



2015 COMMUNITY NEEDS ANALYSIS

Community Services, Inc.
Corsicana, Texas

COMMUNITY SERVICES INC. MISSION STATEMENT AND MOTTO

Community Services, Inc. is dedicated to helping clients achieve success and rewards through confidential case management, direct coordination of resources, support services, and peer celebration activities.

Helping People – Changing Lives
One Person at a Time

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Document roadmap

This document is organized to provide a logical sequence of project activities and results.

Specifically, it contains the following sections:

- **Organizational profile** – a snapshot of Community Services, Inc., its growth, and service lines.
- **Project background and introduction** – a synopsis of the purpose of the project and the requirements.
- **Aggregated service area scan** – overview data / demographics of the ten county CSI service area including poverty conditions and causes.
- **Detailed site profiles** – a summary of each county: table of needs, service area description, research summary, needs analysis, and county demographics; each profile is written as a stand-alone section that could be shared with individual county stakeholders, as needed.
- **Linkage to ongoing activities** – a statement of how the assessment will be used
- **TDHCA requirements** – a succinct response to the two questions highlighted on the Community Assessment Results Overview form: #1 Community Needs Assessment Overview, and, #2 Overview of the Top 5 Needs; this data is presented for each county in the CSI service area.
- **Sources and citations**
- **Assessment approval statement**
- **Appendices**

Organizational Profile

Community Services, Incorporated (CSI) began in Navarro County, Texas in 1966 as a Community Action Agency (non-profit), developed from the Economic Opportunity Act of 1965. It was founded with a mission to help clients – specifically, low-income citizens in rural areas achieve success and rewards through confidential case management, direct coordination of resources, support services, and peer celebration activities. A few years after its inception, it expanded from Navarro County into Ellis County. As additional projects were added (such as job training, weatherization, and other initiatives), the organization's reach grew throughout rural east and central Texas counties. For a brief period, CSI served 42 counties in central and east Texas in order to assess the seasonal farm worker/migrant worker.

CSI has conducted activities in a variety of service areas to promote opportunity and quality of life for the disadvantaged, included housing counsel, job training and placement, energy-conservation, educational skill development and counseling, and outreach/referral services. In addition, CSI has conducted assessments for farm workers/migrant workers in central and east Texas and on the needs of women in crisis. It also has initiated special programs to provide education to disadvantaged families, summer heat crisis relief, and energy crisis assistance.

In 1977, it responded to the need for child care services and acquired a nonprofit childcare center, which still operates in Corsicana today. CSI has been a continuous source of special program assistance to low-income citizens throughout Texas and serves as a constant contact for residents via phone and mail with questions about services as well as addressing various problems and needs. CSI's current major service lines include the following:

Weatherization Assistance for Low Income Persons (WAFLIP)

Weatherization assistance is a service funded by the Texas Department of Housing and Community Affairs. Through the program, clients may receive direct services to replace or retrofit windows and doorways, upgrade insulation, install HVAC systems, and other efforts which improve the heating / cooling efficiency of residences.

Comprehensive Energy Assistance Program (CEAP)

Since 1978, CSI has operated and managed the Energy Crisis Assistance Program (ECAP), providing assistance in the form of utility bill payment on behalf of low-income families in Collin, Denton, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties.

Community Services Block Grant/Direct Client Services (CSBG/DCS)

Funded by the Texas Department of Housing and Community Affairs (TDHCA), CSI provides administrative support and direct client services in Anderson, Collin, Denton, Ellis, Henderson, Hunt, Kaufman, Navarro, Rockwall, and Van Zandt counties. Particularly pertinent in May/June 2015 due to flooding, the CSGB assistance is provided to clients in emergency, one-time assistance situations. Clients also receive comprehensive case management services requiring monthly meetings/updates with case managers to record outcomes, successes and/or barriers to accomplishing established goals. Other typical uses of the assistance are used to support educational advancement (tuition, books, student housing, and fees) for people working to enhance job skills.

In addition to the major service lines noted above, since its inception, CSI has supported the communities that it serves in ways such as those shown below:

- Assisting with transportation services to provide service area residents with greater access to community services.
- Delivering over 2,000 meals a month to seniors, through a program called Meals on Wheels.
- Providing housing counsel to rural areas, resulting in several hundred applications for home improvements being processed and the development of two local non-profit housing agencies.
- Providing city water supplies to residents.
- Providing on-the-job training for rural counties, approved by the Bureau of Apprenticeship Training of the Department of Labor.
- Assessing the education and health status of the seasonal farm worker/migrant worker population in central and East Texas.
- Assessing the special problems/needs of women, which led to the “Women in Crisis” project that provided counseling, assessment, support services, and special training opportunities.
- Responding to community needs for child care services by acquiring and operating a nonprofit childcare center in Corsicana.
- Implementing the Head Start program to aid children in low-income, educationally disadvantaged families.

The CSI leadership includes the following members of the Board of Directors:

- Darrell Nelson, *President*
- Kathleen Bulfer, *Vice Chair*
- Clara Jo McMillan, *Secretary*
- Monetha Fletcher, *Treasurer*
- Larry West, *Parliamentarian*
- Bob Carroll
- Pamela Green
- Kashif Qureshi
- Marlyian Wiggins

Project Background and Introduction

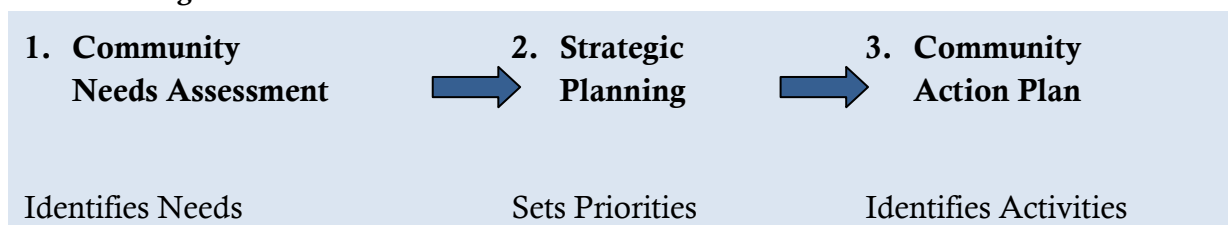
Federal Requirements for Needs Assessments

In 2001, the U.S. Department of Health and Human Services (“USHHS”) issued Information Memorandum 49, requiring eligible entities to conduct Community Needs Assessments and use the results to design programs to meet community needs. In 2015, USHHS issued Information Memorandum No. 138 establishing Community Services Block Grant (CSBG) Organizational Standards requiring CAAs to conduct a Community Needs Assessment and develop a Community Action Plan to address the needs identified in the assessment.

Community Action Agencies (“CAAs”) must conduct three planning processes, as described and illustrated below:

1. A *Community Needs Assessment* (“CNA”) every 3 years identifying community needs;
2. A *Strategic Plan* (“SP”) every 5 years setting agency priorities and outcomes; and
3. A *Community Action Plan* (“CAP”) every year identifying the plan to implement programs that meet the community needs.

CAA Planning Processes



According to the TDHCA guidance, at a minimum, CAAs must conduct Community Needs Assessments that meet the following requirements established by the CSBG Organizational Standards:

Summary of Community Needs Assessment Requirements

- Conduct the Needs Assessment every three years.
- Collect current poverty data and its prevalence related to gender, age, and race/ethnicity.
- Collect and analyze both qualitative and quantitative data on its service areas.
- Include key findings on the causes and conditions of poverty and the needs.
- Formal acceptance of the completed assessment by a governing board.
- Inform an outcome-based and anti-poverty focused Community Action Plan.
- Consider customer satisfaction data and input in the strategic planning process.

CSI asked Crescendo Consulting Group to help develop a comprehensive CNA on their behalf. The purpose of this document is to identify and prioritize community needs in order to help further refine outreach initiatives and support requests for funding and collaboration with other community-based organizations. In addition to meeting regulatory and funding requirements, the CNA will allow CSI to sustain and enhance services to the ten counties it services.

Methodology

To evaluate perceived needs, CSI reached out to a large number of clients, community members, community service providers, and other key stakeholders in the ten service area counties. Several research modes were deployed in order to “cast a broad net” and inclusively conduct a multi-tiered approach. Key research modes are listed below.

- Large sample community survey (see Appendices for the survey instrument)
- Client surveys (see Appendices for the survey instrument)
- One-on-one interviews with municipal- and county-level government officials (see Appendices for the interview guides)
- Focus groups (see Appendices for the focus group guide)
- Quantitative data analysis (see Appendices for several reference tables)
- One-on-one interviews with Board Members and other community stakeholders

After the data was collected, the community needs identified by respondents were prioritized based, in part, on approaches supported by the U.S. Centers for Disease Control and Prevention (CDC); National Association of County and City Health Officials (NACCHO); and, others. In sum, the community needs identified in the various research modalities were placed in to a Strategic Grid Analysis (SGA) format. The SGA prioritization approach is recommended by NACCHO to prioritize a list of diverse county needs. A summary of the SGA is shown below, and a detailed description of the SGA is contained in the Appendix.

SGAs are generally used to help agencies focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The basic steps to an SGA are shown below:

- Select the axes for the grid. Given that CSI wants to identify the highest priority needs in each county for which it can (or could potentially) offer assistance, the criteria most relevant to the agency are impact (high impact / low impact) and feasibility (low / high likelihood that CSI could implement programs to address the need).
- Create a grid showing the four quadrants dictated by the grid axes. See example:

Strategic Grid

	County:	Anderson
<i>High</i>		
<i>Community Impact</i>		
<i>Low</i>		
	<i>Low</i>	<i>High</i>
	CSI Implementation Feasibility	

- Populate the grid
- Select prioritized needs based on the following criteria
 1. Top priority: High Impact/High Feasibility – Those with high impact and high feasibility are the highest priority items.
 2. Second priority: High Impact/Low Feasibility – These tend to be long-term projects or ones that may benefit from collaboration with other organizations. They often include important community needs that must be addressed, but ones for which the agency may not be best suited to address the issue; or, the need may be out of the agency’s purview.
 3. Third priority: Low Impact/High Feasibility – Often these include politically important and difficult-to-eliminate programs and services and/or ones that have a revenue neutral impact but help sustain employment for key employees.
 4. Fourth priority: Low Impact/Low Feasibility – These typically include community issues affecting a small subset of the population and are generally out of the agency’s purview.
 5. Within each quadrant, needs are prioritized based on their prominence in the primary and secondary research.

Aggregated Service Area Scan

Population and key demographics

The ten-county CSI service area includes a highly diverse population of approximately 2.25 million people. As shown in the following table,

- Combined, Collin and Denton Counties comprise approximately 75% of the entire service area population.
- The median age across counties is fairly consistent in the mid- to upper 30s, yet in Henderson and Van Zandt Counties, the median age is over 43 years. This suggests that people in these areas may be more likely to benefit from health and transportation services.
- The service area has a strong representation of people who are ethnically Hispanic (10% to 20% in most counties).
- The African American population is most heavily concentrated in Anderson County.
- Median household income and education (i.e., “Percent with a Bachelor’s Degree or Higher”) are highly correlated.

Key Demographic Measures per CSI Service Area County

Measure	Anderson	Collin	Denton	Ellis	Henderson	Hunt	Kaufman	Navarro	Rockwall	Van Zandt	TOTAL
Population	57,930	854,778	728,799	155,976	78,675	87,048	108,568	48,038	85,245	52,481	2,249,538
Median Age	39.5	35.8	33.8	35.7	43.9	38.5	35.9	38.1	36.8	43.1	35.9
Median Household Income	\$41,279	\$81,315	\$75,099	\$59,257	\$39,069	\$44,361	\$61,004	\$38,423	\$92,466	\$43,220	\$71,881
Percent Living in Poverty¹:	20.3%	7.8%	8.8%	11.9%	18.9%	19.9%	13.3%	21.1%	5.9%	16.4%	10.2%
Ethnicity											
% White	60.2%	61.2%	62.5%	64.2%	79.4%	73.9%	68.0%	58.4%	72.8%	84.7%	64.2%
% African American	20.7%	9.0%	8.9%	8.9%	6.4%	8.0%	10.3%	13.3%	5.8%	2.8%	9.0%
% Hispanic	16.9%	15.0%	18.9%	24.6%	11.8%	14.6%	18.8%	25.0%	16.7%	10.0%	17.2%
Percent with Bachelor's Degree or higher²	11.7%	51.0%	42.1%	21.9%	15.4%	17.7%	18.7%	17.6%	38.1%	14.4%	39.1%
Percent 16+ unemployed³	4.7%	3.2%	4.3%	3.4%	5.7%	7.0%	6.0%	5.9%	3.2%	3.6%	4.0%

Source: County Health Rankings, www.countyhealthrankings.org, 2015.

¹Source: Community Commons, www.communitycommons.org

²Source: ESRI, 2015.

³Source: ESRI, 2015.

The TDHCA and CSI share a particular concern for addressing the needs of underserved populations – particularly those in poverty. Again, the CSI service area includes highly diverse levels of poverty. For example, in Rockwall and Collin Counties, fewer than one in ten people have household incomes less than 100% of the Federal Poverty Level (FPL) while in Navarro, Henderson, Anderson, and Hunt Counties, approximately one in five people live in poverty. There are demographically higher rates of poverty within counties, as well.

Poverty Analysis by CSI Service Area County

Counties

<u>Measure</u>	<u>Texas</u>	<u>Anderson</u>	<u>Collin</u>	<u>Denton</u>	<u>Ellis</u>	<u>Henderson</u>	<u>Hunt</u>	<u>Kaufman</u>	<u>Navarro</u>	<u>Rockwall</u>	<u>Van Zandt</u>
Population for whom poverty status is determined	18.0%	19.3%	8.1%	9.0%	12.6%	20.0%	18.5%	13.4%	21.8%	5.3%	17.2%
AGE											
Under 18 years	25.8%	29.1%	10.0%	10.7%	17.4%	32.7%	24.0%	18.2%	33.5%	5.3%	29.0%
Related children under 18 years	25.6%	28.7%	9.7%	10.6%	17.1%	32.6%	24.0%	18.1%	33.1%	4.4%	28.4%
18 to 64 years	15.7%	17.9%	7.4%	8.8%	11.1%	18.9%	18.3%	11.5%	19.0%	6.0%	15.5%
65 years and over	11.3%	9.5%	7.3%	4.5%	8.7%	8.6%	9.5%	11.2%	12.0%	1.1%	7.2%
SEX											
Male	16.4%	17.6%	7.7%	8.0%	10.9%	17.7%	17.2%	11.6%	18.8%	5.2%	15.7%
Female	19.5%	21.0%	8.6%	10.0%	14.2%	22.1%	19.7%	15.1%	24.8%	5.4%	18.6%
RACE AND HISPANIC OR LATINO ORIGIN											
One race	18.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
White	16.5%	16.4%	7.5%	7.6%	11.0%	18.9%	14.4%	11.9%	18.3%	4.7%	16.6%
Black or African American	24.7%	35.8%	11.4%	15.3%	18.7%	30.6%	33.6%	23.6%	37.7%	17.9%	NA
American Indian and Alaska Native	23.3%	NA	NA	10.4%	NA	NA	NA	NA	NA	NA	NA
Hispanic or Latino origin (of any race)	26.5%	41.9%	18.3%	14.9%	26.8%	36.3%	30.8%	25.8%	33.8%	9.8%	36.4%
White alone, not Hispanic or Latino	9.5%	11.1%	5.7%	5.9%	6.7%	17.1%	14.5%	8.8%	12.8%	3.4%	14.7%

EDUCATIONAL ATTAINMENT											
Population 25 years and over	13.4%	13.9%	6.7%	6.2%	9.9%	15.8%	14.3%	10.9%	16.1%	4.7%	12.7%
Less than high school graduate	29.9%	26.6%	24.3%	20.3%	23.8%	25.6%	29.1%	26.3%	30.2%	12.7%	25.7%
High school graduate (includes equivalency)	15.1%	14.9%	11.0%	8.1%	11.2%	16.4%	16.0%	11.1%	17.0%	7.6%	12.2%
Some college, associate's degree	10.2%	10.7%	6.2%	5.4%	7.1%	13.5%	10.6%	7.6%	12.1%	3.2%	9.2%
Bachelor's degree or higher	4.3%	2.7%	3.4%	3.2%	1.9%	6.2%	3.9%	1.5%	3.5%	2.5%	5.2%
EMPLOYMENT STATUS											
Civilian labor force 16 years +	10.8%	10.2%	4.9%	6.5%	8.0%	12.3%	14.1%	7.2%	15.4%	4.2%	9.7%
Employed	8.9%	9.1%	4.1%	5.4%	6.4%	9.7%	9.0%	5.3%	11.4%	3.3%	8.3%
Male	8.0%	7.3%	3.7%	4.6%	5.9%	8.7%	8.8%	4.1%	11.9%	4.0%	6.7%
Female	9.9%	11.5%	4.5%	6.3%	6.9%	10.9%	9.2%	6.6%	10.8%	2.5%	10.2%
Unemployed	33.6%	33.0%	19.9%	23.1%	28.0%	40.4%	47.6%	27.5%	46.8%	16.2%	31.6%
Male	30.6%	31.9%	18.3%	23.3%	20.5%	37.7%	44.8%	30.4%	37.1%	9.7%	25.0%
Female	37.0%	34.5%	21.7%	22.9%	34.3%	43.6%	51.4%	24.2%	55.8%	21.1%	42.9%
SOURCE: U.S. Bureau of Census, 2011-2013 American Community Survey 3-Year Estimates. Note: Population for whom poverty status is determined will vary +/- 1% from Census, 2011-2013 data and Community Commons data.											

