

Concho Valley Community Action Agency

Community Needs Assessment



MISSION STATEMENT

Concho Valley Community Action Agency provides a variety of services, in partnership with community resources to improve lives and empower people in the Concho Valley area.

Helping people, Changing lives

36 E Twohig Ave
San Angelo, TX 76903

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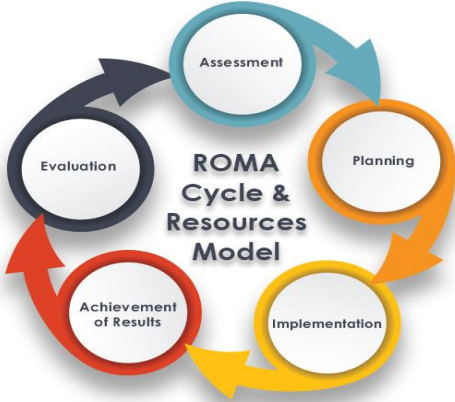
EXECUTIVE SUMMARY

To gain relevant information from the communities that we assist and to plan and promote changes in our service delivery area (SDA), Concho Valley Community Action Agency (CVCAA) has conducted a Community Needs Assessment (CNA). This Community Needs Assessment meets the requirements as set forth by the US Department of Health and Human Services Information Memorandum 49 and Information Memorandum 138. This report meets the CNA element of the Community Action Plan required by The Community Services Block Grant Act.

The following counties were assessed during this process: Coke, Concho, Crockett, Irion, Kimble, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green. Qualitative and quantitative data was collected using community forums, focus groups, surveys, and questionnaires. Included stakeholders were clients, community members, CVCAA board members, local elected officials, SDA school district officials, SDA public libraries, CVCAA employees, and other community service organizations in the SDA.

Additional quantitative data was generated using the Community Action Partnership Hub¹², the United States Census Bureau website, and other sources as referenced throughout the report.

This document follows the guidance issued in *Community Needs Assessment Guide: A Guide for Texas Community Action Agencies on How to Conduct a Community Needs Assessment*. This report also complies with the Results Oriented Management Accountability (ROMA) Cycle and will be the basis for CVCAA’s Strategic Plan and Community Action Plan.



¹ Organizational Standard 3.3 National Data

² The Community Action Partnership HUB is a subset of The Engagement Network, a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. <https://cap.engagementnetwork.org/>

INTRODUCTION

Background

Entities receiving Community Services Block Grant funds must develop and maintain a current Community Needs Assessment (CNA) every three years. The CNA collects current poverty data and its prevalence related to gender, age, and race/ethnicity and includes key findings on the causes and conditions of poverty and the associated needs. The previous Community Needs Assessment was approved by the CVCAA Board of Directors on May 30th, 2018.³ This CNA was approved and accepted by our Board of Directors on May 26th, 2021.⁴

This Community Needs Assessment meets the requirements as set forth by the US Department of Health and Human Services Information Memorandum 49 and Information Memorandum 138.

All the quantitative and qualitative data collected while conducting the CNA is considered in the strategic planning process of CVCAA. It informs an outcome-based and anti-poverty focused Community Action Plan and Strategic Plan.

Organizational Profile

CVCAA is a public 501(c)(3) non-profit corporation established in 1966 under the Economic Opportunity Act of 1964 to fight America's War on Poverty.

CVCAA is governed by a tripartite 15-member volunteer Board of Directors (five members from each of the three sectors—public, private, and low income) and currently employs seventeen full-time staff members to service the community. CVCAA's office and all records are stored in Tom Green County at 36 E. Twohig, Ste. B2, San Angelo, Texas.

We receive funding for most of our programs from Texas Department of Housing and Community Affairs-TDHCA. We have received additional funds from United Way, FEMA, Area Foundation, private donations, San Angelo Gives, Atmos Energy, TXU energy, Direct Energy, Reliant Energy, BBVA bank, HEB, and City of San Angelo.

³ Organizational Standard 3.1

⁴ Organizational Standard 3.5

In 2020, CVCAA served 6,697 clients across the eleven counties in our SDA. The breakdown of clients served by county is below⁵:

Coke: 65
Concho: 167
Crockett: 66
Irion: 10
Kimble: 63
Menard: 80
Reagan: 117
Schleicher: 79
Sterling: 15
Sutton: 103
Tom Green: 5932

CLIENT SATISFACTION

“We are VERY pleased with and grateful for the help we received last year.”

“You all are very professional; no need to change.”

“I’m blessed for your help and care.”⁶

As part of the data collection process CVCAA conducted a client satisfaction survey. We included the survey with the application for services to encourage participation, and participants could answer anonymously. We asked our clients to rate CVCAA on four service metrics and provided an opportunity to share any additional thoughts on ways we could improve our service. The four service questions were:

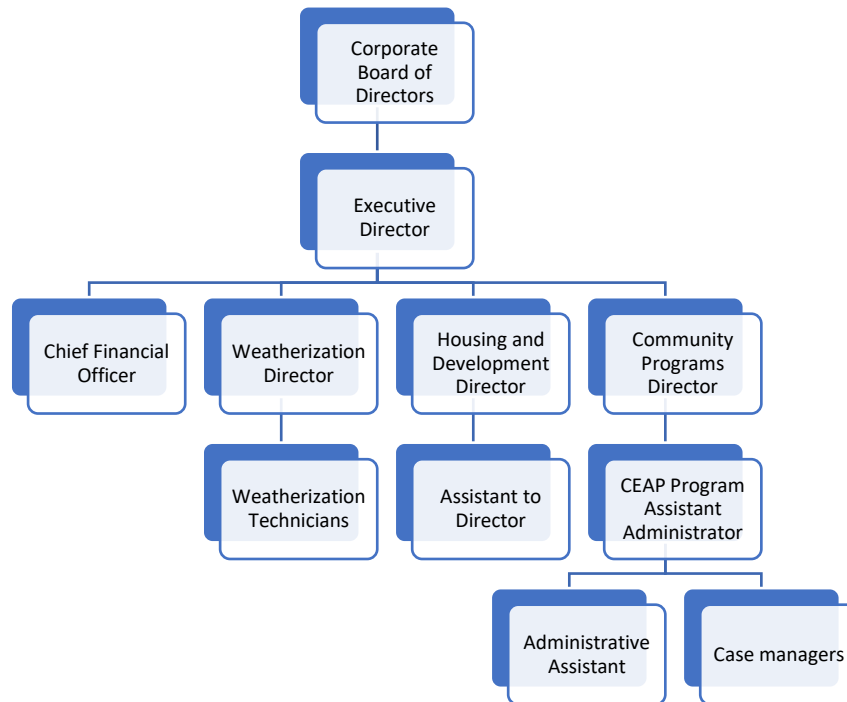
1. How did staff treat you?
2. Did staff do what they said they would to assist you?
3. Did staff assist you in a timely manner?
4. How was your overall experience?

Clients could score us on a scale of 0-4, with 0 being low and 4 being the best score. With a little over 300 respondents, CVCAA score very well on all 4 questions, receiving an average rating of 3.83, 3.82, 3.82, & 3.83 respectively and an overall score of 3.82.

⁵ Organizational Standard 3.3 Agency’s Service Data

⁶ Organizational Standard 3.3 Qualitative Data

AGENCY ORGANIZATION CHART



MISSION STATEMENT

“CVCAA provides a variety of services in partnership with community resources to improve lives and empower people in the Concho Valley area.”

VALUES

COMPASSION: We will use compassion every day through our actions with others. Compassion involves suspending judgement so that we can appreciate others’ situations that may be different from our own.

HONESTY: We value the truth and will always pursue openness and honesty.

INTEGRITY: We value integrity in three parts: integrity to mission; integrity to customer; and integrity to self.

RESPECT: We will treat all clients and co-workers the way we wish to be treated ourselves; with kindness, honesty, empathy and understanding.

POSITIVE ATTITUDE: We will cultivate a positive environment where we care about our relationships with coworkers, customers, and community partners. We are passionate about what we do, and we will exhibit that passion with others every day.

ACCOUNTABILITY: We will take responsibility for our actions. We will deliver our best in all that we do and hold ourselves accountable for our results as an agency.

DEDICATION: We are dedicated to our Mission, Vision & Values to better serve you, our customer, and your needs.

UNDERSTANDING: We will approach each and every person's situation as if it were our own.

SERVICE: We will give our hands and heart to serve others knowing it will impact current and future generations.

KNOWLEDGE: We will continue to seek knowledge in order to further educate ourselves and those we serve.

SERVICE DELIVERY AREA

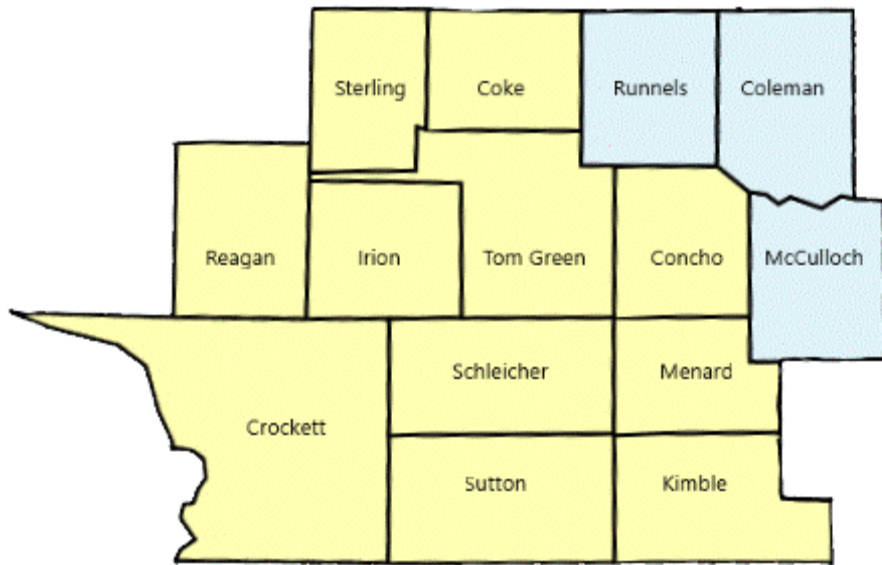
CVCAA currently provides utility assistance including water, electric, gas and/or propane payments. CVCAA also provides home weatherization to low-income residents of the Concho Valley counties of Coke, Concho, Crockett, Irion, Kimble, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green. Recently, CVCAA has included programs for rent assistance (one month of rent) and Tenant Based Rental Assistance (including assisting homeless in obtaining housing and assistance with utility deposits, rental deposits). We received funds through United Way during 2020 to provide mortgage assistance for two months. Those funds are no longer available, but we are currently working on created a permanent mortgage assistance program.

Because of Covid-19, we received an Emergency Solutions Grant that has allowed us to assist the homeless population, provide food and gas cards to those affected by COVID, and increased income guidelines for some of our programs.

CVCAA takes part in the Internal Revenue Service Volunteer Income Tax Assistance (VITA) program to provide tax preparation to low-income residents. Additionally, we provide case management to qualified individuals to assist with transitioning out of poverty.

Besides the programs in our Service Delivery Area, CVCAA also administers home weatherization in Runnels, McCullough, and Coleman counties.⁷

⁷ Organizational Standard 3.3 Agency's Service Data



Community Profile⁸

Located on the edge of the Chihuahuah Desert, CVCAA serves eleven counties that make up the Concho Valley.⁹ This region of West Texas is isolated compared to other parts of the state since there is not an interstate that runs through the Concho Valley, making travel to larger cities cumbersome to lower-income families.

The City of San Angelo is the region's largest, most influential city and acts as the county seat for Tom Green County. San Angelo is home to Goodfellow Air Force Base which specializes in military intelligence and firefighting, and Angelo State University, a Texas Tech University System member.

Tom Green is by far the most populated county in the Concho Valley. In fact, the population of Tom Green county is almost four times as much as the other counties combined (117986 population of Tom Green vs. 29969 population of remaining SDA counties).

Due to the significant difference in population, many services accessed in San Angelo are not available or may be difficult to obtain in the rest of the SDA. For example, San Angelo has two federally qualified health centers, but only three out of the other ten counties have one. Most of the counties in our SDA only have one hospital (some do not have one at all). While the

⁸ Unless otherwise indicated, all demographic data was compiled utilizing the Community Action Partnership HUB through the CARES engagement network, which consolidates US Census records. This data was accessed in April of 2021. <https://cap.engagementnetwork.org/>

⁹ Organizational Standard 3.2

population is not large, the geographic area means that residents in the most rural counties can face a drive of an hour or longer to access hospital care.

