly, the installation of mobility-assistance devices such as grab bars and ramps, and support for families that are trying to move into a rental home or apartment, but do not have the additional initial money for a security deposit and advance rent. *(Emergency shelter and homelessness are discussed separately under "Emergency Services")*

Monroe County Fast Facts

- There are a total of 52,520 housing units in Monroe County (2000).

- Of these, 25,316 are owner occupied units (2000) with a median value of $113,100, 10th highest in the state. About 21,582 are renter occupied units (2000) with a median rent of $560, again 10th highest in Indiana. A total of 36% of these housing units are in multi-unit structures.

- The home ownership rate (2000) is 54% (Indiana, 71.4%).

- There are 20,095 persons in Monroe County below 100% of the federal poverty level (18.9%, 2000 Census); 37,734 below 200% of the federal poverty level (35.5%).

For additional information, please refer to the Supplement pages.

Key Findings

Housing Affordability and Quality

The Household Survey asked a number of questions about housing affordability and quality. Difficulty paying the rent or mortgage was one of the more common financial problems reported (about 30%), along with maintaining a car (27%) and paying for prescription medication (25%). Overall, respondents were divided evenly between those who rent and those who own their current housing, at 48% each. The results are shown in the following table:

Question	Major Problem	Minor Problem
Having enough room in your house for all the people who live there? (household survey)	1%	12%
Having enough room in your house for all the people who live there? (household survey, non-students with income below $25,000/year)	0%	18%
Having enough room in your house for all the people who live there? (household survey, non-students with income below $15,000/year)	1%	24%
Living in housing that needs major repairs? (household survey)	4%	18%
Living in housing that needs major repairs? (household survey, < $25,000)	8%	26%
Living in housing that needs major repairs? (household survey, <$15,000)	14%	33%
Having enough money to pay the rent or mortgage? (household survey)	6%	24%
Having enough money to pay the rent or mortgage? (household survey, < $25,000)	17%	30%
Having enough money to pay the rent or mortgage? (household survey, < $15,000)	28%	14%

Similarly, individuals participating in the provider client surveys had much greater difficulty paying the rent or mortgage; it was a major problem for 27% compared to 6% for the general households responding. About 54% of the clients had at least a minor problem with this area, compared to the 30% of the general households. Similarly, clients experience greater problems with living in housing that needs major repairs (37%) and having enough room for al the people who live there (28%).

The distribution of renters versus owners for the different subgroups is:

- Non-student households: 28% rent   69% own
- Full-time student households: 89% rent   6% own
- Non-student households, income < $25,000:   52% rent   43% own
- Non-student households, income < $15,000:   71% rent   29% own
- "Low income" households: 67% rent   28% own
- "Non Low income" households: 20% rent   78% own

Households were also asked about difficulty paying for household-related expenses, such as utility bills:

Question	Major Problem	Minor Problem
Having enough money to pay for utility bills (household survey)	4%	18%
Having enough money to pay for utility bills (household survey, income < $25,000 a year)	20%	26%
Having enough money to pay for utility bills (household survey, income , $15,000 a year)	33%	24%

Several Household Survey questions looked at the quality of the housing environment. The results follow:

Question	Major Problem	Minor Problem
Having unsafe or dirty drinking water (household survey)	3%	9%
Having unsafe or dirty drinking water (household survey, income < $25,000 a year)	4%	13%
Having unsafe or dirty drinking water (client survey)	4%	6%

Having bad air quality in your house (household survey)	2%	8%
Having bad air quality in your house (household survey, income < $25,000 a year)	4%	9%
Having bad air quality in your house (client survey)	7%	14%
Having lead (paint) contamination (household survey)	0%	3%
Having lead (paint) contamination (household survey, income < $25,000 a year)	0%	9%
Having lead (paint) contamination (client survey)	0%	3%

There were no significant, consistent differences in air or water quality for the different groups. The lead paint contamination question may not be conclusive, since the data represents only households that are aware they have a problem with lead paint.

Additional data from key informants and service provider profiles showed the following barriers and gaps in services related to affordable housing:

Eligibility and Availability of Services
- Individuals and families with incomes between 40-50% of the median income have difficulty meeting eligibility requirements (based on the federal poverty level) for many services, yet they are not earning enough to afford housing and other essentials. Some local private developers are beginning to address the need for affordable housing, but social service providers indicate that there is still unmet demand.
- There is a shortage of available housing stock for low-income individuals. Clients who qualify for Section 8 housing face an extended waiting period. Those who request assistance with paying their utility bills may have to wait two to three years for help. Individuals with felony convictions (assault, drugs, etc.) are not eligible for public housing.
- Township Trustees can distribute limited funding to people according to specific income eligibility guidelines. Very few social service organizations (Salvation Army, CAP, Monroe County United Ministries, the St. Vincent DePaul Society) have funds available to assist with paying housing deposits, rent or utilities; as a result, clients often turn to churches for this type of assistance. Other providers would be more willing to provide this service if the refundable deposits could be returned to the agency and not the client. Without assistance with rent deposits and utilities, many clients lose their homes and are forced into shelters.
- Neighborhoods with traditionally affordable older housing stock have been rehabilitated to increase their desirability and, in turn, their value or rental and

purchase cost. The recent reassessment further increased the costs for residential property taxes.

- There is a need for additional education about responsible home ownership, credit counseling, credit consolidation, predatory lending and how to become a home owner. Many clients do not qualify for housing programs like Habitat for Humanity because of bad credit ratings.
- More affordable housing is needed on public transit routes.

Community Resources

- The Housing Network is a volunteer consortium with the vision "that everyone has stable, decent affordable housing." Its activities include the Continuum of Care, a housing survey and coordinating efforts to address issues of poverty, housing, and homelessness.

- Habitat for Humanity has an active program for affordable home ownership. It has expanded its homeowner education classes to include a long-term financial class and a 6-month class on finances. An AmeriCorps member works directly with families to provide services. To qualify for a Habitat home, families must be between 25 and 70% of the median income for Monroe County. Many of those coming to Habitat looking for a house may have moved as many as six times in the last year. Habitat works closely with other community organizations to provide their services.

- The Housing and Neighborhood Development (HAND) Department of the City of Bloomington provides a number of affordable housing programs, including programs to do repairs to owner-occupied homes and rental units. HAND also provides assistance for emergency repairs and to modify homes for accessibility issues. Housing counseling, which includes budget and credit counseling for homeownership, are available through the housing counseling program. For more information, see www.city.bloomington.in.us/hand.

- Housing Solutions and South Central Community Action Plan both work with people with disabilities to assist them to become home owners. Abilities Unlimited has a program to provide home modifications to people with disabilities.

Places to Start

- Create a centralized public information and referral source for affordable housing issues and programs; or, preferably, have an existing organization take this on.

- Continue to collect statistics and related information on the issue of affordable housing in our community, and use it to continue to build public awareness.

- Expand existing programs for consumer education on home purchasing, home ownership and budgeting. Programs should include an awareness of the needs of people with disabilities.

- Establish credit counseling services for clients enrolled in home ownership programs to help them rebuild their credit and gain a better understanding of maintaining good credit and avoiding predatory lending.

- Continue successful efforts to work with lending institutions and other organizations to make affordable home ownership possible for more individuals.

- Focus continued efforts on the creation and retention of jobs with good compensation and benefits, and on increased education and training for the workforce. This will increase earnings, assisting families in their efforts to qualify for financing and purchase a home.

- Advocate for changes in policies on service eligibility guidelines.

- Establish a fund and a mechanism for providing deposits for rent and utilities to low-income individuals. (Tenants should have the return of the deposit as an incentive to keep a property in good condition, but it would be helpful to have some repayment of refundable deposits to go back into a fund pool.)

- Encourage the collaborative leadership efforts of existing affordable housing coalitions.

- Review and participate in the writing of ordinances under the Growth Policies Plan to identify areas that would be appropriate for the designation and development of affordable housing stock. Enlist developers and lenders in a partnership effort.

Health Care

Description

Monroe County is fortunate to have excellent health care resources. In 2002, Bloomington Hospital and Healthcare System (BHHS) served 365,000 patients in nine counties; 45% of their inpatients lived outside of Monroe County. The Emergency Department handled over 67,000 visits, and there were close to 17,000 annual admissions, and 2,000 births. There are over 300 physicians on staff trained in 31 different medical specialties (BHHS, 2002). In addition to BHHS, Bloomington has a variety of other health care providers, including groups like Internal Medicine Associates, imaging centers like SIRA, independent physicians, dentists, ophthalmologists and many more. A variety of walk-in immediate care facilities serve patients. Health care services are provided on a sliding fee scale at the Community Health Access Program (CHAP) clinic, a program of BHHS, and by Planned Parenthood. Bloomington is also home to a number of alternative medicine practitioners.

Those individuals who can afford private healthcare, or who have access to health insurance, Medicare or Medicaid, are able to utilize most of these services. However, there are many individuals and families in the community who need health-related services, but cannot afford them. The lack of health insurance for many residents is a major problem. A Census Bureau report that was just released gives the percentage of Americans without health coverage at 15.2%, or 43.6 million—the second consecutive annual increase. Many of the uninsured or underinsured cannot afford their co-pay amounts or other health-related bills. This in turn leads to damaged credit, which may later prevent them from qualifying for housing and education loans. Even those who do have insurance often cannot pay for prescription medications or dental and vision expenses. The cost of insuring employees rose by as much as 35% for some employers in 2002. A bright spot in the area of health care is the enrollment of many local children in the Hoosier Healthwise program through the City of Bloomington Community and Family Resources Department. (Nationally, the uninsured rate for children remained relatively unchanged at 11.6%.)

To help meet the needs of low-income patients, many of whom are uninsured, CHAP began to provide health services in 1993. In their last fiscal year, CHAP enrolled 710 first-time visitors and had more than 7,100 individual visits to the clinic. In 2002, through a partnership with pharmaceutical manufacturers, 68% of the prescriptions filled at CHAP were donated. However, CHAP provides patients with vouchers for physicians' visits; many participating doctors have waiting lists of up to several weeks. There are few alternatives to an emergency room visit for uninsured patients with acute medical problems. Of course, this is a more costly form of treatment.

The Women, Infants and Children (WIC) program, also run locally by BHHS, provides nutritional support for low-income women and their children in Monroe and Greene Counties. The program helps to reduce emergency room visits for these families, and includes an educational component to help develop parenting skills. Through Title X funding administered by BHHS' Community Health Services, patients at 100% of poverty or below can receive reproductive health care exams and other services.

Similarly, the IU Dental Clinic and School of Optometry Eye Clinic provide services at reduced fees. For some patients, treatment at the eye clinic is the only health care they have received in a decade. Because of this, the Clinic checks patients' blood pressure and blood sugar levels to help identify and prevent underlying health issues like diabetes and high blood pressure. Unfortunately, due to insufficient staffing to meet the community need, there is a waiting list at the Eye Clinic.

Other challenges for community health include:
- providing services for AIDS and HIV-positive patients, many of whom are reluctant to seek services due to the stigma associated with the disease
- providing services to those suffering with mental health conditions
- meeting the needs of substance abusers through prevention and treatment
- dealing with an increasing number of patients suffering from stress, anxiety and depression
- instituting more health and wellness programs and
- providing mental health and substance abuse programs for incarcerated persons

Many local providers feel strongly that access to health care and health education are needed to break the cycle of poverty, and call for a continuum of care to treat the whole patient. They also believe that the schools should be more active in health education.

Health care continues to improve in quality as medical advances are made, but this, together with the costs of providing services to those without health coverage, in turn continues to drive up costs. Community leaders widely acknowledge that any type of real solution will require public-private partnerships.

Monroe County Fast Facts
- There were 9,964 people enrolled in Medicaid at the end of 2002

- A total of 5,478 children were enrolled in Hoosier Healthwise; about half of these were five years of age and younger.

- For Monroe County, 76% of expectant women received prenatal care in their first trimester (2000). *For statistics on birth weight and other data from Kids Count, please see the Supplement.*

Key Findings

Respondents to the household telephone survey were asked a number of health-related questions, including their choice of treatment for medical problems, access to health insurance, and potential problems paying for various types of medical expenses. The results follow:

Where do you usually go for a medical problem?	All Households	Households < $25,000	Provider Clients
Family doctor	53%	67%	43%
Hospital emergency room	17%	28%	31%
IU Health Center/Campus clinic	10%	--	--
Other clinics like CHAP	9%	2%	26%
Drop-in office like "PromptCare"	5%	--	--
Don't know	2%	--	--
Don't go anywhere	2%	2%	--
Other	2%	1%	--

When asked whether respondents got regular check-ups, 63% of the general population surveyed answering "yes," with 37% answering "no". For the provider clients surveyed, the responses were very similar, with 61% saying "yes". About 52% of those with incomes less than $15,000 get regular check-ups. There are few places that individuals can go to get free or inexpensive wellness care.

Health Insurance

Respondents were also asked if they had health insurance, including Medicare or Medicaid. Close to 90% did have insurance; 10% did not. About 81% of those with incomes less than $15,000 had insurance. Of the provider clients surveyed, 47% had insurance; 53% did not.

For those who did not have health insurance among the general respondent population, the primary reasons given were "cost" (48%), "not offered at work" (19%), and "personal choice" (16%). For the clients surveyed, the reasons given were "cost" (66%), "not offered at work" (24%) and "unemployed" (10%).

Paying for Health Care
Respondents were asked about their ability to pay for certain health care costs, including physician's visits, prescription medications, dental care, vision care, and family counseling. The results follow:

Doctor's Visits

Having enough money to pay the doctor?	Major Problem	Minor Problem
general households	8%	14%
households with income < $25,000	26%	18%
households with income < $15,000	38%	14%
provider clients	41%	23%

Despite the fact that 90% of general households had insurance, 22% had some difficulty paying for doctor's visits. Households with lower incomes had greater difficulty paying for such visits despite insurance coverage. About 64% of the provider clients had experienced difficulty paying for doctor visits although 47% had insurance.

