

Community Impact Report

2007



United Way
of Greater Duluth

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United Way of Greater Duluth

Our History

United Way of Greater Duluth (UWGD) was established in 1922 as the Duluth Community Fund, with annual fund drives conducted by hundreds of volunteers for the purpose of raising money to support Community Fund agencies. While the organization name has changed (to Community Chest in 1948, United Fund in 1962, and finally United Way), and its goals have evolved, United Way continues to provide meaningful support to essential health and human services in the Greater Duluth community. UWGD's service area encompasses the geographical boundaries of Greater Duluth, including the cities of Duluth, Hermantown, Proctor, and the townships of Duluth, Solway, Grand Lake, Fredenberg, Gnesen, Normanna, Canosia, Rice Lake, Lakewood, and Midway.

Our Mission

UWGD is committed to lead a united effort to strengthen our community by mobilizing resources to improve people's lives.

Our Goals

UWGD carries out its mission by:

- Being a community leader in (1) convening, facilitating and building community partnerships, (2) assessing health and human service needs, and (3) developing high-impact strategies and mobilizing resources for effective and efficient solutions.
- Addressing human service needs of Greater Duluth by engaging the whole community in fundraising – providing donors the opportunity to invest in community change.
- Funding health and human service programs that improve people's lives, strengthening the community in measurable ways.

Our Approach

Community partnerships and a focus on results are at the core of the United Way's move to *Community Impact*. This approach demands that communities are proactive as well as responsive to the area's most pressing needs. UWGD is committed to being a leader and a partner in this united effort to strengthen our community by mobilizing resources to improve people's lives.

The *Community Impact* approach is guided and informed by a national trend in charitable giving. Donors are increasingly asking for accountability and return on their investment; they seek proof that their investment is making a tangible difference in the community. Limited resources, competitive fundraising, and reductions in government funding for human service organizations are all placing a collective strain on the community to provide a stable network of services to meet the needs of its most vulnerable people. The *Community Impact* approach seeks to leverage and maximize those limited resources, resulting in high-impact responses and system-wide change. UWGD's move to this new approach is in part a response to the perception that United Way is solely a fundraising organization.

No one agency can do this alone. *Community Impact* needs partners and collaborators to be effective. This approach requires many levels of community involvement. It asks donors to be investors in changing people's lives. It asks service providers to demonstrate measurable results. It asks the community as whole to address the needs affecting our neighborhoods. It requires everyone working together to resolve our community's most pressing issues.

United Way is committed to being an effective partner in creating lasting positive community change.

Community Impact employs high-impact strategies to address pressing health and human service needs by:

- Conducting ongoing assessment to effectively identify community needs
- Building targeted partnerships to optimize assets to address needs
- Focusing financial support on the most pressing community needs
- Requiring increased accountability of the programs that receive UWGD support by asking them to demonstrate measurable results
- Mobilizing financial resources beyond the annual fundraising campaign
- Engaging and educating the community on efforts that address emerging needs
- Reporting results to the community

Purpose of this Report

In order to qualify and quantify the most pressing health and human service needs in our community, United Way of Greater Duluth (UWGD) completed a year-long, comprehensive assessment. This report is the voice of the community for use by the community. It provides the foundation for the work UWGD and its community partners have done – and will continue to do – as they move toward making an even greater, more measurable impact in our community. The assessment findings will be used to determine UWGD’s funding and programmatic priorities, to develop community-wide goals, and to identify existing assets and potential strategies and partnerships to fill the gaps in provision of health and human services.

Methodology

During 2006, under the guidance of United Way's Community Impact Committee, a Research Committee was formed with UWGD staff and community volunteers from local universities, philanthropic organizations, governmental entities, and the business and non-profit sectors. The Committee conducted a thorough community assessment to document the region's most pressing health and human service needs. The results were used to develop informed recommendations to meet the identified needs. This report is based on the assessment findings. It echoes the region's health and human service concerns in the voice of people who utilize social services, the professionals who devote their work to providing services, and the community members whose contributions make this work possible.

UWGD has used the findings to align investments as closely as possible with identified needs; develop key partnerships to focus collective energy toward addressing needs; and, to expand its fundraising scope beyond the annual campaign to include resource development to support and implement high-impact solutions. The input gathered for this assessment is organized according to UWGD funding priorities:

Child and Youth Development
Basic Human Services
Economic Well-Being
Health, Wellness and Healing

The Community Impact Report 2007 is based on the following research:

Report Review: *The bibliography provides a listing of reports published by local, regional, state, and national entities that were reviewed by staff, committee members, and interns to establish an understanding of each issue area and to guide the research project and to support qualitative research.*

Focus Groups: *Independent consultants covering ten issue areas consistent with the United Way funding priorities conducted fourteen focus groups. More than 250 participants, including social service consumers, social service professionals, and community members, offered their input regarding specific issues.*

Key Informant Interviews: *Based on focus group input, some areas were identified which required further investigation. Twenty key informant interviews were conducted by an independent consultant to gain additional information.*

Household Phone Survey: *UWGD worked with Zenith Research Group to develop a telephone survey focusing on the issues identified as most important by focus group participants and key informants. The household survey results are based on a statistically significant sample size of 410 interviews conducted with residents of Duluth, Proctor, Hermantown, and the surrounding townships.*

Findings are reported in the format of key issues, evidence, key informant and focus group views, household survey results, and recommendations. Some of the recommendations are appropriate for action by UWGD, some are suited for other community partners' leadership, and some recommendations call for a community-wide approach.

Common Themes

The following themes emerged in all phases of the community assessment, creating a common thread linking the broad range of issues that were examined.

Build Strong Support Systems for Vulnerable Populations

The assessment findings demonstrate an essential need to build support systems for low-income individuals and families, seniors, young children, disabled and mentally ill people to ensure equal opportunity to achieve educational success, access health and human services and attain economic well-being. Supports can range from providing parent education on the stages of healthy child development to ensuring reliable transportation options that assist people in accessing services and maintaining employment.

Improve Accessibility to Community Resources

It is imperative to promote equitable access to services, health care, education, and employment. “Accessibility” encompasses the provision of: affordable high-quality services for people of all abilities and backgrounds throughout all geographic areas in the region; information and referral to connect people with community resources; and adequate transportation options for people to utilize those services.

Promote Early Intervention

Research highlighted the necessity of screening, detection, and early intervention to improve health, education, and economic outcomes, and to reduce costs that stem from undiagnosed and untreated problems.

Facilitate Collaboration, Coordination, and Connection among Community Sectors

The assessment results emphasized the importance of building partnerships and mobilizing resources among business, government, and non-profit sectors to enhance service delivery and develop high-impact strategies to efficiently address pressing community concerns.

Promote Cultural Competence and Social Justice in the Community, Institutions and Individuals

Practitioners and clients emphatically stated the need for health and human service programs to develop outreach, marketing, staffing, and services, which are not discriminatory against people of any culture, religion, race, sexual orientation, income level, mental or physical ability. Also stressed was the need to engage the community in developing methods that foster acceptance, respect, and equitable treatment for all members of the community.

Address Funding Challenges

Input gathered through discussion with health and human service providers pointed to the critical need for mobilizing additional financial resources from within and outside the community. Limited resources, competitive fundraising, and reductions in government funding for human service organizations are all placing a collective strain on the community to provide a stable network of services to meet the needs of its most vulnerable people.

Key Findings

The following findings highlight key issues supported by research including evidence from reports and input from health and human service professionals and consumers.

No. 1: Child and Youth Development

- **Limited access to quality early childhood care and education** for all families is resulting in a high percent of children who are inadequately prepared for school when entering Kindergarten. School readiness is an indicator for long-term educational success.
- **A lack of information and education for parents and caregivers** regarding the stages of healthy early childhood development has created limitations for some children in achievement of optimal physical, mental, and cognitive development.
- **An increase in the number of young children with undiagnosed behavioral problems and mental health issues, coupled with a lack of mental health services** specifically for young children, represents a significant unmet need.
- **The high percentage of children left unattended** by working parents combined with an inadequate supply of positive youth development opportunities is causing youth to miss out on the chance for optimal development.
- **Access to youth development opportunities is limited** by cost, lack of reliable transportation, responsibilities at home, and a lack of culturally welcoming settings.
- **High dropout rate and low graduation rate** combined with a lack of options for non-traditional students has left a segment of the young adult population with limited ability to achieve economic stability.
- **Significant disparity in educational success for minority students** exists within the Duluth Public School district.
- **High mobility rate** is reported for students of the Duluth Public School district. This disrupts the continuity of teaching and learning and has potential for limiting students' educational success.

No. 2: Basic Human Services

- **The cost of living has significantly outpaced wage growth in the region**, resulting in an increased number of employed people who are unable to make ends meet. This has driven up the demand for basic human services such as food, shelter, and clothing.
- **A dramatic increase in the demand for food assistance** is placing an increased burden on the network of agencies that provide this service.

- **The increasing rate of mortgage foreclosures** has thrust many homeowners into serious financial hardship and has resulted in an increase in the number of people who need to access basic human services.
- **Domestic violence and sexual assault continue to be significant problems** for the community. As programs experience increased demand for their services, state-level funding reductions limit the ability to sustain prevention, education, shelter, and counseling services.
- **Homelessness continues to be a significant community challenge** characterized by increasing numbers of homeless families with children and a high percentage of people considered chronically homeless.

