

COMMUNITY NEEDS ASSESSMENT 2020

UNITED WAY OF GREATER ST. LOUIS

CONTRIBUTORS

United Way's Community Needs Assessment employed a unique collaborative approach. The listed organizations leveraged their unique strengths and expertise to design and implement the methodology to understand need. The primary partners include: the Community Innovation and Action Center at the University of Missouri St. Louis, the Brown School Evaluation Center at Washington University in St. Louis, Mutare Network, and USI (formerly Urban Strategies, Inc.). Some partners engaged other organizations to conduct their portion of the assessment, those partners are listed below



Evaluation Center

Brown School



USI | URBAN STRATEGIES, INC.

Families at the Center of Results



**COMMUNITY BUILDERS
NETWORK OF METRO ST. LOUIS**

EST. 2018

WEPOWER

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OVERVIEW

Introduction

United Way of Greater St. Louis is proud to have served this community for nearly 100 years. During that time, we've provided millions of people with the tools, resources, and support they've needed to live their best possible lives. Every day we answer the call to help our Missouri and Illinois neighbors in need by leading with impact. Through a powerful mix of community generosity, understanding needs, and making strategic investments into programs and services that meet needs and achieve outcomes, we are creating a stronger, healthier, and more equitable region.

Guided by a committed group of volunteer leaders, United Way engaged four external entities to conduct a comprehensive, regional assessment to understand what services and resources were most needed across our 16-county service area and within our impact areas. The Assessment researchers designed a collaborative approach to understand priority needs, map regional funding, and discover community partnerships, allowing us to not only identify needs, but uncover gaps in existing funding and collaborations working to address these needs.

The following Community Needs Assessment (CNA) report sheds light on the needs often only seen by the people experiencing them. The CNA serves our community as a foundation to better understand what challenges people in our region are facing every day and how important it is for our region to come together to support one another. The findings show us the most common needs across our 16-county region; but recognizing that our region is made of varied and unique communities, the research was gathered intentionally to understand the distinct needs of each individual county.

These findings also show us how interconnected needs are to each other and the strong necessity for supporting not just one cause, but many causes, thereby creating a safety net for the region. United Way plays a critical role in supporting our region's safety net by providing food and shelter, improving health, fostering learning, establishing financial stability, and strengthening communities. It's never been clearer how important the safety net is to keeping people safe, healthy, and thriving and how important United Way is to our region.

We are proud to move into our second century of helping people.

Approach

Guiding Principles

Driven by a desire to direct resources to where they can help most, United Way of Greater St. Louis set out to understand regional need by answering the following key question:

Within United Way's impact areas (provide food and shelter; establish financial stability; foster learning; improve health; and strengthen communities) and across its 16-county geographic service area, what services and resources are most needed?

As an organization deeply committed to volunteer leadership, United Way convened a volunteer work group to guide efforts to answer the question above. The work group was comprised of individuals representing diverse stakeholders, including corporate entities, regional nonprofits (including United Way funded agencies), hospitals, health departments, government agencies, educational institutions, and labor representatives. The group was charged with designing specifications for the CNA and releasing a request for proposals (RFP; see [Appendix](#) for full document) from vendors interested in conducting the assessment and selecting vendors. The volunteer group ultimately selected four entities, calling for a unique approach that would leverage strengths of each vendor. The selected research team was tasked with the following specifications for understanding need:

- Racial Equity Lens
 - How needs are experienced differently by varying racial groups
- Field of Service
 - Needs within United Way's five impact areas: establish financial stability, foster learning, improve health, provide food and shelter, and strengthen communities
- Geography
 - Needs across United Way's geographic service area as well as the top needs for each of the 16 counties in the service area (Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Randolph, and St. Clair Counties in Illinois; Franklin, Jefferson, Lincoln, St. Charles, St. Louis, and Warren Counties and St. Louis City in Missouri)
- Availability of Existing Funding
 - Availability of existing funding to address needs
- Community Partnerships
 - Existing collaborative efforts working to address needs
- Community Voice
 - Intentionally gather community voice and perspective from key stakeholder groups to understand perception and experience of need
- Leverage Existing Data
 - Use reports conducted by other entities, publicly available datasets, and other existing data to effectively and efficiently understand need

Goals for Final Products

In conducting the CNA, United Way not only wanted to understand need to inform regional investments, but to create a resource for the community that would provide accessible ways to understand and use the data collected while being fully transparent about the process and findings. To that end, the following are available:

- A **full detailed report** with a comprehensive description of methodology and findings
- A **condensed report** with a concise overview of approach and results
- An **online platform** with easily accessible assessment information and interactive data functionality. The online platform serves as a unique tool that enables users to interact and engage with important indicators and secondary data by county.

Designing a Collaborative Methodology

Considering the key question to answer, guiding principles, and goals for final deliverables, the CNA researchers (Mutare Network, University of Missouri St. Louis' Community Innovation and Action Center, USI (formerly Urban Strategies, Inc.), and Brown School Evaluation Center at Washington University) began designing a collaborative approach that would understand needs, map regional funding, and identify community partnerships. The CNA methodology sought to leverage the unique strengths of each entity to gain the most comprehensive, accurate identification of priority needs. A full description of the CNA methodology can be found in the [Methodology to Understand Need](#), [Methodology to Understand Regional Funding](#), and [Methodology to Understand Community Partnership](#) sections.

Using a Racial Equity Lens

Recognizing that need may be experienced differently by varying racial/ethnic groups, United Way sought to conduct a needs assessment that would identify priority needs through a racial equity lens. The CNA researchers used many methods to achieve this while conducting the CNA, including:

1. Employing racially diverse team members,
2. Gathering community voice from residents of color,
3. Disaggregating data by race/ethnicity to understand disparities of experienced needs, and
4. Breaking out results to highlight feedback from people of color.



An arrow icon is used throughout this report to indicate an effort to incorporate a racial equity lens, whether in methodology or sharing of results.

Understanding Need

The CNA researchers designed an approach to understand priority needs in each county. Those findings were then analyzed to determine the most common needs in each United Way impact area, and across the region.

To understand need, the CNA team collected both primary data from community members and secondary data by using existing information. To better understand the process used to understand need, see the [Methodology to Understand Need](#) section.



Understanding Regional Funding

As a funder serving a broad field of service and geographic area, United Way sought to understand how current funding addresses regional need to provide strategic insight about how to direct investments.

To understand regional funding, the CNA researchers tracked government (federal, state, and local) and philanthropic grant awards. Secondary data collection was employed to identify regional funding, using various public data sources including Candid, [usaspending.gov](https://www.usaspending.gov), Illinois Catalog of State Financial Assistance, Missouri Accountability Portal, and more. To better understand the process used to identify regional funding, see the [Methodology to Understand Regional Funding](#) section.

Understanding Community Partnerships

The collaborative work of partnerships can bolster efforts to address social issues and achieve community goals. Along with understanding priority needs and regional funding, identifying partnerships that serve within United Way's field of service and geographic area can help inform strategic investments and strengthen collaboration.

To understand community partnership, the CNA researchers explored community partnerships in the St. Louis region by conducting a survey and scanning available reports and websites. To better understand the process used to identify community partnerships, see the [Methodology to Understand Community Partnerships](#) section.

Reader Guide

Your role in the community will impact how you might engage with the information shared in this report. Below are some ways that different stakeholders may find this report, along with the companion condensed report and online platform, useful:

- Community Member
 - To better understand one's community through the challenges and issues that residents face and to connect with others working on addressing these needs
- Potential Funded Nonprofit
 - To see how your organization's programs, services, and efforts align with data about the needs of people in each county and across the region
 - To learn about partnerships in your agency's field of service and geographic area and potentially join collaborative efforts
- Funder or Policy Maker
 - To help align investments to pressing community needs based on mission and/or scope
 - To foster conversations about how collaboration and investment can further positive community change
- Researcher or Data Scientist
 - To use as a foundation for exploring community interests and as a building block for future work in individual and collaborative ways

Types of Findings

Throughout the [Findings](#) section of this report, you will see three main types of results:

- Prioritized needs
- Funding available to address needs
- Community partnerships working to address needs

To learn more about the methodology used to determine these findings, see the [Understanding Needs](#), [Understanding Regional Funding](#), and [Understanding Regional Partnership](#) sections.

Presentation of Findings

In the following pages, you will find the results of the CNA presented at three levels:

- Regional
 - Most common needs across the region
 - Regional funding dedicated to addressing needs
 - Regional partnerships working to address needs
- County
 - Overview of county population
 - Priority needs in the county
 - Sample of community voice regarding priority needs
 - Funding dedicated to address needs in the county
 - Partnerships working to address needs in the county
- Impact Areas
 - Overview of and needs that comprise the impact area
 - Most common needs in the impact area
 - Regional funding dedicated to needs in the impact area
 - Partnerships working to address needs in the impact area



FINDINGS

FINDINGS

Overview

The CNA researchers designed a methodology to uncover priority needs in each county, within the scope of United Way's five impact areas. This approach intended to produce findings that would address the original question: Within United Way's impact areas and across its geographic service area, what services and resources are most needed? The methodology focused on understanding need at the county level; those county findings were then analyzed to understand the most common needs in each impact area and across the region.

Topic Definitions

To streamline understanding and reporting of needs, the CNA researchers developed 24 topics within United Way's five impact areas to categorize similar needs together. To learn more about the process to identify these topics, see the [Methodology to Understand Need](#) section. These 24 topics are:

Topic	Definition
Crisis Intervention*	Availability and quality of services for individuals or families in need and when costs related to housing, child care, transportation, and basic needs are a significant burden.
Food Security	Having enough food for an active and healthy life.
Housing Security	Having safe and stable housing without fear of losing your home.
Legal Assistance	Legal help with basic needs, such as housing, immigration, domestic violence, government benefits and welfare.
Transportation	Having private or public transportation that does not cost a lot and is flexible.
Debt	Money that you borrow that must be paid back at a later date.
Financial Education	Resources that teach people how to manage their money.
Financial Safety Net	Money you save for an emergency or a bill you did not expect.
Income	Having enough money to keep a good standard of living.
Jobs	Having a steady job and the level of job you are qualified for.
Child Welfare	Making sure all children are safe and taken care of by their family. Includes adopted children and children in foster care.
Early Childhood Education	Having good and low-cost early childhood care (for kids age 0-5 years).
K-12 Education and Out-of-School Time:	Having good and low-cost schools for kindergarten through 12th grades, as well as good before and after school activities.
Post-Secondary Education	School or training after high school and throughout peoples' lives so they can learn skills needed for jobs.
Access to Healthcare	Having good health care providers and treatment places.
Behavioral Health and Substance Abuse:	Having what you need to keep your mind healthy, and help with mental and emotional problems, as well as addiction to pain killers, alcohol, or other drugs.
Physical Health	Having what you need to keep your body healthy, and help with chronic diseases like heart disease, diabetes, or asthma.
Aging and Senior Support	Support for people in later in life.
Built Environment	The area where you live, work, and play. This includes how close you are to healthy food, green space, and places to relax and play.



Community Building	Knowing others in your community and building social resources to improve the quality of life in your community. Also includes resources to help support community issues and policy changes.
Disaster Preparedness and Response	Having an action plan in case there is a disaster, such as a tornado, earthquake, or flood.
Justice System	Fair and respectful treatment of all people in the criminal justice system.
Safety	Low risk of crime and people are not afraid to live in their home, neighborhood, or city.
Services for Individuals with Disabilities	Support for people with cognitive, physical, or other disabilities and their caregivers.

**Crisis Intervention was not included in the needs prioritization process because it often could be placed under other need areas, such as housing or food security.*

Use resources like the introductory sections and the detailed explanation of methodology sections to review and understand the process to arrive at these results. Understanding the process used to determine these findings will best empower readers to interpret them.

Regional Findings

The CNA began with listening through a public survey, focus groups, and individual interviews, and a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the primary data. Once rated, priority status was assigned to those needs that scored in the top half of needs for the county.

The following table provides a comprehensive overview of each county's top 12 priority needs. Note that there are a few counties that have more than 12 needs identified, as sometimes needs tied for priority status.

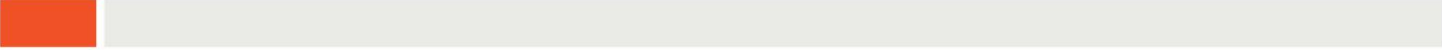
Most prevalent needs																	
		1	2	3	4	5											
		o Indicates need was not in the top half for that county.															
		Calhoun	Clinton	Franklin	Greene	Jefferson	Jersey	Lincoln	Macoupin	Madison	Monroe	Randolph	St. Charles	St. Clair	STL City	STL County	Warren
Need	Impact area																
Crisis Intervention*	Provide Food and Shelter	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
Food Security	Provide Food and Shelter	o	o	o	12	o	o	12	5	12	11	10	12	10	o	8	11
Housing Security	Provide Food and Shelter	9	8	1	7	2	5	8	o	2	7	o	1	1	2	5	1
Legal Assistance**	Provide Food and Shelter	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
Transportation	Provide Food and Shelter	3	3	5	3	4	4	5	11	10	5	8	6	7	11	3	5
Debt**	Financial Stability	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
Financial Education**	Financial Stability	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
Financial Safety Net	Financial Stability	9	11	o	11	o	o	o	o	o	12	o	o	o	o	o	o
Income	Financial Stability	7	12	o	6	11	11	7	o	11	2	4	9	6	6	12	o
Jobs	Financial Stability	2	1	12	2	6	1	9	1	1	3	9	3	2	2	7	12
Child Welfare	Foster Learning	o	o	4	12	8	10	1	o	4	o	4	5	4	7	11	4
Early Childhood Education	Foster Learning	o	o	7	9	7	o	o	7	o	o	4	7	o	o	o	8
K-12 Education and Out-of-School Time	Foster Learning	4	7	o	4	12	3	6	2	5	o	2	7	3	9	6	9
Post-Secondary Education	Foster Learning	6	o	o	o	o	o	10	o	o	12	12	o	o	o	o	o
Access to Healthcare	Improve Health	o	4	9	1	10	5	3	3	o	1	1	o	8	9	o	2
Behavioral Health and Substance Abuse	Improve Health	11	5	1	9	5	8	4	9	3	7	11	1	o	o	o	6
Physical Health	Improve Health	o	o	12	o	o	o	o	o	o	10	12	10	10	o	o	o
Aging and Senior Support [†]	Strengthen Communities	11	o	o	5	o	o	o	3	o	6	4	o	o	o	o	9
Built Environment	Strengthen Communities	8	2	6	8	3	2	o	5	8	o	3	o	9	2	2	3
Community Building	Strengthen Communities	5	6	3	o	1	7	o	8	5	4	12	10	o	1	1	o
Disaster Preparedness and Response	Strengthen Communities	1	o	o	o	o	9	o	o	o	o	o	o	o	o	o	o
Justice System	Strengthen Communities	o	9	8	o	9	o	2	10	7	o	o	4	12	8	3	7
Safety	Strengthen Communities	o	o	9	o	o	11	11	12	9	o	o	o	5	5	8	o
Services for Individuals with Disabilities [†]	Strengthen Communities	o	9	9	o	o	o	o	o	o	7	o	o	o	11	10	o

Some needs ended in a tie. In the case of a tie, those numbers accounted for the tie number and the following number. (Example: St. Charles had two #1 answers, so the next need is ranked #3.)

*Crisis intervention was not included in the needs prioritization process because it so often could be placed under other need areas, such as housing or food security.

**In these instances, some data were not available (existing secondary data for Legal Assistance and Financial Education; primary data from community members for Debt). The needs prioritization methodology did account for how much data were available to prioritize each topic, and even with score adjustments for these three topics, they were not elevated to a priority need in any county.

[†]Aging and Senior Support and Services for Individuals with Disabilities were classified under the impact area of Strengthen Communities for this CNA.



Key Regional Takeaways

Jobs and Transportation were the only two topics identified as a priority need in all 16 counties. While this finding demonstrates a commonality across the St. Louis region around these topics, it does not indicate that these topics are necessarily “top” needs in every county. While both Jobs and Transportation were a number one priority need in some counties, these topics also rated at number 11 and 12 in other counties, still qualifying as an overall priority need but at a lower level.

Seven of the 24 topics were identified as the highest priority need in at least one county:

- **Housing Security** was identified as the highest priority need in four counties (Franklin, St. Charles, St. Clair, and Warren Counties).
- **Jobs** was identified as the highest priority need in four counties (Clinton, Jersey, Macoupin, and Madison Counties).
- **Access to Healthcare** was identified as the highest priority need in three counties (Greene, Monroe, and Randolph Counties).
- **Community Building** was identified as the highest priority need in three counties (Jefferson County, St. Louis City, and St. Louis County).
- **Behavioral Health and Substance Abuse** was identified as the highest priority need in two counties (Franklin and St. Charles County).
- **Child Welfare** was identified as the highest priority need in one county (Lincoln County).
- **Disaster Preparedness and Response** was identified as the highest priority need in one county (Calhoun County).

Regional Funding

Along with understanding the services and resources that are needed to help people in the St. Louis region, the CNA also sought to identify funding that currently exists to address needs. The hope was to better understand gaps where need may be high, but funding is low. The table on the next page shows government and philanthropic funds that are dedicated to the areas of need studied in this CNA.

Topic	2017 Dedicated Funding
K-12 Education and Out-of-School Time	\$302M
Early Childhood Education	\$151M
Food Security	\$136M
Housing Security	\$99M
Jobs	\$64M
Services for Individuals with Disabilities	\$43M
Behavioral Health and Substance Abuse	\$33M
Community Building	\$33M
Post-Secondary Education	\$29M
Physical health	\$28M
Child Welfare	\$23M
Transportation	\$21M
Built Environment	\$17M
Access to Healthcare	\$17M
Aging and Senior Support	\$14M
Disaster Preparedness and Response	\$8M
Safety	\$6M
Crisis Intervention	\$5M
Justice System	\$3M
Legal Assistance	\$2M
Income	\$2M
Financial Education	\$500K
Debt	\$0
Financial Safety Net	\$0
Total	\$1.5 Billion

Note this funding represents grants of \$50,000 or more made in fiscal year 2017, as it was the most recent, complete dataset available at the time of the CNA. Also, other funding is dedicated to areas of need that are not represented here because they fall outside of United Way's five impact areas, such as services for animals. For more detailed regional funding findings, see [Appendix](#).

To best understand these results, please review the process used to identify this information in the [Methodology to Understand Regional Funding](#) section.

Regional Partnerships

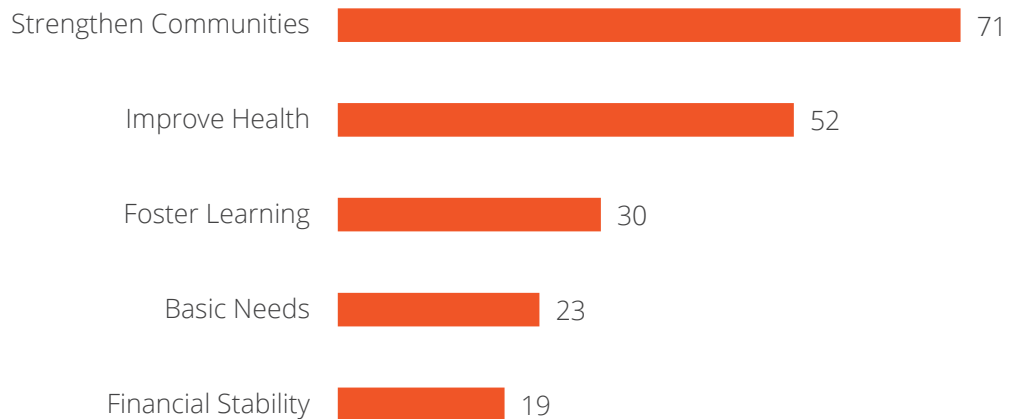
To gain insight that would inform strategic investments and support regional collaboration, United Way sought not only to understand priority needs and funding available to address needs, but also to identify the existing partnerships working in those areas. The findings that follow indicate the number of regional partnerships working to address needs within each of United Way's impact areas.

137
Partnerships were identified in
United Way's 16-county service area

Note that partnerships could be assigned to more than one impact area.

To best understand these results, please review the process used to identify this information in the [Methodology to Understand Community Partnership](#) section.

Community Partnerships in United Way's Impact Areas





Needs by County

This assessment was designed to understand priority needs within each of the 16 counties in United Way's geographic service area. Efforts to collect data and create a list of prioritized need were multi-faceted. To best understand the findings presented for each county, please review the process used to identify this information in the [Methodology to Understand Need](#) section. In this section, you will find a profile for each county in United Way's service area with:

An Overview of the Population Makeup of the County

Information is provided to help readers understand who lives in each county, including the total population, those who live in urban or rural areas of the county, breakdown by race/ethnicity, breakdown by age, the percentage of residents who have a disability, and the percentage of residents living in poverty. Efforts were made to present aspects of the population that might be relevant to the areas of need reviewed in this assessment. Because of time and data availability constraints, not all such data are presented here.

List of Prioritized Needs Identified for the County

An extensive process was used to collect data from multiple sources and to use that data to create a list of prioritized needs for each county. The CNA began with listening through a public survey, focus groups, and individual interviews, and a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. There were 24 potential needs (topics), and priority status was assigned to needs that were rated in the top half for each county. This means that each county had 12-14 priority needs (as some needs were tied). To understand the data collection, analysis, and the prioritization process, please see the [Methodology to Understand Need](#) section.

Community Voice and Insight About Need in the County

County residents and community members with close ties to the county were invited through various methods to share their perspective about strengths and challenges in their county. To understand these methods and how they were used to determine need, please see the [Methodology to Understand Need](#) section. This information has also been disaggregated to elevate the voices of participants of color.

Funding Dedicated to Areas of Need in the County

The five areas of need receiving the highest amounts of dedicated government and philanthropic dollars are shown. To understand the process to identify regional funding, please see the [Methodology to Understand Regional Funding](#) section.

Community Partnerships Working in the County

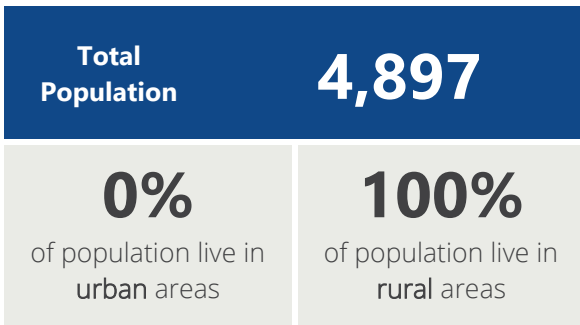
The total number of partnerships represented, as well as a breakdown of how many partnerships work in each impact area in the county are shown. Some of the partnerships shown here are regional, and not necessarily county specific. To understand the process to identify community partnerships, please see the [Methodology to Understand Community Partnership](#) section.

CALHOUN COUNTY PROFILE

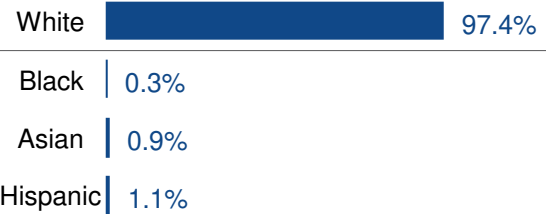
This profile presents Calhoun County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Calhoun County?

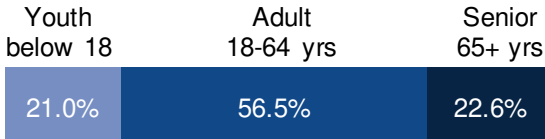
The following data highlight some important demographic information about the people who live in Calhoun County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Calhoun County					
	Illinois	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	12.8%	Numbers disaggregated by race/ethnicity are unreliable*			
Children living below the FPL	17.0%	13.8%	13.8%	Unreliable*	Not available**	45.0%
Seniors ≥65 yrs living below the FPL	8.8%	9.5%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Disaster Preparedness and Response	Strengthen Communities
2	Jobs	Financial Stability
3	Transportation	Provide Food and Shelter
4	K-12 Education and Out-of-School Time	Foster Learning
5	Community Building	Strengthen Communities
6	Post-Secondary Education	Foster Learning
7	Income	Financial Stability
8	Built Environment	Strengthen Communities
9*	Financial Safety Net	Financial Stability
9*	Housing Security	Provide Food and Shelter
11*	Aging and Senior Support	Strengthen Communities
11*	Behavioral Health and Substance Abuse	Improve Health

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 40 responses for Calhoun County were recorded through primary research: 29 through the public survey; seven one-on-one interviews; and four social services and local government survey participants in place of a focus group. None of the survey or interview participants were people of color, and no demographic data were recorded for the supplemental social service and local government survey participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Being small and rural has its benefits and challenges.** Survey and interview participants commonly described Calhoun County as a small, quaint place where everyone knows everyone and is relatively safe. However, participants noted that the county also feels isolated from opportunities and resources.
- **Many households had at least one expense unpaid or delayed in payment over the last year.** For the 12 surveyed residents who noted missing payment on a bill in the last 12 months, six said they were late paying their medical or health insurance bills.
- **A thriving community is what residents most commonly desire for the future of Calhoun County.** Out of 32 survey and interview participants, 12 residents shared hopes for Calhoun County to be thriving, flourishing and prosperous in the future.

Survey participants were not required to answer all questions, therefore response totals often vary by question



Community Feedback

Feedback on Priority Needs

After CNA researchers identified the list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Calhoun County:

- Jobs (3/3)*
- Housing Security (2/3)
- Income (2/3)
- Transportation (2/3)

**Number of community members who picked this topic / number of total community members who voted*

This feedback was not used in the final needs prioritization process because in many counties, the participant sample was not representative of the entire county.