Aacerbating the lack of access to services is transportation limitations. The Concho Valley Transit District provides intra-city transit and inter-county travel opportunities. However, the transit network is not extensive and often requires multiple transfers, making the trip from the most rural counties into San Angelo long and difficult for our most at-risk community members.

Another factor in the lack of access to services is availability of broadband internet. 92.43% of the total SDA population has access to Broadband Internet which is considerably lower than the national average of 96.64%. However, this number is skewed by Tom Green County which has a broadband rate of 99.83%. Availability in the rural counties of the Concho Valley is much lower with some counties as low 35-40%. With Covid-19, this has been an even bigger problem as many social service programs have been forced to move online.

A NOTE ON COVID-19

In 2020, a global pandemic changed the lives of every single person in the world. The pandemic created an overnight shift in the way we work, play and live. To date, Tom Green County has reported 308 Covid related deaths¹⁰ (199 from Tom Green and 109 from other counties)¹¹. While vaccination availability in our community has certainly slowed down infection rates, it's clear that we will be feeling the impact of this global pandemic for years to come.

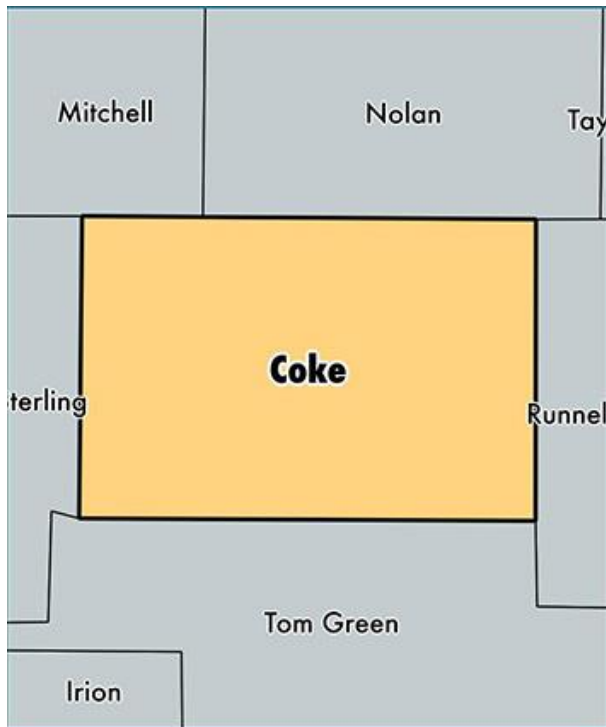
Some information provided in the CNA is more recent and will reflect the struggles our community is facing because of Covid-19. However, due to standard delays in data publishing, the most recent data available will customarily be one to two years old, if not more, depending on the type of data collected. Because of that, most of the statistics around poverty and community standards will not reflect the significant changes that have taken place since the onset of the pandemic.

While the toll on our community isn't reflected in the data, CVCAA has done everything in our power to help our community during this trying time, including helping a record-breaking number of clients.

¹⁰ Organizational Standard 3.3 Local Data

¹¹ Data provided by the City of San Angelo. <https://www.cosatx.us/Home/Components/News/News/5823/369>

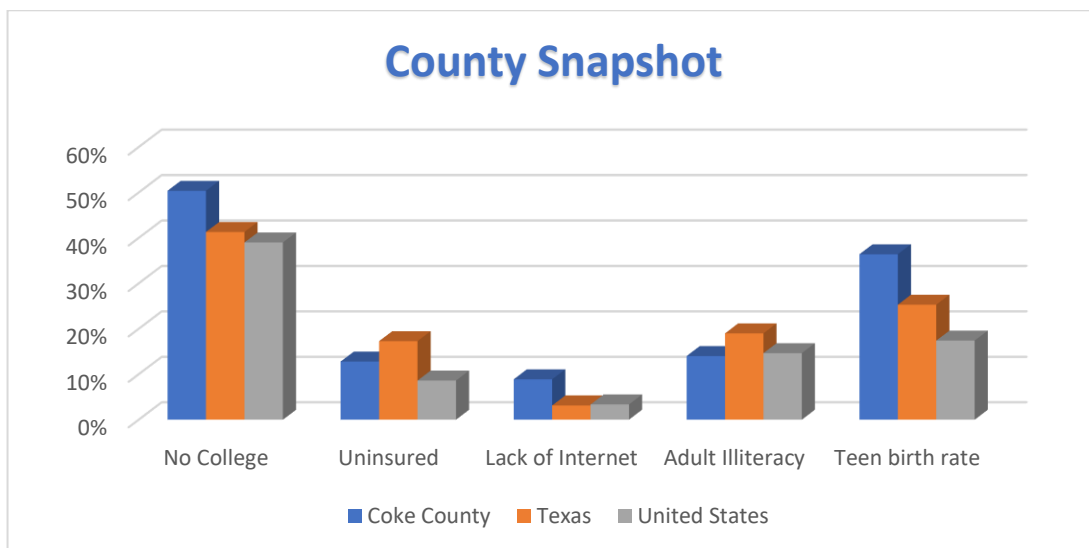
COKE



Population: 3303

Median Income \$48,435

Total Poverty		% ¹²
	437 ¹³	13%
Poverty by age¹⁴		
Age 0-4	40	43%
Age 5-17	84	14%
Age 18-64	225	13%
Age 65 and older	88	10%
Poverty by gender		
Female	217	13%
Male	181	12%
Poverty by race/ethnicity		
White	310	10%
Black or African American	2	6%
Native American/Alaskan	10	45%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other	69	27%
Multiple race	7	26%



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¹² Percentage reflects the percentage of the demographic poverty total, not the percentage of entire poverty total.

¹³ We realize that the total numbers in poverty do not always even out when they are broken down by the various demographics. The difference reflects the data provided by the US Census and is not a CVCAA error.

¹⁴ Organizational Standard 3.2

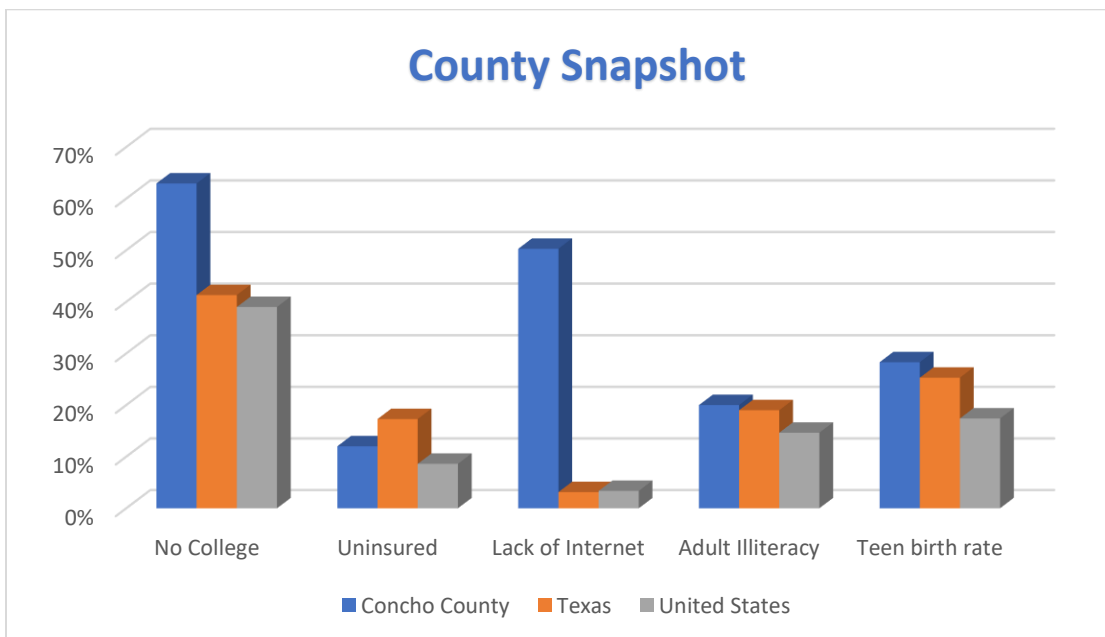
¹⁵ Teen birthrate indicates number of live births out of 1000 for teens age 15-19. <https://www.cdc.gov/nchs/data-visualization/county-teen-births/index.htm>

CONCHO



Population: 3266
Median Income: \$43,321

Total Poverty		
	404	15%
Poverty by age		
Age 0-4	36	38%
Age 5-17	96	24%
Age 18-64	254	13%
Age 65 and older	18	3%
Poverty by gender		
Female	179	16%
Male	89	8%
Poverty by race/ethnicity		
White	268	8%
Black or African American	0	0%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	0	0%
Multiple race	0	0%



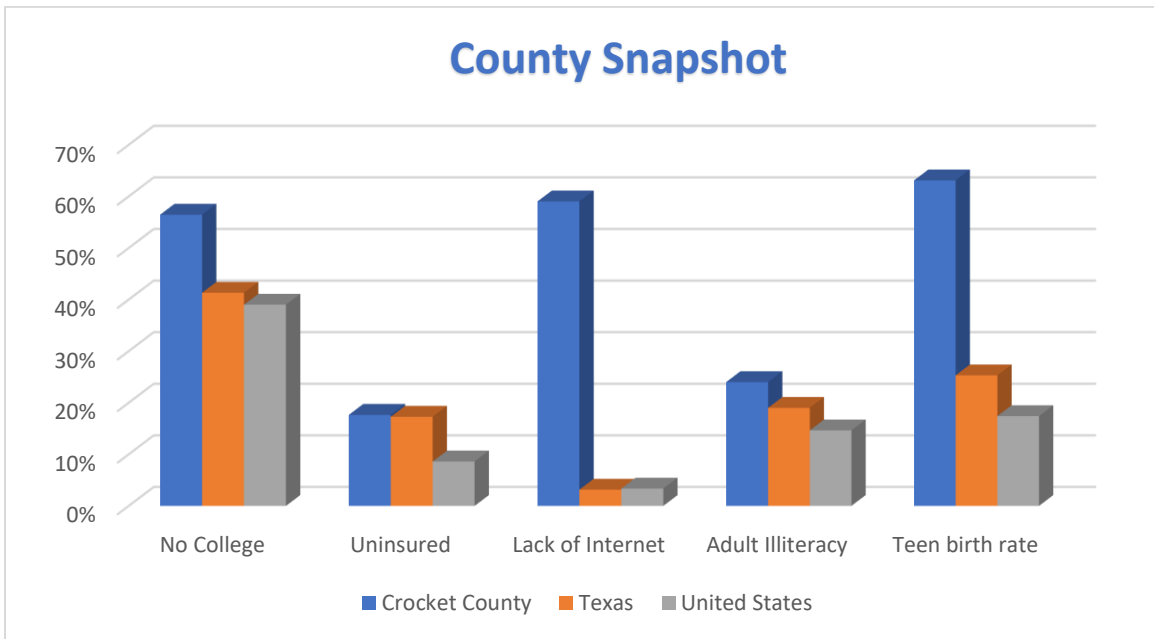
CROCKETT



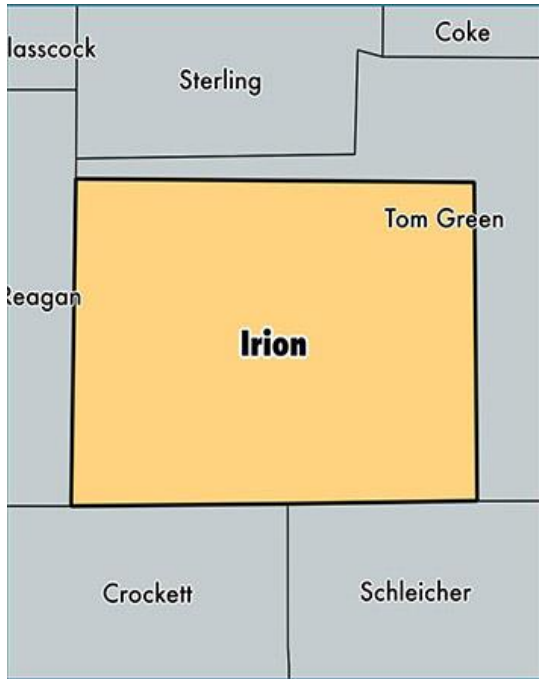
Population: 3484

Median Income: \$54,165

Total Poverty		
	476	14%
Poverty by age		
Age 0-4	53	31%
Age 5-17	112	17%
Age 18-64	240	11%
Age 65 and older	71	14%
Poverty by gender		
Female	331	19%
Male	306	19%
Poverty by race/ethnicity		
White	148	10%
Black or African American	0	0%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	489	25%
Multiple race	0	0%