No. 3: Economic Well-Being

- **The cost of living has outpaced wage growth** resulting in an increased number of employed people living in poverty without adequate income to make ends meet.
- **The region's poverty rate exceeds the national and state rates** and disproportionately affects children and minorities. A prevalence of low-paying jobs in the region is the major contributor to this condition.
- **The vast majority of people without health insurance in Greater Minnesota are people with jobs.**

No. 4: Health, Wellness and Healing

- **Limited access to health care compromises the health status of low-income people** and results in unnecessary costs to the health care system. Access to physical, mental, and dental health care is limited by cost, lack of insurance, lack of reliable transportation, and lack of culturally appropriate service provision.
- **A significant percent of uninsured people who are eligible for public health care insurance do not seek benefits** due to the complex application process and a shortage of advocates to assist in navigating the system.
- **Negative trends among young adults ages 18 – 24 include the prevalence of tobacco use by women, and a dramatic increase in the percent without health insurance.**
- **Duluth-area high school students have self-reported an alarming level of alcohol use.**
- **The region lacks the capacity to deal with the increased prevalence of undiagnosed behavioral problems and mental health issues in children** due to a shortage of service providers and a lack of access to services.
- **Methamphetamine use accounts for significant utilization of county resources** including law enforcement, court expenses, imprisonment, child protection, and chemical dependency services.

Key Recommendations

The following recommendations were informed by the key findings and supported by the research. While organized according to United Way funding priorities, these recommendations will require a variety of responses to address and implement. Some of the recommendations are appropriate for action by United Way, some are already being addressed, some are suited for other community partners' leadership, and others call for a community-wide approach.

No. 1: Child and Youth Development

- **Partner with community stakeholders to develop a comprehensive early childhood care and education plan** to identify and implement strategies to address the needs of young children and their families.
- **Establish baseline information of local Kindergarten school readiness** by developing a collaboration with school districts and local early childhood care and education providers to conduct a consistent district-wide school readiness assessment. Support the implementation of the Minnesota Department of Education Study of Kindergarten School Readiness in Duluth, Hermantown, and Proctor schools. Utilize the results for planning and identification of high-impact strategies to increase the percent of children school ready.
- **Promote healthy early childhood development to families and caregivers of young children** through parent and caregiver education, parent involvement, and supports. Focus on early intervention strategies to increase the likelihood for educational and life success while reducing the need for expenditures associated with intervention programs.
- **Support the assessment of local childcare centers using findings to develop quality improvement initiatives** that address areas of concern. Continue to measure quality in childcare centers and the impact of quality improvement initiatives. Explore the development / use of a quality rating system for early childhood programs which encourages high-quality programming and services, and provides information to assist parents in choosing the best early childhood program options for their children.
- **Support systems advocacy** to encourage comprehensive school readiness assessment, linkage between early childhood care and education (including childcare settings) and K-12 education, elimination of barriers which limit the supply of high-quality childcare, and financial appropriations to provide child care subsidies to more low income families.
- **Implement strategies to close the gap in achievement rates, drop out rates, and graduation rates** for African American and American Indian students. Join partnership with community leaders to address the impact of racial issues on students and their families. Partner with Race, Culture, and Achievement Gap Summit leaders in development of solutions to issues raised by that group.
- **Establish a clear picture of the local supply and demand for positive youth development programs.** Re-visit and update the City of Duluth Community Development Division mapping of youth development services to determine gaps in the following areas: geographic, accessibility, affordability, transportation, ability to serve the needs of youth from all backgrounds.

- **Ensure that high-quality programs which meet the developmental needs of children and youth are available to all young people.** Encourage a community-based solution to offer equitable youth development opportunities for all youth by building on existing relationships between schools, businesses, government, and non-profit agencies. Partner with Duluth Youth Agency Coalition and Youth Community Connections for local implementation of the recommendations of the Minnesota Commission on Out-of-School Time developed in 2005.
- **Address issues raised in the Minnesota Student Survey** and conduct further research to explore these notable problems self-reported by students: alcohol use and abuse, binge eating, and bullying.

No. 2: Basic Human Services

- **Provide ongoing operating funding for providers of high-quality basic human services** to maintain a stable network of services for people in need of food, shelter, housing, clothing and safety.
- **Increase outreach and access to families and individuals who are eligible for government benefits** including food support, childcare assistance, and health care.
- **Partner with the End Homelessness in Ten Years Committee to implement strategies that address their established goals:** prevent new occurrences of homelessness; shorten the length of homelessness and rapidly re-house in the most permanent arrangement; expand access points to housing and services; and increase supports to maintain housing.
- **Support proactive strategies to prevent mortgage foreclosure** and provide support services to those affected by foreclosure such as financial counseling, credit repair, and housing stabilization assistance.
- **Join with local agencies in developing a comprehensive plan for the prevention of sexual assault and domestic violence.**

No. 3: Economic Well-Being

- **Participate in poverty reduction efforts.** Partner with Community Action Duluth in its local effort, the Blueprint to End Poverty. Implement strategies developed through community planning process. Join with Local Initiatives Support Corporation to explore best practice models of poverty reduction such as the Portland Model, which provides intensive supports to low-income families. Participate in the Minnesota Legislative Commission to End Poverty state-wide efforts.
- **Join with the Duluth Workforce Council and Duluth Workforce Strategy Task Force** to develop and implement a comprehensive workforce development plan to improve availability of and access to job training and continuing education opportunities for unemployed people and low wage workers. Enhance job placement services, expand job retention services, and ensure user-friendly culturally sensitive service provision.
- **Promote development of an annual local job vacancy forecast in the primary industry sectors.** Work to ensure adequate training and education to prepare workers to fill vacancies.

- **Support programs for low-income and disabled people that increase income and build assets** through financial literacy, credit repair, matched savings accounts – Individual Development Accounts, promotion of the Earned Income Tax Credit, education about predatory lending practices, and access to banking services.
- **Join with Duluth Transit Authority, Community Action Duluth, and Lutheran Social Service** and others to create and implement a multi-faceted plan to improve transportation options for low-wage workers including improved bus routes and schedules, vehicle purchase and repair revolving loan fund, car sharing, carpooling, and volunteer ride programs.

No. 4: Health, Wellness and Healing

- **Increase access to physical, mental, and dental health care for people who are without health insurance.** Partner with Generations Health Care Initiatives and others to implement high-impact strategies of the Twin Ports Health Access Program.
- **Improve access to benefits under public health care programs for those eligible** by expanding outreach and assistance to people as they enroll and navigate the complexities of the public health care system; promoting coordination of referrals between public programs and medical institutions that work with uninsured and under-insured people; streamlining the complex application process; and, supporting increased outreach and public awareness efforts about public health insurance programs.
- **Develop a strong network of oral health care providers** to improve the availability of and access to preventive and restorative dental care for uninsured and underinsured people. Explore options for supporting services in locations such as schools and senior centers that will enhance access for targeted populations.
- **Participate in the Northland Foundation’s THRIVE Initiative to address the social and emotional development of young children.**



No. 1: Child and Youth Development

United Way Funding Priority

- Support for children and youth to access positive development opportunities and to achieve academic success
- Support for parents and caregivers of young children
- Support for increased access to high-quality affordable early childhood care and education

Community-wide Outcomes

- Increase the percent of children entering Kindergarten ready for school
- Increase educational success for school-age children and youth
- Increase access to positive development opportunities for school-age children and youth

Summary

The diverse input gathered through this research related to child and youth development highlights the absence of a comprehensive approach to provide the continuum of developmental services required for parents and the community to meet the needs of children and youth. The typical separation of early childhood care and education, K -12 education, alternative education, and out-of-school time activities contributes to fragmentation, lack of cohesiveness, and inequitable provision of services.

Top-level school district staff have identified two pressing issues for child and youth development which demand attention:

Education for pre-school children

Racial discrimination

As the community undergoes demographic changes that lead to a more diverse population, it becomes increasingly important for the staff that work with children and youth to have opportunities to develop cultural sensitivity with the goal of creating an equitable and rich learning environment for all children and youth.

Professionals involved in caring for and educating children and youth reported that factors contributing to the key issues cited are largely related to poverty. Poverty is examined in greater depth in the Economic Well-Being section. It is necessary to acknowledge in conducting and reporting this research that the interwoven issues of race, class, and poverty are at play in many of the findings. However, what stands out is that poverty and its disproportionate affect on minority populations, is a critical factor affecting the educational success for children and youth.

Early Childhood Development – Birth to Five Years Old

Key Issues

- Limited access to quality early childhood care and education for all families is resulting in a high percent of children who are inadequately prepared for school when entering Kindergarten. School readiness is an indicator for long-term educational success.
- A lack of information and education for parents and caregivers regarding healthy early childhood development has created limitations for some children in achievement of optimal physical, mental, and cognitive development.
- An increase in the number of young children with undiagnosed behavioral problems and mental health issues, coupled with a lack of mental health services specifically for young children, represents a significant unmet need.
- Funding reductions have limited provision of and access to early care and education for young children and their families.

Evidence

⇒ Nearly 50% of Minnesota children are considered “not ready” for Kindergarten as defined by the Minnesota Department of Education (MDE) Work Sampling Study which measures indicators of age-specific developmental progress. The MDE studies are performed annually with a 10% random sample of public schools in the state. More information regarding MDE school readiness studies is available on their website under Early Learning Services online at:

http://education.mn.state.us/MDE/Learning_Support/Early_Learning_Services/index.html.*

** For the purpose of the MDE studies, school readiness is defined as the skills, knowledge, behavior, and accomplishments that children know and can do as they enter Kindergarten in the following areas of development: physical and motor; social and emotional; language; mathematical thinking; and creativity and the arts. This definition reflects the National Education Goals Panel definition which identifies three important components of school readiness: 1) readiness in the child; 2) schools' readiness for children; and, 3) family and community supports and services that contribute to children's readiness for school.*

⇒ According to the Minnesota Department of Human Services 2004 Child Care Survey, 35% of households that are eligible for childcare subsidy are not aware of their eligibility. Only 19% of low-income households reported receiving a childcare subsidy. Households with low incomes receiving subsidies choose childcare based on quality rather than cost, compared to those households that do not receive subsidies.