Resident Words

"Safe and isolated. There are not a lot of amenities, and you have to travel to get to places."

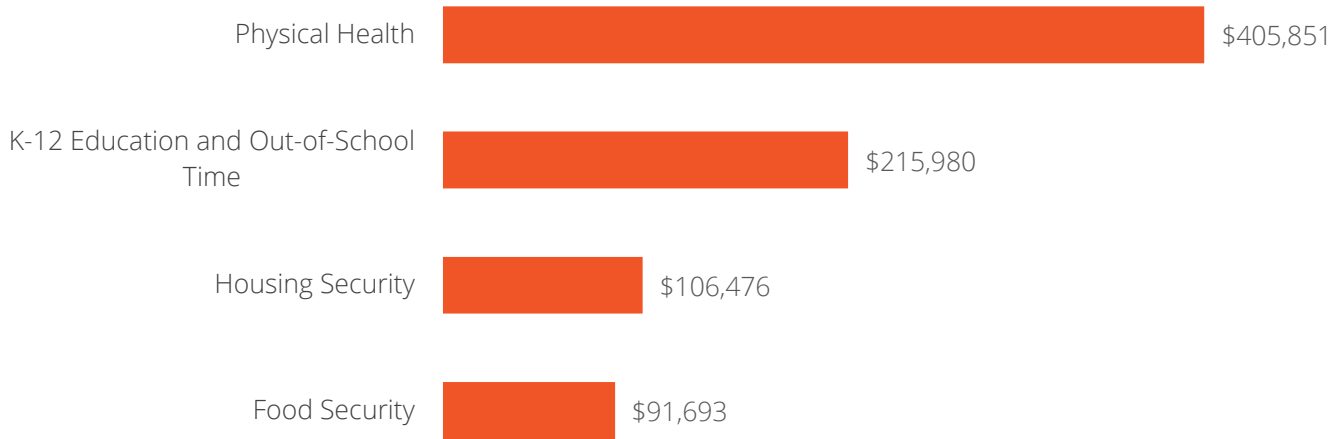
"Nice, just not much revenue to improve things."

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Calhoun County.

In 2017, Calhoun County received a total of \$820,000 in grant funding across seven unique grants. These funds amounted to about 0.1% of total regional funding and a per capita investment of \$167.

Calhoun County Top-Funded Needs (2017)



Community Partnerships

0

Partnerships identified

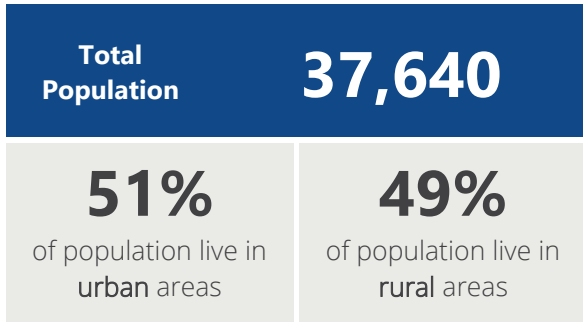
While Calhoun County does not have any community partnerships located in their county specifically, it is served by 43 regional partnerships.

CLINTON COUNTY PROFILE

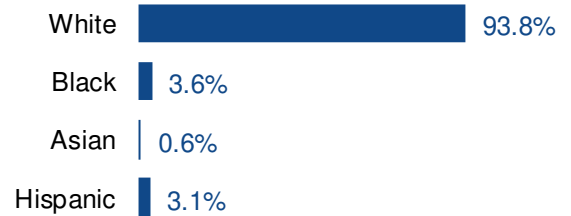
This profile presents Clinton County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Clinton County?

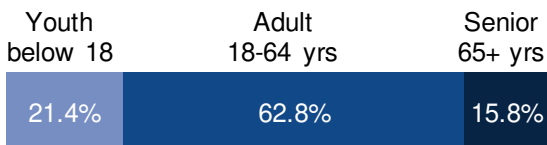
The following data highlight some important demographic information about the people who live in Clinton County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Illinois	Clinton County				
		Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	9.0%	8.7%	Unreliable*	Unreliable*	18.5%
Children living below the FPL	17.0%	10.5%	9.8%	Unreliable*	Not available**	32.6%
Seniors ≥65 yrs living below the FPL	8.8%	8.8%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Jobs	Financial Stability
2	Built Environment	Strengthen Communities
3	Transportation	Provide Food and Shelter
4	Access to Healthcare	Improve Health
5	Behavioral Health and Substance Abuse	Improve Health
6	Community Building	Strengthen Communities
7	K-12 Education and Out-of-School Time	Foster Learning
8	Housing Security	Provide Food and Shelter
9*	Justice System	Strengthen Communities
9*	Services for Individuals with Disabilities	Strengthen Communities
11	Financial Safety Net	Financial Stability
12	Income	Financial Stability

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 104 responses for Clinton County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, one of the 95 participants was a person of color. No demographic data were recorded for the six one-on-one interview participants and the three focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Clinton County residents are commonly concerned about financial security for themselves and their families.** When survey participants were asked what they worry about most, the most frequent concerns participants shared were about household economics (26/61 responses).
- **The community is becoming more engaged.** All but one of the six interview participants mentioned being proud of their community's increased connectedness and willingness to get involved throughout Clinton County. Nearly half of all survey participants echoed this sentiment, sharing that their community is "close-knit" and helpful.
- **A growing, safe community is what residents most commonly desire for the future of Clinton County.** The two most common hopes shared by survey participants for the future of their community include one that is increasing in population and thriving (12/53 responses) and a safe place to live (10/53 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



One resident of color participated in the CNA engagement process through the public survey and one-on-one interviews. Due to the relatively low number of people of color in Clinton County and to protect the individual's anonymity, the participant's views have been represented in the above takeaways rather than shared separately.

Resident Words

"Friendly, but tough to feel accepted if you weren't born in the county."

"Nice area, but not a lot of good paying jobs."

"I live in a small residential community; a bedroom community. There are not many stores. We must drive 5+ miles to get to a grocery store/medical offices and 20 miles to clothing and other items."



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Clinton County:

- Services for Individuals with Disabilities (27/37)*
- Behavioral Health and Substance Abuse (25/37)
- Income (21/37)
- Jobs (21/37)
- Transportation (21/37)

**Number of community members who picked this topic / number of total community members who voted*

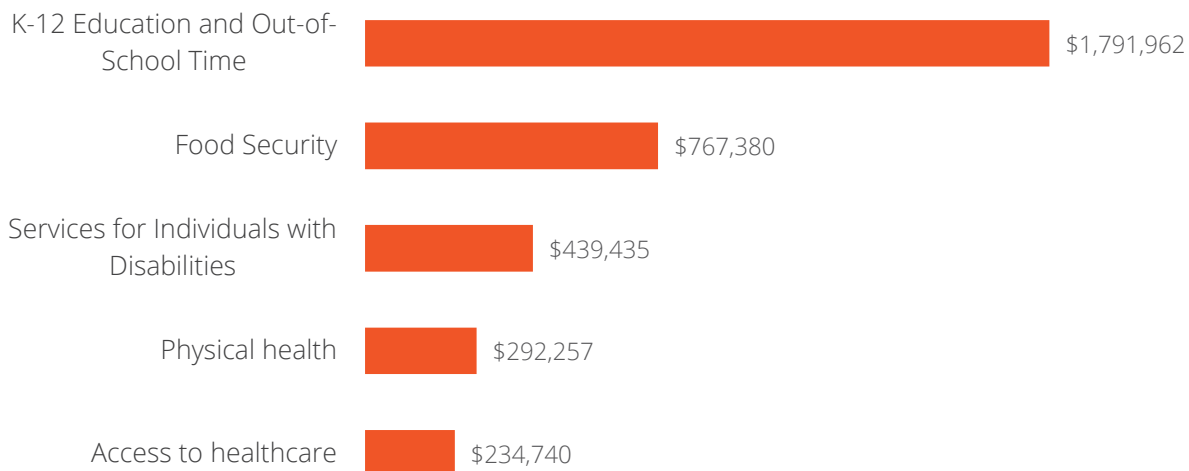
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Clinton County.

In 2017, Clinton County received a total of \$3.7 million in grant funding across 35 unique grants. These funds amounted to 0.3% of total regional funding and a per capita investment of \$101.

Clinton County Top 5 Funded Needs (2017)



Community Partnerships

1

**Partnership
identified**

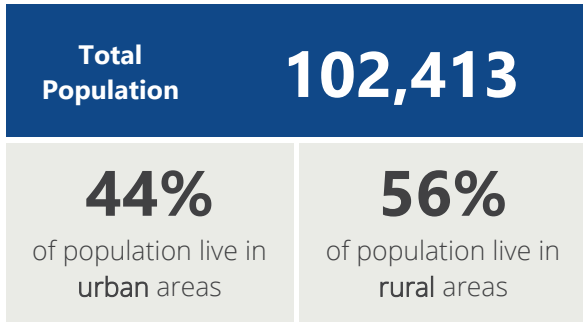
Clinton County has one dedicated community partnership in the Improve Health impact area and is also served by 43 regional partnerships that serve this county across impact areas.

FRANKLIN COUNTY PROFILE

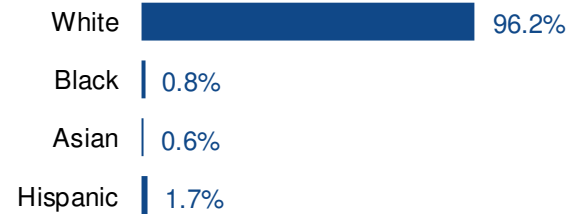
This profile presents Franklin County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Franklin County?

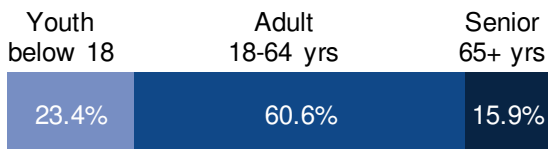
The following data highlight some important demographic information about the people who live in Franklin County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Franklin County					
	Missouri	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	10.6%	10.1%	28.6%	Unreliable*	22.6%
Children living below the FPL	19.0%	14.6%	14.7%	38.8%	Not available**	35.6%
Seniors ≥65 yrs living below the FPL	8.8%	8.1%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1*	Behavioral Health and Substance Abuse	Improve Health
1*	Housing Security	Provide Food and Shelter
3	Community Building	Strengthen Communities
4	Child Welfare	Foster Learning
5	Transportation	Provide Food and Shelter
6	Built Environment	Strengthen Communities
7	Early Childhood Education	Foster Learning
8	Justice System	Strengthen Communities
9*	Access to Healthcare	Improve Health
9*	Safety	Strengthen Communities
9*	Services for Individuals with Disabilities	Strengthen Communities
12*	Jobs	Financial Stability
12*	Physical Health	Improve Health

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 116 responses for Franklin County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, 12 (12%) of the 100 participants were people of color. The one-on-one interviews included nine individuals, four who were people of color and one youth under age 18. No demographic data were recorded for the seven focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Franklin County residents are most commonly concerned about financial security now and as they age and retire.** When survey participants were asked what they worry about most for their families, the most frequent concerns participants shared were about household economics (26/100 responses); social services and support, particularly for loved ones who are disabled and older adults (11/100 responses); and declining health (11/100 responses).
- **Access to and variety of services and supports are fewer in Franklin County's less populated communities.** Focus group participants shared that individuals living outside of larger populated areas often must travel for a long time to get to the amenities and supports that they need, which is particularly challenging due to few public transit options.
- **A prosperous community is what residents most commonly desire for the future of Franklin County.** The most common hopes shared by survey and interview participants for the future of their community include a community that is prosperous and thriving (18/109 responses), inclusive and united (15/109 responses), and safe (8/109 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question

Resident Words

"It is a great family place but starting to be overrun with drug use."

"Aging; lots of entry-level jobs but good paying entry-level jobs; not a lot of affordable housing; needs more for teens to do, a good variety of things for little kids to do."

"My community is very active. There seems to be something for everyone. However, I do wish it was more diverse. Many of the people I know have never left the state and, for some, even the county."



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Having more money to support their families is a concern shared by many respondents of color.** Out of 16 people of color who participated in the survey and interviews, seven identified their current financial circumstances as one they'd like to improve.
- **In hard times, residents of color look to their family, friends, and neighbors for support.** Most people of color (9 of 16) who participated in the survey and interviews highlighted the role their social networks played in helping them address and get through challenges.
- **A community that is thriving and inclusive are equally desired.** For survey and interview participants of color who answered what they hope for their community in the future, the most common characteristics of thriving and inclusive were shared by five participants.



Community Feedback

Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Franklin County:

- Behavioral Health and Substance Abuse (18/22)*
- Services for Individuals with Disabilities (15/22)
- Transportation (12/22)

**Number of community members who picked this topic / number of total community members who voted*

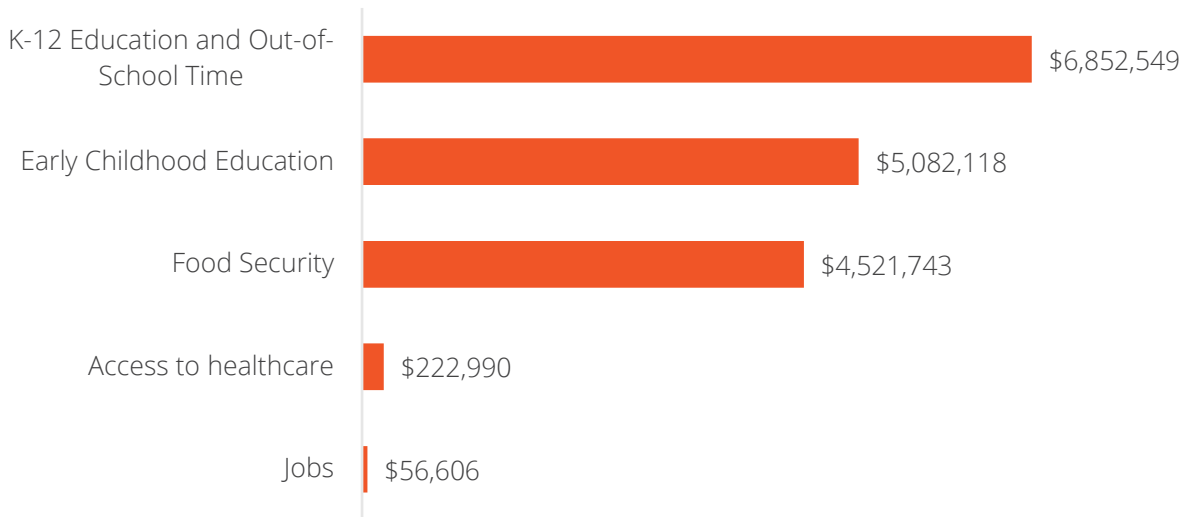
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Franklin County.

In 2017, Franklin County received a total of \$16.8 million in grant funding across 52 unique grants. These funds amounted to 1.1% of total regional funding and a per capita investment of \$164.

Franklin County Top-Funded Needs (2017)



Community Partnerships

7
Partnerships identified

Seven partnerships identified Franklin County as a focal point, and a number of additional regional partnerships also included the county.

Franklin County Partnerships by Impact Area

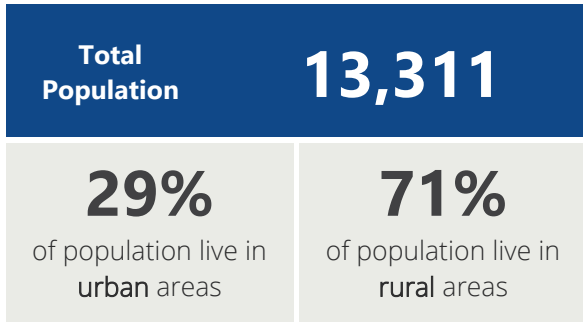


GREENE COUNTY PROFILE

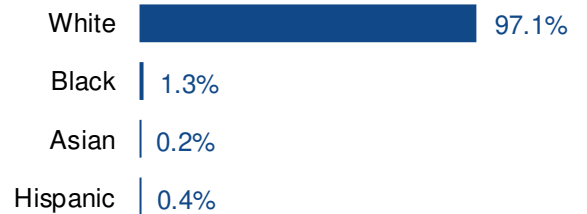
This profile presents Greene County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Greene County?

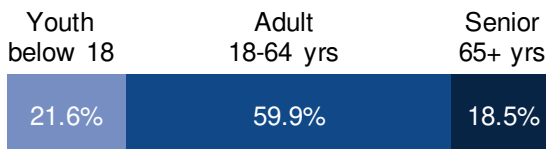
The following data highlight some important demographic information about the people who live in Greene County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Illinois	Greene County				
		Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	17.9%	17.8%	Unreliable*	Unreliable*	66.7%
Children living below the FPL	17.0%	21.0%	24.8%	Unreliable*	Not available**	65.0%
Seniors ≥65 yrs living below the FPL	8.8%	8.7%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Access to Healthcare	Improve Health
2	Jobs	Financial Stability
3	Transportation	Provide Food and Shelter
4	K-12 Education and Out-of-School Time	Foster Learning
5	Aging and Senior Support	Strengthen Communities
6	Income	Financial Stability
7	Housing Security	Provide Food and Shelter
8	Built Environment	Strengthen Communities
9*	Behavioral Health and Substance Abuse	Improve Health
9*	Early Childhood Education	Foster Learning
11	Financial Safety Net	Financial Stability
12*	Child Welfare	Foster Learning
12*	Food Security	Provide Food and Shelter

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

Resident Words

"Many hard-working people."

A total of 20 responses for Greene County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, one of the nine participants was a person of color. The one-on-one interviews included eight individuals, none of whom were people of color. No demographic data were recorded for the three supplemental social service and local government survey participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Perceptions of community change vary among residents.** When asked about conditions in their communities, three of nine residents said their community was getting worse, three said it was improving, and two felt their communities were unchanged.
- **Farmers are concerned about their land and operations.** Of the six residents surveyed or interviewed who own a farm, all are worried about the continued viability of their farms due to flooding and/or not having an option to pass the farm down to the next generation as the farm owner ages.
- **While residents mostly enjoy their "small towns," they feel isolated.** Nearly all survey and interview participants shared that they feel isolated from people (some from within their community, others from outside), economic opportunity, and services. Healthcare was the most common service residents stressed not being easily accessed or available in their communities.
- **A thriving community is what residents most commonly desire for the future of Greene County.** The most common hope shared by survey participants for the future of their community is one that is economically thriving and growing (6/9 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



Only one resident of color participated in the CNA engagement process through the public survey and one-on-one interviews. Due to the relatively low number of people of color in Greene County and to protect the individual's anonymity, the participant's views have been represented in the above takeaways rather than shared separately.



Community Feedback
Feedback on Priority Needs

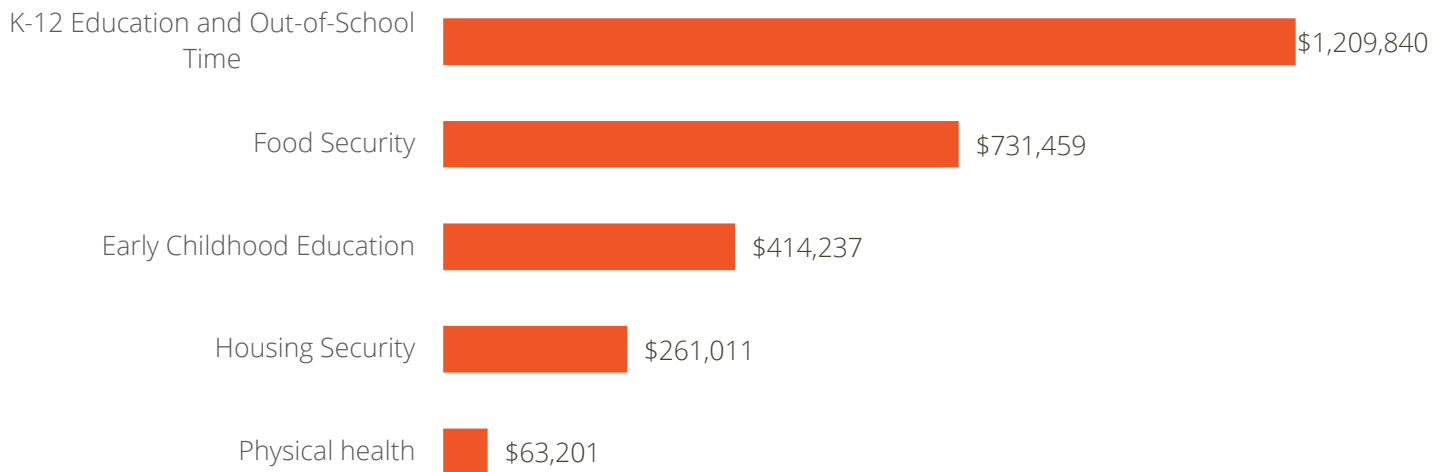
After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. No community members participated to identify the most pressing needs for Greene County.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Greene County.

In 2017, Greene County received a total of \$2.6 in grant funding across 18 unique grants. These funds amounted to 0.2% of total regional funding and a per capita investment of \$201.

Greene County Top-Funded Needs (2017)



Community Partnerships

0

Partnerships identified

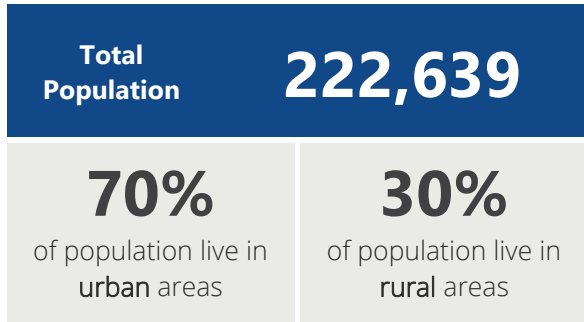
While no community partnerships serve Greene County specifically, it is served by 43 regional partnerships.

JEFFERSON COUNTY PROFILE

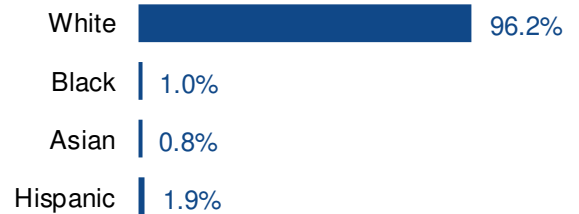
This profile presents Jefferson County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Jefferson County?

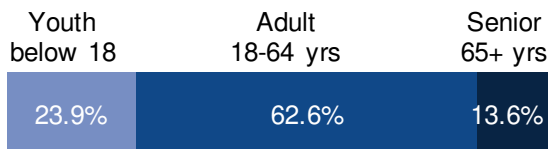
The following data highlight some important demographic information about the people who live in Jefferson County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Jefferson County					
	Missouri	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	10.9%	10.5%	37.0%	Unreliable*	16.2%
Children living below the FPL	19.0%	14.0%	13.6%	53.2%	Not available**	25.6%
Seniors ≥65 yrs living below the FPL	8.8%	7.1%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Community Building	Strengthen Communities
2	Housing Security	Provide Food and Shelter
3	Built Environment	Strengthen Communities
4	Transportation	Provide Food and Shelter
5	Behavioral Health and Substance Abuse	Improve Health
6	Jobs	Financial Stability
7	Early Childhood Education	Foster Learning
8	Child Welfare	Foster Learning
9	Justice System	Strengthen Communities
10	Access to Healthcare	Improve Health
11	Income	Financial Stability
12	K-12 Education and Out-of-School Time	Foster Learning

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 182 responses for Jefferson County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, eight (5%) of the 167 participants were people of color. The one-on-one interviews included six individuals, one who was a person of color. No demographic data were recorded for the 9 focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Jefferson County residents are most commonly concerned about being able to financially provide for their families.** When survey participants were asked what they worry about most for their families, the most frequent concerns participants shared were about daily household economics (37/167 responses); existing and potential health issues (23/167 responses); and safety (18/167 responses).
- **Resources seem to be concentrated in certain areas of Jefferson County.** Focus group participants mostly agreed that "some parts of the county have everything; others have nothing." Interview participants also noted that few quality, affordable resources are available within Jefferson County.
- **A community that is prosperous is what residents most commonly desire for the future of Jefferson County.** The most common hopes shared by survey and interview participants for the future of their community include one that is prosperous and thriving (25/153 responses), supportive of individuals' differences and needs (18/153 responses), safe (16/153 responses), and growing in population (13/153 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Discrimination and misunderstanding of differences were concerns for some residents of color.** One worry was shared by four of the nine participants of color: They and their families being treated poorly due to perceived differences.
- **Family and friends are commonly who participants of color turn to in times of need.** When selecting from online research, people they trust, local government, and social services organizations, six out of eight survey participants identified their own social connections as a source for help.
- **Some communities can be unwelcoming of outsiders and differences.** When asked to describe their community, three out of six survey participants of color who provided an answer shared similar perspective for parts of Jefferson County.

Resident Words

"Decent schools, variety of stores, but lack of decent, affordable housing for low income persons; insufficient transportation if you don't have a car."

"Overall a good community, but worried about growing opiate use and quality care for the aging population."



