2022
OWCAP COMMUNITY NEEDS ASSESSMENT

Prepared For:

Ogden-Weber Community
Action Partnership

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EXECUTIVE SUMMARY

This report was undertaken as part of Ogden-Weber Community Action Partnership's (OWCAP's) three-year Community Needs Assessment. A primary goal of the Community Needs Assessment is to help OWCAP tailor its programs and services to the needs and context of the local community.

The CRE surveyed 360 households living in Weber County and/or receiving OWCAP services as well as 60 service providers working in Weber County. Both the resident and service provider surveys focused on identifying barriers that households face in the areas of employment/income, education, housing, physical and mental health care, food security and nutrition, youth development, and transportation. The CRE conducted five focus groups, two with residents (one in English and one in Spanish) and three with service providers from different sectors (education, private non-profits, and other partners including local government and healthcare providers.) The focus groups focused on barriers and solutions around areas of income, employment, education, housing, healthcare, and food/nutrition.

This report presents and synthesizes findings from both the surveys and focus groups. Key findings describe the important and actionable results of the needs assessment.

KEY FINDINGS

1. Low-income residents report more barriers across all areas, but particularly housing, education, and employment and income.

2. Residents report facing barriers at the highest rates in the areas of education and employment/income.

3. The largest single challenge in K-12 education was absenteeism. Each of the root causes of absenteeism - such as post-COVID-19 lack of engagement and siblings burdened with childcare and work responsibilities - require their own, targeted interventions to help improve education outcomes.

4. High cost is the single largest perceived barrier to higher education.

5. Residents and service providers agree that the top barriers to adequate employment/income include low wages and childcare barriers. Together, these barriers can and do prevent parents, particularly mothers, from entering the workforce.

6. Benefit cliffs (loss of government benefits as income increases) are a significant barrier to improving employment and income among residents with very low incomes.

7. Among housing barriers, lack of affordable housing to rent and to buy are the top barriers.

8. Focus group participants also identified lack of knowledge of tenants' rights and other housing consumer protections as a significant barrier to accessing and maintaining adequate housing quality.

9. The largest barriers identified in the areas of health care and mental health care are insurance access, insurance costs, navigating the health care and insurance system, and a large range of barriers to mental health care.

10. Residents listed myriad problems with the mental health care system, including lack of crisis care and long wait times. Stigma about mental health continues to inhibit residents from seeking help. In addition, often insurance does not cover preventative mental health care or residents are unsure how to access mental health care through their insurance.

11. The largest barriers identified in the area of food and nutrition are the high cost of nutritious food and lack of time and skills to prepare nutritious food.

12. Primarily, transportation barriers affect residents' abilities to get to work, access nutritious foods, and access healthcare.

13. Focus group participants believe most residents of Weber County do not know what local non-profits do or what services they provide. They suggested that local non-profits not only need to conduct more outreach, but also advertise as a good way to make their services known.

PURPOSE

The Weber State University Community Research Extension (CRE) prepared this report on behalf of Ogden-Weber Community Action Partnership (OWCAP) as part of OWCAP's three-year Community Needs Assessment. OWCAP is a federally-designated Community Action Agency and receives the Community Services Block Grant (CSBG) for Weber County, UT. The Community Service Block Grant aims to address the causes and conditions of poverty at a local level. CSBG funds programs that reduce poverty and/or address the needs of low-income households. As part of this grant, and to ensure its services are tailored to the needs of the community, OWCAP conducts a Community Needs Assessment every three years.

Using best practices and methods recommended by Utah's State Community Services Office, the CRE has gathered data from low-income families, community partners, service providers, and members of the 5 key sectors[1] since November 2021. Data were collected through surveys, focus groups, and secondary sources in order to evaluate the needs of the community, causes of poverty, gaps in services, and barriers to exiting poverty in Weber County. Questions covered the seven issue areas of income, education, employment, housing, food and nutrition, health, and transportation in addition to other identified needs.

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[1] These five sectors include public, private, education, community-based groups and faith-based groups.

METHODS/PROCESS

The Weber State University Community Research Extension (CRE) collected data for this report through surveys, focus groups, and secondary data sources. The sections below provide details on these data collection methods.

SURVEYS

The CRE developed the surveys for this 2022 Community Needs Assessment based on the survey used for OWCAP's 2019 Community Needs Assessment. Noting the limitations identified in the 2019 needs assessment of using the same survey instrument for both community residents and service providers, CRE developed separate surveys for each group. Both surveys focused on identifying barriers that households face in the areas of employment/income, education/youth development, housing, physical and mental health care, food security and nutrition, and transportation. The resident survey also covered basic demographic information as well as a few questions on income management, civic engagement, and the impact of COVID-19. The service provider survey collected information about the provider's sector (e.g. private non-profit, government, religious, etc.) as well as the type of work done by the respondent and by the organization with which they work. The CRE translated both surveys into Spanish, and all respondents had the option to take either survey in either language. Copies of each survey can be found in Appendix L.

The CRE and OWCAP distributed the surveys through several channels from November 6, 2021 to December 24, 2021. For the community resident survey, all individuals receiving services from OWCAP (including those with children in OWCAP's Head Start program) and those who had contacted OWCAP about services for whom OWCAP retained their contact information, were sent invitations by email with a link to complete the survey online.

Additionally, the CRE recruited college student volunteers to distribute the survey door-to-door to a random sample of residents in selected low-income neighborhoods in Weber County. The CRE utilized the Census Bureau's definition of a "poverty area" as a census tract with a poverty rate of 20% or higher[2]. While there are seven census tracts in Weber County meeting these criteria, all seven are located in Ogden City, the largest city in Weber County (see Figure 1, yellow.) OWCAP indicated it was important to sample outside of Ogden, so the three census tracts in Weber County outside of Ogden with the highest poverty rates were also included in our sample (see Figure 1, orange.) Within census tracts, blocks were sampled randomly. CRE instructed students to knock on every door in the block before moving on to the next block in the sample. Those responding in the door-to-door sample had the option to take the survey electronically on a tablet or on paper.

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[2] Bishaw, Benson, Shrider, and Glassman. (2020). Changes in Poverty Rates and Poverty Areas over Time: 2005-2019. Available at https://www.census.gov/library/publications/2020/acs/acsbr20-08.html.

Figure 1. Weber County Census Tracts Included in the Door-to-Door Sample
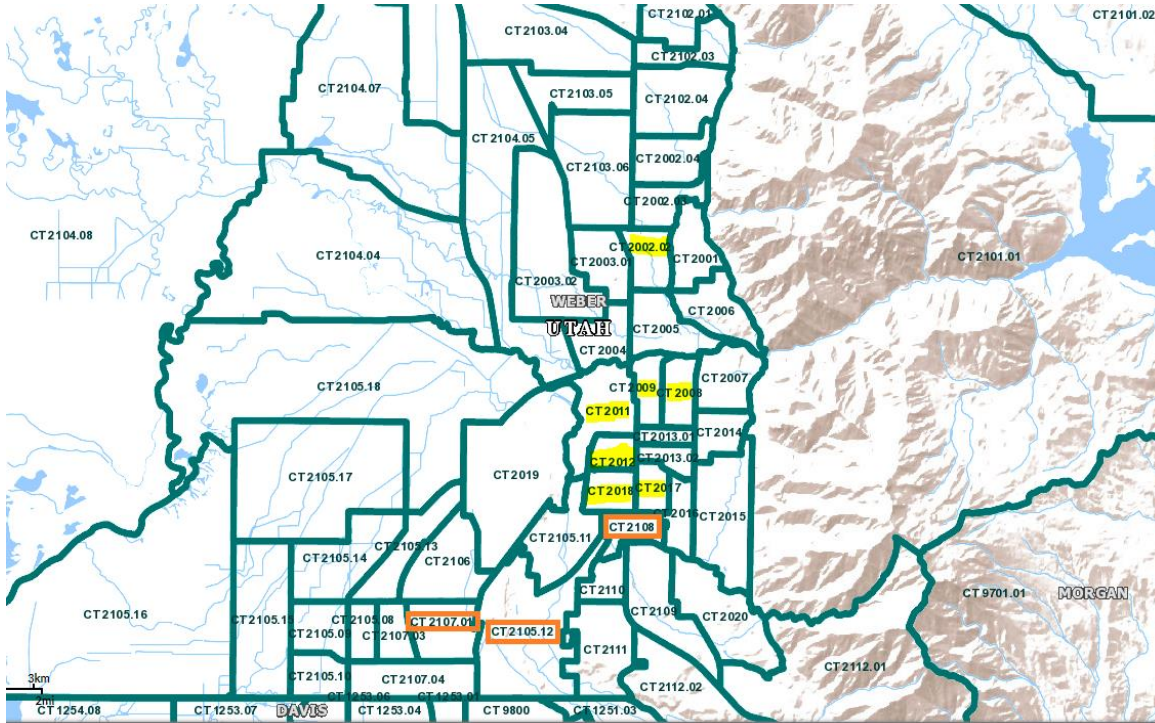
Notes: Ogden Census Tracts (yellow highlight) include 2012 (38.7% poverty), 2009 (38.3%), 2018 (32.6%), 2008 (24.9%), 2017 (23.4%), 2011 (21.9%), and 2002.02 (21.3%). Census tracts outside of Ogden (orange boxes) include 2108 (15.5%) in the city of South Ogden, 2105.12 (15.3%) in Riverdale, and 2107.01 (15.3%) in Roy. These three tracts had the 12th, and 14th/15th highest poverty rates in Weber County respectively. Data based on American Community Survey 2019 5-year estimates.

A total of 360 individuals (including 124 from the random sample) responded to the community resident survey. Tables 1 through 5 present some demographic information for the resident sample. The median resident respondent has an annual household income in the range of $30,000-$39,000 (Table 1.) In 2019, the overall median household income in Weber County was $72,206.[3] This demonstrates good representation of low-income households in our sample. 58.5% of respondents identify as White non-Hispanic, and 30.4% identify as Hispanic/Latinx with the remaining 11.1% spread across other racial categories (Table 2.) Renters account for 47.7% of the sample, homeowners are 41.9%, and the remaining 11.4% are either living in mobile homes, doubling up, or experiencing homelessness (Table 3.) A little over half of respondents are Ogden residents with remaining respondents living outside of Ogden (Table 4.) Residents living outside of Weber County were generally excluded from the sample unless they were directly receiving services from OWCAP. 34.4% of respondents do not have kids under 18 living in their household, 39.4% live with children and either a married or unmarried partner, and 25.6% live with children but without an adult partner (Table 5.)[4] To protect respondent privacy, categories with fewer than 10 respondents are coded as less than ten (<10) and reflect between 1 and 9 respondents. Additional demographic information for resident respondents can be found in Appendix J.

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[3] US Census Bureau American Community Survey, 2019 1-year estimate for Weber County, UT.
[4] See survey question 4. Such single adults with kids include those who are single, divorced, or widowed

Table 1. Resident Respondents by Household Income

Household Income	Percent	Count
$0-9,999	11.2%	38
$10,000-19,999	12.7%	43
$20,000-29,999	15.1%	51
$30,000-39,999	13.9%	47
$40,000-49,999	12.4%	42
$50,000-59,999	7.1%	24
$60,000-69,999	6.5%	22
$70,000-79,999	5.9%	20
$80,000-89,999	4.1%	14
$90,000-99,999	<2.8%	<10
$100,000 +	9.5%	32

Table 2. Resident Respondents by Race/Ethnicity

Race/Ethnicity	Percent	Count
American Indian or Alaska Native	<2.8%	<10
Asian	<2.8%	<10
Black or African American	3.7%	13
Hispanic/Latinx	30.4%	107
Middle Eastern or North African	<2.8%	<10
Native Hawaiian or Pacific Islander	<2.8%	<10
White or Caucasian non-Hispanic	58.5%	206
Some other race	<2.8%	<10
Two or more races	3.4%	12

Table 3. Resident Respondents by Housing Tenure

Housing Tenure	Percent	Count
Renting an apartment or house	44.8%	154
Renting a room in an apartment or house	2.9%	10
Homeowner	41.9%	144
Mobile home owner who rents a lot	<2.8%	<10
Doubled up (staying with friends or family)	5.8%	20
Homeless (including emergency shelter)	<2.8%	<10
Other	<2.8%	<10

Table 4. Resident Respondents by City

City	Percent	Count
Farr West	<2.8%	<10
Harrisville	<2.8%	<10
Hooper	<2.8%	<10
Huntsville	<2.8%	<10
North Ogden	<2.8%	<10
Ogden	52.9%	189
Plain City	<2.8%	<10
Pleasant View	3.1%	11
Riverdale	3.6%	13
Roy	11.8%	42
South Ogden	9.2%	33
Washington Terrace	2.8%	10
West Haven	3.6%	13
Unincorporated area of Weber County	<2.8%	<10
I live outside of Weber County	3.9%	14

Table 5. Resident Respondents by Family Status

Family status	Percent	Count
Households without kids*	34.4%	122
Adult partners with kids*	39.4%	140
Single adults with kids*	25.6%	91
Unknown partner status with kids*	<2.8%	2
Subtotal: households with kids*	65.6%	233

*under 18 yrs.

