

# Community Assessment Update 2007

## United Way of Salt Lake

*serving Davis, Salt Lake, Summit, and Tooele Counties  
creating hope since 1904*



what matters.™

Research Conducted for United Way of Salt Lake by Utah Foundation



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# United Way Community Assessment Update 2007

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## Executive Summary

This report is an update of the 2004 Community Assessment for the United Way of Salt Lake. As an update, it does not “begin from scratch” in defining our communities’ most pressing social problems; rather, this study provides insight into how our communities have been changing in recent years and which social problems are worsening or impacting the largest numbers of people. This assessment focuses on trends and impacts of 17 priority problems and four core issues described in the 2004 Community Assessment.

This assessment also provided opportunities for professionals in human services to highlight current best practices and describe opportunities for improvement. It also sought input from people in our communities who have been clients of social service programs to better understand their perspective on the challenges they face in trying to achieve a better life for their families and themselves.

### Study Area

United Way of Salt Lake provides services to the people of Davis, Salt Lake, Summit, and Tooele Counties. This four-county area represents approximately 1.4 million people or about 52% of the entire state’s population. Children under the age of 18 make up approximately 31% of the total population in the four-county area while adults over the age of 65 represent about 8% of the total population. The population in the four counties is also about 19% minority (non-White, but including Hispanics). About 9% of all individuals in the service area are living in poverty, and the median household income (in 2004) for the service area ranges from about \$50,000 in Salt Lake County to nearly \$67,000 in Summit County.

**Population Profile for Service Area of United Way of Salt Lake**

	Davis County	Salt Lake County	Summit County	Tooele County	4-County Area
Total Population (2007)	287,924	1,001,098	39,214	56,693	1,384,929
Percent Children (Under 18) (2007)	32.2%	30.0%	26.5%	33.6%	30.5%
Percent Elderly (65 and Older) (2007)	7.7%	8.3%	6.8%	6.7%	8.0%
Percent Minority (2005)	11.4%	21.9%	13.0%	14.2%	19.2%
Percent in Poverty (2004)	7.5%	10.2%	5.3%	8.2%	9.4%
Median Household Income (2004)	\$58,808	\$50,420	\$66,822	\$52,718	

Sources: Utah Governor’s Office of Planning and Budget, Utah Department of Health’s IBIS-PH, U.S. Census – Small Area Income and Poverty Estimates

### Methodology

This assessment was conducted with four major components, designed to gather the input of a diverse group of service providers, funding providers, researchers, advocates, and recipients of social services. The assessment also drew from a variety of academic studies assessing the causal relationships of some core issues to other problems. The four components of research for this assessment were:

- A survey of service providers and other professionals to gather their assessments of the importance of 17 priority problems and to obtain their input on best practices, barriers to solving the problems, and potential solutions.
- Review of data from reliable sources on each of the 17 priority problems, assessing recent trends and the breadth of impacts for each problem.
- A review of extensive literature on how the four core issues affect other social problems, especially their affects on the other 17 priority problems.
- Focus groups and questionnaires with clients of social service providers in each of the four counties in the United Way of Salt Lake's service area.

### **Survey of Service Providers and Other Professionals**

A major component of this assessment was to survey leaders and professionals involved in providing social services, providing funding for those activities, researching social problems, or advocating for solutions to these problems. The survey was deployed online, with about 300 professionals invited to respond. About 43% of those invited participated in the survey.

Survey respondents were asked to rate 17 priority problems that were identified by the 2004 Community Assessment. These 17 problems are:

- Adult and juvenile crime
- Barriers to education
- Breakdown of the family
- Domestic violence
- Inadequate opportunities for child and youth development
- Insufficient income
- Lack of access to mental health care
- Lack of affordable health care
- Lack of affordable housing
- Lack of life skills
- Lack of parenting skills
- Lack of positive role models
- Lack of services for the elderly
- Lack of support for people with disabilities
- Lack of transportation
- Language/cultural barriers
- Substance abuse

Respondents were asked to rate each problem on a scale of 1 to 7 by being asked the following four questions:

- How intense are the personal impacts of each of these social problems?
- How broad are the impacts of each of these social problems?
- What are the trends for each of these 17 problems in the past three years?
- What is your overall rating of the importance of each of the 17 priority problems?

The following table summarizes the results of the four rating questions and calculates an average score and rank based the survey responses.

Problem	Ranking Based on Mean Scores				Average Score	Average Score Rank
	Intensity of Impacts Rank	Breadth of Impact Rank	Recent Trend Rank	Overall Importance Rank		
Adult and juvenile crime	12	12	11	10	5.01	12
Barriers to education	10	7	9	8	5.23	9
Breakdown of the family	7	8	6	13	5.24	7
Domestic violence	8	11	7	6	5.24	8
Inadequate opportunities for child and youth development	9	5	8	7	5.29	6
Insufficient income	2	2	3	2	5.79	2
Lack of access to mental health care	4	4	5	5	5.47	5
Lack of affordable health care	1	1	1	1	6.05	1
Lack of affordable housing	3	3	2	4	5.60	3
Lack of life skills	6	9	10	9	5.22	10
Lack of parenting skills	10	10	13	12	5.11	11
Lack of positive role models	14	14	14	14	4.79	14
Lack of services for the elderly	17	17	17	16	4.52	17
Lack of support for people with disabilities	15	16	15	15	4.60	16
Lack of transportation	16	15	16	17	4.63	15
Language/cultural barriers	13	13	12	11	4.97	13
Substance abuse	5	6	4	3	5.52	4

It is clear from each of the questions that the lack of affordable health care was the top-ranked problem. Insufficient income and lack of affordable housing are also clear leaders ranking second and third, respectively. Substance abuse and lack of access to mental health care round out the remaining top five.

Using the rank based on average score, the following list shows the 17 problems in priority order, according to this exercise:

1. Lack of affordable health care
2. Insufficient income
3. Lack of affordable housing
4. Substance abuse
5. Lack of access to mental health care
6. Inadequate opportunities for child and youth development
7. Breakdown of the family
8. Domestic violence
9. Barriers to education
10. Lack of life skills
11. Lack of parenting skills
12. Adult and juvenile crime
13. Language/cultural barriers
14. Lack of positive role models
15. Lack of transportation
16. Lack of support for people with disabilities
17. Lack of services for the elderly

At the end of the survey, another set of questions asked respondents to explicitly rank their top five concerns from the list of 17 problems. The results are similar, but not the same as the ranking summary above:

1. Insufficient income (tie)
1. Lack of affordable health care (tie)
3. Barriers to education
4. Substance abuse
5. Lack of affordable housing

The main difference between the two methods of ranking is that barriers to education is added to the top five list in the second exercise, and lack of access to mental health care falls to a rank of seven.

The survey also asked a number of open-ended questions, allowing respondents to provide input on any of the 17 problems for which they have knowledge. Their input includes discussion of current best practices, barriers for solving these problems, and ideas for future solutions.

### Four Core Issues

The 2004 Community Assessment described four core issues, which were part of the 17 priority problems but considered to be root causes of many of the other problems. That assessment urged a focus on these core issues in order to leverage change in many of the other problems. In the 2004 assessment, the four core issues were ranked as follows:

1. Insufficient income
2. People lacking life skills
3. Inadequate opportunities for child and youth development
4. Barriers to education

The survey of service providers and professionals in this assessment was used to confirm whether the four core issues are still considered causal, core problems and whether their ranking should change.

These core issues received the following votes by rank position:

Core Issue	Votes by Rank				Total Votes	Weighted Score	Weighted Rank
	#1	#2	#3	#4			
Insufficient income	45	21	17	9	92	3.11	1
People lacking life skills	23	21	27	21	92	2.50	2
Barriers to education	14	32	28	18	92	2.46	3
Inadequate opportunities for child and youth development	10	18	20	44	92	1.93	4

The resulting ranking of the core issues is similar to the 2004 Community Assessment ranking, with insufficient income the most important and people lacking life skills ranking second highest in importance. However, this survey ranks barriers to education higher than inadequate opportunities for child and youth development, which is different than the 2004 ranking.

Respondents were also asked if any other problem should have been one of the core issues, but the responses were small in number. With a small number suggesting that

other problems be included among the core issues, these results appear to confirm that the four core issues identified in the 2004 Community Assessment are still considered by this group to be the most important causes of other problems in their communities.

Other problems were ranked higher than some of these core issues when all 17 problems were ranked in the surveys and focus groups, but although some problems like housing and health care affordability are particularly acute at present, they are not seen as root causes of most of the 17 priority problems by most of the survey respondents.

## Secondary Data Findings

To gain a more complete understanding of how the 17 priority problems impact our communities, this study provides data sketches for each problem. Where possible, a time series was created to illustrate recent trends. The data also provide insight into how many people are affected by these problems in the four-county study area.

Where possible, an estimate was created for the number of people affected by each problem in the four-county area. For some of the problems, a range of impacted persons was created, while data limitations prevented such estimates for other problems. In addition, we categorized recent trends for each problem based on a review of all of the data sources included in the following pages.

**Summary of Data Findings: Trends and Breadth of Impact**

Problem	Trend	Number of persons affected		
		Low	Middle	High
Adult and Juvenile Crime	slightly worse		110,794	
Barriers to Education	about the same		231,876	
Breakdown of the Family	slightly worse		240,846	
Domestic Violence	stable to slightly worse		216,049	
Inadequate opportunities for child and youth development	slightly worse	68,433	201,245	334,057
Insufficient Income	worse		346,232	
Lack of Access to Mental Health Care	worse	138,493	193,890	249,287
Lack of Affordable Health Care	worse	152,342	325,458	498,574
Lack of Affordable Housing	worse		327,686	
Lack of Life Skills	indeterminate			
Lack of Parenting Skills	worse	57,071	171,214	285,357
Lack of Positive Role Models	indeterminate		42,207	
Lack of Services for Elderly	worse	15,000		111,406
Lack of Support for People with Disabilities	worse			163,036
Lack of Transportation	stable		76,016	
Language/ Cultural Barriers	worse	96,945	181,426	265,906
Substance Abuse	stable to slightly worse	40,361	105,980	171,599

Several problems stand out from the group, either because of a significantly worsening trend or because they affect large numbers of people.

### ***Worsening Trends***

The following problems demonstrate a significantly worsening trend from 2000 through the most recent data available. These trends warrant special attention be placed on these issues as the United Way of Salt Lake considers its priorities and strategies for community problem solving.

- *Lack of Affordable Housing:* Housing prices, particularly in the most recent years, have been increasing much faster than income. Consequently, a higher proportion of owners and renters have a “housing cost burden,” meaning that they must devote more than 30% of their income to housing expenses. Low-income households, who are more likely to have a housing cost burden than middle or upper-income households, have likely been especially hard hit by this trend.
- *Lack of Affordable Health Care:* Growth in health care costs and health insurance costs have likewise been outpacing income growth. The proportion of uninsured persons has increased in all four counties and statewide as health insurance costs have increased and as fewer employers have been able to offer affordable health insurance to their employees.
- *Insufficient Income:* Inflation-adjusted median household income appears to be declining in the four counties, while the proportion of individuals in poverty is increasing. Wages statewide have been declining relative to the U.S. average.
- *Language/Cultural Barriers:* While the proportion of the population in the four counties that is not proficient in English, is foreign born or minority has been steadily increasing, there is no evidence that the challenges and barriers these populations face have been declining.
- *Lack of Access to Mental Health Care:* Funding changes have exacerbated an already existing gap in mental health services for persons who do not qualify for Medicaid but do not have the income or insurance to afford the mental health services they need. While the proportion of the population in need of mental health services does not appear to have changed significantly, access to those services has declined.

In addition to the five problems listed above, Lack of Parenting Skills, Lack of Services for Elderly, and Lack of Support for People with Disabilities were also identified as problems with a clearly worsening trend.

### ***Widespread Impacts***

The following problems affect large proportions of the overall population of the four counties, and these are also prime candidates for action as the United Way of Salt Lake considers its priorities and strategies for community problem solving.

Note that insufficient income lack of affordable housing, and lack of affordable health care are on both lists – these are problems with worsening trends and widespread impacts.

- *Insufficient Income:* About one-fourth of individuals in the four-county area are in poverty or near poverty (below 200% of the poverty level).
- *Lack of Affordable Housing:* In 2000, 36% of renters, 29% of owners with a mortgage, and 6% of owners without a mortgage had a housing cost burden (housing costs equal to 30% or more of household income) in the four-county area. This means that in 2000 about 24% of the total population was devoting a burdensome proportion of their overall income to housing costs. With the recent rise in housing costs, this proportion has most likely only increased from 2000 to the present.
- *Lack of Affordable Health Care:* Although Utah's Health Status Survey and the U.S. Census suggest that between 11% and 15% of all persons in the four-county area are uninsured, many individuals who have insurance still have trouble paying medical bills and may forgo necessary treatment because of high costs. A 2003 national study reports that 33% of persons 19 to 64 in the West have gone without necessary medical treatment because of cost. An even higher proportion (36%) reported that they had medical bill problems or medical debt. We therefore estimate that about 24% (midpoint between a low of 11% and a high of 36%) of all individuals are affected by this problem.
- *Breakdown of the Family:* About 18% of Utah adults have ever been divorced, and in 2000 about 16% of children in the four-county area were living in single-parent households. Based on these figures, we estimate that about 18% of all persons in the four-county area have been directly affected by the breakdown of the family.
- *Barriers to Education:* In 2000, about 14% of adults in the four-county area did not have a high school diploma. In addition, researchers estimate that Utah's graduation rate for 2002-2003 was only about 77%. We estimate that about 17% of all individuals are impacted by barriers to education that prevent them from attaining a minimal level of education (high school graduate).

In addition to the five problems listed above, several other problems were identified for impacting a significant proportion of the population (more than 10% of all individuals). We estimate that Domestic Violence directly impacts 16% of the population, Inadequate Opportunities for Child and Youth Development affects 15%, Lack of Access to Mental Health Care affects 14%, and Language and Cultural Barriers affect 13%. It should also be noted that we were unable to determine the trend or percent affected for Lack of Life Skills using secondary data sources.

### **Literature Review on Causation and Connections with the Four Core Issues**

We conducted a review of peer-reviewed academic studies on the relationships between the four core issues and other social problems, focusing specifically on the 17 priority

problems. The following overview provides a brief summary of the literature reviews for each core issue.

### ***Lack of Life Skills***

Research demonstrates a relationship between life skills and income, substance abuse, domestic violence, crime, and parenting skills. Studies have shown that individuals who participate in financial education report higher savings rates and greater net worth. Low-income families, in particular, are more likely to open checking and savings accounts, save for a home or retirement, and avoid predatory lending after participating in financial education. Life skills training is considered a core component of many effective drug and violence prevention programs. Researchers have also concluded that a lack of life skills may be a barrier to leaving an abusive relationship, making individuals more susceptible to domestic violence. In addition, the most effective parental education programs are those that address basic life skills so that parents are better equipped to handle the many stresses associated with parenting.

### ***Insufficient Income***

Insufficient income affects almost all aspects of an individual's life. The problems associated with low income levels range from increased crime rates, lower levels of educational achievement, higher incidences of divorce, greater prevalence of domestic violence, an inability to obtain sufficient child care, poorer health outcomes, and greater substance abuse. Researchers have found that low wages and unemployment are strongly correlated with higher crime rates among less-educated men. Insufficient income negatively impacts the educational attainment of both adults and children in families. Unemployment, poverty, and low income are also associated with divorce and may increase the likelihood that an individual will experience or commit domestic violence. Low income levels constrain the ability of parents to choose high-quality child care for their children. Finally, low-income workers are less likely to obtain health insurance through their employer or to be able to afford individual policies. Low-income status is correlated with poorer mental and physical health as well as greater levels of substance abuse.

### ***Barriers to Education***

Barriers to education and lack of education are associated with higher crime rates, higher rates of divorce, lower incomes, higher levels of substance abuse, and less parental involvement. Research demonstrates that increased educational attainment is associated with lower crime rates. In addition, lower levels of education have been correlated with (but are not necessarily causative of) increased likelihood of cohabitation, marrying at an earlier age, lower probability of getting married at all, and higher incidences of marital dissolution. Higher levels of education also lead to increased income and job stability. Greater levels of educational attainment are associated with both decreased rates of illicit substance abuse and substance dependency. Finally, parents with a college degree (or higher) report greater involvement in their children's schooling and are more likely to read to their children.

### ***Inadequate Opportunities for Child and Youth Development***

Access to childcare and early child education is an issue that has both economic and social importance. Quality care arrangements are critical in supporting the employment of families and encouraging the social and cognitive development of children. Inadequate opportunities for child and youth development affect educational attainment levels, crime rates as well as worker productivity and earnings potential both in the short term for parents and the long term for children. Research demonstrates that participants in quality early childhood education programs report more positive family lives and more extensive family involvement. Adequate child care positively affects both immediate family income levels (by improving employee productivity, decreasing employee turnover and absenteeism, and improving parental employment rates) and the future potential earnings of children. Quality early childhood programs encourage children's social and intellectual development, prepares children for school, and allows mothers to obtain higher levels of education. Adequate child care or supervision for adolescents is linked with reduced crime rates (for both children and parents) and ensures that adolescents interact with positive role models. Many child care programs also improve life skills by incorporating life skills training into their educational curricula.

### **Focus Groups with Service Clients**

Five focus groups were conducted with clients of community service providers in Salt Lake, Davis, and Tooele Counties. A questionnaire was distributed to service recipients in Summit County. The purpose of each group was to gather input directly from people most impacted by the problems examined in this community assessment. Questions assessed which were the most important problems, barriers to solving these problems, help available in their communities, and ideas for future solutions.

Six of the 17 priority problems were consistently included among the top concerns for participants in this process. They are listed in order of importance as follows:

1. Insufficient income
2. Lack of affordable health care
3. Lack of affordable housing
4. Substance abuse
5. Lack of transportation
6. Breakdown of the family

Concerns about income, health care and housing were clearly more prominent than any of the other issues. These three issues were often closely interrelated, with much of the income problem exacerbated by rapidly growing housing and health care costs.

Many participants expressed deep frustration that the growing economy wasn't helping them; these participants felt that good jobs were out of reach and they couldn't spare the time or expense to obtain training and education needed to improve their job situations.

Rising health care costs were frequently discussed in these groups. They described rising insurance premiums eliminating the benefits of pay raises and increased co-payments and deductibles making insurance unpractical for them. They also expressed frustration at public and insurance company bureaucracies that seemed determined to

disqualify them or hinder their access to care. Some complained about poor quality and availability of care at free clinics. They would like to see health programs made available to people with incomes too high for Medicaid and expansion of dental services for low-income people. Some called for a federal universal care program.

Housing costs have become a more acute problem in the most recent two years, with many complaining about increased rents and that homeownership has gotten out of reach. Some of those with children complained about not being able to afford an apartment large enough for their children, especially when boys and girls are too old to share rooms. A common complaint was that waiting lists are much too long for subsidized housing or public housing. However, those who were domestic violence victims were pleased that they were treated as a priority in allocating housing assistance. Many want programs to help with up-front costs, like deposits and first and last months' rent payments. They would also like to see more housing developments include affordable units.

Substance abuse was clearly an issue affecting many other problems. Some participants related substance abuse to their own problems with incarceration and with the crime that others bring to their neighborhoods because of drugs. They attributed much of the abuse to desperation and hopelessness as well as "self-medicating" for mental illnesses. They would like to see more counseling services available to those who cannot afford to pay for it.

Transportation was a particularly noteworthy problem in the Tooele focus group; they felt isolated and unable to access services and job opportunities in the Salt Lake area. They want to see more public transit options in Tooele. Other groups also noted transportation problems, especially in accessing child care, jobs, and services that they need.

Breakdown of the family was cited by many participants as a problem affecting them and those around them. However, those who fled a domestic violence situation were sensitive to the "breakdown" label and want to be sure that others understand that they needed to break out of those relationships. These women cited substance abuse as a clear precipitator of domestic violence and family breakdown. Participants in several groups suggested expansion of programs that allow parents to have some time together to strengthen and maintain their relationships.

A common complaint about many of these issues was that people do not know about programs that might help them, and they would like solutions that focus on making more information available on programs and organizations available in their community.

These groups also seemed to focus on public programs as solutions to many of these problems. They were disappointed by the political process not providing greater spending on social programs and wanted to see a greater array of programs to meet their needs.

## **Conclusions**

It is somewhat surprising that none of the 17 priority problems identified in the 2004 Community Assessment appear to be improving. A few have stable or indeterminate trends, but none can clearly be said to be improving.

In all components of this assessment, three problems are consistently listed as top-priority acute community issues: insufficient income, lack of affordable health care, and lack of affordable housing. These are problems that are not only widespread in their impacts, but also are worsening at rapid rates. The following table shows the commonalities and differences of the various rating or ranking exercises utilized in this assessment:

<b>Survey of Service Providers and Other Professionals</b>	
<b>Ranking based on mean score</b>	<b>Overall Rank</b>
1. Lack of affordable health care	1. Insufficient income (tie)
2. Insufficient income	1. Lack of affordable health care (tie)
3. Lack of affordable housing	3. Barriers to education
4. Substance abuse	4. Substance abuse
5. Lack of access to mental health care	5. Lack of affordable housing
<b>Secondary Data Findings</b>	
<b>Worsening</b>	<b>Widespread</b>
1. Lack of Affordable Housing	1. Insufficient Income
2. Lack of Affordable Health Care	2. Lack of Affordable Housing
3. Insufficient Income	3. Lack of Affordable Health Care
4. Language/Cultural Barriers	4. Breakdown of the Family
5. Lack of Access to Mental Health Care	5. Barriers to Education
<b>Focus Groups</b>	
1. Insufficient income 2. Lack of affordable health care 3. Lack of affordable housing 4. Substance abuse 5. Lack of transportation 6. Breakdown of the family	

In addition to income, health care and housing concerns, lack of access to mental health care and substance abuse were also very prominent in the rankings and were discussed frequently in the focus groups. These two are issues that can be linked to many other community problems, and they could be candidates for consideration as core issues.

Barriers to education are noted as a top five issue in two of the research components. However, in the focus groups, it was not ranked highly and was not discussed to a significant extent. This is probably due to focus group participants feeling more concerned about their immediate needs and finding it difficult to concentrate on long-term solutions to their problems. Clearly, the policy and community service professionals considered it a top issue, the data show it to be a widespread problem, and the research on core issues shows it to influence many other social problems.

Breakdown of the family was also a significant issue in terms of widespread impact in the data review and in discussions with the focus groups. This issue is particularly important for single mothers and their children who are often pushed close to poverty by the loss of an ex-husband's income.

It is our recommendation that the United Way of Salt Lake continue to pursue community and public policy action on the four core issues: insufficient income, lack of life skills, barriers to education, and inadequate opportunities for child and youth development. Doing so will leverage change in many other social problems. In pursuing its work, the United Way of Salt Lake may also wish to consider addressing mental health and substance abuse issues as problems that also could produce leverage in solving some of the other community problems described in this report.

## Survey of Service Providers and Other Professionals

A major component of this assessment was to survey leaders and professionals involved in providing social services, providing funding for those activities, researching social problems, or advocating for solutions to these problems. The survey was deployed online, with about 300 professionals invited to respond. About 43% of those invited participated in the survey.

Survey respondents were asked to rate 17 priority problems that were identified by the 2004 Community Assessment. These 17 problems are:

- Adult and juvenile crime
- Barriers to education
- Breakdown of the family
- Domestic violence
- Inadequate opportunities for child and youth development
- Insufficient income
- Lack of access to mental health care
- Lack of affordable health care
- Lack of affordable housing
- Lack of life skills
- Lack of parenting skills
- Lack of positive role models
- Lack of services for the elderly
- Lack of support for people with disabilities
- Lack of transportation
- Language/cultural barriers
- Substance abuse

Respondents were asked to rate each problem on a scale of 1 to 7 by being asked the following four questions:

- How intense are the personal impacts of each of these social problems?
- How broad are the impacts of each of these social problems?
- What are the trends for each of these 17 problems in the past three years?
- What is your overall rating of the importance of each of the 17 priority problems?

### Quick Facts About the Survey:

- Deployed as an online survey, active 2/2/07 through 2/13/07
- 304 community leaders and service providers invited by email to take the survey
- Approximately 20 email addresses were bad
- 122 total respondents, 92 completed the entire survey
- About 43% of invitees with valid email addresses took the survey

## Responses to Survey Questions:

### About the respondents:

Question 1: What is your organization's main area of focus? (Select the one option that describes your most prominent activity) (N=105<sup>1</sup>)

Response	Count	Percent
Service provider: aging services	2	1.9%
Service provider: basic needs (food, shelter, clothing)	10	9.6%
Service provider: child & youth development/support	17	16.3%
Service provider: disabled support	8	7.7%
Service provider: domestic violence relief	3	2.9%
Service provider: education	13	12.5%
Service provider: employment or job training	2	1.9%
Service provider: medical or dental health	7	6.7%
Service provider: mental health	6	5.8%
Service provider: substance abuse	4	3.8%
Research on social issues	2	1.9%
Advocacy on social issues	7	6.7%
Grant making or funding human service activities	3	2.9%
Other, please specify	20	19.2%
<b>All Responses</b>	<b>104</b>	<b>100.0%</b>
<i>"Other" responses were:</i>		
<ul style="list-style-type: none"> <li>● A community problem solving organization</li> <li>● Prevention of child abuse and poverty</li> <li>● Advocacy, public awareness &amp; training on domestic violence</li> <li>● All city services and advocacy</li> <li>● Asset building for low income Utahns</li> <li>● Basic needs and child &amp; youth development</li> <li>● Child victims of all types of crimes</li> <li>● Employment &amp; housing discrimination, unpaid wages</li> <li>● Financial stability &amp; education</li> <li>● HIV/AIDS services, education and prevention</li> <li>● Housing and community development</li> <li>● Insurance</li> <li>● Legal services for basic needs, domestic violence, aging</li> <li>● Main service is both aging/adult and child development</li> <li>● Medical, dental and mental health</li> <li>● Multiple services for refugees and immigrants</li> <li>● Senior, refugee adult &amp; child, international adoption</li> </ul>		

Question 2: If you provide direct services, who are your primary clients? (Check all that apply) (N=92; optional question)

Response	Count
Children & youth	69
Adults	64
The aged	29

<sup>1</sup> Those who completed at least questions 5-8 were included in these results. If a responder did not complete through question 8 (the most substantial part of the survey), their description is not relevant for these results.

Question 3: What type of organization do you represent? (N=104)

Response	Count	Percent
Nonprofit organization	65	62.5%
College or university	1	1.0%
K-12 schools	7	6.7%
Government agency (not education)	24	23.1%
Private-sector company	2	1.9%
Informal network	0	0.0%
Other, please specify	5	4.8%
<b>All Responses</b>	<b>104</b>	<b>100.0%</b>
<i>"Other" responses were:</i>		
<ul style="list-style-type: none"> <li>• Early childhood education (Pre-K) - schools</li> <li>• Faith based</li> <li>• University sponsored youth program</li> <li>• Utah State Office of Education</li> <li>• We also have a non profit 501c3 organization</li> </ul>		

Question 4: What counties do you serve? (Check all that apply) (N=104)

Response	Count
Davis	62
Salt Lake	94
Summit	59
Tooele	66

Question 5: How intense are the personal impacts of each of these social problems? Provide your opinion on the severity of impacts these problems have on individuals directly affected by these problems. Rate each problem on a scale of 1 to 7, with 1 meaning the problem has a low impact and 7 signifying a severe impact. (N=104)

Problem	Number of Responses by Score								Mean Score	Rank	Percent 6 or 7	Rank
	Low		Moderate			Severe		Don't Know				
	1	2	3	4	5	6	7					
Adult and juvenile crime	2	4	4	22	23	19	26	4	5.21	12	43.3%	14
Barriers to education	0	5	4	12	19	33	29	2	5.55	10	59.6%	9
Breakdown of family	2	2	6	7	20	29	36	2	5.67	7	62.5%	5
Domestic violence	3	0	2	16	25	15	40	3	5.62	8	52.9%	11
Inadequate opportunities for child and youth development	2	1	4	8	29	30	27	3	5.56	9	54.8%	10
Insufficient income	2	1	3	7	13	26	52	0	6.02	2	75.0%	2
Lack of access to mental health care	2	2	5	10	19	24	41	1	5.70	4	62.5%	5
Lack of affordable health care	2	1	1	5	11	24	59	1	6.20	1	79.8%	1
Lack of affordable housing	1	1	1	8	22	32	38	1	5.88	3	67.3%	3
Lack of life skills	2	2	2	12	18	35	33	0	5.68	6	65.4%	4
Lack of parenting skills	1	1	8	10	19	37	26	2	5.55	10	60.6%	8
Lack of positive role models	2	3	9	16	29	25	18	2	5.10	14	41.3%	15
Lack of services for the elderly	7	4	6	19	27	22	15	4	4.81	17	35.6%	17
Lack of support for people with disabilities	5	6	7	20	18	27	20	1	4.95	15	45.2%	12
Lack of transportation	3	8	7	22	18	30	16	0	4.90	16	44.2%	13
Language/cultural barriers	0	3	8	19	31	19	23	1	5.20	13	40.4%	16
Substance abuse	2	3	4	10	19	24	41	1	5.69	5	62.5%	5

Question 6: How broad are the impacts of each of these social problems? In other words, how many people are affected by these problems? Rate each problem on a scale of 1 to 7, with 1 being the most limited impact and 7 being a widespread impact in your community. (N=104)

Problem	Number of Responses by Score								Mean Score	Rank	Percent 6 or 7	Rank
	Limited		Moderate			Wide-spread		Don't Know				
	1	2	3	4	5	6	7					
Adult and juvenile crime	1	5	11	27	19	22	16	3	4.86	12	36.5%	10
Barriers to education	0	4	14	12	26	16	29	3	5.22	7	43.3%	9
Breakdown of family	2	5	6	19	20	28	21	3	5.16	8	47.1%	8
Domestic violence	2	5	14	14	28	17	20	4	4.92	11	35.6%	11
Inadequate opportunities for child and youth development	1	3	5	20	20	29	23	3	5.32	5	50.0%	4
Insufficient income	2	0	6	8	19	28	41	0	5.79	2	66.3%	2
Lack of access to mental health care	2	4	7	13	23	28	26	1	5.32	4	51.9%	3
Lack of affordable health care	1	1	5	6	14	31	46	0	5.96	1	74.0%	1
Lack of affordable housing	1	1	7	19	26	22	28	0	5.37	3	48.1%	6
Lack of life skills	1	5	11	16	20	30	20	1	5.13	9	48.1%	6
Lack of parenting skills	1	2	9	20	33	22	14	3	5.02	10	34.6%	12
Lack of positive role models	2	6	11	24	28	15	14	4	4.71	14	27.9%	15
Lack of services for the elderly	8	5	10	28	25	20	4	4	4.33	17	23.1%	16
Lack of support for people with disabilities	4	10	15	21	31	9	13	1	4.40	16	21.2%	17
Lack of transportation	3	5	14	23	27	24	8	0	4.63	15	30.8%	13
Language/cultural barriers	1	4	13	29	26	14	16	1	4.76	13	28.8%	14
Substance abuse	2	2	11	13	23	25	27	1	5.29	6	50.0%	4

Question 7: What are the trends for each of these 17 problems in the past three years? Rate each problem on a scale of 1 to 7, with 1 signifying the problem is getting much better and 7 showing the problem getting much worse. (N=104)

Problem	Number of Responses by Score								Mean Score	Rank	Percent 6 or 7	Rank
	Much Better		About the Same			Much Worse		Don't Know				
	1	2	3	4	5	6	7					
Adult and juvenile crime	1	1	6	30	32	14	13	7	4.91	11	26.0%	13
Barriers to education	0	3	5	38	21	16	17	4	4.93	9	31.7%	9
Breakdown of family	1	1	1	28	33	16	18	6	5.15	6	32.7%	7
Domestic violence	1	1	5	24	33	20	12	8	5.03	7	30.8%	10
Inadequate opportunities for child and youth development	1	1	4	33	24	27	10	4	4.99	8	35.6%	6
Insufficient income	2	2	2	19	22	28	29	0	5.47	3	54.8%	2
Lack of access to mental health care	1	1	5	22	20	27	26	2	5.39	5	51.0%	4
Lack of affordable health care	1	1	4	10	16	35	37	0	5.81	1	69.2%	1
Lack of affordable housing	1	0	4	16	27	31	24	1	5.50	2	52.9%	3
Lack of life skills	1	0	4	37	29	17	12	4	4.92	10	27.9%	11
Lack of parenting skills	1	2	3	35	29	20	8	6	4.85	13	26.9%	12
Lack of positive role models	1	0	7	44	19	14	12	7	4.75	14	25.0%	14
Lack of services for the elderly	2	4	10	43	22	9	6	8	4.35	17	14.4%	17
Lack of support for people with disabilities	2	4	12	38	21	14	7	6	4.45	15	20.2%	16
Lack of transportation	1	6	14	39	17	21	4	2	4.41	16	24.0%	15
Language/cultural barriers	0	5	7	26	30	23	11	2	4.90	12	32.7%	7
Substance abuse	1	0	3	23	23	24	26	4	5.43	4	48.1%	5

Question 8: What is your overall rating of the importance of each of the 17 priority problems? How important is each problem in terms of the need for attention in your community? Rate each problem on a scale of 1 to 7, with 1 signifying the problem is a low priority and 7 showing the problem as one of the highest priority needs in your community. (N=104)

Problem	Number of Responses by Score								Mean Score	Rank	Percent 6 or 7	Rank
	Lowest		Moderate			Highest		Don't Know				
	1	2	3	4	5	6	7					
Adult and juvenile crime	0	3	9	22	25	24	16	5	5.07	10	38.5%	13
Barriers to education	1	4	3	25	24	22	23	2	5.21	8	43.3%	9
Breakdown of family	2	5	9	22	17	27	18	4	5.00	13	43.3%	9
Domestic violence	1	2	3	18	26	26	23	5	5.38	6	47.1%	6
Inadequate opportunities for child and youth development	1	1	7	17	27	31	18	2	5.28	7	47.1%	6
Insufficient income	0	1	5	9	19	28	42	0	5.87	2	67.3%	2
Lack of access to mental health care	0	3	1	24	22	22	30	2	5.46	5	50.0%	5
Lack of affordable health care	0	1	0	11	6	32	54	0	6.21	1	82.7%	1
Lack of affordable housing	0	1	4	13	25	31	30	0	5.64	4	58.7%	3
Lack of life skills	1	5	6	21	21	29	19	2	5.15	9	46.2%	8
Lack of parenting skills	0	4	13	18	22	27	15	5	5.01	12	40.4%	11
Lack of positive role models	1	10	8	26	22	21	9	7	4.62	14	28.8%	14
Lack of services for the elderly	2	4	12	30	24	19	7	6	4.58	16	25.0%	16
Lack of support for people with disabilities	0	6	18	25	26	12	13	4	4.59	15	24.0%	17
Lack of transportation	1	7	14	27	25	23	6	1	4.56	17	27.9%	15
Language/cultural barriers	1	5	5	24	27	26	15	1	5.03	11	39.4%	12
Substance abuse	0	2	2	13	24	29	31	3	5.67	3	57.7%	4

## Comparison of Rankings

The following table displays the rankings of each problem based on their mean scores in questions 5 through 8. It also provides an average of all the mean scores from questions 5 through 8, and ranks the problems based on the average score.

Problem	Ranking Based on Mean Scores				Average Score	Average Score Rank
	Intensity of Impacts Rank	Breadth of Impact Rank	Recent Trend Rank	Overall Importance Rank		
Adult and juvenile crime	12	12	11	10	5.01	12
Barriers to education	10	7	9	8	5.23	9
Breakdown of the family	7	8	6	13	5.24	7
Domestic violence	8	11	7	6	5.24	8
Inadequate opportunities for child and youth development	9	5	8	7	5.29	6
Insufficient income	2	2	3	2	5.79	2
Lack of access to mental health care	4	4	5	5	5.47	5
Lack of affordable health care	1	1	1	1	6.05	1
Lack of affordable housing	3	3	2	4	5.60	3
Lack of life skills	6	9	10	9	5.22	10
Lack of parenting skills	10	10	13	12	5.11	11
Lack of positive role models	14	14	14	14	4.79	14
Lack of services for the elderly	17	17	17	16	4.52	17
Lack of support for people with disabilities	15	16	15	15	4.60	16
Lack of transportation	16	15	16	17	4.63	15
Language/cultural barriers	13	13	12	11	4.97	13
Substance abuse	5	6	4	3	5.52	4

It is clear from each of the questions that the lack of affordable health care is the top-ranked problem. Insufficient income and lack of affordable housing are also clear leaders ranking second and third, respectively. Note that housing shows a higher recent trend ranking than income, meaning that the housing problem is getting worse at a higher rate. This seems accurate based on the rapid increase in housing costs in the past two years, which is outpacing income growth. Substance abuse and lack of access to mental health care round out the remaining top five.

Using the rank based on average score, the following list shows the 17 problems in priority order:

1. Lack of affordable health care
2. Insufficient income
3. Lack of affordable housing
4. Substance abuse
5. Lack of access to mental health care
6. Inadequate opportunities for child and youth development
7. Breakdown of the family
8. Domestic violence
9. Barriers to education
10. Lack of life skills
11. Lack of parenting skills
12. Adult and juvenile crime
13. Language/cultural barriers
14. Lack of positive role models
15. Lack of transportation
16. Lack of support for people with disabilities
17. Lack of services for the elderly

At the end of the survey, another set of questions asked respondents to explicitly rank their top five concerns from the list of 17 problems. This differs from the questions above in that the respondents in questions 5 through 8 were asked to rate each problem on a scale of 1 to 7 where

this question asked them to rank their top five. The results are similar, but not the same as the ranking summary above.

Questions 95-99: In the following five questions, select your five most important issues from the 17 we have examined. (N=93)

Problem	Votes by Rank					Total Votes	Overall Rank
	#1	#2	#3	#4	#5		
Adult and juvenile crime	2	2	5	7	5	21	12
Barriers to education	13	3	7	7	8	38	3
Breakdown of the family	6	8	4	5	8	31	6
Domestic violence	4	5	5	5	6	25	10
Inadequate opportunities for child and youth development	5	5	6	5	9	30	7
Insufficient income	21	8	13	7	6	55	1
Lack of access to mental health care	8	8	4	7	3	30	7
Lack of affordable health care	9	11	16	12	7	55	1
Lack of affordable housing	4	11	9	8	4	36	5
Lack of life skills	3	3	4	8	10	28	9
Lack of parenting skills	2	6	5	0	2	15	13
Lack of positive role models	0	2	2	2	3	9	16
Lack of services for the elderly	1	4	0	3	2	10	15
Lack of support for people with disabilities	4	0	2	2	1	9	16
Lack of transportation	0	0	4	1	6	11	14
Language/cultural barriers	2	10	3	5	5	25	10
Substance abuse	9	7	4	9	8	37	4

The table above shows how many votes each problem received for each rank level. For example, 21 respondents thought insufficient income was the number one problem, while eight respondents thought it was the number two problem, and so on. Each problem is ranked based on the total number of respondents who placed it in any of the top five rank positions. The top five problems from this exercise are:

1. Insufficient income (tie)
1. Lack of affordable health care (tie)
3. Barriers to education
4. Substance abuse
5. Lack of affordable housing

The main difference from the rankings produced by questions 5 through 8 is that barriers to education is added to the top five list, and lack of access to mental health care falls to a rank of seven.

This ranking of the top five could be calculated another way, rather than summing all the votes for each problem. We produced a weighted vote count, in which a vote for a number one rank is more heavily weighted than a vote for a number five rank. Doing so produces the same list as above, except that income is clearly number one (not tied) and substance abuse and affordable housing are tied for fourth place.

## **Analysis of Open-Ended Survey Responses on Specific Community Problems**

For each of the 17 priority problems identified in the 2004 Community Assessment, survey respondents were given an opportunity to provide open-ended input regarding best practices, barriers to addressing the problems, ideas for overcoming those barriers, and other comments. Each of these were optional questions in the survey so respondents could focus on the problem areas in which they had the most expertise without being required to answer dozens of questions on other topics.

The following summaries for each problem briefly describe commonalities among the survey responses and individual responses that are particularly noteworthy. Full text of the responses is available in Appendix A: Survey Findings – Open-Ended Input on Specific Problems. These summaries cover questions 9 through 94 in the survey.

### **Adult and Juvenile Crime**

Survey respondents felt that currently successful programs, practices and policies include a variety of efforts that focus on intervention and treatment. Respondents mentioned after school and mentoring programs for youth, as well as substance abuse treatment and Drug Courts. In addition, several focused on the importance of early intervention, protective orders, and coordinated community responses (such as the Safe at Home Coalition) in addressing domestic violence in particular.

The greatest barriers to addressing the problem are substance abuse as well as a lack of funding resulting in insufficient treatment and prevention programs. Respondents also mentioned that some justice services are not being fully utilized because of lack of public awareness.

Many respondents mentioned that greater collaboration among service providers as well as community-based programs and coalitions would help overcome the barriers to addressing the problem of crime. Other common ideas for solving the problem include increased funding, greater diversity in justice staff (police, court personnel, juvenile justice staff), more prevention through the development of parenting and life skills and support for the family structure, and increased public awareness of the problem and existing resources.

### **Barriers to Education**

Many survey respondents highlighted Head Start and adult education as examples of programs that are successfully addressing the problem of barriers to education. Other successful programs include ESL classes, literacy and early education programs, before and after school programs, and culturally sensitive services.

The greatest barriers to addressing the problem are language and cultural differences, insufficient funding and lack of support for teachers, and lack of public awareness of the problem. Many respondents focused on the public school system as a barrier due to large class sizes, inflexibility and professional resistance to reform, lack of accountability, inability to reach students on the fringes, and a curriculum that is culturally non-representative. With respect to adult education in particular, respondents identified transportation, child care, and scheduling of class times as barriers.

Some ideas for solving the problem include increased funding, more after school and adult literacy programs, community learning centers, greater responsive to minorities, and more early childhood education opportunities (pre-school, extended kindergarten, etc.). With respect to adult

education, respondents suggested that better transportation and child care, and more flexible hours and locations would increase participation and access.

### **Breakdown of Family**

Survey respondents felt that currently successful programs, practices and policies include pre-marital classes, parenting classes, religious teachings, family counseling services, and money management classes (Utah Saves, etc.).

Numerous respondents mentioned financial demands and stresses (for both upper and lower income families) as the greatest barriers to addressing the problem. Survey respondents also mentioned lack of communication skills, lack of appropriate role models (resulting in negative intergenerational patterns), and funding for programs.

Some ideas for solving the problem include mandatory pre-marital and parenting classes for youth, community-based programs and local coalitions, family counseling, and policies that address sources of financial stress (more affordable housing, higher wages, affordable health insurance, etc.).

In other comments, survey respondents questioned the language of “breakdown” of the family, drawing attention to the fact that “breakdown” is politically charged and also that sometimes the “breakdown” of the family may be appropriate (in situations involving domestic violence, child abuse, etc.) and should not be viewed negatively.

### **Domestic Violence**

Survey respondents cited shelters and other support systems (legal assistance, counselors), training for law enforcement, protective orders, and increased public awareness as examples of programs or policies that are successfully addressing the problem of domestic violence.

Survey respondents reported that the greatest barriers to addressing domestic violence include lack of funding, cultural attitudes that pressure families to stay together, the potential financial and safety risks to victims if they leave home, insufficient education for youth regarding types of abuse, and a lack of public understanding regarding the available resources.

Some ideas for solving the problem include additional funding and resources for services (including shelters, housing, and transportation) and education, preventive interventions that address underlying issues, greater accessibility of resources, greater collaboration among professionals, and finding methods to remove the offender (rather than the victims) from the home.

In other comments, respondents again mentioned the importance of acknowledging that the “breakdown” of the family is not always bad, and that domestic violence needs to be seen as a public health and safety issue that affects all of society, and not just a women's issue.

### **Inadequate Opportunities for Child and Youth Development**

Survey respondents felt that currently successful programs, practices and policies include the Office of Child Care programs, Head Start and other pre-school programs, and after-school and mentoring programs.

Survey respondents reported that the greatest barriers to addressing this problem include inadequate funding for programs, the high cost of child care, insufficient income, low wages for child care workers, child care regulations (some felt there were not enough regulations, others thought there were too many), lack of transportation, families with both parents or only parent working, and parents who do not pay child support.

Ideas for solving the problem include increased state funding for child care, better wages (and other financial incentives, such as loan forgiveness) for child care workers, diversification of programming (child care available during weekends, nights, etc.), and greater awareness and advocacy, and a change in public attitudes about child care. Many respondents focused on school-based solutions, such as extended day kindergarten or before and after school programs.

In other comments, respondents mentioned that child care is an economic development issue and an issue that is a barrier to solving many other problems (such as lack of education among adults) and that child care should not be viewed as a luxury.

### **Insufficient Income**

Survey respondents felt that currently successful programs, practices and policies include the Earned Income Tax Credit, Utah Saves and other financial literacy programs, adults education and job training, Individual Development Accounts, youth education programs, programs tailored to specific populations (such as refugees and immigrants) and general economic development.

Many respondents focused on low wages and lack of education as the greatest barriers to addressing the problem. Also mentioned were the high cost of living (rising cost of housing, health care, child care), the cycle of poverty, the political system and tax policies that benefit the wealthy, the lack of worker rights and protections in our “business-friendly” state, lack of transportation (particularly for those with disabilities) and part-time jobs with no benefits.

The most popular ideas for solving the problem included increasing the minimum wage and increasing access to education. Respondents also mentioned more affordable housing and housing assistance programs, more affordable health care (expanded coverage) and the containment of health care costs, life skills programs, and job training.

In other comments, it was mentioned that insufficient income contributes to almost every other program. Respondents also highlighted the need to focus on a “fair” or “living” wage, reporting that higher pay is superior to government programs that try to compensate for insufficient income.

### **Lack of Access to Mental Health Care**

Survey respondents felt that the community mental health system and counseling and other services (especially those offered on a sliding scale) are working well to address this problem.

The greatest barriers to addressing the problem are insufficient funding, lack of resources, lack of accessibility (particularly for low-income or uninsured individuals who do not qualify for Medicaid), the high cost of services and insufficient income, the social stigma attached to mental health problems, the perception that mental health is not as important as physical health, lack of coverage by health insurance plans.

Ideas for addressing the problem include expanded health insurance coverage (decreasing the number of uninsured), parity for mental and physical health conditions by health insurance plans, additional funding, sliding scales for services, and increased education about and visibility for the issue.

### **Lack of Affordable Health Care**

Survey respondents felt that currently successful programs, practices and policies include government programs such as Children’s Health Insurance Program (CHIP), Medicaid, and the Primary Care Network (PCN), community and non-profit clinics (particularly with respect to meeting the needs of immigrants), employment programs, and doctors who work with low-income patients on an affordable payment plan.

Respondents reported that the greatest barriers to addressing the problem were interest groups (particularly the medical industry), inadequate funding and caps on government programs, the growing number of jobs without insurance benefits, rising cost of health care and health insurance, lack of affordable plans for small business, and language and cultural barriers.

Ideas for solving the problem include health care cost containment, additional funding and expansion of existing government programs, universal health care coverage, medical industry reform and regulation, greater awareness of existing programs, and partnerships (public/ private, or non-profit/ health industry).

### **Lack of Affordable Housing**

Survey respondents felt that currently successful programs, practices and policies include Housing Authority Programs (section 8 vouchers, public housing) transitional and assisted housing programs, the Olene Walker Housing loan fund, rent subsidies and temporary rental assistance, low-income housing tax credits, and first-time homebuyer programs.

The greatest barriers to addressing the problem include high cost of housing, the lack of tenant protections, inadequate funding, lack of community support for the development of affordable housing (NIMBY attitudes), predatory lending practices, insufficient income, and employment barriers (particularly for those with disabilities).

Ideas for addressing the problem include the development of more affordable housing through public/ private partnerships, zoning, tax breaks for owners/ developers, and local housing trust funds. Also mentioned were the expansion of housing and rental assistance programs, better wages, strengthening the community safety net, education on renting and home ownership as well as financial literacy, and better mass transit.

### **Lack of Life Skills**

Survey respondents felt that currently successful programs, practices and policies include parenting classes, mentoring, and shelter-based instruction with homeless and near-homeless individuals. Successful programs for youth include classes in high school on adult roles, organizations providing activity and instruction for youth including Scouts, Boys and Girls Clubs, and the Norwegian Outdoor Exploration Center.

The greatest barriers to addressing the problem are the difficulty defining life skills, lack of support from public school teachers, a short supply of mentors, declining social value norms, the lack of time for (and interest from) busy clients to take classes, and of course, funding limitations.

Some ideas for solving the problem include better integration of life skills instruction in schools (and making it mandatory), getting schools to work with outside programs, working with business leaders and groups like the Chamber to generate donations for life skills programs, and increasing training activities for teachers and mentors in this area. One respondent emphasized the need to teach people the “hidden rules” of poverty and attaining middle class status.

In other comments, it was mentioned that this problem puts individuals and children at risk for a continuing cycle of poverty, abuse, and other problems.

### **Lack of Parenting Skills**

Currently successful programs, according to survey respondents, include Healthy Families, Parents as Teachers, Love and Logic and other parenting classes offered by community groups and schools. Also cited were in-home parenting classes, mentoring and support from community groups, and classes on financial and other life skills that can reduce parental stress.

Barriers to addressing the problem include lack of awareness of training offerings, people not understanding their proper roles as parents, not having had good parental role models themselves when they were young, being overwhelmed by struggles of daily life, difficulty getting busy parents to attend classes, and inconvenient times some classes are offered. Several said it was difficult to get parents to recognize the need for training.

Ideas for solutions include developing customized parenting classes for ethnic groups taught by ethnic leaders, other cultural adaptations, more public information about available helps, providing more funding and support to proven programs, creating rewards or tax incentives for parents to take courses, requiring a parenting course for K-12 school students, and early classes for new parents.

In other comments, two respondents emphasized that this is a causal factor for other problems and needs to be addressed.

### **Lack of Positive Role Models**

Respondents describe a number of programs that are working to address this problem, including scouting, Boys and Girls Clubs, the Norwegian Outdoor Exploration Center, Big Brother Big Sisters, programs with senior volunteers such as RSVP and FGP, Utah Mentor Network, and other mentor programs. Also mentioned was training for parents so that they can become role models to their children, including work done by Head Start.

They perceived the greatest barriers to solving this problem as disconnected or disinterested parents, a shortage of programs and mentors, materialism, insufficient funding, lack of neighborhood relationships, and getting diverse people to apply to be volunteers.

Suggested solutions include better communication and promotion of programs, universal preschool, training parents to be role models through school connections, more aggressive recruitment of volunteers and mentors, more funding, and getting schools to provide space for programs to function.

In other comments, one respondent urged caution in judging what a positive role model is. A parent may be poor and less educated, perhaps perceived by the middle class as a poor role model, but their work ethic is a positive influence on their children.

### **Lack of Services for the Elderly**

Programs seen as working well include respite care for caregivers, programs that keep elders in their own homes and provide care there, such as home delivered meals, counseling, and in-home health care, senior centers, and services provided through associations on aging and county aging services divisions.

The greatest barriers to addressing the problem include a rapidly growing population of the aged, lack of community knowledge about programs, and family hesitance about using some of the programs.

Solutions suggested by survey respondents include expanding affordable senior housing, discounts for food, health care and transportation, faith-based elder housing, expansion of a wide range of in-home services to allow seniors to stay in their homes, and appealing to corporate leaders for funding who have experience with aging members of their own families. Another suggestion was to focus these efforts on low-income elders and those who are no longer competent to manage their affairs.

## **Lack of Support for People with Disabilities**

Respondents said that current success include employment supports that assist with maintaining independence, the Americans with Disabilities Act, an established private provider network, and the Division of Services to People with Disabilities.

Barriers to solving this problem include low funding, difficulty recruiting and retaining qualified works for providers, lack of general understanding of the issues facing those with disabilities, the long-term need for care (individuals' challenges do not go away or in some cases improve), lack of awareness of ADA requirements, low funding, and some disabilities that are relatively hidden, like mild retardation or mental illness.

Ideas for solutions include privatization of state services, shortening bureaucratic application processes for benefits, funding to reduce waiting lists, and obtaining an independent market-rate study to update benefit levels.

Other comments stated that people need to look more at individuals than at the disabled community, because their circumstances are widely varied. Corrupt and inefficient federal programs need reform, and obtaining a good job solves most other problems for people with disabilities.

## **Lack of Transportation**

In discussing programs that work well, most mentioned TRAX or UTA Flextrans Paratransit service. Also mentioned were carpool promotion efforts.

Respondents cited a number of barriers to solutions, including insufficient amounts of bus service, UTA's monopoly on transit service (leading to lack of quality service or customer support), not understanding the real transportation needs of the disabled, inconsistency of bus timing leading to job problems (late to work, getting fired), and insufficient night and weekend service on UTA.

Suggested solutions include providing free or subsidized bus passes to those in need, more individualized transportation for elderly, getting cities together to solve transportation problems, more bus routes in low-income areas, better night bus service for late job shifts, creating competition in transit services, better aligning childcare and employment with transportation alternatives, better training of UTA drivers and administration to be sensitive to customers, and having UTA perform a true needs assessment among the poor and allowing the public to vote on funding the needs identified.

One additional comment was that we spend a great effort to get people into jobs, but they often can't keep them because of transportation inadequacies.

## **Language and Cultural Barriers**

Survey respondents said that some of the current best practices for dealing with this problem are ESL classes, cultural fairs, charter schools with a language focus, ethnic associations, the Daily Dose English program, the Horizonte School, the Coalition for Multicultural Workers' Safety and Health, refugee programs, and the United Way's English Learning Initiative.

The greatest barriers to success include biases against immigrants, lack of employer training for non-English speakers, limited time and transportation to attend English classes, bad media stereotypes, difficulty communicating about program availability to non-English speakers, hostility toward illegal immigrants, and funding decreases.

Ideas for solutions include increased education about immigrants' contributions to society and the economy, getting high schools to teach nontraditional languages such as Farsi, Arabic, Chinese, or Somali, greater cultural sensitivity among service providers, educating the media on cultural issues, help transferring professional credentials from foreign countries, comprehensive immigration reform nationally, full-time interpreters in schools, and an impartial study on the costs and benefits of immigration.

Other comments emphasized that this is an issue critical to the future and also that victims of domestic violence who have cultural barriers are particularly vulnerable and at risk.

### **Substance Abuse**

Survey respondents cited existing substance abuse treatment and prevention programs (especially affordable treatment options), media advertising, and substance abuse services integrated with other services (such as criminal justice services) as examples of programs or policies that are successfully addressing the problem of substance abuse.

Survey respondents reported that the greatest barriers to addressing substance abuse are inadequate funding and capacity (resulting in waiting lists), societal stigma of substance abuse, widespread availability of drugs and alcohol, mental illness (substance abuse as self-medication), lack of education about the effects of substance abuse, the difficulty of overcoming addiction, and unrealistic media portrayals of drug use.

Respondents stated that additional private and public funding for prevention programs (such as DARE) and treatment services could help overcome the barriers to solving this problem. Other ideas for solving the problem included increased services for mental illness, stronger penalties for criminals, fewer media portrayals of drug use, health insurance parity, and public education.

In addition, one respondent reported that there is an upward trend in the number of victims of domestic violence with substance abuse and mental health problems.

## Importance of the Core Issues

Respondents were asked to rank the four core issues identified in the 2004 Community Assessment. In the 2004 assessment, the four core issues were ranked as follows:

1. Insufficient income
2. People lacking life skills
3. Barriers to education
4. Inadequate opportunities for child and youth development

These four core issues are part of the 17 priority problems, and they were considered to be root causes of many of the other problems.

Question 103: The 2004 Community Assessment listed the following four issues as core issues, or issues that are root causes of other social problems. Please rank these four with #1 being the most important cause of other social problems and #4 being the least important of these four. (N=92)

Core Issue	Votes by Rank				Total Votes	Weighted Score	Weighted Rank
	#1	#2	#3	#4			
Insufficient income	45	21	17	9	92	3.11	1
People lacking life skills	23	21	27	21	92	2.50	2
Barriers to education	14	32	28	18	92	2.46	3
Inadequate opportunities for child and youth development	10	18	20	44	92	1.93	4

The resulting ranking of the core issues is similar to the 2004 Community Assessment ranking, with insufficient income the most important and people lacking life skills ranking second highest in importance. However, this survey ranks barriers to education higher than inadequate opportunities for child and youth development, which is opposite the 2004 ranking.

Respondents were also given an opportunity to suggest other issues or problems that should be considered a core issue, including any of the 17 priority problems or an issue of their choosing.

Question 104: Is there another issue that should be included among the four core issues (a problem that is a significant cause of other social problems)?

Similar responses to question 104 were grouped together, and nearly all fit closely with one of the 17 priority issues, creating the following list of issues these respondents thought should have been among the core causal issues:

Suggested Core Issue	# of Votes
Lack of affordable health care	7
Domestic violence	3
Language/cultural barriers	3
Adult and juvenile crime	2
Lack of affordable housing	2
Lack of services for the elderly	2
Lack of access to mental health care	1
Lack of parenting skills	1
Lack of support for people with disabilities	1
Substance abuse	1

With only about eight percent of respondents agreeing on any one problem that should be included among the core issues, these results appear to confirm that the four core issues identified in the 2004 Community Assessment are still considered by this group to be the most important causes of other problems in their communities.

## Secondary Data Findings

To gain a more complete understanding of how the 17 priority problems impact our communities, this study provides data sketches for each problem. Where possible, a time series was created to illustrate recent trends. The data also provide insight into how many people are affected by these problems in the four-county study area.

Where possible, an estimate was created for the number of people affected by each problem in the four-county area. For some of the problems, a range of impacted persons was created, while data limitations prevented such estimates for other problems. In addition, we categorized recent trends for each problem based on a review of all of the data sources included in the following pages.

**Summary of Data Findings: Trends and Breadth of Impact**

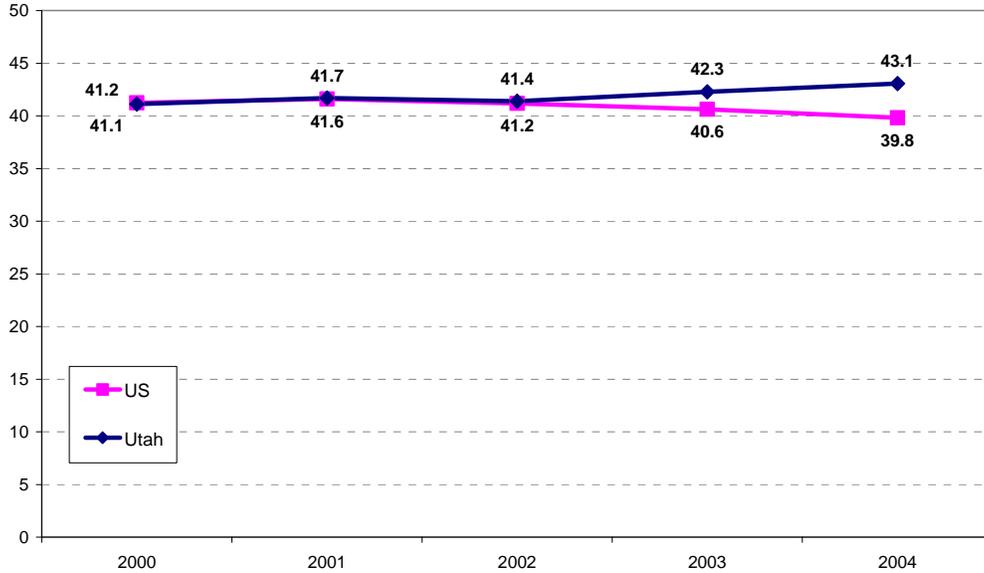
Problem	Trend	Number of persons affected		
		Low	Middle	High
Adult and Juvenile Crime	slightly worse		110,794	
Barriers to Education	about the same		231,876	
Breakdown of the Family	slightly worse		240,846	
Domestic Violence	stable to slightly worse		216,049	
Inadequate opportunities for child and youth development	slightly worse	68,433	201,245	334,057
Insufficient Income	worse		346,232	
Lack of Access to Mental Health Care	worse	138,493	193,890	249,287
Lack of Affordable Health Care	worse	152,342	325,458	498,574
Lack of Affordable Housing	worse		327,686	
Lack of Life Skills	indeterminate			
Lack of Parenting Skills	worse	57,071	171,214	285,357
Lack of Positive Role Models	indeterminate		42,207	
Lack of Services for Elderly	worse	15,000		111,406
Lack of Support for People with Disabilities	worse			163,036
Lack of Transportation	stable		76,016	
Language/ Cultural Barriers	worse	96,945	181,426	265,906
Substance Abuse	stable to slightly worse	40,361	105,980	171,599

### A Note about the Data

Data from the U.S. Census is used throughout this section. The most recent decennial census data available is for 2000. However, the U.S. Census has also conducted the American Community Survey (ACS) (with smaller sample sizes than the decennial census) for the years 2002, 2003, 2004, and 2005. For Summit and Tooele Counties, the most recent data available is 2000, because these counties are too small to participate in the ACS. Therefore, to compare the four counties of interest (Davis, Salt Lake, Summit, and Tooele Counties) using Census data, we must go back to 2000 data. Davis and Salt Lake County data are reported for most categories in the ACS. However, these county-level ACS estimates from the years 2002-2005 are less reliable than 2000 data or ACS data for the US and the state of Utah because of the smaller sample sizes used for county data. In general, for all data sources used in this report, state and national estimates are more reliable than county data because state and national statistics will draw on a larger sample size and have relatively smaller margins of error.

# Adult and Juvenile Crime

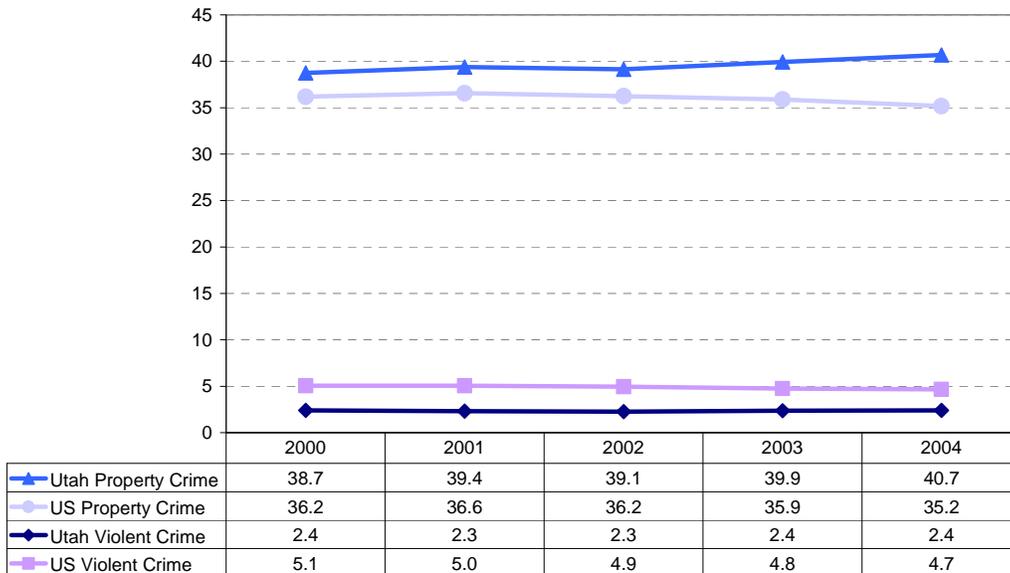
Total Crime Rates per 1,000 Persons, Utah and US



Source: Utah Commission on Criminal and Juvenile Justice

- Utah's total crime rate (per 1,000 persons) has increased from 41.1 in 2000 to 43.1 in 2004. During the same time period, the crime rate for the US overall fell from 41.2 to 39.8.
- In 2004, Utah's total crime rate surpassed the US total crime rate.

Property and Violent Crime Rates per 1,000 Persons, Utah and US

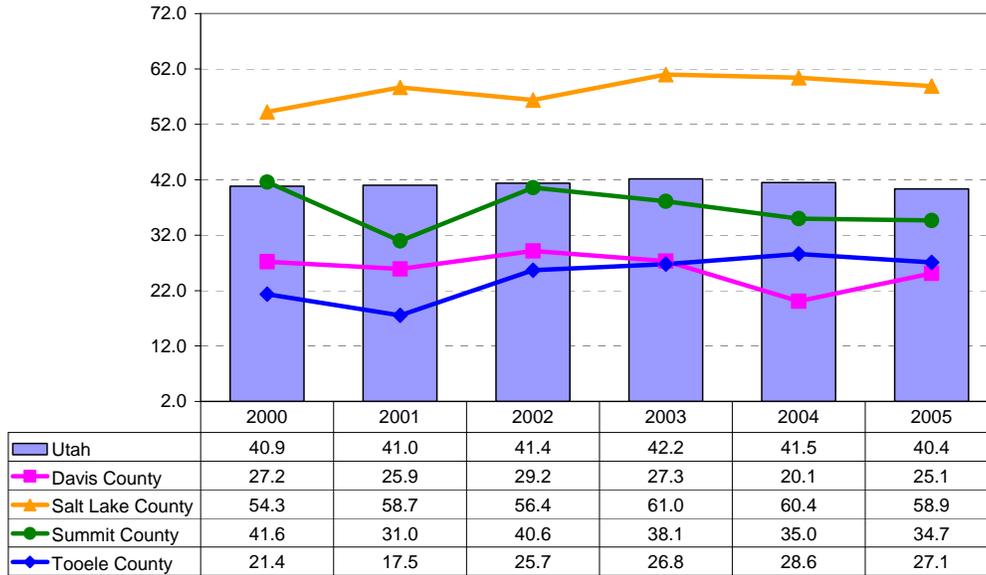


Source: Utah Commission on Criminal and Juvenile Justice

- Utah violent crime rates are consistently below the national average. Utah property crime rates, however, are consistently above the national average.

- Utah violent crime rates have remained steady from 2000 to 2004, while US violent crime rates have fallen steadily (from 5.1 to 4.7) during the same time period.
- Utah property crime rates have increased steadily from 2000 to 2004 (from 38.7 to 40.7), while US property crime rates have steadily fallen over the same period (from 36.2 to 35.2), widening the gap between the Utah and US property crime rates.

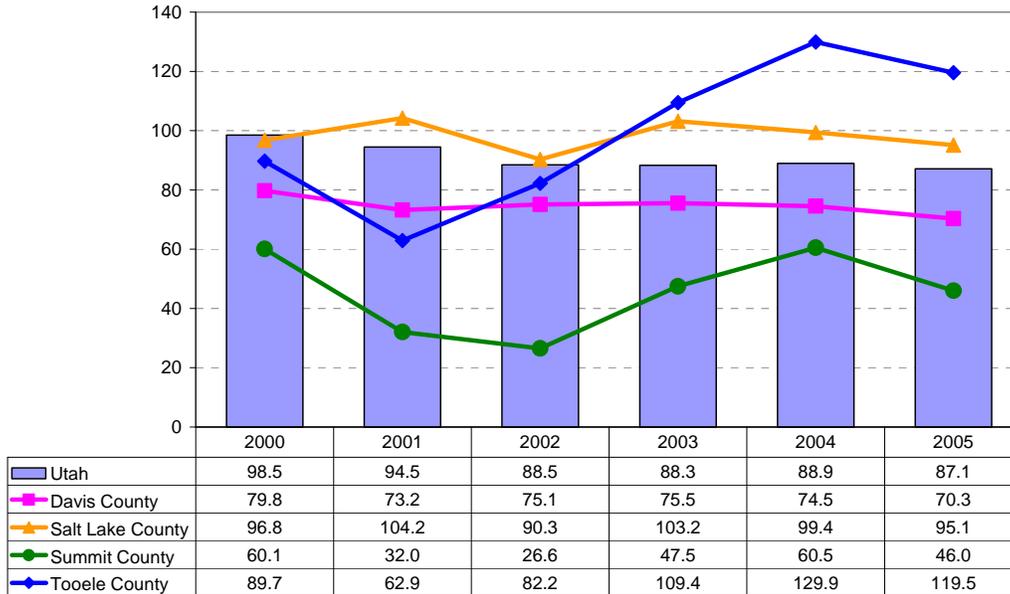
**Crime Rate per 1,000 Persons for Reported Index Crimes**



Source: Utah Department of Public Safety, Bureau of Criminal Identification

- Of the four counties, Salt Lake County has the highest crime rate, at 58.9 crimes per 1,000 persons in 2005, which is well above the state average.
- From 2000 to 2005, crime rates increased in Salt Lake and Tooele Counties and decreased in Davis and Summit Counties.

