



STRATEGIC RESPONSE TO COMMON HUMAN NEEDS IN BLACK HAWK COUNTY

COMMUNITY ASSESSMENT FINAL REPORT—JUNE 2013

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Cedar Valley United Way

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APPENDICES (SUBMITTED UNDER SEPARATE COVER)

- Appendix One – Above average jobs vs. Inexperienced Workers in the Cedar Valley**
This document was created as a follow-up to the Board of Directors roundtable discussion. It analyzes the availability of above average jobs versus inexperienced workers in the Cedar Valley using data from the Iowa Wage Survey for Waterloo-Cedar Falls, MSA.
- Appendix Two – Overview of *Making Sense Online***
The University of Northern Iowa is responsible for the development of the Making Sense Online resources. This learning system was originally a part of Project SOAR (Student Online Achievement Resources), which is an innovative project dedicated for United States military families and the military support personnel that serve them. Even though this system was developed for military families, it has application for Cedar Valley children and their parents.
- Appendix Three – Waterloo Police Department Interview**
SMS conducted one in-depth interview with law enforcement. This document contains key comments made by Chief Dan Trelka.



This report was prepared for Cedar Valley United Way by Strategic Marketing Services.



Additional funding for this report was provided by the Community Foundation of Northeast Iowa.

INTRODUCTION

PROJECT OBJECTIVE

Strategic Marketing Services' research objective was to assist the Cedar Valley United Way in understanding how best to meet the common human needs in Black Hawk County.

PROJECT BACKGROUND AND DESIGN

As the research team worked through this project, and information was acquired & analyzed the Scope of Work was modified to best meet the project objective. These modifications are noted in the body of the report.

A Community Needs Assessment was conducted in 2008 on behalf of the Cedar Valley United Way. This assessment did an adequate job of identifying and validating problems that existed at that time, the underlying causes of the problems, and some general suggestions for addressing them. For all the merits of the 2008 study, it was beyond the scope of the project to implement specific actions to address the identified problems. It is widely accepted that more education, more communication, more money, better transportation, lower cost housing, and well-mannered children would go a long way in addressing the county's needs. The real question was, how do we accomplish these things in efficient, cost effective ways that demonstrate that Cedar Valley United Way is a good steward of the funds they have been entrusted with?

The original goal of this project was to utilize the results of the 2008 Needs Assessment to identify the most effective strategies to address the county's common human needs. The first modification to the original Scope of Work occurred when the United Way sub-committee responsible for this project requested that SMS evaluate actual data to see if the areas of concern that were cited in 2008 saw significant growth, as predicted in that study. SMS added this activity as Step Three in Phase One (described on page 4) and agreed to perform this step at no additional cost. A significant amount of time and effort was devoted to accomplishing this task and it proved to be worthwhile. The findings required an additional change to the Scope of Work that should greatly improve United Way's ability to better understand the critical issues and prioritize funding decisions. SMS conducted a multi-phased approach that took place over the course of four months.

PHASE ONE

PART A

In Phase One, SMS conducted a deep dive secondary research project to:

- 1) Identify programs throughout the nation that address the problems identified in the 2008 study.
- 2) Identify a sampling of the most successful programs dealing with the problem areas.
- 3) Collect and analyze actual available data from Black Hawk County for the period of 2008 to 2012-2013 to determine if the problem areas increased and by how much.

PART B

Upon completion of Part A of Phase One, SMS presented the results to the Cedar Valley United Way Board of Directors and moderated a roundtable discussion to gain Board input and evaluate and prioritize the problem areas.

PHASE TWO

In Phase Two, SMS facilitated three focus groups with service providers to:

- 1) Determine the most critical problem areas.
- 2) Determine if the problem areas had increased or decreased since 2008.
- 3) Determine the severity of the problem areas in the future.
- 4) Identify which problem areas, if reduced, would also reduce other problem areas.
- 5) Identify any emerging problem areas.

Phase Two was intended to facilitate greater understanding, increased collaboration, and synergy between the Cedar Valley United Way and area service providers.

SUMMARY

PHASE ONE

PART A: SECONDARY RESEARCH

The 2008 study predicted that each of the following problems, in rank order, would get worse:

- | | |
|---|--|
| <p>1) Drug & Alcohol Abuse</p> <ul style="list-style-type: none"> • Adults (19 and older) • Adolescents (18 and younger) <p>2) Family Stability</p> <ul style="list-style-type: none"> • Single-parent homes • Teen pregnancy <p>3) Crime</p> <p>4) Shortage of Good Paying Jobs</p> <ul style="list-style-type: none"> • Average weekly wage • Cost of living • Cost of housing • Poverty level • Free or reduced lunch eligibility | <p>5) Affordable Child Care</p> <p>6) Homelessness</p> <p>7) Availability of & Access to Healthcare</p> <ul style="list-style-type: none"> • Health insurance coverage • Language barriers • Transportation to appointments |
|---|--|

The secondary research conducted by SMS largely disputes the predictions of the 2008 study. Using the *best data available*, we found that there was a decrease in many of the problem areas since 2008, and where there was an increase, in many cases it was slight. In other words, the problems have not increased at the rate predicted. We acknowledge that there are some gaps in the data, which we've explained in the results section of the report. The problem areas are summarized below.

Drug & Alcohol Abuse

The number of adults treated by Pathways increased only marginally between 2010 and 2011 (2008/09 and 2012 data were not available). The frequency with which alcohol was reported as the primary drug-of-choice increased (+2.5%); however, the frequency with which methamphetamines were reported decreased (-3.7%).

The number of adolescents treated increased from 2010 to 2011. Roughly 80 adolescents were treated in 2011 versus 60 in 2010. The drug-of-choice did not change – marijuana was by far the most reported primary drug-of-choice.

Family Stability

The number of single-parent homes decreased between 2008 and 2011. Total Black Hawk County households increased by roughly 1% from 2008 to 2011; however, the percentage of single-fathers with children under 18 only increased by 0.1%, while the percentage of single-mothers decreased by 0.4%. It can also be reasonably assumed that there was a decrease in the percentage of grandparents who lived with, and were responsible for, their own grandchildren.

Teen births decreased by a rate of 12.8 per 1,000 live births from 2008 to 2011.

Crime

Overall, crime decreased between 2008 and 2011-12. Both the Cedar Falls Police Department and Waterloo Police Department reported a decrease in crime from 2008 to 2011. The Black Hawk County Sheriff reported an increase in service calls and arrests; however, the frequency of **A** offenses decreased, and the increase in **B** offenses was largely due to alcohol-related offenses. The Sheriff's Department largely attributed the increase in alcohol-related offenses to invested efforts that were directed toward keeping the county safe from the devastating effects of drunken driving accidents.

Shortage of Good Paying Jobs

There is still a shortage of good paying jobs in Black Hawk County, and while the problem has increased, it doesn't seem to have increased at the rate predicted in 2008. The average weekly wage for all industries increased by \$45 (roughly 6%) between 2008 and 2011, which is about 3% higher than the state of Iowa's average weekly wage during both years. Even though the average weekly wage increased, cost of living expenses increased at a slightly higher rate. Total cost of living expenses in the state of Iowa rose 5% to 9%, depending on the family type. Included in the cost of living expenses is the cost of housing. In Black Hawk County, median gross rent increased by roughly \$42, and median home values increased by \$8,100.

The number of residents who live below the poverty level increased by less than 2%; however, that 2% increase likely contributed to the 10.5% growth in children who were eligible for free or reduced-price lunches.

Affordable Child Care

Child care rates in Black Hawk County increased from 2009 (2008 data was not available) to 2012. The greatest increase was seen in child care centers; however, there was also a substantial increase in registered home rates. A family earning the median income of \$57,495 with two children in child care would pay roughly 22% to 28% of their income before taxes, depending on if their children attended a registered home or a center, respectively. Approximately 80% of the total Black Hawk County child care programs (including centers, registered homes, and preschools) accepted DHS Child Care Assistance funded children.



Homelessness

Total homelessness in Black Hawk County increased by roughly 3% from 2008 to 2011. The increase was seen in the homeless individuals population; the homeless households population decreased. The number of Black Hawk County residents who were at-risk of becoming homeless increased. The majority of the at-risk population was households.

Availability of & Access to Healthcare

The number of uninsured Black Hawk County residents decreased by 442 from 2008 to 2011; however, language barriers in healthcare and transportation to medical appointments are growing concerns. Roughly 3% of Black Hawk County residents speak English less than “very well.” Healthcare providers receiving federal funding are required to offer meaningful access to limited English proficiency patients. This can be achieved through an interpreter; however, there is a recognition that just because someone is bilingual doesn’t mean they are a competent medical interpreter.

Iowa’s population over age 65 is projected to increase by 52% - or an additional 226,973 older adults – during the next 20 years. Since one in five older adults does not drive, about 45,400 Iowans will need alternative transportation options in the coming decades.

PART B: BOARD OF DIRECTORS ROUNDTABLE DISCUSSION

“We need real data on an ongoing and consistent basis.”

“I’m not sure the data is complete enough to guide funding decisions.”

Overall, the United Way Board reported that analyzing real data on the issues and problems surrounding our community is crucial. However, there were a number of concerns regarding the detail and availability of specific data. SMS recognizes that there are data points that may affect several of the studied problem areas that are not included in the report (i.e., diversity, veteran issues, etc.); however, including each and every one of those data points would be costly. SMS worked with the United Way staff to determine which data points should be included within each problem area. We then did a search for the best data available in order to provide United Way with a foundation on which to base future research. The goal of the secondary research was to provide a community-wide glimpse at each of the issues (though we realize that was not possible in some cases). The goal was not to contact the various service providers throughout the Cedar Valley and aggregate the data they’ve collected. In fact, that would likely be impossible due to the variance in how the data is collected and reported.

Finding: Comprehensive, consistent data across all problem areas does not exist.

“Where does United Way look to make a real impact? The Scope of the issues is so big.”

Most of the problem areas are interrelated, which shows that it is necessary to identify the foundational issues that cause, or are related to, other issues in order to achieve the maximum impact. It is also imperative that the United Way find a balance between short-term solutions, preventative solutions, and long-term solutions. Funding long-term or preventative solutions that work to fix and/or prevent the overall problem may seem like the best choice, but failure to provide short-term safety nets may also be detrimental. During the Board roundtable, Board members were asked to rank order from most critical to least critical nine identified problem areas. Good paying jobs and academic development were overwhelmingly seen as most critical primarily because solving these two problems was seen as having the greatest impact on the remaining seven issues. SMS will ask service providers to identify new and emerging issues in addition to the nine evaluated by the Board and then ask the service providers to also rank order the issues from most critical to least critical based on those perceived to have the greatest impact on reducing other issues. If the service provider and Board rankings match, then United Way will have greater insight regarding *“Where does United Way look to make a real impact?”*

Finding: The root cause is identified in the Conclusions & Recommendations section of the report.

“What issues are we not seeing? Are there emerging issues outside of the 2008 survey that should be on our radar?”

Board members were concerned that there were new issues that had not been analyzed in Phase One. Identification of new issues will be addressed in Phase Two.

Finding: There are other issues not addressed in the 2008 report, but service providers did not identify any significant new issues.

“If I had the power to make one significant change in our community, it would be...”

Roughly half of the Board reported that they would increase higher wage job opportunities and workforce development programs. There was a general consensus that one of the big problems in Black Hawk County is a skilled workforce. The statement was made that although there are a lot good paying jobs available, there aren’t enough skilled workers to fill the available positions. With that being said, the question still remains – are there *really* a lot of good paying jobs available in the area, and, if so, by whose definition? Regardless, providing residents with the training and education necessary to qualify for higher paying jobs, should they be available, will likely have a significant impact on not only that particular problem area, but also other related issues: homelessness, poverty, healthcare, etc. Focus also needs to be placed on the academic development of Black Hawk County’s youth. Academic achievement and high graduation rates will have a future impact on many of the problem areas.

Finding: Good paying jobs and education directly relate to the root cause issue identified in the Conclusions & Recommendations section of the report.

“Transportation methods are a key resource to focus on in order to help our community develop solutions.”

Reliable transportation positively affects a number of the problem areas. Better transportation will not only help the elderly and disabled get to their medical appointments, but it will also help low-income residents commute to and from work, and ultimately hold down a job. Transportation is critical in order to elevate low-income residents out of poverty. This issue will continue to grow over the next several years as the aging population increases.

Finding: Service providers agree with this issue.

“If we can get jobs into the hands of people who want them, the burden to special programs for all of these should decrease. Family → Education → Jobs.”

Over half of the Board members in attendance reported that the shortage of good paying jobs (or lack of a skilled workforce) and student academic development and achievement were the most critical problem areas. These issues are interrelated – student academic development and achievement will lead to a more skilled workforce, which will result in an increase in residents qualified for the higher paying jobs, which will likely lead to a decrease in many of the other problem areas.

Finding: Good paying jobs and education directly relate to the root cause issue identified in the Conclusions & Recommendations section of the report.

PHASE TWO

Three focus groups were conducted with different but similar conclusions. At the beginning of each focus group, service providers were handed a worksheet that listed the issues identified in the 2008 study. Respondents were asked to add any emerging issues, and then ranked the criticalness of the issues, including the ones that they added, with “1” being the most critical. Aggregately, service providers ranked family stability as the most critical problem area and also the one that, if solved, would most positively impact the other problem areas. Good paying jobs and academic development were also identified as issues that would have a large impact on the other problem areas, if resolved. These findings should not be confused with the root cause issue identified in the Conclusions & Recommendations section of the report. While service providers initially selected those three problem areas as the most critical, a more definitive root cause was determined throughout the course of the discussions.

The most frequently mentioned emerging issue was access to mental health services. There is a need for mental health services for both children and adults; however, the need is most prevalent in children. Respondents reported that there is a shortage of psychiatrists; therefore, once a person is diagnosed with a mental illness it can often be difficult to find quality, affordable treatment.

Respondents agreed that there is no one problem area that can be isolated as a stand-alone problem. Each issue is interrelated and is often a risk factor for another problem. Many of the issues are generational, which makes breaking the cycle one of the biggest challenges. Respondents identified several risk factors associated with these issues, which can be found later in this report.

How do we solve these issues? Respondents reported that the best way to tackle these issues is to develop a community-wide, holistic model in which the entire community collaborates and takes responsibility.

“Problems in our community will not be solved unless we all take ownership, people truly understand what our problems are, and we come together as a community. We need to break down the stereotypes and anger and bring some acceptance and understanding.”

Respondents agreed that the entire Cedar Valley needs to be educated about our problems, and then we need to own those issues as a community. The Cedar Valley has to come together and understand that it’s not *their* problem, it’s *our* problem. These issues do not just affect one city or neighborhood; they affect our community as a whole. For that reason, we also need to work to close the divide between Waterloo and Cedar Falls.

Participant statements:

- This community, the Cedar Valley, has more resources than any community I’ve ever been in. We can solve this if everyone comes together. The public education system has to own part of this problem and has to be willing to fix their part, but it’s not just about education, it’s about our community. We have UNI, Hawkeye, the Alliance and Chamber...we all need to come together and make a commitment.

- The community needs to own the problem. It's not about Cedar Falls, it's about the Cedar Valley. It has to be the betterment of our area. It's easy to say "that's not our problem – that's across the river." There is a huge divide between Waterloo and Cedar Falls. In order to fix the problem we need to work together better.
- It's not about fixing this group – it's about fixing the community. We need to own our problems.
- There is a huge gap – I work, you get everything for free. You hate me because I have a good paying job, and I hate you because I'm paying for you. There's an us-versus-them mentality. There's no collaboration.

“Get that population included before you do anything, so it's not something that you did for them, it's something that they are doing for themselves. They need to be included before you go too far so they feel ownership. If they don't own it, they aren't going to do it. There's got to be some skin in the game. This can't just be an academic exercise.”

The affected population has to own their issues, and need to feel like they are part of the process. They need to be involved as early as possible and need to know what's in it for them.

- Participant statement: We need to include who's affected. It's easy for us to sit around and talk about the problems but at the end of the day, our problems are really rich-guy problems. I know where my next meal is coming from, and my tank is full of gas in a newer car. I feel like a lot of times we get around and talk, which is a fantastic process, but I'm only assuming based on an external observation. The old door knocking might be a good idea. Start with a block or a neighborhood. A lot of times people become so disenfranchised that we throw our hands up.

“It needs to be a community driven agenda, community driven education process, community driven outcome. So we all have ownership and accountability in that process.”

Respondents reported several factors that should be taken into account when developing this holistic model. The model should include:

- A welcoming environment.
- Trust. They need to know we care about them. That's where it starts.
 - Participant statement: Give them personal attention and put them on center stage. That's a good way to build trust.
- Community leadership.

- **Community meetings, which should include:**
 - Incentives. Something as simple as a free meal could be enough to get people to show up and listen.
 - Community members, leaders, and those affected should all be in attendance.
- **Information. What are you giving them? You could give knowledge about how to plug into the workforce, etc. You have to give them value.**
- **Clear and measurable goals. Where do we want to be? What are we striving for?**
 - Participant statement: If you're going to ask for money, it's going to take some education to tell people how their money is going to be invested and spent wisely. We also need to show results.
- **It should be a team approach that is built around the family. You need to model, sustain, set free, and support.**
 - Participant statement: The support piece is *very* important. We need to be there because they will have setbacks – financially, mentally, and other every day issues. They need someone to mentor them and help them stay on track.

Implementing a model such as this one will come with challenges. One of the biggest challenges will be determining the leadership. Respondents were concerned with the fact that there will always be backlash when selecting an individual, or group, to lead such an undertaking. Whoever one person thinks is important, someone else does not, and certain people may not show up because certain other people are in attendance. The challenge is finding a neutral person or group. While unable to determine who that neutral person or group should be, respondents did come up with a list of qualities that the leader should demonstrate.

- There is no one entity that should be the leader; it should be a group. Someone needs to be the convener, perhaps Cedar Valley United Way, but they shouldn't have the whole responsibility.
- Someone who can be a "cage rattler." Someone who can say, "This is not okay, and we need to make this better."
- The people included on the leadership team should cross all sectors and represent the major players in the community, including, but not limited to:
 - The clergy, which should be inclusive of all races, religious beliefs, and geographic locations.
 - The business community and the Chamber of Commerce. The business community as a whole needs to look at what they can do to give back to the community. Businesses have gone away from that, or at least are not taking as active of a role as they did in the past. Respondents believe their business ethic is not as strong; likely because there aren't as many large businesses that are locally owned.

Participant statements:

- In the U.S., charitable giving has remained constant since the 1970's – about 2% of the GDP. It hasn't gained any market share. If we could increase that by 1% it would almost double the dollar amount. The business community needs to take some ownership in that. If they can invest even just another half of a percent in the community, they will see the gains when we have a more skilled workforce and things like that.
- Businesses need to be invested so we can have a strong workforce. They need to have long-term strategies in order to better assist their workforce so they don't leave and find another job on a competitive basis.
- Healthcare institutions / Public health system.

- Participant statement: This has to include mental health professionals. The greatest unmet need in school-age children in Waterloo is mental health services. Providers have the ability and resources to conduct mental health assessments, but the capacity for where they refer them to once the assessment is complete is uncertain. There is a lack of providers, especially child psychiatrists.
 - Educational system.
 - Safety (Police and Fire Departments).
 - Transportation.

Other challenges discussed by respondents include:

- It is difficult to maintain current information about community resources. United Way's 2-1-1 resource can be a great tool, but it's not updated or specific to the Cedar Valley. The community needs to have a centralized online resource with links to community resources: education, crisis management, health resources, substance abuse resources, domestic violence, mental illness, etc. There needs to be an administrator and it needs to be routinely updated, but not by the providers. They are already stretched too thin; they need someone to do the leg work for them.
- Different languages make it difficult to communicate with people. There are cultural differences, as well.

“What the state and country is hungry for is a model to solve this. There is a great opportunity to develop a model through this process that you can take to the state and federal level. This has national importance.”

Respondents provided several examples of organizations that have a successfully implemented some type of holistic model.

- The Northwest Area Foundation, located in St. Paul, Minnesota, supports efforts across an eight state region to reduce poverty and achieve sustainable prosperity. They provide grant funding and lead organizations through the process of building an action plan.
- Alcoholics Anonymous has a good model because the people are held accountable. Participants in the program have a mentor they can call who will help them through the tough times, which is a key piece of the puzzle.
- Blue Zones is another good example. People have to make a pledge and say what they are going to do as an individual, or as a corporation, to make this community better. People are putting skin in the game and are invested in a positive outcome.
- Marshalltown is a truly collaborative community. They have taken on a holistic approach and work together to solve issue after issue.

- Lincoln Elementary, which is located in a predominately poor community in Waterloo, has put together the right chemistry of principal and staff in order to turn out 500-600 parents a month at parent meetings. They set up an atmosphere where people feel welcomed. They serve a small meal and teach parents how to teach literacy to their kids. People need someone they can trust and someone they feel is a part of them. Achievement is growing at that school more than any other school.
- Harlem Children's Zone is a program that is cradle to college and focuses on strengthening families. It's really a holistic approach.

CONCLUSIONS & RECOMMENDATIONS

CONCLUSIONS

Based on the focus groups and personal interviews, it appears that service providers in Black Hawk County and the surrounding area are doing excellent work with the limited funds and staffing available to them. They are caring, compassionate, dedicated individuals. The research team fully expected service providers to plead their individual case for more money and staffing to do their work or to start new initiatives or programs. Instead, they focused on the need for community-wide solutions. Service providers recognized that they cannot solve the community's problems one organization at a time or one problem at a time – all of the critical human needs issues confronting the community are intertwined by varying degrees.

The greatest consensus was that the root cause of many, if not most or even all, of the community's human needs problems is poverty – its causes, the things that sustain it, and the resulting actions of the people who live with it.

