Creation in Common

Strengthening Communities through Shared Creativity

Community Needs Assessment

Conducted on behalf of

Community Action
Partnership of Hennepin County

May 19, 2026

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Executive Summary

Founded to address the root causes and impacts of poverty, Community Action Partnership of Hennepin County (CAP-HC) is guided by a mission to support those experiencing hardship and a vision of a county where all residents can achieve stability. The organization has a long history of working alongside individuals and families with low incomes to address both immediate crises and systemic barriers, and it engages in a community-driven approach that centers partnership, equity, and lived experience. Through ongoing collaboration with residents, local service providers, and public systems, CAP-HC strengthens pathways to economic security.

CAP-HC delivers a comprehensive continuum of services that support both short-term stabilization and long-term self-sufficiency. These include energy, water, and rental assistance; housing stability and renter education; and vehicle repair support to help households maintain reliable transportation. CAP-HC also provides employment readiness and job retention services, financial wellness education and coaching, tax preparation assistance, homebuyer education and counseling, and assistance navigating public benefits such as health insurance. Together, these programs reflect CAP-HC's dual commitment to crisis response and capacity-building, ensuring residents have both immediate support and tools for the future.

This mission and service model aligns directly with CAP-HC's responsibility to conduct a regular Community Needs Assessment (CNA). As a designated community action agency, CAP-HC is uniquely positioned to elevate the voices and experiences of financially vulnerable residents across Hennepin County. The CNA serves as a structured opportunity to listen to residents, understand how they experience the county's social services ecosystem, and assess whether existing systems are meeting their needs. By prioritizing the perspectives of those most directly affected by poverty, the CNA helps ensure that planning and decision-making are grounded in lived experience rather than assumptions.

In the fall of 2025, CAP-HC engaged Creation in Common to conduct their CNA to better understand the current and emerging needs of economically insecure residents and to assess how well the availability and efficacy of services in Hennepin County align with those needs. The assessment integrates survey data, community leader interviews, ALICE (Asset Limited, Income Constrained, Employed) data, and asset mapping to capture both resident experience and countywide trends in financial vulnerability, service access, and barriers to support.

Findings indicate that rising costs—rather than unemployment—are the primary driver of instability for many households. Increases in food, housing, utilities, transportation, and healthcare have outpaced wage growth, forcing residents into constant tradeoffs and increasing reliance on emergency supports, even among those who are employed. Residents overwhelmingly identified food costs as having the greatest impact on household stability, followed by housing and transportation. Many reported relying on food shelves not because of job loss, but because groceries have become unaffordable. Transportation—particularly access to a reliable vehicle—emerged as a critical tipping point that can quickly cascade into job loss or housing instability.

Food, housing, healthcare, and utilities surfaced as the most urgent needs across the assessment. SNAP and food assistance ranked as the top financial priority, followed closely by healthcare and rental assistance. These findings were echoed consistently by community leaders, who reported increasing demand from working families and first-time help-seekers.

Employment alone does not guarantee stability. While 43% of survey respondents reported being employed, 78% of single-person households fell below the ALICE threshold. Employment status did not significantly reduce the likelihood of needing assistance, reinforcing that many households are working yet unable to meet the true cost of living in Hennepin County.

How services are delivered matters as much as what services are delivered. Residents defined quality assistance as timely, easy to access, and delivered with dignity. Long application timelines, complex systems, and past negative experiences were frequently cited as barriers, often preventing people from accessing help before crises escalate. Faster access to assistance has clear preventative impact, reducing downstream costs associated with homelessness, emergency healthcare, and job loss.

Geographic disparities persist across the county. Asset mapping revealed that ZIP codes with the highest concentrations of ALICE households do not always have proportional access to nearby services. These geographic mismatches compound transportation and access challenges and, when combined with rising costs and system complexity, contribute to persistent service gaps—reinforcing the need for coordinated, countywide strategies.

Community leaders consistently reinforced resident findings. Across interviews, leaders reported rising demand, increasing numbers of first-time help-seekers, and growing pressure on emergency services. CAP-HC was described as a trusted and essential partner—particularly for energy and utility assistance—due to its countywide reach and ability to facilitate referrals and warm hand-offs. At the same time, leaders noted capacity constraints, long wait times, and system complexity as ongoing challenges.

This CNA was conducted during a period of heightened uncertainty and volatility. Disruptions to SNAP, uncertainty around the future of social services, increased immigration enforcement, and broader federal-level policy shifts have contributed to fear and hesitation among many residents. Notably, 10.1% of survey respondents reported belonging to a demographic they believe the current U.S. administration is targeting (e.g., immigrants, transgender individuals) and expressed nervousness about seeking support or having their data collected.

CAP-HC's frontline employees who work with immigrant populations reported that there is great concern from certain immigrant groups — such as the Somali community — about losing their protected status, in light of the current administration's announcement that it plans to end Temporary Protected Status for Somali immigrants by March 2026. This context underscores the importance of trust, confidentiality, and culturally responsive outreach in service delivery.

These findings provide CAP-HC with a clear foundation for strengthening its programs, partnerships, and advocacy efforts—ensuring resources are aligned with where need is greatest and informed by the voices of those most affected.

Methodology

This Community Needs Assessment was conducted to provide Hennepin County residents who are financially vulnerable with an opportunity to share about their daily lived experience and the challenges they face, and to express their opinions and observations about accessing social and financial services in Hennepin County. This included asking what barriers residents believe exist in regards to ensuring self-sufficiency and gathering feedback on where they believe there are either gaps in service or room for improvement. To achieve this, Creation in Common utilized the following approaches:

- Initial research into trends in social services, food insecurity, financial instability, and ALICE data metrics in Hennepin County.
- Creation of the Hennepin County Asset Map which illustrates where different community assets (e.g., grocery stores, health clinics, food pantries, community centers) are located in relation to which zip codes are most financially vulnerable.
- In-person surveying at eight non-profit host sites across Hennepin County to collect data from residents with low incomes on how they interface with various social and financial services. Survey participants were compensated with honorariums of $10 in cash for taking the survey.
- One-on-one Zoom interviews with eight community leaders working in nonprofit or social services organizations in Hennepin County.
- A roundtable feedback session with CAP-HC's frontline staff to examine how the resident and community leader findings from the Community Needs Assessment align with their on-the-ground experience in providing social services to Hennepin County residents.

Creation in Common used qualitative coding to identify themes across engagements and statistical analysis to interpret survey responses. The above data sources ensure the findings reflect both county-wide trends and lived experience, grounding data in the real conditions facing residents and the organizations that serve them.

The findings and interpretations presented in this report are based on information shared with Creation in Common via these data collection methods. While data completeness varied across sources, every effort was made to accurately interpret the information and to ensure that findings are firmly rooted in the data provided.

Community Engagement Host Sites

Organization	Location	Date
Urban League Twin Cities	Minneapolis, MN	10/28/2025
Oak Park Neighborhood Center	Minneapolis, MN	10/28/2025
Community Emergency Service	Minneapolis, MN	10/29/2025
Phyllis Wheatley Community Center	Minneapolis, MN	10/29/2025
YWCA Midtown	Minneapolis, MN	10/30/2025
CROSS Services	Rogers, MN	11/18/2025
Richfield Community Center	Richfield, MN	11/18/2025
Interfaith Outreach and Community Partners	Plymouth, MN	11/19/2025

Community Leader Interviews

Name	Organization & Title	Date
Denise Fosse	Chief Development Officer, Pillsbury United Communities	11/21/2025
Isabella Hembre Conditt	Program Coordinator at Open Arms of Minnesota	11/24/2025
Christopher Anderson	Executive Director at WeCAN	11/26/2025
Heidi Boyd	Program Manager at Hennepin County	12/1/2025
Pat Schwalbe	Chief of Operations at CROSS Services	12/4/2025
Wendy Geving	Program Director at IOCP	12/5/2025
Kimberly Caprini	Program Manager at Phyllis Wheatley Community Center	12/5/2025
Louise Matson (pending)	Executive Director at Division of Indian Work	TBD

Acknowledgements

Creation In Common wishes to acknowledge and thank the board and staff of the Community Action Partnership of Hennepin County, specifically Kendra Krolik and Amelia Barkley, for their insights and assistance with coordination throughout the project. In addition, they wish to thank all the interviewees, survey respondents, and representatives from the community engagement host sites who participated and gave generously through their time and perspectives. For Creation in Common, Laura Venhaus, Kyle Moore, Jenna Read Nagle, and Jenie Gao led data collection, analysis, and report writing. Kyle Moore provided project coordination, scheduling assistance, and report writing. Jenie Gao constructed the survey, provided expertise in data collection, and led data analysis and synthesis. Laura Venhaus served as the project lead, and Carlo Cuesta served as principal and lead facilitator.

Asset Mapping

ALICE Data

This Community Needs Assessment and its corresponding asset map use ALICE data (Asset Limited, Income Constrained, Employed) as a core metric because it provides a more accurate and complete picture of financial vulnerability than the federal poverty level alone. The federal poverty level significantly understates the number of households struggling to meet basic needs, as it does not account for the true cost of living in Hennepin County, including housing, childcare, transportation, health care, and food. ALICE data captures households that are working and earning above the federal poverty threshold, yet remain unable to afford a basic household survival budget. Given that many community partners described growing demand from households who make too much to qualify for public assistance but not enough to remain stable, ALICE data aligns closely with what service providers are seeing on the ground. Using ALICE allows this assessment to more accurately identify populations at risk, highlight service gaps, and inform strategies that reflect real economic conditions rather than outdated or inadequate income benchmarks.

Creation in Common created the **Hennepin County Asset Map** (see pages 8 - 12) to illustrate where various 'community assets'—assistance programs, food pantries, health centers, grocery stores, dental clinics, community centers, educational facilities, and public transportation access points—are located in relation to which ZIP codes have the highest levels of need. These layers can be toggled on and off on the interactive map accessible from page 47 to assess where specific gaps in service may lie. This map also paints a comprehensive picture of which ZIP codes might be underserved in Hennepin County in relation to families' levels of economic security in accordance with ALICE data. Please note, the images in this report are not interactive.

2023 Point-in-Time-Data

Population: 1,258,713 **Number of Households:** 545,627

Median Household Income: $93,668 (state average: $85,086)

Labor Force Participation Rate: 72% (state average: 68%)

ALICE Households: 23% (state average 25%) **Households in Poverty:** 10% (state average 9%)

*United For ALICE – Hennepin County ALICE Data

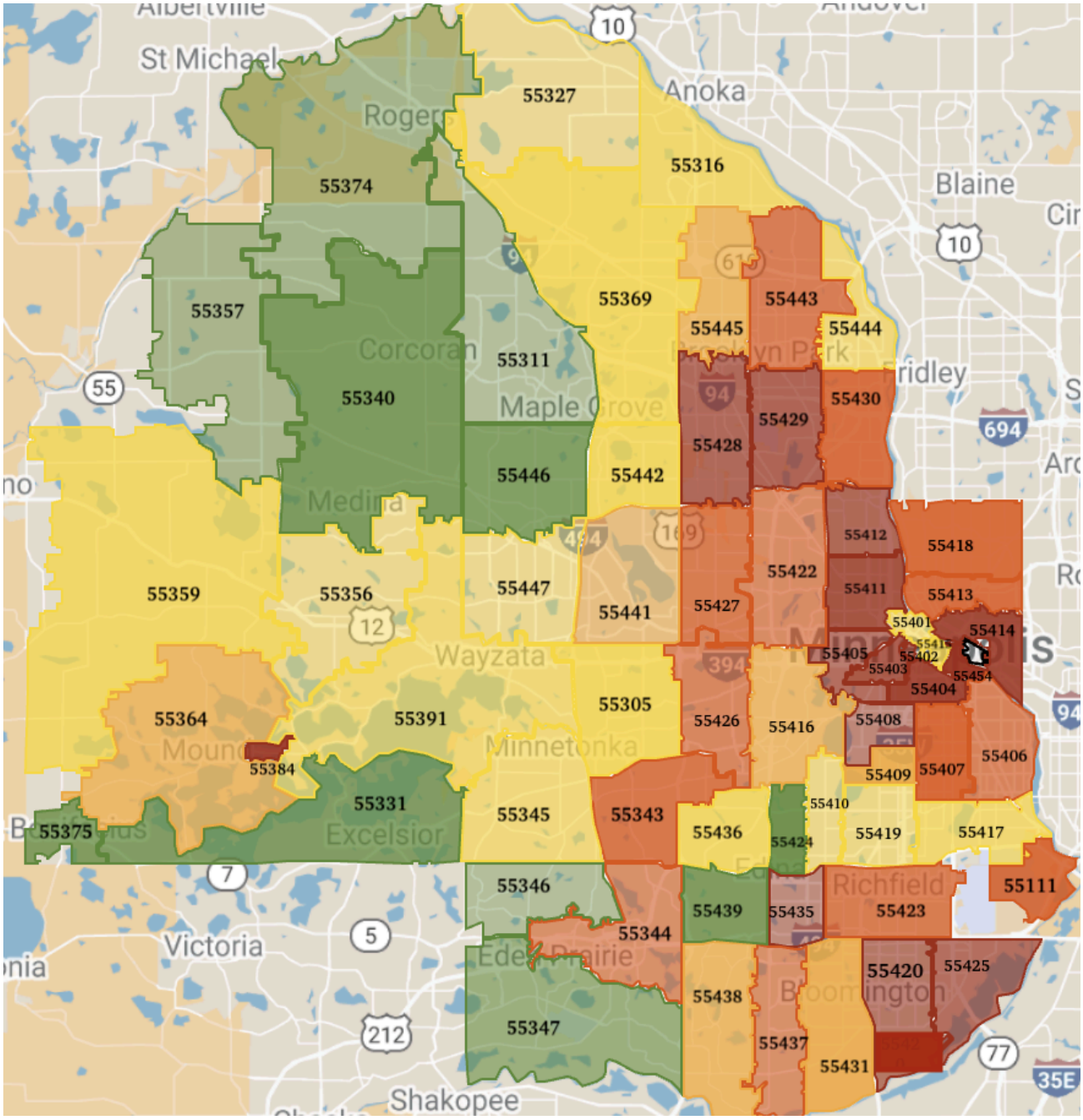


Figure 1: Financial Vulnerability Map of Hennepin County

Figure 1 illustrates financial vulnerability throughout Hennepin County broken down by ZIP code. The map key on the following page outlines what each color represents.