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Jefferson County:

- Behavioral Health and Substance Abuse (43/51)*
- Child Welfare (36/51)
- Access to Healthcare (31/51)

**Number of community members who picked this topic / number of total community members who voted*

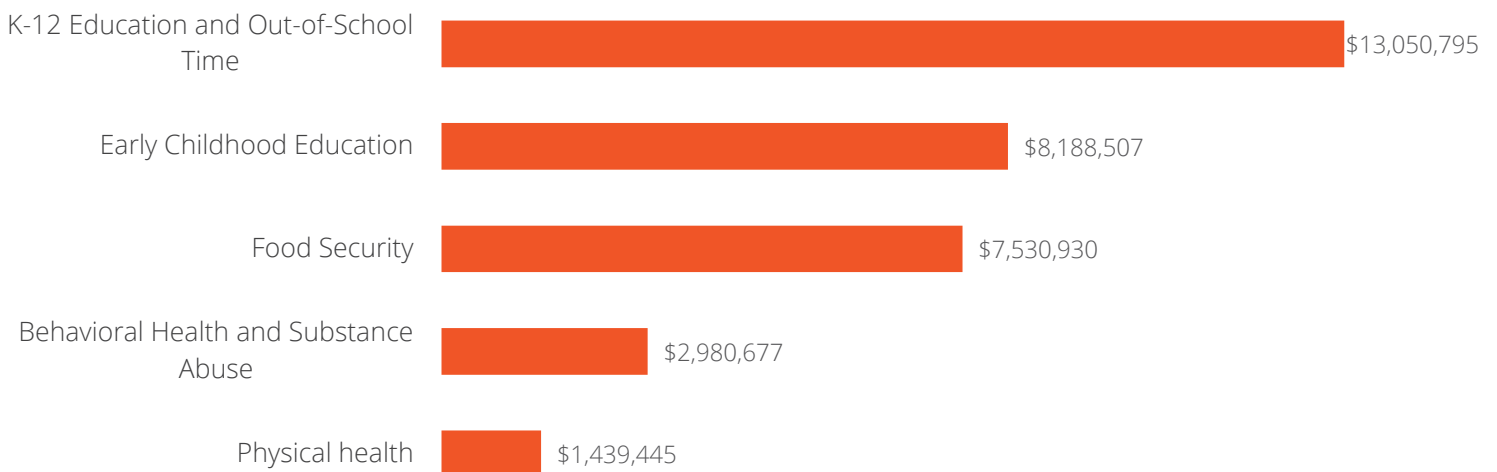
This community feedback was not used in the final needs prioritization because in many counties, the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Jefferson County.

In 2017, Jefferson County received a total of \$36.9 million in grant funding across 93 unique grants. These funds amounted to 2.5% of total regional funding and a per capita investment of \$166.

Jefferson County Top-Funded Needs (2017)



Community Partnerships

14

Partnerships
identified

Fourteen partnerships identified Jefferson County as a focal point, and a number of additional regional partnerships also included the county.

Jefferson County Partnerships by Impact Area

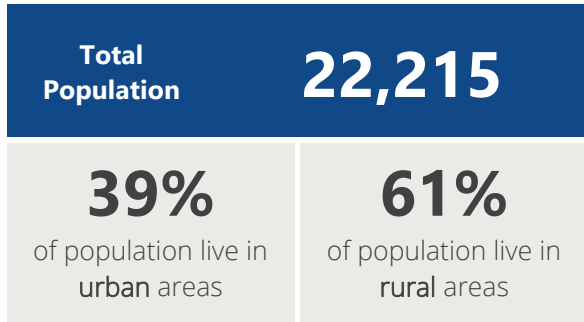


JERSEY COUNTY PROFILE

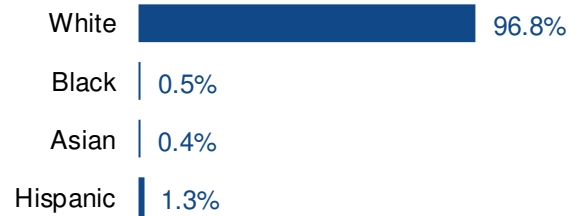
This profile presents Jersey County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Jersey County?

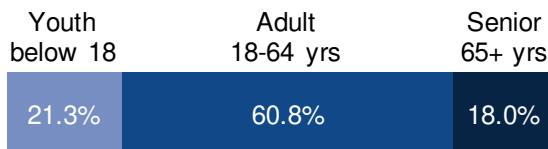
The following data highlight some important demographic information about the people who live in Jersey County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Jersey County					
	Illinois	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	9.4%	Numbers disaggregated by race/ethnicity are unreliable*			
Children living below the FPL	17.0%	14.8%	Unreliable*	Unreliable*	Not available*	Unreliable*
Seniors ≥65 yrs living below the FPL	8.8%	8.4%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Jobs	Financial Stability
2	Built Environment	Strengthen Communities
3	K-12 Education and Out-of-School Time	Foster Learning
4	Transportation	Provide Food and Shelter
5*	Access to Healthcare	Improve Health
5*	Housing Security	Provide Food and Shelter
7	Community Building	Strengthen Communities
8	Behavioral Health and Substance Abuse	Improve Health
9	Disaster Preparedness and Response	Strengthen Communities
10	Child Welfare	Foster Learning
11*	Income	Financial Stability
11*	Safety	Strengthen Communities

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 55 responses for Jersey County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, one of the 44 participants was a person of color. The one-on-one interviews included six individuals, one who was a person of color. No demographic data were recorded for the five focus group participants.

Resident Words

"Good schools and a nice hospital. Improving parks and recreation services, but not many activities for teens and young adults outside of the school system. Employment opportunities limited to mainly entry-level positions."

"Limited opportunities for growing families. Increasing issues with substance use and child security."

Key takeaways from survey, interview, and focus groups in this county:

- **Jersey County residents are commonly concerned about natural disasters and environmental challenges.** When survey participants were asked what they worry about most, 14 of 47 survey and interview participants shared concerns of frequent flooding and its effects, including pest infestation, land erosion, property damage, and job loss.
- **Though efforts have increased, disaster preparedness in the county is lacking.** All five focus group participants agreed that there are little to no resources, shelter, or planning in place to respond to an emergency. Despite few formal protocols, interview participants shared pride in the community's willingness to "pitch in" when disaster hits.
- **Many households had at least one expense unpaid or delayed in payment over the last year.** For the 13 of 28 surveyed residents who noted missing payment on a bill in the last 12 months, more than half said they were late paying their gas and/or electric bills.
- **A more supportive community is what residents most commonly desire for the future of Jersey County.** Sentiments of their community being more connected, closer, caring, and understanding were shared by 10 of 32 survey and interview participants who answered what they hope for Jersey County's future.

Survey participants were not required to answer all questions, therefore response totals often vary by question



Only one resident of color participated in the CNA engagement process through the public survey and one-on-one interviews. Due to the relatively low number of people of color in Jersey County and to protect the individual's anonymity, the participant's views have been represented in the above takeaways rather than shared separately.



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs In Jersey County:

- Behavioral Health and Substance Abuse (4/7)*
- Income (4/7)
- Transportation (4/7)

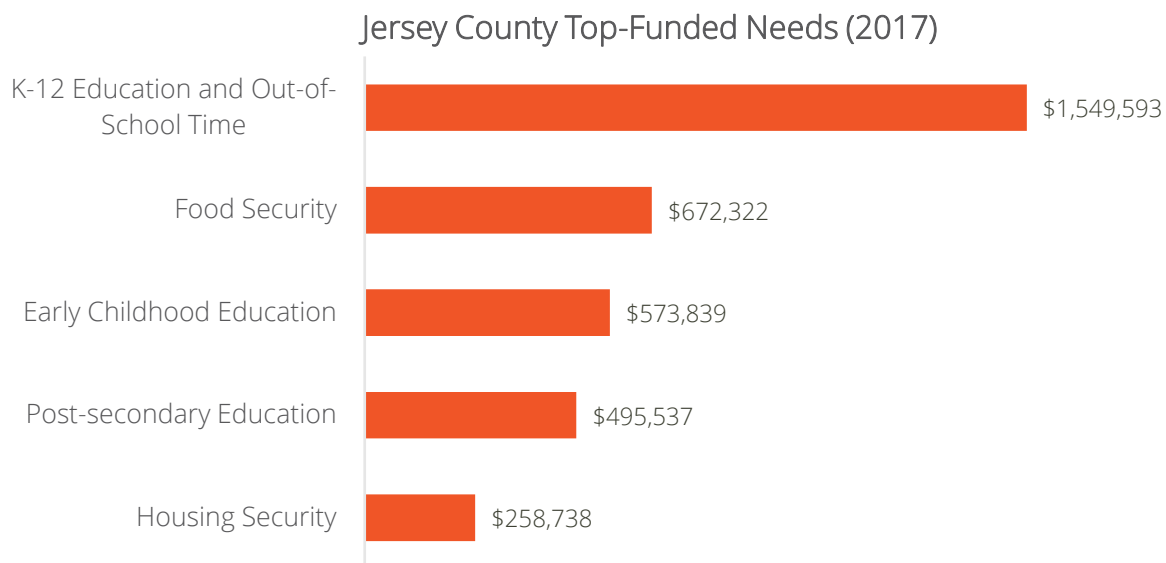
**Number of community members who picked this topic / number of total community members who voted*

This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Jersey County.

In 2017, Jersey County received a total of \$3.6 million in grant funding across 13 unique grants. These funds amounted to 0.2% of total regional funding and a per capita investment of \$165.



Community Partnerships

0

**Partnerships
identified**

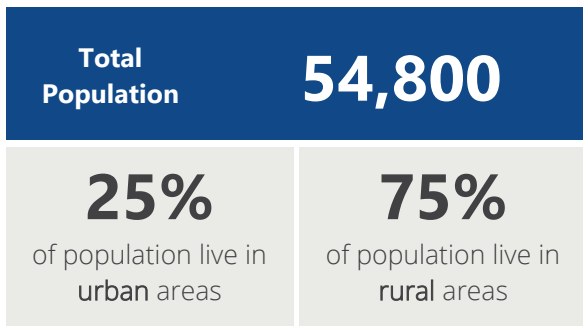
While Jersey County does not have any community partnerships serving this county specifically, it is served by 43 regional partnerships.

LINCOLN COUNTY PROFILE

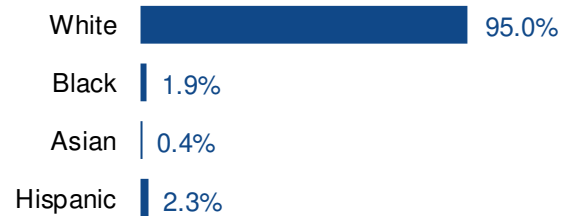
This profile presents Lincoln County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Lincoln County?

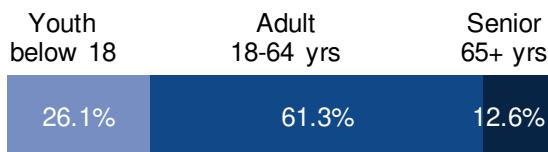
The following data highlight some important demographic information about the people who live in Lincoln County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Missouri	Overall	Lincoln County			
			White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	13.2%	12.7%	25.1%	Unreliable*	Unreliable*
Children living below the FPL	19.0%	13.7%	16.3%	54.6%	Not available**	11.3%
Seniors ≥65 yrs living below the FPL	8.8%	8.4%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Child Welfare	Foster Learning
2	Justice System	Strengthen Communities
3	Access to Healthcare	Improve Health
4	Behavioral Health and Substance Abuse	Improve Health
5	Transportation	Provide Food and Shelter
6	K-12 Education and Out-of-School Time	Foster Learning
7	Income	Financial Stability
8	Housing Security	Provide Food and Shelter
9	Jobs	Financial Stability
10	Post-Secondary Education	Foster Learning
11	Safety	Strengthen Communities
12	Food Security	Provide Food and Shelter

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 115 responses for Lincoln County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, four (4%) of the 103 participants were people of color. The one-on-one interviews included six individuals, all of whom were people of color. No demographic data were recorded for the six focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **In hard times, residents are more likely to turn to their social network for support and resources.** As opposed to asking an expert in the community or searching online, 30 of 69 surveyed residents prefer to ask their family, friends, and neighbors for help. Similarly, focus group participants shared that awareness of and access to services within Lincoln County are limited.
- **Many households had at least one expense unpaid or delayed in payment over the last year.** Of the 37 surveyed residents who noted missing payment on a bill in the last 12 months, 24 said they were late paying their gas and/or electric bills.
- **Lincoln County communities are nice, rural towns that are experiencing change.** Surveyed residents commonly described their communities as quiet, close-knit, and small communities that are becoming more urbanized. With growth, survey participants noted the need for more supportive services located in their communities, particularly to address drug use.

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Discrimination is the most common concern shared by participants of color.** Of the ten residents of color who participated in either the survey or interviews, five identified being worried about acceptance, fair treatment, and access to services and opportunities because of their race and ethnic makeup.
- **For Lincoln County's future, participants of color most commonly desire a supportive community.** Survey and interview participants of color most often wished for a community that supports a diverse set of needs and lifestyles.

Resident Words

"What was once a rural community is no longer. The County is growing tremendously. There are terrific parks, accessible retail establishments, and outstanding, accredited schools. Still, there is a need for access to care and transportation."

"Lack of investment in community resources and commitment to reducing barriers to accessing existing resources."



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as highest the priority needs in Lincoln County:

- Behavioral Health and Substance Abuse (15/23)*
- Child Welfare (14/23)
- Housing Security (11/23)
- Income (11/23)
- Jobs (11/23)

**Number of community members who picked this topic / number of total community members who voted*

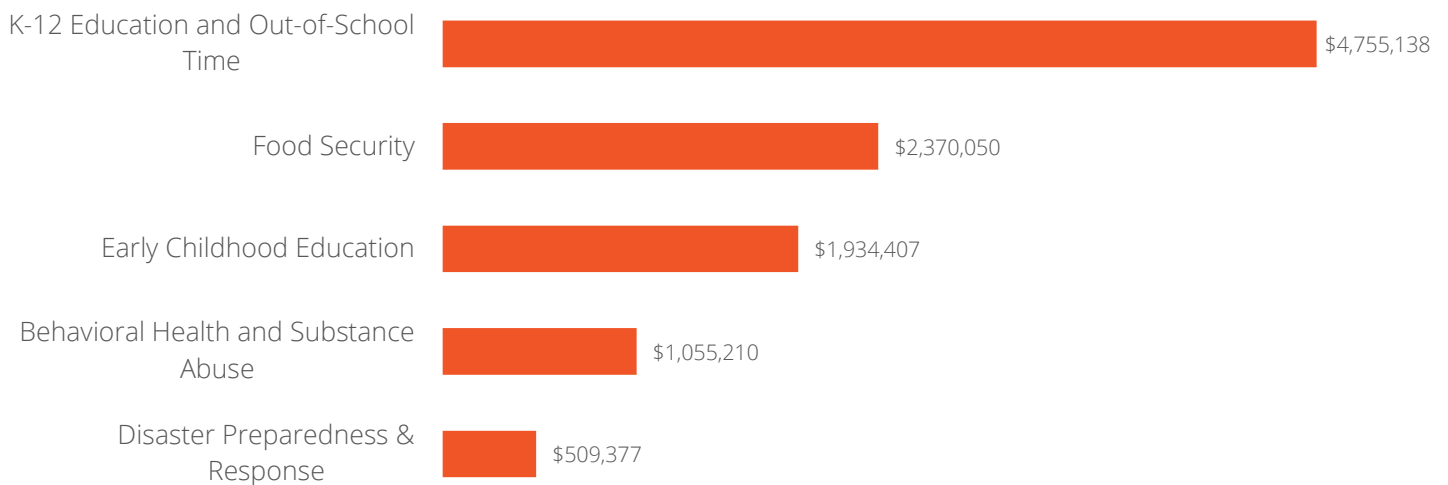
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Lincoln County.

In 2017, Lincoln County received a total of \$11.5 million in grant funding across 39 unique grants. These funds amounted to 0.8% of total regional funding and a per capita investment of \$212.

Lincoln County Top-Funded Needs (2017)



Community Partnerships

5

Partnerships identified

Five partnerships identified Lincoln County as a focal point, and a number of additional regional partnerships also included the county.

Lincoln County Partnerships by Impact Area

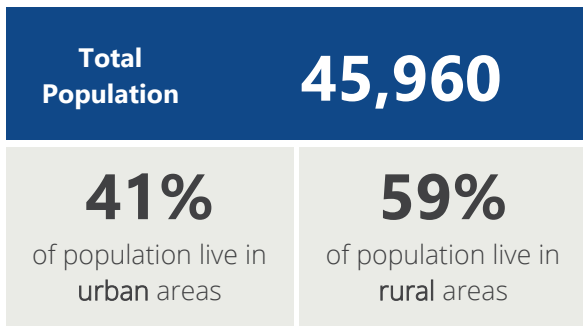


MACOUPIN COUNTY PROFILE

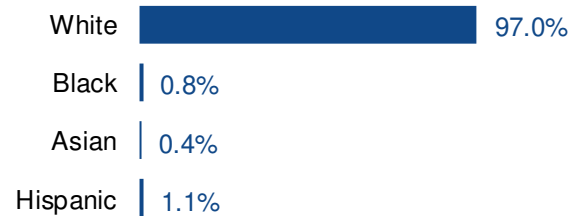
This profile presents Macoupin County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Macoupin County?

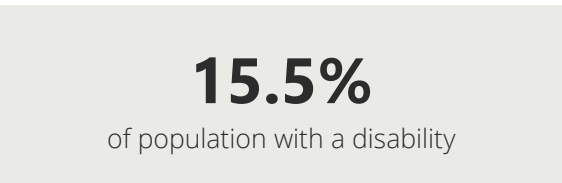
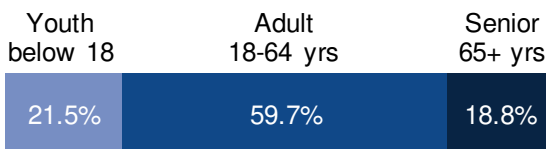
The following data highlight some important demographic information about the people who live in Macoupin County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Illinois	Macoupin County				
		Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	13.3%	12.8%	23.6%	Unreliable*	38.6%
Children living below the FPL	17.0%	20.5%	19.7%	12.1%	Not available**	62.2%
Seniors ≥65 yrs living below the FPL	8.8%	6.1%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Jobs	Financial Stability
2	K-12 Education and Out-of-School Time	Foster Learning
3*	Access to Healthcare	Improve Health
3*	Aging and Senior Support	Strengthen Communities
5*	Built Environment	Strengthen Communities
5*	Food Security	Provide Food and Shelter
7	Early Childhood Education	Foster Learning
8	Community Building	Strengthen Communities
9	Behavioral Health and Substance Abuse	Improve Health
10	Justice System	Strengthen Communities
11	Transportation	Provide Food and Shelter
12	Safety	Strengthen Communities

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 40 responses for Macoupin County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, none of the 30 participants were people of color. The one-on-one interviews included six individuals, two were people of color. No demographic data were recorded for the four supplemental social service and local government survey participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Macoupin County residents are commonly concerned about financial security for themselves and their families.** For survey and interview participants, the most frequent concern shared was about providing for their families today and saving for retirement (13/30 responses). Staying healthy was the second most common concern (10/30 responses).
- **Many households had at least one expense unpaid or delayed in payment over the last year.** Of the nine surveyed residents who noted missing payment on a bill in the last 12 months, three said they were late paying their medical care or health insurance bills.
- **Macoupin County may not be ideal for many of its residents.** When asked about desired quality of life, 15 of 26 survey participants felt a community outside of Macoupin County would be better for their families. This sentiment was shared across all age groups.
- **A thriving community that is more accepting and supportive is what residents most commonly desire for the future of Macoupin County.** The two most common hopes shared by survey and interview participants for the future of their community include one that is growing and prosperous (10/32 responses) and more accepting of and civil towards personal makeup and worldview differences.

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Racial discrimination in Macoupin County is prevalent for participants of color.** The two interview participants of color shared their discomfort with frequent instances of racial profiling and social exclusion from community members.

Resident Words

"Stable. We don't have many opportunities for jobs. Most jobs are entry-level – gas station clerks, fast food, manual labor. Substance use is high in our community and for a small community, we've experienced our share of overdose deaths. In times of trouble, however, our community does come together and help each other as much as we can."



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Macoupin County:

- Aging and Senior Support (4/5)*
- Behavioral Health and Substance Abuse (4/5)
- Jobs (4/5)

**Number of community members who picked this topic / number of total community members who voted*

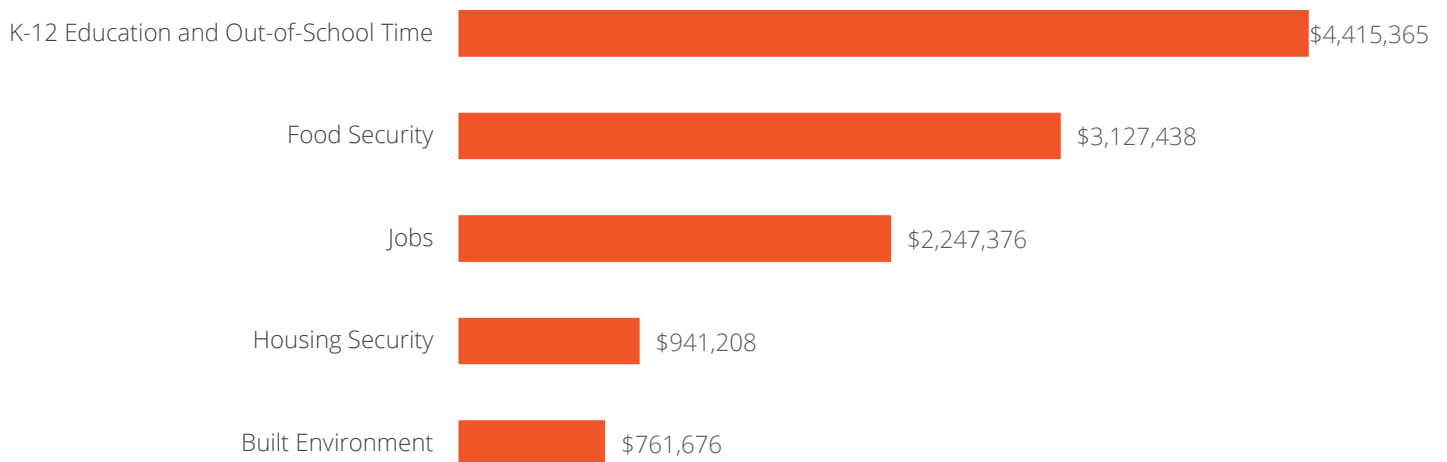
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Macoupin County.

In 2017, Macoupin County received a total of \$12.9 million in grant funding across 67 unique grants. These funds amounted to 0.9% of total regional funding and a per capita investment of \$282.

Macoupin County Top-Funded Needs (2017)



Community Partnerships

1

**Partnership
identified**

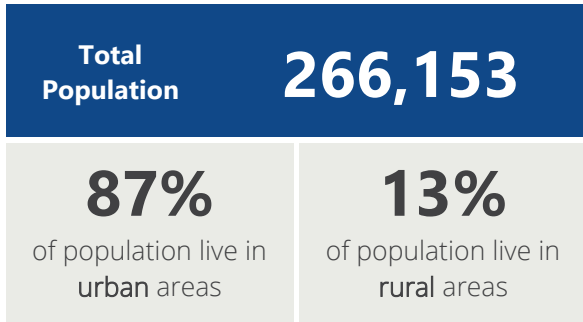
Macoupin County has one dedicated community partnership in the improve health impact area and is also served by 43 regional partnerships that serve this county across impact areas.

MADISON COUNTY PROFILE

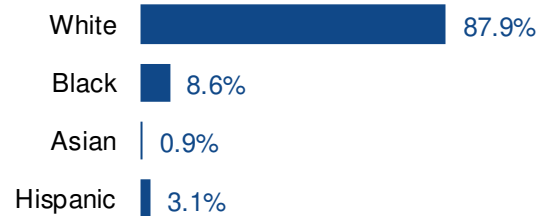
This profile presents Madison County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Madison County?

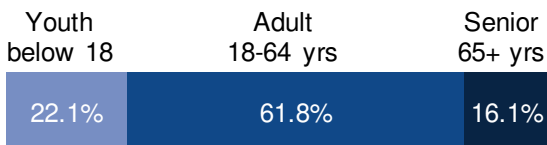
The following data highlight some important demographic information about the people who live in Madison County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Illinois	Madison County				
		Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	13.5%	11.2%	35.8%	12.3%	22.6%
Children living below the FPL	17.0%	18.6%	13.3%	42.9%	Not available*	33.9%
Seniors ≥65 yrs living below the FPL	8.8%	7.0%				

* Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Jobs	Financial Stability
2	Housing Security	Provide Food and Shelter
3	Behavioral Health and Substance Abuse	Improve Health
4	Child Welfare	Foster Learning
5*	Community Building	Strengthen Communities
5*	K-12 Education and Out-of-School Time	Foster Learning
7	Justice System	Strengthen Communities
8	Built Environment	Strengthen Communities
9	Safety	Strengthen Communities
10	Transportation	Provide Food and Shelter
11	Income	Financial Stability
12	Food Security	Provide Food and Shelter

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 489 responses for Madison County were recorded through the public survey, focus group and one-on-one interviews. For the public survey, 85 (18%) of the 475 participants were people of color. The one-on-one interviews included seven individuals, six who were people of color. No demographic data were recorded for the seven focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Madison County residents are most commonly concerned about financial security now and as they age and retire.** When survey participants were asked what they worry about most for their families, the most frequent concerns participants shared were about household economics (173/475 responses); declining health and access to care (112/475 responses); and safety in their community (76/475 responses).
- **Community supports for marginalized populations are few and challenging to access.** Focus group and interview participants voiced that accessing social services and supportive resources is particularly difficult for immigrants and limited English language speakers.
- **A safe community is what residents most commonly desire for the future of Madison County.** The five most common hopes shared by survey and interview participants for the future of their community include a community that is safe (88/417 responses), thriving (36/417 responses), strong (24/417 responses), growing (22/417 responses), and healthy (17/417 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question

Resident Words

"Downside—many businesses have closed their doors in the last three years. The economy of the city fluctuates drastically. Upside—a resurgence is struggling to emerge."

