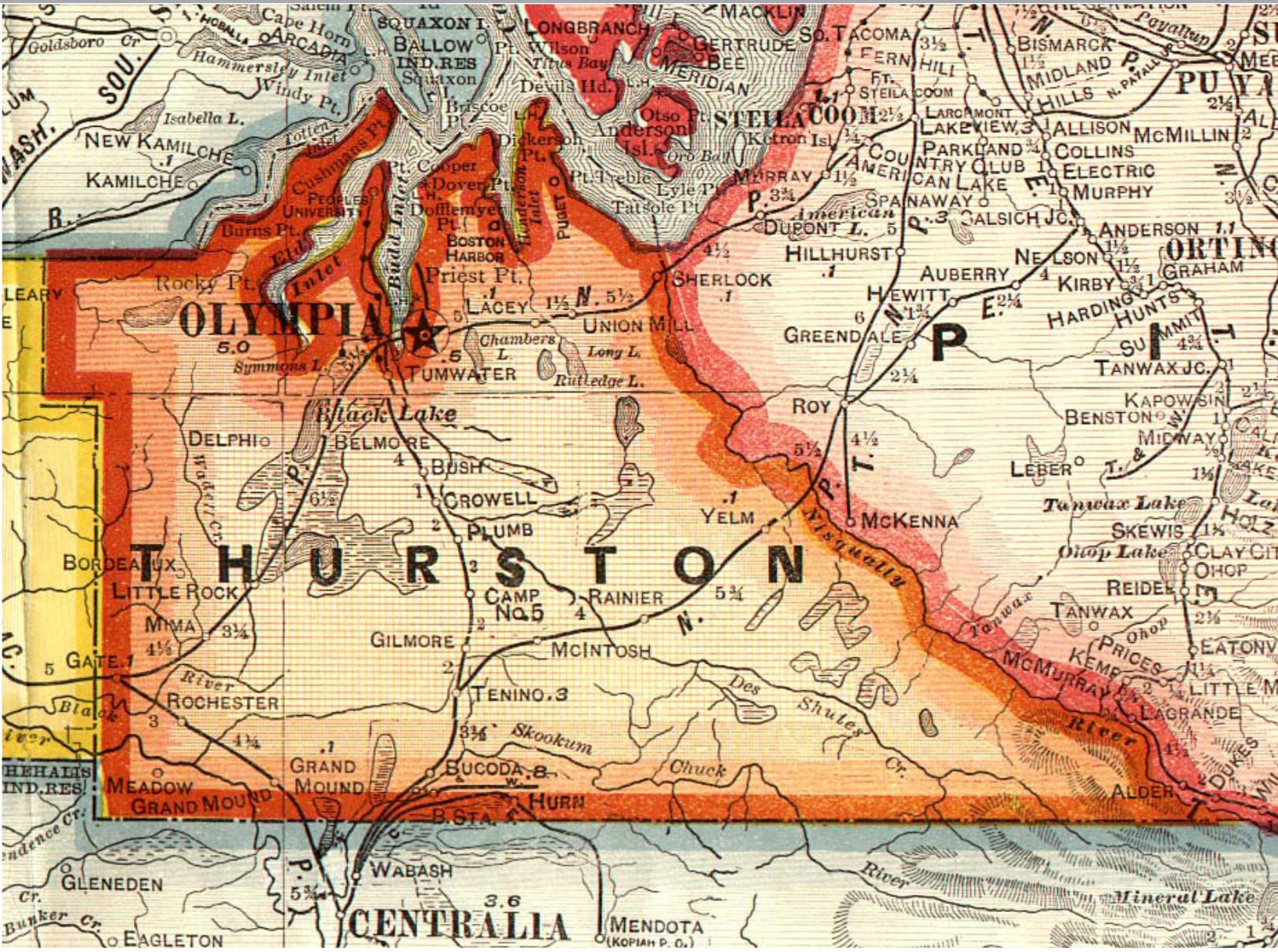


United Way of Thurston County 2009 Community Assessment Report



Preface and Acknowledgements

Following the publication of United Way of Thurston County's (UWTC's) first community assessment, the 2003 *Compass* report, the organization pledged to repeat a similar study after a few years. This study is the fulfillment of that pledge. We hope it will provide UWTC, its donors, grant recipients and the Thurston County community with valuable data about the status of the county and the impact of UWTC's investments over the past five years.

Completing this study would not have been possible without our generous sponsors and the assistance of many community volunteers, as well as students from The Evergreen State College, Masters Program in Public Administration, who took on pieces of the research as part of their second year curriculum. We particularly want to thank Larry Geri, Member of the Faculty, The Evergreen State College, for his guidance of the project and hard work on behalf of this community.

We hope this report inspires community members to develop new strategies and partnerships to make our community even stronger.

Best wishes,



Pam Toal
Executive Director
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Project Sponsors



Executive Summary

This study aims to provide a snapshot of Thurston County's current social and economic conditions, assess the community's assets and concerns, and how the county has changed since 2003. The results will be used by United Way of Thurston County (UWTC) to assess the organization's current impact areas for framing its community investments. A wider goal of the project is to encourage community members to give, advocate and volunteer in response to community needs. Data for the study were gathered through surveys of community members and community leaders, a series of focus groups and interviews, and analysis of economic and social indicator data.

Prior to the current recession, Thurston County was performing well overall in terms of important community indicators such as income, employment, overall economic growth, and social indicators such as health, educational attainment, and voter participation. Homelessness and access to health care and health insurance for low income households remain problems. The recession is increasing unemployment and pulling down other economic and social indicators, but the long-term prospects for the county are positive.

Respondents to the two surveys shared agreement over the importance of several community issues, including the lack of affordable medical insurance, poverty, and lack of local jobs. Focus group participants noted the county's many assets, including its location, physical environment, and overall high quality of life. Many expressed frustration with jurisdictions, nonprofit organizations, and political leaders for what they perceived as a lack of collaboration in the community.

The study examines UWTC's Community Care Fund investments during the period 2004-2009. A total of \$2.34 million was granted by UWTC during that period. The fund is one of seven major sources of funding for social services in the county that is under local control. In 2009 an estimated \$2.3 million was allocated to social services in the county from these sources. This was less than one percent of total funds spent on social and health services in the county when direct payments by government to individuals are included.

The report examines community outcomes since 2003 for each of UWTC's impact areas: Helping Kids Succeed; Meeting Basic Needs; Promoting Self-Sufficiency; and Supporting Health and Wellness. The county has done well overall in terms of indicators of risk and protective factors that are linked to positive outcomes for children and youth. We are struggling with hunger, homelessness, and provision of medical services, including mental health care, to low-income persons and families. In the long run self sufficiency for the county's increasing population of seniors will become an increasing challenge for the county.

The final section of the report examines the county's system for local funding of social services. Allocation of the small portion of social service funding under local control is minimally coordinated. Many of those interviewed for the study believe that local nonprofits must become more willing to engage in partnerships and collaborative efforts to make the most of available resources.

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I. Introduction

In 2003, United Way of Thurston County (UWTC) completed its first community assessment. Just as that study was in its final stages of completion, the county was rocked by the news of the closure of the Olympia Brewing Company. The closure caused the area to lose more than 400 high wage jobs, as well as an important symbol of its economic vitality and cultural history.

The backdrop for this 2009 community assessment project is the most serious economic crisis since the 1930's. While the overall impacts of the brewery closure to the county as a whole were more modest than expected, the ongoing recession has already led to rising foreclosure rates, higher unemployment and crashing tax revenues in the county, along with a 2009-2011 state budget that could lead to the elimination of an estimated 2,000 state government jobs in the area. Local nonprofits were feeling the pinch in October of last year from greater service demands and scarcer support from individuals, local jurisdictions and foundations; since then, these trends have intensified.

The main challenge of any community assessment is to provide a balanced analysis of the community's assets, needs, and concerns. This is particularly the case at a time when the economic outlook is bad, and pessimism looks warranted. The positive news for this community is that we began the recession with substantial civic, social and economic assets and advantages that will serve us well as we are tested by economic turmoil and uncertainty. This does not, however, mean that we can maintain the status quo, or "business as usual." In fact, this study will argue that now may be the time to reconsider some of our current practices in the social sector, both to respond to the challenge of economic crisis and to prepare ourselves for future growth.

This study will provide a snapshot of Thurston County's current social and economic conditions, assess the community's assets and concerns, and examine how the county has changed since 2003. The primary goal of the study is to determine whether the current impact areas used by UWTC to frame its community investments in social and health services (broadly, education, income, health and basic needs) are the correct ones, or if changes in community conditions suggest that a revised set of priorities would be of benefit to UWTC and the community. The study will examine UWTC's investments in the community since the 2003 assessment and weigh their likely impact. The final section of the report will examine data on the size, scope and organization of the county's nonprofit sector, and consider options for organizing the sector to improve coordination between government and the social sector and outcomes for county residents.

This community assessment does not aim to equal the scope or depth of the 2003 study, which went into considerable detail about the county's assets and conditions. We aim here to document changes and trends that are likely to impact the governmental and social services sectors. Due to this focus, the study does not attempt to assess the status of the county's environment. Data on the county's environment is available at Thurston County Sustainable South Sound (<http://www.sustainsouthsound.org/>); The Black Hills Audubon Society (<http://www.blackhillsaudubon.com/index.html>); and the Cascade Chapter of the Sierra Club (<http://cascade.sierraclub.org/>).

II. Methodology

One of the objectives of this study was to replicate the 2003 report to the extent possible, to allow comparisons between the findings in each time period and to minimize the cost of developing and administering surveys. UWTC formed a leadership team for the project which crafted the overall approach for the study, and reviewed the 2003 instruments used to survey community leaders and the community as a whole, as well as the questions asked of focus group participants. Minor changes were made in both surveys and in the focus group questions. To reduce costs, we opted to eliminate the separate survey of social services service providers, and to use online surveys through the Zoomerang survey website rather than paper surveys. The Community Leader Survey was online from January 21st to February 4th, 2009 and generated 108 responses. The Community Member Survey was online from February 7 to March 9, 2009 and generated 303 responses. *The Olympian* newspaper assisted by publicizing the Community Survey and adding a link to the survey to its website. Copies of both surveys are included in the Appendix.

We also performed nine focus groups, with the following groups:

Social services clients	Social services providers
GLBT group	LEAD Thurston County
UWTC donors	Hispanic Roundtable
Senior Services for South Sound	Chehalis Tribe
AmeriCorps	

The following questions were asked of each focus group:

- 1) What would you say are the strengths of the community?
- 2) What challenges does our community face?
- 3) What is your vision for our community? What should it look like in five years?
- 4) What is your role in bringing about that vision?
 - a. Prompt: What would compel you to action in bringing about this vision?
- 5) If you had \$10,000 for social services programs, would you invest it in programs funding basic needs, or programs that focus on prevention?
- 6) What important questions have we not asked?

The intent of these interviews was to gather data from people and groups not likely to be reflected in responses to our other surveys or data collection processes. Participants in these interviews were asked questions about the strengths of the community, challenges it faces, their vision of the community in five years, their role in bringing about that vision, and their relative preference for funding basic needs or prevention. In addition, the “Creating Opportunities in Challenging Times” forum sponsored by UWTC on January 29, 2009, included small group discussions with 130 participants that discussed similar questions of challenges, assets and how to improve the organization of the county’s social

services sector. Data from the focus groups and forum were analyzed using qualitative data analysis approaches as suggested in Krueger and Casey, *Focus Groups, 4th Ed.* (2009).

For this study, two online surveys of local social services providers were conducted, in October 2008 and April 2009. The goal of these surveys was to gather data about whether the economic crisis had influenced demand for their services as well as their funding from government and foundations. There were 24 respondents to the initial survey and 20 to the second. Both instruments are shown in the Appendix.

