



Community Assessment 2019

EARLY CHILDHOOD SERVICES

May 2020

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Introduction

Every three years, Action for a Better Community, Inc. (ABC) conducts a comprehensive analysis of the state of our community and a special analysis for its Early Childhood Services Division (as required by the federal government). The purpose of this analysis is to ensure that Action for a Better Community is most effectively fulfilling its mission:

Action for a Better Community is a community action agency that promotes and provides opportunities for low income individuals and families to become self-sufficient.

ABC utilizes this comprehensive assessment to identify the types of skills, knowledge and opportunities that are most in need in the community. These priorities form the basis of ABC's strategic plan and guide the agency's activities and planning for the period 2017-2021.

ABC's Planning and Evaluation (P&E) Department would like to express appreciation to Mattie Thurman for assisting with data collection and summary. P&E would also like to thank Betty Penn for completing the Early Childhood Services assessment. Additionally, special thanks to the stakeholders, who provided invaluable input as a participant. It was through our conversations with Board members, customers, staff and community leaders that we were able to assemble a number of important insights into where we are as a community and what steps we need to take together to fulfill the promise of community action:

“Community action changes people’s lives, embodies the spirit of hope, improves communities and makes America a better place to live. We care about the entire community and we are dedicated to helping people help themselves and each other.”

Methodology

In mid-year of 2019, the Planning and Evaluation Department staff mapped out plans to complete the 2019 community assessment. The plan included collecting quantitative data and qualitative data through administering surveys and/or focus groups with various stakeholder groups – ABC staff, ABC Board, Head Start Policy Council, delegate agencies and their partners, ABC partners, ABC customers and community residents.

Quantitative and qualitative data was collected throughout the remainder of 2019 and the early part of 2020. Quantitative data was collected through a variety of source, including, but not limited to: governmental sources (e.g. U.S. Census Bureau, Department of Health, NYS Division of Criminal Justice, NYS Education Department, Office of Temporary and Disability Assistance the NYS Department of Labor and city and county websites), local sources (e.g. Act Rochester, Finger Lakes Health Systems Agency), internal sources (e.g. Head Start/Early Head Start Program Information Report) and other pertinent sources (e.g. Corporation for National and Community Service, Pew Research Center and Kid's Well-Being Clearinghouse). See stakeholder feedback chapter for more information in regards to qualitative data collection.

Planning and Evaluation Department staff compiled quantitative and qualitative data into a report in the early part of 2020. The report was presented to the Planning and Evaluation Committee and ABC Board of Directors in May 2020 and will be presented to the Head Start Policy Council in June 2020.

The 2019 Community Assessment Executive Summary will be posted on the agency's website.

Executive Summary

Every three years, Action for a Better Community, Inc. (ABC) conducts a comprehensive analysis of the state of our community and a special analysis for its Early Childhood Services Division (as required by Head Start Performance Standards as well as Community Services Block Grant legislation). The purpose of this analysis is to provide Action for a Better Community and its community stakeholders with information to most effectively target agency resources and program services in ways that most effectively fulfill the agency's mission. In the intervening years, a community assessment update is completed primarily consisting of new data highlighting significant changes that have occurred since completing the most recent comprehensive assessment. This report is the 2019 (comprehensive) community assessment. Key community findings relevant to Head Start/Early Head Start are highlighted.

Chapter 1: Head Start/Early Head Start Program and Customers

-During the 2018-2019 school year, cumulative enrollment stood at 949 for Head Start and 318 for Early Head Start. The number is higher than the number of funded slots due to children transitioning in and out of the program.

-Head Start/Early Head Start currently has a wait list of 28 children for Head Start and 70 children for Early Head Start.

A Profile of Head Start/Early Head Start Customers in 2018-2019, according to the Program Information Report or PIR:

-The majority of children (81.6%) were African American. Over 15% of children spoke a language other than English.

-Among children served, less than 1% of children were foster care children and less than 10% of children were experiencing homelessness.

-Seventeen percent of Head Start children and 12% of Early Head start children with a non-categorical/development delay was served.

-Parents with a High School diploma or equivalent made up three-fourths of families served.

- Children in Head Start and Early Head Start were more likely to have an ongoing source of medical care than dental care. All Head Start children and 92% of Early Head Start children had some type of health insurance. A similar percentage was found in regards to having an ongoing source of medical care. In regards to dental care, 99% and 88% respectively had such care.

-Children in Head Start/Early Head Start had up-to-date immunizations.

-Less than 10% of children were provided mental health consultation.

-There were 27.9% of children who were overweight or obese, and 7% were underweight.

-Slightly over 10% of two-parent households had both parents employed. Over 40% of single parent households had an employed parent. More parents in a single parent household than a two-parent household were enrolled in job training.

-The top three most requested assistance needed by parents were: emergency/crisis intervention, health education and parenting education.

Chapter 2: Head Start/Early Head Start Eligible Children

-The total number of estimated children eligible for Head Start/Early Head Start in Monroe County is between 2,006-3,016 for the city of Rochester and 1,012-1,172 for suburban areas of the county.

-A total of 3,841 child development programs serve Head Start/Early Head Start eligible children.

Chapter 2: Head Start/Early Head Start Eligible Children cont.

- The total number of children enrolled in Monroe County's Universal Pre-Kindergarten (UPK) program is 4,416: 1,364 are in a half-day program and 3,052 are in a full-day program.
- There is a shortage of childcare options for children less than 3 years old and homebase slots for children under age 2 are limited. Program closures, reduced slot availability and staff turnover have contributed to this finding, according to The Children's Agenda (TCA) 2019 report, "Declining Child Care Options for Young Children.
- The TCA 2019 report further noted that expansion of Universal Pre-Kindergarten (UPK) to serve all children three and four-year old in Rochester may have impacted family and family and group provider to reduce infant and toddler care.

Chapter 3: Demographic Overview

- Monroe County shows very stable population characteristics – there have been only very slight changes in its demographic profile.
- Typical family structure in the city differs from local, state and national patterns: Rochester has half the rate of married couple families and 2x the rate of single female-headed households.
- The suburban non-white population continues to grow quickly: in 1990 no Monroe County town had a non-white population greater than 11%; in 2010, 6 towns have non-white populations greater than 10%. By 2018, the percentage rose to 10 towns.
- The foreign-born non-citizen population of Monroe County is relatively small (28,005), and it is isolated by language and higher rates of poverty.

Chapter 4: Individuals/Families in Poverty

According to the 2013-2017 American Community Survey:

- Poverty was highest in the city of Rochester – at 33.1%, it was at least double the majority of other geographic areas. The city's family poverty rate of 29.6% was also twice the rate or more of all other areas.
- Outside the city of Rochester, the top 5 areas within Monroe County with the highest poverty rates were: Sweden (18.5%), East Rochester (15.0%), Wheatland (13.5%), Henrietta (13.0%) and Brighton (10.8%).
- Whites are less likely to be in poverty than non-whites. For Monroe County, 9.7% of whites, 34.8% of African Americans, 17.6% of Asians, 37.4% of American Indian/Alaskan Native, 14.8% of Native Hawaiian and Other Pacific Islander and 35.2% of those classifying themselves as "some other race" were living below the federal poverty level. There were 33.5% Hispanic/Latinos living in poverty.

Chapter 4: Individuals/Families in Poverty cont.

- Female-headed households are more likely to be in poverty than any other family type: 31.9% of female-headed households, 12.4% of male-headed households and 3.6% of married-couple households resided below the federal poverty level within Monroe County. For the city of Rochester, the breakdown was: 46.4% female-headed, 23.6% male-headed and 29.6% married-couple households.
- Children are more likely to be in poverty than the general population. Among children under age 18, nearly a quarter of county and city children lived below the poverty level. In the city, about half of the children under age 5 resided in poverty.
- There were 26.0% of individuals with disabilities in the county and 45.3% individuals with disabilities in the city living below the federal poverty level.
- About 1 in 5 individuals living below the federal poverty level at the national, state and local levels worked either full-time or part-time/part year, however for the city, it was nearly 40.0%.
- The lower an individual's educational level, the more likely he/she is living in poverty.

Chapter 5: Income and Assets

- According to the 2013-2017 American Community Survey, the city of Rochester's per capita, median household and family incomes continued to lag behind incomes for the nation, state, region and county.
- Data on the working poor indicate that education and a full-time job are important to reducing a person's likelihood of becoming poor.
- A household with an adult and one infant in Monroe County needs a minimum annual income of \$48,857 to meet its basic needs, according to the New York Self-Sufficiency Standard for 2020, a tool created by the Center for Women's Welfare, University of Washington. This amount is more than two times the official poverty measure which is \$16,910 for a household of two.

Chapter 6: Employment and Economic Opportunity

- Peaking in 2009, the unemployment rate has been slowly declining in recent years for the nation, state, region and local levels. In 2019, the unemployment rate for the city was at 5.9% while all other areas had a rate around 4.0%.
- Over the last five years, Monroe county received funding to address training and/or employment needs of the community such as MCC America's Promise, Ladderz Up, ROC Health Profession Opportunity Grants (HPOG) and Strengthening Working Families Initiative (SWFI). Impact of these programs on the community overall will be explored in 2020, as many of these programs will be ending sometime in that year.

Chapter 6: Employment and Economic Opportunity cont.

-In 2017-2018, the Pay Equity Coalition of Greater Rochester was formed to address pay equity issues. Several rallies/press conferences have occurred since its formation to bring attention to the issues. The coalition has also helped promote two NYS laws that recently passed: (1) ban salary history inquiries and (2) equal pay for substantially similar work.

-From 2009-2019, the only areas to experience a substantial change in Rochester MSA were: the education/health services sector (jobs increased by 24.1%), professional/business services (jobs increased by 9.6%), leisure and hospitality (jobs increased by 6.5%) and manufacturing (jobs declined by 6.2%).

Chapter 7: Transportation

-In 2013-2017, individuals with low incomes were less likely to own a vehicle – for most census tracts with poverty rates over 49.0%, a large percentage of workers travelled to work through means other than driving themselves.

-Having limited or unreliable transportation has often created such issues as missed job opportunities as well as challenges in tending to personal needs --- doctor's appointment or grocery store, or participating in social activities. A vanpool program, piloted by the City of Rochester in 2016-2017 was deemed successful and thereafter taken over by Enterprise car rental. It is available to help workers and residents who need transportation to commute to their workplace and/or other places.

-For the last few years, RGRTA established an advisory group consisting of key members from the community to provide input and support to its Reimagine RTS project--- redesigning of the public transit system. Implementation has occurred in phases, with full launching to occur in the summer of 2020. The impact of the project will be followed and project status will be reported in the next community assessment.

Chapter 8: Education

-Among adults age 25 or older, rates of educational attainment are lower in the city compared to Monroe County, NYS and the US. As one's educational level increases or poverty level decreases, the less likely he/she will be unemployed.

-In 2019, less than half of the county's 3rd grade students met or exceeded the standard in English Language Arts, while almost half met or exceeded on grade 3 Math exam. A similar pattern was found for 8th grade students.

-In the 2018-2019 school year, 7,148 (85.0%) of county students and 1,315 (63.0%) of RCSD students graduated from high school.

Chapter 8: Education cont.

-There is insufficient availability of adult educational resources --- High School Equivalency (HSE) programs do not have the capacity to meet demand, serve limited populations and/or under limited circumstances (e.g. locations, times, etc.). Very few programs serve adult learners (25+).

Chapter 9: Individuals with Disabilities

-Rates of all disabilities are higher for the city of Rochester: overall rate of 17.9% is higher than the rate across Monroe County (13.3%), NYS (11.4%), Rochester MSA (13.4%) and U.S. (12.6%).

-The rate of children 5-17 years old with a cognitive disability is 2x as high in the city (9.8%) as it is in the county (5.9%), NYS (3.9%) or in the US (4.1%).

-In 2018-2019, approximately 14.3% of children in pre-K-12th grade had one or more disability. School districts with the highest rates of children with disabilities were: Rochester, East Rochester, Brockport and Greece.

-Graduation rates for individuals with disabilities vary across Monroe County: the rate ranges from 40%-80% in the suburbs, and is 47% in the city of Rochester.

-There is an increasing number of young children in Monroe County that are unable to receive the specialized developmental services they need due to a shortage of providers who work in the Early Intervention and Preschool Special Education system.

-Over 1,000 children are referred for early intervention services. One in five children ages 0-3 in 2017 and about 10.0% of preschool children in 2018 were on wait list for preschool special education. Low reimbursement rates for these services are a significant cause of this delay in receiving services.

Chapter 10: Health and Behavioral Health

-In terms of health insurance coverage, children are less likely to be without coverage. The higher one's income, the more likely he/she has health insurance. For example, in 2013-2017, 6.6% of Monroe County residents with incomes below \$25,000 were without such insurance compared to 4.2% whose incomes of \$100,000 or more.

-Most health indicators for Monroe County are relatively stable. The county and city infant mortality rate of 7.7 and 12.2 respectively is higher than the US (5.9) NYS (4.5) and region (6.7). The city has consistently had the highest number of babies born with low birth weights. Teenage pregnancy has been declining in recent years.

Chapter 10: Health and Behavioral Health cont.

- In 2017, 75% of mothers nationally, 77% in NYS and 79% in the county reported receiving early prenatal care.
- The overall immunization rate among the county's school-age children was 98.0% in 2018-2019.
- Obesity is an area of concern to be monitored and targeted for intervention – data from the Finger Lakes Health Systems Agency's 2017 report indicate that about 24.1% of adults and 14.5% of children are obese.
- Half of the 3rd graders in the county has had experience with dental caries. A sizable number (15.6%) had untreated caries. A total of 86.0 % had at least one dental visit in last year.
- Childhood lead poisoning in Monroe County continues to show a decline in the number of children with lead levels at ≥ 10 ug/dl.
- In 2012 (latest year data is available), 27,870 adults and 6,568 children received mental health services. The majority of services provided were in an outpatient setting.

Chapter 11: Nutrition

- Monroe County Health Profile produced by the Finger Lakes Health Systems Agency found that 27.6% of low-income county residents were living in a food desert.
- According to Feeding America's Map the Meal Gap 2019, 92,790 (66%) households and 29,150 (18.3%) children in Monroe County were considered food insecure in 2017.

Chapter 12: Social Services

- The number of Temporary Assistance for Needy Families (TANF) recipients has been declining in the last 9 years.
- In 2013-2017, nearly half of those with mortgages paid less than 20% of their income towards housing while 36.8% without a mortgage paid 10% of their income. However, about half of renters pay 30 percent or more of their income towards housing. Note: The federal government considers 30% of income a threshold for affordable housing. People paying more than 30% is considered to be cost-burdened.
- At 7.1%, RCSD has at least twice as many homeless children as its counterparts.

Chapter 12: Social Services cont.

- According to Monroe County's 2018 Housing/Homeless Services report: 11,186 Temporary Housing Assistance placements were made for individuals and families, a 19% increase from 2017. The two main causes of homelessness were: (1) eviction or (2) being released from an institution without a plan for permanent housing.
- There has been a decreased number of children and youth placed in foster care in 2017 (292) and 2016 (315), compared to 454 children entering foster care in 2010 and 789 children entering in 2006.
- Drug use during pregnancy may be increasing: it nearly doubled from 4.7% of all births in 2005 to 8.4% in 2013 (latest data that was available).
- Rates of child abuse have increased since 2000, but began to decline in 2011 until 2018 --- 7,641 reports of child abuse and neglect have resulted in a little over 25% of investigated cases being indicated.
- Domestic violence has seen an increase --- in 2018, there were 5,553 reports, up 12% from 2017.
- The city of Rochester had a much higher percentage of grandparent caregivers than any other area for most years. In 2017, over half of city grandparent caregivers resided in poverty compared between 20%-30% for all other geographic areas.

Chapter 13: Technology/Digital Divide

- Individuals with low incomes are less likely to be in households with computers (desktop or laptop), tablet or internet access. Cellular phones and local libraries, an important community resource, have helped to improve access.
- The Pew Research Center found that key groups less likely to have internet access were: those with less education, those with lower income, those with disabilities and seniors.

Chapter 14: Volunteerism

- Nationally, individuals with higher levels of education and who are employed are more likely to volunteer than their peers.
- In 2011, Rochester residents volunteered their time at a higher rate than the nation, region and state: 34.8%, 26.8%, 24.2% and 20.7%, respectively. Within the 51 largest cities in America, Rochester ranked 2nd
- In order to retain good volunteers, organizations need to: (1) implement "good volunteer management practices" and (2) interview potential volunteers to ensure their volunteer experience achieves their goal(s).

Chapter 15: Stakeholder Feedback

-Stakeholders were asked to identify some positive things occurring in the community. Commonly mentioned include: focused efforts on housing issues (e.g. unaffordable housing), initiatives and resources to address poverty and available community resources.

-Stakeholders were also given an opportunity to share challenges of the community. Frequently mentioned include: violence, housing issues (e.g. unaffordable housing), childcare issues (unaffordable care) employment issues (e.g. lack of employment opportunities) and transportation issues (e.g. lack of transportation).

-Some commonly mentioned services that are missing or need to be increased for those living in poverty include: childcare (e.g. available childcare), housing (e.g. affordable housing), transportation (e.g. accessible and available transportation), employment (e.g. available jobs) and education (e.g. afterschool and summer programs).

- ABC staff were asked what were the top three internal agency issues that ABC needs to set as a priority over the next five years. The most commonly mentioned issues were: strengthening service integration (e.g. streamlining paperwork), improving internal communications, providing more opportunities for staff development and promotions, as well as increasing staffs' pay.

-On average, ABC staff felt that the agency's performance was "above average" for the following categories: (1) visibility/leadership in the community, (2) quality of service, (3) collaboration effectiveness, (4) leadership/involvement in advocacy and (5) resource development. ABC Board members felt that the agency's performance was "above average" to "excellent" in these areas while Head Start Policy Council felt rated these areas near "average" rating.

-Partners shared: the most frequently mentioned community issues/initiatives where ABC's presence has shown to make a positive difference in the community was related to services/activities the agency provides to children and youth and the agency's involvement in Rochester Monroe Anti-Poverty Initiative (RMAPI).

Chapter 16: What Lies Ahead

-The 2019 Community Assessment will be used to support ABC's ongoing planning activities and involvement around issues of poverty. Additionally, certain topics will be revisited and explored in 2020, and expounded upon in the next community assessment.

Chapter 1: Head Start/Early Head Start Program & Customers

ABC's Head Start/Early Head Start is a federal early child development program for low-income children and their families. Action for a Better Community, Inc. (ABC) is the grantee for Monroe County Head Start/Early Head Start Program, providing services to families in the grantee operated centers and two community partner agencies, Ibero American Action League (IBERO) and Volunteers of America (VOA). The program is funded to provide services to 1,113 pregnant women and children (859 Head Start children and 254 Early Head Start pregnant women and children). Funding for the program is provided by the Administration for Children and Families (ACF) through the Department of Health and Human Services (DHHS).

Early Head Start center-based enrollees must be at least six weeks to three years old; the home-based program accepts pregnant women and children up to three years old. Early Head Start provides early, continuous, intensive and comprehensive early child development and family support services to children from birth to three years old, including handicapped children and pregnant women through a combination of center based and home-based program options.

Early Head Start is offered through a combination of a center-based program and home-based program option. There are 182 children in the Early Head Start center-based program that operates on a full-day/full year, five days per week. Breakfast, lunch and a snack are served to children in the full-day/full year program.

Children in the home-based program are provided weekly visits by a Home Visitor in the home. Pregnant women receive support and services in the area of prenatal and postnatal education, health and nutrition, and mental health. Families enrolled in the home-based option are provided parent and child socialization activities. Home-based children and families receive a nutritious snack, bi-monthly, during socialization activities while they are at the center.

Head Start serves families with children ages 3- 5 years old, including children with disabilities. The program provides a range of individualized services in the areas of early childhood development, as part of a comprehensive approach to school readiness, medical, dental, and mental health, nutrition and parent involvement that is responsive and appropriate to each child's ethnic, cultural and linguistic heritage experience. Children participating in Head Start must be three or four years old by December 1st of each school year. Head Start children participate in a standard, full-day, ten (10) month program operating five days a week with children receiving breakfast, lunch and a snack.

Early Head Start provides center-based and home-based settings while Head Start is provided only in center-based settings. Both Head Start and Early Head Start centers are licensed by the New York State Office of Children and Family Services.

Children enrolled in center-based programs participate in the Child Adult Care Food Program (CACFP). CACFP is a federal program that reimburses eligible child care providers for meals and snacks that meet specific nutritional guidelines. Head Start serves nutritious meals to children, some of whom otherwise would go hungry. Children are provided one-half to two-thirds of their daily nutritional needs through the program. It is clear that children benefit from eating nutritious meals served in Head Start/Early Head Start because in some cases this may be a child's only meal for the day. Head Start/Early Head Start staff educates parents by encouraging them to consume five servings of fruits and vegetables daily. Head Start also provides counseling, referral and training for the parents of children identified as being at nutritional at-risk or having problems related to nutritional deficiencies and other services as needed.

If families live more than a mile from the center they attend, Head Start enrollees are provided transportation. Early Head Start families provide their own child(ren) transportation to and from the centers.

The program recruits and enrolls children living in Monroe County who meet the age, income and selection criteria without regard to their race, color, creed, national origin, sex or disabilities. Families whose annual income meets the federal poverty guidelines are eligible to participate in the program. Families who are ineligible for the program will be referred to the appropriate community resources.

According to the Head Start Act and Head Start Performance Standards, children are eligible to participate in Head Start/Early Head Start based on categorical eligibility or income eligibility. Children are categorically eligible if they have a disability, are homeless, in foster care or a recipient of public assistance. Children are income eligible for Early Head Start if they are aged 0-3 years old or a pregnant woman and children ages 3-5 for Head Start if they are a member of a household whose income is below poverty.

Center Locations

ABC EHS/HS provides services directly and through community partners at two locations, predominately in the city of Rochester, in neighborhoods demonstrating the greatest need for service to families. Table 1.1 displays Head Start/Early Head Start center locations.

Table 1.1: Locations of EHS and HS service providers in Monroe County (all in city of Rochester)

ABC Head Start, 1772 Clifford Avenue, 14609
ABC Head Start/Early Head Start, 30 Hart Street, 14605
ABC Head Start, 1150 Hudson Avenue, 14621
ABC Head Start, 640 Jefferson Avenue, 14611
ABC Head Start/Early Head Start, 251 Joseph Avenue, 14605
ABC Head Start/Early Head Start, 700 North Street, 14605
Ibero Head Start/Early Head Start, 777 Clifford Avenue, 14621
Volunteers of America Head Start/Early Head Start, 214 Lake Avenue, 14608

Program data is used to determine center locations that are appropriate and comply with licensing and performance standards requirements.

Number and location of enrolled children, Age of enrolled children, Tribal/racial composition of enrolled children

During the 2018-2019 program year, ABC had a total cumulative enrollment of 949 children in Head Start and an Early Head Start cumulative total enrollment (pregnant women and children) of 318. This number is higher than the number of funded slots due to children transitioning in and out of the programs.

Table 1.2 outlines Head Start/Early Head Start enrollment by centers as funded by the Administration for Children and Families (ACF), Department of Health and Human Services (DHHS) for FY-2018-2019.

Table 1.2: Head Start/Early Head Start Enrollment by Center, Ages, Classroom and Program Option

ABC Head Start and Early Head Start: Funded Enrollment by Center, Ages Classrooms, and Option				
Center	Funded	Ages	Classrooms	Option
CDC EHS	24	6 weeks to 3 years	4	Full day/Full year (5 days/week)
CDC HS	48	3 and 4-year-old children	2	Full day (5 days/week)
Clifford HS	126	3 and 4-year-old children	8	Full day (5 days/week)
Hart EHS	72	6 weeks to 3 years	9	Full day/Full year (5 days/week)
Hart HS	206	3 and 4-year-old children	13	7 Full day (5 days/week)
Home-Based	72	pregnant women and children up to 3 years	N/A	6 Home Visitors
Hudson HS	168	3 and 4-year-old children	11	Full day (5 days/week)
Ibero EHS	38	6 weeks to 3 years	5	Full day/Full year (5 days/week)
Ibero HS	34	3 and 4-year-old children	2	Full day (5 days/week)
Jefferson HS	112	3 and 4-year-old children	7	Full day (5 days/week)
Joseph EHS	32	6 weeks to 3 years	4	Full day (5 days/week)
Joseph HS	80	3 and 4-year-old children	5	Full day (5 days/week)
VOA EHS	16	6 weeks to 3 years	2	Full day/Full year (5 days/week)
VOA HS	85	3 and 4-year-old children	5	Full day (5 days/week)
Total	1,113			

Source: Head Start/Early Head Start Child Plus Data Report 2018-2019

Head Start Average Daily Attendance, Waiting List, Over-Income Children Head Start/Early Head Start Average Daily Attendance

The Head Start/Early Head Start Program must maintain an 85% average daily attendance (ADA) of the children enrolled. If the attendance rate falls below 85%, staff must analyze attendance patterns, and subsequently follow-up with the parents to determine the reason for absences. ADA Reports are submitted to the Department of Health and Human Services (DHHS), certifying compliance with this Performance Standard on a monthly basis.

Head Start/Early Head Start Waiting List

When the program reaches funded enrollment levels, a waiting list is maintained to document the number of families that have applied for services but are not able to enroll their child because of no available slots. Table

1.3 describes the status of HS/EHS waiting list by center location as of March 9, 2020 for the current program year-2019-2020.

Table 1.3: Status of Head Start Early Head Start waiting list by center location

Center	Head Start	Early Head Start
CDC	0	0
Clifford	1	
Hart	3	7
Home-Base		0
Hudson	1	
Ibero	1	31
Jefferson	4	
Joseph	5	25
Volunteer of America	13	7
Total	28	70

Source: Head Start/Early Head Start Child Plus Data Report 2018-2019

The data above indicates that center waiting list numbers have decreased. However, two Early Head Start centers Ibero and Joseph Avenue show that there is a need for infant and toddlers care.

Head Start/Early Head Start Over-Income Children

The Head Start/Early Head Start Program Performance Standards states that at least 90% of children enrolled in the Head Start/Early Head Start program must be from low-income households. Based on the program's selection criteria, the program may elect to serve ten percent of the children whose income exceeds the federal poverty income guidelines.

Parent Involvement (Family Services)

ABC's Head Start/Early Head Start program recognizes that parents are the primary educators and nurturers of their children. ABC Head Start program engages all families in the program. Parents will be involved in four major ways:

1. Participation in the decision-making process regarding the nature and operation of the program. The regulations governing Head Start Policy Council
2. Participation in the classroom to observe and experience developmentally appropriate activities, translating what they learn to everyday life in the home environment.
3. Participation in cluster group socialization and in the classroom as observers, volunteers, and eventually paid staff.
4. Participation in workforce preparation workshops and basic education and skills training, job readiness training, and job counseling and participation in the development of the individual family partnership agreements and working with their children and staff at the centers.

Number of foster children enrolled

Children in foster care are categorically eligible for Head Start/Early Head Start. The number of children enrolled in foster care is low: seven in Head Start and four in Early Head Start during the 2018-2019 program year. Table 1.4 displays Head Start/Early Head Start children in foster care.

Table 1.4: Head Start/Early Head Start Foster Care				
Foster Care and Child Welfare	Head Start Children		Early Head Start Children	
	Number	Percent	Number	Percent
Total	949		318	
Children in foster care	7	0.74%	4	1.26%
Children referred by local MCDHS	1	0%	0	0%

Source: ABC Head Start and Early Head Start Program Information Reports, 2018-2019

Number of homeless children enrolled in Head Start

Children who are homeless are also categorically eligible for enrollment into the Head Start program. Head Start served less than 10% of the enrollment: 28 families and 29 children were identified as experiencing homelessness in 2018-2019. Table 1.5 displays Head Start children and families experiencing homelessness.

Table 1.5: Head Start Homeless Served				
Families/Children Experiencing Homelessness	Head Start Children		Head Start Families	
	Number	Percent	Number	Percent
Total	949		895	
Families experiencing homelessness	0	0	28	3%
Children experiencing homelessness	29	3%	0	0
Homeless families acquiring housing	0	0	29	3%

Source: ABC Head Start Program Information Report 2018-2019

Number of homeless children enrolled in Early Head Start

Children who are homeless are also categorically eligible for enrollment into Early Head Start program. In Early Head Start, there were 12 families (5%) and 10 children (3%) experiencing homelessness. Table 1.6 shows Early Head Start children and families experiencing homelessness.

Table 1.6: Early Head Start Homeless Served				
	Early Head Start Children		Early Head Start Families	
	Number	Percent	Number	Percent
Total	318		259	
Families experiencing homelessness	0	0%	12	5%
Children experiencing homelessness	10	3%	0	0%
Homeless families acquiring housing	0	0%	11	4%

Source: ABC Early Head Start Program Information Report 2018-2019

Children with Disabilities

Head Start/Early Head Start Performance Standards requires that at least 10% of children enrolled in the program are children with professionally diagnosed disabilities. There were 163 children with a non-categorical/developmental delay enrolled in Head Start during the 2018-2019 school years, as indicated below.¹

Disability Services Head Start/Early Head Start (Early Intervention)				
	Head Start		Early Head Start	
	Number	Percent	Number	Percent
Total	949		318	
Children with an Individualized Education Plan (IEP) by LEA and/or Individualized Family Service Plan (IFSP under IDEA)	163	17%	37	12%
Children eligible to receive special education and/or early intervention services under IDEA	163	17%	37	12%

Source: ABC Head Start/Early Head Start Program Information Report 2018-2019

Children with disabilities are referred to several agencies (Rochester City School District, Rochester Hearing and Speech Center, Rochester Childfirst Network, Bright Star Pediatrics, Interactive Therapy Group, Mary Cariola Children's Center, and Clinical Associates of the Finger Lakes) for evaluation and other related services.

Educational Attainment Head Start/Early Head Start Parents

As indicated in Table 1.7, during 2018-2019, 30.0% of Head Start and 29.0% of Early Head Start parents had less than a high school diploma. A slightly higher percentage of parents obtained a high school diploma or GED (HS 49.0% and EHS 47.0%).

Table 1.7: Education Attainment Head Start Parents				
	Head Start	Percent	Early Head Start	Percent
Total number families	895		259	
Less than high school graduate	269	30%	75	29%
High school graduate or GED	439	49%	121	47%
Some college, vocational or associate degree	162	18%	53	20%
Bachelor's or advanced degree	24	3%	10	4%

Source: Head Start/Early Head Start Program Information Reports 2018-2019

¹New York State does not require providers to identify the specific type of disability; the 163 children enrolled in ABC HS/EHS are all reported as having a "non-categorical delay."

Child Development Staff Education Attainment

Table 1.8 displays the educational level of child development staff (Teachers, Teachers Assistant and Home Visitors) reported during the 2018-2019 program year.

Table 1.8: Child Development Staff Educational Attainment		
Level of Education	Head Start	Early Head Start
Less than high school graduate	0	0
High school graduate or GED + Child Development Associate (CDA)	47	36
Associate degree	7	6
Bachelor degree	25	4
Advanced degree	30	0
Total	109	46
Source: Head Start/Early Head Start Program Information Reports 2018-2019		

As indicated in Table 1.9, during 2018--2019, most of the children enrolled in HS/EHS used Medicaid/EPSDT as their medical insurance. Less than 10% of the children had state funded insurance and 3 % had private insurance coverage.

Table 1.9: Health Care of Head Start and Early Head Start Children and Families				
Health Insurance	Head Start		Early Head Start	
	Number	Percent	Number	Percent
Total children	949		318	
Children with health insurance at enrollment	949	100%	293	92%
Number with Medicaid/EPSDT	927	98%	276	87%
Number in state-funded insurance program	4	0%	16	5%
Number with private health insurance	18	2%	1	0%
Pregnant women with health insurance	N/A	N/A	25	8%
Source: ABC Head Start and Early Head Start Program Information Reports, 2018-2019				

Table 1.10 indicates during 2018-2019, the medical conditions of which Head Start/Early Head Start children received treatment were asthma and vision problems.

Table 1.10: Head Start Medical Health

Medical Health	Head Start		Early Head Start	
	Number	Percent	Number	Percent
Children with ongoing source of medical care	949	100%	293	92%
Children who received treatment for:				
Anemia	7	1%	4	1%
Asthma	49	5%	5	2%
Hearing Difficulties	5	1%	1	0%
Vision Problems	48	5%	3	1%
High Lead	11	1%	4	1%
Diabetes	0	0%	0	0%
Children up-to-date on all age appropriate immunization	914	96%	259	81%
Source: ABC Head Start and Early Head Start Program Information Reports, 2018-2019				

Children enrolled in ABC Head Start/Early Head Start are up-to-date on all immunizations appropriate for their age as determined by a doctor. Table 1.11 indicates during school year 2018-2019, 99% of Head Start and 81% of Early Head Start children had seen a dentist. Most of the children (90%) of Head Start enrollees had dental examinations.

Table 1.11: Head Start/Early Head Start Dental Health

Dental Health	Head Start		Early Head Start	
	Number	Percent	Number	Percent
Children with ongoing source of dental care	940	99%	259	81%
Children who received dental exam in last 12 months	857	90%	N/A	N/A
Children needing dental treatment in last 12 months	54	6%	N/A	N/A
Pregnant women who received dental exam in last 12 months	N/A	N/A	8	3%
Source: ABC Head Start and Early Head Start Program Information Reports, 2018-2019. Note: Head Start Performance Standards does not require children under the age of 2 to have dental examinations.				

Table 1.12 during the 2018-2019, children receiving professional mental health assessments were less than 10% of the funded enrollment of HS /EHS, which translates into 29 children provided mental health consultation.

Table 1.12: Head Start/Early Head Start Mental Health

Mental Health	Head Start		Early Head Start	
	Number	Percent	Number	Percent
	949		318	
Children for whom mental health (MH) professional consulted with program staff about child's behavior/mental health	31	3%	10	3%
MH professional provided 3 or more consultations with staff	16	2%	2	1%
Children for whom mental health professional consulted with parents about child's behavior/mental health	22	2%	3	1%
MH professional provided 3 or more consultations with parents or guardians	4	0%	0	0%
Children for whom MH professional provided an individual mental health assessment	22	2%	7	2%
Children for whom MH professional facilitated a referral for mental health services	7	1%	2	1%
Source: ABC Head Start and Early Head Start Program Information Reports, 2018-2019				

Of the children enrolled in Head Start, 265 (27.9%) were overweight or obese during the 2018-2019 program year, as shown in Table 1.13. Obese children are those with a Body Mass Index (BMI) that is 95 percent of normal weight for their height. All overweight or obese children are at significantly higher risk for developing chronic long-term health problems through life such as diabetes and heart disease. Head Start staff educates families on the importance of preparing healthy meals, limiting sugary drinks and adding physical activities as part of the daily routine. Seven percent (62) of children in the program were underweight, as shown below.

Table 1.13: Body Mass Index (BMI) Head Start Children

	Head Start Children	
	Number	Percent
Total	949	
Underweight children (BMI less than 5th percentile)	62	7%
Healthy weight at or above 5th percentile	516	54%
Overweight (BMI at or above 85th percentile and below 95th percentile)	106	11%
Obese (BMI) at or above 95th percentile	265	27.9%
Source: ABC Head Start/Early Head Start Program Information Reports, 2018-2019		

Employment and Job Training

Table 1.14 indicates, during 2018-2019, 10% of two-parent households (HS) and 13% (EHS) had both parents employed. In comparison, in single-parent households, 48% (HS) and 44% (EHS) of the parents were employed. Employment and job training are complicated issues for HS/EHS parents. For many parents, efforts to maintain or improve their employment situation come with strain on efforts to achieve other family goals.

Table 1.14: Head Start/Early Head Start Employment

Household Employment Status	Head Start		Early Head Start	
	Number	Percent	Number	Percent
Total Two Parent Household	208		47	
Both parents/guardians employed	20	10%	6	13%
One parent/guardian employed	127	61%	20	43%
No parent/guardian employed or working	60	29%	21	45%
Total Single Parent Household	687		212	
Parent/guardian employed	330	48%	93	44%
No parent/guardian employed or working	357	52%	120	57%
Source: Head Start/Early Head Start Program Information Reports, 2018-2019				

Table 1.15 displays job training for parents during 2018-2019: 1% of the parents in two-parent households in Head Start and 2% in Early Head Start. Of the parents in single-parent households enrolled in job training, 13% are in Head Start and 12% are in Early Head Start.

Table 1.15: Head Start/Early Head Start Household Job Training Status

	Head Start		Early Head Start	
	Number	Percent	Number	Percent
Two Parent Families	208		47	
Both Parents/guardian in job training or school	2	1%	1	2%
One parent/guardian in job training or school	34	16%	7	15%
Neither parent/guardian in job training or school	171	82%	39	83%
Single Parent Families	687		212	
Parent/guardian in job training or school	87	13%	27	12%
Neither parent/guardian in job training or school	600	87%	186	88%
Source: Head Start/Early Head Start Program Information Reports, 2018-2019				

As indicated in Table 1.16, during 2018-2019, the most requested needed assistance identified by Head Start (HS)/Early Head Start (EHS) families were emergency/crisis intervention, health education, parenting education and asset building.

Table 1.16: Services Received by Head Start and Early Head Start Families 2018-2019				
Services received during the year	2018-2019			
	Head Start		Early Head Start	
	Number	% of Total	Number	% of Total
Total number of families	895		259	
Emergency/crisis intervention	217	24%	69	27%
Housing assistance	88	10%	33	13%
Mental health services	33	4%	10	4%
English as a second language training	15	2%	19	7%
Adult education	71	8%	39	15%
Job training	60	7%	11	4%
Substance abuse prevention or treatment	10	1%	5	2%
Child abuse and neglect services	13	1%	10	4%
Domestic violence services	7	1%	1	0%
Child support assistance	11	1%	5	2%
Health education	885	99%	256	99%
Assistance to families of incarcerated individuals	11	1%	3	1%
Parenting education	888	99%	259	100%
Marriage education services	3	0%	1	0%
Asset building services	218	24%	35	14%
Received more than one type of service	892	100%	259	100%

Source: ABC Head Start and Early Head Start Program Information Reports for 2018-2019 Program Year

Head Start/Early Head Start Staff

Table 1.17 and 1.18 provides data regarding the race/ethnicity of children enrolled in Head Start and Early Head Start as well as of the ABC staff who serve them in the Early Childhood Services (ECS) Division. Action for a Better Community tries to ensure that program staff is representative of the community they serve. The majority of Head Start and Early Head Start children and staff are African American (who are non-Hispanic/Latino).

Table 1.17: Race and Ethnicity Head Start Children and Staff Composition (PIR)

Head Start Children and Staff								
Race and Ethnicity	Hispanic/Latino Children	% of Hispanic/Latino	Non-Hispanic Children	% of Non-Hispanic Children	# Hispanic/Latino Staff	% of Hispanic/Latino Staff	# Non-Hispanic Staff	% Non-Hispanic Staff
American Indian or Alaska Native	1	0.4	1	0.1	0	0.0	0	0.0
Asian	0	0.0	29	4.3	0	0.0	2	1.1
Black or African American	38	13.8	579	85.9	0	0.0	118	65.6
Native Hawaiian and Other	0	0.0	1	0.1	0	0.0	0	0.0
White	16	5.8	17	2.5	0	0.0	60	33.3
Biracial/Multi-racial	44	16.0	43	6.4	10	22.7	0	0.0
Other	0	0.0	4	0.6	2	4.5	0	0.0
Unspecified/other	176	64.0	0	0.0	32	72.7	0	0.0
Total	275	100.0	674	100.0	44	100.0	180	100.0

Source: ABC Head Start/Early Head Start Program Information Report and Child Plus 2018-2019

Table 1.18: Race and Ethnicity Early Head Start Children and Staff Composition (PIR)

Early Head Start Children and Staff								
Race and Ethnicity	Hispanic/Latino Children	% of Hispanic/Latino Children	Non-Hispanic Children	% of Non-Hispanic Children	# Hispanic/Latino Staff	% of Hispanic/Latino Staff	# Non-Hispanic Staff	% Non-Hispanic Staff
American Indian or Alaska Native	0	0.0	0	0.0	0	0.0	0	0.0
Asian	0	0.0	6	2.9	1	4.0	0	0.0
Black or African American	8	7.1	168	81.6	0	0.0	27	64.3
Native Hawaiian and Other Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
White	6	5.4	15	7.3	0	0.0	15	35.7
Biracial/Multi-racial	31	27.7	15	7.3	2	8.0	0	0.0
Other	0	0.0	2	1.0	2	8.0	0	0.0
Unspecified/other	67	59.8	0	0.0	20	80.0	0	0.0
Total	112	100.0	206	100.0	25	100.0	42	100.0

Source: ABC Head Start/Early Head Start Program Information Report and Child Plus 2018-2019.

Table 1.19 displays the primary languages of Head Start children, Early Head Start children and pregnant women and staff. The data indicates that than less 20% of HS children and 16% of EHS children speak a language other than English. The majority of children and staff speak English, followed by Spanish. A small but significant number of children and pregnancy women speak African languages.

Table 1.19: Comparing Dominant Languages of Head Start and Early Head Start Children and Staff

Primary Language	Head Start Children		EHS Children and Pregnant Women		ECS Staff	
	Number	Percent	Number	Percent	Number	Percent
	949		318		291	
English	775	81.7	250	78.6	221	75.95
Spanish	110	11.6	49	15.4	60	20.6
Native Central & South American and Mexican Languages	0	0.0	0	0.0	0	0.0
Caribbean Languages	0	0.0	0	0.0	0	0.0
Middle Eastern & South Asian Languages	7	0.7	2	0.6	0	0.0
East Asian Languages	19	2.0	4	1.3	0	0.0
Native North American Languages	0	0.0	0	0.0	1	0.3
Pacific Island Languages	0	0.0	0	0.0	1	0.3
European & Slavic Languages	7	0.7	2	0.6	2	0.7
African Languages	30	3.2	11	3.5	4	1.4
Unspecified	1	0.1	0	0.0	2	0.7
Total	949	99.9	318	100.0	291	100.0
Language other than English	192	20.2	51	16.0	68	23.4

Source: ABC Head Start and Early Head Start Program Information Reports 2018-2019

Chapter 2: Head Start/Early Head Start Eligible Children

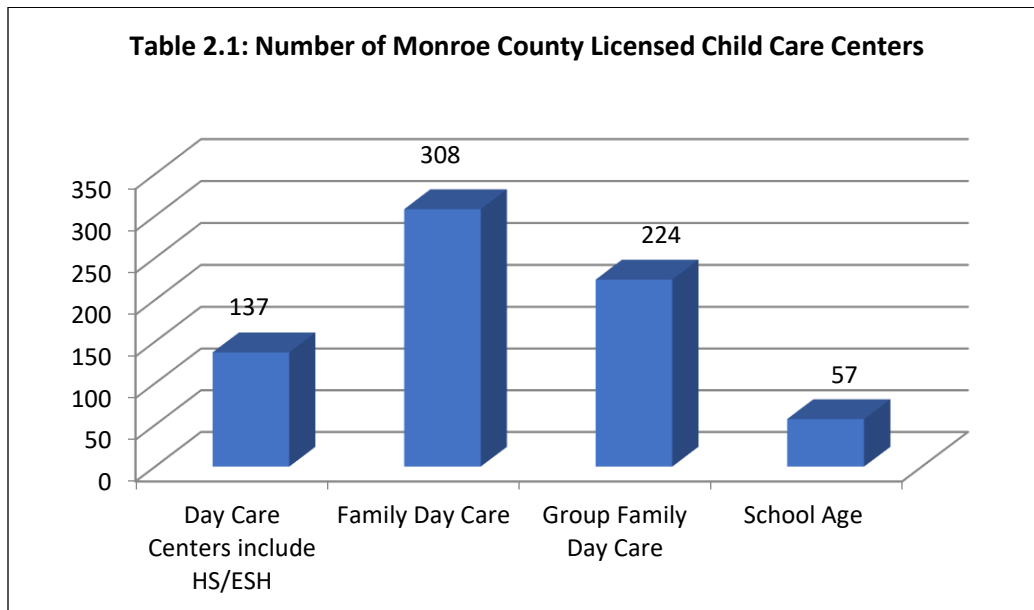
Child Care in Monroe County

Throughout Monroe County, an increasing number of low-income women with young children who are working or seeking work frequently find themselves in need of childcare. The Child Care Council of Rochester provides free childcare referral services to families seeking childcare in Monroe, Wayne, and Livingston Counties. This agency provides training to potential or current day care centers, family day care homes and school age programs on start-ups, staff development and licensing requirements.

In New York State, day care centers and family day care homes are licensed by the NYS Office of Children and Family Services (OCFS) for children six weeks old through 12 years of age and older with exceptional needs. The Office of Children and Family Services (OCFS) definitions for childcare centers are as follows:

- **Day Care Centers** – Center based facilities providing care to more than six children for more than three hours a day. Children range in age from 6 weeks old to 12 years of age.
- **Family Day Care Home**- Child care provided in a private home for three to six children for three hours per day. Children enrolled in this program are between the ages of six weeks through 12 years old.
- **Group Family Day Care Homes** –Childcare for seven to twelve children per day for three or more hours in a private home. Group family day care providers care for children six weeks through 12 years of age.
- **School-Age Care** – A before and after school program for seven or more children in a center-based facility up to 12 years old and older children with exceptional needs.

According to a facility search of child care centers in Monroe County on the New York Office of Children and Family Services (OCFS) website (https://ocfs.ny.gov/main/childcare/ccfs_template.asp) on March 25, 2020, Table 2.1 lists the number of licensed childcare providers.



Source: New York State Office of Children and Family Services

Based upon availability, low-income families with day care subsidies can enroll their child(ren) at any child development program in Monroe County with Head Start/Early Head Start being the exception. According to the

Monroe County Child and Family Services Plan 2017 Update, childcare subsidies were provided to an average of 7,327 children, monthly, with 34% in centers and 40% in family daycare settings.

According to the Children’s Agenda 2020 report, “Declining Child Care Options for Young Children”, the childcare system in Rochester and Monroe County is experiencing considerable strains.² There is a shortage of childcare options for children under three. There are approximately 9,000 children under the age of three in Rochester at any given time, but there are only 959 childcare centers slots for children 6 weeks to 3 years within the city limits. In Rochester, from 2012 to 2019, the number of licensed preschool slots in day care centers increased considerably (27%), while the number of infant and toddler slots decreased by 23% over the same period. The capacity of Family and Group Family childcare homes decreased by 25% from 2012 to 2019. In 2012, there were 467 family and group providers in the city of Rochester. Of the 467 providers, 336 had closed by 2019 resulting in a 72% closure rate over seven years.

The Children’s Agenda Statement on the “Restructuring of Pre-K at Rochester City School District” states that the RCSD Board approved moving 500 Pre-K slots from existing community providers into two district schools (School 44 and 57) beginning in the next school year³. This decision of moving UPK from community providers *may* impact ABC Head Start/Early Head Start. The status of this matter will be followed up and monitored, should ABC Head Start/Early Head Start be impacted.

Table 2.2 displays the estimated number of children eligible for Head Start/Early Head Start in Monroe County broken down by population.

Table 2.2: Estimated number of children eligible for Head Start/Early Start in Monroe County

Estimates for Head Start/Early Head Start in Rochester and Monroe County		
Population	Estimated (Rochester)	Estimated (suburbs)
Pregnant moms	1,203 - 1,503	506 - 586
0 to 1 yr olds	1,203 - 1,503	506 - 586
1 to 2 yr olds	1,203 - 1,503	506 - 586
2 to 3 yr olds	1,203 - 1,503	506 - 586
3 to 4 yr olds	1,203 - 1,503	506 - 586
4 to 5 yr olds	1,203 - 1,503	506 - 586
Total EHS	4,812-6,012	2,024-2,344
Total HS	2,006 - 3,016	1,012- 1,172
Source: 2014-2018 American Community Survey 5-Year. Estimates		

² The Children’s Agenda Declining Child Care Option for Young Children

³ The Children’s Agenda Statement released February 28, 2020 on the Restructuring of Pre-K at RCSD

Other Child Development and Child Care Programs

A list of center-based child development centers that primarily serve low-income families is displayed below:

Child Development Programs Serving Head Start/Early Head Start Eligible Children		
Centers	Zip Code	# of Children
Asbury Day Care - 1040 East Avenue	14607	10
Baden Street Settlement - 500 N. Clinton Avenue	14605	NA*
Baden Street Settlement/Charles Settlement House -431 Jay Street	14611	NA*
Caring and Sharing Child Care Center - 90 Webster Avenue	14609	NA*
Community Child Care Center - 170 Troup Street	14608	46
Community Place of Greater Rochester - 100 Carter Street	14621	NA*
Community Place of Greater Rochester - 145 Parsells Avenue	14609	NA*
Creative Beginnings Child Care II - 75 Stutson Street	14612	NA*
Family Resource Center Southwest - 89 Genesee Street	14611	19
Friendship Children's Nursery - 310 Fernwood Avenue	14609	48
Generations Child Care Center - 250 Empire Blvd.	14609	17
Generations Child Care Center - 2440 Chili Avenue	14624	17
Generations Child Care Center - 170 Highland Avenue	14620	17
Generations Child Care Center - 179 Stenson Street	14606	45
Generations Child Care Center - 869 North Clinton Avenue	14621	30
Generations Child Care Center - 2815 Baird Road	14450	14
Ibero Early Childhood Services - 777 Clifford Avenue	14621	108
Little Hearts Child Care Center - 152 Lily Street	14615	35
Oregon Leopold Day Care Center - 316 Bay Street	14605	45
Peter Castle Family Resource Center - 555 Joseph Avenue	14621	21
Rochester Childfirst Network - 250 E. Main Street Suite 110	14604	32
Rochester Childfirst Network - 941 South Avenue	14620	NA*
Rochester City School District - 131 West Broad Street**	14614	3,172
St. Paul's Day Care - 13 Vick Park B	14607	NA*
Sunshine Village Center - 284 Allen Street	14608	28
Sunshine Village Center - 687 Lee Road	14606	28
Sunshine Village Center - 426 Lyell Avenue	14606	28
Volunteers of America - 215 Lake Avenue	14608	125
YMCA Carlson Metro Center - 444 E. Main Street	14604	NA*
YMCA Child Care at Lewis Street - 53 Lewis Street	14605	10
YMCA Maplewood Branch - 25 Driving Park	14613	2
YMCA Southwest Branch - 597 Thurston Road	14619	16
Total		3,841

*NA - Data not available

**This number is a duplicate count that includes children in 30 Rochester City School District schools, ABC Head Start/Early Head Start and other community child development programs listed above.

Universal Pre-Kindergarten (UPK) and Early Pre-Kindergarten (EPK)

The New York State Department of Education (NYSED) is the primary funder for Universal Pre-Kindergarten providing school readiness for children who are four years old in NYS. There are 18 school districts in Monroe County of which eight participate in only half-day UPK programming. The Rochester City School District (RSCD), the largest school district in Monroe County, provided free full-day programming for 3,052 children and half-day program for 120 children in Universal Pre-K in the 2018-2019 program year. UPK in Rochester is open to all city residents with four-year-old children and expanded to serve three years old children in 2018. UPK services are provided directly throughout the RCSD and contractual agreement with local community-based organizations (including ABC). Table 2.3 provides data regarding UPK enrollment in Monroe County School Districts for the 2018-2019 school year.

Table 2.3: Monroe County School Districts UPK 2018-2019			
School District	Half-Day	Full-Day	Total
Brockport	142		142
East Irondequoit	118		118
East Rochester	52		52
Greece	405		405
Hilton	129		129
Honeoye Falls	28		28
Rochester	120	3052	3172*
Rush Henrietta	216		216
Webster	154		154
Total	1364	3052	4416
Source: New York State Department of Education			
*This number may include children in ABC HS/EHS and other community organizations.			

Other Evidence Based Programs for Children

Parents as Teachers (PAT): A research-based early childhood parent education and family support program, designed to help parents give their children the best possible start in life and to increase their children's school readiness and school success. PAT provides home visits, group connections, developmental screenings, and linkages to community resources. Parents receive early child development information, prenatal to age five, and are involved in parent-child activities that encourage language development, intellectual growth, social development and motor skills. The monthly, or twice monthly visit, increases parent knowledge of early childhood development and improves parenting practices; provides early detection of developmental delays and health issues; and increases children's school readiness.

The Healthy Families New York: A home visiting program matching parents with knowledgeable and caring workers who provide information and support during pregnancy and early childhood. Services include helping family's access community resources and services, educating families on parenting and child development, connecting families with medical providers, and assessing children for developmental delays.

The Building Healthy Children (BHC): The program provides home-based support services for women who were 21 or younger when their first child was born or who are in their second or third trimester of pregnancy with a child under the age of three. Women are paired with a family support provider than can help based upon the areas of

need i.e. transportation, obtaining safe housing, employment and educational goals. Providers also offer support with information on parenting and child development, parent-child relationships and counseling services. In addition to these services, monthly family events are held to meet other young mothers and do fun activities with their children.

Nurse Family Partnership: A program through Monroe County Department of Human Services (MCDHS) to train nurses to provide home visitation to first time, Medicaid-eligible mothers during pregnancy and continuing up until the child's second birthday. Program is known to reduce child abuse and neglect, foster care placement, delivery of healthy babies and reduce likelihood that a child will engage in criminal activities and behavior issues (e.g. substance use). Evidence of the program cost effectiveness show a return on investment for every \$1 invested, taxpayers save over \$5 by the time the child reaches 16 years old.

According to the Children's Agenda's Declining Child Care Option for Young Children Report 2019, major findings were:⁴

- There is a shortage of childcare options for children less than 3 years old.
- There are approximately 9,000 children under the age of three in the city of Rochester, however there are only 959 childcare center slots available for children 6 weeks to 3 years old.
- Home-based slots for children under age 2 are limited.
- There were exactly 1,000 families and group family day care slots available for about 6,000 children in Rochester under 2 in October 2019.
- High turnover of home-based care setting (family and group family day care).
- A 27% increase in preschool slots and a decrease of 23% of infants and toddlers' slots from 2012 to 2019.
- In 2012, there were 467 family and group family day care centers and by end of 2019, there were 336 (72%) had closed.
- Home-based care capacity down by 25% from 2012-2019.
- Expansion of Universal Pre-Kindergarten to serve all children three and four-year old in Rochester may have impacted family and family and group provider to reduce infant and toddlers care.

⁴ Children Agenda Declining Child Care Options for Young Children

Chapter 3: Demographic Overview

Monroe County is a largely urbanized area on the banks of Lake Ontario in Upstate New York. Its population center, the city of Rochester, is the third largest city in New York State. With approximately 748,000 residents living in an area of 663 square miles, Monroe County is the most densely populated county in Upstate New York⁵.

Historically, Monroe County developed around the earliest American “boomtown”: in the days when the Erie Canal was the major pipeline for New York produce to be shipped to other parts (Upstate was once known as the country’s “breadbasket”), Rochester became a boomtown for grain milling. Once the grain boom shifted to the American Plains, the “Flour City” became the “Flower City” as local nurseries, such as Ellwanger and Barry, earned a national reputation for their nursery stock. The area later adopted the title “World’s Image Centre” owing to the location of Eastman Kodak’s and Bausch and Lomb’s global headquarters in Rochester as well as several key operations of Xerox (which was founded in Rochester but later re-located its corporate headquarters to Stamford, CT).

