



# **Snohomish County Low-Income Needs Assessment**

2006

A study of needs and services  
for low-income households  
in Snohomish County, Washington

**Snohomish County Human Services  
Community Action Partnership Division**



## Acknowledgments

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For online access to this report, please visit the Snohomish County Human Services website at [http://www1.co.snohomish.wa.us/Departments/Human\\_Services/](http://www1.co.snohomish.wa.us/Departments/Human_Services/) .

## Executive Summary

### Introduction

Snohomish County Human Services Department, through its Community Action Partnership Division, conducted a low-income households needs assessment designed to help local public and private agencies plan for future service delivery. This assessment is based on the results of a survey administered to low-income clients representing 930 low-income households. The households represented by the respondents included 2,581 persons (1,404 adults and 1,177 children). In addition, focus groups were conducted with three population subgroups that were either underrepresented or unrepresented in the survey sample: homeless youth, low-income Latinos, and Vietnamese immigrants. The purpose of the focus groups was to gain a deeper understanding of their day-to-day challenges, and their suggestions for how to improve social and health services delivery in Snohomish County.

### What were the respondents like?

- ❑ **Education:** 61% have at least a high school diploma.
- ❑ **Employment:** 48% of households include wage earners; 28% of all households have wage earners working fulltime; 23% rely, to some degree, on Temporary Assistance for Needy Families (TANF); 18% receive Social Security income.
- ❑ **Income and financial situation:** 50% of client households report \$900 or less in total monthly household income; 69% have household incomes that are at or below the Federal Poverty Level. Except for Russian-speakers, all respondent subgroups were more likely to report that their financial situation had gotten worse over the last year.
- ❑ **Eligibility for free and reduced price meals:** One annual measure of poverty levels is the proportion of public school enrollment eligible for free and reduced price meals. There is a distinct upward trend in this statistic in Snohomish County in

recent years. The proportion has increased steadily, from 20% in 2000 to 29% in 2005. This increase is primarily due to the proportion of enrollment eligible for free meals.

- ❑ **Benefit reductions:** Many households rely to some degree on benefit programs such as TANF, SSI, and food stamps. Forty percent of respondents reported that their benefits had been reduced or stopped in the last year.
- ❑ **Race and Ethnicity:** 88% of respondents are white, 7% Native American, 8% African-American, 2% Asian or Native Hawaiian/Pacific Islander; 6% of all respondents are of Hispanic or Latino ethnicity, and 11% are from Russian-speaking households.
- ❑ **Seniors:** 12% of respondents are senior citizens.
- ❑ **Domestic violence survivors:** 16% report having left home recently due to physical or emotional abuse.

### What were the respondents' high priority needs?

- ❑ High priority needs with lower availability: According to client respondents, affordable housing, affordable medical and dental care, and living wage jobs are high priority needs or services that are hard to access.
- ❑ Comparing demographic subgroups, these high-priority needs changed somewhat. For example, Hispanic respondents would add childcare and adult basic education to that list. Across all subgroups, affordable dental care is a high-priority need that is difficult to obtain.

### What were the findings based on category of needs?

**Housing:** In the last year, 8% of respondents needed to use emergency housing, 8% needed some form of transitional housing, and 15% relied on HUD Section 8 rental assistance.

Respondents also faced the following housing cost-related situations:

- 22% share housing with another household due to cost
- 17% moved in the last year due to high housing costs.
- 11% were evicted from their housing.
- 27% had their heat or electricity turned off.
- 35% had their phone service turned off.

**Energy:** 29% of respondents rely on energy assistance programs to heat their homes.

**Childhood Development and Parenting:** 12% of respondent households with children aged 0-5 receive services from Early Childhood Education and Assistance or Head Start. A small but significant proportion of respondent households (4%) say that someone in the household has assumed responsibility for the overall care of their grandchildren.

**Food and Nutrition:** 40% of respondents say that in the last year someone in their household had gone hungry for lack of food.

- 90% of respondents rely on one or more food assistance programs.
- Food banks (73%), food stamps (57%), DSHS (29%), Churches (19%), and Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC (17%), are the most frequently accessed assistance programs.
- 29% of respondents say they are often concerned about their household's ability to prepare food.

**Health and Healthcare:** According to the Community Health Network of Washington, "The fastest growing segment of the uninsured are the poorest families, those earning less than the Federal Poverty Level. Statewide, over 60% of the uninsured are low-income -- those earning less than 200% of the poverty level." Data from the Washington State Population

Survey confirms this. The proportion of uninsured is highest among the poorest families. And it is this group that experienced the largest increase in uninsured persons over the last two years, jumping from 18 to 23%.

- Uninsured:** 35% of respondents are uninsured. Among households with children, 65% say that their children are covered by health insurance.
- General health and welfare status:** One-third of respondents say their lives now are worse than a year ago, and respondents are twice as likely to say their health is worse (38%) compared to those who say it is better (18%).
- Impact of illness:** About one in four respondents say that someone in their household suffered an illness in the last year that left them unable to work or care for their children.
- Medical care:** More than a third (37%) of respondents say that someone in their household has postponed needed medical care due to cost in the last year. Not surprisingly, the problem of postponing needed medical care is strongly associated with a respondent's insurance status. Among those with coverage, only 26% say they postponed care, yet more than twice that proportion (60%) of the uninsured say they postponed care.
- Dental care:** More than half of respondents (53%) say they postponed needed dental care due to cost.
- Mental health:** 17% of respondents report that someone in their household obtained mental health services in the past year.
- Substance abuse:** 12% say that a household member received drug or alcohol abuse treatment.
- Disability:** Nearly a third (32%) report having at least one household member that has a disability that limits one or more daily activities such as walking, eating, bathing or toileting.
- Long-term care:** The prevalence of household members who are receiving long-

term care is low among the overall sample of respondents and most demographic subgroups: however, it is more common among seniors (12%) and Russian-speaking (15%) respondent households.

- ❑ **Emergency services:** One in three respondents say their household has contacted 911 for some reason in the past year.

### Focus Group Findings

#### What are the major challenges facing low-income households?

**Homeless youth:** Most homeless youth focus group participants agreed that issues related to housing are the most important challenges they, and others like them, face. Health care access is another major challenge. Although health care coverage – independent of their parents -- may be available for people in their age group, they say that many are not aware how to access it. Adequate transportation and transportation-related costs also present challenges for homeless youth, most of whom do not own their own car.

**Latino households:** Participants shared many challenges and experiences. Some were horrific and harrowing tales of illness and poor medical care, living in substandard housing, and feeling powerless to change things. Most mentioned difficulties with transportation and getting health care. Some remarked about the difficulty in obtaining affordable childcare, especially on nights and weekends when many have to work. Many were disappointed that things had to get really bad (and expensive) when, really, just a little help up front would have resolved the issues and prevented much suffering and stress.

**Vietnamese immigrants:** Participants agreed that government and other organizations have taken care of all the importance services for people in the Vietnamese community. However, medical and dental coverage for low-income people are limited. Because of financial hardship, adult and children have difficulty accessing recreation programs. Bilingual staff are very helpful, but not available at many agencies. Low-income working families need

help to attain homeownership of townhouses or condominiums.

#### What suggestions do low-income household members have for improving the delivery of social and health services?

**Homeless youth:** All focus group participants appreciated the housing and supportive services they obtain directly or indirectly through the nonprofit organizations that operate the transitional housing programs. They suggest that more of these programs and facilities are needed to reduce the waiting time it sometimes takes to get placed in this type of program. They also agreed that they, like their peers, knew little or nothing about such services when they first needed them, and that it would be a good idea to better publicize their existence through appropriate media that target youth (e.g., in the schools).

Similarly, they suggested that few youth are aware of their options for medical and dental care access independent of their parents. Efforts to increase this awareness should be supported.

**Latino households:** Latino focus group participants cited the need for more affordable or subsidized housing so the waiting lists are not so long. They also mentioned the need for assistance with expensive security deposits, the difficulty some have with the amount of paperwork type of documentation required to obtain housing. More effort should be expended in raising awareness about tenants' rights.

Regarding healthcare, Latino participants believe that medical coupons should cover more services than is currently the case, and more doctors are needed who will accept patients using medical coupons. They feel that mental health service providers ignore or fail to seek input on treatment options from the patient or the patient's family.

Most want to learn English more quickly than many ESL programs allow. They would prefer to be able to have more time-intensive programs (more hours per class and/or more class days per week).

For all services, participants believe there needs to be a major improvement in deliberately

serving Latinos in a more culturally appropriate manner: more resource material and application forms available in Spanish and more bilingual agency staff.

**Vietnamese immigrants:** Vietnamese immigrants suggested many of the same improvements as Latino focus group participants: additional affordable housing resources to reduce waiting lists for subsidized units; more comprehensive medical and dental coverage in subsidized health insurance programs, and the provision of better services overall by hiring bilingual staff and translating

important materials and applications into their native language.

In addition, Vietnamese participants suggested developing a housing assistance program that would help lower-income working households purchase condominiums.

These participants also noted the problems some have accessing healthcare between jobs. Some form of inexpensive or subsidized insurance should be made available to insure people during these gaps in coverage.

**Table of Contents**

**Acknowledgments**..... i

**List of Figures** ..... vii

**Purpose Statement** ..... 1

**Poverty** ..... 3

**Survey Methodology** ..... 5

**Findings of Low-Income Client Survey** ..... 6

    Respondent Demographics..... 6

    Geographic Distribution of Respondents ..... 6

    Demographic characteristics of Snohomish County residents..... 7

    Demographic characteristics of survey respondents ..... 7

    Language ..... 8

    Age and Sex ..... 9

    Education ..... 10

    Employment and Income ..... 11

    Benefit reductions..... 15

    Financial situation: overall assessment ..... 17

    Free and Reduced Price School Lunch Eligibility (not part of this survey) ..... 17

    Food and Nutrition..... 19

        Hunger ..... 19

        Ability to Prepare Food ..... 19

    Housing and Energy..... 22

        Housing assistance ..... 22

        Housing cost situations..... 23

        Energy assistance..... 24

    Health and Healthcare..... 26

        General health and welfare ..... 26

        Health Insurance ..... 28

        Access to Dental and Medical Care ..... 29

        Children’s Health Insurance..... 31

        Mental health and substance abuse ..... 32

        Disabilities..... 33

        Long-term Care..... 34

        Emergency Services..... 34

    Childcare..... 38

    Perceived low-income service gaps ..... 40

**Findings of Subpopulation Focus Groups**..... 54

    Homeless Youth ..... 54

    Latino Families..... 56

    Vietnamese Families ..... 60

**Appendix A: Questionnaire Format Summary Results** ..... 63

**List of Tables**

Table 1 Federal Poverty Guidelines for Year 2006 .....4  
 Table 2 Survey data collection sites .....5  
 Table 3 Income sources by demographic characteristics ..... 12  
 Table 4 Respondent household income by household size ..... 13  
 Table 5 Low-income respondent households by poverty status and household size ..... 14  
 Table 6 Reasons benefits stopped or reduced by demographic characteristics ..... 16  
 Table 7 Food assistance services used by demographic characteristics .....21

**List of Figures**

Figure 1 Geographic distribution of respondents by zip code area.....6  
 Figure 2 Race, ethnicity and linguistic isolation in Snohomish County population (US Census Bureau).....7  
 Figure 3 Demographic characteristics of respondents (frequency (n) and percent of sample) .....8  
 Figure 4 Language barrier impedes access to services .....8  
 Figure 5 Distribution of respondents by age .....9  
 Figure 6 Percent of respondent households with one or more high school or GED graduates..... 10  
 Figure 7 Sources of Respondent Household Income..... 11  
 Figure 8 Respondent household income source by type of service client ..... 12  
 Figure 9 Distribution of total household incomes..... 13  
 Figure 10 Respondents households with one or more full-time employed members ..... 14  
 Figure 11 Percent of respondents who reported having benefits stopped or reduced in the past year ..... 15  
 Figure 12 Reasons benefits were stopped or reduced (percent of households that experienced discontinued or reduced benefits)..... 16  
 Figure 13 Respondents assessment of households' financial situation compared to a year ago ..... 17  
 Figure 14 Percent of Snohomish County public school enrollment eligible for free and reduced price meals (Data source: WA State Office of the Superintendent of Public Instruction) ..... 18  
 Figure 15 Client or Household Member Has Gone Hungry Because Not Enough Food ..... 19  
 Figure 16 How often respondent is concerned about household's ability to prepare food ..... 20  
 Figure 17 Food Assistance Services Used in the Past Year .....21  
 Figure 18 Percent of respondent households that received emergency, transitional, and Section 8 housing assistance in the past year ..... 22  
 Figure 19 Percent of respondent households that share housing or moved due to cost, or were evicted in the past year ..... 23



Figure 20	Percent of respondent households that received energy assistance in the past year .....	24
Figure 21	Percent of respondent households that have experienced a utility shut-off in the past year .....	25
Figure 22	Respondents' assessment of their lives, generally, compared to a year ago .....	26
Figure 23	Respondents' assessment of their health compared to a year ago .....	27
Figure 24	Percent of respondents who experienced an illness in the last year that left them unable to work or care for their children .....	27
Figure 25	Washington State uninsured population by family income (source: 2004 Washington State Population Survey Research Brief No. 31-revised) .....	28
Figure 26	Percent of respondents covered by a health insurance plan .....	29
Figure 27	Percent of respondent households whose members postponed needed medical care in the last year due to cost.....	30
Figure 28	Proportion of respondents who postponed medical care by insurance coverage status .....	31
Figure 29	Percent of respondents with children whose children are covered by a health insurance plan .....	31
Figure 30	Percent of respondent households including at least one member who received drug or alcohol abuse treatment, mental health treatment, or both.....	32
Figure 31	Percent of respondent households including at least one member with a disability that limits one or more daily activities (e.g., walking, eating, bathing, etc.).....	33
Figure 32	Percent of respondent households including at least one member with a developmental disability .....	33
Figure 33	Percent of respondent households with at least one member who received long-term care or home care services in the last year .....	34
Figure 34	Someone in respondent's household called 9-1-1 in the past year .....	35
Figure 35	Percent of 911 caller and non-caller households who experienced certain situations in the past year (* indicates a statistically significant difference) .....	36
Figure 36	Percent of 911 caller and non-caller households who experienced certain situations in the past year (* indicates a statistically significant difference) .....	37
Figure 37	Percent of respondent households with children 0-5 who received ECEAP/Head Start Services in the past year .....	38
Figure 38	Percent of respondents who report they have assumed full responsibility for the overall care of their grandchildren .....	39
Figure 39	Proportion of respondents who report listed service is <i>extremely important</i> to their households.....	40
Figure 40	Proportion of respondents who report listed service is <i>"very hard to get"</i> .....	41
Figure 41	Percent of respondents who perceive an extreme gap in their community for the listed service (extreme service gap is defined here as "extremely important" to their household and "very hard to get").....	42
Figure 42	All respondents' perspectives on low-income services importance and availability.....	44
Figure 43	Hispanic respondents' perspectives on low-income services importance and availability.....	45

Figure 44 Russian-speaking respondents’ perspectives on low-income services importance and availability ..... 46

Figure 45 Respondents with children perspectives on low-income services importance and availability..... 47

Figure 46 Seniors’ perspectives on low-income services importance and availability..... 48

Figure 47 Emergency shelter residents’ perspectives on low-income services importance and availability..... 49

Figure 48 Transitional housing residents’ perspectives on low-income services importance and availability..... 49

Figure 49 Section 8 clients’ perspectives on low-income services importance and availability..... 50

Figure 50 Substance abuse program clients’ perspectives on low-income services importance and availability ..... 50

Figure 51 Mental health clients’ perspectives on low-income services importance and availability..... 51

Figure 52 Energy assistance clients’ perspectives on low-income services importance and availability..... 51

Figure 53 ECEAP/Head Start clients’ perspectives on low-income services importance and availability..... 52

Figure 54 Veterans’ perspectives on low-income services importance and availability..... 52

Figure 55 Long-term care clients’ perspectives on low-income services importance and availability..... 53

### **Purpose Statement**

Good information represents the foundation for good planning. It was the desire of the Human Services Department to learn from low income residents about their needs and whether or not their circumstances were better or worse when compared to a year ago. Their input gives low income residents a voice in what government does. The data from the Low Income Needs Assessment will be incorporated into a number of planning processes affecting the kinds of services offered, the way services are offered, and form a basis for legislative advocacy to create opportunities for low income residents to meet their needs.

## Snohomish County Human Services Department

The Human Service Department coordinates and funds programs that respond to the human service needs of residents of Snohomish County. The scope of services provided by the Human Services Department includes programs which assist those with economic disadvantages, those with functional disabilities such as the frail elderly and physically disabled, those with developmental disabilities, those with acute or chronic mental illness, and those who are at risk of or suffering from substance abuse.

The work of the Human Services Department is accomplished through partnerships with a broad spectrum of community agencies, funded community sponsored programs such as Family Support Centers, Senior Centers and youth activities and the administration of State and Federal grants allocated to the county.

For administrative purposes the department is organized into five divisions. Increasingly, population and service delivery factors require collaborative approaches that draw on the expertise and resources of more than one division and on organizations and resources outside of the department. These Divisions and some of the programs offered include:

- **Community Action Partnership:**
  - Office of Veterans Assistance
  - Project Self Sufficiency
  - Energy Assistance & Weatherization
  - WSU Cooperative Extension
  - Community Services Block Grant
  - Family Support Centers
  - Office of Children's Affairs
  - Early Childhood Education and Assistance Program
- **Office of Homelessness, Housing & Community Development, Long Term Care, and Developmental Disabilities**
  - Community Development Block Grant
  - Emergency Shelter Grant
  - HOME
  - Supportive Housing Program
  - Emergency Shelter Assistance Program
  - Homeless Management Information System
  - Family Caregiver Program
  - Long Term Care Ombudsman
  - Long Term Care Planning & Administration
- **Birth to 3 Early Interventions**
- **Career Path Services Introduction**
- **Gateway Parent Support**
- **High School Transition Coordination**
- **Mental Health & Drug & Alcohol Treatment**
  - Involuntary Treatment Services
  - Contracted mental health services
  - DUI Countermeasure program
  - Alcohol & Drug Treatment programs
  - ADATSA Program (Alcohol & Drug Abused Treatment and Support Act)
- **Case Management**
  - Case Management Services for eligible elderly and disabled adults
- **Administrative Services and Operations**
  - Financial
  - Clerical
  - Planning
  - Research and Analysis
  - Technology

## Poverty

*Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom.*

*Most often, poverty is a situation people want to escape. So poverty is a call to action -- for the poor and the wealthy alike -- a call to change the world so that many more may have enough to eat, adequate shelter, access to education and health, protection from violence, and a voice in what happens in their communities.*

*To know what helps to reduce poverty, what works and what does not, what changes over time, poverty has to be defined, measured, and studied -- and even experienced. As poverty has many dimensions, it has to be looked at through a variety of indicators -- levels of income and consumption, social indicators, and indicators of vulnerability to risks and of socio/political access.<sup>1</sup>*

### How is poverty measured?

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is poor. If a family's total income is less than that family's threshold, then that family, and every individual in it, is considered poor. The *poverty thresholds* do not vary geographically, but they are updated annually for inflation using the Consumer Price Index. The official poverty definition counts money income before taxes and does not include capital gains and noncash benefits (such as public housing, Medicaid, and food stamps).<sup>2</sup>

The *poverty guidelines* are another version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for administrative purposes – for instance, they are used in determining financial eligibility for certain federal programs. Programs using the guidelines (or percentage multiples of the guidelines for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Basic Food Program (formerly, the Food Stamps Program), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy

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<sup>1</sup> Excerpted from The World Bank web site <http://www.worldbank.org/>

<sup>2</sup> Source: Joseph Dalaker and Bernadette D. Proctor, U.S. Census Bureau, Current Population Reports, Series P60-210, Poverty in the United States: 1999, U.S. Government Printing Office, Washington, DC

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Families, or TANF, and its predecessor Aid to Families with Dependent Children, and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility.<sup>3</sup>

*Poverty guidelines*, as established by the Federal Office of Management and Budget, are shown in Table 1. The guideline of 125% of poverty is used as an eligibility criterion for many programs that assist persons in Snohomish County.

**Table 1 Federal Poverty Guidelines for Year 2006**

FAMILY SIZE	INCOME PER MONTH (\$) AT 100% OF FPL	MONTHLY ELIGIBILITY LIMITS AT 125% OF FPL (\$)	ANNUAL LIMIT AT 125% OF FPL (\$)
1	817	1,021	12,250
2	1,100	1,375	16,500
3	1,383	1,729	20,750
4	1,667	2,083	25,000
5	1,950	2,438	29,250
6	2,233	2,792	33,500
7	2,517	3,146	37,750
8	2,800	3,500	42,000

Source: U.S. Department of Health and Human Services

The U.S. Census Bureau estimates that there were 60,000 people living at or below 100% of the federal poverty level in Snohomish County in 2003 (the last year that estimates are available). That constitutes 9.4% of the county's estimated population. Of those, the Census Bureau estimates that 20,617 are less than 18 years old, making an estimated 12.6% of this age group at or below poverty.

Washington State, by comparison, is estimated to have 672,420 people living at or below poverty, comprising 11.0% of the overall population. The bureau also estimates that there are 227,403 children in this state living at or below poverty. That makes 15.3% of the state's children at or below poverty.

<sup>3</sup> Excerpted and edited from *Poverty Newsletter*, a newsletter of The American Association of Law Schools--Poverty Law Section, Issue number 38, April 2002, Loyola University, New Orleans, LA.

## Survey Methodology

A three-step method was used in gathering data for the 2006 Low-Income Needs Assessment.

First, a low-income needs assessment committee was convened to focus on the types of client information that would reflect needs and trends among persons of limited-income in Snohomish County. The committee also consulted with Cornerstone Strategies, Inc., a research and planning firm that specializes in community assessments. Following numerous revisions, the draft questionnaire was developed for testing.

Second, the English language version of the questionnaire was pre-tested with a sample of low-income clients to assess the ease with which respondents can complete the survey on their own. The pre-test resulted in minor modification of several survey questions.

Finally, the self-administered questionnaire was delivered to several locations and staff at those locations were trained to administer the survey to their clients. Questionnaires were completed by 930 low-income individuals/clients in various social service offices and field settings (Table 2). The households represented by the respondents included 2,581 persons (1,404 adults and 1,177 children). This survey instrument used primarily closed ended items capturing nominal data on demographic characteristics, present needs, and service utilization information presented in this report. Surveys were distributed in English and Russian as part of intake procedures for service between January 26, 2006, and March 31, 2006. Data processing, analysis, and tabulation of statistics were directed by Cornerstone Strategies, Inc, Bellingham, WA.

**Table 2 Survey data collection sites**

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Food Banks in Snohomish County
Family Support Centers (7 offices county-wide)
Snohomish County Energy Assistance Program
Snohomish County Veterans Assistance Program
Snohomish County Project Self-Sufficiency
Snohomish County Early Childhood and Assistance Program (ECEAP) Policy Council
Tulalip Tribes (through Energy Assistance on-site)
YWCA/Pathways for Women (transitional housing facility)

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## Findings of Low-Income Client Survey

This section presents the findings of the low-income client community survey. We begin by describing the demographic characteristics of the sample of 930 low-income clients. Next, we present detailed analyses of client survey data within several general categories of need and services including health and healthcare, housing and energy, childcare, and food and nutrition.

### Respondent Demographics

#### Geographic Distribution of Respondents

Low-income client respondents are distributed throughout Snohomish County (Figure 1). This study used respondent zip codes to determine their approximate location in the county. Because zip code boundaries do not coincide with incorporated city boundaries, there is no way to accurately determine the proportions that live in cities versus the unincorporated area of the county.