Prescription Medication

Having enough money to buy prescription medication	Major Problem	Minor Problem
general households	10%	15%
households with income < $25,000	26%	20%
households with income < $15,000	43%	19%
provider clients	39%	18%

Similarly, paying for prescriptions presented a difficulty for about a quarter of the general households surveyed; this was a challenge for 62% of those with incomes below $15,000, 46% of those with incomes below $25,000, and 57% of the provider clients. The data collected from key informant providers corroborates the inability of clients to pay for medications. Patients who do not take prescribed medications usually find that their condition worsens. Individuals who should be taking psychiatric prescriptions to function, but are unable to pay for them, are unable to work or engage in other productive activities. Very few social service providers are able to provide clients with funds for prescriptions; an affordable pharmaceutical program is a significant community need.

Dental Care

Having enough money to go to the dentist?	Major Problem	Minor Problem
general households	13%	10%
households with income < $25,000	32%	9%
households with income < $15,000	52%	10%
provider clients	47%	21%

Paying for dental visits was an even greater challenge than paying for prescription medications. Many providers reported that their clients are unable to meet even the sliding pay scale for dental visits.

Vision Care

Having enough money to get your eyes checked or get glasses?	Major Problem	Minor Problem
general households	7%	16%
households with income < $25,000	20%	24%
households with income < $15,000	29%	29%
provider clients	29%	26%

The same holds true for vision needs.

Family Counseling

Having enough money to pay for family counseling?	Major Problem	Minor Problem
general households	5%	5%
households with income < $25,000	17%	6%
households with income < $15,000	24%	9%
provider clients	42%	12%

Fewer households (10%) indicated a difficulty paying for family counseling. (The survey did not ask if they needed this service.) For provider clients, 54% had difficulty paying for these services.

Stress and Anxiety

The next sets of questions asked about stress and anxiety, substance abuse and access to substance abuse treatment programs. Key informants and providers expressed a growing concern about increased levels of client anxiety and stress, which was supported by the household survey data. The results follow:

Having your life be negatively impacted by having a lot of anxiety, stress or depression?	Major Problem	Minor Problem
general households	12%	25%
households with income < $25,000	26%	24%
households with income < $15,000	38%	19%
provider clients	55%	18%

Anxiety, stress and depression were an issue for 37% of the general households surveyed, and almost three-quarters (73%) of the provider clients surveyed. Many key informants attribute this to increasing economic, health and other household challenges.

Substance Abuse

Having alcohol or drugs disrupt your life, including family, work, school or health?	Major Problem	Minor Problem
general households	1%	10%
households with income < $25,000	2%	9%
households with income < $15,000	5%	10%
provider clients	2%	7%

Substance abuse was a challenge for about the same percentage of respondents in each group.

Getting into a substance abuse treatment program?	Major Problem	Minor Problem
general households	1%	1%
households with income < $25,000	2%	4%
households with income < $15,000	14%	5%
provider clients	0%	8%

Provider clients and low income clients had a little more difficulty getting into substance abuse treatment programs. This study did not investigate whether the difficulty was due to the inability to access existing services or the need for additional services. Anecdotal reasons given for not accessing a program include cost, transportation or the fact that the program is not provided at work, and/or not covered by health insurance.

Additional Health Issues
Service Gaps
- There is no coordinated network of health care professionals in our community.
- Mental health services are more difficult to obtain than they should be. Providers are concerned about the local lack of psychiatric expertise to serve those with both developmental disabilities and mental health concerns.
- Health care providers are concerned that some social service providers are not aware of the health liability issues involved in sheltering homeless individuals. Some providers do not screen for tuberculosis and other communicable diseases.
- Transportation limits the access to health care services for some.
- There is a lack of outreach services, including parenting education and health information, for low-income populations.

Cultural Needs
- Many Hispanics who do not have legal residence or documentation are afraid to register for services. Others do not qualify for public assistance or have difficulty seeking care because of language barriers. Some providers report a need for prenatal care for Hispanic women. Mental health problems, substance abuse, spousal abuse, and other disorders are also going unattended.
- In some cultures the mobility of women is limited, preventing them from leaving their homes to seek services.
- There is a fear of stigmatization and a cultural reluctance to take hand-outs by some immigrant populations, particularly the Hispanic and Asian cultures. There is a need for more education on health services and program regulations, presented in a culturally-appropriate format.

Cost Issues
- Hoosier HealthWise can cover the expense of childbirth since it is treated as an emergency. However, families must undergo a recertification process every 6 months to see if their income exceeds the eligibility limit. Prior to the state budget crisis, the state intended to expand the program's coverage to include uninsured parents of eligible children, but this is no longer the case.
- Health care costs are increasing at about 20% annually.
- The BHHS estimates that it provided $12 million in indigent care in 2002.

Health Needs of the Elderly

- The community needs more private care giver services that allow families a few hours daily respite from caring for elderly parents at home. Increased services could prevent some elderly from being institutionalized.
- There are limited resources for geriatric case management and services to help them remain independent, including fitting homes with special equipment. Some elderly do not have other family or relatives in the community, and are truly alone.
- Within the next 20 years, the number of people dying from chronic illnesses is likely to increase dramatically. The community needs to develop directives and programs in advance of this phenomenon. Programs should focus on increasing the capacity for palliative care, which is needed when a disease no longer responds to treatment, and helping families develop end-of-life plans before crises occur. Hospice programs cared for 17% of dying people in 2001.
- Paying for prescriptions is a significant challenge for the elderly.

Addiction Services

- Persons suffering from addiction often have a low level of job skills and a low level of education.
- Inaccurate stereotypes about substance abusers are prevalent, and providers see a need for public education on this subject.
- Providers are concerned that addictions are not being treated in jail, resulting in a high level of recidivism. Providers believe that 80-90% of those in jail have addiction issues. This is consistent with statistical data.
- More effective substance abuse education is needed in schools and workplaces to reduce addictions in the community.
- The age of clients in need of treatment is getting lower. Teenage clients have problems accessing after-school treatment programs due to transportation.
- The substance abuse problems of individuals from other cultures are not being well-addressed; one major addiction services provider only saw two Hispanic clients in their program last year. Agencies offering treatment services need bi-lingual staff to be able to address this need.
- Some service providers would like to see special training for law enforcement officials who are the first to respond to specific types of crises, including domestic violence and sexual assault. Some of these activities had been planned, but not implemented.
- Many homeless individuals are also substance abusers. It is difficult to provide services or gather long-term data on treatment successes and failures for those who are transient. Stronger partnerships among local law enforcement, education providers, and other social and human service agencies would be helpful in preventing and addressing substance abuse and other issues for homeless populations.
- Prevention programs for alcohol, tobacco and other drugs (ATOD) receive a greater proportion of available funding than treatment services.

Dental Health Services
More funding and increased education about preventative dental care is needed to address the community's dental needs. The Dental Clinic, founded in 1981, provides services on a sliding scale basis. It reports a high frequency of no-shows. Some social service providers believe this is partially due to the inability of clients to afford even the sliding scale fees. The Clinic struggles to remain financially solvent, and cannot keep up with the demand for services. The referral process can be cumbersome and frustrating for patients, with some agencies and trustees offices being more responsive than others. Many local dentists have withdrawn from Medicaid, meaning there are fewer care options for people with low-incomes. At the same time, Medicaid is shifting its emphasis to youth, making it harder to get coverage for adults.

The dentist at the Clinic speaks some Spanish and the Clinic also has volunteer translators. The Clinic has a partnership with the MCCSC School Assistance Fund, and an agreement to serve jail inmates and Head Start children. Dental providers believe that schools need to give more attention to dental care education.

Vision Health Services
Clients are referred to the Eye Clinic (run by Indiana University) through CHAP, the township trustees, Vocational Rehabilitation, and school social workers. The Clinic is concerned about working with 3rd party healthcare providers, which increases access to services but tends to limit reimbursements because of pressures to make a profit. Under these conditions, maintaining high quality care becomes a challenge.

Reproductive Health
In addition to private providers, several low-cost or free clinics, such as Planned Parenthood and CHAP, offer reproductive health services including PAP smears and testing for sexually transmitted diseases. Service gaps exist in rural areas, and funding for outreach and education is limited. Education takes time and is not always well-received. The number of people in need of reproductive health and educational services is increasing.

Mental Health Services
Mental health services are seen to be in a state of crisis. Services in Indiana have been so highly privatized that there are no longer the types of centralized resources and expertise that used to exist in this field. The recent downsizing of state mental hospitals put people back in the community without a support network. Providers do not see Monroe County responding in a coordinated manner as a community. Issues of client confidentiality prevent key providers (the Office of Family and Children, juvenile court judges, mental health providers, probation officers, child protection and social workers) from talking to one another. Clients have to go to many different locations to receive services, and some overlap and "lost" cases are believed to result. Service providers

believe that the community needs a center to provide screenings and referrals based on assessments. There is also a reported lack of services for at-risk adolescents, from minor counseling to full hospital in-patient crisis care.

Providers are also concerned about the growing numbers of individuals who know they need help but don't want to admit they are mentally ill. Mentally ill disability applicants present additional challenges. These individuals need case management to gain structure in their lives. A day (drop-in) center could help them, similarly to the way Shalom provides its clients with mail and email services.

Many untreated people with mental illnesses eventually wind up in jail. Regulatory problems make it difficult for them to get help (Medicaid, SSI), and if they commit a crime before they are diagnosed, it is difficult for them to qualify. Providers estimate that only 15% of the mental health needs in the community are being met. Community Resources addressing aspects of mental health services include social service agencies, faith-based organizations, the Center for Behavioral Health, private practitioners, schools, therapists, group homes, the Department of Family and Children, and the legal and judicial systems.

The largest gaps in mental health services are:
- Prescribing psychiatrists who will serve low-income persons, perhaps without insurance, who need affordable prescriptions for their medications to remain productive citizens.
- Support groups and free counseling for anger management and other family relationship issues.
- Advocates to work with clients who are incarcerated.
- Respite care for families who care for a dependent elderly person or person with a disability.
- Transportation to get to services.
- Women's mental health issues.
- Guardianship programs for persons that are found by Adult Protective Services and who cannot take care of themselves.
- Training for police and prosecutors as it relates to people with mental illnesses.
- On a national level, more research on causes of mental illness and developing medications that work with a minimum of side effects, along with national regulatory changes so people can get easier access to help and medication.
- Attention to addictions in children.

Places to Start

- Investigate means of assisting low-income individuals with health care expenses, especially for prescription medications, dental and vision.

- Examine the feasibility of expanding the services of the dental and vision clinics.

- Review options for providing health care and low-cost insurance for those who do not have insurance through their work-places, or for those who are unemployed. Promote the availability of MedWorks, the Medicaid Buy In option for people with disabilities who go to work but who do not have health benefits at work.

- Conduct a comprehensive assessment of mental health needs in the community.

- Develop a plan for meeting the health care needs of the elderly, individuals from other cultures, women who are pregnant, and other vulnerable populations who are not accessing needed services.

- Develop and implement coordinated wellness efforts beginning in elementary school.

- Work with adults to combat the increasing levels of stress and anxiety reported by many participants.

Vulnerable Populations

Description

Some populations in the community share common characteristics that make them more susceptible to "falling through the cracks". Three such groups are the elderly, people with disabilities, and young children. All three groups are vulnerable to financial constraints, a lack of available resources and services, and insufficient public awareness of their situations. All three often find it difficult to advocate for, or provide for all of their needs themselves, and must rely on others for at least some support services. Each group, in turn, also faces unique challenges.

Other at-risk populations in our community include the children and families experiencing poverty, the growing number of Spanish-speaking individuals, those suffering from mental health issues, teens, individuals who are HIV positive and are dealing with AIDS, and transients.

THE ELDERLY

As they grow older, the elderly may find themselves facing new challenges, such as fighting a chronic disease or acute illness, becoming socially isolated and lonely, and trying to live on a fixed income. Some are no longer able to drive safely, further limiting their mobility and opportunities to seek company and services. If they have lost a spouse, there is less incentive to shop for and cook healthy, varied meals. Many are forced to leave lifetime residences filled with cherished memories that are now too large and challenging for them to take care of, or do not have the physical accommodations that might allow them to stay instead of moving in with family or friends, or to an institution. Families that take in the elderly find it difficult to obtain respite care. Helping individuals struggling with Alzheimer's can be especially taxing on the caregiver.

Monroe County Fast Facts

- There were 11,074 people over the age of 65 in 2000, or 9.2% of the population.

- The number of elderly over the age of 65 has increased by almost 20% in the last ten years.

  For additional statistics, please see the Supplement.

Key Findings

- About 8% reported having an elderly person as part of their household; 4% of the households had both elderly and disabled members.

- Getting transportation for services was a major problem for 4% and a minor problem for 10%.

- Finding elder care for the member of the household was a major problem for 3% and a minor problem for 6%. It was a slightly greater challenge for individuals with low-incomes.

Data collected from the key informant interviews and the provider surveys also indicated the following needs:

- Services to help the elderly remain in their homes, including an emergency home repair program, in-home help with housekeeping and meal preparation, nutrition advice, and assistance with home modification for elderly with disabilities. More hot lunches are needed for the homebound. A delivery service for low-cost prescriptions would also be helpful.

- Transportation services to help the elderly shop for food and household needs, access health services, and engage in community activities. The transportation services should be equipped to handle the needs of elderly who are disabled, even temporarily. Transportation services are especially needed in rural areas of the county. However, the ADA limits eligibility and many elderly don't qualify for this program

- An ombudsman to help connect the elderly to services, including fitness and wellness activities, care planning and management, legal services, and adult protective services. Limited resources have probably kept this from happening. The service could provide information and referral for community providers as well.

- Non-medical assisted living for low and moderate income elderly. There are several retirement communities, but they are beyond the means of many elderly, and some have waiting lists of up to two years for admission.

- Additional elder care resources, including expanded elder day care capacity and some evening elder care. There is a special need for resources, caregiver support and services for patients with Alzheimer's.

- Greater public awareness of the needs of the elderly.

- Employment services to connect the elderly with job and volunteer opportunities.

