Thriving Families Alliance: ECI Community Needs Assessment 2021

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Note. Thriving Families Alliance is the collaborative entity formerly known as Thriving Families Alliance, and will be referred to in this report as Thriving Families Alliance (or TFA, where appropriate).

i2d2
Iowa's Integrated Data System for Decision-Making

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Community Needs Assessment: Final Report

Introduction

Through Early Childhood Iowa (ECI), every community is provided resources and tools to help them develop capacity to fulfill a commitment to ECI's vision that "*Every child, beginning at birth, will be healthy and successful*." ECI legislation (256I.8) outlines the duties of local area boards to include the development of a comprehensive community plan for providing services for children from zero through age 5. This plan should align with legislative duties to administer ECI grant funds and annually monitor the effectiveness collaboration efforts designed to strengthen system coordination and affect ECI desired results areas. These Results Areas are:

- Healthy children
- Children ready to succeed in school
- Safe and supportive communities
- Secure and nurturing families
- Secure and nurturing early learning environments

The current community needs assessment was conducted as part of the community planning process led by Thriving Families Alliance, fiscal agent for the Pottawattamie County Early Childhood Iowa Area Board. A team of faculty, students, and staff from Iowa State University and Iowa's Integrated Data System for Decision-Making (I2D2) conducted the needs assessment as an independent contractor of Thriving Families Alliance with funding from the Iowa West Foundation. This community needs assessment included five relevant data collection efforts. First, a comprehensive review of prior needs assessments, stakeholder program reports and documents, and a series of debriefing meetings with Thriving Families Alliance leadership helped frame the priority questions and participants that would be included. Next, a secondary analysis of county-level demographic and services data from national and state data sources contained within I2D2 (similar to those used in the 2019 Statewide Needs Assessment) was conducted. Key informant interviews were simultaneously conducted with 8 identified community partners. A family survey was electronically collected from families with young children. Two focus groups were also conducted to gather input from community providers and other stakeholders about strengths and challenges in program coordination and family engagement.

Findings contained within this report were shared with Thriving Families Alliance leaders and Iowa West Foundation funding partners prior to stakeholder engaged learning sessions. From June – October 2021, a series of stakeholder meetings were then conducted to digest the findings and inform the comprehensive community plan (presented elsewhere).

Executive Summary

National and state data were analyzed with a focus on Pottawattamie County to show comparisons of relevant indicators to Iowa statewide averages as well as other counties surrounding Pottawattamie and counties of similar size across the state. Three relevant patterns were identified. First, some indicators demonstrated improvements compared to prior years – including children 0-5 with oral health services, and rates of birth to teen mothers, infant mortality, school dropout, and unemployment. Other indicators demonstrated that children in Pottawattamie County have higher risks that do not appear to be dissipating – these include low-birthweight, poverty, birth to a single mother, and low-maternal education. Lastly, some risks appear to be getting more prevalent over the last several years – including child abuse rates and overall cumulative risk counts (i.e., the sum of risks an individual child has that are identifiable at birth including low birthweight/preterm birth, poverty, low maternal education, birth to a single mother, birth to teen mother, or prenatal tobacco exposure). Uniquely, while statewide averages show declines (or steady state) in birth to single moms, birth to moms without a high school education, and cumulative birth risk – these risk appear to be rising for children in Pottawattamie County.

A family survey was also collected with questions that mirrored the 2019 Statewide Needs Assessment. Findings from 112 respondents corroborated statewide findings that the top concern of families is affordable and accessible child care. Barriers to services reported by families included waiting lists and service costs, with concern expressed that some families with income too high to meet eligibility for services but too low to afford the costs of services are “stuck” without access to what they need. The most frequently reported service used was mental health (51%) followed by food assistance (38%). A subgroup analysis was conducted with families in the survey who reported lower income (<$50k/year), which suggested that lower-income families struggle more with access to transportation and housing affordability, and also report less knowledge about available services (including mental health and child care).

Results of focus groups and key informant interviews revealed several important priority areas related to access to services, culture and language, mental health services, and workforce challenges. Similar to the statewide findings, this community feels access to child care is a major challenge that includes long waiting lists and high costs. A unique priority for Pottawattamie County is serving the Spanish-speaking community, with challenges including a lack of sufficiently trained translators. Similar to other areas of the state, there is a lack of mental health providers available. Additional areas of concern were challenges with insurance providers, particularly as Pottawattamie is a border county where some services might be “available” nearby but they are not covered by Iowa-based insurers. A final concern is reflected in the overall lack of workforce – service providers expressed concern with an inability to hire and retain staff given the context of low wages, stressful work, and work hours.

Background

Thriving Families Alliance (FKA Promise Partners) prior community plan for Pottawattamie County outlined findings from a comprehensive needs assessment conducted in 2014 and plans for how stakeholders would focus resources and collaborative efforts between 2014-2017 (Promise Partners Community Plan, 2015)[1]. The community needs assessment included a review of other agency reports, a family survey and provider survey, community partner focus group, and a board team retreat with SWOT analysis. Findings from this 2014 assessment documented increasing diversity of families in terms of both race/ethnicity as well as increasing numbers of families living in poverty in Pottawattamie County compared to other Iowa counties and the state, as a whole. Also documented were higher child poverty rates, single parent households, and use of food assistance compared to state rates. Surveys revealed family and provider concerns for child behaviors, mental health, and affordable child care.

The 2014 Community Plan also noted Thriving Families Alliance as a key asset, as it integrates Early Childhood Iowa, Maternal Infant and Early Childhood Home Visiting, De-categorization, Community Partnerships for Protecting Children, and other initiatives to maximize resources and bring together partners to support collaboration. Other assets noted in this review were the increased collaboration and networking through Community Partners meetings, that coordinated intake had increased collaboration of family support providers, and the county's PreK consortium with multiple funding partners. Challenges noted during the prior needs assessment included a lack of jobs, under-skilled workforce, high child abuse and poverty rates, high needs for mental health and substance use, and transportation (both in urban and rural areas).

As a result of the 2014 community needs assessment, the local ECIA board set priorities for their work: (1) provide preschool support for low-income families; (2) provide evidence-based family support and parent education to at-risk families; (3) provide access to quality learning environments; and (4) promote social/emotional/behavioral health for young children and families.

Since 2014, community partners have been hard at work on these priorities through various identified strategies to invest resources and emphasize collaboration. There has been an increased focus on family engagement to identify families who could benefit from services and connect them with what they need. Part of this work was increased focus on collaboration, including expanding a system for coordinated intake with the goal to identify family needs and refer them to the services most appropriate to meet them. Professional consultation has been provided to increase the quality of early learning environments, as well as supports for child care providers to participate in the state's Quality Rating System. Efforts to support children's behavioral needs have included training for teachers and curriculum in preschool and child care settings to address positive behavior in the classroom.

[1] Promise Partners Pottawattamie County's Alliance for Youth. (December 2015). Community Plan. Prepared for Early Childhood Iowa Area.

2019 Statewide Needs Assessment Review

In 2019, a comprehensive statewide ECI Needs Assessment[1] was conducted to better understand how the state was doing addressing collaboration and coordination efforts, and to identify opportunities to advance the ECI vision with a 2020 Strategic Plan. Findings from this work informed the types of questions and approach that was used for the Pottawattamie County needs assessment in 2021 (contained in this report). The statewide needs assessment included the first use of Iowa's Integrated Data System for Decision Making (I2D2) to understand unduplicated counts of children across Iowa's early childhood programs, and document the needs of families from across health, education, and child welfare service areas. It also included family and provider surveys, family and provider focus groups, and a series of strategic planning sessions to outline the statewide plan for addressing gaps and strengthening coordination. A review of these findings is provided below to set the context for considering results of the assessment within Pottawattamie County.

One key finding from the 2019 statewide needs assessment was that 73% of children born in the state of Iowa had at least one center-based prekindergarten experience (e.g., Head Start, Statewide Voluntary Preschool, private preschool) prior to enrolling in public school. Using integrated data from public health and child care assistance, ***some children were identified to be less likely to participate in preschool*** experiences including children born to unmarried mothers or moms without a high-school education, children with inadequate prenatal care, and Black, Hispanic, or multiracial children.

Across family and provider surveys and focus groups, ***access to child care was identified as the most significant concern***. Families reported significant barriers that included waitlists and the cost of care, with additional concerns related to transportation and services for children with disabilities. Further, the challenge with child care access and cost was seen as a direct contributor to challenges in the workforce as parents are less able to participate consistently. Follow-up analysis by I2D2 revealed that the annual cost of the child care crisis to Iowa taxpayers, businesses, and families through lost revenue and workforce turnover is over $369 million[2].

The statewide needs assessment also revealed a ***need to focus on family engagement and communication***, as it was clear that not all families had access to information about what types of services are available or how to best connect with them if they are needed. In fact, the primary source of information about services was reported by families as word of mouth – rather than through formal channels. Families also reported unmet needs in mental health services, behavioral specialists, housing, transportation, and local health care specialists. Across both families and providers, concern was expressed about the availability of services for low-income, working families who are just above the income eligibility guidelines for many public programs.

Findings from provider surveys and focus groups corroborated family sentiments related to affordability, access and low wages with an emphasis on the needs in the area of mental health. Providers

[2] July 2019. Riser, Bruning, Gress, & Rouse. Estimated cost of the childcare shortage in Iowa. I2D2 Policy Brief Prepared for Early Childhood Iowa.

shared ***challenges with recruiting and retaining qualified staff***, particularly in rural areas (though an identified strength was found whereby places that are able to recruit staff are more likely to retain them in rural areas compared to urban areas). Providers reported considerable waiting lists, particularly for infant care, and that many centers do not operate at "full capacity" due to quality considerations or that they are unable to fully staff their centers.