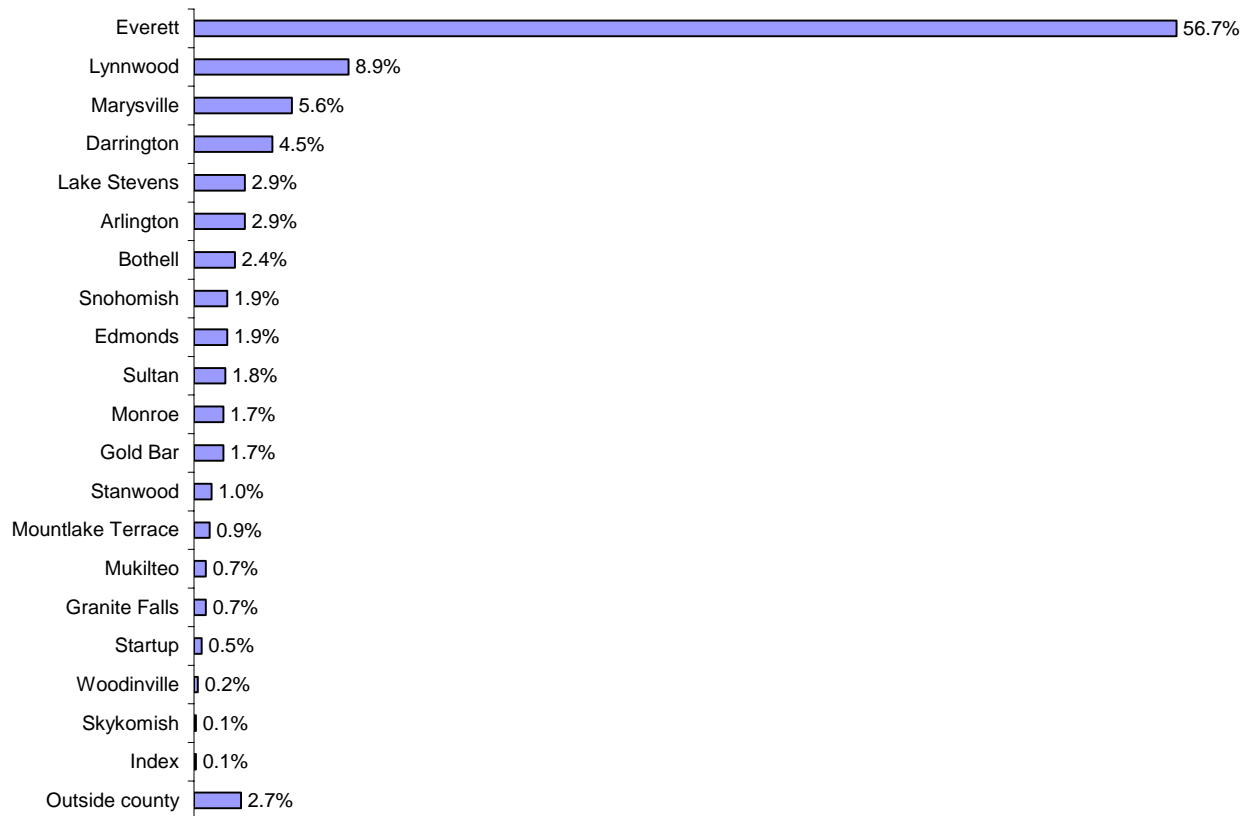
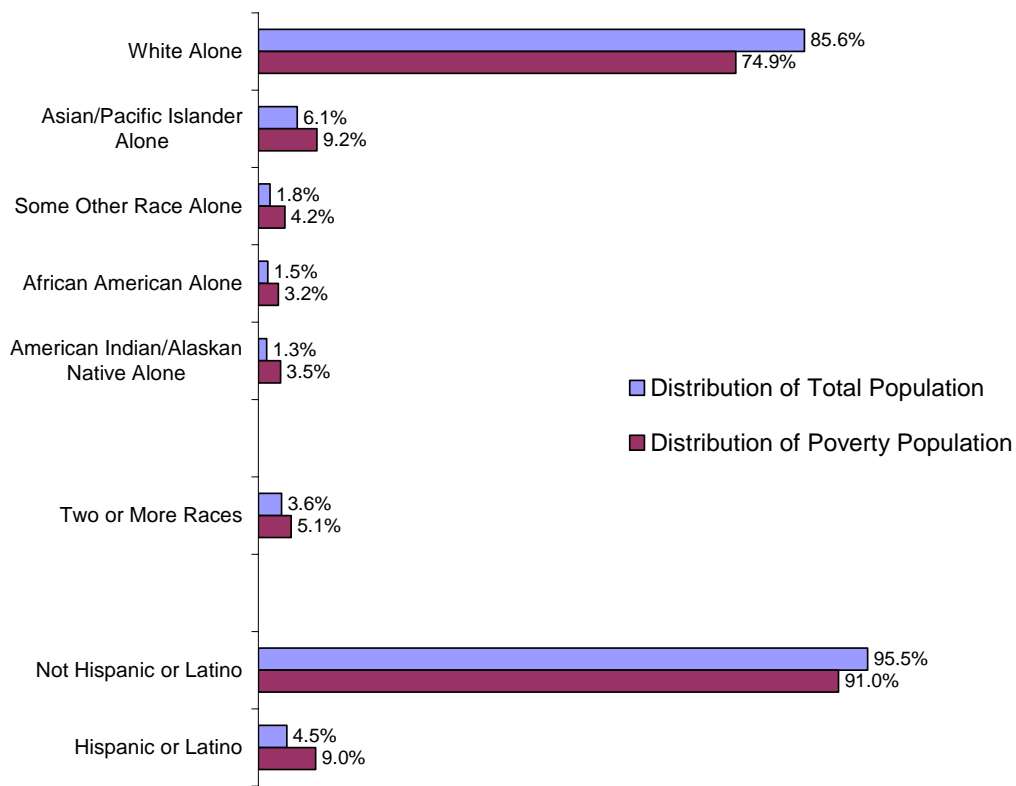


Figure 1 Geographic distribution of respondents by zip code area



**Demographic characteristics of Snohomish County residents**

In recent years, Snohomish County’s population has become more diverse. Residents who identify themselves as white only and non-Hispanic decreased from 92.2% in 1990 to 83.4% in 2000. During that same period, persons of color – those who identify themselves as non-white, multiracial or Hispanic – grew from 7.8% to 16.6%.



**Figure 2 Comparative distribution of population and poverty by race and ethnicity in Snohomish County (2000 Census)**

As is true elsewhere, the distribution of poverty in Snohomish County is heavily skewed toward populations of color (Figure 2). For some, such as African Americans, American Indian/Alaskan Natives, Hispanic/Latinos and “some other race,” the proportion in poverty is two or more times as high as their share of the total population.

**Demographic characteristics of survey respondents**

Many of the survey results that follow in this report are analyzed by racial, ethnic, and other demographic subgroups. Figure 3 shows how these subgroups were distributed in the survey sample. It is important to keep in mind that these are not exclusive groups, meaning, that an individual respondent may occur in more than one of these groups. For example, a survey

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

respondent may be white and Hispanic. These groups are used to examine how the needs and service gaps affect diverse groups in the Snohomish County Community.

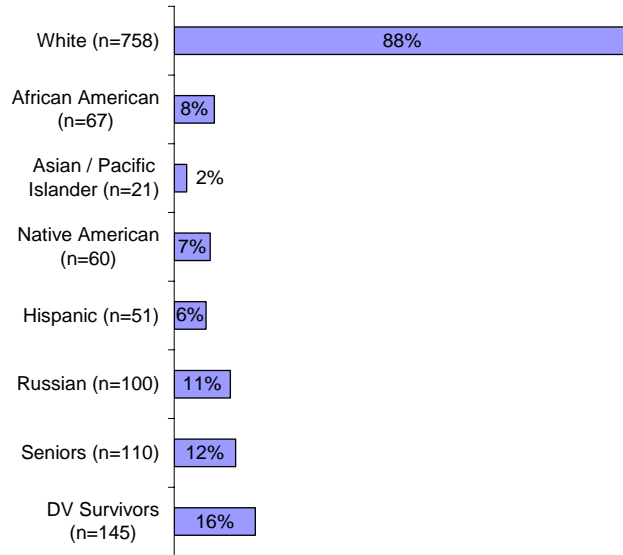


Figure 3 Demographic characteristics of respondents (frequency (n) and percent of sample)

### Language

Non-English speakers may have difficulty accessing social and health services in Snohomish County. Overall, only 10% of respondents reported difficulty accessing services due to a language barrier (Figure 4). This proportion is significantly higher among ethnic subpopulations. More than two-thirds (70%) of Russian-speaking respondents reported a language barrier problem, as did 24% of Hispanic respondents, and 14% of Asian/Pacific Islanders.

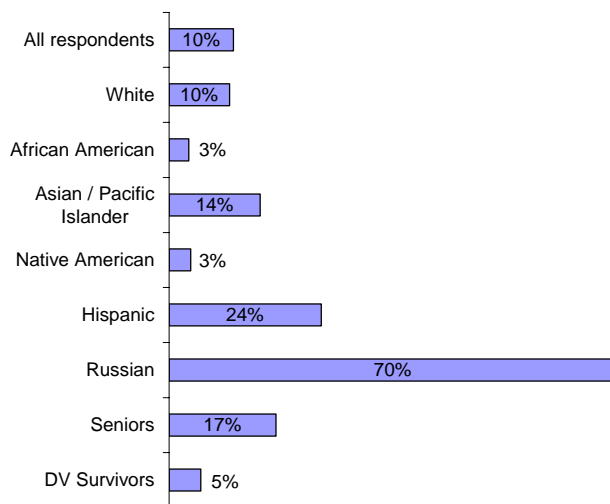


Figure 4 Language barrier impedes access to services

**Age and Sex**

Survey respondents were most likely to be female (69%) and the median age of respondents was 41 years (mean = 42.4). Respondent age distribution is shown in Figure 5.

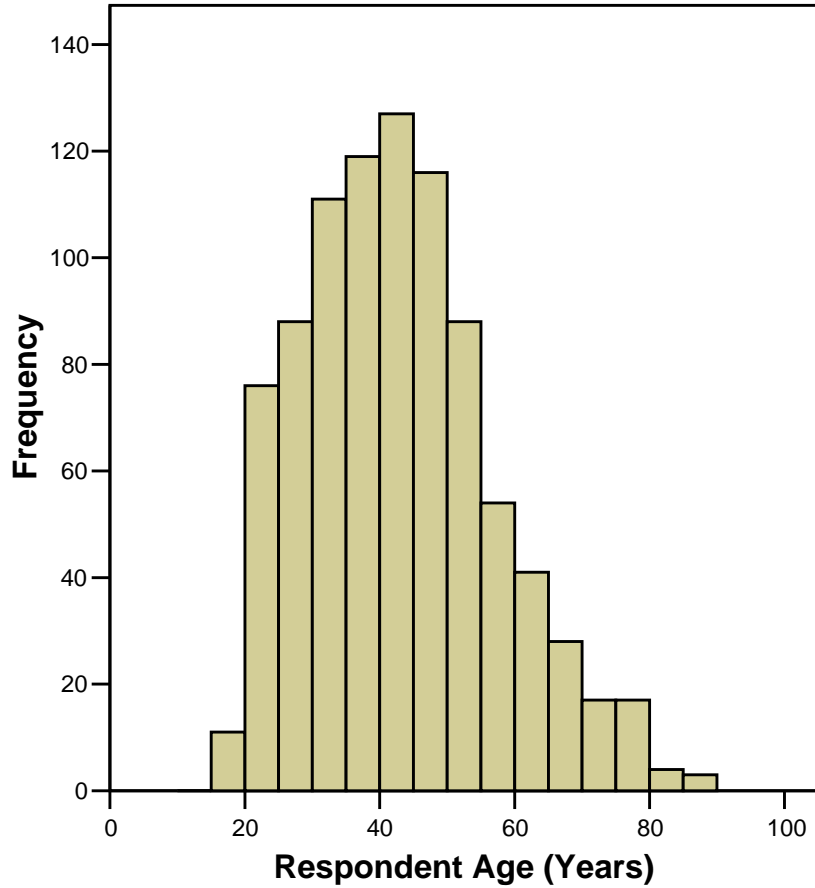


Figure 5 Distribution of respondents by age

**Education**

Most respondent households (61%) include one or more adults with at least a high school or equivalent degree (Figure 6). This finding varies little for racial and ethnic subgroups except for Russian speaking respondents who are only half as likely (32%) to report having a household member with a high school level of education.

Not surprisingly, seniors' households are less likely (42%) to have a high school-level educated member due to the fact that this level of education was less common when these respondents were of high school age. Households of domestic violence survivors are about as likely most other subgroups to have a high school educated member.

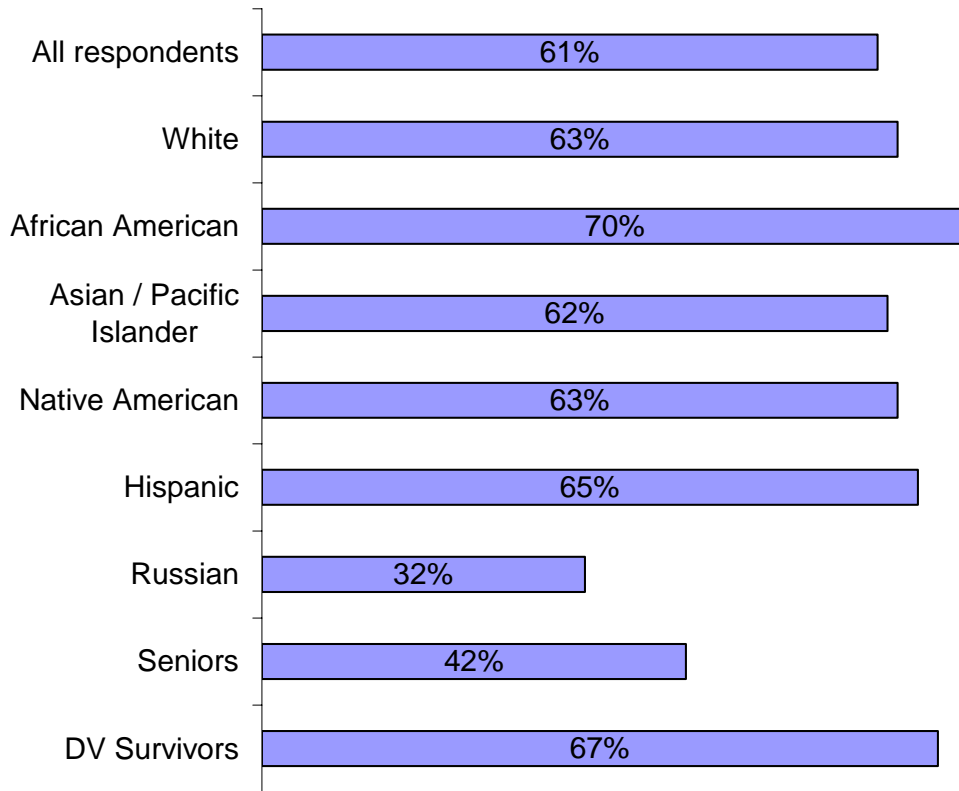
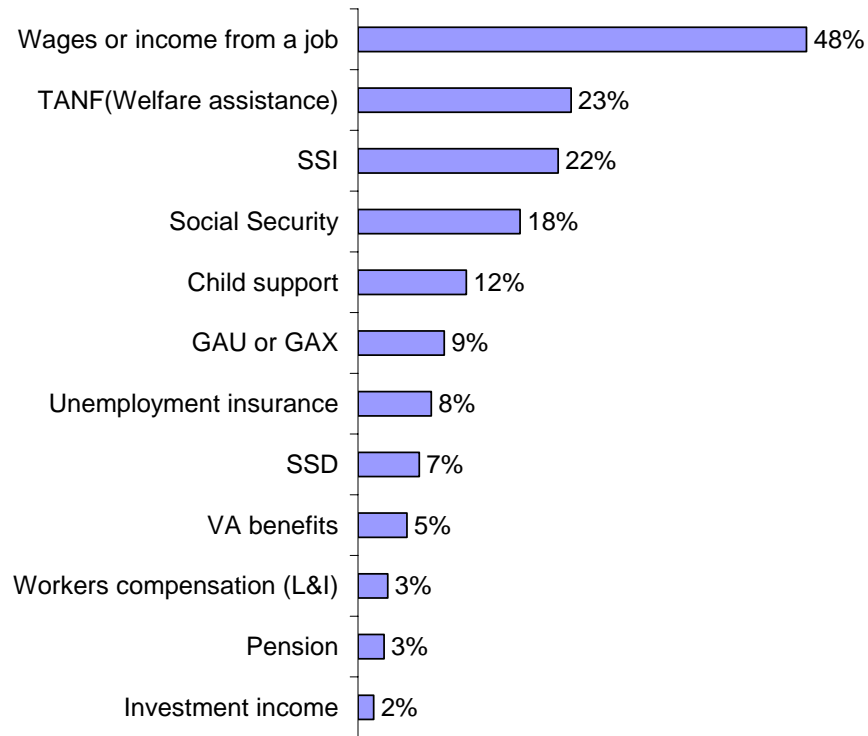


Figure 6 Percent of respondent households with one or more high school or GED graduates

**Employment and Income**

Almost half of respondents (48%) report wages from a job as a source of household income (Figure 7). The next most frequently reported income sources are Temporary Assistance for Needy Families, referred to as TANF<sup>4</sup>, (23%), SSI (22%), Social Security (18%), child support payments (12%), General Assistance (GAU/GAX) (9%), and 8% of respondents reported receiving unemployment benefits. *Please note that some respondents may be receiving income from more than one of the listed sources. For example, 19% of wage earners are also receiving TANF support.*



**Figure 7 Sources of respondent household income**

Compared to the overall client sample, those who are Russian-speaking and those who are Hispanic are more likely to have income from wages (60% and 59% respectively); these subgroups are also less likely to have income from Social Security (Table 3).

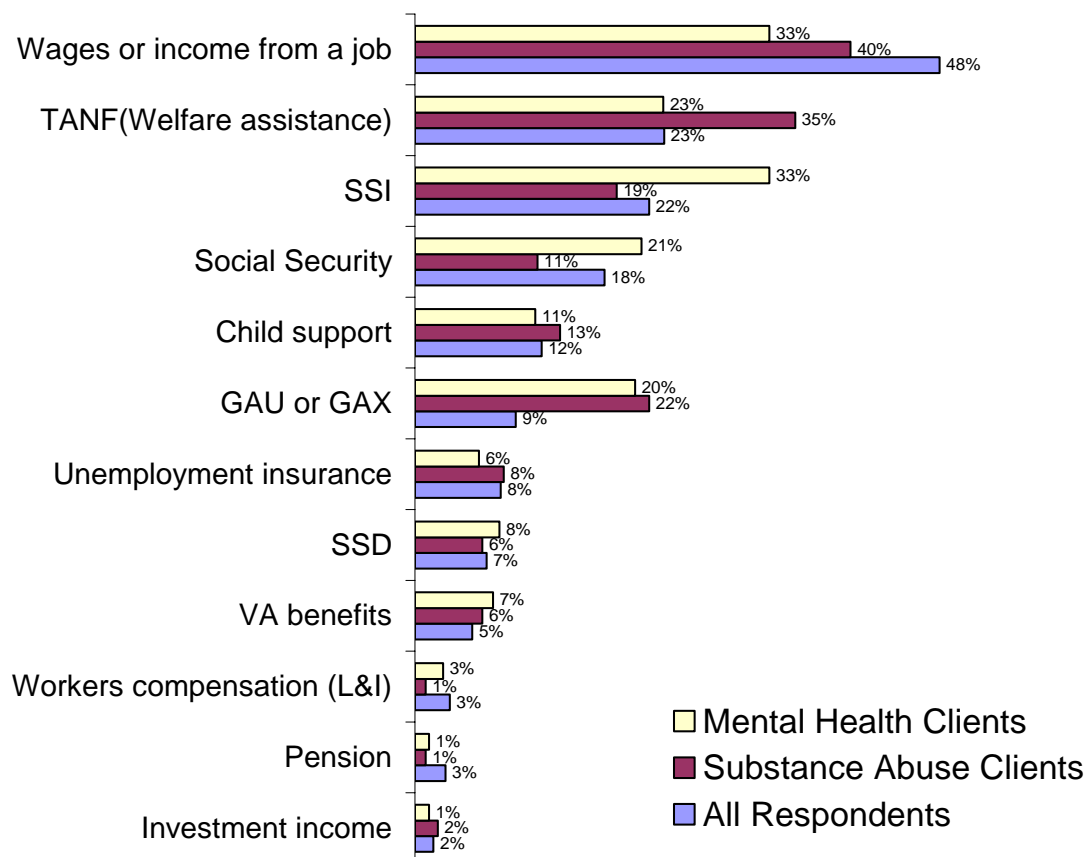
<sup>4</sup> The Temporary Assistance for Needy Families (TANF) Program was created by the Welfare Reform Law of 1996. TANF became effective July 1, 1997, and replaced what was then commonly known as public assistance or welfare: Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training programs.

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

**Table 3 Income sources by demographic characteristics**

	All Respondents	White	African American	Asian / Pacific Islander	Native American	Hispanic	Russian	Seniors	DV Survivors
Wages or income from a job	48%	49%	34%	63%	42%	59%	60%	16%	47%
TANF	23%	21%	25%	26%	40%	28%	20%	6%	29%
SSI	22%	22%	22%	16%	18%	21%	31%	30%	22%
Social Security	18%	19%	15%	32%	11%	8%	11%	63%	13%
Child Support	12%	13%	5%	11%	18%	13%	5%	1%	17%
GAU or GAX	9%	10%	12%	16%	9%	5%	1%	2%	10%
Unemployment insurance	8%	8%	5%	11%	4%	8%	1%	4%	9%
SSD	7%	8%	2%	11%	5%	0%	1%	8%	7%
VA benefits	5%	5%	15%	5%	7%	5%	0%	8%	7%
Workers' compensation (L&I)	3%	3%	2%	0%	2%	3%	0%	0%	3%
Pension	3%	3%	2%	0%	0%	0%	4%	13%	2%
Investment income	2%	2%	2%	0%	0%	0%	0%	2%	2%

Compared to all respondent households, those that include a member who has received mental health services recently are less likely to report income from wages, and more likely to report income from SSI and GAU/GAX (Figure 8). Recent substance abuse services clients are less likely to report wage and Social Security income, and more likely to report TANF and GAU/GAX income.



**Figure 8 Respondent household income source by type of service client**

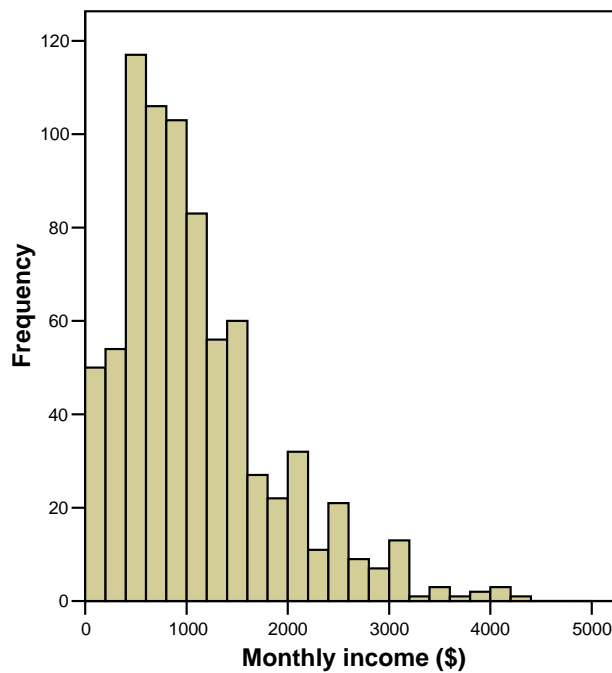
2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

The mean monthly income for the overall sample of respondent households is \$1,068 and the median monthly income is \$900 (Table 4). Monthly household incomes ranged from \$0 to \$4,200 per month. The median monthly income ranged from \$639 for single-person households to \$2,500 for 8 person households.

**Table 4 Respondent household income by household size**

Household Size	Number of households	Mean monthly income	Median monthly income	Minimum	Maximum
1	238	772	639	-	3,000
2	165	931	804	-	2,800
3	134	1,032	971	-	4,000
4	95	1,348	1,100	-	4,200
5	63	1,464	1,352	-	3,800
6	25	1,841	2,000	300	3,500
7	18	1,692	1,459	-	4,000
8	11	2,086	2,500	400	4,000
9	5	1,234	1,400	500	1,800
10	2	1,700	1,700	900	2,500
11	4	993	1,125	-	1,720
12	2	1,800	1,800	1,600	2,000
14	1	2,300	2,300	2,300	2,300
<b>Total</b>	<b>763</b>	<b>1,068</b>	<b>900</b>	-	<b>4,200</b>

The distribution of monthly household income shows a strong central tendency at one mode near \$1,000 per month and a long “tail” with very few households having incomes above \$2,600 per month (Figure 9).



**Figure 9 Distribution of total household incomes**

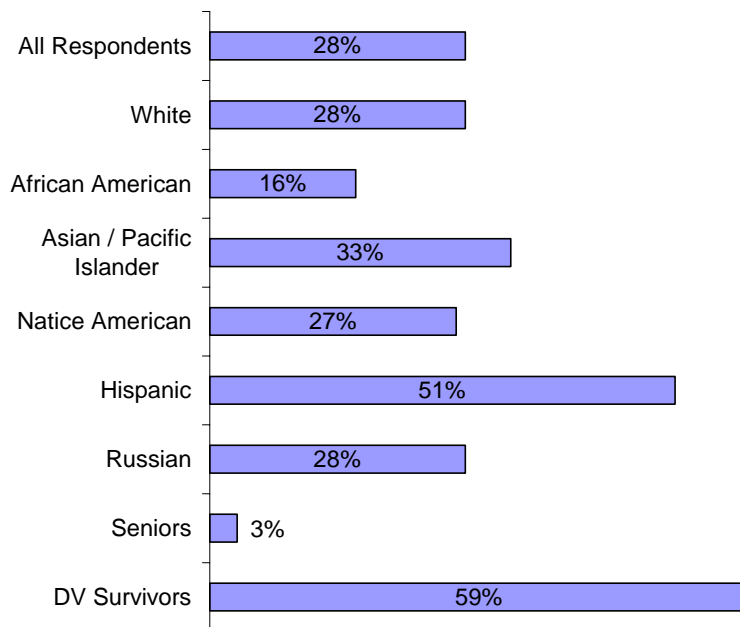
2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Adjusting for family size, the proportion of respondents who report household income at or below the federal poverty level (FPL) is 69% (Table 5); those households at or below 125% of FPL account for 82% of respondent households.