Students from The Evergreen State College, Master of Public Administration Program were critical to the success of the project. Student teams performed most of the focus group interviews, completed separate studies on community indicators, analysis of the Community Leader Survey data, of the Community Survey data, and of Community Assets.

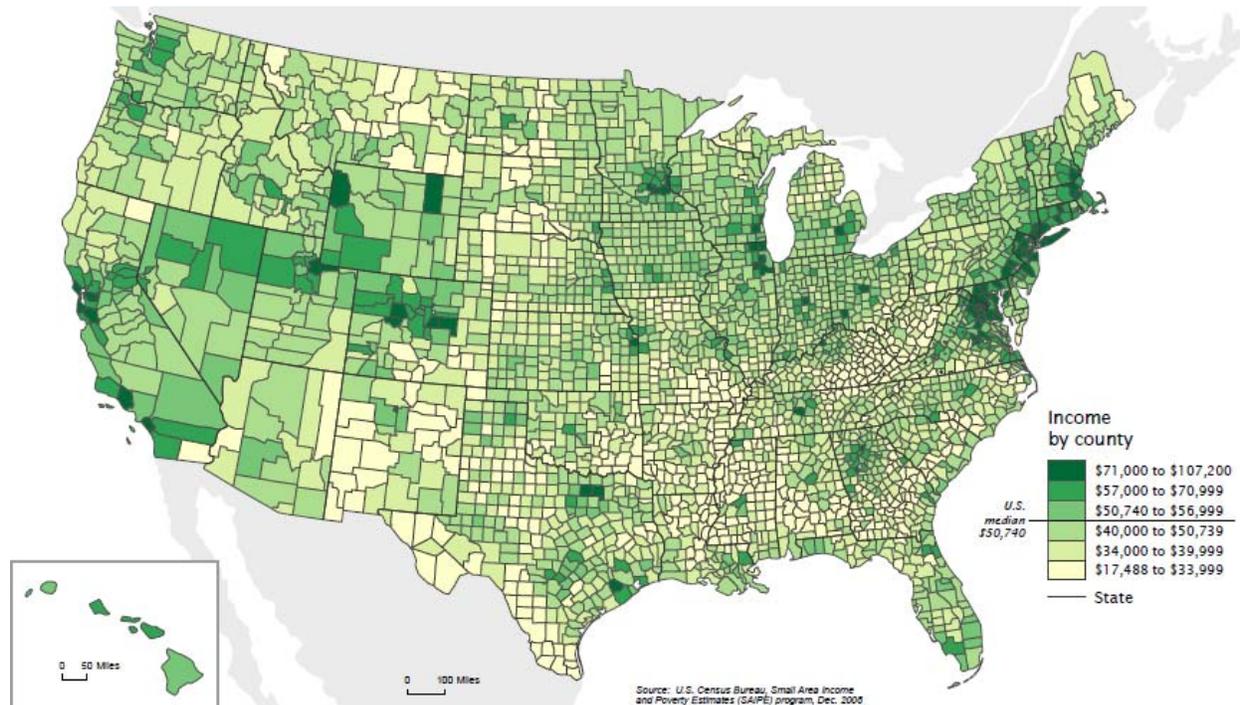
In addition, the report relies on a variety of statistics from local, state and national sources, and data from UWTC's community investment process. One-on-one interviews with social services providers and community leaders also provided additional insights into the county's social service sector.

Although the report aims to be as comprehensive as possible, it is intended to provide a summary and overview of conditions in the county. As a result it is not possible to recognize the contributions of every organization working within the impact areas that are the focus of the report.

III. Thurston County as a Community: Realities and Changes Since 2003

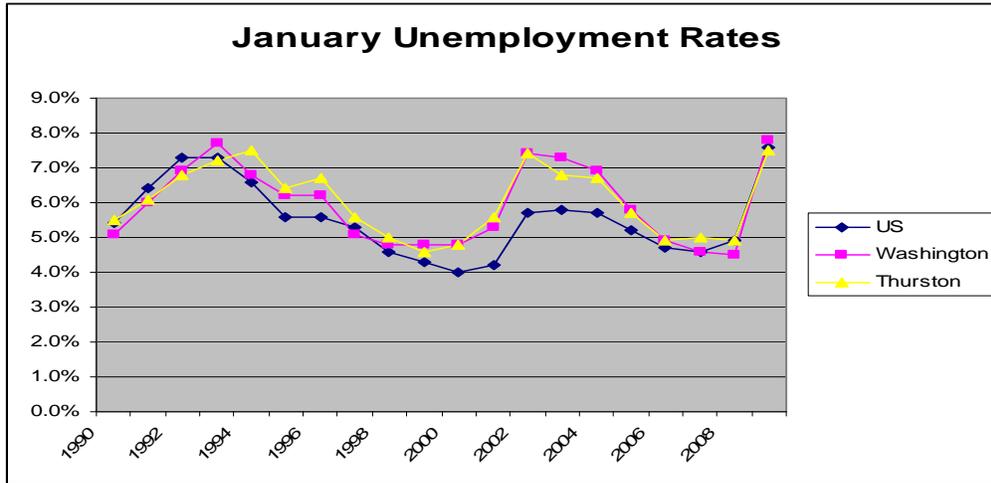
Thurston County, along with the rest of the United States, is in the midst of an economic crisis. But not all that long ago, the county was doing relatively well. Many of the most readily available statistical data for this report, from 2007 and 2008, reflect a community experiencing steady if not robust economic growth, a relatively high median income by U.S. standards, and generally solid performance in terms of important educational, social and health indicators as compared to the rest of Washington State. Figure 1, showing median household income nationwide in 2007, portrays this well. Though by no means problem free, Thurston County was—and is—a fine place to live.

Figure 1. US Median Household Income, 2007. Source: US Census Bureau.



But contrasting recent with past statistics will induce whiplash, from looking back and forth at how quickly our economic performance and related statistics have deteriorated. Employment has dropped from an October 2008 peak of 104,600 in the county to 102,800 in March. The average weekly wage has been stable at about \$787 since 2007, though it's worth noting that this is the 4th highest of Washington's 39 counties. Housing foreclosures are up, to 214 in March of 2009 (vs. 100 in May of 2008), although the county's foreclosure rate of 0.12 percent is less than half the national average of 0.27 percent. Housing prices have decreased somewhat after a dramatic leap upward that began in 2003. Retail sales in the county—a primary source of tax revenues—decreased over 5 percent in 2008. And as Figure 2 shows, unemployment in the county increased rapidly over the past year, from a 4.9 percent rate in March of 2008 to 8.3 percent in March of this year. In Washington as a whole, the unemployment rate hit 9.1 percent in March; Oregon's was 12.1 percent.

Figure 2. Unemployment rates, January of each year. Source: Bureau of Labor Statistics, figure in Muhly and Kaszynski, 2009.

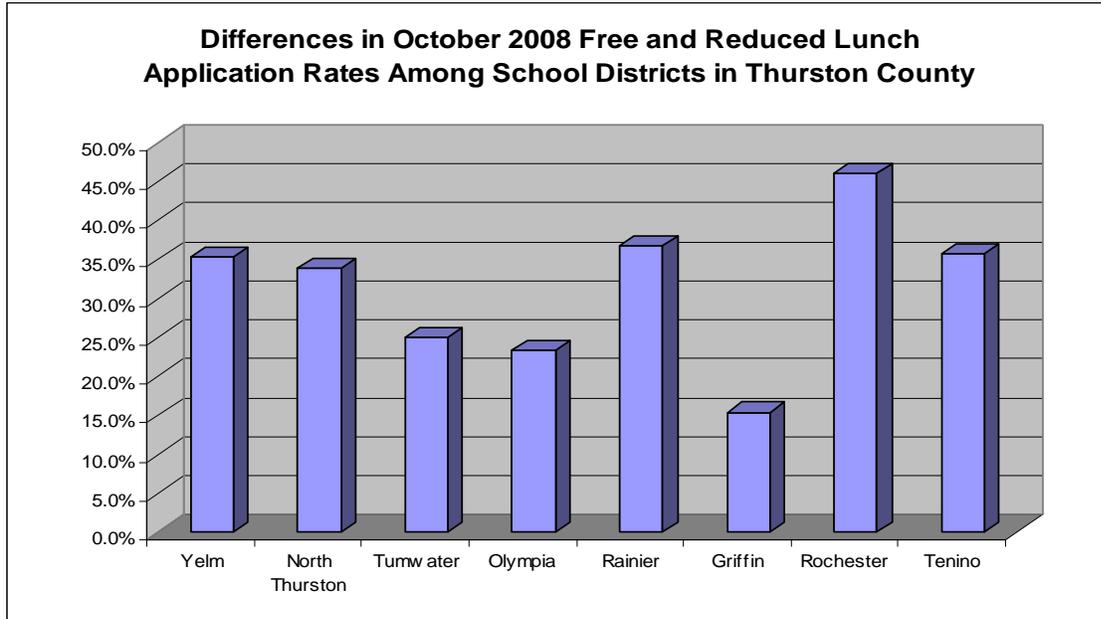


Identifying more subtle changes in the county’s social and economic conditions since 2003 is more difficult. The 2003 community assessment, for example, used U.S. Census data to specifically identify pockets of low income households in Olympia and other locations in the county. Updates to those data will not be available until after the 2010 Census. The best available proxy for those data are free and reduced lunch application rates for school districts in the county. As Figure 3 shows, the county continues to have considerable differences between various districts, especially between the northern and southern portions of the county.

Overall, the county’s poverty rate decreased slightly in 2007 after a gradual rise. We continue to rate better than the state average on important health indicators; crime in the county has generally decreased. Educational indicators show that the county continues to exceed state averages for student achievement and overall educational attainment. Detailed analysis of important county indicators will be included below in the section analyzing specific UWTC impact areas.

In demographic terms, the county is still not very diverse. The most recent complete available data from 2008 show the county with a population of 245,300, comprised of a white population of about 86 percent, a Black population of around 3 percent, an Asian population of about 6 percent, and a Native American population of about 2 percent. There has been a slight increase in the number of people reporting two or more races, and the local Hispanic population has increased; to about 6 percent as of 2007. The long term, trend, however, is toward more diversity. Population estimates from the state’s Office of Financial Management show that 24 percent of county youth aged 0-19 were estimated to be from a minority racial group (by county school enrollment figures, 27 percent). When Hispanic youth are added, the total reaches 35 percent. We also have a significant and undercounted gay and lesbian population that is barely recognized in the official statistics. The Census’ American Community Survey counts same-sex partners; data from 2005-2007 show that 735 of the county’s 5,100 unmarried partner households consist of same-sex couples.

Figure 3. Source: Muhly and Kaszynski, 2009; data from Washington Office of the Superintendent for Public Instruction.



The county also has maintained its relatively high levels of social capital or civic engagement. County residents register to vote, and vote, in higher numbers than the rest of the state (see Table 1). Although available data are limited, they suggest that county residents volunteer somewhat more than the national average. According to the National Center on Community Service, Washington ranks 13th out of the 50 states in volunteerism, with a rate of 34.7 percent, although the state ranks 4th for the average number of volunteer hours per resident, with an average of 48.5 hours from 2002–2007. Data collected by the Volunteer Center of Lewis, Mason and Thurston Counties suggests that local volunteers worked for more hours than the national average, tended to be older and volunteer for programs that assist seniors. More recently the organization has seen an increase in volunteering on the part of younger community residents. Local colleges are also supporting many programs that combine volunteer activity with coursework.

Table 1. Registered voter participation (percent of registered voters who voted) in presidential elections. Source: Bushnell, et al, 2009.