- In Henderson and Navarro Counties, one-third of children live in poverty.
- Black/African American residents of each county are approximately twice as likely as Whites to live in poverty.
- Poverty incidence is highly correlated with educational attainment.
- The unemployed are three to five times more likely to live in poverty as those who are employed.

The following section describes some of the conditions and causes of poverty in the CSI service area and elsewhere.

Poverty conditions and causes

The Robert Wood Johnson Foundation (RWJF) has found that poverty and health are inseparable.¹ National research by the RWJF, the CDC, the Institute for Healthcare Improvement, and others support the position that social determinants of health (SDH), drive poverty levels and – in turn – community health. The CDC Office of Disease Prevention and Health Promotion authored the seminal publication, “Healthy People 2020” in which they explore the social determinants that comprise healthy communities; in their work, poverty is one of the core tenets of good health.² According to the CDC, the social determinants of health include the following:

Social Determinant	Subfactors / Correlative Factors
Economic Stability	Poverty Employment Food Security Housing Stability
Education	High School Graduation Enrollment in Higher Education Language and Literacy Early Childhood Education and Development
Social and Community Context	Social Cohesion Civic Participation Perceptions of Discrimination and Equity Incarceration/Institutionalization
Health and Health Care	Access to Health Care Access to Primary Care Health Literacy
Neighborhood and Built Environment	Access to Healthy Foods Quality of Housing Crime and Violence Environmental Conditions

The community needs identified and prioritized in this assessment are driven by the SDHs (including poverty) shown above. CSI programs provide services to community residents in poverty and/or otherwise disadvantaged. All services impact SDH or correlative factors.

¹ Lavizzo-Mourey MD, Risa, Open Forum: Voices and Opinions from Leaders in Policy, the Field, and Academia, Robert Wood Johnson Foundation, 2013.

² Secretary’s Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States. July 26, 2010. Available from:
<http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>


Detailed site profiles

Anderson County

Service area description

Located southeast of Dallas, Anderson County has a population of 57,930. The median household income is \$41,279, with 20.3% of the population being below poverty levels. More than 75% of residents over 25 have a high school education and more than 10% have a college degree.

Agriculture, manufacturing, product distribution, and tourism are the primary industries in Anderson County. The county attracts numerous visitors to Dogwood Trails, balloon launchings, train rides on the Texas State Railroad, the Engeling Wildlife Management Area, and other historic sites. A county map³ inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 57,930 Median Age: 39.5 Median Household Income: \$41,279 Percent Living in Poverty^{**}: 20.3%</p> <p>Ethnicity</p> <ul style="list-style-type: none">% White : 60.2%% African American: 20.7%% Hispanic: 16.9% <p>Diversity Index: 67.4</p> <p>Percent with Bachelor's Degree or higher: 11.7%</p> <p>Percent 16+ unemployed: 4.7%</p>
<p>Primary services offered by Community Services, Inc.</p> <ol style="list-style-type: none">1. CSBG services2. Utility assistance3. Home weatherization	<p>Top five needs</p> <ol style="list-style-type: none">1. Self sufficiency skills training2. Transportation3. Computer skills training4. Childcare5. Programs and activities for seniors

^{**} (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Anderson County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

³ Google, Inc.; [Google Maps](http://www.google.com), www.google.com, 2015. Used for all summary table maps.

Needs analysis

Based on the research methodologies described above, approximately 23 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Self sufficiency skills training
2. Transportation
3. Computer skills training
4. Childcare
5. Programs and activities for seniors

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:

Anderson

High Community Impact Low	Access to exercise and wellness activities Health insurance/ affordable medical care Emergency service expansion - broader cell phone coverage Lifestyle - Injury prevention Public parks and facilities Crime awareness or crime reduction Drug abuse prevention and treatment Behavioral health services Employment opportunities Health insurance/ affordable medical care	Self sufficiency skills training Transportation Computer skills training Childcare Programs and activities for seniors Alcohol abuse treatment and prevention services
	Lifestyle and risk - Motor vehicle death prevention	Access to healthcare Help finding child care Nutrition education/healthy eating education workshops Help finding a job Help finding child care Programs and activities for youth (ages 12-18)
Low		High
CSI Implementation Feasibility		

County demographics

Key measures

Anderson County has a modest population and relatively high economic challenges.

Key Measures	
Measure	Anderson County
Population	57,930
Median Age	39.5
Median Household Income	\$41,279
Percent Living in Poverty:	20.3%
Ethnicity	
% White	60.2%
% African American	20.7%
% Hispanic	16.9%
Percent with Bachelor's Degree or higher	11.7%
Percent 16+ unemployed	4.7%

- Two in five residents of Anderson County live in poverty.
- The educational levels are some of the lowest on CSI's services area.
- There is a relatively high concentration of African American and Hispanic families in Anderson County relative to other service area counties. Economic challenges are highest among this group.

Demographic and health measures

The following tables⁴ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

⁴ Robert Wood Johnson Foundation, Community Health Rankings and Roadmaps, Building a Culture of Health, County by County, 2015. Available from: <http://www.countyhealthrankings.org/>.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
57,930	19.3%	67.3%	13.4%	60.8%	39.2%

- Anderson County has an unusually heavy concentration of males – over 60%.
- The median age is 39.3 – slightly older than the U.S. median of approximately 37 years.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
57,930	60.2%	20.7%	0.8%	16.9%	22.1%	67.4

- Anderson County has a Hispanic population of 16.9%, slightly less than CSI's service area (17.2%), and much lower than Texas overall (38.4%).

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
20,365	16.3%	14.0%	11.5%	13.2%	17.9%	12.8%	9.8%	2.5%	2.5%	20.3%
Median Household Income: \$41,279										

- Nearly 42% of Anderson County's household incomes are less than \$34,000.
- One out of five (20.3%) of the population are below the federal poverty line, the second highest in CSI's service area.

Social & Economic Factors	Texas	Anderson County
Median household income	\$51,714	\$41,279
Children eligible for free lunch	44%	53%
High school graduation	88.0%	92.0%
Some college	58.6%	37.3%
Unemployment	6.3%	7.2%
Children in poverty	25%	28%
Income inequality	4.9	5.1
Children in single-parent households	33%	38%
Social associations ⁵	7.8	11.7
Violent crime ⁶	422	302
Injury deaths ⁷	55	83

⁵ Number of associations (membership organizations) per 10,000 population.

⁶ Violent crimes reported per 100,000 population.

⁷ Number of deaths from intentional and unintentional injuries per 100,000 population.

- High school graduation rates in Anderson County are good compared to the Texas average of 88%.
- There is a high concentration of children living in poverty (28%) and children living in a single parent home environment (38%).
- More than half of Anderson County school children are eligible for free lunch.

Physical Environment	Texas	Anderson County
Air pollution - particulate matter ⁸	9.6	9.2
Drinking water violations	7%	18%
Severe housing problems	18%	14%
Driving alone to work	80%	85%
Long commute - driving alone	35%	25%

- Even though it is below the Texas average of 18%, one on seven (14%) of Anderson County residents indicates that they have severe housing problems.
- Drinking water violations in Anderson County are nearly three times as high as the Texas average.

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Among Texas counties, Anderson County ranks below the median on most health outcomes and healthy behavior factors.

Health Ranking Summary Table	
Anderson County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	184
Length of Life	205
Quality of Life	104
Health Behaviors	231
Clinical Care / Access	163
Social and Economic Factors	189
Physical Environment	143

⁸ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Behaviors	Texas	Anderson County
Adult smoking	17%	22%
Adult obesity	29%	36%
Food environment index ⁹	6.4	5.7
Physical inactivity	23%	29%
Access to exercise opportunities	84%	32%
Excessive drinking	16%	26%
Alcohol-impaired driving deaths	33%	28%
Sexually transmitted infections ¹⁰	488	375
Teen births ¹¹	55	69

- Obesity is a key driver for many chronic diseases and other health conditions. Anderson County residents are much more likely to be obese than the Texas average.
- Behaviors related to physical activity in Anderson County are disadvantageous compared to the Texas average.

Clinical Care	Texas	Anderson County
Uninsured	25%	25%
Primary care physicians	1,708:1	2,425:1
Dentists	1,940:1	3,863:1
Mental health providers	1,034:1	2,519:1
Preventable hospital stays ¹²	63	70
Diabetic monitoring	83%	86%
Mammography screening	58.9%	59.9%

- The concentration of healthcare providers in Anderson County is much lower than in Texas overall.
- Behavioral health providers are particularly lacking in the area.

⁹ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

¹⁰ Rate per 100,000 people.

¹¹ Rate per 100,000 people.

¹² Per 1,000 fee-for-service Medicare enrollees.

Health Outcomes	Texas	Anderson County
Diabetes	9%	12%
HIV prevalence ¹³	319	380
Premature age-adjusted mortality ¹⁴	341.2	514.6
Infant mortality ¹⁵	6.2	6.0
Child mortality ¹⁶	53.1	72.2

- Consistent with higher obesity rates, diabetes rates are high, as 12% of adults report being diagnosed with the disease – higher than the Texas and U.S. average
- Child mortality and HIV incidence are higher in Anderson County than in Texas as a whole.

Other Food Security and Health Factors	Texas	Anderson County
Food insecurity	18%	20%
Limited access to healthy foods	9%	10%
Motor vehicle crash deaths	14	27
Drug poisoning deaths ¹⁷	9	14
Uninsured adults	31%	30%
Uninsured children	13%	14%
Health care costs ¹⁸	\$11,079	\$10,784
Could not see doctor due to cost	19%	18%

- One in five Anderson County residents report some degree of food insecurity; this equates to over 11,000 people.
- Nearly one in five people say that they could not see a doctor due to costs.

¹³ Per 100,000 population

¹⁴ Deaths among residents under age 75 per 100,000 population (age-adjusted)

¹⁵ Per 1,000 live births

¹⁶ Deaths among children under age 18 per 100,000

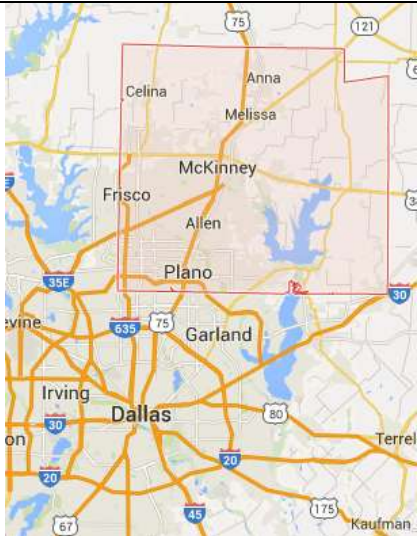
¹⁸ Amount of price-adjusted Medicare reimbursements per enrollee

Collin County

Service area description

Collin County ranks as one of the top growth areas in the state and the nation. With an estimated 80 people moving to Collin County each day, the county's population is 854,778 and is predicted to reach an estimated 1.2 million by 2030. County government is expanding the infrastructure in response.

For the labor force in 2013, the most common occupational groups were management, business science and arts, sales and office workers, and service jobs. The education level of the county's workforce is nearly twice state and U.S. averages for degreed workers (51% have a bachelor's degree or higher and more than nine out of ten workers 25 and older have a high school diploma). The poverty level is 7.8%. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 854,778 Median Age: 35.8 Median Household Income: \$81,315 Percent Living in Poverty**: 7.8% Ethnicity % White: 61.2% % African American: 9.0% % Hispanic: 15.0% Diversity Index: 63.4 Percent with Bachelor's Degree or higher: 51.0% Percent 16+ unemployed: 3.2%</p>
<p>Primary services offered</p> <ol style="list-style-type: none">1. CSBG services2. Utility assistance3. Home weatherization	<p>Top five needs</p> <ol style="list-style-type: none">1. Help to make my home more energy efficient (weatherization)2. Help with job skills, training & job search3. Training and education classes - computer repair, software use, systems management.4. Senior outreach and social engagement5. Lifestyle - Social opportunities

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Collin County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 11 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Help to make my home more energy efficient (weatherization)
2. Help with job skills, training & job search
3. Training and education classes - computer repair, software use, systems management.
4. Senior outreach and social engagement (motivational interviewing)
5. Lifestyle - Social opportunities

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:

Collin

High Community Impact Low	Lifestyle - Social opportunities Alcohol abuse treatment and prevention services Environmental quality - air	Help to make my home more energy efficient (weatherization) Help with job skills, training & job search Training and education classes - computer repair, software use, systems management.
	Lifestyle - long commute Health insurance/ affordable medical care Programs and activities for seniors Vouchers for affiliated healthcare services such as eye exams and glasses	Senior outreach and social engagement (motivational interviewing)
Low		High
CSI Implementation Feasibility		

County demographics

Key measures

Collin County has the largest population of any CSI service area counties. Compared to other counties in the CSI service area, Collin County is relatively well off, yet there are some indications for needed services.

Key Measures	
Measure	Collin
Population	854,778
Median Age	35.8
Median Household Income	\$81,315
Percent Living in Poverty:	7.8%
Ethnicity	
% White	61.2%
% African American	9.0%
% Hispanic	15.0%
Percent with Bachelor's Degree or higher	51.0%
Percent 16+ unemployed	3.2%

- The median age (35.8) reflects a fairly young population.
- Relatively high median household income and lower median ages suggest a lower need to health and educational services. However, there are pocket of high-need areas within Collin County (i.e., in the east Plano / east Collin County areas).

Demographic and health measures

The following tables¹⁹ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

¹⁹ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
854,778	27.6%	63.1%	9.3%	49.2	50.8

- Gender in Collin County is evenly distributed.
- With approximately one out of ten (9.3%) residents over the age of 65, Collin County is one of the youngest counties in CSI's service area.

Total	Ethnicity					Diversity Index
	White	African American	Asian	Hispanic	Other	
854,778	61.2%	9.0%	12.3%	15.0%	2.5%	63.4

- Collin County has a larger Asian population (12.3%) than the Texas average (4.3%).
- Approximately one out of seven residents (15%) are Hispanic, just below CSI's service area average (17.2%).

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
336,063	4.5%	4.7%	5.7%	9.1%	14.9%	14.5%	22.0%	12.2%	12.4%	7.8%
Median Household Income: \$81,315										

- Collin County has the second highest median household income in CSI's service.
- Three of four households (76.0%) in Collin County have an income of more than \$50,000.

Social & Economic Factors	Texas	Collin County
High school graduation	88.0%	96.0%
Some college	58.6%	80.0%
Unemployment	6.3%	5.7%
Children in poverty	25%	10%
Income inequality	4.9	4.0
Children in single-parent households	33%	20%
Social associations ²⁰	7.8	6.2
Violent crime ²¹	422	170
Injury deaths ²²	55	34
Median household income	\$51,714	\$81,315
Children eligible for free lunch	44%	19%
Homicides ²³	6	2

- Poverty, crime, and crime measures in Collin County are better than the Texas average.
- The number of associations in which individuals are involved is highly correlated to general well-being. Collin County is below the Texas average indicating a slightly greater risk for individuals to be less engaged in their communities.
- Median household income is well above the Texas average.

Physical Environment	Texas	Collin County
Air pollution - particulate matter ²⁴	9.6	10.0
Drinking water violations	7%	0%
Severe housing problems	18%	13%
Driving alone to work	80%	81%
Long commute - driving alone	35%	44%

- Drinking water is excellent in Collin County.
- Collin County residents have a relatively long drive to work which increases the risk of automobile accidently and reduces the amount of time at home / leisure.

²⁰ Number of associations (membership organizations) per 10,000 population.

²¹ Violent crimes reported per 100,000 population.

²² Number of deaths from intentional and unintentional injuries per 100,000 population.

²³ Deaths due to homicide per 100,000 population

²⁴ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

The health rankings (below) help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Among Texas counties, Collin County is at, or near, the top among all Texas Counties on most Health Ranking measures.

Health Ranking Summary Table	
Collin County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	2
Length of Life	2
Quality of Life	8
Health Behaviors	1
Clinical Care / Access	1
Social and Economic Factors	1
Physical Environment	163

- Although most rankings are strong, there appear to be challenges related to the physical environment.

Health Behaviors	Texas	Collin County
Adult smoking	17%	10%
Adult obesity	29%	26%
Food environment index ²⁵	6.4	7.6
Physical inactivity	23%	19%
Access to exercise opportunities	84%	95%
Excessive drinking	16%	13%
Alcohol-impaired driving deaths	33%	34%
Sexually transmitted infections ²⁶	488	290
Teen births ²⁷	55	20

- All Healthy Behavior measures show an advantage for Collin County versus the state average.

²⁵ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

²⁶ Rate per 100,000 people.

²⁷ Rate per 100,000 people.