**Table 5 Low-income respondent households by poverty status and household size**

Household size	Number of respondent households	Federal Poverty Level (FPL) threshold Income per month (\$)	% of Snohomish County low-income households at or below FPL threshold	Monthly income eligibility limits at 125% of FPL (\$)	% of Snohomish County low-income households at or below 125% FPL	Number of respondent households at or below FPL threshold	Number of respondent households at or below 125% FPL
1	238	\$ 817	65%	1,021	79%	155	188
2	165	\$ 1,100	70%	1,375	79%	116	130
3	134	\$ 1,383	74%	1,729	89%	99	119
4	95	\$ 1,667	70%	2,083	83%	67	79
5	63	\$ 1,950	71%	2,438	83%	45	52
6	25	\$ 2,233	60%	2,792	76%	15	19
7	18	\$ 2,517	83%	3,146	94%	15	17
8	11	\$ 2,800	82%	3,500	91%	9	10
<b>All households</b>	<b>749</b>		<b>69%</b>		<b>82%</b>		

Overall, 28% of respondent households have at least one member who is employed full-time (Figure 10). Domestic violence survivors’ households are twice as likely to include a full-time employed member. Hispanic respondent households are also more likely (51%) than the overall sample to have a full-time employed household member.



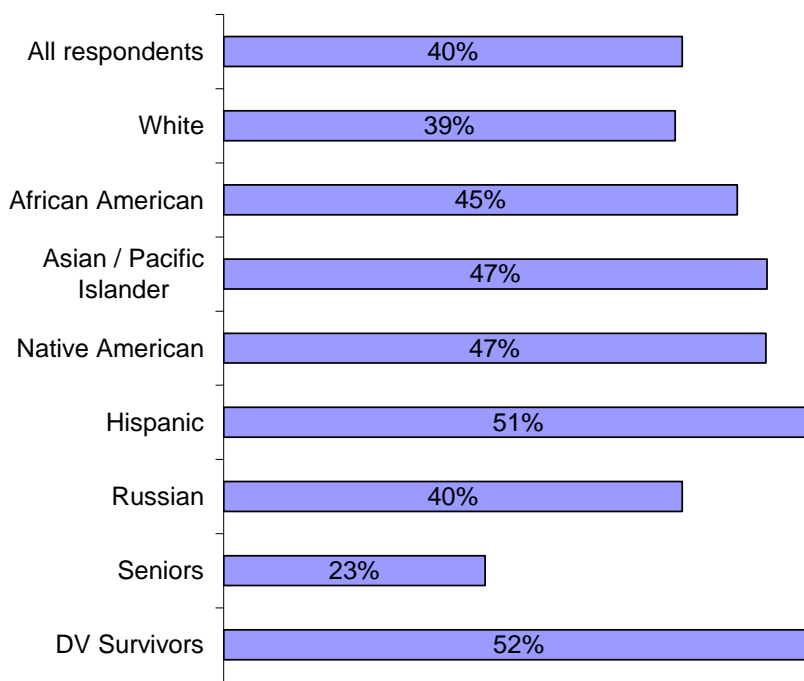
**Figure 10 Respondents households with one or more full-time employed members**



**Benefit reductions**

Many households rely on benefit programs such as TANF, SSI, food stamps and other assistance. These programs provide direct assistance and being enrolled in some benefit programs is prerequisite to receiving certain other types of assistance. Respondents were asked to report whether or not they had any of their benefits stopped or reduced in the past year, and, if so, why.

Forty percent of respondents reported their benefits had been stopped or reduced (Figure 11). Seniors were the least likely subgroup to report a benefit reduction (23%). Domestic violence survivor and Hispanic respondent households were most likely to report a reduction (52% and 51% respectively).



**Figure 11** Percent of respondents who reported having benefits stopped or reduced in the past year

When asked why their benefits had been reduced, 25% were “Not sure” (Figure 12). Other common responses included: started working (23%), increased earnings (20%), and a change in the benefit program rules (14%). Ten percent said that they failed to meet the work requirements and 8% said that it was too much of a hassle.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

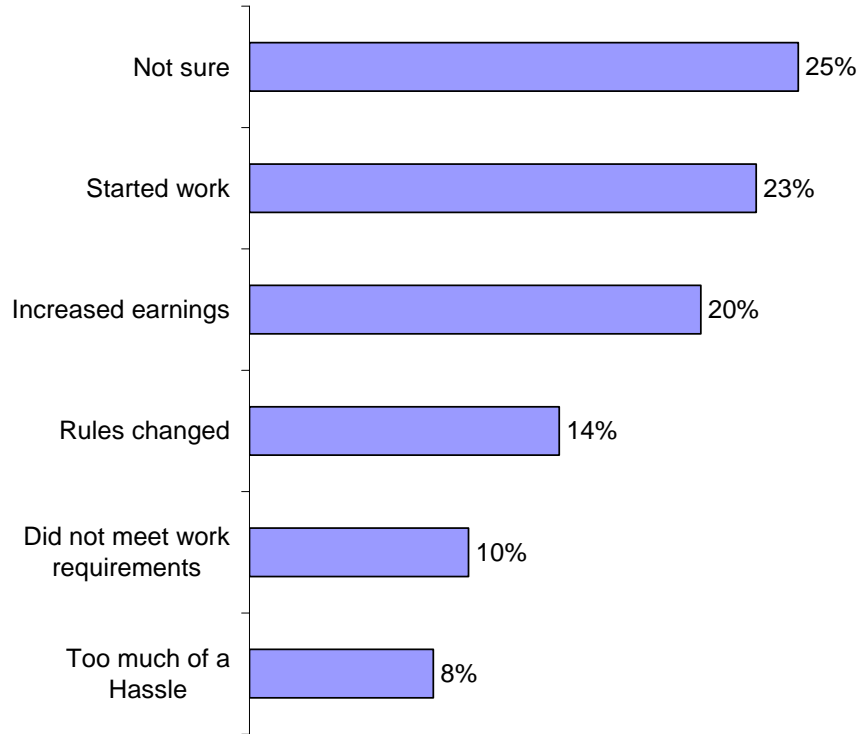


Figure 12 Reasons benefits were stopped or reduced (percent of households that experienced discontinued or reduced benefits)

Table 6 Reasons benefits stopped or reduced by demographic characteristics

	All Respondents	White	African American	Asian / Pacific Islander	Native American	Hispanic	Russian	Seniors	DV Survivors
Not sure	25%	25%	23%	33%	19%	21%	4%	29%	33%
Started work	23%	24%	23%	11%	27%	26%	42%	0%	21%
Increased earnings	20%	21%	23%	22%	8%	16%	29%	14%	10%
Rules changed	14%	12%	19%	33%	19%	16%	17%	29%	22%
Did not meet work requirements	10%	9%	4%	22%	27%	16%	0%	0%	10%
Too much of a Hassle	8%	7%	4%	22%	19%	11%	4%	5%	13%

**Financial situation: overall assessment**

Except for Russian-speaking respondents, all respondent subgroups were more likely to report that, “compared to a year ago,” their financial situation was *worse* (Figure 13). Among these respondents, the largest disparities between reporting a *better* versus a *worse* financial situation occurred in the Asian, senior, and domestic violence survivor subgroups. Russian-speaking respondents, on the other hand, were five times as likely to report a *better* versus a *worse* financial situation.

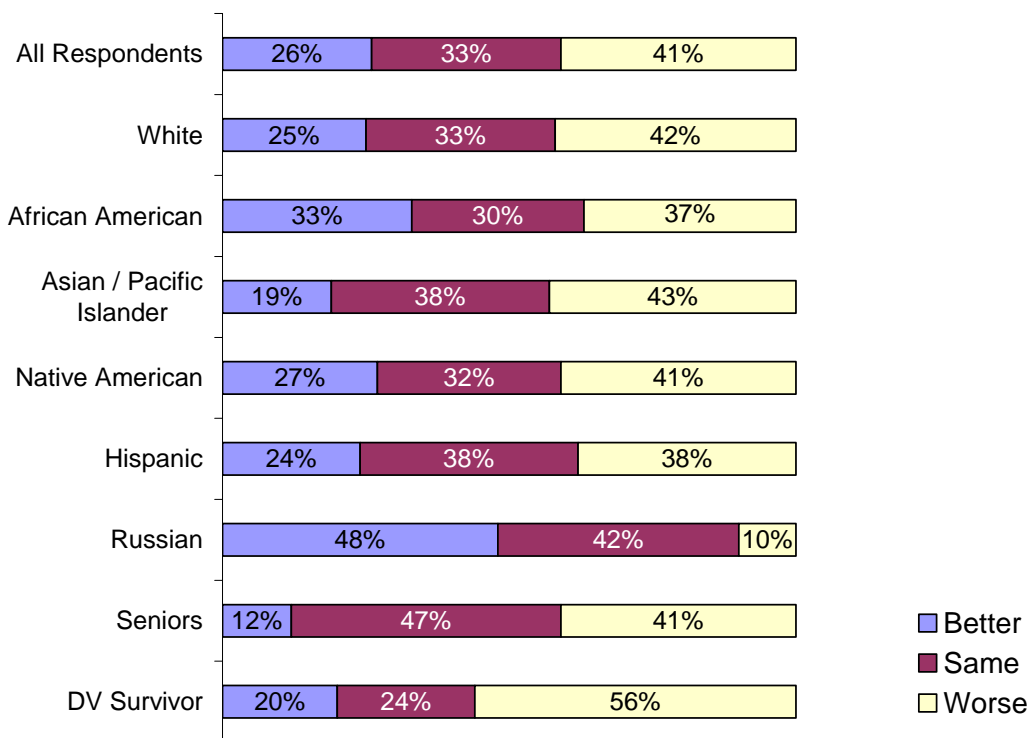


Figure 13 Respondents assessment of households' financial situation compared to a year ago

**Free and Reduced Price School Lunch Eligibility (not part of this survey)**

One annual measure of poverty levels is the proportion of public school enrollment eligible for free and reduced price meals. The National School Lunch Program and the School Breakfast Program are designed to promote the health and well-being of children by providing nutritious meals to children in schools and other institutions. The income eligibility guidelines for school meals are based on the federal income poverty guidelines (see Table 1). The eligibility criteria are 130% of the income poverty guidelines for free, and 185% for reduced-price meals.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

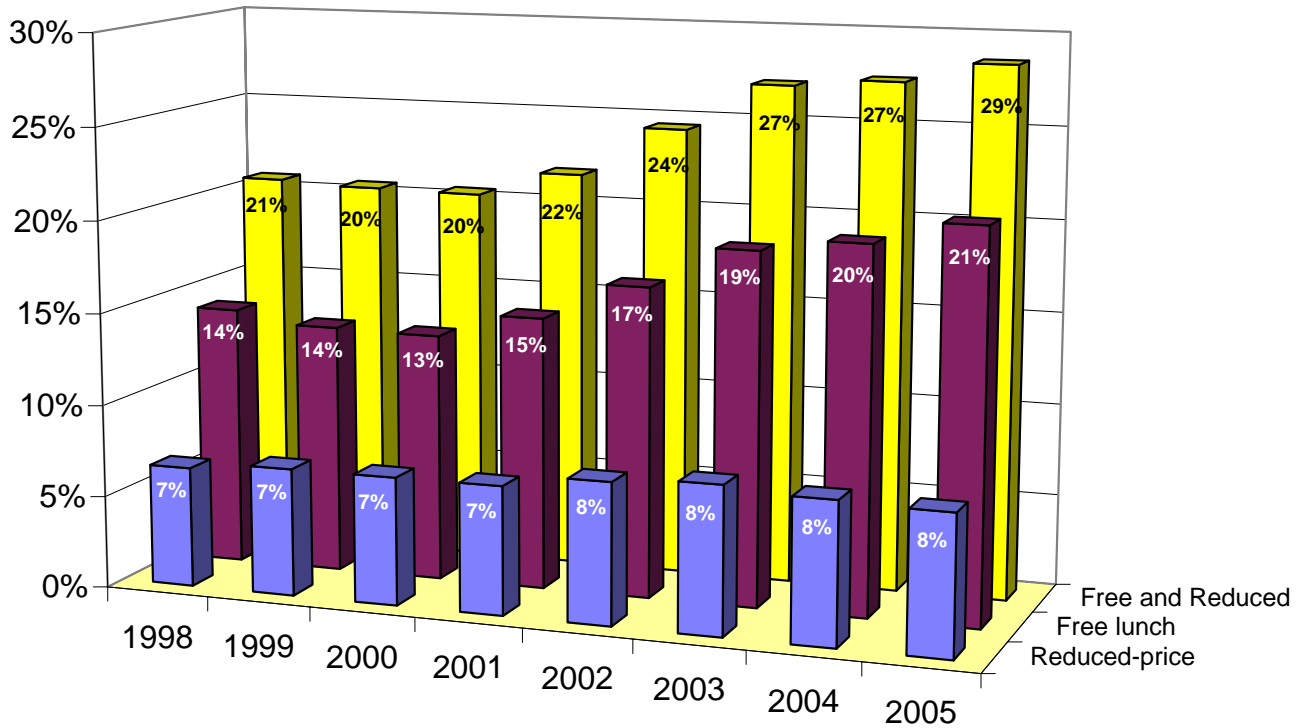


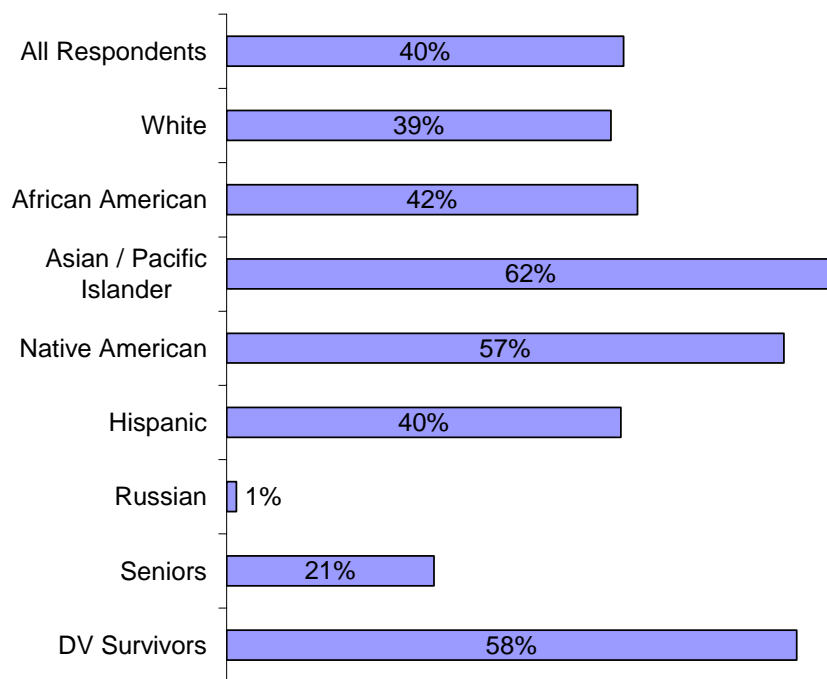
Figure 14 Percent of Snohomish County public school enrollment eligible for free and reduced price meals (Data source: WA State Office of the Superintendent of Public Instruction)

The proportion of public school children eligible for free and reduced price meals has increased steadily, from 20% in 2000 to 29% in 2005 (Figure 14). This increase is primarily due to the proportion of enrollment eligible for *free* meals.

## Food and Nutrition

### Hunger

A frequent financial difficulty faced by low-income households is the lack of money to buy food. In this survey, 40% of respondents say that someone in their household had gone hungry for lack of food (Figure 15). This proportion varies considerably among demographic subgroups. The groups with the highest reported frequency of hunger are Asian/Pacific Islanders (62%), Native Americans (57%), and domestic violence survivors (58%). The lowest frequency of hunger was observed for Russian-speaking respondents (1%) and seniors (21%).



**Figure 15 Client or household member has gone hungry because not enough food**

### Ability to Prepare Food

Household food security depends not only on the availability of affordable food staples, but also on the household's ability to prepare food staples for consumption. Respondents were asked how often they felt concerned about their household's ability to prepare food (Figure 16). Overall, 29% of respondents say they are often concerned about their household's ability to prepare food; 43% say they are seldom concerned, and 28% are never concerned. The most likely subgroups to say they are often concerned are Hispanic respondents (44%) and domestic

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

violence survivors (38%). Russian-speaking respondents (7%) and seniors (17%) are the least likely report that they often feel concerned about their households' abilities to prepare food.

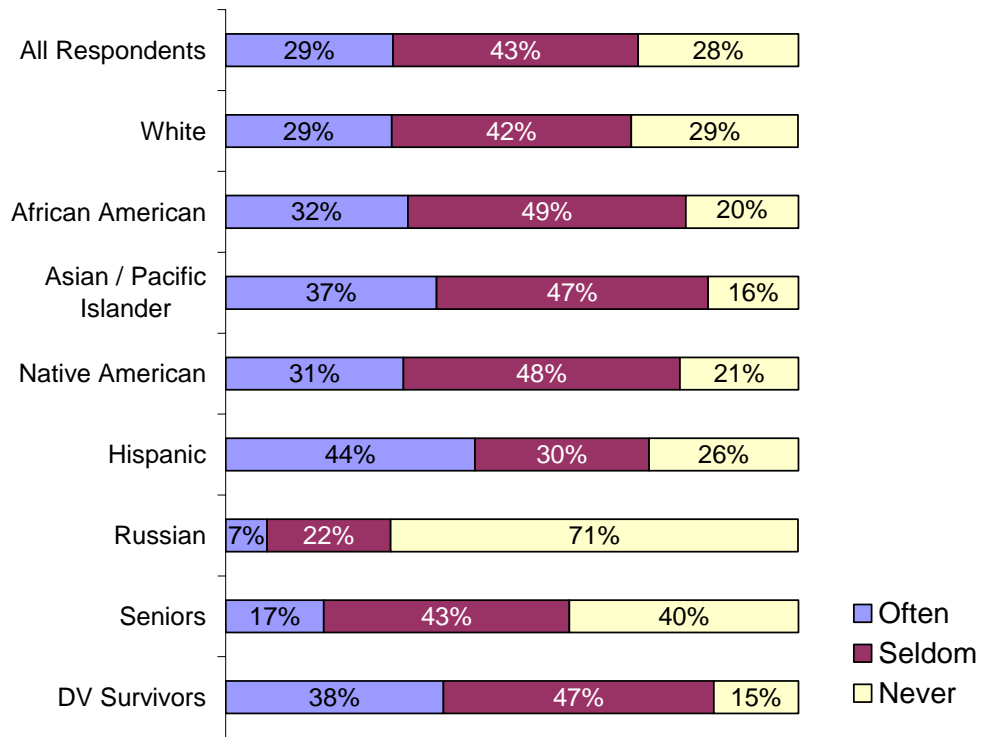
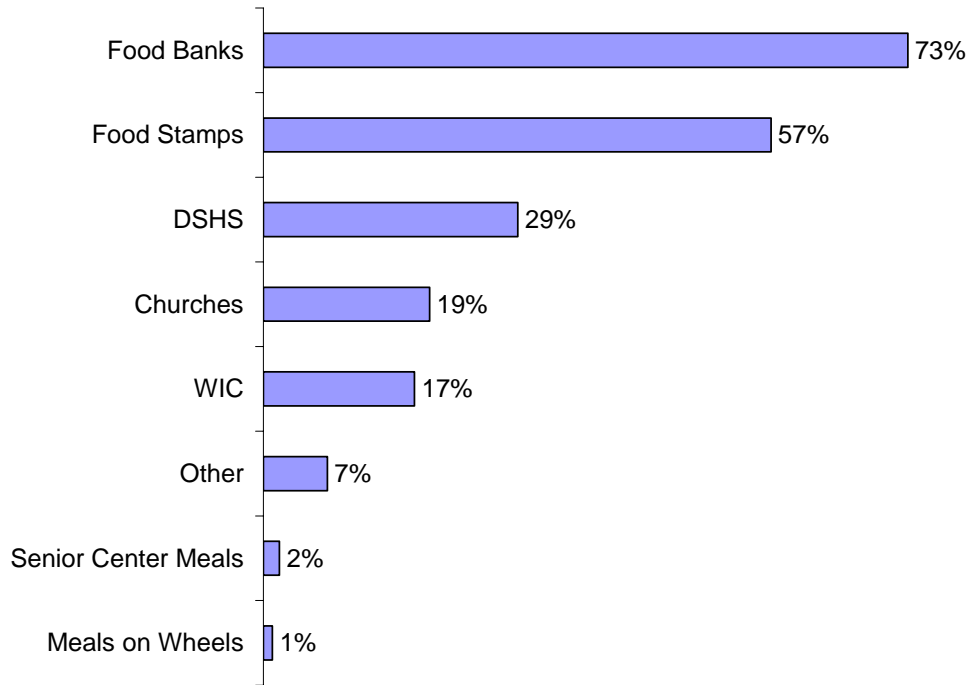


Figure 16 How often respondent is concerned about household's ability to prepare food

**2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT**

Lower income households rely on a wide variety of programs to obtain affordable food staples and meals. Among all respondents, over two-thirds (73%) rely on food banks (Figure 17). More than half (57%) used food stamps in the past year. Twenty-nine percent received some form of food assistance from DSHS. Churches helped 19% of respondent households, and 17% of respondents were enrolled with WIC. Small proportions of respondents use Senior Center meals (2%) and Meals on Wheels (1%).



**Figure 17 Food assistance services used in the past year**

**Table 7 Food assistance services used by demographic characteristics**

	All Respondents	White	African American	Asian / Pacific Islander	Native American	Hispanic	Russian	Seniors	DV Survivors
Meals on Wheels	1%	1%	2%	5%	0%	0%	1%	5%	1%
Senior Center Meals	2%	2%	5%	5%	0%	0%	1%	7%	2%
Other	7%	8%	6%	5%	8%	2%	2%	6%	9%
WIC	17%	16%	15%	19%	20%	41%	26%	1%	13%
Churches	19%	18%	21%	24%	15%	26%	6%	7%	30%
DSHS	29%	27%	37%	38%	37%	33%	32%	21%	37%
Food Stamps	57%	58%	54%	71%	68%	53%	37%	33%	68%
Food Banks	73%	73%	67%	62%	70%	75%	67%	78%	77%

## Housing and Energy

### Housing assistance

Recent use of emergency shelters, transitional housing programs, and Section 8 rental assistance vouchers varies considerably between demographic subgroups (Figure 18). Section 8 housing assistance is most common among Asian (26%), Russian-speaking (25%), and senior (22%) subgroups. African American (24%) and domestic violence survivor (21%) respondents most frequently reported using emergency shelters recently. These two groups also most frequently reported using transitional housing (24% and 21% respectively).