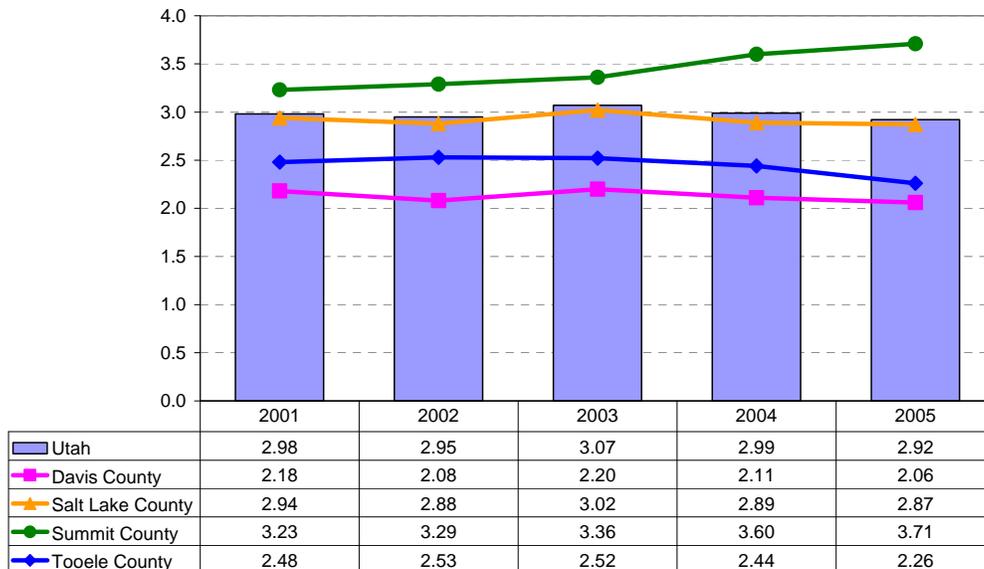
### Juvenile Arrest Rates (per 1,000 Persons 10 to 17 years of age)



Source: Arrest data from Utah Department of Public Safety; Population data from Utah Governor's Office of Planning and Budget

- Utah's juvenile arrest rate fell from 98.5 (per 1,000 persons) in 2000 to 87.1 in 2005. During this same period, the juvenile arrest rate also fell in Davis, Salt Lake, and Summit Counties. In contrast, the juvenile arrest rate for Tooele County increased from 89.7 in 2000 to 119.5 in 2005.
- From 2001 to 2004, Tooele County's juvenile arrest rate increased dramatically, more than doubling (from 62.9 to 129.9). The rate then decreased from 2004 to 2005.

### Law Enforcement Employees per 1,000



Source: Utah Department of Public Safety, Bureau of Criminal Identification

- The number of law enforcement employees per 1,000 persons remained relatively steady for Utah overall from 2001 to 2005 (2.98 to 2.92). During this time period, the number of

law enforcement employees per 1,000 persons decreased in Davis, Salt Lake, and Tooele Counties. Summit County stands out as the only county that has consistently increased its number of law enforcement employees per 1,000 persons each year from 2001 to 2005.

- Of the four counties, Davis County has the lowest ratio of law enforcement employees per 1,000 persons (2.92 in 2005) while Summit County has the highest (3.71 in 2005).

#### **Other Data:**

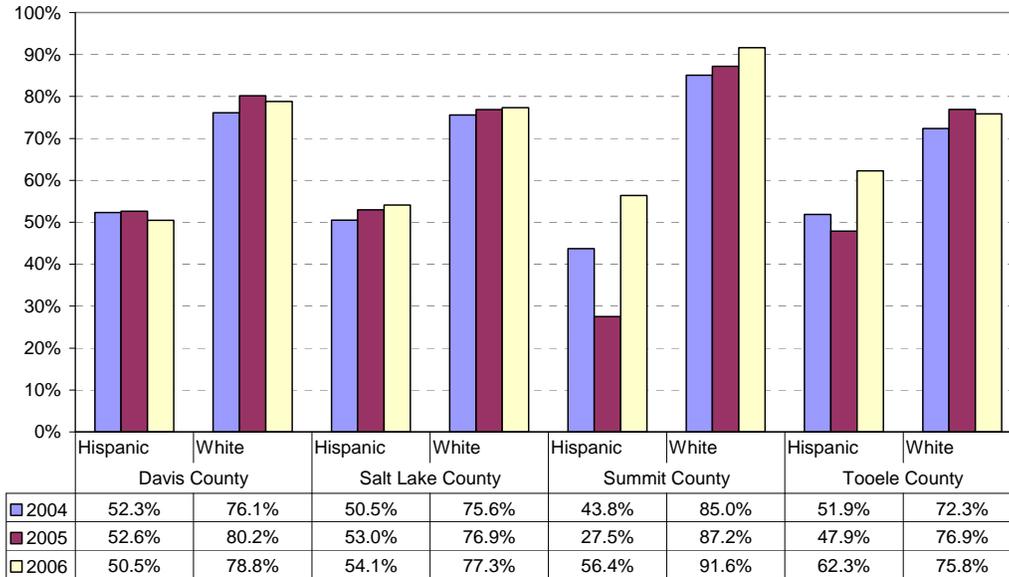
##### Utah's Crime Victimization Report

- About 41% of respondents to the state's crime victimization survey reported being a victim of at least one crime in 2004. This represents a 12.8% increase compared to 2002 survey responses.
- Nearly half of respondents believe that crime in their communities has increased during the past three years. Over 80% of respondents attribute Utah's crime problem to substance abuse, lack of parental discipline, and the breakdown of family life.
- About 20% of crime victims in 2004 reported that the crime had "a lot" or "quite a lot" of impact on their life.
- Females, minorities, those 25 and under, and lower-income respondents were more likely to be victims of crimes. In addition, females, minorities, and lower-income respondents were more likely to feel that the crimes committed against them had a large impact on their lives.
- Crime reporting varies greatly across categories of crime, with less than 30% of domestic assault victims but nearly 80% of motor vehicle victims reporting the crime to the police.

Source: Utah Commission on Criminal and Juvenile Justice

# Barriers to Education

Percent Proficient on State Core CRT (Criterion Referenced Test),  
Grade 4 Mathematics

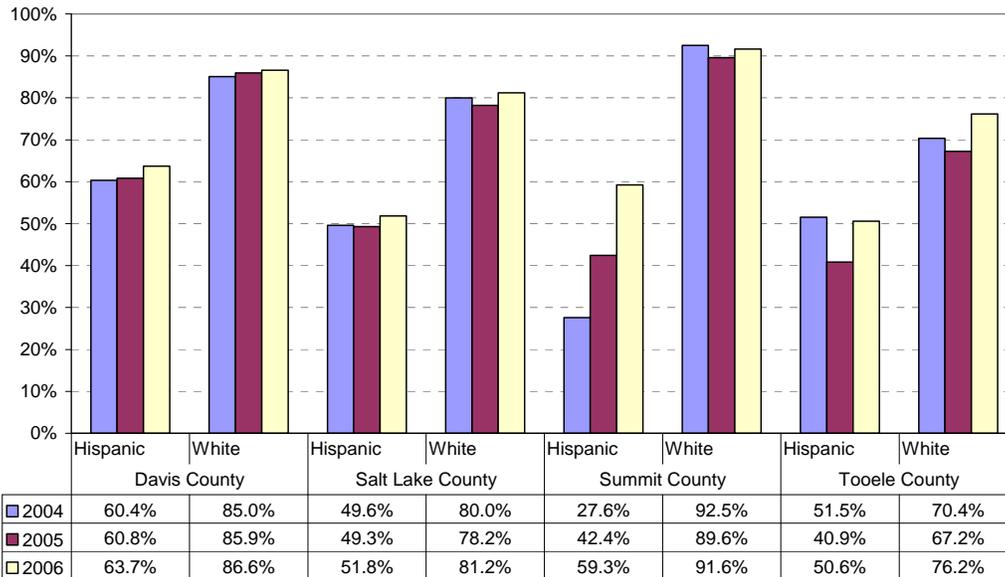


Source: Utah State Office of Education

Note: These percentages were calculated from district and charter school data. When a district or charter school has only a few students of a particular ethnicity, their performance is not reported to protect the students' privacy. The county percentages reported here do not include those students for whom districts and charter schools are unable to report test results because of low numbers.

- Of the four counties, in 2006, Summit County had the highest percentage of White students scoring at the proficient level or above on the State Core CRT in grade 4 mathematics (92%) while Tooele County had the lowest (76%). For Hispanics in 2006, Tooele County had the highest percentage scoring proficient or above (62%) and Davis County had the lowest percentage (51%).
- From 2004 to 2006, the percentage of White students who scored at the proficient level or above on the state core CRT grade 4 math exam increased in all four counties. For Hispanics, the percent proficient increased from 2004 to 2006 in Salt Lake, Summit, and Tooele Counties only. The percentage of Hispanics who scored proficiently stayed about the same in Davis County.
- In 2006, Tooele County had the smallest difference between the percentage of Whites and Hispanics who scored proficiently (a difference of 14 percentage points), while Summit County had the largest difference (35 percentage points). From 2004 to 2006, the difference in percent proficient between Whites and Hispanics decreased for Summit and Tooele Counties, and increased for Davis and Salt Lake Counties.

**Percent Proficient on State Core CRT (Criterion Referenced Test),  
Grade 8 Language Arts**

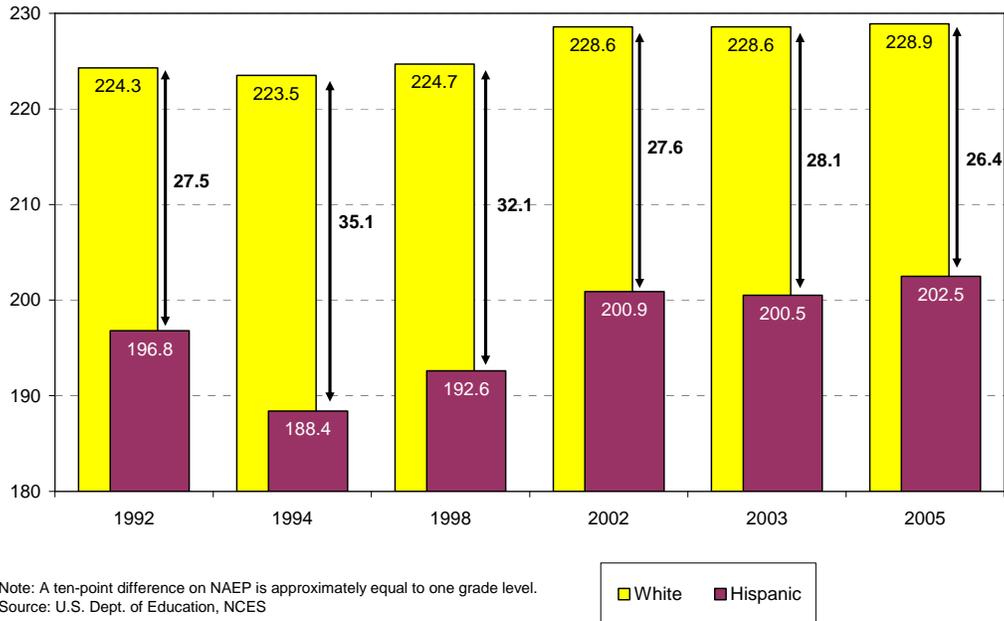


Source: Utah State Office of Education

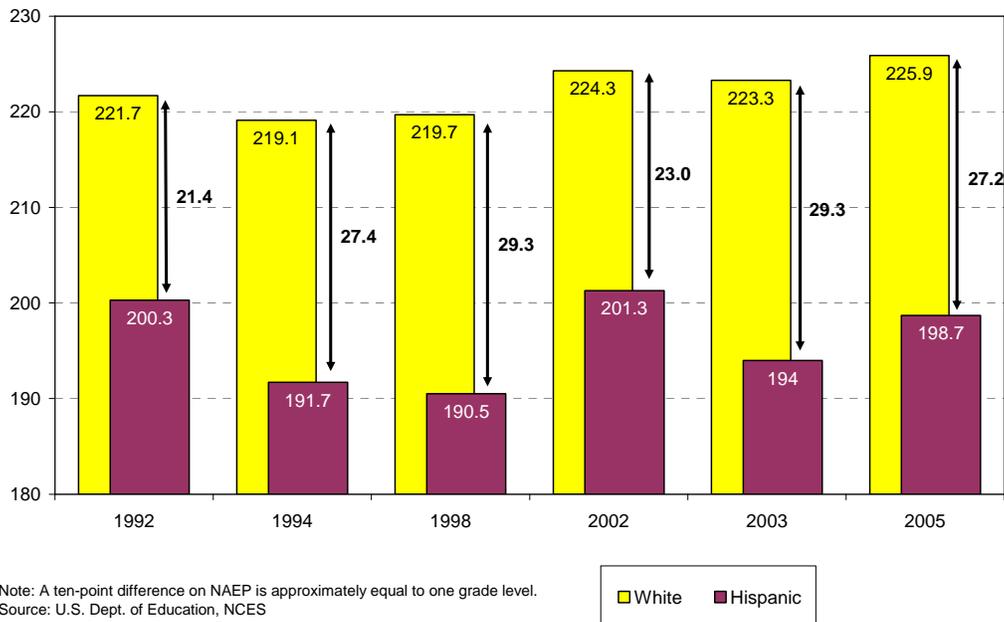
Note: These percentages were calculated from district and charter school data. When a district or charter school has only a few students of a particular ethnicity, their performance is not reported to protect the students' privacy. The county percentages reported here do not include those students for whom districts and charter schools are unable to report test results because of low numbers.

- Of the four counties, in 2006, Summit County had the highest percentage of White students scoring at the proficient level or above on the State Core CRT in grade 8 language arts (92%) while Tooele County had the lowest (76%). For Hispanics in 2006, Davis County had the highest percentage scoring proficient or above (64%) and Tooele County had the lowest percentage (51%).
- From 2004 to 2006, the percentage of White students who scored at the proficient level or above on the state core CRT grade 8 language arts exam increased in Davis, Salt Lake, and Tooele Counties. For Hispanics, the percent proficient increased from 2004 to 2006 in Davis, Salt Lake, and Summit Counties. The percentage of Hispanics who scored proficiently stayed about the same in Tooele County. From 2004 to 2006, the percentage of Hispanics scoring at the proficient level or above more than doubled in Summit County (from 28% to 59%).
- In 2006, Davis County had the smallest difference between the percentage of Whites and Hispanics who scored proficiently (a difference of 23 percentage points), while Summit County had the largest difference (32 percentage points). From 2004 to 2006, the difference in percent proficient between Whites and Hispanics decreased dramatically for Summit County (from a 65 percentage point difference to 32), stayed about the same in Davis and Salt Lake Counties, and increased for Tooele County.

### National White-Hispanic Achievement Gap in Reading, Grade 4 (NAEP)



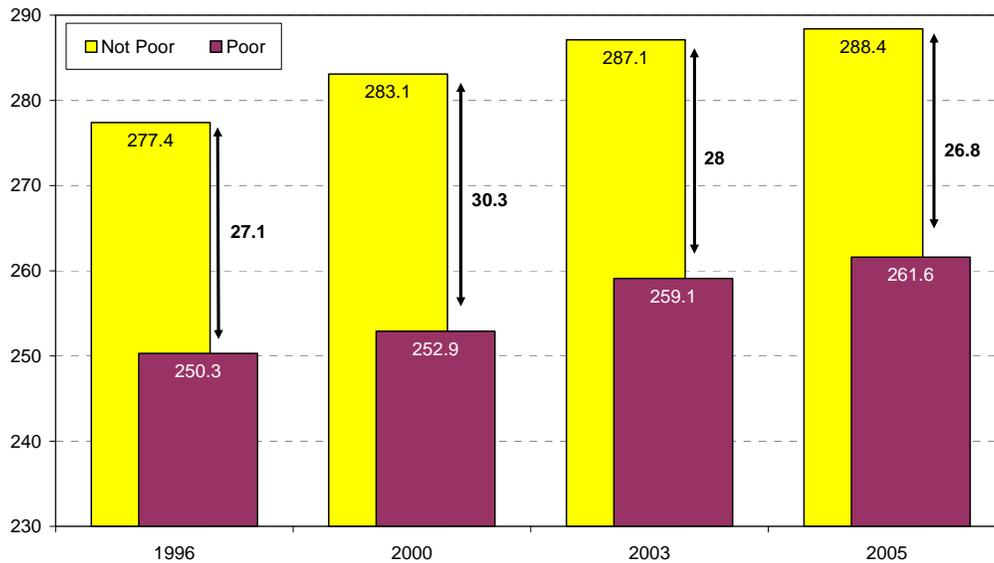
### Utah's White-Hispanic Achievement Gap in Reading, Grade 4 (NAEP)



- In 2005, Utah Hispanics scored nearly three grade levels below Whites in fourth grade reading on the National Assessment of Educational Progress. Utah's White-Hispanic achievement gap in fourth grade reading in 2005 was the eighth largest in the nation.
- Nationally, the White-Hispanic achievement gap in reading for fourth graders narrowed from 1994 to 2005, from 35 to 26. In Utah, the achievement gap stayed about the same, decreasing slightly from 27.4 to 27.2.

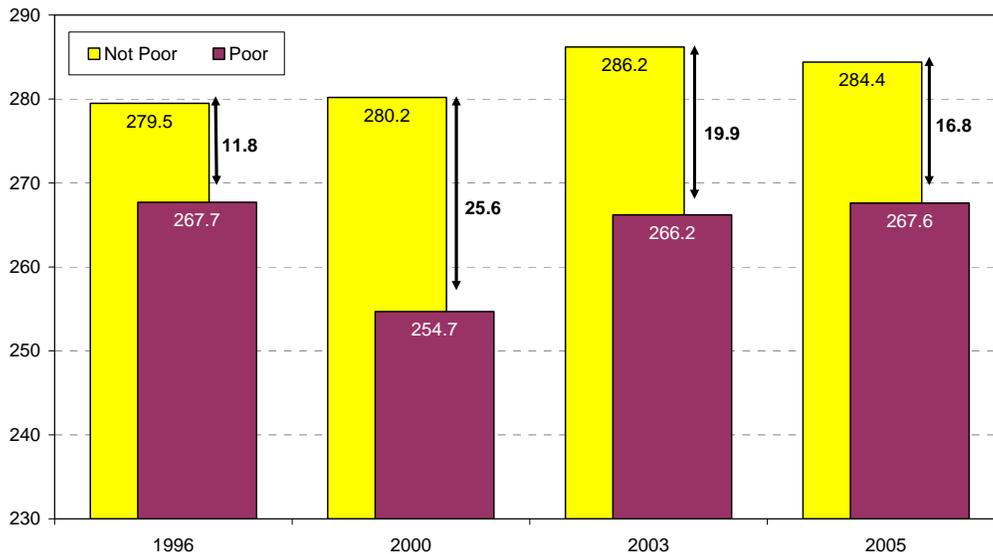
- Until 2003, the Utah White-Hispanic achievement gap was consistently smaller than the US gap. For both 2003 and 2005, the White-Hispanic achievement gap for Utah was larger than for the US.
- From 1992 to 2005, both Utah Whites and Hispanics typically (but not always) have scored below the average for their national counterparts in fourth grade reading.
- The poverty achievement gap is the gap between poor children (children who are eligible for reduced or free lunch) and children who are not poor. The Utah poverty achievement gap in fourth grade reading was 21 in 2005, or about two grade levels. The US poverty achievement gap (27 in 2005) has historically been considerably larger than Utah's gap. In 2005, Utah had the 17<sup>th</sup> smallest poverty achievement gap in fourth grade reading in the nation.

**National Poverty Achievement Gap in Math, Grade 8 (NAEP)**



Note: A ten-point difference on NAEP is approximately equal to one grade level.  
 Source: U.S. Dept. of Education, NCES

### Utah's Poverty Achievement Gap in Math, Grade 8 (NAEP)



Note: A ten-point difference on NAEP is approximately equal to one grade level.  
Source: U.S. Dept. of Education, NCES

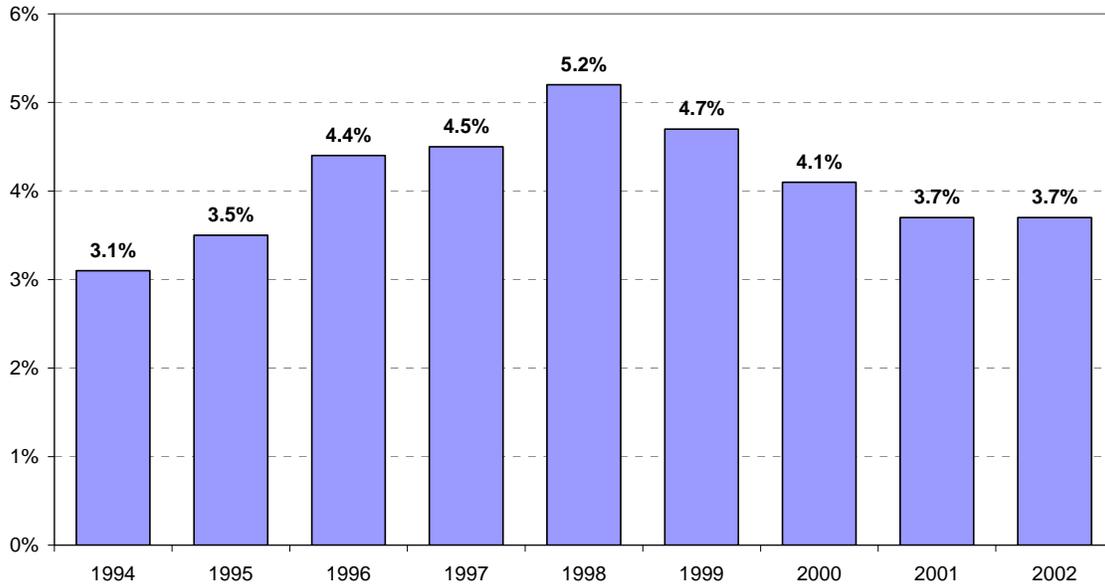
- The Utah poverty achievement gap in eighth grade math was 17 in 2005, or less than two grade levels. The US poverty achievement gap (27 in 2005) has historically been considerably larger than Utah's gap. Utah's poverty achievement gap in eighth grade math in 2005 was the 3<sup>rd</sup> smallest in the nation.
- Nationally, the poverty achievement gap in math for eighth graders narrowed from 2000 to 2005, from 30 to 27. In Utah, the achievement gap decreased more significantly from 2000 to 2005, from 26 to 17.
- In 2005, Utah Hispanics scored nearly three grade levels below Whites in eighth grade math. Nationally, the White-Hispanic achievement gap in math for eighth graders narrowed from 1996 to 2005, from 30 to 27. In Utah, the achievement gap increased during the same period, from 21 to 28. In 1992 and 1996, the Utah White-Hispanic achievement gap in eighth grade math was smaller than the US gap. Since 2000, the White-Hispanic achievement gap for Utah has been larger than for the US. In 2005, Utah had the 11<sup>th</sup> largest White-Hispanic achievement gap in eighth grade math in the nation.

#### Other NAEP data:

- In 2002, Utah Hispanics scored over two grade levels (22 points) below Utah Whites in fourth grade writing. The US White-Hispanic achievement gap in 2002 for fourth grade writing was 19. In addition, in 2002, both Whites and Hispanics in Utah scored more than a full grade level below their national counterparts in fourth grade writing.
- In 2002, Utah's poverty achievement gap in fourth grade writing was about one and a half grade levels (15) while the US achievement gap was more than two grade levels (22). In 2002, both poor and non-poor students in Utah scored below their national counterparts in fourth grade writing.
- The White-Hispanic achievement gap in eighth grade science was about three grade levels for both Utah (29) and the US (32) in 2005. In eighth grade science, since 1996, Utah Whites and Hispanics have typically scored just slightly (1 to 2 points) below their national counterparts.
- The poverty achievement gap in eighth grade science was about two grade levels for Utah (18) and about three grade levels (28) for the US in 2005. Since 1996, Utah's poverty achievement gap has increased about one grade level (from 9 in 1996 to 18 in

2005), while the US poverty achievement gap remained about the same (27 in 1996 and 28 in 2005).

**Utah's Event Dropout Rate**  
(Percentage of Public School Students in Grades 9-12  
Who Dropped Out of School in a Given Year)

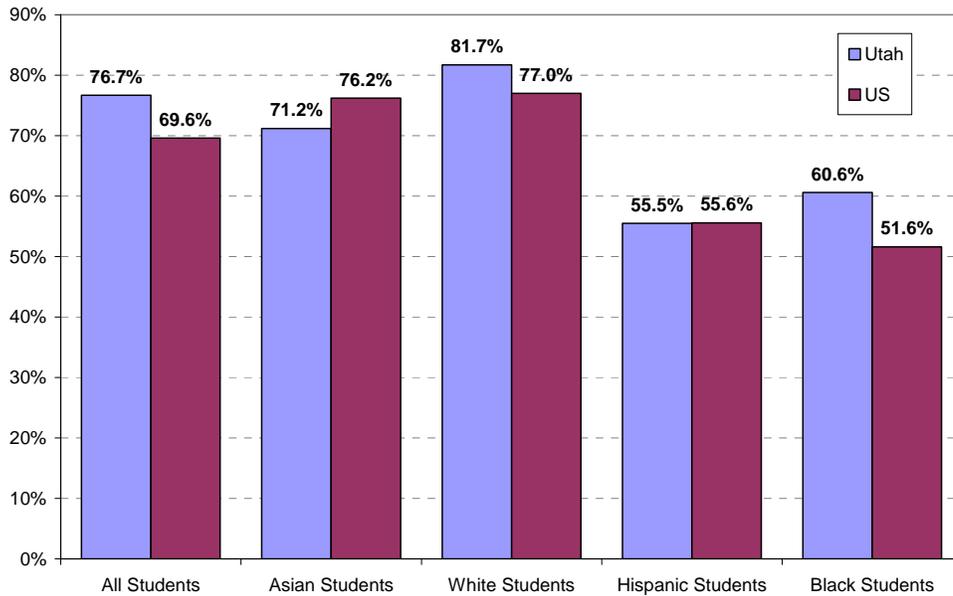


Source: U.S. Department of Education, National Center for Education Statistics

Note: The event dropout rate for 1994 represents the percentage of public school students in grades 9-12 who dropped out of school between October 1993 and October 1994.

- Utah's event dropout rate (percentage of public school students in grades 9-12 who dropped out of school that year) decreased from 5.2 in 1998 to 3.7 in 2002.

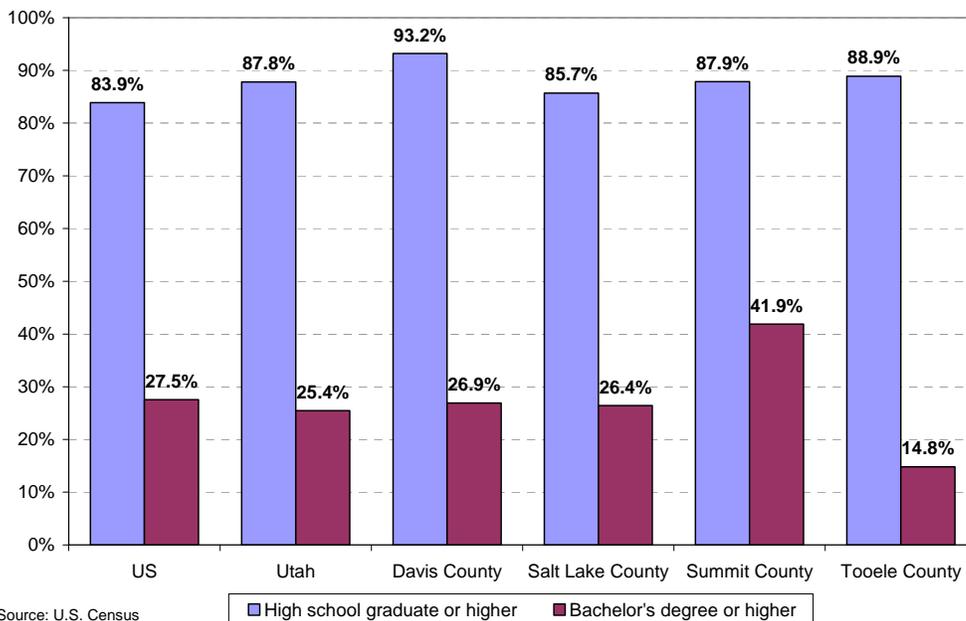
**Graduation Rates (Using Cumulative Promotion Index), 2002-2003**



Source: Editorial Projects in Education

- The graduation rate for Utah students overall surpasses the national average (79% for Utah compared to 70% for the US). Utah's White and Black students also graduate at higher rates than their national counterparts. Utah's Asian students are less likely to graduate than their national counterparts, while Hispanic students statewide and nationally are about equally likely to graduate.
- In Utah as in the US, graduation rates vary greatly by ethnicity. In Utah, White students are the most likely to graduate (82%), followed by Asian students (71%), Black students (61%), and Hispanic students (56%).

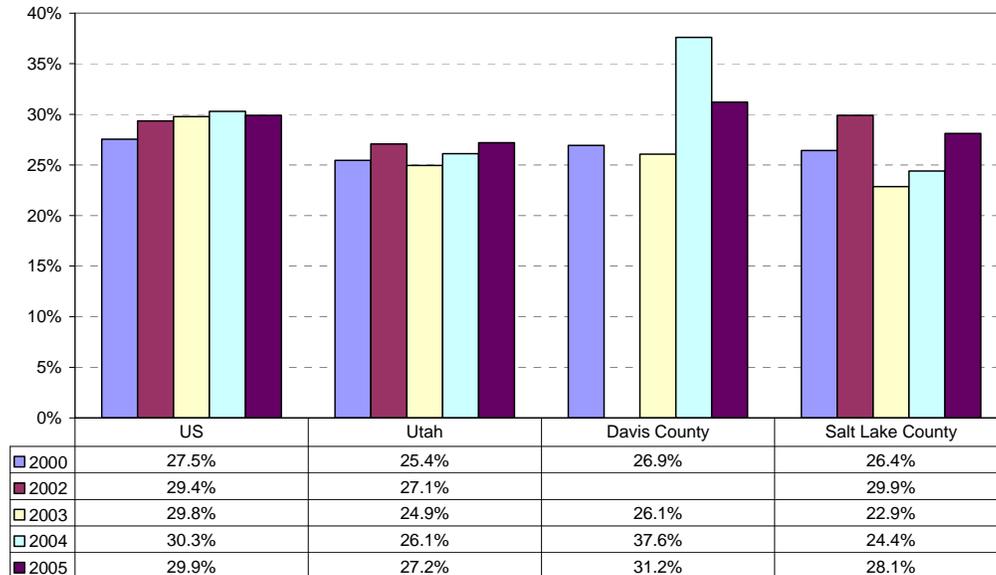
**Proportion of Population 24 to 35 Years with High School Diploma or Bachelor's Degree, 2000**



Source: U.S. Census

- In 2000, Utah adults (ages 24 to 35) were more likely than their national counterparts to have a high school diploma, but less likely to have a bachelor's degree.
- Of the four counties, Summit County has the highest proportion of young adults (24 to 35) with a bachelor's degree or higher (42%) and Tooele County has the lowest (15%)
- All four Utah counties surpass the national average for the proportion of young adults (24 to 35) with a high school diploma, but all but Summit fall short of the national average for attainment of a bachelor's degree or higher.

**Proportion of Population 25 to 34 years with a Bachelor's Degree or Higher**



Source: U.S. Census, American Community Survey

- Nationally, the proportion of adults 24 to 35 with a bachelor's degree or higher increased from 2000 to 2004, and then fell from 2004 to 2005. In Davis County, the proportion also fell from 2004 to 2005. Statewide and in Salt Lake County, the proportion has been increasing since 2003.
- In 2005, in Davis County the proportion of adults 24 to 35 with a bachelor's degree or higher surpassed the national average (31% versus 30%), while both the state overall (27%) and Salt Lake County (28%) fell short of the national average.
- For both Utah and the US, the proportion of Hispanics with a high school diploma or higher is significantly smaller (about 30% less) than the proportion of Whites (see section on Language and Cultural Barriers).

**Other Data:**

- 38% of Utah 9<sup>th</sup> graders entering high school in 2002 graduated with regular high school diplomas four years later and went on to enroll in degree-granting two- or four-year institutions of higher education. This figure is equal to the national average. Utah's 2002 graduation rate was 78% (81% for White students).
- According to the National Assessment of Educational Progress (NAEP), in 2005, 34% of Utah fourth grade public school students were proficient in fourth grade reading. The national average was 30%. In eighth grade math, 30% of Utah students (versus 29% of US students) were proficient.
- Utah is one of only 12 states that have no state-financed preschool. The US average for pre-K spending for 2004-2005 was \$3,551 per child.

- In Utah, 51% of children have at least one parent with a postsecondary degree. The national average is 43%.

Source: Editorial Projects in Education

- Utah has the highest pupil-teacher ratio in the nation (24.4 in 2005). In the four-county area, Jordan District has the highest pupil-teacher ratio (27.1) and South Summit District has the lowest (19.4).
- Utah also has the lowest per pupil expenditures in the nation (\$4,995 versus a national average of \$8,482 in 2005). In the four-county area, Jordan District has the lowest per pupil expenditures (\$4,540) and Park City District has the highest (\$6,866).

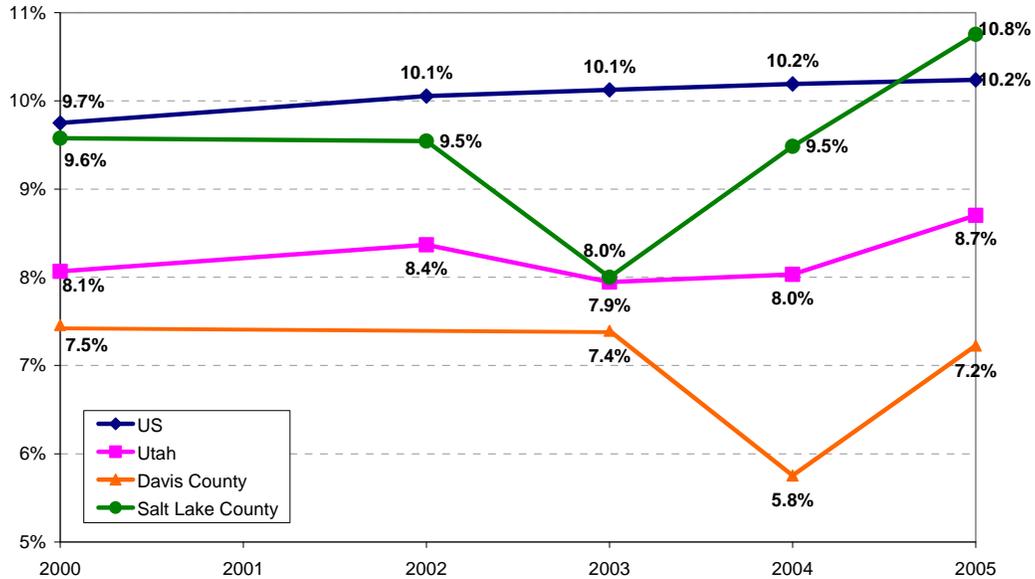
Source: Utah Kids Count 2006

- In 2004, 9% of Utah students were English Language Learners (not proficient in English), and nearly a third (32%) were poor (qualified for free or reduced-price lunch). For more information on linguistic and income challenges for students, see the sections on Language and Cultural Barriers and Insufficient Income.

Source: U.S. Department of Education, National Center for Education Statistics

# Breakdown of the Family

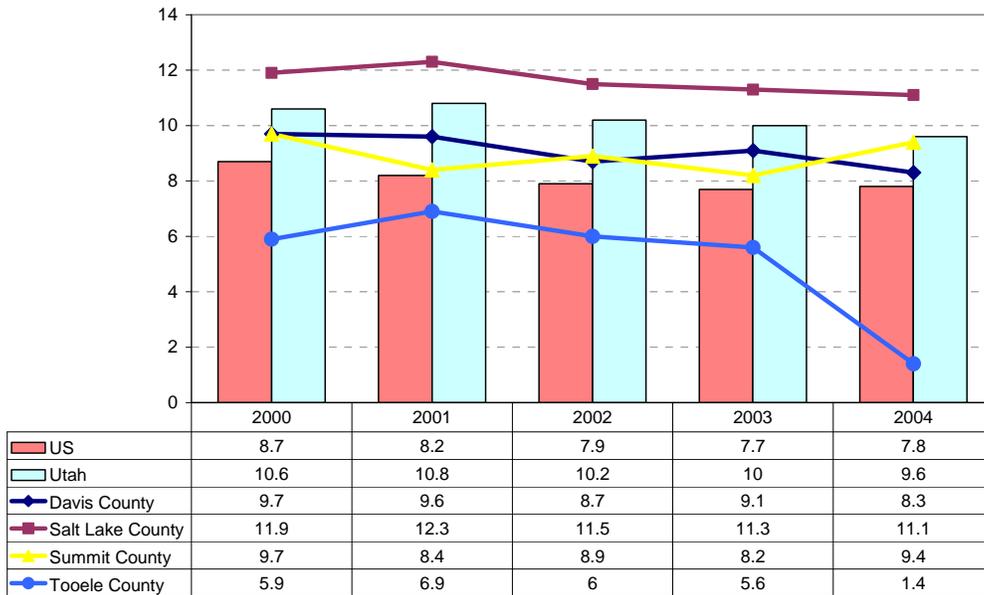
Percent of Adults 15 and Older Who Are Divorced



Source: U.S. Census, American Community Survey

- The proportion of Salt Lake County adults (15 and older) who are divorced now surpasses the national average.
- From 2000 to 2005, the proportion of adults (15 and over) who are divorced increased for the nation, statewide, and Salt Lake County. The proportion decreased slightly for Davis County during this period.
- In 2003, 18% of all Utah adults had ever divorced compared to 21% nationally. Among Utah adults who had ever been divorced, more than three-fourths (76%) had children from a previous marriage, suggesting that a large number of children are also being impacted by divorce in Utah. Low-income Utahns were more likely to have been ever-divorced. (Source: Marriage in Utah: 2003 Baseline Statewide Survey on Marriage and Divorce)

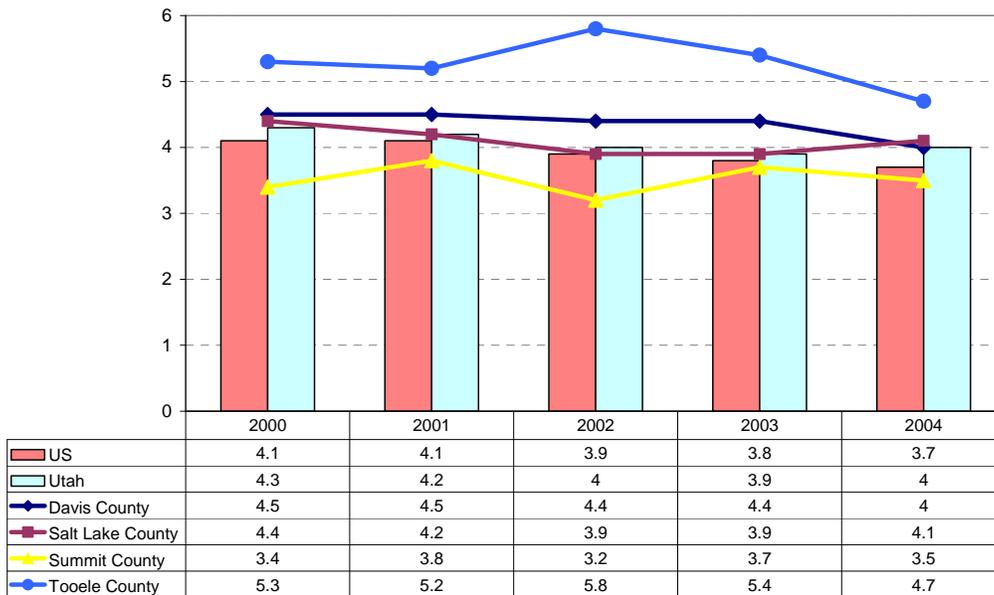
**Marriage Rates (Marriages per 1,000 Persons)**



Source: Utah Vital Statistics: Marriages and Divorces

- The marriage rate (marriages per 1,000 adults) for Utah in 2004 was above the national average (9.6 for Utah versus 7.8 nationally), as has historically been the case.
- From 2000 to 2004, marriage rates fell nationally, statewide, and in all four counties. Marriage rates have been falling nationally and statewide since at least 1990.
- Of the four counties, Salt Lake County has the highest marriage rates and Tooele County has the lowest.

**Divorce Rates (Divorces per 1,000 Persons)**

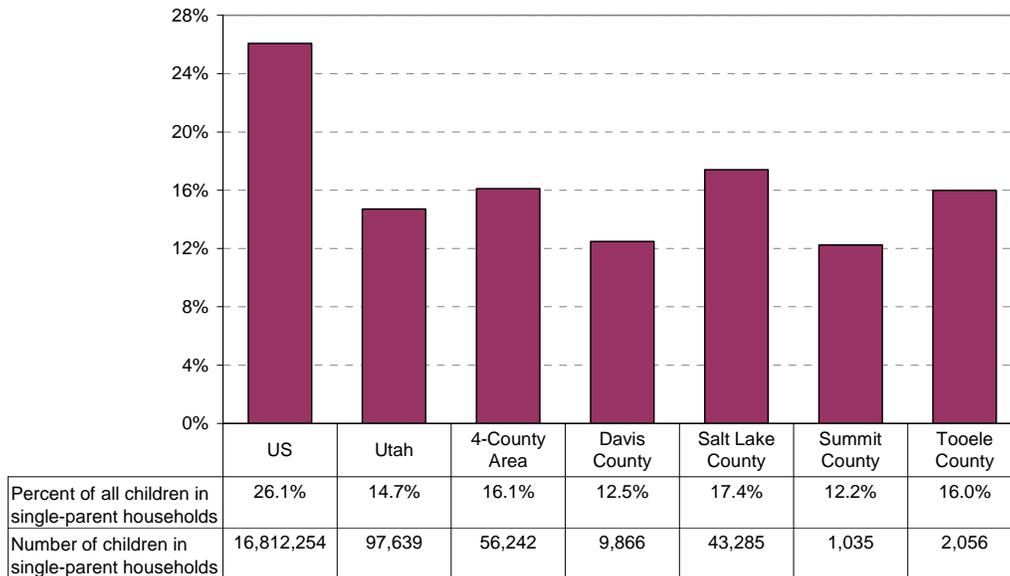


Source: Utah Vital Statistics: Marriages and Divorces

- The divorce rate (divorces per 1,000 adults) for Utah in 2004, like the marriage rate, was above the national average, as has historically been the case. The divorce rate in Utah in 2004 was 4.0 compared to 3.7 nationally.

- From 2000 to 2004, divorce rates fell nationally, statewide, and in Davis, Salt Lake, and Tooele Counties. Divorce rates have been falling nationally and statewide since at least 1990.
- Of the four counties, Tooele County has the highest divorce rates and Summit County has the lowest.
- The divorce ratio (divorces per 1,000 married women) for Utah is also above the national average (18.4 for Utah in 2003 compared to 15.1 nationally). The divorce ratio for both Utah and the US has been falling since at least 1990. From 2000 to 2003, the US divorce ratio fell from 15.9 to 15.1, while the Utah divorce ratio fell from 20.0 to 18.4.

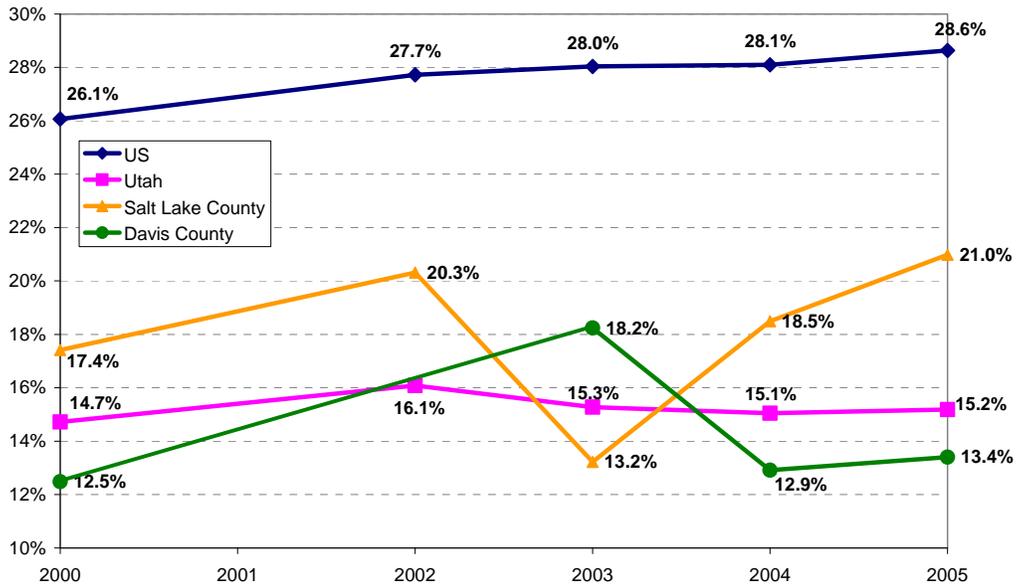
**Percent of Children in Single-Parent Households, 2000**



Source: U.S. Census

- The proportion of children in single-parent households (in 2000) is well below the national average for Utah and the four counties.
- In 2000, over 56,000 children (16% of all children) in the four-county area were living in single-parent households.

**Percent of Children in Single-Parent Households**



Source: U.S. Census, American Community Survey

- The proportion of children living in single-parent households is greater in 2005 than in 2000 for Salt Lake and Davis Counties, Utah, and the nation overall.

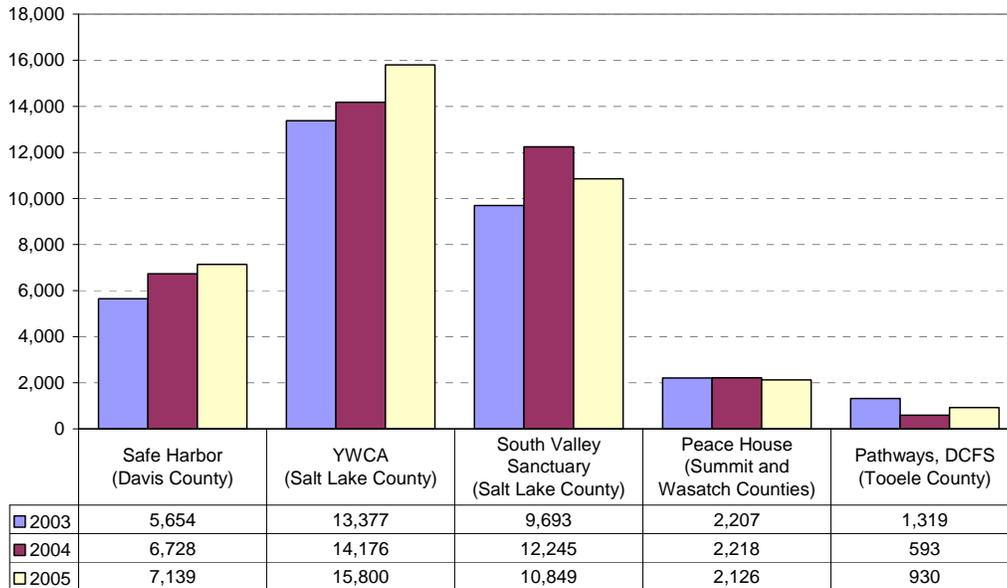
**Other Data:**

- The top five reasons for divorce in Utah are:
  - A lack of commitment (83%)
  - Too much conflict and arguing (53%)
  - Infidelity or extramarital affairs (52%)
  - Getting married too young (41%)
  - Financial problems or economic hardship (33%)

Source: Marriage in Utah: 2003 Baseline Statewide Survey on Marriage and Divorce, Utah Governor's Commission on Marriage and Utah State University Extension.

# Domestic Violence

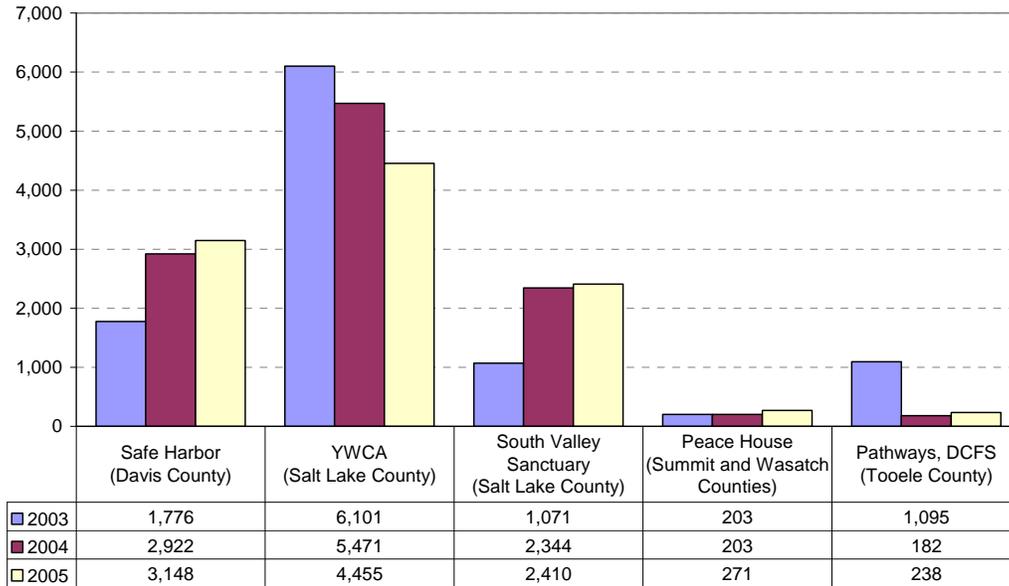
Number of Days of Service per Shelter, 2003-2005



Source: Governor's Violence Against Women and Families Cabinet Council

- In 2005, the five shelters listed above provided a total of 36,844 days of service. Over half of those days (about 19,500) were used by children.
- From 2003 to 2005, the number of days of service steadily increased for Safe Harbor and YWCA. During the same period, the days of service in all Utah shelters increased from 53,023 to 65,559 (a 24% increase).
- Shelters in the four-county area (including Peace House, which also covers Wasatch County) were unable to fulfill 2,024 requests for services in 2005, with over 1,800 unmet requests in Salt Lake County alone. In 2003 and 2004, shelters in the four-county area reported 904 and 1,531 turn-aways, respectively.

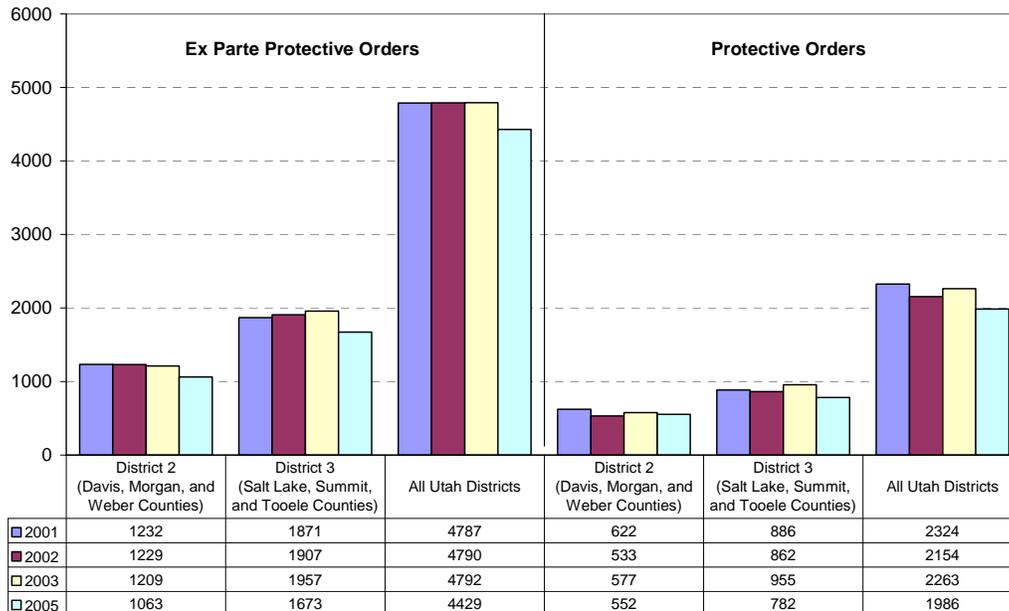
### Number of Domestic Violence Calls per Shelter, 2003-2005



Source: Governor's Violence Against Women and Families Cabinet Council

- In 2005, the five shelters listed above received a total of 10,522 crisis calls.
- From 2003 to 2005, the number of calls to Safe Harbor, South Valley Sanctuary and Peace House steadily increased from 2003 to 2005, while calls to YWCA steadily decreased. During the same period, the number of crisis calls to all Utah shelters increased from 35,457 to 44,804 (a 26% increase).

### Number of Protective Orders



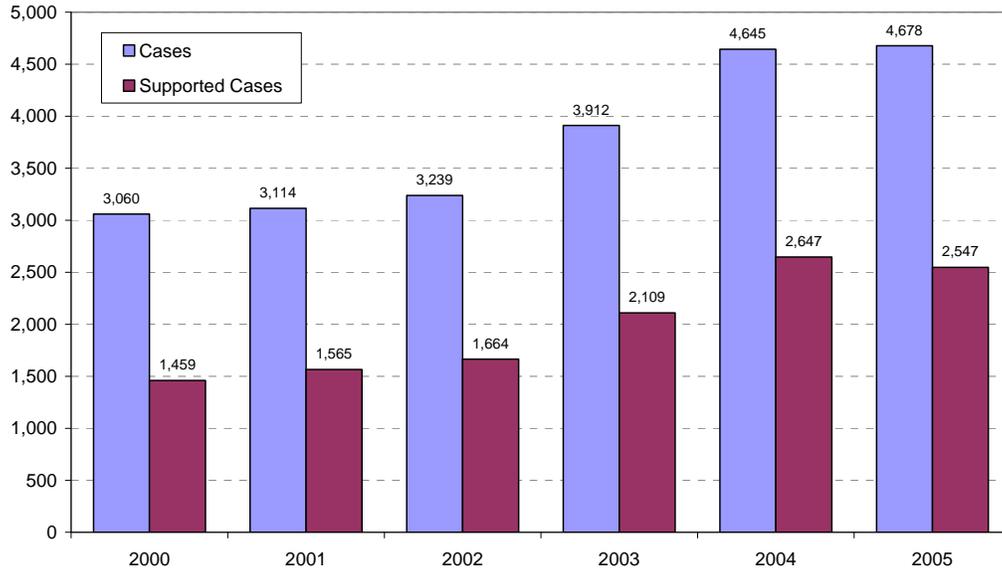
Source: Governor's Violence Against Women and Families Cabinet Council

- A protective order is a court order that protects domestic violence victims from their abusers. Ex parte protective orders are temporary protective orders that can be issued

without the abuser being present until a court hearing (where the abuser is invited to be present) can be held.

- The number of Ex Parte Protective Orders and Protective Orders dropped from 2003 to 2005 in District 2, District 3, and statewide.

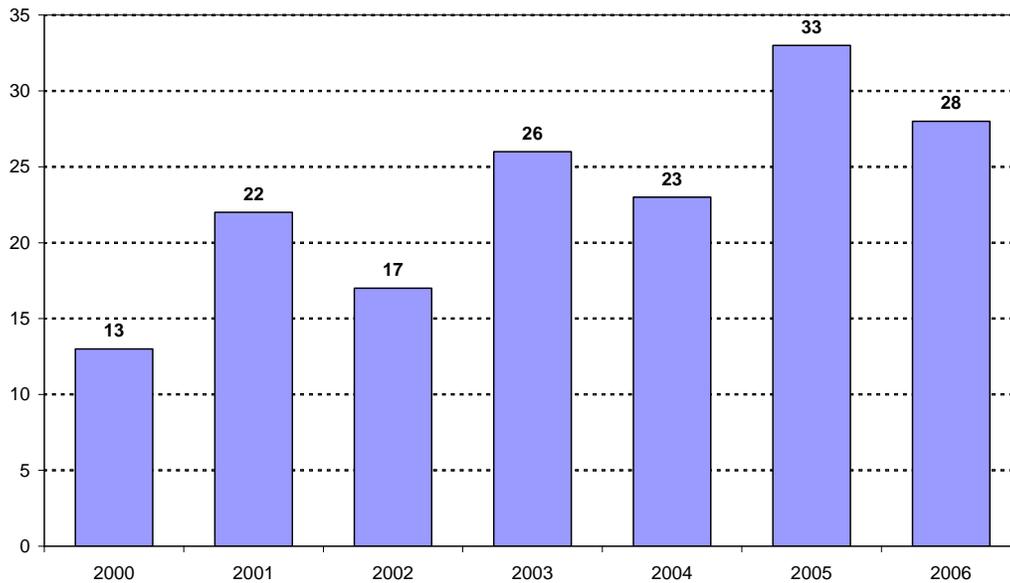
**Domestic Violence Related Cases of Child Abuse**



Source: Governor's Violence Against Women and Families Cabinet Council

- In 2005, there were over 2,500 supported cases of child abuse related to domestic violence, representing over 4,700 child victims.
- From 2000 to 2005, the number of domestic violence cases increased from 3,060 to 4,578, an increase of 53%. During the same period, the child population increased by less than 10% (according to GOPB population estimates).

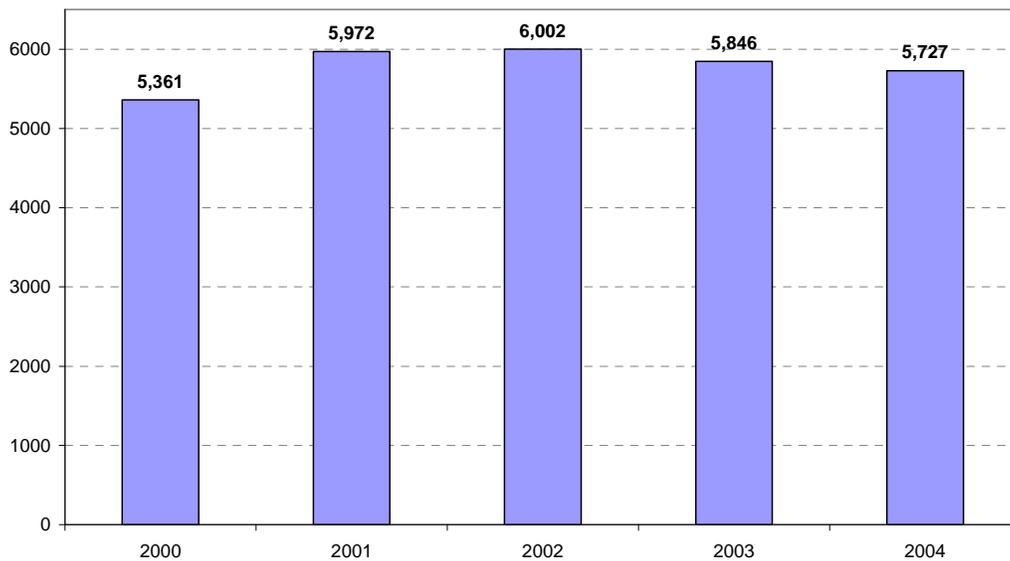
### Utah Domestic Violence Related Deaths



Source: Utah Domestic Violence Council

- From 2000 to 2006, there have been a total of 162 deaths related to domestic violence.
- Although the number of deaths related to domestic violence did decrease from 2005 to 2006, the data overall demonstrate a steady upward trend in the number of deaths since 2000.

### Domestic Violence Cases in Utah District Courts



Source: Utah Kids Count

- Despite population growth, the number of domestic violence cases decreased from 2002 to 2004 statewide after increasing from 2000 to 2002.

### Other Data:

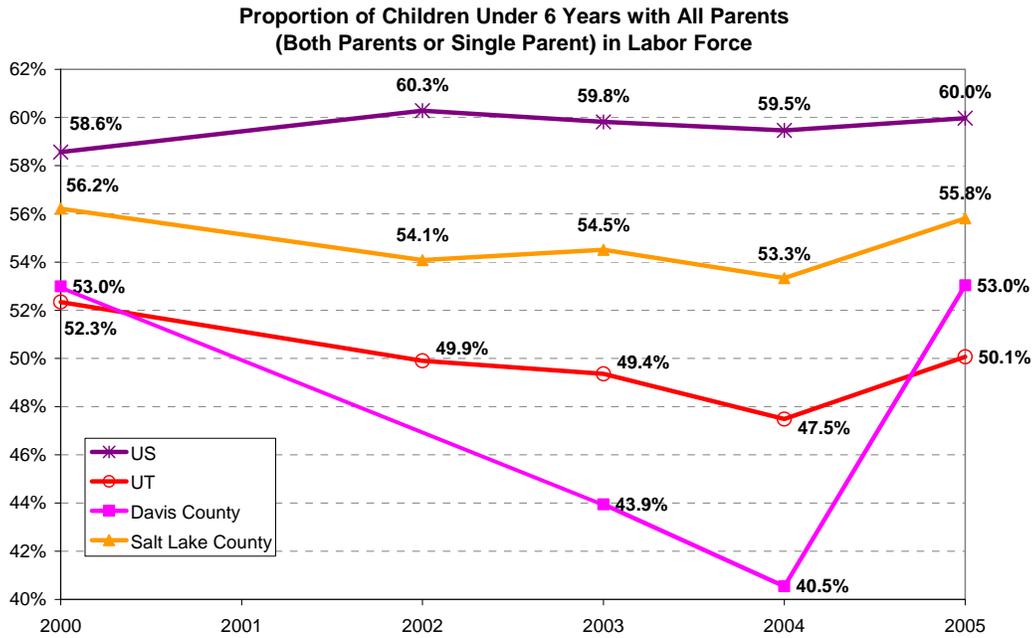
- According to Utah's 2005 Crime Victimization Survey, 3.1% of respondents were victims of domestic abuse in 2004 (up from 2.5% in 2002) and 15.6% of respondents had ever been victims of domestic violence during their lifetimes. In 2004, about 28% of victims said that they reported the crime, up from just 26% of victims in 2002.

Source: Utah Commission on Criminal and Juvenile Justice

- Based on a 2003 emergency department survey on domestic violence, in Wasatch Front hospitals,
  - 44% of emergency health care providers routinely ask direct and specific questions of adult patients about whether they have been abused,
  - 54% of emergency departments encourage their staffs to ask routine questions about domestic violence or intimate partner abuse, and
  - 72% of hospital emergency departments have a person who coordinates referrals of abused persons.

Source: Utah State Domestic Violence Cabinet Council

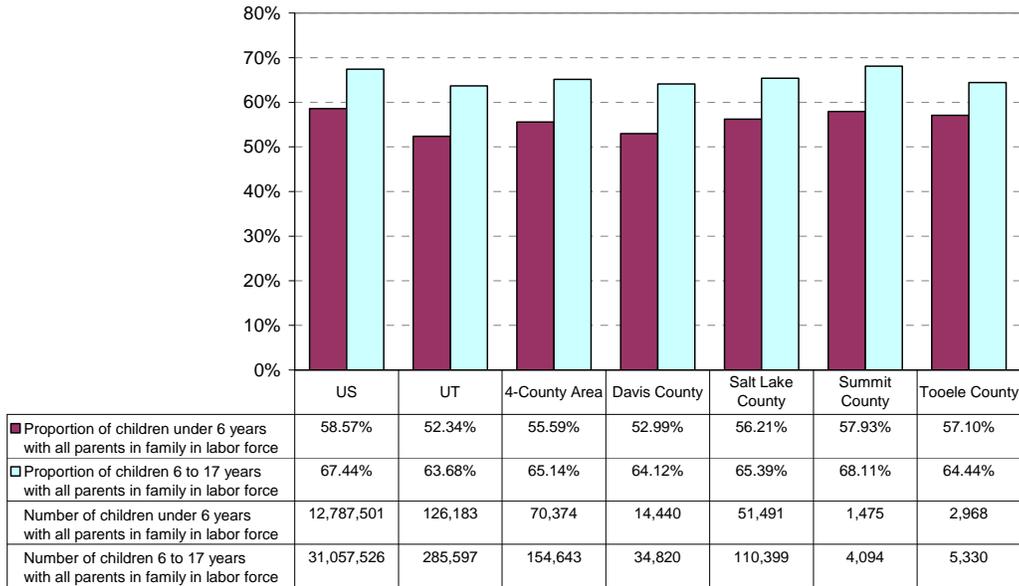
# Inadequate Opportunities for Child and Youth Development



Source: U.S. Census, American Community Survey

- For about half (50.1%) of all children under 6 in Utah, all parents (both parents for children living with two parents or the only parent for children living with one parent) were in the labor force in 2005. This figure is well below the national average, which was 60% in 2005.
- The proportion of children under 6 with all parents in the labor force declined from 2000 to 2004 in Salt Lake and Davis Counties (as well as Utah overall), but then began to climb again from 2004 to 2005.

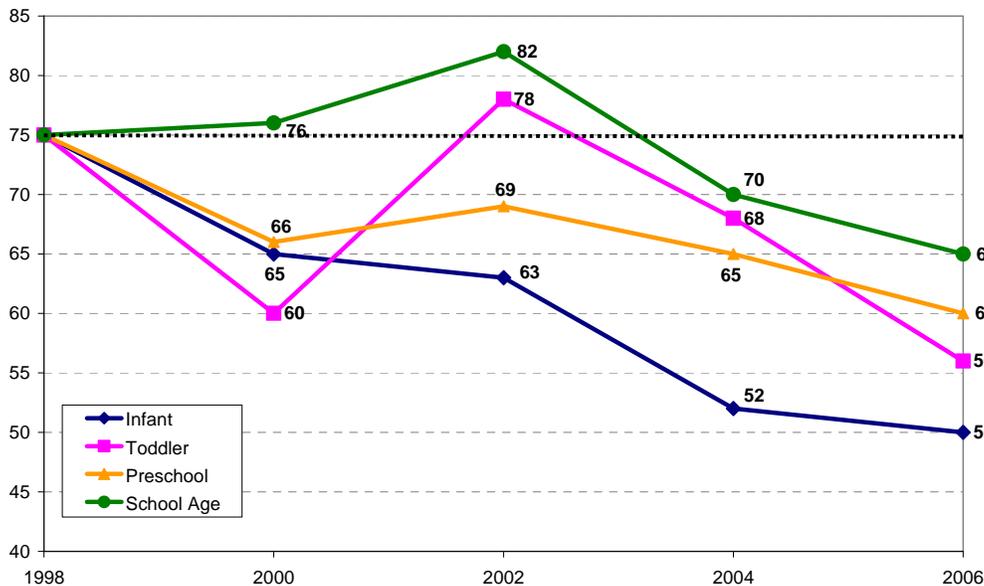
**Proportion of Children with All Parents  
(Both Parents or Single Parent) Working, 2000**



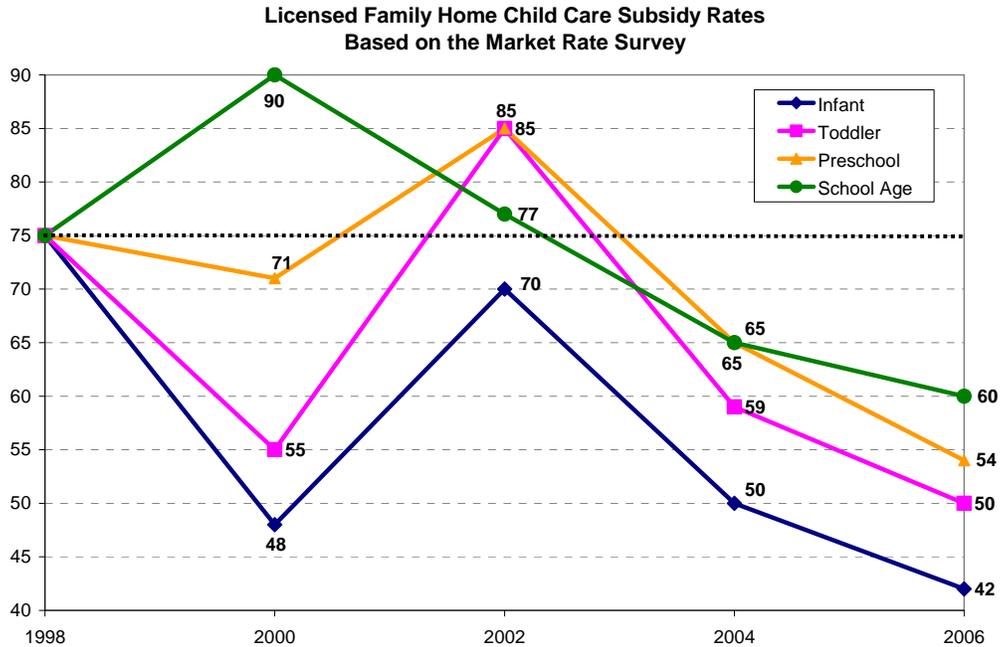
Source: U.S. Census

- In 2000, for all four counties, the proportion of children under 6 and the proportion of children 6-17 years with all parents (both parents for children living with two parents or the only parent for children living with one parent) in the labor force were above the state average. Summit County had the highest proportion in both categories, surpassing the national average for children 6-17 years with all parents in the work force.
- For the combined four-county area, in 2000 there were over 70,000 children under 6 and over 154,000 children 6-17 years with all parents in the work force.

