

# Southwestern Wisconsin Community Action Program

# Community Needs Assessment

## 2022 - APPENDIX



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\*Unless otherwise specified all report data in Appendix A was gathered from the US Census Bureau and accessed via [factfinder.census.gov](https://factfinder.census.gov) between April and July 2022.

## A. Report Data

### A.1. Population

Figure A.1-1

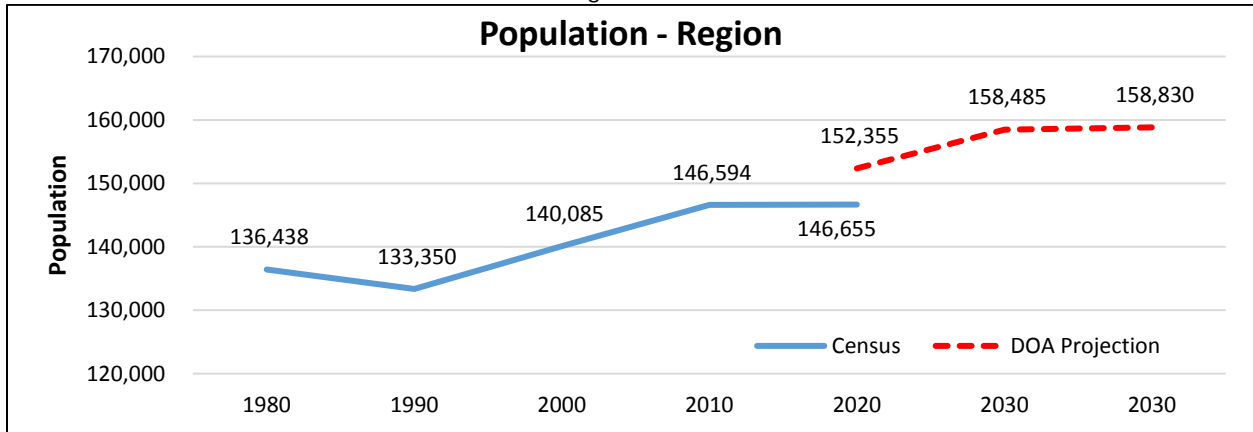


Table A.1-1

Population - Region (1980-2040) <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	136,438	133,350	140,085	146,594	146,655	152,355	158,485	158,830
Change	-	(3,088)	6,735	6,509	61	5,396	6,130	345
% change	-	(2.26%)	5.05%	4.65%	0.04%	3.93%	4.02%	0.22%

Figure A.1-2

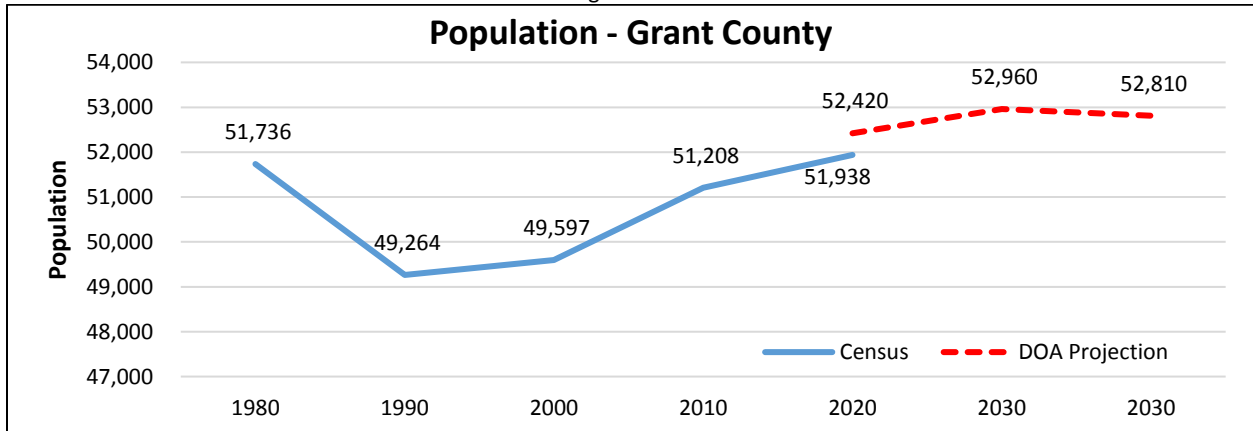


Table A.1-2

Population - Grant County (1980-2040) <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	51,736	49,264	49,597	51,208	51,938	52,420	52,960	52,810
Change	-	(2,472)	333	1,611	730	1,212	540	(150)
% change	-	(4.78%)	0.68%	3.25%	1.43%	2.37%	1.03%	(0.28%)

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-3

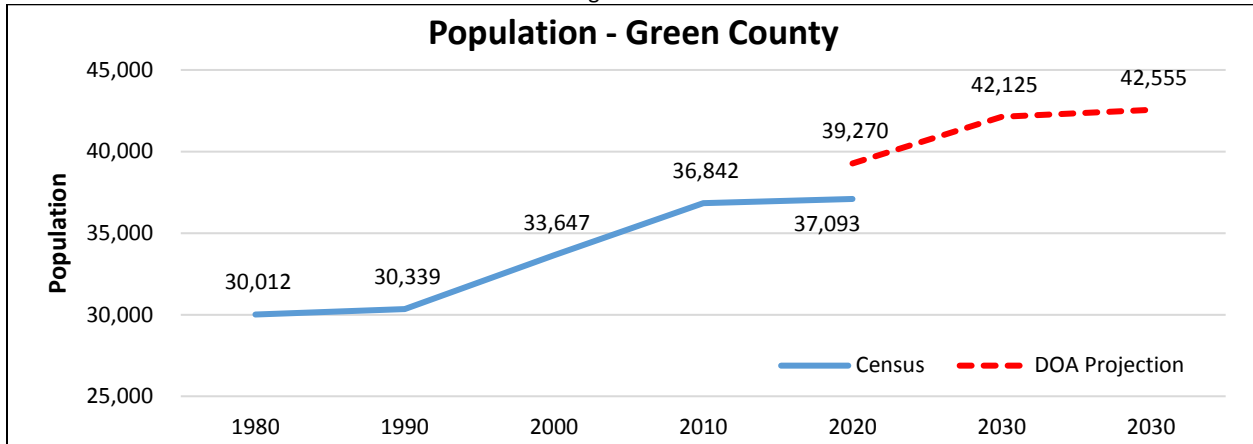


Table A.1-3

Population – Green County <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	30,012	30,339	33,647	36,842	37,093	39,270	42,125	42,555
Change	-	327	3,308	3,195	251	2,428	2,855	430
% change	-	1.09%	10.90%	9.50%	0.68%	6.59%	7.27%	1.02%

Figure A.1-4

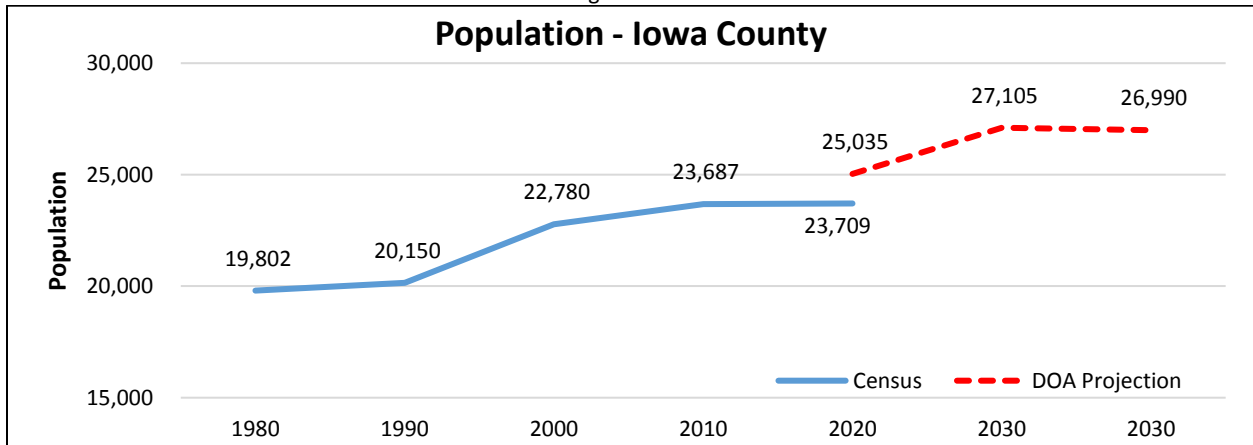


Table A.1-4

Population – Iowa County (1980-2040) <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	19,802	20,150	22,780	23,687	23,709	25,035	27,105	26,990
Change	-	348	2,630	907	22	1,348	2,070	(115)
% change	-	1.76%	13.05%	3.98%	0.09%	5.69%	8.27%	(0.42%)

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-5

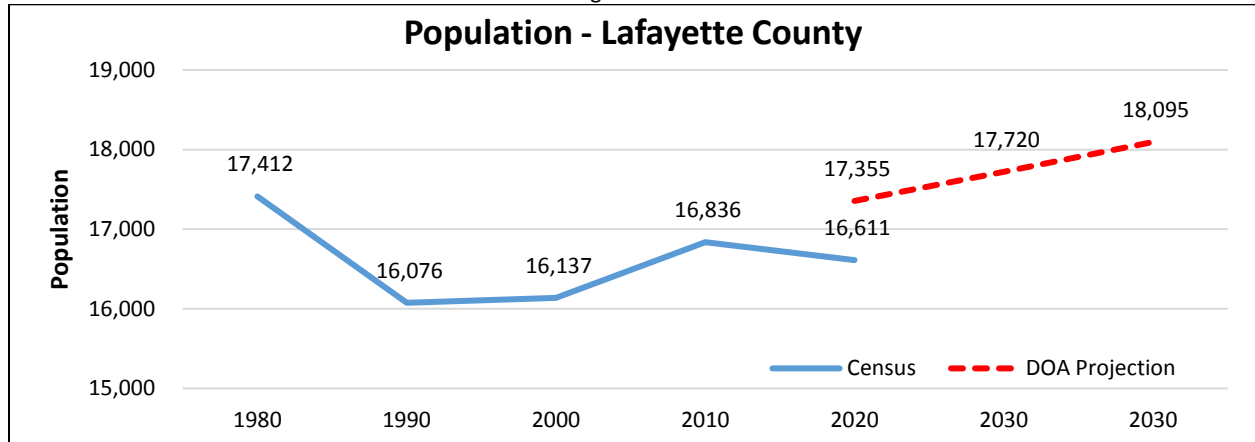


Table A.1-5

Population – Lafayette County (1980-2040) <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	17,412	16,076	16,137	16,836	16,611	17,355	17,720	18,095
Change	-	(1,336)	61	699	(225)	519	365	375
% change	-	(7.67%)	0.38%	4.33%	(1.34%)	3.08%	2.10%	2.12%

Figure A.1-6

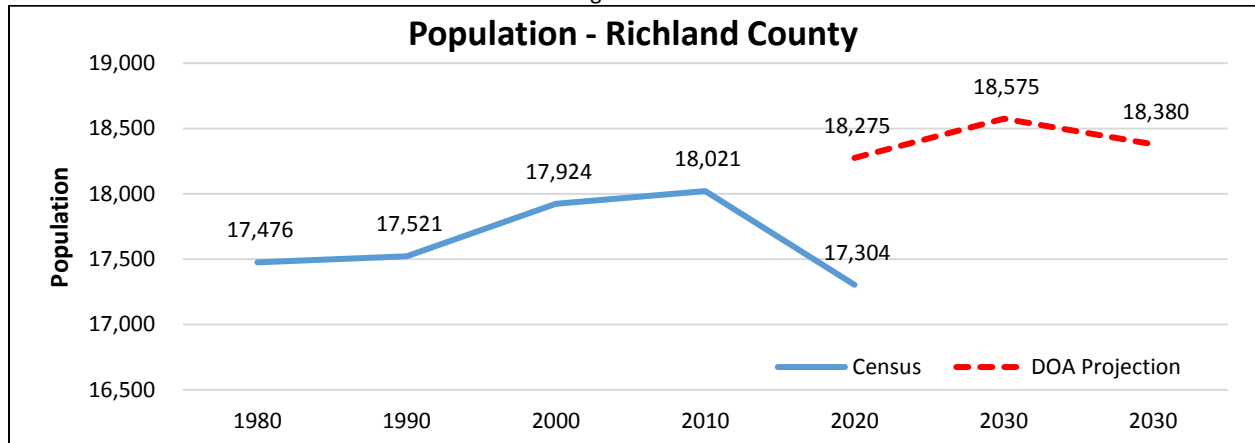


Table A.1-6

Population – Richland County (1980-2040) <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	17,476	17,521	17,924	18,021	17,304	18,275	18,575	18,380
Change	-	45	403	97	(717)	254	300	(195)
% change	-	0.26%	2.30%	0.54%	(3.98%)	1.41%	1.64%	(1.05%)

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-7

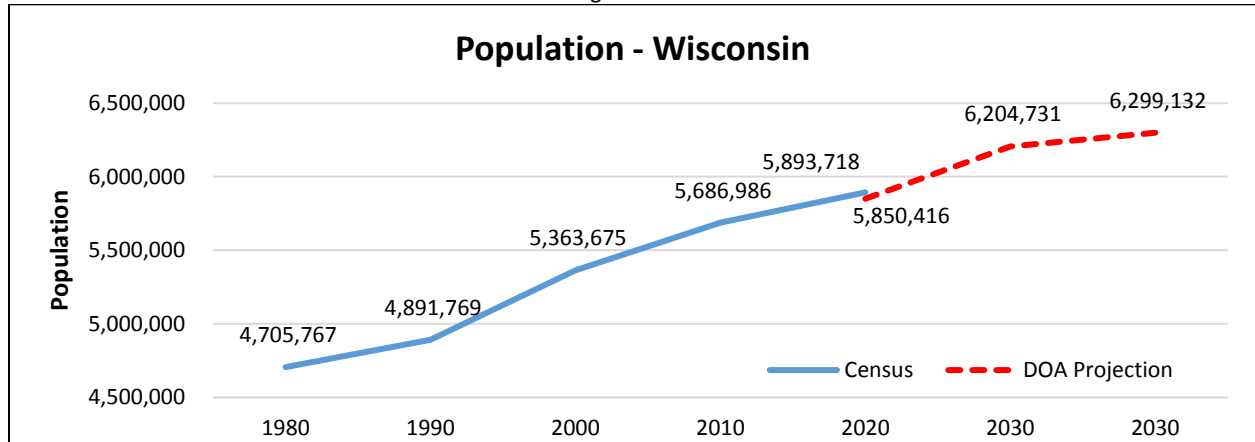


Table A.1-7

Population – Wisconsin (1980-2040) <sup>1</sup>								
	1980	1990	2000	2010	2020	2020 DOA projection	2030 DOA projection	2040 DOA projection
Total	4,705,767	4,891,769	5,363,675	5,686,986	5,893,718	5,850,416	6,204,731	6,299,132
Change	-	186,002	471,906	323,311	206,732	163,430	354,315	94,401
% change	-	3.95%	9.65%	6.03%	3.64%	2.87%	6.06%	1.52%

Figure A.1-8

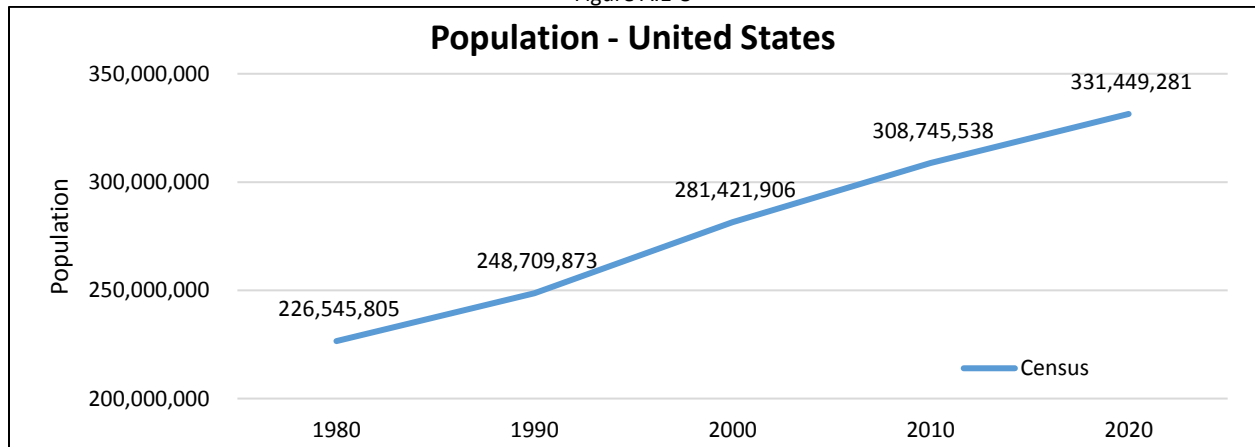


Table A.1-8

Population – United States (1980-2020)					
	1980	1990	2000	2010	2020
Total	226,545,805	248,709,873	281,421,906	308,745,538	331,449,281
Change		22,164,068	32,712,033	27,323,632	22,703,743
% change		9.78%	13.15%	9.71%	7.35%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-9

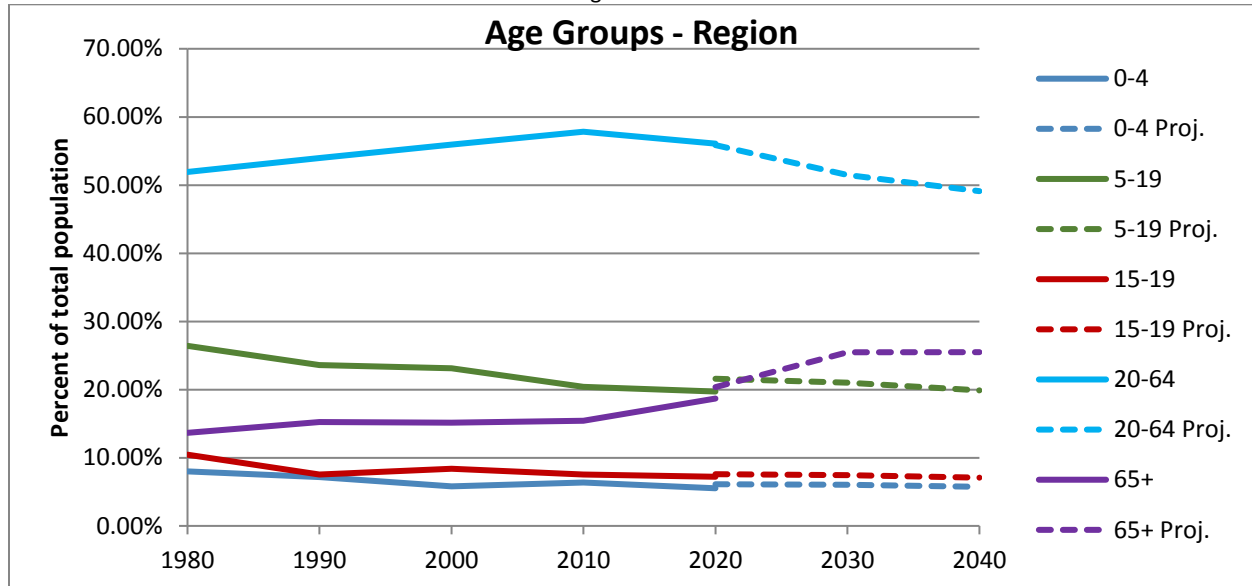


Table A.1-9

Age Groups - Region (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	10,912	9,560	8,148	9,318	8,062	8,960	9,200	9,090
Change		(1,352)	(1,412)	1,170	(1,256)	(358)	240	(110)
% change		(12.39%)	(14.77%)	14.36%	(13.48%)	(3.84%)	2.68%	(1.20%)
5-19	36,043	31,473	32,392	29,911	28,802	31,650	32,010	31,510
Change		(4,570)	919	(2,481)	(1,109)	1,739	360	(500)
% change		(12.68%)	2.92%	(7.66%)	(3.71%)	5.81%	1.14%	(1.56%)
15-19	14,257	10,045	11,747	11,024	10,533	11,120	11,310	11,220
Change		(4,212)	1,702	(723)	(491)	96	190	(90)
% change		(29.54%)	16.94%	(6.15%)	(4.45%)	0.87%	1.71%	(0.80%)
20-64	70,852	71,984	78,338	84,779	81,921	81,900	78,455	77,835
Change		1,132	6,354	6,441	(2,858)	(2,879)	(3,445)	(620)
% change		1.60%	8.83%	8.22%	(3.37%)	(3.40%)	(4.21%)	(0.79%)
65+	18,631	20,333	21,207	22,586	27,297	29,845	38,820	40,395
Change		1,702	874	1,379	4,711	7,259	8,975	1,575
% change		9.14%	4.30%	6.50%	20.86%	32.14%	30.07%	4.06%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.



Figure A.1-10

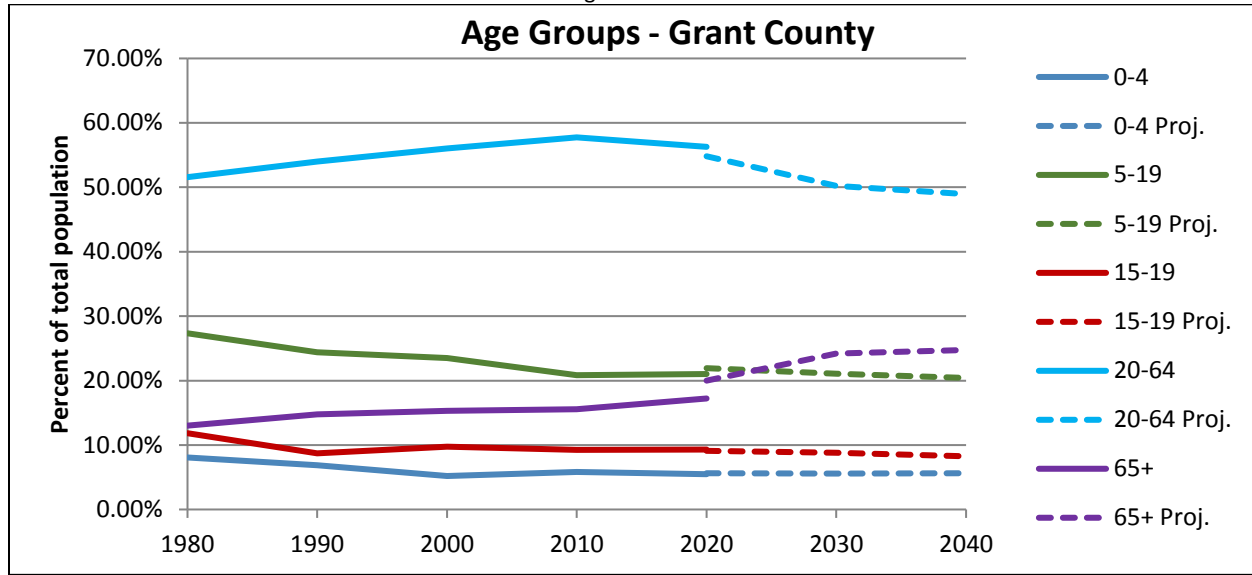


Table A.1-10

Age Groups – Grant County (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	4,175	3,389	2,576	2,989	2,832	2,880	2,920	2,970
Change		(786)	(813)	413	(157)	(109)	40	50
% change		(18.83%)	(23.99%)	16.03%	(5.25%)	(3.65%)	1.39%	1.71%
5-19	14,147	12,013	11,652	10,673	10,841	11,230	11,040	10,810
Change		(2,134)	(361)	(979)	168	557	(190)	(230)
% change		(15.08%)	(3.01%)	(8.40%)	1.57%	5.22%	(1.69%)	(2.08%)
15-19	6,123	4,292	4,824	4,741	4,786	4,660	4,620	4,370
Change		(1,831)	532	(83)	45	(81)	(40)	(250)
% change		(29.90%)	12.40%	(1.72%)	0.95%	(1.71%)	(0.86%)	(5.41%)
20-64	26,682	26,598	27,784	29,572	29,014	28,070	26,320	25,920
Change		(84)	1,186	1,788	(558)	(1,502)	(1,750)	(400)
% change		(0.31%)	4.46%	6.44%	(1.89%)	(5.08%)	(6.23%)	(1.52%)
65+	6,732	7,264	7,585	7,974	8,883	10,240	12,680	13,110
Change		532	321	389	909	2,266	2,440	430
% change		7.90%	4.42%	5.13%	11.40%	28.42%	23.83%	3.39%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.



Figure A.1-11

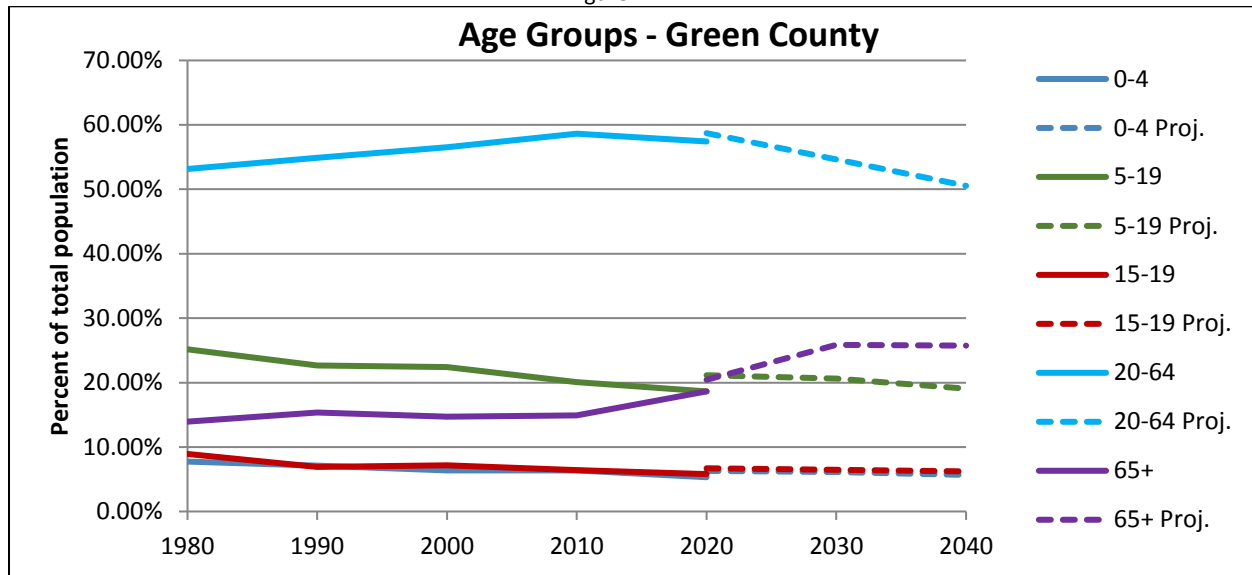


Table A.1-11

Age Groups – Green County (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	2,324	2,159	2,143	2,354	1,955	2,320	2,410	2,390
Change		(165)	(16)	211	(399)	(34)	90	(20)
% change		(7.10%)	(0.74%)	9.85%	(16.95%)	(1.44%)	3.88%	(0.83%)
5-19	7,553	6,868	7,542	7,390	6,856	7,790	8,100	8,030
Change		(685)	674	(152)	(534)	400	310	(70)
% change		(9.07%)	9.81%	(2.02%)	(7.23%)	5.41%	3.98%	(0.86%)
15-19	2,679	2,093	2,404	2,371	2,135	2,470	2,540	2,620
Change		(586)	311	(33)	(236)	99	70	80
% change		(21.87%)	14.86%	(1.37%)	(9.95%)	4.18%	2.83%	3.15%
20-64	15,951	16,658	19,016	21,601	21,121	21,630	21,460	21,290
Change		707	2,358	2,585	(480)	29	(170)	(170)
% change		4.43%	14.16%	13.59%	(2.22%)	0.13%	(0.79%)	(0.79%)
65+	4,184	4,654	4,946	5,497	6,858	7,530	10,155	10,845
Change		470	292	551	1,361	2,033	2,625	690
% change		11.23%	6.27%	11.14%	24.76%	36.98%	34.86%	6.79%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-12

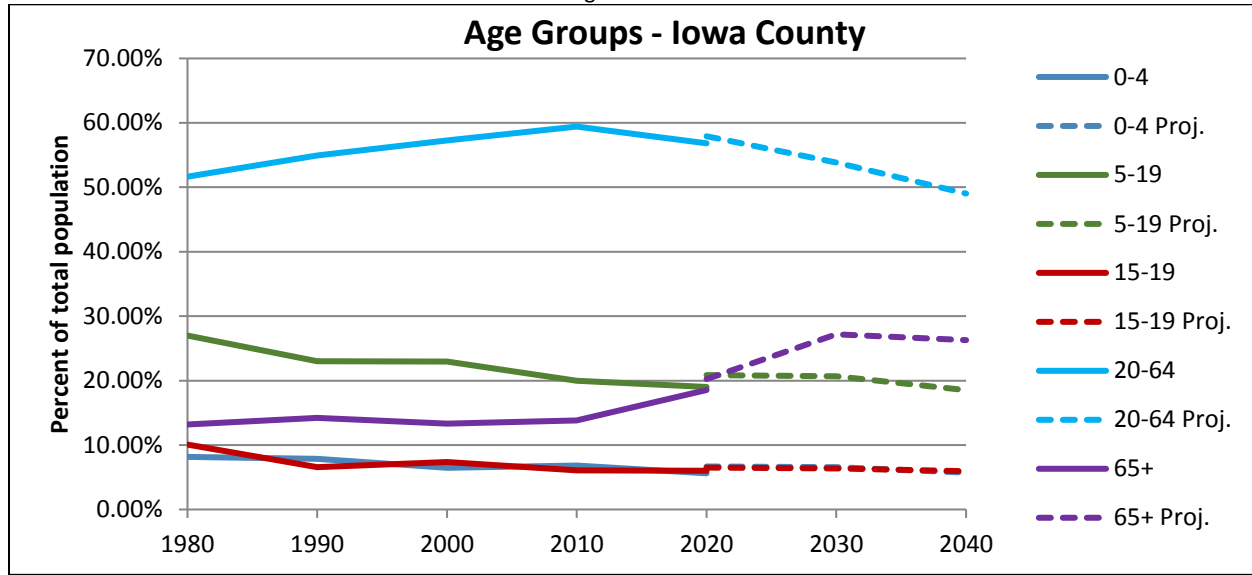


Table A.1-12

Age Groups – Iowa County (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	1,616	1,581	1,468	1,611	1,326	1,580	1,640	1,550
Change		(35)	(113)	143	(285)	(31)	60	(90)
% change		(2.17%)	(7.15%)	9.74%	(17.69%)	(1.92%)	3.80%	(5.49%)
5-19	5,345	4,631	5,229	4,731	4,493	4,940	5,180	5,020
Change		(714)	598	(498)	(238)	209	240	(160)
% change		(13.36%)	12.91%	(9.52%)	(5.03%)	4.42%	4.86%	(3.09%)
15-19	1,995	1,325	1,672	1,441	1,420	1,540	1,590	1,610
Change		(670)	347	(231)	(21)	99	50	20
% change		(33.58%)	26.19%	(13.82%)	(1.46%)	6.87%	3.25%	1.26%
20-64	10,228	11,071	13,044	14,076	13,431	13,720	13,480	13,290
Change		843	1,973	1,032	(645)	(356)	(240)	(190)
% change		8.24%	17.82%	7.91%	(4.58%)	(2.53%)	(1.75%)	(1.41%)
65+	2,613	2,867	3,039	3,269	4,382	4,795	6,805	7,130
Change		254	172	230	1,113	1,526	2,010	325
% change		9.72%	6%	7.57%	34.05%	46.68%	41.92%	4.78%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-13

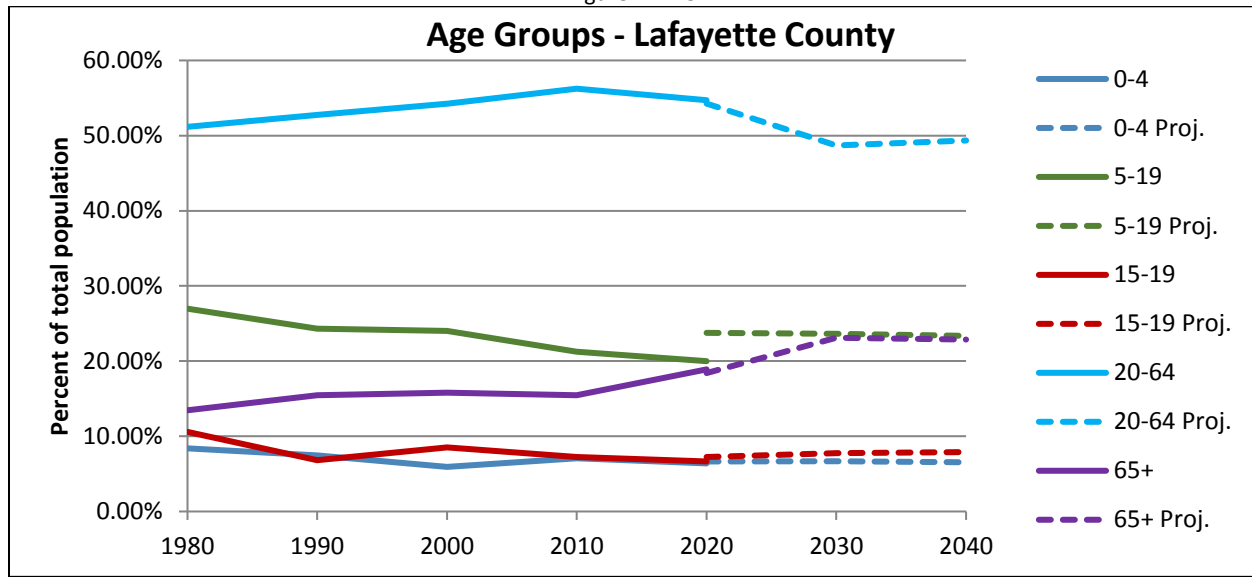


Table A.1-13

Age Groups – Lafayette County (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	1,462	1,197	957	1,189	1,065	1,120	1,160	1,160
Change		(265)	(240)	232	(124)	(69)	40	0
% change		(18.13%)	(20.05%)	24.24%	(10.43%)	(5.80%)	3.57%	0%
5-19	4,697	3,911	3,877	3,577	3,336	4,000	4,100	4,140
Change		(786)	(34)	(300)	(241)	423	100	40
% change		(16.73%)	(0.87%)	(7.74%)	(6.74%)	11.83%	2.50%	0.98%
15-19	1,843	1,094	1,378	1,218	1,110	1,220	1,350	1,400
Change		(749)	284	(160)	(108)	2	130	50
% change		(40.64%)	25.96%	(11.61%)	(8.87%)	0.16%	10.66%	3.70%
20-64	8,909	8,480	8,750	9,469	9,128	9,135	8,450	8,745
Change		(429)	270	719	(341)	(334)	(685)	295
% change		(4.82%)	3.18%	8.22%	(3.60%)	(3.53%)	(7.50%)	3.49%
65+	2,344	2,488	2,553	2,601	3,153	3,100	4,010	4,050
Change		144	65	48	552	499	910	40
% change		6.14%	2.61%	1.88%	21.22%	19.18%	29.35%	1%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-14

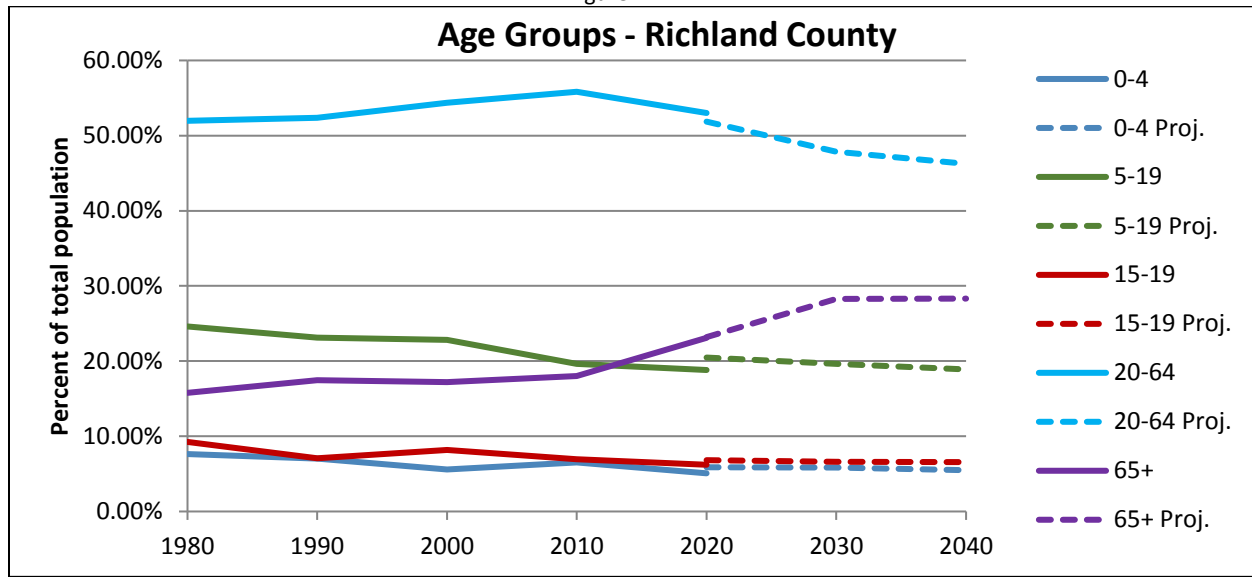


Table A.1-14

Age Groups – Richland County (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	1,335	1,234	1,004	1,175	884	1,060	1,070	1,020
Change		(101)	(230)	171	(291)	(115)	10	(50)
% change		(7.57%)	(18.64%)	17.03%	(24.77%)	(9.79%)	0.94%	(4.67%)
5-19	4,301	4,050	4,092	3,540	3,276	3,690	3,590	3,510
Change		(251)	42	(552)	(264)	150	(100)	(80)
% change		(5.84%)	1.04%	(13.49%)	(7.46%)	4.24%	(2.71%)	(2.23%)
15-19	1,617	1,241	1,469	1,253	1,082	1,230	1,210	1,220
Change		(376)	228	(216)	(171)	(23)	(20)	10
% change		(23.25%)	18.37%	(14.70%)	(13.65%)	(1.84%)	(1.63%)	0.83%
20-64	9,082	9,177	9,744	10,061	9,227	9,345	8,745	8,590
Change		95	567	317	(834)	(716)	(600)	(155)
% change		1.05%	6.18%	3.25%	(8.29%)	(7.12%)	(6.42%)	(1.77%)
65+	2,758	3,060	3,084	3,245	4,021	4,180	5,170	5,260
Change		302	24	161	776	935	990	90
% change		10.95%	0.78%	5.22%	23.91%	28.81%	23.68%	1.74%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-15

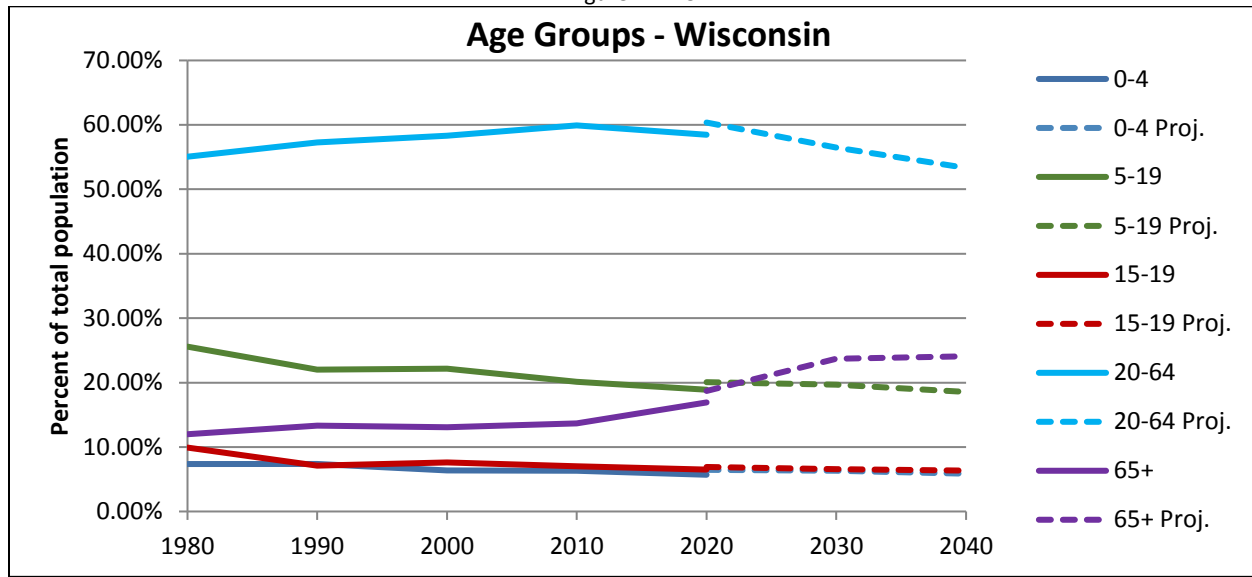


Table A.1-15

Age Groups – Wisconsin (1980-2040) <sup>1</sup>								
Age groups	1980	1990	2000	2010	2020 ACS Estimate	2020 DOA projection	2030 DOA projection	2040 DOA projection
0-4	346,940	360,730	342,340	358,443	331,066	367,375	378,340	373,940
Change		13,790	(18,390)	16,103	(27,377)	8,932	10,965	(4,400)
% change		3.97%	(5.10%)	4.70%	(7.64%)	2.49%	2.98%	(1.16%)
5-19	1,203,663	1,077,179	1,189,75	1,143,75	1,097,24	1,141,165	1,182,93	1,182,97
Change		(126,484)	112,574	(46,000)	(46,510)	(2,588)	41,770	40
% change		(10.51%)	10.45%	(3.87%)	(4.07%)	(0.23%)	3.66%	0%
15-19	466,612	347,289	407,195	399,209	377,618	392,775	395,015	404,610
Change		(119,323)	59,906	(7,986)	(21,591)	(6,434)	2,240	9,595
% change		(25.57%)	17.25%	(1.96%)	(5.41%)	(1.61%)	0.57%	2.43%
20-64	2,590,967	2,802,639	3,129,02	3,407,47	3,395,86	3,432,610	3,390,31	3,399,35
Change		211,672	326,390	278,447	(11,609)	25,134	(42,295)	9,040
% change		8.17%	11.65%	8.90%	(0.34%)	0.74%	(1.23%)	0.27%
65+	564,197	651,221	702,553	777,314	982,799	1,063,930	1,424,32	1,535,36
Change		87,024	51,332	74,761	205,485	286,616	360,390	111,045
% change		15.42%	7.88%	10.64%	26.44%	36.87%	33.87%	7.80%

<sup>1</sup> 2020, 2030, and 2040 projections are from the State of Wisconsin Department of Administration. The change under the 2020 Projections are compared to the 2010 Census.

Figure A.1-16

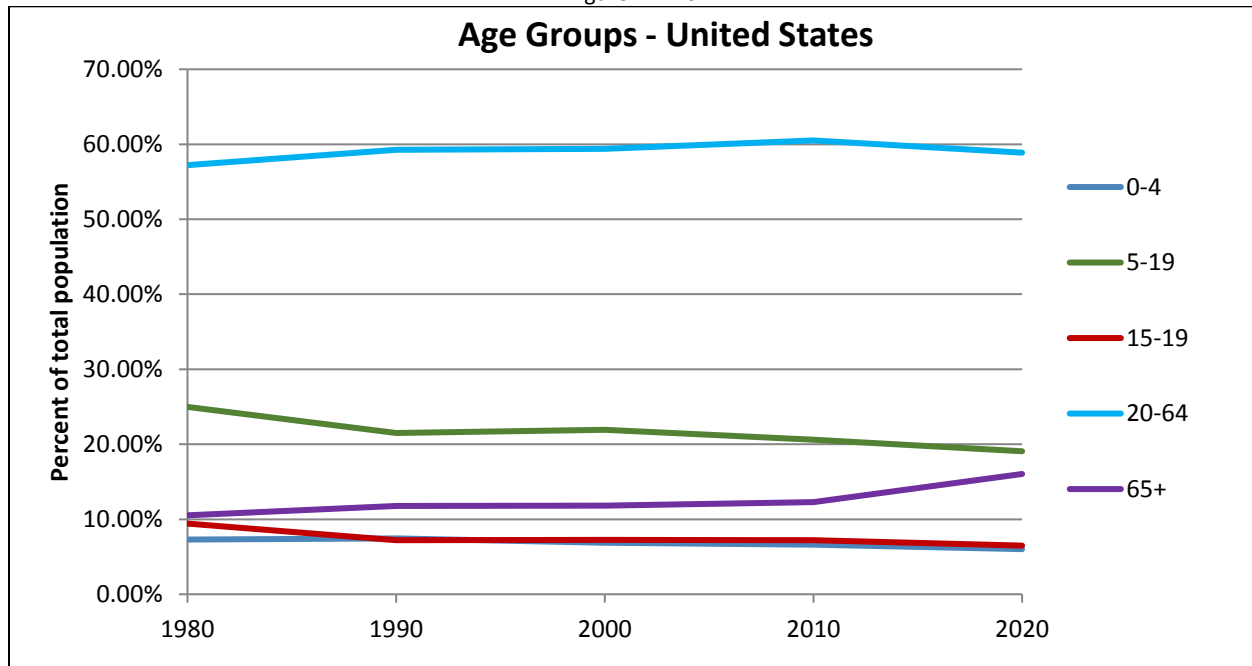


Table A.1-16

Age Groups – United States (1980-2020)					
Age groups	1980	1990	2000	2010	2020 ACS Estimate
0-4	16,348,254	18,354,443	19,175,798	20,201,362	19,650,192
Change		2,006,189	821,355	1,025,564	(551,170)
% change		12.27%	4.47%	5.35%	(2.73%)
5-19	56,110,209	52,967,443	61,297,467	63,066,194	62,261,904
Change		(3,142,766)	8,330,024	1,768,727	(804,290)
% change		(5.60%)	15.73%	2.89%	(1.28%)
15-19	21,168,124	17,754,015	20,219,890	22,040,343	21,174,955
Change		(3,414,109)	2,465,875	1,820,453	(865,388)
% change		(16.13%)	13.89%	9%	(3.93%)
20-64	128,537,915	146,146,156	165,956,888	185,209,998	192,294,395
Change		17,608,241	19,810,732	19,253,110	7,084,397
% change		13.70%	13.56%	11.60%	3.83%
65+	23,644,786	29,040,113	32,961,842	37,587,223	52,362,817
Change		5,395,327	3,921,729	4,625,381	14,775,594
% change		22.82%	13.50%	14.03%	39.31%

Figure A.1-17

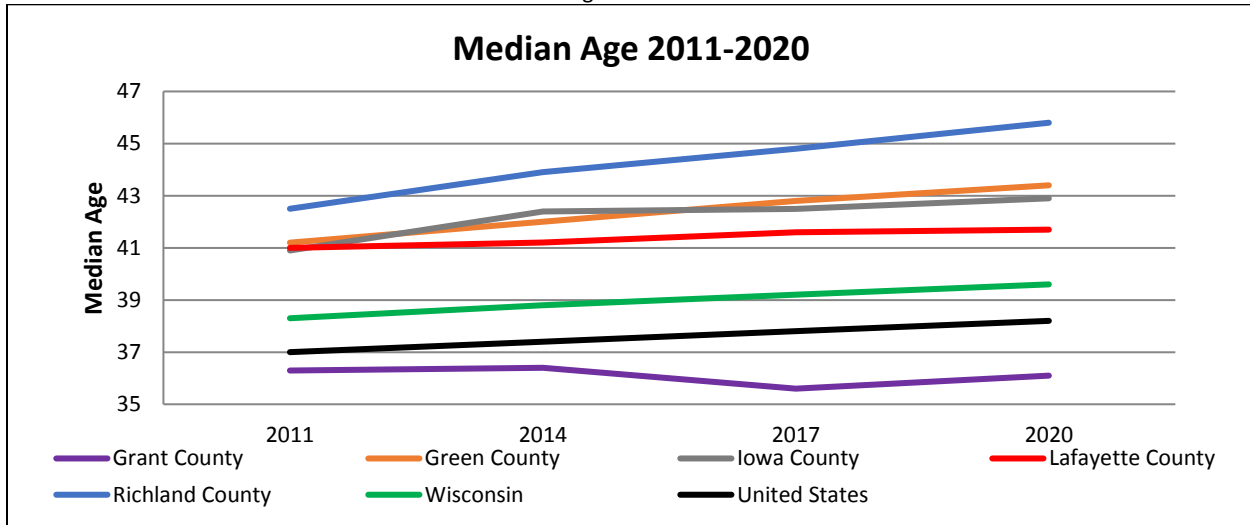
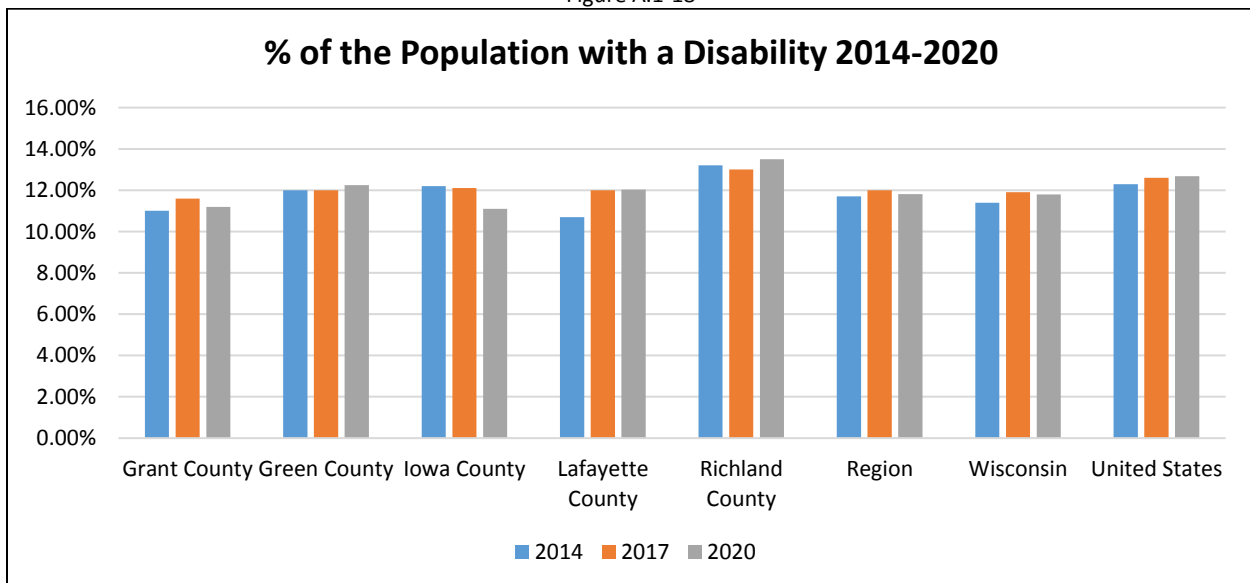


Table A.1-17

Median Age (2011-2020) <sup>1</sup>				
Location	2011	2014	2017	2020
Grant County	36.3	36.4	35.6	36.1
Green County	41.2	42.0	42.8	43.4
Iowa County	40.9	42.4	42.5	42.9
Lafayette County	41	41.2	41.6	41.7
Richland County	42.5	43.9	44.8	45.8
Wisconsin	38.3	38.8	39.2	39.6
United States	37.0	37.4	37.8	38.2

Figure A.1-18



<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates



Table A.1-18

Population with a Disability (2014-2020) <sup>1</sup>			
Location	Population (for whom disability status is determined)	Total Population with a Disability	Percentage of Population with a Disability
<b>Grant County</b>			
2014	50,150	5,520	11.0%
2017	50,611	5,893	11.6%
2020	50,431	5,642	11.2%
<b>Green County</b>			
2014	36,626	4,392	12.0%
2017	36,515	4,383	12.0%
2020	36,455	4,467	12.3%
<b>Iowa County</b>			
2014	23,579	2,881	12.2%
2017	23,400	2,838	12.1%
2020	23,482	2,606	11.1%
<b>Lafayette County</b>			
2014	16,748	1,791	10.7%
2017	16,667	1,995	12.0%
2020	16,601	1,998	12.0%
<b>Richland County</b>			
2014	17,700	2,333	13.2%
2017	17,490	2,272	13.0%
2020	17,276	2,332	13.5%
<b>Region</b>			
2014	144,803	16,917	11.7%
2017	144,683	17,381	12.0%
2020	144,245	17,045	11.8%
<b>Wisconsin</b>			
2014	5,649,703	646,635	11.4%
2017	5,691,138	675,224	11.9%
2020	5,735,703	676,631	11.8%
<b>United States</b>			
2014	309,082,272	37,874,568	12.3%
2017	316,027,641	39,792,082	12.6%
2020	321,525,041	40,786,461	12.7%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

## A.2. Race and Ethnicity

Figure A.2-1

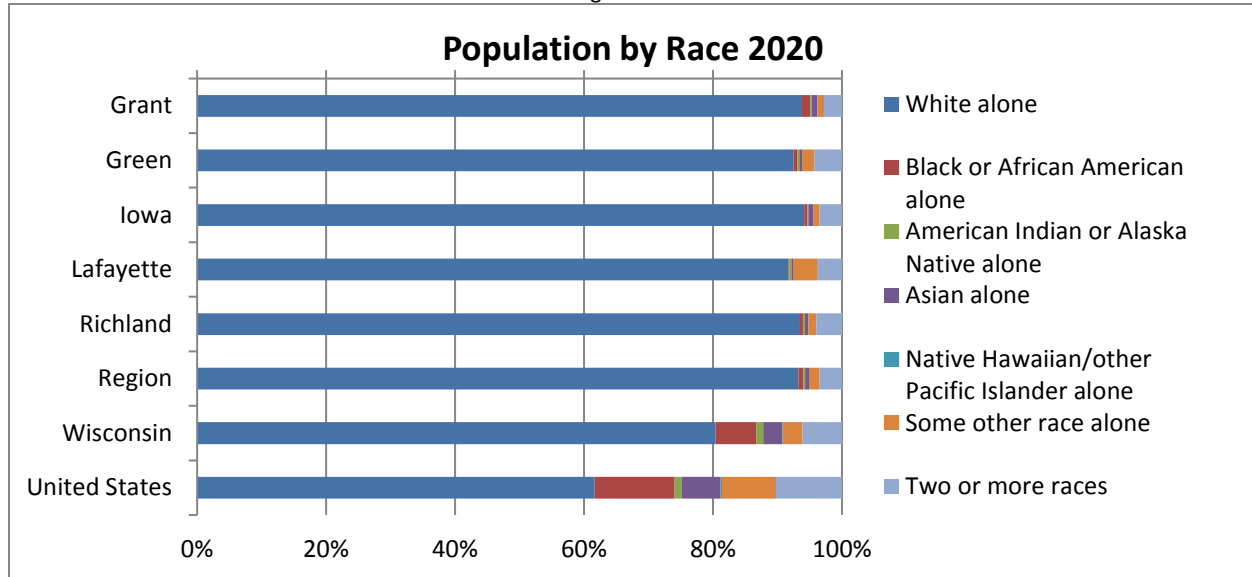


Table A.2-1

Population % by Race (2020)								
Race	Grant	Green	Iowa	Lafayette	Richlan	Region	Wisconsin	U.S.
White	96.5%	96.7%	96.6%	97.0%	96.0%	96.6%	85.9%	73.0%
Black or African	1.3%	0.4%	0.7%	0.4%	0.9%	0.8%	6.3%	12.7%
American Indian or Alaska Native	0.2%	0.2%	0.3%	0.4%	0.3%	0.2%	0.9%	0.8%
Asian	0.8%	0.7%	0.6%	0.3%	0.5%	0.6%	2.6%	5.4%
Native Hawaiian/other Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%
Some other race	0.4%	0.8%	0.8%	1.1%	1.2%	0.7%	1.9%	4.8%
Two or more races	0.9%	1.2%	0.9%	0.8%	1.0%	1.0%	2.3%	3.1%

Figure A.2-2

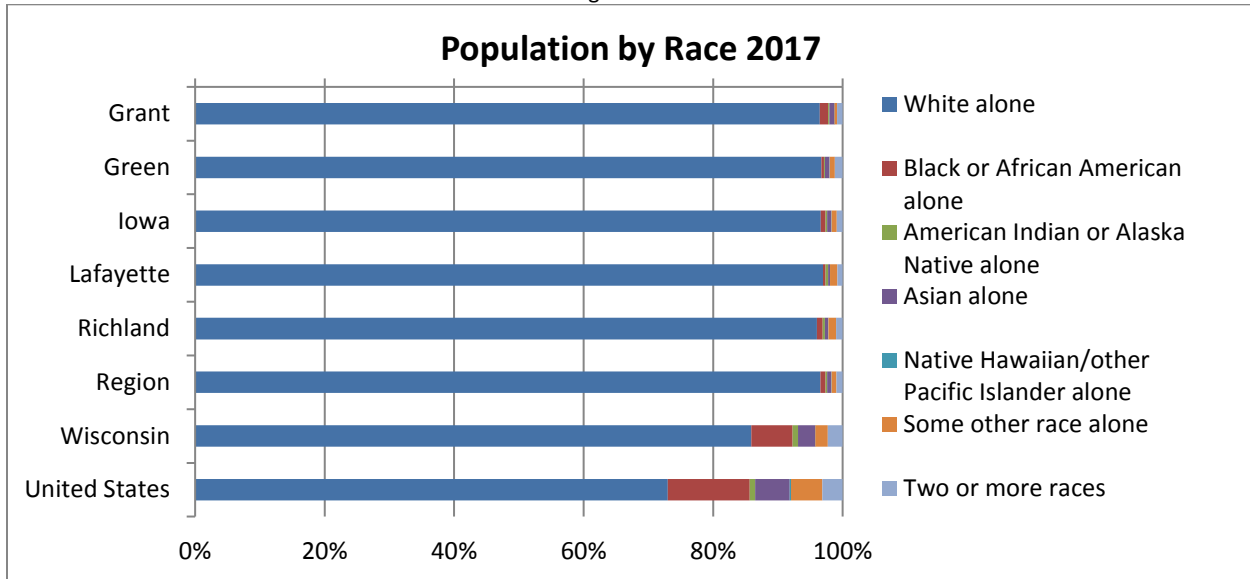


Table A.2-2

Population % by Race (2017) <sup>1</sup>								
Race	Grant	Green	Iowa	Lafayette	Richlan	Region	Wisconsin	U.S.
White	96.5%	96.7%	96.6%	97.0%	96.0%	96.6%	85.9%	73.0%
Black or African	1.3%	0.4%	0.7%	0.4%	0.9%	0.8%	6.3%	12.7%
American Indian or Alaska Native	0.2%	0.2%	0.3%	0.4%	0.3%	0.2%	0.9%	0.8%
Asian	0.8%	0.7%	0.6%	0.3%	0.5%	0.6%	2.6%	5.4%
Native Hawaiian/other Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%
Some other race	0.4%	0.8%	0.8%	1.1%	1.2%	0.7%	1.9%	4.8%
Two or more races	0.9%	1.2%	0.9%	0.8%	1.0%	1.0%	2.3%	3.1%

<sup>1</sup> 2017 Census Bureau. American Community Survey 5-Year Estimates

Figure A.2-3

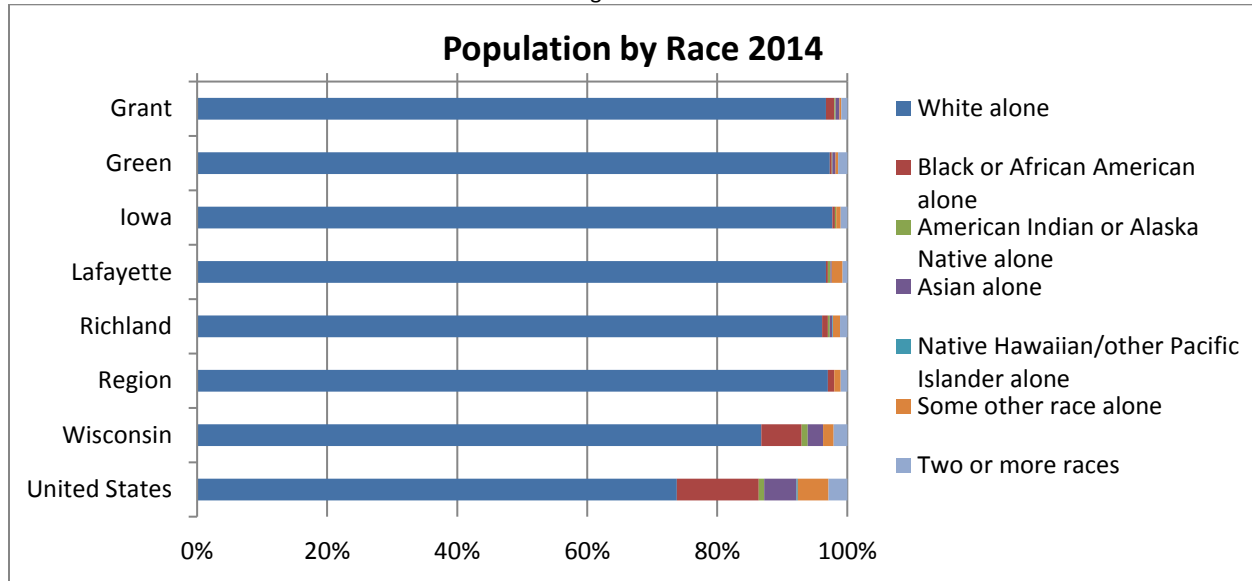


Table A.2-3

Population % by Race (2014) <sup>1</sup>								
Race	Grant	Green	Iowa	Lafayette	Richlan	Region	Wisconsin	U.S.
White	96.5%	96.7%	96.6%	97.0%	96.0%	96.6%	85.9%	73.0%
Black or African	1.3%	0.4%	0.7%	0.4%	0.9%	0.8%	6.3%	12.7%
American Indian or Alaska Native	0.2%	0.2%	0.3%	0.4%	0.3%	0.2%	0.9%	0.8%
Asian	0.8%	0.7%	0.6%	0.3%	0.5%	0.6%	2.6%	5.4%
Native Hawaiian/other Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%
Some other race	0.4%	0.8%	0.8%	1.1%	1.2%	0.7%	1.9%	4.8%
Two or more races	0.9%	1.2%	0.9%	0.8%	1.0%	1.0%	2.3%	3.1%

<sup>1</sup> 2014 Census Bureau. American Community Survey 5-Year Estimates

Figure A.2-4

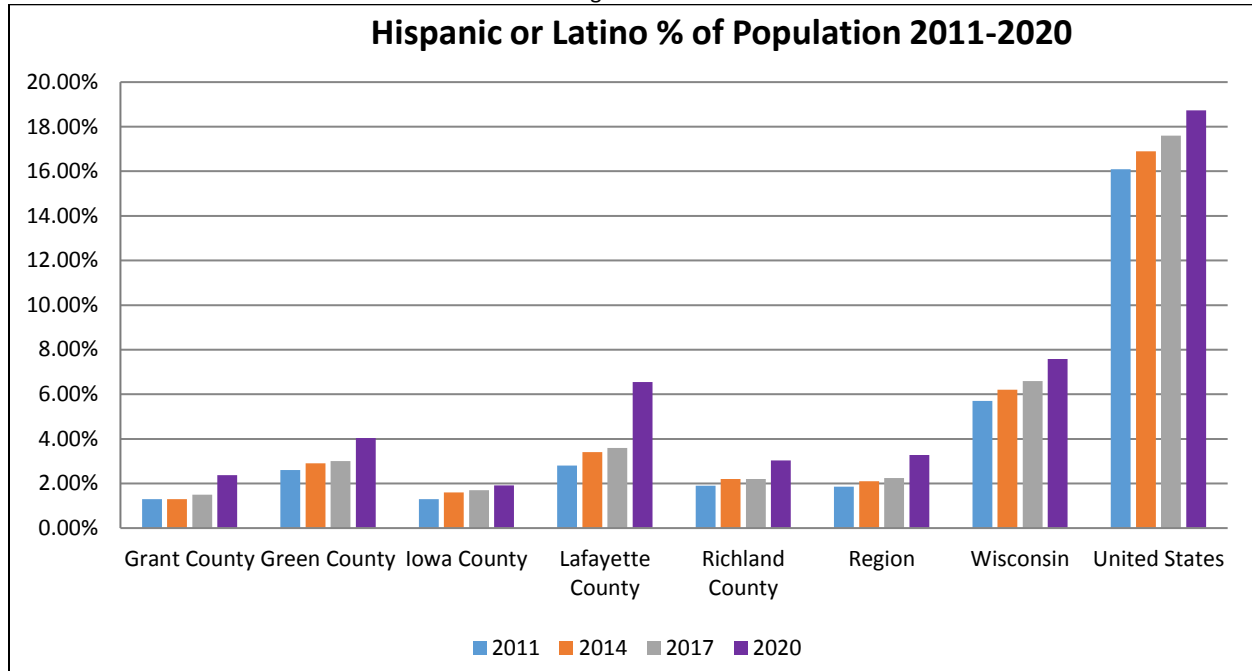


Table A.2-4

Hispanic or Latino Population % (2011-2020) <sup>1</sup>				
Location	2011	2014	2017	2020
Grant County	1.30%	1.30%	1.50%	2.38%
Green County	2.60%	2.90%	3.00%	4.04%
Iowa County	1.30%	1.60%	1.70%	1.92%
Lafayette County	2.80%	3.40%	3.60%	6.56%
Richland County	1.90%	2.20%	2.20%	3.04%
Region	1.86%	2.10%	2.25%	3.28%
Wisconsin	5.70%	6.20%	6.60%	7.59%
United States	16.10%	16.90%	17.60%	18.73%