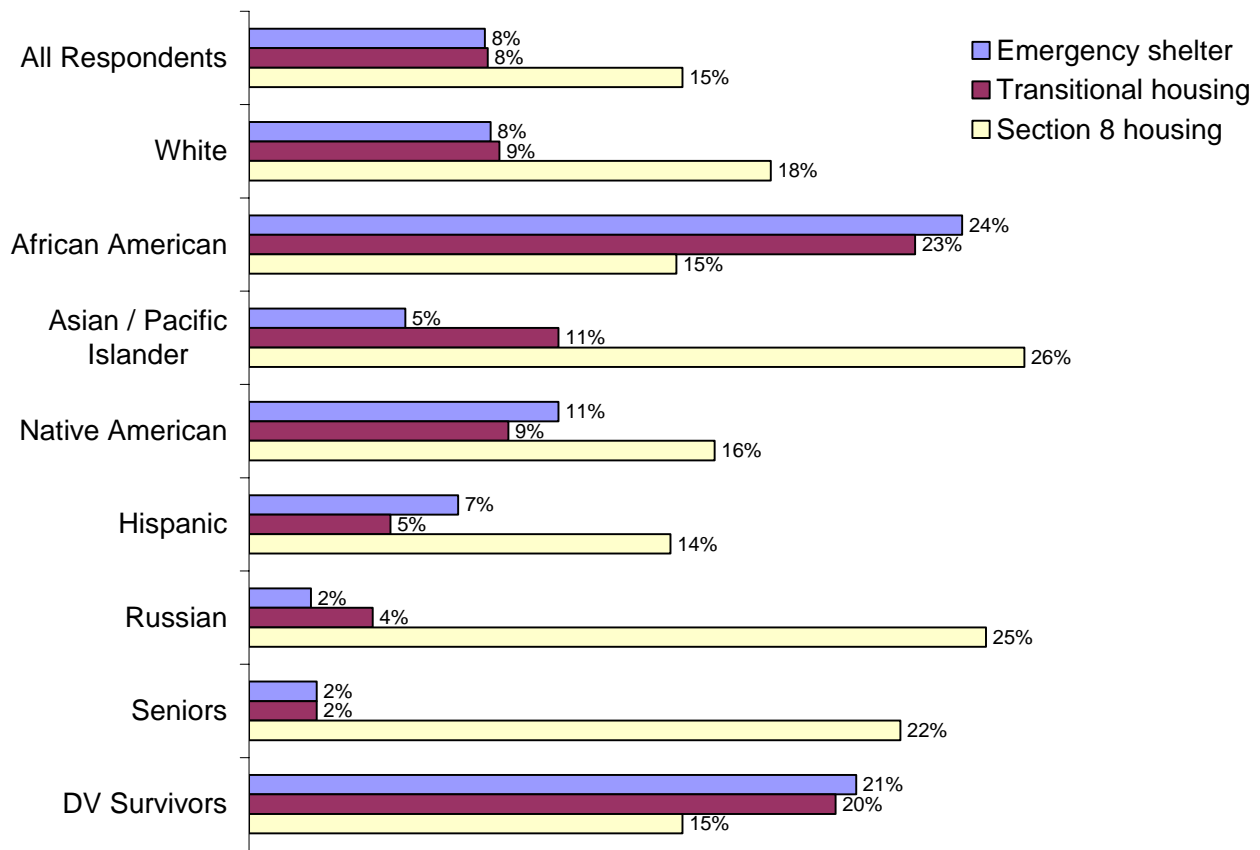
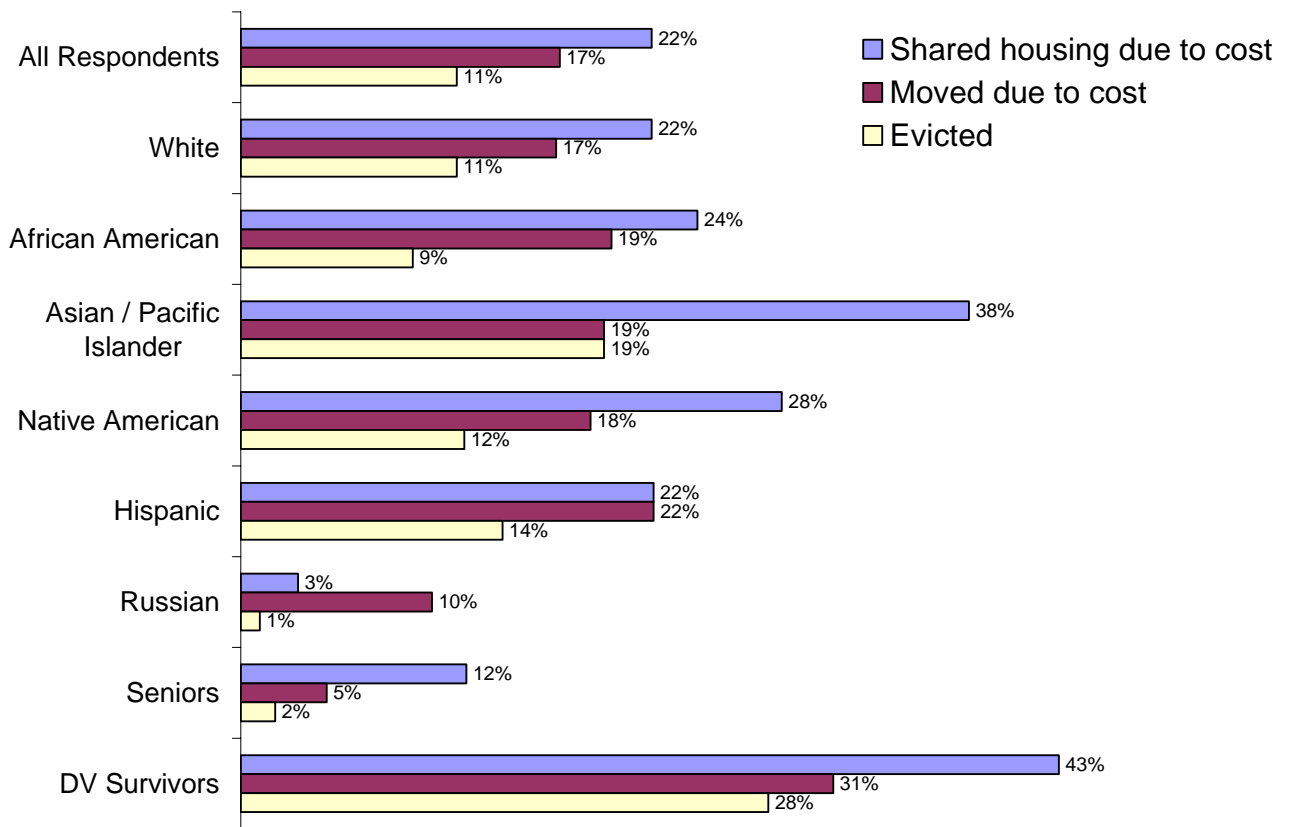


Figure 18 Percent of respondent households that received emergency, transitional, and Section 8 housing assistance in the past year



**Housing cost situations**

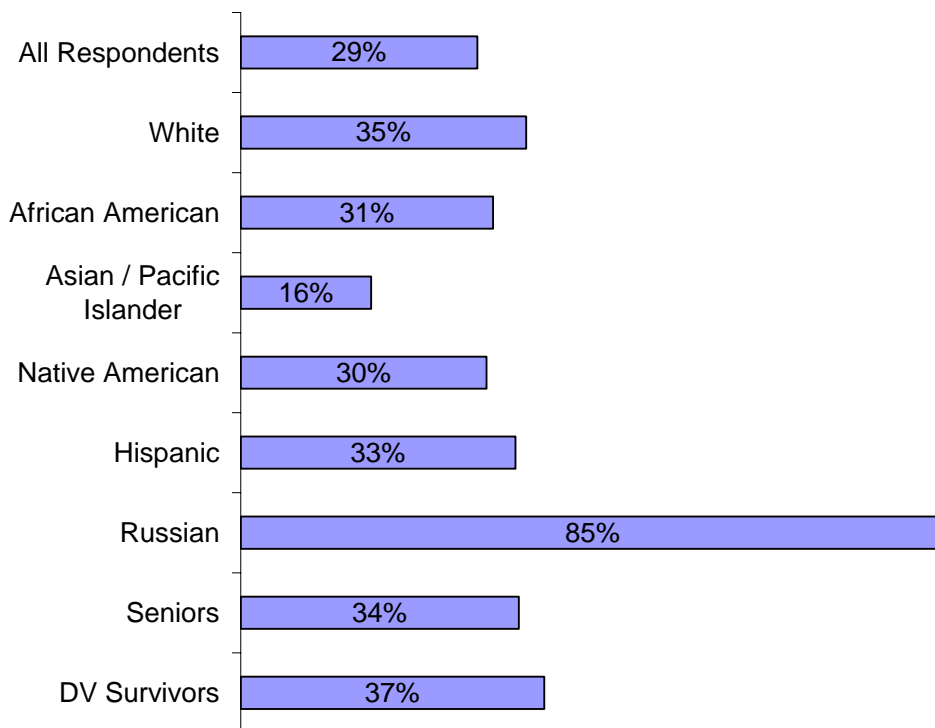
The high cost of housing may force some households to share housing with other households or to move to less expensive housing. In extreme cases, households may be evicted because they cannot afford to pay rent. Nearly a fourth (22%) of all respondents report having to share housing due to cost, 17% have had to move due to cost, and 11% were evicted from their home in the past year (Figure 19). All three of these situations are most common among domestic violence survivors and least common among seniors and Russian speaker households.



**Figure 19 Percent of respondent households that share housing or moved due to cost, or were evicted in the past year**

**Energy assistance**

Approximately one-third of all respondents and most subgroups received energy assistance in the past year (Figure 20). Two exceptions to this are the Russian-speaking and Asian subgroups. Only 16% of Asian respondents received energy assistance, and among the Russian-speaking households, 85% received energy assistance.<sup>5</sup>



**Figure 20 Percent of respondent households that received energy assistance in the past year**

About one in four (27%) respondents have had their heat or electricity turned off in the past year and more than a third (35%) report having their phone turned off (Figure 21). Utility shut-offs are most common among Native American and domestic violence survivor households, and least common among Russian-speaking and senior respondent households.

<sup>5</sup> This anomaly calls for some follow-up with data collection managers to determine whether all or most of the Russian version questionnaires were collected at the energy assistance office in Everett. That may explain this result.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

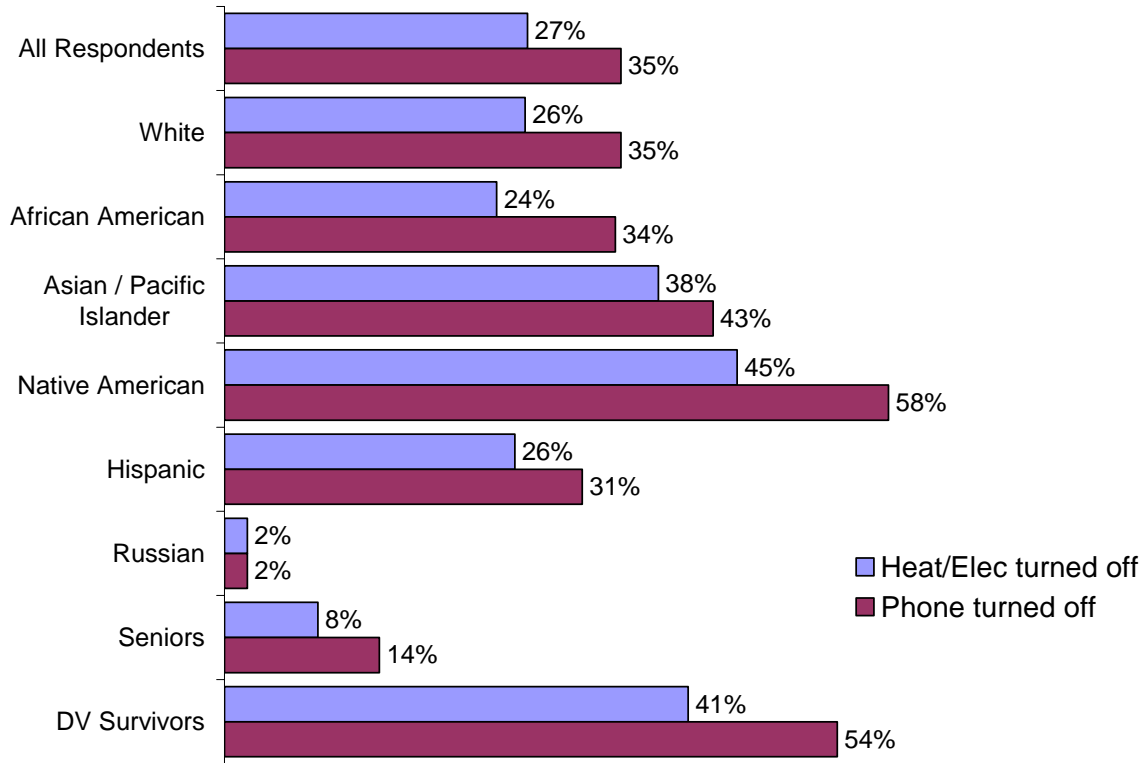


Figure 21 Percent of respondent households that have experienced a utility shut-off in the past year

## Health and Healthcare

### General health and welfare

Overall, a third of respondents (33%) say that their lives are worse now than a year ago (Figure 22). The largest disparities between the proportions who say their lives are worse compared to those who say their lives are better occur within Hispanic and Russian-speaking respondent households; these respondents are three times more likely to say their lives are better. Senior and domestic violence survivor household respondents are two to three times more likely to say their lives are worse.

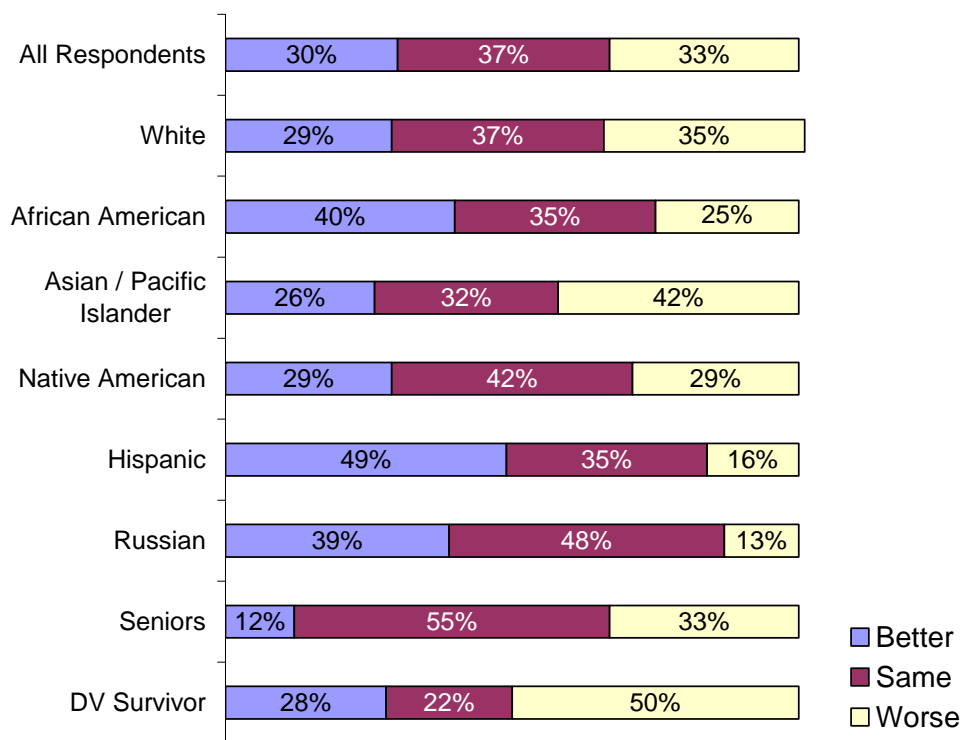


Figure 22 Respondents' assessment of their lives, generally, compared to a year ago

When asked to assess their health compared to a year ago, respondents are more than twice as likely to say their health is worse as opposed to better (38% and 18% respectively). Health assessment disparity is most acute for Russian-speaking, senior, and domestic violence survivor households (Figure 23).

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

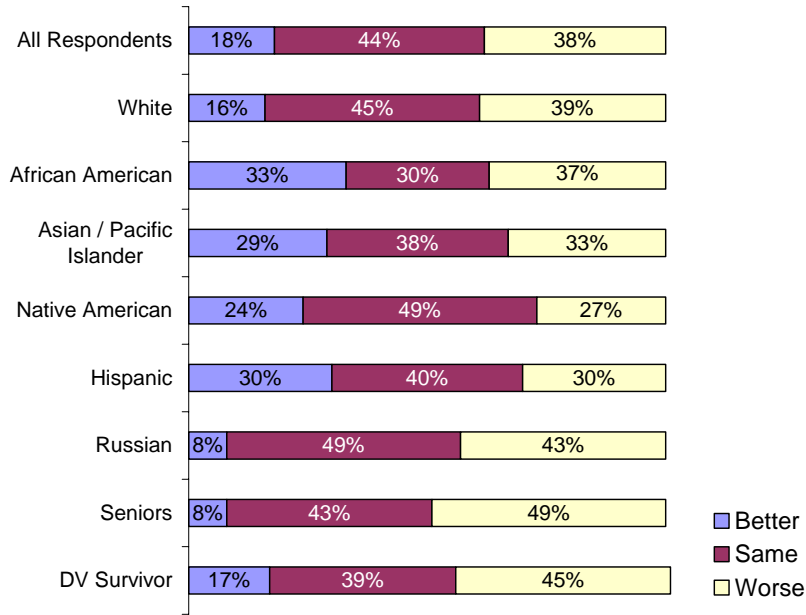


Figure 23 Respondents' assessment of their health compared to a year ago

About one in four respondents say that someone in their household suffered an illness in the last year that left them unable to work or care for their children (Figure 24). This experience was most common among domestic violence survivor households and least common among Russian-speaking and senior respondent households.

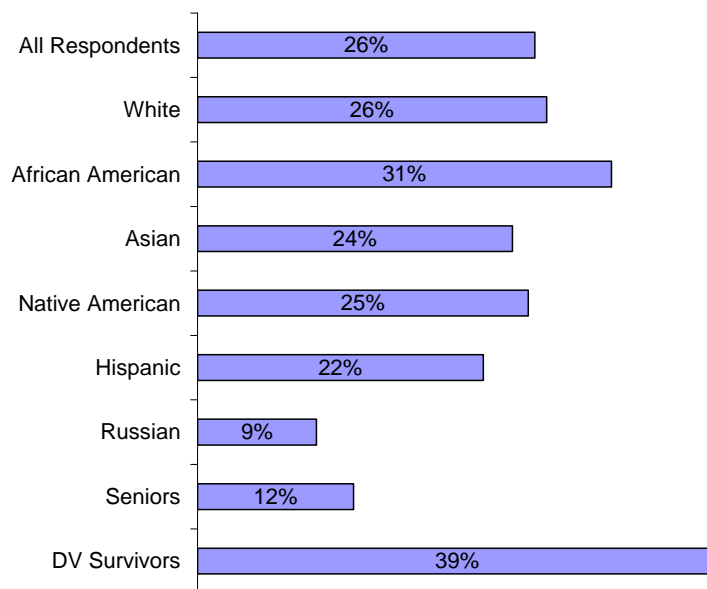
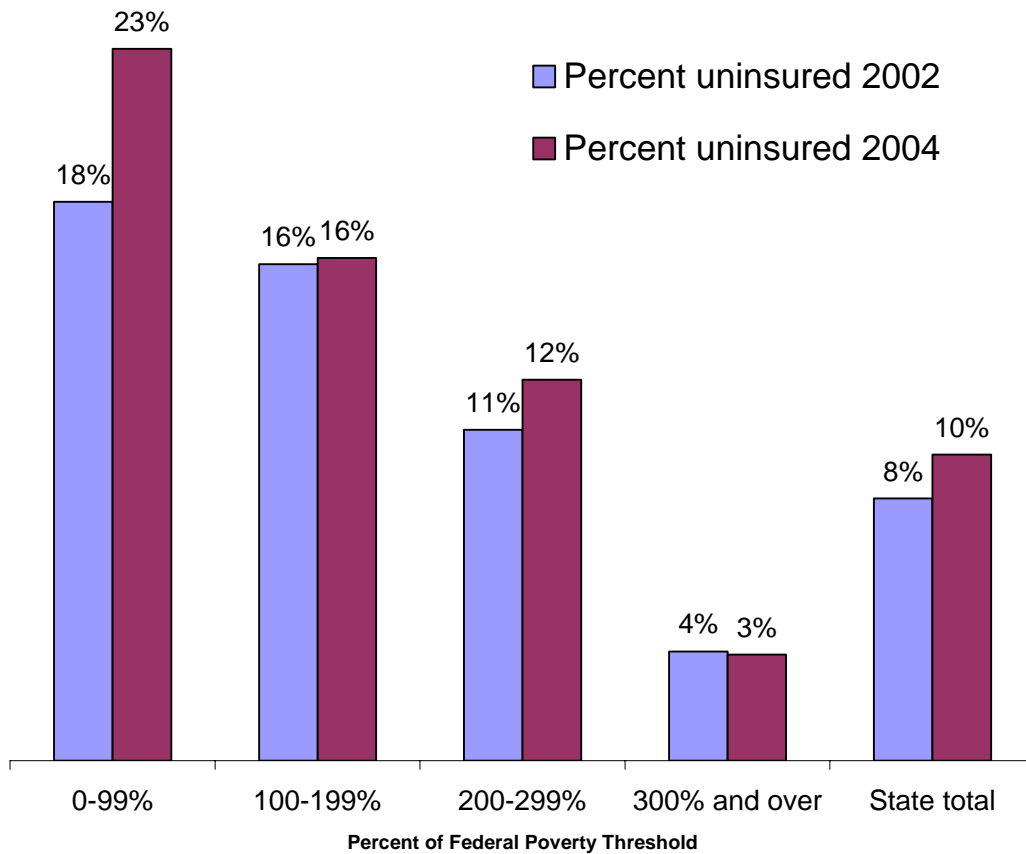


Figure 24 Percent of respondents with someone in their household who experienced an illness in the last year that left them unable to work or care for their children

**Health Insurance**

Research shows that having health insurance leads to improved health and longer lives. The uninsured are less likely to have a regular source of care than the insured, and they are more likely to postpone or forgo needed care. In Washington State, over 587,000 people are uninsured and the proportion of uninsured Washingtonians is growing. According to the Community Health Network of Washington, “The fastest growing segment of the uninsured are the poorest families, those earning less than the Federal Poverty Level. Statewide, over 60% of the uninsured are low-income – those earning less than 200% of the poverty level.”

Data from the Washington State Population Survey confirm this. The proportion of uninsured is highest among the poorest families (Figure 25). And it is this group that experienced the largest increase in uninsured persons over the last two years, jumping from 18 to 23%.



**Figure 25 Washington State uninsured population by family income (source: 2004 Washington State Population Survey Research Brief No. 31-revised)**

Only about two-thirds (65%) of survey respondents are covered by a health insurance plan such as Medicaid, Medicare, Basic Health, or private insurance plan (Figure 26). Seniors, who have access to Medicare, are much more likely to have health insurance coverage. Coverage is least common among Hispanic and domestic violence survivor households.