Additionally, the CRE analyzed several resident subgroups, presented in Table 6. For the income subgroups, the cutoff between low-income and moderate/high income roughly corresponds to HUD's 50% area median income (50% AMI) threshold for Weber County in 2021.[5] Only White and Hispanic/Latinx subgroups are included for the race/ethnicity category. The sample sizes of other races were too small. For the housing tenure subgroups, only those reporting as owning or renting are

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[5] See survey question 11. The 50% AMI threshold is a common eligibility criteria used for HUD and other housing assistance programs. In Weber County in 2021, the 50% AMI threshold was $31,750 for a single-person household and $45,300 for a family of 4. The criteria used in this report for low-income is as follows. Households of any size under $30,000/yr. Households of 3 or more under $40,000/yr. Households of 5 or more under $50,000/yr. And households of 7 or more under $60,000/yr. This roughly corresponds with the 50% Area Median Income threshold for Weber County.

included. Again, the sample sizes of smaller subgroups, such as mobile home residents or doubled up families, were too small. For location, "Outside Ogden" includes all respondents outside Ogden, both in and outside of Weber County. Households with kids include all respondents reporting children under 18 in their household. Adult partners with kids include households with kids and with either married adults or unmarried partners. Single adults with kids include households with kids and a single, divorced, or widowed adult.

Table 6. Resident Subgroups Analyzed

Area	Subgroup 1	Count	Median Inc.	Subgroup 2	Count	Median Inc.
Income	Low Income	182	$20-29,999	Mod/High Income	156	$60-69,999
Race/Ethnicity	White	206	$40-49,999	Hispanic/Latinx	107	$20-29,999
Tenure	Homeowner	144	$60-69,999	Renter	164	$30-39,999
Location	Ogden	189	$30-39,999	Outside Ogden	154	$40-49,999
With/without kids	Household without kids	122	$40-49,999	Household with kids	233	$30-39,999
Partners/singles with kids	Adult partners with kids	140	$40-49,999	Single adults with kids	91	$20-29,999

OWCAP distributed the service provider survey to its existing list of community partners as well as through several mailing lists they use to share reports and contact those who have participated in community partner engagement activities in the past.

A total of 60 individuals responded to the service provider survey. Table 7 shows the sectors to which they belong. Note that respondents could identify with multiple sectors. Percents refers to the percent of respondents who identified with a given sector and do not sum to zero because some respondents belong to multiple categories. Responses were collected across all five sectors, although responses from faith-based organizations and private business owners were relatively low compared to those from local governments, education institutions, and non-profit organizations in Weber County. Additional demographic information for service provider respondents can be found in Appendix K.

Table 7. Community Partner Respondents by Sector

Sector	Percent	Count
Owner/Manager of a business in Weber County	<12.0%	<10
Religious leader in a congregation in Weber County	<12.0%	<10
Employee of a local/state/federal government agency in Weber County	28.3%	17
Employee of an educational institution in Weber County	25.0%	15
Employee of a local non-profit organization in Weber County	51.7%	31

FOCUS GROUPS

The CRE conducted focus groups to better understand the nature of the top five challenges residents are facing as identified in the survey. Five focus groups took place between January 18, 2022 and February 8, 2022, including with English-speaking residents (7 participants), Spanish-speaking residents (5 participants), education partners (10 participants), private non-profit partners (11 participants), and other partners (including representatives from the public and private health care sectors; 9 participants). A total of 42 people participated in the focus groups. The CRE recruited focus group participants in three different ways. First, the last question on both the community resident and service provider surveys asked respondents if they would like to participate in a focus group to explore the survey topics in greater depth. CRE invited those who responded yes to participate in the focus group for their stakeholder group. Second, OWCAP recruited additional participants as needed through their existing client and community partner networks. Third, Spanish-speakers were recruited through broader networks, including social media. Special thanks goes to Silvia Estrada Higueros for helping to recruit Spanish-speaking residents. A maximum of 10 people were allowed to register per focus group. Participants were asked to consent to participate in the focus group and filled out a demographic form at the end. The participants were incentivized to participate with food (either snacks or a meal). Two researchers were present in the room; one of whom facilitated the focus groups while the other provided logistical support and took notes. Each focus group was scheduled to last 90 minutes, but all of them went over by at least 15 minutes. The focus groups were audio recorded, transcribed, and coded for themes. Two to three researchers coded all of the focus groups to help ensure consistency of interpretation. The most important themes in terms of frequency and intensity are discussed here in this report.

The focus groups focused on barriers and solutions around areas of income, employment, education, housing, healthcare, and food/nutrition. Transportation, non-profit outreach, and concern that resources were underutilized came up spontaneously and repeatedly as areas of importance to participants. Each focus group had the same order of questions. The first question asked about employment and income and the second question asked about education. Because participants had a lot to say about these topics and because the questions came first, more time was spent on these issues than other topics. The conversations about food and nutrition were especially short as that question came last. A copy of the focus group script and questions can be found in Appendix M.

The 12 participants in the resident focus groups skewed younger (63% were between ages 26-35), low-income (63% had household incomes under $50,000), highly educated (55% had a bachelor's degree or more), and the majority of whom identified as Hispanic/Latinx (55%). Almost all of them had children living at home (91%) and the majority lived in Ogden (55%) and owned a home with a mortgage (55%). Nine of the 11 participants who filled out demographic forms identified as a woman. All of the participants had between 3 and 5 people living in their household.

SECONDARY DATA

CRE collected secondary data on income, education, and poverty in Weber County. Data sources included the American Community Survey, Utah Department of Workforce Services, and Utah Board of Education. Secondary data can be found in Appendix N.

EMPLOYMENT AND INCOME

Both survey and focus group questions addressed access to adequate employment and income. This section presents survey and focus group results related to these topics.

SURVEY RESULTS

Survey questions asked respondents to identify barriers to accessing adequate employment and income. The resident survey asked residents about barriers that directly affect them and those they live with. The service provider survey asked respondents to identify barriers they see as affecting the community(ies) their organization works with. Both surveys provided respondents with the same list of options as well as an option to specify an "other" category and an option to say their household (community served) does not have barriers in this area. Respondents were asked to select up to three (3) most significant barriers.

Figure 2 presents a side-by-side comparison of resident and service provider results. Each bar represents the percentage of respondents who selected a given barrier. Note that because respondents could select up to three barriers, these percentages do not sum to 100. Resident responses are presented in dark purple and service provider responses are presented in light purple. The bottom category presents a summary measure of the percentage of households (service providers) who reported that their household (community served) has at least one barrier in this area.

Figure 2. Barriers to Employment and Income: Resident and Organization Responses
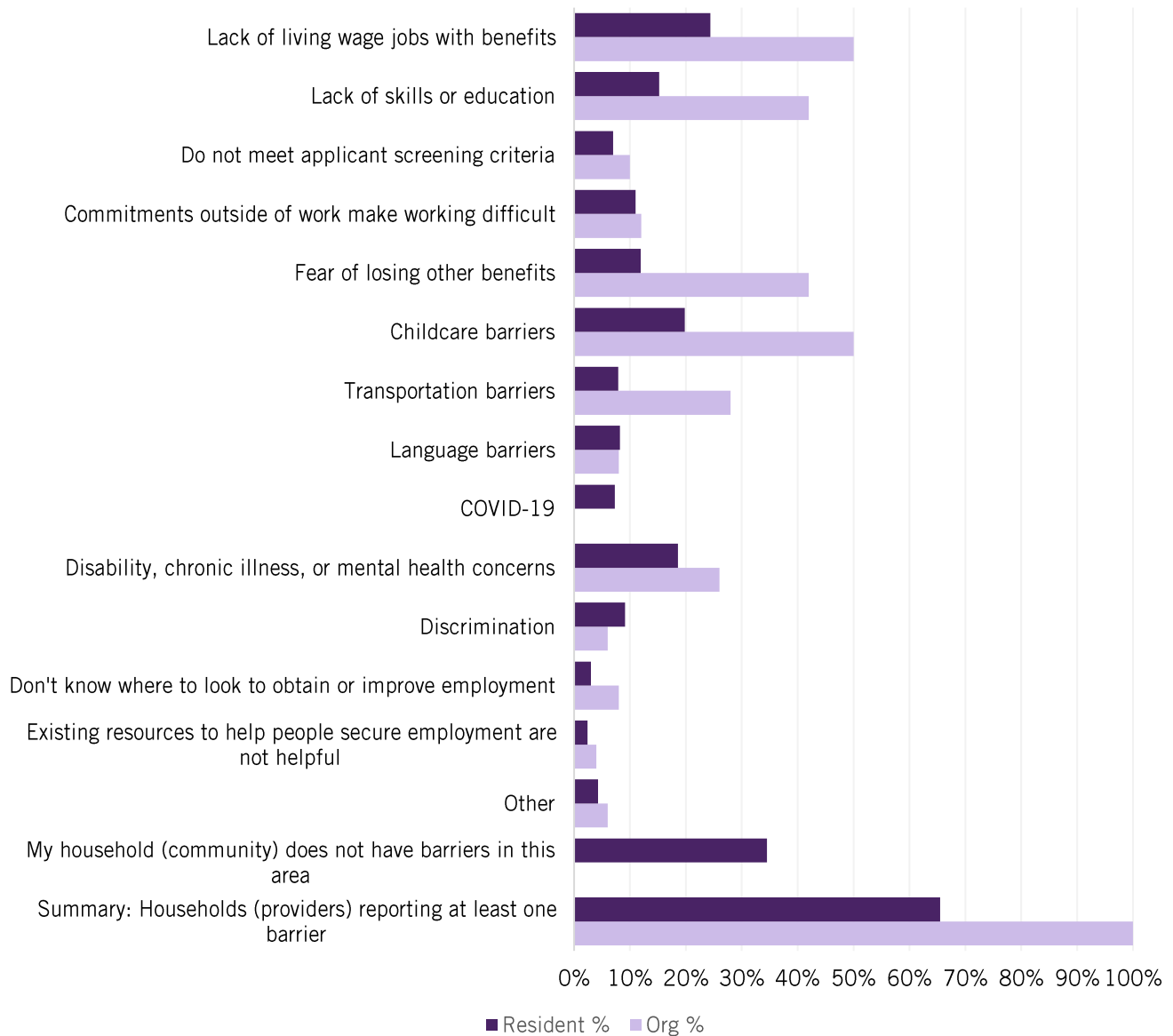
Notes: N(residents)=328, N(service provider)=50

