



# Five County Community Needs Assessment 2013

Beaver \* Garfield \* Iron \* Kane \* Washington

The following 31 questions are designed to develop a greater understanding of the needs of your community. When answering these questions, please consider both your personal needs and the needs of the community in general. You may mark multiple answers in many of the questions. If you only identify 1 or 2 of the items as priorities, then only check that many boxes. If the priority you identify is not on the list please write it below the question with any comments you may have. This survey should take about 10 minutes to complete.

**Thank you for taking the time to complete this survey!**

## 1. What do you feel are the primary EMPLOYMENT issues in this community?

(Check a maximum of 3 boxes)

- |  |   |
|--|---|
| <input type="checkbox"/> Cost of childcare                               | <input type="checkbox"/> Lack of transportation                             |
| <input type="checkbox"/> Not enough good paying jobs with benefits       | <input type="checkbox"/> Employment income impacts eligibility for services |
| <input type="checkbox"/> Unable to find jobs in area                     | <input type="checkbox"/> Substance Abuse                                    |
| <input type="checkbox"/> Wages are too low                               | <input type="checkbox"/> Having a record or felony                          |
| <input type="checkbox"/> People lack skills to obtain a job              | <input type="checkbox"/> Disability/chronic illness                         |
| <input type="checkbox"/> People lack education to obtain a job           | <input type="checkbox"/> Employers leaving the area                         |
| <input type="checkbox"/> Other employment issues of concern or comments? |   |

## 2. What do you feel are the primary EDUCATION issues in this community?

(Check a maximum of 3 boxes)

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of vocational training                    | <input type="checkbox"/> Lack of transportation (school related) |
| <input type="checkbox"/> Lack of GED/Adult Education Classes            | <input type="checkbox"/> Lack of childcare (school related)      |
| <input type="checkbox"/> Lack of college education                      | <input type="checkbox"/> Cost of tuition                         |
| <input type="checkbox"/> Lack of dropout prevention for youth           | <input type="checkbox"/> Having to work                          |
| <input type="checkbox"/> Lack of preschool programming                  | <input type="checkbox"/> Substance abuse                         |
| <input type="checkbox"/> Other education issues of concern or comments? |  |

## 3. What do you feel are the primary HOUSING issues in this community?

(Check a maximum of 3 boxes)

- |  |   |
|--|---|
| <input type="checkbox"/> High cost of homeownership                              | <input type="checkbox"/> Utility costs are high   |
| <input type="checkbox"/> High cost associated with moving                        | <input type="checkbox"/> Credit reports   |
| <input type="checkbox"/> Lack of temporary emergency housing (homeless)          | <input type="checkbox"/> Background checks  |
| <input type="checkbox"/> Lack of temporary emergency housing (domestic violence) | <input type="checkbox"/> Families/friends "doubling up" because couldn't afford own housing |
| <input type="checkbox"/> Lack of affordable rental housing                       | <input type="checkbox"/> Criminal history   |
| <input type="checkbox"/> Housing in poor condition                               |   |
| <input type="checkbox"/> Other housing issues of concern or comments?            |   |

**4. What do you feel are the primary NUTRITION issues in this community?**

**(Check a maximum of 3 boxes)**

- |  |  |
|--|--|
| <input type="checkbox"/> High cost of healthy foods                          | <input type="checkbox"/> Lack of knowledge on healthy food choices                                 |
| <input type="checkbox"/> Not enough income to cover food costs               | <input type="checkbox"/> Lack of knowledge on available nutrition programs (WIC, SNAP, etc)        |
| <input type="checkbox"/> Lack of transportation to grocery store/food pantry | <input type="checkbox"/> Food resources not available (senior meals, meals on wheels, food pantry) |
| <input type="checkbox"/> Location and/or hours of food pantry unknown        | <input type="checkbox"/> Lack of after school meal programs for children                           |
| <input type="checkbox"/> Other nutrition issues of concern or comments?      |  |