**Licensed Center Child Care Subsidy Rates  
Based on the Market Rate Survey**



Source: Utah Dept. of Workforce Services, Office of Work & Family Life



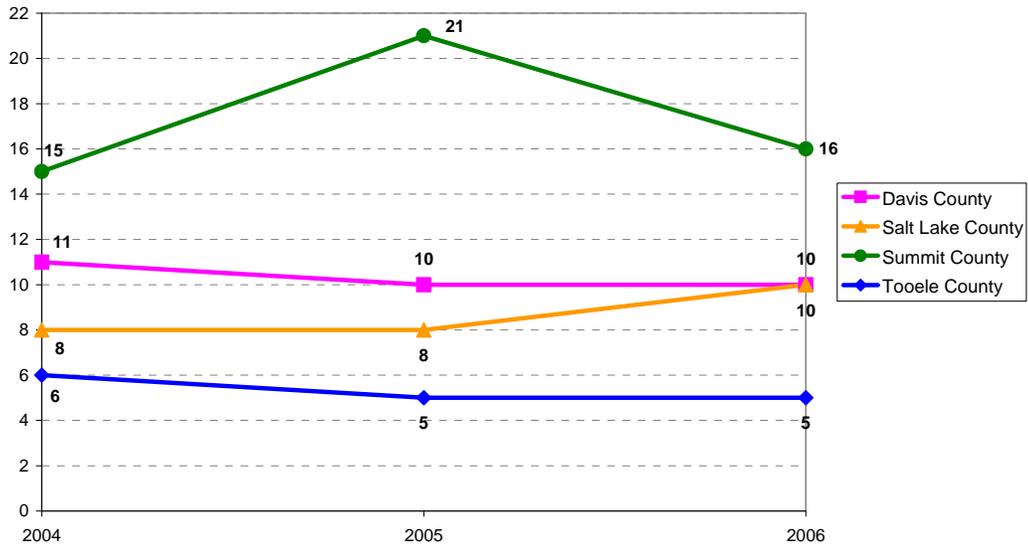
Source: Utah Dept. of Workforce Services, Office of Work & Family Life

Note: Federal regulations suggest that states should set rates at or above the 75<sup>th</sup> percentile when setting subsidy rates to ensure parents equal access to child care settings. Subsidy rates at the 75<sup>th</sup> percentile indicate that the state's subsidy rate (which includes the co-payment paid by the family) is sufficient to cover the cost of 75% of child care providers. Subsidies are designed to allow lower income families access to most of the child care market while spending no more than 6-11% of their income on child care (which is similar to the proportion of income that unsubsidized families spend on child care).

- In 2006, child care subsidy rates for all four age categories (infant, toddler, preschool, and school age) fell far below the recommended federal regulation levels.
- For both center child care and family child care, the percentage of the child care market that is affordable for low-income families has decreased, even with state subsidies, since 2001.
- More than 50% of the child care market for infants and over 40% of the child care market for toddlers is inaccessible or unaffordable to low-income families, even with state subsidies for child care.
- Child care subsidy rates in Utah have not been increased since 2001 due to unstable funding from the state.

### Number of Child Care Spaces per 100 Children 12-23 Months

Note: The Utah Office of Child Care recommends 25 or more spaces per 100 children for each age group. Fewer than 25 spaces per 100 children may indicate a shortage.



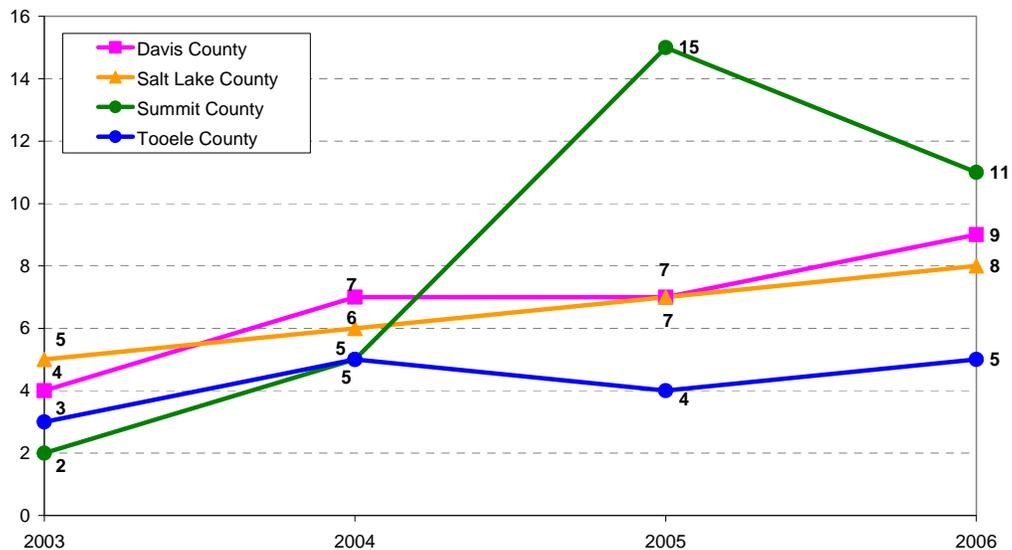
Source: Utah Department of Workforce Services, Office of Work and Family Life

Note: Child care spaces are the number of spaces a regulated provider is actually willing to take, and could be less than what they may be licensed to take.

- All four counties currently have less than the recommended number of child care spaces for infants 12-23 months. Salt Lake, Summit, and Tooele Counties have less than half the recommended spaces.
- There was little change in the number of child care spaces per 100 children 12-23 months in all four counties from 2004 to 2006.

### Number of Child Care Spaces per 100 Children in Grades 1-6

Note: The Utah Office of Child Care recommends 25 or more spaces per 100 children for each age group. Fewer than 25 spaces per 100 children may indicate a shortage.

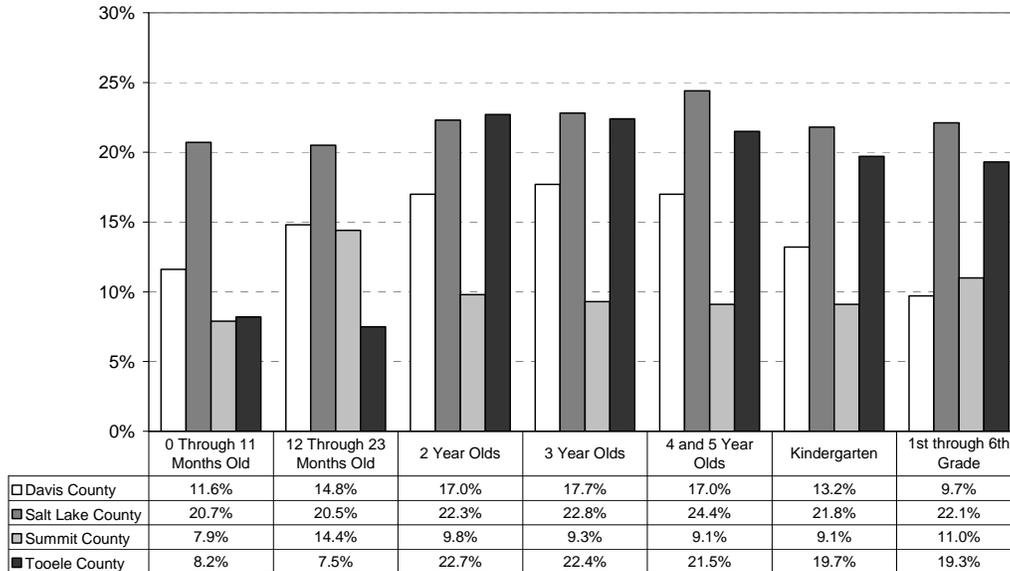


Source: Utah Department of Workforce Services, Office of Work and Family Life

Note: Child care spaces are the number of spaces a regulated provider is actually willing to take, and could be less than what they may be licensed to take.

- The number of child care spaces per 100 children in grades 1-6 increased from 2003 to 2006 in all four counties, but the number of spaces in each county still remains far below the recommended amount.
- The Utah Office of Child Care reports that finding child care for infants and school-age children has been and continues to be a consistent challenge for parents.

**Percent of Child Care Spaces Vacant by Age Group, 2006**



Note: The Utah Office of Child Care states that high vacancy percentages may indicate low demand or may be an indicator of the quality of care provided.

Note: Percent vacancies are based on the number of child care spaces a regulated provider is actually willing to take, and could be less than what they may be licensed to take.

- 0-11 months is the category with the lowest or next to lowest vacancy rate in all four counties.
- 12-23 months has the lowest vacancy rate in both Salt Lake and Tooele Counties.
- Children in grades 1-6 have the lowest vacancy rate in Davis County.
- Salt Lake County has the highest vacancy rates in all categories except 2 year olds, for which it has the second highest rate.

**Other Data:**

- The Child Care Resource and Referral Offices provide about 2,000 phone referrals per month statewide, and have experienced about a 30% increase in call volume annually for the past six years.
- The Child Care Resource and Referral Offices for the Metro area (Salt Lake and Tooele Counties) provided over 10,000 web referrals during the second half of 2006 (July – December 2006), an 80% increase over July-December 2005. The Metro Office has not experienced a decrease in phone referrals despite its new popular Internet referral service. Phone referrals have continued to increase in volume.
- Based on information collected by the referral offices, the State Office of Child Care reports that parents who work nontraditional shifts (for example, nighttime or weekends), parents of children with special needs, and parents of children under age 2 have an especially hard time finding child care services that meet their needs and have fewer

choices of child care providers. Low-income parents also often have fewer options for child care.

- Child care affects parents across the entire population. State referral services for child care receive phone calls from parents of all socioeconomic and ethnic groups.

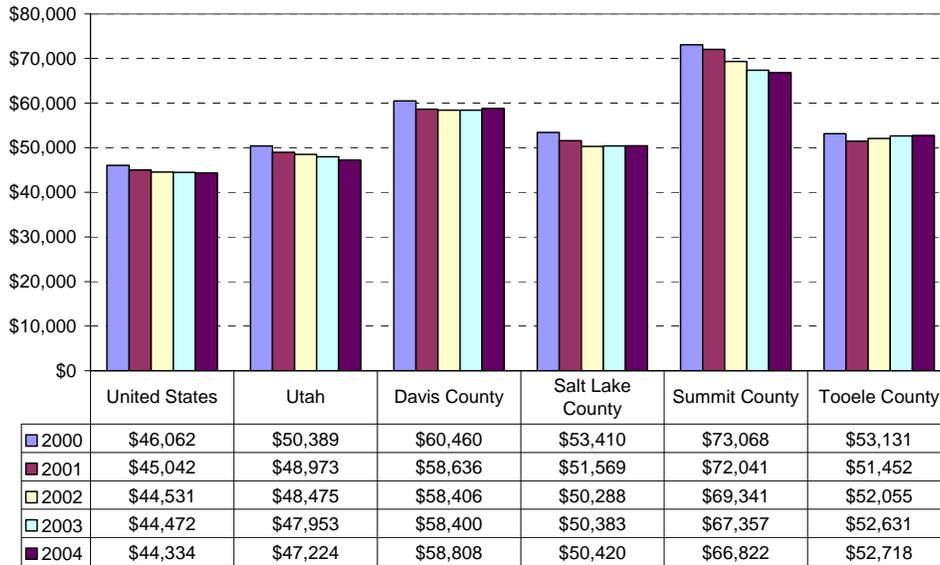
Source: Utah State of Office of Child Care; Child Care Resource & Referral ~ Metro

- The total number of regulated or licensed child care spaces in Utah actually decreased between September 2005 and September 2006 (from 42,214 to 40,826), while Utah's employment rate increased over the past year (generally indicating a greater need for child care).
- Utah child care wages rank 433<sup>rd</sup> out of 435 employment sectors in the state. Better caregiver pay tends to decrease caregiver turnover, provide greater stability for children, and increase the overall quality of care provided.
- Nearly half the people using paid child care in Utah report that they would have to work less or not at all if paid child were unavailable.

Source: Utah Dept. of Workforce Services, Office of Work & Family Life, 2006 Office of Child Care Annual Report.

# Insufficient Income

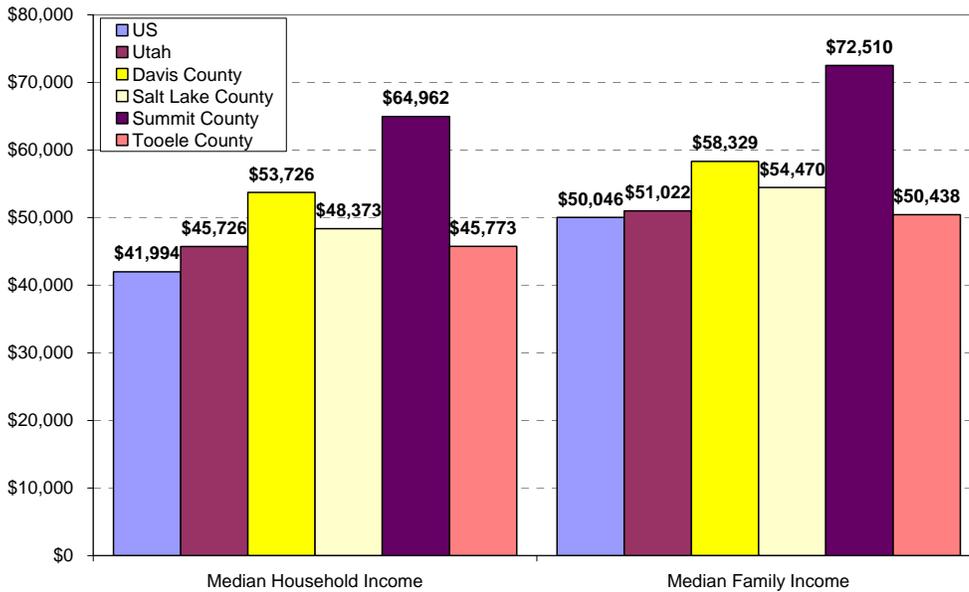
Median Household Income  
2004 Dollars



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

- Utah’s median household income is higher than the U.S. average and ranks 10<sup>th</sup> highest among the states. However, household income can be a misleading measure because Utah has a lower number of single-person households than most states. The presence of more multi-person households in Utah leads to more earners per household, which boosts Utah’s average household income.
- Summit and Davis Counties are noteworthy for their high household incomes, although Summit County’s average has been dropping significantly. This may be due to the influx of immigrant workers for hospitality and other service jobs.
- After adjusting for inflation, these data show a slight decline in incomes statewide and a slight increase in Tooele County from 2001 through 2004. They show flat incomes for Salt Lake and Davis Counties from 2002 through 2004. However, these data are derived from a Census Bureau estimating model for small areas, and they have a wide margin of error. Therefore, small changes over time could be due to estimating error.

**Median Household Income and Median Family Income, 2000**



Source: U.S. Census

- Median family income is consistently higher than household income, because the definition of family excludes single-person households, and single-person households, by definition, cannot have multiple incomes.
- Summit County clearly leads the other counties in family or household income, with Davis County also higher than Salt Lake and Tooele Counties.
- Utah’s median household income is clearly higher than the U.S. average (as noted earlier), but Utah’s family income is very close to the national average.
- Family income is a better measure of how Utah compares to the U.S. because of how the low number of single-person households in Utah exaggerates the household figure.

**Median Family Income in the Past 12 Months by Number of Earners in Family, Utah and US, 2005**

	Utah Median Income	US Median Income	Utah's ranking
All families	\$54,595	\$55,832	25
No earners	\$33,493	\$26,761	3
1 earner	\$40,922	\$38,827	18
2 earners	\$57,309	\$70,405	46
3 or more earners	\$85,212	\$86,996	22

Source: U.S. Census, American Community Survey, 2005

- Utah’s median family income is ranked 25 among the 50 states, which is slightly less than the national average.
- For one-earner families, Utah compares well to the nation, but for two-earner families, Utah is nearly in last place in the rankings.

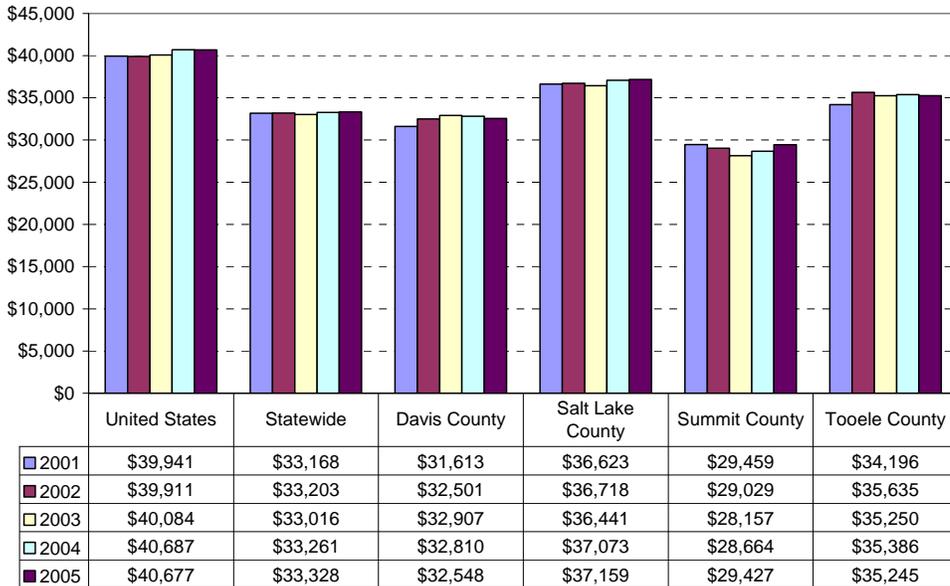
**Median Family Income in the Past 12 Months by Family Size,  
Utah and US, 2005**

	Utah Median Income	US Median Income	Utah's ranking
All families	\$54,595	\$55,832	25
2-person families	\$47,570	\$49,407	28
3-person families	\$53,229	\$57,167	34
4-person families	\$57,999	\$67,019	37
5-person families	\$62,966	\$63,430	22
6-person families	\$64,193	\$58,937	13
7-or-more-person families	\$66,917	\$58,304	11

Source: U.S. Census, American Community Survey, 2005

- Median family income data by family size show Utah ranking below average for two- to four-person families.
- Utah ranks high for incomes in the largest families, those with six or more members. Census data shows that large families in Utah are likely to be from a higher-income socio-economic group than in other states.

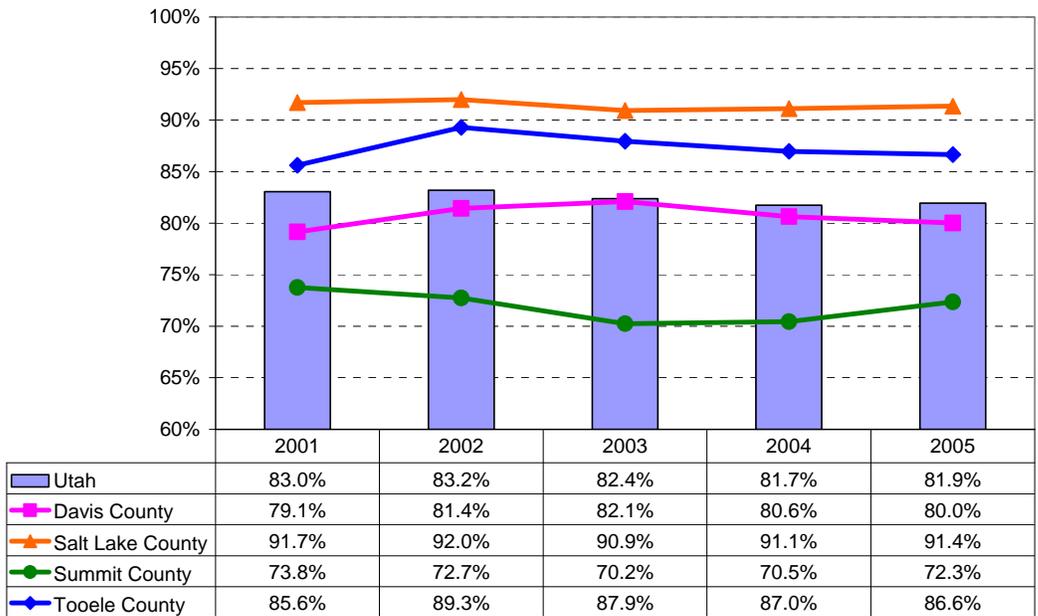
**Average Annual Pay  
2005 Dollars**



Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages

- Average annual pay in Utah is low compared to the U.S. average.
- The highest average pay for Utah is in Salt Lake County.
- The lowest average annual pay in Utah is in Summit County. This may seem surprising, compared to data showing Summit County having the highest household and family incomes. The reason is that these annual pay data are reported by the location of the employer's establishment, not the residence of the worker. It is likely that higher-wage residents of Summit County work outside the county, and those working in the county are in lower-paid hospitality and service jobs.
- After adjusting for inflation, average wages in each county are fairly level from 2001 to 2005.

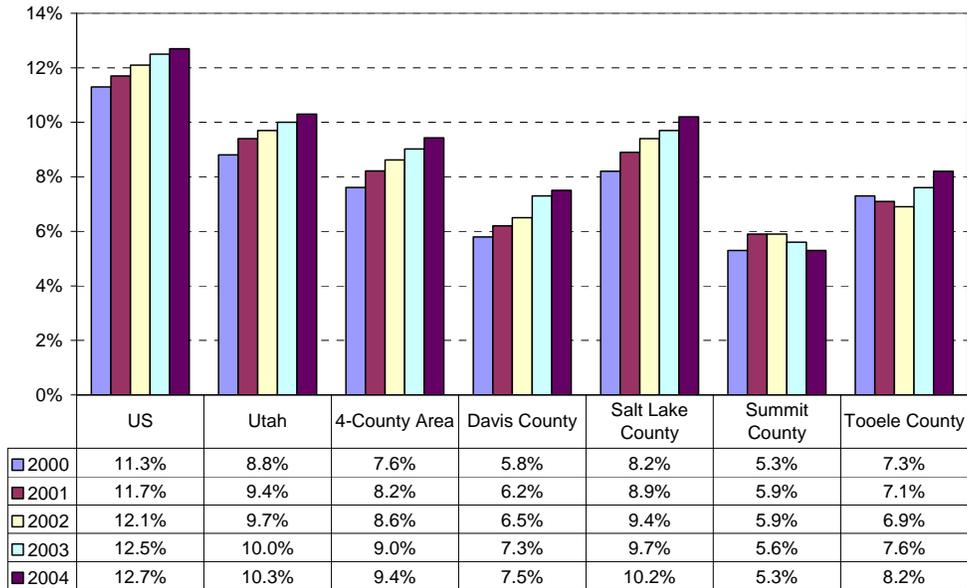
**Average Annual Pay  
Percent of U.S. Average**



Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages

- One of the major concerns about incomes in Utah is that the average annual pay in Utah is around 82% of the national average. This ratio has been persistent for some time after declining in the 1980s.
- Tooele and Davis Counties show a decline from 2002 to 2005 in average annual pay as a percent of the national average. Although wages were not actually falling in those counties, they were not growing as much as the national average during this period.
- Summit County wages are a concern at only about 72% of the national average in 2005.

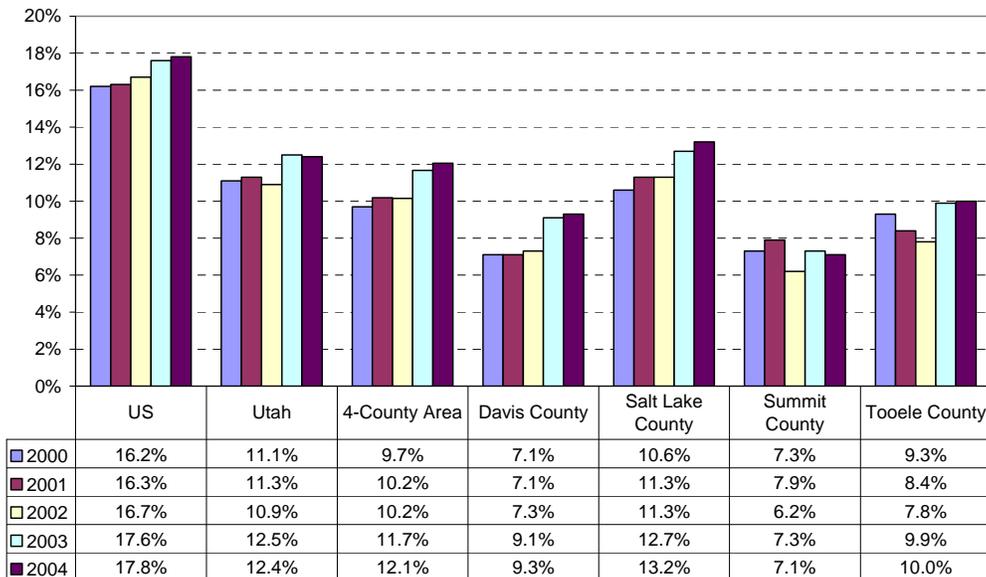
### Percent of Individuals in Poverty



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

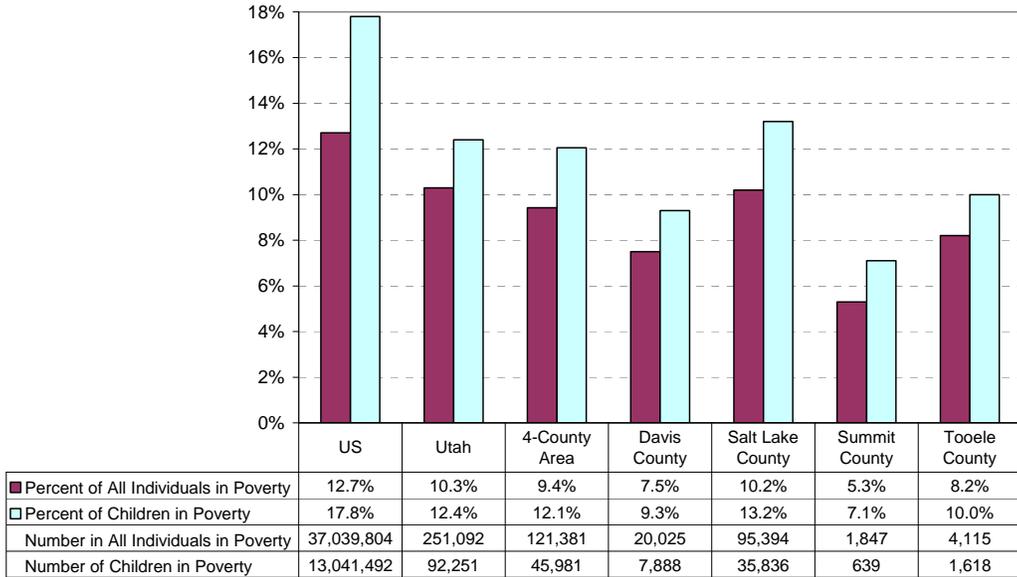
- Poverty in Utah has historically been consistently below the national average.
- The rise in the percent of individuals in poverty is significant for Davis, Salt Lake, and Tooele Counties and statewide.
- Summit County's poverty rate has held fairly steady from 2000 to 2004 and is well below the state average.
- Davis and Tooele Counties also have a lower poverty rate than the state as a whole, but their rates are rising.

### Percent of Children (Under Age 18) in Poverty



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

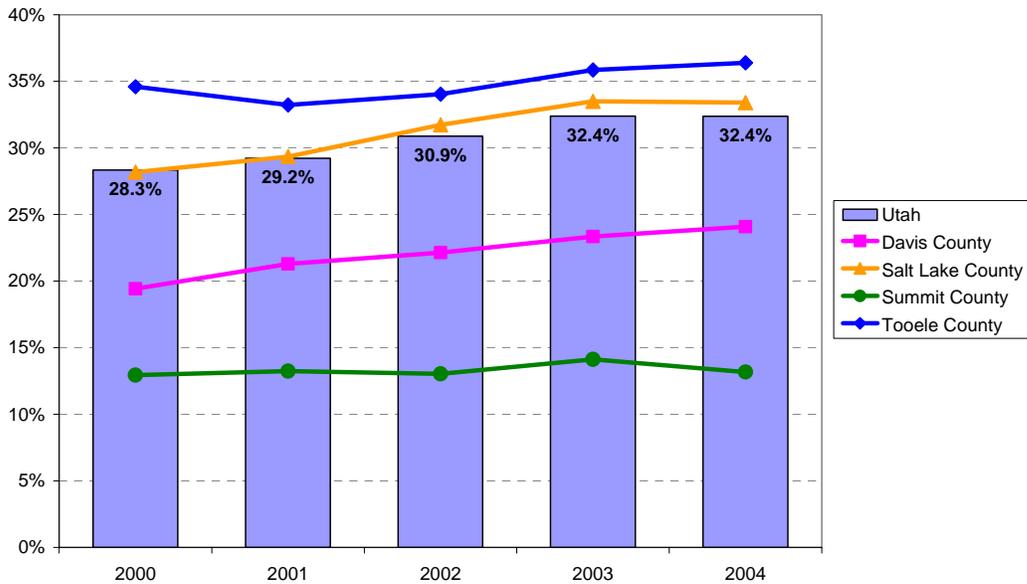
**Number and Percent of All Individuals and All Children in Poverty, 2004**



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

- Utah's proportion of children in poverty is significantly lower than the nation but is rising like the national figures.
- Davis and Summit Counties have the lowest child poverty rates among this group, but Davis has seen a jump in 2003 and 2004.
- Growth in child poverty in Salt Lake County is pronounced, especially in 2003 and 2004.

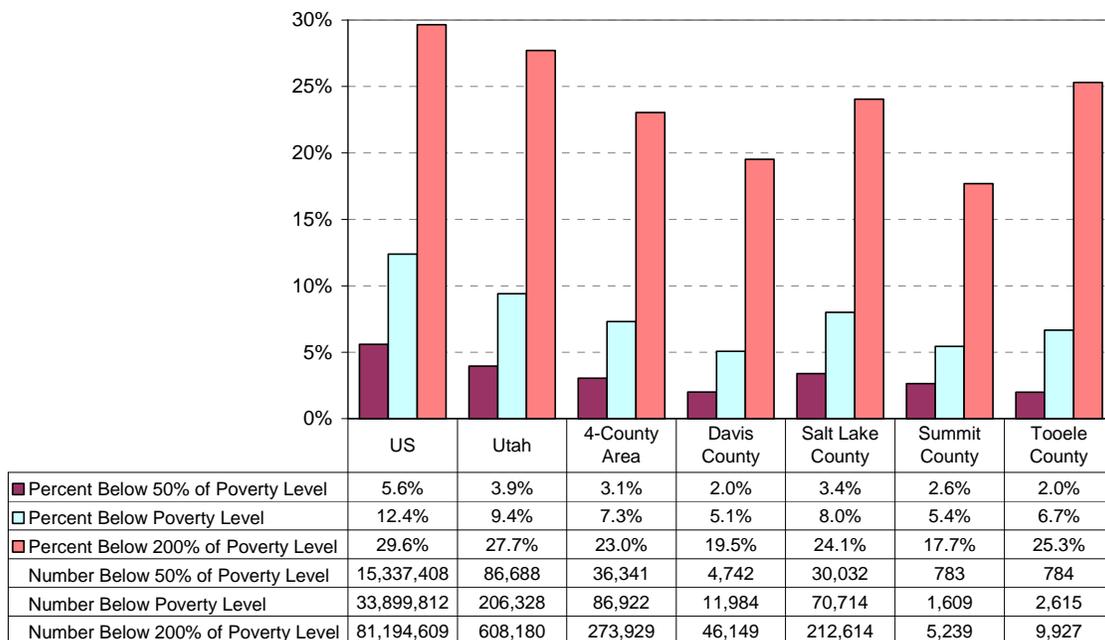
**Percent of Public School Students Eligible for Free or Reduced-Price Lunch**



Source: U.S. Dept. of Education, NCES

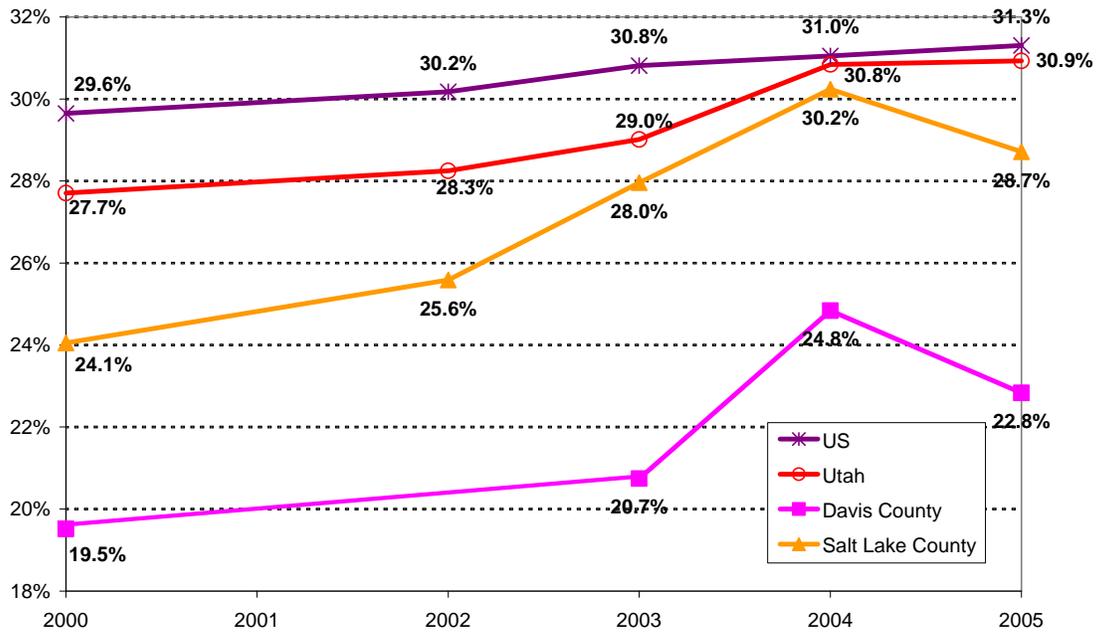
- The rise in children eligible for free and reduced-price school lunch is significant statewide and in Davis, Salt Lake, and Tooele Counties.
- Summit County has not seen an increase in this statistic from 2000 to 2004.
- Salt Lake and Tooele Counties exceed the state average for eligible children.
- This rise is a recent phenomenon; from 1994 to 2000, these ratios stayed mostly level for the state and each of these counties except Summit, which saw some increase in the 1990s.
- About 8-11% of students qualify for reduced price lunches (a more moderate level of need), and that ratio has held steady in Utah for some time; therefore, most of the growth from 2000 to 2004 is among those receiving free lunches (the most needy).

**Percent and Number of Persons Below 50%, 100% or 200% of Poverty Level, 2000**



- Salt Lake County has the highest proportion of persons below the poverty level in the four-county area.
- Tooele County has the highest proportion of persons below 200% of the poverty level, and Salt Lake County is very close to that level, with nearly a quarter of the population below 200% of poverty.
- Each of the counties has a smaller proportion of low-income persons than the national average for each measure of poverty status shown.

**Percent of Individuals Below 200% of Poverty Level**

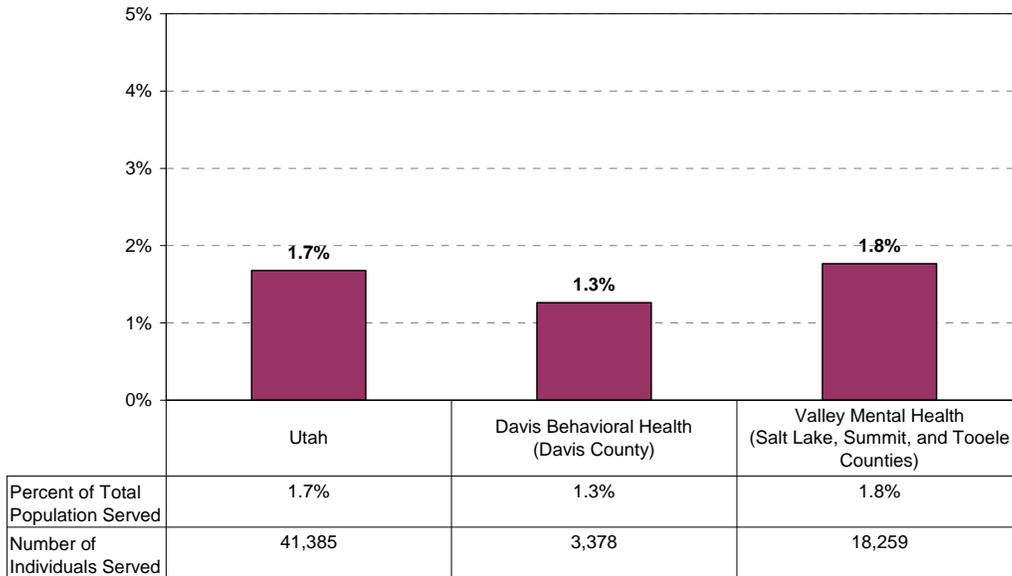


Source: U.S. Census, American Community Survey

- Similar to the rise observed in the proportion of individuals in poverty, the proportion of individuals below 200% of poverty is growing from 2000 to 2005 for Salt Lake and Davis Counties, and statewide.
- Utah's rise in individuals near poverty is faster than the rise nationally.

## Lack of Access to Mental Health Care

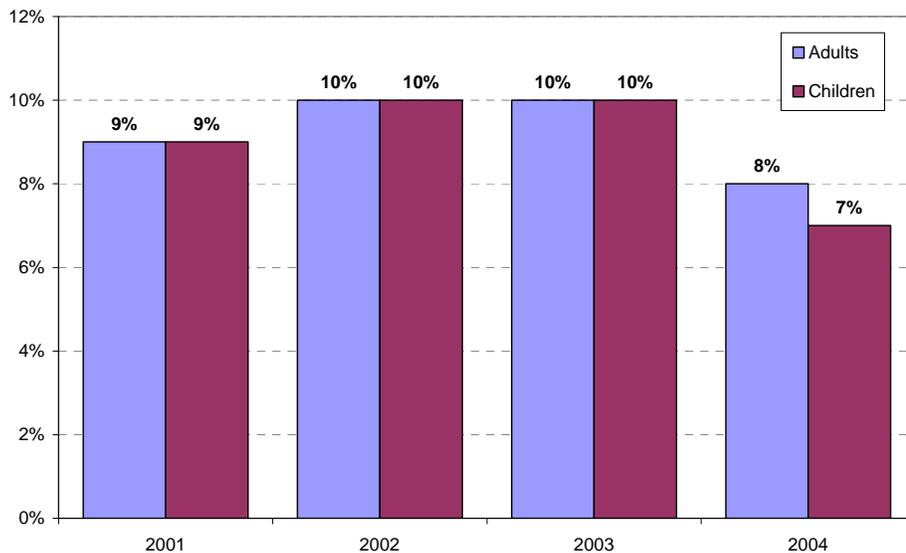
Percent of Population Receiving Mental Health Services, 2006



Source: Utah Division of Substance Abuse and Mental Health

- Statewide, less than 2% of the total population (or 16.8 per 1,000 persons) receive public mental health services. In Davis County, about 1% of the total population receives public mental health services.
- Statewide, in 2006, about 41,000 individuals received public mental health services. Based on a 2005 survey on drug use and health, the Utah Division of Substance Abuse and Mental Health estimates that 12% of Utah's adults (or 192,000 adults) are in serious psychological distress and may be in need of mental health treatment.

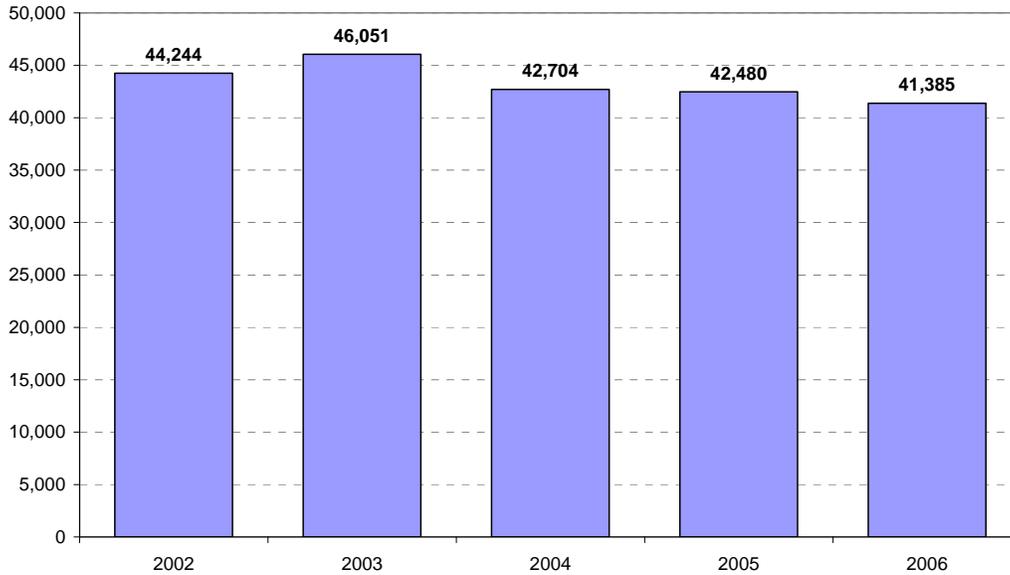
Percent Needing Mental Health Services Who Receive Them from Community Mental Health Centers, FY 2001-2004



Source: Utah Division of Substance Abuse and Mental Health, November 2004 DHS Outcomes Report

- The numbers of children and adults in need of mental health services are based on estimates from national studies, which report that about one in five children and adults have diagnosable mental disorders during a given year.
- Only 8% of adults and 7% of children in need of mental health services received them from community health centers in 2004, down from 10% for adults and children the previous two years.

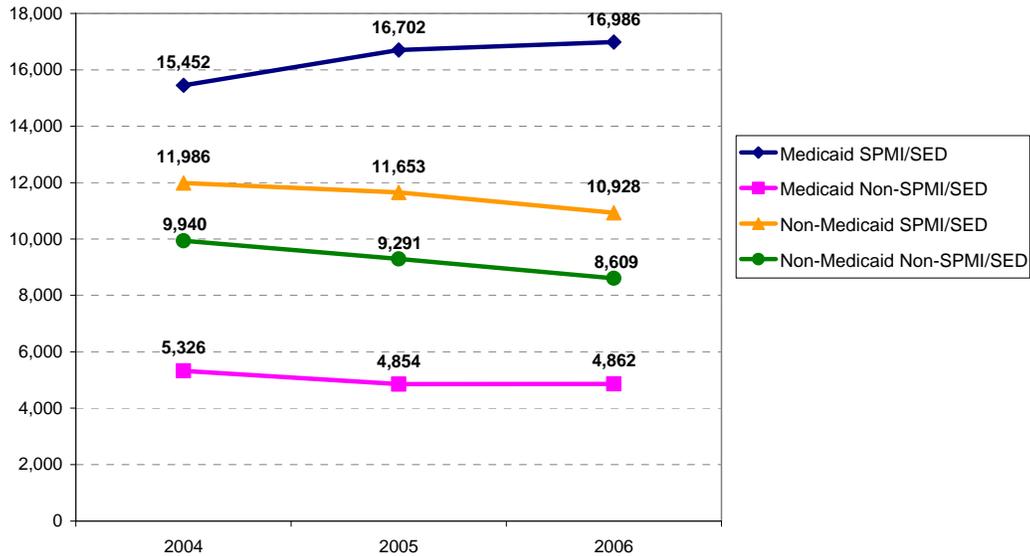
**Total Number of Individuals Served in Mental Health Services, Utah**



Source: Utah Division of Substance Abuse and Mental Health

- Despite population increases, the number of individuals receiving public mental health services in Utah has steadily declined since 2003, from about 46,000 in 2003 to about 41,000 in 2006, a 10% decrease in clients served.

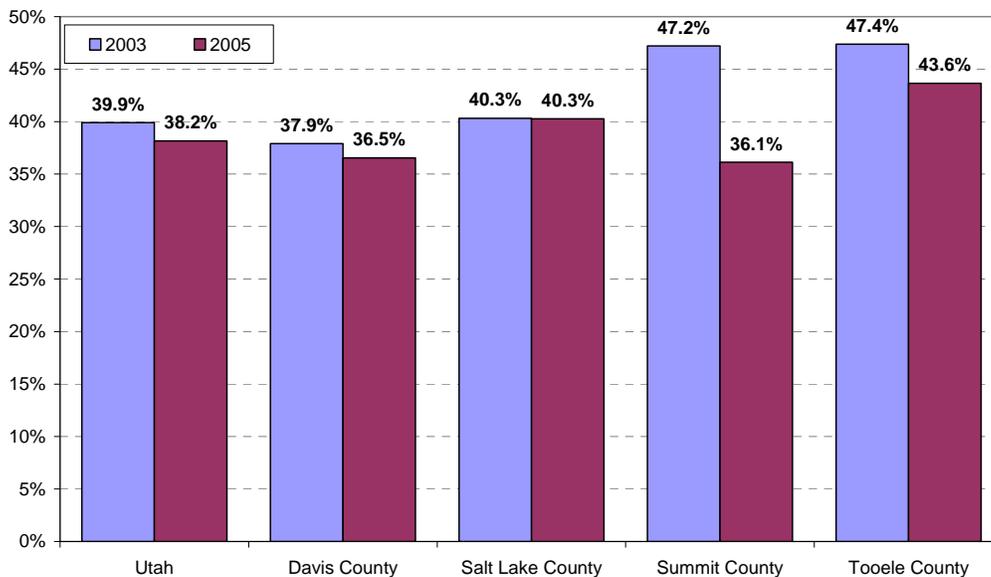
### Decrease in Clients Receiving Community Mental Health Services, Utah



Note: SPMI = Seriously and Persistently Mentally Ill (Adults); SED = Seriously Emotionally Disturbed (Youth and Children)  
 Source: Utah Division of Substance Abuse and Mental Health

- Between 2004 and 2006, Utahns experienced decreased opportunities to receive early intervention mental health services within the community. The decrease in services is largest among non-Medicaid clients.
- The decrease in services correlates to a steep increase in emergency room visits between 2004 and 2005 by persons with a diagnosis of substance abuse or a behavioral disorder.

### Percent of Middle and High School Students with Depressive Symptoms

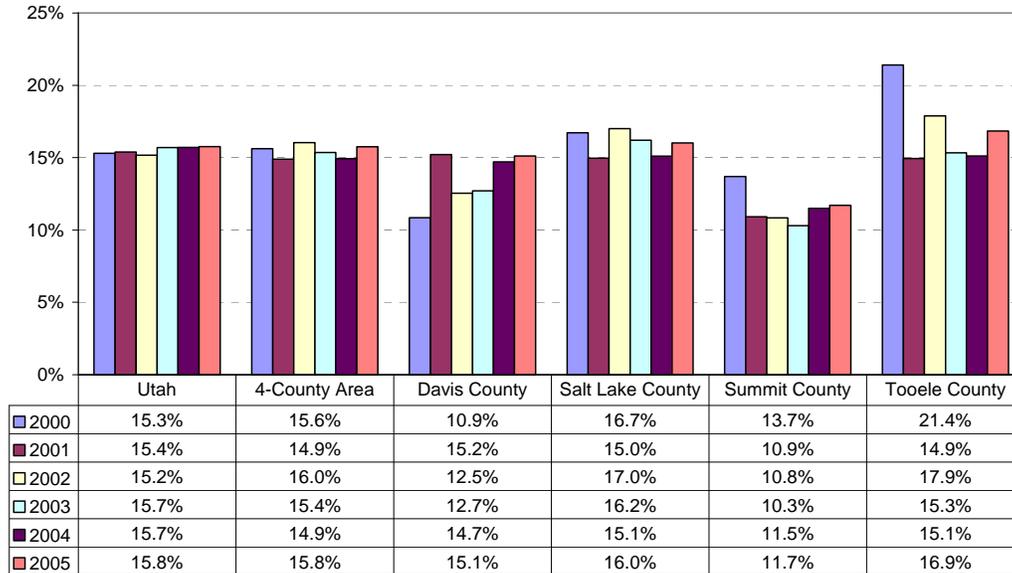


Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Based on student responses to several questions, 38% of middle and high school students in Utah have depressive symptoms, down from 40% in 2003.

- In all four counties, the proportion of students with depressive symptoms fell from 2003 to 2005. The sharpest decreases occurred in Summit County (an 11 percentage point drop) and Tooele County (a 4 percentage point drop), the two counties with the highest rates in 2003.
- In 2005, Tooele had the highest proportion of students with depressive symptoms (44%) and Davis County had the lowest (37%).
- Based on the 2005 Utah Higher Education Health Behavior Survey, 32% of college females and 23% of college males are in need of mental health treatment.

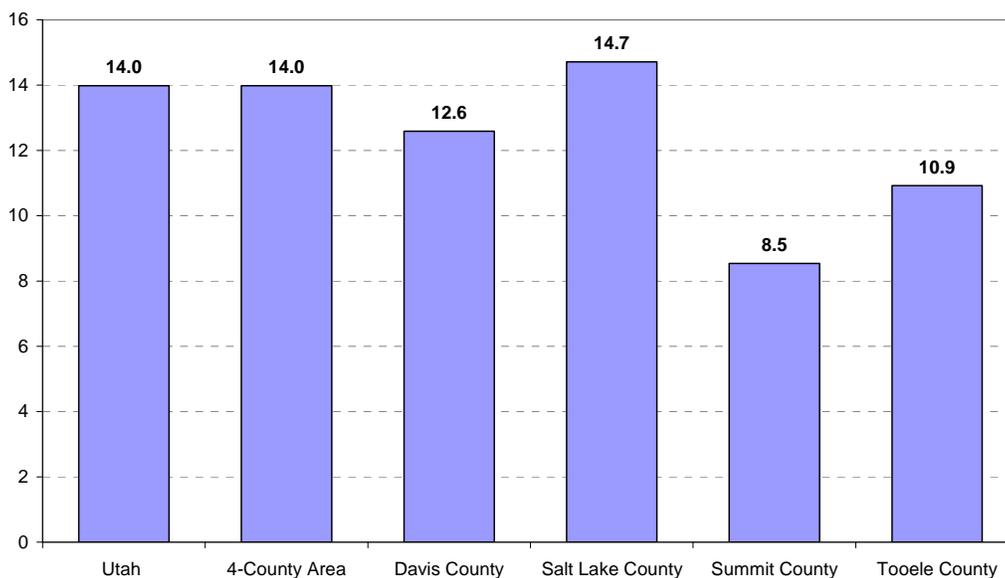
**Percent of Adults Who Reported 7 or More Days of "Not Good" Mental Health in the Past 30 Days**



Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health

- Statewide, the proportion of adults reporting seven or more days of "not good" mental health in the past month increased from 15% in 2000 to 16% in 2005. During the same period, the rate increased in Davis County (from 11% to 15%), but fell in the other three counties. All four counties experienced a slight increase in the rate from 2004 to 2005.
- In 2005, Tooele County had the highest proportion of adults reporting seven or more days of "not good" mental health in the past month (17%), while Summit County had the lowest (12%).

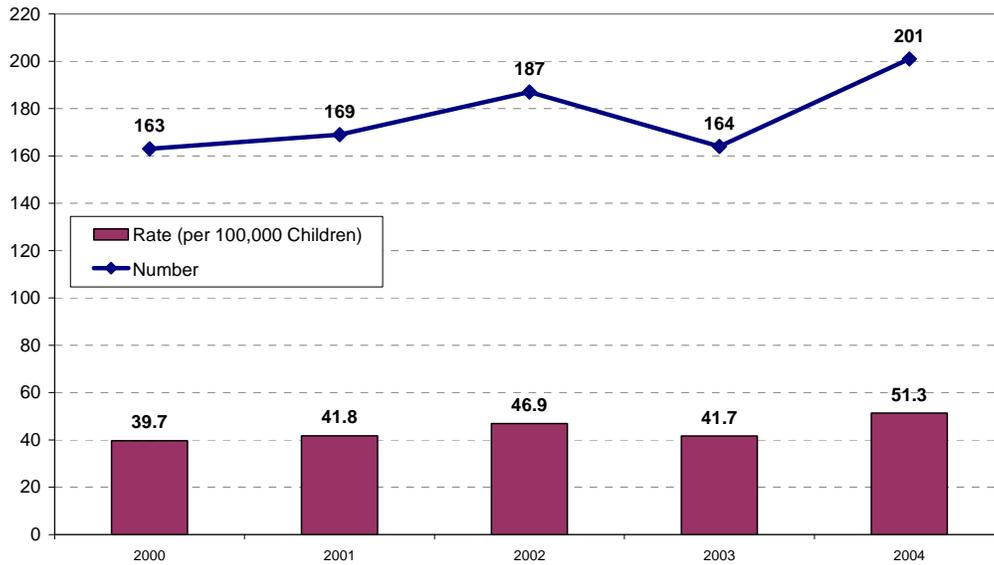
**Average Suicide Rate (Suicides per 100,000 Population) 2000-2005**



Source: Center for Health Data, Office of Public Health Assessment, Utah Department of Health

- From 2000 to 2005 there were a total of 1,069 suicides, or an average of 178 suicides per year, in the four-county area. From 2000 to 2005, the suicide rate per 100,000 persons dropped from 14.7 in 2000 to 12.8 in 2005. Statewide the suicide rate increased from 13.1 in 2000 to 13.6 in 2005.
- Based on a six-year average (2000-2005), Salt Lake County has the highest suicide rate of the four counties (14.7), while Summit County has the lowest (8.5). The four-county average is 14.0 suicides per year per 100,000 persons.
- In the four-county area, suicide ranked the 8<sup>th</sup> most common cause of death from 2000 to 2003, and the 7<sup>th</sup> most common cause of death in 2004 and 2005.

### Hospital Discharges for Suicide Attempt, Children Aged 10-19, Utah



Source: Utah Kids Count 2006

- From 2000 to 2004, the number of hospital discharges for suicide attempt by a child (ages 10-19) increased 23%, from 163 to 201. During the same period, the population ages 10-19 actually decreased by about 4%.
- The rate of hospital discharges for suicide attempt per 100,000 children ages 10-19 increased from 40 in 2000 to 51 in 2004.
- According to the Utah Youth Risk Behavior Surveillance System, 16% of Utah high school students seriously considered attempting suicide in 2005 (down from 20% in 1999), and 8% actually attempted suicide (up from 7% in 1999).

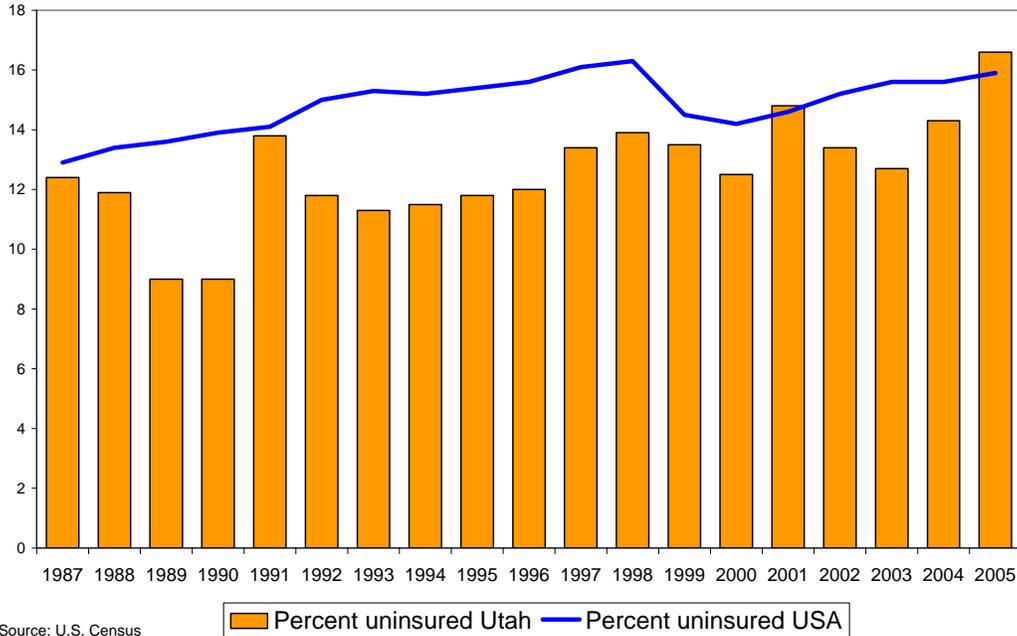
#### Other Data:

- In 2003, Utah's mental health system lost the ability to use surplus Medicaid revenues for services to the non-Medicaid population. This loss of over \$7 million in federal funds for non-Medicaid clients "increased an already existing service gap for indigent, uninsured, and underinsured mental health consumers."
- Utah has the 8<sup>th</sup> highest suicide rate in the nation.
- In 2006, individuals receiving public mental health services were about 48% percent male and 52% female, which is very similar to proportions nationwide.

Source: Utah Division of Substance Abuse and Mental Health

# Lack of Affordable Health Care

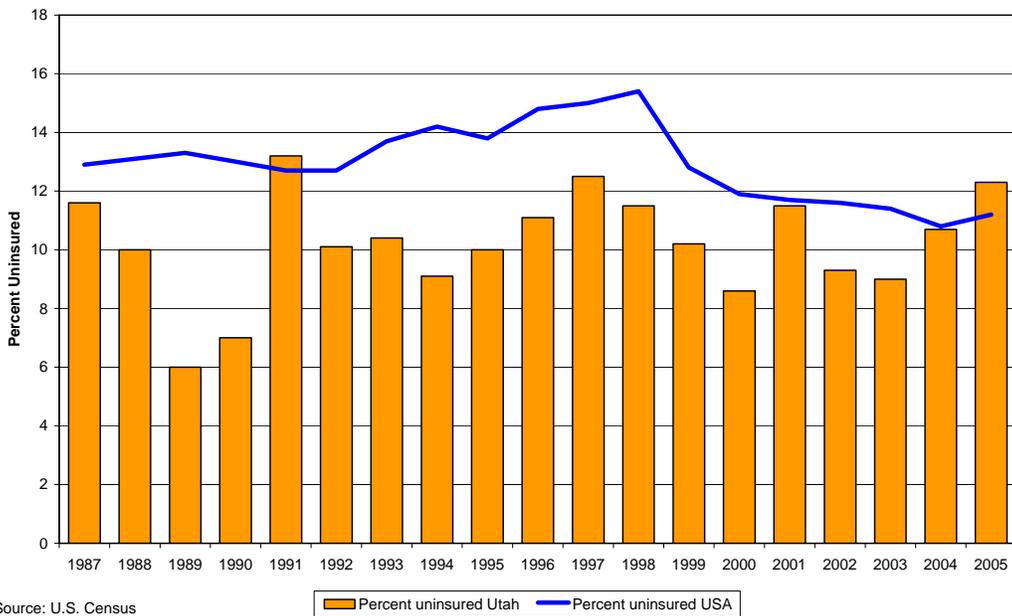
## Percent Uninsured USA and Utah -- All People



Source: U.S. Census

- Historically, Utah's uninsured rate has been below the national average. In 2005, however, Utah's percentage of uninsured persons surpassed the national average for only the second time in almost twenty years.
- From 2003 to 2005, the uninsured rate remained about the same for the nation overall (increasing from 15.6 to 15.9%) but increased by almost 4 percentage points for Utah (12.7 to 16.6%).

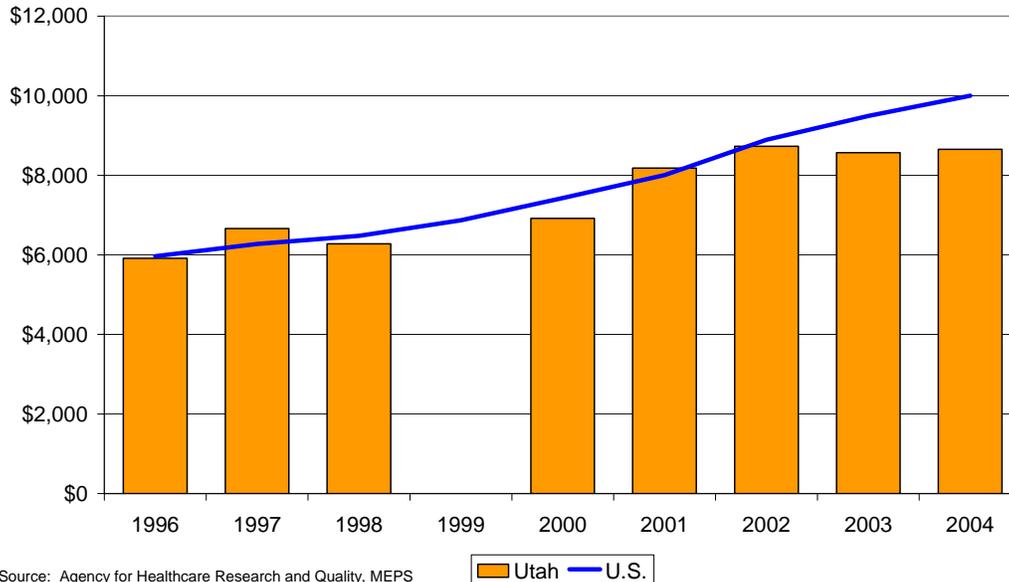
## Percent Uninsured USA and Utah - Children



Source: U.S. Census

- In 2005, 94,000 or 12.3% of children under 18 in Utah were uninsured. That represents a 1.6% increase over 2004, and a 3.3% increase over 2003. Utah's uninsured rates for children have now surpassed the national average for the first time since 1991.
- In the late 1990s, the uninsured rate nationwide and statewide declined significantly as a result of CHIP (Children's Health Insurance Program), which helps families who earn too much to qualify for Medicaid but cannot afford private coverage for their children. Despite this program, Utah's rates began to climb again after 2000.

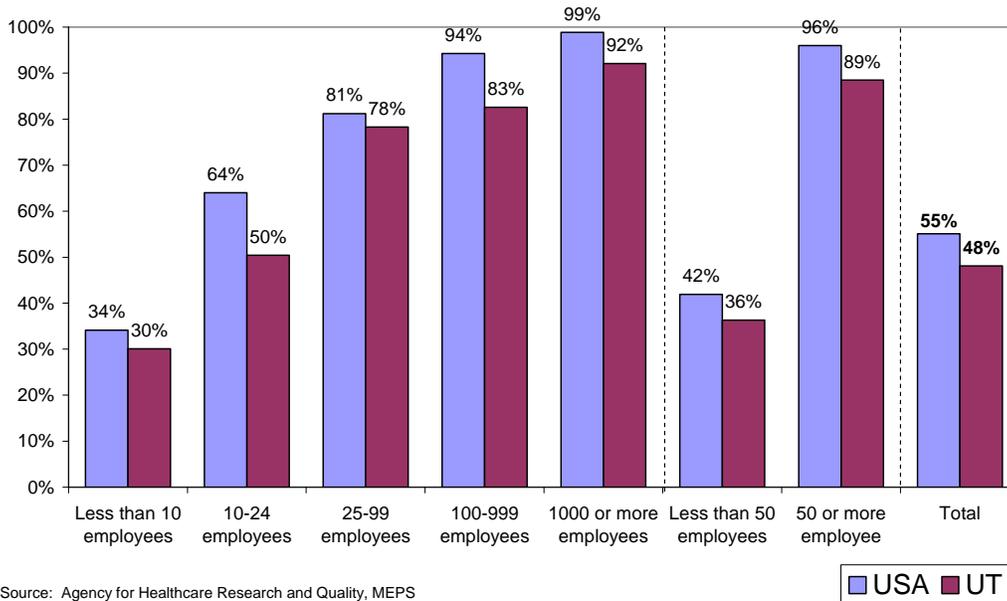
**Average Health Insurance Premium for a Family of Four, U.S. & Utah  
(Adjusted for Inflation to 2004 Dollars)**



Source: Agency for Healthcare Research and Quality, MEPS

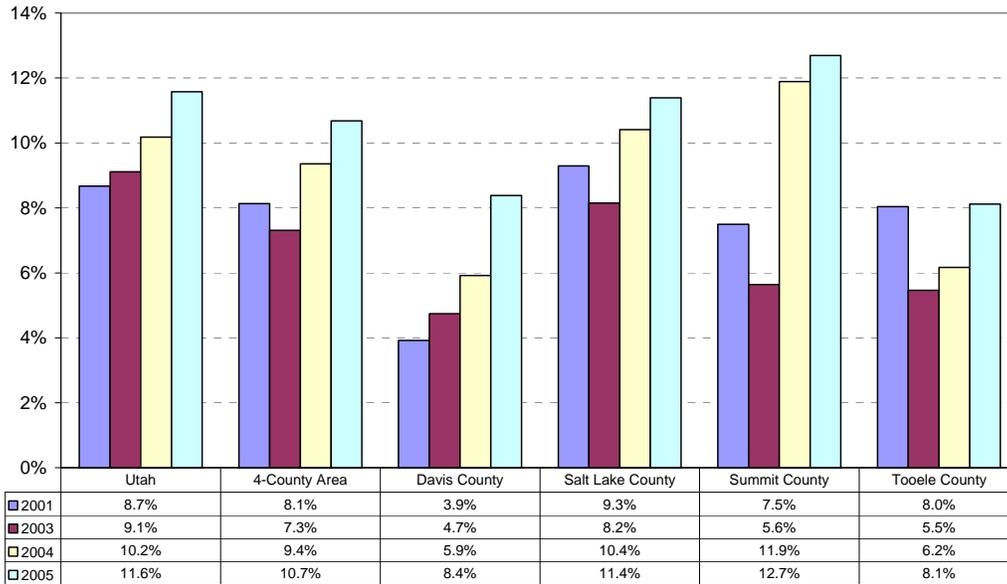
- From 1996 to 2004, the average health insurance premium for a family of four in Utah increased from \$5,916 to \$8,654 (adjusted for inflation to 2004 dollars). This represents a 46% increase in the premium amount over eight years. Premium amounts appear to have flattened out some from 2002 to 2004. Nationally, the family premium for health insurance increased 68% between 1996 and 2004 (after adjusting for inflation).
- In Utah, the employee's contribution to the family premium increased from \$1,415 in 1996 to \$2,417 in 2004 (adjusted for inflation to 2004 dollars), a 71% increase. Nationally, the employee's contribution to the family premium increased by 59%.

**Percent of private-sector establishments that offer health insurance by firm size, USA and Utah, 2004**



- The proportion of firms offering health insurance coverage to employees declines as firm size decreases. For all categories of firm size, the percent of Utah firms offering coverage lags behind the national average.
- For firms with fewer than 50 employees, Utah ranked 31<sup>st</sup> of the states, with 36% of smaller firms offering coverage. For firms with 50 or more employees, Utah ranked last nationally, with less than 89% of larger firms offering coverage.
- Nationally, time series data show a steady downward trend in coverage from 2000 to 2004 for almost all firm size categories listed above, with the greatest declines occurring among small firms. For example, nationwide the proportion of firms with less than 10 employees that offer health insurance decreased from 40% in 2000 to 34% in 2004.

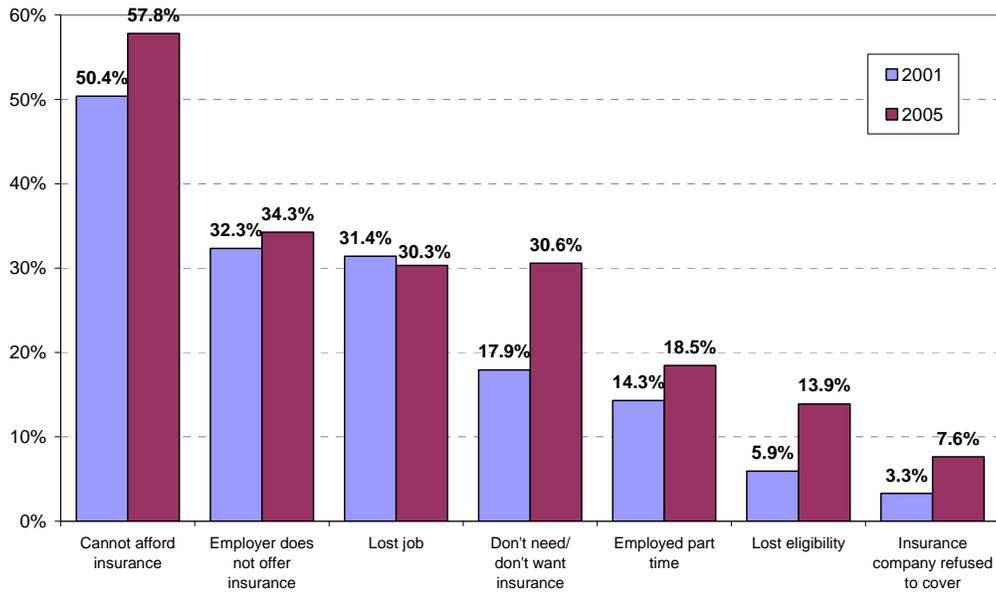
### Proportion of Uninsured Persons



Source: Utah Health Status Survey, Office of Public Health Assessment, Utah Department of Health

- From 2001 to 2005, the uninsured rates for Davis, Salt Lake, and Summit Counties have increased significantly. Tooele County's rate has also been increasing since 2003. Of the four counties, in 2005, Tooele County had the lowest uninsured rate (8%) while Summit County had the highest (13%).
- The same essential pattern can be seen among children and among adults ages 18 to 34. In Davis, Salt Lake and Summit Counties, the uninsured rate for both children and adults 18-34 increased from 2001 to 2005. In all four counties, children are uninsured at lower rates than the overall population and adults 18-34 have higher rates than the overall population.
- In 2005, Davis County had the lowest uninsured rate for children (6%) and Summit County had the highest (11%).
- For adults 18-34, in 2005 Davis County had the lowest rate (10%) and Summit County had the highest (26%).

