

**RACINE KENOSHA COMMUNITY ACTION
AGENCY, INC.**

**COMPREHENSIVE COMMUNITY NEEDS
ASSESSEMENT**

2022

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Poverty is the lack of sufficient resources to meet needs and sustain well-being. Typically, available resources are overwhelmed by the multidimensional demands of poverty. Racine Kenosha Community Action Agency, Inc., also known as RKCAA, has been at the forefront of local efforts to address poverty's persistent and complex social, economic, and political dimensions in southeastern Wisconsin. RKCAA has confronted the issues of poverty through continuous improvement in resources (programs, services, and activities) and the agency's capacity to respond to local needs through adaptations in strategy, structure, operation, and practices since 1967. RKCAA effectively balances legislative regulations, requirements, additional funding opportunities, and innovative programs and services to support the communities served.

Every three years, RKCAA is mandated to compile a Comprehensive Community Needs Assessment (CCNA) to determine and address gaps between the circumstances of poverty and deprivation and the desired situation of self-sufficiency, family stability, and community revitalization. The goals are to improve the current performance of anti-poverty efforts to reduce or remove existing deficiencies.

The needs assessment process generated the legal reasoning, information, and knowledge about the outcomes and impact of RKCAA programs and services. This process set the stage for assessing new and unmet needs and resources to address poverty-related problems. The triangulation of

primary and secondary evidence ensured a comprehensive description of poverty in Racine and Kenosha counties through primary and secondary data sources and activities, including:

- Population and demographic databases and other geographic information about poverty-related difficulties in Racine and Kenosha counties and cities.
- Primary data from surveys, interviews, and focus groups expand upon the statistical details and dynamics of poverty and poverty-related problems in Racine and Kenosha counties.
- The organization-wide 2020 Strategic Planning process guides the continuous improvement of RKCAA's vision, mission, capacities, program activities, and accomplishments. Notably, the strategic planning process developed a second-generation operational structure due to this process.

Conclusions

Several important conclusions emerged based on the data collected, compiled, and analyzed from primary and secondary data.

- As resources are overwhelmed by multidimensional needs and hardship, people become more vulnerable to various personal and social challenges in life, coping skills, the criminal justice system, health, and geography.
- Poverty in the United States has not changed significantly in recent years. In the years since 2017, the poverty statistics for Wisconsin have

not improved to any significant degree. Too many people living in Wisconsin continue to experience economic hardship.

- Emphasizing family dynamics and wellness as strategic dimensions of RKCAA enables greater efficacy in RKCAA structure, programs, and activities.
- Income and financial resources or assets remain a foundational problem of poverty.
- We live in an era when having a job is no longer a reliable measure of whether a person is in need.
- Although income and monetary assets are foundational elements of poverty, income is not the only way to frame financial assets. Proxies for income and economic assets or words that have a causal relationship to income, such as lack, cost, or credit, can be operationalized to understand the various meanings and connections to income and other concerns, challenges, and barriers.
- RKCAA is required to operate within the following realities and constraints:
 - o Limitations and changing funding priorities of monetary and human resources,
 - o Increases in the numbers of participants requesting assistance from programs and services, and
 - o Shifts emphasize poverty-related issues and problems, such as the ongoing COVID pandemic.

RKCAA must prioritize the gaps or needs to address, the people to serve, the approaches to programming, and the collaborative partnerships to undertake.

Recommendations

RKCAA should continue the following:

- Confirm and build on current programs and services' strengths and go beyond weaknesses that limit progress and achievements.
- Establish new directions for programs and services to meet changing internal and external circumstances, populations, and unmet needs.
- Pursue options for fulfilling the new vision and mission.
- RKCAA can construct and apply metrics, measures, and processes and leverage existing agency information and knowledge to improve existing programs and services and develop new directions and capacities for reaching selected goals.

INTRODUCTION AND OVERVIEW

OVERVIEW

The Changing Landscape of Poverty

Poverty, like sustainability, equality, health, and wellness, is a complex social and cultural problem not easily understood, confronted, or resolved. Briefly, poverty can be understood as the lack of sufficient resources to meet needs and sustain well-being. Typically, available resources are overwhelmed by the multidimensional demands of poverty.

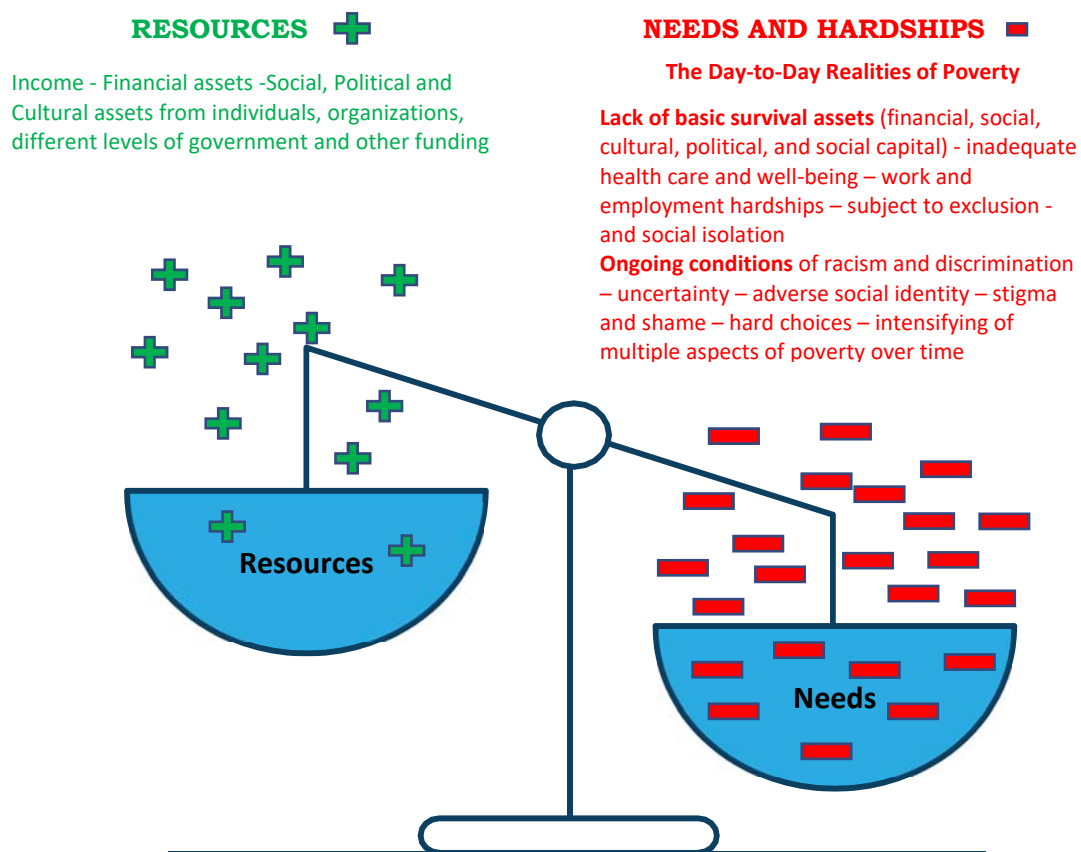


Figure 1

Specifically, an appropriate combination and level of resources have the potential to lead to the positive reduction of conditions stemming from poverty. However, poverty goes much deeper than income and financial capital.

Economic hardship also means being trapped in rundown communities lacking resources, being told to be grateful for what you have, and being shamed if you are not. The humiliation of accessing much-needed subsidies and help and knowing that your children are not receiving the same quality education as their peers. These and other more subtle aspects of poverty require appropriate resources to mitigate the hardships that people experience. However, formal attempts to address poverty remain elusive for a variety of reasons:

- **Many interlinked issues**, cutting across the usual silos (economy, health, and environment), make for high complexity.
- **Multiple people, agencies, and institutions** (across the public, private and voluntary sectors) try to account for and address poverty's various scales (local, regional, national and global).
- **Many different views on the problem** impede potential solutions to poverty.
- **Conflict** over desired outcomes or the means to achieve them.
- **Power relations** make change difficult.
- **Widespread uncertainty** about the short and long-term effects of hardship.
- **Size, scope, scale, and complexity** affect everyone.

While poverty often is measured in economic terms and calculation, i.e., income below the poverty threshold adjusted for household size, poverty remains overwhelmingly complex and misunderstood. Debates and disagreements persist about

Who are the poor?

What are the causes of poverty?

What types of poverty are evident?

How do time and place affect the trajectory of poverty?

What is the effect of myths about the causes of poverty?

How can efforts adequately cope with the individual difficulties of people affected by poverty?

As a result of these debates, new ideas about poverty have emerged that shift conventional concepts, policies, and practices.

In addition, poverty increases the vulnerability of poor people to various personal and social challenges in life events, coping skills, the criminal justice system, health, and geography.

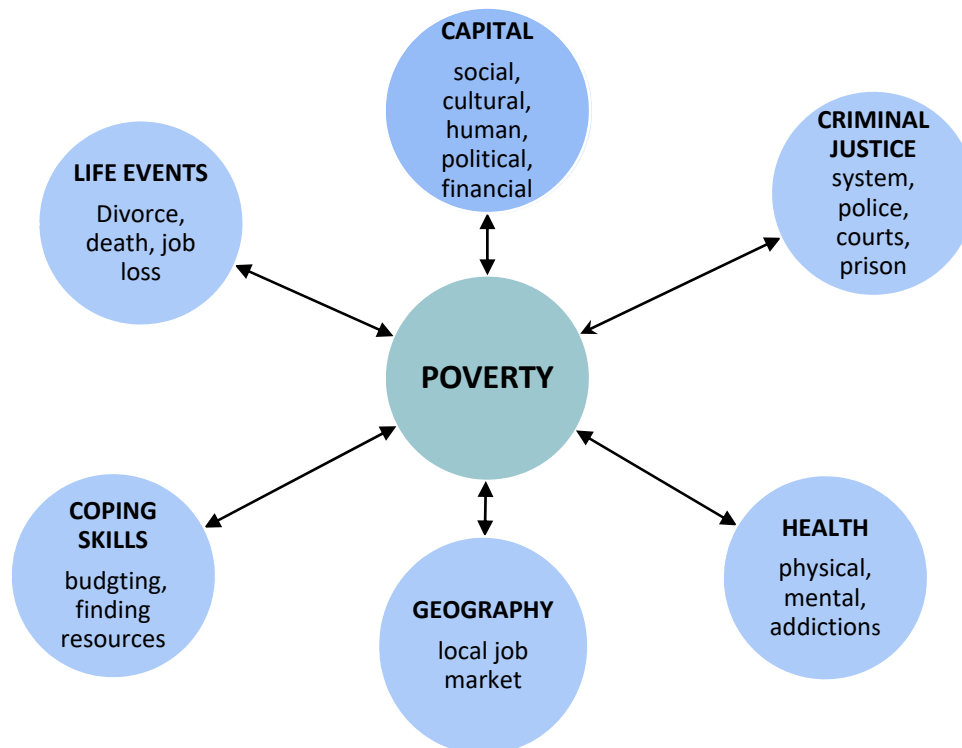


Figure 2

Academic researchers and practitioners who study how poverty can lead to adverse circumstances can enrich the overall capacity to address poverty's multidimensional nature. Understanding poverty's nature, effects, and consequences require new knowledge and innovative resources to address poverty's persistent, unresolved human problem.

Individuals, organizations, governments, and countries continue to commit efforts and monetary support to address poverty. Sustained progress and success have been less than satisfactory in resolving paradoxes and puzzles, failures, and complex social changes related to poverty. However, academics, practitioners, and activists have contributed to the overall knowledge about contemporary poverty. This new knowledge reveals the following:

- Conceptual and theoretical shifts in how we think about poverty.
- Factors of place, time, and context increase the understanding of poverty.
- Renewed considerations of poverty's causes and reproductive consequences provide different perspectives on poverty.
- Innovative community-based solutions and practices to address poverty and poverty-related issues.

These advances extend beyond traditional local, urban-based models and prototypes of poverty. For example, social, economic, and political researchers and commentators are beginning to raise questions and concerns about existing poverty myths and narratives that have driven misguided approaches to and solutions for poverty and poverty-related problems.

Racine Kenosha Community Action Agency, Inc. and the Changing Landscape of Poverty

Racine Kenosha Community Action Agency, Inc., also known as RKCAA, has been at the forefront of local efforts to address poverty's persistent and complex social, economic, and political dimensions in southeastern Wisconsin. RKCAA has confronted the issues of poverty through continuous improvement in resources (programs, services, and activities) and the agency's capacity to respond to local needs through adaptations in strategy, structure, operation, and practices since 1967. Sustaining continuous improvement and transformation requires identifying critical concerns about local poverty conditions and developing appropriate strategies for addressing these concerns. RKCAA has effectively balanced legislative regulations, requirements, additional funding opportunities, and innovative programs and services to support the communities served. As a result, RKCAA remains one of the premier anti-poverty agencies in southeastern Wisconsin.

RKCAA is committed to serving Racine and Kenosha individuals and families who lack sufficient resources to meet their needs and well-being. With federal funding from the Community Services Block Grant (CSBG), local partnerships, and targeted grants, RKCAA investigates the conditions of poverty and poverty-related issues and implements improvements to mitigate these conditions. RKCAA efforts drive the creation of quality, innovative programs, services, and activities across the lifespan of the communities of Racine and Kenosha counties.

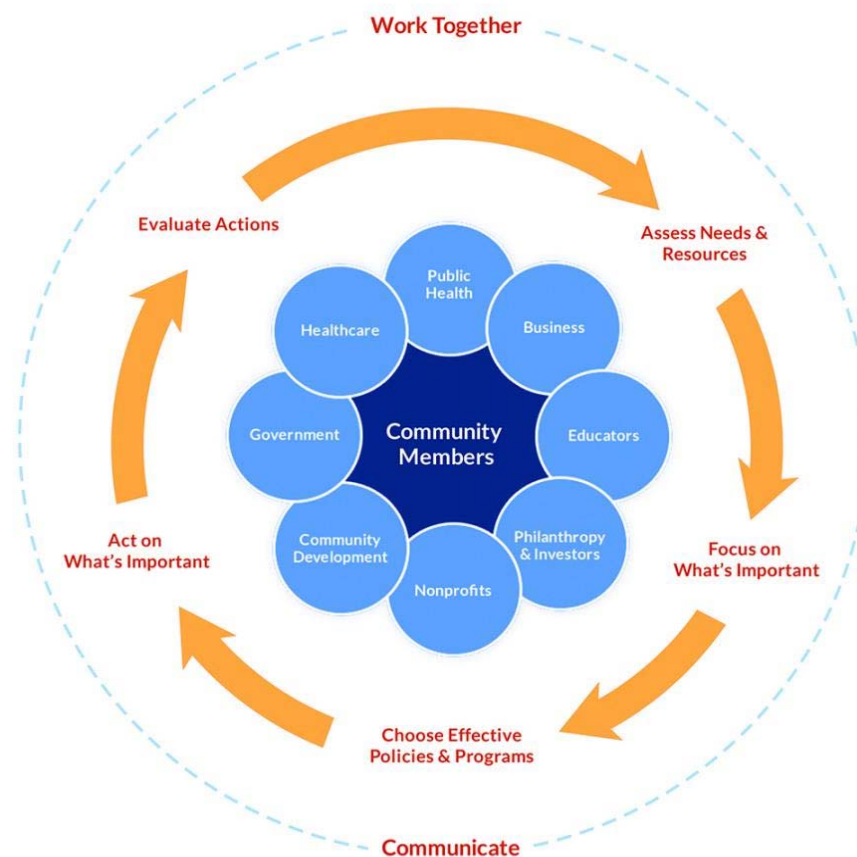
Every three years, the CSBG authorizing statute mandates that each Community Action Agency (CAA) compile a Comprehensive Community Needs Assessment (CCNA) to determine and address gaps between the circumstances of poverty and deprivation and the desired situation of self-sufficiency, family stability, and community revitalization. The goals are to improve the current performance of anti-poverty efforts to reduce or remove existing deficiencies. The content of the CCNA aligns with Category 3 of CSBG Community Action Standards 3.1- 3.5, guiding compliance, documentation, and benchmarking performance. Also, the RKCAA CCNA coordinates with Standards 1.1, 1.2, 2.2, 2.4, and 6.4 to develop and complete the assessment. Finally, the RKCAA CCNA corresponds with Standards 1.1, 1.2, 2.2, 2.4, and 6.4 to build and complete the assessment report. The CSBG ROMA results-oriented management and accountability tools and practices enable RKCAA to provide impact and outcome measures to monitor activities and accomplishments in three areas:

- Self-sufficiency,
- Family stability, and
- Community revitalization

The needs assessment process of the RKCAA action planning cycle is foundational for generating information and knowledge about the outcomes and impact of its services and sets the stage for assessing new and unmet needs and resources to address poverty and poverty-related problems.

The CCNA is a crucial element of the RKCAA's iterative, participatory action planning cycle, which consists of the following parts:

- Gathering information to assess needs and resources
- Setting priorities to focus on what's important
- Finding the most effective approaches to address priorities
- Acting on what's important
- Evaluating throughout the cycle to improve strategies and ensure effectiveness
- Communicating and collaborating throughout the cycle.



RKCAA ACTION PLANNING CYCLE

Figure 3

Sources, organization, production, and analysis of data and information

Although the data sources for the CCNA are different in purpose, content, organization, and analysis, they are interrelated. These data sources

do not function as autonomous, stand-alone data slices in isolation from each other. Secondary data collection from the U.S. Census and demographic resources overlaps with primary data sources of surveys, interviews, and focus groups. Connecting these data involves finding overlapping and contrasting information among these data sources. For example, local poverty data validates demographic data, and individual interviews and focus group findings complement and enlarge statistical information.

Population data from national and local demographic sources, existing records of RKCAA documents, and responses from regional agency representative surveys and community members will assess RKCAA's vision, mission, capacities, and activities. The efficacy of RKCAA operations based on collecting and analyzing these primary and secondary data sources will identify gaps in new and unmet needs. These gaps and unmet needs will be the basis for recommending ways to improve the ability of RKCAA to address poverty. The triangulation of primary and secondary evidence ensures a comprehensive description of poverty in Racine and Kenosha counties. Initial questions that frame the collection and production of primary and secondary information include but are not limited to the following:

1. What is happening now?
2. What differences or gaps between them indicate one or more needs?
3. How should these current and new needs be addressed?

DATA INTERFACES

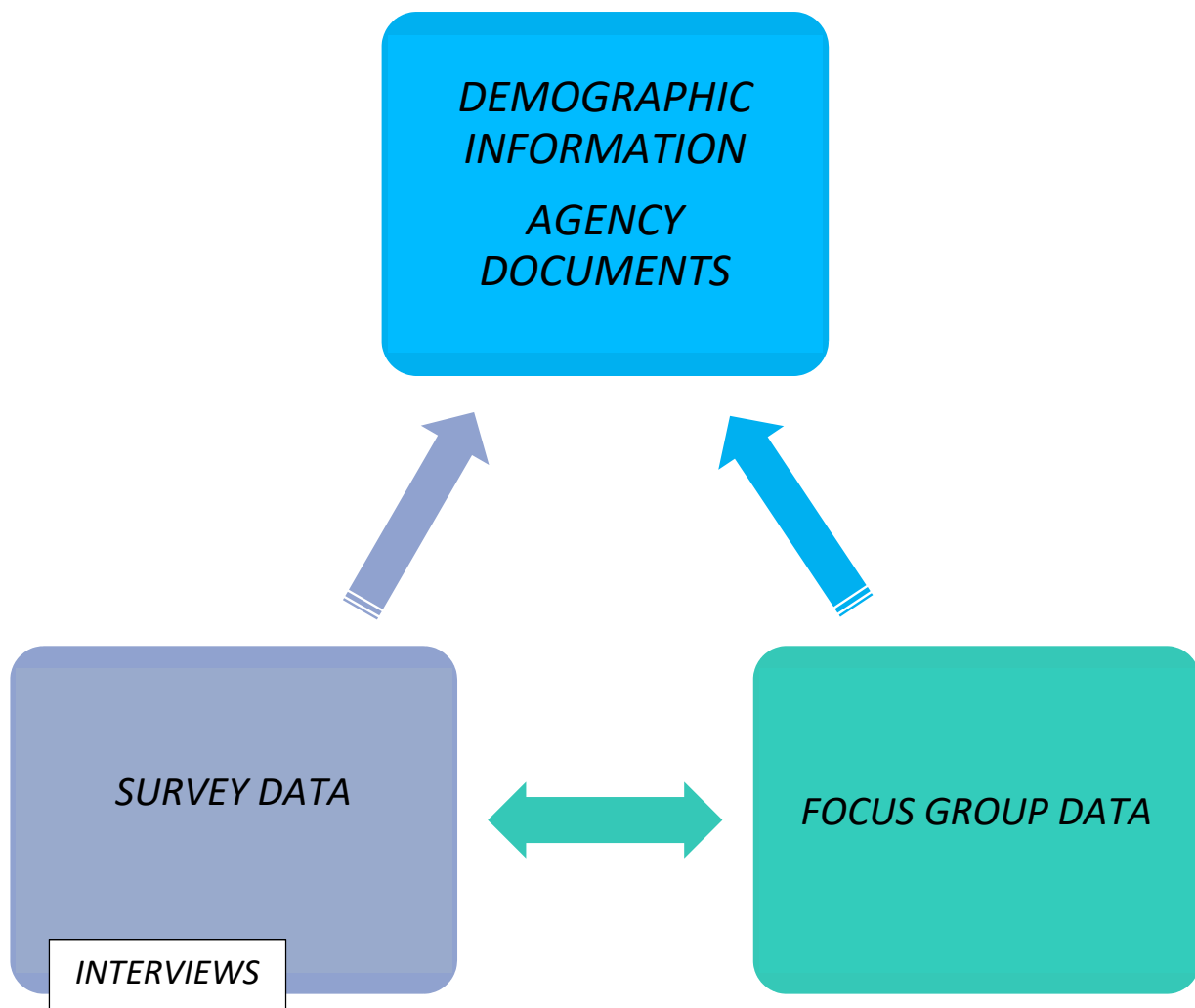


Figure 4

Population and demographic databases provided broad, quantitative snapshots of poverty and poverty-related problems in Racine and Kenosha counties. Multi-method online **surveys** provided quantitative and verbal information from a sample of local agency staff and community leaders, and community members from these counties. **Interviews** with a subset of these community topic experts provided in-depth external perspectives not obtainable from the survey data. The **focus groups** provided insider perspectives to complement the individual interviews with different qualitative perspectives. Both interview and focus group data sources expand the information learned from the quantitative census data sources.

ASSESSMENT DATA, TASKS AND PROCESSES

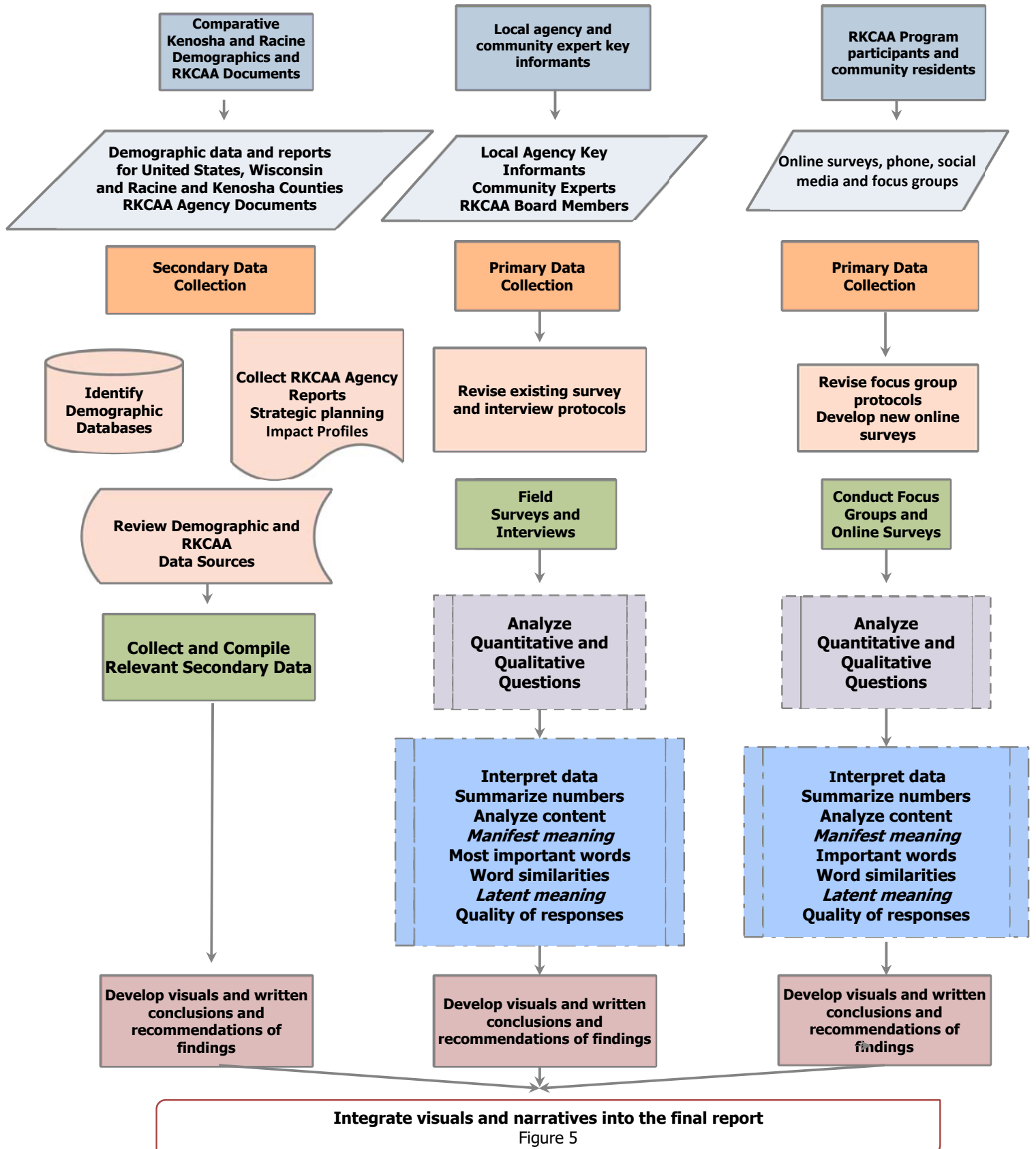


Figure 5

Statistical Data and Agency Documents

Data sources: U.S. Census Bureau databases, population and demographic-related reports, and other geographic information with statistical details about poverty and poverty-related difficulties in Racine and Kenosha counties and cities. These data sources include:

- The current 2022 U.S. Census Bureau and American Community Survey data development,
- Supplemental population data resources include Spark maps, Broad Street, Community Commons, the Community for Applied Research and Engagement Network (CARES), and the County Health Rankings and Roadmaps from the Robert Wood Johnson Foundation,
- Local and state research reports on poverty and poverty-related problems in Racine and Kenosha counties,
- Maps and geographic charts of various distributions of population characteristics in Racine and Kenosha counties associated with poverty and poverty-related problems.

Collecting and compiling the data: RKCAA used desktop research to gather quantitative manifestations and impacts of poverty and poverty-related problems for the geographic places and populations under consideration.

Perceptions, experiences, and opinions from the field

Data Sources: RKCAA generated primary data from surveys, interviews, and focus groups to expand upon the statistical details and dynamics of poverty and poverty-related problems in Racine and Kenosha counties:

- Online surveys for local partners, agencies, and 501(C)(3) nonprofits provide support services to low-income clients and community members.
- Individual telephone interviews with selected subject matter experts who work with and observe the agency's focus areas of asset attainment, food and nutrition, health, and housing.
- RKCAA staff facilitated small focus group sessions via electronic means with cohorts who shared their perspectives on the obstacles and barriers of their daily lives and their needs.

Collecting and organizing the data: The steps for collecting and organizing these sources of data included:

- Developing data collection instruments and guides based on the information requirements.
- Setting up data collection instruments with qualitative data analysis software, electronic recording, the manual transcription of focus groups, and individual interview conversations based on written questions and guides for conducting focus group sessions via social media.
- Recruiting respondents to complete the surveys, inviting key informants to participate by phone in individual interviews, and in face-to-face community-based focus group sessions.
- Organizing the data into quantitative or close-ended responses for tabulation and verbal comments.

Analyzing the data: Through the careful reading and analysis of open-ended responses, cohort-specific questions, and the statistical

distribution of close-ended answers, the RKCAA identified qualitative and quantitative information about local agencies, RKCAA Board members, and community responses about

- The **meaning** of poverty
- **Perceptions** of real-time aspects of poverty
- **Challenges and concerns** about poverty and poverty-related problems for Racine and Kenosha individuals, families, and communities
- The **capacity and quality of existing programs, services, and activities** to address these challenges and concerns and
- **Additional needs, resources, and support** to address ongoing and new challenges and problems
- **Particular individual and group concerns and issues.**

The findings were developed and compiled through summaries and comparisons of the following:

- National and local population and demographic data
- Frequencies of repeated words and ideas from community respondents
- Summaries of closed-ended ratings in individual and comparative tables
- Patterns and trends in the data

RKCAA will use the findings to recommend ways to:

- Develop strategic planning and operational approaches for choosing effective policies and programs

- Enhance current programs, services, and activities
- Create additional programs, services, and activities
- Advocate on behalf of those seeking services
- Benchmark promising practices and results

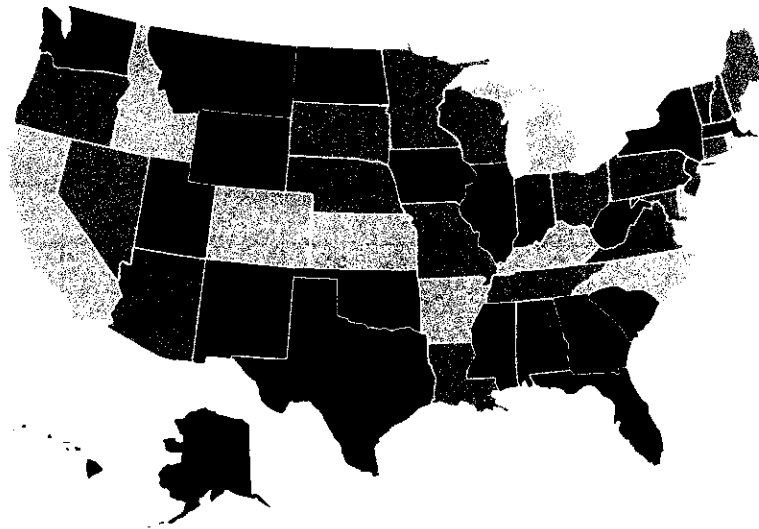
Reporting the findings: The content of the RKCAA CCNA report consists of the following sections:

- **Population and demographic information** consist of statistical data about the people in Racine and Kenosha counties, their communities, and the conditions of poverty and poverty-related issues.
- RKCAA conducted an organization-wide **Strategic Planning** process to guide the continuous improvement of its vision, mission, capacities, program activities, and accomplishments.
- **Community assessment** consists of what people say about their circumstances, needs, and efforts to cope with poverty and poverty-related problems.
- **Conclusions** based on the findings from data compilation and analysis.
- **Recommendations** for future action are based on conclusions from the data collected and analyzed from the report.
- **Addenda** of supplementary processes, forms, and documents.

POPULATION AND DEMOGRAPHICS DATA

Poverty in the United States

POVERTY IN THE UNITED STATES IN 2020



The following data from 2020 represent national averages for essential poverty and well-being statistics from the U.S. Census Bureau.

Poverty Rates

Overall Poverty Rate: 11.4% (37.2 million people)

Percentage of people who fell below the poverty line — \$26,246 for a family of four — in 2020

Twice the Poverty Level: 27.5% (89.7 million people)

Percentage of people who fell below twice the poverty line — \$52,492 for a family of four — in 2020

Half the Poverty Level: 5.5% (17.9 million people)

Percentage of people who fell below half the poverty line — \$13,123 for a family of four — in 2020

Child Poverty Rate: 16.1% (11.6 million people)

Percentage of children under age 18 who fell below the poverty line in 2020

Women's Poverty Rate: 12.6% (20.9 million people)

Percentage of women who fell below the poverty line in 2020

African American Poverty Rate: 19.5% (8.5 million people)

Percentage of African Americans who fell below the poverty line in 2020

Hispanic Poverty Rate: 17.0% (10.4 million people)

Percentage of Hispanics who fell below the poverty line in 2020

White Poverty Rate: 8.2% (15.9 million people)

Percentage of non-Hispanic whites who fell below the poverty line in 2020

Native American Poverty Rate: 23.0% (600,000 people)

Percentage of Native Americans who fell below the poverty line in 2019

People with Disabilities Poverty Rate: 25.0% (3.6 million people)

Percentage of people with disabilities ages 18 to 64 who fell below the poverty line in 2020

Creating Good Jobs

Income Inequality: 16.4%

The ratio of the share of income going to the top 20 percent of households versus that going to the bottom 20 percent of households in 2019

Gender Wage Gap: 81.6 cents

Median earnings of full-time, year-round working women compared to that of men in 2019

Unemployment Rate: 8.1%

Percentage of all workers who were unemployed in 2020

Unemployment Insurance Coverage: 77.6%

Percentage of unemployed workers who received unemployment insurance in 2020

Strengthening Families and Communities

High School Graduation Rate: 85.8%

Percentage of high school students who graduated on time at the end of the 2018-19 school year

Disconnected Youth: 12%

Percentage of youth ages 18 to 24 who were not in school or working in 2019

Higher Education Attainment Rate: 45.8%

Percentage of young adults ages 25 to 34 who had an associate's degree or higher in 2019

Promoting Family Economic Security

Hunger and Food Insecurity: 10.5%

Percentage of households who were food insecure in 2020, meaning that they experienced difficulty providing enough food due to a lack of money or resources at some point during the year.

Affordable and Available Housing: 60 affordable and available units

The number of apartments or other affordable and available units for every 100 renter households with meager incomes in 2019. Very low-income families have incomes at or below 50% of the area median income.

Savings and Assets: 4.8%

Percentage of households that used nonbank credit during 2019. This includes using a rent-to-own service or a payday, auto title, pawnshop, or tax refund anticipation loan.

Lack of Health Insurance Coverage: 18.2%

Percentage of people under age 65 and below 138% of the poverty line who did not have health insurance in 2019.

POVERTY IN THE UNITED STATES


Changes in U. S. Poverty from 2017-2020

TABLE 1

INCOME	Decrease	Increase
The median household income was \$67,521 in 2020, a decrease of 2.9 percent from the 2019 median of \$69,560.	↓	
The 2020 real median incomes of family and non-family households decreased 3.2 percent and 3.1 percent from their respective 2010 estimates.	↓	
The 2020 real median household incomes of non-Hispanic Whites, Asians, and Hispanics decreased from their 2019 medians, while Black households' changes were not statistically different.	↓	
In 2020, real median household incomes decreased 3.2 percent in the Midwest and 2.3 percent in the South and the West from their 2019 medians.	↓	
EARNINGS		
The total number of working full-time, year-round declined by 13.7 million between 2019 and 2020. The number of female full-time, year-round workers decreased by about 6.2 million, while the decrease for their male counterparts was approximately 7.5 million.	↓	
In 2020, the actual median earnings of those who worked full-time increased 6.9 percent from their 2019 estimate.		↑
POVERTY		
The official poverty rate in 2020 was 11.4 percent, up 1.0 percentage point from 10.5 percent in 2019		↑
In 2020, there were 37.2 million people in poverty, approximately 3.3 million more than in 2019		↑
Between 2019 and 2020, the poverty rate increased for non-Hispanic Whites and Hispanics. Among non-Hispanic Whites, 8.2 percent were in poverty in 2020, while Hispanics had a poverty rate of 17.0 percent.		↑
Poverty rates for people under 18 increased from 14.4 percent in 2019 to 16.1 percent in 2020. Poverty rates also increased for 18 to 64, from 9.4 percent in 2019 to 10.4 percent in 2020.		↑

POVERTY IN THE UNITED STATES
Changes in U. S. Poverty from 2017-2020

TABLE 1

Poverty rates increased between 2019 and 2020 for married-couple families and families with a female householder. The poverty rate for married-couple families increased from 4.0 percent in 2019 to 4.7 percent in 2020. For families with a female householder, the poverty rate increased from 22.2 percent to 23.4 percent.		
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Comparisons of US Poverty and Wisconsin Poverty

COMPARISONS ABOUT POVERTY IN WISCONSIN 2020

Population: 5,675,557

Number in Poverty: 591,486

Comparative Ranking of Wisconsin Population Data to U.S. Population Data

POVERTY RATE

GENDER & AGE

Overall

10.4%

RANKED: 16TH

Percentage of people who had incomes below the poverty line (\$25,926 for a family of four) in 2019

Children

13.1%

RANKED: 19TH

Percentage of children under 18 in related families who had incomes below the poverty line in 2019

Working-Aged Women

11.8%

RANKED: 16TH

Percentage of working-age women (ages 18-64) who had incomes below the poverty line in 2019

Working-Aged Men

8.5%

RANKED: 15TH

RACE & ETHNICITY

African American	Asian American	Latino	Native American	White
27.3%	12.9%	19.5%	27.3%	7.9%

CREATING GOOD JOBS

Income Inequality Ratio

12:3

RANKED: 4TH

The ratio of income going to the top 20 percent of households and the share of income going to the bottom 20 percent of households in 2019

Unemployment

3.3%

RANKED: 18TH

Percentage of all workers who were unemployed in 2019

High School Graduation

89.7%

RANKED: 8TH

Percentage of public high school students who graduated on time for the 2017–18 school year

Disconnected Youth

9.0%

RANKED: 8TH

Percentage of youth ages 18 to 24 without high school degrees who were not in school or working in 2018

Higher Education Attainment

49.0%

RANKED: 17TH

Percentage of young adults ages 25 to 34 who had an associate degree or higher from 2019

Gender Wage Gap

81¢

RANKED: 18TH

Women's median earnings for every dollar of men's median earnings among full-time, year-round workers in 2019

STRENGTHENING FAMILIES AND COMMUNITIES

Children Living Apart from Parents

6 CHILDREN PER 1,000

RANKED: 21ST

Number of children who lived in foster care for every 1,000 children under age 18 in 2018

Teen Birth Rate

13.0 births

RANKED: 11TH

Number of births per 1,000 women ages 15 to 19 in 2018

PROMOTING FAMILY ECONOMIC SECURITY

Hunger and Food Insecurity

10.1%

RANKED: 18TH

Percentage of households who were food insecure on average from 2017 to 2019

Affordable Housing

76.0 units

RANKED: 9TH

The number of apartments or other affordable and available units for every 100 renter households with meager incomes in 2018. Very low-income families have incomes at or below half of the median income in the metropolitan or other areas.

Assets and Savings

5.4%

RANKED: 12TH

Percentage of households that used high-cost, high-risk forms of credit to make ends meet during 2017. These forms of recognition include payday loans, automobile title loans, refund anticipation loans, rent-to-own, and pawning.

Unemployment Insurance

29.8%

RANKED: 17TH

Percentage of unemployed workers who received unemployment insurance in 2019

Health Insurance Coverage

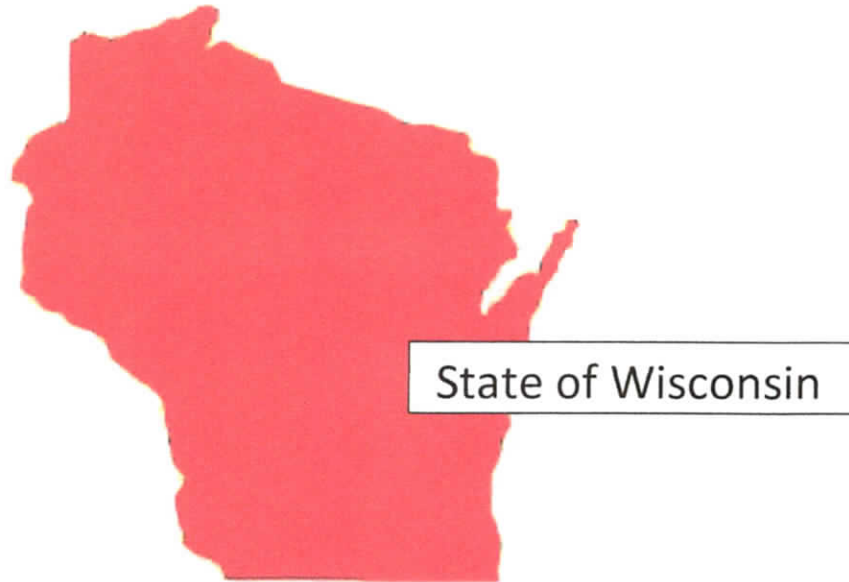
12.6%

RANKED: 16TH

Percentage of people under age 65 and below 138 percent of the poverty line who did not have health insurance at any time in 2019

Poverty in the State of Wisconsin

SNAPSHOT DATA ON POVERTY IN WISCONSIN



In the years since 2017, the poverty statistics for Wisconsin have not improved significantly.

- In 2017, 11.3 percent of Wisconsinites, or 639,564 people, lived in poverty. These data are statistically unchanged from 2016 when 11.8 percent of the state's population lived in poverty. The state ranks 33rd in percent of people in poverty. Nationally, 13.4 percent of Americans lived in poverty in 2017.
- Children remain more likely to be poor than any other age group. In this state, 14.5 percent of children lived in poverty in 2017, compared to 18.4 percent nationally. The state ranks 34th in percent of children in poverty.
- 7.8 percent of seniors and 19.8 percent of people with disabilities in the state lived in poverty in 2017, compared to 9.3 percent and 20.4 percent nationally.
- Communities of color are also disproportionately affected by poverty. In Wisconsin, 29.3 percent of African Americans and 20.4 percent of Latinos were poor in 2017, while the poverty rate among non-Hispanic whites was 8.7 percent. As with adults, children of color experience poverty at higher rates than their white peers.

In 2017, 9.1 percent of non-Hispanic white children in the state lived in poverty, while 35.9 percent of African American and 26.7 percent of Latino children were poor. Nationally, 9.6 percent of non-Hispanic whites were poor, compared to 23.0 percent of African Americans and 19.4 percent Latinos.