<sup>1</sup> 2011, 2017, 2017 Census Bureau. American Community Survey 5-Year Estimates

Figure A.2-5

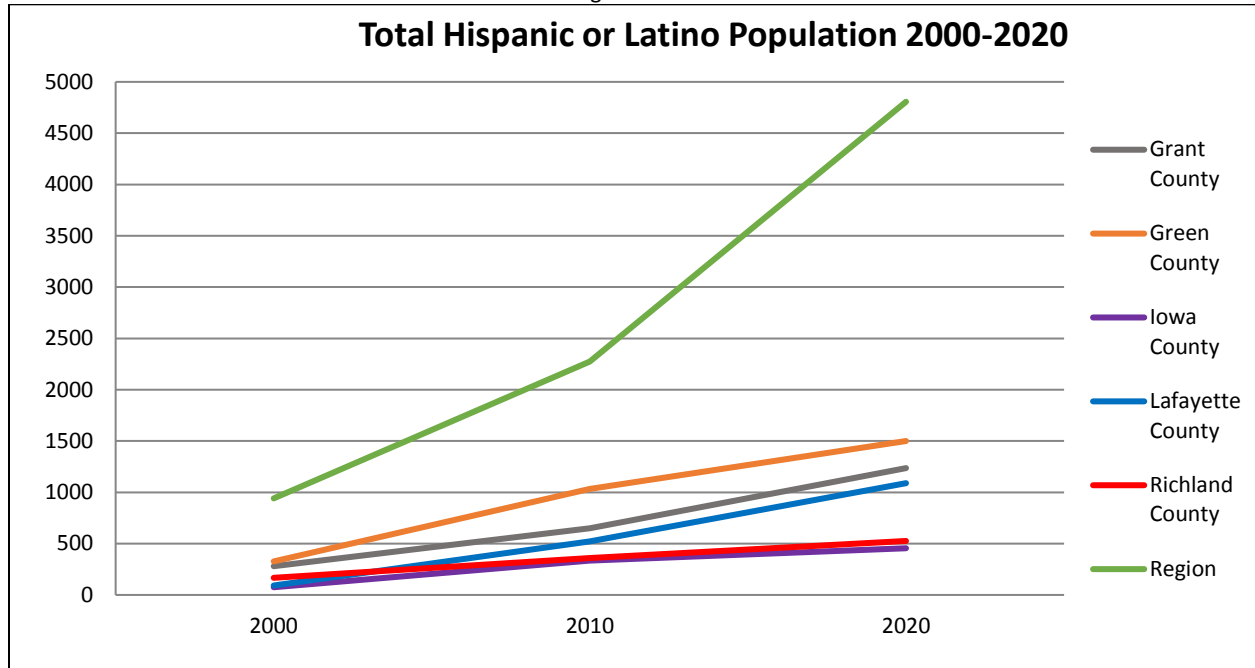


Table A.2-5

Hispanic or Latino Population (Total Population and % Change 2000-2020)						
Location	2000	2010	2020	% Change 2000 - 2010	% Change 2010 - 2020	% Change 2000 - 2020
Grant County	280	649	1236	132%	90%	341%
Green County	327	1033	1500	216%	45%	359%
Iowa County	75	336	455	348%	35%	507%
Lafayette County	92	522	1089	467%	109%	1084%
Richland County	167	360	526	116%	46%	215%
Region	941	2275	4806	142%	111%	411%
Wisconsin	192,921	336,056	447,290	74%	33%	132%
United States	35,305,818	50,477,594	62,080,044	43%	23%	76%

Figure A.2-6

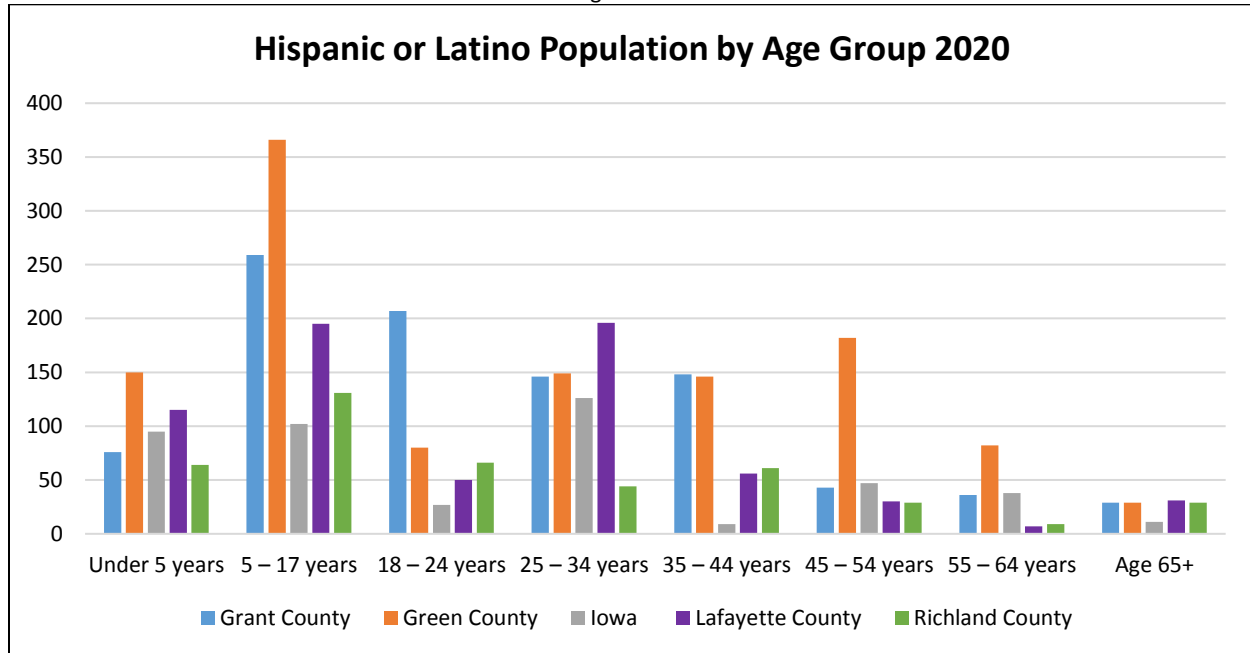


Table A.2-6

Hispanic or Latino Population by Age Group (2020) <sup>1</sup>									
Location	Under 5 years	5 – 17 years	18 – 24 years	25 – 34 years	35 – 44 years	45 – 54 years	55 – 64 years	Age 65+	Total
Grant County	76	259	207	146	148	43	36	29	944
Green County	150	366	80	149	146	182	82	29	1184
Iowa County	95	102	27	126	9	47	38	11	455
Lafayette County	115	195	50	196	56	30	7	31	680
Richland County	64	131	66	44	61	29	9	29	433
Region	500	1053	430	661	420	331	172	129	3,696
Wisconsin	43,150	114,607	48,794	60,996	58,972	39,593	24,932	17,223	408,267
United States	5,025,433	13,444,962	6,809,518	9,372,450	8,531,810	6,940,374	4,856,733	4,379,740	59,361,020

<sup>1</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates



Table A.2-7

Median Age by Race or Ethnicity (2020) <sup>1</sup>								
Location	White	African American or Black	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races	Hispanic / Latino
Grant	36.6	27.8	32.1	36.3	No Data	43.5	21.1	22.7
Green	44.5	29.2	40.8	28.9	No Data	21.5	20.2	24.6
Iowa	43.7	23.3	46.2	29.9	20.6	26.5	15.7	26
Lafayette	42.3	42.2	51.7	44.8	No Data	31.3	19	24.3
Richland	47.2	19.9	45.8	42.3	No Data	18.3	29.8	20.5
Wisconsin	42.5	29.4	33.7	29.4	27.2	29.2	18.6	24.6
United States	41.1	34.3	33.3	37.2	32.4	30.6	24.1	29.5

Table A.2-8

Median Age by Race or Ethnicity (2017) <sup>1</sup>								
Location	White	African American or Black	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races	Hispanic / Latino
Grant	36.4	25.6	22.7	22.6	77.3	29.3	21.1	22.2
Green	43.6	29.5	24.5	35.4	No data	14.4	14.8	23.4
Iowa	43.1	18.1	45.2	29.1	43.3	14.8	13.6	29.1
Lafayette	42.1	42	41.5	48.6	No data	31.6	29	29.4
Richland	45.8	18.5	21	21	No data	21.8	14.5	20.8
Wisconsin	41.9	28.9	33.1	28.2	28.1	27.1	16.3	24.3
United States	40.5	33.6	32.5	36.7	31.4	29.3	19.9	28.7

Table A.2-9

Median Age by Race or Ethnicity (2014) <sup>1</sup>								
Location	White	African American or Black	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races	Hispanic / Latino
Grant	37.1	25.3	32.8	29	54.6	21.6	19.3	22.5
Green	42.5	37.6	21.5	33.9	No data	34.3	15.1	23.1
Iowa	42.9	43.5	45.6	31.3	No data	25.3	13.7	29.3
Lafayette	42.1	20.4	23.5	48.5	No data	31.9	21.5	30.4
Richland	44.8	10.8	39.4	43.1	No data	35.2	23.8	22.3
Wisconsin	41.3	28.3	32.2	27.4	27.6	26.1	16	23.6
United States	40.1	32.9	31.7	36	29.9	28.2	19.5	27.9

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.2-10

Percent of Households that are Limited English-Speaking Households (2014-2020)			
Location	2014	2017	2020
Grant County	0.6%	0.7%	0.6%
Green County	0.7%	0.8%	0.6%
Iowa County	0.5%	0.4%	0.3%
Lafayette County	2.0%	1.4%	1.6%
Richland County	0.3%	0.7%	1.7%
Wisconsin	1.6%	1.6%	1.5%
United States	4.5%	4.5%	4.3%

### A.3. Food

Figure A.3-1

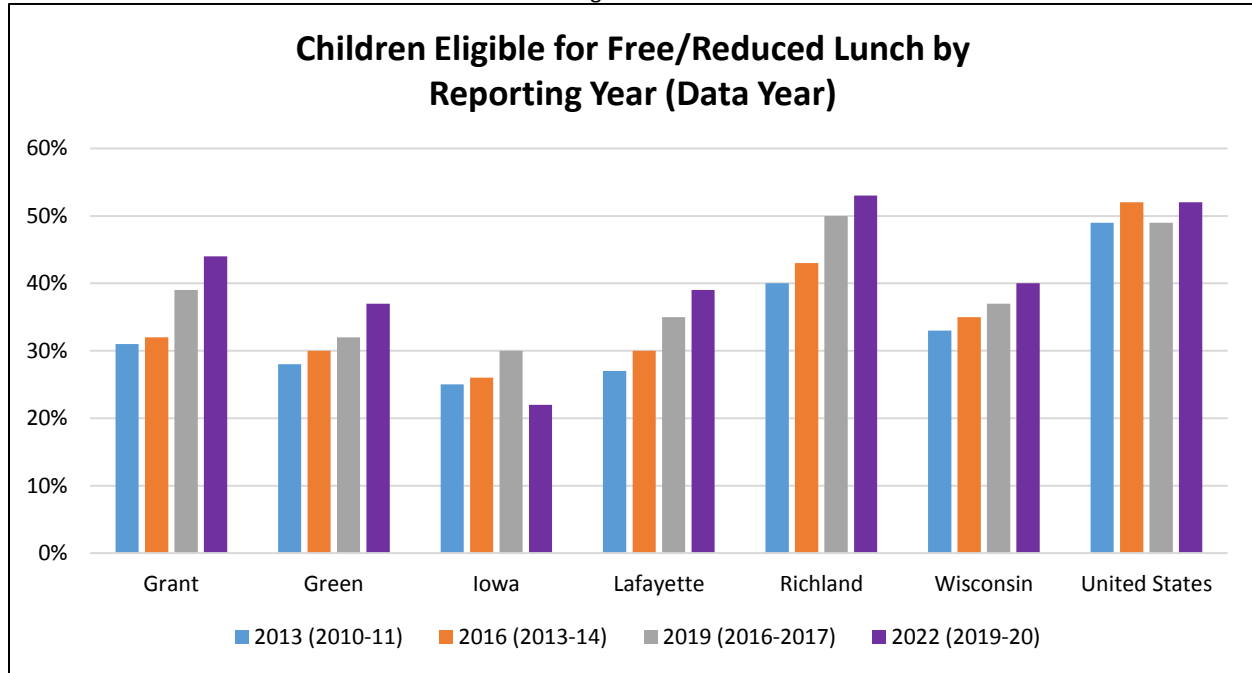


Table A.3-1

Children Enrolled in Free/ Reduced Lunch Price by Year <sup>1</sup>				
Location	2013 (2010-11)	2016 (2013-14)	2019 (2016-2017)	2022 (2019-20)
Grant County	31%	32%	39%	44%
Green County	28%	30%	32%	37%
Iowa County	25%	26%	30%	22%
Lafayette County	27%	30%	35%	39%
Richland County	40%	43%	50%	53%
Wisconsin	33%	35%	37%	40%
United States	49%	52.00%	49%	52%

<sup>1</sup> County Health Rankings. *Children Eligible for free and reduced-price lunch*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: June 2022

Figure A.3-2

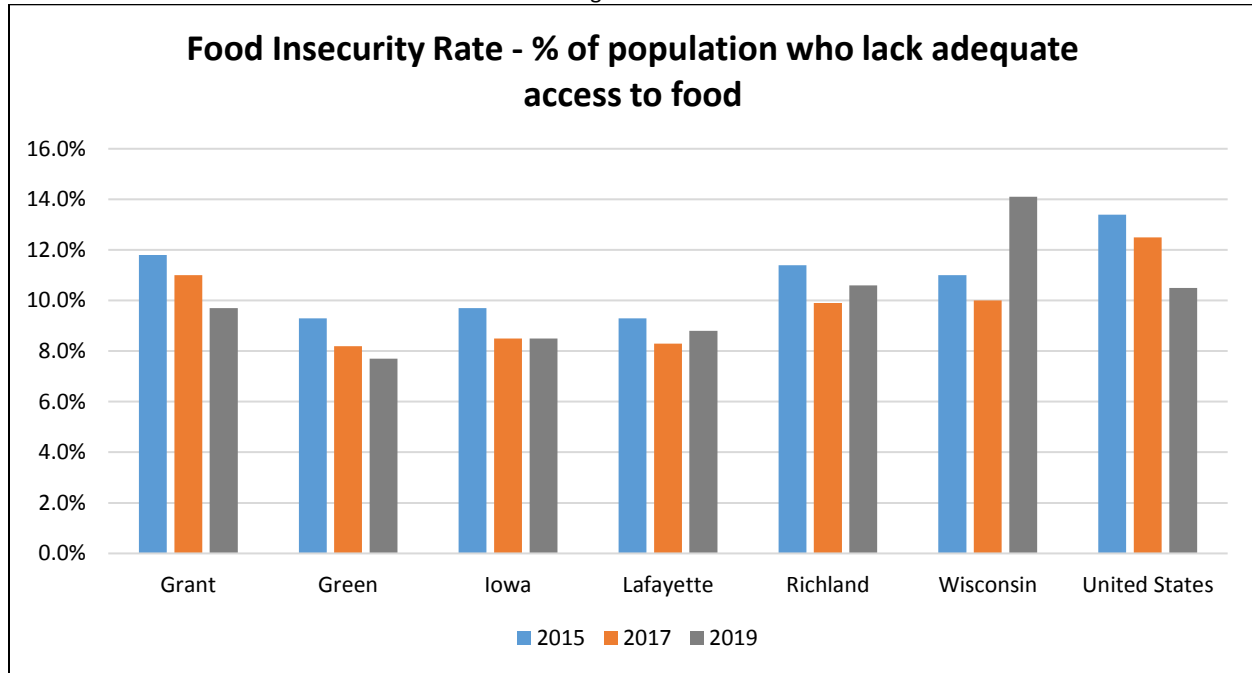


Table A.3-2

Food Insecurity Rate - % of population who lack adequate access to food <sup>1</sup>			
Location	2015	2017	2019
Grant County	11.8%	11.0%	9.7%
Green County	9.3%	8.2%	7.7%
Iowa County	9.7%	8.5%	8.5%
Lafayette County	9.3%	8.3%	8.8%
Richland County	11.4%	9.9%	10.6%
Wisconsin	11.0%	10.0%	14.1%
United States	13.4%	12.5%	10.5%

Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

<sup>1</sup>Feeding America, Map the Meal Gap . <https://www.feedingamerica.org/research/map-the-meal-gap/by-county>  
Accessed: June 2022

Figure A.3-3

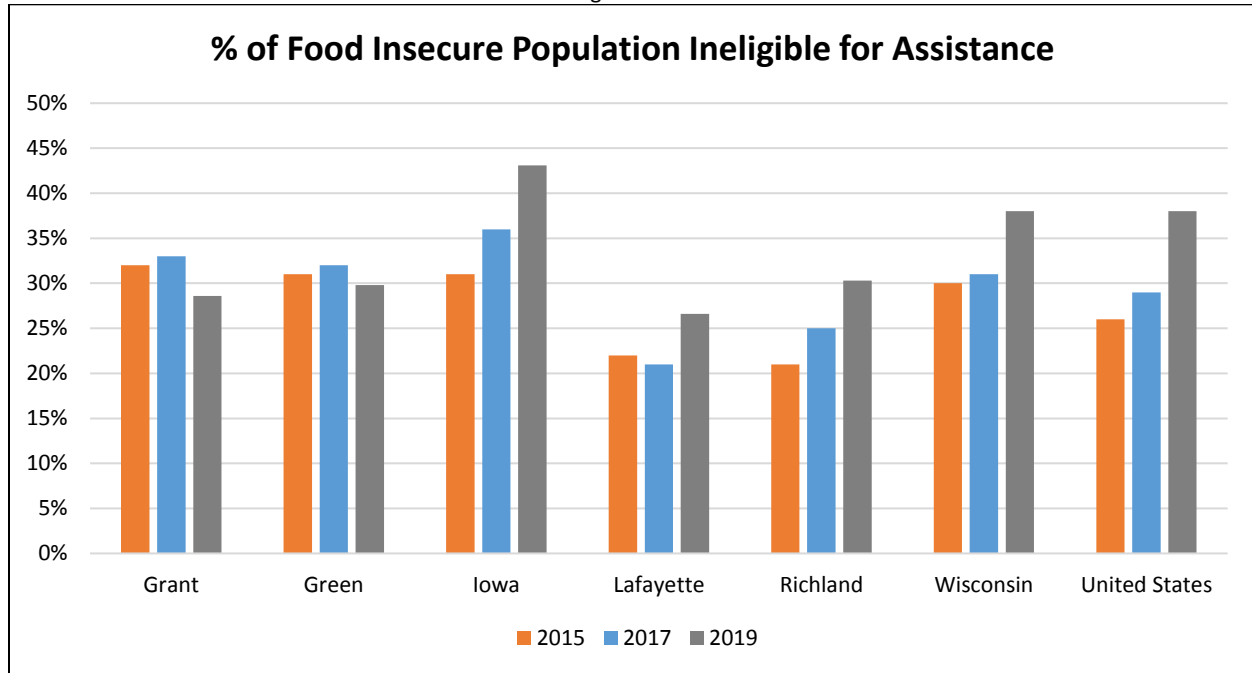


Table A.3-3

Food Insecurity - % of Food Insecure Households Ineligible for Assistance <sup>1</sup>			
Location	2015	2017	2019
Grant County	32%	33%	29%
Green County	31%	32%	30%
Iowa County	31%	36%	43%
Lafayette County	22%	21%	27%
Richland County	21%	25%	30%
Wisconsin	30%	31%	38%
United States	26%	29%	38%

The percentage of the estimated food insecure population by income category, according to eligibility thresholds of the major federal nutrition assistance programs, including SNAP (at or below 130 percent of the federal poverty line or the state-specific threshold, when it is a higher multiple) and other programs such as WIC (195 percent of poverty or the state-specific threshold.) The United States is measured at those above the threshold of 185% poverty rate. The state and county percentages are measured as those above SNAP and other nutrition program threshold of 200% of poverty.

<sup>1</sup>Feeding America, Map the Meal Gap . <https://www.feedingamerica.org/research/map-the-meal-gap/by-county>  
Accessed: June 2022

Figure A.3-4

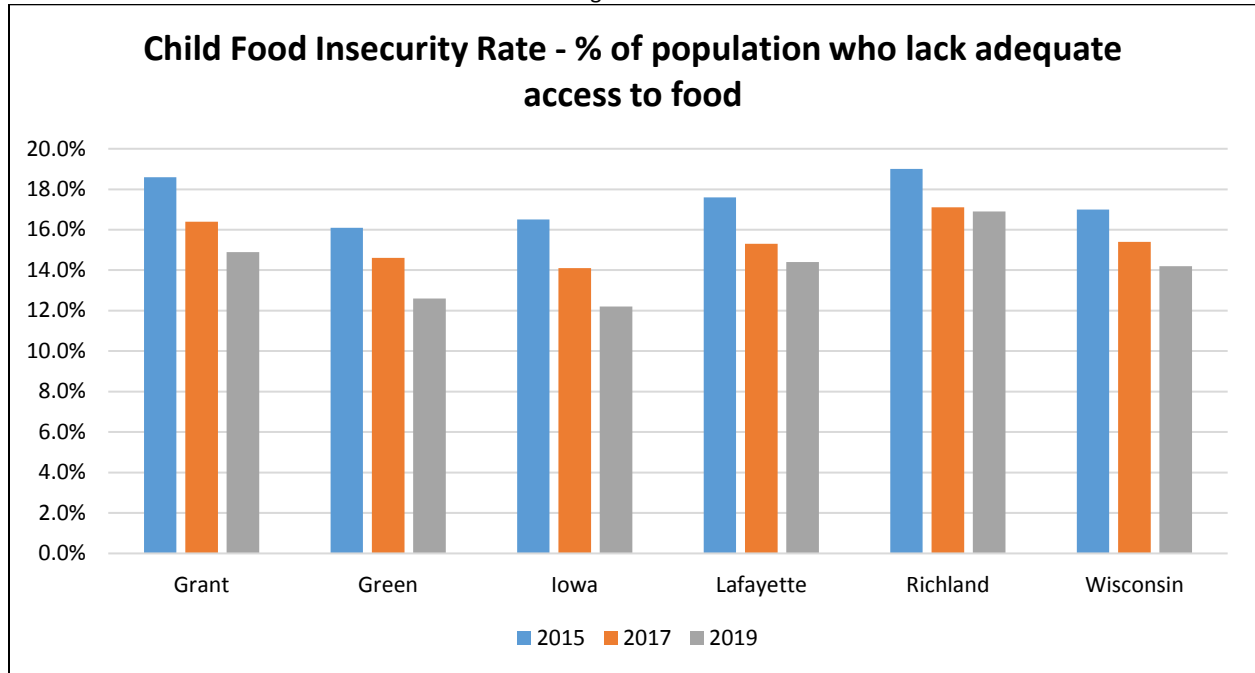


Table A.3-4

Child Food Insecurity Rate - % of population under 18 who lack adequate access to food <sup>1</sup>			
Location	2015	2017	2019
Grant County	18.6%	16.4%	14.9%
Green County	16.1%	14.6%	12.6%
Iowa County	16.5%	14.1%	12.2%
Lafayette County	17.6%	15.3%	14.4%
Richland County	19.0%	17.1%	16.9%
Wisconsin	17.0%	15.4%	14.2%
United States	18.6%	16.4%	14.9%

<sup>1</sup>Feeding America, Map the Meal Gap . <https://www.feedingamerica.org/research/map-the-meal-gap/by-county>  
 Accessed: June 2022

Figure A.3-5

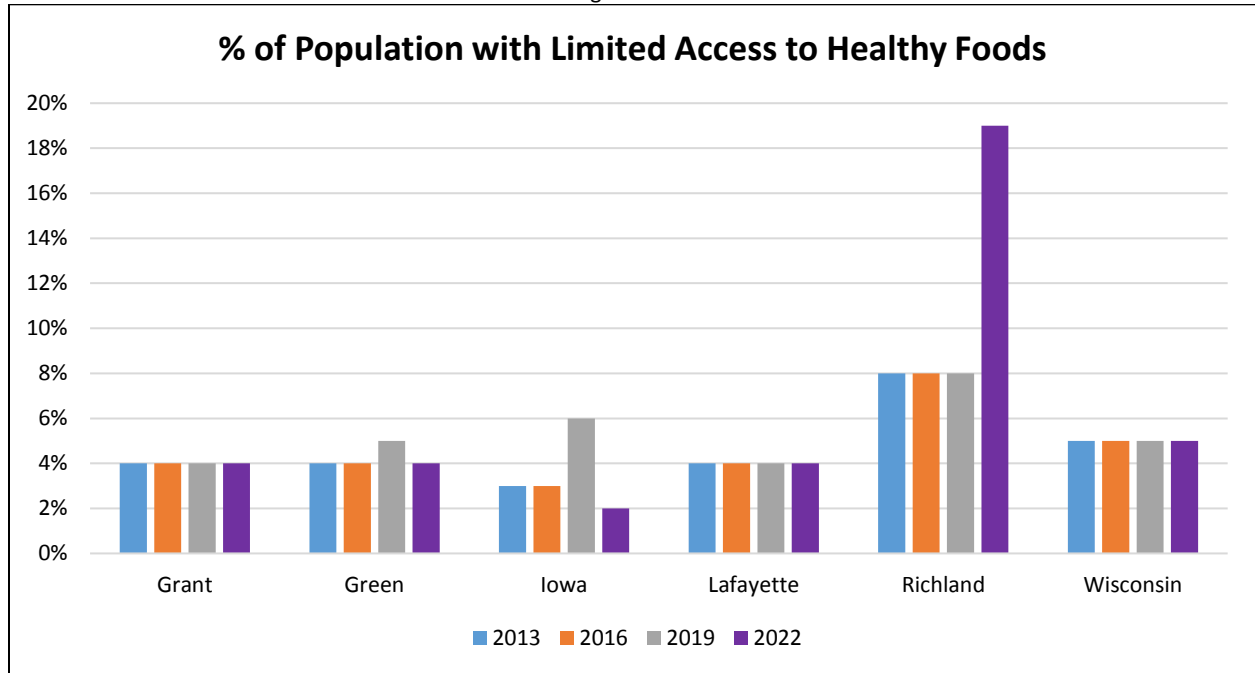


Table A.3-5

% of Population with Limited Access to Healthy Foods <sup>1</sup>				
Location	2013	2016	2019	2022
Grant County	4%	4%	4%	4%
Green County	4%	4%	5%	4%
Iowa County	3%	3%	6%	2%
Lafayette County	4%	4%	4%	4%
Richland County	8%	8%	8%	19%
Wisconsin	5%	5%	5%	5%
United States	4%	4%	4%	4%

<sup>1</sup> County Health Rankings. *Children Eligible for free and reduced-price lunch*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: June 2022



Map A.3-1

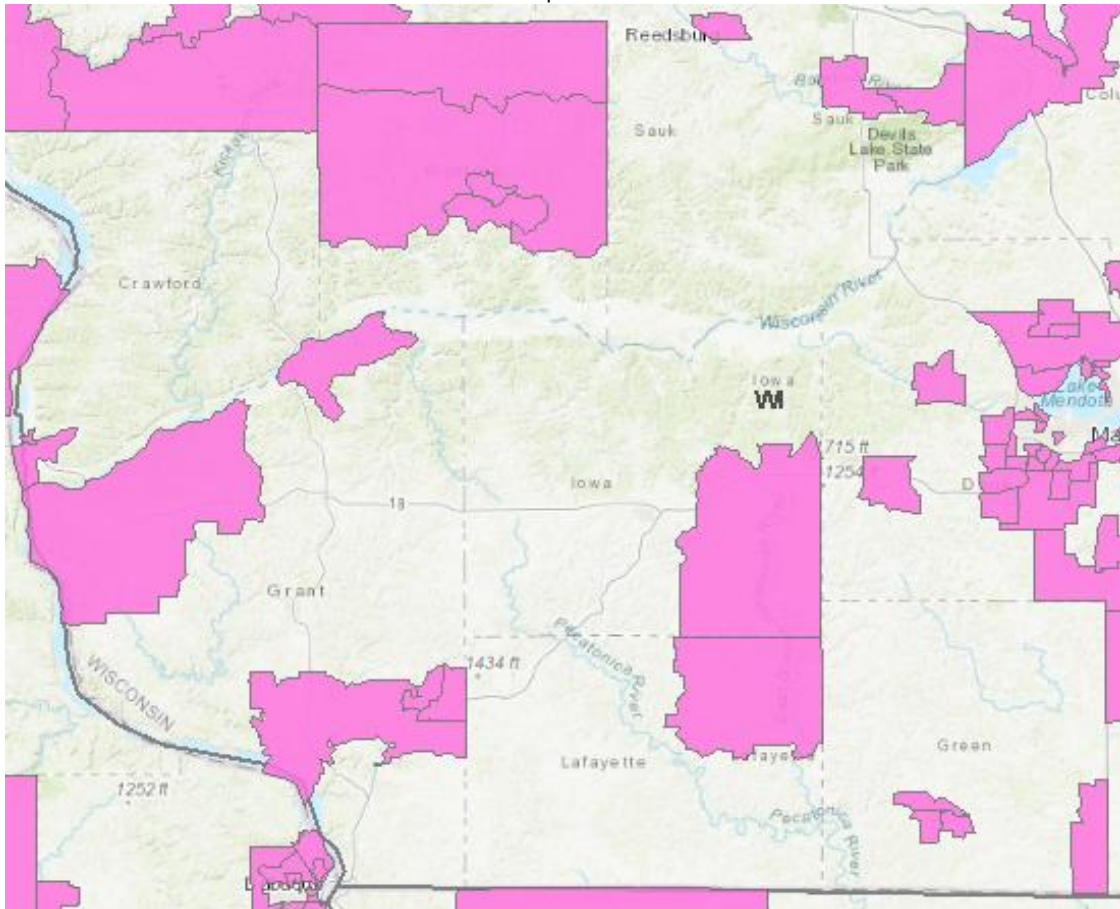


Table A.3-6

**Food Desert Population by Census Tracts (2019)<sup>1</sup>**

Location	Total Population	Food Desert Census Tracts	Other Census Tracts	Population in Food Desert Census Tracts	% of Population in Food Desert Census Tract
Grant	51,208	6	6	26,991	52.71%
Green	36,842	4	4	15,954	43.30%
Iowa	23,687	2	4	10,043	42.40%
Lafayette	16,836	1	4	3,035	18.03%
Richland	18,021	4	1	13,781	76.47%
Region	146,594	17	19	69,804	47.62%
Wisconsin	5,686,986	659	376	2,659,046	46.8%
United States	308,745,538	22,861	49,182	152,700,576	49.5%

In this analysis, food desert census tracts are identified as tracts where at least 500 people or 33% of the population lives farther than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.

<sup>1</sup> Food Access Research Atlas 2019. US Department of Agriculture, Economic Research Service.  
<https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/> Accessed: July 2022

## A.4. Income and Economics

Figure A.4-1

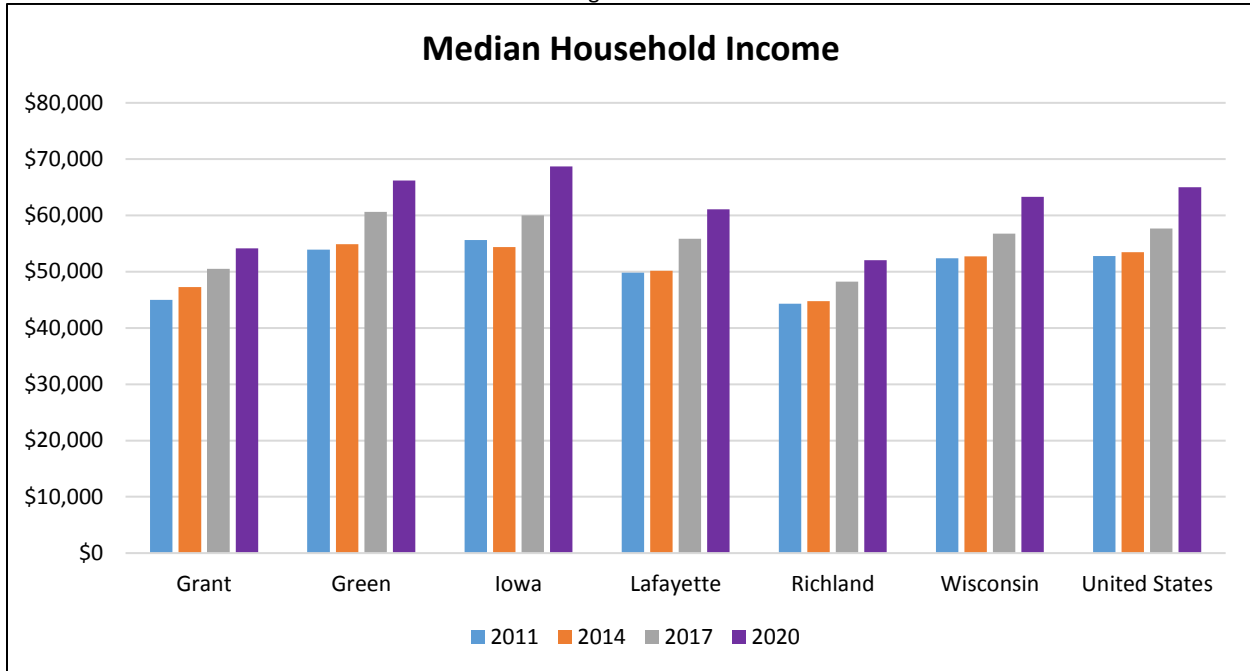


Table A.4-1

Median Household Income <sup>1</sup>				
Location	2011	2014	2017	2020
Grant County	\$45,022	\$47,266	\$50,522	\$54,144
Green County	\$53,933	\$54,868	\$60,609	\$66,212
Iowa County	\$55,625	\$54,390	\$60,017	\$68,714
Lafayette County	\$49,850	\$50,154	\$55,859	\$61,070
Richland County	\$44,326	\$44,785	\$48,234	\$52,052
Wisconsin	\$52,374	\$52,738	\$56,759	\$63,293
United States	\$52,762	\$53,482	\$57,652	\$64,994

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.4-2

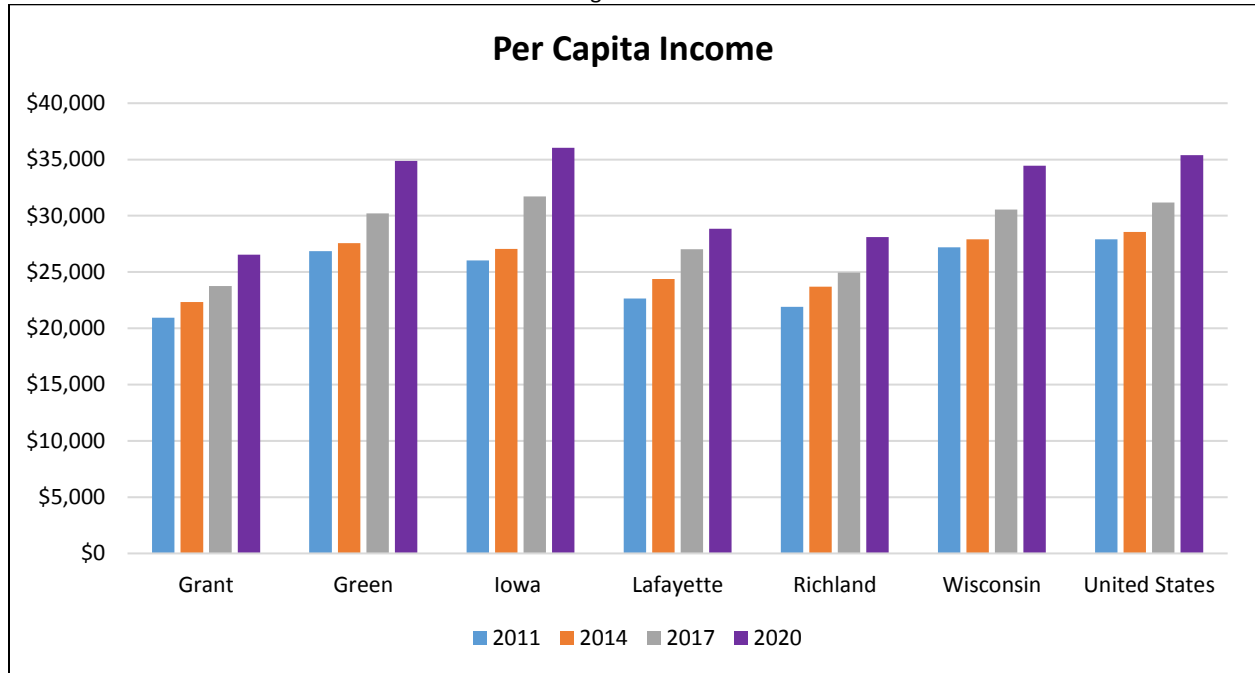


Table A.4-2

Per Capita Income <sup>1</sup>				
Location	2011	2014	2017	2020
Grant County	\$20,955	\$22,343	\$23,753	\$26,534
Green County	\$26,852	\$27,575	\$30,208	\$34,872
Iowa County	\$26,025	\$27,052	\$31,717	\$36,035
Lafayette County	\$22,645	\$24,370	\$27,023	\$28,843
Richland County	\$21,913	\$23,691	\$24,941	\$28,103
Wisconsin	\$27,192	\$27,907	\$30,557	\$34,450
United States	\$27,915	\$28,555	\$31,177	\$35,384

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

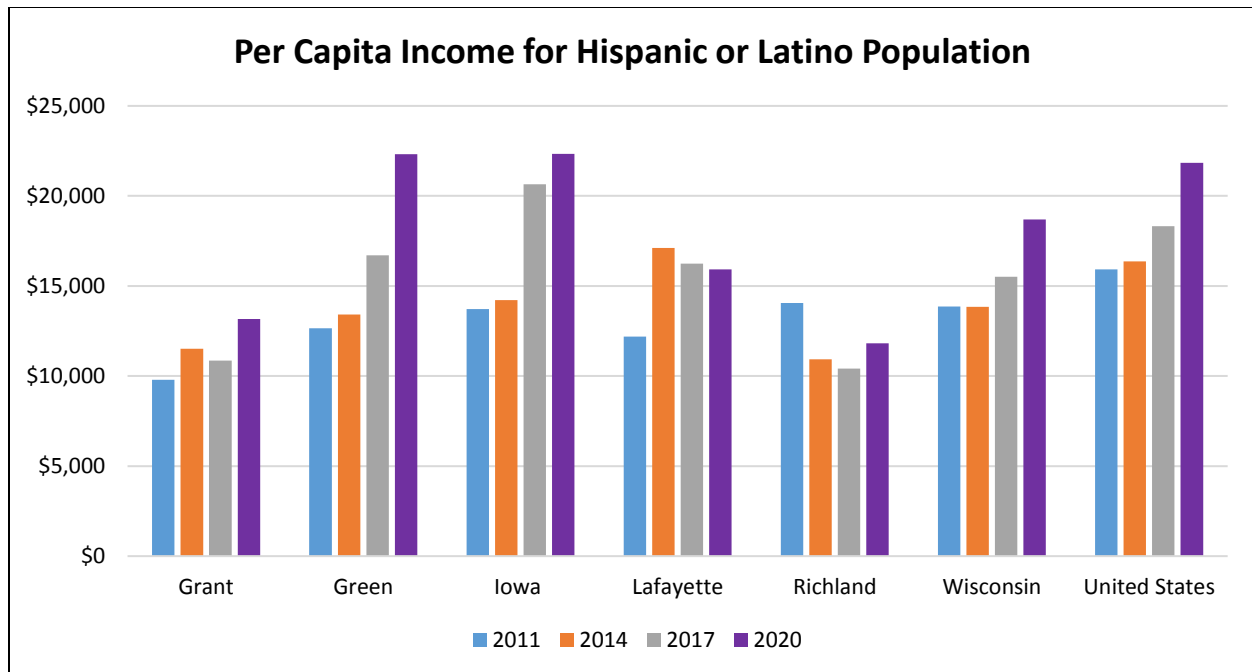


Table A.4-3

Per Capita Income for Hispanic or Latino Population <sup>1</sup>				
Location	2011	2014	2017	2020
Grant County	\$9,788	\$11,507	\$10,851	\$13,159
Green County	\$12,653	\$13,416	\$16,701	\$22,316
Iowa County	\$13,717	\$14,214	\$20,642	\$22,331
Lafayette County	\$12,184	\$17,115	\$16,244	\$15,929
Richland County	\$14,055	\$10,933	\$10,411	\$11,821
Wisconsin	\$13,869	\$13,844	\$15,516	\$18,700
United States	\$15,919	\$16,367	\$18,321	\$21,846

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.4-3

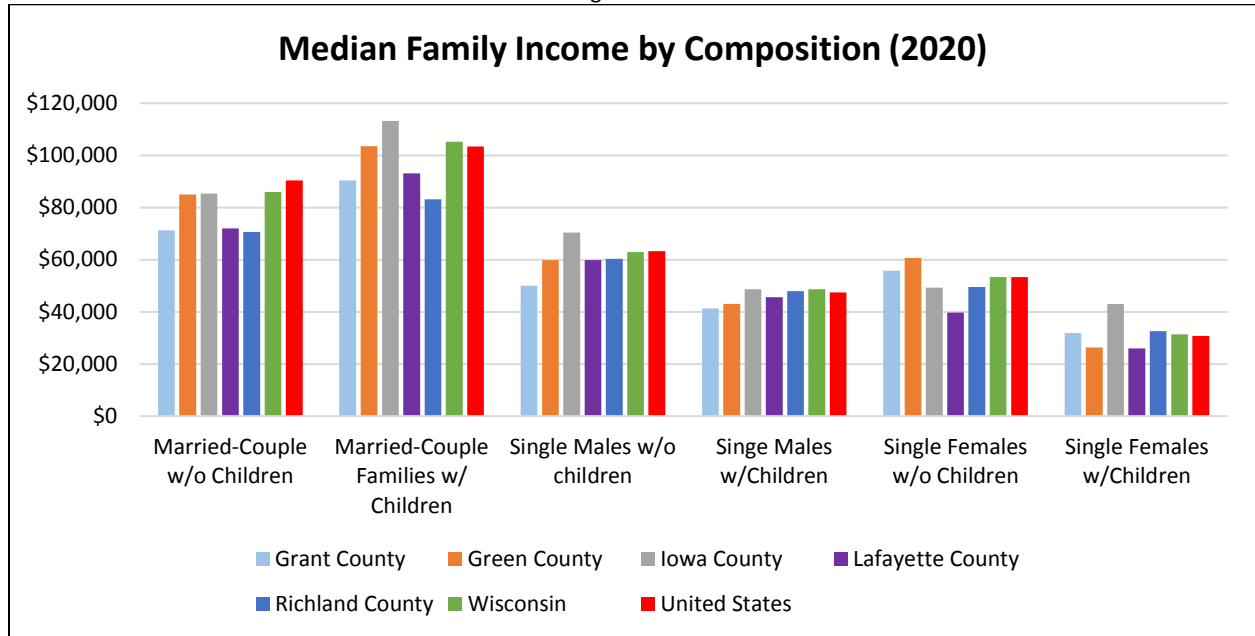


Table A.4-4

Location	Married-Couple w/o Children	Married-Couple Families w/ Children	Single Males w/o children	Single Males w/Children	Single Females w/o Children	Single Females w/Children
Grant County	\$71,275	\$90,371	\$50,000	\$41,350	\$55,814	\$31,826
Green County	\$84,990	\$103,517	\$59,861	\$43,031	\$60,682	\$26,354
Iowa County	\$85,387	\$113,182	\$70,417	\$48,661	\$49,286	\$43,056
Lafayette	\$72,013	\$93,125	\$59,773	\$45,577	\$39,688	\$25,938
Richland County	\$70,678	\$83,086	\$60,260	\$47,917	\$49,500	\$32,531
Wisconsin	\$85,920	\$105,265	\$62,897	\$48,671	\$53,286	\$31,337
United States	\$90,438	\$103,364	\$63,306	\$47,375	\$53,352	\$30,681

<sup>1</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.4-4

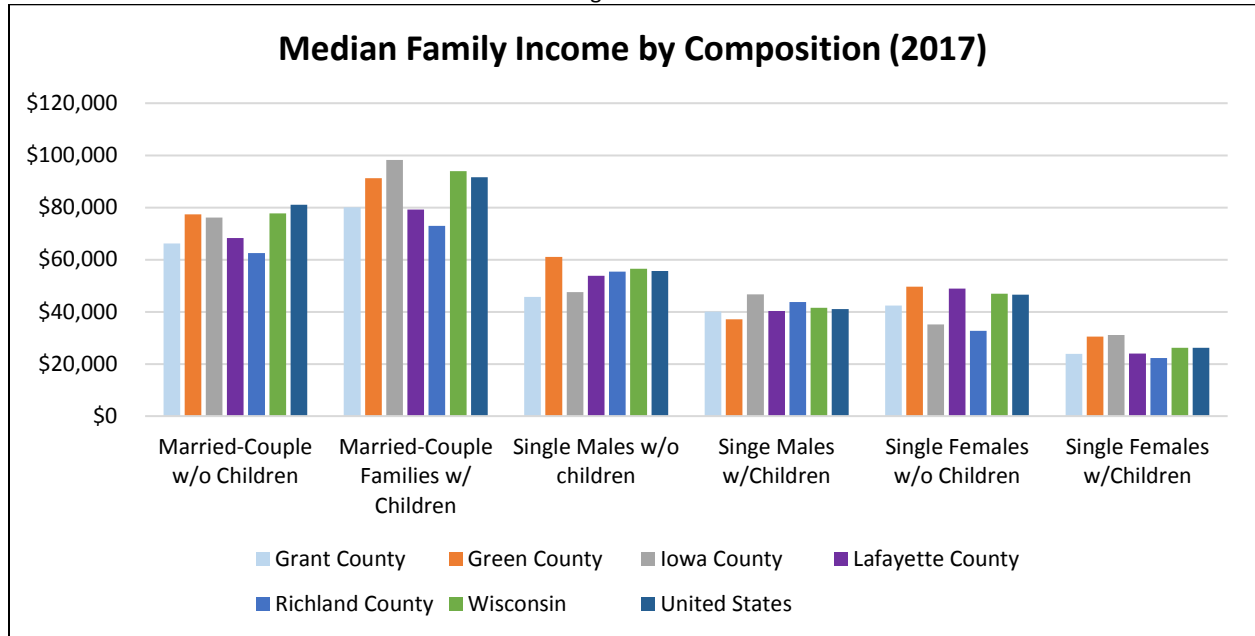


Table A.4-5

Median Family Income by Family Composition (2017) <sup>1</sup>						
Location	Married-Couple w/o Children	Married-Couple Families w/ Children	Single Males w/o children	Single Males w/Children	Single Females w/o Children	Single Females w/Children
Grant County	\$66,265	\$80,040	\$45,694	\$40,074	\$42,337	\$23,881
Green County	\$77,393	\$91,250	\$61,094	\$37,153	\$49,653	\$30,516
Iowa County	\$76,094	\$98,294	\$47,500	\$46,667	\$35,156	\$31,071
Lafayette	\$68,279	\$79,231	\$53,750	\$40,313	\$48,929	\$24,028
Richland County	\$62,463	\$73,010	\$55,417	\$43,750	\$32,727	\$22,296
Wisconsin	\$77,709	\$93,937	\$56,567	\$41,517	\$46,951	\$26,189
United States	\$81,108	\$91,621	\$55,687	\$41,054	\$46,626	\$26,141

<sup>1</sup>2017 Census Bureau. American Community Survey 5-Year Estimates

Figure A.4-5

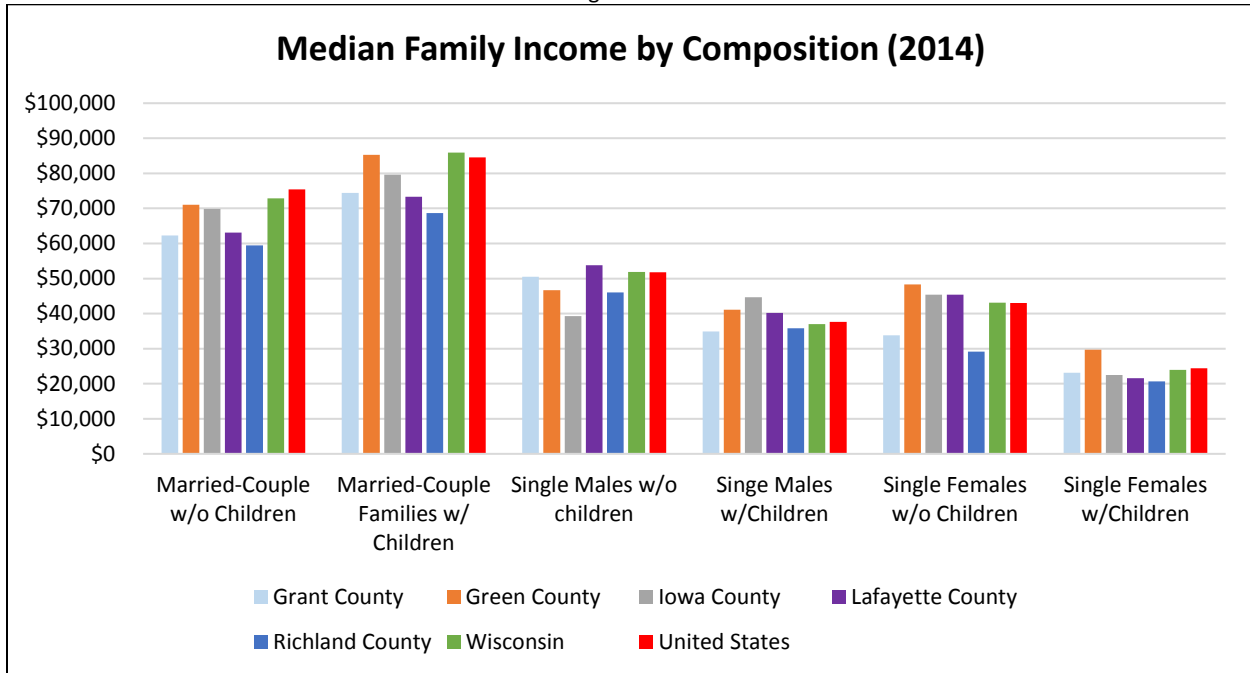


Table A.4-6

Median Family Income by Family Composition (2014) <sup>1</sup>						
Location	Married-Couple w/o Children	Married-Couple Families w/ Children	Single Males w/o children	Single Males w/Children	Single Females w/o Children	Single Females w/Children
Grant County	\$62,256	\$74,410	\$50,518	\$34,875	\$33,836	\$23,096
Green County	\$71,015	\$85,298	\$46,629	\$41,064	\$48,295	\$29,659
Iowa County	\$69,861	\$79,577	\$39,250	\$44,643	\$45,398	\$22,448
Lafayette	\$63,086	\$73,351	\$53,750	\$40,208	\$45,385	\$21,544
Richland County	\$59,441	\$68,631	\$46,000	\$35,833	\$29,167	\$20,638
Wisconsin	\$72,832	\$85,881	\$51,851	\$36,986	\$43,085	\$23,958
United States	\$75,434	\$84,541	\$51,768	\$37,640	\$43,046	\$24,403

<sup>1</sup> 2014 Census Bureau. American Community Survey 5-Year Estimates



Table A.4-7

Median Household Income by Race/ Ethnicity – Grant County <sup>1</sup>				
Grant County	2011	2014	2017	2020
Non- Hispanic White	\$45,157	\$47,548	\$50,803	\$54,175
Black	\$18,964	\$12,396	No Data	No Data
Asian	\$66,136	\$51,905	\$71,979	\$58,125
American Indian/Alaska Native	\$63,750	\$26,023	\$80,345	No Data
Native Hawaiian/ Pacific Islander	No Data	No Data	No Data	No Data
Other Race	\$16,071	\$78,153	\$81,599	\$216,087
Multiple Race	\$35,000	\$29,018	No Data	\$56,549

Table A.4-8

Median Household Income by Race/ Ethnicity – Green County <sup>1</sup>				
Green County	2011	2014	2017	2020
Non- Hispanic White	\$53,945	\$55,439	\$61,509	\$66,254
Black	\$63,942	No Data	\$30,855	\$31,205
Asian	\$113,021	\$72,250	No Data	\$93,594
American Indian/Alaska Native	\$80,000	No Data	\$103,250	No Data
Native Hawaiian/ Pacific Islander	No Data	No Data	No Data	No Data
Other Race	\$67,883	No Data	No Data	\$103,750
Multiple Race	\$30,250	\$12,267	No Data	\$100,985

Table A.4-9

Median Household Income by Race/ Ethnicity – Iowa County <sup>1</sup>				
Iowa County	2011	2014	2017	2020
Non- Hispanic White	\$55,941	\$54,598	\$59,736	\$68,713
Black	\$15,313	\$18,036	\$17,969	No Data
Asian	\$32,000	\$65,417	\$108,641	\$79,375
American Indian/Alaska Native	\$76,087	No Data	\$51,324	\$54,464
Native Hawaiian/ Pacific Islander	No Data	No Data	No Data	No Data
Other Race	\$11,691	\$32,841	\$52,500	No Data
Multiple Race	\$41,750	\$43,929	\$97,604	\$160,000

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.4-10

Median Household Income by Race/ Ethnicity – Lafayette County <sup>1</sup>				
Lafayette County	2011	2014	2017	2020
Non- Hispanic White	\$50,229	\$50,485	\$55,929	\$61,184
Black	No Data	No Data	\$42,500	\$41,667
Asian	No Data	No Data	No Data	\$65,313
American Indian/Alaska Native	\$50,417	\$57,969	\$60,682	No Data
Native Hawaiian/ Pacific Islander	No Data	No Data	No Data	No Data
Other Race	\$58,393	\$46,542	\$55,625	\$58,125
Multiple Race	\$19,688	\$66,964	\$67,679	\$65,208

Table A.4-11

Median Household Income by Race/ Ethnicity – Richland County <sup>1</sup>				
Richland County	2011	2014	2017	2020
Non- Hispanic White	\$44,880	\$45,035	\$48,638	\$53,349
Black	No Data	No Data	No Data	No Data
Asian	No Data	No Data	No Data	No Data
American Indian/Alaska Native	\$9,931	\$2,500	No Data	No Data
Native Hawaiian/ Pacific Islander	No Data	No Data	No Data	No Data
Other Race	\$66,146	\$18,558	\$39,500	\$40,517
Multiple Race	\$41,250	\$24,167	No Data	No Data

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.4-6

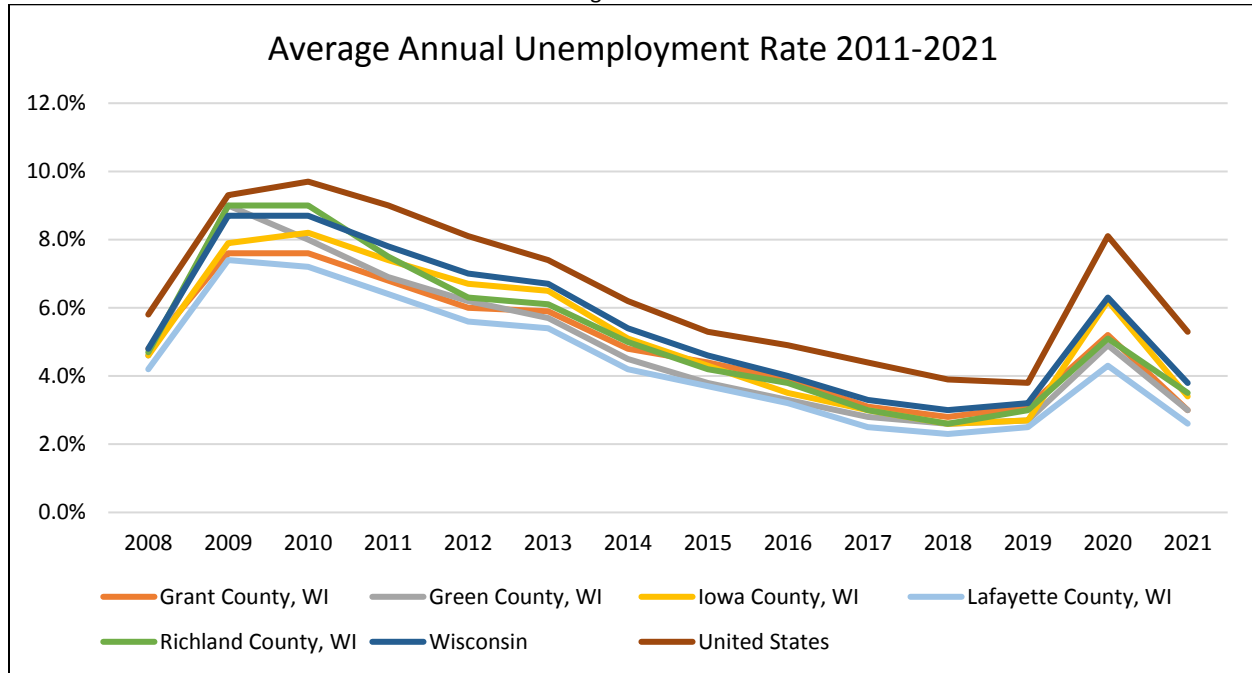


Table A.4-12

Location	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Grant	6.8%	6.0%	5.9%	4.8%	4.4%	3.9%	3.1%	2.8%	3.1%	5.2%	3.0%
Green	6.9%	6.2%	5.7%	4.5%	3.8%	3.3%	2.8%	2.6%	2.7%	4.9%	3.0%
Iowa	7.4%	6.7%	6.5%	5.1%	4.3%	3.5%	3.0%	2.6%	2.7%	6.2%	3.4%
Lafayette	6.4%	5.6%	5.4%	4.2%	3.7%	3.2%	2.5%	2.3%	2.5%	4.3%	2.6%
Richland	7.5%	6.3%	6.1%	5.0%	4.2%	3.8%	3.0%	2.6%	3.0%	5.1%	3.5%
Wisconsin	7.8%	7.0%	6.7%	5.4%	4.6%	4.0%	3.3%	3.0%	3.2%	6.3%	3.8%
United States	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.8%	8.1%	5.3%

<sup>1</sup> US Bureau of Labor Statistics. Local Area Unemployment Statistics 2011-2021

Figure A.4-7

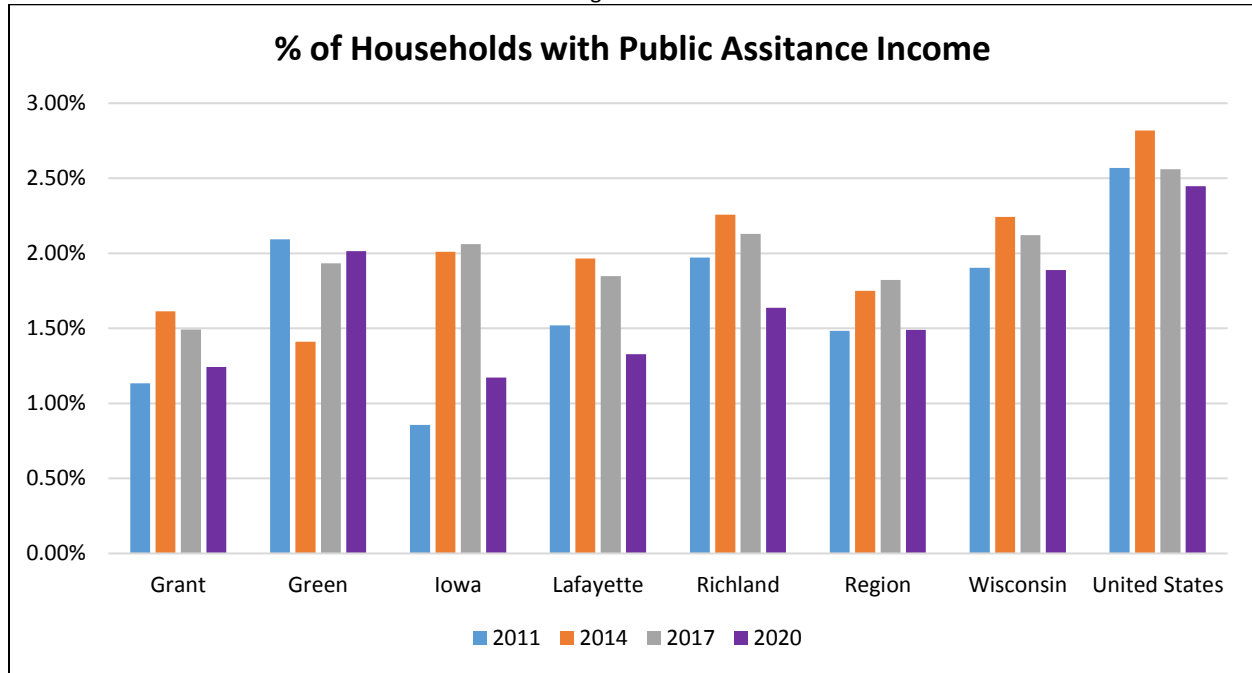


Table A.4-13

% of Households with Public Assistance Income <sup>1</sup>				
Location	2011	2014	2017	2020
Grant County	1.13%	1.61%	1.49%	1.24%
Green County	2.09%	1.41%	1.93%	2.01%
Iowa County	0.86%	2.01%	2.06%	1.17%
Lafayette County	1.52%	1.97%	1.85%	1.33%
Richland County	1.97%	2.26%	2.13%	1.64%
Region	1.48%	1.75%	1.82%	1.49%
Wisconsin	1.90%	2.24%	2.12%	1.89%
United States	2.57%	2.82%	2.56%	2.45%