Examples of Community Efforts

- Area 10 Agency on Aging serves the elderly and disabled, providing in-home services and some transportation through the Rural Transit System. The agency also advocates for the needs of the elderly in Monroe and Owen Counties and runs the Endwright Center, where senior citizens have the opportunity to participate in exercise programs, social activities and much more.

- The Evergreen Project is a community effort dedicated to provide affordable housing options for seniors in downtown Bloomington, near service providers, transportation options and social activities. This project is working to obtain the necessary funding to proceed.

- Several area churches have collaborated on a volunteer program to provide in-home "helping-hand" type services and shopping assistance to the home bound.

- The Senior Services Guide informs seniors about available services that can help them remain in their homes for as long as possible.

- Several organizations, including the Monroe County Council for Older Americans and Bloomington Adult Community Center have recreational activities for seniors, and offer support for health and socialization.

Places to Start

- People are moving to Bloomington to retire, encouraged by recent community ratings in national publications. The community needs to find ways to tap into the growing resource of older citizens. A healthy and strong retired population has a lot to contribute to the community, including serving as volunteers.

- Establish an ombudsman to help serve as a clearinghouse for elder issues and to connect the elderly to needed services, to help build public awareness and to provide information and referral for community providers.

- Work with existing service providers and other community organizations to prioritize ways to help the elderly remain in their homes through access to home repair and maintenance programs, to supply nutrition and food assistance where needed, and to assist with home modification for the elderly with disabilities.

- Examine existing transportation services, identifying priority geographic areas, costs and alternatives.

- Work with the housing community and developers to create additional non-medical assisted living for low and moderate income elderly.

- Establish additional elder care resources, including caregiver support and services for patients with Alzheimer's. This initiative could parallel employment support efforts for other types of care, like child care, for some families.

INDIVIDUALS WITH DISABILITIES

Individuals with disabilities vary in their need for support services to achieve and maintain independence. Services can be costly, and many agencies and consumers are struggling with tightening budgets. Providing quality, cost-effective services to clients with multiple disabilities that might include a mental disability can be very time consuming and challenging. Current gaps in service include the need for additional in-home assistance and transportation. Parents caring for someone at home are often concerned with their child's future as they themselves get older and face needs of their own. There is a lack of advocates to deal with finances, appointments, doctors, and transportation. To deal with cost and resource constraints, agencies may rely heavily on volunteers. However, finding committed long-term volunteers can be difficult due to their busy schedules. Also, people with disabilities are still often hampered by public discomfort and misunderstanding of their capabilities. Greater awareness and education about these issues are needed.

Monroe County Fast Facts

- There are 2,130 people with disabilities, ages 5 to 20 years living in Monroe County (2000).

- There are 8,518 people with disabilities ages 21 to 64 years living in Monroe County (2000).

- There are 4,097 people with disabilities 65 years and over living in Monroe County (2000).

Key Findings

- About 4% of the households surveyed reported having a household member with a disability.

- Of those with a disabled household member, 4% found finding transportation for that person to be a major problem; about 10% reported it to be a minor problem. Slightly more than 20% said that finding services for a household member with a disability was a major problem; 13% said it was a minor problem. Transportation was more of a challenge for low-income individuals.

- Like many other social services, demand is increasing while some resources are becoming more scarce. Disability benefit requests from the office of Social Security increased 15% from 2001 to 2002. Many consumers do not have the funds to pay for services, increasing the burden on the service providers.

- As with the elderly population, there is a lack of advocates to deal with finances, appointments, doctors, transportation, in-home help, and similar issues.

- Many of the services that could benefit the disabled population are dispersed among various agencies and programs, making them more difficult to access. Greater communication and continuity among services or a "one-stop shopping" option could potentially help to streamline the process and make it more convenient for clients to access assistance. A greater emphasis on educating the public about the agencies and their services would also help those in need access the appropriate assistance more easily.

- Families who are providing care for a person with disabilities need respite services for at least several hours a week. At this time, few families are able to access such services.

- Additional support is needed for modifications to exterior stairs or curbs outside of homes; some organizations can only provide support for access in the house.

- Transportation services for the disabled are in need of further expansion. Providers believe that transportation services are more comprehensive than they used to be, but there are still additional needs. People with disabilities may also need instruction on how to use the public transit system, or assistance with access.

- Some people with disabilities are not receiving the medical services they need due to a lack of funding or mechanisms for helping them gain access.

- It is difficult for many providers serving people with disabilities to use volunteers due to the specialized training that is required.

Examples of Community Efforts

- Attitudes towards people with disabilities have improved in recent years. Hire Potential Indiana, a collaborative effort between Options for Better Living and the Greater Bloomington Chamber of Commerce, provides a forum for business leaders to talk about the success that they have had in hiring people with disabilities.

- Stone Belt Center has innovative individualized "consumer" (the staff's term for a client) plans. Its new partnership with a leather manufacturing company allows some of its consumers the opportunity to work under the mentorship of a leather craftsman in an employment situation.

- There are several organizations that work to advocate on behalf of persons with disabilities. In some cases, they are able to provide needed equipment, such as wheelchairs and walkers, by loaning them to clients or renting them at a reasonable rate.

- PALS is a therapeutic horse back riding program for children, teens and adults with physical, mental, and cognitive disabilities. It collaborates with a number of organizations to provide services. It has a limited number of scholarships.

Places to Start

- Recruit a larger, more knowledgeable volunteer base to assist people with disabilities.

- Train advocates to help with finances, appointments, doctors, transportation, in-home help, and similar issues facing people with disabilities.

- Investigate the benefits and drawbacks of providing more services under one roof, or other mechanisms for making service delivery more streamlined. Look at the successes and challenges of other communities who have tried something similar.

- Create additional respite care options for families who are providing care for a person with disabilities.

- Evaluate where additional support services are most needed, for example in transportation, and the exterior access to homes.

- Work with other service providers in areas, including health care services, to ensure that people with disabilities are aware of and utilize these programs as needed.

YOUNG CHILDREN AND AFFORDABLE CHILD CARE

Research shows that young children need good nutrition, health care and positive learning experiences from birth. Children born into a family already struggling with issues like unemployment, stretched resources, stress and depression, and even substance abuse are often at risk for hunger, inadequate health care, lack of stimulating play and learning activities, unstable surroundings, and even neglect or abuse in severe cases. While some are fortunate to be cared for in licensed, quality day care settings, others may find themselves being watched by a designated neighbor who may or may not have skills or experience in child development.

Women who become single-parent families due to divorce, desertion, incarceration or death of a wage-earning spouse may have difficulty maintaining their prior income level and often must rebuild their own credit history. They may also lose health and other insurance benefits. This leaves them with fewer resources for basic family necessities. It is critical for parents with young children who are trying to improve their education or re-enter the workforce to have access to quality, affordable child care.

Accessing reliable, quality, affordable child care is one of the greatest barriers to women obtaining and keeping a job, or furthering their education. In addition, day care makes it possible for both parents to work, thereby increasing the family's economic well-being. The recent state fiscal crisis has led to cuts in the voucher programs that many relied on to help pay for day care. More subsidized day care is needed to help fill this void. Due to eligibility changes, the City no longer maintains a master waiting list. Monroe County United Ministries (MCUM), a major provider of subsidized day care, has a waiting list for services and estimates it is meeting only about 20% of the need.

Monroe County Fast Facts

- Monroe County had 203 children in Head Start in 2000.

- There were 2438 slots available for children in licensed day care facilities (2002).

- The annual number of children receiving child care vouchers was 1248 in 2002.

- About 12% of the children in Monroe County are living in poverty.

- In 2000, the license child care capacity of Monroe County was for 2,231 children. Of those, about 530 children were in subsidized care. There were 11 registered provider ministries.

- About 62% of children under age six (4135) live in a family in which all their caregivers (one or both parents) work.

  Please see the Statistical Supplement for information from Kids Count.

Key Findings

Respondents were asked if they had difficulty finding affordable day care for the children in their household. About 38% had a minor problem. Finding day care during the work hours needed was more of a challenge with 53% reporting a minor problem. Many day care providers have adjusted their hours to have an earlier drop-off and later pick-up time, although not in sufficient numbers to meet the demand. Day care for ill children was identified as a problem by SPAN/MC (1998), and still remains an issue. Many day care providers close during holidays and school vacations. This presents a challenge for parents whose work schedules do not match the public school calendar. Similarly, finding transportation to get children in the household to day care is a challenge with 77% reporting this as a minor problem.

Other issues included:

- Township trustees and other providers are concerned about cuts in Head Start funding that have resulted in reduced services.
- Providers are concerned about policies that keep children in family situations that are not desirable, for example where a mother is using illegal drugs or is having multiple relationships.
- Although the State's Healthy Families program has had a positive impact on the prevention of child abuse and neglect, the program is being cut because of the present state budget deficits.

Examples of Community Efforts

- The Villages opened a new day care in response to community need. Middle Way House's FoodWorks provides healthy, nutritious meals and snacks for the children in this program.

- In 2002, the Community Kitchen supplied more than 11,000 summer breakfasts to school-age children.

- The Monroe County Step Ahead Council provides a forum for child care provider agencies to meet regularly and engage in cooperative planning. Step Ahead has sponsored several projects that have spun-off into community initiatives including Wrap-Around. The Council also works with the City's Child Care Services and other community organizations to provide health and development screening for young children and to support family events like the Celebration of Families.

- The Community Alliance to Promote Education (CAPE) project opened four Family Resource Centers in Monroe County. These centers serve as a source of information, resources, and parent education services for families of young children.

Places to Start

- Seek additional sources of funding to subsidize day care.

- Work cooperatively with other providers to establish innovative solutions to transportation problems.

- Continue to develop additional community capacity for quality, affordable day care. Some companies have investigated the possibility of providing on-site care, but these programs can be cost-prohibitive to run.

Meeting Basic Human Needs--
Emergency Shelter, Hunger & Clothing

Emergency Shelter: Description

Shelter, food and clothing are basic human needs. Individuals or families may need emergency shelter as a result of a natural disaster or fire, a family crisis, or homelessness. HUD defines a chronically homeless person as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years." A disabling condition is defined as a "diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two of more of these conditions."

Homelessness is a complex issue. Individuals experiencing homelessness often have a history of multiple, accumulated problems that can include chemical addictions, mental illness and emotional health issues, physical health issues, a lack of education, and limited job skills. A shortage of affordable housing creates an even greater challenge for the homeless.

Local emergency sheltering organizations have a waiting list and believe that only about 20-25% of the present need is being met. The community has a shortage of facilities to provide emergency family shelter. Programs that do provide physical shelter to the homeless are usually accompanied by support services including developing a case management plan, parenting classes, after-school tutoring, HIV education and testing, and building self-esteem.

Monroe County Fast Facts

- During the past year, 80% of the residents at The Rise transitional housing for domestic violence moved into affordable, safe, permanent housing. Six months later, 73% were still there.

- Through the PATH homeless outreach and assessment process, contact was made with over 200 persons experiencing homelessness or at-risk for homelessness due to serious mental illness and substance abuse problems.

- The number of affordable housing units increased by 27 in the past year; 20 from the City of Bloomington HAND Department, 4 from Habitat for Humanity, and 3 from Bloomington Restorations.

- Amethyst House increased the transitional housing for persons with addictions by 4 beds in the men's program. *(Data from the Continuum of Care Report for Region 10 -- 2003.)*

Key Findings

Surveys and interviews were conducted with clients at several social service agencies, including Shelter Inc., Community Kitchen, Shalom Community Center, and Community Action Program. Spanish-speaking clients were well represented among the 42 responses.

- The major issues for many of the clients included paying the rent, finding a good job, paying for legal issues, getting a loan, paying for clothing and utilities, and dealing with stress anxiety and depression. Clients who lived in public housing complained about the noise, alcohol and drugs, and named the general environment as a major source of stress.

- Many of the individuals who were experiencing homelessness or hunger had gone through one or more "triggering" events – an illness, loss of a job, lack of insurance, a divorce, jail time, or domestic violence – that precipitated their current situation.

- Individuals who were able to access Medicaid, Food Stamps, Social Security and other supports were able to maintain a better standard of living than those who were not aware of or eligible for these programs.

- Most of the clients had an income below $15,000, and an education level of high school or GED or below. Those with a higher level of education, but experiencing challenges, were usually experiencing a severe physical disability or had a history of mental illness.

- Most of the non-Spanish speaking clients had lived in Monroe County for at least several years. Several had gone to school here, and returned to seek employment.

Description–Hunger

Along with shelter, food is a fundamental human need. The 2001 Hunger and Homelessness Survey released by the U.S. Council of Mayors showed that the economic slowdown has led to an increase in demand for food assistance across the country. The cities included in the survey reported an average increase of 23% in requests for emergency food assistance. Slightly over half of the people requesting emergency food assistance were members of families. About 37% of the adults asking for food assistance were employed.

Monroe County Fast Facts

- In 2002, the Hoosier Hills Food Bank distributed food to more than 90 different organizations.

- In 2002, the Community Kitchen provided 128,281 meals including over 11,000 summer breakfasts; one third of the meals were provided to children under 18.

- The poverty rate for children under 18 is 11.8%, (2000) placing us 35th in the state.

- In 2003, out of 10,776 students enrolled in the Monroe County Community School Corporation, 3,084 received free or reduced lunch. For Richland Bean Blossom School Corporation, out of 2620 students, 403 received free or reduced lunch.

  For additional statistics, please see the Supplement.

Key Findings

Households participating in the telephone survey were asked if they had enough money for food in the 12 months prior to the survey. Paying for food was a major problem for 2%, and a minor problem for 15%. About 13% of the clients surveyed at provider agencies reported that having enough money for food as a major problem; 46% said it was a minor problem.

The survey also asked if households had needed emergency or supplemental food assistance. This was a minor problem for 5%, and a major problem for 2% of the general households. Again, more of the clients surveyed reported difficulty in this area: 26% reported a minor problem; 7% said it was a major problem.

