



Community Needs Assessment

NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY

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Introduction:

Northeast Michigan Community Service Agency (NEMCSA) is a private, nonprofit Community Action Agency serving eleven core counties in northeast Michigan. The agency leverages federal, state, and local funding to implement an array of programs, targeted to individuals and families most in need, to benefit the community.

Our Mission: Our mission at Northeast Michigan Community Service Agency (NEMCSA) is to provide quality programs and services to strengthen and enhance the self-sufficiency of individuals, families and communities through the best use of human and financial resources, focusing on those who are experiencing an economic hardship.

Our Vision: Our vision is that every child, adult, and family has the opportunity to achieve their fullest potential to live in a safe, healthy, thriving community.

Our Values: The four cornerstones of our beliefs and values are dignity, excellence, diversity, accountability.

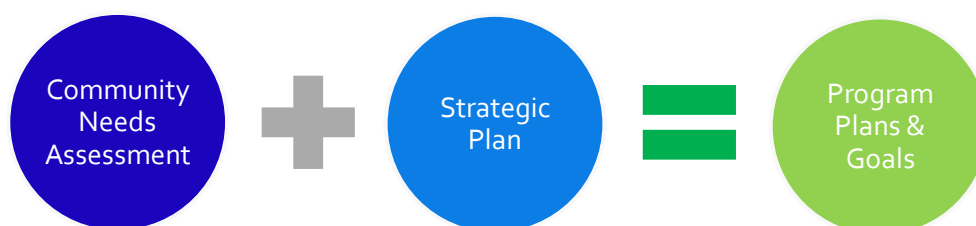
- We treat everyone with dignity and respect.
- We strive to achieve excellence in our work and our service.
- We value diversity and honor individual differences.
- We are accountable for our actions.

Community Action Agencies (CAA's) were established under the Economic Opportunity Act of 1964 to fight poverty and improve individuals' economic future. As a CAA, NEMCSA is uniquely positioned to provide an integrated approach to social services in which residents benefit from multi-faceted programs serving the whole family. When services are coordinated and informed by the results of the needs assessment and the feedback from the customer satisfaction survey, the benefits to children and families are significant. NEMCSA provides an array of initiatives related to education and employment, income and asset building, housing, health and social services, civic engagement and senior services.

Why Assess The Need?

CAA's have been key players in the war on poverty since inception in the 1960's. Because their mission is to work directly with low-income individuals and families and deal with the problems of poverty, CAA's are uniquely qualified to examine the needs of communities and individuals. NEMCSA responds with services that address the identified barriers and concerns, not all of which are related to poverty. Every day, in some way, we empower individuals, strengthen families and build communities.

Why then, does poverty continue to affect so many northern Michiganders? How can NEMCSA develop and improve strategies to be more effective in helping people move out of poverty? Before answering these questions and deciding action, NEMCSA must develop a deep understanding of the current conditions, who and where the customers are, likely future trends, and issues of greatest concern. The process of this needs assessment includes, **defining our community**, **ASSESSING THE NEEDS & STRENGTHS FROM BOTH PROGRAM PARTICIPANTS AND THE**



COMMUNITY, and DISCUSSING & INFORMING OUR AGENCY STRATEGIC GOALS, PROGRAMS AND PROCESSES, IN ORDER TO TAKE ACTION.

Define, Create, Collect, Assess:

Define:

Who is our community? In order to gather information and inform our agency's plan, it was important to define who and what "our" community is. We did this by engaging our Board of Directors and asking them the following questions:

- **How do we define the "community" our CAA serves (multiple choice)?**
 - Low income residents in our 11 Core County Service Area
 - Low income residents in the 11 Core + Head Start Counties
 - Only low income clients we serve (regardless of area)
 - Holistic/All Inclusive (clients, community partners, employers, social services, health care providers, etc).
- **What else should we explore/include in our CNA Collection/Survey process? (Open Ended)**
- **What types of information (not listed) should we include? (Open ended)**

75 % of the Board survey responses indicated the approach should be focused on obtaining information from all sectors of our community: Holistic/All Inclusive (clients, community partners, employers, social services, health care providers, etc.).

Additionally, the team determined the scope of our Needs Assessment would be focused on NEMCSA's 11 core counties (plus Roscommon). Two different surveys were distributed, Family and Individual (focusing on NEMCSA participants) and Community (a community-based survey). 395 Community surveys (along with 332 Family and Individual surveys) were collected in various sectors. Table 1 displays the breakdown of each community sector surveyed. These

include but are not limited to: Employers, Social Services, Health Care providers and staff.

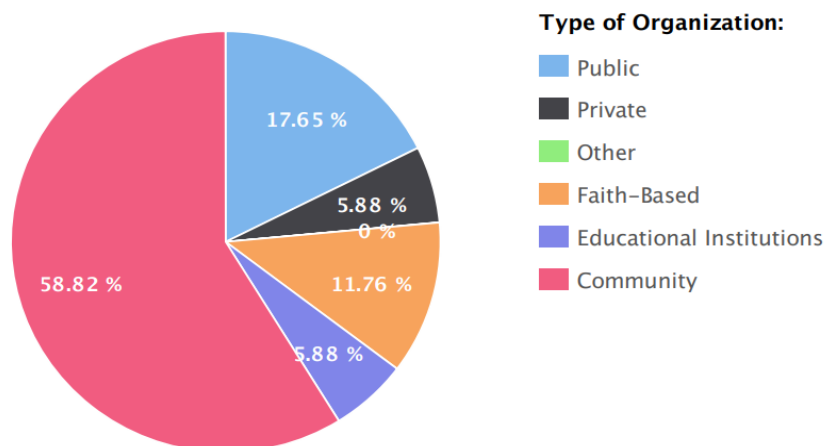


Figure 1: Community Survey Distribution Type

Create:

To begin, the Data and Operations department attended multiple webinars and conference calls to understand the guidelines, goals and requirements of the Needs Assessment process, according to Nationally defined Organization Standards. A review of past surveys and results, as well as discussions with the different department directors and staff, assisted in clarifying and understanding how to expand existing categories and questions and broaden the scope from years past. Surveys were then re-drafted and revised based on that feedback, until the final version was approved. It was determined there would be two surveys distributed; a community-based survey and a participant-based survey. An interview sheet was also created for the Board Members to distribute to each of the 11 counties and to conduct 3-5 interviews with local elected officials within their service county.

Collecting the data:

NEMCSA collected surveys from community members (public, private, faith based, educational and local elected officials) as well as staff and participants through a combination of online surveys, in-person distribution and personal interviews. NEMCSA staff, Community Partners and Board Members assisted in the distribution, public awareness and collection process. Surveys and interviews were facilitated in a variety of settings (Parent groups, Vendor Days, Community Coffee Hours, Project Connects, Volunteer Appreciation Events, HSCC Meetings, etc.) in order to reach a diverse group of respondents. In addition, data was included from various reputable publications to draw a comparison between the results of the data collected by NEMCSA's survey efforts and current census data.

The surveys garnered responses on several different demographics (household income, income source, county, age, number of persons in household, single parent, children zero to four, marital status, gender, ethnicity, race, home ownership and homelessness). NEMCSA utilized various data sources to aggregate and compare survey results to local and state statistics in order to understand the local impact and severity of those experiencing economic hardship in our service area.

Quantitative data: NEMCSA utilized the Community Action Partnership Assessment tool (formerly Community Commons), Census data, American Community Survey and the Michigan Department of Labor and Economic Growth, to name a few, to aggregate and develop quantitative data for our geographic area. This assisted in understanding the scope, demographics and specifics of each county and community, and will assist in defining who our customer is. These reports focus on age, race and gender as well as other factors, including, but not limited to: graduation rates, poverty/income information, public benefits, and unemployment information. The Needs Assessment evaluates Community, Agency and Family/Individual needs in the following domains: Assistance Programs, Community, Education, Food Access, Health Services, Housing and Income and Financial Security. Aggregating data and comparing it to state and local figures will assist the Executive team in the review, revision and update of the agency's strategic plan.

Qualitative data: This data was secured through open ended questions on surveys, as well as interviews and discussions with community members and program participants. NEMCSA attended 17 community events where distribution and discussions took place. The assessment team attempted to secure input from both written and open-ended discussions and question formats from several different sectors; community, education, faith based as well as private and public.

Assessing the results:

As stated above, the findings of this survey, along with that of the customer satisfaction survey will be fundamental to NEMCSA's Executive Team and its Board of Directors in the revision, review and update to the strategic plan.

NEMCSA reviews and collects information from our participants annually or as they exit their program. The Client Satisfaction Survey holds our staff and departments accountable for their service delivery and receive helpful suggestions for improvement or words of praise and encouragement. It also allows us the ability to get perspective on how our clients navigate, interact and access our services. NEMCSA consistently finds that our customers are satisfied with the services, experience and staff interactions (97%). The results will be located at the end of this report.

Over the next year, the Needs Assessment data and findings will be analyzed and discussed in depth to determine the critical needs and to develop, deploy and rally around program development and support. The needs will be weighed against the agency's capacity to assist in determining the scope of programs and services NEMCSA will continue to provide, as well as provide the platform for discussion into new services or programs. In addition to program and community development, NEMCSA will work to educate and inform the service area on the findings in order to collectively assist the community and families we serve.

The Community Needs Assessment's data and analysis **does not dictate** NEMCSA's Strategic Plan, but only **informs** the strategic choices

ROMA Cycle:

During the Results Oriented Management and Accountability (ROMA) process an internal team will continue to review the findings and work to develop strategies to determine what response is best suited. The needs will be weighed against the agency's capacity, the scope of programs and services currently provided; as well as the alignment to the mission, vision and strategic plan. Education and information sharing will be critical.

Along with the Needs Assessment surveys, NEMCSA utilizes customer satisfaction feedback to provide direction. These documents expose community gaps and identify where services are needed. The Client Satisfaction Survey assists with keeping staff and departments accountable for their service delivery, gives helpful suggestions for improvement and offers words of praise and encouragement. It provides perspective on how our clients navigate, interact and access our services. In order to understand the breadth and depth of the population we serve, NEMCSA uses census data. This allows us to understand the counties we serve and their demographics to effectively determine who is most in need.

The ROMA Team (Certified Trainer, Implementer, Program staff, Supervisors and Directors) meet annually to review the ROMA Cycle (displayed here). This cycle is the road map for program development, evaluation and maintenance. Each program must go through the accountability cycle and utilize the data extracted to develop their logic model(s) and next year's program goals and plans. These logic models are then reviewed and entered into FACSPRO by the Certified ROMA Trainer/Coordinator.

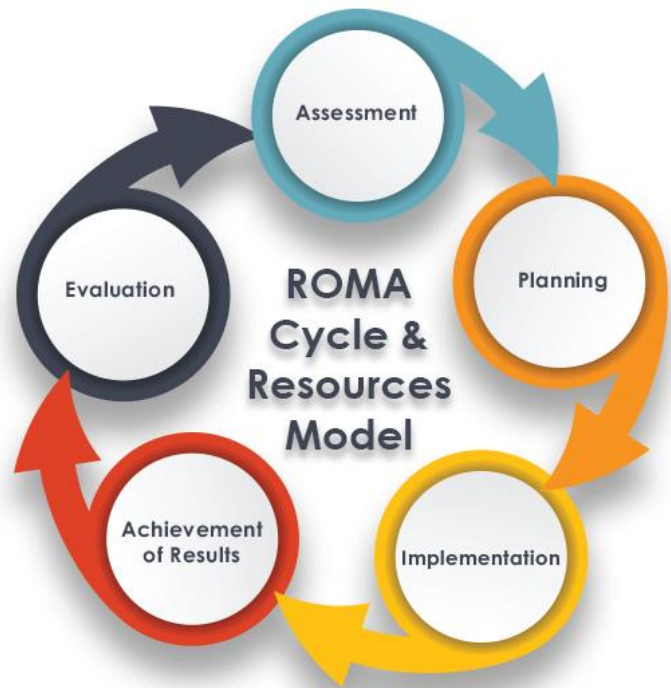


Figure 2: ROMA Cycle & Resources

The Board is involved in each step of the ROMA Cycle. This is accomplished through the development and regular review of the agency's mission statement, strategic plan, community needs assessment findings and the customer satisfaction survey. Additionally, the board establishes goals for the agency. Monthly updates keep

board members connected to the program's specific progress, goals and outcomes. When the program year concludes, a written report is submitted and presented for board review and approval, highlighting the program outcomes and targeted versus achieved numbers. Each program's national performance indicator or service falling outside of the acceptable threshold (80-120%) triggers a corrective action synopsis for the board to review.

Organizational Standards:

In 2012, the Federal Office of Community Services (OCS) established the CSBG Organizational Standards Center of Excellence (COE). The COE was charged with developing a set of organizational standards designed to ensure that CSBG Eligible Entities (of which NEMCSA is one) have the capacity to provide high-quality services to low income families and communities. Regular assessment of needs and resources at the community level is the foundation of Community Action and is the reason we conduct the community needs assessment. It is a vital management and leadership tool that is used across the organization to set the course for both CSBG and all agency resources. Below is a list of the defined organizational standards provided by OCS, required for the Community Needs Assessment process and output. It helps define the parameters by which we conduct the assessment.

Standard 3: Community Needs Assessment

- **3.1**
The organization conducted a community assessment and issued a report within the past 3 years.
- **3.2**
As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).
- **3.3**
The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
- **3.4**
The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.
- **3.5**
The governing board formally accepts the completed community assessment.

Community Profile:

Northeast Michigan Community Service Agency, Inc. (NEMCSA) is a private, nonprofit Community Action Agency, part of a state and national network of Community Action Agencies. The basic service area is eleven northeast Michigan counties covering approximately 6,200 square miles. The core counties include Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle and Roscommon. The agency is governed by a 30-member Board of Directors. This Board, in compliance with P.A. 230, brings together equal representation of the public and private sectors and the clients who receive services. In this manner, policy and fiscal matters as well as program and service issues are reviewed by those who have the insights to provide meaningful guidance to NEMCSA.

The 11 core counties making up the primary service area for NEMCSA, are essentially rural. They cover an area roughly the size of Connecticut and Rhode Island combined. The largest city in the region is Alpena (home to NEMCSA's central offices) which has approximately 10,000 people. Evidence of the rural nature of the region is the population density which has an overall average of 31 persons per square mile ranging from a high of 50.24 in Alpena County to a low of 14.68 in Oscoda County. The service area stretches about 200 miles north/south and is approximately 100 miles wide. There are some portions of the territory nearly 100 miles from the nearest freeway. The region has 1,850 miles of shoreline. Six counties border Lake Huron.

Current population, demographics and changes in composition over time play a determining role in the type of services, plans and goals NEMCSA and its partners make. Most of the residents in the core service region are 18-64 years of age (56%). This age group is also responsible for 70% of the working individuals. This area has seen a steady *decrease* in total population over the last 16 years at -6.15%; very different than Michigan's overall population change of -0.13%. The area has almost an even distribution of gender, is predominately white and has just over 16% of residents living in poverty, a 3.18% increase since 2000.

At the time of this report, the federal poverty income level is \$12,490 per year for a single individual, meaning a bi-weekly take home wage of \$443.64 (without a reduction for healthcare and/or 401K). A family of four would have an annual income of \$32,190 gross/\$24,142 net, resulting in a bi-weekly take home of \$928.53. Of the households

Our Mission:

Our mission at Northeast Michigan Community Service Agency, NEMCSA, is to provide quality programs and services to strengthen and enhance the self-sufficiency of individuals, families and communities through the best use of human and financial resources, focusing on those who are experiencing an economic hardship.

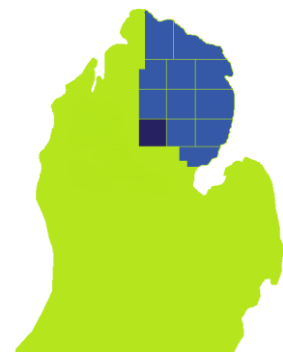
Our Vision:

Our vision is that every child, adult, and family has the opportunity to achieve their fullest potential to live in a safe, healthy, thriving community.

