STRIVE EMPOWER STRENGTHEN



Community Needs Assessment 2017-2018

TABLE OF CONTENTS

EXECTUTIVE SUMMARY	,
INTRODUCTION TO CACLMT	
MISSION & HISTORY	
WHAT WE DO	
OVERVIEW OF ASSESSMENT PROCESS	
PURPOSE AND GOALS FOR CNA	
METHODS OF DATA COLLECTION AND ANALYSIS	
PARTICIPANT PROFILE	
2016 CLIENT SATISFACTION SURVEY	
2017 ANNUAL CLIENT SURVEY	
COMMUNITY COLLABORATION AND PARTNERSHIPS	
COMMUNITY DEMOGRAPHICS PROFILE	
DISABILITY	
VETERANS	
AGE	
GENDER	
RACE/ETHNICITY	
FAMILY STRUCTURE	,
CHILD CARE	I
EDUCATION ATTAINMENT	
EMPLOYMENT/INCOME	
HOUSING	,
HEALTH (OVERALL, CHILD ABUSE & DENTAL)	,
FOOD SECURITY	,
TRANSPORTATION)
POVERTY	
HOMELESSNESS	1
POVERTY & ROOT CAUSES	
COST OF LIVING	,
LIVING WAGE	•
SUMMARY OF COMMUNITY FEEDBACK	,
KEY FINDINGS	
DATA LIMITATIONS	,
CONCLUSION	1
APPENDIX	,
SOURCES	i

Executive Summary

Community Action Council of Lewis, Mason and Thurston counties (CACLMT) is a non-profit organization providing assistance in the realms of housing, health, and hunger to the areas it serves. The agency was founded in 1966 to improve the lives of all community members through empowerment and the promotion of self-sufficiency. CACLMT provides services to 5 counties in Washington State and is headquartered in Lacey, Washington.

This Community Needs Assessment was conducted in the fall of 2017 in order to provide baseline data about the communities we serve and identify gaps in regard to service needs in the area.

Through this Community Needs Assessment, CACLMT will be looking at three major program umbrellas: housing, health and hunger. The components of poverty are numerous and there are dozens of local community resources that cover needs we will not be addressing in this document. We understand that each component influences the next as a contributor to poverty, but for purposes of this assessment, we will be highlighting services in housing, health and hunger.

Introduction to Community Action Council of Lewis, Mason, and Thurston Counties (CACLMT)

In the 2017 fiscal year, CACLMT offered support for more than 8, 880 families living in our communities, helping more than 22,000 individuals move toward self-sufficiency.

As our communities continue to evolve and change, so do needs in those communities. Assessing and understanding the needs of our communities we serve is an essential step in ensuring that CACLMT has program and services that are relevant and responsive to both the actual needs in our communities and to our mission as an organization. This Community Needs Assessment (CNA) provides key information about our communities that will help guide our organizations strategic planning and program processes over the next five years.

History

For more than 50 years, CACLMT has been helping low-income communities in Lewis, Mason, Thurston, Kitsap, and Grays Harbor counties.

CACLMT was founded in 1966 and our mission continues to improve the lives of all community members through empowerment practices and helping low-income individuals and families obtain self-sufficiency.

Typical programs Community Action Agencies offer nationwide are Family Support, Food and Nutrition, Economic Security, Youth Services, Services for Older Americans, and Housing. CACLMT was the foundation for many program developments that continue to meet high priority needs in our community.

Mission

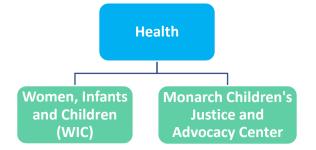
CACLMT is a private, non-profit 501c (3) agency governed by a volunteer board of directors. By providing direct services and maintaining community partnerships, our mission is to strengthen individuals and families to lessen the impacts of poverty.

What We Do

Our programs and services help people build stable and self-sufficient lives by meeting basic needs for health, hunger, housing and community engagement. CACLMT works every day to create this reality for individuals and families in need through each program we provide.

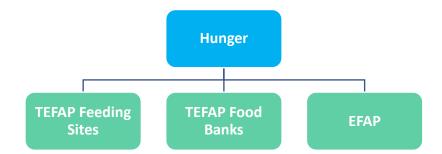
We believe everyone should have their basic needs met. That is why we work towards administering a diverse menu of services to our community addressing the themes of health access, mitigation of hunger, affordable housing, and community engagement services. Various initiatives are grouped under each of these themes, presented below.



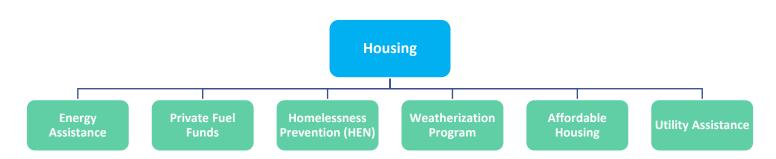


Women, Infants and Children (WIC): Provides nutritional foods and nutrition education to help low-income households select healthy foods for pregnant, breastfeeding, and post-partum women, babies and small children. WIC also provides breast feeding support, medical referral, nutritional vouchers, and referrals to pre/postpartum mothers, infants and children.

Monarch Children's Justice and Advocacy Center: Provides a wide range of services at no cost to sexually, physically or neglected children and non-offending care givers. Services include forensic exams, therapy, case development, family support and case coordination. We work to reduce the incidence and impact of child abuse by providing a coordinated, multidisciplinary response to victims of child abuse and their families. This response includes prevention, investigation, prosecution, and treatment- which includes community partners who are experts in those areas.



The emergency Food Assistance Program (TEFAP) and Emergency Food Assistance Program (EFAP): Coordinates the purchase of nutritious food not readily available to local food banks. TEFAP food banks and feeding sites provide food assistance for individuals in all our service areas. EFAP provides food at our Mason County Food Banks.



Energy Assistance: Provides benefits to help reduce the burden of heating costs for low-income families through Low Income Home Energy Assistance Program (LIHEAP) services. Energy program grants are paid directly to the utility or energy service provider and are based on a portion of a household's annual home heating costs. Energy Assistance also provides client conservation education, furnace repair and replacement, access to weatherization services and referrals to other services.

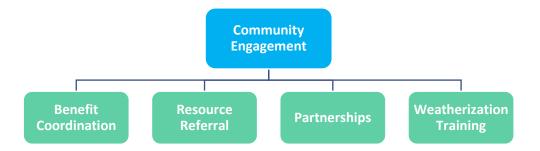
Private Fuel Funds: Puget Sound Energy HELP provides assistance with the cost of natural gas and electricity consumption to qualified PSE customers. In addition to PSE, we partner with county PUD's and Cascade Natural Gas to distribute more than 2 million in private fuel funds.

Homelessness Prevention: The purpose of the Housing and Essential Needs (HEN) program is to prevent the homelessness of and to rehouse unemployable adults and assist them with basic essential needs such as utility payments, personal hygiene products, and transportation.

Weatherization Program: Our weatherization services help households reduce home energy consumption while increasing the health, safety, comfort, and longevity of homes. Weatherization is the application of energy efficiency measures to a home. These include ceiling, wall and floor insulation; closing heat-escaping gaps by caulking, weather stripping, or broken window replacement; and heating system improvements. The measures are done according to established technical specifications, cost-effectiveness tests, and relevant building codes.

Affordable Housing: We provide affordable housing through our rental properties and have the capacity to develop new or preserve affordable in our service areas by working with multiple jurisdictions. In past years we have housed over 692 people in 375 units.

Utility Assistance: Provides payment assistance to families at risk to stay in their homes by preventing discontinuance of water or sewer services.



Benefit Coordination and Resource Referral: Provide resource referrals for families and individuals requesting services.

Partnerships: CACLMT partners with 70 public and private organizations to expand resources and opportunities in order to achieve positive family and community outcomes. Partnerships include non-profits, faith-based organizations, local governments, and private organizations.

Weatherization Training Center: Provides training in lead safe practices, OSHA, thermal imaging, and more.

Our Service Area

CACLMT's primary service area is Lewis, Mason, and Thurston counties, with selective services in Kitsap and Grays Harbor counties for food commodities. CACLMT is in legislative districts 2, 20, 22, & 35, along with congressional districts 3, 6, & 10.



Overview of Assessment Process

Purpose & Goals for Community Needs Assessment (CNA)

As a Community Action Agency, CACLMT is required to complete a CNA every three years. The goal of the assessment process is to understand the extent of community needs and our resources and partners that are available to meet those needs. The results will have the potential to help us create openings for community by-in, create opportunities for new alliances and connections with new partners, generate authentic input from stakeholders, indicate causes and conditions to enhance capacity to respond to change, and guide our board governance to align our strategic plan to insure our services meet the needs and issues affecting our low-income communities.

Methods of Data Collection and Analysis

Quantitative data was mostly gathered from the U.S. Census Bureau's American Community Survey (ACS) data for each county of Lewis, Mason, Thurston, Kitsap, and Grays Harbor, including Washington State and Nationwide. Five-year ACS estimates were used to ensure quality of data. These estimates represent average characteristics over a five-year period of time and are therefore less current than one-year ACS estimates. However, because the five-year estimates use a larger sample size, they are more reliable, particularly with smaller populations. The five-year survey data ranges from 2011-2015.

Quantitative data was also collected from U.S. Census Bureau's community fact finder for all counties and State listed above, and are comparisons ranging from the year 2010 and 2016.

Other data, regarding (but not limited to) health, housing, poverty, food security, and education were collected from state agencies, federal agencies, and public access community evidence-based data bases. These include but are not limited to, Department of Social and Health Services (DSHS), Department of Health (DOH), Center for Disease Control and Prevention (CDC), and Community Commons.

Client feedback for 2016 was collected through in-person surveys mainly on-site and offsite for clients receiving Weatherization assistance. Client feedback does not include responses from Monarch Children's Justice and Advocacy Center and the Crime Victims Center. All 783 responses from other programs were then submitted into a database for synthesis and analysis purposes.

Qualitative data was gathered from the Community Stakeholder Survey, conducted in 2017.

Participant Profile

The 2016 Client Satisfaction Survey does not collect gender or race/ethnic characteristics and therefore, these demographics cannot be measured.

The 2017 Annual Client Surveys demographic data provides a glimpse of who the Council services: the respondents indicated they were 36% were male, 64% female, 69% were white, 17% Latino, 3% African American and 3% Asian, 59% rented their homes, 20% were home owners, 2% were homeless, 33% were employed, 28% were either on Social Security, SSI or pension, and 8% received Public Assistance, and 50% had incomes at or below 75% of poverty.

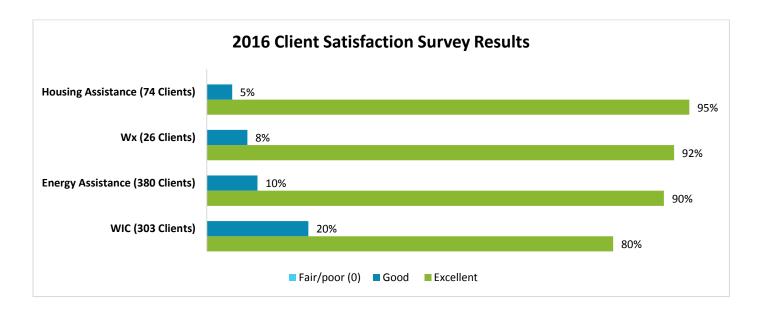
In 2017, a Community Stakeholder Survey was created and a list of 188 stakeholders between Lewis, Mason, Thurston, Kitsap and Grays Harbor was compiled. Out of the 188 stakeholders, to whom the survey was sent, 104 responded (n=104). Respondents participated from Education, Faith-based, Non-profit, For-profit, and Community-based Organization sectors. The majority of respondents were from community-based organizations, with Thurston County stakeholders as the highest respondents. Additionally, gender or race/ethnic characteristics were not part of the stakeholder survey questions and could not be measured.

2016 Customer Satisfaction

To ensure CACLMT is providing impactful services to clients, CACLMT conducts annual client satisfaction surveys. In 2016, the majority of client respondents indicated services received were excellent, followed by good, with no poor/fair ratings.

Clients were asked a variety of questions specific to type of appointment and services received. Surveys were collected onsite and offsite during office hours, generally after each appointment with Housing assistance, Weatherization (Wx), Energy assistance, or WIC, and as prospective clients came into CACLMT to access services.

Survey objectives were to collect client feedback on their overall experience in relation to service delivery. The 2016 client satisfaction survey included 783 total respondents, four CACLMT program ratings are captured in the graph below. This illustrates the results of client's overall experience.



2017 Annual Client Survey

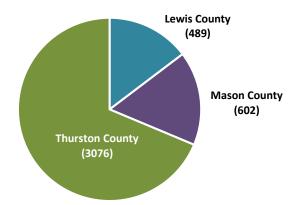
The Annual Client Needs Survey was conducted from November 2016 through August of 2017. The survey is anecdotal and makes no claim of statistical validity. Though the results may not be statistically valid, the results/data illustrated do provide valuable insights into the respondents' perceived needs. A total of 4,167 clients voluntarily participated. The large number of respondents allows the reader to make some positive inferences as to the data pertaining to community needs and services.

The surveys were voluntary and randomly conducted in each county and were either completed by the respondent themselves, by staff interview over the phone, or by staff interviewing the respondent during a service appointment.

All survey respondents were clients accessing services at our direct service sites in Lewis, Mason and Thurston Counties. The data below summarizes many of the findings. The full report provides more county specific information revealing the variations to the questions (See Appendix A-C for total results).

1. IN WHICH COUNTY DO YOU LIVE?

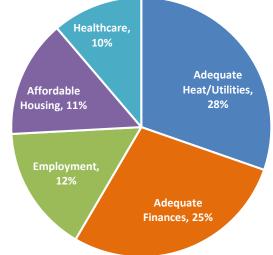
A Total of 4,167 People Responded to the Survey

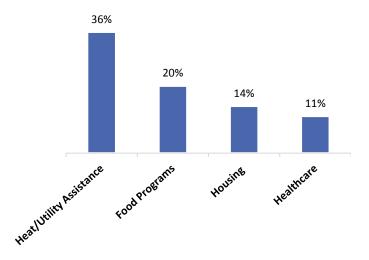


2. WHAT IS THE BIGGEST PROBLEM FACING YOU OR YOUR FAMILY?

"I have financial issues due to two medically fragile children, separation, and I am trying to finish college".

"Fighting cancer is breaking me. I can't keep everything straight; I don't know what to do and need money to get meds; home needs repairs and general upkeep ... I am confused on what to do".





Most Needed Family Services

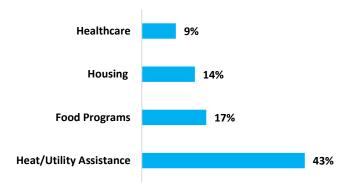
3. ARE THERE 5 SERVICES YOU OR YOUR FAMILY NEED MOST?

Combined results reveal that **heat/utility assistance** was the number one service families need the most (36%). This result is somewhat anticipated in that a majority of the survey respondents were accessing energy assistance services. Recognizing that, it is important to note the next responses.

4. WHAT KIND OF HELP IS THE MOST IMPORTANT FOR YOU OR YOUR FAMILY?

Consistent with question 3 above, combined results illustrate that **heat/utility assistance** ranked the highest (43%) followed by **food programs** (17%), **affordable housing** (14%) and **adequate finances** (9%).

Most Important Help



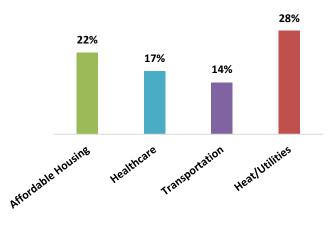
"Was out of work a few months so trying to catch up".

"I have 2 disabled boys and I had to quit my job because my daughter was diagnosed with cervical cancer".

5. IS THERE HELP YOU NEED THAT IS NOT AVAILABLE TO YOU?

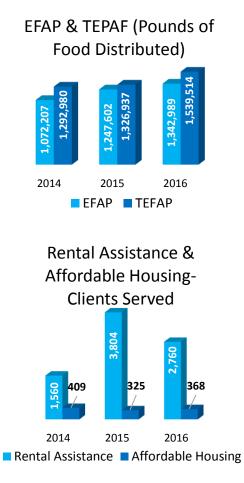
This question provides the best insight into the clients' perception of needs and availability of services. Responses also help guide analysis regarding potential gaps in services, increased outreach or advocacy for services. The highest response to this question was heat/utilities (28%), affordable housing (22%), followed by healthcare (17%), and transportation (14%).