Another identified theme was that ***providers strongly supported the idea of needing a coordinated intake process*** to help identify family needs and to support referrals and transitions among providers. It was noted that there are some areas of the state that are developing systems for this, but there are not universal supports for it statewide that may be beneficial for strengthening a fully coordinated system of care. Particularly where many programs are not operating at full capacity, combined with data that show there are more than enough families with identified needs, the pursuit of opportunities to better coordinate and match needs with the appropriate services was a high priority.

Purpose of the 2021 Pottawattamie County Needs Assessment

The purpose of the current 2021 Community Needs Assessment was to update the Pottawattamie community profile and discuss improvements and ongoing challenges relative to state averages and relative to prior years within Pottawattamie County. It was designed to align with the statewide needs assessment presented above, but also included specific priority questions identified by Thriving Families Alliance and other community stakeholders. Data collection was designed to uncover actionable intelligence about the successes and challenges since the 2014-2017 Community Plan. The goal was to have a comprehensive set of information to inform a new Thriving Families Alliance Community Plan for 2022.

Methods

The needs assessment process involved several data collection efforts and analysis that were conducted by partners at Iowa State University with systematic input from Thriving Families Alliance and the Iowa West Foundation throughout. First, the team reviewed existing resources and reports from local partners including the 2014-2017 Thriving Families Alliance Community Plan, US Census Data, All Care Health Center, West Central Community Action Annual Report, Centro Latino Needs Assessment, and Mental Health/ACEs Call to Action Report (local Prevent Child Abuse Council). Next, a series of semi-structured interviews were conducted with representatives of partner agencies including Child & Family Resource Network, Child Care Resource & Referral, Visiting Nurse Association, Family Inc., Area Education Agency, Lutheran Family Services of Nebraska, Inc. and Centro Latino of Iowa. The purpose of these interviews was to understand how the context of Pottawattamie County has changed over the last few years, identify relevant needs and strengths in partnerships, and discover particular pain points or opportunities for partnerships across community stakeholder groups. A family survey and two community partner focus groups were also conducted to collect additional feedback on needs and strengths.

Key Informant Interviews. Eight semi-structured interviews were conducted using a qualitative action research method. Using purposeful sampling, the target population included a variety of key participants from the early childhood system in Pottawattamie County, ranging from program directors to front line workers. A subset of early childhood stakeholders were selected to ask more in-depth questions about the strengths and weaknesses of individual organizations as well as with coordination among them. Due to the COVID-19 pandemic, all interviews were conducted virtually and recorded from start to finish by the interviewer. The interviews stayed consistent; the interview questions were verbally asked by the interviewer. With participant consent, each interview was electronically recorded, and the interviewer took notes on all additional observations made throughout the interview. Succeeding the interview process, the Public Science Collaborative Transcription Tool transcribed each interview verbatim. Each transcription was verified by the research team to ensure accuracy.

Family Survey. A survey to solicit family input on Iowa's birth-to-five system was originally designed by the ECI Preschool Development Grant Core Team and members of the ECI Steering Committee for the 2019 ECI Statewide Needs Assessment. The purpose of the survey was to better understand how families learn about birth-to-five services, experiences families have with programs, and barriers families may encounter when accessing programs and services. This survey was adapted for the current community assessment to include questions relevant to specific needs identified by Thriving Families Alliance staff, through prior community-level needs assessments, and in response to themes identified through the key stakeholder interviews conducted in April of 2021. The final family survey comprised 39 questions for families with young children in Pottawattamie County regarding their opinions and experience about early childhood program strengths and needs. To reduce bias the survey was translated into Spanish and distributed in the same format as the English survey. They survey was distributed by Thriving Families Alliance Area Board Director via email, QR code and posted in local establishments in May 2021.

Focus Groups. Community Partner Focus Groups were also conducted as part of the 2019 ECI Statewide Needs Assessment, and adapted for use with the current community assessment. The purpose was to gain a better understanding of providers' perspective on their experiences on the access and availability of services for families and cross-organization communication and support. Two focus groups were facilitated by the I2D2 team, comprised of 6 overarching questions. Purposeful sampling was used to identify key stakeholders in the early childhood community to participate in the focus groups. Due to COVID-19, focus groups were conducted virtually via Zoom. The format of the focus groups allowed for recording of the focus groups which were then transcribed for supplemental learning and report writing through the Public Science Collaborative Transcription Tool.

Secondary Analysis. A particular area of strength for our community needs assessment included the use of Iowa's Integrated Data System for Decision-Making (I2D2; i2d2.iastate.edu) to conduct a secondary analysis of child-level records across public health, education, and human services systems. Within I2D2, individual administrative records were integrated using deterministic and probabilistic matching and anonymized for analysis purposes. Additionally, this needs assessment included aggregate data collected from U.S. Census and Iowa Departments of Public Health, Education, and Human Services.

Lastly, a stakeholder "data dive" was conducted to share findings from across the multiple data collection efforts, digest meaning from the data, and inform strategic planning efforts. After the data dive the ISU team worked collaboratively with C1C to transition into the second phase of work to articulate the Thriving Families Alliance Community Plan (which was then led by C1C).

Summary of Findings

The following narrative summarizes the information learned from the multiple data collection and analysis efforts that are grouped into four priority topic areas: (1) describing the children birth-to-five of Pottawattamie County, (2) Pottawattamie County's early childhood program capacity and access, (3) Pottawattamie County workforce capacity and professional development, and (4) family engagement and program coordination. Each priority topic area includes a review of findings from prior reports as well as specific findings from new data that were collected during the current community needs assessment (with references in parentheses to where in each Appendix the specific tables or charts can be found). Full reports of each data collection effort are provided in separate Appendices.

1. Who are the children of Pottawattamie County?

1a. Summary of Prior Reports.

The 2014-2017 Pottawatomie County Needs Assessment provided an overview on key indicators of wellbeing for children under the age of 6 (see Table 1). This report highlighted two important demographic trends. From 2000 to 2010 Pottawattamie County has seen an increase in population from 87,704 to 93,158, with nearly 24% of the total population being under the age of 18. The increase in population has also brought a 3.3% percent growth in population diversity, with 7.2% of the population being Hispanic or Latino, with increases in Hispanic children outpacing other groups. The percent of young children living in poverty is increasing, the poverty rate increased from 13.1% in 2004 to 24.2% 2011. In the academic school year 2014-2015, 42% of kindergarten through 12th grade students in Pottawattamie County were eligible for free or reduced lunch.

Table 1A. Child and Family Indicators from 2014-2017 Needs Assessment

Indicators	Baseline	Trend	Data Source
Low Birth Weight	6.4%	Increasing	Iowa Department of Public Health
Prenatal Care	85%	Steady	Iowa Department of Public Health
Preschool Enrollment	37.9%	Steady	United States Census Bureau
4th Grade reading Proficiency	69.8%	Increasing	Iowa Department of Education
Child Poverty Rate	12.4%	Increasing	United States Census Bureau
Unemployment Rate	2.5%	Decreasing	Iowa Workforce Development
Child Abuse & Neglect	14.7%	Increasing	Iowa Department of Human Services
Percent Early Care Providers rated 2-5 on the QRS	16%	Increasing	Iowa Department of Human Services

1b. Results from New Data Collected.

To supplement the already existing data, I2D2 allowed for a comprehensive picture of unduplicated counts of children's characteristics and risk exposure at birth, preschool enrollment, use of center-based child care or preschool experiences during the year prior to kindergarten. The following is a summary of major findings. A full report of the technical details about the integrated data collection analysis and findings can be found in Appendix A.

Table 1b. Results from New Data, Summary of time trends 2010-2020

Indicator	Direction of change during decade			Comparison to state
	Poorer	Similar	Better	
National and state indicators				
Percent low birth weight		X		Higher % children than State in 2020, but similar in 2016-2019
Child immunized by age 2		X		Lower % than State since 2013 due to State-level increase
Oral health service age 0-5			X	Slightly higher (5%) than State, due to County's increase
Children with no dental problems*		X		Rate was similar in 2017 and 2019, but higher than state in 2018
Rate births to teens			X	Higher rate than State, but gap has closed significantly
Rate of births out wedlock	X			Higher rate than State over time
Infant mortality rate			X	County level was much higher in 2000-2004, and currently lower than State
Child poverty			X	% was higher than State in 2010. It has been similar since 2016
Child abuse		X		Rate was similar in 2010-2013. It has been higher since 2014
LEP		X		Lower % than State due to State-level increase
FRL		X		Higher % than state most years
School dropout			X	Similar % than state
Unemployment			X	Same as state over time
I2D2 data on birth trends				
Poverty	X			
Unmarried mothers	X			
Low mother education	X			
Teen mom			X	
Low birth weight			X	
Inadequate prenatal care		X		
Tobacco		X		
Cumulative: 2 or more risks	X			Higher % than State over time
*** Calculated across three years only**				

The following is a summary of major findings from the 2021 Pottawattamie County I2D2 cohort study:

Risk experiences of children from Pottawattamie County

- In 2017, 79% of Pottawattamie County's children had exposure to at least 1 risk at birth that is known to significantly influence kindergarten outcomes. The risks assessed are poverty, low maternal education, born to a teen mother, born to a single mother, inadequate prenatal care, preterm/low birthweight, or smoking during pregnancy.
- I2D2 data indicates that Pottawattamie County showed a sharp increase in the percentage of children who experienced two risks or more at birth, from 49.55% in 2007 to 61.9% in 2017. This contrasts with Iowa's statewide trend which decreased from 43% to 41.5% during that same decade.
- In 2017, 70.2% of children in Pottawattamie County experienced poverty at birth, the most prevalent birth risk in the county.
- In 2017, 52.7% of children in Pottawattamie County were born to a single mother, the second most common birth risk in the county.
- The prevalence of birth risks has changed over time, revealing mixed patterns. Poverty, being born to a single mother, having a mother with low education, and experiencing 2 or more birth risks increased between 2007 and 2017. Simultaneously, inadequate prenatal care and prenatal tobacco exposure have remained constant and being born to a teen mom or with low birth weight decreased during this same decade.
- 43.8% of Pottawattamie County's children entering kindergarten in 2017 experienced no form of preschool or center-based experience the year before.
- The prevalence of child abuse in the county has varied from 27.5 per 1,000 children in 2010, to 20.9 in 2014, and increasing again to 43.8 in 2018.