Clinical Care	Texas	Collin County
Uninsured	25%	16%
Primary care physicians	1,708:1	1,166:1
Dentists	1,940:1	1,607:1
Mental health providers	1,034:1	1,086:1
Preventable hospital stays ²⁸	63	53
Diabetic monitoring	83%	87%
Mammography screening	58.9%	67.0%

- Providers to population ratios are better in Collin County than then Texas average except for mental health providers; in this case, the availability of providers is slightly worse than the state average.

Health Outcomes	Texas	Collin County
Diabetes	9%	8%
HIV prevalence ²⁹	319	155
Premature age-adjusted mortality ³⁰	341.2	210.2
Infant mortality ³¹	6.2	4.8
Child mortality ³²	53.1	33.9

- Although diabetes rates are below the state average, diabetes still impacts a large percentage of the population (8%).

²⁸ Per 1,000 fee-for-service Medicare enrollees.

²⁹ Per 100,000 population

³⁰ Deaths among residents under age 75 per 100,000 population (age-adjusted)

³¹ Per 1,000 live births

³² Deaths among children under age 18 per 100,000

Other Food Security and Health Factors	Texas	Collin County
Food insecurity	18%	15%
Limited access to healthy foods	9%	2%
Motor vehicle crash deaths	14	7
Drug poisoning deaths ³³	9	7
Uninsured adults	31%	19%
Uninsured children	13%	10%
Health care costs ³⁴	\$11,079	\$11,642
Could not see doctor due to cost	19%	11%
Other primary care providers ³⁵	1,893:1	2,279:1

- Food security and related issues are generally better in Collin County than in Texas generally.
- There are fewer primary care providers per capita in Collin County than in overall Texas.
- Only about one in ten people (11%) indicate that they could not see a doctor due to costs – below the state average.

³³ Per 100,000 population

³⁴ Amount of price-adjusted Medicare reimbursements per enrollee

³⁵ Ratio of population to primary care providers other than physicians

Needs analysis

Based on the research methodologies described above, approximately 23 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Job skills training
2. Bilingual education and services
3. Help to make my home more energy efficient (weatherization)
4. Energy efficiency training or other information including weatherization
5. Scholarships and education funds for college

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:		Denton	
High	Community Impact	Scholarships and education funds for college Lifestyle - Social opportunities	Job skills training Bilingual education and services
		Programs and activities for seniors	Help to make my home more energy efficient (weatherization)
Employment opportunities		Energy efficiency training or other information including weatherization	
Outdoor activities for families			
Healthcare access - Preventable hospital stays			
Public parks and facilities Healthcare access - Cost of care Lifestyle - long commute Health insurance/ affordable medical care			
Low		Scholarships and education funds for college Lifestyle - Social opportunities	
		Low	High
CSI Implementation Feasibility			

County demographics

Key measures

Denton County has the second largest population of any CSI service area counties. It also has the youngest median age.

Key Measures	
Measure	Denton
Population	728,799
Median Age	33.8
Median Household Income	\$75,099
Percent Living in Poverty:	8.8%
Ethnicity	
% White	62.50%
% African American	8.90%
% Hispanic	18.90%
Percent with Bachelor's Degree or higher	42.10%
Percent 16+ unemployed	4.30%

- Denton County is the second most populated county CSI services.
- The educational levels are some of the highest in CSI's services area.

Demographic and health measures

The following tables³⁶ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

³⁶ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
728,799	26.5%	65.2%	8.3%	49.3%	50.7%

- The median age is 33.8 making Denton County the youngest in CSI's service area and much younger than the U.S. average of approximately 37 years.
- Gender in Denton County is evenly distributed.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
728,799	62.5%	8.9%	7.3%	18.9%	2.4%	63.3

- Approximately one out of five (18.9%) residents is Hispanic, slightly more than CSI's services area average (17.2%)

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
287,216	6.6%	5.7%	7.1%	10.5%	16.3%	15.4%	20.5%	9.3%	8.5%	8.8%
Median Household Income: \$75,099										

- The median household income is \$75,099 – higher than the Texas average (\$51,714).
- One out of five households (19.4%) have a median income of less than \$35,000.

Social & Economic Factors	Texas	Denton County
Median household income	\$51,714	\$75,099
Children eligible for free lunch	44%	28%
High school graduation	88.0%	86%
Some college	58.6%	75.6%
Unemployment	6.3%	5.5%
Children in poverty	25%	11%
Income inequality	4.9	4.1
Children in single-parent households	33%	23%
Social associations ³⁷	7.8	6
Violent crime ³⁸	422	180
Injury deaths ³⁹	55	35

- Fewer children in Denton County are eligible for free lunch than the Texas average.
- Three out of four residents (75.6%) have had some college education.
- The high school graduation rate is consistent with the Texas average.
- Denton County has a much lower violent crime rate than the Texas average.

Physical Environment	Texas	Denton County
Air pollution - particulate matter ⁴⁰	9.6	9.9
Drinking water violations	7%	7%
Severe housing problems	18%	13%
Driving alone to work	80%	81%
Long commute - driving alone	35%	45%

- Severe housing problems are slightly less prevalent in Denton County than the Texas average.
- More residents travel long distances alone than the Texas average.

³⁷ Number of associations (membership organizations) per 10,000 population.

³⁸ Violent crimes reported per 100,000 population.

³⁹ Number of deaths from intentional and unintentional injuries per 100,000 population.

⁴⁰ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Similar to Collin County, Denton County is ranked quite highly for health outcomes and health factors. Only the physical environment ranks relatively low.

Health Ranking Summary Table	
Denton County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	4
Length of Life	6
Quality of Life	4
Health Behaviors	3
Clinical Care / Access	12
Social and Economic Factors	15
Physical Environment	174

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Health Behaviors	Texas	Denton County
Adult smoking	17%	10%
Adult obesity	29%	27%
Food environment index ⁴¹	6.4	7.2
Physical inactivity	23%	21%
Access to exercise opportunities	84%	96%
Excessive drinking	16%	13%
Alcohol-impaired driving deaths	33%	33%
Sexually transmitted infections ⁴²	488	276
Teen births ⁴³	55	25

- Denton County has a lower rate of sexually transmitted infections and teen births than the Texas average.
- Residents have more access to exercise opportunities than Texas average.
- Fewer adult residents participate in smoking and excessive drinking than the Texas average.

⁴¹ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

⁴² Rate per 100,000 people.

⁴³ Rate per 100,000 people.

Clinical Care	Texas	Denton County
Uninsured	25%	18%
Primary care physicians	1,708:1	1,579:1
Dentists	1,940:1	1,970:1
Mental health providers	1,034:1	1,088:1
Preventable hospital stays ⁴⁴	63	68
Diabetic monitoring	83%	87%
Mammography screening	58.9%	64.7%

- The concentration of healthcare providers in Denton county is consistent with Texas overall.
- There is a lower rate of uninsured residents than the Texas average.

Health Outcomes	Texas	Denton County
Diabetes	9%	8%
HIV prevalence ⁴⁵	319	126
Premature age-adjusted mortality ⁴⁶	341.2	247.5
Infant mortality ⁴⁷	6.2	4.9
Child mortality ⁴⁸	53.1	37

- The rate of HIV prevalence is more than 50% lower the Texas average.
- The child mortality rate in Denton County is lower than the Texas average.

Other Food Security and Health Factors	Texas	Denton County
Food insecurity	18%	16%
Limited access to healthy foods	9%	4%
Motor vehicle crash deaths	14	7
Drug poisoning deaths ⁴⁹	9	8
Uninsured adults	31%	22%
Uninsured children	13%	11%
Health care costs ⁵⁰	\$11,079	\$12,190
Could not see doctor due to cost	19%	13%
Other primary care providers ⁵¹	1,893:1	2,222:1

⁴⁴ Per 1,000 fee-for-service Medicare enrollees.

⁴⁵ Per 100,000 population

⁴⁶ Deaths among residents under age 75 per 100,000 population (age-adjusted)

⁴⁷ Per 1,000 live births

⁴⁸ Deaths among children under age 18 per 100,000

⁴⁹ Per 100,000 population

⁵⁰ Amount of price-adjusted Medicare reimbursements per enrollee

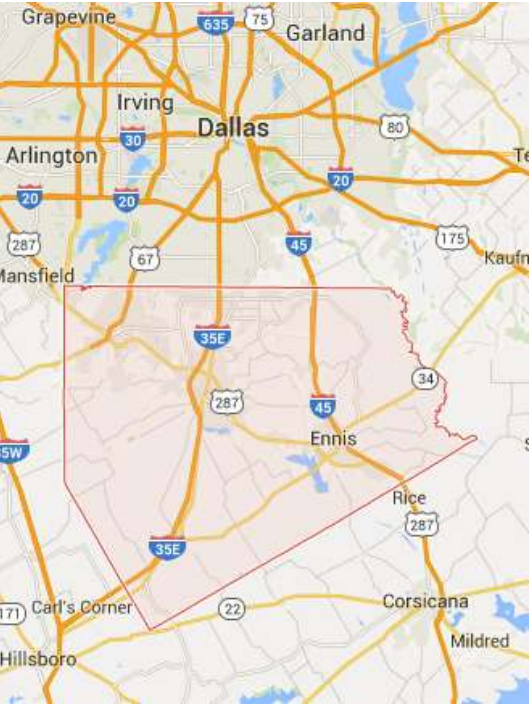
⁵¹ Ratio of population to primary care providers other than physicians

- Only 4% of residents have limited access to health foods, lower than the Texas average (9%).
- The rate of motor vehicle crash deaths is 50% lower than the Texas average.
- Although health care costs are slightly higher than the Texas average, only 13% of residents could not see a doctor due to cost.
- A large percentage of adults are uninsured (22%) though still lower than the Texas average.

Ellis County

Service area description

Ellis County is an urban/rural county with a total population of 155,976 people. The population includes a racial makeup of 64.2% White, 8.9% African American, and 24.6% Hispanic. The median household income is \$59,257 with around 42.5% of workers employed in sales, office, and service occupations. One in eight (11.9%) live in poverty. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 155,976 Median Age: 35.7 Median Household Income: \$59,257 Percent Living in Poverty**: 11.9%</p> <p>Ethnicity</p> <ul style="list-style-type: none">% White: 64.2%% African American: 8.9%% Hispanic: 24.6% <p>Diversity Index: 62.6</p> <p>Percent with Bachelor's Degree or higher: 21.9%</p> <p>Percent 16+ unemployed: 3.4%</p>
<p>Primary services offered</p> <ol style="list-style-type: none">1. CSBG Services2. Utility assistance3. Home weatherization4. Transportation	<p>Top five needs</p> <ol style="list-style-type: none">1. Help finding resources in the community2. Help finding sources of affordable food3. Help to make my home more energy efficient (weatherization)4. Programs and activities for seniors5. Employment opportunities

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Ellis County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 11 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Help finding resources in the community
2. Help finding sources of affordable food
3. Help to make my home more energy efficient (weatherization)
4. Programs and activities for seniors
5. Employment opportunities

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:		Ellis	
High	Community Impact	Employment opportunities Access to exercise and wellness activities Health insurance/ affordable medical care Chronic disease care - diabetes Employment opportunities	Help finding resources in the community Help finding sources of affordable food Help to make my home more energy efficient (weatherization)
		Lifestyle - long commute Crime awareness or crime reduction	Programs and activities for seniors
Low		CSI Implementation Feasibility	
		Low	High

County demographics

Key measures

Key Measures	
Measure	Ellis
Population	155,976
Median Age	35.7
Median Household Income	\$59,257
Percent Living in Poverty:	11.9%
Ethnicity	
% White	64.20%
% African American	8.90%
% Hispanic	24.60%
Percent with Bachelor's Degree or higher	21.90%
Percent 16+ unemployed	3.40%

- Ellis County has a high concentration of Hispanic families relative to other service area counties.

Demographic and health measures

The following tables⁵² show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

⁵² Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
155,976	27.5%	61.0%	11.5%	49.4%	50.6%

- The median age is 35.7 – younger than the U.S. median of approximately 37 years.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
155,976	64.2%	8.9%	0.7%	24.6%	1.6%	62.6

- One of four residents is Hispanic (24.6%)
- Ellis County is the fourth most populated county of CSI's service areas.

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
58,3111	7.7%	8.2%	7.8%	11.7%	19.7%	16.1%	19.4%	5.7%	3.7%	11.9%
Median Household Income: \$59,257										

- Nearly half (45.5%) of households have a median income higher than \$50,000.
- One out of eight (11.9%) of the population live below the federal poverty line.

Social & Economic Factors	Texas	Ellis County
Median household income	\$51,714	\$59,257
Children eligible for free lunch	44%	44%
High school graduation	88.0%	94%
Some college	58.6%	56.2%
Unemployment	6.3%	6.3%
Children in poverty	25%	19%
Income inequality	4.9	3.9
Children in single-parent households	33%	28%
Social associations ⁵³	7.8	9.7
Violent crime ⁵⁴	422	178
Injury deaths ⁵⁵	55	46

- A median household income of \$59,257 is higher than the Texas average.
- High school graduation rates in Ellis County are good compared to the Texas average of 88%.

⁵³ Number of associations (membership organizations) per 10,000 population.

⁵⁴ Violent crimes reported per 100,000 population.

⁵⁵ Number of deaths from intentional and unintentional injuries per 100,000 population.

- The prevalence of residents experiencing violent crimes in Ellis County is much lower than the Texas average.

Physical Environment	Texas	Ellis County
Air pollution – particulate matter ⁵⁶	9.6	9.6
Drinking water violations	7%	2%
Severe housing problems	18%	14%
Driving alone to work	80%	82%
Long commute – driving alone	35%	45%

- Ellis County has experienced less drinking water violations than the Texas average.
- More residents in Ellis County drive long commutes alone than the Texas average.

Health Ranking Summary Table	
Ellis County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	19
Length of Life	31
Quality of Life	20
Health Behaviors	13
Clinical Care / Access	31
Social and Economic Factors	46
Physical Environment	160

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

⁵⁶ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Behaviors	Texas	Ellis County
Adult smoking	17%	13%
Adult obesity	29%	28%
Food environment index ⁵⁷	6.4	7.1
Physical inactivity	23%	22%
Access to exercise opportunities	84%	77%
Excessive drinking	16%	20%
Alcohol-impaired driving deaths	33%	38%
Sexually transmitted infections ⁵⁸	488	333
Teen births ⁵⁹	55	43

- Excessive drinking in Ellis County is higher than the Texas average.
- Sexually transmitted diseases are less prominent in Ellis County than the state average.

Clinical Care and Rank	Texas	Ellis County
Uninsured	25%	22%
Primary care physicians	1,708:1	2,369:1
Dentists	1,940:1	3,714:1
Mental health providers	1,034:1	1,529:1
Preventable hospital stays ⁶⁰	63	60
Diabetic monitoring	83%	88%
Mammography screening	58.9%	62.6%

- The concentration of healthcare providers in Ellis County is much lower than in Texas overall.
- Dentists are particularly lacking in the area.

⁵⁷ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

⁵⁸ Rate per 100,000 people.

⁵⁹ Rate per 100,000 people.

⁶⁰ Per 1,000 fee-for-service Medicare enrollees.

Health Outcomes	Texas	Ellis County
Diabetes	9%	10%
HIV prevalence ⁶¹	319	108
Premature age-adjusted mortality ⁶²	341.2	339.9
Infant mortality ⁶³	6.2	6.2
Child mortality ⁶⁴	53.1	37.6

- Consistent with the lower prevalence of all sexually transmitted diseases in Ellis County, the rate of HIV prevalence is also lower than the Texas average.

Other Food Security and Health Factors	Texas	Ellis County
Food insecurity	18%	16%
Limited access to healthy foods	9%	7%
Motor vehicle crash deaths	14	14
Drug poisoning deaths ⁶⁵	9	6
Uninsured adults	31%	27%
Uninsured children	13%	12%
Health care costs ⁶⁶	\$11,079	\$10,921
Could not see doctor due to cost	19%	18%
Other primary care providers ⁶⁷	1,893:1	3,058:1

- Fewer residents in Ellis County have limited access to health foods than the Texas average though one in six people (16%) indicate that they do not have secure access to food.
- Ellis County has fewer uninsured residents than the Texas average.
- The concentration of other primary care providers other than physicians is low compared to Texas state totals.

⁶¹ Per 100,000 population

⁶² Deaths among residents under age 75 per 100,000 population (age-adjusted)

⁶³ Per 1,000 live births

⁶⁴ Deaths among children under age 18 per 100,000

⁶⁵ Per 100,000 population

⁶⁶ Amount of price-adjusted Medicare reimbursements per enrollee


⁶⁷ Ratio of population to primary care providers other than physicians

Henderson County

Service area description

Henderson County is comprised of 78,675 people. Out of those people, the racial make-up of the county includes: 79.4% White, 11.8% Hispanic, and 6.4% African American. The county has a higher population living in poverty at 18.9% and only 15.4% having a Bachelor's degree or higher. The median household income for Henderson County is \$39,069 and just over a quarter of workers are employed in sales, office, and administrative support jobs.