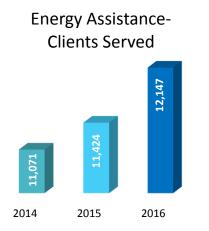
Help Needed, but Not Available

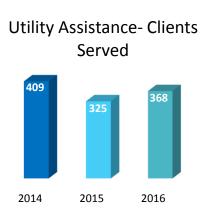


"We cannot afford to fix our car and keep our heat on".

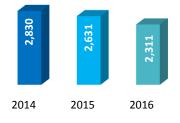
Overview of CACLMT Service Numbers for All Programs, 2014-2016







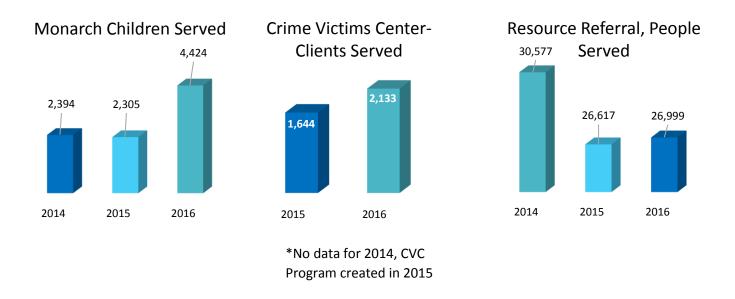
WIC Total Clients Participating (Monthly Average)



Weatherization- Clients Served



Overview of CACLMT Service Numbers for All Programs, 2014-2016



Within certain programs, services numbers have increased while others have shown a decrease. For instance; Monarch, Crime Victims, Energy Assistance, utility Assistance, and food commodities have increased compared with CACLMT's other program services.

It is difficult to fully determine why certain programs have experienced a decrease in numbers from 2014 to 2016. We must take into account funding sources, staff numbers, and economy among other interdependent complexities to gain a better understanding of how program service numbers are impacted.

Community Collaboration and Partnerships

CACLMT partners with 70 public and private organizations to expand resources and opportunities in order to achieve positive family and community outcomes. Partnerships include non-profits, faith-based organizations, local governments, and private organizations.

Beginning in 2016, CACLMT developed a comprehensive survey process to measure client satisfaction. Moving forward, CACLMT plans to utilize this data throughout the strategic planning process the better align services with client needs.

The 2017 Annual Client Survey results provide valuable insight into the clients' perception of needs and services.

In 2017, a Community Stakeholder Survey was created and a list of 188 stakeholders between Lewis, Mason, Thurston, Kitsap and Grays Harbor was compiled. Out of the 188 stakeholders, to whom the survey was sent, 104 responded (n=104). Respondents participated from Education, Faith-based, Non-profit, For-profit, and Community-based Organization sectors. Moving forward, CACLMT plans to utilize this data throughout the strategic planning process the better align services with CACLMT's service area and agency needs (See Appendix D for full survey report).

Sample Agency Partnerships:

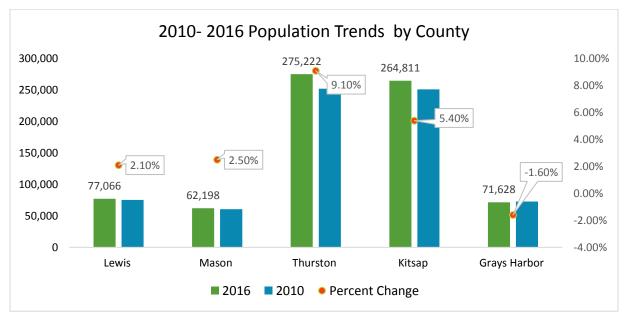
- City of Lacey
- City of Olympia
- City of Shelton
- City of Tumwater
- March of Dimes
- ROOF
- TOGETHER!
- United Way of Lewis County
- United Way of Mason County
- United Way of Thurston County
- Paul G. Allen Family Foundation
- Ben B. Cheney Foundation
- Forest Foundation
- Bill & Melinda Gates Foundation
- Cascade Natural Gas Corporation
- Lewis County PUD #1
- Mason County PUD #1
- Mason County PUD #3
- Puget Sound Energy

- Santa Club of Olympia
- Chehalis Tribe
- Nisqually Tribe
- Bonneville Power Administration
- Department of Agriculture
- Department of Energy
- Department of Health and Human Services
- Department of Housing and Urban Development
- Federal Emergency Management Agency
- Department of Commerce
- Department of General Administration
- Department of Health
- Department of Social and Health Services
- Superintendent of Public Instruction
- Southwest Washington Health District
- Washington State Rural Development Council

Community Demographic Profile

Population

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities. A significant positive or negative shift in total population over time impacts the utilization of community resources.



Data Source: US Census Bureau, Quick facts: Population Estimates. 2010 & 2016.

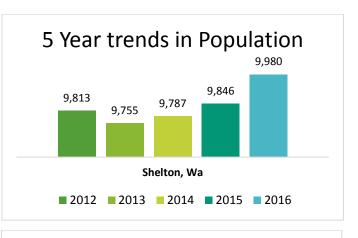
Thurston County had the most significant population increase from 2010-2016 at 9.10 percent, Kitsap's population increased approximately 5 percent, Lewis and Mason County had similar population increases in the 2 percent range, and Grays Harbor had a decrease in population at almost negative 2 percent.

Population Trends of Top 5 Cities in Lewis, Mason, and Thurston Counties



Population Geographic Mobility

Population in-migration assesses changes in residence within a one year period. Persons included are those who moved to a new household from outside their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migration population. Persons who moved to a new household from a different household within their current county of residence are not included.



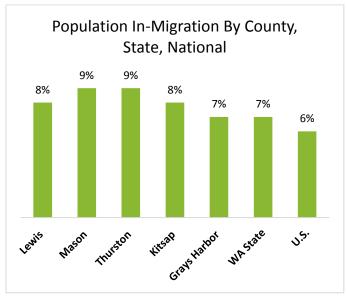
5 Year trends in Population



City Population Trends Data Source (5 graphs): US Census Bureau, American Community Survey. 2011-15.

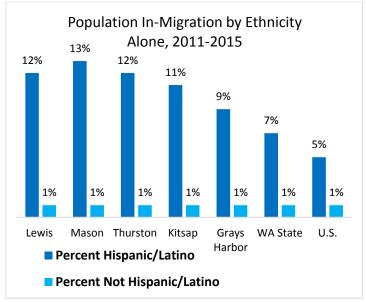
Lacey, WA, Olympia, WA, and Tumwater, WA had a consistent population increase from 2012-2016.

While Shelton, WA and Centralia, WA both had a slight decrease in population between 2013-2014, which then steadily began to increase from 2015-2016.



Data Source: Community Commons (2017). US Census Bureau, American Community Survey. 2011-15.

Mason and Thurston counties are experiencing the highest changes in residence compared to other counties and among state and national level.

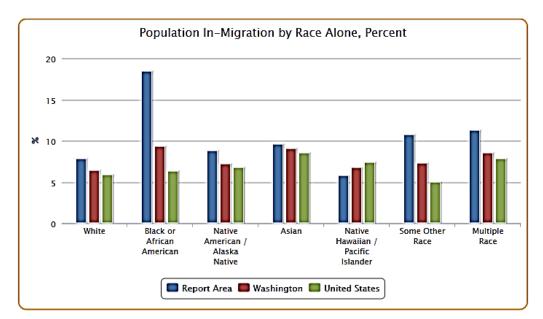


Data Source: Community Commons (2017). US Census Bureau, American Community Survey. 2011-15.

Mason County has the highest percent of in-migration Hispanic/Latino population.

Overall this population data illustrates consistent increase in all county populations. With Thurston County having the highest percent increase in population change from 2010-2016.

Hispanic/Latino and Black/African American populations have highest percent of in-migration rate overall.

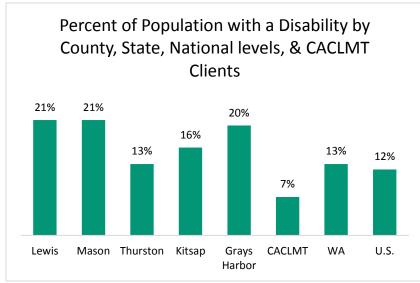


Data Source: Community Commons (2017). US Census Bureau, American Community Survey. 2011-15.

*Report Area includes all Counties in CACLMT's Service Area (Lewis, Mason, Thurston, Kitsap, & Grays Harbor). Black or African American persons have the highest increase in-migration within CACLMT service areas. This graph illustrates the percentage of total in-migration population.

Disability

Current disability demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities. This graph reports the percentage of the total civilian non-institutionalized population with a disability. Disability data is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.



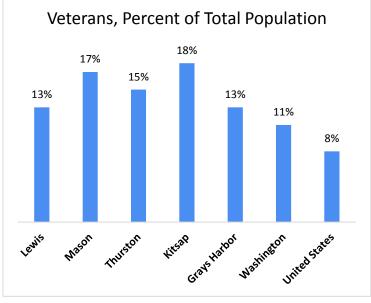
Lewis, Mason, and Grays Harbor Counties take the lead as having the highest population with a disability compared to other counties and state and national rates.

Data Source: US Census Bureau, American Community survey. 2011-15. Client data from CACLMT for 2016-2017 fiscal year.

* Figures rounded to nearest whole percent.

Veterans

Current veteran demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities. This graph reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.



Data Source: US Census Bureau, American Community Survey. 2011-15.

*Figures rounded to nearest whole percent.

Veteran Population	Washington 582,265	United States 21,369,602
Percent female	8.6	7.3
Unemployment rate for veterans	6.4	5.3
Number of homeless veterans	1,433	49,865
Median household income (In 2014 inflation-adjusted dollars)	\$67,912	\$61,884
Number of VA* facilities	26	1,356
Number of veteran-owned busines	ses 49,712	2,540,706

* VA = Department of Veterans Affairs

Data Source: US Census Bureau, American Community Survey 2012-2014. Graph Source: https://www2.census.gov/library/visualizations/ 2015/comm/vets/wa-vets.pdf

In general, individuals living in rural areas differ from their urban counterparts in terms of demographic characteristics, social ties, culture, and access to infrastructure and institutional support. Much depends on the geography itself. In some parts of the country, rural residents may face substantial physical barriers to accessing services and amenities, including longer travel times, lack of transportation options, and limited availability of services (US Census Bureau, American Community Survey Reports, 2011-2015).

National Veteran Data for 2015

In 2015, there were 7.2 million working age Veterans (nationally) who participated in the labor force (out of 9.4 million working age Veterans). Of those in the labor force, almost 341,000 (or 4.7 percent) fell below the official poverty level.

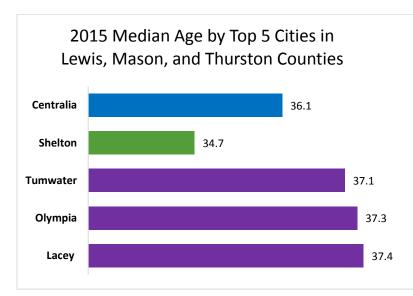
Racial and ethnic minorities have a higher poverty rate than non-minorities regardless of Veteran status. The low-income and poverty rate for Veteran minorities is 6.4 percent compared to 4.0 percent for non-Minorities.

Veterans and non-Veterans with a disability are more likely to be low-income and in poverty than those who are non-disabled. The poverty rate for Veterans with a disability is 7.9 percent compared to 4.4 percent for those with no disability (National Center for Veterans Analysis and Statistics, Department of Veterans Affairs (2017).

Age

Current age demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

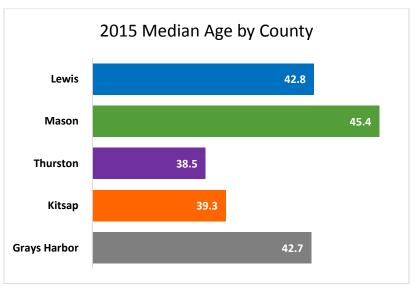
The age of community members is relevant because it is important to understand the percentage of infants, young children, teens, and adults in the community. Each population has unique health needs which should be considered separately from other age groups.



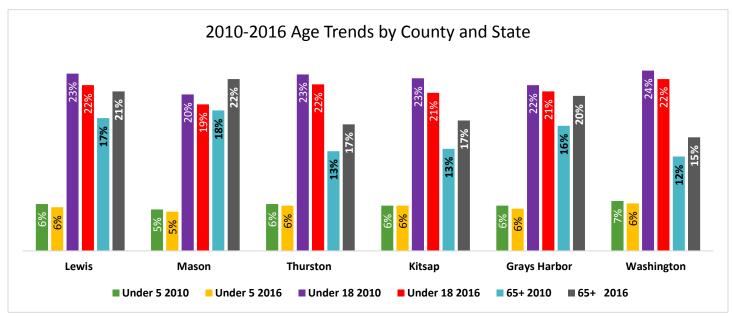
Mason County has the highest median age compared to other counties, However, Sheltonhas the lowest median age compared to other top cities. The increase in median age may be due to higher percentage of older adults located on the outskirts of Shelton.

Data Source: 2011-2015 American Community Survey 5-year estimates.

Thurston County has the lowest median age compared to other counties, however, Tumwater, Olympia, and Lacey cities have the highest median age compared to those cities of Centralia and Shelton. Thurston County's overall median age by county and cities remains relatively consistent, whereas Mason and Lewis both have higher median age by county than by city.



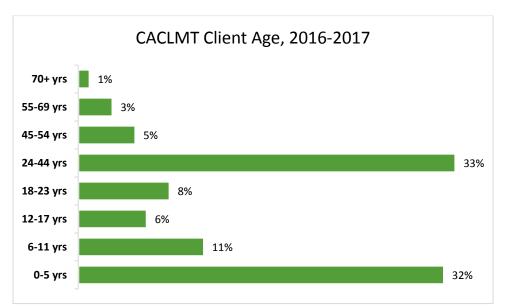
Data Source: US Census Bureau, American Community Survey. 2011-15.



Data Source: US Census Bureau, Quick facts: Population Estimates. 2010 & 2016.

* Figures rounded to nearest whole percent.

Age trends have not changed significantly between 2010 & 2016 for age under 5 and under 18. While the most significant changes have occurred with ages 65 and over, indicating an increase in older populations in all counties, which are slightly higher than those in the state overall.



Data Source: Client data from CACLMT for 2016-2017 fiscal year.

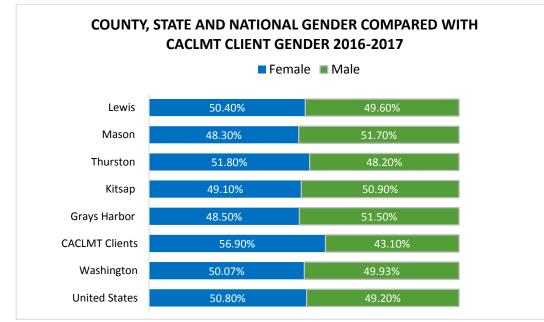
CACLMT serves majority of clients between ages 24-44 and 0-5 years. Though older populations appear to be increasing within counties overall, CACLMT's lowest percentages of clients are between ages 55-69 years and 70 and over. There are multiple ways to speculate why elderly populations do not make up more of CACLMT's client population- which should be taken into consideration for outreach efforts, in the case that older clients are unware or cannot seek services due to transportation, health issues, or other concerns.

Gender

Current gender demographics and changes in this demographic composition over time play a determining role in the types of health and social services needed by communities.

A total of 360,969 females resided in CACLMT's service area according to the U.S. Census Bureau American Community Survey 2011-15 5-year estimates. Females represented 49.73% of the total population in the area, which was less than the national average of 50.81%.

A total of 364,920 males resided in the service area according to the U.S. Census Bureau American Community Survey 2011-15 5-year estimates. Males represented 50.27% of the total population in the area, which was greater than the national average of 49.19% (Community Commons, 2017).



Data Source: US Census Bureau, American Community Survey. 2011-15. Client data from CACLMT for 2016-2017 fiscal year.

Lewis and Thurston Counties have a slightly higher percentage of female gender compared to other counties. CACLMT serves a larger percentage of females than males (females make up approximately 57 percent while males make up approximately 43 percent). All other counties gender percentage closely match those of state and national range.

Race/Ethnicity

Current race and ethnicity population demographics and changes in this demographic composition over time play a determining role in the types of health and social services needed by communities.