Our Values:

The four cornerstones of our beliefs and values are dignity, excellence, diversity, accountability.

- We treat everyone with **dignity** and respect.
- We strive to achieve **excellence** in our work and our service.
- We value **diversity** and honor individual differences.
- We are **accountable** for our actions.



in poverty, **married couples** and single **female head of households** have the highest percentage with both at 5%.

According to the U.S. Census Bureau's 2011 Current Population Report, 46.2 million Americans are considered impoverished – 15 % of the country's population. Approximately 16.4 million American **children (22 %)** of the population younger than 18, live in poverty, 32% of those 5 years and younger. Young adults struggling too, 24% of 18-34 years olds living in poverty. The rate for people **65 and older** is 8.7%. According to the most recent census reports for NEMCSA's service area, the individuals who are most at risk are:

- **Female-headed and married households (5% & 5.3% live in poverty) living in Ogemaw, Arenac or Roscommon County.**
- **Male and Females age 18-64 (specifically 18-34 years)**
- **Households with children (specifically under the age of 5)**
- **Those living in a family whose head is unemployed (32.9% nationally live in poverty).**
- **Individuals with a high school diploma or less**

Total Population:

A total of 218,602 people lives in the 6,236.14 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 31.69 persons per square mile, is less than the national average population density of 90.88 persons per square mile.

Table 1: Total Population: Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography:

Data Indicator	Indicator Variable	Location Summary	State Average
Population Change	Total Population, 2017 ACS	218,602	9,925,568
	Total Population, 2000 Census	232,921	9,938,444
	Population Change from 2000-2017 Census/ACS	-14,319	-12,876
	Percent Change from 2000-2017 Census/ACS	-6.15%	-0.13%
Age and Gender Demographics	0 to 4 Male	4,819	293,038
	0 to 4 Female	4,532	278,961
	5 to 17 Male	15,069	836,683
	5 to 17 Female	14,405	799,839
	18 to 64 Male	61,964	3,053,036
	18 to 64 Female	61,421	3,088,778
	Over 64 Male	24,779	627,318
	Over 64 Female	29,179	877,411
Race Demographics	White Total	210,078	7,813,199

Data Indicator	Indicator Variable	Location Summary	State Average
	Black Total	1,123	1,374,515
	American Indian Total	1,961	51,804
	Asian Total	933	289,082
	Native Hawaiian Total	60	2,808
	Mixed Race Total	4,012	278,902
Veterans, Age and Gender Demographics	Veterans Total	22,221	581,527
	Veterans Male	20,940	543,231
	Veterans Female	1,281	38,296
	% Pop over 18 Total	12.37%	7.54%
	% Pop over 18 Males	23.54%	14.5%
	% Pop over 18 Females	1.41%	0.97%
Poverty	All Ages No of Persons	33,047	1,373,358
	All Ages Poverty Rate	15.42%	14.1%
	Age 0-17 No of Persons	9,764	416,305
	Age 0-17 Poverty Rate	26.42%	19.6%
	Age 5-17 No of Persons	6,730	275,411
	Age 5-17 Poverty Rate	24.59%	17.7%
Poverty Rate Change	Persons in Poverty 2000	28,366	951,435
	Poverty Rate 2000	12.24%	9.7%
	Persons in Poverty 2017	33,047	1,373,358
	Poverty Rate 2017	15.42%	14.1%
	Change in Poverty Rate 2000-2017	3.18%	4.4%
Households in Poverty	Total Households	97,328	3,888,646
	Households in Poverty	15,677	564,261
	Percent Households in Poverty	16.11%	14.5%
Poverty Rate (ACS)	Total Population	215,022	9,698,121
	Population in Poverty	35,975	1,510,841
	Percent Population in Poverty	16.73%	15.58%
Families in Poverty by Family Type	Total Families	62,429	2,509,610
	Families in Poverty Total	7,414	273,889

Data Indicator	Indicator Variable	Location Summary	State Average
	Families in Poverty Married Couples	3,325	91,005
	Families in Poverty Male Householder	944	32,300
	Families in Poverty Female Householder	3,145	150,584
Family Poverty Rate by Family Type	Poverty Rate All Types	11.9%	10.9%
	Percent of Poverty Married Couples	5.3%	33.2%
	Percent of Poverty Male Householder	1.5%	11.8%
	Percent of Poverty Female Householder	5%	55%
Poverty Rate Change (Age 0-17)	Poverty Age 0-17, 2000	9,600	694,470
	Poverty Rate Age 0-17, 2000	18.8%	13.7%
	Poverty Age 0-17, 2017	9,764	832,607
	Poverty Rate Age 0-17, 2017	26.4%	19.6%
	Difference in Rate Age 0-17, 2000 - 2017	7.6%	5.9%
Poverty Rate Change (Age 5-17)	Poverty Age 5-17, 2000	6,439	440,478
	Poverty Rate Age 5-17, 2000	16.7%	12%
	Poverty Age 5-17, 2017	6,730	550,822
	Poverty Rate Age 5-17, 2017	24.6%	17.7%
	Difference in Rate Age 5-17, 2000 - 2017	7.9%	5.7%
Child Poverty Rate (ACS) Ages 0-17	Ages 0-17 Total Population	37,673	2,165,237
	Ages 0-17 In Poverty	9,675	470,728
	Ages 0-17 Poverty Rate	25.7%	21.7%
Child Poverty Rate (ACS) Ages 0-4	Ages 0-4 Total Population	9,034	560,702
	Ages 0-4 In Poverty	2,787	142,794
	Ages 0-4 Poverty Rate	30.9%	25.5%

Data Indicator	Indicator Variable	Location Summary	State Average
Child Poverty Rate (ACS) Ages 5-17	Ages 5-17 Total Population	28,639	1,604,535
	Ages 5-17 In Poverty	6,888	327,934
	Ages 5-17 Poverty Rate	24.1%	20.4%
Seniors in Poverty	Ages 65 and Up Total Population	55,058	1,536,671
	Ages 65 and Up In Poverty	4,540	125,845
	Ages 65 and Up Poverty Rate	8.2%	8.2%

Service Area and Poverty Factors:

Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and community leaders and the sheer isolation of living in rural areas all conspire to create a difficult list of causes of poverty in northeast Michigan. They are multifaceted and each impede on efforts of the other to assist families transition out of poverty and into self-sufficiency. Many times long commutes, restrictions on funding, criteria for eligibility and the excessive amount of required documentation and verifications prolong and create additional burdens on families seeking to access services. NEMCSA's surveys broke questions out into seven domains (Education, Health Services, Income & Financial Security, Community: Assistance Programs, Community and Housing are combined, Food Access). For the sake of this report and the conjunction and interdependent nature of the results within Assistance Programs, Community and Housing – these were blended in the report under the domain Community; the results of the surveys showed the:

Top 5 needs are:

	Identified Need:	Agency, Family or Community Need
1	Individuals and families lack the ease of accessing health care providers in their area.	Family
2	Family and Individuals lack timely access to programs that support home efficiency/repairs	Family, Agency
3	Agency needs to expand opportunities for budgeting classes	Agency
4	Individuals and families lack the ease of accessing dental care	Family
5	The community lacks jobs that pay a living wage	Community

This indicates our community members and families see a pressing need in the following domains; **Health Services, Housing and Income and Financial Security**. Northern Michigan may boast multi-million-dollar beachside vacation homes, quaint downtown shops, festivals, beautiful beaches and harbors, but on the outskirts, hiding in the cracks of that image are residents who are struggling to get food on the table and make a living wage. Generational poverty is prevalent in our service area.

Addressing the identified needs, along with the overall causes of poverty is a balancing act. Gain in one domain can impede growth in others. Poverty isn't just about income levels and financial security but an overall **lack of access to resources and lack of long-term bonding and bridging capital**. Disparities in rural

communities are deeply rooted in economic, social, racial, ethnic, geographic, and workforce factors. Individuals and families who live here have a mix of deficits that often carry from generation to generation. Generational poverty, social dynamics and even family history can limit one's ability to gain integrity, trust and withstand the obstacles of motivation and persistence. Balancing the growth of all domains, albeit not equally weighted, is key to stabilization. When strategically determining how to approach the findings in the Needs Assessment, it's important to have a structure that measures the community, agency or individual's current resources or lack thereof. NEMCSA utilizes social determinants of health as the measuring stick. This helps group resources into

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

Figure 3: Social Determinants of Health

a similar action category; community, agency and individual. It also allows staff to gauge where an individual stands with their resource bank, stabilization score and journey toward self-sufficiency. Social determinant domains and the survey domains used in NEMCSA's Needs Assessment are similar, if not the same. This allowed us to segregate causes and evaluate them in a more detailed manner. It provides a structure by which case managers, staff and programs, our board and even our strategic planning team can evaluate and review the Agency's, Individual and Community's strengths and needs. A display of social determinants are represented in the table below:

NEMCSA's mission, value, and programs are designed to impact many of the different attributes of social determinants to stabilize and reduce deficits. Throughout the report, mention of the domain and its corresponding social determinant of health group will be reviewed. Below is a table of the programs NEMCSA offers, and the survey and social determinant domain it falls under:

Table 2: NEMCSA Programs, Survey Domain and Social Determinant of Health Domain

Program Name	Survey Domain	Social Determinant of Health Domain
Care Management/MI Choice Waiver Program	Health Services	Health Care System
Commodity Supplemental Food Program (CSFP)	Food Access	Food
Congregate Meals	Food Access	Food
Creating Confident Care Givers	Health Services	Health Care System
Early Head Start	Education	Education
Emergency Shelter Program	Housing	Neighborhood and Physical Environment

Evidenced Based Disease Prevention Program	Health Services	Health Care System
Family Self Sufficiency Program	Housing	Neighborhood and Physical Environment
Financial Capability Program	Income & Financial Security	Economic Stability
Foreclosure Services Program	Income & Financial Security	Economic Stability
Foster Grandparent Program - Children	Education & Community	Education, Community and Social Context
Foster Grandparent Program - Volunteers	Education & Community	Education, Community and Social Context
Great Start Readiness Program	Education	Education, Community and Social Context
Head Start	Education	Education, Community and Social Context
Home Delivered Meals	Food Access	Food
Homebuyer Education Program	Income & Financial Security	Economic Stability
Homeless Prevention Program (ESG)	Housing & Financial Security	Housing, Economic Stability
Homemaker, Personal Care & Respite	Health Services	Health Care System
IDA Program	Assistance Programs	Community and Social Context
Legal Assistance	Assistance Programs, Income and Financial Security	Economic Stability
Long Term Care Ombudsman Program	Assistance Programs	Community and Social Context, Health Care System
Medicare/Medicaid Assistance Program (MMAP)	Health Services	Health Care System
Michigan Energy Assistance program (MEAP)	Assistance Programs	Economic Stability
National Family Caregivers Support Program (Kinship Care)	Income & Financial Security	Economic Stability
Nursing Facility Transition	Health Services	Health Care System
Rapid Rehousing (RRH)	Housing	Neighborhood and Physical Environment
Rapid Rehousing Program (RRP)	Housing	Neighborhood and Physical Environment
Retired Senior Volunteer Program (RSVP) - Volunteers	Community	Community and Social Context, Health Care System
School Success Program	Education	Education, Community and Social Context
Senior Community Service Employment Program (Title V)	Community, Income & Financial Security	Community and Social Context, Economic Stability
Senior Companion Program (Clients)	Health Services, Community	Health Care System
Senior Companion Program - Volunteers	Health Services, Community	Health Care System
The Emergency Food Assistance Program (TEFAP)	Food Access	Food
Weatherization	Assistance Programs	Neighborhood and Physical Environment

CAA's play a huge role in connecting individuals with the bonding and bridging of capital. NEMCSA's programs understand the interconnectedness of each domain and assist in the recognition and communication of the balanced growth that needs to happen. We become a critical partner in the overall solution towards helping individuals who are vulnerable to find happiness, well-being and self-sufficiency. As noted above, the causes of poverty in this region are not single sourced and do not offer a canned solution; stabilization in one area can expose a deficit in another which is why as years pass, each Needs Assessment can produce different outcomes. It is also important to note that not all social determinants of health are created equal. Social Integration within the Community and Social Context domain will never take priority over securing housing. Not many individuals would be concerned about parks and walkability if they don't have dependable access to food, transportation and/or a job. Below is an example of NEMCSA's approach to stabilizing determinants of health:

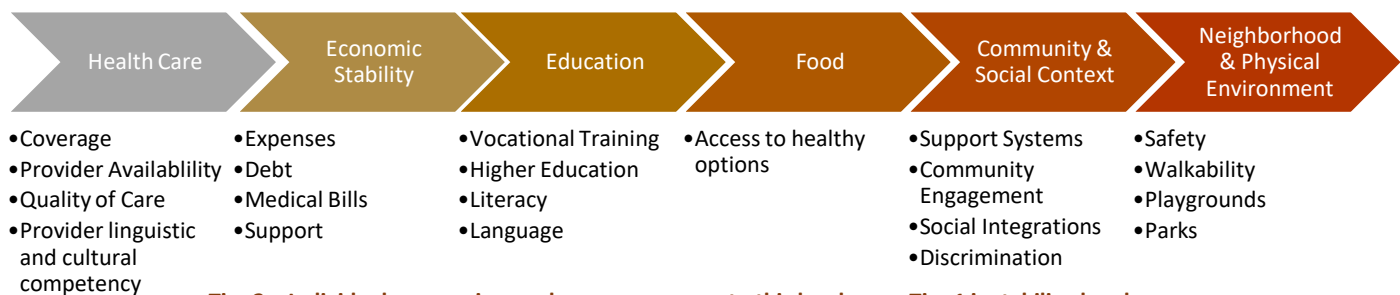
Tier 1 – Social Determinants



Figure 4: Tier 1 Social Determinants of Health

Tier 1 must be stabilized and secure before exploration into Tier 2 resources will be reviewed

Tier 2 – Social Determinants



Tier 2 – Individuals can review and access resources to this level, once Tier 1 is stabilized and secure

Figure 5: Tier 2 Social Determinants of Health

Education Domain:

The more advanced one's education, the greater the likelihood of achieving a secure economic future. Without the knowledge and skills required for the modern workplace, each succeeding generation of undereducated adults merely replaces the one before and upward mobility and escaping poverty become almost impossible. Northeast Michigan is experiencing these generational gaps. Children living in situational and generational poverty face several disadvantages, most evident in education. Poverty reduces a child's readiness for school because it leads to poor physical health and motor skills. It diminishes a child's ability to concentrate and remember information and reduces attentiveness, curiosity and motivation. Children from low income families are more likely than students from wealthier backgrounds to have lower test scores and they are at higher risk of dropping out of school. Those who *do* complete high school are less likely to attend college than those from higher-income families. The effects of poverty on education presents an unique challenge in breaking the cycle. It reduces the chances of an individual leading a rewarding, self-sufficient, income strong life.

Survey responses show that 18-24 year old's are the largest age group to have less than a high school diploma (24%). Overall, 14.77% of individuals who responded to our family and individual survey say they had less than a high school diploma. This is a slightly higher average than the US Census reports for NEMCSA's service area (11.39%), with Arenac (13.26%), Ogemaw (15%) and Oscoda County (17%) being the top three. Obtaining a **high school diploma seems to be the first milestone in reaching a livable, self-sustaining income**. 75% of the survey respondents made less than \$25,000 per year (household income), of those individuals, 13% reported "less than a high school diploma", 33.3% of individuals with only a high school

diploma/GED or equivalency, 18% reported “some college”. Only 8.5% of individuals with a high school diploma made over \$25,000 as a household annually.