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

## A.5. Transportation

Figure A.5-1

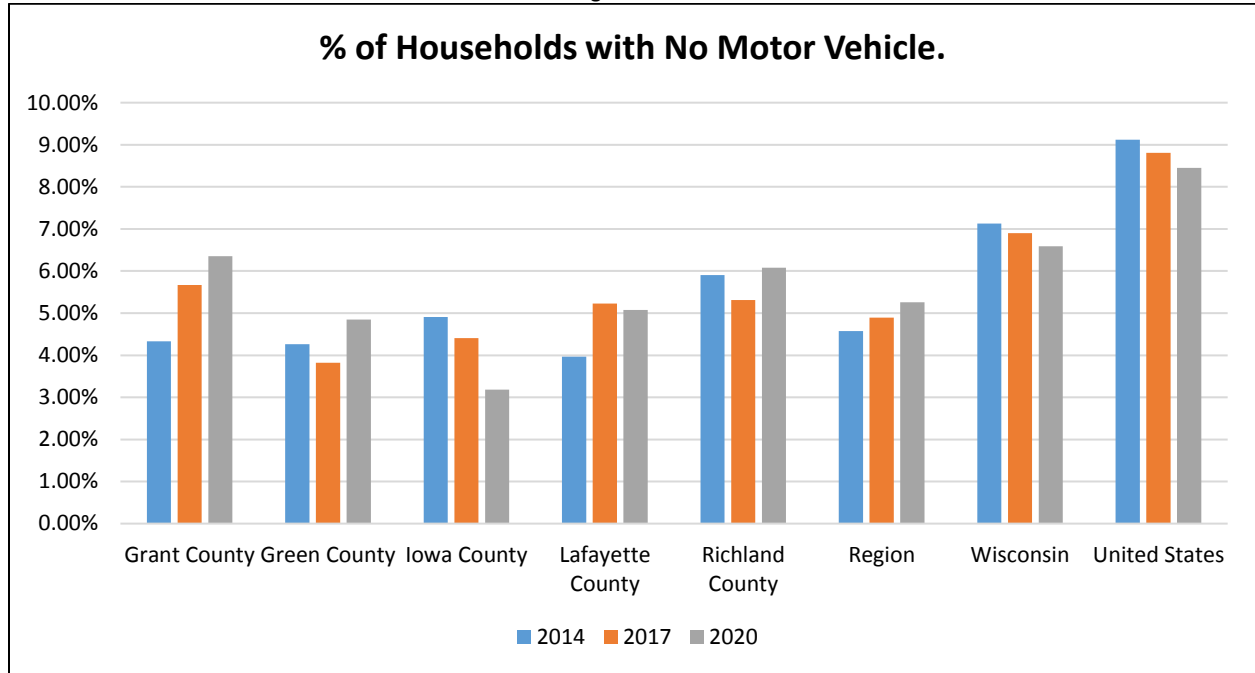


Table A.5-1

% of Households with No Motor Vehicle <sup>1</sup>			
	2014	2017	2020
Grant	4.33%	5.67%	6.35%
Green	4.26%	3.82%	4.85%
Iowa	4.91%	4.41%	3.18%
Lafayette	3.96%	5.23%	5.08%
Richland	5.90%	5.31%	6.08%
Region	4.57%	4.89%	5.26%
Wisconsin	7.13%	6.90%	6.59%
United States	9.12%	8.81%	8.45%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.5-2

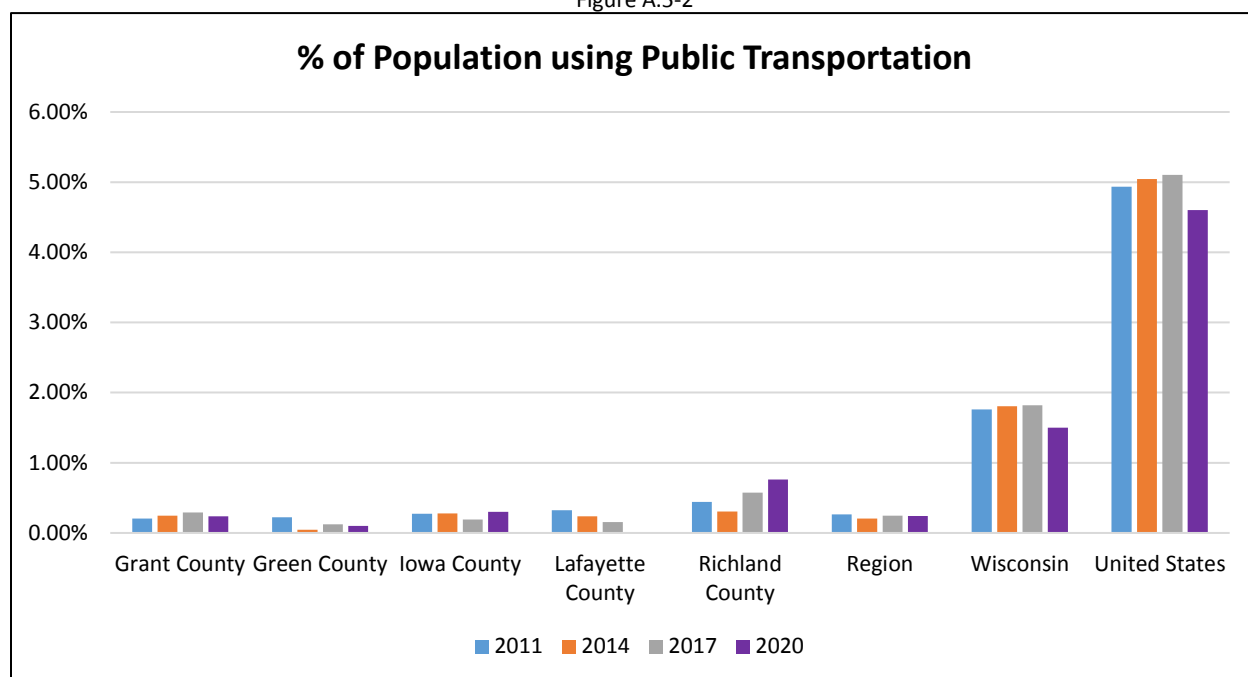


Table A.5-2

<b>% of Households Commuting to Work Using Public Transportation<sup>1</sup></b>				
	<b>2011</b>	<b>2014</b>	<b>2017</b>	<b>2020</b>
Grant	0.20%	0.25%	0.29%	0.24%
Green	0.22%	0.05%	0.12%	0.10%
Iowa	0.27%	0.28%	0.19%	0.30%
Lafayette	0.32%	0.24%	0.15%	0.01%
Richland	0.44%	0.31%	0.57%	0.76%
Region	0.26%	0.20%	0.24%	0.24%
Wisconsin	1.76%	1.81%	1.82%	1.50%
United States	4.94%	5.04%	5.10%	4.60%

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

## A.6. Education

Table A.6-1

Education Attainment for Population 25 Years or Older 2020 <sup>1</sup>						
Location	No High School Diploma or Equivalent	High School Diploma or Equivalent	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate Degree
Grant County	8.1%	34.7%	19.9%	14.1%	14.5%	8.7%
Green County	7.7%	35.1%	21.1%	12.7%	16.1%	7.3%
Iowa County	4.6%	34.2%	23.9%	12.1%	16.5%	8.8%
Lafayette	8.5%	40.5%	19.6%	12.0%	13.5%	5.9%
Richland County	9.6%	40.2%	19.4%	11.0%	12.7%	7.0%
Wisconsin	7.4%	30.3%	20.5%	11.0%	20.3%	10.5%
United States	11.5%	26.7%	20.3%	8.6%	20.2%	12.7%

Table A.6-2

Education Attainment for Population 25 Years or Older 2017 <sup>1</sup>						
Location	No High School Diploma or Equivalent	High School Diploma or Equivalent	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate Degree
Grant County	8.4%	37.7%	20.2%	12.2%	13.6%	7.9%
Green County	7.5%	37.3%	21.2%	10.8%	15.9%	7.3%
Iowa County	6.1%	34.6%	22.5%	12.4%	16.4%	8.0%
Lafayette	10.1%	38.9%	20.7%	12.4%	12.1%	5.8%
Richland County	9.9%	40.8%	20.4%	10.1%	11.9%	6.9%
Wisconsin	8.3%	31.3%	20.9%	10.5%	19.2%	9.9%
United States	12.6%	27.3%	20.8%	8.3%	19.1%	11.8%

Table A.6-3

Education Attainment for Population 25 Years or Older 2014 <sup>1</sup>						
Location	No High School Diploma or Equivalent	High School Diploma or Equivalent	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate Degree
Grant County	9.3%	39.1%	20.5%	10.9%	12.9%	7.3%
Green County	8.2%	39.2%	22.4%	9.3%	14.2%	6.7%
Iowa County	7.5%	35.7%	23.1%	10.5%	16.0%	7.2%
Lafayette	10.1%	42.9%	19.9%	9.8%	12.3%	5.0%
Richland County	10.4%	40.8%	22.1%	10.1%	10.2%	6.5%
Wisconsin	9.2%	32.4%	21.1%	9.9%	18.1%	9.3%
United States	13.6%	28.0%	21.2%	7.9%	18.3%	11.0%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.6-1

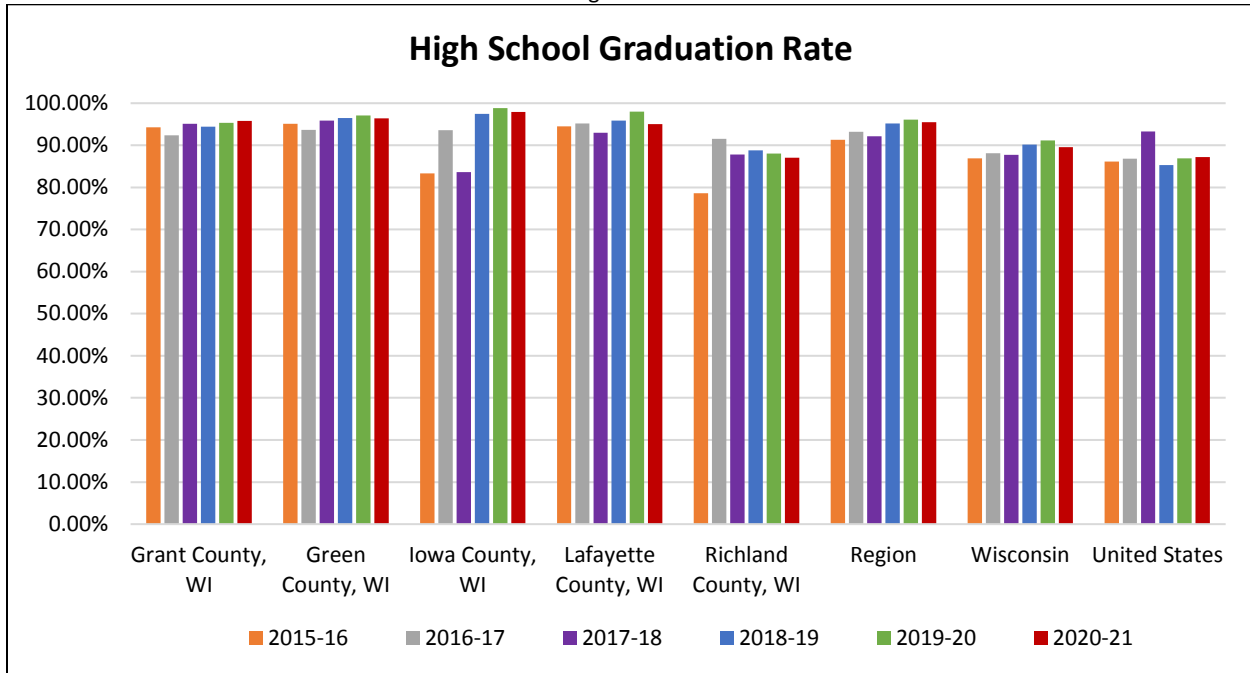


Table A.6-4

Table A.54. High School Graduation Rate <sup>1</sup>							
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Grant	92.50%	94.30%	92.40%	95.12%	94.45%	95.32%	95.82%
Green	92.00%	95.10%	93.70%	95.87%	96.45%	97.11%	96.38%
Iowa	91.90%	83.30%	93.60%	83.61%	97.47%	98.86%	97.93%
Lafayette	93.90%	94.50%	95.20%	93.01%	95.88%	97.99%	95.03%
Richland	92.20%	78.60%	91.50%	87.80%	88.80%	88.03%	87.07%
Region	92.50%	91.30%	93.20%	92.17%	95.17%	96.13%	95.52%
Wisconsin	88.10%	86.90%	88.10%	87.77%	90.17%	91.18%	89.54%
United States <sup>2</sup>	84.30%	86.10%	86.80%	93.30%	85.30%	86.90%	87.20%

<sup>1</sup> Wisconsin Department of Public Instruction, WISEDash Certified Data Files.

<https://dpi.wi.gov/wisedash/download-files> Accessed: August 2022

<sup>2</sup> National Center for Education Statistics, Current Digest Tables.

[https://nces.ed.gov/programs/digest/current\\_tables.asp](https://nces.ed.gov/programs/digest/current_tables.asp) Accessed August 2022



Figure A.6-2

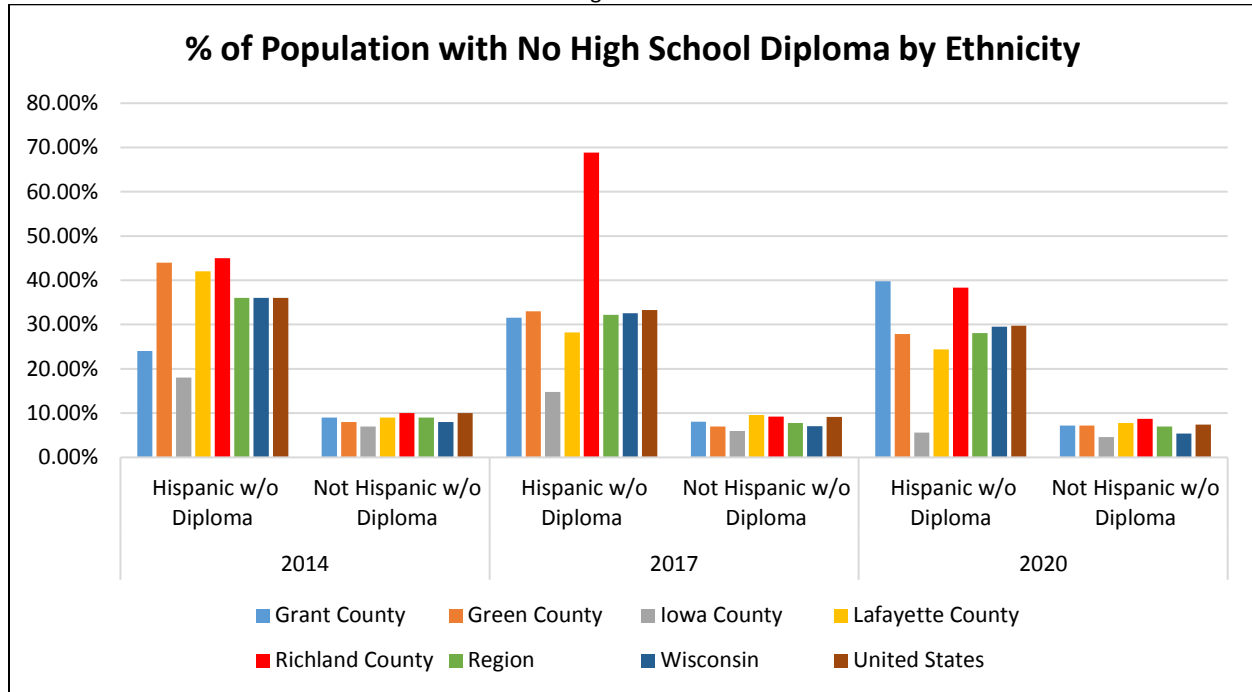


Table A.6-5

% of Population 25 years or older without High School Diploma by Ethnicity <sup>1</sup>						
	2014		2017		2020	
	Hispanic w/o Diploma	Not Hispanic w/o Diploma	Hispanic w/o Diploma	Not Hispanic w/o Diploma	Hispanic w/o Diploma	Not Hispanic w/o Diploma
Grant	24.00%	9.00%	31.53%	8.09%	39.80%	7.2%
Green	44.00%	8.00%	32.96%	6.99%	27.89%	7.2%
Iowa	18.00%	7.00%	14.80%	5.95%	5.63%	4.6%
Lafayette	42.00%	9.00%	28.23%	9.55%	24.38%	7.8%
Richland	45.00%	10.00%	68.84%	9.25%	38.37%	8.7%
Region	36.00%	9.00%	32.22%	7.75%	28.08%	7.0%
Wisconsin	36.00%	8.00%	32.54%	7.07%	29.51%	5.4%
United States	36.00%	10.00%	33.30%	9.15%	29.74%	7.40%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.6-3

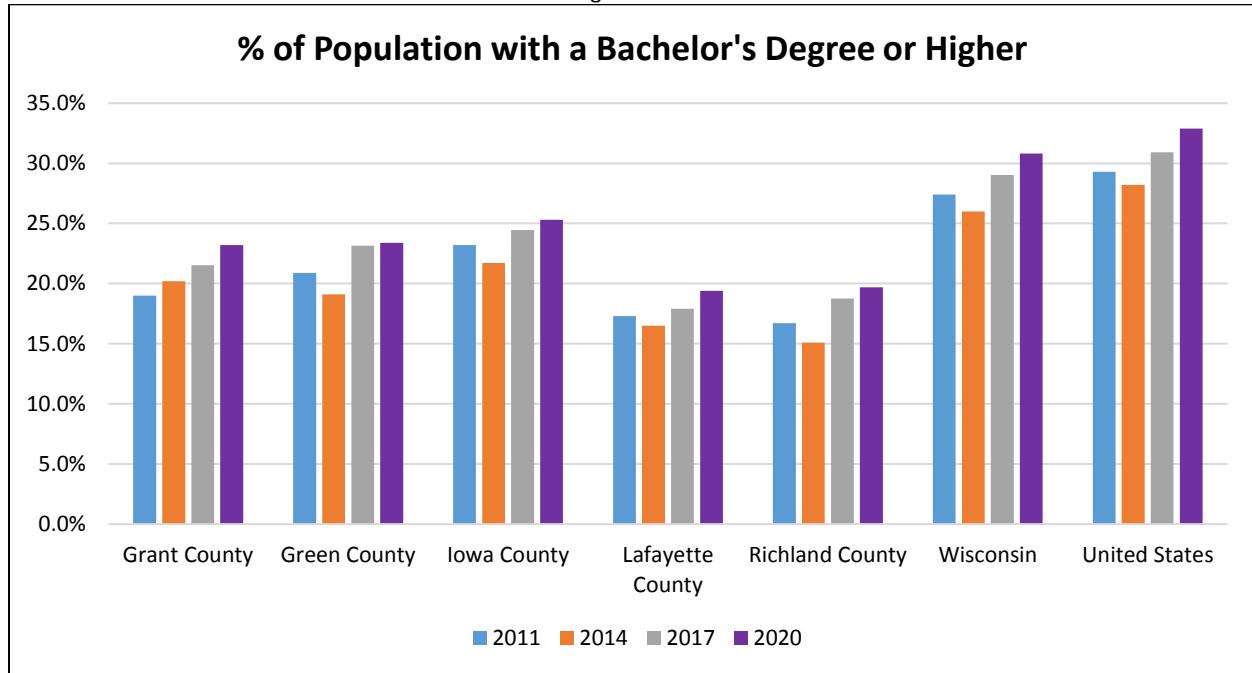


Table A.6-6

<b>% of Population 25 Years or Older with a Bachelor's Degree or Higher<sup>1</sup></b>				
	<b>2011</b>	<b>2014</b>	<b>2017</b>	<b>2020</b>
Grant	19.0%	20.2%	21.5%	23.2%
Green	20.9%	19.1%	23.2%	23.4%
Iowa	23.2%	21.7%	24.5%	25.3%
Lafayette	17.3%	16.5%	17.9%	19.4%
Richland	16.7%	15.1%	18.8%	19.7%
Wisconsin	27.4%	26.0%	29.0%	30.8%
United States	29.3%	28.2%	30.9%	32.9%

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

## A.7. Poverty

Figure A.7-1

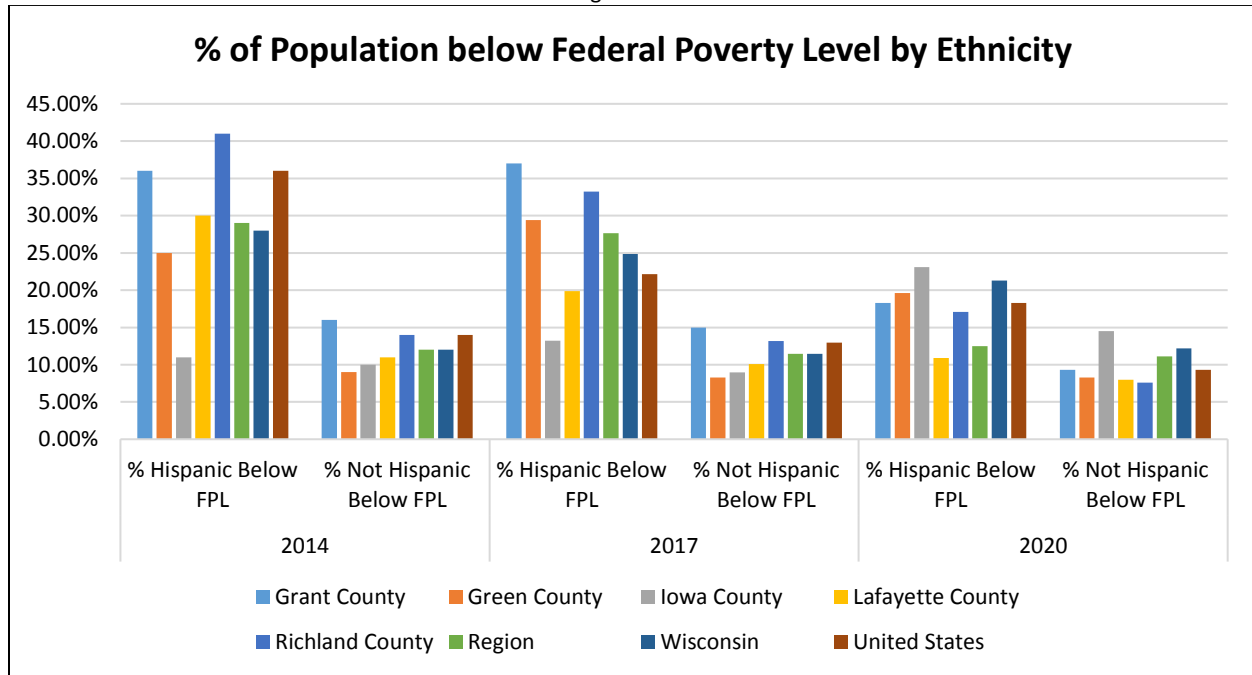


Table A.7-1

% of Population below Federal Poverty Level (FPL) by Ethnicity <sup>1</sup>						
	2014		2017		2020	
	Hispanic / Latino Below 100% FPL	Not Hispanic / Latino Below 100% FPL	Hispanic / Latino Below 100% FPL	Not Hispanic / Latino Below 100% FPL	Hispanic / Latino Below 100% FPL	Not Hispanic / Latino Below 100% FPL
Grant	36.0%	16.0%	37.0%	15.0%	18.3%	9.3%
Green	25.0%	9.0%	29.4%	8.3%	19.6%	8.3%
Iowa	11.0%	10.0%	13.2%	9.0%	23.1%	14.5%
Lafayette	30.0%	11.0%	19.9%	10.1%	10.9%	8.0%
Richland	41.0%	14.0%	33.2%	13.2%	17.1%	7.6%
Region	29.0%	12.0%	27.7%	11.5%	12.5%	11.1%
Wisconsin	28.0%	12.0%	24.8%	11.5%	21.3%	12.2%
United States	36.0%	14.0%	22.2%	13.0%	18.3%	9.3%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.7-2

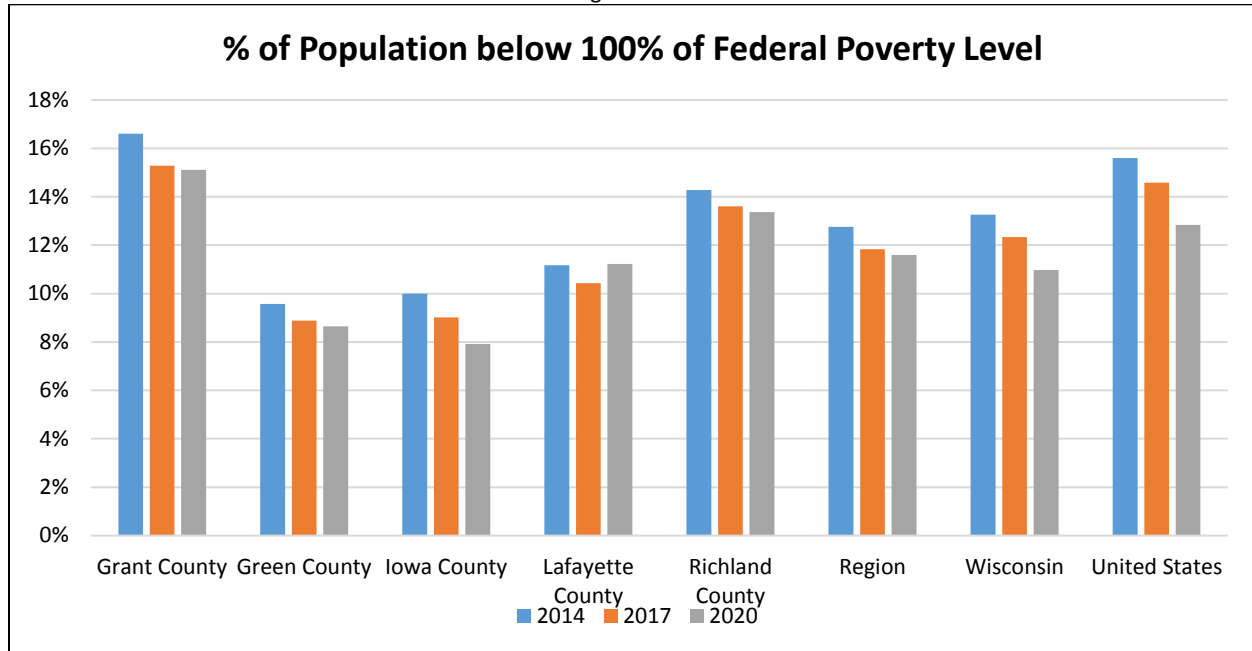


Table A.7-2

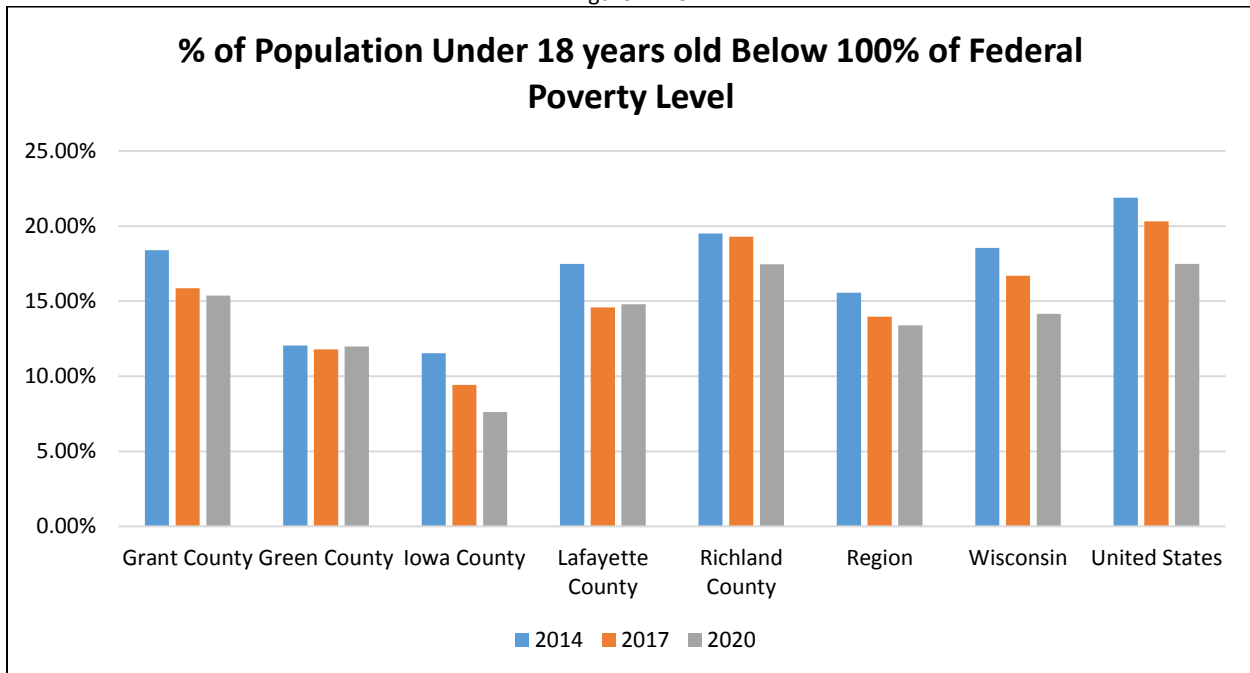
Population Below 100% of Federal Poverty Level (2014-2020) <sup>1</sup>			
	Population (for whom poverty status is determined)	Total Population in Poverty	Percentage of Population in Poverty
<b>Grant County</b>			
<b>2014</b>	47,266	7,851	16.61%
<b>2017</b>	47,928	7,323	15.28%
<b>2020</b>	47,960	7,247	15.11%
<b>Green County</b>			
<b>2014</b>	36,558	3,500	9.57%
<b>2017</b>	36,360	3,232	8.89%
<b>2020</b>	36,193	3,131	8.65%
<b>Iowa County</b>			
<b>2014</b>	23,489	2,347	9.99%
<b>2017</b>	23,277	2,100	9.02%
<b>2020</b>	23,400	1,854	7.92%
<b>Lafayette County</b>			
<b>2014</b>	16,665	1,862	11.17%
<b>2017</b>	16,593	1,730	10.43%
<b>2020</b>	16,538	1,857	11.23%
<b>Richland County</b>			
<b>2014</b>	17,536	2,503	14.27%
<b>2017</b>	17,278	2,349	13.60%
<b>2020</b>	17,017	2,275	13.37%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.7-3

Population Below 100% of Federal Poverty Level (2014-2020) <sup>1</sup> Cont.			
	Population (for whom poverty status is determined)	Total Population in Poverty	Percentage of Population in Poverty
<b>Region</b>			
<b>2014</b>	141,514	18,063	12.76%
<b>2017</b>	141,436	16,734	11.83%
<b>2020</b>	141,108	16,364	11.60%
<b>Wisconsin</b>			
<b>2014</b>	5,571,083	738,557	13.26%
<b>2017</b>	5,612,611	692,719	12.34%
<b>2020</b>	5,659,485	620,947	10.97%
<b>United States</b>			
<b>2014</b>	306,226,400	47,755,608	15.59%
<b>2017</b>	313,048,563	45,650,345	14.58%
<b>2020</b>	318,564,128	40,910,326	12.84%

Figure A.7-3



<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.7-4

Population under 18 Below 100% Federal Poverty Level (2014-2020) <sup>1</sup>			
	Population under 18 (for whom poverty status is determined)	Total Population under 18 in Poverty	Percentage of Population in Poverty
<b>Grant County</b>			
2014	10,384	1,910	18.39%
2017	10,440	1,655	15.85%
2020	10,586	1,628	15.38%
<b>Green County</b>			
2014	8,657	1,043	12.05%
2017	8,229	970	11.79%
2020	7,863	942	11.98%
<b>Iowa County</b>			
2014	5,575	643	11.53%
2017	5,374	506	9.42%
2020	5,276	402	7.62%
<b>Lafayette County</b>			
2014	4,124	721	17.48%
2017	4,095	597	14.58%
2020	3,990	590	14.79%
<b>Richland County</b>			
2014	3,970	774	19.50%
2017	3,830	739	19.30%
2020	3,608	630	17.46%
<b>Region</b>			
2014	32,710	5,091	15.56%
2017	31,968	4,467	13.97%
2020	31,323	4,192	13.38%
<b>Wisconsin</b>			
2014	1,291,469	239,549	18.55%
2017	1,270,239	211,958	16.69%
2020	1,250,830	177,140	14.16%
<b>United States</b>			
2014	72,637,888	15,907,395	21.90%
2017	72,430,017	14,710,485	20.31%
2020	72,065,774	12,598,699	17.48%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.7-4

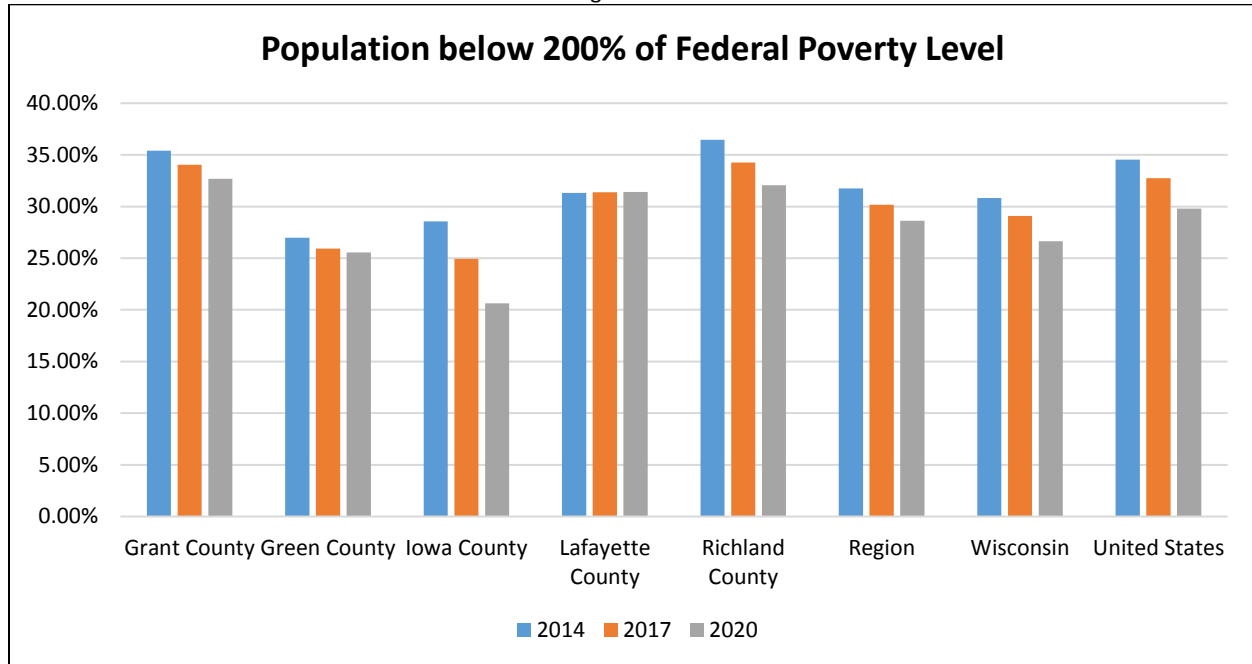


Table A.7-5

Population Below 200% of Federal Poverty Level (FPL) (2014-2020) <sup>1</sup>			
	Population (for whom poverty status is determined)	Total Population below 200% FPL	Percentage of Population Below 200% FPL
<b>Grant County</b>			
<b>2014</b>	47,266	16,730	35.4%
<b>2017</b>	47,928	16,310	34.0%
<b>2020</b>	47,960	15,672	32.7%
<b>Green County</b>			
<b>2014</b>	36,558	9,867	27.0%
<b>2017</b>	36,360	9,425	25.9%
<b>2020</b>	36,193	9,255	25.6%
<b>Iowa County</b>			
<b>2014</b>	23,489	6,712	28.6%
<b>2017</b>	23,277	5,808	25.0%
<b>2020</b>	23,400	4,825	20.6%
<b>Lafayette County</b>			
<b>2014</b>	16,665	5,220	31.3%
<b>2017</b>	16,593	5,208	31.4%
<b>2020</b>	16,538	5,195	31.4%
<b>Richland County</b>			
<b>2014</b>	17,536	6,391	36.4%
<b>2017</b>	17,278	5,921	34.3%
<b>2020</b>	17,017	5,457	32.1%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.7-6

Population Below 200% of Federal Poverty Level (FPL) (2014-2020) <sup>1</sup> Cont.			
	Population (for whom poverty status is determined)	Total Population in Poverty	Percentage of Population in Poverty
<b>Region</b>			
<b>2014</b>	141,514	44,920	31.7%
<b>2017</b>	141,436	42,672	30.2%
<b>2020</b>	141,108	40,404	28.6%
<b>Wisconsin</b>			
<b>2014</b>	5,571,083	1,717,264	30.8%
<b>2017</b>	5,612,611	1,632,860	29.1%
<b>2020</b>	5,659,485	1,508,342	26.7%
<b>United States</b>			
<b>2014</b>	306,226,400	105,773,408	34.5%
<b>2017</b>	313,048,563	102,523,670	32.8%
<b>2020</b>	318,564,128	94,899,936	29.8%

ALICE (Asset Limited, Income Constrained, Employed) Population<sup>2</sup>

ALICE data is used to define those that are employed and earn above the federal poverty level, but do not earn enough to afford a basic household budget.

Figure A.7-5

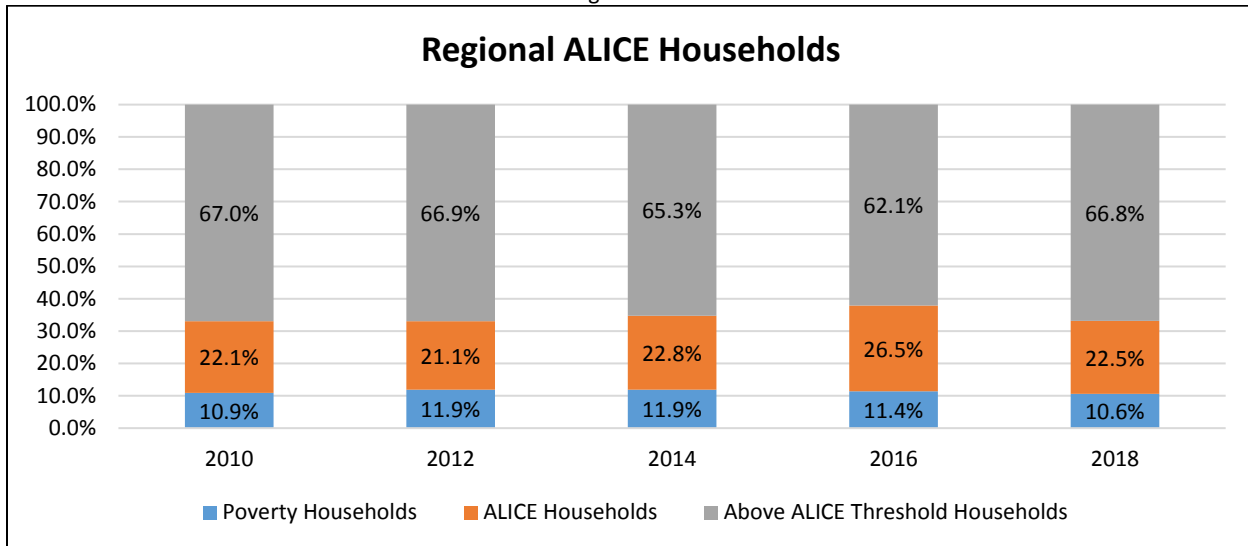


Table A.7-7

Regional Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
SWCAP Region	2010	2012	2014	2016	2018	% Change
Poverty Households	6,267	6,905	6,912	6,588	6,228	-0.6%
ALICE Households	12,633	12,228	13,222	15,393	13,218	-11.3%
Above ALICE Threshold	38,338	38,698	37,843	36,034	39,193	2.2%
Total Households	57,238	57,831	57,977	58,015	56,626	-1.1%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

<sup>2</sup> United Way of Wisconsin. 2020 United Way ALICE Report. <https://www.unitedforalice.org/state-reports-mobile>



Figure A.7-6

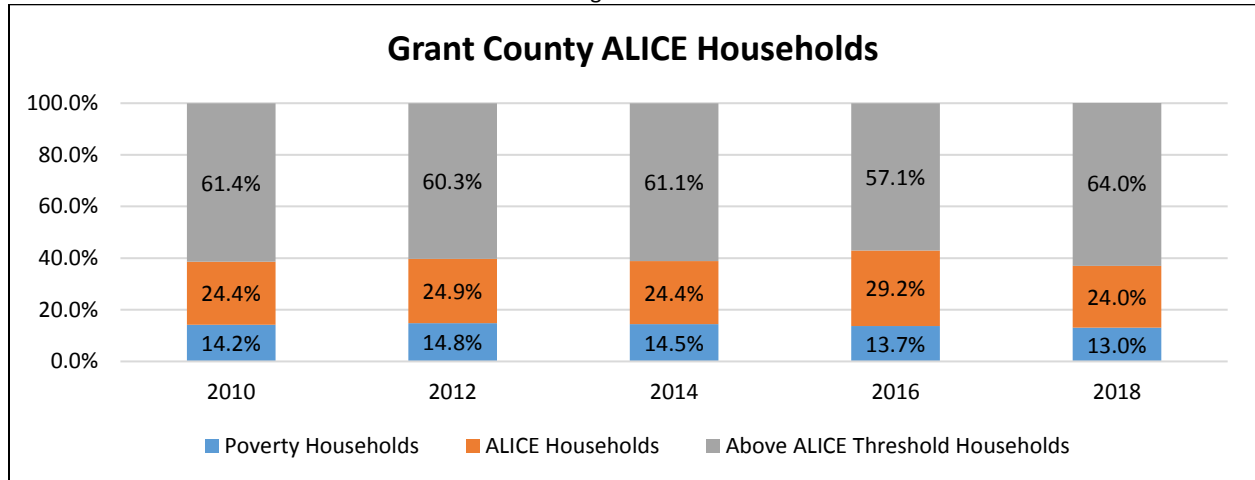


Table A.7-8

Grant County Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
Grant County	2010	2012	2014	2016	2018	% Change
Poverty Households	2,715	2,891	2,825	2,643	2,528	-6.89%
ALICE Households	4,680	4,861	4,754	5,656	4,541	-2.97%
Above ALICE Threshold	11,777	11,786	11,893	11,054	12,332	4.71%
Total Households	19,172	19,538	19,472	19,353	19,401	1.19%

Figure A.7-7

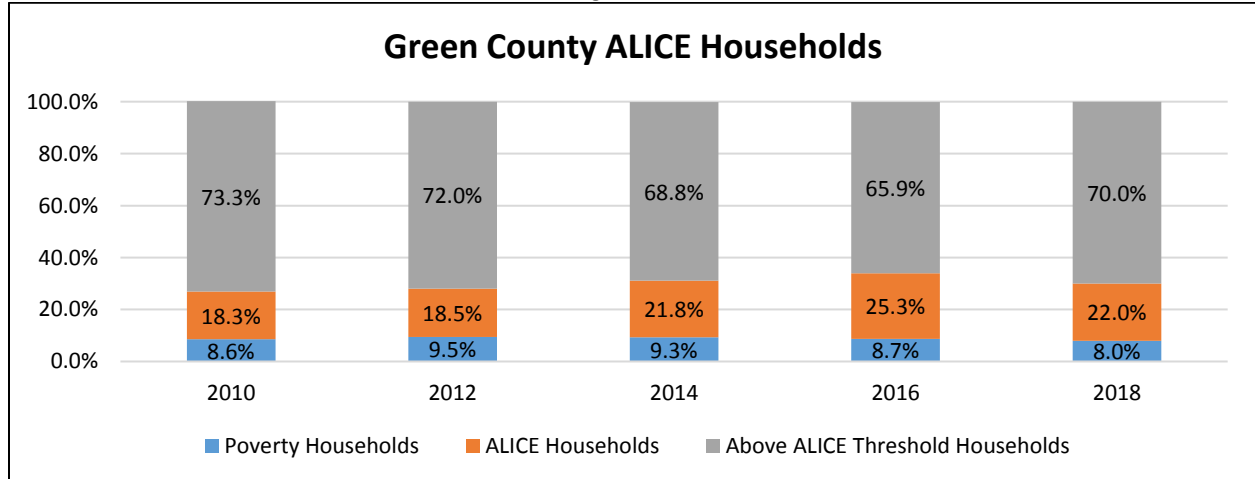


Table A.7-9

Green County Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
Green County	2010	2012	2014	2016	2018	% Change
Poverty Households	1,238	1,396	1,375	1,287	1,225	-1.05%
ALICE Households	2,625	2,718	3,220	3,744	3,271	24.61%
Above ALICE Threshold	10,470	10,560	10,153	9,741	10,602	1.26%
Total Households	14,333	14,674	14,748	14,772	15,098	5.34%

Figure A.7-8

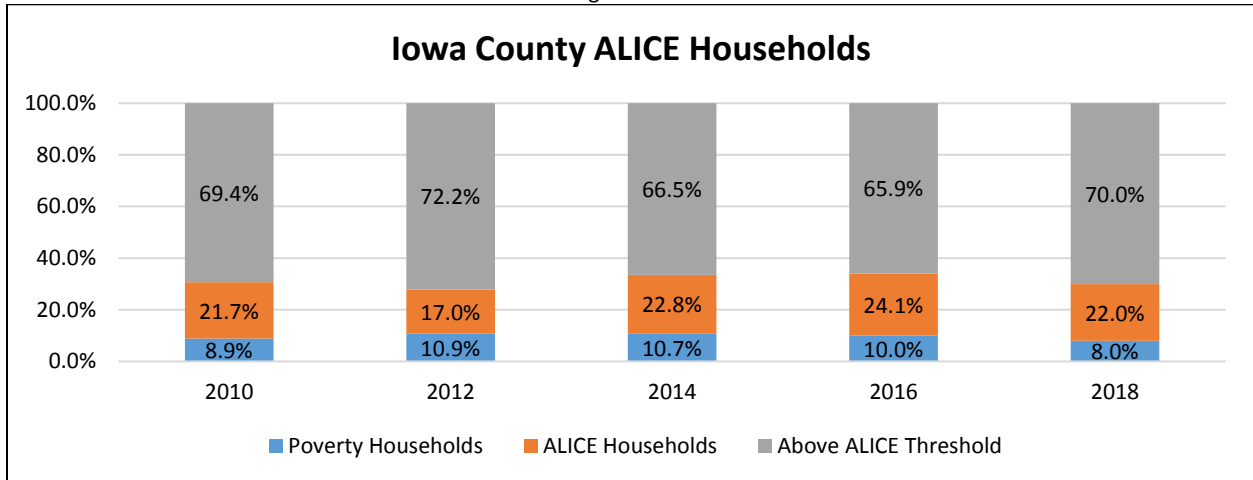


Table A.7-10

Iowa County Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
Iowa County	2010	2012	2014	2016	2018	% Change
Poverty Households	859	1,045	1,033	967	781	-9.08%
ALICE Households	2,103	1,635	2,204	2,335	2,183	3.80%
Above ALICE Threshold	6,708	6,950	6,419	6,390	6,871	2.43%
Total Households	9,670	9,630	9,656	9,692	9,835	1.71%

Figure A.7-9

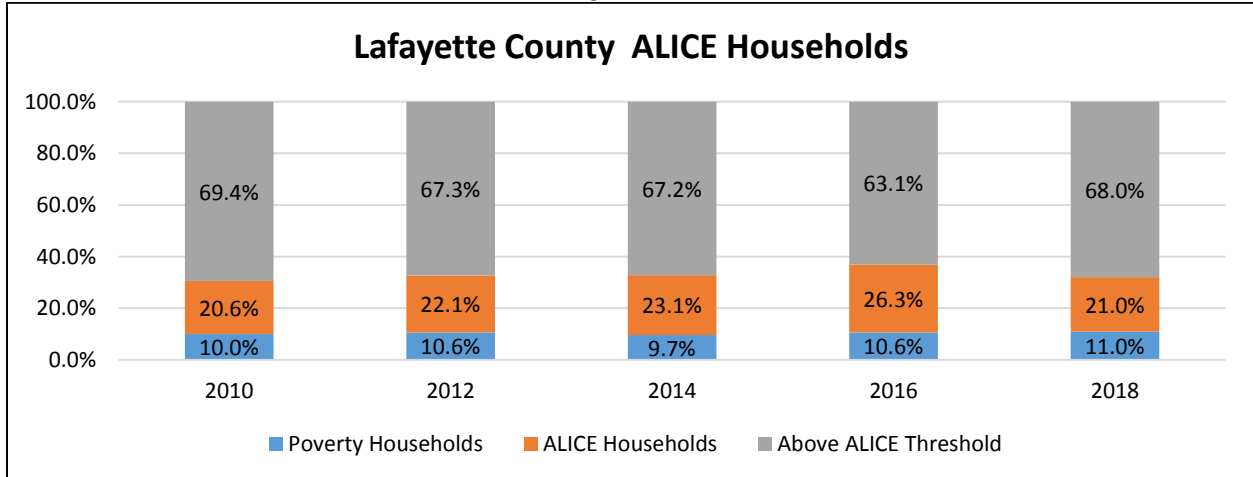


Table A.7-11

Lafayette County Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
Lafayette County	2010	2012	2014	2016	2018	% Change
Poverty Households	652	701	640	711	721	10.58%
ALICE Households	1,346	1,459	1,530	1,758	1,386	2.97%
Above ALICE Threshold	4,535	4,438	4,442	4,223	4,572	0.82%
Total Households	6,533	6,598	6,612	6,692	6,679	2.23%

Figure A.7-10

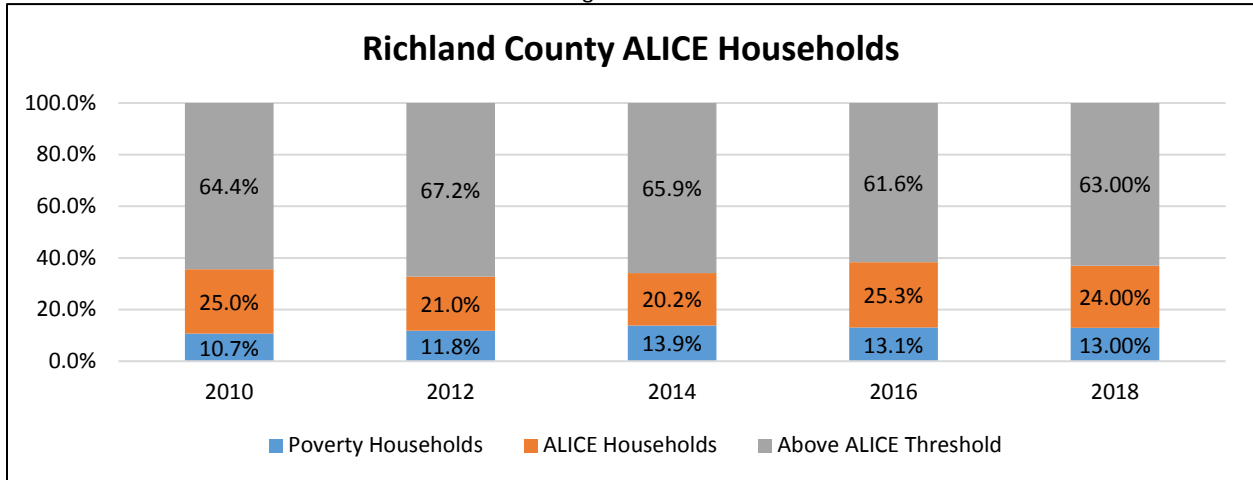


Table A.7-12

Richland County Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
Richland County	2010	2012	2014	2016	2018	% Change
Poverty Households	803	872	1,039	980	973	21.17%
ALICE Households	1,879	1,555	1,514	1,900	1,837	-2.24%
Above ALICE Threshold	4,848	4,964	4,936	4,626	4,816	-0.66%
Total Households	7,530	7,391	7,489	7,506	7,626	1.27%

Figure A.7-11

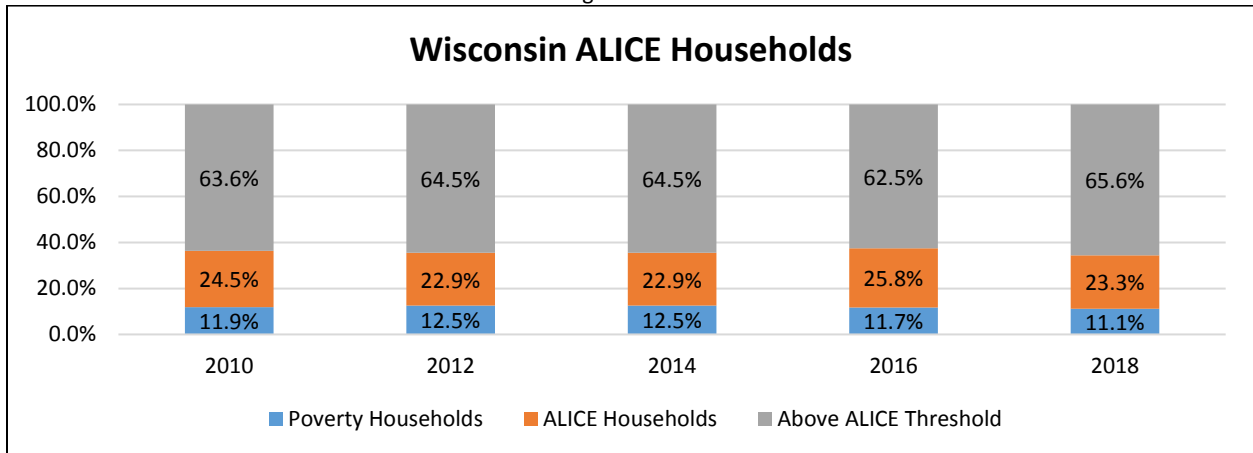


Table A.7-13

Wisconsin Poverty, ALICE and Above ALICE Threshold Households (2010-2018)						
Wisconsin	2010	2012	2014	2016	2018	% Change
Poverty Households	271,832	287,506	289,209	271,935	262,960	-3.26%
ALICE Households	559,808	526,137	528,880	600,626	549,313	-1.87%
Above ALICE Threshold	1,454,300	1,479,709	1,487,574	1,454,285	1,547,584	6.41%
Total Households	2,285,940	2,293,352	2,305,663	2,326,846	2,359,857	3.23%

## A.8. Assistance Programs

Figure A.8-1

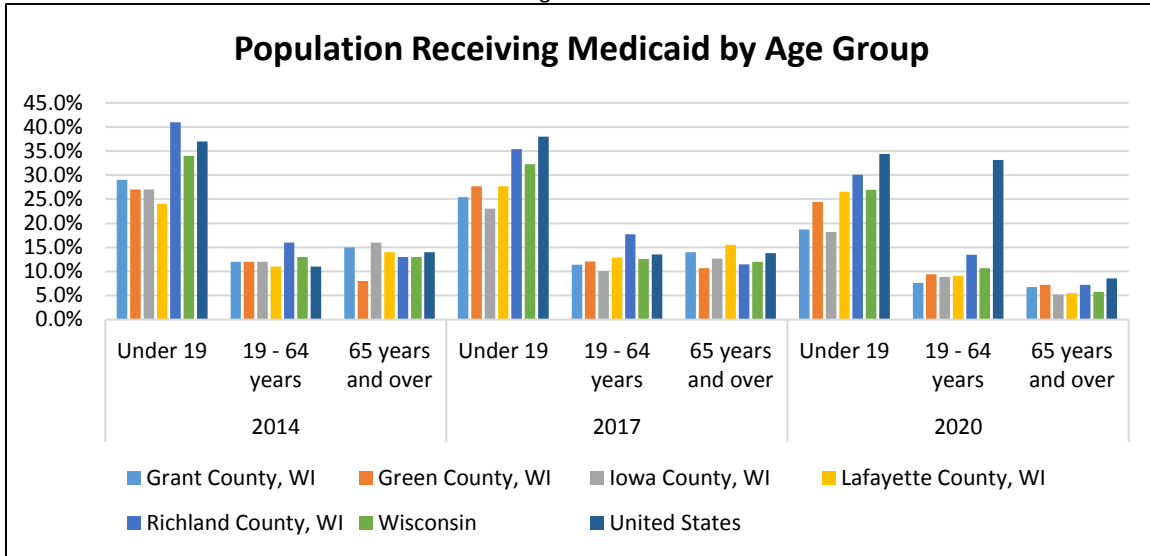


Table A.8-1

% of Population Receiving Medicaid by Age Group (2014-2020) <sup>1</sup>									
	2014			2017			2020		
	Under 19	19 – 64 years	65+ years	Under 19	19 – 64 years	65+ years	Under 19	19 – 64 years	65+ years
Grant	29.0%	12.0%	15.0%	25.4%	11.4%	14.0%	18.7%	7.6%	6.7%
Green	27.0%	12.0%	8.0%	27.7%	12.1%	10.7%	24.4%	9.4%	7.2%
Iowa	27.0%	12.0%	16.0%	23.0%	10.1%	12.7%	18.2%	8.9%	5.2%
Lafayette	24.0%	11.0%	14.0%	27.7%	12.9%	15.5%	26.6%	9.1%	5.5%
Richland	41.0%	16.0%	13.0%	35.4%	17.7%	11.5%	30.1%	13.5%	7.2%
Wisconsin	34.0%	13.0%	13.0%	32.3%	12.6%	12.0%	27.0%	10.7%	5.7%
United States	37.0%	11.0%	14.0%	38.0%	13.5%	13.8%	34.4%	33.1%	8.6%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.8-2

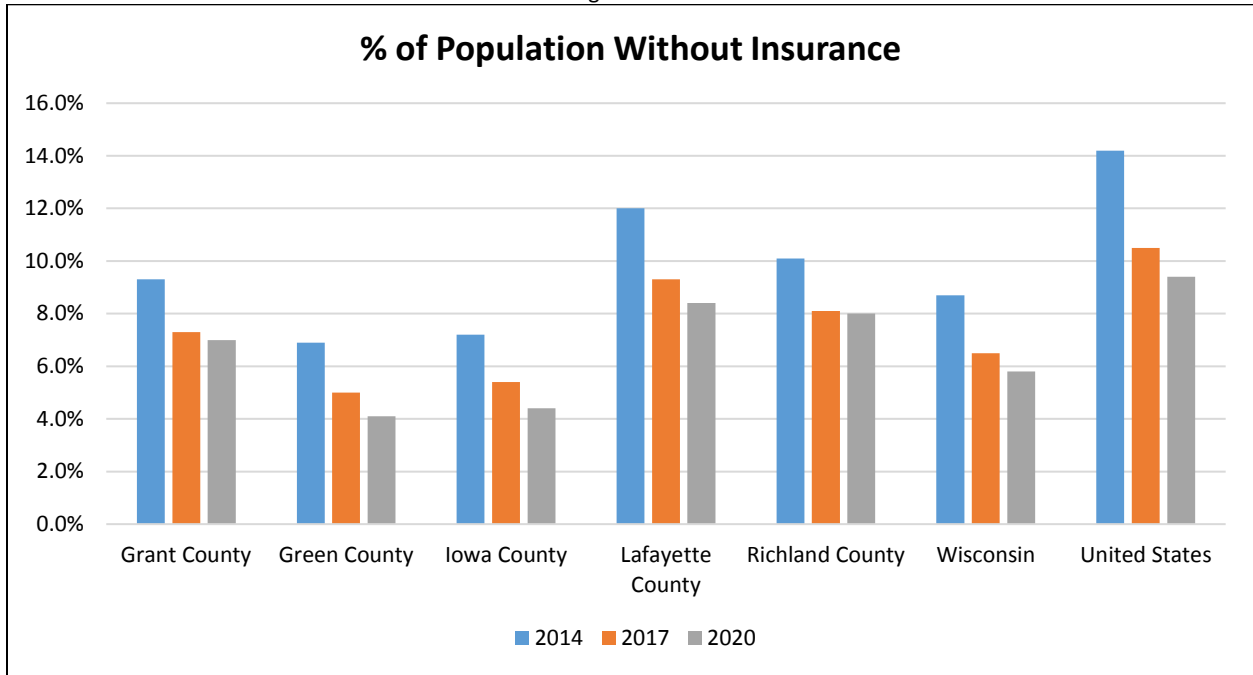


Table A.8-2

% of Population Without Insurance(2014-2020) <sup>1</sup>			
	2014	2017	2020
Grant	9.3%	7.3%	7.0%
Green	6.9%	5.0%	4.1%
Iowa	7.2%	5.4%	4.4%
Lafayette	12.0%	9.3%	8.4%
Richland	10.1%	8.1%	8.0%
Wisconsin	8.7%	6.5%	5.8%
United States	14.2%	10.5%	9.4%

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.8-3

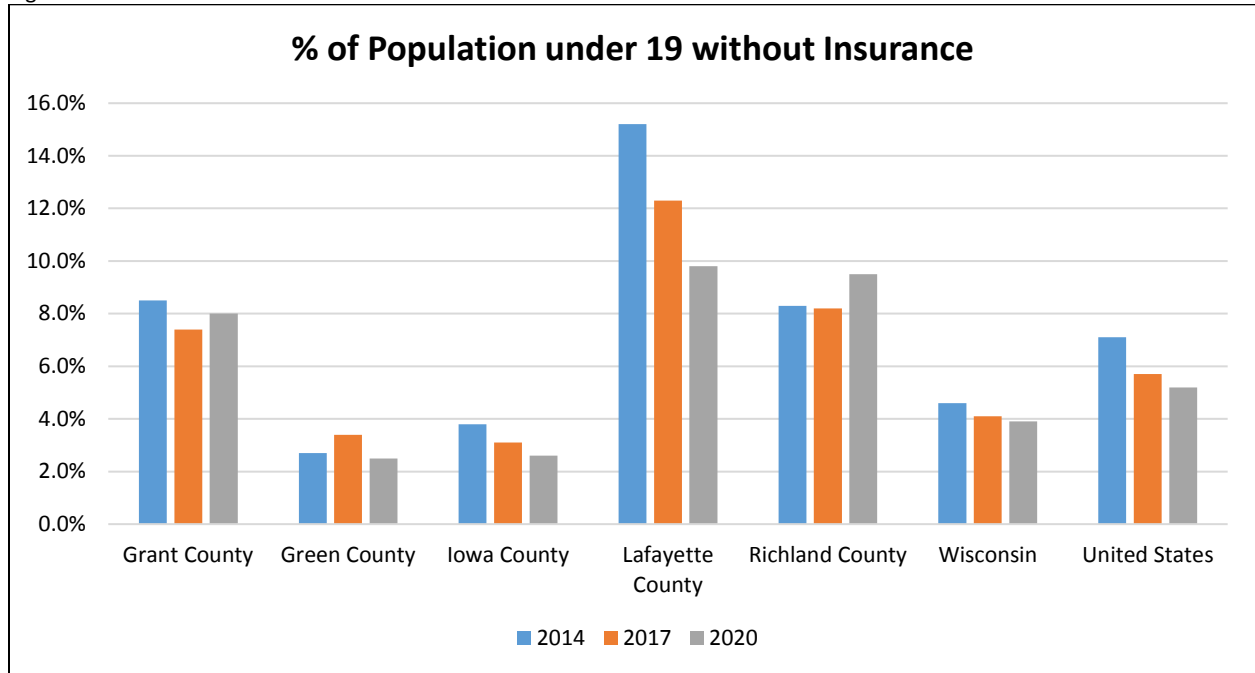


Table A.8-3

% of Population under 19 Without Insurance(2014-2020) <sup>1</sup>			
	2014	2017	2020
Grant	8.5%	7.4%	8.0%
Green	2.7%	3.4%	2.5%
Iowa	3.8%	3.1%	2.6%
Lafayette	15.2%	12.3%	9.8%
Richland	8.3%	8.2%	9.5%
Wisconsin	4.6%	4.1%	3.9%
United States	7.1%	5.7%	5.2%

<sup>1</sup> 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Figure A.8-4

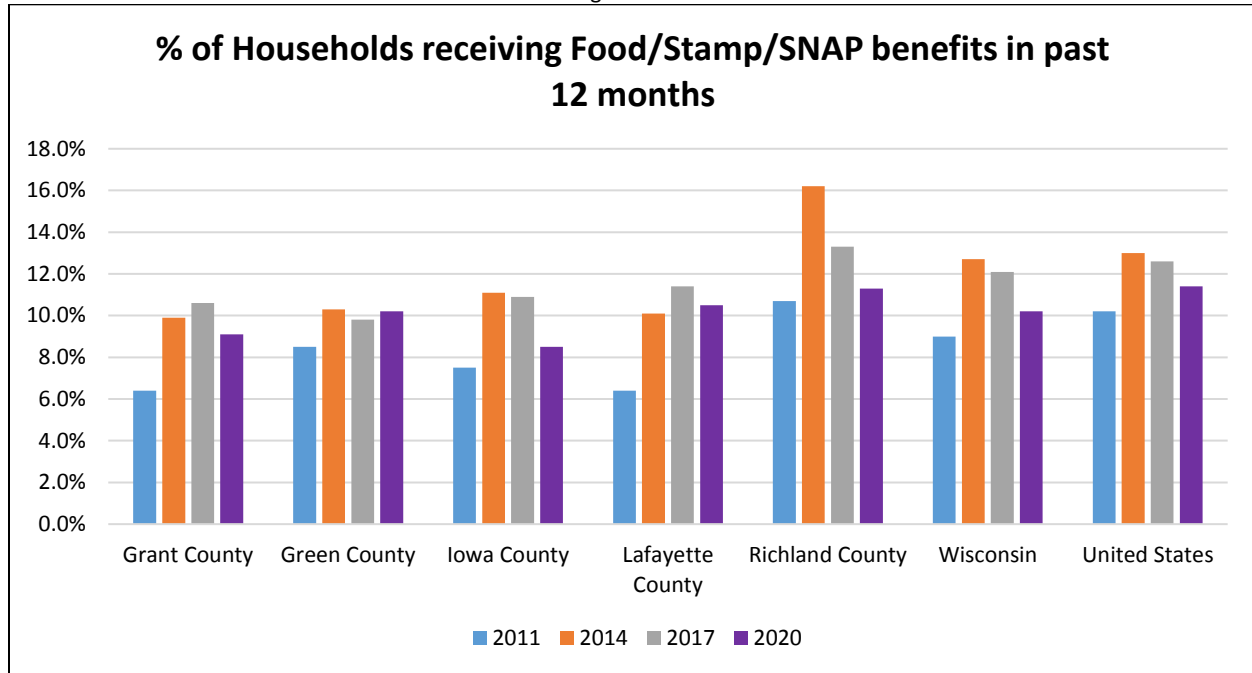


Table A.8-4

% of Households Receiving Food Stamp/SNAP benefits in the past 12 months <sup>1</sup>				
	2011	2014	2017	2020
Grant	6.4%	9.9%	10.6%	9.1%
Green	8.5%	10.3%	9.8%	10.2%
Iowa	7.5%	11.1%	10.9%	8.5%
Lafayette	6.4%	10.1%	11.4%	10.5%
Richland	10.7%	16.2%	13.3%	11.3%
Wisconsin	9.0%	12.7%	12.1%	10.2%
United States	10.2%	13.0%	12.6%	11.4%

<sup>1</sup> 2011, 2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.8-5

% of Households receiving Food Stamp/SNAP Benefits by Race/ Ethnicity (2020) <sup>1</sup>							
	Grant	Green	Iowa	Lafayette	Richland	Wisconsin	U.S.
White Alone	95.4%	96%	98.8%	96.9%	87.9%	68.2%	57.3%
Black or African American	2%	1.8%	1.2%	2.1%	0.9%	20.5%	26.4%
American Indian or Alaskan Native	0%	0%	0%	0%	0.6%	1.8%	1.5%
Asian	0%	0%	0%	0%	0%	2.4%	3%
Native Hawaiian or Pacific Islander	0%	0%	0%	0%	0%	0.1%	0.2%
Some Other Race	0%	1%	0%	0%	3%	3.3%	6.5%
Two or More Races	2.6%	1.2%	0%	1%	7.6%	3.7%	5.1%
Hispanic/ Latino	0.8%	2.8%	0%	2.7%	2.6%	21.9%	9.7%
White Only/ Non-Hispanic/Latino	94.6%	94.2%	98.8%	94.5%	87.7%	45.1%	63.4%

Table A.8-6

% of Households receiving Food Stamp/SNAP Benefits by Race/ Ethnicity (2017) <sup>1</sup>							
	Grant	Green	Iowa	Lafayette	Richland	Wisconsin	U.S.
White Alone	92.9%	91.7%	98.2%	96.2%	97.3%	70.7%	60.3
Black or African American	3.3%	0.2%	0.7%	0.4%	0.0%	19.3%	26.1
American Indian or Alaskan Native	0.0%	0.1%	0.8%	1.0%	0.0%	1.8%	1.4%
Asian	0.2%	0.8%	0.0%	0.0%	0.0%	2.4%	2.7%
Native Hawaiian or Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%
Some Other Race	0.0%	0.6%	0.0%	1.8%	0.5%	3.3%	6.3%
Two or More Races	3.5%	6.5%	0.3%	0.5%	2.2%	2.5%	2.9%
Hispanic/ Latino	1.0%	2.0%	0.5%	3.5%	0.5%	10.3%	21.7
White Only/ Non-Hispanic/Latino	92.0%	90.9%	98.0%	94.5%	97.3%	64.5%	46.5 %

<sup>1</sup> 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates



## A.9. Housing

Figure A.9-1

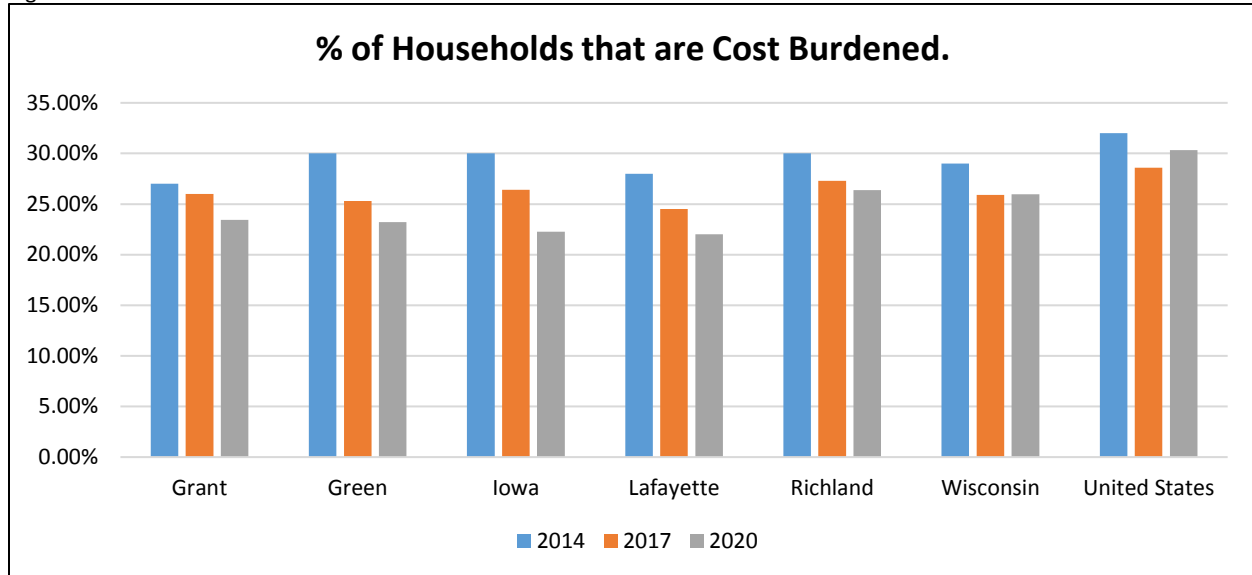


Table A.9-1

% Households that are Cost Burdened. (2014-2020) <sup>1</sup>			
	2014	2017	2020
Grant	27.0%	26.0%	23.4%
Green	30.0%	25.3%	23.2%
Iowa	30.0%	26.4%	22.3%
Lafayette	28.0%	24.5%	22.0%
Richland	30.0%	27.3%	26.4%
Wisconsin	29.0%	25.9%	26.0%
United States	32.0%	28.6%	30.3%

Cost burdened households are those where the housing costs exceed 30% of total household income.