- The poor are working. In 67.5 percent of low-income families in this state, at least one person worked at least part-time or part of the year. Nationally, 64.3 percent of low-income families had at least one worker.
- The number of near-poor in our state – those living below the poverty line – was 1,560,495, or 27.6 percent in 2017, compared to 31.0 percent in 2020.
- For the poor and the near-poor, it isn't easy to afford life's necessities.
 - Roughly 58 percent of households earning less than \$20,000 paid more than half of their income on rent in 2017. The same is true for approximately 39 percent of households earning up to \$35,000. National figures are 59 percent and 46 percent, respectively.
 - Ten percent of households in the state experienced times when they could not afford enough food between 2015 and 2017. Nationwide, 11.8 percent of all homes and 30.8 percent of households with incomes below 185 percent of the federal poverty threshold were food insecure in 2017.
 - In Wisconsin, which didn't expand Medicaid coverage but does cover adults up to 100 percent of the federal poverty level, 5.4 percent of people remained uninsured in 2017, statistically unchanged from 2016. In states that expanded Medicaid eligibility, the uninsured rate in 2017 was 6.5 percent, compared with 12.2 percent in states that did not expand Medicaid eligibility.
 - States that require expanded work reporting requirements may cause an increase in the numbers of individuals and families without health insurance. In Wisconsin, only 26.0 percent of working-age people with incomes between half the poverty line and below the poverty line had employer-based insurance, while 53.9 percent had Medicaid coverage.
- The Census Bureau's Supplemental Poverty Measure (SPM) is a more accurate measure of poverty and its changes over time than the abovementioned poverty rate. Unlike the official poverty rate, the SPM

counts income sources such as federal tax credits, food and housing assistance, and expenses like out-of-pocket medical costs. The SPM also makes geographic adjustments for differences in housing costs. Using a three-year average from 2015 to 2017, the SPM poverty rate for Wisconsin was 8.9 percent. In 2017, the national SPM poverty rate was 13.9 percent.

- Federal and state programs work to lift millions out of poverty.
 - Federal programs increase incomes for millions of Americans, lifting them out of poverty and reducing the burdens of poverty for millions more. Social Security remains the most important anti-poverty program, moving more than 27 million individuals out of poverty in 2017. Across the country, low-income tax credits moved 8.3 million people out of poverty; 2.9 million fewer were poor because of housing subsidies, and 3.4 million fewer were poor because of the Supplemental Nutrition Assistance Program (SNAP/food stamps).
 - Supplemental Security Income (SSI) lifted 3.2 million people out of poverty, and the School Lunch Program did the same for 1.2 million people. The Census data show that 10.9 million more Americans would be in poverty if out-of-pocket medical costs were considered, showing the importance of affordable health insurance.
 - Legislative proposals to cut or add harsh limits on successful anti-poverty programs like Medicaid, SNAP, housing assistance, and others would harm individuals and families. They would turn back America's progress in reducing poverty over the last several years. Instead, these legislators should protect and expand funding for programs including SNAP, Medicaid, housing subsidies, and others that lift people out of poverty and invest in our future.

RACINE AND KENOSHA COUNTIES



Racine and Kenosha Counties Demographics

Racine County Assessment

Location

Racine County, WI

Standard Report - Quick Facts

Demographics

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Total Population	Total Population	195,859	5,806,975
	Total Land Area (Square Miles)	332.64	54,167.14
	Population Density (Per Square Mile)	589	107
Total Population Change, 2010 - 2020	Total Population, 2010 Census	195,407	5,687,000
	Total Population, 2020 Census	197,727	5,893,718
	Population Change, 2010-2020	2,320	206,718
	Population Change, 2010-2020, Percent	1.19%	3.63%
Total Population Change, 2000 - 2010	Total Population, 2000 Census	188,831	5,363,669
	Total Population, 2010 Census	195,408	5,686,986
	Population Change, 2000-2010	6,577	323,317
	Population Change, 2000-2010, Percent	3.48%	6.03%
Urban and Rural Population	Total Population	195,408	5,686,986
	Urban Population	171,416	3,989,638
	Rural Population	23,992	1,697,348
	Urban Population, Percent	87.72%	70.15%
Median Age	Rural Population, Percent	12.28%	29.85%
	Total Population	195,859	5,806,975
	Median Age	40.1	39.6
Population Under Age 18	Total Population	195,859	5,806,975
	Population Age 0-17	45,358	1,274,321
	Population Age 0-17, Percent	23.16%	21.94%
Population Age 18-64	Total Population	195,859	5,806,975
	Population Age 18-64	118,191	3,549,855
	Population Age 18-64, Percent	60.34%	61.13%
Population Age 65+	Total Population	195,859	5,806,975
	Population Age 65+	32,310	982,799
	Population Age 65+, Percent	16.50%	16.92%
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	190,975	5,735,703
	Population with a Disability	25,539	676,631
	Population with a Disability, Percent	13.37%	11.80%
Population with Limited English Proficiency	Population Age 5+	184,005	5,475,909
	Population Age 5+ with Limited English Proficiency	5,430	165,664
	Population Age 5+ with Limited English Proficiency, Percent	2.95%	3.03%
	Total Population	195,859	5,806,975
	Naturalized U.S. Citizens	4,565	137,508

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Foreign-Born Population	Population Without U.S. Citizenship	5,014	153,679
	Total Foreign-Birth Population	9,579	291,187
	Foreign-Birth Population, Percent of Total Population	4.89%	5.01%
	Native	183,882	5,464,291
Citizenship Status	Born in a US Territory	1,564	21,404
	Born Abroad to US Citizens	834	30,093
	Naturalized	4,565	137,508
	Non-Citizen	5,014	153,679
	Non-Citizen, Percent	2.56%	2.65%
Veteran Population	Total Population Age 18+	150,408	4,529,321
	Total Veterans	11,417	319,280
	Veterans, Percent of Total Population	7.59%	7.05%

Income and Economics

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Employment - Labor Force Participation Rate	Total Population Age 16+	155,887	4,682,533
	Labor Force	99,225	3,093,131
	Labor Force Participation Rate	63.65%	66.06%
	Labor Force	97,815	3,117,184
Employment - Unemployment Rate	Number Employed	94,095	3,022,198
	Number Unemployed	3,720	94,986
	Unemployment Rate	3.8%	3.0%
Income - Inequality (GINI Index)	Total Households	77,648	2,377,935
	Gini Index Value	0.44	0.44
Income - Median Household Income	Total Households	77,648	2,377,935
	Average Household Income	\$81,490	\$82,757
	Median Household Income	\$62,556	\$63,293
Income - Per Capita Income	Total Population	195,859	5,806,975
	Total Income (\$)	\$6,378,393,400	\$200,051,080,000
	Per Capita Income (\$)	\$32,566	\$34,450
Poverty - Children Below 100% FPL	Total Population	190,372	5,659,485
	Population Under Age 18	44,537	1,250,830
	Population Under Age 18 in Poverty	8,358	177,140
	Percent Population Under Age 18 in Poverty	18.77%	14.16%
Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	25,230	830,875
	Students Eligible for Free or Reduced Price Lunch	13,641	355,362
	Students Eligible for Free or Reduced Price Lunch, Percent	54.12%	42.78%
	Total Population	190,372	5,659,485
Poverty - Population Below 100% FPL	Population in Poverty	23,497	620,947
	Population in Poverty, Percent	12.34%	10.97%

Education

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Access - Preschool Enrollment (Age 3-4)	Population Age 3-4	4,667	136,908
	Population Age 3-4 Enrolled in School	2,141	58,970
	Population Age 3-4 Enrolled in School, Percent	45.88%	43.07%
Attainment - Bachelor's Degree or Higher	Total Population Age 25+	134,100	3,982,118
	Population Age 25+ with Bachelor's Degree or Higher	34,569	1,226,547
	Population Age 25+ with Bachelor's Degree or Higher, Percent	25.78%	30.80%
Attainment - High School Graduation Rate	Adjusted Student Cohort	1,664	62,760
	Number of Diplomas Issued	1,316	56,254
	Cohort Graduation Rate	79.1%	89.6%
Attainment - No High School Diploma	Total Population Age 25+	134,100	3,982,118
	Population Age 25+ with No High School Diploma	11,962	295,207
	Population Age 25+ with No High School Diploma, Percent	8.92%	7.41%
Attainment - Overview	No High School Diploma	8.92%	7.41%
	High School Only	31.5%	30.3%
	Some College	23.0%	20.5%
	Associates Degree	10.8%	11.0%
	Bachelors Degree	17.0%	20.3%
	Graduate or Professional Degree	8.8%	10.6%

Housing and Families

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Households - Overview	Total Households	77,648	2,377,935
	Family Households	51,478	1,479,364
	Family Households, Percent	66.30%	62.21%
	Non-Family Households	26,170	898,571
	Non-Family Households, Percent	33.70%	37.79%
	Renter Occupied Households	24,294	787,739
Evictions	Eviction Filings	1,356	26,508
	Evictions	937	14,871
	Eviction Filing Rate	5.58%	3.37%
	Eviction Rate	3.86%	1.89%
Housing Costs - Cost Burden (30%)	Total Households	77,648	2,377,935
	Cost Burdened Households (Housing Costs Exceed 30% of Income)	21,538	617,624
	Cost Burdened Households, Percent	27.74%	25.97%
Housing Quality - Substandard Housing	Total Occupied Housing Units	77,648	2,377,935
	Occupied Housing Units with One or More Substandard Conditions	21,674	623,967
	Occupied Housing Units with One or More Substandard Conditions, Percent	27.91%	26.24%
Housing Stock - Age	Total Housing Units	82,977	2,709,444
	Median Year Structures Built	1967	1974

Other Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Area Deprivation Index	Total Population (2020)	193,540	5,769,687
	State Percentile	51	No data
	National Percentile	55	53
Households with No Motor Vehicle	Total Occupied Households	77,648	2,377,935
	Households with No Motor Vehicle	4,860	156,744
	Households with No Motor Vehicle, Percent	6.26%	6.59%
Insurance - Uninsured Population (ACS)	Total Population (For Whom Insurance Status is Determined)	190,975	5,735,703
	Uninsured Population	9,270	312,704
	Uninsured Population, Percent	4.85%	5.45%
SNAP Benefits - Population Receiving SNAP (SAIPE)	Total Population	196,311.00	5,822,434.00
	Population Receiving SNAP Benefits	27,153	624,938
	Population Receiving SNAP Benefits, Percent	13.8%	10.7%
Social Vulnerability Index	Total Population	195,398	5,778,394
	Socioeconomic Theme Score	0.29	0.23
	Household Composition Theme Score	0.54	0.25
	Minority Status Theme Score	0.71	0.54
	Housing & Transportation Theme Score	0.48	0.47
	Social Vulnerability Index Score	0.46	0.31
Teen Births	Female Population Age 15-19	42,536	2,601,752
	Teen Births, Rate per 1,000 Female Population Age 15-19	23.8	14.3
Violent Crime - Total	Total Population	211,735	5,882,800
	Violent Crimes, 3-year Total	1,618	53,764
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	254.70	304.60
Property Crime - Total	Total Population	194,841	5,768,118
	Property Crimes, Annual Average	4,095	114,353
	Property Crimes, Annual Rate (Per 100,000 Pop.)	2,102.0	1,982.7
Voter Participation Rate	Total Citizens Age 18+	145,414	4,366,395
	Total Votes Cast	106,451	3,297,352
	Voter Participation Rate	73.2%	75.5%
Young People Not in School and Not Working	Population Age 16-19	9,902	303,867
	Population Age 16-19 Not in School and Not Employed	747	15,742
	Population Age 16-19 Not in School and Not Employed, Percent	7.54%	5.18%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Air & Water Quality - Particulate Matter 2.5	Total Population (2020)	197,727	5,893,718
	Average Daily Ambient Particulate Matter 2.5	8.82	7.88
	Days Exceeding Emissions Standards	0	0
	Days Exceeding Standards, Percent (Crude)	0.00	0.00
	Days Exceeding Standards, Percent (Weighted)	0.00%	0.00%
Built Environment - Broadband Access	Total Population (2020)	195,802	5,832,547
	Access to DL Speeds > 25MBPS (2020)	99.95%	96.97%
	Total Population (2010)	195,408	5,686,986
Built Environment - Liquor Stores	Number of Establishments	22	424
	Establishments, Rate per 100,000 Population	11.26	7.46
	Total Population (2010)	195,408	5,686,986
Built Environment - Recreation and Fitness Facility Access	Number of Establishments	13	743
	Establishments, Rate per 100,000 Population	6.65	13.06
	Total Population (2010)	195,408	5,686,986
Climate & Health - Drought Severity	Time Period	2017-2019	2017-2019
	Weeks in D0 (Abnormally Dry), Percent	3.34%	5.80%
	Weeks in D1 (Moderate Drought), Percent	2.47%	0.42%
	Weeks in D2 (Severe Drought), Percent	0.00%	0.00%
	Weeks in D3 (Extreme Drought), Percent	0.00%	0.00%
	Weeks in D4 (Exceptional Drought), Percent	0.00%	0.00%
	Weeks in Drought (Any), Percent	2.47%	0.43%
Food Environment - Fast Food Restaurants	Total Population (2010)	195,408	5,686,986
	Number of Establishments	124	3,782
	Establishments, Rate per 100,000 Population	63.46	66.50
	Total Population (2010)	195,408	5,686,986
Food Environment - Food Desert Census Tracts	Food Desert Census Tracts	4	133
	Other Census Tracts	40	1,259
	Food Desert Population	12,999	505,977
	Other Population	44,432	1,076,606
Food Environment - Grocery Stores	Total Population (2010)	195,408	5,686,986
	Number of Establishments	36	993
	Establishments, Rate per 100,000 Population	18.42	17.46
Food Environment - SNAP-Authorized Food Stores	Total Population (2020)	195,802	5,832,547
	Total SNAP-Authorized Retailers	143	4,228
	SNAP-Authorized Retailers, Rate per 10,000 Population	7.30	7.25

Clinical Care and Prevention

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Cancer Screening - Mammogram (Medicare)	Medicare Beneficiaries	39,094	1,130,066
	Female Beneficiaries with Recent Mammogram, Percent	37%	37%
	Medicare Enrollees with Diabetes	2,022	56,070
Diabetes Management - Hemoglobin A1c Test	Medicare Enrollees with Diabetes with Annual Exam	1,842	50,628
	Medicare Enrollees with Diabetes with Annual Exam, Percent	91.10%	90.29%
	Medicare Beneficiaries	39,094	1,130,066
Hospitalizations - Preventable Conditions	Preventable Hospitalizations, Rate per 100,000 Beneficiaries	2,644	2,429

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Alcohol - Heavy Alcohol Consumption	Population Age 18+	46,886	1,441,702
	Adults Reporting Excessive Drinking	11,868	363,364
	Percentage of Adults Reporting Excessive Drinking	25.31%	25.20%
Alcohol - Binge Drinking	Total Population (2019)	196,311	5,822,434
	Percentage of Adults Binge Drinking in the Past 30 Days	21.80%	21.73%
	Population Age 20+	146,981	4,400,928
Physical Inactivity	Adults with No Leisure Time Physical Activity	31,013	905,782
	Adults with No Leisure Time Physical Activity, Percent	20.2%	19.8%
	Total Population	196,071	5,795,483
STI - Chlamydia Incidence	Chlamydia Infections	1,199	28,027
	Chlamydia Infections, Rate per 100,000 Pop.	611.51	483.60
	Total Population	196,071	5,795,483
STI - Gonorrhea Incidence	Gonorrhea Infections	332	7,882
	Gonorrhea Infections, Rate per 100,000 Pop.	169.3	136.00
	Population Age 13+	164,290	4,907,884
STI - HIV Prevalence	Population with HIV / AIDS	184	6,331
	Population with HIV / AIDS, Rate per 100,000 Pop.	112.0	129.00
	Total Population (2019)	196,311	5,822,434
Tobacco Usage - Current Smokers	Adult Current Smokers (Crude)	16.70%	16.03%
	Adult Current Smokers (Age-Adjusted)	17.10%	16.66%
	Total Population (2018)	196,584	5,813,568
Insufficient Sleep	Adults Sleeping Less Than 7 Hours on Average (Crude)	33.40%	32.1%
	Adults Sleeping Less Than 7 Hours on Average (Age-Adjusted)	34.20%	32.9%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Cancer Incidence - All Sites	Estimated Total Population	241,419	7,132,550
	New Cases (Annual Average)	1,231	33,416
	Cancer Incidence Rate (Per 100,000 Population)	509.9	468.5
	Total Medicare Fee-for-Service Beneficiaries	20,396	608,339

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Chronic Conditions - Asthma (Medicare Population)	Beneficiaries with Asthma	1,301	29,307
	Percentage with Asthma	6.4%	4.8%
	Population Age 20+	146,713	4,394,682
Chronic Conditions - Diabetes (Adult)	Adults with Diagnosed Diabetes	12,764	393,559
	Adults with Diagnosed Diabetes, Age-Adjusted Rate	7.4%	7.7%
	Total Medicare Fee-for-Service Beneficiaries	20,396	608,339
Chronic Conditions - Diabetes (Medicare Population)	Beneficiaries with Diabetes	4,984	138,942
	Beneficiaries with Diabetes, Percent	24.4%	22.8%
	Total Medicare Fee-for-Service Beneficiaries	20,396	608,339
Chronic Conditions - Heart Disease (Medicare Population)	Beneficiaries with Heart Disease	4,621	139,771
	Beneficiaries with Heart Disease, Percent	22.7%	23.0%
	Total Medicare Fee-for-Service Beneficiaries	20,396	608,339
Chronic Conditions - High Blood Pressure (Medicare Population)	Beneficiaries with High Blood Pressure	11,169	303,278
	Beneficiaries with High Blood Pressure, Percent	54.8%	49.9%
	Total Live Births	16,184	906,830
Low Birth Weight (CDC)	Low Birthweight Births	1,349	68,124
	Low Birthweight Births, Percentage	8.3%	7.5%
	Total Population, 2016-2020 Average	195,982	5,808,570
Mortality - Cancer	Five Year Total Deaths, 2016-2020 Total	2,017	57,432
	Crude Death Rate (Per 100,000 Population)	205.8	197.7
	Age-Adjusted Death Rate (Per 100,000 Population)	160.2	152.1
Mortality - Coronary Heart Disease	Total Population, 2016-2020 Average	195,982	5,808,570
	Five Year Total Deaths, 2016-2020 Total	1,148	33,247
	Crude Death Rate (Per 100,000 Population)	117.2	114.5
Mortality - Poisoning	Age-Adjusted Death Rate (Per 100,000 Population)	91.8	87.2
	Total Population, 2016-2020 Average	195,982	5,808,570
	Five Year Total Deaths, 2016-2020 Total	223	6,532
Mortality - Homicide	Crude Death Rate (Per 100,000 Population)	22.8	22.5
	Age-Adjusted Death Rate (Per 100,000 Population)	24.3	23.3
	Total Population, 2016-2020 Average	195,982	5,808,570
Mortality - Lung Disease	Five Year Total Deaths, 2016-2020 Total	35	1,222
	Crude Death Rate (Per 100,000 Population)	3.6	4.2
	Age-Adjusted Death Rate (Per 100,000 Population)	4.0	4.5
Mortality - Motor Vehicle Crash	Total Population, 2016-2020 Average	195,982	5,808,570
	Five Year Total Deaths, 2016-2020 Total	532	14,130
	Crude Death Rate (Per 100,000 Population)	54.3	48.7
	Age-Adjusted Death Rate (Per 100,000 Population)	42.8	37.3
	Total Population, 2016-2020 Average	195,982	5,808,570
	Five Year Total Deaths, 2016-2020 Total	114	3,032
	Crude Death Rate (Per 100,000 Population)	11.6	10.4
	Age-Adjusted Death Rate (Per 100,000 Population)	11.9	10.0
	Premature Deaths, 2018-2020	2,712	138,217

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Mortality - Premature Death	Years of Potential Life Lost, 2018-2020 Average	42,354	2,147,563
	Years of Potential Life Lost, Rate per 100,000 Population	7,737	6,632
	Total Population, 2016-2020 Average	195,982	5,808,570
Mortality - Stroke	Five Year Total Deaths, 2016-2020 Total	490	12,858
	Crude Death Rate (Per 100,000 Population)	50.0	44.3
	Age-Adjusted Death Rate (Per 100,000 Population)	39.1	33.8
Mortality - Suicide	Total Population, 2016-2020 Average	195,982	5,808,570
	Five Year Total Deaths, 2016-2020 Total	154	4,391
	Crude Death Rate (Per 100,000 Population)	15.7	15.1
Mortality - Unintentional Injury (Accident)	Age-Adjusted Death Rate (Per 100,000 Population)	15.3	14.7
	Total Population, 2016-2020 Average	195,982	5,808,570
	Five Year Total Deaths, 2016-2020 Total	491	19,876
Obesity	Crude Death Rate (Per 100,000 Population)	50.1	68.4
	Age-Adjusted Death Rate (Per 100,000 Population)	48.2	60.8
	Population Age 20+	147,136	4,399,883
Poor or Fair Health	Adults with BMI > 30.0 (Obese)	53,116	1,343,739
	Adults with BMI > 30.0 (Obese), Percent	35.9%	30.2%
	Total Population (2019)	196,311	5,822,434
	Adults with Poor or Fair General Health (Crude)	17.00%	15.63%
	Adults with Poor or Fair General Health (Age-Adjusted)	16.20%	14.89%

Special Topics - COVID-19

Data Indicator	Indicator Variable	Location Summary	Wisconsin
COVID-19 - Confirmed Cases	Total Population	196,584	5,813,568
	Total Confirmed Cases	59,771	1,694,026
	Confirmed Cases, Rate per 100,000 Population	30,404.81	29,139.18
	Last Update	06/10/2022	06/10/2022
COVID-19 - Mortality	Total Population	196,584	5,813,568
	Total Deaths	694	14,680
	Deaths, Rate per 100,000 Population	353.03	252.51
	Last Update	06/10/2022	06/10/2022
Social Distancing - Mobility Reports (Google)	Report Date	2/1/2022 12:00:00 AM	2/1/2022 12:00:00 AM
	Retail and recreation	-8%	-12%
	Grocery and pharmacy	6%	4%
	Parks	18%	29%
	Transit stations	-12%	-12%
	Workplaces	-18%	-16%
	Residential	5%	6%
	Percent of Adults Fully Vaccinated	72.00%	73.46%
COVID-19 Fully Vaccinated Adults	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	16.03%	14.64%
	Vaccine Coverage Index	0.17	0.13
	Last Update	06/07/2022	06/07/2022

Kenosha County Assessment

Location

Kenosha County, WI

Standard Report - Quick Facts

Demographics

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Total Population	Total Population	168,998	5,806,975
	Total Land Area (Square Miles)	271.84	54,167.14
	Population Density (Per Square Mile)	622	107
Total Population Change, 2010 - 2020	Total Population, 2010 Census	166,425	5,687,000
	Total Population, 2020 Census	169,151	5,893,718
	Population Change, 2010-2020	2,726	206,718
	Population Change, 2010-2020, Percent	1.64%	3.63%
Total Population Change, 2000 - 2010	Total Population, 2000 Census	149,576	5,363,669
	Total Population, 2010 Census	166,426	5,686,986
	Population Change, 2000-2010	16,850	323,317
	Population Change, 2000-2010, Percent	11.27%	6.03%
Urban and Rural Population	Total Population	166,426	5,686,986
	Urban Population	148,580	3,989,638
	Rural Population	17,846	1,697,348
	Urban Population, Percent	89.28%	70.15%
	Rural Population, Percent	10.72%	29.85%
Median Age	Total Population	168,998	5,806,975
	Median Age	38.7	39.6
Population Under Age 18	Total Population	168,998	5,806,975
	Population Age 0-17	38,600	1,274,321
	Population Age 0-17, Percent	22.84%	21.94%
Population Age 18-64	Total Population	168,998	5,806,975
	Population Age 18-64	106,554	3,549,855
	Population Age 18-64, Percent	63.05%	61.13%
Population Age 65+	Total Population	168,998	5,806,975
	Population Age 65+	23,844	982,799
	Population Age 65+, Percent	14.11%	16.92%
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	167,110	5,735,703
	Population with a Disability	21,492	676,631
	Population with a Disability, Percent	12.86%	11.80%
Population with Limited English Proficiency	Population Age 5+	159,351	5,475,909
	Population Age 5+ with Limited English Proficiency	7,125	165,664
	Population Age 5+ with Limited English Proficiency, Percent	4.47%	3.03%
	Total Population	168,998	5,806,975
	Naturalized U.S. Citizens	5,840	137,508

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Foreign-Born Population	Population Without U.S. Citizenship	6,456	153,679
	Total Foreign-Birth Population	12,296	291,187
	Foreign-Birth Population, Percent of Total Population	7.28%	5.01%
	Native	154,629	5,464,291
	Born in a US Territory	711	21,404
Citizenship Status	Born Abroad to US Citizens	1,362	30,093
	Naturalized	5,840	137,508
	Non-Citizen	6,456	153,679
	Non-Citizen, Percent	3.82%	2.65%
	Total Population Age 18+	130,081	4,529,321
Veteran Population	Total Veterans	8,708	319,280
	Veterans, Percent of Total Population	6.69%	7.05%

Income and Economics

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Employment - Labor Force Participation Rate	Total Population Age 16+	135,034	4,682,533
	Labor Force	91,382	3,093,131
	Labor Force Participation Rate	67.67%	66.06%
	Labor Force	91,475	3,117,184
Employment - Unemployment Rate	Number Employed	88,305	3,022,198
	Number Unemployed	3,170	94,986
	Unemployment Rate	3.5%	3.0%
Income - Inequality (GINI Index)	Total Households	64,595	2,377,935
	Gini Index Value	0.43	0.44
Income - Median Household Income	Total Households	64,595	2,377,935
	Average Household Income	\$84,054	\$82,757
	Median Household Income	\$66,595	\$63,293
Income - Per Capita Income	Total Population	168,998	5,806,975
	Total Income (\$)	\$5,594,373,300	\$200,051,080,000
	Per Capita Income (\$)	\$33,103	\$34,450
Poverty - Children Below 100% FPL	Total Population	164,528	5,659,485
	Population Under Age 18	37,827	1,250,830
	Population Under Age 18 in Poverty	6,703	177,140
	Percent Population Under Age 18 in Poverty	17.72%	14.16%
Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	26,052	830,875
	Students Eligible for Free or Reduced Price Lunch	12,708	355,362
	Students Eligible for Free or Reduced Price Lunch, Percent	48.78%	42.78%
	Total Population	164,528	5,659,485
Poverty - Population Below 100% FPL	Population in Poverty	19,796	620,947
	Population in Poverty, Percent	12.03%	10.97%

Education

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Access - Preschool Enrollment (Age 3-4)	Population Age 3-4	3,804	136,908
	Population Age 3-4 Enrolled in School	1,361	58,970
	Population Age 3-4 Enrolled in School, Percent	35.78%	43.07%
Attainment - Bachelor's Degree or Higher	Total Population Age 25+	114,176	3,982,118
	Population Age 25+ with Bachelor's Degree or Higher	31,698	1,226,547
	Population Age 25+ with Bachelor's Degree or Higher, Percent	27.76%	30.80%
Attainment - High School Graduation Rate	Adjusted Student Cohort	1,746	62,760
	Number of Diplomas Issued	1,536	56,254
	Cohort Graduation Rate	88.0%	89.6%
Attainment - No High School Diploma	Total Population Age 25+	114,176	3,982,118
	Population Age 25+ with No High School Diploma	11,204	295,207
	Population Age 25+ with No High School Diploma, Percent	9.81%	7.41%
Attainment - Overview	No High School Diploma	9.81%	7.41%
	High School Only	29.3%	30.3%
	Some College	23.1%	20.5%
	Associates Degree	10.0%	11.0%
	Bachelors Degree	17.7%	20.3%
	Graduate or Professional Degree	10.0%	10.6%

Housing and Families

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Households - Overview	Total Households	64,595	2,377,935
	Family Households	42,020	1,479,364
	Family Households, Percent	65.05%	62.21%
	Non-Family Households	22,575	898,571
	Non-Family Households, Percent	34.95%	37.79%
	Renter Occupied Households	21,578	787,739
Evictions	Eviction Filings	1,006	26,508
	Evictions	748	14,871
	Eviction Filing Rate	4.66%	3.37%
	Eviction Rate	3.47%	1.89%
Housing Costs - Cost Burden (30%)	Total Households	64,595	2,377,935
	Cost Burdened Households (Housing Costs Exceed 30% of Income)	18,063	617,624
	Cost Burdened Households, Percent	27.96%	25.97%
Housing Quality - Substandard Housing	Total Occupied Housing Units	64,595	2,377,935
	Occupied Housing Units with One or More Substandard Conditions	18,015	623,967
	Occupied Housing Units with One or More Substandard Conditions, Percent	27.89%	26.24%
Housing Stock - Age	Total Housing Units	70,755	2,709,444
	Median Year Structures Built	1973	1974

Other Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Area Deprivation Index	Total Population (2020)	164,379	5,769,687
	State Percentile	49	No data
	National Percentile	53	53
Households with No Motor Vehicle	Total Occupied Households	64,595	2,377,935
	Households with No Motor Vehicle	3,552	156,744
	Households with No Motor Vehicle, Percent	5.50%	6.59%
Insurance - Uninsured Population (ACS)	Total Population (For Whom Insurance Status is Determined)	167,110	5,735,703
	Uninsured Population	11,136	312,704
	Uninsured Population, Percent	6.66%	5.45%
SNAP Benefits - Population Receiving SNAP (SAIPE)	Total Population	169,561.00	5,822,434.00
	Population Receiving SNAP Benefits	20,705	624,938
	Population Receiving SNAP Benefits, Percent	12.2%	10.7%
Social Vulnerability Index	Total Population	168,330	5,778,394
	Socioeconomic Theme Score	0.41	0.23
	Household Composition Theme Score	0.33	0.25
	Minority Status Theme Score	0.70	0.54
	Housing & Transportation Theme Score	0.61	0.47
Teen Births	Social Vulnerability Index Score	0.51	0.31
	Female Population Age 15-19	41,953	2,601,752
	Teen Births, Rate per 1,000 Female Population Age 15-19	18.1	14.3
Violent Crime - Total	Total Population	170,859	5,882,800
	Violent Crimes, 3-year Total	1,311	53,764
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	255.70	304.60
Property Crime - Total	Total Population	168,296	5,768,118
	Property Crimes, Annual Average	3,251	114,353
	Property Crimes, Annual Rate (Per 100,000 Pop.)	1,931.6	1,982.7
Voter Participation Rate	Total Citizens Age 18+	124,354	4,366,395
	Total Votes Cast	88,738	3,297,352
	Voter Participation Rate	71.4%	75.5%
Young People Not in School and Not Working	Population Age 16-19	9,679	303,867
	Population Age 16-19 Not in School and Not Employed	696	15,742
	Population Age 16-19 Not in School and Not Employed, Percent	7.19%	5.18%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Air & Water Quality - Particulate Matter 2.5	Total Population (2020)	169,151	5,893,718
	Average Daily Ambient Particulate Matter 2.5	8.80	7.88
	Days Exceeding Emissions Standards	0	0
	Days Exceeding Standards, Percent (Crude)	0.00	0.00
	Days Exceeding Standards, Percent (Weighted)	0.00%	0.00%
Built Environment - Broadband Access	Total Population (2020)	169,670	5,832,547
	Access to DL Speeds > 25MBPS (2020)	99.98%	96.97%
	Total Population (2010)	166,426	5,686,986
Built Environment - Liquor Stores	Number of Establishments	11	424
	Establishments, Rate per 100,000 Population	6.61	7.46
	Total Population (2010)	166,426	5,686,986
Built Environment - Recreation and Fitness Facility Access	Number of Establishments	15	743
	Establishments, Rate per 100,000 Population	9.01	13.06
	Time Period	2017-2019	2017-2019
Climate & Health - Drought Severity	Weeks in D0 (Abnormally Dry), Percent	3.08%	5.80%
	Weeks in D1 (Moderate Drought), Percent	1.77%	0.42%
	Weeks in D2 (Severe Drought), Percent	0.00%	0.00%
	Weeks in D3 (Extreme Drought), Percent	0.00%	0.00%
	Weeks in D4 (Exceptional Drought), Percent	0.00%	0.00%
	Weeks in Drought (Any), Percent	1.77%	0.43%
Food Environment - Fast Food Restaurants	Total Population (2010)	166,426	5,686,986
	Number of Establishments	116	3,782
	Establishments, Rate per 100,000 Population	69.70	66.50
Food Environment - Food Desert Census Tracts	Total Population (2010)	166,426	5,686,986
	Food Desert Census Tracts	8	133
	Other Census Tracts	27	1,259
	Food Desert Population	28,440	505,977
	Other Population	29,499	1,076,606
	Total Population (2010)	166,426	5,686,986
Food Environment - Grocery Stores	Number of Establishments	30	993
	Establishments, Rate per 100,000 Population	18.03	17.46
	Total Population (2020)	169,670	5,832,547
Food Environment - SNAP-Authorized Food Stores	Total SNAP-Authorized Retailers	121	4,228
	SNAP-Authorized Retailers, Rate per 10,000 Population	7.13	7.25

Clinical Care and Prevention

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Cancer Screening - Mammogram (Medicare)	Medicare Beneficiaries	28,189	1,130,066
	Female Beneficiaries with Recent Mammogram, Percent	38%	37%
	Medicare Enrollees with Diabetes	1,637	56,070
Diabetes Management - Hemoglobin A1c Test	Medicare Enrollees with Diabetes with Annual Exam	1,466	50,628
	Medicare Enrollees with Diabetes with Annual Exam, Percent	89.55%	90.29%
Hospitalizations - Preventable Conditions	Medicare Beneficiaries	28,189	1,130,066
	Preventable Hospitalizations, Rate per 100,000 Beneficiaries	2,920	2,429

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Alcohol - Heavy Alcohol Consumption	Population Age 18+	43,121	1,441,702
	Adults Reporting Excessive Drinking	10,321	363,364
	Percentage of Adults Reporting Excessive Drinking	23.94%	25.20%
Alcohol - Binge Drinking	Total Population (2019)	169,561	5,822,434
	Percentage of Adults Binge Drinking in the Past 30 Days	21.80%	21.73%
Physical Inactivity	Population Age 20+	126,634	4,400,928
	Adults with No Leisure Time Physical Activity	26,973	905,782
	Adults with No Leisure Time Physical Activity, Percent	20.7%	19.8%
STI - Chlamydia Incidence	Total Population	168,521	5,795,483
	Chlamydia Infections	850	28,027
	Chlamydia Infections, Rate per 100,000 Pop.	504.39	483.60
STI - Gonorrhea Incidence	Total Population	168,521	5,795,483
	Gonorrhea Infections	162	7,882
	Gonorrhea Infections, Rate per 100,000 Pop.	96.1	136.00
STI - HIV Prevalence	Population Age 13+	142,310	4,907,884
	Population with HIV / AIDS	161	6,331
	Population with HIV / AIDS, Rate per 100,000 Pop.	113.1	129.00
Tobacco Usage - Current Smokers	Total Population (2019)	169,561	5,822,434
	Adult Current Smokers (Crude)	17.20%	16.03%
	Adult Current Smokers (Age-Adjusted)	17.40%	16.66%
Insufficient Sleep	Total Population (2018)	169,290	5,813,568
	Adults Sleeping Less Than 7 Hours on Average (Crude)	35.20%	32.1%
	Adults Sleeping Less Than 7 Hours on Average (Age-Adjusted)	35.60%	32.9%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Cancer Incidence - All Sites	Estimated Total Population	187,811	7,132,550
	New Cases (Annual Average)	943	33,416
	Cancer Incidence Rate (Per 100,000 Population)	502.1	468.5
	Total Medicare Fee-for-Service Beneficiaries	17,774	608,339

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Chronic Conditions - Asthma (Medicare Population)	Beneficiaries with Asthma	1,032	29,307
	Percentage with Asthma	5.8%	4.8%
	Population Age 20+	125,819	4,394,682
Chronic Conditions - Diabetes (Adult)	Adults with Diagnosed Diabetes	10,443	393,559
	Adults with Diagnosed Diabetes, Age-Adjusted Rate	7.4%	7.7%
	Total Medicare Fee-for-Service Beneficiaries	17,774	608,339
Chronic Conditions - Diabetes (Medicare Population)	Beneficiaries with Diabetes	4,386	138,942
	Beneficiaries with Diabetes, Percent	24.7%	22.8%
	Total Medicare Fee-for-Service Beneficiaries	17,774	608,339
Chronic Conditions - Heart Disease (Medicare Population)	Beneficiaries with Heart Disease	4,449	139,771
	Beneficiaries with Heart Disease, Percent	25.0%	23.0%
	Total Medicare Fee-for-Service Beneficiaries	17,774	608,339
Chronic Conditions - High Blood Pressure (Medicare Population)	Beneficiaries with High Blood Pressure	9,660	303,278
	Beneficiaries with High Blood Pressure, Percent	54.3%	49.9%
	Total Live Births	13,040	906,830
Low Birth Weight (CDC)	Low Birthweight Births	1,036	68,124
	Low Birthweight Births, Percentage	7.9%	7.5%
	Total Population, 2016-2020 Average	169,045	5,808,570
Mortality - Cancer	Five Year Total Deaths, 2016-2020 Total	1,558	57,432
	Crude Death Rate (Per 100,000 Population)	184.3	197.7
	Age-Adjusted Death Rate (Per 100,000 Population)	161.9	152.1
Mortality - Coronary Heart Disease	Total Population, 2016-2020 Average	169,045	5,808,570
	Five Year Total Deaths, 2016-2020 Total	1,022	33,247
	Crude Death Rate (Per 100,000 Population)	120.9	114.5
Mortality - Poisoning	Age-Adjusted Death Rate (Per 100,000 Population)	106.7	87.2
	Total Population, 2016-2020 Average	169,045	5,808,570
	Five Year Total Deaths, 2016-2020 Total	244	6,532
Mortality - Homicide	Crude Death Rate (Per 100,000 Population)	28.9	22.5
	Age-Adjusted Death Rate (Per 100,000 Population)	28.9	23.3
	Total Population, 2016-2020 Average	169,045	5,808,570
Mortality - Lung Disease	Five Year Total Deaths, 2016-2020 Total	32	1,222
	Crude Death Rate (Per 100,000 Population)	3.8	4.2
	Age-Adjusted Death Rate (Per 100,000 Population)	4.0	4.5
Mortality - Motor Vehicle Crash	Total Population, 2016-2020 Average	169,045	5,808,570
	Five Year Total Deaths, 2016-2020 Total	448	14,130
	Crude Death Rate (Per 100,000 Population)	53.0	48.7
Mortality - Motor Vehicle Crash	Age-Adjusted Death Rate (Per 100,000 Population)	47.8	37.3
	Total Population, 2016-2020 Average	169,045	5,808,570
	Five Year Total Deaths, 2016-2020 Total	78	3,032
Mortality - Motor Vehicle Crash	Crude Death Rate (Per 100,000 Population)	9.2	10.4
	Age-Adjusted Death Rate (Per 100,000 Population)	9.0	10.0
	Premature Deaths, 2018-2020	2,122	138,217

Data Indicator	Indicator Variable	Location Summary	Wisconsin
Mortality - Premature Death	Years of Potential Life Lost, 2018-2020 Average	32,289	2,147,563
	Years of Potential Life Lost, Rate per 100,000 Population	6,754	6,632
	Total Population, 2016-2020 Average	169,045	5,808,570
Mortality - Stroke	Five Year Total Deaths, 2016-2020 Total	391	12,858
	Crude Death Rate (Per 100,000 Population)	46.3	44.3
	Age-Adjusted Death Rate (Per 100,000 Population)	42.2	33.8
Mortality - Suicide	Total Population, 2016-2020 Average	169,045	5,808,570
	Five Year Total Deaths, 2016-2020 Total	127	4,391
	Crude Death Rate (Per 100,000 Population)	15.0	15.1
Mortality - Unintentional Injury (Accident)	Age-Adjusted Death Rate (Per 100,000 Population)	14.4	14.7
	Total Population, 2016-2020 Average	169,045	5,808,570
	Five Year Total Deaths, 2016-2020 Total	622	19,876
Obesity	Crude Death Rate (Per 100,000 Population)	73.6	68.4
	Age-Adjusted Death Rate (Per 100,000 Population)	70.6	60.8
	Population Age 20+	126,167	4,399,883
Poor or Fair Health	Adults with BMI > 30.0 (Obese)	35,579	1,343,739
	Adults with BMI > 30.0 (Obese), Percent	27.6%	30.2%
	Total Population (2019)	169,561	5,822,434
Poor or Fair Health	Adults with Poor or Fair General Health (Crude)	16.40%	15.63%
	Adults with Poor or Fair General Health (Age-Adjusted)	16.00%	14.89%

Special Topics - COVID-19

Data Indicator	Indicator Variable	Location Summary	Wisconsin
COVID-19 - Confirmed Cases	Total Population	169,290	5,813,568
	Total Confirmed Cases	46,882	1,694,026
	Confirmed Cases, Rate per 100,000 Population	27,693.31	29,139.18
	Last Update	06/10/2022	06/10/2022
COVID-19 - Mortality	Total Population	169,290	5,813,568
	Total Deaths	639	14,680
	Deaths, Rate per 100,000 Population	377.46	252.51
	Last Update	06/10/2022	06/10/2022
Social Distancing - Mobility Reports (Google)	Report Date	2/1/2022 12:00:00 AM	2/1/2022 12:00:00 AM
	Retail and recreation	-6%	-12%
	Grocery and pharmacy	-2%	4%
	Parks	-14%	29%
	Transit stations	-53%	-12%
	Workplaces	-15%	-16%
	Residential	5%	6%
	Percent of Adults Fully Vaccinated	70.70%	73.46%
	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	15.03%	14.64%
	Vaccine Coverage Index	0.20	0.13
COVID-19 Fully Vaccinated Adults	Last Update	06/07/2022	06/07/2022

<https://sparkmap.org>, 6/10/2022

Comparative Racine and Kenosha Counties Indicators



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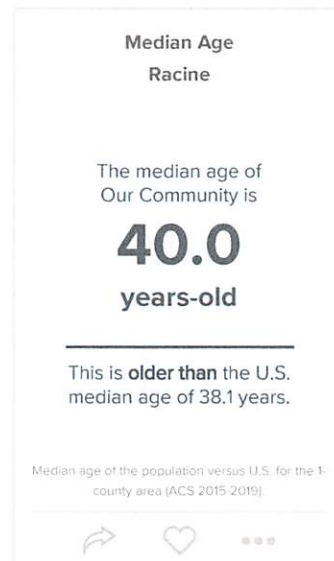
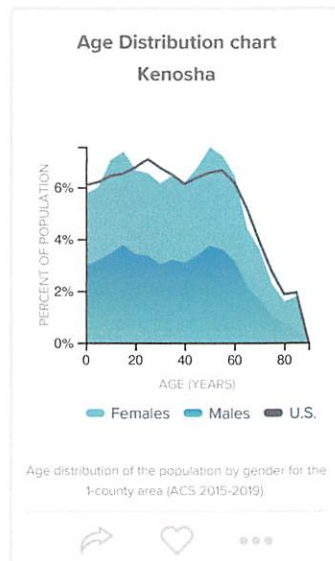
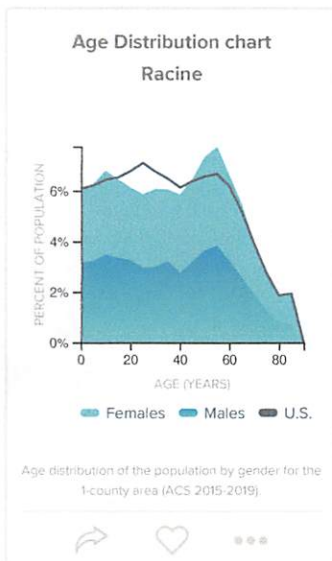
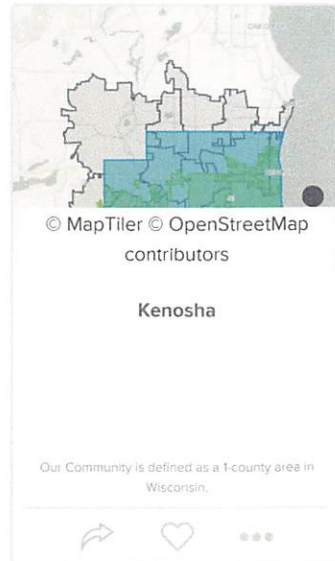
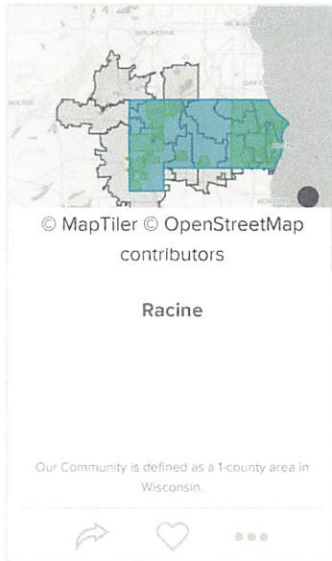
Comparative County Indicators Report

Measuring baseline indicators in our community in Kenosha and Racine

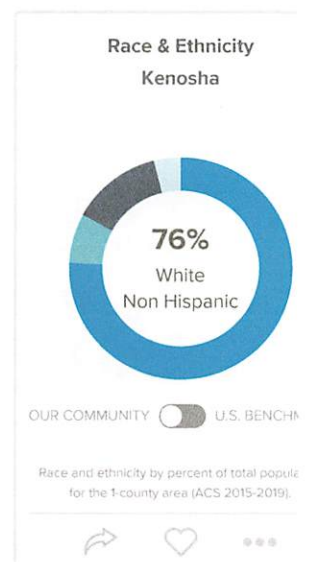
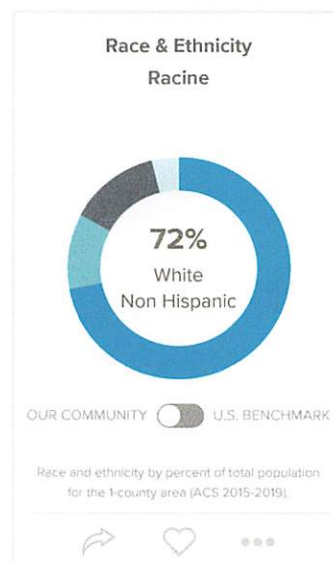


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Racine and Kenosha counties are contiguous counties in southeastern Wisconsin. Their population sizes are similar, with large, diverse populations in each. Despite similarities, each county is unique due to its proximity to the large urban cities of Milwaukee to the north of Racine and Chicago to the south of Kenosha. The boundaries and demographic features of Racine and Kenosha are presented below.