### Reasons for Lack of Insurance, Four-County Area

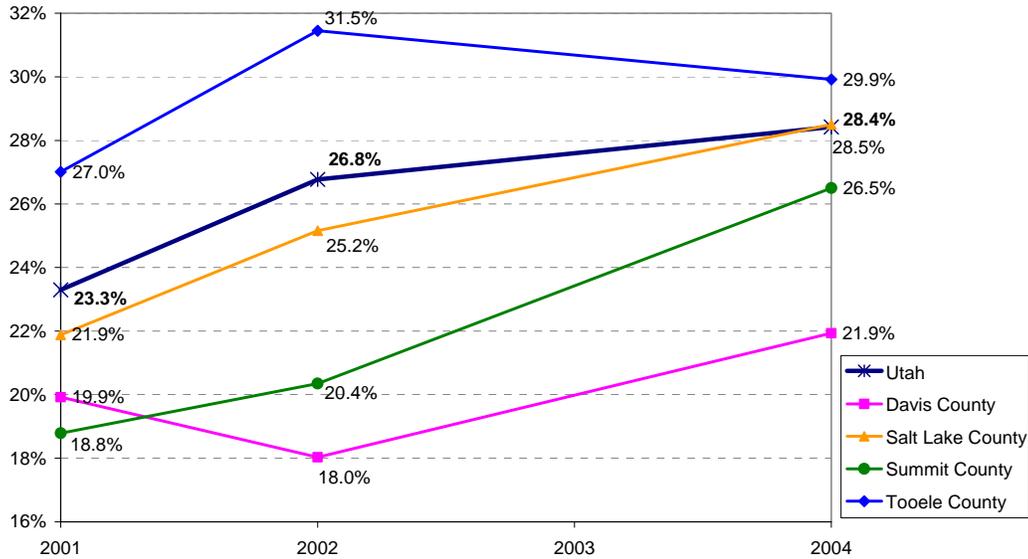


Source: Utah Health Status Survey, Office of Public Health Assessment, Utah Department of Health

Note: Survey respondents had the option of selecting multiple reasons for lack of coverage.

- In the four-county area, the most common reasons for a lack of health insurance are related to cost and employment situation.
- From 2001 to 2005, the proportion of people who cited loss of eligibility and the insurance company's refusal to cover them more than doubled (from 6% to 14%, and from 3% to 8%, respectively), while the proportion citing that they did not need/ want insurance as a reason nearly doubled (from 18 to 31%).
- "Cannot afford insurance" remained the most commonly cited cause for lack of coverage, with the proportion of people citing this reason increasing from 50% in 2001 to 58% in 2005.

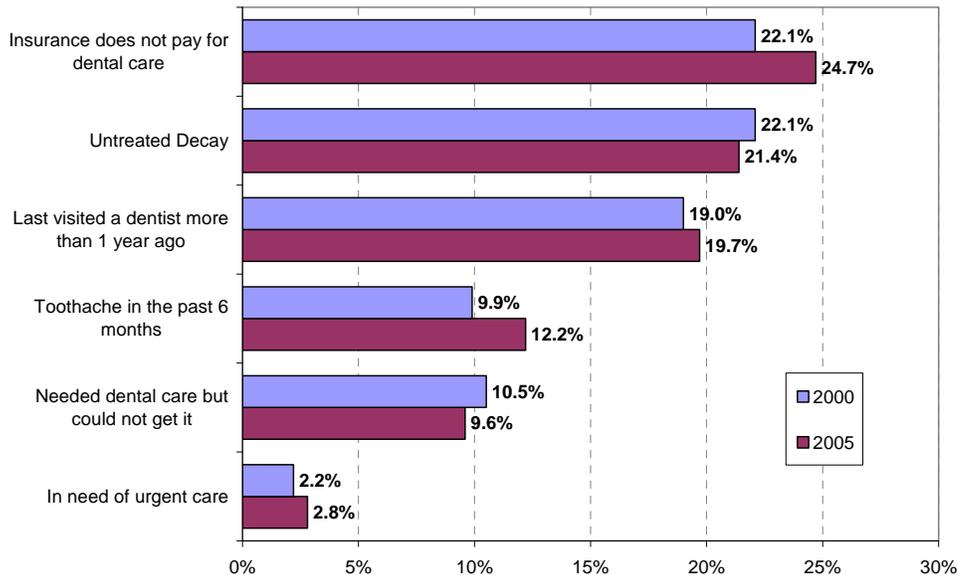
**Proportion of Adults 18 and Over with Non-routine Dental Care  
(Last Dental Visit Was More than 1 Year Ago or Never)**



Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health

- For all four counties, the proportion of adults with non-routine dental coverage increased from 2001 to 2004.
- In 2004, of the four counties, Tooele County had the highest percentage of adults with non-routine dental coverage (30%) while Davis County has the lowest (22%).

**Oral Health of Utah Children Ages 6 to 8, 2005**



Source: Utah Oral Health Survey 2005, Utah Department of Health

- As in 2000, in 2005 about one in five children ages 6 to 8 had obvious untreated decay. In 2005, one in ten children could not obtain dental care when they needed it, slightly down from 11% in 2000.

- From 2000 to 2005, the proportion of children ages 6 to 8 without dental insurance increased from 22% to 25%. The proportion of children with a toothache in the past 6 months, the proportion in need of urgent dental care, and the proportion who had not visited a dentist in the last year also increased.
- In 2005, Hispanic children had higher rates of caries experience, untreated decay, and urgent dental needs than non-Hispanic children.

**Other Data:**

- A 2003 national study reports that 33% of persons 19 to 64 in the West have gone without necessary medical treatment (e.g., did not fill a prescription, skipped a recommended medical test) because of cost (compared to 37% nationally). An even higher proportion (36%, compared to 41% nationally) reported that they had medical bill problems (e.g., they were contacted by a collection agency regarding medical bills) or medical debt.

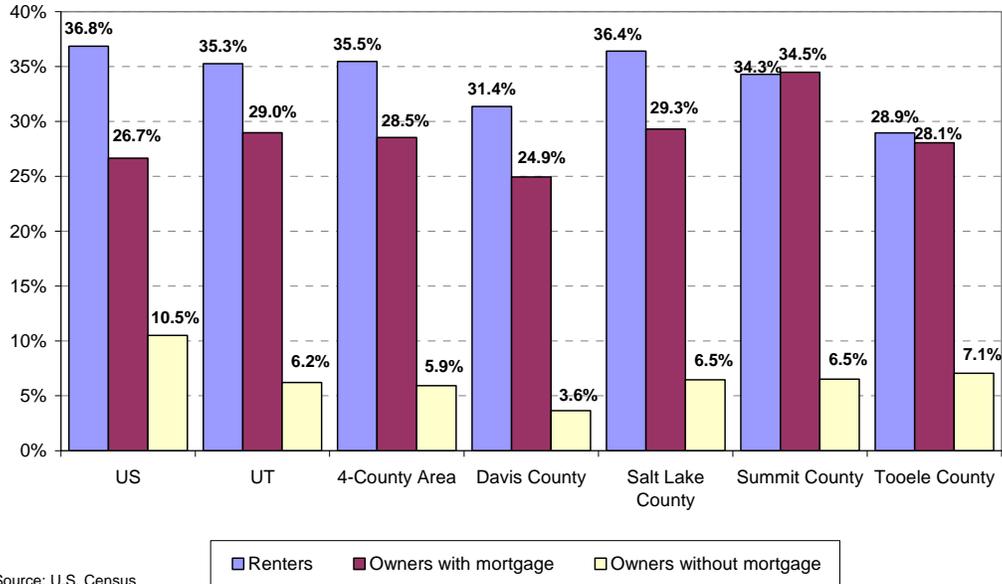
Source: The Commonwealth Fund

- Statewide, the proportion of persons who had a problem accessing health care in the previous year decreased from 18% in 2003 to 16% in 2005. In 2005, 11% of persons in Summit County, 13% of persons in Davis County, 16% of persons in Salt Lake County, and 21% of persons in Tooele County had problems accessing health care in the previous year. For all but Tooele County, the proportion had declined since 2003.

Source: Utah Health Status Survey, Office of Public Health Assessment, Utah Department of Health.

# Lack of Affordable Housing

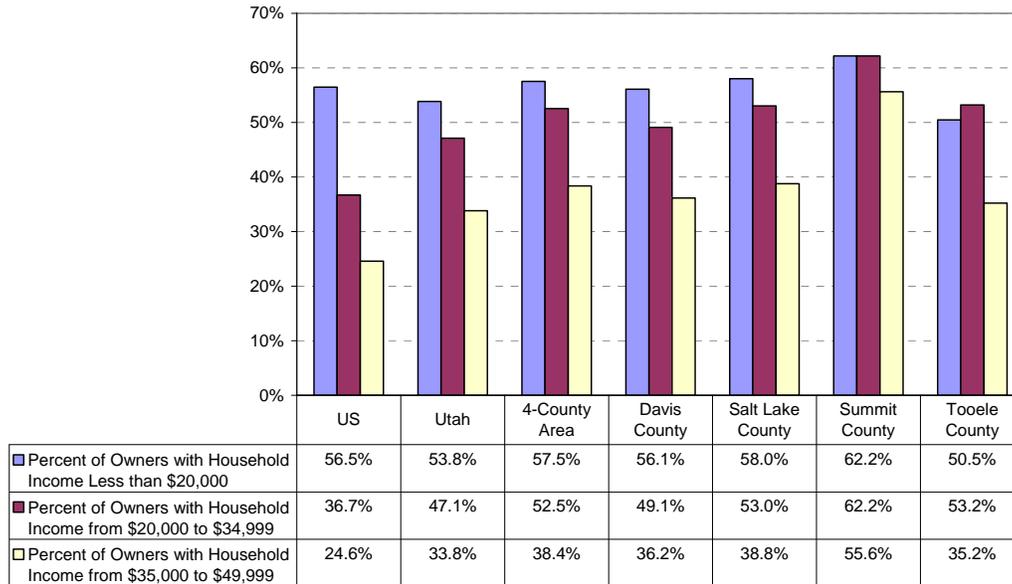
**Owners and Renters with a Housing Cost Burden, 2000**  
 (Census defines a housing cost burden as paying 30 percent or more of income for housing)



Source: U.S. Census

- The proportion of owners with a mortgage with a housing cost burden surpasses the national average for Salt Lake, Summit, and Tooele Counties.
- For Davis, Salt Lake, and Tooele Counties, renters are more likely to have a housing cost burden than home owners. In Summit County, owners with a mortgage and renters are about equally likely to have a housing cost burden.
- For the four-county area, 36% of rental units, 29% of owners with a mortgage, and 6% of owners without a mortgage have a housing cost burden.
- The proportion of renters, owners with a mortgage, and owners without a mortgage increased in Davis and Salt Lake Counties from 2000 to 2005. By 2005, in Salt Lake County, 43% of renters, 36% of owners with a mortgage, and 10% of owners without a mortgage had a housing cost burden.

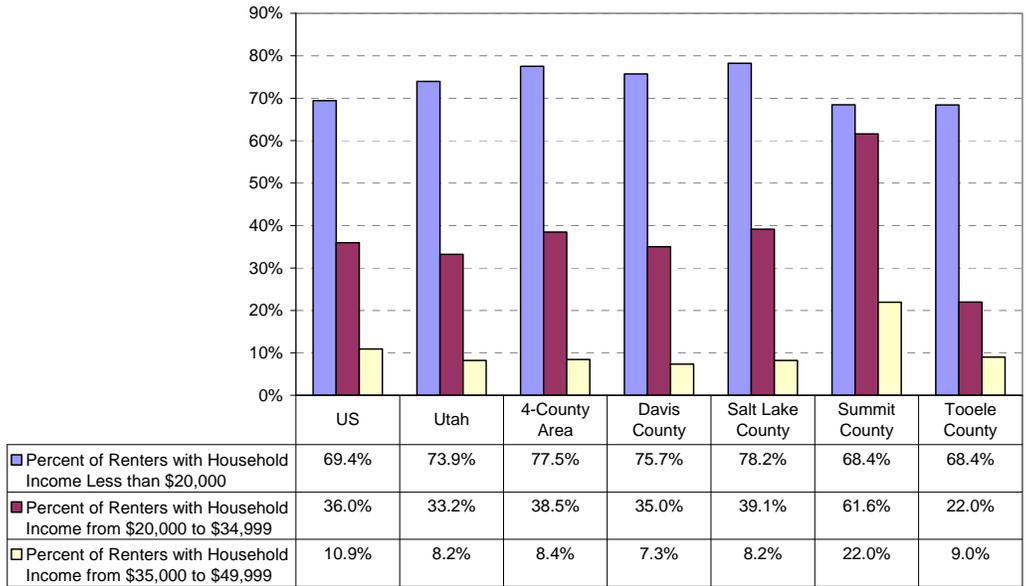
**Percent of Owners with a Housing Cost Burden, by Household Income, 2000**  
 (Census defines a housing cost burden as paying 30 percent or more of income for housing)



Source: U.S. Census

- Over half of owners with household incomes under \$35,000 had a housing burden (housing costs that equal more than 30% of household income) in 2000 in the four-county area.
- For 2000, in the four-county area, 10,068 owners making less than \$20,000, 25,916 owners making less than \$35,000, and 42,029 owners making less than \$50,000 have a housing cost burden.
- For 2000, Summit County has the highest proportion of owners with a housing burden for all three income categories represented.
- The state of Utah and all four counties are well above the national average for the proportion of owners with a housing burden, for owners with incomes from \$20,000 to \$34,999 or from \$35,000 to \$49,999. For owners making less than \$20,000, Salt Lake and Summit Counties surpass the national average for proportion with a housing cost burden, Tooele County is below the national average, and Davis County is about the same as the national average.

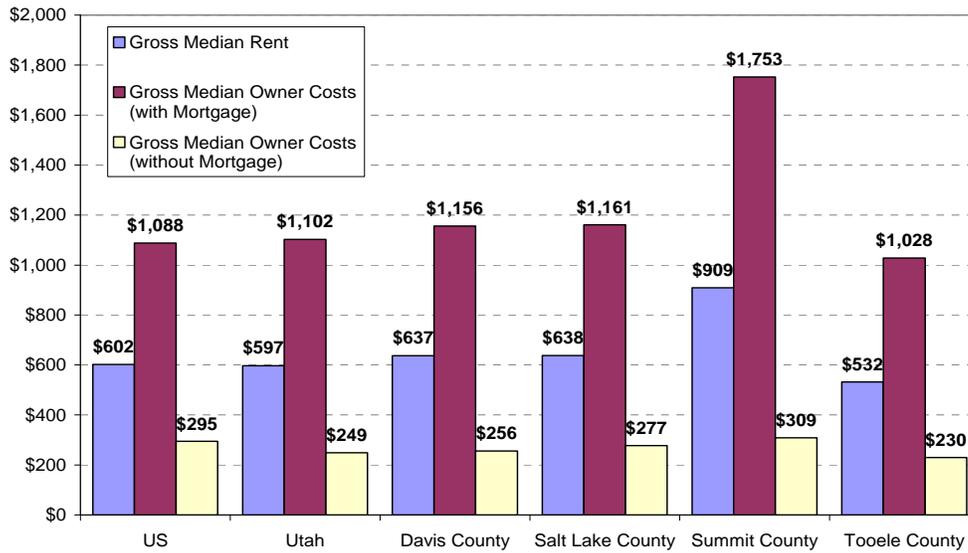
**Percent of Renters with a Housing Cost Burden, by Household Income, 2000**  
 (Census defines a housing cost burden as paying 30 percent or more of income for housing)



Source: U.S. Census

- More than three-fourths of renters with household incomes under \$20,000 had a housing burden (housing costs that equal more than 30% of household income) in 2000 in the four-county area. Only 8% of renters with incomes from \$35,000 to \$49,999 have a housing cost burden.
- For 2000, in the four-county area, 25,247 renters making less than \$20,000, 37,560 renters making less than \$35,000, and 39,415 renters making less than \$50,000 have a housing cost burden.
- For 2000, Salt Lake County has the highest proportion of renters with an income below \$20,000 with a housing burden (78%). Summit County has the highest proportion for incomes from \$20,000 to \$34,999 (62%) and for incomes from \$35,000 to \$49,999 (22%).

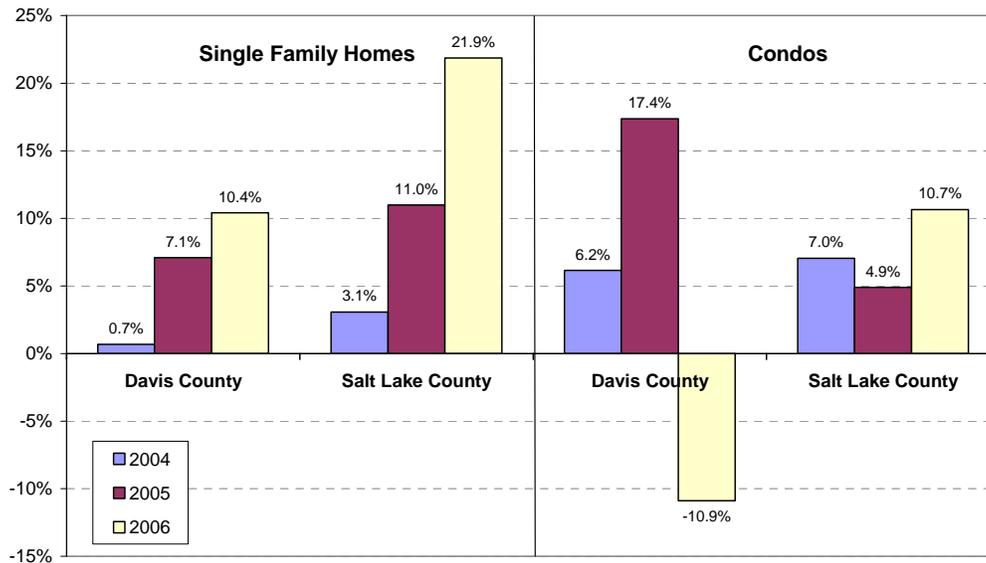
### Gross Median Rent and Owner Costs, 2000



Source: U.S. Census

- Both the gross median rent and the gross median owner costs (with mortgage) for Davis, Salt Lake, and Summit Counties surpass the state and national averages.
- Summit County has the highest housing costs, with gross median owner costs (with mortgage) almost 60% more than the state figure, and gross median rent over 50% more than the state figure.

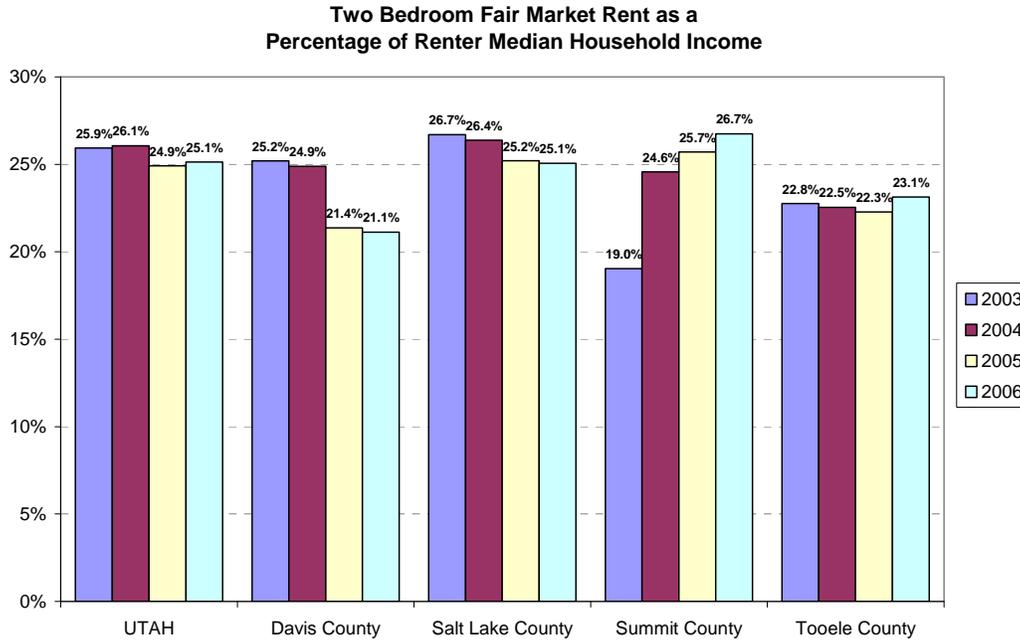
### Percent Change in Single Family Home and Condo Median Sales Prices, 2004-2006



Source: Wasatch Front Regional MLS

- The median sales price for single family homes experienced double-digit growth in Salt Lake County from 2004 to 2005 and from 2005 to 2006. From 2003 to 2006, the median sales price for single family homes increased by nearly 40% in Salt Lake County and by almost 20% in Davis County.

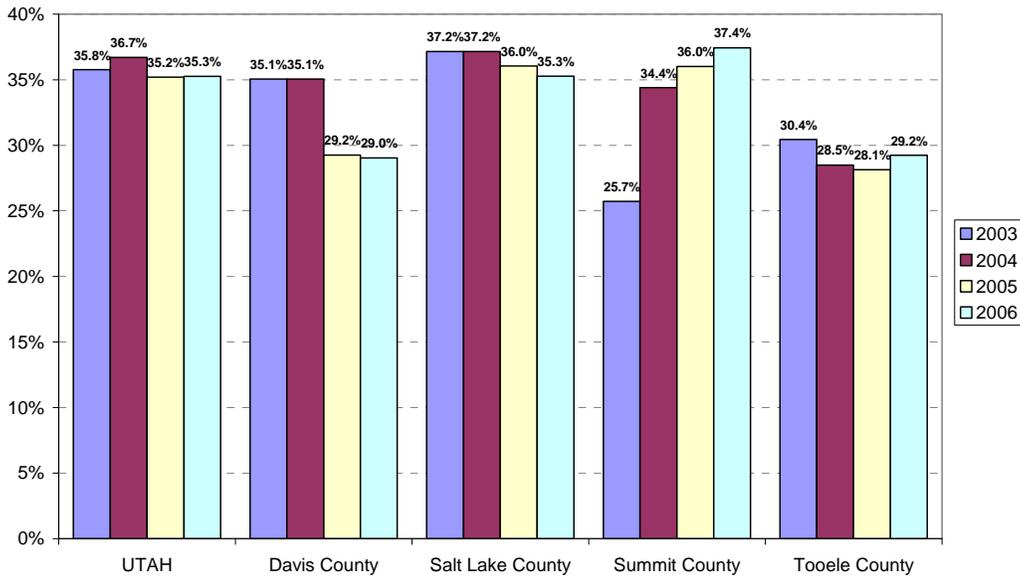
- Condo prices in Davis County fell nearly 11% from 2005 to 2006 after significant growth the previous two years. Condo prices have risen 5% or more for the last three years in Salt Lake County.



Source: National Low Income Housing Coalition

- The percentage of renter median household income spent on rent for two-bedroom units has fallen steadily for Davis and Salt Lake Counties and remained steady for Tooele County since 2003. For Summit County, however, this figure has steadily increased, from 19% in 2003 to 27% in 2006.
- In the four-county area, for 2006, the percentage of renter median household income spent on rent for two-bedroom units was lowest for Davis County (21%), followed by Tooele (23%), Salt Lake (25%) and Summit (27%) Counties.

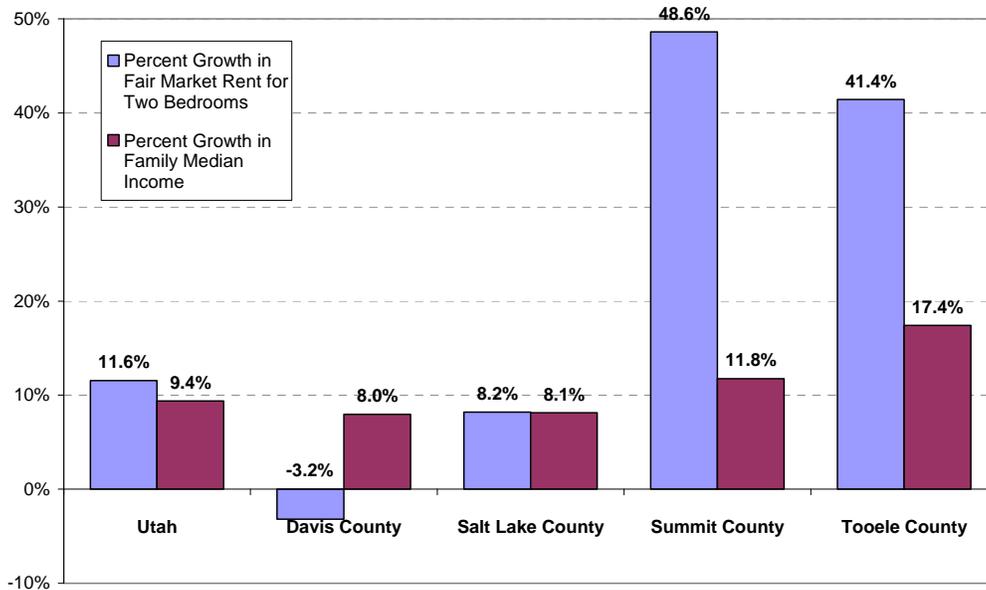
**Three Bedroom Fair Market Rent as a Percentage of Renter Median Household Income**



Source: National Low Income Housing Coalition

- The percentage of renter median household income spent on rent for three-bedroom units has fallen steadily for Davis and Salt Lake Counties and remained relatively steady for Tooele County since 2003. For Summit County, however, this figure has steadily increased, from 26% in 2003 to 37% in 2006.
- In the four-county area, for 2006, the percentage of renter median household income spent on rent for three-bedroom units was lowest for Davis and Tooele Counties (29%), followed by Salt Lake (35%) and Summit (37%) Counties.

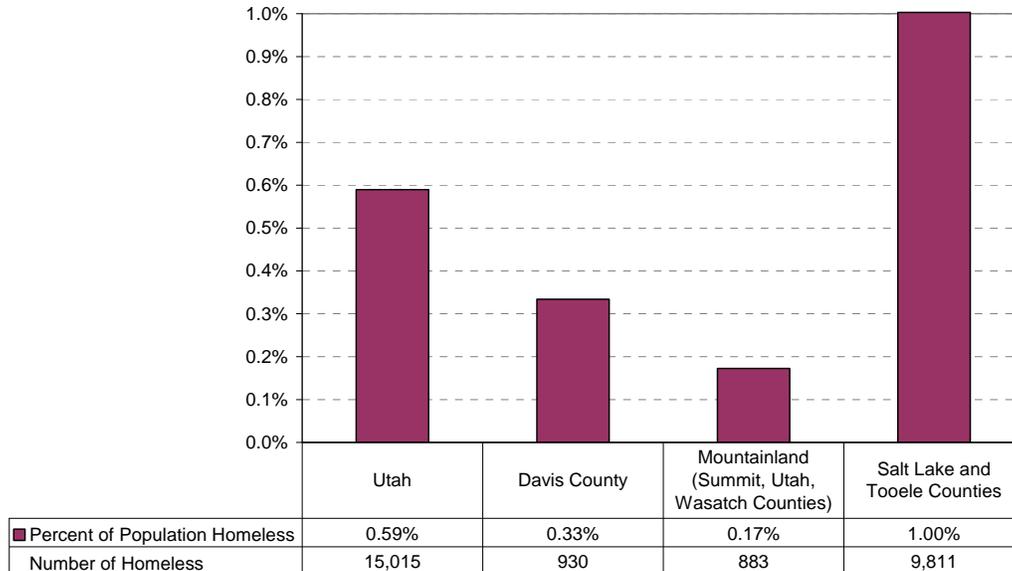
**Percent Growth in Two Bedroom Rent and Family Median Income, 2000-2006**



Source: National Low Income Housing Coalition

- From 2000 to 2006, percent growth in two-bedroom rent outpaced percent growth in family median income in Summit and Tooele Counties, while in Salt Lake County rent and income grew at about the same pace. In Davis County, two-bedroom rent prices fell while family median income increased over the six-year period.
- In Summit and Tooele Counties, two-bedroom rent increased by over 40% from 2000 to 2006, while family median income increased by less than 20%. For Summit County, two-bedroom rent grew more than four times as quickly as family median income.

**Number of Homeless and Percent of Total Population Homeless, Annualized Estimates, 2006**



Source: Salt Lake County Homeless Coordinating Council

- Statewide, about 0.6% of the total population was homeless in 2006. In Salt Lake and Tooele Counties, about 1% of the population was homeless.
- In 2006, statewide there were about 2,000 families with children and nearly 8,000 school children who were homeless (including about 3,000 school children in Salt Lake and Tooele Counties, about 1,100 in Davis County, and about 40 in Summit County). The number of homeless school children is a point-in-time estimate collected by the Utah Department of Education.
- Statewide, in 2006, there were nearly 4,000 people on waiting lists for shelter, including 2,700 persons in Salt Lake and Tooele Counties alone.
- In Salt Lake and Tooele Counties, about 400 persons were unsheltered in 2006. Statewide, over 900 persons were unsheltered.

**Other Data:**

There are significant shortages of low-income housing in the four-county area.

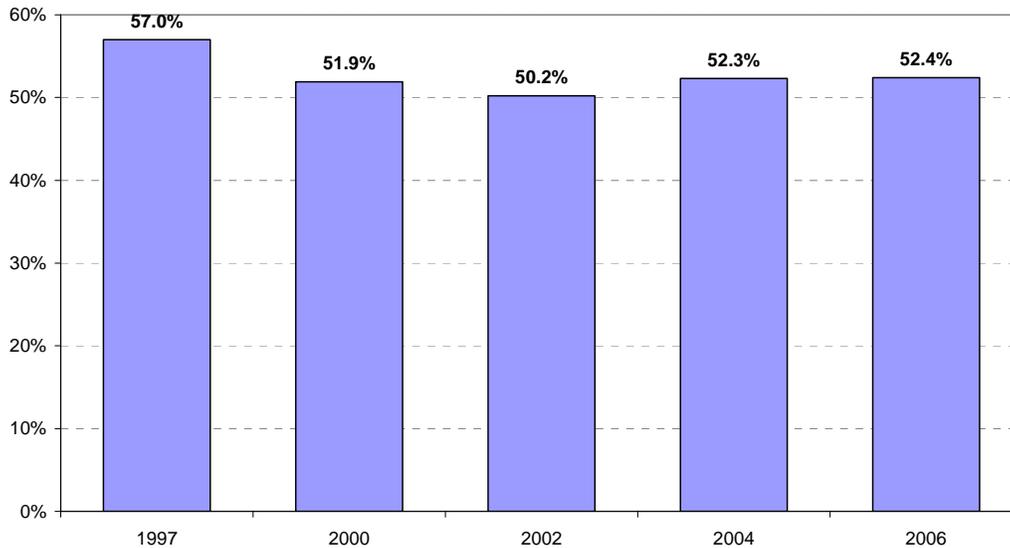
- Salt Lake County reports a 1.5 to 3.5 year wait for section 8 housing, and 1 to 2 years for public housing.
- Davis County reports a 1 to 2.5 year wait (with 800 to 900 persons on the waiting list) for section 8 housing and 6 to 12 month wait (with 120 to 170 persons on the waiting list) for public housing.
- Tooele County reports an indefinite wait for section 8 housing (350 to 400 person waiting list), unless the applicant has preference because of some condition (disabled, elderly, attending school, etc.). They report an indefinite wait (as many as 150 persons) for

public housing, since they only have 22 such units total and a very low turnover (1 to 2 units per year).  
Source: Housing Authorities of Salt Lake, Davis, and Tooele Counties.

# Lack of Life Skills

## Financial Literacy

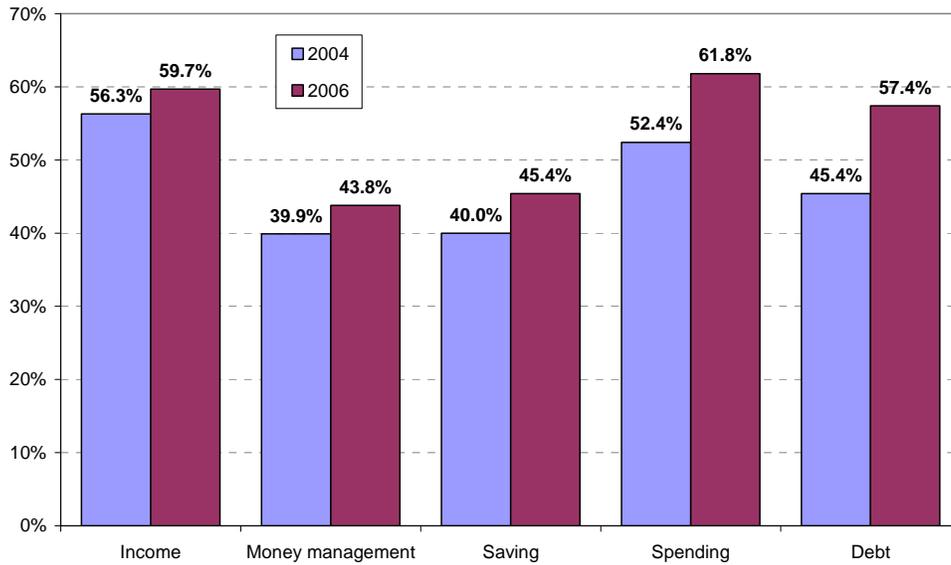
Financial Literacy Survey: Percent of Questions Answered Correctly by 12th Graders, US



Source: Jump\$tart Coalition for Personal Financial Literacy

- Nationwide, from 1997 to 2006, 12<sup>th</sup> graders have answered only 50 to 60% of financial literacy questions correctly. Scores fell from 57% in 1997 to a low of 50% in 2002. Since 2002, scores have increased marginally to 52% in 2006.
- Nationwide, white students answer more questions correctly than any minority group. Also, scores rise with parental income levels and parents' educational attainment, with high-income college graduates' children answering the highest percentage of questions correctly.

**Financial Literacy Survey of Utah 12th Graders: Percent of Questions Answered Correctly by Subject**

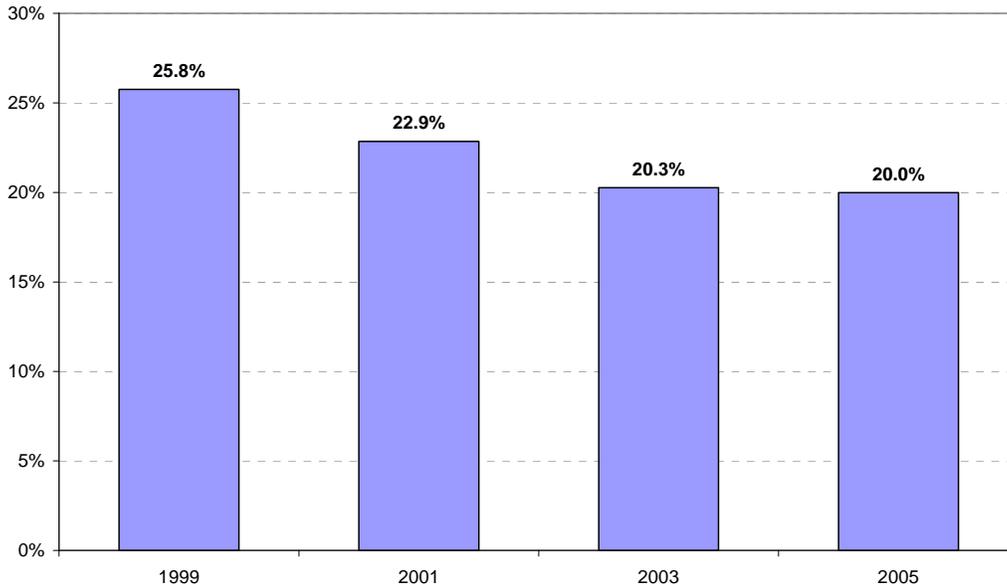


Source: Jump\$tart Coalition for Personal Financial Literacy

- On a financial literacy survey, Utah 12<sup>th</sup> graders improved their performance in all five subject areas from 2004 to 2006. Students answered 12% more questions about debt correctly in 2006 than in 2004. Nationwide, 12<sup>th</sup> graders improved in every subject area except income.
- In 2004, Utah 12<sup>th</sup> graders scored below the national average (in terms of percent of questions answered correctly) across all subject areas. In 2006, Utah 12<sup>th</sup> graders answered more questions correctly than students nationally in four of the five subject areas (all subjects but Money Management).
- Utah Whites perform significantly better than Utah Hispanics, Blacks, or Asians.

### **Physical Activity and Nutrition**

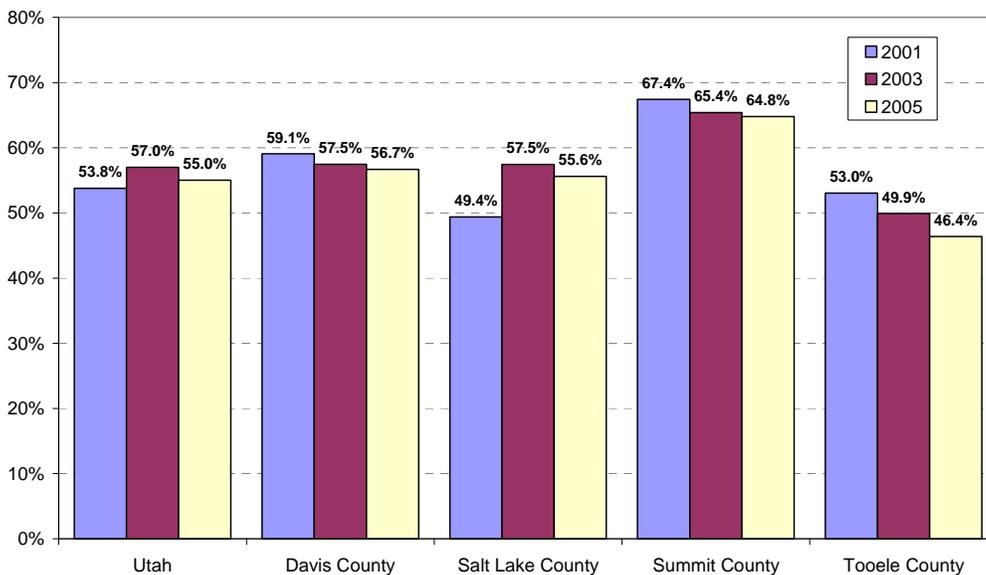
**Percent of Utah High School Students Eating  
5 or More Servings of Fruits or Vegetables per Day**



Source: Utah Youth Risk Behavior Surveillance System, Utah State Office of Education

- From 1999 to 2005, the percentage of high school students eating five or more servings of produce each day declined steadily from 26% to 20%.
- From 2000 to 2005, the percentage of adults eating five or more servings of produce each day increased in all four counties except Tooele County. In 2005, 18% of Tooele County adults, 21% of Davis County adults, 23% of Salt Lake County adults, and 31% of Summit County adults reported eating five or more servings of produce each day. (Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health.)

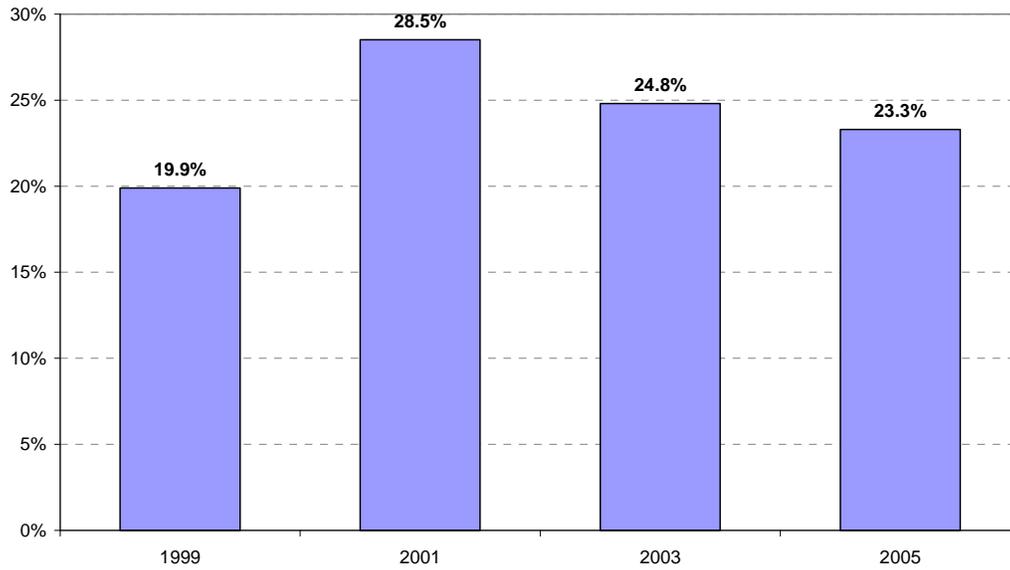
**Percent of Adults Getting Recommended Physical Activity**



Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health

- In Davis, Summit, and Tooele Counties, the percent of adults getting the recommended amount of physical activity decreased from 2001 to 2005.
- In 2005, Summit County had the highest proportion of adults getting the recommended amount of physical activity (65%), while Tooele County had the lowest (46%).
- In 2005, statewide about 19% of adults reported no physical activity during their leisure time for the entire previous month. Of the four counties, Tooele County reported the highest proportion of adults getting no physical activity within a month (26%), while Summit County reported the lowest (13%).

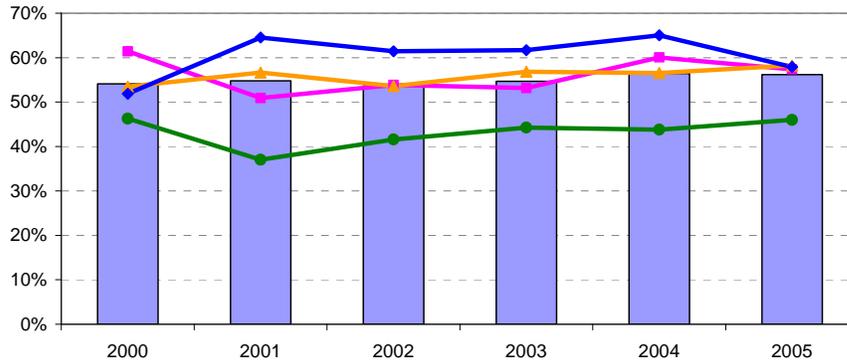
**Percent of Utah High School Students Who Engaged in Insufficient Physical Activity in the Past Week**



Source: Utah Youth Risk Behavior Surveillance System, Utah State Office of Education

- Statewide, the percentage of high school students who reported insufficient physical activity declined from a high of 29% in 2001 down to 23% in 2005.

**Proportion of Persons 18 and Over  
Who Are Overweight or Obese (BMI 25 or over)**



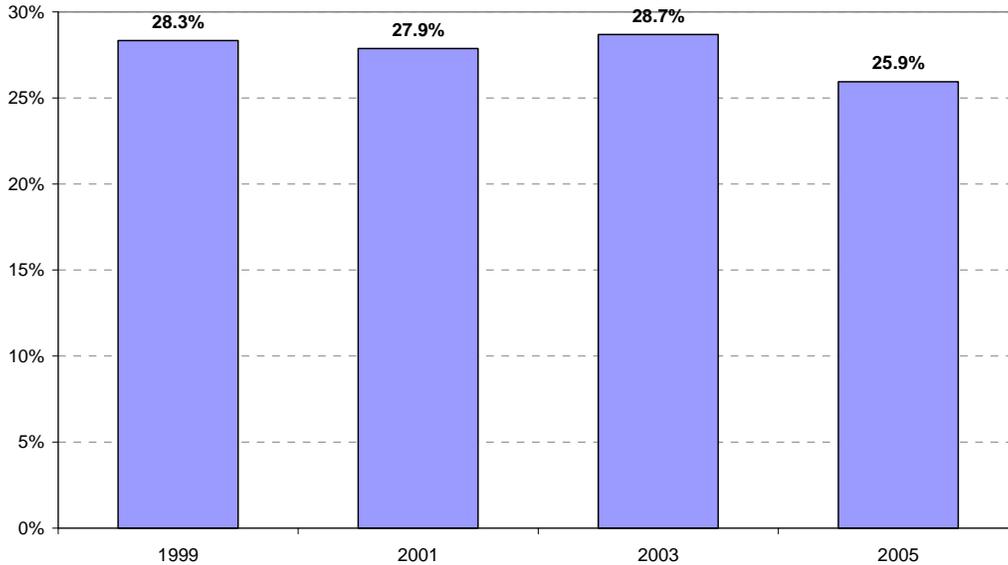
	2000	2001	2002	2003	2004	2005
Utah	54.1%	54.8%	53.7%	54.7%	56.4%	56.2%
Davis County	61.4%	50.9%	53.9%	53.2%	60.1%	57.4%
Salt Lake County	53.5%	56.7%	53.6%	56.9%	56.6%	58.2%
Summit County	46.3%	37.0%	41.6%	44.3%	43.8%	46.0%
Tooele County	51.9%	64.5%	61.5%	61.7%	65.0%	57.9%

Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health

- From 2000 to 2006, the proportion of adults who are overweight or obese increased in Salt Lake County, Tooele County, and statewide. The proportion decreased in Davis County and remained the same in Summit County during the same period.
- In 2005, Davis, Salt Lake, and Tooele Counties all had similar proportions of overweight and obese adults (57 or 58%). The proportion of overweight and obese adults in Summit County in 2005 (46%) was more than 10% below the proportion statewide and in the other three counties.
- Statewide, in 2005 more than 19% of adults were obese (BMI of 30 or more). Of the four counties, Tooele County had the highest proportion of obese adults (22%) in 2005, and Summit County had the lowest (10%).
- In 2005, about 6% of Utah high school students reported being overweight, down from 7% in 2003. (Source: Utah Youth Risk Behavior Surveillance System, Utah State Office of Education.)

## Anger Management

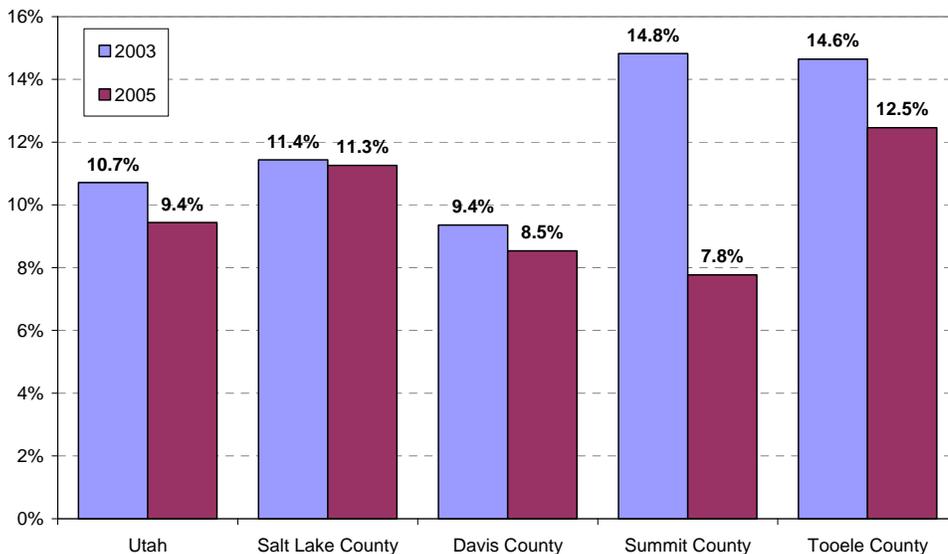
**Percent of Utah High School Students Involved in a Physical Fight During the Previous Year**



Source: Utah Youth Risk Behavior Surveillance System, Utah State Office of Education

- Statewide, the percentage of students involved in a physical fight during the previous year declined slightly (28 to 26%) from 1999 to 2006.

**Percent of Young People (Grades 6, 8, 10, and 12) Who Have Attacked Someone with the Idea of Seriously Hurting Them in the Past Year**

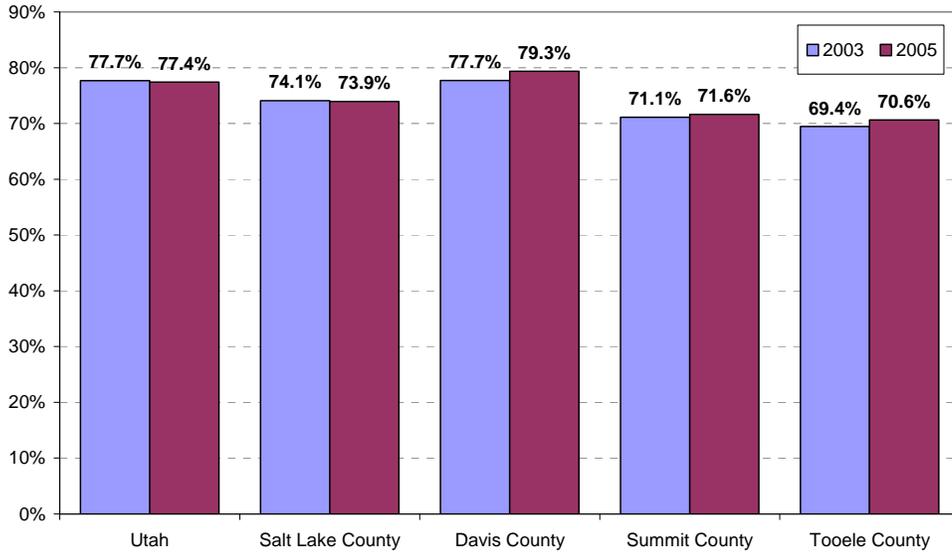


Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- The percentage of middle and high school students who have attacked someone in order to hurt them in the previous year decreased in all four counties from 2003 to 2005.
- In 2005, for the four counties, the percentage was lowest for Summit County (8%) and highest for Tooele County (13%), with a statewide average of 9%.

**Social Skills**

**Percent of Young People (Grades 6, 8, 10, and 12) Who Are Socially Competent and Who Engage in Positive Interpersonal Relations with Peers**



Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Based on student responses to a number of questions about social interactions, the percentage of middle and high school students who are socially competent and who engage in positive interpersonal relations with peers stayed about the same from 2003 to 2005 for all four counties.
- In 2005, for the four counties, the percentage is highest for Davis County (79%) and lowest for Tooele County (71%), with a statewide average of 77%.

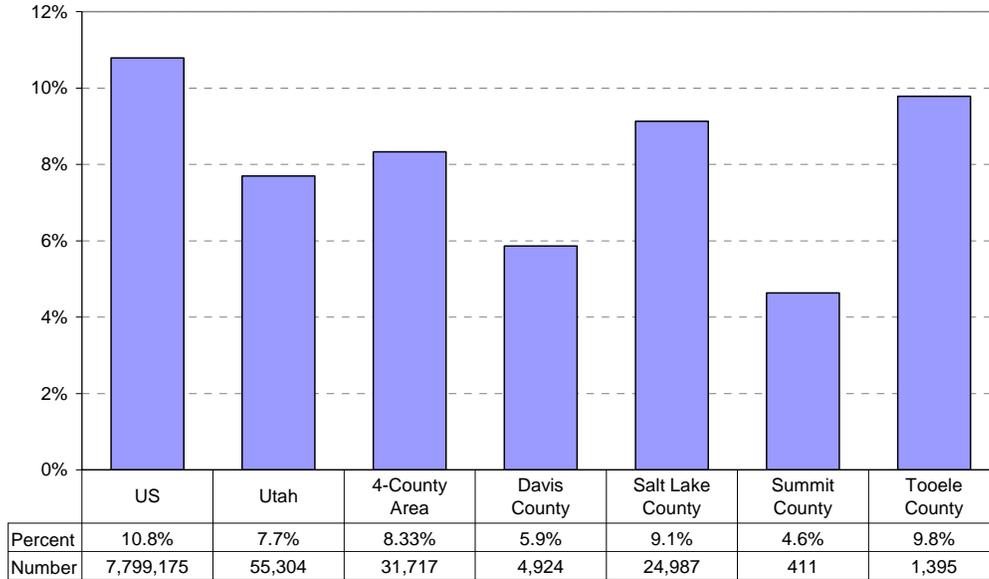
**Other Data:**

- In January 2006, the Utah State Office of Education published a K-12 Life Skills curriculum. The guide “to knowledge, skills, and dispositions for success” discusses seven domains: thinking and reasoning, social and civic responsibility, character, aesthetics, communication, system skills, and employability. The framework is not intended to establish a curriculum for a specific set of courses, but rather to support and influence instruction in all content areas, as well as guide character and ethics development.

Source: Utah State Office of Education

# Lack of Parenting Skills

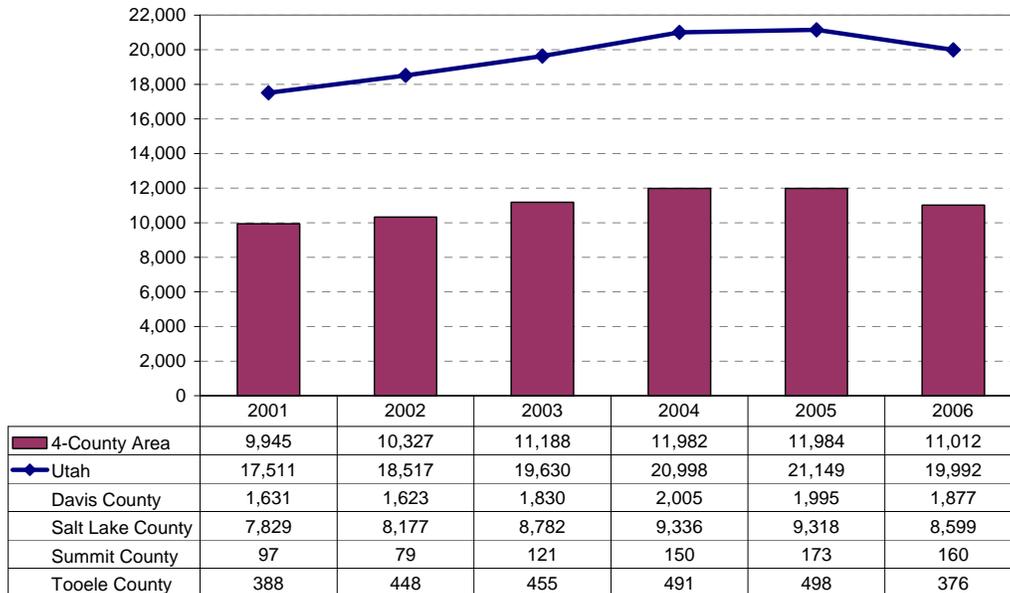
Percent and Number of Children Not Living with Parents, 2000



Source: U.S. Census

- The percent of children not living with parents is lower than the national average for all four counties and statewide. Of the four counties, Tooele County has the highest percentage of children not living with parents (10%) while Summit County has the lowest (5%).
- From 2000 to 2005, the percent of children not living with parents increased slightly for both the US (from 10.8% to 11.2%) and the state of Utah (from 7.7% to 8.0%).

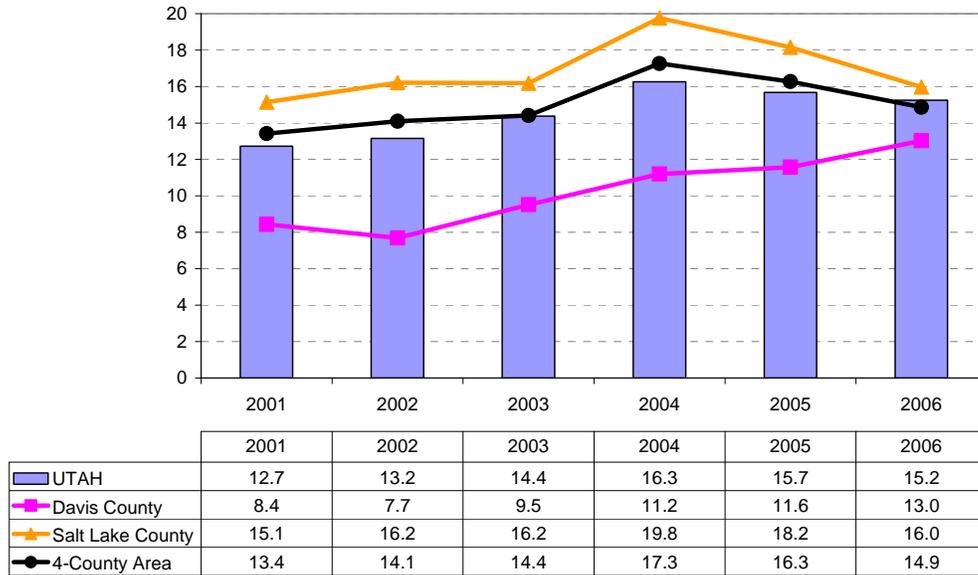
Number of Child Protective Services Cases



Source: Utah Department of Child Protective Services

- The number of child protective services cases in the four-county area increased by 11% from 2001 to 2006. During the same period, the child population in the four-county area increased by about 7%.

**Child Abuse Victim Rate (per 1,000 Children 0-17)**



Source: Utah Department of Child and Family Services; Population Estimates from Utah Governor's Office of Planning and Budget

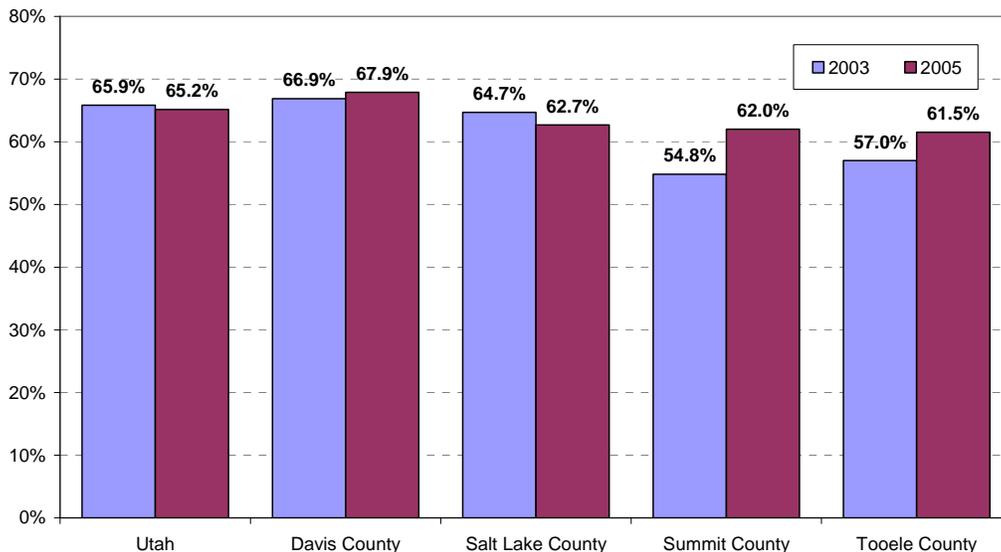
**Number of Child Abuse Victims**

	2001	2002	2003	2004	2005	2006
Utah	9,316	9,772	10,874	12,547	12,363	12,269
4-County Area	5,181	5,489	5,689	6,920	6,643	6,164
Davis County	713	660	828	991	1,044	1,192
Salt Lake County	4,199	4,514	4,560	5,651	5,278	4,717
Summit County	40	41	72	95	85	105
Tooele County	229	274	229	183	236	150

Source: Utah Department of Child and Family Services

- Statewide, the child abuse victim rate (number of child abuse victims per 1,000 children aged 0-17) increased from 12.7 in 2001 to 15.2 in 2006. However, the rate has declined from 2004 to 2006 for the state of Utah and the four-county area. In contrast, the rate in Davis County has steadily increased every year since 2002.
- Salt Lake County continues to have a higher child victim abuse rate than Davis County, although the gap is narrowing.

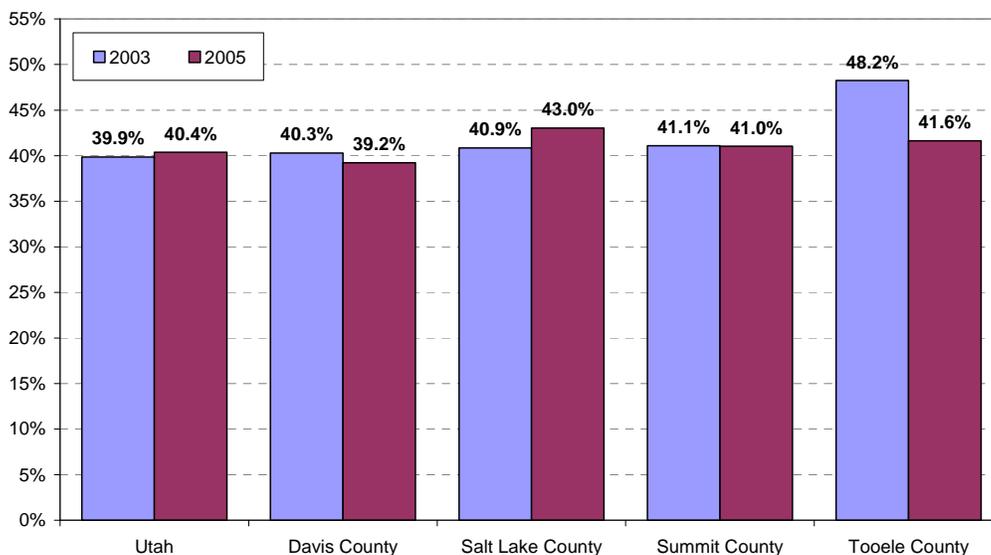
**Percent of Young People (Grades 6, 8, 10, and 12)  
Who Feel that They Are a Valued Part of the Family**



Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Based on student responses to a number of questions regarding their families, in 2005, over one-third of Utah middle and high school students did not feel that they were a valued part of their families.
- In Davis, Summit, and Tooele Counties, the percentage of middle and high school students who felt that they were a valued part of their family increased from 2003 to 2005. For Salt Lake County, the percentage decreased.

**Percent of Young People (Grades 6, 8, 10, and 12)  
Who Are in a High-Conflict Family**



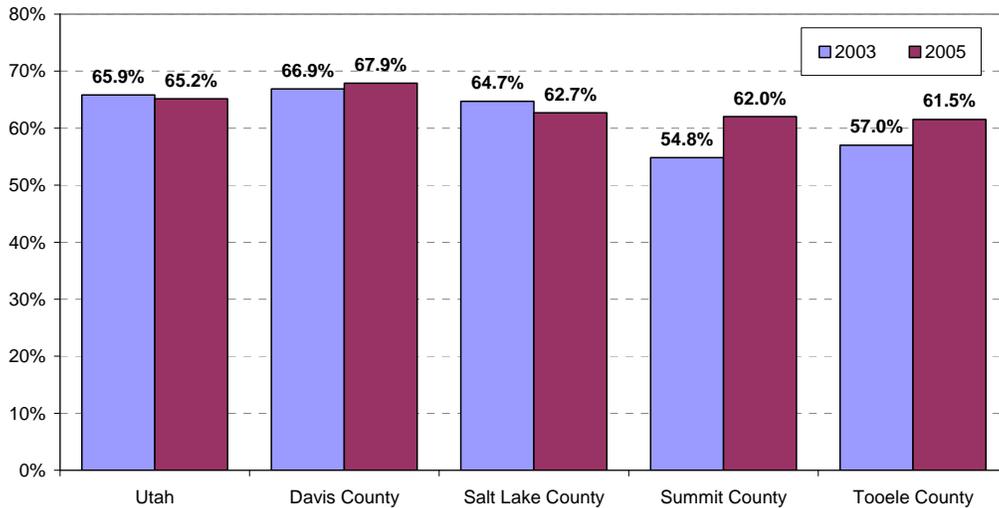
Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Based on student responses to a number of questions regarding their families, in 2005, about 40% of middle and high school students in Utah were living in a family with a high

level of conflict. Of the four counties, Salt Lake County had the highest percentage of students living in high-conflict families (43%) and Davis County had the lowest (39%).

- From 2003 to 2005, the percentage of students living in a high-conflict family decreased in Davis and Tooele Counties, increased for Salt Lake County, and stayed about the same for Summit County.

**Percent of Young People (Grades 6, 8, 10, and 12)  
Subject to Poor Family Management**



Note: Poor family management refers to parents that use inconsistent and/or unusually severe punishments; that fail to provide clear expectations; and that fail to monitor childrens' behavior.

Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Based on student responses to a number of questions regarding their families, in 2005, about 65% of middle and high school students lived in families in which the parents had poor family management skills. Of the four counties, Davis County had the largest percentage of students subject to poor family management (68%), while Tooele County had the lowest percentage (62%).
- From 2003 to 2005, the percentage of students subject to poor family management increased for Davis, Summit, and Tooele Counties, while the percentage decreased for Salt Lake County.

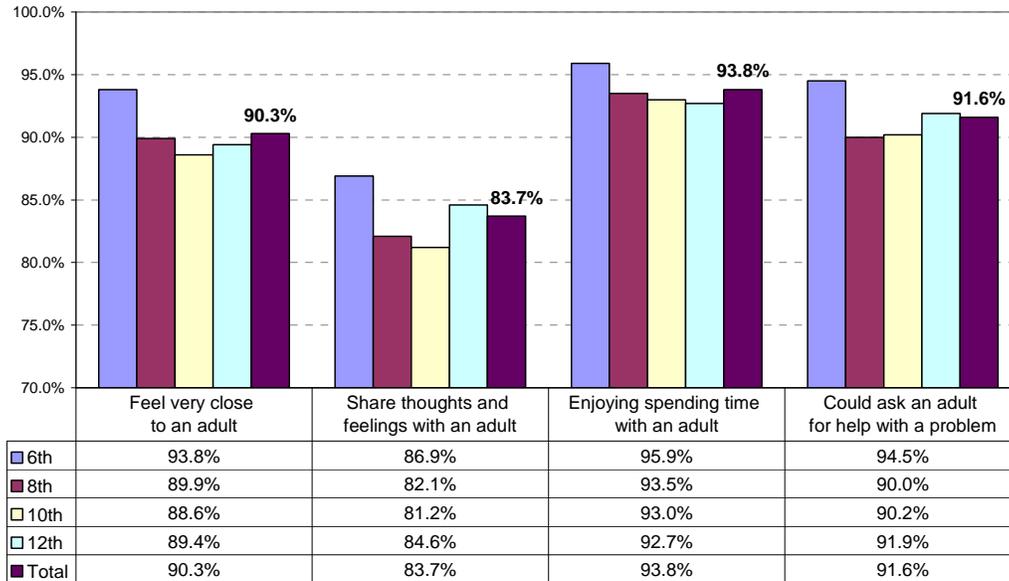
**Other Data:**

- Of the supported cases of child abuse and neglect, the most common types of allegation involve domestic violence (31%) and sexual abuse (27%).
- According to the Division of Child and Family Services' website, over 2,300 children are currently in foster care.

Source: Utah Division of Child and Family Services

## Lack of Positive Role Models

Utah Student Bonding with Adults in Their Lives  
(Parent, Relative, Teacher, or Neighbor), 2005

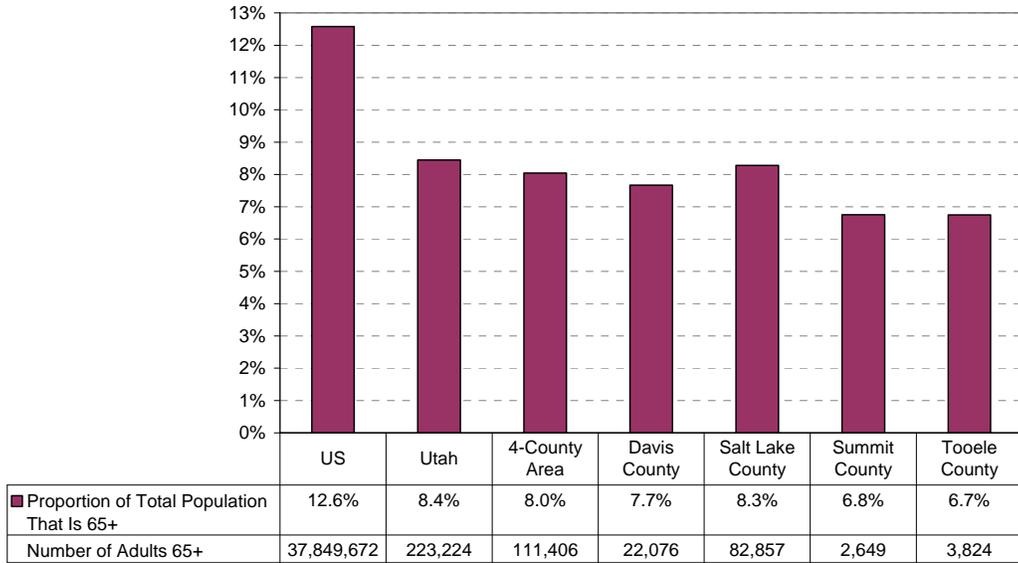


Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Statewide, the great majority of students feel bonded to adults in their lives.
- Of the grade levels represented, sixth grade students are most likely to feel very close to an adult (94% report being very close to an adult), while tenth grade students are the least likely (89% report being very close to an adult).