Studies have demonstrated a strong association between minority race, low socioeconomic status, and lack of potential access to care (e.g., no insurance coverage), and a greater need for social services.

The five racial and ethnic categories that are most identified are: African Americans or black people, Asians, Latinos or Hispanics, Native Americans, and Europeans, Caucasians or white.



Data Source: US Census Bureau, American Community Survey. 2011-15. Client data from CACLMT for 2016-2017 fiscal year.

*Percentage totals may not equal 100 percent, due to persons choosing multiple race/ethnicities.

The majority of the population in all counties identify as white, with Lewis and Mason County having the highest percentage at 96 and 90 percent. The second largest percentage of minority race/ethnicity in overall counties is Hispanic/Latino and Asian. However, Hispanic/Latino and Black/African American populations have highest percent of in-migration rate overall for 2016. Which means more of this race/ethic minority is moving into these counties and we may see an increase in the population of Hispanics/Latinos and African Americans/Blacks in the future.

Mason and Grays Harbor have the largest American Indian/Alaska Native population compared to other counties, and Native Hawaiian and other Pacific Islander rank very low in 1-2 percent range for all counties, including CACLMT client population (percentage of zero in Lewis County population for this demographic means the percentage was less than one).

CACLMT also serves a high population of white clients at 81 percent, being lower compared to other counties overall. With Hispanic/Latino population being the second largest served at 24 percent.

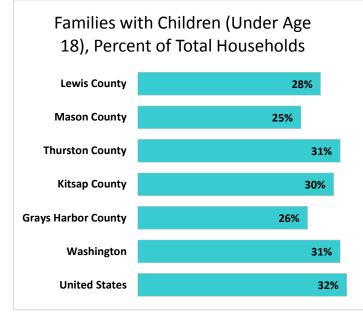
Family Structure

In 2016-2017 CACLMT offered support to 8, 880 families living in our community service area, helping more than 22,000 individuals overall.

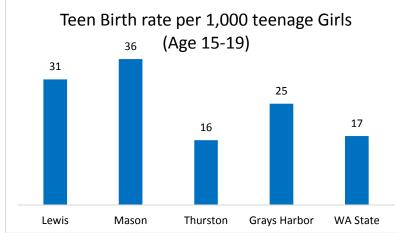
Families with Children

According to the most recent the American Community Survey estimates, 29.16% of all occupied households in CACLMT's service area are family households with one or more child(ren) under the age of 18.

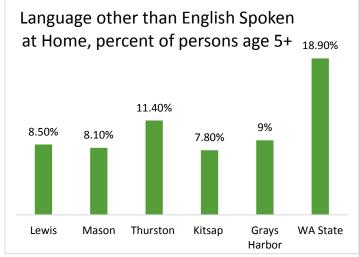
As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.



Data Source: US Census Bureau, American Community Survey. 2011-15.*Figures rounded to nearest whole percent.



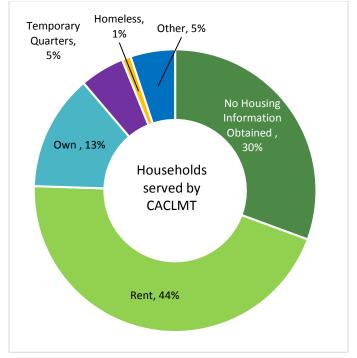
Data Source: Washington State Dept. of Health (2017). Birth tables by topic.*Information for Kitsap County was not found *Figures rounded to nearest whole number.



Data Source: US Census Bureau, American Community Survey. 2011-15.

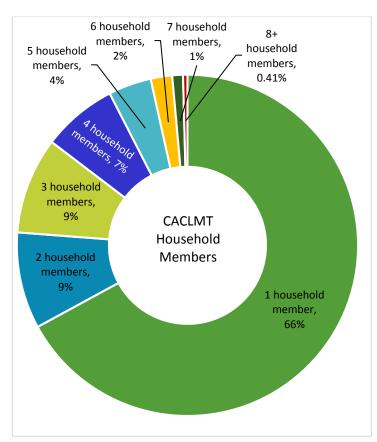
Thurston has the highest percentage of persons who speak another language other than English at home, compared to other counties.

> It is important to track the rates of birth among teenage girls (ages 15-19), because this demographic is especially vulnerable to effects of poverty, reduced economic opportunities, and low educational attainment. Rates of birth for this population are also reflective of health care access, health education, and family planning services. Mason County indicates the highest rate of teen births compared to other counties and the state. Note that information for Kitsap County was not found.



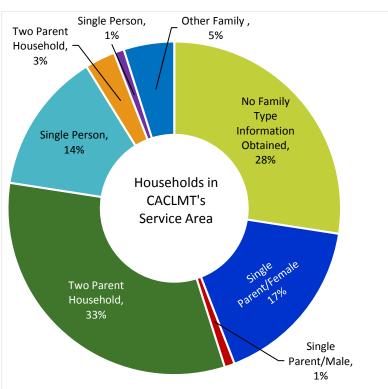
CACLMT Housing Composition, 2016-2017

Data Source: Client data from CACLMT for 2016-2017 fiscal year. *Figures rounded to nearest whole percent.



CACLMT Household Size, 2016-2017

CACLMT Household Type, 2016-2017



Data Source: Client data from CACLMT for 2016-2017 fiscal year. *Figures rounded to nearest whole percent.

In Housing Composition, renters make up the majority of households, note that 30 percent of housing information was no obtained- indicating that these numbers could be higher overall or within a specific category.

Two parent households make up the majority of Household Type, at 33 percent. With single female parents at the second highest percent. Note that information for 28 percent of household types were not obtained and could change the percentages in categories.

The majority of CACLMT's household size is one household member at 66 percent. Two and three household members make up the next highest percent served by CACLMT at 9 percent.

Data Source: Client data from CACLMT for 2016-2017 fiscal year.

Child Care

Without a network of child care support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Trends in Child Care

In most parts of Washington, the number of child care providers and capacity for children declined several years ago, but since 2013 the number of providers has become more stable.

The median cost of child care centers and family child care are more costly in Thurston County than Lewis and Mason Counties which could be due to factors related to cost of living, accessibility, and taxes.

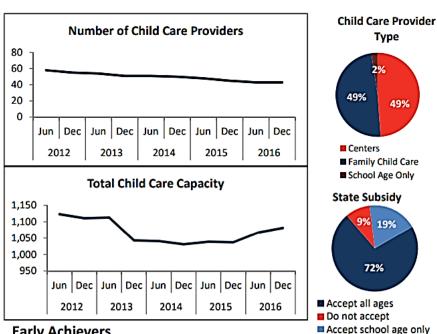
CACLMT serves 32 percent of children ages 0-5, 11 percent of children ages 6-11, and 6 percent of children ages 12-17 years. Children within age range of 0-11 years old are the most likely to receive child care assistance- which makes this age group (0-11) the highest percent served at a combined 43 percent for CACLMT services (Child Care Aware, 2017).

Type

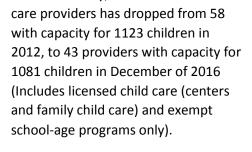
49%

19%

72%



Lewis



In Lewis County, the number of child

Early Achievers

Early Achievers is Washington's Quality Rating and Improvement System (QRIS), which gives training, technical assistance, coaching, awards, scholarships, and other benefits to child care providers to improve the quality of their care.

Statewide, 3,998 child care providers participate in Early	Early
Achievers.	
	Total
Approximately 73% of licensed child care providers in	Child Ca

Lewis County are enrolled in Early Achievers. Early Achievers provides families with valuable child care program quality information so they can make informed child care choices.

y	Early Achievers (QRIS) Participation						
	Total	40					
	Child Care Centers	17					
	Family Child Care	13					
	Head Start & State Preschool Sites	10					
	Enrollment as of	2/28/17					

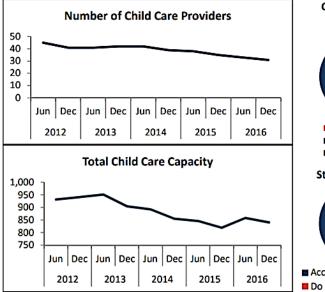
Data Source: Child Care Aware of Washington (2017). Lewis County Child Care Aware 2016 Demographics.

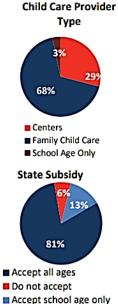
Lewis

Demographics							
² opulation ¹ Monthly Cost of Child Care in 2016							
Total Population in 2016 Change since 2012	76,890 590	Centers	Median Cost	75th Percentile	State Subsidy Rate	Median Cost as a % of Median Income	
Children under 5 yrs	4,405	Infant	\$758	\$813	\$780	21%	
Children under 15 yrs K-12 Enrollment ²	13,820	Toddler	\$650	\$689	\$670	18%	
K-12 Enrollment	11,955	Preschool	\$598	\$618	\$585	17%	
Economics		School Age	\$563	\$592	\$572	16%	
% of children under 18	22%	Foundly Child		75th Descentile	Chata Cubaidu	Modian Cost	
living in poverty ³		Family Child Care	Median Cost	75th Percentile Cost	State Subsidy Rate	Median Cost as a % of Median Income	
% of children under 6 w/ all parents working⁴	55.6 to 65.4%	Infant	\$650	\$687	\$708	18%	
an parents working		Toddler	\$620	\$650	\$616	18%	
Median Household Income ¹	\$42,406	Preschool	\$585	\$600	\$578	17%	
Unemployment Rate ⁵	7.7%	School Age	\$568	\$594	\$544	16%	

Data Source: Child Care Aware of Washington (2017). Lewis County Child Care Aware 2016 Demographics.

Mason





In Mason County, the number of child care providers has dropped from 45 with capacity for 931 children in 2012, to 31 providers with capacity for 840 children in December of 2016 (Includes licensed child care (centers and family child care) and exempt school-age programs only).

Early Achievers

Early Achievers is Washington's Quality Rating and Improvement System (QRIS), which gives training, technical assistance, coaching, awards, scholarships, and other benefits to child care providers to improve the quality of their care.

Statewide, 3,998 child care providers participate in Early Achievers.

Approximately 87% of licensed child care providers in Mason County are enrolled in Early Achievers. Early Achievers provides families with valuable child care program quality information so they can make informed child care choices.

1	Early Achievers (QRIS)					
	Participation	l .				
	Total	29				
	Child Care Centers	9				
	Family Child Care	18				
	Head Start & State Preschool Sites	2				
	Enrollment as of	2/28/17				

Data Source: Child Care Aware of Washington (2017). Mason County Child Care Aware 2016 Demographics.

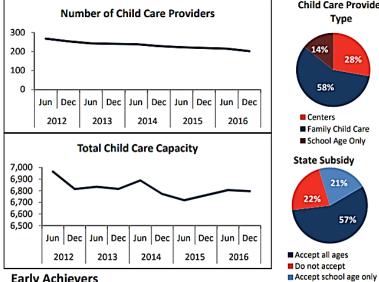
Mason

Demographics		Monthly	Cost of Ch	ild Care in 20	016	
Population ¹ Total Population in 2016 Change since 2012	62,320 870	Centers	Median Cost	75th Percentile Cost	State Subsidy Rate	Median Cost as a % of Median Income
Children under Frum	2.450	Infant	\$748	\$766	\$780	17%
Children under 5 yrs Children under 15 yrs	3,150 10,005	Toddler	\$650	\$693	\$670	15%
K-12 Enrollment ²	8,479	Preschool	\$572	\$598	\$585	13%
Economics		School Age	\$358	\$420	\$572	8%
% of children under 18 living in poverty ³	27%	Family Child Care	Median Cost	75th Percentile Cost	State Subsidy Rate	Median Cost as a % of Median Income
% of children under 6 w/	50.6 to 67.2%	Infant	\$607	\$650	\$708	14%
all parents working ⁴		Toddler	\$602	\$650	\$616	14%
Median Household Income ¹	\$52,598	Preschool	\$520	\$560	\$578	12%
Jnemployment Rate ⁵	7.4%	School Age	\$325	\$403	\$544	7%

Data Source: Child Care Aware of Washington (2017). Mason County Child Care Aware 2016 Demographics.

Child Care Provider

Thurston



Туре 14% 28% 58% Centers Family Child Care School Age Only State Subsidy 22% 57% Accept all ages Do not accept

Early Achievers

Early Achievers is Washington's Quality Rating and Improvement System (QRIS), which gives training, technical assistance, coaching, awards, scholarships, and other benefits to child care providers to improve the quality of their care.

Statewide, 3,998 child care providers participate in Early Achievers.

Approximately 73% of licensed child care providers in Thurston County are enrolled in Early Achievers. Early Achievers provides families with valuable child care program quality information so they can make informed child care choices.

Early Achievers (QRIS)					
Participation	ו				
Total	137				
Child Care Centers	50				
Family Child Care	77				
Head Start & State Preschool Sites	10				
Enrollment as of	2/28/17				

In Thurston County, the number of child care providers has dropped from 268 with capacity for 6965 children in 2012, to 202 providers with capacity for 6796 children in December of 2016 (Includes licensed child care (centers and family child care) and exempt school-age programs only).

Data Source: Data Source: Child Care Aware of Washington (2017). Thurston County Child Care Aware 2016 Demographics.

Thurston

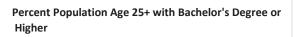
Demographics							
Population ¹							
Total Population in 2016 272,690 Monthly Cost of Child Care in 2016							
Change since 2012	15,890	Centers	Median Cost	75th Percentile	State Subsidy	Median Cost	
Children under 5 yrs	15,617			Cost	Rate	as a % of Median Income	
Children under 15 yrs	49,416	Infant	\$901	\$1,066	\$780	17%	
K-12 Enrollment ²	42,425	Toddler	\$802	\$954	\$670	15%	
		Preschool	\$698	\$832	\$585	13%	
Economics		School Age	\$455	\$542	\$572	8%	
% of children under 18	15%				<i>4572</i>	0,0	
living in poverty ³	15/0	Family Child	Median Cost	75th Percentile	State Subsidy	Median Cost	
% of children under 6 w/	54.2 to 63.8%	Care	Wedian Cost	Cost	Rate	as a % of Median Income	
all parents working ⁴		Infant	\$702	\$780	\$708	13%	
		Toddler	\$680	\$750	\$616	13%	
Median Household Income ¹	\$65,288	Preschool	\$598	\$650	\$578	11%	
Unemployment Rate ⁵	5.5%	School Age	\$433	\$498	\$544	8%	

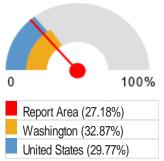
Data Source: Child Care Aware of Washington (2017). Thurston County Child Care Aware 2016 Demographics.

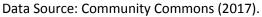
Education Attainment

Lack of educational achievement affect access to care, employment and a community's ability to engage in healthy behaviors.

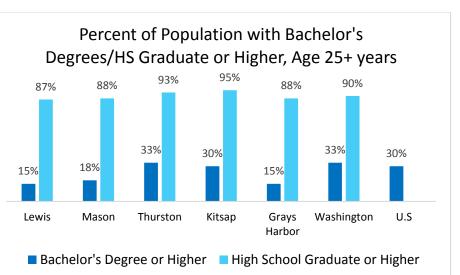
The report area includes all counties within CACLMT service area combine. The graph below indicates CACLMT's service area to be less than the state and national average for the population with a Bachelor's degree or higher. 27.18% of the population aged 25 and older, or 136,326 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.







Within CACLMT's service area (report area) there are 7.92% or 39,750 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents the total population within our service area-aged 25 and older is less than the state and national average therefore has a higher percentage of persons with a high school diploma.

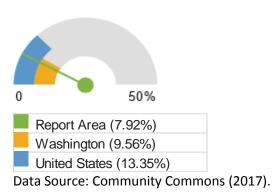


Data Source: US Census Bureau, American Community Survey 5-Year Profiles. 2011-15.

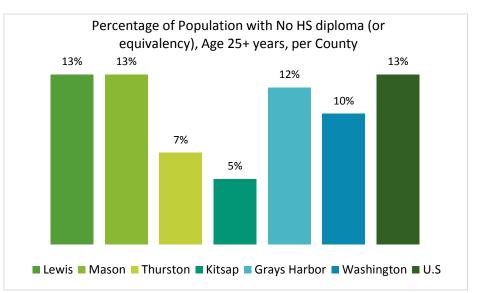
* HS Grad or higher info was not found for U.S.

