

Indiana Community Needs Assessment 2018 Report



A Sagamore Institute Impact Report



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INTRODUCTION

The U.S. Department of Health and Human Services (HHS) provides funding for the Community Service Block Grant (CSBG). The Community Services Block Grant provides assistance to States and local communities working through a network of Community Action Agencies (CAAs) for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient. For Indiana, CSBG funded activities create, coordinate, and deliver a broad array of services to low-income Hoosiers. The grant's purpose is to fund initiatives to change conditions that perpetuate poverty, especially unemployment, inadequate housing, poor nutrition, and lack of educational opportunity.¹

The Lieutenant Governor of Indiana designated Indiana Housing and Community Development Authority (IHCDA) as the appropriate lead agency for the administration of CSBG. Indiana receives approximately \$9 million annually. By regulation, 90 percent of the funds are allocated to private nonprofits or local units of government that provide self-sufficiency programs. In Indiana, funds are allocated to the state's 22 Community Action Agencies (CAA).²

The CAAs in Indiana provide an array of services formulated to address local needs. Services may include housing, energy assistance, nutrition, employment, and training as well as transportation, family development, child care, health care, emergency food and shelter, domestic violence prevention services, money management, and micro-business development.³

The goals of IHCDA and the community action network in Indiana are to improve the lives of citizens through efforts to enhance employment, education, financial literacy and management, health, proper nutrition, promote self-sufficiency, access to emergency resources, and link Hoosiers in need with service providers and resources.

STUDY PURPOSE

The purpose of this study is to assist IHCDA and Indiana's CAAs with conducting community needs assessment as required by the Community Services Block Grant (CSBG). The Community Services Block Grant (CSBG) is funded by the U.S. Department of Health and Human Services. According to federal regulations, the CAAs are required to conduct a community needs assessment.

Every three years IHCDA coordinates the completion of a needs assessment for each CAA to measure and record improvements in the condition of low-income people and the communities in which they live that result from community action intervention. The goals of the community need assessment are to gain the perspective of low-income families, the human service network, and critical community stakeholders regarding the needs of low-income individuals and families.

All the data and information identifying the strengths, gaps, limits, and resources available in the community to meet the low-income populations' needs will be examined and interpreted by the Indiana Community Action Agencies leadership teams to establish the framework for services and solutions needed to address the needs identified. The findings will be used to complete the agency's ongoing Community Action Plan activities and as well as utilized in strategic planning efforts for successful programs in addressing resident identified impediments.

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COMMUNITY ACTION AGENCIES (CAA) SERVICE AREAS

In Indiana, there are 22 Community Action Agencies that serve all 92 counties of Indiana and comprise the Indiana Community Action Network. Each Community Action Agency periodically analyzes community needs to identify strategies that will work best in attacking poverty. Each CAA is distinct because its programs reflect the needs of their local communities. These agencies are unique in their ability to deploy diverse program activities and services in meeting their mission.

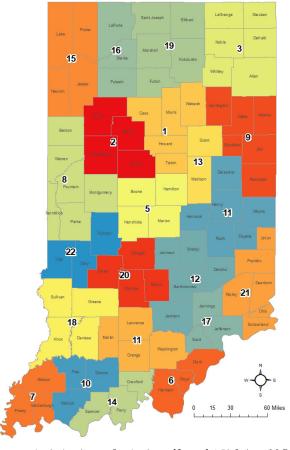
Table 1. Indiana Community Action Agencies

1	Area Five Agency on Aging & Community Services - Logansport	12	Human Services, Inc Columbus
2	Area IV Agency on Aging & Community Action Programs, Inc. – Lafayette	13	JobSource - New Castle
3	Community Action of Northeast Indiana d.b.a. Brightpoint - Fort Wayne	14	Lincoln Hills Development Corporation - Tell City
4	Central Indiana Community Action Program (Formerly JobSource) - Anderson		Northwest Indiana Community Action Corporation - Crown Point
5	Community Action of Greater Indianapolis - Indianapolis	16	North Central Community Action Agencies - Michigan City
6	Community Action of Southern Indiana - Jeffersonville	17	Ohio Valley Opportunities, Inc Madison
7	Community Action Program of Evansville and Vanderburgh County - Evansville	18	PACE Community Action Agency - Vincennes
8	Community Action Program of Western Indiana - Covington	19	Real Services, Inc South Bend
9	Community & Family Services, Inc Portland	20	South Central Community Action Program - Bloomington
10	Dubois-Pike-Warrick Economic Opportunity Committee Inc. d/b/a TRI-CAP - Jasper	21	Southeastern Indiana Economic Opportunity Corporation - Aurora
11	Hoosier Uplands Economic Development Corporation – Mitchell	22	Western Indiana Community Action Agency - Terre Haute
	·		

Source: Based on data provided by the Indiana Community Action Agency Association, 2018.

Community Action Agencies operate an array of programs which include, but are not limited to Head Start, Energy Assistance Program, Weatherization Program, Individual Development Accounts, Homeownership Counseling, Owner-Occupied Rehabilitation, Housing Development, Foster Grandparents, Child Care, and many more programs and services.¹

Map 1. Indiana Community Action Agencies Service Areas



Source: Indiana Community Action Agency Service Areas. [format]. 1:50. JoAnna M. Brown & Associates. Fishers, IN: Created from data provided by the IndianaMap county-layer dataset, 2018. Using ArcGIS [GIS software]. Version 10.6. Redlands, CA: Environmental Systems Research Institute.

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 $^{1\} About\ Community\ Services\ Block\ Grant.\ 2016.\ U.S.\ Department\ of\ Health\ and\ Human\ Services.\ Available\ online\ at\ http://www.acf.hhs.gov/ocs/programs/csbg/about.$

 $^{2\} Indiana\ Community\ Services\ Block\ Grant.\ 2016.\ Indiana\ Housing\ Community\ Development\ Authority.\ Available\ online\ at\ http://www.in.gov/myihcda/2536.htm$

³ Indiana Community Action Agency Association. " About the Indiana Community Action Agency Network. Available at http://www.incap.org/aboutus.html

¹ Indiana Community Action Agency Association. " About the Indiana Community Action Agency Network. Available at http://www.incap.org/aboutus.html

STUDY METHODOLOGY

The Indiana Community Needs Assessment Study used a mixed method approach in data collection and analysis.

DATA COLLECTION

Data collection consisted of three parts— a demographic and community asset inventory, an online and mail impact survey questionnaire, and interviews.

Demographic and Community Assets Inventory

Primary and secondary data from the Sagamore Institute team was collected to understand the socio-demographic characteristics of the study area and study participants. A number of tabulations from statistics provided by the US Census Bureau, Mapping Indiana's Compassion, Indiana Business Research Center, Indiana Institute for Working Families, Center for Families at Purdue University, National Historic Geographic Information Systems, ESRI Community Analyst, Uniform Crime Reporting Data, and Community Services Block Grant datasets were used to provide the sociodemographic context of the overall state and CAA service areas.

Demographic data such as population (total, actual, and projected), people in poverty by demographics (age, sexual orientation, race, income, marital status, family status and size), household size, self-sufficiency standard, median household income, education, family status and composition, housing, child care, child support, transportation, race, gender, education, health and health insurance status, substance abuse, total crime, employment status, and other key indicators that would pertain to the CAAs service area(s) were included as part of the analysis.

IMPACT SURVEYS

Surveys were distributed to all 22 CAA services areas in-person, online, or via mail. The survey was developed by Sagamore Institute and JoAnna M. Brown & Associates in collaboration with the Indiana Housing and Community staff and the Indiana Community Needs Assessment Advisory Committee. In total there were 371 initial surveys completed (187 client surveys and 184 stakeholder surveys).

In-Person Surveys: CAA staff disseminated in-person surveys to walk-in clients.

Online Surveys: Online surveys were disseminated by e-mail and text messaging to a sample of current clients of the CAAs with available e-mail addresses and cell phone numbers. The IHCDA and CAA staff provided contact information.

Mail Surveys: Surveys were mailed to a sample of current client households without available phone or email addresses based on addresses provided by the CAA or IHCDA staff.

Each survey type included an introductory letter or message explaining the study and compensation for completion.

Upon submission of a completed survey, participants were mailed thank you cards and a \$20 Target, Wal-Mart, or \$15 Visa gift card stipend for their participation.

An additional second supplemental client survey instrument was distributed to a sample of CAA clients. The survey focused on the perception of needs, the effectiveness of CAAs, the overall benefits to individuals and families, and recommendations. This survey was administered via text message and e-mail. There were 155 valid client supplemental surveys completed. Study participants did not receive compensation for their participation.

INTERVIEWS

Overall, there were nine completed client interviews and 15 completed stakeholder interviews. Client-based interview participants were size, growth rates, and composition of demographic characteristics identified by their responses to surveys, based on their demographic of each CAA service area(s) and aggregate statewide transitions. profiles, and willingness to participate. Fifteen client participants were initially recruited via telephone, e-mail, and text messaging, with the expectation that 8 to 10 participants would agree to participate. Stakeholder interview participants were also identified by their responses to surveys as well as their geographic service area location. Thirty-five stakeholder participants were initially recruited via telephone and e-mail, with the expectation that 15 to 20 participants would agree to participate.

The interviews were conducted via telephone and lasted between 40 to 45- minutes in length. Each interview was conducted at a time specified by the study participant. Eligible participants were read an informed consent statement at the beginning of each interview (see Appendix II and III). The statement explained the purpose of the project and affirmed participants' willingness to participate. The informed consent statement also informed individuals that their participation was voluntary, that the discussions would be recorded and observed by the research team, and that participation in and the discussion of content would remain private. After the discussion, but before ending the interview session, the interviewer asked participants for any further thoughts that had not yet been covered.

their time and mailed a \$10 Visa gift card stipend. Stakeholders did not the data by themes. All responses were examined with important receive compensation for their participation but were acknowledged for their time.

DATA ANALYSIS

Two rounds of client and stakeholder interviews were conducted. Socio-demographic analysis of the data using geographic (ESRI) and statistical software (SPSS) to illustrate changes over time in

> Survey and interview responses and focus group data were input using SPSS Analytical Software. Research results were calculated providing descriptive statistics for each item in the survey and demographic data collected. The research results were calculated to provide for frequencies and descriptive statistics for each item in the survey. All responses to questions were analyzed with critical demographic factors, such as race, age, gender, educational attainment, marital status, and socioeconomic status, providing cross-tabulations. CAA clients and stakeholders thoughts on basic needs, education, employment, financial wellness, and income were analyzed overall using a Likert scale in response to reaction statements.

> All client survey data were statistically weighted to mimic the sociodemographic characteristics of the CAA service area. The use of weights in statistical analysis ensures that the demographic characteristics of the sample closely approximate the demographic features of the overall population. Small numbers are always a cause for concern in sub-community analysis because it is difficult to carry out any meaningful analysis. Weights correct such bias by adjusting for skewing in representing a population.

Upon completion of the interview, client participants were thanked for Responses from interviews were analyzed using focused codes to organize demographic factors such as gender, educational attainment, and socioeconomic status.

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DEMOGRAPHIC ANALYSIS

STATE AND CLIENT POPULATIONS

Demographic analysis is a technique used to develop an understanding of the age, sex, and racial composition of a population and how it has changed over time through the basic demographic processes of birth, death, and migration.

Demographics are used to analyze trends in population and housing data to plan for community and human services and programs to benefit residents. Analyzing demographic trends can assist in determining if the market is under or over-served relating to such issues as the availability of senior housing or drug rehabilitation services.

A complete demographic analysis involves the quantifying of data, analyzing trends of that data, identifying particular needs, and then making projections. Therefore, the demographics found within this Statewide Community Needs Assessment will provide the base data necessary for the State of Indiana and CAAs to quantify and analyze trends in population, housing stock, age, race, occupations, income, and more. This information can then be used to pinpoint the needs of specific populations and make projections and decisions based on those needs.

The demographic data contained herein was gathered from various sources, including the United States Census Bureau, the Indiana Community Services Block Grant datasets, IndianaIndicators, StatsIndiana, RuralStats Indiana, the NHGIS, ESRI Community Analyst, OntheMap, HUDUser, and FBI Uniform Crime datasets.

The demographic analysis is divided into the following categories: Population, Families and Households, Age, Race and Ethnicity, Disability, Health. Other demographic data such as household income, education, employment, and poverty are discussed in the Poverty and Self-Sufficiency section of the report.

The demographic analysis in this section of the report provides a review of the overall state demographics as well as aggregate analysis of counties within each of the 22 CAAs primary service areas.

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DEMOGRAPHIC ANALYSIS: POPULATION TRENDS

POPULATION

The data illustrates an upward trend in Indiana's population between 2010 and 2017. The population trend upward is predicted to continue.



increase in total state population between 2014 and 2017.

The data demonstrates a downward trend in Indiana CSBG Unduplicated Individuals served (i.e., client populations) between 2011 and 2017.

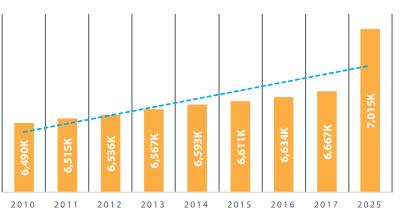


decrease in CSBG unduplicated individuals served between 2014 to 2017.

Figure 1. Population Trends: Indiana

Total Population: 2010 to 2017 and Projected 2025

STATEWIDE

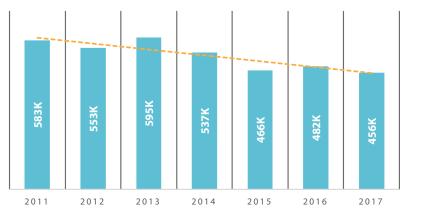


Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018.

Figure 2. Population Trends: CAA Service Areas

CSBG Unduplicated Population of Individuals Served: 2011 to 2017

STATEWIDE



Source: Indiana Housing Community Development Authority Community Services Block Grant Information Systems Survey, FY 2011 - FY 2017.

