Quad Counties 4 Kids Early Childhood Area Community Plan

BOARD APPROVED DECEMBER 14, 2015 REVIEWED 06/22/16 UPDATED 6/28/2017

DON GEE, CHAIRMAN

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Section A: General Information

Area Contacts

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Identification of the Community Early Childhood Area

lowa's Community Empowerment was established during the 1998 Legislative session in an effort to create a partnership between communities and State government with an emphasis to improve the well-being of families with young children. Within local empowerment areas, local citizens are able to lead collaborative efforts involving education, health, and human service programs.

The 2010 legislative session brought about some changes in Iowa's early childhood structure. Prior to this legislative session, Iowa's youngest children were supported through a partnership between Community Empowerment and the Early Childhood Iowa Stakeholder's Council (ECI). Both groups have served as leading advocates for young children and their families for several years.

In an effort to work toward a common vision of a comprehensive early care, health, and education system, the Iowa Legislature established Senate File 2088, calling for a merger of Community Empowerment and Early Childhood Iowa into one inclusive structure. These efforts lead to the name change from Community Empowerment to Early Childhood Iowa.

Iowa is committed to achieving results and every community in Iowa will have the opportunity to develop the capacity and commitment for achieving these results:

- Healthy Children
- Children Ready to Succeed in School
- Safe and Nurturing Families
- Secure and Nurturing Early Learning Environments

The Early Childhood Iowa legislation established two specific programs *School Ready and Early Childhood*. These programs provide funding to encourage communities to "work together" to assist families with children ages parental through age five.

School Ready Grants provide comprehensive services for children prenatal through age five including:

- Preschool and Child Care
- Parent Support
- Family Home Visitation
- Quality Improvement

Early Childhood Grants enhance the quality and capacities of child care including:

- Regular child care
- Infant child care
- Training regarding quality for providers including center-based and home-based care

History of Quad Counties 4 Kids Early Childhood Area

In June 2009 the State Empowerment Board now known as the State Early Childhood Iowa Board went through a "lean" event. The purpose of the lean event was to improve efficiencies at the state level, improve efficiencies at the local level, find balances between the local and state level, clarify roles and responsibilities, and improve performance and accountability. In the 2010 legislative session, legislators embraced the lean event recommendations and implemented many of the state Empowerment recommendations. Merging of Empowerment Boards, now known as Early Childhood Iowa Areas, was one of the new requirements.

The merger conversation among Adams, Ringgold and Union Counties started in early 2010. After numerous conversations it was determined that there were commonalities in the counties that made the merger of the three into a new area a logical next step. On March 29, 2010 a joint meeting of the three boards with 14 in attendance was held in Creston. Steve Adams, ISU Extension, led the group through a SWOT analysis which was very beneficial as the merger process began in earnest. Taylor County had chosen to explore other options at that time. Three committees were formed with each having assigned tasks. There was equal representation on these committees from the three counties. One Director/Coordinator served as the contact and collector of information for each of the committees. All committees came together on an as needed basis to report progress and gather additional input. In the fall of 2010 the three individual boards chose to delay the merger process until the legislatively mandated date of July 1, 2013. The three committees continued to meet but work was done at a more leisurely pace. All counties were still in agreement on the merge and stayed in contact through their Directors.

Taylor County formally requested permission to join with Adams, Ringgold and Union Counties to form a four county area in the fall of 2011. By December 31, 2011 all three of the individual county boards had voted to accept the Taylor County request to become part of the new area. State ECI Staff was notified that we were ready to move forward. A joint meeting of the boards was convened January 31, 2012 at which time Taylor County accepted the work that had been done previously by the merger committees.

Approval and Use of the Community Plan

The Quad Counties 4 Kids Early Childhood Area Board approved this Community Plan, their second plan as a merged area, December 14, 2015 at their regular Board meeting. In developing the Community Plan, the Board collected data from various local, state and national sources. The Board worked with community members as well as community partners and early childhood programs in the development of the final Community Plan.

The Quad Counties 4 Kids Early Childhood Area Board and its community partners utilize this document as a resource and guide in decision making that impacts the early childhood systems in Adams, Ringgold, Taylor and Union counties. Additionally our community partners assisted the board in the community needs assessment process and provided access to any of their own assessments, many of which we participated in. Everyone has access to the community plan and many use it as a community resource, data source, for other grant opportunities.

The Community Plan for Quad Counties 4 Kids is available to all interested parties from the Area Director via email (vsickels@windstream.net) or phone (515-868-8729). It is the board's intention to craft a website, as long as funds are available to do so, in the next two years.

Quad Counties 4 Kids Early Childhood Area's

Mission, Vision and Guiding Principles

Vision Statement

A Child, Beginning At Birth, Will Be Healthy & Successful. This has been the Board's vision statement since the board merger July 1, 2013, and is the same vision statement as Early Childhood Iowa.

Mission Statement

We will collaborate as a four county area to enhance the lives of children 0-5 and their families. This is the same mission adopted when the original merger took place.

Guiding Principles

The Quad Counties 4 Kids Early Childhood Area Board will strive to serve children birth to five and their families focusing on these five areas as identified by the State Early Childhood Iowa Board:

- 1. Healthy children
- 2. Children ready to succeed in school
- 3. Safe and supportive communities
- 4. Secure and nurturing families
- 5. Secure and nurturing early learning environments

Priorities and Indicators of the Quad Counties 4 Kids Early Childhood Area Board

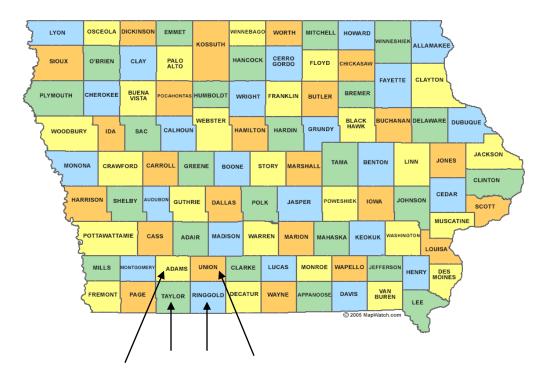
Community Plan Priorities

- Children's growth and development
- Children's education
- Stable and supportive families
- Quality Child Care

Community Plan Indicators

- Rate of immunization by age 2
- % of children entering kindergarten with preschool experience
- # of early childhood providers at each level of the QRS System
- # of licensed/registered childcare slots, home-based and center
- # of confirmed child abuse cases

Area Demographics and Geographic Composition



Adams County is situated in southwest Iowa in the second tier of counties and is the states smallest county. It is a rural and economically depressed area dependent on industry located both within the county as well as outside the county, and agriculture within the county. Adams County is composed of the following incorporated communities and their surrounding areas.

Carbon
 Corning
 Nodaway
 Prescott

Ringgold County is a rural county in South Central Iowa. More precisely it is in the southern tier of counties in Iowa on the Missouri border and is the 4th county east of the Missouri River. Agriculture is the major economic engine driving the county. Ringgold County is composed of the following incorporated communities and their surrounding areas.

- BeaconsfieldDiagonal
- Benton
- Delphos Maloy
- Ellston
 - Mount Ayr

- Redding
- Kellerton
 - Tingley
- Taylor County is located in extreme southwest Iowa in the lower tier of counties bordering Missouri. It is a rural and economically depressed area dependent on industry located outside the county and agriculture within the county. Taylor County is composed of the following incorporated communities and their surrounding areas.

- Bedford
- Clearfield
- Gravity
- New Market

- Blockton
- Conway
- GravityLenox

Sharpsburg

Union County is situated in southwest Iowa in the 2nd tier of counties, 75 miles southwest of Des Moines and 100 miles southeast of Omaha. It is a rural and economically depressed area dependent on industry located within the county and agriculture within the county. Union County is composed of the following incorporated communities and their surrounding areas.

- Afton
- Arispe
- Lorimor
- Shannon City
- Creston Thayer
- Cromwell

Overview County Population

General Population

Adams	Ringgold	Taylor	Union	State	
3,875	5,051	6,143	12,516	3,107,126	

Data Source U.S. Census Bureau

Ethnic/Race Population

Adams	Ringgold	Taylor	Union	State
White – 97%	White – 96%	White – 91%	White – 95%	White – 87%
Hispanic – 1%	Hispanic – 2%	Hispanic – 7%	Hispanic – 3%	Hispanic – 6%
Other – 2%	Other—2%	Other – 2%	Other – 2%	Other – 7%

0 to 4 Population

Adams	Ringgold	Taylor	Union	State
6.5%	5.8%	6.3%	6.1 %	6.3%

Data Source: U.S. Census Bureau

Persons 65 years and over

Adams	Ringgold	Taylor	Union	State
22%	25.3%	21.1%	18.9%	15.8%

Data Source: U.S. Census Bureau

Births

Adams, Ringgold and Union Counties each have a hospital however Greater Regional Medical Center in Union County is the only hospital that delivers babies. There are no hospitals in Taylor County. Secondary hospital care is received in Clarinda, Iowa (22 miles away), Corning, Iowa (22 miles away), Mt. Ayr, Iowa (28 miles away), Creston, Iowa (50 miles away) and Maryville, Missouri (25 miles away). Tertiary care is a minimum of 110 miles away. Taylor County is designated as a federal medically underserved area while both Taylor and Ringgold are designated as dental shortage areas.

Median Household Income

Adams	Ringgold	Taylor	Union	State
\$45,871	\$44,551	\$41,554	\$43,804	\$51,843

Data Source: U.S. Census Bureau

Persons Below Poverty Level

11.3% 13.1% 13.5% 14.5% 12.4%	Adams	Ringgold	Taylor	Union	State
	11.3%	13.1%	13.5%	14.5%	12.4%

Data Source: U.S. Census Bureau

School Districts

Adams County schools have undergone some major changes since the Quad Counties 4 Kids original Community Plan was written. The "new" Southwest Valley School District is entering into its third year of whole grade sharing between the Corning Community School District and the Villisca Community School District. Southwest Valley School buildings are located in the towns of Corning and Villisca. The combined districts serve pre-kindergarten through 12th grade. The residents of Prescott voted April 7, 2015 to merge with the Creston school district effective with the 2016-17 school year. This past fall, Prescott students were tuitioned over to the Creston District, to give the Prescott board a year to determine what to do with assets including real estate. The county also includes parts of the following districts: Griswold, Lenox, Villisca, Creston and Orient/Macksburg.

Ringgold County has two school districts, Mount Ayr and Diagonal.

Taylor County has two school districts in Bedford, and Lenox as well as part of the New Market district.

Union County has two school districts, Creston and East Union (Afton).

Early Childhood Education

Adams County has 4 preschool classrooms. The Prescott program was located in the elementary school and closed when the school district merged with Creston. The Corning program has 2 sites. The School site is at the elementary school and has State-wide Voluntary Preschool 4 year old slots integrated with a special education preschool program. The elementary also has a Junior Kindergarten program. Hearts and Hugs Day Care and Preschool has a DHS

registered 3 year old program as well as State Wide Voluntary Preschool for 4 year olds. The Corning Head Start program was discontinued in 2015, however, Hearts and Hugs is in negotiations with MATURA to offer some slots in their program.

Ringgold County has 6 preschool classrooms. One of these classrooms participates in the State Wide Voluntary 4-year preschool program located in the Family Resource Center is operated by the Mount Ayr CSD. This program offers separate morning and afternoon sessions. The other school based program, which was previously a Shared Visions funded program, is in the Diagonal CSD. The preschool plans to participate in the SWVPP in the fall of 2016. There is a single Head Start Classroom which is also located in the Family Resource Center. The Center operates a 3 year old preschool classroom with both morning and afternoon sessions. Mount Ayr CSD serves the area with an Early Childhood Special Education program which is inclusive with the State Wide Voluntary Preschool and Head Start. There is no longer a separate Junior Kindergarten program in the Mount Ayr Elementary School.

Taylor County has two DHS licensed preschools, two State voluntary preschools located in the Bedford and Lenox School Districts, one Junior Kindergarten program (Lenox) and one Head Start preschool (Bedford). The shared visions preschool within the Clearfield School District closed in 2014 when the district was dissolved. Bedford Community School also serves the area with an Early Childhood Special Education program which is 100% inclusive with the State voluntary preschool and Head Start preschool.