*Figures rounded to nearest whole percent.

Percent Population Age 25+ with No HS Diploma

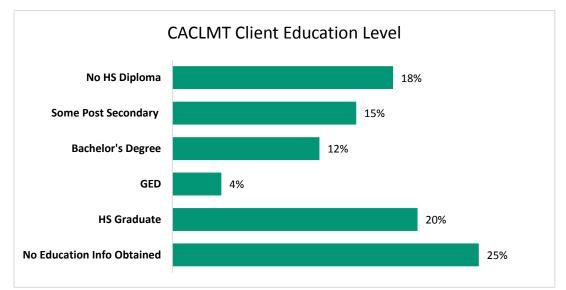


Lewis, Mason, and Grays Harbor Counties have highest percent of population without a High School Diploma or equivalent. These Counties compare similarly with the overall U.S. percent. All counties as a whole have a lower percentage rate of persons without HS Diploma than the state and U.S. rate.



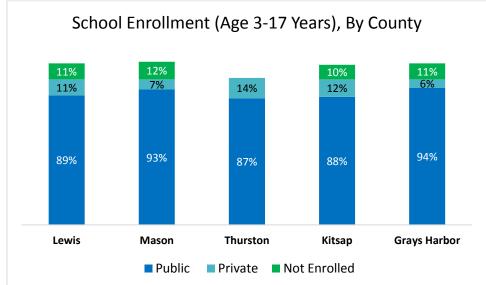
Data Source: US Census Bureau, American Community Survey. 2011-15. 5 year estimates.

*Figures rounded to nearest whole percent.

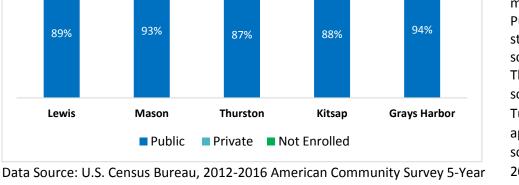


Data Source: Client data from CACLMT for 2016-2017 fiscal year. *Figures rounded to nearest whole percent.

CACLMT has a 20 percent High School graduation rate, however, because 25 percent of education information was not obtained from clients, it is unclear if this percentage could be higher. A small percentage at 4 percent of CACLMT clients received their GED certificate, while 18 percent did not obtain their High School diploma.



Enrollment, Graduation, and Dropout Rate by County



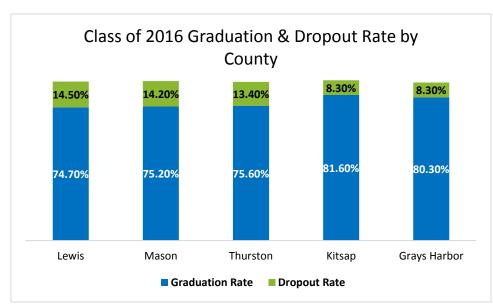
Estimates. *No information found for Thurston County "Not Enrolled" population.

In Thurston County, eight school districts provide primary and secondary education to the majority of Thurston County's students. These districts range in size from rural Griffin, with a total of 647 students, to the more urban North Thurston Public Schools, which had 15,065 students during the 2016-2017 school year.

The majority of students attend school in the Lacey-Olympia-Tumwater area, accounting for approximately 73% of total public school enrollment. During the 2016-2017 school year, North Thurston Public Schools served 35% of the public school students in the county; Olympia served

24%; and Tumwater served 16% of the students. Yelm was the next largest school district, serving 14% of the Thurston County's public school students.

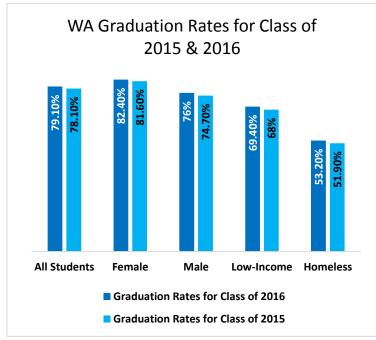
The fastest growing school districts between 1991 and 2017 were Yelm and Rochester. Tenino School District was the only district in Thurston County with an overall declining enrollment during the same period of time, likely due to a decrease in school-aged population.



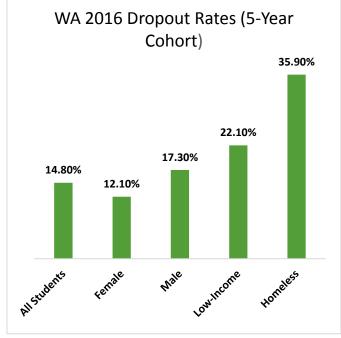
Graduation and dropout rate by county indicates Kitsap and Grays Harbor have a higher graduation rate than other counties and also have a lower dropout rate. Students identified as entering 9th grade for the first time in 2011–12 and who are reported as dropouts within the 5-year timeframe are reported in the year in which they dropped out. The 2016 5-Year adjusted cohort dropout rate was 14.8%. This rate decreased 0.7% from the 2015 5-Year rate of 15.5%. Females had a 5-Year dropout rate of 12.1%. Males had a 5-Year dropout rate of 17.3%. (OSPI, 2017).

Data Source: Office of the Superintendent of Public Instruction (OSPI), 2017.

State Graduation and Dropout Rates



Data Source: Office of the Superintendent of Public Instruction (OSPI), 2017, U.S. Department of Education.



Data Source: Office of the Superintendent of Public Instruction (OSPI), 2017, U.S. Department of Education.

At the direction of the U.S. Department of Education, Washington uses the adjusted cohort graduation calculation to track a single cohort of students over four or five years. These graphs summarize the graduation rates following the 2015–16 school year. The adjusted cohort method yields a 79.1 percent 4-year graduation rate for the Class of 2016, students who first began 9th grade in 2012–13. This is slightly higher than the Class of 2015, whose 4-year graduation rate was 78.1 percent. An additional 3.8 percent of students in the Class of 2015 graduated during their fifth year of high school (2015–16) for a total 5-year rate of 81.9 percent. The cumulative dropout rate, after four years, for students entering 9th grade in 2012–13 was 11.7 percent (OSPI, 2017).

Employment/Income

Unemployment Rate

15

Report Area (6.4)

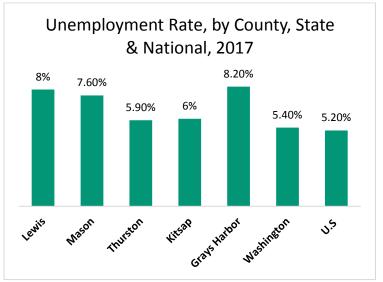
Washington (5.4)

United States (5.2)

Data Source: Community

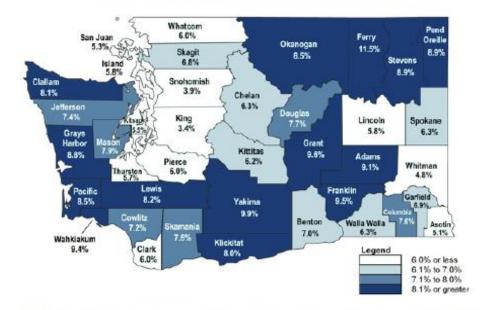
Commons, 2017.

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



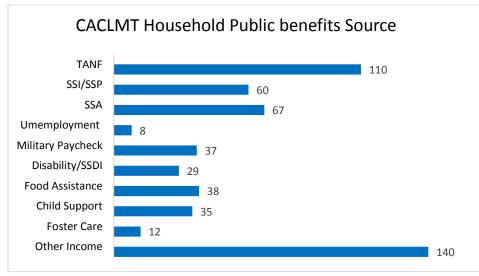
All Counties have a higher unemployment rate compared to the statewide and national rate, with Lewis and Grays Harbor Counties having the highest unemployment rate, with Mason following close behind.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2017 - July. *Not seasonally adjusted



December 2016 County unemployment rates, not seasonally adjusted

Data Source: Washington State Employment Security Department (2016). Monthly employment report. Retrieved from https://esd.wa.gov/labormarketinfo/monthly-employment-report

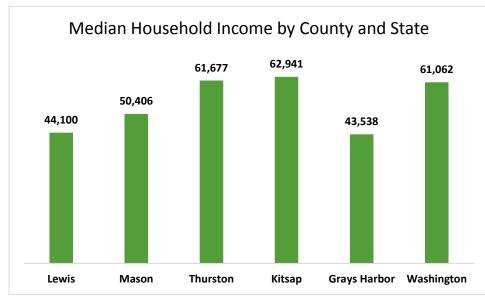


Approximately 63 percent of CACLMT family households rely on public assistance and approximately 37 percent of households report having one or more sources of income.

Data Source: CACLMT 2016-2017 Fiscal Year Client Data.

Graph data illustrates public benefit numbers per household (not client), Temporary Assistance for Needy Families (TANF) and "other income" are rank as highest benefit source for family households. 110 Households receive TANF benefits and 140 households receive other income.

A combined 127 households receive Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Social Security (SSA). These are the next highest ranked benefit sources.



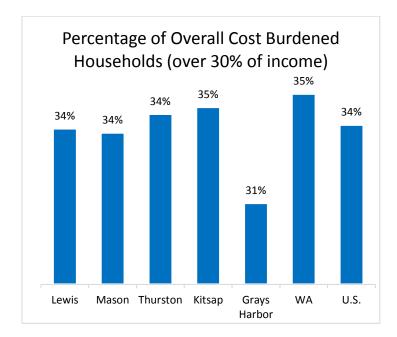
Both Thurston and Kitsap have the highest median household income compared to other counties and surpass the statewide rate.

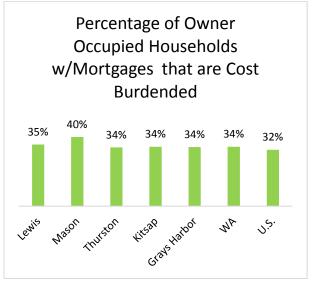
Data Source: 2011-2015 American Community Survey 5-year Estimates.

Housing

The nation experienced an overall average increase of \$21 in median gross rent according to statistics released from the 2012-2016 American Community Survey (ACS) five-year estimates, compared to 2007-2011 ACS five-year estimates results, which have been adjusted for inflation.

Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). (Community Commons, 2017).





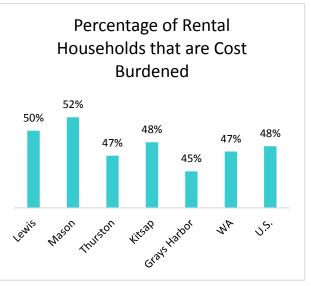
Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of community commons CHNA indicator report, US Census Bureau, American Community Survey. 2001-2015.

* Figures rounded to nearest whole percent.

Cost burden

A standard principal indicates households should devote no more than 30 percent of their income to housing. For instance, In Olympia, approximately 52 percent of households are overburdened (making less than \$3,173 a month and renting at or above the median rent), rental assistance programs are scarce, and even waitlists to access federal Section 8 vouchers can be as long as two years, according to the Housing Authority of Thurston County.

Graph Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of community commons CHNA indicator report, US Census Bureau, American Community Survey. 2001-2015. * Figures rounded to nearest whole percent.

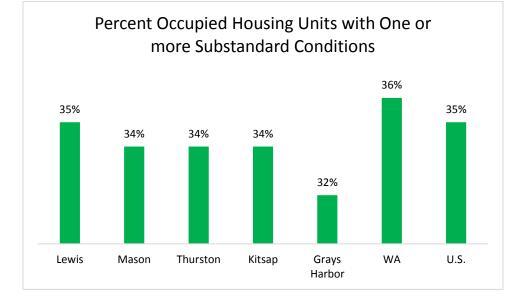


Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of community commons CHNA indicator report, US Census Bureau, American Community Survey. 2001-2015.

*Figures rounded to nearest whole percent.

Substandard Housing

This data illustrates the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard (Community Commons, 2017).



All counties are at or below state and national average for percentage of substandard conditions. However, substandard housing remains a large concern for many communities.

Data Source: US Census Bureau, American Community Survey, 2011-2015.

Median Gross Rent

* Figures rounded to nearest whole percent.

Thurston and Kitsap have the highest median gross rent compared to other counties and only slightly more than the state average.

Data Source: US Census Bureau, American Community Survey. 2011-15.

Area Median Income (AMI)

Affordable housing program eligibility is always determined by one's income. Each household's income is compared to the incomes of all other households in the area. This is accomplished through a statistic established by the government called the Area Median Income, most often referred to as AMI. The AMI is calculated and published each year by HUD.

Lewis County:

Income and Rent Overburden in Lewis County

The median gross income for households in Lewis County is \$44,100 a year, or \$3,675 a month. The median rent for the county is \$801 a month.

Households who pay more than thirty percent of their gross income are considered to be Rent Overburdened. In Lewis County, a household making less than \$2,670 a month would be considered overburdened when renting an apartment at or above the median rent.49.88% of households who rent are overburdened in Lewis County.¹

¹ Margin of Error: ± 3.3 percentage points.

In Lewis County, HUD calculates the Area Median Income for a family of four as \$60,000.

There are 24 low income housing apartment complexes which contain 1,379 affordable apartments for rent in Lewis County, Washington. Many of these rental apartments are income based housing with about 505 apartments that set rent based on your income. Often referred to as "HUD apartments", there are 240 Project-Based Section 8 subsidized apartments in Lewis County. There are 1,121 other low income apartments that don't have rental assistance but are still considered to be affordable housing for low income families.

Lewis County, WA Affordable Housing Snapshot	
Total Affordable Apartment Properties	24
Total Low Income Apartments	1,379
Total Rent Assisted Apartments	505
Percentage of Housing Units Occupied By Renters	32.62%
Average Renter Household Size	2.50
Total Population	75,515
Housing Units	29,515
Average Household Size	2.52
Median Household Income	\$44,100 ±\$1,437
Median Rent	\$801 ±\$23
Percentage Of Renters Overburdened	49.88% ± 3.3pp

Data Source: https://affordablehousingonline.com/housing-search/Washington/Lewis-County#guide. 2010 Census and 2015 5-Year American Community Survey.

Mason County:

Income and Rent Overburden in Mason County

The median gross income for households in Mason County is \$50,406 a year, or \$4,201 a month. The median rent for the county is \$884 a month.

Households who pay more than thirty percent of their gross income are considered to be Rent Overburdened. In Mason County, a household making less than \$2,947 a month would be considered overburdened when renting an apartment at or above the median rent. 51.59% of households who rent are overburdened in Mason County.¹

¹ Margin of Error: ± 6.41 percentage points.

The HUD funded Public Housing Agency that serves Mason County is the Bremerton Housing Authority. In Mason County, HUD calculates the Area Median Income for a family of four as \$60,500.

There are 10 low income housing apartment complexes which contain 445 affordable apartments for rent in Mason County, Washington. Many of these rental apartments are income based housing with about 352 apartments that set rent based on your income. Often referred to as "HUD apartments", there are 112 Project-Based Section 8 subsidized apartments in Mason County. There are 392 other low income apartments that don't have rental assistance but are still considered to be affordable housing for low income families.

Mason County, WA Affordable Housing Snapshot	
Total Affordable Apartment Properties	10
Total Low Income Apartments	445
Total Rent Assisted Apartments	352
Percentage of Housing Units Occupied By Renters	23.05%
Average Renter Household Size	2.82
Total Population	60,791
Housing Units	23,026
Average Household Size	2.58
Median Household Income	\$50,406 ±\$2,362
Median Rent	\$884 ±\$36
Percentage Of Renters Overburdened	51.59% ± 6.41pp

Data Source: https://affordablehousingonline.com/housing-search/Washington/Mason-County#guide. 2010 Census and 2015 5-Year American Community Survey.

Thurston County:

Income and Rent Overburden in Olympia

The median gross income for households in Olympia is \$53,617 a year, or \$4,468 a month. The median rent for the city is \$952 a month.

Households who pay more than thirty percent of their gross income are considered to be Rent Overburdened. In Olympia, a household making less than \$3,173 a month would be considered overburdened when renting an apartment at or above the median rent. 52.33% of households who rent are overburdened in Olympia.¹

¹ Margin of Error: ± 2.38 percentage points.

The HUD funded Public Housing Agency that serves Olympia is the Housing Authority of Thurston County. In Olympia, HUD calculates the Area Median Income for a family of four as \$76,300.