⇒ The Minnesota Child Care Resource and Referral Network reports that in 2006:

- Low-income families in St. Louis County spent 28% of their income on childcare, a significantly higher percent than families of higher incomes
- 5,000 Minnesota families were on the waiting list to receive childcare assistance
- A Greater Minnesota family with two young children, one infant and one toddler, paid an average of \$13,200 annually for childcare
- 46% of families in the Northeast District reported using informal arrangements with family, friends, or neighbors as their primary form of childcare

- ⇒ The Minnesota Child Care Policy Research Partnership reported in 2005 that 71% of childcare centers in Minnesota when rated on the Early Childhood Environment Rating Scale had scores indicating quality at a minimal level.
- ⇒ In Hermantown and Proctor, early childhood education staff report that their programs reach only approximately 50% of those who could benefit from them.
- ⇒ In 2002, the Minnesota Children's Mental Health Task Force and the Minnesota Department of Human Services identified the following needs related to children's mental health:
 - Increased number of mental health providers and greater access to services
 - Culturally competent providers and services
 - Use and dissemination of evidence-based practices
 - Increased quality assurance and oversight, more effective coordination
 - Early identification of children's mental health needs
 - Improvements to health plans

Key Informant and Focus Group Views

- ◆ Limited access to family development resources is a barrier to fostering healthy child development. Access was defined as affordability, transportation, waiting lists, cultural sensitivity, and information about services available. Professionals cited the dissolution of the Family Resource Centers in Duluth as a critical community loss. The centers previously provided user-friendly and culturally sensitive services for families in a neighborhood setting; a one-stop connecting point to resources that addressed comprehensive family needs. Head Start employees have reported that waiting lists exist for Head Start sites due to a mismatch between the location of the openings and those seeking to enroll their children. The lack of reliable transportation makes the connection to a Head Start site further from home unlikely.
- ◆ To effectively measure progress on school readiness in Greater Duluth, a baseline measurement of local school district data on Kindergarten School Readiness is necessary. Minnesota Department of Education has conducted random studies for several years that provide results for a 10% sample of schools statewide, however local data is very limited.
- ◆ Comprehensive information needs to be made available to all parents and caregivers to raise awareness about children's developmental stages and methods for fostering a child's healthy physical, mental, and cognitive growth. Specifically, experts in the field pointed to the need for increased understanding about the impact of strong vocabulary development in young children as a pathway for educational success.
- ◆ The region lacks early childhood care and education services and/or programs that serve low-income households. Access to safe, stable, healthy learning environments is severely compromised for young children living in families of limited income. Opportunities are particularly inadequate for children with physical and behavioral disabilities.
- ◆ Lack of information for parents and the general public perpetuates confusion about the purpose of Early Childhood Screening (ECS). This screening is mandated for all children before entry into Kindergarten. ECS provides a vital opportunity for early identification of developmental problems and connection to resources to address those problems before a child enters school.

- ◆ Practitioners report a dramatic rise in the number of young children with behavioral problems and mental health issues stemming from a lack of prevention, screening, intervention, and treatment services.
- ◆ Systemic barriers exist for providers of early childhood care which can limit the amount of high quality child care available: high fees for licensure and professional development, increased standards for accreditation, increased co-pays, reduction in government child care subsidies, lack of supports for home-based childcare providers.
- ◆ Reductions in funding of government and non-profit programs that serve young children and their families threaten sustainability of valuable programs. An overwhelming need exists for long-term sources of funding to stabilize and sustain programs that provide services to low-income families. Practitioners acknowledge that there is competition for funding between early childhood programs and K-12 education that results in a schism where a bridge should exist.

Household Survey Results

- 89.3% of respondents rated “early childhood programs for young children that promote school readiness” as important, while 92.2% rated high quality affordable childcare as important.
- When ranked alongside other issues affecting children and families, 33.4% of respondents indicated that provision of “early childhood school readiness programs” was most important, and 25.9% ranked “high quality affordable child care” with highest importance.

Recommendations

Partner with community stakeholders to develop a comprehensive early childhood care and education plan to identify and implement strategies to address the needs of young children and their families.

Establish baseline information of local Kindergarten school readiness by developing a collaboration with school districts and local early childhood care and education providers to conduct a consistent district-wide school readiness assessment. Support the implementation of the Minnesota Department of Education Study of Kindergarten School Readiness in Duluth, Hermantown, and Proctor schools. Utilize the results for planning and identification of high-impact strategies to increase the percent of children school ready.

Promote healthy early childhood development to families and caregivers of young children through parent/caregiver education, parent involvement, and supports. Focus on early intervention strategies to increase the likelihood for educational and life success while reducing the need for expenditures associated with intervention programs.

Encourage connection and alignment between early childhood programming staff and school district staff to strengthen the transition and improve educational outcomes for young children as they progress from pre-school into K-12 education.

Support the assessment of local childcare centers using findings to develop quality improvement initiatives that address areas of concern. Continue to measure quality in childcare centers and the impact of quality improvement initiatives.

Support early childhood care and education providers in offering quality care through capacity building measures including professional development, accreditation, and licensing. Explore the development and use of a quality rating system for early childhood programs which encourages quality programming and services and provides information to parents to assist in choosing the best early childhood program options for their children.

Support systems advocacy to encourage comprehensive school readiness assessment, linkage between early childhood care and education (including child care settings) and K-12 education, elimination of barriers which limit the supply of high-quality child care, and financial appropriations to provide child care subsidies to more low income families.

Explore options for providing effective delivery of services in schools for children who require supplemental social/emotional attention yet are not eligible for special education.

Youth Development

Key Issues

- The high percentage of children left unattended by working parents combined with an inadequate supply of positive youth development opportunities is causing youth to miss out on the chance for optimal development.
- Access to youth development opportunities is limited by cost, lack of reliable transportation, responsibilities at home, and a lack of culturally welcoming settings.
- The community's ability to provide youth development programming has been diminished by funding reductions and the shift in school district budget priorities on spending for school-day academic achievement.
- The key issues and evidence cited in the Early Childhood and K-12 Education sections also impact youth development programming.

Evidence

- ⇒ Nearly 20% of Minnesota's 6 to 9-year olds are left to care for themselves by working parents according to a study by the Urban Institute in Washington, D.C. Minnesota has the highest percentage of children in this age group caring for themselves when compared to all states in the study. That percentage increases to 56% for 10 to 12-year olds; again Minnesota has the highest percentage represented in the study.
- ⇒ Minnesota Council on Foundations 2004 report "Supporting Minnesota's youth: The state of the state's youth development funding" revealed that state-level funding reductions have reduced the capacity for provision of youth development programs, specifically resulting in:
 - Reduced hours of program service
 - Reduced staffing levels
 - Reduced or eliminated transportation
 - Elimination of some agencies
- ⇒ University of Minnesota and the Minnesota Commission on Out-of-School Time research conducted during 2004 in Minnesota communities found that an estimated 50% of young people were not participating in any structured after-school programs.
- ⇒ At the Race Culture and Achievement Gap Summit in 2005, Duluth community members concerned with the impact of racism identified major issues related to the racial and cultural disparity in academic achievement in Duluth. The group's list of strategies to reduce disparity included:
 - Increased parent involvement
 - Relevant curriculum and learning experiences
 - Equitable and fair policies
 - Anti-racism training
 - Focus on cultural competency
 - Role models of color in schools

Key Informant and Focus Group Views

- ◆ Affordable, positive development opportunities for youth, which provide a safe environment with structured activities, are not available to all of the region's youth. The demand for positive youth development activities exists consistently throughout Duluth, yet the supply does not meet the demand. This deficiency of affordable youth programming limits participation for youth in certain geographic areas and of lower income levels.

- ◆ Needs of diverse populations are not being met through existing youth services and programming. Outreach, staffing, and programming provided through non-profit agencies and schools lack cultural sensitivity. Diversity was discussed in terms of culture, disability, race, religion, sexual orientation, income, and geographic area.

- ◆ Lack of funding to sustain after school programs translates to low wages, limited benefits and high staff turnover rate causing a lack of stability for agencies and programs. This lack of stability challenges the ability of youth development agencies to maintain the long-term relationships between staff and program participants that are vital to positive youth development.

Household Survey Results

- 89.5% of respondents rated "positive ways for school age youth to spend time after school, weekends, and during summer involved in academic and recreational programs" as important.

- When ranked alongside other issues affecting children and families, 39.5% of respondents indicated that positive youth development programs during out of school hours as the most important issue.

Recommendations

Establish a clear picture of the local supply and demand for positive youth development programs. Re-visit and update the City of Duluth Community Development Division mapping of youth development services to determine gaps in the following areas: geographic, accessibility, affordability, transportation, ability to serve the needs of youth from all backgrounds.

Support efforts to increase the supply of and access to youth development activities for particular population segments that lack services. Explore affordability measures and transportation options to increase access to youth development activities for youth who live in areas where gaps in service exist.

Partner with Duluth Youth Agency Coalition and Youth Community Connections for local implementation of the recommendations of the Minnesota Commission on Out-of-School Time developed in 2005 to meet the developmental needs of children and youth for the first two decades of their lives by ensuring that high-quality community experiences and programs are available to all young people.

