

United Way
of Central Minnesota



2007 State of Caring Community Assessment

**Review of Literature:
Human Service Needs
in Central Minnesota**

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Key Points

As a phase of the State of Caring Assessment, UpFront Consulting completed a literature review of recent research in Central Minnesota for United Way of Central Minnesota (UWCM). The reviewers concentrated on primary research conducted in Central Minnesota since 2002 (when the most recent needs assessment was completed), with an emphasis on research from the past two years. In particular, the researchers looked at studies that attempted to identify and prioritize community needs and/or addressed human service needs in key UWCM impact areas:

- Early Childhood Development/Youth Development
- Economic Stability/Meeting Basic Needs
- Strengthening Individuals and Families

Key findings are discussed below. More information about each key finding is in the body of the report, including a reference to the research document.

Key points, Early Childhood Development/Youth Development

- Child/youth success and education were identified as two of the top four needs in a community survey of Central Minnesota households.
- Parents in the community can readily find information about parenting, but have more trouble finding parenting services. The two that were most difficult for parents to find were emergency childcare and activities for children under six.
- Affordable childcare was identified by low-income parents as one of six top unmet needs.
- According to both parents and community informants, specialized childcare is difficult to locate; this includes ill-child, special needs, behavior issues and medical conditions.
- There is a gap in educational attainment between students of color and white students. Increased diversity in local schools makes this a growing need.

Key points, Economic Stability/Meeting Basic Needs

- Basic needs was identified as a top need in a community survey across Central Minnesota. It was also the top category of requested information from the 2-1-1 referral service for the past two years.
- Lack of financial resources and lack of transportation were named most often by UWCM funded programs as a barrier to service access for their clients.
- According to both parents and community informants, higher-wage jobs are an on-going need in the area, as is economic development in rural areas of Central Minnesota.
- To meet the needs of both local employers and potential workers, more workplace and community occupational and conversational English classes are needed at

multiple levels. Additionally, UWCM programs describe lack of English skills as a barrier to accessing needed services.

- Interpreters and translation services, including low or no-cost interpreters for job application process, are an on-going need in the community.
- Cultural competency in health care, in education, and across the community is a growing need. It is important because it impacts access to services in many cases.

Key points, Strengthening Individuals and Families

- Affordable housing is one of the top four needs identified in the community-wide survey.
- Waiting lists for subsidized housing are long, according to low-income families and community informants. Limited emergency housing exists for homeless individuals, especially in rural areas.
- Housing denial (for inadequate rental history or because of a criminal record) and housing discrimination are barriers to accessing housing in the area.
- Families in the three county area identified access to health care as an important need. Families on medical assistance and Minnesota Care do not have adequate access to dental services. Lack of health insurance is a growing problem in the middle class as well as for low-income families.
- The growth in those 65 and older will require many additional services. For example, the number of seniors living alone in their own home is projected to increase rapidly.

Methodology

Overview

UpFront Consulting completed a literature review of recent research in Central Minnesota for United Way of Central Minnesota (UWCM).

The review is Phase I of UWCM's *2007 State of Caring Community Assessment*. This process has been completed periodically; the most recent needs assessment was completed in 2002.

Objective

The objective of the *2007 State of Caring Community Assessment* is as follows:

To identify the most pressing community needs in Central Minnesota so United Way can more effectively plan to meet those needs.

- Identify strengths and key areas of need within UWCM's three priorities
 - Early Childhood Development/Youth Development
 - Economic Stability/Meeting Basic Needs
 - Strengthening Individuals and Families.
- Provide data that will drive UWCM decisions about priorities for funding of current and new programs, strategic initiatives, and response funds.
 - The focus is measurable, visible impact on the community.
- Establish baselines that UWCM can use for benchmarking, to move toward community-wide change.

Literature review

The reviewers concentrated on primary research conducted in Central Minnesota since 2002 (when the most recent needs assessment was completed), with an emphasis on research from the past two years. In particular, the researchers looked for studies that attempted to identify and prioritize community needs and/or addressed human service needs in key UWCM impact areas:

- Early Childhood Development/Youth Development
- Economic Stability/Meeting Basic Needs
- Strengthening Individuals and Families

Note that there is much overlap between these categories; many of the studies described in this report are relevant to more than one impact area.

Literature reviewed includes:

- Research studies completed by local human services agencies, schools, and health care organizations in the past few years, including research sponsored by UWCM
- Usage statistics and studies collected by agencies as part of their internal and/or public record-keeping

The researchers were particularly looking for emerging needs in these documents that might be missed in the tracking indicators.

UWCM serves portions of Benton, Sherburne, Stearns and Wright counties in Central Minnesota. As much as possible, the review was limited to research conducted about this area. Note that much of the data collected by agencies is only about its own service area so has a more narrow geographic focus.

This report

In addition to the earlier Key Points, this document includes:

- An update of available data described in the 2002 Human Services Assessment. That data, from local, state and national data sources, provides a method of tracking change over time in a number of community indicators in employment, health care, basic needs, etc.
- Short abstracts of other relevant research conducted in Central Minnesota. Within each abstract is a description of the data collection method for that research and where the document can be found.

More information about any of these studies is available from the researchers.