There are 19 low income housing apartment complexes which contain 1,910 affordable apartments for rent in Olympia, Washington. Many of these rental apartments are income based housing with about 495 apartments that set rent based on your income. Often referred to as "HUD apartments", there are 230 Project-Based Section 8 subsidized apartments in Olympia. There are 1,773 other low income apartments that don't have rental assistance but are still considered to be affordable housing for low income families.

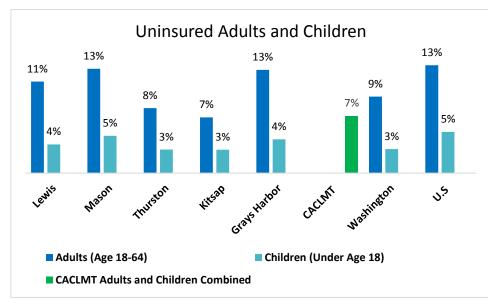
Total Affordable Apartment Properties	19
Total Low Income Apartments	1,910
Total Rent Assisted Apartments	495
Percentage of Housing Units Occupied By Renters	52.18%
Average Renter Household Size	2.05
Total Population	48,941
Housing Units	20,870
Average Household Size	2.28
Median Household Income	\$53,617 ±\$3,814
Median Rent	\$952 ±\$28
Percentage Of Renters Overburdened	52.33 % ± 4.56pj

Data Source: https://affordablehousingonline.com/housing-search/Washington/Thurston-County#guide. 2010 Census and 2015 5-Year American Community Survey.

Health

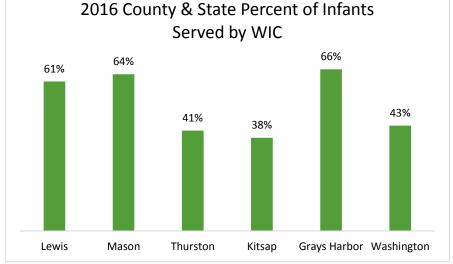
Includes Overall health, Child Abuse, and Dental Health.

The lack of health insurance is considered a *key driver* of health status. The World Health Organization (WHO), identifies the determinants of health include the social and economic environment, social status, educational level, the physical environment, and a person's individual characteristics and behaviors status (World Health Organization, 2017).



This graph reports the percentage of adults age 18 to 64 without health insurance coverage. This is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status (Community Commons, 2017).

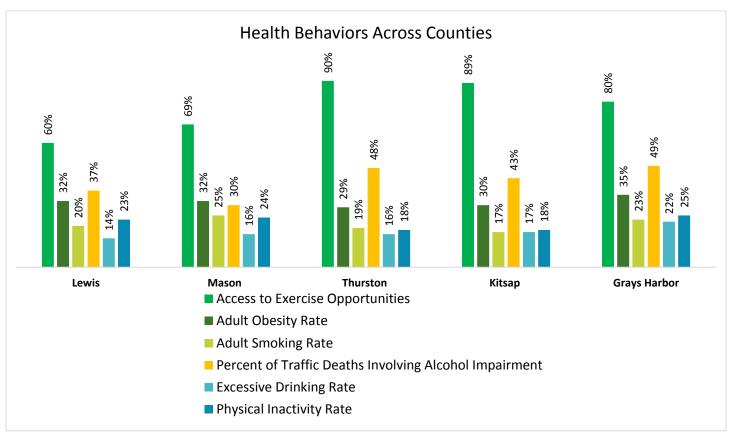
Data Source: Community Commons (2017). US Census Bureau, American Community Survey, Medicaid and Children's Health Insurance Program (CHIP), Community Commons, Small Area Health Insurance Estimates. 2015. CACLMT 2016-2017 fiscal year client data.



Lewis, Mason, and Grays Harbor have the highest percent of infants served by WIC, surpassing the state average by approximately 20 percent.

Data Source: Washington Dept. of Health, Maternal and Child Health Data reports, 2016.

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed (community Commons, 2017).



Data Source: Centers for Disease Control and Prevention (2017). National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. *Figures rounded to the nearest whole percent.

The adult obesity rate of Grays Harbor County, WA was 34.60% in 2015. The adult obesity rate of Kitsap County, WA was 30.30% in 2015. The adult obesity rate of Lewis County, WA was 31.50% in 2015. The adult obesity rate of Mason County, WA was 32.20% in 2015. The adult obesity rate of Thurston County, WA was 29.20% in 2015.

2016 Childhood Obesity in Washington State:

About 12 percent of children (ages 2-4 years old and receiving WIC services) were obese. About 12 percent of 10th graders in WA public schools were obese (minority students of color continue to be at increased risk of overweight and obesity than white or Asian peers.

2016 Adult Obesity in Washington State:

About 29 percent of adults were obese.

Adult obesity trends started to level off over the past few years, however there was a significant increase during 2014-2016, from 26 percent to 29 percent (during this time, males had a higher prevalence of obesity than females, BRFSS). Obesity rates are higher among lower income populations.

Obesity prevalence was lowest among adults ages 18-24.

Black and Hispanic adults had higher rates of obesity than non-Hispanic whites and Asians.

Centers for Disease Control and Prevention (2017). National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online].

*Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services [CDC, 2017].

Child Abuse

Data could not be found for specific counties and statewide data remained inaccessible or grossly outdated. The below information only contains national data for child abuse for 2015.

National Statistics on Child Abuse¹

In 2015, an estimated 1,670 children died from abuse and neglect in the United States.¹ In 2015, Children's Advocacy Centers **(CACS)** around the country served more than 311,000² child victims of abuse, providing victim advocacy and support to these children and their families.

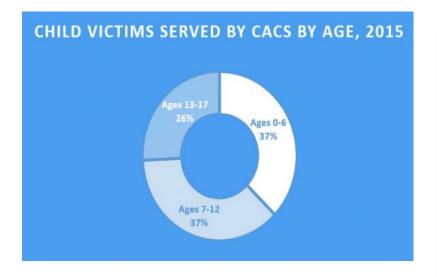
Nearly 700,000 children are abused in the U.S annually. An estimated 683,000 children (unique incidents) were victims of abuse and neglect in 2015, the most recent year for which there is national data.

CPS protects more than 3 million children. Approximately 3.4 million children received an investigation or alternative response from child protective services agencies. 2.3 million Children received prevention services.

The youngest children were most vulnerable to maltreatment. Children in the first year of their life had the highest rate of victimization of 24.2 per 1,000 children in the national population of the same age.

Neglect is the most common form of maltreatment. Of the children who experienced maltreatment or abuse, threequarters suffered neglect; 17.2% suffered physical abuse; and 8.4% suffered sexual abuse. (Some children are polyvictimized—they have suffered more than one form of maltreatment.)

About four out of five abusers are the victims' parents. A parent of the child victim was the perpetrator in 78.1% of substantiated cases of child maltreatment.



2016 CACLMT Abuse Numbers

Monarch Children's Justice and Advocacy Center, 2016 Demographics				
Client Demographics	# Clients			
Male	277			
Female	1,314			
Age 0-6	206			
Age 7-12	403			
Age 13-18	359			
Age 19+	623			
Sexually Abused	1,134			
Physically Abused	108			

Crime Victim Center – Served 2,133 Clients

¹ All national child abuse statistics cited from U.S. Administration for Children & Families, Child Maltreatment 2015. https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015

² National Children's Alliance 2015 national statistics collected from Children's Advocacy Center members and available on the NCA website: http://www.nationalchildrensalliance.org/cac-statistics

Dental Health

Despite improvements in some measures, tooth decay continues to be a major health concern for children in Washington. County Specific data could not be found on oral health issues (Washington State Department of Health Smile Survey, 2015-2016).

With elementary children, decay experience is too high and disparities are significant. Large gaps exist by income, race and ethnicity, and language spoken at home (Washington State Department of Health Smile Survey, 2015-2016).

Decay Experience

More than four out of every 10 Head Start and ECEAP preschoolers (45 percent) had experienced tooth decay.
Nearly half of those experiencing decay (21 percent overall) had rampant decay (with seven or more teeth affected).
By the third grade, children from low-income households had at least 60 percent higher rates of decay experience in all categories.

Dental Health Resources

THURSTON COUNTY, DSHS ACCEPTED, CHILDREN TO AGE 18

Smiles 4 Kids 360-491-1414

ABCD-Thurston County 360-709-3070

SeaMar Dental 360-570-8016

Dr. Harold Holm 360-943-9260

Capital Dentistry 360-754-9300 (ABCD Program)

Dr. Danny Davidson 360-943-5775 (3 Years and Under)

Dr. Chuck Fankhauser 360-943-5639 (Ages 5-18)

Premier Dental 360-456-7628 (Ages 18 and Under)

Oral Health Disparities

• Compared with white children, children of Hispanic and Asian descent had much higher rates of decay experience, and American Indian/Alaskan Native children had more than double the rates of untreated decay.

• Children of color in second and third grades had significantly higher rates of decay experience and 40 to 180 percent higher rates of treatment need than white children.

• Kindergarten and third-grade children whose primary language spoken in the home was not English had more than a 50 percent higher rate of treatment need than Englishonly speakers.

MASON COUNTY, DSHS ACCEPTED, CHILDREN TO AGE 18

ABCD-Mason County 360-427-9670

Dr. Patrick Kwong 360-426-2631 (5 Years and Under)

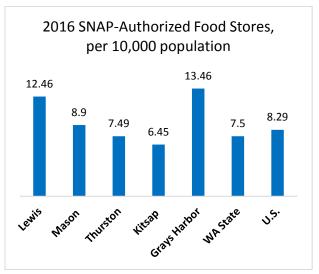
Kamilchi Dental 360-427-1784 (12 Years and Up)

Community Dental Clinic 360-427-9670

Dr. Duane Moore 360-342-0526 (Ages 18 and Under)

Food Security

Food insecurity is often associated with poor health and poverty, which affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

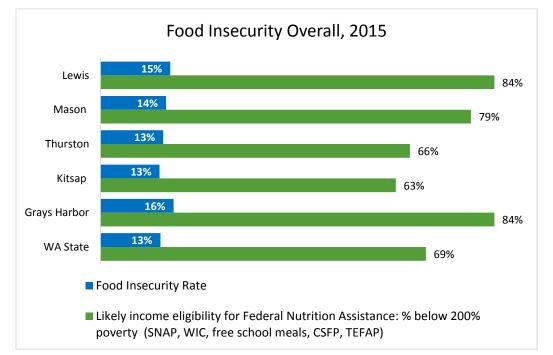


Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of community commons CHNA indicator report, US Department of Agriculture, Food and Nutrition Service, USDA-SNAP Retailer Locator. 2016.

Thurston County and Kitsap has lowest rate of SNAP authorized retailers per 10,000 population in comparison to other service areas.

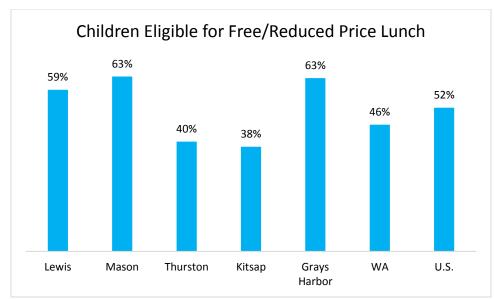
Each October, the federal government makes adjustments to SNAP maximum allotments, deductions, and income eligibility standards. These changes are a result of the cost-of-living adjustments (COLA). This year SNAP benefit levels have been reduced (effective October 2017). The minimum benefit for one person is decreasing from \$16 to \$15. The maximum benefit for one person is decreasing from \$194 to \$192. This will largely impact those with no income who receive the maximum benefit amount and elderly/disable households who receive the minimum benefit amount (United States Department of Agriculture, Food and Nutrition Service, 2017).

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity (United States Department of Agriculture, Food and Nutrition Service, 2017).



Lewis and Grays Harbor Counties have the highest percentage of food insecurity (at 15 and 16 percent) compared to other counties and statewide (at 13 percent).

Data Source: Feeding America (2017). Map the Meal Gap mapping tool. *Figures rounded to nearest whole percent.

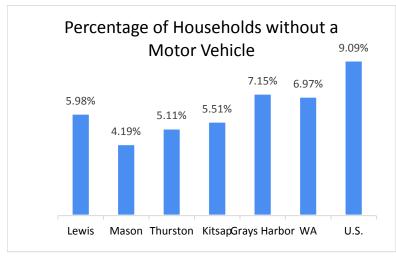


Data Source: Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2014-15. *Figures rounded to nearest whole percent.

Within CACLMT service area, 48,598 public school students or 45.24% are eligible for Free/Reduced Price lunch out of 107,415 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment (Community Commons, 2017).

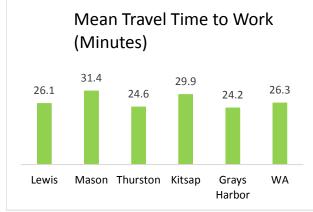
Transportation

The transportation system shapes community and city density. Transportation modes are highly dependent on density, and the ability to own a vehicle has a major impact on employment factors and ability to access other necessities, such as food, schools, etc. and social services and healthcare facilities. Below certain levels of density, many kinds of mass transit aren't economically feasible for communities.

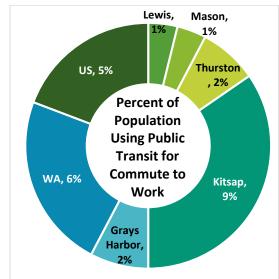


Data Source: US Census Bureau, American Community Survey. 2011-15.

Lewis and Grays Harbor County have the highest percentage of households without a vehicle. This may indicate households are commuting by different means to work or may also work in close proximity to home. Additionally, Lewis and Grays Harbor also have low percentage of public transit usage, compared to Kitsap which has a higher percentage of household with a vehicle and has a high percentage of public transit usage.



Data Source: US Census Bureau, American Community Survey. 2011-15



Data Source: US Census Bureau, American Community Survey. 2011-15. *Figures rounded to nearest whole percent.

An Example of Commute Trends for Thurston County:

Mode Split—Currently, most Thurston County residents drive alone to work (78%), followed by carpooling (10%). Only 3% walk or bike and 2% ride the bus.

Travel Time—Travel time to work for the region's residents increased over the last 20 years. In 1990, 46% of residents experienced 20 minute or longer commutes. By 2012–2016, this share increased to 55%.

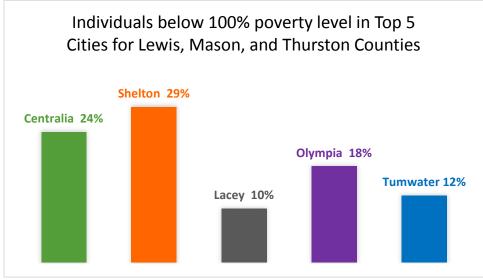
The bulk of the increase in commute lengths has occurred in trips that last over 30 minutes. Commutes longer than 30 minutes increased from 23% of the trips in 1990 to 32% of the total trips in the 2012–2016 period (U.S. Bureau of the Census: American Community Survey).

Travel time to work can show how far residents have to commute for available jobs. In more rural areas such as Mason, the commute is longer, which may indicate residents having to drive farther either out of county for employment or possible high traffic congestion within counties.

Poverty

Poverty affects access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



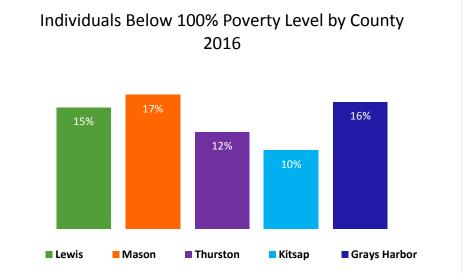
Centralia and Shelton have the highest poverty level (below 100 percent) compared to the other top cities.

Source: 2011-2015 American Community Survey 5-Year Estimates. * Figures rounded to nearest whole percent.

Individuals in Lewis, Mason, and Grays Harbor County have

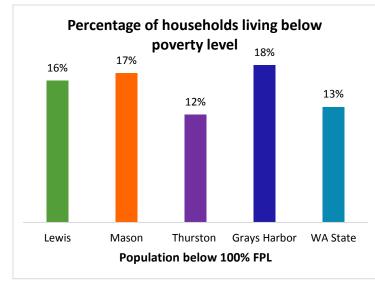
the highest poverty level (below 100 percent)

compared to Thurston and Kitsap, with Kitsap having the lowest percent of all counties.

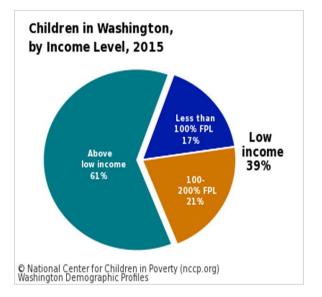


Source: 2011-2015 American Community Survey 5-Year Estimates.