Explore expanded use of school facilities for affordable out of school activities through development of partnership between non-profit agencies and schools.

Develop capacity of educational institutions and non-profit agencies to provide equitable user-friendly education and youth development programs consisting of the following components:

- Marketing programs to reach all populations
- Hiring staff who reflect the population to be served
- Establishing staff development plans for all staffing levels to facilitate effective program development and service provision to diverse audiences

Kindergarten – 12th Grade Education

Key Issues

- High dropout rate and low graduation rate combined with a lack of options for non-traditional students has left a segment of the young adult population with limited ability to achieve economic stability.
- Significant disparity in educational success for minority students exists within the Duluth Public School district.
- High mobility rate reported among students of the Duluth Public School district disrupts the continuity of teaching and learning and has potential for limiting students' educational success.
- The key issues and evidence cited in the Early Childhood and Youth Development sections also impact K-12 education.

Evidence

⇒ Minnesota Department of Education reports that during 2005-2006:

- Duluth Public School district mobility rate of 24% is dramatically higher than the state mobility rate of 15%. The rate is determined by the number of children that transfer in and out of a district, and transfer between schools within a district, in a given school year. By comparison, Hermantown and Proctor School district mobility rates are 8% and 10% respectively.
- Duluth Public School district dropout rate* at 6.38 is more than double the state rate of 3.05. Hermantown and Proctor School districts show rates of .31 and .84 respectively. In Duluth, the rate jumps to 19.49 for American Indian students and 14.36 for African American students.*

** Dropout rate for a given year is determined by this formula: total number of students who dropout of school during years 9-12 divided by the total number of students in grades 9-12 at fall enrollment.*

- Disparity exists for minority students when examining the graduation rate* which, in Duluth, is 84% compared to the state rate of 91 percent. A closer look reveals that American Indian students graduate at a rate of 43.18% and African American students at a rate of 70.27 percent, well below their Caucasian peers' graduation rate of 85.9 percent.

** Graduation rate is determined by this formula: Graduation rate for 2006 = 2006 graduates / (2006 graduates + 2003 9th grade dropouts + 2004 10th grade dropouts + 2005 11th grade dropouts + 2006 12th grade dropouts).*

⇒ Minnesota Student Survey 2004 Findings:

- The Minnesota Student Survey is conducted every three years and provides students, parents, and their communities a vehicle for ongoing communication about issues vital to health, safety, and academic success of youth. The following information is self-reported by students in K-12 public schools in the Duluth-area which includes: Hermantown, Proctor, Duluth, Edison Charter School, and Lake Superior High School. The listing below represents a small subset of the issues surveyed; those that stood out and demanded further attention. Some of the points are addressed in more depth in the health section of this report.
 - Alcohol use before or during school is reported by 44% of male 12th graders

- Among 12th graders, binge drinking (five or more drinks on one occasion) in a two-week period is reported by 36% of the male population, and 27% of the female population
- Binge eating is reported by 31% of 12th grade females
- Sixty-five percent of 6th Grade boys reporting having experienced bullying behavior

Key Informant and Focus Group Views

- ◆ Professionals involved in educating children and youth observed the strong tie between poverty, which disproportionately affects minority populations, and educational success.
- ◆ Several child and youth mental health issues were raised. Most notably, the increase in number and severity of behavioral problems exhibited by children in school and the lack of resources to address the needs; an increase in the number of cases of autism; children lacking coping skills; and, a lack of school district funds to sustain special education youth to age 21.
- ◆ Children of color are struggling in the schools, in part, because of cultural insensitivity and racial discrimination at multiple levels – administration, staff, curriculum, parent, and student.
- ◆ Professionals emphasized that children's needs would be better served and school staff would benefit from increased knowledge of human service provider resources and improved connection between educational institutions and non-profit agencies.
- ◆ Re-entry to the school environment after enrollment in residential programs is problematic. Students do not receive adequate assistance in making the transition.
- ◆ School staff reported parent involvement as a factor in students' educational success. Lack of parent involvement is a widespread issue.
- ◆ Bullying and conflict in the schools is occurring at an increasing rate and at a younger age. Bullying behavior is not limited to children; it is exhibited by staff, parents, and students.
- ◆ Great disparity exists in academic achievement, graduation rates, and drop out rates between Caucasian students and students of color.
- ◆ Many students lack incentive to stay in school if they are not interested in college. Options for non-traditional students are limited.
- ◆ Students who continue their education through the Adult Learning Center face disconnection from the school system, which is lacking the resources to address special, needs presented by this population.
- ◆ Lack of consistent funding and funding reductions have resulted in the elimination of many beneficial programs for students.

Recommendations

Implement strategies to close the gap in achievement rates, drop out rates, and graduation rates for African American and American Indian students. Join partnership with community leaders to address the impact of racial issues on students and their families. Partner with Race, Culture, and Achievement Gap Summit leaders in development of solutions to issues raised by that group.

Increase connection and awareness between non-profit agencies and educational institutions to mobilize and optimize all community resources to address critical issues affecting children, youth, and their families.

Join community stakeholders in examining the reported high level of institutional discrimination. Expand professional development for all levels of staff who work with children and youth to raise understanding about poverty, culture, religion, race, mental health, sexual orientation, and disabilities.

Address issues raised in the Minnesota Student Survey and conduct further research to explore these notable problems self-reported by students: alcohol use and abuse, binge eating, and bullying.

Create transitional program designed to catch all young people who have fallen through the mainstream cracks, regardless of income level, to provide the supports necessary to develop skills needed to achieve economic stability. Explore options for short-term training programs to meet the needs of non-traditional students.



No. 2: Basic Human Services

United Way Funding Priority

- Provide support to ensure that basic human needs of food, housing, shelter, clothing, and safety are met.

Community-wide Outcome

- Meet the demand for basic human services.

Summary

The community is facing several trends that compromise people's ability to make ends meet and increase the demand for basic human services: more chronically homeless people; more homeless families and children; increased cost of living; high percent of low paying jobs; and, increased mortgage foreclosures.

What was once a "safety net" for provision of food and shelter for people unable to work has turned into a sustaining system. Basic human services are increasingly accessed by households with working adults, as well as people who are considered chronically homeless. The number of people requiring food and shelter programs has grown significantly due to increased cost of living and low wages.

Welfare reform legislation passed in the mid-90s has placed more pressure on people receiving public assistance to quickly find employment and transition off public benefits, with little regard to whether the job offers medical benefits, a living wage, or matches a person's skills and interests. Social service providers have observed that many former welfare recipients have lost all public benefits once employed - even though they may still be eligible for food supports. Additionally, most households accessing basic services are over-extended on the suggested maximum percent of income allocated to housing costs.

Moreover, while people may find work, critical supports vital to maintaining employment, such as transportation, childcare, and medical care, have become increasingly difficult to afford. This situation gives rise to the increased demand for basic human services among low-wage earners and their families. The already-strained network of basic human service providers in this region faces challenges in providing a comprehensive "safety net" as the demand for services increases. However, as noted in the recently released ten-year plan to end homelessness, the existing proactive climate in this community creates the opportunity to work together towards reaching the goals of the End Homelessness in Ten Years Committee and the recommendations of Hunger Solutions Minnesota.

Basic Human Services

Key Issues

- The cost of living has outpaced wage growth in the region, resulting in an increased number of employed people who are unable to make ends meet. This has driven up the demand for basic human services such as food, shelter, and clothing.
- A dramatic increase in the demand for food assistance is placing an increased burden on the network of agencies which provide this service.
- The increasing rate of mortgage foreclosures has thrust many homeowners into serious financial hardship and has resulted in an increase in the number of people who need to access basic human services.
- Domestic violence and sexual assault continue to be significant problems for the community. As programs experience increased demand for their services, state-level funding reductions limit the ability to sustain prevention, education, shelter, and counseling services.
- Homelessness continues to be a significant community challenge characterized by increasing numbers of homeless families with children and a high percentage of people considered chronically homeless.
- The key issues and evidence cited in the Economic Well-Being section also impact the provision of basic human services.

Evidence

Food.

- ⇒ Hunger Solutions Minnesota reports in its 2005 study that food shelf use has increased by 45% from 2000 to 2004, and that in the Northern Lakes region which includes the Arrowhead, one-third of food shelf recipients are part of a working family. Women, children, and people of color remain disproportionately in need of food program assistance. 41% of food shelf clients and 38% of soup kitchen clients are children.
- ⇒ Government food assistance benefits are not being accessed by those who are eligible. Hunger Solutions Minnesota reports that while 80% of the survey respondents were eligible for government food support (formerly food stamps); only 30% were accessing those benefits. With average food support of \$159 per month, even those clients who are accessing benefits require additional food assistance.

Foreclosures.

- ⇒ Duluth and St. Louis County are experiencing dramatically increased rates of mortgage foreclosure. According to the Center for Responsible Lending, Duluth's mortgage foreclosure rate is projected to be 16.2% for 2006. The Greater Minnesota Housing Fund reports that the number of sheriff's sales of homes resulting from foreclosures has risen in St. Louis County by 46% between 2005 and 2006.

Shelter.