2. Pottawattamie County's early childhood program capacity and access

2a. Summary of Prior Reports.

Pottawattamie County's birth-to five mixed delivery system includes comprehensive services, multiple service delivery options, and funding from local, state, and federal sources. While the system prioritizes services for vulnerable and underserved children, the 2014-2017 Needs Assessment suggested continued gaps in available resources and funding, resulting in families' needs not being met. Specific gaps in resources that do not meet the needs for family support were early childhood mental health consultation, outreach activities, and socialization groups. Furthermore, social, emotional, and behavioral health issues were identified in the 2014-2017 needs assessment as high priorities which not only have experienced a decrease in funding but also a reduction in flexibility or access to services. Pottawattamie County invested in quality improvement efforts across the early childhood education system including implementation of the Quality Rating System and the promotion and promoted participation in national accreditation and program performance initiatives through the National Association for Education of young Children (NAECY).

2b. Results from New Data Collected.

The following summarizes findings from family surveys, focus groups, and key informant interviews about Pottawattamie County's early childhood program capacity and access:

Access to Services

- Providers stated they experience difficulty ensuring families in the rural locations have adequate access to the services needed due to problems with outreach, location of the services that would be covered by insurance, and transportation. (Appendix B, Theme 2)
- State-specific medical insurance presented a challenge for families to receive services due to location of service and insurance coverage boundaries. (Appendix D, Theme 1)
- Community stakeholders shared an understanding there is inadequate access to services for moderate-income families. A combination of the shortage of availability in open slots and extended wait lists negatively impact the ability for families to be served. (Appendix D, Theme 1)

Culture and Language

- Stakeholders shared a challenge in initiating connections and building and maintaining relationship with members of the Spanish-Speaking community. (Appendix B, Theme 3)
- An insufficient amount of translators were reported to be employed in Pottawattamie County, including the school districts. (Appendix B, Theme 3)
- Providers expressed a concern for the quality of translators available and encouraged the idea of requesting higher amounts of training to ensure the most accurate translation and interactions with each unique family. (Appendix D, Theme 3)

Barriers in Access to Mental Health Services

- Mental health services were reported as the most used services across participants (50.76%), followed by emergency food assistance (38.07%). (Appendix C, Figure C1)
- An overwhelming majority of stakeholders expressed long waiting lists and cut offs in insurance plans resulting in high costs for families. (Appendix B, Theme 4; Appendix D)
- Stakeholders also reported that families had limited access to mental health providers due to insufficient numbers of therapists, psychiatrists and assessment services for young children and their families. (Appendix B, Theme 4; Appendix D)

Families reported barrier to access

- The most common barrier reported by families was waiting lists, followed by high cost of services. (Figure C4.)
- More than half of participants (56.36%) agreed that the cost of childcare is overwhelming. (Figure C5.)

- 43.3% of families expressed having affordable childcare being the most highly rated priority, followed by availability of child care (28.2%). (Appendix C, Figure C8).

3. Pottawattamie County workforce capacity and retention

3a. Summary of Prior Reports.

Thriving Families Alliance 2014-2017 Needs Assessment addresses a flattened funding situation resulting in inadequate funds for organizations to meet the needs of the families. This could contribute to the low rate of pay possible for employees, resulting in one aspect of retention challenges.

3b. Results from New Data Collected.

The following is a summary of the findings from the family survey, focus groups, and key informant interviews about Pottawattamie County's workforce capacity and retention:

<u>Insufficient early childhood program workforce capacity and retention</u>

- The inability to hire staff, regardless of education level or benefits offered was discussed by numerous early childhood organizations. (Appendix D, Theme 4)
- Providers overwhelmingly reported challenges in wages, stressful types of work and difficult working hours as barriers to improving workforce capacity and quality. (Appendix D, Theme 4)
- Providers stated staff changes and turnover after both short and long periods of time is a concern for how information or networking is shared with new employees. (Appendix B, Theme 2)
- Families and providers share concerns about inadequate training of staff in the early childhood system. (Appendix C, Figure C8 & Appendix D, Theme 4)
- Employee retention is challenging, according to reports of the majority of stakeholders that participated in the Needs Assessment, even when the organizations provide benefits such as tuition and more competitive pay. (Appendix D, Theme 4)

4. Family engagement and program coordination in Pottawattamie County

4a. Summary of Prior Reports.

Even though Thriving Families Alliance already collaborates with a large portion of the community and has shared resources with organizations to help meet mutual goals, there is still a need for more collaboration. A need to increase and improve the coordination between services and organizations to ensure family's needs are being met was suggested in the 2014-2017 needs assessment. This resulted in the proposed implementation of a coordinated intake system to support families in finding the correct services and improve organization's ability to engage with families.

4b. Results from New Data Collected.

New data collected as part of the 2021 needs assessment revealed the following:

Program Coordination

- Providers agreed that although there is a respect for program coordination, there is a clear lack of understanding for what coordinated intake is. (Appendix B)
- The majority of providers stated they held a strong desire for increased collaboration between their organization and other organizations in Pottawattamie County. (Appendix B, Theme 1)
- Only a minority of families (7.8%) reported use of coordinated intake, while 57.8% reported have not used and 34.4% reported not being sure. (Appendix C)
- Stakeholder participants shared that while most providers communicate openly with families about what services they can or cannot provide, there still appears to be some misunderstanding among families as to the different roles of organizations in the early childhood network. (Appendix D, Theme 2).
- A key challenge explained by stakeholders families are struggling to see the system as one big entity, stakeholders views were often that there are many great programs and services in the system, but the needed coordination of systems is not present. (Appendix D, Theme 2).

Family Engagement

- Overall, providers explained there can be challenges when getting and staying engaged with families, the most common challenges are administrative, transitions and staffing. (Appendix B, Theme 2).
- Providers initiated new ways to interact and engage with families since the COVID-19 Pandemic, some in the form so of gift baskets and some transitioning into online platforms to provide services. (Appendix B, Theme 2).
- While some providers and families may communicate well together, many providers indicated that communication can be a challenge between families and agency's just as agency to agency. (Appendix D, Theme 2).

Appendix A. Secondary Analysis

Introduction

Through Early Childhood Iowa (ECI), every community in the state is provided resources and tools to help them develop capacity and commitment to meet ECI's vision that "Every child, beginning at birth, will be healthy and successful." Among these tools are data indicators to support local area boards in their data informed decision making and to monitor progress across five legislatively mandated result areas: Healthy children, children ready to succeed in school, safe and supportive communities, secure and nurturing families, and secure and nurturing early learning environments.

The present report includes detailed information on a set of community-wide measures used in official ECI reports and additional items to inform each of these result areas. Some of these measures are: rate of low-birth weight, infant mortality rate, births to unmarried women, and births to teen mothers. Information was obtained from publicly available National/State databases, such as National Census information, the American Community Survey, or the Iowa Department of Public Health. Another source of data for this report was the Iowa's Integrated Data System for Decision-Making (I2D2; i2d2.iastate.edu). This report presents indicators across a 10-year span (if available) with the purpose to understand time trends of Pottawattamie County and how they compare with statewide levels in Iowa. Furthermore, we have added indicators obtained from the 2019 Early Childhood Iowa (ECI) Statewide Needs Assessment[3], in order to compare Pottawattamie County with counties of similar size or neighboring counties. Taken together, these indicators provide a useful overview of the multiple dimensions of child wellbeing that may impact quality of life for Iowa's young children and their families.

Section 1 compares presents figures and tables of indicators across the last decade are provided. Each figure or table in this section shows the value or percent of each indicator for Iowa and for the State of Iowa. Section 2 presents information obtained from IDS birth records to identify indicators of family risks at the time of birth. Seven individual birth risks were identified: poverty, unmarried mother, low maternal education, teen mother, preterm/low birth weight, inadequate prenatal care, and prenatal smoking. This section shows time trends across 2007-2017 in Pottawattamie County and then uses data from the 2017 cohort to compare risks of children in Pottawattamie and similar counties. Section 3 offers an unduplicated count and percentage of children that had any prekindergarten center-based experiences before enrolling in kindergarten during the 2017-2018 academic year. Finally, Section 4 presents importation information to characterize Latino or Hispanic families in Pottawattamie County.

[3] Full report available at https://i2d2.iastate.edu/wp-content/uploads/2021/01/Rouse-Sept2019-ECI-Statewide-Needs-Assessment.pdf

Summary of Findings

Table A1 presents a summary of how child and family indicators have changed during the last decade and they compare to the indicators of the Iowa State. Evidence shows that Pottawattamie has significantly improved with regard to some indicators: it has increased the percent of children who received dental heath before entering kindergarten, has decreased the number of births to women under the age of 20, and has reduced the infant mortality rate. On other areas Pottawattamie showed less salient, but still positive improvement on reducing the number of children that fare below poverty level, high school dropout, and unemployment rate. Our analysis also showed that some indicators also declined for Pottawattamie County. Specifically, the percent of children immunized by age 2 decreased and the number of births to women out of wedlock increased. Notably, Pottawattamie evidenced some increases during the last decade regarding several indicators. These changes may suggest that the county may need to closely and continually assess changes in those indicators to understand what could be causing them to vary. This could be especially true for data after 2020, as the disruptions caused by the pandemic could have made these indicators even more susceptible to change. The indicators that we found to be increasing were the percent children with low birth weight, the incidence of child abuse, and the percent of students who were eligible for free and reduced price lunch.