The above thumbnail sketch of the region’s history is designed to provide context for the current demographic profile of the community. Due to the business and agricultural successes described above, the region is well-endowed with museums, cultural attractions and parks. And because many of these businesses continue to thrive in the community, the population has benefitted from the educational achievement and income associated with the thousands of families that support the research, technology and corporate operations of these businesses.

Community governance

Monroe County is comprised of 1 major city, 19 towns and 10 villages.⁶ The county is governed by a County Executive, directly elected to a 4 year term by the voters of the county, and by a county legislature, consisting of 29 legislators representing districts whose voters generally elect them to 4 year terms.⁷ The city of Rochester is governed under a “strong mayor” system of government. The mayor is directly elected by the voters to a 4 year term. City Council, which has limited fiscal and operational oversight with respect to the mayor, consists of 9 members, 4 of whom are elected from districts (the districts correspond to the city’s 4 geographic quadrants: Northeast, Northwest, South and East) and 5 elected citywide as “at large” representatives. Towns and villages are generally governed by elected Boards and Supervisors.

Historically, the city of Rochester (the seat of county government) has dominated the county in terms of population, economic importance and cultural significance. However, the city’s influence within the county has changed considerably over the past 2 generations.

Rochester is the anchor city of the Rochester, NY Metropolitan Statistical Area, which consists of the city and Monroe county plus Livingston, Ontario, Orleans, Wayne, and Yates counties.

⁵ “Upstate” is not a formally-defined region. Here it refers to areas of New York State north of the New York City metro area, encompassing Rockland and Westchester Counties, New York City and Long Island.

⁶ The Census Bureau provides data for the City of Rochester and all 19 towns. The villages of Monroe County are not counted separately from the towns in which they are wholly located. East Rochester is an exception because it is not located within a town – it is therefore counted separately.

⁷ Due to a 10-year term-limit, legislators are limited to only a 2 year term in office if they have previously been elected to two full 4 year terms.

Table 3.1 Monroe County Demographics: 2014 and 2017

Characteristic	2014	2014 %	2017	2017 %
Total Population	748,076		748,680	
Median age	38.5 years		38.6 years	
Population under 5	42,629	5.7	42,164	5.6%
Population 65 and older	109,549	14.6	118,667	15.9%
Identifying as one race (total)	728,892	97.4	726,936	97.1%
White	569,686	78.2	568,281	75.9%
Black/African American	113,581	15.6	114,344	15.3%
Asian/Pac. Islander/Native American	28,598	3.9	30,885	4.1%
Other	17,036	2.3	13,426	1.8%
Identifying as two or more races	19,184	2.6	21,744	2.9%
Hispanic/Latino	57,682	7.7	62,493	8.3%
Total persons 25 years or older	500,461		510,165	68.2%
% High school graduates or higher	449,914	89.9	-	90.3%
% Bachelor's degree or higher	179,665	35.9	-	37.1%
Median household income	\$52,501		\$55,272	
Families below poverty level	20,427	11.2	24,659	
Individuals below poverty level	111,713	15.4	107,481	14.8%

Sources: 2013-2017 American Community Survey, U.S. Census Bureau

As Table 3.1 indicates, Monroe County is typical of mid-sized northeast American urban areas:

- ✓ stable overall population
- ✓ aging population with an increasing senior population and stable youth population
- ✓ largely white population with a growing minority population
- ✓ high and increasing average levels of educational attainment
- ✓ stagnant incomes with growing numbers of families and individuals in poverty

Table 3.2 compares major demographics for the city of Rochester, the Rochester Metro Area, Monroe County, New York State and the United States. These comparisons show some variation between national patterns and the local communities.

Table 3.2 Monroe County, New York State and United States Demographics

Characteristic	City of Rochester		Rochester Metro Area		Monroe Co.		NYS		USA	
	2,017	%	2,017	%	2,017	%	2,017	%	2,017	%
Total Population	206,284				748,680		19,798,228		321,004,407	
Median age	31.7		39.9		38.6		38.4		37.8	
Population under 5	13,964	6.7%	59,272	5.5%	42,164	5.6%	1,176,877	5.9%	19,853,515	6.2%
Population 65 and older	21,501	10.3%	176,313	16.3%	118,667	15.9%	3,008,351	15.2%	47,732,389	14.9%
Identify as one race (total)	199,941	95.5%	1,053,167	97.5%	726,936	97.1%	19,208,202	97.0%	310,923,363	96.9%
White	97,563	46.6%	876,258	81.1%	568,281	75.9%	12,638,791	63.8%	234,370,202	73.0%
Black/Af. American	85,277	40.7%	124,259	11.5%	114,344	15.3%	3,100,685	15.7%	40,610,815	12.7%
Asian/Pac. Island/Native Am	9,089	4.3%	35,477	3.3%	30,885	4.1%	1,737,913	8.7%	20,388,538	6.4%
Other	8,012	3.8%	17,173	1.6%	13,426	1.8%	1,730,813	8.7%	15,553,808	4.8%
Identify as 2 or more races (total)	9,522	4.5%	27,486	2.5%	21,744	2.9%	590,026	3.0%	10,081,044	3.1%
Hispanic/Latino	37,213	17.8%	75,926	7.0%	62,493	8.3%	3,726,238	18.8%	56,510,571	17.6%
Total persons 25 years or older	133,078	63.5%	739,442	68.4%	510,165	68.2%	13,660,809	69.1%	216,271,644	67.4%
% High school grad or higher	-	80.8%	-	90.2%	-	90.3%	-	86.1%	-	87.3%
% Bachelor's degree or higher	-	24.0%	-	33.5%	-	37.1%	-	35.3%	-	30.9%
Median household income	32,347		55,256		55,272		62,765		57,652	
Families below poverty level	13,270	29.6	28,020	10.0	20,427	10.7	556,322	11.3	8,850,177	10.58
Individuals below poverty level	14,468	33.8	39,336	14.6	111,713	15.4	723,219	15.6	12,005,458	15.6
Total families	41,739		269,426		182,129		4,633,030		78,298,703	
Families with children <18	21,705		115,815		79,876		2,033,672		33,917,911	
Married couple with children	6,609	30.4	72,288	62.4	48,780	61.1	1,338,892	65.8	22,823,632	67.3
Single-father families	1,540	7.1	8,876	7.7	5,380	6.7	145,809	7.2	2,662,944	7.9
Single-mother families	13,556	62.5	34,651	29.9	25,716	32.2	548,971	27.0	8,431,335	24.9

Source: 2013-2017 American Community Survey, U.S. Census Bureau

Compared to current state and national figures, Monroe County as a whole is older, less ethnically diverse, better educated and has slightly lower rates of poverty (Table 3.2). The city of Rochester contrasts with the county, state and nation across almost all categories, notably the distribution of families: the city is home to a larger proportion of families than the other areas – and of the families with children, city families are much more likely to be headed by a single parent (more often a female).

Within Monroe County, however, there are notable variations with respect to the population. Like most mid-sized northeastern American cities, population shifts have increased the suburban population and shifted economic influence toward the suburbs.

Table 3.3 provides a summary of the recent population trends in Monroe County relative to the city of Rochester and the surrounding towns and villages.

Table 3.3: Population of Monroe County and its political subdivisions

Area	1990 census	2000 census	2010 census	2018 ACS estimate	% change 1990-2018
Brighton	34,381	35,588	36,609	36,753	6.9%
Chili	25,170	27,638	28,625	28,742	14.2%
Clarkson	4,522	6,072	6,736	7,019	55.2%
East Rochester	6,922	6,650	6,587	6,646	-4.0%
Gates	28,585	29,275	28,400	28,653	0.2%
Greece	90,111	94,141	96,095	96,842	7.5%
Hamlin	9,218	9,355	9,045	9,093	-1.4%
Henrietta	36,377	39,028	42,581	43,609	19.9%
Irondequoit	53,208	52,354	51,692	50,890	-4.4%
Mendon	6,827	8,370	9,152	9,250	35.5%
Ogden	16,912	18,492	19,856	20,194	19.4%
Parma	13,875	14,822	15,633	15,800	13.9%
Penfield	30,217	34,645	36,242	37,245	23.3%
Perinton	43,022	46,090	46,462	46,660	8.5%
Pittsford	24,517	27,219	29,405	29,507	20.4%
Riga	5,109	5,437	5,590	5,623	10.1%
Rush	3,217	3,603	3,478	3,499	8.8%
Sweden	14,180	13,716	14,175	14,216	0.3%
Webster	31,636	37,926	42,641	44,224	39.8%
Wheatland	5,090	5,149	4,775	4,752	-6.6%
City of Rochester	230,872	219,773	210,565	209,463	-9.3%
Monroe Co. total	713,968	735,343	744,344	748,680	4.9%

Sources: 2010 Census, 2000 Census, 1990 Census, 2013-2017 American Community Survey, U.S. Census Bureau

The city of Rochester has lost a greater proportion of its population over the past 27 years than any other locality in Monroe County. This suburbanization trend – often portrayed as urban centers forming a shrinking core within a broader population mass spreading farther out (“suburban sprawl”) – can be seen across New York State. Although Rochester is currently the third largest city in the state, it could soon slip to number 4 if Yonkers – essentially an urban suburb of New York City – eclipses it in the near future. Additionally, as Table 3.4 shows,

Rochester is currently the ninth largest municipal unit in New York State – and could easily slip to 11th by decade-end.

Table 3.4: Top Municipal Populations in New York State (Cities & Towns)*

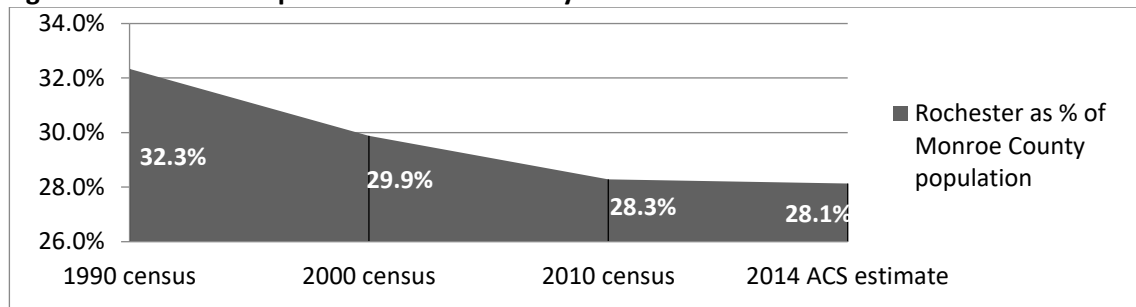
Area	2017 Population estimate
New York City	8,560,072
Hempstead	259,574
Brookhaven	204,011
Islip	772,296
Oyster Bay	487,731
Buffalo	335,302
North Hempstead	298,655
Babylon	231,085
Rochester	213,199
Huntington	209,463
Yonkers	200,999

Source: 2013-2017 American Community Survey, U.S. Census Bureau

* With the exception of the cities of New York, Buffalo, Rochester and Yonkers, all other localities on this list are towns located on Long Island.

These migration patterns across the state and within Monroe County have had an observable impact on the influence of the Upstate cities of New York relative to the downstate region as well as on the influence of the city of Rochester relative to the other towns of Monroe County. Figure 3.1 draws attention to the drop in the city's population relative to the growth in Monroe County as demonstrated at the bottom of Table 3.3.

Figure 3.1: Suburban Sprawl in Monroe County



Sources: 2010 Census, 2000 Census, 1990 Census, 2010-2014 American Community Survey, U.S. Census Bureau

As Table 3.5 illustrates, the value of taxable real property – the basis for total governmental revenues available to the towns of Monroe County and the City of Rochester – have all increased between 2001 and 2015.

Table 3.5: Full Taxable Valuation of Taxable Real Property

Area	2001	2015	% increase 2001-2015
Brighton	\$1,920,518,703	\$2,647,066,131	37.8
Chili	\$1,040,777,857	\$1,579,701,412	51.8
Clarkson	\$222,897,034	\$312,227,499	40.1
Gates	\$1,228,100,080	\$1,570,838,539	27.9
Greece	\$3,788,153,060	\$5,020,881,947	32.5
Hamlin	\$302,146,211	\$398,140,849	31.8
Henrietta	\$1,989,681,281	\$2,776,852,734	39.6
Irondequoit	\$1,965,040,920	\$2,515,223,852	28.0
Mendon	\$565,950,920	\$880,359,487	55.6
Ogden	\$729,663,930	\$1,108,171,569	51.9
Parma	\$588,699,148	\$819,894,943	39.3
Penfield	\$1,851,979,785	\$2,977,844,331	60.8
Perinton	\$2,690,027,998	\$3,803,362,419	41.4
Pittsford	\$1,998,197,398	\$2,971,861,191	48.7
Riga	\$215,601,427	\$329,211,008	52.7
Rush	\$206,715,752	\$293,822,876	42.1
Sweden	\$459,777,966	\$610,501,659	32.8
Webster	\$2,011,901,349	\$3,173,044,887	57.7
Wheatland	\$194,759,844	\$265,823,995	36.5
City of Rochester	\$4,730,799,907	\$5,922,584,257	25.2
Monroe Co. total	\$28,701,390,570	\$39,977,415,584	39.3

Source: FY2001 and FY2015 reports, New York State Office of the Comptroller

However, while the county saw its overall real property valuation increase by 39.3%, the City of Rochester saw the smallest increase in its potential revenue than any other local government in the county. Paired with the population shift from the city to the suburbs, this illustrates very starkly the current dynamic in Monroe County: people and assets are continuing to shift from the city to the suburbs. These trends create a spiraling situation in which the population that remains in Rochester tends to require greater government spending, but the city has a smaller tax base from which to raise the revenue to meet these costs. One encouraging sign is that compared to data in ABC's 2013 Community Assessment, this flight of population and assets seem to be decreasing slightly.

Racial and Ethnic Diversity in Monroe County and Rochester

A parallel trend, which cannot be ignored due its intersection with social class and therefore economic influence, is the increasing racial/ethnic minority population in Monroe County. As Table 3.6 indicates, between 1990 and 2014, towns across Monroe County have seen a significant increase in their non-white population. Indeed, the rate of increase in the suburbs has almost uniformly outpaced the increase in the city. Of course, given the extremely small minority populations of the towns, the small numeric increases over the past decade have translated into a significant *percentage* increase.

Table 3.6: Rates of increase in non-white population of Monroe County towns

Area	% non-white (1990)	% non-white (2010)	% non-white (2017)	% Increase (1990-2017)
Brighton	7.9%	20.2%	23.2%	194%
Chili	6.2%	12.4%	17.7%	186%
Clarkson	3.6%	6.6%	8.3%	130%
Gates	6.8%	17.0%	23.4%	244%
Greece	4.1%	11.3%	15.7%	283%
Hamlin	1.8%	4.4%	6.4%	254%
Henrietta	11.0%	19.8%	25.4%	131%
Irondequoit	2.6%	13.2%	17.7%	579%
Mendon	1.4%	3.5%	5.4%	283%
Ogden	2.9%	5.5%	5.7%	98%
Parma	1.6%	3.4%	3.8%	140%
Penfield	4.7%	7.4%	11.5%	144%
Perinton	4.2%	7.0%	9.3%	122%
Pittsford	5.5%	10.7%	14.0%	155%
Riga	2.1%	4.1%	3.8%	82%
Rush	4.9%	4.9%	4.1%	-17%
Sweden	6.4%	7.5%	11.6%	82%
Webster	3.2%	7.2%	11.7%	265%
Wheatland	3.2%	8.7%	10.5%	228%
City of Rochester	38.9%	56.3%	58.0%	49%
Monroe Co. total	15.9%	23.0%	27.0%	70%

Sources: 1990 Census, 2010 Census, 2013-2017 American Community Survey, U.S. Census Bureau

More significant in Table 3.6 is the fact that Rochester went from a majority white population in 1990, to a majority non-white population by the year 2010. Much as one might wish to diminish the significance of race in American culture, this change has had a significant impact on Rochester and Monroe County. Rochester is much more often – and more easily and accurately – portrayed as a minority city (with all the stereotypes that are attached to that description), while the suburbs continue to be portrayed as largely white. While these perceptions have a very clear basis in fact, they also reinforce a number of public perceptions that make it extremely difficult to convince residents of their common bond.

Table 3.7 provides some insight into how Monroe County has been changing with respect to its ethnic and language diversity. Clearly, there are significant numbers of non-English speakers throughout the county, and while in some places the largest group of them are Spanish-speaking, Spanish-speakers are actually a *minority* of non-English speakers in every suburb of the county.

Table 3.7: % of population of Monroe Co. towns who speak English “less than very well”

Town/city	2000 - % All non- English	2000 - % Spanish	2010 - % All non- English	2010 - % Spanish speakers	2017 - % All non- English	2017 - % Spanish speakers
Brighton	6.2	0.5	6.0	0.3	6.5	1.1
Chili	2.8	0.5	2.8	0.4	3.2	0.5
Clarkson	0.8	0.5	1.0	0.2	7.2	7
East Rochester	4.6	1.1	4.1	0.6	1.8	0.3
Gates	6.7	0.9	6.9	0.8	6.9	1.3
Greece	3.2	0.6	3.5	0.9	3.8	1
Hamlin	2.4	1.1	2.1	1.0	0.8	0.3
Henrietta	3.5	0.6	5.2	0.7	7.5	0.7
Irondequoit	4.7	1.0	4.5	1.1	4.2	1.6
Mendon	1.5	0.3	0.8	0.2	0.5	0.1
Ogden	1.7	0.6	1.9	0.7	2.8	1.5
Parma	1.1	0.1	2.3	0.6	0.8	0.1
Penfield	3.8	0.5	2.3	0.2	2.5	0.3
Perinton	2.6	0.4	2.1	0.2	2.6	0.3
Pittsford	2.7	0.4	2.2	0.4	2.5	0.3
Riga	1.0	0.4	2.2	0.7	0.4	0
Rush	0.4	0.0	2.3	0.7	0.5	0.2
Sweden	1.6	1.0	1.9	0.5	2.2	0.9
Webster	3.3	0.6	4.4	0.8	4.5	0.2
Wheatland	1.8	0.9	1.8	0.5	0.1	0.1
Rochester (city)	7.5	4.4	7.4	4.2	8.5	5.2
Monroe Co. total	4.7	1.7	4.7	1.6	5.2	2

Source: 2000 Census, 2010 Census, 2013-2017 American Community Survey, U.S. Census Bureau

It should not be surprising that in an economy in which English is the dominant language, individuals with lesser abilities to communicate in English are more likely to be left behind. Indeed, language ability shows an obvious intersection with poverty: many of the areas on Monroe County with higher proportions of non-English speakers are also areas with higher poverty rates.

Data specific to the city of Rochester also suggest another important pattern: the concentration of non-English speakers is in the northern part of the city, an area increasingly taking on a Latin flavor as the Latino population continues to grow. If services to individuals do not account for linguistic barriers in the community, then an entire population – and a population that is growing in our community – will continue to become more isolated.

Refugee resettlement in Monroe County

In New York State, the Office of Temporary and Disability Assistance (OTDA) manages refugee settlement activities statewide. Table 3.8a provides statewide refugee data for 2018. The top seven countries from which refugees/SIVs (Special Immigrant Visas) arrivals in FFY 2018 came from four regions. Asia is represented by Burma and Bhutan, African countries by The Democratic Republic of Congo and Eritrea, Europe with Ukraine and Russia and the Mideast with Afghanistan.

Table 3.8a: Refugees Arrivals in New York State, 2018

Nation	# of refugee arrivals in New York State in 2018
1. Democratic Republic of Congo	428
2. Afghanistan	347
3. Burma	213
4. Ukraine	175
5. Bhutan	105
6. Russia	64
7. Eritrea	57
TOTAL	1,389

Source: Office of Temporary and Disability Assistance

According to OTDA, A total of 1,281 refugees and 324 SIVs (Special Immigrant Visas) resettled in New York State in FFY 2018. Upstate New York resettled 1,139 refugees (89% of all refugees resettled in FFY 2018). Upstate New York resettled 257 SIVs (79%). Of the 221 entrants served in FFY 2018, 204 (92%) were served in counties outside of NYC; of those, 92 were in Onondaga County and 251 were in Monroe County. Table 3.8b provides local refugee data.

Table 3.8b: Refugees/Special Immigrant Visas Resettlement by County in New York State, 2018

County	# of refugees/Special Immigrant Visas resettled
1. Erie County	516
2. Monroe County	251
3. Onondaga County	223
4. Oneida County	200
5. New York County	175
6. Albany County	155
7. Westchester	26
TOTAL	1,546

Source: Office of Temporary and Disability Assistance

Immigration in Monroe County

Another component of the demographic shifts in Monroe County has been the role of immigration. Nationally, immigration is a politically salient issue that is largely portrayed as a “border” issue involving parts of

the country that are near points of entry for immigrants (such as states bordering Mexico). While data do demonstrate that US immigrants are much more frequently from Latin America and Asia than from Europe, the reality is that immigration – as well as internal migration of non-English speaking citizens – has affected Monroe County significantly in recent years.

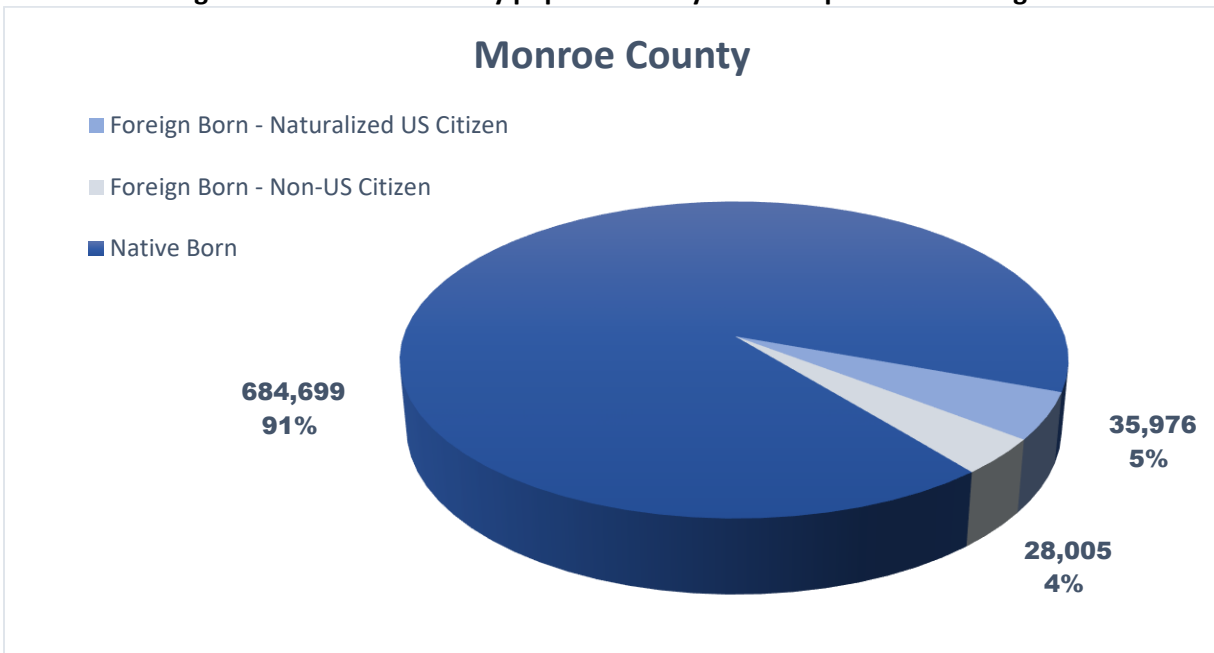
Because immigrants and non-English speakers tend to be more isolated from many aspects of society due to linguistic and cultural barriers, they show patterns consistent with individuals in poverty. Yet the national picture also shows that non-citizens maintain a high rate of employment and are more likely to work in critical service sectors of the economy. National data from the US Census show the following:⁸

- Educational gaps are significant among native-born citizens, naturalized ones and non-citizens. Where only 9.3% of native-born citizens lack a high school diploma, twice that proportion (20.0%) of naturalized citizens lack one and almost four times that proportion (38.5%) of non-citizens lack one.
- In 2013-2017, the unemployment rate for native-born citizens was 4.2%. It was lower for naturalized citizens (3.1%), and slightly higher for non-citizens (4.5%). Non-citizens are three times more likely than citizens (of both types) to be engaged in construction and agriculture and related jobs. While these jobs tend to require less education and lower skill levels, they are also critical to the overall economy.
- Education and employment outcomes produce different patterns of income. Where native-born and naturalized citizen households generate higher median income levels (\$58,432 and \$63,346 respectively), non-citizen households lag significantly (\$43,612).
- Native-born American households have a high rate of homeownership (65.9%). Naturalized citizens have a similarly high rate (65.5%). Non-citizens are far more likely to rent their homes; only 33.9% own their homes.
- Naturalized citizens have the lowest poverty rate (11.0%), followed by native born citizens (14.2%). Non-citizens have a much higher poverty rate than both groups: 22.9%.

In Monroe County, the demographic traits of these three groups show similar patterns to the national profile of characteristics. The following figures provide comparisons among the three groups: native-born citizens in Monroe County (91.5% of the county's population), naturalized citizens of foreign origin (4.8% of the county's population) and non-citizens (3.7% of the county's population). The figures demonstrate that Monroe County has a significant foreign-born population and that non-citizens in particular occupy a vulnerable position in the county's population.

⁸ All national data relating to native born vs. naturalized vs. non-citizen residents are from the 2013-2017 American Community Survey.

Figure 3.2: Monroe County population – by citizenship status and origin



Source: 2013-2017 American Community Survey, U.S. Census Bureau

Figure 3.2 illustrates that while non-citizens comprise only a small proportion of the Monroe County resident population, they constitute 28,005 people – a population comparable to the populations of the towns of Gates, Chili or Pittsford.

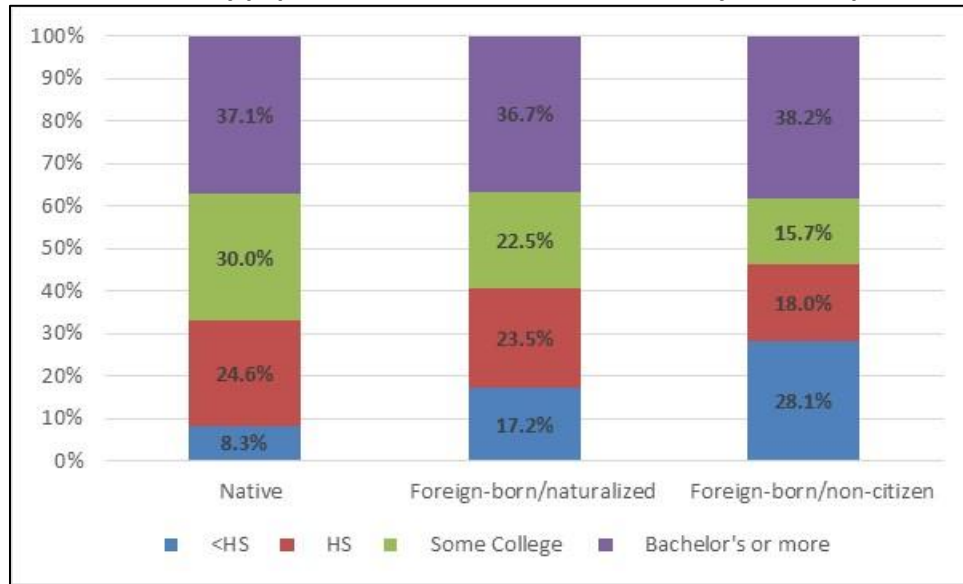
The table below shows the percentage of white and non-white Monroe County residents by citizenship status and origin. Nearly four-fifths of the county's native residents are white. In comparison, close to half of naturalized, foreign-born and just under two-thirds of non-citizen, foreign-born residents are people of color. Native residents are less likely to be Hispanic/Latino in comparison to other peer groups.

Table 3.2: Monroe County population – race & ethnicity by citizenship status and origin

Race & Ethnicity	Percentage
White	
Native	78.7%
Foreign-born/naturalized	53.9%
Foreign-born/non-citizen	36.6%
Non-White	
Native	21.3%
Foreign-born/naturalized	46.1%
Foreign-born/non-citizen	63.4%
Hispanic/Latino	
Native	8.0%
Foreign-born/naturalized	9.4%
Foreign-born/non-citizen	15.4%

Source: 2013-2017 American Community Survey 5-Year Estimates, American Community Survey

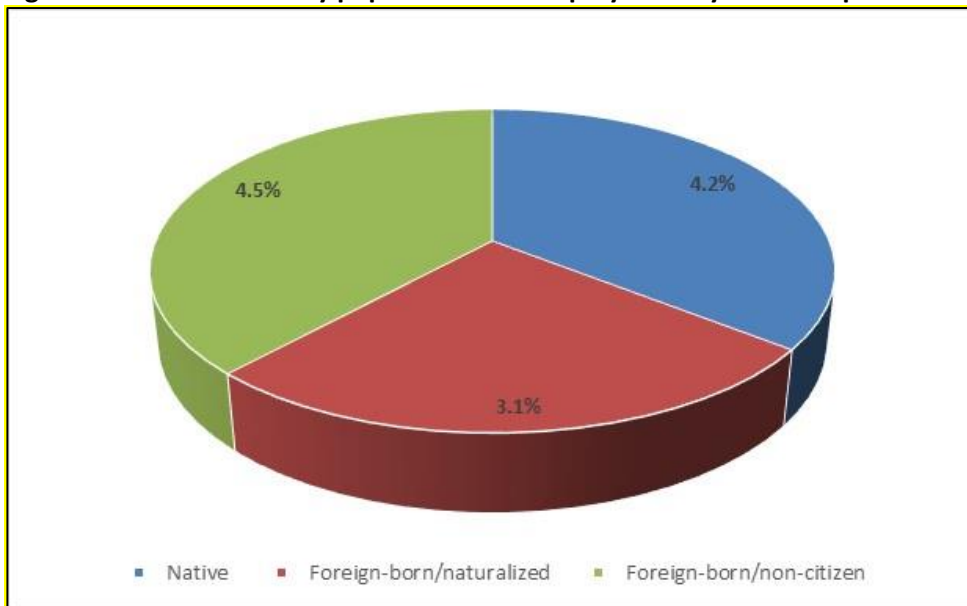
Figure 3.3: Monroe County population – educational attainment by citizenship status and origin



Source: 2013-2017 American Community Survey

Figure 3.3 demonstrates that foreign-born residents are more likely to fall into one of two educational extremes than are native-born residents. There is twice the rate of lower-education foreign-born residents (less than a high school diploma) but also higher rates of highly-educated immigrant residents. This suggests that the immigrant population in Monroe County consists of both lower-educated and often lower-skilled (in employment terms) individuals, as well as a significant proportion of individuals with advanced/ professional degrees. The economic opportunities for these groups in Monroe County are obviously very different – and that difference in opportunities needs to be part of the immigration conversation among County service providers. Figure 3.4 shows that native-born are less likely to be unemployed than their foreign-born peers, in particular foreign-born who are non-citizens.

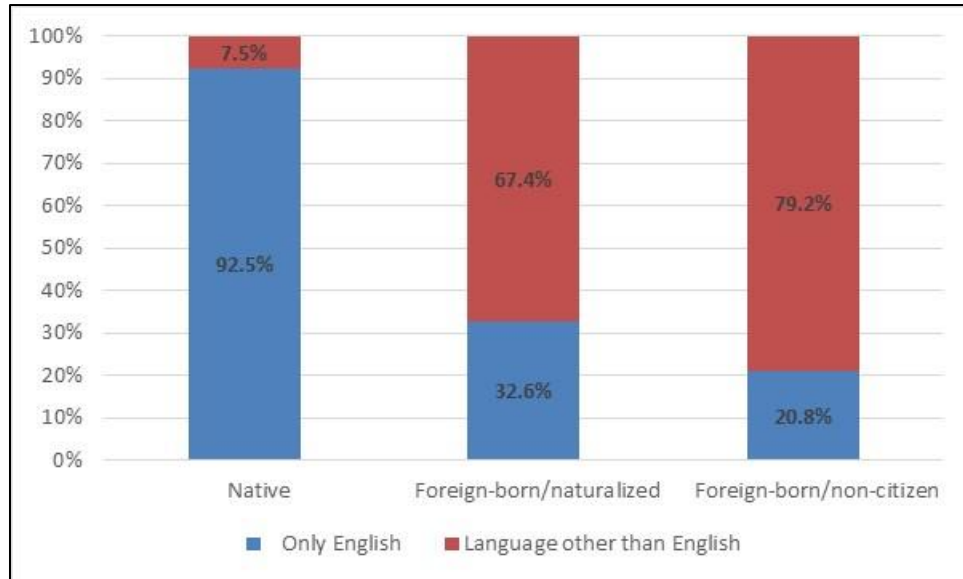
Figure 3.4: Monroe County population – unemployment by citizenship status and origin



Source: 2013-2017 American Community Survey

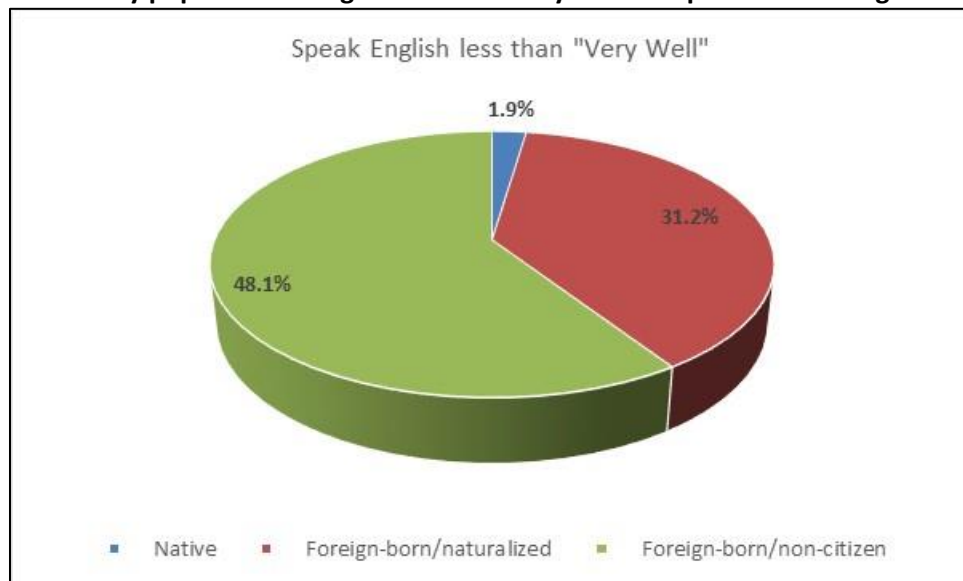
Figures 3.5 and 3.6 shows languages spoken at home and linguistic isolation by citizenship status and origin.

Figure 1.5: Monroe County population – language spoken at home by citizenship status and origin



Source: 2013-2017 American Community Survey

Figure 3.6: Monroe County population – linguistic isolation by citizenship status and origin

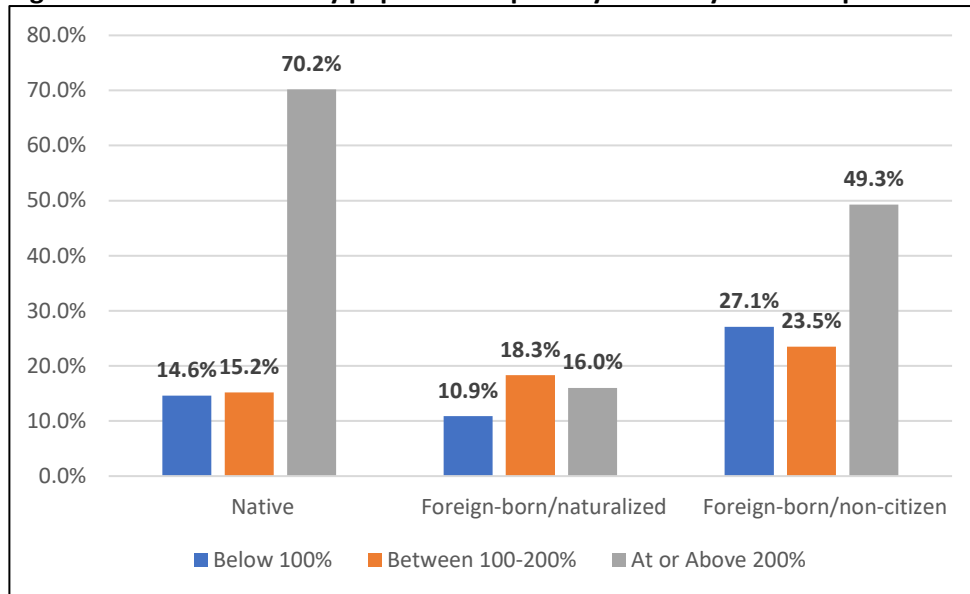


Source: 2013-2017 American Community Survey

While one might expect that non-native born residents would be more likely to be non-English speakers (at least in terms of their language of choice), the data in Figures 1.5 and 1.6 demonstrate a significant language gap. With respect to English proficiency, there is also a significant difference: only 1.9% of native-born residents report

speaking English “less than very well” but that proportion is 48.1% of naturalized residents and 31.2% of non-citizen residents. For those with limited education and/or employment skills, providing services in a language they can comprehend could pose a challenge for government agencies and non-profit community-based agencies.

Figure 3.7: Monroe County population – poverty status by citizenship status and origin

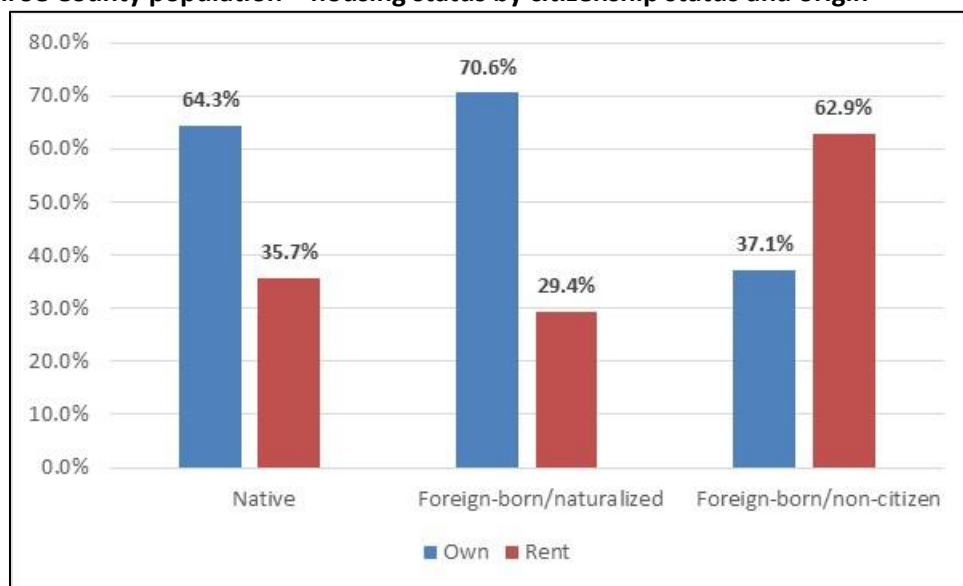


Source: 2013-2017 American Community Survey

Poverty clearly has a differential impact on immigrant groups in Monroe County relative to native-born residents. As Figure 3.7 shows, the poverty rate (below 100%) is much higher for non-citizens than it is for citizens (whether foreign-born or native born). And more significant, the proportion of non-citizen residents below 200% of the federal poverty guidelines (a closer approximation of financial self-sufficiency), is slightly over half -- meaning that almost half the non-citizen residents of Monroe County could benefit from supportive services, but due to legal, linguistic, cultural and other barriers, that assistance is often insufficient or ineffective.

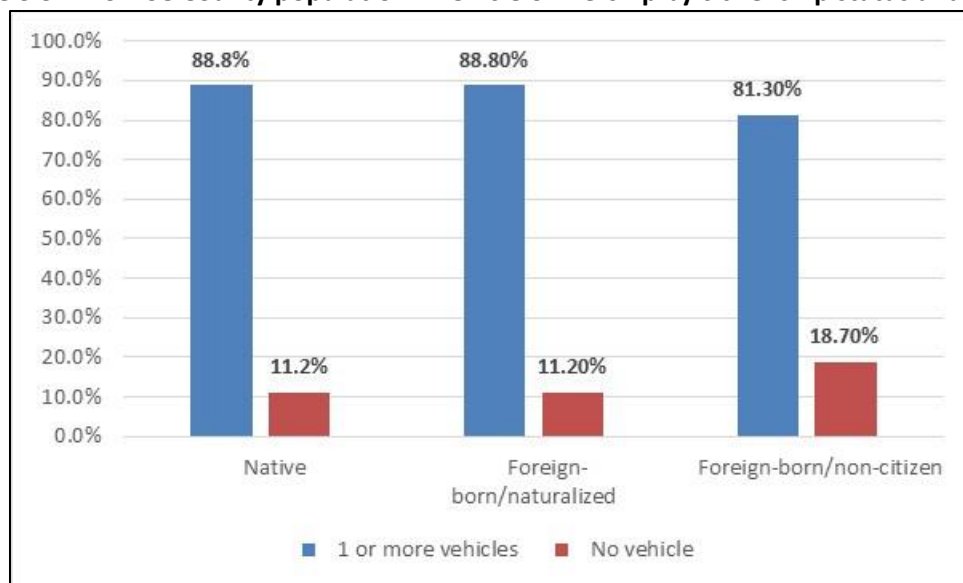
Finally, Figures 3.8 and 3.9 shed some light on how these previous data relate to the quality of life of immigrant groups in Monroe County.

Figure 3.8: Monroe County population – housing status by citizenship status and origin



Source: 2013-2017 American Community Survey

Figure 3.9: Monroe County population – vehicle ownership by citizenship status and origin



Source: 2013-2017 American Community Survey

Mirroring national data, naturalized and native-born citizens of Monroe County have comparable homeownership and vehicle ownership rates. By contrast, non-citizens are half as likely to own their home and twice as likely to have no access to a vehicle. Even for city residents, lack of access to a vehicle is a hardship in a community where employment opportunities are increasingly located in areas that do not have adequate connections to the public transport system.

As the following sections will demonstrate, this fundamental shift in resources and influence (both real and perceived) from city to suburbs has strained the social fabric of the county. Across virtually all dimensions, the city is experiencing a downward pattern with respect to quality of life indicators, while outlying towns and suburbs are seeing a constant or upward trend. For low-income individuals in Monroe County – most of whom reside in the city

of Rochester – this pattern has led to them falling behind in their efforts to become self-sufficient. It has also left them with even less influence over the path of the county and therefore their own lives.

Governor Cuomo statutorily started the Immigrant Service Office. Catholic Family Center (CFC) serves as the Opportunity Center to assist in smoothing the resettlement transition for immigrant families. There are 21 Opportunity Centers in New York State. CFC is the designated Opportunity Center locally. NYS Department of State (NYSDoS) applied and secured Community Services Block Grant (CSBG) funding – primary funding source for Community Action Agencies such as ABC to address poverty – to provide navigation services for newly settled immigrants, primarily as a result of what has transpired on a national level. Navigation services was also provided because many immigrants lacked access to reliable information, resources and opportunities. ABC was awarded a grant through NYSDoS to run the Office of New Americans program, which works closely with CFC Opportunity Center and a plethora of other organizations. There is no other program in the United States. ONA's service area is a twelve-county region. Last year 430+ individuals were served There are more new Americans in Monroe County than any other county due to resettlement services offered. Wayne County has a large number of undocumented and seasonal immigrant workers. These new Americans are more hidden in Monroe County. Mexicans and South American immigrants come to the community seasonally. Two issues to note: 1) lower number of immigrant resettling in the community due to federal policy (it is harder to find the target population) and 2) increase fear/negative feelings towards the target population.

Chapter 4: Individuals/Families in Poverty

The United States federal government defines poverty using a set of money income thresholds (using money income before taxes and not including capital gains or noncash benefits such as Food Stamps) that are adjusted to inflation using Consumer Price Index (CPI-U), according to the U.S. Census Bureau. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The thresholds are issued by the Census Bureau and are primarily used for statistical purposes (for example, calculating the number of individuals or families living in poverty for a specific geographic area).

The Department of Health and Human Services (DHHS) issues poverty guidelines (often called Federal Poverty Level), which are based on the poverty thresholds. Published each year, the guidelines are used for administrative purposes and determine financial eligibility for certain federal programs. Federal programs using the guidelines include: Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Cash assistance programs such as Supplemental Security Income (SSI), Earned Income Tax Credit (EITC) and Temporary Assistance for Needy Families (TANF) typically do not use the guidelines. Table 4.1 below displays the poverty guidelines for 2020 – beginning at 50% of the federal poverty level or FPL.⁹ Calculations were made to illustrate what the poverty guidelines would be below and beyond 100%.

Table 4.1: 2020 Federal Poverty Level (FPL) Guidelines

Persons in family/household	Poverty Guidelines 48 Contiguous States and the District of Columbia					
	50% FPL	100% FPL	125% FPL	150% FPL	175% FPL	200% FPL
1	\$6,380	\$12,760	\$15,950	\$19,140	\$22,330	\$25,520
2	\$8,620	\$17,240	\$21,550	\$25,860	\$30,170	\$34,480
3	\$10,860	\$21,720	\$27,150	\$32,580	\$38,010	\$43,440
4	\$13,100	\$26,200	\$32,750	\$39,300	\$45,850	\$52,400
5	\$15,340	\$30,680	\$38,350	\$46,020	\$53,690	\$61,360
6	\$17,580	\$35,160	\$43,950	\$52,740	\$61,530	\$70,320
7	\$19,820	\$39,640	\$49,550	\$59,460	\$69,370	\$79,280
8	\$22,060	\$44,120	\$55,150	\$66,180	\$77,210	\$88,240

Note: For families/households with more than 8 persons, add \$4,480 for each additional person.

Source: Federal Register Vol. 85, No. 12 January 17, 2020, pp. 3060-3061

Table 4.2 – 4.4 displays the number and percent of individuals receiving cash public assistance, Supplemental Security Income (SSI) and Food Stamps/SNAP, as tracked by the U.S. Census.¹⁰ Households residing in the city of Rochester are at least twice as likely to receive these forms of public assistance as other geographic areas. According to Office of Temporary and Disability Assistance, in 2019, there were 16,787 TANF recipients in Monroe County. During this time, 6,796 adults and 9,991 children received TANF. Family Assistance program included the

⁹ Poverty guidelines for Alaska and Hawaiian differ and are not provided in chart. The Department of Health and Human Services notes that separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period.

¹⁰ Cash public assistance is defined as direct cash payments to beneficiaries of public welfare programs (e.g. TANF).

following in 2019: 7960 recipients, 1,683 adults and 6,277 children. This same year, there were 8827 recipients, 5,113 adults and 3,714 children in the Safety Net Assistance program.

Table 4.2: Households with Cash Public Assistance Income			
	# of Households	% of Households	Mean Amount
U.S.	3,041,626	2.6%	\$3,230
NYS	247,138	3.4%	\$3,752
Rochester MSA	16,744	3.9%	\$3,840
Monroe County	13,019	4.3%	\$4,009
City of Rochester	8,987	10.4%	\$4,217

*Note: In 2017 Inflation-Adjusted Dollars

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

Table 4.3: Households with Supplemental Security Income (SSI)			
	# of Households	% of Households	Mean Amount
U.S.	6,390,187	5.4%	\$9,743
NYS	462,052	6.3%	\$9,506
Rochester MSA	26,243	6.1%	\$9,729
Monroe County	18,995	6.3%	\$9,690
City of Rochester	11,226	13.0%	\$9,109

*Note: In 2017 Inflation-Adjusted Dollars

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

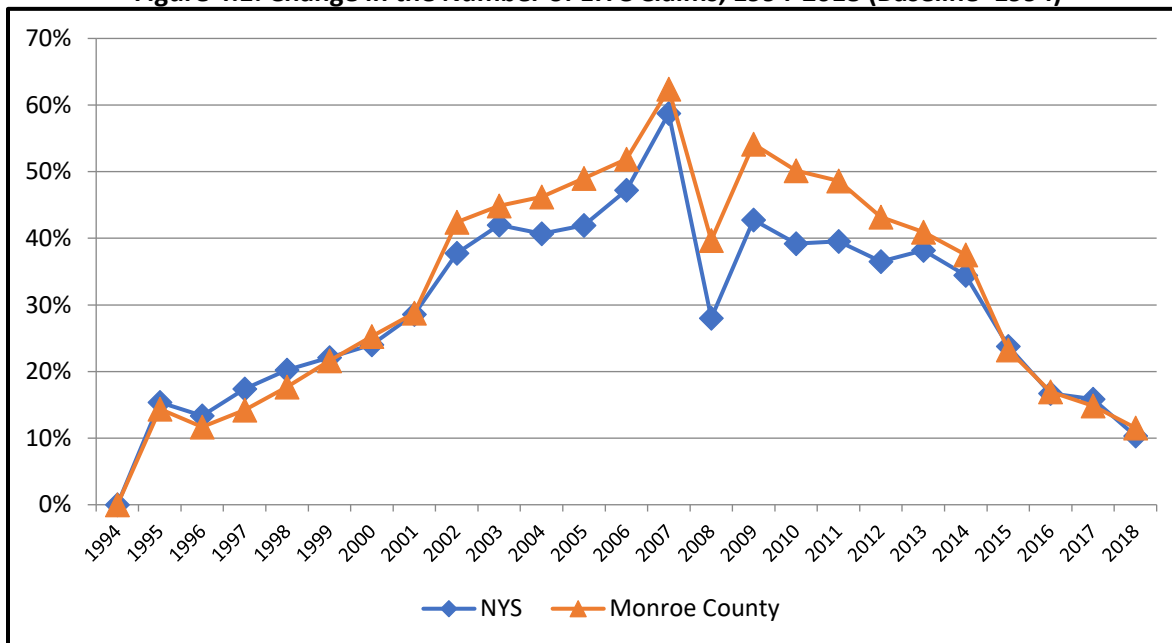
Table 4.4: Households with Food Stamps/SNAP in past 12 months		
	# of Households	% of Households
U.S.	15,029,498	12.6%
NYS	1,110,617	15.2%
Rochester MSA	60,970	14.1%
Monroe County	45,298	15.1%
City of Rochester	30,095	34.9%

*Note: In 2017 Inflation-Adjusted Dollars

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

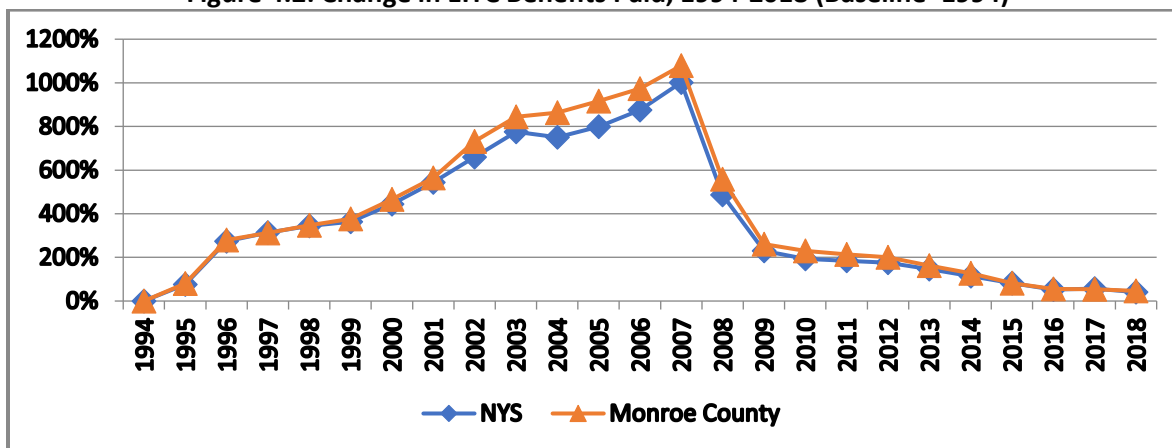
Figures 4.1 and 4.2 show the change in the number of Earned Income Tax Credit (EITC) recipients and the change in the amount of EITC benefits paid over the past 25-year period for which data are available. In more recent years, both of these data points show a declining trend. According to the Internal Revenue Service, New York State is one of 25 states (along with the District of Columbia) to offer EITC.¹¹

Figure 4.1: Change in the Number of EITC Claims, 1994-2018 (Baseline=1994)



Source: Annual Report to the Governor and Legislature, NYS Department of Taxation and Finance, Office of Tax Policy Analysis, 1994-2009 and 2011-2018 data was obtained at the New York State government website.

Figure 4.2: Change in EITC Benefits Paid, 1994-2018 (Baseline=1994)



Source: Annual Report to the Governor and Legislature, NYS Department of Taxation and Finance, Office of Tax Policy Analysis, 1994-2009 and 2011-2018 data was obtained at the New York State government website.

¹¹ "Tax Credits for Working Families: Earned Income Tax Credit (EITC)", January 2013. Rochelle Finzel and Qiana Torres Flores. National Conference of State Legislatures.

In 2018, 1,487,292 New York and 51,248 Monroe County residents claimed EITC.¹² Since New York State instituted a statewide EITC in 1994, the participation rate statewide and in Monroe County increased significantly (by about 60% from 1994-2007), dropped in 2008, then rose in 2009 to 42.7% and 54.2%, respectively.¹³ Since 2014, participation rates have been declining. Likewise, the amount of benefits received by applicants in Monroe County and New York State grew by more than tenfold from 1994-2007, varied thereafter until 2014 where growth showed a downward trend.

According to the IRS, in 2018 and in 2019, 25 million eligible workers and families received about \$63 billion in EITC. The average amount of EITC received nationwide was about \$2,488 and \$2,476 in 2018 and 2019, respectively.¹⁴ The IRS estimates that 20% of eligible workers do not claim EITC, often due to lack of knowledge that the credit exists.¹⁵ A coalition, Creating Assets Savings and Hope (C.A.S.H.) consisting of more than 30 organizations was formed in 2002 by the United Way of Greater Rochester with the goal of increasing participation in the EITC, as well as providing more opportunities for low-income tax filers to access financial literacy training and technical assistance resources. One element of the C.A.S.H. coalition's program is the Volunteer Income Tax Assistance (VITA) program, a joint effort between local organizations and the Internal Revenue Service to provide free tax preparation assistance to individuals who qualify (generally earning \$51,000 or less). Tables 4.5 and 4.6 show the recent local impact of the VITA program and the assets that have been generated from both the state and federal EITC programs.

Table 4.5: Individuals Receiving Tax Assistance Services through Rochester C.A.S.H. Coalition

Tax Year	Number of federal refunds prepared	Number of individuals receiving EITC	Amount of federal refunds claimed	Amount of state refunds claimed	Amount of EITC refund claimed (Federal + NYS)
2005-2006	10,423	4,396	\$11,981,981	\$3,001,350	\$8,084,323
2006-2007	12,188	4,757	\$14,527,181	\$4,697,316	\$9,292,782
2007-2008	14,492	5,133	\$15,115,672	\$4,759,438	\$10,011,552
2008-2009	12,714	4,746	\$16,565,612	\$4,564,393	\$9,619,186
2009-2010	12,480	4,900	\$19,000,000	\$4,008,000	\$10,003,000
2010-2011	13,004	5,190	\$20,003,000	\$5,001,000	\$10,009,000
2011-2012	13,300	5,580	\$19,003,000	\$4,008,000	\$11,055,000
2012-2013	13,757	5,624	\$21,000,000	\$5,600,000	\$12,200,000
2013-2014	12,082	4,832	18,924,480	5,357,006	11,783,249
2014-2015	15,551	6,531	\$16.7M	\$4.6M	\$11.9M
2015-2016	14,414	5,765	\$14.9M	\$3.9M	\$8.7M
2016-2017	19,996	NA	NA	NA	\$29.1M
2017-2018	19,996	NA	NA	NA	\$29.1M

Source: Rochester C.A.S.H. Coalition

¹² Annual Report to the Governor and Legislature, November 2011. NYS Department of Taxation and Finance, Office of Tax Policy Analysis.