# Lack of Services for Elderly

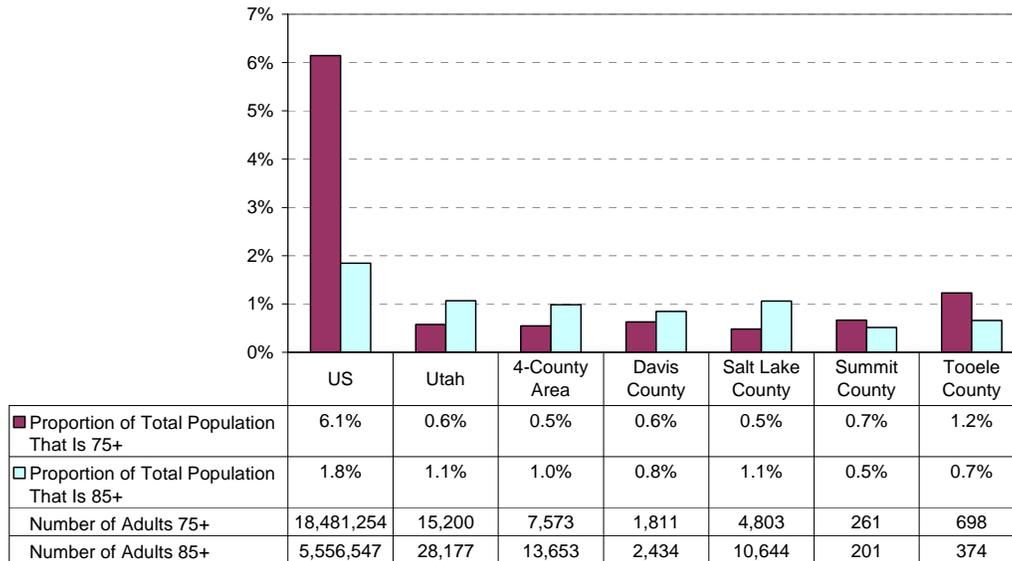
**Number of Adults 65 and Older and Proportion of Total Population That is 65 and Older, 2007**



Source: Utah Governor's Office of Planning and Budget

- The proportion of adults 65 and older for all four counties and the state of Utah is well below the national average (13%). In 2007, of the four counties, Salt Lake County had the highest proportion of adults 65 and older (8%) while Tooele County had the lowest (7%).
- The proportion of adults 65 and older is projected to increase by 165% by 2030 (compared to 2000).
- Utah has the sixth most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is mainly due to increased longevity and baby boomers reaching retirement age.

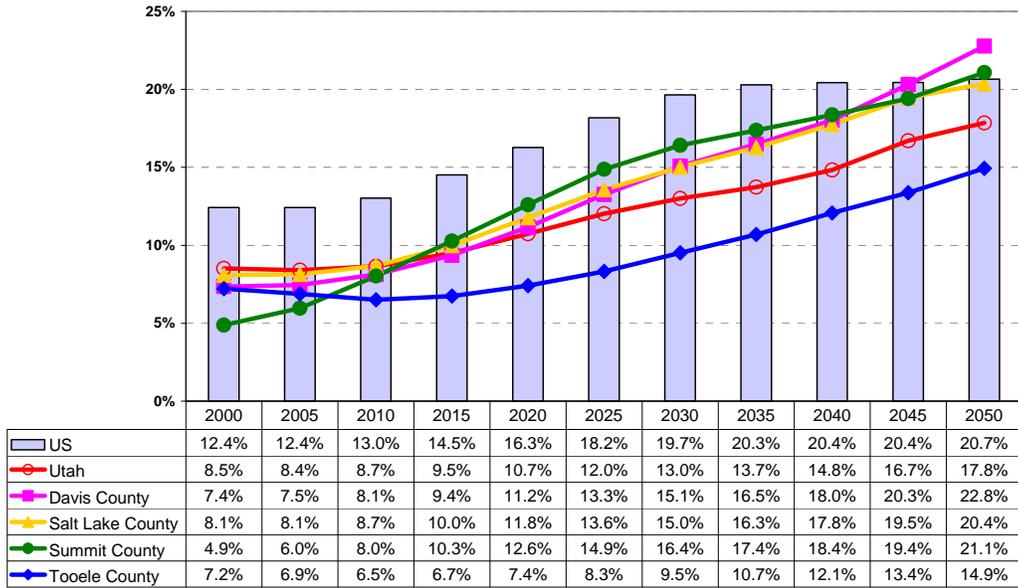
**Number of Elderly (75 and Older, and 85 and Older) and Proportion of Total Population That is Elderly, 2007**



Source: Utah Governor's Office of Planning and Budget

- Nationwide, about 6% of the population is 75 or older, while in all four counties and the state of Utah 1% or less of the population is 75 or older. Of the four counties, Tooele County has the highest proportion of persons 75 or older (1.2%) and Salt Lake County has the lowest (0.5%).
- Nationwide, about 2% of the population is 85 or older, while in all four counties and the state of Utah 1% or less of the population is 75 or older. Of the four counties, Salt Lake County has the highest proportion of persons 85 or older (1.1%) and Summit County has the lowest (0.5%).
- The 85 and older population is projected to increase by 123% between 2000 and 2030.

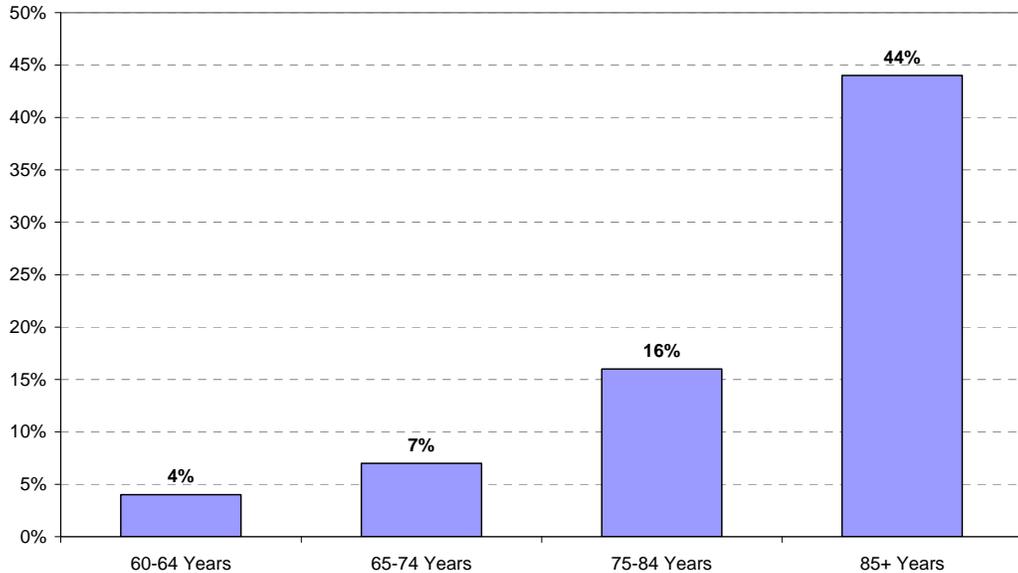
### Percent of Total Population That Is 65 and Older



Source: Utah Governor's Office of Planning and Budget

- Although Utah currently has a very young population, Utah's elderly population is growing at a faster rate than in the rest of the nation, meaning that Utah is catching up to the national average in terms of the proportion of the total population that is 65 or older.
- By 2020, Davis, Salt Lake, and Summit Counties will all have populations more than 10 percent 65 and older.
- By 2050, the proportion of elderly in Davis and Salt Lake Counties will surpass the national average.

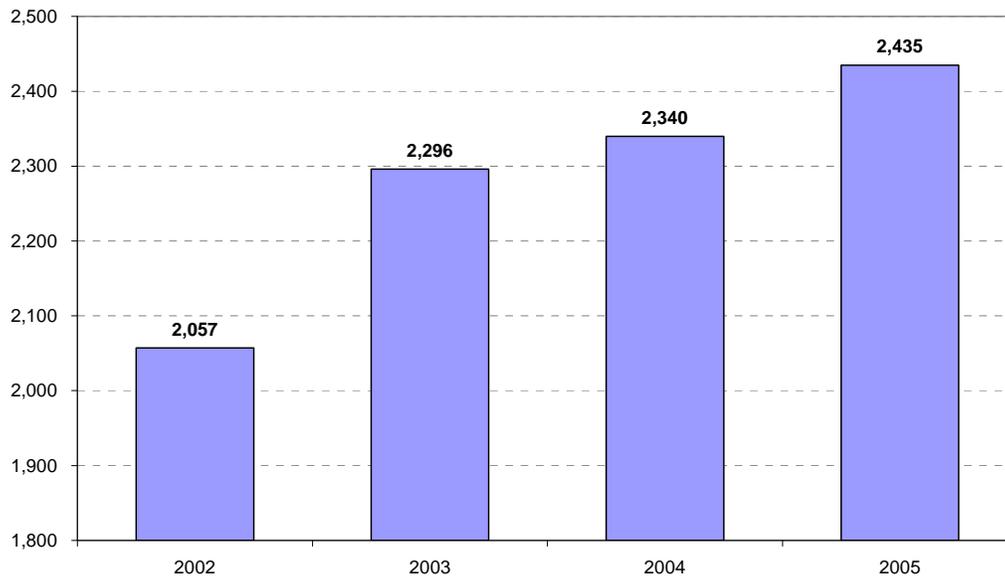
### Percentage of Seniors Who Need Help With Everyday Activities



Source: Salt Lake County Aging Services

- The growth in the oldest age groups is of the greatest concern to Aging Services because this age group experiences the highest incidence of disabilities that require assistance in order to remain independent. Close to half of persons 85 and older require help with daily activities.
- Salt Lake County Aging Services estimates that in Salt Lake County there are almost 19,000 people 60 and older with a functional impairment that restricts their ability to maintain their own home. While most of this population is receiving adequate assistance from family, community, or government programs, about 11% (or 2,100 of the 19,000 persons needing assistance) remain with an unmet need for in-home services.

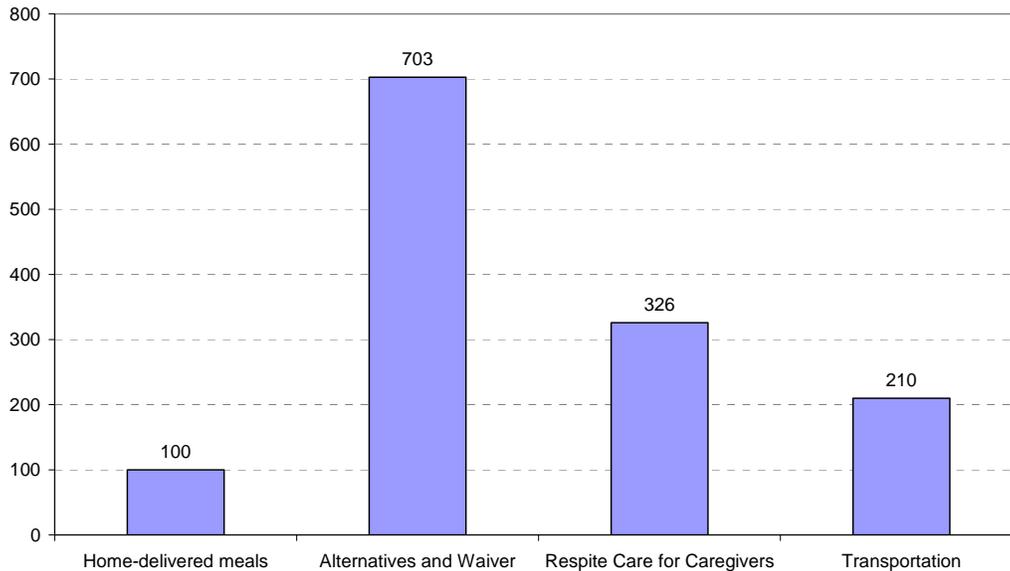
**Number of Adult Protective Services Investigations FY 2002 - FY 2005, Utah**



Source: Utah State Division of Aging and Adult Services

- Between 2002 and 2005, the number of adult protective services investigations increased 18% from 2,057 investigations to 2,435 investigations.
- The funding for this program has not been increased at the state level since 1993, despite a 358% increase in the number of complaints received.

**Number of People on Waiting Lists for Utah Aging Services, 2007**



Source: Salt Lake County Aging Services

- Aging Services estimates that although there are 210 seniors on transportation waiting lists, another 3,408 who have requested service live in the underserved and unserved areas of our state. In addition, 27 of the vehicles have high mileage and need to be replaced. The dramatic increase in fuel costs over the last several years has reduced the capacity for transportation services.
- Waiting lists do not reflect the total unmet needs of Utah's seniors. For example, the Mountainland Department of Aging and Family Services (which serves Summit, Utah, and Wasatch Counties) reports that there are currently 40 seniors on its waiting list for home delivered meals, but that a total of 500 to 1200 seniors may need this service based on needs assessments and recent state surveys of the elderly population.
- Mountainland Department of Aging and Family Services reports needing an additional \$1.7 million in funding to meet the needs of the seniors on their waiting lists (representing a 63% increase over their current budget), with the more than three-fourths of the additional funds needed to provide transportation services.

Additional source for information in bullets: Mountainland Department of Aging and Family Services

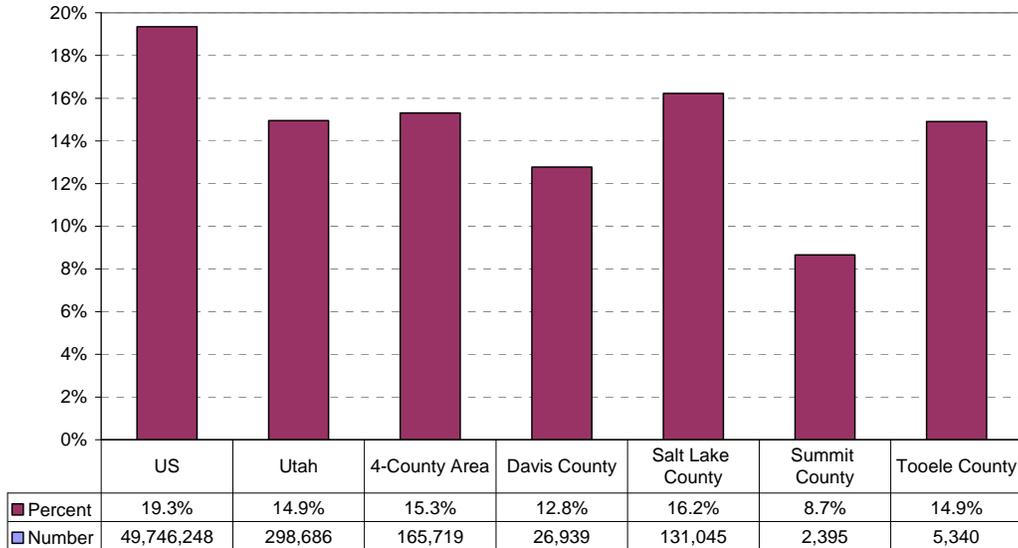
**Other Data:**

- In its 2005 annual report, the Utah State Division of Aging and Adult Services identified transportation, home and community-based services, preventive health services, and caregiver needs as the top priorities for addressing the growing needs of the senior citizen population.

Source: Utah State Division of Aging and Adult Services

# Lack of Support for People with Disabilities

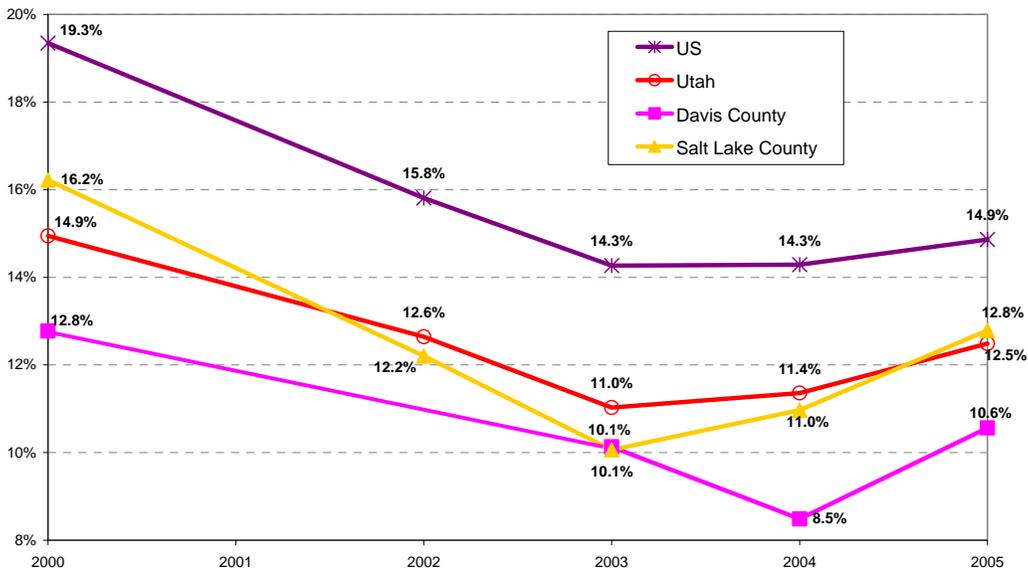
Percent of Total Population (5 and Above) and Number of Persons with a Disability, 2000



Source: U.S. Census

- The percent of the population above age 5 with a disability is below the national average for all four counties and for the state of Utah. Of the four counties, Salt Lake County has the highest proportion of disabled persons (16.2%), while Summit County has the lowest (8.7%).

Proportion of the Total Population (5 Years and Over) with a Disability

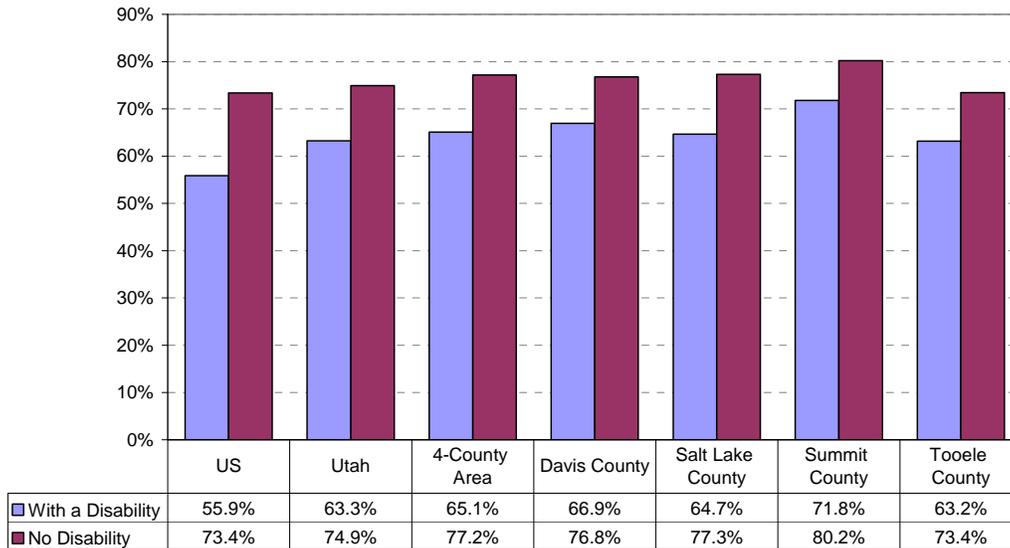


Source: U.S. Census, American Community Survey

- For Salt Lake County, the state of Utah, and the US, the proportion of disabled persons trended downwards from 2000 to 2003, but increased from 2003 to 2005.

- As in 2000, for 2005 the proportion of disabled persons in Davis County, Salt Lake County, and statewide was below the national average, with Salt Lake County slightly above the statewide average.

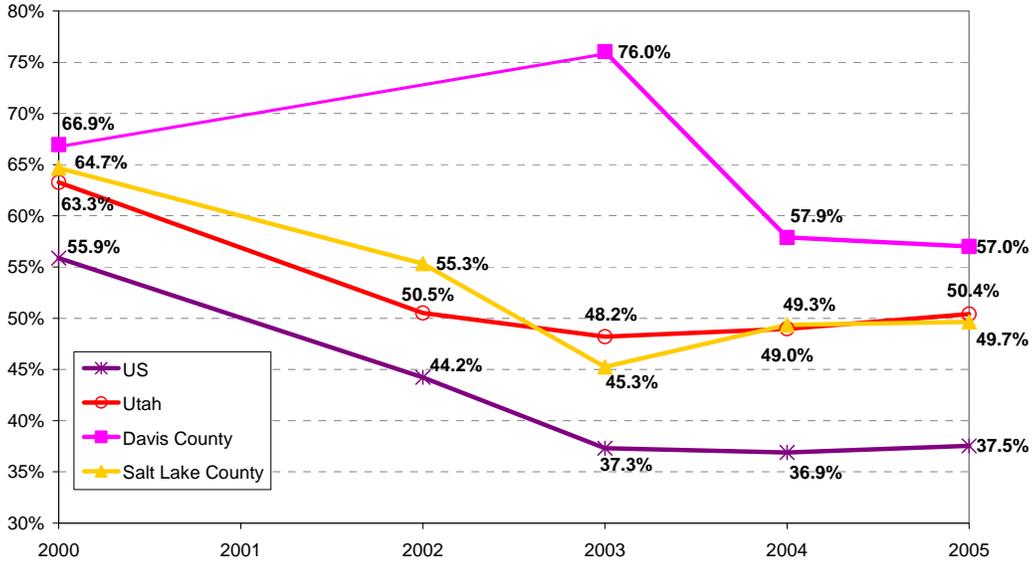
**Percent of Adults (16-64) with and without a Disability Who Are Employed, 2000**



Source: U.S. Census

- Of the four counties, Summit County has the highest rate of employment for both adults with a disability (72%) and adults without a disability (80%), while Tooele County has the lowest rates of employment for both groups.
- The gap in employment rates between adults with and without a disability is 12% statewide and 18% nationally. For the four counties, the gap ranges from 8% (for Summit County) to 13% in Salt Lake County.

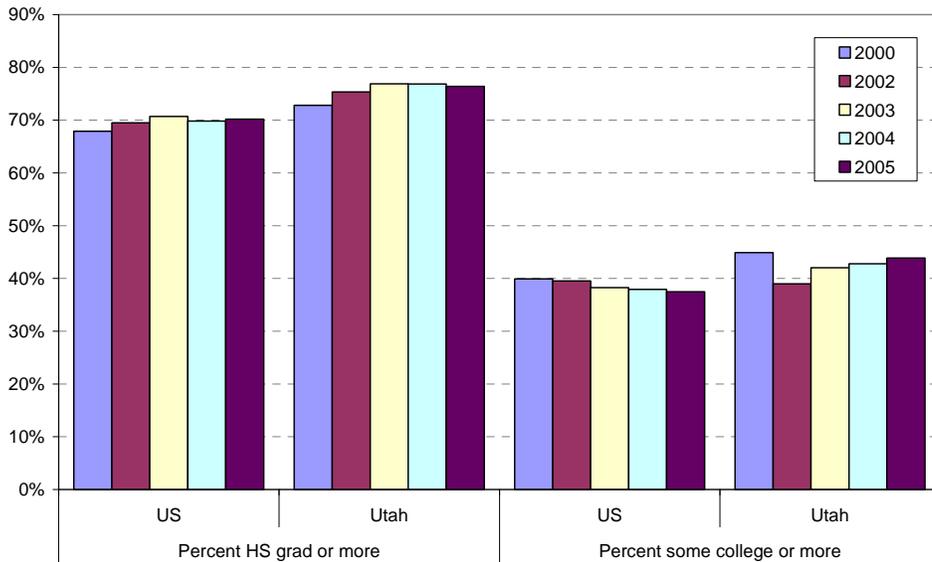
### Percent of Adults (16-64) with a Disability Who Are Employed



Source: U.S. Census, American Community Survey

- The percentage of adults with a disability who are employed dropped from 2000 to 2005 for Davis County, Salt Lake County, the state of Utah, and the nation.
- Statewide, the rate of employment for disabled adults increased from 2003 to 2005. In 2005, the Utah rate of employment for disabled persons (50%) was nearly 13 percentage points higher than the US rate (38%).

### Educational Attainment of Adults 18-34 with a Disability

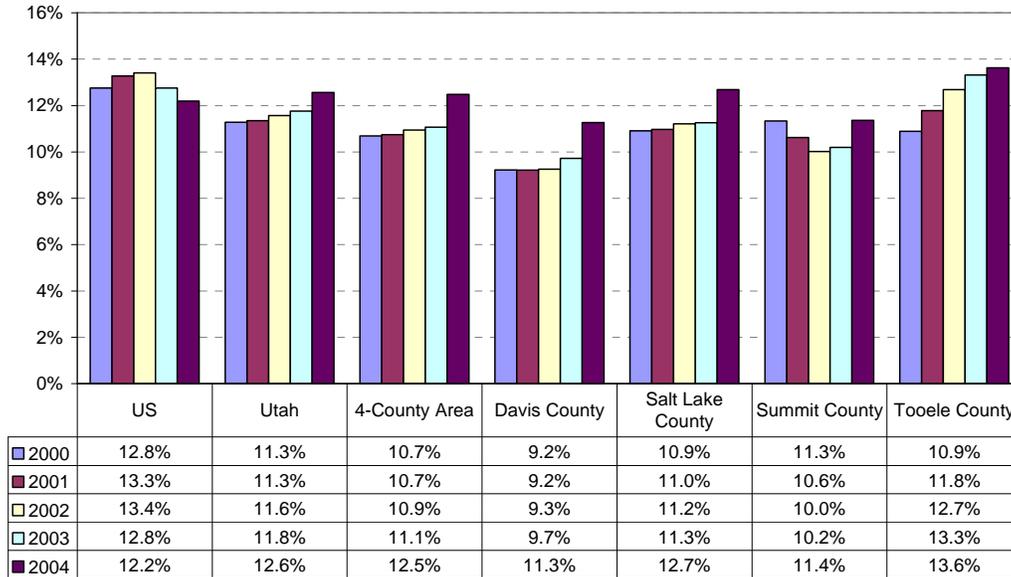


Source: U.S. Census, American Community Survey

- Utah adults with a disability are consistently more likely to have both graduated from high school and attended some college than their national counterparts.

- From 2000 to 2005, statewide the proportion of disabled adults with a high school diploma increased from 73% to 76% while the proportion with some college or more decreased slightly from 45% to 44%.

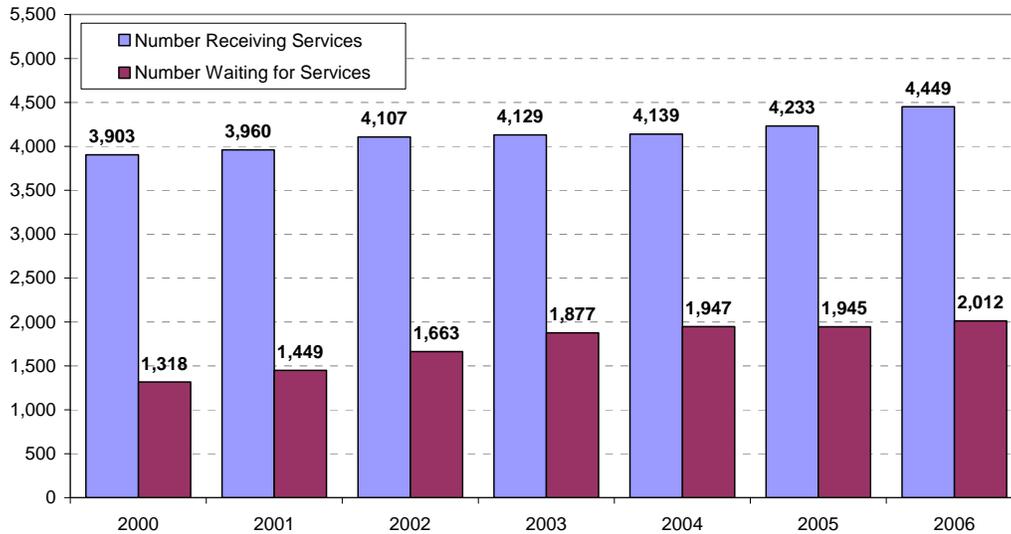
**Percent of Students with Individual Education Programs**



Source: U.S. Department of Education, National Center for Education Statistics

- While nationally, there has been a downward trend in the percentage of students with an individualized education plan (IEP) since 2002, Utah and each of the four counties has experienced an increase in the percentage of students with an IEP since 2002.
- In 2000, the four counties and the state of Utah all fell below the national average with respect to the percentage of students with an IEP. By 2004, the state of Utah, Salt Lake County, and Tooele County had surpassed the national average. Of the four counties, Tooele County has the highest percentage, with about 14% of all students receiving special services because of a disability.
- In 2004, about 13% of all students (almost 54,000 students) in the 4-County area had an IEP. Salt Lake County alone has over 22,000 students with an IEP.

**Number of Individuals Receiving Services and  
Number of Individuals Waiting with an Immediate Need for Services,  
Utah Division of Services for People with Disabilities**



Source: Utah Division of Services for People with Disabilities

- In 2006, over 2,000 individuals with an immediate need were waiting for services from the Utah Division of Services for People with Disabilities.
- People who receive services tend to be long-term consumers of Division services, meaning that new people often can enter services only when increased funding becomes available through legislative appropriations.
- The number of individuals waiting with an immediate need for services increased by 53% from 2000 to 2006.

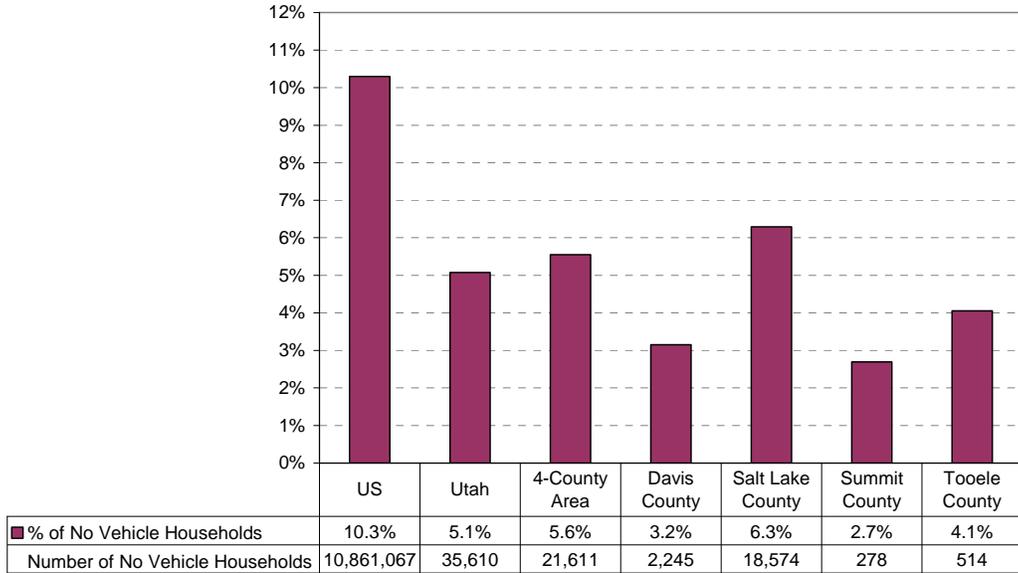
**Other Data:**

- The state of Utah has a high rate of autism (relative to the nation), with a rate of 7.5 children per 1,000 (or 1 in 133 children).

Source: Deseret News

# Lack of Transportation

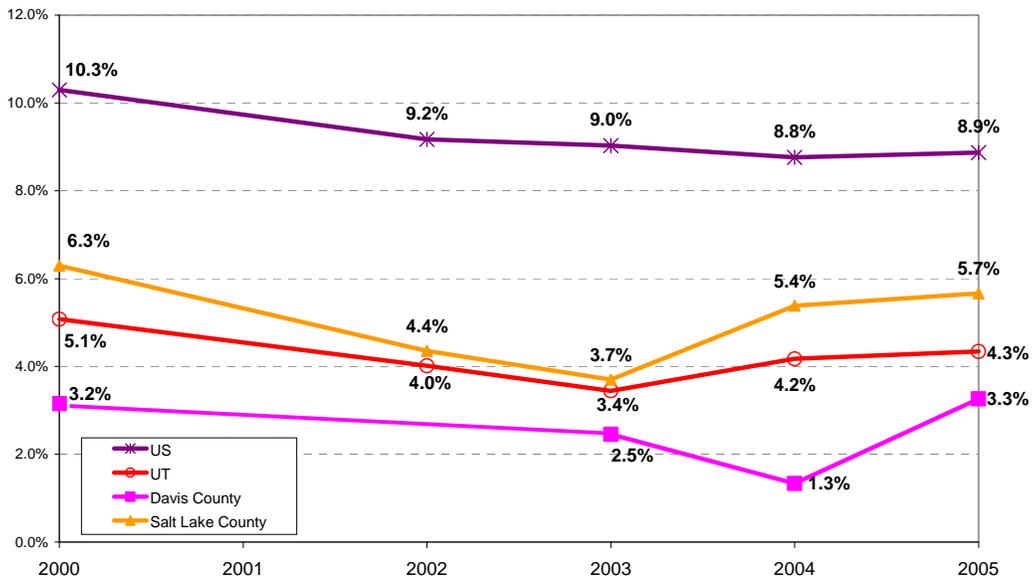
Percent and Number of Households with No Vehicle, 2000



Source: U.S. Census

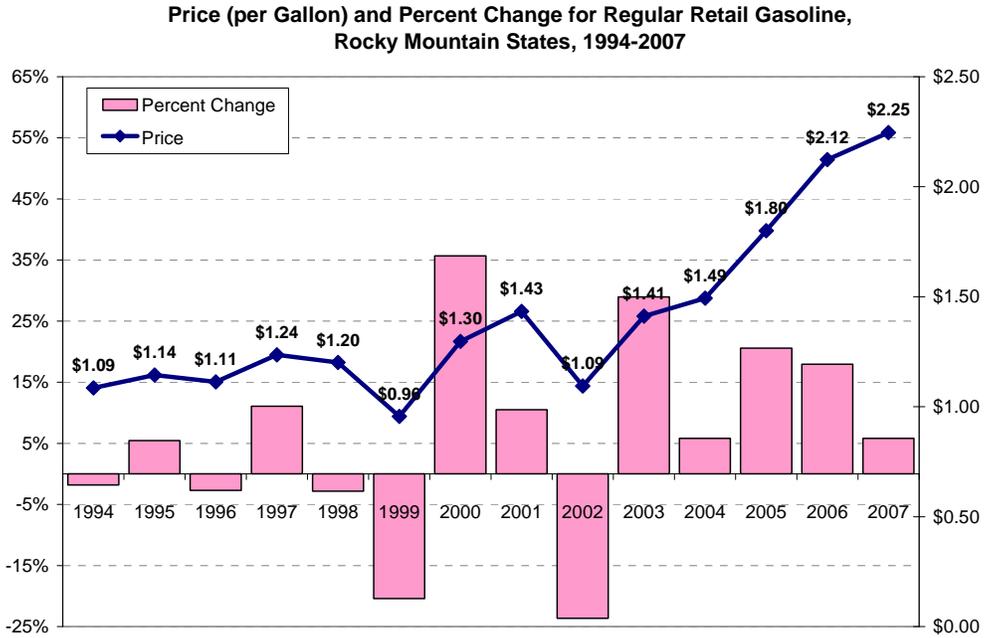
- The proportion of households with no vehicle statewide and in all four counties is well below the national average.
- Of the four counties, Salt Lake County has the highest proportion of households without a vehicle (6%), while Summit County has the lowest (3%).

Percent of Households with No Vehicle



Source: U.S. Census, American Community Survey

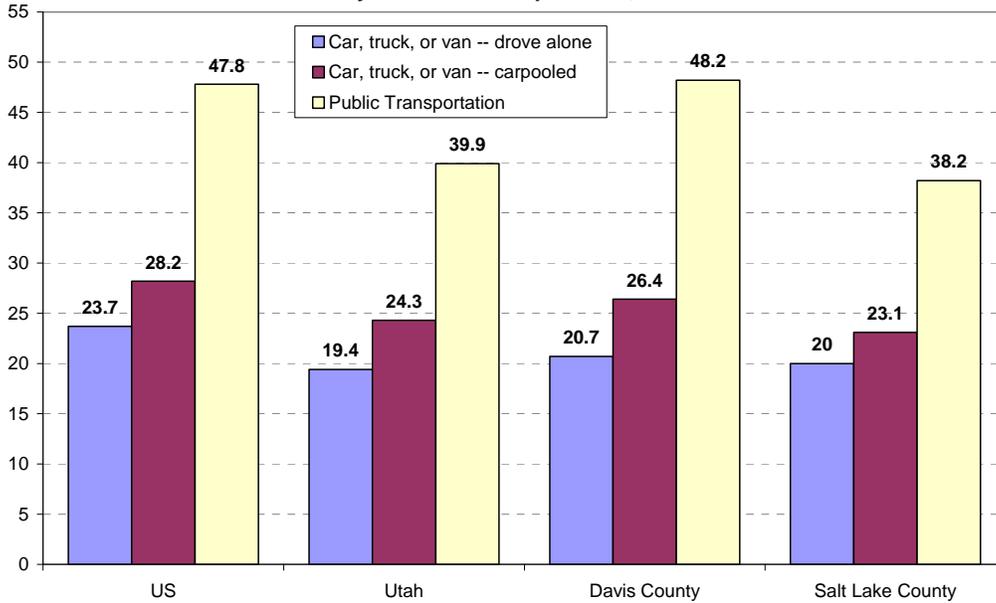
- Nationally, the proportion of households with no vehicle has fallen steadily each year since 2000. In contrast, for both Davis and Salt Lake Counties, as well as statewide, the percent of households with no vehicle increased from 2003 to 2005.



Source: U.S. Department of Energy, Energy Information Administration

- In the Rocky Mountain states, the price of gasoline more than doubled between 2002 and 2007, from \$1.09 to \$2.25 per gallon for regular retail gasoline.
- The price of gasoline has increased annually by 5% or more for all years but one since 2000.

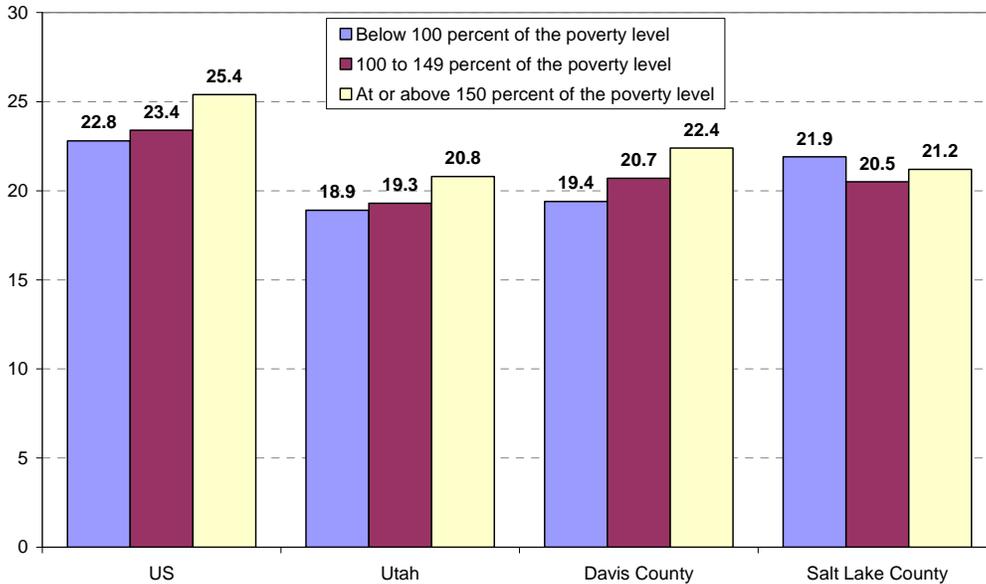
**Mean Travel Time to Work (for Workers 16 and Over Who Do Not Work at Home)  
by Means of Transportation, 2005**



Source: U.S. Census, American Community Survey

- In 2005, commuting times in the state of Utah, Davis County, and Salt Lake County were below the national average for driving alone, carpooling, and public transportation.
- Statewide and in Davis and Salt Lake Counties, persons taking public transportation spend about 40 minutes getting to work, while those driving alone spend about 20 minutes getting to work.
- In 2000, Hispanics in Utah were about twice as likely as Whites to depend on public transportation to get to work.

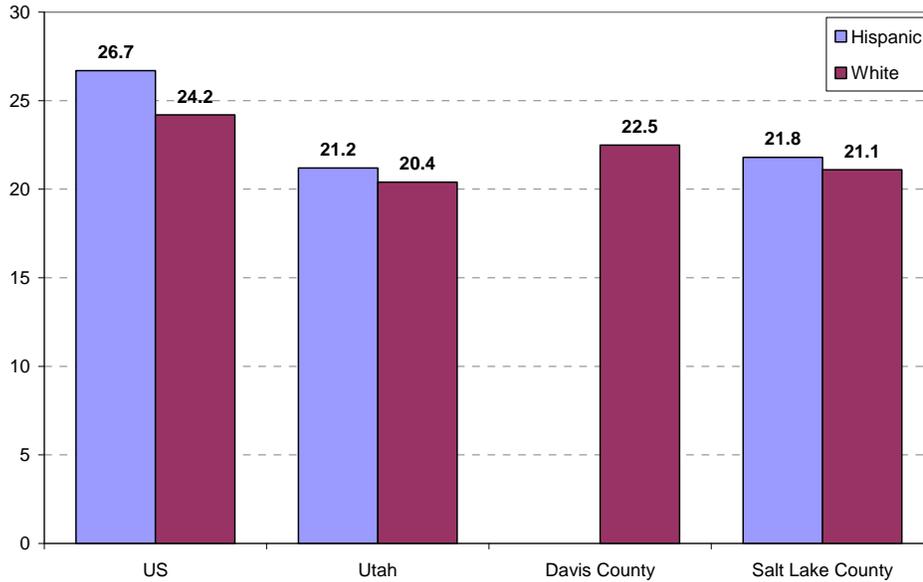
**Mean Travel Time to Work (for Workers 16 and Over Who Do Not Work at Home)  
by Poverty Status, 2005**



Source: U.S. Census, American Community Survey

- In 2005, in the US, Utah, and Davis County, poorer workers generally spent less time getting to work compared to workers above the poverty level.
- In contrast, in Salt Lake County, the workers below the poverty level had a longer mean travel time to work than both categories of workers above the poverty level.

**Mean Travel Time to Work (for Workers 16 and Over Who Do Not Work at Home) for Hispanics and Whites, 2005**

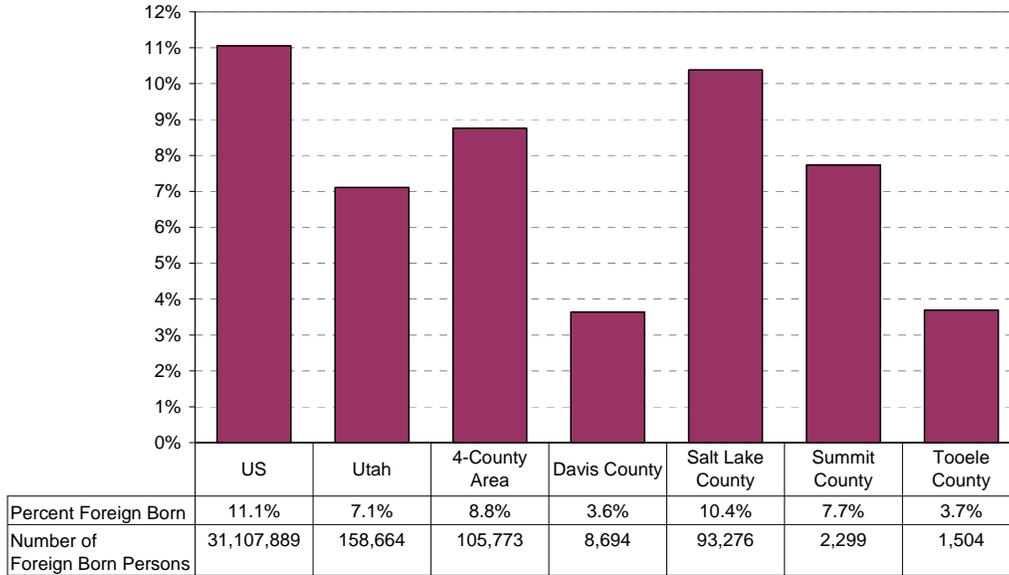


Source: U.S. Census, American Community Survey

- For 2005, Hispanics statewide and in Salt Lake County have a mean travel time to work about 1 minute (or about 3%) longer than Whites. For the US, the mean travel time to work for Hispanics is about 2.5 minutes (or about 10%) longer.
- Hispanics have a longer mean travel time to work in the state of Utah, although Hispanics typically have lower incomes than Whites and poor workers in Utah typically have a shorter mean travel time to work than non-poor workers.

# Language and Cultural Barriers

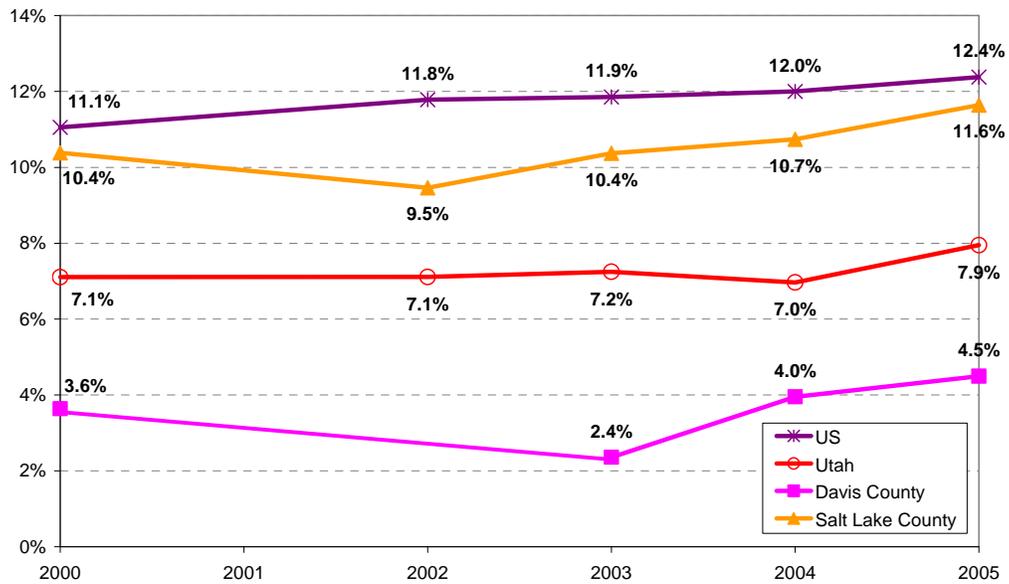
Number and Percent (of Population 5 Years and Over) of Foreign Born Persons, 2000



Source: U.S. Census

- All four counties have a lower proportion of foreign born persons than the national average. In the four-county area, nearly 106,000 persons are foreign born.
- Of the four counties, Salt Lake County has the highest proportion (10.4%) of foreign born persons, while Davis County has the lowest (3.6%).

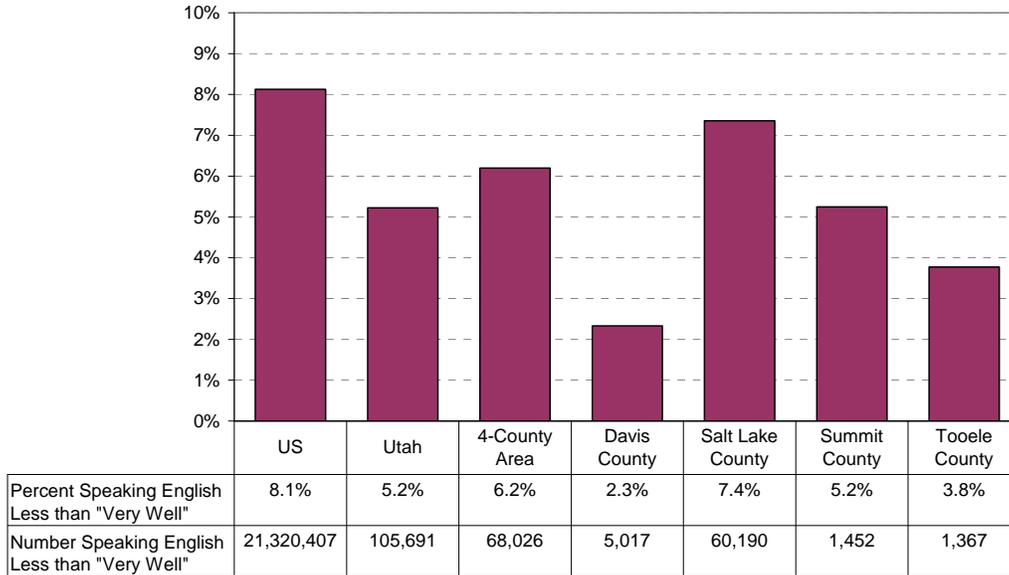
Percent Foreign Born, 2000-2005



Source: U.S. Census, American Community Survey

- If the proportions of foreign born persons in the US and Salt Lake County continue to increase at a similar rate, the proportion of foreign born persons in Salt Lake County will soon surpass the national average.

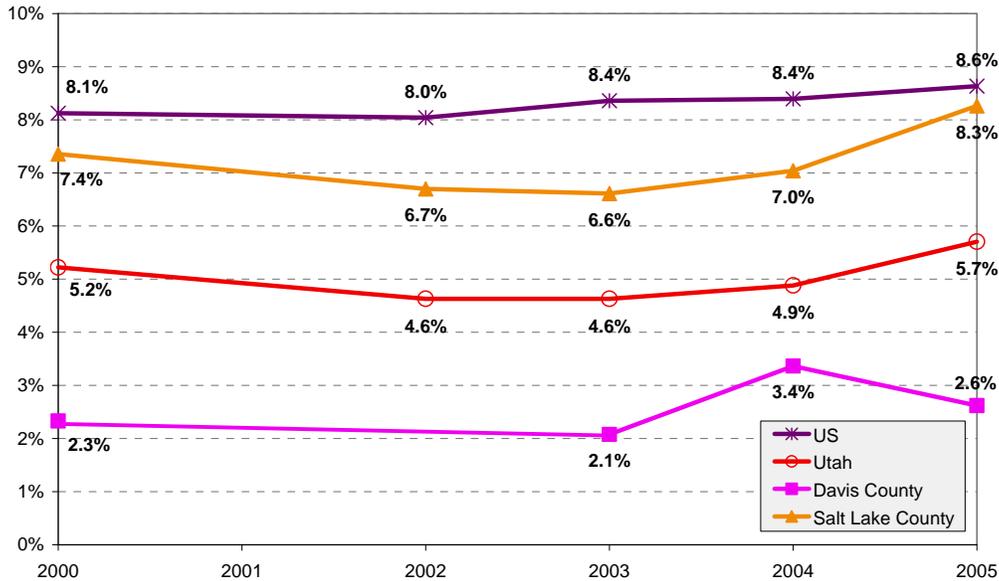
**Number and Percent (of Population 5 Years and Over) that Speaks English Less Than "Very Well," 2000**



Source: U.S. Census

- All four counties have a lower proportion of persons who speak English less than "very well" than the national average. In the four-county area, nearly 68,000 persons speak English less than "very well."
- Of the four counties, Salt Lake County has the highest proportion (7.4%) of persons who speak English less than "very well," while Davis County has the lowest (2.3%).

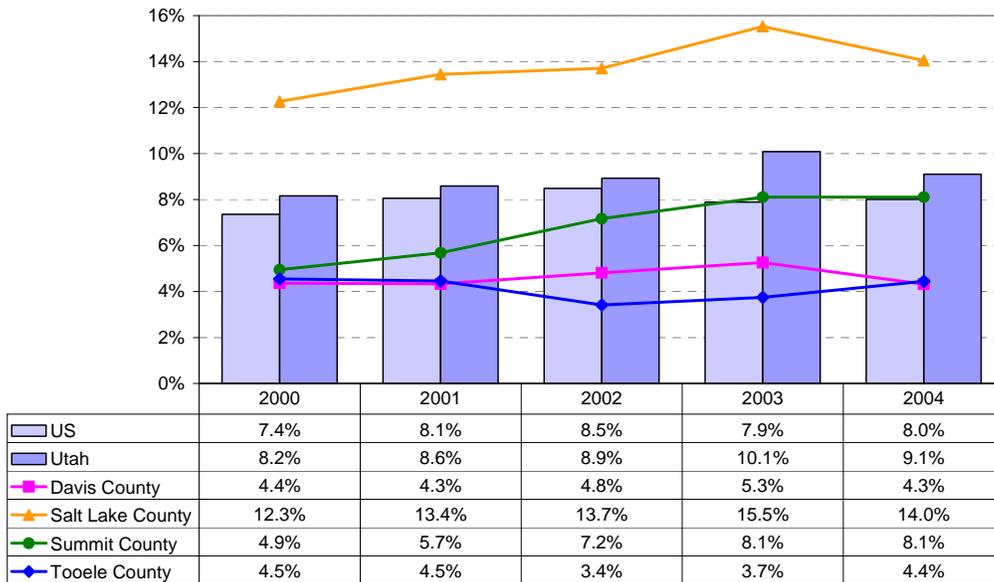
**Percent of Population (5 Years and Over) that Speak English Less than "Very Well", 2000-2005**



Source: U.S. Census, American Community Survey

- The proportion of persons who speak English less than “very well” is increasing more rapidly in Salt Lake County than in the US, statewide or Davis County, and will soon surpass the national average if current trends continue.

**Percent of Students Who Are English Language Learners**

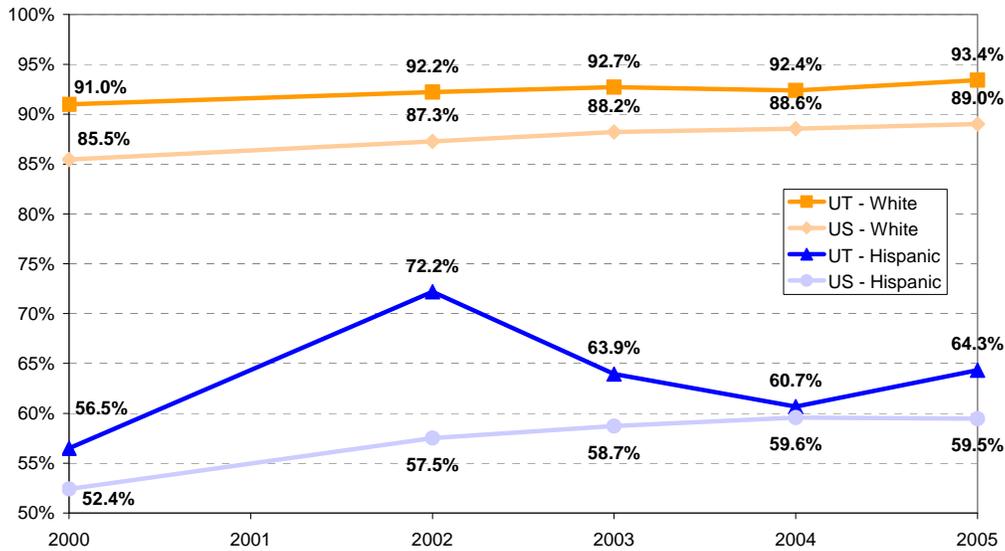


Source: U.S. Dept. of Education, NCES

- Salt Lake County has, by far, the highest percent of students who are English Language Learners in the four-county area (14% in 2004).
- From 2000 to 2004, the percent of students who are English Language Learners increased in the US, Utah, and Salt Lake and Summit Counties. During the same period, that percent decreased slightly for both Davis and Tooele Counties.

- In Summit County, the percent of students who are English Language Learners increased each year from 2000 to 2004 and surpassed the national average by 2003.

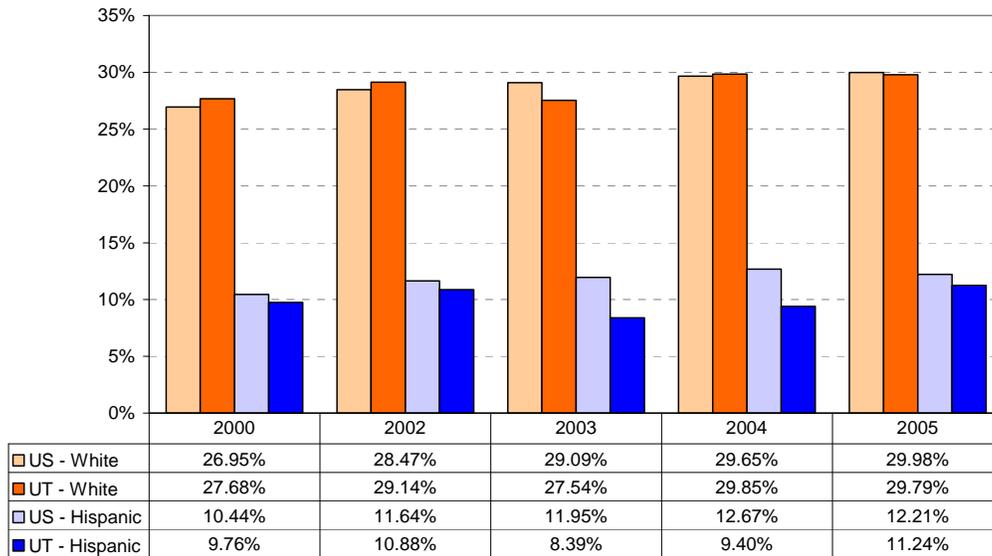
**Proportion of the White and Hispanic Populations 25 Years and Over with a High School Diploma or Higher**



Source: U.S. Census, American Community Survey

- Utah Whites and Hispanics (25 and over) have consistently earned high school diplomas or higher at higher rates than their US counterparts.
- For both Utah and the US, the proportion of Hispanics with a high school diploma or higher is significantly smaller (about 30% less) than the proportion of Whites.
- The proportion of US Whites, Utah Whites, and US Hispanics with a high school diploma or higher steadily increased from 2000 to 2005. For Utah Hispanics, the figure dropped significantly from 2002 to 2004, and then increased from 2004 to 2005.

**Proportion of the White and Hispanic Populations 25 Years and Over with a Bachelor's Degree or Higher**



Source: U.S. Census, American Community Survey

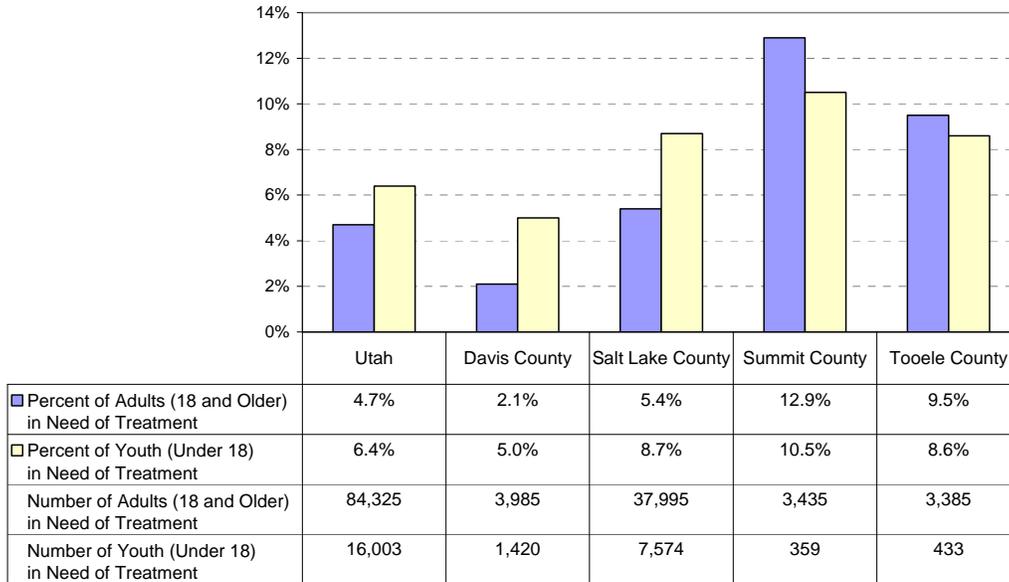
- From 2000 to 2005, the proportion of adults (25 and over) with a bachelor's degree or higher increased for US Whites, US Hispanics, Utah Whites, and Utah Hispanics.
- For both the US and Utah, the proportion of Hispanics with a bachelor's degree or higher has been consistently lower (about 20% less) than the proportion of Whites.
- From 2004 to 2005, the proportion of Whites with a bachelor's degree or higher slightly increased for the US and slightly decreased for Utah. The reverse is true for Hispanics: the rate decreased for the US and increased for Utah.

**Other Data:**

- For information on educational achievement gaps between Hispanics and Whites, see the section on Barriers to Education.

# Substance Abuse

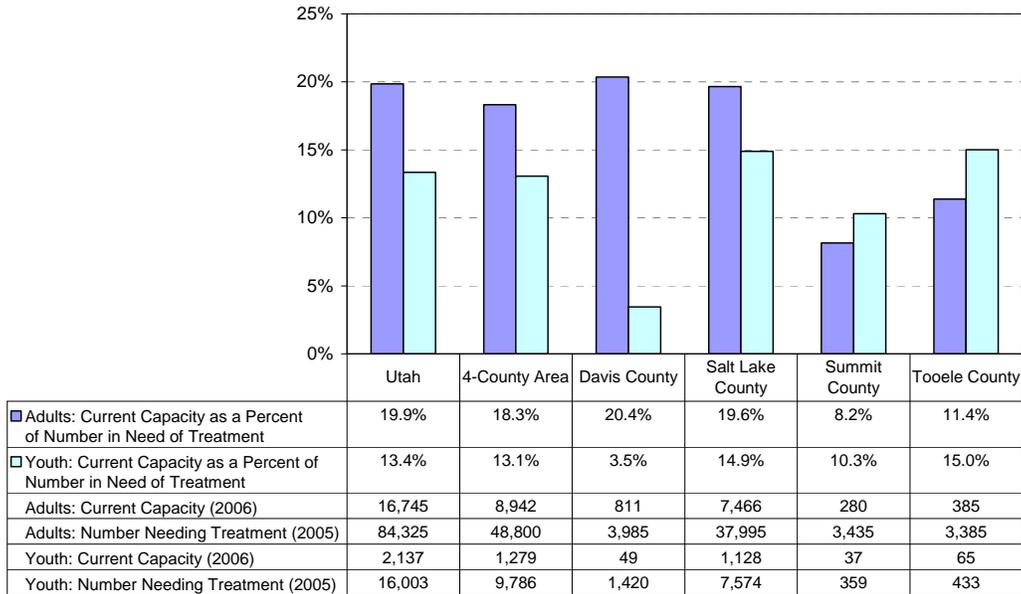
**Percent and Number of Adults and Youth in Need of Substance Abuse Treatment, 2006**



Source: Utah Division of Substance Abuse and Mental Health

- Based on the results of the 2005 State Substance Abuse Treatment Needs Assessment Survey and the 2005 Student Health and Risk Prevention Survey, over 100,000 adults and youths statewide were in need of substance abuse treatment in 2006.
- Within the four-county area, nearly 49,000 adults and nearly 10,000 youths are in need of substance abuse treatment.
- Summit County has the highest percentage of adults and youths in need of treatment (13% and 11%, respectively), while Davis County has the lowest (2% for adults, 5% for youths).

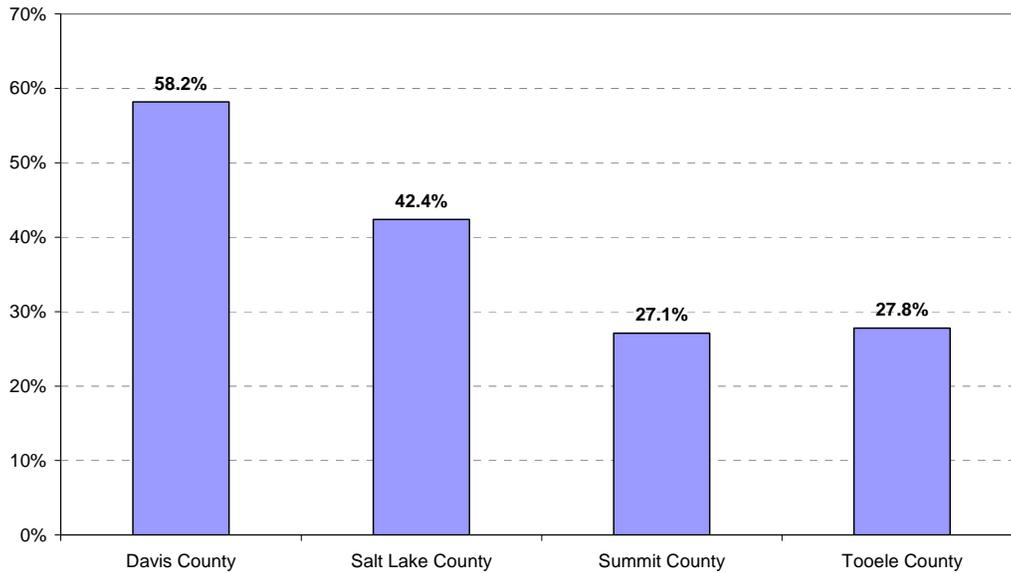
### Substance Abuse Treatment Capacity as a Percentage of Treatment Need, 2006



Source: Utah Division of Substance Abuse and Mental Health

- Statewide in 2006, less than 20% of adults in need of substance abuse services received public services, down from 22% in 2004, 23% in 2003, and 24% in 2002. In 2006, about 13% of youths in need of substance abuse services received public treatment, down from 17% in 2004. Need estimates are based on annual behavioral risk assessments.
- Davis and Salt Lake Counties have the highest proportion of adults in need of treatment who are receiving public treatment (about 20%), while Summit County has the lowest (8%). Salt Lake and Tooele Counties have the highest proportion of youths in need of treatment who are receiving public treatment (about 15%), while Davis County has the lowest (4%).
- The total number of individuals receiving public substance abuse treatment services decreased from 19,668 in 2002 to 18,955 in 2006.

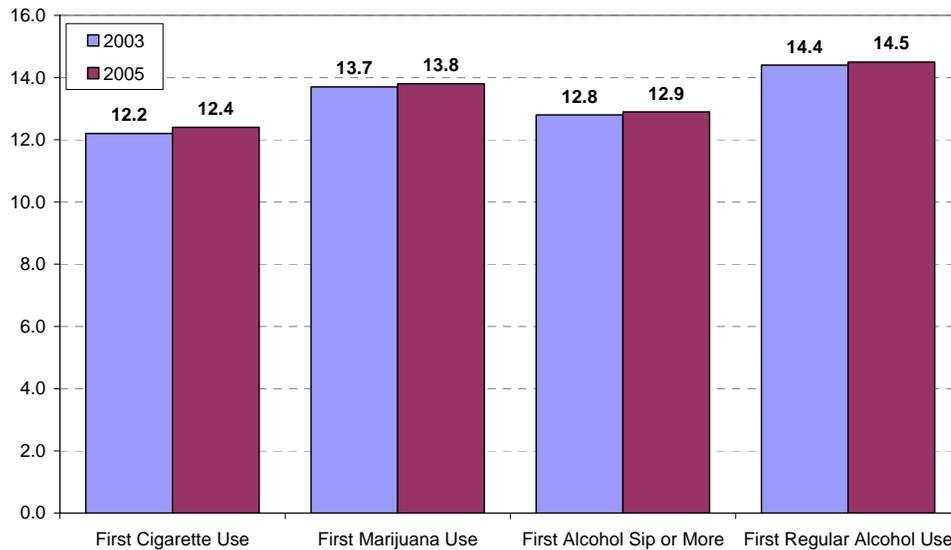
**Percent of Substance Abuse Clients with Dependent Children, FY 2006**



Source: Utah Division of Substance Abuse and Mental Health

- Over half of all clients in public substance abuse services in Davis County, and nearly half of all clients in Salt Lake County have dependent children. More than a quarter of clients in Summit and Tooele Counties have dependent children.

**Age of Initiation: Average Age of First Use (Of Middle and High School Students Who Indicated That They Had Used), Utah**

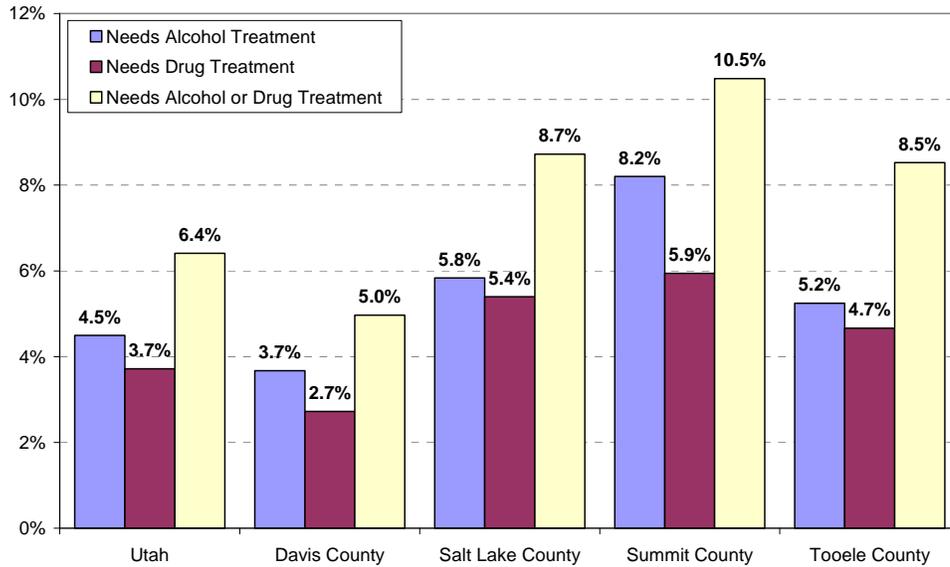


Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Utah middle and high school students use cigarettes before any other substance. Of the students who had used cigarettes, the average age of first use statewide was 12.4 years in 2005.