Analysis of birth risks obtained from integrated data within I2D2 revealed several challenge areas for Pottawattamie. We found that Pottawattamie County experienced a sharp increase on the percentage of children with two or more risks at birth from 49.55% in 2007 to 61.9% in 2017. Comparison to other counties show that Pottawattamie's birth risk levels are similar to those of neighboring counties, regardless of size, suggesting that risks could be influenced by the county's geographic location or their bordering status. When analyzing each individual risk indicator, we found that between 2007 and 2017, Pottawattamie saw an increase in children born to lower-income families, born to unmarried mothers, and to mothers with less than a high school degree. However, during this same decade the percentage of teenage mothers and of children with low birth weight decreased.

When comparing the center-based early childhood experiences of children in Pottawattamie to those of similar counties, we found that less children in Pottawattamie (57.2%) had at least one center-based early childhood experience in comparison to similar counties (68%-81%). The only exception to this pattern was Dallas County, where less children had at least one experience (42.2%), and Mills County, which showed similar rates.

We found that the percent of Latin/Hispanic population is higher in Pottawattamie than in the State overall, but that the percent of families has increased at the same rate in both geographical areas (around 1.3% during ten years). The percent of the Latin/Hispanic population of children aged 0-4 largely surpasses the percent of all Hispanics, as among young children, Hispanics is the fastest growing racial/ethnic group.

Table A1. Summary of time trends.

Indicator	Direction of change during decade			Comparison to state
	Poorer	Similar	Better	
National and state indicators				
Percent low birth weight		X		Higher % children than State in 2020, but similar in 2016-2019
Child immunized by age 2		X		Lower % than State since 2013 due to State-level increment
Oral health service age 0-5			X	Slightly higher (5%) than State, due to County's increment
Children with no dental problems*		X		Rate was similar in 2017 and 2019, but higher than state in 2018
Rate births to teens			X	Higher rate than State, but gap has closed significantly
Rate of births out wedlock	X			Higher rate than State over time
Infant mortality rate			X	County level was much higher in 2000-2004, and currently lower than State
Child poverty			X	% was higher than State in 2010. It has been similar since 2016
Child abuse		X		Rate was similar in 2010-2013. It has been higher since 2014
LEP		X		Lower % than State due to State-level increment
FRL		X		Higher % than state most years
School dropout			X	Similar % than state
Unemployment			X	Same than state over time
IDS birth trends				
Poverty	X			
Unmarried mothers	X			
Low mother education	X			
Teen mom			X	
Low birth weight			X	
Inadequate prenatal care		X		
Tobacco		X		
Cumulative: 2 or more risks	X			Higher % than State over time
* **Calculated only across three years only**				

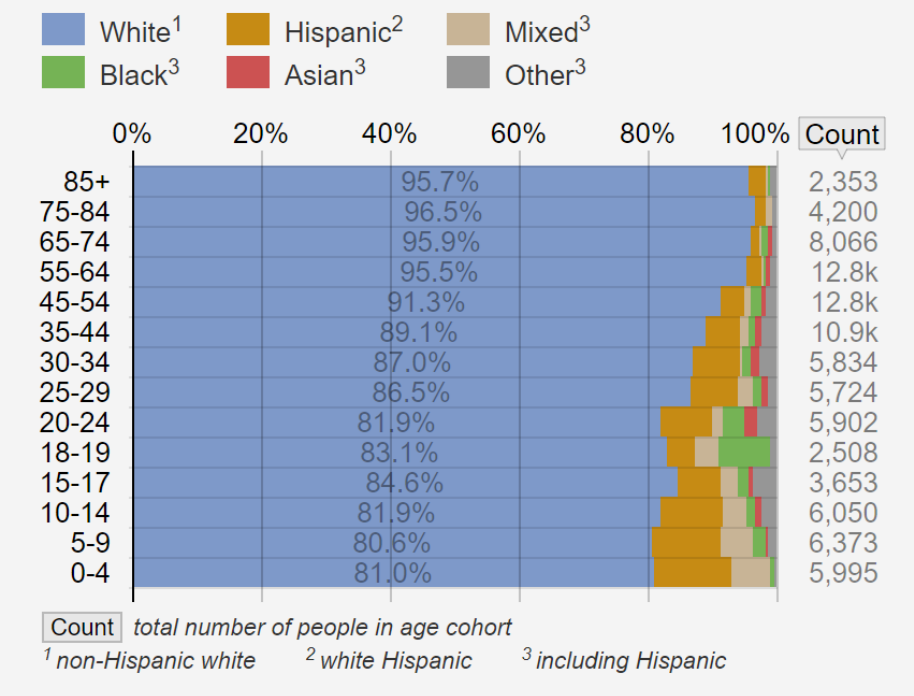
National & State Datasets (Trends & State Comparison)

Part 1 presents indicators of important child and family characteristics in Pottawattamie County and the State of Iowa across a 10-year span. Information in this section was obtained from publicly available National and State databases including the U.S. Census Bureau, Centers for Disease Control and Prevention, the National Center for Health Statistics, and the Iowa Department of Public Health.

Characterization of Hispanic Population

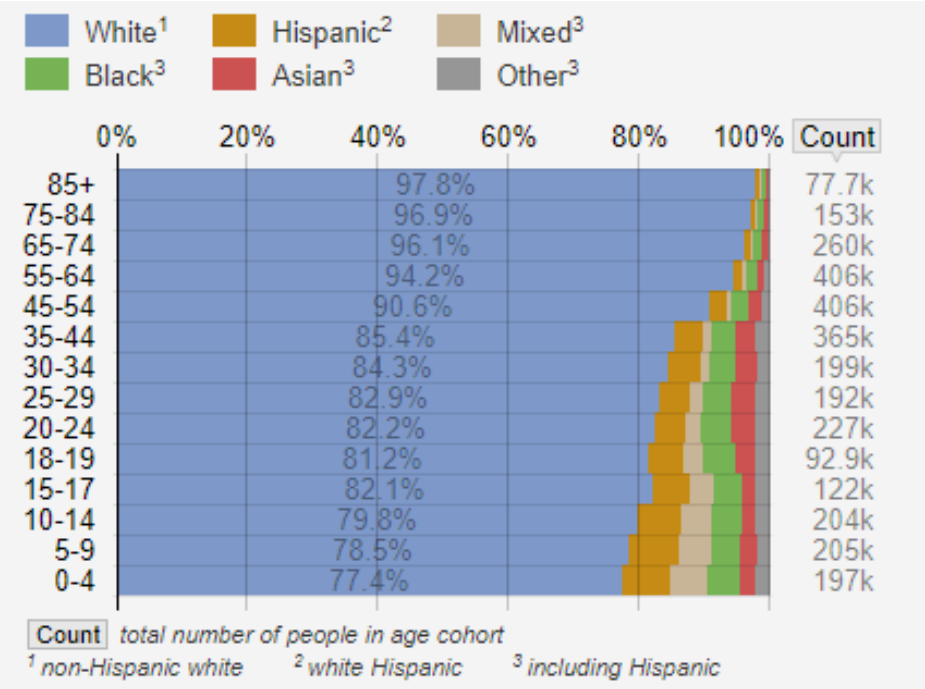
First, we looked into the racial composition at different age categories in Pottawattamie County and statewide. Figure A1 shows that the share of Latin/Hispanics and people of mixed race in the County is larger among young children compared to adults. This contrasts with the age composition of the White population, as the share of White population is smaller among young children than among adults. Figure A2 evidences that this same pattern exists among older and younger populations at the State level, but it also shows that across all age categories, the share of the Hispanic population is larger in Pottawattamie County. Figures A3 and A4 characterize the percent of Latinos/Hispanics in the County and the State. Figure A3 shows that the percent of Hispanics statewide and in the County has been growing since 2010 at a similar rate. It also shows that the percent of Hispanics in Pottawattamie County is consistently higher than in the State overall. Figure A4 evidences that among children aged 0-4, the percent of Hispanics is around 7% higher than in the general population. Surprisingly, there has not been stable growth among Hispanics at this age.

Figure A1. Pottawattamie County race/ethnicity composition by age.



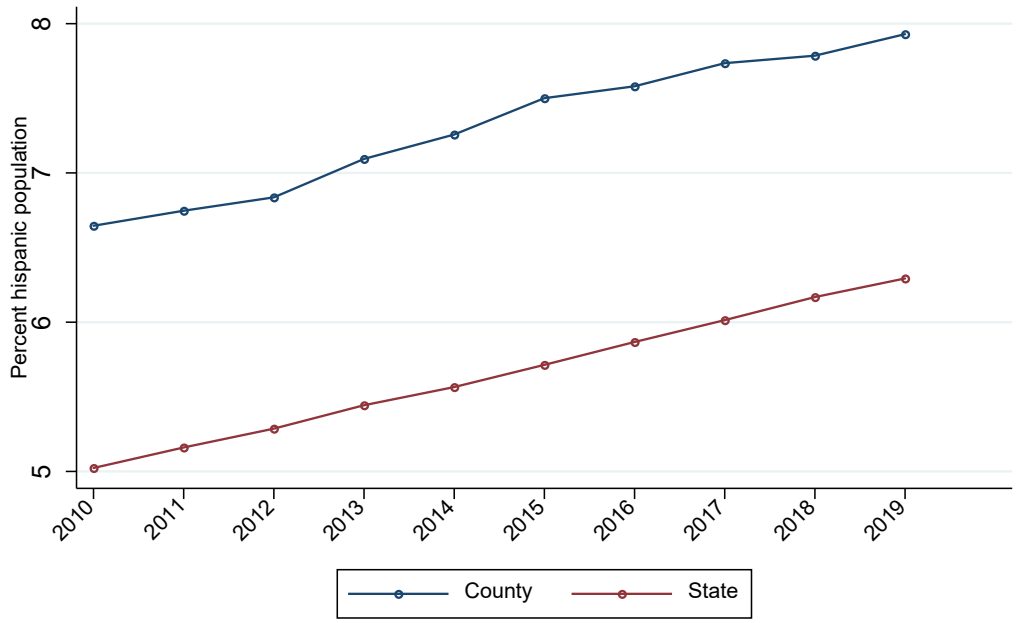
Source. *Race and ethnicity, Pottawattamie, Iowa: Statistical Atlas, 2019. Image retrieved from: https://statisticalatlas.com/county/Iowa/Pottawattamie-County/Race-and-Ethnicity#figure/relative-ethno-racial-composition-by-age*

Figure A2. Iowa Statewide race/ethnicity composition by age.