Having enough money for food	Major Problem	Minor Problem	Combined %
All survey households	2%	15%	17%
Non-student survey households with income < $25,000	9%	30%	39%
Non-student survey households with income , $15,000	19%	24%	43%
"Low-income" households	14%	36%	50%
Provider clients	13%	46%	59%

Needing emergency or supplemental food assistance	Major Problem	Minor Problem	Combined %
All survey households	2%	5%	7%
Non-student survey households with income < $25,000	6%	17%	23%
Non-student survey households with income , $15,000	5%	29%	34%
"Low-income" households	6%	25%	31%
Provider clients	7%	26%	33%

The data from key informants and service providers indicates that:
- Additional free food pantries and targeted food pantries are needed, including pantries to serve the elderly and HIV/AIDS patients. These additional pantries must be evenly distributed geographically, since many individuals in need of food have transportation limitations. It is also suggested that these pantries should not require proof of need (already the policy of Community Kitchen) and that additional non-food household supplies should be stocked in the same locations.
- Some providers expressed an interest in having the Community Action Program (CAP) handle government-supplied food commodities, as it has in the past. However, in practice it was found that the food the state required clients to choose from was higher in calories and often not as nutritious as food generally available at food pantries. Studies showed almost half of the food commodities were wasted and the program lost money.
- Some providers would like to see the development of a "food roundtable" where providers can meet and discuss common issues, programs, concerns, and opportunities.

Description – Clothing
A number of resources exist to supply individuals and families with basic clothing. The American Red Cross provides clothing and household necessities to families who have lost their belongings to disasters like tornados and fires. The Salvation Army, Goodwill, Opportunity House and several other thrift shops have low cost apparel available and many provide vouchers to other provider agencies for use by clients in need. Many of the local faith-based organizations will help individuals in need of clothing as well.

Key Findings
When asked if finding money to buy needed clothing and shoes was an issue, 5% of the general population surveyed said it was a major problem; 16% said it was a minor problem. Respondents in the client group had more difficulty with this item; 29% said it was a major problem, and 33% said it was a minor problem.

Having enough money to buy needed clothing or shoes?	Major Problem	Minor Problem	Combined %
All survey households	5%	16%	21%
Non-student survey households with income < $25,000	15%	32%	47%
Non-student survey households with income , $15,000	19%	28%	47%
"Low-income" households	17%	33%	50%
Provider clients	29%	33%	62%

Community Resources

- The Shalom Center was started as a partnership among social service providers and the faith community to provide homeless individuals with a place to build job skills, and have a physical address, telephone number and email address while seeking employment.

- The vision of the Monroe County Housing Network, a consortium of housing service providers and others interested in the issues surrounding homelessness, is that everyone has stable, decent affordable housing. To achieve this vision, members work together to obtain additional funding for service providers, gather accurate information about the homeless population in Monroe County, and generally address the issues of poverty, housing, and homelessness.

- Our community is fortunate to have an excellent network of agencies attending to the needs of the hungry. The Hoosier Hills Food Bank (HHFB) distributes food to almost 100 provider agencies, food pantries and soup kitchens, including Community Kitchen and MCUM. The HHFB Meal Share food recovery program recaptures usable food from area restaurants and institutions like Indiana University and Bloomington Hospital. The food bank has made many recent improvements in food handling and storage, including larger modern coolers, refrigerated trucks, and scanning equipment. Partnerships with other agencies, farmers and home gardeners ensure a supply of fresh garden vegetables in season. Specialized pantries like Mother Hubbard's Cupboard redistribute food to people who need it, focusing on healthy food; organic, natural and whole foods; nutrition information and garden education.

- The Community Kitchen provides nutritious meals to people experiencing hunger. No proof of eligibility is required. The Community Kitchen opened a satellite facility near Crestmont public housing to be able to reach others who could not get transportation to the Rogers Street site.

Places to Start

- Further develop a concerted and coordinated community effort to address some of the root causes of homelessness and hunger in our community.

- Ensure that the resources are available to provide stable funding for basic operating support for organizations providing effective services to those experiencing homelessness and hunger.

- Expand the community capacity for providing emergency shelter to individuals and families. The recent closing of Shelter Inc. created an even larger gap in addressing these needs, and other agencies are working to increase their capacities.

- Explore the feasibility of offering expanded locations for food pantries.

| Household Economic Issues and Poverty |

Description

Information collected from households, service providers and other community leaders through SCAN, together with secondary sources, portray significant economic challenges for a growing number of individuals and families in Monroe County. Our unemployment rate is low compared to other counties, and many of our families are financially well-off. Yet, there is a growing gap between the "haves" and "have-nots". About a quarter of our population is either living in poverty, or at serious economic risk. Without a coordinated effort to address some of the root causes of a complex situation, there will be continued, if not escalating, repercussions for the entire community in terms of reduced quality of life, along with the economic costs of lost productivity and increased need for already-strained support for social services.

There are a variety of reasons that families find themselves in poverty or at economic risk. The housing costs in our county are among the highest in the state. About 56% of Monroe County households spend more than 30% of their income on rent each year. For some individuals, a lack of adequate education and job skills limits their employment options and earning capability. About 36% of the individuals considered "low income" in this study completed no more than a high school education or GED equivalency; an additional 25% in this category had less education.

Others are victims of an unfortunate series of events with economic consequences – catastrophic illness not covered by insurance leading to the loss of a home and economic ruin; the dissolution of a family and loss of income through divorce, abandonment or death of a spouse; or losing childcare vouchers due to state cutbacks and no longer being able to work without affordable childcare. Federal and state budget shortfalls have left many residents facing severe mental health challenges, or physical disabilities without a support network. Addictions to alcohol and illegal drugs often have serious long-term consequences with failing health and loss of employment.

However, the situation that many community members find particularly disturbing is the increasing numbers of employed two-parent families struggling to make ends meet, a group some refer to as the "working poor." Local trustees, who provide Poor Relief, have reported as much as a tripling in demand over the past year. Similarly, 43% of the community social service agencies reported increases of up to 25% in the demand for assistance, ranging from supplemental food, to help with utility, clothing, medical bills and rent.

An additional 17% had increases of 25% or more in the past year. "Finding a job that pays enough to make ends meet," and "paying for rent or mortgage" were the two most prevalent economic challenges for families identified through SCAN. This was followed closely by paying for prescription medications, dental and vision care, even among families with health insurance. Many families who could benefit from some additional

support are not eligible for services because of their incomes; while they are not earning enough to meet their basic needs, their incomes are still not low enough to qualify under the federal eligibility guidelines of "poverty" for most relief programs.

Our community is not alone. There are several recent analyses and discussions of a families' earning power relative to the size of the household, and the amount needed to pay for food, rent, heat and other basics. The Indianapolis-based Indiana Community Action Agency released "A Dream Deferred: The First Annual Report on the State of Indiana's Low Income Citizens" in November of 2002. Similarly, the Indiana Coalition on Housing and Homeless Issues computes a Self-Sufficiency Standard for Indiana (updated in 2002; see the Supplement for the Monroe County Standard). Both illustrate shortcomings in using the federal poverty income guidelines as a determination of eligibility for services.

The sections that follow present the results of professionally-administered surveys about household economic challenges, provide a more detailed overview of the occurrence of poverty and trends in Monroe County and discuss several of the models for looking at poverty and self-sufficiency. Examples of efforts to address the issue are presented, along with recommendations for a comprehensive approach for Monroe County.

Monroe County Fast Facts

- The median household income (2000) for Monroe County is $33,311, placing us low (87th of 92 counties) in the state.

- There are 401 Monroe County families receiving TANF in 2001 (16th in the state), and 4,423 Food Stamp recipients (17th in state).

- The unemployment rate (June 2003) was 3.1% (88th in state).

- The percentage of children under 18 living in poverty (2000) was 11.8% (35th in state).

  Please see the Supplement for additional statistics and information.

Key Findings

Households participating in the telephone survey were asked a number of questions about their experience paying for basic needs, including housing, utilities, food, clothing, medical care, transportation and childcare. For each item, the results are presented in several categories. "General households" is comprised of all the survey respondents, including full-time students. To get a better understanding of each of the issues for different subgroups, analyses were also carried out by selecting for income by non full-time student households. This was done for families with incomes below $15,000, and incomes below $25,000 to allow for comparisons with research from other sources.   Data for the clients at provider sites is also included.

EMPLOYMENT

Respondents were asked about their ability to find employment that allowed them to meet their basic needs.

In the past 12 months, has finding a job that pays enough to meet the family's basic needs been a…?	Major Problem	Minor Problem
general households	12%	17%
households with income < $25,000	20%	24%
households with income < $15,000	19%	28%
provider clients	52%	21%

HOUSING AND UTILITIES

Having enough money to pay the rent or mortgage?	Major Problem	Minor Problem
general households	6%	24%
households with income < $25,000	17%	30%
households with income < $15,000	28%	14%
provider clients	27%	27%

Having enough money for utility bills?	Major Problem	Minor Problem
general households	4%	18%
households with income < $25,000	20%	26%
households with income < $15,000	33%	24%
provider clients	27%	36%

FOOD AND CLOTHING

Having enough money for food?	Major Problem	Minor Problem
general households	2%	15%
households with income < $25,000	9%	30%
households with income < $15,000	19%	24%
provider clients	13%	46%

Needing emergency or supplemental food assistance?	Major Problem	Minor Problem
general households	2%	5%
households with income < $25,000	6%	17%
households with income < $15,000	5%	29%
provider clients	6%	26%

Having enough money to buy needed clothing and shoes?	Major Problem	Minor Problem
general households	5%	16%
households with income < $25,000	15%	32%
households with income < $15,000	19%	28%
provider clients	29%	33%

HEALTH CARE

Paying for health care expenses was a major challenge for a significant number of households. Even those families with health insurance found it difficult to pay for doctor's visits, prescription medications, dental care, and vision care. *Please refer to the Health Care section for detailed information.*

TRANSPORTATION

Having enough money to keep the car running?	Major Problem	Minor Problem
general households	5%	21%
households with income < $25,000	17%	41%
households with income < $15,000	19%	33%
provider clients	41%	47%

Respondents were asked about their primary mode of transportation. For non-students and students alike, the primary means of transportation given was the automobile.

	automobile	bus	walk	bike
Students*	62%	13%	20%	4%
non-students*	92%	2%	3%	1%
non-students, income < $15,000	67%	10%	10%	5%
non-students, income < $25,000	85%	4%	6%	2%

*US Census figures for Monroe County are 94% automobile, 1.7% bus, 1.6% bicycle, 9.6% walk

An analysis of transportation by income shows that:
- 64% of bus riders make less than $15,000 a year
- 16% of car users, 50% of bike riders and 55% of walkers make less than $15,000

AFFORDABLE LOANS AND LEGAL ASSISTANCE

For many low-income individuals, the inability to pay certain bills over a period of time leaves them with a poor credit history. In turn, this makes it more difficult, if not impossible, to obtain financing for housing, an automobile or higher education. Loans that they are able to obtain are often at very high interest rates. Instead of helping, such predatory lending leads to further inability to keep up with payments. In some cases, individuals have lost their homes or other possessions. To further complicate matters, the same individuals similarly cannot afford the legal help that might stave off the more dire consequences of poor financial decisions and dealing with creditor demands. Without legal assistance, they are often at a disadvantage in dealing with other civil litigation matters. Some may not understand their rights or the legal

language on rental agreements or loan documents, and sign without getting counsel. Legal aid and other local pro bono options are so oversubscribed that the organization has limited its services solely to clients facing family law situations involving minor children.

Getting a loan at a reasonable rate?	Major Problem	Minor Problem
general households	8%	9%
households with income < $25,000	22%	13%
households with income < $15,000	33%	10%
provider clients	54%	13%

Affording needed legal help?	Major Problem	Minor Problem
general households	8%	9%
households with income < $25,000	22%	9%
households with income < $15,000	24%	5%
provider clients	46%	12%

FINDING AFFORDABLE DAY CARE AND AFTER-SCHOOL CARE

Finding affordable day care for any children in your household?	Major Problem	Minor Problem
general households	0%	38%
households with income < $25,000	0%	25%
households with income < $15,000	0%	33%
provider clients	30%	30%

Finding day care during the work hours you need it?	Major Problem	Minor Problem
general households	0%	53%
households with income < $25,000	0%	42%
households with income < $15,000	0%	33%
provider clients	18%	37%

Finding affordable after-school programs for any children in your household?	Major Problem	Minor Problem
general households	4%	15%
households with income < $25,000	7%	11%
households with income < $15,000	10%	10%
provider clients	16%	16%

Barriers to Assistance

Certain policies and guidelines present barriers to providing families needing assistance. These include:

- Township trustees are prohibited from including the cost of maintaining a car in determining eligibility for income assistance according to state law; this rule prevents some individuals from qualifying
- There are minimum order requirements for items like bottled gas.
- Mental health and addiction issues, the lack of full-time employment, and low functionality combined with a lack of parenting or other life skills, present additional challenges for individuals for some clients of programs like Welfare-to-Work.
- There is a 24-month time limit for TANF.
- There are not enough bilingual, especially Spanish-speaking, case workers for the county's diverse population.
- There is a shortage of affordable health and dental services and prescription medications for low-income clients.
- A high percentage of incarcerated clients are in need of mental health or addiction services.
- Individuals with felony convictions (assault, drugs, etc.) are not eligible for public housing or Section 8 or assistance from Indiana Legal Services.
- Liability and other policy restrictions may limit the ability of some providers to transport clients to the doctor or other services.

- There are families who need child care assistance even at 200% of poverty level.
- Many individuals lack the level of insurance coverage needed in the event of a catastrophic illness, and may lose their homes and belongings.
- Federal poverty eligibility guidelines often leave out families who need services.

Definitions of Poverty and Self-Sufficiency

FEDERAL POVERTY MEASURES

Many social service programs determine eligibility for support services on the basis of the traditional federal poverty measures, the "poverty thresholds" and the "poverty guidelines." The poverty thresholds are the original federal poverty measure. These are used mostly for statistical purposes, and are updated regularly by the Census Bureau. For example, all official poverty estimates of the American population are calculated using the poverty thresholds. These are available on the Census Bureau's web site.