Financial Vulnerability Map Key

Dark red signifies a ZIP code is *very financially vulnerable*

- 41-50% of households meet ALICE criteria

Red signifies a ZIP code is *financially vulnerable*

- 31-40% of households meet ALICE criteria

Orange signifies a ZIP code is *slightly more vulnerable* than the county average

- 26-30% of households meet ALICE criteria

Yellow signifies a ZIP code has *average* financial vulnerability

- 20-25% of households meet ALICE criteria

Green signifies a ZIP code is *financially secure*

- 15-19% of households meet ALICE criteria

Dark green signifies a ZIP code is *very financially secure*

- 10-14% of households meet ALICE criteria

Geography and Financial Vulnerability

The community assets that Creation in Common elected to include on the Hennepin County Asset Map include food pantries, community centers, hospitals, mental health centers, dental clinics, educational institutions, grocery stores, assistance programs, and public transportation points. The map reveals a clear geographic pattern: financial vulnerability is highly concentrated in specific ZIP codes. In several of these areas, the density and variety of assistance programs and community services is insufficient in meeting the level of need as measured by ALICE data.

ZIP Codes with the Highest Financial Vulnerability

The asset map shows that the highest concentrations of ALICE households are clustered in North and Central Minneapolis, parts of South Minneapolis, and select 'first ring' suburbs. The maps on the following pages show where vital community assets—indicated by the following colors—are located in ZIP codes with high levels of financial vulnerability. These include **food pantries**, **assistance programs**, and **community centers**. A more comprehensive picture of all the assets listed in the above paragraph can be accessed by toggling on each asset's respective layer on the interactive map.

- **North and Central Minneapolis**

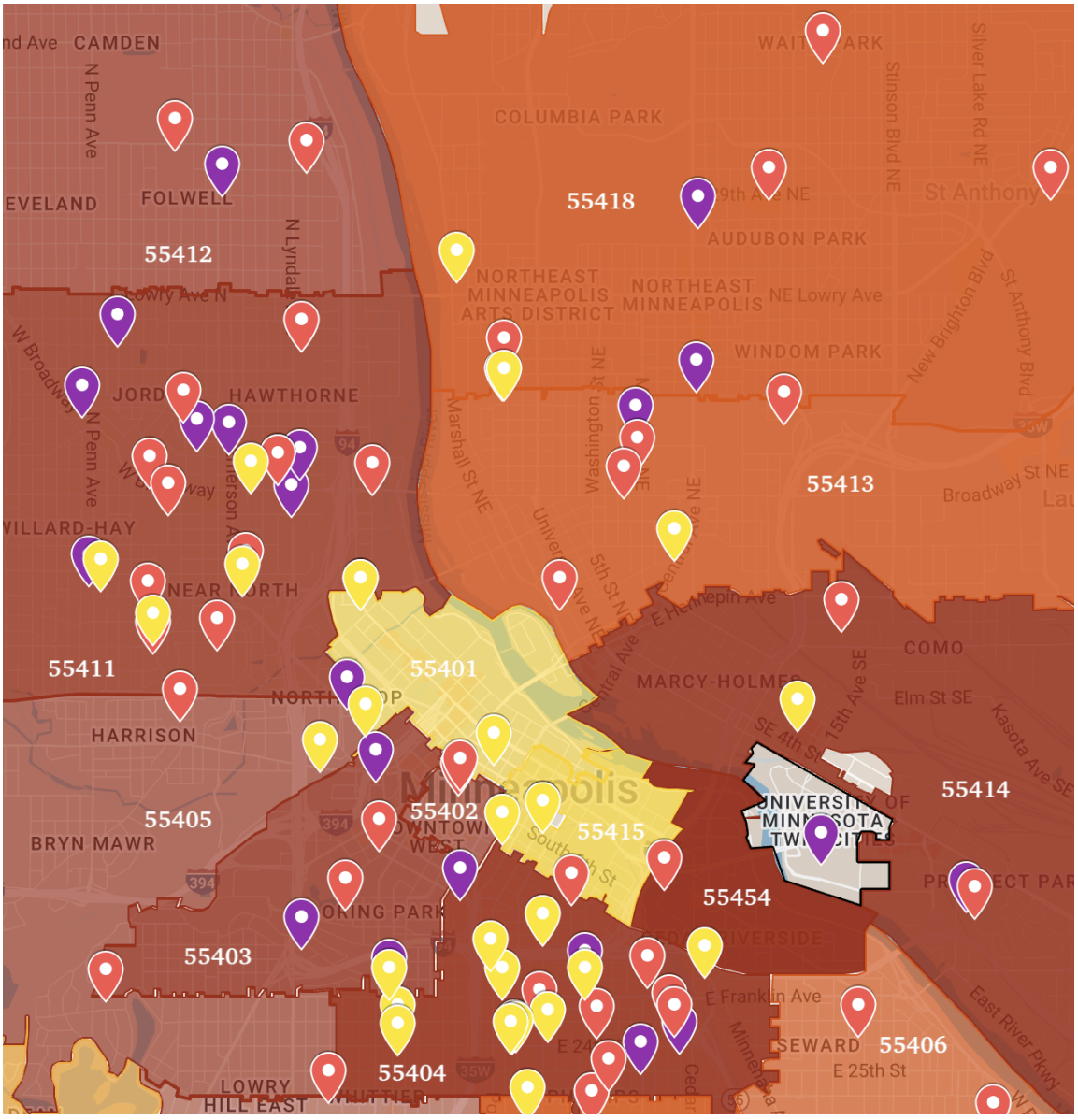


Figure 2: Financial vulnerability in North/Central Minneapolis, showing locations of food pantries, assistance programs, and community centers.

The above ZIP codes show some of the highest concentrations of ALICE households in the county, with very high financial vulnerability. Figure 2 suggests that North and Central Minneapolis have a relatively high number of community-based organizations, food shelves, and assistance programs. However, residents here are often navigating multiple crises at once, and existing services are operating at or beyond capacity. Community leaders and residents

indicated that emergency assistance providers in these areas are seeing record use, suggesting that existing assets are growing increasingly insufficient relative to need.

- **South Minneapolis**

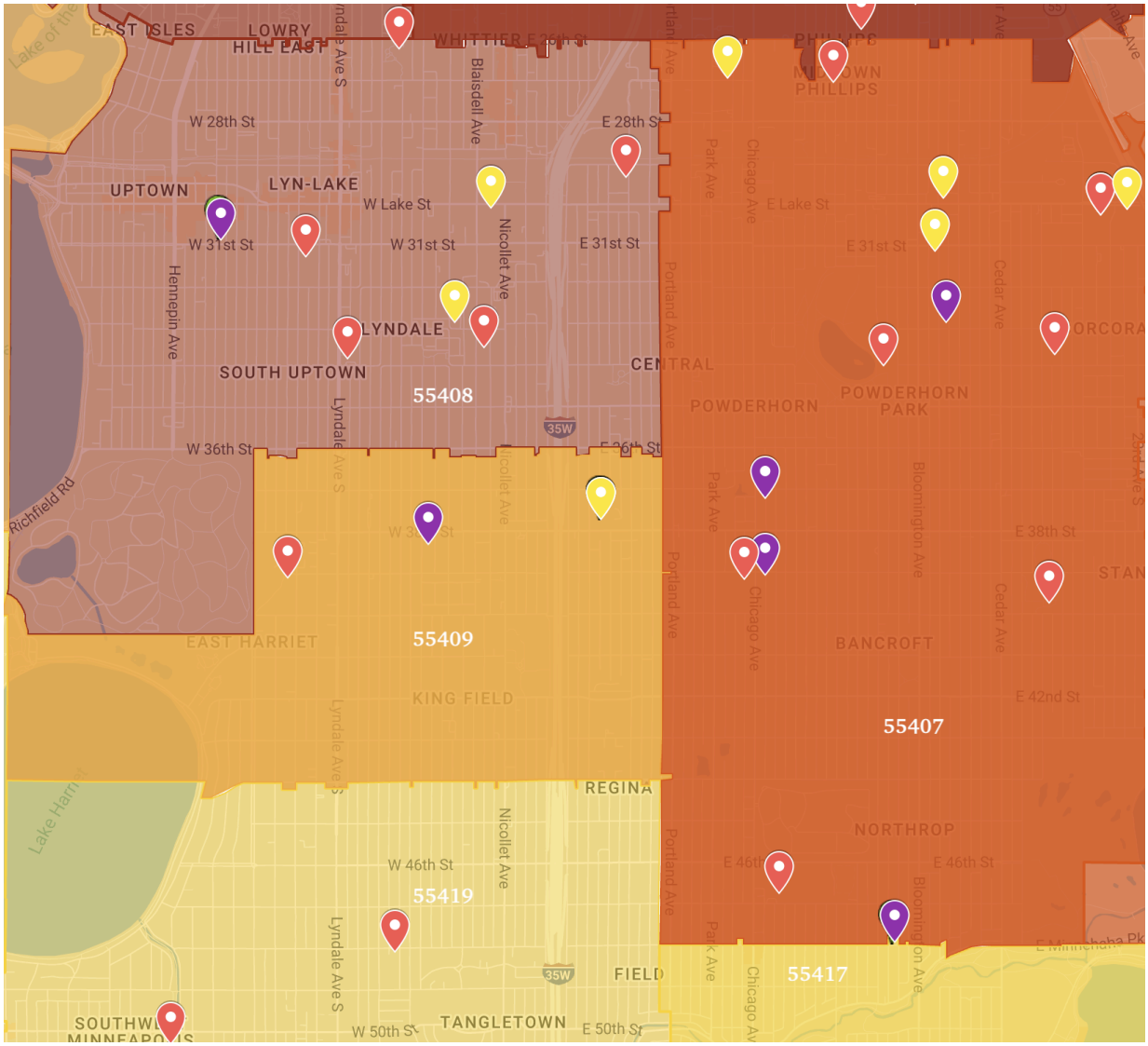


Figure 3: Financial vulnerability in South Minneapolis, indicating where food pantries, assistance programs, and community centers are located.

These ZIP codes show high financial vulnerability with moderate community asset availability. While services exist, Figure 3 indicates that assistance programs are under-represented in this area, particularly housing stability resources and clinics offering low-barrier or culturally

responsive care. Rising costs are pushing more financially vulnerable households into instability, increasing future demand on service providers.

- **Brooklyn Center and Brooklyn Park**

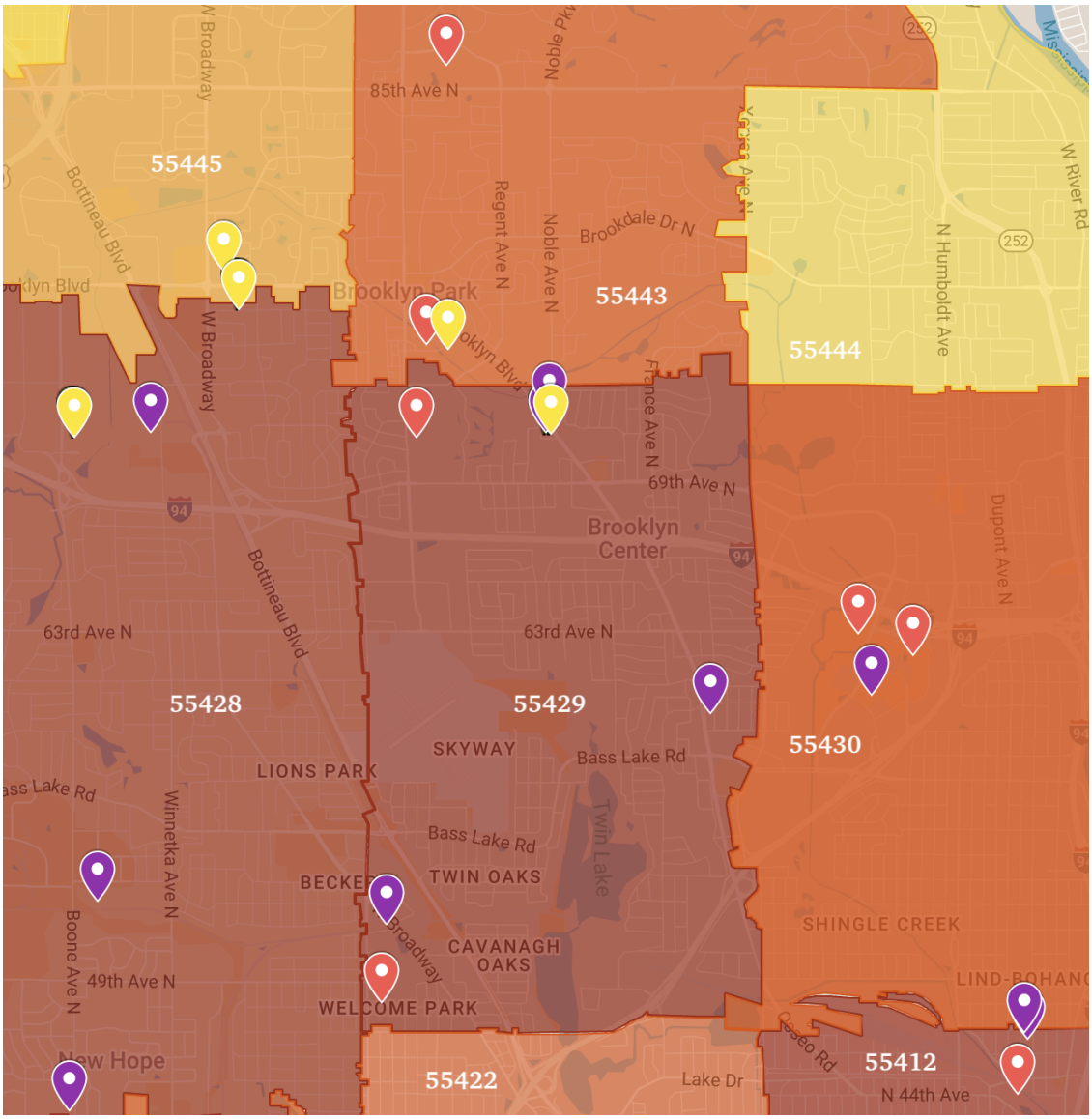


Figure 4: Financial vulnerability in Brooklyn Park and Brooklyn Center, indicating where food pantries, assistance programs, and community centers are located.

These ZIP codes depicted in Figure 4 have high proportions of households with low incomes and fewer walk-in or neighborhood-based services compared to Minneapolis. Transportation barriers and distances between assistance providers compound access challenges.