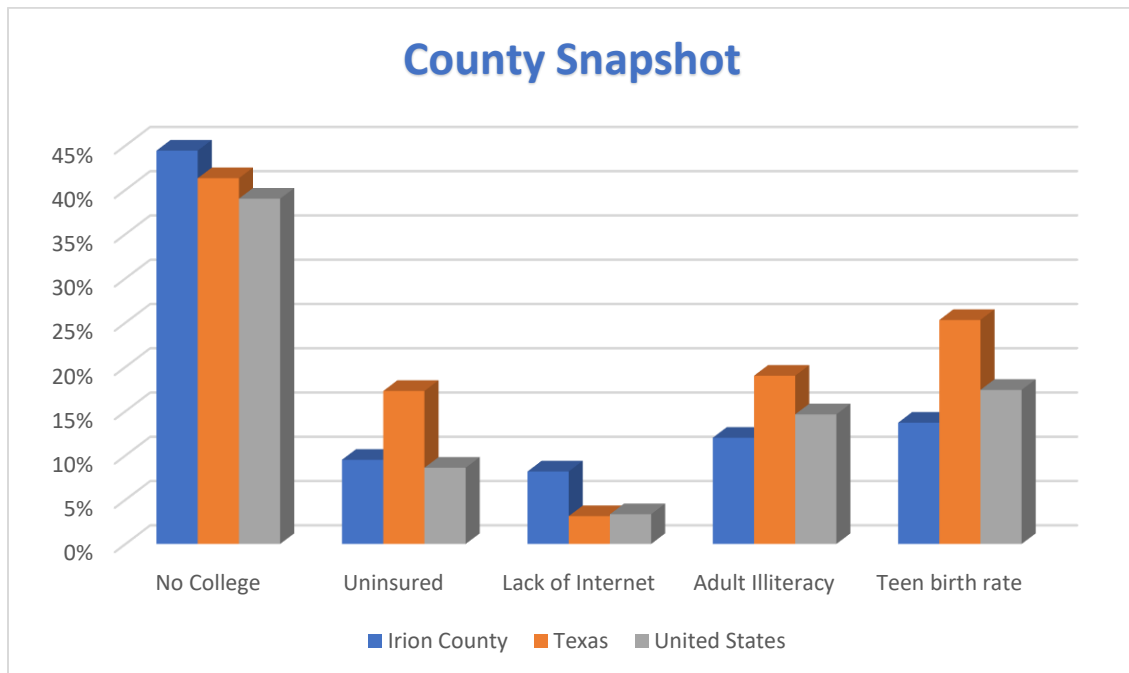
IRION



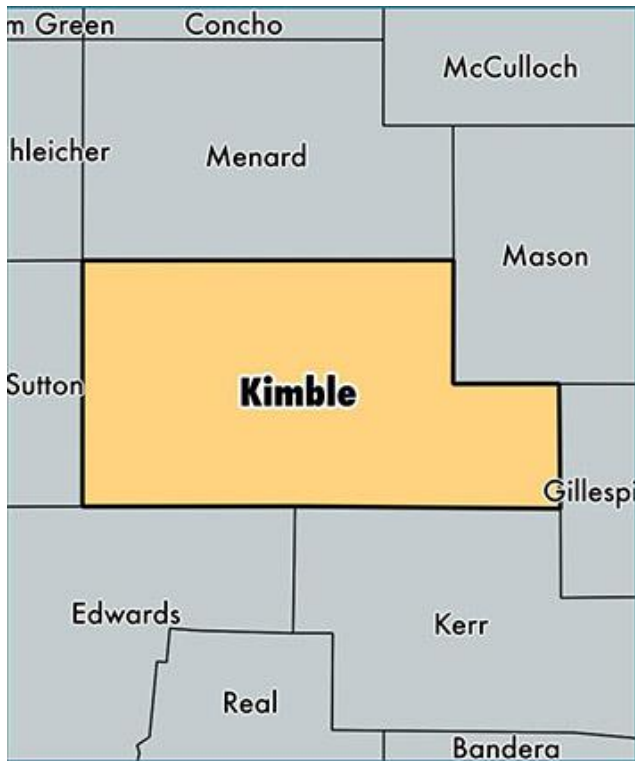
Population: 1620

Median Income: \$68,630

Total Poverty		
	114	7%
Poverty by age		
Age 0-4	10	15%
Age 5-17	21	6%
Age 18-64	75	8%
Age 65 and older	8	3%
Poverty by gender		
Female	99	13%
Male	142	17%
Poverty by race/ethnicity		
White	158	13%
Black or African American	66	100%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	17	6%
Multiple race	0	0%



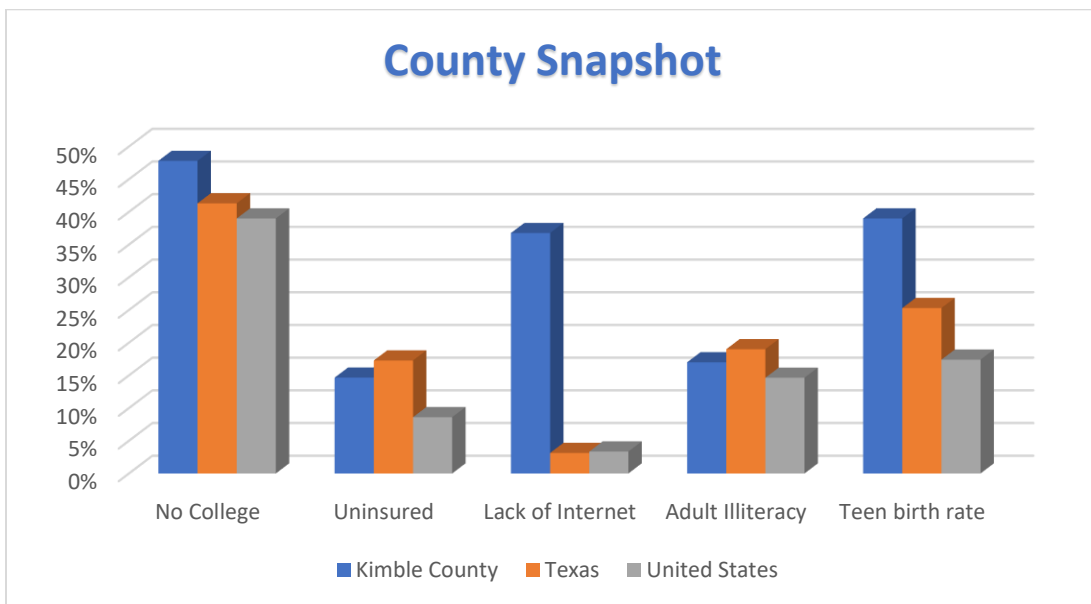
KIMBLE



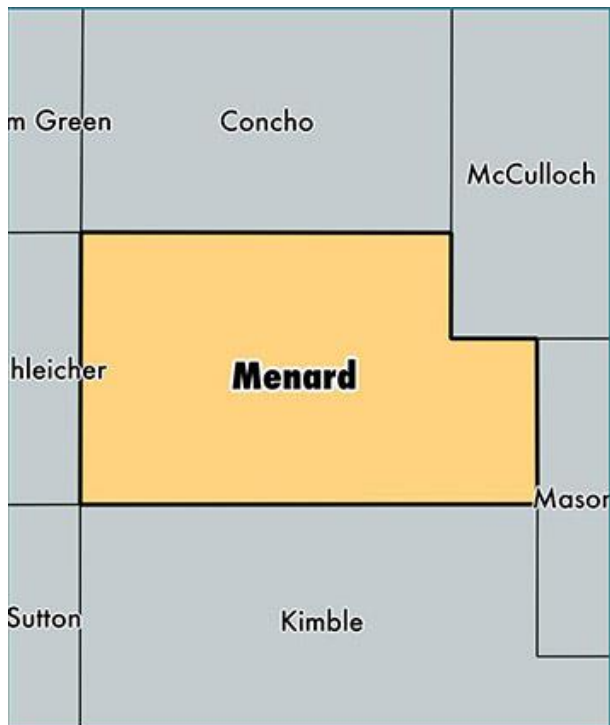
Population: 4373

Median Income: \$44,757

Total Poverty		
	730	17%
Poverty by age		
Age 0-4	73	26%
Age 5-17	179	27%
Age 18-64	357	16%
Age 65 and older	121	10%
Poverty by gender		
Female	457	21%
Male	507	24%
Poverty by race/ethnicity		
White	917	23%
Black or African American	0	0%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	35	22%
Multiple race	0	0%



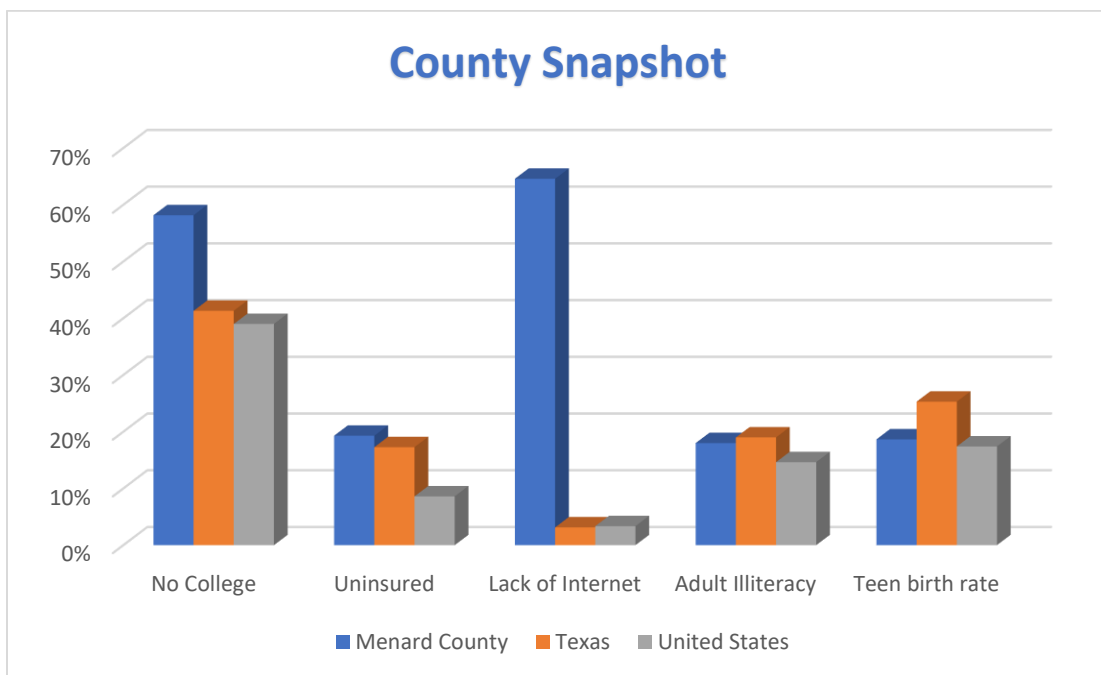
MENARD



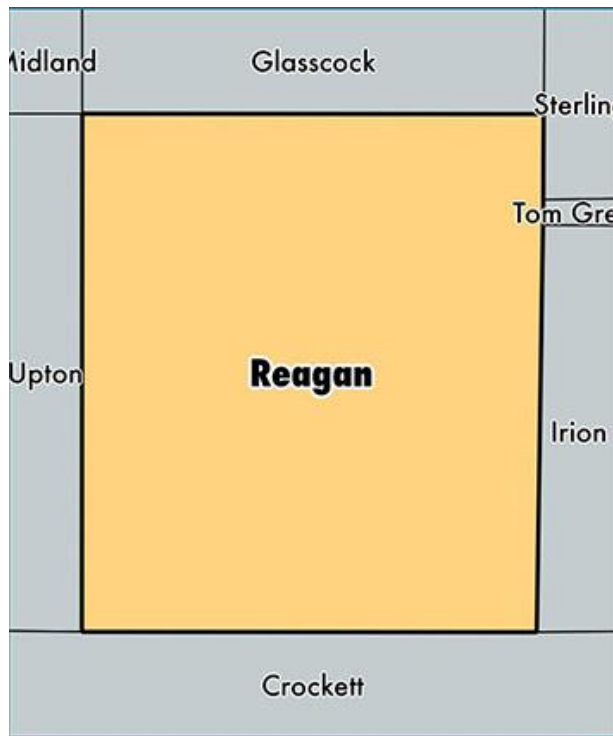
Total Poverty		
	435	21%
Poverty by age		
Age 0-4	37	100%
Age 5-17	99	39%
Age 18-64	240	20%
Age 65 and older	59	9%
Poverty by gender		
Female	169	18%
Male	107	9%
Poverty by race/ethnicity		
White	232	14%
Black or African American	0	0%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	25	11%
Multiple race	19	10%