Perhaps the best statement about how to address these issues came from a service provider who said that we need to “rattle some cages” in order to truly address poverty and related issues in our community. Another said, “we need to challenge traditional beliefs, our ways of thinking, and how we deal with poverty.”

RECOMMENDATIONS

SMS's recommendations are outlined below.

COME TOGETHER AS A COMMUNITY.

Comments from participants:

- There is too much in-fighting. Even ministries do not get along.
- Most of our problems are interconnected and therefore must be solved holistically.
- Our problems will never be solved until we come together as a community and take ownership of them.
- What we lack is a holistic approach to solving our problems.

ACCEPT THAT POVERTY IS A LOCAL ISSUE.

Comments from participants:

- As a community we have not taken ownership of our problems.
- This area has the wealth and ability to solve its problems. All that is needed is the will to do it.

- As a community we need to own this problem. Poverty is our issue to solve and will never be solved by Washington.
- We will not be able to break the cycle of poverty until we understand the issues that create it.

REALIZE THAT CURRENT WAYS OF DEALING WITH POVERTY OFTEN PERPETUATE IT.

Why accept a job or a pay increase if it results in the loss of benefits such as healthcare or child care? The tolerance between being on welfare and rising above it are ill defined. For example, a person making below \$14,999 lives in poverty and qualifies for benefits, and a person making just one dollar more at \$15,000 does not. Does one dollar really make that big of a difference?

INVOLVE THOSE LIVING IN POVERTY IN FINDING SOLUTIONS.

As a community we need to learn about poverty from those who live with it. They must take an active role in educating the community and finding workable solutions. Service providers acknowledge there are those living in poverty that are unwilling to help themselves, even if the opportunity is available. However, the consensus of opinion from service providers is that this is a small percentage of the total. We need to find ways to help the less fortunate help themselves.

UNDERSTAND THE DIFFERENCE BETWEEN PUBLIC RELATIONS, MEDIA HYPE AND REALITY.

What we hear and read may not tell the whole story. We are often fed inaccurate or incomplete information upon which we form our attitudes and opinions. These attitudes and opinions distance us from workable solutions. We also fail to involve those directly impacted by these issues. How do we solve problems we do not fully understand?

BE HONEST WITH OURSELVES.

It is too easy to accept the definitions of poverty, living wage and good paying jobs without truly examining if these definitions are acceptable and workable in our community. The statement is often made that we have a lot of good paying jobs but our population does not have the skills to qualify for those jobs. If we had 100 plumbers, 100 electricians, and 100 computer programmers available today, how many would be able to find a job in Blackhawk County? That is not to say that there are not pockets of skill need, but the generalized statement that we have a lot of skilled job openings needs to be examined.

WHOLEHEARTEDLY EMBRACE AND SUPPORT EDUCATION FOR ALL AGES.

We should not strive to be a local leader, a state leader, or a national leader, but a world leader in education.

BUSINESSES SHOULD ACCEPT MORE RESPONSIBILITY TO TRAIN THE WORKERS THEY NEED.

There are no other comments underneath this heading.

REDEFINE WHAT A GOOD PAYING JOB IS IN OUR COMMUNITY.

What is a living wage and what is a good paying job in Black Hawk County? A good paying job should be one where an individual, or family, earns enough to build and sustain a financial cushion that can be drawn upon when needed. Any job that pays a wage that keeps individuals and families on the financial edge may not be good paying job by our definition.

We may think that if we create a lot of jobs that pay \$15,000/year we will reduce poverty, but what we do not realize is that these people are drawn back into poverty as soon as an unforeseen situation arises that they cannot afford to resolve.

Families living in poverty, or close to it, are families in crisis. Even those striving to improve their positions in life, referred to as the “working poor,” are often confronted with setbacks that can be devastating. Getting a job and earning a wage to pay bills is seen as a way to improve the quality of life, but if the car breaks down and there is no money to repair it, how do you get to work? Most of these families are living on the edge.

PHASE ONE RESULTS

PART A: SECONDARY RESEARCH

DRUG & ALCOHOL ABUSE

THE PROBLEM¹

Please note: SMS was able to find reports on drug & alcohol abuse for the state of Iowa; however, we were not able to find information specific to Black Hawk County as a whole. The information below was obtained from Pathways Behavioral Services and represents the Black Hawk County residents they served. 2008 data was not available, and the 2009 and 2012 data only included half of the year; therefore, the information below is from 2010 and 2011.

Pathways treated roughly 2,832 Black Hawk County adults (19 and older) in 2011 for drugs and/or alcohol. The most frequently reported drug-of-choice was alcohol, with 46.5% of those treated reporting it as their primary drug-of-choice. Marijuana/hashish was the second most frequently reported primary drug-of-choice at 35.4%. Methamphetamines (10.8%) and cocaine/crack (4.4%) came in at a distant third and fourth most reported primary drugs-of-choice. When compared to 2010 statistics (about 2,806 adults were treated), the same substances rose to the top; however, the frequency with which alcohol was reported increased slightly between 2010 and 2011 (+2.5%) while the frequency with which methamphetamines was reported decreased slightly (-3.7%). The frequency with which cocaine and marijuana were reported was comparable to 2011.

In 2011, Pathways treated roughly 80 Black Hawk County adolescents (18 and younger) for drugs and/or alcohol. The most frequently reported drug-of-choice was marijuana/hashish, with 83.8% of those treated reporting it as their primary drug-of-choice. Alcohol came in a distant second, with only 13.8% who reported it as their primary drug-of-choice. The 2010 and 2011 statistics were comparable. About 60 adolescents were treated. Marijuana was the primary drug-of-choice and alcohol was in a distant second place.

¹ Data obtained from Pathways Behavioral Services.

Profile of an adult alcoholic (N=1,316)²

- 26.2% drank alcohol one to three times the month prior to seeking treatment, while 19.8% drank alcohol one to two times per week.
- 25.9% had not drank alcohol the month prior to seeking treatment, and an additional 10.3% had not drank six months prior to treatment.
- 68.8% were between the ages of 13 and 18 when they first drank alcohol. The average age reported was 16.51.
- 63.4% did not report a secondary drug-of-choice, while marijuana was the secondary drug-of-choice for 26.1%.
- 64.3% did not have a mental health problem.
- 47.4% were employed full- or part-time, 26.8% were unemployed but looking for work and an additional 7.4% were students.
 - Of the alcohol users who reported missing days of school/work due to a substance abuse related problem, 60.3% missed one to three days within a six month time period.
 - The primary source of income for 70% was wages/salary.

Profile of an adult marijuana/hashish addict (N=1,003)³

- 21.3% had used marijuana one to three times the month prior to seeking treatment.
- 29% had not used marijuana the month prior to seeking treatment, and an additional 18.5% had not used marijuana six months prior to treatment.
- 75.1% were between the ages of 13 and 18 when they first used marijuana. The average age reported was 15.27.
- 50.2% did not have a secondary drug-of-choice, while alcohol was the secondary drug-of-choice for 32.6%.
- 64.8% did not have a mental health problem.
- 36% were employed full- or part-time, 36.5% were unemployed but looking for work, and an additional 14.8% were students.
 - Of the marijuana users who reported missing days of school/work due to a substance abuse related problem, 37% missed one to three days within a six month time period. An additional 29.6% missed five days over a 6 month time period.
 - The primary source of income for 57.2% was wages/salary, followed by family/friends at 28.2%.

² Based on 2011 Black Hawk County data from Pathways Behavioral Services.

³ Based on 2011 Black Hawk County data from Pathways Behavioral Services.

Profile of an adult meth addict (N=306)⁴

- 26.1% used meth one to three times the month prior to seeking treatment.
- 23.2% had not used meth the month prior to seeking treatment, and an additional 21.2% had not used meth six months prior to seeking treatment.
- 47.5% were between the ages of 13 and 18 when they first used meth, 16% were 19 to 21 and 14.4% were 22 to 29. The average age reported was 20.98.
- 38.9% reported that marijuana was their secondary drug-of-choice, while 36.9% did not have a secondary drug-of-choice.
- 45.1% did not have a mental health problem.
- 30% were employed full- or part-time, and an additional 42.5% were unemployed but looking for work.
 - Of the meth users who reported missing days of school/work due to a substance abuse related problem, 37% missed one to two days within a six month time period. An additional 37% missed four to five days within a six month time period.
 - The primary source of income for 59% was wages/salary.

Profile of an adult cocaine addict (N=124)⁵

- 19.4% used cocaine one to two times per week, and an additional 13.7% used cocaine three to six times per week.
- 19.4% had not used cocaine the month prior to seeking treatment, and an additional 24.2% had not used cocaine six months prior to treatment.
- 29.9% were between the ages of 22 and 29 when they first used cocaine, and an additional 26.5% were between the ages of 30 and 39. The average age reported was 27.09.
- 33.9% reported that alcohol was their secondary drug-of-choice, while 31.5% did not have a secondary drug-of-choice. Marijuana was the secondary drug of choice for 25%.
- 38.7% did not have a mental health problem.
- 17.7% were employed full- or part-time, 32.3% were unemployed but looking for work and an additional 20.2% were unemployed and not looking for work.
 - The primary source of income for 32.3% was disability, followed by wages/salary at 24.6%. The primary source of income for an additional 16.9% was Social Security Disability Insurance and/or Supplemental Security Income.

⁴ Based on 2011 Black Hawk County data from Pathways Behavioral Services.

⁵ Based on 2011 Black Hawk County data from Pathways Behavioral Services.

PROGRAMS THAT ADDRESS DRUG & ALCOHOL ABUSE

Due to the type of information available publically, there was no way for SMS to determine one program's effectiveness over another; therefore, the programs below represent a sampling of the various drug and alcohol abuse programs throughout the nation. It is not a comprehensive list; the programs appear in random order.

SAMHSA's National Registry of Evidence-based Programs and Practices⁶

- The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. NREPP is a voluntary, self-nominating system in which intervention developers elect to participate. There will always be some interventions that are not submitted to NREPP, and not all that are submitted are reviewed.
- There were 137 evidence-based interventions found for substance abuse prevention and substance abuse treatment in the registry. The search was limited to interventions that tested with higher percentages (50% or more) of the selected groups. The table below shows a sampling of the interventions that had a quality of research rating of 3.0-4.0 (scale: 0.0-4.0), along with a description of the intervention and the study population. All of these programs have seen measurable success; however, the length and detail included in the key findings did not make them conducive to this report.

Study	Description	Study Population
Across Ages	A school- and community-based substance abuse prevention program for youth ages 9 to 13. The unique feature of Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents, specifically those making the transition to middle school.	6-12 (Childhood) 13-17 (Adolescent)
Adolescent Community Reinforcement Approach (A-CRA)	A behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery.	13-17 (Adolescent) 18-25 (Young adult)
Alcohol Behavioral Couple Therapy (ABCT)	An outpatient treatment for individuals with alcohol use disorders and their intimate partners. ABCT is based on two assumptions: Intimate partner behaviors and couple interactions can be triggers for drinking, and a positive intimate relationship is a key source of motivation to change drinking behavior.	26-55 (Adult) 55+ (Older adult)
Brief Alcohol Screening and Intervention for College Students (BASICS)	A prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems.	18-25 (Young adult)
Brief Strategic Family Therapy (BSFT)	Designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school.	6-12 (Childhood) 13-17 (Adolescent)
Coping With Work and Family Stress	A workplace preventive intervention designed to teach employees 18 years and older how to deal with stressors at work and at home..	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
Familias Unidas	A family-based intervention for Hispanic families with children ages 12-17. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning.	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)

⁶ National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>

Study	Description	Study Population
Good Behavior Game (GBG)	A classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior.	6-12 (Childhood)
LifeSkills Training (LST)	A school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.	13-17 (Adolescent)
Project ALERT	A school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent non-users from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers.	13-17 (Adolescent)
Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY)	A school-based prevention program for students ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress.	13-17 (Adolescent) 18-25 (Young adult)
SPORT	A brief, multiple behavior program integrating substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits.	13-17 (Adolescent)
Strong African American Families (SAAF)	A culturally tailored, family-centered intervention for 10- to 14-year-old African American youths and their primary caregivers. The goal of SAAF is to prevent substance use and behavior problems among youth by strengthening positive family interactions, preparing youths for their teen years, and enhancing primary caregivers' efforts to help youths reach positive goals.	6-12 (Childhood)
Wellness Outreach at Work	Provides comprehensive risk reduction services to workplace employees, offering cardiovascular and cancer risk screening and personalized follow-up health coaching that addresses alcohol and tobacco use.	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)

Community engagement / community coalitions

- **Community Mobilization to Prevent Alcohol Misuse⁷**
 - The findings presented below are based upon a comprehensive review of evaluations conducted in the United States that involved the implementation of a substantial, community-based prevention initiative aimed at reducing alcohol and other drug (AOD) use among minors (i.e., adolescents and young adults age 20 or younger). Although many studies were reviewed, only nine community-based initiatives demonstrated reduced rates of alcohol use or alcohol availability among youth and young adults. It is notable that several of these strategies affected not only alcohol use but also the use of tobacco and, in some cases, other illicit drugs. The table below briefly describes each program, the population in which the intervention was evaluated, and the program's significant effects in reducing AOD use.

Study	Description	Study Population	Significant Effects
Kentucky Incentives for Prevention	Coalition-based prevention strategy targeting risk and protective factors related to drug use with effective programs conducted in school and other community agencies.	19 coalitions in Kentucky; 25,032 students in grades 8 and 10.	Reduced smoking, drinking and binge drinking among 10 th graders.

⁷ Alcohol Research and Health, Engaging communities to prevent underage drinking, Fall 2011: http://go.galegroup.com/ps/i.do?id=GALE%7CA275974725&v=2.1&u=uni_rodit&it=r&p=AONE&sw=w

Study	Description	Study Population	Significant Effects
Communities that Care (CTC)	Coalition-based prevention strategy targeting elevated risk and depressed protective factors related to drug use with effective programs conducted in schools and other community agencies for peer review.	24 communities in 7 states; 4,407 students in grade 5.	Reduced the initiation for smoke-less tobacco, smoking, and alcohol. Reduced past-month use of smokeless tobacco, alcohol and binge drinking.
Midwest Prevention Project	Combines coalition-led community mobilization strategies with the implementation of school-based prevention curricula.	42 schools in Kansas City; 5,065 students in grades 6 and 7.	Reduced past-month smoking and drinking.
Project SixTeen	Combines coalition-led community mobilization strategies with the implementation of school-based prevention curricula.	16 communities in Oregon; 4,438 students in grades 7 and 9.	Reduced smoking, drinking, and marijuana use.
Project Northland	Combines coalition-led community mobilization strategies with the implementation of school-based prevention curricula.	24 school districts in Minnesota; 2,953 students in grade 6.	Reduced binge drinking and alcohol sales to minors.
Native American Project	Combines coalition-led community mobilization strategies with the implementation of school-based prevention curricula.	27 tribal and public schools in the Midwest; 1,396 students in grades 3-5.	Reduced smokeless tobacco, alcohol, and marijuana use.
DARE Plus	Combines coalition-led community mobilization strategies with the implementation of school-based prevention curricula.	24 schools in Minnesota; 7,261 students in grade 7.	Reduced past-year and past-month smoking and drinking for boys and having ever been drunk for girls.
Communities Mobilizing for Change on Alcohol	Coalition-led activities seeking changes to community policies, practices and norms related to alcohol use.	15 school districts in Minnesota and Wisconsin; 4,506 students in grade 12, and 3,095 18- to 20-year olds.	Reduced the provision for alcohol to minors and arrests for drunk driving reported by 18- to 20-year olds.
Community Trials Project	Coalition-led activities seeking changes to community policies, practices and norms related to alcohol use.	6 communities in California and South Carolina.	Reduced heavy drinking among adults, alcohol sales to minors, and alcohol-related car crashes.

- The findings allow the following conclusions. First, a common feature of successful community-based prevention approaches is reliance on local coalitions to select and implement effective preventive interventions. Second, the inclusion of a universal, school-based drug prevention curriculum as part of the larger community initiative is associated with reductions in alcohol use among middle-and high-school students. Third, environmental strategies focused on changing local laws, norms, and policies related to alcohol access and use do not appear to reduce alcohol use among adolescents younger than age 18 when implemented independently of other community-based strategies. However, they have been part of successful multicomponent interventions and, when implemented on their own, have reduced the availability of alcohol in communities and lowered the rate of drunk-driving arrests among young adults.

Drug court

- Drug courts are designed to stop the abuse of alcohol, drugs, and related criminal activity. They generally deal with non-violent drug related cases. The system depends upon a close collaborative relationship between criminal justice professionals and those who provide drug treatment, in which the judge heads a team of court staff, attorneys, probation officers, and treatment professionals who support and monitor a participant's progress toward recovery. The team maintains a critical balance of authority, supervision, and support. Drug court programs require intensive supervision based on frequent drug testing and court appearances, along with tightly structured regimens of treatment and recovery services. Such supervision allows the program to provide the requisite support and to react promptly to impose therapeutic or criminal sanctions when participants fail to comply with the program.⁸
- Black Hawk County has a successful drug court program. According to an article in *The Courier*, 50 of 69 people who enrolled completed the program from its inception in December 2008 – December 2010. Participants start with intensive supervision by a probation officer and counselors. Every Wednesday they attend court to give an update. As they begin reaching goals like employment and meeting financial obligations, supervision is scaled back. The average person takes 12 to 18 months to graduate drug court and move on to an aftercare program. Judge Thomas Bower, who oversees drug court, estimates drug court saves taxpayers \$250,000 to \$300,000 year, weighing treatment and program costs against incarceration. The Waterloo Police Department, County Attorney's Office, Public Defender's Office and Pathway Behavioral Services are involved with drug court.⁹

Market substance abuse treatment clinics¹⁰

- According to a 2010 article in the *Journal of Medical Marketing*, in the U.S., numbers for treatment of substance abuse alone are staggering. In 2008, 22.2 million persons needed treatment for an illicit drug or alcohol use problem but only 4 million received it from any source. The demand for behavioral health services is high, so why is there a large consumer segment in need but not receiving services? Social stigma, lack of finance, lack of awareness of availability of services and the power of addiction itself all play a role.

⁸ Evidence-Based Crime Prevention Programs: A Literature Review, March 2011: www.pbcgov.com/.../pdf/FinalReportStructuredLiteratureReview.pdf

⁹ Waterloo Courier, Black Hawk County Drug Court marks fifth year, December 2010: http://wcfcourier.com/news/local/black-hawk-county-drug-court-marks-fifth-year/article_6c558828-bae5-5b5a-8860-82141294f9a8.html

¹⁰ Utilizing the medical literature for market research: Finding new approaches to marketing substance abuse treatment clinics, *Journal of Medical Marketing*, October 2010: <http://search.proquest.com/abicomplete/docview/760180143/13BE71441F521446A58/115?accountid=14691>

Decrease the “social stigma” surrounding substance abuse¹¹

- The same article in the *Journal of Medical Marketing* suggests that many people do not seek treatment for their addiction because of the social stigma attached; they want to avoid seeking help because of their concern over what others may think, especially employed persons. Increasing knowledge of the physical changes in brain chemistry (rather than character flaws) that lead to substance abuse disorders might lead more sufferers to treatment rather than judgment. A targeted anti-stigma campaign to employers, young adults and police could help get more people into treatment.

¹¹ Utilizing the medical literature for market research: Finding new approaches to marketing substance abuse treatment clinics, *Journal of Medical Marketing*, October 2010: <http://search.proquest.com/abicomplete/docview/760180143/13BE71441F521446A58/115?accountid=14691>

FAMILY STABILITY

THE PROBLEM

According to the U.S. Census' American Community Survey, total Black Hawk County households have increased since 2008. The percentage of households that included a married-couple with children under 18 years of

	Black Hawk County	2008 ¹²	2011 ¹³
Total households		51,211	51,917
Married-couple family w/ own children under 18 yrs		16.6%	19.5%
Male householder, no wife present w/ own children under 18 yrs		2.0%	2.1%
Female householder, no husband present w/ own children under 18 yrs		5.8%	5.4%
Total grandparents living with own grandchildren under 18 yrs		2,193	N*
Responsible for grandchildren		63.5%	N*
Years responsible for grandchildren			
Less than 1 yr		29.1%	N*
1 to 2 yrs		21.8%	N*
3 or more yrs		12.6%	N*

*An N entry indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

age increased by almost 3% from 2008 to 2011. The percentage of single-fathers with children under 18 increased very slightly, while the percentage of single-mothers with children under 18 decreased slightly. In 2008, the American Community Survey reported that the total grandparents living with their own grandchildren under 18 was 2,193, and the percentage of those grandparents who were responsible for their grandchildren was 63.5%; however, in 2011, the data for Black Hawk County wasn't displayed because the number of sample cases was too small. Therefore, it can be reasonably assumed that this data point decreased from 2008 to 2011.

According to the Iowa Department of Public Health, teen births in Black Hawk County (defined as the number of live births to a mother under the age of 20) decreased by a rate of 12.8 per 1,000 live births from 2008 to 2011.

Black Hawk County	2008 ¹⁴	2011 ¹⁵
Number	151	118
Rate*	85.1	72.3

*Per 1,000 live births.

¹² U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Data are based on a sample and are subject to sampling variability.

¹³ U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Data are based on a sample and are subject to sampling variability.

¹⁴ Iowa Department of Public Health, Bureau of Vital Statistics, 2008 Vital Statistics of Iowa, Table 5: http://www.idph.state.ia.us/apl/common/pdf/health_statistics/2008/vital_stats_2008.pdf

¹⁵ Iowa Department of Public Health, Bureau of Vital Statistics, 2011 Vital Statistics of Iowa, Table 42: http://www.idph.state.ia.us/apl/common/pdf/health_statistics/2011/vital_stats_2011.pdf

PROGRAMS THAT ADDRESS FAMILY STABILITY

Due to the type of information available publically, there was no way for SMS to determine one program's effectiveness over another; therefore, the programs below represent a sampling of the various programs that address family stability throughout the nation. It is not a comprehensive list; the programs appear in random order.