The financial vulnerability indicated in Figures 2-4 illustrates what both residents and community leaders described: neighborhoods with high proportions of households with low incomes experiencing housing instability, food insecurity, the risk of utility shutoff, and transportation challenges despite being employed.

Countywide Gaps Identified Through the Asset Map

- **Housing and rental assistance resources** are limited across nearly all high-ALICE household ZIP codes, reinforcing findings from both residents and community leaders that housing supports are constrained and difficult to access.
- **Health clinics and non-emergency healthcare access** are unevenly distributed, particularly outside of Minneapolis, creating additional barriers for residents in suburban ZIP codes with high ALICE populations.
- **Food pantries** are generally plentiful in Hennepin County but are concentrated in specific ZIP codes and are often reported to be operating at capacity against steadily increasing need.

These gaps are especially relevant given that residents reported difficulty navigating systems and booking appointments, meaning that even when assets exist, distance, capacity, and administrative barriers can effectively limit access.

Key Takeaway

The asset map demonstrates that ZIP codes with the highest levels of economic insecurity do not always have proportional access to nearby assistance programs. Amid rising costs and system complexity, geographic mismatches continue to drive service gaps, reinforcing the case for coordinated, countywide strategies focused on access and household stability. When viewed alongside resident and community leader input, the asset map underscores a central finding of this CNA: financial vulnerability is geographically concentrated, but access to assistance is not always aligned with where need is greatest.

The interactive Hennepin County Asset Map (found on page 47) is designed to be engaged with by CAP-HC staff and is included as Appendix III in the Appendices of this report.

Community Engagement

As part of the Community Needs Assessment, Creation in Common engaged with financially vulnerable residents of Hennepin County at eight non-profit host site locations. This process included the creation and distribution of the Community Engagement Survey—included in this report as Appendix I—designed to capture residents' lived experiences of economic insecurity in Hennepin County and to identify both urgent needs and barriers to support. Rather than focusing solely on income thresholds or program participation, the survey sought to understand how people are navigating rising costs, accessing assistance, and experiencing social service systems in their daily lives. The survey centered on the following areas:

- It assessed community conditions and infrastructure, including food access, public spaces, transportation, and accessibility, as well as the impact of rising costs related to housing, food, utilities, healthcare, and transportation over the past three years.
- It asked participants to identify the types of financial and non-monetary assistance that make the biggest difference in their lives.
- It explored definitions of "quality" from the resident perspective, emphasizing factors such as ease of access, availability of resources, timeliness, safety, and dignity.
- It examined barriers to receiving support, including logistical, technological, emotional, and experiential challenges that often prevent people from accessing services even when they are eligible.

As a core component of this CNA, the team dialogued with residents to gather personal testimonies on direct resident experience when accessing services. One notable element of this engagement was how eager residents were to be heard, with one commenting, *"You hit the nail on the head with your questions. This is the aid people need. This information needs to go back to whoever can create this type of assistance and these solutions."* Another remarked, *"This is a good way to interact with the public and is a good way to bring awareness to these problems."*

In addition, residents were enthusiastic about the potential that community engagements—like this one—have to make a positive impact on their neighborhoods. One community member noted, *"Community outreach and incentives tremendously help people struggling and those who need resources, so thank you."* Another resident praised the team's approach to capturing resident voices—*"I think the work you're doing is needed. I used to be a programming coordinator and [this work] starts with asking people what they need."*

Some expressed that though they are grateful for the team taking the time to come into financially vulnerable neighborhoods to engage with residents, they were more concerned with how these outreach efforts would bring material benefits to their community. One resident mentioned, *"Hopefully these studies are actually used to provide more help and actually listen to the public. Thanks for taking the time to listen. The world could be a better place."* Another resident echoed, *"The question is if the people who receive this information will act upon it. But they can't say we didn't tell them."*

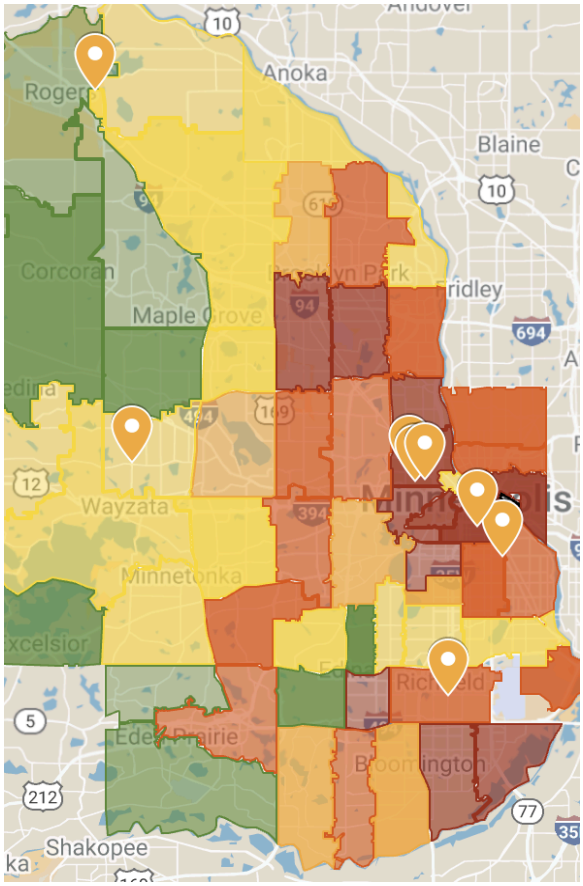


Figure 5: Community Engagement Host Locations

Who Participated:

- **366 residents** completed the Community Engagement Survey across eight community engagement locations. These host sites are identified on the map to the right.
- **16% of respondents** identified as current or recent CAP-HC clients.
- Survey participants included individuals and families across urban, suburban, and more remote parts of Hennepin County, with high representation from communities experiencing economic insecurity.

Optional demographic questions were included on the survey to better understand how experiences of need and access vary across household types, income levels, housing situations, and identities—particularly among individuals within the ALICE threshold and others often underrepresented in traditional data sources. Appendix IV of this report illustrates the demographic makeup of survey participants.

The results from this community engagement provide a holistic picture of financial vulnerability, highlighting not only what supports residents need, but how current systems succeed or fall short in meeting those needs. This approach complements quantitative economic indicators and qualitative questioning by centering resident voice in defining priorities, service gaps, and opportunities for improvement.

Rising Costs

Across the Community Needs Assessment, residents consistently identified rising costs as the central driver of financial instability, even among households with employment or fixed income. Increases in housing, food, utilities, transportation, and healthcare costs were described as cumulative and overwhelming, forcing residents into constant tradeoffs and instability. During the roundtable feedback session with CAP-HC's frontline team, staff described how they consistently hear about the high cost of living from the clients they serve — *"especially from senior citizens who are on a fixed income"*, and indicated that, *"the cost of living increases don't cut it"*. Below, Figure 6 illustrates which rising costs have had the highest impacts on residents over the last three years.

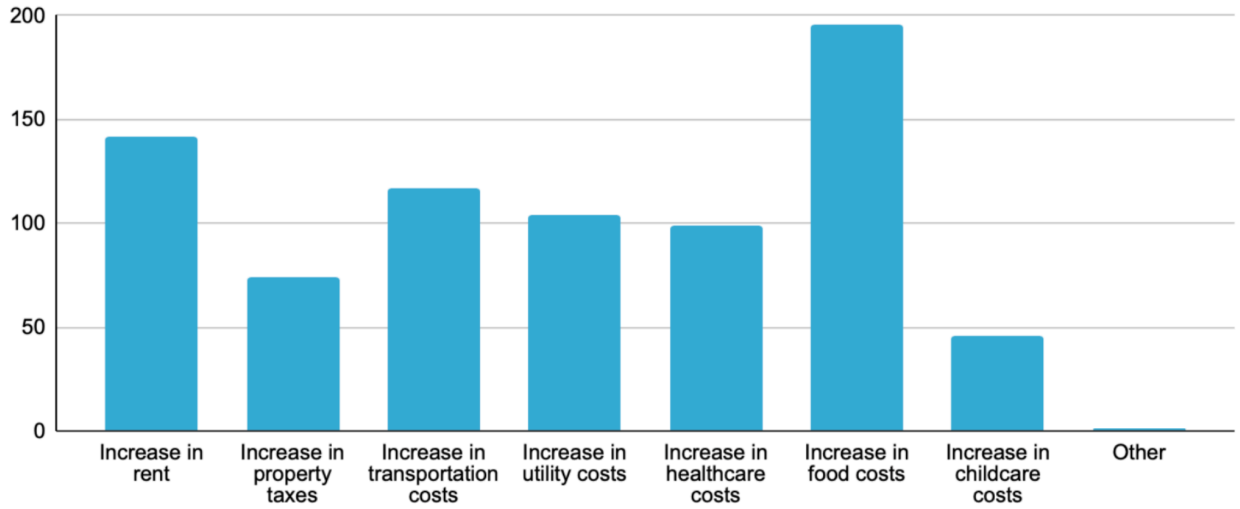


Figure 6: Community Survey Results – Which of the following rising costs have impacted you most in the last 3 years?

Food Costs

As indicated in Figure 6, rising food prices were the most frequently cited concerns by survey participants, with 196 (or 53.6% of) residents selecting it as a top obstacle. Residents noted that basic groceries now consume a disproportionate share of household budgets, even for those who plan carefully or access food shelves. Respondents emphasized that higher prices reduce their ability to purchase nutritious food, particularly fresh produce, culturally specific items, and foods that meet medical or dietary needs. One survey participant commented, *"The community needs healthy affordable groceries. That is the number one priority."*

"The community needs healthy affordable groceries. That is the number one priority."

Several residents shared that they rely on food shelves not because income has dropped, but because groceries have become unaffordable. One resident noted, *"I went to the Cub Foods store and it was $9.00 for mayo"* with another remarking that, *"The cost of food is going up so much because of inflation."*

Housing and Rent

Figure 6 illustrates that increases in housing costs were the second most cited concern by residents, with 142 (or 38.8% of) residents selecting it. Residents frequently described rent, mortgage payments, and utilities increasing faster than income, leaving little room for emergencies or savings. Several responses emphasized that utility bills—particularly heat, electricity, and water—can escalate unexpectedly, creating immediate risk of shutoffs or housing instability. For many households, assistance is sought only once costs reach a crisis point, rather than as a preventative measure. Residents described choosing between paying rent or keeping the lights on, particularly during winter months.

One resident commented, *"There needs to be subsidized housing help for all making less than 50k for one adult. If it's two adults, maybe more if they are not making much. We need to keep family units together."* Another resident noted, *"My wife and I struggle to pay utilities, but we don't qualify for aid based on our income levels. So the aid exists but we can't use it."*

Transportation and Car-Related Costs

Transportation costs emerged as a critical pressure point, with Figure 6 indicating that it was the third most selected rising cost that presented a challenge for residents. 117 (or 32% of) participants selected it as a top priority. Residents described how car repairs, insurance, fuel, and registration costs can quickly derail household stability. This is especially true in areas with limited public transit access. When a vehicle becomes unreliable, the consequences cascade—affecting employment, childcare access, healthcare appointments, and participation in assistance programs. Residents highlighted that losing access to a working car often triggers a chain reaction of lost income and missed opportunities.

Key Takeaway

Beyond financial strain, residents described the constant stress associated with managing rising costs. Many reported feeling stuck in survival mode: working more hours, taking on debt, or deferring basic needs, without seeing a path toward stability. This stress was often compounded by complex application processes and uncertainty about whether help would arrive in time.

Resident responses make clear that rising costs are not an isolated challenge but the underlying condition shaping nearly all areas of need. While assistance programs help mitigate immediate crises, residents consistently indicated that current supports often lag behind the pace of rising expenses, pushing more working households into instability and increasing the demand for emergency services.

Employment and Income Levels

Employment and income data were included in this Community Needs Assessment to better understand the economic context in which residents are experiencing financial insecurity. The following section details the income levels of survey participants in relation to the ALICE threshold, the Federal Poverty Level, and the Minneapolis living wage. Further demographic data of participants pertaining to employment can be found in Appendix IV of this report.

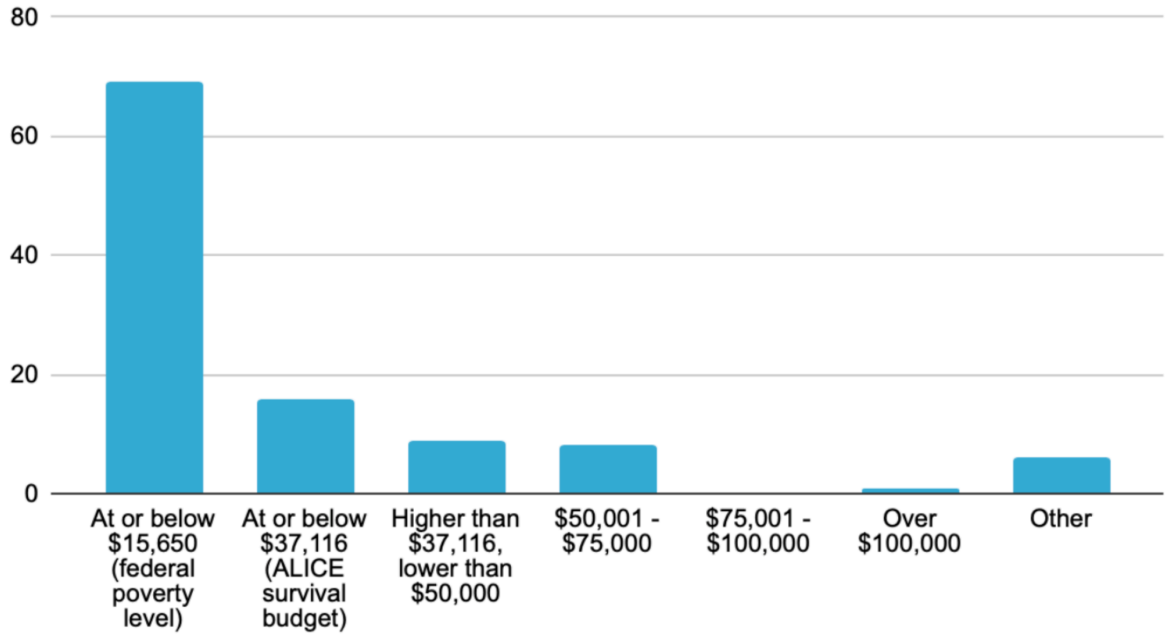


Figure 7: Community Survey Results – Income Level of a Single Person in Hennepin County

Figure 7 illustrates that a majority of single person survey participants are living at or below the Federal Poverty Level. While many respondents reported being employed, income levels often did not align with the real cost of living in Hennepin County.