The Department of Health and Human Services (HHS) issues the poverty guidelines on an annual basis in the Federal Register. These are a simplification of the poverty thresholds for administrative purposes in determining financial eligibility for federal programs. The poverty guidelines are sometimes incorrectly referred to as the "federal poverty level." The poverty guidelines do not provide a distinction based on age, just family size. They are designated by the year in which they are issued:

Size of Family Unit	48 Contiguous States and D.C.*
1	$8,980
2	$12,120
3	$15,260
4	$18,400
5	$21,540
6	$24,680
7	$27,820
8	$30,960
For each add'l person, add	$3,140

*figures for Alaska and Hawaii are higher (Source: Federal Register, Vol. 68, No. 26, February 2003, pp. 6456-6458.)

Several federal programs use the poverty guidelines (or percentage multiples of the guidelines) as the basis for determining eligibility, including Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program.

SELF-SUFFICIENCY MEASURES

Two recent reports provide a more comprehensive context for a discussion of poverty and low income. The Indiana Community Action Agency's report, *A Dream Deferred: The First Annual Report on the State of Indiana's Low Income Citizens* in November 2002 (www.incap.org), shows disturbing trends in state data for working families and a "reality gap" between the federal poverty threshold and what is required for a family to survive on a basic "Family Needs" budget. For example, a single working parent with two children would need to earn $27,947 (in 2000 dollars) a year to meet the Family Needs budget in Indiana. This amount is $13,797 more than the federal classification of "poor." The calculation is based on average state figures for housing, food, and other basic expenses. Yet, low-skill employment growth has created jobs that pay less than what is needed to cover the Family Needs Budget for a single wage earner. More than half of all jobs in Indiana are in occupations with average annual earnings of less than $27,500. The study also reported that because of the high cost of , more than one-third of the Indiana renters spend 30% or more of their pretax income on rent.

The *Self-Sufficiency Standard for Indiana* (2002, Indiana Coalition on Housing and Homeless Issues) also examines "the income needed for a family of a given size and composition in a specified geographic region to adequately meet its basic needs without public or private assistance." Similar to the *Dream Deferred* report, this document found a discrepancy between the federal measures of poverty, and a family's ability to make ends meet. Costs for each family composition and county are divided into seven major categories, including housing, child care, food, transportation, health care, miscellaneous and taxes. The Standard assumes that all adults work full-time, and accounts for the costs associated with employment along with the ages of any children. It also incorporates regional and local variations in the costs of living, and the net effect of taxes and tax credits. It calculates an "income sufficient to meet minimum nutrition standards and to obtain housing that is neither substandard nor overcrowded, but does not provide for longer-term needs such as retirement, college tuition, major purchases such as a car, or emergency expenses."

The Table for the Bloomington, Indiana MSA is in the Supplement. Copies of the Self-Sufficiency Standard for Indiana are available online at www.ichhi.org.

The SCAN Research Committee constructed a parallel, but simpler analysis of the SCAN data that defined "low income" as:
- a household size of 1-2 with an income less than $15,000, or
- a household size of 3-4 with an income of less than $25,000, or
- a household of 5 or more with an income less than $35,000.
  (Note: This analysis did not include full-time student households.)

There were numerous items, including paying for basic necessities, that are more likely to present a major challenge to a significant percentage of households defined as "low income," including:

Household Challenge	"low income" households Major Challenge	"low income" households Minor Challenge	All households
Paying the rent or mortgage	19%	25%	6%
Having enough money for utility bills	31%	25%	4%
Keeping the car running	22%	41%	6%
Finding a job that pays enough to meet the family's basic needs	25%	38%	12%
Needing emergency food assistance	6%	25%	2%
Getting a loan at a reasonable rate	30%	18%	8%
Affording needed legal help	22%	9%	8%
Paying the doctor	31%	14%	8%
Buying prescription medication	31%	17%	11%
Having enough money for the dentist	39%	11%	11%
Having enough money for vision care	23%	23%	7%
Having enough money for family counseling	24%	7%	5%
Having your life negatively impacted by anxiety, stress or depression	32%	21%	11%

Fewer individuals in this category had health insurance: 78% compared to 90% of the general population. Only 53% get regular health check-ups, compared to 63%.

Community Resources

- A variety of social service providers, the city and county, other government agencies and the township trustees' offices provide assistance to families with low-incomes, or experiencing poverty. Some agencies, like the Salvation Army and MCUM, provide services on a sliding fee scale basis. The IRIS Manual contains a comprehensive listing by service area. First Call for Help is a telephone referral hot line that individuals needing assistance can call.

- The MCCSC and RBBS School Assistance funds provide medical, dental, clothing or optical care for students in the school corporations. Teachers, the

school nurse, and counselors can identify needs and make a referral to a principal. The Hoosier Healthwise program has reduced some of the need in previous years. The beginning of school in August always presents challenges when students need new clothes for school. The majority of the referrals are for, in order, clothes, vision, medical and dental. The program provides money directly to the service provider.

- The Monroe County Office of Family and Children provides support and services to eligible families in need; including food stamps, Medicaid, and cash assistance to low income families; child welfare for children who are abused, abandoned or exploited; and foster and adoption services. The Department is currently at maximum enrollment with 130 families on a waiting list; 30% or more of the population needing services are not getting it because of a lack of funding.

- Shalom Community Center primarily serves the homeless by providing meals, crisis intervention referral, and job seeking and support services (including an address and telephone number).

- PATH from the Center for Behavioral Health provides case management services for making the transition from homelessness for individuals who are homeless or mentally ill.

Places to Start

- Provide education, employment skills training and job supports to allow people to qualify for and find better employment.
- Ensure that there are enough affordable, accessible, quality child care providers for low income families.
- Provide low-cost mental health and addiction services; most community providers estimate that only a fraction of the need is being met. Some have suggested that these should be on-site with other services to make them more accessible to clients.
- Examine the feasibility and potential benefits of creating a campus- like area with related provider agencies for "one-stop" client shopping
- Advocate for eligibility guidelines that will result in the appropriate level of service provision. With tightening budgets, programs that formerly provided services at the 180% of poverty level have scaled back to 127%.
- Educate the community about the causes and potential solutions to the issues of low income and poverty. Include a realistic standard of the cost of living.
- Provide outreach services to families who are at risk to help them become more self-sufficient and keep them from falling into poverty.
- Encourage all sectors to work together to develop and implement a long-range comprehensive human services plan for our community.

Youth Development

Description

Monroe County is fortunate to have a wealth of productive opportunities and resources available to young people outside of school. These include formal after school activities (music, clubs, organized sports), recreational activities and classes at local agencies (YMCA, Boys & Girls Club, etc), libraries, parks, museums, and music and art centers. Indiana University and Ivy Tech provide cultural enrichment opportunities as well. The school corporations and the Chamber of Commerce sponsor school-to-work programs and internships that provide some students with valuable work experience. Many faith-based organizations also have youth development activities. Through the Lilly Endowment, CAPE is sponsoring asset-building projects by a number of community youth-serving agencies. (For a listing of current projects see www.monroe-county-cape.org.)

Participating in these types of activities can help develop valuable competencies and social skills while contributing to self-esteem and a sense of purpose. Research shows that youth who are involved in activities with caring adult role models and mentors are more likely to complete school, do better academically, make healthier life choices, and engage in fewer destructive activities.

Yet not all youth are able to access these opportunities equally. Dance, music lessons and other classes often have instructional fees. Some youth may live in outlying areas and have difficulty getting transportation to activities. Working parents may not have the time or means to take youth to classes, lessons or sports. While some parents and peers may not encourage youth from participating in educational activities, others are simply often not aware of existing opportunities.

Youth living in households experiencing socioeconomic ills may suffer from a lack of basic necessities (food, sleep), or be subject to the effects of anxiety, stress, and other unhealthy behaviors and choices. Truancy, involvement with the juvenile justice system, and other self-destructive behaviors can further alienate youth from the people and activities that could help them follow a more productive course.

Youth development in our community should encourage and support all youth in their efforts to succeed academically and to take advantage of the many opportunities for engaging in productive activities outside of school. Low academic attainment and a lack of life skills and competencies have a demonstrable, negative impact on quality of life and future earnings potential. Education and participation in productive activities can help "break the cycle" of persistent poverty. Special efforts should be made to reach out to youth and families in crisis, to those who are underserved, to those who are at-risk, and to remove or mitigate barriers to participation and achievement.

Monroe County Fast Facts

- There are 21,664 persons under the age of 18 living in Monroe County (2000), which represents 18% of the total population.

- There are 12,156 households with children (25.9%).

- Monroe County has 4,971 children living in single-parent households.

- About 366 individuals, or 3% of the population between the ages of 16 to 19, are high school drop outs.

- Just over 20% of children live in neighborhoods where 20% or more of the population is below poverty.

  For additional statistics please see the Supplement.

Key Findings

Finding affordable after-school programs for children and recreational activities for teenagers was a greater problem for lower-income families:

Finding affordable after-school programs for any children in your household?	Major Problem	Minor Problem
general households	4%	15%
households with income < $25,000	14%	22%
households with income < $15,000	20%	20%
provider clients	16%	16%

Finding recreational activities for any teenagers in your household?	Major Problem	Minor Problem
general households	3%	14%
households with income < $25,000	8%	22%
households with income < $15,000	1%	28%
provider clients	22%	17%

Key informants identified the following challenges to youth development:

YOUTH FROM FAMILIES EXPERIENCING POVERTY

- There are not enough appropriate, consistent role models.
- Basic needs, like hunger and family disruption, need to be addressed for youth to maximize their learning opportunities in school and elsewhere. For some students, the free and reduced lunch programs available during the school year may be their only daytime meal.
- Organizations are frustrated at the growing need due to increasing poverty as families lose their jobs and face crises. They find themselves having to spend too much time on fundraising instead of programming.
- Many believe that the community should focus on continuing to strengthen efforts and fund programs and organizations that are already working instead of creating new programs.
- Organizations want to reach out by including activities for other cultures, especially the Asian and Spanish-speaking populations, but do not have multi-lingual staff.
- It is difficult for some agencies to find volunteers. There are more single-parent households, and many adults have less time to commit to such activities. Short-term volunteers are helpful, but do not provide the longer-term role models and mentoring some youth need. For example, programs like the Court Appointed Special Advocates (CASA) and Big Brothers/Big Sisters require a substantial commitment for volunteer training due to the nature of the work.
- Child and family services are not seen as a funding priority at state or federal level. There is a lack of leadership and comprehensive community resources that prioritize supporting families and children, including families at risk.
- Transportation to and from activities is an issue, especially for youth in outlying areas of the county.

Program Area Needs

- There is a shortage of affordable after-school activities and tutoring, especially between the hours of 3 pm and 6 pm. Tutoring is viewed as a means of helping low-income youth bridge the academic gap that separates them from some of their peers. Locating more programs (including counseling) at the schools would be convenient for families, and possibly more comfortable for families who know the school, although these programs would probably be more expensive to provide.
- Organizations working with youth believe some of the most pressing needs are for health services (wellness and weight control, healthy choices), the supervision of youth by adults outside of school hours, and more positive adult mentoring/role modeling. Some who see youth dealing with violence and abuse believe that there are not enough opportunities for youth to connect with natural and other environments.

- Some would like to see more activities for youth ages 13 - 18, including apprenticeship and internship opportunities with businesses and the arts community.
- Greater support and recognition of the challenges of parenting is required, along with efforts to develop parenting skills, regardless of income level.
- Some organizations would like to see greater involvement of youth in planning activities to help them develop organization and leadership skills. Many are seen as lacking life skills and having passive attitudes toward their futures.

Community Resources

- The Monroe County Step Ahead Council is a collaborative effort among agencies that promotes safe and stable families, provides a vehicle for communication and cooperation among service providers, and advocates for the children of our community.

- The YMCA provides youth activities and educational opportunities that promote a healthy lifestyle and a positive attitude, as well as preschool services and health-related parenting classes.

- Monroe County's Wrap-Around program can be effective for some families experiencing a multitude of challenges, but is currently meeting only part of the need. Its ability to provide comprehensive family services is limited by the need to protect confidentiality, and in some cases, the inability of participating agencies to agree upon the appropriate course of action.

- The Indiana Prevention Resource Center conducted a study (PREVSTAT) of 6th, 8th, and 10th grade students in Indiana. They found that 3pm-6 pm is the time when these students are most likely to use drugs and therefore need after school prevention programs.

- The Boys and Girls Club offers a range of supervised after-school activities including tutoring and access to computers for homework and skill building.

Places to Start

- Expand the current capacity of high-quality mentoring and youth leadership programs, including a focus on low-income youth, and promote areas of professional interest. These programs should include opportunities for youth to be involved in planning and implementation.

- Create stronger networks of the organizations and agencies serving youth, including the juvenile justice and social service sectors. This network could help to recruit informed and committed volunteers, improve information sharing mechanisms and provide greater coordination and communication, while allowing agencies to maintain their individual identities and missions.   A major

focus should be making sure that families and youth have current information about available programs and opportunities. Two such sources are the IRIS Manual (www.bloomington.in.us/iris/) and the City of Bloomington's *Youth* Directory (www.city.bloomington.in.us/cfrd/).

- Seek additional sources of potential adult volunteers, including IU students and the elderly.

- Schedule activities for youth ages 13 - 18 during the mid to late afternoons.

- Seek ways to provide transportation for youth to participate in activities, and concurrently look at more accessible locations for programs and activities.

- Develop scholarships for low-income youth to participate in high quality, productive activities available in the community.

- Commit to making more activities and programs available to youth from other cultures who may not speak English as a primary language.

| Rights and Personal Safety |

Description

The level of respect that citizens have for each other's rights can be reflected in a variety of behaviors. Data was collected for SCAN on the occurrence of neighborhood property crime and vandalism, and the availability of legal assistance. Individuals were also asked about their perceptions of community issues including domestic violence, child abuse and neglect, and protecting civil rights. Because of the sensitive nature of these topics, and possible legal implications, respondents were not asked about direct experience with these issues. It is more difficult to get an accurate picture of the actual occurrence of these problems, and more projections are used.