Updated community assessment data

1. Minnesota's population is growing, as is St. Cloud, the surrounding communities and the three county area. Sherburne is the fastest growing county.
2. Diversity has changed the population of Central Minnesota. Three measures:
 - a. The St. Cloud school district's minority percentage has risen from 14% in 2003-04 to 21% in 2006-07 (District 742 web site, 2005-06 enrollment figures)
 - b. Reach-Up Inc. (Early Head Start & Head Start) has a more significant increase from 33% minority students in 2001-02 to 49% in 2005-06. (Reach-Up Inc. Community Assessment 2006)
 - c. About 12% of St. Cloud Area Schools students have English as a second language; the total number of primary languages spoken is now at 41. Largest language groups are Somali (480 students), Spanish (211 students), Vietnamese (129 students), and Laotian (84 students). (District 742 web site, 2005-06 enrollment figures)
 - d. Area employers and English language learners describe the need for Occupational English classes to increase employability, as well as job retention and promotion.
3. Employment and economic data of interest:
 - a. Unemployment at the end of 2006 was lower than in the previous three years. St. Cloud and Stearns County were both below the Minnesota and the US unemployment rate for 2006; Benton and Sherburne were both slightly above the Minnesota rate, but below the national rate. (Minnesota Department of Employment and Economic Development)
 - b. Children living in poverty: In 2005 the percent of children who live in families with incomes below the federal poverty line ranges from 5.5% in Sherburne County to 9.7% in Stearns County. All three counties are below the statewide average of 10.6% (KidsCount County Reports 2007)
 - c. The percentage of Stearns County's population living below the poverty line increased to 14.1% in 2006, compared to 9.7% in 2005. The statewide rate is 9.8%, and Sherburne and Wright Counties remain below the state rate. Note that only counties and cities with population of at least 65,000 are included in the survey. (Census Bureau's American Community Survey 2007)
 - d. In the current uncertain economy, area businesses are anticipating weak business conditions in the near future. Locally, for the first time in nine years, more firms expect to decrease employment than those who expect to hire more employees in the next six months. Employers report that ongoing weakness in the housing sector as well as financial market

volatility are continuing to have an adverse impact on business conditions. (St. Cloud Area Quarterly Business Report, October 2007)

4. Transportation is an issue for some in Central Minnesota:
 - a. MTC reports that nearly half of surveyed riders in late 2004 use MTC buses to get to and from work. 57% of riders say they could not make the trip without the bus, up from 42% in 2002. (MTC On-Board Survey, November 2004)
 - b. 70% of community leaders (surveyed in 2005) say that MTC is very important for the St. Cloud area, however only 55% support a Metro Bus tax levy rate increase to fund additional services. (MTC Community Leader Survey)
 - c. The use of Tri-CAP transportation increased from 62,000 one-way rides in 2004 to 82,000 rides in 2006. (Tri-CAP 2006 Annual Report)
5. Housing:
 - a. Median rents in the St. Cloud area are slightly higher than the 2006 fair market rates established by HUD for 1 bedroom and larger apartments. (St. Cloud Area Housing Assessment Update)
 - b. The five-city area (St. Cloud, Sauk Rapids, Sartell, Waite Park and St. Joseph) had a rental vacancy rate of 6.8% in 2005, lower than the Minnesota rate of 10.5% (St. Cloud Area Housing Assessment Update, 2005)
 - c. Of 869 homes sold in the St. Cloud Area from August 2004 through July 2005, 54% were in the affordable range (for households with incomes between 80% and 115% of the Stearns County median). (St. Cloud Area Housing Assessment Update, 2005)
 - d. Slightly fewer homeless individuals were served in 2005 than in 2002 according to records from the Salvation Army, Landon Place and Anna Maries.
6. Health care shows a mix of positive and negative trends. Some important indicators are not readily available at the county level:
 - a. Immunization rates (percent of children who are up-to-date on all immunizations) have increased significantly from 1996-97 to 2001-02 in Benton (73% to 91%), Sherburne (70% to 85%) and Stearns Counties (77% to 84%). In Minnesota the rate rose from 68% to 81%, so the local area is well ahead of the state average. (Minnesota Department of Health)
 - b. The rate of teenage pregnancy is below the statewide rate in Sherburne and Stearns Counties, but Benton County is slightly above. This is based on a three-year average from 2003-2005 (KidsCount County Reports, 2007)
 - c. Individuals without health insurance in Minnesota increased from 5.7% in 2001 to 7.4% in 2004; in the three-county area, this rate increased from

- 4.3% in 2001 to 5.2% in 2004. New figures will be available late 2007 with completion of the Minnesota Health Access survey. (Minnesota Department of Health)
- d. The rate of sexually transmitted diseases is highest among the young—in Minnesota, adolescents and young adults accounted for 69% of Chlamydia and 56% of gonorrhea cases reported in 2006. Overall gonorrhea and syphilis rates are declining statewide, but Chlamydia is on the increase. (Minnesota Department of Health)
7. There are a number of community concerns about mental health:
- a. The three local counties differ in use of mental health services. Benton County is above the statewide average (has a higher percent of its population receiving mental health services) while Sherburne County is below the state average. Stearns County is very close to the average. (Minnesota Department of Health, 2005)
 - b. Access to mental health services continues to be an issue in the area. For example, at the Central Minnesota Mental Health Center, staff capacity limits the number of people who are served. The average waiting time for an appointment with psychologists, therapists and social workers is 1-3 months, according to the director. For psychiatric services the wait is 4-6 months.
 - c. In 2005 there were 18 suicides in Stearns and Benton counties, compared to 7 in 1999. During 2005, there were 28 suicides in the three-county area, and 544 in Minnesota. (Minnesota Department of Health)
 - d. Female 9th grade students were more likely to have suicidal thoughts in 2004 compared to 2001. 44% in Benton County and 43% in Stearns County reported having suicidal thoughts, compared to 31% and 30% in 2001. (2004 Minnesota Student Survey)
8. Drug and alcohol abuse data reveals some hopeful indicators as well as continuing concerns:
- a. The percent of male 12th graders who report frequent binge drinking was down in both Benton and Stearns Counties in 2004. In 2001, the percentages were 43% and 47%; in 2004 they were 33% and 36%. (2004 Minnesota Student Survey)
 - b. Stearns County Drug Court, which began in 2002, is showing preliminary success with adults charged with drug crimes who complete their one-year program, including chemical dependency treatment, and remain sober for 12-18 months. The 136 participants since the program began are about twice as likely to remain law abiding than those who qualified for drug court but couldn't get in because it was full. 59% were employed full-time at discharge, and another 20% were employed half-time. (Stearns County Drug Court recidivism study, initial results, St. Cloud Times article, 9/21/07.) In addition, a study of drug court programs in three counties including Stearns shows that the savings to tax-payers is \$5.08 for every