Furthermore, analyzing the employment data revealed a notable finding—that 'unemployed' versus 'employed' **did not make a significant difference** to a single person's income level and their need for assistance. This reinforces one of the central findings of the assessment: employment alone is not sufficient to ensure financial stability and avoid needing assistance.

	1 ADULT				2 ADULTS (1 WORKING)				2 ADULTS (BOTH WORKING)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	$23.17	$45.39	$59.99	$76.24	$32.81	$39.03	$43.15	$50.75	$16.40	$25.15	$32.26	$39.60
Poverty Wage	$7.52	$10.17	$12.81	$15.46	$10.17	$12.81	$15.46	$18.10	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13	$11.13

Figure 8: Hourly Living Wage Calculation for Minneapolis *(livingwage.mit.edu)*

Figure 8 shows the hourly living wage, poverty wage, and minimum wage in Minneapolis for 2025 in relation to different family sizes and employment circumstances, indicating what is required to have a level of economic stability in each of these scenarios.

Tracking employment status and income levels helps distinguish between households experiencing temporary income disruption and those facing structural affordability challenges. Some key findings from this part of the assessment regarding employment include:

- 34% of all people surveyed were **unemployed.**
- 43% of all people reported being **employed** either full-time, part-time, or self-employed.
- 13% of all people surveyed are **retired.**
- **Federal Poverty Level:** 63% of all participants are below the federal poverty level.
- **ALICE:** 78% of all single persons surveyed are below the ALICE threshold.

The data shows that a significant portion of residents are working but remain unable to meet basic needs, aligning closely with ALICE data and community leader observations about the growing number of 'working, yet struggling' households. This finding is relevant to the CNA because it helps explain why demand for food assistance, healthcare support, rental assistance, and other stabilization services remains high even during periods of relatively strong employment. It also underscores the importance of programs that focus on income stability, financial coaching, benefits access, and cost reduction, rather than relying solely on

employment-based solutions. According to one employee at the feedback session with CAP-HC's frontline team, registration for CAP-HC's financial wellness classes has been trending upwards. This suggests that residents are becoming increasingly more interested in learning about budgeting and how to effectively stretch their money.

By tracking employment and income levels, CAP-HC is better positioned to design and advocate for strategies that reflect current economic realities where rising costs, wage stagnation, and income volatility continue to undermine household stability despite workforce participation.

Financial Assistance

The following section denotes the top financial assistance priorities for survey participants, with residents identifying core survival supports as their most urgent financial needs. As indicated below in Figure 9, food stamps were the most frequently selected type of assistance, followed by healthcare and housing/rental assistance.

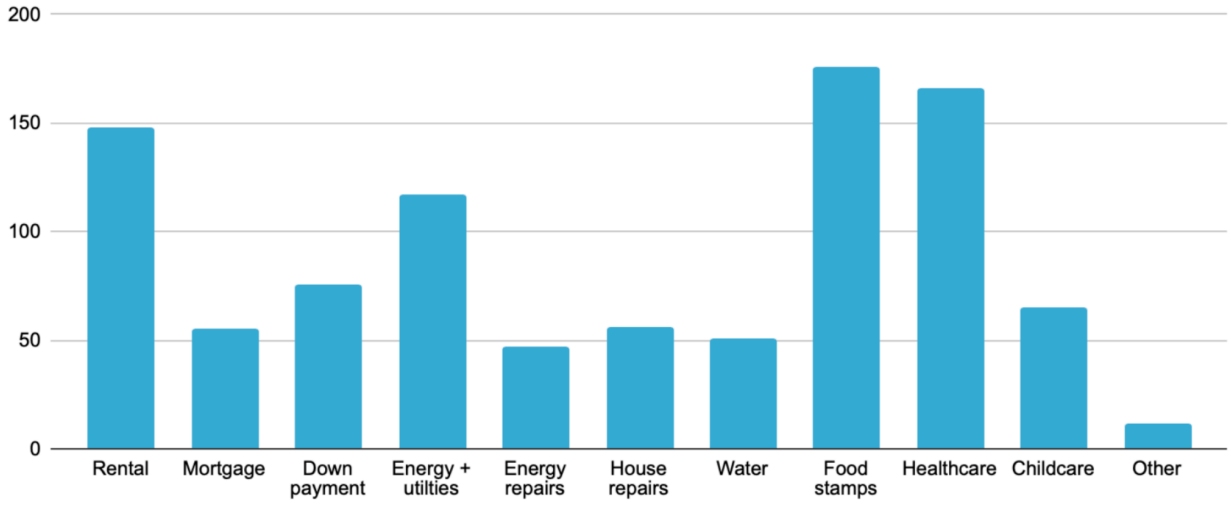


Figure 9: Community Survey Results: Financial Assistance – Choose up to 3 that make the biggest difference for you.

SNAP/Food Stamps

Food assistance emerged as the single most urgent financial need identified by residents, with SNAP/food stamps ranking higher than any other form of financial support with 176 (or 48.1%

of) participants selecting it, as shown in Figure 9. This finding reflects the outsized impact of rising grocery prices, which residents consistently described as one of the most immediate and unavoidable household expenses. Participants noted how SNAP has been essential in their lives and expressed fear over the threat of these benefits being taken away or reduced—*"We are worried about losing SNAP and other support because of the government shutdown."* Notably, many respondents indicated they are employed and earning income, yet still require food assistance to meet basic needs.

Community leaders corroborated this trend, noting sustained and growing demand for food-related assistance from households who have not historically relied on social services. Leaders emphasized that increased food insecurity is not tied to job loss, but rather to the mismatch between wages and the cost of living in Hennepin County.

This finding is highly relevant to the CNA because it illustrates how food insecurity has become a structural issue rather than a short-term crisis. Praising the county's efforts in combating this, one resident noted, *"I have SNAP. That department has been great and easy to work with."* For CAP-HC, it underscores the importance of food assistance as a stabilizing intervention that helps prevent more severe downstream impacts, such as housing instability or health deterioration.

Healthcare Assistance

"At my work, our part-time employees don't get benefits, and even our full time employees often can't afford the healthcare provided."

As indicated in Figure 9, healthcare assistance ranked as the second-highest financial priority for residents, with 166 (or 45.4% of) selections by participants. This reflects ongoing challenges with affordability, coverage gaps, and out-of-pocket costs. Residents described difficulty paying for medical care, prescriptions, dental services, and mental health support—even when insured. One resident noted, *"At my work, our part-time employees don't get benefits, and even our full time employees often can't afford the healthcare provided."* For households living paycheck to paycheck, unexpected medical expenses often triggered broader financial crises. Frustrated by the criteria for receiving assistance, another resident commented, *"For healthcare, they say I make too much to get assistance because they go off my gross and not net income. So none of my young kids have healthcare."*

Community leaders reinforced these findings, noting that healthcare costs frequently intersect with other areas of instability. Leaders described situations where untreated health issues

affected residents' ability to work, maintain housing, or care for family members, further compounding financial stress. This finding matters because it highlights healthcare as both a direct financial burden and a multiplier of instability.

During the feedback session with CAP-HC's frontline staff, employees shared that the rising cost of healthcare premiums and the diminishing amounts of insurance benefits are a persistent concern for their clients. They suggested that some of their clients are caught in a frustrating 'deny/appeal' cycle and indicated that their clients feel that insurance *"isn't doing much to take care of their health."* While CAP-HC is not a healthcare provider, its role in connecting residents to benefits, financial counseling, and supportive services can mitigate the cascading effects of healthcare-related costs.

Rental Assistance

Figure 9 indicates that rental assistance was identified as a top-tier need—with 148 (or 40.4% of) selections—reflecting ongoing housing affordability pressures across Hennepin County. Residents described rent increases, stagnant wages, and limited affordable housing options as primary stressors. Many reported being one unexpected expense away from eviction or housing loss. One resident noted, *"Rent and food are getting way more expensive. Luckily I'm okay right now, but many people I know are not."*

Community leaders echoed these concerns, emphasizing that rental assistance demand far outpaces available resources. Leaders also noted that many households seek assistance only after receiving eviction notices, often because they are unaware of resources earlier or face barriers navigating the system. This finding is central to the CNA because housing stability underpins nearly every other outcome related to economic security. For CAP-HC, it reinforces the importance of rental assistance, housing stabilization services, and proactive outreach to prevent eviction before crises escalate.

Non-Monetary Assistance

The following section denotes the top non-monetary assistance priorities for survey participants, in order of how frequently they were selected. As seen below in Figure 11, food

access emerged as the most critical non-monetary need by a wide margin, followed by shelters for the houseless and affordable housing.

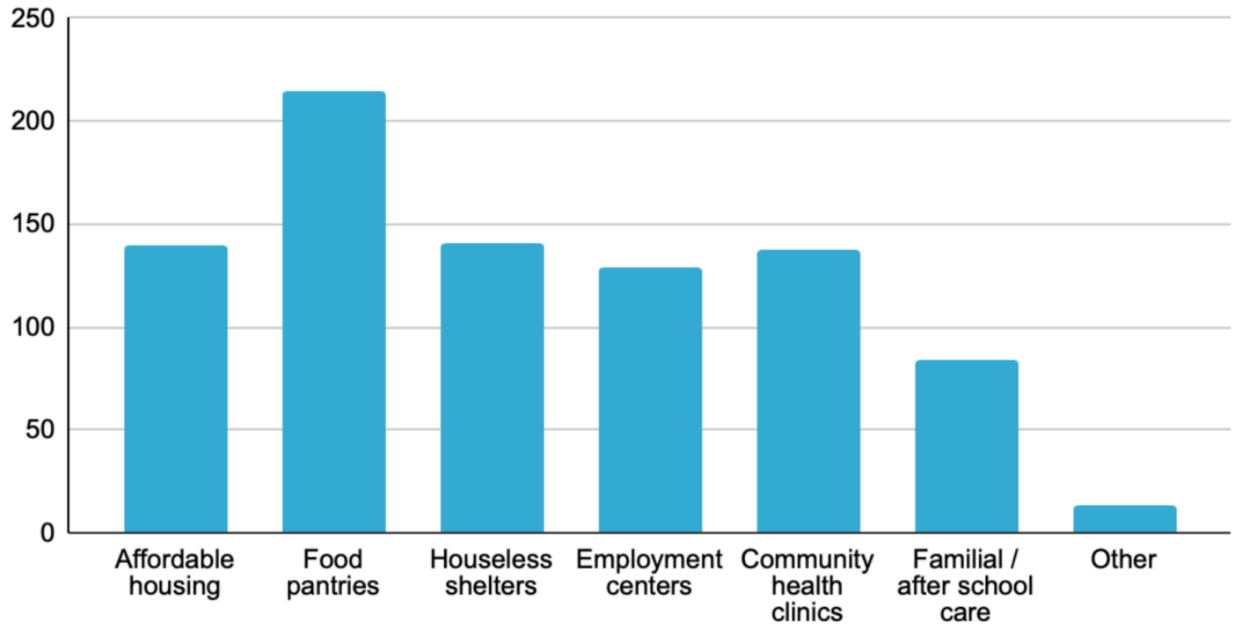


Figure 10: Community Survey Results: Non-Monetary Assistance – Choose up to 3 that make the biggest difference for you.

Food Pantries

Figure 10 illustrates that food pantries were the most frequently cited non-monetary resource as a top priority, selected by 215 (or 58.7% of) respondents. This reflects both the scale of food need and the importance of food shelves as an immediate, no-cost resource. A survey participant commented, *"[We need] more assistance in making food available."* Residents described relying on food pantries regularly—not as a last resort, but as an ongoing strategy to manage household budgets amid rising food prices. One resident emphasized, *"Having food pantries available to individuals is so essential in these times."*

"Having food pantries available to individuals is so essential in these times."

Community leaders confirmed that food shelves are seeing unprecedented and sustained demand, including from working families, seniors on fixed incomes, and first-time visitors. Leaders also noted capacity constraints including limited hours, supply shortages, and staffing challenges. This finding matters because it reinforces food access as a cornerstone of community stability. While food pantries are often framed as emergency resources, the data

suggests they now function as a long-term support for many households. CAP-HC's partnerships and referral pathways related to food access remain critical, particularly as food insecurity pressures persist.

Shelters for Houseless Residents

Shelters for people experiencing homelessness were identified as a critical need, as evidenced in Figure 10. The data revealed that 141 (or 38.5% of) residents selected these shelters as a top priority, giving it the second highest respondent rate after food pantries. Respondents cited concerns related to availability, safety, overcrowding, and overall accessibility. Some residents indicated reluctance to use shelters due to past negative experiences or fear of unsafe conditions.

"I wish the county had people in-house in shelters to help homeless people get direct lines to the resources they need to become stable."

One resident commented on the need for sustained assistance beyond just temporary housing: "*Shelters for homeless people are helpful and it's better for people to be inside than outside, but that's the bare minimum. Besides the service being available, how can it be better at covering homeless people's needs? The reason shelters exist is because affordable housing doesn't exist.*"

Community leaders also acknowledged these challenges, adding that shelters are often operating at or beyond capacity. Leaders also described gaps in shelter options for specific populations, including families, individuals with disabilities, and people with behavioral health needs. This finding matters because it underscores the human impact of capacity shortages within the homelessness response system. For CAP-HC, it reinforces the importance of prevention-focused strategies—such as rental assistance and utility support—that help residents avoid entering homelessness in the first place, as well as the need for strong referral networks for shelters. As one resident noted, *"I wish the county had people in-house in shelters to help homeless people get direct lines to the resources they need to become stable."*

These results indicate that housing supports are both highly needed and widely perceived as presently inadequate. Residents value services that remain reliable and available when needed, simple and accessible processes, and respectful treatment by staff at social services providers.

Affordable Housing

Affordable housing emerged as the non-monetary need that was prioritized third most during this CNA, as indicated in Figure 10. 140 (or 38.3% of) participants selected affordable housing. Residents expressed frustration with long waitlists, limited availability, and eligibility requirements that exclude many households in need. Commenting on the increases in rent in her neighborhood, one resident defiantly remarked, *"I've lived here my whole life but they're making it more expensive, trying to push us out for new people who can afford it. They're trying to take Minneapolis from us, but we're going to stay."* For some, the lack of affordable options meant prolonged housing instability or overcrowding.