Population: 2119

Median Income: \$38,435



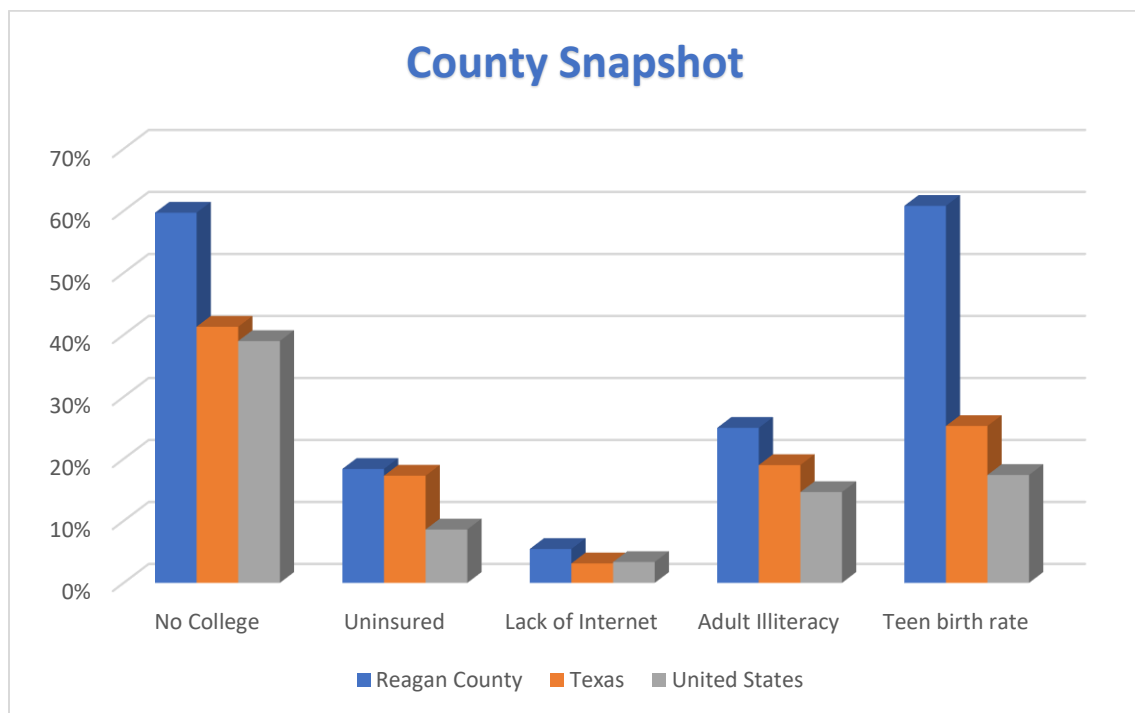
REAGAN



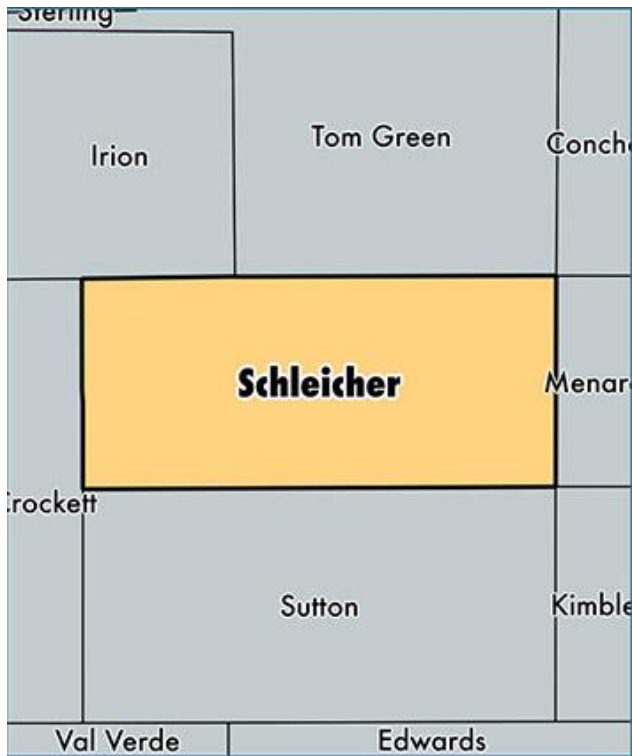
Population: 3766

Median Income: \$67,384

Total Poverty		
	340	9%
Poverty by age		
Age 0-4	38	12%
Age 5-17	97	11%
Age 18-64	197	9%
Age 65 and older	8	3%
Poverty by gender		
Female	148	8%
Male	209	11%
Poverty by race/ethnicity		
White	82	5%
Black or African American	0	0%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	275	14%
Multiple race	0	0%

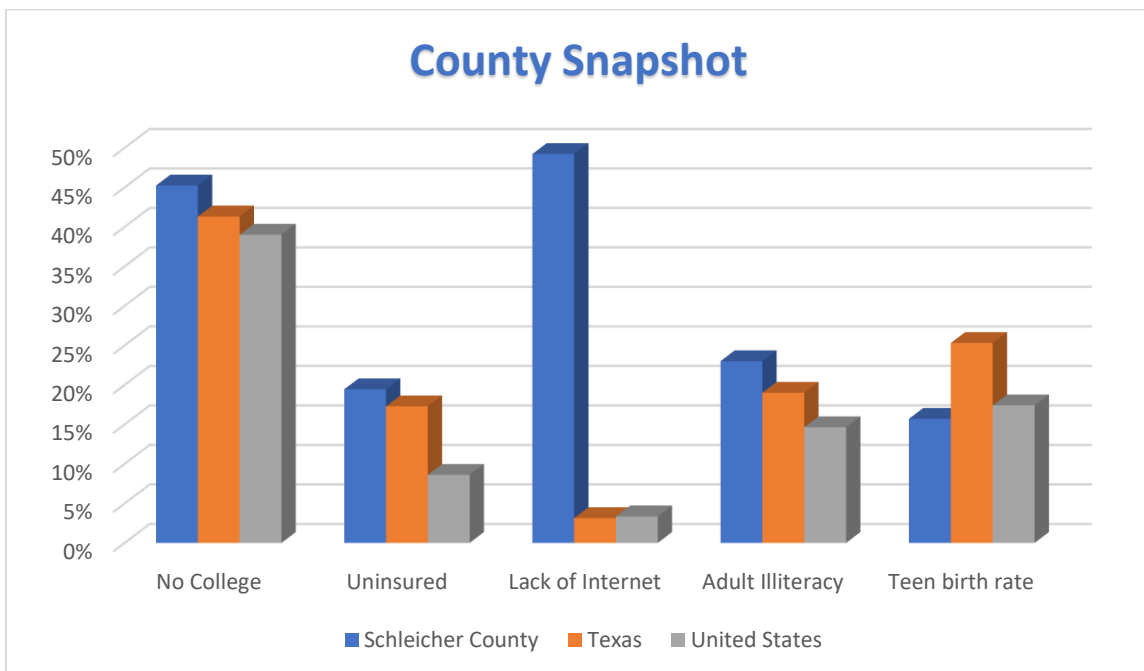


SCHLEICHER

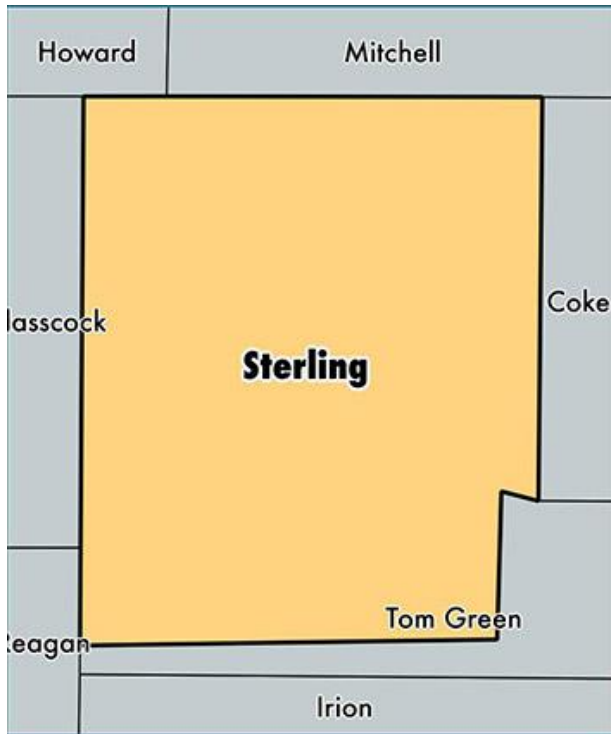


Total Poverty		
	417	15%
Poverty by age		
Age 0-4	47	22%
Age 5-17	106	19%
Age 18-64	132	8%
Age 65 and older	132	25%
Poverty by gender		
Female	259	18%
Male	208	14%
Poverty by race/ethnicity		
White	217	11%
Black or African American	8	50%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	242	22%
Multiple race	0	0%

Population: 2983
Median Income: \$53,286



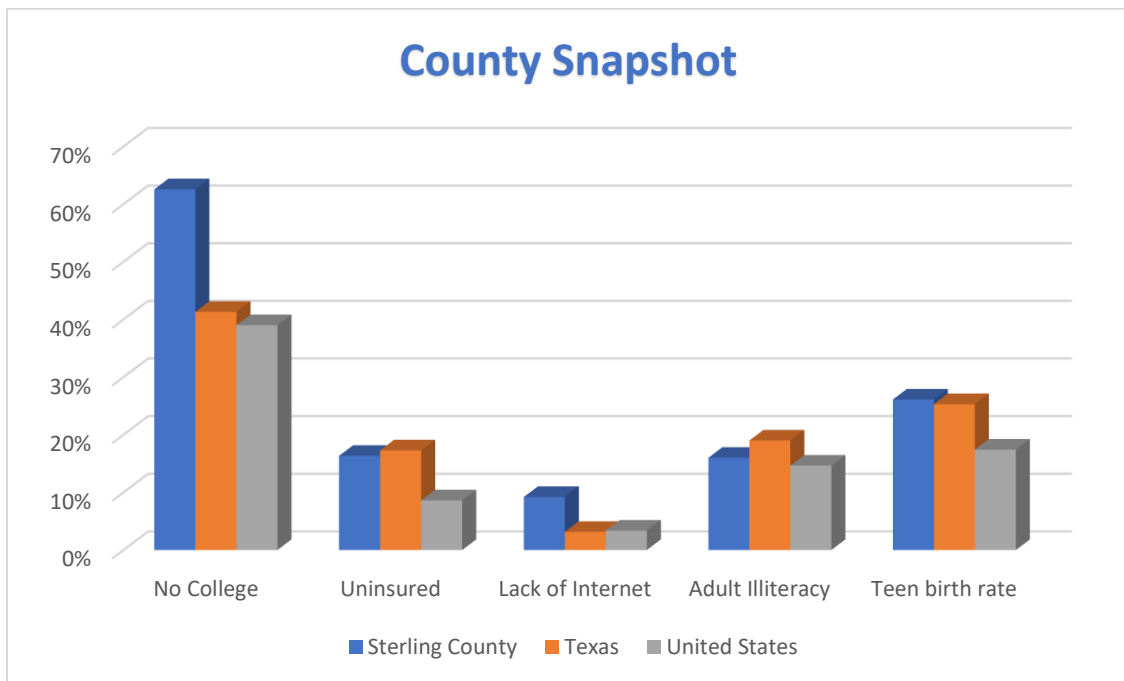
STERLING



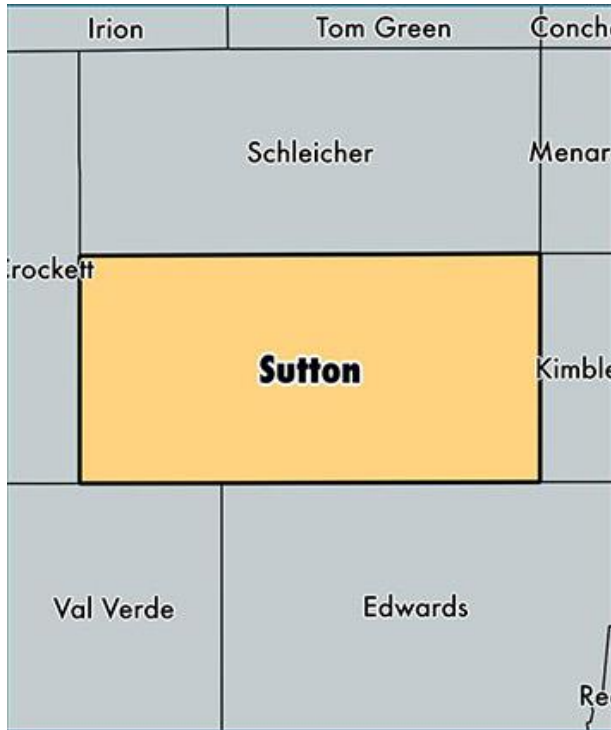
Population: 1231

Median Income: \$66,790

Total Poverty		
	134	11%
Poverty by age		
Age 0-4	14	18%
Age 5-17	33	10%
Age 18-64	73	11%
Age 65 and older	14	10%
Poverty by gender		
Female	7	1%
Male	22	3%
Poverty by race/ethnicity		
White	17	2%
Black or African American	0	0%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	12	12%
Multiple race	0	0%



