



**Cedar/Jones
Early Childhood Iowa**

COMMUNITY NEEDS ASSESSMENTS/REPORTS

1. Child Care Resource & Referral Annual Reports – 2016, 2017, & 2018

Child Care Deserts – Iowa has seen a significant decrease in the available number of spaces for children. From 2012 to 2017 licensed and registered childcare businesses in Iowa dropped from 9,963 to 6,132. This childcare crisis not only affects families, but businesses are also seeing the effects.

Over the decades, the needs of families have shifted because both parents are working due to economic changes. In Iowa, of families with children under age six, in 2017 75% reported that both parents work.

In most communities, the demand for childcare far exceeds supply and a high provider turnover rate creates a constant need for new providers.

CCR&R is a service to help improve the quality of care for all of Iowa's children by promoting their learning and development. CCR&R supports childcare providers in complying with state regulations and offers trainings to improve the quality of their care. They also provide free childcare referrals and education to parents and caregivers on choosing a quality environment for their children and provide business and community partners with data and information on the availability of childcare.

2. Child Welfare & Juvenile Justice Decategorization Services Plan – Cedar & Jones

Both counties are serving at-risk kids and their families through many different programs. They have involved boards and really look at the services and the outcomes. They understand the lack of funds for so many programs and do their best to fund the programs that they feel are making the biggest impact and reaching as many needy kids as possible - doing more for less. They hold the agencies accountable and review the progress or lack of progress, at which time changes are made.

3. United Way – ACES Report & Snapshots on Early Childhood & Mental Health

ACES – One in four Iowans have experience emotional abuse and experienced substance abuse in their childhood home. Iowans with four or more ACEs are six times for likely to have a depression diagnosis, along with engaging in limited activities because of physical, mental, or emotional problems. Reducing ACEs or decreasing the impact of these adversities has the potential to significantly impact the well-being of people and positively impact the cost of healthcare and social services. There is a significant gap in ACEs training appropriate for non-therapeutic environments. Youth development agencies engage with children who have experienced multiple ACEs, but staff has often not received formal ACEs or trauma-informed training or skill building. These agencies also may experience consistent turnover in staffing, resulting in excessive training costs which may not include trauma-informed practices.

Things the community can do are:

- *Build resilient and compassionate communities through engagement, build family resiliency through parent engagement and support, and build more responsive and healing environments and practices by promoting changes within systems and organizations.*
- *Implement two-generation strategies. Maltreatment in childhood is a problem that needs comprehensive and holistic solutions. A parent or caregiver's behavior is influenced by a range of interrelated factors such as how their parents raised them; their parenting skills; their own ACEs; current stressors in their life; and the safety, support, and stability in their community. Due to the complexity, it is critical to invest in multigenerational strategies.*

Education – *The first five years of life are essential for young children. By age two, low-income children are already behind their peers in listening, counting, and other literacy skills. This will affect the child’s readiness for kindergarten. 44 of 50 children who experience difficulty learning to read in kindergarten will still have trouble in third grade.*

A parent’s childhood affects their ability to learn skills needed to be a strong parent. Quality childcare can help parents create a learning environment for their child while they balance work, but finding a safe, reliable caregiver is often beyond their financial means.

In UWECE’s service area, about one out of three children enter kindergarten without skills needed to succeed. For low-income students, 49% do not score proficiently on their fall kindergarten assessment. Overall 1,167 out of 3,676 children in East Central Iowa are not ready for kindergarten.

Mental Health – *The World Health Organization describes mental health as, “a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. Social determinants affect mental health. Toxic stress caused by adequate housing, living in high stress neighborhoods, inequitable jobs and wages, lack of quality education, and inequity in access to quality healthcare contributes negatively to mental health. Poor mental health status can determine a person’s behavioral health, often resulting in unhealthy behaviors, including lack of exercise, alcohol or drug use, unsafe sexual practices, and poor nutrition.*

There are distinct intergenerational factors to consider regarding mental health and well-being. Many severely depressed mothers do not receive care. More than one third of low-income mothers with a major depressive disorder do not have access or resources to get needed treatment. Untreated depression is more widespread among low-income mothers. Untreated maternal depression can affect children’s safety and cognitive and behavioral development. This can impact a mother’s overall ability to nurture and create a secure attachment to her children. Children of parents with depressions or schizophrenia are two times more likely to experience abuse than children of parents without mental illness; children of parents with antisocial behavior are six times more likely to experience abuse.