Community leaders strongly echoed these concerns, describing the affordable housing system as overwhelmed and insufficient relative to demand. Leaders emphasized that even when residents are motivated and proactive, the scarcity of units severely limits outcomes. This finding is significant because it highlights a systemic gap rather than a programmatic shortcoming. While CAP-HC cannot expand the housing supply on its own, the data reinforces the importance of its housing education, stabilization, and navigation roles, as well as its ability to advocate for broader policy and systems change.

What 'Quality' Means to Residents

These survey findings regarding what 'quality' means to residents are highly relevant because they shift the focus from whether programs exist to how they are experienced. The following graphs reflect which logistical and experiential aspects of obtaining social services residents most value, broken down by financial assistance and non-monetary assistance.

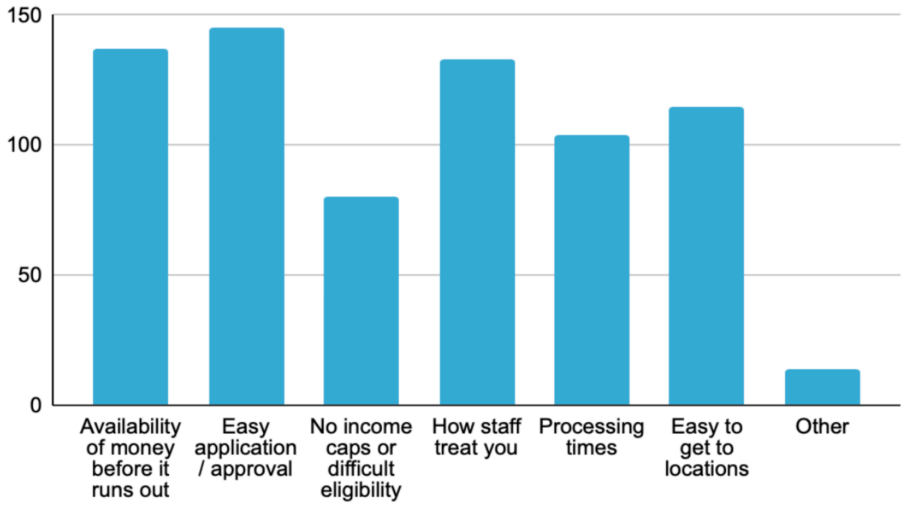


Figure 11: Community Survey Results: Financial Assistance – What does quality mean to you?

Figure 11 indicates that residents most prioritize having an easy application/approval process when considering what 'quality' means to them when accessing financial assistance, with 145 (or 39.6% of) participants selecting it. The availability of money before it runs out was chosen second most, with 137 (or 37.4% of) resident selections.

Figure 12: Community Survey Results: Non-Monetary Assistance – What does quality mean to you?

Figure 12 indicates that ensuring the availability of services before they run out is the highest priority for residents when considering what 'quality' means in regards to accessing non-monetary assistance. 150 (or 41% of) respondents selected as a top priority. With 'easy

application/approval process' being the second most selected in the non-monetary assistance section, this data closely aligns with what residents value in the financial assistance category. Together, these findings suggest that residents strongly value having uncomplicated, and well-communicated, procedures when applying for and obtaining services.

Residents consistently expressed that delays, confusing applications, and poor treatment can undermine otherwise effective programs. Community leaders reinforced this point, noting that residents typically need assistance immediately, while application timelines can stretch from 30–60 days, oftentimes long after the crisis point has passed. For CAP-HC, this underscores the strategic value of investments in navigation, process simplification, and staffing capacity, not just additional dollars for assistance.

One item to note is how Figure 13 below shows that mortgage and property tax assistance received the lowest quality rating in the financial assistance category (3.02 out of 5.0), highlighting challenges for homeowners on fixed or limited incomes.

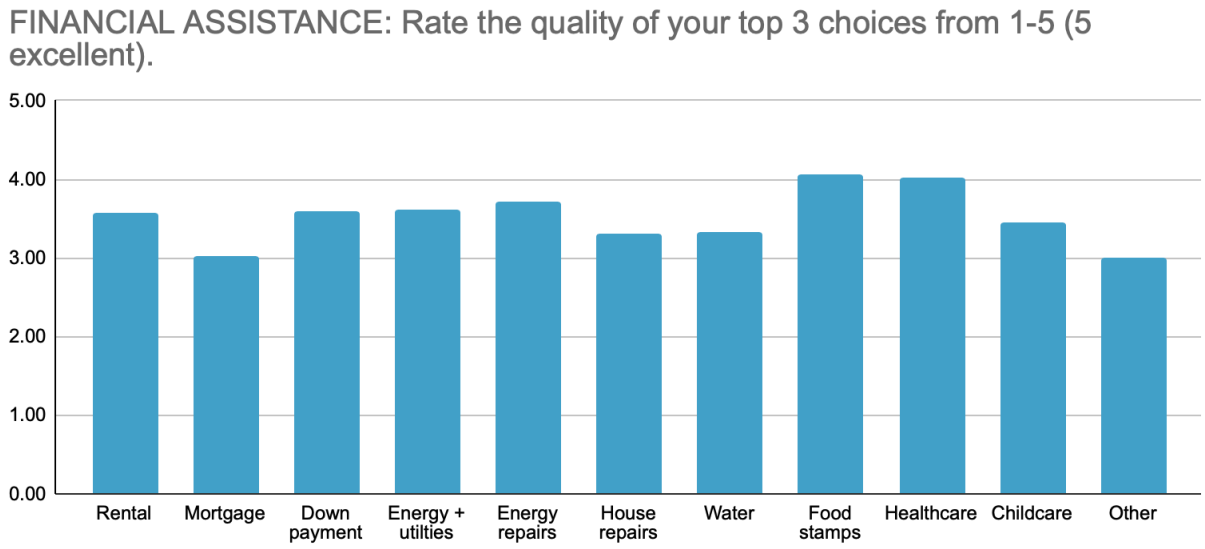


Figure 13: Financial Assistance – Rate the quality of your top 3 choices from 1-5

This finding highlights a less visible form of housing instability. While much attention is placed on renters, homeowners experiencing cost burdens are at risk of foreclosure, displacement, or severe financial stress and often have fewer targeted resources available to them. One resident

commented, *"I want to buy a house but my income is in between [requirements] so I can't afford the property taxes in addition to the mortgage, maintenance, etc. So I'm stuck renting."* CAP-HC's housing stability work and financial counseling efforts are well positioned to respond to this gap, especially if paired with advocacy or partnerships focused on utility assistance, tax relief, and home repair support.

"I can't afford the property taxes in addition to the mortgage, maintenance, etc. So I'm stuck renting."

Affordable housing and shelters for those experiencing homelessness also received some of the lowest quality ratings among all services, suggesting that even when residents *are* able to secure these under-resourced and increasingly strained services, the quality of what is provided is often inadequate. When considered alongside how these services were identified as top resident priorities in the non-monetary assistance category, this finding highlights another key opportunity for CAP-HC to make an impact in a targeted way.

Barriers to Receiving Support

This portion of the assessment examined the obstacles residents encounter when navigating financial and non-monetary assistance, including system complexity, timing mismatches, negative prior experiences, and concerns related to dignity, trust, and safety. This section includes both systemic and experiential barriers that prevent access to needed services.

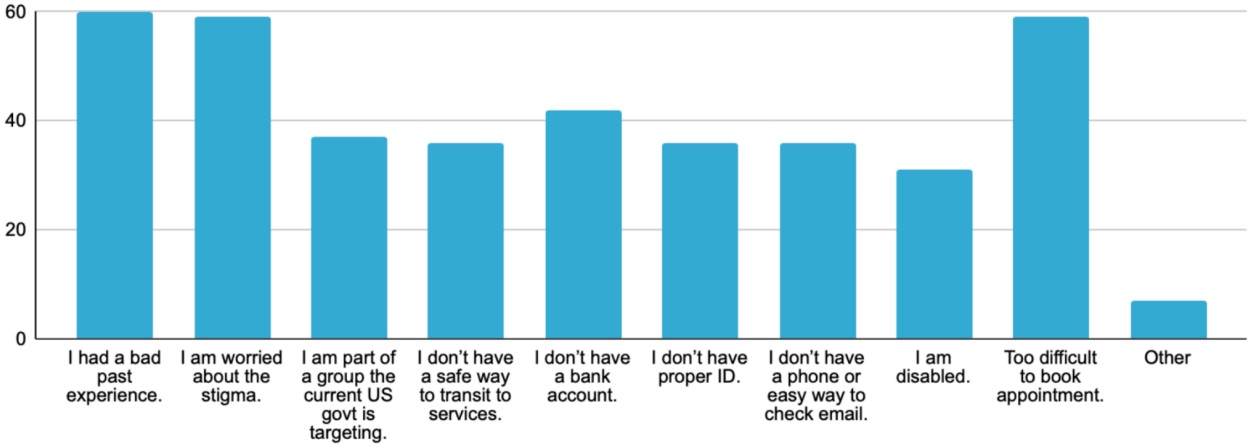


Figure 14: Community Survey Results: Barriers to Receiving Support – Do any of the following impact your access to social services?

Figure 14 illustrates that the top barriers cited by survey participants were:

- **Past negative experiences with social services**, selected by 60 (or 16.4%) of residents.
- **Fear or stigma associated with seeking help**, selected by 59 (or 16.1%) of residents.
- **Difficulty booking appointments for assistance**, selected by 59 (or 16.1%) of residents.

Residents repeatedly noted that assistance often arrives too late—after eviction notices, utility shutoffs, or job disruptions have already occurred. One resident noted, *"I am applying for rent assistance right now. When you apply, you need the money right away. But it is taking 30-60 days—really closer to 60 days—even when they say it will take 30 to get the money."* Community leaders confirmed that application timelines frequently do not align with the urgency of residents' needs. This result highlights the preventative value of rapid assistance, which can reduce downstream costs related to homelessness, emergency healthcare, and employment disruption. CAP-HC's leadership in utility assistance and car repair demonstrates how timely intervention can stabilize households before crises escalate.

In addition, capacity constraints at social service providers often remain a key barrier to residents getting timely assistance. One resident commented on a situation she witnessed—*"There weren't enough people staffed at the workforce center to help a woman use the computer to upload her resume"*—highlighting these capacity challenges. CAP-HC's frontline staff bolstered this point at the feedback session, with one employee noting, *"We don't have enough capacity to serve the people who need help."* They suggested that taking a more preventative approach might be a way of navigating this issue going forward, helping clients avert crises by encouraging them to pursue assistance before a situation becomes an acute emergency. This in turn allows social service providers to manage cases more effectively and focus on sustainable solutions for their clients.

Residents facing language barriers, disabilities, limited technology access, or immigration-related fears reported compounded difficulty navigating systems. One CAP-HC employee at the frontline feedback session shared how some of the clients they work with who are part of an immigrant community *"aren't even leaving their house because of this grim situation."* Community leaders echoed this point and described how extensive documentation requirements and fragmented systems also place unrealistic demands on people in crisis.

This is especially pertinent because it highlights equity implications. Without intentional design, systems can unintentionally exclude those most in need. For instance, 11.48% of survey participants indicated that they do not have a bank account or proper identification, inhibiting

their ability to apply for and access services. CAP-HC's role as a navigator, connector, and trusted intermediary is especially critical for addressing these layered barriers and ensuring that assistance reaches households that might otherwise disengage.

These findings also align with the Community Leader Interviews, where several interviewees mentioned that the complexity of the systems and their corresponding administrative procedures can dissuade residents from obtaining the support they need. At the feedback session with CAP-HC's frontline staff, attendees supported this point when they indicated that their clients struggle with application processes and frequently submit incomplete applications. They went on to describe how many clients don't answer phone calls, forcing CAP-HC to send letters to applicants, which further delays the process of receiving assistance.

Another perspective that several residents brought forward was a lack of awareness of the resources available to them—*"I think the advertisement of resources could be better. I moved here in May and I've only heard of resources through word of mouth, which means that the help I need could be missed out on."* Another resident commented on the importance of CAP-HC having a physical presence in communities such as with this community engagement, *"I think more activities like this could help people know of more resources they might really be in need of."*

"I think the advertisement of resources could be better."

Taken together, these key findings demonstrate that economic insecurity in Hennepin County is deepening, broadening, and increasingly shaped by rising costs rather than unemployment alone. These findings also indicate that trust, stigma, scheduling, and system complexity are as significant as eligibility or funding availability. Most importantly, they reinforce that how services are delivered is just as important as what services are offered. Addressing financial assistance, non-monetary supports, and barriers in an integrated way positions CAP-HC to strengthen its impact—not only as a service provider, but as a coordinator, advocate, and stabilizing force within the county's social services ecosystem.

Community Leader Insights

Purpose and Approach

As part of the Community Needs Assessment, Creation in Common conducted in-depth interviews with eight community leaders representing nonprofit service providers across Hennepin County. The findings in this section were drawn from information shared with Creation in Common during these one-on-one, 45-minute Zoom conversations. Interviewees were both suggested by CAP-HC leadership and identified independently by Creation in Common. These interviews reflect organizations that regularly refer residents to CAP-HC, collaborate in delivering services, or work closely with households experiencing economic insecurity. Their insights highlight both current and emerging needs in Hennepin County and the role CAP-HC plays within the broader social services network.

Need is growing, diversifying, and shifting toward families and "new-to-assistance" households.

Across interviews, leaders consistently reported rising demand for basic needs support, particularly food, utilities, housing stability, and transportation. Several organizations described significant increases in service utilization in the past 1–2 years, driven by rising costs of living, food, and housing, combined with wages that have not kept pace. Notably, many partners identified an increase in families and "new-to-assistance" households—people who previously did not need help but are now experiencing economic instability, with one interviewee remarking, *"We're seeing a lot more families asking for help now—including people who have never needed services before."*

"We're seeing a lot more families asking for help now — including people who have never needed services before."

This directly aligns with points made during the CAP-HC frontline staff feedback session, where staff shared that they are seeing more first time clients than before. They indicated that these new clients are mostly people who are employed and are *seen* as financially secure, but that they are often *"younger people cashing out their IRAs to make ends meet."*

Supporting this point, and commenting on how needs must be assessed more holistically against increasing financial strain, one community leader commented, *"We might have relatively low unemployment here, but wages have not kept up with the cost of living."*

This need is felt directly by food assistance programs, with pantry visits up at CROSS Services from nearly 1,100 per month to nearly 2,000 per month. Similarly, Interfaith Outreach and Community Partners (IOCP) is serving approximately 14% more people in 2025 than in 2024, with their total demand for basic needs up by roughly 25%.