"It's a nice community, but it is getting too expensive, especially housing. Also, it is growing too much and crime seems to be increasing also."

"Great for straight white middle-class people. Tougher on folks of color and queer folks."



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- Similar to other Madison County residents, residents of color are most commonly concerned about their families' economic stability. Concerns about money (25/85 responses) were followed by worries of health (11/85 responses) and safety (9/85 responses).
- Fewer than half of surveyed residents of color feel their basic needs are met. Compared to 67% of all surveyed white residents 47% of residents of color feel their basic needs are met. Stable housing (7/36 responses) is the most common basic need not being met for residents of color who participated in the public survey.
- A growing, thriving community is what residents of color most commonly desire for the future of Madison County. The most common hopes shared by survey and interview participants of color for the future of their community include one that is growing and thriving (13/74 responses) and united and inclusive (10/74 responses).



Community Feedback

Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Madison County:

- Behavioral Health and Substance Abuse (74/113)*
- Child Welfare (67/113)
- Housing Security (64/113)

**Number of community members who picked this topic / number of total community members who voted*

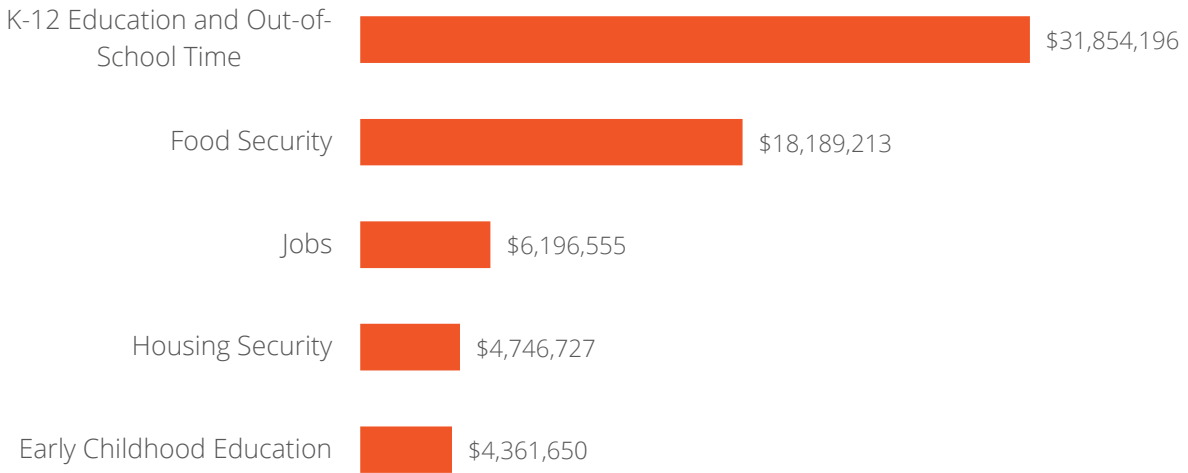
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Madison County.

In 2017, Madison County received a total of \$79.9 million in grant funding across 195 unique grants. These funds amounted to 5.3% of total regional funding and a per capita investment of \$300.

Madison County Top-Funded Needs (2017)



Community Partnerships

16

Partnerships identified

Sixteen partnerships identified Madison County as a focal point and a number of additional regional partnerships also included the county.

Madison County Partnerships by Impact Area

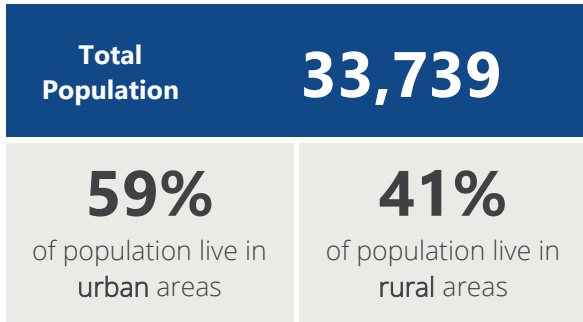


MONROE COUNTY PROFILE

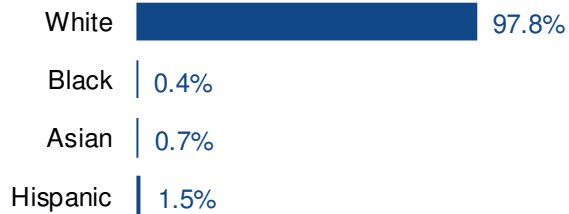
This profile presents Monroe County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Monroe County?

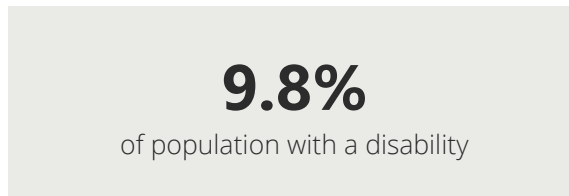
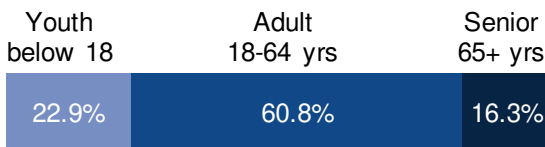
The following data highlight some important demographic information about the people who live in Monroe County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Monroe County					
	Illinois	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	5.3%	Numbers disaggregated by race/ethnicity are unreliable*			
Children living below the FPL	17.0%	4.8%	Unreliable*	Unreliable*	Not available*	Unreliable*
Seniors ≥65 yrs living below the FPL	8.8%	7.7%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs
Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Access to Healthcare	Improve Health
2	Income	Financial Stability
3	Jobs	Financial Stability
4	Community Building	Strengthen Communities
5	Transportation	Provide Food and Shelter
6	Aging and Senior Support	Strengthen Communities
7*	Behavioral Health and Substance Abuse	Improve Health
7*	Housing Security	Provide Food and Shelter
7*	Services for Individuals with Disabilities	Strengthen Communities
10	Physical Health	Improve Health
11	Food Security	Provide Food and Shelter
12*	Financial Safety Net	Financial Stability
12*	Post-Secondary Education	Foster Learning

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 121 responses for Monroe County were recorded through the public survey, focus group and one-on-one interviews. For the public survey, two (2%) of the 104 participants were people of color. The one-on-one interviews included seven individuals, one who was a person of color. No demographic data were recorded for the ten focus groups or supplemental social service and local government survey participants.

Resident Words

"Rural/agrarian mostly but growing in [the St. Louis] region; more encompassing than three years ago. Still with challenges, but mostly willing to do better."

Key takeaways from survey, interview, and focus groups in this county:

- **Monroe County residents are most commonly concerned about financial security for themselves and their families.** When survey participants were asked what they worry about most, the most frequent concerns shared were about household economics (21/85 responses); physical, mental and emotional health (16/85 responses); securing affordable health insurance and healthcare (11/85 responses), and community safety (11/85 responses).
- **Access to supportive services is a persistent challenge in Monroe County.** Focus group participants attributed physical barriers, such as a lack of sidewalks and few public transit options, as major hurdles for those with few economic resources and without their own transportation to getting the assistance they need.
- **A safe community is what residents most commonly desire for the future of Monroe County:** The five most common hopes shared by survey and interview participants for the future of their community include one that is safe (28/58 responses), healthy (19/58 responses), thriving (14/58 responses), prosperous (11/58 responses), and growing (7/58 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



A total of three residents of color participated in the CNA engagement process through the public survey and one-on-one interviews. With such few responses, it is difficult to identify key themes, particularly when all questions were not answered by all participants.



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Monroe County:

- Behavioral Health and Substance Abuse (18/20)*
- Services for Individuals with Disabilities (15/20)
- Jobs (9/20)
- Transportation (9/20)

**Number of community members who picked this topic / number of total community members who voted*

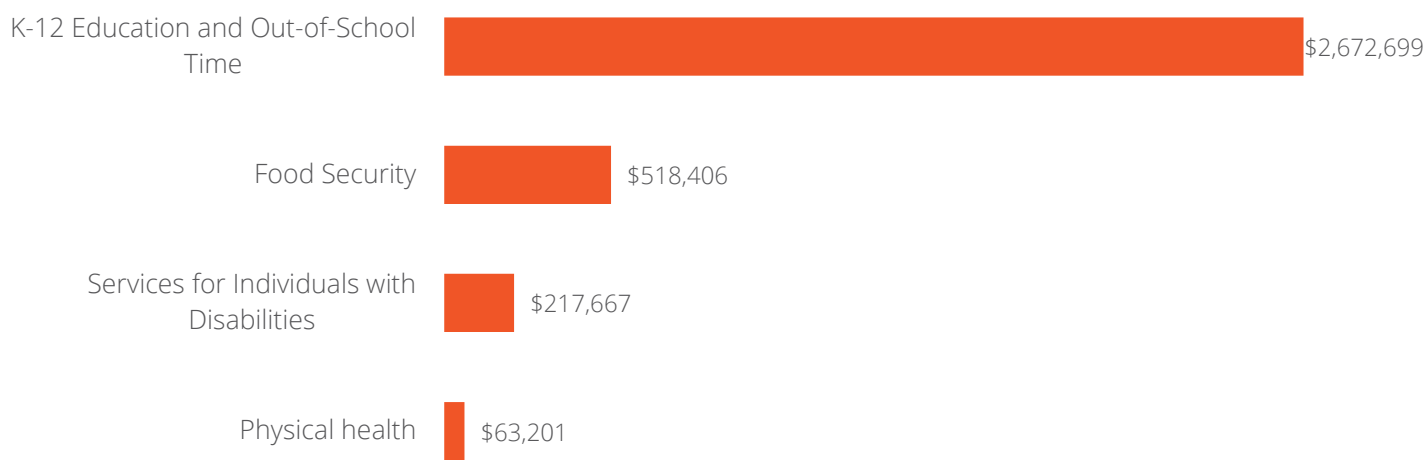
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Monroe County.

In 2017, Monroe County received a total of \$3.5 million in grant funding across 19 unique grants. These funds amounted to 0.2% of total regional funding and a per capita investment of \$104.

Monroe County Top-Funded Needs (2017)



Community Partnerships

3

Partnerships
identified

Three partnerships identified Monroe County as a focal point, and a number of additional regional partnerships also included the county.

Monroe County Partnerships by Impact Area

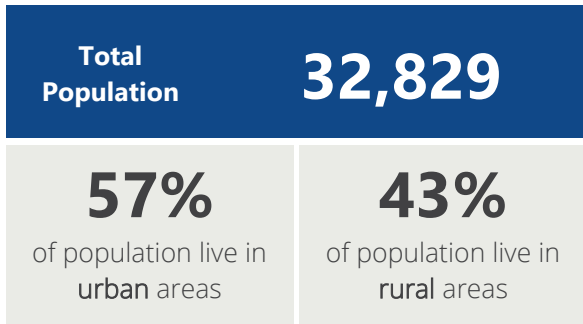


RANDOLPH COUNTY PROFILE

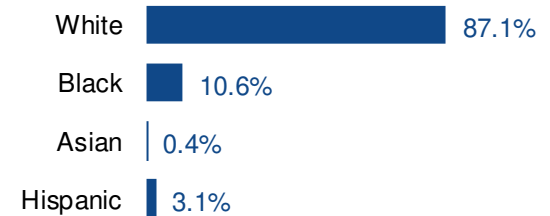
This profile presents Randolph County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Randolph County?

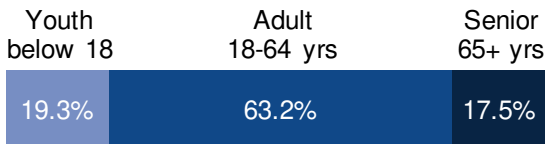
The following data highlight some important demographic information about the people who live in Randolph County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Randolph County					
	Illinois	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	12.3%	11.7%	25.5%	Unreliable*	Unreliable*
Children living below the FPL	17.0%	22.3%	17.1%	34.2%	Not available**	Unreliable*
Seniors ≥65 yrs living below the FPL	8.8%	8.2%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Access to Healthcare	Improve Health
2	K-12 Education and Out-of-School Time	Foster Learning
3	Built Environment	Strengthen Communities
4*	Aging and Senior Support	Strengthen Communities
4*	Child Welfare	Foster Learning
4*	Early Childhood Education	Foster Learning
4*	Income	Financial Stability
8	Transportation	Provide Food and Shelter
9	Jobs	Financial Stability
10	Food Security	Provide Food and Shelter
11	Behavioral Health and Substance Abuse	Improve Health
12*	Community Building	Strengthen Communities
12*	Physical Health	Improve Health
12*	Post-Secondary Education	Foster Learning

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 33 responses for Randolph County were recorded through the public survey, focus group and one-on-one interviews. For the public survey, none of the 23 participants were people of color. The one-on-one interviews included eight individuals, four who were people of color and two who were under age 18. No demographic data were recorded for the two supplemental social service and local government survey participants.

Resident Words

"Economically it is suffering. The major industries that were once here that provided employment opportunities have either closed or moved out of state."

"Great community, but we need more resources."

Key takeaways from survey, interview, and focus groups in this county:

- **Randolph County is warm, friendly, and idyllic.** Many survey participants describe their communities as quaint places similar to Mayberry or a Norman Rockwell painting. However, there were also several notions of community division, growing safety challenges, and lack of amenities.
- **Youth need more activities and outlets.** Nearly all eight interview participants noted the lack of activities and spaces dedicated for youth as a persistent challenge in Randolph County that leads to youth making poor decisions.
- **A growing, well-resourced community is what residents most commonly desire for the future of Randolph County.** The two most common hopes shared by survey and interview participants for the future of their community include one that is growing and prosperous (8/30 responses) and that has the services and amenities needed to adequately support everyone from youth to older adults.

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Education is a concern for residents of color.** Of the four interview participants of color, three shared that access to quality, affordable education for youth and young adults pursuing college is a challenge.
- **Employment opportunities are few.** Participants noted that job access in Randolph County is a challenge, yet they feel even fewer options are available for people of color.



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Randolph County:

- Transportation (3/3)*
- Built Environment (2/3)
- Income (2/3)
- Jobs (2/3)

**Number of community members who picked this topic / number of total community members who voted*

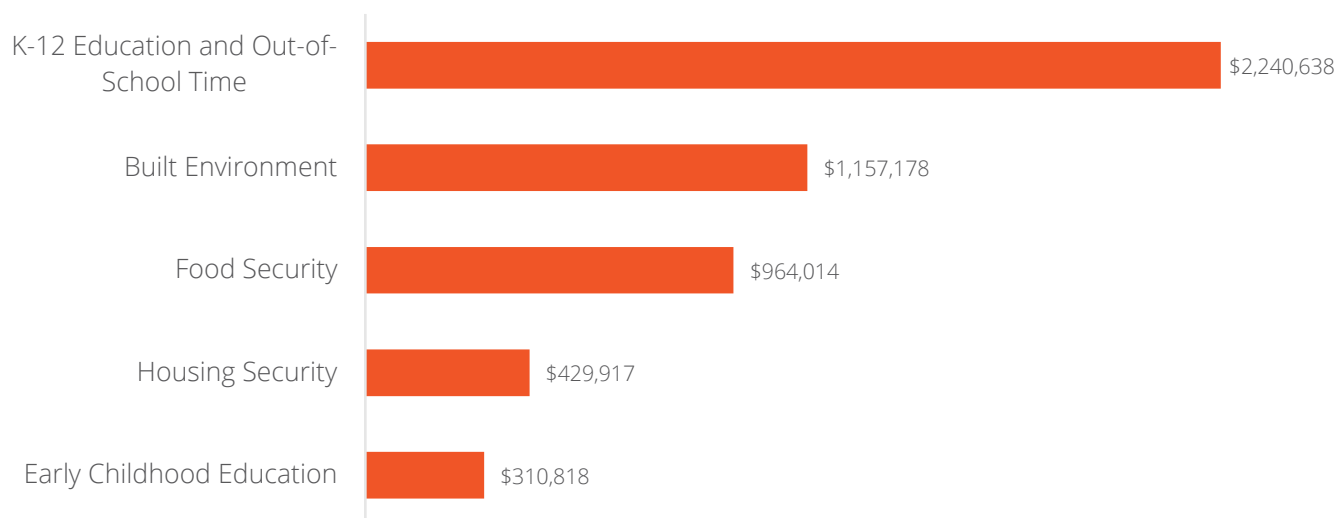
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in Randolph County.

In 2017, Randolph County received a total of \$5.7 million in grant funding across 35 unique grants. These funds amounted to 0.4% of total regional funding and a per capita investment of \$175.

Randolph County Top-Funded Needs (2017)



Community Partnerships

0

Partnerships
identified

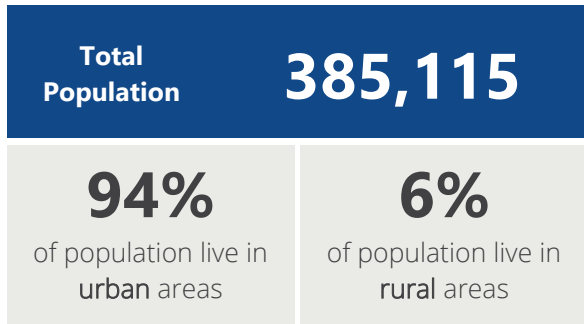
While Randolph County does not have any community partnerships serving this county specifically, it is served by 43 regional partnerships.

ST. CHARLES COUNTY PROFILE

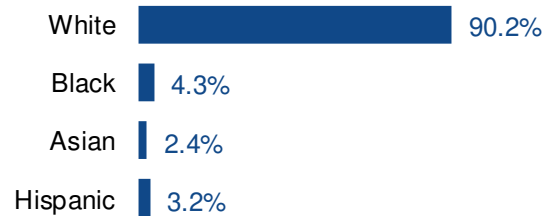
This profile presents St. Charles County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in St. Charles County?

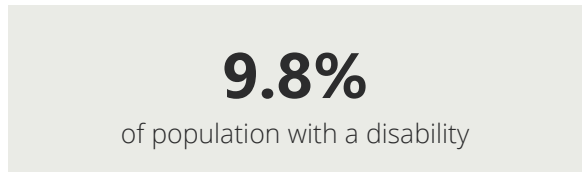
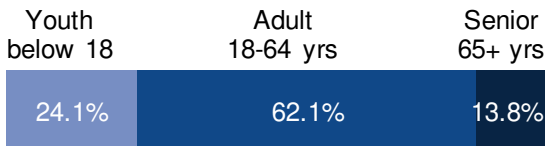
The following data highlight some important demographic information about the people who live in St. Charles County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	St. Charles County					
	Missouri	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	5.7%	5.2%	12.4%	4.8%	14.5%
Children living below the FPL	19.0%	6.7%	6.0%	21.8%	Not available*	14.2%
Seniors ≥65 yrs living below the FPL	8.8%	4.3%				

* Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1*	Behavioral Health and Substance Abuse	Improve Health
1*	Housing Security	Provide Food and Shelter
3	Jobs	Financial Stability
4	Justice System	Strengthen Communities
5	Child Welfare	Foster Learning
6	Transportation	Provide Food and Shelter
7*	Early Childhood Education	Foster Learning
7*	K-12 Education and Out-of-School Time	Foster Learning
9	Income	Financial Stability
10*	Community Building	Strengthen Communities
10*	Physical Health	Improve Health
12	Food Security	Provide Food and Shelter

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 338 responses for St. Charles County were recorded through the public survey, focus group and one-on-one interviews. For the public survey, 24 (7%) of the 323 participants were people of color. The one-on-one interviews included six individuals, four who were people of color. No demographic data were recorded for the nine focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **Beyond money, health and safety, St. Charles County residents are worried about their families' general happiness and comfort.** The most common concern of being able to financially provide for their families was identified by 70/287 participants. Next, participants worry of youth being safe and well educated with opportunities in the future (25/287 responses) and accessing quality, affordable healthcare (18/287 responses).
- **"Hidden" populations struggle amidst rapid growth and development in St. Charles County.** Focus group participants voiced that while many amenities and community supports exist across St. Charles County, there are many barriers to opportunity and services for those without a car, financial resources, or a social network.
- **A safe community is what residents most commonly desire for the future of St. Charles County.** The five most common hopes shared by survey and interview participants for the future of their community include one that is safe (111/292 responses), healthy (73/292 responses), thriving (53/292 responses), happy (41/292 responses), and stable (27/292 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **In general, residents of color think highly of St. Charles County as their home.** Survey and interview participants of color commonly described their community as a great place to raise a family that is full of opportunities and slowly becoming more diverse.
- **Nearly all surveyed residents of color feel the communities they live in are either stable or improving.** Of 22 participants of color, one person feels conditions in their community were declining. In contrast, 11% of surveyed white residents perceive their communities getting worse.
- **An inclusive community is what residents of color most desire for St. Charles County's future.** For survey and interview participants of color who answered what they hope for their community in the future, 9 of 24 respondents hope for a community that is more welcoming and engaged with populations of different cultural, racial, and ethnic backgrounds.

Resident Words

"I like my community but would welcome more diverse cultures and ethnic backgrounds."

"Quality schools; a lack of public transportation; lots of opportunities if you have the money and transportation for them. It is becoming more diverse but is adjusting slower than what is ideal."



Community Feedback
Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in St. Charles County:

- Behavioral Health and Substance Abuse (142/207)*
- Child Welfare (107/207)
- Transportation (105/207)

**Number of community members who picked this topic / number of total community members who voted*

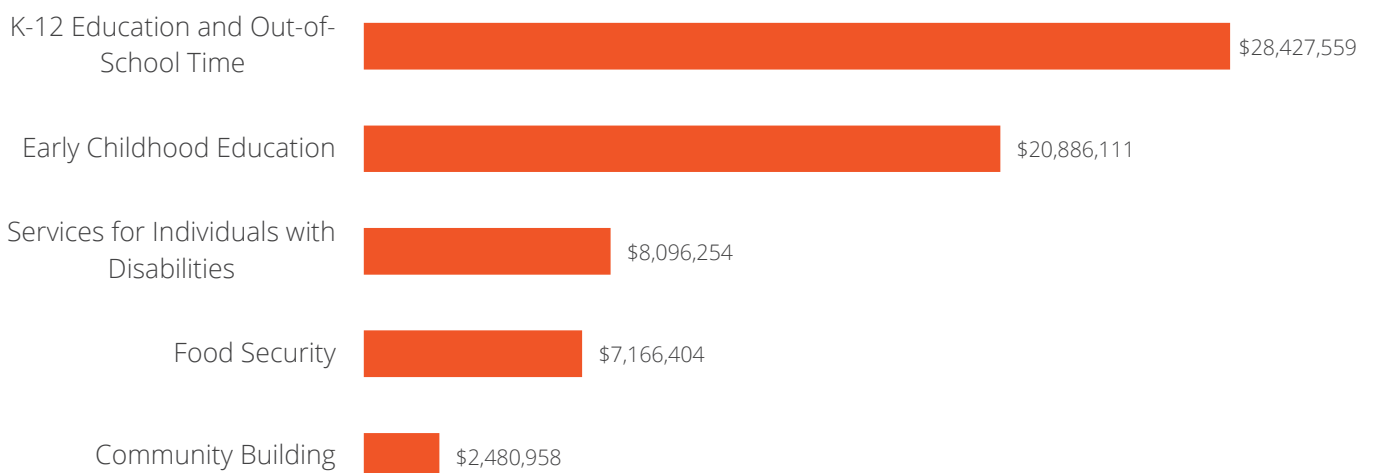
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may underrepresent grant funding in St. Charles County.

In 2017, St. Charles County received a total of \$76.8 million in grant funding across 135 unique grants. These funds amounted to 5.1% of total regional funding and a per capita investment of \$200.

St. Charles County Top-Funded Needs (2017)



Community Partnerships

11

Partnerships identified

Eleven partnerships identified St. Charles County as a focal point, and a number of additional regional partnerships also included the county.

St. Charles County Partnerships by Impact Area

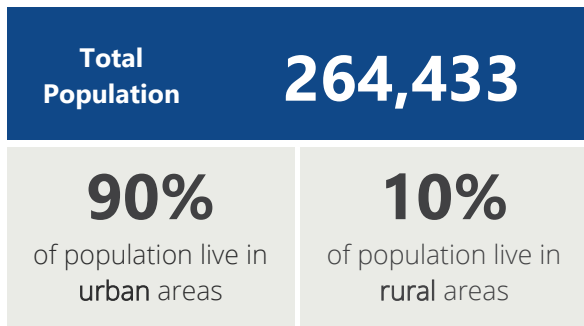


ST. CLAIR COUNTY PROFILE

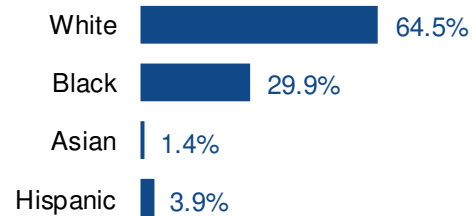
This profile presents St. Clair County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in St. Clair County?