Year	Thurston	Washington	US
2008	85.96	84.61	n/a
2004	82.75	82.19	88.50
2000	77.84	75.46	82.55
1996	72.42	74.52	82.26
1992	89.04	82.56	89.96

Data from the Community Leader survey, focus groups and social services forum analyzed by Bucknell, et al, found several community assets that were repeatedly mentioned, including

- Generosity of the community in terms of donations and volunteerism
- Location of the state government; the natural environment
- Ability of organizations and agencies to work together
- Tolerance and diversity of the community
- High priority put on quality of life with the arts and community events
- Different education facilities in Thurston County
- Social services and their collaborative nature
- Availability of and options for healthy food
- Diversity and capacity for social justice
- Collaboration and networks
- Supportive educational institutions
- Engaged officials at all levels of government
- Dedicated social service providers

One indicator that is particularly important for the philanthropic sector is the amount and distribution of household wealth in the county. But these data are hard to find. Data from the Federal Reserve's Survey of Consumer Finances for 2007 is disaggregated only to the regional level. They report that households in the western U.S. (California, Oregon and Washington) did better than the other regions of the country during the 2004-07 period. Overall in the U.S., household wealth more than doubled from 1990 to 2000, then rose nearly 50 percent to 2007 before falling by about 18 percent during 2008.

The data show that wealth in the U.S. is distributed highly unequally, with roughly one-third held by the top 1 percent of the population (Kennickell, 2001). Internal Revenue Service data from 2004 show that Washington as a whole had approximately 50,000 people with a net worth of greater than \$1.5 million (of about 2.2 million in the U.S. as a whole). Most state capitol regions across the country, including Olympia and Thurston County, emphasize government employment over private industry, which leads to a relatively more egalitarian distribution of income and wealth. Anecdotal data suggest, though, that the county's high quality of life has attracted more households with significant wealth than is often recognized.

Change is Constant

Some changes in the county since 2003 are evident:

We have grown. Since 2000 the county has added roughly 38,000 new residents, for a total population of over 245,000. Most of those residents have moved to the county from elsewhere; 82 percent of our population increase between 2000 and 2008 came from migration, primarily from within the U.S. Our population growth rate exceeded the state as a whole. Most of those new residents live in unincorporated areas of the county.

The county's fastest growing city is.... Yelm. Yelm grew by 57 percent between 2000 and 2008, to a current population of around 5,150. Both the city of Lacey and unincorporated areas in the county grew by 22 percent during the same period. Olympia's population grew by only 5 percent.

We are older. The proportion of residents age 65 and older has increased from 11 to 12 percent of the population; those 85 and older (the fastest growing segment of the US population) has gone up slightly, from 1.56 to 1.8 percent of the population.

We are better educated. Table 2 shows continuing improvement in the amount of education attained by county residents. This is a strong indicator of the county's future prospects.

Table 2. Educational Attainment in Thurston County. Source: Bucknell, et al, 2009.

Education Attained	1990	2000	2008
High School Graduation rates	86.5%	89.5%	93.7%
Bachelor's Degree or higher	24.7%	29.8%	33.6%
Graduate or Professional Degree	8.6%	11.1%	12.1%

We are taking the bus more often. Statewide data show that the total number of vehicle miles traveled in Washington is almost unchanged since 2006 and up only 2 percent overall since 2003. Meanwhile, ridership on Intercity Transit is surging, up over 78 percent since 2002 and 18.4 percent in 2008 alone. The system counted 5.131 million boardings in 2008, more than 14,000 per day on average.

We have more homeless residents. The county's first point-in-time homeless census in 2003 counted 604 homeless persons in the county. The 2009 census counted 1,016 homeless individuals from 749 households. Although some portion of the increase reflects improved surveying, it is clear that we simply have more homeless residents in the county as a whole, with 228 of those counted under the age of 18.

Hunger is again an escalating problem. The 2003 community assessment emphasized Washington State's poor performance on food security issues. According to US Department of Agriculture data, the state did better during the 2004-2007 period, reducing our food insecurity level to 10.1 percent, below the national average of 11 percent. But local data are discouraging. In 2008, the Thurston County Food Bank served 37,000 clients, a 39 percent increase from 2007.

Assets and Challenges, 2009

One goal of this study is to gain insights into what members of the community believe about the county's assets and challenges. Table 3 presents data from the two surveys we administered, and compares the results to those from the 2003 surveys. (These questions were the same in both surveys.)

The Community Leader data show no clear trend; some measures are up, others are down compared to 2003. Ninety percent of the Community Leader survey respondents agreed that the community “Actively promotes positive relations among people from all races, genders, ages and cultures.” There was an 11 point increase in the proportion of respondents who agreed that the community “Actively promotes participation in the political process from all races, genders, ages, and cultures.”

Overall, respondents to the Community Member survey this year generally offered a less upbeat analysis of community assets relative to the Community Leader respondents. This was also the case for the 2003 survey. The Community members perceive religious groups as working on social concerns much more positively than community leaders, but were much less sanguine about cooperation among the county’s political leaders: only 51 percent agreed or strongly agreed that “There exists a great deal of mutual respect among leaders from all sectors of the community,” compared to 69 percent of the community leaders. Along the same lines, only 33 percent of responding community members agreed or strongly agreed that, “Leaders from all sectors of the community share common goals and uphold a common vision for the community.” [Note: The 2003 Household/Community survey asked a different set of community asset questions and thus the results were not comparable to the 2009 version.]

Table 3. Views on Community Assets (percent strongly or somewhat agree). Source: 2003 and 2009 Community Leadership and Community Member Surveys, Asset Team analysis.

Your community is one where/that	Community Leaders		Community Survey
	2003	2009	2009
Leaders come together and work productively to address community issues	78%	77%	71%
Actively promotes positive relations among people from all races, genders, ages and cultures	87%	90%	79%
People and organizations from all geographic regions get together to address mutual concerns	50%	61%	53%
All religious groups come together to address pressing social concerns	44%	39%	52%
Associations in neighborhoods from various parts of the community share strategies and work together	47%	37%	41%
Actively supports and strengthens connections between families, neighborhoods, and the whole community	71%	78%	62%
Actively promotes participation in the political process from all races, genders, ages, and culture	63%	74%	66%

Your community is one where/that	Community Leaders		Community Survey
	2003	2009	2009
There exists a great deal of mutual respect among leaders from all sectors of the community	59%	69%	51%
Leaders from all sectors of the community share common goals and uphold a common vision for the community	37%	39%	33%

Data on community strengths and assets from our focus group interviews and written responses to the two surveys are upbeat and thoughtful. Respondents praised the county’s natural beauty, high standard of living, strong network of community groups, including nonprofit organizations and faith communities, responsive public officials and active volunteers. Many praised particular organizations and individuals they believed made a difference. There was a sense that people in the community care about each other, despite sometimes strong differences over particular issues. And although the “tri-city” Lacey-Olympia-Tumwater area is approaching a combined population of 100,000, it still has a small town feel:

This is more of a community than a city. People go to community events, they support local organizations, they want to know their neighbors.

Small town but certain sophistication due to state government and...colleges.

Several respondents noted the creativity of people and organizations local

People in this community are very aware of the trends in other parts of the country and they bring those cutting edge ideas to their work here, and we all benefit.

There has been some amazing work on homelessness by local nonprofits. They created a model approach by building strong partnerships with local faith communities and coming up with very creative solutions like Camp Quixote and the Overflow Shelter, which rotates to different church hosts.

The major divide in the responses was over the extent to which local people, organizations, and leadership engage—or don’t—in effective dialogue and collaboration. Many participants saw this as an asset here:

It’s wonderful that the community is willing to dialogue on needs and resources.

There is a widespread willingness to collaborate and cooperate in this community, more so than other communities.

We have a very collaborative community in which the faith community, the nonprofit community, and government officials work very well together. This is very different from many other communities I’ve lived in.

(It's) collaborative—residents seem to rise to issues and work together.

Respondents to the two surveys this year were asked to describe whether various community concerns were major, moderate, minor or not issues. These questions were the same in the 2003 household survey, and as Table 4 shows, the proportion of respondents identifying these issues as major or minor jumped considerably. This year, poverty, homelessness, lack of career opportunities and hunger made the top 10.

Table 5 compares the responses from this year's surveys against each other to contrast differences in community perception on the part of community leaders and general community members. As in the 2003 surveys, community leaders tended not to rate issues overall quite as severely, and there is generally wide agreement on the community's most serious issues, particularly related to health care and poverty.

Table 4. Percentages of survey respondents that rated the issues shown as a major or moderate community issue: top 10 issues for each survey ranked according to rating.

Household 2003	percent	Community Member 2009	percent
Access to/Lack of affordable medical and dental insurance	79%	Access to/Lack of affordable medical and dental insurance	92%
Lack of affordable child care	70%	Poverty	89%
Lack of local jobs	69%	Lack of local jobs	89%
Access to/Lack of dental care	68%	Lack of medical/health care	87%
Alcohol or other drug abuse	67%	Homelessness	86%
Access to/Lack of medical/health care	67%	Shortage of affordable housing	85%
Land use (sprawl, loss of habitat)	67%	Lack of local career opportunities	84%
Shortage of affordable housing	65%	Lack of affordable mental health counseling services	84%
Access to/Lack of affordable mental health services	64%	Hunger	83%
Overcrowded classrooms	64%	Alcohol or other drug abuse	83%

Community members considered homelessness and shortages of affordable housing severe problems; community leaders rated these highly (homelessness, combined major/moderate score of 72; shortage of affordable housing, 69) but these only ranked #11 and #12 of the issues listed in the Community Leader survey.

When prompted to share their perceptions of the community's challenges, respondents to both the surveys and focus groups provided more and longer responses than when asked

about our assets, and their responses expressed evident passion and sometimes, frustration. Concerns about the economy and the ongoing recession were common; other issues included health care, the rising cost of living, challenges for seniors and for members of the local GLBT (gay/bisexual/lesbian/transgender) community, shrinking resources for the nonprofit sector. Immigration issues were a strong concern for our growing Hispanic community. Many respondents specifically mentioned housing and mental health as particularly challenging issues:

We need more affordable rental housing, the costs of rental housing has gone way up in the past few years.

There are significant gaps in the services for mental health, budget cuts will only make it worse.

When asked about their vision for the community, focus group participants emphasized more jobs, with living wages, improved social services that reduced homelessness, improved health care and mental health care. A few offered more expansive visions:

My vision for the community at large, we need to go beyond just meeting basic needs, we need to find ways to teach people how to be more self-sufficient. We need to help people find new ways to be able to both take what they need and give back to the community. This is fundamental to building self-esteem. We need to allow people to earn what they need.

My vision is seeing more collaboration between groups and organizations to make them stronger.

Table 5. Percentages of survey respondents that rated the issues shown as a major or moderate community issue: top 10 issues for each survey ranked according to rating.

Community Leader 2009	percent	Community Member 2009	percent
Poverty	90%	Access to/Lack of affordable medical and dental insurance	92%
Access to/Lack of affordable medical and dental insurance	82%	Poverty	89%
Hunger	82%	Lack of local jobs	89%
Alcohol or other drug abuse	81%	Lack of medical/health care	87%
Lack of local jobs	80%	Homelessness	86%
People entering work force lack skills, training and education needed	77%	Shortage of affordable housing	85%

Community Leader 2009	percent	Community Member 2009	percent
Access to/Lack of medical care	76%	Lack of local career opportunities	84%
Lack of local career opportunities	74	Lack of affordable mental health counseling services	84
Land use (sprawl, loss of habitat)	73	Hunger	83
Access to/Lack of affordable mental health services	73	Alcohol or other drug abuse	83

The most common theme running through the responses concerned the perceived lack of collaboration in the community, with nonprofit organizations, jurisdictions, and political leaders all receiving their share of the concern, and at times, criticism. The state of community leadership and frustration about multiple jurisdictions was a related issue.