Workers with low incomes are increasingly underserved.

Community leaders emphasized a growing population of households earning too much to qualify for many public benefits, yet not enough to remain financially stable, with one commenting, *"I work with a lot of families who get kicked off receiving aid when they get an income boost. It's very frustrating because they may have to turn down a promotion and raise because they can't afford to lose these other financial supports."* These households are often forced to make difficult trade-offs between rent, utilities, food, childcare, and car repairs. One community leader commented on the challenge some residents experience of having to choose between *"paying utilities or buying a coat."* This group frequently falls through eligibility gaps and relies heavily on nonprofit emergency assistance to remain afloat.

"People are constantly forced to make trade-offs — paying utilities or buying a coat."

Another community leader remarked, *"They make too much money to get county benefits, but not enough to stand alone."*

Immigrant and culturally diverse communities continue to grow, along with an increased need for assistance.

Leaders across suburban and urban settings cited increases in Latino, East African, Hmong, Russian, Ukrainian, and other immigrant communities. These households often face additional barriers related to language, documentation, and navigating complex systems, reinforcing the importance of culturally responsive and linguistically accessible services.

One community leader noted, *"The biggest growth we're seeing is in immigrant families, and they're trying to navigate systems that weren't designed with them in mind."*

Another interviewee remarked, *"As someone who works with young adults with disabilities, many of whom are immigrants, I am very concerned how we will be able to support and protect our students and families going forward. I am stressed about rising costs and the path we are on even though I am steeped in privilege. We must do better."*

Complex systems are difficult for residents to navigate.

Leaders consistently described administrative burden as a major barrier for residents. Lengthy applications, documentation requirements, and unclear eligibility criteria can prevent people—particularly those in crisis— from successfully accessing assistance. Partners emphasized the need for more navigation support to help residents complete applications and understand what options are available to them. One community leader noted, "*When someone is in crisis, they're not going to understand 50 questions on an application.*"

"What would help most is navigation — someone walking alongside families to help them understand what's available and how to access it."

Another community leader echoed this frustration around the complexity of current systems— *"The systems are complicated. When someone is facing eviction or a crisis, long applications and wait times become a real barrier."*

These concerns allude to the need for navigation assistance that directly helps residents apply for and obtain services, with one leader suggesting, *"What would help most is navigation—someone walking alongside families to help them understand what's available and how to access it."*

Conclusion

This Community Needs Assessment documents a consistent and converging set of findings about economic insecurity in Hennepin County. Across resident surveys, community leader interviews, ALICE data, and asset mapping, the evidence points to a shared conclusion: the primary driver of instability for many households is the pressure caused by rising costs rather than unemployment, and the current social services system is not structured in a way to fully meet the needs of working households who are living close to the edge.

Residents reported persistent difficulty affording food, housing, healthcare, utilities, and transportation. These pressures are not isolated or temporary. Survey data shows that a significant share of respondents are working yet remain below the ALICE threshold, reinforcing

that wages alone are insufficient to meet the true cost of living in Hennepin County. Community leaders described this same population—working families, seniors on fixed incomes, and first-time help-seekers—as the fastest-growing source of demand across the system.

The CNA also clarifies that food access functions as the most immediate and widespread stabilizing resource. Food assistance ranked as the top financial need, while food pantries and free grocery stores were the most frequently used non-monetary supports. Residents described relying on food shelves not due to job loss, but to offset rising grocery costs in order for rent, utilities, and transportation costs to be paid. This finding positions food support as an upstream intervention that enables household tradeoffs and prevents deeper crises.

Housing instability emerged as a second core pressure point. Rental assistance ranked among residents' highest priorities, while affordable housing and shelters were rated among the lowest-quality resources available. Community leaders echoed that rental assistance demand far exceeds supply and that residents often seek help only after receiving eviction notices. Asset mapping further revealed that ZIP codes with high concentrations of ALICE households do not consistently have proportional access to housing stabilization resources, particularly outside of central Minneapolis. These dynamics underscore the importance of early intervention, eviction prevention, and housing navigation, rather than crisis-only responses.

Transportation surfaced as a critical but under-resourced factor in stability. Both residents and community leaders emphasized that access to a reliable vehicle is often the difference between remaining employed and falling into financial crisis. Car repairs were frequently described as a tipping point that cascades into job loss, missed appointments, or eviction. This reinforces the role of transportation assistance as a workforce stability and prevention strategy rather than a secondary support.

Equally important, the CNA highlights that barriers to accessing support are not incidental—they are structural. Residents cited long wait times, complex applications, unclear eligibility rules, past negative experiences, fear of stigma, and concerns about safety and data privacy as reasons they delayed or avoided seeking help. These barriers often result in residents accessing support later on, when needs are more acute and costly to address.

Geography compounds these challenges. Asset mapping revealed clear mismatches between need and service proximity, particularly in ZIP codes with high ALICE concentrations and limited walk-in resources. For residents with limited transportation, inflexible work schedules, or

caregiving responsibilities, physical access to services remains a significant constraint—regardless of eligibility or program availability.

Within this context, CAP-HC's role is both unique and strategically essential. Community leaders consistently identified CAP-HC as a trusted countywide provider, particularly for energy and utility assistance, and as an effective connector within the broader system. CAP-HC's ability to reach households across jurisdictions, provide timely stabilization assistance, and facilitate referrals positions it as a key prevention-focused actor at a moment when delays and fragmentation carry significant costs.

The findings from this CNA support continued prioritization of timely stabilization services—especially food, utilities, rental assistance, and transportation—as tools to prevent larger crises. They highlight opportunities to refine outreach and partnerships in high-need ZIP codes identified through ALICE data and asset mapping. They also underscore the importance of maintaining low-barrier, dignity-centered service delivery, particularly for populations experiencing fear, mistrust, or exclusion from traditional systems.

Ultimately, this assessment affirms that addressing financial insecurity in Hennepin County requires aligning programs and systems with the realities of rising costs. By grounding its strategies in resident experience and insights from those in the social services ecosystem, CAP-HC is well positioned to strengthen its impact, inform systems-level conversations, and continue serving as a stabilizing force for households navigating an increasingly fragile economic landscape.

Appendices

Appendix I: Community Engagement Survey

COMMUNITY PARTICIPANT AGREEMENT

This is a survey to collect community members' input on the most pressing challenges low income people face. The survey is conducted by community needs assessment lead Jenie Gao and the team at Creation in Common, LLC.

How this information will be used: Your answers will be used to inform a recommendations report for the Community Action Partnership of Hennepin County (CAP-HC).

Note: Creation in Common and Jenie Gao maintain oral history best practices and do not claim ownership over other people's stories and personal data. If you would like to contribute a perspective, please check which of the following permissions you would like to grant for use of your input. You do not have to check all boxes to participate.

Participant's First Name (print): _____
Participant's Last Name (print): _____
Email: _____
Phone: _____

I give Creation in Common, LLC and Jenie Gao Studio, LLC permission to:

__ Agreement to all terms
__ Permission to video record this interview (only for video calls)
__ Permission to audio record this interview
__ Use my first name
__ Use my last name
__ Permission to share my words on social media and marketing materials
__ Permission to reproduce my words in printed or online materials for Community Action Partnership of Hennepin County
__ Permission to reproduce my words in printed or online materials for noncommercial / educational purposes
__ Permission to reproduce my words in printed or online materials for commercial purposes

__ Check this box if you are okay with commercial purposes but want to be contacted first
__ Use my words to promote the project online, printed, or recorded media
__ Use my story in printed or digital portfolios to document and present client's past projects

May we contact you in the future?
__ Yes, only about this project
__ Yes, via newsletters for updates on other projects, events, etc
__ No

Participant's First Name (print): _____
Participant's Last Name (print): _____
Email: _____
Phone: _____
Participant's Signature: _____

Community Action Partnership of Hennepin County: Survey & Interview

Who are we interviewing?
· People who live, work, volunteer, and caretake in Hennepin County, Minnesota.
· People with lived experience of poverty, houselessness, food insecurity, unemployment/underemployment, and drug addiction.
· People who are often left out of governmental surveys and feedback processes, including BIPOC, LGBTQIA2S+, women, working class, disabled, and people at the intersections of these identities.
· People whose first language is not English.
· People who fit the definition of ALICE (Asset Limited, Income Constrained, Employed). I.e. people who are employed but still struggle to cover their living expenses.

Have you used CAP-HC's services?
1. Are you a current CAP-HC client? _____
2. If yes, how many years have you used CAP-HC's services? _____
3. If no, do you use other social support services in the Hennepin County Area?

_____

Social Support Services

1. Choose up to 3 types of financial assistance that make the biggest difference for you. Circle the number that indicates the quality of your top 3 choices.

o Rental assistance: (terrible) 1 2 3 4 5 (excellent)
o Mortgage/property tax assistance: (terrible) 1 2 3 4 5 (excellent)
o First time homeowner/down payment assistance: (terrible) 1 2 3 4 5 (excellent)
o Energy/utilities assistance: (terrible) 1 2 3 4 5 (excellent)
o Energy-related repairs assistance: (terrible) 1 2 3 4 5 (excellent)
o House repairs assistance: (terrible) 1 2 3 4 5 (excellent)
o Water assistance: (terrible) 1 2 3 4 5 (excellent)
o Food stamps: (terrible) 1 2 3 4 5 (excellent)
o Healthcare assistance: (terrible) 1 2 3 4 5 (excellent)
o Childcare assistance: (terrible) 1 2 3 4 5 (excellent)
o Other _____

2. What does quality mean to you when receiving financial assistance services? Choose all that apply.

o Availability of money before it runs out
o Ease of application / approval process
o No strict income caps or difficult eligibility criteria
o How staff treat you when you receive services
o Processing times versus when money is needed
o Easy to get to locations that provide these services
o Other _____

3. Choose up to 3 types of non-monetary assistance that make the biggest difference for you. Circle the number that indicates the quality of your top 3 choices.

o Affordable/below-market housing options: (terrible) 1 2 3 4 5 (excellent)
o Food pantries / free grocery stores: (terrible) 1 2 3 4 5 (excellent)
o Shelters for the houseless: (terrible) 1 2 3 4 5 (excellent)
o Employment and job training centers: (terrible) 1 2 3 4 5 (excellent)
o Community health clinics / free health clinics: (terrible) 1 2 3 4 5 (excellent)
o Familial support / after school care centers: (terrible) 1 2 3 4 5 (excellent)
o Other _____

4. What does quality mean to you when receiving non-monetary assistance? Choose all that apply.

o Availability of services before they run out
o Ease of application / approval process
o No artificial limits (e.g. same grocery bag for everyone regardless of family size)
o How staff treat you when you receive services
o Ease of getting to locations that provide these services
o Safety and inclusivity of these spaces
o Other _____

5. Choose up to 3 types of public infrastructure that make the biggest difference for you. Circle the number that indicates the quality of your top 3 choices.

o Drug user support: e.g. safe injection sites, rehabilitation centers: (terrible) 1 2 3 4 5 (excellent)
o Community centers: (terrible) 1 2 3 4 5 (excellent)
o Gyms and physical recreation centers: (terrible) 1 2 3 4 5 (excellent)
o Public libraries: (terrible) 1 2 3 4 5 (excellent)
o Public parks, gardens, and green space: (terrible) 1 2 3 4 5 (excellent)
o Public amenities / activities / after school options for children: (terrible) 1 2 3 4 5 (excellent)
o Social welfare centers: including services for the unhoused: (terrible) 1 2 3 4 5 (excellent)
o Other _____

6. What does quality mean to you for public infrastructure? Choose all that apply.

o Hours that venues are open
o Cleanliness, maintenance, and overall upkeep of facilities
o How you're treated in these spaces
o Service staff available
o Ease of getting to these locations
o Handicap accessibility
o Sense of safety and inclusivity
o Other _____

7. Choose up to 3 types of grants would make the most meaningful difference to you.
o Universal basic income / unrestricted grants for personal income (e.g. cash stipends, basic income)
o Low or no-interest personal loans
o Aid-based grants (e.g. rent, food, and health subsidies)
o Education grants and scholarships
o Grants for small and microbusinesses
o Other _____

8. On a scale of 1-5 (5 best), how would you rank the availability of grants for low-income people in your area?:
(terrible) 1 2 3 4 5 (excellent)

9. On a scale of 1-5 (5 best), how would you rank your access to the following food sources in your ZIP code?
· Farmer's markets and CSAs: (terrible) 1 2 3 4 5 (excellent)
· Grocery stores and markets: (terrible) 1 2 3 4 5 (excellent)
· Community gardens: (terrible) 1 2 3 4 5 (excellent)
· Food pantries, food shelves, places that take food stamps: (terrible) 1 2 3 4 5 (excellent)

10. What does quality mean to you for food access in your ZIP code? Choose all that apply.
o Access to fruits, vegetables, and other fresh foods
o Access to culturally relevant ingredients, spices, and herbs
o Access to a full-service grocery store (e.g. doesn't just sell food, also sells toiletries and medicines)
o Access to a 24-hour or late-night grocery store
o Affordability of groceries
o Availability of local produce and locally made food products in ZIP code
o Other _____

11. On a scale of 1-5 (5 best), how would you rank transit infrastructure in your area?
· Public transit: (terrible) 1 2 3 4 5 (excellent)
· Street maintenance for drivers: (terrible) 1 2 3 4 5 (excellent)
· Pedestrian infrastructure: e.g. sidewalks, walkable streets: (terrible) 1 2 3 4 5 (excellent)
· Bike paths and non-car transit infrastructure: (terrible) 1 2 3 4 5 (excellent)
· Disability / accessibility infrastructure: (terrible) 1 2 3 4 5 (excellent)

Barriers to Receiving Support

1. What is your main mode of transportation?

o I drive myself.
o I need someone else to drive me.
o I take public transit.
o I take a cab.
o I use a bicycle.
o I use pedestrian paths.
o Other _____

2. Do any of the following impact your access to social services? Check all that apply.

o I had a bad past experience when receiving social services.
o I am worried about the stigma of seeking social services.
o I am part of a demographic that the current US administration is targeting (e.g. immigrants, trans people), and I am nervous about seeking support / having data collected on me.
o I don't feel safe on the mode(s) of transit I would need to get to CAP-HC or other support centers.
o I don't have a bank account to receive financial assistance.
o I don't have proper identification to fill out paperwork and other approval forms.
o I don't have a phone, a regular phone number, or an easy way to check email to see when help has been approved for me.
o I am disabled and the physical facilities of most centers are not accessible to me.
o It is too difficult for me to book an appointment to receive financial support.
o Other _____

3. Please describe any experiential barriers that prevent you from using CAP-HC's services. Examples include: bad treatment from a staff member, poor accessibility and wayfinding, old facilities that are in disrepair.