- More than 1.5 years separates the age of first sip of alcohol (12.9 years) and the first regular alcohol use (14.5 years). In addition, students begin trying marijuana before students begin regularly using alcohol.
- The age of initiation for cigarettes, marijuana, first sip of alcohol, and regular alcohol use was relatively unchanged from 2003 to 2005.

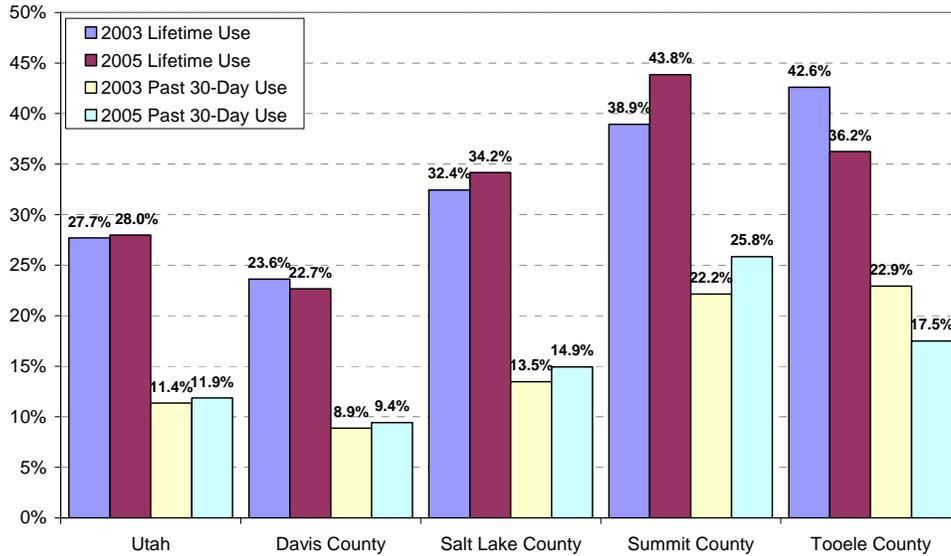
**Alcohol and Drug Treatment Needs  
Among Middle and High School Students, 2005**



Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- Of the four counties, Summit County has the highest proportion of middle and high school students in need of alcohol or drug treatment (11%), while Davis County has the lowest (5%).
- In all four counties, the need for alcohol treatment is greater than the need for drug treatment.

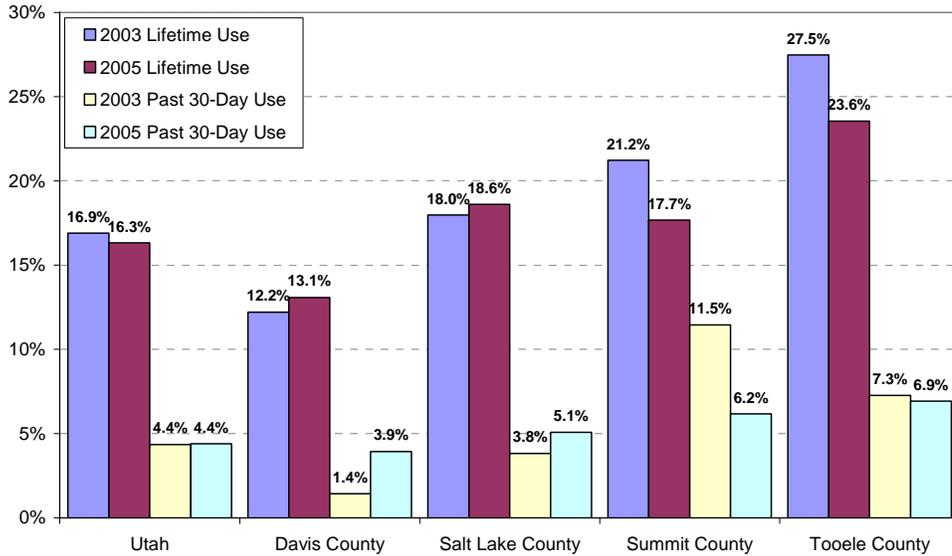
**Alcohol: Rate of Lifetime Use and Rate of Use in the Past 30 Days,  
Middle and High School Students**



Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- The rate of lifetime use of alcohol among middle and high school students increased from 2003 to 2005 for Salt Lake and Summit Counties, and for the state overall. In 2005, Summit County had the highest rate of lifetime use (44%) while Davis County had the lowest (23%).
- The rate of past 30-day use increased from 2003 to 2005 in Salt Lake, Davis, and Summit Counties, and for the state overall. In 2005, Summit County had the highest rate of past 30-day use (26%) while Davis County had the lowest (9%).
- According to the Utah Youth Risk Behavior Surveillance System, episodic heavy drinking among high school students has decreased from 23% in 1999 to 16% in 2005, while current alcohol use has declined from 16% in 1999 to 9% in 2005.

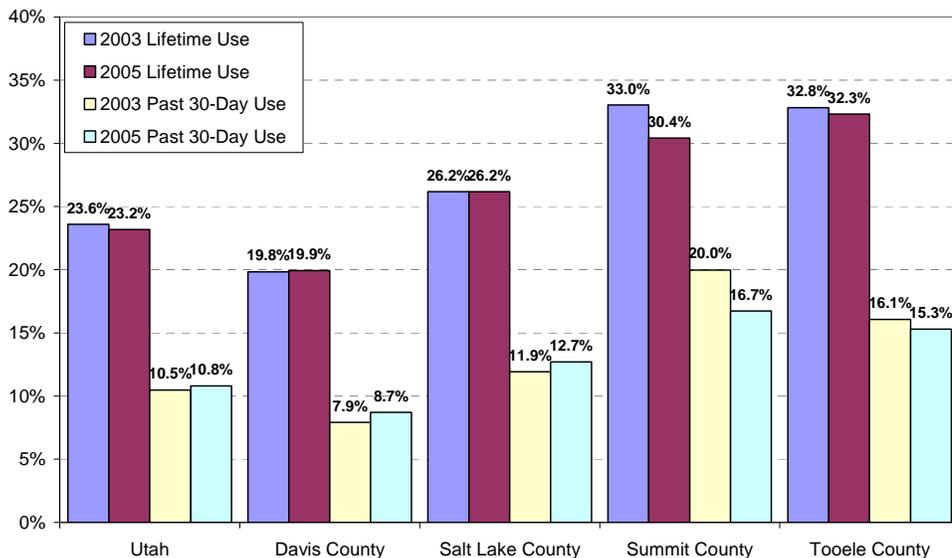
**Cigarettes: Rate of Lifetime Use and Rate of Use in the Past 30 Days,  
Middle and High School Students**



Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- From 2003 to 2005, the rate of lifetime use of cigarettes among middle and high school students increased for Davis and Salt Lake Counties but decreased for Summit and Tooele Counties. In 2005, Tooele County had the highest rate of lifetime use (24%) while Davis County had the lowest (13%).
- From 2003 to 2005, the rate of past 30-day use of cigarettes among middle and high school students increased for Davis and Salt Lake Counties but decreased for Summit and Tooele Counties. In 2005, Tooele County had the highest rate of past 30-day use (7%) while Davis County had the lowest (4%).

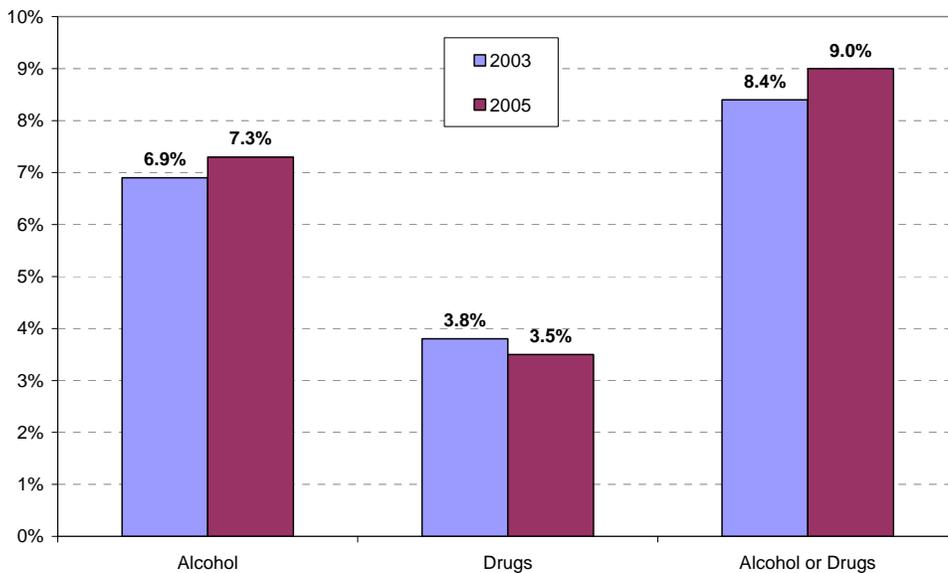
**Any Illicit Drug: Rate of Lifetime Use and Rate of Use in the Past 30 Days,  
Middle and High School Students**



Source: Utah Prevention Needs Assessment Survey, Student Health and Risk Prevention Survey Project

- From 2003 to 2005, the rate of lifetime use of illicit drugs among middle and high school students increased for Davis and Salt Lake Counties but decreased for Summit and Tooele Counties. In 2005, Tooele County had the highest rate of lifetime use (32%) while Davis County had the lowest (20%).
- From 2003 to 2005, the rate of past 30-day use of illicit drugs among middle and high school students increased for Davis and Salt Lake Counties but decreased for Summit and Tooele Counties. In 2005, Summit County had the highest rate of past 30-day use (17%) while Davis County had the lowest (9%).
- According to the State Office of Education's Utah Youth Risk Behavior Surveillance System, statewide, about one in five high school students were offered, sold, or given an illegal drug on school property in the last year, down from about one in four students in 2003.

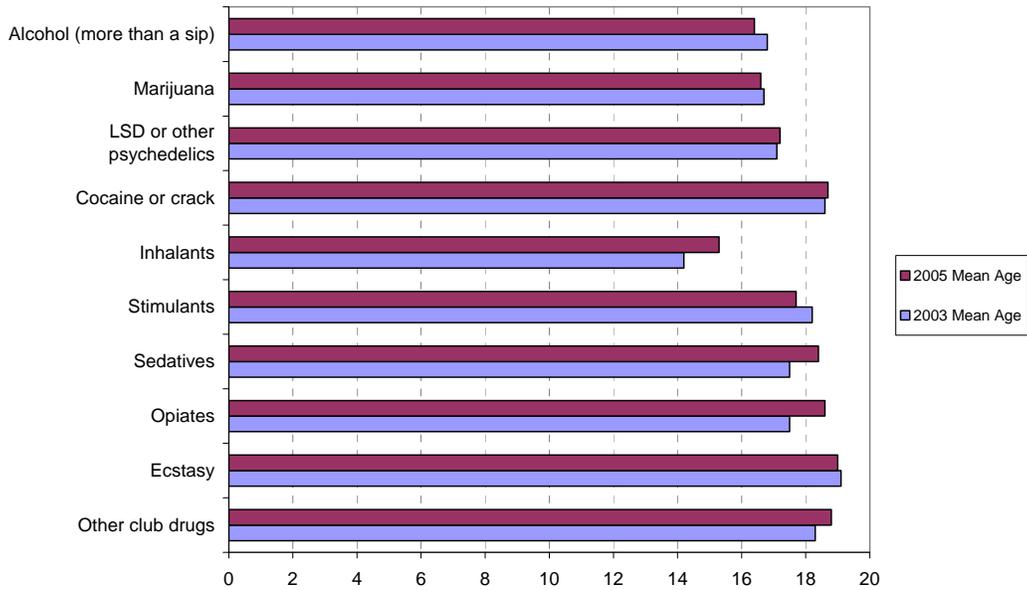
**Percentage of Utah College Students in Need of Substance Abuse Treatment**



Source: Utah Division of Substance Abuse and Mental Health, 2005 Utah Higher Education Health Behavior Survey

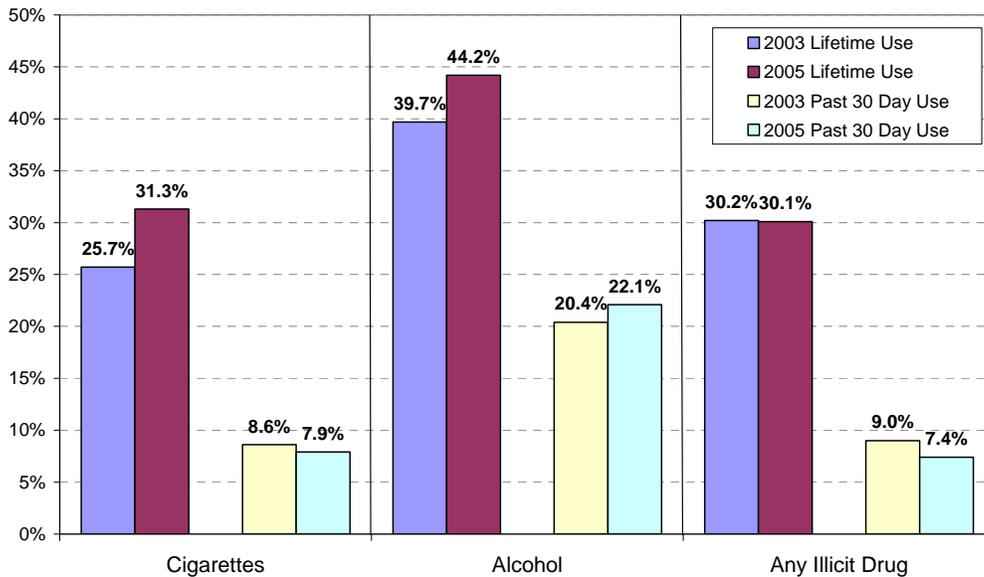
- The percentage of college students needing alcohol treatment slightly increased from 2003 to 2005, while the percentage in need of drug treatment slightly decreased. Overall, the percentage of students in need of substance abuse treatment (alcohol or drugs) increased from 8% in 2003 to 9% in 2005.

**Age of First Drug Use (Of Those Who Have Used at Least Once in Their Lifetime), Utah College Students**



- From 2003 to 2005, the mean age of first drug use among Utah college students (of those who have used at least once in their lifetime) decreased for alcohol, marijuana, stimulants, and ecstasy.
- The mean age of first drug use increased for psychedelics, cocaine, inhalants, sedatives, opiates, and other club drugs.

**Rate of Substance Abuse by Utah College Students**



Source: Utah Division of Substance Abuse and Mental Health, 2005 Utah Higher Education Health Behavior Survey

- Among Utah college students, the rate of lifetime use for cigarettes and alcohol increased (about 4 percentage points each) from 2003 to 2005, while the rate of lifetime use for illicit drugs remained about the same.

- In 2005, the rate of lifetime abuse was highest for alcohol (44%) and about the same for cigarettes (31%) and any illicit drug (30%).
- The rate of past 30-day use decreased for cigarettes and any illicit drug, but increased for alcohol, from 2003 to 2005. In 2005, the proportion of college students who used alcohol in the past 30 days (22%) was more than double the proportion who used cigarettes (8%) or any illicit drug (7%) in the past 30 days.

**Other Data:**

- Compared to the nation, Utah has a high proportion of females receiving public substance abuse services. In 2006, individuals receiving public substance abuse treatment were about 62% percent male and 38% female (compared to 71% male and 29% female nationally).
- Since the 1990s, of all Utah clients seeking public substance abuse treatment, the percentage seeking treatment for alcohol dependence has steadily declined while the proportion seeking treatment for illicit drug abuse has steadily increased. The proportion of all substance abuse clients who are seeking alcohol treatment fell from about 40% in 2002 to 32% in 2006, while the proportion seeking illicit drug treatment increased from about 60% in 2002 to 68% in 2006.
- In 2006, the top four illicit drugs of choice for clients seeking treatment were methamphetamine, marijuana, heroin, and cocaine. The use of methamphetamine has risen steadily since the 1990s, surpassing marijuana as the most common illicit drug in 2001, and now represents the illicit drug of choice for over 30% of public clients.
- For Utah public treatment clients, alcohol is the primary substance of abuse for men, followed by methamphetamine and marijuana, while methamphetamine is the primary substance of abuse for women, followed by alcohol. Salt Lake County follows this pattern. In Davis County, methamphetamine is the primary substance of abuse for both male and female public treatment clients. In both Summit and Tooele Counties, alcohol is the primary substance of abuse for both male and female clients.

Source: Utah Division of Substance Abuse and Mental Health

# Literature Review on Causation and Connections with the Four Core Issues

We conducted a review of peer-reviewed academic studies on the relationships between the four core issues and other social problems, focusing specifically on the 17 priority problems. The following overview provides a brief summary of the literature reviews for each core issue. The complete review for each core issue follows the overview. A list of full source citations from these reviews is included in Appendix B: Literature Review References.

## Overview

### Insufficient Income

Insufficient income affects almost all aspects of an individual's life. The problems associated with low income levels range from increased crime rates, lower levels of educational achievement, higher incidences of divorce, greater prevalence of domestic violence, an inability to obtain sufficient child care, poorer health outcomes, and greater substance abuse. Researchers have found that low wages and unemployment are strongly correlated with higher crime rates among less-educated men. Insufficient income negatively impacts the educational attainment of both adults and children in families. Unemployment, poverty, and low income are also associated with divorce and may increase the likelihood that an individual will experience or commit domestic violence. Low income levels constrain the ability of parents to choose high-quality child care for their children. Finally, low-income workers are less likely to obtain health insurance through their employer or to be able to afford individual policies. Low-income status is correlated with poorer mental and physical health as well as greater levels of substance abuse.

### Lack of Life Skills

Research demonstrates a relationship between life skills and income, substance abuse, domestic violence, crime, and parenting skills. Studies have shown that individuals who participate in financial education report higher savings rates and greater net worth. Low-income families, in particular, are more likely to open checking and savings accounts, save for a home or retirement, and avoid predatory lending after participating in financial education. Life skills training is considered a core component of many effective drug and violence prevention programs. Researchers have also concluded that a lack of life skills may be a barrier to leaving an abusive relationship, making individuals more susceptible to domestic violence. In addition, the most effective parental education programs are those that address basic life skills so that parents are better equipped to handle the many stresses associated with parenting.

### Barriers to Education

Barriers to education and lack of education are associated with higher crime rates, higher rates of divorce, lower incomes, higher levels of substance abuse, and less parental involvement. Research demonstrates that increased educational attainment is associated with lower crime rates. In addition, lower levels of education have been correlated with (but are not necessarily causative of) increased likelihood of cohabitation, marrying at an earlier age, lower probability of getting married at all, and higher incidences of marital dissolution. Higher levels of education also lead to increased income and job stability. Greater levels of educational attainment are associated with both decreased rates of illicit substance abuse and substance dependency. Finally, parents with a college degree (or higher) report greater involvement in their children's schooling and are more likely to read to their children.

## **Inadequate Opportunities for Child and Youth Development**

Access to childcare and early child education is an issue that has both economic and social importance. Quality care arrangements are critical in supporting the employment of families and encouraging the social and cognitive development of children. Inadequate opportunities for child and youth development affect educational attainment levels, crime rates as well as worker productivity and earnings potential both in the short term for parents and the long term for children. Research demonstrates that participants in quality early childhood education programs report more positive family lives and more extensive family involvement. Adequate child care positively affects both immediate family income levels (by improving employee productivity, decreasing employee turnover and absenteeism, and improving parental employment rates) and the future potential earnings of children. Quality early childhood programs encourage children's social and intellectual development, prepares children for school, and allows mothers to obtain higher levels of education. Adequate child care or supervision for adolescents is linked with reduced crime rates (for both children and parents) and ensures that adolescents interact with positive role models. Many child care programs also improve life skills by incorporating life skills training into their educational curricula.

## Insufficient Income

Insufficient income affects almost all aspects of an individual's life. Considering the specific priority problems identified in the United Way of Salt Lake's Community Assessment, the problems associated with low income levels range from increased crime rates, lower levels of educational achievement, higher incidences of divorce, greater prevalence of domestic violence and an inability to obtain sufficient childcare.

Current research, however, has shifted away from singling out income levels as a root cause of social problems connected with poverty and low-income status and instead attempts to understand the way other socio-economic factors, family dynamics and individual issues<sup>2</sup> are interrelated. While other factors may play a role in causing social problems, having insufficient income exacerbates issues.

### **Adult & Juvenile Crime**

Understanding the relationship between income and crime is complex. Rarely is one factor considered to be causative of criminal activity. The relationship between criminal behaviors and income levels is usually taken into consideration with other socio-economic factors such as education, family history and race. Low income, in combination with other risk factors for crime can lead to increased crime rates.

Several studies attempt to understand the link between market conditions and crime rates. Research by Jeffery Grogger at the National Bureau of Economic Research<sup>3</sup> shows a link between youth wage levels and criminal behavior. His research shows that a drop in wages is correlated with an increase in crime rates.

Mirroring this research, in *Crime Rates and Local Labor Market Opportunities in the United States: 1979-1997*, researchers argue that low wages and unemployment are strongly correlated with higher crime rates among less-educated men.<sup>4</sup> This study shows wages have a stronger relationship than unemployment with crime rates. Lower-educated men were more likely to be affected by economic fluctuations and as a result were more likely to have committed a crime during the study period.<sup>5</sup>

This link was strongest with crimes that can result in monetary gain such as property crimes, burglary, robbery and assault. The fact that the link was weakest between violent crimes such as rape and murder further illustrates how poor economic conditions may provide motivation to commit crimes.

It is however, important to note that this study found that lower-educated men were most affected by changes in the labor market. Higher-educated men did not experience a greater propensity to commit crime during periods of economic downturns.

### **Barriers to Education**

Insufficient income affects educational attainment in two main ways: the affects on adults and the impacts on the future educational opportunities of children based on family income levels. The relationship between educational attainment and income is complex and circular. Individuals with

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<sup>2</sup> The individual attributes that are studied in relation with other socio-economic factors in poverty research are numerous and range from mental illness, drug use to personal decision making.

<sup>3</sup> Mr. Grogger has numerous articles on this subject. A complete list can be found at the following address:  
[http://www.nber.org/cgi-bin/author\\_papers.pl?author=jeffrey\\_grogger](http://www.nber.org/cgi-bin/author_papers.pl?author=jeffrey_grogger)

<sup>4</sup> Gould, Eric, David B. Mustard and Bruce Weinberg. "Crime Rates and Local Labor Market Opportunities in the United States: 1979-1997." *Review of Economics and Statistics* 84 (No. 1, February 2002): 45-61.

<sup>5</sup> This held true even after researchers accounted for cognitive ability and family background.

greater levels of educational attainment are more likely to have higher income levels<sup>6</sup>; individuals from higher income levels are more likely to obtain higher levels of education.

Research in *Education Pays 2004: The Benefits of Higher Education for Individuals and Society* shows that high school students whose parents have college degrees are more likely to enroll in college; within parental education levels, students from higher income families are most likely to enroll in college.<sup>7</sup> Furthermore, the proportion of students whose family is in the highest income quartile who enroll in postsecondary institutions is 26% higher than the proportion of students whose family is in the lowest income quartile who enroll.<sup>8</sup>

Unemployment levels are greater (and by effect, income levels are lower) in individuals with lower levels of education.<sup>9</sup> In *Economic Disadvantage, Family Dynamics, and Adolescent Enrollment in Higher Education*, research shows that lower-income families are less optimistic about educational opportunities for their children; this results in less proactive parenting which affects higher education enrollment levels for their children.<sup>10</sup>

Family income levels during early childhood development have a tremendous effect on a child's eventual educational attainment. Considerable research suggests that family economic resources and conditions are important in enhancing the resources available to children, including the availability of quality preschool education.<sup>11</sup> The benefits of obtaining high quality education beginning at an early age are well documented. Early intellectual development can have a continual effect on school readiness, attainment levels and ultimately earnings potential. Research shows that quality early child education can lead to increased employment levels and reduced crime and incarceration rates.<sup>12</sup>

In *Does Money Really Matter? Estimating Impacts of Family Income on Children's Achievement with Data from Random Assignment Experiments*<sup>13</sup> researchers evaluated four welfare-to-work experiments for single parents and their children with age ranges of 2-15.<sup>14</sup> Their findings suggest that family income levels have the greatest positive impact on school-achievement levels of children aged 2-5. However, family income levels had little impact on the educational achievement levels of middle school and adolescent children.

*The Impact of Family Income on Child Achievement* published in 2005 through the National Bureau of Economic Research<sup>15</sup> analyzes the impact of the Earned Income Tax Credit (EITC), and estimates the causal relationship between increased income and math and reading scores.<sup>16</sup> Study findings shows positive results: for poor children extra family income received does appear to have a positive casual effect on boosting math and reading test scores. Research estimates imply that an income increase of \$1,000 per year can raise math and reading test scores and

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<sup>6</sup> An individual with a bachelor's degree can expect to earn 73% more over a 40 year working period as compared to a typical high school graduate working the same period of time. *Education Pays 2004: The Benefits of Higher Education for Individuals and Society* College Board Report can be viewed online at the following address:

[http://www.collegeboard.com/prod\\_downloads/press/cost04/EducationPays2004.pdf](http://www.collegeboard.com/prod_downloads/press/cost04/EducationPays2004.pdf)

<sup>7</sup> *Ibid.*

<sup>8</sup> *Ibid.*

<sup>9</sup> Digest of Education Statistics (2005), Institute for Education Sciences, U.S. Department of Education The complete 2005 Digest of Education Statistics can be viewed online at the following address: <http://nces.ed.gov/programs/digest/d05/>

<sup>10</sup> Crosnoe, Robert, Rashmita S. Mistry, and Glen H. Elder Jr. *Journal of Marriage and Family*: 2002, Vol 64, Issue 3

<sup>11</sup> See: Becker, G.S. 1981. *A Treatise on the Family*. Cambridge, MA: Harvard University Press, Bergstrom, T. 1997. "A Survey of Theories of the Family." In *A Handbook of Family and Household Economics*. Ann Arbor, MI: University of Michigan; and Coleman, J.S. 1988. "Social Capital in the Creation of Human Capital." *American Journal of Sociology*, 94.

<sup>12</sup> See also: *Lifetime Effects: The High/Scope Perry Preschool Project Through Age 40*, and Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, 2005

<sup>13</sup> Morris, Pamela, Greg. J. Duncan and Rodrigues, Christopher. 2004.

<sup>14</sup> Data consisted of observations of 10,997 children living in 7,631 single parent families.

<sup>15</sup> Research authors: Gordon B. Dahl of the University of Rochester and Lance Lochner of the University of Western Ontario. Report can be viewed online at the following address:

[http://economics.uchicago.edu/Inequality\\_Workshop/papers/Dahl\\_Lochner\\_2006\\_income.pdf](http://economics.uchicago.edu/Inequality_Workshop/papers/Dahl_Lochner_2006_income.pdf)

<sup>16</sup> Data of 6,000 children was obtained from the National Longitudinal Survey of Youth database.

supplementing the income of poor families through programs such as the EITC can increase the scholastic achievement of children.<sup>17</sup>

### ***Breakdown of the Family***

*Cohabitation, Marriage, Divorce and Remarriage in the United States* by the Centers for Disease Control<sup>18</sup> shows several factors are associated with greater incidences of divorce, including: communities with high unemployment, individuals with lower median family income, higher percentages of families living in poverty, in central cities, and communities with lower percentages of college graduates.

Furthermore, early age at marriage is an indicator of increased probability for divorce. CDC research shows that marriage before the age of 18 is more common in areas with high male unemployment, higher poverty, lower median family income and greater receipt of public assistance.<sup>19</sup> Furthermore, high job turnover and low wages reduce the likelihood that individuals will get and remain married according to research by the Urban Institute in *Job Turnover, Wage Rates and Marriage Stability: How Are They Related?*<sup>20</sup>

In addition to having a greater probability of marital dissolution, lower income women have greater rates of unintended pregnancies. As income levels rise, the rate of unintended pregnancies declines. Women with income levels at or below the federal poverty line are five times more likely to have unintended pregnancies than women in the highest income levels.<sup>21</sup>

### ***Domestic Violence***

Domestic violence is an issue that affects women from all income levels. There are, however, several risk factors that can increase the likelihood of violence within relationships. Low income levels and living in poverty are associated with greater incidences of abuse.<sup>22</sup> While domestic violence may be more prevalent for low income women, research by the CDC shows that there are several risk factors for those more likely to perpetrate domestic violence, including low income levels, unemployment and individuals experiencing economic stress.<sup>23</sup>

Risk factors such as having a low income or being unemployed are not necessarily direct causes of domestic violence. Rather, these factors must be taken into consideration along with other contributing causes of violence. Insufficient income levels may contribute to an increased likelihood that an individual will either experience or commit domestic violence.

### ***Inadequate Opportunities for Child and Youth Development***

The ability of families to obtain quality child care is a consequence of income levels. Lower income families have fewer options than their higher income counterparts. The benefits of receiving high quality child care are numerous and range from increased worker productivity, higher job retention, and lower rates of absenteeism for parents to improved life outcomes for

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<sup>17</sup> 2.1% and 3.6% of a standard deviation, respectively. More research is needed to link childhood test scores to future earnings potentials. Initial research suggests that income increases through the EITC could raise the future earnings of children who receive the EITC by 1-2%.

<sup>18</sup> Report can be viewed online at the following address: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_022.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_022.pdf)

<sup>19</sup> *Ibid.*

<sup>20</sup> Ahituv, Avner and Robert I. Lerman. 2004. Report can be viewed online at the following address:

<http://www.urban.org/publications/411148.html>

<sup>21</sup> Finer LB, Henshaw SK, "Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001." *Perspectives on Sexual Reproductive Health*, 2006:38:90-96 Report can be viewed online at the following address:

<http://www.guttmacher.org/pubs/journals/3809006.pdf>

<sup>22</sup> Carter, Janet. *Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention*. Minnesota Center Against Violence and Abuse <http://www.mincava.umn.edu/link/documents/fvpf2/fvpf2.shtml>

<sup>23</sup> Center for Disease Control, National Center for Injury Prevention and Control, *Intimate Partner Violence: Fact Sheet*. <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>

children.<sup>24</sup> Children who receive quality child care report higher levels of education, higher future earnings potential and lower rates of crime.<sup>25</sup>

Income levels severely constrain the ability of parents to choose quality child care arrangements for their children. Research by the Institute of Medicine shows that low-income families<sup>26</sup> are more likely to rely on non-center based care and instead rely on relatives or other home care.<sup>27</sup> The cost of child care is high compared to the cost of other household goods. Lower income families must either make sacrifices in household expenditures or place their children in lower quality care arrangements.<sup>28</sup>

### **Lack of Affordable Health Care**

The issue of affordable health care is especially salient for low income individuals. Research by the Kaiser Family Foundation reveals that low-income status is correlated with poorer mental and physical health. Income levels are also related to mortality rates; declining income levels result in higher mortality rates. Low-income individuals also suffer from higher rates of chronic illness such as hypertension, asthma, diabetes, and depression. Physical disabilities are also more common among low-income individuals.<sup>29</sup>

Access to health insurance results in better health outcomes and employer sponsored health care coverage is the predominant source of health insurance in the US. The decline of employer provided coverage has been the greatest for low income workers.<sup>30</sup> Purchasing individual insurance coverage outside of a group is cost prohibitive for low-income families.

Government sponsored health care programs such as Medicare and Medicaid may fill in the gaps in insurance coverage for the elderly, people with disabilities and low-income children. Research by the RAND Corporation shows that providing health insurance coverage to low-income children can improve their overall quality of life.<sup>31</sup>

### **Substance Abuse**

The National Survey on Drug Use and Health (NSDUH)<sup>32</sup> shows that there is a correlation between family income levels and substance abuse. For each illicit substance measured, as

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<sup>24</sup> Shellenback, Karen. *Child Care and Parent Productivity: Making the Business Case*. Cornell University Linking Economic Development and Child Care Research Project. December 2004. Report can be viewed online at the following address: <http://government.cce.cornell.edu/doc/pdf/ChildCareParentProductivity.pdf>

<sup>24</sup> Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, 2005. Report can be viewed online at the following address: [http://www.rand.org/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf)

<sup>25</sup> *Ibid.* and High Scope *Lifetime Effects: The High/Scope Perry Preschool Project Through Age 40*, 2005 Report can be viewed online at the following address: <http://www.highscope.org/Research/PerryProject/perrymain.htm>

<sup>26</sup> Families below the poverty line may be able to afford different types of care arrangements due to access to child care subsidies. Institute of Medicine: *Working Families and Growing Kids: Caring for Kids and Adolescents*. 2003 Research can be viewed online at the following address: <http://www.nap.edu/catalog/10669.html>

<sup>27</sup> *Child Care for Low-Income Families: Summary of Two Workshops*. 1995.

<sup>28</sup> National Association of Child Care Resource and Referral Agencies. *Breaking the Piggy Bank: Parents and the High Price of Child Care*. 2006. Report can be viewed online at the following address: [www.naccrra.org/docs/policy/price\\_report\\_summary.pdf](http://www.naccrra.org/docs/policy/price_report_summary.pdf)

<sup>29</sup> *Health Coverage for Low Income Americans: An Evidence Based Approach to Public Policy*. 2005. Report can be viewed online at the following address: [www.kff.org/uninsured/7476a.cfm](http://www.kff.org/uninsured/7476a.cfm)

<sup>30</sup> *Ibid.*

<sup>31</sup> Seid M., Varni JW, Cummings L, Schonlau M. *The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program*. In *The Journal of Pediatrics*, Vol. 149, No. 3, Sept 2006, pp. 354-361.

<sup>32</sup> NSDUH is administered through the Substance Abuse and Mental Health Services Administration. Full survey results can be viewed online at the following address: <http://www.oas.samhsa.gov/nsduh/2k5nsduh/2k5Results.pdf>

family income rose, the lifetime rate of substance abuse fell.<sup>33</sup> This also held true for non-medical use of prescription drugs.

Data from the NSDUH shows that education levels may however be a better indicator of illicit substance use and dependence. This illustrates the challenges in singling out income levels as a causative factor in substance abuse. Rather, it is necessary to understand how income levels affect educational attainment which in turn can be a predictor of substance abuse.

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<sup>33</sup> This held true with the exception of alcohol and inhalants.

## Lack of Life Skills

Life skills are those skills deemed necessary for successful living. There is no definitive list of what constitutes a 'life skill'; interpersonal and psychological skills are important such as coping with emotions, critical thinking, stress management, decision making and problem solving, negotiation and refusal skills and interpersonal communication. Specific topical skills are also imperative such as money management, parenting strategies and understanding health and nutrition.

The importance of life skills has emerged in recent years as concerns grow that adolescents and adults lack the ability to perform basic tasks. Individuals who lack certain life skills face challenges in a variety of issues including financial stability, domestic violence, substance abuse, crime and effective parenting strategies. Simply having access to information is not enough; skills that were once assumed to be learned outside of a classroom are now considered an essential part of education.<sup>34</sup>

### ***Financial Literacy & Relationship to Insufficient Income***

Understanding financial concepts and the ability to manage daily personal finances are an important component of basic life skills. Research has shown that many individuals do not understand fundamental concepts of earning, budgeting, saving and investing money.<sup>35</sup> The problem is not a lack of information on financial concepts, but rather an inability to understand and process available information.

JumpStart Coalition for Personal Financial Literacy<sup>36</sup> has been undertaking financial literacy surveys of high school students since 1997. Their most recent 2005-2006 survey of over 5,700 students in 37 states shows slight improvements in financial literacy scores as compared to previous years' surveys with students averaging 52.4%.<sup>37</sup> While slight improvements are being made by high school students, survey results shows the distribution of scores vary substantially by student race and family income levels. White students scored higher than Hispanic and African American students.<sup>38</sup> Differences by income are also apparent with students from higher income families scoring better than students from lower income families.<sup>39</sup>

Additional financial literacy survey research conducted by the Harris Poll for the National Council on Economic Education shows the average adult scores a "C" for their knowledge of personal finance and economics.<sup>40</sup> Survey results reveal marked differences between men and women; males are more likely to receive higher scores than females. Additional differences appear based on education levels; college graduates are 4 times more likely to receive a score of "A" or "B" than individuals with only a high school diploma.

*Financial Literacy Strategies: Where Do We Go From Here?* by the Urban Institute<sup>41</sup> shows mixed results on the success of financial education programs. Research demonstrates that completing a financial education course may not necessarily improve overall financial literacy, but that education may lead to changes in financial behavior immediately and have long term results.

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<sup>34</sup> The United Nations defines 'life skills' as an integral part of basic education and is included in the definition of 'quality education.'

<sup>35</sup> Numerous studies have been done by a variety of organizations to assess financial literacy and several are highlighted in this review.

<sup>36</sup> JumpStart is a national coalition of organizations devoted to improving financial literacy for children from grades K-12.

<sup>37</sup> 2004 survey results had an average literacy score of 52.3 percent.

<sup>38</sup> 55%, 46.8% and 44.7% respectively.

<sup>39</sup> Students in families with incomes over \$80,000 year had average scores of 55.6% compared to students whose family income is less than \$20,000 scoring 48.5%.

<sup>40</sup> Based on a 24 question survey of 3,512 adults conducted in 2005.

<sup>41</sup> Lerman, Robert I. and Elizabeth Bell. 2006. Available online at the following address:

[www.urban.org/url.cfm?ID=311352](http://www.urban.org/url.cfm?ID=311352)

Analysis of the JumpStart survey results by Lewis Mandell of the University of Buffalo shows that financial education and experience do not appear to be related to financial literacy. While additional research by Mandell also demonstrates that participation in a course on personal finance does not necessarily improve financial literacy, his research does reveal that individuals who participate in a course on personal finance report higher levels of personal thrift, including having a savings account.<sup>42</sup>

Contrary to Mandell's findings, the National Endowment for Financial Education conducted an evaluation of a financial education course called the High School Financial Planning Program<sup>43</sup> and found that students enrolled in the program reported significantly higher improvements in their financial literacy three months after completion. Participants also reported higher levels of personal savings after completion.

*Education and Savings: The Long-Term Effects of High School Financial Curriculum Mandates* shows state-mandated financial education requirements for students lead to greater completion of financial education programs, and students who completed financial education courses in high school reported higher savings and greater net worth than students who were not mandated to complete courses.<sup>44</sup> Students exposed to a state mandate on financial education had savings rates 4.75% higher and reported a net-worth-to-earnings ratio of almost 9% higher than students not exposed to mandates.

Financial literacy education is especially relevant for low-income families. Education and improved money management skills make individuals less susceptible to predatory lending and can promote savings and investing strategies. Researchers at the University of Illinois have followed the success of an Illinois free financial literacy program called Financial Links for Low-Income People (FLLIP) aimed at welfare recipients and found that participants improved their budgeting and payment skills as well as improved their credit and loan practices.<sup>45</sup>

Financial literacy acumen was gauged before the beginning of the program in order to judge its effectiveness.<sup>46</sup> Program participants<sup>47</sup> reported substantial changes in financial behaviors following program completion. Individuals were more likely to open savings and checking accounts, many reported decreased usage of pay day lending institutions and the majority reported that they were able to save more on a monthly basis with over 1/3 beginning to save for a home down payment and nearly 1/3 saving for retirement.

### **Substance Abuse**

Teaching life skills is one of 15 principles guiding the Office of National Drug Control Policy's substance abuse prevention program. Basic skills instruction along with strategies on how to refuse drugs by promoting critical thinking, communication and social competency have proven to be effective in reducing substance abuse.

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<sup>42</sup> *Financial Literacy: Does it Matter?* 2005 mirrors these findings collected by the Urban Institute. Mandell's research shows that measuring the affect financial education has on financial literacy is difficult. As financial literacy is currently measured, his research shows that it has little effect on people's propensity to save money. It is difficult to ascertain the effectiveness of specific courses given differences in course content, effectiveness of instruction, whether or not course material appeared on financial literacy surveys as well as interpretation issues in financial literacy survey questions. Mandell's study reveals that while financial education may not improve financial literacy scores, it does however result in more positive financial behaviors such as increased savings.

<sup>43</sup> The High School Financial Planning Program was initiated in 1984 to improve financial education for youths. The program is administered in conjunction with the U.S. Department of Agriculture-Cooperative State Research, Education and Extension Services along with Land-Grant University Cooperative Extension Services, the Credit Union National Association and America's Credit Unions. Over 3 million students have participated in the program since its inception.

<sup>44</sup> Bernheim, B. Douglas, Daniel M. Garrett and Dean M. Maki. 2001. *Journal of Public Economics*. 80(3): 435-65

<sup>45</sup> Anderson, Steve, Jeff Scott and Min Zhan. *Financial Links for Low-Income People: Final Evaluation Report*. 2004.

<sup>46</sup> Prior to program participation, individuals answered an average of 53.9% test questions.

<sup>47</sup> The typical participant had a median monthly income of \$800, approximately 25% were receiving TANF assistance, 25.4% had a savings account and 40.1% had a checking account. Additionally, 1/3 of participants had not completed high school and 56% had not attended college.

Numerous life skills training organizations offer curriculum to promote skills to help children avoid risky behaviors.<sup>48</sup> *LifeSkills Training* is a program that has received recognition from the National Institute on Drug Abuse, the White House Office of Drug Policy and the U.S. Department of Education along with numerous other organizations for teaching a curriculum that has proven to be effective in substance abuse prevention. *LifeSkills Training* has curriculum designed to be conducted over several years, beginning as early as third grade.

Life skills training is considered a core component of drug prevention programs and has been proven effective across income levels, ethnicities and in both rural and urban areas. Students are taught strategies to resist peer pressures to use dangerous substances and engage in risky behaviors by helping them develop greater self-esteem and self-confidence. Students are also taught how to cope with emotions and anxiety and instructed on the immediate and long-term consequences of engaging in dangerous behaviors. Studies have shown that this program can cut tobacco use by 87%, alcohol by 60%, marijuana by 75% and methamphetamine use by 68%.<sup>49</sup> While there are many causative factors in why an individual uses drugs, a lack of basic social, personal skills and refusal skills is a key determinant. The rise in life skills training in drug prevention programs reflects the importance of life skills as a deterrent to substance abuse.

### ***Domestic Violence***

Research has shown that domestic violence may be more prevalent for poor and low-income women.<sup>50</sup> While the dynamics surrounding this are not entirely clear, it is possible that low-income women lack the basic life skills that could allow them to escape abusive situations. *Trauma Symptoms and Life Skills Needs of Domestic Violence Victims* by researchers at the University of Illinois at Chicago assessed the life skills needs of 84 victims of domestic violence from three domestic violence prevention programs.<sup>51</sup> The study found that many women lacked skills in money management, seeking and obtaining employment, parenting, managing stress and being able to locate permanent housing. Many shelters and organizations devoted to helping individuals escape abusive relationships provide life skills training as a way transition to self-sufficiency; a lack of life skills may be a barrier to leaving an abusive relationship in terms of being able to be economically stable.

### ***Adult and Juvenile Crime***

Life skills research in relation to crime prevention typically focuses on helping individuals identify dangerous situations and teaching skills to resolve conflicts and resist pressures to engage in violent behaviors. The National Crime Prevention Council encourages the creation of community-based programs to teach youth about violence control, problem solving and communication skills as a way to prevent juvenile delinquency, drug abuse, gang violence, sexual harassment and other types of crimes.

*Youth Violence: A Report of the Surgeon General* shows that the most effective programs in curbing violence include skills training, behavioral management training, social problem solving

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<sup>48</sup> The curriculum discussed here by *LifeSkills Training* is only an example. Several other organizations also offer curriculum designed to prevent substance abuse by teaching life skills.

<sup>49</sup> Please see <http://www.lifeskillstraining.com/evaluation.php> for a complete list of research studies documenting curriculum success.

<sup>50</sup> Center for Disease Control, National Center for Injury Prevention and Control, *Intimate Partner Violence: Fact Sheet*

<sup>51</sup> Gorde, Mrugaya W., Christine A. Helfich and Marcia L. Finlayson. *Journal of Interpersonal Violence*, Vol. 19, No. 6, 691-708 (2004)

and thinking skills.<sup>52</sup> *Helping America's Youth* is a nationwide effort initiated by President Bush to encourage communities to engage children and teenagers. *Helping America's Youth* provides a clearinghouse of information on 180 varied evidenced-based programs currently being used in communities across the U.S to prevent and reduce delinquency or other youthful behavior problems.<sup>53</sup> More than 1/3 of the programs have curricula that are directly related to teaching and improving life skills.

### ***Lack of Parenting Skills***

Closely related to empowering adolescents with life skills as a means to prevent and reduce crime is giving parents a better set of tools with which to effectively guide their children. Research by the Centers for Disease Control has shown that parents of children who engage in delinquent or violent behavior frequently feel depressed, demoralized and frustrated by their inability to control their children.<sup>54</sup> CDC research reveals many parents of children who engage in delinquent behavior rely on ineffective discipline techniques as a means of control, ineffectively monitor day-to-day activities, and have inconsistent applications of discipline and marginal involvement in academics.

Programs offering parent counseling, training in parental techniques and problem-solving strategies can reduce parental stress levels and help parents decrease anti-social behaviors in their children. Parents can be empowered with information to understand and react to their children's behavior, how to communicate effectively, set up systems of consequences and rewards and to discipline without violence.

CDC research shows that the most effective intervention programs are those which teach parents basic life skills to deal with social isolation, depression, marital conflict, housing and financial issues.<sup>55</sup> The assumption of such programs is that parents who are better able to manage every day issues are better equipped to handle the emotional, physical, psychological and social issues associated with parenting.

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<sup>52</sup> 27 specific models and programs were identified by the Surgeon General as being effective in reducing and preventing youth violence. 2 programs were identified as not working. Model and program detail can be found in the report which can be viewed online at: [http://mentalhealth.samhsa.gov/youthviolence/surgeongeneral/SG\\_Site/home.asp](http://mentalhealth.samhsa.gov/youthviolence/surgeongeneral/SG_Site/home.asp)

<sup>53</sup> Visit <http://guide.helpingamericasyouth.gov/default.htm> for program information.

<sup>54</sup> Center for Disease Control. *Best Practices for of Youth Violence Prevention: A Sourcebook for Community Action*.

Available online at the following address: [www.cdc.gov/ncipc/dvp/bestpractices.htm](http://www.cdc.gov/ncipc/dvp/bestpractices.htm)

<sup>55</sup> *Ibid.*

## Barriers to Education

The effects of educational attainment are intertwined with many of the priority issues facing the Greater Salt Lake area. Lack of education and barriers to receiving education are manifested in lower income levels, higher rates of crime, higher rates of cohabitation and divorce and higher rates of substance abuse. Additionally, a higher level of parental education also leads to greater educational achievement for their children.

### **Adult & Juvenile Crime**

Crimes are committed by all segments of society. In discussions of risk factors predisposing individuals to commit crimes, no single factor stands out as having a greater causal relationship to increased crime than others. The context of education, income levels, family history, and mental health are all relevant factors in predisposing individuals to crime. Research does exist however, that demonstrates that there is a relationship between increased educational attainment and lower crime rates.<sup>56</sup>

A study by the Joint Center for Poverty Research operated by Northwestern University and the University of Chicago reveals the link between higher education levels and reduced crime rates. *The Social Savings of Reducing Crime through Education*<sup>57</sup> finds that on average, each additional year of school completed by men can lower the probability that they will be incarcerated at some point in their lives.<sup>58</sup>

Arrest rates are also reduced through increased education levels. On average, a one-year increase in educational attainment can reduce arrest rates by 11%. Each additional year of schooling lowers arrest rates across most types of crimes.<sup>59</sup>

Through an examination of FBI Uniform Crime Reports, Census data and data from the National Longitudinal Survey of Youth, *The Social Savings of Reducing Crime through Education* shows that timing of education is also relevant. While crime rates begin to decline for those with at least an 8<sup>th</sup> grade education, the largest decline in crime occurs following high school graduation. Receiving a high school diploma can reduce the probability of incarceration, and a 10 percent increase in high school graduate rates reduces murder and assault arrest rates by 20%, vehicle theft by 13% and arson by 8%.

### **Breakdown of the Family**

Educational attainment is a factor in rates of cohabitation, marriage and divorce. Considerable research documents the relationship between lower levels of education and increased likelihood of cohabitation, marrying at an earlier age and higher incidences of marital dissolution.

Marriage rates in the United States have declined while rates of cohabitation have increased. Understanding the dynamics of cohabitating relationships are important, as research by the Center for Disease Control shows unmarried cohabitations are less stable than marriage.<sup>60</sup> While rates of cohabitation have increased across all segments of society, *Education and the Formation of New Families: A Comparative Study of Cohabitation and Nonmarital Fertility in Western*

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<sup>56</sup> Note: Factors that lead to academic success may also contribute to reducing the likelihood an individual will commit a crime. Increased education may not be the sole factor in explaining lower crime rates.

<sup>57</sup> Lochner, Lance and Enrico Moretti. 2002. Report can be viewed online at the following address: [http://www.icpr.org/policybriefs/vol4\\_num5.html](http://www.icpr.org/policybriefs/vol4_num5.html)

<sup>58</sup> Men commit substantially more crime than women. The probability of incarceration varies by race. Each additional year of schooling can lower the probability of incarceration rates for white men 0.1 percent and for black men 0.4 percent.

<sup>59</sup> The exception is that one additional year of education increases arrest rates for rape and robbery.

<sup>60</sup> *Cohabitation, Marriage, Divorce and Remarriage in the United States*. 2002.

*Nations*<sup>61</sup> shows that women with lower educational attainment are more likely to cohabitate than women with higher education levels. When women with higher levels of education do enter into cohabitating relationships, CDC research reveals that they are more likely to marry their partner within five years.

In terms of overall marriage rates, CDC research also demonstrates higher education levels are correlated with having a higher probability of getting married than individuals with lower levels of education. Family factors are also relevant in determining marriage rates. The educational attainment of parents is a predictor of increased probability of marriage. Individuals whose parents have higher levels of education have a greater probability of getting married.

Educational achievement is also a factor in divorce rates. In *Growing Evidence for a "Divorce Divide"? Education and Marital Dissolution Rates in the U.S. since the 1970s*<sup>62</sup>, research shows divorce rates are much lower for men and women with college degrees. This can be partly explained by college graduates marrying older and having lower incidences of premarital births as compared to individuals with lower educational attainment.<sup>63</sup>

While there is a correlation between education levels and cohabitation, marriage and divorce, it is impossible to state that lack of education is the root cause of declining marriage and increasing divorce rates. Factors such as family stability, coming from a divorced family, unemployment, religion and poverty all affect the probability of whether an individual will choose to cohabitate, marry and/or divorce.

### ***Insufficient Income***

The benefits of receiving higher education are numerous and well documented. Research shows that higher education can lead to increased income<sup>64</sup> and job stability, lower rates of crime and some research even reports that education levels are associated with improved health and increased longevity.<sup>65</sup>

Obtaining full-time employment is not always enough to counter deficits in education. *Parents' Low Education Leads to Low Income Despite Full-Time Employment*<sup>66</sup> by the National Center for Children in Poverty at Columbia University shows despite full-time employment, the education levels of parents is an indicator of family earning potential. Despite obtaining full-time employment, individuals with low levels of education are more likely to report low incomes. Parental education levels are a predictor of whether or not children will live in low-income families; 74% of children who have parents without a high school diploma live in low income families; only 16% of children whose parents have at least some college education or more live in low income families.

### ***Substance Abuse***

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<sup>61</sup> Kennedy, Sheela. 2004. Report can be viewed online at the following address:

<http://paa2004.princeton.edu/download.asp?submissionId=42075>

<sup>62</sup> Published by the Russell Sage Foundation. Report can be viewed online at the following address:

<http://www.russellsage.org/publications/workingpapers/divorcedivide/>

<sup>63</sup> Pre-marital births and young age at marriage are indicators of higher incidences of marital dissolution.

<sup>64</sup> College graduates earn roughly 73% more than high school graduates and are less likely to be unemployed and live in poverty. *Education Pays 2004: The Benefits of Higher Education for Individuals and Society*.

<sup>65</sup> See: Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, 2005; Shellenback, Karen. *Child Care and Parent Productivity: Making the Business Case*. Cornell University Linking Economic Development and Child Care Research Project. December 2004; Werner, EE and Smith, R. *Overcoming the Odds: High-Risk Children from Birth to Adulthood*. New York: Cornell University Press, 1992; Baum, Sandy and Kathleen Payea (College Board). *Education Pays 2004: The Benefits of Higher Education for Individuals and Society*.

<sup>66</sup> Published October 2006.

Greater levels of educational attainment are associated with both decreased rates of illicit substance use and substance dependency<sup>67</sup>. Individuals with lower levels of education are more likely to report recent illicit drug use than individuals with college degrees. Research from the 2005 National Survey of Drug Use and Health (NSDUH) shows the current rate<sup>68</sup> of illicit substance use is lower for college graduates as compared to high school graduates, those with some college experience and individuals who did not graduate from high school.<sup>69</sup> Substance abuse and dependence is also associated with education levels. High school and college graduates report the lowest levels of substance abuse problems as compared to those without a high school degree and those who did not complete college.

Cigarette smoking is also associated with education levels. As an individual's education level rises, his or her probability of smoking cigarettes declines. NSDUH research shows that college graduates report the lowest rates of cigarette use. This also holds true for smokeless tobacco use.

While higher levels of education may decrease the likelihood that an individual will smoke cigarettes or abuse illicit substances, this is not the case for rates of alcohol use and alcohol dependency. NSDUH research shows that college students report higher alcohol use and greater rates of heavy and binge drinking as compared to their counterparts not enrolled in college.<sup>70</sup> Binge drinking may be associated with college partying and be temporary; NSDUH research shows that for adults aged 26 and older, binge drinking and heavy alcohol use rates were lower for college graduates than among individuals without a college education.<sup>71</sup>

When considered total rates of alcohol consumption however, NSDUH survey results show that among adults 18 and older, the rate of current alcohol use rose as education levels increased. 36.7% of adults with less than a high school diploma were current drinkers as compared to 69.4% of college graduates who were current drinkers.

### ***Domestic Violence***

Domestic violence is a crime that affects all segments of society regardless of socio-economic status. Research does indicate however, that domestic violence may be more prevalent among low-income women, women in poverty and women who receive welfare assistance. It is difficult to gauge the specific effect low levels of education have on incidences of domestic violence as other factors associated with poverty or low income may increase a woman's vulnerability to domestic abuse.

Separating education levels out as a risk factor for domestic violence is difficult and must instead be considered in relationship to how education can affect other factors related to domestic violence, including substance abuse, mental health and income level.

### ***Lack of Parenting Skills***

The benefits of parental involvement in their children's education are numerous and range from fewer behavioral problems in the classroom, better attendance, and better academic performance. Parents with a college degree (or higher) report greater involvement in their

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<sup>67</sup> The survey collects data on both substance use and substance abuse and dependence. Classification of whether an individual used, abused, or was dependent on a drug were made following criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition, by the American Psychiatric Association. 1994. Dependence on a substance is considered a more severe form of substance use than substance abuse given the psychological and physiological effects of drug tolerance and withdrawal symptoms.

<sup>68</sup> Survey respondents were asked about their current or past month use of substances.

<sup>69</sup> U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Full survey results can be viewed online at the following address: <http://www.oas.samhsa.gov/nsduh/2k5nsduh/2k5Results.pdf>

<sup>70</sup> *Ibid.*

<sup>71</sup> 18.9 and 4.9 percent, respectively for college graduates and 21.9 vs. 6.0 percent, respectively for individuals who had not completed college.

children's school.<sup>72</sup> This includes higher likelihoods of attending school events, meeting with teachers and volunteering at school functions.

In addition to greater participation, parents with higher levels of education are more likely to read to their children. Results from the National Household Education Survey shows that 46% of children with a parent who has an advanced graduate degree are read to every day compared to 23% of children whose parent does not have a high school diploma. Only 6% of children with a parent who has an advanced graduate degree are not read to at all, compared to 18% of children whose parents did not have a high school education.<sup>73</sup>

### ***Language/Cultural Barriers Interactions with Education***

Low levels of education do not cause language or cultural barriers; rather, the converse can be true. As immigration increases, the educational achievement of individuals who do not speak English as their first language is relevant as it relates to their own and their children's educational achievement, future job opportunities, access to health care and so forth.

This literature review has illustrated the importance of education and the problems associated with barriers to education. Children of immigrants can especially benefit from early education programs by helping them with language acquisition and school readiness. Research has shown however, that children of immigrants are less likely to participate in early childhood education programs and are more likely to be in the care of a parent.<sup>74</sup>

*Reaching All Children? Understanding Early Care and Education Participation Among Immigrant Families: A Brief* by the Center for Law and Social Policy<sup>75</sup> reveals that there is little research available to explain precisely why children of immigrants have lower participation rates in early childhood education programs, including preschool. Factors that most likely contribute to lower rates of participation include low family income levels, lower levels of parental education, children of immigrants are less likely to have two-working parents,<sup>76</sup> and the nature of immigrant employment may be irregular, making center-based care with traditional hours unusable.

Many immigrants are concentrated in large cities where problems of poverty already exist. Research by the RAND Corporation shows the quality of local schooling options is a strong predictor of future success of immigrant children. Research in *Newcomers in American Schools* demonstrates that many of the school districts in which immigrant children find themselves are already challenged to provide for their students—whether they are native or foreign born.<sup>77</sup>

While many factors may preclude children of immigrants from participation in early education programs and symptoms of poverty may compound other problems associated with immigration, research does exist that children of immigrants are obtaining higher levels of education than their parents.

An analysis by the California Institute of Public Policy found that across immigrant groups, second and third generation Californians attain higher levels of education than their own parents or those

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<sup>72</sup> The Child Trends Databank can be accessed online at the following address: <http://www.childtrends.databank.org/>

<sup>73</sup> Full survey results can be viewed online at the National Center for Education Statistics at the following address: <http://nces.ed.gov/pubs2005/2005043.pdf>

<sup>74</sup> *Reaching All Children? Understanding Early Care and Education Participation Among Immigrant Families: A Brief*. Center for Law and Social Policy.

<sup>75</sup> Matthews, Hannah and Danielle Ewen. 2006. Report can be viewed online at the following address: [http://www.clasp.org/publications/child\\_care\\_immigrant.pdf](http://www.clasp.org/publications/child_care_immigrant.pdf)

<sup>76</sup> According to the report and U.S. Census data, children of immigrants are more likely to be living in two parent families as compared to native born children.

<sup>77</sup> McDonnell, Lorraine M. and Paul T. Hill. The full report can be viewed online at the RAND Corporation at the following address: [http://www.rand.org/pubs/monograph\\_reports/2006/MR103.pdf](http://www.rand.org/pubs/monograph_reports/2006/MR103.pdf)

in their parents' generation.<sup>78</sup> Research by the RAND Corporation also demonstrates that second generation immigrants make substantial gains in educational achievement; despite early lags in education levels, subsequent generations can narrow the gap between immigrants and the native-born population.<sup>79</sup>

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<sup>78</sup> *Immigrant Education: All Younger Generations Enjoy Notable Improvement, But Wide Disparities Among Ethnic Groups Remain*. Research brief can be viewed online at the following address: [http://www.ppic.org/content/pubs/rb/RB\\_905DRRB.pdf](http://www.ppic.org/content/pubs/rb/RB_905DRRB.pdf)

<sup>79</sup> McCarthy, Kevin F. and Georges Vernez. *Immigration in a Changing Economy: California's Experience-Questions and Answers*. Report can be viewed online at the following address: [http://www.rand.org/pubs/monograph\\_reports/MR854.1/](http://www.rand.org/pubs/monograph_reports/MR854.1/)

## Inadequate Opportunities for Child and Youth Development

Access to childcare and early child education is an issue that has both economic and social importance. Quality care arrangements are critical in supporting the employment of families and encouraging the social and cognitive development of children. Inadequate opportunities for child and youth development affect educational attainment levels, crime rates as well as worker productivity and earnings potential both in the short term for parents and the long term for children.

Across the board there is consensus on the importance of high quality child care and early childhood education beginning at infancy and continuing through adolescence. Currently, the quality of care and the type of care arrangement is reflective of income levels. Children from low-income and poor families show greater gains through quality care than children from more privileged backgrounds. Access to such care, however, is severely restricted for at-risk children due to cost and availability.

### ***Breakdown of the Family & Lack of Parenting Skills***

Researchers at the RAND Corporation have documented that participation in quality child care programs can improve both social and economic outcomes of families (primarily women, as many at-risk children are in families headed by mothers only). In *Early Childhood Interventions: Proven Results, Future Promise* research shows that mothers who participate in intervention care and education programs have better health and reduced use of public assistance programs.<sup>80</sup> Furthermore, studies indicate that parents and families also benefit from participation in programs by helping parents provide for their children and reducing the odds that children will be ill-treated.<sup>81</sup>

A handful of longitudinal studies exist that track the outcomes of children who receive quality care and educational opportunities. The Perry Preschool Longitudinal Study is the oldest longitudinal study with research conducted over four decades.<sup>82</sup>

In Ypsilanti, Michigan, 123 African-American children were identified as living in poverty and at risk of school failure. Divided randomly, 58 children were assigned to receive high quality early care in an educational setting; the remaining children were to receive no pre-school education.<sup>83</sup> Children were studied between ages 3-11, 14, 15, 19, 27 and at age 40 (97% of participants were still living at age 40).

In 2005, *Lifetime Effects: The High/Scope Perry Preschool Project Through Age 40*, was published detailing the outcomes of project participants. Children who received high-quality preschool report more positive family lives over the cohort who received no preschool education. Program participants were also more likely to report family happiness (75% vs 64%) and male participants were more likely to be raising their own children (57% vs 30%).

The Chicago Longitudinal Study began in 1986 as a federally funded Title I study of the effects of early and extensive childhood intervention on 1,539 children in central Chicago called Child-Parent Center Program (CPC Program) in a federally funded kindergarten in the Chicago Public Schools. Administered through the University of Wisconsin and Northern Illinois University, this is

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<sup>80</sup> Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, 2005. Report can be viewed online at the following address:

[http://www.rand.org/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf)

<sup>81</sup> *Ibid.*

<sup>82</sup> Perry Preschool Project was conducted by the High/Scope Educational Research Foundation, an independent, non-profit research organization. Additional information can be found at:

<http://www.highscope.org/Research/PerryProject/perrymain.htm>

<sup>83</sup> "Quality care" was defined as instruction taught by well qualified teachers with a child to teacher ratio of 8:1.

the largest longitudinal study of its kind in both size and scope, specifically concentrating on inner-city children.<sup>84</sup>

For the past 16 years, the study has evaluated both the short and long term effects of early intervention as well as tracking the social and scholastic development of both child and family participants. Early study results mirror those of the High/Scope Perry Preschool Project with participants reporting more extensive parental involvement.

### ***Insufficient Income***

Discussions of how inadequate child care relates to insufficient income are relevant to both immediate family income levels and future potential earnings of children. Research by Karen Shellenback<sup>85</sup> as part of the Cornell University Linking Economic Development and Child Care Research Project reveals that access to quality care arrangements improves employee productivity and reduces both turnover rates and absenteeism. RAND Corporation research also shows that mothers with children in early child care intervention programs have higher rates of employment.<sup>86</sup> Access to adequate child care can result in improved job stability for primary family wage earners and lead to increases in earnings and career advancement.

Research also demonstrates that children who receive quality child care can have significant economic advancement over children who do not. Perry Preschool Program participants have higher levels of employment at age 40 (76% vs 62%); median earnings \$5,000 higher; higher rates of home ownership; and were more likely to have a savings account (76% vs 50%).

### ***Barriers to Education***

*Early Childhood Interventions: Proven Results and Future Promise* by the RAND Corporation suggests that early childhood development is imperative to encourage positive social and intellectual development. Children who are exposed to enriched environments are more prepared for school than their disadvantaged peers. RAND Corporation research also shows that the mothers of children in quality care intervention programs are able to obtain greater levels of education and employment.

Both of the longitudinal studies reviewed report similar findings regarding the educational prospects for children who receive quality early childhood education. Perry Preschool Project & Chicago Longitudinal Study participants have higher levels of school achievement, including high school graduation rates, higher performance on school achievement tests, higher school retention rates and lower rates of grade repetition.

While research by the RAND Corporation and Perry Preschool Project reveals that this cognitive advancement by children who participate in quality early childhood programs is statistically significant in the short-term, results may fade over time. Both studies however, note that the long-term positive benefits of receiving high quality care and education do exist as evidenced by higher levels of education and earnings when these children grow to adulthood.

### ***Adult & Juvenile Crime***

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<sup>84</sup> In addition to focusing on early childhood intervention, the study collects data on parenting practices, special education placement and school learning environments.

<sup>85</sup> Shellenback, Karen. *Child Care and Parent Productivity: Making the Business Case*. Cornell University Linking Economic Development and Child Care Research Project. December 2004. Report can be viewed online at: <http://government.cce.cornell.edu/doc/pdf/ChildCareParentProductivity.pdf>

<sup>86</sup> Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, 2005. Report can be viewed online at the following address: [http://www.rand.org/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf)

Several studies document the link between adequate childcare and reduced crime rates (for both children and parents), including lower levels of overall delinquent adolescent behavior. RAND Corporation research shows that mothers whose children participate in quality early care programs have lower levels of criminal activity.<sup>87</sup> Participants in the Perry Preschool Project had lower rates of arrest for violent crimes, crimes against property or drug crimes.<sup>88</sup> Early results of the Chicago Longitudinal Study mirror these findings with participants reporting lower rates of delinquent behavior.

While studies have reported findings on the long term benefits of receiving early quality child care and education, the importance of quality care is evident not just at young ages; adolescent children can also benefit. Research by the Institute of Medicine's Board on Children, Youth and Families has focused on the overlap between work patterns of parents, developmental needs of children and adolescents, support available to families and the roles of parents and caregivers.<sup>89</sup>

Low-income families have limited access to care for their children outside of school hours, but research demonstrates that structured, supervised, skill-focused activities for adolescents can produce favorable results ranging from reduced incidences of juvenile delinquency, better school performance and better self-esteem, while unstructured programs may exacerbate (and create) problems.

Adolescents who spend substantial amounts of time in unsupervised self-care have a greater potential to develop antisocial behaviors and other adjustment problems which can lead to increased crime. The quality of care for adolescents varies dramatically with many programs focusing on providing a safe environment or focusing on providing academic assistance. The results of such a focus can come at the expense of other developmental aspects such as physical health and fitness, creativity and motivation.

### ***Lack of Positive Role Models***

Access to positive role models is especially relevant during adolescence. As mentioned above, there is a lack of care arrangements for adolescent children. Many children are self-care after school and research shows that poor parental monitoring is linked to negative behaviors such as crime, tobacco, alcohol and other illicit substance use, poor school performance and early sexual activity.

The availability of, and participation in after school programs have been proven to help children deal with emotions, develop goals, increased social acceptance by their peers and to develop meaningful relationships with unrelated adults such as leaders, mentors and coaches. Evidence indicates that positive adult role models can reduce the likelihood of developing negative behaviors in high-risk children.<sup>90</sup> Research by the Department of Education indicates that juvenile crime peaks between the hours of 3 p.m. and 4 p.m. and that children are at greater risk of being the victim of a violent crime between the hours of 2 p.m. and 6 p.m.<sup>91</sup> After-school programs can ensure the safety of children while bringing at-risk children into contact with caring adults who are able to act as strong role models.

### ***Other Interactions with Inadequate Opportunities for Child and Youth Development***

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<sup>87</sup> *Ibid.*

<sup>88</sup> *Lifetime Effects: The High/Scope Perry Preschool Project Through Age 40.* Research can be viewed online at the following address: <http://www.highscope.org/Research/PerryProject/perrymain.htm>

<sup>89</sup> *Working Families and Growing Kids: Caring for Kids and Adolescents.* 2003. Research can be viewed online at the following address: <http://www.nap.edu/catalog/10669.html>

<sup>90</sup> Werner, EE and Smith, R. *Overcoming the Odds: High-Risk Children from Birth to Adulthood.* New York: Cornell University Press, 1992.

<sup>91</sup> *After School Programs: Keeping Children Safe and Smart.* Research can be viewed online at the following address: <http://www.ed.gov/pubs/afterschool/index.html>

### *Life Skills*

RAND Corporation research shows that mothers who have children enrolled in quality care intervention programs exhibit more effective parenting skills. Additionally, many child care programs incorporate life skills into educational curricula and can teach children skills for handling emotions and interpersonal skills such as listening, communicating, cooperating and sharing.<sup>92</sup>

### *Transportation Aspects*

While inadequate opportunities for child and youth development do not cause transportation problems, access to quality child care can be restricted due to transportation issues within families. Research conducted through the Cornell University Linking Economic Development and Child Care Research Project shows that access to reliable transportation is an important factor in child care decisions.

The location of child care programs is a key factor in child care decisions. Access to centers or facilities is contingent upon both convenience of location and reliable transportation.<sup>93</sup> The availability of transportation is particularly salient for low-income families who may not have access to a vehicle.

### *The Importance of Family*

While many of the studies referenced here focus on the characteristics of care arrangements and link quality of care to improved cognitive and social development, it is important to note that not all studies give the same emphasis to quality of childcare alone. The National Institute of Child Health and Human Development Early Child Research Network's *Child Care and Child Development: Results from the NICHD Study of Early Child Care and Youth Development* study<sup>94</sup> examines the connection between child care and parenting by examining simultaneously the quality of child care, the type of child care setting as well as the number of hours spent in care on childhood behaviors and development.<sup>95</sup>

Unlike previous research, this study has found that quality of childcare is only moderately associated to cognitive and social development through the preschool years. The quantity of hours spent in care is not related to the cognitive development prior to kindergarten, although children who spend higher number of hours in a care setting exhibit slightly more behavioral problems and minor illnesses such as ear infections and upper respiratory infections.