**5. What do you feel are the primary INCOME issues in this community?**

**(Check a maximum of 3 boxes)**

- |  |  |
|--|--|
| <input type="checkbox"/> High cost of check cashing/cash advance services          | <input type="checkbox"/> Lack of knowledge about addressing credit issues                                |
| <input type="checkbox"/> Difficulty with money management                          | <input type="checkbox"/> Lack of knowledge about possible resources, (i.e. SNAP, medical coverage, etc.) |
| <input type="checkbox"/> Lack of use of free tax preparation (low-moderate income) | <input type="checkbox"/> Lack of interest in making appropriate use of income                            |
| <input type="checkbox"/> Lack of knowledge about savings                           | <input type="checkbox"/> Unable to obtain banking services (i.e. checking, savings, direct deposit)      |
| <input type="checkbox"/> Other income issues of concern or comments?               |  |

**6. What do you feel are the primary TRANSPORTATION issues in this community? (Check a maximum of 3 boxes)**

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of accessible transportation for non-emergency medical situations | <input type="checkbox"/> Lack of assistance in learning to drive/getting a license |
| <input type="checkbox"/> Lack of knowledge on how to buy a vehicle                              | <input type="checkbox"/> Cost of gasoline  |
| <input type="checkbox"/> Cost of owning and operating a vehicle                                 | <input type="checkbox"/> Lack of public transportation                             |
| <input type="checkbox"/> Lack of credit to buy a vehicle  | <input type="checkbox"/> Location of DMV   |
| <input type="checkbox"/> Other transportation issues of concern or comments?                    |  |

**7. What do you feel are the primary HEALTH CARE issues in this community?**

**(Check a maximum of 3 boxes)**

- |   |  |
|---|--|
| <input type="checkbox"/> No insurance                                     | <input type="checkbox"/> Doctors will not accept Medicaid                |
| <input type="checkbox"/> Costs too much                                   | <input type="checkbox"/> Lack of resources for substance abuse treatment |
| <input type="checkbox"/> No doctors/clinics in town                       | <input type="checkbox"/> Lack of resources for mental health treatment   |
| <input type="checkbox"/> No transportation to doctor                      | <input type="checkbox"/> Lack of information on basic healthcare         |
| <input type="checkbox"/> Other health care issues of concern or comments? |  |





**17. If you or someone you know were experiencing one of the following problems, would you know where to get help?**

	Yes	No
• Inability to pay gas/electric bills	<input type="radio"/>	<input type="radio"/>
• Inability to pay water bills	<input type="radio"/>	<input type="radio"/>
• Home in foreclosure	<input type="radio"/>	<input type="radio"/>
• Homelessness	<input type="radio"/>	<input type="radio"/>
• Bad credit	<input type="radio"/>	<input type="radio"/>
• Lack of child care	<input type="radio"/>	<input type="radio"/>
• Home in need of repairs	<input type="radio"/>	<input type="radio"/>
• Disability resulting in inability to work	<input type="radio"/>	<input type="radio"/>
• Domestic violence	<input type="radio"/>	<input type="radio"/>
• Unemployment	<input type="radio"/>	<input type="radio"/>
• Parenting stress	<input type="radio"/>	<input type="radio"/>
• No food	<input type="radio"/>	<input type="radio"/>
• Poor nutrition and unhealthy lifestyle	<input type="radio"/>	<input type="radio"/>
• Substance abuse problems	<input type="radio"/>	<input type="radio"/>
• Suicidal thoughts	<input type="radio"/>	<input type="radio"/>
• Stress from providing care to a disabled or ill loved one	<input type="radio"/>	<input type="radio"/>
• Free tax preparation assistance (low and moderate income)	<input type="radio"/>	<input type="radio"/>
• Adult education (GED, etc)	<input type="radio"/>	<input type="radio"/>
• Mental Health Difficulties	<input type="radio"/>	<input type="radio"/>

The following questions ask some personal information. We only ask these questions to make sure we get surveys from different demographic groups within the community. Your name is not on the survey, so all of your personal information will remain confidential.