- dollar spent on drug court. (Wilder Research, August 2007, cited in the same article)
- c. Stearns and Benton Counties have higher rates of detox admissions than Sherburne County. The rate in Stearns and Benton is about the same as other counties in the state that are a mix of urban and rural areas (for example, the Mankato area). All three local counties have about the same rate of admission to treatment programs; this rate is very similar to most rural counties across the state and below the urban counties in the Twin Cities metro. (Minnesota's Chemical Health System: A Report to the Minnesota Legislature, 2003)
 - d. In Stearns County 78% of the child protection cases involve substance abuse. (Interview with Roma Steil, county human services administrator, St. Cloud Times article 9/21/07)
9. Crime is an area of concern for many Central Minnesota residents.
- a. In general, crime in the three-county area is below the statewide rate, for both Part 1 (more serious) and Part 2 (less serious) crimes. The only exception is Sherburne County, where Part 2 crimes are slightly above the state rate. (Minnesota Crime Information 2005 – Uniform Crime Report)
 - b. Domestic violence may be increasing: The number of unduplicated victims served at Anna Marie's Alliance increased by 18% from 2002-03 to 2005-06. Staff attribute this partly to better reporting mechanisms within the Alliance, but the rise is a cause for concern.
 - c. Sexual assault caseloads are rising: The number of new cases at the Central Minnesota Sexual Assault Center increased 21% (from 336 in 2002-03 to 427 in 2005-06). The Executive Director reports that the number of cases will likely be lower for 2006-07. The 2005-06 statistics are the highest ever encountered by the organization.
10. Basic needs are still a concern: food, housing, transportation, and health care:
- a. Food: The number of people using area food shelves grew faster than the rate of population between 2002 and 2006. The number in the three-county area grew 25% between 2002 and 2006. (Minnesota FoodShare)
 - b. Housing: Tri-CAP reports that homeless prevention programs that assist with rent, deposits, and mortgage assistance do not have nearly enough funds. Tri-CAP turns away many people. Electric shut-offs are a problem, with no county emergency assistance until July. The funds were completely utilized during the 2006-07 winter heating season.
 - c. Transportation for new immigrants is difficult. The bus system does not always work for those with children; for example, getting children to childcare and then going on to work is often not possible because of bus routes and schedules. (Tri-CAP, and Occupational English Project report)
 - d. Energy assistance: Tri-CAP tracked 43,127 encounters from 4/1/2006 through 3/31/2007 with clients and calls to the agency. Energy assistance

represented 71% of the calls, and housing assistance at 15%. The remaining encounters were for employment, transportation, medical, legal services.

- e. Health Care: Tri-CAP's Executive Director reports that in their survey of 3,285 energy assistance clients from October 2006 through March 2007, 703 (21%) reported not having health insurance. This percentage has been consistent over the last two years.
 - f. Stearns County's WIC (Women, Infants and Children) program serves over 2,800 people monthly, a number that has been growing significantly. In October 2007 the program reduced its clinic sites from eight to two locations, in St. Cloud and in Melrose. While this consolidation likely makes access more difficult for some families, it should free up time to provide an additional 700 appointment hours per year. (Stearns County website news release, 9/12/07)
11. The needs of those 65 and over are growing:
- a. In 2000, the local three-county area had a higher percent of seniors living in poverty (11.3%) than the statewide average (8.2%). (Central Minnesota Council on Aging 2006 survey)
 - b. The number of seniors living alone will nearly double in the three-county area between 2120 and 2030. (Central Minnesota Council on Aging 2006 survey)
 - c. The elderly dependency ratio (the number of individuals age 65+ divided by the number of individuals ages 15-64) will more than double by 2030. (*Transform 2010*, produced by a coalition of senior groups and state agencies)
 - d. Quality assurance, cultural competence, care coordination, and additional trained workforce are growing needs for service providers who work with the aging. (Central Minnesota Council on Aging 2005 Long-term Care Gap Analysis)
12. For people living with disabilities in the three-county area, some concerns are:
- a. There are many people with disabilities who live in rural areas, making it more difficult to access services. The percentages are 39% in Benton County, 54% in Sherburne County, and 42% in Stearns County. (Rural Research and Training Center on Disability in Rural Communities)
 - b. The disabled have a much higher unemployment rate than the rest of the population. In the City of St. Cloud, of those aged 16 through 64, only 62.1% of those with a disability are employed, while 80.4% of the population with no disability are employed. (Rural Research and Training Center on Disability in Rural Communities)
 - c. Poverty is also more common among the disabled. Among City of St. Cloud residents five years of age and older, 19% of those with a disability are living in poverty compared to 13% of the population without a

disability. (Rural Research and Training Center on Disability in Rural Communities)