- ⇒ Wilder Research Center's report "2006 Homeless Adults and Children in Minnesota Statewide Survey" which gives the snapshot survey* results from October 26, 2006 shows:
- An increase of 6% in the number of homeless persons in St. Louis County since the 2003 survey. * The number of people surveyed increased from 533 to 564.
 - 34% of homeless people in St. Louis County are children.
 - 46.5% of homeless adults meet the Minnesota definition of chronic or long-term homelessness – homeless for one year or longer, or experiencing homelessness 4 or more times in the past 3 years.
 - St. Louis County has the state's largest homeless population outside the Twin Cities.
 - In Greater Minnesota, 32% of homeless people are employed, nearly 70% work more than 25 hours per week, and 83% earn less than \$10 per hour.
- * Wilder Research Center recognizes limitations in the snapshot survey method and estimates that the true number of homeless persons on one given night may be double the number they were able to count. In addition, the snapshot survey does not record the number of persons who experience homelessness over a year's time, which can run as much as ten times the number counted. Still, the survey does provide trend data and accurate information about the characteristics of those surveyed.*
- ⇒ According to "Heading Home St. Louis County – A Ten-Year Plan to End Homelessness" issued by the End Homelessness in Ten Years Committee, the region's system of services for homeless people "lacks sufficient coordination, is hampered by a public-private rift, has a shortage of the right types of housing to match client needs, and is compromised in service effectiveness due to overburdening of limited staff."

Domestic Violence and Sexual Assault.

- ⇒ Minnesota Department of Public Safety, Office of Justice Programs, and the Interagency Task Force on Domestic Violence and Sexual Assault joint report of 2005 cites the struggle domestic violence and sexual assault programs face in providing adequate services to victims due to state budget cuts during 2003-04. The report recommends no further budget cuts to crime victim services.
- ⇒ Minnesota Department of Public Safety, Office of Justice Programs reported that in Minnesota in 2006:
- More than 37,000 women and children were served by programs for battered women
 - 5,729 battered women and 5,666 children utilized emergency shelter services or emergency motel housing
- ⇒ The Duluth Police Department reported that during the one-year period from April 2006 to April 2007, 311 arrests were made for physical domestic assault. During 2006, Duluth's Safe Haven Shelter received nearly 3,000 phone calls to its 24-hour hotline from people in need of help with domestic violence incidents.
- ⇒ Minnesota Department of Health reported that in 2004, 998 Minnesotans received emergency department or in-patient hospital care for domestic violence related injuries. 97% of the victims were women.
- ⇒ According to the Minnesota Student Survey of 2004, nearly 25% of 6th and 9th graders in Minnesota reported that they had been physically abused by an adult living in the household
- ⇒ Minnesota Department of Health's report released in 2007, "Costs of Sexual Violence in Minnesota" estimates the economic impact of sexual assault in the state was \$8 billion in 2005. According to the report, 61,000 children and adults were assaulted in 2005 with an estimated cost per assault of \$184,000 for each child victim, and \$139,000 for each adult victim. Costs include medical and mental health care, lost work, victim services, and criminal justice proceedings. In the same year, the state government spent \$130 million on treatment and confinement of perpetrators.

Key Informant and Focus Group Views

- ◆ Increased cost of living and lack of adequate paying jobs leaves many people unable to meet their basic needs. These factors contribute heavily to an increased burden on the network of agencies that provide basic human services. Services that were previously accessed for short periods of time by people experiencing emergencies now are being required long-term.
- ◆ Lack of reliable transportation is a critical issue that limits low-income people's access to social services and medical care, and in performing everyday functions necessary to maintain employment and decent quality of life.
- ◆ Basic human services for teens are lacking. Life House provides excellent programs, yet it just isn't enough to fill the need.
- ◆ Employed food program clients are using emergency programs as a means to supplement their income. Providers noted that in the past they served primarily unemployed people, however that has changed over the past five years.
- ◆ Social service consumers report struggling with the social service system. This often involves dealing with workers who lack sympathy and responsiveness, have limited experience working with people of different cultures, and who are taxed with heavy caseloads and unending changes in rules and regulations. There is a perception that people in need of government services are asked to jump through unnecessary hoops and are not treated respectfully.
- ◆ Non-profit energy assistance programs are over-burdened. Utility providers should use Minnesota Power as a positive example of negotiating fair and accessible essential services for low-income people. Low-income consumers would benefit from education about utility programs.
- ◆ Providers note an increase in the number of seniors living in poverty who are experiencing a need for food assistance programs.
- ◆ Social service consumers highlighted the need for additional transitional housing services that serve men as well as the need for community re-entry programs for ex-offenders to reduce the likelihood of recidivism.
- ◆ The limitations on the length of time a person can stay at some shelters doesn't allow residents the amount of time needed to complete the process for securing other permanent housing.
- ◆ Need exists for a one-stop shop that provides easy accessibility to the range of services for victims of domestic violence. Frequently, victims of domestic violence are uprooted from their homes and must access emergency services ranging from the basics of food, safe shelter, transportation, and clothing to the more complicated types of services like criminal justice and legal services to secure orders for protection. Specialized services are required to break the cycle of violence for children who have lived in homes with domestic violence.

Household Survey Results

- When respondents were asked to rate issues related to basic human services, they said that the following issues were important:
 - 95.2% Meeting people's emergency needs for food, shelter, and clothing
 - 81.8% Assisting people in keeping their homes
 - 78.3% Increase amount of affordable housing for rent and sale

- When these three issues were ranked together, respondents said the most important issue was:
 - 51.0% Meeting people's emergency needs for food, shelter, and clothing
 - 30.5% Assisting people in keeping their homes
 - 17.3% Increase amount of affordable housing for rent and sale

Recommendations

Provide ongoing operating support for providers of high-quality basic human services to maintain a stable network of services for people in need of food, shelter, housing, clothing, and safety.

Increase outreach and access to families and individuals who are eligible for government benefits including food support, childcare assistance, and health care.

Partner with the End Homelessness in Ten Years Committee to implement strategies that address their established goals: prevent new occurrences of homelessness; shorten the length of homelessness and rapidly re-house in the most permanent arrangement; expand access points to housing and services; and increase supports needed to maintain housing.

Support programs to prevent mortgage foreclosure and to provide services to those affected by foreclosure such as financial counseling, credit repair, and housing stabilization assistance.

Work with the Arrowhead Regional Development Commission's Area Agency on Aging and local senior service providers and planners to assess the changing needs of the senior population.

Join with local agencies in developing a comprehensive local plan for the prevention of sexual assault and domestic violence.

Educate general public and legislators about the increasing need for food assistance and mobilize resources to support the demand for this essential human need.



No. 3: Economic Well-Being

United Way Funding Priority

- Support job placement, advancement opportunities, and employment supports such as transportation, child care, and job counseling
- Support opportunities to increase income, build assets, and improve money management
- Support increased access and affordability for education and training

Community-wide Outcome

- Decrease the percent of people living at or below the Federal Poverty Level

Summary

Hands down, people say what they like about living here is the natural beauty, the low crime rate, lack of traffic, cultural vitality, and the small-town feel.

Yet another set of characteristics emerge as people talk about what makes it difficult to live here including the lack of living wage jobs, limited public transportation, expensive rental housing, lack of affordable childcare and activities for kids, lack of diversity, racial discrimination, and the feeling of insider exclusiveness. A very high percentage of people in this region are struggling financially as it costs more to meet economic needs than they earn.

This section takes a look at the interwoven issues of race, class, and poverty as evident in many of the findings. What emerges is a picture that shows how deeply these issues affect a person's opportunity to achieve economic well-being.

Economic Well-Being

Key Issues

- The cost of living has outpaced wage growth resulting in an increased number of employed people living in poverty without adequate income to make ends meet.
- The region’s poverty rate exceeds the national and state rates and disproportionately affects children and minorities. A prevalence of low-paying jobs in the region is the major contributor to this condition.
- The vast majority of people without health insurance in Greater Minnesota are people with jobs.
- The key issues and evidence cited in the Basic Human Services section also impacts economic well-being.

Evidence

- ⇒ According to the 2000 U.S. Census, the overall poverty rate in Duluth is 15.5%, nearly twice the Minnesota rate of 8.1%. Poverty disproportionately affects people of color, single-parent families, and young children. The poverty rate in Duluth for American Indians is 49%, African Americans 19.5%, and for children under age five 20.9%. Current figures from the American Community Survey conducted in 2006 for Minnesota and St. Louis County show increased poverty rates, however data is not available for Duluth.
- ⇒ According to the State Demographer’s Office figures for 2006, 31% of individuals in Duluth live at or below 200% of the Federal Poverty Level (FPL), a common measure used to define low-income status, also referred to as “working poor.” In 2007, an individual is considered, by the U.S. Department of Health and Human Services, to be living in poverty when earning at or below \$10,210 annually.

2007 Federal HHS Poverty Guidelines

Family Size	100% of Federal Poverty Level	200% of Federal Poverty Level
1	\$10,210	\$20,420
2	\$13,690	\$27,380
3	\$17,170	\$34,340
4	\$20,650	\$41,300

- ⇒ Thirty-eight percent of Duluth school children are eligible for Free and Reduced Price Lunch Program, 25% higher than the Minnesota average.
- ⇒ According to the Jobs Now Coalition’s 2006 Job Gap Study:
 - Cost of living in Greater Minnesota has increased 31% between 1997 and 2004, yet minimum wage has increased only 19% in the same timeframe. Cost of living increases during this timeframe include: housing 36%, health care 45%, transportation 52%, child care 92%, clothing 26%, and food 17%. Transportation and child care increases are staggering.
 - In the Arrowhead region including Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis Counties, a family of three comprised of one parent and two children requires a minimum hourly wage of \$16.55, or an annual income of \$34,421, to meet the basic needs defined as food, housing, clothing, health care, transportation, and child care. Sixty-one percent of the jobs in the Arrowhead region pay less than \$16.55 / hour.