TEXT



Percent of Population with High School Education Racine



91% of people in Our Community have graduated HS

OUR COMMUNITY ☒ U.S. BENCHMARK

HS = High School. Percent with HS education for the 1-county area (ACS 2015-2019).



Percent of Population with High School Education Kenosha



90% of people in Our Community have graduated HS

OUR COMMUNITY ☒ U.S. BENCHMARK

HS = High School. Percent with HS education for the 1-county area (ACS 2015-2019).



Low Income Status Racine



21% of people in Our Community are low income*

OUR COMMUNITY ☒ U.S. BENCHMARK

Percent of population living below 150% federal poverty level in the 1-county area (ACS 2015-2019).



Low Income Status Kenosha



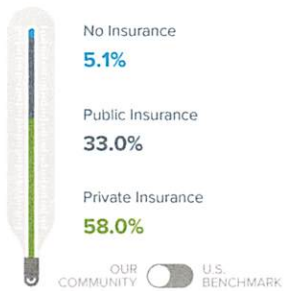
19% of people in Our Community are low income*

OUR COMMUNITY ☒ U.S. BENCHMARK

Percent of population living below 150% federal poverty level in the 1-county area (ACS 2015-2019).



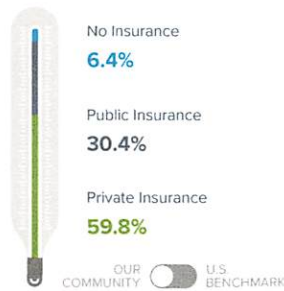
Health Insurance Racine



Percent of the population by insurance status for the 1-county area (ACS 2015-2019).



Health Insurance Kenosha



Percent of the population by insurance status for the 1-county area (ACS 2015-2019).



Air Pollution - Fine Particulate Matter (PM 2.5) Racine



Average daily density of fine particulate matter (mcg/m3) for 1-county region (CHR 2020).



Air Pollution - Fine Particulate Matter (PM 2.5) Kenosha

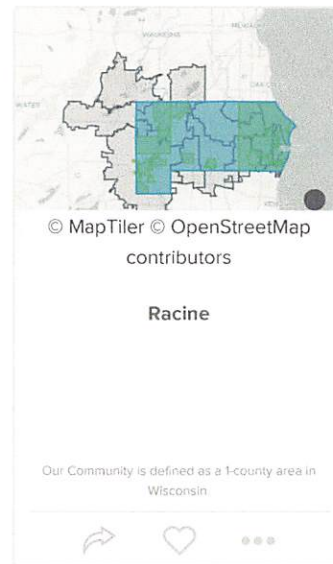
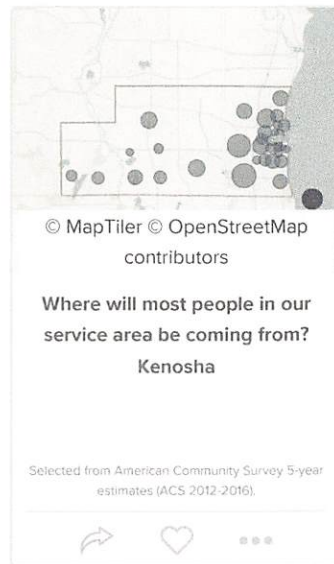
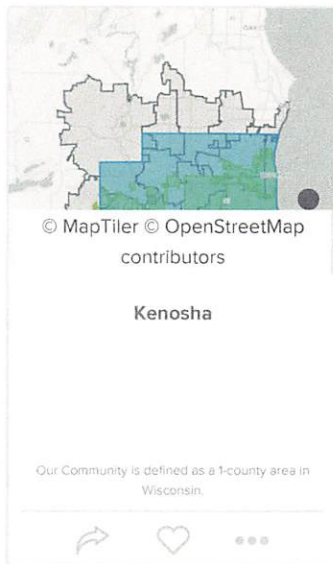


Average daily density of fine particulate matter (mcg/m3) for 1-county region (CHR 2020).



Location of Community Members Served

Demographics help to understand the size, status, and behavior of **residents in Kenosha and Racine**. Seeing these data can inform where it is now and where it may be in the future. For example, an expanding population will have more children, stable populations have an even distribution of age classes, declining populations have large older cohorts, and dips at certain ages may indicate leaving an area for certain reasons [3].





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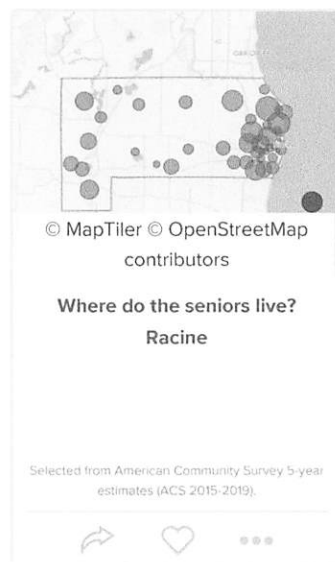
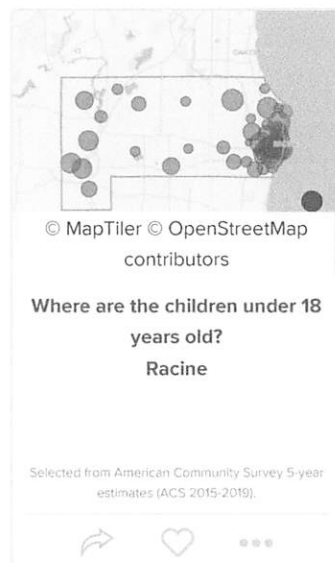
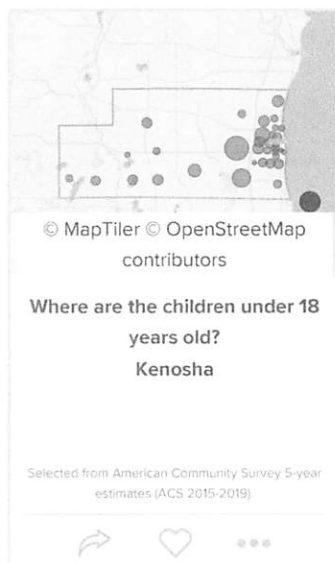
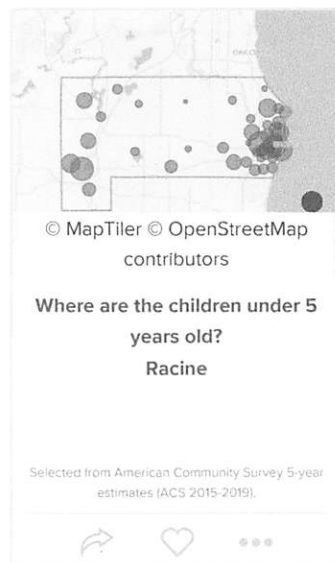
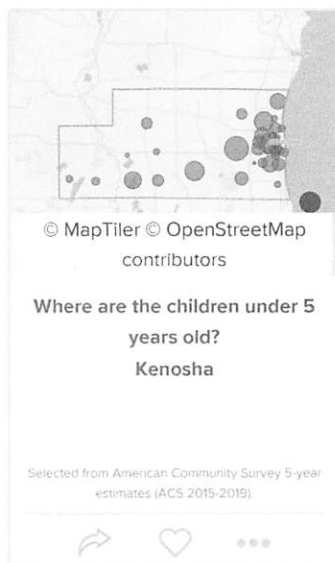
Demographics for Kenosha and Racine



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Age Groups in Kenosha and Racine counties

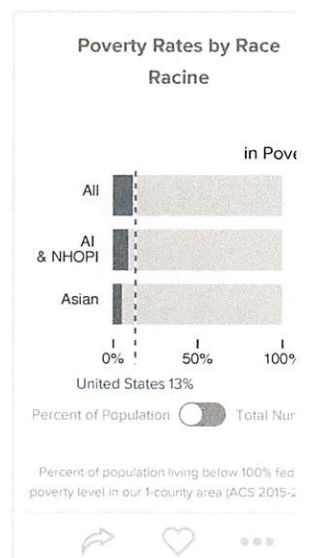
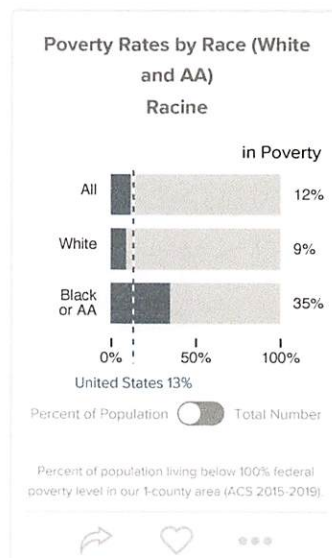
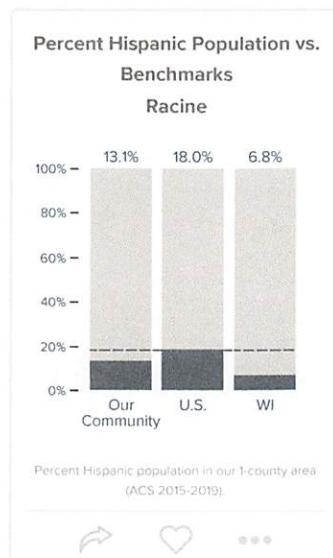
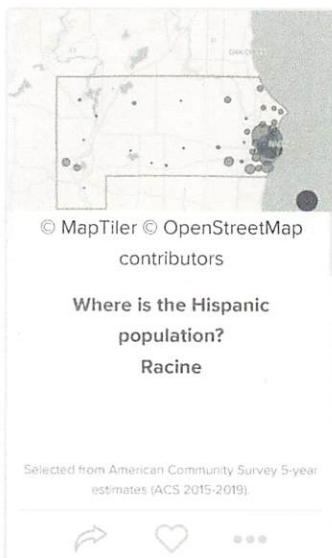
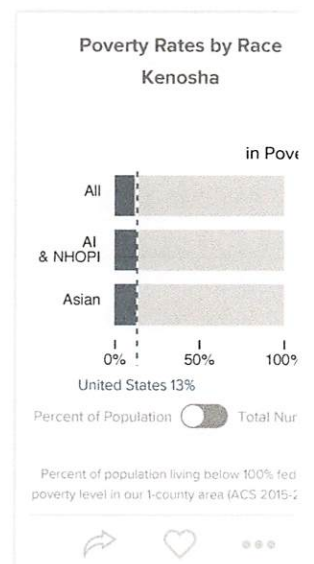
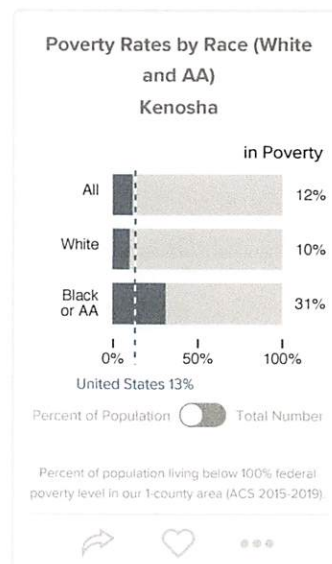
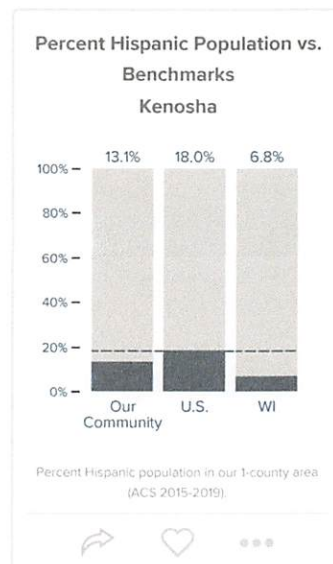
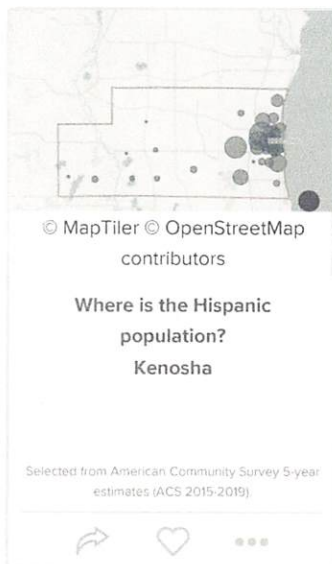
- Location and number of children under 5 years in Kenosha and Racine
- Location and number of children under 18 years old in Kenosha and Racine
- Location and number of seniors in Kenosha and Racine



Race and Ethnicity

Racial and ethnic minorities often experience higher rates of poverty, more preventable diseases, and poorer health outcomes. These [health disparities](#) have a profound impact on the overall health of a community [4-5].

- Percent Hispanic Population
- Where is the Hispanic population?
- Poverty Rates by Race - White and Black or African American (AA)
- Poverty Rates by Race - American Indian (AI) & Native Hawaiian and Other Pacific Islander (NHOPI) and Asian



APR 08 2022

Area Deprivation Index (ADI)

Measuring social and economic affluence and deprivation in Kenosha and Racine counties.



Shared by [Jo Ann Gray-Murray](#)



A Tool for Community Change

The Area Deprivation Index (ADI) can show where areas of deprivation and affluence exist within a community. The ADI has been well-studied and has been used for more than 20 years by the Health Resources and Services Administration (HRSA). High levels of deprivation have been linked to health outcomes such as 30-day hospital readmission rates, cardiovascular disease deaths, cervical cancer incidence, cancer deaths, and all-cause mortality. The ADI is calculated by combining 17 indicators of income, education, employment, and housing conditions at the Census Block Group level.

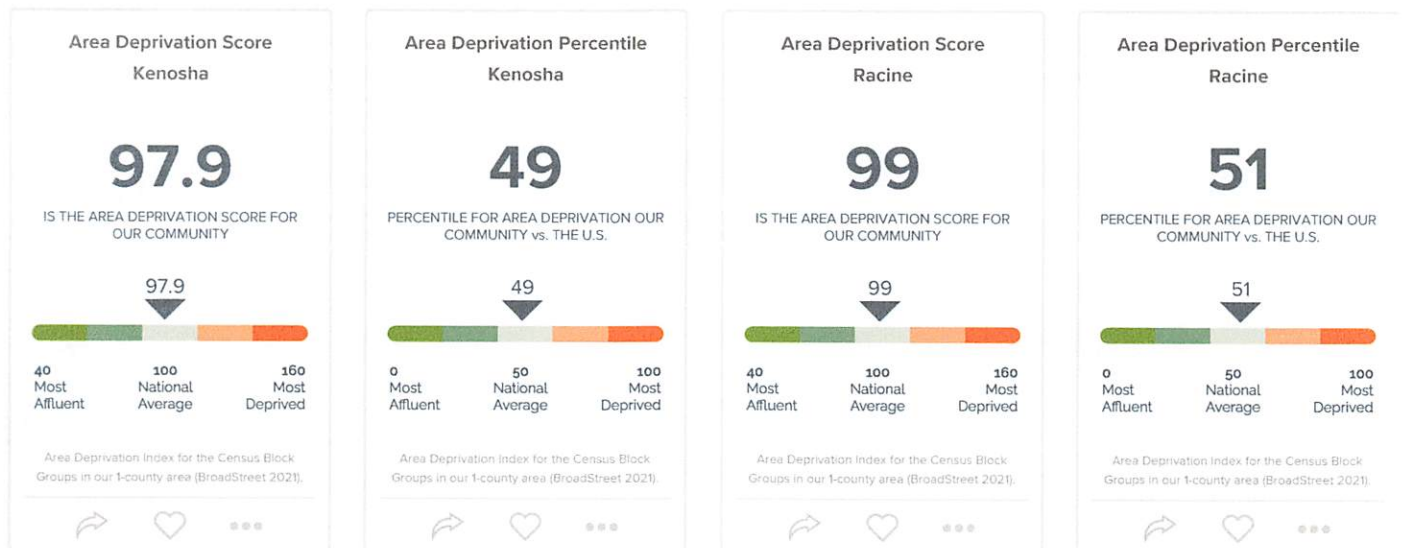
Disparities may exist within a community. Neighborhood and racial disparities occur when some neighborhoods have high ADI scores and others have low scores. A low ADI score indicates affluence or prosperity. A high ADI score is indicative of high levels of deprivation.

Comparing Kenosha and Racine to a Benchmark

The ADI in Kenosha and Racine can be compared to the nation in two ways:

- **ADI Score.** An average score is 100 and the score increases and decreases across a normalized standard deviation. The score ranges from 40 to 160 with 40 indicating low levels of area deprivation (i.e. "affluence") and 160 indicating the highest levels of deprivation.
- **ADI Percentile.** Percentile range from 0 to 100 and an average score is the 50th percentile.

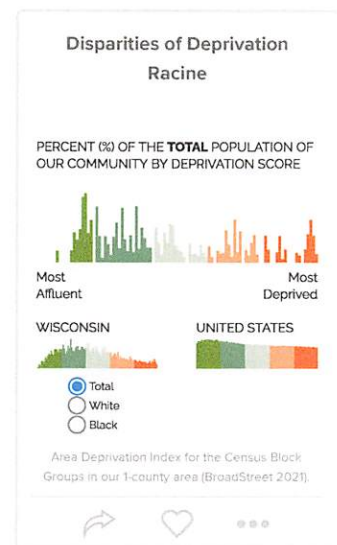
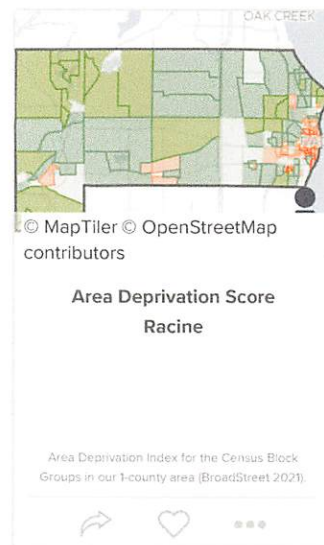
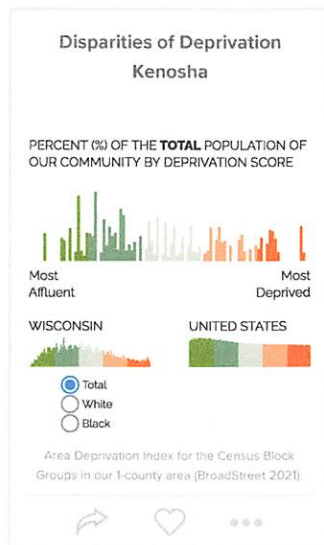
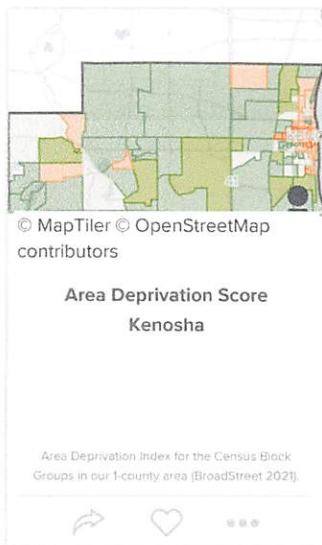
A higher score or percentile indicates higher levels of deprivation and is associated with a higher risk of preventable health conditions [1-6].



A Tool for Community Change

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Indicators within the ADI

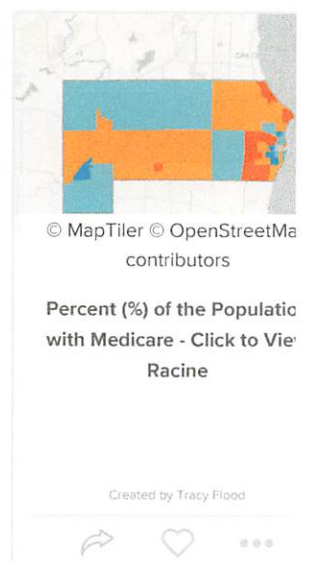
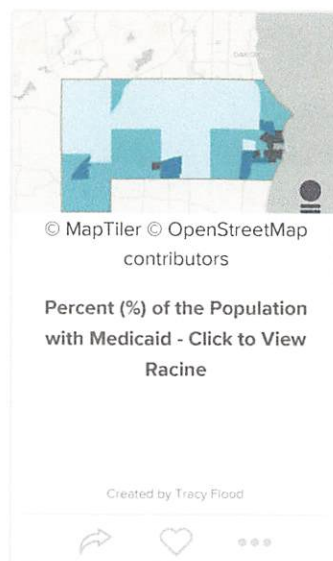
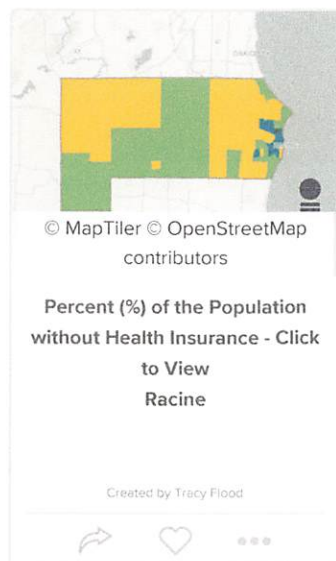
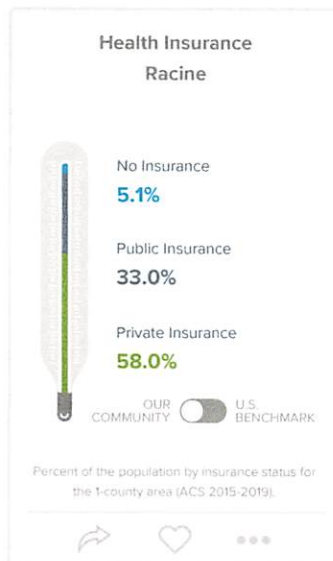
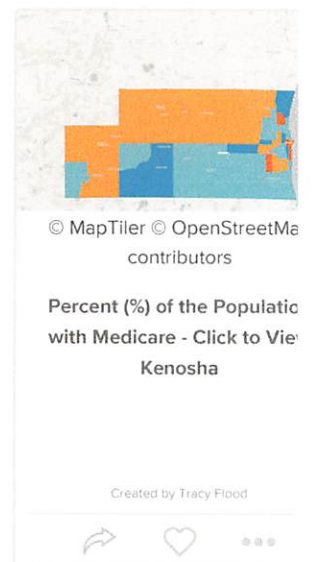
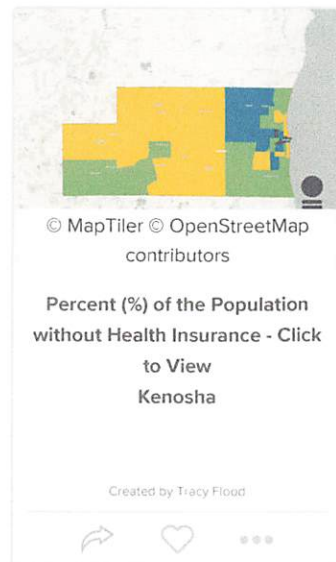
The indicators within the ADI can reveal more information about a community. Looking at socioeconomic status, household conditions, and housing stock allows a glimpse into what contributes to the overall score. These 2021 data comparisons of Kenosha and Racine counties indicate that, with few exceptions, both counties are comparable. For example, median family income is slightly lower in Racine than in Kenosha; however, both indicators fall within the ranges of the national average for income.



Health Insurance

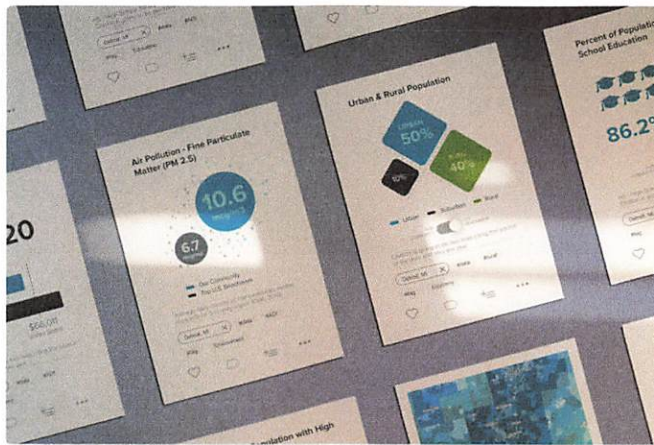
Health insurance is paramount to good health.

- Health insurance - Public insurance includes Medicaid and Medicare
- Maps of the percent of the population with No Insurance, Medicaid, and Medicare



APR 08 2022

Kenosha and Racine Counties Health Trends

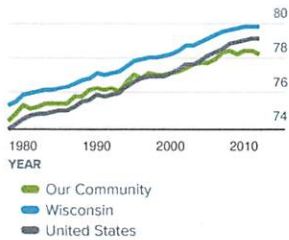
Shared by [Jo Ann Gray-Murray](#)

Life Expectancy and Mortality Trends

Health outcomes include life expectancy and mortality from potentially preventable causes. *Life expectancy* is the average age for which a child born in **Our Community** can expect to live. Nationally, life expectancy has increased over the last 30 years with evidence of widening disparities. Life expectancy is impacted by leading causes of death. In **Our Community**, the leading causes of death are similar to leading causes nationwide: (a) cardiovascular disease and (b) cancer and other tumors. Many leading causes of death are preventable and, indeed, have declined over the past several decades. In the cases where mortality rates are higher than U.S. benchmarks, there is the potential of saving lives by achieving benchmark rates.

Life Expectancy Trends Kenosha

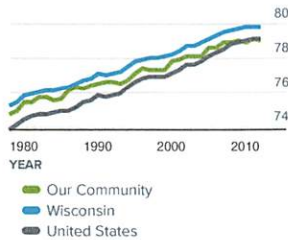
CHANGING LIFE EXPECTANCY IN YEARS



Life expectancy trends (1980 to 2014) for the 1-county area (IHME 2017).

Life Expectancy Trends Racine

CHANGING LIFE EXPECTANCY IN YEARS



Life expectancy trends (1980 to 2014) for the 1-county area (IHME 2017).

Life Expectancy Kenosha

Children born today in Our Community can expect to live for **78.2 years** which is **worse** compared to the nation.



Life expectancy for people born in 2014 for the 1-county area (IHME 2017).

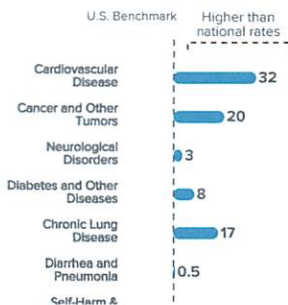
Life Expectancy Racine

Children born today in Our Community can expect to live for **79.0 years** which is **worse** compared to the nation.



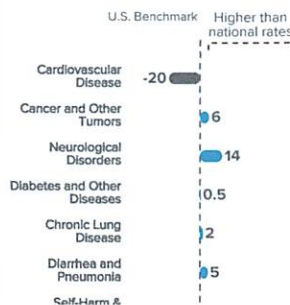
Life expectancy for people born in 2014 for the 1-county area (IHME 2017).

Deaths in Our Community versus the U.S. Benchmark Kenosha



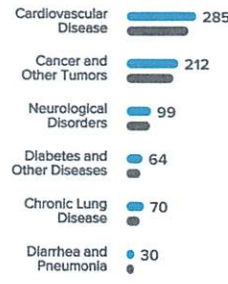
Age-adjusted mortality rates in our 1-county area versus the U.S. (IHME 2016).

Deaths in Our Community versus the U.S. Benchmark Racine



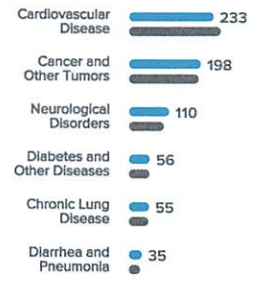
Age-adjusted mortality rates in our 1-county area versus the U.S. (IHME 2016).

Leading Causes of Death Kenosha



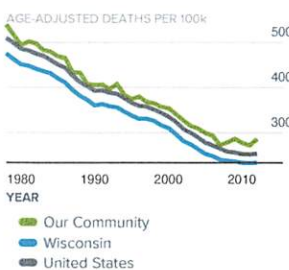
Age-adjusted mortality rates in 2014 for the 1-county area (IHME 2016).

Leading Causes of Death Racine



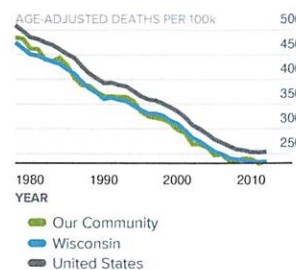
Age-adjusted mortality rates in 2014 for the 1-county area (IHME 2016).

Mortality Trends for Cardiovascular Disease Kenosha



Age-adjusted mortality from 1980 to 2014 for the 1-county area (IHME 2016).

Mortality Trends for Cardiovascular Disease Racine



Age-adjusted mortality from 1980 to 2014 for the 1-county area (IHME 2016).

Deaths from Cardiovascular Disease Kenosha



Age-adjusted mortality rates in 2014 for the 1-county area (IHME 2016).

Deaths from Cardiovascular Disease Racine



Age-adjusted mortality rates in 2014 for the 1-county area (IHME 2016).



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- 2.** Singh, G. K., Miller, B. A., Hankey, B. F., & Edwards, B. K. (2004). Persistent area socioeconomic disparities in U.S. incidence of cervical cancer, mortality, stage, and survival, 1975–2000. *Cancer*, 101(5), 1051–1057.
- 3.** Singh, G. K., & Siahpush, M. (2006). Widening socioeconomic inequalities in US life expectancy, 1980–2000. *International Journal of Epidemiology*, 35(4), 969–979.
- 4.** Singh, G. K., Williams, S. D., Siahpush, M., & Mulhollen, A. (2011). Socioeconomic, Rural-Urban, and Racial Inequalities in US Cancer Mortality: Part I—All Cancers and Lung Cancer and Part II—Colorectal, Prostate, Breast, and Cervical Cancers. *Journal of Cancer Epidemiology*, 2011, 1–27.
- 5.** Singh, G. K., Azuine, R. E., Siahpush, M., & Kogan, M. D. (2012). All-Cause and Cause-Specific Mortality among US Youth: Socioeconomic and Rural–Urban Disparities and International Patterns. *Journal of Urban Health*, 90(3), 388–405.
- 6.** Kind, A. J. H., Jencks, S., Brock, J., Yu, M., Bartels, C., Ehlenbach, W., ... Smith, M. (2014). Neighborhood Socioeconomic Disadvantage and 30-Day Rehospitalization. *Annals of Internal Medicine*, 161(11), 765–774.

STRATEGIC PLANNING 2020

STRATEGIC PLANNING 2020

The RKCAA staff and Board of Directors conducted a strategic planning process in 2020. The purpose of strategic planning was to reflect on and gain consensus about RKCAA policies, operational structures, capacity, and practices,

- commitment to a renewed vision and mission that maintains existing strengths and leverages emerging opportunities
- mitigation of threats and weaknesses that impact practical operational ability.

The strategic planning process examined RKCAA's overall impact on providing past programs, services, and activities related to housing, food and nutrition, health, and asset attainment in Racine and Kenosha counties. The strategic planning group members used available research, lessons learned, one-on-one client interviews, client surveys, focus groups, and collaborative workgroups and coalitions from Racine and Kenosha. The information from these investigations was the basis for developing a path forward for the agency.

Strategic Planning members determined that innovative efforts were needed to continue to alleviate the sustained stressors related to the inability of families to meet basic needs. The COVID pandemic also highlighted the urgency to continue to address the increase in the number of families once considered self-sufficient, now living on the border of instability and unable to

provide for themselves. Strategic Planning members undertook two necessary measures to address these emerging needs:

Over the years, RKCAA has adapted the metaphor of pillars to represent the four areas of program activities and services. The four pillars of activity tended to operate as silos of operation, paying less attention to implementing a more holistic approach to each individual and family. Given their understanding of the multidimensional aspects of poverty, strategic planning members identified the need for practical ways to integrate these pillars of activity to increase the efficacy of RKCAA programs and services. To this end, RKCAA strengthened family dynamics in support of the reaffirmation of wellness as the broad strategic context for the agency.

According to strategic planning members, their experiences and knowledge suggest that what happens in the family profoundly impacts every family member's physical and mental well-being. As such, strategic planning members agreed that the family unit could be a primary conduit for accessing, distributing, and maintaining resources for other family members.

As an essential framework, stabilizer, and foundation for RKCAA's four program and service areas, family members residing in the same household or a single individual living alone are essential to developing and sustaining a robust support system. The innovation of adding family dynamics as a component of RKCAA operations recognizes the family as a necessary element of poverty reduction. This addition of family dynamics can enrich and expand

the effectiveness of the other four pillars of activity. Specifically, a robust family system of resource access and distribution builds the family's capacity to problem-solve and seek assistance. A resourceful family unit can establish a solid foundation within which needs and vulnerability to the adversities associated with poverty can be decreased.

The second innovation reasserted the existing approach to wellness to provide a comprehensive strategy for RKCAA. Strategic planning members identified the public health concept of wellness as the appropriate overall philosophical context with practical value for RKCAA. Wellness is a public health concept and practice that measures social and economic factors essential to communities and other health and opportunity factors. These factors include health behaviors, clinical care, and the physical environment. These factors are prominent in several CNA guides and documents, such as Robert Wood Johnson's *County Rankings and Roadmaps* and the *Area Deprivation Index* of 17 different factors to measure deprivation and affluence. Strategic planning members also determined that wellness enables the combination and integration of all aspects of the RKCAA operation. As a result, the wellness strategy supports the following RKCAA programmatic programs and activities:

- direct services
- systems change
- updated data-gathering tools
- improved housing (attainable, safer, healthier)
- improved food and nutrition options (accessible, affordable, nutritious)

- improved health (accessible, affordable, responsive)
- asset attainment (fair, equitable, accessible).

Expanding family dynamics in support of this comprehensive wellness strategy positions RKCAA to sustain continuous improvement and adaptation to the current realities of poverty.

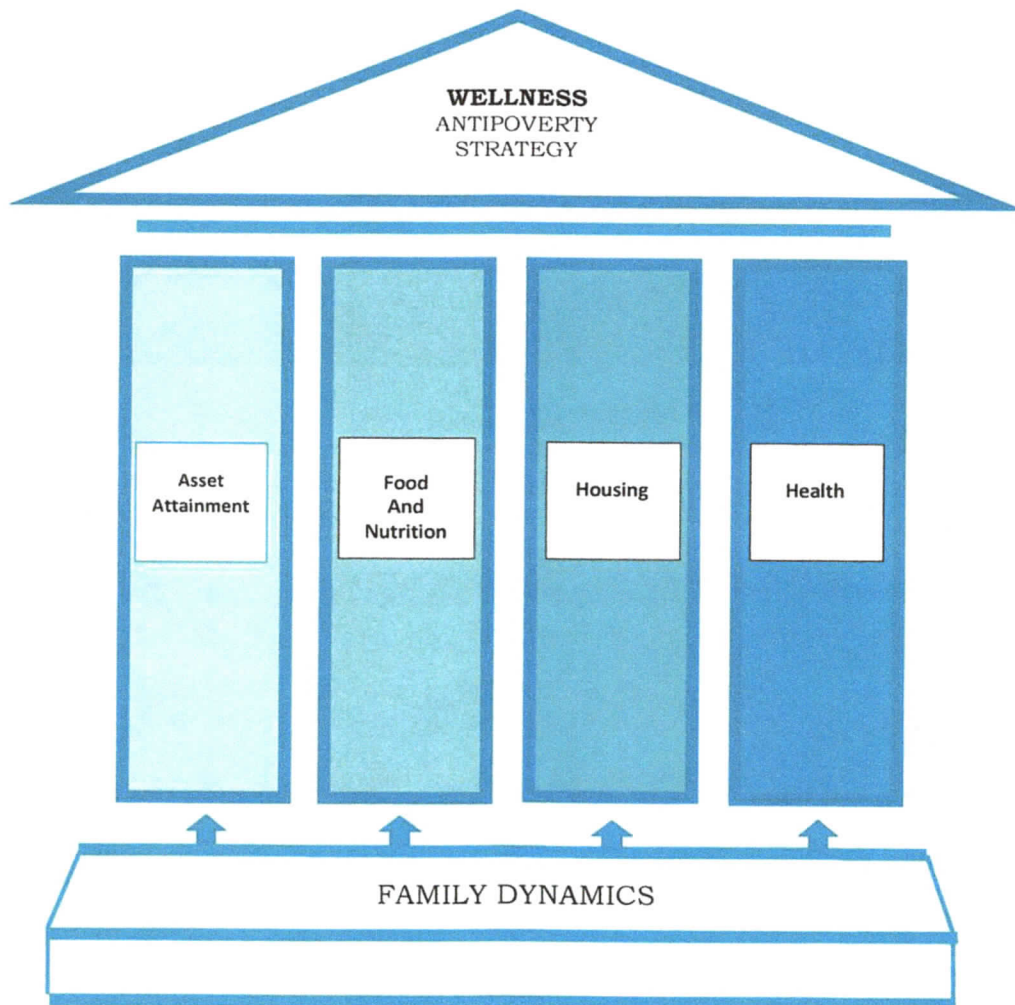
Finally, strategic planning members also crafted a new vision, "Partnering in a thriving community," and a new mission, "Stabilizing lives by providing supportive programs and access to community resources for individuals and families," to guide RKCAA's work. These renewed vision and mission statements reflect the three-fold community action goals of the National Community Action Network:

- Individuals and families with low incomes are stable and achieve economic security.
- Low-income communities are healthy and offer economic opportunities
- People with low incomes are engaged and active in building opportunities in their communities.