Table 3: Survey Respondents Highest Level of Education by Age Group:

NEMCSA Family & Individual Survey: What is the highest level of education you have completed:										
Row Labels	18-24	25-35	36-49	50-54	55-59	60-69	70-79	80-89	90+	Grand Total
2 Year Degree	5%	3%	16%	6%	18%	9%	6%	6%	0%	7.69%
4 Year Degree	0%	1%	16%	13%	5%	14%	4%	0%	0%	6.46%
GED or High School Equivalency	10%	9%	5%	13%	9%	5%	10%	11%	9%	8.31%
Graduate degree	0%	3%	7%	0%	0%	0%	4%	0%	0%	2.15%
High School Graduate	48%	31%	11%	50%	32%	30%	44%	46%	9%	33.23%
Less than high school diploma	24%	14%	9%	6%	14%	11%	12%	17%	64%	14.77%
Other	0%	0%	0%	6%	0%	0%	2%	0%	0%	0.62%
Some college	14%	37%	27%	6%	23%	30%	12%	11%	18%	23.38%
Vocational or Trade School	0%	1%	9%	0%	0%	0%	6%	9%	0%	3.38%
(blank)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.00%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%

Poverty and the ability to successfully complete and advance education is linked, at all grade levels. 25.7% of the children in NEMCSA’s service area are living in poverty, with Ogemaw and Roscommon County being the highest at 30% and 33%. According to an article on University of Michigan Poverty Solutions website titled Chronic Absenteeism of Homeless Children in Michigan, “there are several key factors impacting a student’s ability to be successful in school: Chronic Absenteeism, Economic Instability, Homelessness and Race and Disability Status”(Erb-Downward, 1). So to reflect, by helping the parents and guardians stabilize, not only do we stabilize them, we stabilize the next generation in one of the most significant milestones in preventing poverty.

Table 4: Child Poverty Rate (ACS) Ages 0-17 (Cares Engagement Network):

Report Area	Ages 0-17 Total Population	Ages 0-17 In Poverty	Ages 0-17 Poverty Rate
Report Location	37,673	9,675	25.7%
Alcona County, MI	1,299	282	21.7%
Alpena County, MI	5,223	996	19.1%
Arenac County, MI	2,703	789	29.2%
Cheboygan County, MI	4,412	1,246	28.2%
Crawford County, MI	2,457	588	23.9%
Iosco County, MI	4,114	1,081	26.3%
Montmorency County, MI	1,368	322	23.5%
Ogemaw County, MI	3,815	1,172	30.7%

Report Area	Ages 0-17 Total Population	Ages 0-17 In Poverty	Ages 0-17 Poverty Rate
Oscoda County, MI	1,547	373	24.1%
Otsego County, MI	5,158	1,186	23%
Presque Isle County, MI	2,062	476	23.1%
Roscommon County, MI	3,515	1,164	33.1%
Michigan	2,165,237	470,728	21.7%
United States	72,430,017	14,710,485	20.3%

It's not just student's whose families live at or below poverty that are struggling. ALICE (Asset, Limited, Income, Constrained, Employed) families (more detail given on this group below) should be included as well. These families are difficult to locate. The closest measure to finding these "gap families" is the National School Lunch Program (NSLP) or more commonly known as Free and Reduced Lunch. According to their website, Free & Reduced lunch "is a program for non-profit and public schools that offers free or reduced lunch rates. Children qualify for several reasons; if their family receive Supplemental Nutrition Assistance Program (SNAP), or based on their status as a homeless, migrant, runaway, or foster child. Income is also a qualifier. Children from families with incomes at or below 130% of the Federal poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the Federal poverty level are eligible for reduce priced meals (which cannot exceed \$0.40). This program gives community members additional insight into the numbers and percentage of families who are struggling to make ends meet, have barriers and experience stress". As you can see in the below table, Michigan has an average 46% of students on Free and Reduced Lunch plans, but NEMCSA's service area has percentages as high as 67%, almost **21% HIGHER than the state average**.

Table 5: Children Eligible for Free Lunch (Alone) by Year, 2010-11 through 2016-17

Report Area	2010-11	2012-13	2013-14	2014-15	2015-16	2016-17
Report Location	58.59%	60.71%	60.34%	58.98%	59.61%	58.83%
Alcona County, MI	53.75%	58.73%	56.28%	62.67%	64.48%	67.33%
Alpena County, MI	51.11%	52.65%	50.61%	55.39%	56.44%	52.61%
Arenac County, MI	60.48%	63.46%	59.15%	55.18%	58.76%	55.6%
Cheboygan County, MI	58.81%	62.27%	63.01%	66.59%	64.06%	63.47%
Crawford County, MI	63.49%	61.91%	58.25%	57.17%	55.54%	52.81%
Iosco County, MI	66.26%	69.5%	68.75%	63.65%	65%	67.4%
Montmorency County, MI	67.64%	63.89%	63.17%	56.75%	59.93%	63.31%
Ogemaw County, MI	60.49%	64.11%	65.08%	65.11%	64.5%	59.8%
Oscoda County, MI	65.92%	68.11%	66.74%	64.23%	65.77%	64.95%
Otsego County, MI	48.09%	50.07%	49.29%	44.59%	45.14%	48.43%
Presque Isle County, MI	56.01%	49.8%	58.21%	57.11%	58.51%	55.9%
Roscommon County, MI	62.95%	70.1%	72.16%	66.58%	67.52%	65.91%
Michigan	46.41%	47.94%	48.29%	46.62%	46.17%	45.79%
United States	48.15%	51.31%	51.99%	51.79%	52.3%	48.88%

According to the survey responses, our community views the **education system in our area as an overall asset to our community**. Residents feel students have access to good, quality schools and can communicate effectively with teachers and administrators. But there is still work to be done with the students whose homes lack stability and consistency. Responses also show students are struggling with emotional outbursts and behaviors, bullying, lack of afterschool programs/care, parenting classes and lack of job/vocational training. Thirty-eight percent indicated their child struggled with behavior issues and second highest was 29% responded that their children struggled socially. This directly correlates with the stresses of poverty.

Additional **community assets offered directly by NEMCSA** are for families who fall into that “at risk” category. These programs are: Early Head Start, Head Start and Great Start Readiness Program (GSRP) and the School Success Partnership Program.



“The School Success Program was very supportive and has always been there for me and my child. It helped in dealing with my child’s PTSD...”

~Customer Satisfaction Survey Response



The School Success Program (SSP) began approximately two decades ago in response to community awareness that school failure was a complex, multi-faceted issue linked to chronic poverty, unemployment, juvenile delinquency, domestic violence, teen pregnancy, child abuse and neglect, and a lack of parent education. A great example of the impact being made by SSP is with chronic attendance. In Iosco County, there is a direct correlation between SSP’s expansion in 2014 and the change in chronically absent individuals. School Success efforts have led to a 7% decrease in the number of students who are chronically absent (2013-2014; 87% to 2017-2018; 80%), **this is over 230 students who are now in**

school, in Iosco County alone. Chronic absenteeism is one of the main contributors to academic failure and downturn in success. This is a perfect example of a program serving not just the student, but the family as a whole. Without SSP and its continued efforts, that community strength and asset would most certainly turn into a weakness. This program touches on the core of what the children who live in the 100-130% Federal Poverty Level threshold face and assists in stabilizing an otherwise unpredictable and inconsistent environment.

SSP helps primarily K-12 families but NEMCSA understands educational supports, opportunities and growth begin long before a student arrives for the first day of Kindergarten. NEMCSA’s Early Childhood Services (ECS) programs believe that total family care is key to removing and launching families into a sounder foundation, assisting families from pregnancy to preschool. These programs are committed to involving the parents and assisting with the way that they participate and respond to their children. It’s this response, or lack thereof that creates a gap between children reared in homes of poverty and their more financially stable cohorts. Parents raising children in poverty interact with their children less, are less emotionally engaged with their

children, ask their children fewer questions, use more punitive discipline, and express a less varied vocabulary. NEMCSA’s Early Childhood Services programs help build the foundation for school readiness by supporting close, positive relationships with parents, caregivers, extended family, and community. ECS engages families individually, in groups, and as leaders within the program. This strengthens family environments in order to maintain consistent daily routines, create experience-rich environments for children,

“Head Start taught my family how to work together as one. How to grow, learn, listen, play and thrive together; because of them I am a better parent. I love you all, you have impacted our family!”

-Head Start Parent

promote language and literacy in the home, and utilize positive guidance and discipline. This is key to those in poverty.

Health Services Domain:

Ease of accessing health care providers [\(#1 need\)](#) and access to affordable dental care [\(#4 need\)](#) were identified in overall survey results. Lack of access is a growing concern in rural areas like northeast Michigan. NEMCSA's service area equates for 16% of Michigan's Lower Peninsula counties, yet only has 5% of the total health care providers. Michigan's more urban counties like Wayne (14.63%) and Oakland (18.82%) hold a combined 33.5% in their adjacent, 1,500 square miles. There is better access, within a closer distance in the more metropolitan areas of the state.

"NEMCSA was a gift from God. I was struggling and behind on medical bills and I couldn't afford Co-pays from Dr. Visits"

~Homemaker, Personal Care and Respite Customer

Forty-seven percent of individuals living in our service area are covered by Medicare (14%) and Medicaid (33%). Fourteen percent are over the age of 65 and 33% of that group qualify due to income limitations; highlighting a group that will have more vulnerabilities and experience less independence travelling for health care services. The distance and reliability of transportation, and ability to drive/travel long distances impact the ease and access to providers. As a result residents often make the choice to ignore or postpone treatment and diagnosis of health issues. These issues then become chronic and/or more severe, increasing out of pocket costs. Dental, Emergency Room and Primary Care providers' access are not services offered by NEMCSA – but educating the community on the needs, resources and gaps will be part of our approach to reducing this barrier.

The collaborative effort to stabilize this domain will require a holistic view into health services. In order to do so, understanding *all* the components is essential. Social determinants of health provide the structure to take a deeper look into the different areas of health care services that need to be improved, maintained and supported. For example; health coverage, provider availability, quality of care, and expanding dental to Medicare/Medicaid recipients will go hand in hand with access.

As you can see below, the uninsured population in our region is lower than the U.S. average, which **indicates positive progress towards stabilization**. It's important to support programs that facilitate the lower percentage, in doing so we reduce the risk of individuals becoming financially insecure due to medical cost burdens.

Table 6: Uninsured Population; Data Source: US Census Bureau, American Community Survey. US Census Bureau, Small Area Health Insurance Estimates. 2017. Source geography: County Show more details

Report Area	Insurance Population (2017 Estimate)	Number Insured	Number Uninsured	Percent Uninsured
Report Location	218,602	145,686	11,496	5.26%
Alcona County	10,413	5,973	577	5.54%
Alpena County	28,730	20,304	1,331	4.63%
Arenac County	15,238	10,287	907	5.95%
Cheboygan County	25,475	16,749	1,514	5.94%

Crawford County	13,821	9,612	673	4.87%
Iosco County	25,317	16,233	1,340	5.29%
Montmorency County	9,290	5,782	462	4.97%
Ogemaw County	20,979	14,299	1,132	5.40%
Oscoda County	8,304	5,453	539	6.49%
Otsego County	24,247	18,123	1,164	4.80%
Presque Isle County	12,854	8,105	664	5.17%
Roscommon County	23,934	14,766	1,193	4.98%
Michigan	9,925,568	7,614,452	496,654	5%
United States	317,787,650	238,424,195	27,237,587	8.57%

As seen above, our service area is making strides toward health care services. Health Care Coverage is the first staple in ensuring this domain is stabilized, next would be to look at provider coverage and quality of care. Even with the rural, wide spanning coverage area, NEMCSA's service area does host **several assets in health care services with community programs like:** Community Mental and Behavior Health offices, 38 Federal Qualified Health Centers, AuSable Free Clinic, as well as partnerships with bigger hospitals like University of Michigan and utilizing mobile/traveling machines and equipment.

Even with the above assets, improvement still needs to be made. While looking for solutions to the "lack of access", quality of care will need to be considered as well. How do we recruit, qualified, respected, long term talent in this area? Some potential solutions to "lack of access" include creating stronger access on a more frequent basis to mobile-traveling offices, machines, testing equipment or increasing the number of providers/centers. Another option is increasing the number of Federally Qualified Health Centers (FQHC), which serve as a safety net for underserved, uninsured and homeless individuals and families in the US. FQHC's are dedicated to serving communities with limited access to medical care regardless of their ability to pay. These are an asset in rural communities because they have enhanced Medicare and Medicaid reimbursements, offer financial incentives for startups and participate in federal prescription pricing programs, just to name a few. Another practical option is increasing the number of Nurse Practitioners. Allowing them to travel into homes as part of the outpatient, patient relocation/transfer and home care services, checking on recovery, prescription transfer systems and reconciliation as well as after care support.

These ideas not only stabilize the health care domain but assist with the financial and income domain as well; reducing the financial burden of medical costs as well as transportation costs. It also provides a community health education asset that would otherwise go to the wayside if the only support considered was finding an economical way to get residents to metropolitan areas for services and care.

Table 7: Providers of Service Data: Data are collected and analyzed by accessing the latest release of the Provider Service File provided by the Centers for Medicare & Medicaid Services.

Report Area	Total Institutional Providers	% of Total in Michigan	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics
Report Location	126	5.74%	7	21	38	27
Alcona County	6	0.27%	0	2	4	0
Alpena County	17	0.77%	1	2	9	1
Arenac County	12	0.55%	1	2	1	2

Cheboygan County	11	0.50%	0	1	6	2
Crawford County	5	0.23%	1	2	0	1
Iosco County	18	0.82%	2	3	2	7
Montmorency County	5	0.23%	0	1	3	1
Ogemaw County	21	0.96%	1	2	4	5
Oscoda County	5	0.23%	0	1	0	2
Otsego County	10	0.46%	1	2	0	3
Presque Isle County	6	0.27%	0	1	5	0
Roscommon County	10	0.46%	0	2	4	3
Oakland	413	18.82%				
Wayne	321	14.63%				
Michigan	2,194			442	260	178
United States	74,192			15,581	8,789	4,386

As implied above, health care and accessing it is important to our residents and a need identified in our community. Health care is a valuable and constant need. When you review the full picture of health, it's difficult not to recognize how reducing the number of people who have medical/health concerns could also reduce this need. NEMCSA offers several programs through our Area Agency on Aging department geared toward the overall health and wellbeing of vulnerable senior residents. Not all of these are directly linked to provider availability/connection and direct physician care, but rather to promote a lifelong independence with dignity. These programs include: Care Management/Mi Choice Waiver, Creating Confident Caregivers, Evidenced Based Disease Prevention Program, Homemaker, Personal Care & Respite, Medicare/Medicare Assistance Program, Nursing Facility Transition and Senior Companion programs. It's programs like this that serve the example of Figure 6. Below. "Medical care and accessing it is a relatively small contributor to overall health outcomes. Social, behavioral, and physical environmental factors account for 80% of a population's health outcomes. CAA's and their partners are critical in efforts to bend the nation's health care cost curve because they address vulnerable populations' social and behavioral factors through the provision of a wide range of services, including access to safe, stable housing; nutritious food; counseling services; recreation programs; transportation; and advocacy" (Alliance for Children and Families, Inc., 2019). As depicted in the visual below, 50% of health outcomes can be explained by socio-economic factors and physical environment factors, and another 30% by health behaviors (Alliance for Children and Families, Inc., 2019).

This highlights the dedication NEMCSA needs to have in understanding that creating stability is interdependent and can also be improved by measures outside of that specific domain. Stabilizing a person's home, educating individuals on nutrition and healthy behaviors, employment and creating healthy family supports as well as many others could change an individual's overall health, reducing if not eliminating the frequency and/or overall need to seek a provider in the first place.