Both residents and service providers agreed on the following top three barriers:
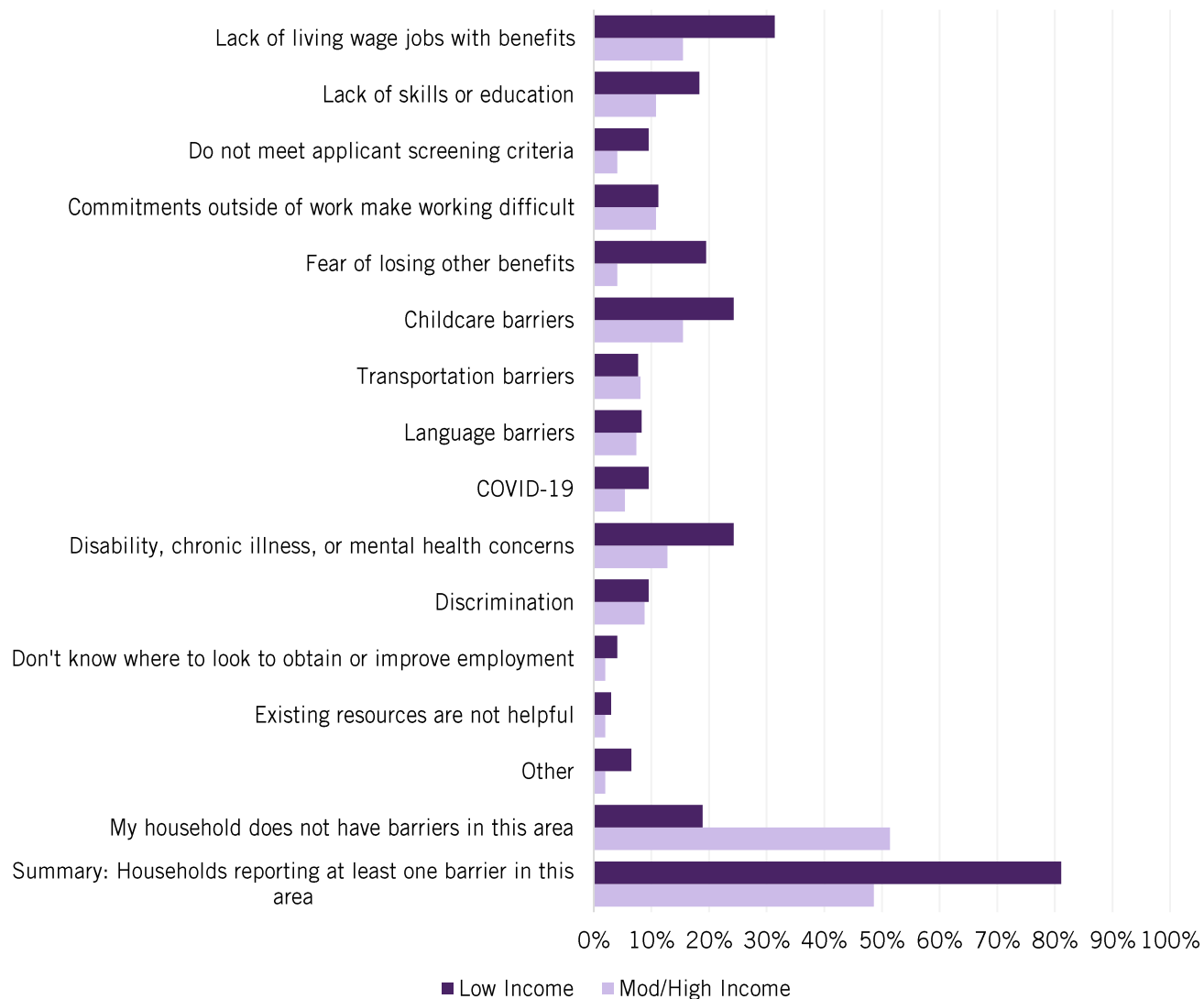
- Lack of living wage jobs with benefits
- Childcare barriers
- Lack of skills/education

In addition to these top three, a large percentage of service providers also identified fear of losing benefits (42.0%); transportation barriers (28.0%); and disability, chronic illness, and mental health (26.0%) as primary barriers. A relatively large percentage of residents also identified disability, chronic illness, and mental health concerns (18.6%.) Furthermore, while 65.5% of residents reported having at least one barrier in this area, all (100%) of service providers perceived at least one barrier in this area for their clients. In fact, across all survey topics, residents were more likely to report no barriers than service providers. This is probably because, as discussed above, residents respond based only on their own household while service providers respond for their entire clientele. This tends to decrease the percentage of residents who identify any particular barrier relative to service providers. This is important to keep in mind when considering the results.

Figure 3 shows resident responses differ across those with low-incomes compared to those with moderate or high incomes.[6]

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[6] The criteria used for low-income is as follows. Households of any size under $30,000/yr. Households of 3 or more under $40,000/yr. Households of 5 or more under $50,000/yr. And households of 7 or more under $60,000/yr. This roughly corresponds with the 50% Area Median Income threshold for Weber County.

Figure 3. Barriers to Employment and Income: Low-Income and Mod/High Income Residents

Low Income ▪ Mod/High Income ▪

Barriers (top to bottom):
- Lack of living wage jobs with benefits
- Lack of skills or education
- Do not meet applicant screening criteria
- Commitments outside of work make working difficult
- Fear of losing other benefits
- Childcare barriers
- Transportation barriers
- Language barriers
- COVID-19
- Disability, chronic illness, or mental health concerns
- Discrimination
- Don't know where to look to obtain or improve employment
- Existing resources are not helpful
- Other
- My household does not have barriers in this area
- Summary: Households reporting at least one barrier in this area

Notes: N(low-income)=169, N(mod/high-income)=148

Median income in the low-income group is in the range of $20-30,000/yr and median income in the higher income group is $60-70,000/yr. Notably, 81.1% of those in the lower income group report facing at least one barrier to adequate employment and income, compared to only 48.6% of the higher income group. Those in the lower income group are also more likely to identify lack of living wage jobs (31.4%) and fear of losing benefits (19.5%) as barriers than those in the higher income group (15.5% and 4.1% respectively.)

Looking across other subgroups, Hispanic/Latino residents reported elevated levels of language barriers (22.0%.) Households with kids reported elevated levels of childcare barriers (27.0%) with no significant difference between single-parent and partner-parent households. See Appendix A for detailed tables.

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FOCUS GROUP RESULTS

As regards income and employment, participants were particularly concerned with inflexible employers, wages not keeping up with inflation, and barriers to job applications in addition to transportation challenges, childcare barriers, and the benefits cliff.

Focus group participants, specifically both English- and Spanish-speaking residents, strongly felt that certain employers in Weber County did not treat their employees well and this led to low morale. Some participants complained of "churn and burn", which meant that employers operated with a bareboned staff and worked them too hard. Participants thought employers preferred to do this and have employees quit rather than have them work for longer periods of time and then have to give them raises: "A common thing that a lot of businesses here do, um, business model called churn and burn where they, the push their employees as hard as possible to break them so that they'll leave and they can continue a cycle of new employees because it's cheaper." (English-Speaking Residents) Others complained that employers would not invest in their employees, which was reflected in the fact they preferred to hire part-time and not offer benefits including sick or vacation leave: "Well, they, they do need to invest more money in compensating their staff with wages, of course, but also with benefits. Benefits go a long way getting. Especially in this country, if you've [got] decent healthcare." (Educators) They felt that employers were completely not empathetic when they or a loved one was sick or if any sort of hardship came up that would prevent them from coming from work. Spanish-speakers articulated how these attitudes particularly left undocumented workers open to exploitation. As one participant said [English translation in footnote below], "no hay protección para el indocumentado."[7] (Spanish-speaking Residents) These perspectives may be helpful in understanding why employers are having a hard time attracting and retaining talent.

The issue of inflation not keeping up with wages was an issue for focus group participants. Many had noted they had received raises, but it was not enough to keep up with rising costs of food, other basic needs, but especially housing. As one focus group participant said, "even though wages have gone up, so has everything else." (Other Partners)

Many participants noted how lack of reliable, easy to use transportation was a large barrier for vulnerable segments of the population. These groups included primarily those without cars, especially those just coming out of prison or jail. Participants articulated how confusing and difficult it is to use the bus system in Weber County. In addition, there is a mismatch in bus schedules with work schedules: those trying to get to or from work on the second or third shift often couldn't access transportation "a lot of these companies, because they're bigger companies, they don't have public transportation that goes out there or they don't have public transportation at the times because you've got a lot of shift work. You've got a lot of graveyard shifts...You can get out there, but now you can't get home." (English-speaking Residents) Often bus routes did not take workers from their neighborhoods to the employers who would employ felons or offered low-skilled jobs. And workers who needed to negotiate finding a subsidized child care center with an opening along the same route as their new job were particularly challenged: "I don't have a car. So, you know, I take three bus transfers to get the childcare and I walk to the daycare and I walk two blocks, drop my baby off. And then I come back and...[I'll] have two more transfers that

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[7] "There is no protection for the undocumented immigrant."

get me there before the shift starts." (Non-profit Workers) Participants wondered if employers could collaborate with UTA to create new bus routes that better matched where workers lived with the work schedules.

Focus group participants also perceived that some job applicants struggle with the job application process. Some of those challenges include not being comfortable with technology, including email, which makes it difficult to apply for or have the skills necessary to do many jobs. Others do not have the necessary skills in terms of resume writing or interviewing and are not sure where to find job seeking assistance. Or they may find the job applications themselves confusing: "'They [IRS] even have jobs open to people who don't have a GED...but it's applying and getting into USAjobs.gov where all of the jobs are posted." and "All of the IRS's applications are very confusing, very hard". (Other Partners) Some service providers expressed worry that many of these services – resume writing, interview help – are offered yet very few people take advantage of them.

The issue of affordable, high quality, and available childcare presents a myriad of problems to low-income workers seeking employment. Participants noted that childcare subsidies are confusing and finding a provider who took a subsidy was difficult. Some participants, particularly women, noted that they made the decision to NOT work because childcare was too expensive or difficult to find. Those working a second or third shift also struggled to find childcare open during their work schedule. Challenges of the COVID-19 pandemic also made it difficult for workers with young children in childcare. This was because, unlike before the pandemic, children could not be sent with any symptoms at all and many times children had to quarantine multiple times due to multiple exposures. Not being able to send a young child to child care impacted the parent's (usually the woman's) ability to go to work: "especially with the pandemic childcare's closing or not. And trying to figure out when you can send your child or not and still be consistently attending a job. It's been really stressful. Not to mention just finding a childcare that's affordable and that you trust." (English-speaking Residents) As a result, some people chose to drop out of the workforce. The need for more affordable, reliable, high quality childcare that fits residents' work schedules is a pressing concern across the groups we spoke with.

Participants described how the benefits cliff is keeping residents from working or accepting promotions and advancing their careers. The benefits cliff is when someone receives public benefits from the government and then they earn a raise or someone else in the household starts to earn. They "discover they make too much money to receive the benefits. But they are not making enough money to sustain themselves."[8] Across multiple focus groups, participants strongly articulated how the system of getting people off benefits does not incentivize people to work: "That's why a lot of people don't wanna work. [With] a lot of jobs because it's like, well I can't afford to eat with that, but I can afford to eat on SNAP...." They described how even a tiny raise could mean the loss of hundreds of dollars of benefits in housing subsidies, daycare subsidies, SNAP benefits, or Medicaid. One participant in the educators focus group noted, "I'm $20 over the income limit [for SNAP]....do you know where I can get, get food?...so she can't get preschool. She can't get Head Start, you know?" or [English translation in footnote below] "son trabas tras trabas...como el sistema está hecho para mantenerte abajo."[9] (Spanish-speaking Residents) They wanted to know if the state of Utah would be willing to explore a different

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[8] https://www.benefitscliff.com/what-is-a-benefits-cliff
[9] "It's one obstacle after another...it's like the system is made to keep you down."

system that would "wean" beneficiaries slowly and how private employers could be a part of this solution.

DISCUSSION

Both survey and focus group results underscore the importance of, and challenges accessing, jobs with adequate wages and benefits, and affordable high-quality and available childcare. These issues are closely related. As discussed in the focus groups, residents know from experience that when wages are relatively low; childcare is relatively expensive; and/or childcare, work and transportation schedules do not match (or lack flexibility) then parents, particularly mothers, may opt out of the workforce. This in turn makes it more difficult to obtain adequate income, especially during a period of relatively high inflation. Addressing these issues will likely require working with stakeholders across all three sectors (employers, childcare providers, and transportation providers.)

Both survey and focus group participants also agreed on lack of skills and education as a major barrier, which is also closely related to challenges finding adequate employment. Focus groups emphasized the importance of job application skills, related technological literacy, and lack of knowledge of existing resources for help in these areas. This finding highlights the importance of appropriate marketing and targeted outreach about existing job application resources.

Survey and focus group results also diverged to some degree. Health and mental health barriers came across more strongly in the survey results. These could include disabilities or other chronic conditions that may make individuals eligible for disability benefits. While these benefits are important, they often do not cover basic needs, and they come with strong work restrictions. Focus group conversations tended more toward transportation barriers and the benefits cliff. To some extent this may be a reflection of the higher proportion of focus groups involving service providers, as the service provider survey results are more in line with the focus group results. Nevertheless, such barriers have many interconnections. Health and mental health issues can make it harder to improve skills and education and to navigate childcare and/or transportation systems. Transportation barriers have broad impacts for those who face them as transportation is a key to accessing not only employment but nearly all other services and resources. Those facing benefits cliffs may not be inclined to improve their skills or education for fear of raises or promotions.