This alignment with National Community Action Network goals ensures that RKCAA reflects community needs, Community Services Block Grant goals, and the identification and planning for additionally identified gaps in services, such as mental health awareness, can occur. This alignment also sustains RKCAA's commitment to the following goals established during the 2015 strategic planning process, along with the 2020 strategic planning innovations:

Building Meaningful Partnerships and
Maintain a Strong Organizational Infrastructure
Assessment and Case Management,
Finance/Literacy Education,
Messaging to tell the story of RKCAA's work,
Grant and Revenue Development,
Emotionally and Physically Strong across the Lifespan.

NEXT-GENERATION OPERATING MODEL



- Wellness is **a measure of perceptions of physical and emotional well-being.**
- Many indicators fail to measure what people think and feel about their lives, such as the quality of their relationships, positive emotions, realization of their potential, or **overall satisfaction with life.**
- Wellness **as an anti-poverty strategy** supports the measurement of life satisfaction among the people served by RKCAA.

COMMUNITY ASSESSMENTS

COMMUNITY ASSESSMENT OVERVIEW

The community assumes a different yet, nonetheless, an essential part of the needs assessment report. Census and other demographic statistics about poverty afford the development of an outsider, "objective" story about poverty and poverty-related problems in Racine and Kenosha counties. However, people can construct other stories. Specifically, insiders are people with direct experience of poverty who experience poverty-related issues. "Subjective" personal experiences enable the development of more qualitative perspectives. Three methods created these "insider" experiences in this report:

- **Surveys**
 - Staff members from local Racine agencies
 - Staff members from local Kenosha agencies
 - Directors from RKCAA Board members
 - Community members (program participants and residents)
- **Interviews**
 - Community topic experts
- **Focus groups sessions**
 - Positive Men Making a Difference (PMMAD) members
 - Boys' Youth Group members
 - Girls' Youth Group members

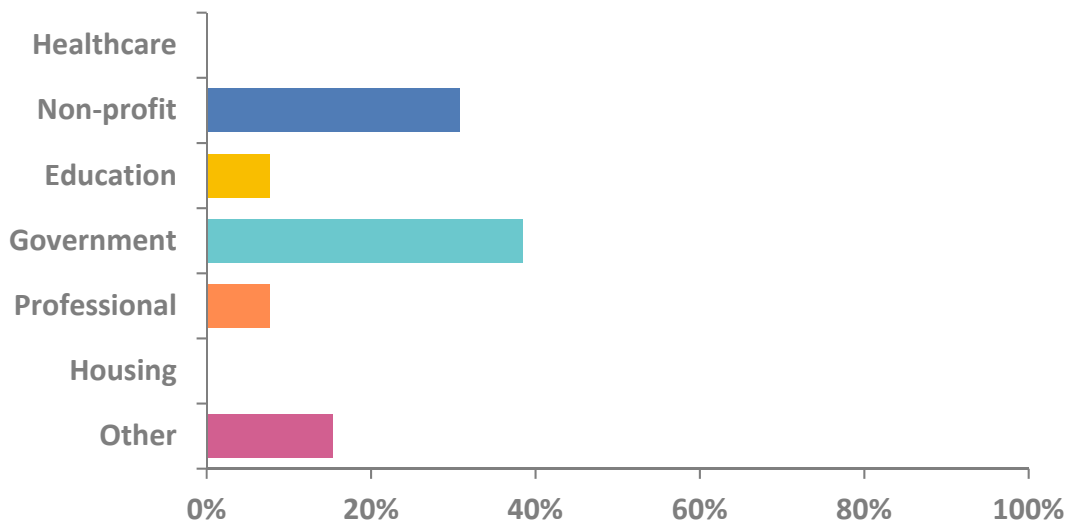
These three methods expand the statistical understanding of what it means to cope with poverty by incorporating responses from people working in local

groups, agencies, and institutions and from people who live in poverty. These go beyond the numbers to reveal a more intimate awareness of poverty among individuals and families, stakeholders, advocates, and anti-poverty workers.

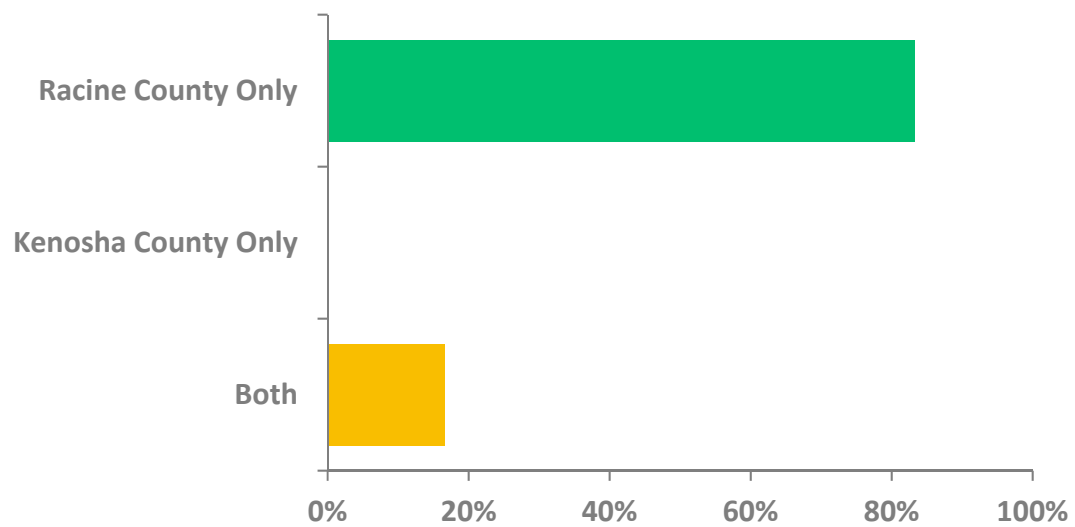
RACINE COUNTY AGENCIES SURVEY

Profile
Ratings and Rankings
COVID Impact

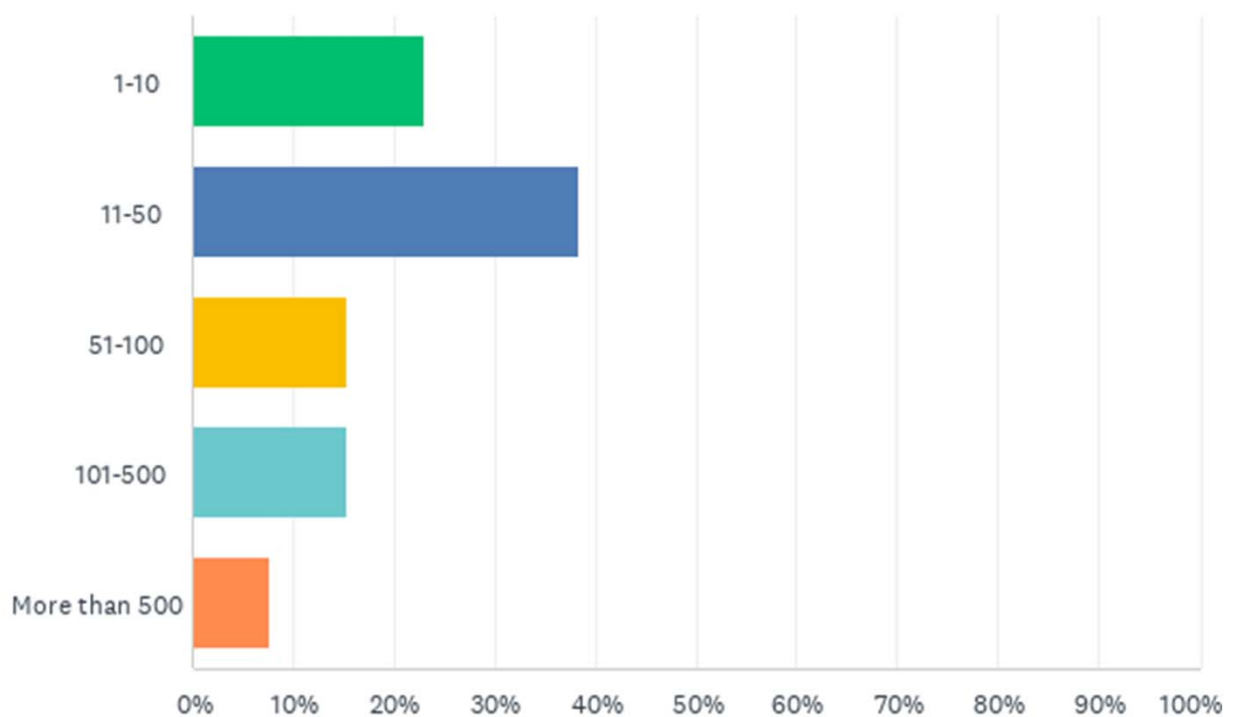
What industry does your group, agency, or organization belong to?



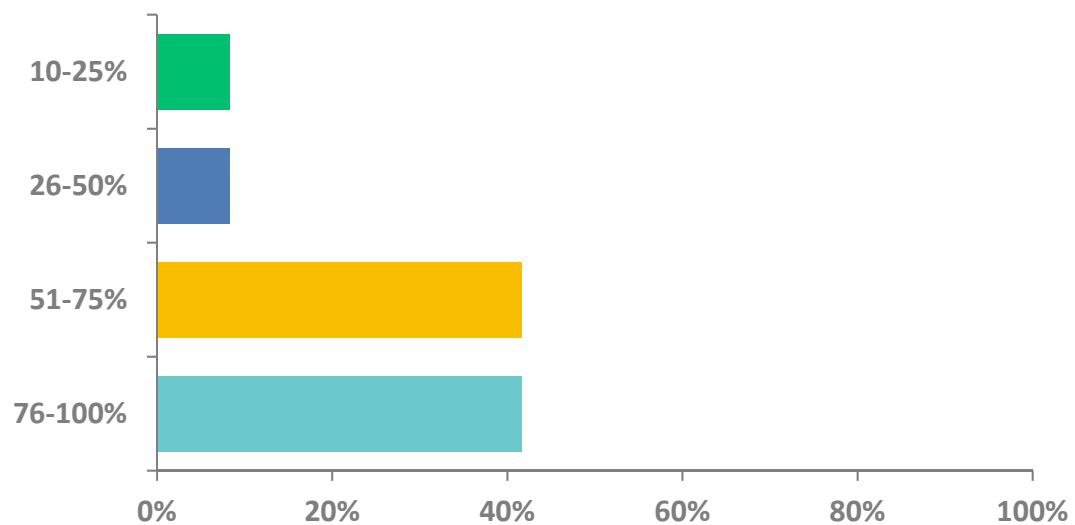
Does your group, agency, or organization operate in



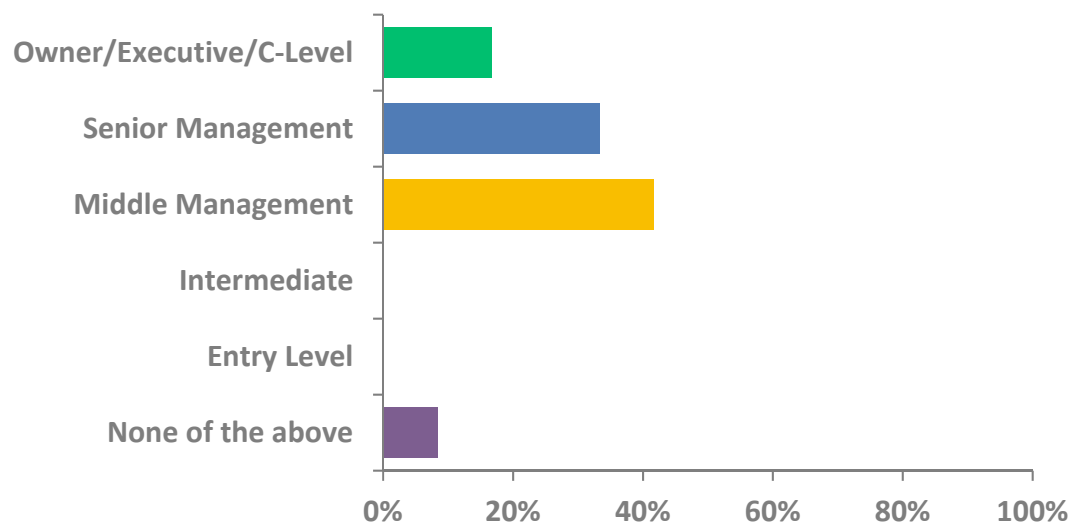
How many full-time employees and volunteers currently work for your group, agency, or organization?



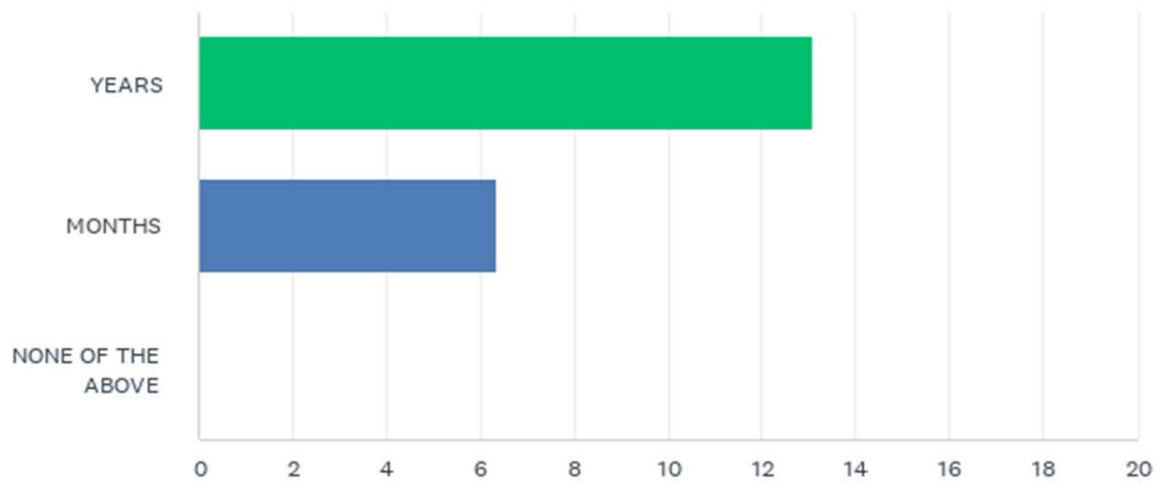
What percentage of the people served by your group, agency, or organization are individuals and families most in need?



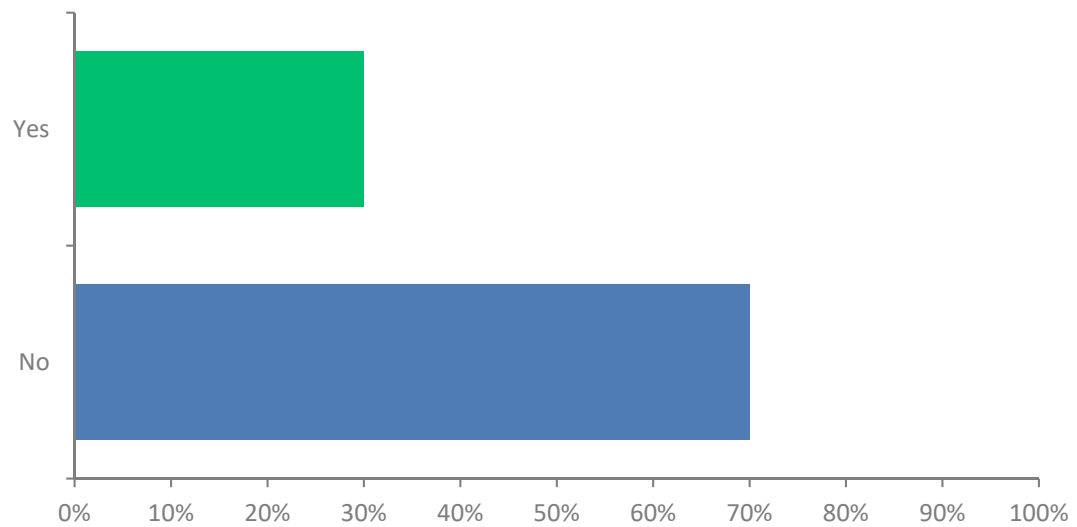
Which of the following describes your current job level?



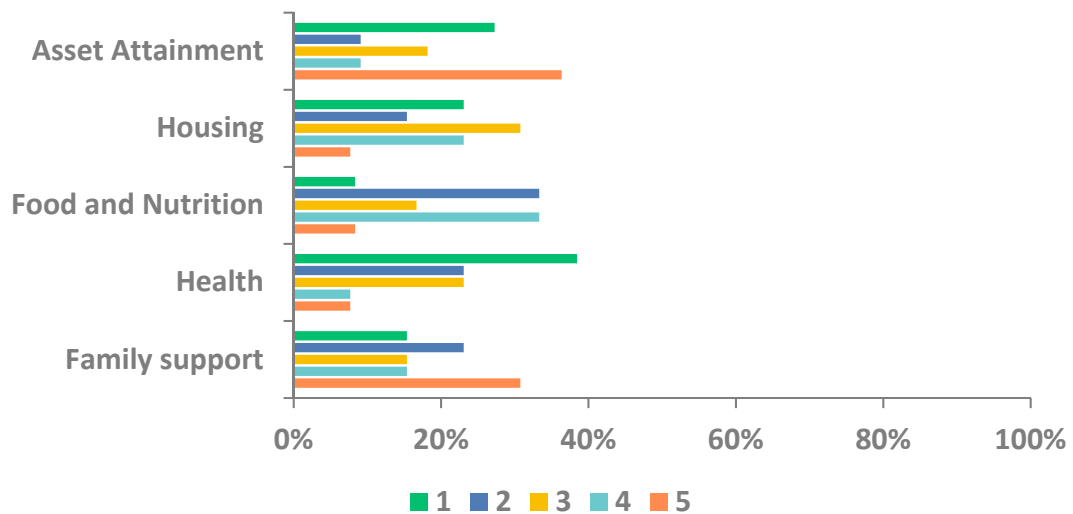
How long have you been in your current position?



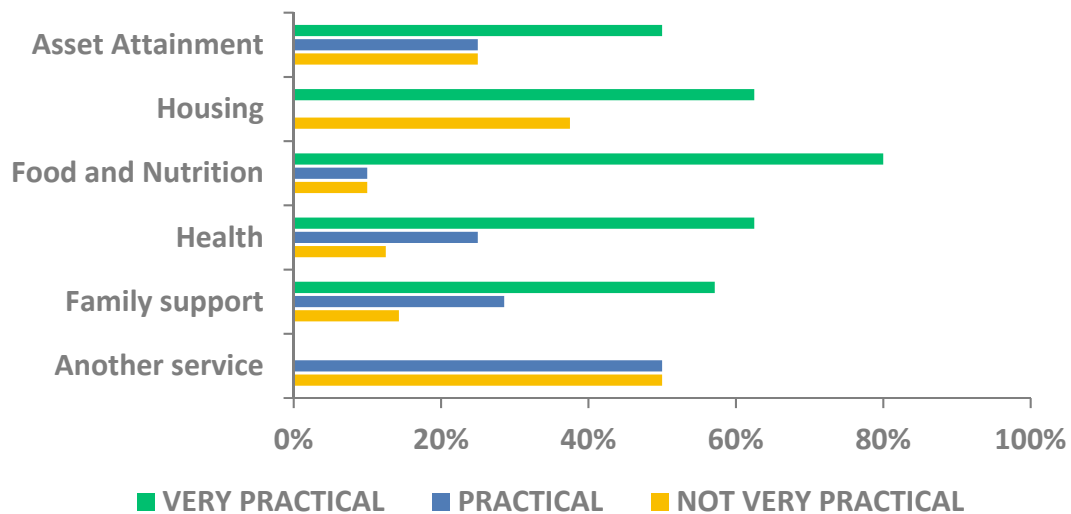
Do you work directly with RKCAA?



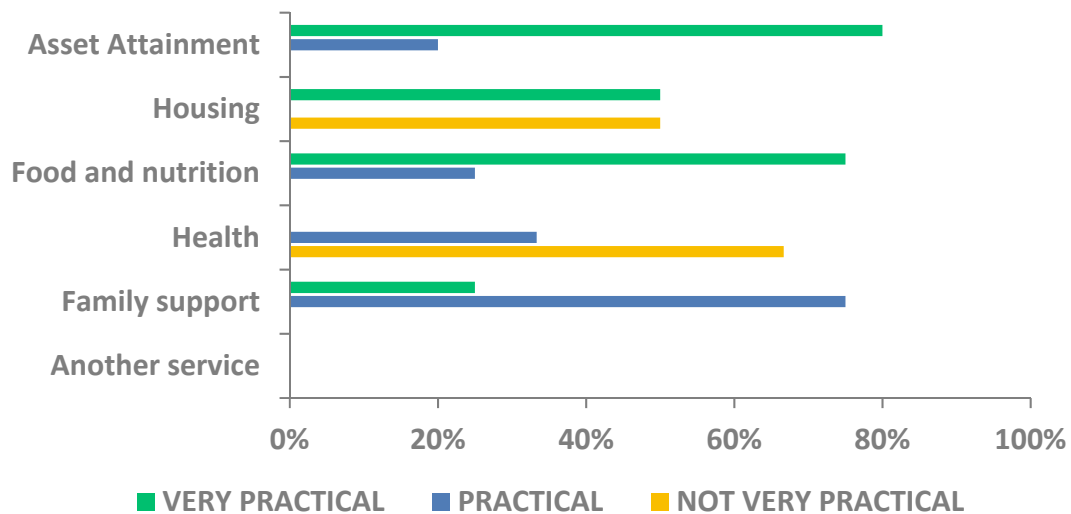
Rank the importance of the following concerns and challenges (1=most important to 5 = least important) for individuals and families most in need.



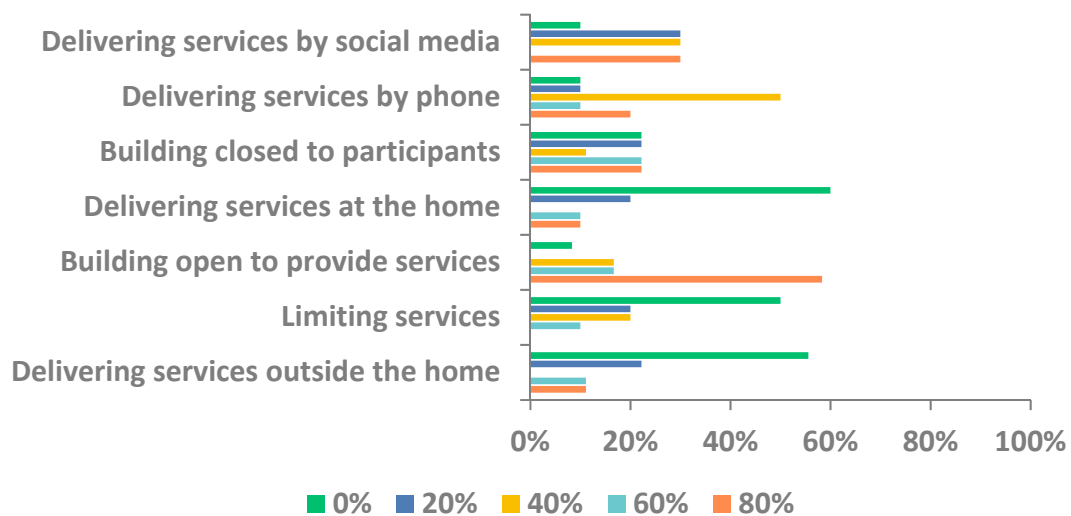
Rate (1=very practical to 3=not very practical) the programs or services YOUR group, agency, or organization offers.



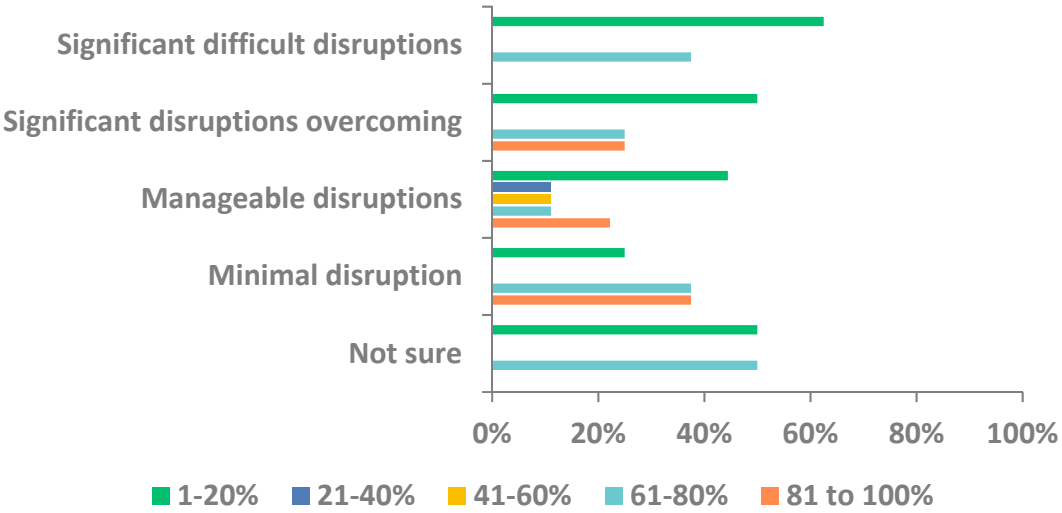
Rate (1=very practical to 3=not very practical) the programs and services OTHER groups, agencies, or organizations offer.



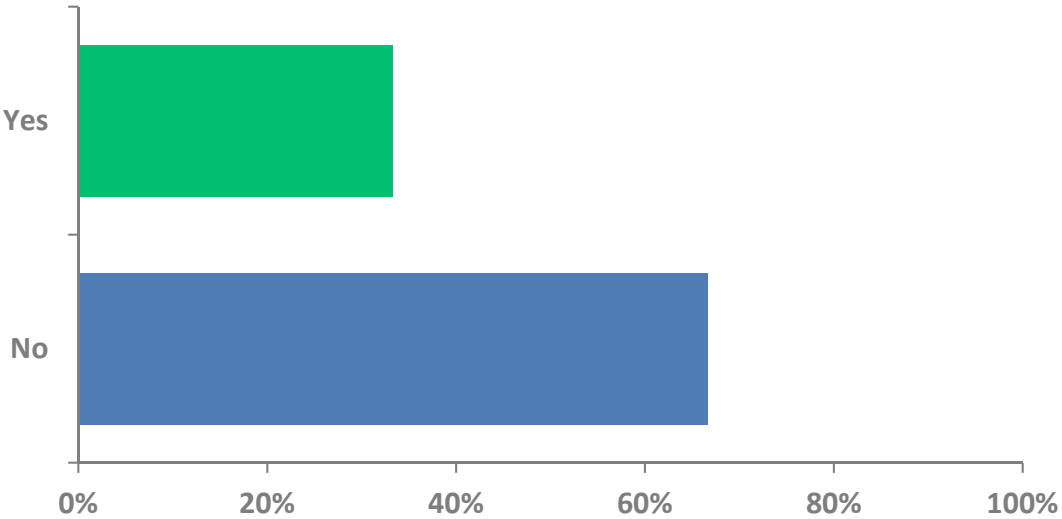
How has your group, agency, or organization adjusted the delivery of programs and services during COVID?



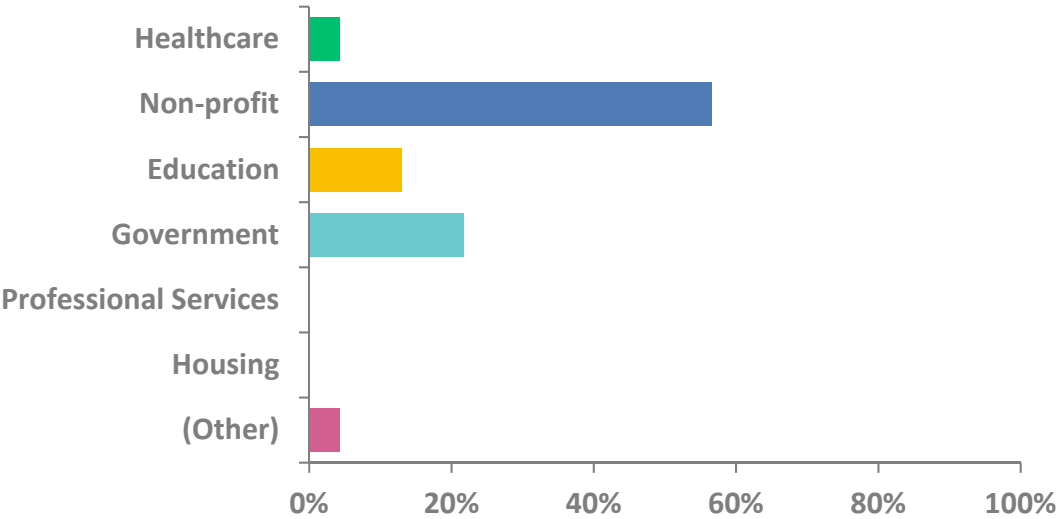
Rate the current level of disruption COVID continues to have on your group, agency, or organization.



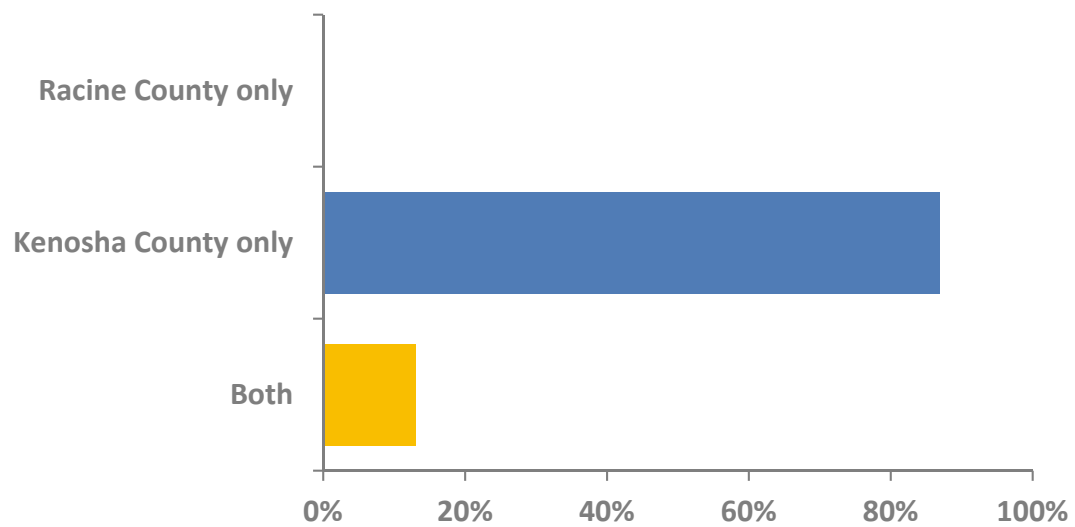
Has COVID decreased your group, agency, or organization's involvement in the community?



What industry does your group, agency, or organization belong to?



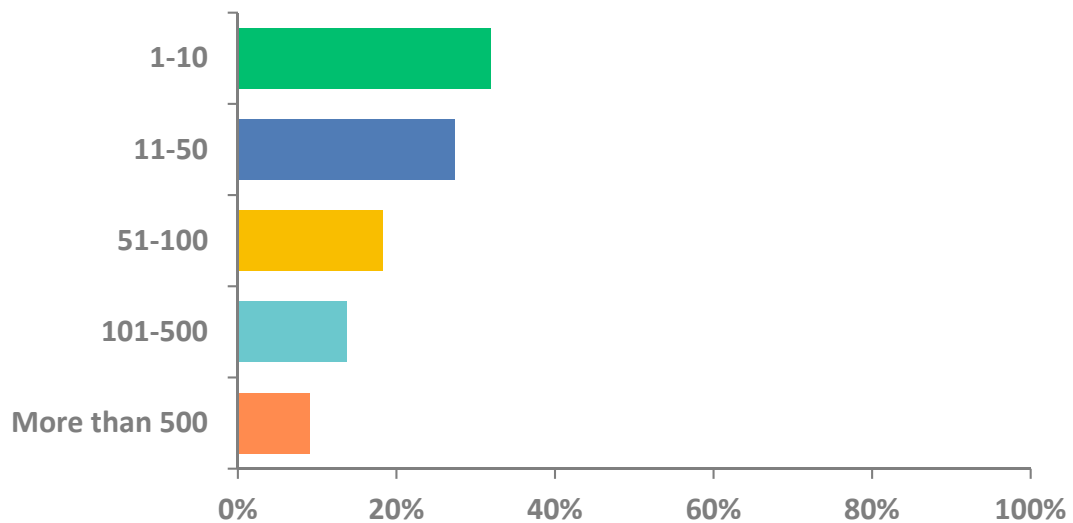
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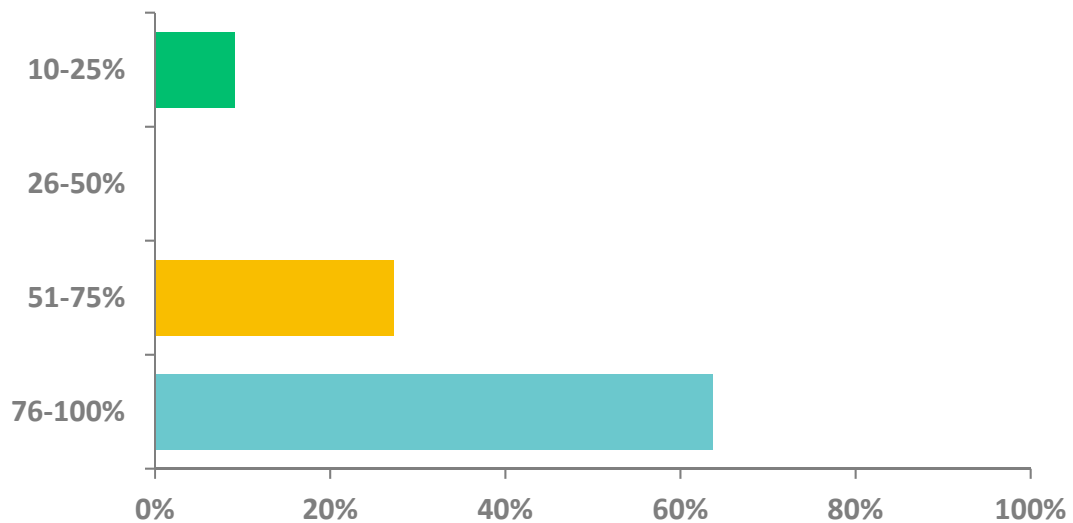
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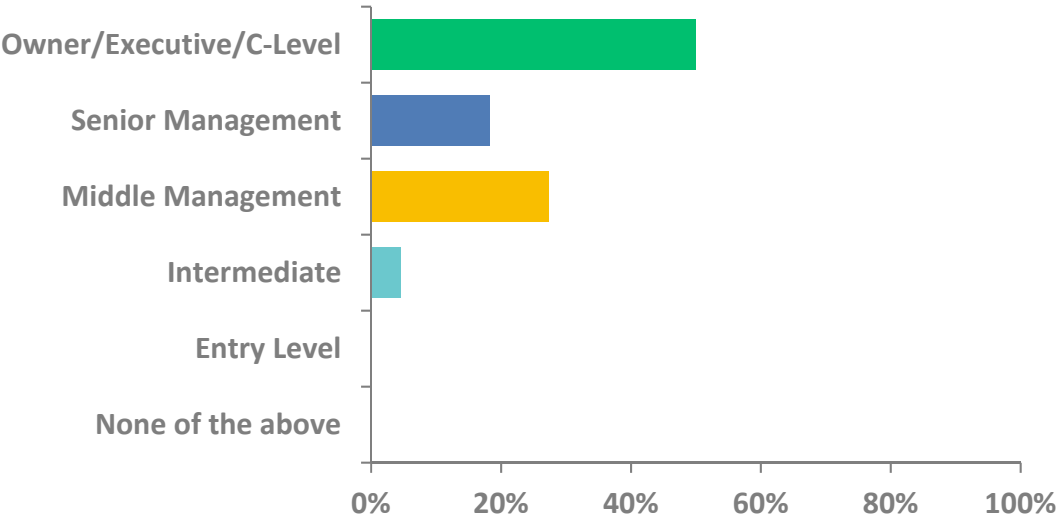
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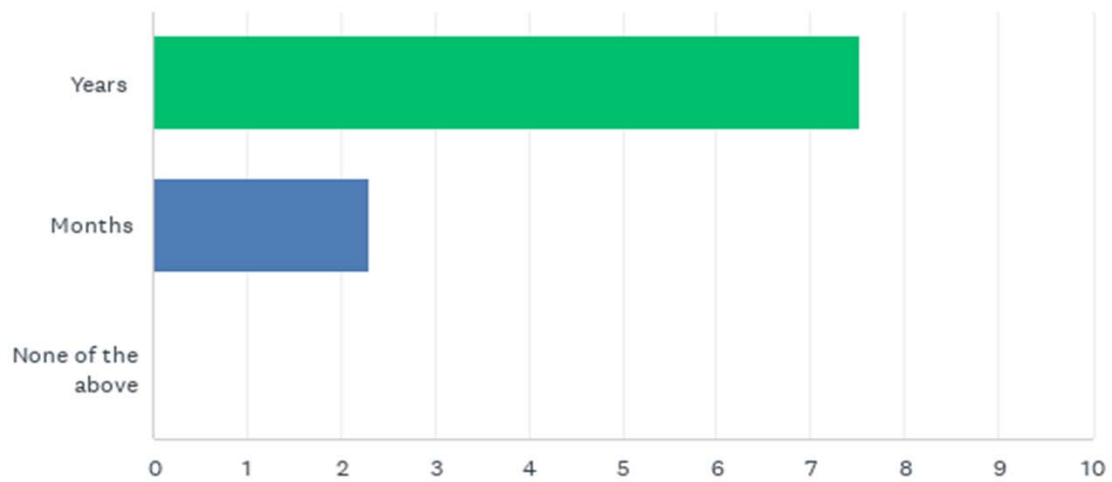
What percentage of the people served by your group, agency, or organization are individuals and families most in need? Check one.



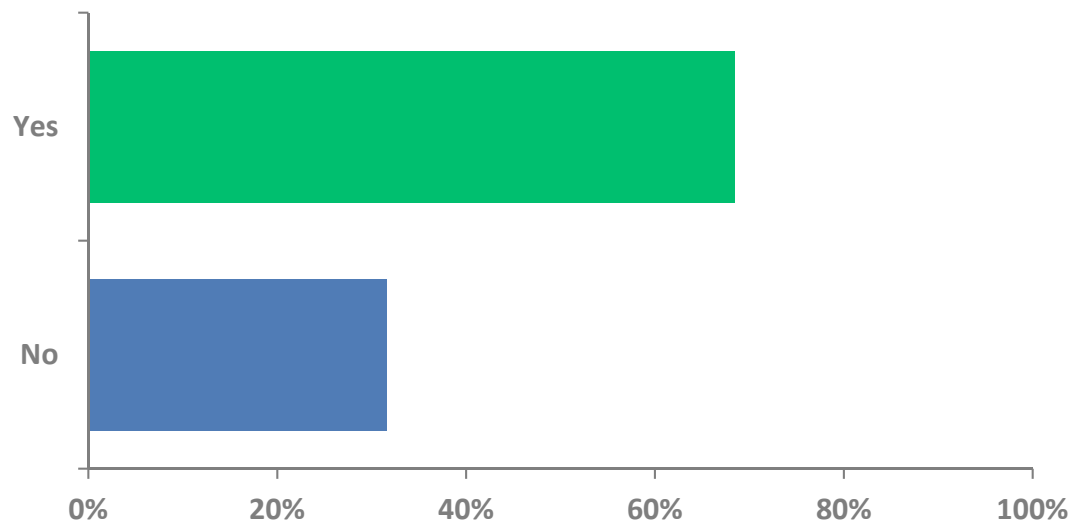
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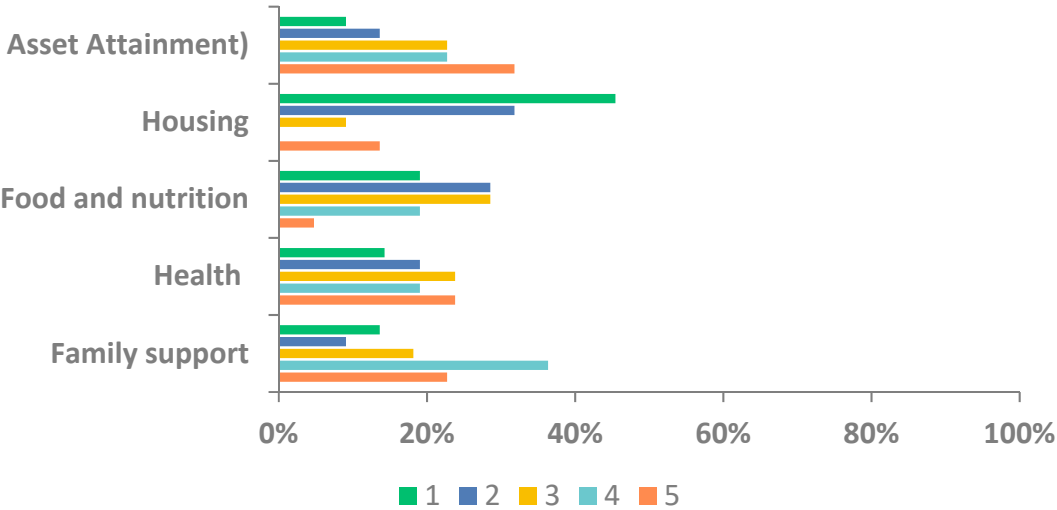
How long have you been in your current position?