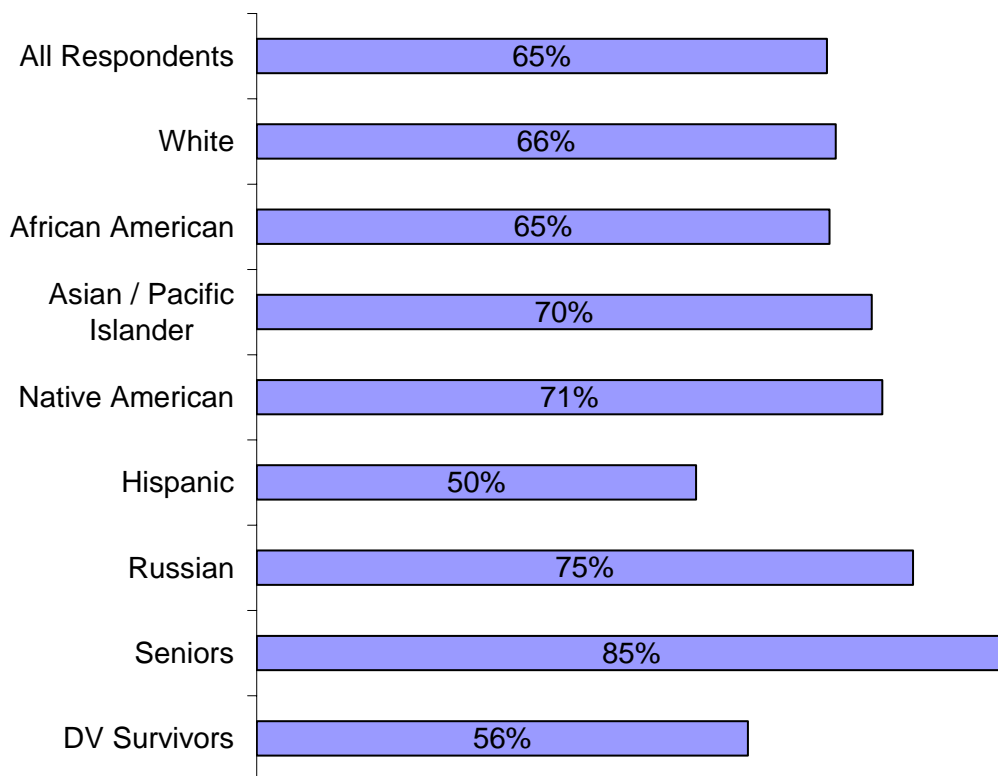


Figure 26 Percent of respondents covered by a health insurance plan

**Access to Dental and Medical Care**

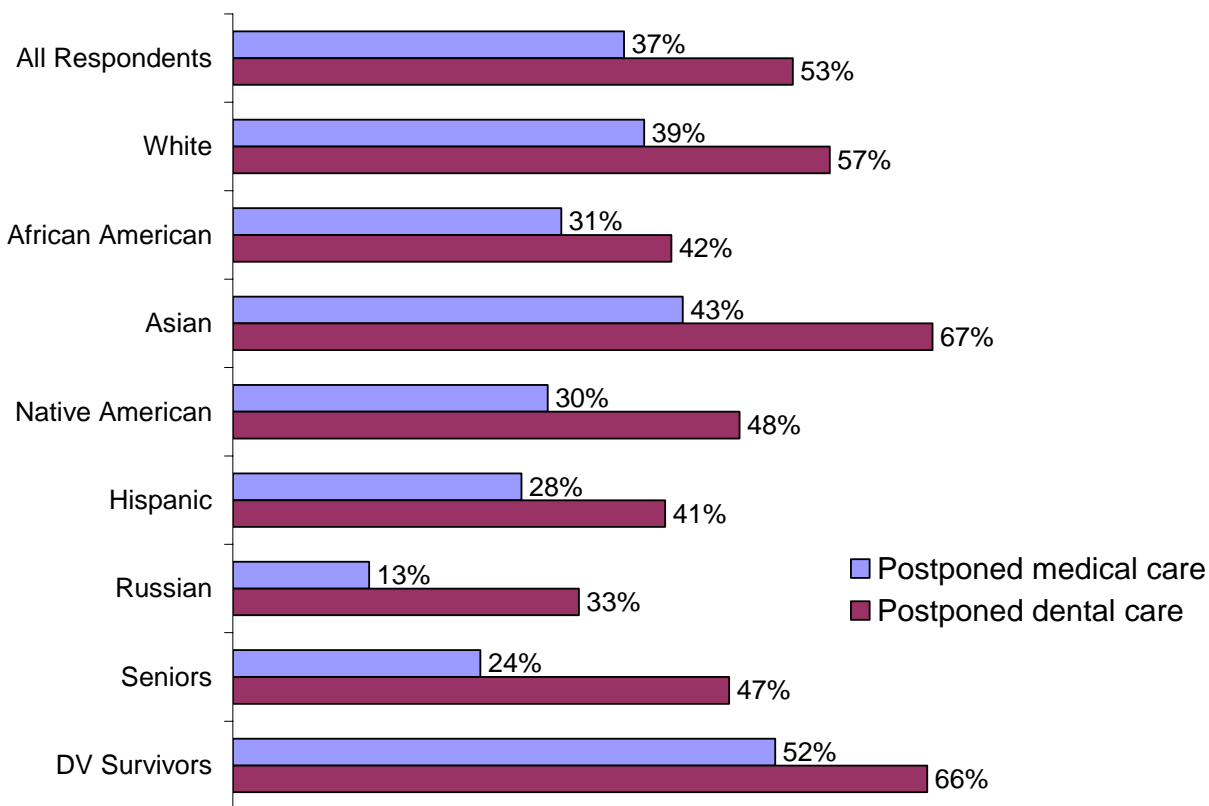
Washington State studies show that, increasingly, people are finding it difficult to access preventive dental services. This leads to more widespread oral disease and higher healthcare costs. It also leads to personal consequences: poor oral health has been linked to diabetes, heart disease and other long-term health problems. Poor oral health among children has been related to poor performance in school, poor social relationships and less success in later life.<sup>6</sup>

Furthermore, Washington is facing a severe shortage of dentists, particularly those who serve underinsured patients. As a result, caseloads for dentists who still serve Medicaid patients has more than doubled over the last ten years, making access more difficult for underinsured and

<sup>6</sup> Source: Citizens’ Watch, a program funded by the Washington Dental Service Foundation.

low-income patients. This forces some adults and parents to seek care for themselves and their children at hospital emergency departments.<sup>7</sup>

More than a third (37%) of respondents said that someone in their household had postponed needed medical care due to cost in the past year (Figure 27). Even more have had to postpone needed dental care (53%). Russian-speaking respondent households are the least likely to have experienced these problems; domestic violence survivor and Asian respondent households are the most likely to report them.



**Figure 27** Percent of respondent households whose members postponed needed medical and dental care in the last year due to cost

The problem of postponing medical care is strongly associated with a respondent’s insurance coverage status (Figure 28). Among those who are covered, only 26% report postponing needed care. But among those who are not covered, more than twice that number (60%) say they postponed care.

<sup>7</sup> Crittendon, B., Neumister A. and D. Ritter. 2004. *Bad Teeth = Missed Opportunities: The Challenge to Improve Oral Health in Washington*, Working for Health Coalition, Seattle, WA.



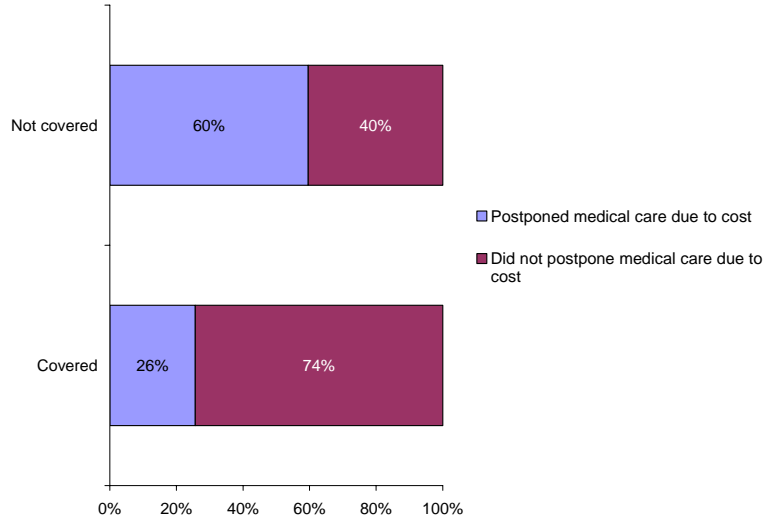


Figure 28 Proportion of respondents who postponed medical care by insurance coverage status

### Children’s Health Insurance

Overall, and for most subgroups, about three in four households with children under 18 years of age say that their children have health insurance coverage (Figure 29). Children’s coverage is most common among Native American and Hispanic households (85% and 86% respectively), and least common among African American and Asian respondent households (66% and 64% respectively).

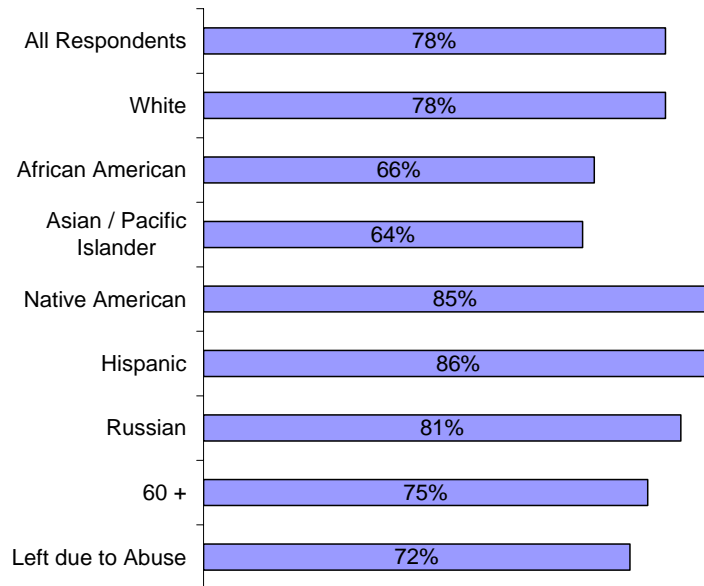
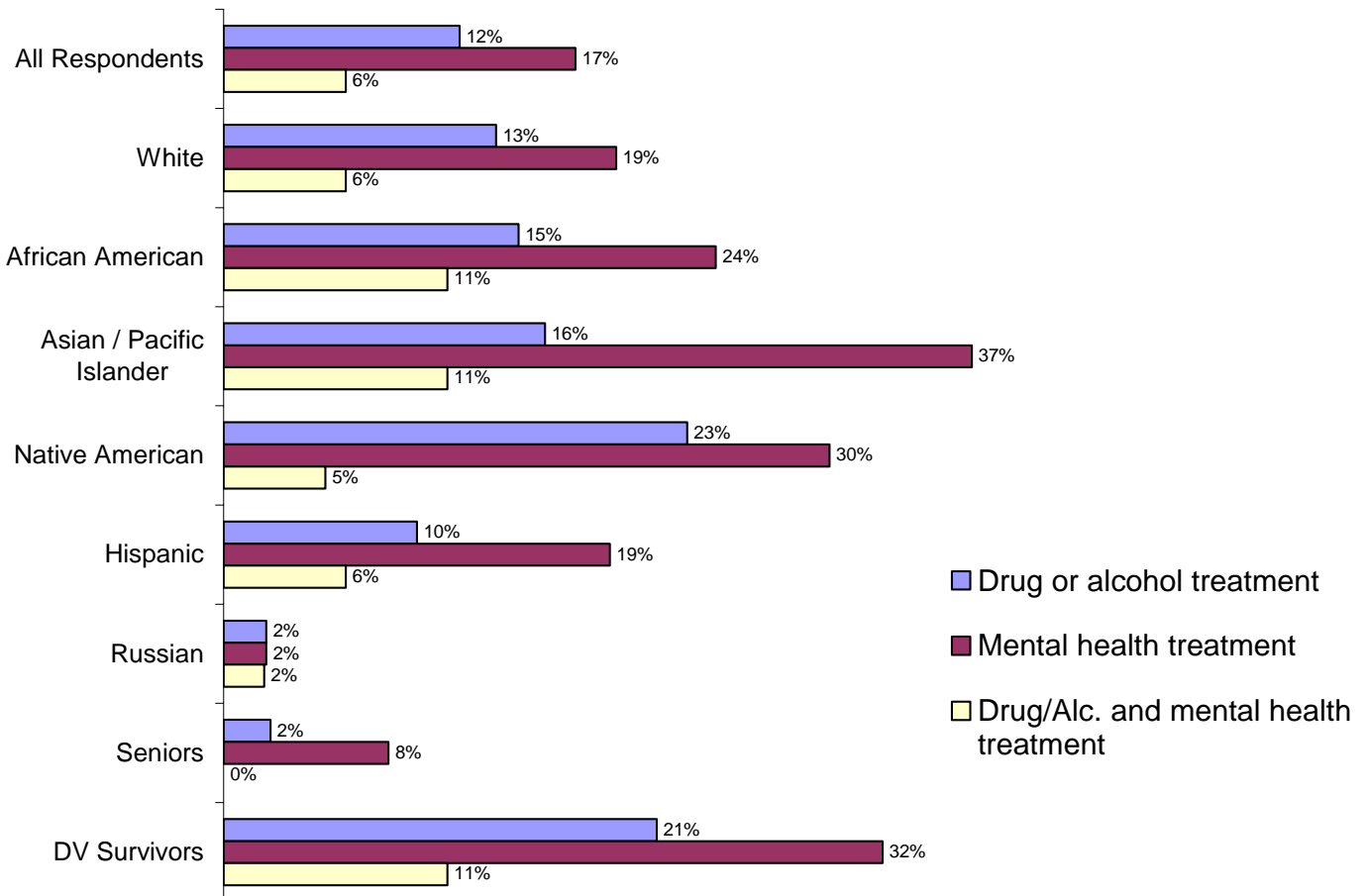


Figure 29 Percent of parents whose children are covered by a health insurance plan

**Mental health and substance abuse**

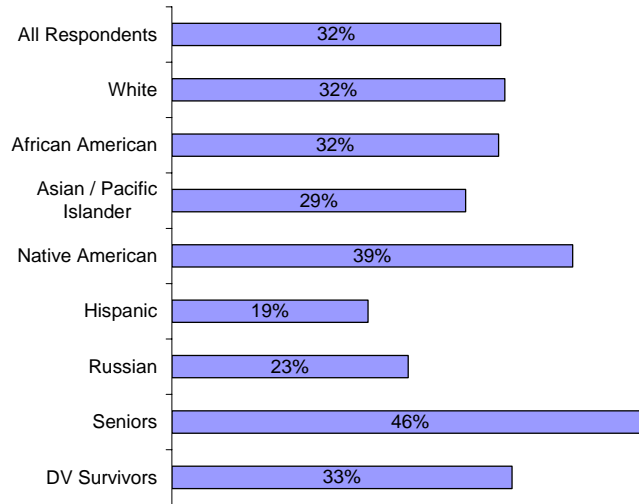
Within the last year, 17% of respondent households include at least one member who received mental health treatment, and 12% include someone who received substance abuse treatment (Figure 30). Six percent of respondent households include at least one person who has had mental health treatment and substance abuse treatment. These are not necessarily the same person in a particular household; however, this may be a rough estimate of the prevalence of co-occurring disorders among these populations. Mental health services were accessed most commonly among Asian/Pacific Islander (37%), domestic violence survivor (32%), and Native American (30%) respondent households. Substance abuse services were accessed most commonly by Native American (23%) and domestic violence survivor (21%) respondent households.



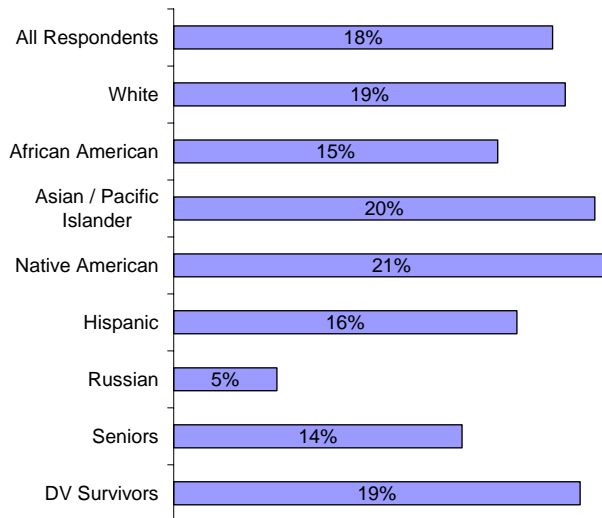
**Figure 30 Percent of respondent households including at least one member who received drug or alcohol abuse treatment, mental health treatment, or both**

**Disabilities**

About one-third (32%) of respondents say that someone in their household has a disability that limits one or more daily activities such as walking, eating, bathing or toileting (Figure 31). Not surprisingly, this is most common among senior respondent households. The prevalence of developmental disability among respondent households is 18% with little variation among subgroups, except Russian-speaking households where the frequency is only 5% (Figure 32).



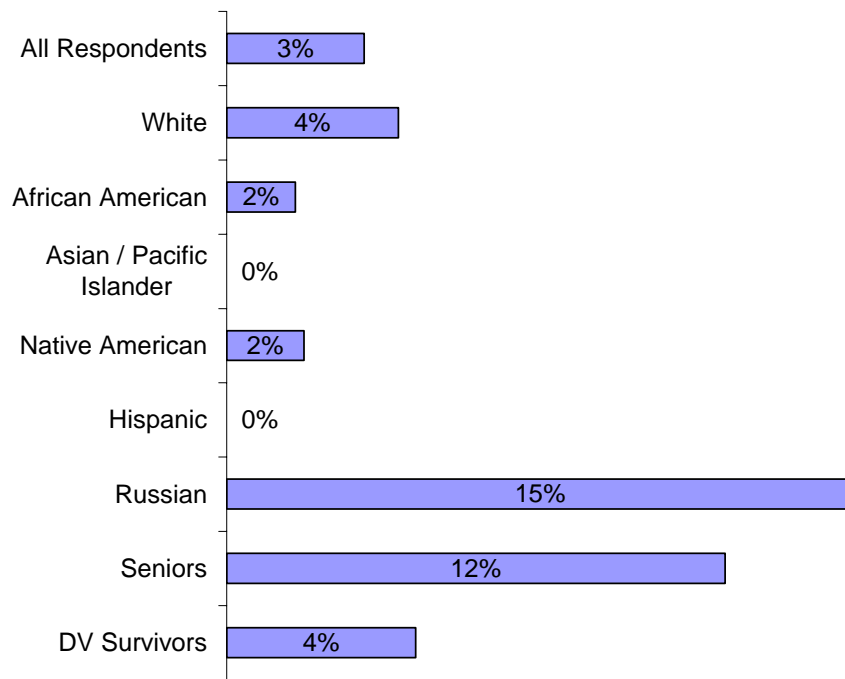
**Figure 31 Percent of respondent households including at least one member with a disability that limits one or more daily activities (e.g., walking, eating, bathing, etc.)**



**Figure 32 Percent of respondent households including at least one member with a developmental disability**

**Long-term Care**

Among all respondents and most subgroups, few households include members who received long-term or home care services in the last year (Figure 33). However, among Russian-speaking and senior respondent households, the prevalence is much higher: 15% and 12% respectively. The higher prevalence of long-term and home care among Russian-speaking households is probably due to the fact that many of these households include extended families that may include seniors.



**Figure 33 Percent of respondent households with at least one member who received long-term care or home care services in the last year**

**Emergency Services**

One in three respondents say their household has contacted 911 for some reason in the past year (Figure 34). Domestic violence survivor and Asian respondent households are considerably more likely to have contacted 911 (56% and 52% respectively).

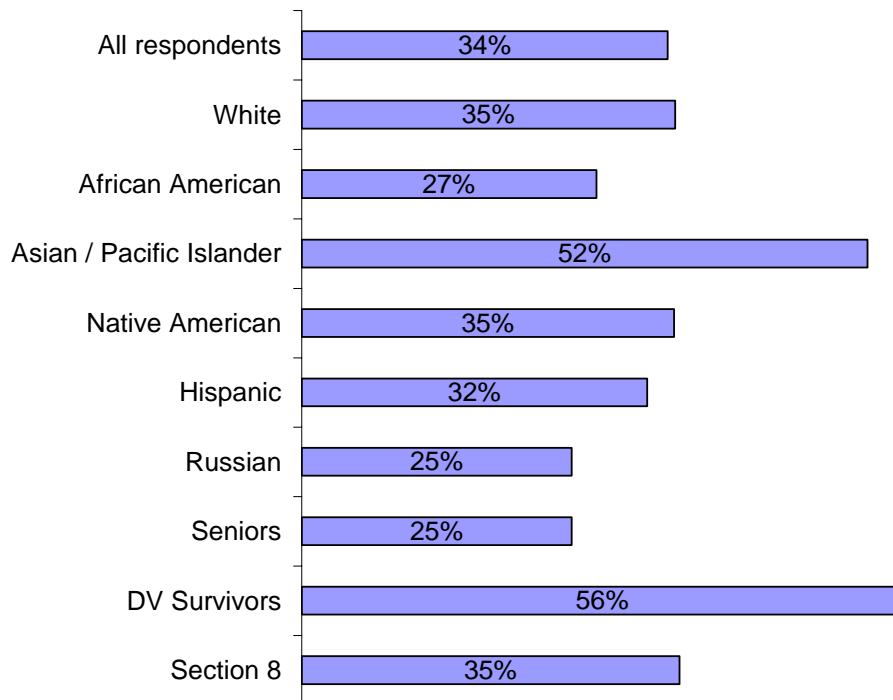


Figure 34 Someone in respondent’s household called 9-1-1 in the past year

**Is 911 calling an indicator of general distress?**

Some members of the needs assessment committee hypothesize that 911 callers represent a subpopulation whose lives are in crisis mode or who live in such problematic circumstances that emergency measures must be used to intervene on their behalf. A related hypothesis is that 911 users may demonstrate that cultural or other access barriers prevent some from using non-crisis resources that are available in the community causing them to defer seeking assistance until the need for help can no longer be denied. The survey was not designed to test these hypotheses; however, we explored the data in search of clues to these relationships. Please keep in mind that the way the question was asked<sup>8</sup>, a combination of at least three respondent subgroups may emerge who (A) called 911 for reasons related to the hypotheses above (B) had someone in their household call 911 due to household accidents/emergencies not related to the hypotheses above, and (C) witnessed emergencies not related to their own household. And we have no way to distinguish these groups. Nevertheless, some interesting relationships did emerge.

<sup>8</sup> “In the past year, have you or anyone in your household contacted 9-1-1 for any reason?”

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Survey respondents were asked whether or not a variety of negative situations had happened to anyone in their household. In Figure 35 we compare the respondent households who experienced a certain situation by whether or not they called 911 in the past year. 911 callers are more likely to experience these situations. For nearly all negative situations, there are statistically significant differences between the two groups.<sup>9</sup> Substantial differences are evident for those who report that someone in their household: left home due to emotional or physical abuse, had or has an illness that left them unable to work or care for their children, and experienced difficulty getting to work or social and health services appointments because of transportation issues.

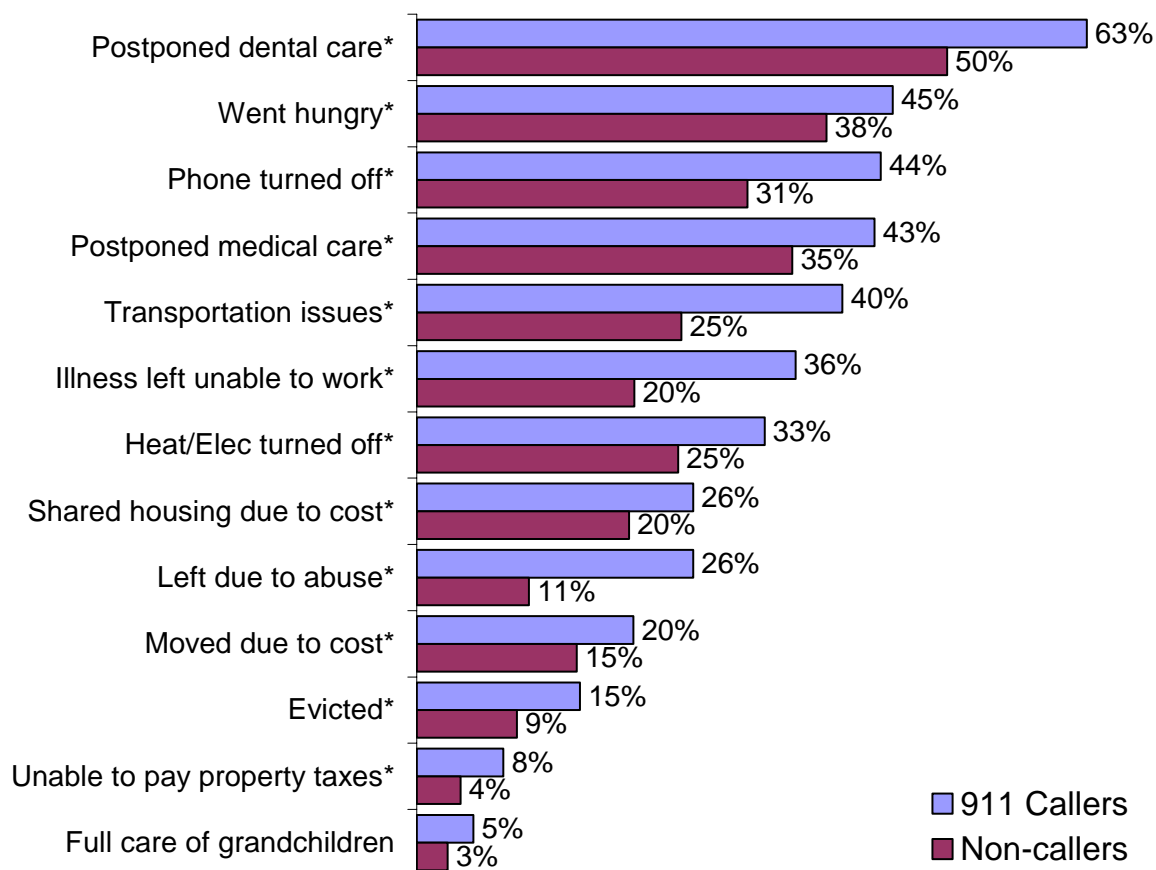


Figure 35 Percent of 911 caller and non-caller households who experienced certain situations in the past year (\* indicates a statistically significant difference)

<sup>9</sup> Tests of statistical significance assume that the sample in question was randomly selected. This survey sample was not a random sample; however, we relaxed that assumption for the purpose of exploring these relationships. The statistical test used is Chi-square.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

We performed a similar analysis based on the types of social and health services people in the respondents' households consume (Figure 36). A large difference is evident among households that consume mental health services. Nearly a third (32%) of 911-calling households consume mental health services compared to only 13% of non-callers.