Union County has a number of preschool opportunities since they have a much larger population than the other three counties. They include the following preschools in Creston: Creative Beginnings Preschool, Discovery Kids Preschool, Head Start, St. Malachy School Preschool and Kindergarten, Trinity Lutheran Preschool, Creston Community Schools Pre-Kindergarten, Junior Kindergarten, Kindergarten and Early Childhood Special Education. Afton is home to Joyful Sparks Preschool and East Union Early Childhood Center Preschool.

School Year Free and Reduced Lunches

Location	Data Type	2009	2010	2011	2012	2013
Adams	Percent	40.0%	41.6%	47.8%	48.4%	45.8%
Ringgold	Percent	42.2%	42.0%	45.0%	44.9%	48.5%
Taylor	Percent	43.4%	49.9%	52.3%	52.3%	52.7%
Union	Percent	40.4%	43.6%	44.5%	46.7%	46.6%

Data source: KIDS COUNT Data Center

Child Poverty

Location	Data Type	2008	2009	2010	2011	2012
Adams	Percent	17.3%	18.6%	20.7%	21.7%	20.7%
Ringgold	Percent	27.2%	25.3%	29.5%	26.7%	27.1%
Taylor	Percent	18.5%	17.9%	18.9%	18.5%	19.0%
Union	Percent	18.7%	20.8%	20.9%	22.2%	20.9%

Data source: KIDS COUNT Data Center

Labor Force

Data source: Child and Family Policy Center	Data source:	Child and	l Family I	Policy	Center
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Location	Data Type	2009	2010	2011	2012	2013
Adams	Percent	5.6%	5.3%	5.2%	4.3%	3.9%
Ringgold	Percent	5.3%	5.3%	5.2%	4.9%	4.5%
Taylor	Percent	6.3%	5.4%	4.7%	3.9%	3.6%
Union	Percent	6.1%	5.7%	5.5%	5.1%	4.8%

Human Services

Adams County is within the Des Moines Department of Human Services (DHS) service area. Adams County has a local office by appointment and can obtain services in Creston which is in Union County.

Ringgold County is within the Des Moines DHS service area. There is a local office where meetings can take place however most often it is necessary for clients to travel to Osceola which is in Clarke County to receive service.

Taylor County is within the Council Bluffs DHS service area. A local service office is available by appointment only or they can obtain services in Red Oak.

Union County is also within the Des Moines DHS service area. Services are available in the Creston Office during regular business hours.

MATURA Action Corporation serves all four counties. MATURA assists citizens through a wide range of services that are at the forefront of innovative strategies to empower low-income citizens to become self-sufficient and full participants in their communities.

MATURA is a non-profit organization that networks with a wide array of local organizations to enhance the opportunities for low-income lowans (children and families) to meet basic needs and develop their own capacity to do so. The existence of this program is vital to the citizens of the Quad Counties 4 Kids area.

Child Abuse & Neglect

Location	Data Type	2009	2010	2011
Adams	Rate	14.0	28.3	33.0
Ringgold	Rate	13.7	10.5	8.8
Taylor	Rate	18.7	10.2	9.5
Union	Rate	20.7	29.6	32.4

Data source: Child and Family Policy Council

Section B: Community Needs Assessment

Needs Assessment

The Quad Counties 4 Kids Board Members reviewed options to obtain information from community partners as well as parents/caregivers that would be useful in assessing the needs of the area. Information from the MATURA Head Start Needs Assessment, included in this document, was very helpful since they serve all four of the counties of the Quad Counties 4 Kids Area. The board decided, rather than duplicating efforts, information not readily available from other sources would best be obtained through a process similar to that used by local boards of health for their Community Health Needs Assessments (CHNA). It was determined there is value in bringing people together for a discussion rather than doing a paper survey. This discussion would also bring to the table the concerns of the parents served by the various partners.

The board contracted with Steve Adams, CEcD, Community and Economic Development Field Specialist with Iowa State University Extension to facilitate the area wide needs assessment. The board chose Mr. Adams due to his familiarity with the area since he facilitated the discussion in 2010 when merger talks first began. Invitations were distributed widely via email and US Mail. A copy of an email sent to West Central Community Action, our area CCR&R provider, used for this purpose is included on the following page.

Trending data was gathered relating to indicators of state results relating to: Healthy Children, Secure & Nurturing Families, Secure & Nurturing Child Care Environment, Children Ready to Succeed in School and Safe & Supportive Communities. This information was placed in a two page document and presented as a basis for the evening discussion. Sent to Deb Martens, West Central Community Action for area wide distribution.

From: Vicki Sickels

Sent: Sunday, April 12, 2015 4:51 PM

To: Bob Brown ; don gee ; Doug Birt ; Jenny Robinson ; Jodi Rushing ; Karen Shawler ; Kathy Thorne Ralston ; NormaRae.Wolfe@iowacourts.gov ; Scott Marcum ; Barbara C [HS EO] Fuller ; Becky Fletchall ; Brittany Shinn ; Chris Heimke ; Creative Beginnings ; Crystal Schafer ; Discovery Kids ; Family Resource Center ; Hope Hall ; I Think I Can ; Joan Gallagher ; Joy Brown ; Karla Hynes ; Katie Purdy ; Kim I [HS EO] Brantner ; Lori L [CO PD] Henrichs ; Precious People ; rfehrle@windstream.net ; Robin McDonnell ; Shilo Leonard ; Terry Wangberg ; jcreveling@rcph.net ; Brittany Shinn ; Billie Greenwalt ; Brenda Cook ; Chris Leonard ; Deb Martens ; Jocelyn C Blazek ; Julie Neas ; Kristie Nixon ; Maureen Lonsdale ; Robin Sevier ; Sharon Campbell ; Tinker Tots ; Julie Lang ; Jenny Moon-Rice **Cc:** stadams@iastate.edu **Subject:** Invitation

The Quad Counties 4 Kids Early Childhood Area Board of Directors

Invites you

To be part of the planning process for our next Community Plan

Wednesday, April 22, 2015--6:00 p.m.

Multipurpose Room—Performing Arts Center Southwestern Community College, Creston, Iowa

Steve Adams, Community Development Specialist, ISU Extension will facilitate the discussion that will lead to our Asset Based Community Plan. This plan will be used to guide the work of the board for the next three years.

A light supper will be served. For planning purposes, please RSVP to <u>vickisickels@iowatelecom.net</u> by Sunday, April 19.

For additional information please refer to: http://www.earlychildhoodiowa.org/files/toolkit_docs/section5.pdf



Please feel free to share this with others who have an interest in families with children age 0-5 in Adams, Ringgold, Taylor and Union Counties!

Vicki Sickels, Director Quad Counties 4 Kids Early Childhood Area Serving Adams, Ringgold, Taylor and Union Counties 807 W. Columbus Street | Mount Ayr, IA 50854 Phone: 641-464-3186 | Cell: 515-868-8729 (Voice or Text)

Quad Counties 4 Kids (Adams, Ringgold, Taylor and Union Counties) Trending Data

Codes for Identifying State/Local results for Indicators:

A. Healthy Children

B. Secure & Nurturing Families

C. Secure & Nurturing Child Care Environments

D. Children Ready to Succeed in School

E. Safe & Supportive Communities

Early Childhood Area Indicators	ldentify State Results Linked to Indicator by A, B, C, D, E	ldentify the Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify the Year			T r e n d	
			2010	FY14	Current			
2 year old coverage of vaccines and selected series	A	IDPH Imm Annual Report	<u>2011*</u> A – 56% R – 66% T – 67% U - 73%	2 <u>012</u> A – 73% R – 94% T – 76% U - 80%	2013 A - 62% R - 77% T - 62% U - 70%	<u>2014</u> A67% R74% T63% U -70%	2014 A -61% R -79% T -58% U -69 %	
% Children Entering Kindergarten with a Preschool Experience	D	Kids County Data Center	<u>2006-2010</u> A - 35.1 R - 45.4 T - 65.5 U - 50.5	2007-2011 A - 37.7 R - 40.7 T - 50.6 U - 58.9	2008-2012 A - 45.6 R - 47.3 T - 62.5 U - 58.9			
Total Number of child care providers (home & center)	C	CCR&R	146	116	101			
Centers	С	CCR&R	27	28	25			
Registered Child Development Homes	C	CCR&R	74	40	43			
Non-Registered Homes	С	CCR&R	44	49	33			
% of programs with a QRS Rating	С	CCR&R	18	28	32			
% of Parents Working	В	CCR&R	78%	76%	N/A			
Slots of child care needed for % of working Parents	C	CCR&R	2497	2709				
Deficit Slots	С	CCR&R	264	1063				
# of Children Ages 0-5	N/A	CCR&R	2001	2072				
# of Children 6-9	N/A	CCR&R	1200	1492				
% of Children in Poverty	В	Kids Count Data Center	2009 A - 18.6 R - 25.3 T - 17.9 U - 20.8	2010 A - 20.7 R - 29.5 T - 18.9 U - 20.9	<u>2011</u> A - 21.7 R - 26.7 T - 18.5 U - 22.2	2012 A - 20.7 R - 27.1 T - 19.0 U - 20.9		
% Single Parent Families	В	Kids Count Data Center	<u>2005-2009</u> A – 26.7	<u>2010</u> A – 26.5	<u>2008-12</u> A – 24.6			

		1		r	r		
			R – 32.5	R – 22.7	R – 24.1		
			T – 26.9	T – 28.7	T – 29.0		
			U – 34.9	U – 36.2	U – 38.5		
Confirmed Child	С	IDHS	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	
Abuse			A – 30.46	A – 35.53	A – 26.54	A - 39.81 (1)	
Cases/1,000			R-11.34	R - 9.60	R –10.78	R-12.44(75)	
children (ranking			T – 11.16	T – 10.42	T – 13.11	T – 13.80 (66)	
in state)			U -32.65	U - 35.65	U - 26-85	U – 34.42 (4)	
Unemployment	E	lowa	2010	2011	2012	2013	
Rate %		Workforce	A – 5.3	A – 5.2	A – 4.3	A – 3.9	
		Developmen	R – 5.3	R – 5.2	R – 4.9	R – 4.5	
		t	T – 5.4	T – 4.7	T – 3.9	T - 3.6	
			U – 5.7	U – 5.5	U – 5.1	U – 4.8	
% Live births	А	lowa	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	
where mother		Department	A – 75.0	A - 86.5	A – 79.6	A – 87.7	
received prenatal		of Public	R-61.1	R – 70.7	R – 86.5	R – 87.5	
care during 1 st		Health	T – 76.9	T – 83.6	T – 81.9	T – 78.1	
trimester			U – 64.6	U – 82.9	U – 75.00	U-88.1	
% of Children age	А	lowa	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	
0-5 receiving		Department	A – 35.9	A – 33.8	A – 33.3	A – 30.5	
services through		of Public	R – 19.0	R-14.8	R – 15.8	R – 17.4	
WIC		Health	T – 35.0	T – 33.4	T – 31.2	T – 27.4	
			U – 37.5	U – 36.4	U – 37.1	U – 38.9	

*Immunization reporting changed beginning from only reporting those served by local public health in 2010 to the entire county beginning in 2011. Therefore the area is using 2011 as the baseline to preserve fidelity.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Quad Counties 4 Kids Creston, Iowa Presented April 22, 2015

Steve Adams, CEcD Community and Economic Development Field Specialist

We began the evening by reviewing Quad Counties 4 Kids data and highlighting particular areas of both interest and concern. The purpose of the session was to prepare Quad Counties 4 Kids board and providers with a framework for future strategic planning and the goal setting parameters necessary to meet some short and midterm goals for the Quad Counties 4 Kids. A short power-point was also provided to give the participants some outline of the evening programs' activities and ideas for preparing a strategic plan for Quad Counties 4 Kids. This synopsis power-point included the following:

- Creating a Vision
- S.W.O.T. as a Continuous Process (internal vs. external)
- The Key Steps in Decision Making

On April 22, 2015, with twenty-six community members, service providers, board, and staff members present we performed Strengths, Weaknesses, Opportunities, and Threats, (S.W.O.T.) session. Steve Adams asked the board, volunteers and staff to consider where they are today in 2015. Steve asked that they consider the Strengths, Weaknesses, Opportunities and Threats (SWOT) facing Quad Counties 4 Kids. The group was made aware that many opportunities and threats can be considered to be external factors while strengths and weaknesses were often internal to the organization. Steve also mentioned that while goal setting and planning are not something they would have to do on an annual basis, a SWOT exercise should probably be a part of every years planning, as external factors can influence Quad Counties 4 Kids, (e.g, changes in

programming, funding or legislation). Board, volunteers and staff were then asked, in a round robin fashion, to list their SWOT observations on issues affecting the current and future success of this organization and its mission. In an effort to avoid duplicity, the facilitator combined like comments into one statement in the categories, below, The SWOT analysis revealed the following:

Strengths

- There are already strong programs in place throughout the area.
- The vaccination numbers look good, the percentage enrolled in prenatal care is a positive, and are improving, as are QRS numbers which are on the upswing.
- Strong Quality Family and Pre-school support programs.
- Good number of quality daycares in the region.
- A direct relationship with CCRR.
- With allocations going to the greatest areas of need, direct dollars are being provided to in-home facilities including incentives for infant care, transportation stipends for children who qualify and mini-grants that improve the quality of the care being provided.
- Providers seem genuinely interested in wanting to provide quality care.
- All counties are represented and recognized by the state with strong representation and leadership from all the participating counties. In essence the collaboration seems to be working.
- Families seem genuinely interested in participating in the program and in this region families come first.
- There is a good variety of educational programming and professional development opportunities in the area.
- There is a "funded" child care nurse.