Figure 6: Overall Indicators of Health

Income & Financial Security Domain:

Survey respondents answered questions on income and financial security that resulted in the **#3 identified need: Budgeting Classes** and **#5 identified need: Job Opportunities to Earn a Living Wage**. This domain includes: employment, income, expenses, debt, medical bills and support and access to financial capital/credit. Middle class in northeast Michigan is shrinking, the opportunities for individuals out of high school, skilled labor and living wage jobs are continuing to disappear and are not being replaced. Individuals who attend college and graduate with a post-secondary degree are not returning to rural communities to live and work. Brain drain is occurring in northeast Michigan and poverty is prevalent. The lack of jobs and educated residents are contributing to generational poverty. There's disconnect between community and state leaders on the reality of what an individual needs to become self-sufficient. Many people live in financial poverty because they are unable to find a job that pays a living wage, a job that offers the hours they need to thrive or cannot find a job at all - they are unemployed or underemployed. Labor force, employment, and unemployment data for each county in the report area is provided in the table below. Overall, the report area saw a 5.2% percent unemployment rate in August 2019.

Table 8: Unemployment Rate, Data Source: US Department of Labor, Bureau of Labor Statistics. 2019 - August. Source geography

Report Area	August 2015	August 2016	August 2017	August 2018	August 2019
Report Location	6.12%	6.22%	6.44%	4.97%	5.24%
Alcona County, MI	6.78%	6.55%	6.48%	5.35%	5.82%
Alpena County, MI	5.57%	5.75%	5.77%	4.73%	4.81%
Arenac County, MI	7.26%	6.96%	6.95%	5.42%	6.08%
Cheboygan County, MI	4.02%	4.38%	4.51%	3.46%	3.65%
Crawford County, MI	6.56%	6.68%	6.43%	4.82%	5.05%

Report Area	August 2015	August 2016	August 2017	August 2018	August 2019
Iosco County, MI	6.26%	6.45%	6.9%	5.1%	5.33%
Montmorency County, MI	7.83%	8.4%	9.1%	6.41%	6.52%
Ogemaw County, MI	6.72%	7.04%	6.69%	5.54%	5.89%
Oscoda County, MI	7%	6.05%	6.99%	4.9%	6.03%
Otsego County, MI	5.1%	5.3%	5.86%	4.42%	4.49%
Presque Isle County, MI	7.55%	7.4%	7.43%	5.54%	5.78%
Roscommon County, MI	7.27%	7.18%	8.01%	6.2%	6.55%
Michigan	5.25%	5.24%	5.02%	4.06%	4.18%
United States	5.24%	5.05%	4.58%	3.97%	3.8%

Finding a job, isn't the solve-all, it's cyclical. Individuals may move out of poverty into a higher income bracket, then hit a bump and quickly fall back into poverty again. They can't seem to get enough security to sustain obstacles like a vehicle repair or medical expenses and end up depleting any growth established. The group teetering on the edge of poverty and financial stabilization, the sandwiched group, surviving but not yet secure enough to weather the unpredictable surprises, was researched and identified by United Way. They are called the A.L.I.C.E (Asset Limited, Income Constrained, Employed). A.L.I.C.E families need to be considered when we look into solutions. In the most recent United Way ALICE report (The Alice Project, 2019) it shows an increased cost of living, combined with low wages, reduced work hours, and depleted savings contributing to uneven economic recovery in Michigan. The true test of creating financial security is when both the individuals in poverty and those who are A.L.I.C.E can sustain, buffer and survive the ebbs and flows without being knocked back into poverty. It's crucial that we view this domain with both groups in mind. Not doing so assumes once an individual reaches an income and resource level outside of poverty they are secure and stable and this is not the case. Below is an excerpt from United Way's report, "The Alice Project", this articulates the struggles faced by both groups.

"Overall economic conditions in Michigan continued to improve during the recovery: Unemployment was down from 12.2% in 2009 to 4.7% in 2017, although rates varied across the state. Since 2010, Michigan has also led the Great Lakes Region in average growth in Gross Domestic Product (GDP). Heavily dependent on the manufacturing industry (19 percent of the state economy, compared to 12 percent nationally), the state's economy was boosted by the growth of new advanced manufacturing jobs — especially in the automobile industry. At the same time, the state has continued to diversify into professional and business services, with the finance, insurance, and real estate sectors becoming the largest contributors to Detroit's GDP. Michigan was also one of the top states for the creation of private-sector jobs overall (resulting, in part, from a resurgence in the agriculture, tourism, and manufacturing sectors). However, many of the new and transformed jobs in Michigan are low-wage jobs in the education, healthcare, and retail sectors, where workers don't earn enough to cover a basic household budget. For a range of reasons — including low wages; lack of full-time work; and income disparities by gender

and sexual orientation, education, and race/ethnicity — ALICE households are not benefitting financially from seemingly positive economic trends (BLS, 2017 — Local Area Unemployment Statistics; Michigan Chamber Foundation, 2016; Senate Fiscal Agency, 2016; Wilkinson, 2018).

Low-wage jobs continue to dominate the Michigan economy, making it more challenging for workers to find jobs with wages that can support even a basic household budget. With 4.2 million total jobs in Michigan recorded by the Bureau of Labor Statistics in 2017, the job market has shown improvement since 2010. But 61 percent of jobs in Michigan pay less than \$20 per hour, with nearly two-thirds of those jobs paying less than \$15 per hour. Job gains were greatest in occupations that paid between \$9.43 and \$15.91 per hour. A full-time job that pays \$15 per hour grosses \$30,000 per year, which is less than half of the Household Survival Budget for a family of four in Michigan (BLS, 2010 and 2017 — Occupational Employment Statistics).

While the unemployment rate in Michigan was 4.7 percent in 2017, the underemployment rate was much higher, at 9.1 percent. During 2017, there was an average of 182,475 underemployed Michiganders who were working less than 35 hours per week despite wanting to work full time and being available to work. These individuals, often called involuntary part-time workers, cited economic reasons, such as a cutback in hours or an inability to find full-time work, as the reason for their underemployment. Nationally in 2017, 22 percent of part-time workers reported that they would prefer to be working full time (BLS, 2017 — Local Area Unemployment Statistics; BLS, 2018 — Employed Involuntary Part-Time). To compensate for low wages, many workers take on a second job. Nationally, 29 percent of workers have second job. This trend is expected to increase because millennials are more likely than other age groups to have a second job: About 39 percent of workers aged 18–24 and 44 percent of workers aged 25–34 reported taking on a second job to earn more money. And workers are taking on second jobs even in professional occupations traditionally seen as providing adequate wages. “

In reviewing NEMCSA’s service area and understanding the income needed to cover a basic household survival budget, it’s important to view what our area is offering for wages. As you can see from the below table, our service area falls short. The United Way’s ALICE threshold states that the household budget for a family of four would need to be \$26.86/hour to meet just the basic family needs (survival budget). Below is a table showing the median household income and the shortage families face in the 11-county service area:

Table 9: Household Income Shortage – Based on a family of 4 (Comparing Poverty, A.L.I.C.E and Median Income) – ALICE Survival Budget.

Report Area	Median Household Income	Median Income Full Time (40hr/wk.)	ALICE Survival (Hr. Wage Needed)	Poverty Income	Median Income Shortage from Alice	Poverty Shortage from Alice
Alcona County	\$41,615.00	\$20.01	\$30.40	\$12.38	\$10.39	\$18.02
Alpena County	\$40,603.00	\$19.52	\$27.85	\$12.38	\$8.33	\$15.47
Arenac County	\$41,275.00	\$19.84	\$30.04	\$12.38	\$10.20	\$17.66
Cheboygan County	\$43,724.00	\$21.02	\$28.03	\$12.38	\$7.01	\$15.65
Crawford County	\$47,068.00	\$22.63	\$30.92	\$12.38	\$8.29	\$18.54

Iosco County	\$41,755.00	\$20.07	\$30.22	\$12.38	\$10.15	\$17.84
Montmorency County	\$40,170.00	\$19.31	\$30.56	\$12.38	\$11.25	\$18.18
Ogemaw County	\$38,220.00	\$18.38	\$26.77	\$12.38	\$8.39	\$14.39
Oscoda County	\$39,253.00	\$18.87	\$30.04	\$12.38	\$11.17	\$17.66
Otsego County	\$51,814.00	\$24.91	\$30.71	\$12.38	\$5.80	\$18.33
Presque Isle County	\$43,244.00	\$20.79	\$30.40	\$12.38	\$9.61	\$18.02
Roscommon County	\$40,306.00	\$19.38	\$30.41	\$12.38	\$11.03	\$18.03

Clearly the median wage falls short of creating economic security, and work needs to be done here. But wages can't be the only focus. Other components impact economic self-sufficiency: employment opportunities, income/wages, unexpected expenses, daily living expenses, debt, medical bills, and support impact it as well. Education and reform are needed in many different sectors; workforce development, community leaders, policy makers and employers to education them on what a real living wage is (so families can cover their basic needs and begin to establish financial security and savings), medical coverage and premium/out of pocket expenses coupled with assistance programs that will fill in the gap and offer support without compromising an individuals established security and assets. Additionally, low income individuals need to be able to navigate, access and understand financial institutions, access credit and do so without being exploited.

If you run through a poverty budget and attempt to distribute the finances on a poverty or ALICE income, it seems an impossible task without assistance. Below are two budgets from United Way's, "ALICE Project, 2019" that give the averages in the State of Michigan for "Survival Budget" and a "Stability Budget". Based on a family of four, Federal Poverty Level is \$32,190 gross annually, or \$15.47/hour at full time status, there is no way a family could survive on this income, given the cost of bills, without assistance. In order to survive, for a family of four, one adult would need to make 26.86/hour or two adults \$13.86. In order to have a stabilized budget, one wage earner would have to make \$50.16 or two individuals at \$25.08/hour. Minimum wage is projected to be \$9.65 in 2020 – that's an annual income of \$19,300 single and \$38,600 for two adults, this would not allow a family four to make ends meet on any of the above budgets.

"We need the ability to save money without the fear of losing assistance so I can eventually sustain myself and my son".

~Survey Respondent

ALICE HOUSEHOLD SURVIVAL BUDGET

	Single Adult	Married Couple	1 Adult, 1 School-Age Child	1 Adult, 1 Infant	2 Adult, 2 School-Age Children	2 Adults, 1 Infant, 1 Preschooler
Housing	\$509	\$581	\$581	\$581	\$739	\$739
Child Care	\$—	\$—	\$308	\$588	\$617	\$1,122
Food	\$199	\$414	\$345	\$288	\$692	\$604
Transportation	\$347	\$415	\$415	\$415	\$693	\$693
Health Care	\$236	\$473	\$544	\$544	\$887	\$887
Miscellaneous	\$159	\$229	\$251	\$282	\$407	\$464
Technology	\$55	\$75	\$55	\$55	\$75	\$75
Taxes	\$248	\$332	\$265	\$347	\$366	\$522
Monthly Total	\$1,753	\$2,519	\$2,764	\$3,100	\$4,476	\$5,106
Annual Total	\$21,036	\$30,228	\$33,168	\$37,200	\$53,712	\$61,272
Hourly Wage	\$10.52	\$15.11	\$16.58	\$18.60	\$26.86	\$30.64

Note: The budgets reflect different costs based on the age of children in the household; full-day care for infants and preschoolers (4-year-old) and after school care for school-age children. To create budgets for additional family types: For an additional infant, increase the total budget by 14 percent; for an additional 4-year-old, by 13 percent; and for a school-age child, by 8 percent.

Sources: BLS, 2017; Consumer Reports, 2017; IRS, 2016, 2017; Michigan Department of Education Office of Great Start, 2018; Tax Foundation 2017, 2018; USDA, 2017; HUD, 2017.

Figure 7: United Way ALICE Project, 2019: Survival Budget

ALICE HOUSEHOLD STABILITY BUDGET

	Single Adult	Married Couple	1 Adult, 1 School-Age Child	1 Adult, 1 Infant	2 Adult, 2 School-Age Children	2 Adults, 1 Infant, 1 Preschooler
Housing	\$726	\$924	\$924	\$924	\$929	\$929
Child Care	\$—	\$—	\$463	\$882	\$925	\$1,683
Food	\$377	\$767	\$673	\$522	\$1,355	\$1,170
Transportation	\$357	\$716	\$716	\$716	\$1,193	\$1,193
Health Care	\$316	\$703	\$852	\$852	\$1,137	\$1,137
Miscellaneous	\$240	\$404	\$456	\$486	\$697	\$794
Savings	\$240	\$404	\$456	\$486	\$697	\$794
Technology	\$109	\$129	\$109	\$109	\$129	\$129
Taxes	\$512	\$805	\$825	\$859	\$1,298	\$1,702
Monthly Total	\$2,877	\$4,852	\$5,474	\$5,836	\$8,360	\$9,531
Annual Total	\$34,524	\$58,224	\$65,688	\$70,032	\$100,320	\$114,372
Hourly Wage	\$17.26	\$29.11	\$32.84	\$35.02	\$50.16	\$57.19

Note: The budgets reflect different costs based on the age of children in the household; full-day care for infants and preschoolers (4-year-old) and after school care for school-age children. To create budgets for additional family types: For an additional infant, increase the total budget by 13 percent; for an additional 4-year-old, by 12 percent; and for a school-age child, by 8 percent.

Sources: BLS, 2017; Consumer Reports, 2017; IRS, 2016, 2017; Michigan Department of Education Office of Great Start, 2018; Tax Foundation 2017, 2018; USDA, 2017; HUD, 2017.

Figure 8: United Way ALICE Project, 2019: Stability Budget

When you understand the above, it's not difficult to understand how individuals with the largest hardship in our region are of working age with children. NEMCSA's area doesn't have jobs that pay wages that would support the economic advantage to make ends meet. It's easy to see why the **#5 Need is Jobs that pay a living wage**.

"Decrease pressure for community service agencies and increase help and the ability to find a career. Understand the individual and that no two people are the same and not everyone wants assistance, however it's become necessary given our current situation with children"

~Survey Respondent

Since all factors are intertwined, it's important to understand how interlaced each domain and component are to one another. It's not just the responsibility of the individual in poverty to create and make change. In the article "The Shared Determinants of Health and Wealth" it helps explain this relationship: "social determinants of health include factors like access to quality education, safe and stable housing, transportation, employment and economic stability. Just as the social determinants of health shape our understanding of what makes us healthy, our financial well-being is shaped by many factors outside of individual behaviors. For example, financial capability is determined not only by an individual's knowledge, skills and access, but by the environment in which they live, work and learn. "Having little income or wealth, can lead to unstable housing and less access to quality employment opportunities. To a large degree, where we live shapes our access to quality education, safe and affordable housing, healthy food, employment opportunities and accessible financial services. These opportunities, in turn, shape the choices we make and establish the scope of possible health, wealth and other outcomes we experience. (Yepez, 2019)".

Building financial security involves harnessing an array of resources, community assets, capabilities, and supports that enable vulnerable families to sustain themselves, thrive, and move up the economic ladder. It also requires reform of the overall system— finance, education, justice, health, and tax. **Assets** in our service area are limited but **include** local non-profit agencies like Salvation Army, United Way, Saint Vincent DePaul, and Michigan Department of Health and Human Services.

Internally NEMCSA supports this domain through several programs: Financial Capabilities, Foreclosure Services, Homebuyer Education, Legal Assistance, Kinship and Senior Employment programs.

Community Domain (Assistance Programs, Community and Housing combined):

A thriving community can create a solid foundation, a sense of belonging and assist families to change the trajectory of their life. Thriving would suggest resources, members and agencies all work together for the greater good. It's a place where members feel safe, supported and desire to work together and give back. Communities are strong when systems, assets and assistance are used and applied where it is most needed. When viewing the causes of poverty as it pertains to community, several different factors stood out. In this section, we will be reviewing **community, assistance programs and housing**. The survey portion on community included questions on transit systems, support for domestic violence, drug and alcohol use and support, childcare, public safety and neighborhoods, recreation and neighborhood involvement, public works

systems, volunteerism and religious/spiritual supports, housing, and apply for and accessing services. When you overlay that with the social determinants, there are two domains that come to the forefront, **Neighborhood and Physical Environment as well as Community and Social Context**. Simply put, understanding the way that our participants, community members and families navigate, live, work and play in our community, the support they give or get and perception of safety are crucial to the overall success of a thriving community.