The western part of the county is bordered by the Trinity River and the Neches River borders the east. Athens is the largest city. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 78,675 Median Age: 43.9 Median Household Income: \$39,069 Percent Living in Poverty**: 18.9% Ethnicity % White: 79.4% % African American: 6.4% % Hispanic: 11.8% Diversity Index: 44.8 Percent with Bachelor's Degree or higher: 15.4% Percent 16+ unemployed: 5.7%</p>
<p>Primary services offered</p> <ol style="list-style-type: none">1. CSBG Services2. Utility assistance3. Home weatherization	<p>Top five needs</p> <ol style="list-style-type: none">1. Education - Substance abuse education2. Home weatherization3. Affordable housing4. Access to healthful foods5. Utility bill assistance and other direct service and case management services

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Henderson County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 21 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Education - Substance abuse education
2. Home weatherization
3. Affordable housing
4. Access to healthful foods
5. Utility bill assistance and other direct service and case management services

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:

Henderson

High	Public emergency preparedness education and emergency supplies Crime awareness or crime reduction Access to exercise and wellness activities Health insurance/ affordable medical care Drug abuse prevention and treatment Crime awareness or crime reduction Health insurance/ affordable medical care Access to behavioral health services Employment opportunities	Education - Substance abuse education Home weatherization Affordable housing Access to healthful foods Utility bill assistance and other direct service and case management services
		Housing assistance Transportation to services Collaboration between community service providers Help finding sources of affordable food Help with applying for Social Security, SSDI, WIC, TANF, etc. Help paying rent Computer skills training
Low		High
CSI Implementation Feasibility		

County demographics

Key measures

Key Measures	
Measure	Henderson
Population	78,675
Median Age	43.9
Median Household Income	\$39,069
Percent Living in Poverty:	18.9%
Ethnicity	
% White	79.40%
% African American	6.40%
% Hispanic	11.80%
Percent with Bachelor's Degree or higher	15.40%
Percent 16+ unemployed	5.70%

- Approximately one of six residents in Henderson County have a Bachelor's Degree or higher.
- Just under one in five (18.9%) of residents live in poverty.

Demographic and health measures

The following tables⁶⁸ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

⁶⁸ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
78,675	22.3%	57.2%	20.5%	48.9%	51.1%

- The median age is 43.9 – higher than the U.S. median of approximately 37 years.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
78,675	79.4%	6.4%	0.6%	11.8%	1.8%	44.8

- Four of five residents in Henderson County are white.

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
41,260	17.3%	13.5%	13.4%	12.6%	17.1%	10.3%	10.7%	2.8%	2.4%	18.9%
Median Household Income: \$39,069										

- The median household income is \$39,069, the second lowest in CSI's service areas.
- Nearly half of the residents (44.2%) have median household incomes less than \$35,000.

Social & Economic Factors	Texas	Henderson County
Median household income	\$51,714	\$39,069
Children eligible for free lunch	44%	59%
High school graduation	88.0%	94%
Some college	58.6%	47.2%
Unemployment	6.3%	6.9%
Children in poverty	25%	37%
Income inequality	4.9	4.4
Children in single-parent households	33%	34%
Social associations ⁶⁹	7.8	11.3
Violent crime ⁷⁰	422	380
Injury deaths ⁷¹	55	89

- High school graduation rates in Henderson County are good compared to the Texas average.
- Child poverty is higher in this area than the overall state total.
- Although below the Texas average, Henderson County has a high rate of violent crimes.
- Three out of five (59%) of children in Henderson County are eligible for free lunch.

⁶⁹ Number of associations (membership organizations) per 10,000 population.

⁷⁰ Violent crimes reported per 100,000 population.

⁷¹ Number of deaths from intentional and unintentional injuries per 100,000 population.

Physical Environment	Texas	Henderson County
Air pollution - particulate matter ⁷²	9.6	9.5
Drinking water violations	7%	2%
Severe housing problems	18%	16%
Driving alone to work	80%	78%
Long commute - driving alone	35%	39%

- Most physical environment measures are consistent with the state average.
- Henderson County has a lower percentage of drinking water violations than the Texas average.

Overall, Henderson County ranks in the bottom half of most Texas' counties' health outcomes and health behaviors.

Health Ranking Summary Table	
Henderson County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	164
Length of Life	197
Quality of Life	75
Health Behaviors	146
Clinical Care / Access	119
Social and Economic Factors	183
Physical Environment	115

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

⁷² Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Behaviors	Texas	Henderson County
Adult smoking	17%	25%
Adult obesity	29%	27%
Food environment index ⁷³	6.4	6
Physical inactivity	23%	30%
Access to exercise opportunities	84%	62%
Excessive drinking	16%	19%
Alcohol-impaired driving deaths	33%	36%
Sexually transmitted infections ⁷⁴	488	364
Teen births ⁷⁵	55	65

- Smoking is a key driver for many chronic diseases and other health conditions. More adults in Henderson County smoke than the state average.
- Access to exercise opportunities in Henderson County is not as high as the Texas average, and the rate of physical inactivity is also higher than the Texas average.

Clinical Care	Texas	Henderson County
Uninsured	25%	26%
Primary care physicians	1,708:1	2,197:1
Dentists	1,940:1	3,147:1
Mental health providers	1,034:1	1,967:1
Preventable hospital stays ⁷⁶	63	95
Diabetic monitoring	83%	85%
Mammography screening	58.9%	62.9%

- The concentration of healthcare providers in Henderson County is lower than Texas overall.

⁷³ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

⁷⁴ Rate per 100,000 people.

⁷⁵ Rate per 100,000 people.

⁷⁶ Per 1,000 fee-for-service Medicare enrollees.

Health Outcomes	Texas	Henderson County
Diabetes	9%	10%
HIV prevalence ⁷⁷	319	93
Premature age-adjusted mortality ⁷⁸	341.2	474.1
Infant mortality ⁷⁹	6.2	6.5
Child mortality ⁸⁰	53.1	50.5

- Henderson County has a much lower rate of HIV prevalence than the state average.

Other Food Security and Health Factors	Texas	Henderson County
Food insecurity	18%	18%
Limited access to healthy foods	9%	11%
Motor vehicle crash deaths	14	26
Drug poisoning deaths ⁸¹	9	11
Uninsured adults	31%	32%
Uninsured children	13%	13%
Health care costs ⁸²	\$11,079	\$11,498
Could not see doctor due to cost	19%	14%
Other primary care providers ⁸³	1,893:1	3,026:1

- Nearly one of five Henderson County residents experience food insecurity.
- The county has a higher rate of motor vehicle crash deaths than the Texas average.
- There are only about half as many primary care providers in Henderson County (per capita) compared to Texas state totals.
- The percentage of uninsured residents in Henderson County is consistent with the state average.

⁷⁷ Per 100,000 population

⁷⁸ Deaths among residents under age 75 per 100,000 population (age-adjusted)

⁷⁹ Per 1,000 live births

⁸⁰ Deaths among children under age 18 per 100,000

⁸¹ Per 100,000 population


⁸² Amount of price-adjusted Medicare reimbursements per enrollee

⁸³ Ratio of population to primary care providers other than physicians

Hunt County

Service area description

Hunt County is part of the Dallas-Fort Worth-Arlington, TX Metropolitan Statistical Area and contains a total area of 882 square miles. The county has a population of 87,048 people and a racial make-up of 73.9% White, 14.6% Hispanic, and 8.0% African American. The median household income is \$44,361 with nearly a quarter of workers employed in sales, office, and administrative support jobs and nearly 20% of the population living in poverty. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 87,048 Median Age: 38.5 Median Household Income: \$44,361 Percent Living in Poverty**: 19.9% Ethnicity % White: 73.9% % African American: 8.0% % Hispanic: 14.6% Diversity Index: 51.1 Percent with Bachelor's Degree or higher: 17.7% Percent 16+ unemployed: 7.0%</p>
<p>Primary services offered</p> <ol style="list-style-type: none">1. CSBG Services2. Utility assistance3. Home weatherization	<p>Top five needs</p> <ol style="list-style-type: none">1. Availability of housing2. Help finding sources of affordable food3. Home weatherization4. Transportation to services5. Help with utility bills

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Hunt County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 34 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Availability of housing
2. Help finding sources of affordable food
3. Home weatherization
4. Transportation to services
5. Help with utility bills

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:		Hunt
High	Community Impact	Drug abuse prevention and treatment Employment opportunities Access to pediatric care services Economic development Alcohol abuse treatment and prevention services Programs and activities for seniors Lifestyle and risk - Motor vehicle death prevention Health insurance/ affordable medical care
		Availability of housing Help finding sources of affordable food Home weatherization Transportation to services Help with utility bills Assistance with goals and self-sufficiency Help finding child care
Low	Community Impact	Access to healthcare services Public parks and facilities Legal Services Crime awareness or crime reduction Public parks and facilities Programs and activities for seniors Prescription Assistance Counseling services
		Assistance to attend trade or technical school, or college; Adult Education or Night School; Computer skills Parenting classes Affordable Housing Lifestyle - smoking cessation programs Help with utility bills Help with applying for Social Security, SSDI, WIC, TANF Help finding resources in the community Help with job skills, training & job search Financial Education/Budgeting Classes/Credit Counseling Classes on healthy relationships, resolving conflicts, etc. Nutrition education/healthy eating education workshops
Low		High
CSI Implementation Feasibility		

County demographics

Key measures

Hunt County has a relatively high poverty rate (19.9%) and correspondingly lower household income and education. It is also an ethnically diverse county.

Key Measures	
Measure	Hunt
Population	87,048
Median Age	38.5
Median Household Income	\$44,361
Percent Living in Poverty:	19.9%
Ethnicity	
% White	73.90%
% African American	8.00%
% Hispanic	14.60%
Percent with Bachelor's Degree or higher	17.70%
Percent 16+ unemployed	7.00%

- One in five residents (19.9%) in Hunt County live in poverty.
- Hunt County has the highest percentage of residents 16+ unemployed in CSI's service areas.

Demographic and health measures

The following tables⁸⁴ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

⁸⁴ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
87,048	24.2%	60.6%	15.2%	49.3%	50.7%

- The median age is 38.5 – slightly older than the U.S. median of approximately 37 years.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
87,048	73.9%	8.0%	1.2%	14.6%	2.3%	51.5

- Ethnicity diversity in Hunt County is less prevalent than the Texas average.

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
38,031	15.4%	11.5%	11.5%	13.2%	16.6%	13.1%	14.2%	2.7%	1.8%	19.9%
Median Household Income: \$44,361										

- Two out of five (38.4%) households have a median income of less than \$35,000.
- Hunt County has one of the highest percentages of residents living in poverty in CSI's service areas.

Social & Economic Factors	Texas	Hunt County
Median household income	\$51,714	\$44,361
Children eligible for free lunch	44%	55%
High school graduation	88.0%	92%
Some college	58.6%	50.3%
Unemployment	6.3%	6.6%
Children in poverty	25%	26%
Income inequality	4.9	5.4
Children in single-parent households	33%	31%
Social associations ⁸⁵	7.8	13.2
Violent crime ⁸⁶	422	411
Injury deaths ⁸⁷	55	72

⁸⁵ Number of associations (membership organizations) per 10,000 population.

⁸⁶ Violent crimes reported per 100,000 population.

⁸⁷ Number of deaths from intentional and unintentional injuries per 100,000 population.

- The median household income is \$44,361 – lower than the state’s median household income of \$51,714.
- More than half (55%) of children in Hunt County are eligible for free lunch.
- High school graduation rates are good compared to the Texas average of 88%.
- Higher education attainment among residents of Hunt County is lower than the Texas average.
- Hunt County has a higher rate of injury deaths than the state average.

Physical Environment	Texas	Hunt County
Air pollution - particulate matter ⁸⁸	9.6	10
Drinking water violations	7%	9%
Severe housing problems	18%	20%
Driving alone to work	80%	82%
Long commute - driving alone	35%	39%

- Physical environment measures in Hunt County are consistent with the state average.

Health Ranking Summary Table	
Hunt County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	121
Length of Life	149
Quality of Life	81
Health Behaviors	229
Clinical Care / Access	64
Social and Economic Factors	141
Physical Environment	225

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

⁸⁸ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Behaviors	Texas	Hunt County
Adult smoking	17%	34%
Adult obesity	29%	30%
Food environment index ⁸⁹	6.4	6.4
Physical inactivity	23%	29%
Access to exercise opportunities	84%	59%
Excessive drinking	16%	24%
Alcohol-impaired driving deaths	33%	28%
Sexually transmitted infections ⁹⁰	488	370
Teen births ⁹¹	55	54

- A larger percentage of adult residents in Hunt County smoke and drink excessively than the Texas average.
- Hunt County has less access to exercise opportunities than the state average.

Clinical Care and Rank	Texas	Hunt County
Uninsured	25%	25%
Primary care physicians	1,708:1	2,809:1
Dentists	1,940:1	3,482:1
Mental health providers	1,034:1	1,382:1
Preventable hospital stays ⁹²	63	66
Diabetic monitoring	83%	86%
Mammography screening	58.9%	57.8%

- The concentration of healthcare providers in Hunt county is lower than in Texas overall.

⁸⁹ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

⁹⁰ Rate per 100,000 people.

⁹¹ Rate per 100,000 people.

⁹² Per 1,000 fee-for-service Medicare enrollees.

Health Outcomes	Texas	Hunt County
Diabetes	9%	11%
HIV prevalence ⁹³	319	108
Premature age-adjusted mortality ⁹⁴	341.2	430.7
Infant mortality ⁹⁵	6.2	8.7
Child mortality ⁹⁶	53.1	73.4

- There is a much lower HIV prevalence in Hunt County than the Texas average.
- Hunt County has a higher rates of both infant and child mortality than the Texas average.

Other Food Security and Health Factors	Texas	Hunt County
Food insecurity	18%	19%
Limited access to healthy foods	9%	6%
Motor vehicle crash deaths	14	22
Drug poisoning deaths ⁹⁷	9	12
Uninsured adults	31%	30%
Uninsured children	13%	15%
Health care costs ⁹⁸	\$11,079	\$11,510
Could not see doctor due to cost	19%	19%
Other primary care providers ⁹⁹	1,893:1	1,814:1

- Residents in Hunt County have slightly more access to health foods than the Texas average.
- Hunt County has a higher rate of motor vehicle crash deaths than the state overall.
- Health Care related measures in Hunt County are consistent with the state average.

⁹³ Per 100,000 population

⁹⁴ Deaths among residents under age 75 per 100,000 population (age-adjusted)

⁹⁵ Per 1,000 live births

⁹⁶ Deaths among children under age 18 per 100,000

⁹⁷ Per 100,000 population


⁹⁸ Amount of price-adjusted Medicare reimbursements per enrollee

⁹⁹ Ratio of population to primary care providers other than physicians

Kaufman County

Service area description

Kaufman County is located in the Dallas-Fort Worth-Arlington, Texas Metropolitan Statistical Area and is comprised of 788 square miles of the Blackland Prairie region. The county has a population of 108,568 and the racial make-up includes 68.0% White, 18.8% Hispanic, and 10.3% African American. This county has a medium household income of \$61,004 with 13.3% living in poverty. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 108,568 Median Age: 35.9 Median Household Income: \$61,004 Percent Living in Poverty**: 13.3%</p> <p>Ethnicity</p> <ul style="list-style-type: none">% White: 68.0%% African American: 10.3%% Hispanic: 18.8% <p>Diversity Index: 58.7</p> <p>Percent with Bachelor's Degree or higher: 18.7 Percent 16+ unemployed: 6.0%</p>
<p>Primary services offered</p> <ol style="list-style-type: none">1. CSBG Services2. Utility assistance3. Home weatherization	<p>Top five needs</p> <ol style="list-style-type: none">1. Availability of housing2. Home weatherization3. Help paying rent and utility bills4. Meals for children5. Lifestyle - smoking cessation programs

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Kaufman County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 21 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Availability of housing
2. Home weatherization
3. Help paying rent and utility bills
4. Meals for children
5. Lifestyle - smoking cessation programs

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:

Kaufman

High	Economic development	Affordable Housing
	Lifestyle - Physical inactivity	Help to make my home more energy efficient (weatherization)
Community Impact	Children's health services	Help paying rent and utility bills
	Alcohol abuse treatment and prevention services	Meals for children
Low	Public parks and facilities	Lifestyle - smoking cessation programs
		Employment opportunities
	Prescription Assistance	Assistance to attend trade or technical school, or college
	Access to affordable healthcare	Parenting Classes
	Programs and activities for youth (ages 12-18)	
	Lifestyle and risk - Motor vehicle death prevention	
	Health insurance/ affordable medical care	
	Crime awareness or crime reduction	
	Counseling services	
	Programs and activities for seniors	
Low		High
CSI Implementation Feasibility		

County demographics

Key measures

Key Measures	
Measure	Kaufman
Population	108,568
Median Age	35.9
Median Household Income	\$61,004
Percent Living in Poverty:	13.3%
Ethnicity	
% White	68.00%
% African American	10.30%
% Hispanic	18.80%
Percent with Bachelor's Degree or higher	18.70%
Percent 16+ unemployed	6.00%

- Nearly one out of five residents in Kaufman County have a bachelor's degree or higher.
- Kaufman County has 13.3% of residents living in poverty, more than average for CSI's service areas, 10.2%

Demographic and health measures

The following tables¹⁰⁰ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

¹⁰⁰ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
108,568	27.9%	60.6%	11.5%	49.1%	50.9%

- The median age is 35.9 which is consistent with the median age of CSI's service areas and is lower than the U.S. median of approximately 37 years.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
108,568	68.0%	10.3%	1.1%	18.8%	1.8%	58.7

- Kaufman County has a Hispanic population of 18.8%, slightly more than the CSI's service area (17.2%), but nearly 50% less than Texas overall (38.4%).