<u>Weaknesses</u>

- The number of children registering for pre-school programs is dropping and so are the numbers of "registered" child home providers.
- Lack of public knowledge or understanding of Quad-Counties 4 Kids Area.
- No "off hours" transportation services and a lack of transportation providers.
- Hard to maintain QRS status.

- A lack of after-school programs.
- Grant accounting is scheduled around the calendar year and most of us work off a fiscal year.
- Child care providers are held to different standards depending on whether they are registered or non-registered.
- Family support programs are hurt by a lack of staffing.
- There are deficiencies in low level referrals.
- Reductions in funding.
- Not enough providers for children who are infants to two years old.
- Overwhelmed by the amount of regulations that must be followed and adhered to.
- Our state numbers for child abuse are quite high.
- Our consumers are afraid of the labels or stigma that may be attached for receiving services.
- The need for more involvement by men in the roles of fathers, volunteers or staff.

Opportunities

- People in the region know their needs; we need to learn what we "can" do to assist.
- More education for people above and below the poverty line, especially in areas like child rearing.
- An ability to reach even greater numbers of children in need also being able to work with minority populations.
- Need to be more visible and active in the community at large-Family Health Fairs with DHS as sponsor was suggested.
- Be an advocate for all children from birth through five years of age.
- Expanding the size of our community networks and partnerships.
- A co-help program with parents as resources.
- Improve our programming through expanded training opportunities.
- Most people in the region are glad to be asked if they need assistance.
- Create more options for qualified daycare with our guidance and leadership.
- The state needs to step up with a greater support for families and the programs that assist them.

<u>Threats</u>

- There are cracks in our services especially when dealing with the middle-class.
- The region continues to suffer with on-going population loss and outmigration due to job loss and the mobile society in which we live in.
- The uncertainty of state funding for childcare providers and their ongoing sustainability.
- The continuous change in rules, regulations and mandated legislation which makes an environment that is constantly changing-almost like; which is it, "take care of the administrative paperwork or deliver programming."
- The extremely high rate of child abuse cases being reported within the region.
- The number of children enrolled with non-registered child care providers is a reason for concern.
- The population at-large does not see childcare services as a viable business entity.
- This region has a very high rate of multiple jobs per household which is also contributing to a high percentage of people suffering from "job burnout."
- There seems to be an overall lack of focus in economic development that should be creating additional opportunities for higher paying skilled employment that would consequently improve the quality of life within the region.
- A lack of quality, affordable housing.

Observations on the SWOT Suggestions

Strengths- was one of the highest of the four categories for comments (eleven) and, it would appear that this is a vote of confidence for Quad Counties 4 Kids. The comments indicate that those present "feel comfortable" in the skin that is Quad Counties 4 Kids. There was general concurrence that the mission, partners, staff, county representation, leadership and the programs were all strong. Funding, for the moment, for programs/ seems to be consistent with the current need and that is an anomaly for most agencies of this type. Data indicators also point to some positive trends upward which give

confidence and credence to the collaboration. There was not however an environment of complacency as we can see via the comments made during the next sections.

Weaknesses and Threats- these sections had the highest comment numbers with twenty-five tallies between them, outpacing Strengths and Opportunities which had twenty-two comments. Not a huge disparity here, so no real reason for concern. These categories also generated the most discussion. In general, this region has similar demographic characteristics consistent with other rural areas of the state specifically as it is affected by outmigration, number of jobs per family, lack of quality jobs, no affordable housing, transportation gaps, etc. Another characteristic worth noting, and also similar to other rural areas, is a lack of providers for infant care, drop-offs in enrollment, increased number of non-registered providers and a disconnect with middle class families. A particular frustration seemed to be recognized by the participants as it regards legislation, future funding, turnover of qualified personnel and the ability to retain and attract professionals to rural areas. This would strongly indicate a need for not only an educational component to the legislature on the specialized needs of the constituency, but also advocacy campaigns or policy changes at the State and Federal level. Whether that be within the purview of the mission of Quad Counties 4 Kids is not known, but perhaps a statewide strategy could be devised to assist in making policy changes. Many of the comments were somehow related to the frustrations regarding accountability, funding, legislation, and education/training and other regulatory requirements the agency will have to meet. The most concerning comment, made in both sections, was the high incidence of child abuse in the region.

Opportunities-another indication of the optimism and vision of the participants were the number of opportunities identified by the participants. In all, eleven individual comments were recognized by the group. The top comments seemed to be geared towards more education/training, outreach and exposure to programs/services, as well as, further networking to expand public/private partnerships. Also of particular interest were the numbers of comments dealing with legislative opportunities to make a sustainable, progressive, family care a priority for all Iowan's.

Community Assessment Report MATURA Head Start 2015

INTRODUCTION and PROGRAM OVERVIEW

MATURA Action Corporation is the CAP Agency for our Head Start Program. The Head Start program has been a part of MATURA for over 40 years and is one of the largest programs that MATURA houses. The MATURA Head Start mission is to help shape successful, independent children and families by providing a safe, quality learning environment.

Head Start, along with many of the other programs located in MATURA serves six rural counties in southwest lowa. The counties are <u>Madison</u>, <u>Adams</u>, <u>Taylor</u>, <u>Union</u>, <u>Ringgold</u>, and <u>Adair</u>. Adair County is the only county that does not have an actual Head Start program. We have been unsuccessful with a previously submitted un-served area grant; however, Head Start eligible children are being served by a state funded Shared Vision and Universal Pre-K program in Greenfield.

Our counties are rural areas with farming being the primary business. We do have several factories, Michael Foods in Taylor County, Bunn-O-Matic and Farley and Sathers in Union County and POET Biorefining in Adams County to name a few, which may employ many of our families. The average yearly salary in our area is \$26,745, compared to \$34,418 for all of Iowa.

Our counties range in population from approximately 3,973 residents in Adams County to roughly 15,606 residents in Madison County. The population of the entire service area is 51,077 with an average of 6.5% being children age five years old and younger. Of this population an average of 12.18% of families in our service area are at poverty level, compared to the average for families in Iowa at 12.7%, with four of our counties being above the state average and two being below the state average.

Our Head Start centers are located in Winterset (Madison County), Bedford (Taylor County), Creston (Union County), and Mount Ayr (Ringgold County). Of these centers, Winterset offers 2 morning and 2 afternoon programs, Creston offers 3 full day programs, and Mt. Ayr and Bedford each offer a full day program.

Since the inception of Universal Preschool in the state of Iowa in 2007, we collaborated with the school districts in Creston, Bedford and Mt. Ayr to provide a full day program option to our families. Universal Preschool is a state funded initiative to meet the need of insuring all four year olds attend preschool as a free service.

For each center there are at least two classroom staff and a nutrition aide. Our classroom staff range in education from Child Development Associate training to a Bachelor's degree with a teaching license. The education and training of our staff is crucial to our program. Teachers and aides are provided

monthly training as well as regional and/or statewide trainings as they become available. We also support our teachers who are pursuing college degrees or endorsements. A portion of the dollars from the Universal Preschool initiative have been used to fund professional development and increase in teacher wages.

Our central office staff consists of our Director, 2 Education Coordinators, Health/ Nutrition Coordinator, Family Support Coordinator, Data entry person, and Project Coordinator. We also contract services with a dietician for meal compliance requirements, the local Area Education Agency for center mental health observations and hearing and speech screenings, and with a registered nurse for health compliance and health plans. In assessing our program, we discovered that our communication with centers is a must. For this reason, three of our central office staff serves in the role of support staff for assigned centers.

MATURA Head Start is funded for 121 children through federal funds. For these children we provide comprehensive services that enable them to become well rounded, healthy individuals when they enter Kindergarten. We provide preschool education through the use of Creative Curriculum. Our children are assessed three times per year regarding the eight domains of learning. Daily our children are encouraged to display proper hygiene techniques through proper toileting, hand washing, and tooth brushing. Our children are fed a healthy lunch and breakfast or snack depending on the time frame of their program. Our services are enhanced through working closely with the Women, Infant, Children program. When a parent and child are referred to the WIC program, they are further educated on and encouraged to practice healthy eating at home.

Our local AEA agencies provide us with services to do screenings of speech, hearing, and mental health. The AEA screenings are a vital part in early detection of concerns in our children, and the implementation of services. When a General Education Intervention or an Individual Education Plan is established for a child, our teachers work closely with AEA staff to further fulfill the specifics of the plan. After the initial IEP meeting between AEA, teachers, and the family, staff act as a liaison between AEA and the family to insure that the IEP is carried out in the child's home.

In the past few years MATURA Head Start has also worked with the Lion's Club to provide vision screening for our children. We have found this service to be quite beneficial to our children as another early intervention service. We foresee that this collaborative service will continue for our children and families.

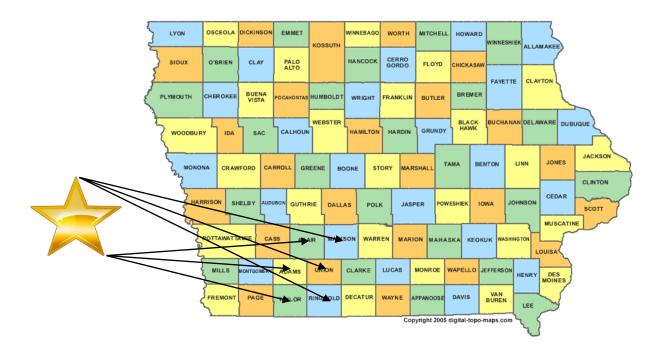
WIC has been able to supply fluoride varnish treatments for all of our students. Through this program we were able to enhance the early detection and treatment process for children who were experiencing dental problems.

Services for parents and guardians are another vital aspect of our program. We know that we can further enhance the lives of our children through education and services for our parents and guardians. At orientation, parents and guardians are asked to set goals for themselves and their families. They are also given a survey that addresses areas of need. Throughout the year teachers and the Family Services

Coordinator are required to address these goals and needs to insure that they are met. We do this through educational pamphlets, parent meetings with training, area trainings, policy council and committee involvement, referrals to services, and consistent relationship building. The final one, relationship building, is crucial to this process.

MATURA Head Start works collaboratively with DHS to provide wrap around child care to our parents who are either working or going to school full time. Our centers in and Mount Ayr and Creston are located in the building in which these wrap around services are provided. This allows for smooth transitions for our Head Start children.

In many of our communities Head Start works closely with Early Childhood Iowa (formerly Empowerment) to insure that all children have an affordable preschool experience and to assure that our Head Start children (as well as all children they fund) can get to school. ECI provides a scholarship to those children above our income guidelines that attend other preschools. They provide preschool children the opportunity to utilize transportation scholarships that insure attendance. Head Start, ECI, and private preschools work collaboratively on the enrollment process to insure that families with the most need are placed in our Head Start program.



Map of Service Area

Methods

This report relies on the most current data available. Much data were obtained from the U.S. Census Bureau, local governmental agencies, and from researching documents on the Internet. Other data were obtained from surveys that were conducted by mail, phone, email, and/or home visits in order to collect current information about demographics and program satisfaction from MATURA Head Start families and community partners.