“Housing is a fundamental human need, essential to health and well-being. It is quintessential to the security of all humans. Lack of stable, accessible, and affordable housing (and or shelter) can contribute to poor physical and mental health, higher use of emergency and hospital services, and increased public health care costs” (Fostering Collaboration in Housing and Health, 1).

Access to housing continues to be a barrier for those within our region, specifically those with criminal history and evictions. Even after housing is found, it is difficult to maintain. The lack of adequate behavioral health and supportive services also limits successful housing delivery. Fifty-six percent of our region's homeless are families with children. They struggle finding both shelter and adequate housing. With only two low barrier shelters in our 11-core county area (eight total), it is difficult to find enough room for a family to stay. Because of this, they are sleeping in their vehicles, or even worse, splitting up. Additionally, there are limited rental options for families with children, impacting the number of families moving into homelessness. From 2017 to 2018, our region saw a 23% increase in homelessness. The average monthly income for a homeless household in our service region is \$642/month, that's \$7,704 per year, grossly below poverty. With this income there is no way to establish enough economic security to get ahead. Homeless individuals are dependent on seeking assistance to move out of this crisis.

According to several different lending institutions, the recommended budget for housing is 25- 30% of take home income. For a homeless family on the above income – that would be \$160.50/per month on rent. This is an impossibility. Individuals must seek and receive services to have a fighting chance. But that's not the only obstacle they face, housing stock is a huge concern. When looking at a **family of four, federal poverty level would set their income at \$32,190 gross/\$24,142 net annually**. Which means they should not pay more than \$503-\$603/month (25-35%) on housing. According to Apartmentlist.com the average cost for a one bedroom apartment in Michigan is \$720.00 and for a two bedroom it's \$921.00. Zillow.com indicates that for the State of Michigan the average rent is \$976.00 (no bedroom number confirmed). According to NEMCSA Housing Program Supervisor, fair market rent allowance in our area is \$975.00, the Housing Choice Voucher will pay \$661.00, NEMCSA will pay \$600.00 (this doesn't always include utilities). The ALICE Project states that for a family of four the survival budget for housing would be \$739.00 (this does include utilities). This means that families who live in poverty (averaging estimates is \$811) are utilizing 40% of their take home income towards housing, creating a budget deficient of \$200-\$300/month.

Change in this area would mean individuals who live within the income crisis range (at or below FPL – ALICE Stability income) would find housing that is adequately priced, safe, consistently available (either by purchase or rent). This is not the case in our service region. The housing stock and vacancy rates are averaging below 1% for rentals. Access to financial institutions for a mortgage isn't a resource these families typically have because their credit, down payment and various other qualifications needs are not available.

As a result, families and individuals are heading to shelters, moving into seasonal rental/vacation cabins during the winter months while the vacation/tourist market is low, and/or relocating to temporary shelters during the summer (campers, tents, cars, etc.), or doubling up. Too many bodies in a little space affords little privacy, sharing of sleeping quarters often mixes individuals together in unsafe ways, increasing the chances of abuse

and neglect. High stress levels contribute to substance abuse and other coping measures, which in turn impacts overall health and wellbeing of the individual and family unit. According to Urban Wire, “housing plays a critical role in providing stability to poor families. When families lack it, there are terrible consequences. Research shows that eviction can have enduring effects on a families’ ability to obtain basic necessities (e.g., food, clothing, and medicine) and can cause depression among mothers, and a strong body of evidence links inadequate housing and homelessness to child abuse and neglect. Housing instability can lead to frequent school moves, high rates of absenteeism, and low test scores among children. Housing affects almost everything” (Cunningham, 2016).

Table10: Vacancy Rates. Data Source: [US Department of Housing and Urban Development](#). 2019-Q2.

Report Area	Residential Vacancy Rate
Report Location	0.90%
Alcona County	0%
Alpena County	2.30%
Arenac County	0%
Cheboygan County	1.40%
Crawford County	0.10%
Iosco County	2.10%
Montmorency County	0%
Ogemaw County	0.40%
Oscoda County	0%
Otsego County	0.50%
Presque Isle County	1.60%
Roscommon County	0%
Michigan	4.40%
United States	2.50%

NEMCSA’s housing programs are **a community asset** our residents need by providing support and assistance to secure and retain housing. They also provide financial assistance through security deposits, rent or back rent to those eligible. NEMCSA housing programs include: Emergency Solutions Grant (ESG), Rapid Re-Housing (RRH) and the Housing Choice Voucher Program (HCV). Staff support and create an overall plan with families who receive services. They develop goals, offer guidance and education on budgets (**#3 identified need**), assist in securing daycare, jobs, food and can provide basic household necessities. Programs like this, offer a much-needed reprieve and education to participants. Without the help and guidance of the case managers, the burdens falls directly on the individual whose skill set, access to resources and ability to navigate and negotiate may leave them vulnerable to exploitation or unable to secure housing. These services can expedite the progress a family makes because less time is spent in connecting and set up and more time is focused on long term stability and growth measures.

“When I was approved for NEMCSA Housing Assistance, I was overwhelmed with emotion. I just needed help through a rough patch. I now have a house near my children and grandchildren and am working hard to become self-sufficient – Thank you!”

~Survey Respondent

NEMCSA's counties are peppered with areas that at one time saw the gentrification boom. According to an article in Bridges Online Magazine, "After World War II, as wages and benefits increased, many of Michigan's factory workers found themselves moving comfortably into the middle class", (Shellenharger, 2013). This new income security afforded families (primarily from the auto industry) the opportunity to purchase a vacation or second home. These cottages were built with the expectation of three season living; a place to come and stay, play and enjoy family and friends during the mild months. As these cottages aged, the decline of the auto industry and unions occurred, as well as the Great Recession and the housing market bubble burst, a large portion of these once quaint cottages have been fully abandoned, turned over to children who didn't have the financial capability to maintain, improve the property and structure or they were sold cheaply. Others found themselves retiring to these cabins without improving it for year-round use. Some have been torn down and never replaced, or torn down and replaced by large, grandiose vacation homes of the wealthy, further impacting the housing stock. Once withdrawal of middle-class vacationers occurred, it seemed there was a flight from blight that simultaneously and almost unconsciously happened. Leaving these pockets of once middle-class vacation homes to being acquired and purchased by low income/ALICE individuals at a reasonable price. The overarching concern is that the quality and efficiency and/or safety of these homes isn't conducive to their budget and ability to repair. Consequently, families are living in homes that were never intended for full time use. These structures aren't equipped with proper water/well, heating and septic systems along with basic maintenance concerns on insulation, roofing, and windows, etc. This brings us to the **#2** identified need in our service area by both community and individual input: **Programs to help with home efficiency/repair.**

As you can see in the table below, the average age of homes in NEMCSA's service area is 43 years. According to NEMCSA's Weatherization Program Manager, the average home faces significant need for large system and home maintenance around the 15-20 year mark. This includes items like windows, insulation, roofs, heating systems.

"I cannot express enough gratitude and a million thank you's! Your Weatherization program has saved me hundreds of dollars so far this season! I'm still on my first fill up of propane! When I went through full tanks by this time last year. Thank you ever so much". ~NEMCSA Weatherization Recipient

Report Area	Median Year Built	Median Age (from 2017)
Report Location	1973	43
Alcona County, MI	1973	44
Alpena County, MI	1968	49
Arenac County, MI	1976	41
Cheboygan County, MI	1977	40
Crawford County, MI	1978	39
Iosco County, MI	1969	48
Montmorency County, MI	1974	43
Ogemaw County, MI	1975	42

Oscoda County, MI	1972	45
Otsego County, MI	1980	37
Presque Isle County, MI	1971	46
Roscommon County, MI	1974	43
Michigan	1970	47
United States	1977	40

Table 11: Housing Age: Data Source: US Census Bureau, [American Community Survey](#). 2013-17.

For those fortunate enough to be able to have purchased a home, these repairs are extremely expensive, upwards of \$7,500-\$10,000. This is almost 50% of an individual in poverty's take home pay and close to 20% of ALICE families take home. Our community does have **assets that support this concern**. NEMCSA's Weatherization Assistance Program (WAP) assists low income homeowners and renters with energy efficient home repairs/improvements to reduce energy use and utility costs in their homes. These repairs/improvements are completely free to the homeowner or renter. NEMCSA's WAP improved energy efficiency in over 90 homes last year. With a service area that experiences a long, harsh winter season, it's a vital program to many clients struggling to afford high utility costs that come with a handful of extremely cold months.

Another aspect that impacts struggling individuals in NEMCSA's service area is transportation. Owning a personal vehicle is expensive and public transportation services do not meet the needs of those in crisis. Lower population density in rural areas often leads to lower ridership for fixed transit routes and a smaller tax base to fund maintenance and repair of transportation systems. Given the limitations of public transportation and scheduling, many rural residents rely on personal automobiles as their means of transportation. This impacts the cost of travel to work, medical appointments and limits access to other community supports due to scheduling and office hours not aligning with their individualized scheduling demands. Those with a personal vehicle can be adversely affected by rising gas prices, cost of car insurance, maintenance and repairs. For those without a personal vehicle, traveling long distances can be especially burdensome, if even possible due to transit schedules and routes not aligning to provide a seamless connection from their rural community to more populated, healthcare, employment, resource rich areas.

With several agencies involved in transportation support in our area, coordination is key. Rural communities face challenges related to fragmentation and duplication of services. It is imperative to communicate and collaborate in order to reduce and minimize this burden, lack of doing so can result in an inefficient use of limited resources. NEMCSA works to communicate and articulate the struggles individuals in poverty experience with transportation.

*"Our public bus schedules are horrible!
They close at 3:30 and offer no
weekend routes"*

-Survey Response

Assistance programs like these are crucial to vulnerable families. Childcare, utility assistance, programs that connect them with health insurance, food assistance, housing and weatherization programs all play a critical role in establishing the path towards independence. It needs to be understood that getting a job and working hard isn't the only thing individuals need to be self-sufficient. Support and programs that foster long term stability, asset and financial growth along with building resource capital is key.

Food Access Domain:

Food is a basic, essential need, yet in northern Michigan individuals regularly go without it. According to the Oxford Dictionary, food insecurity is defined as “the state of being without reliable access to a sufficient quantity of affordable, nutritious food”. Immobility, lack of income, remote living and/or lack of access to transportation to grocery stores or living in food deserts, an inability to shop, prepare and provide meals as well as being able to afford food are all contributors. People living in poverty often choose between utility payments, prescriptions, car insurance, etc. and food. This impacts stress levels, health, children’s physical growth and their ability to concentrate, just to name a few. Without consistent, dependable access to food you cannot thrive. Our service area has many **assets in this area**. Programs like Free and Reduced Lunch, SNAP (Supplemental Nutrition Assistance Program), and WIC (Women, Infants and Children) along with food pantries, the backpack program at schools and the programs NEMCSA offers (Congregate Meals, Home Delivered Meals, Emergency Food Assistance Program, Commodity Supplemental Food Program) are important to reducing the burden on families that impact multiple domains.

Report Area	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty	Households Not Receiving SNAP Income Below Poverty
Report Location	17.1%	8,423	8,252	7,254
Alcona County, MI	13.76%	327	358	425
Alpena County, MI	17.74%	1,206	1,063	848
Arenac County, MI	19.41%	652	641	457
Cheboygan County, MI	14.35%	831	798	1,016
Crawford County, MI	19.77%	622	569	312
Iosco County, MI	18.3%	996	1,101	798
Montmorency County, MI	14.8%	248	355	273
Ogemaw County, MI	20.94%	1,010	943	631
Oscoda County, MI	18.05%	368	305	355
Otsego County, MI	14.88%	630	840	732
Presque Isle County, MI	11.99%	364	347	526

Report Area	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty	Households Not Receiving SNAP Income Below Poverty
Roscommon County, MI	18.88%	1,169	932	881
Michigan	14.92%	299,264	280,835	264,997
United States	12.65%	7,420,946	7,608,552	8,969,163

Table 12: Households Receiving SNAP by Poverty Status: Data Source: US Census Bureau, American Community Survey. 2013-17

According to the Center on Budget and Policy Priorities website, The Supplemental Nutrition Assistance Program (SNAP) is the nation's most important anti-hunger program. SNAP reaches millions of people who need food assistance. It's one of the few means-tested government benefit programs available to almost all households with low incomes. SNAP promotes long-term health and well-being, especially for children. Research shows that SNAP reduces poverty and food insecurity, and that over the long-term, these impacts lead to improved health and economic outcomes, especially for those who receive SNAP as children.

United Way's report, "The burden of food Insecurity" explains the burden and cycle well:

"The cost of moving from food insecurity to security provides insight into how thin the line is between financial hardship and stability. In 2016, the total shortfall for all U.S. families in meeting their basic needs was just over \$21 billion, which, when spread across all food insecure Americans, was \$41 per month per household, according to Feeding America. This budget shortfall means that families are forced to make difficult decisions, like choosing between food or paying for utilities or a needed prescription. And this burden extends beyond individual households: The U.S. spent an estimated \$160 billion on health care costs related to hunger and food insecurity in 2014.

The U.S. Department of Agriculture (USDA) defines food insecurity as the lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods.

A large number of households experience food insecurity. At some point during 2017, 12 percent of U.S. households were food insecure, including **16 percent of households with children**. The prevalence of food insecurity varies by region and state, ranging from 13 percent in the South, to 10 percent in the northeast; and from 7 percent in Hawaii to 18 percent in New Mexico."

Many of our services indirectly assist with food insecurity as well, which are provided to children, families and the elderly throughout our service area. For starters, Early Childhood Services (ECS), which includes Early Head Start and Head Start children and families who receive support. Students in the classrooms are provided meals while at school, giving them a consistent, nutritious meal during the school week. Additionally, the program supports families outside of the home by sharing activities related to healthy choices at home visits, lessons incorporating healthy eating practices, and through partnerships with community members like Michigan State University Extension. Staff in all programs are very responsive when noticing a family in need of food items, this

often results in referrals to local agencies such as the Department of Health and Human Services who may assist them with a Bridge Card.

Another strength in this area are the different partnerships within counties that come together to provide students with food they can take home. NEMCSA's School Success Partnership (SSP) collaborates with the Feeding Kids Ministry in Alpena to provide student's recognized by school staff as being hungry when they come to school. The Feeding Kids Ministry collects food donations and gathers volunteers to package food items that can be easily stuffed into the student's backpacks. This allows school staff to discretely support those who are struggling to get proper nourishment at home.

NEMCSA's Housing and Client Services Division provides two significant food distribution programs; Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP). CSFP provides monthly food distributions to seniors within the service area. This program provided 3,933 food boxes to seniors last year, helping them to maintain an independent living situation. TEFAP is a quarterly food distribution program that provided assistance to over 4,000 this year (2019).

NEMCSA's Aging Division provides support as well. These focus on the elderly population; Congregate Meals and Home Delivered Meals. Congregate Meals are provided at local senior centers where they offer daily, nutritionally based meals in a social setting. It allows seniors to not only receive a well-balanced meal, it gives them an opportunity to socialize with their peers. Home Delivered Meals allows home-bound seniors to receive a daily nutritious meal, delivered right to their doorstep. This program stresses the importance of allowing seniors to maintain an independent living situation with the assistance of food support and a social interaction their volunteer driver provides.

Supporting and continuing these services are crucial to the overall success of our vulnerable populations and community progress. Focusing on the emerging needs is important, but decision makers can't lose sight that the development of assets and a financial foundation are critical to sustainable independence, allowing individuals to move back and forth on the continuum.