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
40,959	9.3%	6.9%	8.5%	12.4%	16.9%	17.4%	20.6%	5.1%	2.9%	13.3%
Median Household Income: \$61,004										

- Three out of five (62.9%) households in Kaufman County have a median income of more than \$50,000.
- Kaufman County has one of the lower percentages of residents living in poverty in CSI's service areas.

Social & Economic Factors	Texas	Kaufman County
Median household income	\$51,714	\$61,004
Children eligible for free lunch	44%	41%
High school graduation	88.0%	94%
Some college	58.6%	56.6%
Unemployment	6.3%	6.5%
Children in poverty	25%	18%
Income inequality	4.9	4.2
Children in single-parent households	33%	28%
Social associations ¹⁰¹	7.8	8.6
Violent crime ¹⁰²	422	278
Injury deaths ¹⁰³	55	58

- The median income is \$61,004 – higher than the state’s median household income \$51,714.
- Two out of five children in Kaufman County are eligible for free lunch.
- High School graduation rates in Kaufman County are good compared to the Texas average of 88%.
- Kaufman County has a lower rate of violent crime than the Texas average.
- There are less children living in single-parent households than the state overall.

Physical Environment	Texas	Kaufman County
Air pollution - particulate matter ¹⁰⁴	9.6	9.8
Drinking water violations	7%	6%
Severe housing problems	18%	16%
Driving alone to work	80%	83%
Long commute - driving alone	35%	53%

- More residents in Kaufman County have a long driving commute alone than the Texas average.

¹⁰¹ Number of associations (membership organizations) per 10,000 population.

¹⁰² Violent crimes reported per 100,000 population.

¹⁰³ Number of deaths from intentional and unintentional injuries per 100,000 population.

¹⁰⁴ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Ranking Summary Table	
Kaufman County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	108
Length of Life	99
Quality of Life	131
Health Behaviors	196
Clinical Care / Access	73
Social and Economic Factors	58
Physical Environment	209

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Health Behaviors	Texas	Kaufman County
Adult smoking	17%	23%
Adult obesity	29%	33%
Food environment index ¹⁰⁵	6.4	7.2
Physical inactivity	23%	30%
Access to exercise opportunities	84%	67%
Excessive drinking	16%	0%
Alcohol-impaired driving deaths	33%	44%
Sexually transmitted infections ¹⁰⁶	488	289
Teen births ¹⁰⁷	55	50

- Kaufman County adult residents are more likely to smoke and be obese than the Texas average.
- Residents in Kaufman County have less access to exercise opportunities than the state overall.
- There is a lower rate of sexually transmitted infections in Kaufman County than the Texas average.

¹⁰⁵ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

¹⁰⁶ Rate per 100,000 people.

¹⁰⁷ Rate per 100,000 people.

Clinical Care and Rank	Texas	Kaufman County
Uninsured	25%	24%
Primary care physicians	1,708:1	3,681:1
Dentists	1,940:1	2,784:1
Mental health providers	1,034:1	1,119:1
Preventable hospital stays ¹⁰⁸	63	78
Diabetic monitoring	83%	85%
Mammography screening	58.9%	57.8%

- The concentration of primary care physicians in Kaufman County is much lower than the Texas average.
- The percentage of uninsured residents is consistent with the state average.

Health Outcomes	Texas	Kaufman County
Diabetes	9%	10%
HIV prevalence ¹⁰⁹	319	145
Premature age-adjusted mortality ¹¹⁰	341.2	398.6
Infant mortality ¹¹¹	6.2	5.5
Child mortality ¹¹²	53.1	51.9

- HIV prevalence is much lower in Kaufman County than Texas overall.
- Infant and child mortality rates are consistent with the state average.

Other Food Security and Health Factors	Texas	Kaufman County
Food insecurity	18%	16%
Limited access to healthy foods	9%	4%
Motor vehicle crash deaths	14	20
Drug poisoning deaths ¹¹³	9	8
Uninsured adults	31%	29%
Uninsured children	13%	14%
Health care costs ¹¹⁴	\$11,079	\$11,781
Could not see doctor due to cost	19%	27%
Other primary care providers ¹¹⁵	1,893:1	3,393:1

¹⁰⁸ Per 1,000 fee-for-service Medicare enrollees.

¹⁰⁹ Per 100,000 population

¹¹⁰ Deaths among residents under age 75 per 100,000 population (age-adjusted)

¹¹¹ Per 1,000 live births

¹¹² Deaths among children under age 18 per 100,000

¹¹³ Per 100,000 population

¹¹⁴ Amount of price-adjusted Medicare reimbursements per enrollee


¹¹⁵ Ratio of population to primary care providers other than physicians

- Residents in Kaufman County have more access to health foods than the Texas average.
- Although healthcare costs in Kaufman County are consistent with the state average, one in four residents could not see a doctor due to cost.
- There are only about half as many primary care providers in Kaufman County (per capita) compared to Texas totals.
- Nearly one in three adults do not have health insurance.

Navarro County

Service area description

Navarro County is located in north central Texas with the center of the county positioned 40 miles south of Dallas. It is comprised of a population of 48,038 with nearly half living in the city of Corsicana. The county covers 1,068 square miles of level and rolling prairies. The racial makeup of the county consists of 58.4% White, 25.0% Hispanic, and 13.3% African American. The median household income of the county is \$48,038 with a majority of the workforce employed in sales, office, administrative, production, transportation, and material moving occupations. A higher than average 21.1% of residents live in poverty. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 48,038 Median Age: 38.1 Median Household Income: \$38,423 Percent Living in Poverty**: 21.1% Ethnicity % White: 58.4% % African American: 13.3% % Hispanic: 25.0% Diversity Index: 70.8 Percent with Bachelor's Degree or higher: 17.6% Percent 16+ unemployed: 5.9%</p>
<p>Primary services offered</p> <ol style="list-style-type: none"> 1. Food assistance 2. CSBG services 3. Utility assistance 4. Home weatherization 5. Transportation 	<p>Top five needs</p> <ol style="list-style-type: none"> 1. Help finding child care 2. Help finding sources of affordable food 3. Home weatherization Assistance to attend trade or technical school, or college 4. Help with job skills, training & job search 5. Employment opportunities

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Navarro County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 36 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Help finding child care
2. Help finding sources of affordable food
3. Home weatherization Assistance to attend trade or technical school, or college
4. Help with job skills, training & job search
5. Employment opportunities

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:		Navarro
High <		

County demographics

Key measures

Navarro County has a relatively low household income, high level of poverty, and a highly diverse population.

Key Measures	
Measure	Navarro
Population	48,038
Median Age	38.1
Median Household Income	\$38,423
Percent Living in Poverty:	21.1%
Ethnicity	
% White	58.40%
% African American	13.30%
% Hispanic	25.00%
Percent with Bachelor's Degree or higher	17.60%
Percent 16+ unemployed	5.90%

- One in five residents of Navarro County live in poverty.
- Higher education attainment in Navarro County is much lower than the average of CSI's service areas.

Demographic and health measures

The following tables¹¹⁶ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

¹¹⁶ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
48,038	26.6%	57.9%	15.5%	49.5%	50.5%

- With a population of 48,038, Navarro County is the least populated county in CSI's service area.
- The median age is 38.1 – slightly older than the U.S median of approximately 37 years.

Total	Ethnicity					Diversity Index
	White	African American	Asian	Hispanic	Other	
48,038	58.4%	13.3%	0.8%	25.2%	2.3%	73.5

- Navarro County has a Hispanic population of 25.2%, higher than CSI's service areas average (17.2%), but lower than Texas overall (38.4%).
- Of CSI's service areas, Navarro County has the smallest percentage of white residents (58.4%).

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
21,068	15.6%	15.6%	10.6%	12.3%	20.9%	10.9%	9.0%	2.6%	2.5%	21.1%
Median Household Income: \$38,423										

- The median household income is \$38,423, the lowest of CSI's service areas.
- Nearly 42% of households have a median income of less than \$35,000.

Social & Economic Factors	Texas	Navarro County
Median household income	\$51,714	\$38,423
Children eligible for free lunch	44%	62%
High school graduation	88.0%	91%
Some college	58.6%	46.5%
Unemployment	6.3%	7.1%
Children in poverty	25%	34%
Income inequality	4.9	4.6
Children in single-parent households	33%	40%
Social associations ¹¹⁷	7.8	10.8
Violent crime ¹¹⁸	422	450
Injury deaths ¹¹⁹	55	54

- Nearly four out of seven children in Navarro County are eligible for free lunch.
- Unemployment in Navarro County is higher than the Texas average.
- The rate of violent crimes and injury deaths are consistent with the state overall, however still very high.
- There are a large percentage of children living in poverty in Navarro County.

Physical Environment	Texas	Navarro County
Air pollution - particulate matter ¹²⁰	9.6	9.4
Drinking water violations	7%	2%
Severe housing problems	18%	17%
Driving alone to work	80%	81%
Long commute - driving alone	35%	27%

- Most of the physical environment measures in Navarro County are consistent with the state overall.
- There are fewer residents driving a long commute alone than the Texas average.

¹¹⁷ Number of associations (membership organizations) per 10,000 population.

¹¹⁸ Violent crimes reported per 100,000 population.

¹¹⁹ Number of deaths from intentional and unintentional injuries per 100,000 population.

¹²⁰ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Ranking Summary Table	
Navarro County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	92
Length of Life	86
Quality of Life	114
Health Behaviors	230
Clinical Care / Access	105
Social and Economic Factors	188
Physical Environment	136

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Health Behaviors	Texas	Navarro County
Adult smoking	17%	24%
Adult obesity	29%	34%
Food environment index ¹²¹	6.4	5.9
Physical inactivity	23%	30%
Access to exercise opportunities	84%	55%
Excessive drinking	16%	0%
Alcohol-impaired driving deaths	33%	19%
Sexually transmitted infections ¹²²	488	617
Teen births ¹²³	55	74

- Adult smoking and obesity is higher in Navarro County than the Texas average.
- The rate of sexually transmitted infections is much higher than the state overall.
- The rate of teen births is much higher than the state overall.

¹²¹ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

¹²² Rate per 100,000 people.

¹²³ Rate per 100,000 people.

Clinical Care	Texas	Navarro County
Uninsured	25%	27%
Primary care physicians	1,708:1	2,399:1
Dentists	1,940:1	3,203:1
Mental health providers	1,034:1	1,716:1
Preventable hospital stays ¹²⁴	63	71
Diabetic monitoring	83%	87%
Mammography screening	58.9%	50.4%

- The concentration of healthcare providers in Navarro County is much lower than in Texas overall.
- The percentage of residents participating in mammography screenings is lower than the Texas average.

Health Outcomes	Texas	Navarro County
Diabetes	9%	12%
HIV prevalence ¹²⁵	319	175
Premature age-adjusted mortality ¹²⁶	341.2	397
Infant mortality ¹²⁷	6.2	7
Child mortality ¹²⁸	53.1	48
Food insecurity	18%	19%
Limited access to healthy foods	9%	10%
Motor vehicle crash deaths	14	19
Drug poisoning deaths ¹²⁹	9	7

- The percentage of residents in Navarro County with diabetes is higher than the Texas average.
- HIV prevalence is more than 50% lower in Navarro County than the Texas average.
- The rate of motor vehicle crash deaths in Navarro County is higher than the state overall.
- The rate of child mortality in Navarro County is slightly lower than the Texas average.

¹²⁴ Per 1,000 fee-for-service Medicare enrollees.

¹²⁵ Per 100,000 population

¹²⁶ Deaths among residents under age 75 per 100,000 population (age-adjusted)

¹²⁷ Per 1,000 live births

¹²⁸ Deaths among children under age 18 per 100,000

¹²⁹ Per 100,000 population

Other Food Security and Health Factors	Texas	Navarro County
Food insecurity	18%	19%
Limited access to healthy foods	9%	10%
Motor vehicle crash deaths	14	19
Drug poisoning deaths ¹³⁰	9	7
Uninsured adults	31%	33%
Uninsured children	13%	15%
Health care costs ¹³¹	\$11,079	\$10,310
Could not see doctor due to cost	19%	0%
Other primary care providers ¹³²	1,893:1	3,431:1

- The rate of motor vehicle crash deaths in Navarro County is higher than the state overall.
- The rate of child mortality in Navarro County is slightly lower than the Texas average.
- Navarro County has a high percentage of uninsured residents.
- There are nearly half as many primary care providers in Navarro County (per capita) compared to Texas state totals.

¹³⁰ Per 100,000 population

¹³¹ Amount of price-adjusted Medicare reimbursements per enrollee


¹³² Ratio of population to primary care providers other than physicians

Rockwall County

Service area description

Rockwall County is the smallest county in Texas, covering only 147 square miles. Regardless of its size, it has a higher than average population of 85,245 and a racial makeup of 72.8% White, 16.7% Hispanic, and 5.8% African American. Rockwall County has a higher than average median household income of \$92,466. It has a relatively low 5.9% living in poverty and a majority of those who are working are employed in sales, office, administrative, management, business, or finance occupations.

The county and city are named for a wall-like subterranean rock formation that runs throughout the county. In 2010, it was one of the top 25 fastest growing counties in the U.S. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 85,245 Median Age: 36.8 Median Household Income: \$92,466 Percent Living in Poverty**: 5.9% Ethnicity % White: 72.8% % African American: 5.8% % Hispanic: 16.7% Diversity Index: 51.8 Percent with Bachelor's Degree or higher: 38.1% Percent 16+ unemployed: 3.2%</p>
<p>Primary services offered</p> <ol style="list-style-type: none"> 1. CSBG services 2. Utility assistance 3. Home weatherization 	<p>Top five needs</p> <ol style="list-style-type: none"> 1. Home more energy efficient weatherization / energy efficiency modifications 2. Employment opportunities; Help finding a job; Job skills training 3. Relocation services post disaster 4. Help with utility bills and rent 5. Lifestyle - Social opportunities

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Rockwall County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 17 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Home more energy efficient weatherization / energy efficiency modifications
2. Employment opportunities; Help finding a job; Job skills training
3. Relocation services post disaster
4. Help with utility bills and rent
5. Lifestyle - Social opportunities

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:		Rockwall	
Community Impact	High	Lifestyle - Social opportunities Programs and activities for seniors	Home more energy efficient weatherization / energy efficiency modifications Employment opportunities; Help finding a job; Job skills training
	Low	Environmental quality - air Economic development Lifestyle - Physical inactivity	Relocation services post disaster Help with utility bills and rent
Community Impact	High	Lifestyle - long commute Environmental quality - water Prescription Assistance	Nutrition Education/Healthy Eating Education workshops Financial Education/Budgeting Classes/Credit Counseling Help finding resources in the community Housing
	Low		
		Low	High
		CSI Implementation Feasibility	

County demographics

Key measures

Key Measures	
Measure	Rockwall
Population	85,245
Median Age	36.8
Median Household Income	\$92,466
Percent Living in Poverty:	5.9%
Ethnicity	
% White	72.80%
% African American	5.80%
% Hispanic	16.70%
Percent with Bachelor's Degree or higher	38.10%
Percent 16+ unemployed	3.20%

- Rockwall County has a relatively low percent of residents 16+ unemployed relative to other CSI service areas.
- Rockwall County has the least percentage of residents living in poverty of CSI's service areas.

Demographic and health measures

The following tables¹³³ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

¹³³ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
85,245	28.4%	60.4%	11.2%	49.1%	50.9%

- The median age is 36.8 – consistent with the U.S. median of 37 years.

Total	Ethnicity					
	White	African American	Asian	Hispanic	Other	Diversity Index
85,245	72.8	5.8%	2.7%	16.7%	2.0%	51.8

- Nearly three out of four residents in Rockwall County are white.
- One out of six residents in Rockwall are Hispanic, consistent with the CSI service area average.

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
31,462	4.0%	2.9%	3.8%	7.5%	15.4%	19.5%	25.5%	10.8%	10.5%	5.9%
Median Household Income: \$92,466										

- Rockwall County's median household income of \$92,466 is the highest of CSI's service areas and much higher than the Texas median household income \$51,714.
- Eight out of ten households in Rockwall County have a median income of more than \$50,000.

Social & Economic Factors	Texas	Rockwall County
Median household income	\$51,714	\$92,466
Children eligible for free lunch	44%	19%
High school graduation	88.0%	94%
Some college	58.6%	70.7%
Unemployment	6.3%	5.8%
Children in poverty	25%	9%
Income inequality	4.9	3.5
Children in single-parent households	33%	20%
Social associations ¹³⁴	7.8	7.3
Violent crime ¹³⁵	422	126
Injury deaths ¹³⁶	55	38

- One in five children in Rockwall County is eligible for free lunch.
- Educational attainment in Rockwall County is higher than the Texas average.
- The percentage of children living in poverty is much lower than the Texas average.
- Rockwall County has a significantly lower violent crime rate than the state overall.