13. While education is a strength in the area, there are some concerns as well:
 - a. There has been concern in the community about a “brain drain” (failing to keep those who graduate from area post-secondary schools in the community). St. Cloud State University does not track where graduates go after graduation, according to the Alumni Career Service Department. St. Cloud Technical College does track this data. Records show that 85% of their students come from Central Minnesota. Upon graduation, over 87% stay within a 30 mile radius of St. Cloud.
 - b. Nearly all area schools do better than the statewide average in the percent of students meeting standards in reading and math. (2006 Minnesota Comprehensive Assessment)
 - c. In K-12 schools there is a gap between the achievement of students of color and Caucasian students in grade eight. Although the gap here is smaller than the statewide gap, it is still a cause for concern. (2006 Minnesota Comprehensive Assessment)
 - d. High school graduation rates for all area schools are at or above the statewide average. The drop-out rate is lower than the statewide average for all area schools except St. Cloud Area Schools, where it is about the same as the state rate. (Minnesota Department of Education)

14. Child care is an issue for many parents in the community:
 - a. Data from 2007 shows that childcare costs in Central Minnesota are below the state average, but costs in Sherburne County are considerably higher than in Stearns or Benton. (Child Care Choices)
 - b. In the three-county area, a higher percentage of requests are for infant and toddler care compared to the rest of Minnesota. Care for school-age children is less of an issue in the three counties. (Child Care Choices)
 - c. The three-county area has a greater need than the rest of the state for part-time care. (Child Care Choices)
 - d. In Stearns County the number of out-of-home placements (children in foster care, juvenile detention centers and treatment facilities) has been increasing since 2003, according to a county administrator. While this is likely in part because of the growing county population, it is a concern. Benton County’s numbers are lower than those in 2005, while Sherburne County reports their numbers are flat even with rapid population growth. (Interview with Roma Steil, county human services administrator, St. Cloud Times article, 9/21/07.)

Other research conducted in Central Minnesota

United Way Community Survey 2007

One section of United Way of Central Minnesota's community survey provides community feedback about the most pressing needs in the area. The telephone survey conducted by UpFront Consulting in March 2007 selected households in Central Minnesota at random, and has an accuracy of $\pm 5.4\%$.

The survey asked respondents, in an unprompted question, to name the top two needs in Central Minnesota. After categorization by the researchers, the four identified as "most pressing needs" were:

- Basic needs (food and shelter)
- Child/youth success
- Education
- Affordable housing

In a follow-up question, 25% of respondents thought that UWCM was already addressing the most pressing need he or she identified. 75% responded that UWCM should be addressing the need he or she identified. Many respondents do not have a clear understanding of which community needs United Way is addressing in its work.

Source: Community Opinion Survey – United Way of Central Minnesota, April 2007, pages 26-27

United Way 2-1-1 Information and Referral data

The 2-1-1 resource and referral service answers calls from Benton, Crow Wing, Morrison, Sherburne, Todd and Wright Counties. During 2006, 2-1-1 responded to 8,051 calls and provided 14,522 referrals in the seven county service area. Benton, Sherburne, Stearns and Wright Counties, the approximate UWCM service area, accounted for 7,476 calls and 13,530 referrals.

2-1-1 received 1,773 more calls and provided 5,954 more referrals in 2006 than in 2005. 2-1-1 uses ten categories to sort the referrals given during the calls. These are:

1. Basic needs—Food, housing/shelter, material goods, temporary financial aid and transportation
2. Consumer Services—Consumer protection, money management and permit information
3. Criminal Justice & Legal Services—Courts, criminal correctional system, judicial services, law enforcement agencies/services, legal services and tax organizations and services
4. Education—Schools, educational programs and educational support services

5. Environmental Quality—Domestic animal services, environmental protection/improvement, public health and safety
6. Health Care—Emergency medical care, general medical care, health supportive services, human reproduction, outpatient health facilities and substance abuse services
7. Income Support & Employment—Employment, public assistance programs and social insurance programs
8. Individual & Family Life—Family surrogate/alternative living services, individual and family support services, support groups, social development and volunteer opportunities
9. Mental Health Care & Counseling—Counseling settings, mental health facilities, outpatient mental health care and psychiatric/mental health support services
10. Organizational & Community Services—Community economic development, community groups/services, disaster services, donor services and information services

Three of these categories dominated the referrals during 2006. They were basic needs (6,128), organizational and community services (1,840), and individual and family life (1,803). The top three in 2005 included basic needs (3,193), organizational and community services (2,070) and health care (834).

The high volume of calls and referrals regarding basic needs (42%) may point to increasing needs in Central Minnesota households. During 2005, this proportion of calls requesting basic needs was lower, at 37%. Food, housing and shelter, temporary financial aid, and transportation may be growing difficulties for households according to these figures.

2-1-1 also documents unmet needs of callers. During 2006, 27 callers were unable to access services because they had already used the service during the year, the service was out of funds, or the caller was ineligible. These needs include assistance with gas money, utilities, rent, rental deposits, transportation, prescriptions, and holiday help. Fifty-one callers were told that the service does not exist in the community to assist them. These callers asked about cash, phone cards, car insurance, free medical care, nurse line with no insurance, dental bill payment, funeral expenses, ex-offender housing, check cashing with no identification, car repairs, certain types of support groups, towing charges, etc.