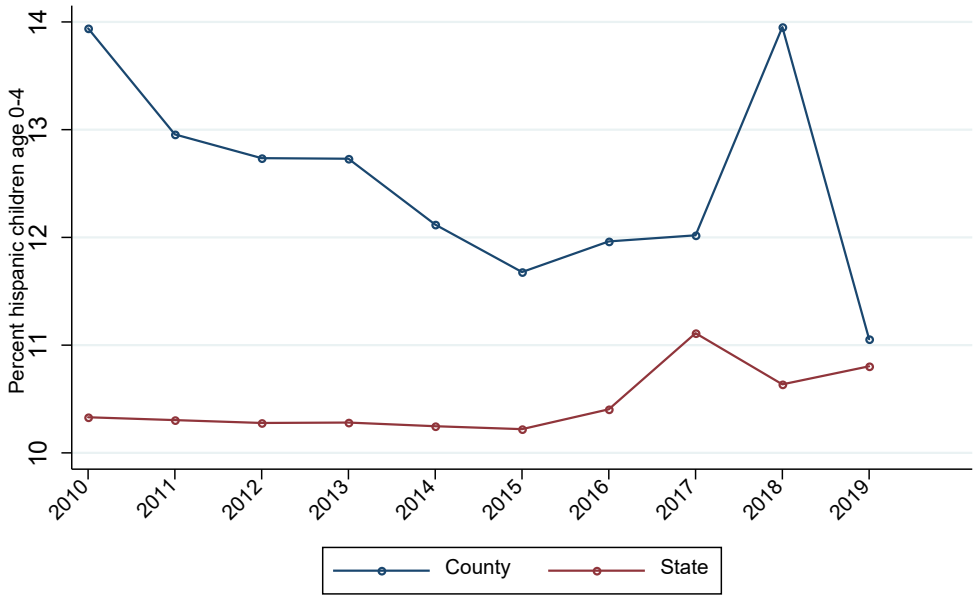
Source. *Race and ethnicity, Iowa State: Statistical Atlas, 2019. Image retrieved from: https://statisticalatlas.com/state/Iowa/Race-and-Ethnicity*

Figure A3. Percent Hispanic/Latino population.



Source: *Percent hispanic population:* Annual Age, Sex, Race and Hispanic origin, 2010-2019, State Data Center
Retrieved from https:https://www.iowadatacenter.org/data/estimates

Figure A4. Percent Hispanic/Latino population age 0-4.



Source: *Percent hispanic population aged 0-4:* Annual Age, Sex, Race and Hispanic origin, 2010-2019, State Data Center
Retrieved from https:https://www.iowadatacenter.org/data/estimates

Table A2. Language spoken at home among children 5-17.

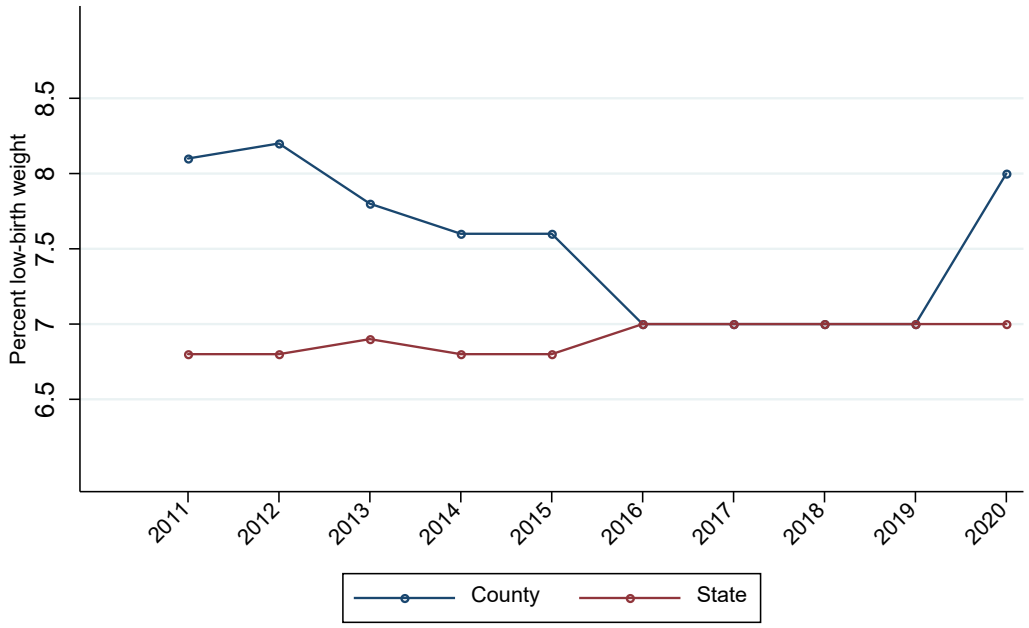
		Population 5-17	Speak only English	Speak other Language	Population speaks Spanish	Pop. age 5 to 17 speaks Spanish
Pottawattamie	N	87,716	81,782	5,934	4,727	1,441
	%		93.2%	6.8%	5.4%	1.6%
Similar size counties						
Dallas	N	80,339	71,444	8,895	3,728	1,119
	%		88.9%	11.1%	4.6%	1.4%
Story	N	92,491	82,399	10,092	1,803	234
	%		89.1%	10.9%	1.9%	0.3%
Dubuque	N	90,864	86,992	3,872	1,805	472
	%		95.7%	4.3%	2.0%	0.5%
Woodbury	N	95,200	79,673	15,527	11,680	3,231
	%		83.7%	16.3%	12.3%	3.4%
Neighboring counties						
Harrison	N	13,267	13,088	179	78	24
	%		98.7%	1.3%	0.6%	0.2%
Shelby	N	11,021	10,700	321	269	97
	%		97.1%	2.9%	2.4%	0.9%
Cass	N	12,426	12,101	325	240	49
	%		97.4%	2.6%	1.9%	0.4%
Mills	N	14,216	13,823	393	228	41
	%		97.2%	2.8%	1.6%	0.3%
Montgomery	N	9,449	9,103	346	299	68
	%		96.3%	3.7%	3.2%	0.7%

Source. *Language Spoken at Home. American Community Survey, 2019, 5-Year Estimates Subject Tables. Retrieved from: https://data.census.gov/cedsci/table?q=Language%20Spoken%20at%20Home&g=0500000US19029,19049,19061,19085,19129,19137,19155,19165,19169,19193&y=2019&tid=ACSST5Y2019.S1601&hidePreview=true*

Characterization of Early Childhood Risks and Services

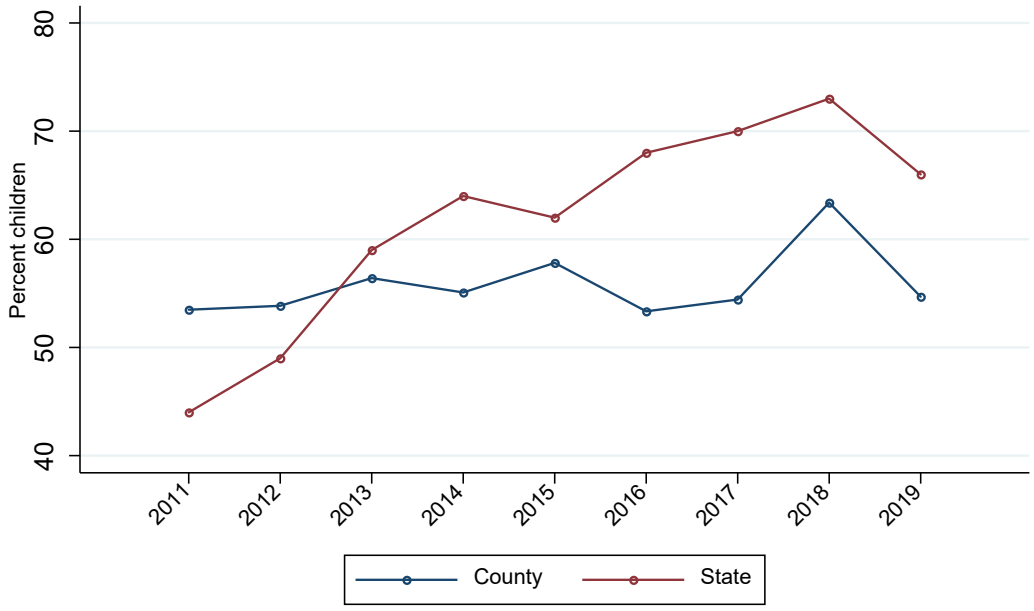
Evidence shows that Pottawattamie has significantly improved with regard to some indicators: it has increased the percent of children who received dental heath before entering kindergarten, has decreased the number of births to women under the age of 20, and has reduced the infant mortality rate. Pottawattamie showed less salient but positive improvement on reducing the number of children that fare below poverty level. Some indicators that worsened for Pottawattamie County across the last decade are the percent children immunized by age 2 and the number of births to women out of wedlock. Notably, Pottawattamie evidenced some variability during the last decade regarding the percent children with low birth weight and the incidence of child abuse.