Marriage programs for the general population¹⁶

- Broadly speaking, marriage programs provide support, information, and education about healthy relationships and marriage. Also called healthy marriage initiatives, they are often led by public or private organizations or agencies seeking to support marriage in a certain geographic area or target population.
- Below is a sample of popular contemporary programs and information about their effectiveness. It is important to note that nearly all of the evaluations of marriage education programs were conducted with primarily middle-to upper-middle-class white engaged or married couples.
 - Bringing Baby Home is a structured curriculum for use in strengthening the marriages of couples who are expecting a child, a time of great vulnerability in most relationships. It addresses relationship skills and prepares couples to deal with the inevitable stresses and life changes that come with a new baby and to be involved and effective parents. Administered by hospital personnel in a two-day workshop and six-month support group, the program teaches couples how to avoid marital meltdown and increase marital satisfaction, deal with stress, keep fathers involved in infant care, and improve parent-infant interaction. It also provides instruction on early child development. An initial randomized evaluation of the workshop showed that one year after participating, both husbands and wives reported significantly higher marital quality, lower postpartum depression, and lower hostile affect than couples assigned to a control group.
 - Marriage Savers is a community-level intervention that aims to reduce divorce rates by establishing a shared public commitment among clergy to support and strengthen marriage. It focuses primarily on the adoption of community marriage policies, in which local clergy pledge to revitalize marriage in their congregations. Marriage Savers was designed on the basis of its developer's personal experience and insights rather than social science research. A non-experimental evaluation recently found that the decline in divorce rates was 2% greater in communities where it had been adopted.
 - Practical Application of Intimate Relationship Skills (PAIRS) is a psychoeducational program to promote self-understanding and the ability to sustain satisfying intimate relationships. It is based on its developer's personal and clinical experience and borrows techniques from experiential, behavioral, and family systems approaches. It focuses on communication, conflict, and commitment and on helping individuals experience pleasure, healing, and personal growth within an intimate relationship. In a quasi-experimental one-group pre-test/post-test research design, couples who attended the semester-long format showed greater marital satisfaction and less conflict and unhappiness six to eight months following the intervention.

¹⁶ The Future of Children, Healthy marriage programs: learning what works, Fall 2005:
http://go.galegroup.com/ps/retrieve.do?sgHitCountType=None&sort=DA-SORT&inPS=true&prodId=AONE&userGroupName=uni_rodit&tabID=Too2&searchId=R1&resultListType=RESULT_LIST&contentSegment=&searchType=AdvancedSearchForm¤tPosition=1&contentSet=GALE%7CA138002224&&docId=GALE|A138002224&docType=GALE&role=

- Relationship Enhancement (RE) is a thirteen-to fourteen-hour program that stresses the development of empathy and mutual understanding to enhance intimacy, manage conflict, and deal effectively with the inevitable difficulties that arise from differences in partners' beliefs, feelings, needs, and desires. Instead of addressing specific topics, it teaches a set of ten communication and problem-solving skills with which couples can address most relationship issues. Both professionals and paraprofessionals have been trained to deliver this program to groups of couples. Created more than forty years ago, Relationship Enhancement has been evaluated many times with random-assignment research designs. Although the samples are typically small and follow-ups are limited to no more than twelve months, several studies demonstrate positive effects on marital adjustment and communication in comparison to other types of marital treatment programs or a control group.
- Premarital Relationship Enhancement Program (PREP) emphasizes speaking and listening skills to equip couples to resolve conflicts and prevent harmful fights. Besides basic communication skills, topics include clarifying expectations, enhancing friendship and fun, and understanding commitment. Couples are most often taught in a group setting over a weekend or in another format covering about fifteen hours of material. A randomized evaluation of PREP conducted by the developers used a small number of middle-income, non-distressed, engaged couples. Five-year follow-up data showed that couples in the program had higher levels of positive and lower levels of negative communication skills and less marital violence than couples assigned to the control group.

Marriage programs for low income couples¹⁷

- Loving Couples Loving Children (LCLC) includes topics that are important for low-income couples-- trust and fidelity, dealing with ex-partners, healing old wounds, avoiding relationship violence, understanding the importance of the father's role, dealing with incarceration and addiction, and learning what it means to be happily married, to name a few. To engage and retain the interest of low-income couples, they substantially modified the presentation of the material by developing a series of video "talk shows" in which racially and ethnically diverse low-income couples discuss relationship issues. Each of the forty-two sessions in LCLC begins with such a talk show, which leads to a lively discussion among group participants. In these unscripted shows real couples, not actors, describe the challenges they have faced in their relationship and how they overcame them. The second half of each group session is devoted to activities that teach specific skills and techniques that couples can use to address the issues raised in the video. Participants practice skills with their partners during the session, with individual attention from the male and female co-facilitators, as needed. The curriculum was field-tested with numerous low-income couples in several cities.
- Love's Cradle is based on the well-established Relationship Enhancement program, adapted and supplemented by new material developed especially to address issues identified by researchers as crucial barriers to positive family formation in fragile families. Love's Cradle relies on a simplified and more culturally sensitive version of Relationship Enhancement taught at the fifth-grade level, and adds content to the standard RE skills. The simplified version avoids psychological jargon and teaches skills at a slower pace, with greater access to individual skills coaching. Love's Cradle consists of twenty-one, two-hour group sessions. Ten sessions, most at the beginning of the

¹⁷ The Future of Children, Healthy marriage programs: learning what works, Fall 2005:
http://go.galegroup.com/ps/retrieve.do?sgHitCountType=None&sort=DA-SORT&inPS=true&prodId=AONE&userGroupName=uni_rodit&tabID=Too2&searchId=R1&resultListType=RESULT_LIST&contentSegment=&searchType=AdvancedSearchForm¤tPosition=1&contentSet=GALE%7CA138002224&&docId=GALE|A138002224&docType=GALE&role=

program, are devoted to the simplified RE skills. Eleven additional sessions adapted from Supplementary Marriage Education Modules for Low-Income Couples allow couples to use their new skills to address the issues indicated by research to be common to low-income couples, including how to build, rebuild, and maintain trust; deal with multiple-partner fertility; manage emotions; work as a team on money matters; and reframe their understanding of marriage. Love's Cradle was field-tested with low-income couples.

- Exploring Relationships and Marriage with Fragile Families is a new curriculum to help low-income single parents, especially African Americans, learn about relationships and marriage. With support from the state of Louisiana, it was developed by staff at the Center for Fathers, Families, and Workforce Development, a nonprofit organization serving low-income African American men and women. The curriculum includes three stand-alone components--for mothers, for fathers, and for couples--consisting of eight two-hour sessions. Each single-gender component is for parents in the early stages of deciding whether to make a relationship commitment; the couple's component is designed for men and women in a relationship that they want to last. The material borrows concepts from a range of marriage education programs, but rather than telling participants what to do, it offers various activities that set up experiences from which parents can draw their own conclusions. The curriculum is especially tailored for an African American audience, drawing on African symbols, rituals, and proverbs, and including notes for facilitators on cultural issues. Several organizations are being trained in the curriculum, though it has not yet been field-tested or evaluated.
- Supplementary Marriage Education Modules for Low-Income Couples was developed to fill gaps in conventional marriage education curriculums regarding the needs of low-income families. It is not a stand-alone curriculum, but rather a supplement to traditional programs; for example, most of the modules have been integrated into the simplified version of the Relationship Enhancement program to create Love's Cradle. It was developed in direct response to work by fragile family researchers to address the issues that low-income, especially unmarried, couples have reported as obstacles to achieving happy and satisfying relationships and marriage. These include multiple-partner fertility, gender distrust, the high economic bar placed on marriage, and the lack of accurate information on and positive role models for marriage.
- Better Together is an eight-session curriculum for low-income unmarried, cohabiting parents who are living with their children. The curriculum was developed with the assistance of a committee composed of African American and white educators and a couple from the target population, who identified topics likely to be important to low-income unmarried parents. The curriculum borrows some content and teaching methods from a program called Survival Skills for Healthy Families but adds other topics to fit the needs of unmarried, low-income couples and to make it more culturally sensitive to African American families. It takes a down-to-earth, concrete approach to teaching basic skills for parenting, speaking and listening, problem solving, managing money, and coping with stress and change. The sessions also provide information on the stages of relationships, the traits of a healthy family and a healthy marriage, the advantages of being sexually faithful, and the role of paternity and child support. The curriculum has not been evaluated but was recently piloted in a small program in Cleveland, Ohio.

Evidence-based teen pregnancy prevention programs¹⁸

- The following program models met the effectiveness criteria in U.S. Department of Health and Human Services (HHS) pregnancy prevention research review of more than 1,000 studies. These are a sample of the programs that were found to be effective at preventing teen pregnancies or births, reducing sexually transmitted infections, or reducing rates of associated sexual risk behaviors (defined by sexual activity, contraceptive use, or number of partners). This information is not exhaustive and may not reflect the most recent experience with each intervention.

Program name	Description	Evaluation setting	Significant Effects
Aban Aya Youth Project	Designed to reduce rates of risky behaviors among African American children in grades 5-8. The purpose of the intervention is to promote abstinence from sex, to teach students how to avoid drugs and alcohol and how to resolve conflicts nonviolently.	Middle schools	Boys participating in the intervention were significantly less likely to report recent sexual intercourse. The study found no statistically significant program impacts on sexual intercourse for girls.
Adult Identity Mentoring (Project AIM)	The overall goal is to reduce sexual risk behaviors among low-income youth between the ages of 11 and 14 by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention (e.g., hopelessness, poverty, risk opportunities in low-income environments).	Middle schools	19 weeks after the baseline survey (and 3 months after the intervention): Adolescents participating in the intervention were significantly less likely to report having had sexual intercourse. A year after the intervention ended: Males participating in the intervention were significantly less likely to report having had sexual intercourse.
All4You!	The primary goal is to reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV, other sexually transmitted diseases (STDs), and unplanned pregnancy. The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms.	High schools	Adolescents participating in the intervention reported significantly lower frequency of sexual intercourse and intercourse without a condom in the previous 3 months, and were significantly more likely to report using a condom at last intercourse.
Assisting in Rehabilitating Kids (ARK)	Designed to increase abstinence, increase safer sex practices, and reduce risky sex behaviors in substance-dependent youth. The intervention is delivered in small groups after the participants' initial detoxification in the drug treatment facilities.	Specialized settings	Adolescents participating in the intervention were significantly more likely to report being abstinent, reported having fewer sexual partners and fewer occasions of unprotected vaginal intercourse, and reported more occasions of condom-protected intercourse.

¹⁸ Office of Adolescent Health, Evidence Based Programs: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html

Program name	Description	Evaluation setting	Significant Effects
Be Proud! Be Responsible!	Geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth. The intervention is designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse.	After school programs or community-based organizations	Three months after the intervention: Adolescents participating in the intervention reported having significantly fewer female sexual partners and fewer days of vaginal intercourse and vaginal intercourse without a condom (prior 3 months), and were significantly less likely to report having had heterosexual anal sex.
Be Proud! Be Responsible! Be Protective!	An adaptation of the Be Proud! Be Responsible! program targeting adolescent mothers or pregnant girls. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to make healthy sexual decisions and decrease risky sexual behavior. The overall goal is to reduce unprotected sex among sexually active, pregnant and parenting teens and to help them make proud, responsible and protective sexual decisions.	High schools	Twelve months after the intervention: Adolescents participating in the intervention reported having significantly fewer sexual partners in the previous 3 months. The study found no statistically significant program impacts on the number of unprotected sexual episodes.
Children's Aid Society (CAS) -- Carrera Programs	Uses a long term, holistic approach to empower youth, to help them develop personal goals and the desire for a productive future, in addition to developing their sexual literacy and educating them about the consequences of sexual activity. The program recruits boys and girls ages 11-12 years old and follows them through high school and beyond.	After school programs or community-based organizations	Three years after the program started: Female adolescents participating in the intervention were significantly less likely to report having been pregnant or being sexually active.
Draw the Line / Respect the Line	This comprehensive, research-evaluated curriculum promotes abstinence by providing students in grades 6, 7 and 8 with the knowledge and skills to prevent HIV, other STD and pregnancy. Using fun, interactive approach, it shows students how to set personal limits and meet challenges to those limits.	Middle schools	Boys participating in the intervention were significantly less likely to report ever having had sexual intercourse and having had sexual intercourse during the previous 12 months. They reported a lower frequency of sexual intercourse and having had fewer partners in the previous 12 months. The study found no statistically significant program impacts for girls on any of these outcomes.
Heritage Keepers Abstinence Education	A classroom-based curriculum that teaches students the benefits of remaining abstinent until marriage and the risks associated with premarital sexual activity. It aims to teach students resistance skills and tactics to help them practice abstinence and build relationships without having sex. It also provides information about male and female reproductive systems as well as sexually transmitted diseases.	Middle schools and high schools	Students participating in the intervention were less likely to report having ever had sex.

Program name	Description	Evaluation setting	Significant Effects
<p>Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention (formerly known as 'Comprehensive Abstinence and Safer Sex Intervention!')</p>	<p>This comprehensive abstinence and safe sex intervention provides youth with information about abstinence, safer sex practices, pregnancy prevention, and the prevention of HIV and sexually transmitted infections (STIs). It is designed to improve awareness and knowledge about HIV/STIs; increase understanding of how abstinence can prevent pregnancy, STIs, and HIV; strengthen behavioral beliefs that support condom use; and build refusal and negotiation skills for practicing abstinence as well as for effective use of condoms.</p>	<p>After school programs or community-based organizations</p>	<p>Averaged across the five follow-up periods: Adolescents participating in the intervention were significantly less likely to report having had multiple sexual partners in the previous three months.</p>
<p>Safer Choices</p>	<p>A multi-component STD, HIV, and teen pregnancy prevention program for high school students. The program aims to reduce the frequency of unprotected sex among high-school-age students by reducing the number of sexually active students and by increasing condom use among students who are sexually active. It seeks to motivate behavioral change by increasing students' knowledge about HIV and STDs as well as by promoting more positive norms and attitudes toward abstinence and condom use at the student, school, and community levels.</p>	<p>High schools</p>	<p>When the curriculum ended in spring of 9th and 10th grades: Students participating in the intervention who were sexually experienced at baseline were more likely to have used a condom the last time they had sex. Students participating in the intervention who were sexually experienced at baseline were more likely to have used an effective contraceptive method the last time they had sex.</p>

Ineffective programs

- **Building Strong Families¹⁹**
 - The Building Strong Families (BSF) project, sponsored by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, has been evaluating if interventions can improve the quality of unmarried parents' relationships and increase the likelihood that they remain together; therefore, also improving the well-being of their children. The project developed, implemented, and tested voluntary programs that offer relationship skills education and other support services to unwed couples who are expecting a child or who have just had a baby. Eight organizations volunteered to be part of a rigorous evaluation designed to test a new strategy to improve the lives of low-income families. According to the BSF 15-month impact analysis, when results were averaged across all programs, BSF did not make couples more likely to stay together or get married. In addition, it did not improve couples' relationship quality.
- **Title V, Section 510 abstinence education programs²⁰**
 - The main objective of Title V, Section 510 abstinence education programs is to teach abstinence from sexual activity outside of marriage. The impact results from the four selected programs show no impacts on rates of sexual abstinence. About half of all study youth had remained abstinent at the time of the final follow-up survey, and program and control group youth had similar rates of sexual abstinence. Moreover, the average age at first sexual intercourse and the number of sexual partners were almost identical for program and control youth.

¹⁹ Office of Planning, Research & Evaluation, The Building Strong Families Project: Strengthening Unmarried Parents' Relationships: The Early Impacts of Building Strong Families, May 2010: <http://www.acf.hhs.gov/programs/opre/resource/the-building-strong-families-project-strengthening-unmarried-parents-o>

²⁰ Impacts of Four Title V, Section 510 Abstinence Education Programs, April 2007: <http://aspe.hhs.gov/hsp/abstinence07/report.pdf>

CRIME

THE PROBLEM

Black Hawk County Sheriff's Office²¹

According to annual reports published by the Black Hawk County Sheriff's office, total arrests increased by 772 from 2008 to 2012²². Calls for service also increased – the sheriff's office reported 11,945 calls for service in 2008 compared to 15,328 in 2012 (+3,383).

Overall, the frequency of **A** offenses decreased from 2008 to 2012. Thefts showed the greatest decline (-96)²³, followed by drug violations (-37)²⁴ and aggravated assault (-34).²⁵ In comparison, **B** offenses increased. The most notable increases were seen in alcohol-related offenses – OWI offenses increased by 123²⁶ and public intoxication offenses increased by 29.²⁷ The Sheriff's Department largely attributed the increase in alcohol-related offenses to invested efforts that were directed toward keeping the county safe from the devastating effects of drunken driving accidents. Liquor law violations decreased by 43.²⁸

Cedar Falls Police Department

Please note: The Cedar Falls Police Department altered the way it categorized and reported its crime statistics from 2008²⁹ to 2011.³⁰ (The 2012 data was not available at the time this report was written.) While direct statistical comparisons were not possible, SMS was able to draw some broad conclusions after reviewing the data.

Crime decreased in Cedar Falls between 2008 and 2012. In 2008, overall crime increased about 3%; however, in 2011, Cedar Falls experienced a double-digit (roughly 18%) decrease in crime for the second year in a row. The most notable decreases between 2008 and 2012 were larceny/theft, aggravated assault, drug/narcotic violations, OWI and underage possession. The most notable increase was disorderly conduct.

²¹ 2012 Annual Report: <http://www.bhcsso.org/UserFiles/docs/2012%20Annual%20Report.pdf>. Please note: After a conversation with Sheriff Tony Thompson, it was determined that there were errors in the Field Services section of the report. All of the information in this report was pulled from the Significant Statistics section, which was checked for accuracy.

2008 Annual Report: <http://www.bhcsso.org/UserFiles/docs/2008%20Annual%20Report.pdf>

²² Total arrests: 2008: 3,358 / 2012: 4,130

²³ Thefts: 2008: 173 / 2012: 77

²⁴ Drug violations: 2008: 188 / 2012: 151

²⁵ Aggravated assault: 2008: 37 / 2012: 3

²⁶ OWI: 2008: 219 / 2012: 342

²⁷ Public intoxication: 2008: 18 / 2012: 47

²⁸ Liquor law violations: 2008: 46 / 2012: 3

²⁹ 2008 Annual Report: <http://www.cedarfalls.com/archives/67/2008AnnualReport.pdf>

³⁰ 2011 Annual Report: http://www.cedarfalls.com/archives/67/2011_Annual_Report.pdf



Waterloo Police Department³¹

Overall, crime has decreased in Waterloo from 2008 to 2011, according to the Waterloo Police Department's yearly IBR statistics. Group **A** offenses, Group **B** offenses, and other offenses all showed decreases ranging from 120 to 828. Vandalism (-449), theft of a vehicle part (-137), and simple assault (-106) were the three Group **A** offenses that showed the greatest decline, while drug and narcotic violations (+121) had the greatest increase. Disorderly conduct (-174) was, by far, the Group **B** offense that showed the greatest decline, while OWI (+148) had the greatest increase.

Overall, arrests were down from 2008 to 2012. Adult male arrests decreased slightly, while adult female arrests rose slightly. The greatest decrease was seen in the juvenile population, with juvenile male and female arrests decreasing by 134 and 161, respectively. Calls for service increased by 1,346 from 2008 to 2012.

³¹ Waterloo Police Department Yearly IBR Statistics, January 1 – December 31, 2008, Report obtained from the Waterloo Police Department
Waterloo Police Department Yearly IBR Statistics, January 1 – December 31, 2012,
http://www.waterloopolice.com/index.php?option=com_wrapper&view=wrapper&Itemid=174

PROGRAMS THAT ADDRESS CRIME

Due to the type of information available publically, there was no way for SMS to determine one program’s effectiveness over another; therefore, the programs below represent a sampling of the various crime prevention programs throughout the nation. It is not a comprehensive list; the programs appear in random order.

Effective community crime prevention strategies³²

Program name	Description	Significant Effects
Engine Immobilizers	Devices that prevent a vehicle from starting unless they receive the correct signal from the driver. The goal of these systems is to reduce car theft.	In most cases, cars fitted with immobilizers had reduced rates of theft compared with cars not fitted. Immobilizers that met more rigorous standards of security were found to be more effective in reducing thefts.
Hot Spots Policing (Lowell, Mass.)	A crime-reduction policing strategy that uses a disorder policing approach to concentrate on improving physical and social order in high-crime locations.	The total number of calls for service dropped 19.8% in treatment areas, relative to control areas—a statistically significant reduction. The regression analysis of total mediated effects of key program elements indicated an estimated 21.5% reduction in total calls for treatment areas, relative to control areas. Based on the analysis of each component’s isolated impact, the implementation of situational prevention strategies appeared to produce the strongest effects on reductions in calls for service.
Minneapolis (MN) Hot Spots Experiment	A program that increased police presence in crime “hot spots” to reduce criminal activity.	Overall, the effects of the experiment on preventing crime were found to be modest, but consistent. From these results, it was concluded that increases in police presence have a moderate deterrent effect on crime, and that the difference in crime is proportionate to the amount of police presence.
Operation Ceasefire (Boston, MA)	A problem-solving police strategy that seeks to reduce gang violence, illegal gun possession, and gun violence in communities.	Operation Ceasefire was associated with a statistically significant reduction in the percentage of recovered handguns that had a fast time-to-crime. Ceasefire was associated with a 22.7% reduction in the average monthly percentage of all recovered handguns that were new and a 24.3% reduction in the average monthly percentage of all recovered youth handguns that were new, as well as with a 29.7% reduction in the average monthly percentage of illegal possession handguns that were new and a 17.4% reduction in the average monthly percentage of all recovered substantive crime handguns that were new (all reductions were statistically significant).
Operation Cul-de-Sac	Program that supports the installation of permanent traffic barriers in high-crime neighborhoods to reduce gang drive-by shootings, assaults, and homicides.	Crime fell during the 1st year of the program, rose (though not back to pre-program levels) in the 2nd year when some aspects of the program were withdrawn, and returned to preprogram levels after all aspects of the program were withdrawn.
Philadelphia Foot Patrol	A place-based policing strategy that used walking-officer patrol in crime hot spots to reduce violent crime.	Target areas experienced a relative 23% statistically significant reduction in reported violent crime in comparison with the control areas. These effects were most noticeable in target areas with the highest levels of pre-intervention violent crime, as target areas in the top 40% on pre-treatment violent crime counts had significantly less violent crime during the operational period. These findings suggest that targeted foot patrols in violent crime hot spots can significantly reduce violent crime levels, as long as a threshold level of violence exists initially.