Source: United Way 2-1-1 2006 Quarterly Report

United Way of Central Minnesota Parenting Survey

United Way of Central Minnesota's Success By 6 Initiative includes the Imagination Library. In November 2006 about 52% of all children birth to age five in the United Way service area were enrolled in this program. It provides carefully selected, age-appropriate books to enrolled children at no cost to the family. The Success By 6 parenting committee, with support from the Initiative Foundation, surveyed a random sample from this mailing list, as well as surveying other families involved in Early Childhood Family

Education and Reach-Up/Head Start. The survey focused on parenting needs and supports, as well as about their experience with Imagination Library. Findings included:

- Parents with young children need support to build healthy relationships in their families. The survey found that parents seek information about these supports and generally find it easily for most topics. Over 90% of parents indicated they could easily find information about child development, kindergarten readiness, health care, nutrition, child safety and parenting (report, page 11).
- Finding information about child and parent services was not as easy. The most difficult to find was emergency child care, with 49% saying it was easy or very easy to find. 59% of parents could find activities for children under age 6. 60% could find legal help for families. 63% found ongoing, consistent childcare and 65% could find parent support and networking groups (page 9).
- Parents currently gather information from a variety of sources including the Internet, family and friends, their children's schools, church/faith organizations, health care providers, human service organizations, work places, books and magazines, library, and the media (page 13).

The survey asked parents to comment on their parenting needs and necessary supports. In these unprompted questions, parents named a number of needs, including:

- Affordable and safe child care
- Child care resources and referrals with ratings system
- Easier/quicker access to information and resource guides, including a guide for parents
- More ECFE classes, evening classes, support for ECFE
- More parent networking/support activities/groups—vary times/evenings, multiple locations
- More parenting education opportunities
- More services for single parents
- More opportunities for parent/child playtime
- A larger branch library, and a library in more communities
- Reading programs, especially for immigrant children
- Diversity/racial harmony classes/groups/lessons
- Financial support for parents
- Inexpensive family activities
- Indoor park/play area/community center
- Activities for limited age groups (e.g. 1-year-olds only)
- Activities for young children, especially in the winter

Source: United Way of Central Minnesota Survey of Parents of Young Children in Central Minnesota, December 2006

Reach-Up Community Assessment

Reach-Up Inc. provides Early Head Start, Head Start, and KinderStart Transition services in Benton, Sherburne and Stearns Counties to income-qualified families. The agency conducts a community assessment every three years, with the last report completed in

September 2006. Surveys regarding community needs are sent to current families and to community organizations.

Family Surveys

Families participating in the program responded to surveys regarding the community and their unmet needs. They identified six areas of greatest concern in their communities including crime, substance abuse, lack of job opportunities, housing, lack of access to dental care, and quality education. Families (251 of 509) identified six unmet needs that they encounter, including bill payment, “making ends meet”, permanent housing, higher wages, affordable childcare, and job opportunities. These needs relate directly to economic issues for families, and being able to meet basic needs. (pages 78-79)

The Reach-Up Inc. Community Assessment survey asked families about health care. Of the 251 who responded, 23 said that they had no health insurance; 58 need assistance with paying for prescription medications and 66 need dental care (page 79).

The assessment identifies how communities are responding to the needs identified by families. Services and initiatives address personal safety, economic and educational issues. They include programs offered by Boys and Girls Clubs of Central Minnesota, the DARE program, health clinic services, community education, Paramount Arts activities, targeted curricula, parents’ support groups and education, job training, a range of program options in Early Head Start and Head Start, expanded MTC services, and youth recognition awards (page 82).

Community Surveys

Reach-Up Inc. also surveyed community agencies and organizations. Forty agencies returned the completed surveys, out of 67 sent. These compiled responses identified four significant needs of families with very low-incomes: housing, health care, jobs with livable wages, and education. Other important needs include parenting information, education and support, transportation, child care, and food/nutrition (page 81).

Reach-Up, Inc.’s Community Assessment Conclusions (pages 83-84)

Economics

Strengths: 1) There is substantial economic growth in the St. Cloud area. 2) The three county area has a low unemployment rate.

Needs: 1) Living wages are needed for families moving off of welfare. 2) Job skills training is needed. 3) Meaningful employment opportunities are needed. 4) There is a lack of economic growth in the rural areas.

Housing

Strengths: 1) Multiple housing programs exist to help families. 2) The St. Cloud area has housing coalitions that are working on these housing issues.

Needs: 1) Affordable housing is needed. 2) Limited emergency housing exists for homeless individuals, especially in rural areas. 3) Education/increased awareness are necessary among the general population about housing issues. 4) Involvement of the community is needed in housing services. 5) There are long waiting lists for subsidized housing.

Child Care

Strengths: 1) Financial assistance is available to those working in child care, through forgivable loans and other assistance. 2) Training is available with numerous alternatives for those interested in the early childhood field. 3) After school programs are available in the St. Cloud area for school-aged care. 4) Child care assistance is available to families who returning to work. 5) Reach-Up Inc. has established family child care and center based care options.

Needs: 1) Affordable, high quality child care is needed for families with low incomes. 2) Specialized child care is difficult to locate; this includes ill-child, special needs, behavior issues and medical conditions. 3) Instability of providers contributes to difficulty in finding long-term, stable caregivers for children. 4) Child care hours are too long for providers. 5) Evening/weekend hours with licensed providers are not available.