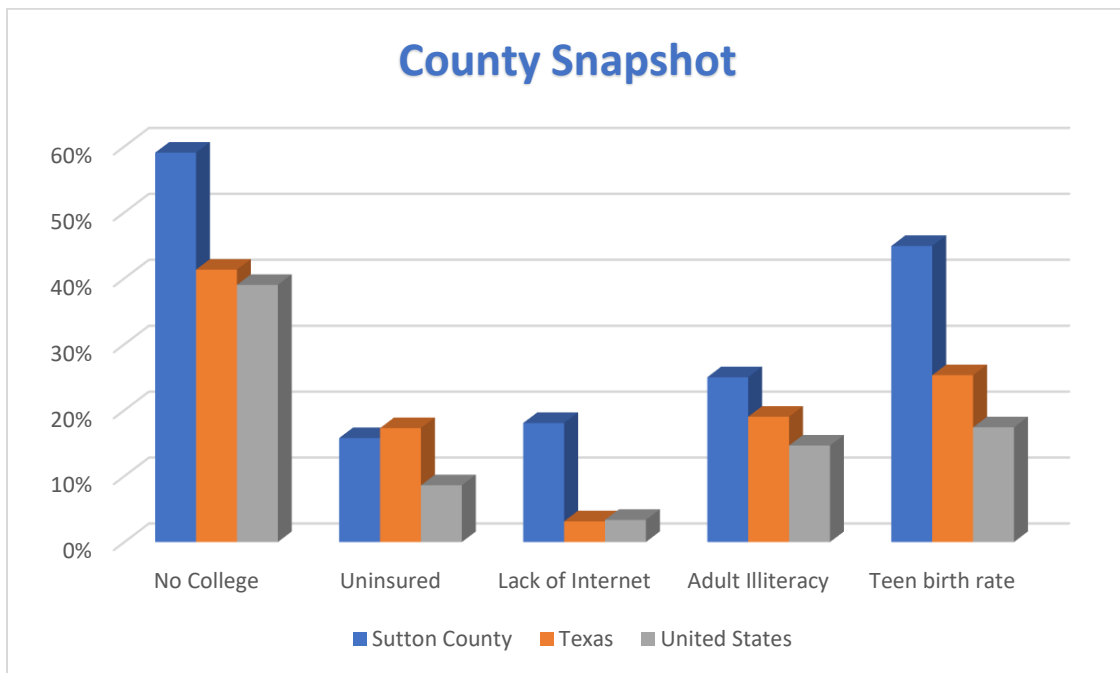
SUTTON



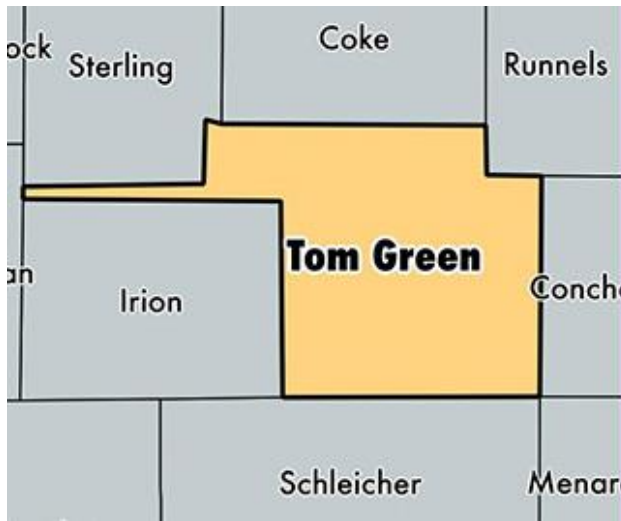
Population: 3824

Median Income: \$63,427

Total Poverty		
	494	13%
Poverty by age		
Age 0-4	47	14%
Age 5-17	110	16%
Age 18-64	255	12%
Age 65 and older	82	13%
Poverty by gender		
Female	286	16%
Male	245	12%
Poverty by race/ethnicity		
White	233	10%
Black or African American	2	67%
Native American/Alaskan	0	0%
Asian	0	0%
Native Hawaiian/Pacific	0	0%
Other race	296	21%
Multiple race	0	0%

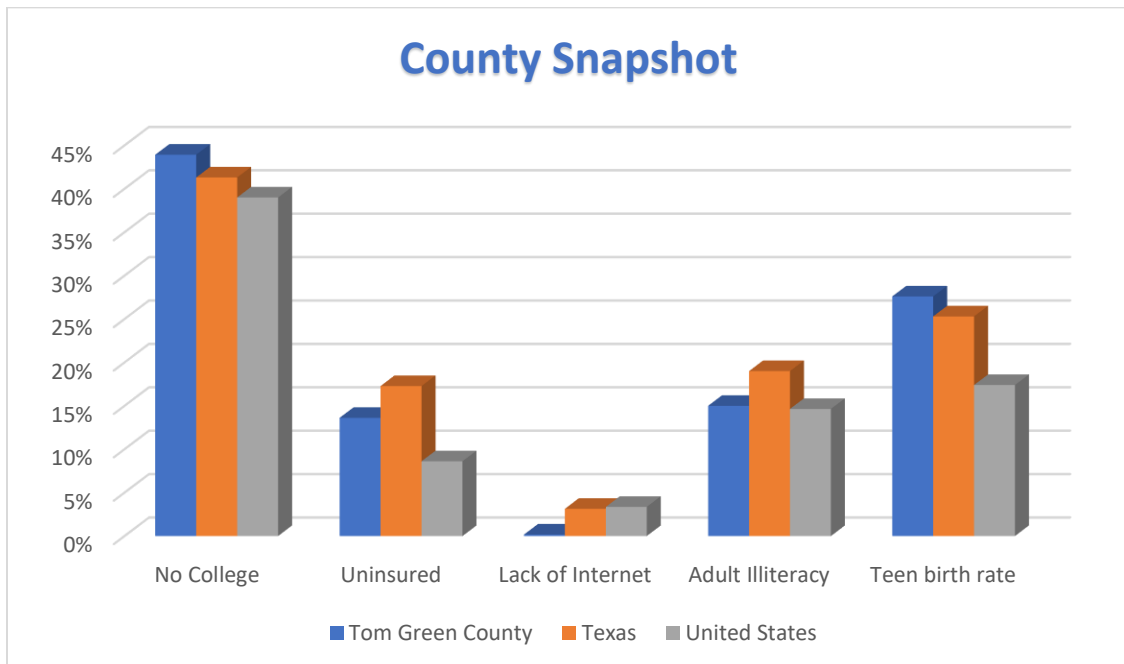


TOM GREEN



Population: 117986
Median Income: \$54,774

Total Poverty		
	14713	13%
Poverty by age		
Age 0-4	1772	22%
Age 5-17	3089	15%
Age 18-64	8195	11%
Age 65 and older	1657	10%
Poverty by gender		
Female	8845	16%
Male	6319	11%
Poverty by race/ethnicity		
White	12981	13%
Black or African American	725	14%
Native American/Alaskan	68	15%
Asian	43	3%
Native Hawaiian/Pacific	0	0%
Other race	1132	18%
Multiple race	215	9%



TIMELINE AND ACTIVITIES

To determine needs within the CVCAA SDA, the following methods and timeline were used:

Month:	Action:
February	Community Needs Assessment Team meeting ¹⁶
	Stakeholder and organization list developed
	Community needs surveys and customer satisfaction surveys sent to stakeholders
	Board Member and Community Organization interviews sent to stakeholders
March	Data Analyst hired to work with Assessment Team
	Quantitative data collected
April	Community forums and focus groups conducted
	Board forum conducted
	CAA employee focus group conducted
	CNA report compiled per TDHCA guidelines
May	CNA presented/approved by CVCAA Board of Directors
	CNA presented to TDHCA

DATA COLLECTION AND METHODOLOGIES

Collection

CVCAA attempted to collect data regarding the needs of our community from low-income clients¹⁷, residents, government officials, community partners and stakeholders. We reached out to multiple groups such as schools, churches, and individuals within the private and public sector. This was done for all the counties of our service area to make sure that every community was offered a voice.¹⁸

Surveys were made available in paper format and via an online survey through Survey Monkey. Additionally, they were provided to every individual who applied for assistance with CVCAA, and we utilized social media advertising to solicit additional input. The survey was also made available on our website. Key members of the community were contacted by mail and email. In areas

¹⁶ The Assessment Team included the Executive Director, the Community Programs Director, the CFO, and the Housing Director meeting CNA related additional element III.B

¹⁷ Organizational Standard 1.2

¹⁸ Organizational Standard 2.2

where participation was lower than expected, CVCAA employees made on-site visits to speak with residents and clients. Several members of our Board of Directors interviewed stakeholders to ensure each community in our SDA was represented.¹⁹

All surveys and interviews were developed following the guidelines provided by TDHCA. See Appendix for a full list of interview and survey questions.

County	Community Organization Interview	Elected Official/ Board Interview	Community Needs Survey		Client Satisfaction Survey	Total
			Paper	Online		
Coke	2	4	5	2	15	28
Concho	2	2	12	7	16	39
Crockett	1	2	6	2	6	17
Irion	0	1	0	2	4	7
Kimble	2	8	5	1	8	24
Menard	3	1	8	4	11	27
Reagan	3	0	4	0	6	13
Schleicher	0	2	7	2	9	20
Sterling	0	3	0	3	0	6
Sutton	3	2	12	0	8	25
Tom Green	17	6	203	98	264	588
Subtotal	33	31	262	121	347	794
Total	33	31	383		347	794

Qualitative data was also collected through several focus groups and forums held with social service organizations, board members, employees, and community partners to provide feedback on the top five needs that were identified through quantitative and qualitative research. Attendees of these sessions discussed root causes, practical solutions, and barriers to service for each of the top five needs.²⁰

Date	Method	Attendees
14-Apr-21	Forum	Concho Valley Homeless Coalition
14-Apr-21	Forum	CVCAA Board of Directors
20-Apr-21	Focus Group	St. Paul Presbyterian (Drive thru food pantry)
29-Apr-21	Focus Group	CVCAA Employees

¹⁹ Organizational Standard 3.3 Surveys & Interviews

²⁰ Organizational Standard 3.3 Community Meetings & Focus Groups

Additional demographic data was collected from various sources such as the U.S. Census Bureau and U.S. Bureau of Labor Statistics to better understand the make-up of the communities we serve.²¹

Methodologies

The top five needs for each county were tabulated using a scoring method which considered the top five needs identified by each of three stakeholder groups:

1. Clients & Residents
2. Board of Directors & Elected Officials
3. Key Community Members & Service Organizations

Each identified need was scored based on the ranking within each stakeholder group and then scores were tabulated to determine the final top five needs.

The overall top five needs for the CNA assessment area were calculated using a method that weighed the top five needs of each county by the distribution of their poverty population. This ranking was given 75% of the final tabulation, with an additional 25% allocated to the ranking provided by our focus groups. Focus group input was not taken into consideration for individual county need ranking since all forums and focus groups focused on the entire SDA.

	Population in Poverty	% of SDA Poverty Population
Coke County, TX	437	13.10%
Concho County, TX	404	15.10%
Crockett County, TX	476	13.80%
Irion County, TX	114	7.40%
Kimble County, TX	730	17.00%
Menard County, TX	435	20.70%
Reagan County, TX	340	8.90%
Schleicher County, TX	417	15.00%
Sterling County, TX	134	10.70%
Sutton County, TX	494	13.10%
Tom Green County, TX	14713	12.90%
CVCAA SDA	18,694	N/A

²¹ Organizational Standard 3.3 National Data

FINAL RANK DETERMINATION

1. Created list of each counties top five needs in ranked order.
2. For each county, each ranking was given points by order of rank (1st rank = 5 points, 2nd rank = 4 points, 3rd rank = 3 points, 2nd rank = 2 points, and 5th rank = 1 point).
3. Points for each ranking were then multiplied by the percentage of poverty population for each respective county to get a weighted score.
4. Added total weighted score of related categories across all the counties (access to affordable health and dental care, employment opportunities, education, etc.).
5. Sorted total scores of related categories from least to greatest.²²
6. Repeated step 2 for the identified needs from our focus groups.
7. Added weighted scores from county totals and the focus groups.²³

ANALYSIS OF DATA

CVCAA Strengths

CVCAA has gone through many changes in the past several years and many of them have allowed us to grow as an organization to better serve our communities.