Nonprofit organizations don't collaborate as well as they should....We need to find stronger ways to work together and share resources.

Our broader community is hobbled by fractured leadership, we are artificially divided by three cities and a county. This creates four divergent political agendas.

Common vision by community leaders is missing. This causes the biggest problem with city officials fighting county officials, etc.

I would like to see the jurisdictions cooperate better to solve regional problems. We tend to be protective of our neighborhood or area to the detriment of other areas, i.e.—all the homeless folks should be in downtown Olympia.

Come on—15 years trying to decide on an artesian well site; 12 years trying to decide if Capitol Lake should be an estuary or a lake. We have three city governments competing for revenue and resources where one would do. Lacey has three downtowns, Tumwater has none. Olympia has one but no one wants to live there. We need to take a serious look at our governmental structure in order to make use of our limited resources.

Combining agencies that provide the same or very similar services to the community would eliminate some of the competition for the dwindling dollars in Thurston County.

I feel we need to continue to come together and strategize what the community priorities are and how we can work together to address these issues. Nonprofits need to really focus on collaborating with each other and reducing duplication of services during the challenging economic times.

IV. Measuring Community Impact

Following the 2003 community assessment, UWTC formally adopted four impact areas:

- Helping Kids Succeed
- Meeting Basic Needs
- Promoting Self-Sufficiency
- Supporting Health and Wellness

These were identified in the study as high priority community concerns. Beginning with the 2003-04 community investment cycle, contributions to the UWTC Community Care Fund (CCF) have been invested in community social and health services programs that fit within one of these categories. Local nonprofit organizations apply for funding for specific programs. Through UWTC's community investment process, panels consisting of community volunteers review the applications (within each impact area) and develop recommendations on the amount of funding for specific programs. The size of the award is based on the perceived quality of the program, community need, and amount of funding available. Leadership of the community investment committee develops final recommendations to the UWTC Board of Directors for their approval.

This section of the report will analyze these investments and examine available data appropriate to each impact area. In September 2007 UWTC adopted descriptions of each impact area that include a vision statement, goals, and a desired community outcome. We will present available data relevant to each area and to the extent possible assess the extent to which the community has made progress toward achieving these goals.

Several caveats are in order:

1. The programs funded by UWTC in each impact area are only a portion of the overall community effort within each impact area, which includes direct support to individuals from federal and state programs, and programs organized by a variety of state, local and national groups. Total funding from all sources spent within each impact area in the county is likely one or two orders of magnitude—10 to 100 times—greater than the portion provided by UWTC's Community Care Fund.
2. UWTC's funding provides only a portion of the resources used to fund each program. Foundation grants, government support, and individual donations provide significant support to each of these programs. Section 3 of this report will examine funding issues in more detail.
3. The goals set by UWTC within each impact area focus on specific groups and needs. They both aim to give a signal to local nonprofits to consider increasing their efforts in specific areas of need and to set objectives for achievement. They do not, though, set specific target levels or time frames. One implication of this is that progress toward accomplishment of these goals is more difficult to measure.
4. UWTC has invested considerable resources in support of several community impact initiatives within these impact areas that are not funded through the community investment process. These will be summarized below and discussed where appropriate.

Total Awards

Table 6 shows the total Community Care Funds awarded, by impact area, during the four community investment cycles since the completion of the 2003 community assessment. The first two cycles were for one year (2004-05 and 2005-06) . Beginning in 2006, these awards were granted on a two-year cycle. Programs receive equal amounts each year, with funding contingent on submission of reports that document the program’s activities, accomplishments and outcomes.

Table 6. UWTC Community Investment Grants, 2004-2009, by Impact Area. Source: UWTC data.

<i>Year</i>	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	Total
<i>Impact Area</i>						
Helping Kids Succeed	\$151,200	\$199,500	\$127,057	\$ 127,057	\$150,118	\$754,932
Meeting Basic Needs	\$133,850	\$99,000	\$122,599	\$ 122,599	\$132,964	\$611,012
Promoting Self-Sufficiency	\$62,800	\$ 38,000	\$90,510	\$ 90,510	\$ 87,695	\$369,515
Supporting Health and Wellness	\$142,150	\$163,500	\$109,215	\$ 109,215	\$ 86,141	\$610,221
	\$490,000	\$500,000	\$449,381	\$449,381	\$456,918	
					Grand total	\$2,345,680

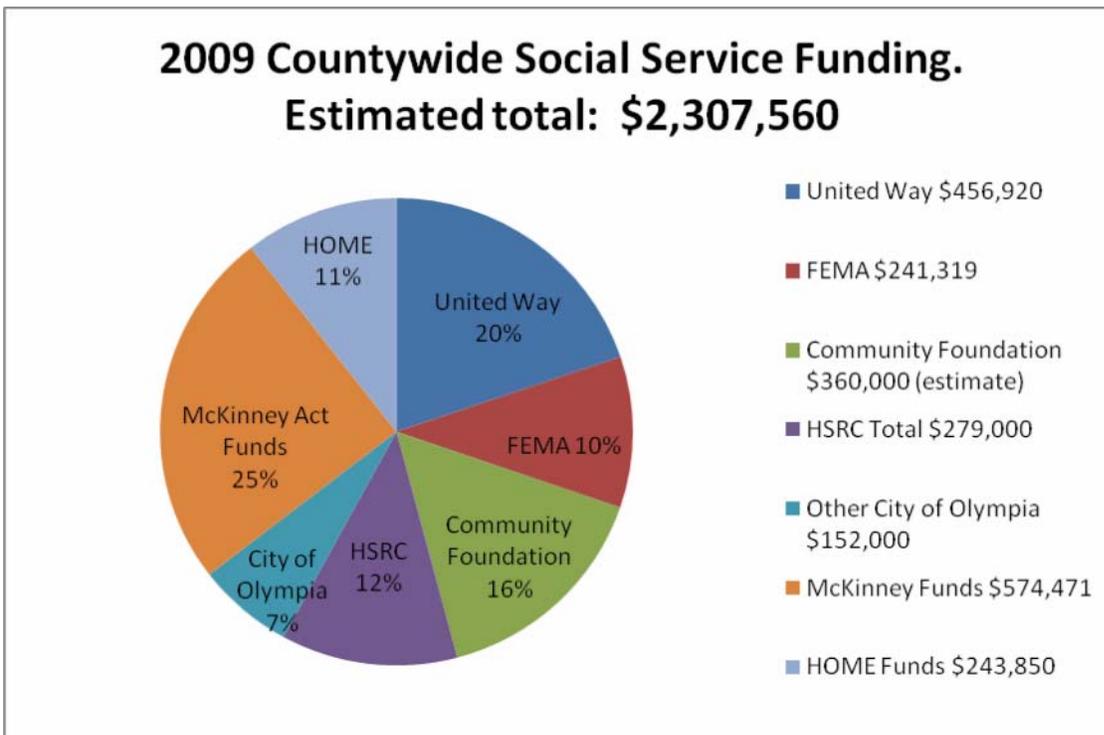
Table 7 shows UWTC’s community investment funding over the 2004-2009 period, categorized by impact area. (These are nominal figures, not adjusted for inflation). The largest category of grants was the Helping Kids Succeed area, both in terms of number of grants awarded and total dollar amount over that period. The Supporting Health and Wellness area generated the fewest grant awards, but the programs funded received on average much higher funding over the five year period. The Promoting Self-Sufficiency area generated the smallest total grant amount.

Table 7. UWTC Community Investment funding, 2004-2009, by impact area. Source: UWTC.

Impact Area	Programs	Total Expenditures	Average Per Program
Helping Kids Succeed	43	\$754,932	\$17,557
Meeting Basic Needs	30	\$611,012	\$20,367
Promoting Self-Sufficiency	25	\$369,515	\$14,781
Supporting Health and Wellness	20	\$610,221	\$30,511
	118	\$2,345,680	\$19,879

To provide some basis for comprehending the magnitude of this funding, by one estimate, roughly \$2.3 million is available in the county for funding social services in 2009, as shown in Figure 4. This estimate is provisional and does not include federal “stimulus” funds. As we gather further data on local funding from faith communities, service clubs and other sources, the figures will be updated.

Figure 4. 2009 Countywide Social Services Funding. Sources: UWTC, The Community Foundation, 2008, City of Olympia Housing Program. (Note: Community Foundation figure is an estimate; HSRC contributions: Olympia \$170,000; Lacey \$84,000; Tumwater \$25,000.)



There are seven primary sources of locally allocated social service funding in Thurston County. Each of these funding sources is subject to its own rules and/or government regulations and has a unique application cycle. These may be categorized by the source of the funds: local, combined local, state and federal, and federal monies:

Local:

1. **United Way of Thurston County, Community Care Fund** investments. (Note that Figure 4 does not include funds provided through the organization's other grant processes. These include Emerging Community Issues grants, Board Designated grants, Community Impact and special initiatives grants, and beginning this year, grants from the Women's Leadership Council. These vary each year; in UWTC's 2008 fiscal year they totaled \$84,189).
2. **Community Foundation of South Puget Sound** provides grants to local organizations, primarily through its locally controlled donor advised funds. It specifically funds health and human services and community development nonprofits, in addition to several other community needs. (The Foundation's total awards in all categories in 2008 totaled \$1.05 million.)
3. **The Human Services Review Council (HSRC)**, funded by local jurisdictions. The HSRC reviews requests from local nonprofit agencies and awards funds, allowing local jurisdictions to make regional funding allocations. Current funding partners are Olympia, Lacey and Tumwater. For 2009, Thurston County withdrew their contribution due to budget cuts.

Combined:

4. **The City of Olympia**, which allocated \$97,500 in federal Community Development Block Grant (CDBG) funds, and \$54,500 in other City general funds over and above its contribution to the HSRC.
5. **The HOME Consortium**, which has members from each county jurisdiction and allocates operations and maintenance funding for homeless and housing organizations from the state's Homeless Housing Fund, aka HB 2163.

Federal:

6. **Federal McKinney Act funds**, granted by The US Department of Housing and Urban Development, but coordinated by the Thurston County Housing Task Force.
7. **Federal Emergency Management Agency (FEMA)** funds, which are administered in the county by UWTC. Funding decisions for FEMA funds are made by a separate advisory board following FEMA guidelines for group membership and grant criteria.

It must be emphasized that the amount of funding for social services under the control of local jurisdictions and organizations is dwarfed by funds provided by federal and state social and health services programs directly to local residents. For example, Washington Department of Social and Health Services data show that for the period July 2006-June 2007 (the latest data available), a total of 68,646 county residents received a total of \$243,261,621 in DSHS funds. (That represented 28.8 percent of county residents, less than

the overall state “use rate” of 33.1 percent). And 4,178 county residents received a total of \$2.43 million in Social Security, Supplemental Security Income payments in 2007. In other words—the stream of funds under local control is less than one percent of all social services funding in the county.

V. Analysis of Community Outcomes by Impact Area

A. Helping Kids Succeed Impact Area

Vision Statement: *We envision a Thurston County where all children are safe, nurtured and valued and are provided the opportunity to succeed as individuals and in school to develop life skills.*

Goals:

1. *Increase the rate of young children accessing early learning programs where they will learn, grow and enter kindergarten ready to succeed.*
2. *Increase the number of children served through child care programs.*
3. *Increase youth involvement in community service.*
4. *Reduce high school dropout rates.*

Community Outcome: *To ensure the healthy social, cognitive and physical development of infants, children and youth (birth-18).*

Programs Funded, 2004-2009

Programs	Total Expenditures	Average Per Program
43	\$754,932	\$17,557

Thurston County residents care about their kids. The county has long provided significant support for schools, organizations and activities that provide them with a solid education and activities that help to focus their energies and stay out of trouble. Available data show that in general, children and teens in the county are doing well relative to other counties across the state, in terms of both educational attainment, negative educational outcomes (e.g. dropping out of high school) and the risk and protective factors that can signal problems ahead.