<sup>1</sup>2014, 2017, 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.9-2

Grant County Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	391	1.8%
Built 2010 to 2013	636	2.9%
Built 2000 to 2009	2,500	11.3%
Built 1990 to 1999	2,742	12.4%
Built 1980 to 1989	1,817	8.2%
Built 1970 to 1979	3,821	17.2%
Built 1960 to 1969	2,041	9.2%
Built 1950 to 1959	1,730	7.8%
Built 1940 to 1949	1,252	5.6%
Built 1939 or earlier	5,267	23.7%
Total	22,197	100.0%

Table A.9-3

Green County Year Housing Units Built (2020) <sup>2</sup>		
Year	#	%
Built 2014 or later	257	1.6%
Built 2010 to 2013	164	1%
Built 2000 to 2009	2,078	12.9%
Built 1990 to 1999	1,950	12.1%
Built 1980 to 1989	1,502	9.3%
Built 1970 to 1979	2,570	16%
Built 1960 to 1969	1,329	8.3%
Built 1950 to 1959	1,192	7.4%
Built 1940 to 1949	641	4%
Built 1939 or earlier	4,414	27.4%
Total	16,097	100.0%

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<sup>1</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates

<sup>2</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.9-4

Iowa County Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	211	1.9%
Built 2010 to 2013	211	1.9%
Built 2000 to 2009	1,686	15.4%
Built 1990 to 1999	1,834	16.8%
Built 1980 to 1989	1,078	9.9%
Built 1970 to 1979	1,140	10.4%
Built 1960 to 1969	733	6.7%
Built 1950 to 1959	724	6.6%
Built 1940 to 1949	412	3.8%
Built 1939 or earlier	2,915	26.6%
Total	10,944	100.0%

Table A.9-5

Lafayette County Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	126	1.7%
Built 2010 to 2013	131	1.8%
Built 2000 to 2009	724	9.9%
Built 1990 to 1999	650	8.9%
Built 1980 to 1989	636	8.7%
Built 1970 to 1979	1,012	13.8%
Built 1960 to 1969	468	6.4%
Built 1950 to 1959	666	9.1%
Built 1940 to 1949	405	5.5%
Built 1939 or earlier	2,507	34.2%
Total	7,325	100.0%

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<sup>1</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.9-6

Richland County Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	114	1.3%
Built 2010 to 2013	121	1.3%
Built 2000 to 2009	1,138	12.6%
Built 1990 to 1999	984	10.9%
Built 1980 to 1989	849	9.4%
Built 1970 to 1979	1,261	14%
Built 1960 to 1969	598	6.6%
Built 1950 to 1959	645	7.2%
Built 1940 to 1949	558	6.2%
Built 1939 or earlier	2,730	30.3%
Total	8,998	100.0%

Table A.9-7

Regional Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	1,099	1.7%
Built 2010 to 2013	1,263	1.9%
Built 2000 to 2009	8,126	12.4%
Built 1990 to 1999	8,160	12.4%
Built 1980 to 1989	5,882	9.0%
Built 1970 to 1979	9,804	15.0%
Built 1960 to 1969	5,169	7.9%
Built 1950 to 1959	4,957	7.6%
Built 1940 to 1949	3,268	5.0%
Built 1939 or earlier	17,833	27.2%
Total	65,561	100.0%

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<sup>1</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates

Table A.9-8

Wisconsin Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	68,215	2.5%
Built 2010 to 2013	54,134	2%
Built 2000 to 2009	334,007	12.3%
Built 1990 to 1999	380,262	14%
Built 1980 to 1989	266,654	9.8%
Built 1970 to 1979	392,059	14.5%
Built 1960 to 1969	262,303	9.7%
Built 1950 to 1959	289,277	10.7%
Built 1940 to 1949	147,695	5.5%
Built 1939 or earlier	514,838	19%
Total	2,709,444	100.0%

Table A.9-9

United States Year Housing Units Built (2020) <sup>1</sup>		
Year	#	%
Built 2014 or later	4,826,244	3.5%
Built 2010 to 2013	3,772,330	2.7%
Built 2000 to 2009	18,872,283	13.6%
Built 1990 to 1999	19,229,676	13.9%
Built 1980 to 1989	18,484,475	13.4%
Built 1970 to 1979	20,811,073	15%
Built 1960 to 1969	14,506,264	10.5%
Built 1950 to 1959	14,087,506	10.2%
Built 1940 to 1949	6,658,408	4.8%
Built 1939 or earlier	17,184,492	12.4%
Total	138,432,751	100.0%

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<sup>1</sup> 2020 Census Bureau. American Community Survey 5-Year Estimates

## A.10. Medical Care

Figure A.10-1

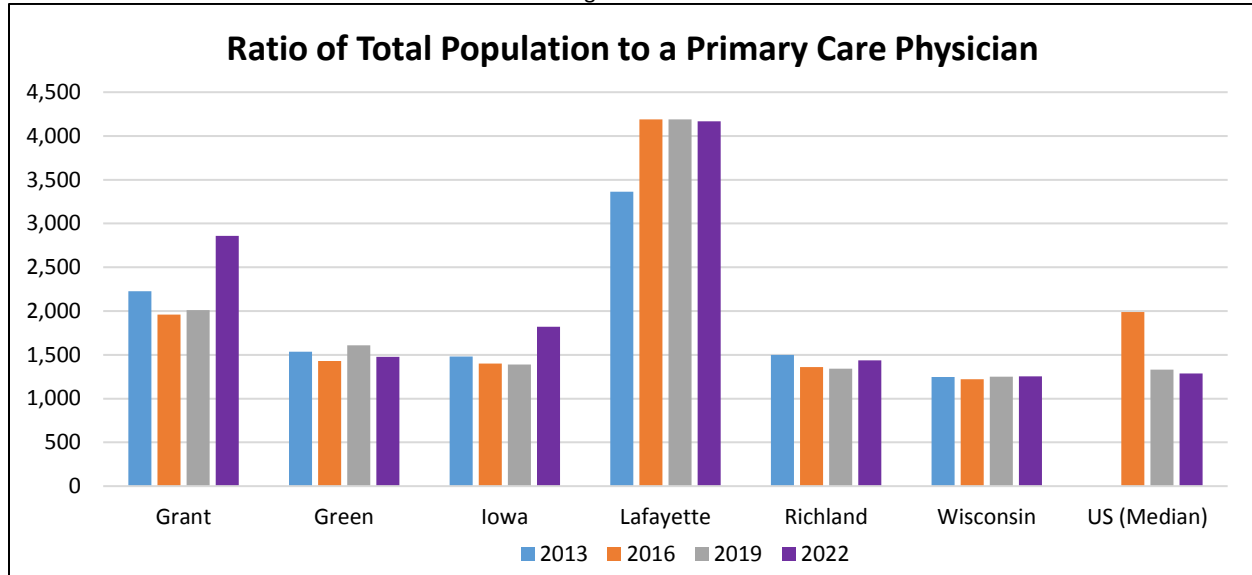


Table A.10-1

Ratio of Total Population to Primary Care Physicians <sup>1</sup>				
	2013	2016	2019	2022
Grant	2,227:1	1,960:1	2,010:1	2,858:1
Green	1,536:1	1,430:1	1,610:1	1,478:1
Iowa	1,481:1	1,400:1	1,390:1	1,821:1
Lafayette	3,363:1	4,190:1	4,190:1	4,166:1
Richland	1,500:1	1,360:1	1,340:1	1,438:1
Wisconsin	1,247:1	1,220:1	1,250:1	1,255:1
United States (Median)	-	1,990:1	1,330:1	1,287:1

<sup>1</sup> County Health Rankings. *Primary care physicians*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

Figure A.10-2

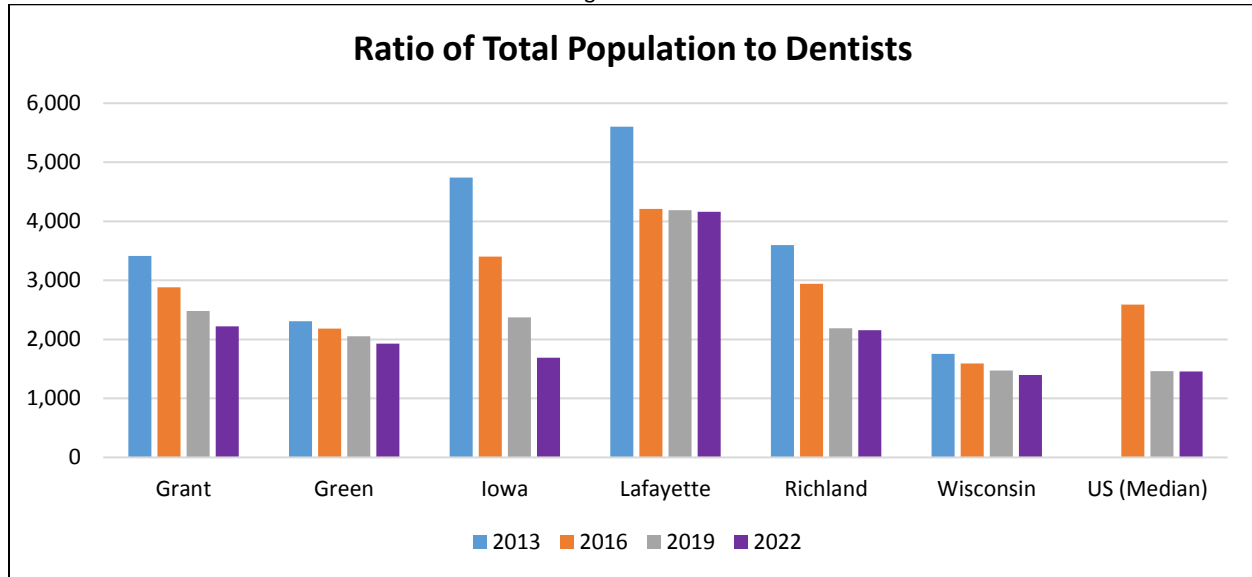


Table A.10-2

Ratio of Total Population to Dentists <sup>1</sup>				
	2013	2016	2019	2022
Grant	3,414:1	2,880:1	2,480:1	2,218:1
Green	2,305:1	2,180:1	2,050:1	1,926:1
Iowa	4,740:1	3,400:1	2,370:1	1,689:1
Lafayette	5,604:1	4,210:1	4,190:1	4,162:1
Richland	3,599:1	2,940:1	2,190:1	2,157:1
Wisconsin	1,752:1	1,590:1	1,470:1	1,395:1
United States (Median)	-	2,590:1	1,460:1	1,455:1

<sup>1</sup> County Health Rankings. *Dentists*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

Figure A.10-3

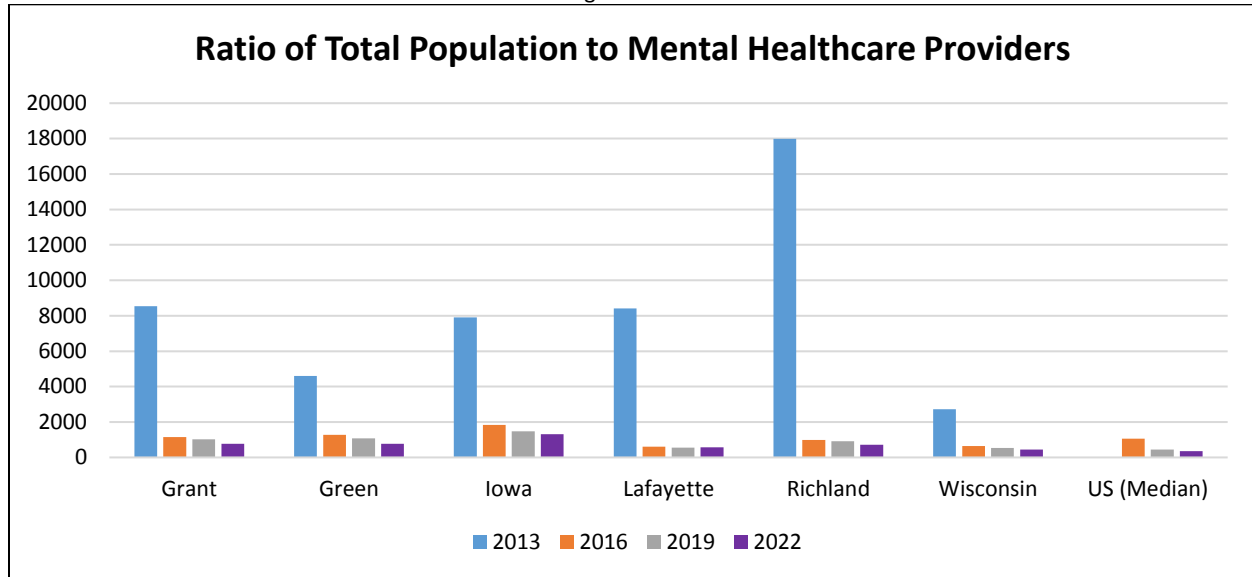


Table A.10-3

Ratio of Total Population to Mental Healthcare Providers <sup>1</sup>				
	2013	2016	2019	2022
Grant	8536:1	1,150:1	1,020:1	762:1
Green	4,609:1	1,280:1	1,080:1	763:1
Iowa	7,900:1	1,830:1	1,480:1	1,313:1
Lafayette	8,407:1	600:1	560:1	574:1
Richland	17,994:1	980:1	920:1	719:1
Wisconsin	2,714:1	640:1	530:1	441:1
United States (Median)	--	1060:1	440:1	359:1

<sup>1</sup> County Health Rankings. *Mental Health Providers*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022



# Facilities Designated as Health Professional Shortage Areas.<sup>1</sup>

This indicator reports the number and location of health care facilities designated as “Health Professional Shortage Areas” (HSPAs), defined as having shortages of primary medical care, dental, or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Table A.10-4

Facilities Designated as Health Professional Shortage Areas				
	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
<b>2022</b>				
Grant	2	3	3	8
Green	0	0	0	0
Iowa	0	1	0	1
Lafayette	1	1	1	3
Richland	1	1	1	3
Region	4	5	5	14
Wisconsin	106	118	112	336
US	4,332	4,254	4,414	13,000
<b>2019</b>				
Grant	3	4	4	11
Green	0	0	0	0
Iowa	1	1	1	3
Lafayette	0	0	0	0
Richland	0	0	0	0
Region	4	5	5	14
Wisconsin	80	85	80	245
US	3,985	3,623	3,439	11,208
<b>2016</b>				
Grant	3	4	4	11
Green	0	0	0	0
Iowa	1	1	1	3
Lafayette	0	0	0	0
Richland	0	0	0	0
Region	4	5	5	14
Wisconsin	80	85	80	245
US	3,985	3,623	3,439	11,208

<sup>1</sup> US Department of Health and Human Services, Health Resources and Services Administration  
<https://data.hrsa.gov/topics/health-workforce/shortage-areas> Accessed August: 2022

Figure A.10-4

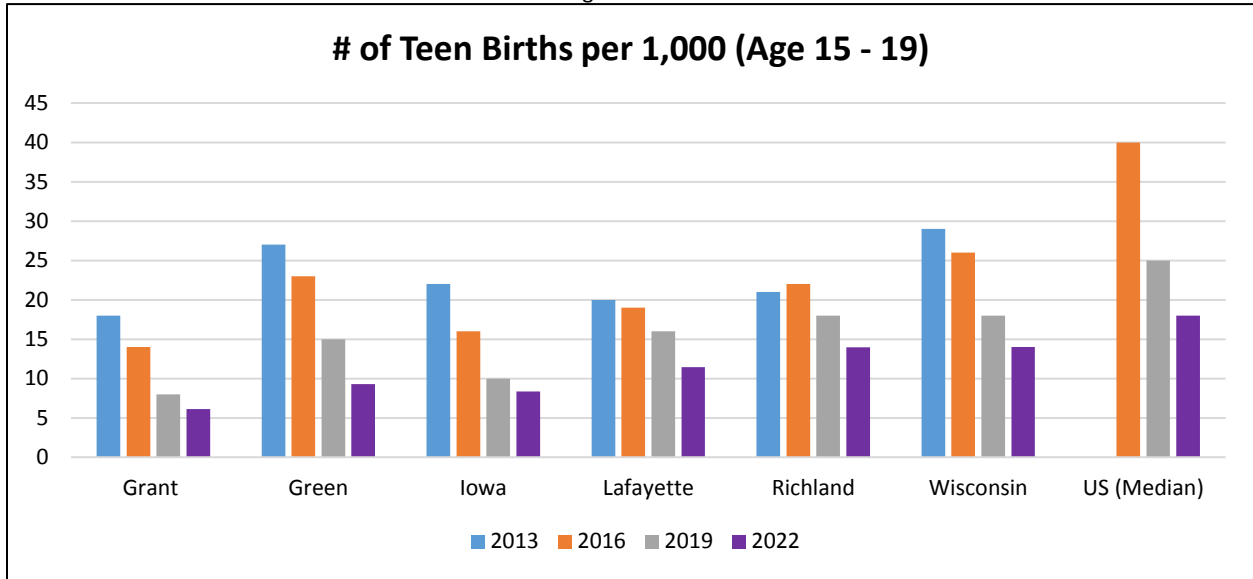


Table A.10-5

# of Teen Births per 1000 Females Age 15-19 (2013-2022) <sup>1</sup>				
	2013	2016	2019	2022
Grant	18	14	8	6
Green	27	23	15	9
Iowa	22	16	10	8
Lafayette	20	19	16	11
Richland	21	22	18	14
Wisconsin	29	26	18	14
United States (Median)	-	40	25	18

<sup>1</sup> County Health Rankings. *Teen Births*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

## A.11. Behaviors

Table A.11-1

Drug Overdose Deaths 2016-2022 <sup>1</sup>						
	2016		2019		2022	
Location	# of Deaths	Deaths per 100,000	# of Deaths	Deaths per 1,000	# of Deaths	Deaths per 1,000
Grant	12	8	13	8	13	8
Green	15	14	No data	No data	15	14
Iowa	No data	No data	No data	No data	No data	No data
Lafayette	No data	No data	No data	No data	No data	No data
Richland	No data	No data	10	19	10	19
Wisconsin	2401	14	3129	18	3811	18

Figure A.11-1

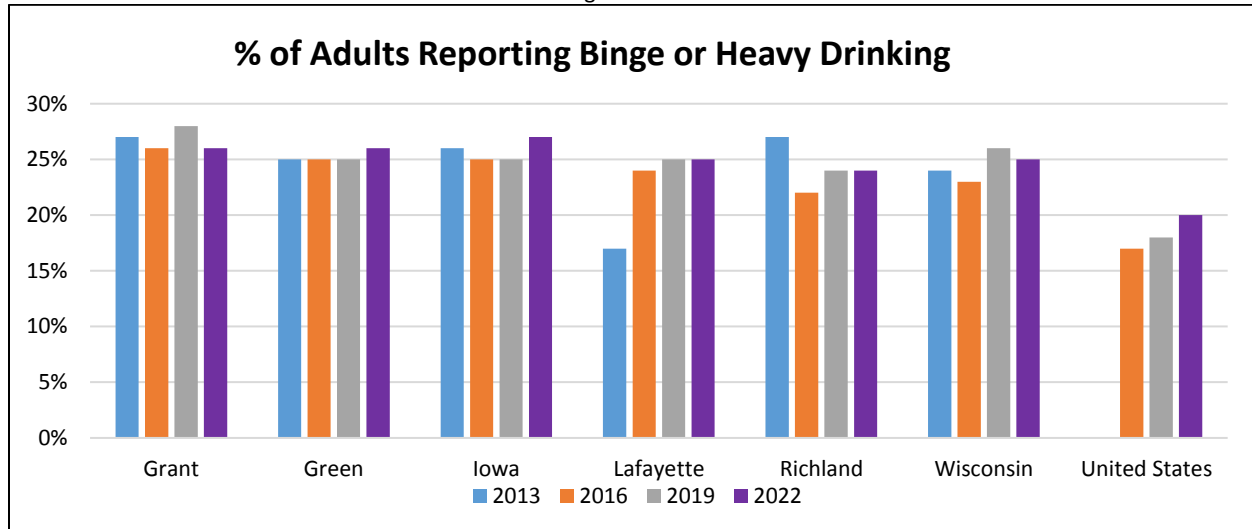


Table A.11-2

% of Adults Reporting Binge or Heavy Drinking <sup>2</sup>				
Location	2013	2016	2019	2022
Grant	27%	26%	28%	26%
Green	25%	25%	25%	26%
Iowa	26%	25%	25%	27%
Lafayette	17%	24%	25%	25%
Richland	27%	22%	24%	24%
Wisconsin	24%	23%	26%	25%
US (Median)	--	17%	18%	20%

<sup>1</sup> County Health Rankings. *Overdose Rate*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

<sup>2</sup> County Health Rankings. *Binge Drinking*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

Figure A.11-2

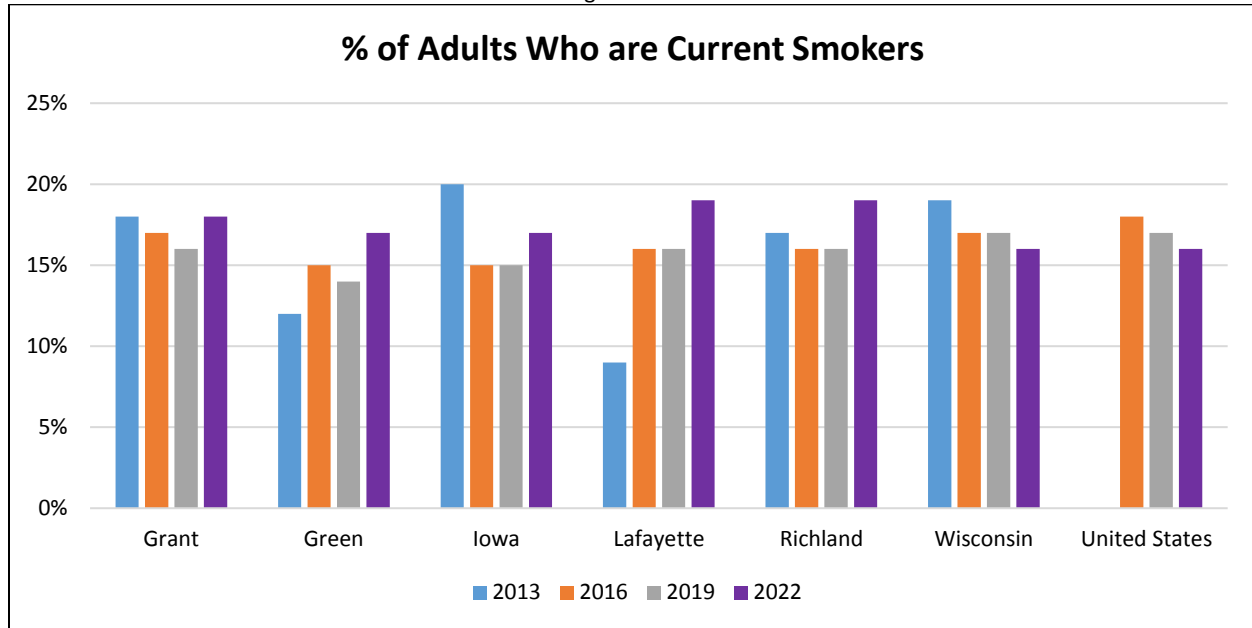


Table A.11-3

%of Adults Who are Current Smokers <sup>1</sup>				
Location	2013	2016	2019	2022
Grant	18%	17%	16%	18%
Green	12%	15%	14%	17%
Iowa	20%	15%	15%	17%
Lafayette	9%	16%	16%	19%
Richland	17%	16%	16%	19%
Wisconsin	19%	17%	17%	16%
US (Median)	--	18%	17%	16%

<sup>1</sup> County Health Rankings. *Current Smoker*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

Figure A.11-3

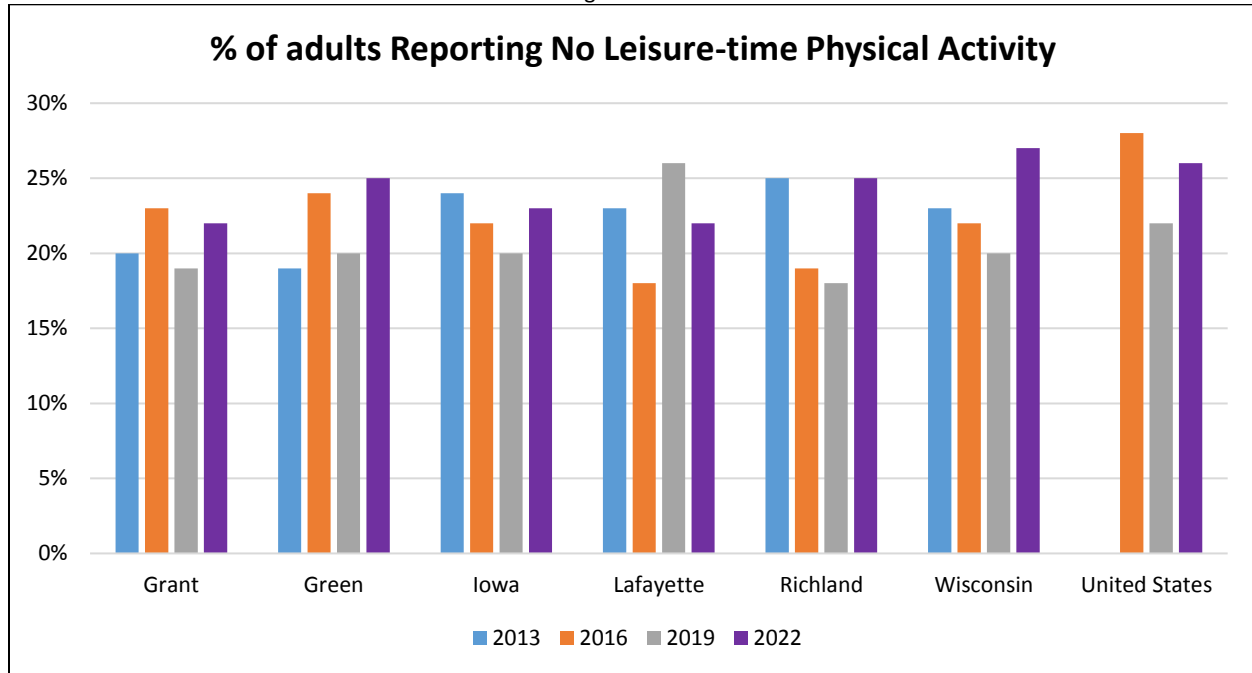


Table A.11-4

%of Adults Who are Current Smokers <sup>1</sup>				
Location	2013	2016	2019	2022
Grant	20%	23%	19%	22%
Green	19%	24%	20%	25%
Iowa	24%	22%	20%	23%
Lafayette	23%	18%	26%	22%
Richland	25%	19%	18%	25%
Wisconsin	23%	22%	20%	27%
US (Median)	--	28%	22%	26%

<sup>1</sup> County Health Rankings. *Physical Inactivity*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed: 2022

Figure A.11-4

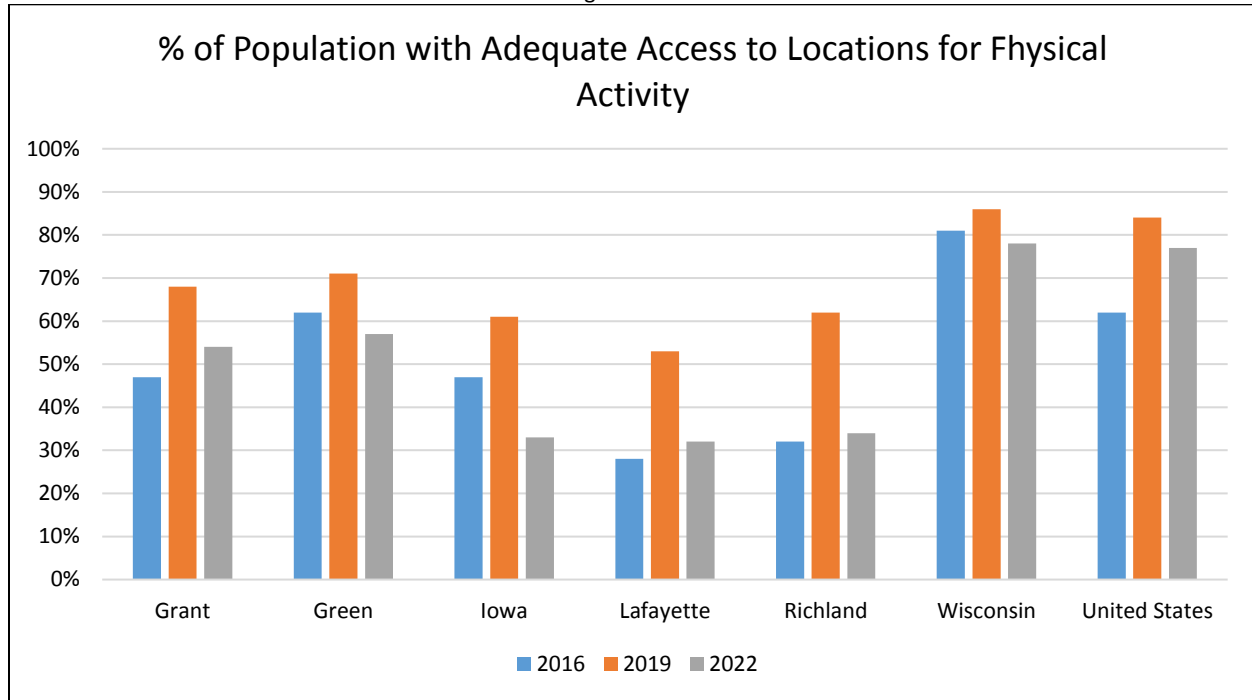


Table A.11-5

Location	2016	2019	2022
Grant	47%	68%	54%
Green	62%	71%	57%
Iowa	47%	61%	33%
Lafayette	28%	53%	32%
Richland	32%	62%	34%
Wisconsin	81%	86%	78%
US (Median)	62%	84%	77%

<sup>1</sup> County Health Rankings. *Access to Exercise Opportunities*. University of Wisconsin Population Health Institute, School of Medicine and Public Health.

### Teen Self-Harm<sup>1</sup>

This indicator reports the percentage of high school students that self-reported they had hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the past 30 days. The data is from the Youth Risk Behavior Survey in 2017.

Figure A.11-5

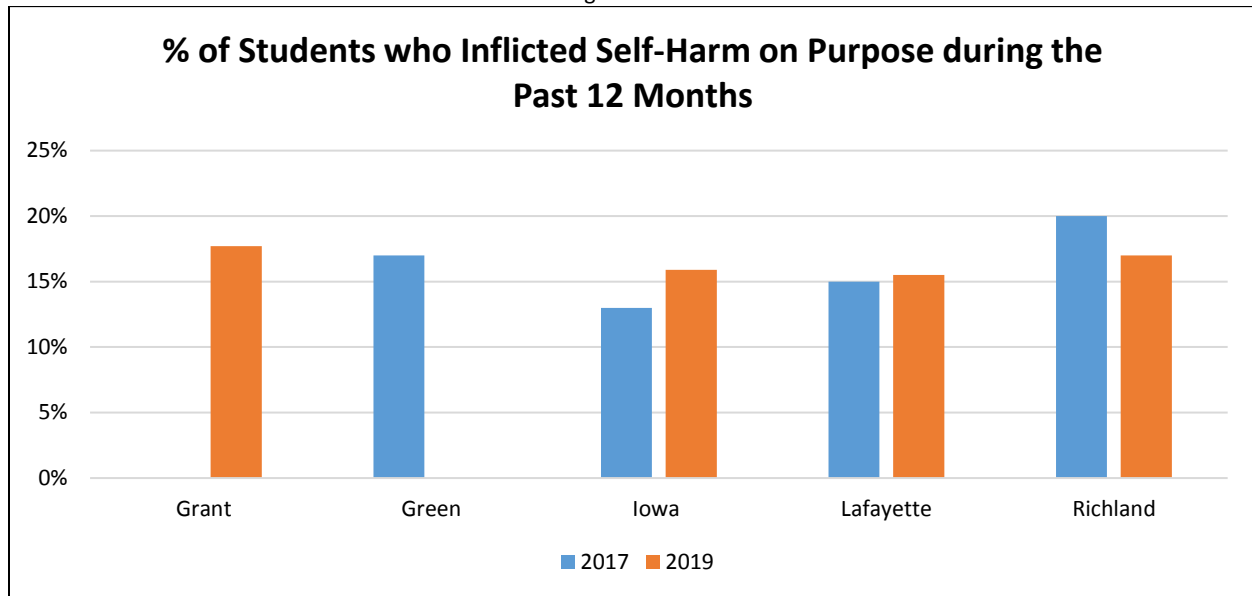


Table A.11-6

Percentage of High School Students who did something to hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the past 12 months (2017-2019)						
	2017			2019		
	Total	Female	Male	Total	Female	Male
Grant	17.7%	26.3%	9.4%	No Data	No Data	No Data
Green	No Data	No Data	No Data	17%	25%	10%
Iowa	15.9%	21.6%	9.2%	13%	21%	6%
Lafayette	15.5%	22.1%	7.7%	15%	19%	11%
Richland	17.0%	27.4%	8.2%	20%	29%	12%

<sup>1</sup> Center for Disease Control and Prevention. *Youth Risk Behavior Survey*. Data Managed and Provided by UW-Extension in Grant, Iowa, Lafayette, and Richland Counties and by Better Brodhead in Green County.

Figure A.11-6

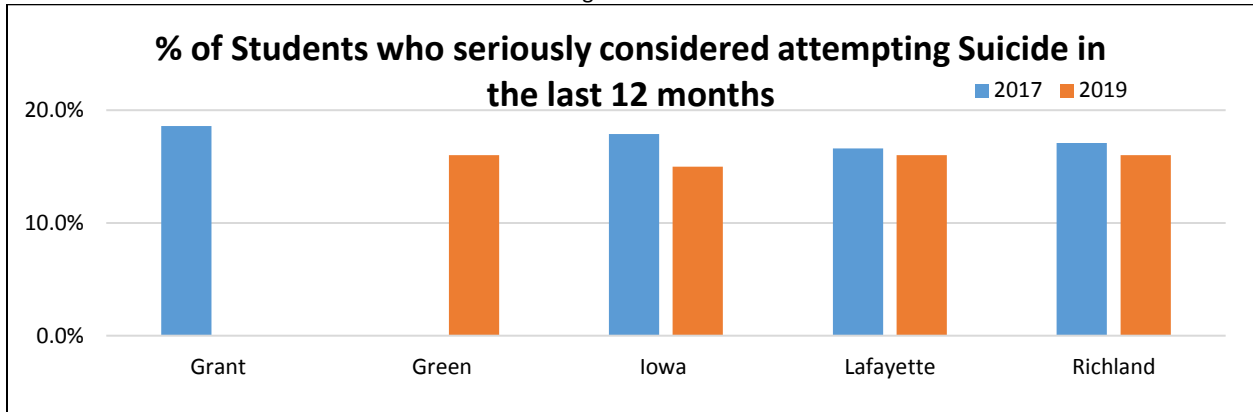


Table A.11-7

Percentage of High School Students who seriously considered attempting suicide in the last 12 months (2017-2019)						
	2017			2019		
	Total	Female	Male	Total	Female	Male
Grant	18.6%	25.4%	12.1%	No Data	No Data	No Data
Green	No Data	No Data	No Data	16.0%	22.0%	10.0%
Iowa	17.9%	22.0%	13.0%	15.0%	19.0%	10.0%
Lafayette	16.6%	21.6%	11.2%	16.0%	21.0%	12.0%
Richland	17.1%	25.3%	9.5%	16.0%	19.0%	14.0%

Figure A.11-7

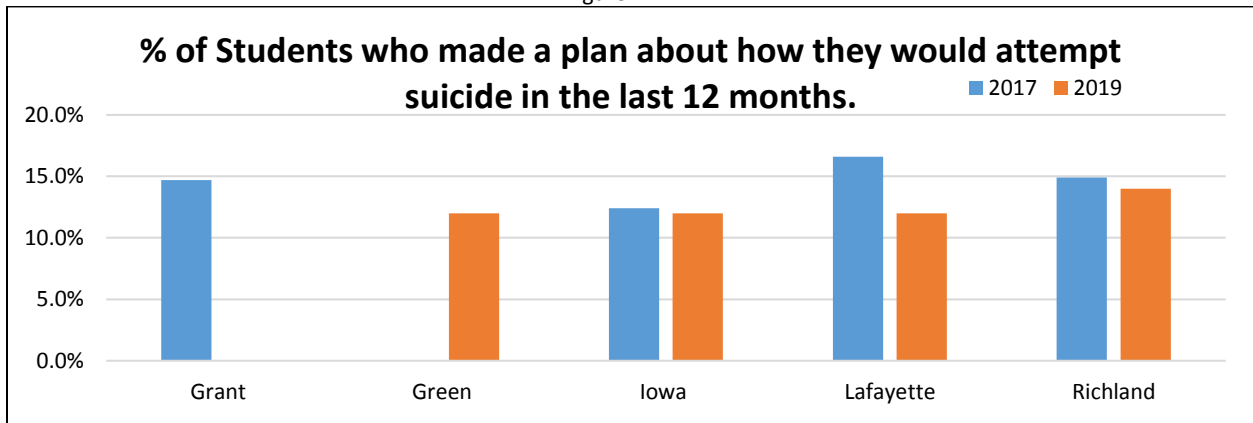


Table A.11-8

Percentage of High School students who made a plan about how they would attempt suicide in the last 12 months (2017-2019)						
	2017			2019		
	Total	Female	Male	Total	Female	Male
Grant	14.7%	19.6%	9.8%	No Data	No Data	No Data
Green	No Data	No Data	No Data	12.0%	17.0%	7.0%
Iowa	12.4%	16.7%	7.3%	12.0%	17.0%	7.0%
Lafayette	16.6%	21.6%	11.2%	12.0%	15.0%	8.0%
Richland	14.9%	20.5%	9.9%	14.0%	20.0%	9.0%



## A.12. Childcare

In determining the % of population that is employed but unable to afford a survival budget, the United Way's ALICE (Asset Limited, Income Constrained, Employed) analysis created household budgets for a variety of household types. The figure and table below present the survival budget for a 2 adult, 1 infant, and 1 preschooler household. This household type was chosen to highlight the cost of childcare in the region. The data below shows that the survival budget for this type of household is greater than the median income. Also presented is the percent of median household income that childcare costs represent by county.

Figure A.12-1

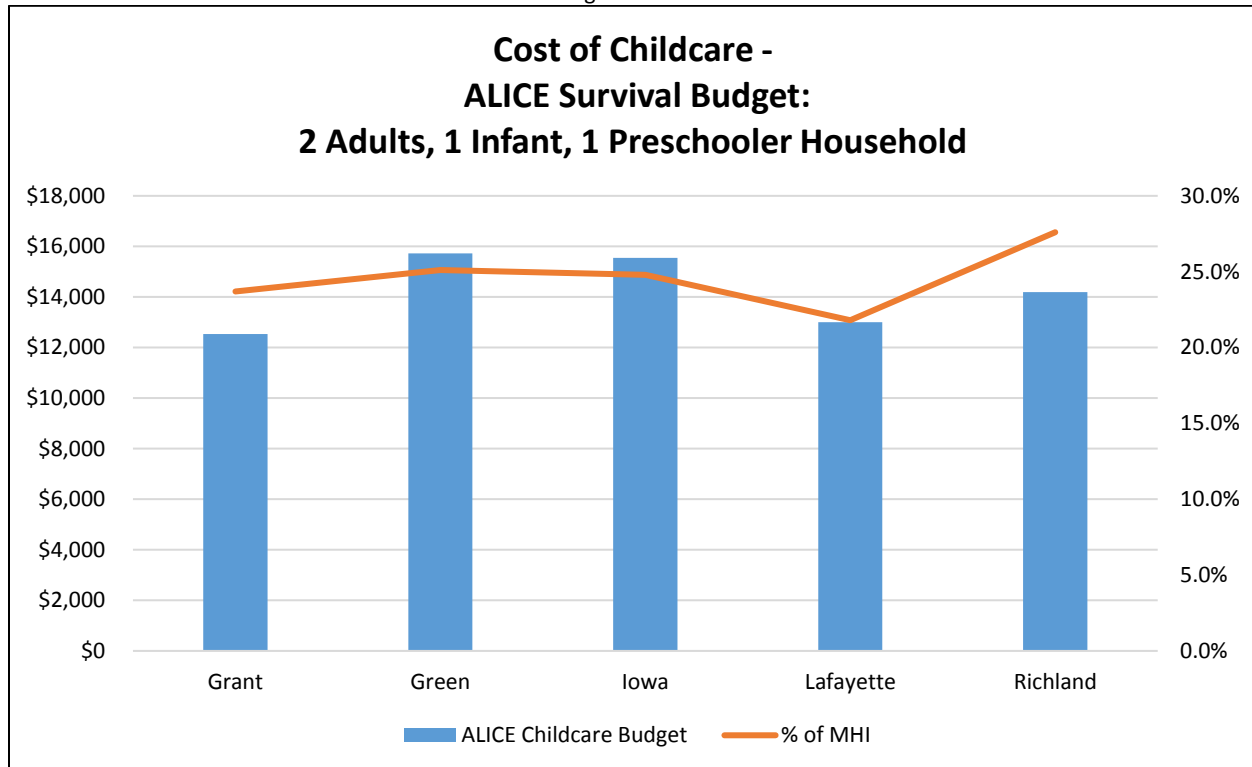


Table A.12-1

Location	Annual ALICE Survival Budget	Median Household Income	ALICE Childcare Budget (Annual)	% of Median Household Income that Childcare Represents.
Grant County	\$61,260	\$52,958	\$12,528	23.7%
Green County	\$67,608	\$62,699	\$15,720	25.1%
Iowa County	\$70,344	\$62,785	\$15,552	24.8%
Lafayette County	\$62,640	\$59,629	\$12,996	21.8%
Richland County	\$65,496	\$51,335	\$14,196	27.6%

<sup>1</sup> United Way of Wisconsin. 2020 United Way ALICE Report. <https://www.unitedforalice.org/state-reports-mobile>

Table A.12-2

Childcare Expenses and Availability 2022 <sup>1</sup>		
Location	% of Median Household income required for Childcare Expenses	Childcare Centers
Grant	25%	24
Green	23%	16
Iowa	20%	8
Lafayette	20%	6
Richland	25%	3
Wisconsin	26%	2388

Figure A.12-2

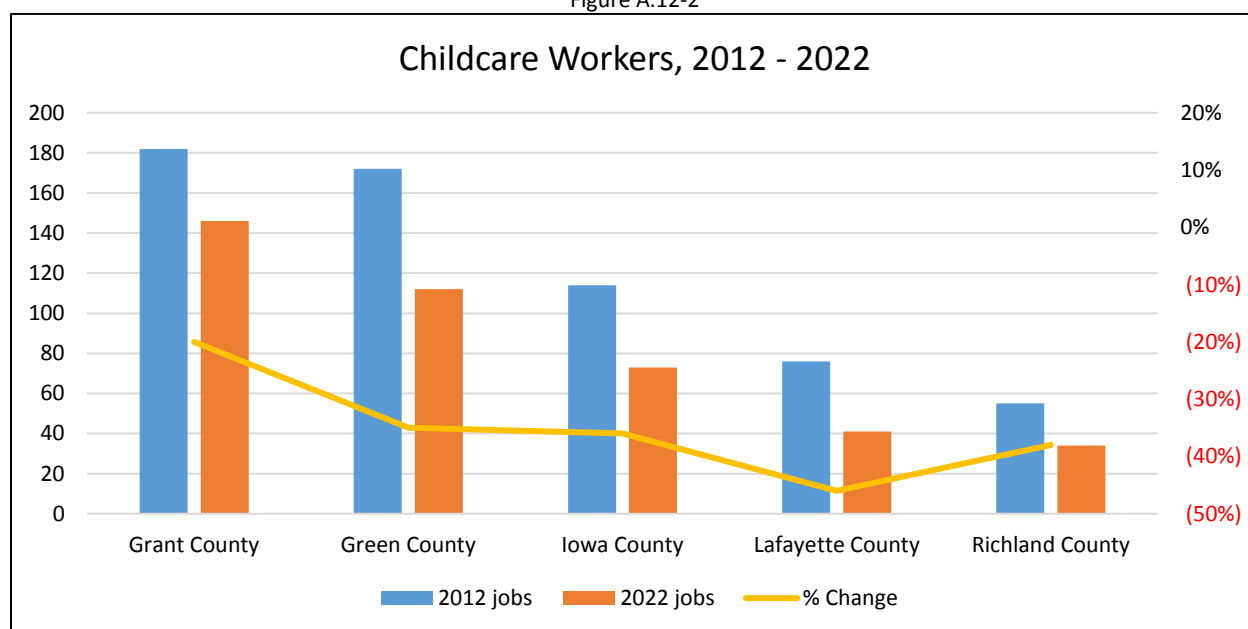


Table A.12-3

Table A.104. Childcare Workers, 2009 – 2019 Change in Jobs and Earnings <sup>2</sup>					
Location	2009 Jobs	2019 Jobs	Change	% Change	Median Hourly Earnings
Grant County	165	139	(26)	(16%)	\$8.56
Green County	154	118	(36)	(23%)	\$9.74
Iowa County	114	89	(25)	(22%)	\$9.78
Lafayette County	57	51	(6)	(11%)	\$8.79
Richland County	78	44	(36)	(44%)	\$8.50
Wisconsin	23,297	17,870	(5,427)	(23%)	\$9.59

<sup>1</sup> County Health Rankings. *Access to Exercise Opportunities*. University of Wisconsin Population Health Institute, School of Medicine and Public Health.

<sup>2</sup> EMSI Q3 2022 Data Set. *Comparing Childcare Workers*.

## B. Survey Results

### B.1. Community Survey

Question 1: What county do you live in?

Figure 0

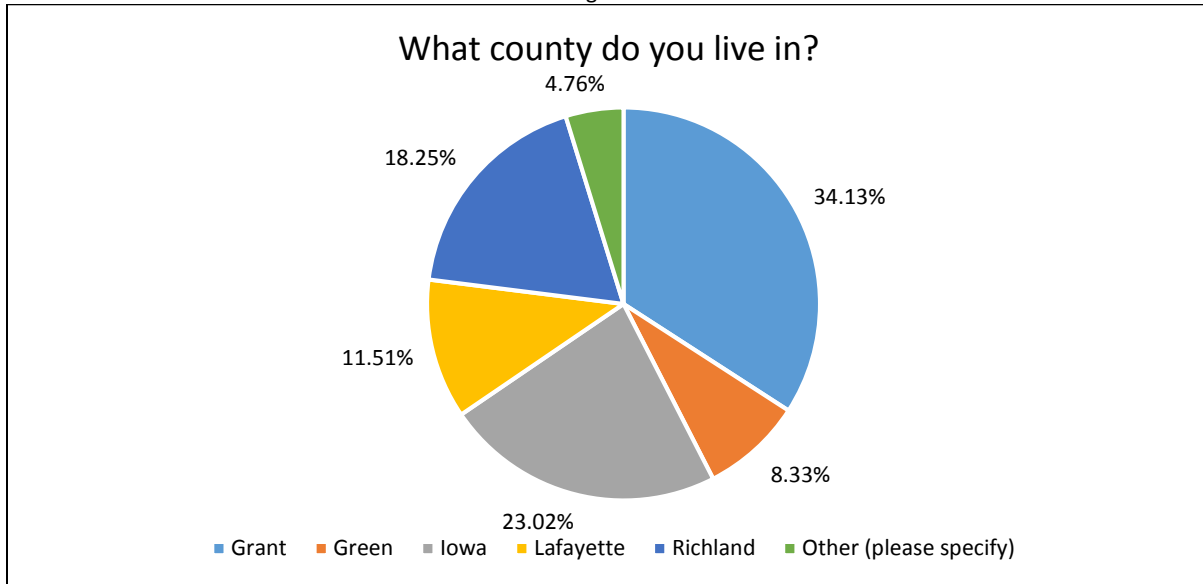


Table 0

What County do you live in		
Grant	34.13%	86
Green	8.33%	21
Iowa	23.02%	58
Lafayette	11.51%	29
Richland	18.25%	46
Other (please specify)	4.76%	12
Other Responses:		
Dane x 4		
Crawford x 4		
Dubuque		
Rock		
Stephenson (Illinois)		
La Crosse		

B.2. Question 2: Which best describes you? (Please select all that apply)

Figure B.2-1

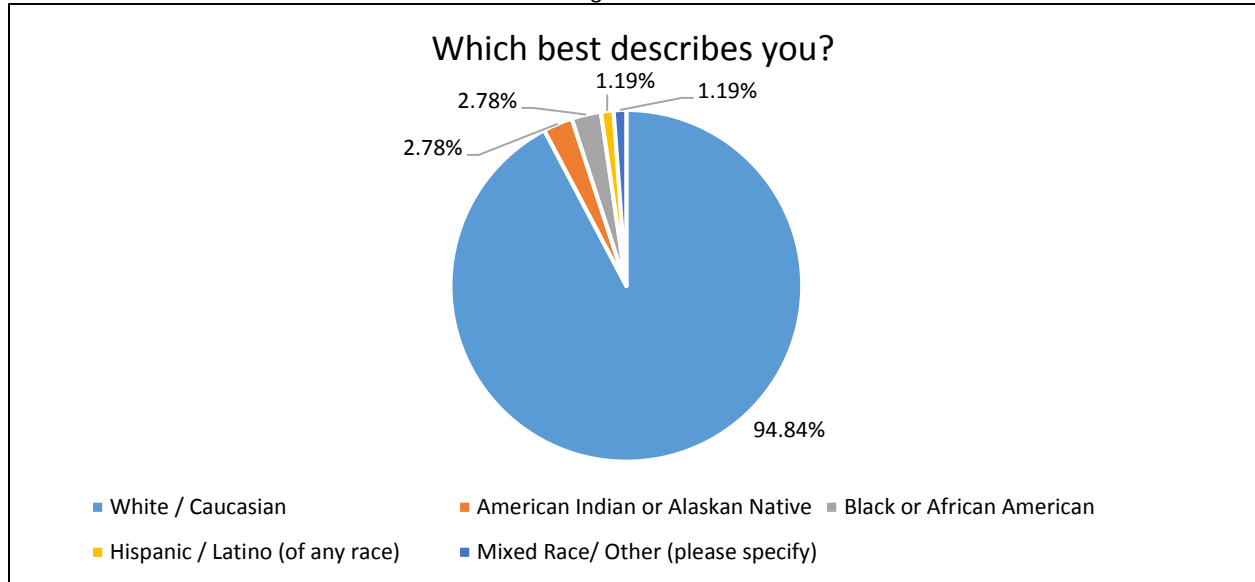


Table B.2-1

Which best describes you? (Please select all that apply)		
White / Caucasian	94.84%	239
Black or African American	2.78%	7
American Indian or Alaskan Native	2.78%	7
Hispanic / Latino (of any race)	1.19%	3
Asian / Pacific Islander	0.00%	0
Mixed Race/ Other (please specify)	1.19%	3
Other Responses		
Human x 2		
Black/white		

B.3. Question 3: How many Adults live in your household? (18 years or older. Please answer all rows)

Figure B.3-1

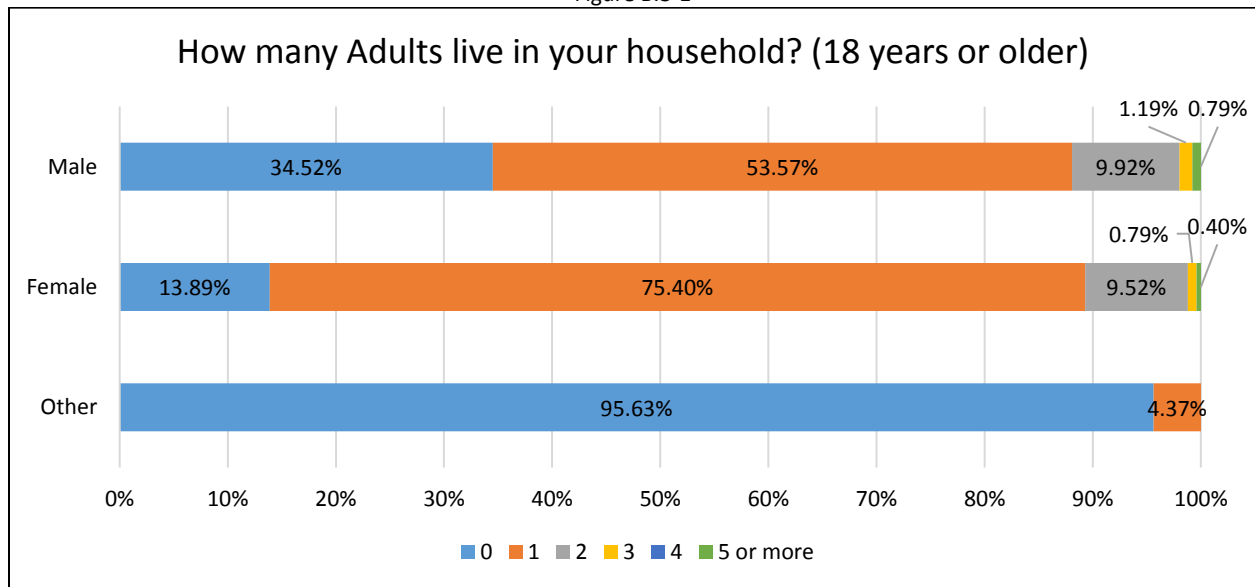


Table B.3-1

How many Adults live in your household? (18 years or older. Please answer all rows)						
	Male		Female		Other	
0	34.52%	87	13.89%	35	95.63%	241
1	53.57%	135	75.40%	190	4.37%	11
2	9.92%	25	9.52%	24	0.00%	0
3	1.19%	3	0.79%	2	0.00%	0
4	0.00%	0	0.00%	0	0.00%	0
5 or more	0.79%	2	0.40%	1	0.00%	0
Average Adults by Gender	0.81		0.99		0.04	
Average Adults per Household	1.84					

B.4. Question 4: How many Children live in your household? (Less than 18 years. Please answer all rows)

Figure B.4-1

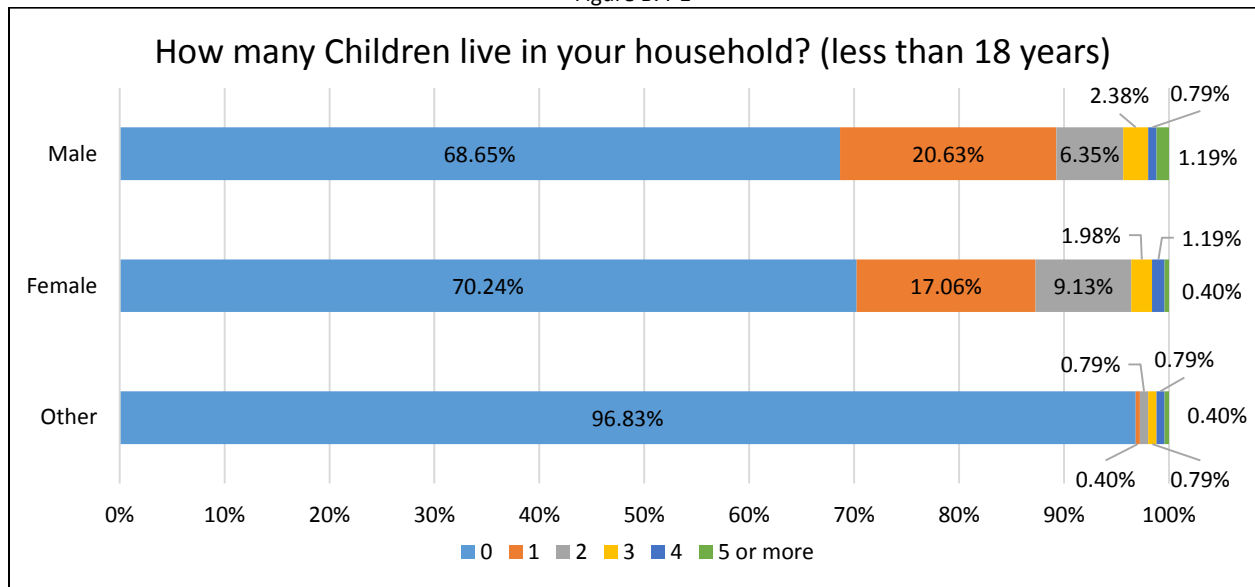


Table B.4-1

How many Children live in your household? (Less than 18 years. Please answer all rows)						
	Male		Female		Other	
0	68.65%	173	70.24%	177	96.83%	244
1	20.63%	52	17.06%	43	0.40%	1
2	6.35%	16	9.13%	23	0.79%	2
3	2.38%	6	1.98%	5	0.79%	2
4	0.79%	2	1.19%	3	0.79%	2
5 or more	1.19%	3	0.40%	1	0.40%	1
Average Children by Gender	0.49		0.48		0.10	
Average Children per Household	1.07					

B.5. Question 5: How many people in your household have ever been limited due to physical, mental, emotional, or addiction issues?