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DEMOGRAPHIC ANALYSIS: POPULATION TRENDS

POPULATION: CAA SERVICE AREAS

Table 2. Total Population Trends by CAA Service Area (including CSBG data) Percent Change: 2014 - 2017

Table Key:

B Decline in Both Total Population and CSBG Individuals Served

B Increase in Both Total Population and CSBG Individuals Served

CAA	Total Population % Change 2014 to 2017	CSBG Unduplicated Individuals Population % Change 2014 to 2017
AREA FIVE	-2.0%	22.7%
AREA IV	1.4%	1.9%
BRIGHTPOINT	2.1%	56.2%
CAGI*	0.6%	1.5%
CAPE	-1.4%	26.5%
CAPWI	-1.6%	-79.1%
CASI	0.9%	-19.2%
CFSI	-1.3%	14.6%
H.S.I.	-2.2%	49.1%
HOOSIER UPLANDS	-1.5%	-30.6%
ICAP	1.5%	30.2%
JOBSOURCE	-1.1%	-89.4%
LHDC	-2.5%	-5.6%
NCCAA	-2.5%	-21.9%
NWICA	-1.7%	-11.7%
OVO	-1.5%	9.6%
PACE	-1.7%	-19.0%
REAL	-0.2%	-18.7%
SCCAP	0.4%	-6.3%
SIEOC	-1.1%	-0.3%
TRI-CAP	0.3%	-10.1%
WICAA	-1.4%	1.2%

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. Indiana Housing Community Development Authority Community Services Block Grant Information Systems Survey, FY 2011 - FY 2017.

*NOTE: Data estimations based on the most recent CSBG data available

of 22 CAAs service areas populations indicate decreases in both total population and CSBG (unduplicated) individual populations served.

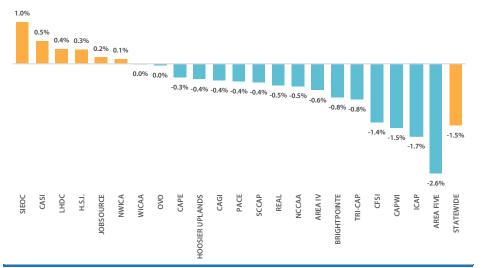
Service areas with declines in both population types include:

- Community Action Program of Western Indiana (CAPWI)
- Hoosier Uplands (Hoosier)
- JobSource
- Lincoln Hills Development Corporation (LHDC)
- North Central Community Action Agency (NCCAA)
- Northwest Indiana Community Action Corp. (NWICA)
- PACE Community Action Agency, Inc. (PACE)
- REAL Services, Inc. (REAL)
- Western Indiana Community Action Agency (WICAA)

DEMOGRAPHIC ANALYSIS: POPULATION TRENDS

FAMILIES & HOUSEHOLDS

Figure 3. Total Family Households Trend Percent Change: 2012 to 2016*



*NOTE: Data estimations based on the most recent CSBG data available.



Married with Children







15 of 22 CAAs

service areas households decreased in the number of family households.

The total number of Indiana family households decreased by 1.5%. Of those households, married households with children declined in Indiana by 5.9%. Additionally, other household and family types experienced declines of 3.0% or less. For example, married no children, single with children, and non-family households decreased. Of the CAA service areas, SIEOC service area experienced the highest growth, while AREA FIVE illustrates the steepest decline in total family households.



ingle with Children





Single Other households increased by 9.4%.



Of those, single, 65yrs and older households grew from 9.6% in 2011 to 10.4% in 2016.



Non-family Households



Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018.

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FAMILIES & HOUSEHOLDS: CAA SERVICE AREAS

Table 3. Family Type Trends by CAA Service Area Percent Change: 2012 - 2016

Table Key:	В	Decline in Three or More Family Typ

B Growth in Three or More Family Types

CAA	Married w/Child	Married No Child	Single w/Child	Non-Family
AREA FIVE	-12.7%	-1.0%	4.2%	7.6%
AREA IV	-4.0%	-1.6%	-0.7%	2.9%
BRIGHTPOINT	138.4%	1.3%	-0.9%	3.3%
CAGI	-63.3%	-1.6%	-4.2%	4.2%
САРЕ	-4.5%	2.1%	0.2%	1.6%
CAPWI	-9.8%	-0.4%	-1.0%	5.6%
CASI	-0.5%	-2.3%	-14.6%	2.9%
CFSI	-4.5%	-0.3%	-9.2%	5.6%
H.S.I.	51.2%	1.9%	-0.9%	-1.4%
HOOSIER UPLANDS	-74.5%	0.7%	6.8%	1.6%
ICAP	12.3%	-1.3%	-3.7%	4.3%
JOBSOURCE	79.1%	-0.8%	1.0%	-0.3%
LHDC	-13.1%	4.4%	5.8%	-1.2%
NCCAA	-7.3%	-0.9%	-5.7%	2.4%
NWICA	-7.0%	0.1%	1.6%	1.2%
OVO	-4.8%	3.3%	-9.0%	0.1%
PACE	2.6%	-5.5%	6.7%	2.4%
REAL	-6.8%	1.0%	1.1%	2.0%
SCCAP	-7.3%	-0.2%	-4.2%	1.9%
SIEOC	-5.5%	5.0%	4.0%	-4.6%
TRI-CAP	-4.7%	-0.4%	3.2%	4.9%
WICAA	-5.5%	-5.6%	-1.7%	3.3%
STATEWIDE	-5.9%	-0.5%	-1.4%	2.9%



indicate growth across three or more household and family type cohorts.

These include: BRIGHTPOINT, CAPE, HOOSIER UPLANDS, LHDC, NWICA, PACE, and REAL.



show decline across three or more household and family type cohorts.

These include: Area IV, CAGI, CAPWI, CASI, CFSI, NCCAA, SCCAP, AND WICAA.

Source: U.S. Census Bureau. Factfinder, 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018.

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DEMOGRAPHIC ANALYSIS: POPULATION TRENDS

AGE COHORTS

The most considerable change in Indiana population by age between 2011 and 2016* occurred within the 65 years and older age group - an increase of 9.2%.

In comparison, the most significant change in CSBG population by age occurred within the preschool age group - a decrease of 43.3% since 2014.



Preschool (0 to 4 yrs)



Young Adult 1.9% (25 to 44 yrs)



CSBG populations of Preschool Age children (0 - 5 yrs) declined by -43.3% between 2014 and 2017.

CSBG populations of Young Adults (25to 44 yrs) declined by -15.5% between 2014 and 2017.





Older Adult (45 to 64 yrs)



CSBG populations of School Age children (6 - 17 yrs) declined by -22.2% between 2014 and 2017.







9.2%

Older (65 yrs plus)



CSBG populations of College Age individuals (18 - 23 yrs) declined by -36.7% between 2014 and 2017.

CSBG populations of Older Adults (55 yrs plus) declined by -7.9% between 2014 and 2017.

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. *NOTE: Data estimations based on the most recent data available at the time of the analysis.

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AGE COHORTS: CAA SERVICE AREAS

Table 4. CSBG Age Cohort Trends by CAA Service Area Percent Change: 2014 - 2017

<u>Table Key:</u>	В	Significant Decline of 51% or More
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B Significant Growth of 51% or More

CAA	Preschool (0-5 yrs)	School Age (6-17 yrs)	College Age (18-23 yrs)	Young Adults (25-44 yrs)	Older Adults (45 - 54 yrs)	Seniors (55+ yrs)
AREA FIVE	71.7%	22.6%	32.7%	4.4%	58.2%	52.6%
AREA IV	-16.5%	-14.7%	-3.6%	-17.8%	38.7%	10.9%
BRIGHTPOINT	297.8%	74.1%	49.4%	55.3%	16.5%	10.4%
CAPWI	-100.0%	-3.0%	-100.0%	-100.0%	-100.0%	-100.0%
CFSI	72.9%	22.3%	32.1%	20.1%	22.6%	-0.4%
CAGI*	67.5%	-100.0%	-67.3%	-16.4%	13.9%	57.4%
CASI	55.1%	47.2%	-39.0%	-60.6%	19.7%	-18.5%
CAPE	202.3%	45.6%	85.4%	24.8%	44.5%	3.8%
HOOSIER UPLANDS	-1.3%	22.6%	-10.4%	-32.0%	-15.4%	-32.8%
H.S.I.	368.0%	-23.4%	47.4%	37.2%	69.8%	70.4%
ICAP	64.6%	13.7%	76.8%	54.7%	65.5%	35.1%
JOBSOURCE	-99.4%	-86.0%	-89.4%	-74.1%	-83.3%	-99.6%
LHDC	44.5%	-3.2%	48.3%	-8.1%	5.4%	-7.1%
NCCAA	-21.3%	5.4%	-5.5%	-19.8%	21.0%	-16.1%
NWICA	329.8%	-56.1%	-2.6%	-19.3%	-43.9%	-16.9%
OVO	64.7%	2.7%	37.6%	4.7%	30.2%	18.2%
PACE	-88.8%	-9.2%	-36.2%	60.4%	-59.4%	5.0%
REAL	-82.7%	-8.3%	-58.9%	184.1%	-62.1%	-33.3%
SCCAP	112.3%	-12.4%	-2.1%	-20.4%	0.6%	5.8%
SIEOC	-11.9%	-2.1%	77.2%	-10.0%	48.5%	42.0%
TRI-CAP	14.7%	-3.1%	-13.1%	-15.9%	28.6%	26.5%
WICAA	47.0%	3.4%	59.9%	12.4%	14.1%	-11.5%
STATEWIDE	-43.3%	-22.2%	-36.7%	-15.5%	-32.1%	-7.9%

Source: Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. *NOTE: Data estimations based on the most recent data available at the time of the analysis./No CSBG data available for 2017 (FY 2016)

10 of 22 CAAs show significant growth across one or more CSBG age cohorts with the most prominent growth in Preschool Age, Young Adults, and Senior Age cohorts served.

These include: Area Five, Brightpoint, CAGI, CAPE, H.S.I, ICAP, NWICA, REAL, SIEOC, and WICAA.

7 of 22 CAAs display significant decline of 51% or more across one or more CSBG age

cohorts served.

These include: CAPWI, CAGI, CASI, JobSource, NWICA, PACE, and REAL.

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DEMOGRAPHIC ANALYSIS: POPULATION TRENDS

GENDER: CAA SERVICE AREAS

Table 5. Gender Trends by CAA Service Area Percent Change: 2011 - 2016

Population Decline

B Population Growth

_						
CAA	Male (2011)	Male (2016)	Male % Change 2011 to 2016	Female (2011)	Female (2016)	Female % Change 2011 to 2016
AREA FIVE	49.3%	49.7%	0.8%	50.7%	50.3%	-0.8%
AREA IV	50.5%	50.7%	0.3%	49.5%	49.3%	-0.3%
BRIGHTPOINT	49.3%	49.3%	0.0%	50.7%	50.7%	0.0%
CAPWI	48.6%	48.5%	-0.1%	51.4%	51.5%	0.1%
CFSI	48.6%	48.8%	0.4%	51.4%	51.2%	-0.4%
CAGI*	49.4%	49.7%	0.5%	50.6%	50.3%	-0.5%
CASI	48.9%	48.8%	-0.1%	51.1%	51.2%	0.1%
CAPE	49.1%	49.2%	0.2%	50.9%	50.8%	-0.2%
HOOSIER UPLANDS	49.8%	49.6%	-0.5%	50.2%	50.4%	0.5%
H.S.I.	49.3%	49.5%	0.3%	50.7%	50.5%	-0.2%
ICAP	48.9%	49.0%	0.2%	51.1%	51.0%	-0.2%
JOBSOURCE	49.3%	49.3%	-0.1%	50.7%	50.7%	0.1%
LHDC	51.1%	51.7%	1.1%	48.9%	48.3%	-1.2%
NCCAA	51.2%	51.2%	0.1%	48.8%	48.8%	-0.1%
NWICA	48.6%	48.7%	0.2%	51.4%	51.3%	-0.2%
OVO	49.4%	49.0%	-0.9%	50.6%	51.0%	0.9%
PACE	50.7%	50.9%	0.4%	49.3%	49.1%	-0.4%
REAL	49.1%	49.1%	0.0%	50.9%	50.9%	0.0%
SCCAP	49.8%	49.8%	-0.1%	50.2%	50.2%	0.1%
SIEOC	49.5%	50.0%	1.0%	50.5%	50.0%	-1.0%
TRI-CAP	49.5%	49.7%	0.5%	50.5%	50.3%	-0.5%
WICAA	50.9%	50.9%	0.1%	49.1%	49.1%	-0.1%
STATEWIDE	49.2%	49.2%	0.1%	50.8%	50.8%	-0.1%

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. *NOTE: Data estimations based on the most recent data available at the time of

show growth in Male populations served.

These include: Area Five, Area IV, CASI, CAGI, CAPE, H.S.I, ICAP, LHDC, NCCAA, NWICA, PACE, SIEOC, TRI-CAP, and WICAA.

In comparison, six CAA areas indicated small declines in the same population. Two CAA areas had no change. (Brightpoint and REAL)



display growth in Female populations served.

These include: CAPWI, CASI, HOOSIER UPLANDS, OVO. and SCCAP

In comparison, 15 CAA areas indicated small declines in the same population. Two CAA areas had no change. (Brightpoint and REAL)

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RACE & ETHNICITY

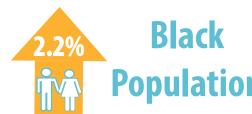
Indiana is predominantly White (84.0%). In comparison, 9.2% of Hoosiers are Black, 6.5% Hispanic, 2.2% Multi-Race (Biracial), 2.0% Asian, and less than 1.0% are American-Indian or Hawaiian/Pacific Islander. Overall, the percent of white populations are declining, while most other race/ethnicities are increasing. The highest growth is in Asian (25.0%) and Hispanic (8.3%) populations. However, over the past three years, the CSBG client populations are declining across all racial/ethnic compositions except Asian (+28.9%), Hawaiian/Pacific Islander (+81.5%), and Multi-race populations (+3.1%).