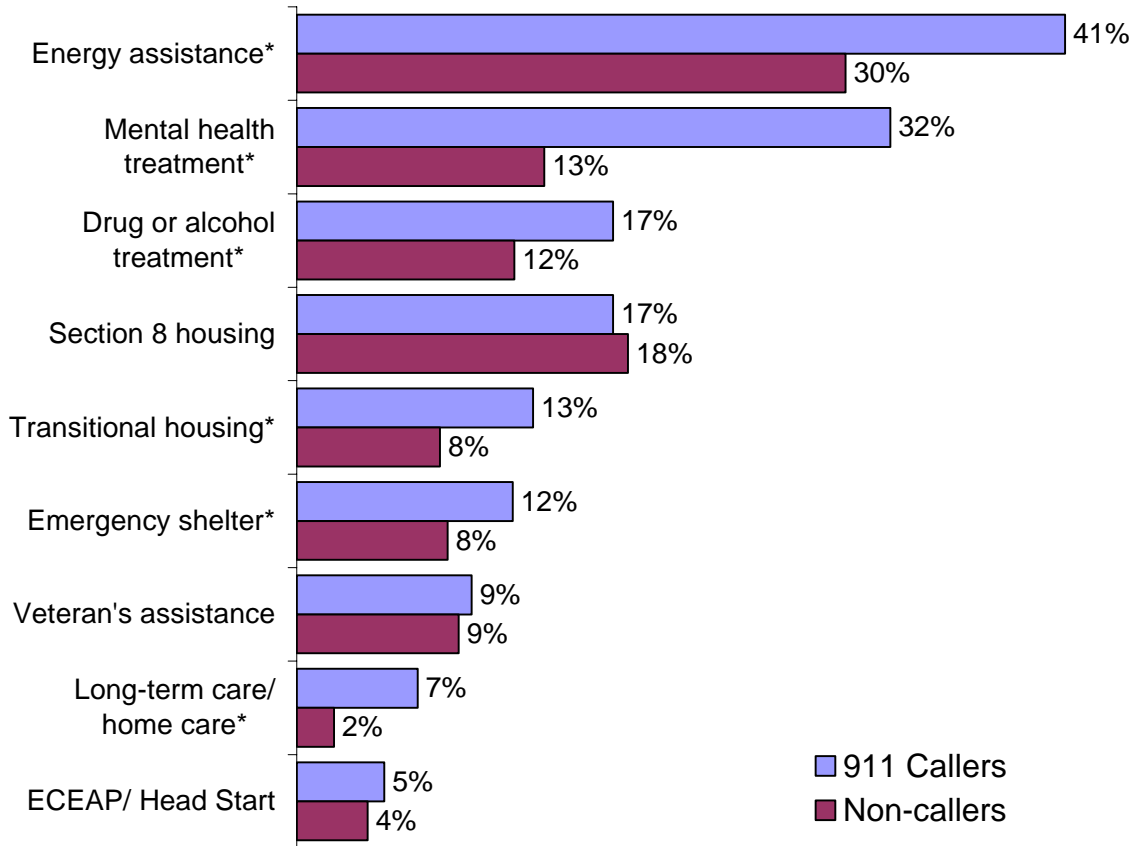
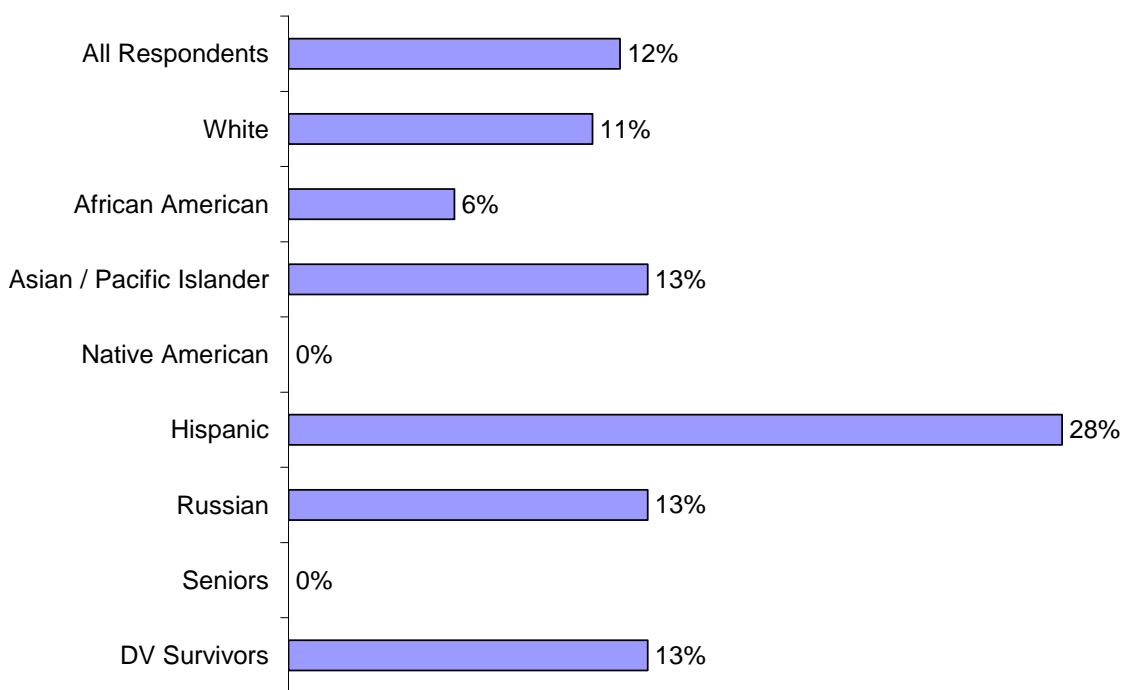


Figure 36 Percent of 911 caller and non-caller households who experienced certain situations in the past year (\* indicates a statistically significant difference)

### Childcare

Figure 37 shows the proportion of respondent households with children aged 0-5 that received services from Early Childhood Education and Assistance or Head Start. Childcare and related services through these programs were most commonly accessed by Hispanic respondent households (28%). Overall, 12% of respondent households used these services in the last year.



**Figure 37 Percent of respondent households with children 0-5 who received ECEAP/Head Start Services in the past year**

According to the American Academy of Child and Adolescent Psychiatry, an increasing number of children in the United States live in households headed by a grandparent. Contributing to this trend are: increasing numbers of single parent families, the high rate of divorce, teenage pregnancies, incarcerations of parents, substance abuse by parents, death or disability of parents, parental abuse and neglect, and other factors. Among this study’s survey respondents, the subgroups in which someone in a respondent’s household assumed responsibility for the overall care of their grandchildren are domestic violence survivors (8%), Native Americans (7%), and Seniors (6%) – see Figure 38.



2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

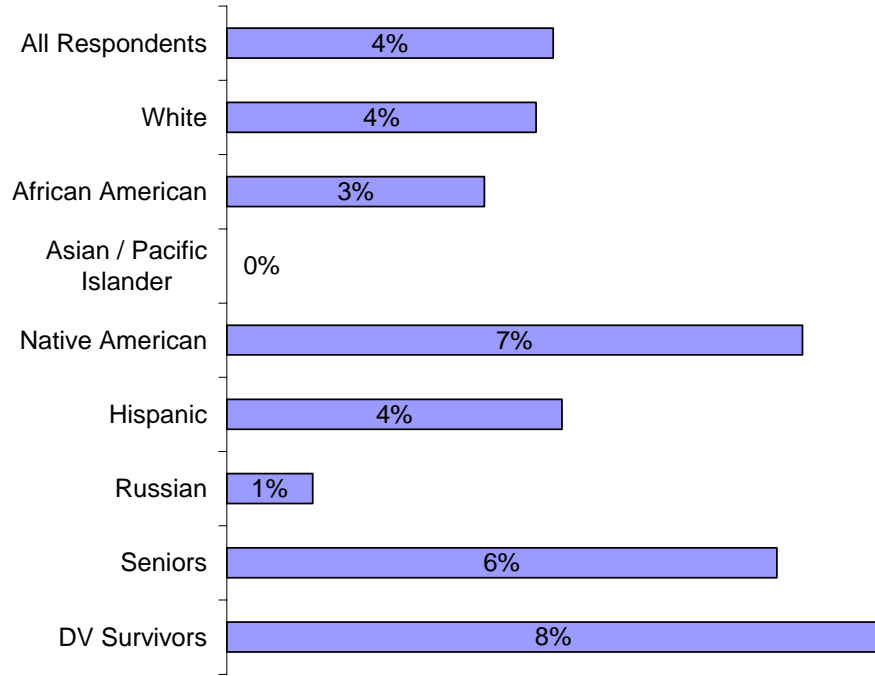
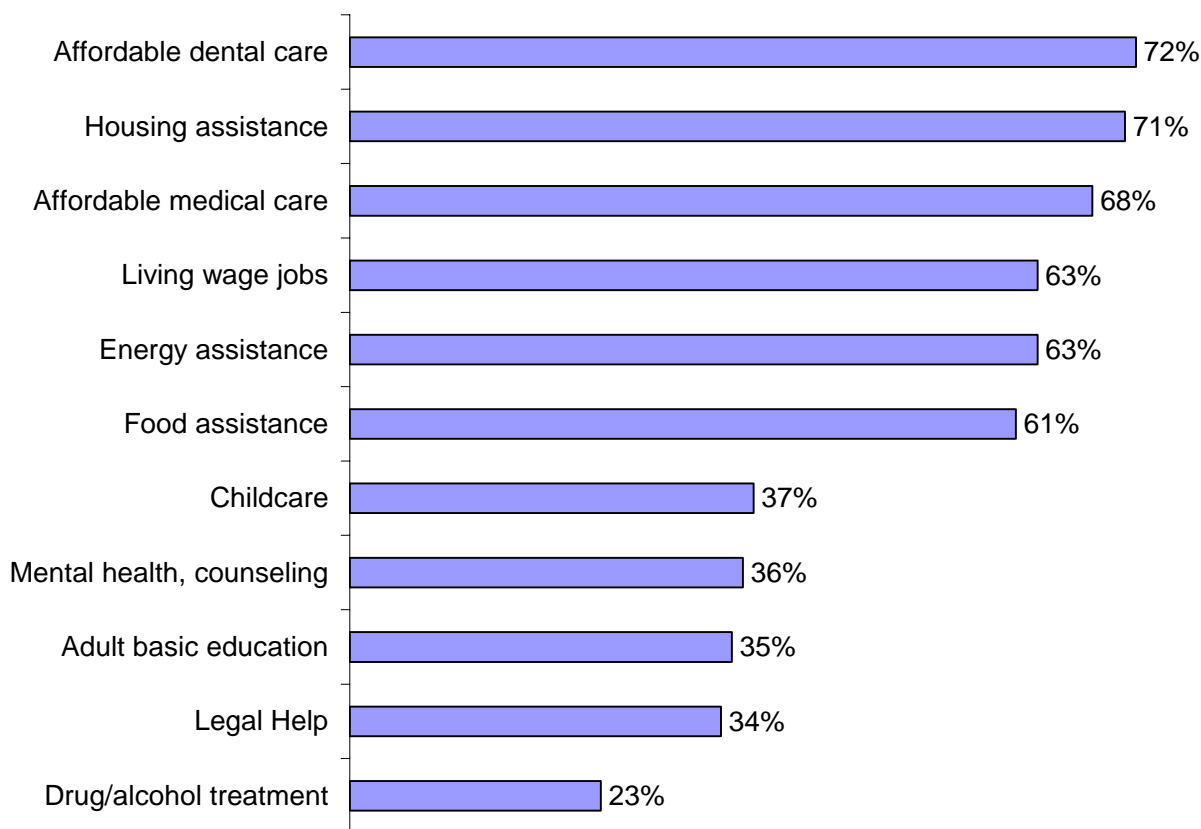


Figure 38 Percent of respondents who have assumed full responsibility for the overall care of their grandchildren

### Perceived low-income service gaps

Low-income client survey respondents rated both the *importance* and the *availability* of 11 categories of services in Snohomish County. Respondents rated the importance and availability of services to their own household. Below, we examine the similarities and differences in overall respondent and selected respondent subgroup perspectives as a method of analyzing low-income service gaps in Snohomish County.

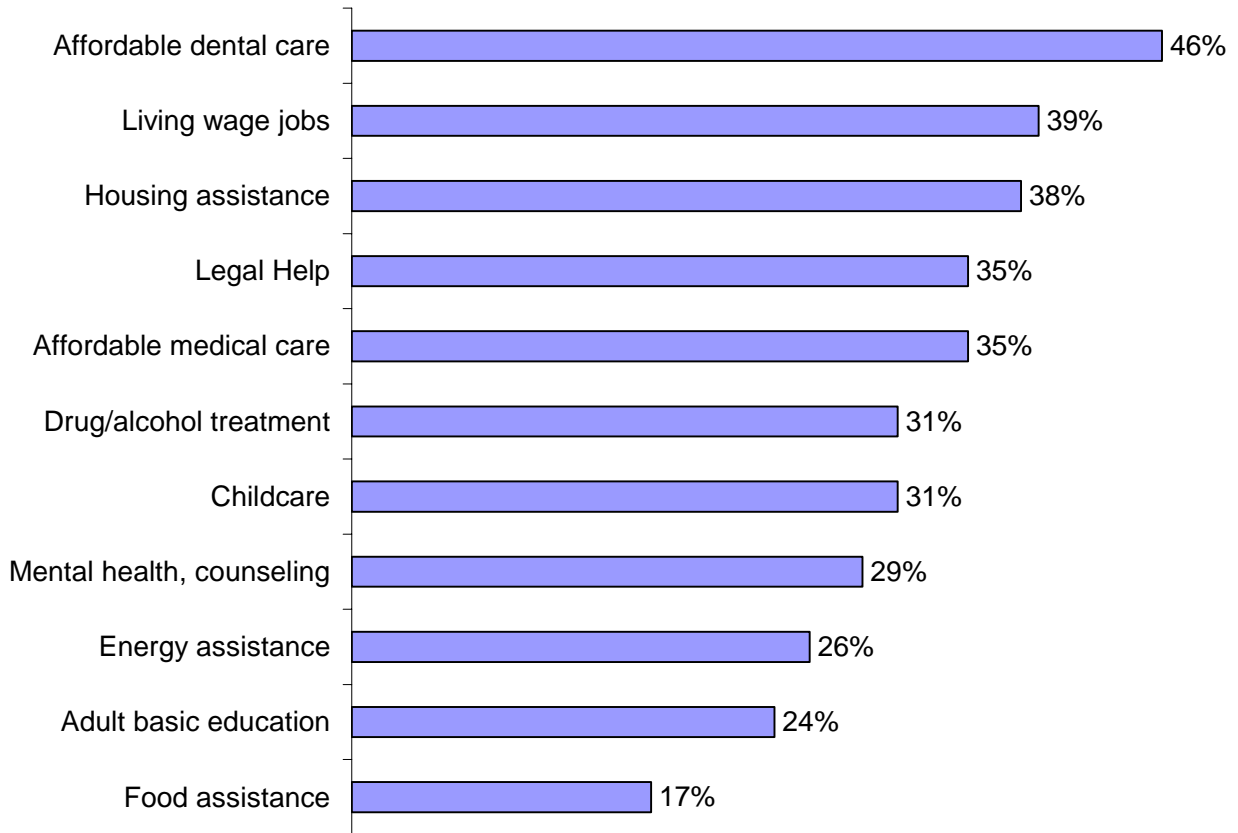
**Importance of services.** More than two-thirds of respondents say that affordable dental care (72%), housing assistance (71%), and affordable medical care (68%) are extremely important to their households (Figure 39). And more than half rated living wage jobs (63%), energy assistance (63%), and food assistance (61%) as extremely important to their households.



**Figure 39** Proportion of respondents who rate services *extremely important* to their households

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

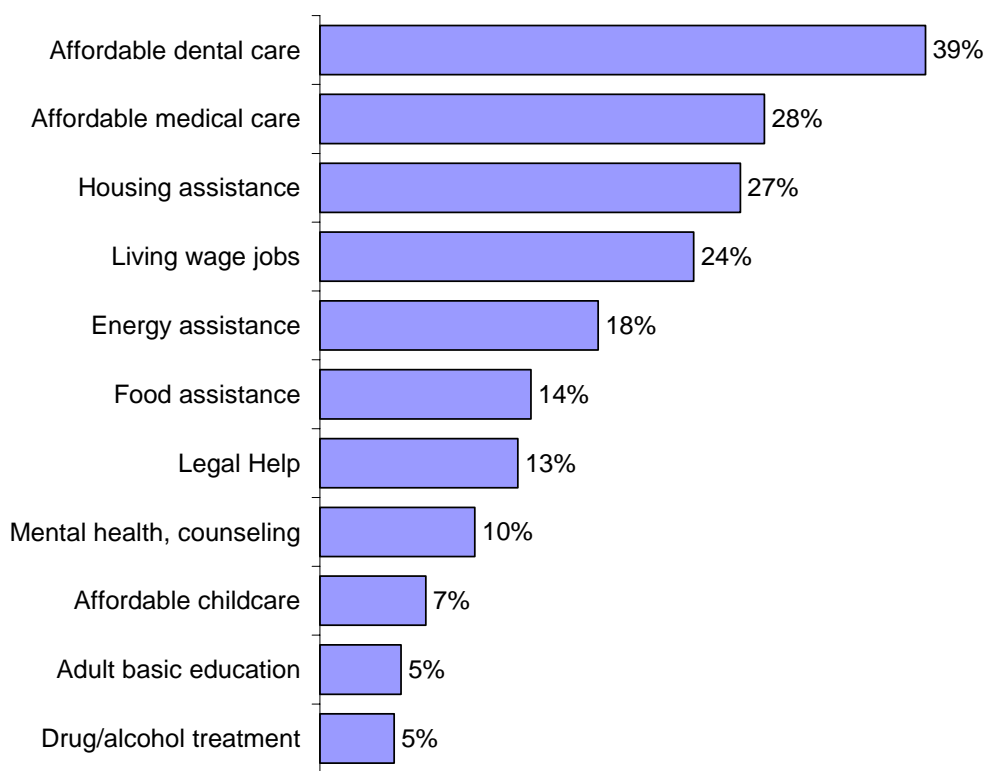
**Availability of services.** Significant proportions of respondents agree that some services are *very hard to get* in Snohomish County. More than a third report that affordable dental care (46%), living wage jobs (39%), housing assistance (38%), legal help (35%), and affordable medical care (35%) are very hard to get (Figure 40).



**Figure 40** Proportion of respondents who rate services *“very hard to get”*

**Services gap analysis using importance-availability index.** From an individual’s perspective, if a social or health service is both “extremely important” to their household and “very hard to get”, there is a perceived *extreme service gap* for that particular service. Figure 41 presents the proportion of respondents who perceive an extreme service gap for each of the eleven services.

More than a third (39%) of respondents report that affordable dental care is extremely important to their household, yet very hard to get. Approximately one in four respondents see affordable medical care, housing assistance, and living wage jobs as extremely important but very limited services.



**Figure 41 Percent of respondents who perceive an extreme gap in their community for the listed service** (extreme service gap is defined here as “extremely important” to their household and “very hard to get”)

Significant but smaller proportions of respondents think that mental health treatment, childcare, adult basic education, and drug and alcohol treatment services are extremely important to them, but very limited in availability.

**Services gap analysis using importance-availability coordinate system.** Because respondents rated these services on five-point scales,<sup>10</sup> another way to analyze these data is to calculate the average *importance* and *availability* scores for each service. These data form the basis of a *importance-availability* coordinate rating system (Figure 42). The average importance and availability ratings among clients and providers were calculated and plotted on the graph. The lines making up the “*crosshairs*” of each graph represent the average importance score and the average availability score for each group of respondents.

The importance-availability charts are divided into quadrants that rate low-income services as follows:

*Quadrant I*      *Services that rank above average in importance, and below average in availability*

*Quadrant II*    *Above average in importance and availability*

*Quadrant III*   *Below average in importance and availability*

*Quadrant IV*   *Below average in importance, and above average in availability*

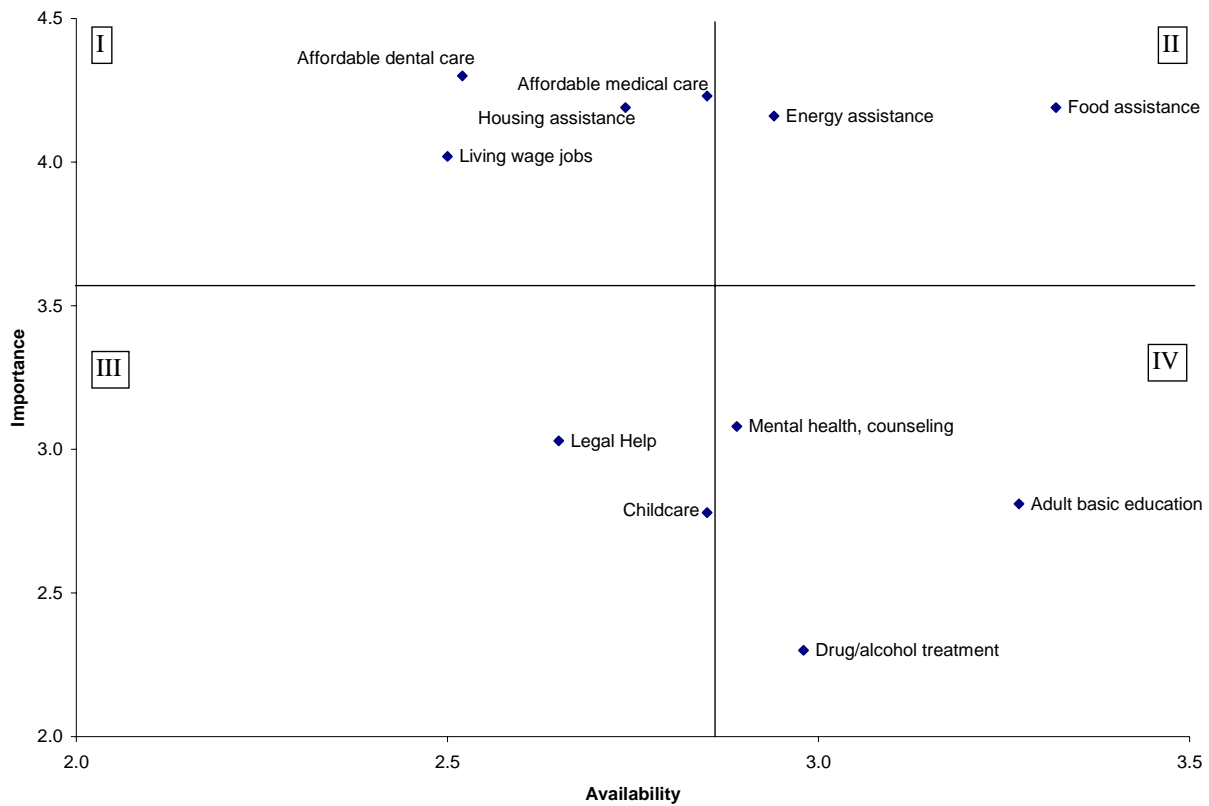
Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant (I) of these graphs. These are the services that, on average, are extremely important to low-income households and very hard for them to access. For this study, we constructed importance-availability charts for the overall respondent sample and for selected respondent subgroups (Figure 42 through Figure 46). The subgroups include respondents from these demographic groups: Hispanic, Russian-speaking, respondents with children at home, and seniors. One service emerges as high importance and low availability in all groups: affordable dental care. This should not be interpreted to mean that the other services are not worthy of attention. Certainly there are many households in dire need of these services and not enough resources to satisfy that need. However, the services that appear in quadrant *I* are those for which the gap between need and supply is the largest, based on average client perceptions.

*Technical note about these figures: Readers will note that the quadrants for each subgroup’s “importance-availability” chart are of different size. That’s because the “crosshairs” that delineate each chart’s*

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<sup>10</sup> Importance scale ranged from 1, for “*not important*” to 5, for “*extremely important*”; Availability scale ranged from 1, for “*very hard to get*” to 5, for “*very easy to get*”

quadrants are positioned at the average importance and availability scores for respondents within each subgroup.