¹³ Note that because New York State and the federal government have separate income tax systems, there are actually two EITC programs, one operated by New York, the other by the federal government. The data presented here apply only to filings for the New York State EITC.

¹⁴ Data was obtained from the following websites: Source: IRS <https://www.etc.irs.gov/etc-central/statistics-for-tax-returns-with-etc/statistics-for-2018-tax-returns-with-etc-obtained-3/29/20> and IRS <https://www.etc.irs.gov/etc-central/statistics-for-tax-returns-with-etc/statistics-for-2019-tax-returns-with-etc-obtained-3/29/20>.

¹⁵ "Tax Credits for Working Families: Earned Income Tax Credit (EITC)", January 2013. Rochelle Finzel and Qiana Torres Flores. National Conference of State Legislatures.

Table 4.6: Individuals Receiving Tax Assistance Services through ABC

Tax Year	Number of federal refunds prepared	Number of individuals receiving EITC	Amount of federal refunds claimed	Amount of state refunds claimed	Amount of EITC refund claimed (Federal + NYS)
2005-2006	127	58	\$176,265	\$36,738	\$124,402
2006-2007	116	57	\$221,815	\$58,664	\$146,401
2007-2008	233	114	\$396,589	\$114,657	\$283,494
2008-2009	185	101	\$353,896	\$95,887	\$220,074
2009-2010	163	82	\$357,111	\$91,524	\$212,193
2010-2011	182	91	\$358,820	\$89,858	\$207,237
2011-2012	183	90	\$362,242	\$95,618	\$228,901
2012-2013*	258	128	\$478,753	\$133,960	\$331,699
2013-2014	344	198	666,254	192,158	426,585
2014-2015	127	55	140,932	43,745	106,586
2015-2016	149	65	196,444	54,570	124,691
2016-2017	NA	NA	NA	NA	NA
2017-2018	NA	NA	NA	NA	NA

Note: 2012-2013 Includes returns prepared at the main ABC site and the Head Start site. ABC did not operate VITA after 2015-2016.

Source: Rochester C.A.S.H. Coalition

New York State Community Action Agency (NYSCAA), regional network for CAAs within New York State, received a grant in 2006 to help promote VITA and EITC locally. For 2007 and 2008, NYSCAA reported the following groups as most likely to participate in the statewide initiative: whites, individuals with a high school diploma or less, single-parent families, employed persons, and renters. About 40% of the participants learned of VITA through a friend or relative, while 20%-30% were former participants (meaning they utilized the program in the past). A slightly higher percentage of participants in 2008 (46%) claimed EITC in the previous year than participants in 2007 (38%). When asked how the EITC funds would be spent, three-fourths of the participants in each year stated that the funds would be used to pay bills.

Who Are the Poor?

This section provides a snapshot of individuals residing in poverty, including customers served by ABC, Inc.

Poverty is highest in the city of Rochester – it is at least double the majority of other geographic areas. Table 4.7 shows the percentage of individuals living below the poverty level by geographic area. According to the U.S. Census Bureau, there were 66,486 individuals in the city of Rochester and 107,481 individuals residing in Monroe County living below the poverty level in 2013-2017. In general, women are more likely to be in poverty than men, as shown in Table 4.8.

Table 4.7: Individuals Living Below the Poverty Level

	Number	Percent		Number	Percent
Brighton	3,722	10.8%	Perinton	2,433	5.2%
Chili	1,899	6.7%	Pittsford	898	3.3%
Clarkson	423	6.3%	Riga	406	7.2%
East Rochester	994	15.0%	Rochester	66,486	33.1%
Gates	2,000	7.0%	Rush	164	4.9%
Greece	8,090	8.4%	Sweden	2,141	18.5%
Hamlin	741	8.1%	Webster	2,163	4.9%
Henrietta	5,094	13.0%	Wheatland	640	13.5%
Irondequoit	4,323	8.6%	Monroe County	107,481	14.8%
Mendon	728	7.9%	Rochester MSA	146,151	14.0%
Ogden	1,467	7.4%	New York	2,908,471	15.1%
Parma	1,086	6.9%	United States	45,650,345	14.6%
Penfield	1,583	4.3%			

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

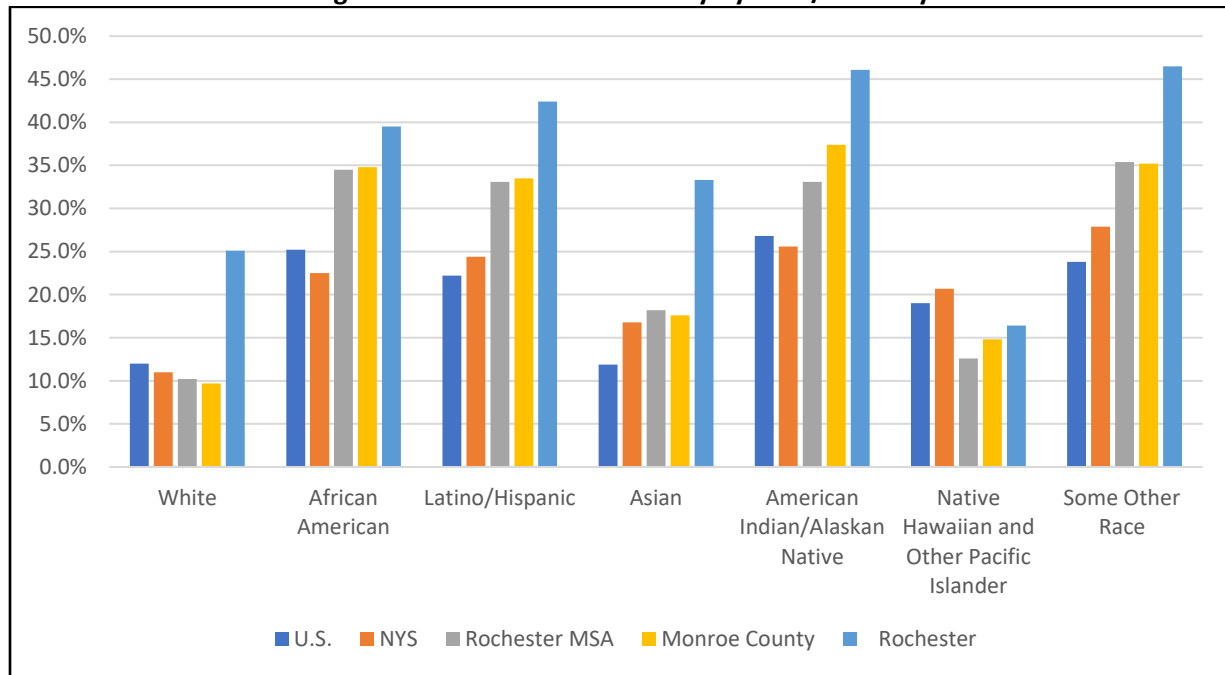
Table 4.8: Poverty by Gender

	Male		Female	
	Number	Percent	Number	Percent
U.S.	20,408,626	13.3%	25,241,719	15.8%
NYS	1,284,016	13.8%	1,624,455	16.3%
Rochester MSA	65,301	12.9%	80,850	15.1%
Monroe County	47,826	13.7%	59,655	15.9%
Rochester	30,077	30.9%	36,409	35.2%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Whites are less likely to live in poverty than most non-whites, in particular, African Americans, Hispanics/Latinos and Asians, regardless of the geographic area, as shown in Figure 4.3.

Figure 4.3: Individuals in Poverty by Race/Ethnicity



Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Among localities within Monroe County, poverty among families is highest in the city of Rochester – it is at least double the majority of other geographic areas. As shown in the Table 4.9, 12,361 families in the city of Rochester and 19,402 families in Monroe County lived below the poverty level.

Table 4.9: Families Living in Poverty

	Number	Percent		Number	Percent
Brighton	509	6.2%	Perinton	566	4.3%
Chili	357	4.7%	Pittsford	142	1.8%
Clarkson	102	5.9%	Riga	108	6.6%
East Rochester	142	9.3%	Rochester	12,361	29.6%
Gates	388	5.2%	Rush	24	2.4%
Greece	1,391	5.3%	Sweden	183	6.9%
Hamlin	136	5.6%	Webster	444	3.7%
Henrietta	662	6.9%	Wheatland	121	9.7%
Irondequoit	896	6.6%	Monroe County	19,402	10.7%
Mendon	161	6.0%	Rochester MSA	26,807	10.0%
Ogden	192	3.6%	New York	524,696	11.3%
Parma	236	5.4%	United States	8,253,388	10.5%
Penfield	281	2.8%			

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Female-headed households are more likely to be in poverty than any other family type, as shown in Table 4.10.

Table 4.10: Poverty by Family Type

	Married-couple Household	Female-headed Household	Male-headed Household
United States			
<i>Number</i>	3,023,580	4,348,819	880,989
<i>Percent</i>	5.3%	28.8%	15.3%
New York			
<i>Number</i>	191,355	281,622	51,719
<i>Percent</i>	5.9%	26.9%	14.2%
Rochester MSA			
<i>Number</i>	7,025	17,249	2,533
<i>Percent</i>	3.6%	31.0%	13.5%
Monroe County			
<i>Number</i>	4,538	13,285	1,579
<i>Percent</i>	3.6%	31.9%	12.4%
Rochester			
<i>Number</i>	1,820	9,595	946
<i>Percent</i>	10.7%	46.4%	23.6%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Children are more likely to be in poverty than the general population. Tables 4.11 and 4.12 displays poverty for children under age 5 and under age 18. The top five localities within Monroe County, besides the city of Rochester, with the highest poverty rates for children under age 8 are (in order): Clarkson, Wheatland, East Rochester, Greece and Irondequoit. For children under age 18, the localities are (in order): Wheatland, East Rochester, Riga, Henrietta and Irondequoit. In a 2015 Act Rochester report, “Benchmarking Rochester’s Poverty”, Rochester was ranked #1 (among cities of its size) as having the highest rate of childhood poverty, meaning, more than half the children in the city lived in poverty.

Table 4.11: Poverty for Children Under Age 5

	Number	Percent			Number	Percent
Brighton	180	10.0%		Perinton	120	4.7%
Chili	86	5.8%		Pittsford	23	2.0%
Clarkson	145	32.9%		Riga	0	0.0%
East Rochester	107	23.8%		Rush	0	0.0%
Gates	70	5.1%		Sweden	76	13.4%
Greece	758	14.9%		Webster	82	3.6%
Hamlin	25	5.4%		Wheatland	85	26.0%
Henrietta	275	11.8%		Rochester	7,054	51.2%
Irondequoit	413	14.9%		Monroe County	9,784	23.5%
Mendon	13	3.7%		Rochester MSA	13,081	22.5%
Ogden	86	7.7%		New York	260,541	22.6%
Parma	59	6.5%		United States	4,390,252	22.5%
Penfield	127	6.1%				

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Table 4.12: Poverty for Children Under Age 18

	Number	Percent			Number	Percent
Brighton	664	10.4%		Perinton	515	5.2%
Chili	253	4.3%		Pittsford	144	2.2%
Clarkson	164	11.2%		Riga	140	16.4%
East Rochester	362	24.0%		Rush	36	5.7%
Gates	476	8.8%		Sweden	189	8.7%
Greece	2259	11.9%		Webster	467	5.0%
Hamlin	246	12.0%		Wheatland	276	26.3%
Henrietta	1062	13.1%		Rochester	24,949	51.9%
Irondequoit	1,275	12.7%		Monroe County	35,088	22.3%
Mendon	253	11.4%		Rochester MSA	46,444	20.7%
Ogden	446	10.6%		New York	878,104	21.3%
Parma	465	12.4%		United States	14,710,485	20.3%
Penfield	447	5.4%				

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Among seniors, poverty is highest in Rochester, which is nearly twice the rate of the next two geographic areas: East Rochester and Irondequoit, as shown in the Table 4.13.

Table 4.13: Poverty for Individuals 65 Years and Over

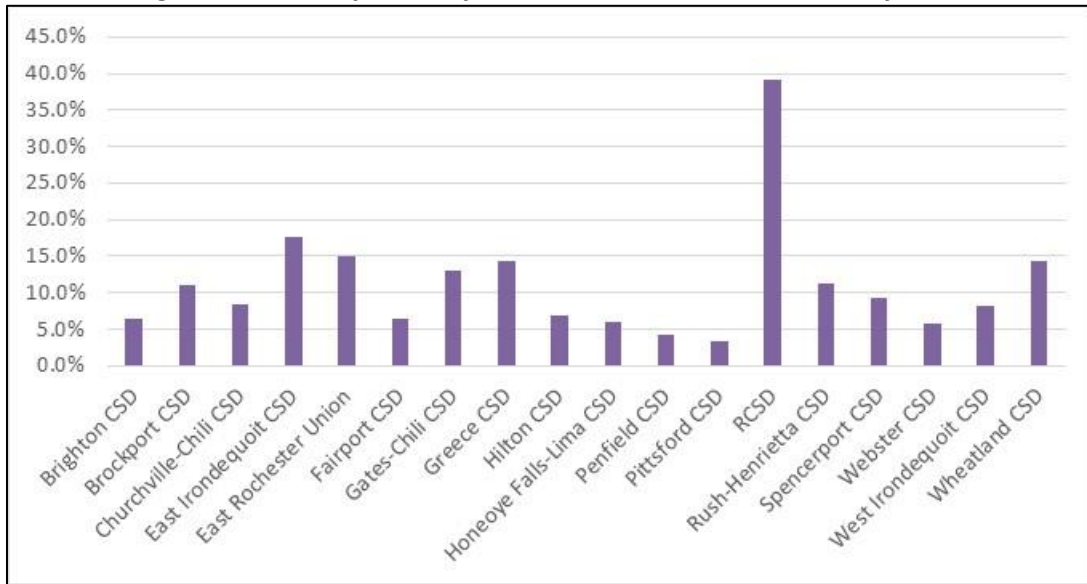
	Number	Percent			Number	Percent
Brighton	318	5.0%		Perinton	447	4.9%
Chili	186	4.3%		Pittsford	243	4.4%
Clarkson	65	7.9%		Riga	54	5.4%
East Rochester	78	8.7%		Rush	17	2.5%
Gates	358	6.2%		Sweden	68	4.0%
Greece	1004	5.4%		Webster	253	3.1%
Hamlin	48	3.9%		Wheatland	24	3.8%
Henrietta	429	7.1%		Rochester	3,147	15.7%
Irondequoit	786	8.0%		Monroe County	8,129	7.1%
Mendon	106	7.8%		Rochester MSA	11,875	7.0%
Ogden	84	3.2%		New York	333,696	11.5%
Parma	39	1.7%		United States	4,317,192	9.3%
Penfield	375	5.1%				

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Poverty is not limited to the Rochester City School District (RCSD). As shown in the Figure 4.4, outside of the RCSD (which had a poverty rate of 39.1%), the top three school districts in Monroe County with the highest poverty rates in 2018 were:

- East Irondequoit School District (17.7%)
- East Rochester Union School District (15.1%)
- Greece Central School District (14.4%)

Figure 4.4: Poverty Rates by School Districts in Monroe County, 2018



Note: School districts include children/youth ages 5-17.

Source: U.S. Census Bureau, Small Area Poverty and Income Estimates, 2018

Across all geographic areas, Spanish-speaking residents and those who speak other languages are more likely to be in poverty, as shown in Table 4.14.

Table 4.14: Poverty by Languages Spoken

	English	Spanish	Indo-European languages	Asian and Pacific Island languages	Other Languages
United States					
<i>Number</i>	6,896,126	2,759,851	267,625	197,095	199,536
<i>Percent</i>	66.8%	26.7%	2.6%	1.9%	1.9%
New York					
<i>Number</i>	337,653	166,564	66,748	22,847	23,751
<i>Percent</i>	54.7%	27.0%	10.8%	3.7%	3.8%
Rochester MSA					
<i>Number</i>	26,235	4,520	1,119	468	1,021
<i>Percent</i>	78.6%	13.5%	3.4%	1.4%	3.1%
Monroe County					
<i>Number</i>	19,286	3,873	673	461	1,011
<i>Percent</i>	76.2%	15.3%	2.7%	1.8%	4.0%
Rochester					
<i>Number</i>	13,864	3,044	321	163	503
<i>Percent</i>	77.5%	17.0%	1.8%	0.9%	2.8%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

More than a quarter of individuals with a disability reside in poverty locally, as shown in the Table 4.15. Rochester has the highest percentage of individuals with disabilities in poverty.

Table 4.15: Poverty for Individuals with Disabilities

	Under 18 Years Old	Ages 18-64	Age 65 and Over
United States			
<i>Number</i>	915,598	5,470,105	2,066,837
<i>Percent</i>	30.7%	27.1%	12.6%
New York			
<i>Number</i>	52,610	322,341	158,988
<i>Percent</i>	32.9%	29.8%	16.3%
Rochester MSA			
<i>Number</i>	4,761	24,354	5,372
<i>Percent</i>	38.3%	32.9%	9.8%
Monroe County			
<i>Number</i>	3,466	18,128	18,128
<i>Percent</i>	39.8%	34.8%	34.8%
Rochester			
<i>Number</i>	2,671	12,234	12,234
<i>Percent</i>	63.8%	50.1%	50.1%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Table 4.16 shows that those living in poverty are slightly more likely to be unemployed than employed (part-time or full-time) regardless of the geographical area, with the rates for the city of Rochester twice the rates of other areas. About 1 in 5 individuals residing below the poverty level were working part time or full-time in the past 12 months for all geographic areas except the city. Slightly more than a third of city worked part-time or full time (in the past 12 months).

Table 4.16: Poverty by Employment Status

	Worked full-time, year-round in the past 12 months	Worked part-time or part-year in the past 12 months	Did not work
United States			
<i>Number</i>	3,080,599	10,318,737	18,980,221
<i>Percent</i>	2.9%	17.6%	22.5%
New York			
<i>Number</i>	179,051	584,421	1,356,801
<i>Percent</i>	2.7%	16.3%	25.2%
Rochester MSA			
<i>Number</i>	6,187	37,429	60,589
<i>Percent</i>	1.8%	17.2%	22.0%
Monroe County			
<i>Number</i>	4,233	27,054	44,114
<i>Percent</i>	1.7%	17.7%	23.4%
Rochester			
<i>Number</i>	2,593	14,148	26,678
<i>Percent</i>	4.5%	34.0%	46.1%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Table 4.17 shows that the lower one's educational level, the more likely s/he is living in poverty. The city of Rochester is about twice the rate of other geographic areas for many educational attainment areas.

Table 4.17: Poverty by Educational Level

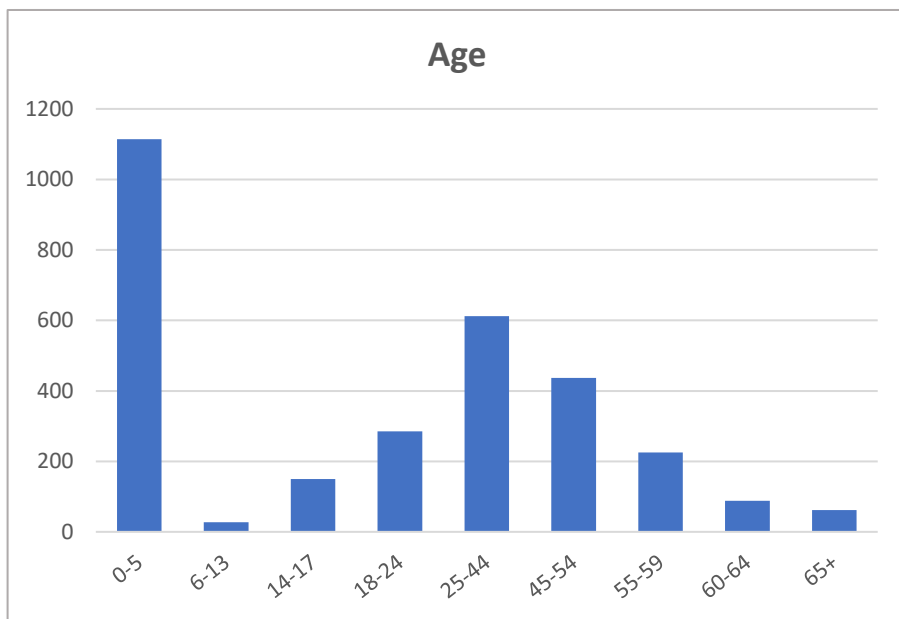
	Less than High School	High School Graduate	Some College, Associate's Degree	Bachelor's Degree or Higher
United States				
<i>Number</i>	6,972,846	8,130,798	6,304,087	2,990,052
<i>Percent</i>	26.4%	24.1%	10.2%	4.5%
New York				
<i>Number</i>	531,601	525,101	356,399	248,139
<i>Percent</i>	29.0%	15.0%	10.7%	5.2%
Rochester MSA				
<i>Number</i>	20,463	25,847	21,377	9,410
<i>Percent</i>	29.7%	13.3%	9.8%	3.8%
Monroe County				
<i>Number</i>	15,324	17,464	15,350	7,730
<i>Percent</i>	31.9%	14.4%	10.5%	4.1%
Rochester				
<i>Number</i>	11,169	10,13	8,832	2,779
<i>Percent</i>	45.1%	27.9%	23.4%	8.9%

Source: 2010-2014 American Community Survey 5-Year Estimates, U.S. Census Bureau

Profile of Agency Customers FY2018

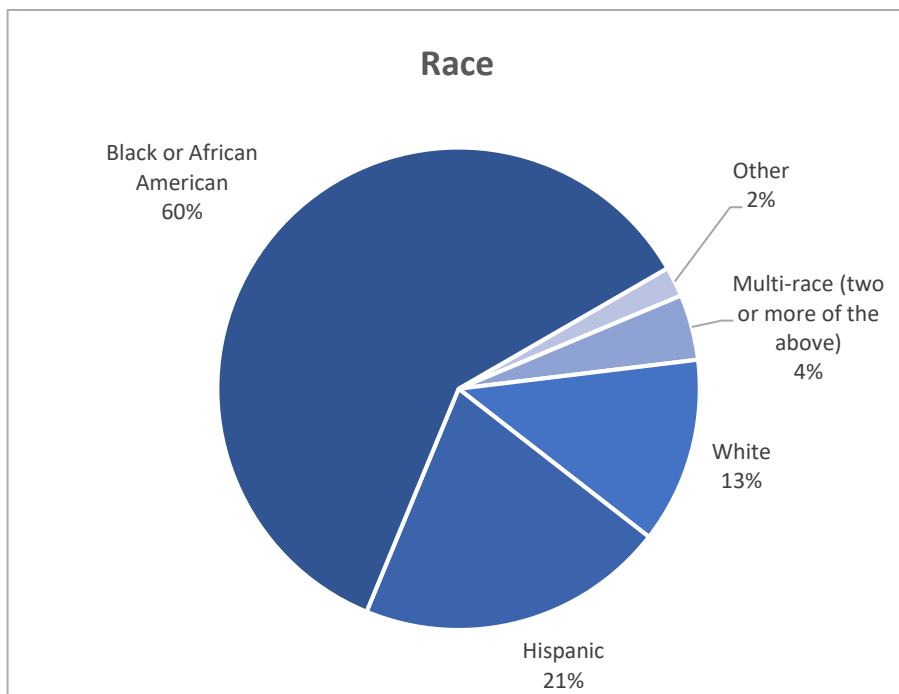
In FY2018, ABC served over 3,900 unduplicated individuals through direct service reaching 2,845 families. An additional 13,854 individuals were reached through education and outreach services. A profile of those recipients for whom characteristics were obtained is listed below:

Of those served, 43% were children and youth between 0-17 years, 29% were ages 18-44 years, 15% were ages 45-54 years, 11% were ages 55-64 years and 2% were age 65 and older.

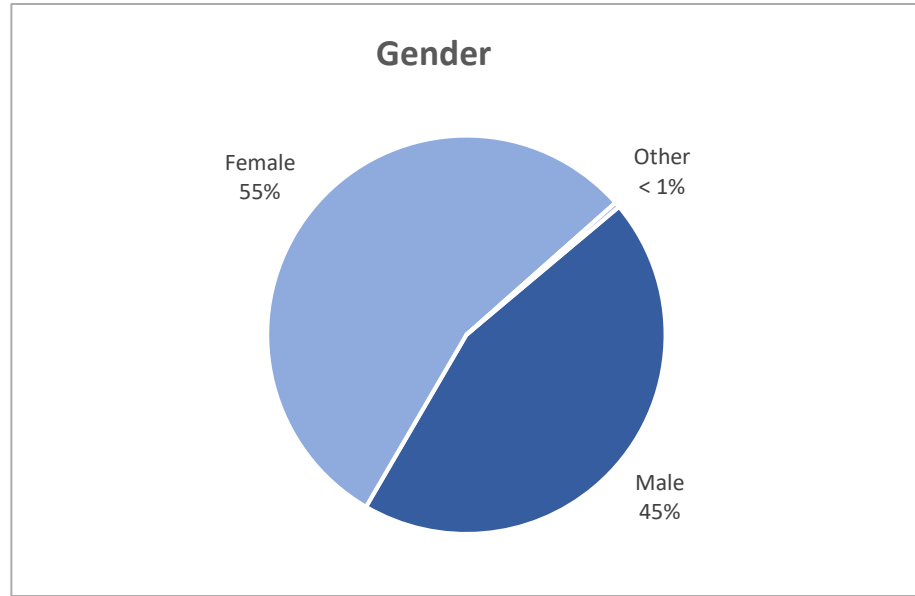


Source: ABC Annual Community Service Block Grant Program Report FY2018

Hispanics/Latinos made up about 21% of those served, African American about 60%, White about 13%, and 6% were American Indian, Native Hawaiian, Other or Multi-Race.

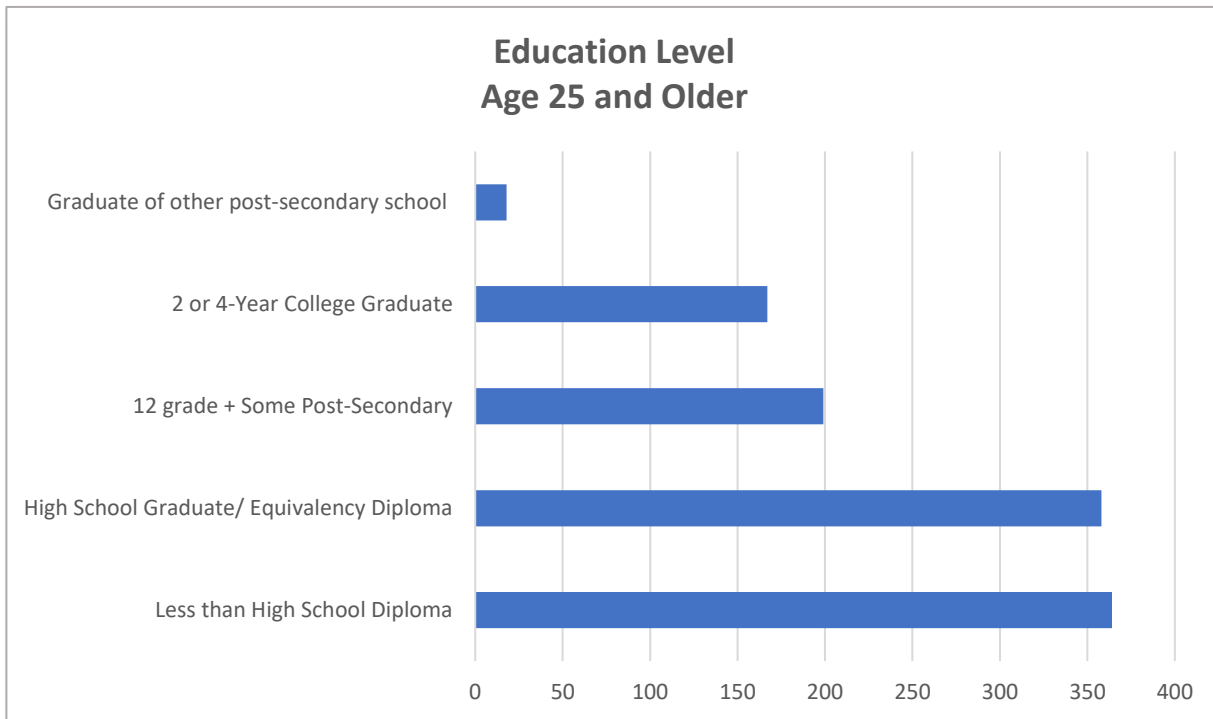


55% of those served were female, and 45% were male.



Source: ABC Annual Community Service Block Grant Program Report FY2018

Out of those served, 33% had less than a high school diploma, 32% had a high school diploma or equivalent (GED or credential via TASC exam), 18% had some post-secondary education, and 15% were a 2- or 4-year college graduate. Fewer than 2% had more than a 4-year college degree.

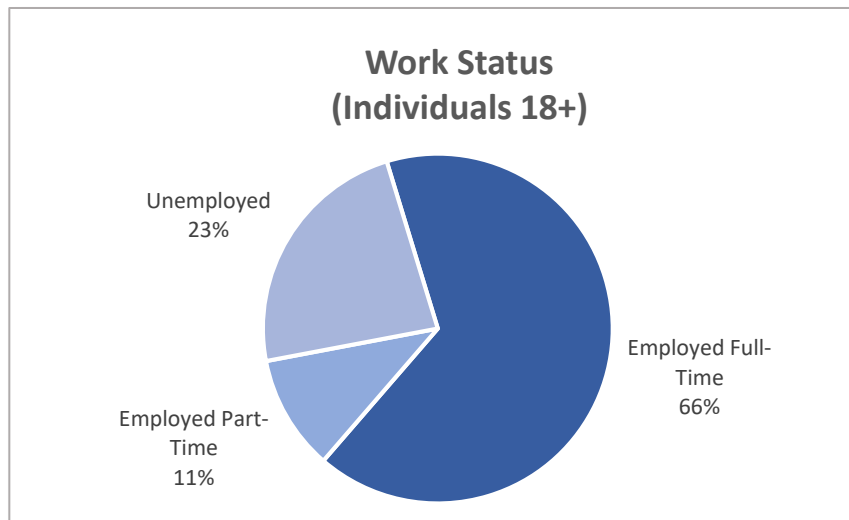


Source: ABC Annual Community Service Block Grant Program Report FY2018

Source: ABC Annual Community Service Block Grant Program Report FY2018

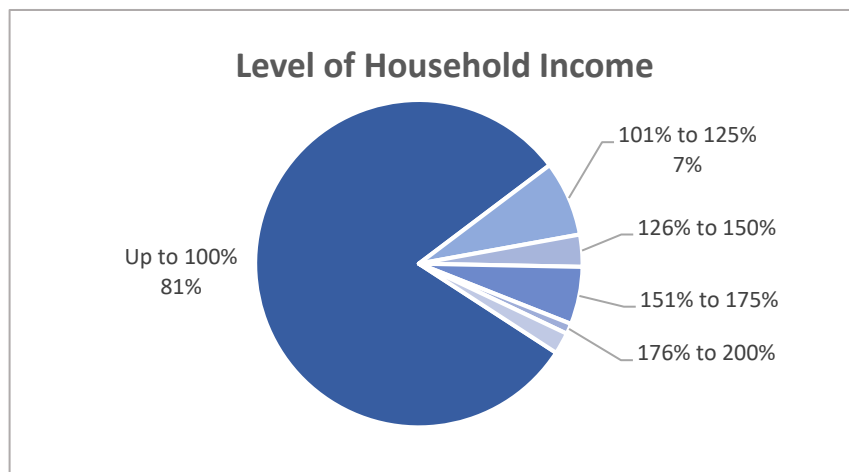
23% of individuals age 18 and over were unemployed, 66% of individuals 18 and over had full time employment of those who were in the work force.

The number reporting having health insurance was around 71%, but only 5% of that health insurance was employment based.

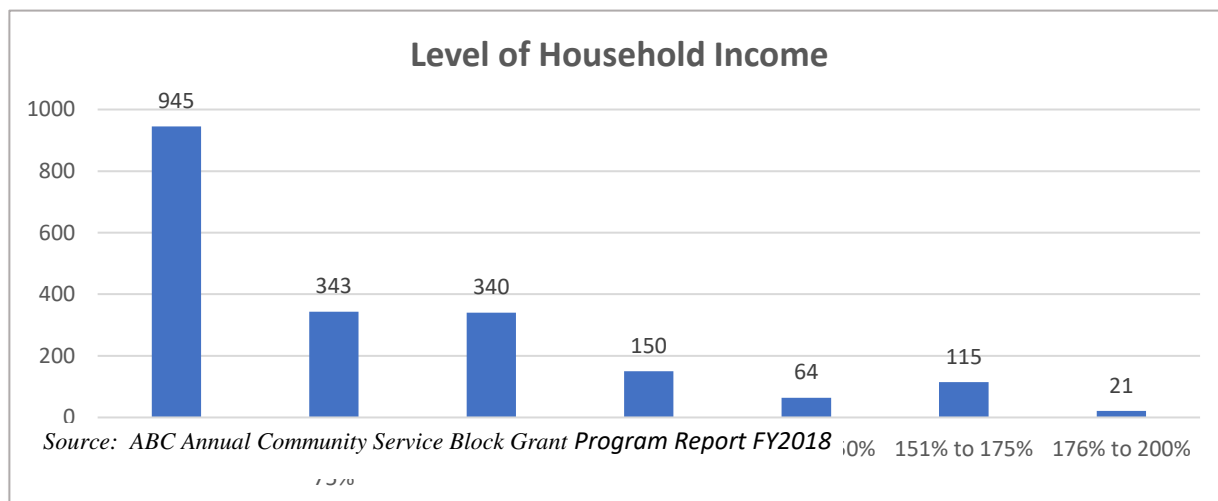


Source: ABC Annual Community Service Block Grant Program Report FY2018

Combined, 81% of those served by ABC had household income below 100% of the United States 2017 Poverty Level, with 48% under 50% of the poverty level, an additional 17% under 75%, and another 17% were under 100%. 18% were between 100% and 200% of the poverty level.

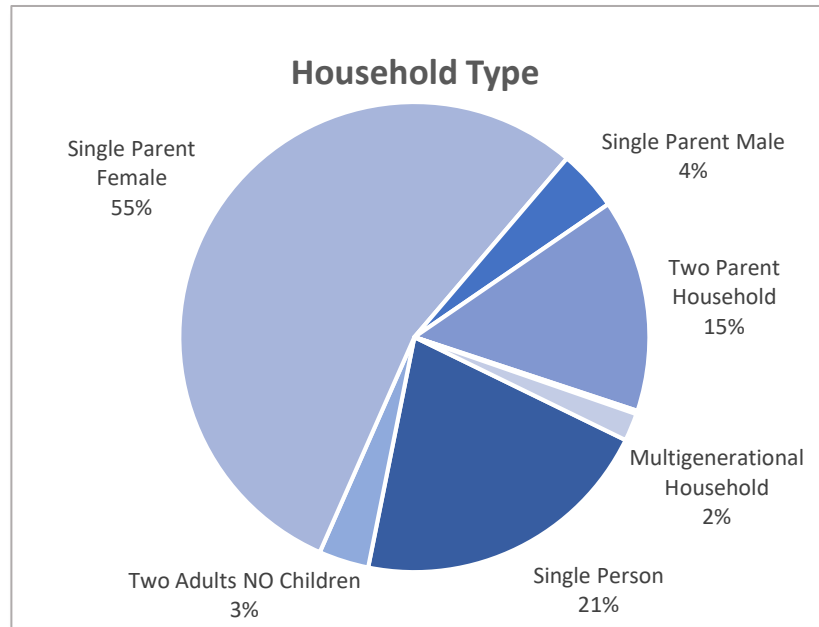


Source: ABC Annual Community Service Block Grant Program Report FY2018



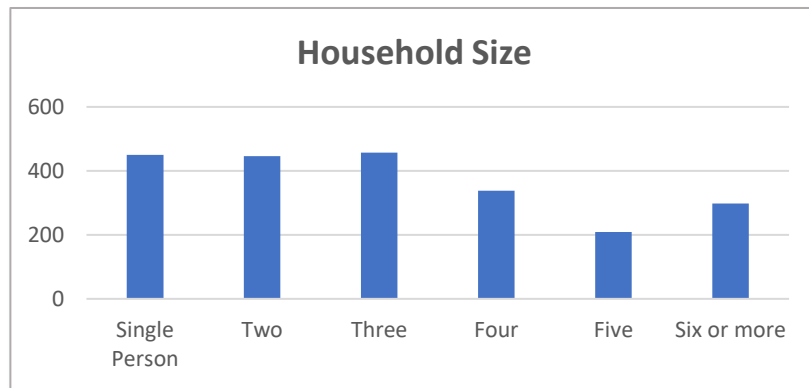
Source: ABC Annual Community Service Block Grant Program Report FY2018

About 55% of households were headed by a single parent female, 4% were headed by a single parent male, 15% were 2-parent households, and 2% were multigenerational households. Of the households without children, about 21% were single individuals and 3% were households with two adults and no children.



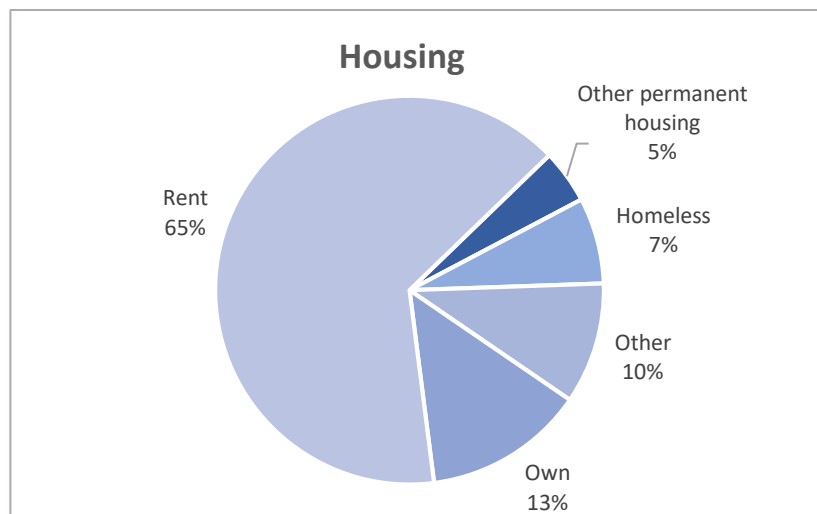
Source: ABC Annual Community Service Block Grant Program Report FY2018

A three person family made up more than 21%. Single individuals comprised of 20%. Families with 4 people made up 15%, 5 members were 10%, and households with more than six family members were 14%.



Source: ABC Annual Community Service Block Grant Program Report FY2018

A majority of the agency customers were renters (65%). About 13% were homeowners, 5% lived in some other permanent housing, 10% lived in other housing types (shelters, motels, group homes, transitional housing) and 7% reported being homeless.



Source: ABC Annual Community Service Block Grant Program Report FY2018

The Working Poor

In 2000, the United States Bureau of Labor Statistics (BLS) began charting the demographics and trends of the “working poor.” The BLS defines “working poor” as those who are over the age of 18, working or looking for work at least 27 weeks out of the year but whose incomes remain below the federal poverty line. In other words, the BLS defines the working poor as a subset of the census definition of those in poverty. According to a March 2019 analysis, the BLS paints the following picture of America’s working poor in 2017:¹⁶

- The working poor constituted 17.4% of all people in poverty.
- The working poor comprised 4.5% of the total American workforce.
- Younger workers were more likely to be in poverty than older adult workers, often because their earnings are lower.
- The full time and part time working poor comprised 2.9% and 10.9%, respectively, of all workers in the labor force.
- The likelihood of a person being among the working poor decreased with higher education: 1.5% of college graduates were considered working poor compared to 13.7% of those with less than a high school diploma.
- Women heads of household were more likely to be working poor than male heads of household-5.3% and 3.8%, respectively.
- African Americans and Hispanics/Latinos were twice as likely as whites to be working poor. Asians were the least likely to be among the working poor.
- Female-headed households were three times as likely and male-headed households were less than twice as likely as married-couple households to be working poor: 21.5%, 10.9% and 7.1%, respectively.
- Families with children under age 18 and with at least one household member working were more likely as those without children to be working poor – 9.2% vs. 2.0%.

The United States Bureau of Labor Statistics (BLS) identified the following points:

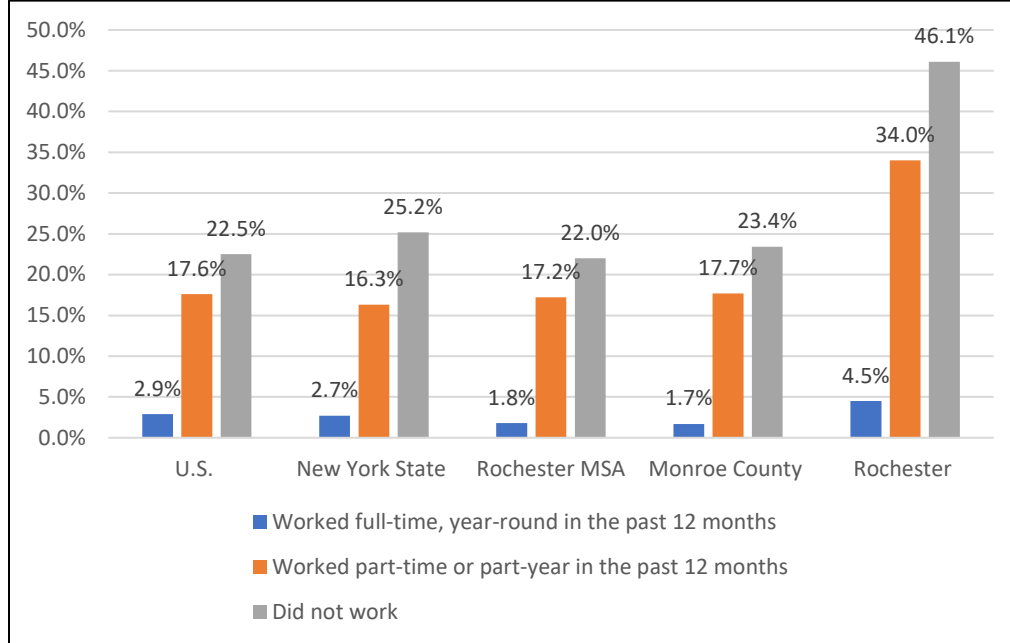
- Education is paramount to reducing the likelihood of living in poverty, which gives individuals access to higher paying jobs.
- Full time employment (with earnings above the poverty level) is also important to reducing the likelihood of living in poverty. Three major labor market issues impeding workers’ ability to attain above poverty incomes are: low earnings, periods of unemployment and involuntary part-time employment.

Similar local data is rather limited. A special project to identify the number and the characteristics of the “working poor” in Monroe County/Rochester would help paint a fuller picture of this group. Recent initiatives such as the Rochester Monroe Anti-Poverty Initiative, MCC America’s Promise, LadderzUp, ROC-HPOG (Rochester Health Profession Opportunity Grant) and Strengthening Working Families Initiative (SWFI) may provide the community with good insight about this population. National data likely tells the local story of the “working poor”.

A view that all low-income individuals are either not working or being entirely reliant on public assistance is clearly not true. A significant number of those living in poverty are working. As previously mentioned and shown again in Figure 4.5, for all geographical levels, about 1 in 5 individuals, living below the federal poverty level, worked either full-time or part-time/part year (in the past year surveyed), with a small percentage working full time, full year. Table 4.18 shows the employment status of working mothers for various geographic areas

¹⁶ “A Profile of the Working Poor”, 2017. U.S. Department of Labor, U.S. Bureau of Labor Statistics, April 2019.

**Figure 4.5: Percentage of Individuals Below Poverty by Work Experience in the U.S.
New York, Rochester MSA, Monroe County and city of Rochester**



Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Table 4.18: Employment Status of Working Mothers by Poverty Status

	Working Mothers (residing below poverty level) worked full-time, year-round in the past 12 months		Working Mothers (residing below poverty level) worked part-time, year-round in the past 12 months		Working Mothers (residing below poverty level) worked full-time or part-time in the past month		All Working Mothers worked full-time or part- time in the past month	
	Number	%	Number	%	Number	%	Number	%
U.S.	674,874	17.3%	1,499,805	38.4%	2,174,679	55.6%	10,573,536	71.0%
NYS	34,794	13.4%	92,034	35.5%	126,828	48.9%	705,641	68.1%
Rochester MSA	1,753	9.8%	8,500	47.5%	10,253	57.3%	42,715	72.2%
Monroe County	1,316	9.5%	6,690	48.1%	8,006	57.5%	31,476	73.0%
Rochester	741	7.5%	4,547	46.2%	5,288	53.7%	13,869	65.4%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Despite such numbers, a substantial number of “working poor” have low wage jobs with no health benefits. According to the Working Poor Families Project (WFPF), almost one in three working families has low-wage jobs offering inadequate benefits and little opportunity for advancement and economic security.¹⁷ To move the working poor to the middle class, WFPF recommends adopting public policies that:

- build the education and skills of adult workers
- generate more well-paying jobs with benefits
- provide the supports needed to ensure that work pays

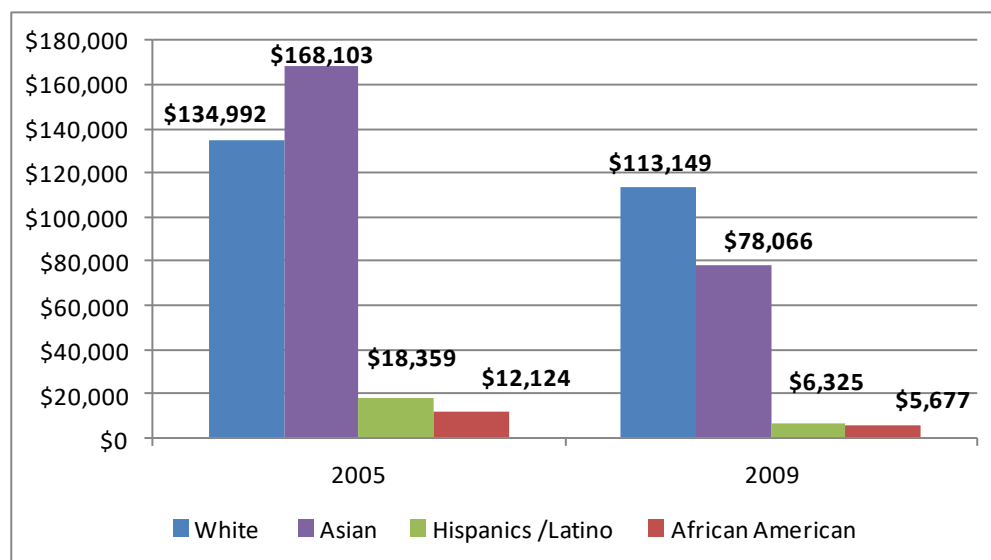
¹⁷ For more information about the Working Poor Families Project, see www.workingpoorfamilies.org

Chapter 5: Income and Assets

One measure of economic security is net worth. Having assets is also a “protective” factor from becoming impoverished. Individuals who lack adequate income are also without assets – things that can be easily converted into money such as investments. Assets can be accessed to meeting living and other expenses.

Figure 3.1 shows the median net worth of four groups: whites, African Americans, Hispanics/ Latinos and Asians in 2005 and 2009. While median net worth for each group declined, whites and Asians had a greater amount of assets than their peers in both periods.

Figure 5.1: Median Net Worth of Households in the U.S.



Source: Pew Research Center Tabulations of Survey of Income and Program Participation Data from the 2004 and 2008 Panels

Table 5.1 shows the median net worth of the various racial/ethnic groups over time. Asset inequality between Whites and Blacks/Hispanics grew to its largest on record. In 2009, the average White person had about *nineteen times* the amount of assets as the average Black person, and nearly *fifteen times* that of the average Hispanic/Latino. Individuals with limited assets are less likely to meet their needs and are more vulnerable to be unable to maintain a standard of living to withstand adverse economic conditions.

Table 5.1: Asset Inequality between Races in America

	1984	1988	1991	1993	1995	2004	2009
Median net worth							
Whites	\$76,951	\$75,403	\$6,8203	\$67,327	\$6,8520	\$111,313	\$92,000
Hispanics	\$9,660	\$9,624	\$8,209	\$6,853	\$10,739	\$15,188	\$6,325
Blacks	\$6,679	\$7,263	\$7,071	\$6,503	\$9,885	\$9,823	\$4,900
Asset Ratio							
White-to-Black	12	10	10	10	7	11	19
White-to-Hispanic	8	8	8	10	7	7	15

Notes on net worth/asset ratio table: Blacks and whites include Hispanics. The Survey of Income and Program Participation was redesigned for the 1996 panel. The redesign may have affected the comparability of the data from 1998 and later years with the data from earlier panels.

Sources: For 2009: Pew Research Center tabulations of Survey of Income and Program Participation data from the 2008 panel; for 1984 to 2004: various U.S. Census Bureau P-70 Current Population Reports

The Pew Research Center noted in its November 2017 report, “How wealth inequality has changed in the U.S. since the Great Recession, by race, ethnicity and income”, the widening gap among the three income groups, as shown in Table 5.2. The dip from 2007 to 2013 reflects the financial impact of the 2007 national recession. The report also reported the following for 2016:

- the median wealth of all U.S. households was \$97,300, up 16% from 2013 but well below median wealth before the recession began in late 2007 (\$139,700 in 2016 dollars)
- the median wealth of white households was \$171,000, which is 10 times the wealth of African American households (\$17,100) – a larger gap than in 2007 – and eight times that of Hispanic/Latino households (\$20,600), about the same gap as in 2007. Asians and other racial groups are not separately identified.

Table 5.2: Median Household Net Worth by Income (in 2016 dollars)

	Upper Income	Middle Income	Lower Income
2007	\$740,100	\$163,300	\$18,500
2013	\$659,300	\$99,500	\$9,600
2017	\$810,800	\$110,100	\$10,800

Source: Pew Research Center

One widely known asset development approach is the government’s program, Individual Development Accounts (IDAs). This has been one vehicle to build assets of low-income individuals, primarily in helping them to become homeowners. Pursuing higher education and establishing a small business through matched savings between the participant and the agency’s IDA program. Stable funding and program-related challenges have affected the initiative though many have achieved their goal --- for example, a three year longitudinal study in 2006 found IDA participants were 35% more likely to be homeowners, 84% more likely to own a business and 95% more likely to pursue postsecondary education than nonparticipants.¹⁸ The program is not offered to everyone and is often used for a specified purpose as noted above. The NGA Center for Best Practice recommended the following state policy option:

To encourage savings and asset accumulation for low-income families:

- Modifying asset limits for public assistance programs to ensure recipients are not penalized for saving;
- Increasing awareness of the EITC and CTC, expanding the availability of free tax preparation services and connecting filers to these services, and enacting a state EITC;
- Promoting direct savings through IDAs and other savings vehicles;
- Improving homeownership through low-interest loans, tax incentives, and other state investments;
- Improving the availability of mainstream financial services in low-income neighborhoods; and
- Providing financial literacy education to children, teens, and adults.

To preserve and protect income and assets:

- Curtailing predatory mortgage practices through legislation;
- Strengthening protections for payday loan and car title loan users by limiting interest rates and loan amounts; and

¹⁸ “Individual Development Account: A Vehicle for Low-Income Asset Building and Homeownership”, Fall 2012, Office of Policy Development and Research, U.S. Department of Housing and Urban Development.

- Reducing costs in low-income neighborhoods through economic development efforts, so individuals and families have more income that can be invested

To create a comprehensive approach to asset development:

- Form a statewide task force to determine how best to encourage savings among low-income individuals and families;
- Conduct an inventory of existing policies and practices to recognize where changes can be made to improve savings rates;
- Create a uniform vision throughout state government of how best to promote asset development;
- Develop a network of state leaders, business members, advocates, community-based organizations, elected officials, philanthropic organizations, and others to further advance asset development policies¹⁹

Another measure of economic security is the per capita income of a region. Although it is not a figure with practical application (no one expects every man, woman and child to have the same capacity to generate income), it does provide a nice metric to compare one region's level of prosperity with another. Household and family income add another metric layer. Table 5.3 displays the median household income, median family income and per capita income for the nation, state and locally.

Table 5.3: Median Household Income, Median Family Income and Per Capita Income by Geographic Area

	Median Household Income	Median Family Income	Per Capita Income
U.S.	\$57,652	\$70,850	\$31,177
NYS	\$62,765	\$77,141	\$35,752
Rochester MSA	\$55,256	\$71,548	\$30,483
Monroe County	\$55,272	\$72,653	\$31,291
Brighton	\$70,567	\$100,006	\$43,174
Chili	\$67,957	\$78,732	\$32,803
Clarkson	\$71,576	\$88,942	\$27,761
East Rochester	\$49,275	\$59,824	\$25,608
Gates	\$54,736	\$66,336	\$27,836
Greece	\$57,202	\$69,363	\$30,496
Hamlin	\$58,868	\$71,971	\$27,105
Henrietta	\$62,883	\$83,366	\$29,181
Irondequoit	\$56,986	\$70,795	\$31,341
Mendon	\$97,902	\$114,063	\$53,046
Ogden	\$74,159	\$89,318	\$33,062
Parma	\$69,386	\$76,081	\$30,262
Penfield	\$80,879	\$103,938	\$41,096
Perinton	\$83,036	\$99,329	\$42,555
Pittsford	\$110,544	\$130,753	\$58,334

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

¹⁹ Linda Hoffman, "State Policy Options to Encourage Asset Development for Low-Income Families", Issue Brief, February 6, 2006, NGA Center for Best Practice, Washington DC.

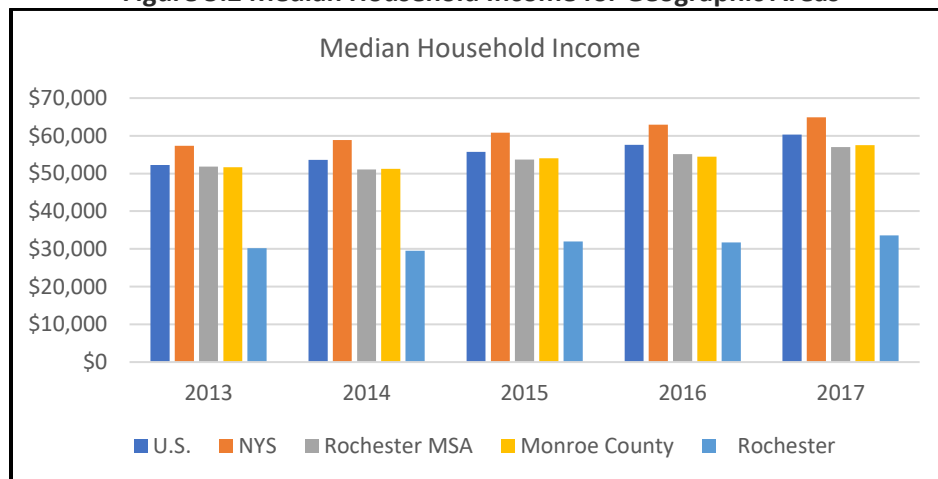
Table 5.3: Median Household Income, Median Family Income and Per Capita Income by Geographic Area

	Median Household Income	Median Family Income	Per Capita Income
Riga	\$68,430	\$79,936	\$32,240
Rochester	\$32,347	\$36,793	\$21,055
Rush	\$85,046	\$86,449	\$37,008
Sweden	\$50,317	\$68,516	\$24,183
Webster	\$75,552	\$92,600	\$36,005
Wheatland	\$59,744	\$73,819	\$28,712

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

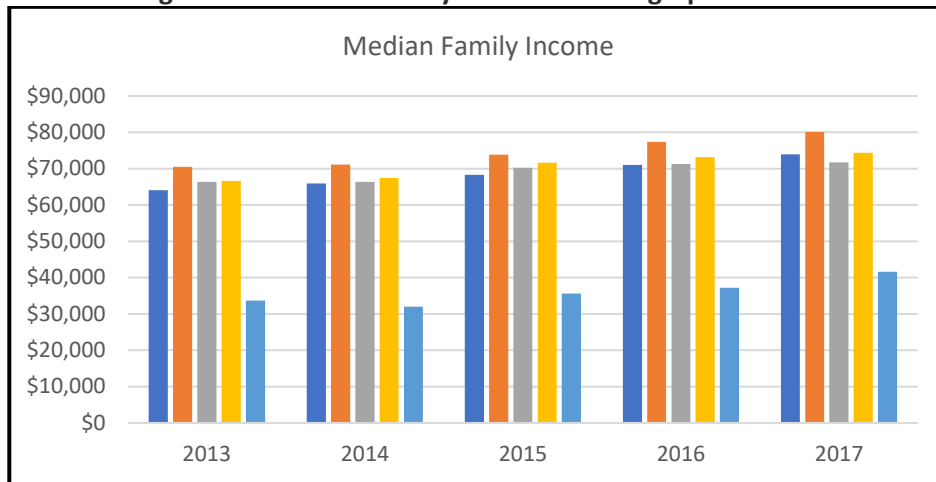
As figures 5.2-5.4 indicate, median household, median family and per capita (or income per person) incomes for the city of Rochester is *relatively* stagnate and lags far behind all other geographic areas over the latest five years data is available, according to the American Community Survey.

Figure 5.2 Median Household Income for Geographic Areas



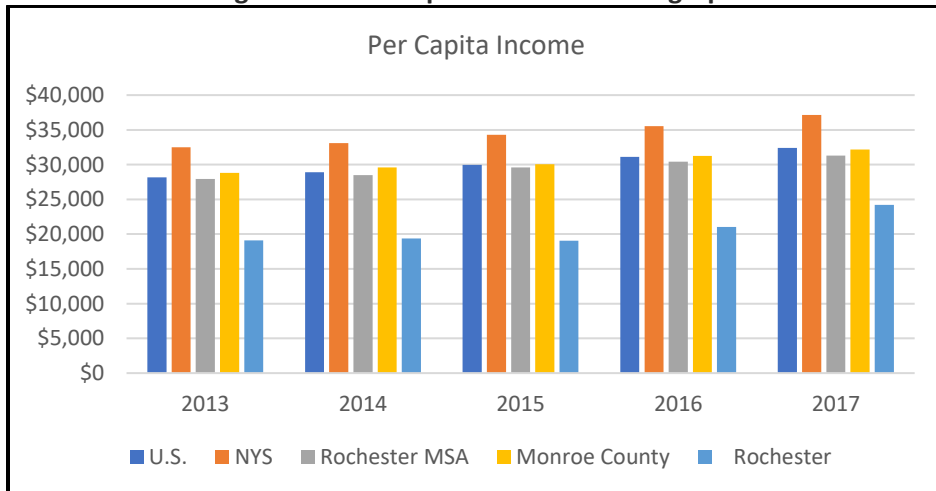
Source: 2013-2017 American Community Survey 1-Year Estimate, U.S. Census Bureau

Figure 5.3: Median Family Income for Geographic Areas



Source: 2013-2017 American Community Survey 1-Year Estimate, U.S. Census Bureau

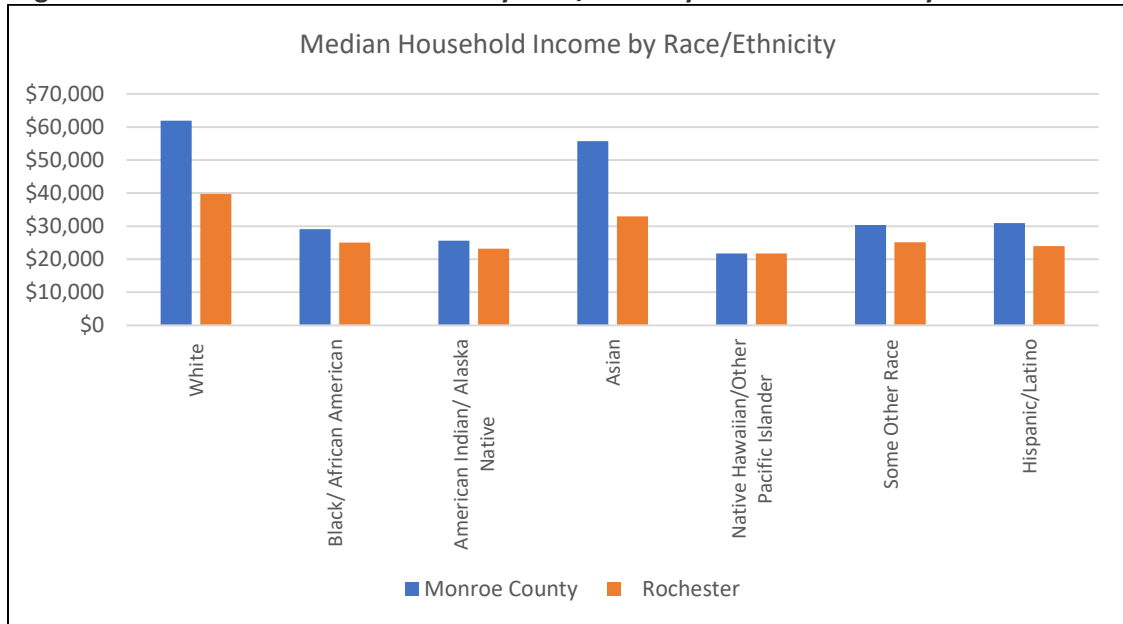
Figure 5.4: Per Capita Income for Geographic Areas



Source: 2013-2017 American Community Survey 1-Year Estimate, U.S. Census Bureau

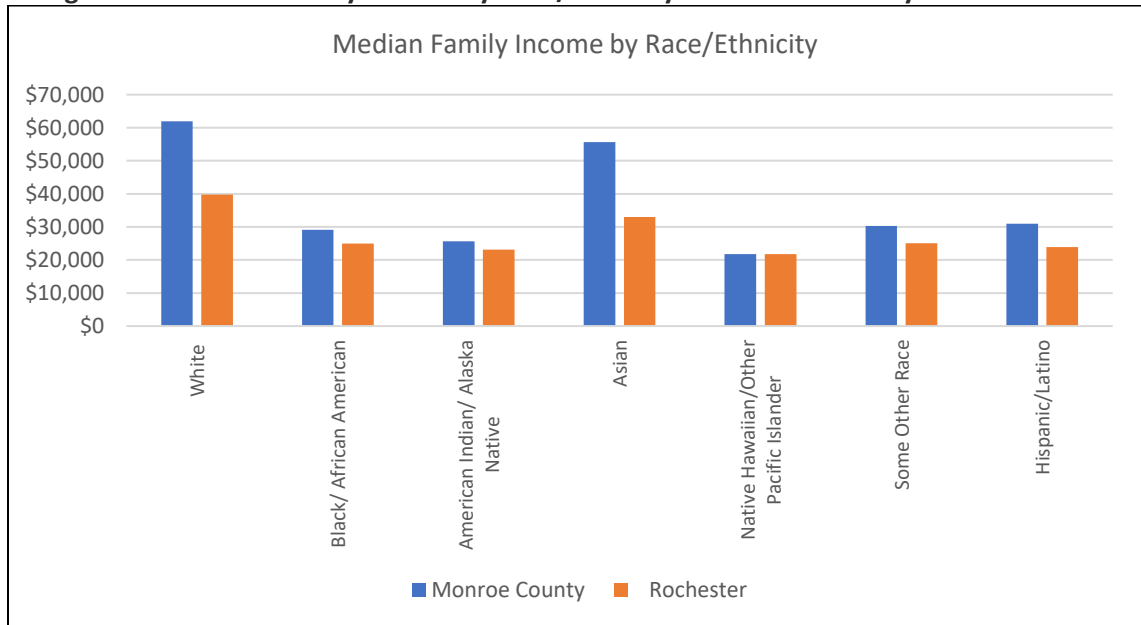
When comparing incomes by race/ethnicity for the county and city, median household, median family and per capita incomes for whites surpasses incomes for non-whites, as shown in Tables 3.5-3.7. Among non-whites, incomes – median household, median family and per capita – for Asians far outpaced their peers.

Figure 5.5: Median Household Income by Race/Ethnicity for Monroe County and Rochester



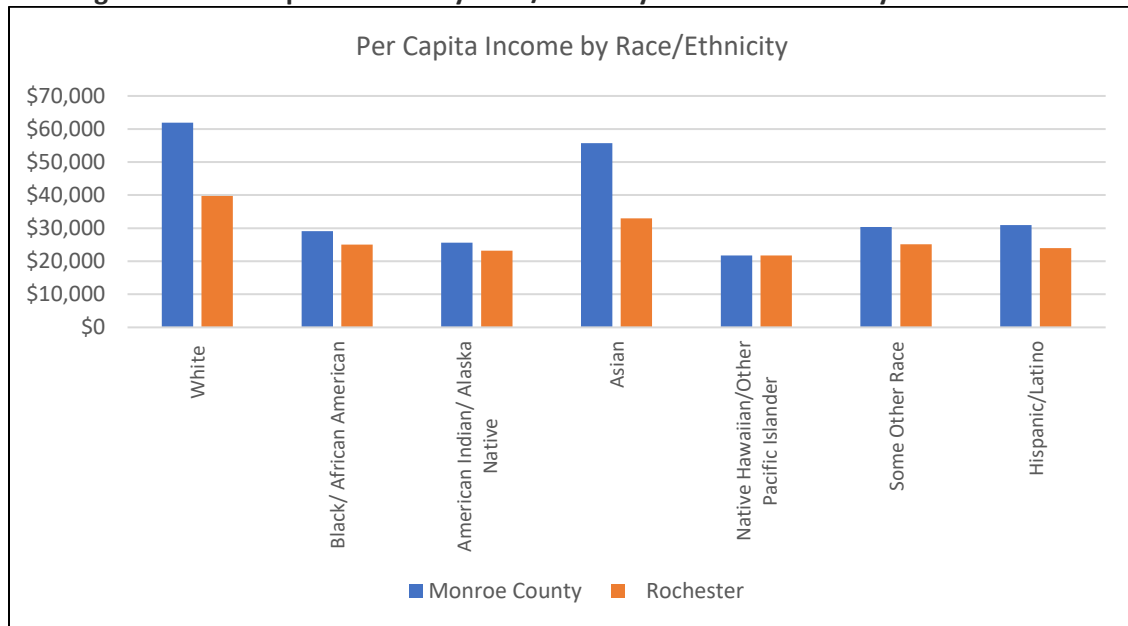
Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

Figure 5.6: Median Family Income by Race/Ethnicity for Monroe County and Rochester



Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

Figure 5.7: Per Capita Income by Race/Ethnicity for Monroe County and Rochester



Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

Self-sufficiency is loosely defined as not needing any aid or supports for survival. At some point, it is likely that individuals, families, communities and countries will need aid or support to maintain their well-being or to become sustainable. Support is often necessary for individuals with lower incomes as they move toward attainment of self-sufficiency ---- or moving from less to no reliance of government or other forms of supports. Why do low-income individuals struggle to achieve self-sufficiency? A key reason as to why low-income individuals struggle to achieve self-sufficiency is that their incomes are insufficient to meet basic household needs such as food, utilities and shelter. New York is one of the most expensive areas to live. It ranked 49th in terms of cost of living among the states, with a cost of living index (for the third quarter) at 137.3 in 2019, according to Missouri Economic Research and Information Center's (MERIC's) Cost of Living Data Series.²⁰ The cost of living in Monroe County is either slightly above or below the U.S. average in several areas, as noted in Table 5.4. Thus, it appears that living in Monroe County is *relatively* affordable. However, what if an individual or family lacks the necessary income to meet their household needs?

²⁰ Cost of living is measured by the cost of living index, on which the average for the entire nation is 100, and each state's cost of living is therefore interpreted as a percentage of 100. An amount below 100=cheaper than the U.S. average while an amount over 100=more expensive than the U.S. average.

Table 5.4: Cost of Living in New York State and Monroe County in 2019

	New York State	Monroe County
Overall	120.5	87
Grocery	103.8	99.7
Health	105.8	93.3
Housing	132.1	63.9
Median Home Cost	\$305,400	\$147,800
Utilities	115.9	104.3
Transportation	140.7	88.9
Miscellaneous	101.6	102.9

Source: Cost of Living Data, Sperlings BestPlaces

In general, the cost of living has been on a rise, primarily attributed to rising prices. When commodity prices increase, consumers pay more for necessities such as food and electricity. For example, forecast for 2020 expect overall groceries to increase (between 2% and 3%) according to the USDA Economic Research Service Food Price Outlook, as well as increases in health insurance costs, according to Kiplinger's inflation forecast. As the cost of goods and services rise over time while incomes remain *relatively* stagnate, more and more individuals and families, especially those living in poverty, will likely be unable to meet household expenses.

So what is it like to be unable to make ends meet? Poverty USA produced a video showing what life is like at the poverty line in 2015:²¹

A family of 4 (two adults and two children) is in poverty if the **household income is at \$22,811 a year or \$1,900 a month**. Let's see how the family makes out at the end of the month.

Month's Budget

Housing (basic shelter)	\$565
Utilities	\$250
Childcare (with government subsidies)	\$220
Used car (including gas and maintenance)	\$345
Food (\$356 plus government assistance- Food Stamps for \$116)	\$240
Health care (including government support Plus out of pocket expenses and co-pays)	\$220

Amount Left at the End of Month \$ 60

At the end of the month, the family is at \$60. However, should the working family member become sick, and because the family is likely to have a low-wage job, sick leave is unlikely. Taking a sick day could amount to lost wages of \$116 (for one day's wage), which would leave the family's end of the month budget at a **deficit** of -\$56. Miscellaneous items (e.g. clothing, school supplies, entertainment or saving for college) have not been factored into the month's budget. Stretching the dollar as far as possible becomes critical. There are countless stories of families having to choose which household item to forego due to lack of/limited income.

So what would be a sufficient wage or income for a household? In September 2010, Diana Pearce produced a report entitled "The Self-Sufficiency Standard for New York 2010".²² The purpose of this analysis was to compute

²¹ For more information, go to www.povertyusa.org. Tour Poverty USA Video: www.youtube.com/watch?v=g3iRRsoqoMI&feature=youtu.be

²² Pearce, Diana. "The Self-Sufficiency Standard for New York State", 2010. New York State Self-Sufficiency Standard Steering Committee.

the precise local cost to a household to be independent of public subsidies. These costs vary across New York State, so the authors computed this cost for several counties across the state. The Self-Sufficiency Standard (or SSS) is frequently updated. Table 5.5 displays a sample SSS in 2020 for Monroe County.

Comparing the Federal Poverty Guidelines and the Self Sufficiency Standard (SSS):

For a family with one adult and one infant, the required income at the SSS level would be at least \$48,857 (with adult earning \$23.13/hour). According to the Federal Poverty Guidelines in 2020, a family of two with an income at \$34,480 (at 200% federal poverty level) is considered to be impoverished. The difference between the Self Sufficiency Standard income and the Federal Poverty guidelines equals \$14,377.

Table 5.5: Self-sufficiency Standard for Monroe County

Monthly costs (in \$)	An adult	An adult and an infant	Two adults, a preschooler and a schoolage child
Housing	\$796	\$999	\$999
Child care	\$0	\$1,110	\$1,750
Food	\$255	\$379	\$784
Transportation	\$312	\$320	\$614
Health care	\$174	\$442	\$516
Miscellaneous	\$154	\$325	\$466
Taxes	\$311	712	848
EITC	\$0	0	0
Child care tax credit	\$0	-50	-100
Child tax credit	\$0	-167	-333
Monthly wage	\$2,002 / month	\$4,071 / month	\$5,544 / month
Hourly wage	\$11.37/ hr	\$23.13/ hr	\$15.75/ hr
Annual HH income	\$24,023	\$48,857	\$66,526

Source: Pearce, "The Self-Sufficiency Standard for New York State 2020"

Having a job that pays a "decent" wage (or a wage that enables one to at least meet his/her expenses) is one key "protective" factor from becoming vulnerable to poverty.

According to the U.S. Department of Labor, in 2019, 1.6 million workers (16 years and older) had wages at or below the federal minimum wage, making up 1.9% of all hourly workers.²³ There were 392,000 workers who earned exactly the prevailing federal minimum wage of \$7.25 per hour. About 1.2 million had wages below the federal minimum. In New York State, 11,000 workers were at and 46,000 were below the federal minimum wage. Some key characteristics of minimum wage U.S. workers in 2019:

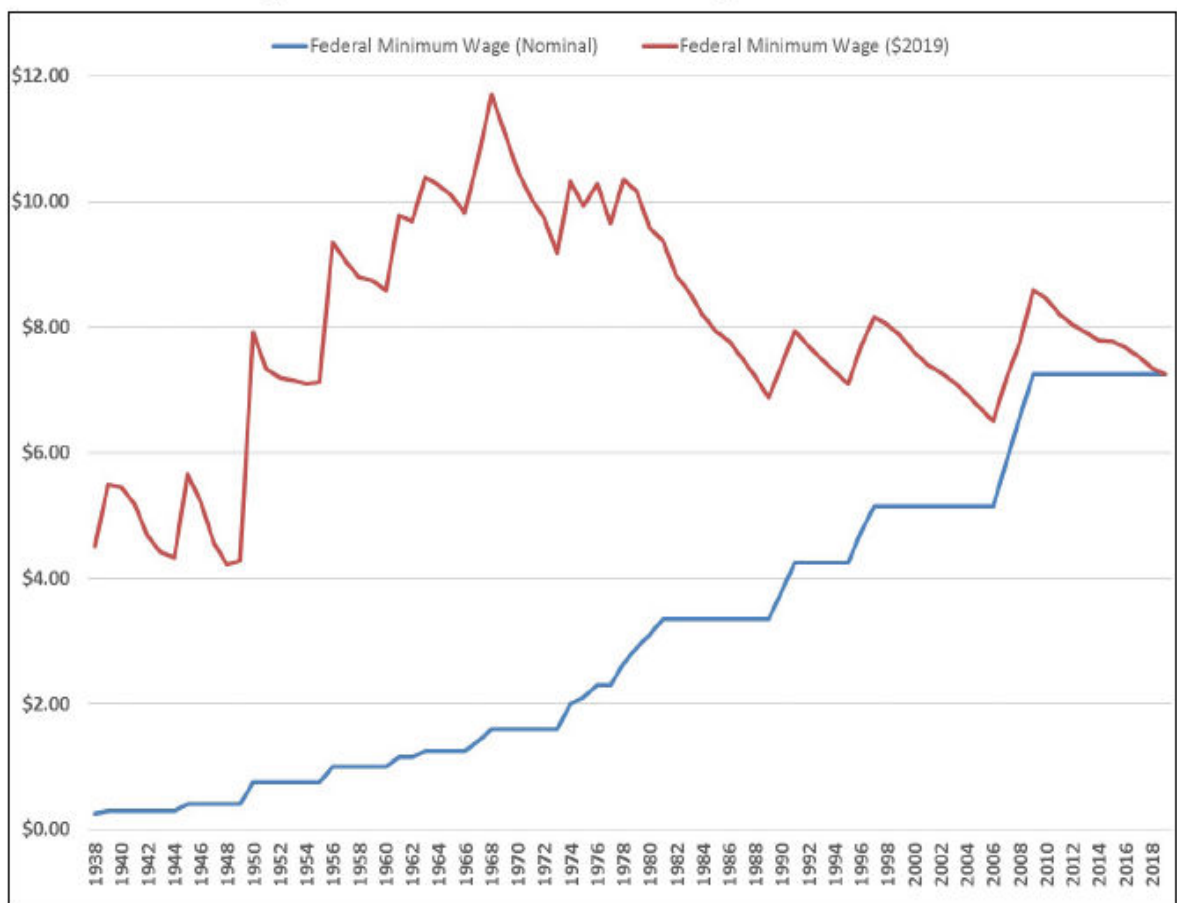
- Tend to be young – workers under age 25 consisted of 43.1% of those paid the federal minimum wage or less.
- Tend to be women – about 66.6% female workers and about 33.4% of male workers received wages at or below the federal minimum wage.
- Tend to be less diverse racially/ethnically – nearly 72.6% whites, 18.2% Hispanic/Latinos, 4.4% Asians and 17.9% African Americans were paid at or below the federal minimum wage.

²³ Source: "Characteristics of Minimum Wage Workers, 2019", BLS Report April 2020, U.S. Bureau of Labor Statistics, U.S. Department of Labor

- Tend to be less educated with nearly 18.2% without a high school diploma and 34.1% with such diploma (only), 34.9% some college or associate degree and about 12.7% having a Bachelor's degree or higher.
- Tend to be less likely to be married – 65.4% never married vs. 21.6% married vs. 13.0% widowed/separated/divorced were paid at or below the federal minimum wage.
- Tend to be working part-time rather than full-time – about 55.3% worked part-time and 44.7% worked full-time that received wages at or below the federal minimum wage.
- Tend to work in service jobs – 70.5% who had wages at or below the federal minimum wage were in such jobs, primarily in food preparation and serving-related jobs.

The chart below, an excerpt from the Congressional Research Service updated November 2019 report, “State Minimum Wages: An Overview”, displays the value of the federal minimum wage over several decades. Peaking in 1968, the value of the minimum wage has declined over several decades. In 1938, the minimum wage \$0.25 translated to a value (in 2019 dollars) of \$4.51. The Congressional Research Service report noted “the real value of the minimum wage has fallen by \$1.35 since it was increased to \$7.25 in 2009” (p. 3). The decline in the minimum wage has been a contributing factor in inequality between workers at the top and low- and middle-wage workers. Raising the wage to a level that enables workers to earn enough to make ends meet is imperative. Several states have raised their own minimum wage levels, however, the levels are not significant enough to make much impact. The minimum wage in New York State increased to \$11.80/hour on December 31, 2019. The impact of the change will be explored in future assessments.

Figure I. The Federal Minimum Wage 1938 to 2019



Source: Figure created by CRS using data from the DOL Wage and Hour Division, <https://www.dol.gov/whd/minwage/chart.htm>.

Notes: The inflation-adjusted minimum wage is expressed in 2019 dollars based on the Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average. The CPI-U value for 2019 is the semi-annual average for the first half of 2019.

Chapter 6: Employment & Economic Opportunity

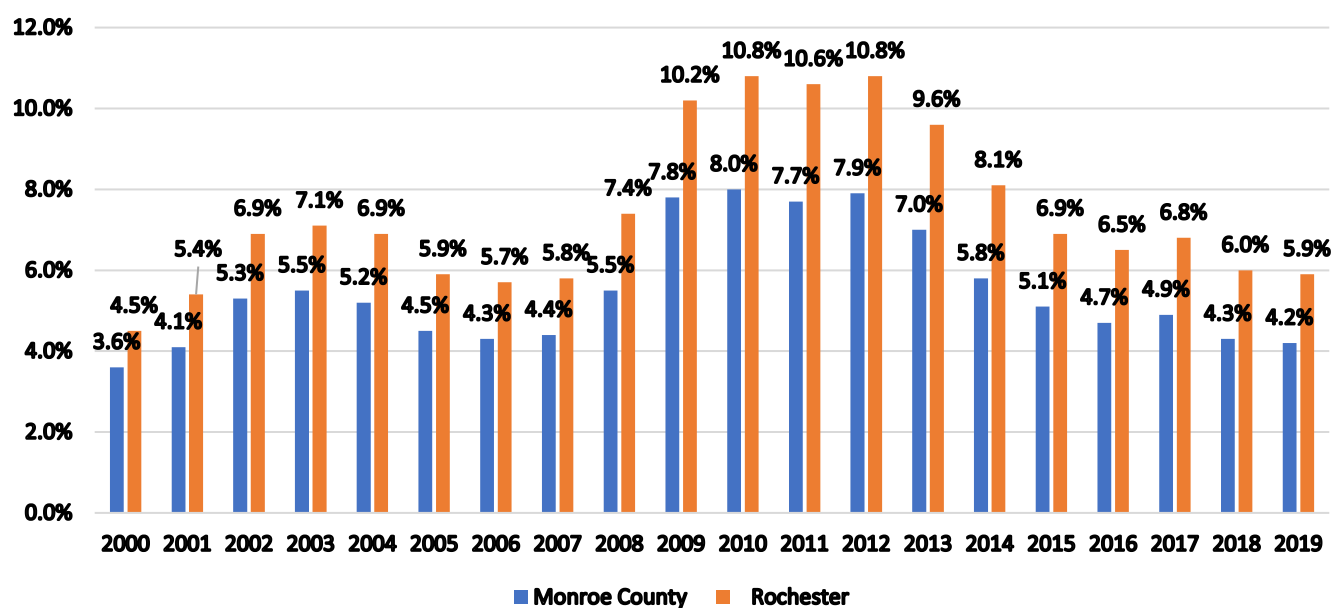
The unemployment rate in the United States in December 2019 was at 3.5%. Table 4.1 displays the unemployment rate in 2019 for New York State, Rochester, MSA, Monroe County and localities within Monroe County. Unemployment rates were at low rate, including the city of Rochester although it is higher than all other geographic areas. Figure 6.1 shows the unemployment rates for Monroe County and the city of Rochester – rates have been declining since 2012.

Table 6.1: Unemployment Rates, 2019

	Percent		Percent
Brighton	3.3%	Penfield	3.3%
Chili	3.7%	Perinton	3.2%
Clarkson	N/A	Pittsford	3.2%
East Rochester	N/A	Riga	N/A
Gates	4.1%	Rochester	5.9%
Greece	4.0%	Rush	N/A
Hamlin	N/A	Sweden	N/A
Henrietta	3.7%	Webster	3.3%
Irondequoit	4.0%	Wheatland	N/A
Mendon	N/A	Monroe County	4.2%
Ogden	N/A	Rochester MSA	4.1%
Parma	N/A	New York	4.0%

Source: New York State Department of Labor

Figure 6.1: Unemployment Rate for Monroe County and Rochester



Source: New York State Department of Labor

Table 6.2 shows unemployment by poverty status---for each geographical area, the percentage of unemployed individuals residing below the federal poverty level (FPL) are at least six times the percentage of unemployed at or above the FPL. Lastly, Table 6.3 indicates as poverty levels lessen, the more likely a person is working.

Table 6.2: Unemployment Rate by Poverty Status

	US	New York State	Rochester MSA	Monroe County	Rochester
Below poverty level	24.0%	25.0%	26.7%	27.7%	33.0%
At or above poverty level	4.4%	4.7%	4.0%	4.1%	6.3%

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

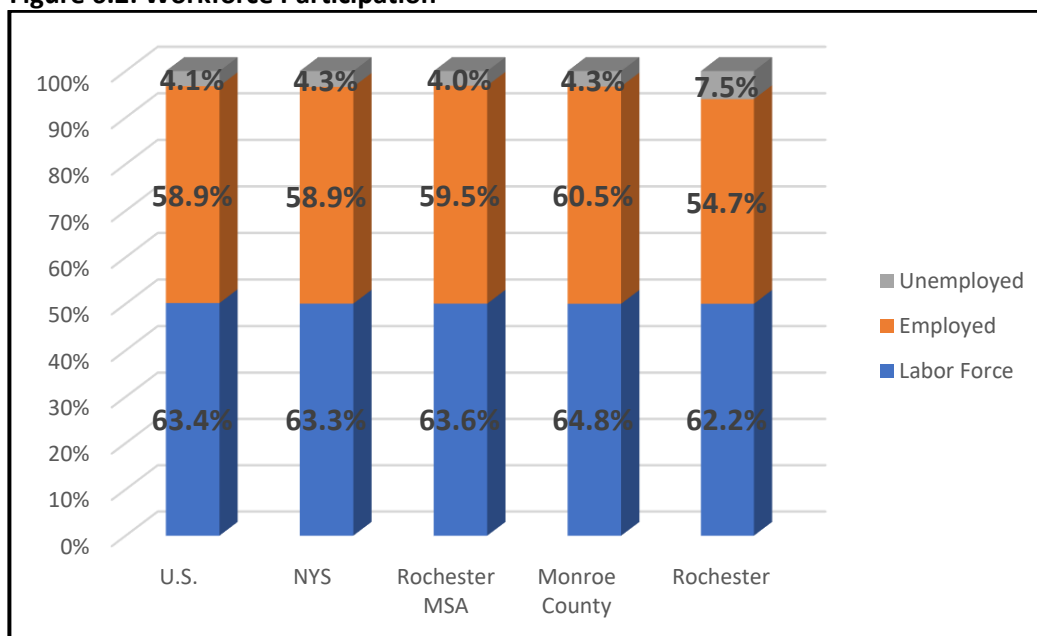
Table 6.3: Work Status for Those Below 50%, 100% and 125% of the Federal Poverty Level

	U.S.	New York State	Rochester MSA	Monroe County	Rochester
Worked full-time, year round					
Less than 50% FPL	0.4%	0.4%	0.3%	0.3%	0.8%
Less than 100% FPL	3.0%	2.8%	1.8%	1.8%	4.6%
Less than 125% FPL	5.3%	4.7%	3.5%	3.3%	8.2%
Worked less than full-time, year round					
Less than 50% FPL	8.5%	7.3%	8.7%	8.9%	15.2%
Less than 100% FPL	19.1%	17.6%	19.1%	19.7%	35.6%
Less than 125% FPL	24.6%	22.9%	24.3%	24.5%	43.8%
Did not work					
Less than 50% FPL	17.1%	18.6%	18.6%	20.2%	30.3%
Less than 100% FPL	31.2%	33.4%	34.7%	36.6%	57.0%
Less than 125% FPL	37.5%	39.4%	41.0%	42.9%	66.0%

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

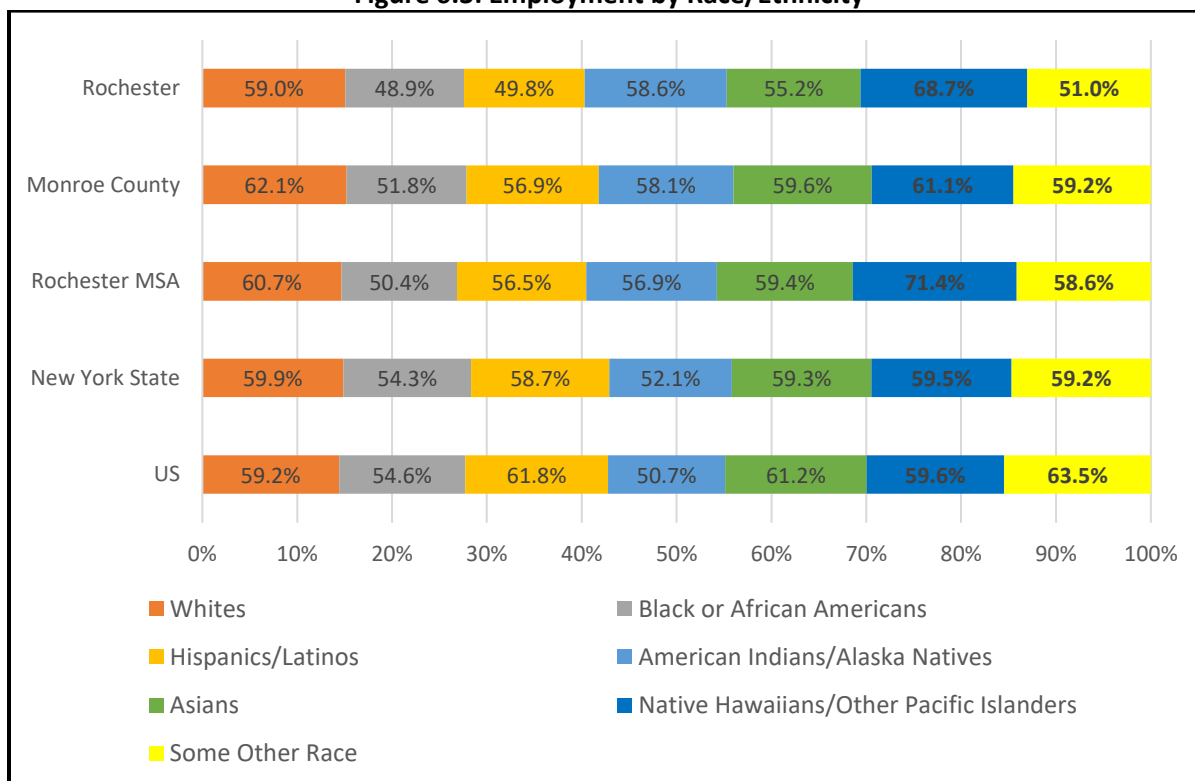
Stepping back to compare workforce participation by geographic areas – U.S., New York State, Rochester MSA, Monroe County and the city of Rochester, the city is relatively on par with other areas but is nearly twice as likely to have unemployed residents, according to Figure 6.2. Employment by race varies over the geographic areas, with African Americans being less likely than their peers to be attached to employment, as shown in Figure 6.3.

Figure 6.2: Workforce Participation



Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

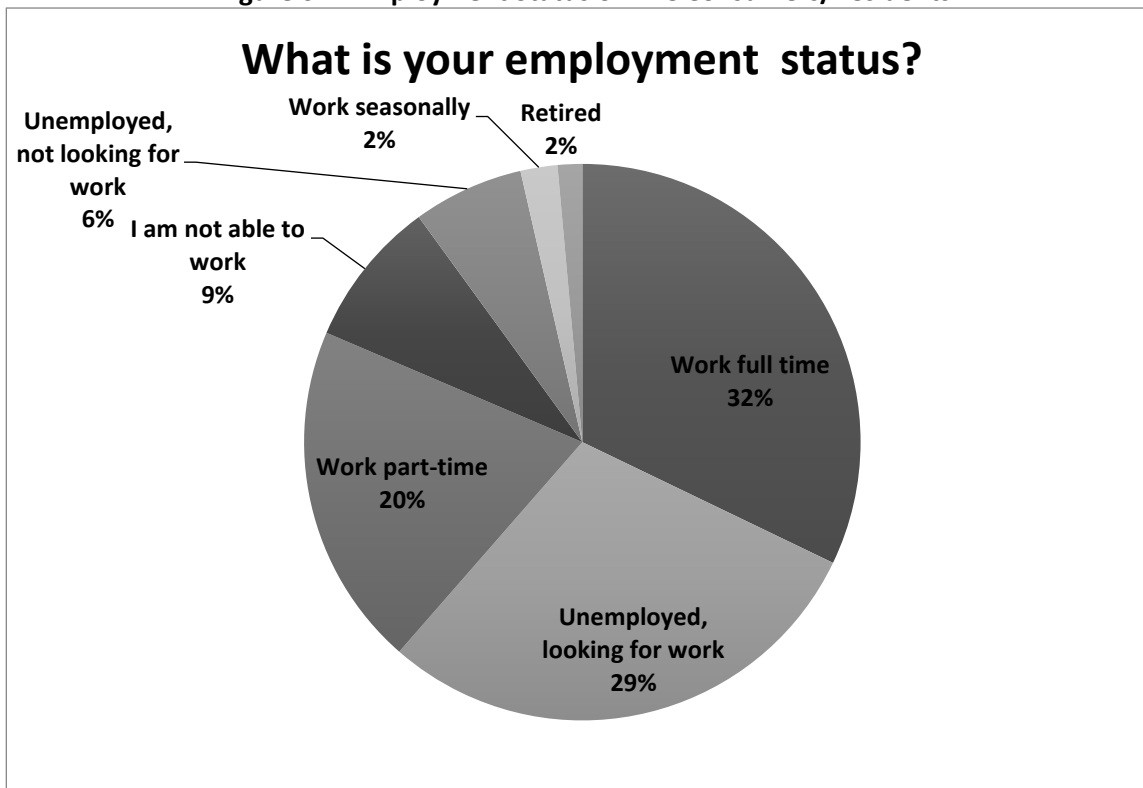
Figure 6.3: Employment by Race/Ethnicity



Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

As shown in Figure 6.4, ABC's 2016 consumer/resident survey indicated that slightly more than half of the respondents were working either part-time or full-time. Nearly a third classified themselves as "unemployed, looking for work".

Figure 6.4: Employment Status of ABC Consumers/Residents



Contributing Factors:

Challenges in attaining/retaining employment for individuals with low incomes vary. For example, in a report, "Subsidizing Employment Opportunities for Low-income Families", common employment barriers noted included: low educational level, little recent work experience, child care needs, poor health and needs/care of other family members.²⁴ In another report, "Improving TANF Program Outcomes for Families with Barriers to Employment", the Center on Budget and Policy Priorities found the most common barriers to employment were: physical and mental health problems, domestic violence, low skills levels, lack of adequate or affordable housing and limited proficiency in English.²⁵ The likelihood of finding a job decreases as the number of barriers increases. The report noted that those with barriers to employment are less likely, than their peers, to find jobs, have lower earnings on average and are more likely to lose public assistance due to sanction for program noncompliance. The National Partnership for Women and Families found a lack of three primary support services as barriers to employment for women with low-incomes: education and training, child care and transportation.²⁶

²⁴ Mary Farrell, Sam Elkin, Joseph Broadus and Dan Bloom. 2011. "Subsidizing Employment Opportunities for Low-income Families: A Review of State Employment Program Created through the TANF Emergency Fund". OPRE Report 2011-38. Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

²⁵ Heidi Goldberg. "Improving TANF Program Outcomes for Families with Barriers to Employment". January 22, 2002. Center on Budget and Policy Priorities, Washington, DC.

²⁶ "Detours on the Road to Employment: Obstacles Facing Low-income Women", National Partnership for Women and Families, 1999. The organization conducted a national survey of job trainers and other providers serving women with low-incomes.

Figures 6.5 and 6.6 display the various barriers individuals with low-incomes have in job attainment and retention/advancement, according to a 2016 ABC survey of consumers/residents with low-incomes. ABC's consumer/resident survey identified several barriers to attaining and retaining employment, with the top five barriers being:

- lack of childcare
- lack of reliable transportation
- lack of a high school diploma/high school equivalency
- lack of a driver's license
- having a limited work history/experience

Figure 6.5: List of Barriers to Job Attainment for ABC Consumers/Residents who were Unemployed

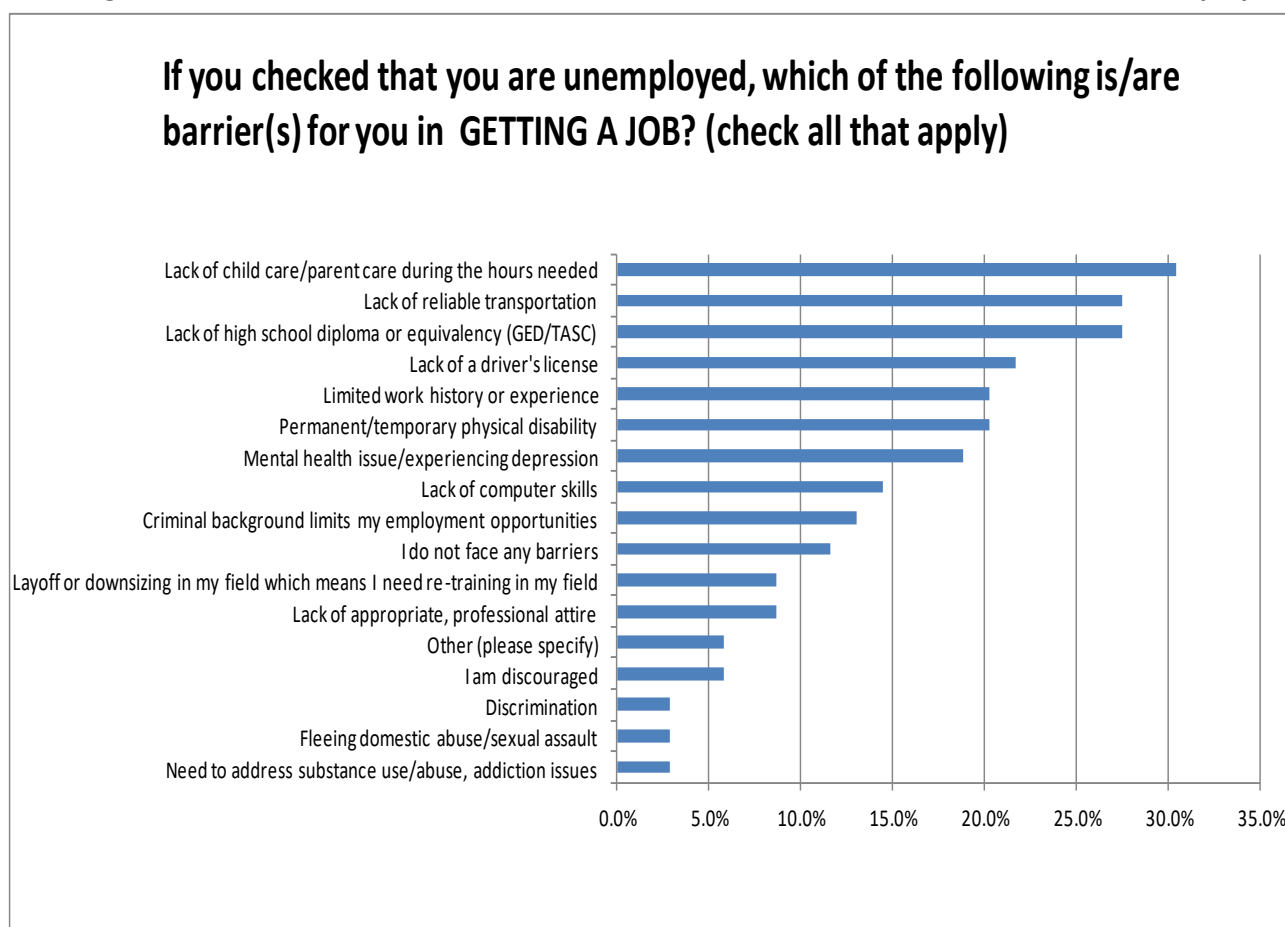
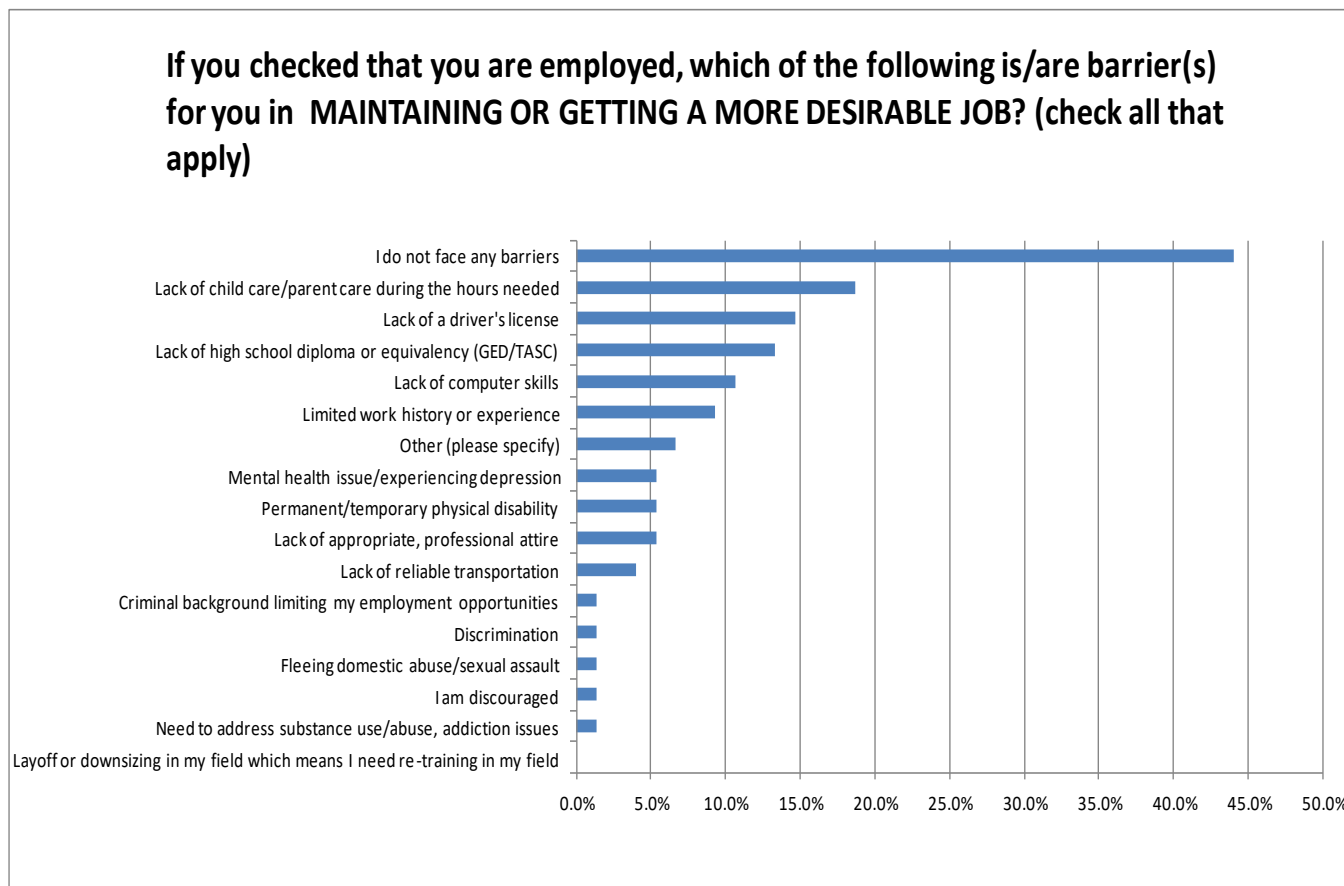


Figure 6.6: List of Barriers to Job Retention/Attainment of More Desirable Job for ABC Consumers/Residents who were Unemployed



Other key points noted in ABC's 2016 community assessment is noted immediately below.

- ✓ Staff at Mary's Place was interviewed for ABC's 2016 Community Assessment. Mary's Place provides soft skills training, which consists of resume development, interviewing and job placement assistance. Work Experience Program or WEP workers help to teach the job training class. Additionally, the agency has a clothes closet and provides food distribution, child care while parent(s) is in class, case management, ESOL classes through OASIS and Nazareth College. Some identified (job and other) issues related to refugees/immigrants were:
 - personal safety is often violated (e.g. being harassed while waiting on local bus, neighborhood violence/crime where they are targeted)
 - language barriers or not speaking English serving as a barrier to job attainment
 - lack of awareness of community resources - language barrier is an issue in accessing services, the community is often not inclusive/services not provided in their language
 - may receive help from a case manager to access health care/services but not having an interpreter (and/or phone interpreter) at a health clinic/hospital
 - navigating the public assistance system is often challenging

- ✓ Staff at Center for Disability Rights was interviewed for ABC’s 2016 Community Assessment. One identified issue related to the disabled population, including disabled population with low-incomes, was subminimal wage practices, meaning, paying individuals less than its peers for comparable work.

Removing employment and job retention barriers is a primary step in helping individuals become “employable” or maintain employment. This step often occurs in agencies providing job training to this population. Those on public assistance may be placed on “Work Experience Program” or WEP as they continue to seek employment. While addressing “personal barriers”, agencies look for opportunities to help individuals build the necessary skills (and education) to obtaining a good paying job (often referred to as at least a living wage). The July 2014 Workforce Innovation and Opportunity Act (WIOA) strengthens employment-related programs to focus on vulnerable populations (within youth and adults), expand education and training options, offer ways for the population to “earn as they learn” and support uniform approaches to serving individuals with low-incomes.

MDRC noted in a 2013 report, the most effective job preparation and placement programs for individuals with low-incomes provide a mix of job search activities and short-term education/training which lead to “quick” employment.²⁷ Strategies to help this population remain employed and advance to better paying jobs combines job coaching and guidance along with a financial incentive after job placement occurred. MDRC further notes that over the past two decades, sector-focused skills training programs have been implemented to improve employment advancement---program effectiveness shows some promise such as a 2009 study of a public-private venture yielding the following results: increased earnings over two years by 18 percent or \$4,500 per participant. Over the last five years, Monroe county received funding to address training and/or employment needs of the community such as MCC America’s Promise, Ladderz Up, ROC Health Profession Opportunity Grants (HPOG) and Strengthening Working Families Initiative (SWFI). Impact of these programs on the community overall will be explored in 2020, as many of these programs will be ending sometime in that year.

For much of its history, Rochester has been an economic engine for the region. Early on, the breadbasket of New York State (the Upstate region) sent much of its grain to Rochester to be ground into flour – thus was born the moniker, “The Flour City.” Fortuitous technological pioneers such as Bausch, Lomb, Eastman and Wilson created a second wave of prosperity in the early and mid-twentieth century.

Recent history, however, tells another story. As global competition and regional population shifts have moved people and jobs south, west and abroad, Rochester has suffered from a great deal of economic insecurity. Not surprisingly, economic insecurity is most destructive for those who do not have the skills or resources to adapt to the changing work environment, or relocate to places with greater opportunities.

Economic uncertainty and joblessness in Monroe County

One major explanation for these patterns of unemployment in the Rochester region is the erosion of jobs generally and the disappearance of manufacturing jobs more specifically.

Compared to other metropolitan areas in New York State, the Rochester Metropolitan Statistical Area (MSA) does not appear to substantially lag its peers. With average wages greater than those of Buffalo and Syracuse and lower than the averages for Albany and Ithaca (outside NYC-NJ-PA area), Rochester MSA would seem to be keeping pace with other Upstate metropolitan statistical areas (see Table 6.4).

²⁷ MDRC. “Promoting Employment Stability and Advancement Among Low-income Adults”. March 2013. New York, NY.

Table 6.4: Employment and Wages in Metropolitan Areas of New York State

Employment and Wages in Metropolitan Service Areas in New York State, for New York State and for the United States	Total Employment	Median Hourly Wage	Median Hourly Wage	Mean Annual Wage
Albany-Schenectady-Troy MSA	452,910	\$21.43	\$26.86	\$55,860
Binghamton MSA	100,630	\$17.92	\$23.95	\$49,810
Buffalo-Cheektowaga-Niagara Falls MSA	550,890	\$18.98	\$24.41	\$50,780
Elmira MSA	34,510	\$18.18	\$22.68	\$47,170
Glenn Falls MSA	52,270	\$17.85	\$22.71	\$47,230
Ithaca MSA	49,920	\$22.29	\$29.14	\$60,600
Kingston MSA	60,220	\$18.93	\$23.88	\$49,660
New York-Newark-Jersey City, NY-NJ-PA MSA	9,655,330	\$23.48	\$32.11	\$66,790
Rochester MSA	517,670	\$19.26	\$25.08	\$52,170
Syracuse MSA	306,130	\$19.48	\$25.07	\$52,140
Utica-Rome MSA	128,180	\$17.67	\$22.87	\$47,580
Watertown-Fort Drum MSA	39,860	\$17.83	\$22.71	\$47,250
New York State	9,522,980	\$22.44	\$30.76	\$63,970
U.S.	146,875,480	\$19.14	\$25.72	\$53,490

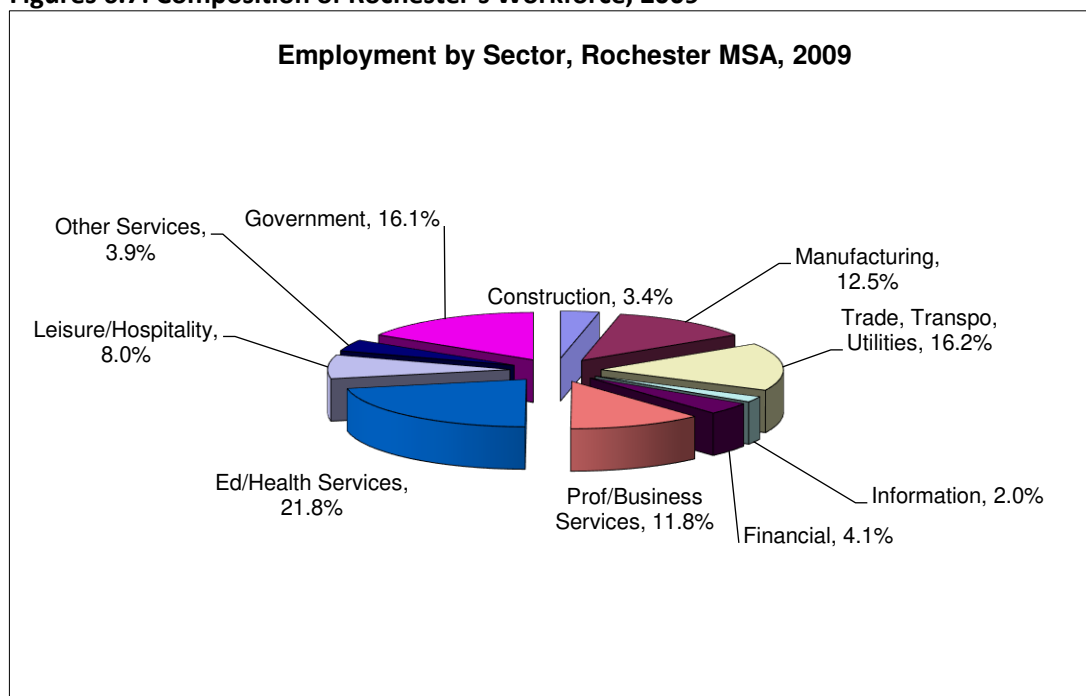
Source: U.S. Bureau of Labor Statistics, May 2019

What this snapshot does not reveal, however, is the longer-term trend. For while Rochester does not appear to be in economic crisis, it has slowly and steadily gone from being a strong and stable economic center to a much weaker and much more economically vulnerable region. Worse still, the specific changes in the structure of the Rochester economy over the past decade point to enormous challenges to the creation of high-wage jobs that would permit individuals to emerge from poverty.

Although the 1990's were largely a period of economic expansion across the United States, Rochester and Monroe County did not keep pace with the nation. Indeed, when the post-9/11 economic downturn occurred, the Monroe County region was ill-suited to rebound. Two decades' worth of industrial contraction had eliminated thousands of low-skilled, high-wage jobs. With these jobs went the people with the skills and assets to relocate. Virtually every Rochesterian knows someone who "used to work at Kodak" or who "used to work at Xerox." Indeed, 2005 represented a watershed year: it was in this year that Kodak, the long-standing economic pillar of the community ceded its title of Rochester's largest employer to the University of Rochester. This shift from a manufacturing-based economy to a professional/service-based economy has had major implications for economic opportunity in the region.

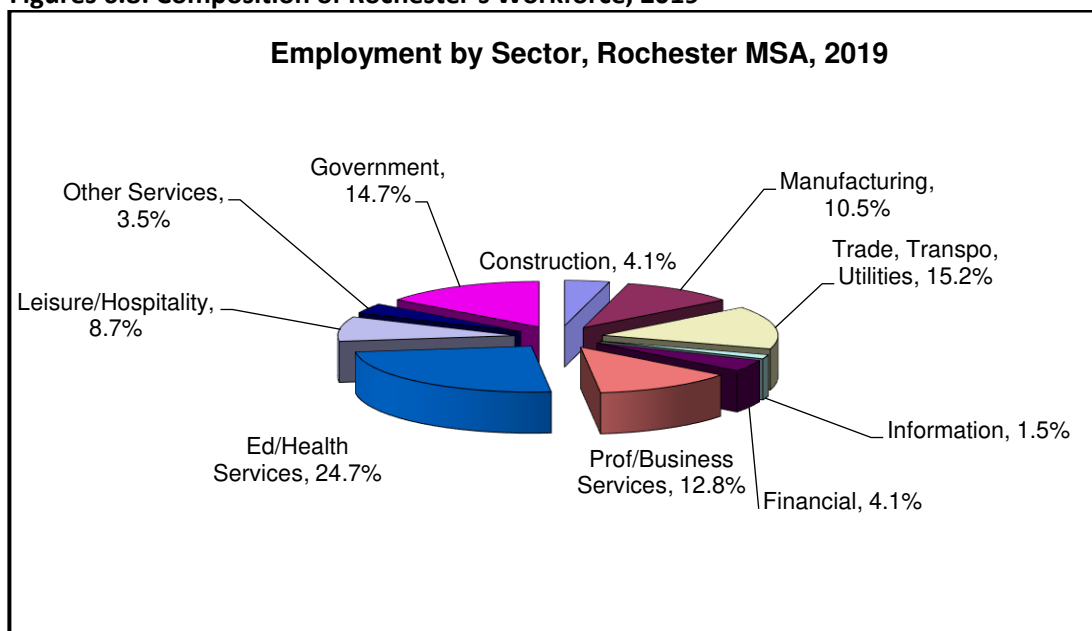
Consider Figures 6.7 and 6.8. These graphs illustrate the structure of the Rochester region's workforce over the past decade. Comparing 2009 and 2019, the only areas to experience a substantial change in Rochester MSA were: the education/health services sector (jobs increased by 24.1%), professional/business services (jobs increased by 9.6%), leisure and hospitality (jobs increased by 6.5%) and manufacturing (jobs declined by 6.2%).

Figures 6.7: Composition of Rochester's Workforce, 2009



Source: U.S. Bureau of Labor Statistics

Figures 6.8: Composition of Rochester's Workforce, 2019



Source: U.S. Bureau of Labor Statistics

In just ten years, the manufacturing sector of Rochester's economy has wilted from 17.1% to 11.6% of the area's workforce. At the same time, education and health services have increased in share from 18.2% to 22.3%. The eclipsing of Eastman Kodak by the University of Rochester was thus not merely an isolated phenomenon, but a microcosm of a larger regional trend.

Table 6.5 denotes that regardless of the geographic region, males earn more than females. It also indicates that women earn a significant percentage less than men. In 2017-2018, a coalition was formed to address equal pay for women. Several rallies/press conferences occurred since its forming, to bring attention to the issue. The coalition has also helped promote two NYS laws that recently passed: (1) ban salary history inquiries and (2) equal pay for substantially similar work.

Table 6.5: Median Earnings, by Gender

	Median Wages Overall	Median Wages for Males	Median Wages for Females	Women's Earnings as a % of Men's Earnings
U.S.	\$35,638	\$41,542	\$30,244	72.8%
New York State	\$40,089	\$44,912	\$35,018	78.0%
Rochester MSA	\$35,393	\$41,377	\$30,378	73.4%
Monroe County	\$35,733	\$41,602	\$30,938	74.4%
Rochester	\$27,382	\$30,311	\$25,796	85.1%

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

In terms of the area's future outlook for economic growth, the New York State Department of Labor estimates that the largest area of job growth in the Finger Lakes area will primarily be in the health services sectors. Table 6.6 presents the NYS Department of Labor estimates for the 2006 – 2026.

Table 6.6: Projected Job Growth in Finger Lakes: 2016-2026

Job area	% change 2016-2026	% growth rate	Estimated number of new jobs in this job area	Wages	
				Mean Wage	Entry Level Wage
Medical Assistants	30.5%	35.1%	320	\$35,090	\$28,240
Nursing Instructors and Teachers, Postsecondary	32.1%	27.5%	260	\$99,560	\$51,860
Health Specialties Teachers, Postsecondary	33.3%	27.1%	980	\$171,620	\$65,010
Operations Research Analysts	33.3%	29.9%	60	\$85,800	\$56,320
Physical Therapist Assistants	33.3%	34.0%	120	\$50,730	\$43,660
Physical Therapists	34.7%	32.7%	420	\$78,340	\$62,950
Medical Secretaries	35.0%	26.5%	360	\$34,820	\$29,200
Personal Care Aides	35.9%	40.6%	3,420	\$28,740	\$24,160
Physician Assistants	37.8%	43.4%	340	\$106,840	\$91,540
Nurse Practitioners	38.7%	41.6%	480	\$104,080	\$87,660
Emergency Medical Technicians and Paramedics	39.4%	23.4%	140	\$37,950	\$26,110
Home Health Aides	43.8%	52.4%	2,210	\$30,230	\$24,290

Note: % growth rate reflects comparative long-term (2016 - 2026) growth rates at the New York State level

Source: New York State Department of Labor

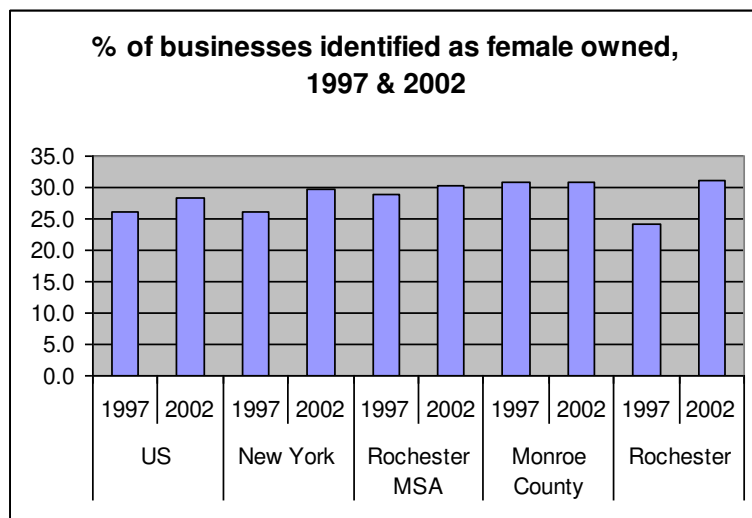
Business Ownership in Monroe County

According to the U.S. Census Bureau's 2016 Annual Survey on Entrepreneurs, women-owned employer firms in the United States increased by approximately 2.8 percent in 2016 to 1,118,863 from 1,088,466 in 2015. During this same period, minority-owned businesses increased by 4.9 percent from 949,000 to 996,000.

In an article, "Exploring Challenges and Opportunities for Minority Business Owners in 2019", Benetrends Financial noted that these business owners face similar challenges as its peers, namely: (1) developing a sound business plan, (2) understanding market and competition and (3) creating products and services that customers need. However, they also have other challenges such as racism, difficulty in securing funding and a lack of social capital to link to. The entity noted in an article, "6 Ways to Overcome the Challenges Women Entrepreneurs Face in 2017", that these business owners face "boys club" mentality in businesses (entrepreneurship in particular), securing financing and work-life balance.

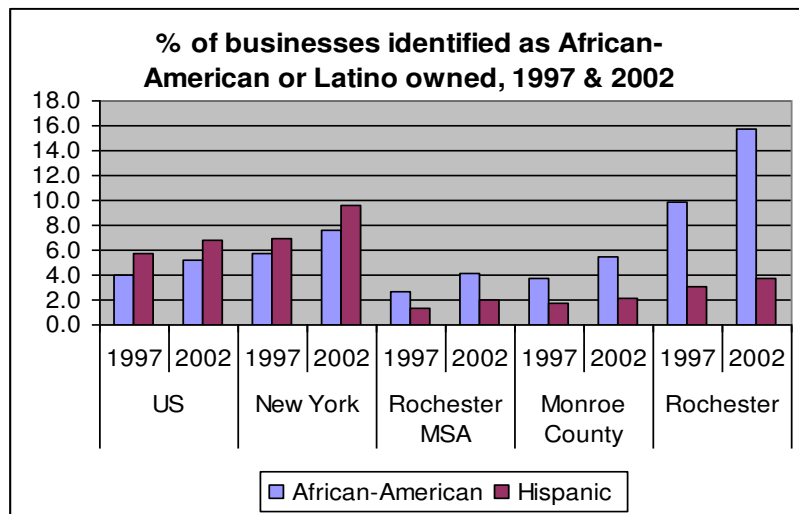
One area of mild growth in Monroe County and Rochester is in the area of minority business ownership. Figures 6.9 and 6.10 present comparative data (most recent data available).

Figure 6.9: Trends in Female-owned Businesses



Sources: US Census Survey of Business Owners, 2002; US Census Economic Census, 1997

Figure 6.10: Trends in African-American and Hispanic/Latino-owned Businesses



Sources: US Census Survey of Business Owners, 2002; US Census Economic Census, 1997

As Figures 6.9 and 6.10 indicate, business ownership by non-whites and non-males has consistently increased from 1997 to 2002 (the most recent year for which data are available). Although African-American/Black business ownership within the city of Rochester increased by 60% over this five year period, it still remains well below the proportion of city residents who are African American. Indeed, while statistics show that a majority of the city's residents are non-white, under 20% of its businesses are owned by non-whites. This indicates that there are still barriers to participation in business for people of color and therefore barriers to owning (literally) a stake in their own community. Business ownership for female-owned businesses has remained relatively stable – growth is more evident in the city of Rochester.

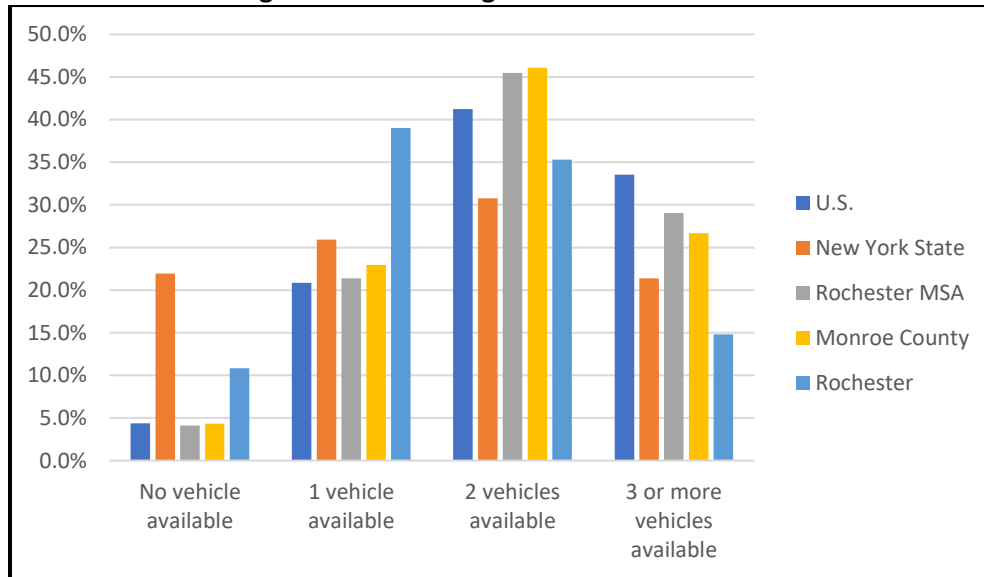
Clearly, the economic picture of Monroe County and the broader region is a challenging one. Unless the above patterns reverse, it will be extremely difficult to connect low-income individuals to the types of economic opportunities that will permit them to achieve greater self-sufficiency.

Many adults, including those with low incomes, lack adequate income to own a vehicle, leading to limited transportation options affecting their quality of life.

Scope of challenge (including groups disproportionately affected):

The American Community Survey measures the availability of vehicles and means of transportation for work. According to the 2013-2017 American Community Survey, New Yorkers surpassed the nation, Rochester MSA, Monroe County and the city of Rochester for the percentage of residents without a vehicle, as shown below. This finding likely reflects the large number of New York City residents who rely heavily on the subway/public transportation system --- 28.3% of New Yorkers utilizes public transportation to get to work vs. less than 10 percent for all other geographic areas, as shown in Figure 7.2. Figure 7.2 shows that the majority of residents drive themselves to work. When comparing racial/ethnic groups, whites are more likely to either drive themselves or carpool to work than any other group.

Figure 7.1: Percentage of Vehicles Available



Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

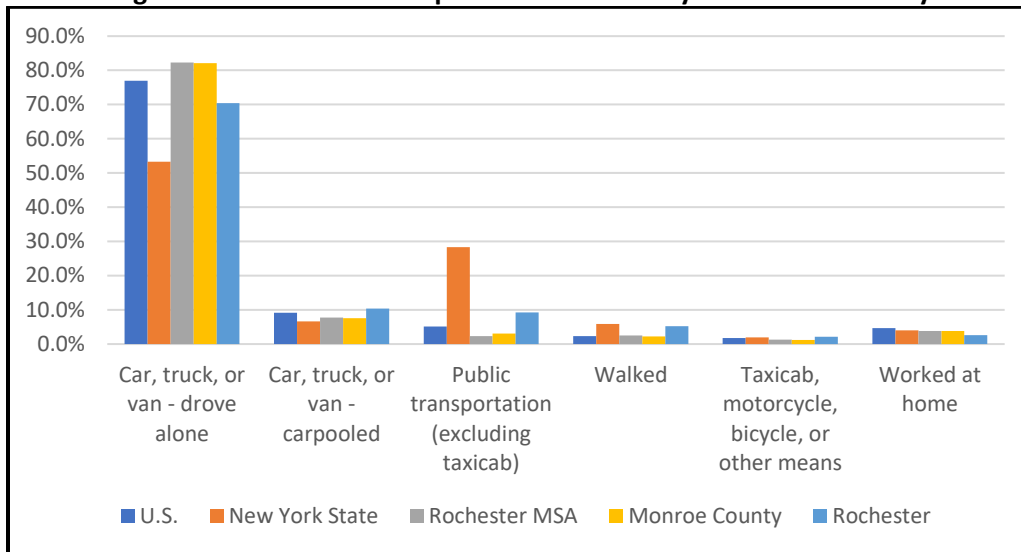
²⁸ References: 2017-18 Graduation Rate Database. (2018). Retrieved from <https://data.nysed.gov/downloads.php>

Monroe County Heroin Task Force: Monroe County, NY. (n.d.). Retrieved June 27, 2019, from <https://www2.monroecounty.gov/sheriff-heroin-task-force>

U.S. Census Bureau (2013-2017). *American Community Survey 5-year estimates*. Retrieved from <https://data.census.gov/cedsci/table?>

U.S. Census Bureau (2014-2018). *American Community Survey 5-year estimates*. Retrieved from <https://censusreporter.org>

Figure 7.2: Means of Transportation to Work by Vehicle Availability



Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

Transportation is known to be a significant barrier to self-sufficiency for low-income individuals. Transportation is often required to keep a job and for many it is required to purchase food and clothing for themselves and their family. For those who own a personal vehicle, there are costs associated with maintenance and insurance. For those without a vehicle there is the availability of public transportation and the need to budget time to be able to adapt to the bus or train schedules.

Individuals with low incomes are less likely to own a vehicle. For example, Table 5.1 shows means of transportation for workers 16 years and over by poverty status for Monroe County and Rochester. Residents below 150% of the federal poverty level are more likely to utilize public transportation than any other means of transportation. While the data refers to workers, it is likely to be the picture for non-workers as well. A 2016 survey of ABC customers/resident suggests that over 10% find agency locations at an inconvenient distance and 20% find hours inconvenient. Additionally, 25% have unreliable transportation to providers.

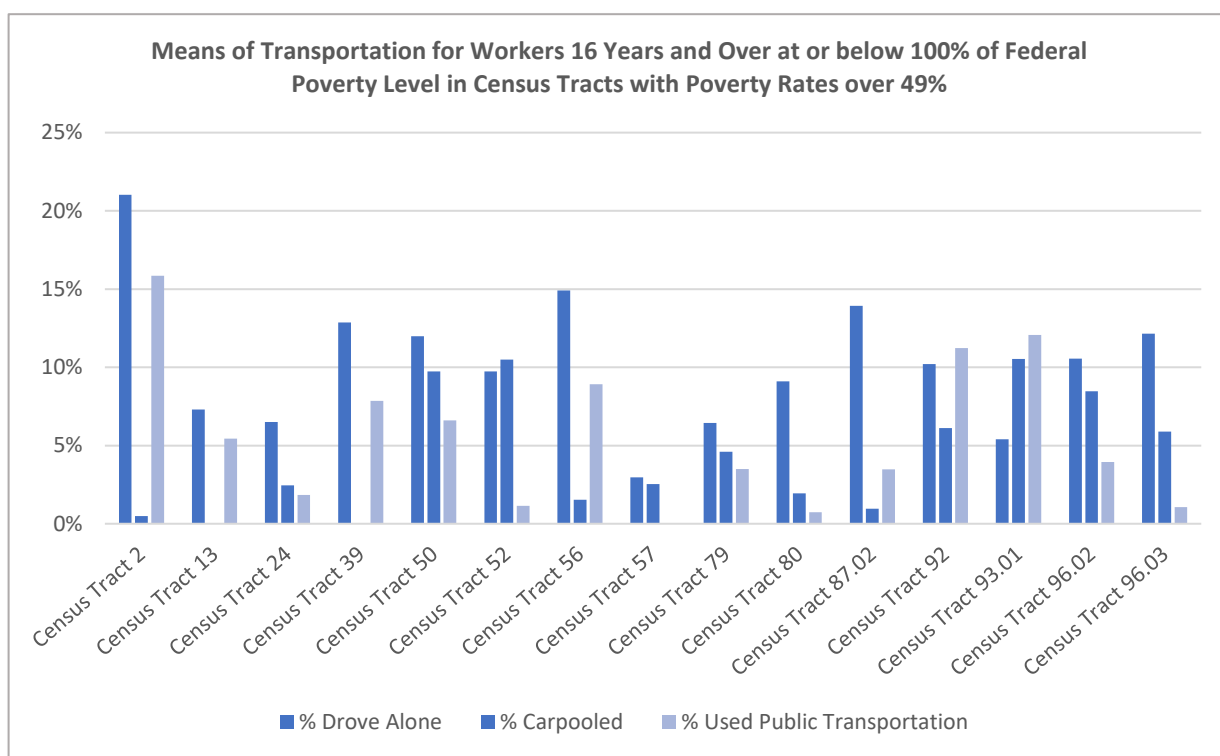
Table 7.1: Means of Transportation to Work by Poverty Status for Monroe County and Rochester

	Drive Alone		Carpooled		Used Public Transportation (excluding taxicab)	
	Monroe County	Rochester	Monroe County	Rochester	Monroe County	Rochester
Below 100 percent of the poverty level	4.7%	10.0%	9.7%	18.2%	27.7%	28.9%
100 to 149 percent of the poverty level	4.5%	9.4%	8.4%	13.0%	16.1%	15.4%
At or above 150 percent of the poverty level	90.9%	80.6%	81.9%	68.9%	56.2%	55.8%

Source: 2013-2017 American Community Survey 5-Year Estimate, U.S. Census Bureau

Individuals with low incomes are less likely to own a vehicle. For example, Figure 5.3 shows select means of transportation for workers 16 years and over who live at or below the (100%) federal poverty level in Census tracts with poverty rates over 49%. As shown, for most of these census tracts, a large percentage of workers get to work through means other than driving themselves. While the data refers to workers, it is likely to be the picture for non-workers as well.

Figure 7.3: Means of Transportation for Workers 16 Years and Over at or below 100% of Federal Poverty Level in Census Tracts with Poverty Rates over 49%



Source: 2013-2017 American Community Survey 5-Year Estimates

Contributing Factors:

Having limited or reliable transportation has often created such issues as missed job opportunities as well as challenges in tending to personal needs. As noted in the Atlantic (May 16, 2015), “access to just about everything associated with upward mobility and economic progress---jobs, quality food and goods (at reasonable prices), healthcare, and schooling---relies on the ability to get around in an efficient way”.²⁹ The article referenced a Harvard study that found a link between geographic mobility and economic mobility and a NYU study that found a connection between poor public transit access and higher rates of unemployment and decreased income in NYC. For individuals, especially those with low incomes, who heavily rely on public transportation, having a good transit system is crucial. In focus groups and interviews (conducted for the community assessment) with or on behalf of individuals with low incomes (including refugees, individuals with HIV/AIDS, seniors and disabled population), having unreliable transportation was identified as a common issue and adversely impacted matters such as getting to a doctor’s appointment or grocery store, or participating in social activities.

²⁹ Gillian White, “Stranded: How America’s Failing Public Transportation Increases Inequality”, May 16, 2015, The Atlantic.

The intersection between job attainment and retention and transportation has received attention by the agency several years ago as anecdotal information collected in past ABC community assessments indicated that transportation was a challenge or barrier to employment, in particular, outside the city of Rochester. A few highlights from ABC's 2013 community assessment: in the report,

For those traveling from the city to the suburbs, the most frequently mentioned issues were:

- Wait time for buses (to get to or to leave a shift, for example, individuals working at the Sutherland Group who are working up to after midnight would have to wait until 7:00 a.m. before a bus arrived).
- Limited bus routes (e.g. no bus stop at the corner of Elmgrove Drive and Elmgrove leading to Alliance Precision or bus stopping too soon at Pittsford Plaza, leaving an individual to work 15 minutes for arriving at his/her place of employment-Precision Laser Tech).

For those traveling within the city, the most frequently mentioned issue was that the bus ran late.

Transportation indeed has been found to be a barrier to employment for a segment of the population. For example, "The Long Journey to Work: A Federal Transportation Policy for Working Families" (July 2003) noted:

- For city residents: when travelling within the city, many may live close to the bus stop but often face lengthy commutes that result in long waits at transit stops, cumbersome and time consuming transfers and infrequent service during off-peak hours.
- For suburban residents: though jobs may be in the suburbs, they tend to be dispersed over large areas and can be inaccessible to this group.
- For rural residents: they live miles away from dispersed rural population which means that extensive transit networks found in central cities are not supported in rural areas, resulting in this group having to find other ways to get to work or be isolated from employment altogether.

In ABC's 2016 customer/resident survey, the majority of respondents wanted the following transportation-related help to get to work, as shown in Figure 5.3:

- 23.5% wanted help with bus fare
- 20.6% wanted help with gasoline
- 20.6% desired to have help with obtaining a driver's license
- 16.2% wanted help with obtaining a vehicle.

Regional public transportation is provided by the Rochester Genesee Region Transit Authority (RGRTA). This system consists of buses that generally bring riders to or from the city along a hub and spoke system. RGRTA serves most commercial centers in Rochester and in the nearer suburbs. For the last few years, RGRTA established an advisory group consisting of key members from the community to provide input and support to its Reimagine RTS project--- redesigning of the public transit system. Implementation has occurred in phases, with full launching to occur in the summer of 2020. The impact of the project will be followed and project status will be reported in the next community assessment. A vanpool program, piloted by the City of Rochester in 2016-2017 was deemed successful and thereafter taken over by Enterprise car rental, is available to help workers and residents who need transportation to commute to their workplace and/or other places. Exploring ways to help individuals with low-incomes attain a vehicle (and assistance with other transportation issues) is also needed such as a wheels-to-work type of program.

Opportunities for Progress:

Organization/Initiative	Key Stakeholder or Leader	Potential role in addressing this challenge	More information
Enterprise Rideshare	Rowan Williams	Vanpool service for jobseekers/workers	www.commutewithenterprise.com
Rochester Genesee Regional Transportation Authority (RGRTA) – Reimagine RTS	Bill Carpenter/Tom Brede	Transportation services	www.myrts.com

Chapter 8: Education

Many self-sufficiency opportunities require advanced education/training; some adults with low incomes lack sufficient access to education or educational credentials and are often limited in the self-sufficiency opportunities (living wage jobs, educational opportunities, etc.) available to them.

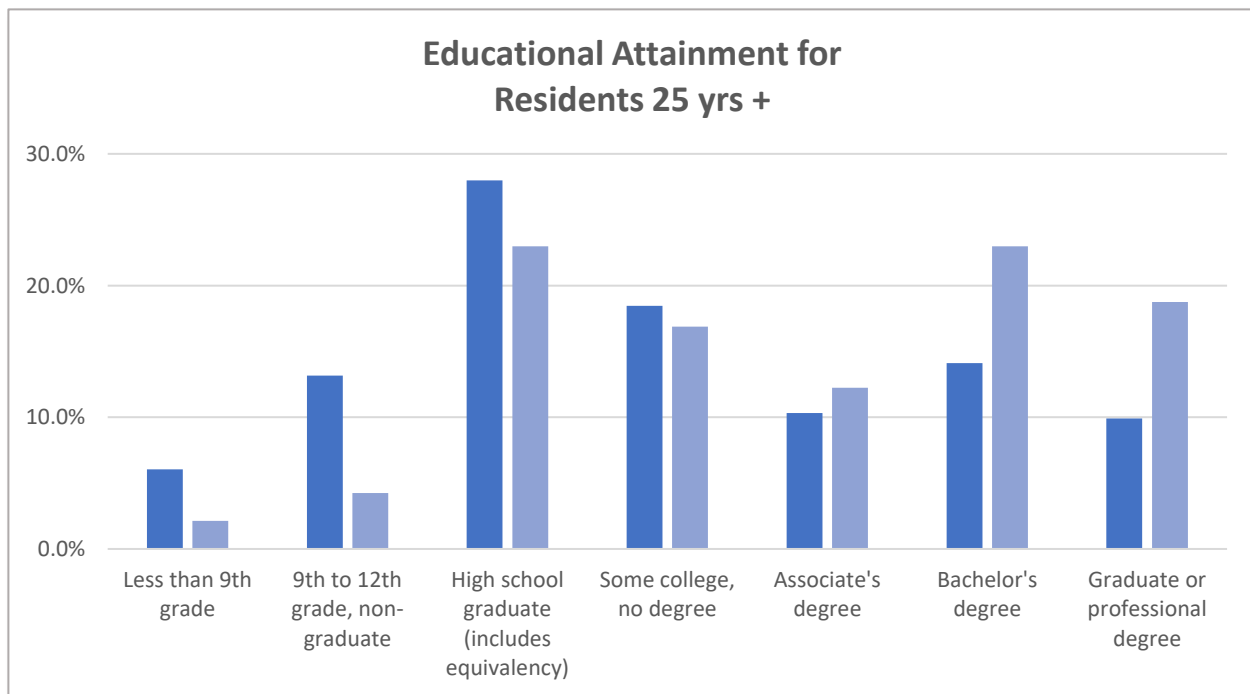
Scope of challenge (including groups disproportionately affected):

The Georgetown Center on Education and the Workforce regularly reports on the connection between educational achievement and the emerging needs of the country's workforce. In 2011, the Center observed, "Of the 37% of jobs for workers with high school or less by 2018, only one third of these will pay the lower limit of the MET [minimum earning threshold] defined as \$35,000 per year or better, on average." In other words, just over 10% of the total jobs nationwide that will be accessible by individuals with lower educational attainment will actually provide a wage that could support them.

A later report from 2013 noted that by 2020 35% of all jobs will require at least a 4-year baccalaureate degree and an additional 30% will require some education beyond high school. Only 12% of jobs will be accessible to individuals who lack a high school diploma or equivalency.

Assuming these trends parallel the situation in the Rochester area, it will be daunting for the community to expect large numbers of residents to achieve self-sufficiency through employment based on the current educational achievement of the local population.

Consider current data regarding educational attainment in Rochester and the Monroe County suburbs.



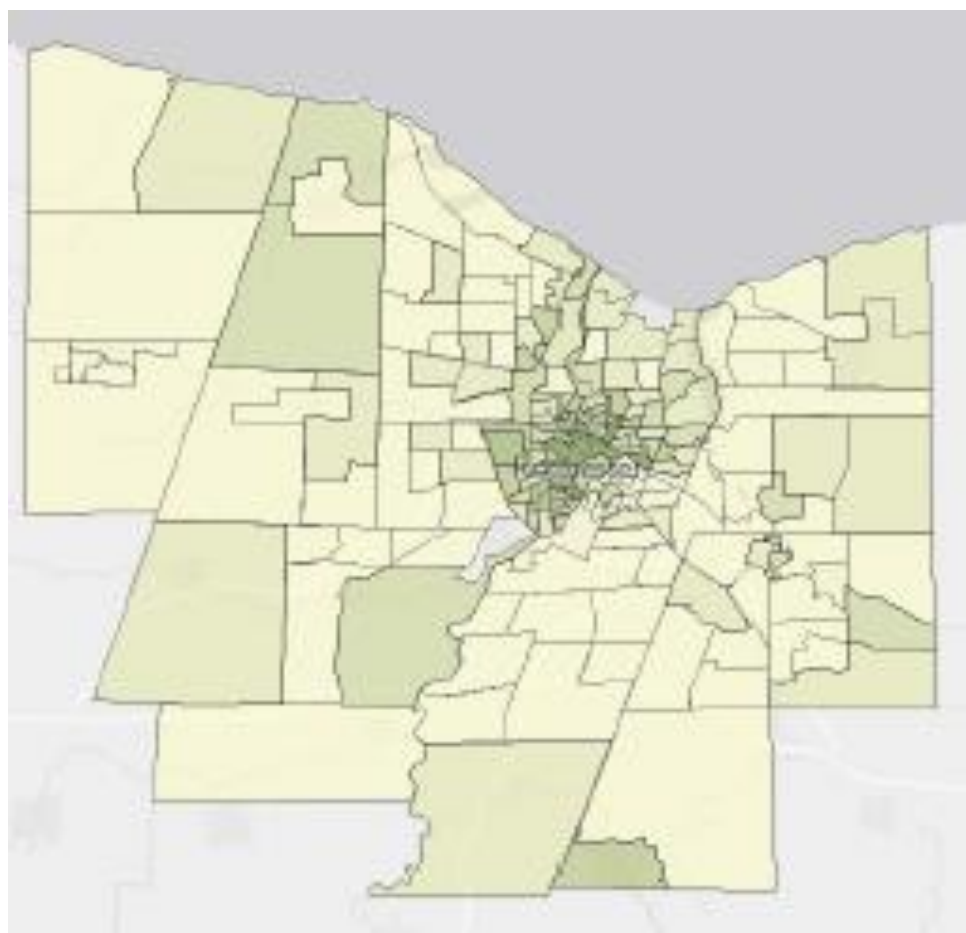
Source: 2013-2017 American Community Survey 5-Year Estimates

There is a significant disparity between the educational profile of local residents and what reports like the above suggest are likely to be the living wage jobs of the future. Approximately 30%-35% of future jobs that will be accessible with a high school diploma or less, yet 50% of males and 42% of females currently residing in Rochester will be fighting for these jobs — many of which are likely to be located in the suburbs.

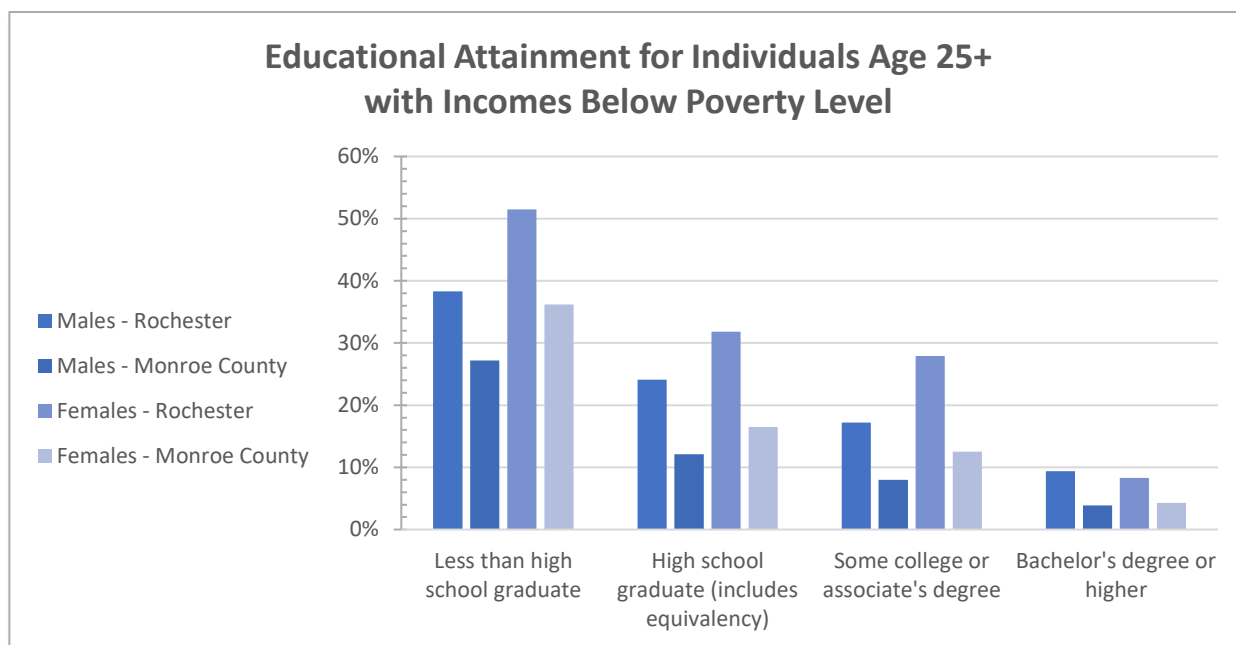
Educational Attainment for Individuals Age 25+ with Incomes Below Poverty Level	Males City of Rochester	Males Monroe County	Females City of Rochester	Females Monroe County
<i>Less than High School Graduate</i>	38.3	27.2	51.5	36.2
<i>High School Graduate (Includes Equivalency)</i>	24.1	12.1	31.8	16.5
<i>Some College or Associate Degree</i>	17.2	8	27.9	12.5
<i>Bachelor's Degree or Higher</i>	9.4	3.9	8.3	4.3

Source: 2013-2017 American Community Survey 5-Year Estimates

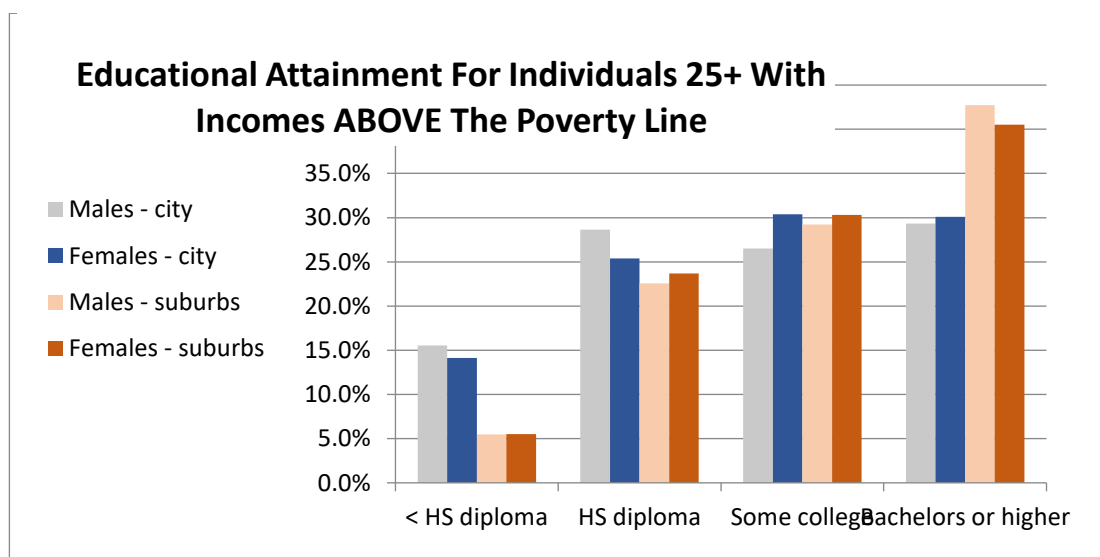
The map below shows the percentage of Monroe County residents over 25 years old without a HS diploma, with darker shades representing higher proportions. There is a clear geographic pattern here: lower-educated residents tend to be clustered in the urban center and are, to a lesser extent, located at the more rural edges of the county. Higher-educated residents predominate in the dense inner suburbs.



Looking at the profile of educational attainment with respect to individuals in households above and below the poverty line, there are important patterns that should inform how local resources are allocated between city and suburbs.



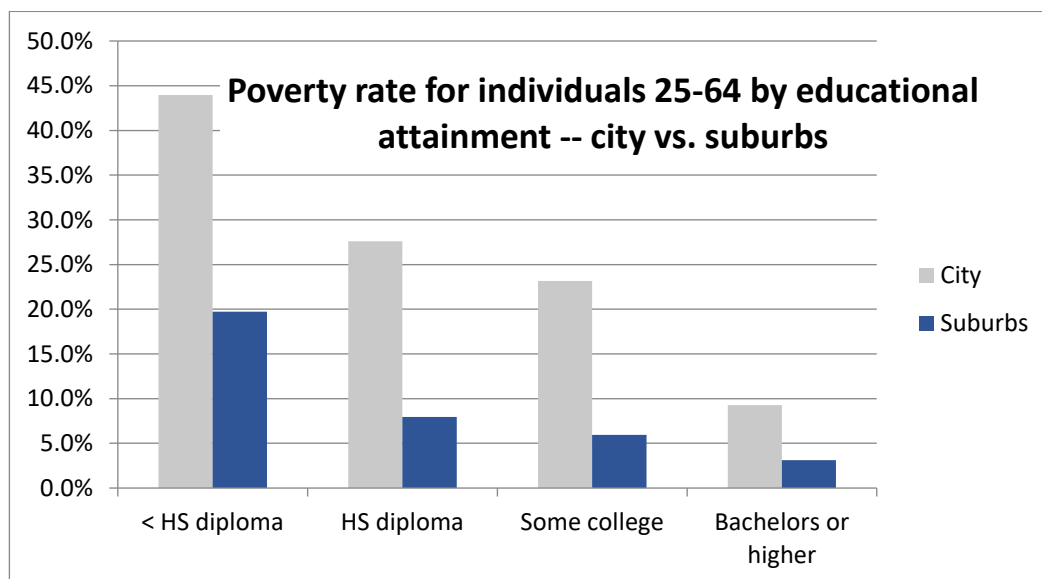
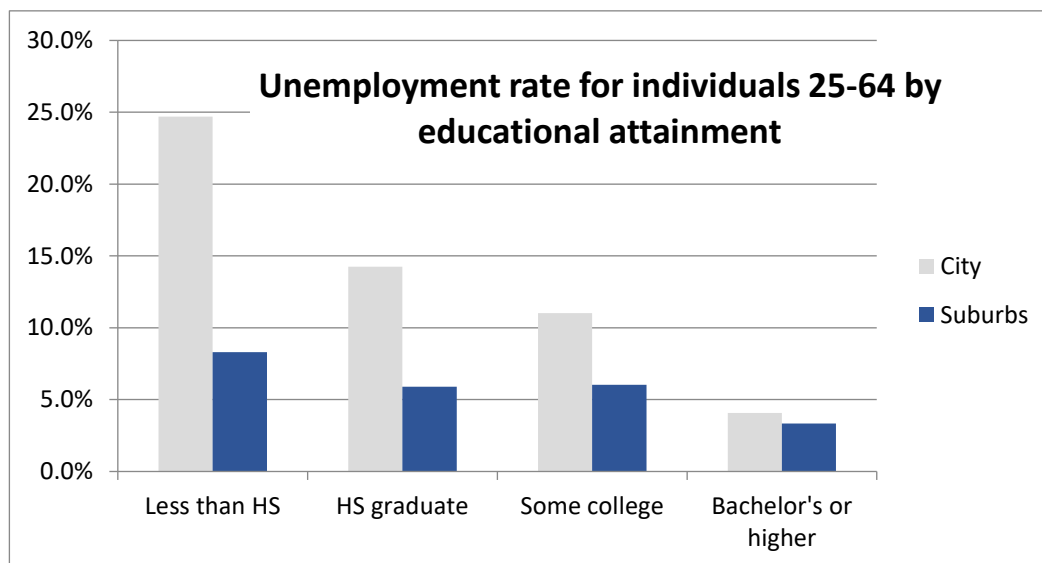
Source: 2013-2017 American Community Survey 5-Year Estimates



Source: 2010-2014 American Community Survey 5-Year Estimates

These graphs suggest very different opportunity structures in the city and suburbs. Those individuals below the poverty line in the city are heavily concentrated in lower educational levels — almost 2/3 have only a HS diploma or less and just 10% of city residents in poverty have a college degree. By contrast, it is clear that a larger portion of those living in poverty in the suburbs are experiencing it in what is likely to be a temporary state: 20% of them have college degrees and half have at least some college experience. For these groups, far more opportunities exist to find self-sufficient employment.

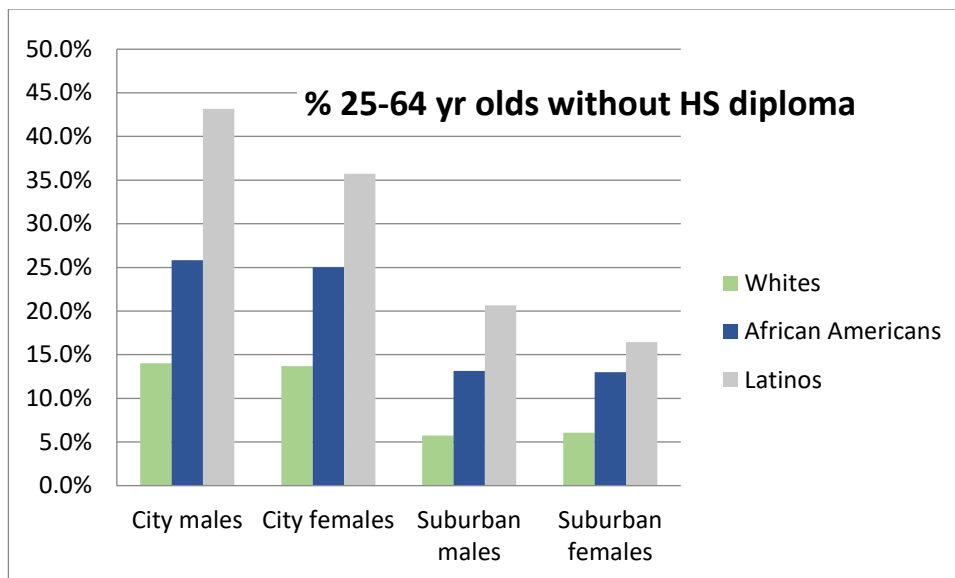
It is also important to take note of gender differences in educational attainment in the city and suburbs: since low-income households are much more likely to be female-headed, the relatively lower proportion of women with college degrees living below poverty in both the city and suburbs are more likely than their male peers to be the sole breadwinner for families. This affects patterns of child poverty as well as how the community should assess the location of education and vocational training resources across the city and county.



Both charts: Source: 2010-2014 American Community Survey 5-Year Estimates

Unemployment, poverty rate and educational attainment repeat previous findings: unemployment and poverty decrease — predictably — as educational attainment increases. However, the pattern is much more pronounced in the city, relative to the suburbs. Educational attainment looks very different in the city: those with less than a high school diploma are unemployed at significantly higher rates than their suburban peers. Meanwhile, college graduates experience unemployment with almost identical frequency in the city and suburbs.

Looking at race, gender and residency, it is evident that structural barriers affect groups differently with regard to high school/equivalency completion.

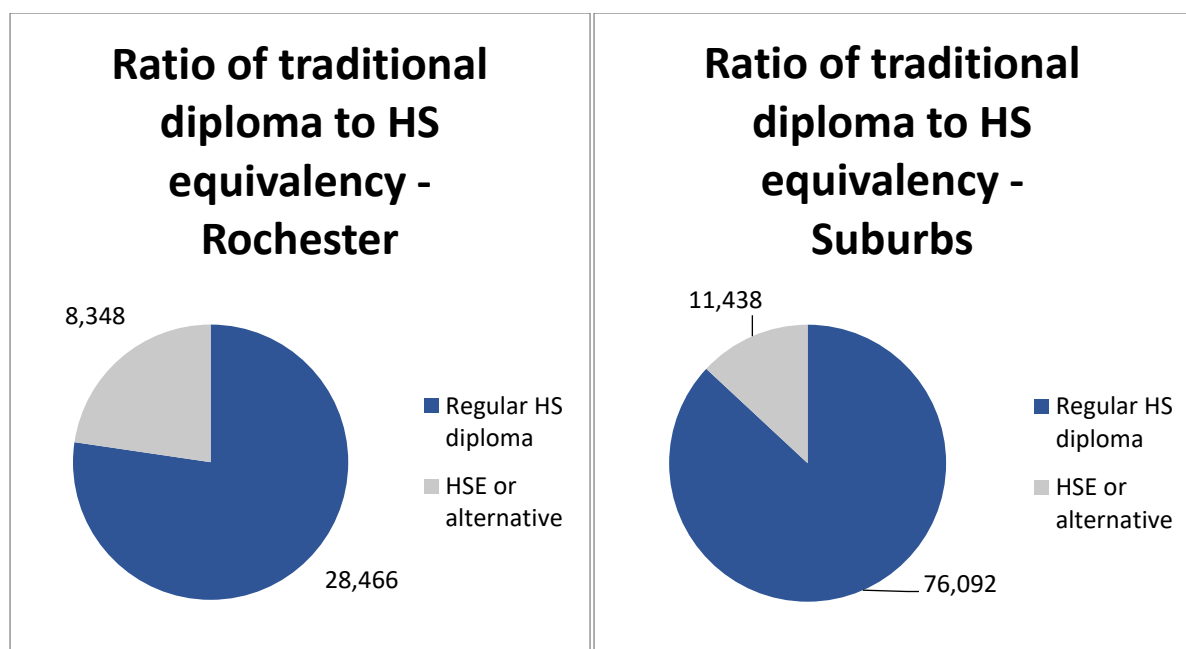


Source: 2010-2014 American Community Survey 5-Year Estimates

Across races and city/suburbs, males are generally more likely to lack a high school diploma/equivalency than females; city residents of all major racial groups and both genders are more likely to lack a high school diploma/equivalency; and non-whites have significantly higher rates of low education relative to whites in both areas, with Latinos having the highest rates and African Americans the next-highest. What these data indicate is that race, place and gender all interact locally to lead to very different educational outcomes. And for those lacking a high school diploma – the first credential required for living-wage employment – these rates reveal structural barriers to self-sufficiency.

Looking deeper at the educational credentials of residents, consider how many have traditional high school diplomas compared to equivalency degrees. Census reports show that there are significant differences in the life outcomes of those who earn a traditional HS diploma compared to an equivalency degree. Traditional graduates are much more likely to earn college degrees and have earnings approximately 50% higher than those with equivalency diplomas (Ewert 2012).

Although there are more equivalency diplomats in the Monroe County suburbs than in the city (owing to the much larger population of the former), they are a higher proportion of the HS diploma-holding population in the city. This partly explains why comparable education levels do not translate into comparable self-sufficiency outcomes between the city and suburbs. Moreover, across Monroe County there are almost 20,000 individuals with equivalency diplomas. If our community begins to do a better job connecting this group to higher education, the community college and higher education institutions in the region will likely be unprepared for such numbers of adult learners. Some state education departments have experimented with educational institutions for adults that can issues diplomas that more closely align with the traditional high school experience.



US Census (American Community Survey: 2014 5-year estimate)

ABC's consumer survey from 2016 reported that 28% of respondents identified lack of high school equivalency (HSE) as a barrier to employment (the #2 barrier after childcare); it was the #3 ranked issue relative to barriers to advancing in their existing job.

A 2016 survey of the Rochester Monroe Anti-Poverty Initiative (RMAPI) target neighborhood revealed that 20% of residents lack a high school diploma and 54% do not have any education beyond high school. The residents of this neighborhood also cited "skills and education" as the number one barrier to employment in their neighborhood (64% identifying it as a major or minor issue).

Going forward, this assessment should focus on more closely tracking patterns of adult education as well as the number of living wage jobs that become available at various educational levels.

Contributing Factors:

- ✓ There appears to be insufficient availability of adult educational resources (basic literacy/numeracy, HSE and college preparation) in the Rochester community. Local HSE programs do not have the capacity to meet the existing need, many serve limited populations, under limited circumstances (locations, times, etc). Very few programs serve adult learners (25+).
- ✓ New York State's 2014 adoption of the Test Assessing Secondary Completion (TASC) as the examination of record for a high school equivalency disrupted the provision of adult education services across the state as providers dealt with delays in the development of the new test and related materials from the state.
- ✓ Structural racism is almost certainly a factor in these patterns. Public policies that support higher education are generally more accessible by middle-class residents who are disproportionately white. Home mortgage interest deduction and the use of home equity to finance college education are also policies that disproportionately favor whites in producing radicalized patterns of educational attainment.

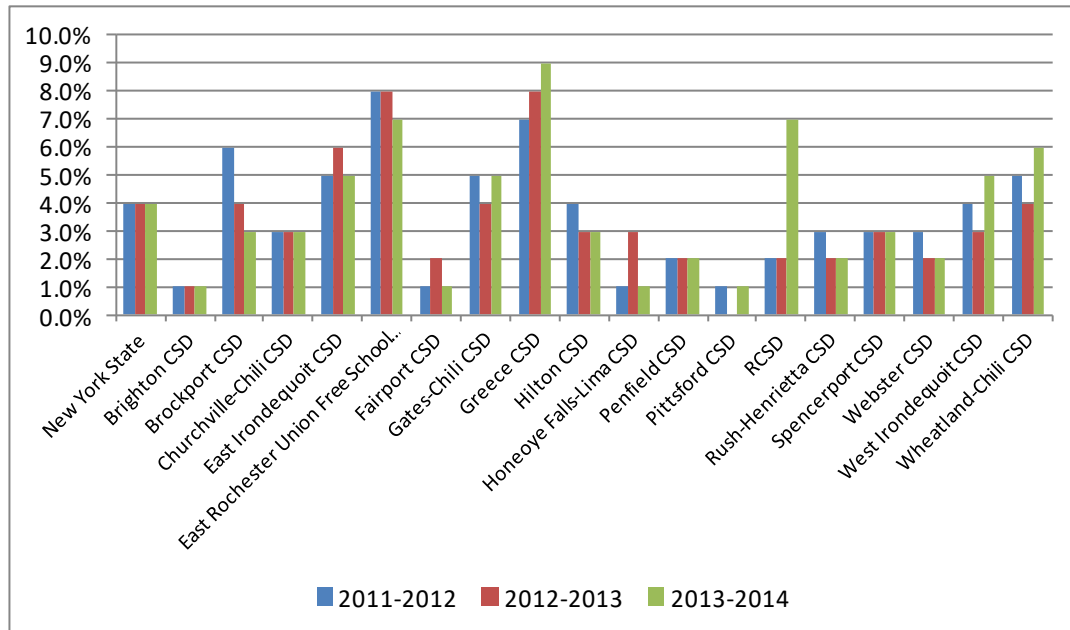
Opportunities for Progress:

Organization/Initiative	Key Stakeholder or Leader	Potential role in addressing this challenge	More information
Action for a Better Community – Focus on Self-Sufficiency Program	Shawn Futch, Program Coordinator	ABC's HSE preparation program provides classes and individual instruction tailored to the customer.	www.abcinfo.org
Action for a Better Community – Health Profession Opportunity Grant (HPOG)	Donald Hardaway, Project Director	Focuses on recruiting low-income individuals to health career pathways by supporting training and education.	www.abcinfo.org
ABVI/Goodwill – Excel Center	Gidget Hopf, President & CEO	ABVI/Goodwill has developed a model for adult education that has performed well in Indiana. The Rochester chapter is seeking to bring that model to our community	www.goodwillfingerlakes.com
New York State Board of Regents	Wade Norwood	Regent Wade Norwood has met with local HSE providers to seek better ways for the state to promote adult education	www.regenst.nysed.gov
BOCES-1 and -2		Provides community-based education programs for youth and adults, particular vocational and technical programs.	www.monroe.edu www.monroe2boces.edu
OACES (Office of Adult and Career Education Services – Rochester City School District)		Provides a number of adult education programs, including TASC and job training programs.	www.oaces.net
REOC (SUNY Brockport Rochester Education Outreach Center)		Provides a number of adult education programs, including TASC and job training programs.	www.reoc.brockport.edu

Education and Children

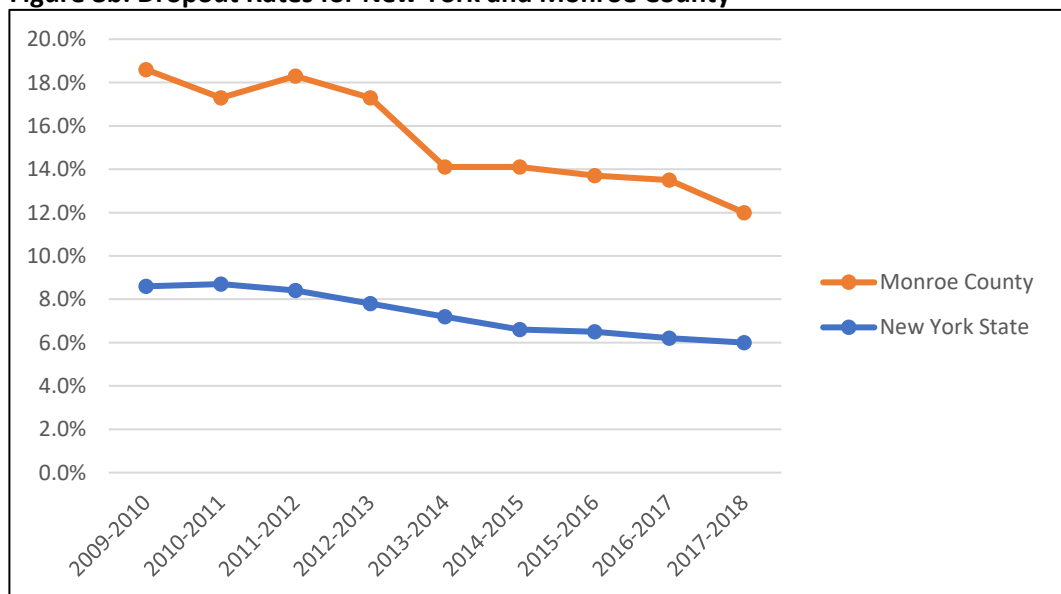
In 2019, less than half of the county's 3rd grade students met or exceeded the standard in English Language Arts, while almost half met or exceeded on grade 3 Math exam, according to Act Rochester. A similar pattern was found for 8th grade students. Figure 8a, 8b and 8c provides data on student suspensions and dropout rates for New York State and for each school district within Monroe County. Student suspensions (for years data is available) for all three school years were highest in the following districts: East Irondequoit, East Rochester and Greece. Table 15.2 shows declining dropout rates. For the 2018-2019 school year, dropout rates were extremely high for the Rochester City School District (RCSD) compared to other districts in Monroe County.

Figure 8a: Student Suspension Rates for New York State and by School Districts



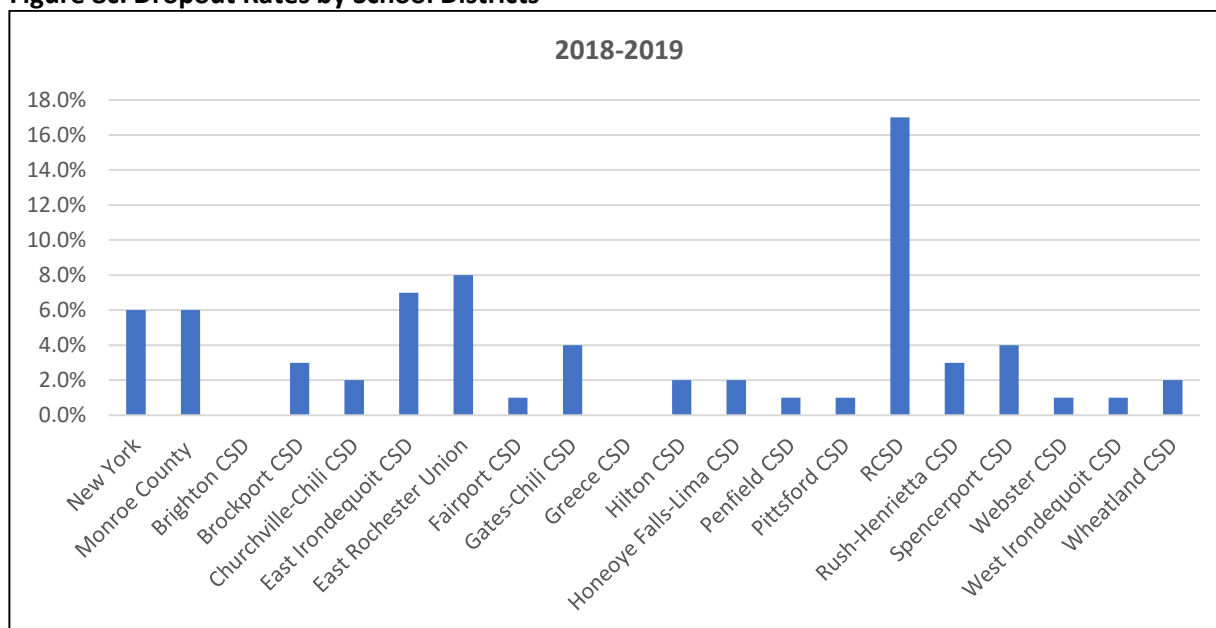
Source: NYS Department of Education

Figure 8b: Dropout Rates for New York and Monroe County



Source: Kids' Well-being Indicators Clearinghouse (KWIC)

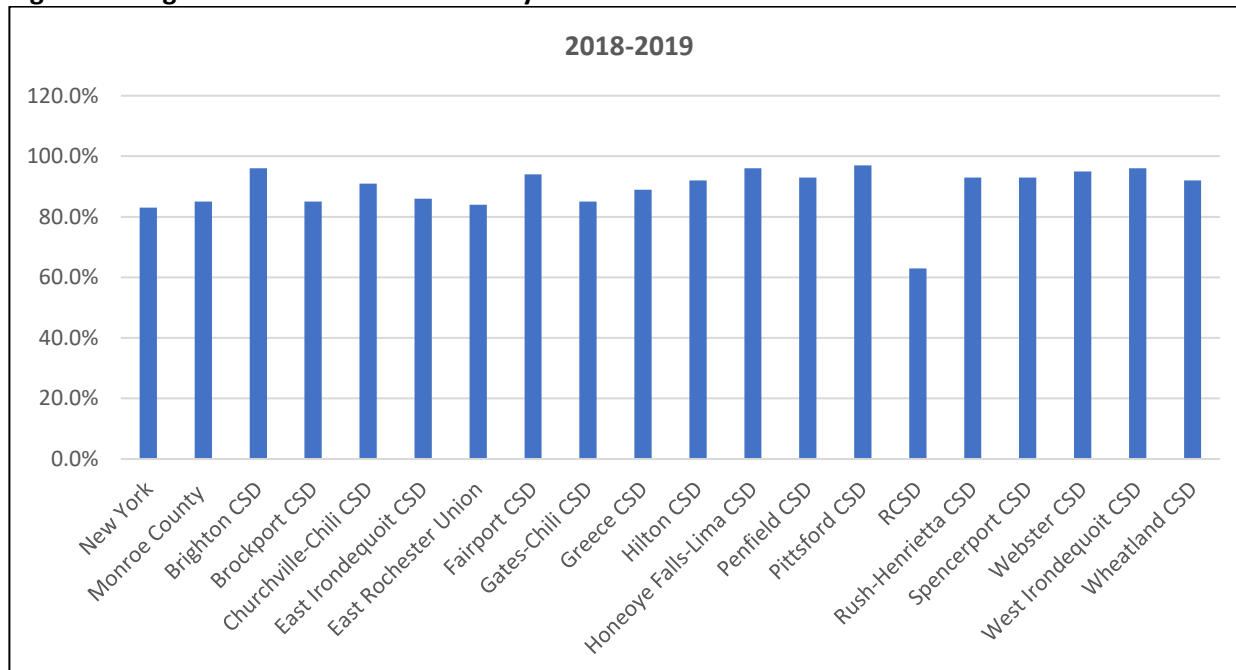
Figure 8c: Dropout Rates by School Districts



Source: NYS Education Department

Table 8d displays high school graduation rates for New York State, Monroe County and for school districts within Monroe County. In the 2018-2019 school year, NYSED reported that 7,148 (85%) of county students graduated from high school. The graduation rate was the following: 74% for economically disadvantaged students, 56% for homeless students, 50% for foster care students, 47% for English language learners and 61% for students with disabilities. The county's dropout rate stood at 6%. Note: Data for migrant students was unavailable.

Figure 8d: High School Graduation Rates by School Districts



Source: NYS Education Department

Chapter 9: Individuals with Disabilities

Among the barriers that can challenge a person's ability to be self-sufficient is living with a physical or intellectual disability. Disabilities can physically impair one's ability to work, to take care of one's family or even take care of oneself. Intellectual or developmental disabilities can have the same impact, and can make one especially vulnerable to exploitation by peers. In short, individuals with disabilities may not always be able to live the same life as those without, but disabilities should not, by themselves, preclude any individual from achieving a higher degree of self-sufficiency. Table 9.1 displays the number and percentage of individuals with disabilities for the various geographic areas. Several localities have a sizable number of people with disabilities. For the 2013-2017 American Community Survey, in Monroe County and the city of Rochester:

- Less than 2% of children under age 5 had a disability
- 7.3% of county and 11.9% of city children ages 5-17 had a disability
- 11.4% of county and 17.9% of city adults ages 18-64 had a disability
- A significant portion of adults ages 65 and over – a third – had a disability

Table 9.1: Number and Percentage of Individuals with Disabilities

	Number	Percent		Number	Percent
Brighton	3,947	11.1%	Perinton	4,276	9.2%
Chili	3,005	10.5%	Pittsford	2,340	8.0%
Clarkson	819	12.1%	Riga	683	12.2%
East Rochester	790	11.9%	Rush	366	10.8%
Gates	4,203	14.7%	Sweden	1,615	11.4%
Greece	12,776	13.3%	Webster	4,614	10.5%
Hamlin	1,095	12.0%	Wheatland	606	12.8%
Henrietta	5,659	13.0%	Rochester	36,922	17.9%
Irondequoit	6,873	13.7%	Monroe County	98,691	13.3%
Mendon	771	8.3%	Rochester MSA	142,691	13.4%
Ogden	2,099	10.4%	New York	2,232,221	11.4%
Parma	1,593	10.1%	United States	39,792,082	12.6%
Penfield	3,639	9.9%			

Source: 2013-2017 American Community Survey 5-Year Estimate

Figures 9.1 identifies types of disabilities in Rochester, Monroe County, New York State and the United States. Across all geographic areas, for most disability types, Rochester residents have a higher incidence of disabilities. Cognitive, ambulatory and independent living difficulties for the city is noticeably higher than other areas.

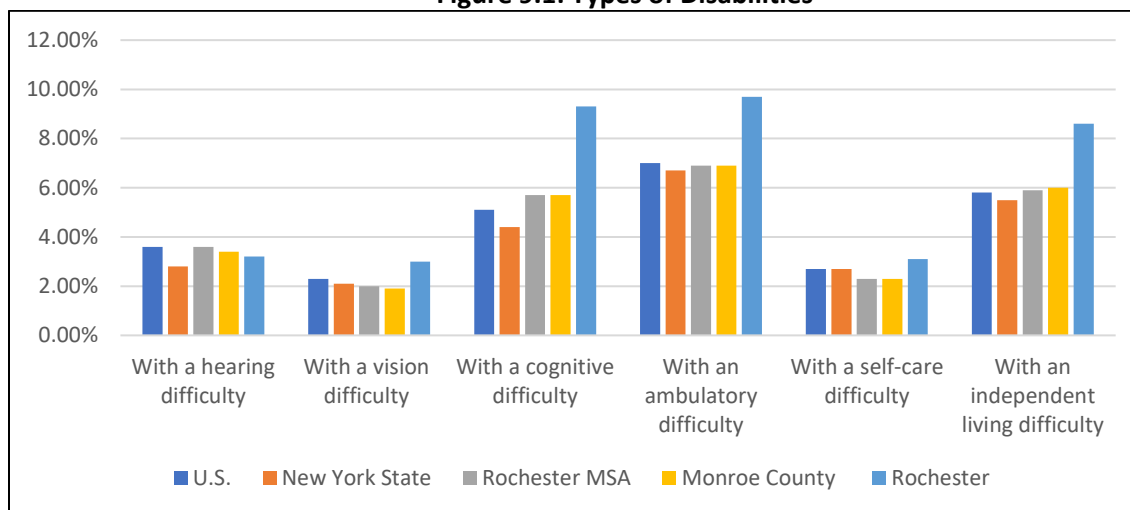
Table 9.2 show types of disabilities by age group for children and youth. Cognitive difficulty is noticeably higher for the city than its peers, though the city has higher rates than all other rates across the type of disabilities.

Table 9.2: Types of Disability by Age Group for Children and Youth

	U.S.	New York State	Rochester MSA	Monroe County	Rochester
Age 5					
With hearing difficulty	101,389	6,075	390	278	118
	0.50%	0.50%	0.7%	0.7%	0.80%
With hearing difficulty	88,590	4,945	221	132	73
	0.40%	0.40%	0.40%	0.30%	0.50%
Under Age 18					
With hearing difficulty	325,578	17,004	1,236	723	430
	0.60%	0.60%	0.70%	0.60%	1.2%
With vision difficulty	463,850	25,992	1,520	1,011	406
	0.90%	0.90%	0.90%	0.90%	1.2%
With cognitive difficulty	2,213,127	116,959	9,729	6,918	3,407
	4.1%	3.9%	5.8%	5.9%	9.8%
With ambulatory difficulty	331,228	19,526	1,217	728	409
	0.60%	0.60%	0.70%	0.60%	1.2%
With self-care difficulty	513,647	33,032	1,972	1,304	660
	1.0%	1.1%	1.2%	1.1%	1.9%

Source: 2013-2017 American Community Survey 5-Year Estimate

Figure 9.1: Types of Disabilities



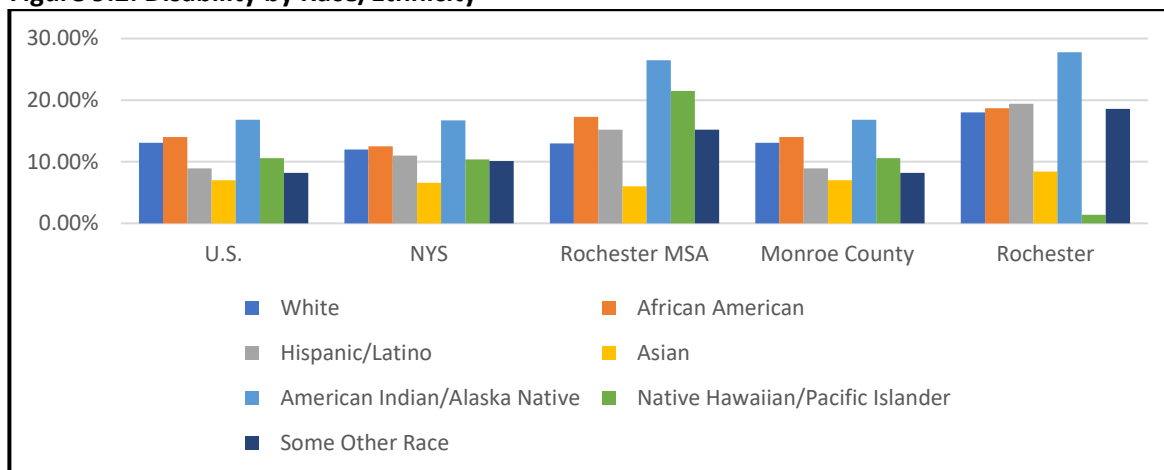
Source: 2013-2017 American Community Survey 5-Year Estimate

Race/ethnicity and patterns of disabilities

Figure 9.2 displays the percentage of individuals with disabilities by race/ethnicity. Disability rates appear to be high for certain groups – African Americans, Hispanics/Latinos and American Indians/Alaska Natives. What this suggests is that whatever efforts are made to promote self-sufficiency in the Monroe County area – and

particularly in the city of Rochester – those efforts should consciously take account of the fact that individuals with disabilities are disproportionately affected and that people of color comprise a large proportion of that population.

Figure 9.2: Disability by Race/Ethnicity



Source: 2013-2017 American Community Survey 5-Year Estimate

One of ABC’s areas of increased focus is on the degree to which the community’s self-sufficiency opportunities are structurally imbalanced, favoring one group over another. It has long been the case that the opportunity structure has been skewed against individuals with disabilities; data suggest, however, that opportunities are likely also affected by the way that race and ethnicity intersect with this opportunity structure.

Educational opportunities and outcomes for people with disabilities

If educational success is related to one’s ability to be more self-sufficient, then the barriers to educational opportunity faced by individuals with disabilities serve as a major barrier to their achieving self-sufficiency as well. Table 9.3 presents data showing patterns of educational attainment between the disabled and non-disabled communities.

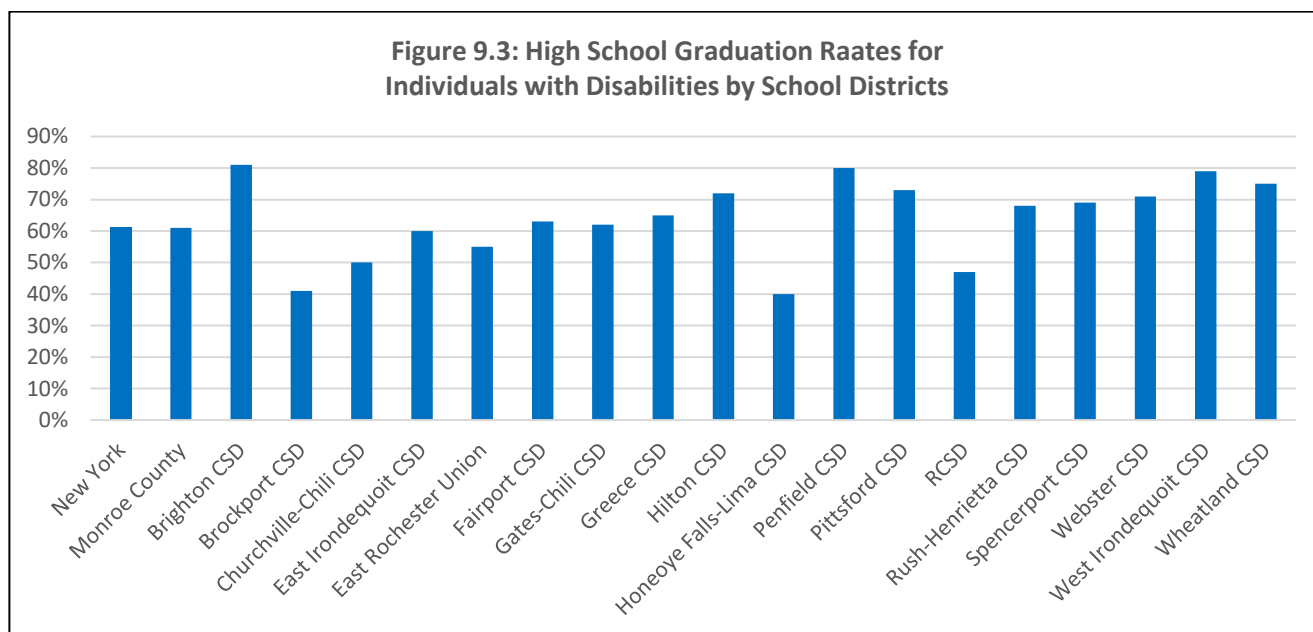
In 2018-2019, approximately 14.5% of children in pre-kindergarten through 12th grade had one or more disability. School districts with the highest rates of children with disabilities were: Rochester, East Irondequoit, East Rochester Union and Honeoye Falls-Lima. In The Children’s Agenda (TCA) 2019 report, “Declining Child Care Options for Young Children”, one finding noted was that there is an increasing number of young children in Monroe County that are unable to receive the specialized developmental services they need due to a shortage of provider who work in the Early Intervention and Preschool Special Education system. It further noted that over 1,000 children are referred for early intervention services. One in five children ages 0-3 in 2017 and about 10.0% of preschool children in 2018 were on wait list for preschool special education. Low reimbursement rates for these services are a significant cause of this delay in receiving services.

Table 9.3: Educational Attainment by Disability Status

	U.S.	New York State	Rochester MSA	Monroe County	Rochester
With a Disability					
Less than High School	22.1%	25.9%	20.7%	21.8%	32.1%
High School Graduate	34.0%	32.9%	35.5%	32.9%	31.2%
Some College/Associates Degree	27.5%	22.8%	27.2%	27.0%	26.4%
Bachelor's Degree or higher	16.3%	18.4%	16.6%	18.3%	10.3%
Without a Disability					
Less than High School	10.5%	11.5%	7.2%	7.1%	15.0%
High School Graduate	25.8%	24.9%	25.0%	22.3%	26.9%
Some College/Associates Degree	29.4%	24.9%	30.5%	29.5%	29.6%
Bachelor's Degree or higher	34.2%	38.6%	37.3%	41.1%	28.5%

Source: 2013-2017 American Community Survey 5-Year Estimate

A common pattern across Monroe County, Rochester MSA, New York State and the U.S. as a whole is that the non-disabled population has a far higher proportion of higher educated individuals and a much lower proportion of those without a high school diploma or GED. But Monroe County appears to have a slightly better educational distribution among the disabled community than New York State as a whole and a higher proportion of college graduates than the nation as a whole. This pattern suggests that the Monroe County community may have more resources than other communities to assist individuals with disabilities to achieve higher educational levels; however there is still much work to be done. For example, a look at local high school graduation rates for students with disabilities shows that there is a wide range across Monroe County school districts. Figure 9.3 provides the data for Monroe County schools for the 2018-2019 school year.



Source: New York State Education Department

The Rochester City School District significantly trails other districts in its ability to graduate students with disabilities. Only about one-quarter of students with disabilities complete their high school education in five years. The top performing suburban schools have graduation rates closer to 70-80%. Clearly students with disabilities are not being provided comparable educational opportunities in all parts of Monroe County.

Employment opportunities and outcomes for people with disabilities

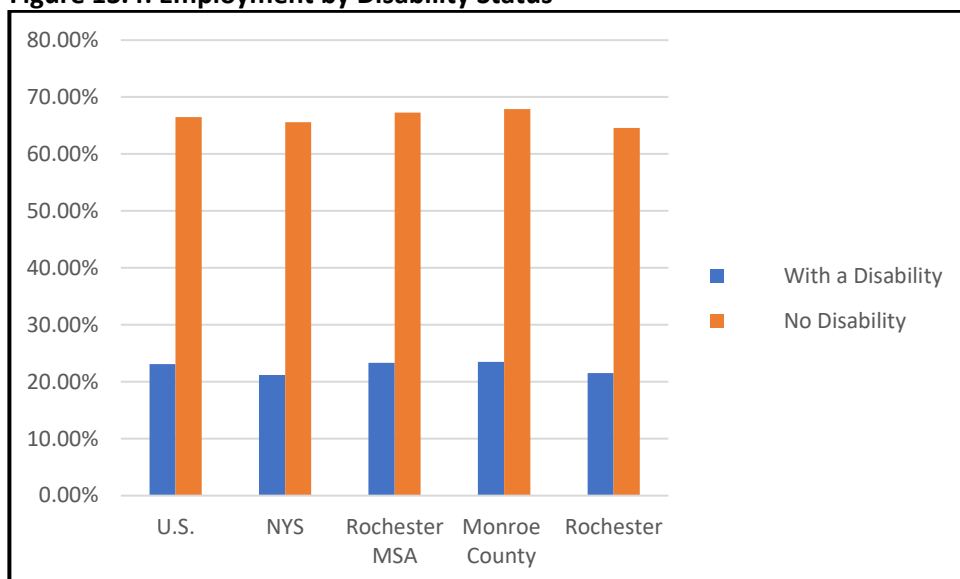
Educational attainment is closely correlated to employment: those with higher education levels have lower unemployment rates and vice versa. Given the higher rate of disabilities in the city of Rochester and the lower high school graduation rate of city students with disabilities, it would be expected that disabled residents of the city of Rochester would be employed at lower rates than those in other localities. Unfortunately, multi-year data do not yet exist at the city level. The only available data are for Monroe County, New York State and the US as a whole. As across the geographic areas, those without a disability are three times more likely to be employed than their peers, as shown in Table 9.4. The disabled population is employed with almost exactly the same frequency in Monroe County as they are across other areas. This low rate of employment in the disabled population is a primary driver of lower incomes and higher poverty rates for those with disabilities.

Like employment, those with disabilities earn far less, a difference of at least \$10,00, as shown below. The table shows that as one's income increases, the likelihood of having a disability decreases. Having a job that is likely low-wage job, the data presented here may reflect a structural barrier to self-sufficiency that merits deeper exploration.

	U.S.	New York State	Rochester MSA	Monroe County	Rochester
Earnings for those with a Disability	\$22,274	\$24,050	\$17,556	\$17,366	\$13,586
Earnings for those without a Disability	\$32,924	\$36,852	\$32,434	\$33,016	\$25,600
Below 100%					
Disabled	20.7%	23.5%	23.4%	24.7%	43.0%
Not Disabled	11.7%	12.1%	10.3%	10.7%	23.4%
Between 100-150%					
Disabled	13.1%	12.8%	13.1%	12.6%	16.6%
Not Disabled	7.6%	7.1%	6.3%	6.2%	11.8%
At or Above 150%					
Disabled	66.3%	63.7%	63.5%	62.6%	40.4%
Not Disabled	80.7%	80.8%	83.4%	83.1%	64.7%

Source: 2013-2017 American Community Survey 5-Year Estimate

Figure 13.4: Employment by Disability Status



Source: 2013-2017 American Community Survey 5-Year Estimate

Community resources

Monroe County is fortunate to have several resources available to individuals with disabilities. With respect to education, the Rochester School for the Deaf is a state-funded K-12 school for children who are deaf or hard-of-hearing. At the college level, the Rochester Institute of Technology (located in the suburb of Henrietta) is home to a nationally-recognized school for the deaf: the National Technical Institute for the Deaf. Together, these schools serve as magnets for professionals and service providers who specialize in working with the deaf population.

There are also several quality providers of services to individuals with developmental disabilities in the area. The Al Sigl Center and Mary Cariola Children's Center are both highly-respected providers of on-site and home-based services to individuals and families. There are also a number of additional voluntary agencies providing Medicaid-funded services to individuals with developmental disabilities. An updated list of these agencies is available through the local Finger Lakes Developmental Disabilities Services Office (FLDDSO), located at 620 Westfall Rd.

Finally, the Center for Disability Rights provides advocacy and supportive services for individuals with all types of disabilities. The CDR has been particularly active in the area of transportation, helping to ensure public buses are fully accessible to all individuals, regardless of disability.

Pre-School with Children with Disabilities

In the Rochester Children's Agenda Valuing Early Childhood Education Development Services – Reimbursement Challenges for Early Intervention and Preschool Special Education Services in Monroe County 2018³⁰, there is an increasing number of young children in Monroe County that are unable to receive the specialized developmental services they need due to a shortage of providers who work in the Early Intervention and Preschool Special Education system. Approximately 20% of children in Monroe County 0-3 spend time on a waiting list for Early Intervention in 2017. Approximately 10% of preschool age children in the City of Rochester were awaiting preschool special education in March 2018. Low reimbursement rates for these services are a significant cause of this delay in receiving services. Reimbursement rate for EI services have declined substantially

³⁰ Rochester Children's Agenda Valuing Early Childhood Education Development Services – Reimbursement Challenges for Early Intervention and Preschool Special Education Services in Monroe County 2018

and do not cover the cost of providing those services to young children. Several providers have stopped providing EI services due to reimbursement cuts and non-billable mandate.

It is estimated over 1,000 children are referred for children under the age of 3, infants and toddlers who are at risk of delay, a suspected delay in development or a confirm diagnosis of developmental disability may be eligible for services through the Monroe County Health Department Early Intervention Program (EI). EI provides families with identification and referral for services, developmental screenings, and an evaluation to determine eligibility; early intervention services include an Individualized Family Service Plan (IFSP). Preschool age children (3-5) years with suspected developmental disabilities are referred to the Rochester City School Preschool Special Education Program. These services are provided through an Individualized Education Plan (IEP).

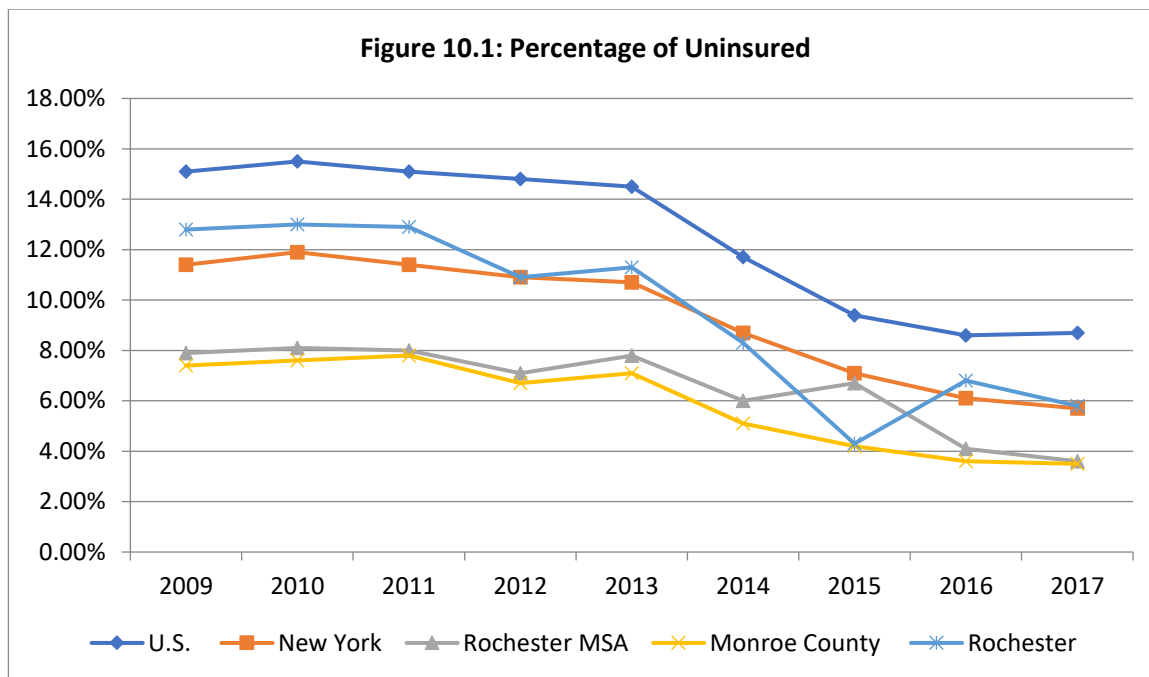
Data from the New York State Department of Education show the number of students with disabilities in Monroe County School Districts in 2018-2019. Approximately 14.3 of children in PK – 12 had one or more disability. School districts reporting high rates of disabled children were Rochester, East Rochester, Brockport and Greece.

Table 9.4: Monroe County School Districts students with Disabilities 2018-2019

Students with Disabilities in Monroe County School Districts (2018-2019)			
School District	# of PK-12 Students with Disabilities	2018-2019 PK-12 Student Enrollment	% of PK-12 Student Enrollment with Disabilities
Brighton	455	3612	12.6
Brockport	523	3362	15.6
Churchville-Chili	404	3816	10.6
East Irondequoit	332	3114	10.7
East Rochester	173	978	17.7
Fairport	670	5735	11.7
Gates-Chili	475	3913	12.1
Greece	1503	10935	13.7
Hilton	495	4503	11.0
Honeoye Falls-Lima	269	2165	12.4
Penfield	391	4546	8.6
Pittsford	648	5694	11.4
Rochester City School	6073	28841	21.1
Rush-Henrietta	549	5527	9.9
Spencerport	471	3646	12.9
Webster	821	8343	9.8
West Irondequoit	403	3641	11.1
Wheatland-Chili	86	641	13.4
Total Monroe County School Districts	14741	103012	14.3
Source: www.pk.nysed.gov/irs/statistics/enroll-n-staff/home.html			

Chapter 10: Health & Behavioral Health

Since passage of the Patient Protection and Affordable Care Act, known as the “Affordable Care Act” on March 23, 2010, the percentage of uninsured individuals declined sharply until recent years, as shown in Figure 10.1. In 2017, there were 28,019,263 or 8.7% uninsured Americans. In the same year, there were 28,110 or 3.5% uninsured in Monroe County and 12,508 or 5.8% uninsured in the city of Rochester. Uninsured rates are highest for groups such as non-citizens, the unemployed, those working less than full-time and non-whites. Children and seniors are least likely to be without coverage. In general, the higher one’s income, the more likely s/he has health insurance. For example, in 2013-2017, 6.6% of Monroe County residents with incomes below \$25,000 were without insurance compared to 4.2% who had incomes of \$100,000 or more. Future assessments should explore this area and the impact of efforts to dismantle the health care exchange system.



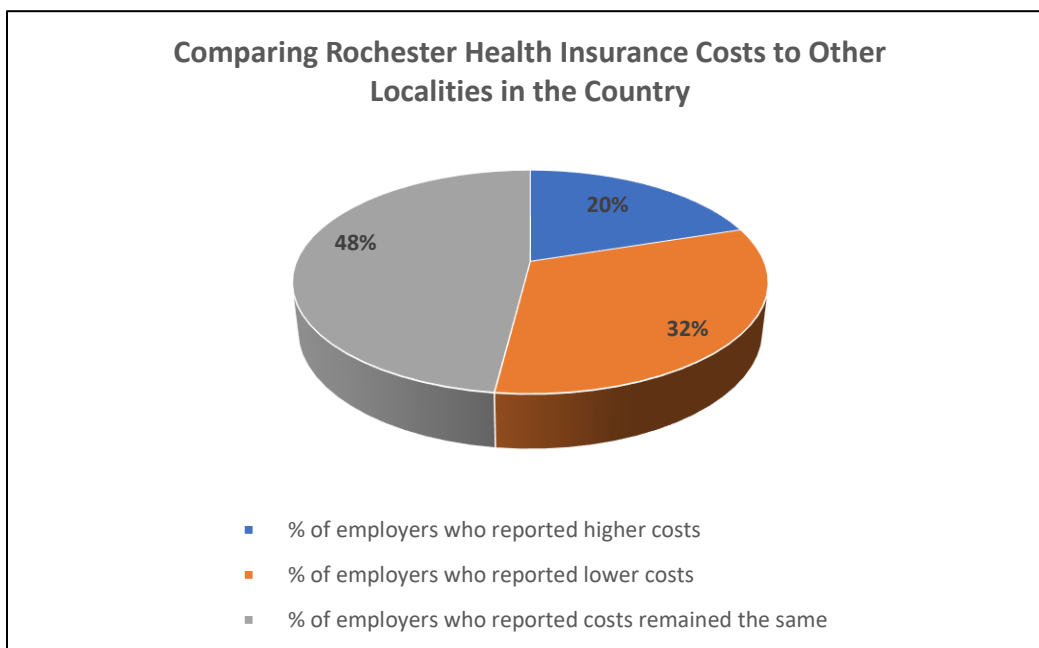
Note: Data for 2009 for Ontario County was unavailable.

Source: 2009-2017 American Community Survey 1-Year Estimates

Annually, the Rochester Business Alliance surveys area employers to learn more about the trends surrounding health benefits. In comparing 2018 and 2019, the following information was noted:

- Healthcare insurance premiums were expected to increase an average of 8.6% in 2018 vs. 8.7% in 2019.
- Employers expecting to absorb the increased premium cost declined slightly – 22% in 2018 vs. 19% in 2019. In both years, about 20% of employers reported splitting the cost 50/50 with its employees.
- Employers who had an Employee Assistance Program increased slightly, from 73% in 2018 to 80% in 2019. Similarly, employers with a formal wellness program also increased: 23% in 2018 and 29% in 2019, respectively.
- Employers offering retirees health benefits decreased – 18% in 2018 vs. 16% in 2019.
- Employers offering part-time employees health insurance decreased minimally – 60% in 2018 vs. 59% in 2019.
- Employers reporting premium contribution as a percentage of payroll increased – 8.8% in 2018 vs. 8.4% in 2019.
- About a third of employers offered two or health insurance plans in both years.
- Nearly all of the employers offered a dental health plan – 97% in 2018 and 98% in 2019.

In 2019, comparing Rochester health insurance costs to other areas of the country, nearly half reported that costs in Rochester were about the same, as shown below. In 2018, 16% of employers reported that costs in Rochester were higher, 32% expressed that costs were less and 52% were about the same.



The survey indicates that while employers desire to offer affordable health care insurance, rising premiums are making it challenging to do so.

Most health indicators for Monroe County are relatively stable.

- In 2014-2016, the birth rate (per 1,000) was 10.9 for the county and 11.9 for the state. During this time, births appear to be declining in the county: from 8,388 in 2014 to 8,174 in 2015 to 7,996 in 2016. (Source: New York State Department of Health)
- The county's infant mortality rate was 7.7 per 1,000 live births in 2015-2017. The city of Rochester's rate was even higher, at 12.2 per 1,000 live births. These rates were substantially higher than the state's (4.5) and nation's (5.9) rates during this time period. This poses a concern. The region's rate was down from a recent high of 7.1 in 2006-2008 but exceeded state rates of 4.5. The region's rate was down from a recent high of 7.2 in 2006-2008 but has exceeded states rates since 2006-2008. The number one cause of infant mortality in Monroe County is premature birth, which is significantly more common among expectant mothers in the region's poorest communities³¹. Table 10.2 displays infant mortality rates from 2014-2016. (Source: Act Rochester)
- The city has consistently had the highest number of babies born with low birth weights – since 2005, rates have been higher than 10%. In 2017, the rate was 12.9%, surpassing the county's (9.3%), state's (8.1) and nation's (8.3%) rates. This is a pattern that continues to persist and poses a concern. Newborns with low

³¹ Common Ground Health Overloaded: The Heavy Toll of Poverty on Our Region's Health

birth weight are five times more likely to die than those whose mothers received prenatal care. Babies born at a low birth weight have a high probability of experiencing developmental problems. Poverty, no prenatal care, smoking, stress, substance abuse, poor nutrition and violence can increase the risk of a baby being born with low birth weight. The number of children born at low birth weight in Monroe County has remained between seven and around nine percent over the last several years. Table 10.3 shows 2014-2016 low birth weight data. (Source: Act Rochester)

- Mortality rates for the county are on par with the state's and nation's rates for several years – remaining in the 600s for several years. In 2017, the rate stood at 682 per 100,000 residents and was at 658 and 610 respectively for the state and nation. (Source: Act Rochester)

Women receiving prenatal health care

Mothers who lack prenatal care have tripled the chance of their babies being born at a low birth weight. Teen mothers are less likely than older mothers to receive adequate, timely prenatal care, putting them at risk for pregnancy complications. The report; *Overloaded: The Heavy Toll of Poverty on Our Region's Health* by Common Ground Health shows significant disparity in the rates of access to prenatal care in Monroe County. Within the ZIP codes of Rochester with particularly high rates of poverty, 69% of mothers entered prenatal care within the first three months of pregnancy. This is much lower than the 86% of mothers in the areas of the county outside of the city. There are many factors that contribute to the higher risk of premature birth, including the mother's mental and physical health, access to early and regular prenatal care, unplanned pregnancy, teen pregnancy, and use of cigarettes, alcohol and drugs. And all these factors are more prevalent among the low-income population. Women on Medicaid are 48% more likely to be diagnosed with depression or anxiety in the two years prior to delivery than women with private insurance. Additionally, the data shows that the increased risk of preterm birth related to those mental health conditions is larger for the Medicaid cohort. Among women on Medicaid, those diagnosed with depression or anxiety had a 44% higher likelihood of delivering preterm, compared to only a 27% increased likelihood when those conditions were present in private insured women³².

Table 10.1 shows the number and percentage of prenatal rates in Monroe County 2014-2016.

Table 10.1: Monroe County Prenatal Rates 2014-2016

Percentage of births with early (1st trimester) prenatal care	18,660	81.3
Percentage of births with late (3rd trimester) or no prenatal care	732	3.2
Percentage of births with adequate prenatal care	15,318	69.2
Source: New York State Department of Health		

On average, the percentage of women receiving prenatal care has been between 75%-85%. For the most recent year available (2017), 79.0% of women in the county received this care, which is slightly higher than the state (77.0%) and the nation (75.0%). (Source: Act Rochester)

Immunization levels among school age children

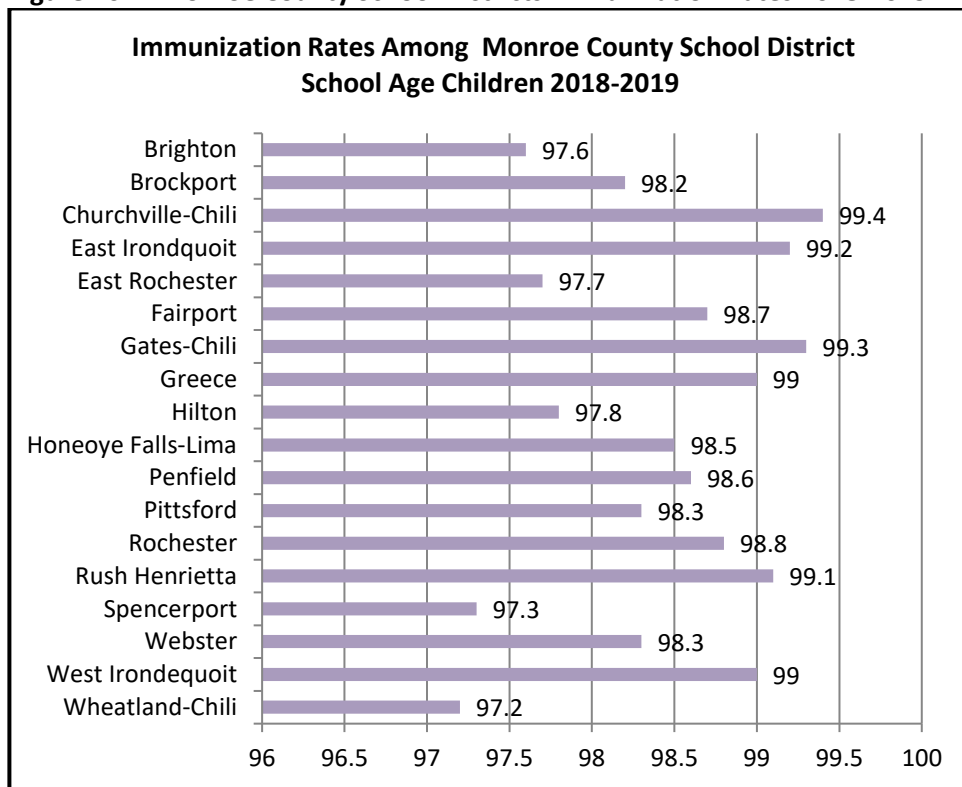
Immunizations prevent some of the most dangerous childhood illnesses and are a good indicator if children have access to basic health care. New York State (NYS) require every child entering public, private or parochial school is immune to diphtheria, tetanus, pertussis, measles, mumps, rubella, poliomyelitis, hepatitis B, and varicella

³² Common Ground Health *Overloaded: The Heavy Toll of Poverty on Our Region's Health*

and meningococcal. However, there are two exceptions to this rule: a) medical exemption requires a statement from a physician that immunization may be detrimental to the child's health; and b) religious exemption requiring a statement from the child's parent stating they object to immunization due to religious beliefs. The overall immunization rate among Monroe County school-age children were 98% for 2018-2019.

Figure 10.2 displays immunization rates among Monroe County School Districts during 2018-2019 school year.

Figure 10.2: Monroe County School Districts Immunization Rates 2018-2019



Source: New York Department of Health

Table 10.2: Monroe County Infant Mortality Rates Per 1,000 Live Birth 2014-2016

Monroe County Infant Mortality Rates Per 1,000 Live Birth 2014-2016		
	Number	Percent
Mortality rate per 1,000 live births - Infant (<1 year)	163	6.6
Mortality rate per 1,000 live births - Neonatal (<28 days)	122	5
Mortality rate per 1,000 live births - Post-neonatal (1 month to 1 year)	41	1.7
Mortality rate per 1,000 live births - Fetal death (20 weeks gestation or more)	132	5.3
Mortality rate per 1,000 live births - Perinatal (20 weeks gestation - <28 days of life)	254	10.3
Source: New York State Department of Health		

Table 10.3: Monroe County Low Birth Rates 2014-2016

	Number	Percent
Percentage very low birthweight (<1.5 kg) births	414	1.7
Percentage very low birthweight (<1.5kg) singleton births	290	1.2
Percentage low birthweight (<2.5 kg) births	2,029	8.3
Percentage low birthweight (<2.5kg) singleton births	1,462	6.2
Percentage of premature births with <32 weeks gestation	453	1.8
Percentage of premature births with 32 - <37 weeks gestation	1,793	7.3
Percentage of premature births with <37 weeks gestation	2,246	9.1
Source: New York State Department of Health		

Teen pregnancy, HIV/AIDS and STIs

Children born to teen mothers are more likely to drop out of school, become teen parents themselves or be incarcerated as an adult. Teen birth rates in Monroe County have been declining in recent years. The teen birth rate of young mothers ages 15-19 were about 25% in Monroe County from 2014-2016³³. Table 10.4 shows births, fertility, teen Pregnancy and abortions for females ages 10-19. In 2017, teen pregnancy rates were 5.1% in the city of Rochester. The rate has fallen steadily from its peak of 16% in 2008³⁴.

³³ ACT Rochester

³⁴ Ibid

Table 10.4: Births, Fertility, Teen Pregnancy and Abortions for Female Youth Ages 10-19

	New York			Monroe County		
	2014	2015	2016	2014	2015	2016
Births to Teens						
Ages 15-17	2,571	2,417	2,036	134	118	110
Ages 15-19	9,943	8,933	7,977	450	405	350
Fertility rate per 1,000 females						
Ages 10-14 years	102	94	86	7	4	7
Ages 15-17 years	2,571	2,417	2,036	134	118	110
Ages 18-19 years	7,372	6,516	5,941	316	287	240
Teen pregnancy rate per 1,000 females						
Ages 10-14 years	396	327	294	20	12	12
Ages 15-17 years	6,064	5,371	4,707	223	216	170
Ages 18-19 years	14,515	12,737	11,507	483	445	356
Abortion ratio (induced abortions per 1,000 live births)						
Ages 15-19 years	10,087	8,723	7,797	246	248	161

Source: New York State Department of Health

In the November 2012 the Health Action's Adolescent Health Report Card, it was noted that the number of diagnosed cases of HIV among youth (under age 25) appears to be declining: HIV cases stood at 13 in 2007, 15 in 2008, 23 in 2009, 37 in 2010 and 28 in 2011. In the NYS HIV/AIDS Annual Surveillance report (December 2019), there were 81 (or 0.2%) children under age 12, 326 youth ages 13-19 (or 0.7%) and 1,771 (or 3.7%) youth/young adults ages 20-24 living with diagnosed HIV in 2018. In the same year, the number of youth/young adults living with AIDS was: 16 (or 0.0%) under age 12, 61 (or 0.1%) ages 13-19 and 451 (or 0.7%) ages 20-24. Table 10.5 displays cases of Gonorrhea and Chlamydia for the county.

Table 10.5: Cases of Gonorrhea and Chlamydia for Monroe County

	2014	2015	2016
Gonorrhea Case Rates			
Ages 15-19	482.8	699.7	809.9
Chlamydia Case Rate			
Females Ages 15-19	3,469.4	3,708.8	3,687.9
Females Ages 20-24	3,582.6	4,436.1	4234.9
Males 15-19	1,230.6	1,264.4	1,203.6
Males Ages 20-24	1851.3	2136.7	2200.7

Source: New York State Department of Health

Oral Health

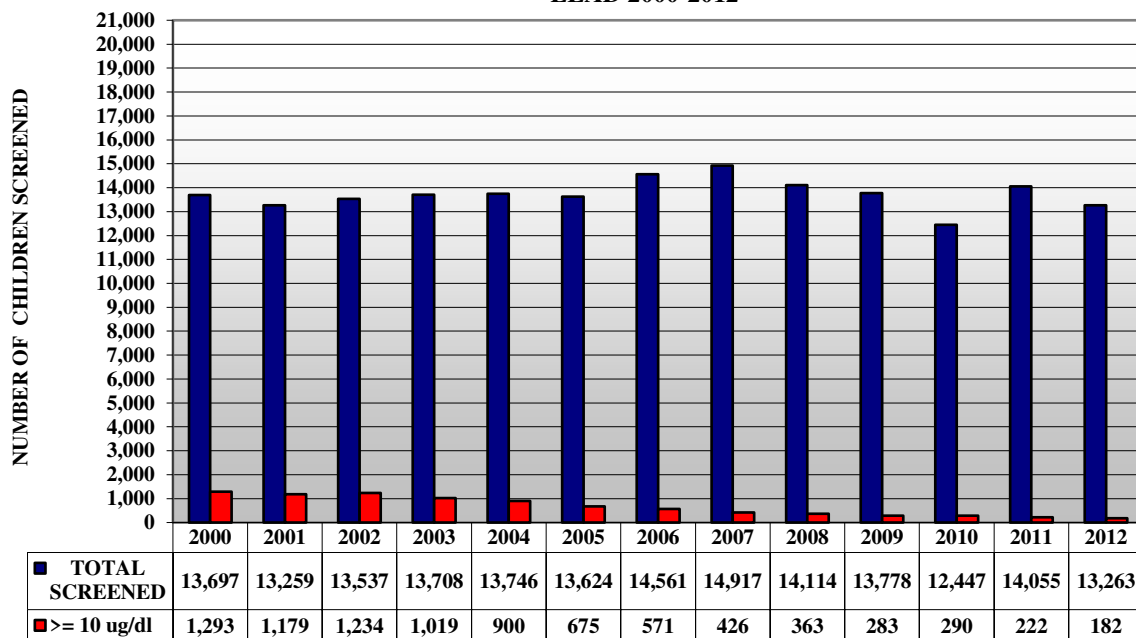
New York State Department of Health noted in 2016, in regards to oral health, slightly more than three-fourths of county adults reported that they had a dentist visit in the last year, which was higher than the state's percentage (68.4%). NYS Department of Health noted in 2015-2017 that a third of Medicaid enrollees had at least one dental visit within the last year.

In 2009-2011, half of the 3rd graders in the county had an experience with dental caries. A sizable number (15.6%) had untreated caries. A total of 86.0 % had at least one dental visit in last year.

Childhood lead poisoning

In 2012, 182 children were diagnosed with lead poisoning, a decrease of 40 children (from 222 to 182) from 2009. For years, the number of children with blood lead levels shows a declining trend, shown in Figure 10.3. Childhood lead poisoning in Monroe County continues to show a decline in the number of children with lead levels at ≥ 10 ug/dl. The Coalition to Prevent Lead Poisoning reported that childhood lead poisoning has been declining since 2004, however, it noted that in 2015, 988 children in Rochester still had high blood levels. In 2012, the Center for Disease Control updated its recommendation and will use ≥ 5 ug/dl as the point of reference to intervene with case management. The impact of this change has yet to be determined.

FIGURE 10.3: MONROE COUNTY CHILDREN (0-72 MONTHS) SCREENED FOR LEAD 2000-2012



Source: Western NY Lead Poisoning Resource Center – Rochester Office

Nutrition and Obesity

Obesity is an area of concern to be monitored and targeted for intervention – data from the Finger Lakes Health Systems Agency's 2017 report indicate that about 24.1% of adults and 14.5% of children are obese.

Table 10.6 represents nutrition indicators for low-income WIC participants eligible for Head Start/Early Head Start services. The WIC Program through the Monroe County Health Department serve customers up to 185%

of the federal income poverty level, providing services to families and children that would be eligible for Head Start/Early Head Start services.

Table 10.6: Nutrition Indicators of (WIC) Participants

Population	Monroe County Rate	NY State Rate
Pregnant Women in WIC who were pre-pregnancy underweight (BMI less than 18.5) (Year: 2010-2012)	4.2	4.7
Pregnant Women in WIC Who Were Pre-pregnancy Overweight but not Obese (BMI 25-<30), Low Socioeconomic Status (Year: 2010-2012)	24.6	26.6
Pregnant Women in WIC Who Were Pre-pregnancy Obese (BMI 30+), Low Socioeconomic Status (Year: 2010-2012)	30.9	24.2
Obese Children in WIC (BMI greater or equal to 95th Percentile), 2-4 years, Low Socioeconomic Status (Year: 2014-2016)	13.9	13.9
Children in WIC, 0-4 years, viewing TV \leq 2 hours per day (Year: 2014-2016)	86.0	85.3

Source: New York State Department of Health

HIV, AIDS and STIs

According to ACT Rochester, in 2017, there were 141 people living with HIV and 179 people living with AIDS per 100,000 county residents. HIV/AIDS prevalence rates are 6.5 times higher for African Americans and 6.0 times higher for Hispanic/Latinos than the rate for whites in the county. Areas with the highest rates of HIV infection are in neighborhoods where poverty is most concentrated and a high number of people of color reside.

Gonorrhea and Chlamydia rates for Monroe County are substantially higher than the state and region, as shown in Table 10.7, and therefore pose a concern, in particular for youth.

Table 10.7: HIV, AIDS, and STIs in Monroe County and New York State

	Monroe County	New York State	Region
People living with HIV	141	94	106
White	53	45	42
African American	347	278	336
Hispanic/Latino	315	213	294
People living with AIDS	179	122	138
White	70	57	57
African American	427	373	410
Hispanic/Latino	387	316	368
Gonorrhea	25	19	18
White	7	N/A	N/A
African American	100	N/A	N/A
Hispanic/Latino	28	N/A	N/A
Chlamydia	72	61	55
White	25	N/A	N/A
African American	231	N/A	N/A
Hispanic/Latino	104	N/A	N/A

Table 10.7: HIV, AIDS, and STIs in Monroe County and New York State cont.

	Monroe County	New York State	Region
Syphilis	2.6	3.5	1.8
White	0	N/A	N/A
African American	1	N/A	N/A
Hispanic/Latino	0	N/A	N/A

Note: HIV and AIDS data is for 2017. STI data is for 2018.

Source: Act Rochester

Mental Health/Behavioral Health³⁵

In 2012 (latest year data is available), 27,870 adults and 6,568 children received mental health services. The majority of services provided were in an outpatient setting. According to the Finger Lakes Health Systems Agency's 2017 report: 11.1% of adults reported experiencing 14 or more poor mental health days and/or 10.9% of adults shared that they experienced 14 or more poor physical health days in the past month.³⁶

Among communicable diseases, pneumonia/flu hospitalizations rate per 10,000 – ages 65 years and older seemingly is an indicator to direct attention. In 2016, the county rate stood at 68.6 while the state rate was 87.3. Immunization by this age group stood at 69.1 for flu immunization and 82.3 for pneumonia immunization in the county, according to the NYS Department of Health.

ABC's 2016 Community Assessment: survey of consumers/residents indicated that many of the above barriers were experienced by many respondents. For example, in Figure 3.11, 43.9% felt that medical/mental health staff did not speak to them/family in an understandable or respectful manner, and 39.2% did not feel they cared about them/family. Slightly less than 20% were unable to receive services due to cost or hours care was offered. Interviewing the staff person at ABC's Medication Adherence Program (MAP), it was learned that the barriers some program participants faced in regards to taking prescription drugs, and program staff helped participants on, were:

- Taking medication properly
- Having a routine for keeping track of their medicines or taking medicine so they did not forget
- Having no desire to take the medication
- Cost, in particular, when not covered by their insurance---Family Wise, a resource that provides discount on insurance

Air Quality

Act Rochester is tracking air quality. Days with good air quality has been inclining since 2000, with some dips ever so often: air quality stood at 68.0% in 2000, 78.0% in 2005, 79.0% in 2010 and 81.0% in 2015. In 2018, 82% of days in Monroe County were healthy air days.

³⁵ Mental health and behavioral health are used interchangeably.

³⁶ Mental health and behavioral health are used interchangeably.

Chapter 11: Nutrition

Recent research indicates that food costs can directly impact food insecurity, thus, food prices represent an important critical component of cost-of-living that affects households' ability to access food. According to the USDA's 2009 report, "Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences", neighborhoods with low incomes frequently lack full-service grocery stores and farmers markets where residents can buy a variety of high-quality fruits, vegetables, whole grains, and low-fat dairy products.³⁷ Instead, residents – especially those without reliable transportation – may be limited to shopping at small neighborhood convenience and corner stores, where fresh produce and low-fat items are limited, if available at all.³⁸

The same report found vehicle access is perhaps the most important determinant of whether or not a family can access affordable and nutritious food. Households with fewer resources (e.g., SNAP households, WIC households, food insecure households) are considerably less likely to have and use their own vehicle for their regular food shopping than those households with more resources.³⁹ Food choices and purchases may be constrained by limits on how much can be carried when walking or using public transit (e.g., buying fewer items in bulk or that are heavy), or if consumers are limited to one large shopping trip a month with a friend or family member to buy the majority of their monthly food purchases (e.g. buying fewer perishable items like fresh produce). Transportation costs also cut into the already limited resources of households with low incomes, and these costs plus travel time can be substantial.⁴⁰

Those who are eating less or skipping meals to stretch food budgets may overeat when food does become available, resulting in chronic ups and downs in food intake that can contribute to weight gain.⁴¹ Cycles of food restriction or deprivation can also lead to disordered eating behaviors, and metabolic changes that promote fat storage – all the worse when combined with overeating. Unfortunately, overconsumption is even easier given the availability of cheap, energy-dense foods. Families with low incomes, including children, may face high levels of stress and poor mental health (e.g., anxiety, depression) due to the financial and emotional pressures of food insecurity, low-wage jobs, lack of access to health care, inadequate transportation, poor housing, neighborhood violence, and other factors. For instance, a number of recent studies found associations between food insecurity and stress, depression, psychological distress, and other mental disorders.

Research has linked stress and poor mental health to obesity in children and adults, including (for adults) stress from job-related demands and difficulty paying bills. In addition, a number of studies found associations between maternal stress or depression and child obesity. Emerging evidence also suggests that maternal stress in combination with food insecurity may negatively impact child weight status.

A large number of residents rely on food support programs to meet their nutritional needs. Below is a list of programs and participation numbers for various food programs where data is available.

Supplemental Nutrition Assistance Program (SNAP) – formerly called Food Stamps (continues to be referred to as such) provides financial help for purchasing food to individuals with low-incomes and without any income. In December 2019, USDA reported that 18,976,739 households (or 37,243,840 persons) nationally participated in Supplemental Nutrition Assistance Program (SNAP). During the same period, there were 1,477,591 households (or 2,570,821 persons) in New York State who received SNAP and 63,156 households (or 112,265 persons) in Monroe County who received SNAP, according to the Office of Temporary and Disability Assistance (OTDA). Figure 11.1 shows SNAP participation for Monroe County, which has grown over time. In 2018, 42,491 (27.6%) children under

³⁷ "Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences". June 2009. US Department of Agriculture.

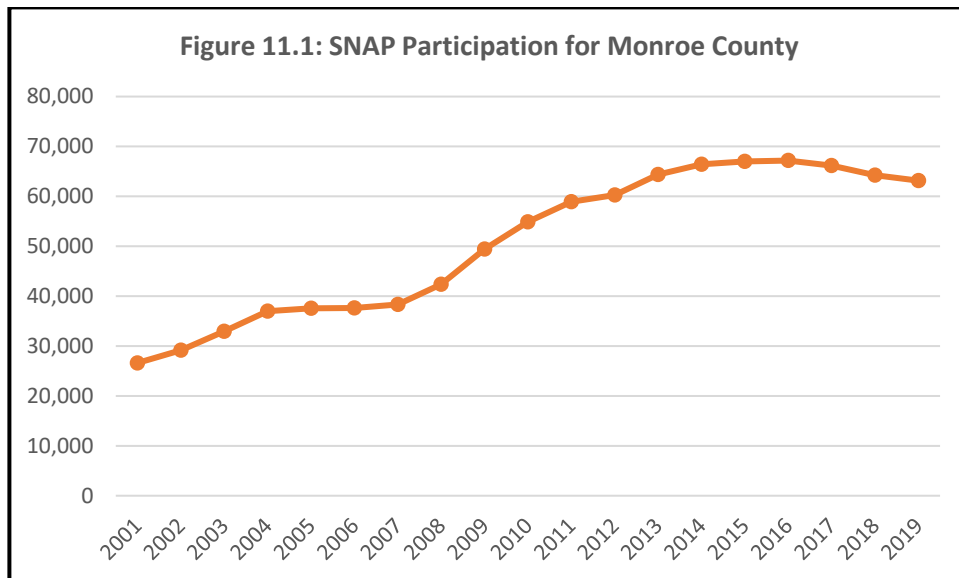
³⁸ Ibid

³⁹ Ibid

⁴⁰ Ibid

⁴¹ Ibid

age 18 in Monroe County participated in the program, according to the Council on Children and Families' Kid's Well-being Indicators Clearinghouse.



Source: Office of Temporary and Disability Assistance

The School Breakfast Program (SBP) ensures all students have access to a nutritious and balanced breakfast every school day. Eating breakfast provides countless educational and health benefits by allowing school children the opportunity to start the school day with a nutritious morning meal. Students who eat breakfast achieve higher test scores; have better overall diet quality, and lower probability of overweight and obesity than students who do not eat breakfast. In December 2019, USDA reported that 14,825,820 children nationally participated in SBP. Table 11.1 displays the number of NYS children participating in the School Breakfast Program in New York State.

Table 11.1: School Breakfast Program Participation in New York State

FY2015	673,332
FY206	724,859
FY2017	759,450
FY2018	773,225
FY2019 (preliminary)	794,771

Source: U.S. Department of Agriculture

The National School Lunch Program (NSLP) provide nutritious lunches to all children in schools daily, however, students must meet certain income guidelines to qualify for free or reduced-price meals. In December 2019, USDA reported that 29,564,521 children nationally participated in NSLP. Table 11.2 displays the NYS children participation numbers for NSLP. In 2017-2018, 52,486 (50.0%) Monroe County students received free or reduced-price school lunches.

**Table 11.2: National School Lunch Program
Participation in New York State**

FY2015	1,698,511
FY206	1,679,716
FY2017	1,663,296
FY2018	1,683,130
FY2019	1,688,323

Source: U.S. Department of Agriculture

The Summer Food Service Program (SFSP) provides free nutritious meals and snacks to all children under the age of eighteen in low-income communities who might otherwise go hungry during the summer when school is not in session. In 2019, USDA reported that 2,687,000 children participated in SFSP. Table 11.3 shows NYS children participation numbers for SFSP.

**Table 11.3: Summer Food Service Program
Participation in New York State**

FY2015	438,926
FY206	416,339
FY2017	416,749
FY2018	423,393
FY2019	432,707

Source: U.S. Department of Agriculture

Women, Infants, and Children (WIC) provides nutritious foods, nutrition education, and health care access to low-income, nutritionally at-risk pregnant, post-partum, and/or breastfeeding women, as well as infants and children age four and younger. WIC's nutrient-rich supplemental foods help prevent nutrition-related health problems and promote optimal growth and development in children. In 2019, USDA reported that 4,600,000 pregnant women nationally participated in WIC. Table 11.4 shows NYS WIC participation numbers.

Table 11.4: WIC Participation in New York State

FY2015	471,869
FY206	459,101
FY2017	435,382
FY2018	416,173
FY2019	378,946

Source: U.S. Department of Agriculture

The Child and Adult Care Food Program (CACFP) provides funding for nutritious meals and snacks to children in licensed/approved child care centers, afterschool programs, and homeless and domestic violence shelters. In 2019, USDA reported that 4,794,000 children and adults nationally participated in CACFP. Table 11.5 displays NYS CACFP participation numbers.

Table 11.5: CACFP Participation in New York State

FY2015	325,427
FY206	349,885
FY2017	311,430
FY2018	304,388
FY2019	306,740

Source: U.S. Department of Agriculture

The Fresh Fruit and Vegetable Program (FFVP) expose students to different fruits and vegetables, to create a healthier school environment, and to promote healthy eating habits to children at a young age. Elementary schools with a high percentage of low-income students are eligible to apply to the New York State Education Department for a FFVP grant. Once a school has received the grant award, all students in the school must have access to the fresh produce at no charge, regardless of income.

The Backpack Program is designed to help feed low-income children on vacations, holidays and weekends. Many food banks throughout NYS provide children with bags or backpacks full of food to take home on the weekends. The food is kid-friendly, non-perishable and usually distributed to children in partnership with schools.

Food insecurity is a major issue locally. Food insecurity is defined by the USDA that measure the lack of access, at time to enough food for an active, healthy life for all households' members and limited uncertain availability of nutritionally adequate food. 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.

The 2017 Monroe County Health Profile report produced by Finger Lakes Health Systems Agency found that 27.6% of low-income county residents were living in a food desert. According to Feeding America's Map the Meal Gap 2019, 92,790 (66%) households and 29,150 (18.3%) children in Monroe County were considered food insecure in 2017.

There is a wide range of factors that have an impact on the food purchasing power of households. For low-income households in particular these include the knowledge and skills involved in purchasing and preparing healthy foods, the availability of time to engage in these activities, food preparation equipment, geographic food price variations, and environmental conditions such as access to personal transportation to acquire healthy food at a reasonable cost.⁴²

Whether a SNAP participant or household is able to become more food secure and has the ability to consume a healthy diet depends on factors such as resources (financial, time, individual and household) food choices, food preparation skills, food prices and transportation cost.⁴³ Evidence show that there is an increase in food security among households immediately preceding their entry into SNAP.⁴⁴ For the same households, food insecurity declined in the months after entering the program.⁴⁵ Other evidence shows participants using private emergency food programs found that 40-50% of households using emergency food services were also SNAP participants.⁴⁶ Although overall findings indicate that SNAP benefits reduce food insecurity, clearly it is not enough to bring SNAP households closer to parity with households that do not participate in SNAP.⁴⁷ SNAP households share many of the same resources constraints as nonparticipating households, yet their purchasing power for

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⁴⁵ Ibid

⁴⁶ Ibid

⁴⁷ Ibid

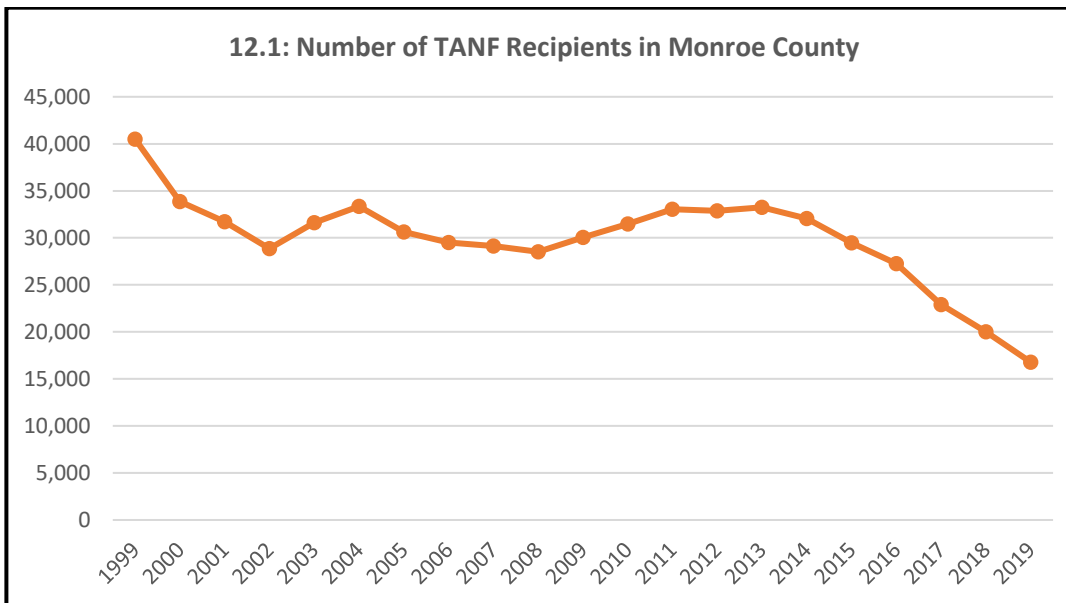
healthy foods is limited by their income level and SNAP benefit amount.⁴⁸ In addition to time, many low-income household are further limited by inadequate access to transportation to large supermarkets as well as the knowledge and skills needed to plan, purchase, and prepare healthy meals.⁴⁹

⁴⁸ *bid*

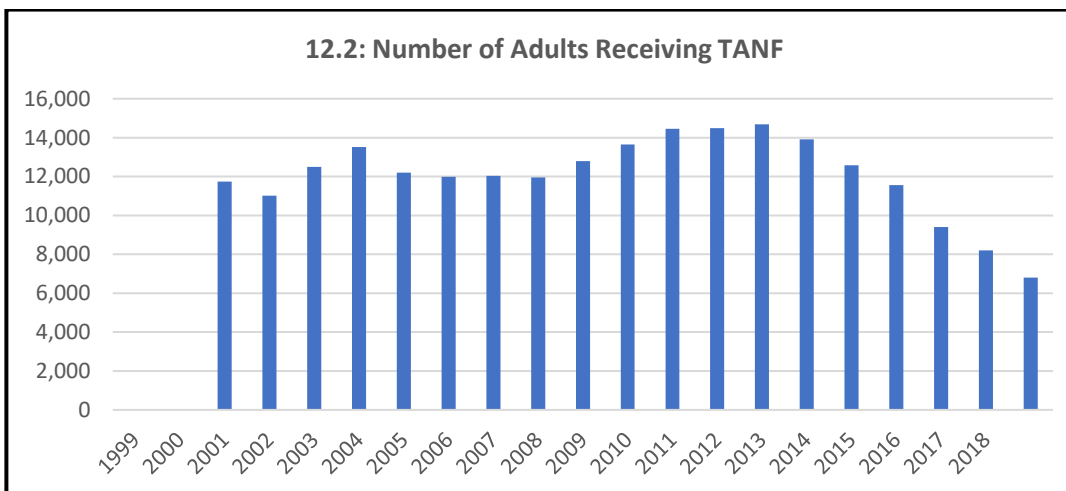
⁴⁹ *Ibid*

Chapter 12: Social Services

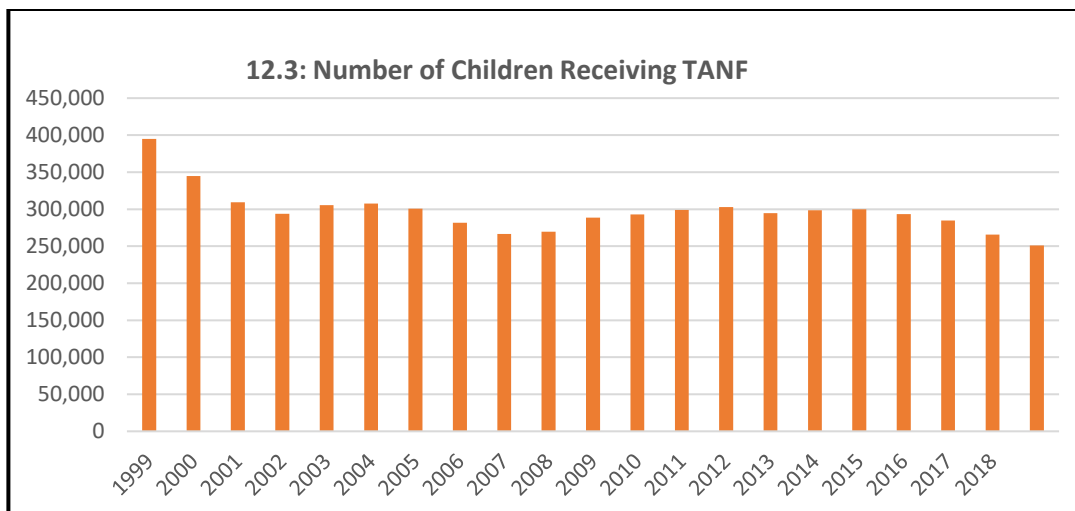
According to Office of Temporary and Disability Assistance, in 2019, there were 16,787 Temporary Assistance for Needy Families (TANF) recipients in Monroe County. During this time, 6,796 adults and 9,991 children received TANF. Figures 12.1-12.3 displays the number of TANF recipients, adults and children for Monroe County.



Source: Office of Temporary and Disability Assistance



Source: Office of Temporary and Disability Assistance



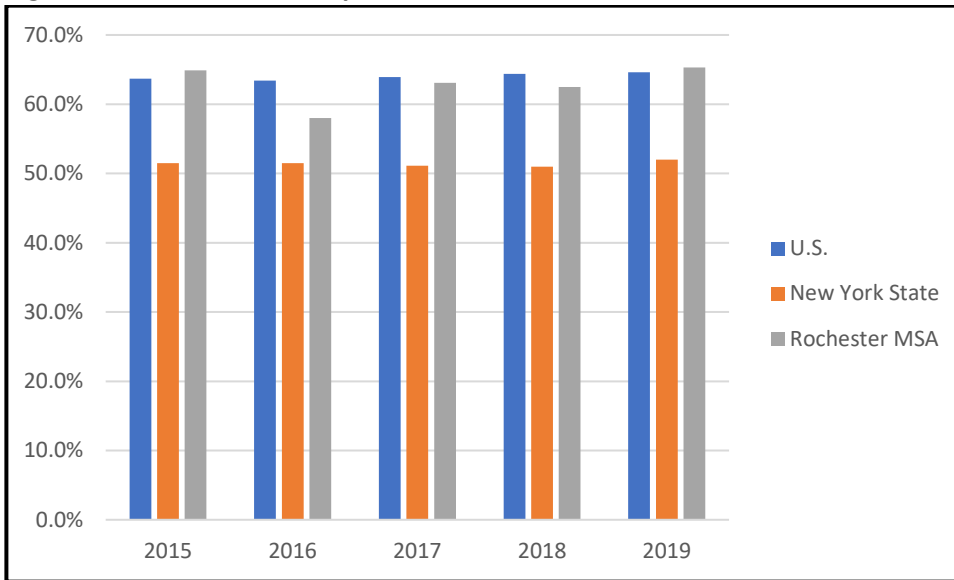
Source: Office of Temporary and Disability Assistance

Housing

Although there is no requirement that one be a homeowner in order to live in safe, quality, affordable housing, it is clear that homeownership has historically been one of the most predictable indicators of both self-sufficiency and stable housing. Furthermore, many Americans accumulate and transfer wealth to future generations through the equity that grows in homes they own (assuming the neighborhood is one with a stable or growing housing market).

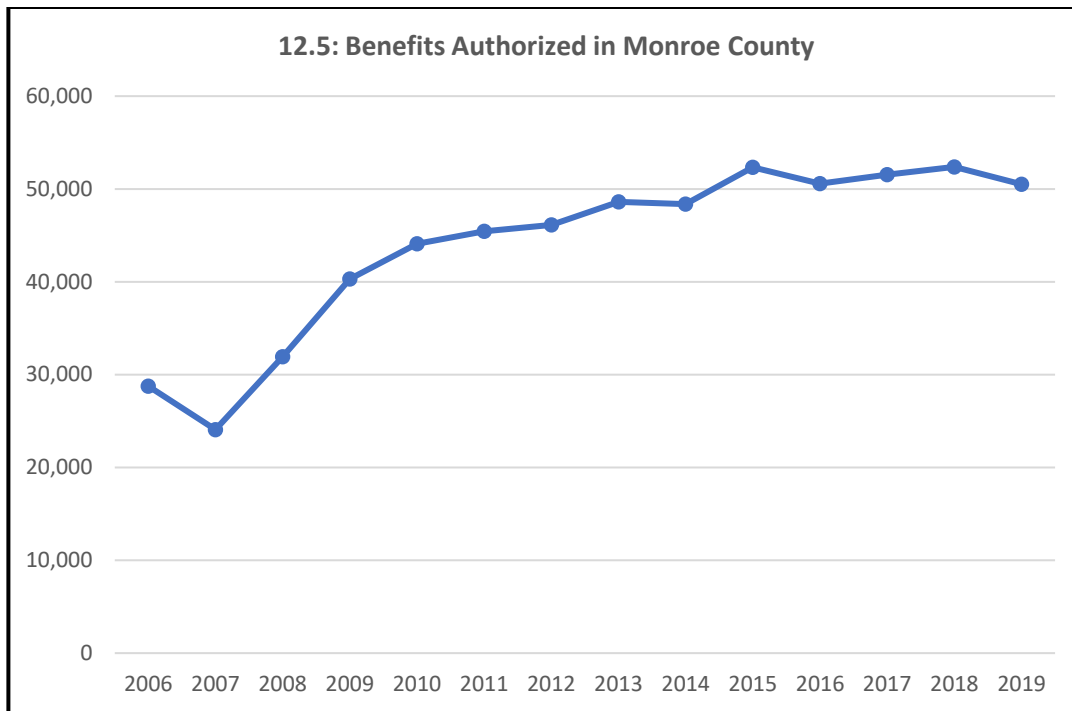
Homeownership rates across the geographic areas have been relatively stable in the last few years, as shown in Figure 12.4 In 2014-2018, the homeownership rate for Monroe County stood at 64.0%, which was twice the rate for the city of Rochester at 36.0%, according to Act Rochester. When exploring homeownership data by race/ethnicity for Monroe County, whites are more likely to be homeowners than nonwhites. In 2014-2018, homeownership rates were at 71.0% for whites, 53.0% for Asians, 34.0% for Hispanics/Latinos and 32.0% for African Americans. The value of the homes in Monroe County has declined over the years in comparison to the nation and state. According to Act Rochester, the median home value for the county was: \$148,011 in 2000, \$146,596 in 2009-2013 and \$144,700 in 2014-2018. The county's ratio of median home value to median household income was 2.5 in 2014-18. Note: A ratio less than 2 or 3 is considered affordable.

Figure 12.4: Homeownership Rates



Source: U.S. Census Bureau, Current Population Survey/Housing Vacancy Survey, March 10, 2020.

A significant percentage of the county's housing stock is older and likely require major repair and costly upkeep/upgrades: 49.5% was built before 1970, with 24.1% built in 1939 or earlier. In FY2018, 1,063,239 households were served through LIHEAP, 45% of the state's income- eligible population served. Figure 12.5 displays the number of Home Energy Assistance Program (HEAP) Benefits authorized. The numbers have nearly flattened.



Source: Office of Temporary and Disability Assistance

Tables 12.1 and 12.2 displays owner-occupied and renter-occupied unit by U.S., New York State, Rochester MSA, Monroe County and its localities. Compared to the city of Rochester, the majority of suburban localities are owner-occupied housing. Nearly half of those with mortgages pay less than 20% of their income towards housing while 36.8% without a mortgage pay 10% of their income, according to the 2013-2017 American Community Survey. About half of renters pay 30 percent or more of their income towards housing. Lower than the national and state median, the county's median rent stood at \$922 in 2000, \$873 in 2009-2013 and \$902 in 2014-2018. In 2014-18, the city's median rent was \$834 in 2000, \$810 in 2009-2013 and \$831 in 2014-2018. According to Act Rochester, in 2014-18, 32% of units in the county and 45% in the city had residents whose housing costs were above the affordability threshold. In 2014-18, 52% of rental units in the county and 57% in the city had residents whose housing costs were above the affordability threshold. Note: The federal government considers 30% of income a threshold for affordable housing. People paying more than 30% is considered to be cost-burdened.

Table 12.1: Owner-Occupied Units

	# Owner-occupied	%		# Owner-occupied	%
Brighton	8,974	57.1%	Penfield	N/A	N/A
Chili	N/A	N/A	Perinton	N/A	N/A
Clarkson	1,309	76.5%	Pittsford	547	74.5%
East Rochester	1,684	60.7%	Riga	N/A	N/A
Gates	1,858	91.9%	Rochester	31,473	36.5%
Greece	4,662	73.3%	Rush	N/A	N/A
Hamlin	1,849	89.2%	Sweden	N/A	N/A
Henrietta	N/A	N/A	Webster	1,009	40.7%
Irondequoit	17,130	77.9%	Wheatland	N/A	N/A
Mendon	N/A	N/A	Monroe County	191,781	63.8%
Ogden	N/A	N/A	Rochester MSA	289,529	67.1%
Parma	N/A	N/A	New York	3,942,483	54.0%
			United States	75,833,135	63.8%

Source: 2013-2017 American Community Survey 5-Year Estimates

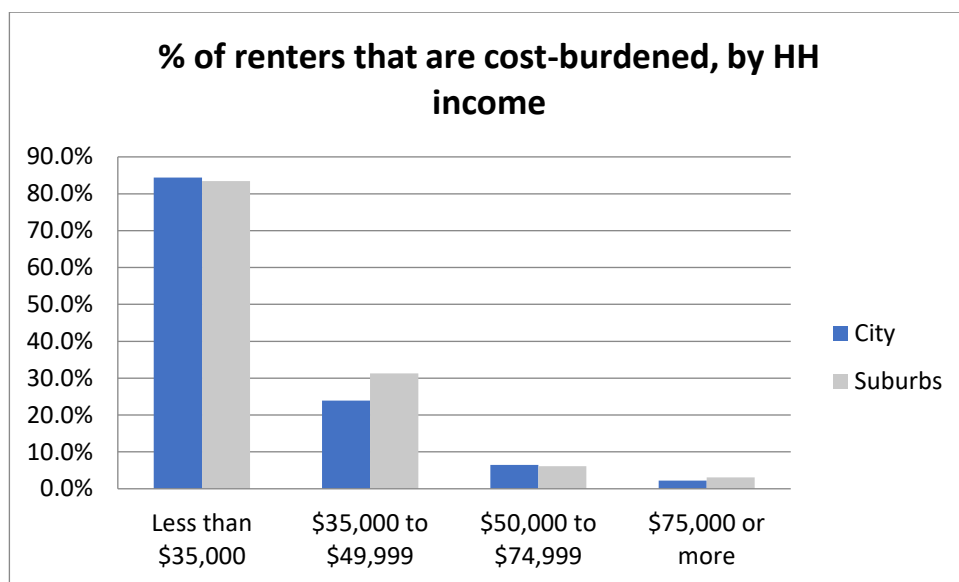
Table 12.2: Renter-Occupied Units

	# Renter-occupied	%		# Renter-occupied	%
Brighton	6,754	42.9%	Penfield	N/A	N/A
Chili	N/A	N/A	Perinton	N/A	N/A
Clarkson	401	23.5%	Pittsford	187	25.5%
East Rochester	1,089	39.3%	Riga	N/A	N/A
Gates	164	8.1%	Rochester	54,707	63.5%
Greece	1,698	26.7%	Rush	N/A	N/A
Hamlin	225	10.8%	Sweden	N/A	N/A
Henrietta	N/A	N/A	Webster	1,469	59.3%
Irondequoit	4,865	22.1%	Wheatland	N/A	N/A
Mendon	N/A	N/A	Monroe County	108,715	36.2%
Ogden	N/A		Rochester MSA	141,798	32.9%
Parma	N/A		New York	3,360,227	46.0%
			United States	42,992,786	36.2%

Source: 2013-2017 American Community Survey 5-Year Estimates

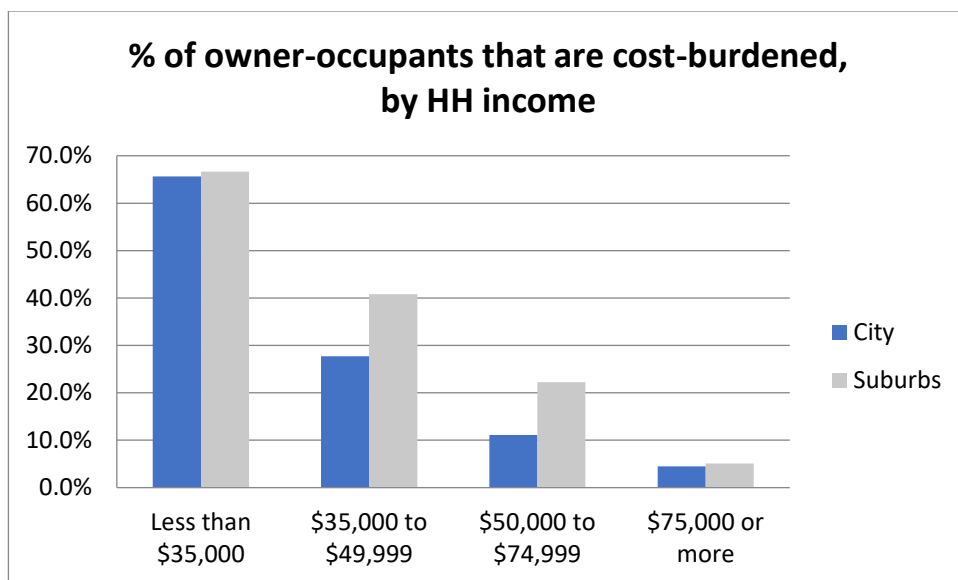
Again, while homeownership is not itself a requirement, or even an ideal, for a family to achieve or maintain self-sufficiency, there are reasons to believe that renters bear a unique burden when it comes to housing. The US Department of Housing and Urban Development (HUD) defines a family as “cost-burdened” when their housing costs exceed 30% of their income. The table below reports American Community Survey data from 2014 (5-year estimates):

A majority of Monroe County’s renters are cost-burdened – virtually as many in the city as in the suburbs. Additionally, in no locality across the county are less than 40% of renters considered cost-burdened. This means that a majority of renters pay a significant portion of their income for housing, leaving less for other necessities. Alternatively, it also means that many families compromise their housing situation (living in substandard or unsafe housing) in order to afford other necessities. As the following graph shows, renters with low incomes, in particular are likely to be cost-burdened in the area of housing: almost 85% of those in both the city and suburbs earning less than \$35,000 are paying a dangerously high share of their income for housing.



Source: 2010-2014 American Community Survey 5-Year Estimates

Although it is true that homeowners can also be cost burdened (either due to sudden changes in income or purchasing a home outside their budget), rates of cost-burdened homeowners tend to be generally lower (except for those with low incomes) and are virtually non-existent when families earn wages that would allow them to be economically self-sufficient.



Source: 2010-2014 American Community Survey 5-Year Estimates

According to the United States Department of Housing and Urban Development Resident Characteristics Report of October 1, 2015 – January 31, 2017, New York State had about 200,000 households living in public housing of which 2,384 lived in Monroe County with an average income of \$15,833, with 427 young children between the ages of 0 to 2 and the majority of households headed by African Americans⁵⁰.

Monroe County Department of Human Services Housing/Homeless Services Annual Report for Calendar Year 2014 (April 2015), recorded that there were 8,485 emergency placements for individuals and families, which was a 9% decrease from the 8,857 emergency housing placements in 2013.⁵¹ The primary reason for needing emergency housing is eviction by family and friends who asked the individuals to leave due to overcrowding, substance abuse, domestic disputes, and family breakups and/or strained relationship. This represents 63% of emergency housing placement made in 2014. The second leading cause for needing emergency housing (13%) was the result of being released from an institution for permanent housing.

The same report indicated that 532 youth (16-21 unduplicated) were placed in emergency housing. However, as some youth experienced multiple episodes of homelessness, the total number of youth placement in emergency housing for 2014 was 934. Of the total number of youth placements in 2014, 45% of the youth were placed in adult shelter systems, 47% were placed in youth placement system and 8% were placed in hotels.

According to Monroe County's 2018 Housing/Homeless Services report: 11,186 Temporary Housing Assistance placements were made for individuals and families, a 19% increase from 2017. The two main causes of homelessness were: (1) eviction or (2) being released from an institution without a plan for permanent housing.

In 2018, Monroe County's point-in-time count reported 11 homeless people per 10,000 residents, comparable to 2017. Since 2007, Monroe County's rate has ranged from 8 to 13 and has been consistently lower than the nation's and state's rates.

⁵⁰ US Department of Housing and Urban Development Resident Characteristic Report October 1, 2015-January 31, 2017.

⁵¹ Housing/Homeless Services Annual Report for Calendar Year 2014, April 2015.

Children experiencing homelessness

The McKinney-Vento Act states that children and youth who lack a fix, regular and adequate nighttime residence will be considered homeless. The McKinney-Vento Act is designed to address the homeless problems children have in enrolling, attending and succeeding in school. Under this program, State Education Departments must ensure that each homeless child has equal access to the same free, appropriate public education and students experiencing homelessness may not be separated from other students.

NYS Public Schools collect and report children experiencing homelessness data to the New York State Department of Education and include students who are living in any type of non-permanent housing, which include living in motels, staying with friends or staying with other family members. Homeless student data is counted throughout the school year.

Table 12.3 identifies the number of students experiencing homelessness in Monroe County at any point in time in the 2017-2018 school year.

Table 12.3: Homeless Children by Monroe County School Districts and Charter Schools

Monroe County School Districts and Charter Schools Homeless Students 2017-2018		
School District	# Identified as Homeless	% Homeless
Brighton	10	0.3%
Brockport	78	2.1%
Churchville-Chili	31	0.8%
Discovery Charter School	16	5.7%
East Irondequoit	137	4.0%
East Rochester Unified School District	9	0.8%
Eugenio Maria DeHosta Charter School	87	11.5%
Exploration Elementary Charter School - Science & Technology	13	9.6%
Fairport	26	0.4%
Gates-Chili	114	2.6%
Genesee Community Charter School	s	< 2.3%
Greece	160	1.3%
Hilton	65	1.4%
Honeoye-Falls-Lima	18	0.8%
Penfield	24	0.5%
Pittsford	6	0.1%
Puc Achieve Charter School	19	5.8%
Renaissance Academy Charter – Arts	0	0.0%
Rochester Academy Charter School	7	1.8%
Rochester City School	2363	7.1%
Rochester Prep Charter School 3	s	< 2.7%
Rush-Henrietta	43	0.7%
Spencerport	38	1.0%
True North Rochester Prep-West Campus	11	1.4%
True North Rochester Prep Charter	6	0.5%
University Prep Charter School for Young Men	0	0.0%
Urban Choice Charter School	28	7.1%
Vertus Charter School	8	2.9%

School District	# Identified as Homeless	% Homeless
Webster	99	1.1%
West Irondequoit	39	1.0%
Wheatland-Chili	18	2.4%
Young Women's College Prep Charter School	28	9.5%
Total	3501	
Source: New York State Education Department's Student Information Repository System (SIRS)		

Children in Foster Care

According to the Monroe County Department of Human Services website regarding foster care <https://www.2.monroecounty.gov/hs-fostercare.php>, approximately 470 children live in foster care of all races and ages, from birth to 21. It is unclear how many of these children meet the income eligibility requirements for Head Start/Early Head Start. Children placed in foster care are categorical eligible for Head Start/Early Head Start regardless of the foster care parent income. According to the Monroe County Child and Family Services Plan 2018, there was a decreased in the number of children and youth placed in foster care in 2017 (292) and 2016 (315); compared to 454 children entering foster care in 2010 and 789 children entering foster care in 2006⁵². In 2018, there were 383 admissions of children to foster care and 345 discharges. Table 12.4 below shows the number of foster care admissions and discharges by age for Monroe County for the year 2018.

Table 12.4: Foster Care Admissions and Discharges by Age in Monroe County

2018 Foster Care Admissions and Discharges				
	Admission Number	Percent	Discharge Number	Percent
Under 2	85.0	22.2	40.0	11.6
2yrs - 5yrs	73.0	19.1	79.0	22.9
6yrs - 9yrs	57.0	14.9	49.0	14.2
10-13yrs	62.0	16.2	43.0	12.5
14-17yrs	105.0	27.4	93.0	27.0
18 and over	1.0	0.3	41.0	11.9

Source: Child Protective Services, Monroe County Department of Human Services

A high number of children under the age of 18 and were admitted in foster care (children less than 2 years old (22.2%) and teen 14-17 years old (27.4%). Table 12.5 below shows the number of foster care admissions and discharges by race/ethnicity in Monroe County for the year 2018. In 2018, 174 (45.4%) African Americans entered foster care, of which 162 (47%) were discharged during the calendar year.

⁵²Monroe County Child and Family Services Plan 2018

Table 12.5: 2018 Foster Care Admissions and Discharges by Race/Ethnicity

2018 Foster Care Admissions by Race/Ethnicity and Discharges				
	Admission Number	Percent	Discharge Number	Percent
White	78	20.4	63	18.3
African American	174	45.4	162	47.0
Latino	74	19.3	67	19.4
Native American/Alaska Native	2	0.5	1	0.3
Asian	2	0.5	5	1.4
Unknown	53	13.8	47	13.6

Source: Child Protective Services, Monroe County Department of Human Services

Health and Social Services Needs of Individuals, Families and Eligible HS/EHS Families

Incidence of Child Abuse

According to ACT Rochester, the rates of child abuse have increased since 2000. The rates of child abuse fell below 2000 levels for the first time in the decade in 2011 and fell further in 2012 and 2013 to 13 cases per 1,000 children in the region. In 2018, rates of child abuse increased 39% since 2000⁵³. Monroe County Department of Human Services, Child Protective Services (CPS) reports the numbers of allegations investigated by Child Protective Services (CPS) have consistently increased in each year⁵⁴. In 2018, there were 7,641 reports of child abuse or neglect and on average a little over 25% of investigated cases turn out to be indicated. Table 12.6 displays the number and rates of child abuse and number and rates of substantiated reports.

Tables 12.6: Monroe County Child Abuse and Indicated Reports in 2018

Monroe County Child Abuse Reports Received				Monroe County Child Abuse Indicated Reports			
Year	Number	Percent	% Change	Year	Number	Percent	% Change
2014	5,903	35.7		2014	1,152	26.7	
2015	6720	40.7	13.9	2015	1663	23.9	-10.5
2016	7442	45.0	10.5	2016	1894	26.1	9.4
2017	7692	46.7	3.6	2017	1872	25.4	-2.8
2018	7641	46.3	-0.8	2018	459	24.1	-5.1

Source: Child Protective Services, Department of Human Services

Reports of spousal abuse/domestic violence

It is reported that family violence costs the nation from five to ten billion annually in medical expenses, police and court costs, shelters and foster care, sick leave, absenteeism, and non-productivity. Domestic violence is disruptive to all family members and can have lasting effect on preschool aged children. Young children often do not fully understand violence they witness, and they often are unable to verbalize or cope with their feelings. Data

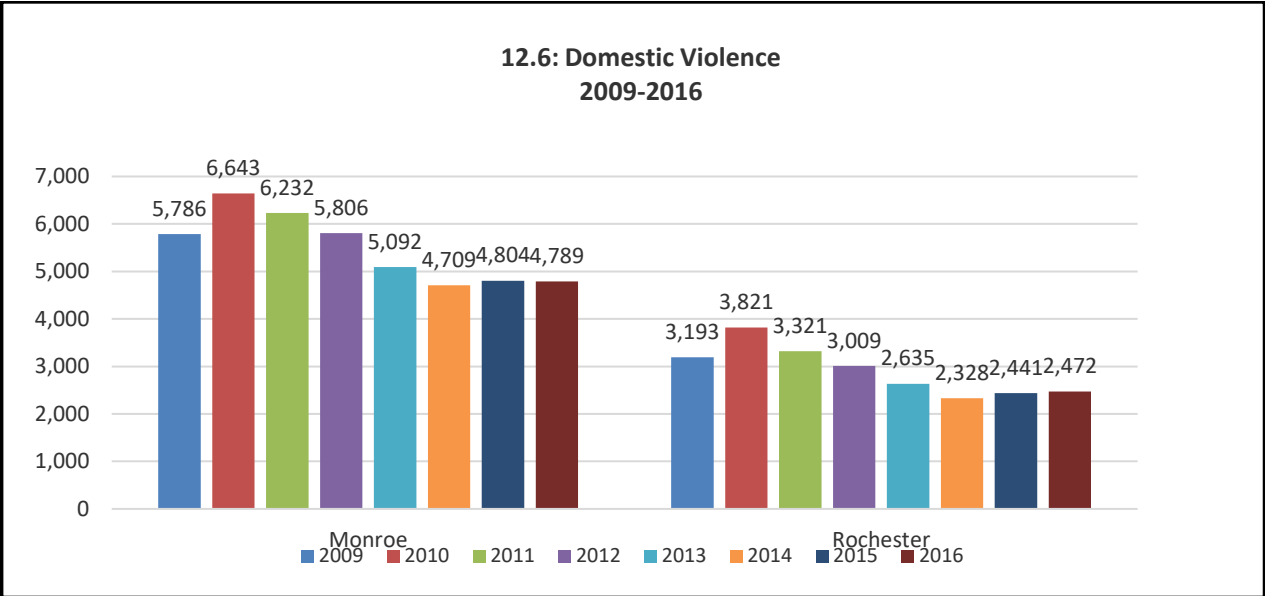
⁵³ ACT Rochester

⁵⁴ Monroe County Child Protective Services, Department of Human Services

shows violence is the immediate cause of homelessness for many women and children. Pregnant women are most often victims of domestic violence.

According to the Monroe County Domestic Violence, the Report to the Community 2018, there were 5,553 reports of domestic violence made in 2018 up 12% from 2017 (59% City of Rochester and 41% suburban towns. The report shows domestic violence in the county is 1.8 times the state rate and the rates in the City of Rochester is 3.9 times the state rate. More than 45,000 calls to the Monroe County 911 dispatch service were classified as domestic incidents. Domestic violence occurs within all county zip codes with 59% of coming from the city and 41% from suburban communities. There were 391 individuals placed in emergency shelters and 7,108 to the domestic violence hotline, a 21% increase from 2017⁵⁵.

Table 12.6 shows the number of reported domestic violence incidents in Rochester and Monroe County from 2009 and 2016.



Source: New York State Division of Criminal Justice Services

Substance Use

Table 12.7 displays indicators related to tobacco, alcohol and other substance abuse for Monroe County, Finger Lakes and New York State. Monroe County surpasses the state and Finger Lakes on most indicators.

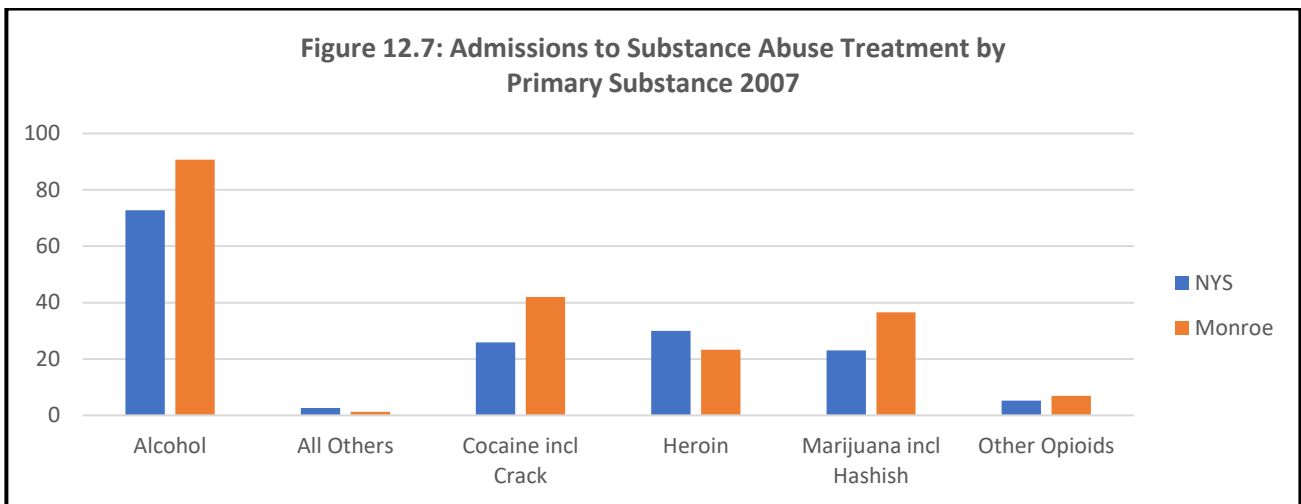
⁵⁵ Willow Domestic Violence Report to the Community 2018

Table 12.7: Tobacco, Alcohol and Other Substance Abuse Indicators, 2014-2016

	New York State	Finger Lakes	Monroe County
Alcohol related motor vehicle injuries and deaths per 100,000	29.6	39.8	39.6
Age-adjusted percentage of adults who are current smokers	14.5	19.0	16.2
Age-adjusted percentage of adults living in homes where smoking is prohibited	80.9	N/A	81.1
Age-adjusted percentage of adults binge drinking during the past month	18.3	18.6	17.4

Source: New York State Department of Health

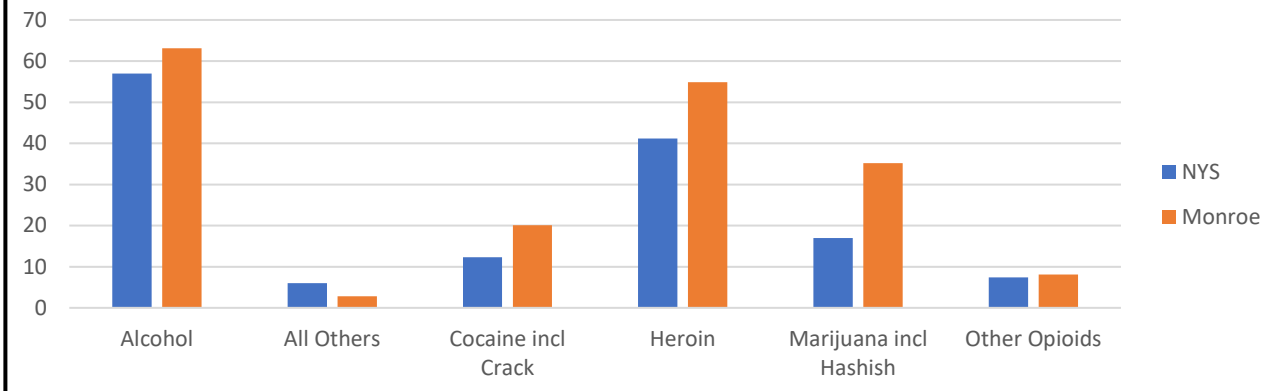
Figure 12.7 and 12.8 show 2007 and 2018 admissions to substance abuse treatment by primary substance for Monroe County and New York State. According to Act Rochester, in 2018, the rate of admission into a substance abuse treatment program stood at 184.2 for the county, down from 200.9 in 2007. During the same period, the state admissions data also shows a decline: 140.9 in 2018, down from 159.5 in 2007. More residents are receiving treatment currently to address heroin use and alcoholism than any other treatment. Treatment for heroin and marijuana saw a spike in admissions number in the ten-year period.



Note: Rate per 10,000 residents

Source: Act Rochester

Figure 12.8: Admissions to Substance Abuse Treatment by Primary Substance 2018



Note: Rate per 10,000 residents

Source: Act Rochester

In 2016-2018, Monroe County reported that there were 80 residents who died from accidental heroin overdose in 2014, a 70% increase since 2013. The county set as its objective: *by December 2018, there is a decrease in the number of deaths due to opioid overdose from 69 in 2015 (Medical Examiners report of 2015).* Monroe County had 195 deaths directly attributable to the use of heroin, fentanyl, or other related substances in 2018, down from 220 in 2017, according to the Monroe County Office of the Medical Examiner report released in July 2019. This is an area to be explored in 2020 and a status report will be reported in the next community assessment. Efforts will continue to be made to find more local (and more recent) data related to substance abuse.

Number of children born to addicted mothers

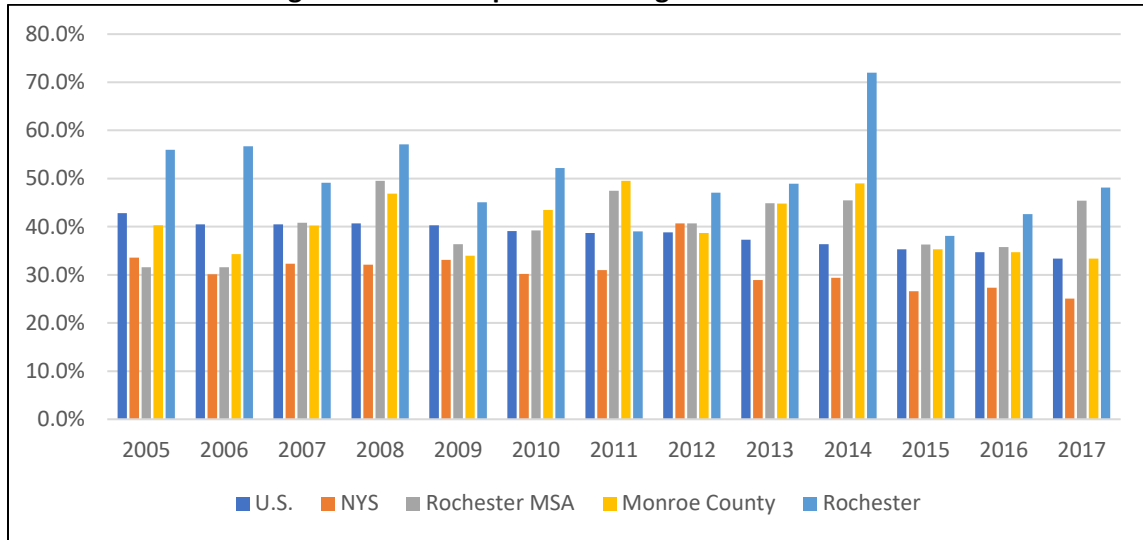
According to Monroe County 2016-2018 Community Health Improvement Plan, drug use during pregnancy appears to be increasing. In 2013, there were 698 births to Monroe County women that had documentation in the birth record of illegal drug use during pregnancy. The percentage of births with drug use during pregnancy nearly doubled between from 4.7% of all births in 2005 to 8.4% in 2013. In addition, the newborn drug-related diagnosis rate per 10,000 newborn discharges more than tripled between 2005 and 2013, from 58.5 per 10,000 to 215 per 10,000. In 2013 there were 177 newborn discharges with this diagnosis⁵⁶.

Grandparent Caregivers

A substantial number of grandparents care for their grandchildren, as shown in Figures 12.9 and 12.10. In 2017, over half of city grandparent caregivers resided in poverty compared to between 20%-30% for all other geographic area.

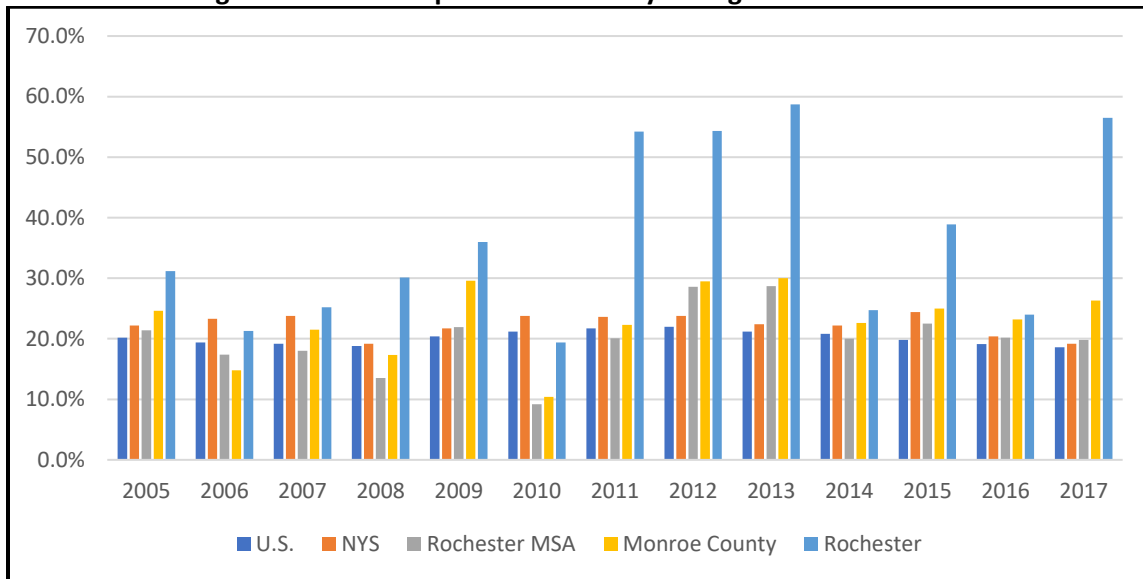
⁵⁶ Monroe County, New York 2016-2018 Community Health Improvement Plan

Figure 12.9: Grandparents Caring for Grandchildren



Source: 2013-2017 American Community Survey 5-Year Estimate

Figure 12.10: Grandparents in Poverty Caring for Grandchildren

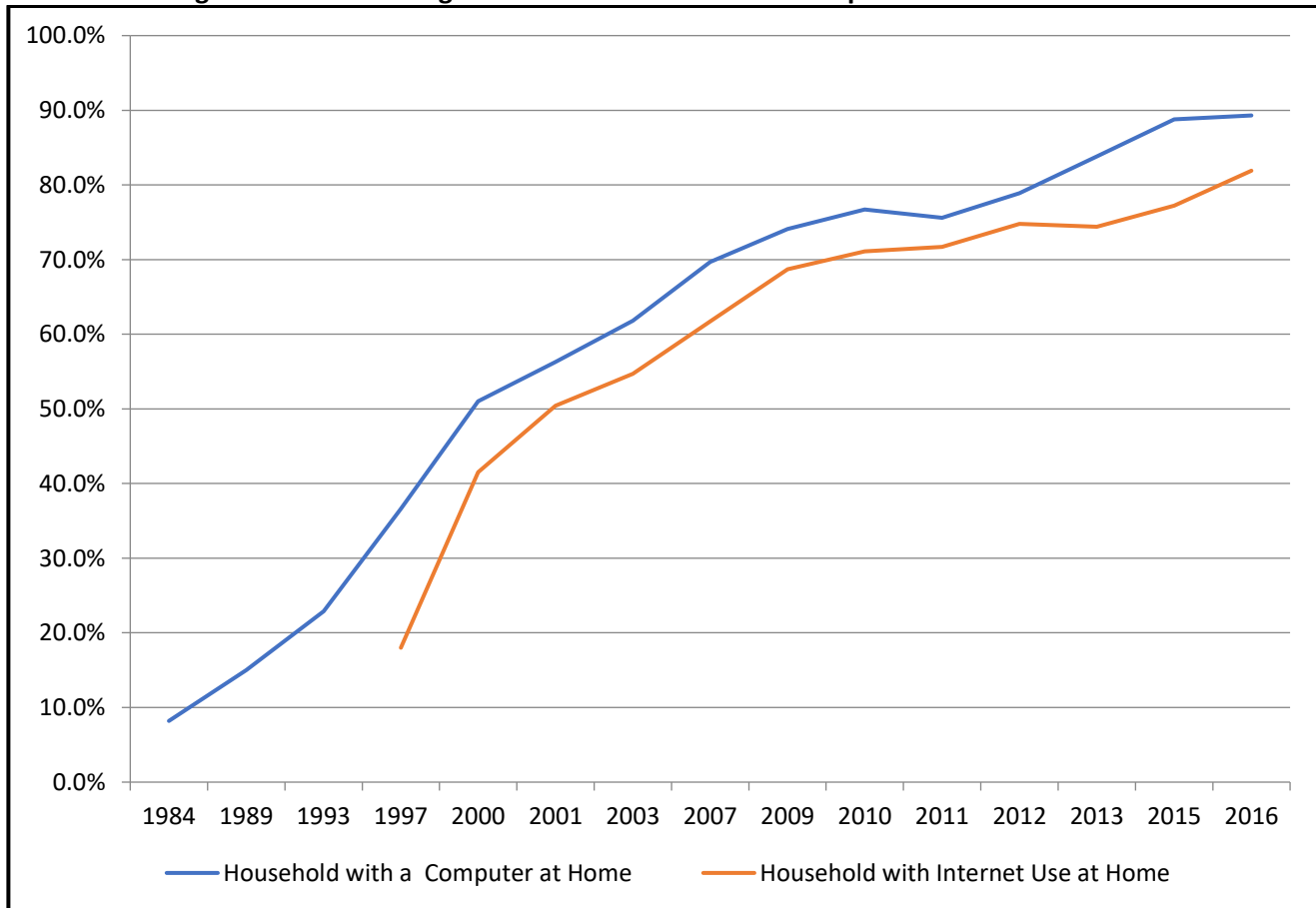


Source: 2013-2017 American Community Survey 5-Year Estimates

The number of households with computers jumped from 8.2% in 1984 to 22.9% in 1993 to 61.8% in 2003 to 75.6% in 2011 to 89.3% in 2016. Internet use in the home also increased significantly, from 18.0% in 1997 to 71.7% in 2011 to 81.9% in 2016.

Figure 13.1 shows the growth in households with a computer and internet in the home. According to the 2013-2017 American Community Survey, 87.2% of U.S., 86.8% of New York State, 86.3% of Rochester MSA, 86.7% of Monroe County and 80.0% of city of Rochester residents owned a computer. In regards to internet subscription over this period, 78.8% of U.S., 79.4% of New York State, 79.2% of Rochester MSA, 79.9% of Monroe County and 69.0% of city of Rochester residents had internet in their home.

Figure 13.1: Percentage of U.S. Households with a Computer & Internet in the Home



Source: U.S. Census Bureau, Current Population Survey, October 1984, 1989, 1993, 1997, 2000, 2001, 2003, 2007, 2010 & 2011, 2014, 2017 and 2018

Table 13.1 and 13.2 provides selected characteristics related to technology for Monroe County and Rochester, indicating the following:

- Older adults are less likely to have computers than younger adults s
- Over eighty percent of adult residents have computers regardless of their racial/ethnic background, except Native Hawaiian/Other Pacific Islanders
- The higher one's educational attainment, the less likely a resident is without a computer

- The majority of employed and unemployed have a computer
- Those with the highest incomes are nearly eight times less likely to be without internet subscription than those with the lowest incomes

Table 13.1: Computer in the Home by Selected Characteristics for Monroe County and Rochester

	Monroe County		Rochester	
	Number	Percent	Number	Percent
Age				
Under 18 years	152,154	95.9%	43,429	89.7%
18 to 64 years	423,484	94.2%	115,006	87.4%
65 years and over	84,438	74.4%	11,756	59.3%
Race/Ethnicity				
White	508,378	92.7%	80,058	87.5%
African American	92,814	84.2%	67,818	81.5%
Hispanic/Latino	53,766	88.9%	31,134	85.5%
American Indian and Alaska Native	2,744	90.0%	1,855	89.4%
Asian	25,049	97.2%	5,478	92.9%
Native Hawaiian and Other Pacific Islander	109	64.1%	11	15.3%
Some other race	11,056	85.1%	6,561	83.8%
Educational Status				
Less than high school graduate or equivalency	32,899	70.4%	16,386	67.5%
High school graduate (includes equivalency), some college or associate's degree	233,265	87.6%	60,152	82.0%
Bachelor's degree or higher	181,290	96.9%	29,618	94.8%
Employment Status				
Employed	347,927	96.3%	81,789	92.5%
Unemployed	22,006	89.4%	9,828	83.1%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Table 13.2: Residents without Internet Subscription for Monroe County and Rochester

	Monroe County		Rochester	
	Number	Percent	Number	Percent
Household Income				
Less than \$20,000	23,219	45.0%	13,486	47.8%
\$20,000 to \$74,999	31,835	22.9%	11,947	27.8%
\$75,000 or more	5,226	4.7%	1,252	8.4%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

According to ABC's 2016 community assessment, 73.7% consumer/residents reported accessing the internet through their phones and half had a home computer, accessing the internet through this method. In a presentation presented by a Pew Research Center researcher, it was noted that around one-third of individuals earning less than \$20,000 a year are not online at all, with non-users being heavily dominated by older adults.⁵⁷ In a focus group with seniors for ABC's 2016 community assessment, computer training, including using cellular phones (texting, smartphones) was identified as a need. The assessment also noted the following related to

⁵⁷ "Technology adoption by lower income populations" presented on October 8, 2013 at APHSA-ISM Annual Conference by Aaron Smith, Senior Researcher, Pew Research Center.

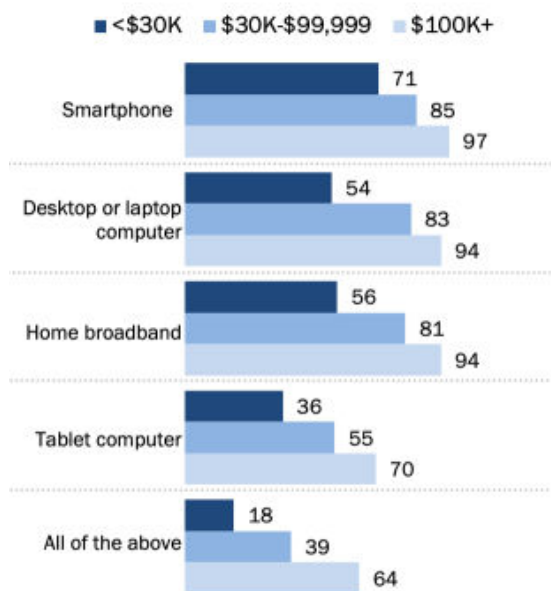
consumer/resident survey: about 90% could perform basic computer functions such as sending or receiving email or preparing a resume, between 75-85% reported an ability to maintain a household budget or draft a flyer/letter using a computer and 60% reported an ability to develop a small group presentation using a computer.

In a report, “Use of the Internet in Higher-income Households”, it was reported that 70% of those living in higher-income households and 42% of those living in less well-off homes own iPods or other MP3 players, 12% and 3% respectively own kindles, 9% and 3% respectively own iPads.⁵⁸ Furthermore, the report notes that those living in higher-income households, on any given day, are more likely to get online news, conduct online research for a product or service, conduct commerce activities (e.g. perform online banking, make travel arrangements online), go online to search for maps or directions, seek health information or conduct other health-related activities online.

When comparing technology devices by income level, the Pew Research Center’s May 2019 report, “Digital divide persists even as lower-income Americans make gains in tech adoption”, noted that low-income individuals are far less likely to have technology devices than their higher income peers, as shown below.

Lower-income Americans have lower levels of technology adoption

% of U.S. adults who say they have the following ...



Note: Respondents who did not give an answer are not shown.
Source: Survey conducted Jan. 8-Feb. 7, 2019.

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Digital technologies have become a significant resource in teaching students and in completing assignments by students. Digital disparity often exists in schools. For example, in a survey by the Pew Research Center, the following was reported among students in middle and high school:

- Fifty-four percent of teachers say all or almost all of their students had sufficient access to digital tools at school, and 18% say all or almost all of their students had such access at home.
- Seventy percent of teachers working in high income areas and 50% of teachers working in lowest income areas report that that their school does a good job of providing teachers with the resources and support needed to incorporate digital tools in the classroom.
- Thirty-nine percent of teachers of students with low incomes report that their school is behind the curve in terms of effectively using digital tools in the learning process, while teachers of students with higher incomes felt this way.
- Fifty-six percent of teachers of students with low incomes say that a lack of resources among students to access digital technologies is a major challenge to incorporating related tools in their teaching.⁵⁹

Contributing Factors:

- ✓ Clearly, there is gap in technology ownership and use between individuals with low and high incomes. The term “digital divide” is often used to indicate a gap (in this instance, income gap) in access to and usage of information and communication technologies. Inadequate access to technology can limit individuals (children and adults) from learning the technical skills that are crucial to success in the economy. It can also affect other quality of life matters such as communicating with other, commerce (shopping), job seeking and access to pertinent information.

⁵⁸ “Use of the internet in higher-income households”, November 24, 2010, Jim Jansen, Pew Research Center’s Internet and American Life Project.

⁵⁹ “Teachers see digital divide among students”. March 18, 2013. Pew Research Center’s Internet and American Life Project.

- ✓ The advent of cellular phones has helped to improve affordability and accessibility of the internet. Low cost phone carriers such as the “Cricket” have helped to make cellular phones, including smart phones, affordable to individuals with low incomes. On March 31, 2016, the Federal Communications Commission reformed and modernized its Lifeline Program (administered by the Universal Service Administrative Company), which provides discounted phone services to individuals with low incomes, to include broadband service.
- ✓ Local libraries have also helped to improve affordability and accessibility of the internet. Libraries have become a key community resource identified by individuals with low incomes. According to ABC’s consumer/resident survey, using a computer at home or the library were the top ways respondents would complete a job application online. In a presentation presented by a Pew Research Center researcher, the following was noted:
 - Eighty-one percent of Americans with low incomes say it is “very important” for the library to provide free access to the internet and computers.
 - Thirty-five percent of library users with low incomes have used the internet or a computer at a library in the last 12 months.⁶⁰

Table 13.3 displays owner-occupied and renter-occupied households with telephone service. There is not much difference in telephone service availability by tenure status. Residents in owner-occupied housing are slightly less likely to be without telephone service than their peers. Less than 3% of county and city of Rochester residents in owner-occupied dwelling are without telephone service vs. less than 6% of residents in renter-occupied housing.

⁶⁰ “Technology adoption by lower income populations” presented on October 8, 2013 at APHSA-ISM Annual Conference by Aaron Smith, Senior Researcher, Pew Research Center.

Table 13.3: Telephone Service Availability by Tenure Status for Monroe County and Rochester

	Monroe County		Rochester	
	Number	Percent	Number	Percent
Total:	300,496		86,180	
Owner occupied:	191,781		31,473	
With telephone service available:	188,671	98.4%	30,838	98.0%
Householder 15 to 34 years	19,230	10.2%	4,069	13.2%
Householder 35 to 64 years	114,076	60.5%	18,560	60.2%
Householder 65 years and over	55,365	29.3%	8,209	26.6%
No telephone service available:	3,110	1.6%	635	2.0%
Householder 15 to 34 years	383	12.3%	103	16.2%
Householder 35 to 64 years	1,980	63.7%	404	63.6%
Householder 65 years and over	747	24.0%	128	20.2%
Renter occupied:	108,715		54,707	
With telephone service available:	103,609	95.3%	51,593	94.3%
Householder 15 to 34 years	37,668	36.4%	20,460	39.7%
Householder 35 to 64 years	47,509	45.9%	25,672	49.8%
Householder 65 years and over	18,432	17.8%	5,461	10.6%
No telephone service available:	5,106	4.7%	3,114	5.7%
Householder 15 to 34 years	1,452	28.4%	784	25.2%
Householder 35 to 64 years	2,403	47.1%	1,603	51.5%
Householder 65 years and over	1,251	24.5%	727	23.3%

Source: 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau

Chapter 14: Volunteerism

The rate of volunteerism in the United States increased slightly from 23.6% in 1974 to 27% in 2003-2005. The increase can be attributed primarily to greater participation by three groups:

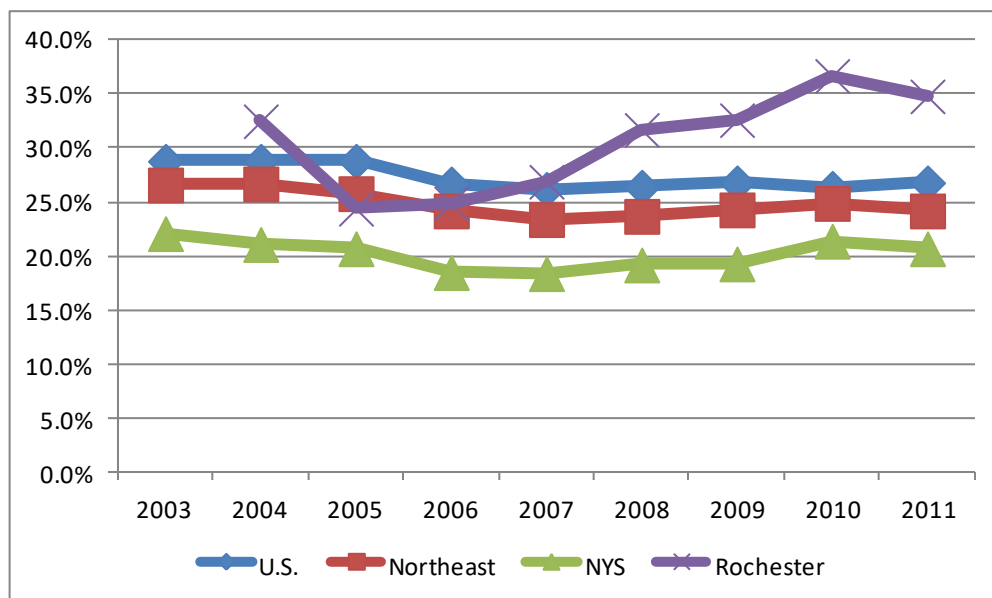
- youth 16-19 years old
- older adults 45 to 64 years old
- seniors 65 and older⁶¹

Since 2003, the percentage of Americans who volunteered their time in the community was at least one in five residents. Ranking 50th among states and Washington D.C., New York residents who volunteered stood at about 20% over this period. Figure 14.1 shows that from 2008 to 2011, volunteerism in the city of Rochester was much higher than the nation, region and state. In 2011, 241,900 city of Rochester residents (34.8%) volunteered in their community, contributing \$695.5 million in service – ranking 2nd within the 51 largest cities in America.⁶²

According to the Corporation for National and Community Service, in 2016, 62.6 million Americans volunteered, equaling 6.9 billion hours. By 2018, the number of Americans who volunteered increased to 77.4 million, equaling 6.9 billion hours. The estimated economic value of volunteering was \$167B in 2018, down from \$184B in 2016. Volunteer rates increased from 2016 to 2018: 24.9% and 30.3%, respectively.

In 2018, New York State ranked 48th among states in volunteerism, with a volunteer rate of 25.3%. Rochester MSA, however, ranked 2nd among metropolitan cities during this time and had a volunteer rate of 45.6%. In 2018, The Corporation for National and Community Service reported that New York State had 4,012,580 volunteers, contributing 295.4 million hours of service.

Figure 14.1: Volunteer Rates by Geographic Area



Note: Data was unavailable for Rochester in 2003.

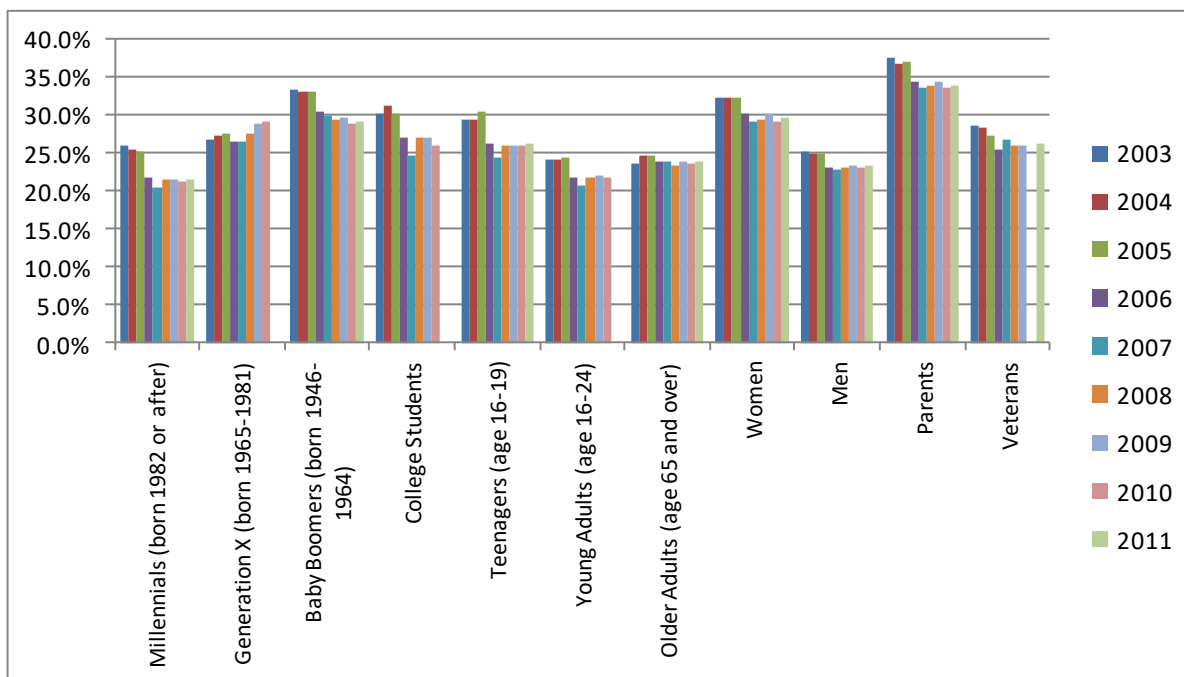
Source: Volunteering in America, Corporation for National and Community Service

⁶¹ *Volunteer Growth in America: A Review of Trends Since 1974*. Corporation for National and Community Service, December 2006.

⁶² *Volunteering and Civic Life in America 2012*, Corporation for National and Community Service.

From 2003-2011 in the United States, parents were the most likely group to volunteer, as shown in Figure 14.2. Young adults (ages 16-24) volunteered at lower rates than any other group. Between 2009 and 2011 in New York, whites volunteered nearly twice the rate of African Americans and about three times the rate of Asians: white (23.4%), African Americans (13.1%) and Asians (8.9%), respectively.⁶³

Figure 14.2: Volunteers Rates by Special Groups



Source: Corporation for National and Community Service

According to the Corporation for National and Community Service, in 2018:

- **32,772,431 male volunteers (26.5%)** contributed roughly **3.0 billion hours** of service
- **44,614,636 female volunteers (33.8%)** contributed roughly **3.9 billion hours** of service
- **6,456,628 Generation Y volunteers (26.1%)** contributed roughly **474.6 million hours** of service
- **19,904,598 Millennial volunteers (28.2%)** contributed roughly **1.5 billion hours** of service
- **21,720,574 Generation X volunteers (36.4%)** contributed roughly **1.8 billion hours** of service
- **22,631,756 Baby Boomer volunteers (30.7%)** contributed roughly **2.2 billion hours** of service
- **6,673,509 Silent Generation volunteers (24.8%)** contributed roughly **798.1 million hours** of service
- **5,652,731 veteran volunteers (30.0%)** contributed roughly **630.0 million hours** of service
- **26,047,892 parent volunteers (39.9%)** contributed roughly **2.0 billion hours** of service

Nationally, individuals with higher levels of education are more likely to volunteer. From 2010-2015, nearly a third of the labor force volunteered their time. Volunteer rates increase as one's educational level increases, as shown in Table 14.1. Employed people are more likely to volunteer than those who are unemployed (with those not in the labor force least likely to volunteer). When viewing volunteer rates from 2010 to 2015, among the civilian labor force (as a whole), those working part-time have higher rates of volunteerism than their peers, as shown in Table 14.1. The Corporation for National and Community Service found that volunteering is associated with an

⁶³ Volunteering and Civic Life in America 2012, Corporation for National and Community Service.

increased likelihood of finding employment for all volunteers regardless of a person's gender, age, ethnicity, geographical area, or the job market conditions.

Table 14.1: Volunteer Rates by Educational Level and Employment Status

	2010	2011	2012	2013	2014	2015
Educational Level						
Less than HS	8.8%	9.8%	8.8%	9.0%	8.8%	8.1%
High School Graduate	17.9%	18.2%	17.3%	16.7%	16.4%	15.6%
Less than Bachelor's Degree	29.2%	29.5%	28.7%	27.7%	27.3%	26.5%
College Graduate	42.3%	42.4%	42.2%	39.8%	39.4%	38.8%
Employment Status						
Civilian Labor Force	28.7%	29.1%	28.7%	27.5%	27.3%	27.0%
Employed	29.2%	29.6%	29.1%	27.7%	27.5%	27.2%
Full-Time	28.2%	28.7%	28.1%	26.8%	26.5%	26.3%
Part-Time	33.2%	33.3%	33.4%	31.7%	31.7%	31.1%
Unemployed	23.8%	23.8%	23.8%	24.1%	24.0%	23.3%
Not in the Labor Force	22.0%	22.5%	22.4%	21.9%	21.8%	21.4%

NOTE: Date for 2016-2019 is unavailable.

Source: Volunteering in the United States, 2011-2015, Bureau of Labor Statistics, U.S. Department of Labor

Table 14.2 indicates that from 2010-2015, women, individuals ages 35-44 and whites were more likely to volunteer than their peers – about 30% of each group volunteered over this period.

Table 14.2: Volunteer Rates by Gender, Age and Race/Ethnicity

	2010	2011	2012	2013	2014	2015
Gender						
Male	23.2%	23.5%	23.2%	22.2%	22.0%	21.8%
Female	29.3%	29.9%	29.5%	28.4%	28.3%	27.8%
Age						
16-24	21.9%	22.5%	22.6%	21.8%	21.9%	21.8%
25-34	22.3%	23.3%	23.2%	21.9%	22.0%	22.3%
35-44	32.2%	31.8%	31.6%	30.6%	29.8%	28.9%
45-54	30.3%	30.6%	29.3%	28.2%	28.5%	28.0%
55-64	27.2%	28.1%	27.6%	26.0%	25.9%	25.1%
65 and Over	23.6%	24.0%	24.4%	24.1%	23.6%	23.5%
Race/Ethnicity						
White	27.8%	28.2%	27.8%	27.1%	26.7%	26.4%
African American	19.4%	20.3%	21.1%	18.5%	19.7%	19.3%
Asian	19.6%	20.0%	19.6%	19.0%	18.2%	17.9%
Hispanic/Latino	14.7%	14.9%	15.2%	15.5%	15.5%	15.5%

Note: Date for 2016-2019 is unavailable.

Source: Volunteering in the United States, 2011-2015, Bureau of Labor Statistics, U.S. Department of Labor

According to the United Way of Greater Rochester, in 2008-2009, local volunteers were mostly female (74%), white (76%) and employed full-time (40%).⁶⁴ Another 21% were students and 9% were employed part-time.

⁶⁴ In 2008-2009, the United Way of Greater Rochester gathered data from 1,467 volunteers. Collection of this type of data was discontinued after 2008-2009.

Many local volunteers (68%) had a previous record of volunteering. Thus, local data appear to be consistent with broader trends in volunteerism.

Throughout the United States, various organizations rely extensively on volunteers in delivering goods and services. National, regional, state and local patterns indicate that people most often volunteer through religious, educational or social services organizations.⁶⁵ With the exception of older adults (ages 65 and over), special groups tend to volunteer in this manner.⁶⁶ Older adults volunteered at hospitals, social service or religious organizations. The Corporation for National and community Service noted in its Volunteering and Civic Life in America 2018 report that religious, educational or social service organizations continue to be the most likely places people volunteer their time.

In 2008, volunteers were much more likely than non-volunteers to donate to a charitable cause, with 78.2% contributing \$25 or more compared to 38.5% of non-volunteers.⁶⁷ In a 2008 focus group conducted by the Corporation for National & Community Service, it was revealed that perceptions of non-volunteers prevented them from serving.⁶⁸ It also identified ways in which to approach this group to serve:

- viewing themselves as different, non-volunteers think of volunteering as something one does when s/he retires, s/he is without children, and s/he has excess leisure time
- many non-volunteers fear time commitment of service or believe volunteering requires serving indefinitely (even a lifetime)
- many non-volunteers would volunteer if: (1) a trusted friend asked them or (2) they were able to use the skills they already possessed or were provided an opportunity to learn something new.

The report also revealed that more than one-third of those who volunteer one year do not donate their time the next year because of non-profits' poor management of this group.⁶⁹ Reasons for this phenomenon included:

- Not Matching Volunteers' Skills with Assignments
- Failing to Recognize Volunteers' Contributions
- Not Measuring the Value of Volunteers
- Failing to Train and Invest in Volunteers and Staff
- Failing to Provide Strong Leadership

From the focus group, The Corporation for National & Community Service recommended that organizations interview potential volunteers to ensure their volunteer experience achieves their goal(s). Additionally, organizations need to ensure that it is practicing "Good Volunteer Management Practices":

- Matching volunteers' skills with appropriate assignments
- Recognizing the contributions of volunteers
- Measuring the impact of volunteers annually
- Providing volunteers with training and professional development
- Training paid staff to work with volunteers⁷⁰

⁶⁵ Volunteering and Civic Life in America 2012, Corporation for National and Community Service.

⁶⁶ Volunteering and Civic Life in America 2012, Corporation for National and Community Service.

⁶⁷ Volunteering in America Research Highlights, July 2009, Corporation for National & Community Service.

⁶⁸ Volunteering in America Research Highlights, July 2009, Corporation for National & Community Service.

⁶⁹ The New Volunteer Workforce, Winter 2009, David Eisner et al., Stanford Social Innovation Review, Leland Stanford Jr. University, Stanford, CA.

⁷⁰ The New Volunteer Workforce, Winter 2009, David Eisner et al., Stanford Social Innovation Review, Leland Stanford Jr. University, Stanford, CA

Further, the report highlights: “People who do not volunteer watch hundreds of hours of additional TV a year compared to people who do volunteer. It’s not that people don’t have enough time to volunteer. People do not volunteer because nonprofits do not provide them with volunteer opportunities that interest them enough to pull them away from their television sets” (p. 35).

To find volunteer opportunities locally, contact area not-for-profits organizations and see:

- Corporation for National and Community Service: <http://www.nationalservice.gov>
- VolunteerMatch: <http://www.volunteermatch.org>
- Rochester Mentors: <http://rochestermentors.org>
- Volunteer Coordination www.rochestercares.org

ABC Head Start Customers Views of the Community

Ninety-three ABC Head Start customers completed a survey for the 2019 community assessment through administration at Head Start program sites. This section summarizes survey responses.

ABC Head Start customers were asked to identify some positive things occurring in the community.

Some commonly mentioned feedback include: summer programs/activities for children (e.g. water parks, toys for tots), pre-k programs, supportive and involved teachers, library activities and resources, and High School Equivalency program. Other comments include:

- Clean sweep
- Programs for adults (including free services, community development services such as AIDS and building bridges)
- School opportunities for children
- Access to free childcare programs
- Women Infants and Children (WIC) program
- Free summer meals for kids
- Catholic Family Center
- Rochester Educational Opportunity Center (REOC)
- Job readiness program
- Local stores
- Friendly schools
- Black owned businesses
- Rec on the Move
- Free haircuts
- Fairs and summer programs (including ABC's summer program, real dads read initiative)
- Other comments: close bond among staff and other parents, administrative meetings, parenting classes, staff's care and patience working with children, staff interact with parents and keep them informed (e.g. monthly reports), providing community resources

ABC Head Start customers were also given an opportunity to share challenges of the community. Some commonly shared feedback include: poverty, employment opportunities, violence, drugs, unaffordable childcare not enough parent involvement, not enough programs for children (including before/after school programming, free programs/financial aid provided for programming), youth, adults and for individuals with disabilities (including arts program which were removed). Other comments include:

- Children's absenteeism from school
- Lack of use of technology to communicate with families
- Health and mental awareness in the schools (more school counselors needed)
- Unfair jobs (racists)
- Crime
- Police not answering calls
- Inability to reach MCDHS staff
- Not enough volunteers

- Children afraid to express themselves to adults
- Healthy food (not tasty)
- Lack of field trips
- Landlords not taking care of their responsibilities
- Lack of unity between families, neighbors
- Lack of awareness of programs
- Trash everywhere, pot holes

Head Start customers are likely to know where to go when they are in need. When in need, Head Start customers indicated the following:

- 24 reported that they “always” know where to go
- 20 reported that they “most of the time” know where to go
- 11 reported that they “sometimes” know where to go
- 8 reported that they do not know where to go
- No one reported that they “never” know where to go

A few (9) Head Start customers shared that they have lost or been died benefits from MCDHS. Eight are willing to share their experience. Head Start customers often mentioned needing more education and/or finances in order address their needs and reach their goals:

- More education (13 reporting)
- Finances (12 reporting)
- Skilled learning/training (10 reporting)
- Job readiness/interviewing skills (7 reporting)
- Reliable transportation (6 reporting)

When asked how helpful certain community resources were, Head Start/Early Head Start was identified most often as a helpful resource followed by (in order): family/friends, contacting the agency directly and calling 211.

When asked: “If you required services and did not receive them, what prevented you from receiving them”, Head Start customers more commonly mentioned being unaware of the service:

- did not know about the service (12 reporting)
- unreliable transportation (6 reporting)
- was not available at the time the service was provided (5 reporting)
- the service was not available (2 reporting)

Some resources that have been helpful to Head Start customers include: free daycare/childcare, programs and services for children, classes for parents (e.g. HSE, CPR), as well as linkages to resources and services such as housing, baby supply items, food pantries and public benefits. Other comments mentioned that were not frequently mentioned include:

- Teachers
- Public benefits/social security
- Therapy

- Willow
- Food shelter/pantry (including Christmas/Thanksgiving programs)
- Help with baby items and supplies
- Rental/energy assistance programs
- Clothing closets

Some frequently mentioned resources that the community needs to increase include: free, after school and summer programming for children (including toddlers), programs for youth/teens, parent involvement, parenting programs, job training and employment opportunities, as well as housing and transportation assistance. Other comments include:

- More field trips
- REOC
- More libraries
- Affordable childcare for low budget families and with varying hours
- Social work counselors in the schools
- Youth guidance
- Community leaders (e.g. firemen, police) giving presentations in the schools
- Transportation/busing (including for field trips)
- Dealing with corrupt landlords
- Help with finding housing, homeownership programs, obtaining security deposits
- Support for transitioning from welfare to work
- Help with improving credit score repair/addressing debt, financial education
- Police training to deal with those with mental illness
- More school counselors needed to boost health and mental awareness in the
- Volunteerism
- Increase awareness of community resources
- More programs and things for the community as a whole

Other ABC Customers/Community Residents Views of the Community

A total of thirty- three ABC customers/community residents completed an online survey from November 2019 through December 2019 ascertaining their views about the community, as well as personal experience and needs they may have. Ten \$25 gift cards were distributed, through a drawing, to those who completed a survey. This section summarizes survey responses.

- 90.9% of ABC customers/community residents were not employees of the agency. Twenty-three of 69.7% either currently or formerly were customers of the agency. Those completing the survey resided in a variety of zip codes: seventeen lived in the poverty crescent.⁷¹
- Demographics: Most of ABC customers/community residents were between ages 25 and 54. Most were females (93.9%), African American (84.9%) and non-Hispanic/Latino (66.7%). A significant percentage were single mothers with children (42.4%) At least half has less than 5 people in the household. The majority (60.6%) of incomes were less than \$25,000. Half had less than a college degree. Slightly over 2 in 5 were employed either full-time or part-time.
- **Employment:**
 - Over three-fourths did not have an employment-related certification
 - Noted frequently mentioned barriers to employment or advancement was not having a high school diploma or equivalent or having a permanent/temporary physical disability. A few mentioned lack of a driver's license being the reason he/she did not have a job.
 - Among those needing job-related assistance, most often noted were job training and help with finding work-appropriate clothing.
 - Cellular phone was identified as the best contact method (by 82.1%). Half of ABC customers/community residents mentioned email and 42.9% noted texting were also good methods.
 - Very few (7) reported that they lost a job/unable to accept a job because of transportation.
- **Transportation:**
 - Twenty-four shared that they needed transportation-related help such as bus fare and help obtaining a driver's license.
 - Nearly 40% shared that they had trouble finding transportation to do non-grocery type of shopping/
- **Financial Matters:**
 - Most (60.7%) had a checking and savings account.
 - Those without a bank account identified banking fees, having insufficient funds or having a banking history issue as their reason for not having such account.
 - In each category, most responses tended to fall in the "hardly at all or never" categories for the following: (1) cashing a check, obtaining a money order or obtaining a debit card at a place other than a bank, (2) sent money through a venue other than a bank, and (3) obtaining a tax refund and obtaining a rent to own credit agreement.
 - At least half of ABC customers/community residents have obtained a free copy of their credit report and/or know their FICO score.

⁷¹ Poverty crescent is the area of Rochester where there is high poverty: 14605, 14608, 14609, 14611, 14613, 14619 and 14621

- Nearly half did not experience credit being a barrier in their life. Areas where credit was an issue buying a house/apartment and transportation.

— **Childcare**

- Very few ABC customers/community residents needed or used childcare. Only two had a subsidy Two shared that childcare was not available in their community (note: few answered this question)
- Five of the 6, sharing the type of childcare they used, relied on a family member/relative or babysitter for care. The factors used to determine the childcare arrangement chosen were: cost, location, safety, referral and whether the program was licensed.
- The 15 ABC Customers/community residents needed the following care: full day (3), half day (1), before/after school (4) and/or night/weekend (3).
- Less than three ABC customers/community residents expressed having difficulties making childcare arrangement – when need backup, when on vacation and/or during the summer.

— **Housing**

- Three ABC customers/community residents expressed having a housing-related problem, primarily landlord related.
- Most rented (81.5%). Nearly 60 percent shared that their landlord provides adequate maintenance/support. Those experiencing issues shared such issues as needing an appliance fixed, having rats or untimely tending to a matter
- One ABC customer/community resident has been homeless in the last 12 months because of lack of money for rent.
- Nearly all (92.6%) feel safe in their neighborhood. Two who did not feel safe was because of drugs in the neighborhood or loitering by community members.
- Few mentioned needing housing repair assistance- those who did mentioned needing help with heating, housing repair and/or windows.

— **Public Assistance**

- At least half shared that they applied for public assistance and that it was easy. A quarter felt that it was not easy.
- The few who had an issue when accessing services, long wait list and lack of transportation were issues they experienced.

— **Criminal Record**

- The majority (80%) did not have a criminal record that serves as a barrier to employment, housing, etc.

— **Nutrition**

- Seven ABC customers/community residents reported not eating in the last 12 months because of lack of money.

— **Health**

- Few experienced issues when accessing medical/mental health services. Those that did: 4 was unable to get regular medical/mental health services on evening/weekend. 3 lacked money and 3 lacked transportation to get the services. Three shared that the medical/mental health staff did not show that he/she cared about him/her and their family respect.

— **Driver's license**

- Sixty percent had a driver's license. Five ABC customers/community residents did not have a driver's license because of lack of a car.

— **Community Involvement**

- Most frequently mentioned influencers for deciding to participate in a meeting: convenient time, likelihood that the meeting will lead to action (not just talk) meeting location is easily accessible, organizer/organization is trustworthy or having an interest – this influences the most

— **Technology**

- All twenty-five answering the question had a cellular phone. Nineteen had a television. Fourteen had internet access through mobile technology and 13 such access through their home computer.
- Over 60 percent used the internet to access social media or pay bills. Internet use for job search/applying occurred to a lesser degree (44%). Seven used the internet to manage their benefits.
- To complete a job application, ABC customers/community residents noted using their home computer and to a lesser degree, utilizing the library was used.
- ABC customers/community residents (25 answering the question) were comfortable using a computer – to do things like, preparing a resume (80%), manage a household budget (70.8%), send or receive an email (92.0%), develop a flyer or poster (72.0%), type a letter (76.0%) or develop a small group presentation (66.7%).

ABC Staff Views of the Community & ABC

One hundred twenty-three ABC staff completed a survey for the 2019 community assessment during All Staff retreat, which was held on Friday, December 19, 2020. This section summarizes survey responses.

ABC staff were asked to identify some positive things occurring in the community. Some commonly mentioned feedback include: drives (for toys, food and coat giveaways), clothing drives/closets, church dinners, program reaching children and youth, shelters and efforts to address homelessness and affordable housing (including first time homebuyers program, Section 8, new housing/re-housing and prevention), efforts to address job training and workforce development needs (e.g. HSE, job fairs), initiatives and resources to help those living in poverty and agency programs. The community having a plethora of resources and working collaboratively were also identified as positive aspects of the community. The following notes other feedback mentioned:

- ABC programs and its work
- Other community programs: Open Door Mission, car seat assistance, roofing program/free home repair, programs helping with vision and dental screening, 211, FOODLINK, clothing drives, St. Mary's clothes closet, free educational programs and childcare programs, Trillium, recovery programs, planned parenthood-females being able to make their own choices on their bodies, help for people with mental disorders and abuse, mentoring programs
- Barbershops
- City Government
- Diversity in politics
- Rochester-Monroe Anti-Poverty Initiative (RMAPI) work to alleviate poverty
- Common Ground Health work connecting health and poverty
- Police Accountability Board
- Collaborative work on transportation
- Development occurring downtown/economic development activities in the community
- Community activities-skate park, exercise park/station in (Cobbs Hill) etc.
- Community garden
- Parent involvement
- Supportive services for families
- LGBTQ awareness/respect
- Decreased unemployment rate
- Less reliance on public assistance, more places accepting Food Stamps/SNAP

ABC staff were also given an opportunity to share challenges of the community. Some commonly shared feedback includes: lack of father involvement/present in the home, crime, violence, drugs, incarceration especially for people of color, alcohol abuse/addiction issues, homelessness/unaffordable housing, employment issues (e.g. lack of job opportunities, pay stagnation, low age jobs, employers unwilling to hire former convicts), lack of transportation, mental health issues (e.g. limited resources), food insecurity/lack of healthy food, RCSD deficit/teachers layoffs, unaffordable health care and lack of available/affordable childcare. Lack of community awareness of available resource was also mentioned. The following notes other feedback mentioned:

- Education not set as a priority
- Lack of education for adults
- College graduates with high student debt that they are unable to repay
- Graduation rates Rochester City School District (RCSD)
- Lack of childcare for children ages 0-2

- Cutting afterschool programming
- Not enough positive role models for youth
- Single parenting
- Inability to address all of the needs of families
- Language barriers
- Race relations
- Trauma and ability to address it
- Stigma/discrimination
- Not feeling safe/unsafe neighborhoods
- Inequities between RCSD and other school districts
- Opioid epidemic
- Poverty
- Lack of federal government commitment to addressing poverty
- Parole officers not caring about their caseloads
- Negative effects of climate change
- Poor housing conditions
- Cuts in federal government/lack of funding/red tape
- Ease of access and length of time without self goal growth/skills for public assistance

The most commonly mentioned services that are missing or need to be increased for those living in poverty include: housing (address affordable housing/homelessness issues-employment, health care), childcare (address access, affordability and availability issues), transportation (address access and availability issues), food (address food insecurity and access to healthy food), mental health (address service needs), job training and employment (address service and job availability issues), financial education, education (access to better opportunities) and services for the elderly. A similar finding was identified when respondents were asked what community issues to reduce poverty should ABC set as a priority over the next five years. The following notes other feedback mentioned:

- More programs for those who are incarcerated, parolees, on probation
- More services for those who speak other languages/more variety of interpreters
- Counseling
- Addiction assistance
- Legal assistance
- Parenting skills training
- Parent classes and support groups (e.g. support group for men, fathers, single parent families)
- Behavioral services for children with developmental delays or disability
- Access to better/regular medical care, accessible health and dental care
- Services for those with a drug-related illness
- More health benefits and help with securing health insurance
- Help individuals secure their driver's license
- Training for parole officers
- Culturally competent services and education (e.g. Afrocentric)
- Financial education on the importance of having a checking and savings account, and decent credit score
- Financial service (beyond budgeting), money management, investing
- Youth services, college readiness, job training (for those not planning to attend college) and employment
- Communication

- Awareness of available resources and ease access to resources
- More community programs
- Economic development
- Funding for programs, emergency funding for low-income individuals (e.g. rental assistance, heating, car repairs), RCSD, business co-op start-ups

ABC staff were asked what were the top three community issues to reduce poverty that they felt the agency needs to set as a priority over the next five years. The following is a list of issues identified by staff.

Note: Bolded items on the list reflect most commonly mentioned issue.

- **Provide job/career training**, including trainings/apprenticeships in trades-construction, CNC, machining, technology and health care-LPN, CNA
- **Employment-job placement and retention, job opportunities, living wage jobs** that are permanent, job fairs
- Jobs for youth
- Small business development, co-ops, social enterprise
- Business investments/economic development
- **Affordable and accessible transportation**
- **Mental health services**, including referrals, counseling, sessions focusing on trauma, peer support services
- **Programs and support to strengthen families**, single parents (including navigation services) and families in crisis
- Parent involvement
- Life skills
- Parenting classes
- Mentoring
- Racial equity
- Services for the elderly
- **Childcare** for working parents, funding for childcare, more Early Head Start slots and care before and after childcare program hours and during early dismissal from school
- More activities for children/youth-field trips
- **Health care** – affordable health care, health education
- **Education**-learnings in in-demand areas, adult education, literacy, more High school Equivalency programs, equitable educational opportunities/level-the-playing field, educational support for youth and adults
- **Financial education on budgeting and money management**
- **Housing-affordable housing/shelter**, emergency housing, halfway house for those in recovery, **homelessness**, support community efforts that address housing issues, housing education-cleanliness, knowing one's rights and responsibilities
- Creating a community garden
- **Food insecurity/health food options/stores**
- **Drugs/opioid abuse counseling and rehabilitation**
- Program that assist formerly incarcerated
- Violence
- Weekend care, events
- Improve communication with parents (including stressing the importance of having up-to-date contact information, learning what parents struggle with at each check-in session)

- Increase agency staff and community awareness of available resources and other pertinent information they need to know
- ABC being more involved in the community, advocacy, anti-poverty awareness

ABC staff were asked what were the top three internal agency issues that ABC needs to set as a priority over the next five years. The most commonly mentioned issues were: improving internal communications, strengthening service integration (e.g. streamlining paperwork), providing more opportunities for staff development (including training on trauma-informed care) and promotions, as well as increasing staffs' pay. The following notes other feedback mentioned:

- Increase PTO days
- Provide more resources for customers
- Provide more support to staff and learn what their needs are on an ongoing basis, expand opportunities to show appreciation to staff
- Increase staff awareness of agency programs, community resources and internal/external initiatives that the agency is a part of
- Consider varying service hours to accommodate customers' needs (e.g. accommodate for care needed before and after hours)
- More buses
- More staff in the centers
- Update agency technology, equipment and resources
- Social enterprise
- Fundraising

On average, ABC staff felt that the agency's performance was "above average" for the following categories: (1) visibility/leadership in the community, (2) quality of service, (3) collaboration effectiveness, (4) leadership/involvement in advocacy and (5) resource development.

ABC staff were asked to rate how true seven statements were related to the agency. On average, staff felt the following were between somewhat true and true: (1) living up to its mission, (2) being kept informed of agency activities (3) input of staff welcomed/considered, (4) feeling respected, (5) having recognition, (6) feeling valued, and (7) willing to refer others to work at ABC—staff rated this item the highest (or true).

ABC Board Members Views of the Community & ABC

Seven ABC Board members completed a survey for the 2019 community assessment in the months of January 2020 and February 2020. This section summarizes survey responses.

ABC Board members were asked to identify some positive things occurring in the community. Some commonly mentioned feedback includes: improvements in housing-more affordable/quality housing, housing court, land trusts, and redevelopment. The following notes other feedback mentioned:

- Job opportunities
- Available resources and better coordination of services
- Better health knowledge (hand to hand pamphlets), health care
- Food
- Clothing
- Prevention awareness and early childcare services
- Energy and weatherization assistance for the winter months

ABC staff were also given an opportunity to share challenges of the community. Some commonly shared feedback includes: housing issues, transportation issues (effective transportation), childcare (availability), employment (low paying jobs, lack of jobs), education (e.g. educational system inequity) and mental health issues. The following notes other feedback mentioned:

- Health issues such as lack of healthy food/groceries
- Lack of family togetherness as responsible parents
- Drugs
- Safety

The most commonly mentioned services that are missing or need to be increased for those living in poverty include: housing (affordable/quality housing) and food (healthy food/grocery). The following notes other feedback mentioned:

- Education
- Access to medical services
- Safety
- More work to help youth people be career ready
- Communication and social skills
- Lack of follow-up reviews
- Lack of knowledge/known which legal documents that have been approved or accepted
- Language differences

ABC Board members were asked to identify specific agency programs that they were aware of – programs with the most longevity were identified most often - Head Start and Energy Conservation Program. Additional agency programs with at least half of Board members indicating familiarity include:

- Housing Grant Repair & Rehab Intake
- Save Our Youth (SOY)
- Emergency Cooling Program
- Acton Front Center

- Bridges to Success
- High Impact Prevention Services for Youth (HIPSY)
- New Directions
- Summer Youth Employment Program

Some community issues/initiatives Board members felt that ABC's presence has shown to make a positive difference in the community include: SOY program, early childhood education (including Head Start/Early Head Start), teen prevention awareness, college preparation, family services, job training and employment, coat drive, substance abuse, coordinating services among other agencies/providers. Programs for children and youth were mentioned most often.

Board members noted the following when asked to list community issues/initiatives that the agency should participate in where it can have community impact:

- Rochester City School District activities, education after early childhood
- Counseling group for young men who are angry/lost (at risk of dying in the streets), violence prevention for youth
- Onsite job opportunities
- Economic development, economic housing for those in poverty
- There is a need to increase involvement in the community

On average, ABC staff felt that the agency's performance was "above average" to "excellent" for the following categories: (1) visibility/leadership in the community, (2) quality of service, (3) collaboration effectiveness, (4) leadership/involvement in advocacy and (5) resource development. ABC Board members expressed satisfaction with the agency-board interaction. Areas of improvement noted were in the areas of communication and revenue generation:

- Enhance communication in between board meetings – once every two weeks -- to inform Board members of strategic initiative activities, agency events/announcements
- Develop social enterprise initiatives to meet community needs and increase agency revenue

Head Start Policy Council Views of the Community & ABC

Eleven Head Start Policy Council members completed a survey for the 2019 community assessment in the months of January 2020 and February 2020. Additionally, 11 members participated in a group session in February 2020 to complete the assessment survey. This section summarizes survey responses.

Head Start Policy Council members were asked to identify some positive things occurring in the community. Some commonly mentioned feedback includes: shelters and efforts to address homelessness and affordable housing, efforts to address job training and workforce development needs, efforts to meet the educational needs of the community, as well as initiatives and resources to help those living in poverty. The following notes other feedback mentioned:

- Available youth services
- Development of new homes and apartments
- Collaboration among multiple sectors
- Fairs-community fairs, health fairs
- Food cupboards
- Affordable/expense free transportation
- Parent involvement in the schools/community

Head Start Policy Council members were also given an opportunity to share challenges of the community. Some commonly shared feedback includes homelessness/unaffordable housing and other housing issues (e.g. gentrification, vacant/demolishing of homes, evictions) and a lack of awareness of resources and other pertinent information. The following notes other feedback mentioned:

- Low employment wages and industries offering entry level jobs
- Support for those with mental health issues
- Domestic violence
- Quality education, teacher turnover
- Prison pipeline
- Frustration/anger in dealing with poverty

The most commonly mentioned services that are missing or need to be increased for those living in poverty include: employment (address job training needs) and mentoring/peer mentoring. There were several comments around the need to inform those living in poverty about available resources in the community and to offer navigation assistance to connect people to resources, including counseling to address mental health issues. The following notes other feedback mentioned:

- More educational services at all levels, addressing underfunded/underperformance of RCSD
- Increase the number of manufacturing and tech jobs
- Offer financial skills development, financial management, budgeting
- Reentry services

Head Start Policy Council members were asked to identify specific agency programs that they were aware of – program with the most longevity was identified most often - Head Start. Additional agency programs with at least half of Board members indicating familiarity include:

- High School Equivalency

- Summer Youth Employment Program

When asked to identify some community issues/initiatives ABC's presence has shown to make a positive difference in the community, early childhood education (including Head Start/Early Head Start) was most commonly mentioned by Head Start Policy Council members.

Head Start Policy Council members noted the following when asked to list community issues/initiatives that the agency should participate in where it can have community impact:

- Training for working parents
- Website with a listing of all available community resources, share list of agency programs with Policy Council and customers
- Initiatives/activities to help those in poverty, homelessness
- Efforts to get youth off the streets
- Efforts to support health education
-

On average, Head Start Policy Council members felt that the agency's performance was near "average" for the following categories: (1) visibility/leadership in the community, (2) quality of service, (3) collaboration effectiveness, (4) leadership/involvement in advocacy and (5) resource development. Head Start Policy Council members expressed satisfaction with the agency-Policy Council interaction. Areas of improvement noted was networking and promotions of agency activities through the media.

Partner Views of the Community & ABC

Twenty-six partnering agencies, representing childcare, education, social services, health and other community entities completed a survey for the 2019 community assessment in the months of January 2020 and February 2020. This section summarizes survey responses. Partner agencies are stakeholders who have an existing collaborative relationship with the agency.

ABC partners were asked to identify some positive things occurring in the community. Some commonly mentioned feedback includes: plethora of community resources, give away programs (e.g. coat give ways, backpacks), focused efforts on housing issues, collaboration among various institutions (e.g. tools such as Unite Us and 360 Collaborative Network, active social services agencies, college-community linkages), tackling systemic issues of poverty and racial equity. Other comments include:

- More higher education opportunities
- Support of school district
- Availability of subsidized childcare
- Person-centered, trauma informed practices
- Efforts to address health inequities
- Food cupboards and donations to cupboards
- Low unemployment
- Employers interest in finding new ways to engage the community
- Workforce development
- Focus on housing affordability and quality, new development on housing, new housing court for Rochester
- Free programs for low-income people – skill building and certification, afterschool programs, library learning /reading events for children and youth
- Ongoing feedback from low-income people and incorporating the information into programming
- Low-income families responding and engaging in social offerings that help them make progress towards self-sufficiency
- Progressive plan of new County Executive
- Active philanthropy in the community, collective investment by funders
- Bridges program – successes of cohort 1 and the expansion of cohort 2
- 2020 Census hiring (offering well-paying work, job experience and an opportunity to educate the community about the census)
- Systems Integration Project
- Issues addressed: ban on source of income for rentals, NYS bail reform passage
- Programs: United Way programs, C.A.S.H. tax preparation program, Foodlink, Big Brothers & Sisters and Compeer-matching individuals to mentors, City of Rochester's ROC Your Future, Rochester Area Parent Program, GROW-Rochester, Roc the Future

ABC partners were also given an opportunity to share challenges of the community. ABC partners were also given an opportunity to share challenges of the community. Some commonly shared feedback includes: transportation accessibility, housing issues (e.g. unaffordable housing, safe housing, homeownership for the working poor), childcare issues (e.g. unaffordable childcare, lack of available high, quality childcare), unsustainable minimum wage, employment issues (e.g. lack of jobs especially for formerly incarcerated), racial inequities and the fiscal situation of RCSD. Other comments include:

- Cost of living (outpace wages)

- Insufficient benefits for housing and childcare
- Lack of educational and training opportunities for all ages, those in poverty
- Schools not meeting community or children's needs
- Poor educational system
- Certified daycare providers (unaffordable)
- little availability and access to affordable financial products (low cost checking accounts, small dollar loans, non-predatory used auto loans)
- Bail reform backlash
- Domestic violence
- Access to health care, jobs and transportation in rural areas
- High teen pregnancy rates
- Mental health issues
- Inadequate high quality food in east to reach locations
- High incarceration rates
- Opioid epidemic, substance use, illegal drug market
- Adultism
- Homophobia
- Single parent homes
- Unsupervised/unstructured time for children
- Safe living conditions (e.g. children growing up in areas of gun/gang violence afraid to come out of their house or attend certain schools)
- School inequity
- Increasing poverty rates
- Lack of choices for those in poverty, long wait list, lack of time to utilize and access resources
- Inadequate funding, fiscal constraint at city/county/state levels
- Lack of awareness of available resources
- Inability to access needed resources due to transportation barriers and time constraints
- Initiatives that overlap that do not identify common goals/efforts
- Inadequate resources to drive culture shifts
- Lack of resources to make sustainable change in self-sufficiency
- Systems set to help that actually creates more trauma for vulnerable people

The most commonly mentioned services that are missing or need to be increased for those living in poverty include: employment training, childcare (e.g. childcare subsidies for the working poor, free/affordable childcare, increase adjusted certified daycare provider-affordable), educational programs for children (e.g. afterschool, summer learning, pre-k, early intervention services), transportation services, mentors/navigators, housing (e.g. rental assistance, homeownership, affordable housing) and mental health services. Other comments include:

- Address fiscal cliffs (that includes offering wrap around services that come with expectations)
- More, free menstrual hygiene products in order to increase access
- Free higher education opportunities
- Paid on-the-job training (e.g. resume building/writing services)/educational opportunities
- More translation services
- Socially-oriented employer-social agencies partnerships to help low-income families overcome employment barriers

- Financial counseling
- Affordable, small dollar loans for emergencies
- Provide direct income to those in poverty
- Provide living wage
- Education for employers and employees around poverty matters
- Classes for SNAP/WIC/other government program recipients on healthy eating and preparing a budget
- Home visitation programs (e.g. Family Connects, Nurse Family Partnership, Building Healthy Children)
- Substance use services/drug rehabilitation (e.g. Inpatient treatment for substance abusers)
- Parenting classes
- Nutrition classes
- Support services for parents to help them achieve their goals
- Community hub of information is needed to triage and connect people to the right services

Nearly 60% of ABC partners have been **collaborating with ABC** for less than 6 years. Fourteen “sometimes or always” refer customers to ABC. The following were reasons for not referring customers to ABC: refer customers to other partnering agencies, lack of opportunity, not familiar enough with all of the programs, do not have a point of contact to direct individuals to, customers do not express a need for ABC services or the partner does not have customers. These responses suggest the need for ABC to strengthen its partnership relationships.

On average, ABC partners felt that the **agency’s performance** was about “above average” for the following categories: (1) visibility/leadership in the community, (2) quality of service, (3) collaboration effectiveness, (4) leadership/involvement in advocacy and (5) resource development. Their **satisfaction level with the partnership** they have with the agency was nearly “satisfied”. These responses also indicate a need for ABC to strengthen its partnership relationships.

ABC partners were asked to **identify specific agency programs that they were aware of** – program with the most longevity was identified most often - Head Start. Additional agency programs with at least 40% of ABC partners indicating familiarity include: Bridges to Success, Summer Youth Employment Program, Health Professional Opportunity Grant (HPOG), High School Equivalency (HSE) Preparation and Housing Grant Repair and Rehab Intake.

ABC partners shared: the **most frequently mentioned community issues/initiatives where ABC’s presence has shown to make a positive difference in the community** was related to services/activities the agency provides to children and youth and the agency’s involvement in Rochester Monroe Anti-Poverty Initiative (RMAPI). Additional community issues/initiatives ABC partners felt that the agency should participate in to have community impact include:

Fatherhood initiative movement	Expand partnerships with disability-serving organizations
Help to destigmatize mental health issues and make resource more available/help people connect to wellness opportunities	Homelessness
Parenting help	Domestic violence
Help people obtain Jobs after incarceration	Trauma-informed care network
Help people obtain Jobs with a living wage	Continue to provide a positive childcare option for parents
HPOG program	Health literacy
Help people interpret medical/health resources so they are not misinformed/sway to myths	Become a one-stop shop, providing more social determinants of health and education: food, clothing, housing, childcare, job training, substance use/drug cessation programs
Help people obtain SNAP	Help people obtain health insurance
Help people obtain reliable transportation	Development issues: neighborhood development, housing development and safe neighborhoods
Connect energy conservation program to climate change	Linking environmental conservation/climate change with poverty and systemic racism
Social policy advocacy at the state and federal levels especially around poverty matters	Racial equity and systems integration to ensure families' voices are heard in efforts to make effective change
Swift Certain and Fair partnership that is promising	More community involvement

When asked what can be done to improve the partnership relationship, the following was noted by ABC partners:

- time
- share program highlights with the community, at community tables
- share information about respective partnership programs
- formally explore strategic opportunities for partnering on a bi-annual or annual basis
- true collaboration and follow-up
- meet with disability coordinator at the beginning of the school year to determine procedures and potential referrals
- consistent attendance and active participation of staff on various workgroups where they are members
- regularly share agency newsletter that can be used by partners to identify linkage opportunities
- seek out opportunities to learn more about current partners as a way of building additional partnering opportunities
- increase collaboration by email and meetings
- attend meetings on time and work collaboratively
- include actions and agreements in meeting minutes
- assign a staff liaison who will bridge communication between ABC and partners

Chapter 16: What Lies Ahead

The 2019 Community Assessment will be used to support ABC's ongoing planning activities and involvement around issues of poverty. Additionally, certain topics will be revisited and explored in 2020, and expounded upon in the next community assessment.