Figure B.5-1

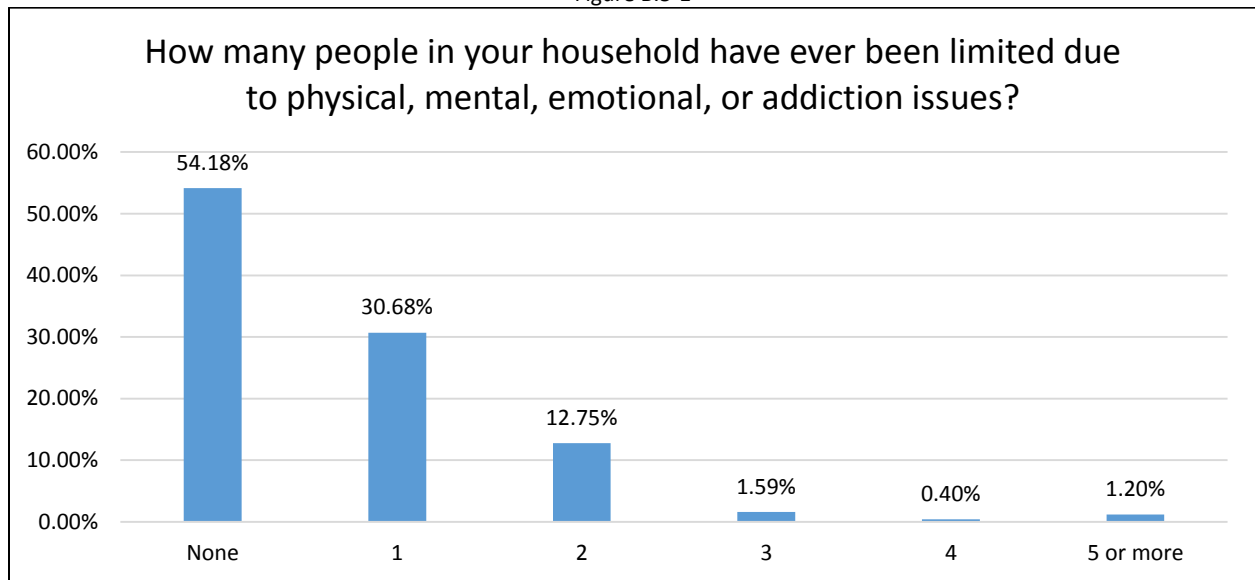


Table B.5-1

How many people in your household have ever been limited due to physical, mental, emotional, or addiction issues?		
None	54.18%	136
1	30.68%	77
2	12.75%	32
3	1.59%	4
4	0.40%	1
5 or more	1.20%	3

## B.6. Question 6: What is your household type?

Figure B.6-1

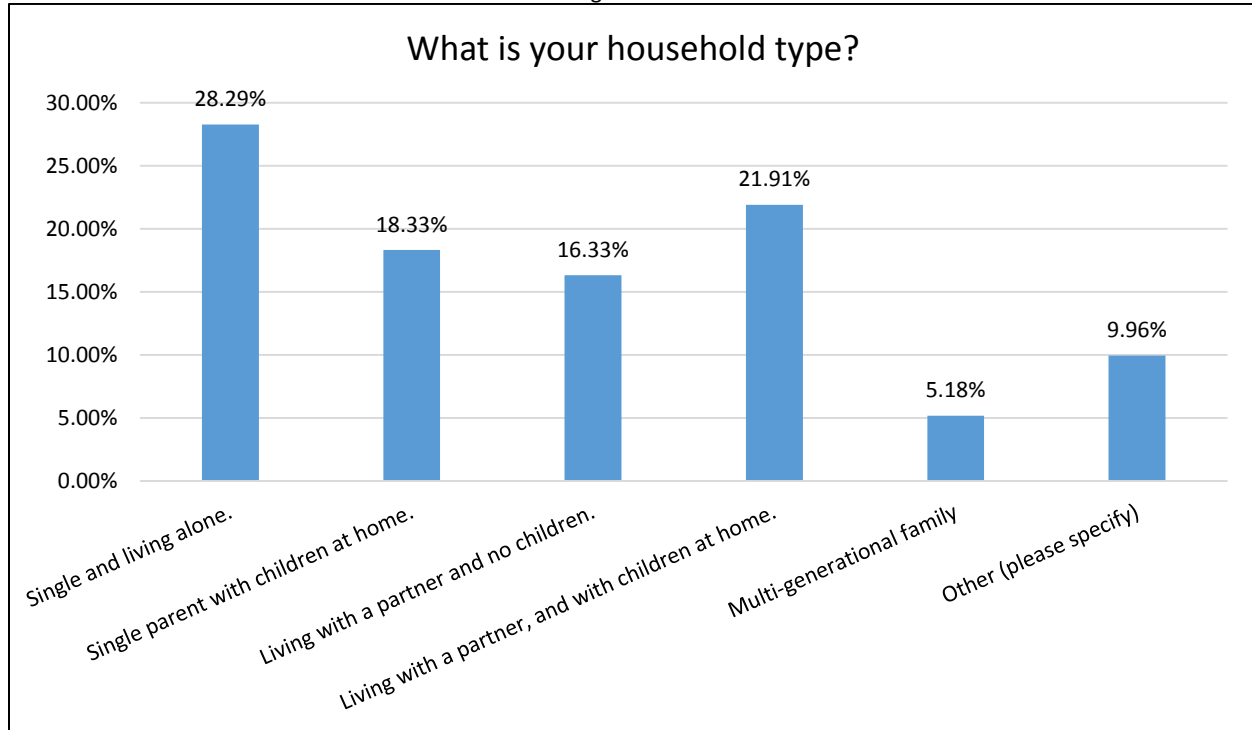


Table B.6-1

What is your household type?		
Single and living alone.	28.29%	71
Single parent with children at home.	18.33%	46
Living with a partner and no children.	16.33%	41
Living with a partner, and with children at home.	21.91%	55
Multi-generational family	5.18%	13
Other (please specify)	9.96%	25
Other Responses:		
Living with parent	2 male friends	
3 separate households in one home	Living with spouse and Child	
Single with child living elsewhere	Mother + older son	
Foster Home	My adult son and I	
Grandparent has guardianship of 3 girls	Adult father & adult daughter	
Live with my parents and siblings	Two friends	
Married, no children at home	Single living with older brother	
Married	Myself and room mate	
Single with adult children at home	Husband and wife for 50 years and going strong!	
Woman's shelter	Living with 2 people in recovery	
Single grandmother	Low income/disabled apartment complex	
Mother living with daughter	Married no children	
Married husband and wife with children		



### B.7. Question 7: Do you own your housing or do you rent?

Figure B.7-1

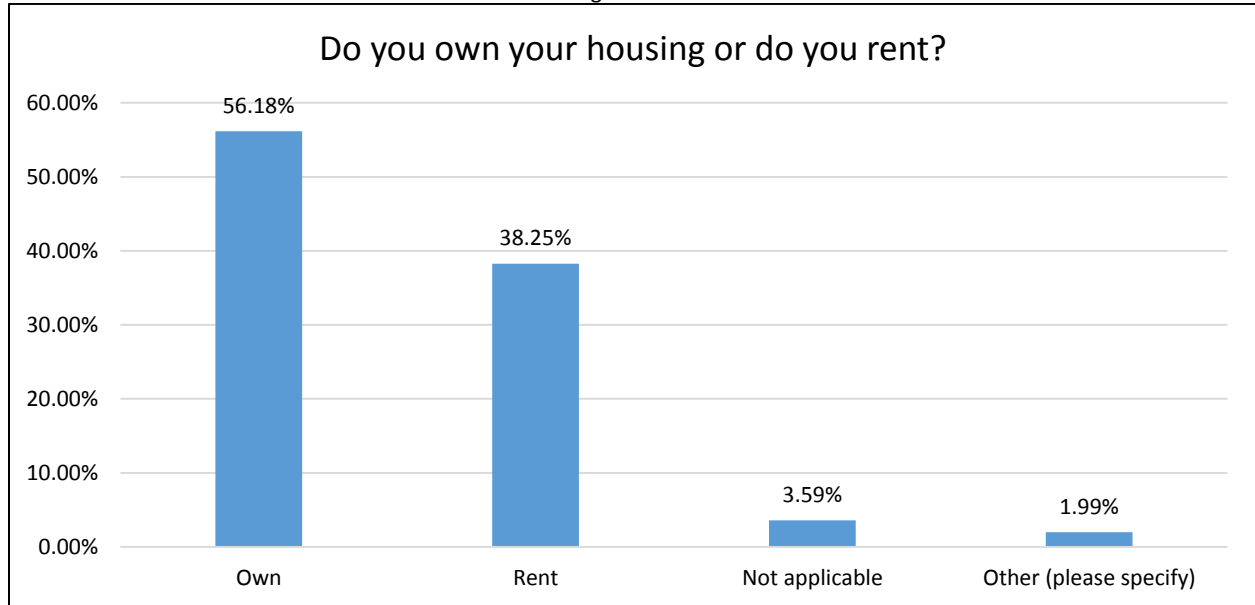


Table B.7-1

Do you own your housing or do you rent?		
Own	56.18%	141
Rent	38.25%	96
Not applicable	3.59%	9
Other (please specify)	1.99%	5
Other Responses:		
Homeless		
Living with friend		
Living in a motel		
Rent but have to move		
Manage		

## B.8. Question 8: How would you describe your housing situation?

Figure B.8-1

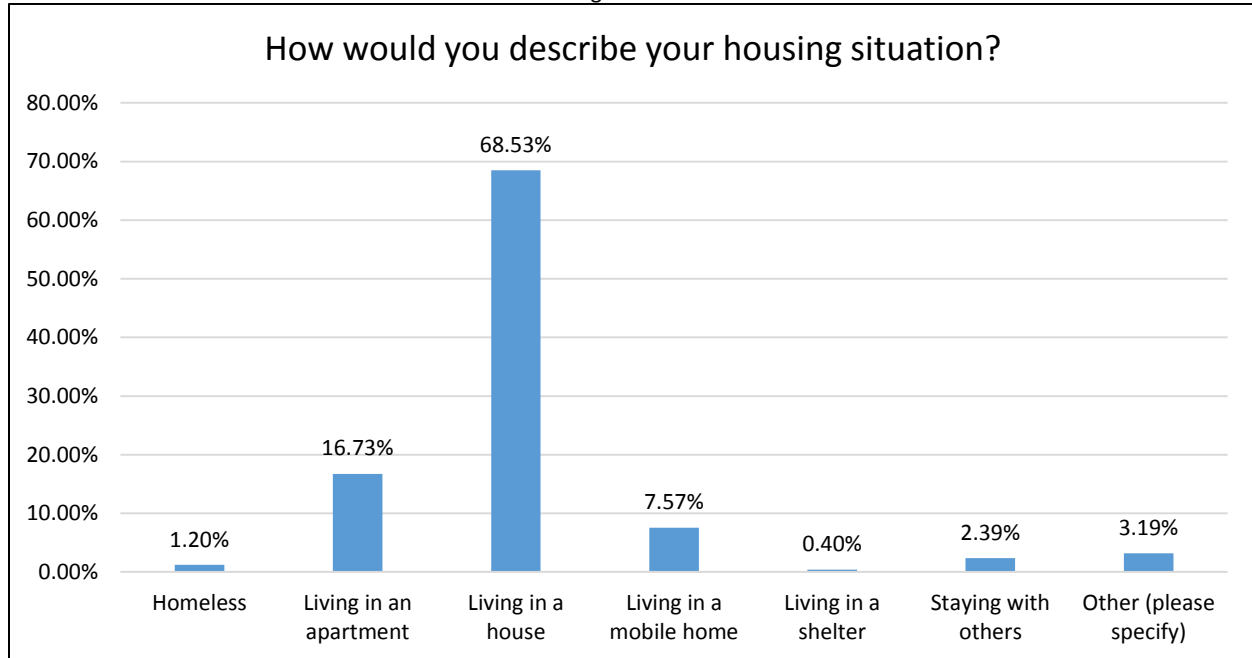


Table B.8-1

How would you describe your housing situation?		
Homeless	1.20%	3
Living in an apartment	16.73%	42
Living in a house	68.53%	172
Living in a mobile home	7.57%	19
Living in a shelter	0.40%	1
Staying with others	2.39%	6
Other (please specify)	3.19%	8
Other Responses:		
Verge of being kicked out due to past rent because they doubled my rent for no reason n only mine.		
Living in a motel		
Duplex x 3		
Will be going homeless soon		
Sober living		
Rent a way overpriced place		

## B.9. Question 9: What is your highest education level?

Figure B.9-1

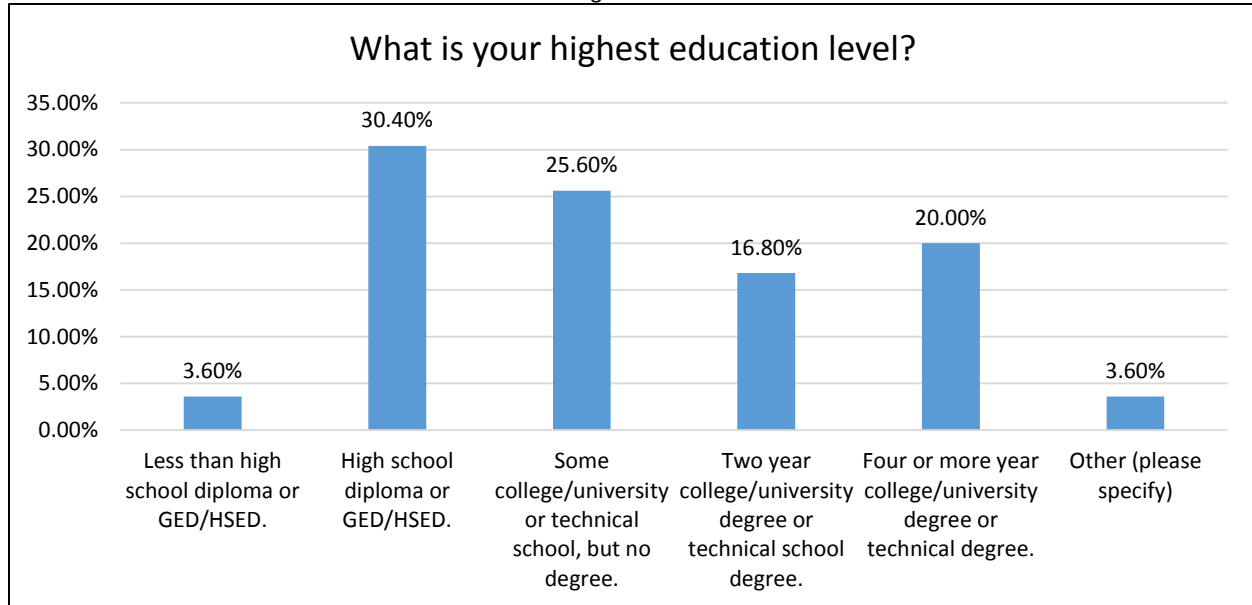


Table B.9-1

What is your highest education level?		
Less than high school diploma or GED/HSED.	3.60%	9
High school diploma or GED/HSED.	30.40%	76
Some college/university or technical school, but no degree.	25.60%	64
Two year college/university degree or technical school degree.	16.80%	42
Four or more year college/university degree or technical degree.	20.00%	50
Other (please specify)	3.60%	9
Other Responses:		
HS and some correspondence courses		
Master's Degree x 2		
Associate		
College certification for Pharmacy Technician		
11th grade		
One year technical college with a degree!		
Varies		

## B.10. Question 10: What is your employment status?

Figure B.10-1

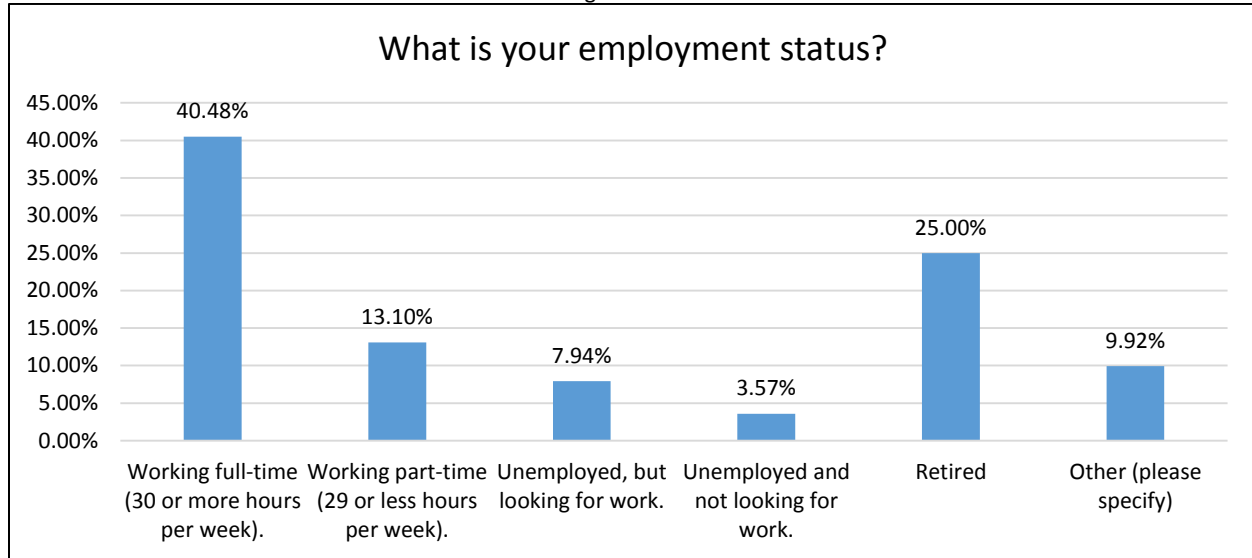


Table B.10-1

What is your employment status?		
Working full-time (30 or more hours per week).	40.48%	102
Working part-time (29 or less hours per week).	13.10%	33
Unemployed, but looking for work.	7.94%	20
Unemployed and not looking for work.	3.57%	9
Retired	25.00%	63
Other (please specify)	9.92%	25
Other Responses:		
Disabled x 7		
Disability x 4		
SSDI x 2		
Working full-time and a full-time student		
Seasonal, only allowed 30 hrs max		
Disability social security		
Semi-Retired		
Part time self employed		
Full-time Student, Stay-at-Home Mom		
Homeschool mom, working harder than ever before!		
Full disabled		
Unemployed, filed for disability		
Retired and disabled		
Husband recently passed away, caring for adult disabled child		
Retired or disabled		

### B.11. Question 11: What is your annual household income?

Figure B.11-1

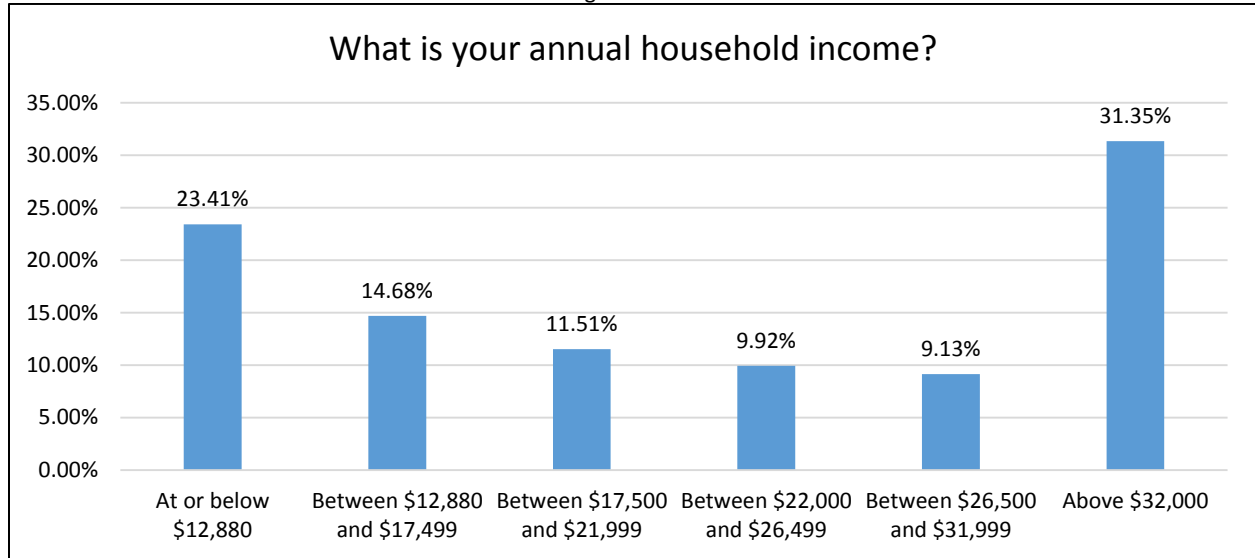


Table B.11-1

What is your annual household income?		
At or below \$12,880	23.41%	59
Between \$12,880 and \$17,499	14.68%	37
Between \$17,500 and \$21,999	11.51%	29
Between \$22,000 and \$26,499	9.92%	25
Between \$26,500 and \$31,999	9.13%	23
Above \$32,000	31.35%	79

B.12. Question 12: What are your sources of household income? (Check all that apply)

Figure B.12-1

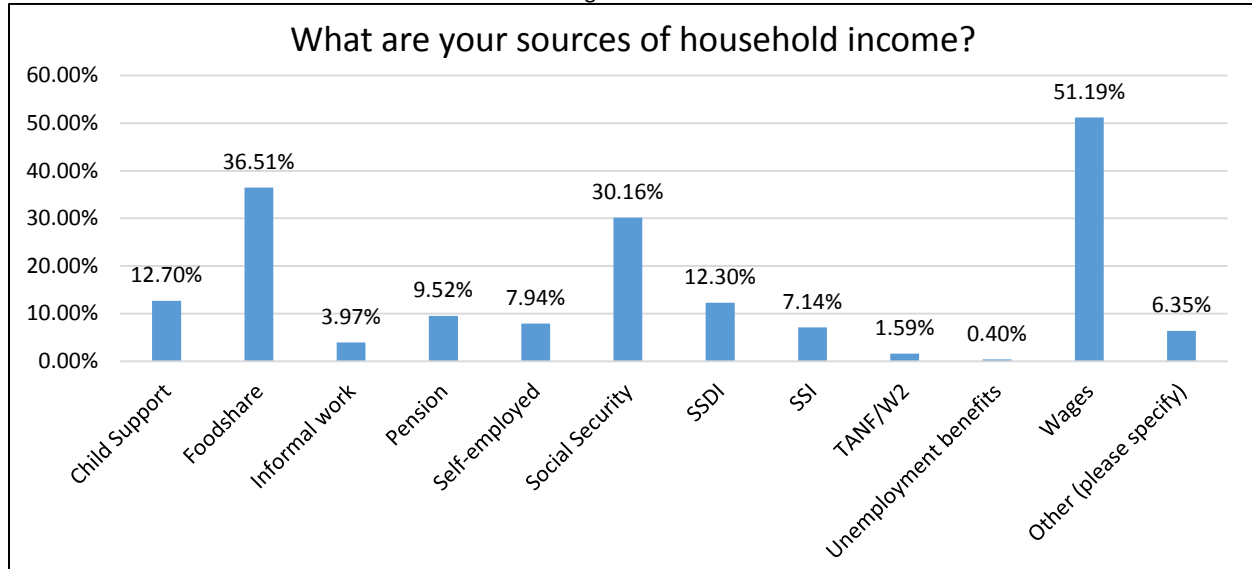


Table B.12-1

What are your sources of household income? (Check all that apply)		
Child Support	12.70%	32
Foodshare (Food Stamps/SNAP)	36.51%	92
Informal work/work for cash.	3.97%	10
Pension	9.52%	24
Self-employed	7.94%	20
Social Security	30.16%	76
Social Security Disability Insurance Benefits (SSDI).	12.30%	31
Supplemental Security Income (SSI).	7.14%	18
Temporary Assistance to Needy Families/Wisconsin Works (TANF/W2).	1.59%	4
Unemployment benefits	0.40%	1
Wages	51.19%	129
Other (please specify)	6.35%	16
Other Responses:		
No income x 2	STOCKS, INTEREST	
IRA	Kinship care	
Income from savings	Savings	
My job is the only thing making me money	Daughter has ssi, husband was working up until his rent illness and passed away	
SSA Survivor Benefits	Full time job	
Mandatory retirement withdrawal	VA disability benefits	
short term disability	Student Loans	
Rent		

B.13. Question 13: If you have medical insurance, what type do you have? (Check all that apply)

Figure B.13-1

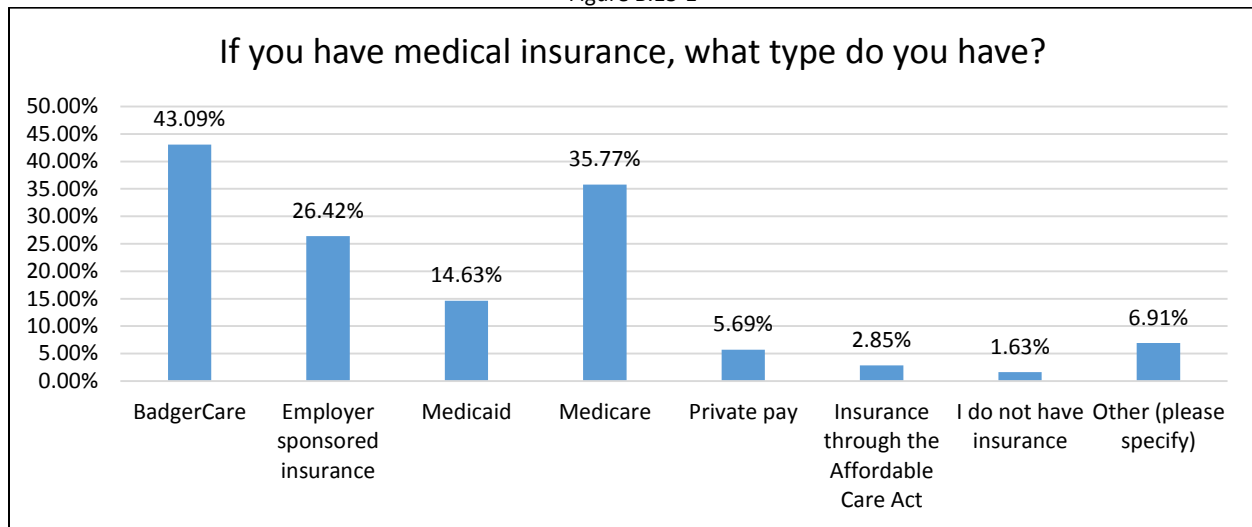


Table B.13-1

If you have medical insurance, what type do you have? (Check all that apply)		
BadgerCare	43.09%	106
Employer sponsored insurance	26.42%	65
Medicaid	14.63%	36
Medicare	35.77%	88
Private pay	5.69%	14
Insurance through the Affordable Care Act	2.85%	7
I do not have insurance	1.63%	4
Other (please specify)	6.91%	17
Other Responses:		
Medicare Supplement Insurance x 4		
VA x 2		
Tricare		
Medical Associates		
Medicare Advantage Plan		
Supplemental with WPS		
Medical Assoc Smart Plan Senior Care for Meds		
I also have a plan to cover deductibles and co-insurance with Dean Health Plan SSM		
Arizona State Retirement System		
Still on my mom's insurance		
supplement AARP United Health Care		
Priority Health		
Sean Care		

## B.14. Question 14: What are other sources of support your household uses?

Figure B.14-1

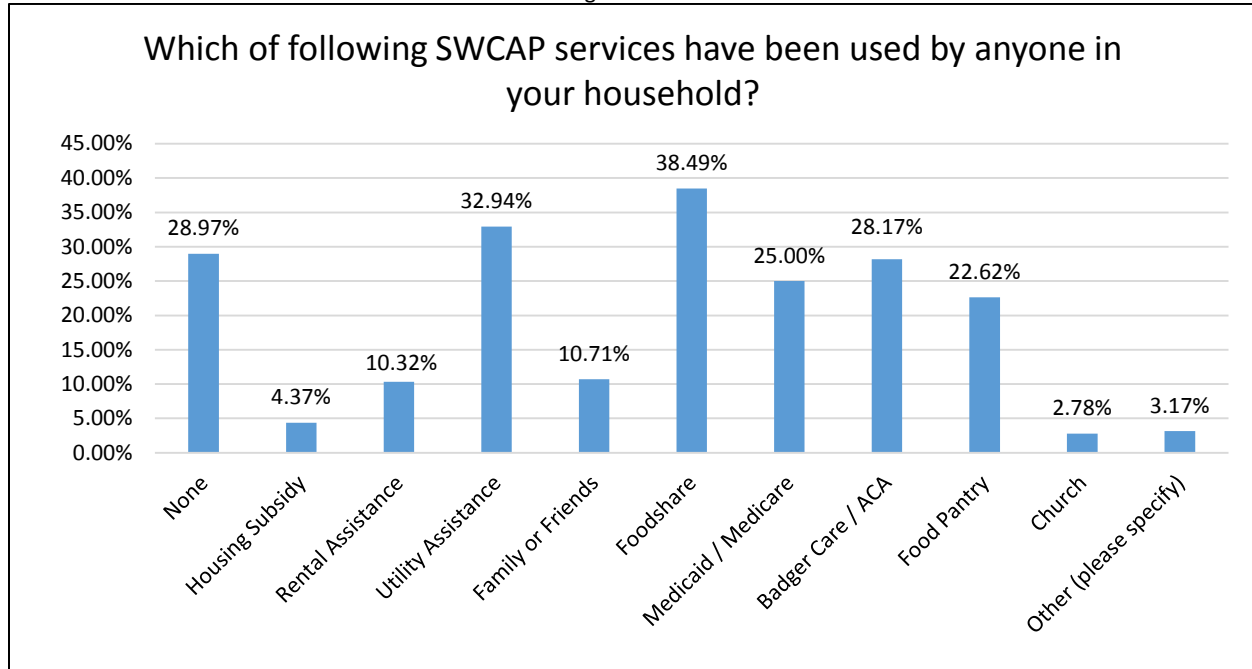


Table B.14-1

What are other sources of support your household uses? (Check all that apply)		
None of the above	28.97%	73
Housing Subsidy	4.37%	11
Rental Assistance	10.32%	26
Utility Assistance	32.94%	83
Support from Family or Friends	10.71%	27
Foodshare (Food Stamps/SNAP)	38.49%	97
Medicaid/Medicare	25.00%	63
Badger Care/ACA	28.17%	71
Food Pantry	22.62%	57
Church	2.78%	7
Other (please specify)	3.17%	8
Other Responses:		
I don't have anything other than badger care		
SWCAP, salvation army		
Social security x 2		
No other income		
Plan to start using a Food Pantry, Senior Care for medications		
Medicare		
Fuel assistance		



B.15. Question 15: Which of following SWCAP services have been used by anyone in your household? (Check all that apply)

Figure B.15-1

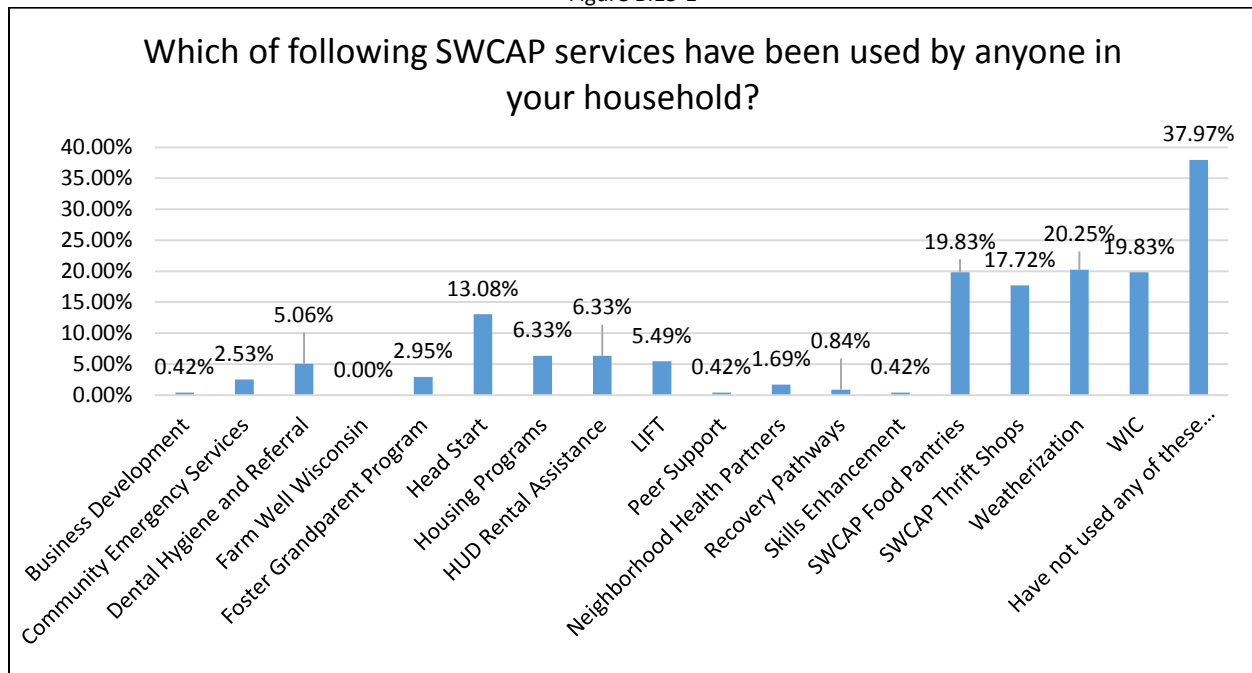


Table B.15-1

Which of following SWCAP services have been used by anyone in your household? (Check all that apply)		
Business Development	0.43%	1
Community Emergency Services (food and assistance for homeless, matching people to services, etc)	2.56%	6
Dental Hygiene and Referral	4.70%	11
Farm Well Wisconsin	0.00%	0
Foster Grandparent Program	2.99%	7
Head Start and Early Head Start	12.82%	30
Housing Programs	6.41%	15
HUD Rental Assistance	6.41%	15
LIFT Transportation Service	5.56%	13
Peer Support Program	0.43%	1
Neighborhood Health Partners	1.71%	4
Recovery Pathways (The Opportunity House)	0.85%	2
Skills Enhancement	0.43%	1
SWCAP Food Pantries	20.09%	47
SWCAP Thrift Shops (Dodgeville/ Boscobel)	17.52%	41
Weatherization	20.51%	48
Women, Infants, and Children Nutrition (WIC)	19.66%	46
Have not used any of these services	38.03%	89

B.16. Question 16: If SWCAP services have not been used by anyone in your household in the past three years, what are the reasons for not using the services? (Check all that apply)

Figure B.16-1

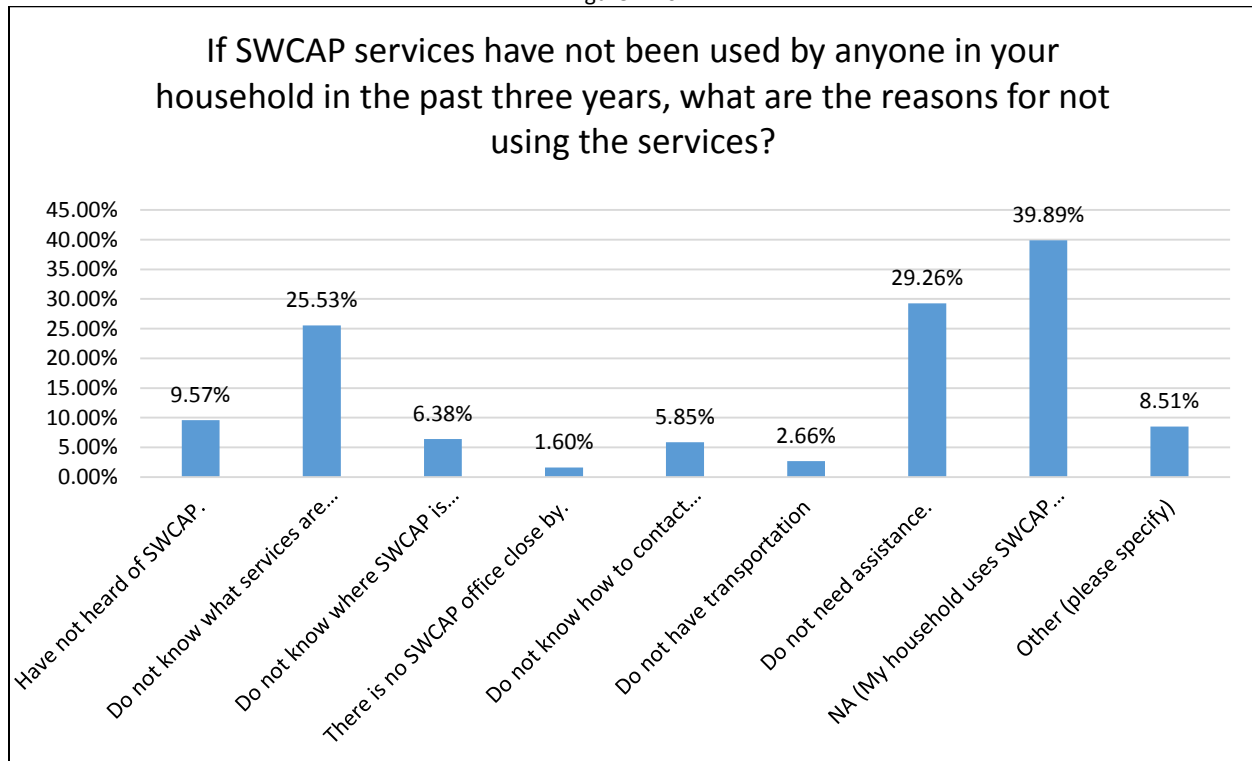


Table B.16-1

If SWCAP services have not been used by anyone in your household in the past three years, what are the reasons for not using the services? (Check all that apply)		
Have not heard of SWCAP.	9.19%	17
Do not know what services are available.	25.95%	48
Do not know where SWCAP is located.	6.49%	12
There is no SWCAP office close by.	1.62%	3
Do not know how to contact SWCAP.	5.95%	11
Do not have transportation to SWCAP office.	2.70%	5
Do not need assistance.	29.19%	54
Not applicable (My household uses SWCAP services.)	40.00%	74
Other (please specify)	8.65%	16
Other Responses:		
I'm moving to Wisconsin		
My weatherization was done many years ago. Wondering if it should be checked again.		
I haven't used the above-but without the benefits from you in the previous question-don't know what I'd do - thank you so much		
Not eligible even though we are financially hurting		
Mother, now deceased, used weatherization money on this house		

I don't think I qualify for any of these things
There also is none nearby gas prices will reduce trips to food pantry
I don't need anything that is provided
Just became aware of a mortgage grant to prevent foreclosure
I've checked in past and nothing would work,
I have used heating assistance not sure where that falls in the categories
I did not know I could apply for weatherization again
Did not know if we qualified for help. Has been years since weatherization help
Weatherization is not available twice, even though it was many years ago that I got it.
I use WnW but it's not listed
I work in Iowa County - Live in Dane County

B.17. Question 17: What is the distance (one way) you or someone in your household typically travels for each of these types of services?

Figure B.17-1

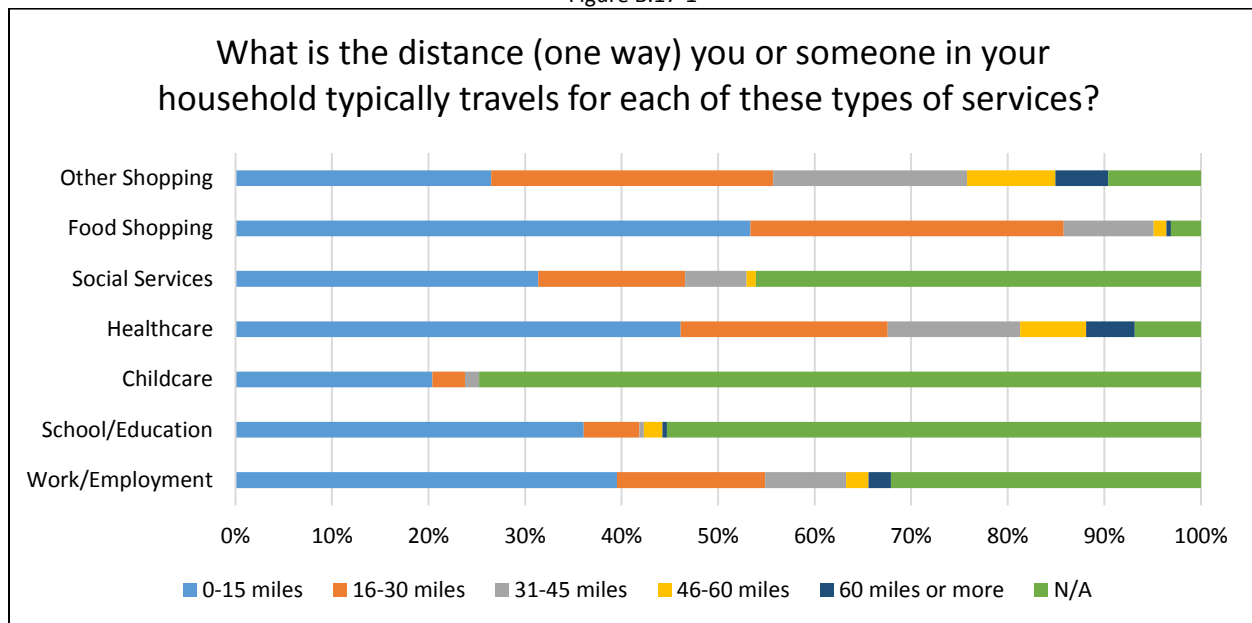


Table B.17-1

What is the distance (one way) you or someone in your household typically travels for each of these types of services?												
	0-15 miles		16-30 miles		31-45 miles		46-60 miles		60 miles or more		N/A	
Work/Employment	39.53%	85	15.35%	33	8.37%	18	2.33%	5	2.33%	5	32.09%	69
School/Education	36.06%	75	5.77%	12	0.48%	1	1.92%	4	0.48%	1	55.29%	115
Childcare	20.39%	42	3.40%	7	1.46%	3	0.00%	0	0.00%	0	74.76%	154
Healthcare	46.12%	101	21.46%	47	13.70%	30	6.85%	15	5.02%	11	6.85%	15
Social Services	31.37%	64	15.20%	31	6.37%	13	0.98%	2	0.00%	0	46.08%	94
Food Shopping	53.33%	120	32.44%	73	9.33%	21	1.33%	3	0.44%	1	3.11%	7
Other Shopping	26.48%	58	29.22%	64	20.09%	44	9.13%	20	5.48%	12	9.59%	21

B.18. Question 18: How much of a Need is there for each of these common Transportation issues for you or someone in your household?

Figure B.18-1

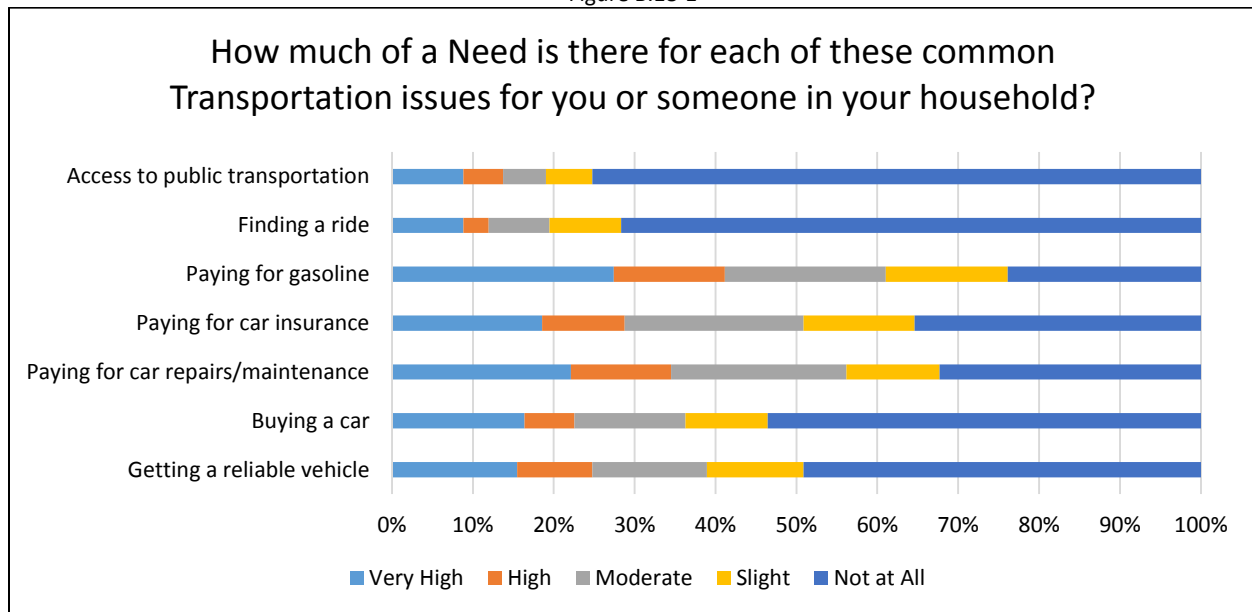


Table B.18-1

How much of a Need is there for each of these common issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Getting a reliable vehicle	15.49%	35	9.29%	21	14.16%	32	11.95%	27	49.12%	111
Buying a car	16.37%	37	6.19%	14	13.72%	31	10.18%	23	53.54%	121
Paying for car repairs/maintenance	22.12%	50	12.39%	28	21.68%	49	11.50%	26	32.30%	73
Paying for car insurance	18.58%	42	10.18%	23	22.12%	50	13.72%	31	35.40%	80
Paying for gasoline	27.43%	62	13.72%	31	19.91%	45	15.04%	34	23.89%	54
Finding a ride	8.85%	20	3.10%	7	7.52%	17	8.85%	20	71.68%	162
Access to public transportation	8.85%	20	4.87%	11	5.31%	12	5.75%	13	75.22%	170

B.19. Question 19: Do you know where you can find resources or services to help with your Transportation needs?

Figure B.19-1

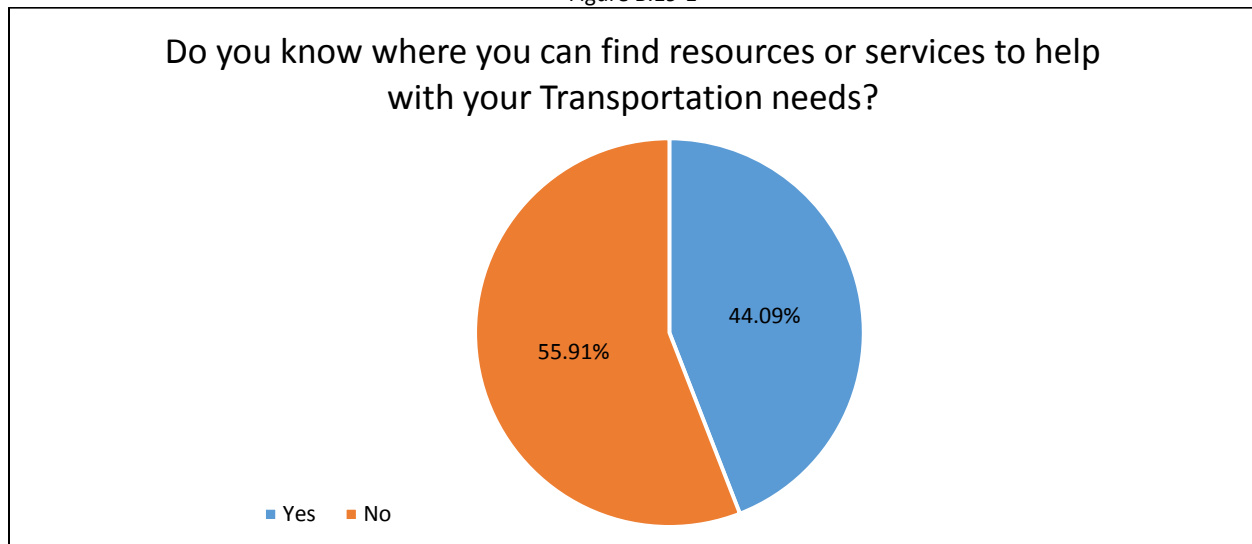


Table B.19-1

Do you know where you can find resources or services to help with your Transportation needs?		
Yes	44.09%	97
No	55.91%	123

B.20. Question 20: If yes, what resources or services are you aware of?

Table B.19-2

If yes, what resources or services are you aware of?			
LIFT x 13	ADRC x 9	SWCAP x 5	Taxi x 5
Wheels to work x5	Lift and ADRC x 3	Family x 2	Lyft x2
Veyo x 2	Lift service and taxi x 2	Swac x2	Lift and ride share x 2
Taxi, friends	ADRC and Taxi	Local garage	Social services
SWCAP Work and Wheels and Lift Program	ADRC medical transportation to La Crosse or Madison	Job Access Loan and the one that SWCAP has	Local taxi, LIFT (also car rental, airlines, etc.)
SWCAP, Work - N - Wheels, SWCAP Lift.	ADRC rides, medical transport to appointment	Lyft Services, Iowa County Taxi, ADRC Volunteer Driver Program	Work and Wheels, non emergency medical transport
Logisticare and LIFT services	Aging and Disability ride program	Medical transportation	Ride share through ADRC
Churches, Shelters, St Vinnies	Taxi, health insurance related services	Our 2014 Ford escape	Fuel reimbursement
Platteville Transit	Auto loans	LIFT, NEMT, Taxi	Findhelp.org
Grant County taxi	Medical transportation	Auto repair	

B.21. Question 21: Have you ever used any of these resources or services?

Figure B.21-1

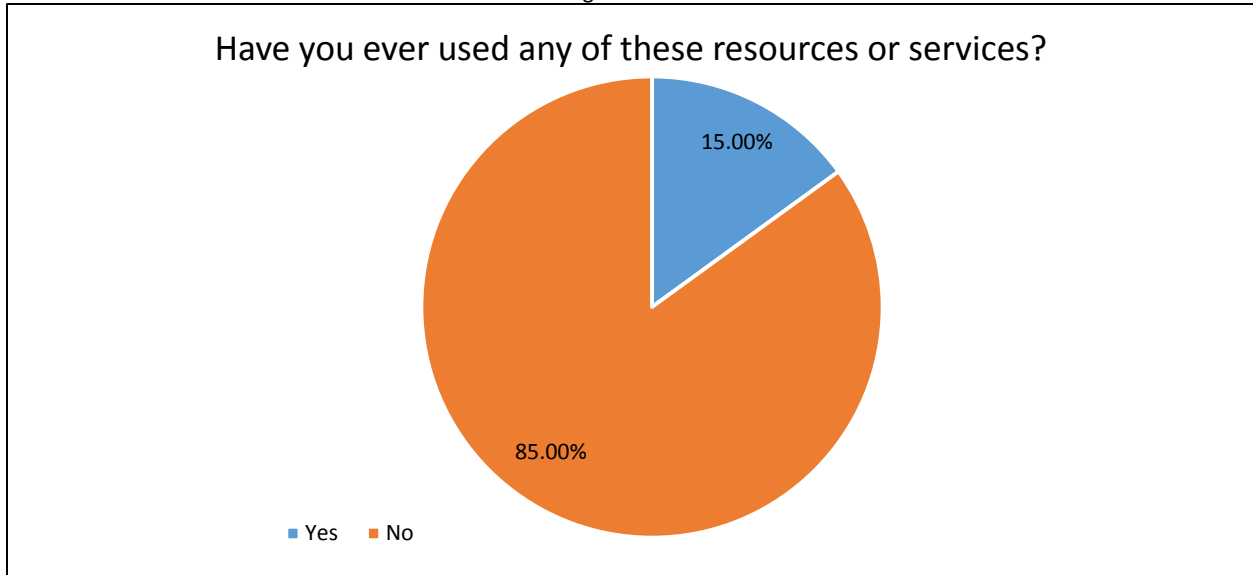


Table B.21-1

Have you ever used any of these resources or services?		
Yes	15.00%	33
No	85.00%	187

B.22. Question 22: How much of a Need is there for each of these common Housing issues for you or someone in your household?

Figure B.22-1

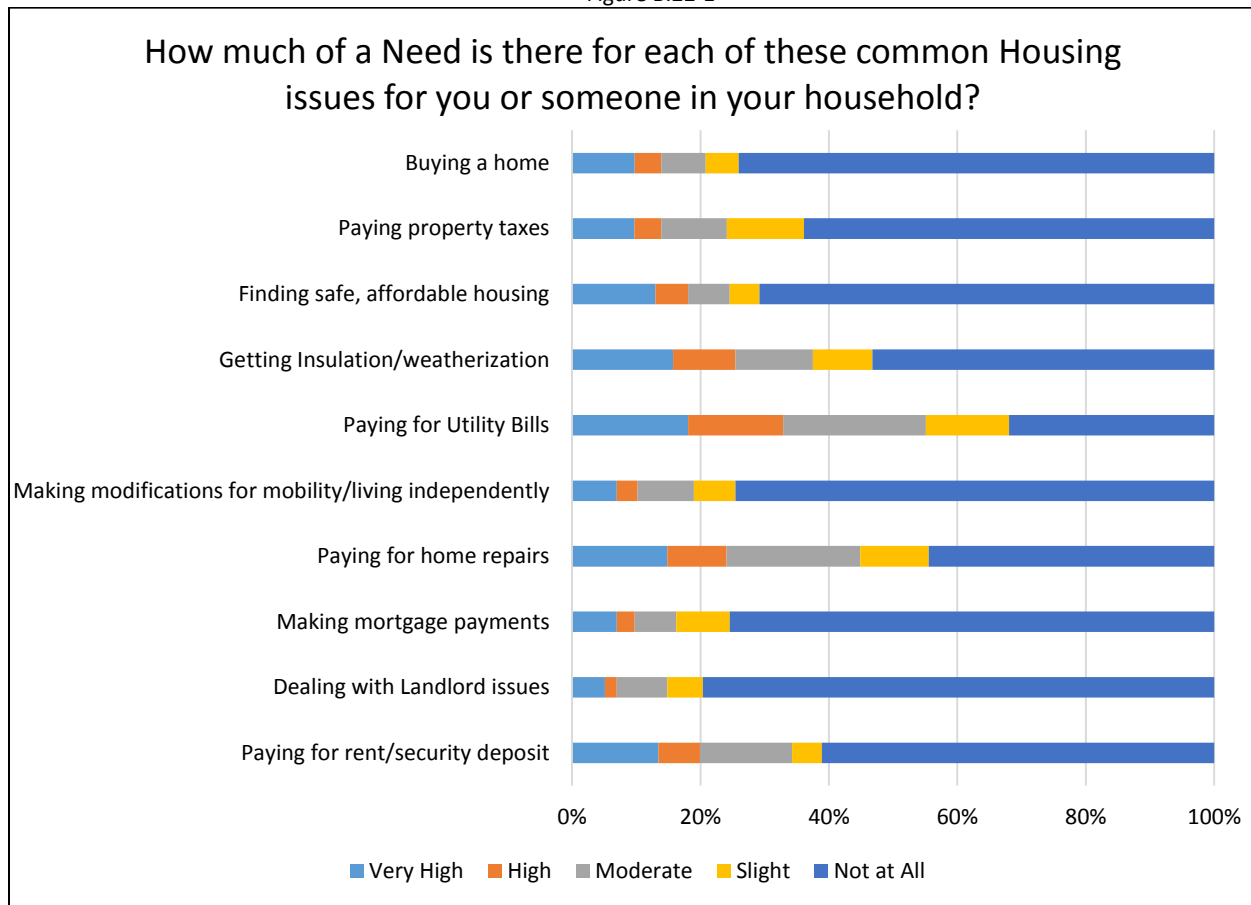


Table B.22-1

How much of a Need is there for each of these common Housing issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Paying for rent/security deposit	13.43%	29	6.48%	14	14.35%	31	4.63%	10	61.11%	132
Dealing with Landlord issues	5.09%	11	1.85%	4	7.87%	17	5.56%	12	79.63%	172
Making mortgage payments	6.94%	15	2.78%	6	6.48%	14	8.33%	18	75.46%	163
Paying for home repairs	14.81%	32	9.26%	20	20.83%	45	10.65%	23	44.44%	96
Making modifications for mobility/living independently	6.94%	15	3.24%	7	8.80%	19	6.48%	14	74.54%	161
Paying for Utility Bills	18.06%	39	14.81%	32	22.22%	48	12.96%	28	31.94%	69
Getting Insulation/weatherization	15.74%	34	9.72%	21	12.04%	26	9.26%	20	53.24%	115
Finding safe, affordable housing	12.96%	28	5.09%	11	6.48%	14	4.63%	10	70.83%	153
Paying property taxes	9.72%	21	4.17%	9	10.19%	22	12.04%	26	63.89%	138
Buying a home	9.72%	21	4.17%	9	6.94%	15	5.09%	11	74.07%	160

B.23. Question 23: Do you know where you can find resources or services to help with your Housing needs?

Figure B.23-1

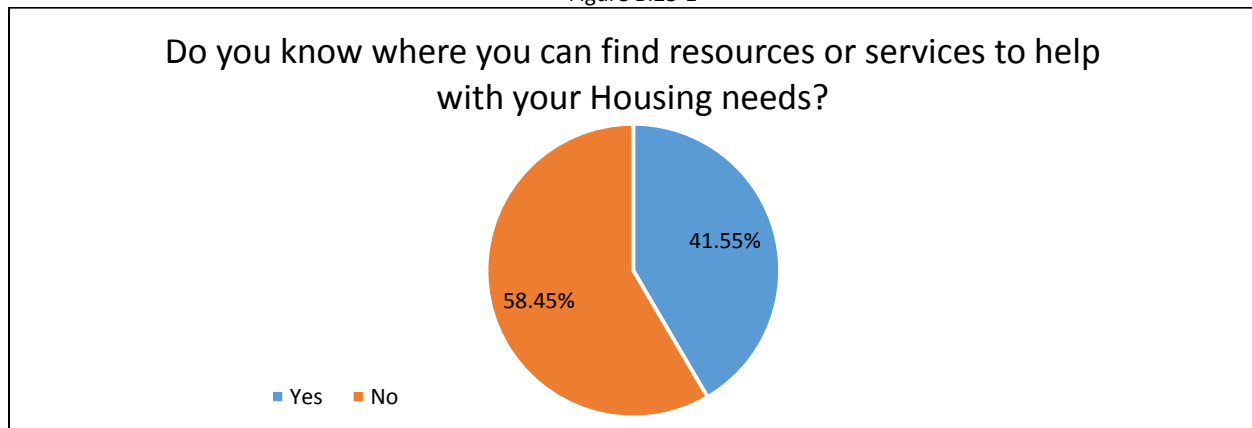


Table B.23-1

Do you know where you can find resources or services to help with your Housing needs?		
Yes	41.55%	86
No	58.45%	121

B.24. Question 24: If yes, what resources or services are you aware of?

Table B.23-2

If yes, what resources or services are you aware of?			
SWCAP x 21	ARDC x 6	Weatherization x 3	Rent assistance x 3
Access.gov x 2	HUD x 4	Rental assistance, energy assistance x 2	Utility Assistance x 3
ADRC, SWCAP	HUD, Tenant Resource Center	Energy Assistance Program x 2	HUD, SWCAP , Housing Assistance. X 2
ADRC, HUD	SWCAP and social services	Swac	ADRC, Human Services
Not sure if I can get help with my taxes. I have used the Weatherization Program, and receive help with my utility bills.	SWCAP Energy Assistance, SWCAP Weatherization Program, WERA	SWCAP housing programs, weatherization, energy assistance, WHERA	SWCAP weatherization already used. Since multigenerational family my daughter needs a place to live before baby comes, I work from home can't have a crying baby here.
Have used the resource for budgeting	Referrals to local handymen.	Housing Authority & H&SS	Low income housing in town or nearby town
Human services programs	Private companies. (SWCAP Wx, but would not qualify.)	Home purchase assistance usda, weatherization	Government grant to pay mortgage arrears to avoid foreclosure
Wera	Iowa County SS, SWCAP	Social services	Mortgage through my bank
HUD, SWCAP rental assistance/loan program	Help with utilities and weathering and new furnace	Unified	WHEDA and SWCAP First-time Homebuyer program



B.25. Question 25: Have you ever used any of these resources or services?

Figure B.25-1

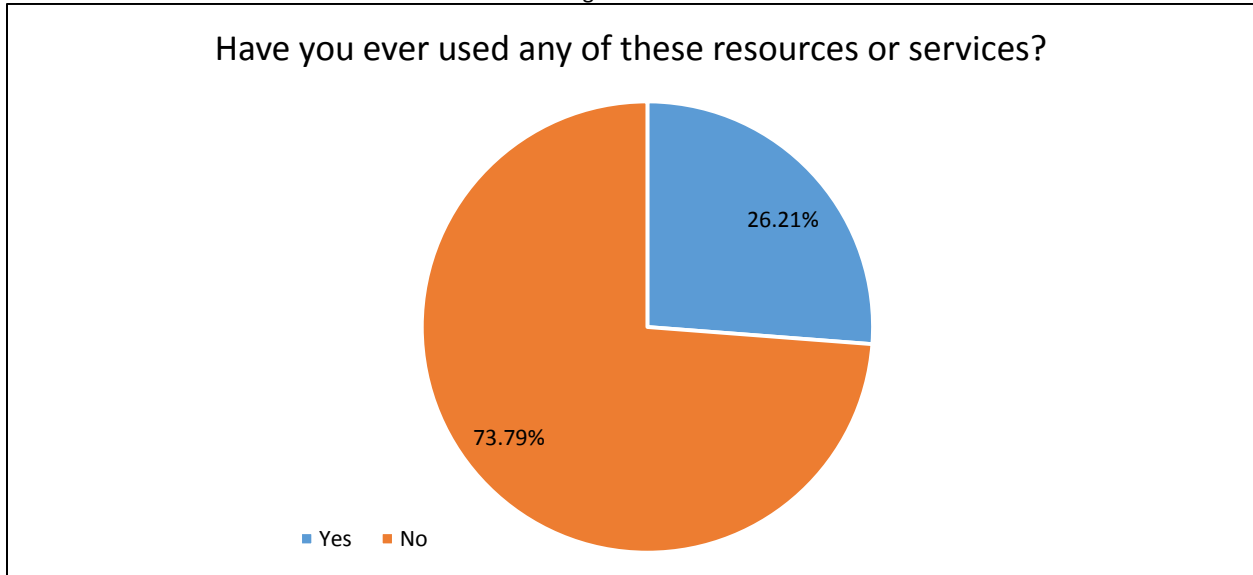


Table B.25-1

Have you ever used any of these resources or services?		
Yes	26.21%	54
No	73.79%	152

B.26. Question 26: How much of a Need is there for each of these common Employment issues for you or someone in your household?