Physical Environment	Texas	Rockwall County
Air pollution - particulate matter ¹³⁷	9.6	10.0
Drinking water violations	7%	34%
Severe housing problems	18%	14%
Driving alone to work	80%	81%
Long commute - driving alone	35%	56%

- Rockwall County has a much higher percentage of drinking water violations than the Texas average.
- More than half of residents in Rockwall County have a long driving commute alone.

¹³⁴ Number of associations (membership organizations) per 10,000 population.

¹³⁵ Violent crimes reported per 100,000 population.

¹³⁶ Number of deaths from intentional and unintentional injuries per 100,000 population.

¹³⁷ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Ranking Summary Table	
Rockwall County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	14
Length of Life	12
Quality of Life	26
Health Behaviors	12
Clinical Care / Access	6
Social and Economic Factors	3
Physical Environment	226

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Health Behaviors	Texas	Rockwall County
Adult smoking	17%	20%
Adult obesity	29%	26%
Food environment index ¹³⁸	6.4	7.9
Physical inactivity	23%	28%
Access to exercise opportunities	84%	92%
Excessive drinking	16%	0%
Alcohol-impaired driving deaths	33%	26%
Sexually transmitted infections ¹³⁹	488	193
Teen births ¹⁴⁰	55	21

- Residents in Rockwall County have more access to exercise opportunities than the state overall.
- One of four adults in Rockwall County is obese.
- The teen birth rate is more than 50% lower than the Texas average.

¹³⁸ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

¹³⁹ Rate per 100,000 people.

¹⁴⁰ Rate per 100,000 people.

Clinical Care	Texas	Rockwall County
Uninsured	25%	17%
Primary care physicians	1,708:1	1,483:1
Dentists	1,940:1	1,397:1
Mental health providers	1,034:1	991:1
Preventable hospital stays ¹⁴¹	63	62
Diabetic monitoring	83%	88%
Mammography screening	58.9%	66.7%

- The concentration of healthcare providers in Rockwall County is higher than in Texas overall and much higher than many of CSI's other service areas.
- Residents in Rockwall County participate in diabetic monitoring and mammography screenings more than the Texas average.

Health Outcomes	Texas	Rockwall County
Diabetes	9%	9%
HIV prevalence ¹⁴²	319	75
Premature age-adjusted mortality ¹⁴³	341.2	277.3
Infant mortality ¹⁴⁴	6.2	5.1
Child mortality ¹⁴⁵	53.1	41.5

- HIV prevalence in Rockwall County is much lower than the Texas average.
- The child mortality rate in Rockwall County is lower than the state overall.

¹⁴¹ Per 1,000 fee-for-service Medicare enrollees.

¹⁴² Per 100,000 population

¹⁴³ Deaths among residents under age 75 per 100,000 population (age-adjusted)

¹⁴⁴ Per 1,000 live births

¹⁴⁵ Deaths among children under age 18 per 100,000

Other Food Security and Health Factors	Texas	Rockwall County
Food insecurity	18%	13%
Limited access to healthy foods	9%	3%
Motor vehicle crash deaths	14	10
Drug poisoning deaths ¹⁴⁶	9	6
Uninsured adults	31%	21%
Uninsured children	13%	11%
Health care costs ¹⁴⁷	\$11,079	\$11,164
Could not see doctor due to cost	19%	0%
Other primary care providers ¹⁴⁸	1,893:1	1,853:1

- Rockwall County has a higher access to health foods than the Texas average.
- One out of five adults in Rockwall County is uninsured.
- Health care costs are consistent with the state average.
- The concentration of primary care providers is consistent with the state overall.

¹⁴⁶ Per 100,000 population

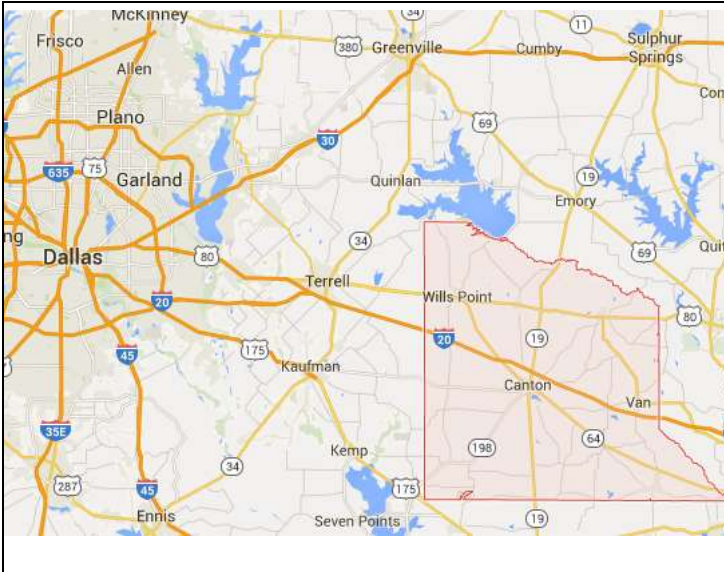
¹⁴⁷ Amount of price-adjusted Medicare reimbursements per enrollee

¹⁴⁸ Ratio of population to primary care providers other than physicians

Van Zandt County

Service area description

Van Zandt County is 50 miles east of Dallas and has a population of 52,481 and a total area of 860 square miles. The majority of the population (84.7%) is White, 10.0% Hispanic, and 2.8% African American. The median household income is \$43,220, and 16.4% are living in poverty. Education levels throughout the county have traditionally been low and many young people leave the county to seek employment opportunities. A county map inset and key demographic, service line, and community needs data is shown below.

	<p>Key facts</p> <p>Population: 52,481 Median Age: 43.1 Median Household Income: \$43,220 Percent Living in Poverty**: 16.4%</p> <p>Ethnicity</p> <ul style="list-style-type: none"> % White: 84.7% % African American: 2.8% % Hispanic: 10.0% <p>Diversity Index: 35.0 Percent with Bachelor's Degree or higher: 14.4% Percent 16+ unemployed: 3.6%</p>
<p>Primary services offered</p> <ol style="list-style-type: none"> 1. CSBG services 2. Utility assistance 3. Home weatherization 	<p>Top five needs</p> <ol style="list-style-type: none"> 1. Help finding sources of affordable food 2. Employment opportunities 3. Financial Education/Budgeting Classes/Credit Counseling 4. Help to make my home more energy efficient (weatherization) 5. Nutrition Education/Healthy Eating Education workshops

** (i.e., Percent with income 100% of the Federal Poverty Level or less)

Research summary

In order to determine the community needs for Van Zandt County, CSI implemented a multi stage methodology that included the following:

- Large sample community survey
- Client surveys and interviews
- One-on-one interviews with municipal and county-level government officials
- Community focus groups
- Quantitative data analysis
- One-on-one interviews with Board Members and other community stakeholders

Needs analysis

Based on the research methodologies described above, approximately 36 needs were identified. The needs were prioritized using the Strategic Grid Analysis (SGA) format, as described in the methodology section and in the appendices. Using the SGA, the top five needs for the county are listed below:

1. Help finding sources of affordable food
2. Employment opportunities
3. Financial Education/Budgeting Classes/Credit Counseling
4. Help to make my home more energy efficient (weatherization)
5. Nutrition Education/Healthy Eating Education workshops

Strategy grids are generally used to help focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. The Strategic Grid for the county is shown below; all identified needs are included in the table with the highest priority ones shown in the top / right quadrant (High Impact / High CSI Implementation Feasibility).

Strategic Grid

County:		Van Zandt	
High	Health screenings Access to exercise and wellness activities	Help finding sources of affordable food Employment opportunities	
	Access to medical services	Financial Education/Budgeting Classes/Credit Counseling	
Community Impact	Chronic disease care - diabetes Availability of dental services Lifestyle - long commute Prescription Assistance Availability of medical services Lifestyle - Physical inactivity	Help to make my home more energy efficient (weatherization) Nutrition Education/Healthy Eating Education workshops Parenting classes Help paying utility bills Help paying rent Help with job skills, training & job search	
	Lifestyle - Injury prevention Programs and activities for youth (ages 12-18) Health insurance/ affordable medical care Legal Services	Help finding resources in the community Affordable Housing Help finding child care Help with applying for Social Security, SSDI, WIC, TANF, etc. Transportation Adult Education or Night School English as a Second Language Classes Classes on healthy relationships, resolving conflicts, etc. Assistance with goals and self-sufficiency	
Low	Crime awareness or crime reduction Public parks and facilities Counseling services Programs and activities for seniors Neighborhood clean-up projects		
Low		CSI Implementation Feasibility	
		High	

County demographics

Key measures

Van Zandt County residents are less ethnically diverse than many other CSI service area counties.

Key Measures	
Measure	Van Zandt
Population	52,481
Median Age	43.1
Median Household Income	\$43,220
Percent Living in Poverty:	16.4
Ethnicity	
% White	84.70%
% African American	2.80%
% Hispanic	10.00%
Percent with Bachelor's Degree or higher	14.40%
Percent 16+ unemployed	3.60%

- The percentage of residents of Van Zandt County living in poverty is higher than the average of CSI's service areas.
- Higher education attainment in Van Zandt County is much lower than the average of CSI's service areas.

Demographic and health measures

The following tables¹⁴⁹ show detailed demographic data on measures such as :

- Age
- Gender
- Ethnicity
- Household income
- Social and economic factors
- Physical environment factors
- Health rankings
- Healthy behaviors
- Clinical care
- Health outcomes
- Other food security and health factors

¹⁴⁹ Robert Wood Johnson Foundation, 2015.

Total	Age			Gender	
	Below 18	18-64	65 and older	Male	Female
52,481	23.4%	57.1%	19.5%	49.0%	51.0%

- The median age is 43.1 – higher than the U.S. median of approximately 37 years.

Ethnicity						
Total	White	African American	Asian	Hispanic	Other	Diversity Index
52,481	84.7%	2.8%	0.4%	10.0%	2.1%	35.0

- More than four out of five residents in Van Zandt County are white.
- Van Zandt County has the lowest percentage of Hispanic residents of CSI's service areas.

Total Housing Units	Household Income									Poverty
	Less than \$15k	\$15k to \$24k	\$25k to 34k	\$35k to 49k	\$50k to 74k	\$75k to \$99k	\$100k to \$149k	\$150k to \$199k	\$200k or more	Percent Below 100% FPL
23,229	15.1%	14.2%	10.7%	14.4%	19.3%	11.1%	10.1%	2.4%	2.6%	16.4%
Median Household Income: \$43,220										

- The median income is \$43,220 – lower than the Texas median of \$51,714.
- Two of five (40%) households in Van Zandt County have a median income of less than \$35,000.

Social & Economic Factors	Texas	Van Zandt County
Median household income	\$51,714	\$43,220
Children eligible for free lunch	44%	44%
High school graduation	88.0%	93%
Some college	58.6%	47.5%
Unemployment	6.3%	6.0%
Children in poverty	25%	26%
Income inequality	4.9	4.5
Children in single-parent households	33%	28%
Social associations ¹⁵⁰	7.8	12.4
Violent crime ¹⁵¹	422	193
Injury deaths ¹⁵²	55	96

- Two out of five children in Van Zandt County are eligible for free lunch.
- High school graduation rates in Van Zandt are good compared to the Texas average of 88%.
- Van Zandt County has a much lower rate of violent crime than the state overall.

¹⁵⁰ Number of associations (membership organizations) per 10,000 population.

¹⁵¹ Violent crimes reported per 100,000 population.

¹⁵² Number of deaths from intentional and unintentional injuries per 100,000 population.

Physical Environment	Texas	Van Zandt County
Air pollution - particulate matter ¹⁵³	9.6	9.8
Drinking water violations	7%	22%
Severe housing problems	18%	16%
Driving alone to work	80%	80%
Long commute - driving alone	35%	48%

- Van Zandt County has a much higher percentage of drinking water violations than the Texas average.
- Residents in Van Zandt County are more likely to commute long distances alone than the state overall.

Health Ranking Summary Table	
Van Zandt County	Ranking (1= Best; 254 = Worst)
Overall Health Outcomes	153
Length of Life	183
Quality of Life	86
Health Behaviors	191
Clinical Care / Access	127
Social and Economic Factors	108
Physical Environment	213

The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings are unique in their ability to measure the current overall health of each county in Texas. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

¹⁵³ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.

Health Behaviors	Texas	Van Zandt County
Adult smoking	17%	21%
Adult obesity	29%	34%
Food environment index ¹⁵⁴	6.4	7.2
Physical inactivity	23%	36%
Access to exercise opportunities	84%	30%
Excessive drinking	16%	10%
Alcohol-impaired driving deaths	33%	26%
Sexually transmitted infections ¹⁵⁵	488	277
Teen births ¹⁵⁶	55	51

- Obesity is a key driver for many chronic diseases and other health conditions. Van Zandt County residents are more likely to be obese than the Texas average.
- Behaviors related to physical activity in Van Zandt County are disadvantageous compared to the Texas average.

Clinical Care and Rank	Texas	Van Zandt County
Uninsured	25%	28%
Primary care physicians	1,708:1	6,553:1
Dentists	1,940:1	3,749:1
Mental health providers	1,034:1	3,749:1
Preventable hospital stays ¹⁵⁷	63	72
Diabetic monitoring	83%	86%
Mammography screening	58.9%	64.3%

- The concentration of healthcare providers in Van Zandt County is much lower than in Texas overall.
- Primary care physicians are particularly lacking in the area.

¹⁵⁴ The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

¹⁵⁵ Rate per 100,000 people.

¹⁵⁶ Rate per 100,000 people.

¹⁵⁷ Per 1,000 fee-for-service Medicare enrollees.

Health Outcomes	Texas	Van Zandt County
Diabetes	9%	12%
HIV prevalence ¹⁵⁸	319	58
Premature age-adjusted mortality ¹⁵⁹	341.2	456.2
Infant mortality ¹⁶⁰	6.2	5.5
Child mortality ¹⁶¹	53.1	59.5

- More residents in Van Zandt County have diabetes than the Texas average.
- HIV prevalence is much lower in the area than the state overall.

Other Food Security and Health Factors	Texas	Van Zandt County
Food insecurity	18%	17%
Limited access to healthy foods	9%	2%
Motor vehicle crash deaths	14	33
Drug poisoning deaths ¹⁶²	9	16
Uninsured adults	31%	33%
Uninsured children	13%	17%
Health care costs ¹⁶³	\$11,079	\$10,524
Could not see doctor due to cost	19%	19%
Other primary care providers ¹⁶⁴	1,893:1	10,496:1

- Residents in Van Zandt County have more access to health foods than the state overall.
- Van Zandt County has a higher rate of drug poisoning deaths than the Texas average.
- Van Zandt has a higher percentage of residents that are uninsured than the Texas average.
- The concentration of primary care providers in Van Zandt County is extremely low.

¹⁵⁸ Per 100,000 population

¹⁵⁹ Deaths among residents under age 75 per 100,000 population (age-adjusted)

¹⁶⁰ Per 1,000 live births

¹⁶¹ Deaths among children under age 18 per 100,000

¹⁶² Per 100,000 population

¹⁶³ Amount of price-adjusted Medicare reimbursements per enrollee

¹⁶⁴ Ratio of population to primary care providers other than physicians

Linkage to ongoing activities

As per the Federal requirements for needs assessments, CSI will use the CNA to spearhead its efforts to define and implement a Community Action Plan designed to enhance services to the counties it serves – especially those in poverty and other underserved populations. See inset below.

Federal Requirements for Needs Assessments

As per the TDNCA Guidance

“In 2001, the U.S. Department of Health and Human Services (“USHHS”) issued [Information Memorandum 49](#), requiring eligible entities to conduct needs assessments and use the results to design programs to meet community needs. In 2015, USHHS issued [Information Memorandum No. 138](#) establishing Community Services Block Grant (CSBG) Organizational Standards requiring CAAs to conduct a Community Needs Assessment and develop a Community Action Plan to address the needs identified in the needs assessment.

“At a minimum, CAAs must conduct Community Needs Assessments that meet the following requirements established by the Organizational Standards:

<i>Standard</i>	<i>Summary of Community Needs Assessment Requirements</i>
3.1	Conduct it every 3 years
3.2	Collects current poverty data and its prevalence related to gender, age, and race/ethnicity
3.3	Collects and analyzes both qualitative and quantitative data on its service areas
3.4	Includes key findings on the causes and conditions of poverty and the needs
3.5	Governing board formally accepts the completed assessment
4.2	Informs an outcome-based and anti-poverty focused Community Action Plan
6.4	Customer satisfaction data and input identified is considered in the strategic planning process”

TDHCA Submission requirements

Community Needs Assessment results overview

Subrecipient:

The Community Services Block Grant (CSBG) Act requires States administering this grant to secure a Community Needs Assessment from CSBG eligible entities. Subrecipients must submit this *Community Needs Assessment Results Overview* along with a *2015 CSBG Community Needs Assessment (CNA) Report* by June 30, 2015. Refer to the *Develop a CNA Report* section of this document for guidance on creating a CNA report.