³² Office of Justice Programs, Crime Solutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=105>

Firearm and gang violence prevention programs³³

- There have been a wide variety of strategies implemented to deal with gun and gang violence. Some strategies rely heavily on a law enforcement approach that aims to suppress and deter such violence. Other programs are more holistic, offering a combination of law enforcement and social services to deal with these issues.
- In general, holistic programs have shown promise, when the model has been followed. Program fidelity has been an issue in relation to this and other models. However, also successful have been some law enforcement efforts in which aggressive law enforcement tactics have been adopted or dedicated units have been formed.
- A number of cities have implemented a “pulling levers” approach, whereby gang members are sent a clear message by authorities (often at a meeting organized by the police) to the effect that there will be a new response to criminal activities by the gang. Overall, this strategy has yielded mixed results.
- A federal prosecution initiative (Project Safe Neighborhoods), implemented in all the 94 U.S. Attorney districts, has also been found to be effective. The initiative involved a combination of enforcement, deterrence, and prevention activities. The core of this initiative was enhanced federal prosecution for illegal gun use and possession on the part of those prohibited from engaging in these activities. The decline in violent crime in target cities exceeded, by a considerable margin, the decline in non-target cities—an impressive result given the number of cities adopting the initiative. There was a rebound in violent crime in all cities between 2004 and 2006, raising the question of the sustainability of multiagency collaborative interventions.
- Programs that yield fear reduction and leave residents feeling better about their neighborhoods, in addition to crime reduction, are a win-win. Ultimately, these results produce personal empowerment and lead to an increased use of public spaces both by residents and outsiders. This, in turn, can be effective in crime prevention and boosting the local economy. Economic development is often critical in areas that tend to be most conducive to the emergence of gang and drug problems.

Weed and seed program³⁴

- The Weed and Seed (W&S) strategy combats crime, drug trafficking, and drug-related crime through a combination of neighborhood revitalization, individual-level treatment, and crime/drug suppression measures. W&S targets high-crime neighborhoods that range in size from several blocks to 15 square miles. In early 2010, 256 sites were active in 46 states and 2 territories.

³³ Evidence-Based Crime Prevention Programs: A Literature Review, March 2011: www.pbcgov.com/.../pdf/FinalReportStructuredLiteratureReview.pdf

³⁴ Evidence-Based Crime Prevention Programs: A Literature Review, March 2011: www.pbcgov.com/.../pdf/FinalReportStructuredLiteratureReview.pdf

- National evaluations of W&S demonstrate that the strategy has considerable promise. The numerous sites covered by both of the evaluations lends greater credence to the overall finding that crime, violence, and substance abuse can be reduced through a combination of weeding and seeding.
- The fact that it is not a single program, but a broad strategy, differentiates it from a specific program that has been replicated and evaluated at several sites and that may qualify it as a model or exemplary program.
- A 2010 study found substantial decreases in robberies, burglaries, and aggravated assaults, with larger decreases in W&S target areas than in surrounding jurisdictions. A 1999 study revealed that 6 of 9 target areas with available data showed declines in Part 1 crimes following the introduction of W&S program. Drug arrests, too, declined in the majority of jurisdictions. The perceptions of stakeholders, residents, and participants tended to be consistent with the crime data.
- The program appeared to provide structure and discipline in the lives of target area youths and provided support for adults seeking personal and professional growth.

Community justice centers / Community courts³⁵

- These initiatives allow communities to respond to non-violent crime, lower-level or nuisance crimes, and substance abuse. The community court addresses the root causes of crime by offering low level offenders access to social services for issues such as substance abuse, mental illness, and economic hardships. These centers also impose community-based sanctions, including projects that can help revitalize the community.
- A variety of methodologies have been used to evaluate community courts. The most common is some form of community survey (i.e., phone interviews, door-to-door surveys, focus groups) designed to measure community perceptions of community court success.
- Defendant compliance rates were found to be higher than in traditional courts. The use of intermediate sanctions meant that fewer offenders merely “walked” and escaped accountability.
- The community courts were consistently viewed as more fair than traditional courts.
- Community courts rely heavily on the sanction of community service. This has led to a perception that communities are being cleaned up and, along with it, the view by the public that affected neighborhoods are safer. Many community members reported that they were willing to reallocate their tax dollars, or even pay more in taxes, to support a community court.

³⁵ Evidence-Based Crime Prevention Programs: A Literature Review, March 2011: www.pbcgov.com/.../pdf/FinalReportStructuredLiteratureReview.pdf

Neighborhood watch programs³⁶

- In many communities, the typical watch group has morphed into a general town resource to sustain active memberships, encompassing educational programs, fundraising, family activities and municipal cleanups on top of promoting anonymous tip lines and encouraging residents to report suspicious activity.
- These include:
 - Block Watch members in Pittsburgh's Fineview neighborhood who have had a weekly “stroll and patrol” night for two years during the warmer months and organize a caroling outing for the Christmas season.
 - The Aspinwall Neighborhood Watch, revitalized nearly three years ago, rewrote the borough’s handbook, which volunteers hand-delivered to residents.
 - A forum on drug and alcohol abuse, organized by the Bullsken Crime Watch, was filmed by the Armstrong cable television company and used in programs conducted by the Fayette County Drug and Alcohol Commission.
- In a review of several studies, a 2008 report released by the U.S. Department of Justice’s Office of Community Oriented Policing Services said there’s some support for the argument that Neighborhood Watches are associated with a modest reduction in crime. However, research shows that they’re frequently set up in affluent, suburban communities that least need them.
- Memphis crime-fighting extension service³⁷
 - A specialized training that uses master gardeners as an inspiration for weeding crime out of the community.
 - The program would take a “train the trainer” approach, where selected people would learn the techniques, then turn around and train others, and so on.
 - The crime curriculum would teach participants about such things as what to report, understanding offenders, protecting personal property and the home, and how to use certain aspects of the Memphis Police Department’s website.
 - The program is designed to enhance the success community groups have had in increasing awareness of crime and prevention, initiatives actively promoted by the MPD and Shelby County Sheriff’s Office.

Sports and recreation programs³⁸

- Crime prevention is not the primary objective of sport and physical activity, but it might be an extremely positive byproduct.
- Not all sports are relevant for many vulnerable and at-risk young people, and there is a clear need to adopt a needs-based rather than product-led approach. There is some evidence of the need for small-group or individual activities, which are non-competitive, that emphasize personally-constructed goals and have a minimum of formal rules and regulations. Certain adolescents reject organized, competitive mainstream sports because they contain elements similar to those which they have already failed to resolve – adherence to formal rules and regulations, achievement of externally-defined goals, and competitive and testing situations.

³⁶ Tribune Business News, Crime watches increasing; police cite their effectiveness, December 2011:

<http://search.proquest.com/docview/910152291?accountid=14691>

³⁷ Tribune Business News, Learning to fight crime on a grassroots level: Program seeks to teach communities prevention, June 2009:

<http://search.proquest.com/abicomplete/pubidlinkhandler/sng/pubtitle/McClatchy+->

[+Tribune+Business+News/\\$N/38704/DocView/458167186/fulltext/13C15D1A23D12B5FCA4/48?accountid=14691](http://search.proquest.com/abicomplete/pubidlinkhandler/sng/pubtitle/McClatchy+-+Tribune+Business+News/$N/38704/DocView/458167186/fulltext/13C15D1A23D12B5FCA4/48?accountid=14691)

³⁸ International Journal of Academic Research in Business and Social Sciences, The Influence of Sport and Recreation upon Crime Reduction: A Literature Review, 2012: http://bi.galegroup.com/global/article/GALE%7CA308434195/e2084fd84f9613748b44564d1fe2585c?u=uni_rodit

- Such programs often use outdoor adventure activities, or ‘demanding physical activity programs’, aimed at developing personal and social skills, and improving self-confidence and self-efficacy. It is hoped that these will transfer to the wider social context and reduce offending behavior.
- Although evidence for the success of such programs is variable, it has been argued that when compared to the costs of prosecution and detention, such programs are good value for the money.
- Sports and physical activity can combine with other interventions to reduce crime in particular groups and communities.
 - It appears that sports and physical activity can reduce crime by providing accessible, appropriate activities in a supportive social context. In other words, sports and physical activity must be connected positively within the social fabric of groups and communities.
 - Sports and physical activity-based interventions must be conducted in collaboration with a range of other strategies and sectors.
 - Elite sporting bodies can be involved in programs directly aimed at particular crimes or communities.
 - It is essential to consider how the design, location, and funding of sporting and recreational infrastructure contributes to social cohesion, and avoids taking sports and physical activity out of its social context.
 - The cases do not suggest “one size fits all” strategies; instead, they represent the value of community development approaches to tailor programs to particular needs.
 - Recreation and sports programs established for the explicit purpose of crime prevention should be subject to rigorous evaluation.

Community outreach through police in schools³⁹

- The Community Outreach through Police in Schools Program is a short-term, prevention-oriented, school-based group intervention that brings together community police officers and child clinicians as group co-leaders to provide weekly sessions for middle school students who are at risk of being exposed to violence in the community.
- The program comprises eight 50-minute weekly sessions as well as pre-test and post-test survey sessions. The total length of the intervention is 10 weeks.
- Most experts agree that any successful violence intervention program must be collaborative. Such programs should also target youth early, before frequent exposure to violence leads them to adopt negative and dysfunctional patterns of behavior. The Community Outreach through Police in Schools Program is a collaborative intervention that targets youth before exposure to violence in their community seriously impacts their functioning.

³⁹ Office of Justice Programs. Office for Victims of Crime, Community Outreach through Police in Schools: <https://www.hsdll.org/?abstract&did=470898>



Cops and TOPS (Teens on Patrol)⁴⁰

- Implemented in Rochester, New York.
- Goals: To provide summer employment for tough, minority youth in jobs that also enhance public safety and build rapport.
- Strategies: The program provides minimum wage jobs for 25 hours work per week. The teens patrol in neighborhoods, at recreational facilities, and at a center for the retarded and a senior citizens housing project.
- Despite initial skepticism by police, the program proved successful, and several teens involved later became police officers.

⁴⁰ Michigan State University, Community Policing Programs: A Twenty-Year View: <http://www.cj.msu.edu/~people/cp/20year.html>

SHORTAGE OF GOOD PAYING JOBS

THE PROBLEM

Black Hawk County’s average weekly wage for all industries was \$731 in 2008.⁴¹ It steadily increased to \$776 in 2011, which is about 3% higher than the state of Iowa’s average weekly wage in both 2008 and 2011.⁴²

In 2008, the highest average weekly wage for a sector was in management of companies (\$1,677), and the second highest sector was utilities (\$1,229). Management of companies remained the sector with the highest weekly wage in 2011; however, the average weekly wage dropped \$320 to \$1,357. Manufacturing was the sector with the second highest average weekly wage in 2011, with an average weekly wage of \$1,190. When comparing 2008 to 2011, the sectors with the greatest increase in average weekly wage in Black Hawk County were professional services (\$126) and wholesale trade (\$117).

The table below shows a basic needs budget constructed by the Iowa Policy Project.⁴³ This table exhibits a very frugal living standard using 2011 costs. The budget includes allowances for rent, utilities, food prepared at home, child care, healthcare, transportation, clothing and other household necessities. The table shows the after tax income a family would need per month in order to meet their basic needs, and focuses on non-senior Black Hawk County households with a working adult.

Black Hawk County Cost of Living ⁴⁴	Single person	Single parent		Married couple: one child*		Married couple: two children**	
	(Age 21-64)	One child*	Two children**	One parent works	Both parents work	One parent works	Both parents work
Child care	–	\$499	\$806	–	\$499	–	\$806
Clothing & household expenses	\$206	\$289	\$369	\$369	\$369	\$398	\$398
Food	\$254	\$370	\$554	\$576	\$576	\$739	\$739
Healthcare	\$207	\$323	\$419	\$495	\$495	\$563	\$563
Rent & utilities	\$424	\$624	\$766	\$624	\$624	\$766	\$766
Transportation	\$478	\$478	\$478	\$478	\$718	\$478	\$718
Monthly total	\$1,570	\$2,584	\$3,393	\$2,543	\$3,282	\$2,945	\$3,991

*One child age 2 or 3.

**One child age 2 or 3, one child age 6-10.

According to the Iowa Policy Project, since 2008 total expenses in the state of Iowa rose 5% to 9%, which translates into an additional \$1,600 to \$4,200 for basic needs per year, depending on the family type. Between 2009 and 2011, the health care component of the Consumer Price Index rose 6.6%; this was about the same as overall inflation, but below the rates of increase in health costs of previous years. Child care costs for a 2- or 3-year-old rose 3% state-wide from 2008 to 2011, while the costs for a 2-year-

⁴¹ Unless otherwise noted, all Black Hawk County and state of Iowa average weekly wage statistics came from a report generated for SMS by Iowa Workforce Development on February 15, 2013. The 2012 data will likely be available beginning of Summer 2013.

⁴² State of Iowa average weekly wage: 2008: \$711 / 2011: \$754

⁴³ Iowa Policy Project: <http://www.iowapolicyproject.org/2012Research/120531-COL.html>

⁴⁴ Iowa Policy Project: <http://www.iowapolicyproject.org/2012Research/120531-COL.html>



old plus a 6-year-old rose 4.5%. The IRS mileage rate, which reflects the overall cost of owning and operating a vehicle, actually declined slightly from 2008 to 2011.⁴⁵

The cost of housing increased slightly from 2008 to 2011. The median gross rent

Black Hawk County	2008 ⁴⁶		2011 ⁴⁷	
	Median	Range	Median	Range
Gross rent	\$609	\$576 – \$642	\$651	\$617 – \$685
Home value	\$118,100	\$113,868 – \$122,332	\$126,200	\$121,236 – \$131,164

increased by \$42 a month, while median home values increased by \$8,100.

The table to the right shows the estimated percentage of households whose housing costs exceed 30% or more of their monthly income. In 2011, roughly half of renters paid 30% or more of their monthly income towards their housing expenses.

Black Hawk County ⁴⁸	Percent
Homeowners w/ mortgage	22%
Homeowners w/out mortgage	10.7%
Renters	52.0%

This is far more than either of the other categories studied.

According to the U.S. Census Bureau, the number of Black Hawk County residents who live below the poverty level increased from 14.7% in 2008 to 16.4% in 2011. The increase in residents living below the poverty

Black Hawk County	2008 ⁴⁹		2011 ⁵⁰	
	Total #	Percent	Total #	Percent
All ages	18,112	14.7%	20,634	16.4%
Under 18 yrs	4,893	17.3%	5,642	20.5%
Ages 5 – 17	3,043	15.5%	3,471	18.0%

level likely contributed to the 10.5% growth in children who were eligible for free or reduced-price lunches; 37.5% of children were eligible in 2008 compared to 48% in 2011.⁵¹

⁴⁵ Iowa Policy Project, 2011 Edition, Trends in Basic Expenditures for Iowans section: <http://www.iowapolicyproject.org/2012docs/120531-COL.pdf>

⁴⁶ U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_08_1YR_DP4&prodType=table. Data are based on a sample and are subject to sampling variability.

⁴⁷ U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_DP04&prodType=table. Data are based on a sample and are subject to sampling variability.

⁴⁸ U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_DP04&prodType=table. Data are based on a sample and are subject to sampling variability.

⁴⁹ U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program: www.census.gov. Please note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain error stemming from model error, sampling error, and non-sampling error.

⁵⁰ U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program: www.census.gov. Please note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain error stemming from model error, sampling error, and non-sampling error.

⁵¹ Child and Family Policy Center: <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IA&group=All&loc=2721&dt=1%2c3%2c2%2c4>

PROGRAMS THAT ADDRESS A SHORTAGE OF GOOD PAYING JOBS

Due to the type of information available publically, there was no way for SMS to determine one program's effectiveness over another; therefore, the programs below represent a sampling of the various workforce development programs throughout the nation. It is not a comprehensive list; the programs appear in random order.

Bridge programs⁵²

- Bridge programs have emerged as an effective strategy for preparing low-wealth, low-skilled individuals for jobs that require more education. By providing the necessary academic, employability, and technical skills, these programs help participants enter and succeed in postsecondary education and training and ultimately, the labor market.
- Bridge programs help adult students get the academic, employability, and technical skills they need to enter and succeed in postsecondary education and training programs. Participants enter bridge programs with low educational skills; they may or may not have a high school diploma or GED. Most have been out of school for a significant amount of time and are not positioned to succeed in postsecondary education and training or advance to better jobs. In general, people of lower education are more likely to live below the poverty line.
- Successful completers of a bridge program typically move on to college-level education and training in the target field—sometimes gaining sufficient career-focused skills to secure an entry-level skilled job. However, because bridge programs can provide both credentials and information about the next steps on the education pathway, completers can return to education to advance to a higher-skilled position in the field.
- By definition, bridge programs have an industry focus. Occupations and industries served include: nursing and allied health, administrative/office technologies, construction trades, energy, information technology, and manufacturing. Bridge education strategies can be developed and integrated into many different public workforce or education options, including: adult basic skills/GED, English as a Second Language, developmental education, adult vocational/technical education, or WIA-supported programs.
- What distinguishes a bridge program from other adult education strategies and makes them successful are:
 - Specific criteria to enter and exit the bridge and connections to points on a career pathway.
 - Contextualized instruction or team teaching that integrates basic reading, math, and language skills with industry/occupation knowledge and skills.
 - Curriculum for developing skills for professional careers, including working in teams, self-management, project management, and workplace communications.
 - Competency-based curriculum designed around industry-recognized credentials in a target field.
 - Articulation to the next step on an education pathway.
 - Career development activities that include career exploration and planning, or understanding the world of work.
 - Academic support services such as academic advising, tutoring, study skills, and coaching to help successfully move from adult education or remedial coursework to credit or occupational programs.

⁵² Workforce Strategy Center, What Works: BridgeConnect Stories from the Field, August 2011: <http://www.workforcestrategy.org/what-works-bridgeconnect-stories-from-the-field-conclusion.html>

- “Wrap-around” support services such as assessment and counseling, case management, child care, financial aid, or job and college placement.
- **Examples of successful bridge programs:**
 - Center for Community Action
 - The Center for Community Action (CCA) delivers the Women’s Economic Equity (WEE) Project career pathways program across Robeson County, North Carolina. The distinctive feature of WEE is that it focuses on helping women overcome the unique challenges presented by the combination of endemic local poverty, the shortage of professional opportunities, and a social culture that fails to provide the unemployed with the personal tools to break into the workforce. The WEE Project enables participants to obtain the education, skills, and supports needed to enter and advance in the field of healthcare or education with the goal of progressing in a career and attaining a sustainable living income standard.
 - Richard J. Daley College and Central States SER
 - Chicago’s Richard J. Daley College and Central States SER offer the Healthcare Careers Bridge Program. The program excels at keeping adults who are jobless motivated, especially when faced with new types of workplaces and employment. The program—which includes a pre-bridge, medical career bridge, connection to a Certified Nursing Assistant (CNA) certificate, and further training in nursing or allied health—seeks to move individuals out of poverty through earning credentials, enabling participants to obtain career path employment and earn a living wage. Target participants are unemployed, with many chronically unemployed or living in extreme poverty.
 - Central Piedmont Community College
 - Central Piedmont Community College (CPCC) manages the HVAC Pathways to Employment (Pathways) to prepare students in and around Charlotte, North Carolina, as entry-level heating, ventilation, and air conditioning technicians. The program includes a pre-bridge, certification bridge, and other stackable credentials designed to lead to additional education and training. The students are largely male and African American. Participants range from workers in declining industries to aging workers having a harder time with manual labor to those having difficulty finding a “career” because of criminal histories. One defining characteristic of the program is the “boys’ club” participants created as their own support system. This allowed the program to focus on skills training, which participants approached with the very determination they lacked when they were younger.
 - Seven key themes emerge as best practices among the bridge programs: solid curriculum, inspirational leaders, integrated funding, cooperative partnerships, extra support, peer networks, and measurable performance. Each plays a pivotal role in bridge program development. However, no single best practice will ensure program success.
 - Bridge program delivery is not a “one size fits all” proposition. Rather, success depends on adapting those core characteristics to the specific needs of the local community. The emerging field of bridge programs is made up of different types of organizations that develop and deliver educational strategies that can be successful for individuals with specific characteristics and challenges while responding to local labor market conditions.