Monroe County Fast Facts

- There were a total of 4,343 crimes reported in Monroe County in 2000 *(see page 29 in the Supplement).*
- The teen birth rate was 16.7% in 2001. S*ee the Supplement for more statistics.*

Key Findings

Respondents were asked if they had been a victim of a household crime or experienced vandalism to their homes. The responses follow:

Being a victim of a household crime, like burglary or theft?	Major Problem	Minor Problem
general households	3%	8%
households with income < $25,000	6%	6%
households with income < $15,000	10%	5%
Provider clients	5%	5%

Having vandalism to your home?	Major Problem	Minor Problem
general households	1%	8%
households with income < $25,000	2%	9%
households with income < $15,000	5%	14%
Provider clients	5%	5%

The results showed very little difference between the general household respondents, lower income households and provider clients. The general households reported a slightly higher incident of minor problems with household crime.

When asked if they or anyone in their household had problems finding or keeping housing or employment because of race, ethnicity or sexual orientation, less than 2% said it was either a major or minor problem.   None of the respondents in the lower income categories reported difficulties. Several of the provider clients reported difficulties finding housing because of race and sexual orientation.

Perceptions of Community Issues

The respondents' perceptions of the prevalence of other serious community issues were:

In your community, is domestic violence – where a spouse or partner is being hurt by someone else in their household a...	Major Problem	Minor Problem
general households	10%	24%
households with income < $25,000	17%	18%
households with income < $15,000	19%	14%
Provider clients	36%	27%

In your community, is sexual assault...	Major Problem	Minor Problem
general households	12%	36%
households with income < $25,000	13%	28%
households with income < $15,000	19%	10%
Provider clients	36%	26%

In your community, is child neglect – placing a child in danger or physically harming a child...	Major Problem	Minor Problem
general households	11%	27%
households with income < $25,000	20%	20%
households with income < $15,000	29%	10%
Provider clients	48%	5%

In your community, is the under-reporting of child molestation or sexual abuse...	Major Problem	Minor Problem
general households	11%	18%
households with income < $25,000	11%	24%
households with income < $15,000	10%	14%
Provider clients	36%	14%

In your community, is teenage pregnancy...	Major Problem	Minor Problem
general households	11%	37%
households with income < $25,000	18%	30%
households with income < $15,000	10%	38%
Provider clients	34%	29%

The 42 provider clients that were interviewed at the four social service agency locations tended to perceive the three areas listed above as greater community issues than did the general public. .While they were not asked directly about their personal experiences with these issues, their descriptions of the challenges in their lives during the open interview portion completed after the challenges survey indicated that many of them had direct experience with some of these issues, or knew people who had.

JUSTICE
Key informants discussing these issues often brought up the need to do something about the large back-log of individuals awaiting trial, and the need for alternative forms of providing justice and sentencing. Many believed that mediation services could help deal with some court cases more effectively and efficiently. Some issues, especially family matters, could be settled outside of court, saving tax dollars and court time.

Those working with children see an urgent need to streamline the system. Currently, Court Appointed Special Advocates (CASA), an organization that trains volunteers to advocate for children during legal proceedings, estimates it is only serving 30% of the children who need their services. There is concern among providers that allowing time to pass before addressing a problem or settling a case can be especially detrimental to children who are still developing mentally, physically and emotionally. Barriers include

the need for additional resources and changes in state policies for family law. Many would also like to see a greater emphasis on prevention, instead of punishment.

There is insufficient legal help available for low income individuals. There are some free legal services, but one organization is restricted to family law, divorce, adoption, guardianship, support, custody cases, and enforcement for visitation. Supervised law school students also provide services for credit. Indiana Legal Services estimates that for every person served by them, one to two are not; they lack the funding and staff necessary to meet the demand. There is also a need for more CASA volunteers to work with divorce, and abuse and neglect cases.

Certain populations are more likely to experience legal challenges, including individuals with mental health issues who may become victims of abuse and neglect and some non-native English speaking clients who do not understand their rights. There is also a concern that individuals without sufficient funds may be at a disadvantage in a legal situation. In addition, families living together in non-traditional combinations may not be entitled to the benefits that traditional families get, and are not necessarily recognized in the family court structure.

Law enforcement and probation officers would like to see more early intervention for troubled families through programs focused on case management and continuity of services and parenting classes. Many low income individuals can't afford these classes, but when families suffer from a lack of parental training and education, the children have more problems in school and in adjusting to society. Education and intervention are needed to break the cycle of dysfunctional families. Providers often reported working with children dealing with substance abuse, and other traditionally adult problems, in increasing numbers.

Community Resources

- Middle Way House is a Domestic Violence Program and Rape Crisis Center. There is a 24-hour crisis line (336-0846) for victims of domestic violence and sexual assault. MWH provides shelter for battered women and their dependent children and support services (case management, support group meetings, life skills workshops, child care and after school programs, parenting workshops, referral services and legal advocacy). Services to battered women and teens who are not in shelter are also available, as are advocacy and support services for rape survivors, their families, and friends.
- CASA provides trained community volunteers to advocate on behalf of abused and neglected children in the Monroe County juvenile court. Advocates make recommendations to the court regarding the child's placement and services to the child and his or her family. Advocates also monitor compliance with court orders.

Places to Start

- Strengthen the collaboration among key players to take a more in-depth look at issues facing the judicial system.

- Identify additional sources of pro-bono or low-cost legal assistance to qualifying individuals. Some have suggested a closer partnership with the IU Law School that would require every law student to complete an internship. This would result in 600 students each handling 4 cases, compared to the 32 students who currently voluntarily participate in the IU Legal Clinic.

- A cooperative group of human service agencies should develop and implement a plan for recruiting and training mediators based on the work of alternative dispute resolution already being done at Indiana University (Bingham in SPEA) and the community.

- More bi-lingual personnel are needed in the judicial system.

- Create a program to identify new mothers in at-risk situations, and pair them with a mentor mom.

- Continue efforts to educate the community about the serious issues and personal crimes related to domestic violence, sexual assault and child neglect and abuse. Agencies working in these areas should continue the awareness work they are doing with law enforcement officers and the courts.

| Civic Engagement and Voluntarism |

Description

Most human service organizations rely heavily on charitable contributions and volunteer hours to accomplish their work. Recent studies (United Way of America, 2000) have looked at ways to measure a community's "state of caring" through factors like voluntarism, charitable giving and active participation in civic activities. Questions about volunteering, neighborhoods and community strength were included in the Household Survey administered by telephone to 307 Monroe County residents.

In addition, the Community Strengths survey measured several indicators of civic engagement and individuals' perceptions about the community's overall willingness to work together for a common goal. Key informants were asked to respond to ten different statements about their neighborhood and community as a whole. Households completing the telephone survey were asked to respond to three corresponding statements about their neighborhoods. Persons participating in one of the four client interview groups were asked the same volunteering and neighborhood questions.

Working together as a community will require integrating those of different cultures, including the growing Spanish-speaking population. There are many resources that can work collaboratively toward mutual goals in human services, including the faith-based community and Indiana University. Both currently provide human services to some of their stakeholders and provide referrals to community agencies.

Monroe County Fast Facts
Monroe County is 90.8% white, 3.4% Asian, 3.0% African American or Black, and 1.9% Hispanic. *For additional population statistics, please see the Supplement.*

Key Findings
Key Informants and household participants were asked to complete items to assess indicators of community strength. The results of the Community Strengths Survey for the key informants follows:

Key Informants -- Community Strengths Survey Results

	SA*	A	SD	D
1. Your community is one where leaders from business, labor, government, education, faith, neighborhood, non-profit and other sectors come together and work productively to address critical community issues.	25%	53%	17%	5%
2. Your community is one that actively promotes positive relations among people from all races, genders, ages and cultures	36%	58%	5%	1%
3. Your community is one where people and organizations from throughout the county get together to address mutual concerns.	8%	66%	24%	2%
4. Your community is one where different faith-based groups come together to address pressing social concerns.	10%	53%	30%	7%
5. Your community is one that actively supports and strengthens connections between families, neighborhoods, and the whole community.	18%	55%	27%	0%
6. Your community is one that encourages active participation in the political process from all races, genders, ages and cultures.	17%	51%	30%	2%
7. Your community is one in which there exists a strong sense of mutual respect among leaders from all sectors of the community.	12%	48%	34%	6%
8. Your community is one in which communication among people and organizations is conducted in a civil and respectful manner.	22%	52%	22%	4%
9. It is important for a community to have a vision and a set of common goals.	78%	21%	1%	0%
10. Our community has a vision and a set of common goals.	7%	44%	38%	11%

* SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree

While 99% of the respondents believe it is important for a community to have a vision and set of common goals, only 51% believe that Monroe County has one. The community scored well on questions related to promoting good relations among all citizens, regardless of race, gender, ethnicity or culture, and encouraging participation in the political process. Lower scores are found on measures of how well individuals and various community groups work cooperatively on community concerns. About 40% of those responding believe that community leaders do not exhibit mutual respect for each other.

Household Telephone Survey Results–Community Strengths

Of the individuals who completed the Household Survey, 69% considered themselves to be part of a neighborhood, 29% did not, and 2% didn't know. Three of the questions on the telephone survey asked respondents questions about the strength of their neighborhoods. They were asked:

In the past year, have people who live near you come together to work on a common problem?

Yes	No	Don't Know
30%	63%	7%

How often do people who are different from one another, for example, young and old, established residents and newcomer, black and white, participate together in neighborhood activities?

Always	Sometimes	Rarely	Never	Don't know
8%	39%	23%	22%	8%

How often do people who live near you watch out for each other?

Always	Sometimes	Rarely	Never	Don't know
40%	39%	14%	5%	2%

Individuals were also asked if they volunteered. About 36% of the individuals completing the Household Telephone Survey reported that they regularly volunteered. This is considerably lower than Indiana's statewide average of 55.5% (UWA, 1998) The 64% who do not regularly volunteer provide a variety of reasons for not doing so. The main reason given is "lack of time" (46%). Other reasons include "health problems or disability" (5%), "age" (3%), "family responsibilities" (6%), "not interested" (4%). According to the United Way of America, the percentage of adults volunteering has been declining nationally. This is a challenge for providers who rely on a strong volunteer base to carry out many of their programs and activities.

Client Survey Group Results–Community Strengths

Four local providers conducted 42 individual interviews with clients. Compared to the general population, a greater percentage (39%) of these individuals do not consider themselves to be part of a neighborhood, while 61% do. The people who live near these clients do not come together to work on common problems (79%) versus 21% who had worked together.

The clients were asked the same three questions about the relative strength of their neighborhood.

How often do people who are different from one another, for example, young and old, established residents and newcomer, black and white, participate together in neighborhood activities?

Always	Sometimes	Rarely	Never
18%	24%	18%	41%

How often do people who live near you watch out for each other?

Always	Sometimes	Rarely	Never
25%	43%	15%	18%

Respondents from the general population were much more likely to believe that their neighbors watch out for each other than those from the client groups, 79% versus 58% respectively. While some of the individuals in the client survey group were homeless, many were renting, and some owned their own home. Despite the fact that many of these clients have relatively permanent homes, they do not have as strong a sense of neighborhood, networking or support.

Interestingly, just over 45% of the clients regularly do volunteer work, more than the general household populations surveyed (36%). The reasons given for not volunteering were similar to those of the general population: "not enough time" (56%), "health problems or disabilities" (28%), and "not interested" (11%).

Need for Additional Cultural Diversity Services
Key informants included representatives of a variety of cultures and ethnicities. They identified several needs, including:

- The Korean community needs a center to organize services and address translation needs and cultural differences. It also needs legal assistance. It would be helpful for the four Korean churches, which are seen as the center of the Korean community, to provide after school programs, tutors, and SAT classes. They also need to work with single International students from the university to address relationship issues such as dating and premarital sex.

- There is a growing Spanish-speaking population, including some families affiliated with the university. Challenges in working with this population include dealing with poverty and cultural needs, integration and education issues. Public school teachers can help service providers reach families through the children.   The Spanish-speaking population is growing so rapidly, it is difficult to develop an accurate picture of how many Hispanics are living in Monroe County from census data alone.

- Health services are often not accessible to individuals without insurance or documentation. Pregnant women will often only see a doctor once in the first three months and then again when they deliver. There was a prenatal care pilot project at CHAP, but it ended when the funding ran out. There is also a need for affordable dental and vision care. The population makes choices that are not healthy; some take drugs and drink. Many interpreters do not know specialized health-related terminology and there are few mental health services with bilingual, bi-cultural therapists.

- The City of Bloomington's Parks and Recreation Department offers Spanish classes, but they are too expensive for many service providers that might otherwise choose to train their employees.

- Language barriers, transportation and lack of documentation limit accessibility to services. Some organizations would like to see bilingual staff at the Office of Family and Children (OFC) and a bilingual version of the Herald Times VITAL column.

- Some public school teachers are not trained to work effectively with the international students in their classrooms. There is not enough time, funding or staff to deliver training.

- Bloomington has always had international visitors and immigrants but until recently they were usually university educated. Now, many of the immigrants joining the community have little or no academic preparation and poor socioeconomic prospects. Their children suffer from a lack of academic support at home.

- The NAACP also indicates a need for legal assistance for minority ethnic groups and additional resources to address civil rights issues. The agency is short staffed and sometimes clients have to wait 6-8 months for services.

Community Resources

- La Casa, an Indiana University-based organization, has partnered with the city government and local churches. The agency's main services are making referrals, providing information, and educating the public about Latino/a issues. Its focus is on general support services for Latino students only. Ideally, it would like to have programs for Latinos not involved with the university, and utilize university resources to help the broader community. The staff at La Casa regularly work with students who are dealing with culture shock and the pressures of being a first-generation college student

- The Monroe County Public Library has been adding Spanish-language materials and including Spanish speakers in the VITAL program.

- Mujeres en Conexion (MEC) is an organization that provides a safe, comfortable environment for Spanish-speaking women to discuss their needs and receive emotional and practical support. Through monthly meetings, it encourages members to be self-sufficient, independent and productive. It also has a summer camp, celebrate family holidays, make referrals and provide counseling. MEC believes that there are many good services in the community, but would like them to be adjusted for different ethnic groups.