Instead, research from *Results from the NICHD Study of Early Child Care and Youth Development* reveals that parental and family characteristics were more strongly linked to child development than the individual features of child care settings. Parental education levels, family income, two-parent (as opposed to single parent) families, maternal sensitivity and the cognitive and social quality of the home are more strongly and consistently connected to early childhood cognitive and social development. The importance of family experience held true for all children regardless of the quality or quantity of out of home care. Research by the RAND Corporation reveals that quality child care programs may be able to improve outcomes for low-income children, it is not sufficient to close the gap between them and their more advantaged peers.<sup>96</sup>

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<sup>92</sup> The United Nations International Children's Emergency Fund (UNICEF) considers the receipt of life skills education to be essential to the way they define 'quality education'.

<sup>93</sup> Stoney, Louise *Beyond the Comfort Zone: New Ideas for Early Care and Education*, as part of the Cornell University Linking Economic Development and Child Care series. Report can be viewed online at the following address: <http://government.cce.cornell.edu/doc/pdf/BeyondTheComfortZone.pdf>

<sup>94</sup> Published in 2005

<sup>95</sup> Conducted in several phases, beginning in 1991, the NICHD followed the development of 1,300 children at 10 different U.S. sites from birth through age 3. Subsequent phases followed when the children reached first grade and data collected from the middle school years (2000-2004) is being tracked.

<sup>96</sup> Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, 2005



## Focus Groups with Service Clients

Five focus groups were conducted with clients of community service providers in Salt Lake, Davis, and Tooele Counties. A questionnaire was distributed to service recipients in Summit County. The purpose of each group was to gather input directly from people most impacted by the problems examined in this community assessment.

Focus group participants were asked a pre-defined set of questions, including open-ended questions about their goals and barriers to reaching those goals, ranking of 17 priority community problems, and discussion about their top-ranked issues. The written questionnaire in Summit County asked for some of the same information but due to limitations of the format, it only asked detailed questions about the issue that each individual ranked as their top concern.

Key themes and messages from each focus group are summarized below. A complete summary of each focus group is included in Appendix C: Detailed Focus Group Summaries.

Six of the 17 priority problems were consistently included among the top concerns for participants in this process. They are listed in order of importance as follows:

1. Insufficient income
2. Lack of affordable health care
3. Lack of affordable housing
4. Substance abuse
5. Lack of transportation
6. Breakdown of the family

Concerns about income, health care and housing were clearly more prominent than any of the other issues. These three issues were often closely interrelated, with much of the income problem exacerbated by rapidly growing housing and health care costs.

Many participants expressed deep frustration that the growing economy wasn't helping them; these participants felt that good jobs were out of reach and they couldn't spare the time or expense to obtain training and education needed to improve their job situations.

Rising health care costs were frequently discussed in these groups. They described rising insurance premiums eliminating the benefits of pay raises and increased co-payments and deductibles making insurance unpractical for them. They also expressed frustration at public and insurance company bureaucracies that seemed determined to disqualify them or hinder their access to care. Some complained about poor quality and availability of care at free clinics. They would like to see health programs made available to people with incomes too high for Medicaid and expansion of dental services for low-income people. Some called for a federal universal care program.

Housing costs have become a more acute problem in the most recent two years, with many complaining about increased rents and that homeownership has gotten out of reach. Some of those with children complained about not being able to afford an apartment large enough for their children, especially when boys and girls are too old to share rooms. A common complaint was that waiting lists are much too long for subsidized housing or public housing. However, those who were domestic violence victims were pleased that they were treated as a priority in allocating housing assistance. Many want programs to help with up-front costs, like deposits and first and last months' rent payments. They would also like to see more housing developments include affordable units.

Substance abuse was clearly an issue affecting many other problems. Some participants related substance abuse to their own problems with incarceration and with the crime that others bring to their neighborhoods because of drugs. They attributed much of the abuse to desperation and hopelessness as well as “self-medicating” for mental illnesses. They would like to see more counseling services available to those who cannot afford to pay for it.

Transportation was a particularly noteworthy problem in the Tooele focus group; they felt isolated and unable to access services and job opportunities in the Salt Lake area. They want to see more public transit options in Tooele. Other groups also noted transportation problems, especially in accessing child care, jobs, and services that they need.

Breakdown of the family was cited by many participants as a problem affecting them and those around them. However, those who fled a domestic violence situation were sensitive to the “breakdown” label and want to be sure that others understand that they needed to break out of those relationships. These women cited substance abuse as a clear precipitator of domestic violence and family breakdown. Participants in several groups suggested expansion of programs that allow parents to have some time together to strengthen and maintain their relationships.

A common complaint about many of these issues was that people do not know about programs that might help them, and they would like solutions that focus on making more information available on programs and organizations available in their community.

These groups also seemed to focus on public programs as solutions to many of these problems. They were disappointed by the political process not providing greater spending on social programs and wanted to see a greater array of programs to meet their needs.

## Appendix A: Survey Findings – Open-Ended Input on Specific Problems

### Adult and Juvenile Crime

Question 9 asked if respondents would provide input on the issue of Adult and Juvenile Crime. Their input is included as responses to questions 10-13. (N=28)

Question 10: What, if any, programs, policies, or practices are working well to address this problem?

- Follow what Dan Maldonado with Juvenile Justice has been doing to operationalize cultural competency in his division.
- Organizations such as scouting, Odyssey House, Boys & Girls Clubs and Norwegian Outdoor Exploration Center all contribute to the better balance in children's lives and have an early impact on crime prevention.
- The Office of Work and Family Life offers grants to support after school programs for children and youth ages 5-14.
- Guardian ad litem; peer court
- The children in our custody have to face the judicial system when and if they commit a crime.
- Sound before, after school programs and summer programs. Services that decrease the stress and amount of transitions for juveniles.
- Multidisciplinary, coordinated community responses to domestic violence, for example, that involve police, prosecutors, courts, advocates in more systemic change. See the work of the Safe at Home Coalition, for example.
- Substance abuse treatment in lieu of incarceration for non-violent offenders
- Drug Court, Peer to Peer assistance, Mental Health Court,
- Court referral to educational programs. Educational programs in jails and other facilities
- Drug courts, domestic violence services
- After school and mentoring programs work fairly well in preventing gang related involvement and in preventing crime.
- Treatment of juvenile offenders is working moderately well, but there needs to be more resources.
- Drug Court; sometimes juvenile court
- Mandatory involvement in child related issues and concerns for the issue.
- Domestic violence makes up to 50% of all law enforcement call-outs. Having victim advocates in law enforcement units helps steer victims to needed services: legal, medical, counseling, reparations, etc. Early intervention by way of protective orders helps to stop the abuse.
- Children's Justice Centers have success in empowering child victims to have a voice and testify in court. This helps to hold offenders accountable in our community and prevent future victims. The programs have received many awards.
- Youth Services prevention of Juvenile Delinquency.
- Mediation seems to work well.
- After school programs for youth and collaboration with community organizations.
- Early intervention programs can pay a big return. Drug Court is a good example. Bringing community resources into the jail/detention center and utilizing volunteers

both within institutions and upon release to assist people make the transition to the community rather than ignoring the serious problems they face.

- Community policing, after school programs, diversity training for police

Question 11: What are the greatest barriers to addressing this problem?

- Not enough prevention programs that are strengths based that work with the family as a whole and that respect and understand the culture of the family and use it to its advantage.
- Insufficient manpower resources and a failure of the school systems to support such outside activities.
- Funding and program development
- \$\$\$
- The link between crime and substance abuse especially 50 and below populations where access and social influence have become more common.
- When people protect them from the crimes they commit.
- Transportation, quality staff, family support, open communications with those involved with the child - schools, churches, family, service providers.
- Believing, for example, that domestic violence is a private family matter not a crime. Reluctance to press charges.
- Children who commit crime
- Financial resources for treatment; community attitudes about substance abuse
- Lack of sufficient alternatives to incarceration and housing for ex-offenders
- Lack of meaningful consequences to juvenile offenders.
- Peoples' desire for instant gratification
- Not enough programs working with youth (prevention) and also, we are not targeting youth at an early enough age to build positive role models and teach life skills.
- Money.
- Kids in families with generational involvement in crime are far more likely to become criminally active.
- Inability to stop people from using drugs/alcohol; breaking the use chain that leads to domestic violence, child abuse, etc.
- Getting parents to learn and understand the impact this has on the children.
- Education and resources
- Earlier intervention is needed as well as positive, supportive role models
- Lack of funding, limited staff and resources for Children's Justice Centers. Few people know about the Children's Justice Centers and miss out on the benefits of their services due to lack of awareness.
- Parents are not knowledgeable about the Juvenile Justice system and how to best protect their children. Also, the EMRO's have been eliminated from the prison system.
- Funding and getting additional volunteers.
- Too much emphasis on punishment and harsh penalties that do not fit the crime rather than developing treatment and early intervention programs. Emotional rather than rational responses. Generally I think blaming the media is a scapegoat approach but not in this case. Crime coverage is cheap--not a lot of analysis by journalists and plenty of pictures--so they tend to cover it more giving the impression that crime is an escalating problem.
- Funding, lack of minority police officers, racist attitudes and behaviors

Question 12: What ideas do you have for overcoming these barriers?

- Again, look at what the Juvenile Justice division has been doing. Not enough room here to go into detail. But part of it is having staff who are from the same ethnic background as the clients.
- Increased and more formalized Mentor and leader training. Education of educators as to value of outside child development programs.
- Forming local coalitions to address the issues and create local solutions.
- More community-based programs with law enforcement support
- Providers need to remove the attitude of competition and focus on service complements - in the sense that we all play a role - let's best serve within our role.
- Public education, prevention education, effective intervention, holding offenders accountable.
- Public education and awareness
- Funding increases, more funding for intervention and treatment.
- Better parenting & child supervision
- We need more programs that emphasize and support family structure, and target youth early enough before it becomes a problem. We spend much money, energy and effort in remedial programs rather than prevention. Also, programs that teach parenting and life skills would also benefit future generations. Additionally, mentoring programs that provide role models for youth who may not have the family support and structure they need at home. PREVENTION, PREVENTION is the key.
- Legislative action to provide resources, but I don't have much faith that this will occur.
- Support of programs that provide role models to these kids and opportunities to succeed in positive activities.
- Juvenile receiving center in Tooele; more money for Drug court to expand services; transportation to services
- Education is key. We are trying to hold programs that educate and support the parent during the crisis period
- Providing more resources in educating law enforcement and the public about domestic violence so that people will access help sooner.
- Support groups in Elementary schools
- Public Awareness of the Children's Justice Centers would help.
- Better PR
- Getting more grants and other resources. Continued collaboration with community organizations.
- Work with legislators to address real needs and not just fears. Also better coordination between criminal justice programs and community based services for clients. This is an area that United Way could be most effective. Also looking at the community change issue of developing a preventative/treatment approach rather than a costly and ineffective punishment approach. Helping the families of people involved in the criminal justice system so they are in a better position to deal with the problems.
- Need more minority police and court personnel, More community based youth programs, More diversity training for police and court personnel

Question 13: Other comments on this issue?

- Modify existing laws on barriers to housing
- Many of these programs are not culturally competent. We should provide support for existing program and also train them to be more inclusive of diverse communities, and particular challenges being faced by new Americans, refugees and immigrants alike.
- Quality staff must be hired to work in these programs affecting our children. In order to have quality childcare you must pay a quality wage.
- The Children's Justice Centers work with all allied agencies involved in child abuse investigations and prosecution. The program helps other agencies perform better due to the training provided and team work concept.
- 211 has indicated many times that inmates have few resources available to them. Prisoner Information Network, a grassroots group, was just recently assumed by Intermountain Harm Reduction Project, a strong professional group that provides an opportunity to make a major improvement in this area.

### **Barriers to Education**

Question 14 asked if respondents would provide input on the issue of Barriers to Education. Their input is included as responses to questions 15-18. (N=39)

Question 15: What, if any, programs, policies, or practices are working well to address this problem?

- There are several models that work well including the programs at Guadalupe which engage children from birth to third grade and work with the "whole child" not just the educational aspects. Also, Head Start is a good program that is working. Extended day kindergarten, if approved by the Legislature, would be a good step in helping young children who come from at risk environments to be able to achieve at the same level as their counterparts.
- Teacher supports, early intervention
- Collaborations between school administration and teachers, counselors and "cultural insiders" who know what the needs and strengths are of the diverse student populations that the schools are now charged with educating. Increased participation by and accommodation of ELL parents and their needs by some schools.
- 211; community school
- Preschool screening, head start
- The issue is complex, so the organizations that are doing innovative programming that have multiple avenues of redress are vital to future progress. For example, Lutheran Social Service of Utah is opening a "More Blue Sky" Center. While computer access is a central part of the Center, so are artistic entrepreneurs whose artwork and websites are on the walls surrounding the computers, tailored economic access to resumes and jobs, English Tai Chi and Devotional Stretch classes, Early childhood refugee and asylee programming with local schools, and a place for social gathering of community is all part of the Center.
- I believe that our organization, the University of Utah Reading Clinic, is having a clear, positive impact on children's literacy development throughout the state.
- I don't know
- Extended hours/services at schools; culturally sensitive and relevant services
- Head Start provides free child care while parents are in school
- Public Law 94142 creates the requirement for education for all, but funding is short and insufficient for schools and follow up at home and in the community. If the

legislature can fund the ZAP tax why not give to those who need assistance the most and unable to afford community leisure. ZAP does not help them.

- After school programs are working well to address many problems. There are classes for English as a second language.
- We provide family nights that help parents understand their children's educational rights and responsibilities - as well as provide for adult education.
- Community school programs are addressing the problem.
- There is a more open policy to serve those who come through the door for education
- New reading money K-3
- Adult education programs in the school districts; adult literacy programs for adults reading less than 6th grade level; ESL programs; PEL grants and federal education loan programs; training funding through DWS; short-term training at ATCs.
- Horizonte School is an excellent model to help young and old overcome many barriers that prevent them from receiving the education they need. Recent test scores show that students are succeeding.
- Language acquisition programs. Adult education programs to equip parents to be their children's first teachers. Literacy programs. Summer and early childhood education programs for children. All are doing a great job - they are just insufficiently funded to be able to deal with the whole problem.
- After school programs, pre-school programs, ESL classes
- A range of options for learning English exists in Salt Lake County - formal fixed-time classes, day and evening; small group and individual tutoring.
- Legislative proposals to increase funding for both K-12 and High Educ. More needs to be given to Adult Educ. for the parents of K-12 youth and their self-sufficiency progress, especially for minorities. Local Adult Ed programs are succeeding in improving student gains, but a barrier is reduced funding that cuts back on flexible hours, number of classes offered, etc. College costs are still way too high, which results in lower enrollments.
- Partnership between k-12 and post secondary education; electronic high school provides access to more individuals and provides more courses.
- Head Start, programs to address and help recognize abuse and neglect, Medicare and Medicaid funding for children, but not to the extent needed.
- Head Start literacy initiatives, adult high school opportunities, smaller class size initiatives
- Giving support and low or no cost training opportunities to build confidence and self-worth.
- Adult education programs seem to be working well.
- Funding for additional programs.
- Recruitment of more minority school administrators-diversity training-involvement of parents in school decision making process
- Outreach programs to community members by the education system.

Question 16: What are the greatest barriers to addressing this problem?

- Language barriers, lack of early childhood stimulation and education, poor study skills, parents who don't value education, inadequate after-school programs
- Money
- The lack of bicultural navigators who help bridge lack of understanding on the part of the parents AND the part of the teachers; school staff that see new immigrant populations as being deficient and won't think outside of the box in cultivating the

strengths in ELL students -- many of these kids are very bright and their parents willing to do whatever they can to help ONCE they know how to do it and feel welcome in their child's school; teachers and administrators that don't understand cultural differences and don't know why parents at first may not feel comfortable about coming to school.

- Poverty; lack of parenting skills; drugs; criminal involvement; family breakdown
- Lack of awareness of options, lack of priority placed on need by families
- Government monies support a few 'monopoly' and large organizations (often hiding behind third party grant processes) who will do less with the money in more traditional ways reaching fewer people in the end.
- Early exposure to higher education; financial resources
- Lack of sufficient knowledge about how to teacher children how to read
- Insufficient funding and large class sizes; vouchers
- Many demands on single working parents to take advantage of services
- WFS can only help with 2 year programs, which makes it hard for families to make a living in most areas
- Lack of awareness or and understanding from general public as to the short comings of services and lack of income to pay for services if they were available.
- Language and cultural barriers and the inflexibility of schools to partner with outsiders.
- Translation of services, transportation, counselors and caseworkers more familiar with more local resources
- Public education becomes less and less capable of dealing with young people on the fringes.
- Funding for schools, class size.
- Lack of knowledge as to where programs are located, childcare, and transportation
- FUNDING!!!!!! Class size, legislators that don't understand school budgeting
- Lack of funding for training for adults to become more employable and trained in specific trades and jobs that pay a living wage; lack of sufficient resources to meet the need for adult literacy (both English speaking and English as a second language.)
- Transferring credentials from foreign born countries. Language/cultural barriers. Working individuals do not have the time or money to attend many courses available.
- Lack of awareness of the general public that there is a problem. Insufficient programs.
- Lack of household stability, lack of affordable pre-school programs
- Getting the information about the options to those who need to learn English; lack of available time due to work schedules that change, more than one job; lack of childcare; lack of or inconvenient transportation; classes that are too big or are dominated by another language group; lack of literacy in native language.
- Again, the Legislative funding and the opinions of certain legislators and citizens who are either uninformed or not interested. Another barrier is motivating illiterate or very low-educated newcomers to finish their high school work and later enter college. But if financial aid is so limited, and people must work two jobs to make ends meet, they will not be free to choose education.
- School system
- Insufficient funding to provide universal access and diverse programs and opportunities.
- Neglect and abuse, domestic violence, incarcerated parents.
- Language, culture, money & childcare

- Sites easily accessible to public transportation, engaging potential adult learners who have had previous bad experience with education, classes at convenient times for participants, lack of resources to do as many classes as may be needed
- Building self-esteem in victims of violence, crime, and mental abuse.
- Public education is not accountable. All scientific based research indicates that the achievement gap exists because of poor teaching. Until public education is fully accountable regarding what happens in the classroom - nothing will be improved.
- Lack of resources for additional educators. Need for additional resources to meet the needs of children with varied learning styles.
- I am most concerned that people of means will leave the public education system for private schools and with that exodus the decision makers of this community will see little need to invest in the public school system since their children will not be involved. Little respect and support for the teaching profession.
- Lack of funding-teacher, administrator resistance, lack of community trust in schools, lack of curriculum materials which accurately represent students and their communities
- Insufficient funds to offer regular after-hours access to educational opportunities.
- Lack of follow through on strategic planning in the school districts for life and job skills for the future

Question 17: What ideas do you have for overcoming these barriers?

- Extended day kindergarten is a good first step. Community learning centers, which surround the child and family with social and educational services, would be the best long-term solution.
- More money
- Have teachers and administrators who have succeeded in bridging the cultural gap teach others how to incorporate these strategies. There are wonderful teachers and administrators who should be lauded and their best practices cascaded to others (i.e., dual immersion teachers at Jackson Elementary, West High School Teacher J.B. Fanjul who teaches world cultures and civilizations.) There are school systems in other parts of the country (i.e., North Carolina which faced a 600% increase in the Latino population between 1990 and 2000) who are doing amazing things, let's learn from them.
- School-based resources
- Community school concept
- State and County changes in granting monies are imperative.
- Programs that expose children to higher education, financial support for students from lower income families
- Better professional development (both pre- and in-service) for educators
- Adequately funding public education and decreasing the number of children in a class so that teachers can offer some sort of individualized attention when needed by a student
- Cut back on the ZAP tax and split the revenue to provide recreation services to the disabled. This means making funding available to non-profits who provide services that are needed, outside the limited and often restricted County recreation.
- Look to the community for other providers to offer services instead of trying to do everything themselves. Change hours of operation of schools so that high school students are in school in the afternoon and not so early in the a.m.

- Cultural respect and understanding as well as constant support for planning for education is needed.
- More community school programs, funding for smaller class size
- Community services need to work more closely together to help reduce the barriers.
- Funding. Educate the government.
- Increased funding for short-term training, adult literacy programs and for training for good paying jobs.
- I think that there needs to be more schools modeled after Horizonte. The approach there is to help anyone and everyone overcome their individual barriers that are keeping them from succeeding, whether that be time, money, transportation, childcare, or language/cultural issues.
- Funding for after school programs for kids. Funding for adult literacy, English acquisition and/or high school completion for adults. English acquisition for children and youth. Access to technology and training.
- More pre-school programs, try to address the household instability that often leads to lack of educational success
- Disseminate information through ethnic organizations; offer flexible class times; provide learning opportunities at apartment complexes and local community centers; provide childcare or family literacy programs; training and materials for teaching preliterate adults.
- An increase in the minimum wage and the standard wage in some fields; a greatly reduced-fare bus pass for very low-income people; more support of ESL classes and college among employers (to give incentives or some released time and send their workers to classes); some kind of government intervention to cap rental costs and influence interest rates; and legislative funding changes outside of the areas of construction and freeways!
- Involve parents and advocacy groups
- Better programs to recognize and help families before abuse occurs, better parenting programs to give parents the tools needed, and more access to medical care.
- More after school programs and volunteer tutors to help
- Coordinate public transportation so it has routes & stops close to these classes, do an oral survey of adult learners & find out what motivates them to participate, then figure out funding & other resources needed, then implement, child care so people can attend classes & have a chance to study
- We need service programs that work and we need the money to support them. Community groups for support go a long way when a person is able to vent their issues on the subject.
- Site based management - allowing the community to hire and fire the administrators, teachers and teaching staff.
- Funding always helps.
- Since the voucher effort is going to be implemented, hold the private schools accountable. At times Legislators have used the "lack of choice" as an excuse not to fund public schools. That excuse is no longer there and the so-called "savings" of school choice need to be devoted to the public schools. Pass a resolution within the Legislature that when revenues decrease, school vouchers will take the same cuts as public education funding.
- Employ more administrators and teachers who are representative of the ethnicity and race of the students. Develop a curriculum which is more friendly to minority students. Make teacher unions and associations more responsive to minority student needs

- Additional funding to have schools and educational services open to adults and families in the evenings and weekends.
- Restructure the school districts and administration to reflect the needs of the community

Question 18: Other comments on this issue?

- There are political and community barriers to overcoming barriers to education.
- Quit blaming the parents or the kids. If you want them to be partners and to respect education, treat them with respect, it's amazing the success you'll garner when mutual respect is cultivated.
- Leisure services teach and develop life skills and primary education for life development for disabled children and youth.
- Education is the key to success! We need to be sure that quality educational opportunities are available to all - preschool through adult.
- Educated individuals are more likely to come from households with money and parents who have been well educated
- I hope legislators and employers will have an opportunity to see our comments.
- Teacher's low expectations is the biggest contributor to the achievement gap.
- Require teachers and administrators to be responsible and accountable for the success of their students

### **Breakdown of the Family**

Question 19 asked if respondents would provide input on the issue of Breakdown of the Family. Their input is included as responses to questions 20-23. (N=26)

Question 20: What, if any, programs, policies, or practices are working well to address this problem?

- Healthy Families, Parents as Teachers, Crisis/Respite nurseries, In home parenting, Pre-marriage classes, adult roles classes in high school, budgeting classes, wealth enhancement/asset formation, Utah Saves
- Again, programs that use personal narratives to assess the strengths as well as weaknesses to develop interventions and assistance provide families an opportunity to be part of the solution.
- The Office of Work and Family Life houses the Utah Healthy Marriage Initiative (UHMI). The UHMI supports marriage education as a program of the Department of Workforce Services.
- Peer parenting
- There are programs and policies in place to place children with family members when children have legally been removed from their natural parents. This in the past has given children a sense of belonging, security and the opportunity to remain within their family structure.
- Religious teachings and community programs, education does help.
- After school programs that keep children engaged while parent is working.
- Our family nights with food, daycare and social services or just games are a great way to support the family.

- Many United Way programs address this problem - however, we need more focus on prevention i.e. pre-marital counseling, changes in economic policies that stress families (i.e. need to increase minimum wage, eliminate Bush tax breaks for wealthy)
- There seem to be more and more programs to help provide parents with training classes on good parenting practices. I can not name any specific programs.
- Protective orders, counseling services, increased awareness
- Advocacy for parenting programs to strengthen families and substance abuse programs, and programs to address domestic violence to help families address issues in a non-violent manner, and programs to help parents recognize signs and symptoms of abuse and how to avoid situations that are dangerous to their children.
- Rainbows of Utah is helping children cope with the loss of a loved one, from death divorce, or separation.
- The recent figure that less than 50% of households in the US are married couples received very little attention in the press. It needs to be seen as a wake up call to increasing support for families
- Providing people with the tools to be successful in a family.
- Family counseling programs for low income families.
- Issues resulting from family breakdown are transferred to the school system
- We find that families who use our services develop closer family relations. Parents become more involved with helping their children.

Question 21: What are the greatest barriers to addressing this problem?

- Basic knowledge of how this issue affects our children, our health, and risk taking behaviors.
- Caseworkers who don't understand cultural nuances as opportunities to strengthen the family. Antiquated notions of what "family" is. Sometimes grandparents and other extended family provide amazing support and help. DCFS has some caseworkers and strategies for family-based interventions that work very well to shoring up families who are struggling (but are not "broken," again, language says a lot)
- Lack of commitment, conflict resolution, and communication skills.
- Programs not community-based, only kick in after DCFS involvement
- Lack of knowledge of what can be done
- Open communication among family members
- The Federal Government's Adam Walsh Law which became effective October 2006 where all families have to become a licensed placement. There are some families that do not qualify to become licensed and they lose the opportunity to take children into their homes. This forces the children to be placed with strangers.
- Pressure of financial demands. Two and single parent income families. Insufficient time as a result. Unmanaged stress that overwhelms parents. Breakdown of traditional family parent structure creating a breakdown in family, self worth and a lack of appropriate role models. This is generational, advancing out of control problem with no foreseeable solution given our society's problems.
- Single parent families do not get enough support. Financial support is a big problem.
- Family breakdown from our perspective is coming from the idea of keeping up with the Joneses or just meeting daily needs. Multiple jobs, job stress, lack of financial stability and education all keep the family somewhat apart.
- Current political administration (National level). Intergenerational patterns/cycles.

- I think that more and more individuals are struggling to make ends meet and therefore the family ultimately suffers. Parents are stressed out about money, housing issues, and are not able to dedicate the necessary time it takes to raise a family and keep a family together. When mom and dad both have to work more than one job to keep up with expenses there is just no way a family can be successful.
- No focus on prevention. Lack of understanding of the impact violence has on all community members - safety and cost.
- Funding and the recognition that these are society's problems, not just individual families' problems.
- Money restraints which require both parents to work
- Time and money to get the programs off the ground.
- Making this a moral issue
- Lack of information and education. Poor definition of "good family"
- How do you mandate good parenting skills?
- Lack of communication skills. Self-esteem problems stemming from divorce and abandonment issues.

Question 22: What ideas do you have for overcoming these barriers?

- A state wide educational campaign, more funds from the legislature for the programs that work.
- There are some caseworkers who work with families (i.e., Holy Cross Ministries) that utilize strengths-based strategies very well. They should be teaching others.
- Forming local coalitions to address local issues and solutions.
- Community-based programs for anyone
- Educate youth on responsible leadership of families, so they will do a better job when they establish their own families.
- Require pre-marital relations and parenting classes before couples are to be married.
- The state provides more money for relatives to either become licensed providers or to provide more resources for families in the community to take custody and guardianship of their relative children.
- Require parenting classes in elementary, jr. high and high school to try and break the cycle. Parenting classes are for parents now and children and youth in school. They should take classes separately and others together. Encourage classes in school to learn to discriminate between media hype in all its forms and reality.
- Increase minimum wage. Increase cost-effective housing and health insurance. Expand mentoring for children.
- Political changes. Education. Community learning centers. Affordable health and mental health care.
- I think that there needs to be more affordable housing, increased wages, to relieve the stresses placed on families right now. Additional resources for parents such as parenting courses would be helpful as well.
- Determine what services decrease domestic violence in our community
- Public awareness and the positive legislative action needed to provide funding for needed programs.
- Job, education, and family counseling to help parents with family challenges
- I believe the state of Utah should support these programs in our schools and our communities so that children can receive the needed support in time, money, and education.

- More family programs that are culturally appropriate. More culturally sensitive counselors
- More social services help to provide training and support to ineffective parents.
- Marriage classes, trainings. Teaching parenting skills. Support groups.

Question 23: Other comments on this issue?

- Again, using negative language blames the victim and reinforces the lack of intrinsic resources they may have individually and within their family.
- Breakdown of family may be appropriate where domestic violence, substance abuse exist- this term should be clarified
- The State of Utah does not provide enough money for their children in States Custody!
- Given our society, its leaders, those people of influence, media brainwashing, and its political leaders and the lack of values, the research indicates it may be too late to repair the problem, only slow it down hopefully.
- Schools aren't failing - families are failing. Family failings and lack of parental skills and support have a huge impact on children's success in school.
- The long term affects of the breakdown of the family are not just the pain in the individual families but the lack of breaking the cycle of abuse and neglect. The long term costs to society increase, rather than decrease, over time.
- I would not encourage United Way to get involved here as too much political baggage. The term "family breakdown" has too many connotations.

## Domestic Violence

Question 24 asked if respondents would provide input on the issue of Domestic Violence. Their input is included as responses to questions 25-28. (N=16)

Question 25: What, if any, programs, policies, or practices are working well to address this problem?

- Access to shelters, counselors and legal assistance
- Laws are in effect, some education and training through media and law enforcement professionals is helping.
- See Safe at Home Coalition work mentioned in "crime" section. Must address DV with three strategies (prevention, intervention, accountability) along with systems changes involving public and private partners. Education, shelters and housing, supportive services, employment, effective arrests and prosecution are all important.
- The strength of the agencies such as the Utah Domestic Violence Council, all working together brings about change
- Insufficient facilities to address the problem, more education needed for law enforcement officers
- The domestic violence state advisory board, law enforcement increased knowledge and domestic violence shelters are helping. Public awareness is greater than it used to be.
- Mandatory reporting law!!!!!!!!!!!!

- Protective orders are extremely effective in stopping domestic violence. Over 80% of women who get protective orders say that it helped stop the violence. Early intervention also helps the perpetrator seek needed counseling
- Support groups; counseling; education.
- Programs and policies are in place that can work. Public awareness is working
- Good DV shelters, client advocates, police department trainings

Question 26: What are the greatest barriers to addressing this problem?

- Fear of abuser and breaking up (breakdown?) of the family
- Too little regular training and stereotyping of situations. Not enough education in the schools. Youth begin early in verbal and physical abuse. People don't believe it's the schools responsibility, maybe not, but parents aren't around and don't take the time, or acknowledge the problem and condone negative behavior.
- Risks to the victim and children in leaving home (e.g. injury/death, poverty, homelessness). Familial, cultural, religious pressure to keep family together. Belief that the problem isn't serious or widespread. Displacing thousands of family members every year from their homes (instead of creating an approach that removes offenders from the home). Requiring victims to travel to many places to receive services.
- Funding, affordable housing, transportation, drug abuse
- Funding
- Need to address when potential victim is a child
- Funding.
- Know where you live and where is access help if needed. More employees to effectively serve the community.
- Education. We need to devote more resources in education the public of what domestic violence is and how to access resources to end domestic violence
- Anger, which stems from experiencing hurt, and not having control.
- Lack of enforcement of protective orders; flat funding for domestic violence programs; lack of community ownership
- Outreach to people in the community. Availability of free ongoing counseling programs.

Question 27: What ideas do you have for overcoming these barriers?

- Easy access to services, typically the victim leaves the abuser several times before making the break permanent
- Make it a priority in schools, churches, civic groups, and the community at large. Public Service announcements could help if done regularly.
- Multidisciplinary, coordinated community response to family violence (the Safe at Home Coalition's work, including the new Family Justice Center). Begin thinking about ways to remove the offender (not the family) from home, neighborhood, friends, school, job.
- Support of shelters and their educational programs, transitional housing, statewide collaboration on transportation (mass) and affordable housing (not just homeless).
- More education more people to work with this esp. trained bi-lingual persons
- Domestic Violence, Child Abuse and Neglect and Mental Health and Substance Abuse professionals need to better collaborate to address these social issues as

many times, one of these social problems is the cause or affect of another of these same social issues.

- Hire some staff and have a reliable system to get kids out if necessary.
- Additional resources for both services and educational programs.
- We need to intervene preventively - not just react once violence has occurred. More communication training in High Schools might help prevent relationship-based violent acts.
- Need to develop a more male-focused approach to this problem. Rather than making it a women's issue.
- At our Center we work with the underlying issues that cause the anger.
- Increase funding at the state level for domestic violence programs; corporate/business support as it affects the bottom line; more community education on resources and support for families experiencing domestic violence including neighbors, family members and co-workers.

Question 28: Other comments on this issue?

- Change the description of whatever it is you mean by the breakdown of the family so that it doesn't imply leaving a bad situation is bad
- The consequences to children of domestic violence are poorly understood by the public. Domestic violence is a public health and safety issue, not a women's issue. In the state of Utah last year nearly 2,000 requests for DV crisis shelter were unmet (most in Salt Lake County, 506 at YWCA alone). In the first 6 months of this fiscal year more than 1,000 women and children couldn't be sheltered at the YWCA when they called (because the shelter was full). Increasingly, many victims bring multiple problems with them, including mental health issues and substance abuse issues.
- Collaboration of agencies and departments in all of these issues is imperative.
- Focusing on the specific issue of domestic violence is a more positive and helpful approach than some general concern about family breakdown.

### **Inadequate Opportunities for Child and Youth Development**

Question 29 asked if respondents would provide input on the issue of Inadequate Opportunities for Child and Youth Development. Their input is included as responses to questions 30-33. (N=33)

Question 30: What, if any, programs, policies, or practices are working well to address this problem?

- The office of child care programs are working, but are underfunded.
- Licensing of daycare providers
- The Office of Work and Family Life houses the Office of Child Care. The OCC supports child care for low-income children ages infant - 13. The OCC also supports after school programs for children and youth ages 5-15.
- None
- The Office of Child Care (DWS) works to support child care providers and improve the quality of care available to parents through grants, training, and staff retention efforts.
- Funding to support after-school programs, visibility for this issue

- I'm not really aware of existing services, but it seems that Big Brothers and Sisters is doing a good job
- CCRR's career ladder program
- The development of the after school network. The baby-steps grants help increase access to infant care.
- None
- After school programs. Mentoring programs.
- Our programs, quality and sliding fee scale are making services affordable and promoting healthier and more educated children.
- After school care associated with the schools
- Lack of sufficient, affordable and adequate childcare.
- After school programs - many are sponsored by DWS, others are Boys and Girls Clubs, etc.
- Day care, court orders
- Headstart
- After-school programs seem to be more available. Child care is coming to the attention of legislators (though little has been done about it). People of a variety of ethnic backgrounds are being encouraged or helped to apply to provide child care. There may have been an increase in the number of in-home child care providers in a larger number of neighborhoods.
- Head Start
- Lack of high quality, affordable child care. Necessity for parents to work. Inflexible work schedules to allow parents to be home when children are home.
- Some of the new Internet safety programs and child abuse prevention programs are addressing this issue, as well as parenting classes.
- Increased networking of child care, after school and youth development agencies aimed at influencing public policy
- School age programs for youth
- New therapeutic offices for abused children in inadequate supervision situations
- Quality pre-school and after school programming
- There are a lot of programs trying to take up the slack of no parent supervision.
- After school programs, Boys & Girls Clubs, formal programs that provide kids a safe, positive place to go when school is out or closed for sessions.
- Neighborhood House does a great job.

Question 31: What are the greatest barriers to addressing this problem?

- So many of the priority problems overlap. Lack of early childhood education is a barrier to addressing this problem, along with Barriers to Education. In addition, inadequate family income also aggravates this problem as so many children are left to fend for themselves because their parents are working all the time. A lack of understanding at the legislative level of the importance of funding child care is a huge barrier.
- Funding for programs, and the low-wages that child-care workers earn. It's a double-edged sword - parents can't afford to pay for child care and workers are paid very little.
- There are not enough child care providers for infants, night time, and sick children
- Funding and local resources.
- \$\$\$\$

- Child care providers are paid low wages to keep rates affordable for parents. Frequent staff turnover is a barrier to quality; caregivers with degrees can't afford to work in their field. When the minimum wage changes, centers will be forced to raise rates. How will this affect the many parents who don't qualify for state assistance?
- People lack understanding of risk and options
- Money, transportation
- Places for kids to go with staff and activities (i.e., money)
- Adequate funding for transitional child care benefits
- There has not been adequate funding for early care and after-school care. Licensing standards are not strict in enforcement of regulations. Utah does not have a quality rating system.
- Single and dual income families make it difficult to be home and spend quality time with children.
- Insufficient funds. Allowing outside groups to offer services within the schools.
- The cost of day care - plain and simple. The lack of resources for families struggling to make these payments. A statewide problem of not seeing the need and importance of school readiness through quality day care programs.
- Cost of the care
- After school programs are limiting because of cost and access
- Conservative views on working parents and their inability to afford childcare
- There just aren't enough. Sometimes cost is prohibitive for families.
- Lack of income, individuals lacking court orders addressing child support & visitation, dead beat parents not paying child support
- Lack of funding. Lack of awareness of options.
- Families who do not make enough money to pay for expensive child care, especially single mothers and refugee/immigrant families; too many government regulations and restrictions on providers of child care (though some are vital to safety); the lack of awareness on the part of some citizens who do not share this problem.
- Lack of funding, inadequate pay for child care providers
- Low pay cannot attract child care workers who bring high levels of skill and stable work patterns to child care. The loss of real earning power for low and moderate income people creates need for parents to be working full time and more.
- Parents not understanding the responsibility of knowing where their children are or who their children are with at all times. Parents who do not have the resources of quality day care or the lack of knowledge of how important supervision is.
- Lack of understanding on the part of decision makers about the importance of "out of school" time and a willingness to share the responsibility with parents for ensuring adequate opportunities.
- Insufficient number of school age programs at accessible sites, lack of transportation to sites, low pay of child care providers for all age groups & in all settings, lack of child care options for sick children, employers who do not let workers take time off to attend to sick dependents, lack of options for odd hour care IE weekends & nights & early mornings
- Trying to license smaller day care centers, the dysfunction created within families that have drug/alcohol or DV problems that lead to child abuse.
- We need more financial support for early childcare providers to encourage our best and brightest to enter the field
- Lack of funding. Failure of people to recognize that this is no longer a single parent issue--two parents working is the norm not the exception.
- Lack of public funding, low wages

- Two parent working families. Divorce!! Drugs, mental illness.
- Funding; need for community collaboration.
- Funding for subsidized ongoing child care and after school programs. Cost of quality programs is high.

Question 32: What ideas do you have for overcoming these barriers?

- Extended day kindergarten, more emphasis on early learning, advocacy at the policy level for child care funding, more access to after-school programs
- Increased state funding for child care. It would also be great to find a way to increase pay and benefits for workers. Maybe the state should pay for benefits so child care centers can increase wages...
- Bring more funds into the state to support these areas
- Local coalitions.
- Boys/Girls Club; Before/After school care; Off-track care.
- Additional tax breaks for parents; allowing child care staff to participate in the state's insurance plan; writing off student loans for caregivers who work in child care centers.
- Education of parents, perhaps through community schools.
- Set program standards, increase public funding (state level) and diversify programming
- Neighborhood community hubs that house schools, after school programs that provide academic and recreational activities, health care, etc.
- Draw down maximum dollars for child care from the federal government
- Increasing state funding for child care and after school care. I also think that there should be development of a task force to develop a long-term strategy to educate young children and provide for the needs of working parents. I think that there should be a quality rating system that is tied to funding for particular providers.
- Subsidized child care for alternative care which includes after school programs not registered as child care centers.
- Greater facilitation with schools to open doors longer and trust outside groups to work in best interest of children.
- Option for a longer school day. After school activities that are close to school.
- Fund school after school programs; sliding scale
- All day kindergarten, after school and before school day care,
- Help people obtain child support, child care funds and jobs to fund adequate child supervision
- Family Literacy programs at local schools/community centers, apartment complexes where all family members can participate in learning activities. Individual family tutoring.
- Legislative support, increased wages, and improved marketing to get the information about child care sites out to needy families.
- Expand availability of child care for families where all the adults in the home work
- Government and business partnerships to support high quality child care including training and pay for child care workers and child care that includes substantive learning experiences for children. Improved pay and tax policy that assists low and moderate income families.
- Public awareness, unfortunately it comes in the form of horrific accidents or perpetrated injury to children.

- Increased awareness and advocacy for policy related to the issue
- Study models for sick dependent care in other states & see what could be transferred to Utah, either give incentives to employers for allowing workers to take off for sick dependents or sanctions of some sort for not allowing this, more child care infrastructure for odd hours care & sick care, better pay for providers so they will stay in the field, work to get rid of the notion that married moms always have the option to stay home & single parents (mainly moms) should not have access to good child care, even though they are expected to work, because providing access for them would encourage married moms to leave the home to work
- More early intervention training/ support
- This is an economic development issue and we need a strategy to address it. It is much more than about lack of supervision but about the quality of that supervision and the impact on the development of our most important resource--our youth. Need to combine this area with barriers to education.
- Teaching parents the need. Keeping families together.
- Make it a priority.

Question 33: Other comments on this issue?

- This is often seen as a luxury. The general public needs to understand that if families are going to make it they need to have access to safe and affordable child care.
- It is very important for the State of Utah to spend enough on child care so we can draw down the federal match and provide more child care to families who need it.
- Sometimes inadequate child care creates a barrier to education for adults.
- The lack of supervision to children can result in many of the following: children may start associating with people who can lead them into dangerous activities in substance abuse, doing reckless things that can cause injury, or can make them easy prey to perpetrators of abuse.

### **Insufficient Income**

Question 34 asked if respondents would provide input on the issue of Insufficient Income. Their input is included as responses to questions 35-38. (N=36)

Question 35: What, if any, programs, policies, or practices are working well to address this problem?

- Utah Saves, federal EITC outreach, VITA, Financial Stability Council, state requirement for financial education for high school students, Jump Start
- EITC/VITA; IDAs
- EITC
- Community Action Agencies, transitional housing programs, ATC programs
- None. The legislature is blind to this issue.
- Programs which educate and train youth to make a better living as adults
- EITC (federal), when it's used
- I don't know
- Helping people who can't work access the programs intended to support them
- Utah Saves - financial literacy education initiatives.

- Some child tax credits help
- Programs that provide employment or job training for people who have difficulty finding employment and keeping it.
- Individual Development Accounts. Basic Financial Management Classes. EITC, Utah Saves.
- Utah Saves. Food pantry assistance programs.
- EITC
- DWS training programs. Short-term training at ATCs. Economic development carried out by the state, counties and individual cities. SSI for persons with disabilities. Federal EITC. IDA program.
- Educational opportunities. Alternative, training and technical schools.
- The Utah Saves program is teaching people how to save.
- Mentoring programs, education
- The Governor's economic policies and actions are helping the economy improve providing more jobs.
- Adult education. On-the-job-skills training.
- Some help in workforce services
- Emergency services provide a valuable band-aid, and working with decision makers to expand programs also has benefits.
- I don't really see any
- Customized employment and training programs that address the needs of minorities, immigrants, and refugees. The Utah Refugee Employment Center is a model of how employment services could be delivered in a much more effective way for all types of populations with specific needs.
- Skill training programs, better enforcement of employment laws

Question 36: What are the greatest barriers to addressing this problem?

- Low wages, lack of education, lack of job skills, lack of financial literacy, poor benefits
- Living in a business friendly state means that we have very few incentives or rules that improve conditions for workers. We have a very low minimum wage and there is no will in the legislature to increase wages or improve benefits for workers.
- Global economic pressures
- Child care and support for families while one of the parents is getting more training and skill development.
- The essentially single party system in Utah.
- Lack of access to education and training which could lead to better jobs
- As public non-profits, we are seeing the tangible signs of the rhetoric that the gap between 'rich and poor' is increasing. Yet, the monies are often targeting material survival and not the next level: what will transform this picture?
- Low wages as compared to cost of living increases, impact of rising costs such as health care, education, housing, fuel, etc.
- System is set up to not let those living in poverty get ahead
- Jobs that do not adequately compensate workers.
- Not enough programs to assist the most marginalized citizens- those who have physical, mental or substance abuse issues. The support offered by the few existing programs are very low and don't cover housing, and medical costs.
- Low wages from employers

- There seems to be a lot of jobs in the service area, but jobs that pay a good income
- Taxes too high for the low income. Health care too high. Food tax too high. Certain products should have a high tax, such as alcohol, cigarettes, not needed for good health. Tax dollars should be used to help the poor with health care. Health insurance and medical related supplies, medicines, the biggest problem, out of control medical pyramid costs.
- People with even minor disabilities who have difficulty competing in the job market have difficulty providing for themselves & their families which leads to other social problems like domestic abuse, substance abuse, etc.
- Lack of exposure. Lack of funding.
- High cost of living, low levels of education and/or skill, low paying jobs
- Employer reluctance to expand part-time work to full time work where benefits would have to be provided
- Lack of sufficient training dollars. Low wages in the state and in local communities.
- Bush administration economic policies - the rich are becoming richer.
- Barriers to education are a huge factor in this. Integration of immigrants is another huge factor. The whole illegal immigration issue and lower wages for illegal workers plays a big role. The fact that the cost of living has increased but wages have not.
- Recurring cycle of poverty (those from poor families are more likely to be poor); poor work ethic and lack of social needed social skills to succeed in the work place
- People in poverty understanding the hidden rules of middle class which is used in the educational and work settings.
- Lack of education, literacy and language skills. Cultural differences and practices.
- Cycle of poverty, discrimination, lack of education
- There are too many low paying jobs that lack benefits. Many people lack training needed for better jobs.
- The last 2 decades of tax policies that favor the wealthy and leave low and moderate income people struggling to have the basic things that make life manageable.
- Lack of fair compensation for work done, lack of policies that index wages to inflation, requiring at will employment & allowing the use of contract workers & allowing businesses to only offer employment deals such that workers are not eligible for affordable insurance or pension & leave benefits because they are considered part time workers; staggering shifts so that, even though a person may actually be working 10 to 12 hours a day, the shifts are less than 4 hours each, so the person is not eligible for overtime , lunch or rest breaks or other above mentioned perks, unemployment rules, such that low wage, part time & temp workers rarely qualify for the benefit
- Health care. Lack of increase in the minimum wage. A one size fits all approach has not addressed the needs of the populations that are most in need.
- Low minimum wages-minimal skills-discrimination
- Wages are not keeping up with the cost of housing or childcare
- Cost of health care, low wages, high cost of housing,
- Huge class size, low union coverage

Question 37: What ideas do you have for overcoming these barriers?

- Increased outreach for federal EITC, implementing a refundable state EITC, increasing the minimum wage, increased access to financial literacy programs like Utah Saves, increasing access to education and job skill training

- Continued education of people about asset-building tools. We also need to educate businesses and legislators about the importance of having a well taken care of workforce.
- Improved training, higher min. wage, health reform and other work supports
- Look at section 8 housing to see where more support could be given to people who could learn a new skill and improve their income.
- Overhaul the legislature.
- Community schools, life skills training
- Pay living wages, deal with spiraling costs associate with living and with enhancing possibilities for advancement. Be realistic about how emergencies, unexpected situations further complicate the lives of those who already don't have enough income so that a safety net is in place to keep them from sliding further into poverty.
- Remove the asset test for children on Medicaid, create a state EITC
- Increasing the minimum wage or adopting a self-sufficiency standard. This would give a better sense of what people need to live. I don't think tax breaks should be given to businesses that come to Utah and then provide poor wages.
- Continue to lobby for higher wages and benefits for those whose employment doesn't provide them
- Implement employer-sponsored homebuyer down payment assistance programs.
- Unfortunately the government may have to step in and control costs related to the medical industry. Because medical is a have to life cost category, the industry can and does inflate costs. Medical industry reform is needed.
- Provide employment opportunities with training supports for people with all types of disabilities not just severe. The people with less severe disabilities are usually the ones that have families and their problems are far reaching in the community.
- Employer outreach. Increased funding for outreach. PR.
- Life skills trainings
- Increase the EITC and include single people working full time in EITC.
- Review and recommend significant tax credits based on benefits provided to employees
- State EITC. Increased training dollars.
- Political change. Reduce divorce rate - divorce puts many people into poverty. Raise minimum wage. Increase access to educational/training opportunities. PROVIDE HEALTH INSURANCE FOR THE UNINSURED. Address immigration issues.
- A comprehensive immigration integration system. Increase wages by starting with the increase in the minimum wage. Making health care more affordable.
- Education is an issue here. Adult high school completion and/or GED preparation can assist adults in obtaining better, and higher paying jobs.
- Help those in poverty learn about the hidden rules of poverty and middle class so they can more effectively operate in the work and educational settings.
- Making adult education more accessible. Workplace education - ESL and basic skills.
- Begin to break the cycle in person's childhood---change social norms so that we say that poverty is unacceptable.
- Provide emergency services and expand programs that can help families increase their income. Tax reform, access to quality, affordable health care, quality public schools and access to post secondary education for all children and for adults to improve and enhance skills.
- Job, life skills programs in neighborhood centers where people could come for training

- Index wages for inflation, provide protections for contract & part time workers, stop the practice of separating 10 to 12 hour work days out, as mentioned above provide a true income support for those who truly are unable to work (usually because of impairments) enough hours or at high enough wages to be totally self-sufficient, quit giving incentives to businesses to locate and/ or expand in Utah, unless they have a demonstrated track record of treating workers fairly, including in wages
- Increase minimum wage-Enforce employment laws, provide skill training programs to low income communities
- Higher wages and more low income or affordable housing units
- Increase minimum wage. Provide low or no cost health care coverage for everyone. Increase support for education and training programs.

Question 38: Other comments on this issue?

- Poverty and financial insecurity is at the heart of almost every problem identified as one of the 17
- Raise the minimum wage.
- Most people think the problem is too big to tackle. Convince the legislators to listen to the people instead of lobbyists.
- Transportation to get to a job is often a barrier for people with disabilities.
- As a society we need to move toward a "living wage" so single-parent families can afford to rent an adequate apartment and feed, clothe, educate, and nurture their children.
- People on fixed incomes or with disabilities need long term supportive services.
- I am aware that the Earned income Credit is helpful to low income people, it would be far better for people just to be fairly paid for their work, by the private businesses who employ them, than once again, for the taxpayer funded government programs to pick up the slack. I personally resent that employers avoid paying even the current minimum wage in some occupations (mainly restaurant servers & cleaners), by claiming they make the minimum wage because of tips. I think it would be very worthwhile to do an audit of these companies to see if this is true. It wasn't true when I was a server, nor when I worked at a sewing factory
- Insufficient wage is a common core problem to many other concerns. Need to address this concern head on rather than ignoring it. People work hard for little money

### **Lack of Access to Mental Health Care**

Question 39 asked if respondents would provide input on the issue of Lack of Access to Mental Health Care. Their input is included as responses to questions 40-43. (N=27)

Question 40: What, if any, programs, policies, or practices are working well to address this problem?

- CHIP
- Davis Co Behavioral
- None observed
- Community mental health system; increasing dialogue about the reality of mental health as a health issue that deserves open dialogue and public support.

- Valley Mental Health is attempting, but not succeeding.
- Few
- Nonprofit agencies such as ours that provide counseling on a sliding fee scale, funds from the legislature that pay for counseling for those without insurance.
- FACT was working when it was funded!
- Valley Mental Health, State Mental Health Recovery Focus, Alliance House, many other mental health services available in the county, but underfunded.
- This has been left up to the Private, Non-profit sector. The GAP is widening. Those in our community who qualify for Medicaid can access treatment at Valley Mental Health. Those who are low-income or uninsured and can't afford to pay full fee have very few options. Our Center is the ONLY one in Salt Lake that provides the broad range of mental health services on a sliding fee scale (including family and marital counseling which is not covered by insurance)
- NAMI
- "The Campaign for Self Advocacy; Training the Trainers" program conducted by The Mental Health Association in Utah
- Some availability of crisis counseling & services, like those provided by the Family Support Center
- The opportunities to attend counseling are now here in Tooele so the lack of access is less.
- Preventive health care education programs-
- Valley Mental Health and the collaboration with the police, for example the shooting at the mall and referral to the crisis line
- Good programs available through Valley Mental Health, other counseling agencies.

Question 41: What are the greatest barriers to addressing this problem?

- An attitude among many citizens that mental health disorders are a sign of weakness.
- \$\$\$\$. Getting info to the right people.
- Funding
- Lack of financial investment from the state of Utah. Lack of open acknowledgment from health care about the role of mental health in overall health. Greater investment from the community.
- Mental health issues are not considered as important as physical health, but are just as problematic.
- Low community priority, needs for community wide education around mental health care
- With the change in Medicaid not allowing any capitation dollars to be used by the unfunded population---individuals without resources can not access services as readily
- Lack of funding for the non-Medicaid client who has no insurance. Those who are uninsured and/or unemployed have great difficulty accessing services.
- Fund school-community program to bring services to schools
- Adequate access. A very large amount of people who cannot access needed services due to lack of funding.
- Insufficient Income. Public policy. Financial resources. Stigma associated with mental health problems.
- Social stigma, often perceived as character issue and not a health issue

- Limited funding
- The model used by the state for public mental health is inadequate. Only those with Medicaid and insurance are able to access care.
- Language and trained bi-lingual therapists
- Funding for mental health services for non Medicaid clients
- Not enough trained providers, insurance inequity for people who have insurance, but have mental, as opposed to physical health issues, stigmatization of those with such illnesses into the category of substance abuse
- Usually financing to attend counseling
- Insufficient numbers of mental health therapists, insufficient services, long waiting lists
- Problems for the working poor not fitting current models.
- People fail to realize how often this is an underlying cause of so many other problems.
- High cost of health care-Discriminatory health care practices by providers
- 1. The lack of support in the legislature to ensure mental health care coverage by all Utah insurance providers. 2. The stigma which still exists with mental health diagnoses. 3. The lack of resources in the community to help people who suffer from mental illness. 4. Lack of early identification and intervention for all ages who suffer from mental illness especially the children and elderly.
- Cost, availability of appointments, services not available for more minor MH issues especially personality disorders.

Question 42: What ideas do you have for overcoming these barriers?

- The legislature should provide more \$\$ for mental health for the poor. Reform the insurance system. Redistribute existing public funds for MH Treatment between children and adults.
- General info. about how to get inpatient help without insurance
- Legislature needs to fund solutions
- Continue to educate state leaders about the impact mental health has on the community, our economy (from lost wages to financial drain on family members), increased visibility about mental health issues and healthy, productive ways to address these issues.
- Parity with physical health issues.
- Collaboration between community health centers and nonprofit agencies providing services on a sliding fee scale with the health centers providing medication management. In addition an on-going commitment from the legislature regarding funds to serve this population.
- Permanent funding for uninsured to understand, access, and benefit from mental health services. State funding to subsidize gaps left by Medicare and Medicaid.
- Insurance parity for mental health. Provision of health insurance for uninsured. Increased awareness and education about the fact that mental health and substance abuse problems are among the most prevalent and most treatable problems in society.
- State Funding, health insurance reform
- It would be very nice if United Way would seriously consider our proposal.
- Legislature needs to recognize this as an issue and provide funding to at least off-set the cost of mental health care for those in need and unable to pay.

- Rethinking the community mental health delivery system for unfunded clients
- Insurance parity, separating out mental health from substance abuse, give incentives for those who would like to be mental health providers, especially in rural areas, much like is done for student loan forgiveness in other professions
- Better health care options through insurance companies etc.
- Improved access to care, better insurance coverage, lobby to limit Medicaid reductions, early intervention training
- Universal Health Care.
- Work with Legislature to enact laws that require insurance companies to cover such care. Great issue for United Way as such coverage would not only greatly assist families but the businesses that employ them.
- Free health care for all; diversity training requirement for all health care professionals; enforcement of anti discrimination laws in health care
- Lobby the legislature for universal mental health coverage. Once insurance is available, mental health providers will be able to increase their staffing and resources to meet the community needs
- More health care coverage of MH treatment.

Question 43: Other comments on this issue?

- This is truly a widespread issue in a population which does not have the ability to voice their needs.

### **Lack of Affordable Health Care**

Question 44 asked if respondents would provide input on the issue of Lack of Affordable Health Care. Their input is included as responses to questions 45-48. (N=31)

Question 45: What, if any, programs, policies, or practices are working well to address this problem?

- Every other industrialized country has made progress using various methods.
- Child Care providers historically have had no access to health care. This contributes to high turn over in the child care industry.
- See #24 et al above, access and affordability are essentially the same questions.
- None that I'm aware of.
- CHIP when it's open
- Medicaid and CHIP are programs that have been successful. The sadly remain underfunded. The PDL would be a good way to contain costs for medication.
- Better for those eligible for Medicaid or CHIP
- Very little is being done
- CHIP, PCN, etc are working, but have a waiting list.
- Employment programs that help people become independent and get their own health insurance.
- None that I am aware of
- Community health centers. Volunteer clinics and volunteer physicians and dentists. CHIP. Medicaid.

- Free clinics - i.e. 4th Street Clinic, Dental Care programs
- Medicaid works well for those that qualify.
- Not much in the way of helpful legislation, but some new nonprofits are helping the refugee and immigrant families with basic services. Donated Dental, Maliheh (free health clinic), and more case management (such as at our refugee center, begun in 2000) to connect families to cheaper health care plans are trying to bridge the gap.
- Focus of medical centers on community benefit
- PCN,CHIP, Medicaid and Medicare
- Community based clinics. They seem to work better because people especially new immigrants to the country seems to be more distrusting of government agencies.
- There are several local doctors who will work with low income families to pay off bills.
- At this point not much. Strategies that provide health coverage to more families--not just to selected segments of those families (children, elderly)--will make the difference.
- Local health clinics within communities.
- CHIP.
- CHIP program

Question 46: What are the greatest barriers to addressing this problem?

- Interest group politics and greed
- Funding and creativity.
- Funding
- Lack of political will to address the problem and confront the medical power base. Increasing stratification of benefits along class lines.
- Funding to keep programs open
- High costs of health care.
- Very limited coverage for most adults who aren't officially disabled- those that have the most difficulty accessing the system because of the type of their disability- substance abusers or those with very low life-skills
- Already addressed this in the last question. Out of control medical industry. Too powerful for common person to address. Too expensive for the employer to offer insurance. It's breaking companies and agencies.
- Income; cost of insurance to employers.
- People with even minor disabilities have difficulties finding better jobs that have benefits.
- High insurance cost, un-insured or under-insured. Lack of healthcare availability in the work place
- Lack of an affordable choice in health insurance for small businesses and high costs for big businesses.
- Lack of will by the legislature to fund adequately.
- If recent legislative efforts on dental needs of the poor, disability funding, enlarging the safety net for mental health coverage, and increasing the CHIP and PCN enrollment are not supported, the problems will worsen. It seems many Americans doing well, which includes legislators and congressmen, simply do not have an understanding of the depth of the need and the extreme lack of resources many people have after paying rent and expenses. No one is doing anything much to control health care costs. Another barrier is that some newly arrived

refugee/immigrant families do not adequately use county health clinics, but go instead to emergency rooms, which further increases costs.

- \$\$\$\$
- Health care is too expensive and getting worse. Many jobs don't provide health care. Many people don't qualify for the above programs. And two of the above programs have enrollment caps.
- Language, cultural barriers. Also, I believe income level and lack of knowledge about available resources.
- Lack of legislative funding and support for Medicaid.
- Affordability, mainly high cost of procedures & drugs
- The cost of medical care and those agencies who feel it is better to garnish low income wage earners to get their pay.
- Myopic legislature
- Political unwillingness to address issue. Big money interests subverting any rational discussion of the issues.
- Health care is an unregulated monopoly. It needs to operate within reasonable limits so employers and employees can afford health care.
- Unexpected medical costs frequently force a family to choose between a number of basic essential such as housing, food, adequate childcare
- Lack of universal health care coverage in Utah - too many employers of small businesses cannot afford the costs to help their employees get insurance coverage and the employees cannot afford to pay the premium costs either. Programs such as Medicare and Medicaid have not had any increases and yet are covering more services and more people.
- Insurance and medical lobby.
- Insufficient appropriation from Legislature

Question 47: What ideas do you have for overcoming these barriers?

- Campaign finance reform - public financing of elections
- Statewide public/private partnerships to address the issue.
- Cost containment, legislative support for alternative health care programs
- Political leadership that will confront the issues and find a balance between "market" demands and public concern. Strategic partnerships between non-profit sector and health care leaders.
- More funding, removal of asset test for Medicaid for children, allow small business owners to access state insurance
- Universal health care.
- Try to establish the long term impact on people and society when primary care is given
- Address the root. Medical industry reform starting at material costs and technology costs, and professional expenses. Let's see a doctor get charge \$10,000 dollars for a car battery. How much money and luxury is too much?
- More funding for the uninsured and underinsured...or federal legislation to address the problem
- The state is focused on helping people with severe disabilities but abandon people with minor to severe disabilities. This population is more likely to have families to support. Their lack of adequate employment leads to other social ills like, substance abuse, domestic abuse, and even crime.

- This seems like an enormous issue that needs to be addressed at a state and national level. It is political.
- Support for small business participation in state employee health insurance program. An affordable health insurance for small businesses. Increased level of service in community health centers and volunteer health services.
- The state must address with a plan to provide health coverage for all.
- I mentioned some in the paragraph above. In our education program we try to promote access to and understanding of assistance programs. Our refugee center signs families up for CHIP, WIC, PCN, Valley Mental Health or our own counseling program, using interpreters, and works with the Medicaid office to resolve client needs as possible. I feel our state or the federal government needs to step up and develop a more comprehensive health care system.
- Comprehensive health care policies
- Need advocacy to lower health care costs and to expand programs.
- Cultural competency training and more education about existing programs.
- Legislative action.
- Do an independent audit of pharmaceutical companies to ascertain what the actual cost of the ingredients in a drug are, restrict profit margins, as needed, do not allow costs of drug advertising to be counted as part of the expense, look at the possibility of what is being spent currently on all government supported medical programs to see if each person could be given that much to pay for health insurance premiums, or have the government act as a participant in health plans, on behalf of all who need health care.
- Highlighting research that shows this is not just a problem without the means to pay for insurance but a problem that hurts us all. A would love to see a study on how the employer provided health care approach limits economic flexibility and undermines the efficient operation of the free market i.e. employers and employees make decisions based on the availability of health care coverage.
- There should be access to affordable healthcare for all people.
- Lobby the senators and representatives to pass a bill to provide universal health care (including mental health, dental and vision care).
- Socialize or centralize health care and make it available to everyone.
- Stress the 3 to 1 match multiplier effect

Question 48: Other comments on this issue?

- The perception is that medical personnel get paid a lot to compensate for education and training. The fact is skilled labor put in just as much time training and learning to do quality work. Let's judge professions more fairly.
- We need to look at the root cause of why people are not able to gain adequate employment.
- I would like to see more feedback in the media on doctor and insurance company opinions and explanations on the situation, what could be changed that would be acceptable to the majority of us without lowering the quality of care. I lived in Central and South America and saw simpler facilities with fewer fancy "innovative" hospital equipment, but more poor people seemed to get the basic care they needed at a much cheaper price. Some of our hospitals look like luxury hotels--why do we do that? The health care professionals need to see themselves in a different light, not as "the elite" but as the servants of the people.
- A single payer system may help.

- Again, we need to spend more emphasis in providing prevention programs related to health, teen-pregnancy and so forth, rather than spending a lot more money in correcting the problem with people that wait too long to receive medical care, then it becomes more costly in the long run.

### **Lack of Affordable Housing**

Question 49 asked if respondents would provide input on the issue of Lack of Affordable Housing. Their input is included as responses to questions 50-53. (N=24)

Question 50: What, if any, programs, policies, or practices are working well to address this problem?

- Housing Authority Programs, Some rental assistance
- Affordable Land Lease Homes
- Some effort to create affordable housing.
- Need more government subsidized and mixed income housing
- Don't Borrow Trouble campaign
- Is there any? Perhaps elderly housing.
- Section 8 housing
- Employment programs that help people find work that pays them adequate for their family needs.
- Assisted housing programs
- Transitional Housing programs with case management included and collaboration with shelters
- Section 8 housing assistance. Home ownership education and down payment assistance programs. Emergency housing and shelter assistance. State requirement for communities to have an affordable housing plan for their community. Public housing. Development of affordable housing by developers.
- OWHLF, and tax credits all are helping to address the problem
- IDA accounts, Habitat for Humanities, Public Housing
- The Olene Walker Housing Loan Fund and other programs that assist in providing affordable housing.
- Rent subsidies, emergency rent payments, first time homebuyer programs and utility assistance programs work but are underfunded.
- I believe most programs in place right now don't work effectively. I had the opportunity to present to a program that had transitional housing for single mothers and their children at three different levels. During phase one they teach life and parenting skills, and other useful skills to eventually being independent and in the last step of the program, being a home owner. I like the fact that this program worked in phases, teaching people skills at every step and increasing their ability for independent living.
- Low income housing stock is increasing but additional options are needed. The HUD housing vouchers are essential but the waiting list is too long.
- low income housing tax credits, housing and homeless trust funds, housing 1st initiatives
- Coordinated efforts among local government to develop affordable housing stock.
- Temporary rental assistance, Sec. 8, public housing, permanent supportive housing.

Question 51: What are the greatest barriers to addressing this problem?

- The increase of housing prices is a huge barrier. Landlords are also allowed to charge rental application fees, which are a barrier to getting into an apartment. We also have very few laws that protect tenants. And, of course, people don't make enough money.
- Cost of land and willingness to develop housing
- Interdependence of low wages and rising housing costs.
- Not enough financial support for creating housing
- Lack of consumer education
- Quality housing for any age group from young marrieds to elderly. There may be incentives for homeless to be given a chance as long as they are abiding by criteria and support systems to find housing, even temporary until employment can be reestablished. Require debt management and money management to live within means.
- Funding for section 8
- Employment barriers. Many times people are not able to gain & maintain adequate employment because they have unseen disabilities like mental illness, learning disorders, etc.
- Lack of funding and development of low income housing
- Affordable may still be way too expensive. Transportation from less expensive housing areas to areas with jobs is lacking.
- Rising cost of all types of housing. NIMBY in neighborhoods - no willingness to accept affordable or specialized housing in their neighborhoods. Lack of sufficient safeguards for renters. Predatory lending practices by some realtors, mortgage lenders, etc. Lack of community support for building affordable housing and housing alternatives.
- Insufficient funding and lack of community support for affordable housing
- Adequate income, adequate savings, high housing costs
- Cost of housing and income.
- Housing is expensive and growing even more so. Low-income people pay over 80% of their income for housing and utility costs. The waiting list for subsidized housing is over 3 years long in Salt Lake and Tooele Counties. Affordable housing is disappearing. Just look at how much affordable housing is being lost in the converting of mobile home park property in to high income housing.
- Not enough programs that are successful. Most existing housing out there is more a small patch on a gigantic issue. Another barrier regarding housing is lack of life skills, lack of health (mental) services and ability to cope with everyday problems.
- Federal, state and private funding is an issue.
- Lack of good state laws regarding landlord/tenant relations, use of credit reports for housing, car insurance & who know what else, lack of oversight & laws to protect against mortgage fraud & other unsavory lending practices
- Lack of accessible housing that is affordable for people with disabilities
- We face a severe lack of affordable housing which is deeply distressing considering that the need for such housing is growing drastically
- Funding for rental assistance. Scarcity of truly low income rental housing. Barriers such as zoning in many communities.

Question 52: What ideas do you have for overcoming these barriers?

- Prohibiting rental application fees, increasing funding for rental assistance, strengthening tenant rights.
- Using Affordable Land Lease model
- Maintain and invest in community safety nets that keep people from slipping further into poverty while promoting education and increased skills training. Community-wide investment in affordable housing projects.
- Get Salt lake city to build and operate more low-income housing- not just support non-profits who do so
- Influence more employers to offer special down-payment assistance programs.
- Tax breaks given for those who rent under market value, yet still offer reasonable accommodations, (healthy, safe, and comfortable). Perhaps government housing close to public transportation with lower rates for those meeting guidelines, to work, medical appointments, grocery shopping, is also a possibility. Lower management costs by hiring low income people to manage their facilities rather than corrupt expensive government management. Coop operations.
- Train and work with people on the job to help maintain their job.
- Incentives and/or requirements for building to include low income units.
- House the homeless.
- More transitional housing, better mass transit
- Encourage cities and county governments to adopt local housing trust funds which raise funding for affordable housing through housing development fees in developments. Wasatch County Commission has a very successful housing trust fund that funds low-income home ownership. The developers in Wasatch County support it and pay the fees with little problem.
- Campaign to show who needs affordable housing, zoning decisions made by planning and zoning without city councils ability to over rule the decision, state funding increases and a dedicated funding source for housing
- Explore options for joint private-public partnerships that create housing and taking advantage of tax credits available to developers
- Creating more affordable housing projects as part of the Ten-Year Plan to reduce overall homelessness.
- Expand public housing programs. Legislation that protect mobile home owners.
- In addition to life and parenting skills, knowledge of community networks and resources, financial literacy should also be a requirement for participation in many of these programs.
- Legislative action and education.
- Enact appropriate laws, including enforcement, do education programs about renting, more education on home ownership, wages indexed for inflation so people can stay in housing
- Increase in rental assistance. Target of government funds to developing more very low income housing.