- ⇒ 2006 wage data from the Minnesota Department of Employment and Economic Development indicates that 39% of jobs in this region pay less than \$10 / hour, 27% of jobs pay less than \$9.27/ hour, and 17% of jobs pay less than \$7.75 / hour, and the median wage for all occupations in Northeast Minnesota is \$14.22 / hour.
- ⇒ The Minnesota Housing Partnership reported that in 2006, 55% of renting households in St. Louis County paid more than 30% of their income on rent.
- ⇒ The Minnesota Department of Health report “Health Insurance Coverage in Minnesota: Trends From 2001 to 2004” states that in 2004, 76% of the uninsured population in Greater Minnesota is employed, and that 77% of those uninsured people are working 31 or more hours per week.
- ⇒ Hunger Solutions Minnesota reports that in 2005, 48% of food shelf clients were employed but didn't have adequate earnings for basic needs like food, shelter, and clothing.

Key Informant and Focus Group Views

- ◆ People who are living in poverty face more diverse and severe barriers to achieving economic stability. These issues include generational poverty, lack of education or skills training, increased cost of living, and a local economy with a high percent of low wage jobs. Moreover, increased prevalence of mental health issues, chemical dependency, disability, criminal record, and poor credit create additional barriers.
- ◆ Duluth low-income residents participating in programs to build self-sufficiency stated that the most important resources for getting out of poverty are: living wage jobs, education and skills training, affordable and safe child care, reliable transportation, self reliance, and equal opportunity.
- ◆ Minnesota's system for moving people from public assistance to employment must focus more on suitable job placement and increased support services to assist in job retention. The system itself acts as a barrier to economic success because once a person finds even a low wage job, they are considered self-sufficient and do not receive enough assistance to make a successful transition.
- ◆ There is a growing prevalence among low-income working people to hold multiple part-time positions and not receive health care benefits. This situation puts people in crisis, pushing them into survival mode and limiting their ability for transition to financial stability.
- ◆ Reduced availability of government childcare assistance benefits compromises low wage worker's ability to maintain employment. Low-income people's ability to find living wage jobs and hold onto them.
- ◆ Lack of affordable, reliable transportation limits low-income people's ability to find a retain living wage jobs. Often, the cars that low-income people can afford are more likely to break down. With reliable cars, low-income people can travel farther to search for better-paying jobs, and can access a wider range of training and educational activities.
- ◆ Current public transportation routes and schedules do not cover all the geographic areas where the jobs are located. Travel is also difficult or impossible during the late night and early morning hours that job schedules may require. Even when the bus is an option, the time required to wait for transfers to get to their destination is prohibitive.
- ◆ Transportation and discrimination are primary barriers to employment for people with disabilities.

- ◆ Social service providers observe increased numbers of seniors dealing with issues related to poverty. This situation improved for some time; however, as the cost of living outpaces benefits, the problem is now re-surfacing.
- ◆ Community leaders need to make a concerted effort to reduce poverty with focus on creating opportunities for low-income people to access education and training necessary to acquire skills for higher paying jobs, increase income, build assets, and develop healthy financial management.
- ◆ Duluth has metro-type problems but no metro-type funding. Funding sources need to increase support for collaborative approaches and reduce the focus on providing support for the creation of new programs.
- ◆ Practitioners noted a need for an improved connection between social service agencies and the business community, in particular with the health care industry. Relationships and networks with the broader business community need to be cultivated to connect low-income people with decent jobs.
- ◆ Employers could develop Employee Assistance Programs geared towards maintaining a supportive environment that addresses the needs of low wage workers.

Household Survey Results

- When respondents were asked to rate issues related to economic well-being, they said that the following were important:
 - 91.2% Increase the number of living wage jobs
 - 87.0% More opportunities for people living in poverty to increase self-sufficiency
 - 84.7% Assist people in getting and keeping jobs through programs such as job placement, improved transportation options, and job counseling
- When these three issues were ranked together, respondents said the most important issue was:
 - 44.9% Increase the number of living wage jobs
 - 35.9% More opportunities for people living in poverty to increase self-sufficiency
 - 18.0% Assist people in getting and keeping jobs through programs such as job placement, improved transportation options, and job counseling

Recommendations

Partner with Community Action Duluth in its local effort to eliminate poverty, the Blueprint to End Poverty. Implement strategies developed through community planning process. Join with Local Initiatives Support Corporation to explore best practice models of poverty reduction such as the Portland Model, which provides intensive supports to low-income families. Participate in the Minnesota Legislative Commission to End Poverty state-wide efforts.

Join with the Duluth Workforce Council and Duluth Workforce Strategy Task Force to develop and implement a comprehensive workforce development plan to improve availability of and access to job training and continuing education opportunities for unemployed people and low wage workers. Enhance job placement services, expand job retention services, and ensure user-friendly culturally sensitive service provision.

Promote development of an annual local job vacancy forecast in the primary industry sectors. Work to ensure adequate training and education to prepare workers to fill vacancies.

Implement a public awareness campaign to highlight the startling percentage of people in this region who live in poverty, or earn less than a living wage, as well as draw attention to the issues that impact those living in poverty.

Support programs for low-income and disabled people that increase their income and build assets through financial literacy, credit repair, matched savings accounts – Individual Development Accounts, promotion of the Earned Income Tax Credit, education about predatory lending practices, and access to banking services.

Promote state-wide advocacy and system-change efforts in the following areas: levels of childcare subsidy; transition-to-work benefits (for people moving off public assistance); state welfare policies that support training and education; and, flexibility in use of Individual Development Account matching funds.

Promote the development of strong support networks for unemployed people and low wage workers which provide the following: information, referral, and access to community resources; informal support networks such as Community Action Duluth's Circles of Support; and, specialized Employee Assistance Programs.

Build partnership with local lending institutions to create suitable alternatives to existing predatory quick refund loan services.

Join with Duluth Transit Authority, Community Action Duluth, and Lutheran Social Service to create and implement a multi-faceted plan to improve transportation options for low-wage workers including improved bus routes, vehicle purchase and repair revolving loan fund, car sharing, carpooling, and volunteer ride programs.



No. 4: Health, Wellness, and Healing

United Way Funding Priority

- Improve access of the un-insured to physical, mental, and dental health services and benefits.
- Support early intervention for young children in the areas of physical, mental, and dental health services.

Community-Wide Outcome

- Increase the percent of people who have access to physical, mental, and dental health care services and benefits.

Summary

The community assessment findings demonstrate several troubling conditions that impact the health status of many people in the region: a significant portion of people without health insurance; an alarming level of alcohol use reported by high school seniors; the prevalence of tobacco smoking among young women; and, the increase in behavioral problems and mental health issues among young children.

Many people find themselves uninsured because they do not receive employer-based benefits, and they earn too much to qualify for public benefits yet not enough to afford private insurance. While a significant portion of uninsured people are actually eligible for public benefits, many choose not to seek coverage because of the complexities of the application process and navigating the system.

In addition to the lack of insurance, a variety of other factors limit people's access to health care.

Some barriers that people face in gaining access to health care involve factors that are as simple as not having a reliable vehicle while others are as complex as a person of a racial minority being treated disrespectfully. In the case of dental care, there is a shortage of dentists willing to accept the low rate of reimbursement offered to providers by public insurance, therefore a significant group of low-income people who do not seek dental care.

To positively impact people's health status, a multi-sector alliance comprised of governmental entities, the health care industry, and the non-profit sector is necessary to develop strategies to improve people's access to health care and to ensure that people receive equitable treatment.

Health, Wellness, and Healing

Key Issues

- Limited access to health care compromises the health status of low-income people and results in unnecessary costs to the health care system. Access to physical, mental, and dental health care is limited by cost, lack of insurance, lack of reliable transportation, and lack of culturally appropriate service provision.
- A significant percent of uninsured people who are eligible for public health care insurance do not seek benefits due to the complex application process and a shortage of advocates to assist in navigating the system.
- Negative trends among young adults ages 18 – 24 include the prevalence of tobacco use by women, and a dramatic increase in the percent without health insurance.
- Duluth-area high school students have reported an alarming level of alcohol use.
- The region's capacity to deal with the increased prevalence in children's mental health problems is hampered by a shortage of service providers and a lack of access to services.
- Methamphetamine use accounts for significant utilization of county resources including law enforcement, court expenses, imprisonment, child protection, and chemical dependency services.