Abuse, neglect and household dysfunction in early childhood often lead to psychological disorders, substance abuse, other chronic health issues, and lasting impacts on brain development and functioning. Mental health disorders affect approximately 20% of children. Appropriate screening and responses are critical for children. However, research shows an average delay between the onset of symptoms and intervention of 8-10 years. This affects children’s achievement in school: 37% of students with mental health issues ages 14 and older drop out of school-the highest dropout rate of any disability group.

The community needs to respond to mental health needs just as we respond to physical needs. We must be able to understand, assess, and address mental health needs through preventative and proactive strategies. By focusing on prevention and early intervention, we may be able to avoid more costly interventions, treatment, and chronic health issues.

Parents and caregivers play a vital role in a child’s resilience and mental well-being. For optimal mental health, it is critical for children to have secure attachments, basic needs met, and skills to develop trusting relationships as they mature physically, mentally, emotionally, and socially.

4. Cedar County Extension – 2013 Needs Assessment Survey Report – No report out

5. Community Action of Eastern Iowa 2018 Community Assessment – Cedar County

- 2000 to 2015 population grew 1.03% in Cedar County, 5.71% in Iowa, and 12.47% in USA
- Cedar County has 51 people per square mile
- Cities in Iowa have 5000 people per square mile
- Cedar County has 980 children between ages 0 to 4
- 97% speak English
- Cedar County poverty rate is very low for families with children ages 0-4 at 8.9%
- The average family income is \$68,000 and 12% of the average income is spent on childcare
- A survey asked what childcare or developmental needs you need help with.
- Most people responded they need help paying for school/club/activity fees.

- *Head Start children ages 3-5 had an obesity rate of 19.9%*
- *Cedar County had 37 homeless people.*
- *Respondents said regarding transportation they needed help with car repairs and*
- *There is insufficient mass transit.*
- *Head Start parents expressed concern regarding staff turnover.*

6. Iowa Child Maltreatment Prevention Needs Assessment – December 2017

Strengths: There is a strong commitment to families and children in Iowa. Multiple funding sources at the federal, state, and local level are funding maltreatment prevention strategies, particularly secondary prevention targeting families at risk. Efforts such as ECI (which aims to establish family-focused early childhood infrastructure) and Decat (an initiative designed to ensure access to family-focused, needs-based services), and commitment to child and family well-being through local control of maltreatment prevention and treatment funds.

Challenges: Poverty and other risk factors of child abuse and neglect are issues throughout the state. There were statistical correlations between poverty, teen births, low birth weight and high Adverse Childhood Experience (ACE) scores and both abuse and neglect; and children ages 0-5, households with high rent, domestic violence, and mental illness with child neglect. The correlations of abuse and neglect with teen births and low birth weight suggest the need to ensure strong collaboration between community groups, public health professionals, other service providers and stakeholders.

In focus groups and surveys, providers across the board identified mental illness, substance abuse, and other ACEs as major risk factors affecting families. They also said that access to mental health and substance abuse services was lacking in many areas of the state.

Parents and youth said they needed financial stability, good jobs and close, positive relationships with family and people they could trust. Employment in particular was an area that both groups said could be a challenge.

Both professionals and parents addressed families' lack of access to concrete supports (e.g., transportation, clothing and child care). Professionals said that these issues made it difficult for families to access services and provide appropriate care for their children.

Funding restrictions and time may be impacting some parents' ability to participate in resources they need. In particular, some families earn too much to qualify for programs targeting at-risk families. Others find their work and family life impede time to participate.

Recommendations: The incidence of child maltreatment in Iowa remains above the national rate, despite decreases in recent years. Iowa's ACE data indicates that 56 percent of adult Iowans report experiencing one of the eight ACEs measured in the study. The rate of neglect in the state is four times that of physical abuse and ranges widely from county to county. The needs assessment found relationships between neglect and numerous risk factors, including teen births, poverty, low birth weight births, domestic violence, high ACE scores and mental illness.

Coordinate maltreatment prevention funding sources across multiple service sectors (e.g., public health, early childhood, human services) to use each source strategically in combatting abuse and neglect.

Reduce child maltreatment by targeting risk factors presented by families that are most closely correlated with abuse and neglect. Make information available and accessible about services that address the conditions of poverty, teen births, low birth weight, domestic violence, adverse childhood experience, mental illness and substance abuse.

Increase workforce development in cultural competence, EBPs and trauma-informed prevention and care. Embed culturally responsive, evidence-supported and trauma-informed practices into all systems that help families.