In addition, information from recent MATURA Head Start in-house data was utilized in this report.

Sources

A variety of sources were used to determine the characteristics of the MATURA Head Start community. The following is a list of sources that were taken from various agency websites used to prepare this report:

U.S. Census Bureau including State and County Quickfacts Iowa Department of Human Services Bureau of Labor Statistics Iowa Department of Public Health Vital Statistics for Iowa Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, Iowa WIC Program Children's Defense Fund Iowa Department of Education National Center for Children in Poverty Poverty in America Hunger in America Program Surveys PIR Data

Community Needs Assessment Survey Results for MATURA counties

One hundred forty-three surveys were sent out to community members in our six county area and Head Start parents. Fifty-two surveys were returned for a 36% return rate.

Of those surveys returned, professionals and families alike felt that throughout the six county areas the greatest strengths are school involvement and early childhood education. Religious involvement, childcare, and family togetherness all tied for third. Challenges faced in each community seemed to fall in the areas of employment opportunities, illegal drugs, and affordable recreation. Populations of special concern are felt to be the unemployed because of a lack of jobs and school aged children because of lack of childcare, bullying at school, and transportation issues.

Services that all were familiar with were Head Start, WIC, and preschool education. While there were many barriers to receiving services, work schedules, families cannot afford services, families do not like asking for services, and families do not meet qualifications were the greatest obstacles listed. The three most valuable services communities offer are health, early childhood preschool, and livable wages.

Professionals and families wish their communities would offer before and after school programs, free transportation, and more family-based activities.

The three MATURA programs most people are familiar with are Preschool, Health, and Nutrition Services/Nutritious Meals. It is felt that the most valuable service from MATURA is Preschool. Families and professionals wish that MATURA would offer free transportation and services for children 0-3 in low income families.

When asked, "Do you feel Head Start should offer additional support services to couples that choose healthy relationships for themselves, to develop skills and knowledge to sustain healthy relationships?" the majority of respondents said yes, however most indicated they would not utilize these services. Those questioned felt that Head Start should partner with faith-based and other community services to expand the delivery of social services or healthy relationship services.

It was overwhelmingly felt that Head Start should include older siblings in programming in order to encourage healthy relationships with families, adult role models and increasing their skills to become responsible adults within the community. Most of those surveyed thought that Head Start offered services to absent parents.

While the majority of professionals and families responding felt that Head Start should offer programming for children birth to three, their comments demonstrated a lack of understanding about the program. Many felt that by offering an Early Head Start program it would take away resources from the current Head Start program for 3 to 5 year olds. Even a few professionals in our communities shared the belief that by having an Early Head Start program, we would be providing babysitting services and that Head Start is a school, not a babysitting service. This would indicate a need for education for our community partners and families in case this service would become available. According to those responding, most families have been able to find child care, but do not use Child Care Assistance through the Department of Human Services.

Both professionals and families are occasionally worried about running out of money. However, they feel that they are somewhat better off than one year ago. There is an equal split on whether or not respondents use public transportation; those who do not use private transportation. The greater amount of those responding to the survey felt they were receiving adequate medical care.

Internal Survey Results

An internal survey was provided to approximately 75 MATURA employees as well as some board and Policy Council members.

Underlying themes within the survey:

- *MATURA needs to be more visible in the community
- *Good collaboration within the agency but it could be even better

Other Child Development Programs Possibly Serving Head Start Children Madison-

- *Wee Learners
- *Little Huskies
- *Pretend Kindergarten
- *Stepping Stones Daycare

Adams-

- *Hearts & Hugs Daycare and Preschool
- *Corning Community School Preschool
- *Prescott Preschool

Taylor-

- *Little Dawgs Preschool (Bedford)
- *Tinker Tots Daycare and Preschool (Bedford)
- *Precious People Preschool (Lenox)

Union-

*Discovery Kids Preschool *Creative Beginnings *St. Malachy (Faith based) *Trinity (Faith based) *Joyful Sparks (Afton) *Successful Beginnings (Afton)

Ringgold-

- *Family Resource Center
- *Little Raiders Preschool *Diagonal Preschool

Adair-

- *Nodaway Valley Preschool (Greenfield)
- *Little Lambs Preschool (Greenfield & Fontanelle)
- *Adair Preschool (Adair)

Even as we continue to work on a collaborative enrollment process, we still find a small percentage of Head Start eligible kids attending other programs for various reasons. (Parent wants a particular teacher or preschool and they find their own funding; a few just fall through the cracks, which indicates a need for tightening up the system of funding sources to optimize all resources through greater communication and collaboration). Again, continued promotion of Head Start and what we can provide to families is a need.

Community Resources

Housed within our CAP agency and service area are several entities that provide services for our families. A listing of these is as follows:

- WIC (Women, Infant, and Children) Program a program that provides nutritional education, health information, and nutritional foods to eligible pregnant women and children ages 0-4 years. Monthly clinics are held in each of our counties.
- **Maternal Health Program** a program that provides services for pregnant women which includes health education, nutrition counseling and support to encourage a healthy pregnancy.
- **Car Seat Program** Families can have their child's car seat checked at no cost by a certified technician. Car seats are provided to parents at minimal costs. Educational programs on child passenger safety are available for organizations.
- Healthy and Well Kids in Iowa (hawk-I) Outreach for no cost or low cost health care coverage.
- Child Care Resource and Referral provides information on choosing a child care provider and information on provider vacancies. Providers are offered training, support, and the use of a lending library. The goal is to improve the availability, affordability and quality of child care.
- I-Smile MATURA employs a Registered Dental Hygienist as our Oral Health Coordinator. Services provided are Oral Health Education, Dental screenings, Fluoride varnishes, Cleanings, Sealants, and Care Coordination to help ensure dental access, Partnerships with local medical and dental providers.
- **Family Development Self Sufficiency** This program assists families in focusing on the strengths that the family has and how to build upon them to gain self-sufficiency.
- Low-Income Home Energy Assistance (LIHEAP) This program provides low income households with assistance paying their fuel bills through the winter months.
- **Utility Program** Various utility companies have established a fund for the purpose of providing assistance to eligible persons. Most of these funds come from customer contributions.
- Weatherization Assistance A program which provides wall insulation, window and door work, and other measures to conserve energy.
- **Family Resource Centers** A center in each county which has information on all of MATURA's programs. Each center also houses a food pantry and a thrift shop.
- Homeless Prevention / Emergency Food and Shelter Program the Federal Emergency Management Programs provide emergency food, shelter and utility payments to those who are referred by local churches.
- Workforce Investment Act this program provides job placement and/or training to clients, farmers, dislocated workers and youth.

Beyond our entities, we also work closely with the Department of Human Services, Parents as Teachers, local Early Childhood Iowa groups, and the local school systems. A brief synopsis of services we utilize through each are as follows:

- DHS Medicaid, FIP, Food Stamps, Child care assistance, Wrap Around child care
- **Parents as Teachers** further educational opportunities for our parents and their children ages 0-5
- Early Childhood Iowa preschool enrichment programs, funds for public transportation
- Child Health Specialty Clinic a resource for the health, behavioral, and mental health needs of our children
- **School Systems** close working relationships with the kindergarten teachers and the school system assure a comfortable transition into kindergarten
- Area Education Agency (AEA) provides services to help meet the needs of children with health, learning, or behavioral issues

- Area mental health services provides services to families and children to help meet mental health needs they might have
- Area medical and dental services provides medical and dental care for families
- Southern Iowa Trolley provides transportation services for our children and families

Findings from PIR Data

The 2009 – 2010 MATURA Head Start Program Information Report indicates that the program is fully enrolled and served 110 children that are below poverty level, 17 children who were recipients of TANF or SSI, five children that in foster homes and five children who were over income. The PIR information on ethnicity and race of the families served shows that 133 children were white and 15 children were other races with most children in this category, five, being identified as multi-racial.

At the time of enrollment 144 children had health insurance, 109 were enrolled in Medicaid and five children were enrolled in the Child Health Insurance Program. At the end of the enrollment year 146 children had health insurance, 110 were enrolled in Medicaid, and 5 children were enrolled in the Child Health Insurance Program. One hundred and fifty children had a medical home when enrolled and that number remained constant through the year. On enrollment, six children did not have health insurance and that number was reduced to four by the end of the enrollment year. The number of all children who were up-to-date, according to Iowa's EPSDT schedule, for well child care was 145. During this reporting period twelve children received medical treatment for chronic health conditions. At the beginning of the enrollment period 133 children had a dental home and that increased to 137 by the end of the period. The number of children who received preventative dental care was 141 with 137 children who had completed a professional dental examination. Five children were identified as needing dental treatment and five children received the treatment they needed.

There were ten children for whom a Mental Health professional consulted with program staff about the child's behavior; of these children nine were provided three or more consultations. For eight children a Mental Health professional consulted with the parent(s)/guardian(s) about their child's behavior/mental health, of these children three or more consultations were provided for seven children. Five children received one or more of the following mental health services: an individual mental health assessment, a referral for mental health services, referrals for mental health services outside of the Head Start program, and of those five all received mental health services.

According to the 2009 -2010 PIR, twenty two children enrolled had an Individualized Education Program (IEP). Of these children three were determine eligible for special education services at the time of enrollment and nineteen children were eligible during the enrollment year.

Sixty nine of the 135 families were part of two-parent families and sixty six were single-parent families. For twenty one families, both parents/guardians were employed and in thirty eight two-parent families only one parent/guardian was employed. In ten families both parents/guardians were unemployed, retired, or disabled. Of single parent/guardian households thirty three of the parents were employed and the same number was not working because they were unemployed, retired, or disabled. The number of families receiving benefits under Federal Temporary Assistance for Needy Families (TANF) program was thirty-six according to the 2009 - 2010 PIR report and eleven families received Supplemental Security Income (SSI).

One of the program's two-parent families saw both parent/guardian's in job training or school and three of these families had one person in job training or school. For single-parent families four parents/guardians were in job training or school.

The 2009 – 2010 report includes the following information about the education level of the child's parent(s)/guardian(s): six have an advanced or baccalaureate degrees, thirty eight have an associate degree, vocational school or some college, sixty two had graduated from high school or had their GED and twenty nine haven't graduated from high school or gotten a GED.

Eighty eight families received at least one family service as listed in the PIR. Families who participated in WIC during this reporting period were eighty-nine.

Demographic Information for MATURA's Service Area by County—Truncated

The population for the six county service area is 46,520 with an average of 6.22% being children age five years old and younger, according to the 2010 U.S. Census. Five counties lost population between the years 2000 and 2009 and only Madison County gained population during those years. This information was taken from the U.S. Census Quickfacts web page. The percentage of change is figured on the 2009 population estimates. The data from the 2010 Census has not yet been generated for this information, but has been included to show the differences between the estimated populations compared to the information gathered by the 2010 Census. The percentages for all age groups listed are from the 2009 information found in Quickfacts as well as the percentages of females in all populations.

The 2009 data shows that the population of the six county service area continues to be predominately, 98.55%, White. The area has not seen the increase of the Hispanic population that other parts of Iowa have experienced, but Taylor County does have 5.1% of its population identified as Hispanic. Head Start individualizes for family cultures and languages as needed but has not had to make programmatic changes based on the racial and ethnic constancy in the communities served.

County	Births 2006	Births 2009	Mother's age 20 and under	Mother's age 20 and under, county rank
Adair	97	76	6	89th
Adams	64	55	8	84th
Madison	205	200	9	77th
Ringgold	59	64	5	91st
Taylor	79	48	6	89th
Union	170	138	21	33rd

Birth, Health and Nutrition

The birth information, by county, is taken from the Iowa Department of Public Health Vital Statistics for Iowa. The births for the service area were 674 in 2006 and 581 in 2009. There is only one county, Ringgold, that shows an increase of births during this time period. All counties had mothers under the age of 20 give birth, and the largest number of children born to young mothers was Union county, which ranked 33rd in the state of Iowa for babies born to young mothers. According to Children's Defense Fund, Iowa ranks eighth among the states in both its infant mortality rate and babies born at a low birth weight.

Approximately one-third (32.6 percent) of children ages 2 to 5 years of age who participate in the Iowa Women Infants and Children (WIC) Program are at-risk of overweight or overweight (BMI 85th to 100th percentile); 17.5 percent are at-risk of overweight and 15.1 percent are overweight. The Iowa percentages are slightly higher than the proportion of children ages 2 to 5 years who are at-risk of overweight or overweight based on estimates from national data, 31.3 percent according to the Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, Iowa WIC Program.