Finally, despite the many interconnections, it is important to acknowledge independently the barrier of lack of living wage jobs with benefits. If this is a persistent feature of the economy, individuals may be able to move to better jobs (via better skills, better childcare options, better transportation options, and/or the gradual reduction of benefits) but only to have their places taken by those with fewer skills and fewer options. As such, individuals may improve their situation, but the system does not change. This is important to keep in mind when considering people-based and place-based interventions for addressing barriers in this area.

EDUCATION

This section presents survey and focus group results in the areas of youth development, K-12 education, and formal adult education.

SURVEY RESULTS

Separate survey questions asked about issues facing youth and about barriers to formal adult education. While the survey question on youth issues was not specific to education, it is discussed here because it included school-related issues. Furthermore, the focus group discussions on education focused nearly exclusively on youth (K-12) rather than adult education. Survey questions asked respondents to identify issues facing the youth in their household and barriers that prevent the adults in their household from accessing adequate education. Again, residents identified barriers directly affecting themselves and those they live with, while service providers identified barriers facing those in the communities they work with. Respondents could select up to three barriers. Figure 4 presents results on the issues faced by youth.

Figure 4. Issues Facing Youth: Resident and Organization Responses
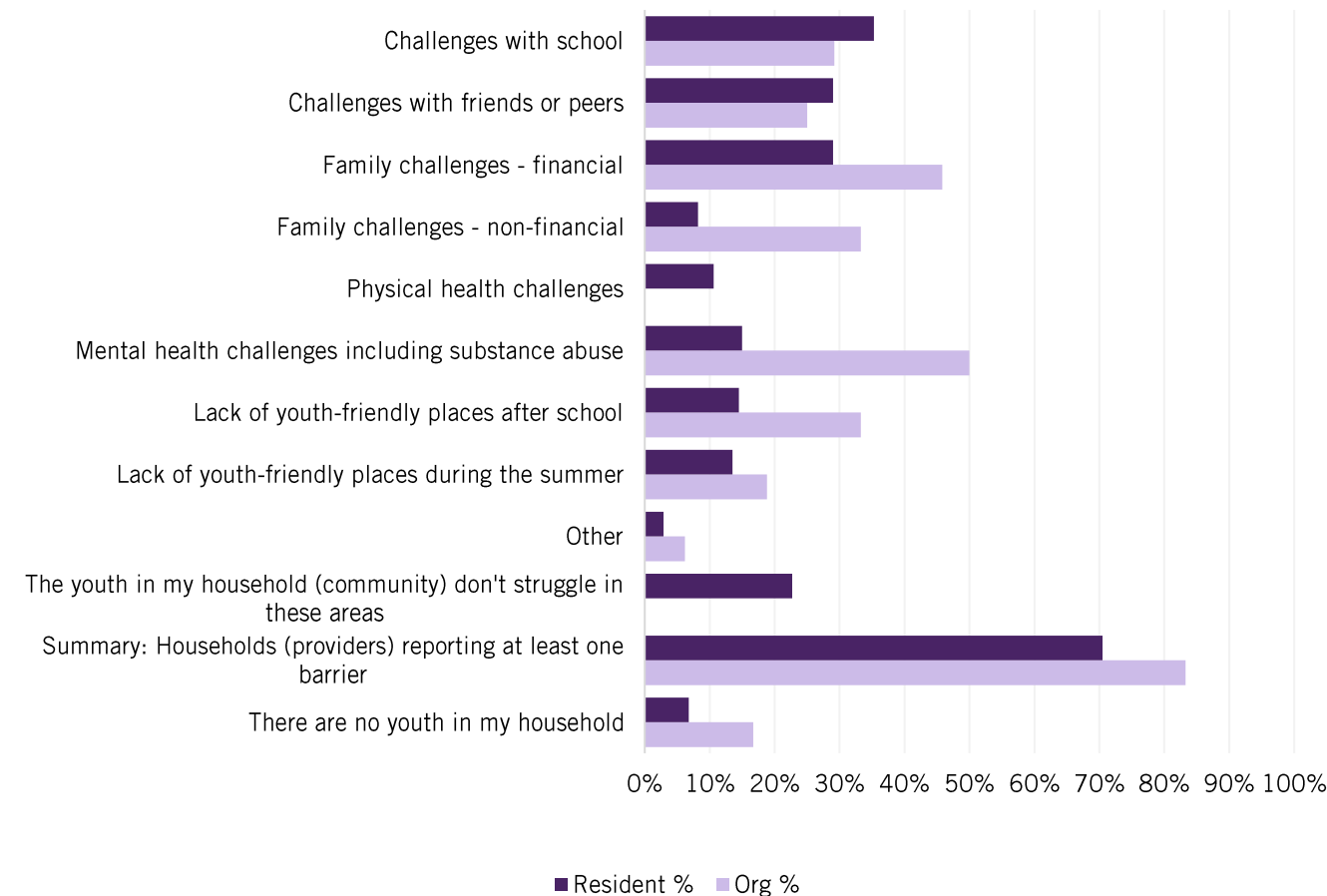
Notes: N (residents)=207, N(service provider)=48

Residents and service providers show less consensus on the main issues facing youth compared to the agreement seen on employment and income. Residents identify the top issues as follows:

- Challenges with school (35.3%)
- Challenges with friends or peers (29.0%)
- Family financial challenges (29.0%)

Overall, 70.5% of residents reported the youth in their households struggle in at least one of the areas addressed in the survey question.

Service providers identify the top issues as:

- Mental health challenges, including substance abuse (50.0%)
- Family financial challenges (45.8%)
- Non-financial family challenges (33.3%)
- Lack of youth-friendly places after school (also 33.3%)

Among these top choices, the only overlap among residents and service providers is family financial challenges. The top choice among residents (challenges with school) did not make the top three among service providers, and the top choice among service providers (mental health challenges) did not make the top three among residents. It is possible that some of the challenges with school and peers identified by residents overlap, in one way or another, with mental health challenges or substance abuse, but survey results do not provide sufficiently detailed information to support or refute this relationship. Additionally, that service providers are more likely to identity non-financial family challenges may reflect residents' resistance to acknowledge internal family problems, or it may reflect service providers' resistance to acknowledge systemic barriers within the school system.
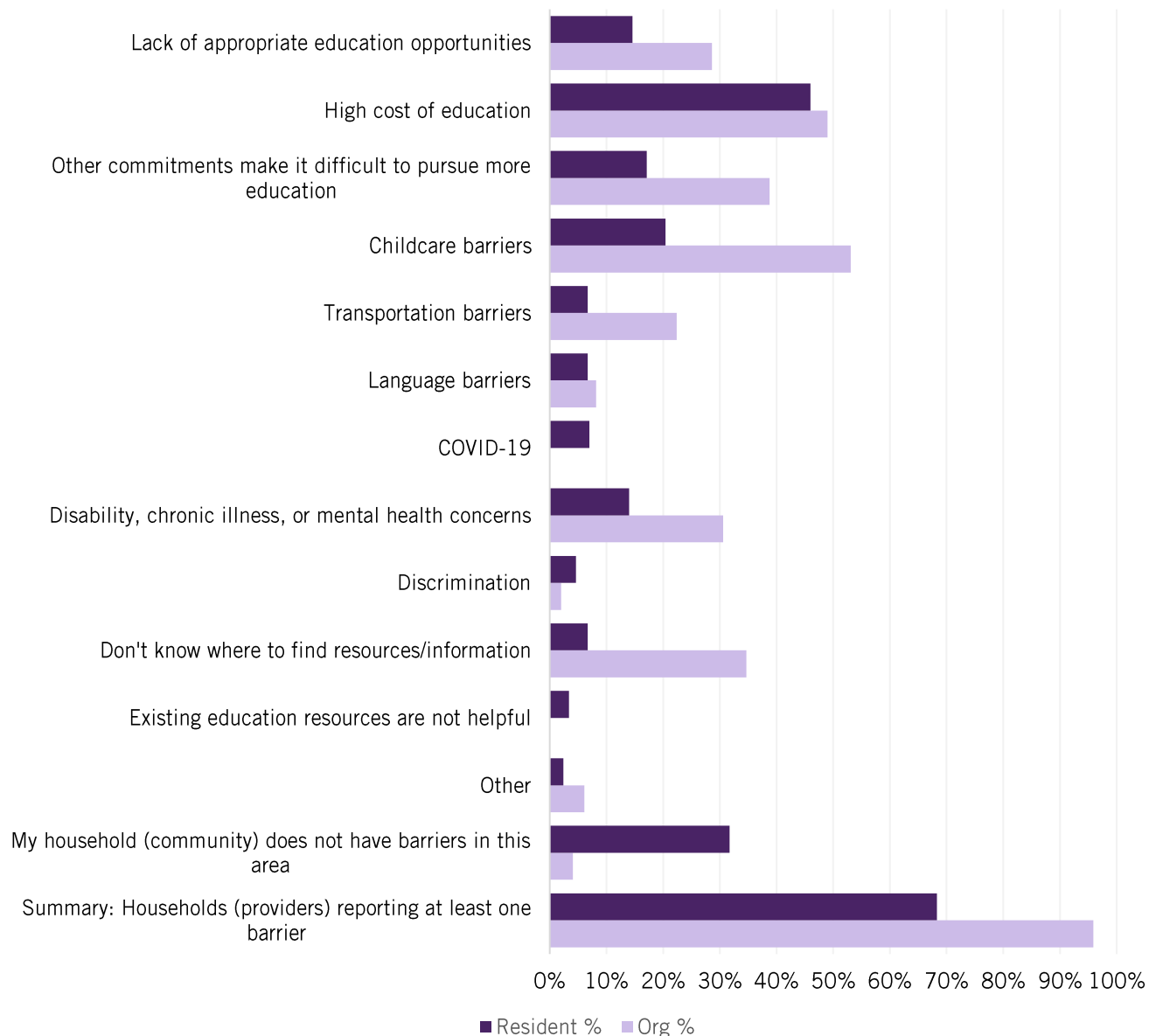
Among resident subgroups, there was broad general consensus on the top three issues facing youth. Nevertheless, low-income households reported family financial challenges (39.0%) a little more than twice as frequently as the higher income group (16.9%.) Overall, 74.8% of low-income households reported at least one issue facing the youth in their household compared to 64.9% of moderate/high income households.

Figure 5 presents results on barriers to adult education. Here, there is a general consensus among residents and service providers on the top three barriers:

- High cost of education
- Childcare barriers
- Other commitments that make it difficult to pursue more education

Other prominent barriers identified by both residents and service providers include lack of appropriate opportunities and health/mental health issues. Service providers were more likely to identify lack of knowledge of existing resources (34.7%) than residents (6.7%). Additionally, 68.3% of residents reported at least one barrier in this area, the highest of any of the barrier areas analyzed.

Figure 5. Barriers to Adult Education: Resident and Organization Responses

Lack of appropriate education opportunities

High cost of education

Other commitments make it difficult to pursue more education

Childcare barriers

Transportation barriers

Language barriers

COVID-19

Disability, chronic illness, or mental health concerns

Discrimination

Don't know where to find resources/information

Existing education resources are not helpful

Other

My household (community) does not have barriers in this area

Summary: Households (providers) reporting at least one barrier

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Resident %   ■ Org %

Notes: N(residents)=328, N(service provider)=49

We also found that low income households were more likely to report at least one barrier (78.1%) compared to moderate/high income households (57.5 %.) An elevated level of Hispanic/Latino respondents report facing language barriers (19.0 %.) An elevated level of respondents with children reported facing childcare barriers (30.5%) with no significant difference between single-parent and partner-parent households. For details, see Appendices B and C.

FOCUS GROUP RESULTS

Focus group participants expressed an extremely wide variety of concerns regarding education. While participants were concerned with students' mental health challenges, taking care of the whole student, "adulting" skills, and the perceived rising cost of higher education, absenteeism since COVID-19 was identified as the most significant challenge facing the K-12 educational system.

Focus group participants recognized that while they are concerned by low test scores, especially in Ogden, they also recognize that the basic needs of the student and their family need to be addressed for that student to succeed: "I think they're not successful in school 'cause it's day to day survival and I've got kids falling asleep 'cause they have no heat. So they come to our facility....we have all those things that until those needs are met, like the hierarchy of needs are taken care of. There's no way that that [school's] gonna become their first priority." (Non-profit Workers) Because they worry about taking care of the whole child, they worry that there are not enough full-time community school coordinators throughout Ogden School District to really meet the basic needs of Ogden's low-income students.