Effective workforce programs⁵³

- Starting within high schools and targeting disadvantaged youth, Career Academies provide a small, personalized learning environment that combines traditional academic courses with vocational education. Students in the academies are taught in small classes with the same teacher from year to year and the curriculum is designed around a career theme—such as finance, hospitality and tourism, information technology, or engineering—with both academic and vocationally oriented classes. The program includes a broad cross-section of students, and has been especially successful in producing sustained increases in earnings and employment for young men who were considered to be at risk of dropping out of high school. Using randomized controlled trials, researchers found that the program boosted the earnings of graduates by more than 11% over students who did not enter the program, and the effects persisted even eight years after the program ended.
- National Guard Youth ChalleNge, another program that targets at-risk-youths, teaches both academic and life skills in a military boot-camp-style residential environment. Participants who successfully complete a two-week orientation period enter a twenty-week program, which is structured around a curriculum focused on leadership and followership, responsible citizenship, service to community, life-coping skills, physical fitness, health and hygiene, job skills, and academic excellence. Days are highly structured, with almost no free time. Most program sites help participants study for the GED tests. After graduating from the program, participants are placed into jobs or further education programs and are mentored. The structured post-program plan smooths the transitions back into old neighborhoods and encourages participants to maintain the good habits learned in the program. Three years later, graduates of this program are more likely to have earned a GED, and earn on average 20% more than nonparticipants.
- More examples of success are found in three employment programs—training programs that focus on a certain industry—that have improved job outcomes for low-income adults who were struggling in the labor market. In Boston, workers were trained in medical billing and accounting; in New York, they were trained in information technology; and in Milwaukee, they were trained in manufacturing, construction, and health care. The Boston program provided longer-term job-specific occupational training, and the New York curriculum was designed with the industry A+ certification—a credential for service technicians used by many IT companies—in mind. In Milwaukee, programs were designed to fill specific immediate needs, sometimes at the direct request of employers. The programs ranged from up to eight weeks in Milwaukee to around twenty weeks in Boston. Evaluated in the Sectoral Employment Impact Study, in the year after the program, trainees in these three programs earned about \$4,000 more than nonparticipants per year—a 29% increase.
- Year Up, a program in Boston, provided six months of intensive technical training and a six-month internship placement for low-income young adults and boosted earnings by 30% in the year after the program.

⁵³ The Hamilton Project, Building America's Job Skills with Effective Workforce Programs: A Training Strategy to Raise Wages and Increase Work Opportunities, November 2011: http://www.brookings.edu/~media/research/files/papers/2011/11/training%20greenstone%20looney/11_training_greenstone_looney.pdf

National Career Readiness Certificate (NCRC)⁵⁴

- The National Career Readiness Certificate (NCRC) is a national, portable, foundation work skills certification designed and maintained by ACT, Inc. Iowa adopted this credentialing system in 2008 creating an opportunity for individuals to obtain an applied skills certificate through several Community Colleges and Iowa Workforce Development Centers. The certificate was created to assist employers in recruiting new employees, discover training needs, and/or promote incumbent workers based on a series of three WorkKeys® assessments that make up the NCRC – Reading for Information, Locating Information and Applied Mathematics. These three foundation skills are critical in over 90% of all occupations. This credential is noted as an essential component in transitioning workers from declining to emerging occupations.

HUD rental assistance programs⁵⁵

- Privately owned subsidized housing – HUD helps apartment owners offer reduced rents to low-income tenants.
- Public Housing – affordable apartments for low-income families, the elderly and persons with disabilities.
- Housing Choice Voucher Program (Section 8) – people can find their own place and use the voucher to pay for all or part of the rent.

Black Hawk County Operation Threshold programs

- Tenant Based Rental Assistance (TBRA) helps families and individuals find safe, decent and affordable housing. The purpose of TBRA is to assist people in securing decent affordable housing. This program provides eligible participants with the full rental deposit and 70% of the first month's rent for housing units within the City of Waterloo. All housing units must be inspected and meet or exceed Housing Quality Standards (HQS). Inspections are performed at no cost by a qualified housing inspector. To be eligible for this program, people need to be enrolled in FaDSS or on the Waterloo Housing Authority's Section 8 waiting list. The program is administered by and applications are available through the FaDSS Program.

⁵⁴ Iowa Workforce Development: <http://www.iowaworkforce.org/region7/waterloo.htm>

⁵⁵ U.S. Department of Housing and Urban Development: http://portal.hud.gov/hudportal/HUD?src=/topics/rental_assistance

- Energy Assistance programming (including the Low-Income Home Energy Assistance Program [LIHEAP]) is designed to assist low-income families meet the cost of home heating. LIHEAP supplements the high cost of winter heating for low-income households, provides emergency furnace repairs or replacement for income qualifying homeowners and offers assistance with telephone costs to those who qualify. Households with income levels at or below 150% of the poverty level are eligible for benefits. Eligible income amounts may be increased for households with significant medical expenses.
- The Housing and Fair Lending program offers comprehensive financial and home-buyer classroom education services and individual counseling services.



AFFORDABLE CHILD CARE

THE PROBLEM

According to Iowa Child Care Resource & Referral, child care rates in Black Hawk County increased from 2009 (2008 data was not available) to 2012. The greatest increase was seen in child care centers, which increased \$1,877.78 annually for an infant and \$1,137.77 annually for 4- and 5-year olds. There was also a substantial increase in registered home rates; the annual rate for an infant increased \$927.96 and the 4- and 5-year old rate increased \$860.38 annually.

Black Hawk County Child Care Rates <i>Average per year</i>	2009⁵⁶	2012⁵⁷
DHS licensed centers		
Infant (0-12 months)	\$6,932.06	\$8,809.84
4- and 5-yr old	\$6,050.19	\$7,187.96
DHS registered in-home		
Infant (0-12 months)	\$5,521.08	\$6,449.04
4- and 5-yr old	\$5,248.58	\$6,108.96

A family earning the mean income of \$57,495 with an infant in child care would pay:⁵⁸

- 15% of their income before taxes, if their child was in a licensed center.
- 11% of their income before taxes, if their child was in a registered home.

A family earning the mean income of \$57,495 with an infant and 4-year old in child care would pay:

- 28% of their income before taxes, if their children were in a licensed center.
- 22% of their income before taxes, if their children were in a registered home.

As of July 2012, there were 596 total programs with 8,551 total spaces listed with Child Care Resource & Referral. Of those 596 child care programs, 480 reported that they accept DHS Child Care Assistance funded children.⁵⁹

Black Hawk County	Programs	Spaces
DHS registered in-home	189	2,000
Dept. of Ed operated centers	11	471
Dept. of Ed operated preschools	21	499
Dept. of Ed before/after programs	8	250
DHS licensed centers	36	3,273
DHS licensed preschools	11	458
Non-registered in-homes	320	1,600
Total	596	8,551

⁵⁶ Child Care Resource & Referral of Northeast Iowa. 2008 data was not available.

⁵⁷ Child Care Resource & Referral of Northeast Iowa: <http://www.iowaccrr.org/Resources/region2/FY13%20Data/Black%20Hawk%20FY12.pdf>

⁵⁸ Child Care Resource & Referral of Northeast Iowa: <http://www.iowaccrr.org/Resources/region2/FY13%20Data/Black%20Hawk%20FY12.pdf>

⁵⁹ Child Care Resource & Referral of Northeast Iowa: <http://www.iowaccrr.org/Resources/region2/FY13%20Data/Black%20Hawk%20FY12.pdf>

PROGRAMS THAT ADDRESS AFFORDABLE CHILD CARE

Due to the type of information available publically, there was no way for SMS to determine one program's effectiveness over another; therefore, the programs below represent a sampling of the various programs that address affordable child care throughout the nation. It is not a comprehensive list; the programs appear in random order.

AngelWorks⁶⁰

- AngelWorks is a non-profit organization of dedicated community members who support quality child care. AngelWorks assists working parents in becoming self-sufficient through a holistic approach to work, life and family by subsidizing child care costs and offering support to faith-based child care providers. It's located in Traverse City, Michigan.

LIIF / Affordable Buildings for Children's Development (ABCD) Initiative⁶¹

- Using capital, capacity building, and public advocacy together, LIIF builds sustainable community-based systems to support child care facility financing and development. LIIF supports sustainable, community-based systems for financing and developing child care facilities through capital investments and capacity building throughout California. LIIF provides grant and loan capital for facilities development and improvement.
- In combination with capital, LIIF delivers specialized training and technical assistance on facilities design, development, financing and operations.
- Their Child Care Team also supports local communities' efforts to identify and organize resources to increase the supply of quality local child care options.
- An independent review by BTW Informing Change (BTW) found that the LIIF program had leveraged \$62.1 million in resources for child care facilities development in California from 2003-2007, including \$38.5 million from planning grants and \$23.6 million from loans.
- BTW concluded that LIIF's ABCD has supported the creation or renovation of nearly 14,500 child care spaces, very close to the Initiative's 2010 goal of 15,000 spaces.

Thomas Jefferson Area United Way Child Care Scholarships⁶²

- United Way recognized the need for low-income working parents to have the peace of mind of stable child care for their children so that they could maintain employment and the self-sufficiency of their families. Their Child Care Scholarship program has been helping local families with partial funding of reliable, safe and educational care for their children.
- To be eligible for assistance, the child's parent(s) or legal guardian must be a resident of the City of Charlottesville or Albemarle County and must be employed.
- Families must also meet program income guidelines. At a minimum, participants provide pay stubs or employment letters to verify their income and hours of work, last year's tax return, driver's license and proof of residency.

⁶⁰ Traverse City Business News, New Partners in Child care: AngelWorks and Angel Care, August 2012: <http://www.tcbusinessnews.com/news/new-partners-in-childcare-angelworks-and-angel-care>

⁶¹ LIIF: <http://www.liifund.org>

⁶² Thomas Jefferson Area United Way: <http://www.unitedwaytja.org/need-help/children/child-care-scholarships>



- The amount of each child's scholarship will vary depending on household income, the number of persons in the home, the child's age, and the cost of the child care. In all cases, the family pays a co-payment equal to 10% of their gross monthly income.
- The choice of a child care provider, whether a center or a home, is made by the parent(s). However, the provider chosen must be either registered through Children Youth and Family Services (CYFS) or a State Licensed child care provider.

Government-funded programs

- There are government-funded programs that can help low-income families with their child care expenses. These include, but aren't limited to:
 - The State Child Care Assistance Program, utilizing both federal block grant and state funding.⁶³
 - Community Empowerment Early Childhood Grants, utilizing federal block grant funding.⁶⁴
 - Head Start programs

⁶³ State of Iowa: <https://www.legis.iowa.gov>

⁶⁴ State of Iowa: <https://www.legis.iowa.gov>

HOMELESSNESS

THE PROBLEM⁶⁵

According to the Iowa Council on Homelessness, total homelessness in Black Hawk County increased slightly (+36) since 2008 to 2011. The increase was seen in the homeless individuals population; the homeless households population decreased. However, the total population served by a homeless service provider increased by 803, and 2,891 Black Hawk County residents (+591 since 2008) were at-risk of becoming homeless in 2011. The majority of the at-risk population was households.

Black Hawk County	2008	2011
Total served	3,209	4,012
Total homeless	1,025	1,061
Homeless households	487	467
Homeless individuals	571	618
Total at-risk	2,300	2,891
At-risk households	2,043	2,555
At-risk individuals	282	359

The main reasons for homelessness include:

- Economic – unemployment, declining wages or death/divorce of a spouse.
 - In Black Hawk County, this was the top reason for homelessness reported in both 2008 and 2011. In 2011, the frequency with which economic conditions was reported was far higher than any other reported reason; in 2008, the reasons were more diverse, but economic conditions still rose to the top.
- Lack of affordable housing and the limited number of programs that assist with housing.
- Catastrophic illness and/or lack of affordable health care.
- Domestic violence.
- Mental illness.
- Addiction disorders.

⁶⁵ Iowa Council on Homelessness, 2011 and 2010 Annual Report: <https://iowafinanceauthority.iowa.gov/secure/hml/default.aspx>

PROGRAMS THAT ADDRESS HOMELESSNESS

Due to the type of information available publically, there was no way for SMS to determine one program's effectiveness over another; therefore, the programs below represent a sampling of the programs that address homelessness throughout the nation. It is not a comprehensive list; the programs appear in random order.

Sample of programs featured by the National Alliance to End Homelessness

- Chicago⁶⁶
 - Through the adoption of a Housing First approach that helps individuals and families return to housing more rapidly by providing access to affordable housing with supports, homelessness in Chicago decreased 12% from 6,715 in 2005 to 5,922 in 2007.
 - Key initiatives
 - Prevention. A key aspect of the plan is preventing homelessness. The Emergency Fund is Chicago's largest source for prevention resources, administering \$3 million dollars in state funds and nearly \$2 million in private funds annually for homelessness prevention. Funds are administered at the community level through a network of over 50 partner agencies. The City also funds and administers short-term financial assistance. In 2006, 7,100 households received homelessness prevention funding. The average emergency grant size was \$1,150. As of February 2007, all requests for homelessness prevention assistance were screened by the Homelessness Prevention Call Center, accessed through 311 City Services, Chicago's non-emergency helpline. The Call Center tracks assistance availability and makes referrals to local agencies that provide financial assistance for back rent, utilities, clothing, and food for people facing an unforeseen financial emergency.
 - Interim Housing and Rapid Re-housing. Interim housing is the new model of short-term housing. The goal of the program is to re-house homeless individuals and families within 120 days. This is a shift from traditional "housing ready" shelter models because the services focus on client stabilization, housing assessment, and placement. Since 2003, Chicago has added 2,200 interim housing beds (which turnover more quickly), replacing 2,800 emergency and transitional shelter beds. In 2006, 66% of permanent housing placements were made within 120 days.
 - Housing Locator Program. The city implemented the Housing Locator Program to fund four agencies that provide city-wide assistance for placement into private market housing. The housing locator staffs contribute to and share a searchable housing database to help homeless households with barriers to housing find affordable housing units. Since 2006, nearly 400 households have been placed in permanent housing through this program. In addition to the city's program, many homeless service agencies have added a housing locator component to their staffs.
 - Chicago Low-Income Housing Trust Fund. The Chicago Low-Income Housing Trust Fund administers a rental subsidy program, which is funded by city, state, and federal dollars. A portion of the new funding from the state will provide housing subsidies to approximately 750 homeless households. The City is targeting these subsidies to households that are currently experiencing long-term homelessness. The Trust Fund also received Chicago's first HUD Samaritan Initiative grant in 2005 to help them serve 204 chronically homeless individuals through 14 community partners.

⁶⁶ National Alliance to End Homelessness, Community Snapshot: Chicago, January 2008: <http://www.endhomelessness.org/library/entry/community-snapshot-chicago>

- Denver's Road Home is starting to show results. Homelessness declined 13% from 4,444 in 2005 to 3,954 in 2007. The number of people who experience chronic homelessness dropped from 942 in 2005 to 602 in 2007, a decline of 36%. If Denver can reduce homelessness by another 550 people (or 14%) in 2008 then the number of homeless people will fall below the previous low of 3,441 in 2004. The city appears on track to achieving their goal of reducing homelessness by 75% by 2010 and ending homelessness altogether in ten years.
- **Norfolk, Virginia**⁶⁸
 - Through the introduction of a Housing First program, the centralization of the family intake process, and expansion of the permanent supportive housing stock, homelessness in Norfolk dropped by 25% between 2006 and 2008.
 - Key initiatives
 - **Housing First.** Housing First is based on the principle that the best way to end homelessness is to help people get back into housing as quickly as possible and keep people housed by providing the appropriate level of services based on each individual's needs. To provide services, Norfolk created a Housing First Assertive Community Treatment (ACT) Team, a service intensive model that provides home-based care to chronically homeless adults. The program, called My Own Place, has achieved marked results. Among the 14 chronically homeless adults housed between May of 2006 and July of 2007, 92% maintained their housing for at least 12 months. Additionally, 40% reduced substance use, 86% participated in primary health care services offered by the program, and 71% participated in mental health treatment. Further, the consumers for whom data was available significantly reduced their mental health facility stays (70%), reduced prison stays by 100%, and reduced emergency shelter stays by 100%.
 - **Homeless Action Response Team (HART).** HART was established in Norfolk in 2004 and provides a multi-disciplinary team of social workers, mainstream caseworkers, and others to work exclusively with homeless families. In January of 2007, the HART team began performing as the central intake for homeless families and those families at imminent risk of becoming homeless. After initial screening, HART assesses all families using Structured Decision Making, a tool that determines if the family is in immediate danger of abuse or neglect and assesses barriers to housing. From the information gathered, the HART team determines if short-term homelessness prevention would be effective (for families who are already in housing and are risk of losing it); if the family needs shelter placement; or—for families with intensive needs—if they should be placed directly into permanent supportive housing. In 2007, HART provided prevention and rapid re-housing to 888 families. Only 26 families requested subsequent shelter placement within 17 months. In the first part of 2008, Norfolk experienced a decrease in the number of families needing emergency prevention assistance.
 - **Permanent Housing.** The focus on housing is reducing homelessness. An estimated 1,224 people have been placed in permanent housing since implementation of Norfolk's Ten Year Plan, with about 287 of them placed in permanent supportive housing. Overall, permanent supportive housing units increased by 65% since 2005. This increase was driven, in part, by the opening of Gosnold Apartments, a regional housing project for chronically homeless individuals which is owned and operated by Virginia Supportive Housing. This development includes 60 housing units with services attached, and is the culmination of the efforts of Norfolk, Virginia Beach and Portsmouth to find regional solutions to homelessness. Due to its success, a similar project is underway in Virginia Beach.

⁶⁸ National Alliance to End Homelessness, Community Snapshot: Norfolk, August 2008: <http://www.endhomelessness.org/library/entry/community-snapshot-norfolk>

- These initiatives are showing early results. Between 2006 and 2008 homelessness in Norfolk, VA decreased by 25%, from 665 to 502. Additionally, chronic homelessness decreased by almost 40%, from 126 to 78, in the same time period. Norfolk’s count of unsheltered homeless people revealed a significant decrease from 196 in 2006 to only 61 in 2008, representing a 69% decline.
- Quincy, Massachusetts⁶⁹
 - Since 2004, Quincy has more than doubled the amount of permanent supportive housing for chronically homeless individuals, which has resulted in a dramatic decline in the chronically homeless population.
 - Key initiatives
 - Housing First. The Housing First program began formally in 2005 when 10 chronically homeless women were moved from shelter into a 12-unit congregate Housing First building. Over the next four years, the program size increased dramatically. More than 60 chronically homeless individuals have been moved from emergency shelter to permanent housing in the Quincy area. The program has been so successful that Quincy was able to close a 35-bed emergency shelter due to lack of need.
 - Discharge Planning. Quincy recognized a need for both an improved understanding of and response to people being discharged from public institutions into homelessness. To get a better understanding, local homeless service providers documented their clients’ previous involvement with public institutions such as jails, hospitals, and substance use detoxification facilities for all people experiencing homelessness in the CoC. In collecting this data, Quincy discovered that 14% of clients had been involved with youth services, 49% had some involvement with the Department of Mental Health, and 22% had been involved with Social Services. The CoC took this data to state institutions, and through discussions and collaboration was able to change the discharge policies of statewide systems of care. Additionally, these findings resulted in funding for a Housing First pilot project for youth aging out of the foster care system.
 - Data-Driven Approach. The collection and analysis of data captured primarily by the local HMIS and point-in-time counts has been the chief tool in measuring progress and in designing and re-designing local homelessness policies. This data-driven approach has been a pillar in Quincy’s success in reducing chronic homelessness in the community, and it is woven throughout the ten year plan and local homelessness policies. Improving the data collected on chronic homelessness in the community has resulted in improved programs and policies – most notably the Housing First program.
 - An evaluation of the first 12 women housed through the Housing First program found that in the first year after housing, emergency room visits dropped from 22 to 11, and inpatient stays dropped from 44 to 4. These, along with other reductions in service utilization, have saved the community roughly \$41,000 annually for those 12 women alone.
 - There have been marked decreases in chronic homelessness since 2005, when over 96 chronically homeless people were counted in the community. The provision of new permanent housing units and services worked to reduce that number to only 48 people in January of 2009, a 50% reduction in chronic homelessness. Further, the percentage of homeless individuals who were chronically homeless fell from 50% in 2005 to 32% in 2009. These decreases are due in large part to the implementation of a successful Housing First program.

⁶⁹ National Alliance to End Homelessness, Community Snapshot: Quincy, September 2009: <http://www.endhomelessness.org/library/entry/community-snapshot-quincy-ma>

- **Wichita, Kansas⁷⁰**
 - Between 2005 and 2009, the total homeless population in Wichita/Sedgwick County decreased by 47%, and the chronic homeless population decreased by 61%.
 - Key initiatives
 - **Housing First/Permanent Supportive Housing.** One of the principle strategies outlined in the TECH plan was the provision of permanent supportive housing using a Housing First model. The United Way of the Plains implemented a Housing First pilot project that ran from 2008 to 2009. The success of this pilot project led to the implementation of an official program—formally implemented in March of 2009—which is a cooperative program that uses blended funding and staff from the city and the county. The program identified an immediate need of 64 scattered-site houses or apartments with supportive services attached. In the first six months of the program, 54 persons who were chronically homeless were housed. The provision of permanent supportive housing in Wichita/Sedgwick County has had a direct effect on the number of people who are chronically homeless.
 - **Addressing Immediate Needs of Homeless or At-Risk People.** Additional strategies outlined by Wichita/Sedgwick County are designed to address the immediate financial or housing crises leading to homelessness. Chiefly, a One-Stop Resource and Referral Center is being expanded in order to both serve more clients and provide clients with more services. The focus of the Center is to get people into permanent housing through targeted housing referrals, but it also provides centralized access to mainstream benefits, job placement assistance, mental health case management, physical health care services, and peer support groups.
 - **Comprehensive Survey of Homeless Population.** In January of 2009, the United Way of the Plains and the State of Kansas embarked on a landmark survey of the homeless population throughout the state. To gain a better understanding of who made up the homeless population, they collected information on the demographics of the population, contributing factors to homelessness, benefits received, and services needed. This comprehensive survey provides Wichita/Sedgwick County with a greater understanding of the constitution and the scope of its local homeless population and the ability to design interventions accordingly.
 - By 2009, the number of homeless people counted in Wichita/Sedgwick County had declined considerably. In January of 2005, there were 728 homeless persons counted in the city and county. By January of 2009, this figure declined by 47% to 384. Further, the number of chronically homeless persons declined by over 61% from 184 in 2005, to 71 chronically homeless persons counted in 2009. This decline in chronic homelessness is attributable to the increase in the number of permanent supportive housing units. In recent years, Wichita/Sedgwick County increased its permanent supportive housing stock by over 33%. Additionally, through its Housing First program, they housed 85% (54 chronically homeless people) of the total goal in the first six months of the program. Wichita/Sedgwick County has shown a strong commitment to ending homelessness among chronically homeless individuals. The strategies outlined and implemented demonstrate the shift away from managing homelessness toward a system designed to end it.