County	People facing food insecurity	Number of people facing food
	by %	insecurity
Adair	11	840
Adams	11.4	460
Madison	11.6	1810
Ringgold	12.1	620
Taylor	11.6	730
Union	13.9	1740

Food Insecurity-- Food insecurity is defined by the Hunger in America web site as "the limited availability of nutritionally adequate and safe foods or limited or uncertain availability to acquire food in a socially acceptable way."

Children with Special Needs

The data currently available for children with special needs is collected from Green Hills Area Education Agency and Heartland Area Education Agency. Currently GHAEA serves Adams, Taylor, Union, Ringgold, and Adair Counties. We also work with Heartland AEA who serves Madison County. Each year the AEA individually screens our students for hearing. As a group, our children are observed for mental health and speech problems. The local Lion's Club does individualized vision screenings as well. The results of these screenings are used to assess if further testing, referrals, and intervention should occur.

Head Start also works closely with Early ACCESS. This is an entity of the AEA that provides services to children ages 0-3. We will refer siblings of our Head Start children to this group and use its data to know which children we will need to provide services to in the coming years. This past year we carried out General Education Interventions and Individual Education Plans for 20 children, or 16% of our total enrollment. Two of these children will return in the fall.

Below shows the number of children under the age of three on an IFSP

County	2010
Adair	2
Adams	4
Madison	47
Ringgold	12
Taylor	16
Union	29

Foster Care and FIP Information

Foster Care Information

Children under the age of three in foster care per county

County	2008	2009/# in	2010/# in Head
		Head Start	Start
Adair	2	1	2
Adams	2	4	2
Madison	3	5 / 2	5 / 1
Ringgold	0	1	0
Taylor	4	0	0
Union	5	10 / 3	10 / 3

FIP (Family Investment Program) Participants

Quarterly FIP Participants Eligible for Head Start per County

	2/3/2011	5/2/2011	8/1/2011	**Served
Adair	4	5	5	0
Adams	5	4	3	2
Madison	9	6	13	4
Ringgold	9	7	6	2
Taylor	5	7	4	0
Union	27	23	22	11

**Adair County does not have Head Start slots

Education, Employment and Income

Educational Attainment

County	High School graduation +25 yrs.	Bachelor's degree or higher +25
	Iowa 86.6%	yrs. Iowa 21.2%
Adair	87.8	11.2
Adams	84.5	12
Madison	87.6	14.4
Ringgold	82.8	13.4
Taylor	83.3	12
Union	87.3	14.7

According to the National Center for Children in poverty, 42% of the children in poor families in Iowa have less than a high school education, 29% have high school educations, and 11% have some college or more. The average of adults over 25 years of age that have graduated from high school in the service are is 85.55%, slightly below the Iowa average. Half of the counties in the service area fall below the Iowa average for high school graduates. The percentage of Iowans over twenty-five that have Bachelor's degrees of higher is 21.2% and in the six county service area all counties fall well below this number averaging just below 13%.

County	Median income 2008	Below poverty level %	Unemployment rate
	lowa \$49,007	lowa 11.4% 2008	March 2011 Iowa 6.1
Adair	44,824	10.0	6.3
Adams	40,393	11.2	5.5
Madison	51,973	8.1	9.1
Ringgold	36,658	16.5	6.0
Taylor	39,792	14.4	5.1
Union	40,652	13.8	6.4

Income and Unemployment

Of poor children's families in Iowa 28% have at least one parent who is employed full-time year-round, 49% have at least one parent who is employed either part-year or part-time, and 23% do not have an employed parent. Half of the counties in the service area have higher percentages of those living below poverty than the state average of 16%, the average for the counties served below poverty level is 12.33%. Of poor families in Iowa, 66% of the children live in single parent homes.

Living Wage Calculation for Iowa

The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). The state minimum wage is the same

for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. It is converted here to an hourly wage for the sake of comparison. Wages that are less than the living wage are shown in red. This information is taken from the Poverty in America website.

Hourly Wages	One Adult	One Adult, One Child	Two Adults	Two Adults, One Child	Two Adults, Two Children
Living Wage	\$8.18	\$18.70	\$13.48	\$16.93	\$18.39
Poverty Wage	\$5.21	\$7.00	\$7.00	\$8.80	\$10.60
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25

Typical Expenses

These figures show the individual expenses that went into the living wage estimate. Their values vary by family size, composition, and the current location.

Monthly Expenses	One Adult	One Adult, One Child	Two Adults	Two Adults, One Child	Two Adults, Two Children
Food	\$242	\$357	\$444	\$553	\$713
Child Care	\$0	\$521	\$0	\$0	\$870
Medical	\$116	\$403	\$268	\$394	\$372
Housing	\$439	\$629	\$499	\$629	\$629
Transportation	\$306	\$595	\$595	\$686	\$736
Other	\$61	\$155	\$111	\$146	\$166
Monthly After-Tax Income That's Required	\$1164	\$2,660	\$1,917	\$2408	\$2616
Annual After-Tax Income That's Required	\$13,968	\$31,920	\$23,004	\$28,896	\$31,392
Annual Taxes	\$3,056	\$6,983	\$5,033	\$6,322	\$6,868
Annual Before Tax Income That's Required	\$17,024	\$38,903	\$28,037	\$35,218	\$38,260

Child Abuse and Neglect

The information on child abuse and neglect is taken from reports available on the Iowa Department of Human Services website. To explain the table below: unconfirmed reports are investigated but not confirmed or founded. A confirmed report is an investigated allegation in which abuse or neglect is confirmed and thereby counted as confirmed. If allegations conclude that the perpetrator should be placed on the child abuse registry, the report is counted as founded.

County	Unconfirmed reports	Confirmed reports	Founded reports	Child abuse victims 5 yrs. or younger	Confirmed or founded % of that are 5 yrs.
					or younger
Adair	35	3	17	18	56.3
Adams	23	3	17	20	60.6
Madison	83	10	23	18	34.0
Ringgold	22	4	20	3	20.0
Taylor	22	3	15	12	60.0
Union	89	19	48	51	51.0

In Iowa in 2013 Department of Human services report that there were 18,204 confirmed or founded child abuse cases in the state of Iowa and 49% of those children were children five years old and younger. The counties that MATURA serves averaged about 46.98% of confirmed or founded child abuse cases being 5 years old or younger. One hundred and twenty -two of these children are in our service area.

One additional risk factor that our communities are facing is the large Iowa National Guard deployment. This will put many families that were previously a 2 parent household, temporarily as a one parent household with one parent being gone. It may also cause some children to reside with family members if the only parent is gone.

The effect on our immediate counties is as follows:

County	Number of Possible Soldiers
Madison	0
Adams	11
Taylor	8
Ringgold	2
Union	15
Adair	7
Total	44

Another factor that may contribute to the absence of an adult is temporary substance abuse rehabilitation, incarceration or deportation. Information from applications the past two years indicate 11 children who are affected buy one of these situations.

State Funded Preschool Information

In May 2007 a Statewide Voluntary Preschool Bill was passed with a four year plan of funding opportunities. Its purpose is to provide an opportunity for all young children in the state to enter school ready to learn by expanding voluntary access to quality preschool for all four-year-olds. After various statewide meetings and many local meetings with school districts in our service area, four of the seven districts applying will partner with Head Start if funded. These districts already have Head Start in their community. We will continue to monitor Head Start eligible children within the other districts to ensure full enrollment for our program and future collaborative opportunities.

Districts receiving funding:

Adams County

Corning School—Received State Voluntary funding in 2009-2010 – Collaboration established Prescott—*Applied with Creston and Orient and received funding for 2008 and beyond but is no longer with those districts*

Taylor County

Bedford School--Head Start in that community and we partner with them *(Received funding for 2007 and beyond)*

Lenox— no Head Start but will continue to monitor Head Start eligible children (*Received funding*) <u>Ringgold County</u>

Mt. Ayr--Head Start in that community and we would partner with them *(Received funding for 2007 and beyond)*

Diagonal

Clearfield

Union County

Creston--Head Start partners with school *(received funding for 2008 and beyond)*

East Union--no Head Start but would continue to monitor eligible children (*received funding late for 2007 and beyond*)

Madison County

Winterset—partners with Head Start and private preschools *(received funding 2010)* Earlham--not applying

Truro

<u>Adair County</u> (only lowa County not served by Head Start) MATURA does have Shared Vision (state) funding and partners with the Greenfield School District

Greenfield—Applied and received funding for 2008 and beyond Orient-- Applied and received funding for 2008 and beyond Adair— Applied and received funding for 2008 and beyond

Summary

In summary, for over 40 years Head Start has served children and families in five of the MATURA counties. According to our research:

- Adair County shows a potential need for Head Start services since they have over a 6% unemployment rate and a concern for food security was noted.
- Total population of children under 5 in Adair County equals that of Taylor County and is higher than Adams County.
- Our community assessment and internal survey shows there is a need to spread the word about our programs and services and become more prominent in the communities we serve.

- The results indicated there are several parents of Head Start students who have not obtained a high school diploma or equivalent. An area of focus will be to encourage these parents to obtain there GED either through the local community college or the online course in Iowa.
- In Union County, reports show that there were twenty-one mothers age 20 or under giving birth, resulting in the county ranking 33rd in the state. This might be an indication that Early Head Start services are needed in this area.
- Further recruitment of families receiving FIP is needed.

Through collaborations in the counties we serve, we are able to meet many needs but with intentional focus on promoting the agency and services and taking advantage of any available funding, we can continue to help area families be successful.

Community Health Needs Assessments-Health Improvement Plans (CHNA-HIP) From Iowa Department of Public Health

Every five years local boards of health lead a county-wide discussion with stakeholders and residents about their county's health needs. Strategies are then identified to address these needs. The entire Community Health Needs Assessment and Health Improvement Plan is a fundamental piece of statewide health planning. Many Quad Counties 4 Kids Board Members participated in these discussions and bring valuable information to the table as leaders in their communities. CHNA-HIP assessments and the 2014 Progress Reports for Adams, Ringgold, Taylor and Union Counties are included in this document as a tool for readers and board members to be more informed about the entire area.

Adams County

Contact: Kathryn West, Alegent Health At Home/Adams County Public Health 641-322-6283 <u>Kathryn.West@alegent.org</u> Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

• Diabetic prevention, screening and treatment- 12.7% of Adams County residents have diabetes according to 2009 Community Health Status Report. Diabetic educators are established at Alegent Health Mercy Hospital in Corning for diabetic education. Barb Fuller with ISU Extension offers nutrition classes to the public.

- Pregnancy & birth- the hospital in Adams County does not deliver babies.
- Overweight/obesity
- Binge drinking
- Cigarette smoking (adult)
- Risk factor for premature death- hypertension

Prevent Injuries

Problems/Needs:

- Female breast cancer rate is 61.4%, which is higher than our peer counties (23.6-52.2%).
- Motor vehicle injuries rate is 51% (peer county rates are 36.2-72.0%).
- Stroke rate is 94.6% (peer county rates are 81.3-127.8%).

Protect Against Environmental Hazards

Problems/Needs:

- Hospitalizations due to asthma ages 19 y/o and younger.
- Hospitalizations due to asthma- ages 20y/o and older

Prevent Epidemics and the Spread of Disease

Problems/Needs:

• STD and HIV/AIDS screening and treatment.

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

- Implementation of narrow band radios county-wide.
- Adequate generator to run agency for the mass vaccination clinic.

Strengthen the Public Health Infrastructure

Problems/Needs:

• Highest vulnerable population in Adams County is "have no high school diploma (adults age 25 & over) = 11% based on 2009 Community Health Status Report.

• Southern Iowa Trolley services are available but costly.