1. ***Community Needs Assessment Overview*** - Complete the table with the requested information for each county in the CSBG service area. .

#	County	* Poverty Population	# of Residents Surveyed	# Clients Surveyed	# of Community Forum Held	# of Focus Group held	Title of Elected Officials Interviewed	Name of Board Members Interviewed	Name of Organizations Interviewed
1	Anderson	20.27%	50	Included in the survey	0	1	Emergency Management Coordinator	Marlyian Wiggins	CSI Board of Directors
2	Collin	7.80%	50	Included in the survey	0	1		Kashif Qureshi	CSI Board of Directors
3	Denton	8.75%	50	Included in the survey	0	1			Metro Crest Social Services; Christian Community Action , CSI Board of Directors
4	Ellis	11.86%	50	Included in the survey	0	1	Emergency Management Coordinator	Darrell Nelson	CSI Board of Directors
5	Henderson	18.86%	50	Included in the survey	0	1	Emergency Management Coordinator	Larry West	Family Resource Center, CSI Board of Directors
6	Hunt	19.89%	50	Included in the survey	0	1	County Public Health Nurse	Shelby Wright	CSI Board of Directors

#	County	* Poverty Population	# of Residents Surveyed	# Clients Surveyed	# of Community Forum Held	# of Focus Group held	Title of Elected Officials Interviewed	Name of Board Members Interviewed	Name of Organizations Interviewed
7	Kaufman	13.27%	50	Included in the survey	0	1	Emergency Management Coordinator	Pamela Green	CSI Board of Directors
8	Navarro	21.13%	50	Included in the survey	0	1		Linda Coleman, Bob Carroll, Clara Jo McMillan	Corsicana Family Services, CSI Board of Directors
9	Rockwall	5.87%	50	Included in the survey	0	1	Emergency Management Coordinator		CSI Board of Directors
10	Van Zandt	16.42%	50	Included in the survey	0	1	Emergency Management Coordinator		Manna Food Bank, CSI Board of Directors

** Poverty Population according to the numbers published by the Community Commons website*

Results overview – Anderson County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Health Insurance/ Affordable Medical Care		Transportation	Self sufficiency skills	Affordable housing	Access to exercise and wellness activities	Self sufficiency skills training
2	Public parks and facilities		Computer Skills Training	Emergency service expansion - broader cell phone coverage	Better paying jobs	Lifestyle - Injury prevention	Transportation
3	Crime awareness or crime reduction		Programs and Activities for Seniors	Childcare	Grants for education	Drug abuse prevention and treatment	Computer skills training
4	Employment opportunities		Health Insurance/ Affordable Medical Care	Behavioral health services	Health insurance for seniors	Alcohol abuse treatment and prevention services	Childcare
5	Nutrition Education/Healthy Eating Education workshops		Help Finding Child Care	Access to healthcare	Emergency assistance / form processing assistance	Lifestyle and risk - Motor vehicle death prevention	Programs and activities for seniors

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Collin County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Help to make my home more energy efficient (weatherization)		Training and education classes - computer repair, software use, systems management			Lifestyle - Social opportunities	Help to make my home more energy efficient (weatherization)
2	Help with job skills, training & job search		Workshops - energy efficiency, home weatherization			Alcohol abuse treatment and prevention services	Help with job skills, training & job search
3	Computer Skills Training		Training and education classes - computer repair, software use, systems management			Environmental quality - air	Training and education classes - computer repair, software use, systems management.
4	Health Insurance/ Affordable Medical Care		Senior services			Lifestyle - long commute	Senior outreach and social engagement (motivational interviewing)
5	Programs and Activities for Seniors		Energy conservation supplies and weatherization services				Lifestyle - Social opportunities

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Denton County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Programs and Activities for Seniors		Scholarships and education funds for college		Food assistance	Lifestyle - Social opportunities	Job skills training
2	Employment opportunities		Job skills training		Low cost housing	Bilingual education and services	Bilingual education and services
3	Public parks and facilities		Outdoor activities for families		Rental assistance	Healthcare access - Preventable hospital stays	Home weatherization
4	Help to make my home more energy efficient (weatherization)		Activities for seniors		Utility assistance	Healthcare access - Cost of care	Energy efficiency training or other information including weatherization
5	Health Insurance/ Affordable Medical Care		Energy efficiency training or other information including weatherization		Home weatherization	Lifestyle - long commute	Scholarships and education funds for college

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Ellis County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Health Insurance/ Affordable Medical Care		Employment opportunities		Financial / budgeting management classes	Access to exercise and wellness activities	Help finding resources in the community
2	Employment opportunities		Health Insurance/ Affordable Medical Care		Help finding sources of nutritious, affordable food	Chronic disease care - diabetes	Help finding sources of affordable food
3	Prescription Assistance		Help finding resources in the community; Help to make my home more energy efficient (weatherization) (tie)		Affordable housing	Alcohol abuse treatment and prevention services	Home weatherization
4	Help to make my home more energy efficient (weatherization)		Help finding Sources of Affordable Food		Help finding resources in the community	Lifestyle - long commute	Programs and activities for seniors
5	Programs and Activities for Seniors		Crime awareness or crime reduction		Programs and activities for seniors		Employment opportunities

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Henderson County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Health Insurance/ Affordable Medical Care		Crime awareness or crime reduction; Education - Substance abuse education	Public emergency preparedness education and emergency supplies	Basic needs – clothing	Access to exercise and wellness activities	Education - Substance abuse education
2	Crime awareness or crime reduction		Affordable Housing	Home weatherization	Utility bill assistance	Drug abuse prevention and treatment	Home weatherization
3	Help to make my home more energy efficient (weatherization)		Health Insurance/ Affordable Medical Care	Utility bill assistance and other direct service assistance and case management services	Emergency response services	Access to healthful foods	Affordable housing
4	Employment opportunities		Help finding resources in the community; Transportation (tie)	Housing assistance		Access to behavioral health services	Access to healthful foods
5	Prescription Assistance		Help finding Sources of Affordable Food	Collaboration between community service providers		Access to medical health services	Utility bill assistance and other direct service and case management services

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Hunt County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Employment opportunities		Help finding Sources of Affordable Food	Availability of housing		Drug abuse prevention and treatment	Availability of housing
2	Help to make my home more energy efficient (weatherization)		Transportation	Weatherization		Access to pediatric care services	Help finding sources of affordable food
3	Programs and Activities for Seniors		Help Finding Child Care; Assistance with goals and self-sufficiency (tie)	Economic development		Alcohol abuse treatment and prevention services	Home weatherization
4	Health Insurance/ Affordable Medical Care		Help to make my home more energy efficient (weatherization)	Help with utility bills		Lifestyle and risk - Motor vehicle death prevention	Transportation to services
5	Public parks and facilities		Assistance to attend trade or technical school, or college; Adult Education or Night School; Computer skills; Parenting classes (tie)	Access to healthcare services		Lifestyle - smoking cessation programs	Help with utility bills

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Kaufman County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Help to make my home more energy efficient (weatherization)		Affordable Housing	Economic development		Lifestyle - Physical inactivity	Availability of housing
2	Public parks and facilities		Help paying rent	Children's health services		Alcohol abuse treatment and prevention services	Home weatherization
3	Employment opportunities		Help to make my home more energy efficient (weatherization)	Meals for children		Lifestyle - smoking cessation programs	Help paying rent and utility bills
4	Assistance to attend trade or technical school, or college		Prescription Assistance	Other children's services		Access to affordable healthcare	Meals for children
5	Health Insurance/ Affordable Medical Care		Programs and Activities for Youth (ages 12-18)	Window units and other home (weatherization)		Lifestyle and risk - Motor vehicle death prevention	Lifestyle - smoking cessation programs

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Navarro County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Employment opportunities		Help Finding Child Care; Transportation		Access to affordable food	Access to exercise and wellness activities	Help finding child care
2	Public parks and facilities		Help finding Sources of Affordable Food		Utility bill assistance	Lifestyle - Physical inactivity	Help finding sources of affordable food
3	Neighborhood clean-up projects		Assistance to attend trade or technical school, or college; Programs and Activities for Youth (ages 12-18)		Home weatherization and A/C units	Chronic disease care - diabetes	Home weatherization Assistance to attend trade or technical school, or college
4	Health Insurance/ Affordable Medical Care		Help with job skills, training & job search; Employment opportunities		Transportation	Reproductive health services for teens	Help with job skills, training & job search
5	Prescription Assistance		Help paying rent; Affordable housing		Low cost housing	Lifestyle and risk - Motor vehicle death prevention	Employment opportunities

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Rockwall County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Programs and Activities for Seniors		Employment opportunities; Help finding a job; Job skills training (tie)	Weatherization		Lifestyle - Social opportunities	Home more energy efficient weatherization / energy efficiency modifications
2	Employment opportunities		Help paying rent; Help with utility bills (tie)	Relocation services post disaster		Environmental quality - air	Employment opportunities; Help finding a job; Job skills training
3	Help to make my home more energy efficient (weatherization)		Assistance to attend trade or technical school, or college; Computer skills training	Economic development,		Lifestyle - Physical inactivity	Relocation services post disaster
4	Help finding resources in the community		Financial Education/Budgeting Classes/Credit Counseling; Nutrition Education/Healthy Eating Education workshops	Help with utility bills		Lifestyle - long commute	Help with utility bills and rent
5	Prescription Assistance		Home more energy efficient weatherization / energy efficiency modifications	Housing		Environmental quality - water	Lifestyle - Social opportunities

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Results overview – Van Zandt County

Subrecipient:

Overview of top 5 needs by type of data collection method - Complete the table with the requested information for each county in the CSBG service area: .

#	Surveys	Forums	Focus Group	Elected Officials Interviewed	Organizations Interviewed	Quantitative Data	FINAL RANKING OF TOP NEEDS
1	Employment opportunities		Help finding Sources of Affordable Food	Health screenings	Affordable food	Access to exercise and wellness activities	Help finding sources of affordable food
2	Help to make my home more energy efficient (weatherization)		Financial Education/Budgeting Classes/Credit Counseling	Access to medical services	Assistance with gasoline purchases	Chronic disease care - diabetes	Employment opportunities
3	Prescription Assistance		Nutrition Education/Healthy Eating Education workshops; Parenting classes	Availability of dental services	Affordable housing	Lifestyle - long commute	Financial Education/Budgeting Classes/Credit Counseling
4	Help with job skills, training & job search		Help paying rent; Help paying utility bills	Availability of medical services		Lifestyle - Physical inactivity	Help to make my home more energy efficient (weatherization)
5	Programs and Activities for Youth (ages 12-18)		Home weatherization			Lifestyle - Injury prevention	Nutrition Education / Healthy Eating workshops

Sources utilized to obtain the Quantitative Data for the Community Needs Assessment (CNA) – Indicate the sources used by either checking the applicable boxes and/or providing a description: .

X ☐ The Community Commons website www.communitycommons.org

X ☐ Other sources. Identify the other sources that were utilized: See Appendix: Sources and citations of quantitative and qualitative data, page 99

Provide the page numbers in the CNA Report where the key findings on the causes and conditions of poverty and the needs are identified, as required by CSBG Organizational Standard 3.4: Page 10

Sources and citations of quantitative data



As per the guidance provided by the Texas Department of Housing and Community Affairs, the following section includes a list of sources and other related citations used in the creation of the 2015 Community Needs Analysis submitted by Community Services, Inc.

- Community Commons, www.communitycommons.org.
- Crescendo Consulting Group – Community survey – 2015.
- ESRI Analytical Service, 2015.
- Google Inc.; Google Maps, 2015.
- Lavizzo-Mourey MD, Risa, Open Forum: Voices and Opinions from Leaders in Policy, the Field, and Academia, Robert Wood Johnson Foundation, 2013.
- Robert Wood Johnson Foundation, Community Health Rankings and Roadmaps, Building a Culture of Health, County by County, 2015. Available from: <http://www.countyhealthrankings.org/>.
- Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States. July 26, 2010. Available from: <http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>
- State of Texas Department of Health and Human Services, 2015.
- Tapestry® s – Lifestyle segmentation, 2015.
- U.S. Center for Poverty Research, 2011, 2015.
- U.S. Department of Commerce, Bureau of Census, 2010, 2012, 2015.

Assessment Approval

The Community Services, Inc. Community Needs Assessment, as per TDHCA requirements was approved by the Agency Board of Directors on June 16, 2015 during its monthly meeting.

Appendices

This document includes the following appendices:

- Description of Strategic Grids Prioritization Method
- Client Survey Instrument
- Community Forum Discussion Guide
- Community Survey Instrument
- Focus Group Discussion Guide
- Focus Group Discussion Guide – Small Group Guide
- Leadership Group Discussion Guide

Description of Strategic Grids Prioritization

Strategy grids facilitate agencies in refocusing efforts by shifting emphasis towards addressing problems that will yield the greatest results. This tool is particularly useful when agencies are limited in capacity and want to focus on areas that provide ‘the biggest bang for the buck.’ Rather than viewing this challenge through a lens of diminished quality in services, strategy grids can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. This tool may assist in transitioning from brainstorming with a large number of options to a more focused plan of action. The strategy grid below provides an example of an LHD’s effort to refocus efforts towards programs that will feasibly result in the greatest impact. Refer to the example strategy grid below while working through the step-by-step instructions.

Select criteria – Choose two broad criteria that are currently most relevant to the agency (e.g. ‘importance/urgency,’ ‘cost/impact,’ ‘need/feasibility,’ etc.). Competing activities, projects or programs will be evaluated against how well this set of criteria is met. The example strategy grid below uses ‘Need’ and ‘Feasibility’ as the criteria. Strategy grids facilitate agencies in refocusing efforts by shifting emphasis towards addressing problems that will yield the greatest results. This tool is particularly useful when agencies are limited in capacity and want to focus on areas that provide ‘the biggest bang for the buck.’ Rather than viewing this challenge through a lens of diminished quality in services, strategy grids can provide a mechanism to take a thoughtful approach to achieving maximum results with limited resources. This tool may assist in transitioning from brainstorming with a large number of options to a more focused plan of action.

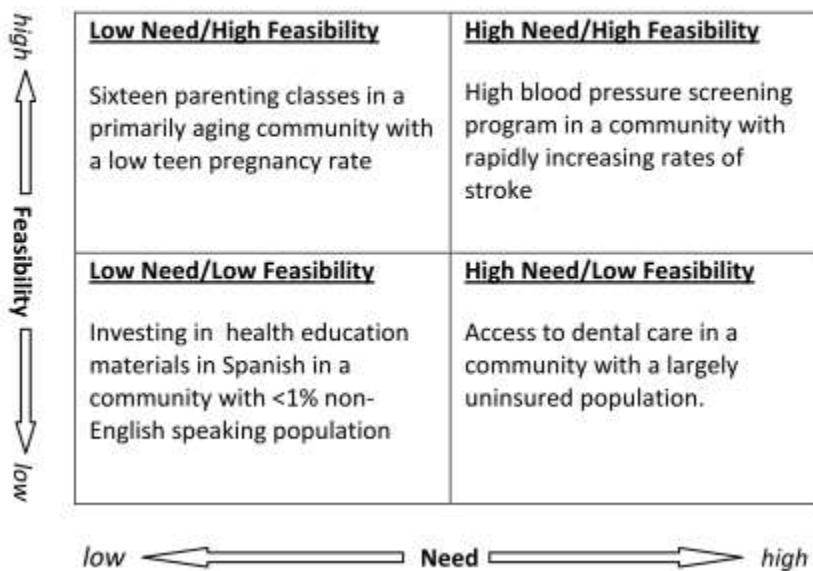
The strategy grid below provides an example of an LHD’s effort to refocus efforts towards programs that will feasibly result in the greatest impact. Refer to the example strategy grid below while working through the step-by-step instructions.

Step-by-Step Instructions:

1. Create a grid – Set up a grid with four quadrants and assign one broad criteria to each axis. Create arrows on the axes to indicate ‘high’ or ‘low,’ as shown below.
2. Label quadrants – Based on the axes, label each quadrant as either ‘High Need/High Feasibility,’ ‘High Need/Low Impact,’ ‘Low Need/High Feasibility,’ ‘Low Need/Low Feasibility.’
3. Categorize & Prioritize - Place competing activities, projects, or programs in the appropriate quadrant based on the quadrant labels. The example below depicts ‘Need’ and ‘Feasibility’ as the criteria and items have been prioritized as follows:
 - High Need/High Feasibility – With high demand and high return on investment, these are the highest priority items and should be given sufficient resources to maintain and continuously improve.

- Low Need/High Feasibility – Often politically important and difficult to eliminate, these items may need to be re-designed to reduce investment while maintaining impact.
- High Need/Low Feasibility – These are long term projects which have a great deal of potential but will require significant investment. Focusing on too many of these items can overwhelm an agency.
- Low Need/Low Feasibility – With minim low Need high

Strategy Grid





Community Services, Inc Community Needs Assessment

Help us with our Community Needs Survey!