Evidence

- ⇒ Minnesota Department of Health (MDH) reports in its "Health Insurance Coverage in Minnesota: Trends From 2001 to 2004":
 - The Arrowhead region had an uninsured population of 8.5% in 2004, up significantly from 6.5% in 2001
 - In Greater Minnesota between 2001 and 2004, the young adult population ages 18 to 24, saw a dramatic increase in the percent uninsured from 19% to 27.9%
 - In 2004, the uninsured rate for Greater Minnesota children under age 17 was 22.2%; 8.7% for young children ages 0 to 5; and, 13.5% for children and youth ages 6 to 17
- ⇒ Generations Health Care Initiatives of Duluth estimates that there are 14,000 uninsured low-to-moderate income (below 300% of the Federal Poverty Level) people living in St. Louis, Carlton, and Lake Counties in Minnesota, and Douglas County in Wisconsin. An estimated 25 - 33% of this group is eligible for, but not utilizing, public health care insurance programs.
- ⇒ Children's Dental Services in the Twin Cities reports that 70% of low-income children in Minnesota do not receive any dental care. Minnesota Department of Health has found that children and adolescents living in poverty suffer twice the tooth decay as their more affluent peers. The Center for Disease Control and Prevention identifies tooth decay as the single most prevalent chronic childhood disease. For low-income children, the CDC classifies the disease as a national epidemic with more than 51 million school hours lost due to dental related illnesses.
- ⇒ St. Louis County Drug Endangered Child Program reports in its 2006 statistics that:
 - 51% of the county's chemical dependency cases are methamphetamine related
 - Half of the county's budget to address chemical dependency problems is used for meth treatment
 - 35% of the current county jail population is serving time for a meth-related arrest

- ⇒ The Arrowhead Regional Development Commission's Aging Service Providers Roundtable met in 2006 and identified access to free or low-cost dental care as a high priority issue of concern for the senior population.
- ⇒ The "Bridge to Health Survey 2005" for the nine-county region of Northeastern Minnesota and Northwestern Wisconsin revealed that:
 - 35% of young women aged 18 to 24 smoke tobacco, a higher rate than any other age or gender group.
 - 31.3% of men aged 35 to 44 smoke tobacco.
 - 18.6% of people in the region are considered obese based on the Body Mass Index (BMI) of 30 or greater. BMI is calculated using the formula of weight divided by height squared.
- ⇒ Results from the 2004 Minnesota Student Survey show that Duluth-area students reported that:
 - 44% of 12th Grade male students use alcohol before or during school, and
 - 36% of the male students and 27% of the female students in 12th Grade engaged in binge drinking (five or more drinks on one occasion) in a two-week period.
- ⇒ In 2002, the Minnesota Children's Mental Health Task Force and the Minnesota Department of Human Services identified the following recommended solutions to address children's mental health needs:
 - increased number of mental health providers
 - greater access to services
 - culturally competent providers and services
 - use and dissemination of evidence-based practices
 - increased quality assurance and oversight, more effective coordination
 - early identification of children's mental health needs
 - improvements to health plans

Key Informant and Focus Group Views

- ◆ Many people who are eligible for public health insurance programs do not access them due to lack of information and understanding about the programs, and the complicated processes for application, verification, and re-certification.
- ◆ Lack of dental health care services and poor dental health is affecting people's physical health resulting in additional health care costs to the individual and the health care system.
- ◆ Low-income people, people of color, and people with disabilities feel discriminated against in the health care system. One-third of the respondents interviewed by East Hillside Patch for its Health Care Access Project reported feeling mistreated or discriminated against when accessing health care. Roughly half of the survey respondents were from racial minorities, all respondents were of low-income, and one-third had one or more disabilities.
- ◆ Access to health care is limited by a lack of awareness exists about health care programs and inadequate numbers of advocates to assist people in accessing benefits and care. Service providers cited the need for assistance specifically for low-income people in navigating the health care system to gain and maintain all types of health care benefits. Also noted was the need to develop a support system that connects the various pieces that comprise access to health care: awareness, outreach, advocacy, affordability, culturally sensitive services, and transportation.

- ◆ There is a need to improve coordination of community transportation resources to increase access to medical care specifically for seniors, low-income people, and people with disabilities.
- ◆ Three important factors have resulted in a shortage of mental health services which is creating a burden on the community: 1) the conversion from institution-based mental health services to community-based services, 2) a shortage of psychiatrists in this region, and 3) emerging trends among special populations. Notable trends include: an increase in the number of referrals from the Twin Cities and Western Wisconsin; an increase in the transient population lacking medical records; and, an increased need for services among young children and the senior population.
- ◆ The demand for mental health services for children and youth has dramatically increased and the supply of resources is down. Focus needs to be directed to: screening, prevention, health promotion, early intervention, medication services, peer-to-peer support groups, supply of psychiatric services and out-patient programs, supports to families with mentally-ill parents, and targeted services for uninsured people.
- ◆ There is not an effective model which promotes an integration of primary health care and mental health care. Promote effective identification of mental health issues and referral to resources by primary care providers.
- ◆ The continuing stigma regarding mental health issues impedes people's access to services.
- ◆ Families who have members with disabilities are lacking a strong network of support to assist them in fostering independence and self-sufficiency. Essential concerns for people with disabilities include: self-preservation, keeping families together, family foster systems, quality of life, and self-advocacy.

Household Survey Results

- When respondents were asked to rate health-related issues, they said that the following issues were important:
 - 89.3% Access to healthcare for uninsured and under-insured people
 - 87.8% Addressing children's mental health issues
 - 80.7% Affordable dental care for low income people
- When these three health-related issues were ranked together, respondents said the most important issue was:
 - 67.3% Access to healthcare for uninsured and under-insured people
 - 23.7% Addressing children's mental health issues
 - 7.8% Affordable dental care for low income people

Recommendations

Increase access to physical, mental, and dental health care for people who are without health insurance. Partner with Generations Health Care Initiatives, Lake Superior Community Health Center and others to implement high-impact strategies set forth by the Twin Ports Health Access Program.

Improve access to benefits under public health care programs for those eligible by expanding outreach and assistance to people as they enroll and navigate the complexities of the public health care system; promoting coordination of referrals between public programs and medical institutions that work with uninsured and under-insured people; streamlining the complex application process; and, supporting increased outreach and public awareness efforts about public health insurance programs. This strategy to increase access to health care is promoted by the Children's Defense Fund of Minnesota. Join with groups such as Generations Health Care Initiatives, a leader in the local effort to ensure that all people have health insurance.

Develop a strong network of oral health care providers to improve the availability of and access to preventive and restorative dental care for uninsured and underinsured people. Explore options for supporting services in locations such as schools and senior centers that will enhance access for targeted populations.

Support programs that establish oral health care for children by the age of twelve months, with a focused effort on the low-income population. Evidence shows that children who have their first dental visit before age one have 40% lower dental costs in their first five years.

Promote enhanced communication and coordination between schools and providers of mental health and disability services. Provide professional development designed to increase the ability of school staff and mental health practitioners to discuss specific situations concerning students with mental health concerns or disabilities such as the: development of Individualized Education Plans, conducting effective screening and making appropriate referrals, handling behavioral disorders, and preparing special education students for independent living.

Participate in the Northland Foundation's THRIVE Initiative to address the social and emotional development of young children. Evaluate the ability of the current supply of mental health providers to meet the increasing demand for mental health services for children. Develop a plan for developing the resources to fill this gap in mental health services.

Join in partnership with The Twin Ports Tobacco-Free Coalition, local chapters of the American Lung Association and American Cancer Society to mobilize resources to address smoking and tobacco use. Support local replication of best practice programs as advocated by the Center for Disease Control and Prevention to reduce disease, disability, and death related to tobacco include: prevent the initiation of tobacco use among young people; promote cessation among young people and adults; eliminate non-smokers exposure to second-hand smoke; and, identify and eliminate the disparities related to tobacco use and its effects among different population groups.

Develop a partnership with the school districts, substance treatment providers, and youth development agencies to examine and address the high level of alcohol use among high school students.

Appendix A: Focus Group Invitees and Key Informants

Focus Group Invitees

<i>Adult Learning Center</i> Bea Larson and Beth Tamminen	<i>Domestic Abuse Intervention Project</i> Scott Miller	<i>Full Circle</i> Kelly Ravenfeather
<i>American Cancer Society</i> Freda Carlson	<i>Duluth American Indian Commission</i> Robert E. Powless	<i>Gabriel Project</i> Emily Larson
<i>American Indian Community Housing Organization</i> Sherry Sanchez	<i>Duluth American Indian Commission</i> Mike Sayers	<i>Goodwill Industries</i> Doug Carlson
<i>American Lung Association</i> Pat McKone	<i>Duluth Anti-Racism Coalition</i> Ellen O'Neill	<i>Grant Community School Collaborative</i> Kathy Bogen
<i>ARC Northland</i> Lynne Frigaard	<i>Duluth Association for the Education of Young Children</i> Andrea Hoffman and Pat Jaekel	<i>Health Care Access</i> Rita Schwalbe
<i>Arrowhead Economic Opportunity Agency</i> Dave Anderson, Skip Ferris and Stefanie Heiner	<i>Duluth Police Department</i> Pat Behning, Berry Midthum, Gordon Ramsay, and Roger Waller	<i>Hermantown / Proctor ECFE</i> Claudia Otos
<i>Arrowhead Juvenile Detention Center</i> Kathy Trihey	<i>Duluth Public Schools - Assessment</i> Kate Beattie	<i>Hermantown Community Church</i> Mary Bracken
<i>Arrowhead Psychological Clinic</i> Elizabeth Carver and Dave Plude	<i>Duluth Public Schools - Community Education</i> Dave Muckala	<i>Hermantown Police Department</i> Dan Perich
<i>Arrowhead Regional Corrections</i> Jen Wright	<i>Duluth Public Schools - Cultural Liason</i> Deborah Edwards	<i>Hermantown Public Schools</i> Sandi Fogo, Brad Johnson, Kevin Leonard and Shonda Peller
<i>Bethel Work Release</i> Lisa Lenmark	<i>Duluth Public Schools - Curriculum</i> Rex Hein	<i>Hermantown/Proctor Community Education</i> Molly Johnson
<i>Center City Housing</i> Rick Klun	<i>Duluth Public Schools - Deseg</i> George Himango	<i>Human Development Center</i> Steve Bauer, Jim Gruba, John Heiner and Charlie Orsak
<i>Center for Alcohol and Drug Use</i> Gary Olson	<i>Duluth Public Schools - ECFE</i> Robin McClellan	<i>Incredible Exchange</i> Carol Dinius
<i>Center for American Indian</i> Deb Topping	<i>Duluth Public Schools - Federal Programs</i> Mary Ann Rotondi	<i>Independent Consultant</i> Henry Banks
<i>Center for Independent Living NE MN</i> Roberta Cich	<i>Duluth Public Schools - Head Start</i> Marilyn Larson	<i>Lakeshore Lutheran Home</i> Pam Franklin
<i>CHOICE, unlimited</i> Kristie Buckman	<i>Duluth Public Schools - PTSA</i> Julie O'Leary	<i>Lifehouse</i> Rachel Kincaid
<i>Churches United in Ministry (CHUM)</i> Steve O'Neill and Jim Soderberg	<i>Duluth Public Schools - Special Ed/Services</i> David Craig	<i>LISC</i> Pam Kramer
<i>CHUM Church</i> Meg Kearns	<i>Duluth Public Schools - Unity School</i> Paul Brandstaetter	<i>Little Treasures</i> Peg Johnson
<i>CHUM Drop-In Center</i> Kim Randolph	<i>Duluth Public Schools - PTSA</i> Rosie Loeffler-Kemp	<i>Lutheran Social Service</i> Cathy Bergh, Lynn Gerlach-Kollard and Dawn Shykes
<i>City of Duluth - Human Rights Commission</i> Meg Bye	<i>Duluth Regional Care Center (DRCC)</i> Mike Mills	<i>Mayor's HL Task Force</i> Char Hanson
<i>City of Duluth - Workforce Development</i> Don Hoag	<i>Duluth Transit Authority</i> Dennis Jensen	<i>Minnesota Chippewa Tribe</i> Evie Tanner-Campbell
<i>City of Duluth - Youth Employment Services</i> Bonnie Douglas	<i>Duluth Youth Agency Coalition</i> Erin DeWitt	<i>MN Department of Health</i> Jean Larson
<i>Clayton, Jackson, McGee Memorial Committee</i> Carl Crawford and Lynn Goerd	<i>East Hillside PATCH</i> Cindy Donner	<i>MN Disability Law Center</i> Sandy Moore
<i>Community Action Duluth</i> Sonia Bonilla and Stan Kaitfors	<i>Family Services Collaborative</i> Jodie Korsenowski	<i>MN DRS</i> Ken Norstrud
<i>Consumer Survivor Network</i> Darnell Nelson	<i>Fetal Alcohol Diagnostic Program</i> Jeanette Lang	<i>NAACP (City purchasing)</i> Claudie Washington
<i>Copeland Community Center</i> Russ Salgy	<i>Fond Du Lac</i> Jean DuFaul, Linda Dunaiski, Kendra Grondahl, Cindy Pattison and Michelle O'Leary	<i>Northeast Entrepreneur Fund (NEEF)</i> Mary Mathews
<i>Courage Duluth</i> Eric Larson	<i>Fond du Lac Ojibwe School</i> Betty Anderson	
<i>Damiano</i> Erik Torch		
<i>Damiano - Kids Closet</i> Char Kerelko		