Participants also expressed that both students and teachers are struggling with mental health challenges. Some participants seemed aware that school districts were trying to put more attention on social and emotional learning while others were not aware or felt the efforts were insufficient. Spanish-speakers in particular were concerned about the lack of mental health education, but this could have been a particular focus because one of the participants self-identified as a psychologist.

Participants thought that school districts should do more to teach students skills they would need as adults. These include nutrition, shopping, and food preparation knowledge. As well as, how to deal with the healthcare system, such as talking to doctors, understanding insurance, shopping around for the best price, and negotiating costs. However, participants particularly emphasized the importance of financial literacy and budgeting. Across all focus groups, participants worried that most people didn't have a basic understanding of the financial system (credit card debt, loans, mortgages, etc.) and that not knowing how to budget meant that many families were in worse financial shape than they needed to be. This was a very strong concern amongst the Spanish-speakers [English translation in footnote below]: "que aprendamos a hacer esos planes financieros porque de repente nosotros hacemos gastos innecesarios....porque a lo mejor esos ingresos que tenemos nos pueden alcanzar para muchas cosas..."[10] [Spanish-speaking Residents] In general, these concerns reflect the fact that young adults are perceived to be unprepared for handling day-to-day tasks as they enter adulthood.

Participants across focus groups agreed that absenteeism is a huge problem in the K-12 educational system in both Weber and Ogden School Districts. The absenteeism is symptomatic of a lack of engagement in general. They noted that this problem has worsened since schools moved to remote learning two years ago and has not recovered. The high rates of chronic absenteeism impact academic achievement and make it very difficult for students to learn the material if they are not present in the classroom. Participants had differing ideas of where this particular form of lack of engagement came from. Some felt that parents did not support teachers when their students missed school: "…it's really

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[10] "We need to learn how to do those financial plans because maybe we have unnecessary expenses…because maybe what we actually earn is enough for many things…"

hard to get parents to support a teacher. Okay. It's like, you know, you get a call the day your grades are due, like, what can my student do? Like, oh they can show up. <laugh> Actually do something." (English-speaking Residents) While others felt that teachers were disconnected from and not empathetic with their students, that they attitude of teachers was "arreglate como puedas"[11] (Spanish-speaking Residents). In addition, the increased absenteeism is, in part, because older siblings were called upon to take care of younger siblings when schools and daycares were closed: "older kids who stay home to take care of the younger kids when they're sick because, um, mom and dad work and they can't mis a job." (Educators) Each of these root causes of absenteeism necessitates a different solution, usually related to addressing the basic needs of the student.

Participants only discussed preschool when prompted. However, when prompted they noted there were not nearly enough high quality, low cost spots available for families in need. They noted that most preschools were not set-up for working families because they are half-day. In addition, because daycare centers are also expensive, many people, especially since COVID, have chosen to leave their young children with a neighbor or family member. The need for affordable, high quality, full-day preschool was clear.

Focus group participants did not have as many concerns about education barriers or challenges for adults. They brought up the need for more GEDs, more academic advisors at WSU, and for more people to access the local technical college. The primary concern, especially among non-profit workers, was what they perceived to be the high cost of higher education, which could turn some people off from pursuing it. Participants didn't think young adults sufficiently understood financial aid, loans, or FAFSA and needed to be better educated about it. Spanish-speakers emphasized how difficult it was for undocumented students to pursue higher education, especially if getting a good paying job after you finish your degree wasn't an option.   And one participant pointed out that some residents might struggle to understand the value of education: "I think people don't value it or see the point of it….being able to weigh, like if I [go to] school and paid this much money, would I actually be able to have that higher income that would benefit the cost of going to school." (Educators) Having a better understanding of the value of higher education – not just the cost – might help some individuals better make decisions related to their post-secondary education choices.

DISCUSSION

Results related to youth issues and education barriers are characterized by an extremely broad range of topics and a mix of consensus and divergence among residents and service providers. With 70.5% of residents reporting at least one issue facing the children in their household and 68.3% reporting at least one education barrier facing adults in the household, residents were more likely to report barriers in these areas than any other areas covered in the survey or focus groups.

In the survey, residents identified challenges with school as the most significant issue facing the youth in their households, and focus group discussions tended to concentrate on K-12 issues. Among many issues discussed, absenteeism emerged as the most pressing. Absenteeism, which can also reflect a general lack of engagement, got worse with the COVID-19 pandemic and has not fully recovered. In the

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[11] "Figure it out yourself"

case that children are absent because they are taking care of younger siblings who are ill or quarantining, this overlaps with some of the challenges discussed in the employment/income section about the need for more flexibility from employers and childcare providers. Paid sick leave could go a long way. In the case that absenteeism reflects disengagement more broadly, communities will need to collaborate to identify and address root causes. In the survey, service providers identified mental health challenges as the top issue facing youth. Prioritizing mental health may be a good place to start for addressing disengagement more broadly.

Concerning adult education, the high costs of higher education and childcare barriers were top concerns. With Weber County home to both Weber State University (WSU) and Ogden-Weber Technical College (OWTC) it may be worth exploring if there are opportunities to partner with either or both institutions to better connect people with financial aid resources and perhaps to develop partnerships for overcoming childcare barriers. For example, it may be valuable to integrate information about financial aid into existing OWCAP programs such as Circles. Given OWCAP's expertise with the Head Start Program, are there opportunities for OWCAP and WSU or OWTC to collaborate to address childcare barriers? Exploring these types of partnerships may be effective avenues for addressing these barriers.
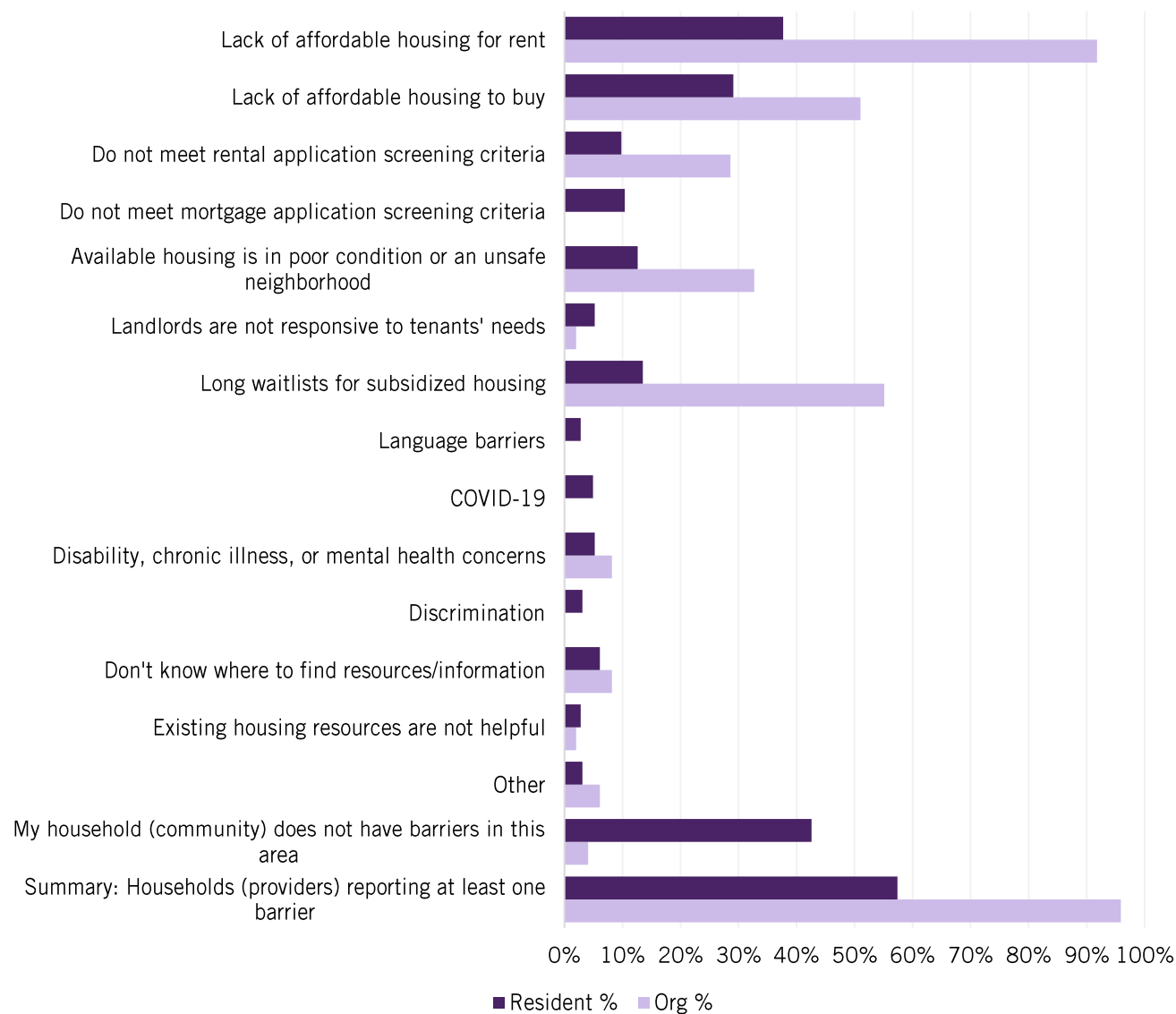
HOUSING

This section presents survey and focus group results concerning access to adequate housing.

SURVEY RESULTS

Survey questions asked respondents to identify barriers to adequate housing. Figure 6 presents results.

Figure 6. Barriers to Housing: Resident and Organization Responses

Notes: N(residents)=326, N(service provider)=49

Both residents and service providers agreed on the following top three barriers:

- Lack of affordable housing for rent
- Lack of affordable housing to buy
- Long waitlists for subsidized housing

Lack of affordable housing for rent was the top choice with both residents (37.7%) and service providers (91.8%). It is also worth noting that service providers were much more likely to identify long waitlists for subsidized housing (55.1%) than residents themselves (13.5%) were. To a lesser extent, both groups also identified the poor condition of available housing and an inability to meet application criteria as barriers. Overall, 57.4% of residents reported at least one housing barrier.

As with employment and education, the low-income subgroup was more likely to report at least one housing barrier (69.5%) than the higher income residents (44.1%.) Furthermore, 77.6% of renter households reported at least one barrier compared to only 31.2% of homeowner households. This is likely related to the income gap between renter households (median income=$20-29,999) vs homeowner households (median income=$60-69,999) but may also reflect the unique situation of renters. Over half (53.8%) of renter households report that lack of affordable housing for rent is a barrier faced by their household. The second largest barrier renters report is lack of affordable housing to buy (36.5%) suggesting that shortages in the ownership market keep renters in the rental market which increase demand and prices in the rental market. Renters also report poor housing conditions (17.9%), long waitlists for subsidized housing (16.7%) and application criteria (14.1%) as common barriers. See Appendix D for details.

FOCUS GROUP RESULTS

The primary concern of focus group participants was the affordability of housing is not even close to keeping up with costs. These concerns are particularly pressing for low-income residents. Participants articulated concerns about how both renters and buyers are feeling squeezed by the increasing prices: renters can't afford to buy, low-income folks feel pushed into less safe neighborhoods or unsafe homes, unsheltered residents have nowhere to go, and the rent on mobile home lots is going up. As one English-speaking resident said, "We're in our small starter home, three kids, we're kinda ready to move on. And just with the equity, it's really tempting, but there's just nowhere to go."

Participants were very concerned about these high costs, but have different perceptions of what is causing housing costs to spike. Many did *not* connect a lack of housing units (supply) with high housing prices. The standard economic supply and demand model teaches that a restricted supply will result in higher prices. They notice many high density housing units being built, but don't necessarily see this as a solution to the housing affordability problem. Rather they may see this as a sign of developers' "greed" and have unfavorable opinions about high density housing: "you look at the number of government people and I'm not government bashing…who are also developers and they're gonna get more bang for their buck, if they've got two acres and they can put, uh, multiple family dwelling on that…your not gonna get single family dwellings being developed because it's not in their best interest." (Educators) Some participants' unfavorable opinions seemed to stem from the fact that no portion of

those new high density developments were designated as affordable housing. They believe the new units will be too expensive to low-income residents. While these claims against high density market rate housing hold some truth, these negative perceptions may mask a more nuanced reality.