Although the county’s high school dropout rates have fluctuated, based on the latest available data they remain lower than the state average, as shown in Table 8. Overall, trends in WASL test scores for county school kids are also positive (see figures in the Appendix).

Table 8. High school completion data. Source: Muhly and Kascynski, 2009

Freshmen Who Leave School Before Their Senior Year (Per 1,000)

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
State	24.15	23.88	25.10	23.87	24.25	23.18	22.00	20.78	20.88	17.43	19.03	17.39
Thurston County	29.67	22.73	20.78	20.92	20.83	19.34	22.64	21.83	9.56	7.16	9.71	5.96

Percentage of Teens Who Are Highschool Dropouts

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
State		4.2		3.9		5	7.6	6.7	5.8	5.1	5.7	
Thurston County		3		2.6		3.5	6.4	6.3	3.9	3.9	5.3	

Child poverty trends are difficult to assess using official data, given that we are now nine years since the 2000 census. The best available US Census data for 2007 show average poverty rates for children birth to 17 at 12 percent, up from 10 percent in 2003. For Washington as a whole, 15 percent of the 0-17 age group were in poverty in 2007. Data from the TANF (Temporary Assistance for Needy Families) program shows the number of child recipients in the county down slightly from 2003 to 2007 (see Table 9). (The national data for TANF are not comparable due to wildly differing state participation standards.)

Table 9. Temporary Assistance to Needy Families (TANF), Child Recipients, 1999-2007. Source: DSHS, 2008, pg. 8.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
National				73.93	60.61	55.85	52.64	51.08	49.19	46.59	43.80	41.13
State				122.29	114.45	108.35	105.84	102.68	104.34	102.47	97.95	90.06
Counties Like Us				132.22	127.37	120.98	117.01	110.93	115.90	114.52	110.44	103.07
Thurston County				110.47	105.07	101.43	99.13	92.80	94.67	96.78	91.97	85.24
TANF Children				5,866	5,519	5,348	5,222	4,887	5,015	5,212	5,067	4,799
Children, birth-17				53,099	52,528	52,726	52,677	52,660	52,974	53,854	55,097	56,302

Child Care

Several societal trends have made child care an essential component of the social safety net. The evolution of U.S. society and our economy toward dual income households, plus relatively high rates of divorce and geographic mobility, have made the availability of child care essential to families across the economic spectrum. Statewide data on child care show that the aggregate number of child care slots in the county decreased slightly from 2003 to 2007 (Washington State Network, 2008). But anecdotal data suggests that the available statistics are out of date. The economic crisis has softened demand for child care. As a result, child care providers in the county have a significant number of empty slots to fill (Cubberly, 2009).

Community Service

Community Service is an important way to help kids develop. Findings from research on volunteering show that early involvement in volunteering is associated with a life-long willingness to be engaged in community concerns. Further, service learning approaches that link work in the class room to community service help students to be more successful

and positively impact their behavior and attitudes (Corporation for National and Community Service, 2008).

As was discussed in the section above on community assets, county level data on volunteering is limited. Nationally in the U.S. nearly 62 million people, over a quarter of the population, volunteered between September 2007 and September 2008, according to the Bureau of Labor Statistics (BLS, 2009). The available data suggest that Washingtonians volunteer significantly more than the national average, and that volunteering peaked in 2003 and has declined slightly since then (Corporation for National and Community Service, 2008). Some data suggest that volunteering by youth decreased over the period 2003-2007. However, local data from The Evergreen State College (which strongly supports service learning) show strong youth involvement in volunteering for a wide array of activities.

Early Learning

The State of Washington sent a strong signal of support for early learning initiatives with the creation of the Department of Early Learning (DEL) in 2006. Nationwide data from a generation of early learning projects document their success at improving the life chances of participants, raising their incomes and employability and lowering their likelihood of being sent to jail. Several local organizations already provide a variety of programs in support of early learning—too many to list here. UWTC began working in the early learning arena in 2003 through the Success By Six initiative, which provides information and support to parents of young children and helps them prepare their children for kindergarten. As part of the initiative, Success By Six launched the Thurston Early Childhood Coalition. UWTC also received a \$803,000 federal Early Learning Opportunities grant which enhanced four local programs serving children and families in Thurston County. In 2007 the Thurston Early Childhood Coalition developed a strategic plan that set a series of goals for the Coalition and defined strategies for accomplishing those goals. Planning for a major community investment in early learning is now underway between UWTC and the Coalition.

B. Meeting Basic Needs Impact Area

Vision Statement: *We envision a Thurston County where all individuals and families have adequate food, clothing, and shelter.*

Goals:

1. *Reduce the number of families, individuals, and children who are homeless.*
2. *Increase access to basic needs services.*
3. *Reduce hunger and food insecurity.*

Community Outcome: *To ensure that a coordinated and collaborative safety net of services exists so that basic needs of individuals are met.*

Programs Funded, 2004-2008

Programs	Total Expenditures	Average Per Program
30	\$611,012	\$20,367

The ongoing economic crisis is straining a social safety net that public policy has weakened over the past generation. Changes in national and state programs that provide housing assistance, food, and income (including welfare and unemployment insurance) have generally led to decreased funding to these programs at the local level. Funds from the federal government flow to individuals as well as to state and local agencies that provide direct support to people who are unemployed, need health care, or are unable to work. While a full essay on this relationship is beyond the bounds of this analysis, it is important to acknowledge that local efforts by inspired volunteers, organizations and their donors simply may not be enough to compensate for the decline in government support over the past 30 years.

“Basic Needs” as defined by this impact area description include food, clothing, and shelter. Many other important services for low-income persons and families will be considered in the Promoting Self-Sufficiency Impact Area.

Housing

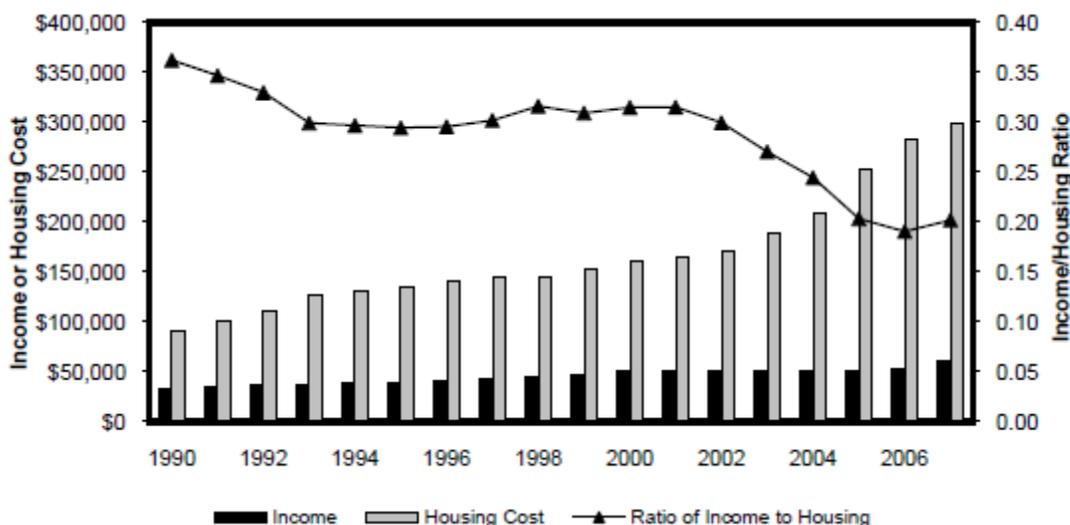
Housing availability and affordability is a countywide problem. Roughly 57 percent of county residents live in unincorporated areas, and the fastest population growth has occurred in communities in the southern section of the county, particularly Yelm and Rainer. The housing stock in those areas generally has not caught up with the demand. In the county’s urban centers, rapidly rising prices for single family homes (prior to mid-2008) plus a relatively stagnant rental housing stock created an affordability challenge for many low income residents. The county’s 2008 comprehensive plan for housing concluded that:

....there is a significant affordability mismatch between availability of housing and need for housing. There is a shortage of housing at the lowest end of the income scale as well as at the upper end of the moderate income bracket (Thurston County, 2008, p. 9).

There has been an improvement in the proportion of female-headed households with no husband present who are below the poverty line. Census 2000 data found 29 percent of such households below the poverty line; that decreased slightly to 26 percent over the 2005-07 period covered by the latest American Community Survey data. Single mothers with children improved considerably, with the data over that period showing 34 percent were below the poverty line, vs. 45 percent in 2000. Still—the data suggest that one-third of single mothers with children are in poverty in the county, and this group consistently has difficulty finding affordable housing.

Overall, a Thurston Regional Planning Council analysis of the county’s housing situation was mixed (TRPC, 2008). But over the past six years the rising level of house prices relative slowly rising median household incomes clearly squeezed many individuals and families, as shown in Figure 5. This also is reflected in data from calls to the 2-1-1 Washington Information Network. Data for Thurston County for December 2008 (the latest available) show that 46 percent of callers requested some type of housing assistance; an additional 15 percent requested assistance with utilities including electricity and heating. Rising house prices and rents, combined with a shaky job market, leaves more people and families at risk for homelessness. And rising house prices also appear to have spurred migration from Thurston County to Mason and Lewis Counties as people and families search for more affordable housing.

Figure 5. Ratio Comparing Median Household Income and Single-Family Home Sale Price, Thurston County, 1990-2007. Source: TRPC, http://www.trpc.org/resources/10_benchmarks_chapter8.pdf. Downloaded 5/9/2009.



Homelessness

Homelessness continues to be a serious problem in Thurston County. The 2003 assessment reported 604 homeless persons in the county, based on that year’s point in time census. As Table 10 shows, that number has increased considerably, with the latest figures showing over 1,000 homeless in the county as of the most recent homeless census in January of this year. This year for the first time, economic reasons—job loss and/or

inability to pay the rent or mortgage—were cited most often as the reason for being homeless. In the past, mental illness was the most frequent response. The most recent statewide figures estimate 21,947 individuals counted as homeless during the January 2008 point in time census. Over the course of a year the total number of homeless persons in both the county and the state are estimated to be double the one-day census figures.

Table 10. Thurston County Homelessness statistics. Source: Point in Time Census; Housing Authority of Thurston County.

Year	2003	2003 Fall	2005	2006	2007	2008	2009
Individuals	604	740	697	672	798	629	1016
Households				489	569	492	629

More disturbing is that the number of homeless children is also increasing, as shown in Table 11.

Table 11. 2007-2009 School Year Homeless Student Counts by School District. Source: OSPI, HATC. (Note: Olympia totals include children staying in local shelters).

Report Year	North Thurston	Olympia*	Tenino	Rainier	Yelm	Tumwater	Griffin	Rochester	Total
2007	191	266	9	7	24	157	12	5	671
2008	213	284	16	18	16	171	9	14	741
2009	219	239	18	15	16	201	5	93	806

The county’s infrastructure for helping the homeless, and those at risk of homelessness, is concentrated in Olympia; the Appendix shows the county’s existing resources. County officials and nonprofit leaders deserve recognition for recent significant investments in shelter and transitional housing capacity, with the Drexel House and Tumwater Gardens projects opening in 2008. However, the 2009 data show this increase in capacity swamped by increased need; overall the percentage of need met dropped from 80 percent in 2008 to 51 percent this year. The success of Camp Quixote, a self-organizing tent city sponsored by faith community organizations that migrates every 90 days, suggests one possible option. Residents of Camp Quixote feel safer than if they were on the streets, and have been able to obtain and maintain employment. Given that the state’s unemployment rate may not yet have hit its peak, the county’s homelessness challenge is likely to call for further creative responses.