Figure B.26-1

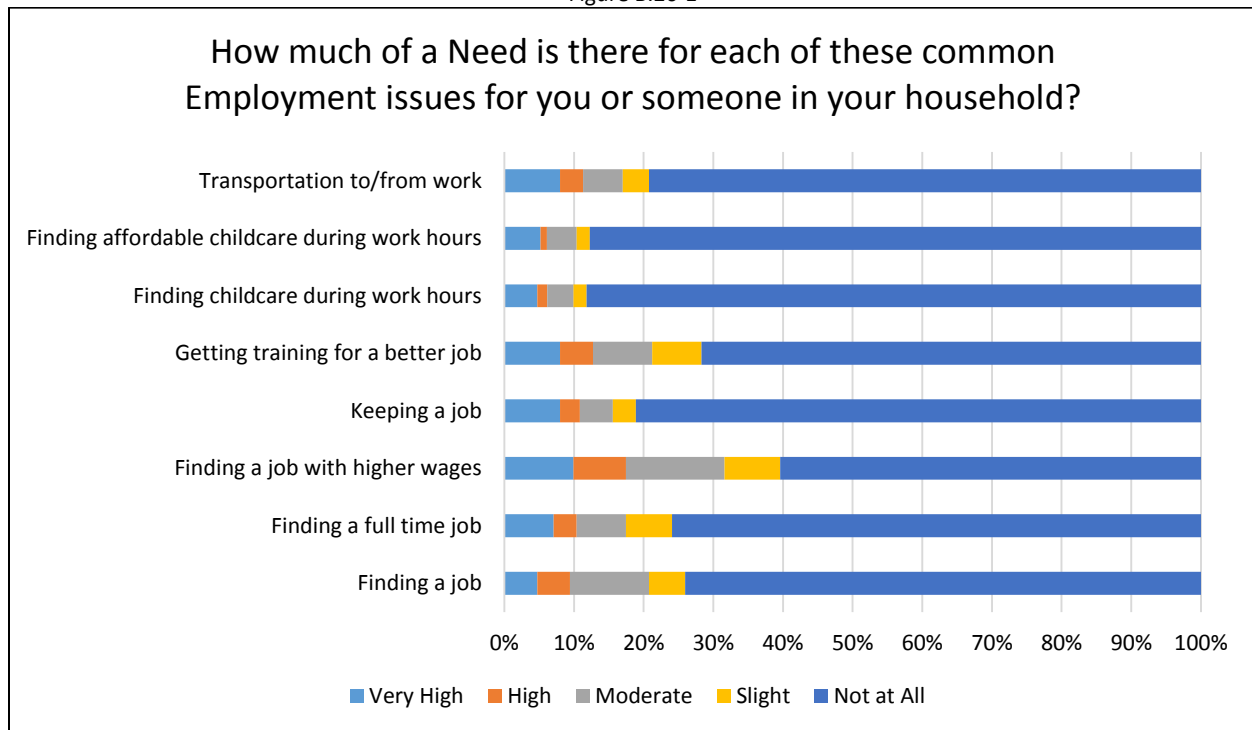


Table B.26-1

How much of a Need is there for each of these common Employment issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Finding a job	4.72%	10	4.72%	10	11.32%	24	5.19%	11	74.06%	157
Finding a full time job	7.08%	15	3.30%	7	7.08%	15	6.60%	14	75.94%	161
Finding a job with higher wages	9.91%	21	7.55%	16	14.15%	30	8.02%	17	60.38%	128
Keeping a job	8.02%	17	2.83%	6	4.72%	10	3.30%	7	81.13%	172
Getting training for a better job	8.02%	17	4.72%	10	8.49%	18	7.08%	15	71.70%	152
Finding childcare during work hours	4.72%	10	1.42%	3	3.77%	8	1.89%	4	88.21%	187
Finding affordable childcare during work hours	5.19%	11	0.94%	2	4.25%	9	1.89%	4	87.74%	186
Transportation to/from work	8.02%	17	3.30%	7	5.66%	12	3.77%	8	79.25%	168
Finding a job	4.72%	10	4.72%	10	11.32%	24	5.19%	11	74.06%	157
Finding a full time job	7.08%	15	3.30%	7	7.08%	15	6.60%	14	75.94%	161

B.27. Question 27: Do you know where you can find resources or services to help with your Employment needs?

Figure B.27-1

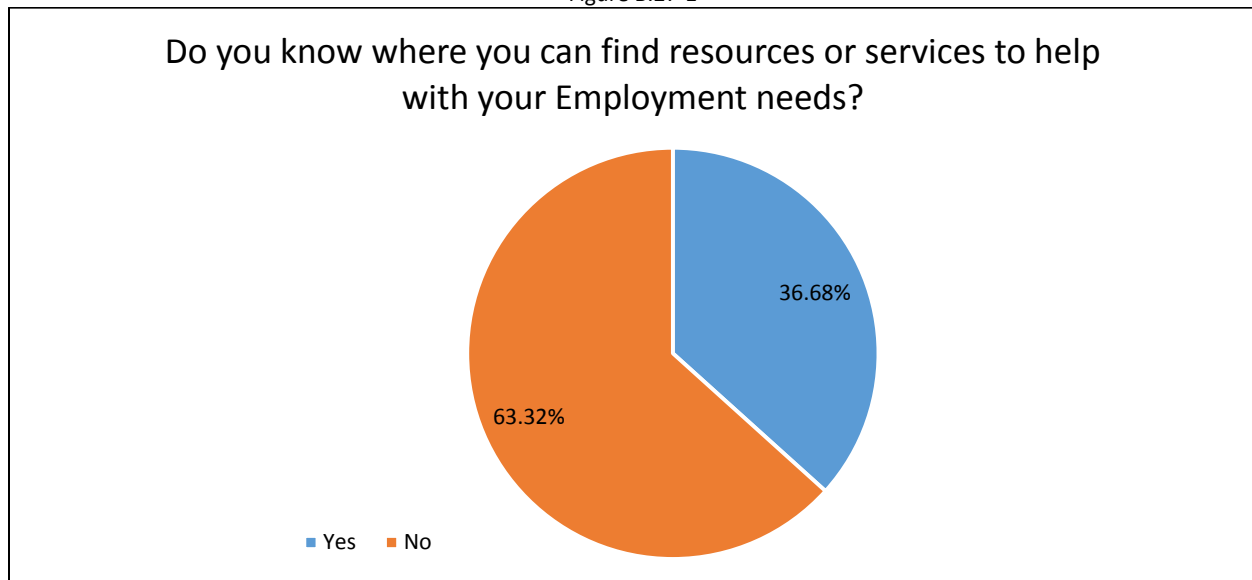


Table B.27-1

Do you know where you can find resources or services to help with your Employment needs?		
Yes	36.68%	73
No	63.32%	126

B.28. Question 28: If yes, what resources or services are you aware of?

Table B.28-1

If yes, what resources or services are you aware of?			
SWCAP x 7	Wisconsin works (W2) x 4	Job service x 3	Workforce Development Board x 3
ADRC x 2	Job center x 2	Newspaper, online x 2	Job ads in local paper
Wisconsin Job Site	SW Tech	W-2 and fset program	Employment office
My health allows, plan to use Indeed to help me find a small part-time job that will help me pay bills.	Job search sites, etc.	Express Employment, internet, Sedona staffing	Different jobs
Newspaper, indeed	Workforce Development Board, online	SWAC	DVR
Temp services/internet applications/human services	Vocational Rehab	SWCAP, Job Fairs, Paper, Indeed, Social Media.	Jobnet
Many local opportunities	Job fairs, online	Employment Agencies - Job Service	Daycare assistance
Childcare Assistance & Job Center	Hiring agencies	I'm fully disabled	Labor ready

B.29. Question 29: Have you ever used any of these resources or services?

Figure B.29-1

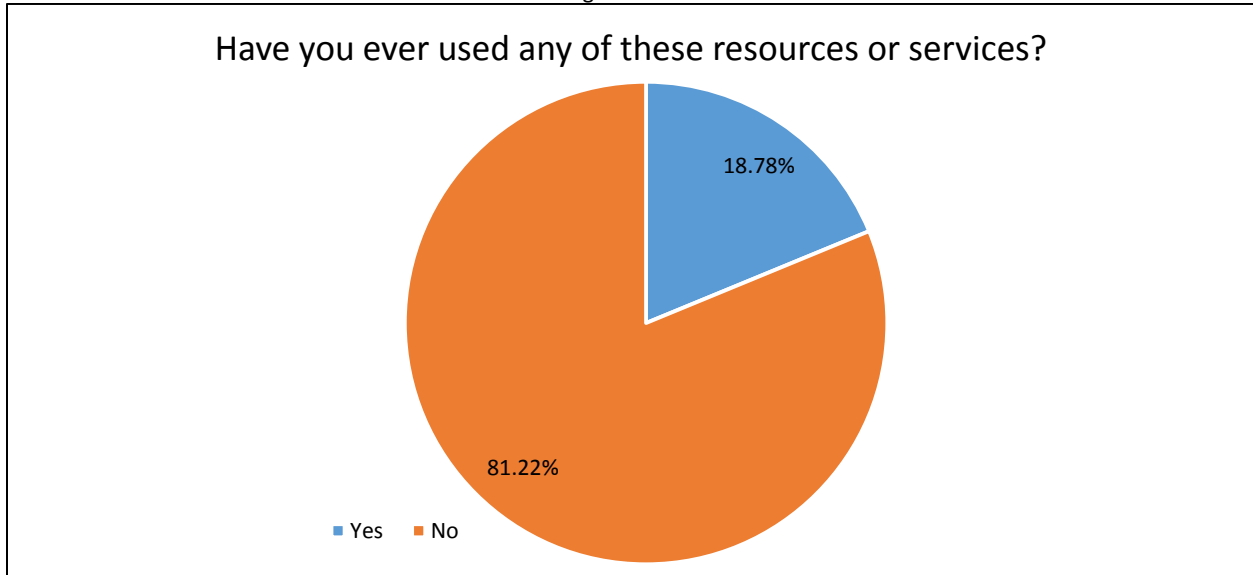


Table B.29-1

Have you ever used any of these resources or services?		
Yes	18.78%	37
No	81.22%	160

B.30. Question 30: How much of a Need is there for each of these common Education issues for you or someone in your household?

Figure B.30-1

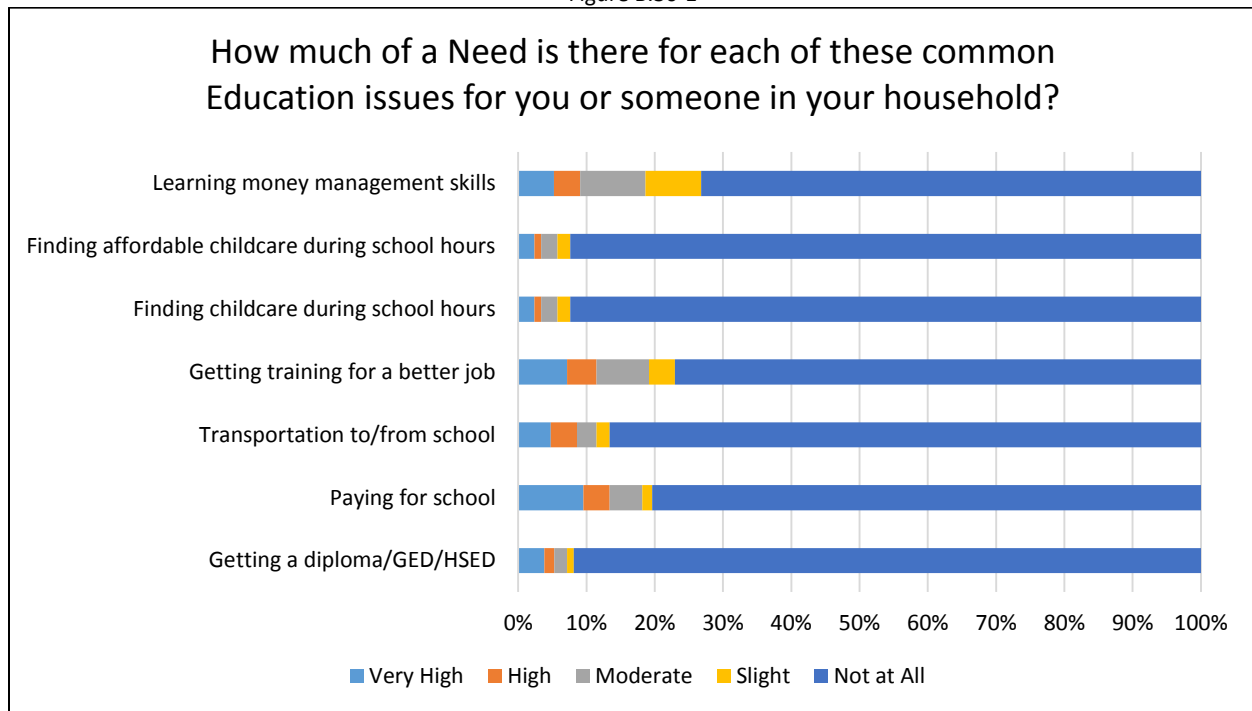


Table B.30-1

How much of a Need is there for each of these common Education issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Getting a diploma/GED/HSED	3.83%	8	1.44%	3	1.91%	4	0.96%	2	91.87%	192
Paying for school	9.57%	20	3.83%	8	4.78%	10	1.44%	3	80.38%	168
Transportation to/from school	4.78%	10	3.83%	8	2.87%	6	1.91%	4	86.60%	181
Getting training for a better job	7.18%	15	4.31%	9	7.66%	16	3.83%	8	77.03%	161
Finding childcare during school hours	2.39%	5	0.96%	2	2.39%	5	1.91%	4	92.34%	193
Finding affordable childcare during school hours	2.39%	5	0.96%	2	2.39%	5	1.91%	4	92.34%	193
Learning money management skills	5.26%	11	3.83%	8	9.57%	20	8.13%	17	73.21%	153

B.31. Question 31: Do you know where you can find resources or services to help with your Education needs?

Figure B.31-1

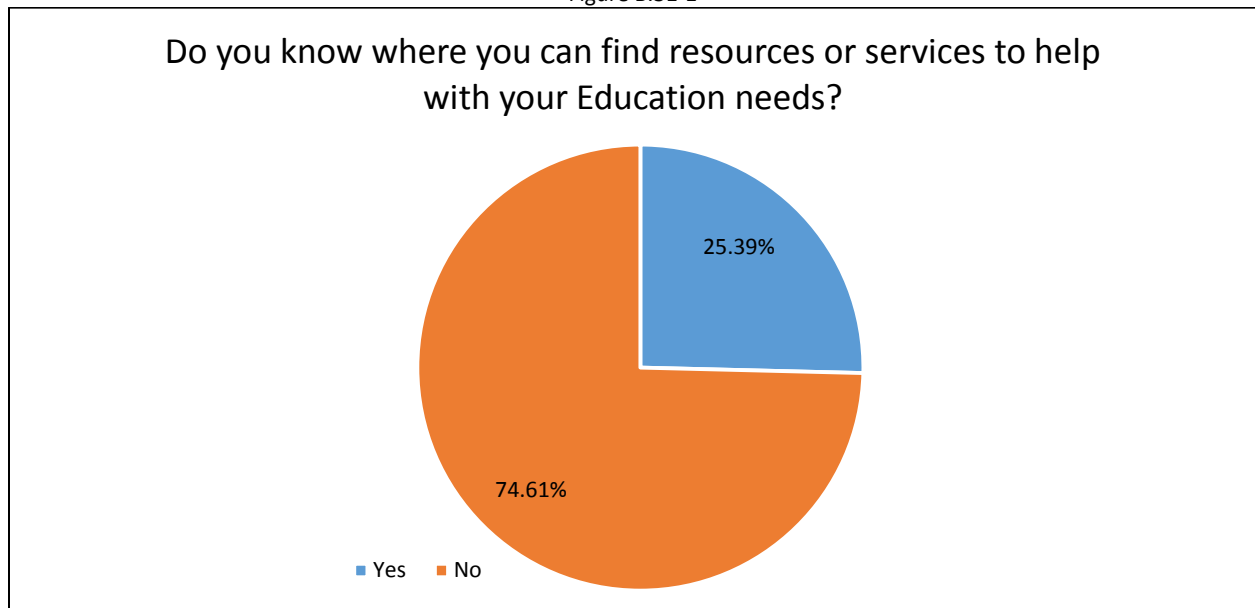


Table B.31-1

Do you know where you can find resources or services to help with your Education needs?		
Yes	25.39%	49
No	74.61%	144

B.32. Question 32: If yes, what resources or services are you aware of?

Table B.32-1

If yes, what resources or services are you aware of?			
SWCAP x 3	South West Tech x 3	ADRC x2	Southwest Tech GED program
W2 Trainings	Job service	FASFA, Grandparents	Fset program
Blackhawk Tech College	Tech colleges, internet applications, human services	Computer, local school	Student Loans, Loan repayment plans, SWCAP
Colleges	Retired	Schools, school loans	Online
DVR	Financial aid	Pell grant or call schools but daughters BF doesn't have GED, he cannot travel for it no license	I am not interested in getting an education. I have a Bachelor degree and I'm 70 years old.
La Crosse County			

B.33. Question 33: Have you ever used any of these resources or services?

Figure B.33-1

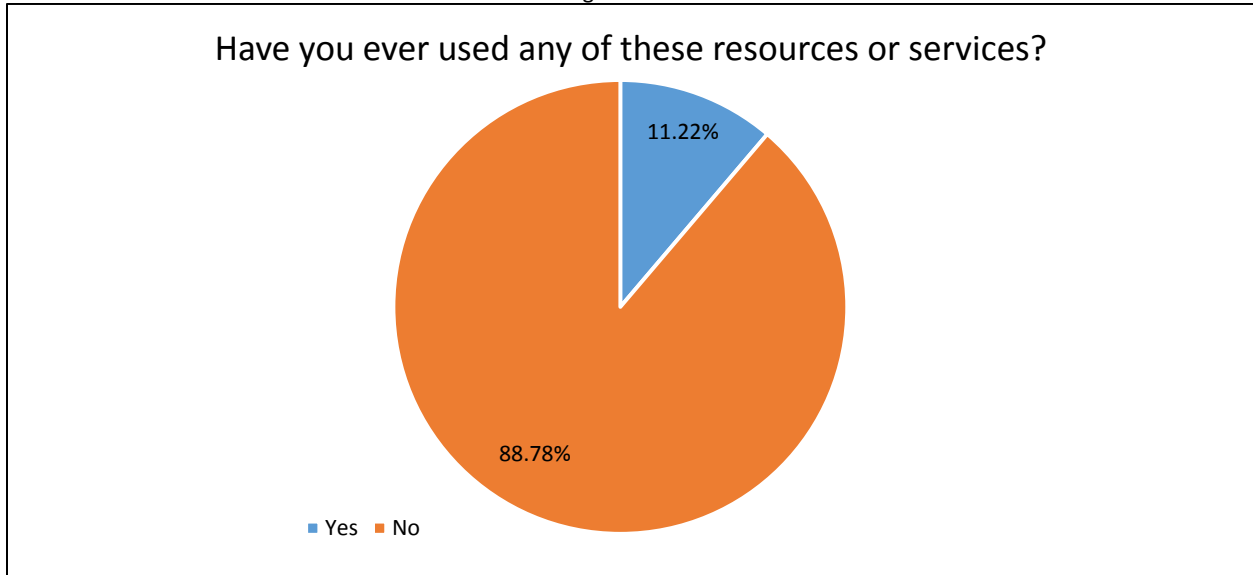


Table B.33-1

Have you ever used any of these resources or services?		
Yes	11.22%	22
No	88.78%	174

B.34. Question 34: How much of a Need is there for each of these common Healthcare issues for you or someone in your household?

Figure B.34-1

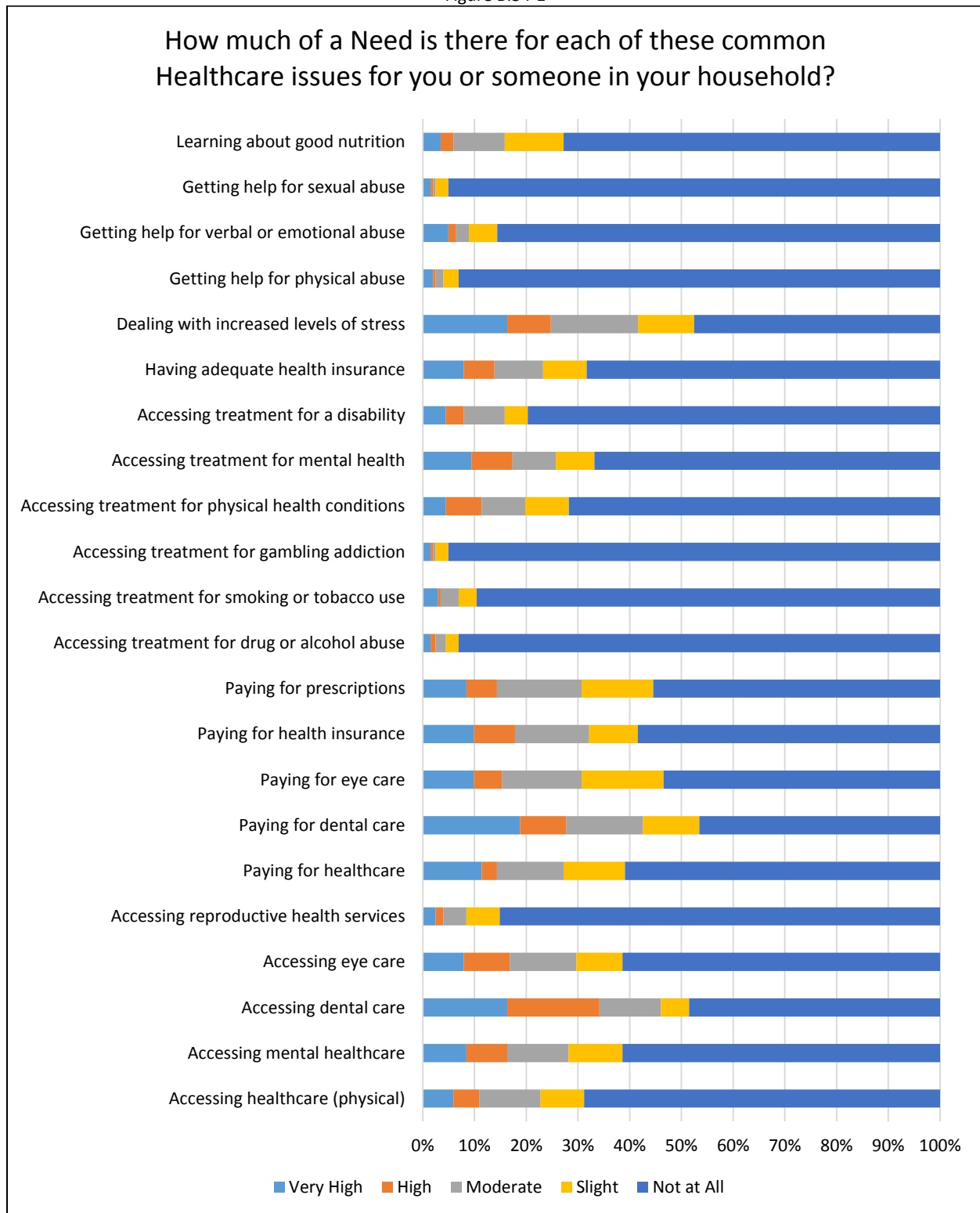




Table B.34-1

How much of a Need is there for each of these common Healthcare issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Accessing healthcare (physical)	5.94%	12	4.95%	10	11.88%	24	8.42%	17	68.81%	139
Accessing mental healthcare	8.42%	17	7.92%	16	11.88%	24	10.40%	21	61.39%	124
Accessing dental care	16.34%	33	17.82%	36	11.88%	24	5.45%	11	48.51%	98
Accessing eye care	7.92%	16	8.91%	18	12.87%	26	8.91%	18	61.39%	124
Accessing reproductive health services	2.48%	5	1.49%	3	4.46%	9	6.44%	13	85.15%	172
Paying for healthcare	11.39%	23	2.97%	6	12.87%	26	11.88%	24	60.89%	123
Paying for dental care	18.81%	38	8.91%	18	14.85%	30	10.89%	22	46.53%	94
Paying for eye care	9.90%	20	5.45%	11	15.35%	31	15.84%	32	53.47%	108
Paying for health insurance	9.90%	20	7.92%	16	14.36%	29	9.41%	19	58.42%	118
Paying for prescriptions	8.42%	17	5.94%	12	16.34%	33	13.86%	28	55.45%	112
Accessing treatment for drug or alcohol abuse	1.49%	3	0.99%	2	1.98%	4	2.48%	5	93.07%	188
Accessing treatment for smoking or tobacco use	2.97%	6	0.50%	1	3.47%	7	3.47%	7	89.60%	181
Accessing treatment for gambling addiction	1.49%	3	0.50%	1	0.50%	1	2.48%	5	95.05%	192
Accessing treatment for physical health conditions	4.46%	9	6.93%	14	8.42%	17	8.42%	17	71.78%	145
Accessing treatment for mental health	9.41%	19	7.92%	16	8.42%	17	7.43%	15	66.83%	135
Accessing treatment for a disability	4.46%	9	3.47%	7	7.92%	16	4.46%	9	79.70%	161
Having adequate health insurance	7.92%	16	5.94%	12	9.41%	19	8.42%	17	68.32%	138
Dealing with increased levels of stress	16.34%	33	8.42%	17	16.83%	34	10.89%	22	47.52%	96
Getting help for physical abuse	1.98%	4	0.50%	1	1.49%	3	2.97%	6	93.07%	188
Getting help for verbal or emotional abuse	4.95%	10	1.49%	3	2.48%	5	5.45%	11	85.64%	173
Getting help for sexual abuse	1.49%	3	0.50%	1	0.50%	1	2.48%	5	95.05%	192
Learning about good nutrition	3.47%	7	2.48%	5	9.90%	20	11.39%	23	72.77%	147

B.35. Question 35: Do you know where you can find resources or services to help with your Health needs?

Figure B.35-1

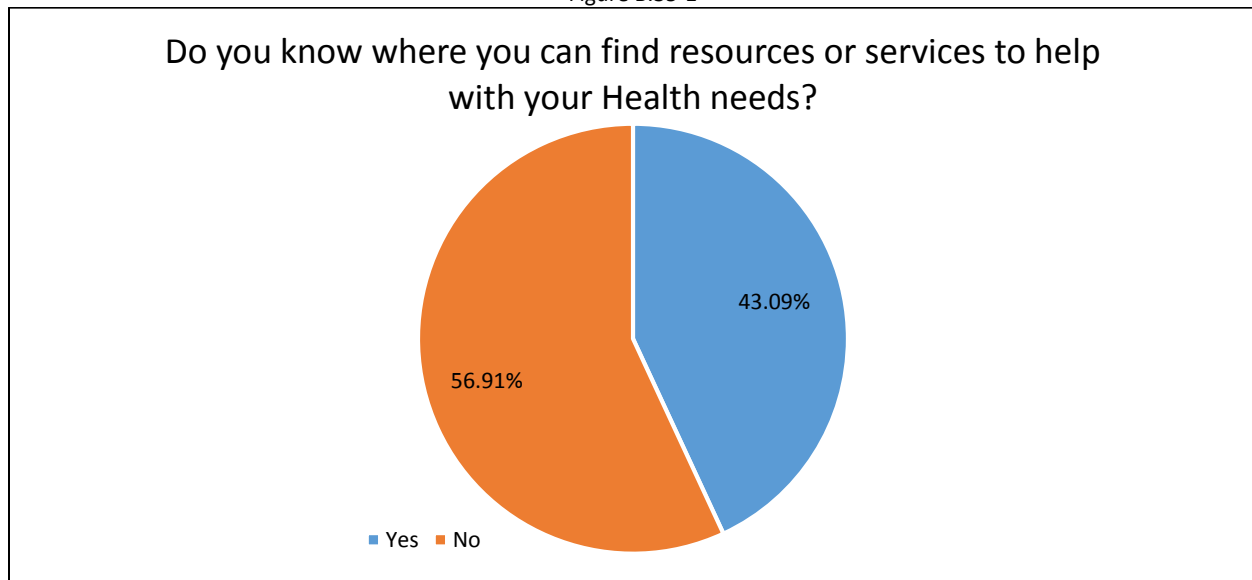


Table B.35-1

Do you know where you can find resources or services to help with your Health needs?		
Yes	43.09%	81
No	56.91%	107

B.36. Question 36: If yes, what resources or services are you aware of?

Table B.36-1

If yes, what resources or services are you aware of?			
SWCAP x4	ADRC x2	Badgercare x5	Social Services x3
My Doctor x3	Medical Doctor x2	Upland hills x2	Unified Counseling x2
Medicaid x2	Medicare x2	Online x2	Access.gov
UHH, UW Health	Family advocates	Monroe Clinic	Richland Hospital
Medicare health insurance- United Healthcare	Have used Access Dental in past, but now hard to make an appt	Dietitian at local clinic. Medical help there	Have taken a class on Nutrition through the ADRC. I can always call the ADRC if I have questions.
SWCAP, hospitals,	Foodshare	Social services SWCAP	Medical Associates Clinic
Clinics	Green Haven, SARP	Plenty	Badgercare - Healthcare.gov
ADRC? Monroe clinic	Various	WIC, food pantries	Internet or Hospitals
Behavioral Services	Work	WIC, SNAP	I have it
Through my primary-- they are very thorough	SWCAP, Health Care Providers, Social Services.	Church hospital computer	hospital; clinic
Our health insurance	Some of these	All	Na

B.37. Question 37: Have you ever used any of these resources or services?

Figure B.37-1

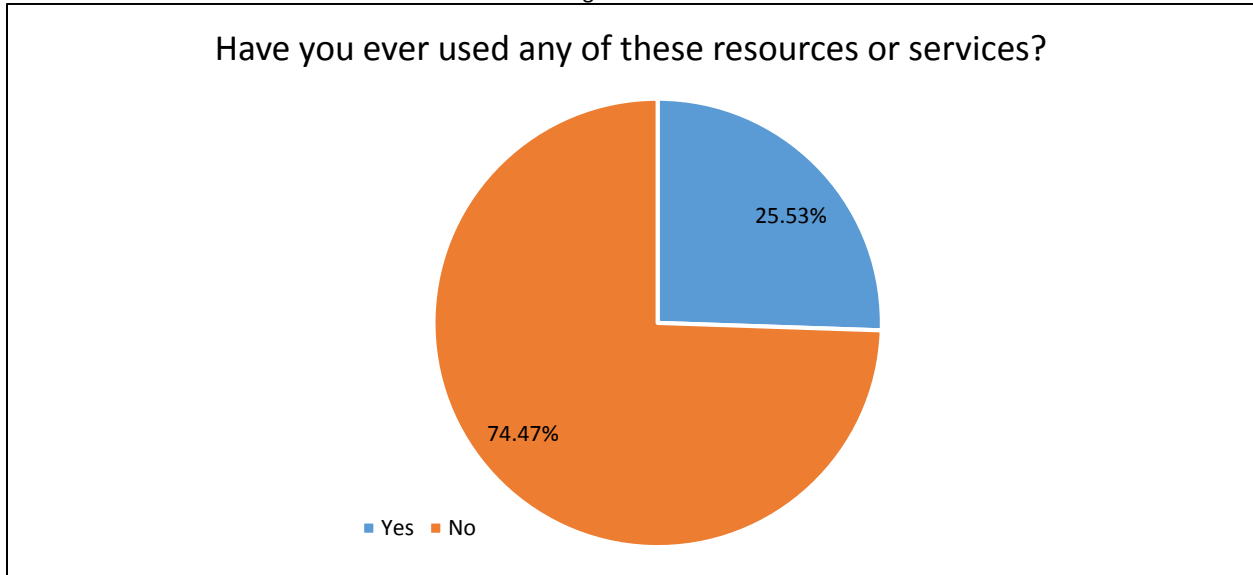


Table B.37-1

Have you ever used any of these resources or services?		
Yes	25.53%	48
No	74.47%	140

B.38. Question 38: How much of a Need is there for each of these common Family issues for you or someone in your household?

Figure B.38-1

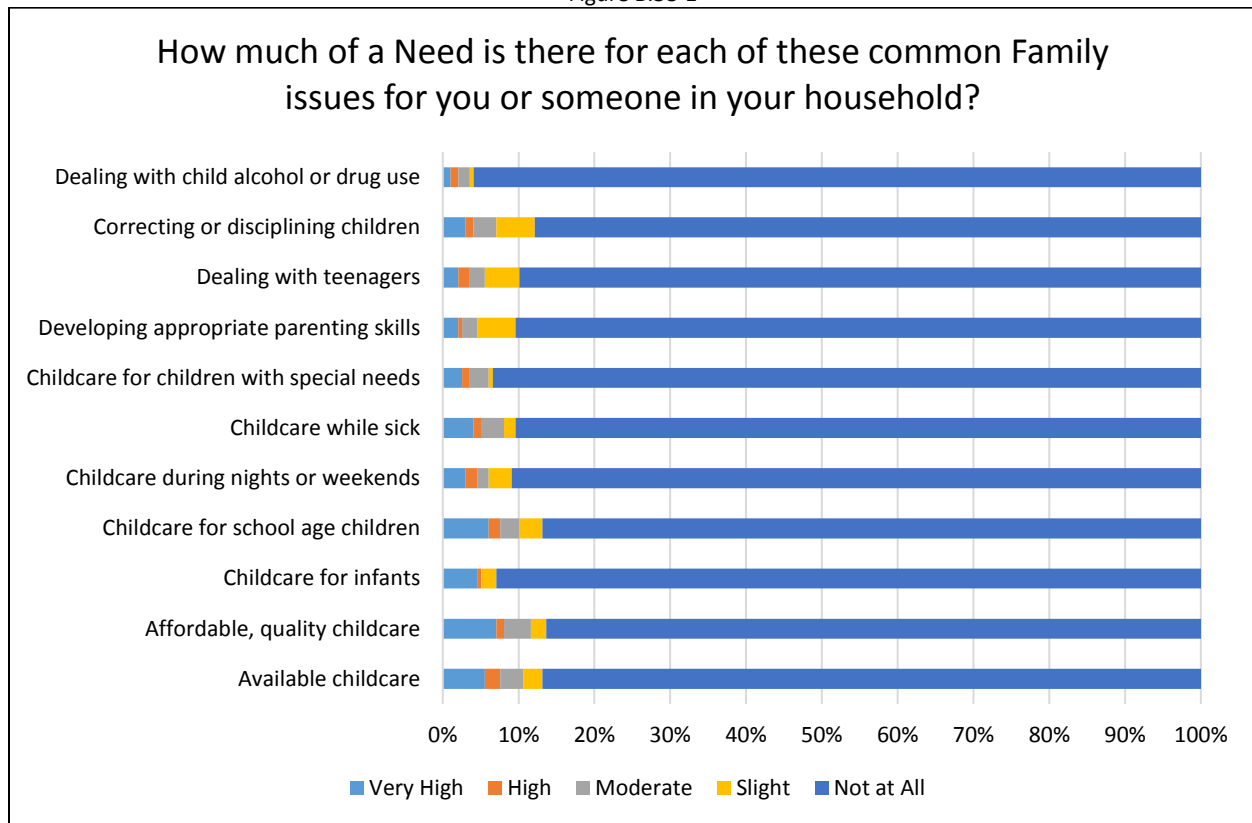


Table B.38-1

How much of a Need is there for each of these common Family issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Available childcare	5.56%	11	2.02%	4	3.03%	6	2.53%	5	86.87%	172
Affordable, quality childcare	7.07%	14	1.01%	2	3.54%	7	2.02%	4	86.36%	171
Childcare for infants	4.55%	9	0.51%	1	0.00%	0	2.02%	4	92.93%	184
Childcare for school age children	6.06%	12	1.52%	3	2.53%	5	3.03%	6	86.87%	172
Childcare during nights or weekends	3.03%	6	1.52%	3	1.52%	3	3.03%	6	90.91%	180
Childcare while sick	4.04%	8	1.01%	2	3.03%	6	1.52%	3	90.40%	179
Childcare for children with special needs	2.53%	5	1.01%	2	2.53%	5	0.51%	1	93.43%	185
Developing appropriate parenting skills	2.02%	4	0.51%	1	2.02%	4	5.05%	10	90.40%	179
Dealing with teenagers	2.02%	4	1.52%	3	2.02%	4	4.55%	9	89.90%	178
Correcting or disciplining children	3.03%	6	1.01%	2	3.03%	6	5.05%	10	87.88%	174
Dealing with child alcohol or drug use	1.01%	2	1.01%	2	1.52%	3	0.51%	1	95.96%	190

B.39. Question 39: Do you know where you can find resources or services to help with your Child & Family needs?

Figure B.39-1

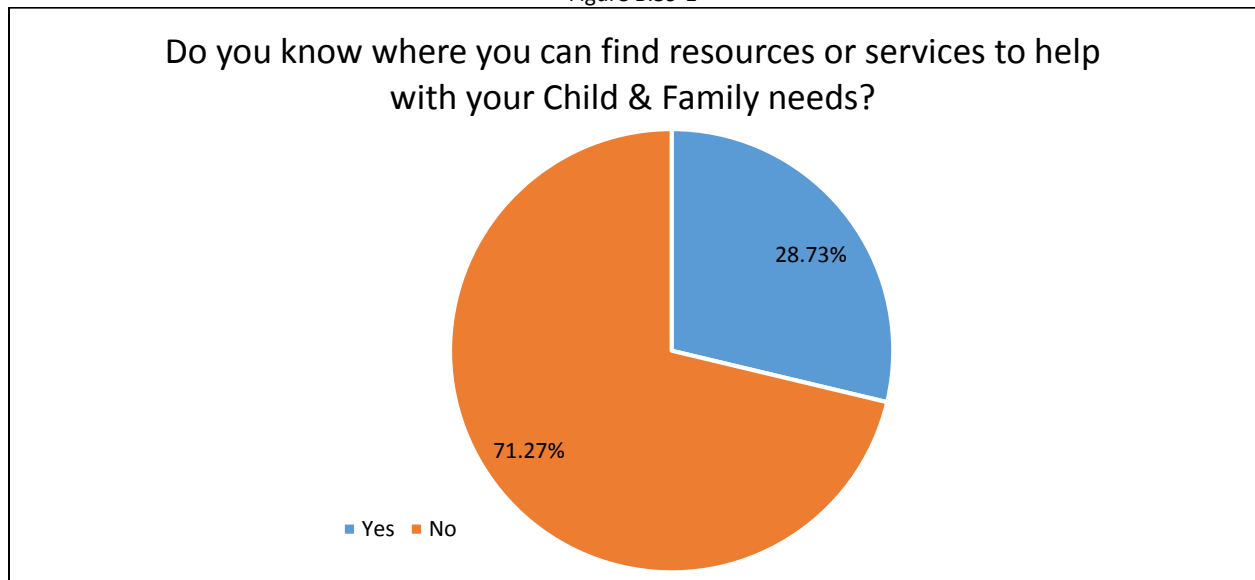


Table B.39-1

Do you know where you can find resources or services to help with your Child & Family needs?		
Yes	28.73%	52
No	71.27%	129

B.40. Question 40: If yes, what resources or services are you aware of?

Table B.40-1

If yes, what resources or services are you aware of?			
SWCAP x6	Head start x6	Human Services x3	Social services x2
Various mental health resources	Social Media, Social Services, SWCAP.	School Counselor	CALL SOUTHWEST CAP
Referrals	Various (N/A)	Counselor	Social Services, Alanon
Therapist	School District or DHS	Church social services	Unified
I have no children needing care. Mine are grown. there help everywhere	SWCAP, child's school, online classes, simminars	don't remember	does not apply
Same	Don't need these services.	N/A	

B.41. Question 41: Have you ever used any of these resources or services?

Figure B.41-1

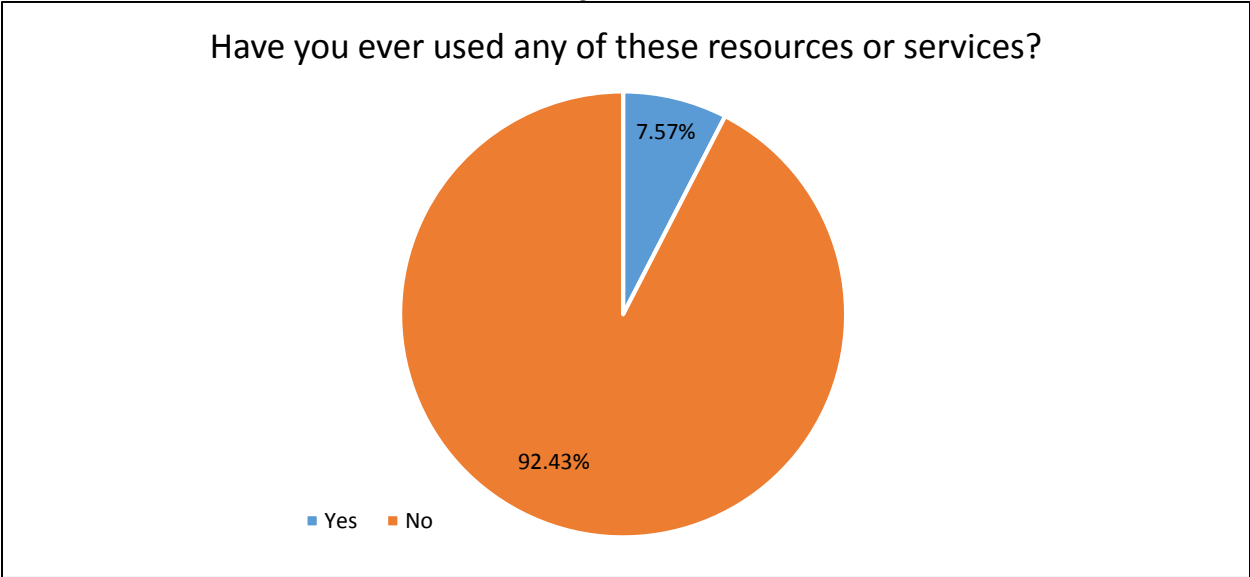


Table B.41-1

Have you ever used any of these resources or services?		
Yes	7.57%	14
No	92.43%	171

B.42. Question 42: How much of a Need is there is for each of these common Business issues for you or someone in your household?

Figure B.42-1

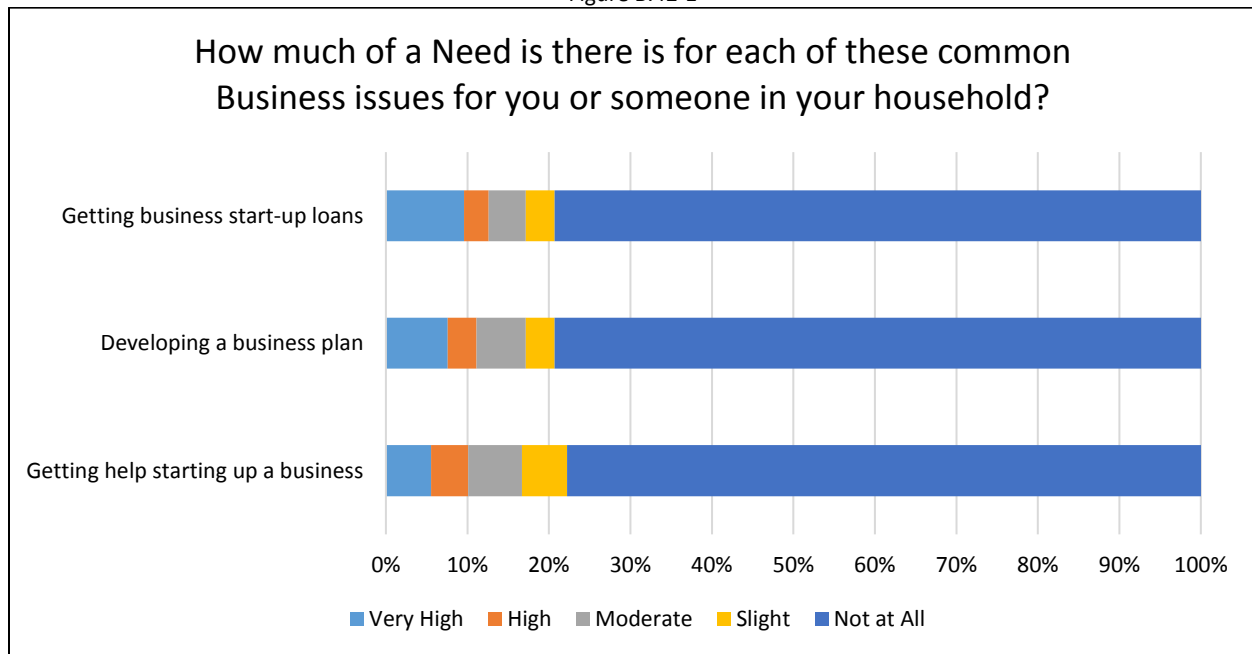


Table B.42-1

How much of a Need is there for each of these common Business issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Getting help starting up a business	5.56%	11	4.55%	9	6.57%	13	5.56%	11	77.78%	154
Developing a business plan	7.58%	15	3.54%	7	6.06%	12	3.54%	7	79.29%	157
Getting business start-up loans	9.60%	19	3.03%	6	4.55%	9	3.54%	7	79.29%	157

B.43. Question 43: Do you know where you can find resources or services to help with your Business Development needs?

Figure B.43-1

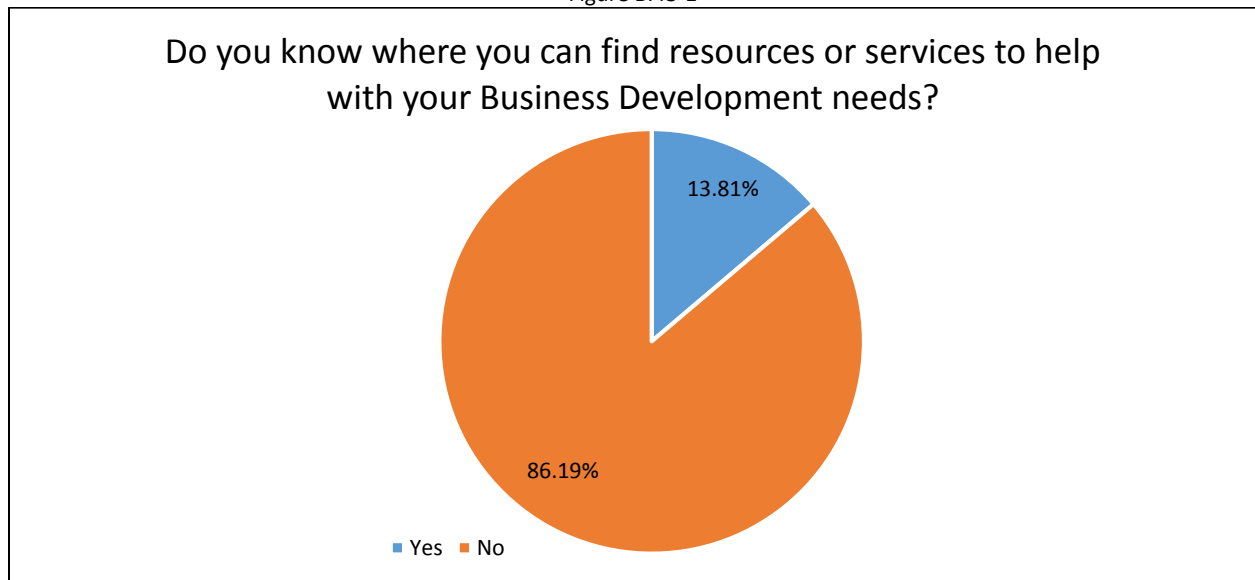


Table B.43-1

Do you know where you can find resources or services to help with your Business Development needs?		
Yes	13.81%	25
No	86.19%	156

B.44. Question 44: If yes, what resources or services are you aware of?

Table B.44-1

If yes, what resources or services are you aware of?			
SWCAP x5	Bank x2	Banks and technical colleges	DVR
SWCAP, Friends and Family.	Bank, accountant, lawyer	Green Co. Development, Blackhawk Tech College	Start up loans and business plan
SBA	Bank, accountant, lawyer	Don't need these services.	Retired Not in need of
does not apply	Various - N/A	Banks and technical colleges	DVR



B.45. Question 45: Have you ever used any of these resources or services?

Figure B.45-1

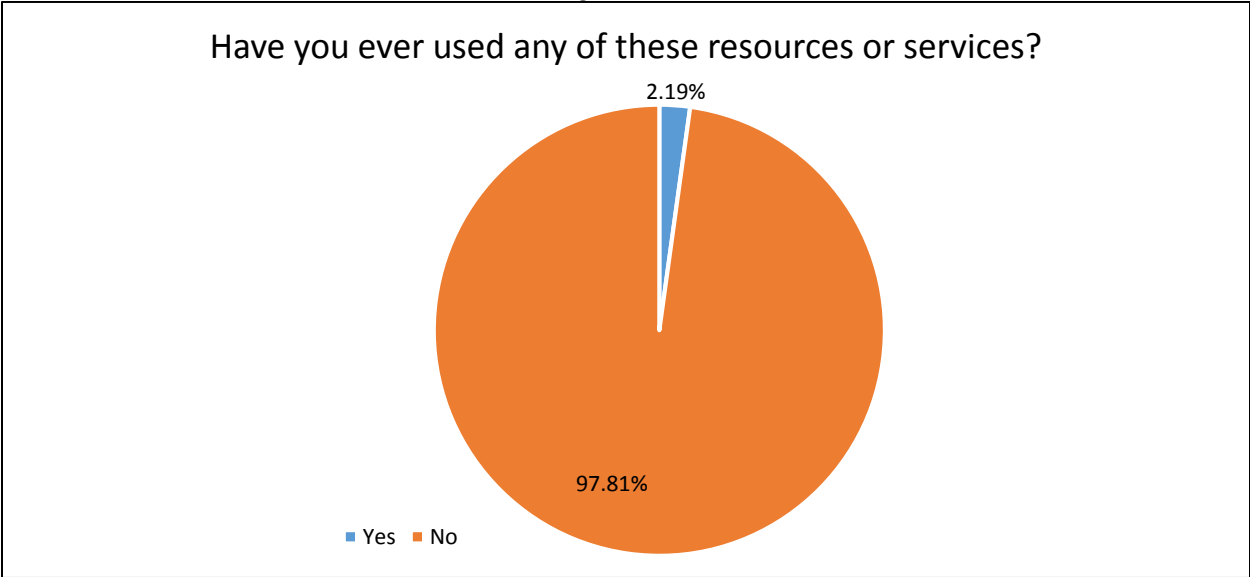


Table B.45-1

Have you ever used any of these resources or services?		
Yes	2.19%	4
No	97.81%	179

B.46. Question 46: How much of a Need is there for each of these common Emergency issues for you or someone in your household?

Figure B.46-1

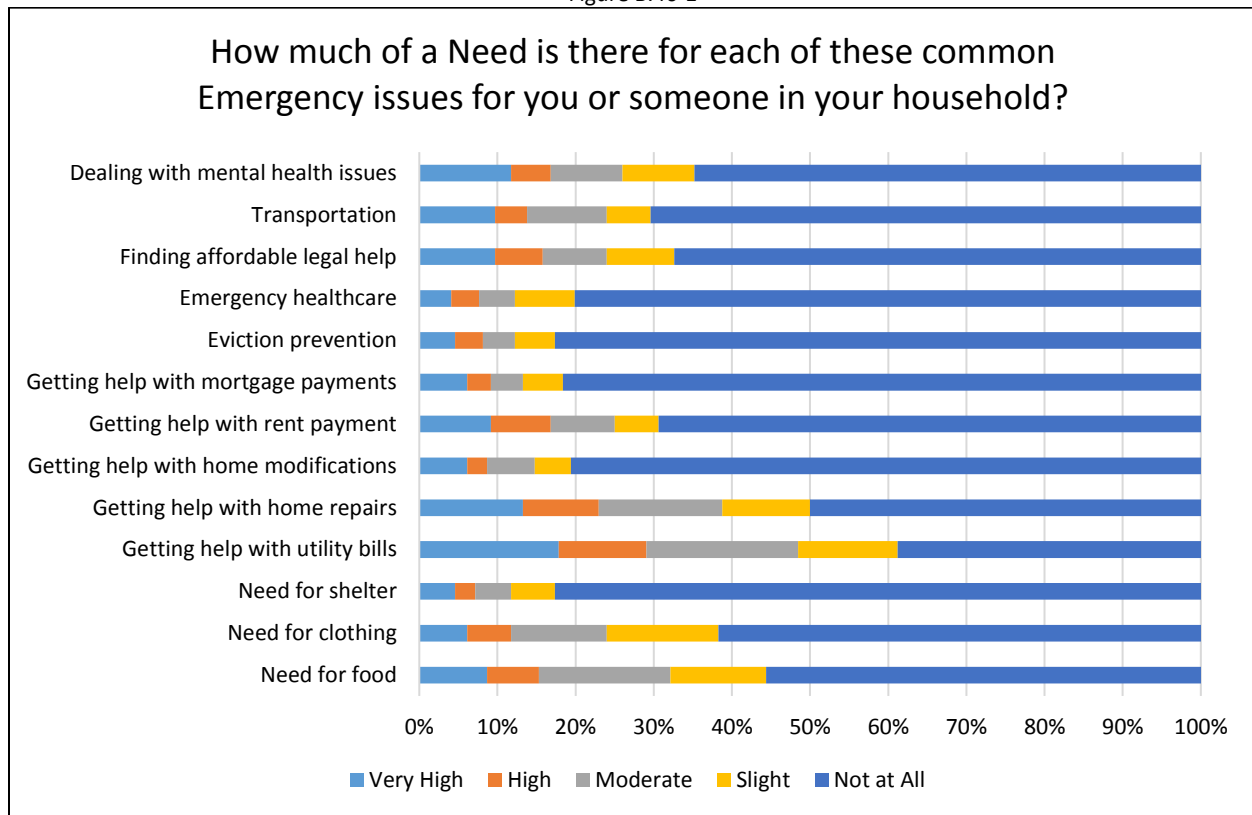


Table B.46-1

How much of a Need is there for each of these common Emergency issues for you or someone in your household?										
	Very High		High		Moderate		Slight		Not at all	
Need for food	8.67%	17	6.63%	13	16.84%	33	12.24%	24	55.61%	109
Need for clothing	6.12%	12	5.61%	11	12.24%	24	14.29%	28	61.73%	121
Need for shelter	4.59%	9	2.55%	5	4.59%	9	5.61%	11	82.65%	162
Getting help with utility bills	17.86%	35	11.22%	22	19.39%	38	12.76%	25	38.78%	76
Getting help with home repairs	13.27%	26	9.69%	19	15.82%	31	11.22%	22	50.00%	98
Getting help with home modifications for mobility or living independently	6.12%	12	2.55%	5	6.12%	12	4.59%	9	80.61%	158
Getting help with rent payment	9.18%	18	7.65%	15	8.16%	16	5.61%	11	69.39%	136
Getting help with mortgage payments	6.12%	12	3.06%	6	4.08%	8	5.10%	10	81.63%	160
Eviction prevention	4.59%	9	3.57%	7	4.08%	8	5.10%	10	82.65%	162
Emergency healthcare	4.08%	8	3.57%	7	4.59%	9	7.65%	15	80.10%	157
Finding affordable legal help	9.69%	19	6.12%	12	8.16%	16	8.67%	17	67.35%	132
Transportation	9.69%	19	4.08%	8	10.20%	20	5.61%	11	70.41%	138

B.47. Question 47: Do you know where you can find resources or services to help with your Emergency Assistance needs?

Figure B.47-1

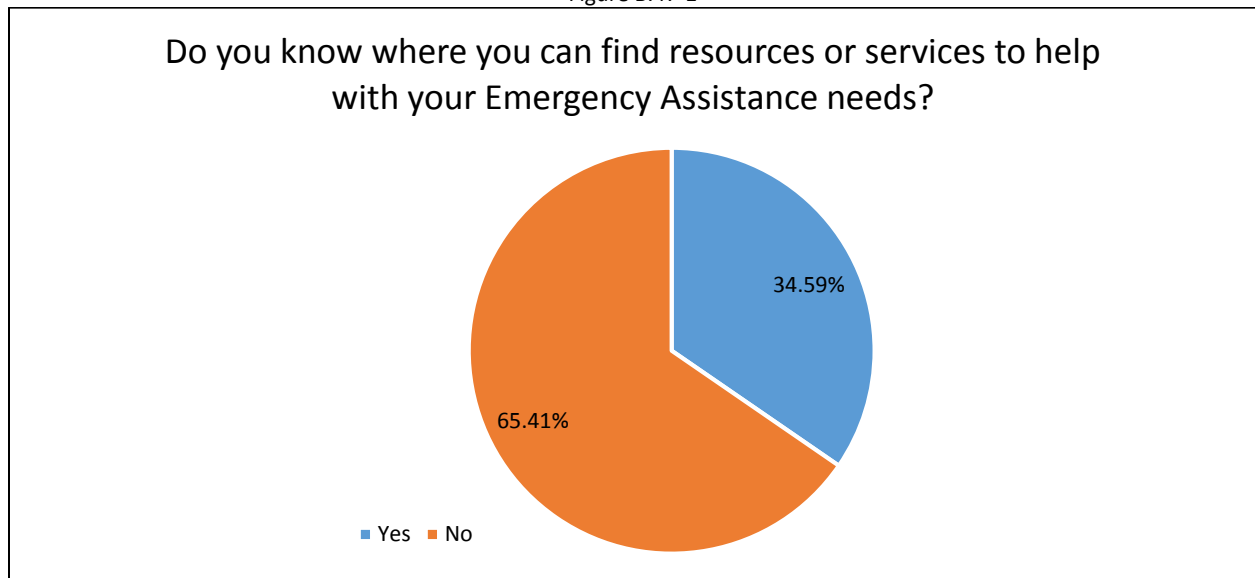


Table B.47-1

Do you know where you can find resources or services to help with your Emergency Assistance needs?		
Yes	34.59%	64
No	65.41%	121

B.48. Question 48: If yes, what resources or services are you aware of?

Table B.48-1

If yes, what resources or services are you aware of?			
SWCAP x10	ADRC x4	Social Services x3	Human Services x3
SWCAP Energy Assistance x2	energy and fuel assistance	Local food pantry energy assistance	Human Services for utilities
Southwest CAP, County social services	Unified Community Services for Emergency	SWCAP W2 program social services	WIC, Food Share, Energy Assistance
SWCAP, Head Start.	SWCAP, Food Sustainability Program	Swac	Wisconsin Emergency Rental Assistance Program
Richland Medical Center, & Richland Hospital	Wera	ADRC in Darlington	Badgercare/rental utility ast.
Dane Co	Wheap	Church	Something place I do
Various - N/A	Utility Assistance Program, Weatherization Program. Have used private handyman services to install railings in my shower area, and build a railing along my sidewalk		

B.49. Question 49: Have you ever used any of these resources or services?

Figure B.49-1

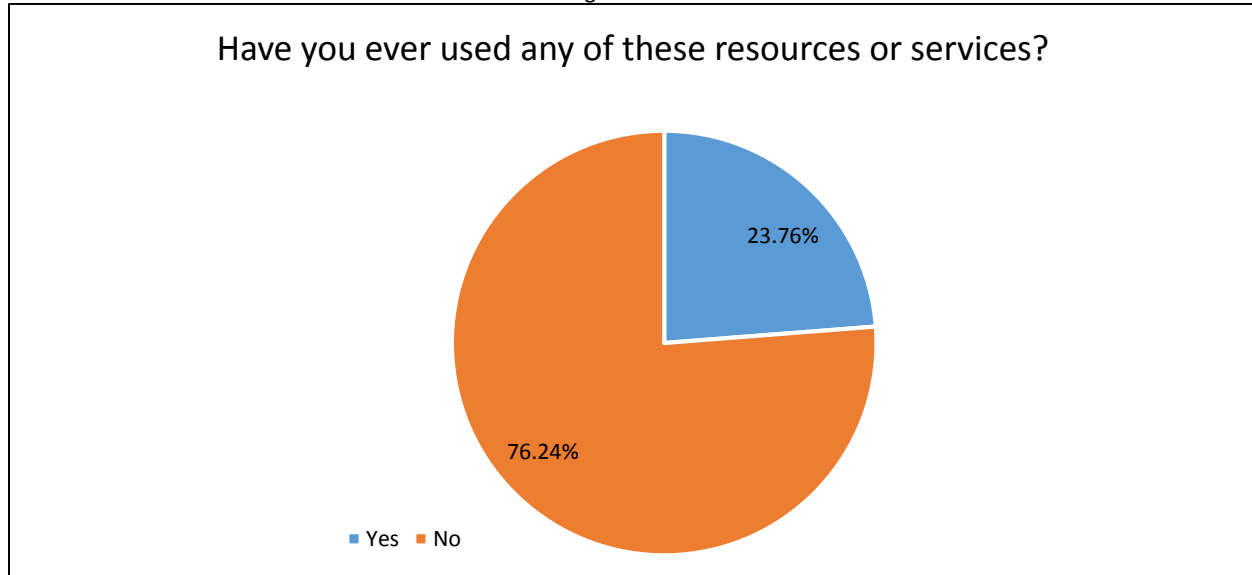


Table B.49-1

Have you ever used any of these resources or services?		
Yes	23.76%	43
No	76.24%	138

B.50. Question 50: Are there any other needs in your household that we haven't mentioned? If so, please explain.

Table B.50-1

Are there any other needs in your household that we haven't mentioned? If so, please explain.	
No x 14	Pet care health shots and food
Would have appreciated help with purchasing and installing windows as my house is 44 years old. I had too many assets I guess and I was not willing to spend down to make me eligible.	No just need help with a decent place to live with the power not being turned off all the time because they feel some sort of way towards me and are trying to drive me out.
Energy assistance	Roof repair, water heater
Respite to help with those that are taking care of grandchildren ect, support groups ect	Insurance won't pay for holistic medicine that actually helps people
Copays	SWCAP, Energy Assistance
Paying taxes	College age kids need affordable housing
18 year old son needs to get a GED and full-time job or schooling. Child Support ended April 30th which was \$500 per month.	I would like to emphasize the need for dental care for Badgercare recipients. I drive to Milwaukee every time.
Cheaper rentals or help owning a house	Weatherization
Not that I'm aware of.	Yard Work
New steps on my front porch	Home maintenance for seniors. Main floor shower facilities and main floor washer/dryer use. I also need new doors and locks.