Participants were frustrated by a particular segment of landlords. They felt that, especially in this tight housing market, landlords were less responsive to repairs, some rented dilapidated and unsafe units, and they were less likely to rent to those with criminal records. In addition, several participants saw landlords bullying residents who don't have a particularly good grasp of their rights, especially as regards evictions: "There's so many clients...[who have] come through our doors who have lost their housing for probably...lack of realizing what their rights were or feeling intimidated, bullied, whatever you want, they just didn't have the strength the be able to stand up for their rights, but then realizing once they're homeless, they're unable to house themselves...." (Non-profit Workers) Residents cited the Good Landlord program in particular as being a negative force that doesn't help low-income residents, especially those transitioning out of incarceration: "People can't get their fresh start, you know, they're like they want to reinvent themselves or you know, do better. But then they're put back in the same cycle because they have multiple barriers that are just blocking them from doing that. And that [GLL] program is one of them." (Other Partners) In general, participants believed that tenants need to be better informed about their rights so they can defend themselves adequately when disputes come up.

In addition to not understanding what their rights are as tenants or owners, a number of Weber county residents live in unsafe or unstable housing. For undocumented residents, this could mean not signing a lease or a contract where they are at the whim of the landlord. It could mean not wanting to request repairs for fear that rent would continue going up. It could mean falling ill because your house is too expensive to heat or has unsafe mold. One Spanish-speaking resident captured the centrality of stable and affordable housing to a healthy and productive life (English translation in the footnote below): "[las casas] están viejas y anticuadas. En el invierno son frías, en el verano son calientes. Y para correr el calentón en invierno te sale más caro. No tienes para comer…Caes enfermo otra vez y empieza otra vez el ciclo."[12] As the housing crisis presumably intensifies more Weber County residents will be living in unsafe conditions and in need of assistance and advocacy.

DISCUSSION

Both survey and focus group results revealed a strong consensus that the lack of affordable housing (both for rent and for purchase) is the most significant housing barrier in Weber County. Nevertheless, focus group participants tended to have unfavorable opinions about high density housing despite its potential to increase the housing supply, which in turn can help lower costs. In fact, previous research on perceptions of high density housing shows that both lower-income and higher-income households tend to oppose high density housing, albeit for different reasons. In lower-income neighborhoods, residents, especially renters, typically worry that new high density development will lead to increased property values and rents, gentrification, and eventual displacement. In higher-income neighborhoods, residents, especially homeowners, typically worry that high density development will lower property

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[12] "[The houses] are old and outdated. In the winter time they are cold and in the summer they are hot. And running the heater in winter is too expensive. [So] you don't have anything to eat…and you get sick again and the cycle begins again."

values, change neighborhood character, and serve only developers' greed.[13] The evidence base to support or refute either of these worries is thin leaving decision makers meager data and strong emotions on which to base their decisions. In practice, high density housing tends to be concentrated in lower-income neighborhoods. Allowing more high density housing in higher-income areas would help spread both any costs and any benefits of high density housing more evenly among all residents.

Aside from affordability, survey respondents and focus group participants were most concerned about long wait lists for affordable housing, poor housing quality, unresponsive landlords, and lack of resources on tenants' rights. These results suggest OWCAP's relatively new focus on landlord-tenant mediation is well-placed and could possibly be expanded going forward.

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[13] E.g. Schuetz, J. (2022). Fixer-Upper: How to Repair America's Broken Housing Systems. Brookings Institute Press, Washington, D.C, pp 152-154.
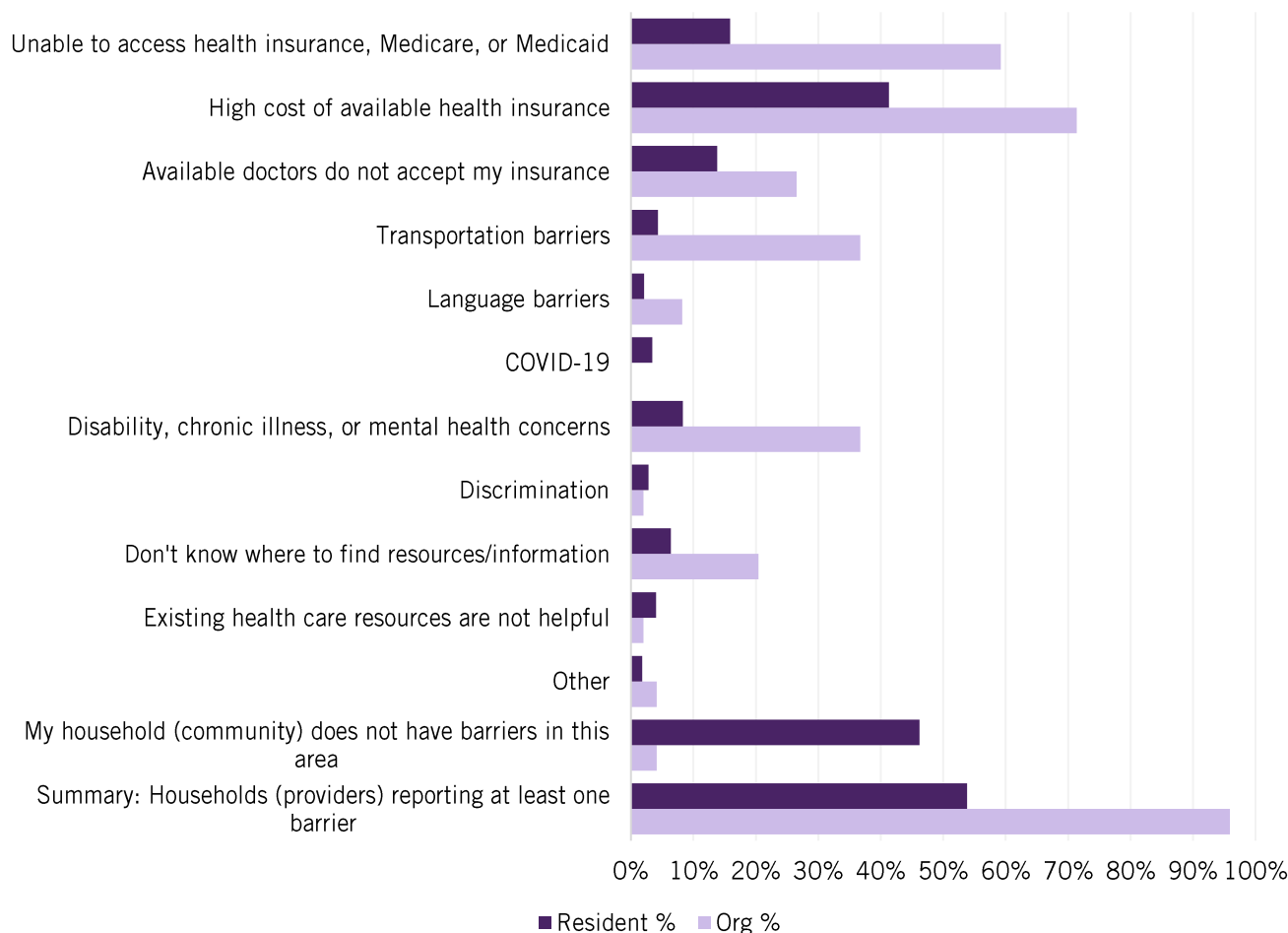
HEALTH CARE

This section presents survey and focus group results concerning access to adequate health care and mental health care.

SURVEY RESULTS

Survey questions asked separately about barriers to adequate health care and adequate mental health care. Figure 7 presents results for health care and Figure 8 presents results for mental health care. This section summarizes results for both questions.

**Figure 7. Barriers to Health Care: Resident and Organization Responses**

Notes: N (residents)=327, N(service provider)=49

Residents and service providers agreed on the following top two barriers for health care:

- High cost of available health insurance
- Unable to access health insurance, Medicare, or Medicaid

Additional top choices among service providers included transportation barriers (36.7%) and disability/mental health barriers (36.7%.) Residents chose lack of available doctors who accept their insurance (13.8%) as their next top choice. Overall, 53.8% of residents reported at least one barrier to adequate health care.

Figure 8. Barriers to Mental Health Care: Resident and Organization Responses
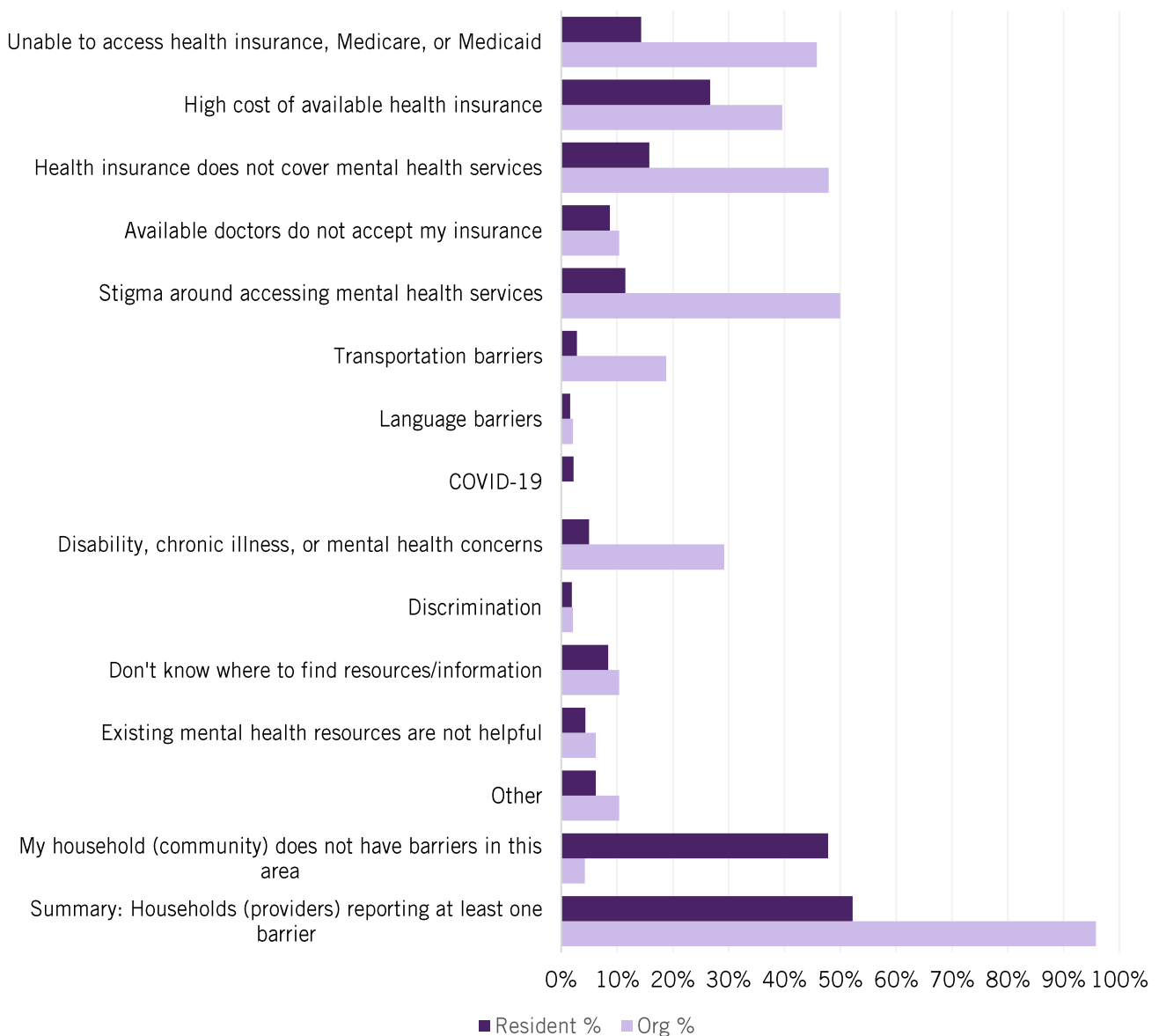
Notes: N(residents)=322, N(service provider)=48

Residents and service providers agreed on the following top barriers for mental health care:

- High cost of available health insurance
- Unable to access health insurance, Medicare, or Medicaid
- Health insurance does not cover mental health services (like therapy)
- Stigma around accessing mental health services

These four choices were particularly common among service providers, each of which were identified by at least 39.6% of service providers. Overall, 52.2% of residents reported at least one barrier to adequate mental health care.