⁷⁰ National Alliance to End Homelessness, Community Snapshot: Wichita, December 2009: <http://www.endhomelessness.org/library/entry/community-snapshot-wichita-ks>

Back on My Feet⁷¹

- Back on My Feet (BoMF), launched in Philadelphia in 2007, is a national nonprofit organization that uses running to help those experiencing homelessness change the way they see themselves so they can make real change in their lives that results in employment and independent living. Back on My Feet does not provide food nor shelter, but instead provides coaching, resources, financial aid, job training and access to employment opportunities.
- Back on My Feet's program increases the resources and opportunities needed for people experiencing homelessness to become self-sufficient. BoMF partners with shelters and facilities and then forms teams with residents living there. BoMF Members run three days a week at 5:30 a.m. and their attendance and mileage are tracked. Members earn access to training, receive one-to-one time with BoMF staff and, over the period of four to eight months, can apply for \$2,500 to move their lives forward. The organization works with the private sector to train and employ their Members through partnerships with companies.
- From September 2008 through 2012, the organization has helped more than 700 people find employment through their program and has a 46% success rate of moving people forward with a job, housing or both.

Housing First

- "Housing first" or rapid re-housing as it is also known, is an alternative to emergency shelter/transitional housing, which tends to prolong the length of time that families remain homeless. The methodology is premised on the belief that vulnerable and at-risk homeless families are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these families can begin to regain the self-confidence and control over their lives they lost when they became homeless.
- Created as a time-limited relationship designed to empower participants and foster self-reliance, not engender dependence, the housing first methodology:
 - Provides crisis intervention to address immediate family needs, while simultaneously or soon thereafter assisting families to develop permanent housing and social service plans.
 - Helps homeless families move into affordable rental housing in residential neighborhoods as quickly as possible, most often with their own lease agreements.
 - Provides six months to one year of individualized, home-based social services support "after the move" to help each family transition to stability.
- The combination of housing relocation services and home-based case management enables homeless families to break the cycle of homelessness. The methodology facilitates long-term stability and provides formerly homeless families who are considered at risk of another episode of homelessness with the support and skill building necessary to remain in permanent housing.

⁷¹ PR Newswire US, Back on My Feet Becomes Bi-Coastal, January 2013: <http://web.ebscohost.com/ehost/detail?sid=09b48df7-c689-439a-a1d4-bf6f5a91b33e%40sessionmgr104&vid=1&hid=123&bdata=JnNpdGU9ZWVhc3QtbGlzZQ%3d%3d#db=bwh&AN=201301251125PR.NEWS.USPR.DC48470>



AVAILABILITY OF & ACCESS TO HEALTHCARE

THE PROBLEM

Health insurance coverage

According to the U.S. Census Bureau, the number of uninsured Black Hawk County residents decreased by 442 from 2008 to 2011.

Black Hawk County	2008 ⁷²	2011 ⁷³
Total civilian non-institutionalized population	127,060	130,271
Number uninsured	11,523	11,081
Under 18 yrs	1,051	970
18 to 64 yrs	10,411	10,111
65 yrs and older	61	0

Language barriers

Please note: SMS was able to find a plethora of articles and blogs which reported that language barriers in healthcare are a growing concern for patients and healthcare providers; however, the research that has been done on this topic is limited and dated. SMS was unable to find any research that pertained specifically to Black Hawk County; therefore, the information presented below is on a national scale unless otherwise noted.

According to the U.S. Census, 7.3% of Black Hawk County residents speak a language other than English and 2.9% speak English less than very well. National studies have shown that language barriers in the healthcare setting can lead to problems such as delay or denial of services, issues with medication management, and under-utilization of preventive services. Difficulty in communication also may limit clinicians' ability to understand patient symptoms and effectively provide treatment.⁷⁵

Black Hawk County	2007-2011 5-year Estimates ⁷⁴
Population 5 yrs and over	121,753
Speak only English	92.7%
Speak a language other than English	7.3%
Speak English less than "very well"	2.9%

Virtually all health care providers must comply with Title VI of the Civil Rights Act of 1964. The U.S. Department of Health and Human Services (HHS) and the courts have interpreted Title VI to protect national-origin minorities who do not speak English well. Therefore, health care providers receiving federal funding must ensure that they offer meaningful access to limited English proficiency (LEP) patients. One way this can be achieved is through an interpreter; however, there is recognition that just because someone identifies themselves as being bilingual, it doesn't mean they are a competent interpreter. Although no federal standards for health care interpreters exist, four states require or are initiating state certification, including Iowa.⁷⁶

⁷² U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_08_1YR_B27001&prodType=table. Data are based on a sample and are subject to sampling variability.

⁷³ U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S2701&prodType=table. Data are based on a sample and are subject to sampling variability.

⁷⁴ U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02. Data are based on a sample and are subject to sampling variability.

⁷⁵ Mathematica Policy Research, Inc., Improving Access to Language Services in Health Care: A Look at National and State Efforts: <http://www.ahrq.gov/populations/languageservicesbr.pdf>

⁷⁶ Health Affairs, The Medical Tongue: U.S. Laws And Policies On Language Access: <http://content.healthaffairs.org/content/27/2/424.full>

Transportation to appointments⁷⁷

Please note: Again, SMS found a plethora of articles reporting that reliable transportation to medical appointments is a growing concern, primarily for Iowa's elderly population; however, it was difficult to find relevant statistics. The information below was largely taken from a report prepared for the Federal Transit Administration and the U.S. Department of Labor. The report focuses on the problem on the state and national levels.

By 2030, Iowa will see a significant increase in the number of those considered to be transportation disadvantaged, especially adults over the age of 65. Iowa's population over age 65 is projected to increase by 52%—or an additional 226,973 older adults—during the next 20 years, making up 22.4% of Iowa's total population by 2030. Since one in five older adults does not drive, about 45,400 Iowans will need alternative transportation options in the coming decades. A 2009 study found that although older Iowans do not make as many trips to work as those under 65, their other mobility needs are similar to the rest of the population. Of this group over age 65, 33.6% had a disability in 2009, the highest of any age group. In total, 336,139 individuals in Iowa had disabilities, and 160,517 disabled adults reported their disabilities made it difficult to go outside the home alone to shop or visit the doctor.

Trips to medical appointments are a key mobility need for people who are transportation disadvantaged. Eleven percent of Medicaid patients in Iowa have missed medical appointments due to unreliable transportation. The new health care reform law will increase the number of beneficiaries who will be eligible for Medicaid non-emergency medical transportation (NEMT). An additional 5,161 Iowa residents will become eligible for Medicaid and NEMT when the maximum income level for Medicaid eligibility rises to 133% of the federal poverty level in 2014.

⁷⁷ National Conference of State Legislators, Human Service Transportation Coordination State Profile: Iowa: <http://www.ncsl.org/documents/transportation/IA-HSTCprofile.pdf>

PROGRAMS THAT ADDRESS THE AVAILABILITY OF & ACCESS TO HEALTHCARE

Due to the type of information available publically, there was no way for SMS to determine one program's effectiveness over another; therefore, the programs below represent a sampling of the various programs that address the availability of & access to healthcare throughout the nation. It is not a comprehensive list; the programs appear in random order.

Low cost health clinics

- Seattle-based Sea Mar Community Health Center will administer a new primary-care clinic, expected to serve more than 3,500 people annually for, in many cases, bargain prices. The clinic is expected to employ one doctor and two nurse practitioners and will be federally required to give general medical care to anyone who schedules an appointment, regardless of insurance coverage. Sea Mar fees work on a sliding scale, with families at or below the poverty line paying as little as \$20 per visit, plus lab costs.⁷⁸
- Cascade Health Solutions opened a low cost clinic that offered primary care delivered by a nurse practitioner. The membership-based clinic costs \$45 a month per person, or \$40 per person for families of four or more, with no enrollment fee. Office visits cost \$20. As much as possible, related services, such as throat cultures and other lab tests, are covered by the office visit fee. The monthly charge can be paid in full or part by employers who cannot afford conventional health coverage for employees, or employees can pay the cost themselves. The clinic is not intended to provide comprehensive medical coverage. The focus is on primary care, such as physicals, wellness exams, preventive care, sports physicals, birth control, mental health screening and minor medical complaints. The program does not cover hospitalization, nor does it cover specialty medical care.⁷⁹
- Access to Care is a model, cost-controlling primary health care program specifically targeting low-income, uninsured individuals living in suburban Cook County, Illinois and northwest Chicago. The program is a unique public/private partnership making primary health care and the ancillary pharmacy, laboratory and radiology services available to low-income individuals. Access to Care provides affordable diagnosis and treatment for illness to individuals and families for a small co-payment per visit, procedure or prescription medication. They contract with local providers throughout Cook County and pay them a discounted rate to provide services. Physicians volunteer to participate and choose the number of patients they will add to their practice. They are nominally compensated. Over 100,000 people in suburban Cook County and northwest Chicago have been served in the 20 year history of Access to Care.⁸⁰

⁷⁸ Tribune Business News, County approves new low-cost health clinic, June 2008:

<http://search.proquest.com/abiarchive/docview/464928846/13C3F377B307188E08C/2?accountid=14691>

⁷⁹ Tribune Business News, Low-cost clinic opening soon: The move will make basic health care available to some people who are uninsured or underinsured, January 2010: <http://search.proquest.com/abiarchive/docview/458897381/13C3F377B307188E08C/3?accountid=14691>

⁸⁰ Access to Care: <http://accesstocare.org/main/aboutUs.php>

Medical information resource to help people find assistance programs⁸¹

- NeedyMeds is a 501(c)(3) non-profit information resource devoted to helping people in need find assistance programs to help them afford their medications and costs related to health care. Their mission is to be the best source of accurate, comprehensive and up-to-date information on programs that help people facing problems paying for medications and health care; to assist those in need in applying to programs; and to provide health-related education using innovative methods. They are funded by small grants, donations, sponsorships, subscriptions to PAPTracker, and syndication of various database information. NeedyMeds also works with the patient assistance programs of several pharmaceutical distributors.

Partnership for Prescription Assistance⁸²

- The PPA helps uninsured and financially struggling patients who lack prescription coverage get access to prescription assistance programs that offer medicines for free or nearly free. PPA member programs offer more than 2,500 brand-name medicines, including a wide range of generics. The PPA provides information on nearly 10,000 free health care clinics and has connected more than a quarter of a million patients with clinics and health care providers in their communities. Since its launch in April 2005, the PPA has helped connect nearly 7 million people to patient assistance programs that may meet their needs. The PPA is sponsored by America's pharmaceutical research companies.

Language improvement program for foreign-born doctors⁸³

- A business called Carmel-based Accent on Business puts prospective clients through a two-hour evaluation, which includes a written standardized English usage test. They also makes an audio recording of the client reading from a mock patient chart and involved in a conversation. They then structure a training course based on the evaluation. The cost of training is determined by the evaluation. Clients are taught individually or in a group of up to five. The staff at the center works with doctors, medical students and faculty members, and even ventures out into the local business community to teach foreign-born clients how to carry on a customary American conversation.

Medical interpreter⁸⁴

- The University of Missouri Institute of Public Policy, Center for Health Policy and Missouri Telehealth Network are partnering with the Language Access Metro Project (LAMP) and the Missouri Primary Care Association to provide medical interpreters to non-English-speaking patients who otherwise might not have access to live interpreters. The Missouri Telehealth Interpretation Project will provide LAMP interpreters, free of charge for two years, to health care providers through the Missouri Telehealth Network (MTN), already in place throughout the state. MTN uses two-way live, interactive video to deliver patient care from providers in urban areas to underserved patients throughout the state in specialties such as dermatology, psychiatry,

⁸¹ NeedyMeds: <http://www.needymeds.org/indices/needymedspage.htm>

⁸² Partnership for Prescription Assistance: <http://www.pparx.org/>

⁸³ Indianapolis Business Journal, Local firm breaks down health care language barriers, April 2004: <http://search.proquest.com/docview/220615687>

⁸⁴ Medical News Today, Medical Interpreters Break Language Barriers In Health Care, September 2009: <http://www.medicalnewstoday.com/releases/164444.php>

autism, endocrinology and others. LAMP interpreters will attend patient appointments and confirm appointments to reduce patient no-shows and late cancellations. LAMP interpreters speak more than 25 languages and attend more than 1,800 appointments per month.

Transportation to medical appointments

- Below is a sample of programs found on the Caring for your Parents website that help the disabled and elderly get to and from medical appointments.
 - Transportation services for seniors are commonly provided through local Area Agencies on Aging (AAA); these services are generally handicap-accessible and include transportation to and from senior centers, for physical appointments and shopping. AAAs are community agencies, charged under the Older Americans Act with representing the interests of older people and creating a service infrastructure to address their needs.
 - Clark County, Nevada has a Taxi Assistance Program. This program provides discounted taxicab fares to qualified individuals, age 60 and older, and persons with disabilities through coupon booklets that are accepted by all taxicab companies in Clark County. The coupons can be purchased in books of 20 individual \$1.00 coupons or 4 individual \$5.00 coupons. The cost of each coupon book is \$10.00. To qualify for the program, an individual must be age 60 or older, or have a permanent disability. All participants must also be residents of Nevada and have incomes within the program criteria.⁸⁵
 - All Pennsylvania seniors 65 and older are eligible for free transit during day and evening hours on local bus routes, trolley and rapid transit routes.
 - An organization called Custom Caregivers (Texas) has a Senior Ride Program. This program picks clients up for medical appointments and day surgeries. When going to a medical appointment, the trained caregiver will bring everything that they need for the appointment (lab results, Xrays, etc.) and either wait in the waiting room or accompany them in the exam room. They also record all information in a custom binder that is prepared for each client, including current prescriptions, treatment instructions, etc.⁸⁶

⁸⁵ Taxi Assistance Program: <http://www.nvaging.net/taxiassistanceprogram.htm>

⁸⁶ Custom Caregivers: <http://www.customcaregivers.com/elder-care/senior-rides.html>

PART B: BOARD OF DIRECTORS ROUNDTABLE DISCUSSION

1. WHAT IS YOUR IMMEDIATE REACTION?

Keep the data coming. / Very useful. (7)

- Good data and information.
- Information was great. Good to see 2008 predictions did not materialize.
- Still lots of crucial holes in real data available – we need an annual “state of the community” report that is made available to ALL providers and agencies.
- There are many challenges that our community faces. It's good to quantify those issues and examine from the data which gives a focus on what to attack.
- Very useful.
- Very encouraging to see that many of the issues have seen decreases in the past three years.
- We need real data on an ongoing and consistent basis.

Where do we go from here? / It would be interesting to know... (6)

- Actually raises more questions:
 - How much has diversity in the community impacted results since 2008? Does the study get into a breakdown of race?
 - Crime stats – is Black Hawk County covering more “smaller” communities as local communities struggle?
 - Cost of child care is staggering!
 - Impact of gambling in Black Hawk with a casino.
 - Duplication of services. “Merge” programs.
- If all is valid then how do we start lowering stats for all areas? How do we shore up those on the bubble between poverty and middle class? When raw numbers are given, what percentage do they represent?
- Our challenge – do we invest in programs that are immediate short-term solutions, or programs that are more preventative, or address the long-term solutions?
- Several problem areas appear linked with children/juveniles: starting age for substance abuse, teen pregnancy, need for/cost of child care. Are these target areas to continue prevention activities and targeted funding?
 - Prevention: (youth) Substance abuse, teen pregnancy, academic achievement.
 - Support: (mid-age) Child care, affordable housing/rent support, access to healthcare.
 - Foresight: (elderly, coming baby boomers) Access to healthcare.
 - Coming trends: Transportation, long term care options.
- There may be a need to dig deeper in some areas. Child care, as an example, the number of free and reduced compared to subsidized child care.
- Very interesting. Would also be interesting to examine how people afford child care, healthcare, etc. as we look at their total financial health. (I.e. are they taking on more debt?). Is their total net worth decreasing? How does that impact our community going forward?

Are there any new issues? (4)

- Are there new issues we need to identify?
- Are there other (previously unidentified issues not on the 2008 study) that United Way should be looking at?
- Only addressed problems identified in 2008 study – what about other/new problems?
- Trends seem to be positive, but I wonder if there is something we're missing. Are there additional problems that were not identified in the 2008 study that have since risen to the top?

We need more data. (4)

- Information was well presented but I think that more work on the data needs to allow for more accurate information to make valid formation of strategic goals.
- More data for transportation is available than what was presented.
- My primary concern is an apparent lack of agency cooperation in getting good data that may impact the results.
 - The data on alcohol/drug treatment was reported as a minor increase although the numbers were up by 40%!
 - When looking at the presentation, SMS noticed an error in the number of reported adults that were treated in 2010. The number presented on the PowerPoint was 2,086 (which would be an increase of roughly 25%); however, the number presented in the report is 2,806, which is the correct number. This means that the number of adults treated increased only slightly – 2,832 in 2011 compared to 2,806 in 2010, which is roughly a 1% increase.
 - The number of adolescents increased by 25%, from 60 in 2010 to 80 in 2011.
- Not sure data is complete enough to guide funding decisions.

It's about what I expected. (2)

- It is about what I expected. Lack of good paying jobs caused systematic potential increases in other problems.
- Not surprised.

It surprised me that... (2)

- How many of these areas of concern are interrelated.
- Wow, I was aware of some of these issues, but not to this extent.

General comments regarding specific problem areas.

- **Aging population**
 - The aging population is a large need. I think there will be businesses that will pop up to help address this but, as was mentioned, this may be a bubble, and if these businesses are not sustainable the need will fall back to special programs.
- **Child care**
 - Child care costs increasing rapidly.
- **Crime / Drug & alcohol abuse**
 - I am interested in the correlation of the offense **A** crimes going down while they are cracking down on OWI and liquor offenses. Especially as this correlates to alcohol being the drug of choice.
- **Healthcare**
 - Healthcare needs will continue to be significant.
- **Lack of good paying jobs**
 - If lack of good jobs is a problem, why are employers whining about lack of workers?
- **Transportation needs**
 - Transportation methods are a key resource to focus on in order to enhance/help our community's development of needs.

Other general comments.

- Data seems to validate that our allocation of dollars is going to appropriate areas, and that we are making inroads in some of those areas.
- Focus groups will be with providers – what about a group of recipients?
- Immediate reaction is that we have lots of issues that need to be addressed in Black Hawk County. I am new to the United Way Board, so it will be interesting to see the process of funding and how funds are distributed, since there are so many needs.
- Interesting information. I'm interested in looking deeper at the root cause of many of these issues which will tie back to the correlation component.
- In the report it references the 2008 study and a list of underlying cause of problems – would be interested in seeing it.

2. WHAT CONCERNS DO YOU HAVE?

We need more data. (8)

- Accuracy of data received.
- Availability of market specific data. Is that because we restudied old problems?
- Data seems incomplete – those entities who didn't respond but have vital information that should be factored in, and those providers/holders of vital stats who weren't contacted (Met Transit). Service recipients need to be surveyed, too. They may have some insights that could be illuminating even if only anecdotal. Is low growth due to resolution of problems or indicative of provider capacity?
- Difficulty in getting some data.
- I'm not sure data is complete enough to guide funding decisions.
- Lack of detailed local research – recognizing providers will be in the focus groups. Hawkeye Valley, Pegasus Clinic, Black Hawk Grundy Mental Health, Black Hawk County Health Dept., Lutheran Social Services, House of Hope, YMCA (Latino issues), Tri-county Drug Task Force, Veteran's Administration, law enforcement, school counselors, CIP, mental health providers, Allen Health System, Wheaton Franciscan Healthcare. Schools data – is that included?
- Lack of results or needs of persons with disabilities. The Cedar Valley is known as a "training area" for this group; therefore, I would have liked to see more data.
- Many of the statistics focus on Black Hawk County/Waterloo/Cedar Falls. Also should study the impact of local areas served by United Way.

Need to target specific areas in order to have the most impact / Root cause. (5)

- Ability to identify the foundational issues that cause, or are related to, the interest of other at-risk populations.
- Homelessness – a problem that can lead to more problems • healthcare issues/costs, crime, joblessness, etc.
- How do we ever elevate families struggling out of poverty? Transportation starts the process. Who can research and implement the lack of transportation we have in this community and then expand from there?
- Obviously there are many concerns addressing our community. It seems to relate to insufficient income and poverty, which seems to be the root cause of many of the other issues.
- United Way needs to drill down to make sure we understand and serve the areas we can impact the most with a \$3 million campaign.

Are there any new issues? (3)

- Was there a method to find new issues? Example: We have heard a lot about obesity & children. Does that kind of detail fit or is it overlooked?
- You only addressed problems identified in the 2008 study – what about other/new problems?
- What issues are we not seeing? Are there emerging issues outside of the 2008 survey that should be on our radar? Ask focus groups about these issues + thoughts on emergent trends.