## Stakeholder/Partner Survey

### B.51. Question 1: I am a:

Figure B.51-1

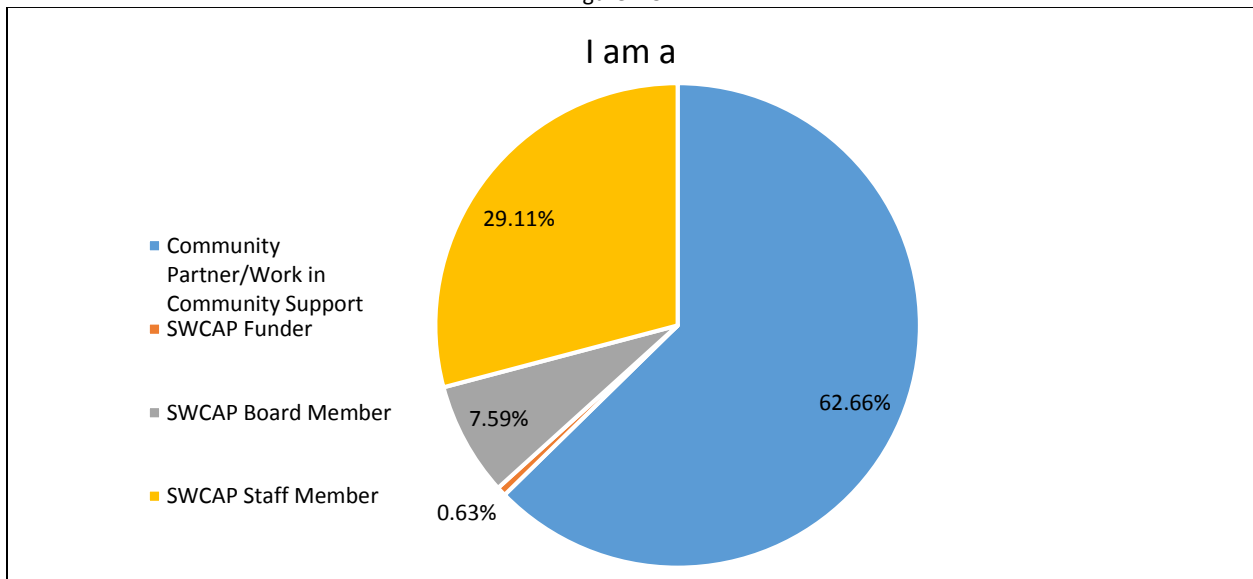


Table B.51-1

I am a:		
Community Partner/Work in Community Support	62.66%	99
SWCAP Funder	0.63%	1
SWCAP Board Member	7.59%	12
SWCAP Staff Member	29.11%	46

## B.52. Question 2: What county do you live in?

Figure B.51-2

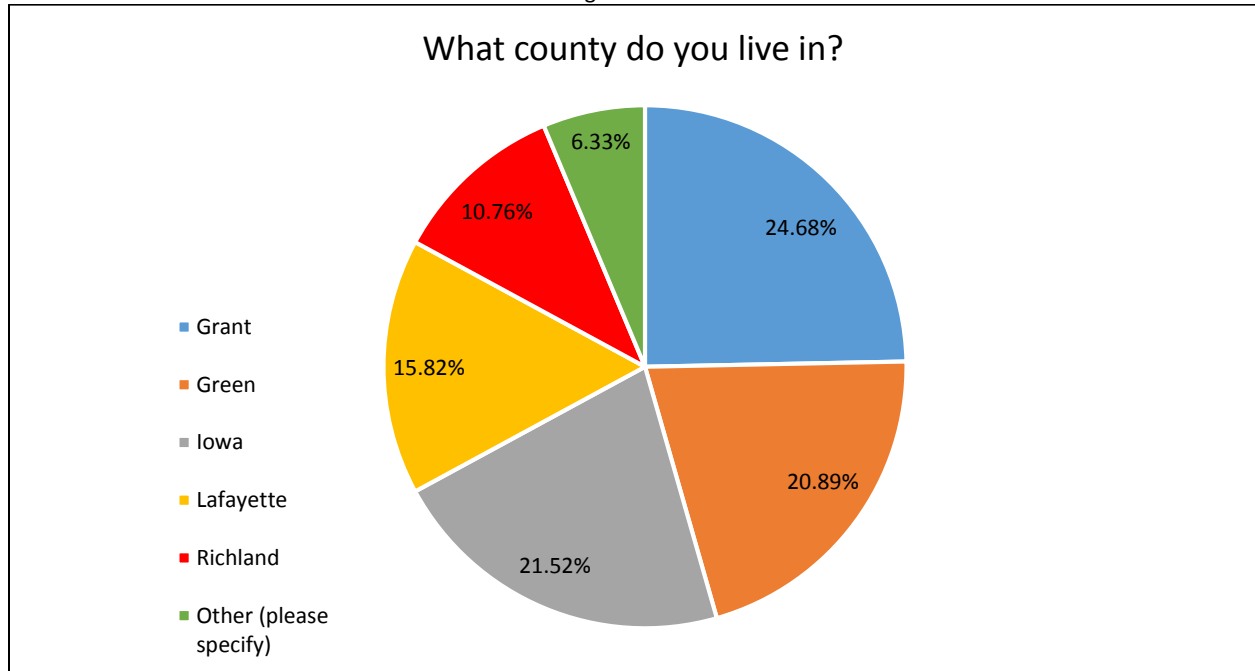


Table B.51-2

What county do you live in?		
Grant	24.68%	39
Green	20.89%	33
Iowa	21.52%	34
Lafayette	15.82%	25
Richland	10.76%	17
Other (please specify)	6.33%	10
Other Responses:		
Rock x3		
Dane x2		
Cover Grant, Iowa, Richland and Lafayette Counties		
Live in Rock, work in Grant and Iowa		
Grant and Richland		
Sauk, support Iowa		
Sauk		

### B.53. Question 3: What is your Age?

Figure B.51-3

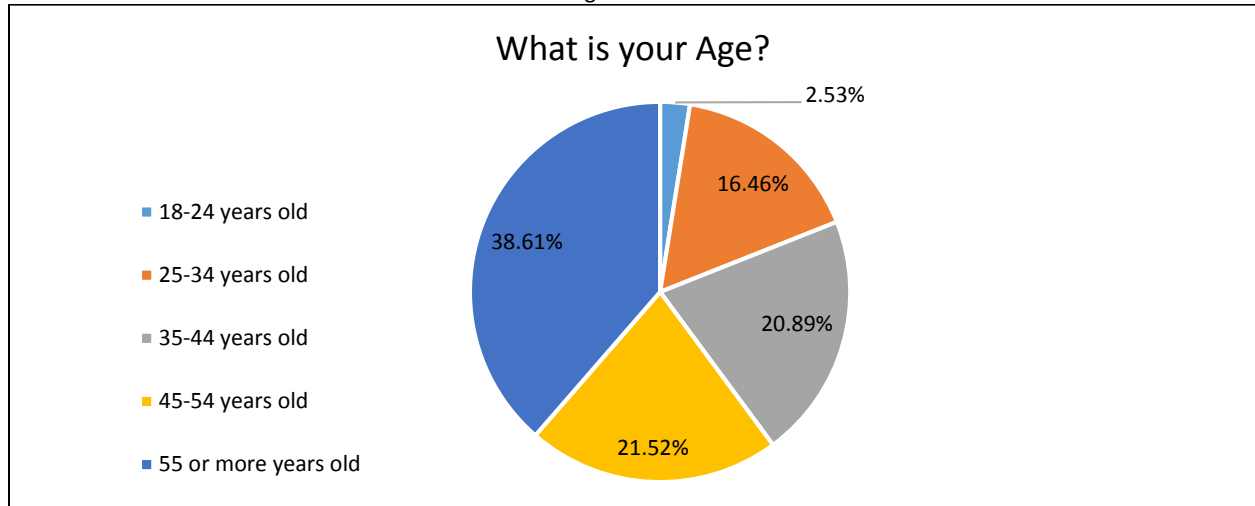


Table B.51-3

What is your Age?		
18-24 years old	2.53%	4
25-34 years old	16.46%	26
35-44 years old	20.89%	33
45-54 years old	21.52%	34
55 or more years old	38.61%	61

### B.54. Question 4: What is your Gender?

Figure B.51-4

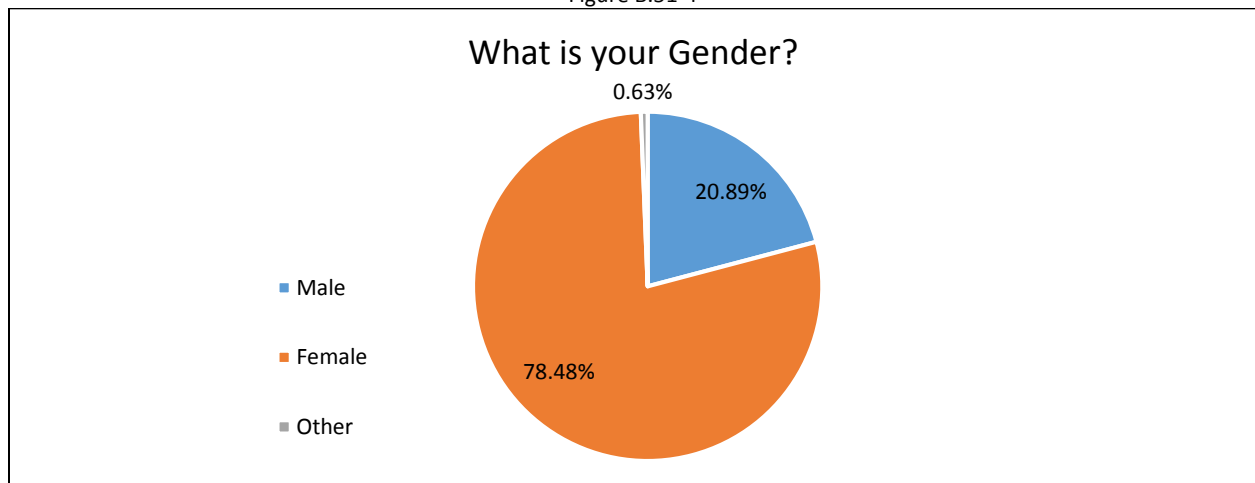


Table B.51-4

What is your Gender?		
Male	20.89%	33
Female	78.48%	124
Other	0.63%	1

B.55. Question 5: How much of a Need is there is for each of these common Transportation issues for low income people?

Figure B.51-5

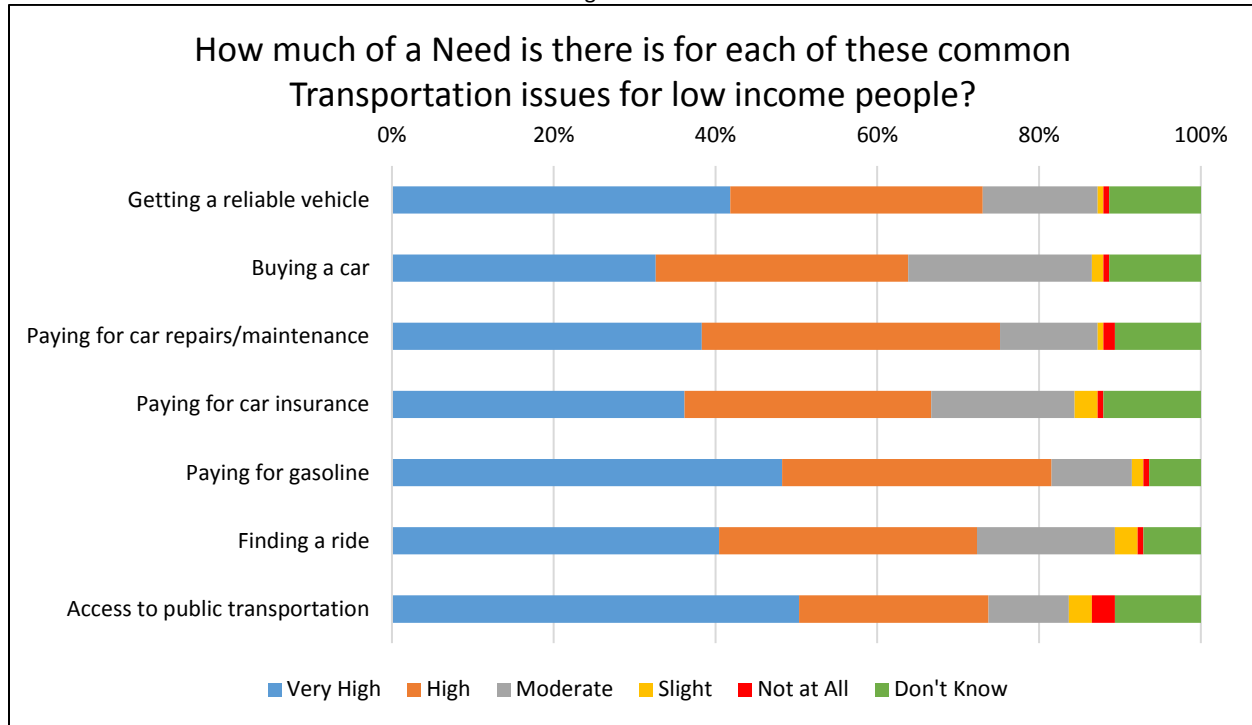


Table B.51-5

How much of a Need is there is for each of these common Transportation issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Getting a reliable vehicle	41.84%	59	31.21%	44	14.18%	20	0.71%	1	0.71%	1	11.35%	16
Buying a car	32.62%	46	31.21%	44	22.70%	32	1.42%	2	0.71%	1	11.35%	16
Paying for car repairs/maintenance	38.30%	54	36.88%	52	12.06%	17	0.71%	1	1.42%	2	10.64%	15
Paying for car insurance	36.17%	51	30.50%	43	17.73%	25	2.84%	4	0.71%	1	12.06%	17
Paying for gasoline	48.23%	68	33.33%	47	9.93%	14	1.42%	2	0.71%	1	6.38%	9
Finding a ride	40.43%	57	31.91%	45	17.02%	24	2.84%	4	0.71%	1	7.09%	10
Access to public transportation	50.35%	71	23.40%	33	9.93%	14	2.84%	4	2.84%	4	10.64%	15



B.56. Question 6: What changes could be made to improve the quality of service for these issues?

Table B.51-6

What changes could be made to improve the quality of service for these issues?
<p>More public transportation. X4</p> <p>Finding people within our community to volunteer time and rides.</p> <p>Work with mid-to larger businesses/private entities to collaborate and develop a quality rural public transportation system.</p> <p>More public ride options such as Uber or Lyft. There are folks in our community who need to just run errands or grocery shop who don't really want to schedule days ahead for rides like these.</p> <p>Taxi, Uber, bus.</p> <p>The bus service is very helpful. Cars are hard to find, finance, and maintain. Gas prices are huge problem too!!!</p> <p>Options are available for seniors but don't really meet commuting needs. Employers may need to arrange transportation.</p> <p>Availability of resources, expansion of resources.</p> <p>My guess is that with the price of gas and need for reliable transportation, some form of public transportation would be extremely useful.</p> <p>Gas prices continue to rise, we need to be ready to accommodate people.</p> <p>Most individuals we work with are on Medicaid and use Veyo for transportation needs. These rides are not always reliable and can cancel last minute. I generally do not hear from individuals that are looking to buy a vehicle or need help with the upkeep, but it is likely a high issue for low income individuals.</p> <p>Ask for volunteer drivers.</p> <p>Maybe reduce the prices of taxi services.</p> <p>Getting the information out to families.</p> <p>More advertising of services available for transportation needs for low income people.</p> <p>Having easy to access, affordable, and reliable ride services for individuals with transportation needs.</p> <p>Less of a cost to some programs like LIFT, to families who participate in other programs.</p> <p>Perhaps more access points for getting a gas card? A rail line between Madison and Dubuque!</p> <p>To be honest, America just needs to bite the bullet and make a serious investment in European-style public transportation that is accessible and reliable. Until that happens, the challenges &amp; restrictions of low-income (private) transportation will only get worse.</p> <p>Many of our clients have access to medical transportation but they many times do not show up for scheduled rides. Having other modes of transportation that can allow clients to not rely on medical transport.</p> <p>I think expanding the work and wheels program would help. Possibly a fuel incentive program with strings attached?</p> <p>Public transportation, to be sure. Yes, we'd have to find the money, but it would not only allow people without cars to get to jobs, it would employ people itself.</p> <p>In most counties, transportation assistance seems to be limited to the ADRC with very little low income assistance available.</p>

Table B.51-7

What changes could be made to improve the quality of service for these issues? (Cont.)
As this is such a rural community, there is no public transportation available. A program such as an Uber-type/taxi transportation for those with transportation/income barriers would be extremely useful.
Additional funding, timely processing in the event of getting gainful employment, more funds allocated for vehicle repairs
Just having them would be a start.
More public transportation, more assistance with getting a driver's license, car, and insurance.
Regular and reliable ride share or other public transportation.
Reasonable prices for vehicles (that are still reliable).
Pay volunteer drivers more.
It would be nice for everyone if the Medicaid funded medical necessity rides work in the rural areas. Many time the rides cannot be scheduled or the rides don't show up.
Financial counseling. Some low income people have a tendency to spend money on things they shouldn't. They could use help understanding priorities in life as well as budgeting.
I think the services provided by the Work n' Wheels program are top-notch and play a vital role in helping to alleviate these issues. Maybe just continuing to promote and grow the program?
Additional funding. Public transportation availability and extended range and hours.
Local taxi service or bus line like Platteville has would help the elderly and low income families. Subsidized by income.
Supporting those with low income. Helping pay for car insurance or gas.
More across county coordination.
More availability in general.
Help with car repairs.
The high cost of living is hurting everyone, worse if you're poor. Public transportation is almost non-existent in your smaller communities. I don't know what the answer is.
Public Transportation and paying for gas. Reliable vehicles are needed immediately, not after most have been working to show proof of payment.
More public transportation. Affordable transportation between towns and between counties.
Better access to public transportation that has extended hours and able to travel outside of Monroe.
Hire and or recruit more drivers. Expand the fleet.
A decrease in cost for individuals who meet low income criteria to utilize the LIFT services. Increase the number of Lift drivers to alleviate the need to deny rides.
More funding for vehicle acquisition and maintenance.
Allowing an option of a hybrid work environment for all staff to help with saving money for gas, car maintenance, or any of the above issues to those who need it.
We don't deal in these issues, so sorry, I don't know.
More availability of taxis, more medical transportation assistance.
Making sure that people have access to a variety of options so they are using what works best for them to reduce the burden on them.
At this point I am not sure.
Increased outreach to the public.

What changes could be made to improve the quality of service for these issues? (Cont.)
Sponsor program where rides ran longer, and payments and have an emergency ride for short notice. Programs to help people get a car with a low payment plan
Regional or local taxi services, more rational and comprehensive intake/admin of existing rides, more drivers
Government subsidized car buyer assistance programs for low income people, government subsidized public transportation services for rural areas to assist low income people with transportation to work, medical appointments, school and other critical needs.
We need some type of public, reasonably price transportation in Green County.
Partner or team with community services to pool resources that may reduce, limit and/or help low income people utilize transportation only when needed to help with overall costs when using public transportation or using their own transportation.
Increase public transportation, provide tokens for Uber rides, scheduled shuttle service between communities.
N/A x3

B.57. Question 7: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-8

Are there any other needs that weren't mentioned? If so, please explain.
Finding volunteer drivers.
Temporary/emergency car availability for someone that has experienced a breakdown. Life continues to go whether you have transportation or not and having a loner vehicle available would help alleviate loads of stress for some people.
Not very many lower income housing opportunities in Richland Center forcing people to commute if they want the good jobs here.
We should encourage carpooling, don't make unnecessary trips to town, be more conscious of our errands and combine them.
Late night emergency room discharges. Badgercare/Medical assistance clients have no access to rides do to a lack of drivers through the provider.
Daycare for family siblings while attending appointment.
Assistance paying off fines and reinstate license.
Local rural regular transportation for non-medical trips for shopping etc.
Environmentally friendly transportation options are also important. Being able to bike or walk to work is beneficial for our community, environment, and the individual. Currently, I don't think there are enough options to do this safely for most people, nor is it encouraged.
Why is it just low income? People who work a full time still struggle. When rent is \$1000, add the other bills it's 1500 or more. It's all a struggle for anyone in this world
Housing, treatment.
None I can think of. x2
N/A. x7

B.58. Question 8: How much of a Need is there is for each of these common Housing issues for low income people?

Figure B.51-6

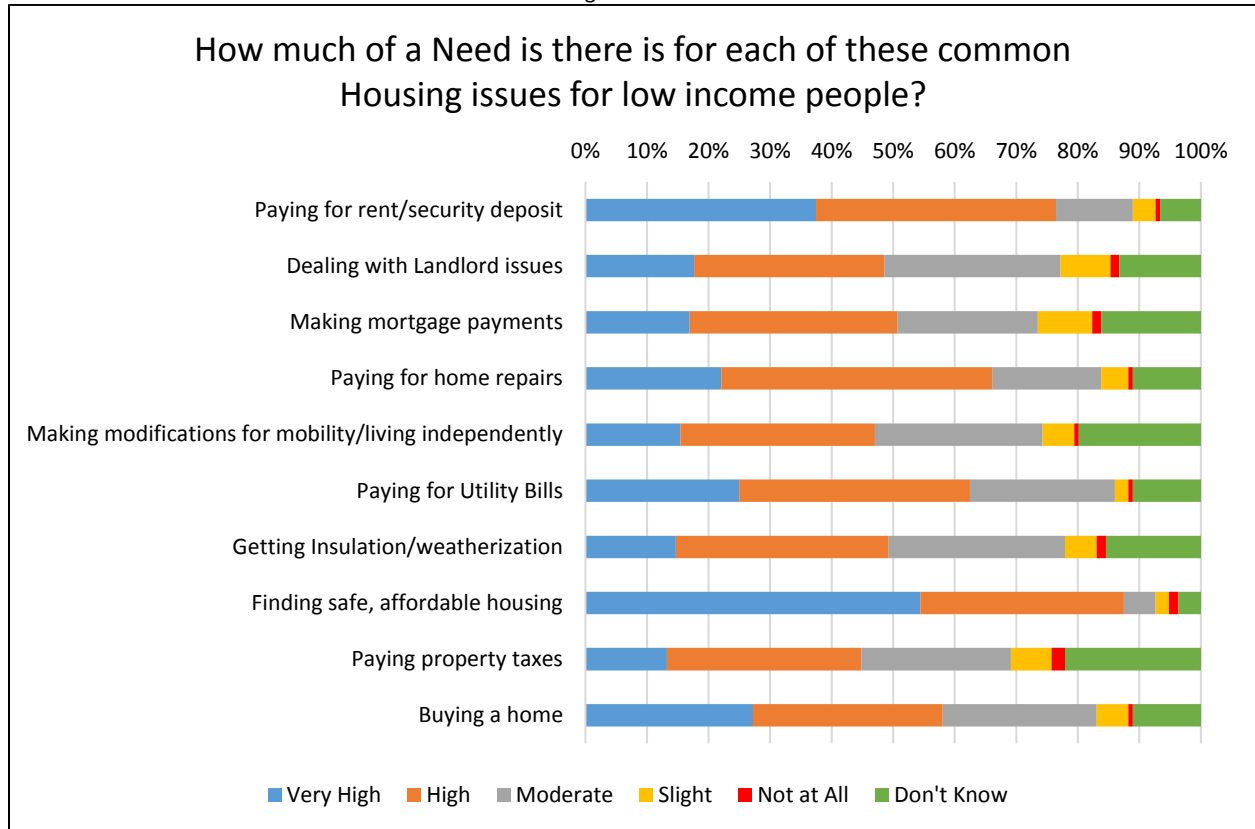


Table B.51-9

How much of a Need is there is for each of these common Housing issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Paying for rent/security deposit	37.50%	51	38.97%	53	12.50%	17	3.68%	5	0.74%	1	6.62%	9
Dealing with Landlord issues	17.65%	24	30.88%	42	28.68%	39	8.09%	11	1.47%	2	13.24%	18
Making mortgage payments	16.91%	23	33.82%	46	22.79%	31	8.82%	12	1.47%	2	16.18%	22
Paying for home repairs	22.06%	30	44.12%	60	17.65%	24	4.41%	6	0.74%	1	11.03%	15
Making modifications for mobility/living independently	15.44%	21	31.62%	43	27.21%	37	5.15%	7	0.74%	1	19.85%	27
Paying for Utility Bills	25.00%	34	37.50%	51	23.53%	32	2.21%	3	0.74%	1	11.03%	15
Getting Insulation/ weatherization	14.71%	20	34.56%	47	28.68%	39	5.15%	7	1.47%	2	15.44%	21
Finding safe, affordable housing	54.41%	74	33.09%	45	5.15%	7	2.21%	3	1.47%	2	3.68%	5
Paying property taxes	13.24%	18	31.62%	43	24.26%	33	6.62%	9	2.21%	3	22.06%	30
Buying a home	27.21%	37	30.88%	42	25.00%	34	5.15%	7	0.74%	1	11.03%	15

B.59. Question 9: What changes could be made to improve the quality of service for these issues?

Table B.51-10

What changes could be made to improve the quality of service for these issues?
More affordable housing. x3
Having more safe low income places available
Partnerships to increase energy efficiency to lower costs; also, partnerships or arrangements for cooling (air conditioners, for example).
Ease of loan qualifications and help in preparing loan documents.
I feel we need to look at not only increasing housing opportunities for low income individuals, but for medium income individuals.
Identify professionals who are willing to make repairs on manufactured homes. Habitat has found it very difficult to find plumbers and electricians who are willing to help us with these.
Higher wages, more loan assistance.
Get more moderate priced housing and more housing in general in Richland Center.
Maybe make renting and utilities cheaper. Offer monthly assistance.
Getting information to families.

Table B.51-11

What changes could be made to improve the quality of service for these issues? (Cont.)

I think the quality of the services is excellent, but any expansion would make a great impact. Stronger partnership with Habitat for Humanity. Our chapter is based in Baraboo, I think, and they have weak connections in Iowa County but sometimes have offered home repair/modification services; I think may lack local partners.

The price of rent, repairs, and owning a home are far out of proportion to income levels. From a landlord's perspective, it can be more profitable to rent out a property short-term (like through Airbnb), which further exacerbates housing challenges. Honestly, I think it will take partnerships and outreach to "humanize" the problem... Most of the challenges in society can be addressed by looking past numbers, figures, and statistics, and recognizing the humanity between supply and demand, whether it be housing, transportation, food & diet, etc.

Having more housing options for individuals with past criminal records who are actively engaged in treatment.

Update local housing codes for health and safety, local towns invest in affordable housing, use of CDBG funds for this.

Give the homeless houses. That's the method I'm aware of which has yielded the best results. We just need more affordable safe housing.

Raise Fair Market Rent limits. Change poverty and low-income limits. They are way too low. Need more assistance in finding affordable housing of any kind. Need more affordable housing. Making low income families aware of housing programs to assist them, such as WHEDA, Habitat for Humanity. Assistance completing applications.

More funding/budgeting information for families with issues.

Connect people to Rent Smart curriculum from UW Extension.

Grant program to help pay for home repairs. Some low income people have eyesore properties. They say it's because they cannot afford to fix things up.

Reduce the cost in rent.

More available housing/rentals. Landlords who are willing to overlook certain criminal charges after a significant amount of time has passed with no additional convictions.

There needs to be more advocacy options for tenant landlord issues.

Better coordinating of services.

All counties need safe, affordable housing!!! We have funds from various programs to use, but have nowhere for these folks to live. Green and Lafayette counties need housing. It is so difficult to find any kind of housing in the area, especially for low income. Pets are important as support and contribute to meaningful lives, and pet allowed rentals are nonexistent.

Green county would benefit from additional housing resources for low income (as well as 'average' income individuals. Cities within the county need to be open to expansion and allowing or encouraging developers to be a part of the housing solution.

Follow-up with clients who do not fit the parameters of a program. Try to find other alternatives to help in difficult cases.

Supportive housing counseling whether you are a renter or an owner.

Again, we don't deal in housing issues, so I don't know. Sorry!

More affordable housing units sometime of a tenant resource center locally to help assist clients with issue's that they are having with their with landlords

Table B.51-12

What changes could be made to improve the quality of service for these issues? (Cont.)
Educating people so they are aware of the services and making them easy to access. Not overly complicated paperwork and systems they need to navigate that lessens their likelihood of accessing assistance.
Not make affordable housing unaffordable. Programs that people can get help with rent for a year or two to get established.
Increased outreach to the public.
More affordable housing units, more accessible and affordable units, more senior units in community.
Require applicants to consider advice from a housing expert on investing current housing or purchasing different housing that is a better investment. Stop providing assistance for homes that are not safe and will not provide a return on investment.
Partnerships with municipalities to work together to create safe and healthy affordable low-income housing.
Increase the availability of low income housing, rent to own programs.
We're in need of more credit/ home buying classes.
I don't know what changes would solve these issues???
Is there any programs for mortgage assistance?
N/A x2

B.60. Question 10: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-13

Are there any other needs that weren't mentioned? If so, please explain.
<p>SWCAP has shown how it is well-positioned to increase housing through collaboration. Continuing to increase housing availability is essential. When developing housing, important to also think about energy efficiency, etc. as ways to decrease long term costs.</p> <p>"Emergency" home repairs, e.g. water heater replacement (not covered by Project Home in Green County). Repairs that need to be completed in a short time frame, e.g. discharge from hospital or nursing home and repairs/modifications need to be made within a week or two.</p> <p>More assisted living options.</p> <p>Affordability of housing, access to housing.</p> <p>Replacement housing, provide funds to demolish dilapidated housing and assist with purchasing new housing that will have a longer useful life to provide a better return on investment.</p> <p>Homelessness.</p> <p>I have had some contacts have issues with home repairs/upkeep, especially the cost of having their house re-roofed. Have a contractor who is well versed in several ways to repair, keep up a house would handy to have at a reduced cost.</p> <p>Finding affordable housing where your job is located.</p> <p>SHC providers, dental services, for Medicaid residents.</p> <p>Programs around personal budgets/coaching program</p> <p>Not that I can think of. x2</p> <p>N/A x5</p>

B.61. Question 11: How much of a Need is there is for each of these common Employment issues for low income people?

Figure B.51-7

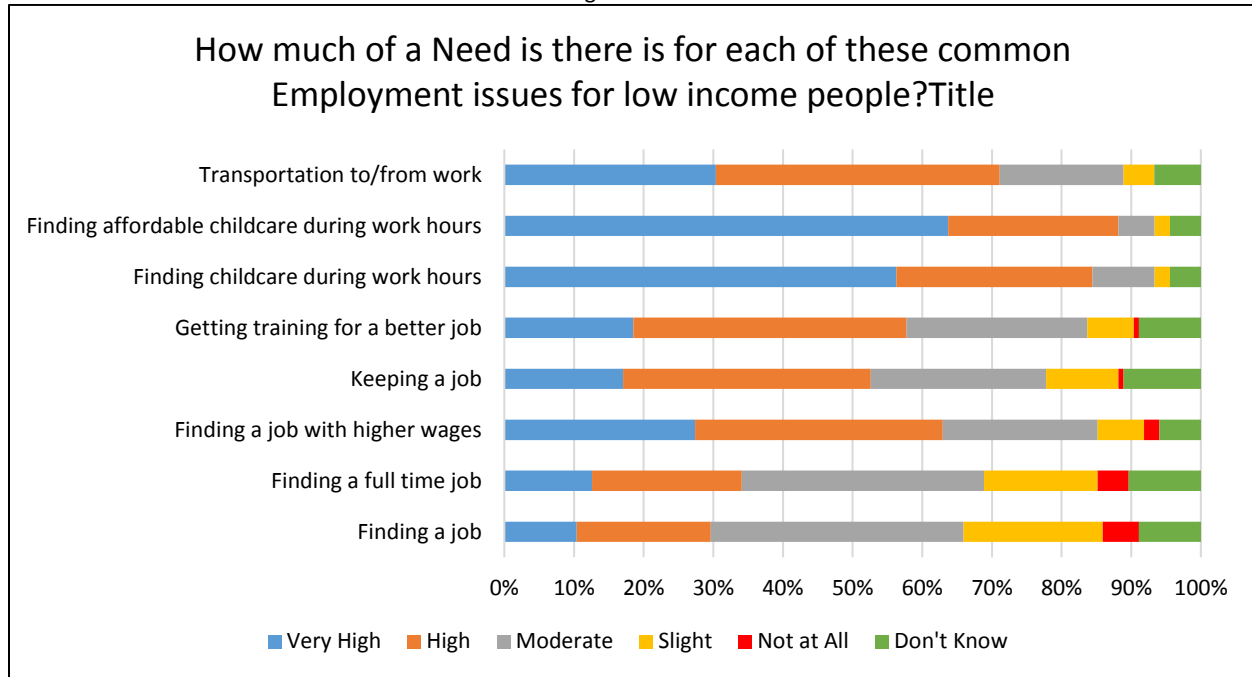


Table B.51-14

How much of a Need is there is for each of these common Employment issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Finding a job	10.37%	14	19.26%	26	36.30%	49	20.00%	27	5.19%	7	8.89%	12
Finding a full time job	12.59%	17	21.48%	29	34.81%	47	16.30%	22	4.44%	6	10.37%	14
Finding a job with higher wages	27.41%	37	35.56%	48	22.22%	30	6.67%	9	2.22%	3	5.93%	8
Keeping a job	17.04%	23	35.56%	48	25.19%	34	10.37%	14	0.74%	1	11.11%	15
Getting training for a better job	18.52%	25	39.26%	53	25.93%	35	6.67%	9	0.74%	1	8.89%	12
Finding childcare during work hours	56.30%	76	28.15%	38	8.89%	12	2.22%	3	0.00%	0	4.44%	6
Finding affordable childcare during work hours	63.70%	86	24.44%	33	5.19%	7	2.22%	3	0.00%	0	4.44%	6
Transportation to/from work	30.37%	41	40.74%	55	17.78%	24	4.44%	6	0.00%	0	6.67%	9



B.62. Question 12: What changes could be made to improve the quality of service for these issues?

Table B.51-15

What changes could be made to improve the quality of service for these issues?
Giving an initial help period that is set and then working up to becoming self-reliant.
Knowledge and awareness of the programs offered that assist in these areas. Most I've spoken with don't have any idea that there is anything other than temp agencies and online job offerings available.
Assistance with creating and maintaining quality childcare. Some form of public transportation.
More education on how to apply and keep a job. More problem solving with housing, child care and transportation.
Maybe get people in need a cheap way to get around to apply to jobs.
Getting information out to families.
Offer tuition help/scholarships for individuals who have a desire to get additional school/training. Pay childcare workers a livable wage and keep childcare costs to 7% of income for families, recruit and offer training for quality childcare providers
Universal preschool education.
Additional affordable quality childcare options. I've heard this is a problem.
Possibly an incentive program for employees who help other employees get to work? Childcare is a complicated issue!
There's a level of personal responsibility here. I don't know that you can help someone keep a job if they're disinclined to do so on their own. So more resources geared towards getting proven workers higher-paying jobs. That way the jobs they're vacating are available to people with trouble keeping a job.
Need more childcare. Childcare should be like public school and should be available to everyone. People need to work just like children need education. Transportation, Housing and decent job opportunities are the biggest Barriers in rural areas.
Daycare is hard to find and expensive for lower paying jobs.
Evening hours or weekend hours for quality daycare.
Participate in childcare taskforce in Richland County. (ask Chelsea Wunnicke at Extension)
The jobs are there and they are paying pretty darn good right now. People have to be willing to work and they have to understand work ethic. There is a childcare provider shortage in Darlington right now.
More public transportation. Cab fare tickets. Daycare is hard to find, especially for those with multiple children.
I don't think it would be possible, but a program to reward people for working with additional income to offset rising inflation would be helpful.
Public transportation other than a cab that is overpriced.
There is a need for safe and affordable childcare outside of the typical 8 AM to 5 PM jobs.
Increased availability of daycare providers is needed. Maybe increased outreach in the community regarding this. Plus increased payment for childcare providers.
Daycare and transportation seem to be the biggest setbacks for folks getting and keeping employment. Affordable daycare with flexible hours are desperately needed.
Education, Childcare, and transportation are the employment issues.

Table B.51-16

What changes could be made to improve the quality of service for these issues? (Cont.)
There are many jobs available in Green County, however barriers are often transportation, lack of skills, and limited options for childcare. Individuals are also known to have to choose between gaining employment and losing benefits based on income.
Work with folks on rates when they cannot afford the rates charged by Lift for work rides.
Having child care through the agency or allowing employees who have children decide their work hours.
Yikes! Again, I don't know well enough.
Coaching individuals to help them define and improve their skills to make them more marketable for a job. Working with them to identify what they want to do and what is realistic in terms of getting to work, accessing childcare and transportation.
Deterrence from background checks that is the only reason they cannot get the job.
Benefits with part time jobs.
A work program that allows people to get hired through where the accommodation is already in place.
Increased childcare options, affordability of childcare.
Subsidize childcare significantly, help build childcare facilities, train childcare workers.
Provide grants for local business to start daycare centers to make it more feasible for large daycares to operate in rural areas, associate daycare with public schools to reduce the need for transportation parents will need to provide.
Not sure what can be done - there are plenty of jobs out there right now, but many don't have the skills to keep a full-time job, and I know childcare can be an issue.
Higher paying jobs, companies in our region need to pay a living wage. More workplace flexibility.
Subsidize day care services, increase training opportunities for home day care providers.
N/A x3

B.63. Question 13: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-17

Are there any other needs that weren't mentioned? If so, please explain.
Getting hired with little or no work history.
Childcare availability across shifts.
We also need to assess the community's happiness or fulfillment in their job. How can we create work environments that support thriving communities, families and community members?
It's hard to get a job due to needing experience or have to have a degree. You can make decent money at fast food but hours are hard to work around due to childcare and reliable transportation. May have a good vehicle but you guys don't go buy car payments nor insurance and it's hard to get help financial help.
Finding a satisfying job with advancement prospects.
Nothing I can think of. x2
N/A. x3

B.64. Question 14: How much of a Need is there is for each of these common Education issues for low income people?

Figure B.51-8

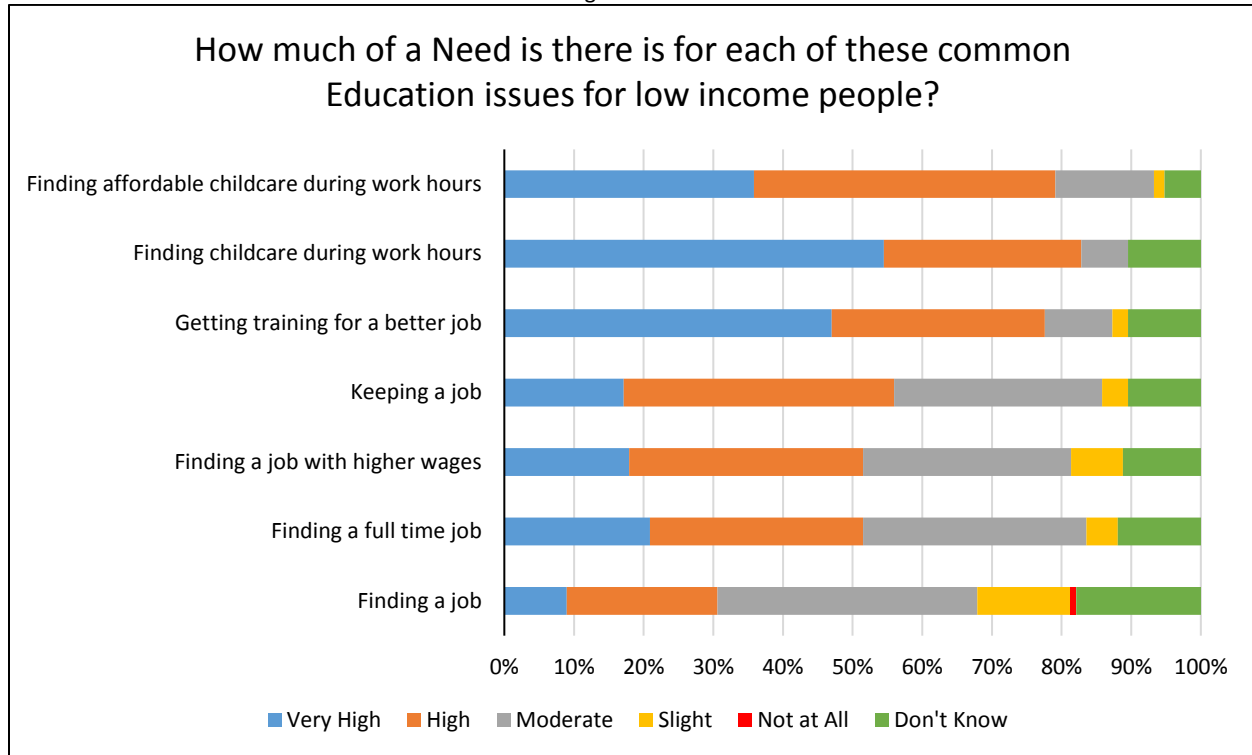


Table B.51-18

How much of a Need is there is for each of these common Education issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Getting a diploma/GED/HSED	8.96%	12	21.64%	29	37.31%	50	13.43%	18	0.75%	1	17.91%	24
Paying for school	20.90%	28	30.60%	41	32.09%	43	4.48%	6	0.00%	0	11.94%	16
Transportation to/from school	17.91%	24	33.58%	45	29.85%	40	7.46%	10	0.00%	0	11.19%	15
Getting training for a better job	17.16%	23	38.81%	52	29.85%	40	3.73%	5	0.00%	0	10.45%	14
Finding childcare during school hours	47.01%	63	30.60%	41	9.70%	13	2.24%	3	0.00%	0	10.45%	14
Finding affordable childcare during school hours	54.48%	73	28.36%	38	6.72%	9	0.00%	0	0.00%	0	10.45%	14
Learning money management skills	35.82%	48	43.28%	58	14.18%	19	1.49%	2	0.00%	0	5.22%	7

B.65. Question 15: What changes could be made to improve the quality of service for these issues?

Table B.51-19

What changes could be made to improve the quality of service for these issues?
Having individuals on state programs complete mandatory courses. Paying the employees of childcare higher wages so there is more availability.
Offering more money management classes in high school and for public in general. Reliable and affordable housing, transportation and childcare as mentioned before.
Offer free tutoring.
Getting information out there!
Offer more online education opportunities.
Preschool and afterschool childcare.
While federal funds are available for higher education, some aren't fully aware of how student loans impact later life, even with the required pre-loan education. High School curriculum if it isn't already offered?
I think recruitment is important because many people are afraid of going to school.
It's not a quality of service issue but a quantity of service issue.
Are there locally taught GED/HSED classes for people that can't drive or have transportation issues? Can some of these classes be done virtually?
I don't know a lot about this but I don't think it's that tough to get a HS Diploma in rural Wisconsin. In my experience, people who drop out of school just don't have the drive to complete their schooling. There are not any obstacles to going to school. The bus will pick you up, there's free meals, and the bus will take you home. As far as college is concerned, I understand the challenges are different, but I don't know enough about it to offer advice.
Again - daycare is hard to find and pay for. Daycares do not always take assistance.
Have a money management course prior to attending school that offers credit(s) for free for taking. Also, have it available to the general public for free.
A program where you can get your GED at a reasonable cost
Affordable/Flexible daycare hours. There used to be a Rent Smart class these folks could utilize. It is all online now. Too much of a hassle for individuals.
Public transportation that goes between counties and between towns. More affordable and safe childcare.
There are adequate school resources within Green County for those to obtain their diploma, GED or HSED, however transportation for non-traditional students can be difficult, as well as adequate and affordable daycare. There is a need for budget/ financial education to aid in overall stability.
Increase availability and access to childcare. Improving the quality of teachers and paying them decent wages to retain good staff.
Increased funding into skills enhancement program through the use of CSBG funds. SWCAP needs to double or even triple this program.
There are MANY opportunities for people wanting to further their education and many grants as well as other financial aid for low income students. However, this goes back to the question about keeping full-time employment. If students can't hold a job, staying in school will be difficult. This question also is frustrating because there is much more financial aid available for low-income people than middle-income students that also can't afford a college education but don't have the same resources available to them.

What changes could be made to improve the quality of service for these issues? (Cont.)
Classes/training for adults and for teens on financial wellness. More scholarship opportunities. More educational programming (Master Classes?)
Increase the technical college career-driven courses. Increase shuttle services provided.
Same. We don't deal with these issues.
Unknown.
N/A.

B.66. Question 16: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-20

Are there any other needs that weren't mentioned? If so, please explain.
Paying living expenses while enrolled in an education program and raising a family.
Internet access for all.
Reliable internet services.
Not that I can think of.
N/A x2

B.67. Question 17: How much of a Need is there is for each of these common Healthcare issues for low income people?

Figure B.51-9

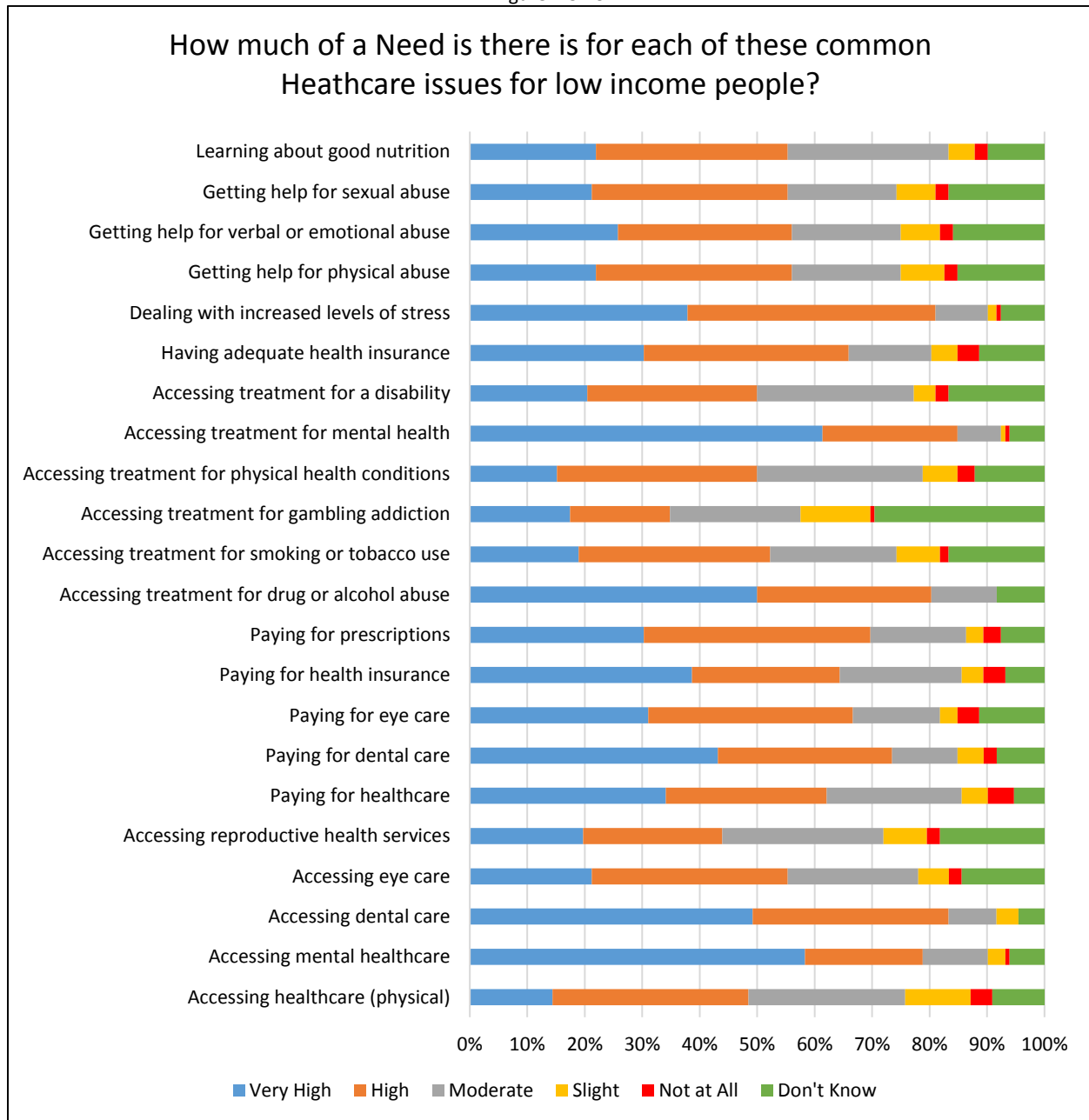


Table B.51-21

How much of a Need is there is for each of these common Healthcare issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Accessing healthcare (physical)	14.39%	19	34.09%	45	27.27%	36	11.36%	15	3.79%	5	9.09%	12
Accessing mental healthcare	58.33%	77	20.45%	27	11.36%	15	3.03%	4	0.76%	1	6.06%	8
Accessing dental care	49.24%	65	34.09%	45	8.33%	11	3.79%	5	0.00%	0	4.55%	6
Accessing eye care	21.21%	28	34.09%	45	22.73%	30	5.30%	7	2.27%	3	14.39%	19
Accessing reproductive health services	19.70%	26	24.24%	32	28.03%	37	7.58%	10	2.27%	3	18.18%	24
Paying for healthcare	34.09%	45	28.03%	37	23.48%	31	4.55%	6	4.55%	6	5.30%	7
Paying for dental care	43.18%	57	30.30%	40	11.36%	15	4.55%	6	2.27%	3	8.33%	11
Paying for eye care	31.06%	41	35.61%	47	15.15%	20	3.03%	4	3.79%	5	11.36%	15
Paying for health insurance	38.64%	51	25.76%	34	21.21%	28	3.79%	5	3.79%	5	6.82%	9
Paying for prescriptions	30.30%	40	39.39%	52	16.67%	22	3.03%	4	3.03%	4	7.58%	10
Accessing treatment for drug or alcohol abuse	50.00%	66	30.30%	40	11.36%	15	0.00%	0	0.00%	0	8.33%	11
Accessing treatment for smoking or tobacco use	18.94%	25	33.33%	44	21.97%	29	7.58%	10	1.52%	2	16.67%	22
Accessing treatment for gambling addiction	17.42%	23	17.42%	23	22.73%	30	12.12%	16	0.76%	1	29.55%	39
Accessing treatment for physical health conditions	15.15%	20	34.85%	46	28.79%	38	6.06%	8	3.03%	4	12.12%	16
Accessing treatment for mental health	61.36%	81	23.48%	31	7.58%	10	0.76%	1	0.76%	1	6.06%	8
Accessing treatment for a disability	20.45%	27	29.55%	39	27.27%	36	3.79%	5	2.27%	3	16.67%	22
Having adequate health insurance	30.30%	40	35.61%	47	14.39%	19	4.55%	6	3.79%	5	11.36%	15
Dealing with increased levels of stress	37.88%	50	43.18%	57	9.09%	12	1.52%	2	0.76%	1	7.58%	10
Getting help for physical abuse	21.97%	29	34.09%	45	18.94%	25	7.58%	10	2.27%	3	15.15%	20
Getting help for verbal or emotional abuse	25.76%	34	30.30%	40	18.94%	25	6.82%	9	2.27%	3	15.91%	21
Getting help for sexual abuse	21.21%	28	34.09%	45	18.94%	25	6.82%	9	2.27%	3	16.67%	22
Learning about good nutrition	21.97%	29	33.33%	44	28.03%	37	4.55%	6	2.27%	3	9.85%	13

B.68. Question 18: What changes could be made to improve the quality of service for these issues?

Table B.51-22

What changes could be made to improve the quality of service for these issues?
There are plenty of available resources for all of these underlying issues but people need to be encouraged to use them and to know they are available.
Even for those with adequate insurance, access to medical care in Richland Center is very difficult and delayed due to a lack of staffing. Definitely need more staff at the clinic and hospital.
Market the Network of Care website more widely.
Help with monthly copays and to help them get around to doctor appointments.
Getting information out there.
So many of these issues are intertwined for people. Need more case management or care coordination services.
Navigators for health insurance marketplace.
The changes that need to happen in healthcare require a bottom-up overhaul. The health insurance industry has completely screwed our nation's healthcare system, and until that is addressed, no real changes to how low-income people access healthcare will be solved.
Healthcare is a broken system. Greed in the private sector has shown hospitals consistently and systematically overcharge Badgercare and Medicare patients.
There needs to be more dentists in the area that accept Badgercare. There is only 1 in Green County and they are not able to see anyone because their dental assistant is out.
Folks I work with become frustrated with long wait times for appointments for Mental Health Services in Green County, especially through the Monroe Clinic. County seems to have limited appointments also. I have struggled to get appointments through Fowler Dental Clinic for folks also. We have wonderful services available, but seems to be not enough appointments, staff to service all those in need....
Extension of WIC/SNAP benefits to people with higher incomes. Nutrition information at food banks and other sources of food. Better choices of food at convenience stores.
We have clinics in town to address most healthcare concerns and with it being a small community, they are within walking distance to most ambulatory residents. Behavioral health challenges are not met. There's not enough providers and it can take weeks to get in to see one. Perhaps the government is going to have to incentivize young people going to college for mental health professions.
Letting someone get medical care even if they are over \$15 from what the limit actually is. Be more flexible instead of telling people they are not eligible.
Increased funding.
Dentists need to accept all patients! Medicaid reimbursement fees need to be more than a few cents on the dollar. Free clinics.
Green County has adequate access for healthcare, however mental health services are always in demand. Depending on a person's income status, their healthcare insurance can be impacted. If they are ineligible for public health care, many do not have the resources to obtain healthcare independently if not offered by their employer. This will then impact their ability to pay for a service.
This is a great list, and I assume there is need, but I don't know any specifics.



Table B.51-23

What changes could be made to improve the quality of service for these issues? (Cont.)
We definitely need more Mental Health providers and clinic to help with this population.
Making sure individuals are aware of the services available to them. Rural communities don't always know where to access the services they need or need to travel far. Affordable transportation is important as is jobs that provide flexibility to attend appointments.
A healthcare program that combines all of the above.
Mental health services in our area.
There is no mental healthcare in jails.
Improve access to MH/AODA treatment.
I cannot comment on most of these as I don't truly know.
Mobile health clinics in all counties, more free/federally qualified health clinics in our region.
Provide assistance to navigate how to access services.
None Come to mind.
Unknown.

B.69. Question 19: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-24

Are there any other needs that weren't mentioned? If so, please explain.
Implementation of good nutrition habits.
More resources/clinicians for substance abuse and mental health issues.
Prescriptions is huge!
Nothing I can think of.
N/A x4

B.70. Question 20: How much of a Need is there is for each of these common Family issues for low income people?

Figure B.51-10

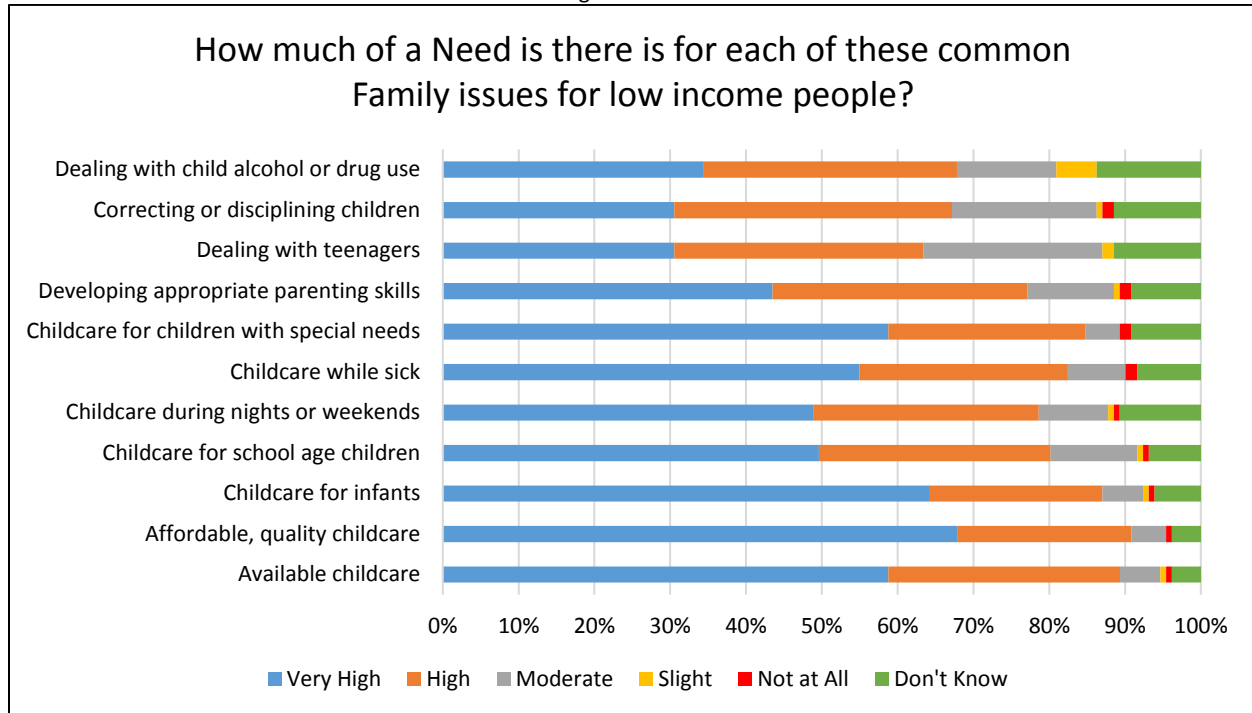


Table B.51-25

How much of a Need is there is for each of these common Family issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Available childcare	58.78%	77	30.53%	40	5.34%	7	0.76%	1	0.76%	1	3.82%	5
Affordable, quality childcare	67.94%	89	22.90%	30	4.58%	6	0.00%	0	0.76%	1	3.82%	5
Childcare for infants	64.12%	84	22.90%	30	5.34%	7	0.76%	1	0.76%	1	6.11%	8
Childcare for school age children	49.62%	65	30.53%	40	11.45%	15	0.76%	1	0.76%	1	6.87%	9
Childcare during nights or weekends	48.85%	64	29.77%	39	9.16%	12	0.76%	1	0.76%	1	10.69%	14
Childcare while sick	54.96%	72	27.48%	36	7.63%	10	0.00%	0	1.53%	2	8.40%	11
Childcare for children with special needs	58.78%	77	25.95%	34	4.58%	6	0.00%	0	1.53%	2	9.16%	12
Developing appropriate parenting skills	43.51%	57	33.59%	44	11.45%	15	0.76%	1	1.53%	2	9.16%	12
Dealing with teenagers	30.53%	40	32.82%	43	23.66%	31	1.53%	2	0.00%	0	11.45%	15
Correcting or disciplining children	30.53%	40	36.64%	48	19.08%	25	0.76%	1	1.53%	2	11.45%	15
Dealing with child alcohol or drug use	34.35%	45	33.59%	44	12.98%	17	5.34%	7	0.00%	0	13.74%	18

B.71. Question 21: What changes could be made to improve the quality of service for these issues?

Table B.51-26

What changes could be made to improve the quality of service for these issues?
More individuals are needed in the childcare industry to help with this. Low wages at these times are not helping this problem.
Providing classes for parents about setting boundaries, establishing family expectations and values, etc.
More and affordable child care options. Community education such as that being done by Partners for Prevention.
I think with the "baby packages" parents receive when they leave the hospital, should include an invitation to the classes offered, services provided by SWCAP.
Babysitting clinic for tweens twice a year.
Make more daycares no fee for parents.
Getting families information.
Getting parents to participate in parenting classes is difficult; not sure how to change that.
Maybe adding a parent peer specialist would help.
Childcare is such a HUGE issue right now. Daycares are closing and some clients are struggling to make ends meet because WI Shares only covers so much.
More (free) social connections for families to provide a safety net for families.
All I hear about is lack of childcare.
More daycares. More daycares that take assistance. In home day cares that take state coverage.
We need more affordable childcare with flexible operating hours.
Boy, I am a bust. I'll know more when it comes to food insecurity.
Childcare is critical for families. Employers need to share a bigger load in creating childcare for their employees' children.
None come to mind.
Unknown

B.72. Question 22: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-27

Are there any other needs that weren't mentioned? If so, please explain.
Developing a better resource for finding out about children that may have a disability and getting them into services sooner.
No.
N/A

B.73. Question 23: How much of a Need is there is for each of these common Business Development issues for low income people?

Figure B.51-11

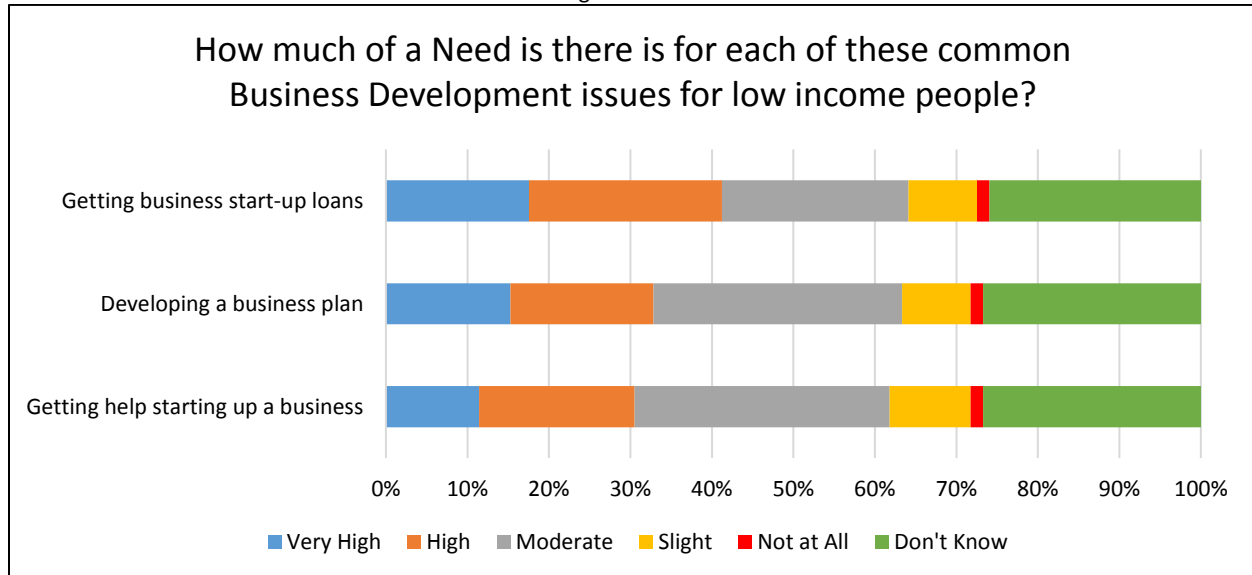


Table B.51-28

How much of a Need is there is for each of these common Business Development issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Getting help starting up a business	11.45%	15	19.08%	25	31.30%	41	9.92%	13	1.53%	2	26.72%	35
Developing a business plan	15.27%	20	17.56%	23	30.53%	40	8.40%	11	1.53%	2	26.72%	35
Getting business start-up loans	17.56%	23	23.66%	31	22.90%	30	8.40%	11	1.53%	2	25.95%	34

B.74. Question 24: What changes could be made to improve the quality of service for these issues?

Table B.51-29

What changes could be made to improve the quality of service for these issues?
It's a trickle effect...people need to work more full time jobs to earn credit but need reliable daycare and transportation in order to do this.
Getting out the information to families.
Market the offering of programs better for those who are looking for these services.
People need assistance identifying what they want to do and support in these areas to be realistic in what is means to start a business so they are not setup to fail. They ongoing support for continuing to run a successful business.
Training on how to develop a business plan and how to apply for business loans.
Access to these services. People have business start-up ideas, but normally one has to have a plan in place before they can start the conversation with an expert who can help them start a business.
I'm unsure of how many low income people would be trying for business development. It seems most would be trying to find employment with insurance benefits.

What changes could be made to improve the quality of service for these issues? (Cont.)
Given the fact they are poor, they're going to need help with this sort of thing. However, one would think they'll have to be smart enough to run a business or it will fail. Before I'd loan someone/anyone money, I'd want to know they are cognitively capable of running a business and have a practical plan in place. Maybe some sort of screening process??
Outreach - most of Green County doesn't even know about SWCAP's programs.
Sigh... Great questions.
Do we have these programs?
None come to mind.
Unknown.
No.

B.75. Question 25: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-30

Are there any other needs that weren't mentioned? If so, please explain.
No. X3
N/A

B.76. Question 26: How much of a Need is there is for each of these common Emergency Assistance issues for low income people?

Figure B.51-12

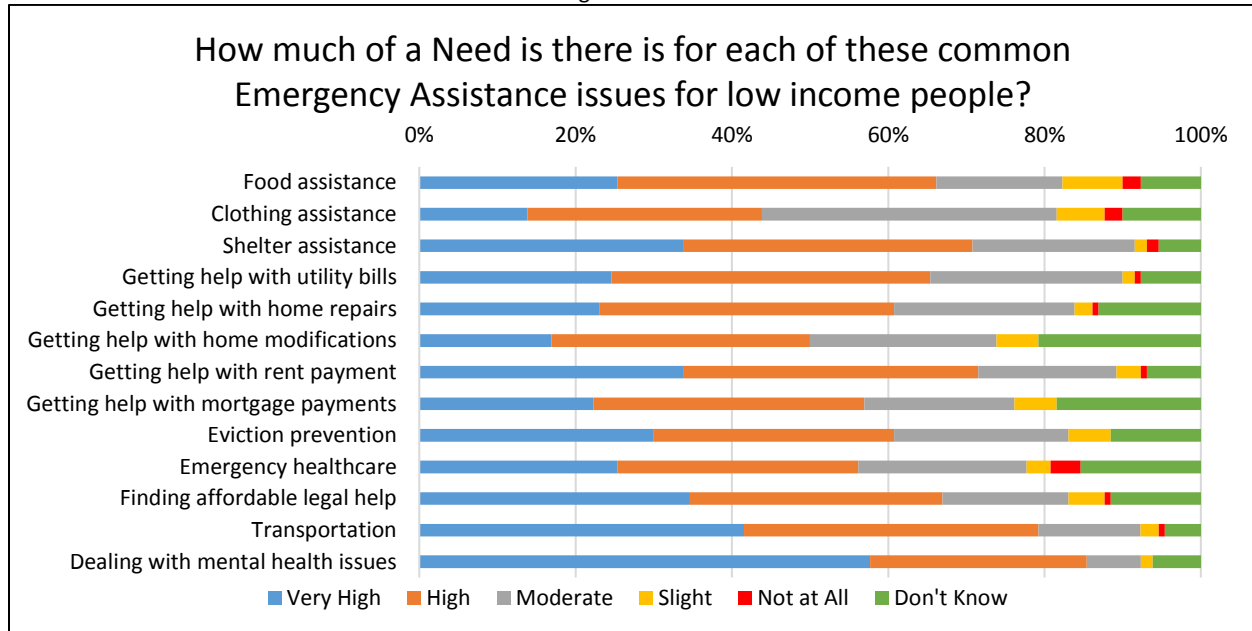


Table B.51-31

How much of a Need is there is for each of these common Emergency Assistance issues for low income people?												
	Very High		High		Moderate		Slight		Not at All		Don't Know	
Food assistance	25.38%	33	40.77%	53	16.15%	21	7.69%	10	2.31%	3	7.69%	10
Clothing assistance	13.85%	18	30.00%	39	37.69%	49	6.15%	8	2.31%	3	10.00%	13
Shelter assistance	33.85%	44	36.92%	48	20.77%	27	1.54%	2	1.54%	2	5.38%	7
Getting help with utility bills	24.62%	32	40.77%	53	24.62%	32	1.54%	2	0.77%	1	7.69%	10
Getting help with home repairs	23.08%	30	37.69%	49	23.08%	30	2.31%	3	0.77%	1	13.08%	17
Getting help with home modifications for mobility or living independently	16.92%	22	33.08%	43	23.85%	31	5.38%	7	0.00%	0	20.77%	27
Getting help with rent payment	33.85%	44	37.69%	49	17.69%	23	3.08%	4	0.77%	1	6.92%	9
Getting help with mortgage payments	22.31%	29	34.62%	45	19.23%	25	5.38%	7	0.00%	0	18.46%	24
Eviction prevention	30.00%	39	30.77%	40	22.31%	29	5.38%	7	0.00%	0	11.54%	15
Emergency healthcare	25.38%	33	30.77%	40	21.54%	28	3.08%	4	3.85%	5	15.38%	20
Finding affordable legal help	34.62%	45	32.31%	42	16.15%	21	4.62%	6	0.77%	1	11.54%	15
Transportation	41.54%	54	37.69%	49	13.08%	17	2.31%	3	0.77%	1	4.62%	6
Dealing with mental health issues	57.69%	75	27.69%	36	6.92%	9	1.54%	2	0.00%	0	6.15%	8

B.77. Question 27: What changes could be made to improve the quality of service for these issues?