**Figure 42 All respondents’ perspectives on low-income services importance and availability**

It is the first quadrant (I) that contains those services that planners would consider a priority for action based on consumer opinion. For this list of items, *affordable housing, dental and medical care, and living wage jobs* appear to be high priority services needing attention. These are services that have a high potential to benefit every low-income household, so it should come as no surprise that these rank high in importance across the whole respondent sample. This finding should not diminish the importance of other services that are needed by a smaller percentage of the population (e.g., childcare is only important to households with children). Legal help is among the least available services that received below average importance scores.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

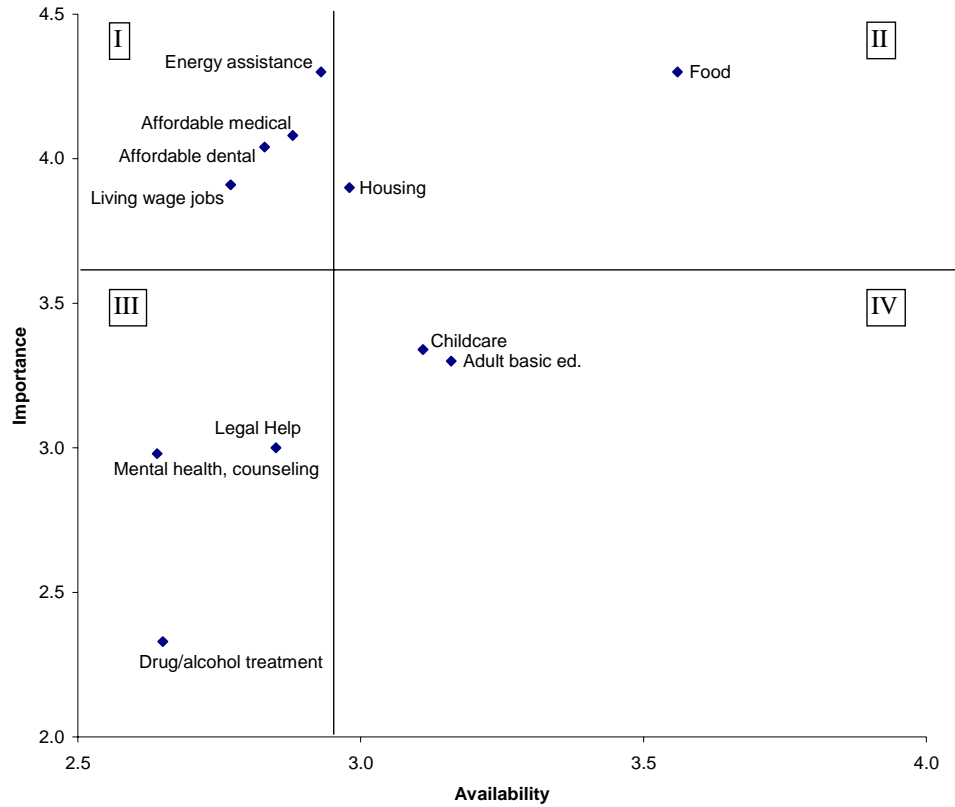


Figure 43 Hispanic respondents' perspectives on low-income services importance and availability

The 51 Hispanic respondents consider some of the same services above average in importance, yet below average in availability (Figure 43): *affordable dental and medical care*, and *living wage jobs*. They would add *energy assistance* to that list. Hispanic respondents tend to assign higher importance scores on *child care* and *adult basic education*. Compared to the overall sample, they also see *drug and alcohol treatment* and *mental health counseling* as less available.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

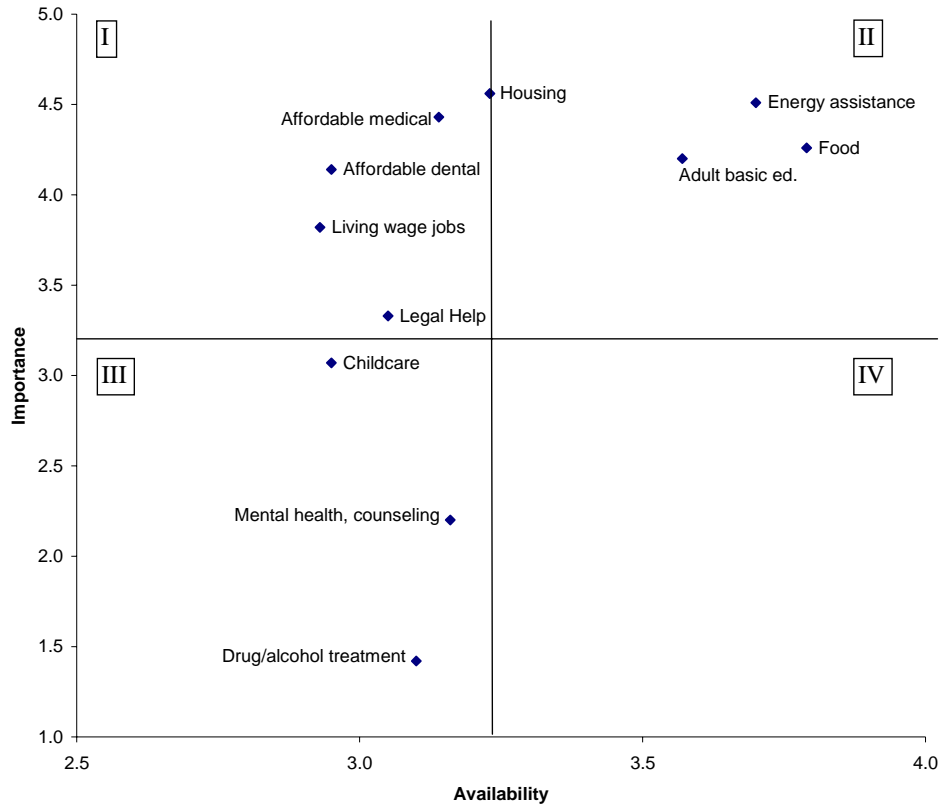
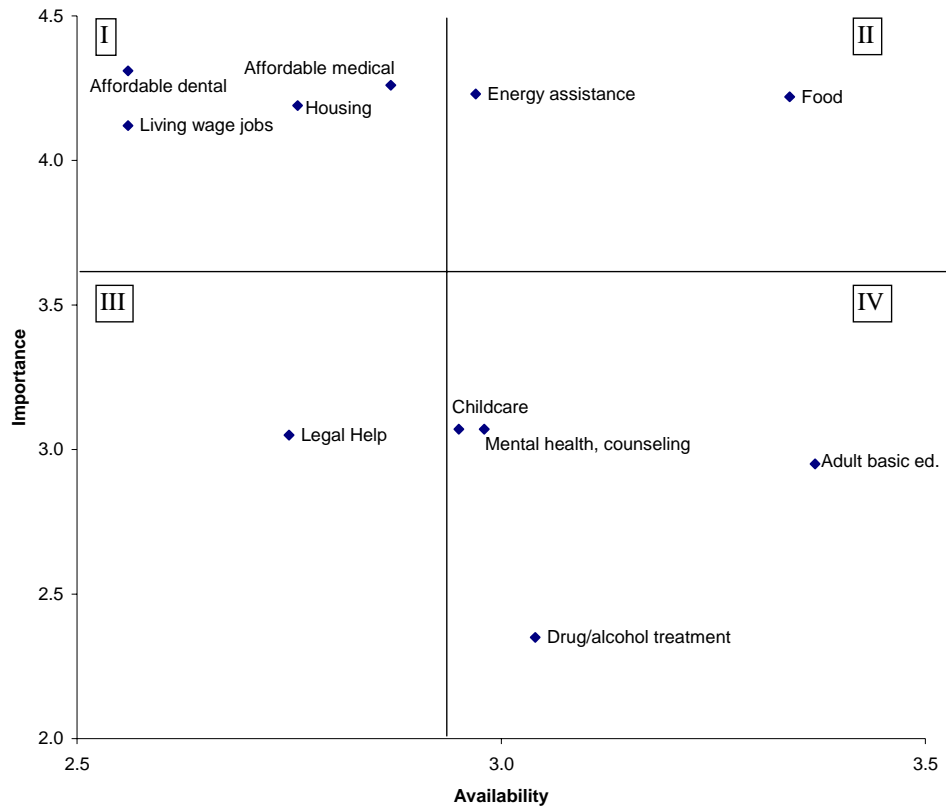


Figure 44 Russian-speaking respondents' perspectives on low-income services importance and availability

*Affordable housing, medical and dental care and living wage jobs* are perceived by Russian-speaking respondents to be high priority services that are hard to get (Figure 44). Compared to the overall sample, they place a much higher importance on *adult basic education* services, though they say, on average, that these services are relatively easy to access.



## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT



**Figure 45 Respondents with children perspectives on low-income services importance and availability**

Respondents with children at home are nearly identical to the overall sample in their perceptions of services importance and availability (Figure 45). They assign a slightly higher importance to childcare services.

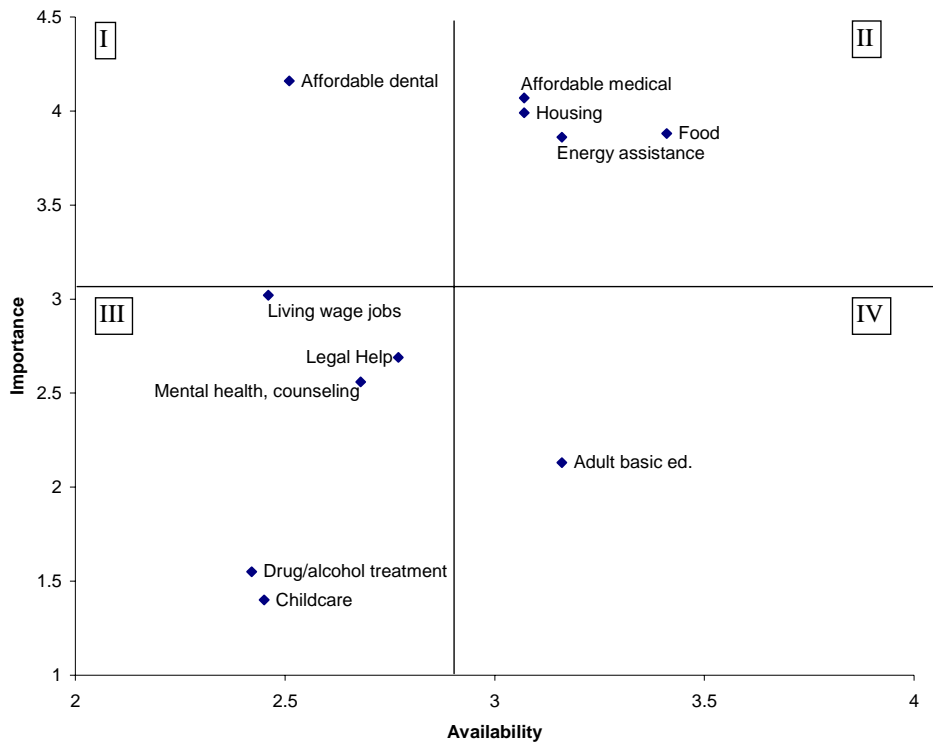


Figure 46 Seniors’ perspectives on low-income services importance and availability

Compared to the overall sample seniors perceive fewer services to be high in importance and low in availability. Seniors report that *affordable dental care* is highly important and relatively hard to get. Not surprisingly, seniors assign lower importance to child care and living wage jobs.

*Gap analysis by consumer categories.* Next we used the same analysis method to examine the perceived service gaps among social and health service consumer groups (e.g., households that consume mental health services).

Among all 11 consumer categories, only one category of service is unanimously perceived as having above average importance and below average availability: affordable dental care.

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Housing-related services clients had similar views on service gaps. Compared to all survey respondents, emergency shelter and transitional housing residents, and Section 8 voucher clients believe that housing assistance and affordable medical care is more available, and that mental health treatment is more important and less available (Figure 47 through Figure 49).

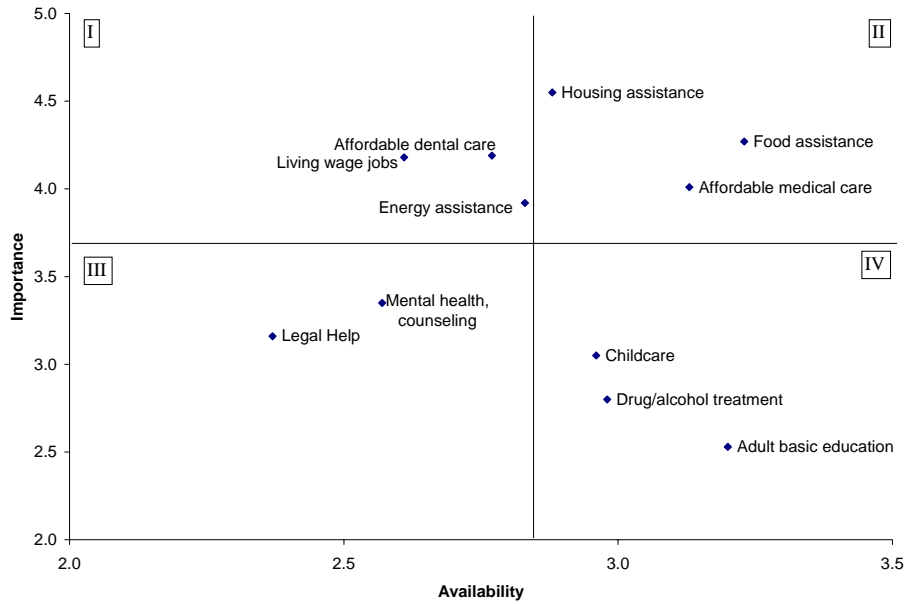


Figure 47 Emergency shelter residents' perspectives on low-income services importance and availability

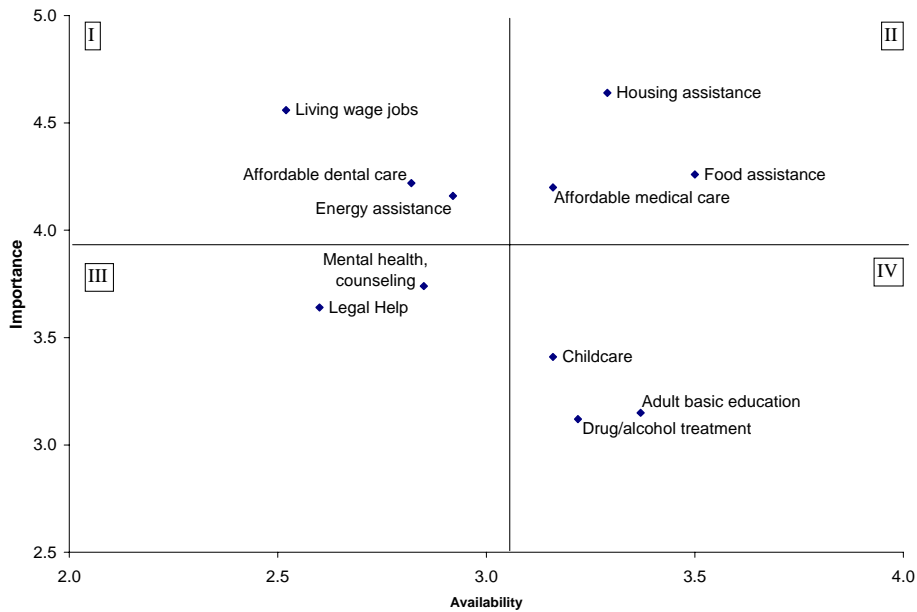


Figure 48 Transitional housing residents' perspectives on low-income services importance and availability

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

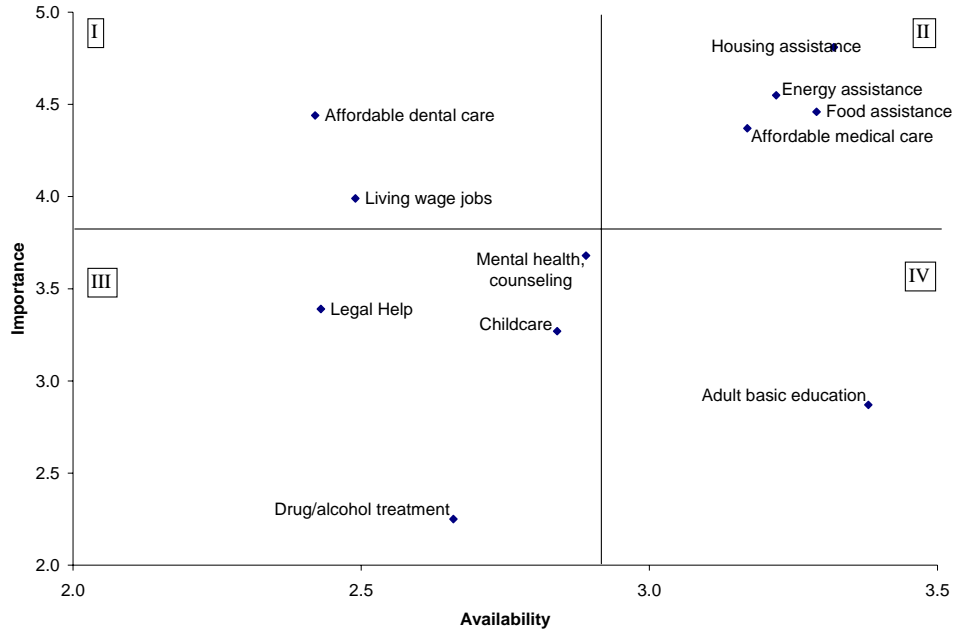


Figure 49 Section 8 clients' perspectives on low-income services importance and availability

Compared to all respondents, substance abuse program clients assigned higher importance and lower availability scores to energy assistance (Figure 50). Not surprisingly, they assign much higher importance scores to drug and alcohol treatment services.

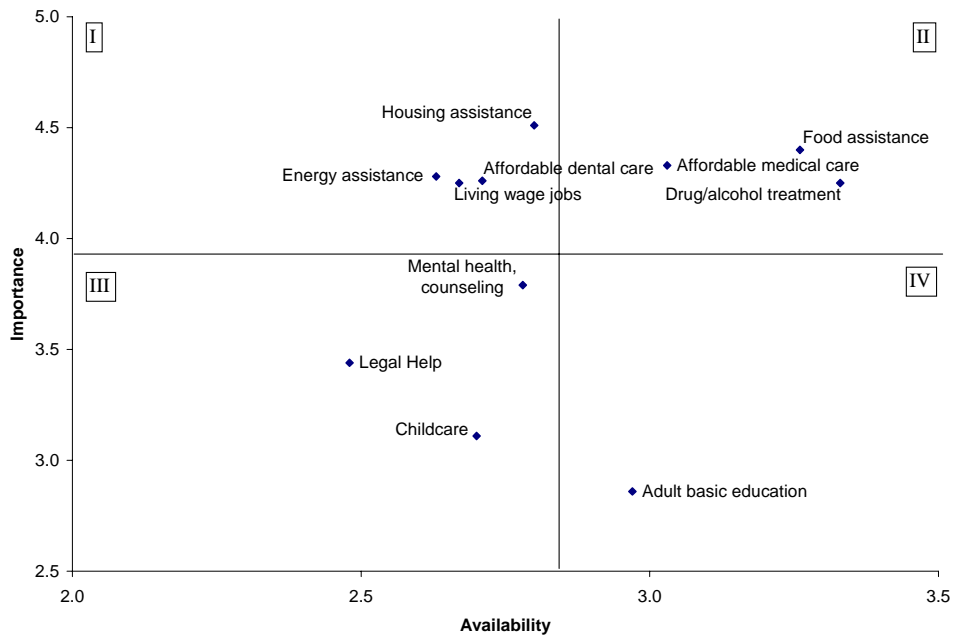


Figure 50 Substance abuse program clients' perspectives on low-income services importance and availability

2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Mental health treatment clients believe that housing assistance and affordable medical care are relatively more available than other services compared to the views of all survey respondents (Figure 51). They also assign much greater importance scores to mental health services.

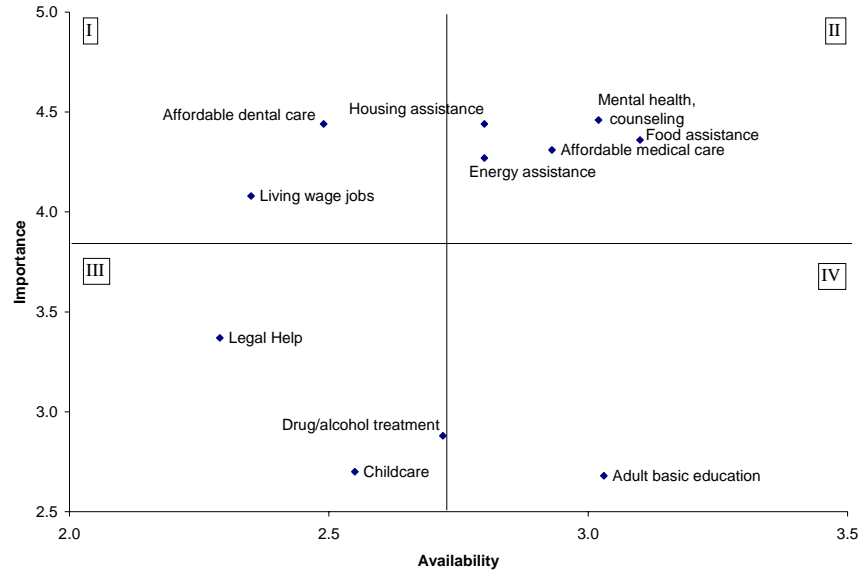


Figure 51 Mental health clients' perspectives on low-income services importance and availability

Energy assistance clients have very similar views on service gaps compared to all survey respondents; this is probably due to the fact that they make up a large proportion of the survey sample (Figure 52).

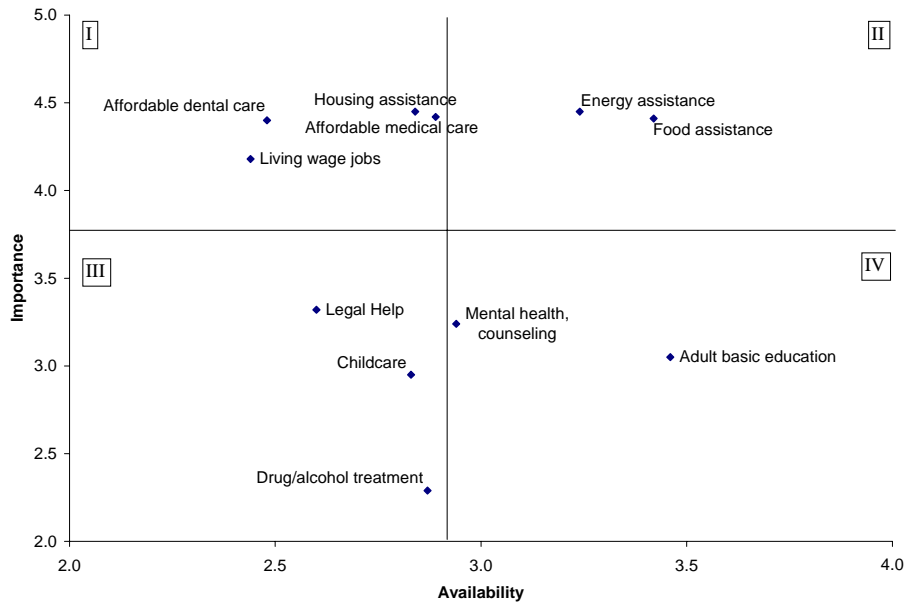
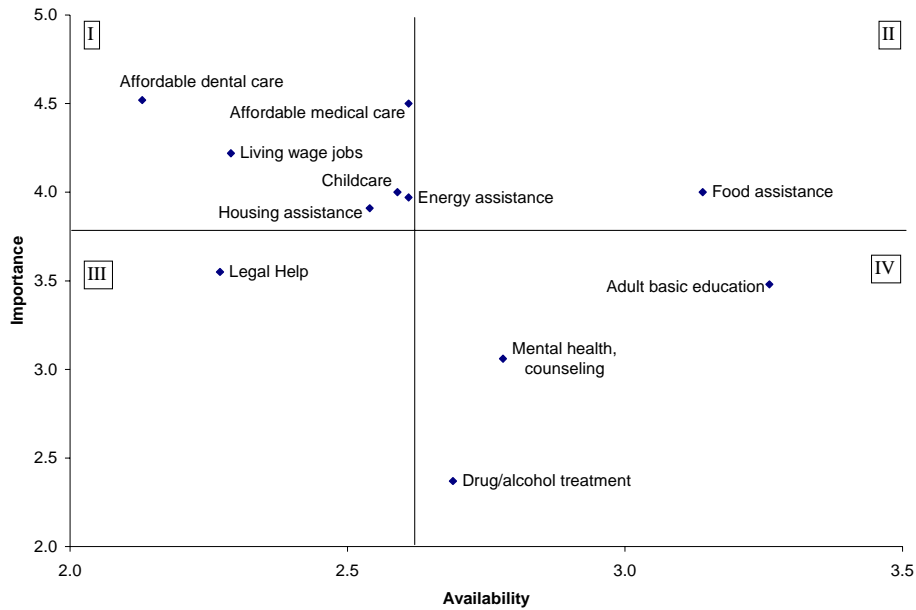


Figure 52 Energy assistance clients' perspectives on low-income services importance and availability

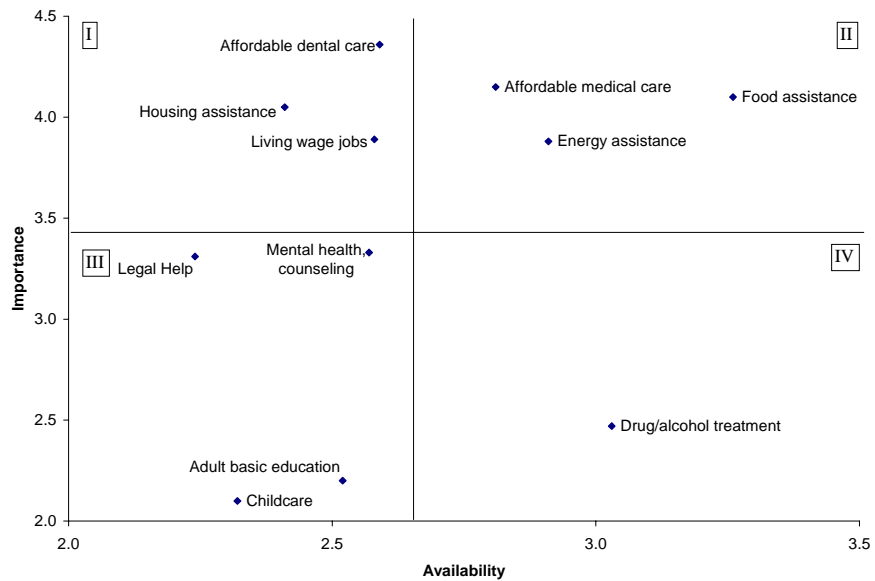
## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Early childhood/Head Start program clients had similar views on service gaps compared to all survey respondents (Figure 53). An exception is their higher average importance score for childcare.