Figure A5. Low birth weight.



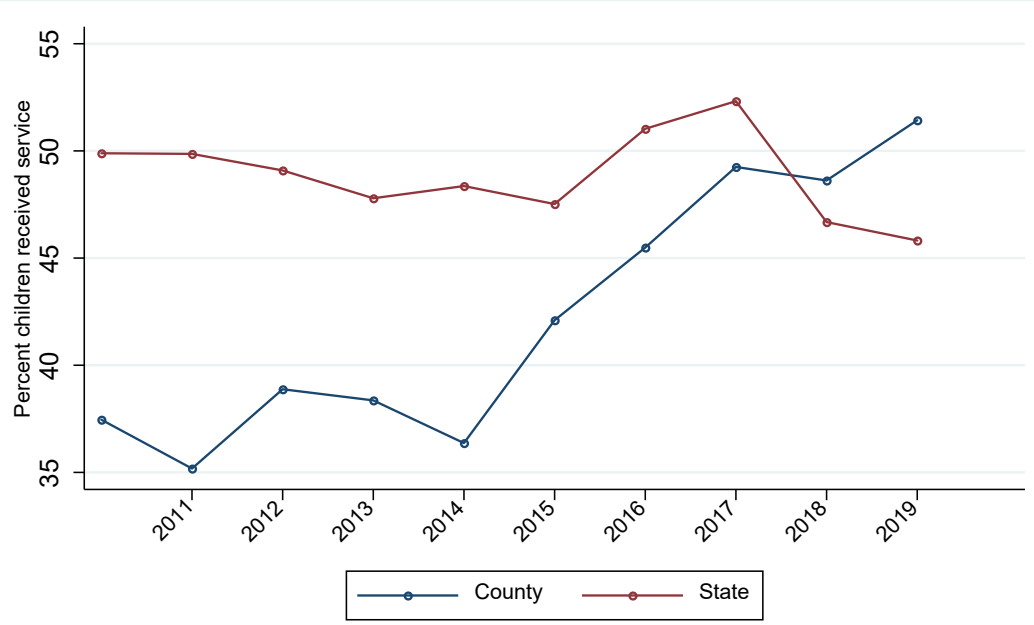
Source: *Low birth weight infants:* Percent low-birth weight infants, Vital Statistics, 2010-2020, Iowa Dept Public Health.
Retrieved from https://idph.iowa.gov/health-statistics/data

Figure A6. Percent children immunized by age 2.



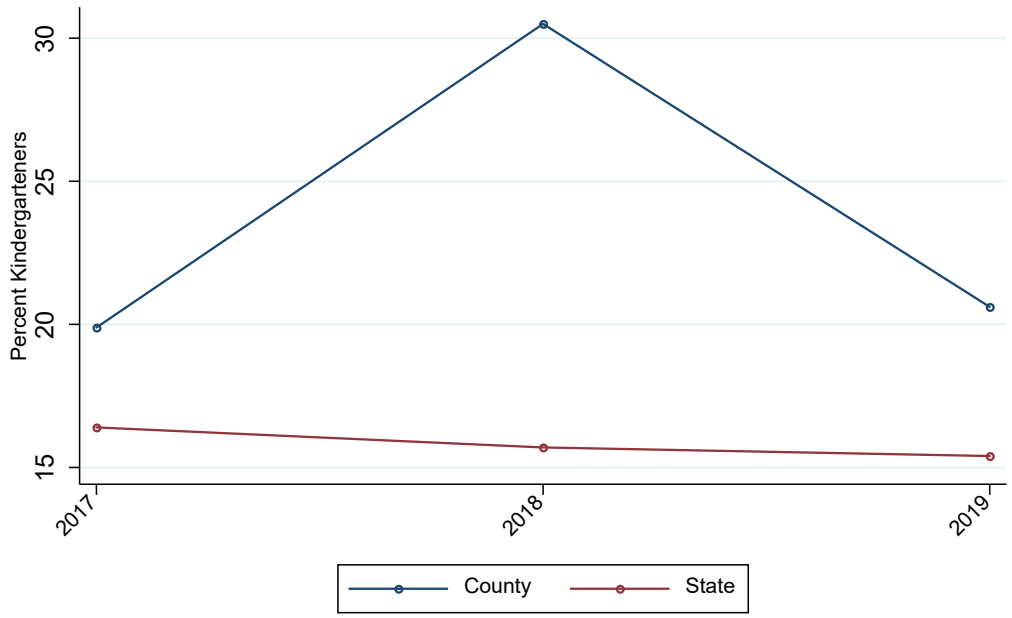
Source: *Percent children immunized by age 2:* 2011-2019, Immunization Registry Information System, Iowa Dept of Public Health, Iowa Dept Public Health Tracking Portal
Retrieved from https://tracking.idph.iowa.gov/Health/Immunization/Childhood-Immunizations/Childhood-Immunization-Data

Figure A7. Percent children 0-5 that received any dental or oral health service.



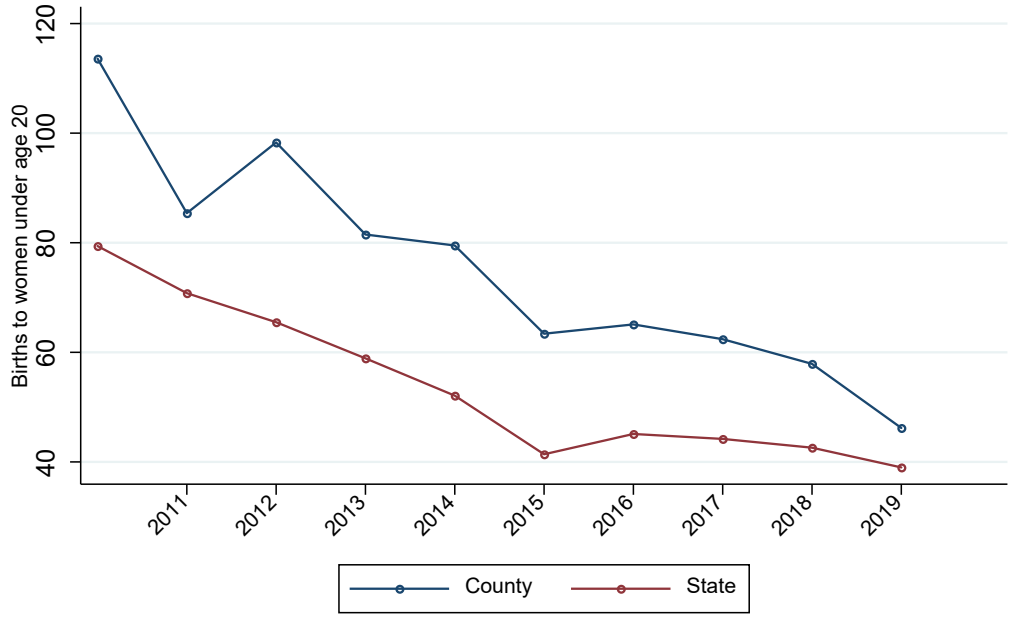
Source: *Dental services or oral health services:* Percent children 0-5 that received any dental or oral health service. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental Services Reports, Iowa Dept of Public Health, Iowa Dept Public Health Tracking Portal
Retrieved from https://idph.iowa.gov/ohds/oral-health-center/reports

Figure A8. Percent kindergarteners with no obvious dental health problems.



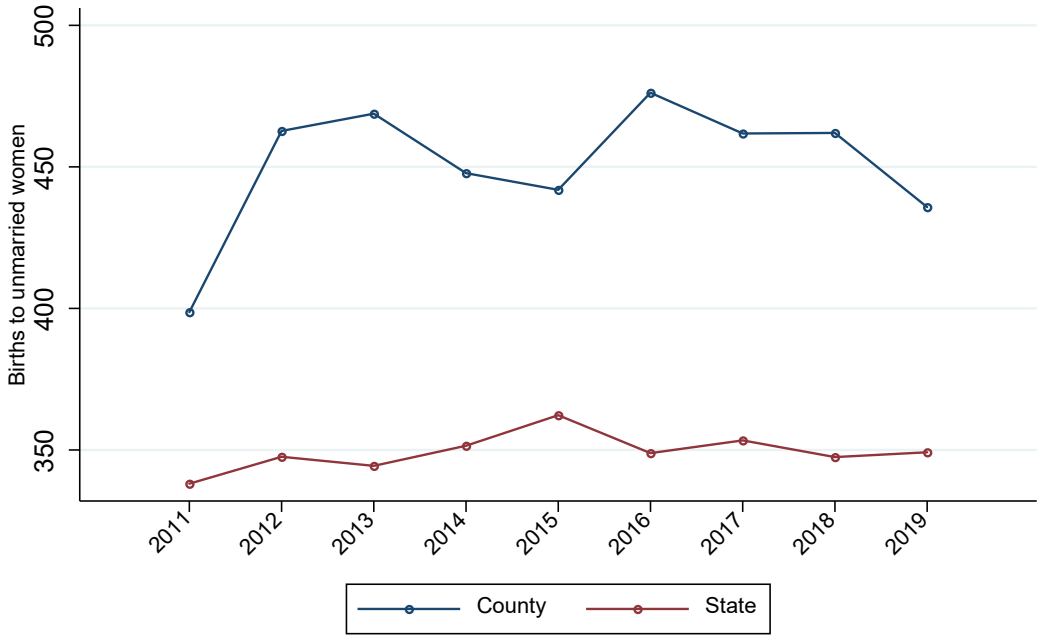
Source: *Children entering Kindergarten without obvious dental problems:* School Dental Screening Audit Report, 2017-2019, Iowa Department of Public Health, Retrieved from https://idph.iowa.gov/ohds/oral-health-center/reports

Figure A9. Births to women under age 20 (rate per 1,000 live births).