Transportation

Strengths: 1) The St. Cloud MTC has a good program with its specialized services. 2) Young children can ride free on MTC buses with an adult.

Needs: 1) Rural areas do not have bus services. 2) Families with young children need cars to deal with child care drop-off and getting to a job.

Health Care

Strengths: 1) Minnesota Care and Medical Assistance are available to families. 2) Reach-Up Inc. has health care professionals serving on related advisory committees. 3) Immunization programs are free and accessible.

Needs: 1) Families on medical assistance and Minnesota Care do not have adequate access to dental services. 2) Families in the three county area identified access to health care as a need.

Education

Strengths: 1) High quality public and private education exists in this area. 2) High quality early childhood education exists in this area. 3) There is a willingness of school districts to collaborate with Reach-Up, Inc. 4) There are numerous colleges in this area; they provide interns and volunteers for human services agencies.

Needs: 1) Adult education and job skills training are needed for families. 2) There is a lack of parent education for parents of children beyond pre-school age.

Crime

Strengths: 1) The area has anti-violence programs and curriculum. 2) The construction of the youth/Head Start center on St. Cloud's south side addresses the need for programs and after school activities. 3) The community is involved in sentencing. 4) The DARE program exists in area elementary schools.

Needs: 1) Parents responding to surveys identified this as a need; it includes substance abuse, crime and gangs.

Source: Community Assessment: Reach-Up Inc., 2006

Analysis of Emergency and Supportive Housing Needs

Maxfield Research Inc.'s Analysis of Emergency and Supportive Housing Needs in St. Cloud, Minnesota, was completed in July 2006. It found supportive housing is needed in the St. Cloud area. Their conclusions recommend the following types of housing:

1. Housing for those who are chronically inebriated: There are an estimated 65 individuals who could live in this housing. It is unlikely they will ever be stable to live on their own in permanent housing. The proposed River Crest facility would address the need for these individuals, because it would provide living space, meals, laundry service, transportation, health care, and other support services. This facility is projected to provide 40 units. (page 58)
2. Increased case management and support services for people living in permanent housing: This service is needed by individuals and families who experienced homelessness and need ongoing support to stay in permanent housing and become self-sufficient. Case management and support services should be aimed at those who have a difficult time finding rental housing because of unlawful detainers, bad credit histories, and/or criminal backgrounds. (pages 58-59)
3. Transitional Housing for Homeless Adults: Individuals who are moving from long-term homelessness to permanent housing often need transitional housing with a greater level of case management for a limited timeframe. The target populations for this housing include veterans, those with criminal histories, and those with felonies being released from correctional facilities. (page 59)
4. Transitional Housing for Women and Families: One facility that provided transitional housing for 10 women with children closed in June 2006. This facility was always full, with a waiting list. Maxfield's research indicates there is a growing number of women in chemical dependency treatment programs and they need this type of housing to move from treatment to permanent housing. (page 60)
5. Permanent Supportive Housing for Abused Women: This housing could provide a safe living situation to help women rebuild their lives after living with domestic abuse. Supportive services could assist women with advocacy, job counseling, educational assistance, child care, housing advice, emotional support, and economic stabilization. (page 60)
6. Supportive Housing for Homeless Youth: Homeless youth unaccompanied by an adult are left with few options. The homeless youth population in the St. Cloud area could support 4-8 emergency shelter beds and 12-18 transitional/permanent supportive housing beds for youth, ages 16 to 21. Youth living in this facility should be required to attend school or be employed, and work with a case manager to gain living skills, and credit and rental histories. (page 61)

Source: Analysis of Emergency and Supportive Housing Needs in St. Cloud, Minnesota, Maxfield Research, Inc., July 2006

Create CommUNITY Health Care Focus Groups

Create CommUNITY brings together business, education, human services, faith communities, government, health care, fundraising, and public relations representatives to address issues relating to diversity, discrimination, and creation of opportunities. The mission of Create CommUNITY is to “provide a welcoming, non-discriminatory environment with respect and opportunity for all.”

(Source: http://www.communitygiving.org/building_create.php4)

Create CommUNITY continually conducts research to address various needs and gaps in Central Minnesota and accomplish its mission.

Create CommUNITY’s Health Care Committee and UpFront Consulting organized six focus groups with selected cultural communities (conducted from October 2003 and September 2004). They sought to help the committee and area health care providers better understand the health care needs of various local cultural groups, barriers to meeting those needs, and potential solutions. The groups met with African American, American Indian, Latino, Somali, and Vietnamese communities living in Central Minnesota. A total of 60 people participated in the focus groups regarding health care. It is important to note that because of the small number of participants, these findings do not fully represent the opinions in each ethnic community.

These 2003-04 focus groups identified the following barriers to accessing health care:

- Cost for care & medications – this includes lack of insurance coverage. Many employers do not offer insurance, plus there is high unemployment among some groups.
- Lack of transportation to clinics and hospitals – participants found clinics and hospitals unwilling to arrange transportation and bill insurance.
- Insensitivity and discrimination by providers because of ethnicity and poverty
- Language – the need includes medically trained, accurate interpreters to make appointments and translate at the clinic. Female interpreters are needed for Somali and Vietnamese women.
- Clinic hours – evening and Saturday hours are needed.
- Lack of information on how to access health care.
- Lack of female providers – Somali men and women need providers of their gender.
- Lack of documentation, social security numbers, and proof of address are barriers.