A tremendous improvement has been an increase in the number of employees. This has provided CVCAA to reduce the workload of employees so that they can spend more time working with clients to help them in multiple areas. The increase in employees has also allowed us to expand the services we offer to go beyond just bill pay assistance.

We have massively improved our ability to assist with housing needs in our community, including a new program focused on finding housing for our homeless population. This has become such a hallmark program for us that the state often uses our TBRA program to help train new agencies. Additional employees have also allowed us to significantly expand our case management

²² Per guidance from TDHCA, one of the top five needs identified by clients was removed from the list because it is a core service already provided by CVCAA. It is likely that the prevalence of that need being selected by those surveyed is due to the number of recipients already receiving that service and linking that need to our agency.

²³ Organizational Standard 3.3 Data Analysis

program which goes beyond emergency assistance to help families on the verge of homelessness to stabilize and find a way out of poverty.

Due to changes already in the works, our agency could adapt readily when the governor closed all non-essential businesses because of the Covid-19 pandemic. We had already begun switching our appointments from in-person to phone and online. This has allowed us to stay open as a resource to our community during this trying time.

We saw a need in our organization to improve our impact in the more rural counties of our service area. To help with this, we hired an outreach specialist. She has significantly improved our social media visibility so that more residents and social service organizations are aware of who we are and what we do. She makes regular on-site visits to our rural counties, so they can receive application assistance, ask questions, and put a face to CVCAA. In just a few short months, this has dramatically increased the number of individuals we've been able to assist in our rural counties.

An improvement in our technology has also increased communication among our growing staff and provided us with much needed client resources, such as a secure document upload so they can send us confidential information without worrying about the wrong people seeing it.

CVCAA Challenges

Even with our many strengths, we recognize that there are areas of improvement for us to focus on in the coming years.

Our recent staffing growth has caused a challenge with office space, and we are maxed out on desk space with nowhere to grow. We would also like to create a resource room for clients, but don't currently have a physical place to put it. Finding a new office is one of our top priorities.

Increased staff means that communication can be an issue. We need to find ways to better communicate between programs. We also need more cross-trainings so that we can answer simple questions for clients about other programs without transferring them through the agency. Additional cross-training will also allow us to better manage all programs should key staff members need time off.

While we feel we did an excellent job of handling the pandemic, we recognize emergencies will continue to happen and we need to have a solid plan in place for how to handle different issues, especially those that might require our offices to close for extended periods of time.

As an organization, we still struggle with the daunting task of multiple applications for different programs, all of which require different information. This is especially difficult for our elderly

clients who are not computer literate and often need assistance understand application requirements.

We also recognize a need to become more familiar with other social service organizations in our community and how they might assist our clients. As an organization, we want to do more for our clients than simply provide them a list of phone numbers. Growing our partnership with other organizations in our area will allow us to provide a more seamless transition for our clients who need assistance that we currently cannot provide.

As a community, we are constantly fighting against the stigma of receiving social services. Our community is strongly conservative and there are negative biases against aid organization which can be seen as socialist in nature. This can often prevent community members from applying for assistance and from donating their time and money to our agency. We need to continue to show the good we are doing and how a hand-up to individuals in our community makes all of us stronger.

County Top Five Needs

COKE

1. Families lack safe and affordable housing. (Housing)
2. Families lack the financial resources to pay for utilities. (Housing)
3. Individuals need assistance with food. (Health and Social/Behavioral Development)
4. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
5. Community lacks jobs that pay a living wage. (Employment)

CONCHO

1. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income and Asset Building)
2. Individuals need assistance with food. (Health and Social/Behavioral Development)
3. Families lack safe and affordable housing. (Housing)
4. Families lack the financial resources to pay for utilities. (Housing)
5. Families need assistance with home energy efficiency improvements. (Housing)

CROCKETT²⁴

1. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
2. Families lack the financial resources to pay for utilities. (Housing)
3. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income and Asset Building)
4. Individuals need assistance with food. (Health and Social/Behavioral Development)
5. Families lack safe and affordable housing. (Housing)
6. Individuals need job skills to acquire employment with a living wage. (Education)

²⁴ There was a tie for the 5th place spot, so both needs were listed.

IRION²⁵

1. Families lack safe and affordable housing. (Housing)
2. Families lack the financial resources to pay for utilities. (Housing)
3. Families lack the financial resources to pay their rent or mortgage. (Housing)
4. Individuals need assistance with food. (Health and Social/Behavioral Development)
5. Community lacks jobs that pay a living wage. (Employment)

KIMBLE

1. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income and Asset Building)
2. Families lack the financial resources to pay for utilities. (Housing)
3. Families lack safe and affordable housing. (Housing)
4. Community lacks jobs that pay a living wage. (Employment)
5. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)

MENARD

1. Families lack the financial resources to pay for utilities. (Housing)
2. Families lack safe and affordable housing. (Housing)
3. Families lack the financial resources to pay their rent or mortgage. (Housing)
4. Individuals need assistance with food. (Health and Social/Behavioral Development)
5. Families need assistance with home energy efficiency improvements. (Housing)

²⁵ There was a 9-way tie for the last two needs, so those were selected based on qualitative data provided during interviews and focus groups. This did not impact the score rankings for SDA top needs.

REAGAN

1. Families lack the financial resources to pay for utilities. (Housing)
2. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
3. Individuals need assistance with food. (Health and Social/Behavioral Development)
4. Families need assistance with home energy efficiency improvements. (Housing)
5. Families lack safe and affordable housing. (Housing)

SCHLEICHER

1. Families lack the financial resources to pay for utilities. (Housing)
2. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
3. Families lack life skills which include budgeting and financial literacy. (Income & Asset Building)
4. Elderly and disabled individuals lack the financial resources and skills needed to maintain their independence. (Health and Social/Behavioral Development)
5. Individuals need access to GED classes. (Education)

STERLING²⁶

1. Families lack the financial resources to pay for utilities. (Housing)
2. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income & Asset Building)
3. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
4. Individuals lack resources to attend trade or technical school, or college. (Education)
5. Community lacks jobs that pay a living wage. (Employment)

²⁶ Needs ranked 2-5 all tied with the same weighted score. Rankings were applied based on qualitative data and did not impact the score rankings for SDA top needs.

SUTTON²⁷

1. Families lack the financial resources to pay for utilities. (Housing)
2. Individuals need assistance with food. (Health and Social/Behavioral Development)
3. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
4. Families lack the financial resources to pay their rent or mortgage. (Housing)
5. Individuals lack resources to attend trade or technical school, or college. (Education)
6. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income & Asset Building)

TOM GREEN

1. Families lack safe and affordable housing. (Housing)
2. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
3. Individuals need assistance with food. (Health and Social/Behavioral Development)
4. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income & Asset Building)
5. Community lacks jobs that pay a living wage. (Employment)

SDA TOP FIVE NEEDS

1. Families lack safe and affordable housing. (Housing)
2. Individuals lack affordable healthcare. (Health and Social/Behavioral Development)
3. Communities lack jobs that pay a living wage. (Employment)
4. Individuals need assistance with food. (Health and Social/Behavioral Development)
5. Families lack the financial resources to pay for transportation and communities lack transportation options. (Income & Asset Building)

²⁷ There was a tie for the 5th place spot, so both needs were listed.

Housing

“There are many junk properties that could be repurposed into affordable housing.”

“We need low-income housing repairs.”

“We need to find interested people to build and run government housing.”

“Our community needs transitional housing and emergency shelters.”

“I wish San Angelo would utilize the Housing First approach, but I don’t know how to make that happen.”²⁸

Housing is a growing issue in the Concho Valley across all our SDA counties. This issue is driven by economic factors, demographic developments, and geographical limitations.²⁹

One issue is the aging supply of homes. The median home age in Texas is 32, but the median age in the CVCAA SDA ranges from 38 to 53 with an average of 45. Aging homes are more difficult and expensive to maintain, a problem for our poverty population who don’t have the funds to maintain their home and can’t afford the cost of a new one. Additionally, the percent of homes without plumbing has increased (from .6% to .64%) while the percent of homes without plumbing throughout Texas has fallen drastically from .67% to .42%.

Counties in our SDA struggle with home repairs because of a lack of service providers in the area. Due to the sparse population spread across a large area, there isn’t enough business in our rural counties for plumbers, electricians, and other housing contractors to maintain operations there. And it isn’t economical for a business out of a larger county to make the trip all the way to the rural counties for a single job. One solution to this is to work with communities to set up repair days or weeks, where multiple families have work done on their homes. By organizing the timeline and creating multiple job opportunities in an abbreviated period of time, we may convince larger contractors to travel to the rural counties for those jobs.

Home repairs, even minor ones, are difficult for our elderly population. The percentage of residents aged 65 and older is 15.4% in our SDA, compared to the state percentage of 11.84%. In several counties the percentage is considerably higher (Coke: 27.88%, Kimble: 28.45%, Menard: 30.58%). These citizens often lack the physical ability or financial resources to maintain their homes. One potential solution is to research grants that may be available to help with senior home maintenance. We might also investigate working with local contractors and trade schools to provide low/no cost assistance for this vulnerable population. Howard College, a local institution, provides trade education that requires hands on lab practice in the field of study. This could be an excellent opportunity to train local residents while also helping to build up the community.³⁰

²⁸ Organizational Standard 3.3 Qualitative Data

²⁹ Organizational Standard 3.4

³⁰ Howard College http://catalog.howardcollege.edu/preview_program.php?catoid=15&poid=2507

While total number of housing units has increased from 51,429 in 2000 to 66,219 in 2019, the percent of those that are owner occupied fell from 66.65% (which was above to the state's rate of 63.8%) to 54.28% (which is now below the state's rate of 54.9%). Homeownership plays a vital role in helping to build stable communities. Besides bolstering communities' treasury through taxes, research shows the many social benefits it provides, including increased volunteerism, improved health, and less crime. Homeowners also buy more goods and use more services in their communities, further benefiting the economy.³¹

One reason for this decrease in homeownership could be artificially inflated prices. Home prices in the Concho Valley are largely tied to supply and demand as dictated by the oil industry, a major employment vector in our community. When oil prices spike, companies hire rapidly, and unoccupied homes become rare. This increases housing prices (along with rent). However, when oil prices fall, and workers move out of the community, the housing prices don't follow because of large mortgages already taken on the properties. One solution to this issue is to increase the housing supply but finding contractors to work in the area is difficult. The city of San Angelo is quickly running out of land to build.

A huge issue our community is facing is the closure of our one and only homeless shelter. San Angelo previously had a homeless shelter run by the Salvation Army. However, that shelter closed in February 2019 due to financial issues. The city of San Angelo along with the Salvation Army provides emergency shelter when overnight temperatures reach freezing levels with its "Out of the Cold" program. But that still leaves our homeless population with nowhere to go for most of the year. Another issue is that new legislation in Texas could make homelessness illegal by criminalizing public camping. CVCAA works with our homeless population providing Housing Choice Vouchers and Rent Coupons. However, the two largest rental companies in the Concho Valley refuse to work with us, significantly limiting the apartments and homes we can work with. As an organization, we need to continue to work on educating housing partners and corporations on the benefits of working with us, and how we can all work together to improve our community.

Our community does have an excellent resource in Housing Authority of San Angelo.³² They assist residents of San Angelo and surrounding counties who qualify for federal housing assistance. However, they have expressed that the often find that clients quit before finishing the application process. This can be for a number of reasons. The initial application meeting can take two-three hours, creating a hardship for those who work multiple jobs or lack childcare. Additionally, the federal requirements, eliminate anyone who has a negative rental history or owes \$500 for utility payments, which would include many individuals who have been struggling with poverty. The federal requirements also deny assistance to the entire family if just one person has been arrested for drugs or violent crimes.³³

³¹https://myhome.freddiemac.com/blog/homeownership/20180604_national_homeownership_month.page#:~:text=Homeownership%20plays%20a%20vital%20role,improved%20health%2C%20and%20less%20crime.

³² CNA related additional element III.A

³³ Housing Authority of San Angelo <http://www.sanangelopha.com/faqs/category/public-housing>

Healthcare

“There is STD testing in town, but there is a cost. We need the health department to open back up so they can reopen the program.”