Hunger

The 2003 community assessment was completed not long after the release of U.S. Department of Agriculture data showing that Oregon and Washington ranked last, and next to last in the U.S. in food insecurity. More recent USDA data for the 2005-2007 period are more encouraging, showing that the percentage of households experiencing food insecurity in the state was 10.1 percent, lower than the national figure of 11 percent. But other data are more sobering. An analysis by Feeding America (2008) concluded that Washington was ranked 12th in the U.S. for food insecurity for children aged 18 and under (19.2 percent, vs. the U.S. average of 17 percent), and 18th for the age 5 and under group (18.3 percent vs. 17.3 percent nationally).

Table 12. Food Stamp Recipients, US, Washington, and Thurston Co. Source: DSHS, 2008, pg. 7.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
National				65.03	60.93	60.74	66.31	73.82	81.48	87.03	89.44	87.96
State				97.78	87.74	87.43	94.67	103.46	112.47	119.99	121.92	121.43
Counties Like Us				112.58	104.18	104.82	112.59	119.52	129.58	137.90	140.88	141.37
Thurston County				85.14	78.77	78.23	79.83	85.79	95.92	104.92	110.21	110.54
Recipients				17,502	16,334	16,443	16,948	18,427	20,959	23,512	25,470	26,309
All Persons				205,557	207,355	210,200	212,288	214,800	218,505	224,100	231,111	238,000

These data are more consistent with actual client data from the Thurston County Food Bank, as shown in Table 13, which has experienced a recent spike in demand for food. Duplicate clients increased 12 percent from the 2003-04 year to 2006-07, and total clients about 6.5 percent over the same period. But from 2006-07 to 2007-08, duplicate clients increased 24 percent and total clients by about 22 percent. This is consistent with national data for the food stamp program (now called The Supplemental Nutrition Assistance Program, or SNAP), which shows an increase in Washington's monthly enrollments in the program between 2007 and 2008 from 272,605 to 292,515 (on a household basis) and 536,333 to 581,001 (individuals). By comparison, only 453,497 individuals in Washington participated in the program each month, on average, during the 2004 fiscal year.

Table 13. Number of clients reported by the Thurston County Food Bank. Source: Food Bank data.

Year (July – June)	Duplicate Clients	New Clients	Total Clients
2007 – 2008	95,469	25,112	120,581
2006 – 2007	76,892	22,065	98,957
2005 – 2006	73,647	24,346	97,993
2004 – 2003	69,858	23,784	93,642
2003 – 2004	38,624	24,271	92,895

Data from the Thurston County Food Bank’s 2005 and 2007 client surveys is also instructive. The sample size for these surveys was 601 clients in 2005, 722 in 2007. The typical client for both surveys “is a white woman with children. She is disabled, unemployed, receives some kind of food assistance in addition to food bank services (food stamps, WIC, etc.) and has lived in Thurston County for more than one year” (Thurston County Food Bank, 2007 p. 1). Sixty percent of the clients accessed food bank services at least 9-12 times per year. One implication of the food bank’s survey data is that the national program’s benefits (the program is called Basic Food in this state) don’t appear to be sufficient to meet the nutritional needs of many county residents.

Overall, these data suggest that the county is being challenged to meet an increasing level of need on the part of many residents.

C. Promoting Self-Sufficiency Impact Area

Vision Statement: *We envision a Thurston County where all individuals have the ability to be self-sufficient and live as independently as possible through increased long-term economic stability.*

Goals:

1. *Increase access to job training, literacy, and career development programs that improve long-term employment opportunities.*
2. *Increase the rate of seniors and people with disabilities who maintain independent lives.*
3. *Increase access to services that help individuals increase income, build savings, and/or sustain assets.*

Community Outcome: *To increase the ability for people in Thurston County to live independently.*

Programs Funded, 2004-2008

Programs	Total Expenditures	Average Per Program
25	\$369,515	\$14,781

Americans place a high value on personal autonomy and independence. Our social model is based on the assumption that employment will provide both the resources to support people and their families, as well as generate the sense of accomplishment and self-confidence that comes with productive work. The role of government is to provide support in the event that someone can’t find work or loses their job. The nonprofit sector in most communities provides a backstop to fill the gaps in this government support.

This model has its merits, and can work well when the private sector and government are creating employment with wages that enable individuals and families to obtain the shelter, food and other essentials they need. When employment or wages falter, the cost of living

risers, or people lack the skills to obtain or maintain employment, they often need a hand up through programs that can help them become more self-sufficient.

Because employment is a critical factor in supporting a strong society, the nature of employment patterns in a community—what industries and jobs are present, and the wages they pay—is a vital factor behind its capacity to support self-sufficient people and families. The perception of Olympia, and by extension Thurston County, is that of a “government town.” As Table 14 shows, this perception has some basis in reality. According to 2007 data, government generates about 36 percent of all employment in the county, but 45 percent of all wages. Other major sectors in the county are health care, retail trade, accommodations and food services, and construction.

One self-sufficiency challenge we face is the relatively high proportion of employment in retail, and accommodations and food services that generate relatively low average wages. Wage estimates for March 2008 show that the county, for example has an estimated 3,060 cashiers earning \$10.96 an hour on average, and 2,270 food service workers earning \$9.86 an hour (Washington Employment Security Department, 2008b).

A 2006 study estimated the self-sufficiency wage for Olympia at \$8.26 per hour for an adult (Pierce, 2007). As children are added, the wage level required increases, so for an adult and preschooler, the estimated wage was \$14.98 per hour. Indexed for inflation, those wages would now be \$8.72, and \$15.81 per hour. In sum, a significant portion of county employment does not generate wages that are adequate for families. The state has a strong minimum wage law that currently sets the state minimum wage at \$8.55 per hour, up from \$7.01 per hour in 2003. But even this minimum wage is barely adequate for an adult to be self-sufficient.

Table 14. Covered Employment and Wages Paid in Thurston County, selected industries, 2007. Source: Occupational Employment and Wage Estimates March 2008. Washington State Employment Security Department, Labor Market and Economic Analysis Branch

Industry	Average Employment in Thurston County, 2007	Total Wages Paid in Thurston County (million \$)
All	99,567	\$3,950
State Government	23,697	\$1,273
Local Government	11,491	\$443
Retail Trade	11,393	\$289
Health Care	10,473	\$395
Lodging and Food Services	7,425	\$103
Construction	4,912	\$205
Manufacturing	3,310	\$135
Wholesale Trade	2,716	\$217

The good news for the county is that its median household income, as noted on the previous page (and below in Table 15) has steadily increased.

Table 15. Median Household Income, Washington State and Thurston County, 200-2008.
Source: OFM (Note: *estimates).

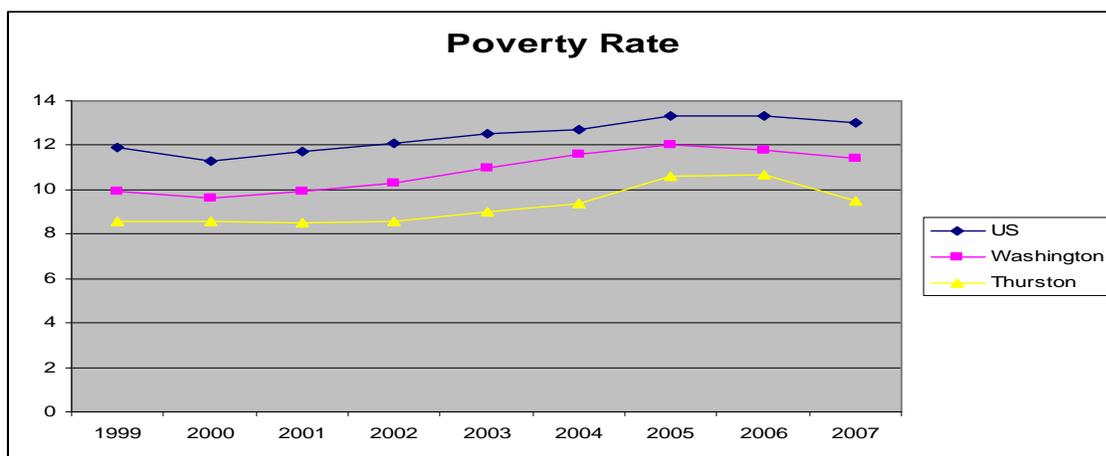
Year	2000	2001	2002	2003	2004	2005	2006	2007*	2008*
Thurston County	50,562	52,358	52,742	52,699	53,668	56,012	57,667	59,547	59,885
Washington	48,301	49,364	50,003	50,846	53,890	54,085	56,184	59,119	60,010

Overall, the county’s poverty rate is slightly higher than in 2003, though as Figure 6 shows, it fell between 2006 and 2007. It remains lower than the statewide average.

Many groups in the county are working on these issues. The Thurston County Economic Development Council is working hard to diversify the county’s economy and attract and retain new businesses that pay good wages. The Pacific Mountain Workforce Consortium organizes many training opportunities within the county, funded primarily by federal grants.

An important element of the self-sufficiency challenge is that residents in relatively low-skill positions often have minimal savings and other assets. According to Federal Reserve data from 2007, families in the U.S. in the lowest 20 percent of income had a median net worth of only \$8,000 (Bucks, et al, 2009). This leaves very little financial cushion to help sustain them through a financial crisis.

Figure 6. Poverty rate for Thurston County, Washington state and the U.S., 1999-2007.
Source: Muhly and Kaszynski, 2009, from U.S. Census data.



The state of Washington, through its Department of Commerce (formerly Community, Trade and Economic Development, or CTED) is supporting efforts to develop asset building programs around the state. In 2007, UWTC received a CTED grant to support the

development of the Thurston County Asset Building Coalition. The Coalition is comprised of local organizations from many sectors of the community (including financial services, government and education) that are formulating a community plan to create programs that will help people and families increase their incomes, reduce debt, and build their savings and assets. One simple act is to encourage low-income workers to file tax returns that include the Earned Income Tax Credit.

Seniors

Developed countries across the globe are aging rapidly, and the U.S., Washington State, and Thurston County will not escape this trend. The latest available population estimates from the state’s Office of Financial Management show project a steady increase in the county’s population of residents age 65 and over, as shown in Table 16. By these estimates, the county will have nearly 60,000 seniors by 2020.

Table 16. Projected county population aged 65 and over. Source: Thurston County Profile, 2008, pg. 32.

Year	2000	2005	2010	2015	2020	2025	2030
Thurston	23,629	26,404	33,656	45,729	59,111	71,770	81,702
Percent of County Population	11	12	13	16	19	21	23

Characterizing the population of “seniors” is much more difficult than in the past. They are generally in better health, have more wealth, and are more diverse in racial, ethnic and social terms. As one example: a growing group of GLBT seniors is creating new senior living options.

The rise in the county’s senior population will inevitably bring a greater need for social and health services to care for this population. National data show that roughly half of all seniors have incomes at three times or less the poverty level (at which point they will have difficulty paying for long term care; about one-third of seniors aged 75 and over live alone; over 40 percent of those age 65 and over have a disability of some kind that limits their ability to care for themselves. And by 2010 an estimated 13 percent of those 65 and over will have Alzheimer’s disease (AARP, 2009). So far Thurston County is doing much better than the national trends; according to 2005-2007 U.S. Census data, roughly 5 percent of local seniors aged 65 and over are at or below the poverty line, and only about 12 percent are at or below 3 times the poverty level.

Given these trends and the challenges in funding the county’s current programs for seniors, the county needs to prepare now to ensure that it has the infrastructure needed to care for an aging population.