Source: *Births to women under age 20 (rate per 1,000 live births):* Vital Statistics, 2011-2019, Iowa Dept Public Health, Iowa Dept Public Health Tracking Portal
Retrieved from https://idph.iowa.gov/health-statistics/data

Figure A10. Births to women out of wedlock.



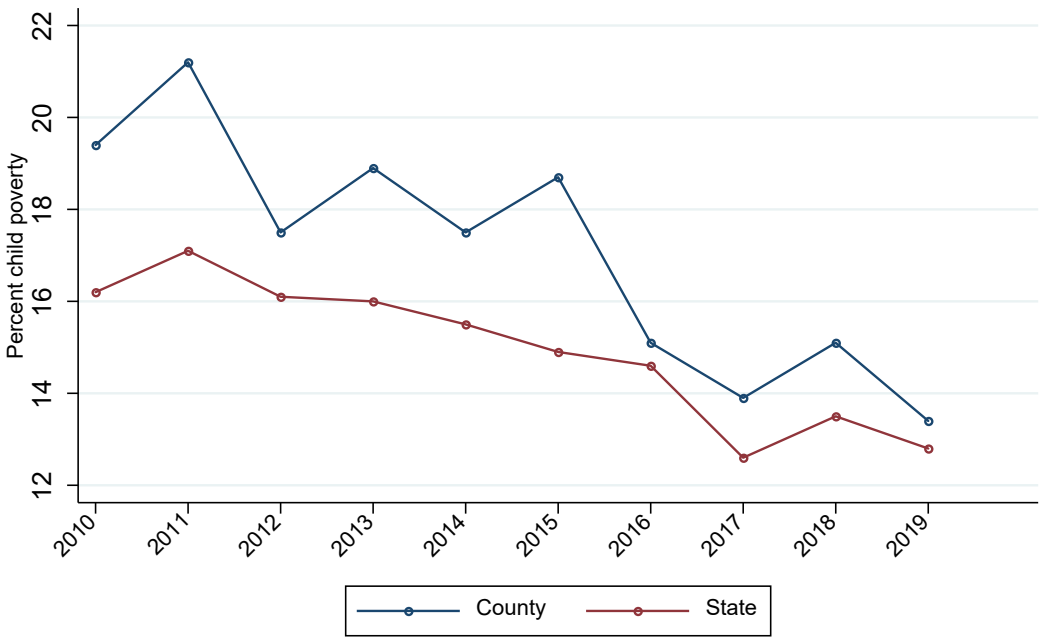
Source: *Births to women out of wedlock (rate per 1,000 live births):* Vital Statistics, 2011-2019, Iowa Dept Public Health, Iowa Dept Public Health Tracking Portal
Retrieved from https://idph.iowa.gov/health-statistics/data

Table A3. Infant mortality rate (per 1,000 live births). Five-year aggregate data.

	County	State
2015-2019	3.36	4.55
2014-2018	4.83	4.60
2013-2017	4.24	4.48
2012-2016	5.57	4.63
2011-2015	5.74	4.49
2010-2014	5.89	4.73
2009-2013	5.16	4.68
2008-2012	5.13	5.00
2007-2011	5.56	5.05
2006-2010	5.95	5.17
2005-2009	7.35	5.31
2004-2008	8.52	5.46
2003-2007	10.41	5.51
2002-2006	10.60	5.51
2001-2005	10.57	5.61
2000-2004	10.19	5.81

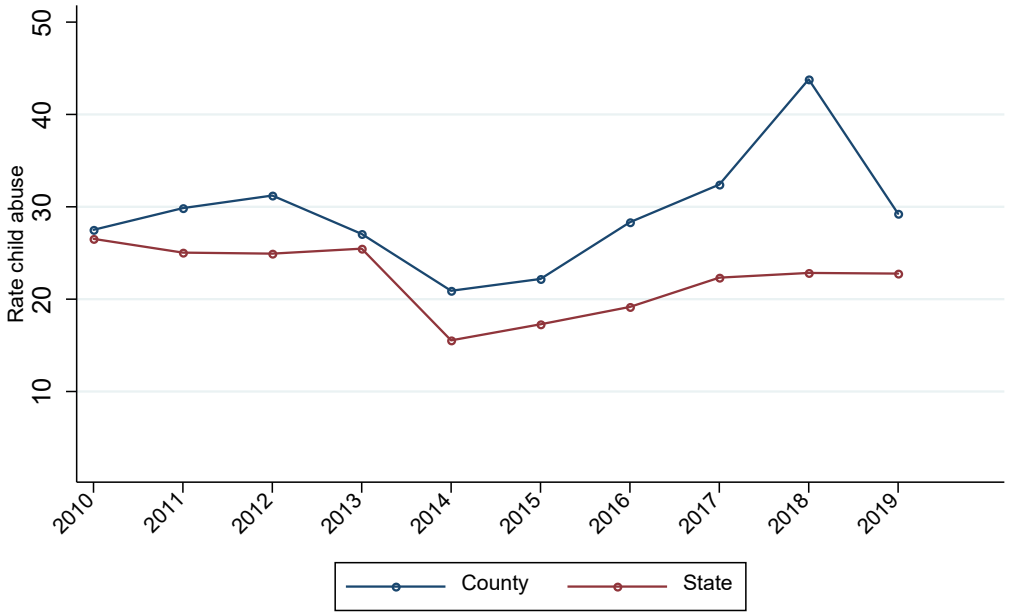
Source. *Infant mortality data (per 1,000 live births): Vital* Statistics, 2000-2019, Iowa Department of Public Health, Iowa Dept Public Health Tracking Portal. Retrieved from: https://idph.iowa.gov/health-statistics/data

Figure A11. Percentage of children age 0-17 who live below the poverty level.



Source: *Child poverty:* Percentage of children age 0-17 who live below the poverty level, Small Area Income and Poverty Estimates (SAIPE) State and County Estimates
Retrieved from https://www.census.gov/programs-surveys/saipe/data.html

Figure A12. Incidence of child abuse among children aged 0-5.

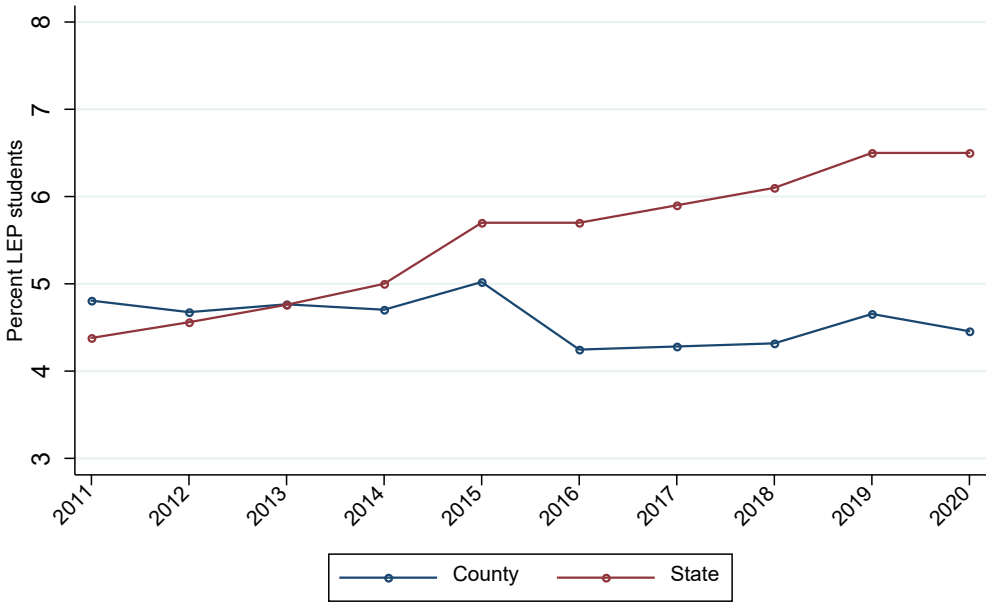


Source: *Incidence of child abuse ages 0-5 (rate per 1,000 children):* Child Welfare data report, 2010-2019, Child Abuse Statistics, Iowa Department of Human Services
Retrieved from https://dhs.iowa.gov/reports/child-abuse-statistics

Characterization of Educational and Human Capital Outcomes

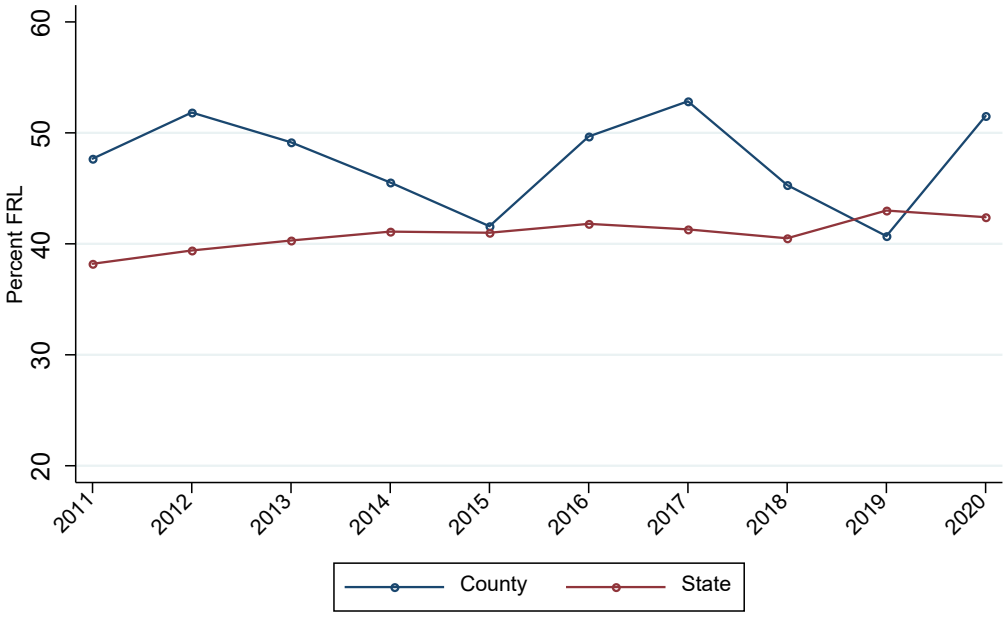
Results showed that Pottawattamie had some improvement in high school dropout and unemployment rates. Interestingly, the percent of English proficient students (Figure A13) has remained mostly stable through the years, while the percent of students eligible for free and reduced price lunch has been very volatile during the last decade.