White opulation



CSBG White populations decreased by -13.7% between 2014 and 2017.





CSBG Black populations decreased by -17.4% between 2014 and 2017.



Hispanic Population

Hispanic
Indiana in 2016
6.5 %

8.3 % 4yr chg
Source: U.S. Cennus Burean, ACS 5-Year Estimates

CSBG Hispanic populations decreased by -29.3% between 2014 and 2017



Asian Population



CSBG Asian populations increased by +28.9% between 2014 and 2017.



Am. Indian Population



CSBG American Indian/Native American populations decreased by -30.1% between 2014 and 2017.





CSBG Hawaiian/ Pacific Islander populations increased by +81.5% between 2014 and 2017.



Multi-Race Population



CSBG Multi-Race populations decreased by +3.1% between 2014 and 2017.

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. NOTE: Data estimations based on the most recent data available at the time of the analysis.

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DEMOGRAPHIC ANALYSIS: POPULATION TRENDS

RACE & ETHNICITY: CAA SERVICE AREAS

Table 6. CSBG Race & Ethnicity Trends by CAA Service Area Percent Change: 2014 - 2017

CAA	White	Black	Hispanic	Asian	American-	Pacific-	Some Other	Multi-
	24.20/		/		Indiana	Islander	Race	Race
Area Five*	21.2%	57.7%	55.4%	N/a	143.8%	N/a	112.2%	11.0%
Area IV	-8.0%	-7.5%	-29.7%	354.3%	-70.4%	65.3%	22.2%	-31.8%
BRIGHTPOINT*	37.4%	89.7%	184.8%	325.8%	118.0%	N/a	-61.9%	78.5%
CAGI*	-100.0%	-100.0%	-100.0%	N/a	-100.0%	N/a	-100.0%	-6.7%
CAPE	3.5%	46.4%	43.6%	-33.5%	N/a	54.3%	102.5%	38.9%
CAPWI	-13.8%	12.4%	11.0%	N/a	-88.1%	N/a	63.7%	-100.0%
CASI	-25.9%	-2.6%	-12.7%	-32.8%	101.6%	-100.0%	-84.3%	7.5%
CFSI*	23.4%	148.4%	69.8%	N/a	43.0%	N/a	49.7%	35.6%
JOBSOURCE*	-32.5%	-19.8%	-13.1%	N/a	-39.8%	N/a	-37.2%	-19.6%
HOOSIER	23.9%	90.9%	16.8%	14.7%	93.1%	-31.1%	46.6%	-29.3%
H.S.I*	23.0%	30.1%	73.3%	N/a	N/a	N/a	1378.2%	24.8%
ICAP*	644.7%	N/a	-99.6%	-99.5%	-90.9%	N/a	-98.7%	-98.4%
LHDC*	-11.3%	224.9%	7.5%	113.3%	-73.2%	N/a	-3.7%	-100.0%
NCCAA	-24.4%	-14.8%	32.9%	55.1%	-6.3%	-67.7%	-34.1%	-21.8%
NWICA	7.0%	-29.6%	28.5%	N/a	-62.5%	N/a	57.0%	14.4%
ovo	4.8%	12.6%	116.4%	-74.1%	-14.2%	N/a	1260.0%	-3.0%
PACE	-19.2%	-54.8%	3.6%	-58.2%	76.8%	-75.5%	85.8%	-38.0%
REAL*	-23.1%	-1.4%	7.3%	203.2%	-96.1%	N/a	6.1%	-34.6%
SCCAP*	-13.7%	21.7%	110.2%	N/a	32.0%	N/a	-12.8%	60.6%
SIEOC	-2.9%	6.2%	43.9%	-0.3%	400.6%	10.2%	52.7%	20.7%
TRI-CAP	-9.2%	-44.4%	31.0%	-6.1%	47.7%	-90.8%	-70.2%	-18.9%
WICAA	-1.3%	9.4%	51.4%	-33.8%	-27.2%	203.1%	-32.2%	-1.8%
STATEWIDE	-13.7%	-17.4%	-29.3%	28.9%	-30.1%	81.5%	-15.4%	3.1%

Source: Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. *NOTE: Data estimations based on the most recent data available at the time of the analysis./No CSBG data available for 2017 (FY 2016).

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show significant growth in one or more CSBG Race & Ethnicity cohorts.

Area Five, Area IV, Brightpoint, CAPE, CAPWI, CFSI, Hoosier Uplands, H.S.I, ICAP, LHDC, NCCAA, NWICA, OVO, PACE, REAL, SCCAP, SIEOC, and WICAA indicated growth of 51% or more in various race/ethnicity cohorts.

11 of 22 CAAs



illustrate significant decline in one or more CSBG Race & Ethnicity cohorts.

Area IV, CAGI, CASI, ICAP, LHDC, NCCAA, NWICA, OVO, PACE, REAL, and TRI-CAP indicated decline of 51% or more in various race/ethnicity cohorts.

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HEALTH INSURANCE & DISABILITY

<u>Insured Populations</u>

The percent of Hoosiers with health insurance was 87.1%. Over the past four years, there has been an increase in the number of insured individuals of 3.0%. Of those insured, 92.5% of children were insured. This percentage of insured increased by 1.8% since 2011.

In comparison, the percent of individuals with health insurance served by a CAA declined by 25.2% over the past three years. The CAAs which demonstrate the most substantial decline in individuals with health insurance are ICAP (-96.7%) and NWICA (-58.9%) (see Table 4 on next page).





CSBG Insured Individuals declined by -25.2% between 2014 and 2017.







Disabled Populations

Current estimates report there are 13.4% of Hoosiers with disabilities. Moreover, populations with disabilities increased by 7.2%. This upward trend is evident in the CAA service areas. The service area showing the highest growth of over 51% include Brightpoint, JobSource, NCCAA, SCCAP, and SIEOC.





CSBG Disabled populations decreased by -25.2% between 2014 and 2017.

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. *NOTE: Data estimations based on the most recent data available at the time of the analysis./No CSBG data available for 2017 (FY 2016).

Indiana Community Needs Assessment 2018 Report

HEALTH INSURANCE & DISABILITY: CAA SERVICE AREAS

Table 7. CSBG Health Insurance & Disability Trends by CAA Service Area Percent Change: 2014 - 2017

Table Ke

B Significant Decline of 51% or More

B Significant Growth of 51% or More

CAA	Disabled	Insured (Health
Area V	-63.3%	-11.2%
Area IV	32.4%	-7.7%
BRIGHTPOINT	816.0%	82.6%
CAGI*	-5.3%	-6.8%
CAPE	50.5%	50.6%
CAPWI	-100.0%	-100.0%
CASI	-100.0%	-100.0%
CFSI	28.2%	28.3%
JOBSOURCE	333.8%	80.6%
HOOSIER	-32.5%	-32.5%
H.S.I	85.2%	85.4%
ICAP	-95.6%	-91.5%
LHDC	21.7%	21.8%
NCCAA	645.3%	58.5%
NWICA	-45.0%	-46.3%
OVO	21.1%	26.0%
PACE	2.1%	2.2%
REAL	-0.7%	-0.7%
SCCAP	482.1%	63.3%
SIEOC	344.7%	94.3%
TRI-CAP	66.0%	28.6%
WICAA	11.6%	11.7%
STATEWIDE	-25.2%	-25.2%
Source: Indiana Housi	ng Community Develo	opment Authority C

Source: Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. *NOTE: Data estimations based on the most recent data available at the time of the analysis./No CSBG data available for 2017 (FY 2016).

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show significant growth of 51% or more of disabled individuals.

Brightpoint, JOBSOURCE, NCCAA, SCCAP, and SIEOC indicated growth of 51% or more.

3 of 22 CAAs

illustrate significant decline 51% or more of disabled and insured individuals.

Area V, ICAP, and NWICA indicated decline of 51% or more.

Poverty Analysis is used to analyze trends in poverty and to target and measure intervention strategies to benefit low-income populations. According to Center for Poverty Research (2017), "poverty includes households or persons with earnings below the level of income needed to cover basic needs1." The federal and state Community Services Block Grant programs and initiatives are designed to address issues of poverty and promote economic sufficiency. As such, the federal government along with states have embodied core elements of the CSBG Results Oriented Management and Accountability (ROMA) with the overarching goal of self-sufficiency in mind. Two ROMA objectives directly related to poverty and self-sufficiency include 1) To develop comprehensive community assessments that identify the causes and conditions of poverty within local communities; and 2) The creation of a long-term results-oriented, evidence-based plan that strategically addresses family, agency and community needs in an effort to eliminate poverty or a cause or causes of poverty².

The poverty analysis found within this Statewide Community Needs Assessment will provide the base data necessary for the State of Indiana and CAAs to quantify and analyze trends in education, employment, income, affordable housing, populations in poverty, public assistance, the uninsured, and self-sufficiency. This information can then be used to identify the needs of specific populations and make projections and decisions based on those needs.

The poverty and self-sufficiency analysis in this section of the report provides a review of the overall state poverty-related indicators as well as aggregate analysis of counties within each of the 22 CAAs primary service areas. The data contained herein was gathered from

various sources, including the United States Census Bureau, the Indiana Community Services Block Grant datasets, IndianaIndicators, StatsIndiana, RuralStats Indiana, the NHGIS, ESRI Community Analyst, OntheMap, HUDUser, and FBI Uniform Crime datasets.

The poverty and self-sufficiency analysis is divided into the following categories: Education, Employment and Income, Expenses as a Percent of Household Income, Total Population in Poverty, Public Assistance, Uninsured Populations, and Indiana Self-Sufficiency Standard.

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POVERTY & SELF-SUFFICIENCY

EDUCATION

Educational attainment has improved for Hoosiers in Indiana. Over the past four years, populations without a high school diploma or equivalent declined. In contrast individuals with degrees in higher education increased. For instance, the percentage of individuals with an associate's degree grew by 9.1%. On the other hand, individuals with Bachelor's degrees increased by 6.8%. Moreover, those individuals attaining graduate degrees increased by 7.0%.

While there have been substantial changes to the composition of Hoosiers as a whole, those CSBG Clients attaining higher education degrees declined over the past three years. In comparison, High School /GED attainment increased by 11.9% since 2014.



Less Than a High School

Diploma
Indiana in 2016

11.9 %

-8.5 % 4yr chg

Source: U.S. Census Bureau, ACS 5-Year Estimates

CSBG Clients populations decreased by -45.7% between 2014 and 2017.





CSBG Clients populations increased by 11.9% between 2014 and 2017.



Some College





Associate Degree



CSBG Clients populations decreased by -23.2% between 2014 and 2017.



Bachelor's Degree





Graduate Degree



CSBG Clients populations decreased by -27.3% between 2014 and 2017.

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. Indiana Housing Community Development Authority CSBG Database, 2014 - 2017. *NOTE: Data estimations based on the most recent data available at the time of the analysis./No CSBG data available for 2017 (FY 2016).

^{1 &}quot;How Is Poverty Measured in the United States?" UC Davis Center for Poverty Research. Accessed September 30, 2018. https://poverty.ucdavis.edu/faq/how-poverty-measured-united-states. 2 Spar, Karen. "Community services block grants (CSBG): Background and funding." Congressional Information Service, Library of Congress, 2009.

EDUCATION: CAA SERVICE AREAS

Table 7. CSBG Educational Attainment Trends by CAA Service Area Percent Change: 2014 - 2017

Гable Key:	Significant Decline	of 51% or More	of 51% or More B Significant Growth		
CAA	24 yrs +:0-12/ Non-Graduate	24 yrs +:High School Diploma/GED	24 yrs +:12+ Some Post Secondary	24 yrs +:2 or 4 Years College Graduate	
Area Five	-18.0%	510.9%	21.7%	48.0%	
Area IV	132.7%	-29.1%	3.4%	-16.9%	
BRIGHTPOINT	51.5%	-26.8%	-11.7%	20.4%	
CAGI*	N/a	N/a	N/a	N/a	
CAPE	73.9%	-21.0%	19.0%	111.1%	
CAPWI	80.5%	-14.5%	82.1%	-64.6%	
CASI	4.6%	-48.0%	-37.6%	-13.6%	
CFSI	62.9%	-4.4%	37.3%	23.5%	
JOBSOURCE	6.7%	-43.6%	-48.2%	-29.0%	
HOOSIER	208.9%	-19.6%	3.3%	9.5%	
H.S.I	81.2%	0.2%	83.8%	98.6%	
ICAP	-99.5%	-87.7%	-94.3%	-99.8%	
LHDC	22.6%	35.1%	51.8%	188.1%	
NCCAA	31.7%	-34.3%	77.1%	48.9%	
NWICA	-72.4%	-24.9%	-29.4%	213.1%	
ovo	72.8%	-20.1%	83.2%	24.5%	
PACE	114.3%	-38.8%	-3.8%	-20.8%	
REAL	7.1%	-41.0%	185.1%	-24.6%	
SCCAP	29.2%	-31.9%	20.2%	45.8%	
SIEOC	89.8%	-16.6%	39.6%	255.0%	
TRI-CAP	48.9%	-14.4%	-2.6%	26.8%	
WICAA	82.0%	-27.4%	5.0%	23.7%	
STATEWIDE	-45.7%	11.9%	-23.2%	-27.3%	



show significant growth of 51% or more of educational attainment cohorts.

These include: Area Five, Area IV, Brightpoint, CAPE, CAPWI, CFSI, Hoosier Uplands, H.S.I., LHDC, NCCAA, NWICA, OVO,PACE, REAL, SIEOC, and WICAA.

These include: CAPWI, ICAP, and NWICA

Source: Indiana Housing Community Development Authority CSBG Database, 2014 - 2017.*NOTE: Data estimations based on the most recent data available at the time of the analysis./No CSBG data available for 2017 (FY 2016).