People With Disabilities

U.S. Census data from 2007 suggest that about 16 percent of county residents have some type of disability. These can include physical, acquired or developmental disabilities. This is slightly higher than the statewide average of 15.6 percent. About 44 percent of persons with a disability in the county have employment, which is slightly higher than the statewide average of 40 percent. People with disabilities continue to face challenges obtaining employment, affordable housing, and transportation. Fortunately the county has strong nonprofits working to improve employment prospects for the disabled (including Morningside), and Intercity Transit has made considerable investments in its services for people with disabilities, through making its fleet buses more accessible and purchasing new vehicles for the Dial-A-Lift service. Still, people with disabilities are often hidden members of a society. It is important to note that the various categories used in this report intersect: 63 percent of local homeless individuals report having a disability, and (as is noted above) over 40 percent of those aged 65 and over have a disability that interferes with their ability to accomplish basic activities of daily living.

D. Supporting Health and Wellness Impact Area

Vision Statement: *We envision a Thurston County where all individuals are safe and have access to basic health care and wellness services.*

Goals:

- 1. Increase access to affordable medical, dental, mental health, and wellness services.*
- 2. Reduce the rate of domestic violence and child abuse in Thurston County.*

Community Outcome: *To improve the general health, wellness and quality of life of Thurston County residents.*

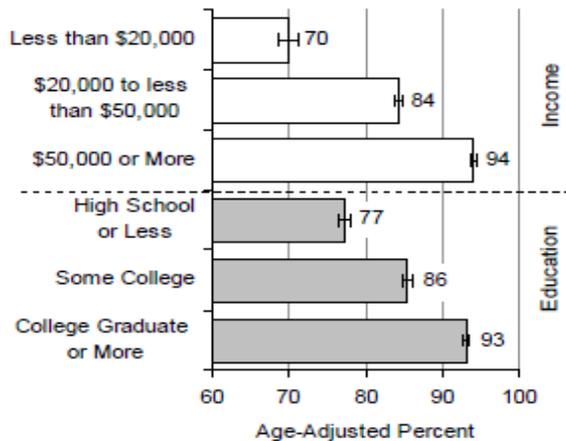
Programs Funded, 2004-2008

Programs	Total Expenditures	Average Per Program
20	\$610,221	\$30,511

The health status of Thurston County residents has not changed significantly since the 2003 community assessment. By most of the commonly used indicators of community health, county residents continue to do better than the state and national averages. This includes a variety of measures such as infant mortality, the adequacy of prenatal care, and life expectancy. Death rates overall and rates of cancer and heart disease are falling for the county and for the state overall. When asked their overall perception of their health status, 87 percent of county residents stated “good to excellent,” which matches the average response across the state.

Not surprisingly, self-reported health status is influenced by income and education, as shown in Figure 7. Lower income residents and residents with less education report less satisfactory health status (note that these are statewide statistics).

Figure 7. Good to Excellent Health Status, by Annual Household Income and Education (all Washington State). Source: Washington DOH, 2008.



The county also experiences fewer child abuse cases than the state average. Domestic violence continues to be a problem, with the number of offenses at about the state average (see Tables 17 and 18).

Table 17. Victims of Child Abuse and Neglect in Accepted Referrals, 1998-2007. Source: DSHS, 2008.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
National			41.14	40.00	42.01	43.21	43.93	45.90	47.74	48.30	47.55	
State			38.38	38.88	40.63	39.43	37.60	40.87	38.06	35.26	34.30	34.15
Counties Like Us			39.29	39.67	41.60	41.05	40.78	43.65	41.09	37.63	35.80	33.89
Thurston County			26.91	22.52	24.67	21.56	22.82	33.54	25.33	22.25	22.61	22.95

Table 18. Domestic Violence Offenses, Thurston County, 1996-2007. Source: DSHS, RDA, 2008.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
State	7.56	7.80	7.63	6.86	6.92	6.77	6.51	6.51	6.46	6.47	6.06	5.79
Counties Like Us	7.48	7.59	7.59	6.96	6.85	6.54	6.60	6.75	6.61	6.50	5.86	5.45
Thurston County	5.99	5.65	6.16	6.00	5.63	5.17	5.80	6.29	6.80	6.76	6.33	5.46

The national health care system as a whole is acknowledged to be in crisis, and Thurston County is no exception. This issue is too complex to be easily summarized, but as the primary goal for this impact area specifically is focused on access to care, particularly for low income persons and families, that element of the problem will be emphasized.

The U.S. health care system combines employer provision with government funded care for vulnerable groups, including seniors (Medicaid), those in poverty (Medicaid) and children

(SCHIP, the State Children’s Health Insurance Program). Although this system works reasonably well for many county residents with employment, it has evolved in ways that are making it unsustainable. The cost of health insurance is rising, it is becoming more costly for small employers to provide, and many low income persons have little access to health care, particularly preventative care. Although Washington State has been a national leader in its attempts to provide health care to low income persons and children through the SCHIP and Basic Health Plans, it has been unable to fund full coverage for all state residents. These programs are now squeezed between the rising costs of care and stagnant state revenue sources. The most recent state budget will reduce the state Basic Health Plan by 43 percent in the 2009-2011 biennium, which will likely result in 40,000 people from across the state losing benefits.

Figure 8 shows a steadily rising number of uninsured adults in the state over the period 2000-2008, with a slight decline in the number of uninsured children over the most recent four years. A 2007 report by the Washington Office of the Insurance Commissioner estimated that 12.5 percent of county residents lacked insurance in 2006, compared to a statewide rate of 11 percent (Office of the Insurance Commissioner, 2007). Figure 9 shows a rising number of poor uninsured; other estimates show the proportion of poor uninsured as high as 38 percent on average for the period 2006-2007 (Kaiser Foundation, 2009).

Figure 8. Washington residents without health insurance, by age. Source: Washington Office of Financial Management, 2009.

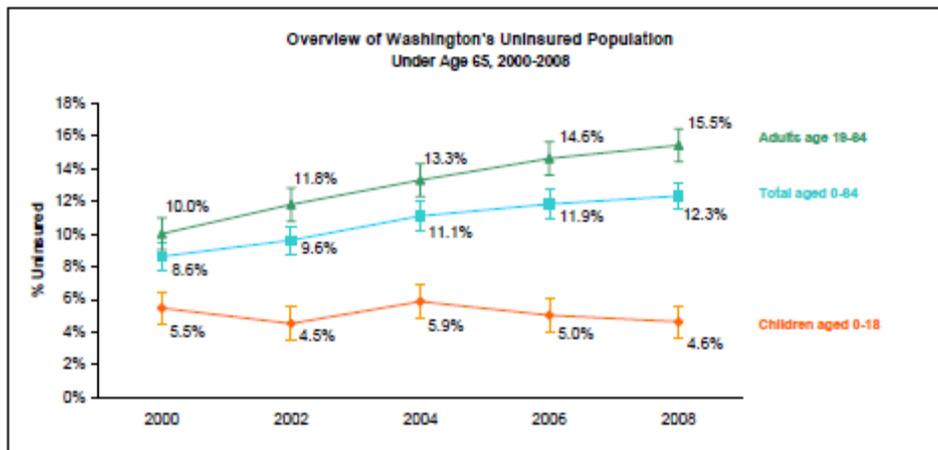
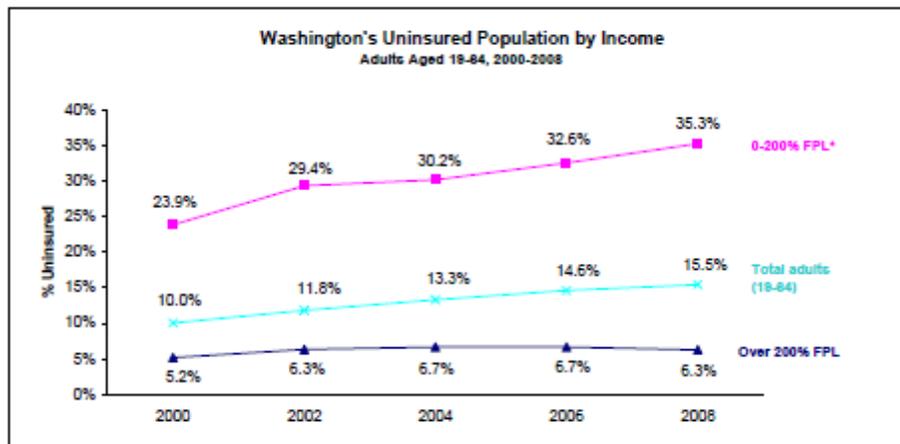


Figure 9. Washington uninsured residents by income level. Source: Washington Office of Financial Management.



Low income persons not covered by private insurance, Medicaid, or Basic Health seek care from a variety of sources, including community health centers offering free or subsidized care, emergency rooms, fee-for-service clinics or individual physicians. All of these providers have been squeezed in various ways over the last few years. Even persons covered by Medicaid or Basic Health have difficulty finding doctors, as some refuse such patients due to the low reimbursement rates. CHOICE Regional Health Network’s *Regional Access Program* has contributed in this arena by working to link people without insurance to insurance providers. Since hospital emergency rooms are required to provide care to all, they have been especially hard hit. Emergency room admissions in the county jumped dramatically after 2003 and have remained at a high level, as shown in Table 18. One result is that hospitals have faced rapidly rising costs for uncompensated care, both charity care (provided to those unable to pay) and bad debt—charges not paid by those who have paid part of their bill but are unwilling or unable to pay the rest.

Table 18. Thurston County emergency room visits, 2000 to 2007. Source: Washington Department of Health.

Year	2000	2001	2002	2003	2004	2005	2006	2007
Hospital								
Providence St. Peter Hospital	47,199	55,086	57,341	57,693	68,420	70,035	69,728	70,527
Capital Medical Center	13,344	15,227	15,538	16,221	14,437	14,449	14,850	15,224
Total ER Visits	60,543	70,313	72,879	73,914	82,857	84,484	84,578	85,751

Thurston County has few options for free or subsidized medical care. The county's sole "formal" community health center, SeaMar Community Health Center, is located in Olympia (SeaMar also operates a dental clinic and behavioral health clinic at its location in Tumwater). The Center served 10,000 separate patients with 37,000 office visits in 2007 and is at capacity. About 24 percent of the center's patients are uninsured. Although over half of their patients are covered by some form of government insurance, they are unable to find care elsewhere. The SeaMar system opted against opening a clinic in Lacey during 2009 due to uncertainty about funding given the state's budget crisis (Shannon, 2008).

The county's infrastructure for providing medical care to low income persons and families is now at a crisis point. One of the primary providers of free care, the Neighborhood Free Medical Clinic, closed at the end of March, 2009. The clinic was sponsored by the Lacey Presbyterian Church and Westminster Presbyterian Church and was a successful example of the faith community providing badly needed community services, until a collapse in individual donations forced its closure. Over 90 percent of the Clinic's patients were low income persons, and over half were unemployed (Batchelder, 2009). To place the resource need in this arena in context, the Clinic's \$150,000 budget (half of which was provided by donations) amounts to nearly double the total amount available this year from UWTC community investment funding for health and wellness programs. Finally, the Olympia Union Gospel Mission provides badly needed free dental care and vision services, and is in the process of creating a health care clinic to open in the summer of this year that will provide support for low income people with chronic diseases (*The Olympian*, 2009).

Mental Health

A recent report on Washington State's mental health care system frankly described the system's key problems, including "high levels of regional variation, limited access to care, a lack of standardized care management and unclear roles and authority between state agencies, the RSNs (Regional Support Networks) and some of the provider systems" (DMA Health Strategies, 2009, pg. 3). The latest available data from the Washington Department of Health, from the 2004-2006 period, show that Thurston County adults equaled the state average (10 percent) for a key mental health indicator, proportion reporting poor mental health 14 days or more in the previous month (Washington Department of Health, 2008). As with other health indicators, minorities (particularly blacks and Native Americans), low income persons and people with less education all report higher rates of poor mental health. Women also report worse mental health than men across all age groups, probably due to higher rates of depression.