Where do we go from here? (3)

- My big concern is that the data corroborates so many needs, yet a \$3 million campaign can't solve them all. How do we make sure we cover the greatest needs? Are we going to talk to any general population groups and/or users? We need input from recipients.
- The information and challenges seem overwhelming. Where do we start and how do we get there? How can we engage the entire community in this process of change for the better?
- Where does United Way look to make a real impact? The scope of issues is so big.

Do we focus on short-term or long-term solutions? (2)

- Debating and determining which programs address short vs. long-term solutions.
- Focus on helping small numbers with band aids without carefully thinking about causes. At the same time, failure to provide short-term safety nets in favor of solving only the causes.

General comments regarding specific problem areas.

- Child care
 - Increases in cost of child care.
 - Cost of child care.
- Transportation / Aging population
 - Transportation for seniors.
 - Boomers population – meeting their needs as they leave the workforce. Burden on the people still working.
- Crime / Drug & alcohol abuse
 - Increase in alcohol abuse/OWI charges.
- Diversity
 - How are we addressing diversity?
- Lack of good paying jobs
 - Looking at household income, what is the median income versus the mean? What type of range are we seeing and what percentage of the population falls in the different income ranges?
- Obesity
 - What about obesity/health issues? Huge impact.
- Poverty
 - Poverty is a problem. We already know this; the research confirms.
- Veterans
 - Veterans – emerging needs: mental and physical healthcare, jobs, training and education.
- Youth
 - I have concerns about the overall trends in today's youth. Teachers say youth are less respectful, parents are more likely to make excuses for their behavior or lack of participation, etc. The population is becoming less and less accountable and more and more entitled, and I think that will come back to haunt us. Without education, opportunities are slim.

Other general comments.

- Do we have programs that are effective in impacting our problem areas, and, if so, can we raise the additional funds that will be required?



- How funding effects these stats (state and federal). Lower funding, decreased programs, results in negative results.
- That the United Way board look at the data comprehensively and not get stuck on one or two problems because of perception.
- The huge swing in the economy from 2008 to present and the way it could affect the numbers. I am very interested in the peaks and valleys during that time frame. Did the huge “national response” to the economy in early-mid 2009 affect the numbers in areas?
- There are a few problem areas that may change depending on political decisions like ObamaCare and how it is put in place.

3. IF YOU HAD THE POWER TO MAKE ONE SIGNIFICANT CHANGE IN OUR COMMUNITY, WHAT WOULD THAT BE?

Increase higher wage job opportunities / workforce development programs. (12)

- Assist with job placement.
- Decrease poverty and increase higher wage job opportunities.
- Identify a significantly large company to move to the Cedar Valley • provide steady jobs at all levels. Globalization and its effects on the Cedar Valley need to be monitored.
- I think it would be good to have more jobs and training for those jobs. This would decrease substance abuse, crime, homelessness, healthcare, etc.
- If we can get jobs into the hands of people that want them, the burden to special programs for all of these should decrease. Family • Education • Jobs.
- Improve income and financial stability for families and individuals.
- Living wage employment for the total population.
- More good paying jobs.
- More opportunities for low income people to be able to move to middle income.
- Provide more well-paying jobs, or give people more education to allow them to qualify for better paying jobs.
- Raise pay.
- Significantly affect workforce training opportunities to create quality jobs that will help families and employers.

Academic development. (5)

- Academic development. Giving students the very important way of competing for those highly paid positions. Early child development as a way to push them towards success. Children are the most vulnerable. They can be held back dramatically due to circumstances beyond their control and have no way of changing it.
- Education.
- Graduation rates of high school – 99%.
- High school graduation into skilled trades.
- Improve academic achievement/graduation rates – foundation impact for many areas.

Provide better access to transportation. (4)

- Increase transportation options.
- Systematic access to transportation for poor and elderly so they can hold jobs and access more than emergency healthcare.
- This is difficult, but transportation seems to be most interrelated with a number of issues.
- Transportation that reaches our entire Cedar Valley area in order for employment challenged individuals to get jobs and be able to get to and from them. Then, how do you expand this for all Iowa?

Strengthen the family unit. (4)



- Build a stronger family unit.
- Family stability would seem to impact lots of other issues.
- Is family stability at the core of making everything else work?
- Make parents more responsible/engaged.

Decrease poverty. (3)

- Define the “root” cause of poverty and the implications it has.
- Decrease the poverty level, increase incomes and jobs, because, as mentioned, most of these problems have a direct correlation to this.
- The hidden, abject poverty that puts roofs overhead and food in stomachs cannot be overlooked.

Educate people about the problems in our community. (2)

- Further educating people about the real problems that exist in our community, because many of us are isolated or inherently ignore that existence. People avoid helping the community unless it is personal.
- That this community would understand that we must balance all areas of growth. We must make sure that no part of this community gets left behind and the chain is only as strong as the weakest link. Adequate resources for all sectors.

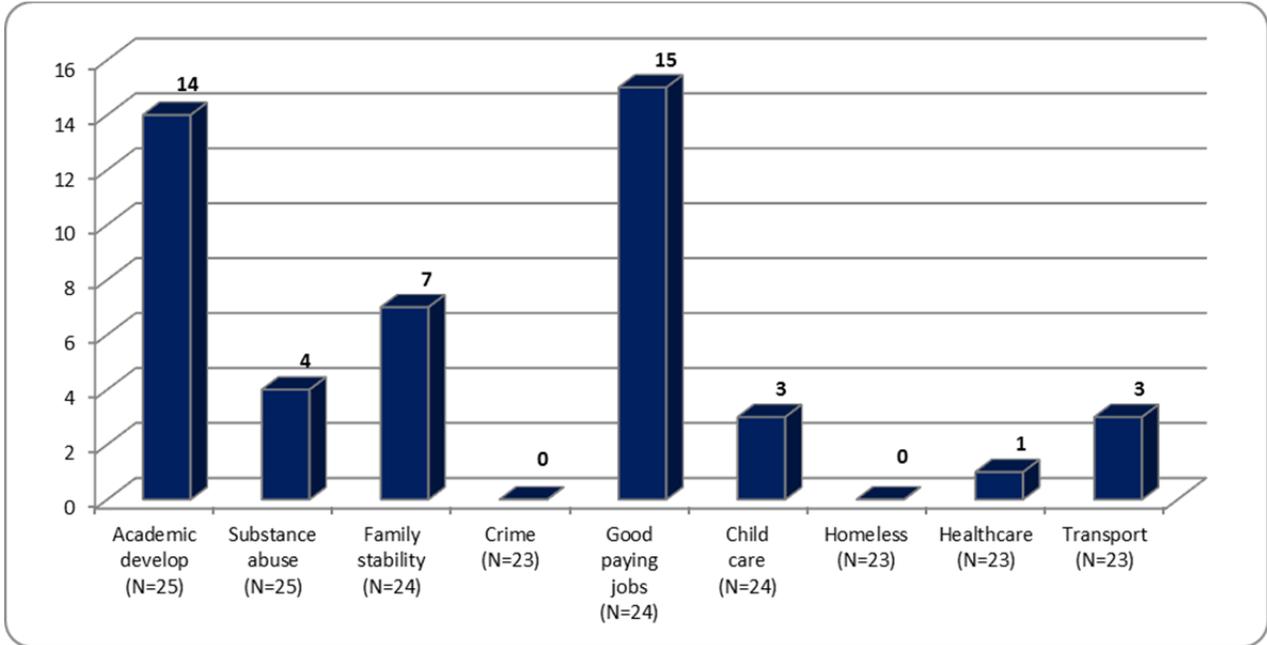
Other general comments. (2)

- Cost of child care. . . real concerned how low-income families make any progress.
- Assist with affordable housing.

4. PLEASE RANK ORDER ALL ISSUES FROM THE MOST CRITICAL (1) TO THE LEAST CRITICAL.

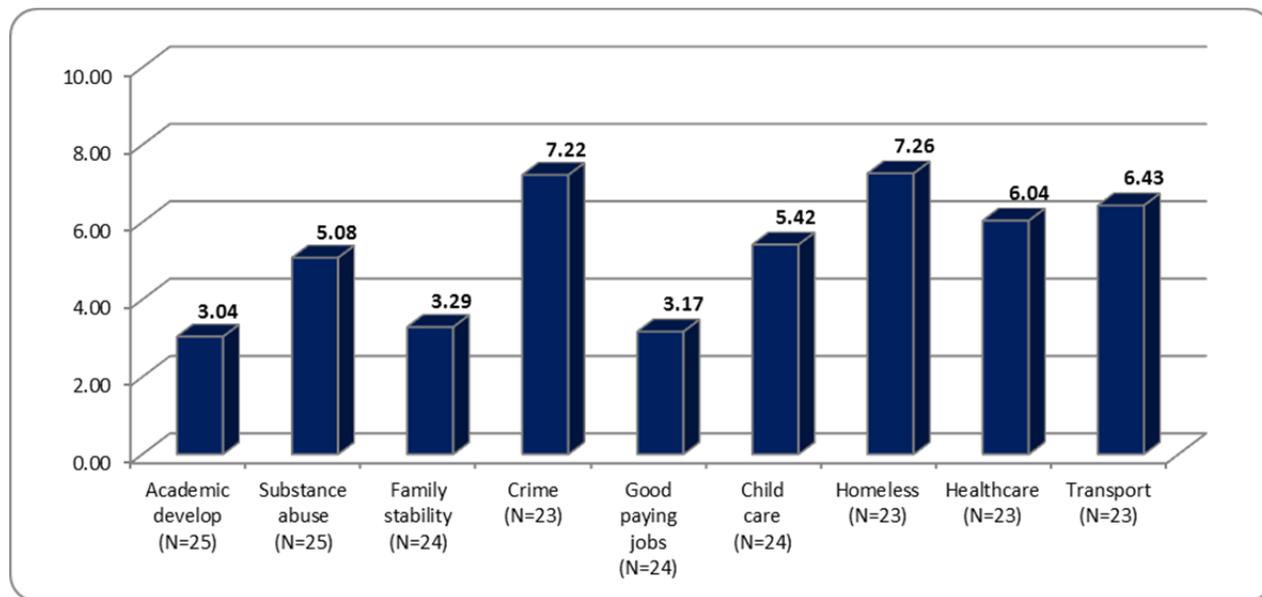
Frequency

The graph below shows the frequency with which each problem area was ranked as a “1” or “2”.



The shortage of good paying jobs and student academic development & achievement were, by far, the two problem areas that the Board considered the most critical, with 15 and 14 Board members ranking them as “1” or “2”, respectively. Family stability / single-parent homes / domestic violence / teen pregnancy prevention was the third most critical problem area, with seven Board members ranking it as a “1” or “2”.

Mean



When looking at the mean rank of the problem areas, a shortage of good paying jobs (3.17), student academic development & achievement (3.04), and family stability / single-parent homes / domestic violence / teen pregnancy prevention (3.29) remained the three most critical areas.

Other problem areas mentioned are listed below in order of the frequency with which they appeared. SMS was unable to include this data on the graphs above due to the high number of respondents who did not rank the additional problem areas.

- Veteran issues. (6)
- Diversity issues. (3)
- Food programs for food-insecure households. (3)
- High school graduation rate. (2)
- Skilled/educated workforce. (2)
- Access to affordable housing (not the same as homelessness).
- Adequate neighborhood resources for all sectors / clean and safe communities free of blight.
- Childhood obesity.
- Criminal reentry programs.
- Decline in moral values.
- Financial education.
- Gambling.
- Poverty.
- Senior mobility/engagement.
- Student career prep development and achievement.
- Under-insured individuals/families.
- Youth enhancement and diversion activities and jobs.

Other general comments.

- Access to affordable transportation
 - It also needs to be efficient.
 - Include affordable self-transport (i.e., gasoline). Public transportation can't get people to all job locations.
- Shortage of good paying jobs
 - Job/workforce training.
 - There's not a qualified workforce.
- Access to affordable healthcare
 - This moves up if the Affordable Healthcare Act does not work well.
- Family stability / single-parent homes / domestic violence / teen pregnancy prevention
 - It is tied to a decline in moral values.
- In general
 - I tried to look at these items as a cause and effect/domino effect, which impacts how I ranked them overall.

ANCILLARY COMMENTS.

- Have you all looked at the Robert W. Johnson Community health ranking as an additional global source of comparable data for our community vs. neighbors, state, and nation?
- Determining the cause and effect of why people need service and who pays for it. Include providers that United Way does not fund. Also, many of the issues/data is from people who participated in a service. How do we capture if the services have waiting lists and if some cannot access services?
- Added things to get data: court data and juvenile detention center interview. If you fix education and good paying jobs, some of the areas will self-fix. Rules to get into programs will change the data they have.
- United Way is just one player. Although problems might be ranked in various ways, that doesn't mean our priorities ought to be the same. The community as a whole needs to have a mechanism to allocate public vs. private resources toward various needs.
- Root cause analysis: jobs, economic development, family stability, student achievement. Ask for data at agencies – get to root cause. Ultimate question: are the people using the programs willing to do the work to better themselves?
- What's also interesting – we've had a job opening for 4 months and very few applicants. What held us back in hiring were police records. If you don't have transportation, then landing a job which ties into academic development, family stability, healthcare, affordable child care, homelessness, less drug use and slows crime.

PHASE TWO RESULTS

SERVICE PROVIDER FOCUS GROUPS

ATTENDEES

DISCUSSION ONE

- Barb Dee, Christian Community Development (House of Hope)
- Mike Isaacson, Hawkeye Valley Area Agency on Aging
- Mike Knapp, Grin and Grow
- Bennie Spain, Veteran's Administration
- Mike Wells, Cedar Falls Community School District

DISCUSSION TWO

- Emily Griffin, Whites Iowa Institute (Quakerdale)
- Lanette Kane, Peoples Community Health Clinic
- Mark Little, MetTransit
- Shawna Matts, Veridian Credit Union
- Dr. Gary Norris, Waterloo Community Schools
- Lt. Corbin Payne, Tri-County Drug Task Force

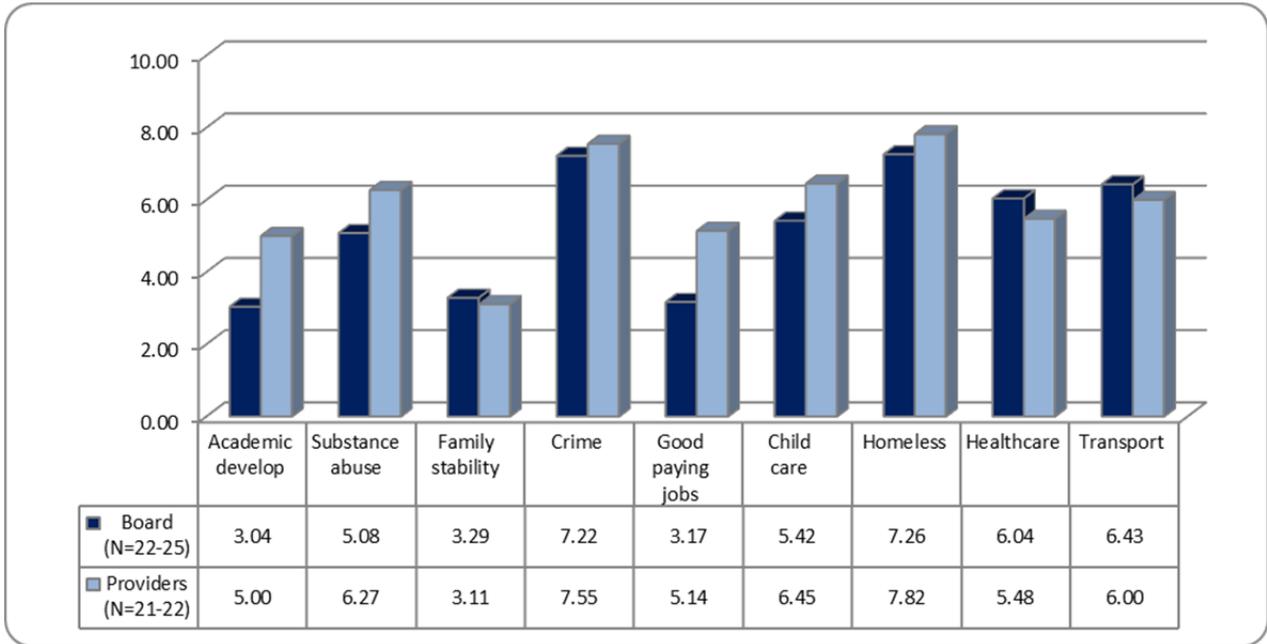
DISCUSSION THREE

- Nancy Beenblossom, Lutheran Services in Iowa
- Maria Benham, Big Brothers Big Sisters of Northeast Iowa
- Vivian Betts, Iowa Legal Aid
- Barb Grant, Operation Threshold
- Terry Helinski, Seeds of Hope
- Jesse Henderson, Jesse Cosby Neighborhood Center
- Casey Herkelman, Cedar Valley Friends of the Family
- Amy Hetherington, Wheaton Franciscan Healthcare
- Mary Janssen, Child Care Resource and Referral of Northeast Iowa
- James Langel, Family YMCA of Black Hawk County
- Bruce Meisinger, Black Hawk County Health Department
- Cindy Mohr, YWCA of Black Hawk County
- Shelley Smith, Family and Children's Council

WORKSHEET RESULTS

Please note: Respondents were given a list of the problems/issues that our community faces, and were asked to write in any emerging issues prior to receiving further instruction.

1. RANK THE CRITICALNESS OF THE FOLLOWING ISSUES, INCLUDING THOSE THAT YOU ADDED, WITH “1” BEING MOST CRITICAL.



Area service providers reported that Family stability / single-parent homes / domestic violence / teen pregnancy prevention was, by far, the most critical problem area, with a mean of 3.11. There were no other problem areas that had a mean below 5.00. In comparison, there were three problem areas that rose to the top during the Board discussion: Good paying jobs (3.17), Student academic development & achievement (3.04), and Family stability / single-parent homes / domestic violence / teen pregnancy prevention (3.29).

Other problem areas were categorized and are listed on the next page in order of the frequency with which they appeared. It is important to note that no other problem areas were reported with enough frequency to justify including them on the graph above; however, several comments are closely related to these issues. Problems with an asterisk (*) next to them were ranked as a 1, 2 or 3 by one or more of the respondent(s) who reported the issue.



- **Family support. (8)**
 - Crisis assistance. (2)
 - Family focused support.
 - Support group / mentoring.
 - Supervised visitation resources.
 - In-home support for new mothers at risk of abuse.*
 - Parental involvement in extra-curricular activities.
 - Parent education on parenting skills / responsibilities.
- **Access to mental health services. (4)**
- **Child development / education. (4)**
 - Behavior supports for children / teachers / caregivers.
 - Child development recreational activities.
 - Parental involvement in education.
 - Youth leadership skills.
- **Accessible / safe / affordable housing. (3)***
- **Family wellness / obesity / chronic disease. (3)**
- **Healthcare-related issues. (3)**
 - Complexity of the Affordable Care Act.
 - Healthcare provider shortage (especially in rural areas).
 - Interpreters in healthcare.
- **Better resources (2)**
 - Information and referral of supports.
 - Central Cedar Valley family resource website.
- **Child safety (abuse / re-abuse, neglect, abduction)* (2)**
- **Drug education / enforcement. (2)**
- **Legal aid. (2)**
 - Affordable legal representation.
 - Greater access to legal remedies.
- **Poverty. (2)***
- **Misc. (6)**
 - Adult education / career development.
 - Community collective activities.
 - Inclusion.
 - Support for the aging population.
 - Self-accountability.*
 - Translation services.*

2. BASED ON YOUR KNOWLEDGE AND PERCEPTION, INDICATE IF YOU BELIEVE THESE ISSUES HAVE GOTTEN BETTER, STAYED THE SAME, GOTTEN WORSE, OR GOTTEN MUCH WORSE OVER THE PAST FIVE YEARS.

- There were no problem areas where the majority of respondents reported that the issue had gotten better over the past five years.
- Most of the respondent group agreed that Academic development (40.9%), Substance abuse (57.1%), Affordable / accessible child care (55.0%), and access to affordable transportation (57.1%) had stayed the same over the past five years.
- The problem areas that respondents agreed had gotten worse or much worse over the past five years were Family stability (68.2%), Crime (68.2%), Good paying jobs (68.1%), Homelessness (50.0%), and access to affordable healthcare (59.1%).

N=21-22	Better	Stayed same	Worse	Much worse
Academic development	27.3%	40.9%	27.3%	4.5%
Substance abuse	4.8%	57.1%	14.3%	23.8%
Family stability	9.1%	22.7%	40.9%	27.3%
Crime	4.5%	27.3%	45.5%	22.7%
Good paying jobs	18.2%	13.6%	54.5%	13.6%
Affordable / accessible child care	10.0%	55.0%	35.0%	0.0%
Homelessness	9.1%	40.9%	36.4%	13.6%
Access to affordable healthcare	22.7%	18.2%	36.4%	22.7%
Access to affordable transportation	4.8%	57.1%	28.6%	9.5%



3. BASED ON YOUR KNOWLEDGE AND PERCEPTION, INDICATE IF YOU BELIEVE THESE ISSUES WILL GET BETTER, STAY THE SAME, GET WORSE, OR GET MUCH WORSE OVER THE NEXT FIVE YEARS.