1. In what year were you born? _____
2. Gender (circle one) Male Female
3. City and County where you live: _____

Possible things your household might need

For each, please indicate if the item is not needed, rarely needed, Needed, and Very Needed

CATEGORY	NEEDS	Don't Know	Not Needed	Rarely Needed	Needed	Very Needed
<i>Assistance</i>	Help with applying for Social Security, SSDI, WIC, TANF, etc.					
	Help finding resources in the community					
	Help Finding Child Care					
	Help finding Sources of Affordable Food					
	Transportation					
	Legal Services					
<i>Case Management</i>	Assistance with goals and self-sufficiency					
<i>Community</i>	Neighborhood clean-up projects					
	Crime awareness or crime reduction					
	Public parks and facilities					
	Employment opportunities					
<i>Education</i>	GED classes					
	English as a Second Language Classes					
	Adult Education or Night School					
	Computer Skills Training					
	Assistance to attend trade or technical school, or college					
<i>Employment</i>	Help finding a job					
	Help with job skills, training & job search					
<i>Family Support</i>	Financial Education/Budgeting Classes/Credit Counseling					
	Parenting Classes					
	Nutrition Education/Healthy Eating Education workshops					
	Classes on healthy relationships, resolving conflicts, etc.					
	Counseling services					
	Programs and Activities for Youth (ages 12-18)					
	Programs and Activities for Seniors					
<i>Housing</i>	Affordable Housing					
	Help paying rent					
	Help with utility bills					
	Help to make my home more energy efficient (weatherization)					
<i>Medical</i>	Health Insurance/ Affordable Medical Care					
	Prescription Assistance					

Thank you for taking time to provide us your feedback.



Community Services, Inc Community Needs Assessment

Forum Questions for Moderator's Use¹⁶⁵

Purpose: This community-wide forum is held to obtain your feedback on the needs of low-income persons and to get your suggestions on how our agency and community can better address the needs.

Explanation of Community Needs Assessment: As a requirement of the receipt of Community Services Block Grant funds which are utilized by our organization to provide services such as [LIST SERVICES PROVIDED], we are conducting surveys, interviews, focus groups, and forums to help us identify community needs in key areas such as employment, education, housing, health, emergency assistance, nutrition, transportation, and other areas and to identify barriers and resources.

The format for the Forum: We will pose some questions and open up the floor for persons to raise their hands and provide their input. You can provide your input either from where you are seated or come to the microphone and speak. We will record your input.

Discussion Areas:

1. What are some of the greatest needs that low-income persons face in our community?
2. Of the needs that we have identified, what do you think are the top 5 needs (rank from 1 through 5)?
 - 1)
 - 2)
 - 3)
 - 4)
3. What top three community improvements do you think our agency or the community should focus on? *The improvements could be in areas such as job creation, affordable housing, accessible and affordable health care, affordable child care, transportation, education or training, community facilities, community services, commercial services, etc. YOU MAY ALSO USE THE LIST ON THE FOLLOWING PAGE TO PROMPT RESPONSES.*
 - 1)
 - 2)
 - 3)

¹⁶⁵ From the Texas Department of Housing and Community Affairs, *A Guide for Texas Community Action Agencies on How to Conduct a Community Needs Assessment*

Community Forum Tally of County Needs

YOUR COUNTY: _____

As part of the Assessment, Community Forum meetings, people are asked to rate each of the following needs on a five-point scale: Don't know, Not needed, Rarely needed, Needed, and Very needed. Please read through the list below, and indicate your perception of the level of need for each item. At the FAR RIGHT, please rank the five greatest needs with 1 being the greatest need in your county, and 5 being the fifth highest need in the county.

CATEGORY	NEEDS	Don't Know	Not Needed	Rarely Needed	Needed	Very Needed	TOP FIVE
<i>Assistance</i>	Help with applying for Social Security, SSDI, WIC, TANF, etc.						
	Help finding resources in the community						
	Help Finding Child Care						
	Help finding Sources of Affordable Food						
	Transportation						
	Legal Services						
<i>Case Mngmnt</i>	Assistance with goals and self-sufficiency						
<i>Community</i>	Neighborhood clean-up projects						
	Crime awareness or crime reduction						
	Public parks and facilities						
	Employment opportunities						
<i>Education</i>	GED classes						
	English as a Second Language Classes						
	Adult Education or Night School						
	Computer Skills Training						
	Assistance to attend trade or technical school, or college						
<i>Employment</i>	Help finding a job						
	Help with job skills, training & job search						
<i>Family Support</i>	Financial Education/Budgeting Classes/Credit Counseling						
	Parenting Classes						
	Nutrition Education/Healthy Eating Education workshops						
	Classes on healthy relationships, resolving conflicts, etc.						
	Counseling services						
	Programs and Activities for Youth (12-18)						
	Programs and Activities for Seniors						
<i>Housing</i>	Affordable Housing						
	Help paying rent						
	Help with utility bills						
	Help to make my home more energy efficient (weatherization)						
<i>Medical</i>	Health Insrnce/ Affordable Medical Care						
	Prescription Assistance						



Community Services, Inc Community Needs Assessment

Community Needs Survey for Residents

Introduction

Hello, my name is (caller name). I am conducting a very brief survey on behalf of Community Services, Inc. for the purpose of better understanding perceptions of ways that it can help county residents who may need additional support.

Screening

1. In what year were you born? [ENTER 4 DIGIT YEAR] [CODE REFUSE=9999 but terminate] *If "1996" or later, will thank and terminate.*
2. Gender [MARK RESPONSE BASED ON VOICE RECOGNITION; DO NOT ASK]
 - Male
 - Female
3. Including yourself, how many people are in your household? Please count yourself, anyone who lives with you, plus any fulltime students who may or may not live away at school. Range: 1-8 [CODE DK/REFUSE=99 and must terminate]
4. Is your total household income more than _____?
Yes
No
(Don't know/Refused) - terminate
{ENTER INCOME LIMIT FROM TABLE BELOW, BASED ON HOUSEHOLD SIZE}

Household Size	Max Annual Income
1	\$46,000
2	62,000
3	78,000
4	94,000
5	110,000
6	126,000
7	142,000
8	159,0000

Community Services, Inc. would like your input to better serve you.

City and County where you live: _____

For the next questions, I 'm going to ask you about a number of possible things your household might need...for each, please let me know on a scale of 1 to 4 where 1 means that item is not needed, 2 is rarely needed, 3 is Needed, and 4 is Very Needed [INTERVIEWER REPEAT SCALE AS NEEDED]

[PROGRAMMING ROTATE CATEGORIES, KEEP “NEEDS” IN CONSISTENT ORDER WITHIN CATEGORY]

CATEGORY	NEEDS	Don't Know (0)	Not Needed (1)	Rarely Needed (2)	Needed (3)	Very Needed (4)
<i>Assistance</i>	Help with applying for Social Security, SSDI, WIC, TANF, etc.	0	1	2	3	4
	Help finding resources in the community	0	1	2	3	4
	Help Finding Child Care	0	1	2	3	4
	Help finding Sources of Affordable Food	0	1	2	3	4
	Transportation	0	1	2	3	4
	Legal Services	0	1	2	3	4
<i>Case Management</i>	Assistance with goals and self-sufficiency	0	1	2	3	4
<i>Community</i>	Neighborhood clean-up projects	0	1	2	3	4
	Crime awareness or crime reduction	0	1	2	3	4
	Public parks and facilities	0	1	2	3	4
	Employment opportunities	0	1	2	3	4
<i>Education</i>	GED classes	0	1	2	3	4
	English as a Second Language Classes	0	1	2	3	4
	Adult Education or Night School	0	1	2	3	4
	Computer Skills Training	0	1	2	3	4
	Assistance to attend trade or technical school, or college	0	1	2	3	4
<i>Employment</i>	Help finding a job	0	1	2	3	4
	Help with job skills, training & job search	0	1	2	3	4
<i>Family Support</i>	Financial Education/Budgeting Classes/Credit Counseling	0	1	2	3	4
	Parenting Classes	0	1	2	3	4
	Nutrition Education/Healthy Eating Education workshops	0	1	2	3	4
	Classes on healthy relationships, resolving conflicts, etc.	0	1	2	3	4
	Counseling services	0	1	2	3	4
	Programs and Activities for Youth (ages 12-18)	0	1	2	3	4
	Programs and Activities for Seniors	0	1	2	3	4
		0	1	2	3	4
<i>Housing</i>	Affordable Housing	0	1	2	3	4
	Help paying rent	0	1	2	3	4
	Help with utility bills	0	1	2	3	4
	Help to make my home more energy efficient (weatherization)	0	1	2	3	4
<i>Medical</i>	Health Insurance/ Affordable Medical Care	0	1	2	3	4
	Prescription Assistance	0	1	2	3	4

Thank you for taking time to provide us your feedback.



Community Services, Inc Community Needs Assessment

Focus Group Discussion Guide

Introduction

- *Explain the general purpose of the discussion.* The Texas Department of Housing & Community Affairs requires Community Action Agencies like ours to submit a Community Needs Assessment every three years. The purpose of this part of our agenda is to elicit your thoughts about community needs, currently available resources, and ways to better meet needs.
- *Explain the necessity for note-taking, audio taping and confidentiality.* We will both be taking notes throughout this portion of the meeting so that we can include your thoughts and perspectives in the report. Please consider what you hear here to be confidential, so if a comment is included in the report, it will be de-identified.
- *Seek participants' honest thoughts and opinions.* Frank opinions are the key to this process. There is no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative.
- *Questions?* Do you have any questions for me before we start?

CURRENT INVOLVEMENT AND EXPERIENCE IN THE COMMUNITY

1. To start with, let's take a minute to go around the table and introduce ourselves to Jim. Please tell us your name, the organization where you work, and your County.
2. You all encompass a wide variety of community services. Let's think about the framework of the assessment for a minute and define "community needs." What does the phrase mean in terms of developing objectives and services?

PROBE: Lack of access, lack of services, a gap between ideal community health and the current status

3. Using this definition of community need, what would you describe as the county's needs? [DEVELOP LISTS]

PROBES: Types of issues (housing and weatherization, Direct public assistance, case management, education, employment job / job training, medical care, family support, housing, disaster relief services)

4. Now thinking about your (our) organization, what are the biggest community needs that the organization addresses in **your COUNTY**?
5. At a higher level, what are the root causes and barriers contributing to the needs?
6. How well do different organization work together to meet community needs? How could this be improved?
7. If you could address one issue in your county, what would it be and why?

Focus Group Survey of County Needs

YOUR COUNTY: _____

As part of the Assessment, Focus Group members are being asked to rate each of the following needs on a five-point scale: Don't know, Not needed, Rarely needed, Needed, and Very needed. Please read through the list below, and indicate your perception of the level of need for each item. At the FAR RIGHT, please rank the five greatest needs with 1 being the greatest need in your county, and 5 being the fifth highest need in the county.

CATEGORY	NEEDS	Don't Know	Not Needed	Rarely Needed	Needed	Very Needed	TOP FIVE
<i>Assistance</i>	Help with applying for Social Security, SSDI, WIC, TANF, etc.						
	Help finding resources in the community						
	Help Finding Child Care						
	Help finding Sources of Affordable Food						
	Transportation						
	Legal Services						
<i>Case Mngmnt</i>	Assistance with goals and self-sufficiency						
<i>Community</i>	Neighborhood clean-up projects						
	Crime awareness or crime reduction						
	Public parks and facilities						
	Employment opportunities						
<i>Education</i>	GED classes						
	English as a Second Language Classes						
	Adult Education or Night School						
	Computer Skills Training						
	Assistance to attend trade or technical school, or college						
<i>Employment</i>	Help finding a job						
	Help with job skills, training & job search						
<i>Family Support</i>	Financial Education/Budgeting Classes/Credit Counseling						
	Parenting Classes						
	Nutrition Education/Healthy Eating Education workshops						
	Classes on healthy relationships, resolving conflicts, etc.						
	Counseling services						
	Programs and Activities for Youth 12-18						
	Programs and Activities for Seniors						
<i>Housing</i>	Affordable Housing						
	Help paying rent						
	Help with utility bills						
	Help to make my home more energy efficient (weatherization)						
<i>Medical</i>	Health Insrnce/ Affordable Medical Care						
	Prescription Assistance						



Community Services, Inc Community Needs Assessment

Focus Group Discussion Guide – Small Group Guide

Introduction

Moderators may use the following steps as guidance when conducting the focus groups.

Explain the Purpose: The purpose of our meeting is to obtain feedback from a small group of individuals to have an in-depth discussion of the contributing factors to the top five needs identified in our community.

Explain the Community Needs Assessment: As required by the Community Services Block Grant funds from the Texas Department of Housing and Community Affairs, we must conduct a needs assessment to identify and prioritize the needs in the community in key areas such as employment, education, housing, health, and emergency assistance.

Explain the format for Focus Group:

1) We will first inform you of the top 5 needs that have been identified through community survey:

These are:

1. _____
2. _____
3. _____
4. _____
5. _____

2) We will then ask some questions to identify contributing factors.

Exercise: For each need, we will now identify the root causes and barriers contributing to the need. Then we will identify community assets and resources that can address the needs and lastly, identify solutions. Refer to the example provided in the [Appendix 2 - Guidance for Conducting a Focus Group](#).

Identified Need	Contributing factors	Community Assets/ Resources	Solutions
1.			
2.			
3.			
4.			
5.			

3) Now that we have delved deeper and identified barriers and obstacles, are there any needs that you would add to the list? If yes, which needs?



Community Services, Inc Community Needs Assessment

Focus Group Discussion Guide

Introduction

- *Explain the general purpose of the discussion.* The Texas Department of Housing & Community Affairs requires Community Action Agencies like ours to submit a Community Needs Assessment every three years. The purpose of this part of our agenda is to elicit your thoughts about community needs, currently available resources, and ways to better meet needs. As you know, Community Services is working with Crescendo Consulting Group to help with the analysis, and the Managing Principal from Crescendo is on the conference call line with us. JIM, PLEASE INTRODUCE YOURSELF.
- *Explain the necessity for note-taking, audio taping and confidentiality.* Jim and I will both be taking notes throughout this portion of the meeting so that we can include your thoughts and perspectives in the report. Please consider what you hear here to be confidential, so if a comment is included in the report, it will be de-identified.
- *Seek participants' honest thoughts and opinions.* Frank opinions are the key to this process. There is no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative.
- *Questions?* Do you have any questions for me before we start?

CURRENT INVOLVEMENT AND EXPERIENCE IN THE COMMUNITY

1. To start with, let's take a minute to go around the table and introduce ourselves to Jim. Please tell us your name, the organization where you work, and your County.
2. You all encompass a wide variety of community services. Let's think about the framework of the assessment for a minute and define "community needs." What does the phrase mean in terms of developing objectives and services?

PROBE: Lack of access, lack of services, a gap between ideal community health and the current status

3. Using this definition of community need, what would you describe as the county's needs? [DEVELOP LISTS]

PROBES: Types of issues (public assistance, case management, education, employment job / job training, medical care, family support, housing, disaster relief services)

4. Now thinking about your (our) organization, what are the biggest community needs that the organization addresses in **your COUNTY**?
5. At a higher level, what is needed to address these needs?

PROBES: Public awareness of services and resources, additional education regarding the risks associated with not getting assistance when available, improved collaboration among different community service providers / resource suppliers, additional providers, better access to services (e.g., transportation), more financial resources, others?

6. How well do different organization work together to meet community needs? How could this be improved?
7. If you could address one issue in your county, what would it be and why?

Leadership Meeting Survey of County Needs

YOUR COUNTY: _____

As part of the Assessment, Leadership Group members are being asked to rate each of the following needs on a five-point scale: Don't know, Not needed, Rarely needed, Needed, and Very needed. Please read through the list below, and indicate your perception of the level of need for each item. At the FAR RIGHT, please rank the five greatest needs with 1 being the greatest need in your county, and 5 being the fifth highest need in the county.

CATEGORY	NEEDS	Don't Know	Not Needed	Rarely Needed	Needed	Very Needed	TOP FIVE
<i>Assistance</i>	Help with applying for Social Security, SSDI, WIC, TANF, etc.						
	Help finding resources in the community						
	Help Finding Child Care						
	Help finding Sources of Affordable Food						
	Transportation						
	Legal Services						
<i>Case Mngment</i>	Assistance with goals and self-sufficiency						
<i>Community</i>	Neighborhood clean-up projects						
	Crime awareness or crime reduction						
	Public parks and facilities						
	Employment opportunities						
<i>Education</i>	GED classes						
	English as a Second Language Classes						
	Adult Education or Night School						
	Computer Skills Training						
	Assistance to attend trade or technical school, or college						
<i>Employment</i>	Help finding a job						
	Help with job skills, training & job search						
<i>Family Support</i>	Financial Education/Budgeting Classes/Credit Counseling						
	Parenting Classes						
	Nutrition Education/Healthy Eating Education workshops						
	Classes on healthy relationships, resolving conflicts, etc.						
	Counseling services						
	Programs and Activities for Youth (ages 12-18)						
	Programs and Activities for Seniors						
<i>Housing</i>	Affordable Housing						
	Help paying rent						
	Help with utility bills						
	Help to make my home more energy efficient (weatherization)						
<i>Medical</i>	Health Insurance/ Affordable Medical Care						
	Prescription Assistance						