**\*18. In which county do you reside?**

- |                                  |                                |
|----------------------------------|--------------------------------|
| <input type="radio"/> Beaver     | <input type="radio"/> Garfield |
| <input type="radio"/> Iron       | <input type="radio"/> Kane     |
| <input type="radio"/> Washington |                                |

**\*19. Which city?**

**\*20. What is your zip code?**

**\*21. Please indicate your age bracket:**

- |                                     |                             |
|-------------------------------------|-----------------------------|
| <input type="radio"/> 17 or younger | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-23         | <input type="radio"/> 55-69 |
| <input type="radio"/> 24-44         | <input type="radio"/> 70+   |

**\*22. Please indicate your gender:**

Male

Female

**23. Please indicate ethnicity:**

Hispanic or Latino

Non-Hispanic or Latino

**24. Please indicate race:**

Asian

Hispanic/Latino

White

Other (please specify):

Black/African American

American Indian/Alaskan Native

Pacific Islander

**\*25. Please indicate household type:**

Two Parent with child(ren)

Single Parent – Male

Single Parent – Female

Grandparent raising grandchildren

Couple – No children at home

Single Person

Step Family

Other (please specify):

**\*26. How many people live in your household?**

Self

2

3

4

5

6

7

8+

**\*27. Please indicate your TOTAL household income:**

0-\$10,000

\$10,001- \$20,000

\$20,001 - \$30,000

\$30,001 - \$40,000

\$40,001 - \$50,000

\$50,001 - \$60,000

\$ 60,001- \$70,000

\$ 70,001- \$ 80,000

\$ 80,001 - \$ 90,000

\$ 90,001 - \$ 100,000

\$ 100,001 and above

**28. Please indicate your TOTAL household income – 3 YEARS AGO:**

0-\$10,000

\$10,001- \$20,000

\$20,001 - \$30,000

\$30,001 - \$40,000

\$40,001 - \$50,000

\$50,001 - \$60,000

\$ 60,001- \$70,000

\$ 70,001- \$ 80,000

\$ 80,001 - \$ 90,000

\$ 90,001 - \$ 100,000

\$ 100,001 and above

**29. Please indicate your source(s) household income:**

- |  |   |
|--|---|
| <input type="checkbox"/> Employment                            | <input type="checkbox"/> Alimony                |
| <input type="checkbox"/> Unemployment                          | <input type="checkbox"/> Pension                |
| <input type="checkbox"/> Temporary Employment                  | <input type="checkbox"/> Cash Assistance        |
| <input type="checkbox"/> Social Security Payments              | <input type="checkbox"/> Self-Employment        |
| <input type="checkbox"/> Social Security Disability (SSI/SSDI) | <input type="checkbox"/> Family/Friends         |
| <input type="checkbox"/> Child Support                         | <input type="checkbox"/> Other (please specify) |

**30. Highest level of education in your household.**

- |   |  |
|---|--|
| <input type="radio"/> Elementary School         | <input type="radio"/> Some College                 |
| <input type="radio"/> Middle/Junior High School | <input type="radio"/> Associates Degree            |
| <input type="radio"/> High School/GED           | <input type="radio"/> Bachelors Degree             |
| <input type="radio"/> Trade School              | <input type="radio"/> Graduate/Professional Degree |
| <input type="radio"/> Other (Please specify):   | <input type="radio"/>                              |

**31. Please include your email address if you would like to be invited to the Community Forum in your county. Your email information will not be connected to your survey answers.**

**Thank you for taking the time to fill out this survey. We will be holding a community forum to discuss the survey results about community needs, and would love your participation, as we work to better understand the needs of the community and how to most effectively address them.**

Thank you for completing this survey. Please mail this form to:

Five County Association of Governments  
Community Action Partnership  
P.O. Box 1550  
St. George, UT 84771-1550