POVERTY & SELF-SUFFICIENCY

EMPLOYMENT & INCOME

Labor Force

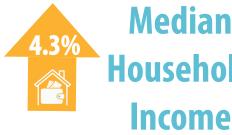
The number of individuals in the Indiana labor market increased by 3.0% between 2001 and 2016. The percentage of unemployed Hoosiers declined since 2011 by 26.6%. In comparison, those employed Hoosiers increased by 2.8%.

<u>Income</u>

The median household income in Indiana is \$52,289. Per capita income is \$43,097. Estimates show that both the median household and per capita incomes increased over the past four years. For example, since 2011 the estimated state median household income grew by 4.3%, while the estimated state per capita income increased by 6.3%.



















Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. The Small Area Income and Poverty Estimates (SAIPE) (2016)*NOTE: Data estimations based on the most recent data available at the time of the analysis.

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EMPLOYMENT & INCOME: CAA SERVICE AREAS

B Decline in Percent of Employed Increase in Percent of Employed

Table 8. Labor Force Trends by CAA Service Area Percent Change: 2014 - 2017

				0.00	
CAA	Labor Force Change	Employed Change	Unemployed Change	Median Income (2016)	Per Capita Income (2016)
AREA FIVE	1.4%	3.9%	-37.4%	\$47,398	\$37,714
AREA IV	2.4%	4.3%	-34.7%	\$50,797	\$36,641
BRIGHTPOINT	3.0%	5.5%	-40.3%	\$51,472	\$40,855
CAGI	5.2%	7.8%	-39.2%	\$69,242	\$52,758
CAPE	1.6%	3.7%	-37.8%	\$50,966	\$42,104
CAPWI	0.1%	3.0%	-41.6%	\$48,324	\$38,060
CASI	5.5%	7.7%	-32.4%	\$54,088	\$43,779
CFSI	0.2%	2.6%	-39.6%	\$44,952	\$37,676
JOBSOURCE	2.4%	6.1%	-44.5%	\$44,956	\$36,400
HOOSIER	5.2%	7.4%	-37.2%	\$54,256	\$43,658
H.S.I	2.9%	5.8%	-40.0%	\$46,570	\$38,164
ICAP	0.2%	3.5%	-44.0%	\$42,534	\$36,697
LHDC	1.1%	3.4%	-35.9%	\$47,813	\$37,745
NCCAA	-1.3%	1.9%	-41.5%	\$37,498	\$45,483
NWICA	0.2%	3.1%	-35.0%	\$55,331	\$42,102
OVO	1.0%	3.9%	-41.0%	\$46,890	\$36,787
PACE	0.0%	2.4%	-37.8%	\$45,376	\$38,420
REAL	5.2%	8.2%	-43.9%	\$49,277	\$42,704
SCCAP	1.0%	3.5%	-38.3%	\$50,655	\$38,230
SIEOC	2.3%	5.3%	-41.4%	\$51,425	\$40,760
TRI-CAP	4.3%	6.1%	-33.1%	\$54,924	\$48,505
WICAA	-0.9%	2.5%	-44.9%	\$47,807	\$35,313
STATEWIDE	3.0%	5.6%	-39.1%	\$52,289	\$43,097

Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. *NOTE: Data estimations based on the most recent data available at the time of the analysis

22 of 22 CAAs



show growth in the labor force and all 22 show increase in employment since 2014.

These include: CAGI, CASI, JOBSOURCE, HOOSIER UPLANDS, H.S.I., REAL, and TRI-CAP. In comparison, the state had a 5.6% increase since 2014.

22 of 22 CAAs



illustrate decline in the labor force and 22 show decrease in unemployment since 2014.

These include: BRIGHTPOINT, CAGI, CAPWI, CFSI, JOBSOURCE, H.S.I., ICAP, NCCAA, OVO, REAL, SIEOC, and WICAA. In comparison, the state had a 39.1% decrease since 2014.

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POVERTY & SELF-SUFFICIENCY

POPULATIONS IN POVERTY

Indiana had a decline in the number of people who are living in poverty from 2010 to 2016. Figure 4 details the poverty rate trend from 2010 to 2016 for the state. However, over the past 4 years, the percent of individuals in poverty increased slightly by 1.4%. Of those, individuals in age cohorts 18 - 64 years declined by 17.3%. In comparison, individuals 65 years and older increase substantially by 108.8%. Moreover, families in poverty declined by nearly 50%, while children in poverty slightly increased by 1.5%. However, children in age cohorts 5 - 17 years declined by 36.9%.







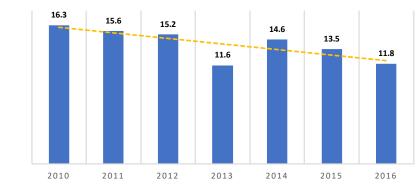






Total Population in Poverty: 2010 to 2016

PERCENT OF ALL PERSONS IN POVERTY 2011- 2016







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Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. The Small Area Income and Poverty Estimates (SAIPE), 2010 - 2016.*NOTE: Data estimations based on the most recent data available at the time of the analysis.

POPULATIONS IN POVERTY





5 to 17 yrs

PUBLIC ASSISTANCE

Approximately 4.8% of Hoosiers receive Indiana Supplemental Nutrition Assistance Program (SNAP) benefits. Indiana's SNAP is designed to raise the nutritional level of low-income households by supplementing their available food purchasing dollars with food stamp coupons. Statewide estimates indicate the trend of those individuals receiving SNAP is moving upward since 2012. In addition, an estimated 7.2% of Hoosier Children participate in the Free/Reduced Lunch program (FRL). This trend is declining. Moreover, the monthly average of families receiving Temporary Assistance for Needy Families (TANF) benefits declined by 28.5% since 2014. Maps 2 and 3 illustrate TANF percent changes by CAA service area, while Table 9 summarized changes for public assistance programs and uninsured adults by service area.











The Monthly Average of TANF Families Declined by 28.5% between 2014 and 2017

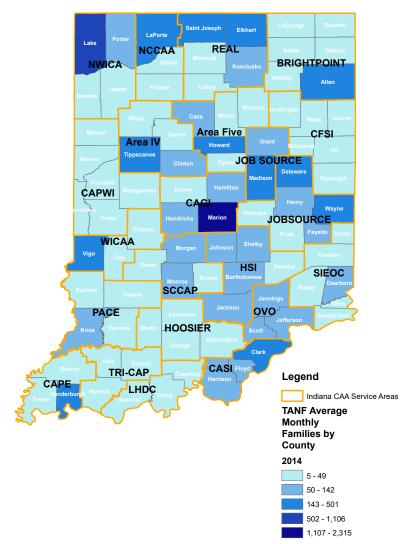
Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. The Small Area Income and Poverty Estimates (SAIPE), 2010 - 2016. *NOTE: Data estimations based on the most recent data available at the time of the analysis.

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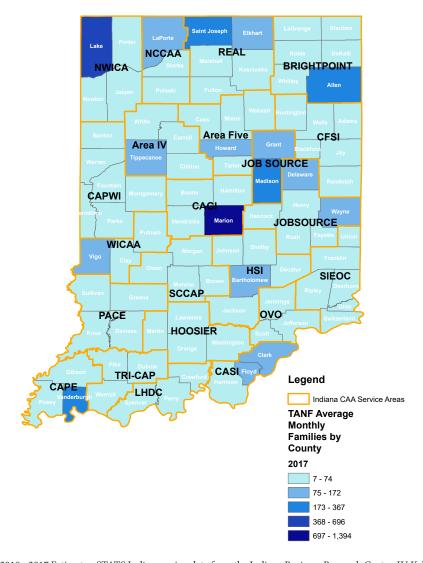
POVERTY & SELF-SUFFICIENCY

PUBLIC ASSISTANCE: CAA SERVICE AREAS

MAP 2. Populations Receiving TANF by CAA Service Area: 2014



MAP 3. Populations Receiving TANF by CAA Service Area:2017



Source: JoAnna M. Brown & Associates. Fishers, IN: Created from data provided by the U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. The Small Area Income and Poverty Estimates (SAIPE), 2010 - 2016.*NOTE: Data estimations based on the most recent data available at the time of the analysis.

UNINSURED POPULATIONS

According to the Robert Wood Johnson Foundation, access to care refers to having health insurance, local care options, and a usual source of care in communities¹. The uninsured are less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling, all of which impact the priorities identified above. Those without insurance are often diagnosed at later, less treatable disease states than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Indiana residents report different health status based on their location in the state. Mid-sized population areas report the lowest number of poor or fair health days, while rural areas report the highest.

Indiana's uninsured rate for adults was 17.0% in 2016, down 16.3% since 2012. The rate of uninsured children was 7.0% in 2016. This is down by 23.1% since 2012. The declined may by partly due to insurance options provided by the state. Indiana introduced the Healthy Indiana Plan (HIP) 2.0 in 2015 which expanded insurance options for lower income Hoosiers. Since 2015, approximately 20% of Indiana residents have been enrolled in Medicaid/Children's Health Insurance Plan (CHIP). Over 1.4 million Indiana residents are enrolled in Medicaid, and more than 20,000 of those enrollees are pregnant².

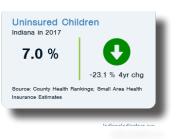


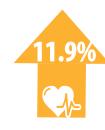
Uninsured Adults





Uninsured Children





Medicaid Recipients





Medicare Recipients



Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. The Small Area Income and Poverty Estimates (SAIPE), 2010 - 2016. *NOTE: Data estimations based on the most recent data available at the time of the analysis.

Indiana Community Needs Assessment 2018 Report

POVERTY & SELF-SUFFICIENCY

<u> Table Key:</u>

Uninsured Adults

PUBLIC ASSISTANCE & UNINSURED

SNAP

B Decline in Percent of Public Assistance
B Increase in Percent of Public Assistance

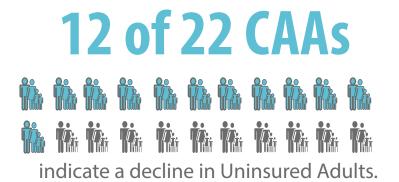
Table 9. Public Assistance Trends by CAA Service Area Percent Change: 2014

CAA	Change	Change	Change
Area FIVE	-0.6%	1.6%	-0.4%
Area IV	-0.2%	1.0%	-1.4%
BRIGHTPOINT	0.1%	0.3%	0.5%
CAGI	-1.5%	-4.4%	5.0%
CAPE	0.6%	-0.4%	-3.2%
CAPWI	-0.5%	0.1%	1.2%
CASI	-0.6%	2.9%	2.3%
CFSI	-0.4%	-1.6%	0.3%
JOBSOURCE	1.7%	0.0%	-2.2%
HOOSIER	-4.1%	-1.0%	-0.7%
H.S.I	0.9%	3.1%	-1.7%
ICAP	-0.3%	0.1%	-6.1%
LHDC	-0.7%	1.1%	4.6%
NCCAA	1.9%	-1.1%	-6.4%
NWICA	2.0%	2.0%	-5.1%
OVO	-0.2%	-2.6%	-5.7%
PACE	1.0%	0.3%	1.1%
REAL	-1.7%	-1.3%	1.7%
SCCAP	0.4%	0.8%	-2.3%
SIEOC	-5.5%	-2.4%	-0.4%
TRI-CAP	-1.9%	0.4%	-3.8%
WICAA	1.7%	0.0%	0.1%
STATEWIDE	-15.7	-3.4	-16.6



show decline in populations receiving SNAP benefits.

illustrate decline in populations receiving Free Reduced Lunch (FRL) benefits.



Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018. The Small Area Income and Poverty Estimates (SAIPE), 2010 - 2016. *NOTE: Data estimations based on the most recent data available at the time of the analysis.

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¹ Robert Wood Johnson Foundation Access to Care: County Rankings and RoadMap. (2018) available at http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/clinical-care/access-care

 $^{2\,}$ Indiana State Health Assessment and Improvement Plan May 2018 - December 2021.

HOUSING AFFORDABILITY

Table 10. Monthly Housing Costs as a Percentage of Household Incomes

		2012			2016		Percent	Change 201	2 - 2016
MONTHLY HOUSING COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS	Occupied housing units	Owner- occupied housing units	Renter- occupied housing units	Occupied housing units	Owner- occupied housing units	Renter- occupied housing units	Occupied housing units	Owner- occupied housing units	Renter- occupied housing units
Total	2,478,846	1,749,798	729,048	2,513,828	1,727,511	786,317	1.4%	-1.3%	7.9%
Less than \$20,000	16.6%	9.9%	32.9%	15.6%	9.3%	29.6%	-6.0%	-6.1%	-10.0%
Less than 20 percent	1.2%	1.3%	1.0%	1.1%	1.3%	0.7%	-8.3%	0.0%	-30.0%
20 to 29 percent	2.0%	1.7%	2.9%	1.8%	1.5%	2.6%	-10.0%	-11.8%	-10.3%
30 percent or more	13.4%	6.9%	29.0%	12.7%	6.5%	26.3%	-5.2%	-5.8%	-9.3%
\$20,000 to \$34,999	17.3%	14.9%	23.0%	16.4%	13.8%	22.0%	-5.2%	-7.4%	-4.3%
Less than 20 percent	4.3%	5.4%	1.9%	4.1%	5.3%	1.6%	-4.7%	-1.9%	-15.8%
20 to 29 percent	4.4%	3.1%	7.7%	4.1%	3.0%	6.4%	-6.8%	-3.2%	-16.9%
30 percent or more	8.5%	6.4%	13.4%	8.1%	5.4%	14.1%	-4.7%	-15.6%	5.2%
\$35,000 to \$49,999	15.1%	15.2%	15.0%	14.9%	14.7%	15.4%	-1.3%	-3.3%	2.7%
Less than 20 percent	5.9%	6.4%	4.6%	6.1%	7.0%	4.2%	3.4%	9.4%	-8.7%
20 to 29 percent	5.5%	4.5%	7.8%	5.5%	4.3%	8.2%	0.0%	-4.4%	5.1%
30 percent or more	3.8%	4.2%	2.6%	3.2%	3.3%	3.1%	-15.8%	-21.4%	19.2%
\$50,000 to \$74,999	19.3%	22.1%	12.8%	19.2%	21.5%	14.1%	-0.5%	-2.7%	10.2%
Less than 20 percent	11.2%	12.2%	8.7%	12.2%	13.6%	9.1%	8.9%	11.5%	4.6%
20 to 29 percent	5.9%	6.9%	3.5%	5.4%	5.9%	4.2%	-8.5%	-14.5%	20.0%
30 percent or more	2.3%	3.0%	0.6%	1.6%	1.9%	0.8%	-30.4%	-36.7%	33.3%
\$75,000 or more	28.8%	37.4%	8.0%	30.9%	40.1%	10.5%	7.3%	7.2%	31.3%
Less than 20 percent	22.8%	29.3%	7.3%	26.7%	34.5%	9.6%	17.1%	17.7%	31.5%
20 to 29 percent	4.9%	6.7%	0.6%	3.6%	4.8%	0.8%	-26.5%	-28.4%	33.3%
30 percent or more	1.0%	1.4%	0.1%	0.6%	0.8%	0.1%	-40.0%	-42.9%	0.0%
Zero or negative income	1.1%	0.6%	2.3%	1.3%	0.6%	2.8%	18.2%	0.0%	21.7%

Table Key:

B Decline in Percent of Housing
B Increase in Percent of Housing

By general rule-of-thumb, housing costs should not exceed 30 percent of a household's total income. In many communities across the nation, families spend a sizable share of income on rent, mortgage payment, utilities and other housing-related expenses. As housing costs climb in some areas, wages have failed to keep pace. This phenomenon is particularly troublesome for lower-income populations.