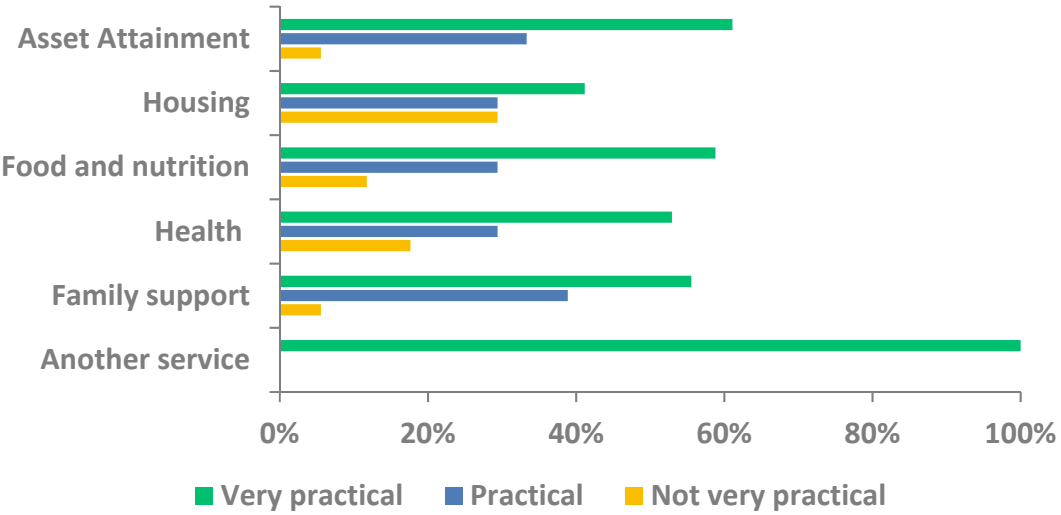
Do you work directly with RKCAA?



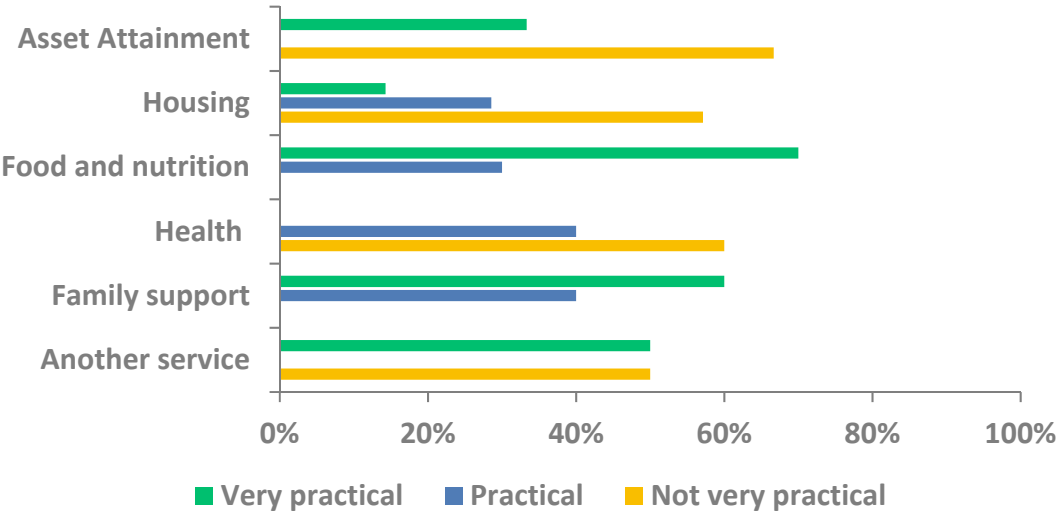
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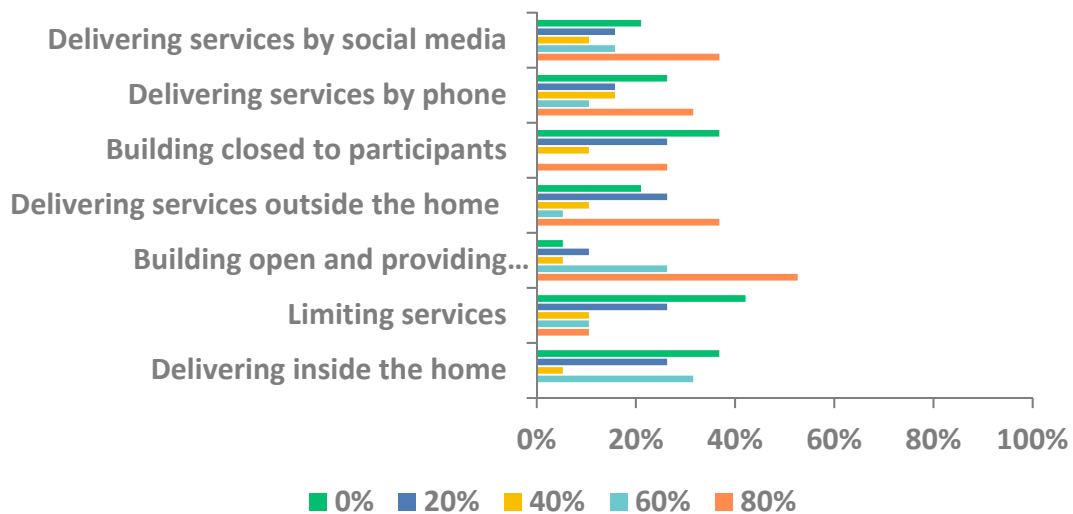
Rate (1=Very practical to 3=Not very practical) the programs or services YOUR group, agency, or organization offers.



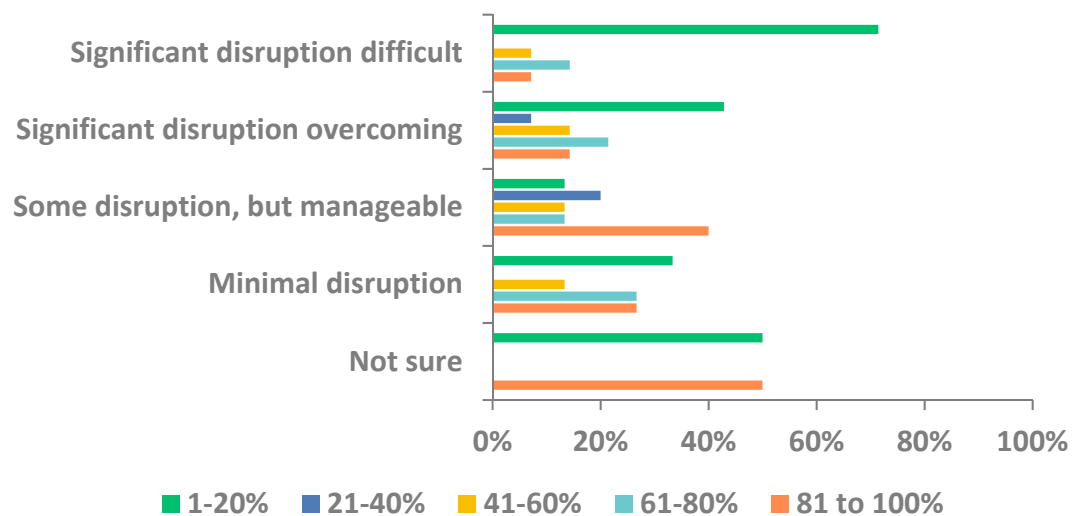
Rate (1=Very practical to 3=Not very practical) the programs and services OTHER groups, agencies, and organizations offer.



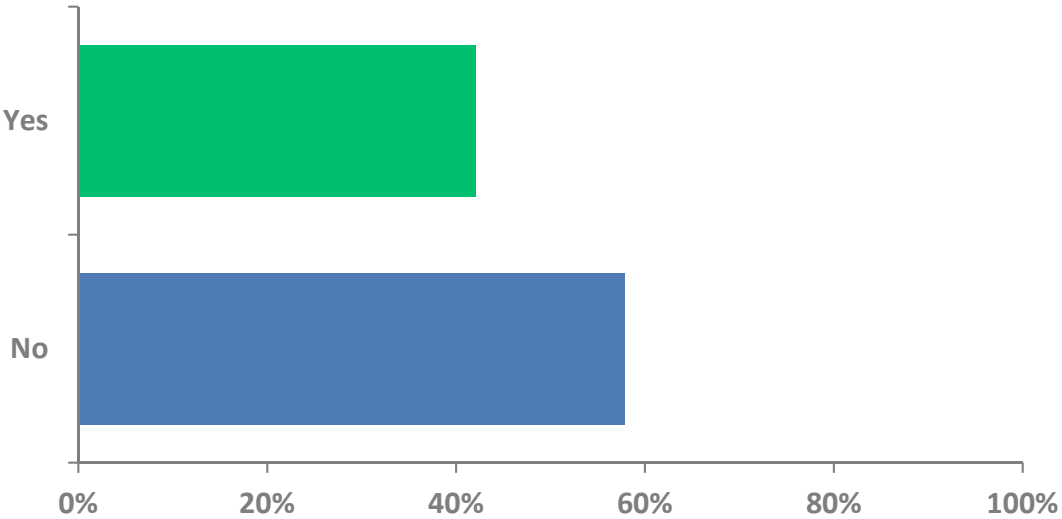
How has your group, agency, or organization adjusted the delivery of programs and services during COVID?



Rate the current level of disruption COVID continues to have on your group, agency, or organization?



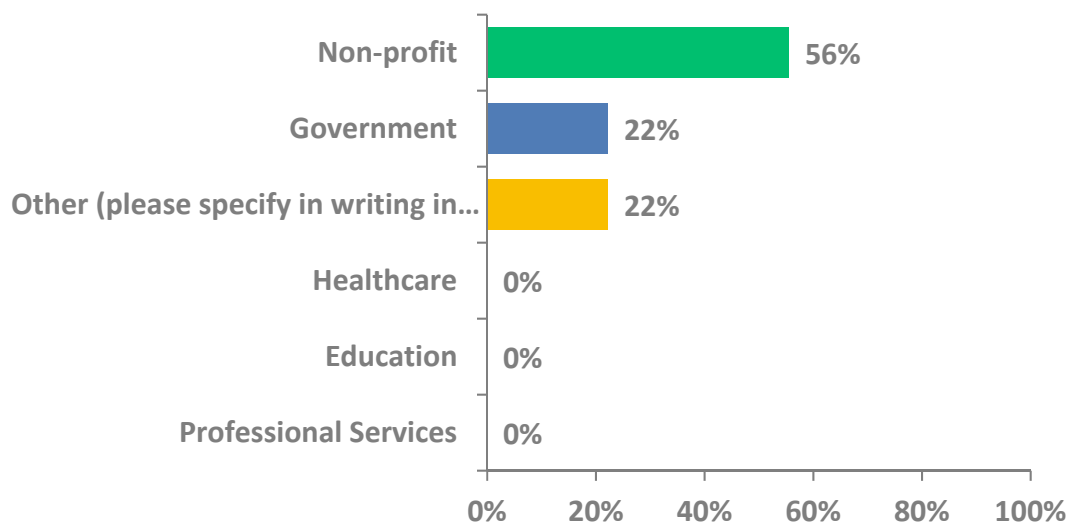
Has COVID decreased your group, agency, or organization's involvement in the community?



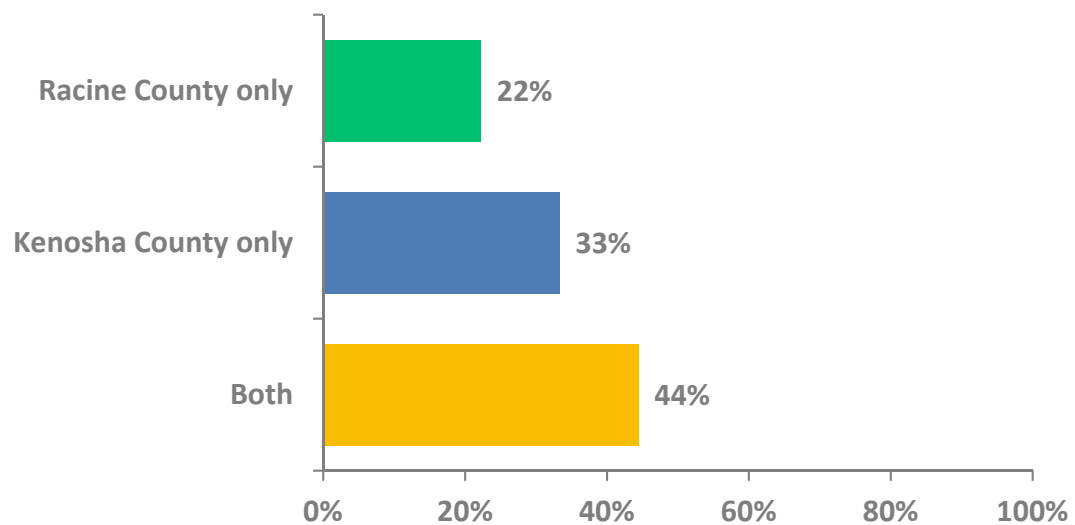
RKCAA BOARD MEMBERS SURVEY

Profile
Ratings and Rankings
COVID Impact

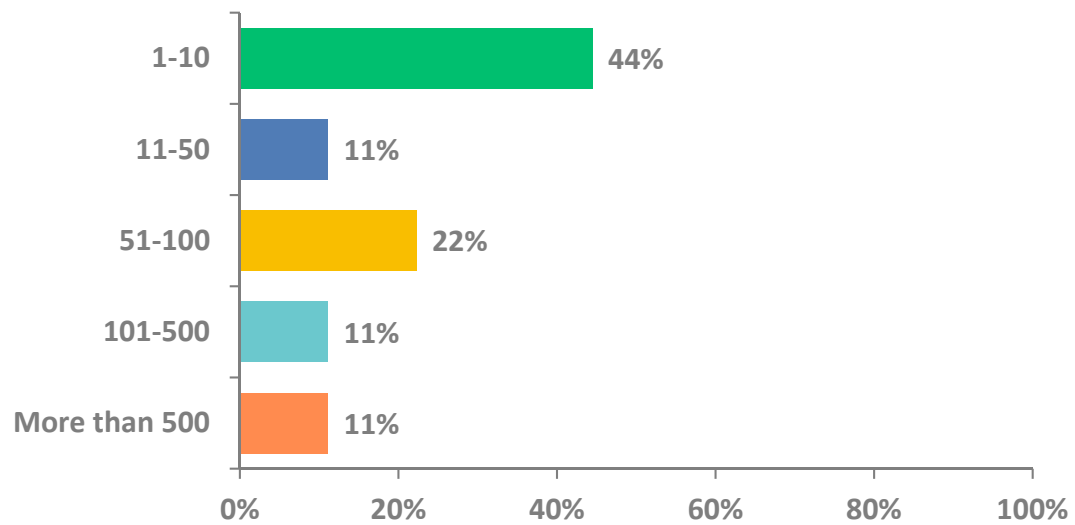
What industry does your group, agency, or organization belong to?



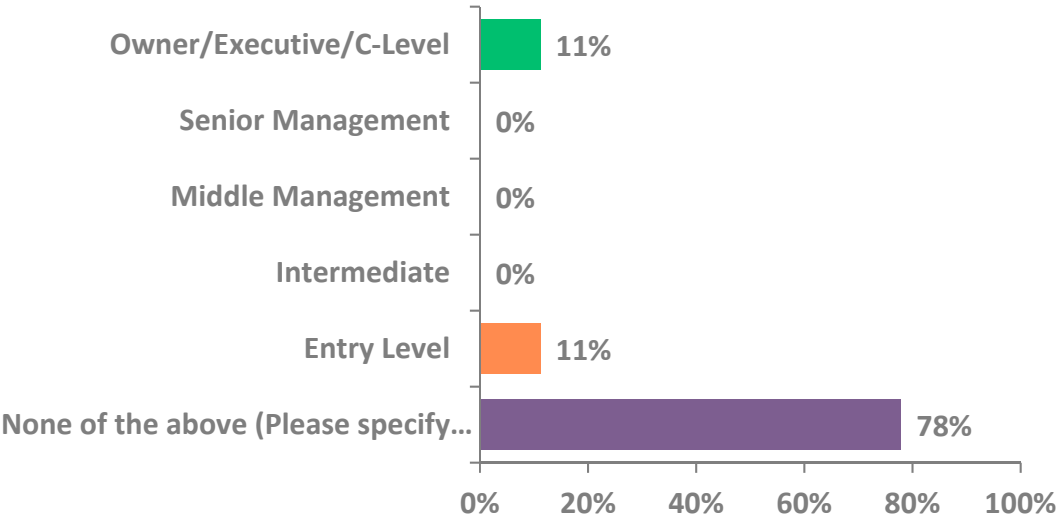
Does your group, agency, or organization operate in



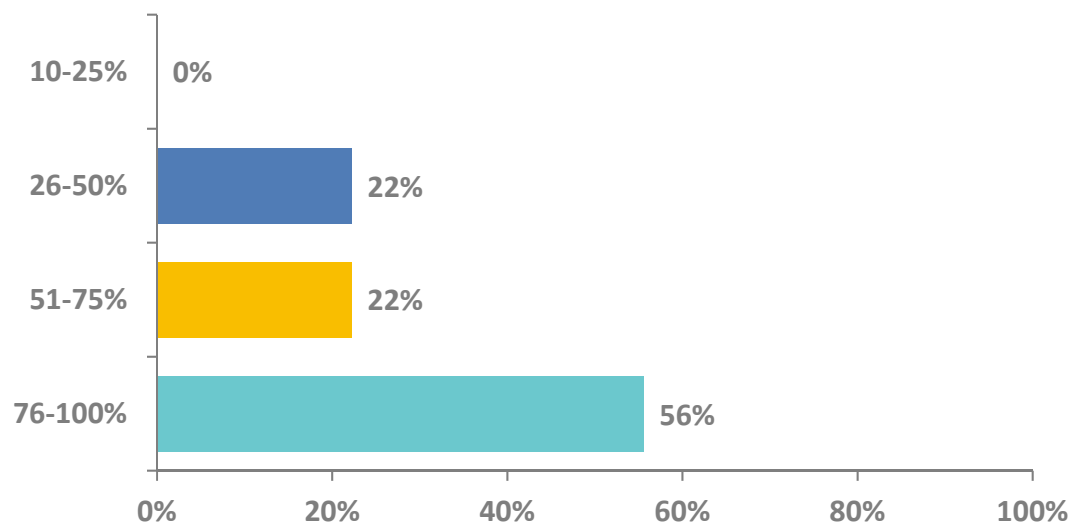
Approximately how many full-time employees currently work for your group, agency, or organization?



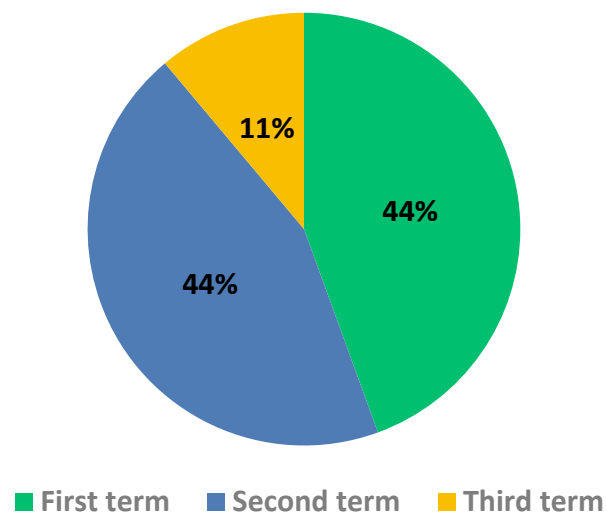
Which of the following best describes your current job level?



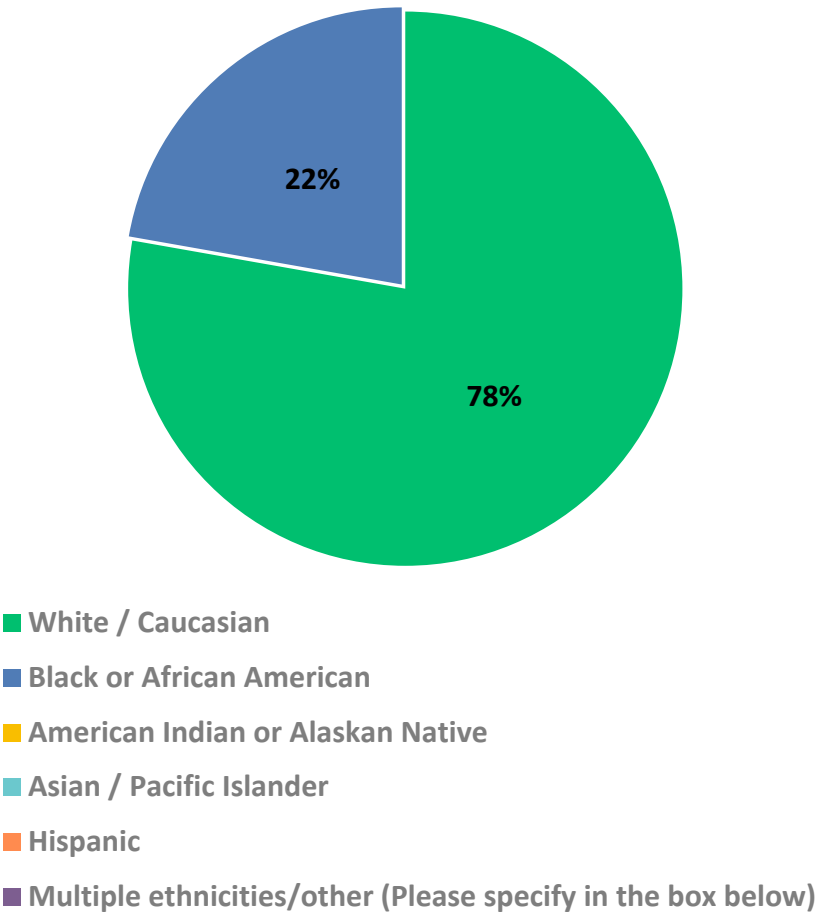
What percentage of the people served by your group, agency, or organization are individuals and families most in need?



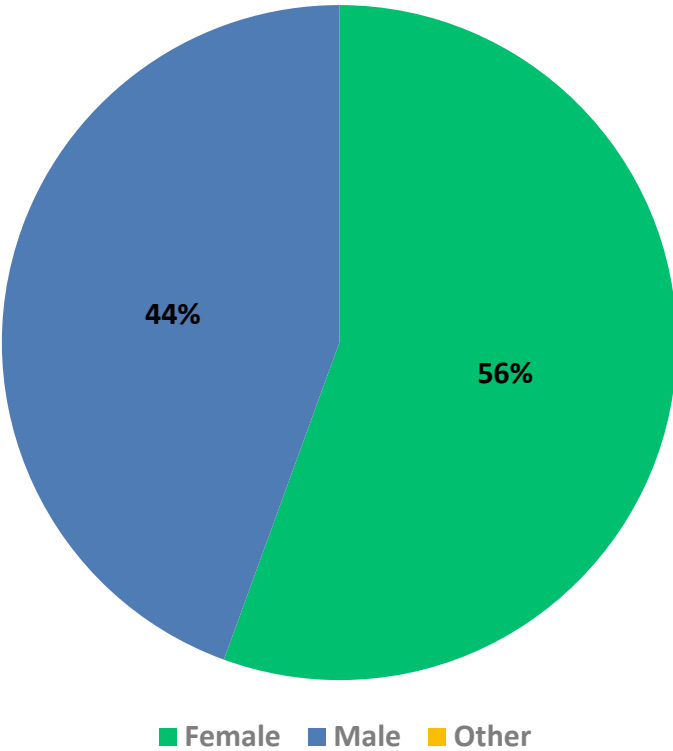
What term are you serving as an RKCAA board member?



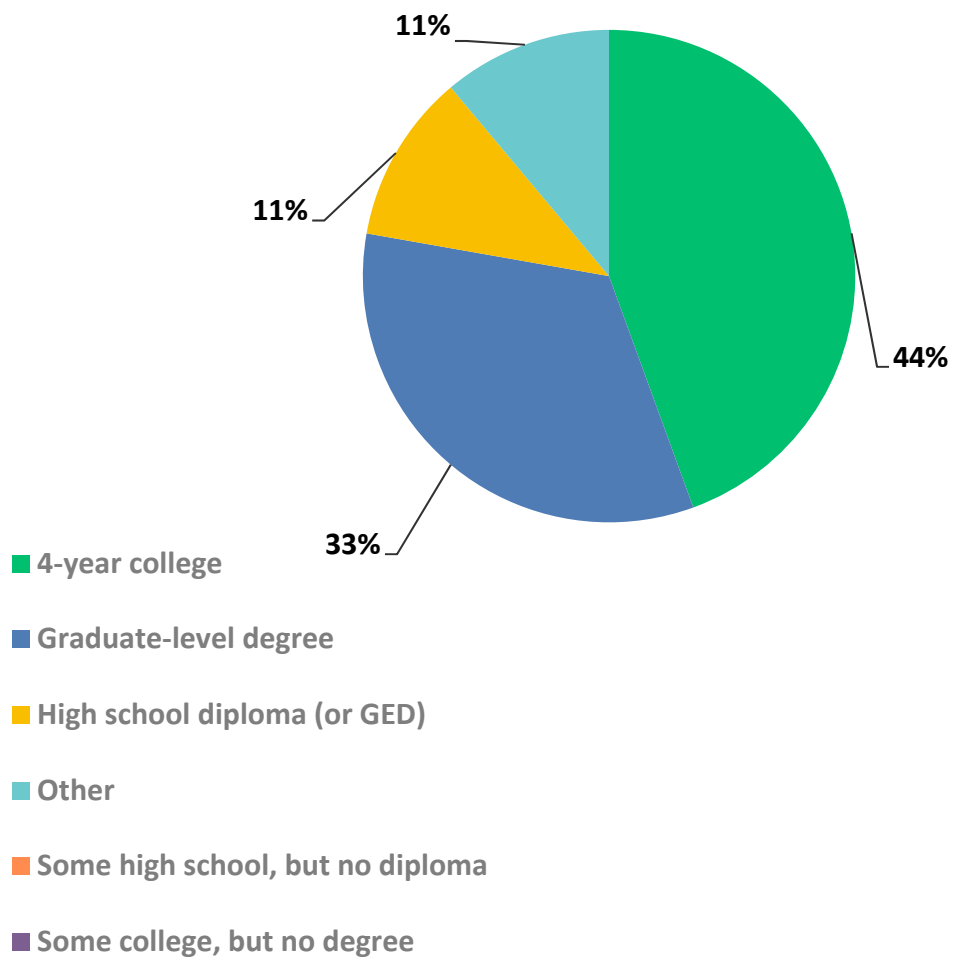
Which race or ethnicity best describes you?



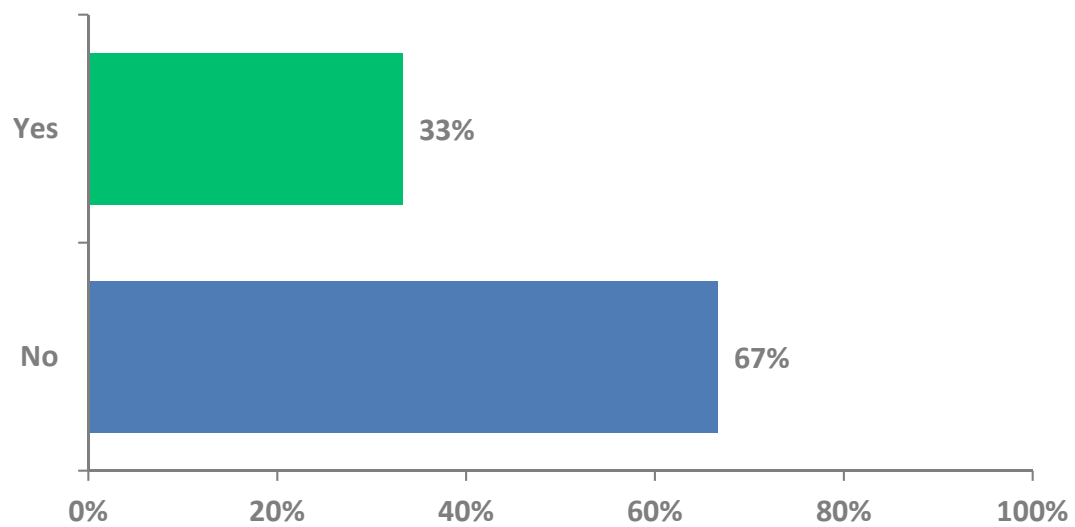
What is your gender?



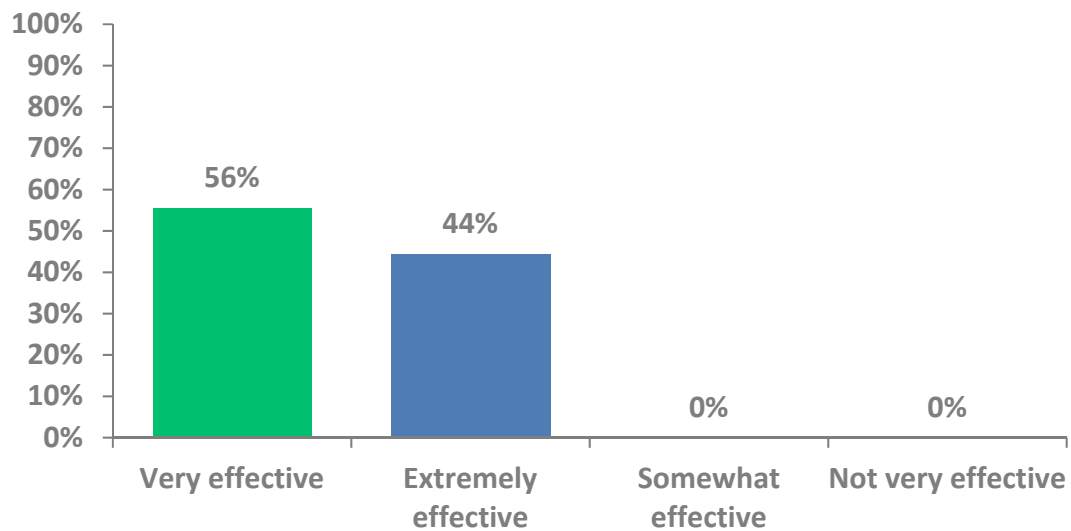
What is the highest level of education that you have completed?



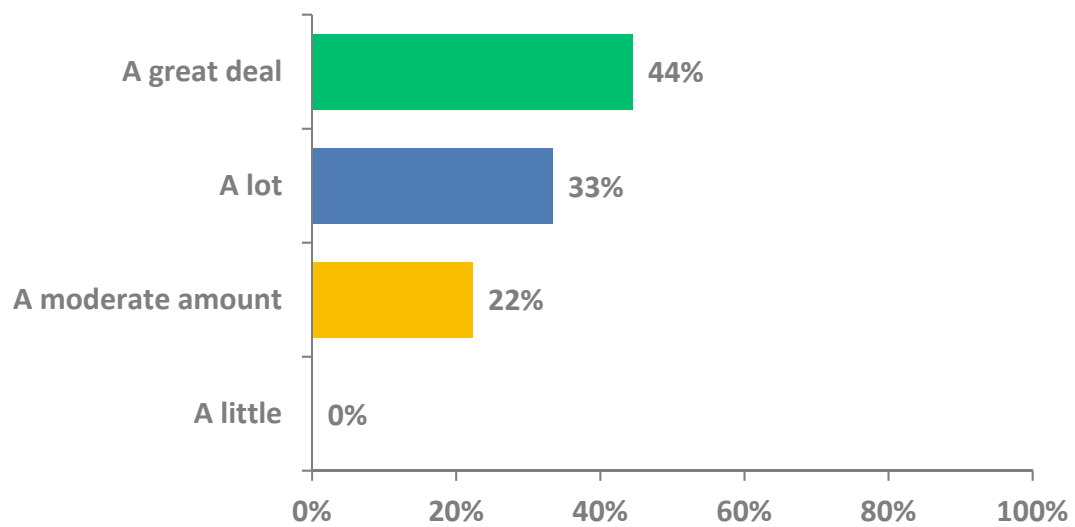
Do you work directly with RKCAA?



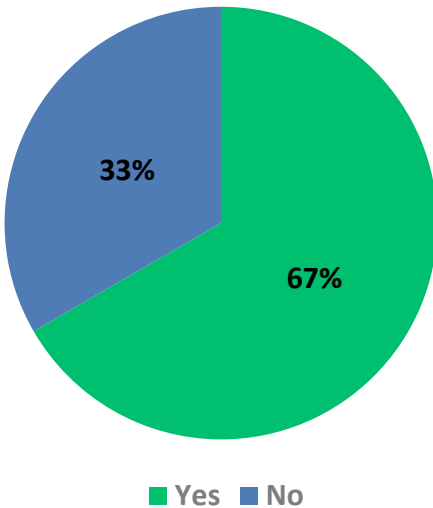
In general, are RKCAA programs, services, and activities effective in serving people most in need?



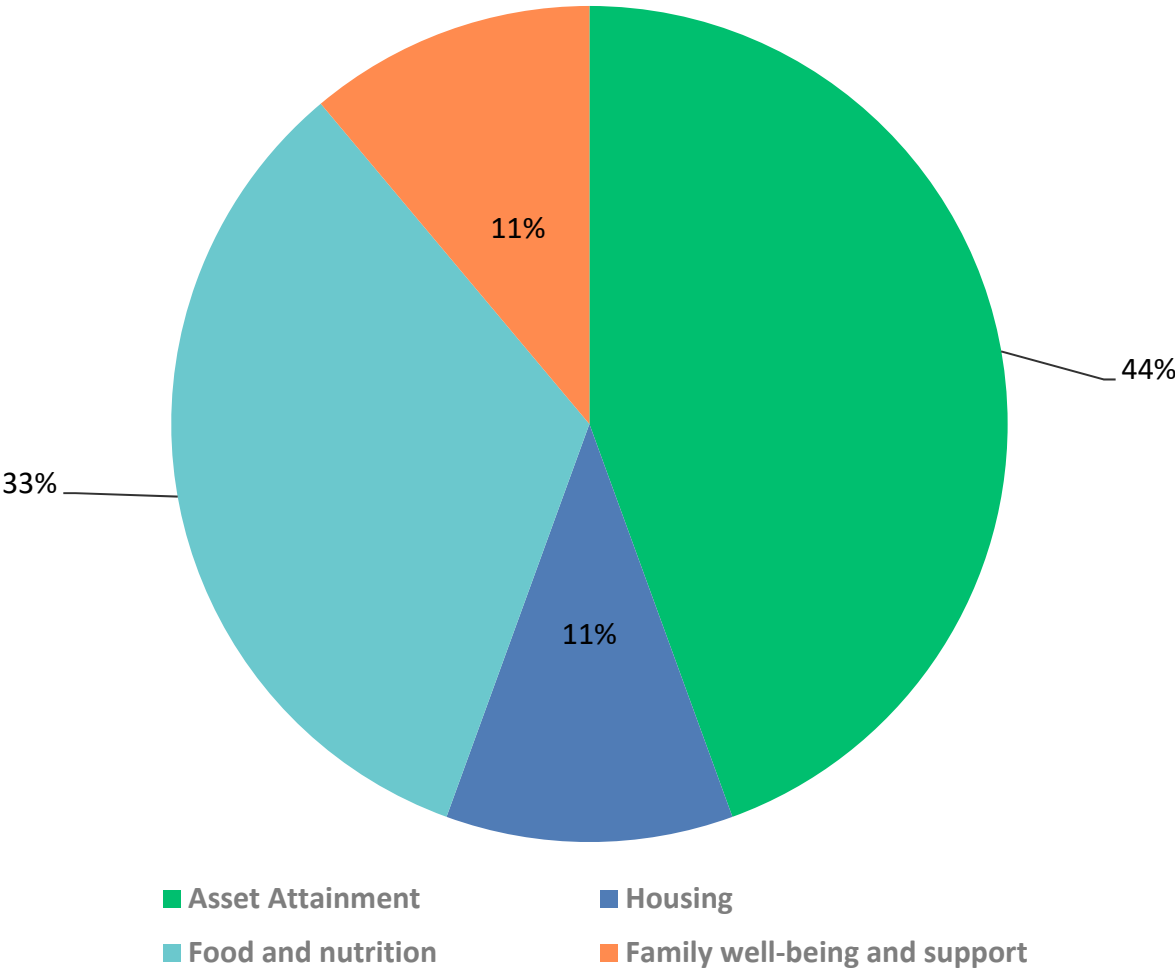
How much do you know about RKCAA programs, services, and activities?



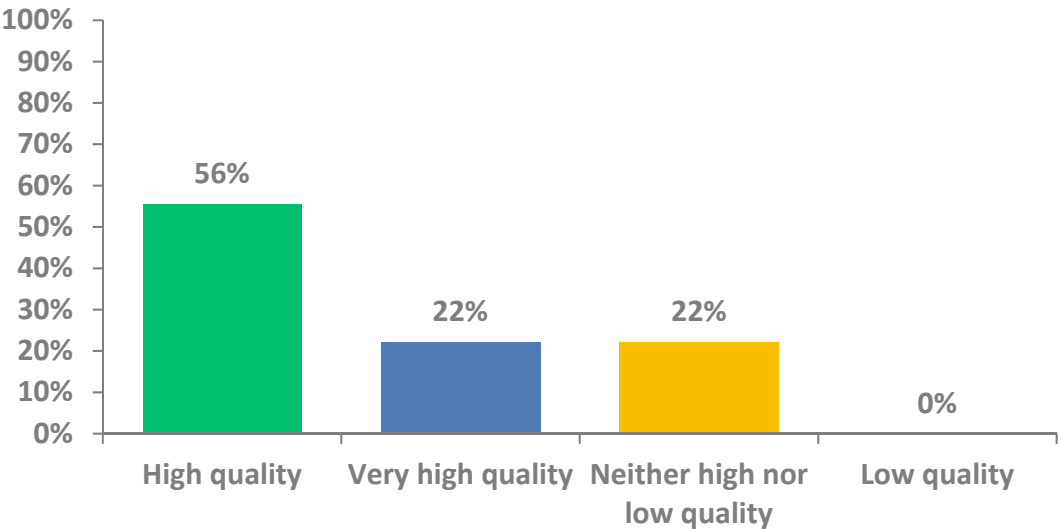
Have you attended RKCAA program events?



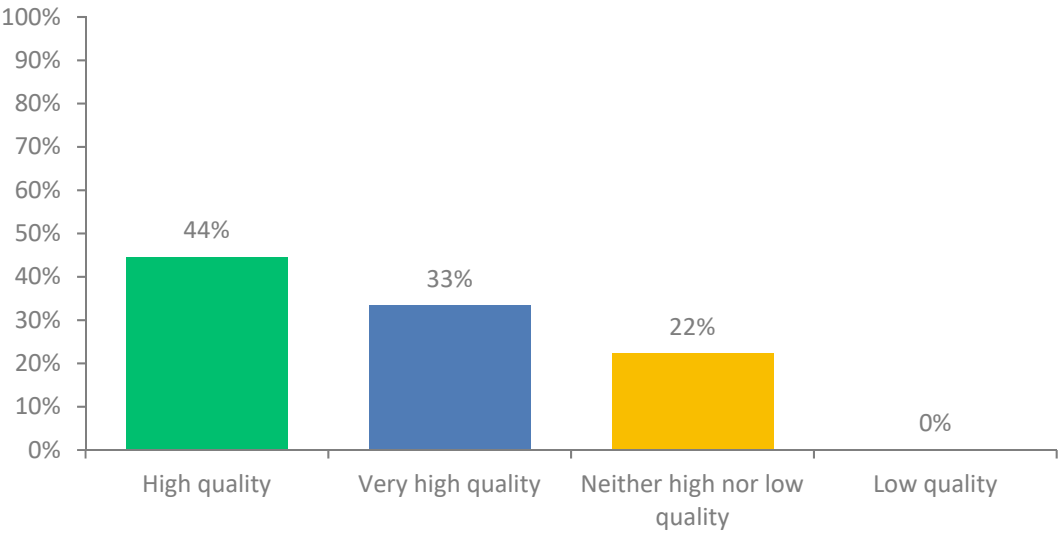
In your opinion, which RKCAA programs and services are most important?



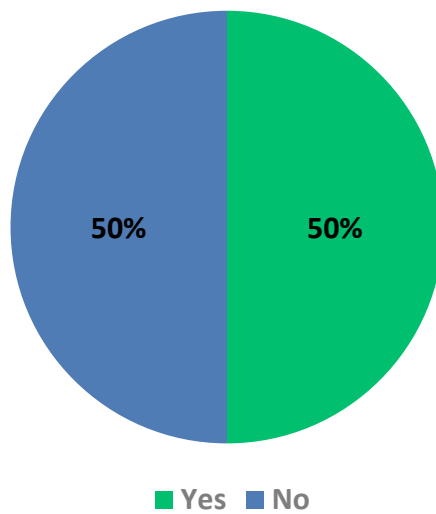
How would you rate the overall quality of programs and services in Racine county?



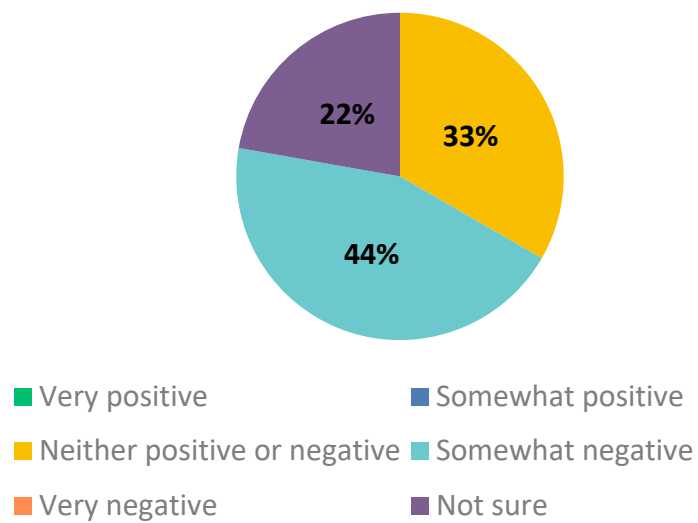
How would you rate the overall quality of programs and services in Kenosha county?



Has COVID decreased your involvement with RKCAA?



Has COVID had a positive or negative impact on RKCAA's overall operations?