Considering subgroups, those with lower incomes are more likely to report a barrier (around 60% for both health care and mental health care) than those in the higher income group (around 50%) although this discrepancy by income is smaller than those for employment, education, and housing. No other major discrepancies by subgroup were identified. See Appendices E and F for details.

FOCUS GROUP RESULTS

In regards to healthcare, focus group respondents were primarily concerned with navigating insurance companies, the cost of healthcare, and multiple issues regarding mental healthcare.
Participants were very concerned about how difficult it is to navigate the health insurance system and fears this meant they were overpaying. They say the system is confusing, time consuming, and there are always unexpected costs. Participants had multiple stories of constantly fighting bills or getting surprised charges or being worried they were paying unnecessarily high prices. This lack of predictability over healthcare costs impacts the rest of the family's budget: "That knowing how much you have to pay it's a lot easier to budget for stuff that, you know, I know I'm gonna pay a hundred dollars for groceries this week. I, I don't know what to budget for, you know, my daughter's braces..." (English-speaking Residents) This confusion seemed to cause a great deal of stress to residents and a fear they were overpaying. Participants strongly asked for a more transparent system that doesn't require so much effort and knowledge to successfully navigate, or at least for education in how to navigate it.

Participants were critical of the mental healthcare system at many levels. They believe there is far too much stigma associated with seeking mental healthcare, especially for men. Some would love to see a more integrated system where behavioral, mental, and physical healthcare could be found at the same location, thus helping to destigmatize mental health care. Access to mental healthcare is made difficult by some health insurance companies who will only pay for therapy if you are in crisis and not before. They had multiple examples of wait times being far too long, especially for those in crisis. And they were pained to see a lack of diverse mental health care professionals and those who speak languages other than English: "when you do have someone who is actively in their mental health breakdown to have a safer place for them to feel, not judge, to feel heard, to feel like if they're coming to you to ask for help, that they're gonna feel safe in getting that." (Other Partners) Spanish-speakers especially would love to see more support groups or facilitated conversations (not classes!) around mental health issues. They would love to see schools provide more mental health support for teachers and students and more

mental health training for teachers and administrators. In general, participants perceive a crisis as regards mental health and not sufficient resources going towards it.

Finally, it is worth noting that the healthcare system has the potential to address many of the challenges facing low-income residents of Weber County. This is because addressing social determinants of health (SDOH), which include housing, transportation, income, education, and food security amongst other issues, improves health outcomes. However, the current healthcare system is set-up to pay for clinical care, but does not compensate the provider to help patients address SDOH. A healthcare professional described the problem this way:

> …our biggest struggle is everything that we've talked about. <laugh> everything that comes outside of healthcare….We don't get, we don't get reimbursed for our care coordination. We don't get reimbursed for, um, for helping someone fill out an application, we don't get reimbursed. So then you're limited in what you can do. Okay. And so much of our work happens outside of the exam room. Okay. And so for me, an ideal system is having a healthcare facility that tackles both social, economic, social determinants of health factors and, and, and couples that with physical health…So I think that more funding for tackling the social determinants of health that would allow for sustainable systems. And then we would see the bigger impact on health outcomes.

As a community, figuring out how to tackle SDOH in an integrated way has the potential to improve population level health and education outcomes.

DISCUSSION

There were many strongly expressed concerns about the mental health care system. Those in Weber county would like to see improved mental health care coverage by insurance plans; improved integration of physical, behavioral, and mental health services to facilitate ease of navigation; reduced stigma of those seeking mental health care; and better ability to address the social determinants of health. In addition, our community needs more providers to reduce wait times, especially during crises and more diverse providers to better reflect the community they serve.

Survey respondents strongly represented that they were concerned about accessing health insurance, the cost of health insurance, and what health insurance actually covered. Focus group participants revealed they were also concerned about navigating the complexities of the health insurance system in order to receive the best care possible. They emphasized how other non-financial barriers like how wait times and stigma and lack of insurance coverage make it hard to receive good care. Their emphasis on needing help to navigate health insurance points to a particular advocacy gap in our community.
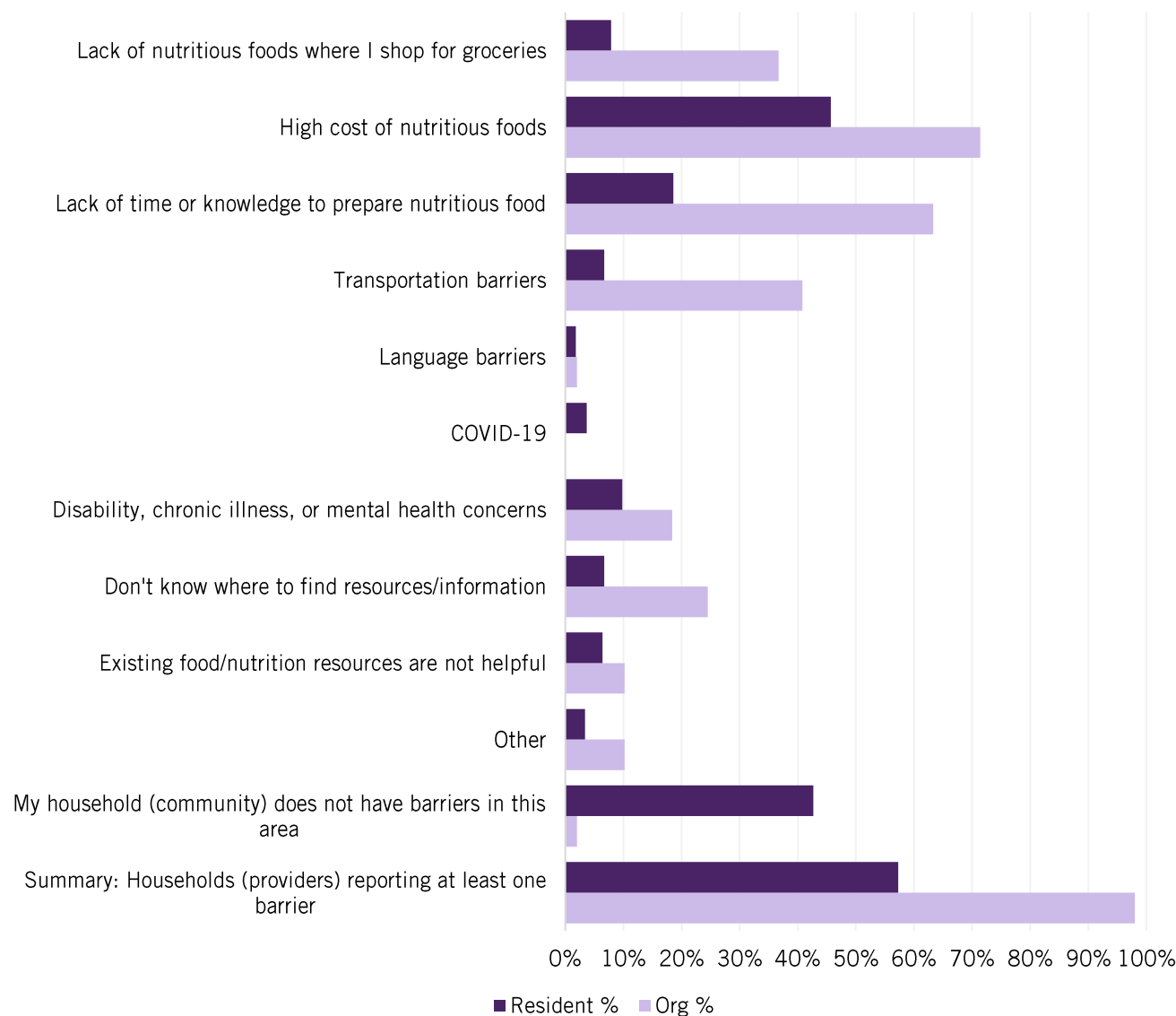
FOOD AND NUTRITION

This section presents survey and focus group results concerning access to adequate food and nutrition.

SURVEY RESULTS

Survey questions asked about barriers to adequate food and nutrition. Figure 9 presents results.

Figure 9. Barriers to Food and Nutrition: Resident and Organization Responses

Notes: N(residents)=328, N(service provider)=49

Residents and service providers agreed on the following top two barriers regarding food and nutrition:

- High cost of nutritious food
- Lack of time or knowledge to prepare nutritious food

Service providers also identified transportation barriers (40.8%) and lack of nutritious food where their clients shop for groceries (36.7%) as top barriers while residents identified disability, chronic illness or mental health issues as a top barrier (9.8%.) Overall, 57.3% of residents report at least one barrier in this area.

Again, lower income residents were more likely to report facing at least one barrier (64.3%) than the higher income residents (51.4%). Otherwise, resident subgroups generally reported a similar pattern of results as residents overall. See Appendix G for details.

FOCUS GROUP RESULTS

Issues related to food security and unhealthy eating are interlocking and complicated. There is a strong perception that nutritious food is too expensive and participants also see time and knowledge as barriers, but none of these barriers can really be addressed on their own.

The cost of food is a primary concern. Participants very much emphasized that they thought nutritious food – especially fresh fruits and vegetables – were expensive and that this was a primary barrier for low-income folks to eat nutritiously. Participants emphasized that they don't see access to fresh foods as a problem, it's that they feel like they can't afford them. At the same time, though, participants noted that many residents eat fast food, which residents don't perceive as more expensive than cooking at home. Some participants wondered if this was a lack of budgeting skills that meant that some residents didn't eat nutritiously at least some of the time.

However, participants quickly elaborated that, in addition to being expensive, residents don't know how to shop for or cook with fresh or nutritious ingredients. Some parents or caregivers are not cooking and not teaching their children how to cook, so cooking knowledge is minimal. Knowledge of what healthy or nutritious food is is minimal. Because of the lack of cooking and nutrition knowledge, in part, they struggle with shopping for the right ingredients to do meal planning. If they "experiment" by purchasing a new ingredient, they often come home and struggle with how to prepare it or are unhappy with how it tastes. In addition, it is harder to store fresh food and it is more likely to go bad quickly. One English-speaking resident described how it worked in her family, "Especially in cases of intergenerational poverty, cuz like my parents are poorer than I am, which I feel like is kind of sad. So we, like, we never had vegetables ever, sometimes from a tin, like we mostly ate mac and cheese and hot dogs. Okay. I didn't get vegetables until I was taken from the home. So it's just like, there's not enough education about how to cook like that." In this example, the lack of money, cooking skills, and nutrition knowledge influenced how her family ate.

Eating healthy is not convenient or tempting and there is no time. This is compounded by the fact that residents feel like they do not have the cooking knowledge they need, they can't afford the ingredients,

they might lack adequate cooking equipment, and unhealthy options surround them and are very appealing. As participants noted, fast food restaurants are everywhere and "you crave it". One participant noted that even though her corner market has healthy options, she chooses the unhealthy ones. Another summed up the interconnectivity of the problem, "I think in addition to lack of cooking skills, it's also a lot of, um, families don't necessarily have time to figure it out that night, how to cook something. And so teaching organizational skills, menu budgeting, and like easy meals...." (Educators) This is despite the fact that good information on how to cook healthy on a budget is relatively easy to find (one participant said "every mommy blog has advice..."), which underscores how hard it is to implement behavior change.

Unlike other segments of the population, access to food for those experiencing extremely high food insecurity who need emergency food assistance is challenging in a couple of ways. Participants noted that enrolling in SNAP is complicated, burdensome, and confusing. SNAP or WIC is not an option available to undocumented residents. In addition, access to food pantries can be difficult. Participants noted that the largest food pantry in Northern Utah, Catholic Community Services, is located in West Ogden and difficult to get to, especially on public transportation. Many food pantries have extremely limited hours that often fall during traditional work hours. Finally, the paperwork to qualify for food pantries can also be cumbersome and dissuade people from trying to get help.

DISCUSSION

Both the survey and focus groups agreed that the perceived high cost of nutritious food and lack of time and knowledge to prepare nutritious food are the most significant barriers. As focus group participants described, they feel like they don't have the time or knowledge to prepare the unprocessed healthy food that is cheaper to purchase. Therefore, any interventions or other community solutions related to encouraging low-income folks to shop for, prepare, and eat more nutritious food should understand not only consider budgetary constraints and lack of knowledge these families face, but also that people do not have a lot of time to cook.

TRANSPORTATION

Neither the survey nor focus group questions asked directly about transportation barriers. This is primarily because transportation is a means to an end, rather than an end in itself. Transportation barriers are primarily a problem when they get in the way of other needs such as employment, healthcare, or food/nutrition. Therefore, this section reviews the survey questions that asked about transportation methods, and also the extent to which residents and service providers identified transportation barriers as principal barriers in the preceding sections.