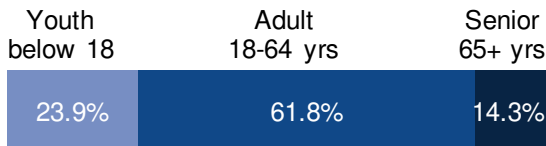
The following data highlight some important demographic information about the people who live in St. Clair County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Illinois	St. Clair County				
		Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	13.5%	17.0%	8.4%	35.4%	8.2%	19.8%
Children living below the FPL	17.0%	24.1%	9.3%	50.8%	Not available*	29.0%
Seniors ≥65 yrs living below the FPL	8.8%	8.6%				

* Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Housing Security	Provide Food and Shelter
2	Jobs	Financial Stability
3	K-12 Education and Out-of-School Time	Foster Learning
4	Child Welfare	Foster Learning
5	Safety	Strengthen Communities
6	Income	Financial Stability
7	Transportation	Provide Food and Shelter
8	Access to Healthcare	Improve Health
9	Built Environment	Strengthen Communities
10*	Food Security	Provide Food and Shelter
10*	Physical Health	Improve Health
12	Justice System	Strengthen Communities

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 358 responses for St. Clair County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, 139 (40%) of the 346 participants were people of color. The one-on-one interviews and focus group both included six individuals. Demographic data were not collected for the interviews or focus group.

Resident Words

"Small town environment with solid institutions and basic services. Welcoming, but hard to make connections if not originally from the area."

"It's on an upswing, and changes are in progress to enhance the quality of living."

Key takeaways from survey, interview, and focus groups in this county:

- St. Clair County residents are most commonly concerned about financially supporting their households and building generational wealth. When survey participants were asked what they worry about most for their families, the most frequent concerns participants shared were about household economics (91/315 responses), rising violent crime (64/315 responses), health (51/315 responses), their families' happiness and quality of life (24/315 responses), and the decline of connectedness and respectful interactions between family members and within the community at large (22/315 responses).
- Outlook on community change differs between some social service providers and residents. Focus group participants – which included representatives from social support and local government agencies – expressed that despite unfavorable quality of life data on St. Clair County, many changes were underway to advance stability and collaboration. However, interview participants shared a growing sense of lack of cohesion and services available to address community needs.
- A safe community is what residents most commonly desire for the future of St. Clair County. The five most common hopes shared by survey and interview participants for the future of their community include one that is safe (70/327 responses), thriving (63/327 responses), larger in population (27/327 responses), united (19/327 responses), and supportive (15/327 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Economic security is slightly even more of a concern for residents of color.** Compared to 28% of all St. Clair County survey participants, 35% of participants of color identified challenges surrounding household finances as a worry for their families. Being able to financially provide for their families was also the most common concern shared by participants of color.
- **Fewer than half of surveyed residents of color feel their basic needs are met.** Compared to 70% of surveyed white residents, 48% of residents of color feel their basic needs are met. Stable housing (26/64 responses) is the most common basic need not being met for residents of color who participated in the public survey.
- **Nearly half of surveyed residents of color feel the communities they live in are declining.** Compared to just 27% of surveyed white residents, 49% of residents of color describe conditions in their communities as growing somewhat or a lot worse.



Community Feedback

Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in St. Clair County:

- Income (50/84)*
- Child Welfare (48/84)
- Safety (47/84)

**Number of community members who picked this topic / number of total community members who voted*

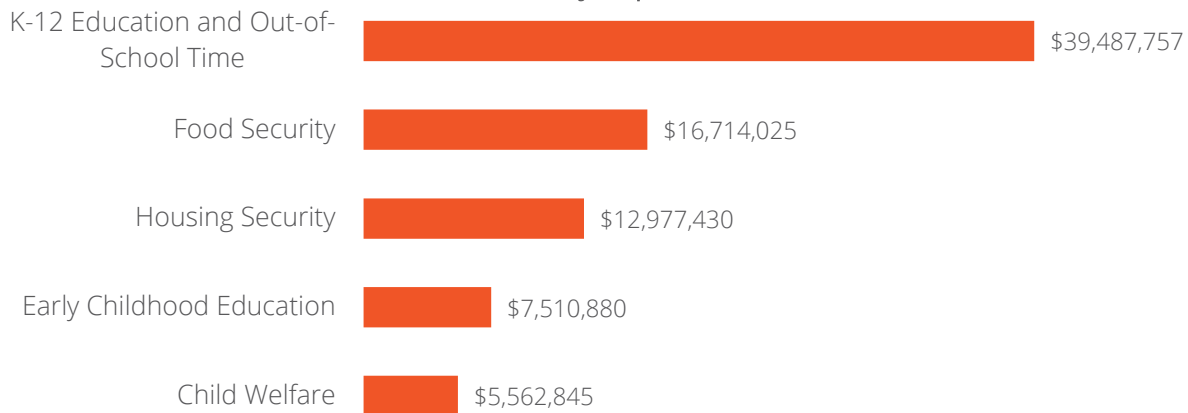
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee's service area, which may overrepresent grant funding in St. Clair County.

In 2017, St. Clair County received a total of \$107 million in grant funding across 291 unique grants. These funds amounted to 7.1% of total regional funding and a per capita investment of \$405.

St. Clair County Top-Funded Needs (2017)



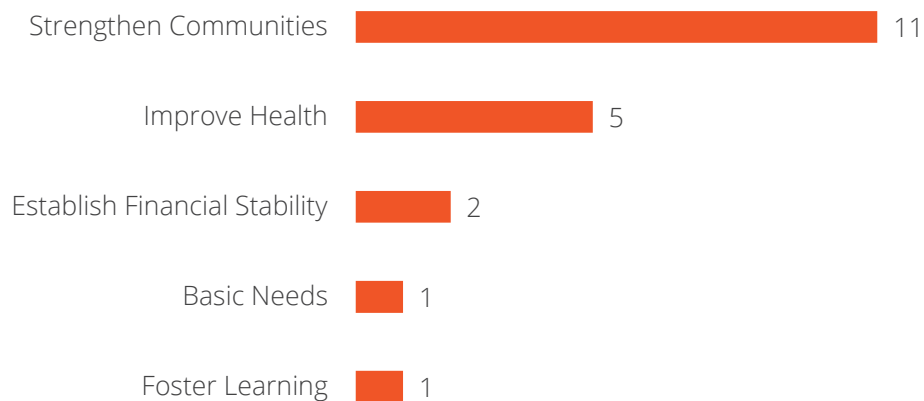
Community Partnerships

15

Partnerships identified

Fifteen partnerships identified St. Clair County as a focal point, and a number of additional regional partnerships also included the county.

St. Clair County Partnerships by Impact Area

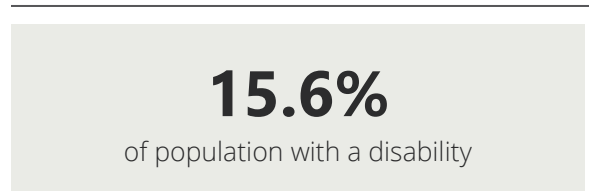
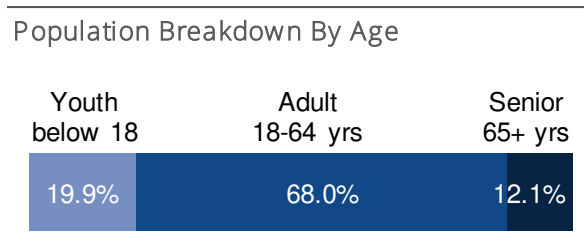
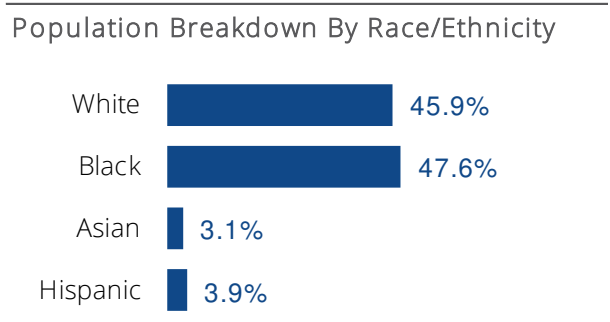
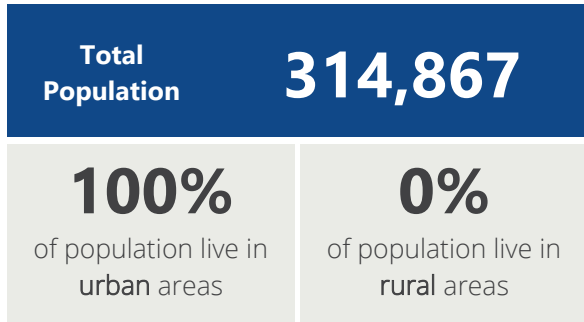


ST. LOUIS CITY PROFILE

This profile presents St. Louis City's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the city.

Who Lives in St. Louis City?

The following data highlight some important demographic information about the people who live in St. Louis City:



Poverty	Missouri	St. Louis City				
		Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	25.0%	13.9%	35.0%	28.6%	27.5%
Children living below the FPL	19.0%	32.6%	13.7%	50.5%	Not available*	45.2%
Seniors ≥65 yrs living below the FPL	8.8%	16.4%				

* Data not available: Data were not reported by County Health Rankings.
 Data sources: Urban/rural - US Census Bureau Decennial Census 2010.
 Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).
 All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Community Building	Strengthen Communities
2*	Built Environment	Strengthen Communities
2*	Housing Security	Provide Food and Shelter
2*	Jobs	Financial Stability
5	Safety	Strengthen Communities
6	Income	Financial Stability
7	Child Welfare	Foster Learning
8	Justice System	Strengthen Communities
9*	Access to Healthcare	Improve Health
9*	K-12 Education and Out-of-School Time	Foster Learning
11*	Services for Individuals with Disabilities	Strengthen Communities
11*	Transportation	Provide Food and Shelter

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 809 responses for St. Louis City were recorded through the public survey, focus group and one-on-one interviews. For the public survey, 276 (35%) of the 796 participants were people of color. The one-on-one interviews included six individuals, all of whom were people of color. No demographic data were recorded for the seven focus group participants.

Key takeaways from survey, interview, and focus groups in this county:

- **St. Louis City residents share concerns on a wide range of topics from individual needs to larger systems challenges.** When survey participants were asked what they worry about most, the most frequent concerns participants shared were about getting out of debt, affording daily expenses and building wealth (222/722 responses); being the victims of crime, particularly gun violence (165/722 responses); declining health (98/722 responses); being happy, finding balance and sustaining relationships (50/722 responses); and finding and maintaining jobs that are fulfilling and pay a living wage (40/722 responses).
- **St. Louis City is home to a high volume of community assets and resources – for some.** Focus group participants identified a high number of community assets and opportunities within the City but acknowledged that access depends on one's race and familial status.
- **A community free of crime and violence is what residents most commonly desire for the future of St. Louis City.** The most common hopes shared by survey and interview participants for the future of their community include themes of community safety (85/749 responses); prosperity (42/749 responses); and diversity, equity and unity (29/749 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question

Resident Words

"My community has a lot of promise, with a lot of people that care and want better. Unfortunately, I do not think we have enough resources, and the resources we have are not evenly distributed."

"Very diverse – race, age, income. We help each other out when times are tough...and we celebrate together when things go well."



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Declining community conditions are more often perceived by residents of color.** Compared to 23% of surveyed white residents, 35% of residents of color describe conditions in their communities as growing somewhat or a lot worse. This perspective was also shared by all six interview participants of color, along with acknowledgments of neighbors beginning to organize around community challenges.
- **Residents of color are more open to professional help to improve their wellbeing.** For survey participants of color who noted their daily mood as sad, scared, or angry, 73% (27/37 responses) said they currently are or would like to work with a professional to address challenges and improve their general mood. By comparison, 58% (26/45 responses) of white survey participants who are generally sad, scared, or angry noted working with or being open to professional help.
- **A safe community is what residents of color most desire for St. Louis City's future.** For survey and interview participants of color who answered what they hope for their community in the future, 58 of 254 respondents hope for a community that is a safe place to live in and grow a family.



Community Feedback

Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in St. Louis City:

- Safety (154/240)*
- Child Welfare (110/240)
- Housing Security (104/240)

**Number of community members who picked this topic / number of total community members who voted*

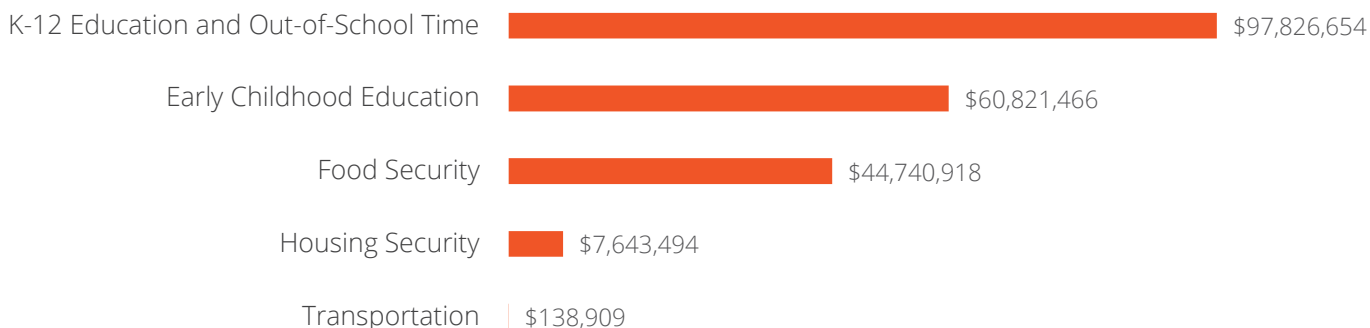
This community feedback was not used in the final needs prioritization because in many counties, the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may overrepresent grant funding in St. Louis City.

In 2017, St. Louis City received a total of \$356.2 million in grant funding across 769 unique grants. These funds amounted to 23.8% of total regional funding and a per capita investment of \$1,131.

St. Louis City Top-Funded Needs (2017)



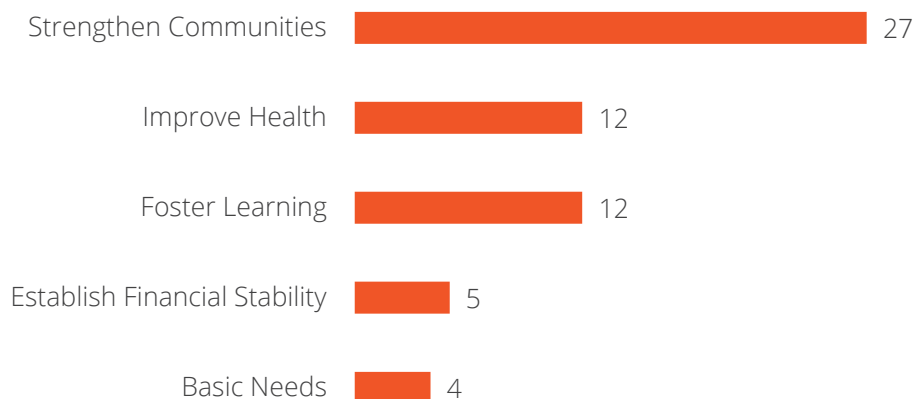
Community Partnerships

39

Partnerships identified

Thirty-nine partnerships identified St. Louis City as a focal point, and a number of additional regional partnerships also included the county.

St. Louis City Partnerships by Impact Area

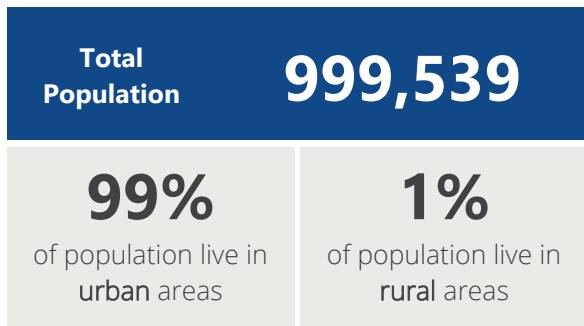


ST. LOUIS COUNTY PROFILE

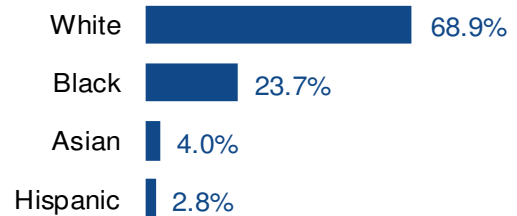
This profile presents St. Louis County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in St. Louis County?

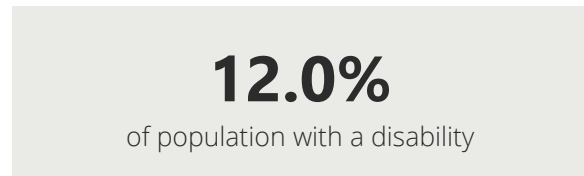
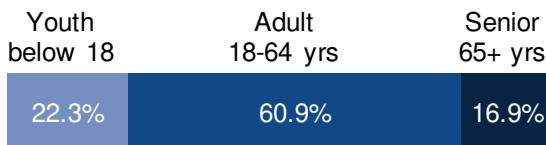
The following data highlight some important demographic information about the people who live in St. Louis County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	St. Louis County					
	Missouri	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	9.8%	6.1%	19.6%	8.8%	17.0%
Children living below the FPL	19.0%	13.1%	5.6%	30.4%	Not available*	16.7%
Seniors ≥65 yrs living below the FPL	8.8%	6.2%				

* Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Community Building	Strengthen Communities
2	Built Environment	Strengthen Communities
3*	Justice System	Strengthen Communities
3*	Transportation	Provide Food and Shelter
5	Housing Security	Provide Food and Shelter
6	K-12 Education and Out-of-School Time	Foster Learning
7	Jobs	Financial Stability
8*	Food Security	Provide Food and Shelter
8*	Safety	Strengthen Communities
10	Services for Individuals with Disabilities	Strengthen Communities
11	Child Welfare	Foster Learning
12	Income	Financial Stability

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 1,649 responses for St. Louis County were recorded through the public survey, focus group and one-on-one interviews. For the public survey, 448 (27%) of the 1,636 participants were people of color. The one-on-one interviews included six individuals, four who were people of color and two who were youth younger than 18. No demographic data were recorded for the seven focus group participants.

Resident Words

"We are a diverse community. We are diverse economically, religiously, and racially, which are all positive, but you can see the division within the community. We have lots of resources in the community or nearby, but you have to go out of your way to figure out what is what."

Key takeaways from survey, interview, and focus groups in this county:

- **St. Louis County residents are most commonly concerned about financial security for themselves and their families.** When survey participants were asked what they worry about most, the most frequent concerns participants shared were about household economics (354/1636 responses); physical, mental, and emotional health (300/1636 responses); and physical safety (249/1636 responses).
- **Access to quality services and resources is a challenge for those in need.** Focus group and one-on-one interview participants similarly shared that gaining access to quality support services and resources in St. Louis County can be difficult, perhaps even more so depending on one's race, economic class and where they live.
- **A safe community is what residents most commonly desire for the future of St. Louis County.** The five most common hopes shared by survey and interview participants for the future of their community include a community that is safe (269/1642 responses), thriving (106/1642 responses), strong (80/1642 responses), inclusive (67/1642 responses), and diverse (51/1642 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- Like many St. Louis County residents, residents of color are most commonly concerned about economic stability and opportunities for themselves and their families. Concerns about money (127/442 responses) were followed by worries of safety (79/442 responses) and health (66/442 responses).
- Most residents of color feel their basic needs are met. Compared to 71% of all surveyed white residents, 59% residents of color feel their basic needs are met. Stable housing is the most common basic need not being met for residents of color who participated in the public survey.
- Slightly more residents of color feel the communities they live in are declining. For residents who have lived in their same community for at least two years, 24% of people of color compared to 18% of white respondents feel their communities are getting worse.



Community Feedback

Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in St. Louis County:

- Services for Individuals with Disabilities (399/655)*
- Safety (388/655)
- Child Welfare (329/655)

**Number of community members who picked this topic / number of total community members who voted*

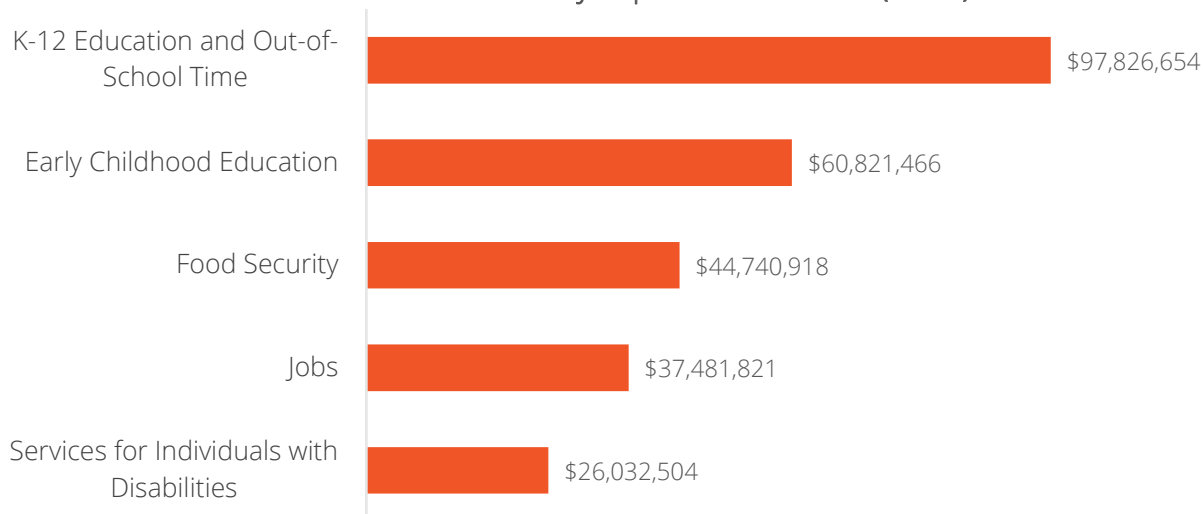
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee’s service area, which may overrepresent grant funding in St. Louis County.

In 2017, St. Louis County received a total of \$780.8 million in grant funding across 991 unique grants. These funds amounted to 52.1% of total regional funding and a per capita investment of \$781.

St. Louis County Top-Funded Needs (2017)



Community Partnerships

35

Partnerships identified

Thirty-five partnerships identified St. Louis County as a focal point and a number of additional regional partnerships also included the county.

St. Louis County Partnerships by Impact Area

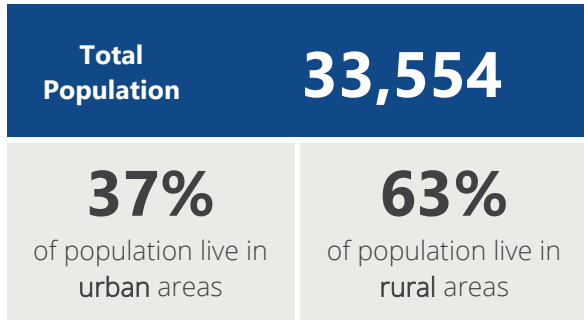


WARREN COUNTY PROFILE

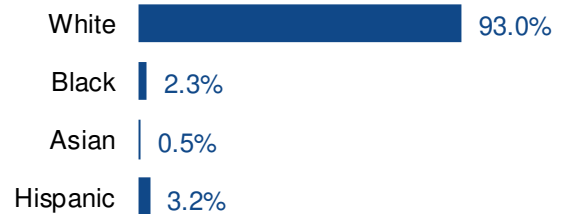
This profile presents Warren County's demographic characteristics, prioritized needs, key input from residents, and the partnership and funding landscape in the county.

Who Lives in Warren County?

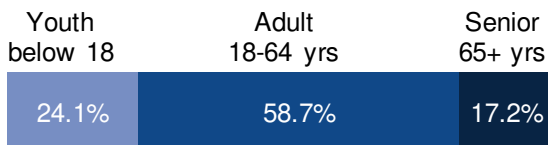
The following data highlight some important demographic information about the people who live in Warren County:



Population Breakdown By Race/Ethnicity



Population Breakdown By Age



Poverty	Warren County					
	Missouri	Overall	White	Black	Asian	Hispanic
Population living below the federal poverty level (FPL)	14.6%	12.8%	11.5%	66.8%	Unreliable*	Unreliable*
Children living below the FPL	19.0%	14.4%	17.0%	88.7%	Not available**	9.9%
Seniors ≥65 yrs living below the FPL	8.8%	8.6%				

* Unreliable data: The reliability of poverty estimates depended on how many people ACS could determine poverty status for within each racial/ethnic subgroup. There were times when ACS could only obtain poverty status for a few members of a subgroup regardless of that subgroup's size.

** Data not available: Data were not reported by County Health Rankings.

Data sources: Urban/rural - US Census Bureau Decennial Census 2010.

Children in poverty - Small Area Income and Poverty Estimates 2017 and American Community Survey 5-year estimates 2013-2017 (obtained from 2019 County Health Rankings).

All other estimates - American Community Survey 5-year estimates 2013-2017.

Prioritized Needs

The CNA began with listening through a public survey, focus groups, and individual interviews, and with a review of existing or secondary data. To identify and prioritize the needs in each county, the CNA researchers gave each topic (or need) a score using all of the data collected. The scores were assigned using these criteria: how many people were impacted; how great the racial disparity was; and if the need was a root cause (main reason) for a condition or outcome. These scores were also driven by how community members responded to the topic through the survey, focus groups, and interviews. Using the scores given by the CNA researchers, United Way ranked the top half of each county's needs. Read more about the [process to identify priority needs](#).



Priority Needs

Review of Collected Data

Ranking	Topic/Need	Impact Area
1	Housing Security	Provide Food and Shelter
2	Access to Healthcare	Improve Health
3	Built Environment	Strengthen Communities
4	Child Welfare	Foster Learning
5	Transportation	Provide Food and Shelter
6	Behavioral Health and Substance Abuse	Improve Health
7	Justice System	Strengthen Communities
8	Early Childhood Education	Foster Learning
9*	Aging and Senior Support	Strengthen Communities
9*	K-12 Education and Out-of-School Time	Foster Learning
11	Food Security	Provide Food and Shelter
12	Jobs	Financial Stability

* Scores were tied.