- The Bloomington Volunteer Network is making an effort to recruit volunteers who are bilingual.

- The Commission on the Status of Black Males is conducting research on the unemployment rate and job training needs of African American males.

- The Monroe County School Corporation has an office to serve the educational needs of international students in the public school system, K-12, including cultural adaptation, parent involvement, language acquisition and social integration, as well as social support services. It collaborates with other agencies that serve the same population, such as Indiana University and area churches, to make the best use of local resources.

- The faith-based community provides a variety of services to support culturally diverse populations and low-income families. The downtown churches house the Hispanic Center (Trinity Church), a Family Resource Center (First Presbyterian Church), the Shalom Center and FoodWorks run by Middle Way House (First United Methodist Church). Several of these churches provide assistance with bus passes and child care.

- The Gay, Lesbian, Bisexual and Transgender (GLBT) Student Support Services office at IU is a resource center, offering information, support, and referral for GLBT individuals.

Places to Start

- Develop a more comprehensive plan for training and placing bi-lingual counselors and other human service staff and volunteers in organizations throughout the community.

- Support the efforts of existing groups that are working to improve awareness of cultural needs and to provide services to diverse populations.

- Examine and address barriers to volunteering and work to develop cadres of qualified volunteers to support human service organizations.

- Build on successful service learning partnerships, including American Humanics and the Advocates for Community Engagement (ACE).

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The Human Services Nonprofit Sector in Monroe County

</div>

Introduction

The human service sector in Monroe County has many strengths. Those mentioned most often include the variety of quality services and organizations, strong staff commitment and qualifications, an emphasis on client-focused services, good board leadership for not-for-profit organizations, and an overall willingness to engage in cooperative activities.

Data was collected from several sources for this study. Focused interviews were conducted with approximately 125 key informants representing a broad spectrum of agencies and organizations providing human services in Monroe County. In addition, 72 nonprofit organizations completed a Provider Profile survey that looked at programs, service populations, demand for services, program fee structures, partnership activities, and funding sources. The Profile also included an extensive section on each organization's capacity and available management tools.

To allow for comparisons with a recent statewide survey of 2,148 Indiana nonprofits, organizations were classified into eight categories based on their mission and primary activity. [Indiana Nonprofits Scope and Community Dimensions. A Preliminary Report Prepared for the Central Indiana Community Foundation. February 2003. Kirsten A. Gronbjerg, Project Director, www.indiana.edu/~nonprof.]

The majority of the organizations participating in the study were human service organizations, including social services, legal, employment, food, housing, public safety, and recreation or youth development. The research team made a good effort to include representation from a variety of sectors. The breakdown of the completed Provider Profile surveys was:

arts and culture	4%
education	6%
environment	3%
health	12%
human services	50%
public and societal benefit	19%
faith-based	6%

[Note: The National Taxonomy of Exempt Entities (NTEE) defines "public and societal benefit" as civil rights, social action, advocacy, philanthropy, volunteerism, community improvement, and social science research institutions. For a table of NTEE activities, please see the Supplement.]

Geographic Area Served

While organizations completed the survey instruments based on their Monroe County activities, all were asked to indicate the scope of their service areas.

Regional (multi-county)	46%
Monroe County only	34%
City of Bloomington only	13%
Other	7%

Management Capacities: Policies and Tools

The use of operational policies and technical tools is an indicator of the management capacity of nonprofits. Organizations were asked to indicate if they had or used 23 different policies and tools, ranging from formal board and personnel policies to technology access. Comparison data with the Indiana study (Gronbjerg) is included where it is available.

1. Organizations are using information and communication technology to streamline data management, and communicate internally and externally more efficiently. Prior to the Giant Step Initiative (1995), funded through the Lilly Endowment and the Indiana Association of United Ways, many local service providers did not have ready access to the Internet or email. During the grant period, local social service agencies were connected to the Internet and received technology technical assistance. HoosierNet was a key collaborator, and established a number of public access sites at agencies throughout the community.

Nonprofit Organizations with Information and Communications Technology

Item	% of Monroe County NFP Organizations	% of Indiana NFP Organizations
a website for the organization	85%	37%
An email address	94%	58%
computers available for key staff	93%	73%*
computers available for key volunteers	55%	73%*
direct Internet access for key staff	90%	67%*
sufficient number of lines for Internet access	75%	---
computerized financial records	82%	63%
computerized client, members and program records	79%	60%

* The Indiana study combined staff and volunteers in these questions.

A majority of the organizations surveyed currently have access to email (94%), computers for key staff (93%), direct Internet access for key staff (90%), and a website (85%). Bloomington appears to be much more technology oriented on every measure than nonprofit organizations in the rest of the state.

2. Local nonprofit organizations are using formal policies in management and decision making. Organizations were asked for information about seven types of formal policies used in management and decision making. Local organizations were strong in most areas, with the exception of formal volunteer recruitment and training programs, and Board assessment and succession. Local organizations had a slightly higher prevalence of using written personnel policies and job descriptions than on the state level, and a significantly higher use of written conflict of interest policies.

Nonprofit Organizations with Formal Organization Policies

Item	% of Monroe County NFP Organizations	% of Indiana NFP Organizations
a written grievance policy	79%	---
written by-laws	85%	91%
a written conflict of interest policy	72%	39%
written personnel policies	86%	68%
written job descriptions	92%	77%
formal volunteer recruitment and training program	42%	21% (training) 16% (recruitment)
board succession and self-assessment tools	32%	---

3. A majority of nonprofit organizations have sound reporting practices and use audited financial statements and written annual reports. Reporting practices are an indicator of an organization's ability and desire/commitment to monitor and assess itself systematically. A majority of the surveyed organizations use audited financial statements and annual reports. A significant number have protocols for fiscal policy in place. Half of the Monroe County organizations have completed an evaluation or assessment of program outcomes; the state percentage was only about a third.

Nonprofit Organization Reporting Practices

Item	% of Monroe County NFP Organizations	% of Indiana NFP Organizations
recent audited financial statement	70%	69%
an annual report produced within the last year	87%	62% *
protocols for fiscal policy – investments, flow of funds, safeguards	66%	---
an evaluation or assessment of program outcomes or outputs within the past 2 years	52%	36%

* The Indiana study asked about an annual reported produced in the last two years, rather than one.

Challenges Facing Nonprofits

Organizations were asked to respond to a list of 20 potential organizational challenges in planning their activities or managing key aspects of their operations, and rate each as a major challenge, minor challenge or no challenge. The items have been grouped by category, with comparative data from the 2002 state wide survey provided for comparison if available.

1. Demand for services has increased. When asked "How has the demand for your organization's programs or services changed over the past year?" most organizations, 60%, reported a moderate or significant increase.

Increased significantly (more than 25%)	17%
Increased moderately (10 - 25%)	43%
Stayed more or less the same	35%
Decreased moderately (10 - 25%)	5%
Decreased significantly (more than 25%)	0%

Similarly, when asked to look at trends in demand for their programs or services over the last five years, 81% reported an increase, 8% reported a decrease, and 11% reported no change.

Of those who reported an increase:
- 19% had an increase in demand of less than 10%
- 34% were 10 to 25%
- 13% were 26 to 49%
- 8% were 50 to 74%
- 2% were 75 to 99%
- 5% were over 100% (although organizations in this category were relatively new)
- 19% reported an increase, but did not know what the level of increase was

Of those who reported a decrease in demand:
- 60% were less than 10%
- 40% fell in the 11 - 25% category

Many organizations expressed severe frustration over the growing need seen in the community, due in part to current local and national economic conditions.

2. Availability of some funding sources has decreased. At the same time need is increasing, there is an accompanying difficulty accessing needed resources, as federal and state dollars have declined. Finding adequate funding was the number one challenge for nonprofits. More than 70% of the organizations said funding was a major challenge; 21% said it was a minor challenge.

Challenges in Obtaining Funding or Managing Finances

Item	major challenge	minor challenge	not a challenge	major challenge state study
Obtaining funding or other financial resources	70%	21%	9%	76%
Financial management or accounting	3%	41%	56%	20%

Most organizations do not rely heavily on fees collected from clients or members, as can be seen from the following chart:

Program Fee Structures:

	All Programs	Some Programs	No Programs
Programs and services are available at no cost to clients or members	42%	49%	9%
Fees vary by type or amount of programs and services received	13%	64%	21%
Fees vary by the financial ability of the clients or members	18%	49%	31%

Organizations were asked to report on their revenue sources for the most recent completed budget cycle for Monroe County only. They were also asked to indicate whether the support was increasing or decreasing for each category. Their data was categorized in columns by the percent that source contributed to their budget. For example, 63% of the agencies had federal grants comprise 5-25% of their total annual source of revenue, for 21% it accounted for 26-50% of their total revenue sources, etc. Some categories are analyzed by a subset of the responses, because certain agencies are not eligible for every type of funding.

During the past year, sources that decreased were dues and memberships, federal grants, state grants and Community Foundation support. Sources that showed the greatest increases, in descending order, were business and corporate support, individual giving, client fees, special events, and in-kind contributions. Changes in City grants and United Way funding varied by agency.

Challenges that result from increasing demand and declining funding include agency concerns over maintaining service levels and quality; increased agency competition for the same funds; the need for agency personnel to spend even greater proportions of their time raising funds and fulfilling reporting requirements for multiple smaller funding sources; raising client fees; making decisions based on scarcity, and focusing on short-term economic gains.

This chart indicates what percentage of the agency's budget is based on the funding source. It also indicates the percentage of agencies for which that funding source is increasing or decreasing.

Agency Budget Sources

Budget Source	5% - 25% of total budget	26% - 50% of total budget	51% - 75% of total budget	76% - 100% of total budget	Decreasing Source	Increasing Source
Federal Grants (CSBG, CDBG..)	63%	21%	8%	8%	87%	13%
State Grants	64%	23%	9%	4%	85%	15%
Local (City & County Council, Trustees..)	52%	4%	11%	33%	45%	55%
Vouchers	86%	7%	---	7%	43%	57%
Other Public Agencies	100%	---	---	---	67%	33%
United Way	82%	9%	---	9%	64%	36%
Community Foundation	100%	---	---	---	75%	25%
Business and Corporate Donations	100%	---	---	---	25%	75%
Individual Donations	72%	16%	6%	6%	31%	69%
Special Events	85%	5%	10%	---	38%	62%
Dues and Membership Fees	100%	---	---	---	91%	9%
Client Fees	64%	18%	9%	9%	36%	64%
Other Sources (endowments, interest)	90%	5%	5%	---	44%	56%
In-Kind Income	83%	17%	---	---	40%	60%

(Note: Where subsets of respondents are indicated, the particular type of funding source was not used by all of the responding organizations.)

3. Retaining Staff and Long-Term Volunteers is difficult.

High staff turnover is a challenge for many agencies (a major challenge for 23% of the organizations). Contributing factors can include heavy work loads, a stressful work environment, low compensation, little or no opportunities for advancement, and a lack of professional development opportunities. Organizations were asked to report on the existence of certain staff benefits or policies. Most of the organizations reported opportunities for professional development for staff (although we did not examine quality or relevance). About 80% also offer health benefits. Only 66% offer retirement benefits.

Challenges in Managing Human Resources

Item	major challenge	minor challenge	not a challenge	major challenge state study
Recruiting and keeping effective board members	27%	49%	24%	55%
Recruiting and keeping qualified and reliable volunteers	26%	54%	20%	38%
Recruiting and keeping qualified staff	23%	40%	37%	45%
Managing human resources (staff and volunteers)	21%	55%	24%	29%
Managing or improving board/staff relations	16%	39%	45%	12%

Nonprofit Organization Staff Benefits

Item	% of Monroe County NFP Organizations
professional development opportunities for staff	80%
health benefits	80%
employee retirement plan	66%
peer review	32%

Organizations were asked to report, compared with a year ago, how the number of employees and volunteers has changed:

Number of Staff and Volunteers

Category	Significant Increase (>25%)	Moderate Increase	Stayed about the Same	Moderate Decrease	Significant Decrease (>25%)
Full time employees	6%	10%	61%	16%	6%
Part time employees	8%	22%	57%	8%	5%
Non-board volunteers	5%	30%	53%	12%	0%
Board members	4%	7%	80%	9%	0%

While 17% of the organizations had an increase in the number of full-time employees, 23% experienced a decrease. At the same time, 30% increased the number of part-time employees (13% had a decrease). Involvement of non-board volunteers increased for 35% of those surveyed. Staff instability and over-reliance on part-time employees and volunteers for key tasks is one of the challenges reported by nonprofits. Board membership appears to be fairly stable, with 80% reporting no net change. A reliance on volunteers is both a strength (diversity of talents, valuable donated skills, community engagement) and a weakness (high turnover, lack of stability). While short-term volunteers are easier to find, they bring with them additional challenges that the organization must overcome.

Some organizations also have difficulty providing a good working environment due to space constraints. Agencies situated in older buildings often have to work around having multiple smaller rooms and awkward layouts. Having enough space was a challenge for 68% of the organizations surveyed:

Facility Challenges

Item	major challenge	minor challenge	not a challenge	major challenge state study
Having enough space to meet your needs	30%	38%	32%	----
Managing the facility or space for your organization	19%	41%	41%	33%
Using technology effectively	15%	61%	24%	19%

4. Participation in partnerships and networks is important, but can be time consuming.
Participation in community groups, partnerships, coalitions and similar networks can be important to serving clients more effectively and building professional skills and experiences, but it can also be a significant draw on resources, both human and financial. About two thirds of the organizations reported staff and volunteers spending at least some time on these activities; slightly more than half devoted some financial resources to such efforts.

Organizations were asked "What proportion of the following resources does your organization devote to these types of activities?