Community He	alth Improvement Plan
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Goal	Strategies	Who is responsible	When? (Timeline)
Reduce the hypertension in a group of men & women aged 45-75.	B/P screenings at Corning, Prescott, & Nodaway monthly.	Alegent Health at Home	Oct 201
	B/P screenings at county pesticide trainings.	Alegent Health at Home	Oct 2011
	B/P screenings at Corning Nursing & Rehab- drop -ins.	Corning Nsg & Rehab staff	Oct 2011
	B/P screenings drop-ins at Alegent Health at Home.	Alegent Health at Home	Oct 2011
	Encourage local businesses to have an automatic B/P cuff available in their store.	Kathy to educate businesses	Dec 2011

Goal	Strategies	Who is responsible	When? (Timeline)
Increase the number of mammograms by 5%. Baseline=	Digital mammography available at Alegent Health Mercy Hospital in Corning.	Radiology dept	Oct 2011
865, 2006-2010.	Fight Like a Girl Campaign in the community to increase awareness and money raised is used to help with expenses for those diagnosed with breast cancer.	Sara Freeman	Oct-11
	Women's 40+ program is available through the Dr.'s office in Corning (based on financial need) for those who qualify.	Denise Gepner	Oct-11

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Adams County

Goal	Strategies	Progress on Strategies
Reduce hypertension in a group of men & women aged 45-75.	B/P screenings at Corning Nursing and Rehab.	2 were done in the past year.
	B/P screenings at Alegent Creighton Health at Home B/P clinics.	87 B/Ps were taken at Corning and Prescott B/P clinic locations. Automatic B/P cuffs are located in agency lobby as well.
	Automatic B/P cuff available at Wellness Center	Fight Like A Girl campaign active during September and October with advertising in local newspaper, Facebook, and thru emails.

Goal	Strategies	Progress on Strategies
Increase the number of mammograms by 5%. Baseline=865 (2006-2010)	Digital mammography available at CHI Mercy Hospital in Corning	778 mammograms were performed during this time frame. The hospital advertises on local radio station during the month
	Fight Like A Girl campaign in the community to increase awareness - money raised is used to help with expenses for those diagnosed with breast cancer.	Fight Like A Girl campaign active during September and October with advertising in local newspaper, Facebook, and thru emails.

Ringgold County

Contact: Becky Fletchall, Ringgold County Public Health, 641-464-0691 <u>ringphn@iowatelecom.net</u> Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

• Tobacco Prevention of Use and Cessation; Per 2010 RCPH survey 19.7% of the 467 surveyed answered "this week" when questioned on the last time they used a tobacco product. This is higher than the state rate of 18.8% tobacco users (CDC). Per 2008 Iowa Youth Survey 31.3% of 11th graders reported cigarette use within the last 30 days. About 40 percent of American children who go to hospitals because of asthma attacks live with smokers - a high proportion, given that only about 21 percent of U.S. adults smoke, according to CDC statistics. Per IDPH 2009 estimates, 27% of WIC maternal clients smoke, but per RCPH 2010 survey data 44% of WIC clients smoke.

• Ringgold County is part of MH catchment area 14. The national Healthcare Professional Shortage Area (HPSA) determined that we are 2 professionals short with a score of 17. (per HRSA)

- No local substance abuse treatment or counseling program is offered within the community.
- No worksite wellness programs exist in Ringgold County

• Nearly 90% of MA JH/HS students agreed they would purchase a subway type of sandwich if it was available through school concession stand; Nearly 75% agreed they would purchase grapes through school concession stand. (Per MACS survey 2010) Only 10.5% of respondents to Ringgold County survey reported eating 5 or more servings of fruit and vegetables each day. 68% report eating fast food more than once a week. (per survey monkey survey RCPH 2010)

• 6% of those surveyed report spending money on gambling more than once a month. (Per survey monkey survey RCPH 2010) 24% report never using sunscreen. (per survey monkey survey RCPH 2010)

• Only 25% of those surveyed reporting getting ample sleep each night (7-9 hours). 89% report feeling stressed. 46% report feeling lonely. 33% report worry of losing job. (per survey monkey survey RCPH 2010)

• Less than 1% of K-6 students report drinking less than 8 ounces of pop per day and nearly 100% report drinking sugar-sweetened beverage daily. (per MACS survey 2009)

- Limited amount of paved walking trails (currently 2 trails for total of 1 ½ miles)
- Coronary heart disease mortality is greater than double the state rate (per IDPH IHITS)
- Per 2009 SFL student data at Mount Ayr Community School, 52 of the 282 students or 18.4% are classified overweight or obese.
- Low ratio of dentists to children in Ringgold County (1 to 900) per US Census Bureau

• Per 2009 SFL student data at Mount Ayr Community School, 52 of the 282 students or 18.4% are classified overweight or obese. Coronary heart disease mortality is greater than double the state rate (per IDPH IHITS) Limited amount of paved walking trails (currently 2 trails for total of 1 ½ miles) Less than 1% of K-6 students report drinking less than 8 ounces of pop per day and nearly 100% report

Prevent Injuries

Problems/Needs:

- Elderly Fall Prevention Programming
- No suicide prevention or education programs exist in Ringgold County.
- 24% of those surveyed in Ringgold County reported they wore seatbelts part of the time or never. (76% reported they always wear.)

Protect Against Environmental Hazards

Problems/Needs:

- Lack of access to public wastewater treatment systems in cities of Ellston, Maloy, Redding, Delphos, Benton, and Beaconsfield.
- Lack of knowledge how to prevent and/or clean up mold in private homes and businesses
- Lack of knowledge with Time of Transfer rules.
- Lack of knowledge in dangers of radon and how to test for it.
- Need to educate the public on well plugging, water testing, and well remediation program.
- Majority of rural homes in Ringgold County with septic systems not meeting code.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

• Lack of access to family planning/STD prevention services for teens.

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

• Lack of back-up staff for large scale public health emergencies ex. H1N1

Strengthen the Public Health Infrastructure

Problems/Needs:

- Lack of reliable transportation for low socioeconomic individuals.
- Increasing cost of health insurance for employees/employers.

• Lack of employers for those with disabilities and those without. Unemployment at 5% compared to state average of 4%. (per County Health Ranking Snapshot 2010)

• Higher than state average of children in poverty (24% compared to state level of 14%) (per County Health Ranking Snapshot 2010)

• Concerns of aging public health workforce and future need to recruit and train new staff.

Goal	Strategies	Who is responsible	When? (Timeline)
Tobacco Use and Cessation:	1. Assure dedicated staff including funding for tobacco prevention and cessation efforts.	Ringgold County Public Health	FY 2011 and 2012
By February 2012, a minimum of 3	Engage community coalition and partnerships in tobacco prevention and cessation efforts.	Ringgold County Public Health	Ongoing
system or policy changes based upon Centers for Disease Control	3. Utilize experts in the field of tobacco prevention and cessation to promote efforts and utilize best practices.	Ringgold County Public Health	FY 2011 and 2012
Mobilizing for Action through Planning and Partnership (MAPP) tools related to tobacco use and prevention will be instituted in Ringgold County.	4. Request systems and policy changes as per CDC best practices and strategies.	Tobacco Coalition members	FY 2011 and 2012

Goal	Strategies	Who is responsible	When? (Timeline)
Public Wastewater Treatment :	1. Complete project engineering, assure funding, and obtain bids.	SIRWA	Spring 2011
By November 1 2013, current Ringgold County unsewered communities including Delphos, Maloy, Benton, and Redding will have installed and maintain a functioning public sewer system.	2. Construction of a low pressure sewer system with a two cell wastewater lagoon centrally located between the four communities to serve approximately 100 homes or businesses.	SIRWA	2013

Goal	Strategies	Who is responsible	When? (Timeline)
Family Planning/STD Prevention : By December 2011, increase community access points within Ringgold County for family planning and STD prevention educational materials and contraception beyond the current baseline of medical care providers/pharmacy.	 Educate community partners. 2. Offer materials to community partners for display including brochures, fliers, and condoms. 	Ringgold County Public Health/lowa Department of Public Health STD Division Ringgold County Public Health/lowa Department of Public Health STD	By spring 2011 Through summer 2011.
	3. Follow-up to assure supplies remain adequate.	Division Ringgold County Public Health/lowa Department of Public Health STD Division	Ongoing

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Ringgold County

Goal	Strategies	Progress on Strategies
By February 2012, a minimum of 3 system or policy changes based upon Centers for Disease Control Mobilizing for Action	1. Assure dedicated staff including funding for tobacco prevention and cessation efforts.	
through Planning and Partnership (MAPP) tools related to tobacco use and prevention will be instituted in Ringgold County	2.5 FTE staff were added to devote to these efforts.	
	2. Engage community coalition and partnerships in tobacco prevention and cessation efforts.	
	The first coalition meeting was held May 26, 2010 and continue to be held at least quarterly.	
	3. Utilize experts in the field of tobacco prevention and cessation to promote efforts and utilize best practices.	
	Held Mayo Clinic Training at the Ringgold County Hospital. Followed this up with a lunch and learn	
	presentation 11 months later by Dottie Schell representing AAP. Dr. Fran Butterfoss lead the leadership team in coalition building activities.	
	4. Request systems and policy changes as per CDC best practices and strategies.	Goal was met. Funding through CPPW ended but policy changes remain in effect.
	Tobacco-free parks policies were passed in the following Ringgold County towns: Kellerton, Mount	

Ayr, Redding and Tingely. Ringgold County Fair passed a policy banning tobacco advertising, sponsorships and giveaways. WIC Clinic added a	
tobacco question to their intake form. Ringgold County Hospital added a tobacco question to discharge planning.Family Resource Center added tobacco use questions to their enrollment forms.	

Goal	Strategies	Progress on Strategies
By November 1, 2013, current Ringgold County unsewered communities including Delphos, Maloy, Benton, and Redding will have installed and maintain a functioning public sewer system.	1. Complete project engineering, assure funding, and obtain bids. This is in progress by Southern Iowa Rural Water Association with construction hoped to be initiated in spring 2012 depending upon outcome of challenge in Redding paying for land 8 days prior to official authorization.	
	2. Construction of a low pressure sewer system with a two cell wastewater lagoon centrally located between the four communities to serve approximately 100 homes or businesses.	Project was completed by SIRWA and now serves homes in previously unsewered communities.

Ringgold County

Goal	Strategies	Progress on Strategies
By December 2011, increase community access points within Ringgold County for family planning and STD prevention educational materials and contraception beyond the current baseline of medical care providers/pharmacy	1. Educate community partners. Becky Fletchall met with representatives from the Teen Center and the local neighborhood center as well as RCPH staff members.	
	 2. Offer materials to community partners for display including brochures, fliers, and condoms. Materials were offered to Teen Center and neighborhood center as well as a display in the main restroom at public health. The Teen Center Board declined but a basket has been in place at the neighborhood center for almost a year. 	
	3. Follow-up to assure supplies remain adequate. Supplies at both public health and the neighborhood center continue to be replenished as utilized. The neighborhood center has seen a large demand and their local director expresses appreciation of the service.	Continued partnership with the Neighborhood Center contacting public health when supply of educational materials and supply is needed.

Taylor County

Contact: Tami Blunt, Taylor County Public Health Agency 712-523-3405 <u>tblunt@frontiernet.net</u> Joan Gallagher, Taylor County Public Health Agency712-523-3405, <u>joanmch@frontiernet.net</u> Angela Green, Taylor County Public Health Agency 712-523-2556 <u>tcsanit@frontiernet.net</u>

Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

• Mental Health services insufficient in our county

Prevent Injuries

Problems/Needs: None identified

Protect Against Environmental Hazards

Problems/Needs:

• Many homes in our community were built prior to 1976, when lead based paint was used. Testing needs to be completed for all 4-5 year olds.

• Iowa is rated # 1 in the country for homes that have elevated radon levels over 4.

• Taylor County has a high number of waste water that drains/runs into ditches. It is a mostly rural area with a high elderly population.