“We need a doctor and pharmacy here in town.”

“There are a lot of gaps for medications.”

“Some community members don't meet qualifications for Medicaid, but don't have the income to pay costs not covered by Medicare.”³⁴

Healthcare issues in the Concho Valley can be defined by two categories: lack of insurance and lack of providers.³⁵

There are only five Federally Qualified Health Centers in the SDA and two of those are in San Angelo. This leaves those who are receiving Medicare and Medicaid with very few options for finding a doctor in their area. Additionally, 14.3% of the SDA population is uninsured. While this is lower than the state rate it is considerably higher than the national rate of 8.61%.

According to a 2016 study by the Kaiser Family Foundation, 1 in 3 Americans say they have delayed seeking medical treatments because they are worried about the cost³⁶. In the same study 69% of respondent said trying to shop around for services was difficult or very difficult. One CVCAA employee had to help a client hand write her application because she had broken her arm and couldn't afford treatment due to lack of insurance.

The political ideology of the region is one barrier to receiving more help for our uninsured communities. Free medical care is seen as a socialism and can stop progress toward helping at-risk members of our community receive the care they need.

Unfortunately, medical care is still an issue, even for those who have adequate medical insurance, because of a lack of providers. Per the chart below, all but one of the counties in our SDA have no more than 2 primary care physicians. Three counties have zero PCPs.³⁷

³⁴ Organizational Standard 3.3 Qualitative Data

³⁵ Organizational Standard 3.4

³⁶ <https://www.kff.org/wp-content/uploads/2016/01/8806-t-the-burden-of-medical-debt-results-from-the-kaiser-family-foundation-new-york-times-medical-bills-survey-topline.pdf>

³⁷ Texas Department of State Health Services <https://dshs.texas.gov/chs/hprc/tables/2020/pc20.aspx>

	2020 Total Population	2020 Primary Care Physician Total	Ratio of 2020 Population to Primary Care Physician	Ratio of Primary Care Physicians to 100,000 Population	Rank (out of 222 counties)
Coke	3,215	0	-	0	-
Concho	4,147	1	4,147.00	24.1	190
Crockett	4,040	1	4,040.00	24.8	187
Irion	1,508	0	-	0	-
Kimble	4,344	2	2,172.00	46	124
Menard	2,188	1	2,188.00	45.7	126
Reagan	4,226	2	2,113.00	47.3	118
Schleicher	3,312	1	3,312.00	30.2	169
Sterling	1,252	0	-	0	-
Sutton	4,381	2	2,190.50	45.7	127
Tom Green	123,276	126	978.4	102.2	15
Texas Total	29,677,668	22,610	1,312.60	76.2	-

The numbers are just as grim for specialized care. All eleven counties in the SDA are designated as a HPSA (Health Professional Shortage Area) in at least two of the three service categories.³⁸ Only three counties have sufficient providers, and only in the dental category. Lack of mental health providers is a huge issue with every county needing more providers across all demographics (not just the low-income population).

HPSA Needs by County

	Primary	Dental	Mental
Coke	Low Income	Low Income	Low Income
Concho	Low Income	Not HPSA	Low Income
Crockett	Low Income	High Needs	Low Income
Irion	Low Income	Low Income	Low Income
Kimble	Low Income	Not HPSA	Low Income
Menard	Low Income	Not HPSA	High Needs
Reagan	Low Income	Low Income	Low Income
Schleicher	Low Income	Low Income	Low Income
Sterling	Low Income	Low Income	Low Income
Sutton	Low Income	Low Income	Low Income
Tom Green	Low Income	Low Income	Low Income

Not HPSA	Low Income	HPSA	High Needs
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³⁸ HPSA information provided by US Health Resources & Services Administration <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

A lack of providers means residents must travel further distances to receive care, increasing the cost of care to include transportation. When the additional cost cannot be met, residents may not attempt to receive care, leading to additional health issues. With mental health, lack of care can lead to additional poverty issues such as inability to apply for/receive eligible benefits.

Unfortunately, recruiting health professionals to the region is difficult. Physicians often leave medical school with a mountain of educational debt. According to the Association of American Medical Colleges, the average medical school debt for students who graduated in 2019 was \$201,490³⁹. This makes it difficult for them to choose to practice in a rural area that offers lower pay and few comforts that a bigger city can offer. The higher cost of an education for a medical field makes a career in the oil field a more attractive offer for local college and high school graduates.

To attract more physicians and to keep the care providers we have, our medical facilities will need to consider increasing pay rates for medical employees to make them comparable to those being offered in the larger cities. As an organization, we need to continue to work with other area service organizations to help our clients apply for aid and access free care where it is available.

We also have a lack of care available to veterans. 10.14% of the SDA population over the age of 18 are veterans. This is much higher than the state population rate of 6.98% and the US rate of 7.29%. The number of veterans isn't surprising with the operation of Goodfellow Air Force Base in San Angelo. However, medical care for our veterans is sorely lacking. Despite the large population, we do not have a VA hospital in our SDA. The closest one is in Big Spring, which is a 90-minute drive from San Angelo. A VA Clinic recently opened in San Angelo, however, they are limited in the services they provide and only serve five of our SDA counties⁴⁰, leaving veterans with the same lack of service providers as the rest of the population.

³⁹ <https://www.bankrate.com/loans/student-loans/average-medical-school-debt/#:~:text=According%20to%20the%20Association%20of,graduated%20in%202019%20was%20%24201%2C490>

⁴⁰ <https://www.bigspring.va.gov/locations/sanangeloclinic.asp>

Employment

“We need to train people to work at all levels of jobs.”

“We need more living wage jobs.”

“In our rural locations, the workforce is made of low-skilled labor with low-skilled jobs.”

“There are lots of employment barriers to those with criminal background. They served their time but are not able to find jobs.”⁴¹

Like everywhere else in the US, unemployment is a huge issue in the Concho Valley. Since January 2020, unemployment rates have risen from 3.2% to 6.6%. Several counties in the SDA are still experiencing unemployment of over 10%.

These numbers only reflect official unemployment data which is defined as jobless persons who are available to take a job and have actively sought work in the past four weeks. Unemployment rates will not reflect those whose benefits have expired or those who have given up finding jobs.

If you consider individuals who have stopped looking for work (because they believe there are no jobs available to them) and those who are underemployed (forced to work part-time because that is all they could find), the unemployment rate for Texas jumps from 8.5% to 15.1% for the first quarter of 2021. This information is not available at a county level, but it's not unreasonable to assume that the Concho Valley has similar statistics.⁴²

Median household income is lower than the state median in 8 out of 11 SDA counties, with some counties falling as low as almost half the state average (Menard: \$38,425). The living wage calculation is considerably higher than the state minimum wage in every single county⁴³. Even in our SDA counties with the lowest cost of living, a single adult with no children requires a living wage 1.7 times the state minimum wage of \$7.25. Cost of Living charts are shown below.

If we compare the median household income for each county to corresponding cost of living, the lack of jobs paying a living wage is brought into the spotlight. If we assume a two-adult household with both adults working full time and two children, not a single county has a median income high enough to cover the cost of living. With Concho and Menard counties, the cost of living is so much higher than the median income that even two adults working full time with zero children still don't have a median income high enough to cover the cost of living. These calculations assume a full-time salary with zero unpaid days.⁴⁴

Due to the low state minimum wage (matching the federal rate), low-paying jobs drive down the pay for other higher skill jobs. While pay rates are excellent for those who work in the oil field

⁴¹ Organizational Standard 3.3 Qualitative Data

⁴² Data source: US Bureau of Labor Statistics <https://www.bls.gov/lau/stalt.html>

⁴³ Massachusetts Institute of Technology <https://livingwage.mit.edu/states/48/locations>

⁴⁴ Organizational Standard 3.4

industry, oil field work is very volatile and pay outside those jobs is low. Wages in the area haven't increased with cost of living, especially with the higher cost of housing.

There is also a stigma in the community against those who work jobs that are considered low-skill jobs such as those in the service industry. The mindset is that you shouldn't be able to support a family working full time in the service industry, indicating that the time of those employees is not as valuable as others.

Unfortunately, we've found that many in our community cannot access assistance because of the restrictive nature of federal requirements. Individuals make too much to receive help, but don't make enough to pay their bills, leaving them in a cycle of poverty. Many that we have worked with have left low-paying jobs or turned down advancements in their work to qualify for assistance because otherwise they can't make enough to provide for their families. This encourages community members to work "under the table" and off the official payroll, which can lead to additional trouble and workplace violations that put employees at risk.

Our goal is to get people the assistance they need to help them become closer to self-sufficiency. As an organization we need to continue to work with other area service organizations to help our clients. We also need to make the needs of our community known and encourage lawmakers to work with Texas industries to increase the minimum wage so that anyone working a full-time job can pay their bills.

Living Wage by County

	1 ADULT				
	0 Children	1 Child	2 Children	3 Children	Hourly Wage ⁴⁵
Coke	\$12.34	\$25.43	\$30.94	\$38.69	\$23.29
Concho	\$13.08	\$26.27	\$31.79	\$40.16	\$20.83
Crockett	\$12.34	\$25.43	\$30.94	\$39.08	\$26.04
Irion	\$13.00	\$27.09	\$32.61	\$41.34	\$33.00
Kimble	\$12.43	\$25.55	\$31.06	\$38.89	\$21.52
Menard	\$12.34	\$25.43	\$30.94	\$38.69	\$18.48
Reagan	\$12.71	\$25.91	\$31.43	\$39.30	\$32.40
Schleicher	\$12.47	\$25.61	\$31.12	\$39.32	\$25.62
Sterling	\$12.47	\$25.61	\$31.12	\$39.32	\$32.11
Sutton	\$12.34	\$25.43	\$30.94	\$39.08	\$30.49
Tom Green	\$13.00	\$27.09	\$32.61	\$41.34	\$26.33

⁴⁵ Based on Median Household Income and an assumed full-time work schedule of 2080 hours per year

2 ADULTS (1 WORKING)					
	0 Children	1 Child	2 Children	3 Children	Hourly Wage
Coke	\$20.42	\$24.99	\$28.39	\$29.72	\$23.29
Concho	\$21.24	\$25.84	\$29.23	\$31.18	\$20.83
Crockett	\$20.61	\$24.99	\$28.39	\$30.11	\$26.04
Irion	\$21.75	\$26.66	\$30.06	\$32.36	\$33.00
Kimble	\$20.97	\$25.11	\$28.51	\$29.92	\$21.52
Menard	\$20.61	\$24.99	\$28.39	\$29.72	\$18.48
Reagan	\$20.95	\$25.48	\$28.88	\$30.33	\$32.40
Schleicher	\$20.76	\$25.17	\$28.57	\$30.35	\$25.62
Sterling	\$20.76	\$25.17	\$28.57	\$30.35	\$32.11
Sutton	\$20.99	\$24.99	\$28.39	\$30.11	\$30.49
Tom Green	\$21.75	\$26.66	\$30.06	\$32.36	\$26.33

2 ADULTS (Both Working)					
	0 Children	1 Child	2 Children	3 Children	Hourly Wage
Coke	\$10.21	\$14.02	\$17.24	\$19.43	\$11.64
Concho	\$10.62	\$14.44	\$17.66	\$20.16	\$10.41
Crockett	\$10.31	\$14.02	\$17.24	\$19.62	\$13.02
Irion	\$10.88	\$14.85	\$18.07	\$20.75	\$16.50
Kimble	\$10.49	\$14.08	\$17.30	\$19.53	\$10.76
Menard	\$10.31	\$14.02	\$17.24	\$19.43	\$9.24
Reagan	\$10.47	\$14.26	\$17.48	\$19.73	\$16.20
Schleicher	\$10.38	\$14.11	\$17.33	\$19.74	\$12.81
Sterling	\$10.38	\$14.11	\$17.33	\$19.74	\$16.06
Sutton	\$10.50	\$14.02	\$17.24	\$19.62	\$15.25
Tom Green	\$10.88	\$14.85	\$18.07	\$20.75	\$13.17

Food

“We have food, but equitable distribution is an issue.”

“Not all food pantries are equal.”

“There is no incentive for chains to put grocery stores in rural areas.”

“Food is not a shortage. Access is the issue.”

“Resources are available, but there are too many barriers, like federal regulations, to using them.”⁴⁶

Our focus groups felt strongly that we don't have a food shortage issue so much as a food access issue in our communities.

9.2% of SDA households receive SNAP benefits which is well below the state rate of 11.77%. However, an additional 8.8% of households are below the poverty line, but don't receive benefits. One barrier to receiving aid is the difficulty in applying. Clients have described the process as burdensome and complicated.