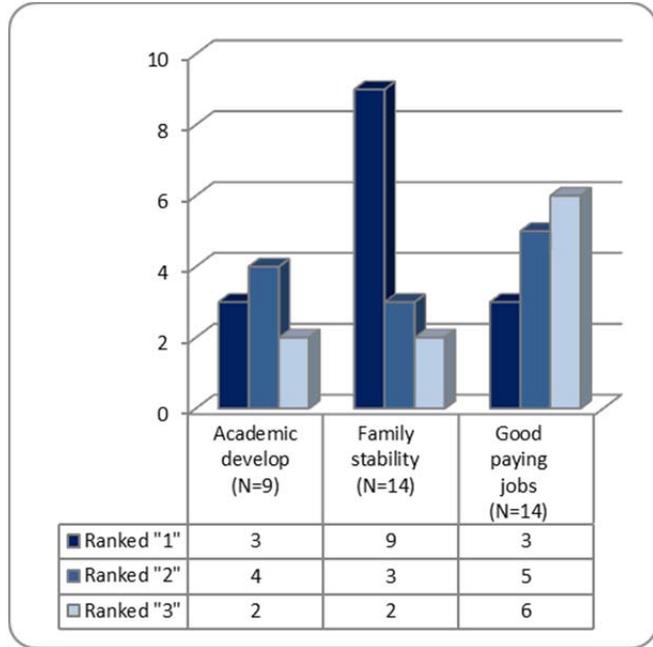
- The respondent group was split in thirds when asked about Academic development – 36.4% reported that it will get better, 31.8% reported it will stay the same, and 31.8% reported that it will get worse or much worse.
- The majority of respondents, 85.7%, reported Substance abuse will stay the same or get worse or much worse.
- Access to affordable healthcare will get worse or much worse over the next five years, according to 40.9% of respondents. In comparison, 36.4% of respondents reported that Access to affordable healthcare will get better over the next five years.
- Most of the respondent group reported that Good paying jobs (50.0%), Homelessness (59.1%), and Access to affordable transportation (71.4%) will stay the same over the next five years.
- The problem areas that respondents agreed will likely get worse or much worse over the next five years were Family stability (54.6%), Crime (66.6%), and Affordable / accessible child care (42.1%).

N=19-22	Better	Stayed same	Worse	Much worse
Academic development	36.4%	31.8%	22.7%	9.1%
Substance abuse	14.3%	42.9%	33.3%	9.5%
Family stability	4.5%	40.9%	36.4%	18.2%
Crime	9.5%	23.8%	57.1%	9.5%
Good paying jobs	27.3%	50.0%	18.2%	4.5%
Affordable/accessible child care	21.1%	36.8%	42.1%	0.0%
Homelessness	9.1%	59.1%	31.8%	0.0%
Access to affordable healthcare	36.4%	22.7%	27.3%	13.6%
Access to affordable transportation	19.0%	71.4%	9.5%	0.0%

4. RANK THE TOP THREE PROBLEMS THAT, IF FIXED, WOULD HAVE A POSITIVE IMPACT ON THE OTHER PROBLEM AREAS, WITH “1” HAVING THE MOST IMPACT.

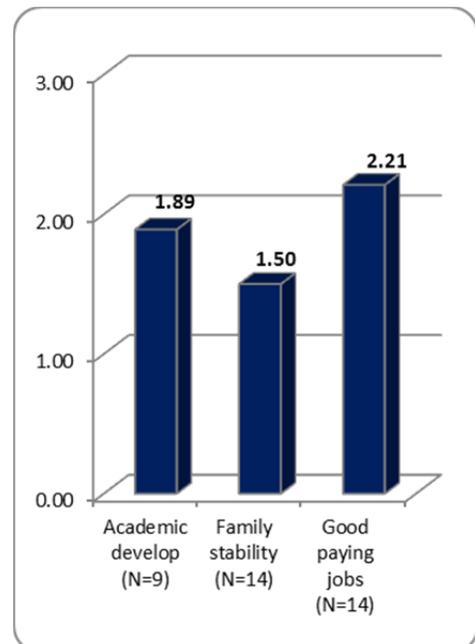
Frequency

- Family stability and Good paying jobs were identified as the two problem areas that, if fixed, would have the most impact on the other problem areas, with 14 out of 22 respondents (63.6%) ranking these areas as a “1”, “2”, or “3”.
 - It is important to note that the frequency with which Family stability was ranked number one was greater than the frequency with which Good paying jobs were ranked number one. This tells us that even though both areas are important, respondents believe that Family stability would have more of an impact than Good paying jobs.
 - Please also note that there were other problem areas that were ranked in the top three; however, for the purposes of this report, SMS included only the most frequently mentioned issues.
- Academic development was also identified as a problem area that, if fixed, would have a positive impact on the other problem areas, with 9 out of 22 respondents (40.9%) ranking this area as a “1”, “2”, or “3”.



Mean

- Family stability was the problem area respondents believed would have the greatest impact on the other problem areas, as shown by a mean of 1.50.
- While it appears that Academic development is the problem area that would have the second greatest impact, it is important to note that there were five less respondents who ranked it in the top three. For that reason, Good paying jobs is the problem area that would have the second greatest impact, followed by Academic development, with means of 2.21 and 1.89, respectively.



KEY TOPICS OF DISCUSSION

FAMILY STABILITY

“Family stability includes two issues – the parents and the kids.”

“Most parents don’t want their kids to fail, but a lot of them don’t know how to go about making that happen.”

Respondents agreed that this is an issue that includes two parts: parent responsibility and youth responsibility, and they go hand-in-hand. Single parent homes, domestic violence, and teen pregnancy all go together, and it all goes back to education. It’s a cycle of parents who came from an unstable home raising children in an unstable home; they haven’t been taught anything different.

Unstable families were described as “chaos” and “in constant crisis.” They do not handle a crisis situation like the rest of the population because of the instability in their life. Constant chaos and instability can have lifetime impacts on children and make it difficult for them to function in school. In addition, some of these families do not have the resources – money, family support, etc. – to weather a crisis.

Many unstable families live in poverty or are low-income; however, there is a chicken-and-egg effect when trying to determine if family instability causes poverty, or poverty causes family instability – it depends on the structure and supports within the family. It is also important to note that not all unstable families are low-income. Some of the problems these families face cross all income levels.

One of the biggest problems is the large caseload that case workers manage on a day-to-day basis. They don’t have time to give each parent and/or child the personal, one-on-one attention that they need. It is expensive and labor intensive to take the time to invest in solutions, and those resources aren’t available in the Cedar Valley. In addition, the resources that we do have are typically targeted at families with children. If you don’t have children, then there isn’t much available to help you get out of that cycle.

**“It’s all about the family – there is a lot of power in that.
Some people don’t have the background or skill sets to be a good parent.”**

Causes of family instability.

- Mental health issues.
- Abuse and neglect.
 - Participant statement: Black Hawk County has one of the highest rates of re-abuse of children under the age of 18. This includes all type of abuse – emotional, physical, sexual, etc., and is not specific to low-income families. Re-abuse crosses all income levels, genders, ethnicities, etc.
- Lack of responsibility – both the parents and the children / Lack of discipline.

Participant statements:

- These people lack responsibility, they don’t have a work ethic and they have a lack of discipline.
- There is a problem with parents not taking responsibility for their actions or their children’s. If their child does something wrong, the parents just want their child “fixed” and don’t want to take responsibility for the problem. They believe the problem is the child – not the parent.

- **Lack of education.**
 - Participant statement: People don't see anything wrong with some things because it's all they know. They don't know any different. They think they're a victim and it is someone else's fault.

Effects of family instability.

- **Stress of living in this type of environment leads to bad health.**
 - Participant statement: Single-mother stress and poverty contribute to low birth weight, which leads to health and developmental issues.

Solutions that will help family stability.

- **Education.**
- **Family support.**

Participant statements:

- Parents are the first teachers – if you don't support those parents and support that family this will never stop.
 - Work with the adults / parents to help them overcome the barriers in their life.
 - Help them not only get a job, but also retain the job.
- **Crisis management.**

Participant statements:

- Help people access community resources and provide them with support when a crisis happens and they don't know what to do.
- Families are living in such crisis that they don't have the time to sit down and tell their kids, "I believe in you." That can have a huge impact.

It takes time, energy and resources to help and mentor an unstable family. They need case management and personal attention. The biggest obstacle is trying to help someone prepare for the future when they don't think they have a future – its day to day survival for them. They don't see hope in a way that most of us would see hope.

GOOD PAYING JOBS

“If we had decent jobs with decent pay, most of these issues would disappear.”

“I don’t care if you pay someone \$50/hour, if his choices are bad, he’s going to be worse off than the guy making \$7/hour.”

Nearly everyone agreed that a good paying job would positively impact all of the other problem areas; however, it’s not the only solution. If that’s the only variable that changes, it’s not going to be enough to make an impact. You need a skilled workforce, a positive work environment, and you need to give people the opportunity to advance.

In addition, people need to be able to keep a job. Sometimes it’s not a matter of getting the good paying job, it’s a matter of keeping it. This could be due to a number of issues, including:

- Child care – It may not be available for the shift they’re working or the cost of child care could exceed what they’re making.
- Family stability / Relationships – They may not have a stable family life or relationship, which is getting in the way of keeping a good job.
- Transportation – If they don’t have a car, the bus may not run to their place of employment or during their shift. Or perhaps their car is broken and they don’t have an alternative way to get to work. People need good, reliable transportation.
 - Participant statement: There is also an epidemic problem with people driving without a license. Some have had it taken away; however, a lot of people never had one. With that being said, they are still driving because they have to get from place to place, and will continue to do so until they are caught.
- Mental health issues, which also goes along with domestic violence and drugs & alcohol.

“There are jobs available – we need skilled laborers.”

Participants agreed that education is needed in order to get a good paying job; however, there was a general consensus that not everyone is cut out to be a college graduate. Participants showed some concern that our society is pushing everyone to get a 4-year degree, which, in some cases, may be hindering them when they are trying to find a job because they don’t have the right skills. There is a belief that the 4-year degree has been over-sold, and there are a lot of people in the job market that have the wrong skills because of that. With that being said, everyone agreed that a high school diploma is a minimum requirement, along with some type of continuing education, which could be in the form of skills training or higher education.

There is also a belief that kids today question if they will be able to get a job, which can impact whether or not they continue their education. Back in the Rath/John Deere era, people had the expectation that when they got out of high school they would have a job, and eventually be making more than their parents. Today's youth need to believe that they can get a decent job, and that's what is going to drive them to go to school to get the technical skills or college degree.

There are two parts to workforce development: adult education and youth education.

Adult Education

There are a lot of people in the Cedar Valley who have the aptitude to learn the skills needed to get a good paying job, but many of them need mentoring and coaching in order to succeed. They don't have a support system, and family structure and support can make all the difference. Transportation and child care may also be an issue.

One respondent used Fisher Controls, which is located in Marshalltown, as an example when talking about how education and transportation are tied to good paying jobs. Fisher needs CNC operators, and they have a program where they will provide free education to both youth and adults; however, only about one in five make it. Why? They don't have the basic skill level, which is a public school issue, to be successful in the program. Many people are working two or three jobs and want to get an education, but they can't get from their homes to the college because they don't have transportation.

Respondents agreed that an adult education program is necessary in order to provide people with the opportunity to develop the skills they need. One respondent suggested using the public school system as a way of providing both youth and adults with skills training. Since public schools are funded with taxpayer money, they could implement programs that teach skilled trades (i.e., construction workers, electricians, plumbers, etc.), and invite any adults who also need to those skills to come and learn with the youth. The model doesn't cost any extra; you just need to get adults there. Some of these things have been explored, but it is the respondent's opinion that we have to do a better job.

Youth Education

Most of the Cedar Falls graduates, about 85%, have the skill level upon graduation to learn and excel in adulthood. The other 15% do not, and it's tied directly to poverty. It's a social issue. Almost all of the kids in the alternative school are in poverty, and they are put in a remedial education program that won't give them the skills they need. Even at that level we need to give them technical skills. There is nothing wrong with being a carpenter or electrician – those are great jobs.

Some Cedar Valley schools give students the opportunity to work on skilled certifications during high school, and many can have their certification complete within a year after graduating. This type of program can put youth one step ahead as they transition to adulthood.

“In a society you need varying levels of skills and varying levels of workers, but when the hardest workers still can’t make ends meet...there is a huge disparity between minimum wage and an affordable lifestyle. Some people are working 70 to 80 hours a week because that’s what it takes to make it.”

What is a good paying job?

- \$15/hour with benefits and the opportunity for advancement.
 - Participant statement: Getting benefits would greatly decrease the strain of a lot of people, because they wouldn’t have to pay all of their healthcare expenses out-of-pocket.
- \$25/hour household income (family of 4) with benefits, plus the opportunity for advancement.

When discussing the disparity between minimum wage and a living wage, one respondent talked about how raising the minimum wage would adversely affect his organization. They are struggling to maintain their mission of serving low-income families, and if the minimum wage goes up they are probably going to go under. They are just barely staying open.

“Jobs can help with healthcare, but it might start going the other way.”

Due to some of the provisions in the Affordable Care Act, healthcare may start negatively impacting jobs because of the 30-hour rule. The 30-hour rule states that employees with more than 30 hours of service per week, or 130 hours of service per month, must have access to employer-sponsored healthcare benefits at companies with 50 or more full-time employees and full-time equivalents. Otherwise, employers will face a penalty of \$2,000 per employee (minus the first 30 employees) if at least one full-time employee receives subsidized coverage through an exchange.⁸⁷

“Better jobs are coming, but we need a skilled workforce.”

One respondent reported that better jobs are coming. According to the Greater Cedar Valley Alliance, there will be 72,000 jobs in the Cedar Valley in the next five years that need STEM training; however, the jobs aren’t here yet. Do we train people for jobs that don’t currently exist? If we don’t, will the companies who provide these types of jobs choose to locate elsewhere because we lack a skilled workforce?

Then there is another layer – once people have the skills, how do you match these people with the jobs that are available? We need to be able to match the skill sets of people, whatever they are, with the jobs that are coming, and provide opportunities for people to access workforce development training. People are smart enough to hold a job, they just don’t have the skills.

In addition to attracting companies who pay higher wages, we need to work to retain our current skilled workforce. Many skilled college graduates choose to leave the community for what they feel are better opportunities.

⁸⁷ U.S. News: <http://money.usnews.com/money/blogs/the-best-life/2013/04/08/affordable-care-act-coverage-5-key-numbers>

“There is no loyalty from younger (30 and under) employees, and they lack a good work ethic.”

Our culture is changing, and several participants expressed frustration with the newer generation of workers. Respondents felt they are all about instant gratification and don't have a good work ethic, or perhaps the work ethic has changed. There is a belief that some people who have the capacity to do more choose not to because they don't have a good work ethic.

One respondent reported that good paying jobs are not the problem; it's that people are too picky. College graduates want to start out making \$40,000/year, working Monday through Friday, 8 to 5. They think society owes them something because they graduated from college, and they don't need to earn that type of position. If graduates can't get that type of job upon graduation, they job-hop or move in with their parents. If they do get the job, they still aren't happy. They just want more. Respondents also expressed frustration with the lack of company loyalty from the younger generation – if another job comes available that has better pay they jump ship, even if there are advancement opportunities within their current company.

“The nature of employers has changed as well. That loyalty isn't there anymore either.”

The culture of employers has changed, as well. Employers aren't willing to hire and employ people who have been unemployed for a period of time, which makes it difficult for some people to secure a job. The comment was made, “It's an employer market; employers need to invest more in their employees.” Businesses aren't family-friendly, and are unwilling to work with their employees if they are late or miss work due to family issues, child care issues, transportation problems, etc. Respondents also felt that businesses should be more excited about providing on-the-job training.

EDUCATION

“It’s a cycle. They are all interlocked. You just have to start with the one that’s going to have the biggest impact because it’s going to affect all of these as it goes around. Education is the major piece. That has to be where you start.”

Respondents discussed several different types of education:

- Formal classroom education.
 - Participant statement: You are already behind the 8-ball if you start in Kindergarten. Studies show that if children attend a quality preschool their potential for success is much greater.
- Skills training.
- Financial literacy.
 - The question was asked – is it really a lack of good paying jobs? Or are people purchasing homes and cars they can’t afford?
 - One provider changed the model they use when determining who gets monetary assistance. They designed a policy where the focus wasn’t on the organization helping them, it was about them showing the organization that they need help. They didn’t have parameters, and didn’t discount anyone because of what they made. They went to a budget system and looked at the choices they made with their budget. If they needed assistance, they would sit down with them and go through where they spent their money. So many people don’t realize where their money goes, and people started waking up. The whole model needs to change. Financial literacy. Education.
- Community education.
 - Participant statement: Educate the community so they understand what the problems are. We have the resources to solve these problems if we educate the community and get some synergy going.
- Educate the business community.
 - Participant statement: We need more of the business community coming and getting educated. We are not, and continue to not be good at that.

“It’s not a quick fix, but we need to provide our children with the tools to break the cycle. We need to provide them with education, we need to get them to school so they can get that education, and we need to give them confidence and aspirations. Then they can make better choices when they are older.”

Children need a good education and skills to compete in the 21st century. We need to rally around them, but hold them responsible for their share in the bargain. The skills and education needed in today’s marketplace include:

- Computation skills.
- Literacy skills.
- The ability to work in a group.

“We have a lot of work to do in the education system, but there is also a community responsibility.”

POVERTY & THE WORKING POOR

“It’s the working poor – it’s underemployment.”

The broad definition of the “working poor” is anyone who is under 200% of poverty. To qualify for state assistance, it’s 145%. For specialty programs that help the poor in terms of childhood and early education (Head Start), it’s below 135%.

Monetarily, 200% below poverty is equal to a household income of \$30,000 for a family of two. That’s a teacher. That’s also more than one organization is able to pay an entry level case manager with a Bachelor’s degree.

The working poor face many challenges. An employee of one organization turned down a promotion and pay raise because had she accepted, she would have lost her free child care, school meals, and Hawk-I health insurance. She was a single mother with two kids, and would have been far worse off had she taken the raise. So not only do you have the working poor, but you also have people who fall into this black hole. In a sense, we perpetuate poverty.

“Ultimately it was 10 or 12 years of fiscal policy, employment policy, government policy that allowed this gap to widen. Now we’re sitting around scratching our head going – huh...I don’t understand what happened.”

One group had a strong belief that the middle class is a function of the government, and that if the middle class were left alone without government (or a strong union presence), it would not exist. In the last 10 years, government has not supported the middle class and has supported the industry. Without intervention, the wealthy will get wealthier and the poor will get poorer.

“Everything works against those in poverty, the more people we get in poverty, the more it balloons and causes crime and other issues.”

Contributing factors:

- Lack of education and/or skills training.
- No good family structure.
- Inter-generational.
- They need resources to them get a job, education, child care, etc.
 - Participant statement: People in poverty are in such a fragile economic system that it doesn’t take much to throw them off. They are constantly in crisis, and they can’t weather the crisis like the rest of us because they don’t have the resources.

“There is an attitude that they are in poverty because they want to be or because they created the situation. There are those type of people, but for the most part, if you look at that person’s overall picture, they want the same things we all want. They want to be happy and secure. They will work hard if they have a good paycheck at the end of the day.”

How do we fix poverty?

- Adult education – a lot of the problem is the lack of skills.
- Reduce the stigma and educate ourselves.

Participant statements:

- Only 1 – 5% percent of the population are “those” type of people who are working the system and want to be in poverty. The problem is the media. In today’s 24/hour news cycle you can always find the channel that matches your thinking. You don’t have to go outside your narrow-minded world because you’re only going to hear what you want to hear. The other problem is people only hear numbers. For example, Medicare/Medicaid is always under fire because of fraud; however, less than 1% of the money that is spent on Medicare/Medicaid can be traced back to fraud. The actual dollar amount is in the billions, but it really is only 1%.
- Not all poor people are lazy. We need to understand the debilitating effects of poverty. If we as a community understand that, then we can go about solving it.
- There is a huge chasm in our community about the haves and have-nots. It’s a huge issue. It’s not about lazy people. It’s about the debilitating effects of inter-generational poverty. People can’t break out of the cycle.
- Identify crisis situations earlier.
 - Participant statement: We’ve got to get better at identifying those crisis situations earlier, we’ve got to have the resources to adequately address those crisis situations, and we have to have the people with the skills to address those situations.
- Give people access to safe and affordable housing.

TRANSPORTATION

Respondents felt the transportation issues in our community seem to be getting better; however, funding challenges may inhibit the growth of our public transportation system.

ANCILLARY COMMENTS

- Several respondents reported that budget cuts may inhibit the services they are able to provide in the future.
 - The Tri County Drug Task Force’s federal grant is going to be cut 45% (\$300,000 - \$500,000 out of Black Hawk/Bremer County alone). If there is no one investigating the problem it’s going to skyrocket, and that will impact a lot of other problems.
 - There will be cuts in education. Waterloo Schools will lose about \$4 million (roughly 4%) due to sequester.
 - Peoples Clinic also had budget cuts coming.
 - Head Start just got their funding cut due to the sequester and will have to cut 70 kids out of their program starting July 1.
 - Child care programs only have so much money to give in child care scholarships to help the working poor (people making between 145-200% of poverty level) pay for child care.

- There is a huge population of people that are funded through the state child care assistance program, which is money to help the working poor get employment and get off of welfare. Child care providers can't afford to serve that population any more. The state is paying them \$5 less per day that it costs to provide services. Agencies are being forced to look at no longer serving those clients, or maybe capping them a certain number, which would be significantly lower than the 60-some kids one provider is serving right now. A lot of providers no longer serve state clients because the state reimbursement rate is 80% of the market rate from 1988 – it's almost 30 years old.
- We send money out to Washington D.C. and we're not seeing it come back. A good example with spending your money wisely is what we've done with the schools here. That's not done on a federal or state level. They cut some programs by 45% and then fund a pig study or something like that. We need to come up with the resources (money) to do things on our own, and be more aggressive with the legislature.
- There should be a big community needs assessment conducted, instead of businesses and other entities all doing their own individual assessments. Lots of people do them – we should collaborate.