In Indiana, the data indicates approximately 9.3% of owner-occupied households earn incomes of less than \$20,000 annually. While 29.6% of renters earn less than \$20,000. Of those households, 6.5% of homeowners spend 30% or more of their income on monthly housing costs. In comparison, 26.3% of renters spend 30% or more of their earning on living expenses. While both the percentage of homeowners and renters spending more than 30% of their income on housing has declined since 2012, housing affordability and financial management remain an issue of concern based on the data.

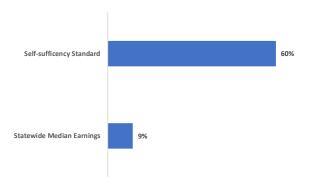
Source: U.S. Census Bureau. Factfinder 2010 - 2017 Estimates. American Housing Survey Data, 2010 - 2017. STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business, 2018.

POVERTY & SELF-SUFFICIENCY

SELF-SUFFICIENCY STANDARDS INDICATORS

The Self-Sufficiency Standard calculates how much income families of various sizes and compositions need to make ends meet without public or private assistance. According to the Indiana Institute for Working Families 2016 Self-Sufficiency Standards Report, Indiana median earnings lag behind increasing cost of living, 2005-2016¹. For example, Figure 5 compares the percent of the state's self-sufficiency standard and median earnings. The 2016 report highlights the Self-Sufficiency Standard for this three-person family in Indiana on average increased by 60% over the past 11 years, yet workers' median earnings increased by just 9% (from \$26,442 to \$28,946) in the state over the same time period (see Figure 5). Simply stated, between 2005 and 2016 the cost of living in Indiana has increased numerous times as fast as wages have risen in Indiana over the same time period. Therefore, the cost of living increases has far surpassed wage growth. The lag in earnings behind cost of living increases places a significant burden on family budgets.

Figure 5. Indiana Median Earnings Lag Behind Increasing Cost of Living, 2005-2016 Statewide Average, IN: One Adult, One Preschooler, and One School-Age Child



Source: Adapted from Pierce, Diana. Indiana Self-Sufficiency Standard Report. Indiana Institute for Working Families, 2016.

Findings from the report also note, the number of income families need to achieve economic self-sufficiency drastically varies across family size and residence. For example, the following maps were modified from the 2016 report to include the CAA service area overlays. Maps 4 and 5 depict the changes in the cost of living (as measured by the Self-Sufficiency Standard) for one family type—one adult, one preschooler, and one school-age child—by the county since the first calculation in 1999 and the previous calculation in 2009.

The most recent study findings report that over the last 17 years the Self-Sufficiency Standard for a three-person family has increased on average across all Indiana counties by 84% or 5% per year. The study notes, however, there is considerable variation by county, ranging from 40% to 169%. For example, between 1999 and 2016, Jasper County located in the NWICA Service Area has the highest increase of 169% (Map 4). In comparison, during the same time frame, Adams County situated in the CFSI service area is the lowest increase of 40%. On the other hand, between 2009 and 2016, Perry County located in the LHDC service area had the highest growth of 70%, while Howard County located in the Area Five service area had the lowest increase of 8% (Map 5).

¹ Pierce, Diana. Indiana Self-Sufficiency Standard Report. Indiana Institute for Working Families, 2016

POVERTY & SELF-SUFFICIENCY

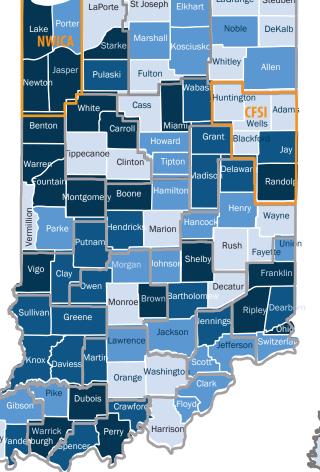
NWICA and CFSI counties experienced the largest costs increases between 1999 and 2016.

Map 4. Indiana Self-Sufficiency by CAA Service Areas Percent Increase: 1999 - 2016



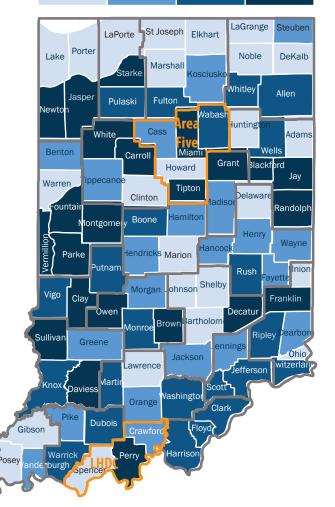


Area Five and LHDC counties with the largest cost increases between 2009 and 2016.



Map 5. Indiana Self-Sufficiency by CAA Service Areas Percent Increase: 2009 - 2016

Percent Increase in the Standard, 2009-2016 20 - 26% 27 - 36% 37 - 71%





14 of 22 CAA areas indicate a decline in rental units.

Table 11. Housing Occupancy Tenure Trends by CAA Service Area Percent Change: B Decline in Percent of Housing 2014 - 2016

Increase in Percent of Housing

Owner-CAA Occupied Vacant **Renters** Occupied AREA Five -1.2% 2.9% -0.5% -2.6% AREA IV 0.5% 1.2% 1.6% -1.8% **BRIGHTPOINT** 1.4% -4.5% 0.4% 2.5% CAGI 0.4% -2.9% 0.0% 1.8% CAPE -2.0% -0.8% 3.1% -0.2% CAPWI 0.1% -5.6% 0.0% 1.0% CASI -0.7% 8.0% -0.1% CFSI -1.0% 2.4% -0.1% -2.8% HOOSIER -1.4% 3.1% -0.7% -2.8% H.S.I -0.8% -1.1% -1.9% 4.4% ICAP 0.4% 0.9% 0.4% 0.5% JOB SOURCE -1.7% 9.9% -0.8% -3.8% LHDC -0.5% 0.0% -0.8% 2.7% **NCCAA** -0.8% 1.8% 0.0% -2.4% **NWICA** 0.0% -1.7% 0.6% -1.2% OVO -1.8% 8.1% -1.0% -3.4% PACE -1.3% 3.0% -0.9% -2.2% REAL -1.1% 4.7% -1.2% -0.5% SCCAP 0.0% 0.6% 1.1% -2.5% -0.7% SIEOC 3.7% 0.0% -1.8% TRI-CAP 1.1% -9.1% -0.1% 8.1% WICAA 1.8% 3.5% -13.1% 0.9% **STATEWIDE** 0.9% -0.2%

Source: U.S. Census Bureau. Factfinder 2010 - 2017

QUALITY OF PLACE & COMMUNITY ASSETS

HOUSING TENURE

Currently, there are 61.0% owner-occupied housing units, and 27.8% renter-occupied units. Between 2014 and 2016, there was a small increase in the percent of total and occupied housing units (+0.7% and +0.9% respectively). In comparison, the percent of vacant units decreased by less than 1.0%. Homeownership slightly declined overall statewide, while rentership increased by +3.3%.





14 of 22 CAA areas show increases in vacant housing units.

Owner-Occupied Housing Units
12 of 22 CAA areas illustrate a decline in owner-occupied units.

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CRIME

<u>Table Key</u>

B Lower than National Average of 100

B Higher than National Average of 100

Table 12. Total Crime by CAA Service Area (2016)

CAA	TOTAL CRIME	PERSONAL	MURDER	RAPE	ROBBERY	ASSAULT	PROPERTY	BURGLARY	LARCENY	MOTOR VEHICLE
AREA FIVE	73.0	50.6	45.0	92.8	29.0	53.8	76.4	69.2	83.0	34.8
AREA IV	83.8	59.5	43.8	97.5	33.5	66.0	86.8	82.8	91.8	60.5
BRIGHTPOINT	70.5	42.7	53.3	77.8	26.0	44.5	74.5	63.5	82.0	35.7
CAGI	91.3	98.3	98.0	72.5	109.3	97.0	90.5	93.3	88.8	97.5
CAPE	90.3	54.3	43.3	72.7	46.3	55.7	95.3	89.0	100.3	68.7
CAPWI	60.2	63.3	59.5	84.0	14.3	82.8	59.7	69.2	59.8	32.0
CASI	93.0	61.7	62.3	51.3	45.3	70.3	97.7	78.3	104.7	90.3
CFSI	62.7	36.5	37.7	76.7	10.2	42.5	66.2	53.0	74.2	29.8
JOBSOURCE	94.0	59.0	72.5	112.5	65.0	48.0	99.0	94.5	103.0	77.5
HOOSIER	57.3	39.0	27.3	50.3	15.5	48.3	60.3	58.3	62.3	46.0
H.S.I	91.8	68.6	40.0	68.6	19.6	91.6	95.2	59.4	108.8	68.0
ICAP	91.5	61.5	61.7	117.5	41.2	62.0	95.7	102.2	98.2	59.8
LHDC	50.7	36.7	30.3	41.0	13.7	46.3	53.3	54.3	53.7	44.7
NCCAA	69.0	45.0	51.0	64.3	22.7	51.7	72.0	71.3	76.3	42.3
NWICA	75.5	60.5	104.0	67.3	47.3	64.3	77.8	73.5	81.0	62.5
OVO	64.0	43.0	38.3	66.7	14.3	52.3	67.3	63.3	72.7	28.7
PACE	70.5	39.3	50.8	68.5	14.0	45.8	75.0	75.0	76.3	63.0
REAL	87.0	70.2	60.6	92.0	48.2	77.2	88.8	89.2	92.8	58.8
SCCAP	73.3	48.5	53.5	63.3	28.3	55.3	76.5	83.3	76.5	62.8
SIEOC	58.5	52.3	57.2	62.0	29.0	61.2	59.3	62.2	58.2	62.0
TRI-CAP	43.3	35.3	31.7	41.0	12.0	45.0	44.7	37.0	48.7	33.3
WICAA	85.3	47.3	46.7	81.7	31.0	49.3	90.7	93.3	92.0	73.0
STATEWIDE	104	97	113	94	102	94	105	108	105	95

CrimeRisk is intended to provide an assessment of the relative risk of seven major crime types. Relative crime rates are very important in real estate applications, insurance underwriting, shopping center and stand-alone retail facilities. The values are all referenced by an index value. The index values for the US level are 100, representing average crime for the country. A value of more than 100 represents higher crime than the national average, and a value of less than 100 represents lower crime than the national average. For example, an index of 120 implies that crime in the area is 20 percent higher than the US average; an index of 80 implies that crime is 20 percent lower than the US average.

6 of 22 CAAs

illustrate CrimeRisk Index rating higher than the national average in one or more crime indicators.

These include: CAPE, CASI, JOBSOURCE, H.S.I., ICAP and NWICA

Source: ESRI Crime Index 2017

QUALITY OF PLACE & COMMUNITY ASSETS

COMMUNITY ASSETS (POTENTIAL PARTNERS)

Sagamore Institute for Policy Research identified and created a repository of all known Indiana non-profit and community based organizations by programmatic practices and cause area or service sectors¹. This database is a compilation of data gathered from the Indiana Internal Revenue Service, Guidestar, and the National Center for Charitable Statistics. This data is based on human needs related NTEE (National Taxonomy of Exempt Entities) codes, with emphasis given to basic need (i.e., education, employment, food/hunger, health, and housing) related codes. A compilation of data gathered from the Indiana Internal Revenue Service, Guidestar, and the National Center for Charitable Statistics. This data is based on human needs related NTEE (National Taxonomy of Exempt Entities) codes, with emphasis given to basic need (i.e., education, employment, food/hunger, health, and housing) associated codes.

Overall, there are an estimated 10,850 IRS registered human needs-related nonprofits throughout the state of Indiana. Community-based organizations (CBOs) comprised 11% of the charitable service industry. Community-based organizations are public or private nonprofits which are representative of a community or a significant segment of a community, and are engaged in meeting human, educational, environmental, or public safety community needs.

Faith-based organizations (FBOs) are 8% of this sector. The term faith-based organization is often used to refer to religious organizations and other charitable organizations affiliated or identified with one or more religious groups.