• Drinking water is being taken from wells. There are many wells that have contamination. It is hard to convince homeowners to switch to rural water or to test, repair or close wells due to expense.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

• None identified

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

• None identified

Strengthen the Public Health Infrastructure

Problems/Needs:

• None identified

Goal	Strategies	Who is responsible	When? (Timeline)
Mental Health Services - Increase the number of health care providers who screen for development, stress and caregiver depression.	More face-to-face encounters asking providers to incorporate assessment and referrals.	Agency staff	By 3/15/2012

Goal	Strategies	Who is	When?
		responsible	(Timeline)
Environmental Hazards - 1)	1) Distribute brochures and posters about quality of private	Tami Blunt,	Monthly for 12
Drinking water protection: Increase	water wells testing rehabilitation of wells throughout the	Angela Green,	months, then will
the number of private water wells	county, including ISU Extension, hardware stores; articles in	Joan Gallagher	assess
tested and rehabilitated, if needed.	newspapers	and other staff	effectiveness
Grants-to-Counties provides		members	
funding for private water well			
testing for E-coli, nitrates and total	2) Apply for available radon grants yearly. Promote radon testing	Angela Green	On-going
coliform bacteria. 2) Increase	during National Radon Action Month (January) using displays,		
number of homes tested for	radio public service announcements, press release through newspapers.		
elevated radon levels and	3) Time of Transfer requires that septic systems be inspected;	Angela Green	On-going
mitigated, if needed. 3) Onsite	this requirement will continue. Educate public of potential for		··· ·· ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·
wastewater: Assure more septic	health hazards with inappropriate systems through use of		
	newspaper articles and brochures		

systems are inspected and	4) Agency will continue to offer lead level testing for children 12	Agency staff	Twice monthly
upgraded/repaired; educate	mo, 18 months and 2-5 years of age annually. Continue to	trained in lead	clinics are held
homeowners regarding potential	educate homeowners of the importance of keeping their homes	level testing	
contamination. 4) Lead poisoning	in better repair to eliminate potential lead exposure.		
containination. 4) Lead poisoning	Rotate responsibility for distributing literature (pamphlets,	Tami Blunt,	Monthly for 12
	posters, etc), press releases to newspapers, public service	Angela Green,	months, then will
	announcements to radio stations, etc., regarding all health	Joan Gallagher	assess
	issues	and other staff	effectiveness
		members	

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Taylor County

Goal	Strategies	Progress on Strategies
Mental Health Services - Increase the number of health care providers who screen for development, stress and caregiver depression.	More face-to-face encounters asking providers to incorporate assessment and referrals.	We now have a full time 1st Five Healthy Mental Development Coordinator. She has made visits to all the medical clinics in the county. All clinics have signed a letter of commitment to survey & refer for concerns with development, stress and caregiver depression. 3 of the 4 clinics are trained in ASQ developmental screening.

Goal	Strategies	Progress on Strategies
Environmental Hazards - 1) Drinking water protection: Increase the number of private water wells tested and rehabilitated, if needed. Grants-to Counties provides funding for private water well testing for E-coli, nitrates and total coliform bacteria. 2) Increase number of homes tested for elevated radon levels and mitigated, if needed. 3) Onsite wastewater: Assure more septic systems are inspected and upgraded/repaired; educate homeowners regarding potential contamination. 4) Lead poisoning	1) Distribute brochures and posters about quality of private water wells, testing, rehabilitation of wells throughout the county, including ISU Extension, hardware stores; articles in newspapers.	Environment Health Department continues to educate the public through newspaper articles, brochures and displays at the courthouse & hardware stores in Bedford & Lenox, National Public Health Week
	2) Apply for available radon grants yearly. Promote radon testing during National Radon Action Month (January) using displays, radio public service announcements, press release through newspapers.	Environmental Health Department continues to educate the public through newspaper articles, brochures and displays at the county fair and courthouse. The radon grant is no longer an appropriate funding source for this outreach activity

3) Time of Transfer requires that septic systems be inspected; this requirement will continue. Educate public of potential for health hazards with inappropriate systems through use of newspaper articles and brochures	Environmental Health Department continues to educate the public through newspaper articles, brochures and displays at the county fair and courthouse & Public Health Week.
4) Agency will continue to offer lead level testing for children 12 months, 18 months and 2-5 years of age annually. Continue to educate homeowners of the importance of keeping their homes in better repair to eliminate potential lead exposure.	Annual letters to homeowners where a child was found to have an elevated blood lead level were sent. We discontinued our practice of providing blood lead testing in our office due to cost. Families are directed to their medical home and/or WIC for this service. Families are screened for blood lead testing during EPSDT Informing and Care Coordination calls. Outreach to local doctors, WIC & general public, National Public Health Week.
Rotate responsibility for distributing literature (pamphlets, posters, etc.), press releases to newspapers, public service announcements to radio stations, etc., regarding all health issues	RNs & HCAs have distributed pamphlets & posters as they are out & about for their home visits throughout the county. Environmental Health, MCH, Home Health & Women's Health have all submitted press releases for the local papers

Union County

Contact: LouAnn Snodgrass, Exec. Director, Continuum of Care, Greater Regional Outreach-Public Health 641-782-3515 <u>louanns@greaterregional.org</u>

Robin Sevier, RN, Greater Regional Outreach-Public Health 641-782-3817 robins@greaterregional.org

Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

• Union County would benefit from additional mental health treatment and substance abuse recovery services

Prevent Injuries

Problems/Needs:

• Union County has one multi-county agency that provides sheltering for physical/sexual abuse victims. Continued funding is needed to enhance and expand these services for Union County

Protect Against Environmental Hazards

Problems/Needs:

• Union County is at high risk for lead poisoning with 6% of our households being built before 1950 and having low income population.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

• Immunizations - Ensuring that all Union County children and adolescents have received age-appropriate vaccines.

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

• Lack of back-up staff for large scale public health emergencies ex. H1N1

Strengthen the Public Health Infrastructure

Problems/Needs:

• Access of additional specialized health care services, (i.e. psychiatrist, pediatrician)

Goal	Strategies	Who is	When?
		responsible	(Timeline)
Reduce percentage of high-risk lead homes in Union County.	Educate home owners.	Union County Public Health	July 2012
nomes in onion county.		Union County	
		Environmental	
		Health, MATURA	
	Educate landlords and apartment managers.	Union County	July 2012
		Public Health	
		Union County	
		Environmental	
		Health, MATURA	
	Educate parents.	Union County	July 2012
		Public Health	
		Union County	
		Environmental	
		Health, MATURA	

Goal	Strategies	Who is responsible	When? (Timeline)
Ensure appropriate equipment and training are in place for all Union County agencies to be compliant with federal narrow banding regulations.	Include all Union county agencies that are affected by narrow banding requirements in pre-planning and collaborate to ensure full system conversion.	Union County Emergency Management, Union County Public Health, Greater Regional Medical Center, Union County Law Enforcement, Creston Fire Department, Afton Fire Department, Lorimor Fire Department, all county EMS.	July 2012

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Union County

Goal	Strategies	Progress on Strategies
Reduce percentage of high-risk lead homes in Union County.	Educate home owners/landlords/apartment managers/parents.	Union County Public Health continues to offer lead prevention education to home owners/landlords/apartment managers and parents as needed. Local Healthcare Providers screen children for lead exposure, perform Blood Level Testing at age 1 and as needed. No new activities have occurred this reporting period.
		We continue to work with Union Co. Environmental Health, Healthcare Providers, MATURA, schools and parents to answer any questions and provide educational material about lead level results, and lead prevention.

Goal	Strategies	Progress on Strategies
Ensure appropriate equipment and training are in place for all Union County agencies to be compliant with federal narrow banding regulations.	Include all Union county agencies that are affected by narrow banding requirements in pre-planning and collaborate to ensure full system conversion.	Union County Public Health continues to offer lead prevention education to home owners/landlords/apartment managers and parents as needed. Local Healthcare Providers screen children for lead exposure and perform Blood Level Testing at age 1 and as needed. No new activities have occurred this reporting period.

Collection of Data

The committee reviewed the previous community assessments and plans as well as new assessments from outside agencies. Changes in economic issues, educational opportunities, and services available for the general and 0-5 population were identified. Current programs addressing previously identified issues in each county were listed as well as the progress these programs were making with the target population. Funding sources used to sustain current programs and possible funding sources were listed.

The following is a sampling of other assessments, not included in this plan, the committee used in its analysis:

- School Districts' Needs Assessments
- Individual Funded Program Surveys
- Iowa Youth Survey
- ECI Annual Report Data
- ISU Extension Surveys
- Child Resource and Referral reports
- Local child abuse reports-DHS
- Parents as Teachers Annual reports
- Parent evaluations and questionnaires

The committee has chosen not to publish these surveys in this document as most are available online for those who would be interested in full reports. Instead the information of interest is contained in the "Highlights of Community Assessment" section on this document. Where possible families were polled to determine the validity of previously identified community barriers in each county, to measure the effect of these issues on the community and families.

Analysis of Data

The board reviewed the assessment information available from all sources. The local indicators revealed the following:

- The deficit number of slots available to parents or working families and seeking children care has nearly doubled in < 5 years.</p>
- The identified quality of child care continues to increase, so those children in care are able to secure safe, healthy and educational early learning environments.

The reasons for the decline in child care slots are complicated:

- 1. Related to families:
 - a. Families are seeking to not pay for child care.
 - b. The families receiving Child Care Assistance and families with higher levels of income are seeking child care.
 - c. Working class families seek to avoid the cost of care as families cannot fully pay for the cost of child care.
- 2. Related to child care programs:
 - a. Child Care programs are closing their doors.
 - b. Regulations continue to increase for the safety and health of the children in care.
 - c. Programs cannot charge enough to fully support the cost of doing business.
 - d. Employees need benefits/insurance and paid leave away from child care.
- 3. Related to business:
 - a. Businesses have closed their doors in the 4 county area, thus creating a recession which therefore leads to families moving to urban areas.
 - b. While the number of children continues to increase in the area, the majority of the growth is concentrated in Union County.

Priorities were determined based on several factors. These included the effect of the issue on the target population as a whole, gaps in service, strengths and needs in the community both at the family and agency level, the ability to implement programs based on the available funding and ability to secure a sponsoring agency, the possibility of seeking additional funding sources for specific issues, and the ability to use collaborative efforts to implement or strengthen programs. It was determined that Community Plan Priorities and Indicators would continue with no changes as follows:

Community Plan Priorities Continued FY2016

- Children's growth and development
- Children's education
- Stable and supportive families
- Quality Child Care

Community Plan Indicators FY2016, Amended FY2017 *

- Rate of immunization by age 2
- % of children entering kindergarten with preschool experience
- # of early childhood providers at each level of the QRS System
- # of licensed/registered childcare slots, home-based and center
- # of confirmed child abuse cases
- % of parents working *

- Deficit child care slots*
- % Children in poverty *
- % Single parent families*
- % live births where mother received 1st trimester prenatal care*
- % of children 0-5 receiving WIC services*

Highlight of Community Assessment

The assessment provided an opportunity for the committee members, to see some of the fruits of their labors. The following is by no means meant to be an all encompassing list of the highlights of the assessment but instead gives an overview for the board to build upon as it continues to establish its own identity.

- Day care providers have varying levels of buy-in to the current available programs
- Collaboration between the preschools is occurring
- Collaboration in the education sector (daycare, preschool, schools) is beginning
- The County Boards of Supervisors have been supportive and provided representation on the individual pre-merged boards.
- Programs are reaching many families on some level
- Multiple interventions are available for low-income families
- The referrals that occur between agencies are effective
- Collaboration occurs between counties
- The interest in child health is fairly strong with wellness and preventive health programs for older children in place and collaborations to provide these programs is showing progress
- Parents take on active roles in volunteer boards (education).
- The communities plan family activities when conducting large-scale events.
- Active coalitions are in place for child abuse, domestic abuse, tobacco use, drug and alcohol abuse and prevention issues.
- Business community supports programs
- The area utilizes programs with specific expertise in planning programs that have a cost to families.

There are many challenges that are common to all four counties of the area. Generally there are declining populations, limited employment opportunities and inadequate retail availability. Resources can be lacking due to reduced funding in all areas especially those based solely on the population of an area. Many services can only be obtained by traveling outside the area.

Day care options to meet the needs of parents are not always available and those that provide the service are challenged by the lower wages of the area.

Process for Award of Funding

In the Board's current capacity, respectful and well thought out decisions are made to support quality programs for children and families in the area. After the process of awarding funding to providers, the Board has the opportunity to become familiar with and evaluate effectiveness of priorities, indicators, programming and outcomes through presentations, provider visits and review of Annual Report Performance Measures.

The Board supports programs that propose to achieve outcomes that meet the adopted priorities. On an annual basis, these priorities will be reviewed and changes will be included in the Annual Report.

The Quad Counties 4 Kids Early Childhood Area Board will use a written application process by which programs can apply for funding to further the priorities of the area. Each year when an approximate amount of available funding is determined, the Board will determine the need for request for proposals for funds.