The focus group participants recommended the following changes in local health care:

1. Improve access for all
2. Affordable care, with cost barriers reduced
3. Reduce language barrier—interpreters, bilingual staff
4. Diversity and sensitivity training for providers

5. Access to dental care
6. Universal health care: opportunity for everyone to get quality care
7. Help to understand insurance and complete applications
8. Accept families without insurance
9. Clearer communication between departments within clinics
10. Increase use of Asian medicine with Western medical practices.

Source: Create CommUNITY Health Care Committee Focus Groups on Health Care in Central Minnesota, with African American, American Indian, Latino, Somali and Vietnamese Communities – summary provided by UpFront Consulting, 2004.

Create Community Gaps Research

In 2006, Create CommUNITY began work with UpFront Consulting to conduct research regarding indicators of gaps between the majority community and underrepresented races, cultures and ethnic groups. The overall objective is to help Create CommUNITY measure progress in narrowing gaps affecting the many cultural, ethnic and racial communities of Central Minnesota.

This research resulted in four major indicators including educational attainment, access to housing, health care access, and cultural competency education. The steps in the research process were:

- A review of secondary literature to identify gaps
- Small group discussions with local experts to identify priority needs from the literature and to add local community needs
- Review of priority needs by data experts in areas of interest—education, housing/living conditions, health care, jobs/workforce issues, and community climate/economic conditions
- Facilitation of planning sessions with the Gaps Committee to prioritize and recommend measures and indicators to the Create CommUNITY Steering Committee.

The indicators the Create CommUNITY Gaps Committee chose as most important in this community are:

Educational attainment

This indicator includes graduation rates for all racial and cultural groups in the community. It is not limited to high school graduation. The education experts group recommended, and the subcommittee agreed, that graduation rates from post-secondary (technical college, community college as well as college/university), and alternative secondary paths such as GED should also be included. Also important is progression through the school system; for example, whether students achieve each grade level by a specific age, or achieve competency in specific subjects.

Access to housing

This indicator describes equal access to housing for all residents, regardless of race, culture or socio-economic status. The housing experts group agreed that both rental properties and home ownership should be studied, since both are important and different racial and cultural groups are not homogeneous in their housing needs and preferences. One of the sub-indicators is housing denial, whether for financial reasons, criminal background, previous housing problems, etc. Another is the presence of housing discrimination; a third is residential integration (also defined as presence of affordable and appropriate housing in all neighborhoods in the community).

Cultural competency education

This indicator came from three different expert subgroups—education, health care, and community climate. The Gaps Subcommittee agreed that the presence of cultural competency education is an important indicator, but widened the focus from particular sectors (such as school staff or health care workers) to the entire community. The measure is not only the number of and attendance at such events, but also any outcomes information that is available after the session.

Health care access

This indicator is defined as “Access to quality health care for people of all races/ethnic/cultural groups in the community.” As with the other indicators, health care expert group participants suggested a number of methods to measure this indicator. These include the number of residents in Minnesota Care, number qualifying for sliding fee at Mid-Minnesota Clinic, data from clinics and hospitals on the number of patients without insurance, number of transportation vouchers for taxi and bus used for health care, the number of translated materials available in hospitals and clinics, and the availability of interpreters in health care settings.

Source: Research summary – Gaps Project for Create CommUNITY, April 4, 2007, UpFront Consulting

Central Minnesota Occupational English Project

One of the challenges faced by employers in Central Minnesota is the influx of potential employees who are English Language Learners (ELL). Individuals coming from other countries and cultures want to gain employment that will provide financial stability for their families and themselves.

During 2006, a collaborative group of organizations obtained funding from the Otto Bremer Foundation to conduct the Central Minnesota Occupation English Project. The Stearns-Benton Employment & Training Council/Minnesota WorkForce Center served as the convener and fiscal host for the project. This project’s purpose was to conduct primary and secondary research, and develop a plan for increasing the region’s capacity to fully include English language learners as part of the community, through Occupational English and other employment education and support services (page 1).

UpFront Consulting conducted focus groups in July through September 2006, with Latino, Somali and Vietnamese English language learners as well as their supervisors. ELL identified four major obstacles in seeking employment (page 4):

- Their limited English skills, impeding the job search and application process
- Lack of recent job experience, especially in the U.S.
- Fears about discrimination and harassment
- Transportation and child care to support employment.

Participants in the focus groups agreed that their greatest need is to learn enough English to become employed, and to advance to a better job. They would like opportunities to learn English through intensive classes offered at multiple levels (beginning, intermediate and advanced) , for three hours, 3-5 days per week. Providing classes at the worksite with an emphasis on English needed for work is best, although many would also attend community classes near home or work (page 5).

English language learners suggested specific ways for employers to be helpful (page 5):

- Allow English language learners to get help with the application process.
- Be patient, respectful, and always fair.
- Listen and communicate often; repeat instructions, encourage questions.
- Use interpreters; translate materials (including task descriptions).
- Offer English classes on-site with a focus on workplace terminology.
- Hire a group of employees who speak the same language.
- Offer cultural diversity training.
- Offer opportunities for advancement.

In focus groups and work sessions supervisors and employers who hire English Language Learners provided information about greatest employer needs (page 8):

- More workplace and community occupational and conversational English classes at multiple levels
- Interpreters and translation services, including low or no-cost interpreters for job application process
- Training/assistance regarding recruitment of ELL, screening & testing, acceptance by current employees, effective coaching for limited English-speaking employees, links to employment agencies and other community organizations that provide English classes and employment services
- Bus line expansion to ensure employees can reach work
- An Occupational English curriculum package with materials that address common employer needs.