In comparison, the most popular charitable sector in the state of Indiana are Houses of Worship (HOW). HOWs are religion-based non-profits. This organization type makes up approximately 57% of the nonprofits.

All "Other" types of nonprofit organizations comprise 24% of nonprofit service sector throughout the state. These include a mixture of nonprofit sectors, such a eductaion, employment, food, health, and housing organizations.

In addition, there are nearly 310,000 Family Social Service Medical providers and over 6,000 Indiana 211 Partnership resources. Each of these resources provides opportunities to build partnerships and leverage community capital, including human and financial capital to service those in need. The community asset analysis in this section of the report provides an aggregate analysis of nonprofits within each of the 22 CAAs primary service areas.

Figure 6. IRS Registered Non-profit Orgs by Type



Faith-based (FBO)

Houses of Worship (HOW) 57%

Other NPOs

24%

Source: Graph adopted from Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

1 Mitchell-Brown, JoAnna. Bright Ideas Indiana: Mapping Indiana's Compassion. Report. Indianapolis, IN: Sagamore Institute, 2016. 1-79.

COMMUNITY-BASED ORGANIZATIONS

Figure 7. Community-Development Capacity Building Orgs by CAA Service Area

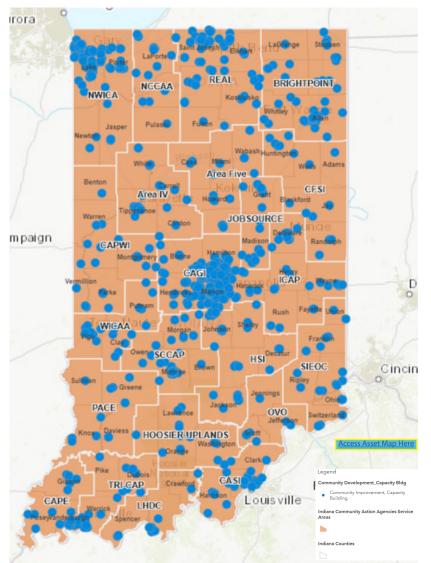


Table 12. Community-Development Capacity Building Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	26	2.6%
Area IV	27	2.7%
BRIGHTPOINT	70	7.0%
CAGI	272	27.3%
CAPE	45	4.5%
CAPWI	24	2.4%
CASI	37	3.7%
CFSI	18	1.8%
HOOSIER	18	1.8%
H.S.I	32	3.2%
ICAP	58	5.8%
JOB SOURCE	22	2.2%
LHDC	11	1.1%
NCCAA	19	1.9%
NWICA	90	9.0%
OVO	10	1.0%
PACE	13	1.3%
REAL	93	9.3%
SCCAP	40	4.0%
SIEOC	25	2.5%
TRI-CAP	23	2.3%
WICAA	25	2.5%
STATEWIDE	998	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

*NOTE: The data represents nonprofits who registered and filed 990-forms with the Internal Revenue Service in 2016.

QUALITY OF PLACE & COMMUNITY ASSETS

COMMUNITY-BASED ORGANIZATIONS

Figure 8. Disaster Relief Orgs by CAA Service Area

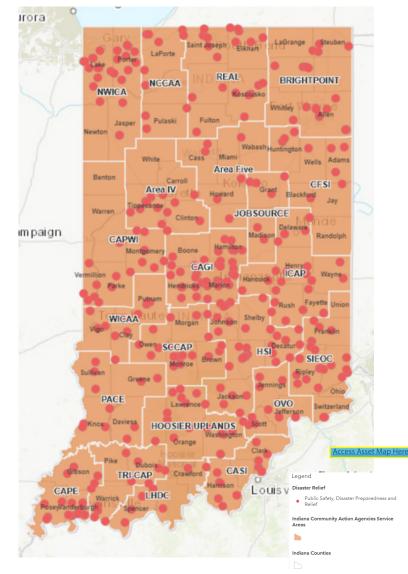


Table 13. Disaster Relief Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	6	1.7%
Area IV	13	3.6%
BRIGHTPOINT	18	5.0%
CAGI	40	11.1%
CAPE	18	5.0%
CAPWI	16	4.5%
CASI	11	3.1%
CFSI	9	2.5%
HOOSIER	18	5.0%
H.S.I	32	8.9%
ICAP	24	6.7%
JOB SOURCE	6	1.7%
LHDC	8	2.2%
NCCAA	8	2.2%
NWICA	25	7.0%
OVO	9	2.5%
PACE	11	3.1%
REAL	22	6.1%
SCCAP	21	5.8%
SIEOC	22	6.1%
TRI-CAP	11	3.1%
WICAA	11	3.1%
STATEWIDE	359	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

COMMUNITY-BASED ORGANIZATIONS

Figure 9. Education-based Orgs by CAA Service Area

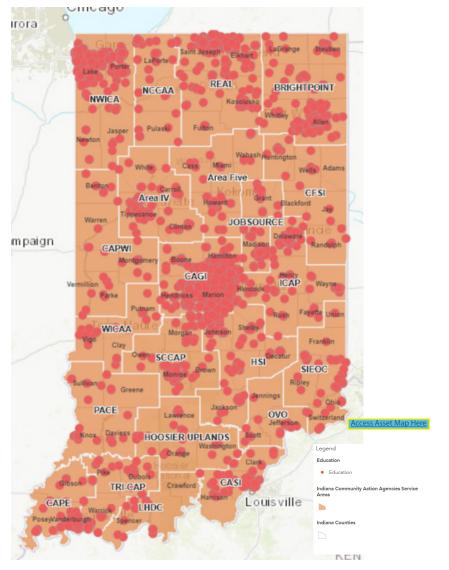


Table 14. Education-based Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	44	1.8%
Area IV	97	4.1%
BRIGHTPOINT	169	7.1%
CAGI	755	31.7%
CAPE	76	3.2%
CAPWI	33	1.4%
CASI	58	2.4%
CFSI	31	1.3%
HOOSIER	37	1.6%
H.S.I	105	4.4%
ICAP	119	5.0%
JOB SOURCE	47	2.0%
LHDC	15	0.6%
NCCAA	36	1.5%
NWICA	226	9.5%
ovo	21	0.9%
PACE	28	1.2%
REAL	230	9.7%
SCCAP	117	4.9%
SIEOC	43	1.8%
TRI-CAP	51	2.1%
WICAA	45	1.9%
STATEWIDE	2,383	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

*NOTE: The data represents nonprofits who registered and filed 990-forms with the Internal Revenue Service in 2016.

QUALITY OF PLACE & COMMUNITY ASSETS

COMMUNITY-BASED ORGANIZATIONS

Figure 10. Employment-based Orgs by CAA Service Area

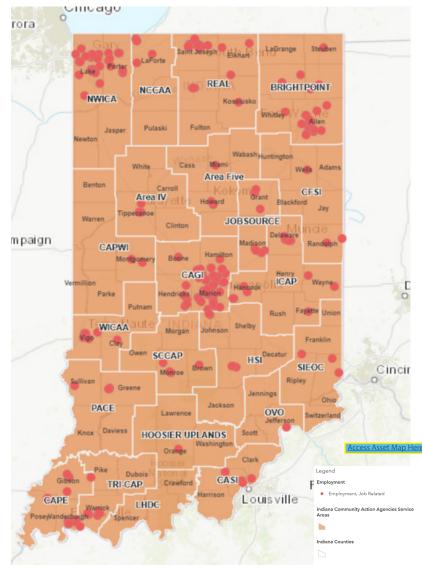


Table 15. Employment-based Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	3	1.1%
Area IV	3	1.1%
BRIGHTPOINT	21	8.0%
CAGI	63	24.0%
CAPE	13	4.9%
CAPWI	2	0.8%
CASI	4	1.5%
CFSI	3	1.1%
HOOSIER	1	0.4%
H.S.I	5	1.9%
ICAP	12	4.6%
JOB SOURCE	7	2.7%
LHDC	5	1.9%
NCCAA	31	11.8%
NWICA	1	0.4%
OVO	4	1.5%
PACE	19	7.2%
REAL	4	1.5%
SCCAP	3	1.1%
SIEOC	6	2.3%
TRI-CAP	8	3.0%
WICAA	45	17.1%
STATEWIDE	263	100.0%
C I	vy Doceanah Mamaina Indiana'a Commo	· D · A l · cDcc D ·

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

COMMUNITY-BASED ORGANIZATIONS

Figure 11. Food-based Orgs by CAA Service Area

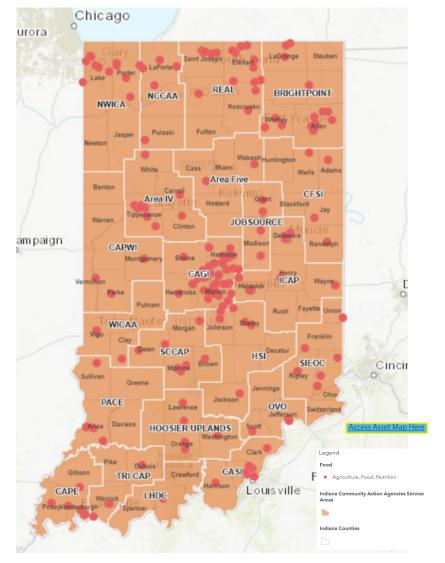


Table 16. Food-based Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	2	1.0%
Area IV	11	5.5%
BRIGHTPOINT	15	7.5%
CAGI	50	25.1%
CAPE	7	3.5%
CAPWI	3	1.5%
CASI	7	3.5%
CFSI	4	2.0%
HOOSIER	5	2.5%
H.S.I	5	2.5%
ICAP	13	6.5%
JOB SOURCE	5	2.5%
LHDC	1	0.5%
NCCAA	5	2.5%
NWICA	14	7.0%
OVO	3	1.5%
PACE	5	2.5%
REAL	18	9.0%
SCCAP	12	6.0%
SIEOC	8	4.0%
TRI-CAP	3	1.5%
WICAA	3	1.5%
STATEWIDE	199	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

*NOTE: The data represents nonprofits who registered and filed 990-forms with the Internal Revenue Service in 2016.

QUALITY OF PLACE & COMMUNITY ASSETS

COMMUNITY-BASED ORGANIZATIONS

Figure 12. Health/Mental Health-based Orgs by CAA Service Area

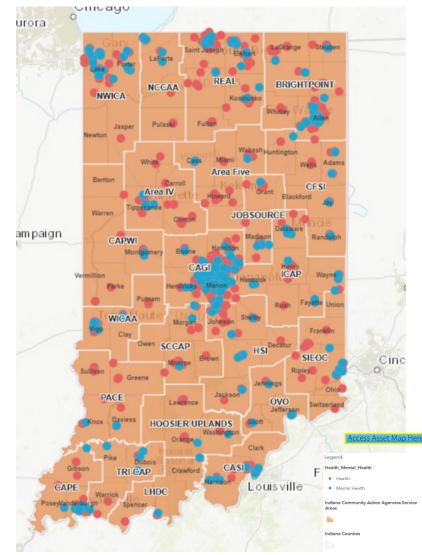


Table 17. Health/Mental Health-based Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	22	2.4%
Area IV	27	3.0%
BRIGHTPOINT	89	9.8%
CAGI	263	28.8%
CAPE	42	4.6%
CAPWI	14	1.5%
CASI	25	2.7%
CFSI	24	2.6%
HOOSIER	12	1.3%
H.S.I	39	4.3%
ICAP	40	4.4%
JOB SOURCE	26	2.9%
LHDC	4	0.4%
NCCAA	17	1.9%
NWICA	64	7.0%
OVO	11	1.2%
PACE	14	1.5%
REAL	91	10.0%
SCCAP	22	2.4%
SIEOC	24	2.6%
TRI-CAP	11	1.2%
WICAA	31	3.4%
STATEWIDE	912	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

COMMUNITY-BASED ORGANIZATIONS

Figure 13. Housing/Human Services-based Orgs by CAA Service Area

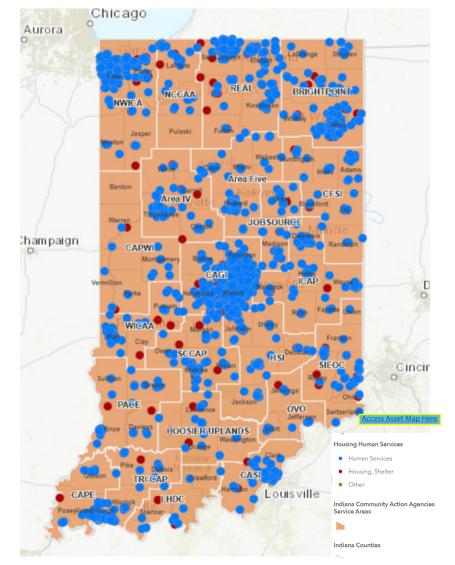


Table 18. Housing/Human Services-based Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	66	3.0%
Area IV	80	3.7%
BRIGHTPOINT	177	8.1%
CAGI	620	28.4%
CAPE	88	4.0%
CAPWI	20	0.9%
CASI	60	2.7%
CFSI	48	2.2%
HOOSIER	25	1.1%
H.S.I	97	4.4%
ICAP	99	4.5%
JOB SOURCE	57	2.6%
LHDC	15	0.7%
NCCAA	40	1.8%
NWICA	218	10.0%
OVO	17	0.8%
PACE	37	1.7%
REAL	201	9.2%
SCCAP	78	3.6%
SIEOC	48	2.2%
TRI-CAP	31	1.4%
WICAA	62	2.8%
STATEWIDE	2,184	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

*NOTE: The data represents nonprofits who registered and filed 990-forms with the Internal Revenue Service in 2016.