Comparative Profiles and Summary Ratings of Racine and Kenosha Counties and Board Members

COMPARATIVE SUMMARIES OF KENOSHA, RACINE, AND BOARD MEMBER SURVEY PROFILES

	KENOSHA		RACINE		BOARD MEMBERS	
Industry	Non-profit	56.5%	Government	38.46%	Non-profit	56%
			Non-profit	30.77%	Government	22%
					Other	22%
Location of Operation	Kenosha	89.96%	Racine	83.33%	Racine	22%
	Racine	0%	Kenosha	0.0%	Kenosha	33%
	Both	13.04%	Both	16.67%	Both	44%
Number of full-time employees	1-10	31.82%	1-10	23.08%	1-10	44%
	5-50	27.27%	11-50	38.45%	11-50	11%
	51-100	18.18%	51-100	15.38%	51-100	22%
	101-500	13.64%	101-500	15.38%	101-500	11%
	500 +	9.09%	500 +	7.69%	500 +	11%
Job Level	Owner/Executive/C-Level	50%	Owner/Executive/C-Level	16.67%	Owner/executive/C-Level	11%
			Senior Management	33.33%	Entry Level	11%
			Middle Management	41.67%	None of the above	78%
			None of the above	8.33%		
Percent of people in need served by your agency	10 – 25%	9.09%	10-25%	8.33%	26-50%	22%
	51 – 75%	27.27%	26-50%	8.33%	51-75%	22%
			51-76%	41.67%	76 – 100%	0.56%
			76-10%	41.67%		
Decreased involvement in community due to Covid	Yes	42.11%	Yes	33.33%	Yes	50%
	No	57.89%	No	66.67%	No	50%

COMPARATIVE SUMMARIES OF KENOSHA, RACINE, AND BOARD MEMBER SURVEY PROFILES

	KENOSHA	RACINE	BOARD MEMBERS
Attended RKCAA programs or events			Yes 66.67% No 33.3%
Race or Ethnicity			White/Caucasian 78% Black or AA 22%
Gender			Male 56% Female 44%
Work directly with RKCAA	Yes 68.42% No 31.58%	Yes 30% No 70%	Yes 33% No 67%

SUMMARY RATINGS BY RACINE AND KENOSHA AGENCIES

THE IMPORTANCE OF THE FOLLOWING CONCERNS AND ISSUES (1= least to 5 = most)

	RACINE	KENOSHA
ASSET ATTAINMENT	2.82	2.45
HOUSING	3.23	3.95
FOOD AND NUTRITION	3.00	3.38
HEALTH CARE	3.77	2.81
FAMILY WELL-BEING AND SUPPORT	2.77	2.55

SUMMARIES OF BOARD MEMBER RATINGS

MOST IMPORTANT RKCAA PROGRAMS AND SERVICES (1= least to 5 = most)

ASSET ATTAINMENT	2.82
HOUSING	3.23
FOOD AND NUTRITION	3.00
HEALTH CARE	3.77
FAMILY WELL-BEING AND SUPPORT	2.77

OVERALL EFFECTIVENESS OF RKCAA PROGRAMS AND SERVICES (1= least to 5 = most)

VERY EFFECTIVE	EXTREMELY EFFECTIVE	SOMEWHAT EFFECTIVE	NOT VERY EFFECTIVE
5	4	0	0

COMPARATIVE QUALITY BETWEEN RACINE AND KENOSHA AGENCIES

	High Quality	Very high quality	Neither high nor low	Low quality
Racine	56%	22%	22%	-----
Kenosha	44%	33%	22%	-----

Findings of Agencies and Board Members

FINDINGS OF AGENCY AND BOARD MEMBER RATINGS

RKCAA reviewed the evaluative ratings for each agency cohort for four specific issues:

- Importance of program and service areas
- The efficacy of programs or services for the agency represented by the respondent
- The effectiveness of programs or services for other agencies in their respective county
- Ongoing disruptions due to COVID for each agency respondent

A comparative summary of rankings between Racine and Kenosha counties respondents indicates that both Racine and Kenosha respondents hold similar views of top topics with slight variation. Overwhelmingly, each agency views the programs that address poverty as very practical. A more significant number of Kenosha agency respondents ranked these program activities as useful.

The RKCAA Board presents a unique instance of evaluative responses. The questions on the survey are different from the agency surveys. Half of the Board members are either in their first or second term. The COVID pandemic limited board members' direct involvement with RKCAA activities. As a result, new Board members' transitional phase has been negatively affected. Revisiting this transitional phase can afford renewed and expanded levels of involvement that align with evolving changes in strategic direction and innovative adaptations at RKCAA.

involvement that align with evolving changes in strategic direction and innovative adaptations at RKCAA.

The Board evaluated between Very High and High quality. The Board assessed respondents Racine agencies at 56%, more than agencies in Kenosha (44%). Combined percentages from High to Very High quality were 78% and 77% for Racine and Kenosha. A comparatively small percentage judged as neither high nor low was assessed at 22% for Racine and Kenosha.

COMMUNITY MEMBERS SURVEY

Profile

Responses to Checklist Categories

Findings from Checklist Responses

COMMUNITY MEMBER SURVEY OVERVIEW

Participation of residents from the Racine and Kenosha communities is critical to the needs assessment. Their participation allows hearing from all community sectors, including those familiar with or receiving available program services.

RKCAA collects information from program participants and community members. Usually, RKCAA gathered this information through direct, face-to-face contact. However, the emergence of the COVID pandemic caused a shift in how RKCAA connected with and surveyed program participants in Racine and Kenosha counties. The RKCAA has used the JotForm survey tool since 2018, and respondents recognize JotForm as an easy-to-use tool. Since the pandemic, JotForm has been the tool used by RKCAA for WIC families to complete their required paperwork for WIC appointments. The staff evaluated the JotForm questionnaire checklist format as appropriate for use with other programs and activities in RKCAA.

In 2022, RKCAA staff adopted the JotForm online survey to collect data from participants in the four RKCAA program areas and other residents living in Racine and Kenosha counties. This online poll enabled RKCAA participants to share their most critical concerns, challenges, and barriers with RKCAA while avoiding additional risks of exposure to the COVID virus. RKCAA adjusted topics and content from the original survey to collect information from all RKCAA program participants and other residents.

RKCAA tailored the JOT form survey tool to obtain information from program participants and community residents on their concerns, challenges, and barriers and the impact of COVID on these individuals. The current RKCAA online survey consists of checklists that vary in size on eight topics: Employment, Education, Housing, Income, Nutrition, Transportation, Healthcare, and COVID. A text with a link was sent out to all RKCAA program participants and posted on the RKCAA's website to encourage widespread participation. Community members submitted responses from Racine and Kenosha to the online survey.

Community Member Checklist Survey Profile

Program	Racine 27% of Participants	Kenosha 73% of Participants
WIC	4%	65%
Rental Assistance	46%	16%
Weatherization	35%	11%
Kenosha Seniors	N/a	7%
Racine Seniors	12%	1%
Skills	4%	1%

DEMOGRAPHIC CHARACTERISTICS	Racine 179 Participants	Kenosha 482 Participants	Total of Both Counties 661 Participants
AGES			
Between 18-25 years of age	6%	17%	14%
Between 26-35 years of age	22%	38%	34%
Between 36-45 years of age	27%	23%	24%
Between 46-55 years of age	15%	5%	8%
Between 55 and older	30%	16%	20%

RACE-ETHNICITY			
White	35%	57%	51%
Black	45%	21%	28%
Hispanic	16%	19%	18%
Other	6%	1%	3%

GENDER			
Female	84%	89%	88%
Male	16%	11%	18%

MARITAL STATUS			
Married	25%	28%	27%
Unmarried	75%	72%	73%

EMPLOYMENT STATUS			
Employed	47%	46%	47%
Unemployed	53%	54%	53%

HOUSEHOLD INCOME			
less than \$10,000	40%	32%	34%
between \$10,000- \$19,999	27%	22%	23%
between \$20,000 and \$29,999	15%	18%	17%
between \$30,000 and \$39,999	11%	12%	12%
above \$40,000	9%	17%	13%

Community members from Racine and Kenosha counties responded to the surveys.

- Most Racine respondents were involved in the Rental Assistance and Weatherization programs.
- Sixty-five percent (65%) of Kenosha participants were enrolled in the WIC program.

- Skills enhancement had the least number of community members responding to the survey.
- Housing and nutrition dominated responses related to the four program areas, and healthcare had no respondents.
- Most respondents were between the ages of 26-45 years of age.
- The percentage of respondents under 25 (14%) and over 55 (20%) are close in size.
- Race and ethnicity generally reflect the percentages of these groups in Racine and Kenosha counties.
- Gender indicates that females are the majority of respondents in both counties responding to the survey.
- About one-fourth of respondents were not married.
- Slightly more than 50% were employed.
- More than 50% had family incomes of less than \$20,000.

COMMUNITY MEMBER RESPONSES TO EIGHT CHECKLIST CATEGORIES

EMPLOYMENT

	1	2	3	4	5
CHECKLIST SURVEY QUESTIONS	LACK	JOB	EMPLOYMENT	PEOPLE	EDUCATION
COMMUNITY MEMBER CHECKLIST CHOICES	LACK	JOB	PEOPLE	TRANSPORTATION	DISABILITY

EDUCATION

	1	2	3	4	5
CHECKLIST QUESTIONS	LACK	SKILLS	PROGRAMS	EDUCATION	ACCESS
COMMUNITY MEMBER RESPONSES	LACK	SKILLS	PROGRAMS	EDUCATION	IMPROVE

HOUSING

	1	2	3	4	5
CHECKLIST QUESTIONS	HOUSING	LACK	ASSISTANCE	AVAILABLE	EMERGENCY
COMMUNITY MEMBER RESPONSES	HOUSING	LACK	AVAILABLE	EMERGENCY	NEED

INCOME

	1	2	3	4	5
CHECKLIST QUESTIONS	LACK	INCOME	KNOWLEDGE		
COMMUNITY MEMBER RESPONSES	LACK	INCOME	KNOWLEDGE	AVAILABLE	CHILDCARE

NUTRITION

	1	2	3	4	5
CHECKLIST QUESTIONS	FOOD	LACK	ACCESS	HOURS	AVAILABLE
COMMUNITY MEMBER RESPONSES	FOOD	LACK	ACCESS	AVAILABLE	HOURS

HEALTHCARE

	1	2	3	4	5
CHECKLIST QUESTIONS	LACK	INCOME	LACK	RESOURCES	TREATMENT
COMMUNITY MEMBER RESPONSES	LACK	HEALTH	INCOME	RESOURCES	TREATMENT

TRANSPORTATION

	1	2	3	4	5
CHECKLIST QUESTIONS	CAR	TRANSPORTATION	COST	PUBLIC	
COMMUNITY MEMBER RESPONSES	CAR TRANSPORTATION	COST	PUBLIC	BUY	CREDIT

COVID

The section on COVID contains a variety of inquiries that were answered with checked and qualitative responses.

	1	2	3	4	5
CHECKLIST QUESTIONS Resource Access	Food Share	Rental Assistance	School Pandemic	School meal delivery-pick up	Other
COMMUNITY MEMBER RESPONSES	Food Share	Rental Assistance	School Pandemic	School meal delivery/pick up	Other

COVID

	1	2	3	4	5
CHECKLIST QUESTIONS Limited Efforts	Employment	Housing	Childcare	Healthcare	Other
COMMUNITY MEMBER RESPONSES	Employment	Housing	Childcare	Healthcare	Other

COVID

	1	2	3	4
CHECKLIST QUESTIONS Service Delivery	Curbside	Phone	Virtual	Other
COMMUNITY MEMBER RESPONSES	Curbside	Phone	Virtual	Internet service

COVID adversely impacted more than 50% of community member families.

Four respondents shared additional issues or areas of concern, several not included on the other checklists. These include:

- Housing
- Healthcare
- Extreme resource depletion
- Job loss
- Justice system
- Available programs

FINDINGS OF COMMUNITY MEMBER SURVEY RESPONSES

Each item on the checklists consisted of short sentences or phrases that focused on the concerns, challenges, needs, and barriers community members faced in dealing with poverty and poverty-related issues and problems. Most checklist items used words to quantify these concerns, challenges, and obstacles along a continuum of severity. An expression such as "lack" suggests a deficiency or total absence. By contrast, a word such as "few" indicates a less extreme deficiency that falls short of complete absence. The term "lack" is the most frequently appearing word throughout the checklist items on the entire survey. Community members' selections align with this term regarding the survey responses.

For each topic, the comparisons between the most powerful words in the checklist questions and the selected comments in community member responses indicate the alignment of the word "lack" between checklist choices and those chosen by respondents. For example, the employment survey checklist and community responses aligned as follows:

	1	2	3	4	5
CHECKLIST SURVEY QUESTIONS	LACK	JOBS	EMPLOYMENT	PEOPLE	EDUCATION
COMMUNITY MEMBER CHECKLIST CHOICES	LACK	JOBS	PEOPLE	TRANSPORTATION	DISABILITY

Community members' responses aligned with four of the five important items on the employment survey checklist of concerns, challenges, and barriers.

COMMUNITY MEMBERS TOP SIX-WORD FREQUENCIES BY QUESTION TOPIC

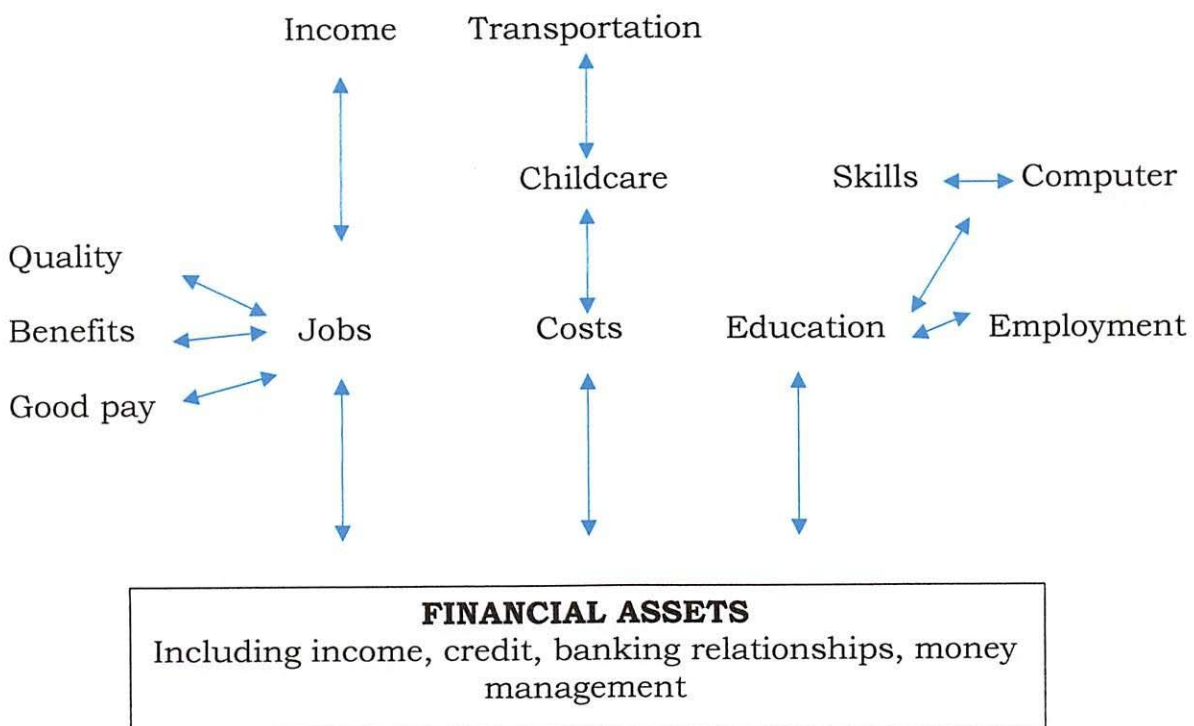
	1	2	3	4	5	6
Employment	Lack	Jobs	People	Transportation	Disability	Education
Education	Lack	Skills	Programs	Improve	Education	Cost
Housing	Housing	Lack	Available	Emergency	Need	Foundation
Income	Lack	Income	Knowledge	Available	Child	Credits
Healthcare	Lack	Health	Income	Resources	Treatment	Access
Nutrition	Food	Lack	Access	Available	Hours	Stamps
Transportation	Buy	Gasoline	Public	Cost	Buy	Credit
COVID	Employment	School	Assistance	Delivery	Family	housing

A closer examination indicates that the word "lack" and proxies of financial assets such as "cost" and "credit" are prominent in employment checklist responses. Examining potential connections between these frequently used words can enable understanding perceptions and feelings behind the employment checklists.

These challenges and barriers represent well-documented poverty issues. Nonetheless, a complete analysis of these alignments suggests two directions for RKCAA to explore:

- The fundamental role of income and other financial assets in poverty.
- The connections among checklist choices enable RKCAA to examine further and develop responses to checklist items and answers.

Income and Financial assets: RKCAA's fundamental challenge is determining the central idea that income or other financial assets and support are essential to leveraging other items on the checklist. For example, the "cost of transportation" cannot be addressed without sufficient financial resources through income or other financial assets such as credit or banking relationships that can function as proxies for income. Some of the following connections and influences of income or financial assets chosen by community members are mapped on the employment checklist items on the survey.



The employment and income example above can be a template for assessing other categories and checklists related to income and financial assets (transportation, housing, education, nutrition, and healthcare). RKCAA can map these checklists to specify gaps in needs and match craft approaches for program development and intervention.

COMMUNITY EXPERT INTERVIEWS

PROFILES

COMBINED FREQUENCIES FOR EXPERTS

FINDINGS OF COMMUNITY EXPERT INTERVIEWS

COMMUNITY EXPERT INTERVIEWS OVERVIEW

RKCAA requests assistance from all segments of the community. These requests include topic experts working in or connected to various Racine and Kenosha county agencies and organizations. Six individuals are selected based on several qualities:

- expertise and involvement in the Racine and Kenosha communities
- knowledge about existing conditions in these communities
- historical overview and understanding of service delivery systems and
- connection to individuals and families in need
- leadership in problem-solving.

RKCAA chooses individuals who vary in age, experience, career types, and length of service. Each individual is familiar with best practices, available services, gaps in services, emerging trends and needs, and many poverty-related issues and concerns. Finally, these individuals continue to assume a public role in community-wide conversations about issues and concerns important to RKCAA.

RKCAA asks community experts to participate in one-on-one telephone interviews with an outside consultant. The consultant asks these experts a series of questions about their perceptions of and experiences with poverty, observations of indicators of community conditions, the efficacy of efforts to address these conditions, and other relevant aspects of the communities and people experiencing hardship.

These individuals can share insights and perspectives related to areas of focus aligned with RKCAA's work and other entities in the communities served.

They may provide options or suggestions that support efforts to move communities forward. They can also provide validation for identified work and goals and unfinished work that has yet to be addressed through various actions taken at the community level. Through these individual interviews, community experts talked about emerging trends, changes in community demographics and constructs, identified issues and concerns, service delivery, and findings related to areas of concern.

The following individuals participated as community experts:

- Retired manager with the Racine County Department of Human Services
- Executive Director of Non-profit agency
- Church Pastor and activist in both counties
- An administrator with the Department of Workforce Development
- Non-profit agency community services coordinator
- Non-profit agency director

RKCAA chose these individuals who specialize in program concentrations represented by RKCAA programs and services. These selection criteria include experience and knowledge and experience in

- Asset Attainment
- Food and Nutrition
- Housing

- Health
- Family Dynamics

Most of the responses to the interview questions focused on the following topics:

- What does poverty mean?
- How did you learn about poverty?
- What are the causes of poverty?
- What progress has been made to reduce poverty?
- Who should be involved?

COMMUNITY EXPERTS PROFILE

Type of Agency or organization	Level of operation	Activities	Expertise Position or job
Government agency Public	System-level	Workforce development	Administrative
Religious Nonprofit	Local organization	Church, community activism	Pastor
Community change partnership Nonprofit	City-wide organization	Partnership	Director
Anti-poverty agency Nonprofit	Community-based	Direct services and programs	Manager
Anti-poverty agency Nonprofit	Community-based	Direct services and programs	Director

COMBINED WORD FREQUENCIES OF ALL COMMUNITY EXPERTS

Combined Word Frequencies	1	2	3	4	5	6	7	8	9	10
	People	Poverty	Program	Community	Look	Work	Resource	Family	Job	System

Community Experts' Word Frequencies in their Responses to Questions

	1	2	3	4	5	6	7
Meaning	Poverty	Mean	Resource	People	Meet	Family	Access
Causes	Poverty	Factor	Policy	Indicator	Practice	Depend	Affect
Learning	Year	Poverty	Work	Grow	Shelter	Education	Advance
Progress	Effort	See	Poverty	People	Leader	Country	Nation
Involvement	Community	Policy	Live	Connect	Agency	Work	Service

FINDINGS OF COMMUNITY EXPERTS' INTERVIEWS

- Most community experts' comments expressed relatively formal, logical, and hierarchical thinking about the topics under discussion. Although community experts represent different areas of expertise and work experience, most agreed on the meaning and definition of poverty and used examples to substantiate their opinions. While most identified individual and societal sources as equally responsible for poverty, their opinions were tied to the idea that insufficient income was primarily the cause of poverty. The comments focused more on the present than the past or future.
- Most community members focused on policies, practices, and systemic institutional flaws as foundational to the emergence and maintenance of poverty.
- Community members' comments painted a personal picture ranging from family to broad-based work experience as the basis for shaping and framing their perspectives.
- Making progress is spoken about as collective and collaborative interventions that require support from a cross-section of people and communities across the nation. Some community members expressed measured optimism about the possibility of a movement toward action to reduce poverty. However, this optimism was bolstered by a positive tone regarding the involvement of others in these efforts.

YOUTH FOCUS GROUPS

PROFILES

**ALL WORD FREQUENCIES TO RESPONSES
FINDINGS FROM FOCUS GROUP SESSIONS**

YOUTH FOCUS GROUPS PROFILE

RKCAA conducted three youth-oriented focus groups: one for boys, one for girls, and a third focus group with a nonprofit organization that mentors younger males.

- The girls' focus group was a diverse racial/ethnic group of girls between the ages of 15 and 18, including African American, Bi-racial, and Hispanic girls. Focus group members also had an adult member, a Head Coach/Teacher, and an Assistant Coach/Teacher
- The boys' focus group consisted of 9th-grade African American males between the ages of 15-18 and a Head Coach.

Both the boys and girls were asked to describe

- their neighborhood
- positive qualities of the neighborhood setting, homes, and community
- the challenges for young people at home, in the area, and the community
- the shared experience of these challenges among their peers
- how they cope with these challenges
- the need for and availability of community services, opportunities, and support
- COVID impact on school grades, attendance, and access to school resources and accommodations for illness or quarantine, and
- the frequency of physical and dental check-ups.

The third focus group, Positive Men Making a Difference (PMMAD), was established in 2014 as a 501c(3) organization in Racine. The organization's purpose is to motivate, encourage, and rebuild the confidence of our youth and society. Program activities include mentoring and field trips serving young elementary, middle, and high school men attending the Racine Unified School District.

All PMMAD are African American males. Some members:

- Work in professions ranging from human services, insurance agents, local government workers, elected officials, entrepreneurs, and coaches
- Represent Racine's different neighborhoods and communities (northside, southside, Mt Pleasant, etc.)
- Were previously incarcerated
- Served in the military
- Own homes

Most mentors grew up in Racine in two-parent households or with strong fathers if the father was not in the home. Both parents demonstrated a strong work ethic, valued education, and "prepared their children to be responsible adults who pass on their values to young people in the community." Their fathers modeled how to be a provider.

PMMAD responses are based on the participants' "lived experiences" or perceptions of the youth or young men. RKCAA conducted this focus group through social media with the following questions:

- Community experiences and thoughts on poverty
- Role of men in the family and the community
- Community challenges for men
- Responses to poverty and poverty-related problems
- Making progress and improvements

Comparison of Focus Group Word Frequencies

	1	2	3	4	5	6	7	8
Girls	Class	Teachers	Police	Students	Classroom	Comfortable	Parents	Neighbors
Boys	Friends	Students	Teachers	Work	School	Being	People	Time
PMMAD	Lack	Programs	Resources	Youth	Education	Poverty	Engagement	Expectations

PMMAD WORD FREQUENCIES IN RESPONSE TO QUESTIONS

	1	2	3	4	5	6	7
Experiences and Thoughts	Lack	Parent	Education	Thought	Resource	Homeownership	Pay
Men's role	Role	Father	Expectation	Man	Work	Lack	Male
Challenges	Lack	Reason	Mentor	Stigma	Engagement	Faith	Mental
Responses	People	Nonprofit	Leverage	Mentor	Woman	Young	Work
Progress	Lack	Program	Resource	PMMAD	Youth	Male	Education

FINDINGS FROM FOCUS GROUP SESSIONS

- All three focus group responses are characterized by authenticity or speaking spontaneously without filtering. Formal, logical, and hierarchical thinking that describes institutional actors and situations is replaced by more intuitive and personal language. The willingness and ability to draw upon personal and family experiences appeals to diverse audiences. This capacity to craft a story is valuable in working with young people who tend to be authentic.
- The PMMAD comments reveal a nuanced sensitivity to young men's ongoing problems. The tendency of PMMAD comments to stress the more negative aspects of issues that men face may overshadow the strengths that young men may bring to any mentoring situation. However, more balance in the tone may be a more effective way to reach and mentor young men.
- PMMAD focuses on the past to detail its values and practices regarding young men's needs and concerns. This reliance on past practices and values in PMMAD comments may obscure newer challenges that reflect a changing environment for young people. For example, the young men who completed the survey were astute in describing current issues and problems. The boys conveyed a deeper understanding and realization of the obstacles they face day-to-day than indicated by the girls' responses. These young men's ability and willingness to honestly express their point of view provides a rich context for PMMAD's work with them.

- The girls' comments were less extensive than those of the other two focus groups. The goal should be to move young women toward describing a richer picture of their lives. Judging by the focus group responses, some young women may have only scratched the surface in achieving that level of authenticity. Without formal opportunities within the community to nurture this capacity, the emphasis on (young) men and addressing their problems will continue to dominate the needs of young women.
- The school was a frequent indicator important to girls and boys and was the focus of comments about supportive resources. It appears that boys and girls rely on teachers and school support as they navigate their daily lives. In addition to friends and coaches, boys frequently mentioned teachers as essential resources. They recognize people as valuable resources and the need for positive programs such as PMMAD.

CONCLUSIONS

CONCLUSIONS

Overview

- Poverty is a complex social and cultural problem not easily understood, confronted, or resolved. It is understood as the lack of sufficient resources to meet needs and sustain well-being.
- As resources are overwhelmed by multidimensional needs and hardship, people become more vulnerable to various personal and social challenges in life, coping skills, the criminal justice system, health, and geography.

Population and Demographic Information

- America has a poverty problem.
- Poverty in the United States has not changed significantly in recent years.
- Too many people living in Wisconsin continue to experience economic hardship. In the years since 2017, the poverty statistics for Wisconsin have not improved significantly.

Strategic Planning

- Emphasizing the centrality of family dynamics as foundational and reaffirming wellness as a strategic dimension of RKCAA enables greater efficacy in operational structure, programs, and activities.

Community Assessments

- Income and financial resources or assets remain a foundational problem of poverty.

- We live in an era when having a job is no longer a reliable measure of whether or not a person is in need.
- Although income and monetary assets are foundational elements of poverty, income is not the only way to frame financial assets. Proxies for income and economic assets or words that have a causal relationship to income, such as lack, cost, or credit, can be operationalized to understand the various meanings and connections to income and other concerns, challenges, and barriers.
- The data and information examined in the community assessments are primarily language-based. The analysis of language complements numerical analysis. For example, "lack" was the most frequently occurring word on all the checklists. This frequency reflects the word's importance for survey creators and respondents. A closer examination and analysis can increase understanding of perceptions, concerns, challenges, and barriers by both survey creators and survey respondents.
- RKCAA is required to operate within the following realities and constraints:
 - Limitations and changing funding priorities of monetary and human resources,
 - Increases in the numbers of participants requesting assistance from programs and services, and

- Shifts emphasize poverty-related issues and problems, such as the ongoing COVID pandemic.

RKCAA must prioritize the gaps or needs to address, the people to serve, the approaches to programming and the collaborative partnerships to undertake.

RECOMMENDATIONS

RECOMMENDATIONS

In 2020, the RKCAA Strategic Planning members generated lists of strengths, weaknesses, opportunities, and threats to assess the agency's status and prospects. This SWOT analysis generally confirmed internal strengths (community, staff, programs services, and work), weaknesses (limited funding for programs), potential external opportunities, and financial challenges for continuous improvement. Strategic planning members agreed to focus on eight goals that reflected the SWOT process. Currently, RKCAA is developing and implementing plans and actions around a subset of these eight goals as priorities. The pursuit of this subset of goals is to:

- Confirm and build on current programs and services' strengths and go beyond weaknesses that limit progress and achievements.
- Establish new directions for programs and services to meet internal and external circumstances, populations, and unmet needs.
- Pursue options for fulfilling the new vision and mission.

The most critical challenge for these plans is turning abstract concepts of the strategic goals into measurable observations to track progress toward these goals. The following recommendations suggest how RKCAA can construct and apply metrics, measures, and processes and leverage

existing agency information and knowledge to improve existing programs and services and develop new directions and capacities for reaching selected goals.

Recommendation: Given the increasing requirement for results-oriented management and accountability (ROMA), RKCAA should continue using the ROMA framework to develop a measurement system to update progress in meeting selected goals and challenges.

Recommendation: RKCAA should adapt population and performance metrics to define partnering efforts and measure how RKCAA makes a positive difference for communities and other agencies and institutions internal and external to RKCAA.

Recommendation: RKCAA should continue to revise existing agency documents so that the core ideas of its vision statement, specifically "partnering" and "thriving community," can further clarify messaging and communication with different audiences. A similar process should continue refining and communicating core ideas in the mission statement.

Recommendation: RKCAA should continue refining and adapting measurement systems to detail further the quantity and quality of its mission-driven programs and services and the quantity and quality of changes or effects of program and services activities.

Recommendation: RKCAA should assess the existing and needed capacities (staff, funding, partnerships, etc.) available or required to continue to advance its current and emerging priorities and opportunities.

Recommendation: RKCAA program managers, in collaboration with community members, can further enhance case management strategies and processes to capture better-varied dimensions of expressions such as "low paying" or "lack of transportation" among staff and program participants. The community members' responses to the checklist survey are an opportunity to turn abstract concepts into measurable observations. For example, the checklist item of "lack of transportation" can be less abstract if the core ideas of "lack" and "transportation" can extend beyond the absolute, unidimensional identification of "lack" varying degrees, levels, and types of transportation. Community members can help to articulate what "lack of transportation" means. RKCAA can use this additional information to assess potential opportunities to pursue transportation and other related programs and services and whether and how to seek out these potential prospects.

Recommendation: Establish additional strategies for using the expertise and talents of Board members in suggesting plans for the overall direction of administrative and program and service activities.

Recommendation: Continue to create additional opportunities for local agency participation beyond the online survey and tap into greater diversity in external agency participation.

Recommendation: Continue to adapt assertively to the complexities of poverty by supporting new and emerging staff skillsets and agency capacity building that aligns with the RKCAA vision and mission.

Recommendation: Continue to formalize and leverage learning throughout the agency based on the continuous collection and analysis of staff, community members' feedback, and contexts within which RKCAA operates.

Recommendation: RKCAA can share more formal articulation and communication of learning results throughout the agency.

Recommendation: RKCAA should regularly update and revise data collection instruments, procedures, and processes as RKCAA technology and infrastructure evolves.

Recommendation: RKCAA should structure ongoing reviews and analyses of data and information from agency documents and activities through mini-workshops, social media meetings, briefings, and white papers.

RESOURCE CITATIONS AND NOTES

RESOURCE CITATIONS AND NOTES

INTRODUCTION AND OVERVIEW

COE Developed CSBG Organizational Standards; Category 3 Community Assessment, Technical Assistance Guide; Community Action Partnership, Washington, DC

Confronting Poverty: Economic Hardship in the United States. Rank, Mark SAGE Publications, 2021

Handbook of Families and Families Crane, D. Russell Tim B. Heaton Editors Brigham Young University Sage Publications, 2008

National Association of State Community Services Programs (2011). A Community Action Guide to Comprehensive Needs Assessment, [http://www.nascsp.org/datafiles/CSGB Resources Train-Tech Assistance/Needs Assessment FINAL](http://www.nascsp.org/datafiles/CSGB%20Resources%20Train-Tech%20Assistance/Needs%20Assessment%20FINAL)

One Nation Underprivileged: Why American Poverty Affects Us All. Rank, Mark Robert. Oxford University Press, 2005

Poverty in America: A Handbook Third Edition. Iceland, John University of California Press, 2013

Qualitative Analysis for Policy and Planning: Beyond the Numbers Gaber, John AICP and Sharon Gaber AICP American Planning Association, Chicago, IL 2007

"Taking Action Cycle" Health Rankings and Roadmaps; A Robert Wood Johnson Foundation Program, RWJF.org <https://www.countyhealthranking.org>

The Oxford Handbook of the Social Science of Poverty Edited by Brady, and Linda M Burton, Oxford University Press, 2016

POPULATION AND DEMOGRAPHIC PROFILES

RKCAA developed the current population and demographic report while the U. S. Census reports on income and poverty were under development. The data reflects the national averages for essential poverty and well-being statistics and changes from 2017 to 2020. When current population and American

Community Survey estimates beyond 2019 were unavailable, RKCAA used general population and demographic data from several supplementary sources. RKCAA drew upon sources based on the U. S. Census and from other local, state, and national resources. Unavoidable discrepancies among the results from these different data sources are the results of different methodologies for data collection, and the report attempted to reconcile and mitigate these discrepancies to the extent possible.

America Counts: Stories Behind the Numbers
[<https://www.census.gov/AmericaCounts>]

American Community Survey (ACS) 2019 produced population, demographic and housing unit estimates. The U.S. Census Bureau's Population Estimates Program creates and disseminates these estimates of the people for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.

BroadStreet.io provides tools and data possible to run community-based reports and explore maps and data about various aspects of a community.

The **Center for Applied Research and Engagement Systems (CARES)** develops and supports mapping, reporting, and collaboration systems. The Center enables the public, policymakers, and nonprofit sector organizations to make more informed decisions. CARES enables data generation, small area estimation, and the capacity to create maps and build reports. The network maintains a specialized hub for the Community Action Partnership. This Community Action Partnership HUB supports the Community Needs Assessment Process.
<https://engagementnetwork.org>

The **County Health Rankings & Roadmaps program** collaborates with the Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. The annual Rankings provide a snapshot of how health is influenced by where we live, learn, work and play.
<https://www.countyhealthrankings.org/app/wiconsin/2022>

Racine and Kenosha counties Standard Reports – Quick Facts
<https://sparkmap.org> **Spark Map CARES University of Missouri**

Extension. Spark Map uses secondary data from the U.S. Census Bureau, American Community Survey (ACS), Centers for Disease Control and Prevention (CDC), United States Department of Agriculture (USDA), Department of Transportation, Federal Bureau of Investigation, and more. Data geographies range from state, county, city, census tract, school district, and ZIP code levels. Indicators include total population demographics, income, economics, education, housing, and families, other social factors, physical environment, clinical care, and prevention, health behaviors, health outcomes, healthcare workforce, and special topics such as COVID

U. S. Census Bureau, Current Population (CPS) [/programs-surveys/cps.html], Annual Social and Economic Supplements (CPASEC) Report P-60-273: Income and Poverty in the United States: 2020-Current Population Reports (September 2021)

Wisconsin Report – 2020 Talk Poverty Center for American Progress
<https://talkpoverty.org>

COVID data and methodologies for assessing the incidence and impact of COVID remain variable and change frequently. Due to the ongoing evolution of data collection and analysis standards, RKCAA has decided not to emphasize COVID reporting in this report. However, RKCAA has compiled preliminary COVID data in the CCNA surveys and focus groups. This goal is for RKCAA documentation of COVID data to be part of the foundation for further metrics development. Several secondary community databases such as Broadstreet.io are developing COVID monitoring projects to address this variability. Local COVID data is maintained in Kenosha and Racine County Health Public Health Departments. This data is adjusted to respond to changes in the local population and demographic numbers. The following link provides access to the COVID dashboard in Kenosha as an example.

<https://kenosha-county-covid-19-response-kenoshacounty.hub.arc.com/>

STRATEGIC PLANNING 2020

Strategic planning Process Final Report, September 2020

Racine Kenosha Community Action Agency, Inc.

COMMUNITY ASSESSMENTS

JOTFORM is an online application that allows the creation of custom online forms. Its intuitive drag-and-drop user interface makes form building incredibly simple and doesn't require writing a single line of code.

Linguistic Inquiry and Word Count (LIWC) is a text analysis program that calculates the percentage of words in a given text that fall into over 80 linguistic, psychological, and topical categories indicating various social, cognitive, and affective processes.

MAXQDA is an all-in-one tool for qualitative and mixed methods data analysis of all kinds of data – from texts to images and audio/video files, websites, tweets, focus group discussions, survey responses, etc.

<http://www.maxqda.com/>

Survey Monkey is a commercial, online survey tool that supports the design, distribution, and analysis of surveys,

<https://surveymonkey.com/>

A

Data Collection Processes and Instruments

What is a focus group?

Focus groups are one of the most common forms of data gathering in non-profit and community-based agencies and organizations. A focus group is a standard method for listening to and gathering information from a small group of people. Although you may be familiar with focus groups, some community people may not have had similar levels of experience with this activity. Simply put, a predetermined topic is the **FOCUS** of the discussion among a small **GROUP** of individuals.

Focus groups are conversational because they allow people to speak freely about specific issues, either their thoughts or in response to the other participants in the group. Individuals who participate in focus groups sometimes belong to a clearly defined geographic community (neighborhood) or have shared interest in and experience with the topic.

Focus groups are a common and familiar way to get information for the following reasons:

- Focus group data collection helps to discover how a particular situation affects the various groups confronted by it. People use focus groups when they need **more in-depth** data that cannot be obtained from a survey or numbers. However, focus groups do not produce as much as the fine-grain detail generated from individual interviews.
- Focus groups are an **efficient and economical** way to interview many community members. The time and effort to talk to one person can be used to speak simultaneously with several people in a focus group.
- Focus groups are also a **more welcoming** way to interview community members: Residents sit with a group, which helps calm some of their fears about talking in public. Furthermore, focus groups implicitly, if not explicitly, empower participants to discuss.

- Focus groups also provide **an immediate impression** of what is happening in the community. After completing a focus group session, you will have a rough sense of the more significant topics confronting the group. However, unlike survey research, where the analysis occurs when all surveys are complete, the focus group data makes it easy to pick the most significant themes and hear the intensity of the reactions to those issues in real-time.
- Focus groups are great for **getting people to come together** to discuss the topic or topics in a common language. When group members start to talk about and share their opinions and experiences, other members can find something they can relate to, which results in a snowball effect with the others in the group.

FOCUS GROUP PROCESS

SETTING UP	
1. Focus group topic	Impact of poverty and poverty-related problems on the lives of individuals and families in need
2. Individual or Interest group (voices)	RKCAA program participants and other local community members
3. Relationship of a person (or group) to the research topic	Source of qualitative data that expands on census data Complements interview data
A. How do they define the topic?	Informal group conversations about personal experiences of and ways of coping with poverty and poverty-related problems
B. How do they differentiate it from other topics?	Complements survey and interview data with internal perspectives on poverty and poverty-related problems Expands on census data findings
C. How do the person's (or group's) comments compare to others?	Unlike the census, non-numerical, qualitative data on the impacts of poverty and poverty-related data Internal (insider) perspectives of people directly affected by poverty and poverty-related problems

<p>GETTING THE DATA</p>	<p>Convenience sampling of neighborhood residents, RKCAA participants, and other community members for focus groups</p> <p>Focus guides and structured interview questions for conducting focus groups</p> <p>Focus group conversations in community settings</p> <p>Facilitation, audiotaping and note-taking, and transcriptions by RKCAA staff and volunteers</p>
<p>ORGANIZING THE DATA</p> <p><u>Qualitative</u></p> <p><i>Words</i></p> <p><i>Trends</i></p>	<p>Audio tapes and transcriptions of open-ended responses to focus group questions</p> <p>Individual graphs and tables of frequently occurring words in transcriptions</p> <p>Comparative tables of frequently occurring words in transcriptions</p>
<p>ANALYZING THE DATA</p> <p><u>Qualitative Content Analysis</u></p> <p>Significance of a word/category in a text</p> <p>Manifest approach</p> <ul style="list-style-type: none"> • Perform a word frequency/category count 	<p>Count individual word frequencies in text</p>

<p>Identification/definition investigation</p> <p>Latent approach</p> <ul style="list-style-type: none"> • how the word is used in a sentence or for contextual meaning <p>Completion and presentation of results</p>	<p>Produce a list of key or significant words for each text</p> <p>Capture content, emotion, thinking styles, social concerns, and other socially and psychologically relevant variables of keywords</p> <p>Read the text to summarize the larger context of each text</p> <p>Closely examine how keywords provide overall meaning to the texts</p> <p>Document results from word counts, interpretive comments</p>
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Focus Group Protocol and Instruments

Boys and Girls Focus Group Questions

- 1. In a few words, describe your neighborhood and community.**
- 2. What are the positive qualities of your home neighborhood and your community?**
- 3. Describe some of your challenges at home, your neighborhood, and your community as a young person? (School)**
- 4. Why do you think these challenges exist?**
- 5. Are these challenges common for other young people?**
- 6. What are you doing to deal with these challenges?**
- 7. How well do you think you are coping?**
- 8. If you need support services to deal with challenges, who or where would you go for help?**
- 9. What are other services, opportunities, or supports in your community needed to help you deal with these challenges?**
- 10. Were you or your immediate family badly affected by COVID? If so, how?**
- 11. How has COVID affected your grades, attendance, and access to school activities and resources?**
- 12. Does your school provide accommodations for students due to COVID illness? For example, if you miss school because of COVID illness or quarantine, do your instructors allow you to make up the missed time?**
- 13. How often do you get a physical exam?**
- 14. When was the last time you went to the doctor?**
- 15. When was the last time you went to the dentist?**

Positive Men Making A Difference (PMMAD) Interview Questions

Community Experiences and Thoughts on Poverty

- Please introduce yourself and tell us something about you?
- In a few words, describe your local neighborhood and community.
- What are the positive qualities of your home, neighborhood, and community?
- What does poverty mean to you?
- What causes poverty?