Question 53: Other comments on this issue?

- Work to increase number of section 8 units
- There is a shortage of affordable housing for single women and families displaced from their homes due to domestic violence.
- Mobile home park residents are in crisis and assistance to help transition them to other locations or housing is non-existent

- Critical issue that will have long term effect on the health of our communities.

### **Lack of Life Skills**

Question 54 asked if respondents would provide input on the issue of Lack of Life Skills. Their input is included as responses to questions 55-58. (N=12)

Question 55: What, if any, programs, policies, or practices are working well to address this problem?

- Programs that reach out to individuals and families that help them overcome the barriers that their behaviors create for them and their families
- Adult Roles classes taught in high school
- At the juvenile level, programs such as scouting, Boys & Girls Clubs and Norwegian Outdoor Exploration Center focus on developing life skills and are generally successful.
- Not enough is being done
- Parenting classes, mentoring
- The case management efforts of those serving the homeless and near homelessness.
- At Hartland Apartments the UNP program addresses residents' needs for life skills through small group classes and home visits. Many ESL programs address life skills.
- Nonprofit programs and adult education programs address this issue daily, and some school district collaboration with nonprofits is helping reach those who are least educated among the refugee and immigrant population. Some newspaper articles, such as the Deseret News series on refugee families, have drawn more attention to the newcomers who have very limited life skills.
- Evidence based community preventions programs
- Parenting programs, certain life skill programs run by shelters.
- Setting up visits and a paper trail

Question 56: What are the greatest barriers to addressing this problem?

- Lack of life skills is often hard to measure. The barriers include lack of parenting skills, coping skills, understanding of good health and nutrition choices, financial literacy, anger management, bullying, personal responsibility and self-reliance. Also, cultural issues that keep people from understanding the basics of living and working, such as personal hygiene, showing up on time, personal accountability, respect for others, etc.
- It is not mandatory
- Lack of support from middle and high school educators and insufficient number of Mentors and leaders.
- Lack of focus on the need
- Out of control liberal attitudes that create a lack of values in society. Breakdown of family, honest, integrity, good role models, lack of two parent families, media.
- Parents are often not skilled enough themselves to teach their children. Often they do not know that it is necessary. Lack of life skills creates a very chaotic environment for the family.

- Adequate case managers and the understanding of the hidden rules of poverty and middle class.
- Lack of time (participants). Need for trained home visitors. Those who need this training most usually don't access the offerings.
- Lack of funding to life skills programs, and people's common perception that we do not have a problem with this in Utah.
- Funding for such programs
- Funding.
- The people who need help the most are the least likely to pursue help or respond to opportunities.
- No shows

Question 57: What ideas do you have for overcoming these barriers?

- Instituting programs dealing with addressing life skills in the schools, as part of the Community Learning Center model, addressing financial literacy and personal accountability through Utah Saves, etc.
- The class must be mandatory for all students
- Continue to seek funding for Mentor and leader training and a more aggressive campaign to encourage educational institutions to support these outside "life skill" programs.
- Find and fund programs with proven track record
- Promoting and funding program services that offer life skills training.
- Educate case managers and clients in the hidden rules.
- More awareness for providers and for would-be participants. Training for teachers.
- Promote more local stories in the media; work with the Chamber of Commerce and businesses for more corporate giving to organizations who teach life skills; have legislators visit the adult schools to see the needs. We should spend less money on new university buildings and more on lower-level programs, including worksite literacy. Employers need to work harder to get their low-educated employees motivated to increase their life skills. Colleges should refer back to lower level programs those who do not qualify for college-level classes.
- looking for funding support for such programs
- Legislative advocacy to increase funding.
- Provide training at neighborhood locations where people could go for help
- Incentives to get here and take care of your kids

Question 58: Other comments on this issue?

- Without good life skills, individuals put children at risk for continuing the cycle of poverty, abuse, etc.

### **Lack of Parenting Skills**

Question 59 asked if respondents would provide input on the issue of Lack of Parenting Skills. Their input is included as responses to questions 60-63. (N=17)

Question 60: What, if any, programs, policies, or practices are working well to address this problem?

- Healthy Families, Parents as Teachers, In Home Parenting classes, classes taught at all Family Support Centers
- School-based parenting classes
- Youth development programs which teach responsibility and specific skills
- Parenting classes, mentoring, education, supportive services--childcare, finances, health insurance, housing
- Counseling, CASA, Guardian ad litem
- Some community programs that teach parenting skills in addition to employment, and financial literacy. If we cannot assist individuals in learning how to get and keep a job, in addition how to budget what little financial resources they have, most of them will not be able to focus on being good parents.
- Evidence-based parenting programs
- Parenting classes, child abuse prevention classes, substance abuse prevention programs - state and private.
- Developing customized parenting classes for ethnic groups and provided by ethnic leaders.
- There are many programs in our area that teach parenting skills.
- Love & Logic classes. Fatherhood workshops for Head Start fathers.

Question 61: What are the greatest barriers to addressing this problem?

- We need more funds to support more services
- Interest/awareness of own shortcomings, the impact on kids
- Lack of awareness that there are specific skills to be learned
- Family breakdown, lack of good parenting as role models, lack of education for youth
- Some parents are clueless about the role they have to teach their children. Many are overwhelmed by financial, health and other social problems that leave very little time for children.
- Parents overwhelmed with just getting through the day--because of poverty, illness, violence, etc.--and not having energy to focus on children. Also parents who did not have good parents as role models.
- Times when programs are offered, cultural appropriate programs.
- Funding for such programs
- Lack of will to understand that these are societies' problems, not just individual's problems.
- Parents having the time or interest in seeking skills.
- Getting parents out to the classes. Getting parents to accept that they can be more effective through education. Busy and stressful lifestyles.

Question 62: What ideas do you have for overcoming these barriers?

- Education and funding from legislature
- Public info campaign; community-based training; peer parenting
- Support programs with proven track records
- Education requirements, tax incentives to take classes, reward system

- Additional parenting classes and availability perhaps through schools and religious organizations.
- Programs that provide rewards to at-risk parents to participate in parenting classes
- Search for additional funding options
- Strengthening the ties between child abuse prevention, domestic violence, substance abuse and mental health agencies to adequately raise public awareness and devise treatment to address these issues.
- Parenting classes required K - 12.
- Need to address the needs of immigrants and refugees in a cultural appropriate way.
- We are constantly working with and training families at our Center to be better parents.
- Educate earlier in life (mandatory parenting classes in high school). Effective parenting classes for new parents.

Question 63: Other comments on this issue?

- In my mind this is the biggest social problem facing us.
- Poor parents raise children to become poor parents, and continue the cycle of abuse, dependency, poverty, etc.

### **Lack of Positive Role Models**

Question 64 asked if respondents would provide input on the issue of Lack of Positive Role Models. Their input is included as responses to questions 65-68. (N=10)

Question 65: What, if any, programs, policies, or practices are working well to address this problem?

- Head Start provides opportunities for parents to reinforce the good things they are already doing and learn positive parenting skills so THEY become their child's positive role models.
- Scouting, Boys & Girls Clubs and the Norwegian Outdoor Exploration Center all provide positive role models through their leadership and Mentors.
- Scouting, Boys and Girls Clubs, etc.
- None
- Big Brothers Big Sisters, schools, Boys and Girls Clubs and other after school programs with adults involved with children.
- Youth mentor programs. Big Brothers Big Sisters. Boys and Girls Club. RSVP. FGP.
- I know of about a few, but not enough to discuss.
- Parenting classes, child abuse prevention programs, substance abuse and mental health programs.
- Youth Mentoring Programs work well in providing guidance for youth
- Collaborations like the Utah Mentor Network
- Getting more involvement from the community and recommending hiring persons from diverse backgrounds.
- Mentoring programs. Religious organizations. Families becoming involved.

Question 66: What are the greatest barriers to addressing this problem?

- Not enough opportunities for parents to participate in programs that can shore up their confidence and positive behaviors
- Insufficient number of leaders.
- Not enough funding
- Media, promoting what can be had if you are a star or athlete and the material goods that are sold as needed for happiness. Credit card companies that prey on peoples' lack of understanding and self control.
- Sometimes, it is parental permission, lack of funding for services.
- Overly-stressed families, single parent families, working parents, break-down in neighborhood relationships.
- Lack of programs available, lack of training for mentors, more support.
- Again, thinking that it is individual's problems, not society's problem.
- Finding volunteers is always a problem
- More need than resources. Kids who need these services the most have parents that are the least likely to seek out services.
- Getting persons of diverse backgrounds to move to apply for positions.
- Parents not being involved in their children's lives.

Question 67: What ideas do you have for overcoming these barriers?

- Universal preschool. Look at Seattle's Thrive by Five and Los Angeles Unified Preschool. Systematize parent strengthening programs pre-K through 12. People Helping People is a program that also helps low-income women who need to shore up employment skills provide for their families. Again, when they gain confidence, they model that for their kids. Maybe this could be used to also help the "Lacking Life Skills" issue (or as it might be better put: Augment Life Skills)
- More aggressive leader and Mentor recruitment and training.
- Increase funding of successful programs
- Educate in schools the credit downfall of society, mixed with material satisfaction falsehood.
- Increase the involvement from schools to offer sites for these programs to flourish.
- Increased volunteerism in mentoring.
- Support these programs a lot more.
- Public awareness and collaborative agency work.
- Advertisement, communication, and mentoring
- Lots of ideas here, but I am having to sign off now.

Question 68: Other comments on this issue?

- Who determines what a "positive role model" is? Many low income parents work many jobs, therefore they cannot spend a lot of time with their children, and/or may have a lack of formal education, but love their children beyond compare and would do anything for them. By middle class standards, maybe they are not "positive role models" but perhaps learning to be self-sufficient and hard working is a positive trait.
- Need additional funds for recruitment and training. Most funds are spent directly on children's program activities.

- Prevention and public awareness are the keys to having today's parents become better role models for their children.

### **Lack of Services for the Elderly**

Question 69 asked if respondents would provide input on the issue of Lack of Services for the Elderly. Their input is included as responses to questions 70-73. (N=8)

Question 70: What, if any, programs, policies, or practices are working well to address this problem?

- There are a few programs and services.
- Our adult day service programs are the best and most realistic programs that support working and tired caregivers.
- Policies, programs and practices that encourage keeping the elderly in their own homes is far less expensive than institutional care. These include case management, counseling, health and wellness programs, in-home care, home delivered meals, etc.
- AAA; special outreach program for homebound elderly; Senior Centers; Mobile Meals program
- Strong network of services provided through Area Associations on Aging that work closely with other service providers
- Aging Services has a number of programs. The lack of successful approaches is not the issue.

Question 71: What are the greatest barriers to addressing this problem?

- Often, this area is left to the private family system and private market to regulate for society. At a time when senior housing is going to be important to a very large public (who may be without government subsidy in their old age).
- Affordable quality housing, health care, transportation, discounts for commodities.
- Not enough community knowledge and referrals for adult day service programs. Most families hesitate to seek these types of programs until they are stressed out.
- First is a recognition that by 2010 there will be more people in Utah over age 60 than school-age children and the fastest growing segment of the aging population is people age 85+. People in Utah live longer and don't enter nursing homes at the rate of people in other states. Despite these facts there is a lack of adequate funding for programs for seniors beyond those provided by Salt Lake County Aging Services which means not serving anyone other than the poorest seniors or those who can attend a senior center.
- We need to get ready for the increased in need that will occur due to the aging of the baby boomer generation. This age group is generally unseen at this time - they are working in lower paying jobs, generally have OK health, are somewhat stable - however as they age income and health issues will be big issues. We are not prepared for what is to come - we do not know the numbers, their potential needs and concerns, etc.
- Resources will have to significantly increase as our population ages
- The tremendous growth of this population in the coming years.

Question 72: What ideas do you have for overcoming these barriers?

- Affordable, faith-based elder housing. We need access to public funds to create a construction reservoir at a time when construction costs can sky-rocket putting non-profits out of business entirely without this cushion to construct affordable senior housing.
- Offer discounts, lower medical expenses, medicine, procedures. Incentives for the elderly and landlords.
- Promote the importance of ageing and how a respectful program can improve both the caregiver and care receivers' health.
- Funding should be available to help nonprofit agencies provide services to seniors that will allow them to age in their homes even if they have moderate incomes, meaning they are living on a fixed income in a home without a mortgage. These should include case management, counseling, health and wellness classes, etc.
- In Utah County CAS is completing a special research project through BYU on the baby boomers in Utah County. We are asking about their future concerns, financial readiness for aging, etc. This type of research could be done in Salt Lake County now. This research can help us all prepare for the changing needs of this generation.
- Studies have shown that corporate decision makers are quicker to develop responses to elderly care than to child care needs. The belief is that such decision makers have a more personalized understanding of the elderly problem while day care is seen as a "women's" problem. Suggest building an approach that combines both elderly and youth care issues together.

Question 73: Other comments on this issue?

- Elderly is too broad of category- this segment of the population includes poorest and wealthiest- need to target your questions and services to low-income and those who, while they have resources, aren't competent to utilize them to take care of themselves.

### **Lack of Support for People with Disabilities**

Question 74 asked if respondents would provide input on the issue of Lack of Support for People with Disabilities. Their input is included as responses to questions 75-78. (N=9)

Question 75: What, if any, programs, policies, or practices are working well to address this problem?

- Very few services
- Division of Services to people with Disabilities uses funding wisely
- Employment supports that help them become independent.
- Numerous advocacy programs, ADA laws
- The private provider system is well established and well equipped to meet the majority of needs; however, it is falling apart because the funding is so low that we are unable to recruit and retain qualified employees to perform this critical work.

Question 76: What are the greatest barriers to addressing this problem?

- Lack of understanding the issues facing those with disabilities. Problems they have are likely never going to improve or go away. Funding is often linked to improvement-progress evaluations, when this population improves very slowly or not at all for many. Public skepticism and lack of understanding for their behaviors and needs. Tolerance! Financial burdens and lack of income.
- Funding from the legislature
- Lack of state funding for individuals with unseen disabilities like mild retardation, mental illness, etc to get the supports they need for getting and maintaining a job. They often have families to support so their problems spread.
- Lack of awareness of ADA laws, access to medical care
- The greatest barrier is the current rate structure. With the increase in federal minimum wage, the rates continue to deteriorate and threaten the existing services.
- Lack of funding for people waiting

Question 77: What ideas do you have for overcoming these barriers?

- Allow them to earn more money before their SS income is reduced or taken away. Reform the Soc. Security system that purposefully makes it so hard even to apply people give up or die waiting for answers. It can take a year to review their application. The rules are unfair; they need to be reformed big time. Hire more examiners and better train them. Change policy to not automatically decline people at the first level. Unsaid policy.
- Increase privatization of state services
- More funding for employment supports for those individuals that are falling through the cracks.
- Work with government to shorten processing time for SSDI claims - often people wait well over a year before qualifying for benefits
- An independent market rate study needs to be performed with legislative action and funding. Families who are affected by this issue need to be vocal about the severity of the impact on their lives and on the community.
- I see this as very much an issue with the State Legislature. It is a shame that the waiting list at the State is so underfunded.

Question 78: Other comments on this issue?

- Disabled community needs to be viewed as individuals, just as non-disabled. Not all need help- try to focus on more specific characteristics or circumstances of those that do.
- This is a major issue that no one is addressing, not even legislators. It is a very corrupted, inefficient system mismanaged and underfunded due to the Federal government.
- A good job solves other problems like: housing, health insurance, and lessens stress that cause domestic abuse and substance abuse.

### **Lack of Transportation**

Question 79 asked if respondents would provide input on the issue of Lack of Transportation. Their input is included as responses to questions 80-83. (N=16)

Question 80: What, if any, programs, policies, or practices are working well to address this problem?

- Expansion of TRAX, public education around carpools and public transportation.
- Flex trans has helped , but a small percentage
- UTA Paratransit is a start for people with disabilities
- UTA Paratransit for people with severe disabilities being able to get to work, doctors, etc.
- Transportation too often means more roads. Inter-county mass transit is needed.
- TRAX is good, but many poor people can't afford the tickets and monthly passes (and often do not have a car).
- Public transit works but is insufficient
- TRAX has been a tremendously successful effort.

Question 81: What are the greatest barriers to addressing this problem?

- The monopoly of flex-tran and no other company to transport elderly and disabled people creates some injustice. This year I've received more calls of disabled and elderly individuals needing advocacy with Flex-tran!
- Funding and change in attitudes and behaviors on the part of drivers. Convenient, safe public transportation options to meet the demand and growth of our communities. Special transportation programs/ support for the elderly, disabled, and low income.
- Give people free bus passes,
- There are a great deal of people in the Salt Lake Valley who need transportation other than just Trax and the bus system. We need more individual transportation for the elderly.
- Lack of funding and understanding the real issues for the disabled.
- Paratransit is not working well for people who are disabled
- Individuals with disabilities that don't have the funding and options to get to work.
- Having the different municipalities work together on a solution. Changing the cultural valuing of big cars, SUV's, trucks, individual car commuting.
- It seems that UTA does not recognize that a system of cheaper fares just for low-income people (through verification of income) could actually increase their ridership and is just the right thing to do. Car insurance is also a big barrier for the poor, who often choose to not even get a car because of it. There should also be more bus routes in the areas of town where the bulk of the poor live. Many of our students and clients must take two or three buses just to get to school or work, and night rides are too infrequent. Many people cannot work evening jobs because there are no buses after 7:00 p.m.
- The public transit system is too small and inconvenient for most people.
- Our public transportation system is currently unreliable, inconsistent and not user friendly. I know of people that have obtained employment (after much counseling and placement services) to end up losing their job because our public transportation system is so unreliable, and not available throughout our communities. Also, there are big problems with public transportation serving people with disabilities effectively.
- Insufficient quantity and quality of services for people with physical and mental disabilities.

- Lack of policies that address the use of public transportation for people who need to use it
- Need alternatives to UTA. Their policies and availability of handitrans is a barrier to many people with disabilities
- Lack of night and weekend services. Lack of early morning coverage and shuttle service to places of employment

Question 82: What ideas do you have for overcoming these barriers?

- Create a variety of transportation company options so that people have choice and friendly competition operates in the non-profit market.
- Public education. Implementation of flex-time work schedules. Expansion of safe, convenient public transportation options and specialized programs for the elderly, disabled and low income.
- Help align childcare and employment with transportation
- Better training of administration, phone staff and drivers. Better dialogue with customers.
- Guidelines for those who can use the system are not clear. Many who really need it are refused.
- More funding for individuals needing specialized transportation.
- Education. Linked mass transit to reach outside of SLC. Collaboration and funding to connect transportation routes.
- Have UTA do a true needs assessment among the poor in our area, then publish the results and let the citizens vote on whether they would like to see these changes that would help. Utahns are often very caring but feel they have no power, because the "bigwigs" look more at connections to Sandy and Draper, the University, and the Energy Solutions Arena than to the poor neighborhoods.
- Expand public transit and really make it convenient and really a viable alternative to automobiles.
- Identify the main and primary customers of public transportation and be more responsive to their needs. Much improvement is needed.
- Work to change the apparent mindset of people directing the transportation agenda in Utah that transportation is about getting people out of their cars; to my mind it should be about who most needs transportation to work, shopping, medical services, etc, design the system for them
- Focus on public transportation as an economic development issue. I am always surprised how many jobs are not pursued due to transportation problems.

Question 83: Other comments on this issue?

- What is the point of spending so many community resources to place people in jobs, if many of these individuals do not have a way to get there, and cannot rely on public transportation to keep their jobs?
- In discussions with refugees (and I am sure many immigrants) lack of transportation is a HUGE problem.

## **Language and Cultural Barriers**

Question 84 asked if respondents would provide input on the issue of Language and Cultural Barriers. Their input is included as responses to questions 85-88. (N=14)

Question 85: What, if any, programs, policies, or practices are working well to address this problem?

- ESL classes, greater outreach to and understanding of minority communities
- None. Utah has yet to plan for language and cultural barriers. Our one party system does not appreciate the problem.
- Variety of opportunities to learn English, educating Utahns about the cultures of others
- There are language classes offered and cultural fairs
- Multicultural, multilingual staff
- Charter schools with language focus. Ethnic Associations with focus on helping in assimilation needs.
- I am a believer in the Daily Dose English Program. I think the Horizonte School is doing a lot to overcome these barriers. The Granite Peaks program is another great model for helping to overcome language and cultural barriers. The Coalition for Multicultural Workers' Safety and Health is doing a lot to address this issue with employers with a multicultural workforce. I have heard that the Salt Lake Chamber is forming an Immigration Task Force as well.
- Adult ESL Programs, Newcomers programs, Refugee programs
- Many programs, through school districts and community-based programs
- There are a number of ESL schools and some new community-based programs, but there is NEVER appropriate funding for them. Extended hours for classes are available, when funding allows. Interpreters for social services are more available also. K-12 schools are more aware of the need to publish parental notices in some other languages, as possible.
- School based English as a second language programs. Although they need more flexible hours when the programs are being offered to accommodate people with multiple jobs.
- Respecting the many languages that are used in our community, providing translators for students and parents, providing services to help English as a Second Language learn the English language, and continued professional development.
- I believe United Way's English Learning Initiative can be a start to address the much larger issue of improving communication among the New Americans and the traditional white Utah population.

Question 86: What are the greatest barriers to addressing this problem?

- Lack of support for immigrants, bias against immigrants, employers unwilling to properly train employees who don't speak English
- Ignorance and politically narrow views.
- Ignorance and on occasion, hostility from people who cannot empathize with the difficulties associated with learning a new language and culture. Understanding that learning a new language and culture does not have to require the loss of one's original language and culture.
- Not enough Utahns are bilingual, many people trying to learn English have limited time, transportation to get to classes

- There are still misnomers and misconceptions about cultures. More positive media representations not stereotypes
- See #52
- Misunderstanding of the differences between immigrants, refugees, and undocumented aliens. This misunderstanding makes policy makers reluctant to help with the issue.
- Understanding that helping with language barriers are much more than just translations. Cultural understanding and respect is needed
- The attitudes of society towards immigrants and English Language Learners are very negative. There needs to be increased education in society about the positive contributions that immigrants, legal or illegal, make to our society as a whole. We need to stop the growing division between English-speakers and English language learners and create bridges that help immigrants integrate more effectively and quicker into our society.
- Communicating the availability of programs to non-English speakers. Need for more programs.
- Inconvenient hours, inflexible schedules both of classes and participants' work, lack of previous education, lack of time, childcare and transportation, parenting skills that are unacceptable in the U.S., lack of knowledge of American customs and practices e.g. parenting
- Funding is number one!! It has decreased a lot, both locally and nationally. The state needs to add its own funds to the federal funding that supports the adult ESL programs at community-based programs (which currently get no state money at all). Further, interpreter jobs in K-12 schools are only part-time, which discourages people who speak the newer languages (such as Arabic, Farsi, Somali, Dinka, etc.) from applying. Also, people often see only the needs of Spanish speakers, and since some Americans think most are "illegals", they cut back their support for programs that would also help legal immigrants and refugees (who are always legal). On the other side of the issue, some immigrants/refugees do not make the needed effort to attend ESL schools and often can't see the benefit to their families that only English fluency provides. High schools cater to the traditional French, Spanish, and German foreign language classes and do not imagine offering Farsi, Arabic, Chinese, or Somali, to promote unity and awareness in our communities.
- Lack of understanding regarding EFFECTIVE cultural competency principles.
- Presently we are doing a good job.
- Emotional response to illegal immigration. Failure to understand the large issues. Declining standards of living among the native population, failure of wages to keep up, and a frustration that this is the result of immigration.

Question 87: What ideas do you have for overcoming these barriers?

- Convening many service providers, employers, state agency representatives, etc. engaged in working with immigrants to encourage collaboration and expanding programs to find long-term solutions through the English Learning Opportunities initiative.
- Invest as much in educating people who speak English and navigate US western culture on how to positively embrace and not fear difference as is invested in trying to inculcate a new language and culture for those people new to our communities.
- Better media coverage and integration. Better language education for bridging the gap.
- Support for culturally competent services.

- Educate the media about the differences so when they report - they get it right. Make second language classes mandatory for graduation.
- A comprehensive immigrant integration plan which focuses on learning English, obtaining citizenship, transferring credentials, learning job and life skills, education regarding laws in Utah, education regarding access to services, and a public service campaign to educate the general public on the need for immigrants in our society and the positive contribution that they make. Also a stronger push for the Federal Government to address Comprehensive Immigration Reform led by government and businesses throughout Utah.
- Easier access to education, diversity training in workplaces
- Address the above issues through legislative action, media campaigns, and United Way advocacy with employers and donors. Have businesses develop strong incentive campaigns for their employees to go to school to improve their skills, then develop partnerships with specific schools for personal referrals and follow-through. Schools need to hire full-time interpreters in needed languages, to work in several high-impact schools over a two or three year period, for example, until the need for that language is minimal. This way we encourage both the more-educated interpreters and the children who need them as role models in the schools.
- Every one should be educated to a certain degree, on cultural competency. That would be a great place to start. Develop a comprehensive, affordable curriculum that can be made available to community and agencies serving these populations.
- An impartial, professional study looking at the costs and benefits of immigration would be helpful.

Question 88: Other comments on this issue?

- Women of color, immigrant women, and refugee women who are victims of domestic violence face additional barriers to leaving violent relationships: communication problems; lack of familiarity with criminal justice and other systems; lack of knowledge about their rights and how the law can protect them; fear of police and other authorities; social and cultural isolation.
- This is a rapidly growing need!
- Ask me more later; I could talk about this issue for hours.
- Addressing this issue is critical to the community's ability to respond to a variety of issues in the future-all the ones listed in this very long survey

## **Substance Abuse**

Question 89 asked if respondents would provide input on the issue of Substance Abuse. Their input is included as responses to questions 90-93. (N=10)

Question 90: What, if any, programs, policies, or practices are working well to address this problem?

- Good media advertising.
- There are many substance abuse programs that do exceptional work and there is a significant continuum of care to provide the appropriate level of care.
- Treatment instead of incarceration for non-violent drug offenses. Prevention services. Affordable treatment (Salt Lake County Division of Substance Abuse contract with

several agencies in the community - legislature is providing more funding (DORA, CORA).

- Drug courts, treatment programs, counseling
- Continuum of care, transitional housing, engaging clients in treatment.
- The evidence based practices in the prevention and treatment of these conditions and integrated services with other services such as criminal justice services
- Studies indicate treatment works.

Question 91: What are the greatest barriers to addressing this problem?

- Widespread availability of drugs and alcohol. Lack of education of the consequences to mind and body. Media hype and tolerance.
- Capacity and funding. Also, there is not enough funding available for prevention to avoid the problem before it starts.
- Stigma. Funding for treatment.
- Difficulty of treating addiction; many people become abusers because they are self-medicating to address mental illness issues
- Waiting lists, funding, qualified staff, education, support.
- Funding for the non funded client
- Lack of affordable treatment resources.

Question 92: What ideas do you have for overcoming these barriers?

- Less depiction in movies and TV. Show reality of being a user! Have real life people age appropriate give examples of ruined lives. Strong penalties for criminals.
- Increased funding for both treatment and prevention services.
- Fund DARE for schools
- Increase funding for diversion programs. Education. Prevention. Family Support and Education. Life skills.
- Increase services for mental illness
- Increase in public and private funding sources. Reduce waiting list through the building of new facilities, more detailed media coverage to educate the public on the disease.
- Maximize the funding options
- Insurance parity

Question 93: Other comments on this issue?

- We are seeing more victims of domestic violence with substance abuse and mental health problems.

Question 94: For several of the issues above, data to assess trends and impacts is not available or difficult to find (for example, lack of parenting skills, life skills, or positive role models). Do you have any data or information that would be helpful to us in assessing the scope of these problems? Please write a brief note about information you can provide and how we may contact you to discuss the information.

- Jump Start, Health Department, United Way bankruptcy study, Utah Div. of Child and Family Services, Children's Service Society, Utah Attorney General's Office
- Yes, Sharon@familyconnection4u.org
- Will get you the framework of our Community Assessment to help.
- The information I'm aware of is anecdotal.
- The Department of Workforce Services has data on child care, child care subsidy, work and family issues.
- Don't have data - but collaboration with schools to gather data, disseminate info about opportunities. Davis School District
- I have plenty of data to show that our reading intervention programs have made a significant difference in helping children become more successful readers and that our professional development programs have helped many educators become more effective and efficient reading teachers. You can contact me at brown@ed.utah.edu or 541-4594
- There are many academic studies that have been done over many years. My wife did research and found a lot of information. Check with the local University departments on family science for research data. Contact me if you need to. Gary Ethington 801-582-0700
- Statistics from the Department of Health and Human Services, Substance Abuse and Mental Health Administration, State Division Report, National Institute of Mental Health data
- We are given national data on housing and poverty. I expect you have it already.
- "The Campaign for Self Advocacy; Training the Trainers" has been externally evaluated by The University of Utah, Institute for Social Research.
- Concerning the homeless, there is an annual count and the Homeless Management Information System should be able to start providing some homeless demographics.
- Consult Shu Cheng or Steven Ha at our agency, the Asian Association of Utah, on refugee and immigrant data from our Youth and Family Prevention Services. They interface with the courts, K-12 schools, DCFS, and Youth Services also.
- Salt Lake County Division of Substance Abuse
- Like you, I don't have much data readily available, but I have ideas on how to start collecting some of this data through networking with state agencies, community organizations and such. You may contact me if interested in discussing ideas at: elenabensor@utah.gov.
- There is pretty good data for substance abuse and mental health issues at the state division and through UBHN which is the statewide public provider system. My email is jmillard@projectreality.net
- ACE Study by Felitti. Please contact me at anne@preventchildabuseutah.org or 801-393-3366.
- Check the Department of Human Services web site or contact Christene Jones with UACS @ 801-263-1246
- We have access to data from a national survey of Boys & Girls Clubs alumni that speaks to the impact of positive adult role model if that would be helpful.
- I have information on child care & inadequacy of cash grants that Department of Workforce Services gives to some families & individuals. Other people at this agency have info on housing, job & medical needs.
- Some of this information- aggregated but not specific to individual clients - is sometimes obtained in case management sessions.
- Effectiveness of protective orders and the impact on victim's lives. Stewart Ralphs 578-1213 sralphs@lasslc.org

- We have a parenting program and have data about those clients. 322-4257, ext. 1
- Children's Justice Centers have some data on crimes toward children. Have also conducted formal research projects with published results on interviewing of victims and what works best.
- Mental Health Access
- Child Care, parenting skills, kinship, adoption
- I would suggest contacting local agencies and school districts.
- The Utah Refugee employment center has extensive data base on clients and the results of interventions that can be used to develop model approach for other non-refugee groups. Refugee organizations can provide insight on approaches that could work with immigrants as well. Contact Lina Smith at Asian Association of Utah.
- CHIP data on health care for children.
- Call me at 476-1127, Barbara Norris
- Positive role models are the center of Boys & Girls Clubs. Denzel Washington has recently compiled a book on the influence of positive role models entitled, A HAND TO GUIDE ME.

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## Appendix C: Detailed Focus Group Summaries

### Davis County Focus Group

This group was held at the Family Connection Center in Clearfield on February 15, 2007. The meeting generally followed the following outline. Participants' comments are summarized and quoted after each bold section.

#### 1. What are the most important things you want in life?

- "In general, just a better way of life for the kids."
- Finding a way for parents to get out of the house and have some time together.
- Better income, including the ability to live on one income so one parent "can be there for our children."
- To become independent of public services; to stand on my own.
- Having my own business. Only way family will really survive is to find a service that will help the community and make a living for yourself.
- "For my kids to be happy; to not have any major issues, whether its money, family, friends, any of that."
- To own a home and have the security that comes with that. "That's a security blanket like not other – to own your own home."

#### 2. What are the barriers to achieving those most important things?

- Utah wages are low.
- Social services cut off if you make a little too much money, but that additional income isn't enough to make up for lost services.
- Inflexibility of social service program rules – too hard to qualify and to work out deals with temporary work and then get benefits back when can't work again (problems with intermittent problems like bi-polar depression).
- Public assistance gets cut off before you're really back on your feet. Need better phasing out.
- Working for others is too restrictive and unstable.
- Can't find out about programs that might help our situation – need better information.
- "Myself" – mental health issues are a huge barrier. When you can get counseling, the copays are too high. Hourly rates are much too high.
- Insurance rules and guidelines are always excluding needed services. Always just a little under or over the qualifications for services.
- Get run around from insurance and program plans.
- "It's almost more of a hassle to get on some of the programs than it's worth."
- Speaking of applying for public service programs: "They're not willing to help you enough. They act like, because you need the help, you're inferior to them."

#### 3. The list of 17 priority problems from United Way's previous Community Assessment was handed out.

**Please choose what you think are top five most important problems IN YOUR COMMUNITY from this list. Number them and hand the sheets back.**

Problem	# of Votes by Rank*					Vote Tally	Weighted Tally**	Rank
	# 1	# 2	# 3	# 4	# 5			
Adult and juvenile crime					1	1	0.1	13
Barriers to education		1				1	0.4	9
Breakdown of the family		2	1	1	1	5	1.6	4
Domestic violence			1	1		2	0.6	8
Inadequate opportunities for child and youth development				1		1	0.2	12
Insufficient income	3	2	3			8	3.6	1
Lack of access to mental health care		2	1		1	4	1.3	6
Lack of affordable health care	4			1		5	2.4	2
Lack of affordable housing	1	1		2	2	6	1.7	3
Lack of life skills				2		2	0.4	9
Lack of parenting skills					1	1	0.1	13
Lack of positive role models			1			1	0.3	11
Lack of services for the elderly						0	0.0	15
Lack of support for people with disabilities			1	1	1	3	0.7	7
Lack of transportation						0	0.0	15
Language and cultural barriers						0	0.0	15
Substance abuse	1	1	1		1	4	1.4	5

Shaded rows are the top five ranked problems.

\* Participants were instructed to rank the most important issue/problem as #1 and the fifth most important as #5.

\*\* Votes were weighted with a #1 vote having a weight of 5, a #2 vote with a weight of 4, down to a #5 vote carrying a weight of 1.

**4. After the choices were tallied up, three of the most commonly chosen problems were discussed in greater detail.**

- Lack of affordable Healthcare
- Insufficient Income
- Substance Abuse

**Lack of affordable healthcare**

**Is this problem getting better or worse in your community?**

- Worse

**How do you know?**

- They keep changing the rules- to qualify (specific to Medicaid and chip given as examples)
- Gov cutting back on what's being offered – Options are very limited
- Limited services and providers (under state programs specifically)
- Insurance canceled, cut backs or premium increases
- Raised costs including – premiums, co-pays, deductibles
- “My husband received a 29 cent an hour raise and at the same time our portion of the insurance premiums went up \$79.00.”
- “Employer offers insurance, but the cost to the employee to insure the whole family is too much. But we make too much to qualify for Medicaid or chip. So our whole family is left uninsured.”

**What are the root causes of this problem?**

- Companies are experiencing 15% - 20% increases that are being passed through to the employees or they are canceling policies
- Options are limited – Causes delays in care – “often have to go 3 or 4 places before I can get treatment.”
- Almost insurance you can not use – if you can afford the premiums to be covered, you may not be able to afford the charges to actually receive service.
- Healthcare is extremely complicated

**What help is available to people dealing with this problem?**

- Free clinics – very limited and over crowded – “Sometimes when you do get into one, you are not fully examined or they provide inadequate care.”

**What are the barriers keeping this problem from getting solved for you or others you know?**

- Inadequate care – “Often after being treated at clinics, follow up with another doctor shows work done improperly and then it must be redone. I had to have a bone rebroken and reset because the work was not done properly.”
- Dental clinics – cavities turn into having the tooth pulled – Cheaper and less time/work involved.
- They get you in and out as fast as they can. They do not have the money or resources to give adequate care. “But again what are we left with?”

**What ideas do you have for dealing with this problem in your community?**

- Set up more programs for people who aren't completely broke – the middle income average American.
- Create more adequate clinics – Provided with doctors who know what they are doing.
- Serve everyone with insurance (government funded) – Especially children
- Provide us with more choices -
  - Public hospitals – help is always available. Government paying them to help the public
  - Insurance to private hospitals – contract with company – Everything covered – no co-pay or deductible
  - Pay a little more but be allowed the freedom to go where ever you want.

**Insufficient Income**

**Is this problem getting better or worse in your community?**

- A little bit of both

**How do you know?**

- No answers

**What are the root causes of this problem?**

- More jobs that don't pay as high
- More qualifications required for the higher paying positions
- Lower paying jobs are being taken by those in desperation – will take whatever they can get.
- Schedule conflicts cause an out of balance
- Not enough raises
- Cost of living raises – Some employers do not give cost of living increases at all. ( this should be automatically given every year)
- Unknown when you enter a job what & when the pay increases will be – some companies do not keep their promises. “Always find ways to get around paying bonuses. Money we count on because we did our part but they do not keep their end of the bargain.”

**With unemployment rates getting so low in Utah, many are talking about wages starting to rise. Are any of you seeing that now?**

- Small raises (very small)
- "It has been \$5.15 per hour for as long as I have been working. There hasn't been an increase to the minimum wage in almost 10 years." (check time of last increase)
- "When making such little income, you are required to work even more, which in turn makes for no time with your kids/family. Then they wonder why families break down."
- Double income families are very common.

**What help is available to people dealing with this problem?**

- No answers

**What are the barriers keeping this problem from getting solved for you or others you know?**

- No answers

**What ideas do you have for dealing with this problem in your community?**

- More training in my current job – Give me the opportunity – more time to learn rather than hiring from outside the company.
- Programs & training with incentives within companies

**What are the biggest reasons why you need two incomes today?**

- Kids grow fast – can't afford to buy clothes even shopping at the DI
- Grocery costs
- Life is expensive
- Frustration on war spending when the needs in the US go unmet.
- Housing affordability - Including
  - Significant increase in housing cost
  - Property tax increases
  - Utility rates have gone up – Even pay has requirements that we can not meet (you must have service with the company for 1 year and make all payments on time). Even when they allow you to set up a payment plan they add additional fees.

**Substance abuse**

**Is this something you feel is becoming more wide spread or is it something that you consider as getting better?**

- It is everywhere.

**How do you know?**

- Everyone has witnessed the affects it has on friends, families, neighbors and the community.

**What are the root causes of this problem?**

- Stress – from life driving people to turn to drugs.
- People trying to find an escape.
- Self Medicating.
- Telling themselves they will just do it once – "but the relief they experience is so much they continue to use over and over, and turn to different drugs."
- People turn to selling it "It's a quick buck."

**What other impacts do you see that substance abuse is having on communities?**

- Shadier people start coming in – “Brings scary people into the neighborhood & you are scared to let your kids go out to play”
- More violence and the fear of violence.
- Children being neglected for the party life style that usually accompanies drug use.

**Do you have any ideas for things that may work to solve this problem?**

- You have to take the stress off of people
- Having/providing an outlet for parents to get a break. Somewhere safe to go.
- Couple’s time – provide child care so the parents can spend time together.
- Trusted reputable child care

**What kind of help is available that you may like to see expanded?**

- More places like the Family Connection Center.
- Counseling
- Medical assistance programs
- Privacy and confidentiality during recovery
- The anonymous classes – just talking about it with others in similar circumstances. These are free with various times and locations.
- Methadone clinics – These cost money but are cheaper than buying drugs off the street. Also some thoughts were discussed on the addiction to methadone, “are we trading one addiction for another?”

## **Salt Lake County Focus Group: Community Legal Center**

The group was held at the Community Legal Center, Salt Lake City on February 23, 2007. The meeting generally followed the following outline. Participants' comments are summarized and quoted after each bold section.

### **1. What are the most important things you want in life?**

- More services provided on a short term bases to help individuals get on there feet
- Emotional support – classes to help individuals become stronger & independent
- “I wish there were more day care services based on income.”
- Affordable housing
- To go home – back to California, I feel stuck here.
- To be independent and on my own feet
- To enjoy life – to be happy
- To find a sustainable wage
- To feel safe – in my home, neighborhood, community.
- Clean air
- Adequate employment
- Healthcare

### **2. What are the barriers to achieving those most important things?**

- The resources that are available are often hard to navigate and/or find.
- Often qualifications or education requirements are very high for a very dismal wage.
- Right to work laws in Utah leaves us with no job security.
- Not enough short term assistance to allow people to get on their feet.
- “The housing bust the state is experiencing but the housing that is being built/developed is not within the income guidelines of the people who really need the housing. “

### **3. The list of 17 priority problems from United Way's previous Community Assessment was handed out.**

**Please choose what you think are top five most important problems IN YOUR COMMUNITY from this list. Number them and hand the sheets back.**

Problem	# of Votes by Rank*					Vote Tally	Weighted Tally**	Rank
	# 1	# 2	# 3	# 4	# 5			
Adult and juvenile crime					1	1	0.2	12
Barriers to education						0	0.0	14
Breakdown of the family			1			1	0.5	7
Domestic violence				1		1	0.3	9
Inadequate opportunities for child and youth development	1				1	2	1.0	4
Insufficient income	3			1		4	2.8	1
Lack of access to mental health care				1		1	0.3	9
Lack of affordable health care		1	3			4	2.2	3
Lack of affordable housing	1	3				4	2.8	1
Lack of life skills				1		1	0.3	9
Lack of parenting skills						0	0.0	14
Lack of positive role models		1				1	0.7	6
Lack of services for the elderly						0	0.0	14
Lack of support for people with disabilities	1				1	2	1.0	4
Lack of transportation			1			1	0.5	7
Language and cultural barriers					1	1	0.2	12
Substance abuse						0	0.0	14

Shaded rows are the top five ranked problems.

\* Participants were instructed to rank the most important issue/problem as #1 and the fifth most important as #5.

\*\* Votes were weighted with a #1 vote having a weight of 5, a #2 vote with a weight of 4, down to a #5 vote carrying a weight of 1.

**4. After the choices were tallied up, two of the most commonly chosen problems were discussed in greater detail.**

- Insufficient Income
- Lack of affordable housing

**Insufficient Income**

**Is this problem getting better or worse in your community?**

- Staying the same and getting worse

**How do you know?**

- “Wages are staying the same, but everything else is increasing like housing, gas prices.”
- Cost of living is going up but income is not.

**What are the root causes of this problem?**

- Wages are too low – the minimum wage should be higher.
- Social economical issues of an individual you are dealing with – Some particular populations are even harder.
- Income is going down for the lower educated, ethnicity, individuals with disabilities.
- Limited opportunities and employers have a lot to choose from.
- Stereo typing – minorities – prejudices
- Cost of healthcare benefits through employers
- Worker’s rights –
- Not knowing what is available out there. Resources?
- Sometimes you are considered over qualified for the positions you can find.

**What help is available to people dealing with this problem?**

- “Division of workforce services has a lot of resources, skill tests, tutorials, job placement assistance. They also can refer you to other programs you may be eligible for.”
- United Way information line is important “more people need to be aware of it.”
- Disability Law Center
- Community Legal Center
- The People Helping People Program – a non profit that helps low income and single women with job skills, coaching, mentoring, resumes and creates a liaison with business community.

**What are the barriers keeping this problem from getting solved for you or others you know?**

- No answers

**What ideas do you have for dealing with this problem in your community?**

- Help dad's of domestic violence – this issue has not been addressed as women services have.
- Services for single individuals who do not have children.
- Short term crisis support
- Emotional support - counseling
- Public service announcements – Increase public awareness – about the resources that are available
  - Placed where people go in their everyday life – not specific to one location
  - Grocery stores “Everyone goes to the grocery store.”
  - Direct mail
  - On public transportation
  - Any kind of media – Radio, TV, newspaper
  - Publish a resource guide – similar to the employment guide – possibly published by a non profit

**Housing****Is this problem getting better or worse in your community?**

- Worse

**How do you know?**

- Waiting lists for housing assistance
- Rent increases – A LOT \$100 a month more.

**What are the root causes of this problem?**

- Lack of available units
- Closing/tearing down low income units to develop commercial ventures and higher costing housing without replacing the original population demand.
- “The rich get richer, the poor get poorer.” The gap that exists is widening.

**What help is available to people dealing with this problem?**

- Section 8, voucher programs, Housing Urban Development (HUD)
- Programs to help individuals purchase homes – Choice program – helps people save money towards the purchase of a home when they qualify for housing assistance. Utah Saves is another program. Some programs are like a match program.
- Utah Independent Living Center – focuses on people with disabilities.
- Community Block Grants – Provide grants towards home purchase to lower payments and interest rates with a commitment to stay in the home for a certain period of time.

- Habitat for Humanity

**What are the barriers keeping this problem from getting solved for you or others you know?**

- Lack of available units
- Habitat for humanity isn't able to serve without community support and donations – encourage more community donations
- New development without the replacement of low income housing.

**What ideas do you have for dealing with this problem in your community?**

- Rent caps
- Mandatory units dedicated for low income housing with each new development.
- Require developers to contribute a few units.
- Federally funded programs to allow more units.

## Tooele County Focus Group

This group was convened by the Salt Lake Community Action Program and held at the Tooele Head Start facility on February 26, 2007. The meeting generally followed the following outline. Participants' comments are summarized and quoted after each bold section.

### **1. What are the most important things you want in life?**

- Clean Environment
- Safe neighborhoods
- Good education
- Affordable housing
- Success for kids
- Recycling

### **2. What are the barriers to achieving those most important things?**

- Communities growing to fast
- Class sizes to big (close to 30 kids) "My 3<sup>rd</sup> grader has 30 in her class."
- Struggling to find qualified teachers
- Kids losing out because the overwhelmed teacher, stereo typing, lack of mentoring.
- We are behind in technical training. Lack of funds.
- Rent on the increase – no ceiling on what can be charged.
- Housing is still more affordable than say Salt Lake – but the price has been going up.
- Land prices have increased.
- Lack of apartments, condos to rent. Mostly homes.
- Limited option of public or subsidized housing. "2 year waiting list for subsidy"
- Haven't seen an increase in vouchers in a long time but the demand has continued to grow.

### **3. The list of 17 priority problems from United Way's previous Community Assessment was handed out.**

**Please choose what you think are top five most important problems IN YOUR COMMUNITY from this list. Number them and hand the sheets back.**

Problem	# of Votes by Rank*					Vote Tally	Weighted Tally**	Rank
	# 1	# 2	# 3	# 4	# 5			
Adult and juvenile crime					1	1	0.2	11
Barriers to education	1				1	2	1.0	6
Breakdown of the family	2			1	1	4	2.2	4
Domestic violence						0	0.0	13
Inadequate opportunities for child and youth development					2	2	0.3	8
Insufficient income		2	1			3	1.8	5
Lack of access to mental health care						0	0.0	13
Lack of affordable health care	2		2	1		5	3.0	1
Lack of affordable housing	1	2		1		4	2.5	3
Lack of life skills				1		1	0.3	8
Lack of parenting skills					1	1	0.2	11
Lack of positive role models			1			1	0.5	7
Lack of services for the elderly						0	0.0	13
Lack of support for people with disabilities				1		1	0.3	8
Lack of transportation		2	2	1		5	2.7	2
Language and cultural barriers						0	0.0	13
Substance abuse						0	0.0	13

Shaded rows are the top five ranked problems.

\* Participants were instructed to rank the most important issue/problem as #1 and the fifth most important as #5.

\*\* Votes were weighted with a #1 vote having a weight of 5, a #2 vote with a weight of 4, down to a #5 vote carrying a weight of 1.

**4. After the choices were tallied up, three of the most commonly chosen problems were discussed in greater detail.**

- Lack of affordable Healthcare
- Breakdown of the family
- Lack of Transportation

**Lack of affordable Healthcare**

**Is this something you feel is becoming more wide spread or is it something that you consider as getting better?**

- Worse

**How do you know?**

- Healthcare premiums going up
- Corporations passing the costs onto employees through premiums, co-pays, cutting services.

**What are the root causes of this problem?**

- Uninsured can not afford to pay for the services all up front and they often won't do a payment plan.
- People who have insurance sometimes the co-pays or deductibles feel debilitating.
- "I have oxygen on loan because I do not have the coverage I need."
- It is a national problem; it is not just here locally.
- Limited providers who accept state provided insurance.

- Resources are often hidden and it takes looking for them. Some people are not as resourceful and do not know how to find the programs.
- Corporations pushing for part time employee's so they do not have to pay for full time benefits.

**What help is available to people dealing with this problem?**

- Medicaid
- PCN – Primary Care Network

**What other impacts do you see that lack of affordable healthcare is having on communities?**

- Programs limitations – PCN only covers Primary Care will not cover serious illness or surgery.
- Delay in care.
- Right to work laws “My husband is forced to work overtime every week or he will lose his job.”
- Our community is growing but services are not accommodating growth.
- “I think there are only 2 physicians in the county that will work with Medicaid.”

**Do you have any ideas for things that may work to solve this problem?**

- Promote proper nutrition
- Create a food kitchen
- Don't qualify because of the low unemployment rates.
- More physicians and dentists that will take Medicaid.

**What kind of help is available that you may like to see expanded?**

- More providers made available.
- Lack of transportation to get you to Salt Lake County for treatment.

**Transportation**

**Is this something you feel is becoming more wide spread or is it something that you consider as getting better?**

- Worse

**How do you know?**

- They have cut routes.

**What are the root causes of this problem?**

- Public Transportation - Nothing is local. It is commuter rides to Salt Lake.
- Gas prices and the impact experienced “I quit driving to Salt Lake.”
- Reliance on public transit that isn't serving very well.
- Traffic has grown.

**What help is available to people dealing with this problem?**

- Two cab services in Tooele “It's \$40.00 to Salt Lake one way.”
- Limited routes available from UTA to get you to and from Salt Lake.
- Veteran's Administration provides a flex van through UTA for its employees and they are picked up at a local church.

**What other impacts do you see that lack of transportation is having on communities?**

- Commuting is very common. People move here because of affordable housing and a nice community but end up commuting to Salt Lake to work.
- Limited crosswalks with an increase in traffic– Children have been hit on the way to school.
- Rush hour is a constant flow of cars.
- UTA often holds its city meetings for Tooele issues in Salt Lake County; they need to hold them in Tooele.

**Do you have any ideas for things that may work to solve this problem?**

- More routes.
- Speak up to UTA; they need to hold meetings in Tooele County.
- More organized car pool resources.
- Send Trax west.
- Community needs to become more proactive.
- A dedicated bus to Tooele to get around town.

**What kind of help is available that you may like to see expanded?**

- Lack of transportation to get you to Salt Lake County for treatment.
- More policing of cars and pedestrians.

**Breakdown of the family**

**Is this something you feel is becoming more wide spread or is it something that you consider as getting better?**

- Staying the same

**How do you know?**

- Seems like more divorce

**What are the root causes of this problem?**

- All of the other issues are compounded into the breakdown of the family.
- Stress
- Finances
- Competitiveness – “Keeping up with the Jones.” Mentality.
- This is a national problem.
- Double income families – both parents working.
- Media. A lot of negative messages.

**What help is available to people dealing with this problem?**

- Boys and Girls club.
- Mentor program currently being created. (USU extension)
- Religious support.
- Salt Lake Community College – have a lot of resources.
- Guiding good choices – a program started to help parents guide children to make good choices and deal with stressors they have in life.
- Tooele County does organize a lot of family activities.

**What other impacts do you see from breakdown of families having on communities?**

- Children may not be properly supervised due to the fact both parents are working and they get into mischief and problems arise that you aren’t even aware of.
- High teenage pregnancy rate.

**Do you have any ideas for things that may work to solve this problem?**

- Big Brothers, Big Sisters program.
- Recreation opportunities for families.
- Training & education for parents.
- More focus on the positive rather than the negative.
- Have block parties – get to know your neighbors.
- Make commercials to advertise. Public service increase public awareness.
- It has to be a priority in the person's life, because there are services out there.
- Positive talk "Spending time with your family doesn't have to cost money."

## **Salt Lake County Focus Group: YWCA**

This group met at the YWCA, Salt Lake City on February 26, 2007. The meeting generally followed the following outline. Participants' comments are summarized and quoted after each bold section.

### **1. What are the most important things you want in life?**

- Good education and a good job
- Provide for kids
- Stable income
- Healthcare & dental care
- Transportation
- Child care - especially for single mothers
- Housing, jobs and support for people with mental illness
- Family stability
- Help for non citizens
- Help felons getting back integrated into society

### **2. What are the barriers to achieving those most important things?**

- Support – family & friends
- Incomplete information – information not provided without asking, you have to know who to ask and the questions to ask to get information.
- No service to help felons seeking employment – A list of companies that will hire felons
- Demands to qualify for some programs, time & expense to get service
- Cost of education
- Lack of child care – unable to take advantage of some programs or services because of the lack of child care.
- Parents unable to pursue education with young children at home
- Can not afford child care
- Transportation
- Illegal status
- Medical and dental, the only opportunity available is PCN
- Limited enrollment, only held at specific times for state medical programs (CHIP & PCN)
- Quality of service through state medical plans (Medicaid CHIP & PCN)
- Untreated dental issues lead to health issues – Lack of money so they do not properly treat the dental issues.

### **3. The list of 17 priority problems from United Way's previous Community Assessment was handed out.**

**Please choose what you think are top five most important problems IN YOUR COMMUNITY from this list. Number them and hand the sheets back.**

Problem	# of Votes by Rank*					Vote Tally	Weighted Tally**	Rank
	# 1	# 2	# 3	# 4	# 5			
Adult and juvenile crime	1				3	4	0.9	7
Barriers to education	1	1				2	1.0	6
Breakdown of the family		2				2	0.9	7
Domestic violence	3			1		4	1.9	3
Inadequate opportunities for child and youth development	1			1		2	0.8	9
Insufficient income	2	2	1		2	7	2.6	1
Lack of access to mental health care			1	1		2	0.6	11
Lack of affordable health care	1	1		2		4	1.4	4
Lack of affordable housing		3	2			5	2.0	2
Lack of life skills			1			1	0.3	12
Lack of parenting skills				1		1	0.2	14
Lack of positive role models			1			1	0.3	12
Lack of services for the elderly						0	0.0	16
Lack of support for people with disabilities					1	1	0.1	15
Lack of transportation			2	2	1	5	1.2	5
Language and cultural barriers						0	0.0	16
Substance abuse			1	1	2	4	0.8	9

Shaded rows are the top five ranked problems.

\* Participants were instructed to rank the most important issue/problem as #1 and the fifth most important as #5.

\*\* Votes were weighted with a #1 vote having a weight of 5, a #2 vote with a weight of 4, down to a #5 vote carrying a weight of 1.

**4. After the choices were tallied up, three of the most commonly chosen problems were discussed in greater detail.**

- Domestic violence
- Insufficient income
- Lack of affordable housing

**Domestic Violence**

**Is this problem getting better or worse in your community?**

- "I think that the problem itself may be getting better but coming in different forms."
- People do not talk about it – It is hidden – Hard to judge if it's getting better or worse.

**How do you know?**

- Most of the group are victims

**What are the root causes of this problem?**

- Substance abuse – drugs and alcohol
- Abusers being abused as a child themselves
- History of abuse
- Socially economic issues – life gets hard if you're down (low income) the more issues they are dealing with. It seems lashing out is more or easier. External stress.
- Abusers tend to manipulate and make you feel powerless.
- The way people are raised. If they were raised in violence they are more likely to be abusers or enter abusive relationships.

**What help is available to people dealing with this problem?**

- Anger management – Not sure where to get this help. Mental Health
- YWCA – support groups, resources (housing, information), they help provide the actual resource. Help getting residency. Help with self-esteem building, transportation, shelter, people to talk to.
- “They saved my life,” said one participant, referring to YWCA.
- Police
- Family
- Shelters

**What are the barriers keeping this problem from getting solved for you or others you know?**

- “Abuse itself is so debilitating and then to have to fight it on your own.”
- It is a behind the scenes thing – people find it embarrassing
- People don’t talk about it
- Lack of shelters – availability also safe shelters.
- It is often ignored – swept under the rug
- “You have to leave everything behind, it’s gone, you don’t get it back.”
- People minimize the problem – they don’t want to believe. It usually only happens behind closed doors and people on the outside do not see it.
- It’s a cycle – we have learned it, our kids learn it and it just keeps going and going and going
- Better punishments – follow through
- Lack of role-models
- Often times there is a gap (or time period sometimes only a day or two) that the person being abused will experience if they leave the abuser. Women often with child stay in the situation because to leave may mean staying on the street with their children.
- Abuse once you enter the system – it works against you in some cases
  - Ability to get help without verification (proof)
  - Temporary protection order taken against the victim in retaliation
  - Men using the system as retaliation – the system is not detecting this
  - Fear of once you make a report – lack of protection

**What ideas do you have for dealing with this problem in your community?**

- Teaching the child “It begins and ends with them.”
- Support groups for kids of domestic violence – help them understand
- Eliminate the gap that people experiencing violence must endure before they can receive services.
- Counseling for children of domestic violence
- More commercials – increase public awareness – “I’ve seen with a 1-800 number for the national domestic violence hot line.”
- More counseling – extended funding (in some cases this service is only provided for a short time 2 months) more long term commitment

**Insufficient income**

**Is this problem getting better or worse in your community?**

- Worse

**How do you know?**

- No answers

**What are the root causes of this problem?**

- Housing here in comparison (with Arizona, Iowa, and Illinois) with wages it is a lot harder here.
- Past trouble with the law enforcement makes certain jobs unattainable.
- Too much competition
- Credit history getting in the way for finding a job
- Managing money – learning to handle your money to live.
- Substance abuse – directly related to the lack of income
- Not enough education or experience

**What help is available to people dealing with this problem?**

- There is talk about increasing the federal minimum wage. Unsure if that has passed yet. If congress is talking about it then it is probably something that will happen next January.
- People helping people provided by Orange Street. Show you how to dress, interview, to overcome the obstacles. If you graduate from this program there are companies who will hire you, sometimes at like \$15 an hour.
- WTRC – Women Treatment Recovery Center – provided to some for free.
- Salt Lake Community Action Program
- Crossroads Urban Center – has resource board.
- 4<sup>th</sup> Street Clinic

**What are the barriers keeping this problem from getting solved for you or others you know?**

- Inability to find resources. What is out there? It is not readily available or told about unless you ask.
- Low federal minimum wage
- Technology – everything is now on the computer. (DWS doesn't have job boards anymore it is all on the internet)
- Under staffed at the resources that are available. Under staffed and a high demand. Staff is overwhelmed.
- The time sacrifice to find and get resources.
- Limitations cause us to make really hard decisions “pay rent on time or buy shoes for kids.”
- Survival orientated existence
- Feel like there is no way up – “you have to choose whether you are gonna eat or pay a bill.”
- Not enough hope
- Sacrifices to get ahead – to work and go to school you put children at risk
- Lack of a support system – family members close by to help with children

**What ideas to you have for dealing with this problem in your community?**

- Courses, Training programs to help teach skills so that you can find jobs with a better income.
- More resource centers – Advertisements, flyers, word of mouth,
- Workforce Services – “should do more to get the word out about resources without being so bossy.”
- A physical center where we could actually go into like the 211 information bank number.
- To be told what is available without having to ask.
- Someone to walk you through what is available instead of just a brochure or the computer. More verbal direction.

**Housing**

**Is this problem getting better or worse in your community?**

- Worse

**How do you know?**

- The rent prices are going up.

**What are the root causes of this problem?**

- No answers

**What help is available to people dealing with this problem?**

- Voucher program – TBRA
- Housing benefit based on income
- Programs that help with deposits
- KRH
- RSS

**What are the barriers keeping this problem from getting solved for you or others you know?**

- Even with assistance subsidized housing is still hard.
- Getting a deposit
- Cost to move
- Utilities
- If you do not get SSI or something similar, or if you leave it off the application they will come up with a lot higher rent

**What ideas do you have for dealing with this problem in your community?**

- Housing for women without children (similar to what YWCA offers to women with children)

**Closing comments for the United Way**

- Providing more resources for people who may not have been affected by domestic violence. They have problems to a different extreme.
- “Why does it have to get so bad before you can get help?”
- Immigration status affects everything. Whole families suffer.

## **Salt Lake County Focus Group: Community Action Program**

This group was convened by the Salt Lake Community Action Program and held at Shriver Head Start Facility in Salt Lake City on February 27, 2007. The meeting generally followed the following outline. Participants' comments are summarized and quoted after each bold section.

### **1. What are the most important things you want in life?**

- Income stability – decent income - retirement
- Transportation
- Food on the table
- A nice house – bigger house for my kids “I live in a one-bedroom apartment with my two kids”
- Education for children
- A job
- Safe environment for kids away from drugs and alcohol
- Kids to have safe friends
- Food and shelter
- Jobs for felons
- Opportunities to change
- Help for those who need help like seniors and disabled
- Legal status (immigrant)
- Help with English (interpreters, etc.)
- Mental health support

### **2. What are the barriers to achieving those most important things?**

- Felons can not get housing or jobs
- Disabilities – children and parents
- Mental health issues
- Handicapped access
- Language barriers
- Immigrant status – prevents you from receiving services

### **3. The list of 17 priority problems from United Way's previous Community Assessment was handed out.**

**Please choose what you think are top five most important problems IN YOUR COMMUNITY from this list. Number them and hand the sheets back.**

Problem	# of Votes by Rank*					Vote Tally	Weighted Tally**	Rank
	# 1	# 2	# 3	# 4	# 5			
Adult and juvenile crime				1		1	0.4	11
Barriers to education				1		1	0.4	11
Breakdown of the family		1	1			2	1.4	5
Domestic violence	1		1			2	1.6	3
Inadequate opportunities for child and youth development						0	0.0	13
Insufficient income	1		1	1	1	4	2.2	1
Lack of access to mental health care	1					1	1.0	8
Lack of affordable health care						0	0.0	13
Lack of affordable housing			1		3	4	1.2	7
Lack of life skills						0	0.0	13
Lack of parenting skills						0	0.0	13
Lack of positive role models						0	0.0	13
Lack of services for the elderly		1				1	0.8	10
Lack of support for people with disabilities	1			1		2	1.4	5
Lack of transportation		1	1		1	3	1.6	3
Language and cultural barriers	1					1	1.0	8
Substance abuse		2		1		3	2.0	2

Shaded rows are the top five ranked problems.

\* Participants were instructed to rank the most important issue/problem as #1 and the fifth most important as #5.

\*\* Votes were weighted with a #1 vote having a weight of 5, a #2 vote with a weight of 4, down to a #5 vote carrying a weight of 1.

**4. After the choices were tallied up, two of the most commonly chosen problems were discussed in greater detail.**

- Breakdown of the family
- Housing

**Breakdown of the family**

**Is this problem getting better or worse in your community?**

- Not sure

**How do you know?**

- More police – a sign that things are getting worse – community safety and environment

**What are the root causes of this problem?**

- Depression
- Stress – lack of hope
- Crime (grandparents raising kids)
- Influence of siblings
- Legal status (immigrants)
- “Frustration which can lead to domestic violence”
- Fathers not present – kids seek role models (find bad ones)
- Neighborhoods getting worse
- Absent parents – parents working and children are unsupervised
- Substance abuse
- Having health issues (disabled children) causes a lot of stress on the family

**What help is available to people dealing with this problem?**

- Valley mental health “but you have to have all the insurance cards to get help.”
- Parenting classes
- Time outs – a family support center where you can take your children and leave them over night to give yourself a break.
- SLCAP
- Employment specialist through SLCAP

**What are the barriers keeping this problem from getting solved for you or others you know?**

- Financial & insurance barriers
- Kids don’t want counseling
- Language barriers
- You have to be willing to share your story for a referral

**What ideas to you have for dealing with this problem in your community?**

- Programs for the children
- More programs for financial help (rent, utilities, etc.)
- Services that don’t ask immigration status
- Crisis service (emergency services)
- More support for financial stress (financial management classes)

**Housing**

**Is this problem getting better or worse in your community?**

- Worse

**How do you know?**

- Rent increases
- Hard to find a good place to rent at an affordable price

**What are the root causes of this problem?**

- Long waiting list for subsidized housing “I’ve been on the list for 2 years.”
- Deposits + first and last month rent
- Slumlords
- Hard to get privacy – multiple families

**What help is available to people dealing with this problem?**

- LDS church has put funding into organizations and in turn expects them to help people (this was stated partly as a commendation for the church’s work in the community, but also partly as a reason why some bishops do not provide direct assistance to some of these people – they refer them to these other organizations).

**What are the barriers keeping this problem from getting solved for you or others you know?**

- Not individualized enough
- The requirements and qualifications to get help
- “Rising price of housing is killing the community.”
- DCFS – trouble with boys & girls sharing rooms, making an apartment more expensive because more rooms are needed.

**What ideas to you have for dealing with this problem in your community?**

- “Need more landlords that are willing to help the community.”
- More subsidized housing available
- Not slumlords – get a “committee on landlords” and provide more regulation of landlords

### **Notes on other comments**

“They charged me \$500 to just look in my mouth and told me to go find free dental on Monday.”

“I am very grateful for my Medicaid.”

“The LDS church told me they feel like they were a breakdown from the welfare system. When the welfare system reformed, the church took on a lot of responsibility.” (This was in reference to the church taking on a larger financial responsibility after Congress reformed the U.S. welfare system.)

“The assessments for children these days (when detained) are more therapeutic.”

O & A – Observation and Assessment (45 days) – kids in jail – helpful- cope better- figure out the causes of anger/problems. In turn helps them deal with it and change.

## Summit County Questionnaire

This questionnaire was distributed by Community Action Services from Provo, while working with clients in Summit County from February 26-28, 2007.

A focus group was scheduled in Summit County, but a number of parents requested canceling the meeting, because they did not realize their children were going to be out of school that day. In addition, bad weather made it unlikely many others would make it to the meeting in Park City. In lieu of the focus group, a written questionnaire was distributed to clients of Community Action Services on the following three days, covering a range of locations in Summit County. Ten people responded to the questionnaire. Their comments are summarized and quoted after each bold section.

- 5. In 2004, the United Way identified these 17 problems as the most important issues facing people in Salt Lake, Summit, Davis, and Tooele Counties. We would like to know which ones you think are most important. Please choose what you think are the top five most important problems in your community. Number your choices 1-5, with #1 being the most important.**

Problem	# of Votes by Rank*					Vote Tally	Weighted Tally**	Rank
	#1	#2	#3	#4	#5			
Adult and juvenile crime	3	2	2		1	8	3.0	2
Barriers to education		2				2	0.8	5
Breakdown of the family			1		1	2	0.4	13
Domestic violence				2		2	0.4	13
Inadequate opportunities for child and youth development			2			2	0.6	9
Insufficient income	1			1	2	4	0.9	3
Lack of access to mental health care			1			1	0.3	16
Lack of affordable health care	1			1	1	3	0.8	5
Lack of affordable housing		1	1	1		3	0.9	3
Lack of life skills			1	1		2	0.5	11
Lack of parenting skills			2		1	3	0.7	7
Lack of positive role models		1		1		2	0.6	9
Lack of services for the elderly			1	1		2	0.5	11
Lack of support for people with disabilities			1		1	2	0.4	13
Lack of transportation		1	1			2	0.7	7
Language and cultural barriers				1		1	0.2	17
Substance abuse	5	3		1	3	12	4.2	1

Shaded rows are the top five ranked problems.

\* Participants were instructed to rank the most important issue/problem as #1 and the fifth most important as #5.

\*\* Votes were weighted with a #1 vote having a weight of 5, a #2 vote with a weight of 4, down to a #5 vote carrying a weight of 1.

All respondents thought their top issues were either staying the same or getting worse in their communities.

**After ranking the problems, respondents were asked several follow-up questions about their top-rated issue. Four respondents answered these questions; two dealt with substance abuse, one with health care, and one with crime. Their responses are included below, grouped by issue:**

### **Substance Abuse**

What are the root causes of this problem?

- Lack of things for kids to do.
- Drug people around giving to younger kids and starting the younger generation in to abuse.

What help is available to people dealing with this problem?

- Unaware of help.

What are the barriers keeping this problem from getting solved for you or others you know?

- Lack of community knowledge and unity.
- Getting people to admit they need help.

What ideas to you have for dealing with this problem in your community?

- Having outside people come in with programs that people need.
- More drug awareness and resources in schools so that kids don't get sucked into abuse.

### **Lack of Affordable Health Care**

What are the root causes of this problem?

- No single payer health insurance

What help is available to people dealing with this problem?

- Very little for those without Medicare or Medicaid.

What are the barriers keeping this problem from getting solved for you or others you know?

- Republicans in government.

What ideas to you have for dealing with this problem in your community?

- Elect Democrats

### **Adult and Juvenile Crime**

What are the root causes of this problem?

- Lack of parental control of kids. Not knowing who their friends are and what they are doing.

What help is available to people dealing with this problem?

- Very little. Law enforcement is lax in their responsibilities.

What are the barriers keeping this problem from getting solved for you or others you know?

- Too many who are arrested just get their hands slapped time after time.

What ideas do you have for dealing with this problem in your community?

- Assuring that those who do the crime pay the time. Also resources that can give support to families dealing with this. Sometimes it is a family problem.