QUALITY OF PLACE & COMMUNITY ASSETS

COMMUNITY-BASED ORGANIZATIONS

Figure 14. Philanthropic Volunteer-based Orgs by CAA Service Area

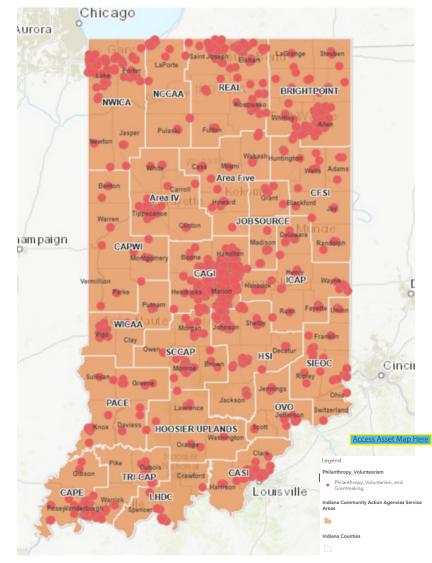


Table 19. Philanthropic Volunteer-based Orgs by CAA Service Area

Total Number (2016)	Percent (2016)
28	2.2%
46	3.7%
110	8.8%
389	31.1%
82	6.6%
15	1.2%
35	2.8%
25	2.0%
10	0.8%
60	4.8%
57	4.6%
15	1.2%
9	0.7%
17	1.4%
80	6.4%
14	1.1%
21	1.7%
121	9.7%
44	3.5%
27	2.2%
19	1.5%
27	2.2%
1, 251	100.0%
	28 46 110 389 82 15 35 25 10 60 57 15 9 17 80 14 21 121 44 27 19 27

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

COMMUNITY-BASED ORGANIZATIONS

Figure 15. Youth Services-based Orgs by CAA Service Area

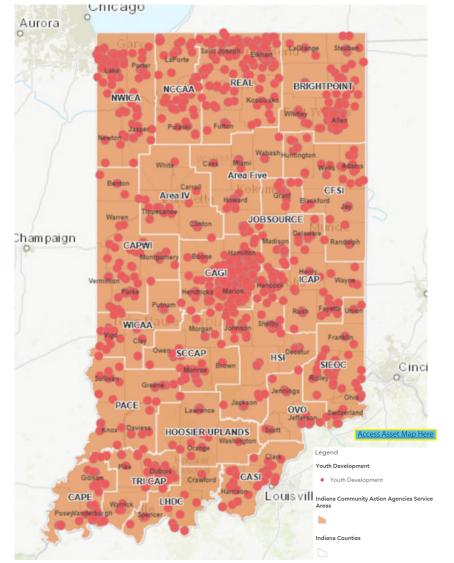


Table 20. Youth Services-based Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	63	3.7%
Area IV	28	1.7%
BRIGHTPOINT	140	8.3%
CAGI	235	13.9%
CAPE	63	3.7%
CAPWI	74	4.4%
CASI	32	1.9%
CFSI	86	5.1%
HOOSIER	35	2.1%
H.S.I	102	6.0%
ICAP	83	4.9%
JOB SOURCE	43	2.5%
LHDC	26	1.5%
NCCAA	58	3.4%
NWICA	125	7.4%
OVO	42	2.5%
PACE	47	2.8%
REAL	155	9.2%
SCCAP	76	4.5%
SIEOC	73	4.3%
TRI-CAP	36	2.1%
WICAA	65	3.9%
STATEWIDE	1,687	100.0%

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

*NOTE: The data represents nonprofits who registered and filed 990-forms with the Internal Revenue Service in 2016.

QUALITY OF PLACE & COMMUNITY ASSETS

FAITH - BASED ORGANIZATIONS

Figure 16. Faith-based Orgs by CAA Service Area

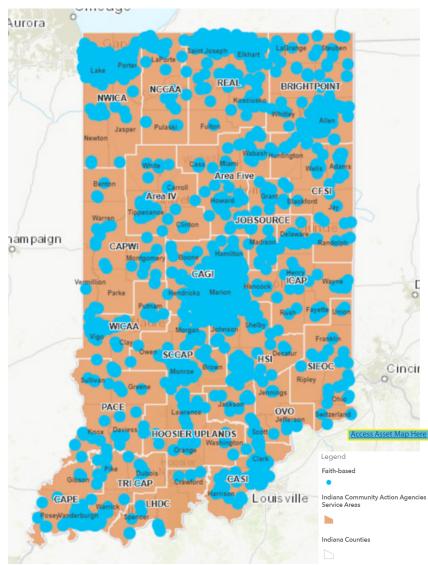


Table 21. Faith-based Orgs by CAA Service Area

Total Number (2016)	Percent (2016)
76	2.9%
65	2.5%
244	9.2%
755	28.6%
86	3.3%
29	1.1%
82	3.1%
51	1.9%
40	1.5%
122	4.6%
117	4.4%
72	2.7%
16	0.6%
49	1.9%
305	11.6%
24	0.9%
34	1.3%
264	10.0%
85	3.2%
33	1.3%
36	1.4%
55	2.1%
2,640	100.0%
	76 65 244 755 86 29 82 51 40 122 117 72 16 49 305 24 34 264 85 33 36 55

Source: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

HOUSES OF WORSHIP

Figure 17. Houses of Worship by CAA Service Area

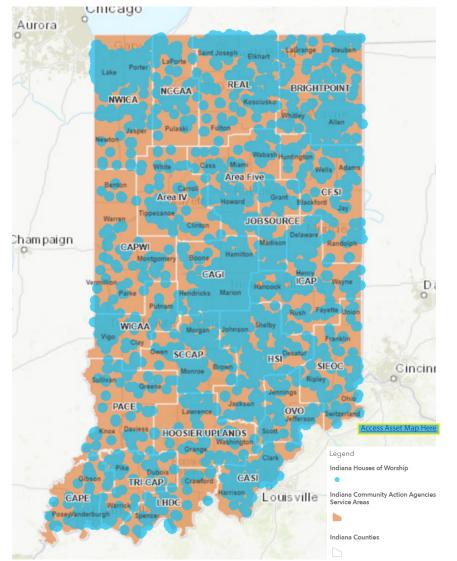


Table 22. Houses of Worship Orgs by CAA Service Area

CAA	Total Number (2016)	Percent (2016)
Area Five	193	3.7%
Area IV	153	2.9%
BRIGHTPOINT	453	8.6%
CAGI	1,194	22.7%
CAPE	174	3.3%
CAPWI	80	1.5%
CASI	173	3.3%
CFSI	144	2.7%
HOOSIER	100	1.9%
H.S.I	282	5.4%
ICAP	316	6.0%
JOB SOURCE	167	3.2%
LHDC	42	0.8%
NCCAA	110	2.1%
NWICA	533	10.1%
OVO	82	1.6%
PACE	87	1.7%
REAL	480	9.1%
SCCAP	188	3.6%
SIEOC	87	1.7%
TRI-CAP	88	1.7%
WICAA	141	2.7%
STATEWIDE	5, 267	100.0%

Source:: Sagamore Institute for Policy Research. Mapping Indiana's Compassion Data Analysis SPSS Report (26 June 2016).

QUALITY OF PLACE & COMMUNITY ASSETS

FAMILY SOCIAL SERVICE AGENCY MEDICAL PROVIDERS

Figure 18. Family Social Service Agency Medical Providers by CAA Service Area

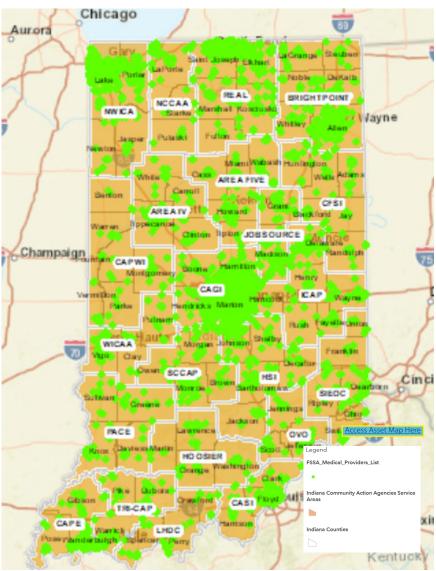


Table 23. Family Social Service Agency Medical Providers by CAA Service Area

CAA	Total Number (2018)	Percent (2018)
Area Five	6,640	2.1%
Area IV	10,185	3.3%
BRIGHTPOINT	131,262	42.4%
CAGI	26,426	8.5%
CAPE	7,345	2.4%
CAPWI	1,538	0.5%
CASI	9,550	3.1%
CFSI	4,201	1.4%
HOOSIER	4,785	1.5%
H.S.I	2,385	0.8%
ICAP	10,920	3.5%
JOB SOURCE	21,485	6.9%
LHDC	791	0.3%
NCCAA	4,811	1.6%
NWICA	22,727	7.3%
OVO	1,497	0.5%
PACE	4,397	1.4%
REAL	16,976	5.5%
SCCAP	9,060	2.9%
SIEOC	3,376	1.1%
TRI-CAP	2,856	0.9%
WICAA	6,344	2.0%
STATEWIDE	309,557	100.0%

Source: Indiana Family Social Service Administration INCONNECT Data Resource Export, June 2018.

^{*}NOTE: The data represents nonprofits who registered and filed 990-forms with the Internal Revenue Service in 2016.

INDIANA 211 PARTNERSHIP RESOURCES

Figure 19. Indiana 2-1-1 Resources by CAA Service Area

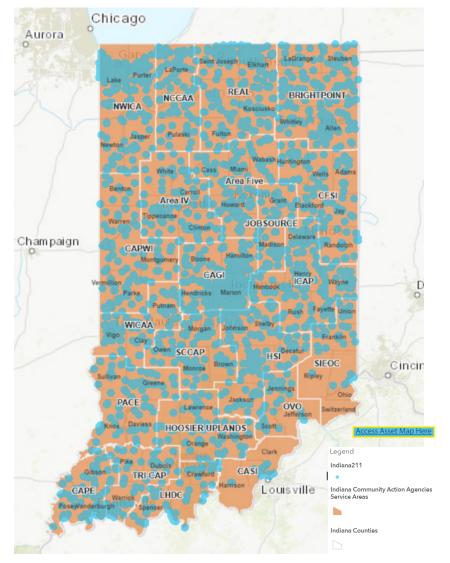


Table 24. Indiana 2-1-1 Partnership, Inc. Resources by CAA Service Area

Total Number (2018)	Percent (2018)
307	5.2%
242	4.1%
485	8.2%
854	14.5%
236	4.0%
228	3.9%
16	0.3%
262	4.4%
174	3.0%
390	6.6%
394	6.7%
161	2.7%
100	1.7%
186	3.2%
471	8.0%
98	1.7%
189	3.2%
471	8.0%
260	4.4%
71	1.2%
104	1.8%
193	3.3%
5,892	100.0%
	307 242 485 854 236 228 16 262 174 390 394 161 100 186 471 98 189 471 260 71 104 193

Source: Indiana 2-1-1 Partnership, Inc. Resource Network, 2018.

COMMUNITY NEEDS ANALYSIS

PERCEPTIONS OF NEED, ACCESSIBILITY, AND EFFECTIVENESS: GAPS & OVERLAP

This section of the report provides a comparative analysis of client perceptions and stakeholder perceptions of needs, accessibility, and effectiveness of services provided in their service area(s).

Each human service is ranked by need from those whom participants believed are greatly needed to not needed at all. In addition, human service needs are also ranked by clients and stakeholders based on whether the service is very accessible or effective to not accessible or effective at all.

The top services whichswere identified by 51% or more of clients and/or stakeholders are highlighted to determine areas of needed improvement (gaps) and overlaps in human services provided. For the purposes of this analysis, areas of improvements are defined as those areas where only one of the three criteria thresholds were met. For example, if a human service ranked high in need, but lower than the 51% or more threshold for accessibility and effectiveness. In contrast, overlaps are defined as those human services that met two or more of the three criteria thresholds. For instance, the human service is both perceived as moderately to greatly needed and moderately to very accessible or effective.

Each human service need is analyzed by the following categories of service support:

- Child Services & Family Support/ Outreach
- Healthcare
- Personal Finance
- Housing Assistance & Shelter

- Basic Needs/Emergency Assistance
- Independent Living for Vulnerable Populations

Greatest Need

Clients identified childcare, job placement, parenting skills training, job certification programs, youth programs, teen programs, and support for caregivers as moderately to greatly needed.

In comparison, stakeholders viewed childcare, job placement, parenting skills training, job certification programs, youth programs, teen programs, and computer skills training as moderately to greatly needed.

Most Accessible

GED Classes, adult literacy skills training, parenting skills training, and childcare were identified as accessible by clients by 51% or more. Childcare is the only service need identified as accessible by 51% or more by both clients and stakeholders.

Most Effective

Clients identified GED classes, adult literacy skills training, and childcare as most effective by 51% or more. In contrast, stakeholders did not identify any of the service needs as most effective by 51% or more.

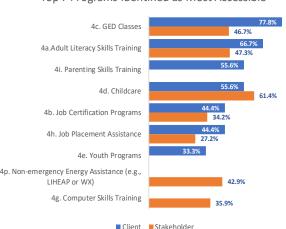
PERCEPTION OF NEED FOR SERVICES



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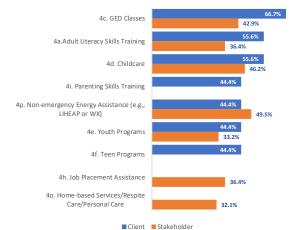
PERCEPTION OF ACCESSIBILITY OF SERVICES

Top 7 Programs Identified as Most Accessible



PERCEPTION OF EFFECTIVENESS OF SERVICES

Top 7 Programs Identified as Most Effective



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Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

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COMPARATIVE ANALYSIS

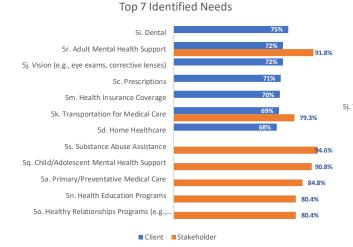
HEALTHCARE

Greatest Need

Clients noted dental, adult mental health support, vision, prescriptions, health insurance, transportation for medical care, and home healthcare as moderately to greatly needed. In addition, clients viewed health related services (i.e., vision) (79.4%), health insurance coverage (72.3%), and help for people who want to live a healthy lifestyle (71.6%) as moderate to great needs in the supplemental client survey.