Role of Men

- What are the essential responsibilities for men in their communities?
- What are the essential responsibilities for men in their families?

Community Challenges for Men

- Describe some of the challenges at home, in your neighborhood, and in your community for men.
- Are these challenges common for most men?
- What are you doing to deal with the challenges you face?
- How well do you think you are coping?

Responses to Poverty and Poverty-Related Problems

- What services, opportunities, or community support are needed to help you deal with these challenges?
- If you need support or assistance to deal with these challenges, who or where would you go for help?
- Do these local community's programs, services, and activities meet your challenges well?

Making Progress and Improvements-Opportunities

- What challenges are not well met?
- How can these programs, services, and activities be improved?
- How can local officials and people at the state level help men in the community?

Impacts of COVID-19 Pandemic

- How has COVID affected you?
- Has the COVID-19 pandemic decreased your involvement in your community?

Survey Protocol and Instruments

Dear Racine colleagues and partners,

The Racine Kenosha Community Action Agency, Inc. (RKCAA) is a local agency that has confronted poverty since 1967. RKCAA serves families in need by providing programs and services. RKCAA's vision is "Partnering in a thriving community," and RKCAA's mission is to "Stabilize lives by providing supportive programs and access to community resources for individuals and families."

Every three years, RKCAA conducts a Community Needs Assessment. Our objective is to learn more about existing services, gaps in service, and recommendations for additions and improvement. You are receiving this survey to help RKCAA with your knowledge, expertise, opinions, and ideas.

Your feedback is essential. Please answer all of the survey questions. You can check the circle to answer where indicated. Please print your responses to open-ended questions in the boxes provided. Insert numbers where appropriate. Once you have finished answering each question, click "Next" to answer the following question. Upon completing the survey, click "Done" and return the survey to us no later than Tuesday, February 22, 2022. We will send confirmation to you that your survey has been received.

Thank you for participating in the survey. I am working with RKCAA to conduct this assessment. If you have concerns or questions about the survey, you can reach me at mitphd@wi.rr.com.

**Jo Ann Gray-Murray
mitphd@wi.rr.com**

1. What industry does your group, agency, or organization belong to? Check one.

- ☐ Healthcare
- ☐ Non-profit
- ☐ Education
- ☐ Government
- ☐ Professional Services
- ☐ Housing
- ☐ (Other Please specify in writing an other industry in the box below.)

Other

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2. What are the TOP ISSUES for your group, agency, or organization? Please specify in the boxes below.

Top issue

Top issue

Top issue

Top Issue

Top issue

3. Does your group, agency, or organization operate in

- ☐ Racine County only
- ☐ Kenosha County only
- ☐ Both

4. How many full-time employees and volunteers currently work for your group, agency, or organization?

- ☐ 1-10
- ☐ 11-50
- ☐ 51-100
- ☐ 101-500
- ☐ More than 500

5. Describe the communities or types of people your group, agency, or organization serves. Please specify in writing in the box below.

6. What percentage of the people served by your group, agency, or organization are individuals and families most in need? Check one.

- ☐ 10-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

7. Which of the following describes your current job level? Check one.

- ☐ Owner/Executive/C-Level
- ☐ Senior Management
- ☐ Middle Management
- ☐ Intermediate
- ☐ Entry Level
- ☐ None of the above

Please specify "none of the above" in writing in the box below if your job level does not fit one of the options provided above.

8. How long have you been in your current position? Use a number to answer.

Years

Months

None of the above

9. Please specify in writing if you checked "none of the above" in this box

10. Rank the importance of the following concerns and challenges (1=most important to 5 = least important) for individuals and families most in need. Click the up/down arrows next to each item to rank with the appropriate number.

<div></div>	Asset Development (education, training, employment and income, and other skill-building activities)
<div></div>	Housing
<div></div>	Food and nutrition
<div></div>	Health and medical care
<div></div>	Family well-being and support

11. List the programs or services your group, agency, or organization offers to individuals and families most in need.

1.

2.

3.

4.

5.

12. List some outcomes of these programs and services.

1.

2.

3.

4.

5.

13. Rate (1=Very practical to 3=Not very practical) of the programs or services your group, agency, or organization offers to address these concerns and challenges. Please rate each program or service offered.

	Very practical	Practical	Not very practical
Asset Development (education, training, employment, and income, other skill- building)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family well-being and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate another service you have named in the box below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify in writing the other service

14. How has your group, agency, or organization adjusted the delivery of programs and services during the COVID pandemic?

	0%	20%	40%	60%	80%
Delivering services by video chat or other social media like FaceTime or Zoom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering services by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building closed to participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering services outside the home (porch/front door/curbside)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building open and providing services within the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering inside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What other adjustments beyond changing the delivery of programs and services were made by your group, agency, or organization? Check one.

- ☐ No changes were made to the delivery of programs and services
- ☐ No programs or services currently are offered
- ☐ Our group, agency or organization has closed completely

Please specify your selection in the box below

16. At this point, rate the level of disruption the COVID pandemic continues to have on your group, agency, or organization delivery of services?

	1-20%	21-40%	41-60%	61-80%	81 to 100%
Significant disruption, expect return to programs and services to be difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant disruption, but expect to bounce back quickly after things settle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some disruption, but manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Has the COVID pandemic decreased your group, agency, or organization's involvement in the community?

- ☐ Yes
- ☐ No

If yes, please specify in writing how COVID decreased involvement.

18. List other groups, agencies, and organizations in Racine county that work with individuals and families most in need.

1.

2.

3.

4.

5.

19. List some services these other groups, agencies, and organizations offer.

1.

2.

3.

4.

5.

20. Rate (1=Very practical to 3=Not very practical) the programs and services these other groups, agencies, and organizations offer to address these concerns and challenges.

	Very practical	Practical	Not very practical
Asset Development (education, training, employment, and income, other skills- building activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family well-being and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate another program or service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify in writing the other program or service rated

21. List the names of local officials and people at the state level who could help with some of these concerns and challenges.

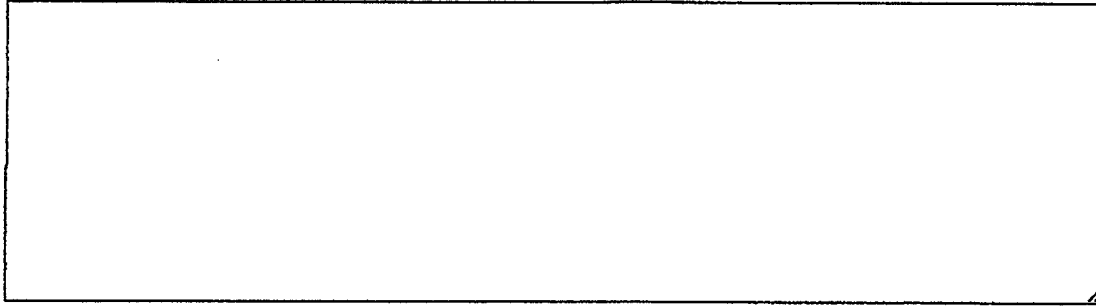
1.	<div></div>
2.	<div></div>
3.	<div></div>
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22. What can these local officials and people at the state level do to help? Please specify in writing in the box below.

23. Do you work directly with RKCAA?

- ☐ Yes
- ☐ No

24. Do you have any final comments, questions or concerns? Please specify in writing in the box below.

A large, empty rectangular box with a thin black border, intended for the respondent to provide final comments, questions, or concerns. The box is oriented horizontally and occupies a significant portion of the upper half of the page.

Dear Kenosha colleagues and partners,

The Racine Kenosha Community Action Agency, Inc. (RKCAA) is a local agency that has confronted poverty since 1967. RKCAA serves families in need by providing programs and services. RKCAA's vision is "Partnering in a thriving community," and RKCAA's mission is to "Stabilize lives by providing supportive programs and access to community resources for individuals and families."

Every three years, RKCAA conducts a Community Needs Assessment. Our objective is to learn more about existing services, gaps in service, and recommendations for additions and improvement. You are receiving this survey to help RKCAA with your knowledge, expertise, opinions, and ideas.

Your feedback is essential. Please answer all of the survey questions. You can check the circle to answer where indicated. Please print your responses to open-ended questions in the boxes provided. Insert numbers where appropriate. Once you have finished answering each question, click "Next" to answer the following question. Upon completing the survey, click "Done" and return the survey to us no later than Tuesday, February 22, 2022. We will send confirmation to you that your survey has been received.

Thank you for participating in the survey. I am working with RKCAA to conduct this assessment. If you have concerns or questions about the survey, you can reach me at mitphd@wi.rr.com.

Jo Ann Gray-Murray
mitphd@wi.rr.com

1. What industry does your group, agency, or organization belong to? Check one.

- ☐ Healthcare
- ☐ Non-profit
- ☐ Education
- ☐ Government
- ☐ Professional Services
- ☐ Housing
- ☐ (Other Please specify in writing an other industry in the box below.)

Other

--

2. What are the TOP ISSUES for your group, agency, or organization? Please specify in the boxes below.

Top issue

Top issue

Top issue

Top Issue

Top issue

3. Does your group, agency, or organization operate in

- ☐ Racine County only
- ☐ Kenosha County only
- ☐ Both

4. How many full-time employees and volunteers currently work for your group, agency, or organization?

- ☐ 1-10
- ☐ 11-50
- ☐ 51-100
- ☐ 101-500
- ☐ More than 500

5. Describe the communities or types of people your group, agency, or organization serves. Please specify in writing in the box below.

6. What percentage of the people served by your group, agency, or organization are individuals and families most in need? Check one.

- ☐ 10-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

7. Which of the following describes your current job level? Check one.

- ☐ Owner/Executive/C-Level
- ☐ Senior Management
- ☐ Middle Management
- ☐ Intermediate
- ☐ Entry Level
- ☐ None of the above

Please specify "none of the above" in writing in the box below if your job level does not fit one of the options provided above.

8. How long have you been in your current position? Use a number to answer.

Years

Months

None of the above

9. Please specify in writing if you checked "none of the above" in this box

10. Rank the importance of the following concerns and challenges (1=most important to 5 = least important) for individuals and families most in need. Click the up/down arrows next to each item to rank with the appropriate number.

Asset Development (education, training, employment and income, and other skill-building activities)

Housing

Food and nutrition

Health and medical care

Family well-being and support

11. List the programs or services your group, agency, or organization offers to individuals and families most in need.

1.

2.

3.

4.

5.

12. List some outcomes of these programs and services.

1.

2.

3.

4.

5.

13. Rate (1=Very practical to 3=Not very practical) of the programs or services your group, agency, or organization offers to address these concerns and challenges. Please rate each program or service offered.

	Very practical	Practical	Not very practical
Asset Development (education, training, employment, and income, other skill- building)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family well-being and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate another service you have named in the box below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify in writing the other service

14. How has your group, agency, or organization adjusted the delivery of programs and services during the COVID pandemic?

	0%	20%	40%	60%	80%
Delivering services by video chat or other social media like FaceTime or Zoom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering services by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building closed to participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering services outside the home (porch/front door/curbside)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building open and providing services within the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering inside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What other adjustments beyond changing the delivery of programs and services were made by your group, agency, or organization? Check one.

- ☐ No changes were made to the delivery of programs and services
- ☐ No programs or services currently are offered
- ☐ Our group, agency or organization has closed completely

Please specify your selection in the box below

16. At this point, rate the level of disruption the COVID pandemic continues to have on your group, agency, or organization delivery of services?

	1-20%	21-40%	41-60%	61-80%	81 to 100%
Significant disruption, expect return to programs and services to be difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant disruption, but expect to bounce back quickly after things settle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some disruption, but manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Has the COVID pandemic decreased your group, agency, or organization's involvement in the community?

- ☐ Yes
- ☐ No

If yes, please specify in writing how COVID decreased involvement.

18. List other groups, agencies, and organizations in Kenosha county that work with individuals and families most in need.

1.

2.

3.

4.

5.

19. List some services these other groups, agencies, and organizations offer.

1.

2.

3.

4.

5.

20. Rate (1=Very practical to 3=Not very practical) the programs and services these other groups, agencies, and organizations offer to address these concerns and challenges.

	Very practical	Practical	Not very practical
Asset Development (education, training, employment, and income, other skills- building activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family well-being and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate another program or service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify in writing the other program or service rated

21. List the names of local officials and people at the state level who could help with some of these concerns and challenges.

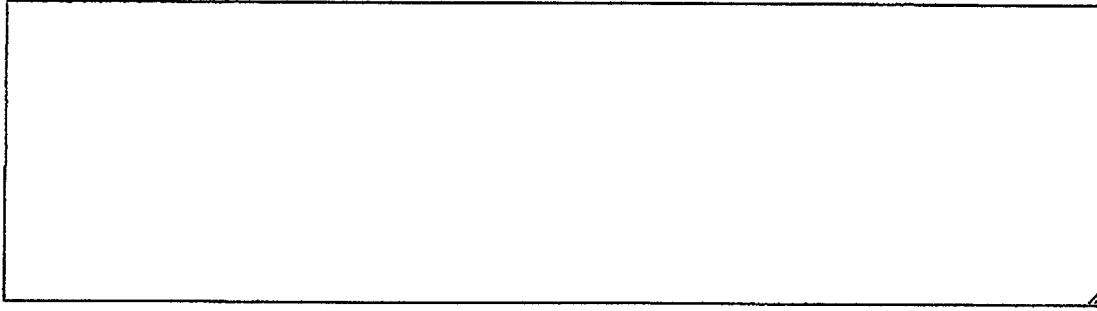
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2.	<div></div>
3.	<div></div>
4.	<div></div>
5.	<div></div>

22. What can these local officials and people at the state level do to help? Please specify in writing in the box below.

23. Do you work directly with RKCAA?

- ☐ Yes
- ☐ No

24. Do you have any final comments, questions or concerns? Please specify in writing in the box below.

A large, empty rectangular box with a thin black border, intended for handwritten or typed responses to question 24. The box is oriented horizontally and occupies a significant portion of the upper half of the page.

Dear RKCAA Board Members,

As you know, Racine Kenosha Community Action Agency, Inc. (RKCAA) has confronted poverty since 1967. The RKCAA vision is "Partnering in a Thriving Community." The mission that contributes to and supports the RKCAA vision is to "Stabilize lives by providing supportive programs and access to community resources for individuals and families."

Every three years, RKCAA conducts a Community Needs Assessment. The objective is to learn more about existing services, gaps in service, and recommendations for additions and improvement. You are receiving this survey to understand your thoughts and ideas about:

- 1) the lives of people and families most in need in Racine and Kenosha,**
- 2) the scope and quality of RKCAA programs and services, and**
- 3) additional ideas to positively impact the lives of individuals and people most in need.**

You can help by answering all of the survey questions. You can check the circle to answer where indicated. Please print your responses to open-ended questions in the boxes provided. Also, insert numbers where appropriate. Once you have finished answering each question, click "Next" to answer the following question. Upon completing the survey, click "Done" and return the survey to us no later than Friday, February 18, 2022. We will send confirmation to you that your survey has been received.

Thank you for participating in the survey. I am working with RKCAA to conduct this assessment. Don't hesitate to contact me at mitphd@wi.rr.com with any concerns or questions about the survey. Thank you for completing the survey.

Jo Ann Gray-Murray
mitphd@wi.rr.com

1. What industry does your group, agency, or organization belong to?

☐ Healthcare

☐ Government

☐ Non-profit

☐ Professional Services

☐ Education

☐ Other (please specify in writing in the box below)

Other

2. Does your group, agency, or organization operate in

- ☐ Racine County only
☐ Kenosha County only
☐ Both

3. Approximately how many full-time employees currently work for your group, agency, or organization?

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-500
☐ More than 500

4. Which of the following best describes your current job level?

- ☐ Owner/Executive/C-Level
☐ Senior Management
☐ Middle Management
☐ Intermediate
☐ Entry Level
☐ None of the above (Please specify an other job level in the box below)

Other job level

5. How long have you been employed in your current position? Please use a number.

Years

Months

None of the above

6. Please specify in writing if you checked "none of the above in this box

7. Define the communities or types of people your group, agency, or organization serves.
(Please specify in the box below)

8. What percentage of the people served by your group, agency, or organization are individuals and families most in need?

- ☐ 10-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

9. What does poverty mean to you?

10. Why did you join the RKCAA board?

11. What term are you serving as an RKCAA board member?

- ☐ First term
- ☐ Second term
- ☐ Third term

12. Name some board member responsibilities you have undertaken at RKCAA (Please list in writing)

Responsibility

Responsibility

Responsibility

Responsibility

Responsibility

13. Has the COVID pandemic decreased your involvement with RKCAA?

- ☐ Yes
- ☐ No

If yes, how?

14. In general, are RKCAA programs, services, and activities effective in serving people most in need?

- ☐ Extremely effective ☐ Somewhat effective
☐ Very effective ☐ Not very effective

15. How much do you know about RKCAA programs, services, and activities?

- ☐ A great deal ☐ A moderate amount
☐ A lot ☐ A little

16. Have you attended RKCAA program events?

- ☐ Yes
☐ No

17. In your opinion, which RKCAA programs and services are most important?

- ☐ Asset Development (education, training, employment and income, and other skill-building activities)
☐ Housing
☐ Health and medical care
☐ Food and nutrition
☐ Family well being and support

18. Has the coronavirus pandemic had a positive or negative impact on RKCAA's overall operations?

- ☐ Very positive
☐ Somewhat positive
☐ Neither positive or negative
☐ Somewhat negative
☐ Very negative
☐ Not sure

Please explain your answer in writing in the box below.

--

19. List other programs, agencies, and organizations in Racine and Kenosha counties that work with individuals and families most in need

1	
2	
3	
4	
5	

20. How would you rate the overall quality of these programs and services in Racine county?

- ☐ Very high quality
- ☐ High quality
- ☐ Neither high nor low quality
- ☐ Low quality

21. How would you rate the overall quality of these programs and services in Kenosha county?

- ☐ Very high quality
- ☐ High quality
- ☐ Neither high nor low quality
- ☐ Low quality

22. List the name of local officials and people at the state level who could help with some of the concerns and challenges of people most in need.

1	
2	
3	
4	
5	

23. What can these local officials and people at the state level do to help?

1	
2	
3	
4	
5	

24. Which race or ethnicity best describes you? (Please choose only one.)

- ☐ American Indian or Alaskan Native
- ☐ Asian / Pacific Islander
- ☐ Black or African American
- ☐ Hispanic
- ☐ White / Caucasian
- ☐ Multiple ethnicities/other (Please specify in the box below)

Other

25. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other

26. What is the highest level of education that you have completed?

- ☐ Some high school, but no diploma
- ☐ High school diploma (or GED)
- ☐ Some college, but no degree
- ☐ 2-year college
- ☐ 4-year college
- ☐ Graduate-level degree
- ☐ Other training and education (please specify in the box below)
- ☐ Other

27. Do you work directly with RKCAA?

- ☐ Yes
- ☐ No

28. Do you have any final comments, questions, or concerns?

CNA Survey

Program *

Program

County *

County

Age *

Age

Ethnicity *

- ☐

Black
- ☐

Hispanic
- ☐

White
- ☐

Indian
- ☐

Asian
- ☐

Other

Gender *

- ☐ Male
- ☐ Female

Marital Status *

- ☐ Married
- ☐ Unmarried

Employment Status *

- ☐ Employed
- ☐ Unemployed

Number in Household *

Household Income *

Employment

1. Describe the most significant employment needs or challenges facing people in poverty in your community: (Check all that apply) *

Few Jobs for people without an education

Unable to find jobs in the area

Lack of computer skills

People lack skills to obtain job

Employers leaving the area

Long Commute to jobs

People lack education to obtain a job

Cost of childcare

County does not have an employment program

Cost of transportation

Lack of transportation

Lack of childcare during hours needed

Lack of good paying jobs with benefits

Few jobs for people without skills

Current jobs are low paying

There are no employment problems

2. Please identify barriers or reasons that may prevent individuals from obtaining gainful employment. (Check all that apply.) *

- ☐ Negative work history
- ☐ Lack of education for positions
- ☐ Lack of experience
- ☐ Discrimination - age, race, gender, etc...
- ☐ Pregnancy
- ☐ Dependable childcare
- ☐ Emotionally unable to work
- ☐ Lack of reliable transportation
- ☐ Temporary disability problem
- ☐ Permanent health/disability problem
- ☐ Lack of High School Diploma/GED
- ☐ Criminal record
- ☐ There are no barriers to obtaining gainful employment

Education

3. Describe the most significant education needs or challenges facing people in poverty in your community: (Check all that apply) *

- ☐ Lack of high school diploma/GED
- ☐ Lack of child care
- ☐ Lack of access to programs for obtaining a GED
- ☐ Cost of child care
- ☐ Lack of computer skills
- ☐ Lack of access to vocational programs
- ☐ Cost of transportation
- ☐ Lack of transportation
- ☐ Lack of dropout prevention programs
- ☐ Lack of vocational skills/programs
- ☐ Lack of college education
- ☐ Lack of programs to enhance computer skills
- ☐ Threats of violence in schools
- ☐ Lack of money for tuition
- ☐ Language barriers
- ☐ There are no educational problems in this area

4. If you were able to improve the education of individuals within your community which areas would you choose: (Check all that apply) *

Improving writing skills

Improve reading skills

Would like to improve English or language skills (ESL)

Improve math skills

High school diploma/GED

Two or four-year degree

Provide training in specific area

There is no need to improve the education of individuals

Other areas of improvement

Housing

5. Describe the most significant housing needs or challenges facing people in poverty in your community: (Check all that apply) *

Housing size doesn't meet the family needs

Affordable housing not available

Need repair assistance (roof, foundation, plumbing, etc.)

Lack of shelters for emergency situations

Unacceptable condition of available neighborhoods

Lack of temporary emergency housing

Unsafe housing (Mold-Lead)

Cost of utility/rent deposit

Need weatherization

Lack of shelters

Lack of rental assistance

There is no housing problem in this area

Nutrition

6. Describe the most significant nutritional needs or challenges facing people in poverty in your community: (Check all that apply) *

- ☐ Lack of transportation to available grocery stores
- ☐ Not enough income to purchase food
- ☐ Food stamps run out before end of month
- ☐ Lack of information on resources available
- ☐ Not eligible for food stamps
- ☐ Not eligible for WIC
- ☐ Lack of cooking classes and/or nutrition education
- ☐ Insufficient hours to access Food Pantries
- ☐ Insufficient hours to enroll in Food Programs- FoodShare and WIC
- ☐ Lack of food
- ☐ Lack of access to healthy food
- ☐ There is no nutrition problem in this area

Income

7. Describe the most significant money management needs or challenges facing people in poverty in your community: (Check all that apply) *

- ☐ Lack of living wage
- ☐ Lack of knowledge of budgeting
- ☐ Lack of information on available resources
- ☐ Child support
- ☐ Lack of use of earned income tax credits
- ☐ Lack of knowledge about savings
- ☐ There is no income problem in this area

Transportation

8. Describe the most significant transportation needs or challenges facing people in poverty in your community: (Check all that apply) *

Cost of buying a car

Lack of credit to buy a car

Cost of maintaining and repairs of a car

Cost of gasoline

No car insurance

Limited public transportation

Insufficient hours of operation of public transportation

There are no transportation problems in this area

Healthcare

9. Describe the most significant healthcare needs or challenges facing people in poverty in your community: (Check all that apply) *

Doctors will not accept Medicaid or Medicare

Unable to access dental services

Lack of transportation

Lack of health insurance

Lack of income to pay for prescriptions

Lack of income for medical emergencies

Lack of resources for mental health treatment

Lack of resources for alcohol or drug abuse treatment

Existing health conditions

There is no healthcare problem in this area

Covid-19 Pandemic

10. Which COVID-19 related resources did you access?: (Check all that apply)

*

- ☐ FoodShare
- ☐ Rental Assistance
- ☐ School Pandemic EBT
- ☐ School meal delivery/pick-up
- ☐ Please list other resources accessed in the box below

If you did not access resources, what were the reasons/barriers that prevented access? (Please Specify)

11. Has COVID-19 affected your efforts to obtain/maintain any of the following: (Check all that apply) *

- ☐ Employment
- ☐ Housing
- ☐ Childcare
- ☐ Healthcare
- ☐ Other (Please list other COVID-19 related issues in the box below)

12. Were you or your immediate family adversely affected by COVID-19? *

- ☐ Yes
- ☐ No

If so, how? (Please specify in the box below)

13. COVID-19 disrupted customary service delivery for many people, which alternative methods of service provision have you been able to utilize. (Check all that apply) *

- ☐ Curbside
- ☐ Phone
- ☐ Virtual
- ☐ Other (Please Specify)

Additional Comments

If you have any additional area of focus, comments or questions, please feel free to share below.

Please verify that you are human *

☐

I am human



hCaptcha

[Privacy](#) - [Terms](#)

Interview Protocol and Instrument

What is an interview?

Qualitative interviews are a form of qualitative data collection designed to understand another person's impressions or experiences through interaction and conversation. Unlike other data collection methods, a qualitative interview is like a semi-structured conversation between a questioner and respondent. The goal of interviews is to get a full range and depth of information from another through a flexible and frequent, semi-structured relationship.

Designing qualitative interviews includes finding respondents, setting up and conducting interviews that capture talk through written and electronic means, and analyzing the words or texts that emerge from the conversation. As a guided conversation, the interview process emphasizes the qualities of individuals and the process and meanings that are not experimentally examined or measured. The questioner carefully listens to hear the "meaning" of what the speaker communicates of their social world. In March 2022, the RKCAA conducted interviews with six local topic experts on the personal perspectives, challenges, responses, and progress and improvement in poverty-related issues.,

INTERVIEW ANALYSIS PROCESS

SETTING UP	
1. Interview topic	Anti-poverty service performance: <ul style="list-style-type: none"> • Existing services • gaps between existing services and needs • recommendations for improvements and additional services
2. Individual or Interest group (voices)	Local subject matter experts in housing, food and nutrition, health and asset attainment
3. Relationship of person (or group) to the research topic	Formal and informal working relationship with RKCAA and other anti-poverty efforts
A. How do they define the topic?	Conversational thoughts and opinions about poverty and poverty-related challenges, responses, and future progress and needed improvements
B. How do they differentiate it from other topics?	Complement the survey and focus group responses Expand on the census-based statistics
C. How does the person's (or group's) comments compare to other comments?	Unlike census statistics, provides qualitative, non-numerical information on meaning, characteristics, impact and solutions to poverty and poverty-related issues Provides insider and outsider perspectives of people directly involved with and/or familiar with RKCAA

	Knowledgeable about poverty and poverty-related problems
GETTING THE DATA	<p>Convenience sampling of subject matter expert key informants involved with RKCAA</p> <p>Interview guide to structure the interviews</p> <p>Scheduled recorded telephone conversations with each expert key informant</p>
ORGANIZING THE DATA <u>Qualitative</u> <i>Words</i> <i>Themes</i>	<p>Written transcriptions of open-ended responses to questions</p> <p>Charts and tables of frequent occurrence of words in transcriptions</p> <p>Comparative graphs and tables of frequently occurring words</p>
ANALYZING THE DATA <u>Qualitative Content Analysis</u> Significance of a word/category in a text Manifest approach <ul style="list-style-type: none"> • Perform a word frequency/category count Identification/definition investigation Latent approach	<p>Count individual word frequencies in text</p> <p>Produce a list of key or significant words for each text</p> <p>Assign variables to capture content, emotion, thinking styles, social concerns and other socially and psychologically variables of key words</p>

<ul style="list-style-type: none"> • how the word is used in a sentence or for contextual meaning <p>Completion and presentations of results</p>	<p>Read the text to summarize the larger context of each word</p> <p>Closely examine how key words provide overall meaning to the texts</p> <p>Document results from words counts and interpretive comments</p>
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COMMUNITY EXPERTS INTERVIEW QUESTIONS

Personal Perspectives

Question 1: What does poverty mean to you?

Question 2: What causes poverty?

(You should not read the following phrases directly as part of the questions you ask. They are included as possible prompts to stimulate answers to the question if needed)

- Lack of effort by people in poverty (meritocracy)
- Personal weakness and lack of grit (bootstraps)
- The “bad culture” of urban communities (pathology of urban poverty)
- Our economic system unfairly benefits some while others (unfair system)
- Poverty is a natural part of society (romantic)

Question 3: What are the top issues of poverty?

Question 4: How did you learn about poverty?

(You should not read the following categories directly as part of the questions you ask. They are included as possible prompts to stimulate answers to the question if needed)

- *From informal and formal conversations and interactions*

Word-of-mouth

Friends and family

Casual acquaintances

- *From personal learning, observations, and experiences*

On the job

From your interests and study

Community activism

- *From your neighborhood and environmental situation*

Abandoned and boarded-up buildings

Dilapidated housing stock

Overcrowded facilities

Food deserts

Lack of playground facilities for children

Homelessness

Absence of commercial businesses

Unsanitary streets, parks, and other public spaces

Lack dependable public transportation

- *From your status and circumstances*

Socio-economic background and status

Racial and ethnic status

In elementary, high school, and college

Disparities in health and healthcare

As a beneficiary of social service agencies or governmental programs

- *Media*

Internet

Radio, television, movies

Newspaper articles and advertising

- *Interaction with governmental and social services agencies*

Outreach

Access

Availability

- Other

Challenges of Poverty

Question 6: What makes poverty persistent and pervasive?

Question 7: How does poverty affect people?

Question 8: What needs are being confronted?

Question 9: What needs are not being met?

Question 10: What obstacles limit progress toward positive responses to poverty?

Question 11: Why are we not making more progress?

Responses to Poverty

Question 12: Tell me about the work you do that concerns poverty.

Question 13: How did you become involved with RKCAA?

Question 14: How long have you been involved with RKCAA?

Question 15: Are you involved with RKCAA in Racine, Kenosha, or both communities?

Question 16: What are the specific things you do at or with RKCAA.

Question 17: Name some of the programs and services that RKCAA provides.

Question 18: How do you rate the quality of these programs and services

Question 19: What specific ways do people benefit from these programs and services?

Question 20: Are these services and programs delivered well?

Question 21: Is RKCAA doing enough of the right things for people in need in Racine and Kenosha?

Question 22: Describe how RKCAA contributes to state and local efforts to address poverty

Making Progress and Improvements

Question 23: Describe the progress that has been made in confronting poverty?

Question 24: What can be done to address these unmet needs?

Question 25: What resources are needed to address these unmet needs?

Question 26: Who needs to be involved with or contribute to confronting these unmet needs?

Additional Questions

Question 27: Do you have any additional comments or opinions to share?

B

Program Impact Statements

2021 Program Impact Statements

HOUSING

The Weatherization Assistance Program is a partnership between Racine Kenosha Community Action Agency, Inc. (RKCAA), the State of Wisconsin, and community partners. RKCAA provides services to low and moderate-income homeowners and renters in Racine and Kenosha counties. Services include attic and sidewall insulation, crawl space and foundation insulation, heating system repair or replacement, refrigerator upgrade, exhaust fans installation, roof venting, and light bulb replacement with Energy Star products. RKCAA provides these services year-round. The goal of the Weatherization Assistance Program is to reduce energy costs for eligible low-income households by improving the energy efficiency in their homes while ensuring their health and safety. The annual average energy cost savings per home is \$350. Customers who qualify for The Energy Assistance Program are eligible for the Weatherization Assistance Program.

The Weatherization Assistance Program served 654 individuals in 239 dwellings in 2021, increasing the number of households gaining access to cost-saving energy measures. Additionally, the program provided emergency furnace repair services to 314 families enrolled in the Home Energy + Furnace Program, increasing the number of heated households in Racine and Kenosha Counties.

RKCAA canceled its annual Weatherization Day event due to the COVID-19 pandemic. The Weatherization Assistance Program provided Money-Saving Kits filled with cost-saving energy products and tips, increasing the number of

households using cost reduction products and gaining access to resource materials.

Rental Assistance

The Racine Kenosha Community Action Agency, Inc. (RKCAA) collaborated with the State of Wisconsin and community partners to assist individuals and families seeking shelter. The agency administers rental assistance programs in Racine and Kenosha Counties. Assistance focused on rental payments, utilities, and other fees associated with housing and utilities. The goals are as follows:

To decrease the number of households unable to pay rent, Racine Kenosha Community Action Agency, Inc. partnered with the City of Kenosha (Kenosha Rental Assistance Program- K-RAP) to assist eligible households who had been adversely affected by the COVID-19 pandemic. Through CARES ACT funding, RKCAA and the City of Kenosha enabled 133 homes to remain shelter secure, resulting in fewer families experiencing homelessness. Benefits totaled more than \$386,000.

To decrease the number of individuals and families without a place to live, Racine Kenosha Community Action Agency, Inc. (RKCAA) worked with the State of Wisconsin and community partners to assist residents affected by the COVID-19 pandemic. Through the Wisconsin Emergency Rental Assistance program, 7,173 individuals and 2,755 families could find shelter or remain in their homes and access additional

services. Nearly \$8,883,000 in benefits were distributed in communities served by RKCAA.

To ensure eligible households in Racine and Kenosha Counties had access to essential utilities, RKCAA worked with the State of Wisconsin and community partners to assist residents in paying utility bills, resulting in 19 households having access to electricity heat-safe water.

FOOD SECURITY AND NUTRITION

Women, Infants, and Children (WIC)

- To ensure Kenosha pregnant women, new moms, infants and children have access to optimal nutrition and health resources, RKCAA provided WIC services to 5,194 unduplicated participants in 2021. These services resulted in monthly food benefits, nutrition, breastfeeding education, and linkages to community resources to ensure Kenosha families get the best start to a healthy life.
- To improve the intake of fruits and vegetables consumed by WIC families, RKCAA provided nutrition education, cooking classes, and WIC farmer market checks to 1,335 participants in 2021.
- To ensure Kenosha WIC families had access to breastfeeding education and support, RKCAA provided prenatal BF education, individualized breastfeeding peer counseling support, and access to an IBCLC (international board-certified lactation consultant). This education and support resulted in 72% of Kenosha WIC moms initiating breastfeeding

and 54% continuing to breastfeed at three months, giving babies the best start for a healthy life and ensuring WIC families had ongoing access and support to meet their breastfeeding goals.

Kenosha Senior Veggie Voucher Program

- To support low-income Kenosha senior citizens in accessing fresh produce, RKCAA provided Kenosha veggie vouchers to 686 seniors in 2021 to access fresh produce at local farmer markets and approved farm stands. 79% of the vouchers were redeemed, which resulted in increased access to local fruits and vegetables.

Racine Kenosha Community Action Agency, Inc. serves as the lead Emergency Feeding Organization (EFO) for Racine and Kenosha Counties. The agency administers programs that assist individuals and families who are food insecure, focusing on access and nutrition. Food is a basic need, and the availability to have access to healthy food is key to overall health and wellness.

To support eligible senior citizens achieve their goal of consuming healthier food, RKCAA partnered with the State of Wisconsin, community partners, Festival Food, and Potato King. The Cupboard Bound Program, Commodities Supplemental Food Program (CSFP), provided an average of 805 nutritious food boxes per month to program participants in Racine and Kenosha Counties, enabling seniors to access healthier food options, resulting in 805 additional seniors eating nutritious meals.

To increase the number of shelters, food pantries, and meal sites having access to state commodities, RKCAA partnered with the State of Wisconsin, Racine County Food Bank, the Shalom Center, Inc., and community partners to distribute food through The Emergency Food Assistance Program (TEFAP). In 2021, host sites distributed approximately 3,101,123 pounds of food to 27,389 families, resulting in 80,236 individuals gaining access to nutritious food. In addition, the program provided 175,597 meals to individuals and families through shelters and meal sites.

To ensure that eligible residents in Racine and Kenosha Counties can prepare healthy meals during the holiday season, RKCAA partners with community partners, providing approximately 2,000-holiday food boxes to disabled individuals, senior citizens, and others. Trade Mitigation Program (TMP), TEFAP commodities, and new produce supplement food boxes.

HEALTH

Fit Families

- To decrease childhood obesity, RKCAA's Fit Families coach provided monthly support and tools, resulting in 148 Fit Families implementing behavior change strategies such as limiting sweetened beverages to ≤ 6 ounces a day and encouraging 60 minutes of daily activity for lifelong health and wellness.

- To support families in adopting a healthy lifestyle, RKCAA's Fit Families program provides monthly 1:1 coaching, nutrition education reinforcement items, and Zoom classes. These strategies helped positive behavior change. For example, the daily number of children consuming four or more servings of fruits and vegetables increased from a baseline of 30.7% to 48% at the end of the year.

Kenosha County Public Health (KCPH)

- The KCPH uptown clinic, located on the second floor of the RKCAA's Kenosha Office, ensured access to preventative health services for WIC families and the Kenosha community, resulting in improved health outcomes.

ASSET ATTAINMENT

The Skills Enhancement Program (SEP) provided opportunities for participants to move closer to becoming self-sufficient by offering financial assistance for tuition, books, transportation, childcare, and other unmet financial obligations not covered by financial aid to eligible participants. Individuals who successfully exited the program in 2021 accomplished the following:

- All individuals who successfully exited the Skills Enhancement Program work in chosen fields, with an average hourly increase of \$4.76/hr. Or \$10,076 annually, increasing their ability to provide for themselves and their families (Health Insurance, Housing, and Medical Insurance).

- Three (3) individuals completed postsecondary education, earning an Associate of Arts Degree or Certificate in Nursing, Human Services, or Administrative Assistant Training, enabling them to increase their wages and obtain employer-sponsored benefits.

COVID-19 SPECIFIC FUNDING

- SEP Staff partnered with Racine and Kenosha Counties entities to provide 350 students (175 in each county) between grades of 1-12 with backpacks equipped with school supplies, resulting in more students prepared for the 2021-2022 academic year.
- Through Cares Act funding, RKCAA produced a promotional program video to showcase the program's work, obtain additional financing, and distribute it as a recruiting tool. The promotional video resulted in more individuals learning about the program.

The most remarkable success story of 2021 is that of a single mother of four (4), who entered the program as a store clerk in 2019, earning \$9.00/hr. She encountered childcare issues and had to drop out of the program.

However, one year later, she re-entered SEP and completed her Associate of Arts Degree in Human Services from Gateway Technical College. She currently works with the Racine County Jail as a clerk earning over \$16.00/hour, with

- To support WIC families who experienced financial hardship during the pandemic, RKCAA provided 3,296 packs of diapers for WIC infants and children. These services resulted in CARES funding assisting families affected by COVID-19 to meet their monthly payments expenses.

- To encourage fruit and vegetable consumption during the winter months for food-insecure senior citizens, RKCAA provided 526 Access Produce gift cards for seniors to redeem for fruits and vegetables at local Festival Foods. This service resulted in CARES funding to help senior citizens access healthy food during the pandemic.

C

ADDITIONAL REPORTS

ADDITIONAL REPORTS

Children at Risk
Food Access



APR 08 2022

ACEs Risk in Children

A look at Our Community and the burden of adverse experiences faced by children living within it.



Shared by [Jo Ann Gray-Murray](#)

Background: Adverse Childhood Experiences (ACEs)

[Adverse Childhood Experiences](#) describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18 (CDC, 2019).

In the mid 1990s, the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente found that traumatic events during childhood in a mostly white, college-educated population were common (Bryan, 2018; Felitti, 1998). These traumatic events were termed Adverse Childhood Experiences (ACEs).

Quick findings and facts about ACEs and child abuse and neglect (CDC, 2019; Felitti, 1998; Harris, 2014):

- **ACE score:** Total sum of ACE categories reported when individuals are surveyed (out of 10).
- **ACEs are incredibly common:** 64% of the original 17,337 population had at least one ACE, 40% had two, 12.5% (1 in 8) had four or more ACEs, and 9% (1 in 11) experienced six or more ACEs (Felitti, 1998).
- **High exposure to ACEs is related to negative outcomes:** Compared to those who have experienced no ACEs, those who experience six or more:
 - are 4,600% more likely to become an intravenous drug user

- are between 3,100% and 5,000% more likely to attempt suicide
 - have triple the lifetime risk of heart disease and lung cancer
 - have a 20-year decrease in life expectancy (Felitti, 1998; Harris, 2014)
- **ACEs exhibits a dose-response relationship:** The higher the ACE score or the more ACEs experienced, the worse the health outcomes.
 - **ACEs exposure:** ACEs dramatically increase the risk for seven out of 10 of the leading causes of death in the United States (Felitti, 1998).
 - **Child abuse and neglect are common:** At least 1 in 7 (14%) children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate.
 - **Children living in poverty experience more abuse and neglect:** Rates of child abuse and neglect are 5 times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status.
 - **Child maltreatment is costly:** In the United States, the total lifetime economic burden associated with child abuse and neglect was approximately \$124 billion in 2008. This economic burden rivals the cost of other high profile public health problems, such as stroke and type 2 diabetes (Fang, 2012).

As Dr. Vincent J. Felitti, author of the seminal CDC ACES study, summarized ([Felitti, 2019](#)):

What we found in the ACE study involving 17,500 middle-class adults was that life experiences in childhood, that are lost in time, and then further protected by shame and by secrecy and by social taboos against inquiry into certain realms of human experience; that those life experiences play out powerfully and proportionally a half century later in terms of emotional state, in terms of biomedical disease, in terms of life expectancy.