7. Hawkeye Community Action Program Needs Assessment – 2016

- *Child Care was identified as the third highest need, followed by Housing and Basic Needs. 24.35% of families reported needing help with finding childcare in a convenient location, 15.22% quality child care, 29.13% affordable children, 23.91% evening and nighttime child care, 23.91% weekend care, 8.7% preschool, and 25.22%*

reported needing help getting financial assistance with child care costs. The average weekly cost for one child in childcare in 2016 was \$150 per week or \$600 per month.

- *Parent Education & Support* was identified as the 7th highest need, followed by *Financial Counseling, Food & Nutrition, and Employment Needs*. 51% reported needing assistance with how to discipline more effectively, 46% on how to set family goals; and 45% on how to help children deal with stress, depression, or emotions.
- *Education, Transportation, and Health* rounded out the top 10 Client and Community Needs.
- As a community action agency, HACAP's mission of building stronger communities and providing opportunities for people to develop skills for success centers on local solutions to poverty. HACAP relies on local needs assessments to better comprehend their fit with the community for direct services to people in need.

8. Cedar County Public Health Needs Assessment – February 2016 and Jones County Public Health Needs Assessment – 2016

CHNA (Community Health Needs Assessment) Reports for 2016:

Both reports were very interesting to read and study. Jones County went into a lot more detail and reported more information. Both counties have very similar comparisons and numbers. Both counties have high incidence of:

- Obesity (32%)
- Physical inactivity (30-50%) – Jones being higher
- Lack of fruit & Vegetable consumption (82%)
- Poor oral health (30%)
- Chronic disease
 - Diabetes 8%
 - High blood pressure 30%
 - Stroke deaths 40%
 - Jones has high rate of asthma/lung issues – higher than state and national %
- High Alcohol consumption – Cedar 21%; Jones 32.4 (which is the 2nd highest in state)
- Youth alcohol consumption is 25%
- Tobacco use by youth – Jones 9%; Cedar 23% (which is higher than Iowa rate of 17%)
- Motor vehicle death rates of 14 are higher than Iowa rate of 11.7

While Jones County has access to more resources, both counties have a medical/dental provider shortage. The state average is 35% of Iowans live in a provider shortage, while these 2 counties are at 100%.

Goals:

1. Promoting good health: promote physical activity, decrease obesity and increase fruit/vegetable intake
2. Improve mental health resources to decrease days missed due to behavioral health issues
3. Decrease drinking and smoking

9. Anamosa CSD School Improvement Needs Assessment – January 2018

- Help all groups understand that all students can learn at high levels, barriers can be overcome, and major improvements can be made in student achievement.
- Schools should place major emphasis on effective instruction, the content and rigor of the Iowa Core Standards, and on active student engagement in the classroom.
- District should improve the assessment system to align to the content and rigor of the Iowa Core Standards
- Efforts should be made to ensure all stakeholders know how leadership teams are organized and understand how they have a voice in decision-making.

10. Child Care: An Economic Issue for Businesses & Communities – September 2018

- Many childcare facilities do not operate at full capacity. Some choose to care for fewer children and some businesses cannot find and hire enough skilled staff. In 2017 the median wage for childcare workers in Iowa was \$9.20, a 1% increase since 2015.

- *Shortage of childcare spaces for very young children. There is an existing shortage of childcare spaces in most Iowa communities, and if there is a childcare space available, it is not often for the very young child.*
- *Childcare space is not all day, year-round. Some of licensed childcare spaces are preschools and before and after school programs. The majority of preschool programs do not provide all day, year-round care.*
- *Childcare cost is prohibitive. Average annual cost for an infant/toddler in Iowa at a childcare center is \$9,967 or \$7,091 in a home. A family earning the median household income in Iowa would spend 11.9% of their income on infant/toddler care. For a single parent family median income, infant/toddler childcare costs are 40.7% of their earnings. This annual cost is more than tuition and fees at a state university in Iowa, 13.8% higher. Quality childcare costs are much more.*

11. I-Smile Annual Reports – 2015, 2016, & 2017

The Oral Health of East Iowa Report and the Inside I-Smile Report both document the need for dental health initiatives in the Iowa. The reports indicate those children most in need of interventions - the low income and undereducated populations. This should not however underscore that all children in Iowa are in need of greater penetrations in access to dental services.