Community Engagement

The findings below highlight what was heard and learned from community members. The community engagement process included: gathering insight from residents on individual, family, and community needs through public surveys; perspective on community challenges and resources from local government and social services providers through focus groups; and in-depth accounts of individuals' daily successes and challenges through one-on-one interviews.



Community Perspectives

Perspective on County Needs, Challenges, and Strengths

A total of 51 responses for Warren County were recorded through the public survey, focus group, and one-on-one interviews. For the public survey, 4 (11%) of the 38 participants were people of color. The one-on-one interviews included six individuals, none of whom were people of color. No demographic data were recorded for the seven focus group participants.

Resident Words

"Lack of transportation options; lack of recreational activities; not wheelchair friendly."

"Nice little community, just doesn't have resources to meet needs of people locally."

Key takeaways from survey, interview, and focus groups in this county:

- **Warren County residents are commonly concerned about financial security for themselves and their families.** When survey participants were asked what they worry about most, the most frequent concerns participants shared were about household economics (10/38 responses) and access to healthcare services and the cost of health insurance were the second most common concerns (6/38 responses).
- **A demographically typical resident will be "ok" so long as nothing catastrophic occurs.** However, focus group participants voiced that anyone who is different from the typical population – namely people of color, those with few economic resources, or who are limited English speakers – have few safety net services and organizations to seek out help from.
- **A safe, prosperous community is what residents most commonly desire for the future of Warren County.** The six most common hopes shared by survey participants for the future of their community include one that is safe (4/37 responses), prosperous (4/37 responses), larger or bigger (4/37 responses), better (3/37 responses), thriving (3/37 responses), and growing (3/37 responses).

Survey participants were not required to answer all questions, therefore response totals often vary by question



Key takeaways from respondents of color in survey, interview, and focus groups in this county:

- **Residents of color need health services to lead healthy lives.** All four survey participants of color mentioned needing physical or mental health services for someone in their family.
- **Accessing services is a hurdle.** All participating residents of color cited not knowing where to go and/or not feeling valued when seeking support and resources in the community.
- **Warren County may not be ideal for all people of color.** When asked about desired quality of life, three of four respondents of color felt a community outside of Warren County would be better for their families.



Community Feedback

Feedback on Priority Needs

After CNA partners reviewed all collected data to identify a list of priority needs for each county, residents were given the opportunity to identify the needs they believed to be highest priority. Residents identified the following as the highest priority needs in Warren County:

- Behavioral Health and Substance Abuse (7/8)*
- Aging and Senior Support (6/8)
- Access to Healthcare (4/8)
- Child Welfare (4/8)
- Early Childhood Education (4/8)
- Transportation (4/8)

**Number of community members who picked this topic / number of total community members who voted*

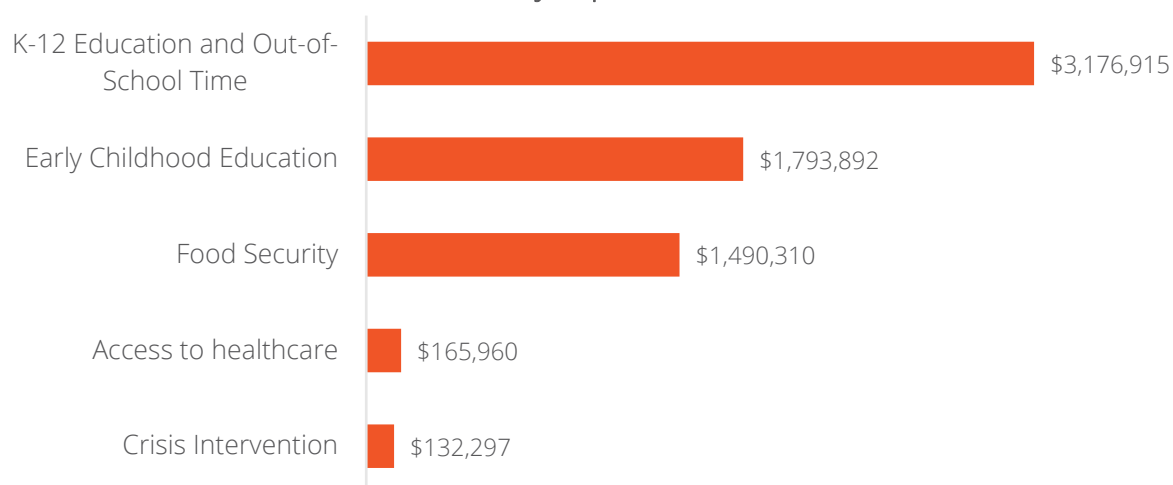
This community feedback was not used in the final needs prioritization because in many counties the participant sample was not representative of the entire county.

Funding Analysis

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Grants were recorded in the county the terminal grantee is located in, not the terminal grantee's service area, which may underrepresent grant funding in Warren County.

In 2017, Warren County received a total of \$7.1 million in grant funding across 26 unique grants. These funds amounted to 0.5% of total regional funding and a per capita investment of \$213.

Warren County Top-Funded Needs (2017)



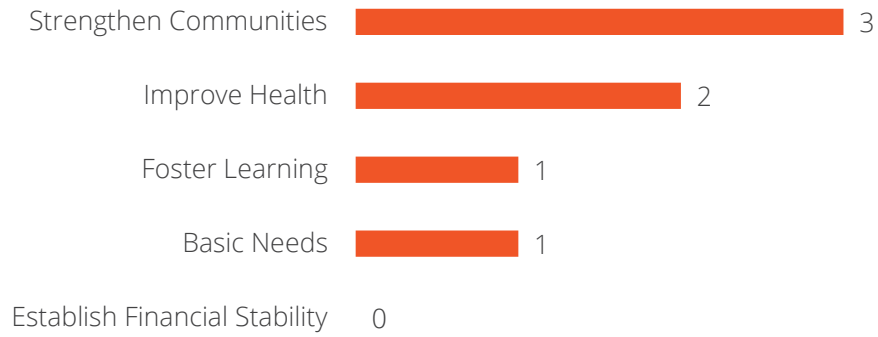
Community Partnerships

5

Partnerships
identified

Five partnerships identified Warren County as a focal point, and a number of additional regional partnerships also included the county.

Warren County Partnerships by Impact Area



NEEDS BY IMPACT AREAS

While this assessment was designed to understand need at the county level, the results have also been analyzed to understand needs, funding, and partnerships within United Way's impact areas. To best understand these results, it is highly recommended that you review the process to understand need in the [Methodology to Understand Need](#) section.

What Are United Way's Impact Areas?

United Way focuses its efforts to help people live their best possible lives in five key impact areas: establish financial stability, foster learning, improve health, provide food and shelter, and strengthen communities. These areas cover an expanse of health and human services and brought focus to the scope of the CNA. In this section, each impact area is listed with:

- A brief description.
- Topics that comprise the impact area.
The topics comprising each impact area were developed by researching fields, reviewing available data, and speaking with local experts.
- Needs most frequently identified as priority in the impact area.
Topics within each impact area are ordered to show those that were most commonly identified in the top 12 needs among United Way's 16-county service area. A count next to the topic indicates the number of counties in which that topic was identified as a priority need. For example, transportation emerged as a priority need in every county, so a 16/16 is noted next to this topic under the Provide Food and Shelter impact area.
- Funding dedicated to the impact area.
Government and philanthropic funding dedicated to each topic within an impact area is shown. This information reflects publicly available 2017 fiscal year data for grants of \$50,000 or more, as this was the most complete data available at the time of the assessment. To best understand the process to identify this information, please see the [Methodology to Understand Regional Funding](#) section.
- Partnerships and coalitions that work in the impact area.
The number of partnerships working within each impact area is shown. Some partnerships may address more than one impact area and may therefore be represented in multiple areas. To best understand the process to identify this information, please see the [Methodology to Understand Community Partnership](#) section.

PROVIDE FOOD AND SHELTER PROFILE

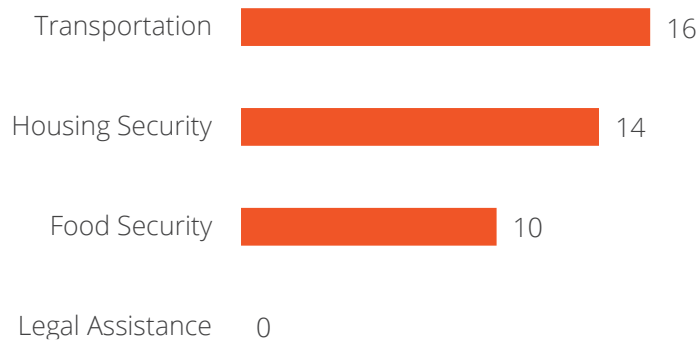
Overview

Supporting people’s most basic needs not only provides immediate support, but also positions them for independence later. Topics comprising this impact area include:

- Crisis Intervention*
- Food Security
- Housing Security
- Legal Assistance
- Transportation

Most Common Needs

The table below shows the number of counties (out of 16 total) that identified each topic in this impact area as a priority need.



**Crisis intervention was not included in the needs prioritization process because it so often could be placed under other need areas, such as housing or food security.*

Regional Funding

Community Partnerships

23

Partnerships identified in the Provide Food and Shelter impact area

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Funding identified in this impact area totaled:

\$262,198,752

Food Security	\$135,795,834
Housing Security	\$98,681,892
Transportation	\$21,000,611
Crisis Intervention	\$4,608,474
Legal Assistance	\$2,111,940

ESTABLISH FINANCIAL STABILITY PROFILE

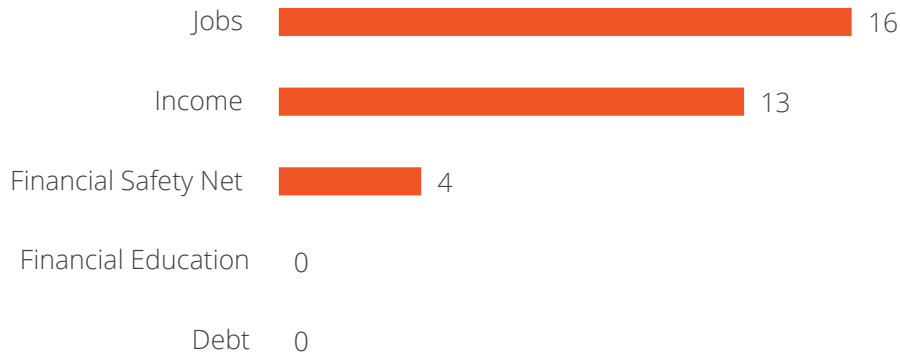
Overview

Financial stability ensures that families and individuals have the income and resources needed to address basic needs and thrive in all aspects of their lives. Topics comprising this impact area include:

- Debt
- Financial Education
- Financial Safety Net
- Income
- Jobs

Most Common Needs

The table below shows the number of counties (out of 16 total) that identified each topic in this impact area as a priority need.



Community Partnerships

20

Partnerships identified in the Establish Financial Stability impact area

Regional Funding

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Funding identified in this impact area totaled:

\$66,972,729

Jobs	\$64,415,408
Income	\$2,069,612
Financial Education	\$487,709
Debt	\$0
Financial Safety Net	\$0

FOSTER LEARNING PROFILE

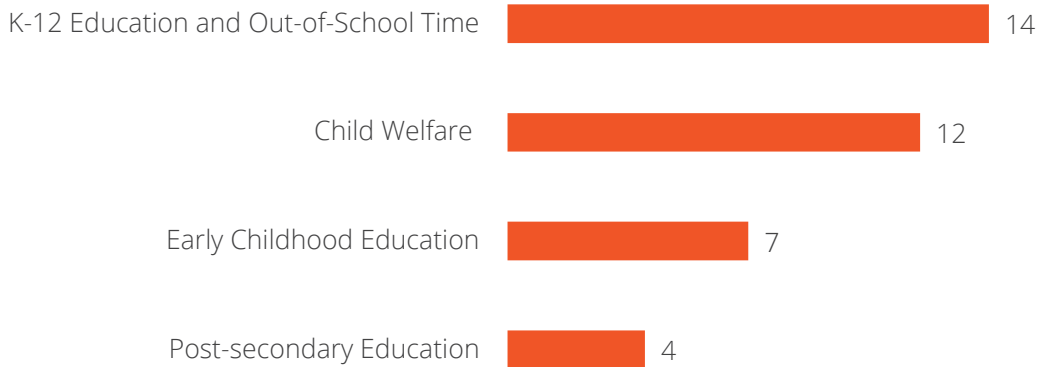
Overview

Providing access to quality education empowers people to reach their full potential. Topics comprising this impact area include:

- Child Welfare
- Early Childhood Education
- K-12 Education and Out-of-School Time
- Post-secondary Education

Most Common Needs

The table below shows the number of counties (out of 16 total) that identified each topic in this impact area as a priority need.



Community Partnerships

30
Partnerships identified in the Foster Learning impact area

Regional Funding

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Funding identified in this impact area totaled:

\$504,709,366

K-12 Education and Out-of-School Time	\$302,098,112
Early Childhood Education	\$150,518,660
Post-secondary Education	\$29,373,695
Child Welfare	\$22,718,899

IMPROVE HEALTH PROFILE

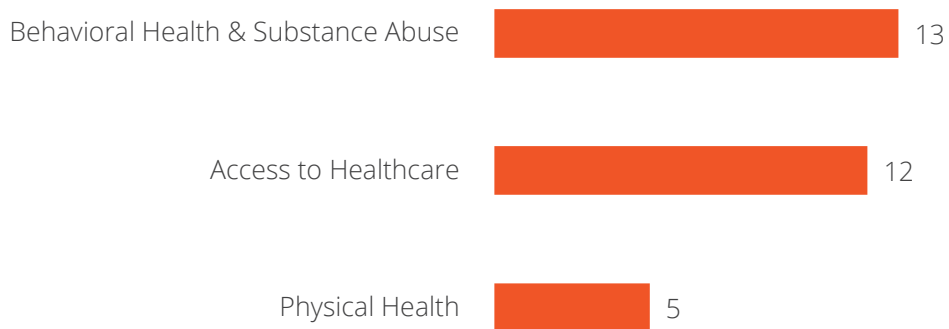
Overview

Health is vital for children to grow and develop and for adults to experience a full and productive life. Topics comprising this impact area include:

- Access to Healthcare
- Physical Health
- Behavioral Health and Substance Abuse

Most Common Needs

The table below shows the number of counties (out of 16 total) that identified each topic in this impact area as a priority need.



Community Partnerships

52

Partnerships identified in the Improve Health impact area

Regional Funding

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Funding identified in this impact area totaled:

\$78,084,257

Behavioral Health & Substance Abuse	\$32,925,243
Physical Health	\$28,290,828
Access to Healthcare	\$16,868,187

STRENGTHEN COMMUNITIES PROFILE

Overview

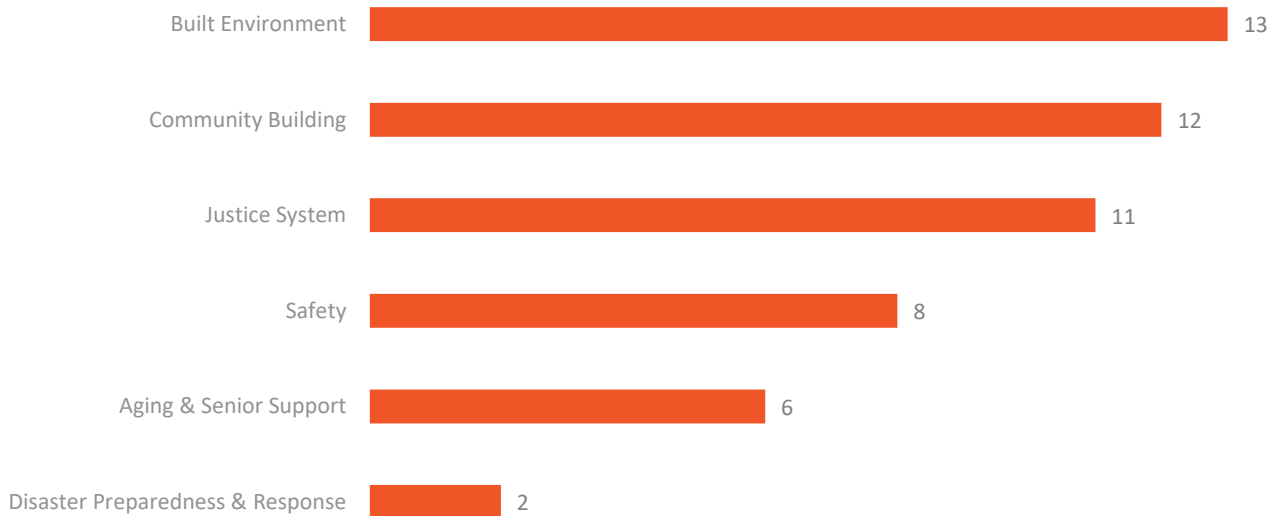
A robust and safe community can strengthen and enhance the lives of community members, affording them the necessary tools to thrive. Topics comprising this impact area include:

- Aging and Senior Support*
- Built Environment
- Community Building
- Disaster Preparedness and Response
- Justice System
- Safety
- Services for Individuals with Disabilities*

**Some topics could be represented under various impact areas. Because of available data indicators, CNA researchers placed these topics in the Strengthen Communities impact area, but United Way recognizes these topics under Improve Health.*

Most Common Needs

The table below shows the number of counties (out of 16 total) that identified each topic in this impact area as a priority need.



Community Partnerships

71

Partnerships identified in the Strengthen Communities impact area

Regional Funding

The funding map tracked government and philanthropic grants of \$50,000 or more awarded in fiscal year 2017. Funding identified in this impact area totaled:

\$249,261,059

Services for Individuals with Disabilities	\$43,099,032
Community Building	\$32,851,323
Built Environment	\$17,157,203
Aging & Senior Support	\$14,182,163
Disaster Preparedness & Response	\$8,130,502
Safety	\$6,046,568
Justice System	\$3,163,738



METHODOLOGY
TO UNDERSTAND NEED

MULTI-FACETED APPROACH TO UNDERSTANDING NEED

This section describes the efforts used to understand highest priority needs in each county in United Way's geographic service area and within its five impact areas. The CNA partners used an approach that integrated primary data collection through various community engagement efforts with secondary data collection that leveraged existing data. All types of collected data were then triangulated and used to determine priority needs in each county.

DATA COLLECTION

Reviewing Secondary (Existing) Data

In recognizing the wealth of existing data about community needs, the CNA team sought to leverage existing knowledge found in publicly available data sets, community reports, and local experts. The secondary data collection processes identified topic areas of need within United Way's five impact areas, determined indicators of need for those topics, and located the best sources of data for those indicators. This process built a foundational understanding of need based on existing knowledge that could then be paired with community voice gathered in the primary data collection to prioritize needs.

Topic Selection

The first step in collecting secondary data was to identify topics that comprised each of United Way's impact areas:

- Financial Stability
- Foster Learning
- Improve Health
- Provide Food and Shelter
- Strengthen Communities

United Way identified an initial list of topics in its CNA RFP and encouraged additional topics to be included in the assessment. The CNA researchers conducted a thorough inventory to identify new topics, and the expanded list consisted of 30 topics across the five impact areas.

Definitions for each topic were developed. For some topics, the federal definition (e.g. Food Security) was used. In other cases, language from United Way (e.g. Financial Education) was incorporated. Additionally, the CNA researchers agreed to the creation of unique topics, such as community building, and made small adjustments to topics and definitions, such as adding Justice System as a new topic separate from Safety.

To optimize the needs prioritization process, the list of 30 topics was narrowed to 24 and topic definitions were refined for a broader audience. (Although selected as one of the final 24 topics, Crisis Intervention was not included in the needs prioritization process because it often could be placed under other need areas, such as Housing or Food Security. This topic is, however, included in other aspects of the CNA, such as the funding map.) Some topics were not

What are primary and secondary data in the CNA?

Primary Data: New information collected directly by the CNA partners. Examples of primary data are in-depth interviews and surveys.

Secondary Data: Public or existing information collected by others and for purposes other than the CNA. Examples of the secondary data include government administrative records (e.g., number of children in foster care); American Community Survey/Census (e.g., number of people receiving food stamps).

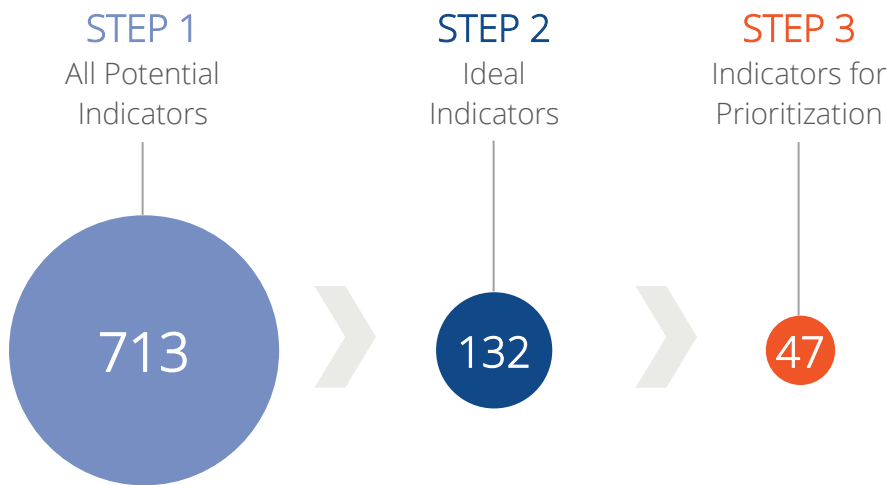
included, because secondary data did not exist, or existing data source could not adequately measure the topic. Other topics were combined, such as asset building and economic mobility which became Income. Other topics, such as place-specific services, are important but could not be evaluated at this time. To view the initial list of 30 topics, see the [Appendix](#).

Indicator Selection

Once the topic list was developed, indicators of need for each topic were identified and defined. An indicator is a way to measure need within the topic area. For example, for the topic area of Child Welfare, one indicator of need might be the number of children in the foster care system. For each topic, there are potentially a number of indicators, or ways to measure the need.

A three-step process was implemented to identify the final set of indicators that would be used for data collection to inform the needs prioritization process.

Figure 1: Total Number of Indicators at Each Step



Sources for Potential Indicators

- Journal articles
- Grey literature (e.g., reports, working papers)
- City of St. Louis Equity Indicator Baseline 2018 Report
- All Things St. Louis (local data repository)
- Existing local needs assessments

A Sample of National Sources for Data/Indicators

- CDC Healthy People 2020 (leading health indicators)
- County Health Rankings
- Kids Count Data Center
- Opportunity Nation (Opportunity Index)

Step 1: Identifying All Potential Indicators

An indicator identification process was conducted by reviewing the academic literature, local needs assessments, and related sources for each topic.^{i,ii,iii,iv,v,vi} Results from this review informed the scope of secondary data collection and answered the following questions:

- How has each topic been measured?
- What is the best or most accurate way to measure each topic?
- What are the potential data sources for each topic?

A full list of 713 indicators was generated to identify all potential indicators. To see the full list of indicators, see [Appendix 3C](#).

Step 2: Ideal Indicators

The CNA research team reviewed all 713 potential indicators and narrowed the list to 132 indicators. This set became the most ideal to use for measuring the topic regardless of whether the data were available at the county level.

Step 3: Prioritization Indicators

The availability of data for each of the 132 indicators was explored. Each indicator was researched to determine whether the data were:

- Available at the county level
- Relatively comparable across states/counties
- Able to be disaggregated by race/ethnicity

Indicators that were available at the county level were considered in the selection of a proposed list of indicators to inform the prioritization of topics. Indicators that could broadly and succinctly reflect important facets of each topic were chosen. Indicators that met one or more of the following criteria were removed:

- Too specific
- Did not help paint a broad picture of the topic
- Were redundant with other indicators
- Had too many limitations



Indicators that could be disaggregated by race/ethnicity were selected when possible, with the goal of at least one indicator disaggregated by race/ethnicity per topic. However, this was not always possible given limitations of county-level data.

A list of nearly 60 topic indicators and 10 county demographic indicators resulted. This list was further reviewed by the CNA researchers. The researchers agreed that even 60 indicators were still unmanageable for the prioritization process and recommended further refinement of the list.