The county's support system for mental health services is in a dire state. The main provider of subsidized mental health care services, Behavioral Health Resources (BHR), was forced to trim its operations due to reduced state support (Masterson, 2009). It transferred operations of the Crisis Clinic back to the separate nonprofit Crisis Clinic of Thurston and Mason Counties, and eliminated support for non-Medicaid eligible clients (with incomes too high to be served by Medicaid), as well as developmentally disabled specialist services and a chemical dependency specialist. The clients that BHR can no longer serve will either go without care or face greater difficulties finding affordable services.

VI. Community Impact/Community Action

The above section of the report provides a snapshot of community conditions in four critical areas, broadly, education, income, health, and basic needs. What do these data tell us about the impact of the programs funded by the Community Care Fund, and about the success of UWTC's overall funding strategy? These questions are difficult to answer. Although we can't make any categorical statements about cause and effect (e.g. community investment funding causing improved community conditions) it is fair to ask, overall, how we are doing in each impact area. The data suggest that we are doing reasonably well in the Helping Kids Succeed area, okay overall in the Self-Sufficiency arena, and struggling with serious issues relating to Basic Needs and Supporting Health and Wellness.

Table 19. Number of programs funded through UWTC's Community Care Fund since 2004, and expenditure data, by impact area. Source: UWTC data.

Impact Area	Programs	Funding by Area	Percent of Funding	Average Per Program
Helping Kids Succeed	43	\$754,932	32	\$17,557
Meeting Basic Needs	30	\$611,012	26	\$20,367
Promoting Self Sufficiency	25	\$369,515	16	\$14,781
Supporting Health and Wellness	20	\$610,221	26	\$30,511
	118	\$2,345,680	100	\$19,879

As shown in Table 19, during the period examined UWTC funded 118 discrete programs. Organizations receiving program funding file periodic reports providing data on the extent to which they accomplish their goals. These data are used primarily for grant accountability purposes, since UWTC lacks the capacity to fully monitor the outcome accomplishments of each program. Generally, the foundation world is moving toward funding fewer projects, with larger average grant awards and higher accountability standards. That remains an option for UWTC. Doing so would place a further burden on the agencies whose programs would lose funding. It would also make the volunteer-based community investment process more difficult. It might also risk squeezing out innovation, as the current system has had success funding organizations such as HorsePower, Garden Raised Bounty (GrUB), and Left-Foot Organics that have benefited from relatively small grants that they have leveraged to obtain additional funding. Still, given that UWTC itself has limited resources, further focusing its community investments is worth discussing.

The mix of programs funded since 2005 reflects a strong emphasis on programs for children and youth; the Helping Kids Succeed area received 32 percent of all funds invested. This likely reflects both a community concern about the well-being of our kids, and the fact that more programs with a youth focus applied for funds. The factors behind the relatively small

proportion of funds granted to programs in the Promoting Self-Sufficiency area are less clear. We also don't have a clear picture of how the community overall allocates its social services funds across various populations—children, youth, seniors, the homeless, low income persons. Those data are essential for the community to be able to make clear strategic choices for our social services dollars.

A related issue in this context is the extent to which UWTC, and the community as a whole, are currently funding programs that emphasize prevention as a goal, as opposed to “basic needs.” The available program data don't allow an easy categorization by program. There was a great deal of nuanced and thoughtful discussion of this topic in our focus group interviews and survey responses. Most respondents rejected such an approach, believing that a community organization such as United Way should do both. Moreover, as a few pointed out, many need-based programs also have a preventative element; for example, dental care is both a health need and a way to help people improve their employment prospects.

In the 2008 report *Goals for the Common Good: The United Way Challenge to America*, United Way of America (UWA) summarized its strategy for bringing about national change, through a focus on investments in three issue areas: education, income, and health. It set specific goals in each of these areas and added a set of indicators in each that will be tracked to determine if the goals are met. This is a prevention-oriented strategy that places UWA firmly in the mainstream of the U.S. philanthropic movement, and it is clear the organization hopes many local United Ways will adopt this approach. The concept of community impact that has been driving the organization since the previous community assessment is at heart a prevention-based approach.

One goal of this study was to scan current conditions in the county and important trends to determine if there are critical human needs that we have missed or that deserve a higher priority in the community investment funding process. The data gathered for this report suggest that hunger, homelessness, mental health care for low income persons, and health care for uninsured people and families are critical needs in this community that would benefit from additional resources. These resources include organizational resources to create greater community capacities in these areas, as well as funds and volunteers.

The one issue that again stands out as a long-term problem is how as a society we plan to meet the needs of the growing senior population (also a focus of the 2003 community assessment). Medicare and Medicaid (which funds nursing home care for indigent clients) are on shaky financial footing, many families are short on assets and time to provide either self-paid or in-home care, and they are already squeezed by the need to pay for rising college costs. And the Baby Boom generation is likely to want to stay at home longer and remain as independent as possible. These trends point to an exploding demand for in-home care services that government will be challenged to fully fund. We will have to make increasingly difficult choices about how to fund and support all that we would like to do for children, seniors, and low-income people and families.

This report sought to identify critical community needs, as well as make sense of how funds in the community flow to the nonprofit organizations that seek to satisfy those needs.

While it's important to "follow the money," there are other resources that are just as important. Another goal of the project is to help mobilize community action; such action may take the form not only of contributing funds, but also of volunteering and advocacy.

VII. Making Sense of Social Services in Thurston County

A strong theme running through the survey and focus group data generated by this study, as well as conversations with local leaders from political jurisdictions and nonprofits, is a sense that the community's framework for organizing and funding social services is dysfunctional. While many praised the work of many individual organizations and individuals, the consensus is that the system as a whole is problematic. This section of the report will summarize these concerns, examine the available data, and suggest some possible remedies.

Significant social services in the county are provided by large formal nonprofits, smaller more activist nonprofits, faith communities and service organizations. There are no firm data about how many of each are operating, what they do, and how many deliver overlapping services. While many of these organizations have improved their capacity to identify and track their program outputs and outcomes, no single organization has the resources (including UWTC, as noted above) to track and analyze these data in detail. The philanthropic sector's move toward increased demands for evaluation and measurement is justifiably controversial; measuring program outcomes diverts resources from clients, many outcomes are hard to measure, and some services need to be delivered regardless of their perceived "efficiency." Still, without these data it is difficult to know which organizations perform well, whether particular interventions work, and make sensible societal decisions about which problems need more funding.

Jurisdictions in the county award funds to local nonprofits through both the Human Services Review Council ("HSRC," which uses a separate process and set of criteria), separate awards to specific agencies, and the Community Development Block Grant process. Organizations apply for funding through many separate agencies, including United Way, the HSRC, as well as foundation grants, and must also pursue individual donations. These require different applications and cover overlapping funding cycles. These separate processes are time and resource intensive, create incentives for nonprofits to lobby political representatives at the jurisdictional level, and make it difficult to establish clear community priorities and fund them. Given the increasing constraints on community resources, it makes sense to consider how it may be possible to set clearer community priorities for all funders and focus those funds more strategically to the most critical community needs. Related changes could include more closely synchronized funding cycles, similar applications formats, and greater sharing of data by funding organizations and recipients.

Many major private donors, including individuals and businesses, are besieged by requests for funding from nonprofits of all sizes. Since the private sector is relatively smaller here, this funnels requests to a much smaller group than is the case in most counties of our size. Some of these donors have expressed concerns about the overlap in the missions and services of these organizations. They wonder if we could serve more people more effectively with fewer organizations.

As one of our focus group participants noted, nonprofits often are created when it is clear that established systems are not addressing serious new needs. Many of these small startups are resource poor and draw on resources from volunteers and a small group of passionate donors. Some do superb work that doesn't attract much attention; others aim to grow but struggle along with inadequate funding, board support, and administrative systems. A common concern within the nonprofit sector is the extent to which it is relatively "siloes," as competing organizations work independently. This is reinforced by the very focused approach that is in the "DNA" of nonprofits borne from strong-willed founders that assist particular groups and needs, and may inhibit their capacity to think in broader terms about how to more efficiently and effectively meet the needs of a broader array of clients.

One goal of this study was to generate data that could help make sense of these issues. Two researchers are separately studying the size and nature of the county's nonprofit sector, and the social services provided by local service clubs. Another group, outside of this study, is developing a database of services being provided by faith communities. These projects are still underway, but some findings are emerging.

Data from the Washington Secretary of State's office indeed show that the county has approximately 700 nonprofit organizations. This figure is not very helpful, as a high percentage of those organizations are small, defunct, don't really operate in the county or exist primarily to pursue social advocacy, not deliver social services. Categorizing these organizations is a complex task as there are literally hundreds of categories that may be applied.

One useful figure for assessing the size of the county's nonprofit sector is the number of nonprofits that have been funded by UWTC. Obviously, this figure omits organizations that for a variety of reasons are ineligible for community investment funds, or have chosen not to apply. An analysis of UWTC grant awards for the period 2004-2009 shows that 54 organizations have received funding (the list, which also shows grant funds awarded to each agency over that period, is included in the appendix.) Of the 118 grants awarded during this period, very few were made to collaborations between two organizations.

The county has multiple examples of successful partnerships and collaborations that deserve recognition. The Thurston County Food Bank network has sites throughout the county and these work as much as possible as a system. Funding and construction of Drexel House required extensive collaboration. Faith communities have worked with Camp Quixote to provide residents with camping locations, food and support in ways that meet jurisdictional ordinances. United Way is supporting two collaborations, one in the early learning arena (with the Thurston Early Childhood Coalition) to create and fund early learning programs in the county, and also through the Financial Stability Partnership to support programs that enhance asset building. Overall, though, many local nonprofit and jurisdiction leaders believe that there is a need to do more to break down the barriers between agencies offering social services. Many of the 130 participants in the January 2009 social services forum expressed this concern. An incentive program that would award funds to local nonprofits pursuing collaborations is one option that has been explored to achieve this.

The available data suggest that operating conditions for many, though not all, local nonprofits are becoming more difficult. Data from two surveys of local social services nonprofits, in October 2008 and April/May 2009 suggest that many local social services organizations are feeling the squeeze of reduced funding and increased demand for services. In the October survey, 23 of the 24 responding organizations reported an increase in demand; 14 of the respondents reported decreased funding. Fifteen of the 20 respondents to the April survey reported increased service demand; 14 stated they experienced cuts in program funding. Note, though, that 15 organizations did not respond to the first survey and 19 to the second. We don't know how these organizations are doing.

Given recent cuts in government funding and decreased foundation assets (which will eventually reduce available grant funds for most nonprofits) and the likelihood that the economic slump is likely to be longer lasting than the usual recession, funding issues in the nonprofit sector are likely to become more serious. At some point, "belt-tightening" is no longer a viable strategy and more comprehensive solutions, including creative collaborations, will become essential.

VIII. Findings and Recommendations

1. The data examined for this study show no undiscovered categories of need of such magnitude that they should be included as an impact area for future community investment funding.
2. The county needs to prepare for increased needs for services by the increasing population of local seniors. UWTC's contribution to this effort can be accommodated through the present community investment process.
3. UWTC, working with local jurisdictions and the nonprofit community, should continue to explore options for encouraging nonprofit collaborations, including the possibility of establishing an incentive fund.
4. UWTC should join with local social services funders, including jurisdictions, foundations and other groups, to explore whether the current approaches used to invest/allocate funds for social services should be streamlined and made more focused and strategic. This conversation could include how to provide better data for decision makers, simplify and streamline applications processes for funding for local organizations, and ultimately provide better services to clients.
5. UWTC should explore working with local colleges to find help to analyze more systematically the output and outcome data provided by the programs it funds.

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