Though the state and the Iowa Department of Public Health have done much to encourage dentists to enroll in accepting Medicaid patients, providers and continue with those who are already patients, utilization rates are low. The reasons for lack of service provision by dentists include high no show rates, lower reimbursement through Medicaid insurance and paperwork demands.

The Federally Qualified Health Centers and a voluntary sector of private dental clinic safety net are absolutely essential in assuring access to needed services. Education to parents on the importance of oral health, assistance in case coordinating services are needed to ensure children get needed services, fluoridation, nutrition, school screening, and school-based sealant programs are all necessary components of a dental safety net for children.

Challenges for increasing assess include:

- *4 out of 5 Medicaid enrolled children did not see a dentist
- *go beyond enrolling dentists (only 47% of dentists enrolled in program billed for services and 6 fewer dentists provided service in 2017 than 2016)
- *consider transportation barriers particularly for rural families
- *Support I-Smile case coordination
- *Get political in supporting FQHC, an entity committed to health care for low income families
- *Recognize that if parents don't get dental care for themselves, they may not get care for their children

12. Monticello Heart & Soul – 2017

Heart and Soul Monticello is a team of community members dedicated to strengthening the future of Monticello.

During an 18-month period, they collected surveys, had coloring pages for youth, conducted interviews of community members and held meetings and community events to encourage community members to lend ideas to strengthen the future of Monticello. From this data, five ideas rose to the top.

- 1. Promote Community Celebrations to enhance the small-town feel** -- *Initiate neighborhood block parties and downtown events in the pocket park*
- 2. Improve School Facilities**
- 3. Welcome Newcomers** -- *Establish a welcome wagon and a "Buddy" Program linking newcomers with helpful locals*
- 4. Establish Recreation Trails** -- *Promote community health, increase local business traffic, attract visitors and newcomers.*
- 5. Support Business Ventures** -- *Re-purpose vacant buildings, encourage facade enhancement, support businesses with best practice education, tax incentives and business loans.*

To communicate with the community and enlist volunteers for each project, the group established a website, a Facebook page, published 14 email newsletters, and wrote 36 newspaper columns. Each project listed the project lead and how to get in touch with them if someone wanted to volunteer.

13. ECI 2019-2022 Strategic Plan

The strategic plan starts out by identifying three main purposes of the Early Childhood Iowa initiative. These reasons are; to promote services for children, prenatal through age five, to enter kindergarten ready to learn and ready for life. The plan shows that it creates flexibility on a local level to respond to the needs of young children and families in various communities. I think this is very important to each community involved, because no two communities have exactly the same needs. The strategic plan also identified that the programs are comprised of both private and public sector entities. The plan also discussed the importance of having a well-rounded board in all areas to make sure that any and all gaps or problems are discovered and adequately addressed. Overall, the local ECI boards appear to be there to help the State board make legislative recommendations as well as identify and assist with similar problems that the individual ECI boards may be facing.

The strategic plan also showed that there is no one strategy for success for the ECI, but that it takes all of the components to have proper services with adequate funding in place. The ECI founding legislation (1988) established 5 results in the Accountable Government Act that set the standard for measuring progress and program accountability. The plan defined this as “the effect desired for all Iowans.” These five results are; Healthy Children, Children Ready to Succeed in School, Safe and Supportive Communities, Secure and Nurturing Families, Secure and Nurturing Early Learning Environments.

The guiding principles of the plan believe that all decisions must be based; on the best interest of children, based on best practices, value diversity and equal participation, be inclusive in the decision making, make data based decision, provide family and children input into decisions, and streamline communications and operations across the system components and stake holders.

The plan also discussed slow economic growth, as well as an increase in minority populations as it pertained to rising groups of at-risk groups. Incidents of child maltreatment in Iowa remain above the national rate, despite decreases in recent years. The plan showed that Iowa falls short of its’ 2020 goal to have %30 of 3-5 year olds with dental caries experience. Iowa also is in the top five states where both or all parents in the home are employed full time, part time or multiple jobs. The plan identified that 23% of the population live in childcare deserts where large areas are seeing women not achieving economic self-sufficiency because of lack of quality and available childcare.