4. Please describe any experiential barriers that prevent you from using social support services available in Hennepin County.

5. What do you see as the most urgent issue that poor / low-income people in your community face, that you think CAP-HC could address?

Rising Costs

1. Which of the following rising costs have impacted you the most in the last three years?

o Increase in rent
o Increase in property taxes
o Increase in transportation costs (gasoline, car-related expenses, etc.)
o Increase in utility costs
o Increase in healthcare costs
o Increase in food costs
o Increase in childcare costs
o Other _____

2. How much more, on average, are you spending per month on your living expenses than you were three years ago?

o No change, costs are the same
o Costs have decreased overall
o Spending $100-$500 more per month
o Spending up to $1,000 more per month
o Spending up to $2,000 more per month
o Other _____

3. How has your income level changed in the last three years?

o Income level is the same
o Income level has increased at the same level as expenses
o Income level has increased significantly more than expenses
o Income level has decreased slightly
o Income level has decreased significantly
o Became unemployed in the last three years, with access to unemployment income
o Became unemployed in the last three years, with no access to unemployment income

4. What's possible with the aid available to you? Check up to three that are the most relevant to you.

o It keeps me sheltered.
o It helps me meet my basic needs (e.g. food, clothing).
o It keeps me living paycheck to paycheck.

o It helps me save a financial safety net.
o It helps me overcome poverty.
o It is giving me a chance at upward social mobility.
o It is giving my children a chance at upward social mobility.
o It is not enough. I am afraid of a setback that will push me into poverty / worse insecurity.
o Other _____

Demographic Questions (optional)

1. What is your employment status?
o Full-time
o Part-time
o Self-employed
o Unemployed
o At-home caretaker
o Retired
o Other _____

2. Household size
o 1 (you live alone)
o 2
o 3
o 4
o 5+

3. FOR SINGLE PERSONS: What is your annual income?
o At or below $15,650 (federal poverty level)
o At or below $37,116 (ALICE survival budget)
o Higher than $37,116, lower than $50,000
o $50,001 - $75,000
o $75,001 - $100,000
o Over $100,000
o Other _____

4. FOR HOUSEHOLDS OF 2 OR MORE: What is your annual household income?
o At or below $15,650

- o Between $15,650 and $32,150 (federal poverty level for family of four)
- o Higher than $32,150, lower than $50,000
- o $50,001 - $85,860 (ALICE survival budget for family of four)
- o $85,861 - $100,000
- o $100,001 - $150,000
- o Over $150,000
- o Other _____

5. I am a _____ breadwinner in my household.
- o Primary
- o Only
- o Joint
- o Not a
- o Other _____

6. How would you describe your ethnicity / racial identity?

_____

7. How would you describe your gender identity?
- o Cis-woman
- o Cis-man
- o Genderqueer
- o Nonbinary
- o Transgender woman
- o Transgender man
- o Two-spirit
- o _____

8. Are you disabled?
- o Yes
- o No
- o No answer

9. Is anyone else in your household disabled?
- o Yes

o No
o No answer

10. Housing status:
o Rent (market rate)
o Rent (rent-subsidized / below-market)
o Own (not paid off)
o Own (paid off)
o Own (paid off, but with increasing property taxes on fixed income)
o Unsheltered
o Sheltered but housing insecure
o Other

11. Age Group
o Under 18
o 18-24
o 25-34
o 35-44
o 45-54
o 55-64
o 65+

12. Are you a caretaker of minors, seniors, or other dependents?
o Yes
o No

13. What is your current ZIP code?
_____
14. How long have you lived in your current ZIP code?
_____
15. Where, if anywhere, were you before?
_____

Appendix II:
Community Leader Interview Questions

1.) How long have you been with your organization?
2.) Does your organization work with or refer people to CAP-HC?
3.) How do you describe the communities your organization serves?
4.) In your opinion, what are the needs of the residents of Hennepin County? Are you seeing these needs changing and evolving? Or growing?
5.) How does CAP-HC help to meet the needs of Hennepin County?
6.) Which of CAP-HC's programs or services are most effective in creating a positive impact?
7.) In what specific ways could CAP-HC strengthen its service to the people it serves, both now and in the future?
8.) If resources were no object, what program would you want CAP-HC to add or expand? And why did you choose those programs?

Appendix III: Hennepin County Asset Map

Hennepin County Asset Map

Map Key

ALICE Data by ZIP Code:

Dark red signifies a ZIP code is *very financially vulnerable*

- 41-50% of households meet ALICE criteria

Red signifies a ZIP code is *financially vulnerable*

- 31-40% of households meet ALICE criteria

Orange signifies a ZIP code is *slightly more vulnerable* than the county average

- 26-30% of households meet ALICE criteria

Yellow signifies a ZIP code has *average* financial vulnerability

- 20-25% of households meet ALICE criteria

Green signifies a ZIP code is *financially secure*

- 15-19% of households meet ALICE criteria

Dark green signifies a ZIP code is *very financially secure*

- 10-14% of households meet ALICE criteria

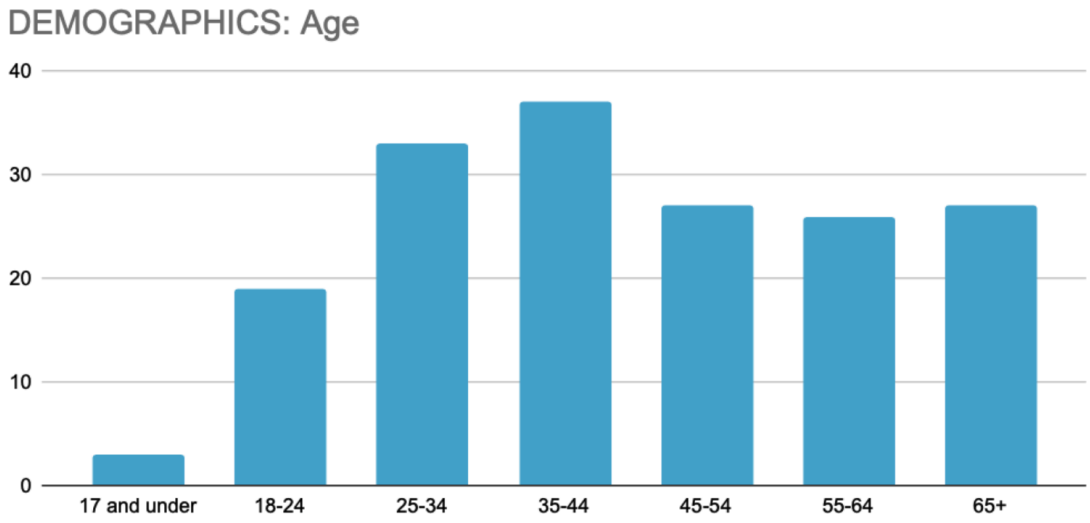
Color Code of Community Assets:

1.) **Community Needs Assessment Host Sites**
2.) **Food Pantries**
3.) **Community Centers**
4.) **Hospitals and Health Centers**
5.) **Educational Institutions**
6.) **Grocery Stores**
7.) **Assistance Programs**
8.) **Dental Clinics**
9.) **Public Transportation Access Points**

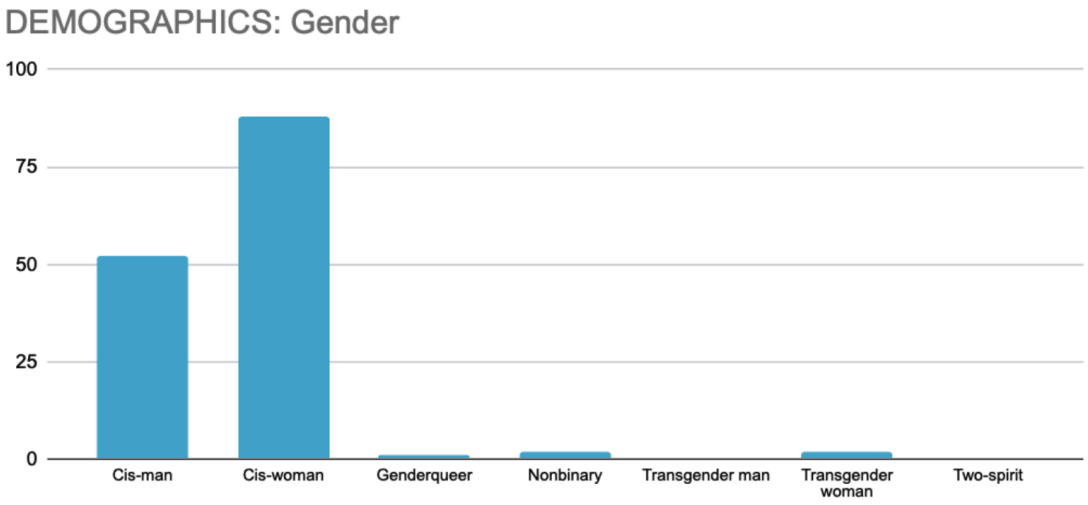
Appendix IV: Demographic Data

This appendix includes graphs detailing demographic data pertaining to age, gender, race, housing, disability status, employment status, income level, and experience accessing CAP-HC's services. It is included to provide a more comprehensive view of the demographic data that emerged from this Community Needs Assessment. It should be noted that demographic questions were listed as *optional* on the survey and were not intended to be exhaustive. Of the 366 survey respondents, 91 shared this voluntary demographic information.

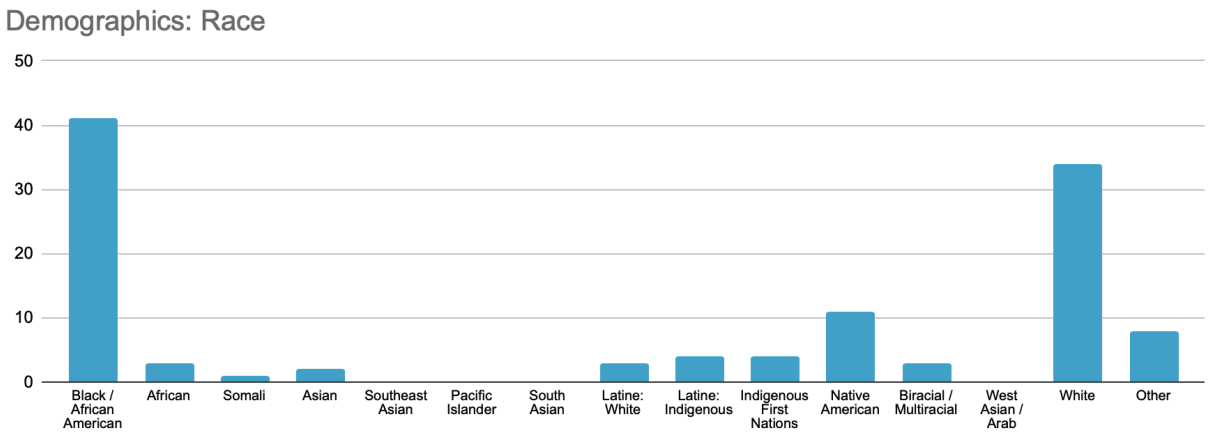
Demographics: Age, Gender, and Race



NOTE: This demographic data is incomplete, collected only from long-form surveys and not larger engagement sites.



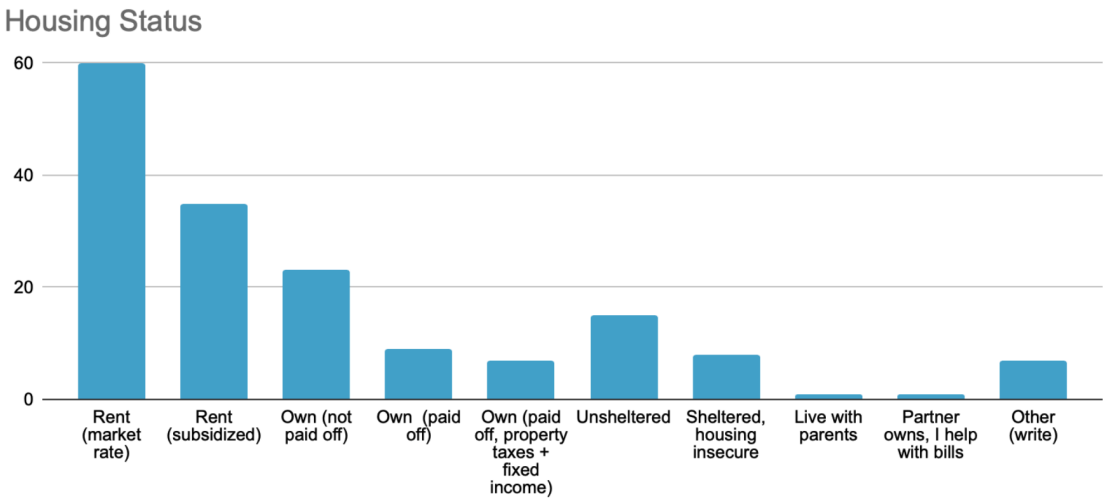
NOTE: This demographic data is incomplete, collected only from long-form surveys and not larger engagement sites.

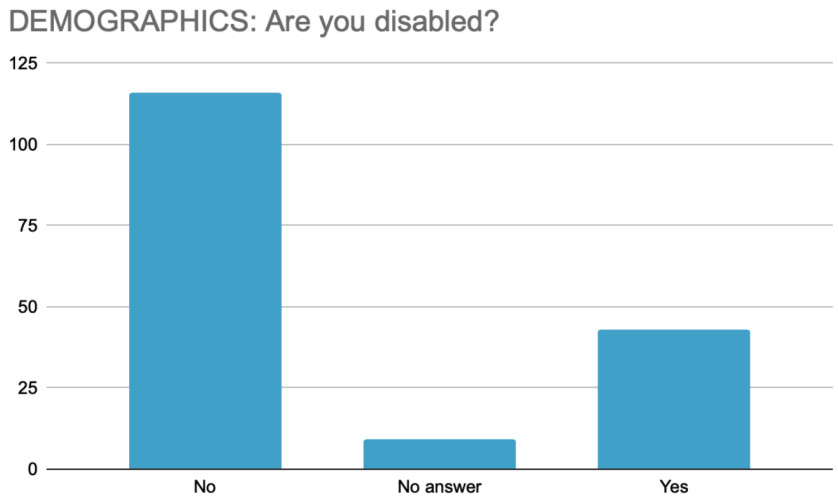


NOTE: This demographic data is incomplete, collected only from long-form surveys and not larger engagement sites.