* Figures rounded to nearest whole percent.



Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of Community Commons, US Census Bureau, American Community Survey. 2011-2015. Households in Lewis, Mason, and Grays Harbor County have the highest poverty level (below 100 percent) compared to Thurston and the state overall.



* Information for Kitsap was not found.

About 15 million children in the United States – **21% of all children** – live in families with incomes below the federal poverty line, a measurement that has been shown to underestimate the needs of families.

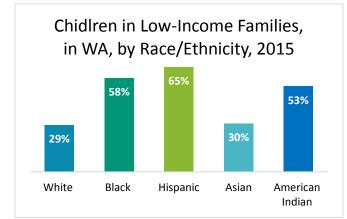
Research shows that, on average, families need an income of about twice that level to cover basic expenses. Using this standard, 43% of children live in low-income families.

Poverty affects children's socioemotional development

Peer Group – Poor children more likely to experience peer rejection...Children who are isolated from mainstream groups.

School – Poor children are more likely to attend schools with fewer resources and low achieving and poor-behavior classroom environments can increase children's behavior problems (psychological distress).

Child Characteristics – Poor children who have genetically predisposing health risks are vulnerable; sex, temperament and undernutrition are important factors for assessment considerations.



Data Source: National Center for Children in Poverty Washington Demographic Profiles (nccp.org). *Figures rounded to nearest whole percent. Hispanic Children are among the highest percentage in lowincome families compared to other race populations. Generally, minority Races/Ethnicities are more likely experience poverty and be in low-income families.

Homeless Population

Washington State Overall

Housing prices are increasing more rapidly than incomes both nationally and in Washington, which is affecting the gains our state has made since 2006 to reduce homelessness (Washington State Affordable Housing Advisory Board). As rents and home prices continue to increase, financial challenges that contribute to homelessness are forecasted to continue.

Due in large part to the historic increases in the cost of housing, the number of people experiencing homelessness in Washington increased for the third year in a row. The prevalence (per-capita) of homelessness in the state also increased for the third year in a row. Although the overall prevalence of homelessness in Washington is down more than 17 percent over the last 10 years, the recent increases in homelessness are concerning (Dept. of Commerce, 2016, annual report on homelessness in Washington State).

Point-in-time counts tallied 7.3 percent more homeless people in Washington state this year than in 2015, according to an annual U.S. Department of Housing and Urban Development report released Thursday.

Washington's counts showed an increase of 1,408 people sleeping outside and in shelters — the country's secondlargest bump behind California. The state's total number was 20,827.

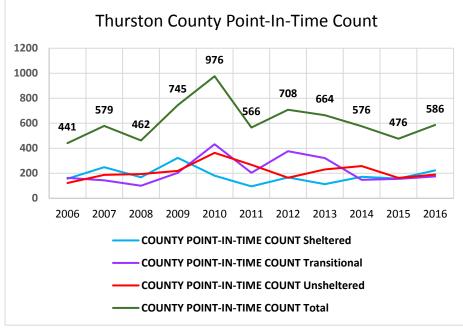
Thirteen states saw increases from 2015 to 2016. In seven, including Washington, at least half the people counted were sleeping without shelter. Washington's number this year was smaller than in 2010 but larger than in 2007, according to the report.

The Washington state counts were carried out in seven areas: Seattle-King County, Everett-Snohomish County, Tacoma-Pierce County, Spokane, Yakima, Vancouver-Clark County and the rest of Washington — its smaller, more rural communities.

Homelessness has grown since 2010 in Seattle-King County, while dropping in the other six areas, according to the counts.

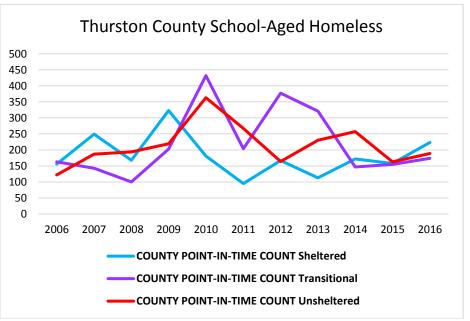
The counts are estimates and are carried out differently in different areas.

Thurston County Homeless Census



Data Source: Thurston County Public Health and Social Services (2016).

The number of homeless public school students fell for the first time in the 2015-2016 school year since the 2011-2012 school year. The number of homeless public school students in the 2015-2016 school year (1,521) fell 14% from the previous school year (1,776). Most of the decrease is attributed to the Olympia and Tumwater school districts. (Thurston County Public Health and Social Services (2016).



Data Source: Thurston County Public Health and Social Services (2016).

The 2016 Thurston County homeless census found that 586 individuals were homeless or lived in emergency or transitional housing. This total is significantly less than the 976 homeless individuals in 2010. Several reasons may account for the decline. Successful new housing resources, a stronger economy, changes in the census methodology, and non-cooperation of some homeless populations, among other factors, may have lowered the count of homeless individuals.

Of the homeless population, approximately 32% were unsheltered (or living in places not meant for human habitation such as cars, tents, parks, sidewalks, abandoned buildings, or on the street) in 2016.

Poverty and Root Causes

Understanding the depth of economic hardship

Economic hardship can create barriers to opportunity and the resources necessary to live a long and healthy life. As a result, low-income communities often face more adversity and become entwined in generational cycles of poverty.

Federal Poverty Level (FPL)

FPL is a measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.

The 2017 federal poverty level income numbers below are used to calculate eligibility for Medicaid and the Children's Health Insurance Program (CHIP). 2016 numbers are slightly lower, and are used to calculate savings on Marketplace insurance plans for 2017. (HealthCare.gov).

How federal poverty levels are used to determine eligibility for reduced-cost health coverage

2017 Federal Poverty Guidelines

- Income between 100% and 400% FPL: If your income is in this range, in all states you qualify for premium tax credits that lower your monthly premium for a Marketplace health insurance plan.
- Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.
- **Income below 100% FPL:** If your income falls below 100% FPL and your state **hasn't** expanded Medicaid coverage, you won't qualify for either income-based Medicaid or savings on a Marketplace health insurance plan. You may still qualify for Medicaid under your state's current rules. (HealthCare.gov).

Federally facilitated marketplaces will use the 2016 guidelines to determine eligibility for Medicaid and CHIP.									
Household Size	100%	133%	150%	200%	250%	300%	400%		
1	\$12,060	\$16,040	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240		
2	16,240	21,599	24,360	32,480	40,600	48,720	64,960		
3	20,420	27,159	30,630	40,840	51,050	61,260	81,680		
4	24,600	32,718	36,900	49,200	61,500	73,800	98,400		
5	28,780	38,277	43,170	57,560	71,950	86,340	115,120		
6	32,960	43,837	49,440	65,920	82,400	98,880	131,840		
7	37,140	49,396	55,710	74,280	92,850	111,420	148,560		
8	41,320	54,956	61,980	82,640	103,300	123,960	165,280		

Data Source: http://familiesusa.org/product/federal-poverty-guidelines; U.S. Dept. of Health and Human Services.

Poverty is often defined as a lack of necessities, basic food, shelter, medical care, and safety. However, what is a necessity to one person is not uniformly a necessity to another, which means needs may be relative. Research suggests that, on average, families need an income of about twice the federal poverty threshold to meet their most basic needs.

Food insecurity, lack of affordable housing, and other hardships affects many children, adults, and families; not just those who are officially poor.

5 Theories of poverty:

1. Poverty caused by individual Challenges

- 2. Poverty caused by Cultural-Belief systems that support Sub-Cultures of poverty
- 3. Poverty caused by Economic, Political, and Social Distortions or Discrimination
- 4. Poverty caused by Geographical Disparities
- 5. Poverty caused by Cumulative and Cyclical Interdependencies

(Bradshaw, T. (2007).

Cost of living

Thurston County Overview

Cost of living indices are based on a US average of 100. An amount below 100 means Thurston County, Washington is cheaper than the US average. A cost of living index above 100 means Thurston County, Washington is more expensive.

Thurston County, Washington cost of living is 117. This means Thurston County's cost of living is more expensive than the US average.

Housing is considered the biggest factor in the cost of living difference.

The total of all the cost of living categories weighted subjectively as follows: housing (30%), food and groceries (15%),

Cost of Living	Thurston, WA	United States
Overall	117	100
Grocery	106.5	100
Health	117	100
Housing	134	100
Utilities	90	100
Transportation	113	100
Miscellaneous	108	100

transportation (10%), utilities (6%), health care (7%), and miscellaneous expenses such as clothing, services, and entertainment (32%). State and local taxes are not included in any category. Updated: December, 2016.

Below are what is included in Cost of Living categories:

Grocery: The average cost of food in Grocery stores in an area.

Data Source: Sperlings Best Places (2017),

https://www.bestplaces.net/cost_of_living/county/washington/thurston.

Health: The average cost of health care calculated using the standard daily rate for a hospital room, and the costs of a doctor's office visit and a dental checkup.

Housing: The average cost of an area's housing, which includes mortgage payments, apartment rents, and property tax. **Utilities:** The average cost of heating or cooling a typical residence for the area, including electricity and natural gas. **Transportation:** The average cost of gasoline, car insurance and maintenance expenses, and mass transit fare for the area. The cost of the vehicle and any vehicle registration and license taxes are not included.

Miscellaneous: The cost index of those goods and services not included in the other cost of living categories, including clothing, restaurants, repairs, entertainment, and other services.

Living Wage

According the Department of Urban Studies and Management at MIT (2016), the living wage is defined as the wage needed to cover basic family expenses (basic needs budget) plus all relevant taxes. Values are reported in 2015 dollars. To convert values from annual to hourly, a work-year of 2,080 hours (40 hours per week for 52 weeks) per adult is assumed. The basic needs budget and living wage are calculated as follows: Basic needs budget = Food cost + childcare cost + (insurance premiums + health care costs) + housing cost + transportation cost + other necessities cost Living wage = Basic needs budget + (basic needs budget*tax rate).

Living Wage Calculation for Thurston County, Washington

The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). All values are per adult in a family unless otherwise noted. The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. We have converted it to an hourly wage for the sake of comparison.

For further detail, please reference the technical documentation here.

Hourly Wages	1 Adult		1 Adult 2 Children	1 Adult 3 Children	2 Adults (1 Working)	·	2 Adults (1 Working) 2 Children	2 Adults (1 Working) 3 Children	2 Adults (1 Working Part Time) 1 Child*		2 Adults 1 Child		2 Adults 3 Children
Living Wage	\$11.35	\$23.71	\$28.80	\$36.66	\$17.89	\$22.49	\$25.06	\$28.98	\$13.42	\$8.94	\$13.42	\$15.75	\$18.76
Poverty Wage	\$5.00	\$7.00	\$9.00	\$11.00	\$7.00	\$9.00	\$11.00	\$13.00		\$3.00	\$4.00	\$5.00	\$6.00
Minimum Wage	\$9.47	\$9.47	\$9.47	\$9.47	\$9.47	\$9.47	\$9.47	\$9.47		\$9.47	\$9.47	\$9.47	\$9.47

Data Source: Massachusetts Institute of Technology (MIT), 2017.

In 2018, Washington's minimum wage will increase to 11.50 (Washington State Department of Labor and Industries, 2017).

Summary of Community Feedback

Respondents from 2017 Annual Client survey indicated three major categories related to services needed and those most important: the biggest problems facing them or their families, services most needed, and help needed but is unavailable. The biggest problems facing them or their families are adequate heat/utilities, adequate finances, employment, affordable housing, and healthcare. The most needed services are heat/utility assistance, food programs, housing, and healthcare. Help that is most needed but unavailable is heat/utilities, affordable housing, healthcare, and transportation.

Respondents from 2017 Community Stakeholder Survey indicated three categories addressing issues and needs for adults, youth, and overall community needed services. The biggest problems facing adults were mental health issues and access to affordable housing. The biggest problems facing youth were mental health issues, substance abuse, and lack of opportunities to develop skills needed as an adult. Overall services needed were affordable housing, utility assistance, homeless services/shelters, and mental health services.

Food insecurity, lack of affordable housing/utility assistance, and other hardships affect many children, adults, and families- not just those who are officially poor.

Key Findings

- Individual and systemic barriers are key factors for those in poverty to move beyond generational cycle of poverty.
- Population in all counties is steadily increasing.
- Black/African American and Hispanic/Latino populations are increasing. More bilingual services may be needed to accommodate language barriers needs.
- Concrete data could not be found for undocumented persons within counties.
- Median age for counties is between 30-40 years, however the elderly population has significantly increased from 2010-2016.
- There are more children being born, yet the capacity for child care centers remains generally the same and is not increasing.
- Kitsap had high public transit usage and low percentage of households without a vehicle. Lewis and Grays
 Harbor had low public transit usage and high percentage of households without a car. Transportation was one
 issue indicated as help needed, but unavailable.
- Thurston and Kitsap Counties have lowest rate of SNAP retailers. Grays Harbor and Lewis Counties have the highest rate of food insecurity overall.
- Lewis, Mason, and Grays Harbor have the highest percentage of individual and household poverty level, below 100 percent.

- Lewis and Mason counties have highest percentage of population with no HS diploma (13 percent), with Grays Harbor at 12 percent. Lewis and Mason Counties also have the highest dropout rate in 14 percent range for the class of 2016.
- Unemployment rate is highest in Grays Harbor and Lewis County at 8 percent range, with Mason County in 7 percent range.
- Approximately 63 percent of CACLMT households rely on public assistance and 37 percent of households report having one or more sources of income.
- There is almost a 50/50 percent divide between female and male population in counties overall, with CACLMT serving more females at approximately 57 percent.
- The highest percentage of families with children are located in Thurston and Kitsap Counties, within 30-31 percent range.
- The median cost of child care centers and family child care are more costly in Thurston County than Lewis and Mason Counties which could be due to factors related to higher cost of living and accessibility.
- Mason has the highest teen birth rate compared to other counties.
- Kitsap has the highest percent of overall cost burdened households at 35 percent. Lewis, Mason, and Thurston are all in the 34 percent range.
- Thurston and Kitsap Counties have the highest median gross rent, which is only slightly higher than the state average.
- Median household income is lowest in Lewis and Grays Harbor counties within 43,000-44,000, with Mason in 50,000 range. Thurston and Kitsap Counties have the highest income in 61,000-62,000 range.
- Lewis, Mason, Thurston, and Kitsap remain in 34-35 percent range for identified homes where the quality of living and housing can be considered substandard.

Data Limitations

Data findings were limited to most current information and accessibility of reputable sources. For instance, interesting data was found on certain topics but were dated by 5 to 6 years. It was decided this data was not current enough for relevance and intentionally left out. Additionally, many topics were left out due the vast extent of information which could be found by accessing other local community resources. Data findings were framed by CACLMT program services categories and it is important to note that not all community needs are addressed in this document due to time and resource limitations.

Conclusion

As CACLMT continues to advocate for basic needs to be accessible to all community members, we are cognizant that we cannot be the only advocating voice on behalf of low-income individuals and families. Working in partnership with our fellow community resource providers, decision and policy makers, and most importantly the clients we serve, we need to make our voice heard at local, state and federal levels, to ensure that solid funding is in place, and that vital services continue to be provided.

Our programs address 3 fundamental needs that every citizen needs to thrive:

- Housing: affordable shelter, heat, and water
- Heath: access to nutritious food and information/referrals for pregnant mothers and their young children, advocacy and justice for victims of sexual abuse, and oral health care
- Hunger: food for families, individuals and children

The sustaining goal of CAC, which has identified throughout this process, is the role we play in advocating for changes that will get at the root of the struggles for families and individuals in our community. Engaging the community in what we do and how well we do it will only add to the strength of our advocacy and help families become more self-sufficient.

ACTION TOWARDS GOALS

To improve Community Engagement through:

- Conducting Annual Client Surveys and adapting them as needed to better understand the needs/satisfaction of the population we serve. We will also be adopting a more thorough -statistically accurate survey- for a portion of our client base in order to broaden our understanding of potential gaps in the resources available to our community.
- Evaluating surveys, assessments, partnerships and our continual interactions with clients, we will continue to function in a results-oriented management style.
- Understanding the presence of social media and the numerous avenues of communication our clients use, we
 will continue update and engage our community through multiple possibilities of engagement (website,
 Facebook, and community events).
- By strengthening our existing partnership and developing new partnerships as they arise, will lead to an expansion of services in our community.