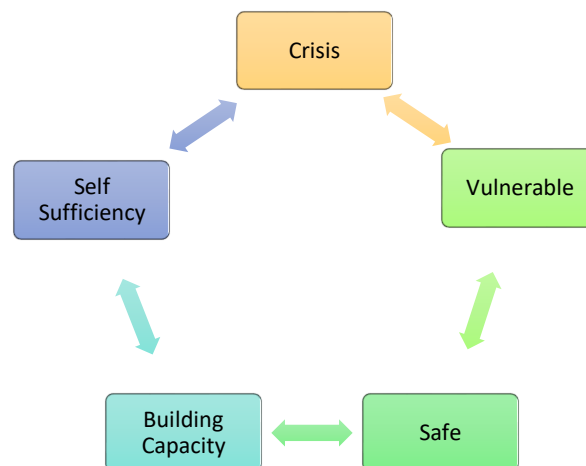


Figure 9: Poverty to Self Sufficiency Continuum

Collective Summary:

Poverty is multifaceted and caused by a myriad of factors: individual and behavioral circumstances, community conditions, exploitation and political and economic structures. Job loss, skill sets, discrimination, brain drain, middle class flight, downward pressure on wages are just a few that impact the transition from crisis to stabilized security. It's not until those four causes are addressed and embraced that growth can be made. Supporting,

growing and fostering one domain can bring amazing strides toward reducing poverty. But calibrating and strengthening one domain without the full understanding of interdependent growth for all, can cause the individual and the community to remain overall deficient in its resources, thus perpetuating poverty. Utilizing the ROMA cycle and each of its components allows us to develop and review strategies toward the fight on poverty. Expanding each ROMA step allows a visibility into the overlapping, integrated living cycle that educates and promotes sustainable change. The process of doing so displayed below in our adaptation of a CDC Diagram on Phases of Social Determinates of Health Initiative.



Figure 10: Phases of Social Determinates of Health

Over the course of the next year, NEMCSA staff, Executive and Administrative teams and Board members will take a look at the above to evaluate the ways in which we can best incorporate the Needs Assessment findings into the strategic plan, educate the community and better support the families we service. NEMCSA will work to advocate, educate, problem solve both internally and externally to address poverty at its roots, domain by domain.

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Appendices:

- Appendix 1Family & Individual Survey
- Appendix 2.....Community Survey
- Appendix 3.....Board: “Define Community”
- Appendix 4.....Customer Satisfaction Survey
- Appendix 5.....Board Community Interview
- Appendix 6.....Early Childhood Services Needs Assessment Report
(available upon request)
- Appendix 7.....Area Agency on Aging Needs Assessment Report
(available upon request)
- Appendix 8.....Domain Infographics
- Appendix 9.....Online Link to Survey Responses



NEMCSA Community Needs Assessment – Family & Individual Survey



Please tell us about yourself:

What county do you live in?

Alcona	Oscoda	Lapeer
Alpena	Otsego	Mecosta
Arenac	Presque Isle	Midland
Cheboygan	Roscommon	Osceola
Crawford	Bay	Sanilac
Iosco	Clare	Tuscola
Montmorency	Gladwin	Other
Ogemaw	Huron	

What is your marital status?

- ☐ Divorced
- ☐ Legally separated
- ☐ Married
- ☐ Live with partner
- ☐ Single
- ☐ Widowed

What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-35
- ☐ 36-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90+

Ethnicity:

- ☐ Hispanic
- ☐ Not Hispanic, or Latino

Race:

- ☐ White or Caucasian
- ☐ Asian

- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Bi-racial/Multi-racial

Housing (select one):

- ☐ I live alone
- ☐ I live with my spouse/partner
- ☐ I live with a family member
- ☐ I live with a friend
- ☐ I am homeless

What is your gender?

- ☐ Female
- ☐ Male

Are you a single parent with children less than 18 years old in your household?

- ☐ Yes
- ☐ No

How many children do you have between the ages of zero and four in your household?

What is the highest level of education you have completed?

- ☐ Less than a high school diploma
- ☐ High School Graduate
- ☐ GED or High School Equivalency
- ☐ Vocational or Trade School
- ☐ Some college
- ☐ 2 Year Degree
- ☐ 4 Year Degree
- ☐ Graduate Degree
- ☐ Other

Household Income: What is the approximate, combined yearly income (before taxes) for all who live in your home (children, parents, spouse, others)?

- ☐ \$0-11,999
- ☐ \$12,000-19,999
- ☐ \$20,000-24,999
- ☐ \$25,000-29,999
- ☐ \$30,000-34,999
- ☐ \$35,000-49,999
- ☐ \$50,000-64,999
- ☐ \$65,000-79,999
- ☐ \$80,000-100,000

☐ Over \$100,000

Check all sources of income:

- ☐ Wages (full-time)
- ☐ Wages (part-time)
- ☐ Self-employment
- ☐ Unemployment Benefits
- ☐ Social Security
- ☐ Other Pensions
- ☐ Investments
- ☐ Supplemental Social Security (SSI)

- ☐ Disability Pension/Workers Compensation
- ☐ Social Security Disability
- ☐ Stipends
- ☐ Child Support
- ☐ Alimony
- ☐ Public Assistance (DHHS)
- ☐ Other

Select all that apply:

- ☐ Work part-time or full-time
- ☐ Enrolled in a job training program or attend school
- ☐ Work AND attend school or a job training program

If you attend school or job training, please check all that apply to you:

- ☐ Attend school or job training full-time
- ☐ Attend school or job training part-time
- ☐ Attend school or job training Monday-Friday only
- ☐ Attend school or job training on weekends
- ☐ Attend school or job training during the daytime only
- ☐ Attend school or job training during the evening only
- ☐ Attend school or job training during the day AND evening

If you work at a job, respond to this set of statements (check all that apply):

- ☐ Work full-time (30 hours a week or more)
- ☐ Work part-time (29 hours a week or less)
- ☐ Work mostly during the day (between 8am and 6pm)
- ☐ Work mostly on second or third shift (between 4pm and 6am)
- ☐ Work mostly Monday-Fridays only
- ☐ Regularly work on weekends

What items/things/situations/community services would help you or a member of your family be more successful?

Education Questions:

I have a preschool-aged child, who is NOT currently enrolled in a program:

- ☐ True, my preschool-aged child is not attending a program
- ☐ False, my preschool child is enrolled/attending a program
- ☐ Not applicable, I don't have a preschool-aged child

Do you think the K-12 schools have the support/assistance students need to be successful?

- ☐ Yes
- ☐ No

Does your child struggle in any of these areas (check all that apply):

- ☐ Behavior
- ☐ Academics
- ☐ Attendance
- ☐ Social

Below is a list of concerns some parents experience with their children. Please select any you feel are concerns for yourself and/or others (check all that apply):

- ☐ Skipping school or dropping out
- ☐ Learning disability
- ☐ Being bullied at school
- ☐ No adult supervision after school
- ☐ Trouble with Law Enforcement
- ☐ Truancy/attendance issues
- ☐ Suspension and behavior issues that result in loss of academic time
- ☐ Emotional or behavioral issues
- ☐ Communication barriers with the school (not understanding, feeling disconnected from schools views and parents needs/wants, certain families/child has a stigma)
- ☐ Children at school need support at the school that no one seems to understand or offer
- ☐ Overall grades are poor and parent/guardian is not sure how to address/fix
- ☐ No concerns or issues

Food & Meals

Where do you usually get your food? (check all that apply)

- ☐ Grocery store
- ☐ Food pantry
- ☐ Food donations
- ☐ St. Vincent DePaul
- ☐ Church

With what resources do you normally get your food with (check all that apply):

- ☐ Cash
- ☐ Bridge card
- ☐ Credit card
- ☐ Assistance programs

In the last 12 months, have you or anyone in your home gone hungry because you were not able to get enough food?

- ☐ Yes
- ☐ No

Please select any food concerns that apply to you and your family:

- ☐ Lack access to get to an available grocery store
- ☐ Not enough money to purchase food
- ☐ Do not qualify for food assistance with DHHS
- ☐ Food assistance money (DHHS) runs out before the end of the month
- ☐ Not aware of the resources that are available for food assistance/help
- ☐ Resources are available but lack the transportation to get there
- ☐ Need assistance on how to buy/prepare meals on a budget

Health & Insurance

Do you or anyone in your household have any of these healthcare needs (check all that apply):

- ☐ Adult diagnosed with a disability
- ☐ AIDS/HIV risk
- ☐ Child diagnosed with disability

- ☐ Dental care
- ☐ Diabetes
- ☐ Eye/vision care
- ☐ General medical care
- ☐ Hearing care
- ☐ Heart disease
- ☐ Hypertension
- ☐ Medical equipment
- ☐ Mental health
- ☐ Prescription medication
- ☐ Prosthesis
- ☐ Pulmonary disease (COPD, Emphysema, Asthma)
- ☐ STD's (Sexually Transmitted Diseases)
- ☐ Substance abuse treatment
- ☐ Teen pregnancy
- ☐ Transportation to medical appointments
- ☐ Sleep problems

Do you have health insurance you can afford?

- ☐ Yes
- ☐ No

Is there anyone in your household who is uninsured?

- ☐ Yes
- ☐ No

If you have health insurance, who is your provider?

- ☐ State provided (Medicare/Medicaid)
- ☐ Employer
- ☐ I pay for my own health care coverage
- ☐ Other

Would you say your health is:

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

Please select any of the following that are a concern or problem for you and your family (check all that apply):

- ☐ Finding Medicaid/Medicare Providers
- ☐ Teen Pregnancy
- ☐ Number of available Doctors
- ☐ Number of Doctors in the area accepting Medicaid
- ☐ Number of Doctors in the area accepting Medicare
- ☐ Number of Dentists available
- ☐ Number of Dentists who accept Medicaid
- ☐ Number of Dentists who accept Medicare
- ☐ Drive to a local Doctor is too far
- ☐ Drive to a local Dentist is too far

- ☐ There are no available Doctors in my town
- ☐ There are no available Dentists in my town
- ☐ On a waitlist but cannot see a Doctor
- ☐ On a waitlist but cannot see a Dentist
- ☐ Hospital/Emergency room not available in my town
- ☐ Lack of transportation to get to the Dentist
- ☐ Lack of transportation to get to the Doctor
- ☐ I do not have health insurance
- ☐ I do not have dental insurance
- ☐ Pre-existing health condition makes getting care difficult
- ☐ Lack of income to pay for prescriptions
- ☐ Lack of income for medical emergencies
- ☐ Lack of resources for alcohol or drug abuse treatment
- ☐ Lack of mental health treatment services
- ☐ Lack of assistance in applying for Medicare and/or Medicaid

Home & Structure

Do you have any of the following housing related needs (check all that apply):

- ☐ Home is structurally not safe
- ☐ Housing not affordable

- ☐ Need furniture or household goods
- ☐ Handicap accessible home or modification on existing home
- ☐ Mortgage or rental assistance
- ☐ Repairs needed on my home
- ☐ Utility assistance
- ☐ Neighborhood is not safe

What best describes where you are living this week:

- ☐ Rental housing
- ☐ In a home that we own
- ☐ Sharing a home with another household (doubled up)
- ☐ Transitional or emergency shelter
- ☐ Employer provided housing
- ☐ I am homeless

What do you pay monthly for housing (\$):

Do any of the following housing problems apply to you (check all that apply):

- ☐ At risk of foreclosure on a home that I own
- ☐ At risk of eviction from a home that I rent
- ☐ Cannot find affordable housing to buy
- ☐ Cannot find affordable housing to rent
- ☐ Cannot afford to make the needed repairs to my home
- ☐ Mental illness makes it hard to find a place to rent
- ☐ Bad credit makes it hard to find a place to rent

- ☐ Criminal background makes it hard to rent a home
- ☐ Other

Which of the following best describes the condition of your residence (check all that apply):

- ☐ In good shape, no repairs needed
- ☐ Needs minor repairs
- ☐ Safe, but needs major repairs
- ☐ Unsafe/poor condition
- ☐ Needs disability access improvements

Do you or anyone in your family have any of the following concerns about your home (check all that apply):

- ☐ The furnace runs all the time or doesn't run consistently
- ☐ There's little to no heat coming out of the vents
- ☐ Use space heaters to keep warm
- ☐ Pipes freeze in the winter
- ☐ Water heater makes noises or leaks
- ☐ Refrigerator runs all the time or doesn't keep my food cold

- ☐ Can see light coming into the home around the exterior doors
- ☐ Heating bills are too high
- ☐ Electricity bills are too high
- ☐ House is cold in spite of my high heating bill
- ☐ Roof is in severe disrepair
- ☐ Purchasing a home on a land contract
- ☐ Renting but want to purchase a home
- ☐ Behind on my property taxes
- ☐ Behind on my mortgage payments
- ☐ Facing eviction soon if I don't come up with rent money

If homeless, where do you sleep at night?

- ☐ Car
- ☐ Homeless shelter
- ☐ Tent city/campground
- ☐ Storage unit
- ☐ Motel
- ☐ Park
- ☐ Street
- ☐ Foreclosed house
- ☐ Abandoned building
- ☐ Friend/family couch
- ☐ Other

Do you or you family struggle with any of the following (check all that apply):

- ☐ Paying for water
- ☐ Paying for heat in home
- ☐ Paying for electricity in home

Have either of the following happened to you or anyone in your family in that last 12 months?

- ☐ Shut off notices for water
- ☐ Shut off notices for heat for your home

Income & Financial Support

Do you have any of these financial needs or problems (check all that apply):

- ☐ Achieving a "living wage" of income (meaning you don't need any help from social services or government programs)
- ☐ Health insurance
- ☐ Car insurance
- ☐ Home/renter's insurance
- ☐ Help collecting child support
- ☐ Budgeting
- ☐ Opening a bank account
- ☐ Have a bad credit score
- ☐ Have past due bills

☐ Currently in collections

In your opinion, why do you think families experience financial hardships/struggle (check all that apply):

- ☐ Something someone has failed to do
- ☐ Bad luck
- ☐ Because of things other people have done to them
- ☐ They can't earn enough to make ends meet
- ☐ They spend money on things other than basic needs/bills
- ☐ The jobs available are less than full-time
- ☐ Difficulty meeting the schedule of demands of a good paying job
- ☐ Requirements for a living wage job (high school diploma, training needed, degree)

Which of these situations applied to you or anyone in your home over the last 12 months (check all that apply):

- ☐ Bills turned over to collection agency
- ☐ House foreclosure
- ☐ Fine or legal fees that are hard to pay
- ☐ Built up too much credit card debt
- ☐ Debt from medical/dental bills
- ☐ Do not know how to file taxes
- ☐ Received credit or budget counseling
- ☐ Declared personal bankruptcy
- ☐ Can't save for unexpected expenses
- ☐ Can't save for retirement or child's education
- ☐ Fell behind in paying rent or mortgage
- ☐ Pressured by creditors to pay bills
- ☐ Car, household appliances, or furniture repossessed
- ☐ Pawned or sold valuables to make ends meet
- ☐ Used a payday loan service
- ☐ Borrowed money from family or friends
- ☐ Had gambling losses
- ☐ Used alternative financial services (used a credit card to pay for things because you had not available money)
- ☐ None apply

Has it been difficult getting or keeping a job for you or anyone in your home in the past 12 months?

- ☐ Yes
- ☐ No

If yes, it's been hard keeping a job- please select why?