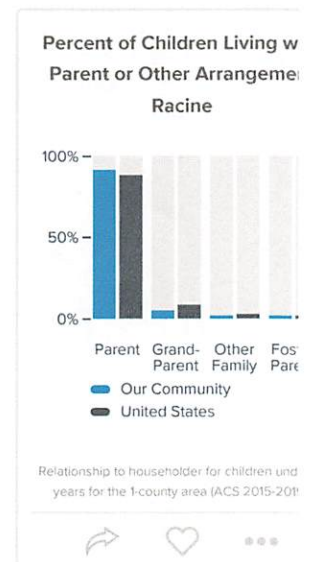
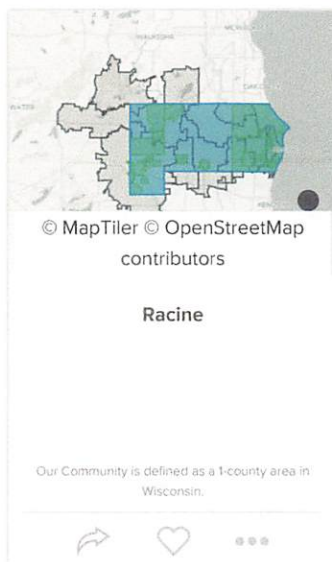
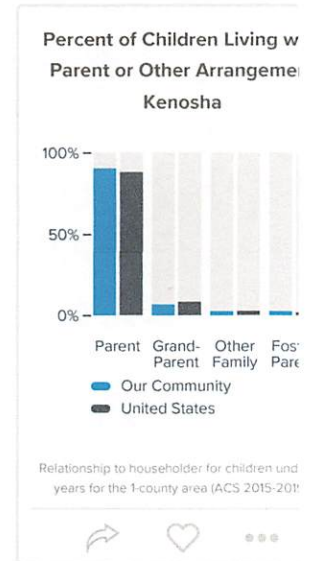
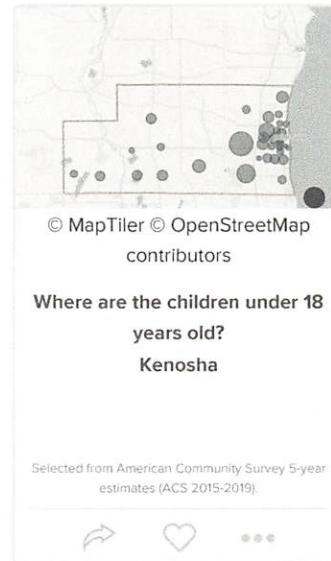
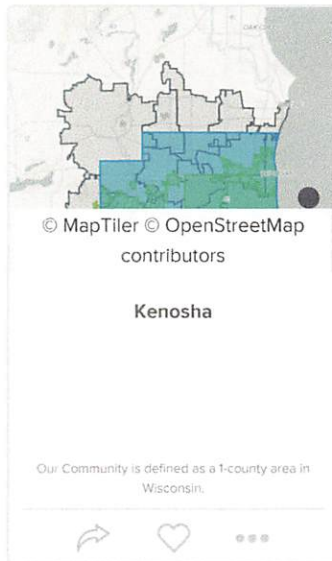
Demographics: Children in Our Community

There are quite a few children of preschool and school-age in **Our Community**. They come from a variety of backgrounds including different household types and ethnic backgrounds.

Cards include:

- Map of Our Community
- Number of children under 18 years of age
- Bubble map showing where children under 18 years of age live - *Larger bubbles indicate more children.*
- Percent of Children Living with Parent or Other Arrangement - *This is also compared to the U.S. benchmark and hovering over the chart can show the percentages.*

More demographic information on **Our Community** can be found at the [BroadStreet](#) Demographic report.



Race and Ethnicity

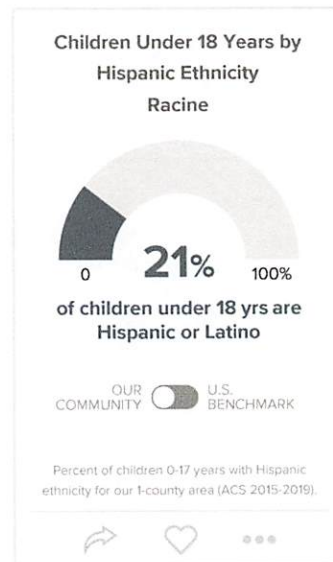
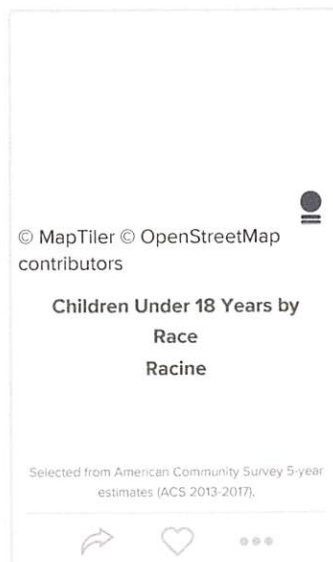
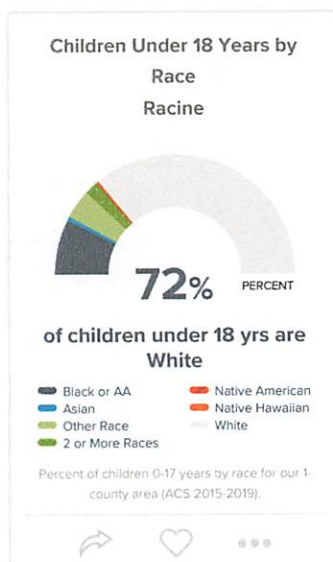
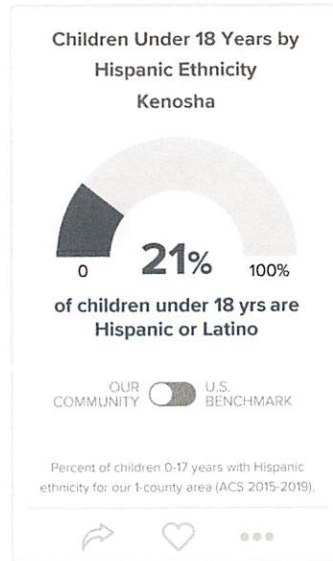
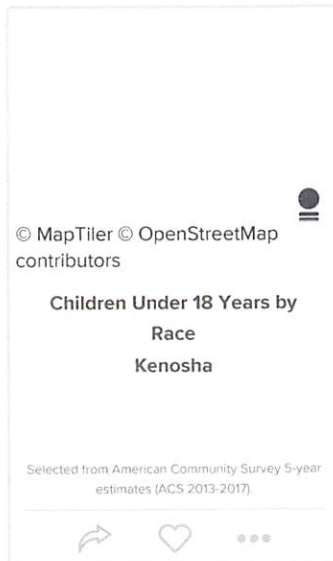
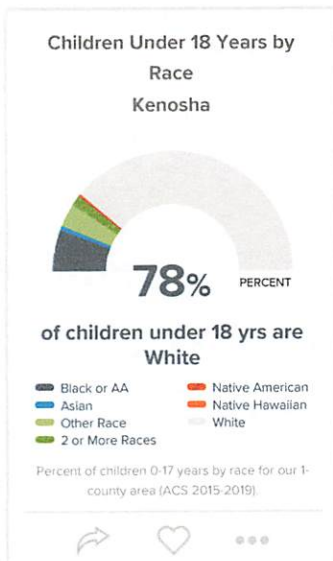
When it comes to ACEs, race and ethnicity matters. Children of different races and ethnicities do not experience the same number of ACEs. Black, Hispanic, and multiracial children experience significantly more ACEs when compared to White children (Merrick, 2018; Sacks, 2018; Slopen, 2016).

In particular, Sacks (2018) found the following percentages for children in the U.S. experiencing at least one ACE:

- 61% were Black non-Hispanic,
- 51% were Hispanic children,
- 40% were White non-Hispanic, and
- 23% were Asian non-Hispanic children.

Cards include:

- Percent of Children Under 18 Years by Race (on desktop, hover over the chart to get the percent).
- Geographic dot map of **Children Under 18 Years by Race** with each dot representing 10 children in **Our Community**.
- Children Under 18 Years by Hispanic Ethnicity (toggle to compare **Our Community** to the U.S.).
- Word cloud depicting the Top Ten Languages Spoken at Home (on desktop, hover over word cloud to get the percentages).

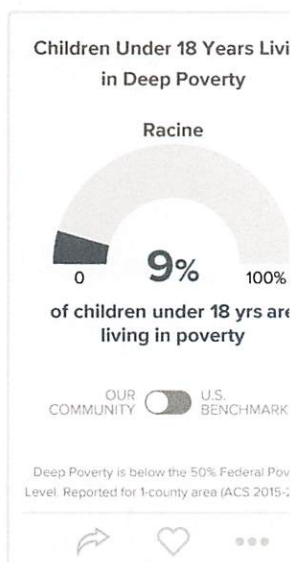
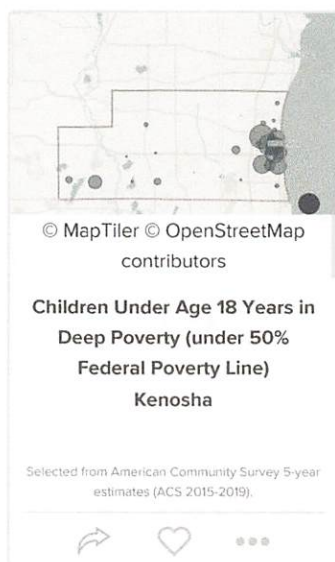
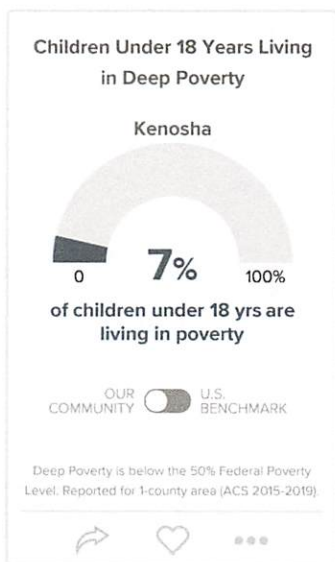
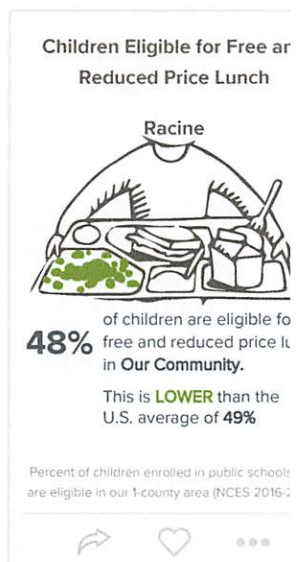
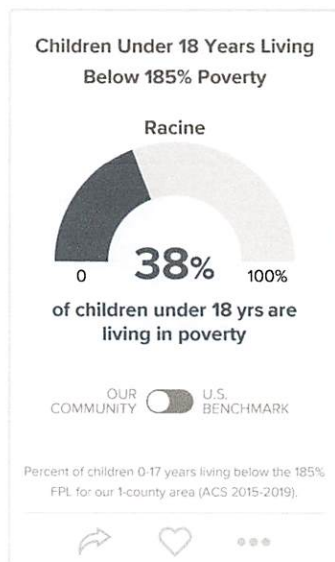
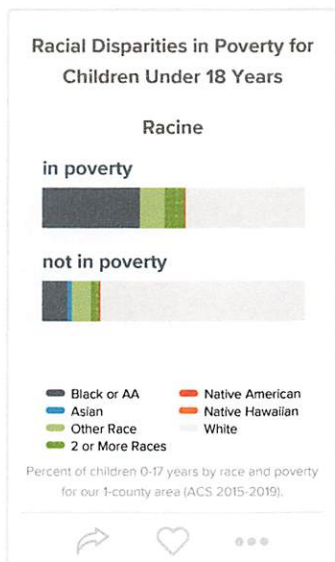
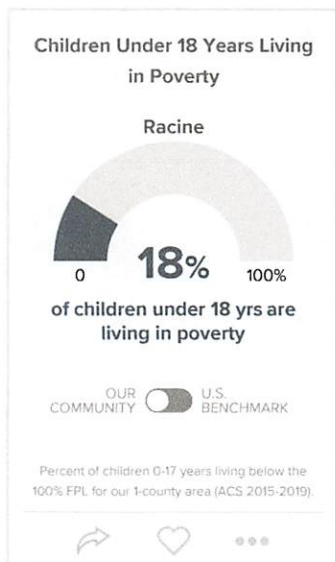
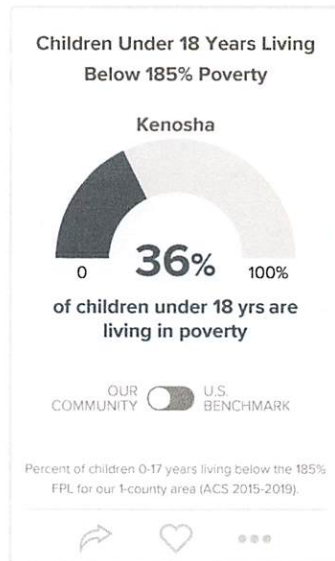
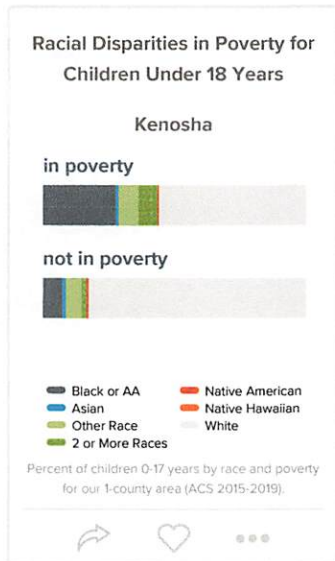
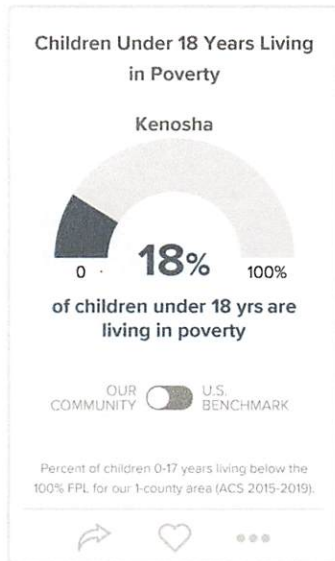


How Many Children Are Living in Poverty

Poverty may bring stressful exposures into the lives of children. Being poor is so closely associated with ACEs, that it may itself be an ACE. It may indeed be the foremost ACE. Many childhood ACEs are caused by or made worse by poverty, making poverty the first ACE for many children. Research indicates that poverty is highly related with ACE exposure, and that children living in poverty are more likely to experience frequent and intense ACEs. Poverty is therefore a catalyst of a lifetime of health problems (Hughes 2018; Raphael, 2011). Poverty itself is unevenly distributed in the population and racial disparities may exist.

Cards include:

- Children Under 18 Years Living in Poverty.
- Racial Disparities in Poverty for Children Under 18 Years (hover over to see percents by race)
- Children Eligible for Free and Reduced-Price Lunch. Note, researchers generally agree that this may be a poor measure of socioeconomic status and poverty (Harwell, 2018).
- Children Under 18 Years Living Below 185% Poverty - *Those living below 185% poverty are often eligible for state and federal food programs (such as Free and Reduced Price Lunch)*
- Children Under 18 Years Living in Deep Poverty defined as under 50% of the Federal Poverty Line.
- Bubble map showing children under age 18 years in deep poverty - *Larger bubbles indicate more children.*



Children Living in Affluence and Deprivation

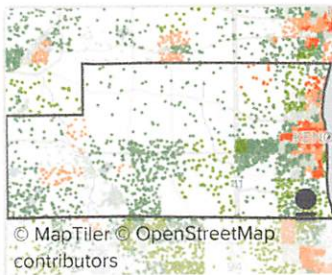
Through-out childhood, we are exposed to multiple *risk* factors (e.g., violence) as well as *protective* factors (e.g., safe neighborhoods). The balance of good and bad experiences may tip the balance towards negative or positive outcomes, not only in childhood but later in life. These exposures occur at multiple levels including: individual, family, peer group, school, as well as neighborhood and community levels (Leventhal, 2000; Raphael, 2011).

This means that neighborhoods, where we live and where our children are born, can have a significant impact on health. These neighborhood-level "exposures" can be used to predict and even screen areas with children who may be at risk. For example, you could look for areas with high levels of deprivation or ADI scores (e.g., red areas) as a initial neighborhood indicator screener; then, as a secondary screener you could look for neighborhoods with the most children.

One such screening measure is the Area Deprivation Index (ADI). Community-level maps of ADI are available below, as well as a view of ADI disparities.

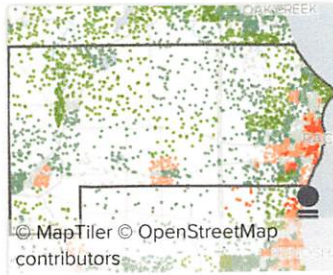
Cards include:

- Children Under Age 18 Years by Area Deprivation Index (Red = Most Deprived Quintile) - *Each dot represents 10 children.*
- Disparities of Deprivation
- Area Deprivation Score in Our Community - *Note, this card can be clicked on to find out more information on the ADI and to download ADI data for your area.*



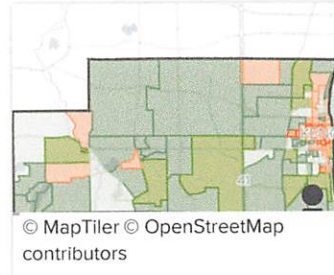
Children Under Age 18 Years by
Area Deprivation Index (Red =
Most Deprived Quintile)
Kenosha

Population by Area Deprivation Index (ADI) in our 1-
county area (BroadStreet 2020).



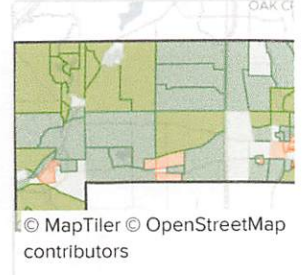
Children Under Age 18 Years by
Area Deprivation Index (Red =
Most Deprived Quintile)
Racine

Population by Area Deprivation Index (ADI) in our 1-
county area (BroadStreet 2020).



Area Deprivation Score
Kenosha

Area Deprivation Index for the Census Block
Groups in our 1-county area (BroadStreet 2021).



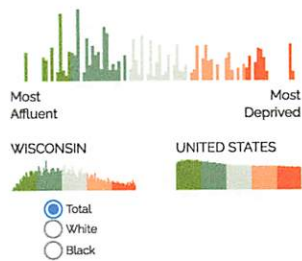
Area Deprivation Score
Racine

Area Deprivation Index for the Census Block
Groups in our 1-county area (BroadStreet 2021).



Disparities of Deprivation Kenosha

PERCENT (%) OF THE **TOTAL** POPULATION OF
OUR COMMUNITY BY DEPRIVATION SCORE

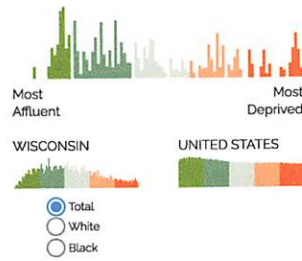


Area Deprivation Index for the Census Block
Groups in our 1-county area (BroadStreet 2021).



Disparities of Deprivation Racine

PERCENT (%) OF THE **TOTAL** POPULATION OF
OUR COMMUNITY BY DEPRIVATION SCORE



Area Deprivation Index for the Census Block
Groups in our 1-county area (BroadStreet 2021).



Signs of Risk-Taking Behavior

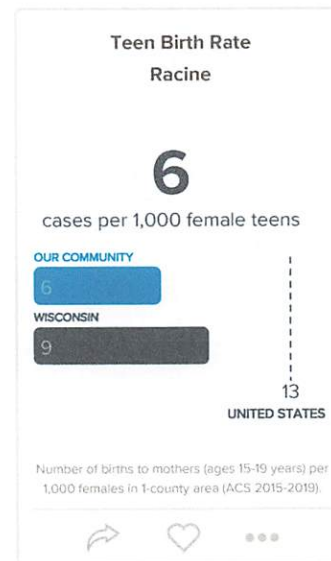
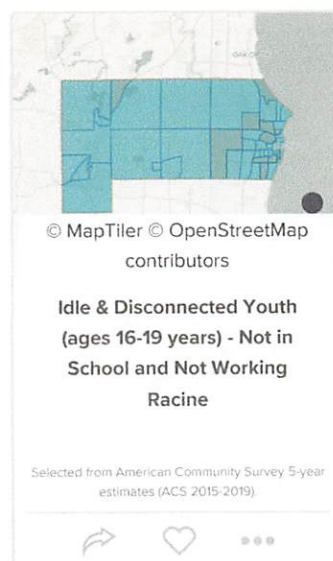
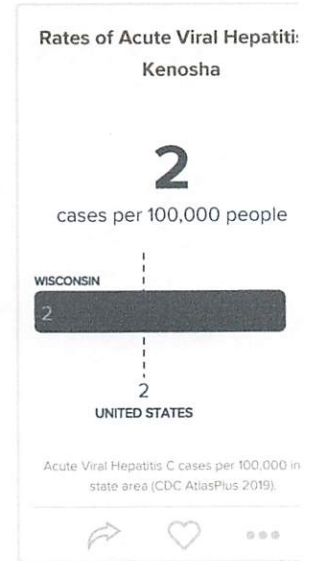
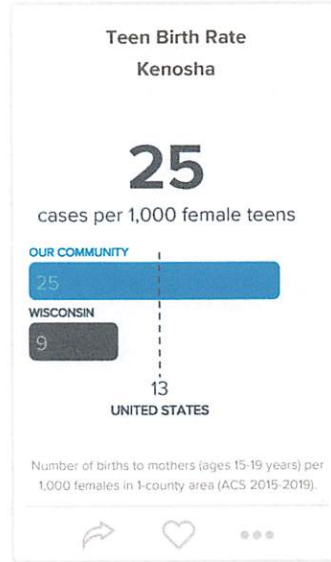
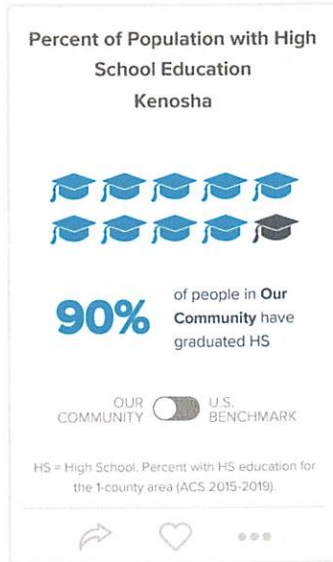
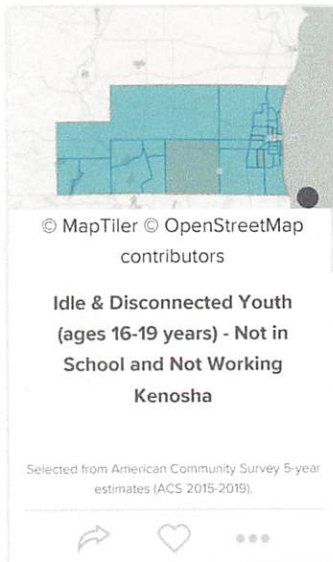
Adolescents who are victims of maltreatment, including those in foster care, are at significantly greater risk of engaging in behaviors that lead to negative health outcomes (Garrido, 2017).

Early signs of the effects of adverse childhood experiences include:

- Low educational attainment,
- Risk-taking behavior (e.g., unprotected sex),
- Associated teenage pregnancies and sexually transmitted infections, such as gonorrhea, chlamydia, HIV and syphilis

Cards include:

- Idle & Disconnected Youth (ages 16-19 years) - Not in School and Not Working
- Percent of Population with High School Education
- Teen Birth Rate
- Cases of Chlamydia
- Cases of Active Syphilis
- Cases of Gonorrhea
- HIV Prevalence
- Rates of Acute Viral Hepatitis C (by state)



Parental Stress

Parenting strategies are potentially influenced by neighborhood attributes, such as (Ceballo, 2002):

- Degree of neighbor dangers (e.g., violent crime),
- Community social cohesiveness, and
- Availability of institutional resources.

Neighborhood stressors, such as violent crime also contribute to ACEs (Wade, 2014).

Unemployment of parent contributes parental stress (Lee, 2014).

As summarized by Hunt (2017) concerning single-parent household:

Children are more likely to be victims of child maltreatment if they come from low-income or single-parent households.

Single parent households are often female-headed households according to a report by the [Pew Research Center](#) (Livingston, 2019):

30% of solo mothers and their families are living in poverty compared with 17% of solo father families and 16% of families headed by a cohabiting couple. In comparison, 8% of married couple families are living below the poverty line.

Cards include:

- Violent Crimes by County.
- Number of Children Under 18 Years in Poverty and Single Parent Households - *Larger bubbles indicate a larger number*
- Percent of Children Under 18 Years in Poverty and Single Parent Households.
- Children Under 18 Living with Unemployed Parent.

Violent Crimes by County
Kenosha

234

offenses per 100,000 people

OUR COMMUNITY

234

WISCONSIN

293

382
UNITED STATES

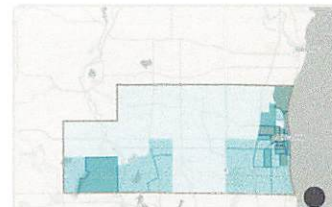
Number of reported violent crime offenses per 100,000 people for our 1-county area (CHR 2020).



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Number of children under 18-years-old in single parent households
Kenosha

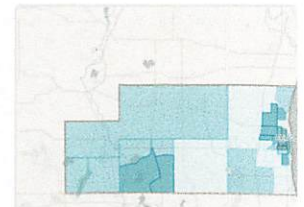
Selected from American Community Survey 5-year estimates (ACS 2015-2019).



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Children Under 18 Years in Poverty and Single Parent Households
Kenosha

Selected from American Community Survey 5-year estimates (ACS 2015-2019).



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Children Under 18 Living with Unemployed Parent
Kenosha

Selected from American Community Survey 5-year estimates (ACS 2015-2019).



Violent Crimes by County
Racine

210

offenses per 100,000 people

OUR COMMUNITY

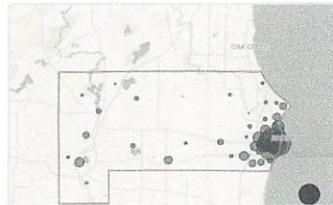
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WISCONSIN

293

382
UNITED STATES

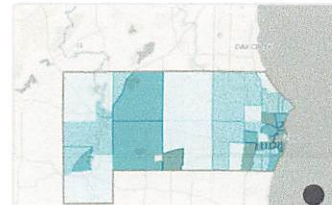
Number of reported violent crime offenses per 100,000 people for our 1-county area (CHR 2020).



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Number of children under 18-years-old in single parent households
Racine

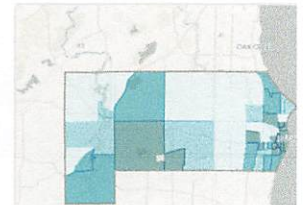
Selected from American Community Survey 5-year estimates (ACS 2015-2019).



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Children Under 18 Years in Poverty and Single Parent Households
Racine

Selected from American Community Survey 5-year estimates (ACS 2015-2019).



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Children Under 18 Living with Unemployed Parent
Racine

Selected from American Community Survey 5-year estimates (ACS 2015-2019).



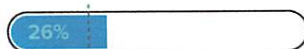
Mortality: Alcohol, Drug, Mental & Behavioral

Tragically, ACEs increase the risk of premature mortality from avoidable causes, including those related to substance use (Brown, 2009; Kelly-Irving, 2013).

Cards include:

- Excessive Drinking in Adults
- Alcohol-Impaired Driving Deaths
- Deaths from Mental and Substance Use Disorders
- Mortality Trends for Mental and Substance Use Disorders
- Deaths from Self-Harm and Interpersonal Violence
- Mortality Trends for Self-Harm and Interpersonal Violence

Excessive Drinking in Adults Kenosha



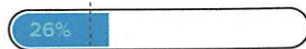
26%

of adults living in
Our Community
drink in excess.

Percentage of adults reporting binge or heavy
drinking in 1-county area (CHR 2020).



Excessive Drinking in Adults Racine



26%

of adults living in
Our Community
drink in excess.

Percentage of adults reporting binge or heavy
drinking in 1-county area (CHR 2020).



Alcohol-Impaired Driving Deaths Kenosha



44%

of driving deaths
in Our
Community
involve alcohol.

Percentage of driving deaths with alcohol
involvement in 1-county area (CHR 2020).



Alcohol-Impaired Driving Deaths Racine



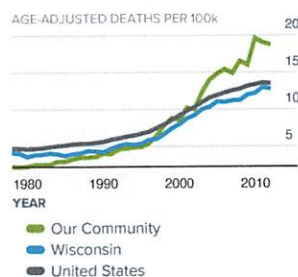
39%

of driving death
in Our
Community
involve alcohol.

Percentage of driving deaths with alcohol
involvement in 1-county area (CHR 2020).



Mortality Trends for Mental and Substance Use Disorders Kenosha



Age-adjusted mortality from 1980 to 2014 for the 1-
county area (IHME 2016).



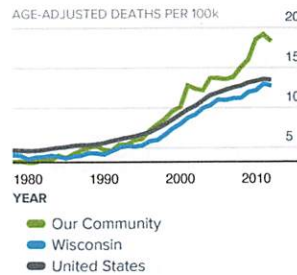
Deaths from Mental and Substance Use Disorders Kenosha



Age-adjusted mortality rates in 2014 for the 1-
county area (IHME 2016).



Mortality Trends for Mental and Substance Use Disorders Racine



Age-adjusted mortality from 1980 to 2014 for the 1-
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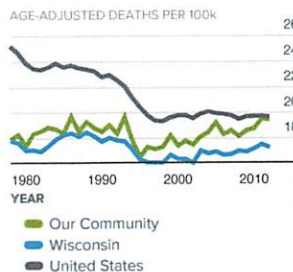
Deaths from Mental and Substance Use Disorders Racine



Age-adjusted mortality rates in 2014 for the
county area (IHME 2016).



Mortality Trends for Self-Harm and Interpersonal Violence Kenosha



Age-adjusted mortality from 1980 to 2014 for the 1-
county area (IHME 2016).



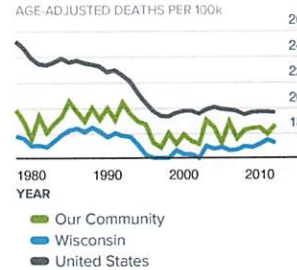
Deaths from Self-Harm and Interpersonal Violence Kenosha



Age-adjusted mortality rates in 2014 for the 1-
county area (IHME 2016).



Mortality Trends for Self-Harm and Interpersonal Violence Racine



Age-adjusted mortality from 1980 to 2014 for the 1-
county area (IHME 2016).



Deaths from Self-Harm and Interpersonal Violence Racine



Age-adjusted mortality rates in 2014 for the
county area (IHME 2016).





APR 08 2022

Food Access Report

A view of who has access to healthy food in Our Community

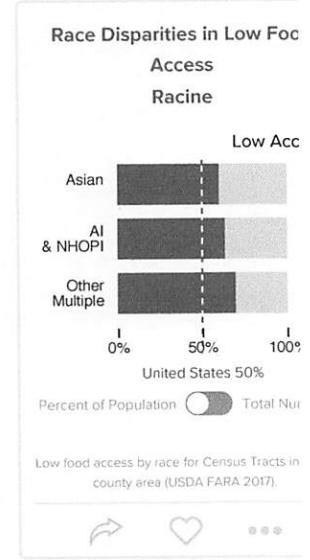
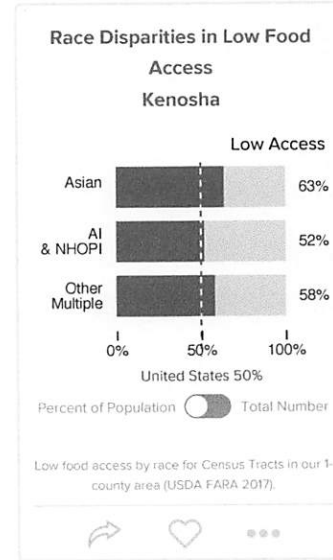
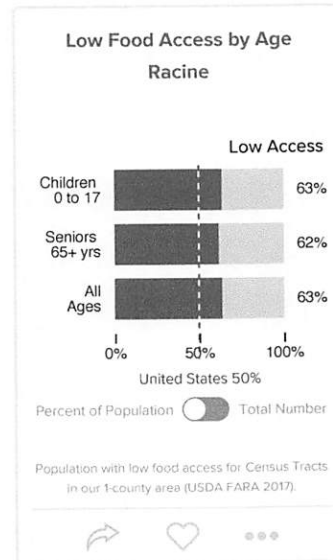
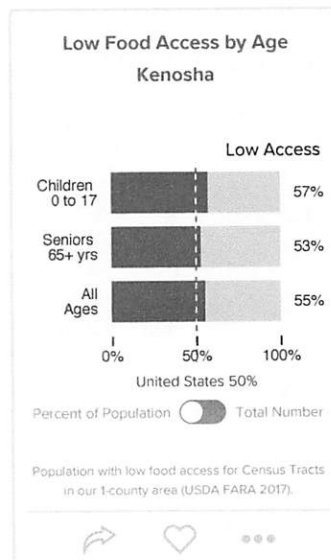
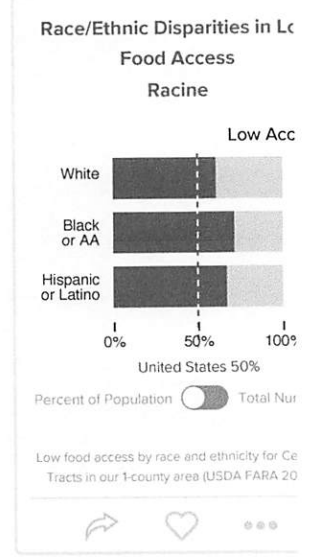
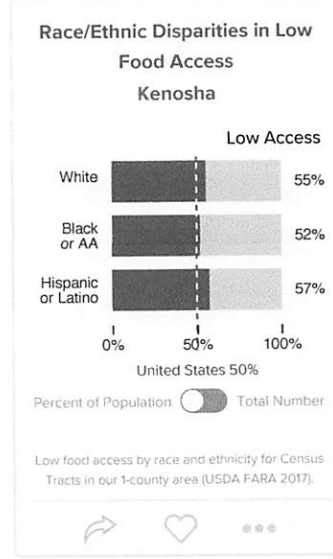
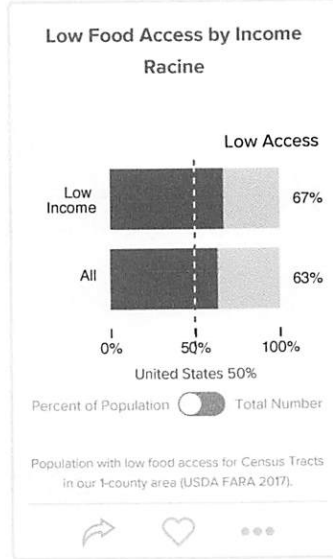
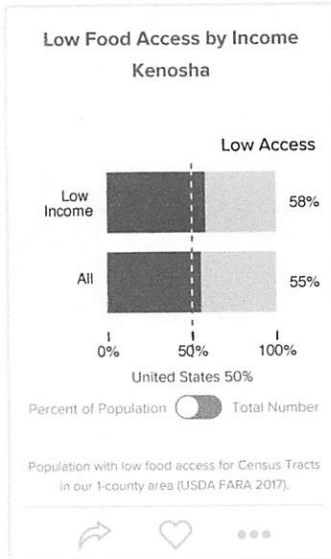


Shared by [Jo Ann Gray-Murray](#)

Disparities of Food Access

Healthy food access varies from place to place and can be a challenge in low income neighborhoods, rural communities, and communities of color [1].

See how populations vary in **Our Community** and compare to national averages. Comparisons are available by income, age, and race/ethnicity.



Burden of Food Insecurity

Food insecurity is when a household does not have the resources to feed all members of the household. Even if food is nearby, the family cannot afford to eat.

Nationally, over **12% of U.S. households were food insecure** at least some time during 2017, and nearly **17% of households with children** were food insecure [9]. Food insecurity differs by geographic and demographic groups. Higher levels of food insecurity are found in low income households, households with children, single-parent households, and Black- and Hispanic-headed households.

Food assistance programs are available. Nationally, about 58% of food-insecure households participated in at least one Federal food and nutrition assistance program (i.e., Supplemental Nutrition Assistance Program [SNAP, formerly food stamps], Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or National School Lunch Program] [1]. [Food insecurity calculated by Feeding America](#) [9], SNAP participation data, and children who are eligible for free and reduced price lunch are presented below.

People who are food insecure Kenosha



11% of total pop are food insecure

All People ☒ by Food Security

Percent of population estimated to be food insecure for 1-county area (Feeding America 2018).



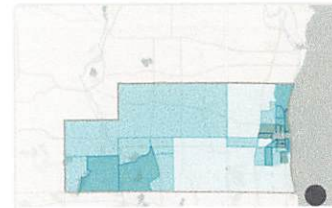
Children who are food insecure Racine



17% of children are food insecure

All Children ☒ by Food Security

Percent of children estimated to be food insecure for 1-county area (Feeding America 2018).



© MapTiler © OpenStreetMap contributors

Percent of Households receiving Public Assistance and SNAP Kenosha

Selected from American Community Survey 5-year estimates (ACS 2015-2019).



© MapTiler © OpenStreetMap contributors

Percent of Households receiving Public Assistance and SNAP Racine

Selected from American Community Survey 5-year estimates (ACS 2015-2019).



Children Eligible for Free and Reduced Price Lunch Kenosha



44% of children are eligible for free and reduced price lunch in **Our Community**.

This is **LOWER** than the U.S. average of **49%**

Percent of children enrolled in public schools that are eligible in our 1-county area (NCES 2016-2017).



Children Eligible for Free and Reduced Price Lunch Racine



48% of children are eligible for free and reduced price lunch in **Our Community**.

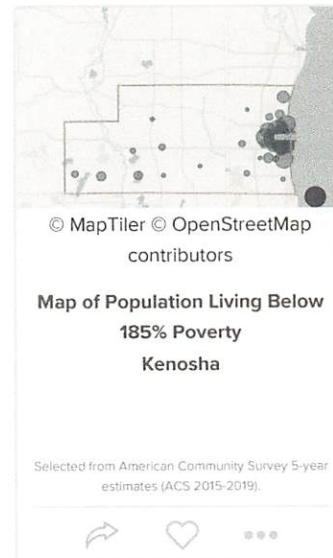
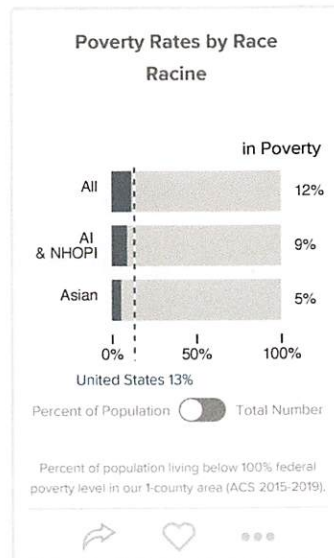
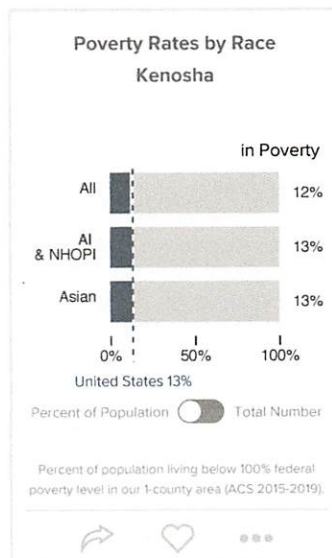
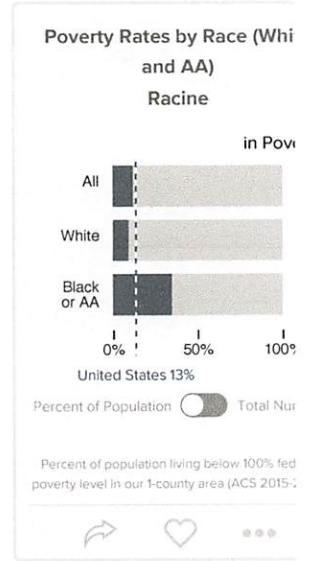
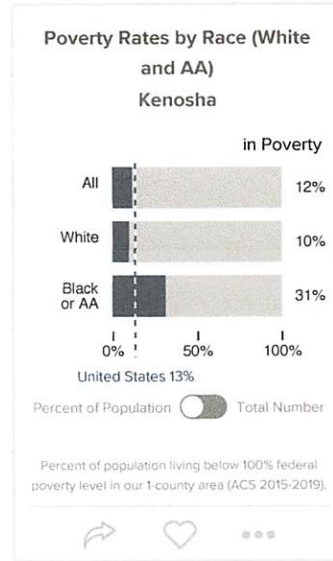
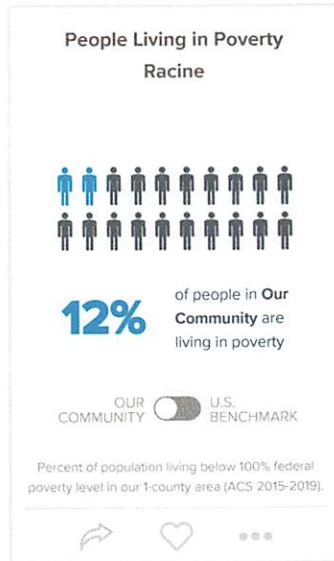
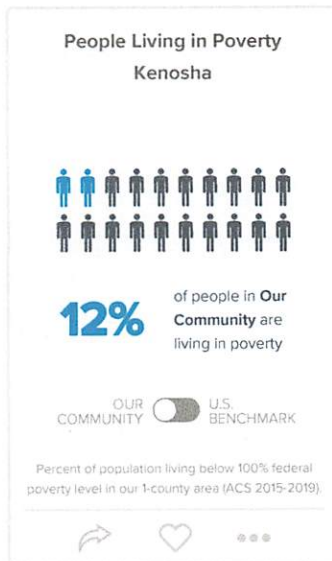
This is **LOWER** than the U.S. average of **49%**

Percent of children enrolled in public schools that are eligible in our 1-county area (NCES 2016-2017).



Poverty and Food Access are Interconnected

Poverty, food access, and food security are all interconnected. People living in poverty are more likely to live in low income neighborhoods with poorer access to healthy foods and experience food insecurity at higher levels. Many families living in poverty struggle to afford healthy, complete meals every day. Poverty characteristics of **Our Community** are given below. A map of the population living below the 185% of the federal poverty level is included because that is a poverty threshold that is frequently used for food program eligibility.



Food and Health Outcomes

Low food access and security can interfere with healthy growth and development. Food insecurity is linked to a higher risk of health outcomes such as obesity, diabetes, and cardiovascular disease.