Annual Client Survey Community Assessment 2017

The Annual Client Needs Survey was conducted from November 2016 through August of 2017. The survey is anecdotal and makes no claim of statistical validity. Though the results may not be statistically valid, the results/data illustrated do provide valuable insights into the respondents' perceived needs. A total of 4,167 clients voluntarily participated. The large number of respondents allows the reader to make some positive inferences as to the data pertaining to community needs and services.

The survey design was intended to be simple to complete by participants. There were five questions as follows:

- 1. In which county do you live?
- 2. What is the biggest problem facing you or your family?
- 3. Are there five services you or your family need most?
- 4. What kind of help is the most important for you or your family?
- 5. Is there help you need that is not available to you?

Questions were intended to elicit an original, immediate response by not leading the respondent to a checklist of suggested, acceptable responses. The questions are consistent with surveys conducted in prior years.

It should be noted that due to the voluntary nature of the survey, respondents provided no response, partially responded or provided multiple responses though only a single response was elicited. Due to the variability of responses, "like" responses were grouped under a common category. For example, the category "Health" includes responses related to poor health, lack of medical care, lack of dental care, no health insurance and mental health care. Other categories include Utilities, Food, Housing, Transportation and Other. The "Other" category is an addition this year due to the high percentage of response that fell within this category of responses. The top responses are illustrated for each question. (*Note: total percentage illustrated may not equal 100%, only the top responses are illustrated.*)

The surveys were voluntary and randomly conducted in each county and were either completed by the respondent themselves, by staff interview over the phone, or by staff interviewing the respondent during a service appointment. The goal was to complete 5,000 surveys. A total of 4,167 surveys were completed. All respondents were clients accessing services at our direct service sites in Lewis, Mason and Thurston Counties.

The following reveals respondents', selected, demographic data provides a glimpse of who the Council services:

- Gender: 36% were male, 64% female
- Related to Ethnicity: 69% were white, 17% Latino, 3% African American and 3% Asian
- Housing: 59% rented their homes, 20% were home owners, 2% were homeless
- Income/Employment: 33% were employed, 28% were either on Social Security, SSI or pension, and 8% received Public Assistance
- Income Level: 50% had incomes at or below 75% of poverty

There was no direct county requirement other than attempting to access as many respondents who would voluntarily respond. Survey respondents included only those individuals seeking services from the Council or had been a recipient of services. Respondents participated voluntarily and were not chosen at random from the population of low-income

people in the community. There is no attempt to generalize the results of the survey to the entire population of lowincome families in our service area. Though not generalizing the results across the entire population, inferences certainly can be made regarding the population based on the sample size of the survey. The Survey results provide valuable insight into the clients' perception of needs and services. The following is a summary of Survey results.

APPENDIX B

2017 Survey Results

Appendix B presents all the data for the 2017 Survey. Data is segregated by question, combined responses (all three counties) and individual counties. Further the number of responses to the questions, by counties is included. The number of responses by county will differ from the number of respondents due to: no response by some respondents and or multiple responses to a question by others. (Note the data below illustrates the percentage of responses per topic. For example for Adequate Finances the .25 should be translated to 25% of the total response indicated that adequate finances were the biggest problem facing the family).

1. WHAT IS THE BIGGEST PROBLEM FACING YOU OR YOUR FAMILY?

Lewis	428
Mason	599
Thurston	3,134
Total responses	4,161

Responses	Combined	Lewis	Mason	Thurston
Adequate Finances	.25	.22	.25	<mark>.28</mark>
Heat/Utilities	<mark>.28</mark>	<mark>.32</mark>	<mark>.30</mark>	.24
Health Care	.10	.09	.10	.11
Affordable Housing	.11	.09	.12	.11
Lack of Food	.06	.06	.05	.07
Transportation	.04	.07	.03	.03
Employment	.12	.11	.12	.13
Other	.04	.04	.03	.03

2. ARE THERE 5 SERVICES YOU OR YOUR FAMILY NEED THE MOST?

Lewis	751
Mason	972
Thurston	5,276
Total responses	6,999

Responses	Combined	Lewis	Mason	Thurston
Adequate Finances	.06	.09	.04	.06
Heat/Utilities	<mark>.36</mark>	<mark>.42</mark>	<mark>.33</mark>	<mark>.32</mark>
Health Care	.11	.09	.10	.13
Affordable Housing	.14	.14	.14	.14

Food Programs	.20	.18	.21	.20
Transportation	.05	.03	.08	.06
Employment	.03	.03	.03	.03
Other Responses	.05	.02	.07	.06

3. WHAT KIND OF HELP IS THE MOST IMPORTANT FOR YOU OR YOUR FAMILY?

Lewis	384
Mason	493
Thurston	2,403
Total responses	3,280

Responses	Combined	Lewis	Mason	Thurston
Adequate Finances	.09	.09	.09	.09
Heat/Utilities	<mark>.43</mark>	<mark>.46</mark>	<mark>.42</mark>	<mark>.41</mark>
Health Care	.08	.07	.08	.09
Affordable Housing	.14	.14	.14	.14
Food Programs	.17	.15	.18	.19
Transportation	.03	.04	.02	.02
Employment	.03	.03	.04	.03
Other Responses	.03	.02	.03	.03

4. IS THERE HELP YOU NEED THAT IS NOT AVAILABLE TO YOU?

Lewis	98
Mason	148
Thurston	675
Total responses	921

Responses	Combined	Lewis	Mason	Thurston
Adequate Finances	.06	.07	.05	.05
Heat/Utilities	<mark>.28</mark>	<mark>.32</mark>	.24	.28
Health Care	.17	.17	.16	<mark>.18</mark>
Affordable Housing	.22	.18	<mark>.28</mark>	.21
Food Programs	.05	.03	.05	.07
Transportation	.14	.16	.14	.12
Employment	.02	.01	.03	.03
Other Responses	.06	.06	.05	.06

APPENDIX C

The data in Appendix C is a more in-depth review of how people responded within the general categories as illustrated in Addendum B. For example, in Addendum B "Health" appears as its own category. However, when looking at the data that comprised the "Health" category we wanted more insight into what specific issues were included. In Addendum C (Question 1, Combined below) it illustrates that 31% had no health insurance, 48% had "poor health", 13% has no mental health care (but feel they need it), and 13% lacked dental care.

Analysis was completed and illustrated for the categories including Health (above), Hunger, Utilities, Housing and Transportation. Consistent with Addendum 1 all data presented includes the combined results for all counties along with the individual county responses.

It should be noted that the percentages will add up to 100% due to the categorization of data and the inclusion of all responses associated with the category.

1. WHAT IS THE BIGGEST PROBLEM FACING YOU OR YOUR FAMILY?

Hunger	Combined	Lewis	Mason	Thurston
Lack of Food	<mark>.95</mark>	<mark>.88</mark>	<mark>.97</mark>	<mark>.97</mark>
Food Bank	.01	.04	.00	.00
Food Stamps	.04	.08	.03	.03

Utilities	Combined	Lewis	Mason	Thurston
Electricity	<mark>.97</mark>	<mark>.99</mark>	<mark>.94</mark>	<mark>.97</mark>
Water/Sewer	.03	.01	.06	.03

Housing	Combined	Lewis	Mason	Thurston
Lack of Housing	<mark>.78</mark>	<mark>.68</mark>	<mark>.80</mark>	<mark>.86</mark>
Housing Repairs	.22	.32	.20	.14

Transportation	Combined	Lewis	Mason	Thurston
No Transportation	<mark>.65</mark>	<mark>.75</mark>	<mark>.52</mark>	<mark>.67</mark>
Fuel Cost	.18	.16	.24	.14
Repairs	.17	.09	.24	.19

Health	Combined	Lewis	Mason	Thurston
Poor health	<mark>.48</mark>	<mark>.72</mark>	<mark>.40</mark>	<mark>.33</mark>
Lack of Dental Care	.13	.28	.05	.06
No Insurance	.21	.00	.37	.25
Mental Health Care	.18	.00	.18	.36

Other Combined Lewis Mason Thurston

Employment	<mark>.91</mark>	<mark>.91</mark>	<mark>.95</mark>	<mark>.88</mark>
Education/Training	.02	.02	.00	.02
Childcare	.04	.04	.01	.07
Clothes	.03	.03	.04	.03

2. ARE THERE 5 SERVICES YOU OR YOUR FAMILY NEED THE MOST?

Hunger	Combined	Lewis	Mason	Thurston
Lack of Food	<mark>.68</mark>	<mark>.71</mark>	<mark>.64</mark>	<mark>.69</mark>
Food Bank	.09	.09	.09	.08
Food Stamps	.23	.20	.27	.23

Utilities	Combined	Lewis	Mason	Thurston
Electricity	<mark>.93</mark>	<mark>.95</mark>	<mark>.92</mark>	<mark>.93</mark>
Water/Sewer	.07	.05	.08	.07

Housing	Combined	Lewis	Mason	Thurston
Lack of Housing	<mark>.75</mark>	<mark>.66</mark>	<mark>.75</mark>	<mark>.84</mark>
Housing Repairs	.25	.34	.25	.16

Transportation	Combined	Lewis	Mason	Thurston
No Transportation	<mark>.55</mark>	<mark>.56</mark>	<mark>.51</mark>	<mark>.57</mark>
Fuel Cost	.29	.22	.36	.30
Repairs	.16	.22	.13	.13

Health	Combined	Lewis	Mason	Thurston
Poor Health	.06	.06	.08	.03
Lack of Dental Care	.11	.08	.13	.13
No Insurance	<mark>.63</mark>	<mark>.63</mark>	<mark>.65</mark>	<mark>.62</mark>
Mental Health Care	.20	.23	.14	.22

Other	Combined	Lewis	Mason	Thurston
Employment	.33	.33	.38	.28
Education/Training	.13	.18	.09	.13
Childcare	.18	.14	.15	.24
Clothes	<mark>.36</mark>	<mark>.35</mark>	<mark>.38</mark>	<mark>.35</mark>

Hunger	Combined	Lewis	Mason	Thurston
Lack of Food	<mark>.73</mark>	<mark>.78</mark>	<mark>.56</mark>	<mark>.83</mark>
Food Bank	.03	.05	.03	.02
Food Stamps	.24	.17	.41	.15

Utilities	Combined	Lewis	Mason	Thurston
Electricity	<mark>.97</mark>	<mark>.98</mark>	<mark>.96</mark>	<mark>.97</mark>
Water/Sewer	.03	.02	.04	.03

Housing	Combined	Lewis	Mason	Thurston
Lack of Housing	<mark>.86</mark>	<mark>.81</mark>	<mark>.87</mark>	<mark>.90</mark>
Housing Repairs	.14	.19	.13	.10

Transportation	Combined	Lewis	Mason	Thurston
No Transportation	<mark>.47</mark>	<mark>.50</mark>	<mark>.30</mark>	<mark>.59</mark>
Fuel Cost	.35	.44	.40	.22
Repairs	.18	.06	.30	.19

Health	Combined	Lewis	Mason	Thurston
Poor health	.03	.07	.00	.03
Lack of Dental Care	.08	.04	.12	.07
No Insurance	<mark>.59</mark>	<mark>.56</mark>	<mark>.66</mark>	<mark>.55</mark>
Mental Health Care	.30	.33	.22	.35

Other	Combined	Lewis	Mason	Thurston
Employment	<mark>.55</mark>	<mark>.58</mark>	<mark>.58</mark>	<mark>.49</mark>
Education/Training	.13	.16	.12	.12
Childcare	.14	.05	.12	.26
Clothes	.18	.21	.18	.13

4. IS THERE HELP YOU NEED THAT IS NOT AVAILABLE TO YOU?

Hunger	Combined	Lewis	Mason	Thurston
Lack of Food	.43	.33	.37	<mark>.58</mark>
Food Bank	.05	.00	.13	.02
Food Stamps	<mark>.52</mark>	<mark>.67</mark>	<mark>.50</mark>	.40

Utilities	Combined	Lewis	Mason	Thurston
Electricity	<mark>.92</mark>	<mark>.94</mark>	<mark>.89</mark>	<mark>.92</mark>
Water/Sewer	.08	.06	.11	.08

Housing	Combined	Lewis	Mason	Thurston
Lack of Housing	<mark>.72</mark>	<mark>.72</mark>	<mark>.63</mark>	<mark>.82</mark>

riousing repairs	.20	.20	.57	.10	
Transportation	Combined	Lewis	Mason	Thurston	
No Transportation	<mark>.39</mark>	<mark>.45</mark>	.24	<mark>.49</mark>	
Fuel Cost	.30	.31	<mark>.38</mark>	.20	
Repairs	.31	.24	<mark>.38</mark>	.31	
		·	·	·	
Health	Combined	Lewis	Mason	Thurston	
Poor Health	.08	.06	.08	.09	
Lack of Dental Care	.26	.24	.21	.32	
No Insurance	<mark>.39</mark>	.29	<mark>.46</mark>	<mark>.43</mark>	
Mental Health Care	.27	<mark>.41</mark>	.25	.16	
		·			
Other	Combined	Lewis	Mason	Thurston	
Employment	.28	.17	.33	<mark>.34</mark>	

.28

.37

.18

Employment	.28	.17	<mark>.33</mark>	<mark>.34</mark>
Education/Training	.22	.17	<mark>.33</mark>	.17
Childcare	<mark>.32</mark>	<mark>.49</mark>	.17	.28
Clothes	.18	.17	.17	.21

Appendix D

Housing repairs

.28

Community Stakeholder Survey, 2017

The Community Action Council of Lewis, Mason and Thurston Counties is a private nonprofit whose mission is to, "strengthen individual and families to less the impacts of poverty." Services provided by the Council are categorized by priorities of health, hunger, housing, and community engagement. Every three years, the Council does a Community Needs Assessment (CNA) to access the needs of community members within the services areas. During the 2017 CNA process, gathering data from stakeholders regarding their perspective on the needs of community members was an integral step. A community stakeholder survey was created and a list of 188 stakeholders between Lewis, Mason, Thurston, Kitsap and Grays Harbor was complied. The 8 question survey was sent via QuestionPro to the list of stakeholders; each were given one month to respond. Out of the 188 stakeholders to whom the survey was sent, 104 responded (n=104).

Survey Details

8 question survey regarding needs and services sent via Question Pro online survey service

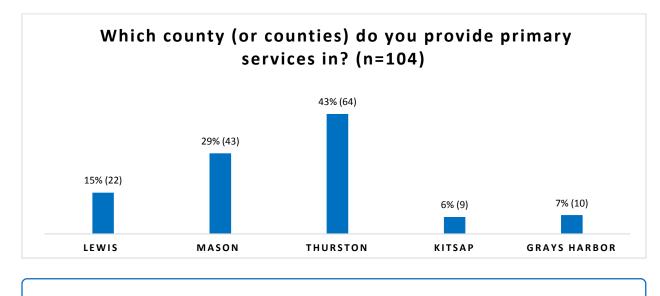
188 stakeholders received Survey/ 104 respondants

Survey results were anonymous, respondents were allowed to skip questions

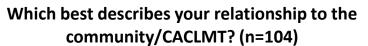
7 selection questions / 1 free-form write in question

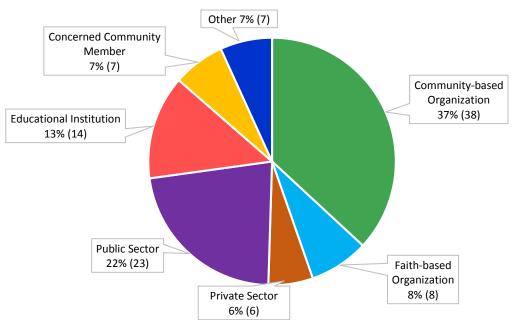
Survey Results: Overview

- Thurston Co. stakeholders were the highest respondents.
- Majority of respondents were from community-based organizations.
- Respondents indicated the biggest problems facing adults were: mental health issues and access to affordable housing.
- The biggest problems facing youth were mental health issues, substance abuse, and lack of opportunities to develop skills needed as an adult.
- Overall services needed: affordable housing, utility assistance, homeless services/shelters, and mental health services.
- Overall lack of resource awareness were: secure housing, weatherization/home repair, mental health, reliable transportation, legal services, social security/financial building, and dental care.