SURVEY RESULTS

Although the survey did not ask residents to identify barriers to transportation, the survey did ask residents about their primary means of transportation and whether or not they had missed any appointments in the last month due to lack of transportation.[14] Table 8 presents results comparing those who do and do not primarily use a car. Overall, 18.5% of respondents reported missing at least one appointment in the last month due to lack of transportation, regardless of transportation means. Furthermore, among those who tend not to use or not have access to a car, over half (55.8%) reported missing at least one appointment. These results show the significant importance of transportation barriers among residents in the sample.

Table 8. Missed appointments in the last month by primary means of transportation

	Overall	Car	Other Transport
Missed at least one appointment	18.5%	13.2%	55.8%
No missed appointments	81.5%	86.8%	44.2%
Total	100.0%	100.0%	100.0%

Notes: N=346

Despite the relatively high rate at which residents miss appointments due to lack of transportation, residents are much less likely to report lack of transportation as a top barrier compared to service providers. For example, service providers identified transportation as one of the top five barriers to adequate employment (28.0%) and one of the top three barriers with respect to both adequate health care (36.7%) and adequate food/nutrition (40.8%.) However, residents only identified transportation as a top five barrier with respect to food and nutrition and never as top three barrier. One possible explanation could be that residents may recognize transportation as a significant barrier but due to the survey limiting respondents to select three barriers, transportation may have been excluded at the margin. While residents may have trouble recognizing their own transportation barriers, it may also be the case that they may see other root causes of transportation issues.

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[14] See questions 19 and 18 respectively on the resident survey.

FOCUS GROUP RESULTS

Focus group participants spontaneously and enthusiastically discussed how transportation can be a barrier to work, childcare, and attending appointments. As discussed under jobs and incomes, participants noted that bus schedules and routes do not match the needs of low-income residents with the employers who will hire them. Those who need childcare find it especially difficult to navigate the bus system. For example, you need to find the bus (or busses) that allow you to drop your kids off at daycare and then you need to take another bus (or busses) that will get you to work on time. This can be extremely complicated, time consuming, and means you are more likely to miss a bus that will make you late for work. The bus schedule and routes also do not seem to adequately serve those who need to use food pantries (the largest of which is located in West Ogden). Respondents also noted that sometimes low-income housing is not close to resources such as supermarkets, healthcare clinics, and the like. As one non-profit worker said, "And it's also a discouraging process for so many. 'Cause they will really motivate themselves on a good day. I'm gonna get the bus, do these things, but they'll miss a connection or they'll get a piece of the route wrong, then they're stranded perhaps. And if that happens one or two times, you just, you know, internally, I mean, one of the biggest thing for me in all of this is isolation, how it that's to do again there so many people that live and have lived in isolation." (Other Partners) Several focus group participants wondered if a solution could be made if private employers, the UTA, and others worked to better connect the neighborhoods without resources to supermarkets, employers, and other services.

DISCUSSION

Primarily, transportation barriers affect residents' abilities to get to work, access nutritious foods, and access healthcare. Other local coalitions are experimenting with providing transportation for medical appointments (Weber-Morgan Health Department) and figuring out how to have more nutritious, affordable foods at corner stores (Ogden Food Council) as a way to mitigate the transportation barrier. It would be worth exploring if there are other "work arounds" to transportation issues or if working directly with UTA is a better, more direct solution depending on the problem.

FOCUS AREAS FOR COMMUNITY ORGANIZATIONS

Finally, survey questions asked residents and service providers to identify areas where community organizations, such as OWCAP, should be focusing their efforts.

SURVEY RESULTS

Survey questions asked residents and service providers to identify up to five areas where community organizations, such as OWCAP, could be focusing their efforts. Figure 10 presents results.

Figure 10. Focus Areas for Community Organizations: Resident and Organization Responses
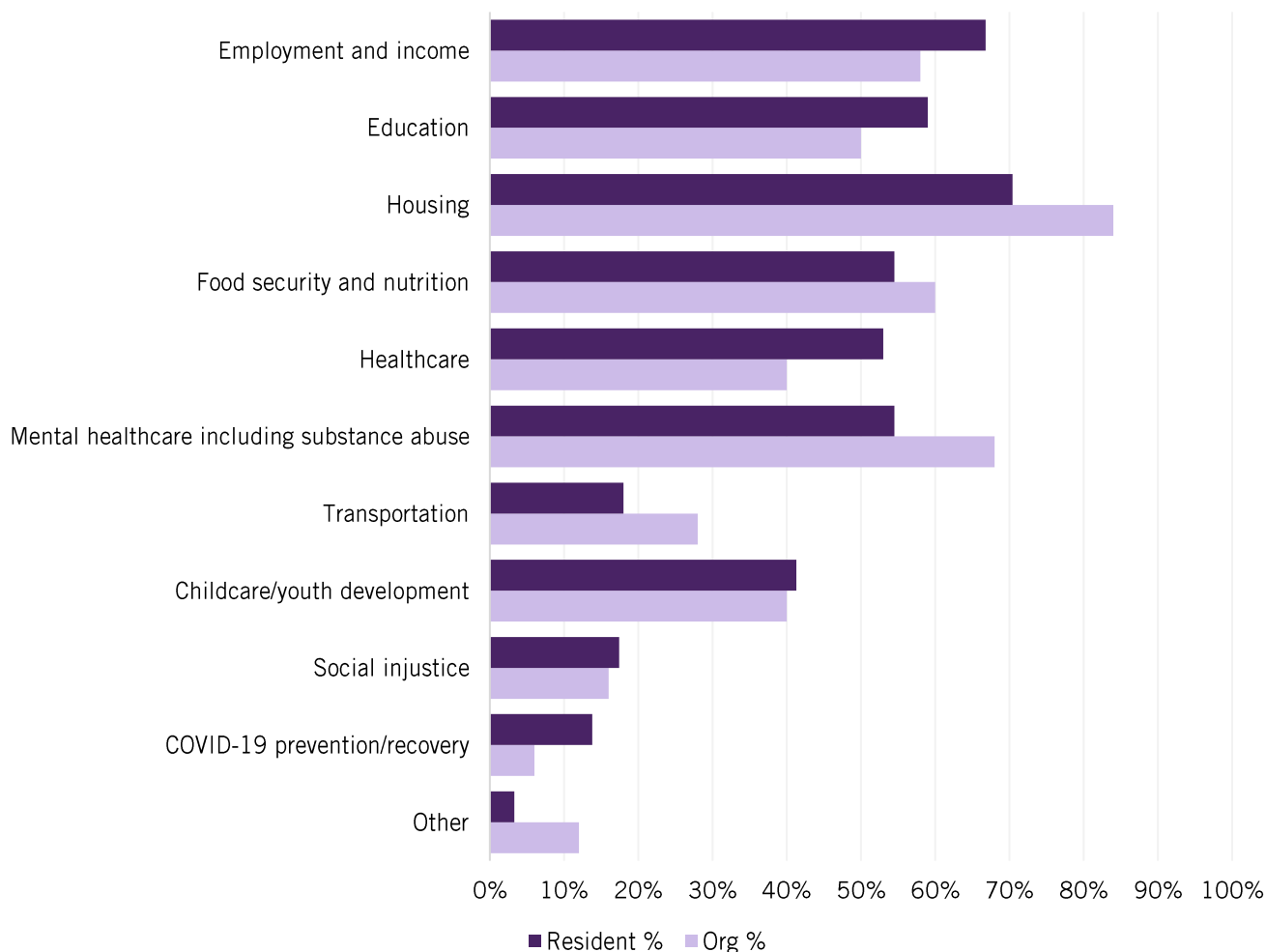
Notes: N(residents)=334, N(service provider)=50

Residents and service providers generally agreed on the following top five priority areas

- Housing
- Employment and income
- Mental health care including substance abuse
- Education
- Food security and nutrition

Both residents (70.4%) and service providers (84.0%.) most frequently identified housing as an area of focus. The focus groups identified tenant rights advocacy, mediation with landlords, and home repair assistance as important issues that can be addressed locally.

Although housing was most frequently identified as a focus area, residents were less likely to report facing housing barriers (57.4%) compared to employment/income barriers (65.5%) and adult education barriers (68.3%.) This may reflect a type of tradeoff between frequency and intensity: although a smaller proportion of residents face housing barriers, focus group participants discussed housing barriers with great intensity. This also makes sense in the context of Weber County's recent sharp housing cost increases.

Results were fairly consistent across subgroups with some predictable patterns. Low income residents reported employment and income as the top focus area (76.9%.) Households with kids and single parents were more likely to identify childcare and youth development as focus areas. (See Appendix H for details.) Focus group participants clearly identified the need for more high-quality, low-cost daycare/preschool for low-income residents. They also saw that many low-skilled workers had trouble with job applications and were unsure if any service providers could help with those issues.

OTHER AREAS

Interestingly, both residents and service providers spontaneously discussed how residents do not utilize non-profit resources and to improve outreach and advertising for non-profits. Multiple groups noted that many services identified as needed are available in Weber County – such as nutrition classes, financial coaching, and resume building. Yet attendance is sparse and, participants argued, few people who could benefit from these services know about them. Attendees speculated as to why residents do not take advantage of these services: the services are not available on transportation routes, they aren't open at the right time, there are too many "hoops" to jump through, there is a stigma to receiving government services, people are too tired to go to a class at the end of the day. In addition, some argued, there is not a lack of information available, but behavior change and follow-through is simply very hard. Others say that there is just too much that anyone is supposed to do: "I'm not low-income, you know, I, I don't have a language barrier. I know about it and I don't do it and I need to, so how many people say…I know I need it…but I just don't want to do it." (Educators) Or, as a Spanish-speaker said [English translation in footnote below]: " 'Mira mamá, ¿me ayudas con esta tarea?' Hijole, es que no hablo ingles. '¿Y por qué no hablas ingles?' Porque me tengo que pasar trabajando. Y me canso y llego a la casa y lo que quiero hacer es dormir."[15]

But there seemed to be a strong sense that most of the community don't know what different organizations do and what services they provide; they don't know what nonprofits exist in Ogden and they don't know what they do: "I've lived in Ogden pretty much my whole life mm-hmm, I found out about OWCAP maybe two years ago, three years ago. And just because my, my wife worked with a nonprofit…it's just word of mouth. Yeah. I think getting, getting the word out of what OWCAP is…." (English-speaking resident). Participants suggested that, among other things, advertising – on billboards, on buses – would really help the right people know where to go for what help.

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[15] " 'Hey mom, can you help me with my homework? Jeez son, I don't speak English. 'And why don't you speak English?' Because I spend my life working. And I get tired and I come home and all I want to do is sleep."

SUMMARY & CONCLUSION

A primary goal of the Community Needs Assessment is to help OWCAP tailor its programs and services to the needs and context of the local community. To this end, this report analyzes survey and focus group data to identify the most significant barriers faced by Weber County residents in the areas of employment/income, education, housing, health- and mental-health care, food and nutrition, and transportation.

Among the extremely broad range of barriers and issues identified, several key findings emerged. Low wages and child care barriers are top barriers to adequate employment and income. Absenteeism weighs heavy on the K-12 education system while high costs in higher education discourage adults from furthering their education. High costs in the housing market (both for rent and for purchase) pose significant barriers to accessing adequate housing and were discussed with high intensity among focus group participants. Survey and focus group results point to numerous barriers regarding accessing and navigating health care and mental health care systems. Insurance access, costs, coverage, lack of transparency, system complexity, and stigma associated with mental health services are some of the many barriers in these areas. The high cost of nutritious food combined with lack of time and knowledge to cook together pose the most significant barriers to healthier eating. Transportation barriers have their greatest impact in the areas of accessing employment, health care, and nutritious food.

Barriers are also experienced differently among different groups of residents. Low-income households are more likely to experience barriers in any given area compared to their higher-income peers. Particularly, the threat of benefit cliffs disproportionately affects those with very low incomes. Households with children emphasize childcare barriers. There are numerous interconnections and nuances between and among barriers identified.

Through the process of studying and systematically assessing barriers and needs among Weber County residents, this report aims to provide a foundation of information that can anchor conversations on how to design and structure OWCAP's programs and services going forward. Using this foundation to build programs and services tailored to local needs and context can help improve outcomes for Weber County residents.