Northland Foundation
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St Louis County Atty Office
John DeSanto and Clay Odden

St Louis County Jail
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St Louis County Sheriff
Ross Litman

St Louis County Public Health Nurse
Guy Peterson

St. Louis County / Child Care
Julie Fredrickson and Dick Pingry

St. Louis County Judges
Shaun Floerke and Gerald Martin

St. Luke's Health Care System
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Trillium Services
Kari Aanenson

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Bobbie Lenz

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UMD - Early Childhood Development
Molly Minkkinen

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Woodland Hills
Stephanie Floyd and Michelle Nelson

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YWCA
Lynn Henderson

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Adult Learning Center
Ed Schoenborn

Adult Learning Center
Bea Larson

ARDC
Catherine Sampson
Eldercare Development Partnership

Churches United in Ministry (CHUM)
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Executive Director

CHUM Emergency Shelter and Drop-In Center
Kim Randolph
Director

Community Action Duluth
Stan Kaitfors
Executive Director

MN Department of Employment and Economic Development
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Regional Labor Market Analyst

MN Department of Employment and Economic Development
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Duluth Transit Authority
Dennis Jensen
General Manager

Generations Health Care
Jenny Peterson
Program Development Director

Duluth Public Schools
Dr. Keith Dixon
Superintendent of Schools

Duluth Public Schools
Marilyn Larson
Director of Early Childhood Programs

Lake Superior Community Health Center
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Lutheran Social Services
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Safe Haven Shelter
Susan Utech
Executive Director

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Drug-Endangered Child Program Coordinator

St. Luke's Hospital
JoAnn Hoag RN, MA
Chief Nursing Officer

St. Luke's Hospital
Jim Wuellner
CFO

Appendix B: Community Impact Timeline

2000

United Way of America embarks on a national brand management strategy designed to differentiate United Way's brand and system. The strategy, Community Impact, helps to reposition United Way as more than a "fundraiser," but rather as the leading community impact organization.

2002

UWGD incorporates Community Impact into the five-year strategic plan.

2004

UWGD conducts Regional Assessment Project.

2005

UWGD hires a Director of Community Impact.

2006

UWGD conducts an extensive Community Needs Assessment. This Assessment is used to refine United Way's funding priorities and to create community-wide outcomes. Board establishes the Early Childhood Initiative. UWGD initiates partnership with Duluth, Hermantown, and Proctor School Districts to conduct the Kindergarten School Readiness Assessment.

2007

UWGD hires a Community Initiative Coordinator. UWGD releases Community Needs Assessment Report. UWGD partners with Smiles Across Minnesota to launch a school-based oral health initiative in Duluth Public Schools.

2008

UWGD conducts its first funding cycle guided by the newly developed community-wide outcomes and funding priorities. Applications for funding accepted from new agencies and programs.

Appendix C: Acknowledgements

Community Impact Committee (UWGD Board Members)

Sue Henke, *Committee Chair*

SMDC

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LHB Architects & Engineers

Don Hoag

City of Duluth, Workforce Development

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Diane Laabs

Stora Enso

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Consultant

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Lynn Goerd

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Focus Group Invitees and Key Informants, whose names and affiliations are listed in Appendix A, for their professional input to this process in the various health and human service fields to which they dedicate their work. **Social Service Consumers**, whose names have been kept confidential, for sharing their experience and insights from a perspective which is often lacking in research.

Household Survey Respondents for taking time to participate in our telephone survey.

Appendix D: Methodology

During 2006, under the guidance of United Way's Community Impact Committee, a Research Committee was formed with UWGD staff and community volunteers from local universities, philanthropic organizations, governmental entities, and the business and non-profit sectors. The Committee conducted a thorough community assessment to document the region's most pressing health and human service needs. The results were used to develop informed recommendations meet the identified needs.

This report is based on the assessment findings. It echoes the region's health and human service concerns in the voice of people who utilize social services, the professionals who devote their work to providing services, and the community members whose contributions make this work possible.

UWGD has used the findings to align investments as closely as possible with identified needs; develop key partnerships to focus collective energy toward addressing needs; and, to expand its fundraising scope beyond the annual campaign to include resource development to support and implement high-impact solutions.

The input gathered for this assessment is organized according to UWGD funding priorities:

Child and Youth Development
Basic Human Services
Health, Wellness and Healing
Economic Well-Being

Findings are reported in the format of key issues, evidence, key informant and focus group views, household survey results, and recommendations. Some of the recommendations are appropriate for action by UWGD, some are suited for other community partners' leadership, and some recommendations call for a community-wide approach.

The report findings are based on the following quantitative and qualitative methods conducted during 2006 and 2007:

Report Review

The bibliography provides a listing of reports published by local, regional, state, and national entities that were reviewed by staff, committee members, and interns to establish an understanding of each issue area and to guide the research project and to support qualitative research.

Focus Groups

Independent consultants covering ten issue areas consistent with the United Way funding priorities conducted fourteen focus groups. More than 250 participants, including social service consumers, social service professionals, and community members, offered their input regarding specific issues. Invitee names and affiliations are listed in Appendix A. Every effort was made to be inclusive. Consumer names have been kept confidential.

Key Informant Interviews

Based on focus group input, some areas were identified which required further investigation. Twenty key informant interviews were conducted by an independent consultant to gain additional information. Key informant names and affiliations are also included in Appendix A.

Household Phone Survey

UWGD staff worked with Zenith Research Group to develop a telephone survey focusing on those issues identified as most important by focus group participants and key informants. The results of the household survey are based on a statistically significant sample size of 410 interviews conducted with residents of Duluth, Proctor, Hermantown, and the surrounding townships.

UWGD is dedicated to advancing the common community good by mobilizing resources to address needs in this region. Traditionally, United Way has conducted periodic community assessments to identify community assets and needs and then translated the findings into its strategy for allocating financial support to local health and human service agencies. The current assessment builds on the strengths of previous efforts such as the COMPASS studies of 1989 and 1995, and the Regional Assessment Project of 2004. Information gathered through the Community Assessment will be added to the existing demographic information currently available online at www.regionalassessmentproject.org.

Looking to the future, United Way plans to conduct ongoing community assessment through increased participation in gatherings, meetings, coalitions, and initiatives throughout Greater Duluth. Community engagement and continuing dialogue with service providers and consumers will keep United Way focused on current developments in the community.

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United Way of Greater Duluth was established in 1922 as the Duluth Community Fund, with annual fund drives conducted by hundreds of volunteers for the purpose of raising money to support Community Fund agencies. While our name has changed (to Community Chest in 1948, United Fund in 1962, and finally, United Way), and our goals have evolved, our United Way organization continues to provide meaningful support to essential health and human services in the Greater Duluth community. And as always, our mission remains:

**LEAD A UNITED EFFORT TO STRENGTHEN OUR COMMUNITY BY
MOBILIZING RESOURCES TO IMPROVE PEOPLE'S LIVES.**



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