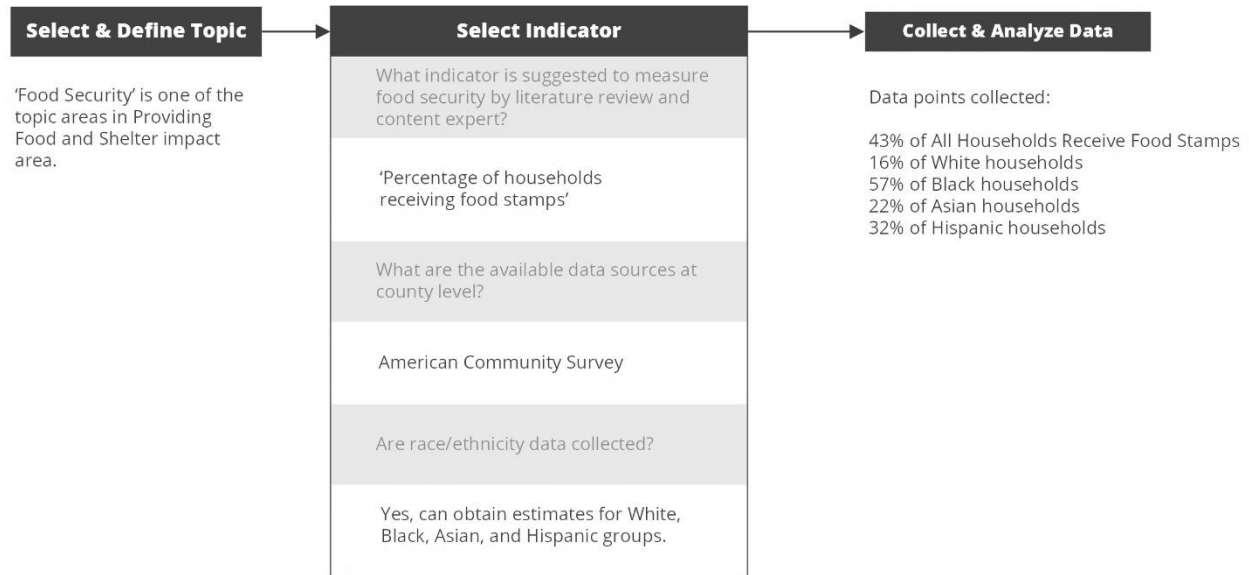
Sources for Availability of County-Level Data

- United States Census/American Community Survey (ACS)
- County Health Rankings
- All Things St. Louis data repository
- Kids Count Data Center
- US Department of Housing and Urban Development
- State health departments
- State social services departments
- State education departments

See data sources in [Appendix 3E](#).

Another round of review yielded a final list of 37 indicators across all topic areas and 10 county demographic indicators. Preference was given to indicators that could be easily understood and/or were disaggregated by race. See [Appendix 3D](#) for a list of all ideal topic areas and indicators.

Figure 2: Overview of the Secondary Data Collection Process (taking 'Food Security' topic area as an example)



Data Collection, Management, and Analysis

Once indicators were selected to represent topics, relevant data were downloaded directly from each original data source when possible or from trustworthy data repositories, such as County Health Rankings, Kids Count, or All Things St. Louis. Some indicators were obtained via special data requests (e.g., Missouri Department of Education, Missouri Department of Corrections, IFF).

Additionally, some indicators required additional analyses before they could be considered further. Indicators obtained from the American Community Survey (ACS) that were not disaggregated by race/ethnicity were analyzed using ACS Public Use Microdata Sample (ACS PUMS) 2013-2017^{vii}, which contains a smaller sample of responses from the ACS. Analysis of the PUMS data allowed for the estimation of some indicators by county and race/ethnicity.

Collecting Primary Data: Engaging the Community to Understand Need

Along with reviewing existing data, the CNA researchers intentionally collected input from community members to learn firsthand about need in the region and each county. Throughout the research process, different methods of connecting with and listening to community members and stakeholders across the 16-county service area were used. Surveys drew insights from the broader public. Focus groups were organized to gain understanding of community needs from the perspective of social service providers and local government agencies. Finally, acknowledging that need is often best and most authentically articulated by those with direct experience, one-on-one interviews were held with community members to collect more direct insight to life's daily challenges and experiences in each county. Together, these methods provided a well-rounded approach to understanding need that both emphasized resident voice and invited learning from community-focused professionals.

Public Survey

As a common tool for gathering information, surveys are an efficient and economical way to gain understanding on a tailored set of questions relatively quickly. While readily available data can provide context for population trends and conditions at a large scale, such data sources rarely provide insight to an individual's experiences, wants, and needs. The public survey was designed to capture how residents throughout the 16-county service area are uniquely experiencing life in their own communities, with specific intent to learn:

- Where individuals experience challenges or needs in their own lives
- How individuals seek out solutions or help to address their own need
- How individuals perceive, understand, and prioritize needs in their communities
- The aspirations of some of the residents living in a community

The public survey included 33 questions to gather insight in the areas listed above (see the full public survey in the [Appendix](#)). To encourage participants to complete the survey in full, varied question formats and images were used when possible. Moderating between multiple choice, ranking, rating scales, and sequential probing (asking an initial question that leads to secondary questions) helped keep survey takers engaged.

Additionally, short, open answer questions were used in smaller numbers to gather honest, unscripted information otherwise difficult to collect. Answers to short questions provided deeper context for the patterns the survey responses reveal and allowed for a more comprehensive understanding of everyday life across our region.

After receiving Institutional Review Board approval for dissemination, the public survey opened on April 11, 2019, and was closed for all counties on July 19, 2019. A total of 4,318 participants completed the survey online using a laptop or desktop computer, a mobile device such as a phone or tablet, or paper version of the web-based questions.

Public Survey Audience

The public survey was designed for adult residents living in United Way's 16-county service area. The survey questions were designed to probe for a wide range of everyday challenges and needs that individuals and families may experience. To create a survey that would be relevant to most, if not all, life experiences in the region, questions included an array of topics from physical and behavioral health, financial circumstances, neighborhood conditions, service systems, accessibility of information, and more.

To increase ease of participation in the survey, questions were written to be understood at a fourth-grade reading level. As best as possible, technical terms and short-hand phrases were eliminated in favor of more descriptive yet concise language. Questions with images were paired with short, descriptive captions to inform viewer interpretation. The full survey was confirmed for readability by computer aid devices for participants with sight limitations.

Most of the survey focused on learning information about how participants experience life. However, the final section of the survey was dedicated to capturing who participated. Demographic questions gathered information on participants' financial circumstances, household composition, education, and employment levels. Additionally, participants were invited to describe their own personal identity in a manner that felt truest to them using a flexible drag-and-drop, open answer format.



Public Survey Dissemination Efforts

Survey response targets were calculated to provide a statistically representative sample for each county's adult population. Target response rates did not differ greatly for varying county sizes because while larger populations do require more participants for the results to be statistically precise, after a certain size, the number of needed responses only minimally increases. Each county's targeted and actual response rates can be found in the [Appendix](#).

The public survey was shared throughout United Way's 16-county service area through direct email, social media, and in-person outreach. Direct emails with a link to the online survey were sent from United Way to stakeholders including staff, board members, member agencies, volunteers, and donors. Emails were also sent to other local nonprofits, social service agencies, school districts, libraries, and municipal government contacts with encouragement to share the survey with their respective constituents.

United Way's social media channels were used to raise awareness of the survey for anyone following the organization's Facebook, LinkedIn, and Twitter accounts. Together, emails and social media alerts provided an efficient means for spreading the survey throughout the community and attracting initial participation. For harder-to-reach populations and areas where email and social media contacts were less prevalent, canvassing, or in-person outreach, was also used. In areas beyond the region's more urbanized and higher-populated core, local agencies within each county were invited to serve as ambassadors for the survey. Ambassador organizations were asked to share the survey both online and with the paper version throughout their county. (A list of ambassador organizations is provided in the [Appendix](#).)

In counties where the number of survey participants was low, a press release was sent to local media. Additionally, researchers went to public spaces and community events equipped with paper surveys so that community members could complete them on the spot either alone or with the team member reading the questions to them aloud. When possible, researchers also left paper surveys in high-use locations where they could be completed when convenient for the participant and then sent to United Way by mail or email with scanned attachments.


A fourth method to increase survey participation was also tried. United Way operates the 2-1-1 helpline, which receives calls from community members in every county in the service region. During the public survey period, 2-1-1 callers were asked if they would like to schedule a time to complete the survey by phone. However, when callers who responded "yes" were contacted during the scheduled window of time, they rarely answered or agreed to complete the survey by phone. Eventually, this method was dropped in favor of increasing the more effective email, social media, and personal outreach efforts.

Attempts to Increase Public Survey Participation

At completion of the 45-day survey participation period, a total of 4,318 residents across the region responded to the survey in full. Only the largest counties, however, had met or exceeded the targeted response rates by this time. In counties with small populations, the response target had not been met, and participation varied widely.

Considering time and resource constraints, response targets for these counties were adjusted to a socially respectable, number of 100, though survey estimates would not be as precise as with the initial targeted response rates. Local presence was increased in these areas to personally encourage community members to complete the survey.

Outreach took place at libraries, parks, recreation centers, municipal buildings, restaurants, places of business, transit stops, public events, and even school registrations. While the extra attempts yielded the needed survey responses in some counties, other county-wide responses were still below the adjusted target of 100.



In some instances, like Madison and Monroe Counties in Illinois, community members expressed a sense of a fluid border between the adjacent counties, citing that they operated and felt like a larger, more cohesive community rather than separate counties. In these instances, county survey responses were combined.

Focus Groups

Focus groups were organized in each county to understand how social support providers and local government agencies were seeing challenges and needs arise in their communities of service. These sessions were most often held in libraries and community/recreation centers that were easily accessible. Focus groups were designed as 90-minute interactive sessions led by a facilitator to guide the discussion and were supported by a note taker to visibly capture the group's input. Each focus group followed a standard format that sought input through:

- Considering how their communities are supportive of individuals at different life stages from birth through older adulthood
- Probing areas where their communities are challenged in supporting residents, particularly those who make up smaller segments of the population (e.g., people of color, migrants, people with disabilities, etc.)
- Reviewing and discussing data on how their communities compare with the state, region, and country in areas of household economics, health, education, community stability, and basic needs

Areas of need and challenges raised were tracked and expanded on throughout the discussion. Each focus group ended with participants highlighting the needs and challenges that they believed were most significant in their community. From a broad list with often many challenges identified, participants narrowed the list until finally producing a set of five challenges that, in their professional experience, were most urgent and top of mind to address for their respective communities. (To see focus group materials, see the [Appendix](#).)

Focus Group Audience and Participation

Participants for the focus groups were carefully identified to include representatives from local government and non-profit community groups with a wide range of expertise in health, education, safety, financial stability, and basic needs service delivery. Participants were sourced through United [Way](#) contacts; searching the online 2-1-1 database of service providers; scouring newsletters, church bulletins, and other county-specific directories; and by exploring social media for organizations based in each county that appeared to be actively providing services or resources in the expertise areas outlined above.

Ultimately, a list of 10 to 15 potential focus group participants was compiled for each county. Email invitations were sent to each potential participant, followed by email and phone reminders leading up to each respective focus group date. Actual participation ranged from three to 10 representatives. (See focus group participation numbers for each county in the [Appendix](#).)

In counties where fewer than three participants attended the scheduled discussion, an online survey was sent to the full invitation list of participants as an alternative means to provide insight. Like the in-person focus groups, the online survey also sought to gather a prioritized list of challenges and needs from participants for their service communities.

Interviews

While the public survey created an opportunity to engage the broader community at a high level on many topics, the use of one-on-one interviews allowed for more in-depth information gathering in a less structured setting. With only a few prompts and based on individual comfort level, interview participants were able to share stories of who they are, how they or their family has sought help for recent challenges, and what they value and aspire to for their family and community. On these topics, many participants gave invaluable context for how their communities interact across socio-economic groups and how they support or struggle to address challenges neighbors are experiencing. On average, interviews lasted 45-60 minutes each and were informally recorded through written notes.

Interview Audience

Interviews were specifically intended for residents currently engaged in a social service system. Interviews were also used to gain insight from lesser represented populations within each county to amplify, acknowledge, and learn from their experiences. In nearly every county, at least six total interviewees were sought representing the following population groups:

- Youth between the ages of 16 and 24
- People of color
- Someone not born in the U.S. for whom English is not the primary language
- Persons who identify as a member of the LGBTQ+ community
- Adults over the age of 65
- Persons living with a physical disability

To recruit interview participants, researchers referred to identified ambassadors within each county. When ambassadors were unable to recruit participants from certain identity areas, engagement team members canvassed each county for opportunities to meet members of the intended populations. Canvassing often took place in restaurants with mostly international food, open air markets, YMCAs, food pantries, centers for aging, and similar locations. Though ideally interviews would have been coordinated ahead of the actual interaction, canvassing yielded the most effective attempts to meet and listen to a diverse set of lived experiences. (See interview materials and participation numbers in [Appendix](#).)

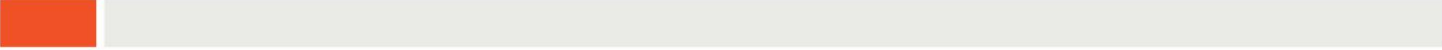


Efforts to Use a Racial Equity Lens

Reviewing Existing Data

Indicators that could be disaggregated by race/ethnicity and/or were used in the City of St. Louis Equity Indicators Baseline 2018 Report¹ were given greater precedence for use in the prioritization process. Data were reported disaggregated by White, Black, Asian, and Hispanic race/ethnicity when available. White (76%) and Black (18%) residents are the most populous races/ethnicities across United Way's service area, followed by Hispanic (3%) and Asian (2%)^{viii}. Some definitions of race/ethnicity varied across indicators due to different data sources. For example, some data sources combined race and ethnicity (e.g., non-Hispanic White, non-Hispanic Black), and others separated race and ethnicity into separate characteristics.

A total of 25 of the 37 indicators used in the needs prioritization process were disaggregated by race/ethnicity. Two additional indicators were indices that directly addressed residential segregation by race/ethnicity. Demographic data that were used to provide context during prioritization were also disaggregated by race when possible.



Secondary data estimates were sometimes unreliable or suppressed in some counties due to small population sizes or infrequent events. This was an issue when trying to disaggregate the data for counties with low racial diversity.

It was challenging to employ a racial equity lens in counties where the majority of the population was white. There was a lack of secondary data about people of color due to their small numbers in these counties, so data were unable to be disaggregated.

Engaging the Community

For primary data collection, efforts to advance racial equity through the CNA research process were most intentional in the engagement team composition, outreach and engagement tactics, and presentation of data collected. Each of these variables impacted the design, implementation, and understanding of findings for the public survey, focus groups, and interviews.

Community Engagement Team Composition

The team that developed and conducted the public survey, focus groups, and interviews included four black members, one first generation American of Indian descent, one Mexican-born American, and two white members to comprise a 75% persons of color team. While this team composition most directly raises up the value of diversity, having people of color guide what and how questions are asked and to whom begins to counter unintentional biases against people of color that are often found in traditional data collection efforts and is a step towards equity. Valuing inclusion in public input processes lays the foundation for information to be heard and acted on in a manner that, if intentional, can advance both the process and product of racial equity.

It is also important to note that even with internal resource allocation, racial equity can be advanced by investing in operations led by people of color. Of the funds United Way allocated for community engagement in this process, 69% of those funds were contracted to entities led or owned by people of color.

Outreach and Engagement Tactics

For the public survey, target response rates were set and monitored for different racial/ethnic groups based on the composition of each county's population. Furthermore, in developing the participant lists for focus groups, the team attempted to ensure that even in counties where racial diversity is minimal, people of color were sought out to participate in this small group setting.

Additionally, organizations led by or based in and serving predominately communities of color were researched and invited to participate when possible. Within the focus group discussions, participants were pushed to think beyond the life experiences of the most commonly represented members in their community (usually white, U.S.-born) and explicitly considered the experiences of community members of color, those not born in the U.S., and for whom English is a secondary language.

Finally, the one-on-one interviews created the greatest opportunity to foreground the voices of people of color. Team members committed days in each county to seek out and listen to residents of color in even the most racially homogeneous communities. When desired, interviews were conducted in Spanish by a native Spanish-speaking team member. Many of the tactics outlined here are practices of inclusion.



Data Presentation

Ensuring the experiences and insight of people of color in any community assessment process is critical, particularly when they are the racial minority in a community. However, if those experiences are simply folded into the larger learnings from all people within a community, the insight gained can easily be overlooked when recommendations are made for addressing challenges and needs. For this reason, key findings from the primary data collection process are expressed both for a county's total participating population (i.e., in aggregate) and broken out by race when possible. There are many instances where the response totals for people of color in a county are not statistically significant, and this is noted respectively. However, it is important to highlight the experiences of people of color even when the input cannot be deemed a reliable representation of all people of color in a community.

Limitations

While every effort was made to design and implement the most useful and accurate data collection and analysis processes within the constraints of time, resources, and team capacity, there were limitations in gathering and analyzing both primary and secondary data.

Reviewing Existing Data

Data Availability

There were three topics that did not have any available secondary data: Legal Assistance, Financial Safety Net, and Financial Education. Only public survey and qualitative data were available for these topics.

The availability of secondary data at the county level to describe all topics thoroughly was limited. For example, a kindergarten readiness score may best describe early childhood education for a county, but it was not publicly available or available at the county level. Other examples include underemployment and credit scores to describe the county's economic climate, community trust in law enforcement to describe the county's justice system environment, or direct measures of mental health conditions.

Geographic Limitations

There were differences between Missouri and Illinois data sources for some indicators. The differences included different data definitions and/or data collection methods that could influence the ability to directly compare these indicators across state lines.

Furthermore, a limitation of the ACS PUMS data is that the most detailed unit of geography is the Public Use Microdata Area (PUMA), which partitions states into geographic units with no less than 100,000 people. Some United Way counties have a population less than 100,000 and were combined with other neighboring counties to generate one PUMA. In these instances, estimates of indicators by race/ethnicity reflect not only that county but a collection of counties. This was noted during the needs prioritization process so that raters would be aware of the limitations in these estimates.

Estimation Challenges

Secondary data estimates were sometimes unreliable or suppressed due to small population sizes or infrequent events. This was a particular issue when trying to disaggregate the data for counties with low racial diversity.

The precision of estimates from ACS or from those derived from analysis of ACS PUMS were taken into consideration. The coefficient of variation (CV) was used to determine the level of reliability of the estimates for each county based upon the margin of error.^{ix} A large CV indicated that sampling error was large relative to the estimate. Estimates with an unweighted cell size <10 (PUMS data only) or a coefficient of variation over 40% were flagged as very unreliable and were not presented in the prioritization process.^x

Creating Access in the CNA Online Platform

The architecture of the CNA online portal is built on an existing system that prohibits the housing of some of the secondary data sets. Sometimes PUMAs (non-standard census geographies) had to be used to disaggregate data by race/ethnicity. However, these did not match with the geographies maintained for the portal.

Engaging the Community

Limitations to engaging the community in the CNA included:

- In some counties the public survey results were not representative of an entire county and likely missed some of the most vulnerable groups within a county due to the use of a convenience sample methodology.
 - Post-stratification weighting of survey responses within each county was considered, but most counties did not have a large enough sample size for reliable weighting. In addition, the number of survey responses in some counties was too low to provide reliable estimates for prioritization and many counties did not have a large enough sample of minority populations to provide reliable estimates disaggregated by race/ethnicity.
- The community engagement team's limited expertise in navigating specific topics (such as mental health challenges and substance use with youth) resulted in less-structured one-on-one interviews where participants could determine what topics and challenges to disclose or avoid
- Communities within a county can be diverse with unique needs. Although the scope of this CNA specifically sought to understand needs for each county, it may be difficult to measure some issues well at this geographic level.
- Limited tools and interactions were available for non- and limited English-speakers
 - The level of adequate translation needed for the CNA exceeded one language and dialect. There was limited expertise to translate the community engagement tools into multiple languages. The unanticipated cost to translate survey questions and interpret responses became a limiting factor.
- Public survey and focus group participation was nonrepresentative of people of color in almost all counties
- Limited participation opportunities were available for youth
- A narrow set of challenges and needs were highlighted.

DATA TRIANGULATION

Preparing Collected Data for Prioritization Process

The data triangulation process organized and formatted data collected from different sources so that it could be compared to determine priority needs. This process also allowed for the comparison of two different types of data: quantitative and qualitative.

Once triangulated, the data were used to create a data summary matrix for each county. The matrix organized all collected data by impact area and topics, with data sources and indicators listed for each topic. The matrices were then used for the data prioritization process. Data summary matrices can be found in the [Appendix](#).

Efforts to Incorporate a Racial Equity Lens



For public survey data, estimates were disaggregated by race/ethnicity for counties with a large enough sample of participants of each race/ethnicity (≥ 50). A racial disparity ratio (each race/ethnicity compared to white) was also calculated for each need as possible. The ratios were included in the data summary matrices.

In the review of existing data, estimates by race/ethnicity and the racial disparity ratios were presented when data could be disaggregated by race/ethnicity.

Limitations

Public survey participants from Calhoun, Greene, Jersey, and Macoupin were combined due to the low number of responses. Since these counties are adjacent to each other and often share services, the researchers agreed upon this approach as part of the analysis. This aggregation of survey responses was also noted for raters during the prioritization process.

Public survey estimates from Randolph and Warren counties, both with less than 100 participants, were not included in the prioritization process due to low precisions of estimates. Unlike other counties for which public survey responses were combined, it seemed less appropriate to combine these counties with larger adjacent counties. As a result, public survey responses were not included in the data summary matrices for these counties.

Some needs identified by the focus groups and interviews did not match the topic list for prioritization and were not included in the prioritization process. Furthermore, the focus group themes from Randolph County were not included in the triangulation process due to the low participation rate of one person.

NEEDS PRIORITIZATION

Once all of the collected data were triangulated, it was ready for the prioritization process, which would leverage all available information to determine the highest priority needs in each county in United Way's geographic service area.

Rating of Needs by CNA Researchers

The CNA researchers used the data summary matrices (which included triangulated quantitative and qualitative data) to rate each topic using an agreed upon set of criteria. Various prioritization approaches were explored. A multi-criteria analysis process^{xi,xii} was selected, because it allowed for inclusion of a large number of criteria that could be assigned varying levels of importance via weighing or unique scoring scales. The goal of this rating process was to identify priority topics (approximately 12 from a total of 23 topics since Crisis Intervention was not included in the prioritization process) that were highest needs in each county.

Determining the Criteria, Rating Scales, and Weights

The selection of prioritization criteria is an important step to have an objective process.^{xiii} There was close collaboration between the CNA researchers and United Way to: identify and define prioritization criteria and determine the appropriate rating scales and weighting. The team started with an initial list of nine criteria and, after thorough review, identified the following set of criteria used to rate each topic:


- **Magnitude** refers to the number of individuals affected, and percent of the community impacted. Raters were directed to examine the secondary data, public survey data, and 2-1-1 data when considering this criterion, and had access to a comparison of each county's rates to state and national benchmarks. Magnitude rating scores were 1 (low); 2 (moderate); or 3 (high).
-  **Racial Disparity** refers to the data disaggregated to assess whether one or more racial groups were disproportionately affected by a need. Raters were presented with secondary data and public survey data disaggregated by race (when available) as well as the racial disparity ratio. The racial disparity criteria were weighted more than the other selected criteria because it was important to reflect United Way's commitment to employing a racial equity approach. Scores were 1 (a little); 3 (some); and 5 (a lot).
- **The extent to which the topic was a community-identified need (Public Survey, Focus Groups, and Interviews)** measured the extent to which community members had identified this topic a need via the public survey, focus groups, or interviews. The rating scale for topics identified during focus groups and interviews was 2 (yes) or 0 (no). Public survey rating scores indicated magnitude and were: 1 (low need); 2 (medium); and 3 (high need).
- **Upstream** factors refer to the fundamental root causes in unwanted individual and community outcomes.^{xiv} Intervening on upstream needs has a ripple effect, positively impacting needs that are downstream. The rating scale was either 3 (upstream) or 1 (downstream). Needs that were upstream were weighed more since addressing these needs would have greater impact on individual and community outcomes.

Figure 2: Criteria selected and scoring mechanism (see [Appendix](#))

Criteria	Magnitude	Racial Disparity	Community Identified Needs			Upstream/ Root Cause
			<i>Public Survey</i>	<i>Focus Group</i>	<i>1:1 Interview</i>	
<i>Criteria Description</i>	What number/percentage of people is affected?	How much does this need disproportionately affect a particular race?	To what extent did the survey respondent identify this as a top need?	Did the focus group participants prioritize this as a need?	Did the interview participants perceive this as a challenge they faced in their community?	Is this need an upstream factor/ root cause?
<i>Scoring</i>	3 = High 2 = Medium 1 = Low 0 = Data are not available	5 = A lot 3 = Some 1 = A little 0 = No disparity or Data are not available	3 = High need 2 = Medium 1 = Low 0 = Data are not available	2 = Yes 0 = No	2 = Yes 0 = No	3 = Upstream/ Root cause 1 = Downstream/ Not root cause

Implementing the Rating Process

The rating process was conducted by five CNA partner representatives: Mutare Network, LLC (n=1); Community Innovation and Action Center (n=1); Brown School Evaluation Center (n=2); and Community Builders Network of Metro St. Louis (n=1). United Way staff and volunteers did not participate in needs identification to maintain neutrality in the process.

The CNA partner representatives were presented with the data summary matrix for each county, which presented quantitative and qualitative data from the multiple data sources previously described. Demographic data about the county, public survey, and focus group and interview participants were also provided. The CNA partner representatives rated each topic by each criterion. The ratings were summed across the criteria to generate total scores for each topic.

The raters convened after the first three counties were rated to discuss any issues with the rating process and determine any decision rules or improvements to the process.

Analysis of the Ratings

Once calculated, the scores were adjusted to account for the data availability for each of the criteria. The total score was divided by the number of criteria on which a topic could have been rated. This was important because not all criteria were applicable due to some data being unavailable for each county. For example, some counties did not have enough respondents for the public survey data to be used in the rating process. The criteria score for the public survey could not be assigned for these counties. Some topics could not be disaggregated by race in some counties, and the racial disparity criteria score could not be assigned.

After calculating the adjusted scores for each topic, the topics were ranked based on these adjusted total scores. It was intended for the top half of ranked topics (the median score and above) to be used in step 2: community member

feedback on priority needs. Most counties had 12 needs, and a few counties had more than 12 needs due to ties at the median score.