Type of Resource	None	Some	Most	All
Staff time	0%	65%	23%	12%
Volunteer time	19%	64%	11%	6%
Financial resources	29%	56%	6%	8%

Many agencies reported being familiar and comfortable with the agencies they work with most closely. Staff and volunteers from these agencies spend time together at multiple board and committee meetings. However, many also expressed a lack of awareness of services and organizations outside of their direct area. They are aware of the challenges of staying informed; "communication with each other is so demanding it becomes a barrier."

5. It is difficult for many directors to engage in effective public relations. Most do not have the time or the training. Public relations is seen as a major challenge for 30%, and a minor challenge for 58% of the participating organizations.

6. Many individual organizations lack the time or resources for strategic planning, networking, and evaluating program outcomes. These activities are critical to the long-term success and health of an organization, but many report operating in "survival mode". It is more difficult to think globally "while struggling to make ends meet." Finding time for strategic planning is a major challenge for 26%, and a minor challenge for 49%.

About 75% of the respondents view outcomes measurement as a major or minor challenge. There are concerns by many organizations that some agencies never evaluate their programs, while many community members assume that this is being done for grant reporting requirements. Conducting studies of program outcomes can improve service delivery, help with long-range planning, and help dispel unwarranted concerns over duplication of services. Sound data can also be useful to obtaining additional outside funding, especially for community initiatives. However, a

comprehensive outcomes measurement program can be challenging to design and costly to do well.

Challenges in Mission and Planning

Item	major challenge	minor challenge	not a challenge	major challenge state study
Meeting the needs/interests of current clients	46%	39%	15%	40%
Enhancing the visibility of your organization	30%	58%	12%	44%
Strategic planning for your organization	26%	49%	25%	35%
Communicating with clients	18%	54%	28%	25%
Forming and maintaining good relationships with other organizations	4%	65%	31%	24%

Challenges in Delivering and Assessing Programs or Services

Item	major challenge	minor challenge	not a challenge	major challenge state study
Turning away potential clients	24%	30%	46%	----
Evaluating or assessing program outcomes	22%	53%	25%	27%
Developing high quality programs and services	22%	50%	28%	47%*

*similar wording

7. The community, including decision makers, is not always aware of the mission, services and program provided by nonprofits. While some members of the community are familiar with local human services, many others lack a working knowledge of agencies and the services they provide. This lack of information contributes to misconceptions about duplicated resources ('there are too many agencies providing the same services to the same people"), and agency size ("smaller agencies can provide better services because they are more in touch") .

Household survey and service provider client respondents were asked about their awareness level of community social services, and where they would most likely go for help with paying for basic needs, and for substance abuse and emotional problems. Comparative data is provided from the last community-wide needs and capacity assessment, SPAN/MC, released in 1998:

How aware are you of the types of services available through the community social service agencies in Monroe County?	SCAN 2003	SPAN/MC 1998
Very aware	16%	16%
Somewhat aware	37%	43%
Not very aware	29%	29%
Not at all aware	17%	11%
Don't know	1%	

About 53% of the respondents, or slightly more than half, were either very aware or somewhat aware of the types of community social services available, compared to 59% in 1998, indicating very little change.

When asked where they would go for help paying for basic necessities, the responses, in order from most common to least, were:

If you needed help paying for basic things such as utilities, housing or food, where would you most likely go for help?	SCAN 2003	SPAN/MC 1998*
Family	53%	70%
Don't know	17%	--
Community social service agency	7%	10%
Township trustees	7%	--
Government agency	4%	--
Church/religious community	3%	5%
Bank/would get a loan	3%	--
Friends	2%	8%
I wouldn't ask for help	1%	1%

6% responded "somewhere else"; the other choices for 2003 came out of the suggested responses from 1998.

Slightly over half of the respondents would turn to family members; this is a decrease from the 70% that would have turned to family members in 1998. Only 2% said they would approach friends, compared to 8% from the previous study. We did not ask why they gave this response, but one could conjecture that fewer individuals have family members in town to turn to, or that their friends and family would not be economically able to provide assistance. About 18% would turn to either a social service agency, trustee or government agency; 3% to the faith-based community.

Similarly, when asked where they would turn for help with a drug or emotional problem, they responded, in order:

If you needed help with alcohol, drug or emotional problems, where would you most likely go for help?	SCAN 2003	SPAN/MC 1998
A physician or counselor	22%	51%
Don't know	18%	--
Somewhere else	18%	5%
Family	17%	13%
Community social service agency	13%	10%
Friends	5%	9%
Church/religious community	5%	13%
No answer	2%	--

The number of respondents who would turn to a physician or counselor dropped significantly; from 51% to 22%. Those seeking out family rose slightly from 13% to 17%; those seeking help from friends dropped from 9% to 5%. Those who would get help from a community social service agency rose slightly from 10% to 13%. Those seeking help from a church or the faith community dropped from 13% to 5%.

8. There is a need for more networking and true collaboration among providers. In addition to the benefits of improved communication, effective networking and collaboration could help to reduce competition while improving efficiency and helping resources go further. In some cases, this would require relinquishing "turf" in the interests of developing long-range holistic solutions to the community-wide issues identified in SCAN.

As can be seen in the next chart, 85% of the participating organizations find being involved in big picture planning a challenge and 93% can't find time to work on broad changes impacting their service area.

Item	major challenge	minor challenge	not a challenge	major challenge state study
Finding time to serve as advocates for issues impacting your service area	43%	50%	7%	-----
Getting the organization involved in "big picture" pro-active planning	28%	57%	15%	----

While many nonprofits reported an increased level of cooperation among organizations in the last 5-10 years, much of it out of necessity, there is still a lack of coordinated efforts with some key areas, including faith-based and government entities. Agencies also see a need for cooperative training in fundraising, sharing examples of best and poor practices, sharing event plans to avoid scheduling conflicts, and reducing unnecessary competition for the same grants.

Increased cooperation could help to build awareness of common issues facing local providers and clients. "There is no main forum or quarterly meeting to put all of the providers at the table." Topics that were suggested for such a forum include how to make the client referral and application process more user friendly, creating an opportunity to dialogue with elected officials "where we would be more effective speaking as a group." Other suggestions include investigating the need for "one-stop shopping," "hubs," or "gateways" for more user-friendly program delivery to clients. In addition to improved service, there might be possible savings through shared common services and facility costs.

Organizations could also collaborate to address common professional development needs by sharing resources. Topics that were suggested most often include effective fundraising, public relations, volunteer recruitment and retention, preventing staff burn out and accountability.

Most importantly, networking would allow organizations to be more effective. "There are many groups doing their own thing, but if they work together, they could get better results."

Indicators

Indicators can be a useful way to take the "pulse" of the community. While periodic assessments such as this one are critical to understanding the context and interrelationships of the many factors in human service delivery, they are very time and resource intensive to conduct properly. If indicators are collected and reported regularly, they do allow useful comparisons. Some indicators that could provide yearly comparisons are:

- percentage of children below poverty
- number of assisted lunches (% total, per school)
- unemployment rate
- length of time unemployed
- education; percent at GED/High School or higher
- number of individuals in jail
- # jobs created
- # jobs with health benefits
- % of the population with medical insurance
- % of the population that volunteers
- % of the population experiencing a high degree of stress, anxiety or depression
- the teen probation, substance abuse and school truancy or absenteeism rate
- crime statistics
- Kids Count stats, selected (birth weight, prenatal care, child abuse/neglect..)

The Supplement section contains the most current statistics for these indicators and others. References and web addresses are included for the user to be able to access any updates that will occur after SCAN is released.

Comparison of Selected Household Challenges SPAN/MC (1998) and SCAN (2003)

The following chart presents a comparison of responses to household challenge items that were used for both the survey instruments used in SPAN/MC (1998), the last community needs assessment, and SCAN (2003), the present assessment. Several items in the new survey focus on the same general topic, but are worded differently; these are indicated by an asterisk. The sample size for the subgroups in SPAN/MC was also much smaller than the sample used in the current study.

Comparison for Non-Student Households with Incomes Less than $25,000

Challenge	Major '98 <$25,000	Major '03 < 25,000	Minor '98 <$25,000	Minor '03 <$25,000
paying for legal help	50%	22%	17%	9%
paying for medical expenses*	26%	26%	29%	18%
finding a job that pays enough to met basic financial needs	50%	20%	32%	24%
paying for rent or mortgage	14%	17%	26%	30%
paying for utilities	15%	20%	26%	26%
paying for clothing	10%	15%	27%	32%
paying for food	10%	9%	28%	30%
finding affordable child care	38%	0%	38%	25%
finding affordable after school care	38%	7%	13%	11%
finding transportation for someone with a disability or serious illness*	14%	5%	14%	15%
finding services for someone with serious emotional problems*	8%	26%	24%	24%
Alcohol abuse*	3%	2%	15%	9%

Comparison for Non-Student Households with Incomes Less than $15,000

Challenge	Major '98 <$15,000	Major '03 < 15,000	Minor '98 <$15,000	Minor '03 <$15,000
paying for legal help	50%	24%	13%	5%
paying for medical expenses*	32%	38%	27%	14%
finding a job that pays enough to met basic financial needs	55%	19%	36%	28%
paying for rent or mortgage	18%	28%	24%	14%
paying for utilities	18%	33%	27%	24%
paying for clothing	15%	19%	27%	28%
paying for food	18%	19%	27%	24%
finding affordable child care	67%	0%	33%	33%
finding affordable after school care	33%	10%	33%	10%
finding transportation for someone with a disability or serious illness*	10%	9%	20%	18%
finding services for someone with serious emotional problems*	4%	38%	8%	19%
Alcohol abuse*	4%	5%	8%	10%

The Human Service Community in Monroe County -- Goals and Strategies

Having a high quality of life in Monroe County is directly dependent on the existence of a coordinated and comprehensive human service network. In the face of growing local demand and declining state and federal funding, it is imperative to use the information contained in SCAN and related studies to develop and implement a comprehensive, long-range human service plan that is consistent with a vision for our community.

Individuals representing all sectors of our community must continue to work together to develop effective means of communicating, building respect, exchanging quality information, optimizing available resources and capacities, and planning and cooperatively implementing programs and services that are consistent with community needs and goals.

Below are several draft goals, derived from the SCAN data, for further community discussion:

Goal 1: A Safe, Civil and Caring Community

Strategies…
1. Foster a community environment that promotes citizenship and civic responsibility, and recognizes and respects individuals and cultures.

2. Encourage citizen to model mutual respect and civility.

3. Build community by helping individuals and families reach their full potential.

4.   Develop a human service nonprofit sector that has a long-range vision, adheres to the highest professional standards, is adequately supported by resources, has the capacity to deliver quality programs and services, and works collaboratively with one another and with other sectors (government, business, faith-based, etc) to understand and address community needs.

Goal 2: High Standards & Accountability for Nonprofit Organizations

Strategies…

1. Expect nonprofit organizations to be informed and conduct themselves according to the highest professional standards and accepted practices in their respective fields.

2. Expect nonprofit organizations to maintain accountability practices and to regularly communicate this information to stakeholders – including citizens and community decision makers/leadership.

3. Expect nonprofit organizations to utilize information systems to collect and analyze relevant and timely data.

4. Adequately compensate staff of nonprofit organizations commensurate with their education, experience and skills. Provide opportunities for participation in quality professional development, for recognition and for advancement.

Goal 3 – Networking and Continuous Improvement

Strategies…

1. Develop effective mechanisms for networking that take advantage of technology.

2. Create a shared vision for continuous improvement of the sector. Implement the systems to support the learning and professional development that will be needed to support high performance levels, develop mechanisms for coordinating efforts toward the common goals, and secure needed resources.

3. Provide opportunities to inform and educate the public and decision makers about key issues.

4. Assist organizations with ways to evaluate and demonstrate program effectiveness and accountability for the stewardship of public resources in their trust.

5. Contribute to the ongoing collection of data on community human services needs to help prioritize problems, provide direction to the community, and evaluate planning and implementation efforts.

Goal 4 – Support High Expectations for Human Service Delivery

Strategies…
1. Recognizes that prevention is critical to addressing community problems. This may require outreach to certain geographic areas and vulnerable populations. Prevention and early intervention are wise community investments and significantly reduce the social and economic costs to individuals, families and societies.

2. Human service delivery is proactive and includes strategies for public awareness, information and education. A communication infrastructure should be developed that a) supports human service planning and delivery, b) informs community leaders and c) encourages public discussion and input.

3. The needs of all citizens, including the economically-disadvantaged, youth, elderly, individuals with disabilities and members of diverse cultures will be considered when planning human services.

4. Services and programs will be delivered for maximum accessibility (location, service hours, and cultural access). Recognizing that individuals and families have multiple interrelated needs, programs will include comprehensive, client-friendly and coordinated service delivery.

5. Every person in our community should have nutritious food to eat, clothes to wear and a roof over their head.   Young people should be taught to make good decisions, to be critical thinkers and to develop their academic, social and emotional abilities through schooling and other productive activities. Those who are able to work should be encouraged and supported in their efforts to become more educated and find and maintain employment. Primary health care should be accessible to everyone. Everyone has the right to feel safe in their home and community. Human resource programs and services can help every individual make the most of their life by removing barriers and presenting opportunities.

Goal 5 –   Manage Resource Effectively

Strategies…

1. Recognize that financial and human resources to support programs and services are limited.

2. Investigate how existing services could be better utilized, redirected or expanded before creating new organizations with separate administrative overhead and facility expenses.

3. Pursue effective and efficient delivery of human services through cooperative and coordinated efforts among agencies, funders and the public and private sectors. Collaborative ventures should result in decreased competition for the same dollars, increased dialogue and improved service delivery and/or a reduction in overhead expenses.

4. Prioritize expenditures to a)ensure stable resources (financial and human) are available for the basic operating needs of organizations addressing life-threatening/critical basic human needs in the community, b) maintain capacity in each critical human service areas, and c) target community needs identified through systematic research and planning to maximize every investment of time, energy, effort and funding.

5. Develop coordinated mechanisms to access new resources for addressing community-wide issues.

Copies of the Service Community Assessment of Needs [SCAN] Report and Supplement are also available online at www.bloomington.in.us/~scan.

For more information about SCAN, contact scan@bloomington.in.us.