- ☐ Not enough job available
- ☐ Recent layoff or hours cut
- ☐ Not having the right job skills or experience

- ☐ Not sure how to search for a job effectively
- ☐ Need tools, clothing or equipment for the job
- ☐ Transportation
- ☐ Childcare
- ☐ Credit issues
- ☐ Available work is only seasonal
- ☐ Criminal record
- ☐ Regular place to sleep at night
- ☐ Telephone
- ☐ Physical or mental disability
- ☐ Age
- ☐ Other

Transportation

Do you need help with any of the following transportation concerns (check all that apply):

- ☐ Purchasing my own vehicle
- ☐ Money for bus tokens/tickets
- ☐ Child safety seats
- ☐ Getting a driver's license
- ☐ Paying for gas
- ☐ Information about public transportation routes/services
- ☐ The hours and availability of public transportation
- ☐ Help with car/truck insurance
- ☐ Auto repairs
- ☐ Vehicle registration
- ☐ Transporting a family member with a disability
- ☐ Access to affordable transportation

Have you ever lost a job (or not been able to accept a job offer) because of transportation issues?

- ☐ Yes
- ☐ No

Do you feel you have the opportunity to give back to the community?

- ☐ Yes
- ☐ No

Do you have any comments or concerns about your community's needs or strengths that you would like to share:



Community Survey

Please help us understand the strengths and needs in your community. Your feedback will help us create and support partnerships, programs and policies in the community where you live, work and play.



What county do you live in?

<input type="checkbox"/>	Alcona	<input type="checkbox"/>	Oscoda	<input type="checkbox"/>	Lapeer
<input type="checkbox"/>	Alpena	<input type="checkbox"/>	Otsego	<input type="checkbox"/>	Mecosta
<input type="checkbox"/>	Arenac	<input type="checkbox"/>	Presque Isle	<input type="checkbox"/>	Midland
<input type="checkbox"/>	Cheboygan	<input type="checkbox"/>	Roscommon	<input type="checkbox"/>	Osceola
<input type="checkbox"/>	Crawford	<input type="checkbox"/>	Bay	<input type="checkbox"/>	Sanilac
<input type="checkbox"/>	Iosco	<input type="checkbox"/>	Clare	<input type="checkbox"/>	Tuscola
<input type="checkbox"/>	Montmorency	<input type="checkbox"/>	Gladwin	<input type="checkbox"/>	Other
<input type="checkbox"/>	Ogemaw	<input type="checkbox"/>	Huron	<input type="checkbox"/>	

Strengths:

Please review the below sections to identify the strengths your community possesses:

Education: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Good schools
- ☐ Quality education (K-12)
- ☐ Alternative Education programs (K-12)
- ☐ G.E.D/Adult Education Programs
- ☐ Afterschool programs/care
- ☐ Tutoring/educational support
- ☐ Dealing with students who have emotional or behavioral issues
- ☐ Academic support
- ☐ Communication with teachers, staff and administration
- ☐ Dealing with attendance/truancy issues
- ☐ Parenting classes
- ☐ Job training/vocational school/apprenticeships
- ☐ College/post-secondary opportunities
- ☐ Dealing with bullying issues

Employment: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Employment opportunities
- ☐ Full time employment opportunities
- ☐ Employment with benefits (insurance, vacation, sick leave)
- ☐ Employment opportunities that pay a living wage
- ☐ Job training

Income & Financial Security: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Job opportunities to earn a living wage (no need for support from a social service)
- ☐ Affordable health insurance
- ☐ Affordable car insurance

- ☐ Affordable home owner's insurance
- ☐ Affordable renter's insurance
- ☐ Assistance in collecting unpaid child support
- ☐ Access to a bank account (checking or savings)
- ☐ Programs assisting with repairing credit score
- ☐ Programs assisting in collections
- ☐ Budgeting classes

Housing: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Affordable rental housing for all income levels
- ☐ Affordable homes to purchase - for all income levels
- ☐ Structurally safe homes
- ☐ Assistance in obtaining/accessing furniture and household goods
- ☐ Rental assistance
- ☐ Mortgage assistance
- ☐ Programs to help with home efficiency/repairs
- ☐ Foreclosure prevention programs
- ☐ Rental eviction assistance/prevention programs
- ☐ Homeless shelters
- ☐ Temporary/transitional living homes
- ☐ Affordable nursing homes
- ☐ Quality care nursing homes
- ☐ Quality Adult foster care/assisted living homes
- ☐ Affordable Adult foster care/assisted living homes

Emergency Services: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Police response time
- ☐ Police coverage, patrol
- ☐ Police/Neighborhood relationships
- ☐ Emergency Health Response (Ambulance)
- ☐ Safe neighborhoods
- ☐ Domestic violence support
- ☐ Response to child abuse

Health Services: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Resources for households with an adult disability
- ☐ Education/support/resources regarding HIV/Aids
- ☐ Resources for households with a child disability
- ☐ Prescription drug cost assistance

- ☐ Prescription drug access
- ☐ Prescription drug options (obtaining generic, funding similar lower-cost options) ☐ Access to dental care
- ☐ Access to affordable dental care
- ☐ Information/education on various health concerns (diabetes, heart disease, hypertension, COPD, Asthma, sleep issues, etc.)
- ☐ Information on how to obtain affordable health insurance
- ☐ Information on health insurance options
- ☐ Transportation assistance to medical appointments
- ☐ Pregnancy/OBGYN care

- ☐ Access to mental health services
- ☐ Access to quality mental health services
- ☐ Drug and Alcohol treatment facilities
- ☐ Drug and Alcohol support groups
- ☐ The quality of health care providers (doctors, specialists)
- ☐ The ease of accessing a health care provider (Family doctor, specialist, etc.).
- ☐ Quality Emergency Room services
- ☐ Access to Emergency Rooms (available within a reasonable distance)
- ☐ Quality Home Health Care
- ☐ Affordable Home Health Care

Food Access: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Access to grocery stores
- ☐ Reasonably priced food at available grocery store
- ☐ Food assistance programs
- ☐ Food banks, access to food assistance programs (outside of DHHS)
- ☐ Quality of food available at grocery stores
- ☐ Programs that teach how to budget for meals
- ☐ Nutritional information programs

Transportation Services: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Reliable public transportation
- ☐ Public transportation schedule/availability
- ☐ Public transportation routes
- ☐ Affordability of public transportation

Utility Services: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Heating bill payment assistance
- ☐ Appliance repair/replacement assistance
- ☐ Water bill payment assistance
- ☐ Electricity payment assistance
- ☐ Navigating the paperwork/progress of applying for assistance

Other: Please select (up to 3) strengths your community has (if none, please leave blank):

- ☐ Assistance with legal issues

- ☐ Assistance with criminal record obstacles (getting a job, finding a home to rent/buy)
- ☐ Opportunities to volunteer in the community
- ☐ Affordable Childcare
- ☐ Quality/Safe Childcare
- ☐ Recreation opportunities
- ☐ Community Volunteerism/Service Club access/opportunity
- ☐ Religious Involvement/Church
- ☐ Neighborhood involvement
- ☐ Public Works (sewer, water, streets, roads)
- ☐ Social Supports, Agency, Networks
- ☐ Affordable legal assistance

Needs:

Please review the below sections to identify the needs your community has:

Education: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Good schools
- ☐ Quality education (K-12)
- ☐ Alternative Education programs (K-12)
- ☐ G.E.D/Adult Education Programs
- ☐ After school programs/care
- ☐ Tutoring/educational support
- ☐ Dealing with students who have emotional or behavioral issues
- ☐ Academic support
- ☐ Communication with (teachers, staff, administration)
- ☐ Dealing with attendance/truancy issues
- ☐ Parenting classes
- ☐ Job training/vocational school/apprenticeships
- ☐ College/post-secondary opportunities
- ☐ Dealing with bullying issues

Employment: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Employment opportunities
- ☐ Full-time employment opportunities
- ☐ Employment with benefits (insurance, vacation, sick leave)
- ☐ Employment opportunities that pay a living wage
- ☐ Job training

Income & Financial Security: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Job opportunities to earn a living wage (no need for support from a social service)

- ☐ Affordable health insurance
- ☐ Affordable car insurance
- ☐ Affordable home owner's insurance
- ☐ Affordable renter's insurance
- ☐ Assistance in collecting unpaid child support
- ☐ Access to a bank account (checking or savings)
- ☐ Programs assisting with repairing credit score
- ☐ Programs assisting in collections
- ☐ Budgeting classes

Housing: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Affordable rental housing for all income levels
- ☐ Affordable homes to purchase - for all income levels
- ☐ Structurally safe homes
- ☐ Assistance in obtaining/accessing furniture and household goods
- ☐ Rental assistance
- ☐ Mortgage assistance
- ☐ Programs to help with home efficiency/repairs
- ☐ Foreclosure prevention programs

- ☐ Rental eviction assistance/prevention programs
- ☐ Homeless shelters
- ☐ Temporary/transitional living homes
- ☐ Affordable nursing homes
- ☐ Quality care nursing homes
- ☐ Quality Adult foster care/assisted living homes
- ☐ Affordable Adult foster care/assisted living homes

Emergency Services: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Police response time
- ☐ Police coverage, patrol
- ☐ Police/Neighborhood relationships
- ☐ Emergency Health Response (Ambulance)
- ☐ Safe neighborhoods
- ☐ Domestic violence support
- ☐ Response to child abuse

Health: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Resources for households with an adult disability
- ☐ Education/support/resources regarding HIV/Aids
- ☐ Resources for households with a child disability
- ☐ Prescription drug cost assistance
- ☐ Prescription drug access
- ☐ Prescription drug options (obtaining generic, finding similar lower-cost options)
- ☐ Access to dental care

Appendix 2: Community Member Survey

- ☐ Access to affordable dental care
- ☐ Information/education on various health concerns (diabetes, heart disease, hypertension, COPD, Asthma, sleep issues, etc.)
- ☐ Information on how to obtain affordable health insurance
- ☐ Information on health insurance options
- ☐ Transportation assistance to medical appointments
- ☐ Pregnancy/OBGYN care
- ☐ Access to mental health services
- ☐ Access to quality mental health services
- ☐ Drug and Alcohol treatment facilities
- ☐ Drug and Alcohol support groups
- ☐ The quality of health care providers (doctors, specialists)
- ☐ The ease of accessing a health care provider (Family doctor, specialist, etc.).
- ☐ Quality Emergency Room services
- ☐ Access to Emergency Rooms (available within a reasonable distance)
- ☐ Quality Home Health Care
- ☐ Affordable Home Health Care

Food: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Access to grocery stores
- ☐ Reasonably priced food at available grocery store
- ☐ Food assistance programs
- ☐ Food banks, access to food assistance programs (outside of DHHS)

- ☐ Quality of food available at grocery stores
- ☐ Programs that teach how to budget for meals
- ☐ Nutritional information programs

Transportation Services: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Reliable public transportation
- ☐ Public transportation schedule/availability
- ☐ Public transportation routes
- ☐ Affordability of public transportation

Utility Services: Please select (up to 3) weaknesses your community has (if none, please leave blank):

- ☐ Heating bill payment assistance
- ☐ Appliance repair/replacement assistance
- ☐ Water bill payment assistance
- ☐ Electricity payment assistance
- ☐ Navigating the paperwork/progress of applying for assistance

Other: Please select (up to 3) weaknesses your community has (if none apply, please leave blank):

- ☐ Assistance with legal issues
- ☐ Assistance with criminal record obstacles (getting a job, finding a home to rent/buy)
- ☐ Opportunities to volunteer in the community
- ☐ Affordable Childcare

- ☐ Quality/Safe Childcare
- ☐ Recreation opportunities
- ☐ Community Volunteerism/Service Club access/opportunity
- ☐ Religious Involvement/Church
- ☐ Neighborhood involvement
- ☐ Public Works (sewer, water, streets, roads)
- ☐ Social Supports, Agency, Networks
- ☐ Affordable legal assistance

Do you have any comments or concerns about your community's needs or strengths that you would like to share:

BOARD EXERCISE: DEFINING THE SCOPE OF THE COMMUNITY ASSESSMENT

INTRODUCTION

We are meeting to take an important step in the process of gathering comprehensive data about our community as a whole through the community needs assessment. The community needs assessment is conducted every 3-5 years. It is a comprehensive assessment of the community that we serve. We can gather the information via surveys, interviews, community meetings, etc. The community assessment process is the first step in the process of creating the next strategic plan for our agency. The information we gather and assess must be relevant and useful to assist you as a Board to create the new long-term plan. We need your thoughts about the kind of questions you will want answered, questions that are broad enough and also focused enough so that you are confident our next Strategic Plan addresses the most important community needs and includes all the relevant resources and strategies you might want to access to meet those needs. The information we gather here is critical in our program planning and development, mission alignment, our strategic plan, understanding the community we serve and our agencies impact on vulnerable populations. It helps us establish the basis for new funding opportunities, program development, growth and need – much like we are doing with the housing project.

We even want to re-examine the way that we have approached planning, and preparing the Community Needs Assessment that supports planning. We want to be sure that our practices give you, as our leadership, all the information you may require to establish a plan to make the residents of our community more economically secure.

Listed below are common features of a *Comprehensive* Community Needs Assessment

This type of assessment should be comprehensive enough to allow CAA leaders to:

- ❖ Understand the full scope of emerging and constant needs of economically insecure residents of the community it serves;
- ❖ Educate the community and its leaders about the needs;
- ❖ Choose the role the organization will play in meeting some of those needs and in lowering current and future barriers to community residents' economic security;
- ❖ Identify partnerships with others in the community that can help fulfill the CAA mission;
- ❖ Identify public policy issues to which the CAA should provide input; and
- ❖ Demonstrate to the community that the CAA has strategically chosen the most important issues to address, alone or with partners, and that is using its resources most effectively.

The process for planning and conducting the assessment is expected over the course of the next 12 months.

BOARD EXERCISE: DEFINING THE SCOPE OF THE COMMUNITY ASSESSMENT

NEMCSA Mission Statement:

Our mission at Northeast Michigan Community Service Agency, NEMCSA, is to provide quality programs and services to strengthen and enhance the self-sufficiency of individuals, families and communities through the best use of human and financial resources, focusing on those who are experiencing an economic hardship.

NEMCSA Board Goals:

- Expand Educational Opportunities of “at risk” children in northeast Michigan
- Improve the health and well-being of vulnerable senior populations in northeast Michigan
- Improve the health and well-being of vulnerable populations in northeast Michigan
- Work in partnership with other agencies
- Agencies increase their capacity to achieve results

NEMCSA Strategic Plan Goals:

- Continue to offer exemplary existing and new outcome-based programming. Utilize Community Needs Assessment as the tool that drives the agency’s response to client, customer, and community need.
- Nurture citizen involvement through volunteer opportunities.
- Broaden awareness of NEMCSA’s programs and outcomes through the development and implementation of an integrated communication plan to advance NEMCSA’s brand identity. This includes enhancing external communication, expanding marketing and incorporating advertising.
- Continue effective board governance, with targeted financial oversight and awareness of NEMCSA’s short and long-term strategic initiatives. This includes recruiting and retaining active and engaged governance board members and advisory group participants.
- Maintain current and continue to expand and diversify the revenue sources with strong financial partnerships; research and aggressively seek discretionary funding and new grant opportunities; consider method-ologies to establish or enhance an individual donor base; explore fundraising options.
- Enhance collaboration and partnerships to undergird referrals, broaden awareness of programs and services, and support NEMCSA’s strong reputation as a leading force in the war on poverty.
- Continue the use of ROMA as the agency-wide tool to determine overall effectiveness; inform annual and long-range planning; and support agency advocacy, funding and community partnership activities.
- Improve internal communication systems and remove obstacles to staff job satisfaction leading to a stronger and more positive work environment and enhancing staff retention. Continue to attract and retain qualified staff.
- Assure compliance with new nationwide Community Action Agency Performance Standards.