Finally, the project summary provides the next steps (page 10):

- Continue to educate the community about cultural diversity and richness
- Continue to help employers connect with potential employees, and provide Occupational English support to ensure English language learners are ready to fill available jobs.
- Continue to work on a welcome center for newcomers to the community.
- Consider development of a small business collaborative for recruiting, testing and training ELL, to share the risk and cost. Occupational English classes could be part of it.
- Provide a centralized resource in St. Cloud that employers can contact to ask about availability of an ELL with the needed skills for an open position.

Source: Central Minnesota Occupational English Project Summary of Findings, UpFront Consulting, March 2007.

The Governor's Workforce Development Council (GWDC) Investment Advisory

The Governor's Workforce Development Council (GWDC) issued an Investment Advisory in 2006 which underscores the findings of the Central Minnesota Occupational English Project. Minnesota's nonwhite population is expected to grow by 35%, while the white population will grow by 7%, from 2005 to 2015. Because of the changing demographics, labor shortages are likely to return around 2010 – 2011. The advisory recommends increased attention on skills preparation for English language learners. Due to the recent influx of new refugees, waiting lists for ELL programs are at an all time high.

Source: GWDC 2006 Investment Advisory, September 2006

Central Minnesota Council on Aging 2006 report

The Central Minnesota Council on Aging (CMCOA) in 2006 produced *A Report on the Aging Population of Central Minnesota*. This study provides a look at changes the local area should expect in its senior population.

CMCOA serves a 14-county region in Central Minnesota. In this region the following changes can be expected within the next 25 years:

- Nearly one in five people will be 65+
- The 85+ population will double
- One-half of the 85+ population will need long-term care

CMCOA's report highlights what these changing demographics will mean for the local area. For example, while the percent of people 65 and older who live alone will decline slightly (due to longer life expectancy) the actual number of those living alone will increase dramatically. For example, in Benton County the number of seniors living alone

will increase from 1,280 in 2010 to 2,550 in 2030. Sherburne and Stearns Counties will see similar increases.

A current challenge is poverty among seniors. CMCOA's report shows that the percent of residents 65 and older who are living below poverty was higher than the statewide average in 2000. The three-county area had 11% of seniors living below poverty compared to 8% in Minnesota.

Source: A Report on the Aging Population of Central Minnesota, 2006, Central Minnesota Council on Aging

Transform 2010

The *Transform 2010* project is a partnership between the Minnesota Department of Human Services, the Minnesota Board on Aging, the Minnesota Department of Health and other state agencies. The project objective is to prepare Minnesota for the coming age wave of baby boomers.

The *Transform 2010* report highlights demographic trends for the three local counties. For example, the percent of population 65 and older in Benton County will grow from 11% in 2010 to 20% in 2030. Similarly, Sherburne County's 65+ population will grow from 7% to 15% and Stearns County's will increase from 11% to 18% in the same time period.

Key themes from public forums with more than 1,000 Minnesotans include these needs:

- Redefine work and retirement
- Support caregivers of all ages
- Improve health and long-term care.

The report also describes a large increase in the Elderly Dependency Ratio (EDR). The EDR is the number of individuals age 65+ divided by the number of individuals ages 15-64. This ratio will increase dramatically in Minnesota and in Benton, Sherburne and Stearns Counties.

Source: Transform 2010, <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-5059D-ENG>

Long-term Care Gap Analysis, 2005

This report, compiled by The Central Minnesota Council on Aging (CMCOA) in 2005, assesses the long-term care home and community based services in CMCOA's 14-county service area.

Providers of services to the aging were asked to assess the situation in their region. They described four gaps (areas where services would fall behind demand):

- Capacity for quality assurance and consumer protection in private homes and apartments

- Cultural competence in health and support service systems to adequately meet needs of minority elderly and disabled
- Communication patterns and referral protocols between health care and long-term care providers to maximize care coordination
- Workforce necessary to meet local health/long-term care industry and market demands

The survey highlights the highest priorities for the development of home and community-based services from 2005 to 2010:

- Adequate and more flexible funding for transportation options, especially in rural areas – the biggest gaps are escorted transportation to medical appointments, grocery shopping, evening social events, and out of town travel.
- Interlink rural transportation, regional transportation and regional mobility planning – not based on county lines.
- Encouragement and support of consumer directed care that promotes the independence, choice and control for older adults and family caregivers.
- Stronger efficiencies of non-profit volunteer based service providers to provide more capacity
- Caregiver support services
- Home & community-based services financial reimbursement through health plans
- Development of fee for service chore services

Source: Long-term Care Gap Analysis, 2005, Central Minnesota Council on Aging

United Way of Central Minnesota Partner Programs 2007: Service Access

Forty programs funded by United Way of Central Minnesota were asked in their 2007 funding application to name their clients' "changing needs, conditions or barriers to accessing services." Needs and barriers named by multiple programs (and the number of programs identifying a need) are:

- Clients' lack of financial resources (13)
- Lack of transportation (11)
- Communication and language barriers—Somali and Latino populations (9)
- Lack of access to services—information, transportation, time of day available (6)
- Lack of knowledge of programs and services (5)

Two other concerns were mentioned by multiple programs beyond the above access issues:

- Increased crime and drug-related issues (4)

- Client isolation from family, friends, others (3)

Respondents also described what their programs and agencies are doing to address the needs and barriers they listed.

Source: United Way of Central Minnesota, compiled from 2007 program funding applications