**Figure 53 ECEAP/Head Start clients' perspectives on low-income services importance and availability**

Compared to all respondents, veterans believe that affordable medical care is more available, and mental health services are less available (Figure 54).



**Figure 54 Veterans' perspectives on low-income services importance and availability**

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

Long-term care clients believe that food assistance is relatively low in availability and that legal help is more important, compared to all survey respondents (Figure 55).

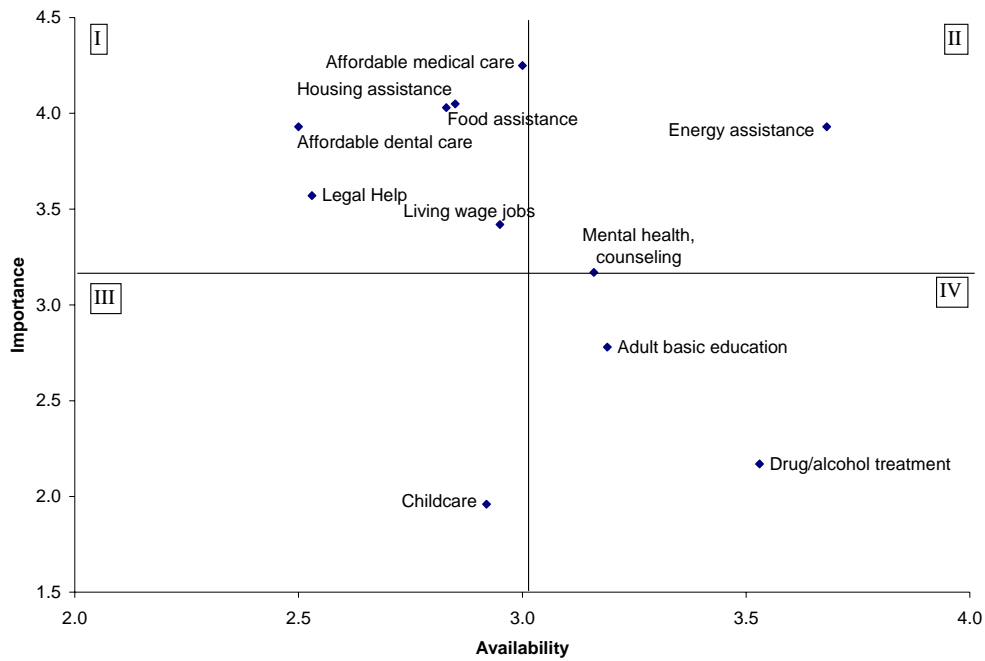


Figure 55 Long-term care clients' perspectives on low-income services importance and availability

## Findings of Subpopulation Focus Groups

Several important population subgroups were not represented adequately in the survey sample: youth and persons with limited English proficiency. Because of this, and with the help of several local nonprofit service providers, we recruited volunteers from three subpopulations to participate in focus group interviews: homeless youth, Latino families, and Vietnamese families. The purpose of these interviews was to gain some insight into the major and day-to-day challenges that low-income members of these groups are facing.

### Homeless Youth

**Participants:** Seven youth ages 17 - 20; four males, three females. All reside in one of two transitional housing programs operated by Cocoon House or Friends of Youth, nonprofit organizations based in Everett.

**Overview of challenges:** For some, financial issues present major challenges. One participant's accumulated debt forces him to work 60-70 hours per week. Another participant has found it challenging to get a job. Others mentioned the instability of not having a stable place to live as their major challenge. All credit their current transitional housing providers for helping them not only with housing, but also support services such as counseling and job search skill building.

Routine challenges mentioned by youth participants included difficulty accessing adequate transportation, and the impact having to work so many hours has on ability to stay awake during the day. Another participant routinely worries about the stigma associated with being homeless and being part of a program that serves homeless youth. Another participant worries about her future when she must leave the transitional house on her 18<sup>th</sup> birthday: where will she live, what will she do?

**Housing:** Prior to taking up residence in transitional housing, participants mentioned having to stay with friends or sleep in a car. All participants agreed that moving to either the Cocoon Complex or New Grounds transitional housing was important and positive development in their lives; however, they also all agreed that too few youth know about these and other programs that are available in the community. Had some of them known about these programs sooner, they would have spent less time couch-surfing or living in a vehicle. Some suggested that these or similar housing and support service programs should be expanded so that waiting lists are not so long. In



addition, the community should expand efforts to publicize the existence of these programs directly to youth, especially in the schools.

**Health care:** Six of the seven participants have needed some type of medical care in the last year: three needed non-routine dental care; four have visited a hospital emergency department for care; three have postponed needed medical care due to cost. Only two of the seven reported having health insurance coverage. Clearly, the lack of health care coverage and the fear of having to pay for medical care is an important issue among these participants. One pointed out that it is possible for teens who are independent of their parents to obtain medical insurance but, as with other programs that serve youth, few youth know about them.

**Counseling and mental health:** Participants agreed that once you are part of a program such as Cocoon House or Friends of Youth's New Grounds, obtaining counseling is easy and the service is free. However, if you are not in such a program, counseling is hard to obtain and expensive. One downside of the free counseling programs, according to one participant, is that you can't choose your counselor.

**Transportation:** Only one participant has a car; most of the others rely on buses or they walk. Some complained that the bus schedules and routes either do not take them where they need to go, or do not run when they need to go (e.g., later at night for some who work late). Some appreciate the bus passes they receive from Cocoon House or Friends of Youth, but noted that these are sometimes hard to get when each agency runs out of them toward the end of each month.

**Food:** Two participants report having gone hungry in the past year due to lack of money for food. All participants use a variety of means to obtain food on a very limited budget. These include shopping at bargain stores such as Grocery Outlet and Cash and Carry; eating inexpensive food such as ramen noodles; using food stamps; and going to food banks. They also noted that they prefer the Lynnwood food bank to the one in Everett because, according to one participant, the Lynnwood food bank allows you to have more food ("a whole shopping cart"), whereas the Everett food bank limits customers to fewer items.

**Wrap-up:** When asked to summarize the important issues facing them, most agreed that issues related to housing are the most important challenges they, and others like them, face.

### **Latino Families**

**Participants:** Ten Latino household members participated in the focus group. Six are females. All but one has children; seven are currently married; two are single mothers; one is a single male. All are relatively new to the area, with residence times ranging from two weeks to five years. Nine of the ten are employed; two are self-employed. Occupations include: cook, airplane parts fabricator, mechanic, food processor, and homemaker.

**Major challenges:** Participants have been challenged recently by several serious issues, including the need for emergency shelter following a domestic violence situation; difficulties understanding the school system and other resources available to help them and their children; need to escape substandard housing; and dealing with language barriers. Some participants noted the help they received to deal with these issues (e.g., Housing Hope, Familias Unidas, and South Everett Neighborhood Center).

**Day-to-day challenges:** Day-to-day challenges faced by participants include linguistic isolation, limited childcare options, limited opportunities for safe and affordable housing, crime, poor health care services, and limited public transit options.

**Language:** Linguistic isolation was a recurring theme throughout the focus group discussion. Many have experienced language barriers as they attempt to access social and health services, sometime to the point where nonprofit agency staff are rude and appear to participants to be racist. Some would very much like to become English-proficient more quickly; however, they cite the lack of ESL programs that offer more intensive curricula.

**Childcare:** The lack of extended hour and weekend childcare is a problem for two participants who work nights and on Saturday. Hence, they are forced to leave their youngest children in the care of their older siblings.

**Housing:** While some participants did mention that finding decent housing at an affordable price is difficult, most commented on the difficulties they have experienced trying to gain access to housing. In other words, the barriers they encountered were more about process barriers than market barriers. For example, the costs and required paperwork associated with actually moving in to a home are more restrictive than the rental costs (e.g., security deposit and other upfront costs). Other barriers participants mentioned include the need for good credit and rental history. Problems associated with a language barrier were also reported. Participants suggested a number of ways

that government and other organizations can help improving the negative housing-related situations they have experienced: provide more subsidized housing units to reduce the time on a waiting list; reduce the paperwork burden associated with subsidized housing; provide assistance for upfront costs (e.g., security deposits); help Latinos get fairer treatment from landlords and rental agencies; be more proactive about informing the public of their rights and how to access assistance; provide all information in Spanish; and hire bilingual staff at all public housing agencies.

**Health care:** Seven participants needed medical care in the last year; four needed non-routine dental care; seven are covered by health insurance; five said their children are covered; and four visited a hospital emergency department in the last year. Two participants say they usually go to a private healthcare provider; two go to a university-based provider; and four use a community health clinic. Some participants have recently experienced difficulty obtaining medical and non-routine dental treatment. Two participants gave detailed description of recent experiences that forced them to seek treatment in Lynnwood or Seattle due to problems accessing adequate care in Everett. Participants made the following suggestion for improving health care access: provide more information to the public on how to access health care services; provide more financial assistance to low-income people, especially those with chronic illnesses; medical coupons should cover more services for adults and orthodontia services for children; and there is a need to recruit more doctors who accept child and adult patients who have medical coupons.

**Counseling and mental health:** Focus group participants expressed a range of concerns about local mental health services. Some have found it difficult to access counseling services, particularly counseling services for children or language appropriate services. In addition to accessibility issues, several participants reported that, in their experiences, mental health professionals tend to resist discussing treatment alternatives, for example, alternatives to medicating children. They offered several suggestions to improve mental health services: clinics should seek client input about ways to improve services; there should be someone in the community that can help people navigate the mental health services system, what to expect when they go to a provider, and what their rights are; and providers should hire more bilingual staff. In addition, participants suggested that the area needs more mental health service providers.

**Transportation:** Participants agreed that cars and associated costs, especially fuel and insurance, are increasingly expensive and some would prefer to use public transportation. Unfortunately, they

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

report, that the bus schedules are too infrequent to be relied on for commuting to and from work, and they do not go where many people need to go. There was also a comment that the schedules are hard to read.

**Food:** None of the participants reported having gone hungry in the last year because they could not afford enough food. Most agree that they can obtain an adequate amount of food, but you have to be willing to eat what is available from various assistance sources such as food banks. Often these sources of food have an overabundance of canned goods. Nevertheless, participants agreed that these food assistance programs are a good resource for the community. Specific assistance programs used by participants include Volunteers of America, Salvation Army, St. Mary Magdelene's and Familias Unidas.

### **Other important issues:**

**Education:** In addition to the topics discussed above, participants very much wanted to talk about local schools. They want the teachers and the schools to model the type of behavior they want from their kids. Two participants mentioned that teachers told them offensive things that they found racist. Others felt some teachers were great. ECEAP was mentioned very positively.

Parents feel that the food in the schools is not nutritious and that an alarming amount of food is wasted. They felt that schools should talk to parents to get ideas on the foods kids would eat. One suggestion was that some parents would be willing to form a cooperative to help plan and execute school lunches. ECEAP was mentioned as a model program that allows parents to participate in cooking and nutrition planning for the kids. One mom mentioned how ECEAP has motivated her to become active in her children's education and in their school.

**Language barriers:** The participants all felt that help learning English was one of their biggest challenges. Many mentioned that English classes without childcare excluded their participation. For those who did not need childcare the biggest problem with English classes was that they were not intensive enough. As one participant said, "you only go to class for two hours, 2 days a week, and they still give you a break". They would love to see an intensive series of classes help several days per week for four hours each day. That way, "in six months you won't need an interpreter."

Participants also felt that money should be spent to hire bilingual staff for county agencies and other social and health service programs. They felt that while having an interpreter was good, it is not as good as direct interaction with staff. Several complained of agency staff who have been

openly antagonistic (DSHS was used as example, so were the schools). Others mentioned the difficulties in finding good interpreters and several had problems with bad interpreters. As one participant said, “Help us learn English fast and you won’t have to pay the cost of an interpreter”.

**Familias Unidas:** Almost all the participants had used Familias Unidas before. They mentioned the help it was to come to a place where people spoke Spanish and where they could help you figure out how to get resources. One participant mentioned that a chance meeting with a woman on the bus brought her to Familias, and she has been able to get help to access many kinds of resources, including medical help for her son.

**Wrap-up:** As participants were asked to summarize their thoughts, one participant shared her insight that things are not much easier for “American” low-income community members. She talked about the difficulties her neighbor had and how things were just as tough for the neighbor as for herself.

Participants shared many experiences. Some were horrific and harrowing tales of illness and poor medical care, living in substandard housing, and feeling powerless to change things. Most mentioned difficulties with transportation and getting health care. Many were disappointed that things had to get really bad (and expensive) when, really, just a little help up front would have resolved the issues and prevented much suffering and stress.

### **Vietnamese Families**

**Participants:** The ten focus group participants are all Vietnamese immigrants who have lived in Snohomish County for between four and 22 years. Four of the participants are females and all but one participant is married. Five participants are employed and four are seniors ranging in age from 66 to 70 years old. Occupations include landscaper, nail technician, assistant cook, and manufacturing employees.

**Major challenges:** Participants described some of their recent major challenges that consist of substandard housing and utility/energy affordability issues, problems with naturalization, social isolation, language barriers and access to a variety of social services. Local government and private agencies helped some participants overcome these challenges. The Refugee and Immigrant Services Northwest (RISN) helped one participant move from substandard to decent housing and RISN helped this same participant access energy assistance. Another participant received assistance from RISN to navigate the naturalization process through U.S. Citizenship and Immigration Services. Senior Information and Assistance helped one senior participant connect with others in the local Vietnamese community and also helped with access to community services. Another participant was able to access a variety of community services with help from Vietnamese social workers at DSHS and a bilingual counselor at Refugee and Immigrant Services Northwest.

**Day-to-day challenges:** Among the day-to-day challenges faced by the participants are problems associated with low-wage jobs, childcare affordability, housing affordability and quality of neighborhoods, healthcare costs and access, and language barriers. One participant reported difficulties paying for necessities such as rent, car insurance and repairs, summer programs for children, and other bills. Even though four household members are employed, all receive low wages. Another participant has had to choose between working and childcare, since jobs do not pay enough to cover childcare expenses. According to one participant, affordable housing is located in neighborhoods where crime is a common occurrence. Another participant reported that healthcare assistance such as medical coupons do not cover the kinds of treatment commonly needed, such as eye care and dental care (e.g., fillings). The language barrier is the cause of isolation for one participant who is afraid to leave the house because of how difficult it is to communicate with people.

**Housing:** Participants say that decent, affordable housing is hard to come by. The affordable units that are available tend to be old and overcrowded, and the group suggests that more safe and

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

affordable housing be provided. It was also recommended that subsidized housing providers accommodate the Vietnamese population by having their application forms translated into Vietnamese and having a Vietnamese staff person to assist those with limited English proficiency.

**Health care:** Eight of the ten participants have some level of health insurance coverage. Six use medical coupons (Medicaid), and two are enrolled in a Basic Health plan. Six participants have needed non-routine dental treatment in the last year, and one has visited a hospital emergency department. One participant is faced with a financial hardship because Basic Health only covers 80% of surgical and medical costs associated with the participant having a broken wrist in a recent accident. Another participant and his wife lost their Basic Health coverage when their incomes increased recently. Their new jobs will help provide health insurance; however, that coverage does not start until their fourth month of employment, leaving them without coverage for a significant amount of time. Participants suggested the following ways that government and service providers should improve healthcare access: provide more information about healthcare insurance and services in native languages; provide coverage for those with a temporary gap in coverage due to employment transitions and other circumstances; and the subsidized health plans should cover some common health needs such as vision and dental care.

**Counseling and mental health:** One participant had experienced difficulty getting treatment for her adult daughter who declined to pursue both treatment and the subsidized healthcare coverage to help pay for treatment. Participants suggested that mental health treatment providers hire bilingual staff and a Vietnamese counselor who can speak the language and understand Vietnamese culture. One participant also suggested that mental health service providers should provide in-home services.

**Transportation:** Participants say that limited English proficiency is a barrier to accessing transit services, and that it is difficult to afford car-related expenses on the wages they can earn.

**Food:** None of the participants had gone hungry because they could not get enough food in the last year. The food assistance programs participants use supply mostly canned goods and bread; however, participants prefer fresh food and rice. They acknowledged that during Thanksgiving and Christmas seasons, the food programs are very good.

**Wrap-up:** Participants agreed that the local government and other organizations have taken care of all the importance services for people in the Vietnamese community. However, medical and dental

## 2006 SNOHOMISH COUNTY LOW-INCOME NEEDS ASSESSMENT

coverage for low-income people are limited. Because of financial hardship, adult and children have difficulty accessing recreation programs. Bilingual staff are very helpful, but not available at many agencies. Low-income working families need help to attain homeownership of townhouses or condominiums.



## **Appendix A: Questionnaire Format Summary Results**

# Needs of Snohomish County Households

## WHAT DO YOU THINK?

### A community survey about needs for health and social services

Snohomish County Human Services is trying to better understand the economic realities facing households in our communities. Please take a moment to fill out this survey. The information that we collect will be used to plan for and better serve those in need. All of the information that you provide is confidential. Your responses will not affect your grant or benefits in any way.

Your participation in this survey is voluntary. As thanks for your help, we will enter you in a raffle for cash prizes of up to \$100. The questions take about 10 minutes to complete and your answers are completely confidential.

Thanks for your help!

Questions? Please contact Renee Peare, Snohomish County Human Services Dept. in Everett  
(425) 388-7244

### IMPORTANT SERVICES TO YOUR HOUSEHOLD

**Q1. In the past year, have you or anyone in your home gone hungry because you were not able to get enough food?**

40% Yes          60% No

**Q2. Over the last year, how often have you felt concerned about the ability of your household to prepare food?**

29% Often          43% Seldom          28% Never

**Q3. Here is a list of food assistance services that are available locally. Which ones has your household used in the past year? (CHECK ALL THAT APPLY)          1% Don't know**

73% Food Banks	29% DSHS
57% Food Stamps	17% WIC
2% Senior Center Meals	7% Other (please describe)
1% Meals on Wheels	
19% Churches	

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**Q4. Are you covered by a health insurance plan (including Medicaid, Medicare, Basic Health, or private insurance plan)?**

65% Yes          35% No

**Q5. Are your children covered by a health insurance plan (including Medicaid, Basic Health, or private insurance plan)?**

53% Yes          20% No          27% I don't have children

**Q6. In the past year, did any of these things happen to you or any member of your household? (CHECK ALL THAT APPLY)**

- 27% Heat or electricity turned off
- 35% Phone service was turned off
- 22% Shared housing with another household due to housing costs
- 17% Moved due to high housing costs
- 11% Was evicted from housing
- 16% Left a situation due to emotional or physical abuse
- 5% Was unable to pay property taxes on my home (Homeowners only)
- 26% Experienced an illness that left you unable to work or care for children
- 30% Experienced difficulty getting to work or social and health services appointments because of transportation issues
- 4% Assumed responsibility for overall care of grandchildren
- 37% Postponed getting needed medical care due to cost
- 53% Postponed getting needed dental care due to cost

**Q7. In the past year, which of the following services did you or any member of your household receive any of the following? (CHECK ALL THAT APPLY) NOTE: If you applied but have not yet received a service, do not check that service**

- 12% Drug or alcohol abuse treatment
- 17% Mental health treatment
- 29% Energy assistance
- 4% ECEAP/Head Start services
- 8% Veteran's assistance
- 3% Long-term care/home care services
- 8% Emergency shelter
- 8% Transitional housing
- 15% Section 8 housing certificate
- 27% NONE OF THE ABOVE

**Q8. On a scale of 1 to 5, how important is this service to your household now? Use 1 for "not important" and 5 for "extremely important"**

PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE

Service	% Extremely important	Mean importance
Housing help (help keeping rent low enough to afford)	71%	4.2
Affordable childcare	37%	2.8
Basic Education/English (ESL)/GED	35%	2.8
Legal help	34%	3.0
Food (help getting enough food)	61%	4.2
Affordable medical care	68%	4.2
Affordable dental care	72%	4.3
Living wage jobs	63%	4.0
Help with heating & electric bills	63%	4.2
Mental health services or family counseling	36%	3.1
Drug/alcohol treatment & counseling	23%	2.3

**Q9. On a scale of 1 to 5, how easy is it for your household to locate and receive these services?**

Use 1 for “very hard to get” and 5 for “very easy to get”

PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE

Service	% very hard to get	Mean availability	Don't know
Housing help (help keeping rent low enough to afford)	38%	2.7	15%
Childcare	31%	2.9	28%
Basic Education/English (ESL)/GED	24%	3.3	28%
Legal help	35%	2.7	21%
Food (help getting enough food)	17%	3.3	5%
Affordable medical care	35%	2.9	7%
Affordable dental care	46%	2.5	7%
Living wage jobs	39%	2.5	12%
Help with heating & electric bills	26%	2.9	9%
Mental health services or family counseling	29%	2.9	22%
Drug/alcohol treatment & counseling	31%	3.0	31%

**INFORMATION ABOUT YOU AND YOUR HOUSEHOLD**

**Q10.** Are you: 31% Male 69% Female

**Q11.** How old are you? [See page 9 of full report]

**Q12.** What is your home zip code? [See page 6 of full report]

**Q13.** Are you: 88% White 8% African American 2% Asian/Pacific Islander 7% Native American (check all that apply)?

**Q14.** Are you Hispanic or Latino? 6% Yes 94% No

**Q15.** Are you Eastern European? 6% Yes 94% No

**Q16.** How many persons in your household are: [See page 13 of full report]  
 0-5yrs old \_\_\_\_ 6-17yrs old \_\_\_\_ 18-59yrs old \_\_\_\_ 60+yrs old \_\_\_\_ ?

**Q17.** How many of those 18 years or older have full-time employment? \_\_\_\_

\_\_\_\_ 72%=0 22%=1 5%=2 1%=3

How many have part-time employment? \_\_\_\_

81%=0 17%=1 2%=2

**Q18.** How many of those 18 years or older have at least a high school diploma or GED? \_\_\_\_

39%=0 36%=1 21%=2 3%=3 1%=4

- Q19.** Do you or members of your household have difficulty accessing services because of a language barrier? 10% Yes 90% No
- Q20.** Does anyone in your household have a disability that limits one or more of their usual daily activities (i.e. walking, eating, bathing, toileting, etc.)? 32% Yes 68% No
- Q21.** Does anyone in your household have a developmental disability? 18% Yes 82% No
- Q22.** In the past year, have you or anyone in your household contacted 9-1-1 for any reason?  
34% Yes 66% No

**Compared to a year ago, would you say...?**

**Q23. My household's financial situation is...**

7% much better 19% somewhat better 33% about the same 19% somewhat worse 22% much worse

**Q24. My health is...**

5% much better 13% somewhat better 44% about the same 26% somewhat worse 12% much worse

**Q25. My life is generally...**

9% much better 21% somewhat better 37% about the same 21% somewhat worse 11% much worse

**EMPLOYMENT AND INCOME**

**Q26. Here is a list of common sources of household income. Which of these has been a source of income for anyone in your home during the past year.**

(CHECK ALL THAT APPLY)

- |                                  |                               |
|----------------------------------|-------------------------------|
| 48% Wages or income from a job   | 23% TANF (Welfare assistance) |
| 5% VA benefits                   | 9% GAU or GAX                 |
| 18% Social Security              | 7% Unemployment insurance     |
| 22% SSI                          | 12% Child Support             |
| 7% SSD                           | 3% Pension                    |
| 3% Workers' compensation (L & I) | 2% Investment income          |

**Q27. In the past year, were any of your household's benefits stopped or reduced (for example, TANF, SSI, food stamps or other assistance)?**

40% Yes 60% No ⇒ IF, "NO" PLEASE SKIP TO Q29

**Q28. If you answered yes to the question above, please indicate why your benefits were stopped or reduced..**

(CHECK ALL THAT APPLY)

- |                                              |                                                 |
|----------------------------------------------|-------------------------------------------------|
| 23% I started working and now have an income | 20% My earnings increased, so I am not eligible |
| 10% I did not meet the work requirements     | 14% My caseworker said the rules changed        |
| 8% It was too much of a hassle               | 25% Not sure, don't know                        |

**Q29. In the past year, what was your average estimated total MONTHLY household income from all sources?**

Dollars per MONTH

\$(See pages 12-14 of full report)