Please keep the above sheet for your records

+++++

Please return the below:

Comment / Explain/Add information here:

PLANNING SESSION: What To Consider – Defining our Community

- How do we define the “community” our CAA serves?**

- ☐ Is it the low-income residents of our core service area (our 11 Core Service Counties)?
- ☐ Is it the core area plus the additional Head Start counties?
- ☐ Is it just the low-come/at risk individuals & families we serve
- ☐ Or is it the individuals & families we serve, community partners, employers, social services, Health care providers, etc

If none of the above fit your idea of our service community – feel free to add your thoughts below:

Comment here:

In the past we have asked respondents to identify the top three strengths and top three weaknesses they perceive in their community. Is there anything else we should include/explore during our community needs assessment collection?

Comment / Explain/Add information here:

What types of information not already listed above should be included in our assessment?

Comment / Explain/Add information here:

Why do we do it?



ROMA cycle

Performance management provides feedback (from our consumers in this case) that we can use to improve our programs, delivery of service and outcomes



Organizational Standards

Standard 1.3: The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

Standard 6.4: Customer satisfaction data and customer input, collected as part of the **community assessment**, is included in the **strategic planning** process.



Board Goal

Helps measure the board established goal: 100% Client Satisfaction

Customer Satisfaction Survey



Northeast Michigan Community Service Agency



What do we do with it?



Customer Survey

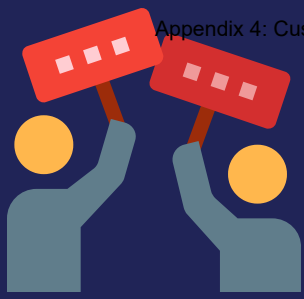


Strategic Plan

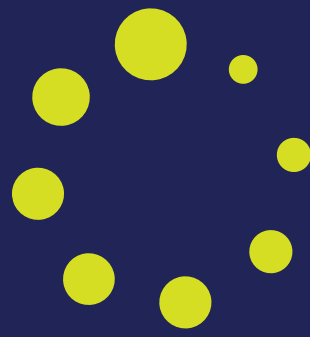


Community Needs

By evaluating, reviewing and comparing the results of the Customer Satisfaction Survey, the Leaders of the Organization get an inclusive look into how a participant navigates and experiences the agency, staff and programs.



A Closer Look at Customer Satisfaction



Here is what our customers had to say...



97%

Rated their overall service
NEMCSA provides as
Excellent -Good

2%

Reported it Fair to Poor



78%

Felt NEMCSA told them about
other programs NEMCSA
offered

2%

Reported staff did not inform
them



78%

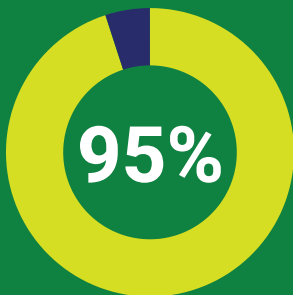
Staff told me about outside
programs that could help me

2%

Reported staff did not refer them



How did our staff do?



Said their needs were met
based on the services they
received



95%

Reported staff listen to
my concerns



89%

Reported staff explained
what I needed to qualify
for services



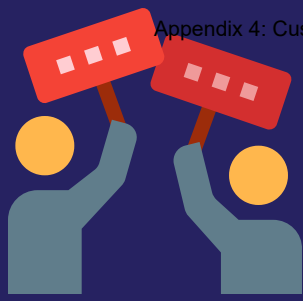
94%

Staff explained all the
paperwork to me and
answered all my
questions



93%

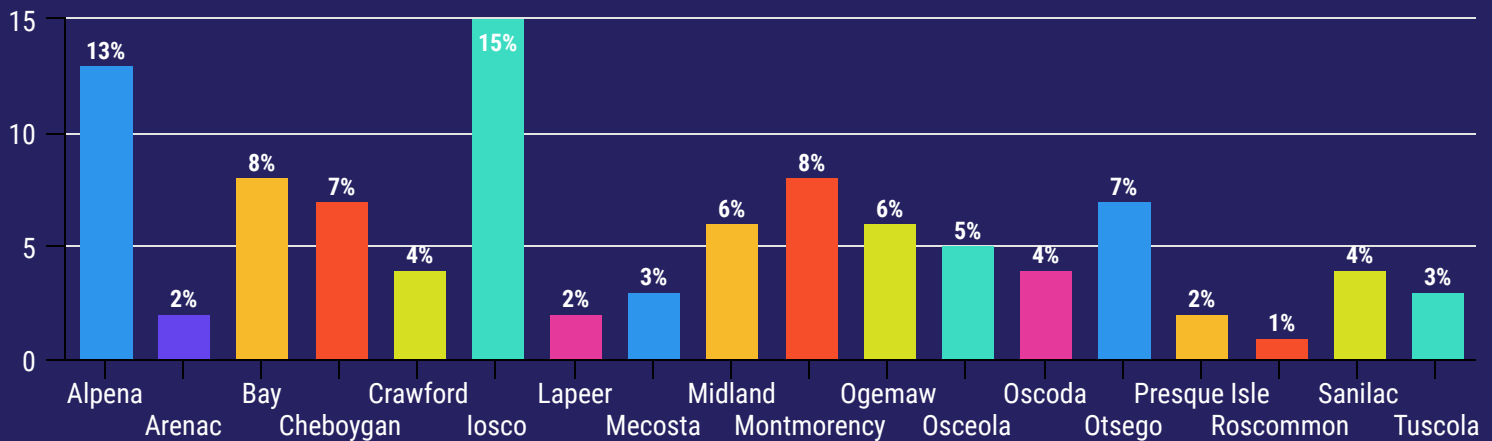
Would recommend
NEMCSA to others



A Closer Look at Satisfaction

Customer: "I really owe them a vote of thanks for bringing me back to a future and life again. Thank you for your companionship!"

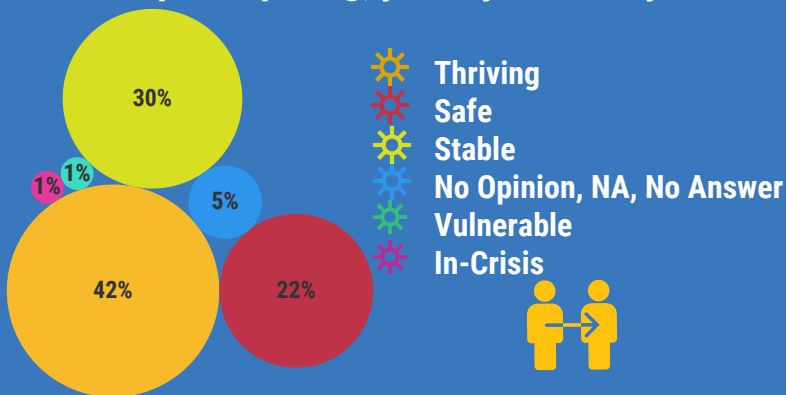
What county do you live in?



99% were treated with Dignity & Respect



Since participating, you & your family are:



"I cannot express enough gratitude and a million thank yous! Your weatherization program has saved me hundreds of dollars so far this season! I'm still on my first fill up of propane! When I went through full tanks by this time last year. Thank you ever so much."

98% Strongly Agree or Agree NEMCSA Staff were courteous & respectful



Board Member Interviews of Local Elected Officials

Name of Person Interviewed: _____ Title: _____

City or County Represented: _____/_____ Date: _____

Northeast Michigan Community Service Agency (NEMCSA) is conducting a Community Needs Assessment as part of the requirements to receive Community Services Block Grant funds. As part of the survey, we are interviewing key stakeholders in the community.

By completing the below survey you are helping NEMCSA:

- Understand the full scope of emerging and constant needs in our community
- Educate the community and its leaders the strengths and needs in our community
- Choose the role the organization will play in meeting some of those needs and strengths
- Identify partnerships with others in the community that can help fulfill the CAA mission
- Demonstrate to the community that the CAA has strategically chosen the most important issues to address, alone or with partners, and that is using its resources most effectively

1. What do you know about our Community Action Agency (NEMCSA) and the services we provide that help address needs of low-income persons?

2. What do you think are the top five key needs of low-income persons in your community? The needs could be in the areas of employment, education, income management, housing, emergency assistance/services, nutrition, helping persons to become self-sufficient, or coordination of services and connecting persons to services, community revitalization, or other needs.

1)

2)

3)

4)

5)

3. What suggestions can you provide on how the needs could be addressed?

4. What do you think are some key community revitalization needs?

5. How do you think our community can address the identified community revitalization needs?

6. Do you have any other feedback?

Collective Summary

Obtaining a high school diploma is the first milestone to reaching a livable income



24%

of those 18-34 years old live in poverty, 2nd to 5 year olds who are at 32%



3%

NEMCSA's service area has seen an increase in the number of individuals living on poverty (7 year time frame)

17%

of all the homes in NEMCSA's service area live in poverty



Our Service Area



42%

of all the homes in NEMCSA's service area live in under A.L.I.C.E survival budget



TOP 5 NEEDS IDENTIFIED

Ease of accessing health care providers #1

Programs that support home efficiency & repairs #2

Opportunities for budgeting classes #3

Access to affordable dental care #4

Jobs that pay a living wage #5

Who is most at risk?

- ★ Female-headed and married households
- ★ Male and Females age 18-64 (specifically 18-34 years)
- ★ Households with children
- ★ Those living in a family whose head is unemployed (32.9% nationally live in poverty).
- ★ Individuals with high school diploma or less

Counties with the highest # of those most at risk

Ogemaw

Arenac

Roscommon

Calibrating one domain without understanding its interdependent connection, results in continued instability and communities that remain in a resource deficit

Education Domain

Obtaining a high school diploma is the first milestone to reaching a livable income



75%

of survey respondents made less than \$25,000/year - all had a high school diploma or less



67%

of students qualify for Free & Reduced lunch rate

25%

of children in our service area live in poverty



Who needs help?

TOP CONCERNS ADDRESSED BY INDIVIDUALS & FAMILIES



#1

Parents want help with Emotional or behavioral issues

#2

Want help with bullying

#3

Concerned about a learning disability

COMMUNITY RESPONSE

Strength

- ★ Good Schools
- ★ Quality Education
- ★ College/Post-Secondary Opportunities

Weakness

- ★ Job Training/Vocational
- ★ Bullying issues
- ★ Parenting Classes



NEMCSA PROGRAMS:

- * Early Head Start * Foster Grandparent Program
- * Great Start Readiness Program
- * Head Start * School Success Program

Counties with the highest # of Individuals at Academic Risk

Alpena

Otsego

Iosco

By stabilizing the parent, we change the trajectory of both generations!

Health Services Domain

#1 Need - Accessing Health Care Providers

#4 Need - Access to Affordable Dental Care



5%

of the all the providers in the State are located in our region.
Increasing the # of providers in our region is critical to stabilization of this domain

47%

are covered by Medicaid & Medicare - which does not include dental coverage



33%

of those on Medicaid or Medicare in our region are **income eligible**, making **travel to a provider more burdensome**

How and Who?

TOP CONCERNS ADDRESSED BY INDIVIDUALS & FAMILIES



#1

Not enough Dentists accepting Medicaid

#2

Not enough Doctors accepting Medicaid

#3

Drive to the Doctor is too far

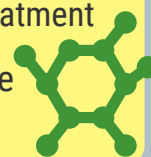
COMMUNITY RESPONSE

Strength

- ★ Access to dental care
- ★ Prescription drug access
- ★ Access to Emergency Rooms

Weakness

- ★ Access to Mental Health
- ★ Drug and Alcohol treatment
- ★ Access to affordable dental care



NEMCSA PROGRAMS:

Ombudsman * Retired Senior Volunteer Program * Care Mgt/MI Choice Waiver * Creating Confident Caregivers * Evidenced Disease Prevention * Homemaker, Personal Care & Respite * Medicare/Medicaid Ast. Program * Nursing Facility Transition * Senior Companion Program

Counties with the lowest # of Providers

Oscoda

Crawford

Montmorency

He who has health has hope; and he who has hope has everything

Income & Financial Domain

#3 Need - Budgeting Classes

#5 Need - Job Opportunities with a living wage



42%

of individuals in our area live **at or below ALICE Survival budget**



\$50.16

is the hourly household **wage** needed to **Stabilize a Family of Four**.

24%

of individuals living in poverty are **between the ages of 18-34 Years**



How and Who?

TOP CONCERNS ADDRESSED BY INDIVIDUALS & FAMILIES



#1

Can't make enough to make ends meet

#2

Available jobs are less than full time

#3

Can't save for unexpected expenses

COMMUNITY RESPONSE

Strength

- ★ Access to bank accounts
- ★ Employment Opportunities
- ★ Job Training

Weakness

- ★ Employment Opportunities
- ★ Employment with Benefits
- ★ Employment that pays a living wage



NEMCSA PROGRAMS:

Financial Capability Program * Foreclosure Services Program * Home buyer Education Program * Legal Assistance * Kinship Care * Senior Community Service Employment Program

Counties with the largest gap between A.L.I.C.E Income & Median Income

Montmorency

Oscoda

Roscommon

Bad Credit, Past Due Bills, Needing Budgeting Classes - all symptoms of a juggling poverty

Community Domain

Assistance Programs, Community & Housing

#2 Need

Programs to help with Home Efficiency & Repair



50%

of an annual salary is what a person in poverty **would have to pay for a major home repair**



40%

of their income is what a person in poverty **pays for housing; that's a \$300 deficit**

23%

increase in our region's homeless population from 2017-2018



TOP CONCERNS ADDRESSED BY INDIVIDUALS & FAMILIES



#1

Heating & Electric bills are too high

#2

Light coming in around the doors

#3

Can't afford the cost of their car (gas, insurance, repairs needed)

COMMUNITY RESPONSE

Strength

- ★ Ambulance Response time
- ★ Heating & Electric assistance
- ★ Affordable Public Transportation

Weakness

- ★ Affordable Rental Housing
- ★ Navigating application for assistance
- ★ Public Transportation - Schedule & Availability



NEMCSA PROGRAMS:

Michigan Energy Assistance Program * Retired Senior Volunteer * Senior Companion Program * Weatherization * Emergency Shelter Program * Family Self Sufficiency * Foster Grandparent * Homeless Prevention * Rapid Rehousing *

County with the highest homeless/at risk individuals

Alpena

Otsego

Roscommon

Bad Credit, Past Due Bills, Needing for Budgeting Classes - all symptoms of juggling poverty income

Food Access Domain

Food is a basic, essential need, yet in northern Michigan individuals regularly go without it!



17%

of the service area **receives SNAP** (Supplemental Nutrition Assistance Food Program)

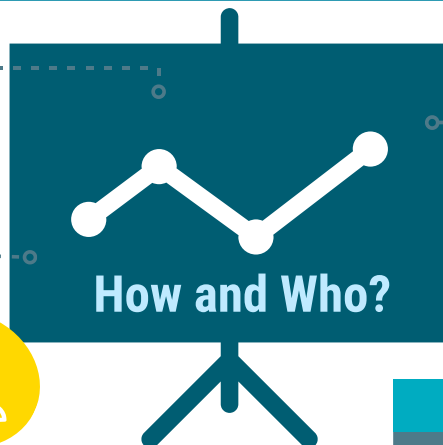


\$41.00

is the **food shortfall** that insecure families face every month

28%

of women with children experience food insecurity



TOP CONCERNS ADDRESSED BY INDIVIDUALS & FAMILIES



COMMUNITY RESPONSE

Strength

- ★ Access to grocery stores
- ★ Food Assistance Programs
- ★ Reasonably priced food at stores

Weakness

- ★ Programs that teach food budgeting
- ★ Food is not reasonably priced
- ★ Nutritional Food Programs



NEMCSA PROGRAMS:

Commodity Supplemental Food Program * Congregate Meals * Home Delivered Meals * Emergency Food Assistance Program

Counties with highest food insecurity

Montmorency

Oscoda

Roscommon

SNAP benefits reduce poverty, food insecurity and over the long-term lead to improved health, and economic outcomes

Appendix 9: Online Link to Survey Responses:

<https://nemcsa.knack.com/community-needs-assessment#familyindividual-results15/>

Screenshot below of page:

