2019 Community Needs Assessment

Full Report

September 12, 2019

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Overview

Chandler continues to grow and remains an important destination for both people and businesses. In 2018, nearly 7,000 jobs were announced and $180 million was invested in the community through business attraction and expansion efforts. Chandler tied for the largest job announcement in the Greater Phoenix area and of the top 10 job announcements in the region, 35% of jobs belonged to Chandler projects. Chandler employers are investing billions of dollars to build out facilities and technology of the future.

The City is continuing to look at services needed in the future to improve Chandler. Chandler convened a community-wide needs assessment to determine the services and service levels needed to stabilize Chandler neighborhoods and promote quality of life improvement for all families. The City works closely with businesses, nonprofits, and faith-based groups to leverage resources and serve residents in need through For Our City-Chandler and Neighborhood Programs, such as Let's Pull Together, connecting Chandler residents in need with those who wish to serve.

Through For Our City-Chandler, the City continues its active participation to provide collaborative opportunities, such as:

- For Our City Day where hundreds of volunteers came together on projects benefitting low-income neighborhoods and individuals;
- Annual Volunteer Recognition event to celebrate Chandler's top volunteers;
- Chandler Homeless Advocacy Team to research and develop new approaches to reducing homelessness in Chandler;
- Operation Back to School Drive to provide school-age children with free backpacks, school supplies, shoes, socks, uniforms and haircuts to help children and families prepare for the new school year.

Additional services to Chandler residents in need include:

- Volunteer Income Tax Assistance (VITA) program, providing free tax preparation to low- and moderate income taxpayers, including seniors and disabled individuals, in claiming their tax refunds.

The City also directs more than $1.1 million general fund resources to serve Chandler residents, including but not limited to:

- Shelter and services to individuals, including victims of domestic violence;
- Financial assistance to prevent evictions and utility shut-offs;
- Services to people with disabilities;
- Services to alleviate crisis and basic needs;
- Homeless outreach and navigation and intervention services to residents living without shelter;
- Transportation for disabled and low-income military veterans and their families.

Objectives and Approach

The Community Needs Assessment (CNA) process helps identify ways to better serve the community now and in the future. The purpose of the City of Chandler Needs Assessment is to:

1. Determine the human service needs of Chandler residents, including those who are low- and moderate-income;
2. Identify barriers and gaps that prevent Chandler residents from accessing resources and services;
3. Provide validated data for current and future planning needs; and
4. Begin to garner community input for the 5-Year Consolidated Plan (2020-2025) required as part of Chandler's Community Development Block Grant (CDBG) entitlement funding.

The study provides a framework for understanding who needs human services and what types of services are needed. The report also defines potential initiatives and actions to assist people living and working in Chandler. The CNA will be used to provide a community-informed approach to prioritizing federal and local resources and the development of the City of Chandler 5-Year Consolidated Plan. The Consolidated Plan is a comprehensive review of the City's housing and community development needs, an inventory of resources available to meet those needs, a five-year strategy for the use of those resources, and a one-year Action Plan (updated annually) that presents specific activities in which to implement the strategy.

How to Use This Report

This report provides information about the approach and findings from the Community Needs Assessment including a comprehensive review of existing data from multiple sources.

We invite the reader to investigate and use the information in this report to help move toward solutions, the creation of goals, and the implementation of activities leading to an improved Chandler community.

First, the report introduces the service area with simple maps, and provides evidenced-based background on insights into the causes of poverty and community instability.

The next section of Secondary Research and Demographic Analyses compiles human service data and social media analyses that City members, businesses, and community partners can use for current and future planning.

The Qualitative and Quantitative Primary Data Collection section details human stories with interview summaries, personal quotes, and surveys with community members.

Finally, the report concludes with Populations in Need, Top Human Service Need Areas, and the Strategic Prioritization Method. The Appendix includes related reports and documents.

Acknowledgments

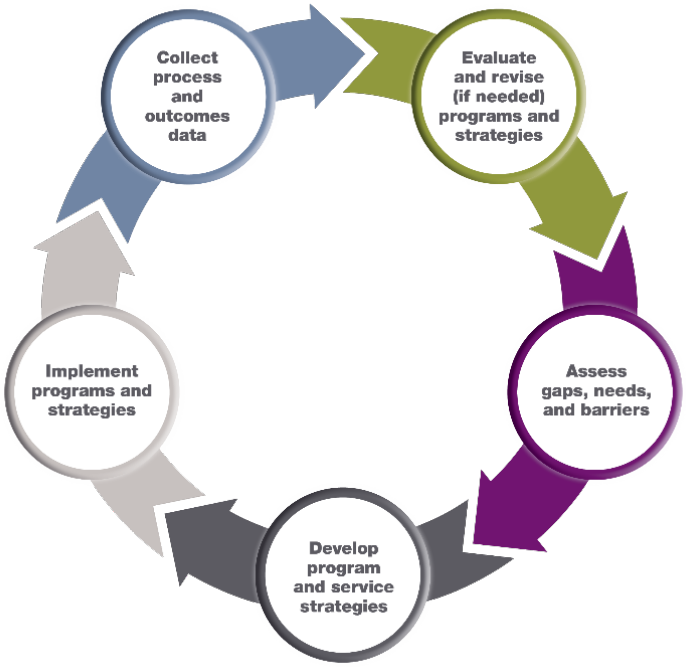
The research reported here was conducted for the City of Chandler by Crescendo Consulting Group, LLC. Thanks to the City of Chandler, the Neighborhood Resources Department, and the Housing and Human Services Commission who have been instrumental in development of this material.

In addition to the City of Chandler, The Salvation Army – Chandler Corps, provided financial support for the development of the Community Needs Assessment.

Approach and Methodology

The City of Chandler engaged Crescendo Consulting Group to help facilitate a collaborative process involving community stakeholders from housing, healthcare, mental health, faith-based, education, business, transportation, and neighborhood groups to grapple with and prioritize some of today's most pressing challenges.

Assessment into Action©



The project plan included a detailed analysis of:

- Secondary data sources;
- Qualitative focus group discussions, and one-on-one interviews;
- A quantitative community survey; and
- An analysis of digital trends related to community interests.

In total, hundreds of Chandler community members, stakeholders, and service providers participated in the process.

At a high level, the Crescendo Assessment into Action methodology:

- Collects and analyzes quantitative secondary data from multiple sources that include, but are not limited to, the U.S. Census Bureau, the U.S. Department of Housing and Urban Development (HUD), the U.S. Centers for Disease Control and Prevention, ESRI analytical services, the Robert Wood Johnson Foundation, Community Commons, the Arizona Department of Health and Human Services, and the Arizona Department of Housing, and others;
- Uses the secondary data to inform and frame issues to be explored through the collection and analysis of primary qualitative data;
- Collects and analyzes primary qualitative data using methods such as focus group discussions, one-on-one interviews, community forums, and a large sample community survey;
- Aggregates and analyzes quantitative and qualitative data to provide insightful lists of high priority needs; and
- Works with City and community stakeholders to prioritize findings.

Special efforts were made to engage and include the voices of low- and moderate-income persons in the assessment. Multi-mode research methods were deployed to cast a broad net and include the perspectives of all community members.

Community Member Outreach and Data Collection Methods

During the CNA process, City staff and Crescendo continually sought out unique insight from individuals and organizations who could provide a broad spectrum of information regarding the needs of underserved populations and, in some instances, offer suggestions regarding collaboration or other approaches to addressing community needs and shared goals.

The City of Chandler and its consultants reached out to a large number of community members, community service providers, and other key stakeholders. Several research modes were deployed to inclusively conduct a multi-tiered data-collection approach. Key research modes are listed below.

- One-on-one interviews with elected officials, staff, and other community stakeholders
- Service recipient interviews and surveys
- Large sample community survey
- Focus groups
- Quantitative data analysis
- Strategic prioritization grids

Participants included numerous community leaders, service providers, students, and city residents to gain a holistic scope of the strengths and challenges in the community. For a complete list of participating organizations, please see the Appendix.

Exhibit 1: Outreach, Methods, and Analysis

Group	Approximate Number or Description	Modality
Housing and Human Services Commission	11 Members	Presentations and Discussions
Community Service Partners	Discussions with over 20 organizations including representation from the education, health service, community support, governmental, public safety, and business sectors	One-on-one interviews, Focus Groups
Community members	More than 100 community members participated in 12 discussion groups over two months	Focus Groups
Community-at-large members	Over 600 community members were engaged through an online survey in English and Spanish	Community Survey

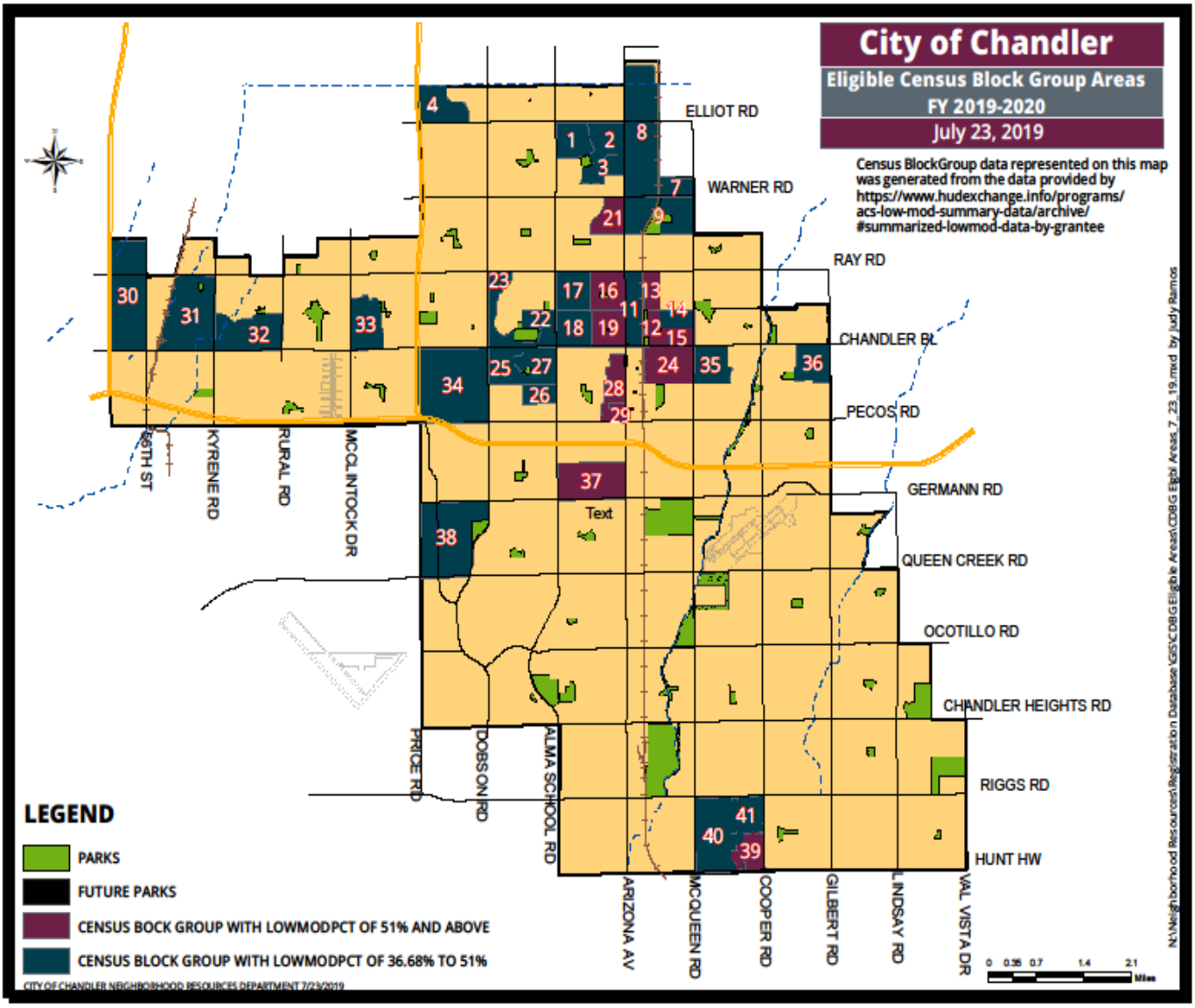
Chandler Area Maps, Definitions and Data Limitations

The City of Chandler consists of approximately 65 square miles and shares boundaries with the Town of Gilbert, Cities of Mesa, Phoenix, and Tempe, and the Gila River Indian Community. Chandler has reached its physical geographic limits, with the exception of a few remaining County islands.

Much of the development in the City of Chandler has occurred over the past twenty-five years. However, the central city and several neighborhoods north of the San Tan Freeway (202) are long-established and have higher concentrations of low- and moderate-income and minority households.

There are 11 Census Block Groups where at least 51% of the population is low- and moderate-income, and another 26 where at least 36.68% of the population is low- and moderate-income; these are Community Development Block Grant-eligible areas.

Exhibit 2: Chandler Analysis Area



SOURCE: City of Chandler

Insights into Causes of Poverty and Community Instability

To better identify vulnerable and at-risk populations, as well as areas for potential community improvement, it is helpful to reference evidence that suggests that some populations such as people living in poverty, minorities, and the elderly often experience greater residential instability, increased stress, higher rates of chronic illness, and less stability in the community. Further, informal social controls, social cohesion, and trust, can help buffer these communities against the negative effects of concentrated poverty.[1]

In addition, there is an added business value equation that shows that communities that intentionally work on community challenges together increase their overall attractiveness as a place for business to expand and relocate.

The secondary data sets presented, as well as the use of multiple primary data collection methodologies utilize fundamental, evidence-based research, such as the Social Determinants of Health and the Social Vulnerability Index.

Causes of Poverty and Community Well-being

The Robert Wood Johnson Foundation (RWJF) has found that poverty and overall community well-being are inseparable.[2] National research by the RWJF, The U.S. Department of Housing and Urban Development (HUD), the Centers for Disease Control and Prevention (CDC), and others support the position that Social Determinants of Health (SDH)[3], drive poverty levels and – in turn – community well-being.

In "Healthy People 2020," the CDC Office of Disease Prevention and Health Promotion explores the social determinants that comprise healthy communities.[4] According to the CDC, the Social Determinants of Community Well-being include those listed in Exhibit 3 along with their corresponding sub/correlative factors. ***Areas with low achievement in these categories are most vulnerable to systemic poverty and poor community well-being.***

Exhibit 2: Social Determinants of Community Well-being

Social Determinant	Subfactors / Correlative Factors	
Economic Stability	Poverty Employment	Food Security Housing Stability
Education	High School Graduation Language and Literacy	Enrollment in Higher Education Early Childhood Education and Development
Social and Community Context	Social Cohesion Perceptions of Discrimination and Equity	Civic Participation Incarceration/Institutionalization

[1] Evidence Matters, Understanding Neighborhood Effects of Concentrated Poverty, The U.S. Department of Housing and Urban Development, Office of Policy development and Research. Winter 2011. Accessed May 2019.
[2] Lavizzo-Mourey MD, Risa, Open Forum: Voices and Opinions from Leaders in Policy, the Field, and Academia, Robert Wood Johnson Foundation, 2013.
[3] See CDC Research on the Social Determinants of Health. https://www.cdc.gov/socialdeterminants/index.htm
[4] Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States. July 26, 2010. Available from: http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm

Health and Health Care	Access to Health Care Health Literacy	Access to Primary Care
Neighborhood and Built Environment	Food Insecurity Crime and Violence	Quality of Housing Environmental Conditions

Many of the community needs identified and prioritized in this assessment are driven by the SDHs (including poverty) shown above. Community Services Department programs provide services to community residents in poverty and/or those who are otherwise disadvantaged. All services impact SDH or the corresponding correlative factors.

The Social Vulnerability Index and Overview

The Social Vulnerability Index was developed by the CDC as a metric for analyzing population data to identify populations that are especially vulnerable to natural and human disasters. These 15 measures, housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation may serve to guide overall population wellness, performance relative to County and State averages, and disaster preparedness.

The CDC's Geospatial Research, Analysis & Services Program initially created the Social Vulnerability Index (SVI) to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. CDC's SVI indicates the relative vulnerability of every U.S. Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks the tracts on the 15 social factors. Each tract receives a ranking for each variable, each of the four themes, and an overall ranking.

Exhibit 4: Social Vulnerability Index Components

Social Vulnerability Index Components	
Socioeconomic Status	Below Poverty Unemployed Income No Diploma
Household Composition and Disability	Aged 65+ Aged Below 18 Disabled Single-Parent Households
Minority Status and Language	Minority Don't Speak English
Housing and Transportation	Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters

Social Vulnerability Index Measures by Area

The City of Chandler and its partner agencies share a particular concern for addressing the needs of underserved populations – particularly those in poverty. Please note, these components do not individually represent a social determinant of vulnerability.

Exhibit 5: Social Vulnerability Index Measures

Measure	Arizona	Maricopa County	Chandler
Population[5]	7,016,270	4,307,033	253,448
Median Age	37.2	35.8	35.3
Median Household Income	$54,974	$59,691	$79,112
Race/Ethnicity			
% White	70.4%	69.9%	69.1%
% Black or African American	4.7%	5.8%	5.6%
% Hispanic or Latino	31.6%	31.3%	23.5%
% Asian	3.3%	4.2%	10.1%
% Native American	4.7%	1.8%	1.7%
% Other	12.8%	13.7%	8.9%
Below Poverty	15.5%	14.1%	8.2%
Unemployed	5.9%	5.3%	4.0%
Age 65+	16.9%	15.1%	10.6%
Age 17 or Younger	23.5%	24.3%	25.4%
Households with Disability	8.7%	7.4%	5.2%
Single-Parent Households	25.7%	25.7%	24.3%
Ethnic Minority	29.6%	30.1%	30.9%
Don't Speak English	1.4%	1.6%	0.7%
Multi-Unit Housing Structures	20.5%	16.7%	22.8%
Mobile Homes	10.5%	5.1%	1.9%
No Vehicle	2.7%	2.3%	1.5%
Group Quarters	2.2%	1.5%	0.2%

SOURCE: ESRI Data 2018, American Community Survey 2017 1 Year Estimates

[5] Population measure drawn from the American Community Survey's 1 Year Estimate and fits well with other point-in-time or estimated data for different time periods (e.g., the ACS 2013-2017 5-Year estimate (245,160); Chandler's in-house 2018 estimate (256,529); and, Chandler's in-house 2019 estimate (259,936.) ESRI percentages are used for other measures and match up well with ACS 2017 estimates.

Secondary Research and Demographic Analysis

City and County Population Demographics

The City of Chandler is home to 253,448 racially and ethnically diverse residents. Chandler residents have a higher median household income and approximately half as many residents are low-income compared to residents of Maricopa County and Arizona.

Exhibit 6: Key Measures

Measure	Arizona	Maricopa County	Chandler
Population	7,016,270	4,307,033	253,448
Median Age	37.2	35.8	35.3
Median Household Income	$54,974	$59,691	$79,112
Percent Living in Poverty:	15.5%	14.1%	8.2%
Race/Ethnicity			
% White	70.4%	69.9%	69.1%
% Black or African American	4.7%	5.8%	5.6%
% Hispanic or Latino	31.6%	31.3%	23.5%
% Asian	3.3%	4.2%	10.1%
% Native American	4.7%	1.8%	1.7%
% Other	12.8%	13.7%	8.9%
Percent with a Bachelor's Degree or Higher	29.5%	32.5%	43.0%
Percent 16+ Unemployed	5.9%	5.3%	4.0%

SOURCE: ESRI Data 2018, American Community Survey

- The median household income for Chandler residents is approximately 25% higher than the median household income for Maricopa County and 30% higher than the Arizona median household income.
- The percent of residents that are low-income is approximately half that in Chandler (8.2%) than in Maricopa County (14.1%) and Arizona (15.5%).
- Chandler is a racially and ethnically diverse city with 23.5% of residents identifying as Hispanic or Latino, 5.6% Black or African American, and 10.1% Asian. Chandler has similar trends as Maricopa County and Arizona, with the exception of a higher percentage of Asian residents.
- Chandler residents are highly educated with 43.0% of the residents having a Bachelor's Degree or higher, which is higher than the County and State average.
- Unemployment is lower in Chandler (4.0%) than in Maricopa County (5.3%) and Arizona (5.9%).

Changing Demographics in Chandler, Maricopa County, and Arizona

Following Arizona and Maricopa County trends, Chandler has seen a significant growth in population since 2000. While the City of Chandler has always been a relatively young population, the median age of residents has increased slightly to 35.3 years, which is approximately two years younger than the state average. Younger age residents have different needs than older residents.

Over the past 18 years, residents of Chandler have become more educated and have higher median household incomes. However, as a result of shifting economies and demographics, the percent of individuals living in poverty has almost doubled from 4.6% to 8.2% in 2018. The median home value has increased by 101.5% over that time period, which can be viewed both positively and negatively. If home values continue to climb, lower household income individuals and families may be priced out of the local housing and rental market.

Exhibit 7: Change Rates

Change Rates 2000-2018			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Population (2000)	5,130,632	3,072,149	177,243
Population (2018)	7,016,270	4,307,033	253,448
Change	**36.7%**	**40.2%**	**42.9%**
Median Age (2000)	34.2	33.0	31.2
Median Age (2018)	37.2	35.8	35.3
Change	**8.7%**	**8.5%**	**13.1%**
Percent Living in Poverty (2000)	9.9%	8.0%	4.6%
Percent Living in Poverty (2018)	15.5%	14.1%	8.2%
Change	**56.6%**	**76.2%**	**78.3%**
Percent of Population with a Bachelor's Degree or Higher (2000)	23.5%	25.9%	32.4%
Percent of Population with a Bachelor's Degree or Higher (2018)	29.5%	32.5%	43.0%
Change	**6.0%**	**6.6%**	**10.6%**
Median Income (2000)	$46,723	$51,827	$62,720
Median Income (2018)	$54,974	$59,691	$79,112
Change	**17.7%**	**15.2%**	**26.1%**
Median Home Value (2000)	$121,300	$129,200	$137,600
Median Home Value (2018)	$218,057	$237,947	$277,258
Change	79.8%	84.2%	101.5%

Source: American Community Survey, 2000-2018

- Chandler experienced a 42.9% population growth since 2000. Maricopa County and Arizona experienced similar growth, but at a slightly slower rate.
- While the percentage of Chandler residents that are low-income remains approximately half that of Maricopa County and Arizona, the percentage of residents that are low-income has increased 78.3% in the past 18 years, a much higher rate than the State and County experienced.
- Following similar County and State trends, the percentage of residents with a Bachelor's Degree or higher has increased since 2000. A higher number of Chandler residents have college degrees compared to Maricopa County and Arizona.
- The median household income for Chandler residents has historically been higher than Maricopa County and Arizona, and has increased at a faster rate than both the County and State rates.
- Chandler residents have experienced significant growth in home values since 2000. Increased home values have both a positive and negative effect on the population. For homeowners, an increased home value is a positive effect; however, for others, especially those of lower household incomes, they may be priced out of the local housing market. Additionally, increased home values are often associated with increased rent and other living costs.

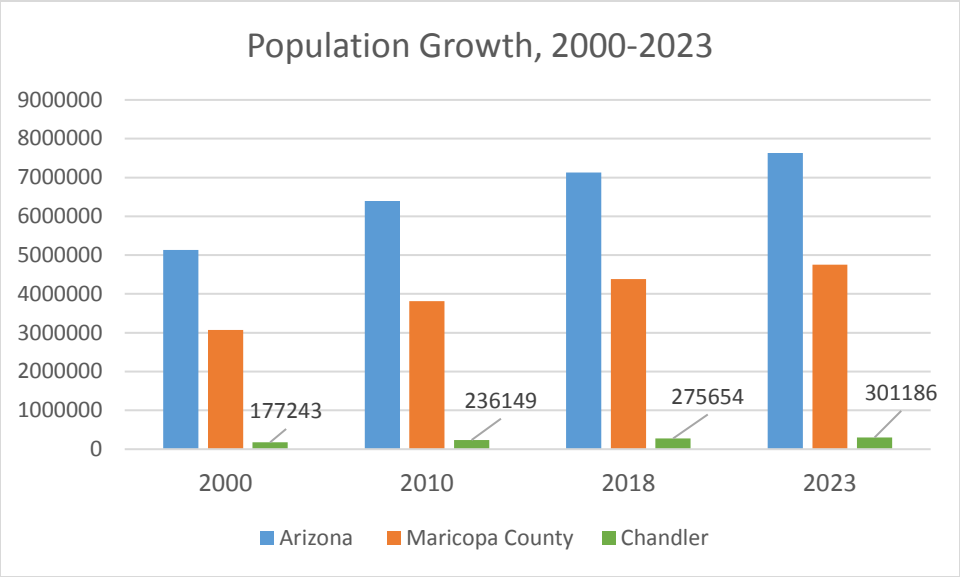
Exhibit 8: Population

Population			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Population	7,016,270	4,307,033	253,448
2023 Population Forecast	7,634,872	4,752,314	301,186
Population Age 0-17	23.5%	24.3%	25.4%
Population Age 18+	76.5%	75.7%	74.6%
Population Age 65+	16.9%	15.1%	10.6%
Median Age	37.2	35.8	35.3
Gender			
Male	49.7%	49.5%	49.6%
Female	50.3%	50.5%	50.4%

SOURCE: ESRI Data 2018, American Community Survey 2017

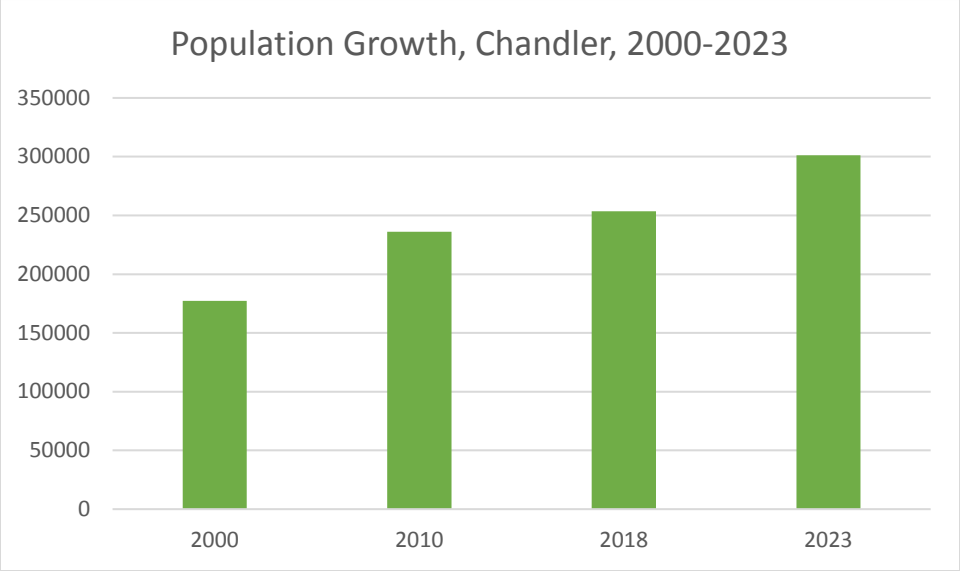
- Chandler is experiencing continuing population growth and is predicted to continue growing to over 300,000 residents by 2023 (Exhibit 9) . Chandler's population growth rate (9.2%) is slightly higher than Maricopa County (8.3%) and Arizona (7.0%)
- Chandler (35.3) has a lower median age than the state average (37.2) and a similar median age as Maricopa County (35.8).

Exhibit 9: Population Growth



SOURCE: ESRI Data 2018, American Community Survey

Exhibit 10: Population Growth, Chandler Only



SOURCE: ESRI Data 2018, American Community Survey

- Chandler's population has increased steadily since the year 2000.
- In 2023, Chandler's population is estimated to be 301,186.

Exhibit 11: Race and Ethnicity

Race and Ethnicity			
Measure	**Arizona**	**Maricopa County**	**Chandler**
% White	70.4%	69.9%	69.1%
% Black or African American	4.7%	5.8%	5.6%
% Hispanic or Latino	31.6%	31.3%	23.5%
% Asian	3.3%	4.2%	10.1%
% Native American	4.7%	1.8%	1.7%
% Other	12.8%	13.7%	8.9%
Diversity Index	71.5	71.8	68.5
Non-English Speaking	1.4%	1.6%	0.7%
Foreign Born Population	13.3%	14.9%	15.0%

SOURCE: ESRI Data 2018, American Community Survey

- Chandler residents are racially and ethnically diverse. Chandler has a similar percentage of residents who identify as Black or African American and a slightly lower percentage of Hispanic or Latino residents than Maricopa County and Arizona.
- Chandler has a higher percentage of Asians (10.1%) compared to Maricopa County (4.2%) and Arizona (3.3%).
- Only 0.7% of Chandler residents do not speak English compared to 1.6% of Maricopa County and 1.4% of Arizona residents.

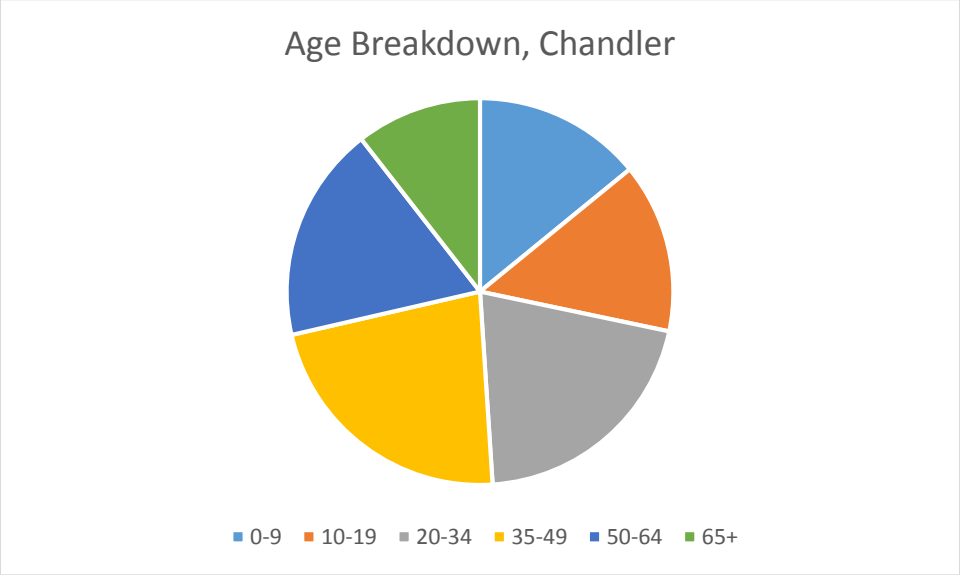
Exhibit 12: Age Breakdown

Age Breakdown			
Measure	**Arizona**	**Maricopa County**	**Chandler**
0-9	13.1%	13.6%	14.2%
10-19	13.5%	13.8%	14.3%
20-34	20.6%	21.3%	20.8%
35-49	18.5%	19.7%	22.6%
50-64	18.2%	17.6%	18.2%
65+	16.9%	15.1%	10.6%

SOURCE: ESRI Data 2018, American Fact Finder

- Chandler has a slightly higher percentage of residents aged 35-49 than Maricopa County and Arizona. Individuals in this age group are often in their peak earning years and are raising a family, meaning they have different needs that other age groups.
- Chandler has a lower percentage of individuals over the age of 65. Individuals of the age of 65 are often retired and have specific health and social needs, such as specific medical specialists, assisted living facilities and ADA-compliant housing, and transportation.
- Chandler has a slightly higher percentage of children under the age of 20 (28.5%) compared to Maricopa County (27.4%) and Arizona (26.6%). Children's needs include education, childcare and after-school programs, and other health needs.

Exhibit 13: Age Breakdown



SOURCE: ESRI Data 2018, American Fact Finder

Disability

Over 39 million Americans live with some form of disability in the United States. This measure is relevant because disabled individuals comprise a vulnerable population that requires target services and outreach by service providers. Chandler has over 13,000 residents who experience some form of disability.

Exhibit 14: Disability Status

Disability			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Population	7,016,270	4,307,033	253,448
Population with Disability	610,415	318,720	13,179
Percent Population with Disability	8.7%	7.4%	5.2%

SOURCE: ESRI Data 2018, American Community Survey

Note: The U.S. Census Bureau defines disabilities as the following:

- Sensory Disability - Conditions that include blindness, deafness, or a severe vision or hearing impairment.
- Physical Disability - Conditions that substantially limit one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.
- Mental Disability - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty learning, remembering, or concentrating.
- Self-care Disability - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty dressing, bathing, or getting around inside the home.
- Go-outside-home Disability - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty going outside the home alone to shop or visit a doctor's office.
- Employment Disability - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty working at a job or business.

Social and Physical Environment

Chandler stands out in comparison with Maricopa County and Arizona for its educational achievement, both at the high school completion level and in advanced degree attainment. These numbers are highly correlative with Chandler's economic prosperity, and it can be inferred that an increase in education levels can improve upon Chandler's already prosperous income attainment.

Exhibit 15: Educational Achievement

Highest Level of Educational Achievement			
Measure	**Arizona**	**Maricopa County**	**Chandler**
No High School Diploma	13.0%	12.3%	7.6%
Less than 9th Grade	5.5%	6.7%	3.3%
Some High School No Diploma	7.4%	12.3%	4.3%
High School Diploma	19.8%	20.0%	14.8%
GED/Alternative Credential	3.8%	3.3%	2.0%
Some College No Degree	25.5%	24.6%	23.5%
Associate's Degree	8.5%	8.4%	9.1%
Bachelor's Degree	18.4%	20.7%	26.6%
Graduate/Professional Degree	11.1%	11.8%	16.5%

SOURCE: ESRI Data 2018, American Community Survey

- The measures where Chandler, Maricopa County, and Arizona all average similar rates are "Some College No Degree" and "Associate's Degree," which can both be classified in the same general region of educational attainment. There seems to be a consistent subgroup of population that starts and stops college or attains an Associate's Degree. A much larger portion of Chandler residents complete a four-year education (43.1%) than do Maricopa County (32.5%) and the Arizona average (29.5%).
- Chandler residents average the highest rate of Graduate/Professional Degree attainment (16.5%.)

Exhibit 16: Education by Ethnicity

High School Graduation by Ethnicity			
Measure	**Arizona**	**Maricopa County**	**Chandler**
% White non-Hispanic	88.5%	89.0%	92.9%
% Black or African American	88.9%	89.4%	93.7%
% Hispanic or Latino	67.4%	65.2%	76.8%
% Asian	87.2%	87.2%	87.2%
% Native American	76.9%	82.2%	84.6%
% Other	62.3%	59.2%	82.1%

SOURCE: ESRI Data 2018, American Community Survey

- Asian students appear unaffected by geographical location; they average exactly 87.2% high school graduation rate in all three regions of comparison.
- Hispanic or Latino students average the lowest rate of high school graduation in Chandler (76.8%), which is higher than Hispanic or Latino achievement in Maricopa County (65.2%) and Arizona (67.4%).
- Students who identify as Other are the lowest achieving in Maricopa County (59.2%) and Arizona (62.3%), but in Chandler they graduate at a rate of 82.1%.

Exhibit 17: Employment and Income

Employment and Income			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Unemployment Rate	5.9%	5.3%	4.0%
Median Household Income	$54,974	$59,691	$79,112
Housing Costs Exceed 30% of Total Household Income	45.8%	46.0%	38.8%
Housing Costs Exceed 50% of Total Household Income	22.7%	22.4%	16.5%
Receiving Public Assistance Income	2.1%	1.9%	1.5%
Living Below Federal Poverty Level	15.5%	14.1%	8.2%
Households with Children Receiving SNAP	13.3%	11.7%	6.9%

SOURCE: ESRI Data 2018, American Community Survey

- Chandler averages more prosperous economic outcomes across all measures when compared with Maricopa County and Arizona averages.
- Though Chandler's median income is very high, almost 40% of its residents spend more than 30% of income on housing costs, a number similar to the Maricopa County and Arizona averages. Further, nearly 20% of Chandler residents spend over 50% income on housing costs, making affordable housing a major concern, despite the high incomes.
- However, Chandler experiences a relatively low level of unemployment (4.0%).

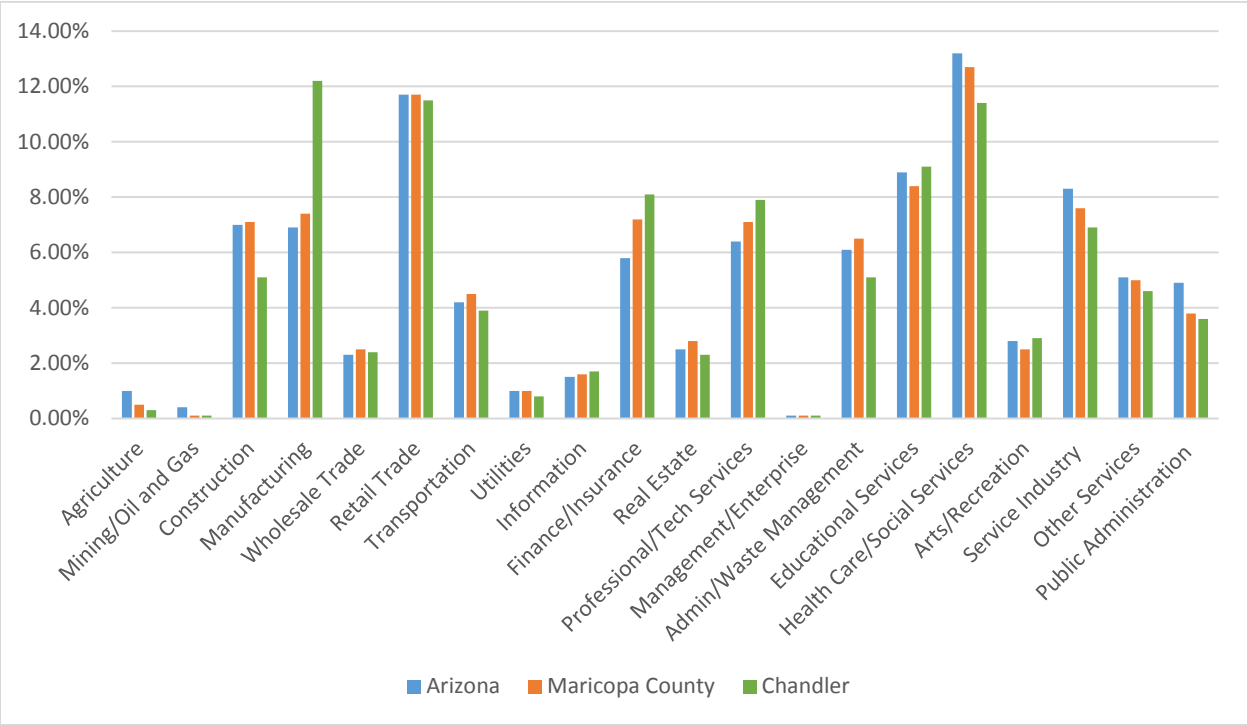
Exhibit 18: Employment by Industry Type

Employment by Industry Type			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Agriculture	1.0%	0.5%	0.3%
Mining/Oil and Gas	0.4%	0.1%	0.1%
Construction	7.0%	7.1%	5.1%
Manufacturing	6.9%	7.4%	12.2%
Wholesale Trade	2.3%	2.5%	2.4%
Retail Trade	11.7%	11.7%	11.5%
Transportation	4.2%	4.5%	3.9%
Utilities	1.0%	1.0%	0.8%
Information	1.5%	1.6%	1.7%
Finance/Insurance	5.8%	7.2%	8.1%
Real Estate	2.5%	2.8%	2.3%
Professional/Tech Services	6.4%	7.1%	7.9%
Management/Enterprise	0.1%	0.1%	0.1%
Admin/Waste Management	6.1%	6.5%	5.1%
Educational Services	8.9%	8.4%	9.1%
Health Care/Social Services	13.2%	12.7%	11.4%
Arts/Recreation	2.8%	2.5%	2.9%
Service Industry	8.3%	7.6%	6.9%
Other Services	5.1%	5.0%	4.6%
Public Administration	4.9%	3.8%	3.6%

SOURCE: ESRI Data, 2018

- Chandler has a higher rate of manufacturing jobs (12.2%) than Maricopa County or Arizona, likely due to the high rate of jobs found in the technology sector.
- Chandler's relatively low rate of transportation jobs reflect public sentiment that there is not a robust public transit system in the area.
- Chandler residents average a higher employment rate in Finance (8.1%) and Professional/Tech Services (7.9%) than the comparative regions.

Exhibit 19: Employment by Industry Type, Graphically



SOURCE: ESRI Data, 2018

Exhibit 20: Income by Ethnicity

Income by Race/Ethnicity			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Median Household Income (Total)	$54,974	$59,691	$79,112
White non-Hispanic	$55,636	$60,775	$77,668
Black or African American	$42,089	$42,137	$59,729
Hispanic or Latino	$42,798	$44,744	$56,902
Asian	$71,300	$76,728	$103,225
Native American	$33,402	$44,518	$44,238
Other	$41,112	$43,641	$63,882

SOURCE: ESRI Data 2018, American Community Survey

- In both Chandler and the State of Arizona, those that average the lowest median income are Native American. In Maricopa County, those that average the lowest median income are Black or African American.
- In each of the three comparative regions, residents identified as Asian ethnicity average the highest median income.
- Those with White ethnicity average the second highest median incomes across the three comparative regions are White non-Hispanic.

Exhibit 21: Percent Living Below the Federal Poverty Level

Poverty by Select Characteristics			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Living Below Federal Poverty Level (Total)	15.5%	14.1%	8.2%
% White non-Hispanic	10.9%	9.6%	5.8%
% African American	22.6%	21.9%	11.2%
% Hispanic or Latino	25.1%	26.0%	17.2%
% Asian	13.1%	12.0%	9.2%
% Native American	35.7%	26.3%	21.5%
% Other	26.9%	27.9%	18.2%
% Children	24.0%	22.5%	11.9%
% Seniors	9.0%	8.4%	6.8%

SOURCE: ESRI Data 2018, American Community Survey

- Although Asian residents average the highest incomes, residents of White non-Hispanic ethnic backgrounds are least likely to be low-income.
- Over 10% of children in Chandler live in households that are low-income.
- Low-income in Arizona and Maricopa County at large are closely related; however, Chandler averages much lower percentages of low-income across the board.

Housing and Transportation

Exhibit 22: Housing

Housing and Households Profile			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Median Home Value	$218,057	$237,947	$277,258
Living Alone	10.0%	9.5%	8.3%
Group Quarters	2.2%	1.5%	0.2%

SOURCE: ESRI Data 2018, American Community Survey

- Nearly 10% of Chandler residents live alone (8.3%), a number close to the averages of Maricopa County (9.5%) and Arizona (10.0%).
- The median home value in Chandler ($277,258) is nearly $50,000 more expensive than the Maricopa County average ($237,947).

Exhibit 23: Household Profile

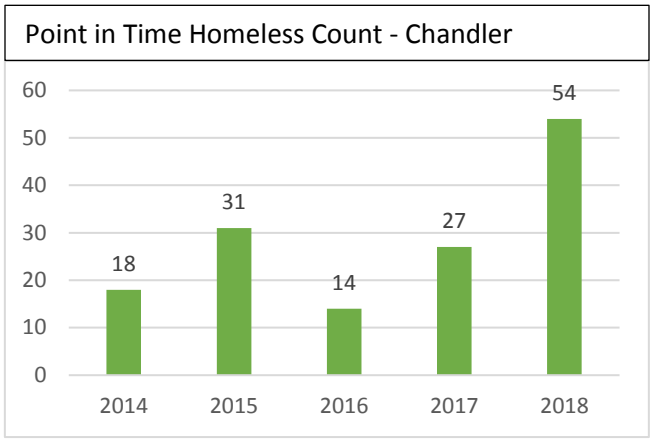
Housing and Households Profile			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Single Parent Households	25.7%	25.7%	24.3%
Adults who Have a Smartphone	80.3%	83.0%	88.4%
Vacant Housing Units	15.1%	11.4%	6.0%
Seniors Living Alone	10.5%	9.4%	6.3%
Multi-Unit Housing Structures	20.5%	16.7%	22.8%
Mobile Homes	10.5%	5.1%	1.9%

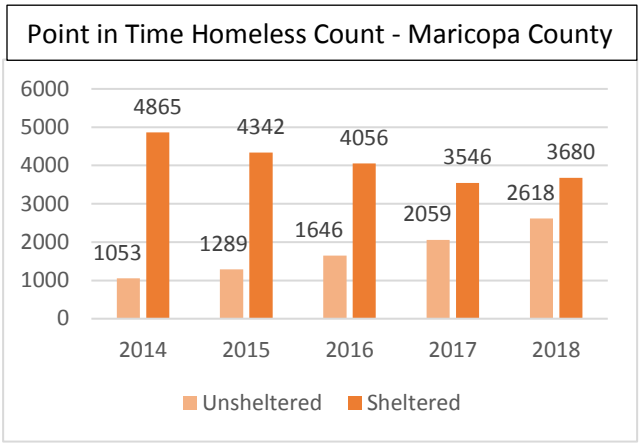
SOURCE: ESRI Data 2018, American Community Survey, Maricopa Association of Governments Municipal Responses to Homelessness Report, 2018, https://www.chandleraz.gov/sites/default/files/documents/imported/2018_Municipal_Responses_to_Homelessness_Report.pdf

- Chandler has a higher percentage of multi-unit housing structures (22.8%) than Maricopa County (16.7%) and Arizona (20.5%).
- Seniors in Chandler are less likely to live alone than Seniors in the other comparative regions, while the number is not insubstantial, and expected to increase with the growing senior population at large.

According to the Maricopa Association of Governments Municipal Responses to Homelessness Report, the number of unsheltered individuals experiencing homelessness in Chandler and Maricopa County has increased significantly since 2014.

Exhibits 24a and 24b: Point in Time Homeless Counts, Chandler (Unsheltered) and Maricopa County





SOURCE: Maricopa Association of Governments Municipal Responses to Homelessness Report, 2014-18

Exhibit 25: Homelessness, by Type

Measure	Arizona	Maricopa County
Unsheltered Homeless Population	4,066	2,618
Sheltered Homeless Population	7,383	3,680

SOURCE: Maricopa Association of Governments Municipal Responses to Homelessness Report, 2014-18

- The distinction between unsheltered and sheltered population counts speaks to the challenge of accounting for all persons without a stable place to live, who may enter and exit homelessness quickly, sleep in their cars, or "couch surf".
- Lack of accurate accounting for such populations may lead to Point-In-Time homelessness counts arriving at a lower count than the true number of individuals experiencing homelessness.

Exhibit 26: Transportation

Transportation/Commute			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Mean Travel Time to Work (In Minutes)	25.1	25.8	24.0
Workers Commuting by Public Transit	2.0%	2.2%	0.9%
Workers Who Drive Alone to Work	76.6%	76.4%	78.6%
% Without Vehicle	2.7%	2.3%	1.5%
Average Amount Spent on Transportation (Annual)	$7,495.95	$8,055.70	$9,555.70

SOURCE: ESRI Data 2018, American Community Survey

- Chandler residents spend almost $10,000 annually on transportation, a higher rate than Maricopa County and Arizona.
- Chandler has the lowest percentage of workers commuting via public transit (0.9%) in the three compared regions.
- While Chandler has the lowest mean travel time (24.0 minutes), it does have the highest rate of commuters driving alone (78.6%).

Health Status Profile

Most Common Causes of Death

Consistent with the state, the most common causes of death in Chandler are heart disease and cancer (malignant neoplasms). However, Chandler's overall rate of deaths per 100,000 (477.7) is much lower than the Arizona and Maricopa County averages.

Exhibit 27: Causes of Death

Causes of Death[6]			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Total	717.6	656.2	477.7
Heart Disease	199.5	185.3	139.5
Malignant Neoplasm	163.1	145.6	108.3
Chronic Lower and Respiratory	45.2	44.1	27.1
Unintentional Injury	33.2	33.6	25.4
Diabetes	21.5	25.8	18.7
Alzheimer's	36.2	44.6	35.8

SOURCE: Maricopa County, Cities and Towns Health Status Report, 2011

- The causes of death in Chandler that are most similar to Arizona rates are Diabetes and Alzheimer's.
- Heart disease is the leading cause of death in Chandler, but the rate per 100,000 population (139.5) is lower than the rates in comparative regions.
- Unintentional Injuries are a substantial and preventable public health problem. In the United States, injuries account for 57% and 78% of all deaths among persons aged 1–34 and 15–24 years. The term "injury" in the CDC Framework for Presenting Injury Mortality Data includes unintentional injuries, suicides, and homicides.[7]

Exhibit 28: Chronic Disease

Chronic Disease Incidence Summary		
Measure	**Arizona**	**Maricopa County**
Adults with Heart Disease	4.0%	3.6%

[6] Rate Per 100,000 Population

[7] Centers for Disease Control and Prevention. Recommended framework for presenting injury mortality data. MMWR 1997;46(No. RR-14). ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4614.pdf Accessed December 2018.

High Blood Pressure	25.2%	24.5%
Adults with Asthma	13.8%	13.7%
Diagnosed Diabetes	8.8%	8.5%

SOURCE: Maricopa County, Cities and Towns Health Status Report, 2011

- Chronic disease incidence is slightly lower in Maricopa County than the Arizona average.
- Overall, measures are not overly distinct between the comparative regions.

Exhibit 29: Risk and Protective Lifestyle Behaviors

Measure	Arizona	Maricopa County
Adults who are Obese	27%	26%
Percentage of Adults Current Smokers	15%	14%
Percentage of Adults Reporting Binge or Heavy Drinking	19%	17%

SOURCE: County Health Rankings
http://www.countyhealthrankings.org/app/arizona/2018/rankings/maricopa/county/outcomes/overall/snapshot

- Fewer Maricopa County residents report binge drinking (17%) than the Arizona average.

Exhibit 30: Risk and Protective Lifestyle Behaviors

Doctor Visits			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Visited Doctor Last 12 Months	75.8%	75.7%	77.7%
Visited Doctor Last 12 Months, 6+ Times	29.4%	29.0%	29.1%

SOURCE: ESRI Data 2018, American Community Survey

- Doctor's visits are similar for all comparative regions.

Exhibit 31: Risk and Protective Lifestyle Behaviors

Maternal and Child Health			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Teen Birth Rate[8]	10.8%	9.0%	5.4%
Low Birthweight	7.1%	7.1%	7.1%
Infant Mortality[9]	6.1	5.8	4.3

SOURCE: Maricopa County Health Status Report, 2013

- Chandler experiences half as many teen births (5.4%) as the Arizona average (10.8%).
- Chandler, Maricopa County, and Arizona all average 7.1% low birthweight.

Exhibit 32: Health Access

Health Service Access and Utilization			
Measure	**Arizona**	**Maricopa County**	**Chandler**
Uninsured Population	12.2%	12.3%	8.1%
Uninsured Children[10]	17.6%	16.9%	13.2%
Uninsured Seniors[11]	1.7%	2.0%	1.9%
Rate of Primary Care Physicians	1280:1	950:1	935:1
Rate of Mental Health Providers	320:1	180:1	194:1

SOURCE: County Health Rankings
http://www.countyhealthrankings.org/app/arizona/2018/rankings/maricopa/county/outcomes/overall/snapshot

- Chandler has a lower percentage of uninsured people (8.1%) than Maricopa County (12.3%) and Arizona (12.2%).
- 13.2% of children in Chandler are uninsured.
- Chandler's rate of uninsured Senior (1.9%) is a rarity in that it isn't the lowest of the three comparative regions. As the region's Senior population continues to climb, the health care needs of seniors will be brought to the forefront.

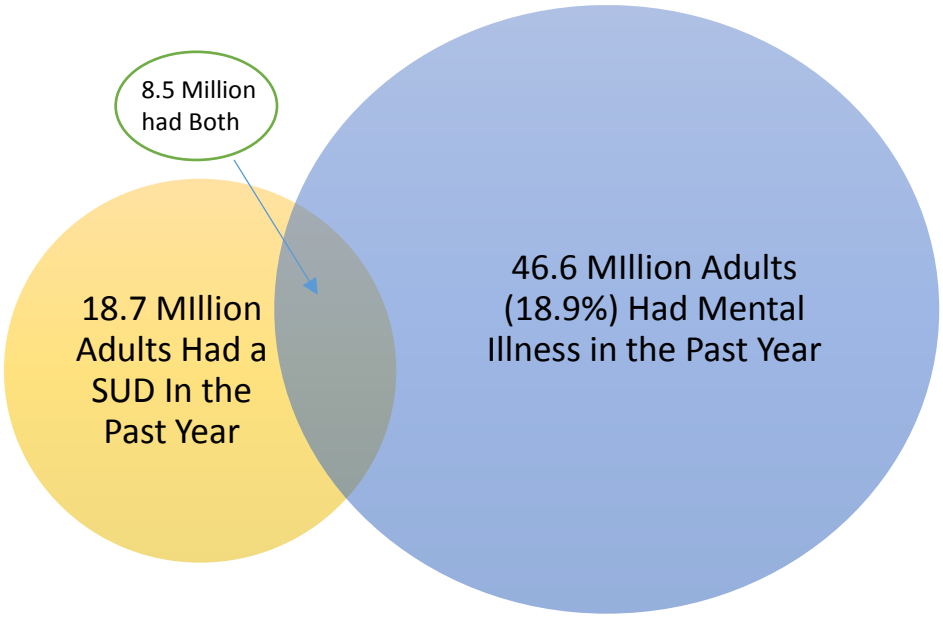
[8] Age 15-19, women with births in past 12 months
[9] Per 1,000 Live Births
[10] Age <18
[11] Age 65+

Behavioral Health Profile

Mental Health and Substance Use Disorder Incidence

Mental Health and Substance Use Disorders (SUD) affect people of all ages, genders, race, and ethnic groups. According to SAMHSA's 2017 National Survey on Drug Use and Health among the 46.6 million adults with Any Mental Illness (AMI), 19.8 million (42.6 percent) received mental health services in the past year. About 24 percent of those had a Serious Mental Illness (SMI). About 66.7 percent of people with SMI received mental health services in the past year.

Exhibit 33: National Estimates for Mental Illness and Substance Use Disorders



SOURCE: SAMHSA 2017 National Survey on Drug Use and Health,[12], September 2018, Page 41

Mental health issues are widespread across the U.S. and Maricopa County. Although the number of days impacted by mental health issues for people in Maricopa County is similar to the State, those who report being impacted by frequent mental distress is higher.

Exhibit 34: Mental and Behavioral Health Status

Mental and Behavioral Health		
Measure	**Arizona**	**Maricopa County**
Percent of Frequent Mental Distress[13]	12%	11%
Poor Mental Health Days	3.9	3.7
Poor Physical Health Days	4.0	3.6

SOURCE: County Health Rankings, http://www.countyhealthrankings.org/app/arizona/2018/rankings/maricopa/county/outcomes/overall/snapshot

[12] Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration. (2018). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved fromhttps://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf

[13] Frequent Mental Distress is the percentage of adults who reported ≥14 days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Source: County Health Rankings and Roadmaps. Available at http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-outcomes/morbidity/health-related-quality-of-life/frequent-mental-distress

- Mental health status is quite similar between Arizona and Maricopa County.
- Arizona averages a higher rate of poor physical health days than the Maricopa County average.

Suicide

Numerous sources have noted the importance of suicide prevention as an urgent public health issue in the United States. In 2016, over 45,000 people died by suicide in the U.S. In most states, the rate of completed suicide significantly increased from 1999 to 2016, with 25 states (including Arizona) experiencing increases of over 30% during the period. Nationally, the 2016 suicide rate was 15.6 deaths per 100,000 population [age-adjusted]).[14]

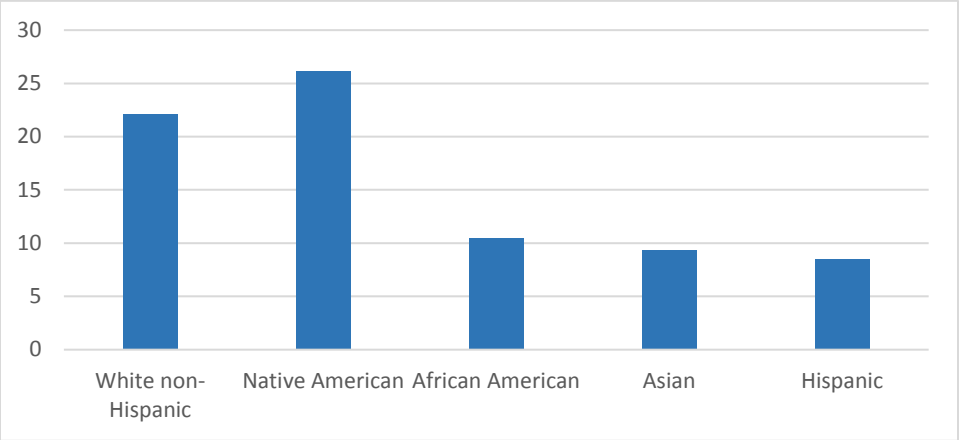
Exhibit 35: Suicide

Suicide			
Measure	**United States**	**Arizona**	**Maricopa County**
Suicide Rate[15]	13.4	17.7	15.2
Youth Suicide Rate[16]	14.5	15.8	n/a

SOURCE: Arizona Department of Health Services, Suicide and Self-Inflicted Injury Report, 2018
https://pub.azdhs.gov/health-stats/report/suicide/2018/suicide-report-12-2018.pdf

- Arizona and Maricopa County both average a higher rate of suicide than the national rate.
- Youth suicides are higher in Arizona than the United States average.

Exhibit 36a and 36b: Suicide by Ethnicity, Arizona, Youth Suicide Rates

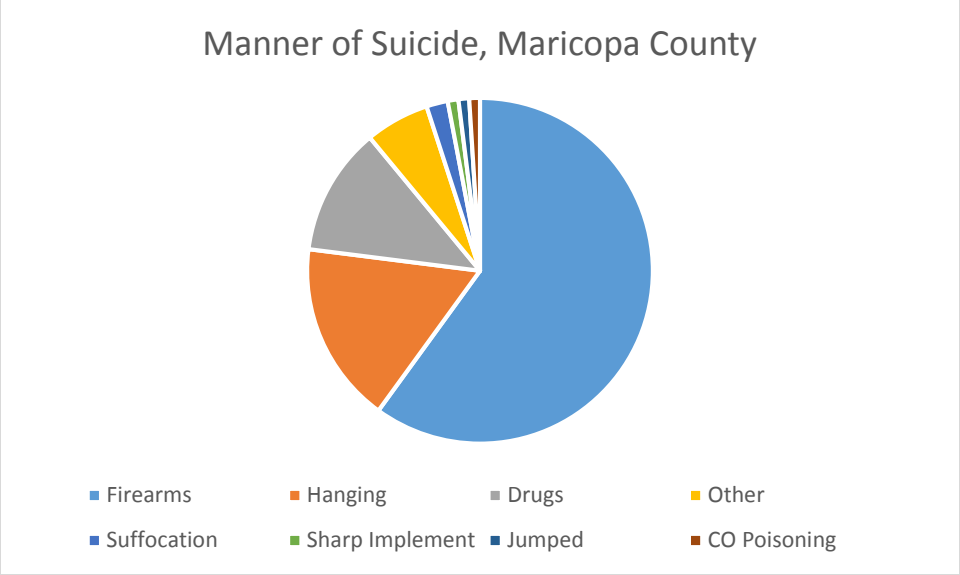


SOURCE: Arizona Department of Health Services, Suicide and Self-Inflicted Injury Report, 2018
https://pub.azdhs.gov/health-stats/report/suicide/2018/suicide-report-12-2018.pdf

- Native Americans average the highest rate of suicide in the state.

[14] Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., Ivey-Stephenson, A. Z, & Crosby, A. E. (2018). Vital Signs: Trends in suicide rates — United States, 1999-2016 and circumstances contributing to suicide — 27 states, 2015. Morbidity and Mortality Weekly Report, 67(22), 617-624. Retrieved from https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6722a1-H.pdf. Accessed December 2018
[15] Deaths Per 100,000 Population, Age Adjusted
[16] Age 15-24

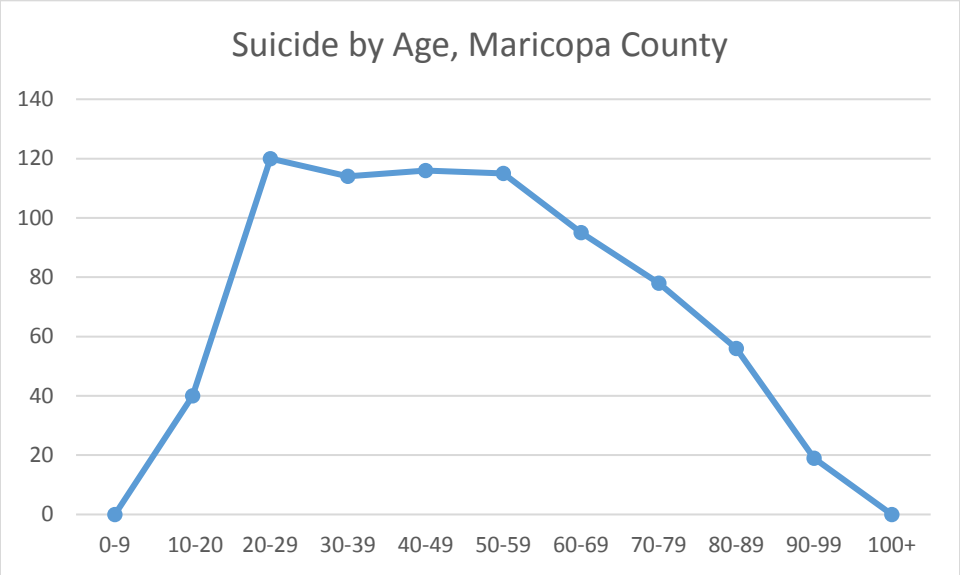
Exhibit 37: Manner of Suicide



SOURCE: Maricopa County Office of the Medical Examiner Annual Report, 2017

- Suicide by firearm is the leading manner of suicide death in Maricopa County, followed by hanging and drugs.

Exhibit 38: Suicide by Age



SOURCE: Maricopa County Office of the Medical Examiner Annual Report, 2017

- People aged 20-29 committed the most suicides in Maricopa County.
- Older people are not a leading group in suicide numbers, but when factoring in the lower overall population people aged 60-69 represent, their suicide rate is notable.
- Teen suicide numbers confirm the starting trend of teen suicide on the rise. The Arizona rate of youth suicide (15.8) is higher than the national average (14.5).

Exhibit 39: Youth Metrics

Youth and Child Metrics		
Measure	**Arizona**	**Maricopa County**
Percent of 3rd Graders with Proficient Reading Ability[17]	44%	45%
Number of Children Utilizing Head Start	20,639	2,847
Percent of Children Utilizing Head Start	0.3%	0.1%

SOURCE: Arizona Department of Education, https://mapazdashboard.arizona.edu/education/student-achievement

- Maricopa and Yavapai Counties were the only counties in the state to score at or above the Arizona average for English Language Arts proficiency.

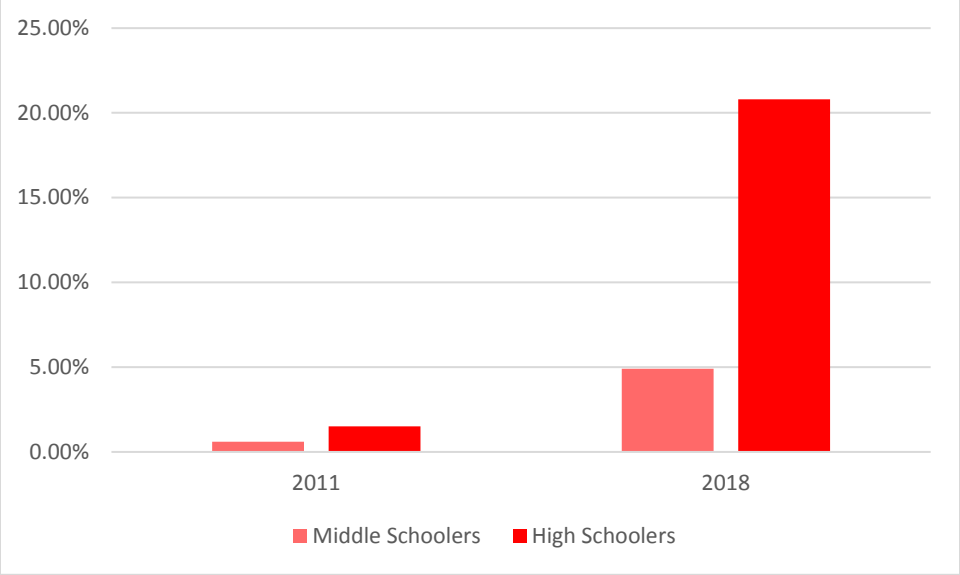
Exhibit 40: Substance Use

Substance Use and Misuse, Arizona		
Measure	**Teen**	**Adult**
Alcohol Use	8.3%	54.8%
Illicit Drug Use	7.8%	11.1%
Marijuana Use	11.0%	14.1%
Cocaine Use	0.6%	2.3%
Pain Reliever Misuse	3.4%	4.4%
Substance Misuse Disorder	4.8%	7.7%

SOURCE: US Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health, 2016-2017

[17] Percent Scoring Proficient in 3rd Grade 2018 AzMERIT English Language Arts Test

Exhibit 41: Electronic Cigarette Usage, 2011-2018



SOURCE: US Department of Health and Human Services, "E-Cigarette Use Among Youth and Young Adults" Report

- Youth E-Cigarette usage has risen astronomically over the past several years, due in large part to the rise of USB flash drive shaped vapes like JUUL. These products can be used discretely, have a high nicotine content and come in various flavors which appeal to young people.

Exhibit 42: Living Wage

Living Wage Calculations and Expenses, Maricopa County													
Hourly Wages	1 Adult	1 Adult 1 Child	1 Adult 2 Children	1 Adult 3 Children	2 Adults (1 Working)	2 Adults (1 Working) 1 Child	2 Adults (1 Working) 2 Children	2 Adults (1 Working) 3 Children	2 Adults (1 Working Part Time) 1 Child*	2 Adults	2 Adults 1 Child	2 Adults 2 Children	2 Adults 3 Children
Living Wage	$11.90	$24.93	$30.61	$39.92	$19.08	$23.46	$26.16	$30.29	$26.73	$9.54	$13.69	$16.72	$20.46
Poverty Wage	$5.84	$7.91	$9.99	$12.07	$7.91	$9.99	$12.07	$14.14		$3.96	$5.00	$6.03	$7.00
Minimum Wage	$10.50	$10.50	$10.50	$10.50	$10.50	$10.50	$10.50	$10.50		$21.00	$21.00	$21.00	$21.00

SOURCE: Living Wage Calculator, MIT, livingwage.mit.edu

- The Maricopa County minimum wage, while above the national average, does not provide enough sustain to support a living wage.
- A single adult with one child would need to make over double the County minimum wage to be a living wage.

Exhibit 43: Annual Expenses

Typical Expenses, Maricopa County												
Annual Expenses	1 Adult	1 Adult 1 Child	1 Adult 2 Children	1 Adult 3 Children	2 Adults (1 Working)	2 Adults (1 Workin g) 1 Child	2 Adults (1 Working) 2 Children	2 Adults (1 Working) 3 Children	2 Adults	2 Adults 1 Child	2 Adults 2 Children	2 Adults 3 Children
Food	$3,573	$5,267	$7,929	$10,517	$6,551	$8,154	$10,529	$12,820	$6,551	$8,154	$10,529	$12,820
Child Care	$0	$6,904	$12,809	$18,714	$0	$0	$0	$0	$0	$6,904	$12,809	$18,714
Medical	$2,262	$7,455	$7,112	$7,194	$5,156	$7,112	$7,194	$6,913	$5,156	$7,112	$7,194	$6,913
Housing	$8,208	$12,156	$12,156	$17,688	$9,780	$12,156	$12,156	$17,688	$8,208	$12,156	$12,156	$17,688
Transportation	$4,206	$7,664	$9,011	$10,425	$7,664	$9,011	$10,425	$10,307	$7,664	$9,011	$10,425	$10,307
Other	$2,976	$4,951	$5,375	$6,256	$4,951	$5,375	$6,256	$6,121	$4,951	$5,375	$6,256	$6,121
Required annual income after taxes	$21,225	$44,396	$54,392	$70,794	$34,101	$41,808	$46,560	$53,850	$32,529	$48,712	$59,369	$72,564
Annual taxes	$3,532	$7,458	$9,276	$12,242	$5,586	$6,987	$7,852	$9,160	$5,367	$8,243	$10,182	$12,564
Required annual income before taxes	$24,757	$51,854	$63,668	$83,037	$39,687	$48,795	$54,412	$63,010	$37,896	$56,955	$69,551	$85,128

SOURCE: Living Wage Calculator, MIT, livingwage.mit.edu

- The cost of childcare does not increase exponentially when more than one child is added, but the cost of childcare in general signals single parent households as especially vulnerable populations.

Digital and Social Media Data and Analysis

Over four billion people across the globe use the internet with approximately 3.2 billion using social media in 2018.[18] The internet and social media has become a powerful channel to share information at home and around the world.

Approximately two-thirds of all U.S. adults (68%) are Facebook users and 75% of those users access Facebook at least daily. YouTube, while not considered a traditional social media platform, has increased in popularity in the recent years with 73% of U.S. adults reported using the platform[19]. Google continues to be the top search engine with 70% of all search market share.

Approach

As noted, Crescendo deployed data analysis and reporting techniques based on digital communications resources such as the following:

- Facebook Business Manager
- Meltwater Social Media Insight
- Google Analytics and Trend Analysis

Analysis Goal: To better understand community members' interest in health, behavioral health, and social issues by identifying the most common, emerging, and/or surging issues included in publicly available online discussions.

Digital tools, such as Google Trends, Meltwater Services, and others can help identify housing, behavioral health, and social issues that are increasingly pertinent in online discussions across social media and the internet.

About Google Trends: Google Trends is a search trends feature from Google that shows how frequently a given search term is entered into Google's search engine relative to the site's total search volume over a given time period. Google uses a relative score to measure the index of search activity. The maximum value, or peak popularity, is 100. For example, if the value for "Chandler" is 100 and the value for "donut" is 50, the number of searches for "donut" is half as popular as "Chandler." A score of 0 means there was not enough data for the term.

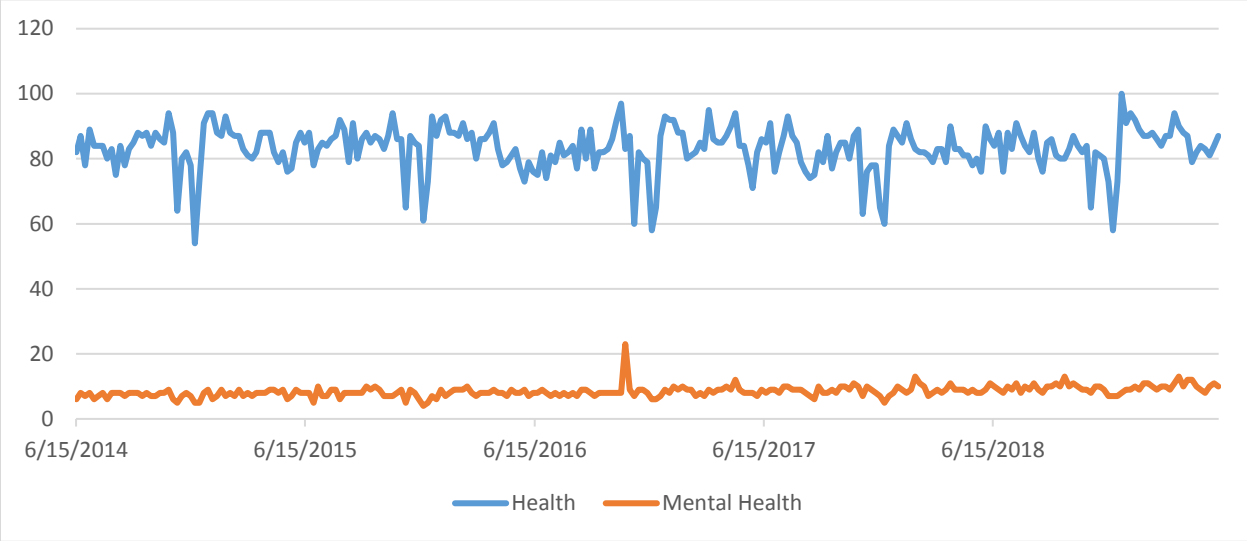
The following charts depict the search interest for a variety of issues in the Chandler area over a specific time period. To illustrate this relative value function, this section begins with one of the most common search terms (Health) and shows it in relation to one of the top areas of need in Chandler (Mental Health).

[18] We Are Social. *Digital in 2018: World's Internet User Pass the 4 Billion Mark*. https://wearesocial.com/blog/2018/01/global-digital-report-2018

[19] Pew Research Center. *Social Media Use in 2018*. http://www.pewinternet.org/2018/03/01/social-media-use-in-2018/

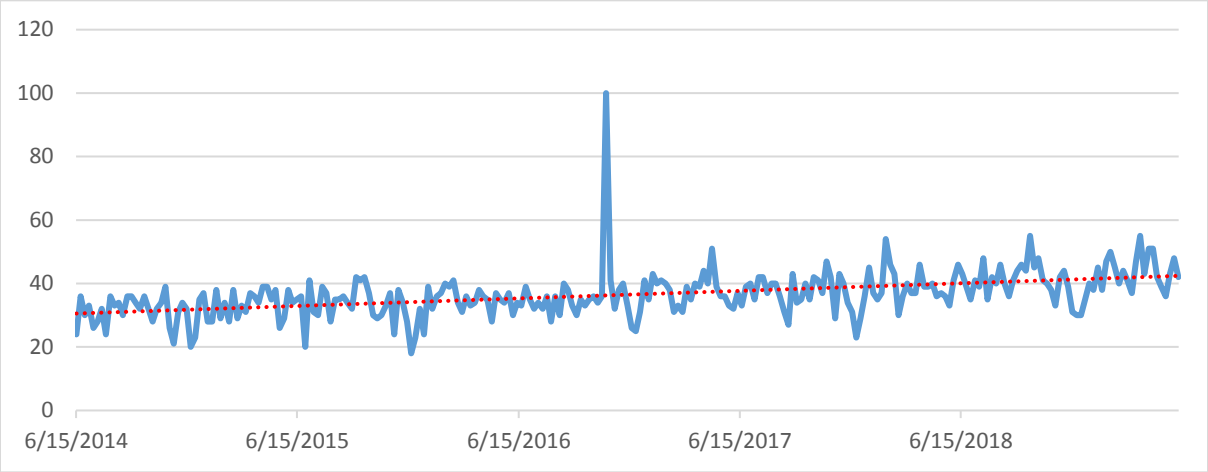
Behavioral Health Search Interest Overview

Exhibit 44: Google Search Interest Over Time for "Health" vs. "Mental Health" in in Chandler Area



- Health is a broad base search term category that includes topics such as health, health care professional, health insurance, and mental health. Health is the most popular search term for the category.
- Similar to health, mental health is a broad base search term category that includes topics such as mental health, behavioral health, mental illness, mental disorders, and mental health services.
- When comparing search interest for "health" and "mental health," interest in mental health is substantially less than interest in more general health categories.

Exhibit 45: Google Search Terms Related to "Mental Health" in Chandler Area



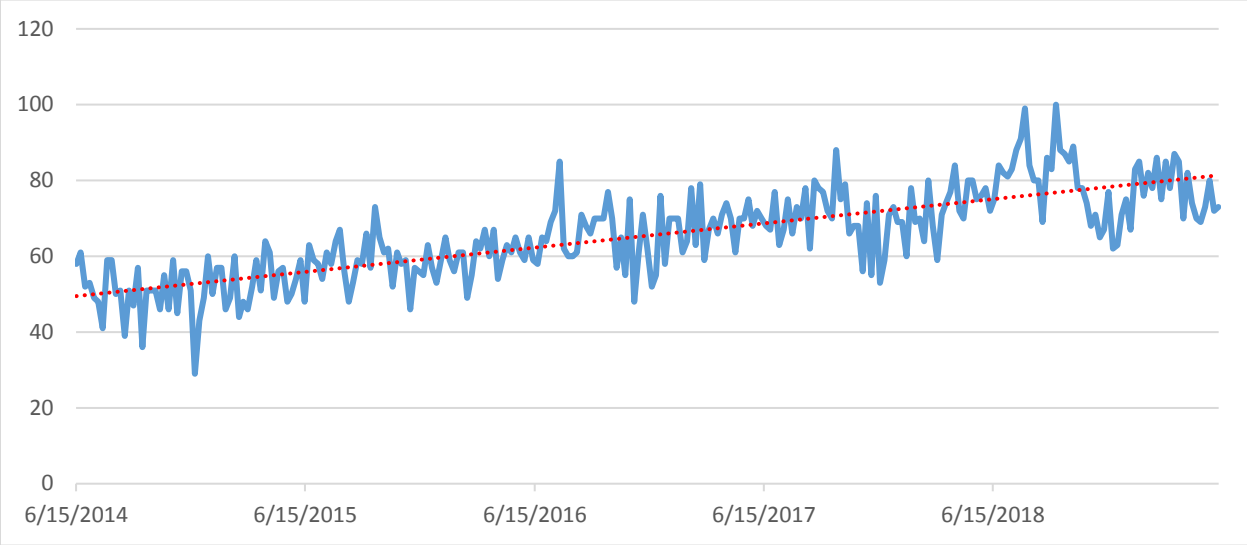
- From June 2014 through June 2019, "mental health" as a search category increased 40% with a peak around November 6, 2016 where the top search term was "Trump mental health".
- Top search terms include mental health services, Mohave, Mental Health. Touchstone Behavioral Health, and mental health facilities.

Mental Health Disorders Google Search Interest

Approximately 35% of U.S. adults have reported they have gone online to try to figure out what medical condition they or someone else might have.[20] **Search interest for mental health topics in Chandler has increased approximately 40% over the past five years,** which may indicate that individuals in the community are struggling with mental health issues or are becoming more aware of mental health issues in general.

While search interest in depression has remained stable, search interest for anxiety increased about 60%. In Chandler the increase in information for anxiety may indicate that more awareness and education in the community is needed. Additionally, search interest for substance abuse decreased slightly, but search interest in opioid increased over 350% during the past five years due to the opioid crisis in Arizona and the United States.

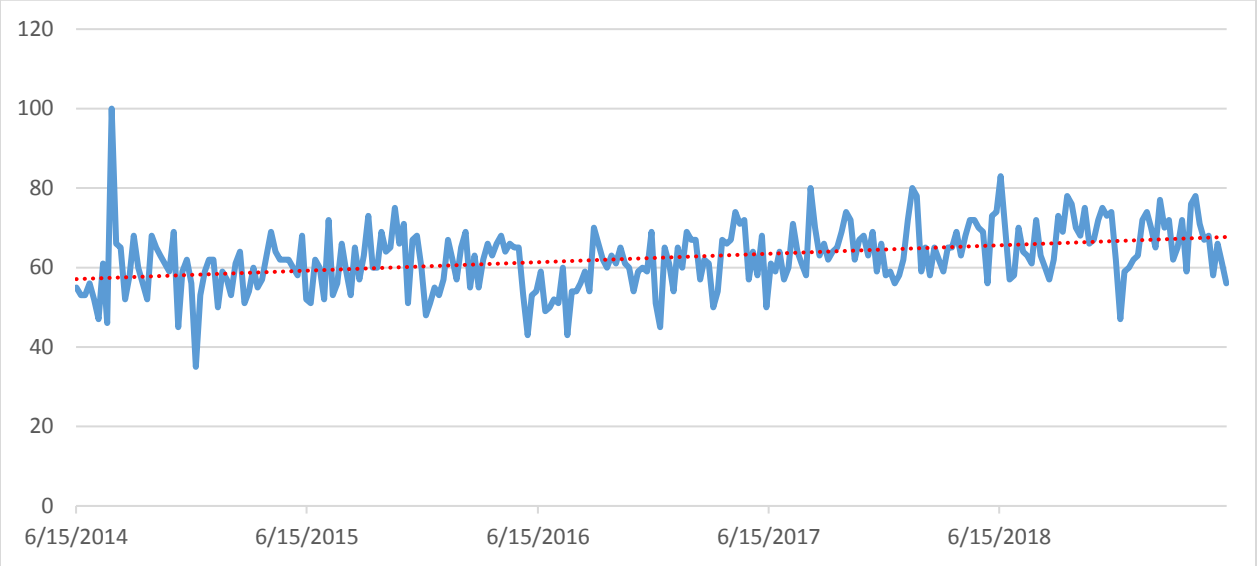
Exhibit 46: Google Search Terms Related to Anxiety in Chandler Area, June 2014-2019



- From June 2014 through June 2019, searches for Anxiety (emotional disorders) increased about 60%.
- Top search terms include anxiety, depression, anxiety symptoms, and anxiety medication.
- Over the recent years, search interest for the following terms have increased rapidly: CBD for anxiety, CBD oil, hydroxyzine for anxiety, and anxiety blanket. Increasing search increase for CBD oil and anxiety blankets may indicate that people are interested in alternative treatments for anxiety.

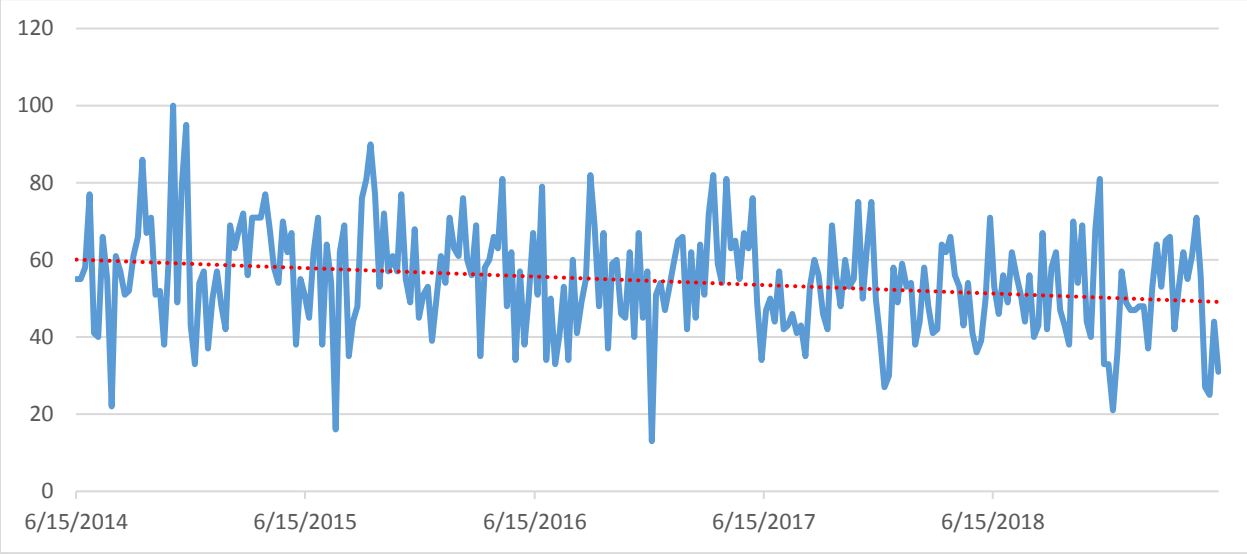
[20] Pew Research Center. Health Online 2013. http://www.pewinternet.org/2013/01/15/health-online-2013/

Exhibit 47: Google Search Terms Related to "Depression" in Chandler Area, June 2014-2019



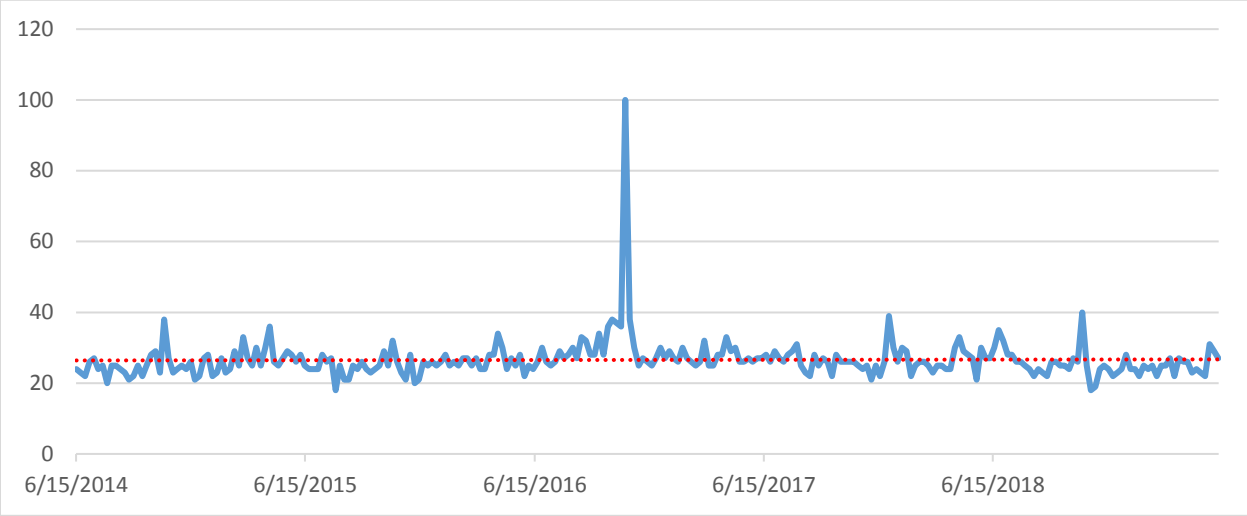
- From June 2014 through June 2019, search interest for depression has remained highly variable but shows an approximate 21% increase.
- Interestingly, search interest was at an all-time high on August 10, 2014 but an all-time low on December 21, 2014. During the past five years, search interest for "depression" is typically at its lowest around the Christmas holiday period.
- Top search terms include depression, anxiety, depression symptoms, and postpartum depression. In the recent years, search interest for the following terms has increased: crippling depression, high functioning depression, and how to help someone who has depression. These search terms may indictate that more awareness and education about depression might be needed in the region.

Exhibit 48: Google Search Terms Related to "Substance Abuse", June 2014-2019



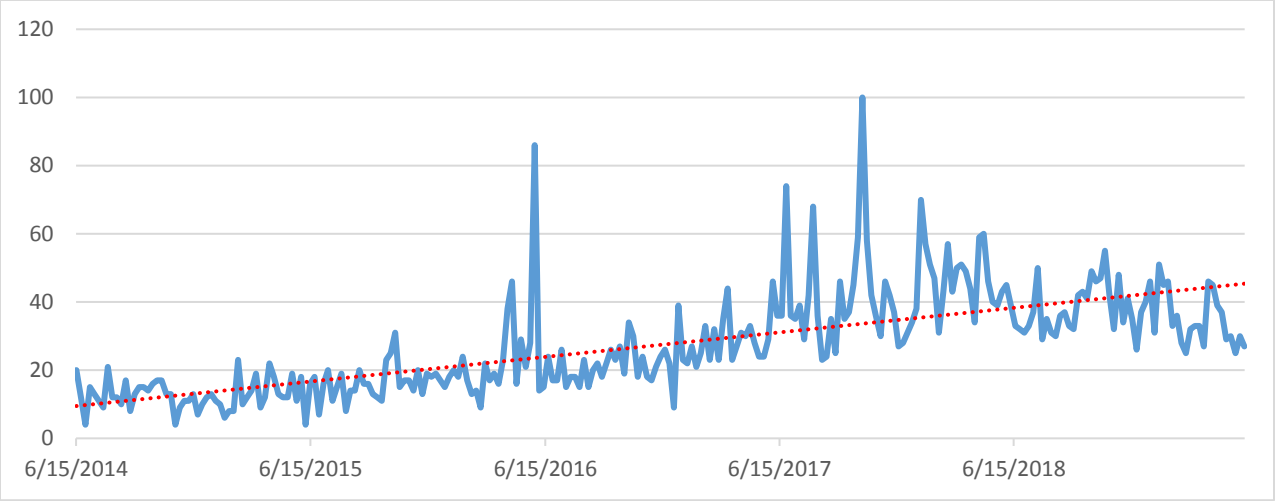
- From June 2014 through June 2019, search interest for "alcoholism" has decreased approximately 17% in the Chandler area.
- Top search terms include substance abuse, drug abuse, substance abuse counselor, and Adderall.

Exhibit 49: Google Search Terms Related to "Marijuana", June 2014-2019 in Chandler Area



- From June 2014 through June 2019, the search interest for "marijuana" has remained steady with one spike in search interest during the week of November 6, 2016.
- The November 6, 2016 peak in interest is most likely related to the article published on November 7, 2016 about Maricopa County's district attorney and his comments about medical marijuana and veterans.[21]
- The top search terms include medical marijuana, Arizona marijuana, and medical marijuana card.

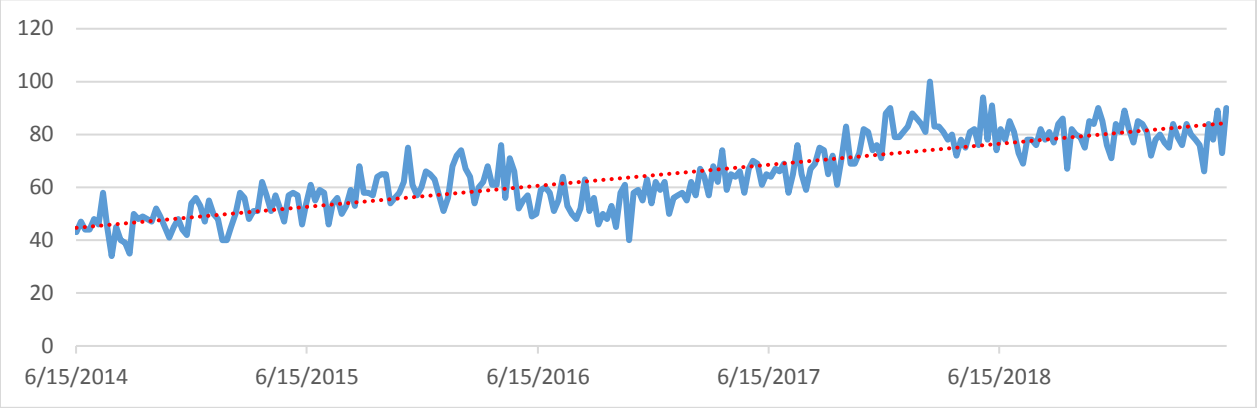
Exhibit 50: Google Search Terms Related to "Opioid", June 2014-2019 in Chandler Area



- **Online search activity for opioid-related topics increased approximately 350%** from June 2014 until June 2019. Interest in the topic started to pick up around early 2016 and increased significantly over the course of the past two years.
- Interest in opioid use disorder was highest around May 29, 2016, and October 22, 2017. These spikes in interest may be related to news stories and public health campaigns as Arizona saw an alarming increase in opioid deaths in 2016.
- Top search terms include opioid, opioid crisis, opioid epidemic, and opioid addiction.

[21] Pishko J. This Arizona Prosecutor Is Waging a Strange War on Weed – and That's Just the Beginning. The Nation. November 7, 2016. https://www.thenation.com/article/this-arizona-prosecutor-is-waging-a-strange-war-on-weed-and-thats-just-the-beginning/

Exhibit 51: Google Search Terms Related to "Electronic Cigarettes", June 2014-2019 in Chandler Area



- Online search activity for electronic cigarettes has increased approximately 89% since June 2014.
- Recent reports from the CDC found that use of electronic cigarettes, especially "JUUL", by youth in schools is widely reported. "JUUL" contains the highest concentration of nicotine of any e-cigarette. Nicotine is highly addictive and is harmful to brain development in children.[22]
- A 2014 study published in the New England Journal of Medicine suggests that e-cigarettes may serve as a "gateway drug" for other drugs like cocaine.[23]

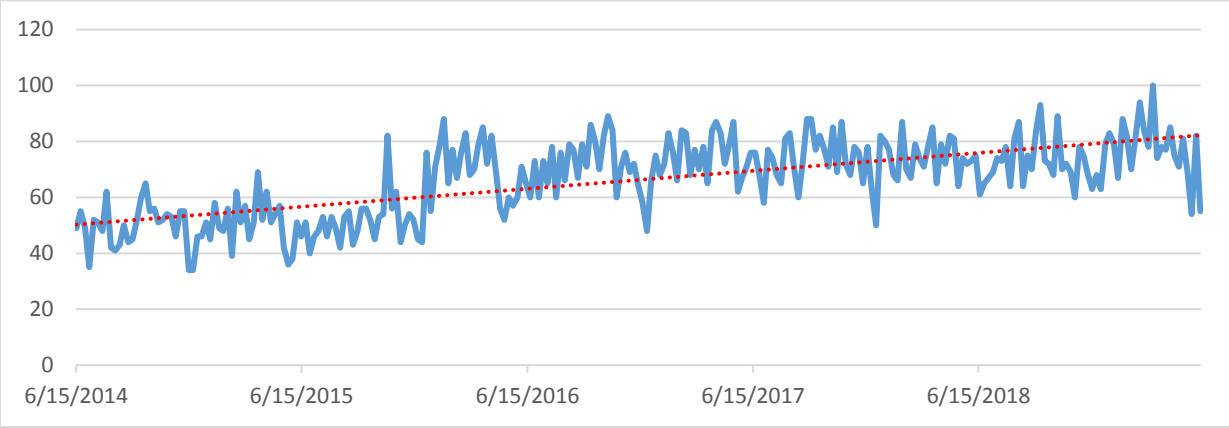
[22] King et al. Electronic Cigarette Sales in the United States, 2013-2017. JAMA. October 2, 2018. Accessed from https://jamanetwork.com/journals/jama/article-abstract/2705175.

[23] Kandel ER, Kandel DB. A Molecular Basis for Nicotine as a Gateway Drug. N Engl J Med 2014; 371:932-943. Accessed from: https://www.nejm.org/doi/full/10.1056/NEJMsa1405092.

Aging and Geriatric Google Search Trends

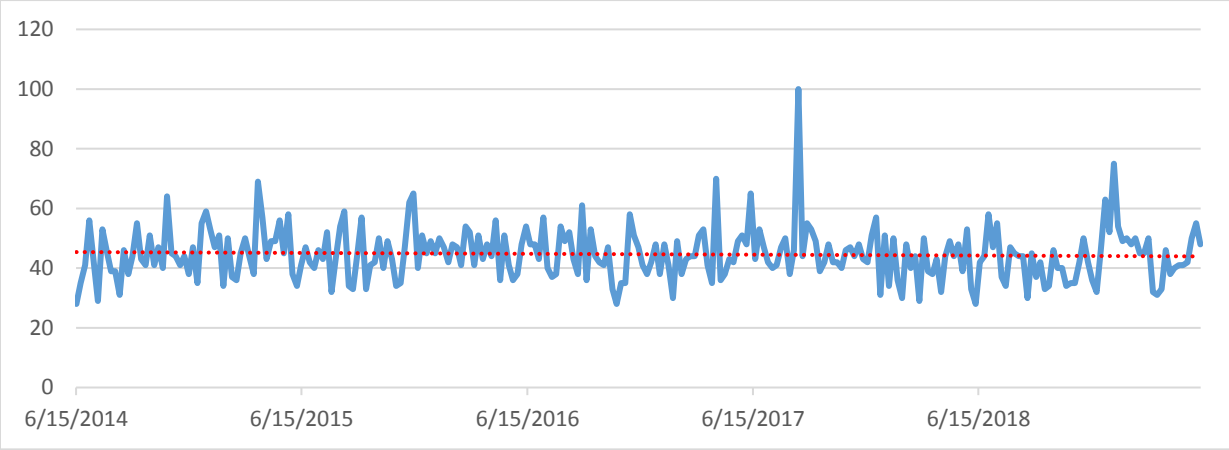
As individuals age through their natural lifecycle, they have a greater risk of developing dementia, Alzheimer's Disease, osteoporosis, and other age-related health concerns. Individuals living with dementia and Alzheimer's Disease often require specialized care and utilize more healthcare services. Additionally, recent research studies have indicated that loneliness, or social isolation, is linked to an increased risk of developing dementia.[24]

Exhibit 52: Google Search Terms Related to "Aging and Geriatric", June 2014-2019 in Chandler Area



- Search interest for aging and geriatric topics increased about 64% from June 2014 to June 2019.
- Top search terms include dementia, Alzheimer's, osteoporosis, signs of dementia, and dementia symptoms.

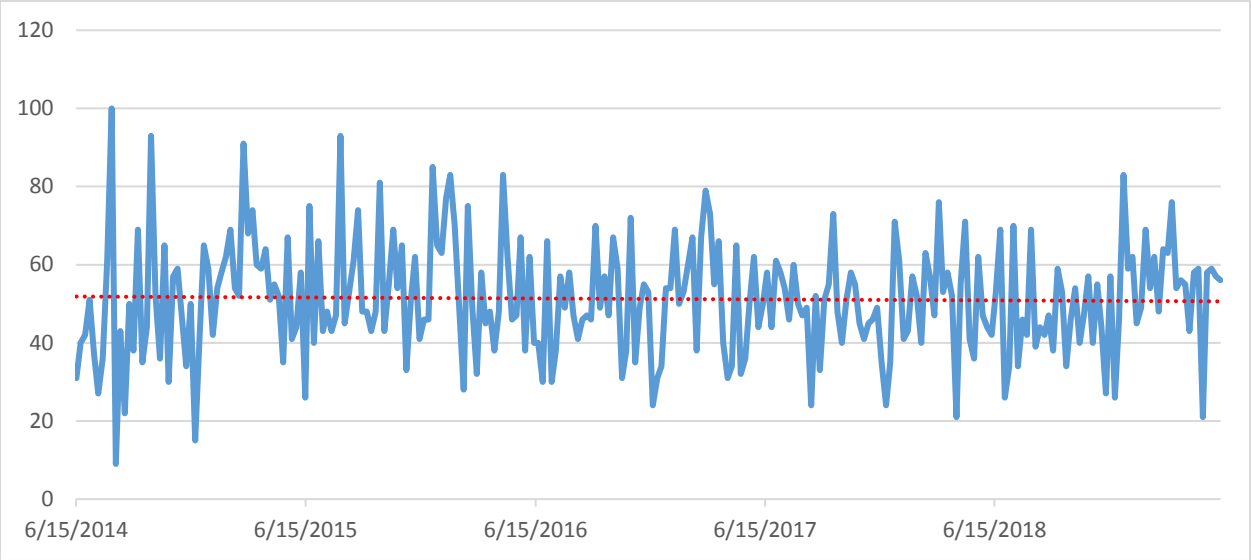
Exhibit 53: Google Search Terms Related to "Nursing Homes", June 2014-2019 in Chandler Area



- Search interest for nursing homes remained approximately the same from June 2014 to June 2019.
- Top search terms include nursing home, skilled nursing facility, nursing homes near me, and nursing home compare. The top search terms indicate that people are most interested in finding out more information about nursing homes and skilled nursing facilities near Chandler.

[24] Sutin AR et al. Loneliness and Risk of Dementia. The Journals of Gerontology: Series B. 26 October 2018. Accessed from: https://academic.oup.com/psychsocgerontology/advance-article-abstract/doi/10.1093/geronb/gby112/5133324?redirectedFrom=fulltext

Exhibit 54: Google Search Terms Related to "Senior Center", June 2014-2019 in Chandler Area

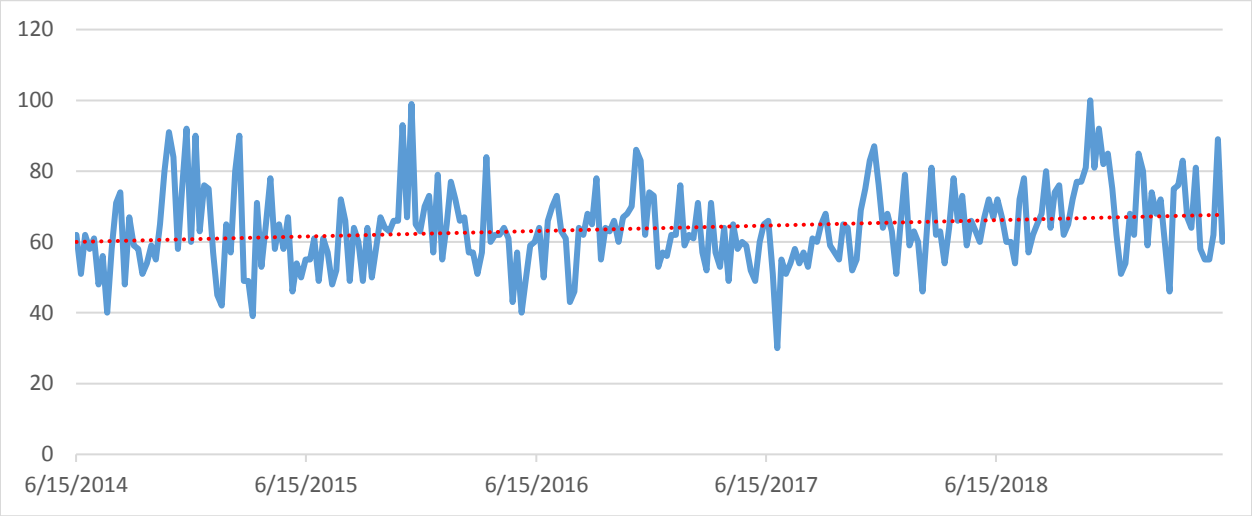


- Search interest for senior centers remained approximately the same from June 2014 to June 2019.
- Top search terms include senior center, Chandler senior center, Mesa senior center, and senior center near me. The top search terms indicate that people are most interested in finding out more information about senior centers near Chandler.

Housing and Homelessness Google Search Interest Trends

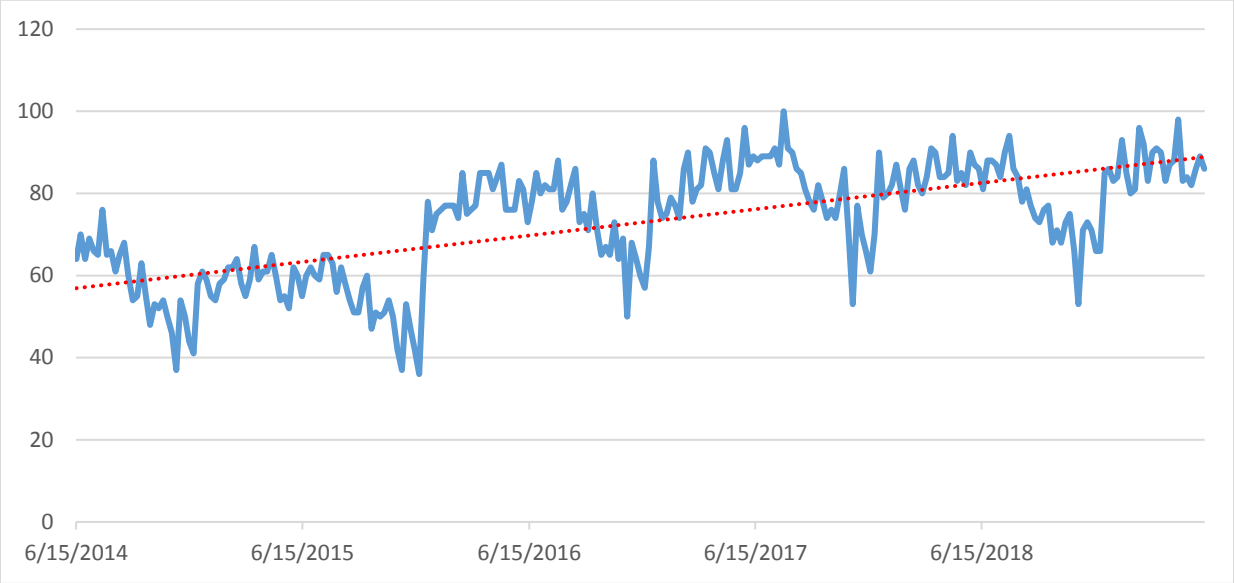
With the rising costs of housing in Chandler, many individuals and families are struggling with meeting basic housing needs, especially low-income populations. Housing is one of the best documented determinants of overall health and well-being of individuals and families. Currently, about 40% of Chandler residents spend over 30% of their household income on housing. There has been an increase in searches about homelessness in the community.

Exhibit 55: Google Search Terms Related to "Homelessness", June 2014-2019



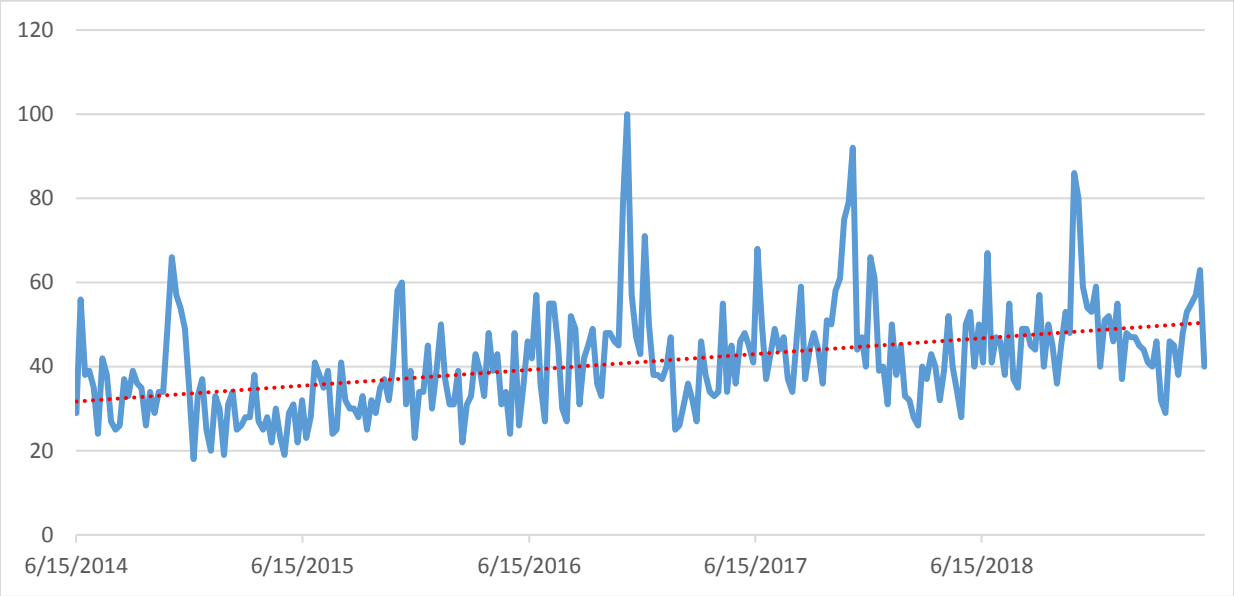
- Search interest for homelessness increased approximately 13% from June 2014 to June 2019.
- Top search terms include homeless, homeless shelters, and homeless shelters near me.
- With increasing housing costs in Chandler, homelessness continues to increase.
- According to data from the Maricopa Association of Governments Municipal Responses to Homelessness Report, homelessness in Chandler and Maricopa County has increased steadily over the past five years.

Exhibit 56: Google Search Terms Related to "Apartments & Residential Rentals", June 2014-2019



- Search interest for the topic of apartments and residential rentals increased approximately 55% from June 2014 to June 2019.
- Top search terms include apartments for rent, homes for rent, apartments near me, and cheap apartments.
- Affordable housing in Chandler has become a top issue as many residents have been priced out of the housing market. Some of these individuals may be choosing to rent instead of buy while others may be struggling to find affordable rentals in the City.

Exhibit 57: Google Search Terms Related to "Food Bank", June 2014-2019

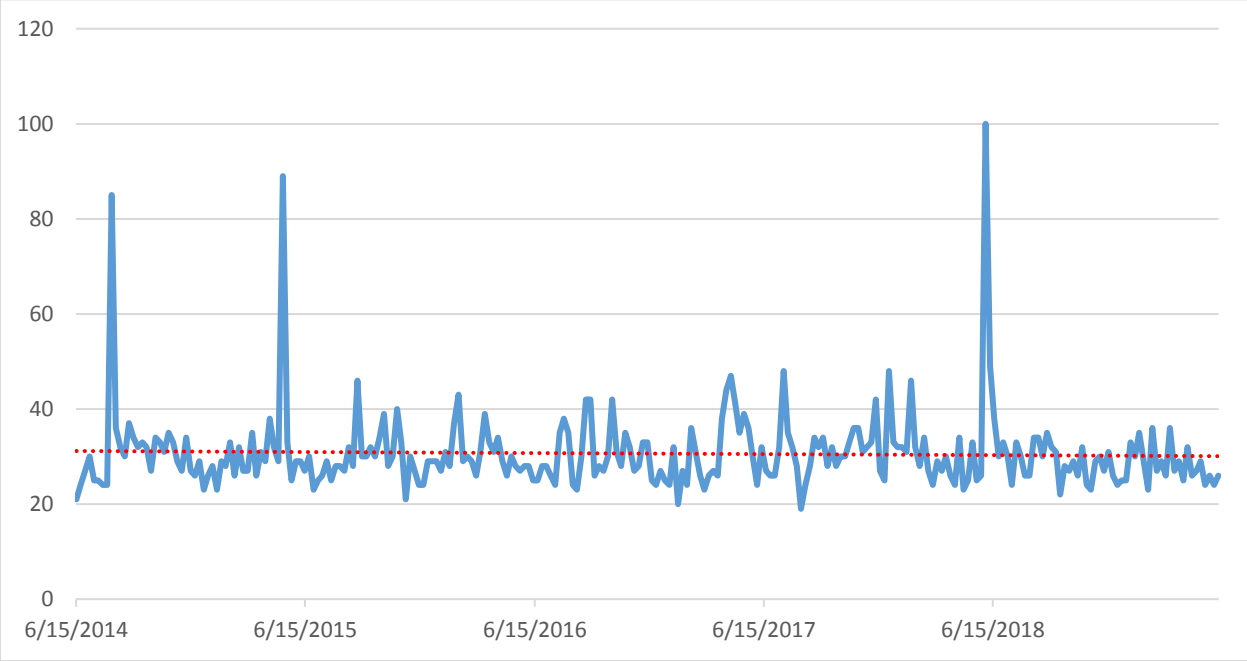


- Search interest for food bank increased approximately 56% from June 2014 to June 2019.
- Top search terms include food banks, food bank near me, food pantry, and feed my starving children.
- The search increase over the past five years may correlate with some individuals and families struggling to afford food due to the rising housing costs.

Suicide

Since 1999, the suicide rate in most states, including Arizona, has increased approximately 30%.[25] In 2016, the suicide rate was 32% above the national rate of suicide and increasing every year.[26] While the suicide rate in Maricopa County is lower than the state average, it's above the national average and should be considered an urgent public health issue.

Exhibit 58: Google Search Terms Related to "Suicide", June 2014-2019



- Google search interest for suicide remained steady from June 2014 to June 2019.
- Top search terms include suicide, suicide hotline, suicidal, and suicide prevention.
- Search interest for suicide peaked during the weeks of August 10, 2014, May 10, 2015, and June 3, 2018. The peaks are related to the high profile suicide deaths of Robin Williams, Kate Spade, and Anthony Bourdain.

Digital Trends Summary

The digital analysis of Google search interest trends in the Chandler area reveals a correlation between increased internet search interest and key issues in Chandler, such as mental health, housing, and access to affordable and access to food.

- Google search interest for apartments and residential rentals, which includes affordable housing search terms, has risen approximately 55 percent.
- Mental health issues, such as anxiety and depression, suicide, and the opioid crisis, has become a major issue across the United States in the recent years.

[25] Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., Ivey-Stephenson, A. Z, & Crosby, A. E. (2018). Vital Signs: Trends in suicide rates — United States, 1999-2016 and circumstances contributing to suicide — 27 states, 2015. Morbidity and Mortality Weekly Report, 67(22), 617-624. Retrieved from https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6722a1-H.pdf. Accessed December 2018

[26] Arizona Department of Health Services. Suicide and Self-Inflicted Injury, 2006-2017. Accessed: https://pub.azdhs.gov/health-stats/report/suicide/2018/suicide-report-12-2018.pdf

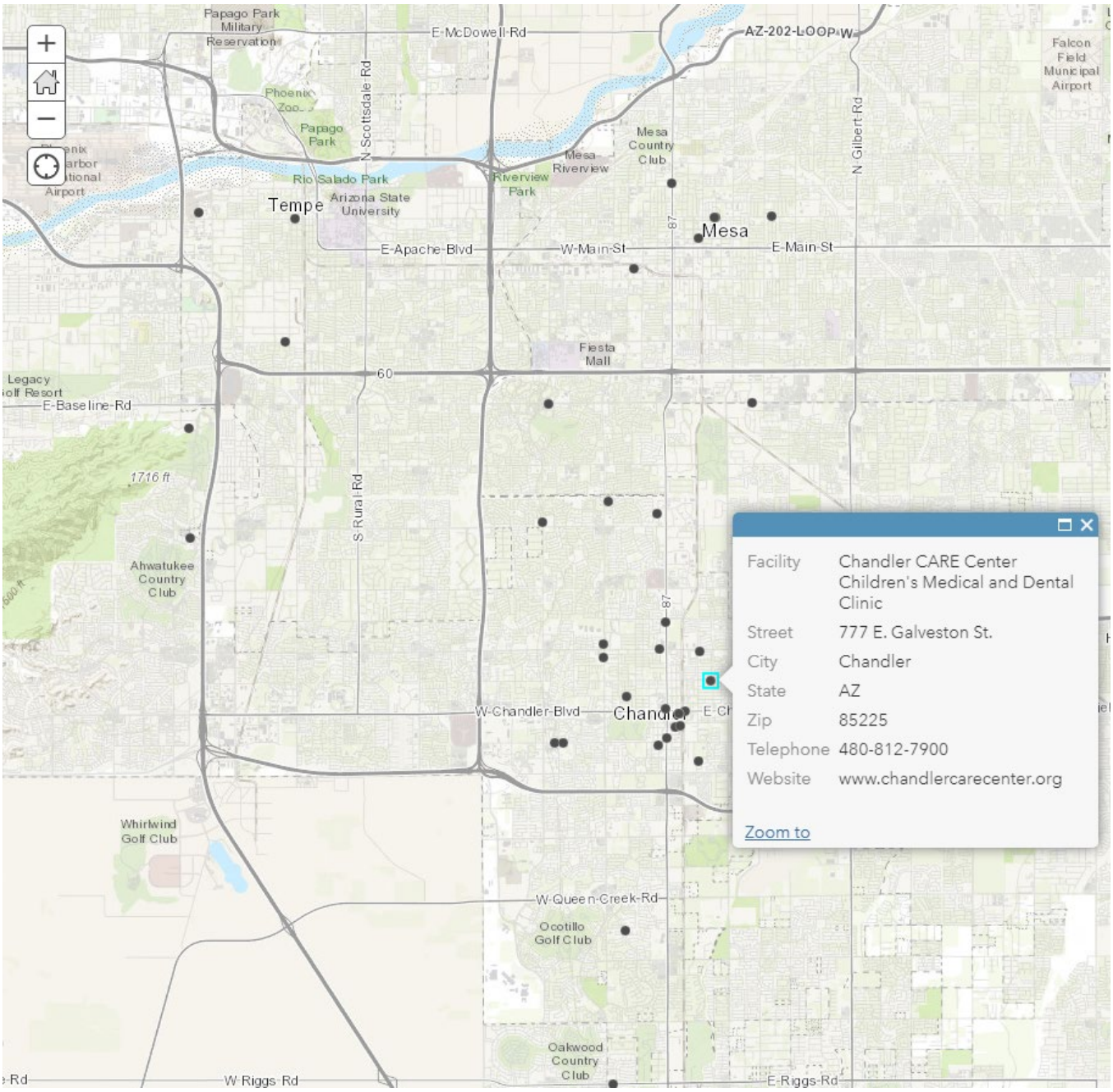
- Arizona saw a 74% increase in opioid deaths since 2012. In June 2017, Governor Doug Ducey declared a public health emergency to address the issue.[27] Over the past five years, search interest in opioids increased over 350%.
- Through the qualitative search, it can be seen that social isolation of seniors and youth is one of the top areas of need in Chandler. While very few people search for social isolation on the internet, we can attribute other search terms to the issue, such as senior centers, nursing homes, Alzheimer's Disease, and dementia. Search interest for aging and geriatric issues have increased about 64 percent.

[27] Arizona Department of Health Services. Arizona Opioid Emergency Response, June 2017 to June 2018. Accessed: https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/2017-opioid-emergency-response-report.pdf

Interactive Community Asset Map of Available Services and Resources

The map below provides a visual representation of the location of the organizations who have participated in this study, as well as available services and organizations providing related services.

Exhibit 59: Community Services and Participating Agencies Map



Additional maps are available on the Chandler GIS Web Map and Open Data Portal: https://arcg.is/0mTjmr

Select Data and Materials from Housing Needs Assessment and Other Studies

An integral part of the CNA is to assess the need for housing for all incomes. Affordability of housing needs are measured based on the current inventory of housing at various price levels, current home ownership statistics, and the expected housing demand for homes at various price levels. The following section is extracted from the Housing Needs Assessment and Workforce Housing Need Projection, produced by Gruen Gruen + Associates in November 2018[28]. The study highlights some of the key capacity and income, workforce, and demographic shift-related issues that impact and provide greater insight to the Chandler Community Needs Assessment. Some of the report's highlights follow.

Housing Capacity and Income

The 2018 Housing Needs Assessment provides a detailed analysis of affordable housing issues, supporting data, and the suggested strategies for growing the supply of affordable[29] housing and housing needs.

- There is a shortage of approximately 9,400 units of housing in Chandler which would be affordable for people with annual household incomes under $35,000 (which equates to monthly rent or home ownership payment of $875). Specifically, the shortage includes approximately 4,800 apartments with monthly rent under $875 and 4,600 lower-priced homes selling for $130,000 or less.
- There is an adequate supply of housing units for people at all other annual income categories from $35,000 to $370,000 – equating to a monthly apartment rent of $2,400 or home ownership costs of $2,400 per month.
- The 10-year potential workforce growth is estimated to be about 18,000; this growth is anticipated to require an additional 19,000 housing units (about 75% of which are expected to be single-family homes).
    - Of the roughly 14,000 new family homes required to meet the anticipated demand, the current stock of remaining development capacity in Chandler of 4,820 units indicates a potential shortfall of over 9,000 units.
    - The shortfall may result in rising prices for single-family homes and/or more people paying greater than 30% of their income for housing.
- Current housing cost burdens are more common among renters than homeowners.
    - Of the current stock of 91,671 housing units in Chandler, 71,057 are single-family homes (including mobile homes). Slightly fewer than one in five (19.1%) owners pay more than 30% of their income for housing costs.[30] However, more than two of five renters (40.9%) are "housing cost-burdened" – paying more than 30% of their income for rent.
    - Renters earning less than 80% of the Area Median Income (AMI) are particularly cost-burdened with over 75% paying burdensome housing costs.

[28] GRUEN GRUEN + ASSOCIATES, 2018.

[29] The federal Department of Housing and Urban Development (HUD) defines an "affordable dwelling" as one that a household can obtain for 30 percent or less of its income. Housing situations in which the household pays more than 30% of their income for housing are considered "cost-burdened." Available at https://www.hud.gov/program_offices/comm_planning/affordablehousing/

[30] For home owners, "housing costs" include the mortgage principal, interest, private mortgage insurance, and homeowners' insurance for homes at various estimated selling prices.

The tight housing market is reflected in the steadily increasing apartment occupancy rate as well as rising costs of living. Occupancy rates (now over 94%) have risen steadily since early 2016, as well as monthly rental rates (which increased approximately 20%).

Workforce-related Housing Issues

Workforce housing is defined as housing required by any household with at least one active workforce member in the labor force. Workforce growth reflects growing economic opportunities in Chandler, as well as the associated workforce housing pressure. The Maricopa Association of Government's (MAG) "2016 Socioeconomic Projection" anticipates an average of 2,950 new jobs per year from 2015 to 2030. Additional estimates from the Housing Needs Assessment suggest that approximately one of four will earn annual household income less than 80% AMI (i.e., the population segment more likely to require low-cost housing). The majority of the new jobs, though, are expected to provide annual incomes greater than $120,000.

Demographics and Housing Demand

The changing demographic landscape also impacts the housing demand in Chandler – specifically, the profile of home buyers and renters. In a trend seen from 2007 to 2017, the majority of City of Chandler's population growth (approximately 11%) was comprised of people age 55 and older. Correspondingly, the total growth rate of owner-occupied housing grew five percent while the growth rate among households without children (i.e., tending to be the older residents) grew at a rate more than four times the total growth rate (22%)!

The shortage of affordable housing – especially given the expected workforce demands and demographic trends – will continue to present challenges to the area and contribute to broader community needs.

Populations in Need

Population vulnerability arises from an intersection of resource availability and individual challenges. This understanding allows for the combination of population sub-group characteristics with individual challenges to be described as "populations in need." As noted in this report[31], there is a body of evidence that suggests certain populations experience greater residential instability, increased stress, higher rates of chronic illness, and less stability in the community. This concept illustrates how vulnerabilities exist on a spectrum and highlights that one individual may be vulnerable as a result of many different factors.

In general, people within a Population in Need share common characteristics or attributes that can be identified as separating them from the broader population. Those characteristics are most often defined in demographic or geographic terms. Often a shared characteristic is a human need or experience. As noted in the highlighted section on veterans, 'Few of us are defined by one label. Some individuals experiencing homelessness or a housing crisis are veterans, some are mothers, some are employed, and some are all the above.'

The City of Chandler is invested in programs and strategies to prevent and combat the traumatic impact of poverty and meet the basic needs of low- and moderate-income households. Targeting interventions based on a deep understanding of the community ensures Chandler resources promote an improved quality of life for all Chandler residents.

The 2019 CNA findings suggest that the recommended annual prioritization process for Chandler funds allocated for human services respond to the top areas of need and populations in need with the following characteristics:

- People experiencing homelessness and/or housing crisis
- Households with low and moderate-income
- Seniors who are isolated and/or have low household incomes
- Youth who are vulnerable or have low household incomes
- People living with mental health and/or substance use disorders
- People living with physical and/or intellectual disabilities

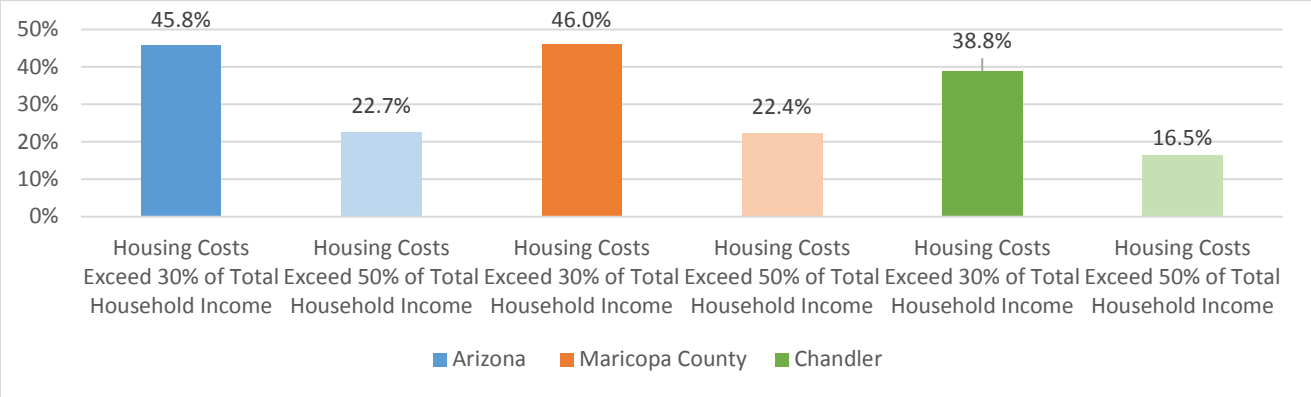
People Experiencing Housing Crisis

The local (and national) increase of housing costs coupled with slower comparative wage growth has led to a full-fledged housing crisis where more households have increasing cost burdens. A household is considered cost-burdened when it spends more than 30% of its income on rent and utilities, and severely cost-burdened when it spends more than 50%. Cost burdens result directly from the shortage of affordable and available rental homes and low incomes.[32] Nearly 40% of Chandler rental households spend over 30% of income on housing; 16.5% of Chandler renters spend over half their income on housing. The number and percentage of households spending more than 30% of their income on rental housing has increased by 5% since 2005.

[31] See the section: Insights into Causes and Conditions of Poverty

[32] The Gap: A Shortage of Affordable Homes. March 2018. The National Low Income Housing Coalition.

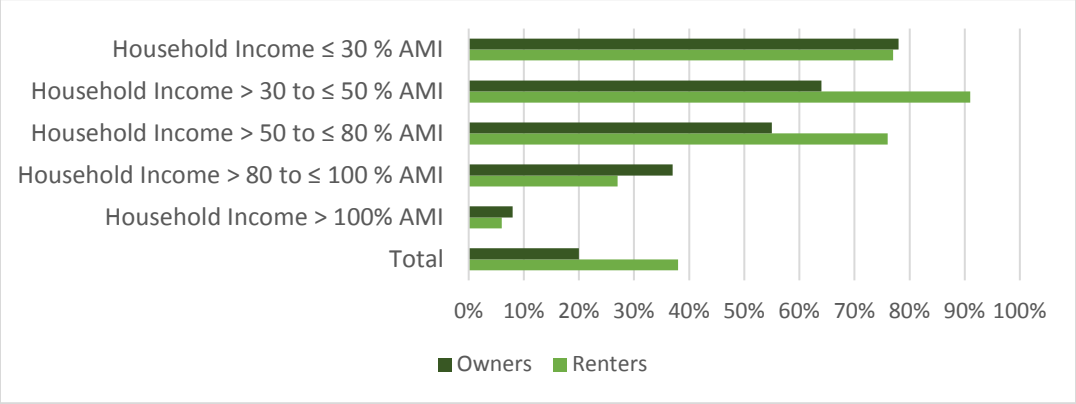
Exhibit 60: Percent Spending Over 30% and 50% of Income on Rental Housing



SOURCE: ESRI Data, 2018

Interviewees and focus group participants describe Chandler residents – many of them long-time Chandler families – as being left out of a growing Chandler community where homes and rentals are no longer affordable. Severe housing cost burdens can impact household members physical and mental well-being.

Exhibit 61: Cost-Burden Rate in City of Chandler by Percentage of Area Median Income



SOURCE: SOURCE: Housing Needs Assessment And Workforce Housing Need Projection, Gruen Gruen + Associates. November 2018.

Families with children in poverty experiencing severe housing cost burdens can impact members' physical and mental well-being. Households with children who are severely cost-burdened (see Exhibit 61) spend 75% less on healthcare and 40% less on food than similarly poor households who are not cost-burdened; and seniors who are severely cost-burdened spend 62% less on healthcare.[33]

When quantifying housing burden, it's important to note that around 16,500 households in Chandler are estimated to have annual earnings below $35,000. To spend less than 30% of their household incomes on housing and utilities, these households would only be able to afford to pay $875 per month for housing. Based on current market units, ***an independent analysis would suggest a shortfall of approximately 9,400 housing units for the local households earning $35,000 a year or less.*** [34]

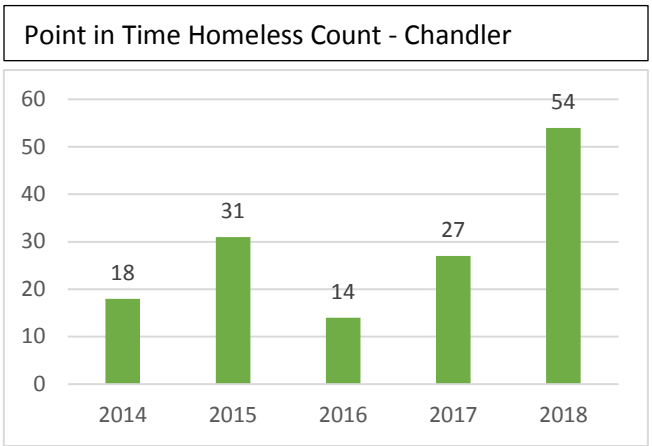
[33] State of the Nation's Housing 2017, Joint Center for Housing Studies of Harvard University, http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017.pdf .
[34] Housing Needs Assessment And Workforce Housing Need Projection, Gruen Gruen + Associates. November 2018.

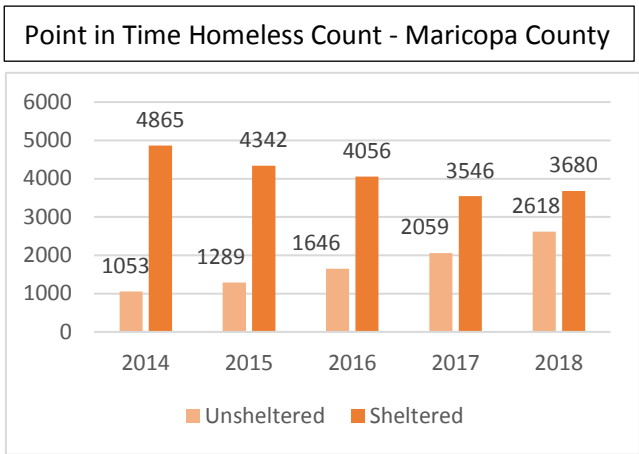
Further, the independently conducted Housing Assessment also suggests that "the growth in the employment base will cause single-family housing prices to rise given the constrained zoned single-family land capacity. This suggests an increasing share of households may have to expend more than 30 percent of their household income on ownership housing."

People Experiencing Homelessness

According to the Maricopa Association of Governments Municipal Responses to Homelessness Report, the number of unsheltered individuals experiencing homelessness in Chandler and Maricopa County has increased significantly since 2014.

Exhibits 62a and 62b: Point in Time Homeless Counts, Chandler (Unsheltered) and Maricopa County





SOURCE: Maricopa Association of Governments Municipal Responses to Homelessness Report, 2014-18

Homelessness strains individuals' abilities to maintain proper health, directly impacts length of life estimates, and exacerbates mental and behavioral health issues. Homelessness also strains public resources and impacts community vitality. Studies demonstrate that after being housed for one year, persons who were previously experiencing homelessness reduced their use of medical and mental health services substantially, including visits to the Emergency Room and inpatient care. Costs, correspondingly, also decreased.[35]

Exhibit 63: Homelessness Snapshot (Point-In-Time Count)

Measure	Arizona	Maricopa County
Unsheltered Homeless Population	4,066	2,618
Sheltered Homeless Population	7,383	3,680

SOURCE: Arizona Department of Economic Security, Homelessness in Arizona Annual Report, 2018 and Maricopa County Association of Governments Point in Time Homeless Count, https://www.azmag.gov/Portals/0/Documents/MagContent/2018-08_PIT-Report.pdf?ver=2018-08-29-094248-853

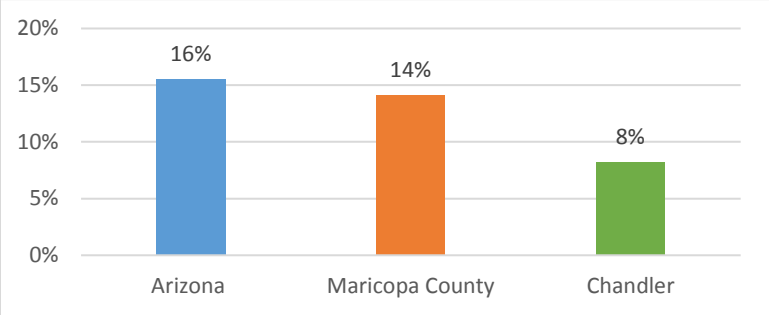
[35] Evaluation of Housing for Health Permanent Supportive Housing Program, The Rand Corporation, 2017 https://www.rand.org/pubs/research_reports/RR1694.html

The distinction between unsheltered and sheltered population counts speaks to the challenge of accounting for all persons without a stable place to live, who may enter and exit homelessness quickly, sleep in their cars, or "couch surf". Lack of accurate accounting for such populations may lead to point-in-time homelessness counts arriving at a lower count than the true number of individuals experiencing homelessness.

Low-and Moderate-Income Households

Residents of Chandler earn high incomes when compared to residents of Maricopa County and Arizona. Yet nearly one in every ten Chandler residents still lives below the federal poverty level.

Exhibit 64: Living Below Federal Poverty Level



SOURCE: ESRI Data, 2018

Approximately 20,000 Chandler residents live below the federal poverty level, with nearly 8,000 of those residents estimated to be children.[36]

Currently, "***Approximately 19 percent of the existing workforce is estimated to reside in a [Chandler] household that can be considered low-income, earning less than 80 percent of AMI when adjusted for household size."***[37]

Veterans at Risk

Few of us are defined by one label. Some individuals experiencing homelessness or housing crisis are veterans, some are mothers, some are employed, and some are all the above.

The qualitative and quantitative research in the CNA suggests that it is *not appropriate to label all veterans as a* ***'target population'. However, it should be recognized that there are many Chandler veterans who are among one – or all – of the populations in need described here.***

One tangible measure of veterans at-risk is homelessness. Nine percent of Americans who are homeless are estimated to be veterans.

Mental health services are also a key need: a much higher percentage of veterans experience PTSD (10%-20%) when compared to the civilian population (7%-8%).

Other characteristics of identified populations in need – social isolation and low income – may also include Chandler's veterans, keeping in mind that veterans, like others, are multifaceted, and not unidimensional.

It is important to highlight several sub-population groups in low- and moderate-income Chandler households. While not listed as a "Population in Need" veterans (see side bar) and single parent households are more likely to experience one or more of the top areas of need.

The percentage of single parent households in Chandler (24.3%) is similar to that of Maricopa County (25.7%) and Arizona as a whole. ***Over 60,000 Chandler residents (24.3% of Chandler's population) reside in single parent households.*** Nearly all of these households are headed by women and many live below the poverty level. ***Like veterans, mothers and children within these households are more likely to experience one or more of the top areas of need.***

[36] Estimate extrapolated from poverty rate and children-in-poverty rate.
[37] Op Cit. Page 29

Youth and Seniors who are Vulnerable

While youth and seniors are at opposite ends of the age spectrum, they share similar vulnerabilities related to social isolation. Close to 7% of seniors in Chandler live alone and nearly 25% of Chandler households are single-parent households.

Interviewees and focus group participants are concerned that old and young Chandler residents are experiencing social isolation. Many people are impacted by the isolating paradox of social media use, when connection with an online "community" actually results in the opposite of the intended effect.

Seniors Who Are Isolated or Have Low Income

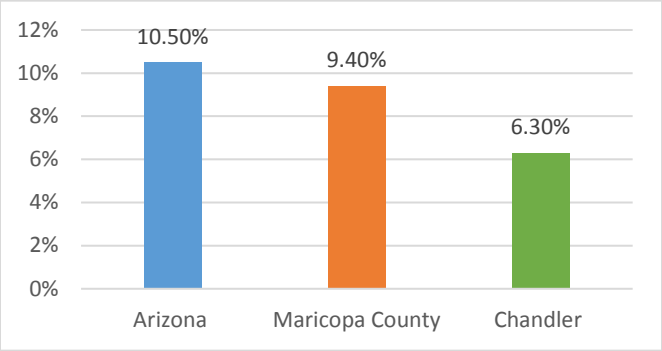
The needs of seniors are multifaceted and can differ from person to person based on disability, social, and health status. Social Isolation among seniors is a concern across all incomes and can be prompted by widowhood, health issues, and change in income status. Low-income senior households are particularly vulnerable. Seniors in Chandler report needing:

- Affordable housing
- Assistance with home care
- Resource navigation
- Transportation

In addition to the needs of seniors being voiced in all focus groups, Chandler engaged a senior-only focus group at the Chandler Senior Center with over 50 participants. Furthermore, 13% of community survey respondents were seniors over 65. Seniors in Chandler are less likely to live alone than seniors in the other comparative regions, but the number is not insubstantial, and expected to increase with the growing senior population at large.

Exhibit 65: Seniors 65+ Living Alone

The State of the Nation's Housing Report notes that "thanks to advances in health and longevity, the number of households headed by adults age 65 and over will increase 44 percent from 2015 to 2025 and 90 percent in 2025 to 2035. As a result, 50 million households—one out of every three—will be headed by older adults by 2035, including 16 million households headed by those over age 80."[38] ***In Chandler, the number of isolated seniors living alone is estimated to be around 1,692.***[39]



SOURCE: ESRI Data, 2018

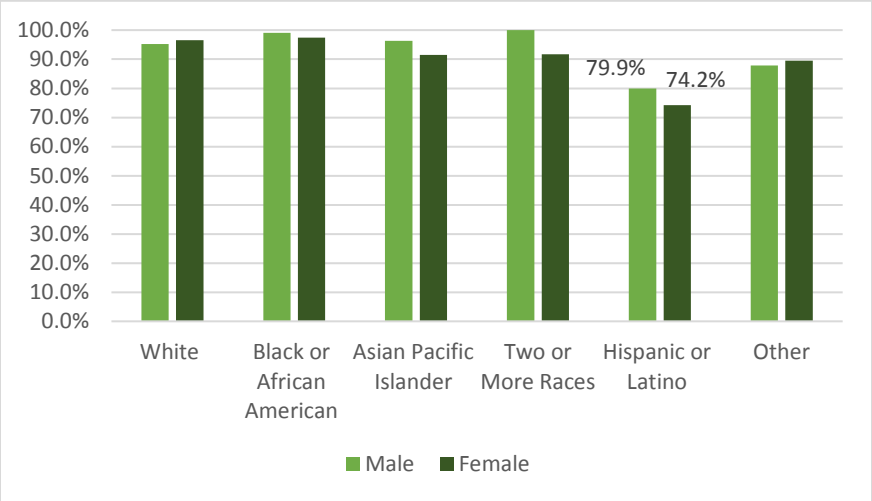
Youth who are Vulnerable or Have Low Income

Chandler's large and growing number of young people is one of many reasons youth who are vulnerable or have low income are a community concern. A recent study of over 10,000 adolescents suggests that adolescents who are disengaged from their school network, who also identify close friends outside their grade, are at greatest

[38] State of the Nation's Housing 2017, Joint Center for Housing Studies of Harvard University, http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017.pdf . Also included in the Appendix.
[39] SOURCE: ESRI Data, 2018, "Seniors Living Alone".

risk for substance use and risk behaviors.[40] In addition to being socially isolated, youth who are vulnerable may include those who are experiencing homelessness, a mental health and/or substance use disorder, and/or may be living in a low-income household. One strong indicator of social isolation and/or youth vulnerability is high school graduation. While the economic consequences of not finishing high school are clear (average lower wages and average higher unemployment) there are other effects as well: high school dropouts are more likely to be incarcerated in prison, experience single motherhood, and use public resources.[41] The exhibit below identifies that Hispanic or Latina women are least likely to graduate high school in Chandler. Using high school graduation as a proxy for vulnerable youth, there are over 2,328 young people at-risk in Chandler.

Exhibit 66: Chandler High School Graduation Rates, Ethnicity and Gender



SOURCE: American Community Survey, 2017 1-Year Estimates

Additionally, a troubling indicator of youth who are vulnerable in the community is the rate of youth suicide. Suicide is the second leading cause of death among youth aged 10 to 19 years in the United States, with suicide rates increasing 33% between 1999 and 2014. Traditionally rates have been higher in male than in female youth. A recent CDC study of youth aged 15 to 19 years shows that suicide rates for female individuals more than doubled from 2007 to 2015. The state of Arizona averages a higher rate of youth suicide (15.8) than the national average (14.5).[42]

People with Behavioral Health and/or Substance Use Disorders

Behavioral Health issues – which include mental health and substance use disorders - do not know boundaries of class, race or age, but vulnerable populations have an especially difficult time accessing care. Barriers around insurance, knowledge of service locations, transportation, and a nationwide substance use epidemic contribute to underserved and undertreated behavioral health issues. As noted

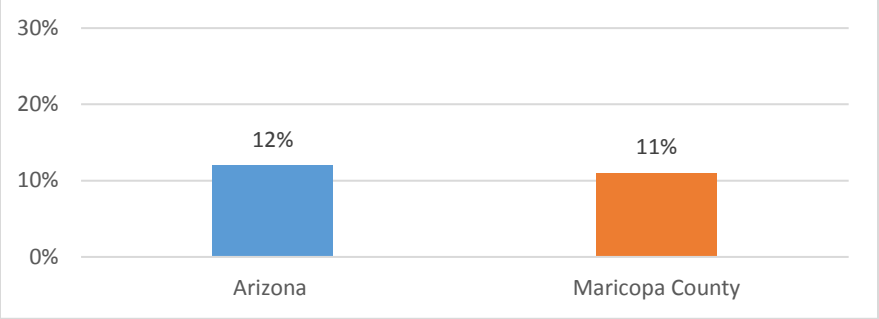
[40] Different Kinds of Lonely: Dimensions of Isolation and Substance Use in Adolescence. J Youth Adolesc. Copeland M1, Fisher JC2, Moody J2,3, Feinberg ME4. 2018 Aug;47(8):1755-1770. doi: 10.1007/s10964-018-0860-3. Epub 2018. Accessed May 2019 https://www.ncbi.nlm.nih.gov/pubmed/29774451

[41] Alliance for Excellent Education, The High Cost of High School Dropouts: The Economic Case for Reducing the High School Dropout Rate." Available at: https://all4ed.org/take-action/action-academy/the-economic-case-for-reducing-the-high-school-dropout-rate/

[42] Centers for Disease Control, https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html Arizona Department of Health Services, Suicide and Self-Inflicted Injury Report, 2018 https://pub.azdhs.gov/health-stats/report/suicide/2018/suicide-report-12-2018.pdf

in the "Top Areas of Need" section, it is estimated that mental health and substance use disorders affect 12,000 to 20,000 Chandler residents.

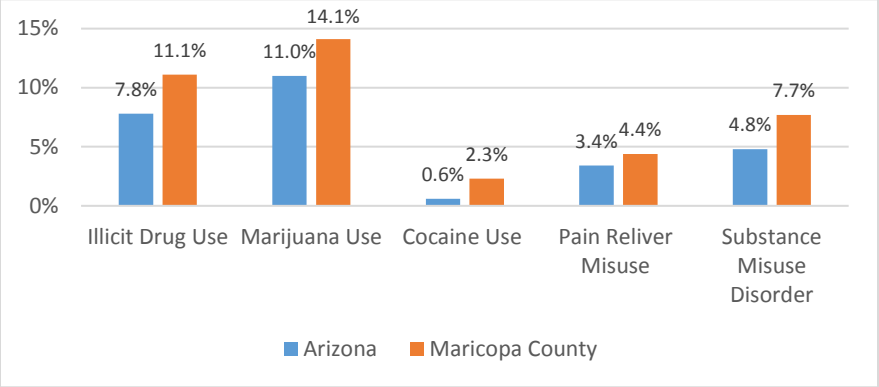
Exhibit 67: Percent of Frequent Mental Distress



SOURCE: County Health Rankings

Nearly 500,000 Maricopa County residents report feelings of frequent mental distress; upwards of 30,000 Chandler residents may experience such distress.

Exhibit 68: Substance Use and Misuse



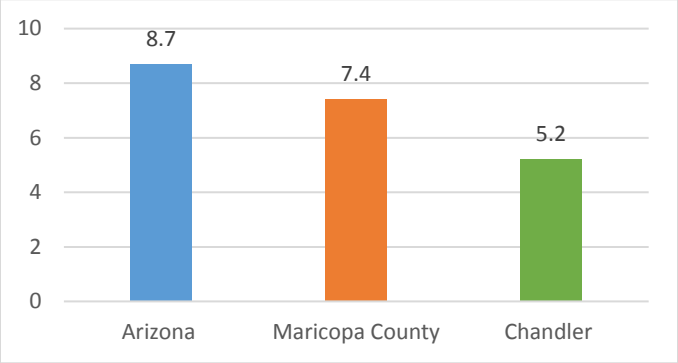
SOURCE: US Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health, 2016-2017

The population data suggests that 12,000 - 20,000 Chandler residents struggle with substance misuse disorder, an issue often interlinked with behavioral health complications.

People with Physical and Intellectual Disabilities

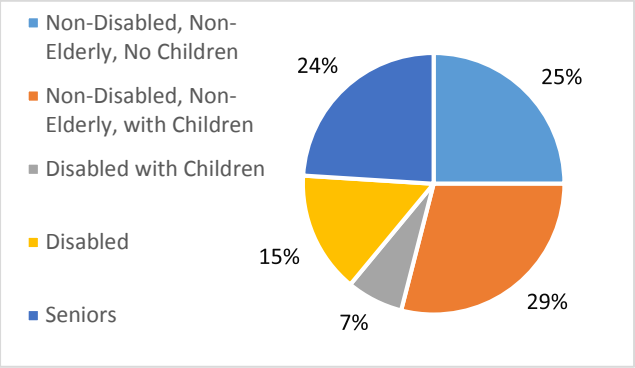
Over 39 million Americans live with some form of disability in the United States. This measure is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach. Over 13,000 Chandler residents live with some form of mental or intellectual disability.

Exhibit 69: Percent Population with Some Form of Disability



SOURCE: ESRI Data, 2018

Exhibit 70: Populations in Low-Income Housing



SOURCE: The Gap: A Shortage of Affordable Homes, 2018

Exhibit 16 details how disabled residents are likely to reside in low-income housing, which helps illustrate the needs of individuals experiencing one or more disabilities. Where Chandler's disabled population is just over 5%, extrapolated data suggests that over 22% of people with disabilities live in low-income housing, indicative of this population having additional needs. Nearly 75% of low-income renters are reported as being a senior, having youth in the household, and/or being a person with a disability.

Qualitative and Quantitative Primary Data Collection Section

Qualitative Discussions

Primary qualitative information is an essential part of the CNA research. While the secondary data research provides a framework with which to build a better understanding of the community, the primary qualitative and quantitative research provides insights that illuminate the unique character of Chandler.

The research methodology included a series of qualitative one-to-one interviews (by phone and in-person) and focus group discussions with community members and agency partners. These conversations help to identify and understand the needs of Chandler residents, to learn more about community social service needs, and to highlight consensus regarding how to maximize the effectiveness of federal, state, and local resources allocated for specific purposes.

Discussion Guides: The discussions used formal interview guides (see the Appendix for a sample) that were developed in conjunction with the City of Chandler staff to elicit consistent information regarding participants' opinions, feelings, and expectations about the following:

- The strengths and needs of Chandler residents
- The top areas of need for people in the community
- Populations that are especially vulnerable and/or underserved
- The current availability and access to services
- How people generally learn about services that are available; and
- If services are effective and making positive change.

Discussion Group Background and Participants: A total of 12 discussion groups were conducted in Chandler with a combination of residents, community leaders, youth, seniors, and others. A variety of recruitment channels were used including, but not limited to: flyers and announcements placed in public venues, participating in constituents' forums at senior centers, social media, and invitations sent to community partners, home owner associations, and others.

The group discussions lasted from 1 to 1.5 hours based on group attendance, participation, and general discussion quality. While some groups emphasized specific topics, all the groups were open to the public. The discussion group process engaged over 100 community members including, but not limited to:

- Community residents
- Youth
- Seniors
- People with knowledge of housing issues
- Individuals experiencing crisis
- Neighborhood groups
- Agency partners
- Special populations of area residents of all ages, e.g. veterans
- Businesspeople
- Public Safety and Faith Leaders

High-level Objectives

The discussion groups in Chandler were designed: 1) to assess how different audiences describe what they believe the areas of greatest need for the community are; and 2) to begin highlighting areas of consensus regarding the operations, development, and implementation of intervention programs.

As with all qualitative focus group research, the results should not be construed as projectable to an entire population, but rather indicative of the opinions of select groups of people. However, when used in conjunction with the qualitative and quantitative survey research with target audiences that are relevant to the issue of interest, the results are quite powerful.

This summary highlights the consensus of the groups, as well as areas of disagreement. Specific comments are used to illustrate key points and to voice individual concerns. These individual statements often reflect similar quotes from several participants and are *bulleted in italics.*

Initial Impressions and Observations

Chandler is a collaborative, generous, and rapidly changing community, and the For Our City initiative has been an integral component in connecting people and organizations to address community needs.

At the beginning all groups were asked: "Thinking broadly about the strengths and needs of Chandler residents, what is first thing that comes to mind?" After dozens of conversations it became clear that comments such as the following convey a genuine sense of collaboration in working to address community needs.

- *Chandler has a strong sense of community – leaders have been born and raised here*
- *Businesses care about community and contribute*
- *The community works together versus competing with each other*
- *Nonprofits work together to solve issues*
- *There is quick response from fire, crisis, and public safety – keep it up!*

With participants ranging from youth who were formerly homeless to older retired citizen-volunteers, it was confirmatory that the initial responses across the groups were largely consistent with their later responses to the question: "What are the top three needs of people in the community?"

Housing related issues and homelessness top the list of needs overall and are especially high profile with seniors and people experiencing crises.

Overall most comments clustered around affordability and the issues that make Chandler residents at risk for homelessness.

- *Housing for seniors and big ticket home repairs like new roofs, A/C, or repairs to mobile home*
- *Transition to affordable housing and stability*
- *Blight is an issue downtown because people aren't there – they're waiting to be bought out. Using the buildings as storage, etc. Homes that are there are not up to standard creating dangerous living conditions.*
- *People don't understand homelessness. Too often they think of people living on the street. That is not how many people experience homelessness. I can tell you of cases where a mother was living in a million-dollar house one day and homeless the next.*

In aggregate, mental health, suicide, and substance use disorders are mentioned frequently, especially in relation to vulnerable populations. The stigma associated with these conditions is an issue not bounded by socioeconomics.

- *Opioid addictions, every day we get OD calls. The trend line is going up.*
- *Behavioral health comes up in multiple discussions.*
- *[Helping] Folks in mental health crisis is a top area of need.*
- *Our non-profit struggles to connect patients to the higher levels of care they need – very important to have these relationships.*

While its impact varies depending upon the group, transportation issues affect many segments of the community.

With a wide spectrum of neighborhoods developed during very different time periods, local traffic is a major concern for many. In addition, the high percentage of individual drivers, and low amounts of car-pooling and public transportation create other issues. Seniors and youth are particularly challenged getting to events and medical appointments, especially those in downtown Phoenix.

- *Traffic infrastructure – multi-lane roads create thoroughfares, increased maintenance needs, pollution, hazards. How can we work with major employers to do something about traffic?*
- *We're not hands free – that creates lots of accidents.*

The desire for additional collaboration, connection, and communication is widespread.

One of Chandler's great strengths is a strong sense of collaboration between, individuals and organizations. However, among those in search of services knowing who to contact can be difficult.

- *More communication is needed between providers*
- *Wide knowledge and communication of needs and resources – so the answer is yes when a request is made.*
- *Chandler is unique in collaboration, but communication still needs to be more systemic.*
- *Honestly, it's a generous area where people are working together. How do we propose a coordinating function - an investment in the coordinating function would ensure we're doing our part in a systematic way.*
- *To me, one of the biggest things that limits us, is there is competition for funding, rather than collaboration. Which prohibits us from working together.*

Understanding how to access community service varies greatly by groups and is largely dependent upon timing, the type of need, and perceptions of safety.

If any one of us knew in advance that we were going to have a crisis, we might learn more about the services available to help us - in advance. The truth is that most of us don't think about what support services are needed until the crisis hits – and that is usually a bad time to be trying to educate ourselves.

Even when the municipality has a reputation for having helpful personnel, learning how to access community services is compounded by most people's hesitancy to ask for help and by our perceptions of who can be trusted to help.

When asked: ***How do people generally learn about what services are available in Chandler, and how to access these services,*** the most common responses are that communications occur through:

- Word of mouth, warm referrals, cell phones/web
- Signage at the Senior Center
- Chandler event activity guide [Breaktime]
- Flyers at [service providers, food banks, and churches]
- For Our City Chandler – it's a network of nonprofits that provide safety net resources
- The City staff is outstanding, extremely responsive – how do we keep it that way as we grow?
- People unaware of 2-1-1
- Neighbors Who Care website
- Library directory

In multiple discussions with lay people and communications specialists, the consensus is that agency and municipal messages must use as many channels as practical for maximum impact.

Social Isolation is a common concern mentioned often in relation to both Seniors and Youth. It is seen as a contributing cause of escalating health, behavioral health, and housing needs.

- The Senior Center is great but not accessible for people in other parts of the City – also many seniors are homebound and can't get to senior center – we need to find a way to reach homebound seniors to address social isolation.
- Youth who are poor, often isolated at home are most vulnerable.
- Isolated youth playing video games at home – who knows who they're playing with on the other end and what it may lead to – is a top area of need. Parents aren't worried because these youth are "safe" at home, but now they are lacking social skills.
- "Adulting skills" are not taught in schools and youth are unprepared for real life.
- Helping youth understand what careers (not jobs) are available for them – creating drive and hope; instilling a sense if civic engagement and empowering them is one of the top areas of need.

Top Areas of Need with Detailed Opinions Regarding Populations in Need

In addition to focus groups as part of the qualitative analysis, Crescendo conducted one-on-one telephonic or in-person interviews with over 17 community organizations (see Appendix) to provide additional perspectives on key community needs and issues.

The discussions explored details about the key topics identified previously during the research, such as housing, homelessness, transportation, communications, behavioral health, and social isolation. Interview durations varied by participant but were approximately 15-20 minutes in length. This section includes core themes from both consumers and community partners. In each case, the document includes several bullet points and sub-issues that support each theme, as well as interview quotations (de-identified) that illuminate respondents' perspectives.

Housing for All Incomes

Housing and selected housing interventions for people with low incomes is one of the best-documented determinants of the overall well-being of individuals and families. Utilization of housing interventions can improve health outcomes and decrease health care costs. [43] Meta-research suggests that access to affordable housing has additional wide ranging, positive impacts, such as being better able to maintain employment and improved performance in school. [44]

The revitalization of Chandler's downtown, with modern dwellings and the creation of retail shops and businesses, add employment opportunities. However, interviewees and focus group participants suggest that growth may also leave some low-income residents scrambling for affordable housing. Households with less than $35,000 a year in annual income[45] may be forced to choose between living in an area they can no longer afford or relocating to another region with a longer commute and/or out of their support systems.

- *"There is a three year wait list (for affordable housing). Most people aren't preparing three years ahead of time."*
- *"There is a struggle for providing community housing. It has just dried up."*
- *"It is a difficult issue to solve - there's no requirement for landlords and new housing developments to provide low cost housing- developers and landlords can get $1,400 to rent a unit instead of $700 for subsidizing the same one-bedroom unit."*
- *"The problem is that people need housing but can't get it. If the AC goes out with a section 8 unit and the apartment complex cannot get it corrected; the tenant cannot break a lease and leave because there is nowhere to go."*
- *"Displaced populations then cannot afford to get back into the housing market."*
- *"We are seeing a gentrification in downtown Chandler; businesses have crept in where lower cost housing used to be. Once residents are pushed out of that area, there's nowhere in Chandler they can relocate to. The toll has been challenging."*
- *"Professionally I work with housing developers, and moving around the metro areas, you see issues in Tempe and Phoenix, and I think we're starting to see a need here."*
- *"We see a high level of renters, and a high level of manufacturing - and those are likely low-level line workers."*
- *"I've lived in Chandler for 12 years. Downtown Chandler, where most of the development for restaurants and bars has been, is beautiful. But now that development is building back into the neighborhood, one of the oldest neighborhoods in Chandler. There's no Home Ownership Association there, and most people don't know how or where to turn for help. Many homes have been bought out, torn down, and a business has been put in place. People have the option to sell their homes, but it's not like they can afford to move somewhere else.*

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[43] See Taylor, et al. https://bluecrossmafoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf, Accessed Nov 2018

[44] The Impacts of Affordable Housing on Health: A Research Summary, Nabihah Maqbool, Janet Viveiros, and Mindy Ault, April 2015 https://www.nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Health-A-Research-Summary.pdf. Accessed May 2019

[45] Approximately 16,500 households in Chandler are estimated to have annual incomes below $35,000.

Potential Supporting Actions

- Housing for All Incomes
- Rental Subsidy Support
- Help with utility bills for lower income households
- Down-payment / Closing Cost Support
- Rental Property Rehabilitation
- Accessible Housing for persons with disabilities
- Help to make homes more energy efficient (weatherization)
- More housing units / new construction of homes and rental units

Behavioral Health

Behavioral Health issues cross boundaries of class, race, age, and geography and the most vulnerable populations have an especially difficult time accessing behavioral health care. As noted in the Populations in Need section, it is estimated that mental health and substance use disorders affect a range of 12,000 to 20,000 Chandler residents. Barriers include lack of insurance, limited knowledge of service locations, transportation, and substance use disorders that further compound the impact of undertreated behavioral health issues.

Mental/Behavioral Health was cited by participants as a root cause for many of the other community challenges listed in the City of Chandler CNA. It was ranked as the second highest health need by the CRMC in the recent Maricopa County Coordinated CHNA: *Mental health is ranked 9th in leading causes of emergency department visits and 7th in inpatient hospitalizations for CRMC's primary service area, and the highest rates of visits can be attributed to adults ages 25 to 34.*[46]

- *"Substance Abuse and Mental Health are the key [underlying so many problems]."*
- *"It's a difficult, huge unmet need. This is not bounded by income, but lower socio-economic people have more difficulty managing behavioral health concerns."*
- *"The opioid epidemic has been tough, and their families need mental health support."*
- *"People struggle with anxiety and depression."*
- *"There are several private substance abuse facilities, but you must have health insurance."*
- *"What we hear is that behavioral health is very difficult to access, especially for low-income people."*
- *"People are very concerned about the teen suicide rate in Chandler, so there's a big push to put social workers in the schools."*
- *"We're seeing a spike in suicides."*
- *"Sexual violence services and advocacy. We're looking into it and there doesn't seem to be any services for adults. Also, there is a lack of services for people with language barriers."*
- *"One of the things we need to pay attention to, some of these people who feel unsafe are children. And that creates a mental health issue."*
- *"From a healthcare perspective, our major takeaway from our CHNA was mental health, especially post maternity mental health. I recently got funding to provide Spanish language post maternity health counseling."*

[46] See Chandler Regional Medical Center, Community Health Needs Assessment 2019 in the Appendix

Potential Supporting Actions

- Mental Health First Aid programs
- Improved access for outpatient Substance Use and/or mental health treatment services
- Improved access for inpatient Substance Use and/or mental health treatment services
- Programs to reduce stigma and increase awareness of mental health and substance use disorders
- Expanded crisis team availability for trauma victims

Homelessness

As noted earlier in Exhibits 62a and 62b, Chandler's rate of individuals experiencing homelessness has increased more dramatically over the past 5 years, according to the Maricopa Association of Governments Municipal Responses to Homelessness Report. This trend is directly correlated with affordable housing. To assist in reversing the trend, it is important to acknowledge other needs including behavioral health treatment, employment, and improved access to services.

Interviewees in this CNA, as well as survey respondents in other large urban areas, say that housing, transportation, public benefits, and jobs (including job training or education) are the types of help needed to escape homelessness.

Further, helping the large number of people who exit homelessness quickly (e.g., with crisis services) can help to avoid longer term, chronic homelessness. There isn't a single one-size-fits-all path into homelessness and for many there isn't a one-size-fits-all path out if it.

- *"This is a valley-wide and nation-wide issue."*
- *"Many barriers are keeping people in a cycle of homelessness. Could be drug use, could be poor mental health, could be poor job skills. Everyone is different and comes into homelessness differently."*
- *"We had a homeless person come to our church, and we didn't have the resources to give her a shower or food, and we tried to put the information in her hand and say, 'Go out and use this.' But people don't always take it."*
- *"Couch surfing is a kind of homelessness; we hear that a lot in the schools. It's a real issue with youth."*
- *"Housing is a massive issue; affordable housing and stable housing leads to homeless issues."*
- *"Mental health [drug] court doesn't have appropriate housing options for referrals."*
- "*Housing and homelessness is a big issue, you see more people standing by freeway exits asking for help now."*
- *"The homeless component, especially in pockets of Chandler, have at times prohibited business. I know of a car dealership that has stopped bringing in high end clientele because of a lot of homeless hanging out by the freeway. And whether that's right or wrong, when it affects our business, that becomes an issue for me."*
- *"To access family shelters, people have to go through the UMOM (United Methodist Outreach Ministries) family housing hub. So, they have to go to Phoenix or one of two sites in Mesa - Mesa sites are only open one day a week - to be assessed. Once assessed, they try to divert families out of the homeless system, but if they score within certain shelter/housing rankings, they are placed on a waitlist."*
- *"Lots of homeless people in the library, it's a place for them to go - they can take out materials with a library card."*

- *"We have a young girl who always comes around and asks if we can feed her. I got her story, and she was trying to avoid being human trafficked. She was saying some people make an effort to sleep in elevators at night because they're safe."*
- *"Utilities are expensive in Arizona, especially in the summer, and you hear about people losing their house because they can't pay utilities."*

Potential Supporting Actions

- Family shelters using an 'I-HELP' model
- Daytime services for people experiencing homelessness
- Jobs and Employment training
- Expanded shelter care for inclement weather periods
- Increase crisis outreach services
- Increased accessibility to showers/laundry service

Better Communications

Communications between and among services was frequently mentioned as a need, as was community members' desire to be more aware of the services available. Without effective and efficient communication between service centers and the community, existing services are underutilized and some of the needs of individuals and families go needlessly unmet. Some Chandler residents are either unaware of, or seem overwhelmed by, the logistics of navigating the many services available to them.

- *"Chandler is unique in collaboration, but communication still needs to be more systemic."*
- *"We need more communication between providers."*
- *"How do we communicate through HOA's?"*
- *"People don't like when you come to the door to talk to them about programs – could we use churches and schools to communicate?"*

Potential Supporting Actions[47]

- Development of a real-time database of services
- Improved 211
- Utilizing a "no wrong door" approach to access
- Expanded distribution of Municipal Activity guides (e.g. Breaktime in Chandler)

Transportation

Lack of public transportation and carpooling options affects Chandler residents economically and psychologically. Chandler residents spend an average of $9,550 annually on transportation, a number higher than the Maricopa County average. A lack of regional public transit options is limiting, and the community transportation services in place do not address the community need.

Seniors and youth are particularly challenged to participate in events and attend medical appointments, especially those appointments in downtown Phoenix.

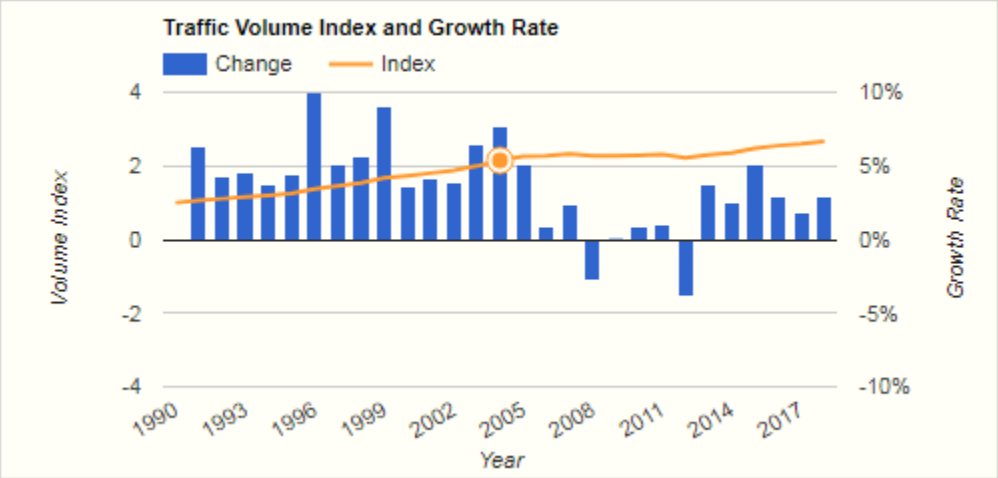
- *"The bus system schedule is very light; you might miss the bus and then have to wait an hour.*
- *"To go to doctor, grocery store, etcetera, there's a four dollar fee they pay for our shuttle, which is potentially too high. And some don't even know the service is available."*

[47] Note: It was suggested that a local public/private partnership might be utilized for some of the technology innovations.

- *"We do transportation with food - refrigerated trucks to sites and delivery to shut-in, home bound veterans and seniors."*
- *"No public transportation in South Chandler."*
- *"Other libraries may not be on the bus line."*
- *"Not a good public infrastructure, you need a lot of the paperwork and it is in Phoenix (for an ID or birth certificate to complete paperwork.)"*
- *"Downtown area is very walkable, the borders of Chandler are difficult if you don't have transportation, it's difficult to get to the hospital."*
- *"Transportation in Arizona is a large issue. We're slowly getting it with a light rail, but we don't have it in Chandler yet. I'll say Uber and Lyft have been helpful, they're moderately affordable."*
- *"Some people are especially vulnerable near bus routes, because they have to hang around and wait there at odd hours."*
- *"We have some real mobility challenges. You see the scooters around, and that's great, but the way the city was built, with different developments going up… sidewalks sometimes end, I think we need the City to fill some of those gaps."*

Exhibit 71: Chandler Traffic Patterns

Traffic Volume Index and Growth Rate



SOURCE: Arizona Department of Transportation

- Exhibit 71 highlights the traffic volume index over time in Chandler, up nearly 30% over 27 years.

Another aspect of the transportation area of need involves the impacts related to increasing traffic volumes.

- *"The ability to get from here to Tempe to Phoenix… sometimes that trip can take 2 hours, and on the weekend the buses sometimes don't run."*
- *"Whether you take the bus or take a car, it's going to take a while to get to Phoenix, what with the traffic and all, I think it is what it is. What I'd like to see locally is maybe more buses and byways for people to get around town easier."*
- *"My kids don't want to drive (echoes of agreement.)"*

Potential Supporting Actions

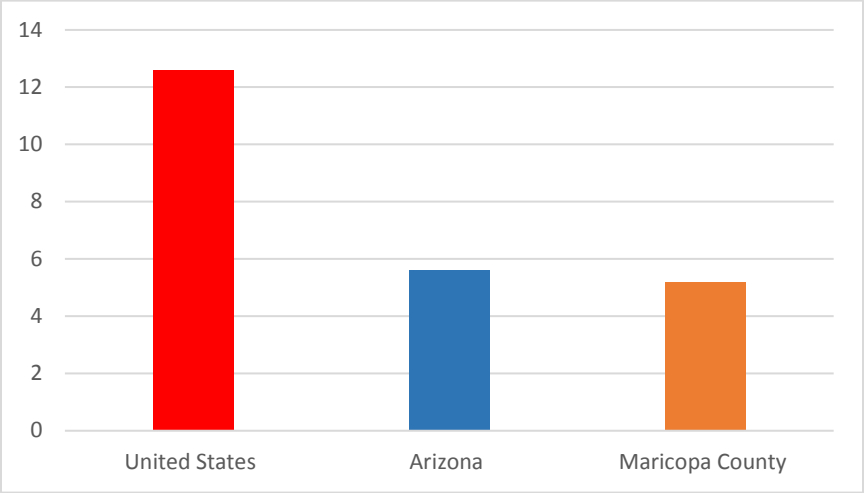
- Expansion of free transportation for seniors
- Improved wait times for paratransit ride programs
- Improved traffic lanes in older neighborhoods
- Crosswalk safety for youth and others

Social Isolation

While youth and seniors are at opposite ends of the age spectrum, they share similar vulnerabilities when it comes to social isolation. Close to 7% of seniors in Chandler live alone and nearly 25% of Chandler households include children living in single-parent households. As noted in the Populations in Need section, social isolation may be an unintended consequence of social media use, when connection with an online "community" actually results in the opposite of the intended effect. An additional troubling indicator of social isolation in the Chandler community is the rate of both youth and senior suicide.

- *"Our Senior Center is very small and could use some updates."*
- *"Food insecurity is an issue for seniors, but we do have Meals on Wheels, and have several food banks within the City."*
- *"There was a Creative Aging grant a few years ago that was really successful."*
- *"There is a huge growth in seniors who are dependent on services but cannot access them – this includes some transportation and awareness of issues."*
- *"Behavioral health is big. (Youth) are not provided with coping skills and that leads to a lot of mental health issues. We teach them skills and emphasize social emotional learning. Often times, poor behavioral health decisions are made. This leads to behavioral health issues, which can lead to higher suicide attempts, disengagement, homelessness, dropping out of school."*
- *"Mental health is related to teen hardships and bullying."*
- *"Suicide rates in the Valley have skyrocketed – there are lots of talks within the schools about it."*
- *"A lot of youth who lack direction fall between cracks of standardized schooling. Kids fall through the cracks and get in trouble outside of school, they get into fights."*
- *"Lots of underlining issues - parental involvement is huge - people work two to three jobs to afford housing, there are a lot of single-family homes."*
- *"I see some 'older' children that are unaccompanied – they come here [youth program] because it's a safe space, I think they're probably at risk because they're not as engaged in activities around the city."*
- *"We don't compete with other health clubs. They're our partners. We compete with Netflix and Budweiser."*

Exhibit 72: Social Associations Per 10,000 Population



SOURCE: County Health Rankings, http://www.countyhealthrankings.org/app/arizona/2019/measure/factors/140/map

Potential Supporting Actions

- Expanded free or affordable Senior Center programs for those who have experienced a change in mental or physical circumstances
- Expanded free or affordable school-based referral programs
- Expanded free or affordable Recreational, Social, and Educational Programs
- Improved Senior Center facility

Food Insecurity

While food insecurity is not always evident and good programs exist, the efforts to improve access to quality food should be continued. The Food Environment Index, which measures access to healthy food and food insecurity, ranks Maricopa County 7.7 out of 10 (0 worst, 10 best.) Yet 13.7% of Maricopa County residents are food insecure, and 20.4% of children are food insecure. While few of the focus groups placed Food Insecurity at the top of their list, it was mentioned frequently enough to include it within the top areas of community need. The comments about it were often in combination with a comment about stigma.

- *"Seniors in aging neighborhoods with limited incomes and no transportation – they go to a 99-cent store, they don't get healthy food, people are taking advantage of them."*
- *"People here are experiencing food insecurity."*
- *"People do not have enough money to maintain their basic needs like food and rent."*

Potential Supporting Actions

- Encourage more neighborhood food sources
- Better food bank distribution/coordination
- Continued support of food bank and senior meal programs

Community Member Survey

An online questionnaire style community survey was conducted to offer individuals in the community the opportunity to provide feedback directly. The survey supplements the other primary research activities. Invitations to participate were provided to the community through e-mails from area agencies and the City of Chandler, agencies' newsletters, social media channels, and a paper survey distributed in multiple locations.

The resulting participant sample (n=624) included a diverse representation of community residents. While randomized, the sample size yields a total margin of error +/- 3.92%, at the 95% confidence interval. Additional survey details are listed below.

Survey Instrument Development

The questionnaire included closed-ended, need-specific evaluation questions; one open-ended question; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the Population in Need may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by careful assessment design effects (e.g., question order, question wording, response alternatives).

Respondent Profiles

- Respondent income ranges were evenly spread among survey takers, but the greatest number of respondents (17.0%) came from the lowest income range, earning less than $25,000 annually.
- Approximately 30% of respondents earned less than $45,000 annually, while 22.8% earned greater than $150,000 annually.

Exhibit 73: Respondent Incomes

Community Survey Incomes	
Household Income Range	**Percent of Respondents**
Less than $25,000	17.0%
$25,000 to $44,000	13.3%
$45,000 to $64,000	10.2%
$65,000 to $84,000	11.7%
$85,000 to $99,000	9.3%
$100,000 to $149,000	15.7%
$150,000 to $199,000	11.1%
$200,000 or more	11.7%

Exhibit 74: Race and Ethnicity

Community Survey Racial and Ethnic Characteristics		
Race	Number of Respondents	Percent of Respondents
Black or African American	41	9.3%
American Indian	5	1.1%
Asian	58	13.1%
White non-Hispanic	219	49.4%
Hispanic	74	16.7%
Mixed Race	20	4.5%
Other	26	5.9%
Total	443	100.0%

- The racial composition of the survey skewed more towards white non-Hispanic respondents (49.4%), while African American participation (9.3%) was on-par with Chandler representation (9.5%). Hispanic participation (16.7%) was well below Chandler's average (40.8%) and Asian population participation (13.1%) was also below the Chandler average (25.7%).

Consumer Information Sources Preferred

Exhibit 75: Information Sources

What sources do you normally use to find out about Community Resources or to stay up to date on community initiatives in Chandler?		
	Frequency	Percent
City of Chandler Website	144	46.9%
Newspaper	27	8.8%
Social Media	88	28.7%
Television	13	4.2%
Radio	2	0.7%
Community outreach worker or other healthcare worker	11	3.6%
Magazine	1	0.3%
Friends and relatives	21	6.8%
Total	307	100.0%

- An earlier version of survey data (N=419) which had significantly less low-income participation rated television as a source at 1.7%. The updated data (N=460, which accounts for a higher percentage of low-income respondents) rates television at 4.2%. Therefore, it can be concluded low-income people use television as a source of information at a high rate.

Quantitative Top Areas of Need Compared

Exhibit 76: Top Needs Rankings

Thinking broadly about what will make Chandler an even more successful, thriving community, please rank the following community needs in order of importance.[48]		
	Frequency	Percent
Housing for All Incomes	131	34.5%
Homelessness	82	21.4%
Strengthen Positive Community Engagement	60	15.9%
Transportation	42	10.7%
Food Insecurity	36	9.4%
Communication Between Service Centers	33	8.8%
Childcare	22	5.8%

- Housing for All Incomes was the most important need to survey respondents (34.5%).
- Childcare was the lowest important need of the seven presented options (5.8%).
- Around one in ten (8.8%) said Communication Between Service Centers was their most important need. This need was rated higher in focus groups and stakeholder interviews than in the survey.

Selected Measures by Ethnicity

As part of the survey, community members were read a list of issues and asked to rate "Which of the following do you feel need more focus by the community?" using a scale of 1 to 3 --where 1 means that No More Focus is needed, 2 is Somewhat More Focus Needed, and, 3 is Much More Focus Needed. The results were then analyzed and evaluated in total and by demographic groupings.

[48] Percentages may not add up exactly to 100% as some respondents ranked multiple issues as their top need.

Exhibit 77: Ranking of Needs

Thinking broadly about what will make Chandler an even more successful, thriving community, please rank the following community needs in order of importance.			
Need	**Overall Rank** (by mean score)	**Percent Indicating a "Top 3" Need**	**Mean Score**
Housing for All Incomes (For example: affordable rental housing for all incomes, rental subsidy support, help with utility bills for lower income renters)	**1**	62%	3.12
Behavioral Health (For example: mental health first aid programs, improved access for outpatient substance use and/or mental health treatment services)	**2**	46%	3.71
Homelessness (For example: Family shelter using a 'I-HELP' model, daytime services for people experiencing homelessness, jobs and employment training)	**3**	47%	3.72
Better Communications (For example: development of a real-time data base of services, improved 211, Utilizing a "no wrong door" approach to access)	**4**	48%	3.79
Transportation (For example: expanded public transportation [e.g. bus and light rail], expansion of free transportation for seniors)	**5**	38%	4.27
Social Isolation (For example: expanded free or affordable senior center programs for those who have experienced a change in mental or physical circumstances, expanded free or affordable school-based referral programs)	**6**	36%	4.32
Food Insecurity (For example: encourage more neighborhood food sources, better food bank distribution/coordination)	**7**	35%	4.59

Strategic Prioritization Method

After the data was collected, the community needs that were identified by participants and survey respondents were prioritized based, in part, on the survey results and by approaches supported by The Office of Community Planning and Development of the U.S. Department of Housing and Urban Development (HUD), the Centers for Disease Control and Prevention, the National Community Development Association, and others.

Prioritization Criteria

The resulting prioritization process utilizes information developed in the CNA, as well as **Critical Actions or Interventions** in prior Chandler initiatives. The Prioritization Criteria requires that funded programs and projects will:

1) Address one or more of the **Population in Needs**;
2) Address at least one of the identified **Top Areas of Need**;
3) Utilize one or more **Critical Potential Supporting Actions or Interventions**

Please note that in lieu of criteria number three (3) above, the City may elect to consider proposals with Actions and Interventions that **are new and/or demonstrate innovation** but do not utilize one of the Critical Potential Actions Supporting or Interventions. Agencies may submit multiple applications for differing programs per priority Population in Need and Areas of Top Need. The HHSC has the opportunity to increase or decrease a population funding percentage by no more than 5% during the annual allocation process to respond to urgent needs.

For a full list of the Allocation Criteria and Critical Potential Actions or Interventions, please see the document: Recommended GF Fund Priority and Allocation Criteria.

Appendices

1 – Organizations Represented
2 – Sample Interview Guide
3 - Recommended GF Fund Priority and Allocation Criteria

1 – Organizations Represented

Organization Name	Contact First Name	Contact Last Name
Dignity Health	Lori	Bacsalmasi
Resurrection Street Ministries	Bill	Berry
Women's Health Innovations of Arizona	Sharla	Best
East Valley JCC	Michael	Beyo
City of Chandler, Community Services Department	Brenda	Brown (retired)
City of Chandler Poice Department, Victim Services	Kathleen	Cain
National Advocacy & Training Network	Monalou	Callery
Big Brothers Big Sisters of Central Arizona (BBBSAZ)	Laura	Capello
Newtown Community Development Corporation	Allen	Carlson
Mission of Mercy	Paula	Carvalho
Junior Achievement of Arizona	Katherine	Cecala
American Service Animal Society	Deborah	Claseman
Best Buddies International, Inc.	Lisa	Cleary
Desert Sounds Performing Arts, Inc.	Jennifer	Crews
Veterans' Crisis Response Org	Campbell	David
CBI	Liz	De Costa
Housing and Human Services commission	Vanessa	Dearmon
Azcend / Senior Center	Kelly	Delgado
AZCEND	Trinity	Donovan
FSL Home Improvements	Tom	Egan
Neighbors Who Care, Inc.	Eric	Ehst
Si Se Puede Foundation	Alberto	Esparza
Recreation and Athletics for Individuals with Disabilities (RAD)	Michael	Garcia
Chandler Firefighter Charities	Chad	Goswick
Chandler Men of Action	Victor	Hardy
City of Chandler Prosecutor's Office	Elizabeth	Herbert
Chandler Education Foundation	Jennifer	Hewitt
Midwest Food Bank - Arizona Division	Patrick	Hodgkins
A New Leaf, Inc.	Michael	Hughes
City of Chandler, Housing and Redevelopment	Amy	Jacobson
Chandler CARE Center Children's Medical and Dental Clinic	Katie	Kahle
Chandler Chamber of Commerce	Terri	Kimbel
Chrysalis Shelter for Victims of Domestic Violence, Inc.	Patricia	Klahr
ICAN	Melissa	Kowalski
Friends of Chandler Public Library	Dan	Lee
Chandler Cultural Foundation	Michelle	Mac Lennan
FANS Across America Charitable Foundation	George	Macedon
FANS Across America	George	Macedon

Organization Name	Contact First Name	Contact Last Name
Ross Farnsworth East Valley Family YMCA	Bryan	Madden
Chandler Compadres (also First Bank)	Matt	Marshall
A New Leaf	Dana	Martinez
About Care, Inc.	Ann Marie	McArthur
notMYkid, Inc.	Joronda	MontaÃ3o
Catholic Charities Community Services, Inc.	Paul	Mulligan
Association for Supportive Child Care	Nicole	Newhouse
Animal Defense League of Arizona	Stephanie	Nichols-Young
One Small Step, Inc.	Amanda	Nosbisch
Chandler-Gilbert ARC	Billy	Parker
Dignity Health Foundation East Valley	Aaron	Peace
ICAN: Positive Programs for Youth	Shelby	Pedersen
Boys & Girls Clubs of the East Valley	Connie	Perez
City of Chandler, Neighborhood Resources	Leah	Powell
EMPACT-Suicide Prevention Center (SPC)	Michael	Prudence
City of Chandler Poice Department	Dave	Ramer
Ballet Folklorico Quetzalli-Az	Vanessa	Ramirez
United Food Bank	Dave	Richins
COC Library	Mary	Sager
Chandler Lacrosse Club	Mitch	Sandlin
Community Bridges, Inc.	Dr. Frank	Scarpati
Banner Behavioral Health Hospital	Bill	Southwick
Holy Trinity Lutheran Church	Christine	Stoxen
Free Arts for Abused Children of Arizona	Alicia	Sutton Campbell
Child Crisis Arizona	Torrie	Taj
For Our City/Chandler	Niki	Tapia
Save the Family	Jacki	Taylor
Matthew's Crossing Food Bank	Jan	Terhune
City of Chandler Fire Department	Jessica	Westmiller
The Salvation Army	Jeff	Williams
Feed Our Babies	Chris	Woodard
Mesa United Way	Mark	Young
Southwest Fair Housing Council	Jay	Young

2 – Sample Interview Guide

City of Chandler

Community Needs Assessment

Community Discussion Guide_FINAL

Introduction and Objective

- *Describing the general purpose of the discussion.* As you were told in the recruiting process, the purpose of the discussion is to learn more about community needs and currently available resources, and to collect your insights regarding service gaps, and ways to better meet needs.
- *Explaining the necessity for note-taking, audio taping and reporting.* The session is being audiotaped to assist us in recalling what you say. I will be summarizing our discussion in a written report. However, individual names will not be used.
- *Seeking participants' honest thoughts and opinions.* Frank opinions are the key to this process. There are no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative. Please be respectful of the opinions of others.
- *Describing logistics.* Restroom location; Refreshments; One hour and thirty minutes maximum, introduce scribes.
- *Highlighting the approach for those who have not been to a group before.* For those of you who have not been to one of these discussions before, the basic process is that I will be asking questions throughout our discussion. However please feel free to speak up at any time. In fact, I'd encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable.
- *Questions?* Do you have any questions for me before we start?

For Internal Use Only

Identify affiliation:

- ☐ Elected Officials, Mayor, Council Members
- ☐ Healthcare providers
- ☐ Social Service agencies
- ☐ Other (specify) _____

Discussion or Interview Type:

- ☐ Focus Group
- ☐ Telephone
- ☐ In person

Interview Questionnaire

Introduction

As you saw in the invitations, Crescendo Consulting Group will be assisting the City of Chandler with its 2019 Community Needs Assessment (CNA). The purposes of the CNA are to:

- Identify and understand Chandler needs in the context of the multiple populations it serves
- Determine the services and service levels required to meet those needs

- Identify barriers and gaps that prevent Chandler residents from accessing services.
- Build upon stakeholder engagement to maximize the effectiveness of federal, state and local resources.

I have a few questions from some rather broad categories. The discussion will take less than 90 minutes. Shall we get started?

1. To start with, let's take a minute to go around the table, say our names and introduce ourselves. As you do, please share something you like about the Chandler community and some of the ways that you (and/or your organization) are engaged with the community?

Access, Availability, and Delivery of Services

The next series of questions involve needs, the current availability and adequacy of supports, services, and facilities to meet the human needs of area residents.

2. Thinking broadly about the strengths and needs of Chandler residents, what is first thing that comes to mind?

3. From your perspective what **are the <u>top three</u> needs of people in the community?**

   PROBE as needed. REFER TO and RECORD ON SERVICE TABLE on page 4:
   Transportation, housing, employment, education, income management, housing, emergency assistance/services, nutrition, healthcare, helping persons to become self-sufficient, or coordination of services and connecting persons to services, community revitalization, or other needs.

4. What populations are especially vulnerable and/or underserved from your perspective?

   PROBE:
   - In what ways do programs in the area reach out to people in need?

5. At a high level, how would you describe the current availability and access to services in the City of Chandler?

   PROBE: Help finding Affordable Housing, etc.

6. How do people generally learn about what services are available in Chandler, and how to access these services? (e.g., Online directory; Hotline; Word of Mouth)?

   PROBE:
   - What's the <u>best</u> way to connect with people?

7. What is the most effective way to establish organizational partnerships in the City of Chandler?

8. What services are effective in Chandler? Which organizations and people seem to be champions for positive effective change?

Magic Wand Question

9. If there was one issue that you could personally change with the wave of a magic wand, what would it be?

Thank you very much again for your time and thoughtful responses to our questions.

Service Table for Reference

CATEGORY	NEEDS	Not Needed (1)	Rarely Needed (2)	Needed (3)	Very Needed (4)
Assistance	Help with applying for Social Security, SSDI, WIC, TANF, etc.	1	2	3	4
	Help finding resources in the community	1	2	3	4
	Finding Child Care	1	2	3	4
	Food	1	2	3	4
	Transportation	1	2	3	4
	Legal Services	1	2	3	4
Case Management	Assistance with goals and self-sufficiency	1	2	3	4
Community	Neighborhood clean-up projects	1	2	3	4
	Crime awareness or crime reduction	1	2	3	4
	Public parks and facilities	1	2	3	4
	Employment opportunities	1	2	3	4
	Digital/computer access				
Education	GED classes	1	2	3	4
	English as a Second Language Classes	1	2	3	4
	Adult Education or Night School	1	2	3	4
	Computer Skills Training	1	2	3	4
	Assistance to attend trade or technical school, or college	1	2	3	4
Employment	Help finding a job	1	2	3	4
	Help with job skills, training & job search	1	2	3	4
Family Support	Financial Education/Budgeting Classes/Credit Counseling	1	2	3	4
	Parenting Classes	1	2	3	4
	Nutrition Education/Healthy Eating Education workshops	1	2	3	4
	Classes on healthy relationships, resolving conflicts, etc.	1	2	3	4
	Counseling services	1	2	3	4
	Programs and Activities for Youth (ages 12-18)	1	2	3	4
	Programs and Activities for Seniors	1	2	3	4
Healthcare	Primary Care Services	1	2	3	4
	Specialty Services	1	2	3	4
	Long Term Care	1	2	3	4
Housing	Affordable Housing	1	2	3	4
	Help paying rent	1	2	3	4
	Help with utility bills	1	2	3	4
	Help to make my home more energy efficient (weatherization)	1	2	3	4
Medical	Health Insurance	1	2	3	4
	Affordable Medical Care	1	2	3	4
	Prescription Assistance	1	2	3	4

General Fund Prioritization and Application Criteria

Final Dollar Amounts Subject to City Council Approval

Introduction

The City of Chandler has recently completed a community-wide Community Needs Assessment (CNA) process to help identify ways to better serve the community now and in the future. In addition, public and stakeholder input, records of past funding, and market analysis are used to determine the relative priority of the top areas of need and the target populations to be served.

During the previous CNA process in 2007, the community and the region was on the brink of significant change. The ensuing changes have shaped and further defined the Top areas of Need and Target Populations. Assignment of priority does not reflect a lack of need for any particular area or population; it simply identifies those that are most likely to be addressed with limited funding. In addition to detailing the priority populations and top areas of need, the 2019 CNA highlights potential actions to be proposed by agency partners. Although not all inclusive, the potential actions are representative of the community's highest priorities.

Prioritization Criteria

The prioritization process requires that funded programs and projects will:

1) Address one or more of the **Target Populations**; **<u>and</u>**
2) Address one or more of the identified **Top Areas of Need**;

Each of these prioritization criteria are detailed in the following section. Agencies may submit multiple applications within the prioritization criteria.

1. Address one or More of the Target Populations

In general, people within a target population share common characteristics or attributes that can be identified as separating them from the broader population. However, it is important to note that few of us are defined by just one label. For example, individuals experiencing homelessness or housing crises may also be veterans, mothers, employed, or all the above.

The target populations are:

- People experiencing homelessness and/or housing crisis
- Households with low and moderate income
- Youth who are vulnerable or have low income
- Seniors who are isolated or have low income
- People living with mental health and/or substance use disorders
- People living with physical and/or intellectual disabilities

2. Address one or more of the identified Top Areas of Need

The results of the secondary data analysis, community focus groups, individual interviews, and the quantitative community survey indicate that the top human service oriented areas of need in Chandler are:

- Housing for All Incomes
- Behavioral Health
- Homelessness
- Better Communication of Available Resources
- Transportation
- Social Isolation
- Food Insecurity

A detailed description of each of the Target Populations and Top Areas of Need can be found in the City of Chandler 2019 CNA. For the purposes of evaluation, applications for funding will be divided into three groupings as follows:

1) Basic Needs: This grouping includes the Target Populations of 1) People experiencing homelessness and/or housing crisis; and 2) Households with low-and moderate-income. All Top Areas of Need may be addressed within this grouping.

2) Youth: This grouping includes the Target Population of 1) Youth who are vulnerable or have low income. All Top Areas of Need may be addressed within this grouping.

3) Special Populations: This grouping includes the Target Populations of 1) Seniors who are isolated or have low income; 2) People living with mental health and/or substance use disorders; and 3) People living with physical and/or intellectual disabilities. All Top Areas of Need may be addressed within this grouping.

Application Criteria

Agencies requesting funding through the City of Chandler's Housing and Human Services Commission will adhere to the following criteria:

1. Non-Profit Status

Be a nonprofit health and human service organization with a 501(c)(3) tax exempt status.

2. Administrative Limitations

No more than 20% of the program funds awarded by the City of Chandler may be used for program administration and/or evaluation.

3. Municipal Requirements

All (100%) of the funds received from the City of Chandler must serve Chandler residents. Funds will be returned if it is found that an agency is not meeting this requirement.

4. Audit Requirements

Submit an audit, including management letter, conducted by an independent accounting institution able to render unqualified statements regarding the fiscal status of the organization.

a. Agencies with budgets under $500,000 may present a financial review conducted by an independent accounting institution.
b. Agencies in existence for less than three years must supply year-end financial statements for their period of operation, including budgeted versus actual figures.

5. Urgent Needs

The HHSC has the opportunity to increase or decrease funding by grouping no more than 10% during the annual allocation process to respond to urgent needs.

6. **Physical Location**
   Priority will be given to agencies physically based in Chandler, except under the following conditions:
   a. There is no Chandler-based service provider meeting the identified need;
   b. An agency serves Chandler organizations or residents. In this case, the applicant agency will need to provide documentation; or
   c. An agency outside Chandler collaborates with a Chandler-based agency to provide services to Chandler residents. In this case, the applicant agency will need to provide documentation (such as a memorandum of understanding) that outlines the relationship between the applicant agency and the Chandler-based organization (i.e. school, church, etc.) where services are provided.

7. **Funding Limitations**
   a. The minimum grant request level is $10,000.
   b. No more than 10% of the total annual amount of General Funds may be allocated to any one program (except a Collaborative Partner Grant).
   c. No more than 15% of the total annual amount of General Funds may be allocated to any one agency.
   d. No more than 15% of the total annual amount of General Funds may be allocated to a Collaborative Partner Grant.
   e. Exemptions to the above rules may include the Senior Meals and Eviction Prevention Programs operated by the City's designated CAP agency as well as Programs designated by Councl, regardless of which nonprofit organization is providing these services.

8. **Cyclical Prioritization**
   At the beginning of each funding cycle, the Housing and Human Services Commission may establish a basis for awarding extra points for projects meeting specific needs or priorities determined to be in the best interest of Chandler residents and communities. Examples might include urgent community needs such as programs addressing teen suicide or innovative new practices such as shared housing for low-income renters.

9. **Grant Term**
   Agencies will be awarded funding annually subject to availability of funds and acceptable annual performance. The review process will include a contingency plan to accommodate changes in availability of funds and performance-based revisions.

10. **Orientation Requirements**
    All agencies must attend an Application Orientation to be eligible to submit an application.

11. **Insurance Requirements**
    All agencies will be required to hold a current insurance policy in line with City requirements. Agencies shall comply with all applicable Federal, state, and local laws, and with all applicable license and permit requirements.