Community Member Feedback on Priority Needs

The needs prioritization process was initially designed as a two-step process, with the second step allowing community members to identify their five greatest needs from the list of priority needs developed by the CNA researchers. This process was developed in close consultation with United Way and CNA researchers in hopes of facilitating broad community participation. Since there was not enough community participation to use data gathered through step 2, United Way instead used the ratings generated by the CNA researchers in step 1 to create a list of ranked needs for each county.

Although not used to generate the final list of prioritized needs, the process to implement step 2 of the prioritization process is shared, and the community feedback findings can be found in each county's profile in the [Findings](#) section of this report.

Prioritization Survey Design

A web-based prioritization survey showed participants the list of the top 12 to 14 topics that were identified in step 1 for their county of residence. They were asked to select the five greatest needs from this list. Survey participants also had an opportunity to provide specific examples of why they selected those needs to provide additional context. Participants were also asked their age range (18 years and above or under 18 years). See the [Appendix](#) to view a sample of the prioritization survey.

Survey Implementation, Analysis, and Results

United Way sent the survey invitations to every agency in its contact list (this includes member agencies, currently funded agencies, community partners, organizations in the 2-1-1 directory, and agencies that have shown interest in partnering). The survey was open for approximately three weeks in September 2019 and had a total of 1,478 responses. Responses by county ranged from zero in Greene County, Illinois to 655 in St. Louis County, Missouri. The number of participants who selected each topic as one of the five needs in their county was calculated for each county. The results of the community feedback survey in the prioritization process can be found in each county profile in the [Findings](#) section.

Efforts to Incorporate a Racial Equity Lens



Racial disparity was used as one of the prioritization criteria. It involved examining the data disaggregated by race and assessing whether one or more racial groups were disproportionately affected by a need. Raters were presented with secondary data and public survey data disaggregated by race (when available) and the racial disparity ratio. The racial equity criteria were weighted more than the other selected criteria because it was important to reflect United Way's commitment to employing a racial equity approach. Scores were 1 (a little), 3 (some), and 5 (a lot).



Limitations

The initial plan for the prioritization process was to have community members complete the extensive rating process of all triangulated data (as described in the Rating of Needs by CNA Partners section). It became clear that this process was onerous for community members and would limit participation to those with extremely high data literacy. To allow for more community participation, a two-step process was developed in which the CNA partners would complete the intensive rating process (described in the Rating of Needs by CNA Partners section) and community members would be asked through a survey to share their feedback on the top needs generated by the CNA partner ratings (described in the Community Member Feedback on Priority Needs section). Due to low community participation in numerous counties, the results of the prioritization survey were not used in the final needs prioritization process. United Way used CNA ratings to create a ranked list of needs in each county.

While the CNA researchers made every effort to effectively rate need according to the selected prioritization criteria, there were limitations that affected the rating process. Some counties had low public survey response rates that were not statistically representative of the population. Some topics were difficult to rate because they lacked both secondary data and public survey data. Furthermore, the number of survey responses in some counties was too low to provide reliable estimates for prioritization, and many counties did not have a large enough sample of populations of color to provide reliable estimates disaggregated by race/ethnicity. Data availability was accounted for and adjusted prioritization scores were developed based on the number of data sources.



METHODOLOGY TO
UNDERSTAND
REGIONAL FUNDING

Currently Available Funding

From the onset, United Way aimed to understand the availability of existing government and philanthropic funding to address needs identified through the CNA. The research process collected government (federal, state, and local) and philanthropic data from grant awards of \$50,000 or more made to public entities in United Way's 16-county service area during fiscal year 2017. This information brings together and summarizes many different data sources.

Methodology Overview

There are three important methodological considerations that apply to all recorded grants:

1. The definition of a "grant" comes from the Catalog of Federal Domestic Assistance (CFDA), a glossary that includes block grants, formula grants, project grants, and cooperative agreements. The grant supports infrastructure (i.e. roads, water, and sewer). However, it excludes average daily attendance formulas that typically provide funding to public school districts.
2. Grants are tracked to the terminal grant recipient as opposed to the primary or "pass-through" awardee to avoid duplication.
3. When a funder's income is blended (funding from two or more distinct sources that are not broken out), it can be very difficult to determine funding type and allows for duplication. This is most common at the state or local level when federal funds are combined with state or local funds.

To avoid duplication, a decision rule was created for blended funding:

- If the total dollar amount of grants administered could be paid by the primary funding type, then it was included.
- If financial statements or other income data were not available or if the funder could not cover the grants with the primary funding type, then those grants were not included.

The following sections give a high-level overview of how funders were identified, as well as data sources, processing, cleaning, and any important notes for funding sources, taxonomy, and address data.

To learn more about funding currently available to address needs, see the [Findings](#) section and [Appendices](#) of this report.

Funding Types and Data Sources

Federal Government

Federal grants data came from usaspending.gov, the official source for spending data for the U.S. Government. Primary and subaward data were filtered on fiscal year (2017), award type (grant), and recipient location (county).

Data were processed by county to ensure that there was no duplication of grant awards and that grants, not disbursements, were tracked. Due to how the data is structured by prime and subawards, there is potential for duplication by prime awards. Prime awards can include or not include subawards, as well as have subawards in other counties. To correct for this, prime award data were deduplicated within counties (across that county's prime and subawards spreadsheets) and across counties by federal award identification number (FAIN).

Data were additionally processed to ensure that only grant awards were tracked by subaward. When subawards had multiple disbursements, those disbursements were summed by the subaward number and subawardee. Finally, data processing identified and removed any grants under \$50,000, made for infrastructure purposes, or "regular" grants to school districts (more below in State Government section).

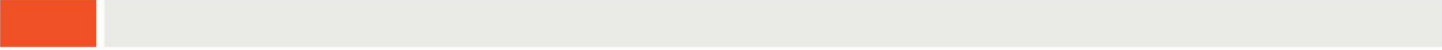
It should be noted that federal government data available through usaspending.gov might not capture the entire universe of federal government grants. The federal government grants that may not be included are beyond the scope of the CNA. Finally, prime awards were summed on "obligated amount," or the total award transaction the federal government is obligated to pay to a prime awardee, while subawards were summed on "subaward amount," the award paid to subawardees by prime awardees.

State Government

State government grants data sources include: Illinois Catalog of State Financial Assistance, Illinois fiscal year 2017 State Budget Final Appropriations, Illinois State Board of Education's Annual Financial Reports, Missouri Accountability Portal, fiscal year 2019 Missouri State Budget, Missouri Department of Elementary and Secondary Education's Annual Secretary to the Board Reports, and data requests.

State government grants (with the exception of education grants) were identified by searching state budgets, Illinois Catalog of State Financial Assistance, and the Missouri Accountability Portal. Once state government grants were confirmed active and passed the blended funding decision rule, data were collected, or requested, and entered into the data collection tool. Only publicly available data or data requests that did not require a Sunshine Request were included. Data that can only be obtained through Sunshine Requests were not included as it both time and cost prohibitive.

To capture "regular" federal and state government grants to school districts, Illinois State Board of Education's Annual Financial Reports, and Missouri Department of Elementary and Secondary Education's Annual Secretary to the Board Reports data were employed by school district. First, funding data for 20 individual revenue codes were collected by school district and applicable grants were identified for Missouri using the Missouri Financial Accounting Manual for School Finance. Using the Illinois Administrative Code for Education and Cultural Resources, the same federal grants and comparable state grants to those collected in Missouri were identified and collected by school district. Data processing removed any grants less than \$50,000.



It should be noted that both for Illinois and Missouri, some state government grants are made directly to individuals and/or are under \$50,000. Additionally, Illinois was without a fully appropriated budget in fiscal year 2017. As a result, grant data collected could be an underestimate of the average investment.

Local Government

Local government grant data sources included Missouri and Illinois County Budgets, Trust Fund Annual Reports, Illinois Catalog of State Financial Assistance, and data requests. The research focused on collecting state-enabled trust grants since they tend to be more than \$50,000, data is generally publicly available, and they can be formed in any county in the 16-county service area. Counties can elect to form state-enabled trust funds that administer dedicated local funding sources (collected from taxes, fees, etc.) as grants to service providers working in four areas: child welfare, senior services, disabled services, and mental health. Some counties, like St. Louis City, have additionally formed Affordable Housing Trusts that are separate from Housing Authorities.

State-enabled local trusts were identified by searching county budgets and publicly available listings, like the Missouri Association of Community Developmental Disability Services' member county boards map. Once trusts passed the blended funding decision rule, data were collected, or requested, and entered into the data collection tool. Only publicly available data or data requests that did not require a Sunshine Request were included. Data that can only be obtained through Sunshine Requests was not included as it was both time and cost prohibitive.

Blended funding disproportionately impacts local government funders as they tend to receive funding from several different sources meaning they could be underrepresented

It should be noted that some state-enabled local trusts, typically those in the least populous counties, do not administer grants, but provide services directly. As such, these dollars are not captured as they would be in other counties that administer grants.

Philanthropy

Philanthropic grant data sources included Candid, ProPublica Nonprofit Explorer, National Taxonomy of Exempt Entities, Annual Reports, Financial Statements, IRS Form 990, and data requests. First, data were collected from Candid (formerly Foundation Center) and filtered by fiscal year 2017, grant amount (minimum of \$50,000), place (county), and foundation assets (\$1 million dollars or more). These data required cleaning, especially for St. Louis City and St. Louis County, as grants were listed in the incorrect county. Once cleaned, data were then included as part of the All Grants or Other category that was organized by United Way.

As Candid only provides data from those funders that choose to self-report to it, philanthropic data were also collected from individual funders' annual reports, financial statements, IRS Form 990, and data requests. By identifying key missing funders through peer review and research, it was possible to make philanthropic data more robust. Key funders were defined as those that have name recognition, a large financial impact on the funding landscape, and matched all other criteria. Due to the sheer number of philanthropic grants, the data captured represents just a portion of all available grants in the service area.

Categorization and Taxonomy

Among available datasets, various taxonomies were used to categorize organizations, types of funding awards, and more. Taxonomy data sources include Candid, National Taxonomy of Exempt Entities (NTEE), and United Way 2-1-1. The

first was used to determine philanthropy type (private or public) for funders; if the funder filed an IRS Form 990-PF, it was categorized as “private”; if they filed an IRS Form 990, it was public; and if it was a business (regardless of IRS Form filed) it was categorized as “corporate.” The first two sources were used to collect NTEE codes for both funders and grant recipients. Lastly, recipient’s AIRS program codes were collected from 2-1-1.

United Way’s impact areas and related topics defined by the CNA researchers were used to categorize all grant awards. Categorizations were made on the available information for an individual grant (terminal grantee, program, or grant description), as well as topics. In order to align findings across this report, some grants were coded to topics that they would not be otherwise. These topics included:

Access to healthcare (health services in schools formerly coded as school-specific services)

- Food security (free and reduced lunch programs in schools formerly coded as School-specific services)
- Community building (Community Development Block Grants and other neighborhood-based funds / recipients formerly coded as Place-specific services)
- Jobs (economic development grants to businesses formerly coded to entrepreneurship/business development)

The original coding of these grants can be viewed in the primary dataset in the [Appendix](#).

There were also a large number of grant awards that fell outside of the applied taxonomy. These awards were categorized as other and include topics such as:

- Animals and environment
- Agriculture
- Arts & culture
- Faith
- Uncategorizable
- Research
- Fundraising

While most topics in the other category are self-explanatory, it is noteworthy how four were defined for the CNA’s purpose:

- Faith as general operating support to places of worship
- Uncategorizable as general operating support to entities that fall into more than one impact area
- Research as research grants primarily awarded to higher education institutions
- Fundraising as sponsorships and gifts made for fundraising purposes

Addresses

Address data were collected first from funder grant data (annual reports or IRS Form 990); second from the recipient’s website (only if the first was not available); third from Candid (funders only); or, fourth from Google maps. Both Candid and usaspending.gov sometimes inaccurately placed grant recipients located in St. Louis City or St. Louis County in the other county.

Moreover, Candid identifies only the state in which grant recipients are located. Since it does not provide additional address information, the street address for each grant recipient was searched, and the county was reassigned.

It should be noted that grant recipients' addresses were typically the address at which the recipient was headquartered unless the funder specified a different address, often a branch or satellite office in the county in which they are located. This was treated as a term of the grant, meaning that the grant is restricted for use in a certain county. This is an important distinction, as some recipients could provide services in multiple counties. For the most part, this rarely occurred.

Additionally, there are some street addresses for recipients that are not provided. As a result, actual street addresses may not be accurately recorded for privacy and security reasons. One example of this relates to entities serving domestic abuse survivors.

Efforts to Use a Racial Equity Lens



The funding research performed for the CNA encompassed \$1.5 billion from 2,770 grant awards across the 16-county region in 2017. This effort took specific steps to ensure that a racial equity lens could be applied to the funding landscape.

All grant awards exceeding \$50,000 were tracked by collecting detailed information that included:

- Funding source and funding recipient
- Geographic location of both (by specific address)
- Alignment to impact areas and topics, the National Taxonomy of Exempt Entities, and the Alliance for Information and Referral Systems (AIRS) Taxonomy, which is used by United Way 2-1-1

Much of these data were gathered to enable future analysis beyond the CNA and particularly to enable a focus on racial equity. While the geographic placement of an organization (especially organizations with multiple office locations or service lines) is not synonymous with the population served, the current data can be used to unearth geographic disparities in funding allocation. For example, this examination could determine what percentage of funds are directed toward North vs. South St. Louis City and are often correlated with certain racial divides. An alignment with agency information, specifically through United Way agencies that share their impact/topic area categories, or more broadly aligned to the AIRS/NTEE taxonomy across the region, should enable deeper exploration into how funding translates into populations served (especially populations of color) and how those services address racial disparities.

There are several factors, however, that caution the application of a racial equity lens using these data that need to be addressed through additional data collection efforts. The most important is definitional, as there is not a standard category within NTEE, AIRS, or United Way itself that classifies an organization as intentionally serving a specific racial or ethnic group.

Whether an organization serves such a population is also different from how that organization is led or governed. Little information exists outside of United Way reporting (which is not public) or point-in-time surveys that shed light on which organizations (or funders) are led by people of color in staffed leadership or board composition. Without these data available, most critical analysis of how equitable funding (or services) are deployed is difficult, if not impossible, to conduct.



Limitations

The fiscal map has five important limitations that are inherent to funding reports:

1. Point-in-time, not longitudinal data
2. Tracking grants by terminal grantee's main address, not service area
3. Exclusion of some blended funding sources
4. Tracking grants of \$50,000 and more
5. Limited publicly available data

Both the number and dollar amount of grant awards in the 16-county service area can vary from year to year. Fiscal year 2017 grants data only gives a point-in-time measure. Ideally, data would be compiled across several years to account for variation. To that point, Illinois was without a fully appropriated budget in fiscal year 2017, which primarily affected social services and higher education. The fiscal map reflects that “state investment in non-profits drastically declined due to the lack of state budgets” in fiscal year 2017 compared to other fiscal years.^{xv}

Tracking grant awards to the county of the terminal grantee's main address, and not service area, means that the fiscal map does not represent the actual distribution of funds across counties. The result is that counties like St. Louis City, which has a large number of grantee offices (main address) over-report total funding by the total grant awards made to grantees that serve multiple counties. Additionally, there are some recipient street addresses that were not provided—especially those serving domestic abuse victims—for privacy and security reasons. This means that their county assignment may not be accurate.

When an award has two or more funding sources that is not able to be broken out or traced to the original funding source, it is considered “blended” funding. This is most common among state and local trust funds that typically receive state government, local government, and philanthropic funds for grantmaking purposes. A decision rule was created for blended funding: If an entity receives enough of their major funding stream, assumedly state or local government funds, to cover the grants dispersed, then that funding will be counted. If not, or if no financial documents were available, then it was not included. This was in an effort to ensure that no one grant was counted more than once as it traveled from originating funder to terminal grantee.

One of the most important parameters of this portion of the CNA report is that it tracks grants of \$50,000 and more. The minimum award was set based on Candid and National Taxonomy of Exempt Entities data for the service area and feasibility. Grants less than \$50,000 are usually awarded to smaller entities, as well as possibly less populated counties. This results in both characteristics being under-represented in the analysis.

One of the largest challenges for this type of research is the unavailability of public grant awards data. State and local government awards data are especially difficult to obtain and discern originating funding sources. This translates to an under-representation of awards. All state and local government data are publicly available or available at no cost. If a Sunshine Request was necessary to obtain data, then it was excluded from this study.

Finally, there are some topics that lend themselves more towards government provision than others: transportation, post-secondary education, safety, justice system, and K-12 education and out of school time. These topics can receive government grant funding, but also may be supported through several dedicated funding mechanisms like appropriations or tax-funding. Often, the more dedicated government funding that a topic receives, the less grant funding it will receive. Additionally, during data collection it became evident that even if funds are distributed within these topics, especially from state or local governments, they are often under \$50,000.



METHODOLOGY TO
UNDERSTAND
COMMUNITY PARTNERSHIP

The Potential for Partnership

Addressing need in United Way's five impact areas cannot be accomplished with one sole financial investment or the services of one agency alone. The topic areas of need that comprise the impact areas are impossible for the nonprofit sector to tackle alone because of their systemic nature. Partnership across agencies, sectors, and systems is needed to advance progress in addressing these need areas.

Partnerships can be a powerful way to achieve community goals in health and development. Organizations that successfully collaborate are more likely to advance positive community change. Leveraging the collective action of organizations and individuals in the region can contribute to improved community outcomes and lasting results.

To better understand needs and assets in the region, United Way sought to better understand the landscape of community partnerships in its geographic footprint and impact areas. To identify partnerships, data collection began by conducting a survey and scanning available reports and websites to develop an emerging picture of regional partnerships.

The survey helped identify efforts to take collective action toward community change. To see the full community partnership survey, see the [Appendix](#). The scan of existing reports and websites provided a window into the range of regional partnerships and their work within United Way's impact areas. Questions that guided this research were:

- What partnerships exist in the region?
- What communities do they serve?
- What impact areas do they address?
- How long have they existed?
- Who is involved?
- What is the nature of the partnership?

Data Collection Process

There were three key components of the research efforts to identify community partnerships:

- Identify potential partnerships
- Collect primary data
- Collect secondary data

Using the data collection parameters described above, the following sources were used to find community partnerships:

- Thread Directory
- NCADA Directory, an issue-based anchor that supports Missouri coalitions on addiction
- Community Builders Network, place-based anchor that facilitates multiple coalitions, including the CDFI Alliance, Vacancy Collaborative
- Gateway Center for Giving Partnership Directory
- St. Louis County Children's Service Fund
- Candid (search by county)
- Other anchor organizations and directories

Lead Survey Question

"We are taking a broad definition of partnerships, coalitions, and collaboratives. If your effort considers itself to be working in partnership to make change in your community, we want to learn more! If you are a leader, staff person, or volunteer who coordinates a partnership, coalition, or a collaborative effort, please complete the brief survey."

To see the full survey, see the [Appendix](#).

There were some cases when a partnership's website mentioned other joint efforts, thus expanding the data source base. A broad online search was also used to identify partnerships using key words that included a county's name and phrases such as "community," "partnership," "collaborative," "coalition," "association," and "cooperative."

After identifying a potential partnership, the entity was contacted via email and/or phone and asked to complete the CNA community partnership survey. Any data received was sorted into census data and descriptive data.

Secondary data collection was used when no survey response could be obtained. These data included partnership websites, Facebook pages, Candid profiles, and directories. The intent of secondary data collection was to complete the dataset with publicly available information that included:

- Partnership census secondary data, such as name, contact person, and address
- Partnership descriptive secondary data, such as service area, goals, partners, and length of existence
- Mission statement, which was treated as a partnership goal
- Facebook page creation date or Candid's ruling year, which was treated as partnership's length of existence (unless explicitly mentioned elsewhere)
- Categorization based on United Way's impact areas was an analytic variable and was determined based on partnership's name and goals combined with any relevant information available

These data were reviewed for duplication, completeness, and fit by the CNA researchers.

Data Collection Parameters

To be included in the research, the group had to meet an initial set of criteria.

- The entity must work in or intend to affect outcomes in some portion of United Way's 16-county geographic service area.
- The entity had to align with the broad definition of community partnership, which was developed by the CNA researchers.
- Partnerships were able to identify the United Way's impact area that best aligned with efforts. While United Way's impact areas provided a research framework, some community partnerships worked in multiple impact areas, while others aligned with none.
- Partnerships were also given the opportunity to state their overall goal, including specific outcomes desired for their community.
- Partnerships also had to demonstrate willingness to:
 - Network by exchanging information with each other (i.e. referrals, regular meetings)
 - Coordinate with other entities (i.e. schedule coordination, service sequencing)
 - Cooperate by sharing resources with each other (i.e. joint funding applications, shared programming, volunteers)
 - Collaborate by strategically helping each other succeed and understand who needs to step up or step back to achieve community goals

Efforts to Use a Racial Equity Lens



The CNA researchers performed a scan of partnerships that reported a goal of reducing disparities based on race, thereby enhancing United Way's understanding of the landscape of collective action toward equity. Additional phone and email outreach was conducted to increase the ability for smaller, less resourced entities to participate.

Limitations

The efforts to identify community partnerships included a survey and scan of the St. Louis region, identifying active partnerships, coalitions, and collaboratives that are working to impact community change and population-level outcomes. In order to capture as many entities as possible, "partnership" was broadly defined. The survey stated, "If your effort considers itself to be working in collaboration to make change in your community (for example, a team working regionally to improve physical activity and healthy eating habits), we want to hear from you!" Our goal was to engage respondents based on their own understanding of their work and their efforts, and to be more inclusive than a narrowly defined approach. While this inclusive approach was beneficial, the partnerships identified include a wide array of entities whose efforts to partner range from minimal to advanced.

While these initial partnership mapping efforts hopefully help to advance our understanding of community partnerships in the St. Louis region, there were limitations to the census approach to data collection, in that only basic information about the partnerships was collected. A more comprehensive survey and review of the community partnership landscape would lend more data about these efforts, providing further data on specific strategies and outcomes. Specifically, a more comprehensive survey would also provide more data from a racial equity perspective. For example, additional questions could include how many partnerships are led by people of color, which partnerships represent significant membership in communities of color, what system change strategies are being utilized, how partnerships are funded, and what specific racial equity outcomes are being addressed.

In addition to the above limitations, it also should be noted that an incentive for survey completion would likely produce a higher response rate and a more accurate picture than the secondary data collected overall. Additionally, the various geographic footprints that emerged in the process (multi-county, single county, a school district, specific zip codes) presented a challenge to the ability to be precise about what partnerships and coalitions are active in United Way's service area.

LEARNINGS



LESSONS LEARNED

The findings presented throughout this report have sought to answer this question: Within United Way's impact areas and across its geographic service area, what services and resources are most needed? Along with these key findings, there has been valuable learning from the implementation of this assessment that has unearthed recommendations for future work.

Community Voice: Value and Use, Participant Fatigue, and a Need to Align Efforts

Coming into the CNA, the diversity of United Way's 16-county geographic service area seemed evident as every county across the region is unique. The CNA researchers, therefore, sought to highlight distinct needs in each community by using not only existing research, but also data collected from community stakeholders in each county. Throughout the assessment, CNA researchers deeply valued the voice of community residents and stakeholders. Community engagement strategies, often described in the health field as "nothing about me without me", provide context that is critical to understanding community challenges. To make assumptions about what a community needs without seeking the insight of those who are most directly affected is risky at best, and harmful at worst.

Meaningfully engaging community members takes effort and time; it can be difficult to accomplish without the involvement of residents who have the best knowledge of the community. Invaluable insight from community stakeholders helped researchers navigate the local landscape of each county and was essential to collecting quality data and understanding need.

While valuable insights were shared about county-level need, another unique finding emerged in the CNA community engagement efforts. Various entities are seeking community member insight to understand resident experience and inform future action. Community members have expressed fatigue in repeatedly being asked to participate in data collection efforts and frustration about the lack of communication about results and action taken based on their feedback. While it is honorable that so many community initiatives are engaging constituents, these entities can lessen this fatigue by aligning efforts to collect data, publicly and consistently sharing findings in a way that respects respondent anonymity, and intentionally sharing findings and resultant actions with participants.

Honor Community Differences

The unique conditions of communities throughout the region call for distinct and often different solutions. United Way, therefore, sought to conduct a needs assessment that uncovered these community differences. Community type, such as rural or suburban, should not lead to assumptions about need. Urban counties vary from one another, just as rural counties do. Prioritizing efforts to learn about a community's specific history, built and natural environment, governmental ecology, local economy, and residents can best foster understanding of a community's needs.

A Unique Blend of Findings

The three types of findings in this study (prioritized need, regional funding, and community partnerships) may collectively be used to inform innovative and collaborative strategies to address individual, community, and systemic challenges. In particular, the comparison of high priority needs to regional funding could highlight potential gaps in services and resources. The findings and resultant interpretations, however, should consider the limitations of the CNA that are noted throughout this report.

Furthermore, the CNA findings indicate that some of the highest priority needs originate within broad systems (like child welfare or transportation systems) that can require intense support. While it can be overwhelming to try to address systemic issues, this assessment's three types of findings provide unique insight that could help inform strategies to improve systems.

Connectedness Is a Core Need

Basic needs are top of mind when looking at how to prioritize what a person needs to survive. While these types of needs are undoubtedly critical, it is important to realize that belonging, inclusion, and connectedness are also basic needs. During the CNA process, the case for connectedness was articulated by residents from all community types.

Connectedness grows when people have strong relationships with fellow community members. Developing these types of relationships requires time and trust. This connectedness can foster not just individual thriving, but community flourishing, even helping to advance equity.

[View Appendix.](#)

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