The Board may choose to use a renewal process for existing program funding and/or a complete Request for Proposal (RFP) process. If the Board determines that a RFP is not necessary, currently funded programs will be asked to submit a request for renewal. Considerations for determining funding requests for proposals will include but not be limited to: current community priorities; level of satisfaction and evaluation of the current contractors; and levels of funding compared to previous year(s). Requests for proposals will be issued at a minimum of every 3 years per policy.

Fiscal Assessment

Process Used to Gather Information

The Early Childhood Director on behalf of the Board identified all agencies and/or organizations within each community of the area that provided services to children from zero through five years of age. Emails and phone calls were made to service providers to obtain and accurate fiscal assessment. This information was provided to the board to be used in crafting the

Community Plan. These assessment results reflect a good faith effort in gathering the required information, without becoming a nuisance and damaging relationships.

This funding/collaboration matrix will be helpful in future planning and identifying resources and community partners for future projects. The director will continue to try to gather missing information to update the fiscal assessment throughout the next three years as the Quad Counties 4 Kids Board continues to mature.

Agency/ Organization	Name of Program	Type of Service Provided	Ages of Children Served	Yearly Estimated Funding	Identified Sources of Funding
	F=Federal	S=State	L=Local	P=Private	E=ECI
Adams County	Baby on Board	Family education and support	0-5 and parents	\$2,000	S
	CLICK	Education, Car Seats		\$500	L
Adams County Public Health	Health Services	Immunization Clinics New Mom, New Baby	0-18 Newborns/ Mothers	\$6,769 \$13,000 \$7,500	P L F S
Alegent Health Clinic—Taylor and Adams County	Health Care	Health Care Services Parents as Teachers-Adams only	All	\$2.5 mm	P S F
Alegent Health	Health Care-allied	Respite Care	0-12	\$1,100	Р
Family Home Care	services	Lead Testing	0-12	\$700	S L
Bedford Community School	Little Dawgs Preschool	Preschool Services (SWVPP)	4-5	\$83,000	S
Bedford Public Library	Summer Reading Program	Educational	3-12 year olds	\$200	L
Blockton Christian Church	Sunday School Education	Sunday School Lessons	1-5 year olds	\$100	Р
City of Bedford	Swimming Pool	Educational & Recreational	All ages		L
City of New Market	Community Library	Educational	2-5 year olds	\$200	S F L
City of New Market	City Park	Recreational	1-5 year olds	\$500	S F L

Churches in	Sunday School	Sunday morning classes and	2-10		Р
Ringgold County	Programs	Wednesday after school			
		programming			
Corning CSD	Preschool	Early Childhood Special Education	2-5	\$90,000	S
		Preschool for 4 year olds	3-5		E
Creative	Preschool	Preschool Services	3-5	\$34,500	Р
Beginnings					L
				1,260	E
Creston CSD	Preschool Services	Junior Kindergarten	5	\$35,000	S,L
		Early Childhood Special Education	3-5	\$115,000	S,F, L
Department of	Multiple Programs	Food Program Assistance	All		S
Human Services		Child and Adult Protective Services	0-18		F
Serving 4 county		On-going supervision to children and	dependent		
area		families	adults		
Diagonal CSD	Preschool	Wrap Around Child Care/Preschool	3-5	\$32,000	S
	Tina's Tots Day	Day Care	0-12	\$10,557	E
	Care			\$53 <i>,</i> 450	S
				\$25,000	L
Discovery Kids	Preschool	Preschool Services	3-5	\$13,648	L
				\$59,400	S, E
				\$13,317	Р
Eagle TIES Family	Multiple Programs	Toy and book lending library	0-5	Total	L
Resource Center		Food Pantry	All Ages	\$24,000	Р
		Parenting Resources-internet, fax,	Adults		
		copy machine, agency referrals			
First Baptist	Sunday School	Spiritual Classes	2-18		Р
Church - Bedford					
First Baptist	AWANA Program	Spiritual Classes	2-18		Р
Church - Bedford					
Gibson Memorial	Library	Story time	3-5	\$200	Р
Library					
Greater	Multiple services	Immunizations, Maternal Child	0-5	\$28,000	S
Community		Health, Preventive Services	All		Р
Medical Center					F

Green Hills Area	Early Access	Early interventions of all types for	0-3	\$135,000	S
Education Agency	,	children of identified delays or have a		,,	F
Serves all 4		condition of high risk of delays			
counties		5 · · · · · · · · · · · · · · · · · · ·			
Iowa State	Multiple Programs	Training, parents and providers	0-5	\$10,000	S
University			Parents	\$3,000	E
Extension-			Adult	\$2,000	Р
presence in all 4			providers	. ,	
counties					
Joyful Sparks	Preschool	Preschool	3-5	\$40,775	Р
				\$816	E
Lenox Public	Summer Program	Educational	4-12 year	\$1,000	Р
Library			olds		
Lenox Schools	Precious People	Preschool Services (SWVP)	4	\$92,000	S
	Preschool	Three year Old Preschool	3	\$35,000	L
MATURA Action	Head Start	Preschool services to children and	3-4	\$885,038	Head Start
Corporation—	WIC Clinics	resource referrals for families. Some		\$333,777	WIC
Services all 4	FaDss	funds are used to help families reach		\$77,819	Fadss
counties	Maternal Child	their personal goals.		\$20,158	Maternal Child Health
	Health	Assist low-income families to become		\$29,512	I-Smile
	I-Smile	self-sufficient by providing home			
		visits	0-5		
		Car Seat Safety Program			
Mount Ayr CSD	Early Childhood	Early Childhood Special Education	3-5	\$113,530	F
	Services	Little Raider 4 year old Preschool	4	\$94,778	S
I Think I Can	Child Care	Day Care Center providing services	0-12	\$179,000	L,P,S
Ringgold County	Preschool	Preschool Services	3-4	\$20,000	F
Family Resource	Day Care	Rent space to Little Raider Preschool		\$184,520	L
Center	-	Rent space to Head Start		\$20,000	S
		Day Care	0-12	\$40,000	E
Ringgold County	Multiple Services	Immunizations, PAT, Homecare,	All	\$781,000	F,S
Public Health		Mental Health, Preventive Services			L, E
Southwestern	Early Childhood	Early Childhood Provider Education	0-5	\$26,177	Р

Community	Program			\$2,500	E-Conference
College	Serves all 4	Family Support Home Visitation	0-5		L
	counties	Program (Adams & Union)		\$133,837	E
	Parents as				
	Teachers				
Southern Iowa	Public	Can be used to meet multiple needs	All	\$2,000	E
Trolley	Transportation	for all ages. There is a fee for the			Р
		service			L
					F
Taylor County	Growing Strong	Home Visitation	0-5	\$47,972	E
Extension	Families				L
Taylor County Fair	County	Entertainment & Educational	0-20 year	\$10,000	S
Board			olds		
Taylor County	Maternal Child	Child Care Nurse Consultant, Lead	0-21 years		S
Public Health	Health	Screening, Oral Screening & Fluoride	old and		F
		Varnish, Prenatal Education, New	pregnant		P (donations)
		Baby Home Visits, Car Seat Safety,	women		
		Hawk-I Outreach, Care Coordination			
Tinker Tots	Tinker Tots	Preschool and Childcare	3, 4, 5	\$850	E
Preschool, Inc.	Preschool			\$15,000	S
					F
				\$25,000	Р

Utilization of Fiscal Assessment Results:

The Quad Counties 4 Kids Board evaluates the information collected for the Community Plan to assist them in their decision making process for distribution of funding. Were gaps in information exist, the Board makes additional contacts to insure informed decision making. The committee collected as much information as possible from a variety of providers to present a "snapshot" of each County to achieve the following:

- Awareness of what is offered in the counties other than their own, ultimately allowing for matching Early Childhood Iowa funding with others to get maximum benefit for children and families in the area.
- Familiarize themselves with other funding opportunities in each county that will prevent duplication of services.
- Sustainability for programming could depend on the Early Childhood Iowa funding not be the sole source of funding.
- Recognize the levels of collaboration that exist in each of the counties.
- Sharing of document with other community partners as a tool they can utilize.

Section C: Community Collaboration

Collaborative Funding and Networking

As funding continues to be reduced it becomes even more evident that it is necessary to work collaboratively and identify private and public funding sources needed to design, deliver, and evaluate services and programs to better meet the needs of young children and families in the Quad Counties 4 Kids ECI Area. This includes developing a community plan, awarding funds for local services to children 0-5 and their families using the RFP Process, and reporting outcomes of local services.

The programs that the Quad Counties 4 Kids Early Childhood Area has supported in the past are also funded by several other funding sources. These funding sources include:

- State Wide Voluntary Preschool
- Local County Endowment
- DECAT
- Private Business
- First Five Healthy Mental Development Grant
- Prevent Child Abuse Iowa
- Head Start

Coordination and Collaboration

Early Childhood funded programs work together to ensure collaboration among entities. By using the RFP Process to award funding the board is able to see what other funding sources were being used in conjunction with Early Childhood Iowa funding. This offers an opportunity for dialog with providers that might not previously been approached.

The Quad Counties 4 Kids Early Childhood Area Board strives toward total collaboration between all programs in the area that serve the 0-5 year old population and their families

The Quad Counties 4 Kids Early Childhood Area Board of Directors come to the table knowing that individually as well as collectively they bring knowledge that being small communities, folks wear many hats, have the opportunity to know each other, and consequently feel a deep responsibility to working with their professional counterparts who may also be their neighbors. The Board understands that it is part of their responsibility to help facilitate collaboration of services for children birth through five and their families. Conversation within the Board itself as well as with their individual community partners indicate that shared goals and resources ultimately result in better service delivery to at-risk children and families. When asked at

community forums and interagency groups, "how does your organization collaborate in the community", the consensus is "small communities have learned how to work together" because limited funding opportunities drive the need to collaborate and share resources. It has been identified through these meetings that continued communication is a key component to the Quad Counties 4 Kids Area becoming successful. Every effort is made to include agencies, organizations, and service providers who were unable to attend community forums or respond to resource collection to ensure their voices are heard during on-going collaborations. Economic conditions make this endeavor even more critical as all agencies have experienced budgetary cuts and loss of program services or staff.

The Director of Quad Counties 4 Kids Area coordinates and leads the Ringgold County Interagency meetings, serves on the Board of Trustees for both Ringgold County Hospital and Southwestern Community College and serves on the CPPC Shared Decision Making Team. This gives the area a voice at the table to advocate for children in the area.

Addressing the Health and Safety of the Quad Counties 4 Kids Area Children

The Board recognizes that although it is not solely responsible for the health and safety of the children in the area we do fund early care environments and collaborate with many providers who insure the safety and health of those they serve. The responsibility for health related issues/topics in the area is that of our partners as follows:

1. Spread of Infectious Diseases

The Local Public Health Agencies and Child Care Nurse Consultants provide instruction to the school districts, preschools, childcare center and home providers in prevention of child injuries, developing health emergency protocols, medication information and information on how to get assistance with care for children with special needs.

2. Health Emergency Protocols

Emergency Preparedness Plans are a joint effort of the Local Public Health Agency, Emergency Management Director and the local hospitals and health care providers.

3. Medication Administration and care for children with special needs

Local Public Health Agencies, hospitals, health clinics, Child Health Specialty Clinic, Area Education Agencies, Early Access are responsible for early care environments have information/training to assist with medication management and children with special needs.

Section D: Summary

Evaluation Process & Plan Review

The following measures were developed by the Board to establish a method of continual evaluation, guarantee that the Community Plan reflects the needs of the community and the effectiveness of programs funded.

- Contracted providers will complete reports using a Board-authorized format as required by their contract.
- Providers submit written reports as required by the Board in contract documents and orally upon request of the Board
- Written reports will be provided to the Board at the end of each fiscal year. Reports will focus on the Annual Report Performance Measures made up of input measures, output measures, quality/efficiency measures and outcome measures.
- The Board will examine the information the providers have recorded and compare to the Board's indictors. The Board shall determine the effectiveness of the programs and of the overall funding pattern in relationship to the established Performance Measures, indicators and priorities.
- The RFP process allows the board to analyze programs.
- The Community Plan will be evaluated, taking into consideration new or revised legislation and changes within the community.
- The Quad Counties 4 Kids Early Childhood Area Board will submit an annual report to the State of Iowa.
- The Quad Counties 4 Kids Early Childhood Area Board will go through the Levels of Excellence process conducted by the Department of Management, Early Childhood Iowa Technical Assistance Team.