The ECI Board as well as committee and area directors met to review findings of the 2018 ECI Needs Assessment. During this review, the groups split into teams for discussion. The goals of the State ECI ended up staying the same while suggestions were made to revise individual strategies. This caused a new three-year plan to go into effect January 2019. The planning process outlined that committees and component groups will develop work plans with timelines and benchmarks to carry out the activities while remaining fluid and flexible for unforeseen issues. The plan again reminds, that the ECI goals are the same. All of the goals that have been continually discussed appear to require state and Local ECI attention as well as presenting the information to communities while allowing for feedback via all involved persons. The plan discussed that all involved components of the ECI need to be a partnership. The plan identified that communication was to be enhanced. I think this means opening up the door for discussion for areas of improvement all the way from parents and providers to the State ECI Board. The strategic plan also discussed the importance of using data to drive well informed discussion while making decisions and looking at ‘field accepted’ standards. I took away from this portion of the strategy, that this should help determine priority of services and assist in identifying problems in all areas. This could aid to bolster a program or alternatively cause a decision to allow funding to go to some other program if a various program is repeatedly not meeting widely accepted standards for competency.

The plan stressed the importance of ensuring that ALL children had access to high-quality programs focusing mainly on children living in poverty, minority groups or other at-risk circumstances. The plan discussed that we needed to be committed to addressing barriers that exist preventing access to programs. The plan also again stressed that data is important to determine what at risk groups are in particular areas and what can be done to make sure they receive the best programs possible.

The plan finally discussed ways to obtain public awareness to inform, educate, actively engage parents, communities and businesses in the value of the first 2000 days as the most critical stage of the human lifecycle for children's health and success. In this day and age, it is important to consider all media and social media outlets for increasing awareness or even advertising a program to the community. The ways that the plan wrote about to assist in addressing existing issues contained both small and larger scale ideas. The plan spoke about engaging state groups and businesses to become more involved in the legislative process regarding funding and policies of the State ECI. The plan also discussed smaller scale items that could make a large impact, like developing; web pages, public engagements and even just talking to a college or friend about the ECI, programs involved and the goals of the organization to increase knowledge and understanding of the ECI. I think the plan overall demonstrates that the children and the services provided to them are the most important, while illustrating that every component of all of the various ECI related groups need to continue to work together towards our common goals.

14. ALICE: A Study of Financial Hardship in Iowa 2018

The ALICE Report for Iowa provides the most comprehensive look at the population called ALICE – an acronym for Asset Limited, Income Constrained, Employed. ALICE households look at incomes above the Federal Poverty Level but struggle to afford basic household necessities through a determined ALICE Threshold. The ALICE Threshold is the average income that a household needs to afford the basic necessities, which include housing, childcare, food, transportation, health care, and a smart phone. In Cedar County ALICE households are at 30% and in Jones, at 36%. Statewide 37% of households are struggling and 66% of jobs pay less than \$20 per house, with more than half of those paying less than \$15 per hour.

15. Working in Early Care & Education in Iowa – 2016

QRS Participation – Statewide just over half of all early care and education programs participate in the QRS program (55%). 39% achieve a level 3, 4, or 5. 16% remain at level one or two. QRS participation and levels differ across CCR&R Regions. Region 5 programs are far less likely to be involved in QRS with just 24% participating at a level 3, 4, or 5.

Workforce earnings in Iowa are low. The median director self-reported hourly wage is \$17.07 or annualized to \$35,506. The lowest paid teachers earned an hourly median of \$9.00 per hour and the typical highest hourly wage for teachers was \$12.00 per hour. For assistant teachers, the median lowest hourly wage was \$8.00 and the median highest wage was \$9.94.

27% of teachers and assistant teachers left their programs within 12 months.

Recommendations: 1) Increase funding for and participation in TEACH, educational support; 2) increase funding for and participation in WAGES, a salary supplement; 3) require all directors have at least an associate's degree; 4) encourage NAEYC program participation in QRS; 5) create additional incentives and increase funding for these incentives for QRS participation; and 6) increase Child Care Assistance reimbursement rates.

16. Cedar/Jones ECI Child Care Provider Needs Assessment - 2018

- 34.62% report supporting needs training needs for childcare providers as the number 1 initiative needed to enhance program quality.*
- Location (in-county) was the most important factor utilized when determining whether or not to attend a training, with the topic being the second most important factor, followed by cost and length of training.*
- 57.5% of childcare providers believe there are an adequate amount of trainings offered in their area and 43.75% believe there needs to be more trainings offered in their area.*
- 88.73% believe there is adequate CCR&R consultation.*
- 8.45% utilize services offered by the CCNC monthly 18.31% 2-6 times annually, 23.94% annually, and 49.3% have never utilized such services.*
- 11.27% utilized CART services monthly, 16.90% 2-6 times annually, 26.76% annually, and 45.07% have never used CART services.*