In contrast, stakeholders perceived adult mental health support, transportation for medical care, substance abuse assistance, child/adolescent mental health support, primary/preventative medical care, health education, and healthy relationships programs as moderately to greatly needed.

PERCEPTION OF NEED FOR SERVICES



Most Accessible

In-patient hospital care and prescriptions were identified as accessible by clients by 51% or more. In-patient hospital care is the only service need identified as accessible by 51% or more by both clients and stakeholders.

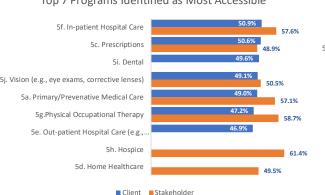
Most Effective

Clients identified dental as most effective by 51% or more. In contrast, stakeholders noted primary/ preventative care, physical occupational therapy, In-patient hospital care, and hospice as most effective by 51% or more.

PERCEPTION OF ACCESSIBILITY OF SERVICES

PERCEPTION OF EFFECTIVENESS OF SERVICES

Top 7 Programs Identified as Most Accessible



Top 7 Programs Identified as Most Effective



Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

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COMPARATIVE ANALYSIS

PERSONAL FINANCES

Greatest Need

Both clients and stakeholders identified social security application assistance, tuition assistance, financial education/literacy, income tax assistance, credit counseling, and assistance starting a business as moderately to greatly needed.

Most Accessible

None of the personal finance services were identified as accessible by clients or stakeholders by 51% or more.

Most Effective

Clients or stakeholders identified none of the personal financial services as most effective by 51% or more.

PERCEPTION OF NEED FOR SERVICES



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PERCEPTION OF ACCESSIBILITY OF SERVICES

Top 7 Programs Identified as Most Accessible

6e. Income Tax Assistance

6c. Financial Education/Literacy

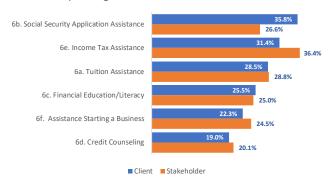
6f. Assistance Starting a Business

6a. Tuition Assistance

6d. Credit Counseling

PERCEPTION OF EFFECTIVENESS OF SERVICES

Top 7 Programs Identified as Most Effective



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Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

Indiana Community Needs Assessment 2018 Report

COMPARATIVE ANALYSIS

HOUSING ASSISTANCE & SHELTER

Greatest Need

Clients noted temporary/emergency shelters for single men, temporary/emergency shelters for families, emergency food services/soup kitchens domestic violence shelters, home insulation and weather proofing, and temporary/emergency shelters for single-women for as moderately to greatly needed.

In contrast, stakeholders perceived adult temporary/emergency shelters for families and single-women, permanent affordable housing, permanent supportive housing, home repair, supportive services, and traditional housing as moderately to greatly needed.

Most Accessible

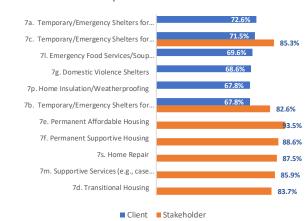
Clients noted emergency food services/soup kitchens, home insulation and weatherproofing, dropin centers, home repair, temporary/emergency shelters for single men and women, and permanent affordable housing as moderately to very accessible. On the other hand, stakeholders perceived emergency food services/soup kitchens, home insulation and weatherproofing, home repair, temporary/emergency shelters for single men and women, permanent affordable housing, supportive services, and domestic violence shelters as moderately to very accessible. However, none of the housing assistance and shelter services were identified as accessible by clients or stakeholders by 51% or more.

Most Effective

Clients noted emergency food services/soup kitchens, home insulation and weatherproofing, permanent affordable housing, supportive services, removal of blight, and temporary/emergency shelters for single men and women as moderately to very accessible. Stakeholders viewed emergency food services/soup kitchens, home insulation and weatherproofing, permanent affordable housing, supportive services, removal of blight, home repair, and domestic violence as moderately to very accessible. However, none of the housing assistance and shelter services were identified by clients or stakeholders as most effective by 51% or more.

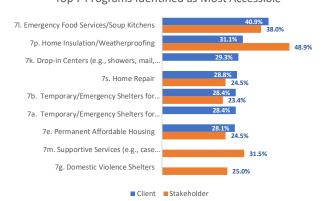
PERCEPTION OF NEED FOR SERVICES

Top 7 Identified Needs



PERCEPTION OF ACCESSIBILITY OF SERVICES

Top 7 Programs Identified as Most Accessible



PERCEPTION OF EFFECTIVENESS OF SERVICES

Top 7 Programs Identified as Most Effective



Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

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COMPARATIVE ANALYSIS

BASIC NEEDS/EMERGENCY ASSISTANCE

Greatest Need

Clients and stakeholders identified help with utilities, help with food, help with affordable housing, help with rent/mortgage, and help with transportation as moderately to greatly needed.

In addition, clients viewed help for people who can't pay their utility bills (77.4%), help with affordable housing (73.5%), basic needs services (e.g. food, clothing, shelter assistance) (72.1%), and help with food (72.3%) as moderate to great needs in the supplemental client survey.

Most Accessible

Clients and stakeholders identified help with utilities, help with food, help with affordable housing, help with rent/mortgage, and help with transportation as were identified as accessible by 51% or more.

Most Effective

Both clients and stakeholders perceived help with food as most effective by 51% or more. Also, Stakeholders observed help with utilities as most effective by 51% or more.

PERCEPTION OF NEED FOR SERVICES

Top Identified Needs

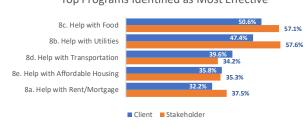


PERCEPTION OF ACCESSIBILITY OF SERVICES



PERCEPTION OF EFFECTIVENESS OF SERVICES

Top Programs Identified as Most Effective



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COMPARATIVE ANALYSIS

INDEPENDENT LIVING FOR VULNERABLE POPULATIONS

Greatest Need

Clients and stakeholders identified support for disabled persons and assistance for seniors as moderately to greatly needed.

Most Accessible

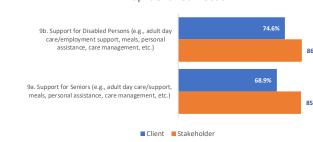
Neither clients and stakeholders identified support for disabled persons and support for seniors as accessible by 51% or more.

Most Effective

Neither clients and stakeholders identified support for disabled persons and support for seniors as most effective by 51% or more.

PERCEPTION OF NEED FOR SERVICES

Top Identified Needs



PERCEPTION OF ACCESSIBILITY OF SERVICES

Top Programs Identified as Most Accessible



PERCEPTION OF EFFECTIVENESS OF SERVICES

Top Programs Identified as Most Effective



Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

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COMPARATIVE ANALYSIS

STATEWIDE CLIENT & STAKEHOLDER BENEFIT/VALUE SYNOPSIS

Statewide clients and stakeholders commented on the overall benefits and personal meaning and value of the Community Action Agencies to them and their families. Even though stakeholders had less to say about the positive differences CAA programs are making in their communities, clients overflowed with praises for CAA programs.

FOOD SERVICES

Clients said food services benefited them by delivering healthy options for their families without having to worry about monetary limitations, although stakeholders noted that they struggled to start a food voucher program in time to help individuals.

EDUCATION

Education helped both clients and stakeholders but in different ways. Clients said education services allowed them to finish degrees and provided their children with "wonderful teachers" that made a difference. Conversely, stakeholders felt the education and training they have received helped them to relate to clients and serve clients better.

SENIOR CARE

Both clients and stakeholders groups felt that the senior care programs helped not only elderly family members, but also other family members who may be primary caregivers.

FINANCES

Clients revealed the benefits reached much farther. Clients were able to receive micro loans, learn how to budget, and even move towards home ownership. In comparison, stakeholders believe financial services benefited individuals by allowing them to set up individual savings accounts.

Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

UTILITIES

Clients found that CAA programs effectively alleviated immediate energy assistance needs, and stakeholders agreed. For example, clients said heating and cooling assistance and gas and electric assistance improved the quality of life for single-parent households, seniors, and low-income families.

CHILDCARE

Clients said childcare programs helped them fulfill immediate childcare needs like "clothes and diapers," and also provided help with childcare payments. Similarly, stakeholders agreed. For instance, one stakeholder said the Head Start program is valuable because it provides "all the needed medical, dental, vision, all that a child needs."

MEDICAL/REHABILITATION SERVICES

Clients said that the medical and rehabilitation services benefited them by helping them sign up to receive Medicare, Medicaid, and medicines. Stakeholders agreed, but they also saw the impact receiving these services made in the lives of those served, such as giving a sick child's family a sense of "normalcy" and helping a grieving woman start living her life again.

COMMUNITY CONNECTION

Clients benefited from the community support and resources the agencies connected them to through their programs. Accordingly, stakeholders valued the agencies' ability to be "community oriented and multipurpose."

"Community Action Agencies are a very community oriented, multipurpose agency. We deal with all aspects of people who are facing difficulties in their lives and any time we can get that message out to whomever, whenever, I'm there to do that." - CAA Staff Member

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In all, stakeholders and clients found similar benefits and personal meaning and value of the action agencies. Altogether, clients were very grateful of the services and had more positive examples about how the services have improved their lives. This could be because most stakeholders are not receiving the services themselves.

RECOMMENDATIONS

Statewide clients and stakeholders offered their top two recommendations to improve the provision of human services in their county or counties served. After analyzing the responses of each group, it became clear that stakeholders and clients both have similar and diverse ideas about how to improve human services in their communities.

Awareness/Communication

First, clients and stakeholders agreed that human services agencies could increase awareness and enhance communication by organizing community events and meetings and using social media more strategically. However, clients voiced that they want information presented well before application deadlines and in non-technical forms as well, such as church bulletins, signs, or radio news. Stakeholders believe better communication among service providers and enabling 411 calls "to be handled via text messages" would improve overall communication and awareness.

Access

Clients and stakeholders both recommended lowering the eligibility qualifications to receive services and extending office hours for working families to make human services more accessible. Clients added using over-the-phone interviews and online applications would grant them better access to services, but stakeholders believe making the required documents more flexible would help too. In addition, clients expressed the need for easier access to food and childcare service specifically.

TRANSPORTATION

On the topic of transportation barriers, stakeholders did not offer any solutions, but they said that they were open to working with the community on the issue. Clients think opening more offices or offering vehicle repair and insurance services could begin to remedy the transportation problem. However, clients know figuring out how to provide transportation for seniors or people who cannot drive will require more brainstorming.

FUNDING

In summary, clients and stakeholders did not concur on how to spend funding. Clients desire more funding to expand services, build more businesses, and improve adolescent education. Conversely, stakeholders believe funding should go towards offering more competitive employment packages to lure in qualified staff. However, in the case of funding, stakeholders noted the need to gain more local control of spending requirements and to educate funders about the differences between urban and rural community needs.

COMMUNITY COLLABORATION/PARTNERSHIPS

Although clients and stakeholders had different ideas about how to improve community collaboration and partnerships, they unanimously agreed that there is a sense of community missing from the human services in their area. Stakeholders believe service providers need to be willing to work together. For example, different agencies could share information, advertising materials, or consider using a central database. On the other hand, clients want service providers to check on them from time to time to create a sense of caring. Clients called for support groups, follow up phone calls, better referral processes, and community meetings also.

Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

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STRENGTHEN DATA-DRIVEN DECISION-MAKING WITH AND ACROSS AGENCIES

Use survey results and demographic data analysis tools and methods to better empower programmatic decisions. For example, CAAs should use the data gather in their client and stakeholder surveys to help inform their boards, funders, and other community leaders on trends related to low-income individuals. Furthermore, these trends can be used to help inform key policies and practices.

CONCLUSION

In conclusion, statewide clients and stakeholders presented a wide variety of recommendations to improve human services. There are a number of recommendations clients and stakeholders already agree on that they could begin implementing immediately. Nevertheless, their differences in recommendations are not that far apart. In collaboration, stakeholders and clients can come together to make recommendations that include components of each groups' ideas that will improve services to best serve their communities.

Source: Indiana Community Needs Assessment Client and Stakeholder Survey SPSS Outcomes Report, June 2018.

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APPENDIX

- I. Detailed Demographics by CAA Service Areas
- II. Client Survey Outcomes Report 2018
- III. Stakeholder Survey Outcomes Report 2018
- IV. QOL Assets Resource Map

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This report was prepared by Sagamore Institute in partnership with JoAnna M. Brown & Associates for the Indiana Housing and Community Development Authority.

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ABOUT SAGAMORE INSTITUTE

Sagamore Institute is an Indianapolis-based nonprofit, nonpartisan, public policy research organization--or think tank. We borrow our name from the Algonquin word sagamore, which refers to a trusted individual within the tribe to whom the chief would look for wisdom and advice on issues of public concern. It is thus our mission to research, analyze, and respond to difficult problems, to serve as a meeting place for disparate groups, and to offer wise counsel for a world in progress. We were born in the spring of 2004, but have roots stretching back two decades, allowing us to blend the energy of a startup with the experience of a more seasoned organization. Our expert network of fellows provides independent and innovative research and analysis to public and private sector leaders, policymakers, practitioners, and the public. We believe that public policy belongs to everyone--not just to those inside the beltway of Washington, D.C.

ABOUT JOANNA M. BROWN & ASSOCIATES

JoAnna M. Brown & Associates was established in 2015 as a women and minority-owned community and marketing research consulting firm based in Indiana. Our mission is to commence high quality, leading-edge research, evaluation, and community data work and tools to support and enhance human services and community -related efforts to help identify best-practices, measure community impact, improve communities, and inspire change. Our goal is to conduct innovative research and provide high-quality training to educate and elevate communities.



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