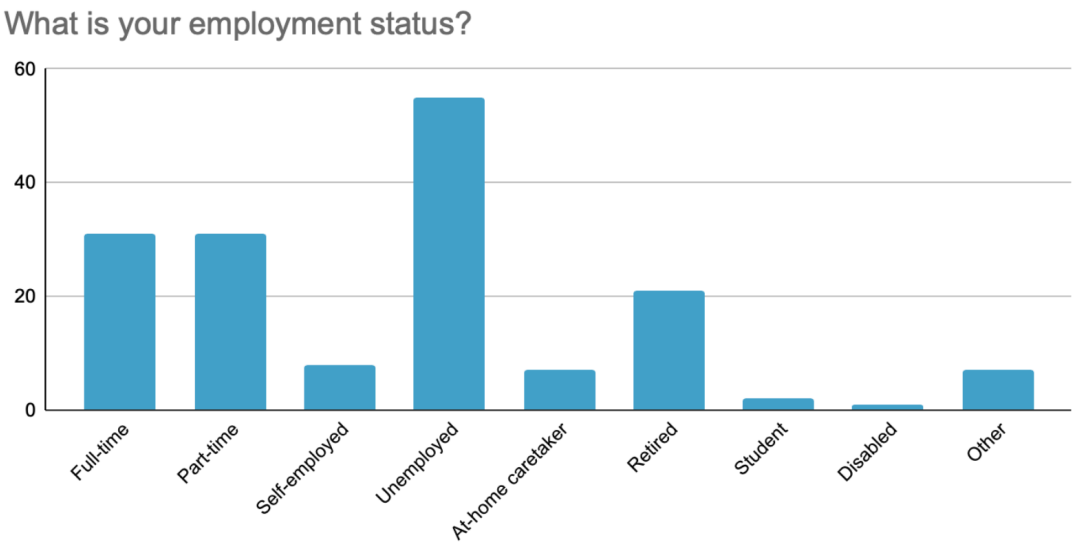
*One item to note on the Demographics: Race graph is that many participants wrote in their own racial identification when the provided options didn't match with how they self-classified their race. These write-in responses are grouped together as 'other' on the above graph.

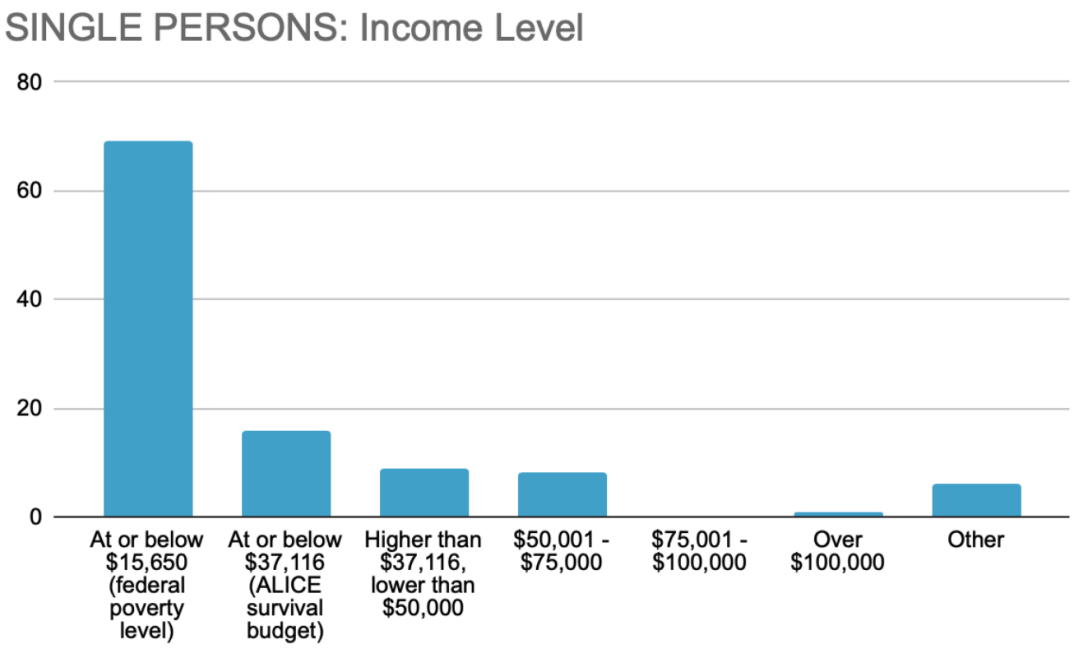
Demographics: Housing and Disability Status

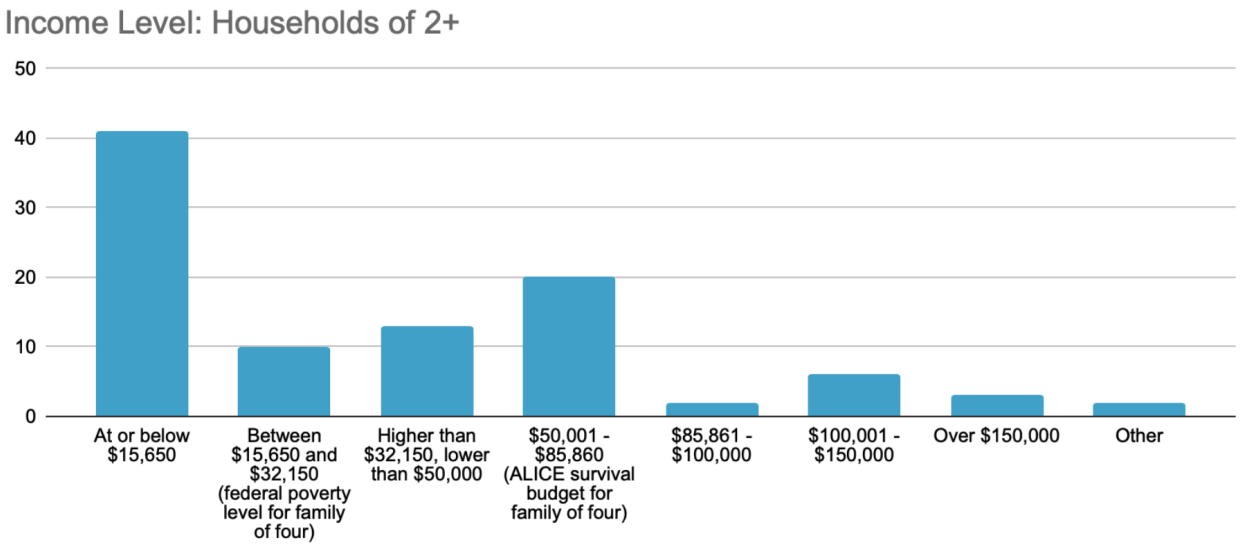


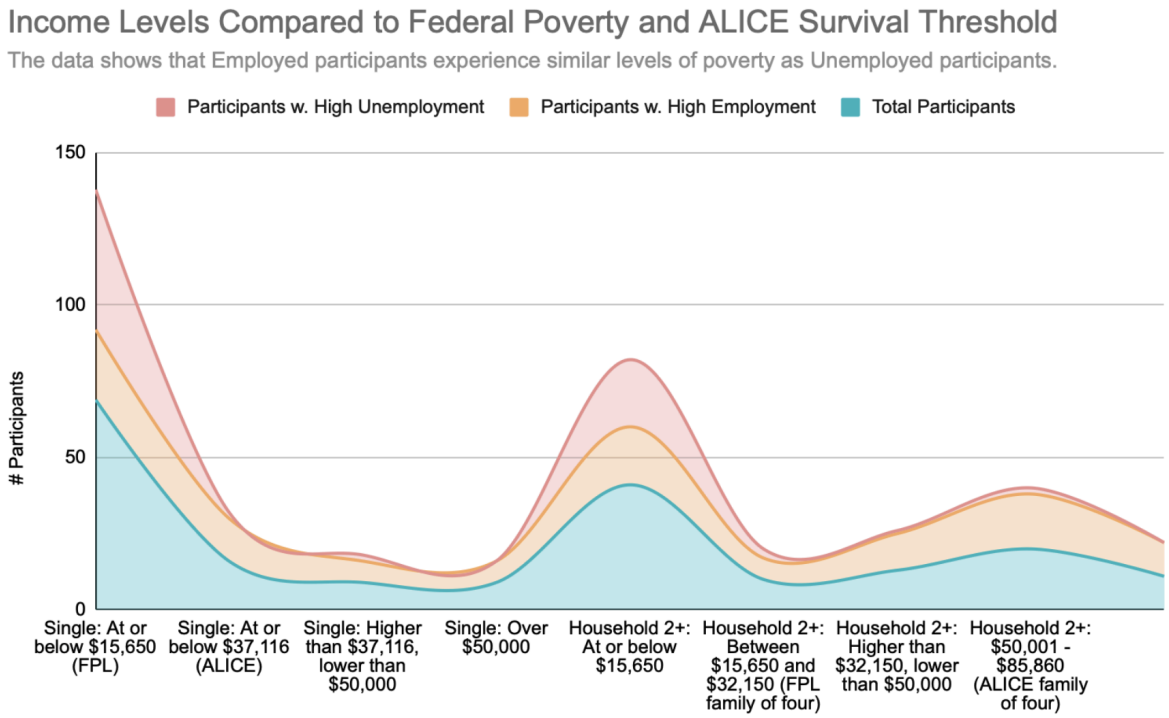


Demographics: Employment and Income



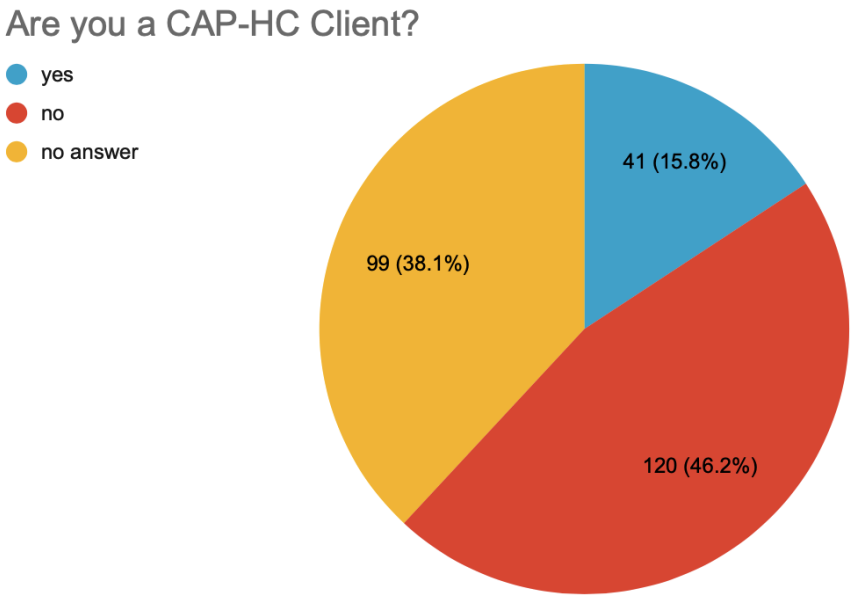

SINGLE PERSONS: Income Level
80
60
40
20
0
At or below $15,650 (federal poverty level)
At or below $37,116 (ALICE survival budget)
Higher than $37,116, lower than $50,000
$50,001 - $75,000
$75,001 - $100,000
Over $100,000
Other

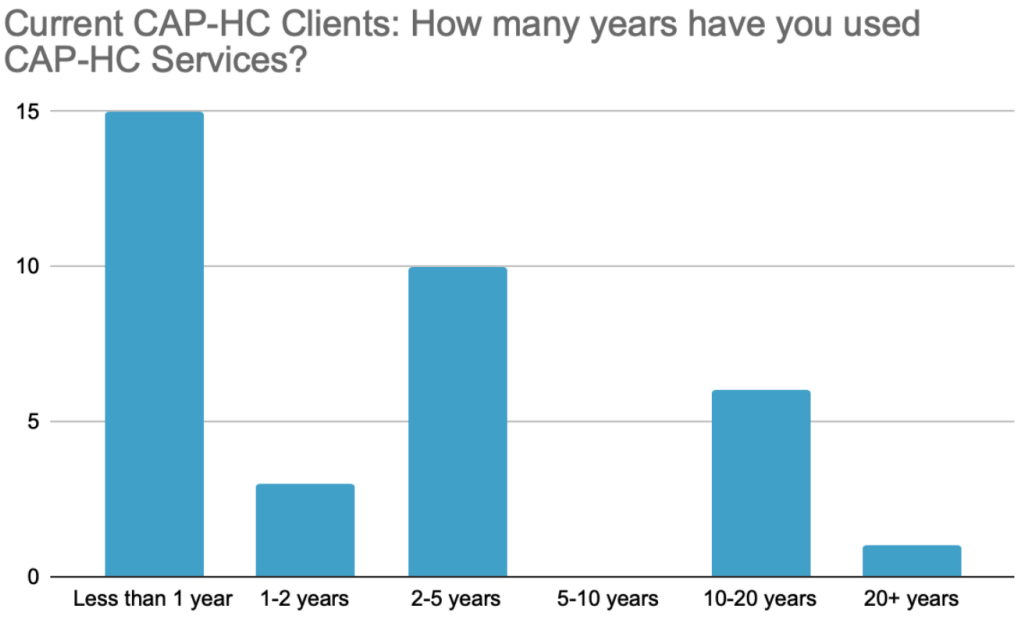

Income Level: Households of 2+
50
40
30
20
10
0
At or below $15,650
Between $15,650 and $32,150 (federal poverty level for family of four)
Higher than $32,150, lower than $50,000
$50,001 - $85,860 (ALICE survival budget for family of four)
$85,861 - $100,000
$100,001 - $150,000
Over $150,000
Other



*The above graph indicates that survey participants who are employed experience similar levels of poverty as unemployed survey participants. This supports one of the report's key findings that employment alone is not sufficient to ensure financial security in Hennepin County.

Demographics: Accessing CAP-HC's Services




Current CAP-HC Clients: How many years have you used CAP-HC Services?
15
10
5
0
Less than 1 year
1-2 years
2-5 years
5-10 years
10-20 years
20+ years