Table B.51-32

What changes could be made to improve the quality of service for these issues?
Programs to implement independence in all areas of money, Healthcare, education, housing etc.
I marked moderate because I know there is need in all of those areas. The need may be higher than I indicate. Support Lydia's House in finding short term emergency housing beyond the local hotel.
Add a second apartment to the Iowa County Homeless Shelter.
Emergency rent payment funds to prevent eviction? It all comes down to income options and many have to commute long distances to find work that pays and has benefits.
Renters rights training.
Working with communities and government, offering more Section 8 vouchers to low-income families to cover part of the costs of rent.
Right now, a lot of the COVID help is dwindling and people are having trouble adjusting.
Many families and individuals have multiple needs.
More money for these family emergencies.
We have an ambulance service and hospital that are required to provide emergent aid, so I don't see that as being a huge obstacle. The poor have no clue where to turn for legal help because they cannot afford a lawyer for anything. I have seen people give up their rights because they cannot afford to fight, like in divorce or child custody issues. I know many people are on payment plans for their utilities because they cannot afford them.
Helping those who barely make the cut. or don't over price everything.
Eureka! I know one!
Unknown.
No.

B.78. Question 28: Are there any other needs that weren't mentioned? If so, please explain.

Table B.51-33

Are there any other needs that weren't mentioned? If so, please explain.
The one thing that I think is so important to understand is that, in my experience, many poor people could do better for themselves if they had better financial planning expertise and understood priorities. Spend less on beer and cigarettes. Shop for sales. Use coupons, and the list of ideas to save money could go on. They could possibly catch up, pay a bill or two, buy some paint for the house, etc. I'm not saying this out of judgment. I'm saying it because I witness it daily in my occupation.
NA x 2

## C. Interview Results

### Management Interview Responses

#### C.1. Question 1: What are some of the services that are the most needed, but lacking in the region (related to poverty)?

Table C.1-1

What are some of the services that are the most needed, but lacking in the region (related to poverty)?
Due to recent rapid inflation, food pantries and other access to food aid is needed. Transportation is difficult in our rural region. Lots of clients mention they need a ride to get to the clinics. It's especially an issue because many cannot afford a car. Behavioral health counseling lacking in the region. Availability of behavior heal health counseling is limited. There are not enough providers, and what providers there are, are booked up for months.
Nothing major comes to mind. There are services available. Recently, some counties have started car seat programs. They provide free car seats or to have a technician check if their car seat is mounted securely. Richland County doesn't have that.
Affordable and accessible mental health services are seriously lacking in the region. Housing protection programs are also needed. Both rental and mortgage assistance programs would be a benefit for the region.
A service to provide air conditioners and water heater replacements when no other services are needed. The Weatherization program can replace these air units, but people cannot request only a water heater replacement. In order to get into the program they need to request a whole house approach.
All the services that SWCAP does are needed, but also in Spanish. More translators for the programs would be good. The region needs more peer support or community navigators. When engaging with peer support specialist, they're a peer for the person. They don't play the role of an expert. They can have a common language, common cultural reference points. More addiction/recovery support houses, and behavioral health providers is definitely needed. They exist in the region, but they are insufficient in terms of their capacity and accessibility. An expansion to Lift Services is needed to help with rides, to work, to doctors, or even getting to food pantries. Educational programs for low income families are needed to help people get a degree, a GED, etc.
Housing. Housing. Affordable housing. Need housing for people who have a background that prevents them from being eligible for subsidized housing. More housing vouchers wouldn't solve this because people with a felony can't get these vouchers. This is especially if they got their felony in the last 5 years. Worked with a guy with a firearms felony 5 years ago, tried to get him into a housing complex, but had to wait months for the 5 year rule to expire. Need initiatives with landlords to get them to work with us more. It would be good if there was some incentive to support the landlord with specific clients, in case the client does damage to the unit and the landlord doesn't get paid for the damage. I would help to stop a few bad actors from ruining the housing opportunity for other clients who need it. Don't want landlords to get stuck with the bill if clients do damage to apartments and up hating SWCAP. There is also a lack of homeless shelters. At least there is a lack of places to put the homeless. Some motel people have helped out with this, but it's not enough. They do a week at a time, but some people can't get their lives sorted out in that time. Long term in a motel is more expensive than an apartment. Transportation is also a big need. Lift helps to fill this gap but not sufficient. There is



a lot more need for this service. This is especially true for everyday basic things, like getting to the DMV and grocery store. The ADRC and some other taxi services, but just for medical appointments, work, and a few other trips within their guidelines. Last but not least, mental health!! There is a lack of providers, lack of facilities where people can go be monitored. These types of places are so far away. Even if its just a few days to see how people react to a change in their medication

Financial literacy should be included in every program and service area. It should be consistent and uniform in every program. It's Challenging to refer people for financial literacy, because there are limited services that offer this. The services that are available are not consistent in how they address this issue. I firmly believe this is a critical element to lift someone out of poverty. Each program has something like this, but we need to adopt an attitude that financial literacy is standardized. There needs to be a minimum standard that is shared with everyone. Should introduce the concept to everyone you work with, and have option for them to pursue it further. Public schools don't teach this anymore. When someone is raised in the social constructs of poverty, poverty is all they know. Need a committee from program management or the board to do this, and to make it standardized. Every program has a duty to do this. This doesn't need to supplant what each program is, but add to what they have and make sure its standardized.

Since working with SWCAP and Headstart for so long, I look at things from Headstart lens. What is needed and lacking within the region is more, and easier access to housing. I've seen lots of people who can't even complete the application for income based housing because they have been evicted in the past. Youthful mistakes can mess up the rest of your life. Dental care is also an issue. We do some work with access dental, but its not enough. There are not enough dentists and hygienists in the region in general. Headstart is a requirement for the dental program. Since WIC has been not running, we are reporting almost nothing for blood lead levels. A Doctor has to do the blood draw for this. WIC could provide those services to help meet the need for more access to healthcare. WIC is still working virtual, and no longer in their offices. They're still doing nutrition but used to do the blood testing. They are one of the few programs in the state still virtual.

The region needs more child care and early childhood Education all day services for working parents. Need parental education and Support for life skills. Better support systems for parents help to make better kids. Parents need work education, work training. Social needs is already within Headstart a little, but perhaps this could be expanded. This is how you stop the cycle of poverty with early intervention, so it doesn't continue generationally. This is how you tackle poverty at its root cause. When people are struggling to get their basic needs met, bettering themselves is secondary and can lead to generational poverty. Because of the guidelines of this poverty program it creates siloes for those in poverty and those addicted so that they are only with other poverty, or addicts. The kids don't get to see what successful houses look like. Kids don't get those good behaviors modeled for them. These kids don't get to see these different lifestyles that lead to different outcomes. People tend to do what they know, so we need to make sure they are exposed to a wider variety of lifestyles. Transportation is another need lacking in the region. Bus route services at an affordable rate as an option for travel to work sites. Need a regional bus, not just individual site specific. Transportation in general is lacking. 2-3 community buses (like the state van) that could make designated stops to pick-up people who can't drive. If communities had taxis or busses to get from town to town, not just in town taxis this would be beneficial. Need communities to collaborate in order to get people to and from work. At least need to get people closer to work, then they or their employer can figure

out the last mile. Some options are available for day to day transit, but are cost prohibitive for those in poverty. You pay volunteers to go from their home to pick you up, drop you to work, then back to their house. Not just for you to get from home to work. Also need more affordable Housing and an expansion of HUD services. Need increased secondary education assistance and job training for higher wages. Kelly does business development and skill development but they're very poorly funded. The two programs are intended to create upward mobility. Kelly connects them with school or training, In business development she works with them directly on creating/managing their business to create their own job. I Would like to see the 150% of poverty line income limit raised in order to serve more people. Want to find some on the job training, because some people don't do well in the classroom and helps to meet the employer's needs right away. This way they're working day 1 for the employer. When people learn the skills they are not stuck at their current employer. It broadens their horizon.

Need Affordable, safe, reliable childcare. There is some, but not enough. Need essential appliance replacement (stove, AC, Refrigerator, etc). These are things that are essential but not easily acquired. Would like to see Energy assistance extended during the warm months. Energy assistance is currently only operated during the "heating" months. The elderly or disabled population is particularly at risk during the warm months. For rural areas, reliable internet, internet assistance for the low income is needed. Practical financial capabilities education. There is some available, but some people don't see it as worthwhile. Things like managing your banking account, applying for loans, paying your taxes. This should also be included in school curriculum. Need expanded advocacy for general assistance beyond emergency assistance. Specifically for the elderly, or disabled. They often need someone to help with understanding notes from their bank/doctor/etc.

Need transportation to work, to doctors appointments. There is some transportation for these destinations, but still lots of missed appointment as a result.

Had discussions with unified health care (mental health services). They're understaffed and need screenings to be done by medical staff, but they don't have enough staff to take care of the demand. I was been involved in committees for the community health needs assessment for Iowa county. There were documents that came out there that show 16% of kids in 2017 were self-harming, 13.4% had dating violence 8% physical abuse in relationship. All this ties into youth mental health. We need to have some education in the schools for them. The lack of coverage in the area is surprising. It's a big gap compared to other places in the care provider to patient ratio.

SWCAP has a visionary in wally. There are programs everything at least a little bit. Wish there was a volunteer coordinator in the region. There are programs that are looking for volunteers. There is a good LGBTQ community in green county. Would like to see this in more counties. Not sure if this is poverty or just education. Thought there is stigma and medical challenges related to these people. Also, food pantries are a huge need now that food prices are rising. The pantries also need volunteers to run.

C.2. Question 2: What services of SWCAP do you find especially important to create, maintain, or expand?

Table C.2-1

What services of SWCAP do you find especially important to create, maintain, or expand?
Should create/maintain the programs that fit the needs of the area. It's being done well currently, but need to maintain all the services surrounding behavioral health. Definitely need to maintain Head Start, WIC, Foster Grandparents, the food pantry, reproductive healthcare, and Work n' Wheels.
Behavioral health definitely. Mental health is tied closely to physical health. We need to make sure that people have access to this care. Housing assistance also. Its hard to move to the area and find homes currently. There is not a lot of affordable housing. Houses are not available, and those that are, are very expensive. With the rising food prices, food pantries. Especially if they have healthy, fresh food. Family planning services, with the recent supreme court making a ruling on abortion, this will affect people seeking birth control and plan b.
All SWCAP's services are pretty essential. Maintain them all. People would be interested in expanded childcare. Need to expand Work n' Wheels. People can get financing through the program, but when the economy gets worse this will need to be expanded. With rising cost of food the food banks also need to be expanded.
Maintain and expand the food pantries. There is a popup truck also helping distribute food. Weatherization, needs to be maintained or expanded. Lift needs to be maintained and expanded to Richland. They have been requesting this expansion.
Child Care using the current Head Start model for educational standards. This provides quality all-day childcare for working parents. Open this up to all parents regardless of income and charge on sliding fee scale. Then you could make up the rest through grants. Exposure to families of all income levels would create inclusion and diversity vs segregation of children living under the poverty line. Also, skills enhancement education, employment training expansion. Through on-the-job internships to provide on-site training at local employer sites with reimbursement up to 50% of wages to the employer during the training period. For the individual enrolled into the program provide funding for educational requirements, and supportive services through the completion of the training contract. I used to run these programs with my own business in the past. Just need to find funding to run this again. Definitely need to focus on maintaining some of the larger programs. Weatherization is over \$1 Million, Headstart is large too. Recently funds have come in \$100k-\$200k. Need to make sure that these larger programs are maintained and don't have to compete for the grant funds. Still need to make sure they're good stewards of that money.
Transportation needs to be maintained and expanded. Troy's state of the region presentation had a big effect. We need to get more people in the region, but if there is not enough affordable housing, people can't live here. Looks bleak for older people as there are not enough people to service their needs. DoT Connecting Communities is pretty broad. They seem pretty equitable too. There are also other planning grants out there. Wonder, if there are people trying to capture these funds for the region. Some smaller nursing homes are not making any money, so they can't get help they need to provide the services needed by the elderly.

Lots of areas need work, like healthcare options. I Meet with people who apply for loans, and many of them don't have insurance. Have to direct them to free clinics/reduced cost doctors to get care. Working with UW extension on financial education programs. People don't know how important credit is to their future. Also, some people don't apply for rental assistance because they don't know that their gas bill is a heat bill. Not only the services surrounding housing and healthcare need expanded, but the communication about them also needs expanded. Only like 5% of people I work with know about Worn n' Wheels.

Housing assistance needs to be maintained and expanded. Homeless prevention programs should be expanded. The eligibility requirements should change because the poverty criteria is too stringent. Transportation services should be maintained and expanded. Mental health programs need to be expanded. Things are going In the right direction but need to be expanded further in terms of capacity. I Refer lot of people to unified counseling to get services.

I would like to see funds to help agencies have dedicated financial literacy services. There is not enough housing to support economic growth expected in the region. Not just affordable housing, but all housing. Housing stock is deteriorating so much that refurbishing it is not viable. New housing is needed because houses are aging out of viability. This is perpetuating poverty because of the cycle of maintenance and insufficient resources. Do we want to put people in a negative equity situation, because they cannot build wealth? They are using their equity to maintain the property, not building wealth. Some are even a health and safety issue. The inefficiency of it is also an issue. Need to replace, cannot just maintain. Entry level home buyers are the ones getting the aging housing, and never build enough equity to get the next house.

Farmwell needs to be expanded. Mental health and poverty are intimately related. When people fall into poverty, their mental health will likely decline. If someone's mental health declines, poverty is sure to follow. Farmers have lots of equity in their farms, but not a lot of cash. Farmers are also stoics. They are proud in being a multi-generational farm but it's hard to maintain this when all of their inputs are getting more expensive. Farmwell serves as a safety net to give people the skills to talk with farmers and farm workers to have a supportive conversation. You can't always fix someone's problem, but you can still have a productive conversation. On the farmer crisis line, you can hear the tension in the start of the conversation, and their voice easing as it goes on. They are often surprised that just talking made t hem feel better. Also, Rideshare and lift and vehicle loan program should be maintained.

Addiction recovery housing needs to be maintained and expanded. Transportation services, like Lift, has a greater need than they have capacity. They rely on volunteer drivers and were hit hard by the pandemic. Most services had issues getting volunteers. They need to either get more volunteers or hire more people. Increasing food insecurity, and housing insecurity are issues. Need to maintain all services that SWCAP is providing. Robust bilingual support is needed across all the service areas as well.

Expand mental health services. Currently there is some suicide programming, but perhaps it's not enough. There are not a lot of private providers in the region for mental health. Homelessness and Veterans are seemingly underserved in the region. Need to setup a program that is veteran specific, to ensure their needs are met. Could start it with county veteran's

services offices. We are working with foster grandparents currently. It was created in 60s, as seniors going into schools to help kids with special needs, or hospice.

### C.3. Question 3:

Table C.3-1

Do you think demographic shifts have changed the way SWCAP needs to operate? Have these changed the services it provides and the way that it communicates with its clients?
The increasing Spanish speaking population means more need for Spanish speaking communication within all programs. SWCAP is working on making their services more widely known through the web. However, with spotty broadband it's not as effective at reaching the entire region. The older population is not always tech-savvy so it's not the most effective communication. This lack of understanding can frustrate non tech-savvy people so they may just disconnect. Our current methods of reaching the non tech-savvy population are somewhat effective. It would be good to have more people accessible in more locations who know all the resources SWCAP. They could help to guide people to whatever services they need. Need community navigators. They need to be on the phone or face to face. Need to be relational to build report/trust to help them. Need to be able to get to know peoples whole lives in order to refer them to all the services that can help them for all their needs.
The lower birth rate is hitting WIC. They are serving fewer babies. There are an increased number of families of non-English speakers. SWCAP needs to continue to make sure staff are culturally competent and have translation services. Using interpretation services more now than before and have a bilingual nutritionist. The state office has contracts for translation services. Other programs are feeling the same language shift.
I Went to school in DBQ and see how the Hispanic population is growing. Not sure how well this demographic is being targeted or communicated to. Need to make sure that there are onsite interpreters. There should also be information available in English and Spanish. Some may still be reading challenged so interpreters are still a better option. There should be a better hub of information about all the services available through SWCAP. This would help to show ALL the realms of service that are covered. Also make sure they are all on the website. This could help to ensure cooperation between programs. Need to be able to address every aspect of need for clients. For example, if a woman came in for birth control and mentioned she was having a hard time with food. We Need to ensure that you can check if her kids are eligible for WIC. Need to make sure all the internal folks know what services are offered and how to refer clients for them.
SWCAP should always shift with the demographics of the region in order to serve people where they are. Need to keep the personal touch, so we don't want to automate every aspect of service delivery. Community health workers in the area need to be well versed in all of the programs offered to. I haven't seen a lot of shifts in my programs population. With the growing Hispanic population we need to make sure that Spanish translation is available for all programs.
Because of covid, intakes are being done over the phone, instead of traveling to clients. This means less mileage, and less time traveling is good. The downfall is that you don't get to meet people, only talk over the phone. This makes it harder to get a read on what people really need and to get a sense of their whole suite of needs. Still providing all the same services, just not in person.
I do think the changes have impacted how the services are being delivered. SWCAP has been trying to expand to the Hispanic community in Lafayette. Dodgeville is the hub for SWCAP, but not the only place that needs services. Iowa honestly doesn't need as much services. Because of

covid and sometimes being short staffed, the main office doors are locked. Clients have to knock on the door to let them in. This barrier does not send a good message to those trying to discover the services. It discourages those that don't know about the services. We need to get back to being public servants, back to being more available to the public. Some of the food pantries are only open 3 days a week. Headstart in Boscobel has people frustrated because it's only open those 3 days a week. Though, its volunteer run so it's hard to staff up. Need to communicate better with the families we serve and be more available to them. Locations need to be very accessible. The facilities on main streets need to be the facilities where people interface with services, not finance departments.

All of the services are pretty effective at delivering services near their offices, but the issue is in how we provide outreach. There should be an equitable distribution of services. Even though the need may not be even distributed evenly, offerings should be equally accessible. There used to be offices in every county, but program offices may be the only location someone can reach their near area. Service delivery methods have changed due to pandemic. Now programs have to pivot without meeting face to face. In last 1-2 years, now I don't know most of the beneficiaries. Services may not have been compromised, and in some ways it is beneficial not having to meet in person because people don't have to take off work to travel to meet. This can allow them to meet with people where they are. Not sure if they should go back to business as usual after the pandemic, because this is working. Demographics less than the shifting times of the pandemic have impacted their service delivery.

Don't know enough about any major changes in demographic to say that it's had an impact. Know that everyone including SWCAP needs to have the bigger picture in mind. Prepare for the future of older and less people. Doesn't know what others are doing to say if that's working or not. Some of the other programs have strict guidelines on communication. We need to work across programs to share information about the services available for every client's needs. Need more communication between programs in order to address every need someone has, not just the programs single goal. I want to be able to refer people to other services. Would be nice to have this as a formal practice and not just an interpersonal action.

With the growing Hispanic population (and non-white in general) there is an increasing need to have translation services available. There needs to be a plan for when you are meeting with a non-English client to plan for translation to be available. Perhaps we also need to change the marketing materials to represent the wider community, not just white people. With the aging population, need to ensure the elderly services are ready for the additional influx of people. They also may prefer that we have physical materials available for them instead of digital.

With younger demographics preferring internet use, and the pandemic pushing everyone to provide online services, I feel the more online we can provide the better. However, we need to leave the option open for in-person meetings as requested or required for the individuals that do not have access to technology or are uncomfortable with using it. Need to continue to move in the direction of providing services online because no one is going to the way things were before the pandemic. There are pros and cons, but we are not going back. There are free computer classes through the tech schools, done at the libraries. Not run by SWCAP, this can help the older generation. Adult basic education is done through the tech schools and job centers. They're free, funded through grants. People just don't know about them. SWCAP needs a resource individual. Someone who is aware of resources, and can connect individuals with them. Can point them in the direction of the resources to address their needs whatever they may be. This would be basically an interview at intake in order to understand their whole needs, not just the 1 thing they say they need. Need to be able refer clients to other programs within SWCAP and even other agencies as needed. There would be value in a more

standardized approach to intake of clients to get a sense of all their needs. Empower is the online program that is intended to have questions to get a sense of a client's needs. It does not seem to do a good job. Some people do not have computer skills. It's better than nothing, but feels just like busy work. There has to be that hands on interaction of assessing their actual needs. Need a case management interview, before they get services to assess their entire needs. Can be lengthy, allows you to make a plan to address all their barriers. Doesn't feel that it accomplishes the goal of allowing the entire agency to understand an individual client's needs. I have found in my programs I am able to run 95% of it through Zoom meetings but I still give the option of the in-person meetings. In the past year I have had only one person request an in-person meeting. Need to keep moving online.

Older adults aren't using social media, so we have to use snail mail, community boards, or newspaper articles to talk to people. During the pandemic it was hard to communicate with clients. Trying to maintain these old style communications but we have started up a Facebook to try to get a digital presence. The foster grandparents program is no longer coordinated nationally so the pamphlets from the nation office are no longer available.

Nope. Still doing things the way they have been for a while. Definitely using social media more. Especially with lift volunteers. The birth and death rates are concerning. Workforce numbers are worrying. Missing the population projections in is scary. Restaurants being drive through only now because of the shortage makes sense.

We are busier than ever. People are more in need with the price of gas and food. So yes, the services are communicated effectively.

The Spanish community has been growing and we need good resources from communication. In all 4 counties, the Spanish population is growing in jobs. Currently not a lot of translators are needed, but we need to make sure they have them available. Not sure if they're broadcasting their programs to this community effectively. In order to get weatherization, they need to have gotten energy assistance first. Some of the housing programs, haven't found the Spanish speaking population as clients because many don't seem to be homeowners yet.



C.4. Question 4: What do you feel are some of the primary causes of poverty in this region?

Table C.4-1

What do you feel are some of the primary causes of poverty in this region?
Lack of economic opportunity and transportation to opportunities. Generational poverty. Farming is an unstable profession. As family farms die, the implements dealers die too. As populations decline, local community based stores are closing leaving the door open for Dollar General and Kwik Trip are stepping in. Though they don't provide the same quality of service. Access to education is not as good as it could be. We need to keep graduates here, and need jobs for them to do rather than moving away to big cities.
Alcoholism. Substance use disorder is so prevalent in the region and alcoholism is just the norm. ACE scores are too high. (Adverse childhood experiences). Poverty causes stress, leads to substance use, leads to abuse, leads to poverty, etc, etc. This is further compounded by a lack of mental health providers to address this in the region. Early Headstart and Headstart need to be very well trained in trauma informed care. They need to be able to identify and address children who have violence in their homes. Need to also train parents in social emotional learning. Not sure if they do this now, but it would be good. ACE in first 5 years can lead to poor mental health in later life as well as worse physical health outcomes. SWCAP needs to provide more mental/behavioral health services. It's because CAPs are ultimately suicide prevention agencies. All of the food support and job support are to try to lower their stress and keep them from suicide.
Low wage jobs. People can't make a living at their jobs currently. These tough conditions and individual circumstances can cause or exacerbate behavior health issues
During the pandemic people were laid off in service industry, and many of these people are not going back to those jobs. Inflation is also squeezing people with rising prices on, food, gas, and housing costs. Hard to even live.
Inflation is making it harder. Larger companies coming to the area to outcompete the local businesses. Too many chains that shut down local business is making it harder to live.
High prices of food and gas. Lack of Jobs, not enough benefits and, not stable enough when you do get a job. Often temporary jobs at factories.
People are getting too comfortable with having things taken care of for them. People are not going back to work. They have every excuse on why they shouldn't go back to work. People are choosing to stay in poverty and let the government stay in the way. With the WIS emergency rental being rife with fraud. People act as their landlord to hope that they are getting the funds directly. You give them the tools and resources, but they don't take the initiative or follow up on leads. Not sure why this is. Mental health? Without meeting people, you cannot get a good read on people like if they're depressed, or other signals that may be falling short. I try to ask as many questions as possible but it still is on the client to be forthcoming with problems and needs. This is the type of thing that benefitted with in person meetings. This builds trust so people can work with you more. Some people misinterpret intentions and tones over the phone rather than in person.



So many. So diverse. Not a lack of opportunity for employment. Wages are increasing because it's competitive. Healthcare does contribute for the uninsured/underinsured. What does your insurance cover, is it enough? A single accident or illness makes for a hard situation. Behavioral health issues, unmet needs cause this. Not enough trauma informed care, all systems are not considering how trauma changes people. All systems need to adjust to deal with trauma care, they need to work cooperatively and consistently to address generational poverty. Schools are doing one thing, mental health providers another, and the judicial system is doing another. Need a universal understanding to break the cycle of poverty. Cultural/political discourse is not helping. Trauma is both the cause and symptom of it.

Plenty of jobs, but not enough good paying jobs. These are not living wages for people. People need to have better access to training for better jobs. What programs do the tech colleges offer that aren't 2 year degrees? 9 month courses for a job would help to lift people up. Don't need to spend 2-4 years for a better paying job. Need to communicate this better. Headstart partners with SWTC for an associates for their entry level people.

Generational poverty is an issue. There are families that are stuck in this, and without strong social services we will never break this cycle. Transportation is also an issue. Lift numbers were up before covid and means this is an issue that people were relying on SWCAP to help with. People need a way to get to work. Some people can't even afford lift to get to work or bring their kids to school.

It all Boils down to a systemic issue. Our system is inherently unsustainable. Regionally, being rural, not as many job opportunities above minimum wage. Local farms are corporatizing and consolidating. With the aging population people are leaving the workforce so businesses have to leave or close. The poorer population also tends to flee urban areas for more rural areas for the lower cost of living. And as children inherit their parents understanding of financing.

Low Wages and lack of opportunity for employment options with higher wages and advancement. There are not enough employers paying enough, employers move here because they know they can move to the region to pay lower wages. Big business is shopping around for poverty, so they can pay less and have lower safety standards.

Lots of it is just the jobs with poor pay. Iowa county and Platteville and Monroe are a little different. Smaller cities are hit hardest by this. Too many entry level jobs, but nothing else. In the more rural areas it's harder to find better paying jobs

Rising costs of fuel, food, daycare, and utilities. There is also the perception of participating in programs as welfare or accepting handouts when compared to the urban areas. Been to elderfest, and the elderly are too prideful to accept this help. They have gotten by so far on what they have. The urban areas seem to have higher numbers of people in poverty. In rural people try to be more self-sufficient. Funding is based on people in the program, not the poverty rate so if people are poor, but don't accept help the programs get less funding.

Young folks need more role models. They don't have direction on what they want to do or where they want to go. There is lots of bullying in schools, this disengages them at an early age and then don't have direction or drop out of school. Younger generation is not being guided. Their parents are working multiple jobs just to keep food on the table so the kids can't get that parental time. As a result the kids suffer. This means that the economy is not setup for people to be with their family. Even people with good jobs have been worked too hard. Even though

parents may be good, the structure of their employment can contribute to the disconnect with their kids.

Schools are doing their best, but there are so many kids with so many needs that are not being met. Especially people without insurance are stuck, because their needs are left alone. Mental health perpetuates the cycle of poverty. The cycle is not the same cycle as it was in the past. But the lack of understanding with mental health and trauma perpetuates it in modern society. There is not enough availability, accessibility, or awareness of mental health services.

Lack of awareness (navigators) of the services available for medical help for the uninsured/underinsured.

Affordable housing. Seeing a lot of people coming to the programs with a bad history and can't easily break the cycle. Helped a man with rides to work, but soon couldn't afford the rides. Tried to find housing closer to the job. He had a laundry list of issues, bills, criminal history. So he just gave up. If you feel like you can't win, even if you're trying to do all the right things, how can you help people out of poverty? They're saddled with the baggage of their history. How can you address trauma, addiction, and how that impacts your brain, and how that impacts your life in the future. People take it personally when people make a mistake in their program, or disappear. But the person who left is going through other stuff. More education on trauma across the board would be beneficial. History impacts the eligibility and monetary aspects of poverty

## C.5. Question 5: What is a goal that you hope SWCAP accomplishes in the future?

Table C.5-1

What is a goal that you hope SWCAP accomplishes in the future?
Continue to determine what the needs are. Develop effective ways to meet those needs. It's always changing. Important to keep changing.
Take a more serious look at social justice issues both internally and externally. There was a strategic initiative from the board about this. They wanted to look into DEI more. Not just policy but actual operationalizing of this. How do we make policy and practical decisions? Do we have a culture of belonging? Does this radiate out to our services? Are we reaching out and meeting effectively the needs of these invisible populations. It's not intentional, but not always doing the best job of having social justice norms in every aspect of the agency. Hiring, policies, and service delivery.
We partner well currently. But its only programs that are partnering. But sometimes this overlaps. Need to unify as an agency (even through its siloed).
Need more technology, appropriate technology. Need more programs to teach people computer skills. Both SWCAP employees and community at large.
Knew of SWCAP before, had worked with transportation, SWCAP's program inspired be a mobility manager years ago. With Jeff's program takes a family development plan, works across programs to help them education on finances, what programs they can apply for, how to apply for them. Take a more overall approach for people. This could make SWCAP a leader in addressing poverty. Already shared monetary infrastructure, but would like to see the relationships and holistic approach taken.
Minimizing employee turnover. There was a time when hiring was difficult, hard to know if they need to work with what they have vs hiring new. Job market is really tight. Need to make sure people like to work here and stay as a result
In an ideal world, we all work ourselves out of a job. He helps people budget and get better financial decisions, and then they pass that down to their kids. Used to be welfare case manager, situational poverty is easy to break, generational is hardest. You have help people get up one step on the ladder, but they can fall. Unfortunately, safety nets are setup to fail. In Badgercare, if you make more money you lose your coverage. It's based on the poverty level, and this is sticky. A simple slip and fall can bankrupt people. Some people don't have banking options. Has everyone heard of the first national bank of Walmart? An employer needs direct deposit, but people who have had accounts closed due over drafting their account can go to Walmart for a debit card and get their paycheck deposited there. They get the money order from Walmart for the rent and their groceries. It's easy to fall into the trap of being too rich to be poor too poor to be rich.
Would like to see an ongoing mortgage assistance program and a more robust housing counseling program in the future. The current program talks about what the process for buying a home looks like, but once the purchase is complete, the scope of the program really ends. Would also like to see the counseling as a standalone service.
While continuing our current essential services, I would like to see SWCAP expand our services to individuals that are moving from the essential services we provide such as mental health, food, or housing insufficiency, to programs that offer home ownership, education, better jobs,

and business ownership. Ideally, offering these upward mobility services keeps people from being stuck in the poverty cycle. Continuing the basic services (food pantry, homeless shelters, etc.) need to expand the services to lift people out of poverty, not only focus on basic needs. Food pantries help those in needs, but doesn't equip them to lift themselves. The vehicles buying program helps people to get to work in order to lift themselves. Need to maintain the gap services, but help people lift themselves out of poverty so they no longer need these services.
Wish that as an agency we would address the non-English speaking population. Not sure if there is a funding pool to assist this population. There is need there, but the service delivery is not equal right now. The translation hotline may be viable for larger programs but not for smaller programs. Needs to be addressed as an agency.
Providing lasting services that meet the needs of those in the area. There are lots of programs, and they're strong. They're doing great things. Wally is wonderful at what he does. He has the ability to grow the programs. He has helped Afghanis, showing they're trying to help people no matter who they are.
Program integration. In a way that is effective, and respect in equity in service delivery areas. Wraparound services are needed. Unless client says they need something else, each program is focused on their own realm. Don't do good enough job currently of addressing every need of clients. They feel siloed. Need to stop calling them silos, the language matters. SWCAP has become even more siloed/isolated/independent in the pandemic. Need to be more integrated, all. Make a system that assumes that all asset development programs are integrated. See what programs are more aligned and can benefit/effectively integrate. Then work on integrating everything. Need more similar programs working together. Need a holistic assessment of the client, and standard methodology of how to serve/understand their needs. Need to make them aware of all the other services available in SWCAP.
More availability to help clients. Don't always have the resources to help clients. Need more and better resources to better serve the clients in need. Need more types and capacity of resources. Need more funding, maintain and expand current programs. More availability to support the staff to run these programs.
Diminish poverty and expand services
That people continue to see us as a good place for resources and support. That services are maintained and people see SWCAP as the organization to help. Give people peace of mind that there is still a safety net. This saves stress and angst knowing that SWCAP can help them in times of need and knowing that there is no shame in taking the help.
Not a big budget for marketing Farmwell. When talking at the behavioral health summit, people didn't know about Farmwell. Has done some radio interviews, but people still didn't know about the program. I think all programs suffer for this. Having an ad during the morning or evening news about SWCAP, and its programs, would help to communicate the services and broaden the reach of the organization.
Getting ourselves and our message out there more. People are not aware of all of the programs. Some people know about SWCAP, but not exactly what we do. Need a more all-

encompassing approach to service delivery. Having a more unified screening for clients that can be used to make referrals based on that screening would be of benefit.

C.6. Question 6: Are you satisfied with the role of the SWCAP Board? If unsatisfied, what changes would suggest?

Table C.6-1

Are you satisfied with the role of the SWCAP Board? If unsatisfied, what changes would suggest?
Satisfied. I read the board minutes. Reports to the board are written monthly. Included in some committees as needed. Thinks it's working well.
Satisfied as far as interactions have been. The Strategic initiative came out, but there wasn't a lot of accountability if people missed this. If people missed or didn't make changes they wouldn't follow up on it. Could be more assertive in direction and tone that they will hold people accountable in moving the agency forward.
Satisfied.
Very little interaction with them so far, very little experience.
Yes.
Haven't had tons of interaction, but they approve my grants
Satisfied for as far as what I do, they approved my grant. Don't know how much involvement they have. Met with them 4-5 times in 21 years. Would like to see some things a little different, they rubber stamp things. The board members are appointed, may not really be interested. Having them more involved or change how they're appointed would be good.
Don't know, haven't worked with them yet
Yes
I came on, didn't realize board was supposed to be as involved as they are. Try to bring more things to the board to show them, even if its not needing approval. Still like to communicate the successes and challenges. They need to communicate more to be aware of the programs, their needs, and their goals. Started a new group to help board members learn about the programs every couple of months. Headstart has a lot of program standards that involve the board and needs to communicate to them what these standards are.
Not really involved with board. Real separation between board and programming. This is how it should be. They just worry about the executive director, and they do. Currently they don't evaluate things, don't ask a lot of questions. Could ask more. They receive information they are provided, and make decisions, but don't ask further questions. Common amongst lots of boards. Only when a major or divisive issue happens do they ask more questions.
For the most part satisfied. When department managers address issues or do evaluations it doesn't get looked at as closely as it could. Brought it up before, but no action was taken. Yearly evaluations doesn't don't change much. Think the full board should look at the evaluations not just a select few.
Satisfied with the board. Don't interact with them more than a few times a year
Yes. They do a good job. Well respected individuals within their own communities. Good figure heads. They are approachable, and will listen to ideas from the program leaders. They are really on the board to help the community be a better place. They're not on the board for a power trip, they want to help communities.
Can't really say, haven't been any meetings with the board yet.

Satisfied with the board. They provide oversight, and support for the staff. They need to understand that the board is behind them, and that the grants they pursue are worthwhile. Need to continue being there for the staff. Need to make sure that the board is aware of all the services that SWCAP offers. Need to make sure that NEW board members are educated on their role and the services of SWCAP so they can share all the good work with the community. Not only the services, but the requirements for these services from the grants that they get and why the board needs to be presented with these grants.

C.7. Question 7: Do you have any thoughts on what is working well internally at SWCAP and what can be improved from an operations standpoint?

Table C.7-1

Do you have any thoughts on what is working well internally at SWCAP and what can be improved from an operations standpoint?
More DEI would be good. It was challenging when there weren't clear policies and procedures on how to get stuff done. Would have to ask multiple people how to accomplish tasks. David is doing a good job in systematizing things.
The programs are very siloed. The grant for recovery house was because they have wrap-around services. Should be able to have internal referrals between programs. When talking with a client, we should learn about everything they need and can refer them to other programs. Would be good to have a standard introduction with people. She has heard there is a computer program that does this, but doesn't know if it really exists and that it would be good if it did that everyone knows about it and used it. Very low hanging fruit if this already exists. Would be good to have warm handoffs between departments. On top of this referral coming from someone they already have a rapport with to tell them where to go and who to talk to to get further help.
Not really.
Need to survey the SWCAP buildings to see if they are DEI compliant. Family bathrooms for trans/autistic, ramps for wheelchairs, etc. Need to train people more on these hurdles that many may not be aware of. Make sure that the inclusion is trained to the employees. Need to make sure the space is equitable and that the communications are equitable and the programs are equitable. Wally and David are a great team. Wally is a visionary, great with community and grants. David is a great paperwork person, great with process, making sure that all of the boxes are checked.
There is little privacy in the building. Doesn't hurt in my program work but WIC might prefer some more privacy. With all the zoom meetings there it could impact people getting overwhelmed with special needs. Possible also HIPPA concerns and potential covid spread.
Communication, coordination, holistic approach
When new funding becomes available, pre-planning meetings between the departments could be beneficial. Helpful to make sure everyone is on the same page. Division of labor, and spending effectively. Need the upper level, executive director, finance department, and the program manager, to maybe start to figure out the hiring/manpower to staff this new program. Whenever economy gets bad, more money goes to the network, and it would be good to be prepared to successfully use the funds.
Lots of silos. 19-20 Programs that don't work with each other. No communication between programs. If you know the person you can find out what their other needs are. Some customers only know about the one program they work with. Interviews with customers to see what their

needs are and an assessment, so we can direct them to other services that can meet their needs would be good. Everyone has their own assessments and they're not standardized. They don't share information between programs. If you want to refer someone you have to tell the client to call people, but can't call programs to tell them about the client because of privacy concerns.
Only worked a short time, likes it so far. Seems to be working well. No red flags so far.
<p>Good:</p> <p>As an agency, I think we transitioned extremely well over the pandemic. We were able to provide quality services without interruption. Our CEO has a growth mindset and thinks "outside the box" exploring ways our agency can be involved with what is happening in our communities. This style of leadership has created an expansion of our services at SWCAP.</p> <p>Needs Improvement:</p> <p>The agency needs to provide administrative translation services and provide a standard SWCAP application to cover all programs, especially Spanish. Many of the smaller programs we operate do not have funding for extended language services. This needs to be an agency support system not an individual program system. Translation is not standardized across the agency, this is a barrier to offering services to everyone who needs it. Need standard application for services that cover all languages. The translation hotline is too expensive to be the default. This can be a compliance issue. It needs to be address as an agency.</p>
Programs used to put out their own ads for people, now HR does this. Headstart has been a very independently run program, until recently. Need to realize that as these changes happen, they have programs that used to do these things, and HR needs to look at how they present/communicate these changes to the program directors. HR also needs to understand all of the different requirements for each program. (vaccine mandates for Headstart employees) A lot of new programs are coming, each with a new director, and each has a different expectation but this needs to be consistent. SWCAP has accountants, Headstart has accountants. They need to cooperate better because they have different knowledge for each program. Each program needs to have the same expectations on what they can/can't do. Need to be consistent in policies within CAP. Need to talk about them, communicate the "what and why" of the expectations for new, existing, and changing programs/policies.
Deputy director was a huge plus for agency. Created additional checks and balances. Managers are reassured they have a voice and its being heard. There is managerial oversight that was lacking previously. Functioning as intended. There is some secrecy in SWCAP, and its too siloed. Administrative functions are siloed. Discretionary income comes into agency, and no input on how it's allocated or utilized. It could be an opportunity for capacity building. Would like managers to be able to propose how this these funds are used. Currently its just used to plug holes. Not a lot of communicating. Not nefarious, just not well communicated.
A lot has changes since deputy director a lot for the better. SWCAP was so behind on things that should have been addresses long ago, so there is some bitterness in people about how things are being operated. She knows of a few other people who feel this way. Would like to see these changes continue with the deputy director.
Need to improve communication and teamwork. Need to work more as one and less in siloes. E.g. the homeless who need food could be referred to other services. More training for SWCAP employees on who to contact for each program. Would be beneficial for a holistic approach to peoples need and services.
Not sure about every program. Knows the communication within his program is good. Clear goals, project progress updates are good, not afraid to ask for help or direction. David and



Wally's emails are always sensible. Wally's article forwards relevant to the program are nice. David is good at sharing any policy updates and anything to be aware of for the future.

Everyone knows they're in the same boat. When reaching out to other program directors they're very easy to access and communicate to. Good to learn what they do and how to refer people to you. Still would be better to have a centralized hub of information of what they offer. Would be good to have this built into the hiring/onboarding process to teach the employees of all the services and how to refer them.

#### C.8. Question 8: What are some of the recent or growing issues affecting residents of southwest Wisconsin?

Table C.8-1

What are some of the recent or growing issues affecting residents of southwest Wisconsin?
The Pandemic. Transportation because of being so rural, getting to work, getting to store as needed. The formula shortages and recall. WIC families have had to make multiple store trips to get formula and is squeezed by rising gas prices.
More climate change. More floods, droughts. People are seeing it more and the impacts more. Covid has had lots of health related impacts, but also the breakdown of community in the region and globe. Community members she talks to see divisive need and feel like everyone is on edge all the time and could snap at any moment. Mental health crisis that is coming. Stresses in schools are up. Stresses teachers and healthcare providers. They will get fed up and leave, then people have to travel further, and transportation is stressed further.
Pandemic strained how everyone works. Inflation, gas prices, food prices, are really hurting the poor. The nation is divided. It's ok to not have the same opinion, but need to be kind to others. Need people to be the role models of kindness and dignity. Recent world events are making everyone struggle with their mental health. The everyday events of the residents are being impacted by global events. Don't know if SWCAP can make people be kind and understanding. But they can be a role model. As employees SWCAP can get training on the DEI and need to make sure they're not being intentionally hurtful.
Youth mental health is lacking services. This has been exacerbated in the pandemic. It's an education issue in the schools. People don't have any program to help them before they're out in the world and on their own. Alcoholism is getting worse. People don't see everyday drinking as an issue, its "Normal". Housing is an issue, older people are aging at home and not going to nursing homes (because there aren't enough facilities) so there are not enough houses. Transportation is going to get worse because of the older population growth.
Inflation out pacing wages and employee turnover. It's a Good opportunity for people who want jobs.
Transportation. No used cars to buy. Cost of fixing cars. People keeping cars for 200k because they have to then there is less resale value. The used cars as 200k are selling for a lot more than they were. Parts to repair them are expensive, salvage yards know they have you captive because its 6 months to get a new part or they don't make it. Supply chain issues are also hitting transportation. Also, there's no public transportation, No Ubers, or Lyfts to cover this gap. With the labor market the bosses have to understand when you call in saying you can't get to work because they have a hard time getting Federal poverty is 9.80, and then when you earn more than lots of services kick you off. When you net all of the lost benefits against a better pay you are losing net \$ for the year. Badgercare food share childcare assistance energy assistance,



and lots more. Food stamps is tiered somewhat. This forces people back into their old habits or old job so that they don't lose benefits. It's not a safety net, it's an impediment.
Housing is growing. Aging and dilapidated housing is growing. Making purchasing housing hard because quality is bad or unaffordable. If they are affordable they're in poor condition. Not enough rentals and the rentals that are available are not of high quality. With the lower income people the inflation is hitting hard. Not a lot jobs above minimum wage, some businesses are recognize it and are doing better, but not much. Also the gas prices are hitting the transportation issue.
In general, political division and lack of compromise. This is happening nationally, but playing out locally. People do not want to understand. Need more housing, transportation as well.
With covid people are dealing with a lot. Food insecurity, needing food pantries. Older people are struggling, they use food pantry much more than a family with children. Not sure if they can't get Foodshare, but they use food pantries to fill their larder. Housing/transportation are growing issues. Platteville big apartments have helped a lot with availability for families to rent houses. College numbers are also down so that has also helped.
No different to anywhere else. Political or cultural tribalism. No political discourse anymore, its dysfunctional. Negative impact on funding. Residents don't realize the effect. People don't know what funding streams help. Both sides are entrenched and polarized. Where its most corrosive is in the development of public poverty. Democracy works best when you govern from the middle. People are not willing to move from their point of view. Extremism doesn't help make good policy. Becoming an increasing issue in SW Wisconsin. Solar energy wind energy, land owner rights. We get smarter when we listen to each other's point of view. This is ow democracy is intended to work. People search for people who agree with them. Mental health issues have been exacerbated because of this and the pandemic.
Inflation taking its toll on everyone. Not enough people getting raises to support people working. The prices are outpacing the people. Mental health issues are becoming more of a prevalent issue. About half the people she works with have some sort of mental issues/illness. Hard to notice all the signs of mental illness, substance abuse and even harder over the phone. Not enough resources or help for those with substance use issues. Have 2 transitional trailer homes to house recovering addicts.
Food and gas. Housing availability.
Inflation and gas prices. Local politics are getting more divisive and polarized. Some School boards have been having a hard time through the pandemic. Everyone pro or against the vaccine each think they're doing the best thing but can't agree on this. The national politics are playing into this as well, people are not willing to talk to people on the other side of the aisle. There is demonization of people based on their politics.
Inflation, and the pandemic. Case counts are going down, but not 0 yet. Abortion is probably going to be a big issue coming soon. Housing costs are also rising.

C.9. Question 9: How has the spread of opioids impacted the region, and those in poverty?

Table C.9-1

How has the spread of opioids impacted the region, and those in poverty?
Generally negatively. Clients don't talk about it. All contacts are over the phone so asking if women are using substances will always answer no except for tobacco. Some families talk about family members who have had hardships form thin.
Seen jump in overdose deaths. Regionally seeing a bounce back and forth between meth and heroin. More meth in winter. Heroin seems like it's making a comeback. Lots of farmers have accidents (most accidents of any industry in US). When they are prescribed painkillers they hold onto them, and may be a risk for them and others in their household.
Does a training with grandparents and it does touch on opioids. Know its here, but doesn't don't know of any stories. Only hear about it anecdotally. When in the hospital saw lots of people coming in for treatment. Her husband works in cheese factory and says a lot of people fail the drug testing. So this impacts their employment and leads to poverty. She would be concerned that her daughter could have gotten addicted in schools.
Definitely an issue everywhere, and probably here too. Seeing lots of meth in background checks. Maybe as big as opioids.
Not sure. Don't really see it in the program. Not well connected to give a good opinion on this.
A little bit in the program, but not a lot. Someone who overdoses and loses job, or gets drug tested and loses job. DUI's take your license, then you are stuck without transportation. Serves Dane and Sauk. Sees it more in Dane than elsewhere. When out looking for people, sometimes I'll find that they're in jail for a dui.
Haven't seen it much. Don't know if she has seen this. Mom is in healthcare and knows the emergency care services are stretched thin. Knows that addiction perpetuates poverty and breaks up families.
This is a Huge concern. We have a drug problem in SW Wisconsin. We know drug use kills and keeps people in poverty. I believe early education and opportunities for personal and professional growth are our best long-term solution against drug use. Start children in their early years and provide opportunities to explore positive experiences, develop hobbies and interests that translate into adult goals. Provide funding for this verse's incarceration. This follows the Portugal Model that was adopted and now has a 75% - 95% drop in drug addiction cases. Drug addiction is being treated as a medical issue verses a crime and the savings from incarceration are being placed into early opportunities for the children and treatment support for the addicts.
Probably much more prevalent than people would like to think. Used to be more hidden than it was. The money people earn legal or not, is being used for drugs. Then they can't pay bills or rent, and it just spirals. The number of kids in foster care is the highest in 28 years because of addiction. Lots of grandparents with their grandkids because of addiction. Need more services to help people get into recovery. Need long term supports to help addict's years down the road to stay on the path. There are some recovery houses, would like to see a few more. Not everyone gets into a housing program right away, they need to detox first. Need closer services for this.
Not seeing any impact with clients. Work with people who are well positioned to purchase homes and just need help with a down payment or gap financing. It impacts other service delivery sections significantly other.

It's a serious issue. Most Everyone I am dealing with is using. You don't know if you're inviting someone into the office, you don't know if they're high, and make bad choices. It's scary for the employees in the offices if they come in. this is also diverting the money from paying rent or other productive uses. Often looks at Circuit court records of clients before meeting to see what is in someone's history to see what charges they may have to be on the lookout. It's hard to keep people on the path, especially when they don't look after themselves

Not something I see with clients. Hasn't really heard of any specific stories

Haven't seen it firsthand. Heard about it being a growing concern in the area. Knows that some first responders are being trained with Narcan. There was a drug takeback day recently and saw good communication to the community about that.

For this area, can't really say yet for the region specifically. Since April 2018 the prescription regulations have cracked down a lot in WI. Providers have had to look at the amount they prescribe, who they prescribe to. This helps keep them off the street more. Some people feel a stigma when they are prescribed opioids. Screen all clients for substance use, but haven't seen any significant findings just yet. Will continue to screen to catch it when they can. Important for people to be able to refer for behavioral health services.

## Board of Directors Response and Analysis

### C.10. Question 1: What are some of the services that are the most needed, but lacking in the region (related to poverty)?

Table C.10-1

What are some of the services that are the most needed, but lacking in the region (related to poverty)?
Definitely housing, both in terms of availability and affordability. Even if you can find something it's low quality. Costs are high right now as a result of low availability. This is also a national problem. Also need job training. A couple years ago the country simply didn't have enough jobs for the labor force. Now there are lots of jobs, but we need to give workers the soft skills, like how to apply, and show up on time. Some jobs need hard skills, training, schooling, and technical skills Transportation is another issue. In this Very rural area there is little public transportation. If people don't live in a village or city it's hard to get to school/work/
Some work with homelessness is done in the area. What is missing with this is to partner up with the household, and mentor them for ~ 2 years. Family promise does this. Having that follow-up, in addition to the current programs helps. Also mental health. The program is just getting started to address issues of, quality, availability, and access. The biggest hurdle is the stigma that "there is something wrong with you", if you need to see a mental health professional. There are not a lot of providers around here for that service. What is provided is quality, but there are not enough providers. Food pantries should offer some additional help like financial education and education on finding resources. This doesn't have to come from the pantry staff, but could integrate the other SWCAP programs. This should be applied to all SWCAP programs. This will only work if those in need are receptive to it.
Need wider access to broadband. Need transportation for all and particularly for the elderly To and from important places, like food, the doctors, and the pharmacy.
Still new to the board. Live in green county. See lots of services in the area, but still need more services around housing and food security. There is a food bank in Blanchardville but it's only open once a month, and some people are working during this time. Need more availability of location and timing for food pantries.

### C.11. Question 2: What services of SWCAP do you find especially important to create, maintain, or expand?

Table C.11-1

What services of SWCAP do you find especially important to create, maintain, or expand?
Mental health should be expanded. Some funding is only to bring the mental health community together. Need to expand the capacity of the services, not just the communication within the area. Neighborhood health just took a budget cut. Need to maintain what they have. Would like to see it expanded it back to what it was before. WIC need to be maintained, and I would like to see them in person again. Headstart need to be expanded. Not sure what it would take, because it seems o struggle with participants. Weatherization should be maintained. Food pantries need to maintain their recent expansion. Work n' Wheels needs to be maintained, but especially with the shortage of cars, it's hard.
Transportation for the elderly, and bring these services to small towns needs some expansion. Isolation is such a big deal especially for the elderly. How can we get things into the home 1-on-1 instead of picking up people who need a service and delivering them to the location. Need

something in between those two extremes. Need a community center or services at the public library to accomplish this. Need to get the elderly out of their houses. Something like community based satellite services.

The greater community is doing a good job. Need to make sure SWCAP maintains the food pantries as the economy sours. The food banks provide food to food pantries in the region and people will always need to eat. Kids and elderly (those who can't look after themselves) especially. There are a lot of responsibilities in a food pantry to keep food fresh and cold. Have to have liability insurance for the programs that operate. SWCAP needs to maintain/expand their role in housing. Were currently making housing for migrant workers in Darlington. Its a great example of the value of SWCAP in the region. There simply is not much housing in the region. What is available is either expensive or very ratty. And in Iowa county able to provide housing for abused women, homeless. There is not a lot of capacity, but thanks to SWCAP they have some.

Need to expand Lift more. People need to be able to get to work and the doctors. Need to recruit more volunteers for this so it's more available. Also, need to make sure to maintain the shelters, people need immediate housing coverage.

C.12. Question 3: Do you think demographic shifts have changed the way SWCAP needs to operate? Have these changed the services it provides and the way that it communicates with its clients?

Table C.12-1

Do you think demographic shifts have changed the way SWCAP needs to operate? Have these changed the services it provides and the way that it communicates with its clients?

Don't see any major shifts. Think the services could be better communicated to the public. Need to communicate across a wider range of channels to make sure that people know about, understand what the different programs do, and how to access them. This can help people understand more of what SWCAP does and how it's delivered.

The elderly in Lafayette have increased since I moved back after being away for years. Need to communicate the services out for the poor elderly out in villages, hamlets, and rural areas. How can we meet them where they are? They may be stuck in their homes, in need of help, but they can't get out. Slow and gradual changes are taking place and we need to make sure we stop every once and a while and take a look around. Need to look at where we are now and where we were 10 years ago and where we are now. Poverty hasn't changed much, it's still very well hidden. When working in Dane county it was easy to find low income neighborhoods but out in rural areas, it's more dispersed. An old farm house on a hill or a few trailer parks here or there. Need lots of strong partners in other non-profits and county health/human services agencies to get to the people out in our counties. The staff of HHS and ADRC are well coordinated with SWCAP staff. More can be done to communicate between agencies, and the boards that sit on them

Yes, to all three. Population is aging. Programs that are offered through SWCAP will see changes in the number of elderly they serve as a result. The services provided need to follow the trends of the aging population. Seeing a growing divide between those who have and those who do not. Gas prices, the Ukraine war, covid, and inflation are squeezing those without. Communication of programs is alright currently, but they're struggling like everyone else. WIC hasn't been face to face for 3 years. Headstart is starting to have in person events again. Some

of their recruiting issues have been because they are not being in person. The relationship with the public school isn't really strong currently. Need to communicate to people who already have networks and work with potential clients to educate them of the programs SWCAP offers. ADRC's need to have more of a relationship with SWCAP, to refer those back and forth. Need relationships with other organizations, agencies, who are working in the realm. Not only to refer for services, but educate the providers of the other services as well. We have gone away from partner meetings, to communicate services, and build relationships between providers. We need face to face meetings to drill down into what our services do, and how they are provided. An annual meeting between agencies to facilitate this conversation would be good. Doesn't need to be a big group of so people can really drill into it.

### C.13. Question 4: What do you feel are some of the primary causes of poverty in this region?

Table C.13-1

What do you feel are some of the primary causes of poverty in this region?
Lack of jobs opportunities, or jobs that pay enough. People have to get multiple jobs to make ends meet. Jobs in the area where people live. People are having to travel to get to a job and gas is expensive and so are cars to even get to the jobs they can find.
Not enough money. Low wages. Drug or alcohol addiction. The devaluation of education. Grew up in Benton, and left for 47 years, but when I came back there was a disdain for college educated people. You can be down to earth but people see the college degree as a mark against you. It drives people to be against the government and services. It's counter-productive. People feel like they need to be satisfied with crummy jobs. The political atmosphere of our times are perpetuating the cycle of poverty. Teachers aren't paid enough. Larger drivers as a state/national level is creating a larger lower class. We have always had an idea of the lower class is to blame for their own poverty.
So many. Divorce, family breakups. Illness, lack of insurance. A single unexpected illness takes great resources to overcome on top of lack of income. Not just the illness itself but the resources it requires to overcome the illness that hurts the most. Not much of a safety net for low income, isolates, elderly people to recover from this. Some people are just unlucky and can't find a well-paying job.
Low paying jobs. Lack of workers has helped with wages, but not enough. Lack of paying jobs with benefits. Lack of high paying jobs with benefits. Lack of full time jobs. WGLR promoting working at land's end, but you only get their benefits if you play their game. You have to meet all their criteria to get those. Lack of public transportation, high gas price. High cost of housing. The little hamlets don't even have a convenience store. Even those that do, most of them don't have fresh foods. Kwik trip does this pretty well.

C.14. Question 5: What is a goal that you hope SWCAP accomplishes in the future?

Table C.14-1

What is a goal that you hope SWCAP accomplishes in the future?
Service delivery, communication, meeting needs. Hope that they can get to the point in the future where job descriptions are up to date. Need to update this to keep a consistent workforce. Descriptions are up to date to meet grant needs. Hope that these stay as current as they can with the needs of the people and the shifting demographics.
Housing in support of recent efforts, create more affordable housing throughout the region. Met with grant, Lafayette, Monroe county board members and they all spoke about how they are facing a housing crisis. Some good developers, but most developers want to make houses for upper income people. This is why more non-profit or government programs can help to make more housing. Like what was done in Darlington.
Continue the services offered. Continue to grow housing related services. Continue to support families through food and childcare. Need to make sure that everyone who needs these services can access them. Also make sure to educate the community that they are eligible and that they can get help with what they need. Need to show people that if they are in need they can reach out for support. Need to communicate that everyone works hard and we can work together to solve the issues of those that are falling behind
Increase visibility of services. Increase limits of services, and want people to make the phone call to reach out for help. It's important for the general population to know that food stamps have big limits. There is no huge gravy train that people are living on. Letting people know that these services are limited, and not incredibly generous. Valuable for clients to assess their whole life not just the single program they're calling. Need to be able to crosscheck with other programs eligibility to see who is in need multiple forms of help. Central communication system showing people who (within confidentiality) are receiving services and what else they might need.

C.15. Question 6: Are you satisfied with the role of the SWCAP Board? If unsatisfied, what changes would suggest?

Table C.15-1

Are you satisfied with the role of the SWCAP Board? If unsatisfied, what changes would suggest?
Orientation for new members. It's overwhelming to start on the board. SWCAP is huge. It's tough being new, trying to wrap your brain around everything about every grant and every program. Want to be helpful.
Only been on since December-ish. Second time on there, big gap between. Right now pretty satisfied
Yes. Agency is running well. Been on board for a year, seems the relationship of the board and the leadership in the agency are doing well. Communicating effectively, and accomplishing positive outcomes. Would like the board to be more supportive if they could take the time to learn more about the programs and how they might help. Only meet for 1-2 hours a month through zoom. Not sure if the board takes a lot of their own time to learn about this, some more than others. Staff does a good job of passing along information to the board. Sometimes 30-40 documents to give them information. Not every board member reads it all. Personally



need to spend more time with the info and follow up on it when needed to help make better decisions as a board member.

Agency is very different than when I worked here in the 80s. There were 300 nonprofits in Dane County back then. In SW WI SWCAP is a presumptive service deliverer in the eyes of the state, there are not many agencies in the region. A lot of initiatives in the American recovery act. The state can make a grant to WISCAP to cover all the counties. Dane county would have a fight for the funds, but in SW it would just all go to SWCAP because there are not a lot of agencies to do the work. Not many food pantries, not many refugees (Afghanistan and Ukraine). SWCAP has a huge breadth of agencies, and services. Growth management is critical, need to ensure that staff can communicate to the board and the board trust their judgement. He really thinks the SWCAP staff have done a great job delivering services thus far.

C.16. Question 7: Do you have any thoughts on what is working well internally at SWCAP and what can be improved from an operations standpoint?

Table C.16-1

Do you have any thoughts on what is working well internally at SWCAP and what can be improved from an operations standpoint?
Communication. Sometimes is lacking from leadership down to individual employees. Maintain and recruit people. Some people are leaving for different/better paying jobs. But need to continue to support staff with flexibility in order to maintain them. Always need to take care of the staff in order to maintain them.
The senior leadership is really good. They know what they're talking about. Good attitude, great values they are following. Trying to make a big ship keep going in the right direction. For cultivating the next generation of leaders Senior leadership is being cultivated from mid management level. Finding ways of keeping people engaged. Not just use SWCAP/partners as a stepping stone to a better job. Need to figure out a way to keep the good people here.
Need to maintain a consistent workforce. Hiring deputy director has been great. This has given staff another person to bounce ideas off of, another person to work on the details and operations of SWCAP as a whole. Brought on Julie. Think she looks for grants and writes grants. This has been very beneficial, because that is a major funding source. May be goof=d to have another person in this role. Each of the program areas write their own grants. Might be a disconnect between these individual program grants, perhaps Julie could be a thread that weaves through to help them. She may know where the money is available and can dig in deeper to these funding sources and requirements.
Believed they are doing a good job. Has been director of 5 organizations. Knows it can be fragile when board members delve into operations. This is best left in the hands of SWCAP directors and leadership. SWCAP tells the board when things are not going well. Covid rules stated staff had to be vaccinated or fired. This was hard when some people did not want to and had to be let go. When things aren't going well the board is being told what the options are for the future. He see SWCAP employees out and about, and they often don't recognize them, when he asks them about how they think things are going.

C.17. Question 8: What are some of the recent or growing issues affecting residents of southwest Wisconsin?

Table C.17-1

What are some of the recent or growing issues affecting residents of southwest Wisconsin?
Politics. This is true nationally, but it playing out locally. Vaccines were a big issue in the agency since everyone had to be vaccinated. Need to education people on how public health impacts



<p>them. Need to address the growing Spanish speaking population. Not enough translation services or bilingual employees generally. Need to expand hiring people from the communities where they are working.</p>
<p>Drug addiction/alcohol addiction. In Platteville checking out at Piggly Wiggly, saw a woman with almost no teeth. Had to be meth with that level of decay. It's mostly hidden. Middle and age up men who have easy access to guns and drinking a lot because they're depressed make up most of the gun deaths in WI. The rate of alcoholism is generational, and increasing. Once the people get arrested only then does the meth and opioids come to light.</p>
<p>Housing is becoming a crisis that hits everyone. On extension committee, with a new regional representative who cannot find a place to live. Even here with a reasonable income cannot find a place. This is hitting the poor even more. The food prices rising are also hitting people hard. Need to make sure there are sufficient food pantries.</p>
<p>Suicide is on the rise. Mental health of people coming out of the pandemic has deteriorated. The world is becoming overwhelming. The lack of workers vs the number of jobs is an issue. But a lot of these jobs are not quality or high paying jobs. Effects of the war and covid have strained the finances of the residents of SW Wisconsin. Even availability of food and goods is an issue.</p>

C.18. Question 9: How has the spread of opioids impacted the region, and those in poverty?

Table C.18-1

How has the spread of opioids impacted the region, and those in poverty?
<p>Sheriff's are reporting a lot of stories of how it's impacting the people they interface with. Wally is on a task force to try to assess possible solutions and the allocation of funds. It's a rapidly growing problem, sometime people need help, need love, or need a kick in the butt. Something has to be done, or it will only get worse. With the worsening economy this will only become more of an issue as people look for an escape.</p>
<p>Fentanyl is a problem. It's too expensive to offer services, so people just get arrested and institutionalized, which costs more. Hard to communicate this. Treatment is cheaper but people don't like that. If people get caught into this cycle they get stuck into poverty easily. It's a public health issue not an enforcement issue. Need to help people with their depression and anxiety causing them to do drugs than treat them rather than punish them. Need to support other 12 step programs for all drugs to modernize them and get their act together. AA and NA or other offshoots that are similar. They are cost effective, and need to be cultivated. As an organization need to make sure that the volunteers who run these programs have a place to operate, or communicate their message.</p>
<p>It's an issue. It's a hidden issue. It gets swept underneath the rug. Those that are not involved in addressing it or effected by it are just turning a blind eye. We are hearing more about mental health issues than the opioids. And were not even talking about mental health enough. SWCAP bought house on Merrimac street, was supposed to be for recovery, but put it up for sale. People saw that as possibly, well is guess everyone is taken care of and we don't need to worry about it anymore. The opportunity center/house is servicing this. But not a lot of people are aware of it or its services.</p>