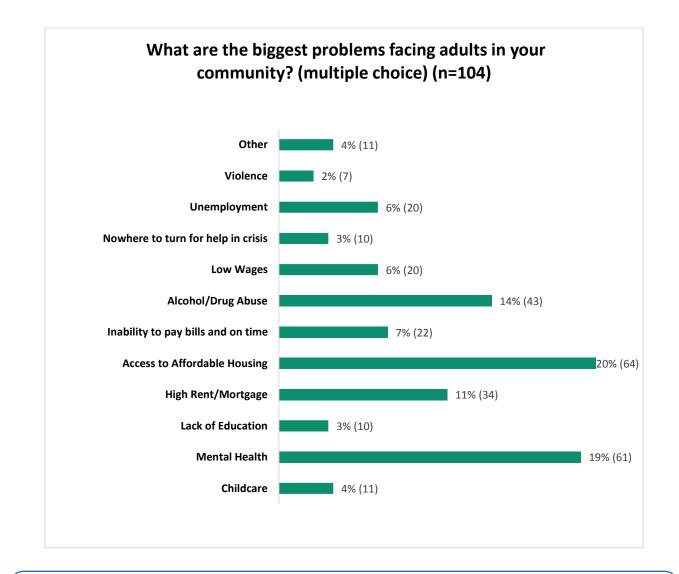


Out of the five identified counties, Thurston County provided the most services.



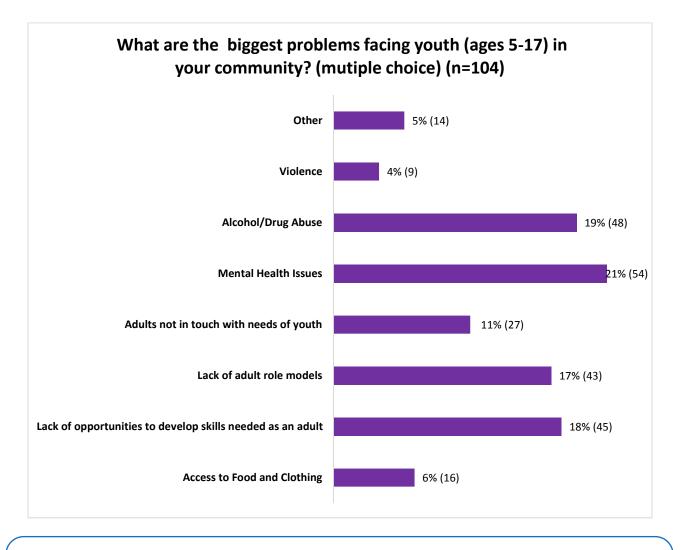


The majority of respondents were from Community-based organizations. Other (written responses): Non Profit, Non-Profit, Managed Care, Public safety, 501C3, DOC, Systems bases advocacy.



Respondents indicated the biggest problems facing adults were mental health issues and access to affordable housing.

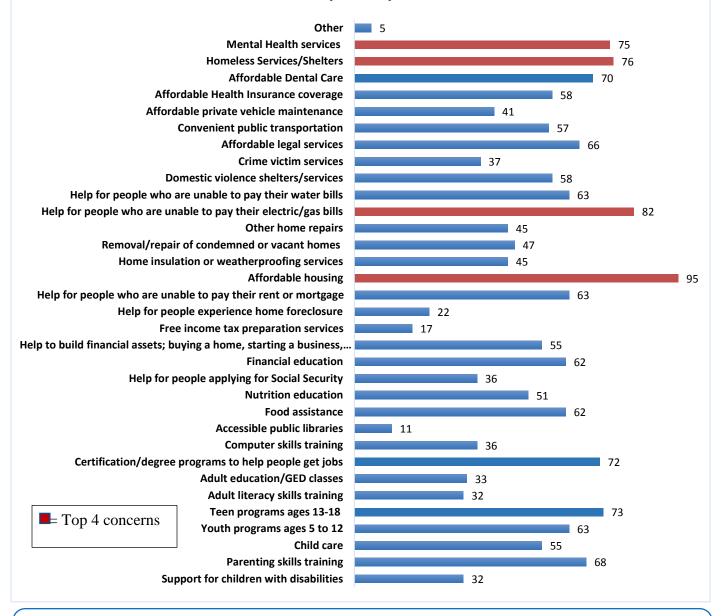
Other (written responses): Homeless, Access to services-transportation, Addiction services for MEN, knowing where to go in crisis/for help with less stigma, domestic violence prevention services, Disease Prevention and Education, Homelessness, Poverty, Transportation access, Access to medical services, Inequity, SSI doesn't cover rent costs, Food Insecurity due to personal economics.



This graph identifies the biggest problems facing youth were mental health issues, substance abuse, and lack of opportunities to develop skills needed as an adult.

Other (written responses): Access to HEALTHY foods, Lack of services for boys -12 addressing anger, self regulation, I assume violence can also include child trauma, Homelessness, Transportation (Lack of Intercity Bus), Lack of resources for youth homeless, youth example: no youth shelter, Access to general and specialized medical services ,Racism and sexism, Living in Poverty, Coping with trauma, Living in poverty with family issues of drugs, mental health. , Lack of affordable housing, No youth shelter; limited resources if homeless

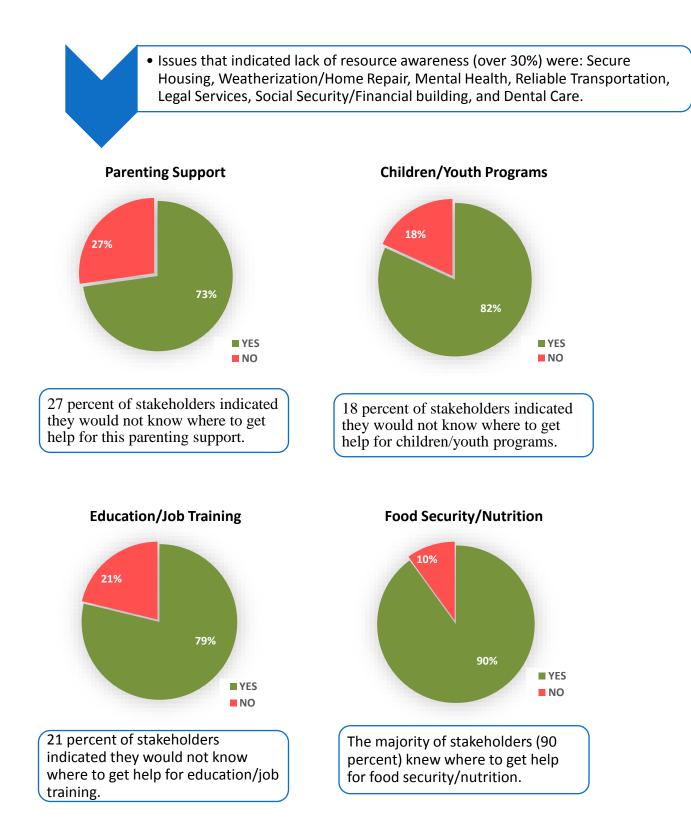
Identify which of the following services you feel are most needed by those in your community? (multiple choice) (n=104)

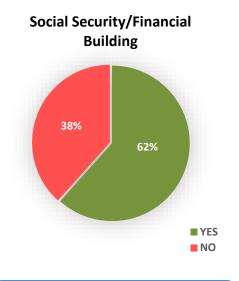


This graph represents the overall need of services in the community were: Affordable Housing, Electric/Gas Bill Help, Homeless Services/Shelters, and Mental Health Services.

Other (written responses): Access to healthy food and education regarding how to prepare them, Case management-navigation to resources, Youth shelter!!! Therapy for trauma, Transportation of people with mental health or SUD to treatment or medical appointments.

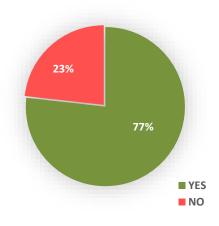
These 14 pie graphs address: Would you know where to get help if you or someone you know were experiencing or in need of the following? (n=104)



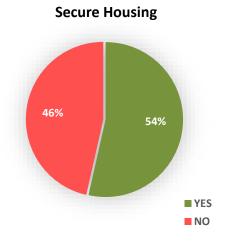


38 percent of stakeholders indicated that they would not know where to get help for social security/financial building.

Health Insurance Coverage

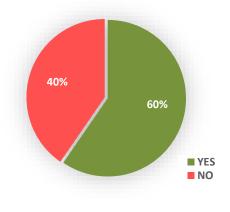


23 percent of stakeholders indicated that they would not know where to get help for health insurance coverage.



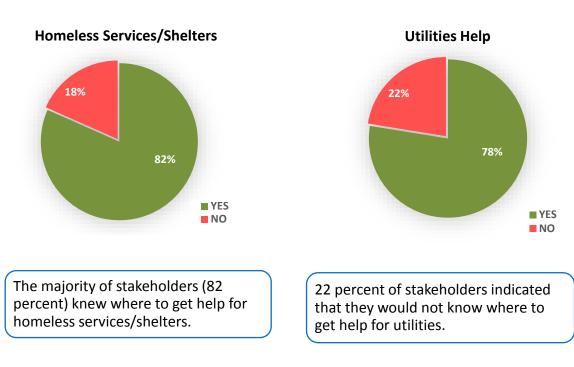
Almost half of stakeholders (46 percent) indicated that they would not know where to get help for secure housing.

Weatherization/Home Repair

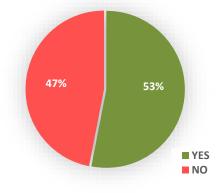


A large percent of stakeholders (40 percent) indicated that they would not know where to get help for weatherization/home repair.

71

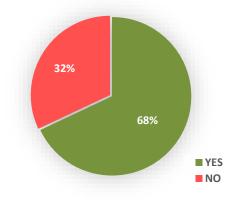


Reliable Transportation

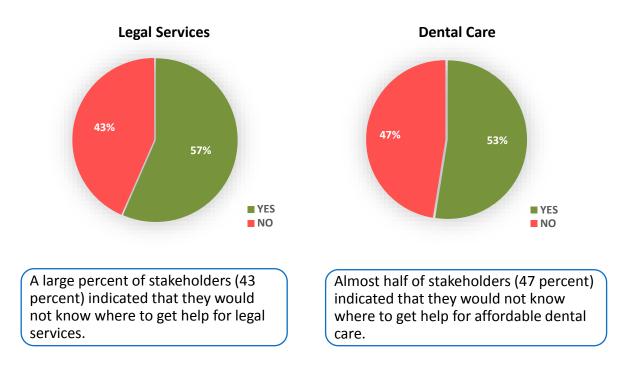


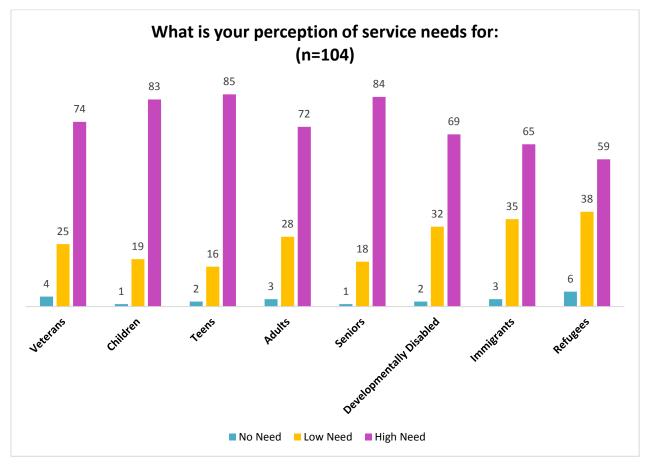
Almost half of stakeholders (47 percent) indicated that they would not know where to get help for reliable transportation.

Mental Health Services



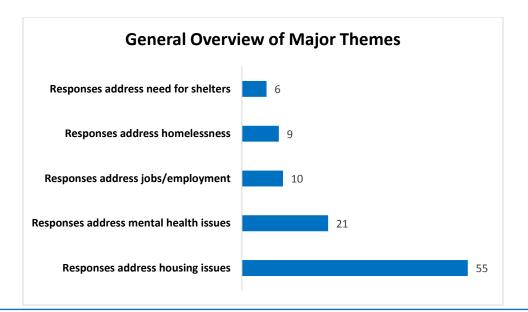
32 percent of stakeholders indicated that they would not know where to get help for mental health services.





This graph represents the total count of individual stakeholders who ranked perception of needs for these demographic groups. Stakeholders indicated many of these demographic groups required high need services, particularly with **children**, **teens**, **and seniors** who ranked with the highest need for services according to 80+ stakeholders.

What do you think is most compelling unmet need in your low-income community today? (Written responses)



Mental health and housing were issues often addressed together.

Note that themes are group below and there may be some overlap between themes in efforts to portray accuracy of individual responses.

Other issues discussed include needs in transportation, affordable childcare, food security, community and local government education, affordable health services, access to legal advice/representation for consumer debt issues, navigation of support for single adults with no children, between heat, medicine and food, reaching those individuals/families that don't speak English well or are reticent to talk to those that can help them but are either homeless or in need of basic support, and competent politicians who put the needs of the citizens first.

What Stakeholder's Are Saying (not all responses included)

Housing:

- There is no Permanent Supportive Housing. Lack of affordable housing stock. Very low vacancy rates. At any given time there may be an average only 3 properties for rent on Craigslist.
- HOUSING. Basis for all services. Without an affordable home nothing else works.
- Mental Health treatment and affordable, safe housing
- Available and affordable housing, especially for seniors
- Housing and transportation in the rural area. Resources to appropriate Mental Health Support.
- Lack of housing help. Programs to assist with deposits
- Affordable and supportive housing

- Affordable and accessible housing.
- Housing assistance to PREVENT homelessness, Case management to help navigator to available services, transportation to ALL parts of Thurston County, rural Lewis and Mason
- The city needs to understand that utility payments are part of the calculation for affordable housing. We desperately need affordable housing. We desperately need a rate structure for utilities that accepts they are part of the affordability concept.
- Affordable rental housing that is healthy -
- Lack of affordable Housing and lower eligibility requirements to access housing.

Mental Health:

- Mental health and drug abuse
- Access to intensive mental health services and parenting support
- Mental Illness and financial services all our resources are tapped out
- Mental Health and affordable housing
- Mental Health Support Services
- Mental health and homelessness
- mental health care and services, especially long-term care for those with mental illness

Jobs/Employment/Education:

- Family-wage jobs
- Training to assist people in becoming employable. Programs which help them with the skills to live independently, such as money management. Assistance for the underemployed, working poor who don't qualify for food stamps or childcare, but don't make enough money to pay their bills & stay afloat.
- Financial stability and management of personal finances.
- Good paying jobs if you do not qualify for jobs at PSNS.
- Education and living wage jobs
- Availability of local good paying jobs
- Rehabilitation for disabled so they can get back to work.
- Educating people in local government.

Parenting/Children/Youth:

- Transitional housing for young adults (18-24)
- There is no youth shelter!!! very few resources oriented towards youth, very few community activities for youth in Shelton. We have 100+ unaccompanied homeless youth and no youth shelter
- Mentoring, activities, sports and services for children and youth.
- Childcare is very expensive, as a single mom with no help, it's very difficult. Also lack of affordable housing. Rent is too high for single parents, or even 2 people with low wage jobs (jobs that are still necessary even though they aren't glamorous.)
- Parent Education and making sure children have basic needs

Substance Abuse:

- Behavior health/substance misuse and affordable housing
- Drug and alcohol education and treatment
- Addiction and Mental health services
- Behavioral health/mental health/substance abuse assistance that is local, convenient and affordable

General Needs:

- Availability of one place to go for all service connections.
- I believe that there are many programs for low-income, but very few programs for those that are just above the low-income level. When something happens like needed car repairs, it throws their financial level into the low-income category.
- Daily life needs.

Homelessness/Shelters:

- Lack of jobs and help for the homeless
- All year round adult shelter
- Help for the homeless (all) and mental health issues.

Conclusion

This Survey was a great indicator of stakeholder perception of needs for our communities. As we reflect on this data, affordable housing and mental health were significant concerns identified throughout the survey. Additionally, many other high need services were indicated, often in relation to other significant concerns. We would like to thank all stakeholders who participated in this survey as we look forward to using this pertinent information to better understand our community needs and guide our mission.

If you have any questions or comments regarding the survey, please contact Susan, CAC Student Intern at (360) 438-1100 x 1124, susans@cacImt.org or Kirsten York, Director of Family Services at 360.438.1100 ext. 1135 office, Fax 360.491.7729, kirsteny@cacImt.org.

Sources