12.7% of the population faces food insecurity, but a full 40% of the food insecure population is not eligible to receive State or Federal nutrition assistance (higher than state rate of 37%). For Schleicher county, that rate jumps to 62% and for Sutton it's even higher at 67%. Many clients face the issue of making too much to qualify for aid.

In Texas, the maximum income allowed to qualify for SNAP is not dependent on location, so the same requirements are spread across a state with an array of metropolitan and rural areas and a vast population. An individual cannot make more than just over \$21K⁴⁷ which equates to \$10.13/hr. for a full-time employee. However, that is well below the cost of living for a single individual with no children. Individuals without children are also limited to only three months of assistance. Considering the time and effort needed to apply, some consider it not worth their time. Our staff also noted that it's common for applicants to be declined their first several times applying to aid which can take a mental and emotional toll on those who are already struggling. Additionally, the application process is entirely online which discourages use by the elderly and those with mental limitations.

39% of the SDA low-income population faces low food access (defined as living more than ½ mile away from the nearest supermarket). This is well above the State rate of 24.6%. For some counties, the rate is much higher (Irion: 90.13%, Coke: 88.4%, Sterling: 100%). This increases the cost of food as families now need to pay for transportation to a supermarket or pay a premium price for the same items available at gas stations or convenience stores.

⁴⁶ Organizational Standard 3.3 Qualitative Data

⁴⁷ Source: Texas Health and Human Services <https://hhs.texas.gov/services/food/snap-food-benefits>

Report Area	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
SDA	58,273	23,304	39.99%
Coke	1,353	1,196	88.40%
Concho	2,009	434	21.60%
Crockett	1,459	79	5.41%
Irion	476	429	90.13%
Kimble	1,823	339	18.60%
Menard	1,046	154	14.72%
Reagan	1,587	74	4.66%
Schleicher	1,683	177	10.52%
Sterling	540	540	100.00%
Sutton	1,761	536	30.44%
Tom Green	44,536	19,346	43.44%
Texas	9,769,662	2,403,416	24.60%
United States	106,758,543	20,221,368	18.94%

While there are food banks and distribution programs, these are largely based in San Angelo, making it difficult for the food insecure in our rural counties to receive assistance. While some food distribution sites provide an abundant supply of groceries, some have long lines with not much to provide. This creates discouragement among the food insecure to solicit help from other resources.

A lack of grocery stores is a huge issue in our community. Even within the largest city, San Angelo, the two HEB stores are both located in the south side of town, while the north side has only smaller grocery stores and convenient stores, which often charge higher prices. In many of our rural communities, there are not any grocery stores, forcing residents to drive large distances to get to a grocery store or pay higher prices at a convenient store. This also can create an issue with getting proper nutrients since most convenient stores lack fresh fruits and vegetables.⁴⁸

Unfortunately, the sparse population spread across a large geographic region is not seen as a viable retail option for most grocery store chains. The lack of customers paired with a higher cost of transporting goods to a rural area has kept large grocers out of our rural communities.

⁴⁸ Organizational Standard 3.4

Transportation

“Transportation to offices is a barrier to receiving aid.”

“Our rural location is a huge barrier.”

“There are a lot of gaps in transportation.”

“One barrier is the travel distance to check into services.”

“We need ride share services to the bigger cities.”⁴⁹

The SDA area for the Concho Valley totals 14,340 square miles spread out across 11 counties. Only one Public Transportation system (Concho Valley Transit District) services this entire area.⁵⁰ Rural transportation (outside of San Angelo) is provided to 12 counties, but only uses 37 vehicles. While transportation in our rural counties is free, using the services requires a minimum of twenty-four hours of notice to make a reservation. There are no existing rural routes running on a regular schedule.⁵¹

Concho Valley Transit provides seven urban bus routes within the city of San Angelo Monday–Saturday, running from 6:30am–7:30pm (7:30am on Saturday). A free service is provided for those who meet ADA eligibility requirements, but riders must pre-apply for this benefit.

While these routes are posted online, they are difficult to read and transfer stops are not marked on the routes. Routes are not posted at stops, meaning a rider will need to have a predetermined route before boarding and may need to switch busses multiple times to get from one side of the city to the other. Depending on route times, this may mean that a simple trip that might take just a few minutes by car, could take several hours by bus. Most bus stops are little more than a road sign, meaning that riders are open to the elements while waiting for their bus, even though CVTD recommends being at the stop at least 5-8 minutes early.⁵² Additionally, limited hours means those that work weekends or shifts that extend beyond normal first shift hours can’t use public transportation to get to and from work.

Transportation is the second largest household expense in the US, driven mostly by the cost of vehicles, fuel and insurance.⁵³ This makes a reliable transit system even more important for low-income families. Even within the city of San Angelo, there is a lack of sidewalks and bike lanes, making walking and biking a dangerous alternative.

A lack of transportation impacts multiple other needs in our community. Lack of transportation makes it difficult to access medical care in the rural counties where these services are often not available. Due to a lack of health care providers in the rural areas, residents may need to travel

⁴⁹ Organizational Standard 3.3 Qualitative Data

⁵⁰ Data from the American Public Transportation Association <https://www.apta.com/research-technical-resources/public-transportation-links/texas/>

⁵¹ Organizational Standard 3.4

⁵² Data source: Concho Valley Transit <http://www.cvttd.org/services-classic.html#fixedroute>

⁵³ Data source: US Bureau of Labor Statistics <https://www.bls.gov/news.release/cesan.nr0.htm>

outside the area to receive specialized care, but transportation is not easily available forcing residents to pay for an expensive Uber or taxi service to see the doctor.

The same lack of transportation makes our food scarcity issue even greater. With a lack of grocery stores available, especially in our rural districts, residents need a reliable source of transportation to access food. However, even a simple trip to the grocery store requires an advanced reservation.

Transportation is even more of an issue for employment. To ride the bus from the north side of San Angelo by the coliseum (an area with a large low-income population) to Angelo State University (a major employer in the area) it will take you about forty minutes and requires a bus transfer. The drive time for the same trip is only fifteen minutes. Long bus routes not only add extra hours to someone's workday, but it can also increase the cost of childcare. Lack of rural transportation makes getting a job in the city nearly impossible for the poverty population in our rural counties.

The bus routes as they are currently, are difficult to navigate with only one transfer location available to all seven lines (an additional transfer location is available between two of the lines) and the current online platform doesn't provide riders with a straightforward way to map out their trip, making the use of public transportation even more difficult for ESL residents and those with cognitive disabilities.

Unfortunately, the Concho Valley transportation hasn't kept pace with the growth of the area. One reason for this is a lack of CDL drivers. Due to low pay, those with a CDL are much more likely to work for a company in the oil field industry or a larger industry. More routes are needed to shorten the length of ride times, however, in order afford more busses and drivers, we need more riders. It is a "which comes first?" predicament which requires the city to invest in infrastructure, an area that is sorely lacking in our community.

Besides the difficulty of routes, low rider numbers can also be because of the stigma of public transportation in rural areas. Unlike major cities where public transportation is commonly used and accessed, riding the bus in rural areas like the Concho Valley as seen as something only for those in poverty. Lack of transportation is largely an invisible problem. While members of the community can see homelessness with people camping out under bridges or hunger with lines at the food bank, we don't see long commute times or lack of transportation. Because the need is not as visible, it is harder to obtain grants and funding needed to alleviate the problem.

CONCLUSION

“There are many in this community that simply don’t have the experience or expectation that they shouldn’t have to live in destitution.”

CVCAA has grown exponentially in the past several years and we plan to continue that growth as much as possible to better serve our community. We recognize that poverty in our SDA (and across the state) is not because of any one issue. We also received the message loud and clear that the members of our community still need help, though they may not know help is available or where to find it. Our agency is committed to becoming an organization that says “yes”.

Over the past few years, we have worked hard to gain a reputation in the community as people who truly want to help others, and we plan to continue on that path. We are focusing on ways we can continue to improve our current programs, expand into new ways we can help, and better understand the other service organizations in our community so we can be a better resource to our clients.

We understand that there are multiple conditions and causes of poverty that overlap and impact each other. Because of this, there isn’t a single silver-bullet fix that can “solve” the poverty equation. We are committed to a “silver buckshot” approach to continue helping our clients and our community in the best ways we can.

APPENDIX

Community Survey



Concho Valley Community Action Agency

36 E. Twohig, Ste. B2
San Angelo, TX 76903

www.cvcaa.org

phone - 325-653-2411 fax - 325-658-3147



Community Needs Survey for Residents				
Concho Valley Community Action Agency would like your input to better serve you.				
City and County where you live:				
	Local Official	Client	Volunteer	Board Member
	Other:			
Please check the box if you feel your community is in need of that service.				
Category	Needs	Select your needs here		
<i>Employment</i>	Help finding a job with a living wage			
	Help obtaining increased job skills, job training in order to earn better wages			
<i>Education</i>	GED classes			
	English as a Second Language Classes			
	Adult Education or Night School			
	Computer Skills Training			
	Assistance to attend trade or technical school, or college			
	Education programs for children to gain literacy skills and obtain school readiness skills			
<i>Income & Asset Building</i>	Childcare so that parent can attend school			
	Assistance with goals and self-sufficiency			
	Financial Education/Budgeting Classes/Credit Counseling			
<i>Housing</i>	Help with applying for Social Security, SSDI, WIC, TANF, etc.			
	Assistance with safe temporary shelter for homeless persons			

	Affordable Housing		
	Help paying rent or mortgage		
	Help with utility bills		
	Help to make my home more energy efficient (weatherization)		
<i>Health and Social/ Behavioral Development</i>	Nutrition Education/Healthy Eating Education workshops		
	Assistance with major health conditions in your area (i.e., diabetes)		
	Mental and Behavioral Health Counseling or Classes		
	Programs and Activities for Seniors		
	Assistance for elderly and disabled and persons with chronic health conditions to maintain independence		
	Programs and activities to prevent criminal recidivism for youth and adults		
<i>Page 1 of 2</i>			
<i>Civic Engagement & Community Involvement</i>	Programs, activities, workshops on leadership skills, community involvement		
	Activities and or programs to improve social networks and ability to engage (ex: voter education, citizenship classes, volunteer training, etc.)		
	Community Revitalization (such as neighborhood clean-up projects, crime prevention, recreational areas, etc.)		
<i>Emergency Assistance</i>	Prescription Assistance		
	Health Insurance/Medical Care		
	Food		
	Transportation		
	Help finding resources in the community		
	Child Care Assistance		

Helping People, Changing Lives
Thank you for taking time to provide us your feedback.

Key Stakeholder Survey



Concho Valley Community Action Agency

36 E. Twohig, Ste. B2
San Angelo, TX 76903
www.cvcaa.org

phone - 325-653-2411 fax - 325-658-3147



Elected Officials and Board Members Survey

Date: _____

Name of Elected Official/Board Member: _____

City or County Represented: _____

Concho Valley Community Action Agency is conducting a Community Needs Assessment as part of the requirements to receive Community Services Block Grant funds from the Texas Department of Housing and Community Affairs. As part of the survey, we are interviewing key stakeholders in the community.

1. What do you know about our Community Action Agency and the services we provide that help address needs of low-income persons?

2. What do you think are the top five key needs of low-income persons in your community?

1) _____

2) _____

3) _____

4) _____

5) _____

- 3. What suggestions can you provide on how the needs could be addressed?**
- 4. What do you think are some key community revitalization needs?**
- 5. How do you think our community can address the identified community revitalization needs?**
- 6. What do you think are some of the gaps or barriers to services in the community and do you have any suggestions related to this?**
- 7. Do you have any other feedback?**

Helping people, Changing Lives
Thank you for taking the time to provide us your feedback.

Community Organization Interview



Concho Valley Community Action Agency

36 E. Twohig, Ste. B2
San Angelo, TX 76903

www.cvcaa.org

phone - 325-653-2411

fax - 325-658-3147



Community Organization Interview	
Date:	
Organization:	
Name of Representative for Organization:	
City and County Organization is Located:	
<p>Concho Valley Community Action Agency is conducting a Community Needs Assessment as part of the requirements to receive Community Services Block Grant funds from the Texas Department of Housing and Community Affairs. As part of the survey, we are interviewing key stakeholders in the community.</p>	
1. What do you know about our Community Action Agency and the services we provide that help address needs of low-income persons?	
2. What do you think are the top five key needs of low-income persons in the community?	
1)	
2)	
3)	
4)	
5)	
3. Is your organization currently addressing any of the needs that you identified? If yes, please specify which are being addressed and how?	
4. How can our agency partner with your organization to address the needs that you identified?	
5. What do you think are some of the gaps or barriers to services in the community and do you have any suggestions related to this?	
6. Do you have any other feedback?	