Figure A13. Percentage of Limited English Proficiency students.



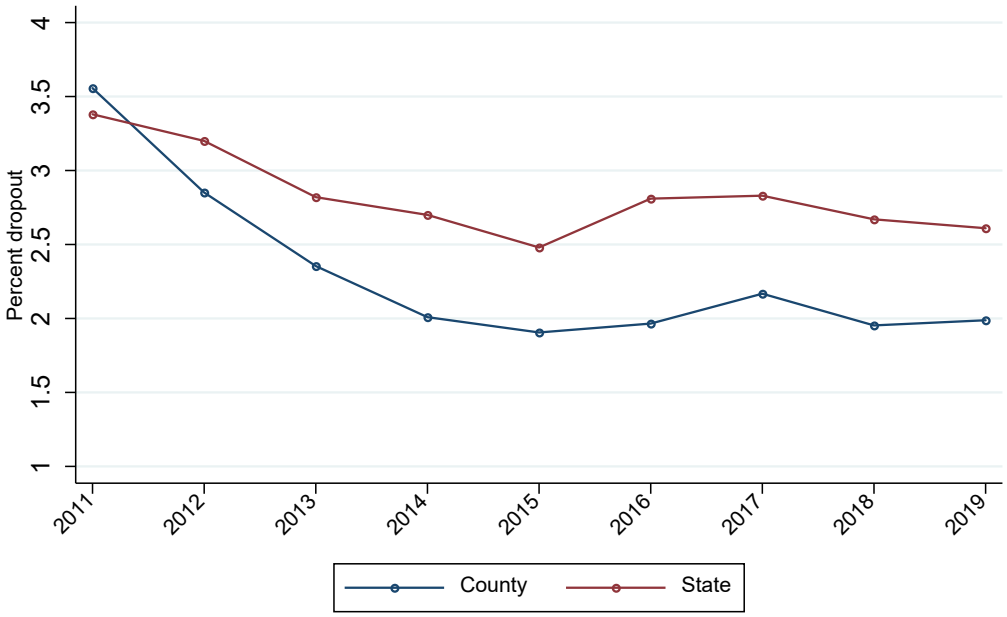
Source: *English language learning students:* Limited English Proficient Students by District and Grade, Iowa Public Schools, 2011-2020 school years. Iowa Department of Education
Retrieved from https://educateiowa.gov/document-type/district-el?page=1

Figure A14. Percentage of students eligible for free or reduced price lunch.



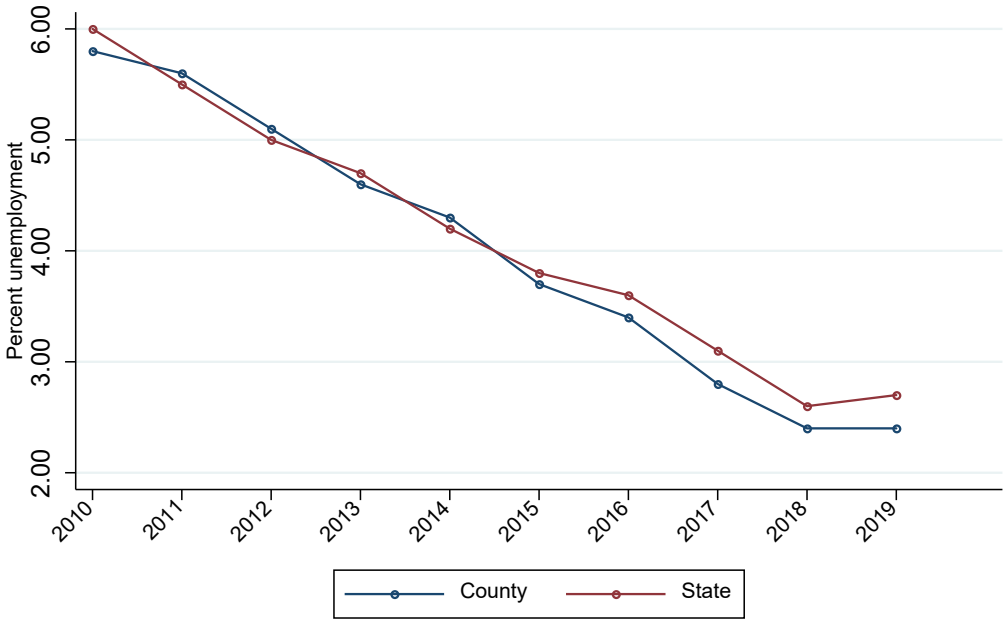
Source: *Free and Reduced-Price Lunch*: Students Eligible for Free and Reduced-Price Lunch by District, Iowa Public Schools, 2011-2020 school years. Iowa Department of Education
Retrieved from https://educateiowa.gov/document-type/district-frl

Figure A15. Percent of students who drop out of high school.



Source: *High school dropuot out*: Dropout Data Report, Iowa Public Schools, 2011-2019 school years. Iowa Department of Education
Retrieved from https://educateiowa.gov/graduation-rates-and-dropout-rates

Figure A16. Percent unemployment.



Source: *Percent unemployment:* Labor force, employed, unemployed, 2010-2019, Local Area Unemployment Statistics (LAUS)
Retrieved from https://www.iowalmi.gov/local-area-unemployment-statistics

IDS Birth Trends (Individual & Cumulative Risks)

Risks at Birth During the 2007-2017 Years

As children often face multiple risks that are highly correlated and accumulate, measures of risk were utilized to understand the multiple risk context and provide deeper insights into how agencies might address the needs of vulnerable children. Seven individual birth risks were identified: poverty, unmarried mother, low maternal education, teen mother, preterm/low birth weight, inadequate prenatal care, and prenatal smoking. Poverty is a proxy variable including two markers (whether the child's mother received WIC or MEDICAID at the time of birth). Single motherhood is identified for children whose mother was not married at birth. Low maternal education indicates children whose mothers were at least 18 years old and completed less than 12 years of schooling. Teenage mothers were coded using the NCHS definition of any mother aged 15-19 at the time of a child's birth. Preterm/low birth weight indicates whether children experienced premature birth (< 37 weeks gestation) or low birth weight (<2500 grams). Inadequate prenatal care indicates whether the mother received no prenatal care in the first trimester or had fewer than four prenatal visits overall. Finally, prenatal smoking indicates whether the mother reported any tobacco use during pregnancy. Additionally, an indicator of cumulative risks was created, to indicate whether the child had two or more of those risks at birth. See Table A1 for descriptive data of the percentage of risk experienced across the 2007-2017 birth cohorts (N=9,033).

Table A4. Percentage of risk experienced across the 2007-2017 birth cohorts

	Individual Risks							Cumulative	
Year	Poverty	Single mother	Low mother education	Teen mom	Pre-term or low birth weight	Inadequate prenatal care	Prenatal smoking	Children with 2 or more risks	
								County	**State**
2007	53%	40%	10%	12%	9%	10%	31%	49.5%	43.0%
2008	56%	44%	14%	10%	10%	9%	31%	54.5%	43.0%
2009	56%	44%	12%	11%	9%	8%	28%	52.2%	42.7%
2010	70%	50%	15%	13%	4%	9%	39%	59.5%	42.5%
2011	68%	48%	15%	9%	4%	8%	32%	58.4%	42.1%
2012	72%	55%	18%	12%	5%	12%	33%	65.2%	41.9%
2013	73%	57%	16%	11%	4%	7%	33%	63.5%	41.5%
2014	75%	54%	16%	10%	5%	9%	37%	66.6%	41.4%
2015	72%	53%	14%	7%	4%	7%	35%	61.8%	40.1%
2016	68%	54%	13%	8%	5%	9%	32%	61.7%	40.4%
2017	70%	53%	14%	8%	5%	9%	30%	61.9%	41.5%

Findings revealed patterns of change over time. Analysis of individual risk indicators showed increases on the percentage of families categorized as poor, of unmarried mothers, and of mothers with less than high school degree across the 2007-2017 decade. Simultaneously, the percentage of children born to teen mothers or with low birth weight/preterm birth decreased over time. Related to cumulative birth risks, these data indicate that Pottawattamie County experienced a sharp increase on the percentage of children born with two or more risks, from 49.55% in 2007 to 61.9% in 2017. This contrasts with statewide estimates suggesting a slight decrease from 43% to 41.5% during that same decade.

Comparison of Risks at Birth in Pottawattamie and Similar Counties

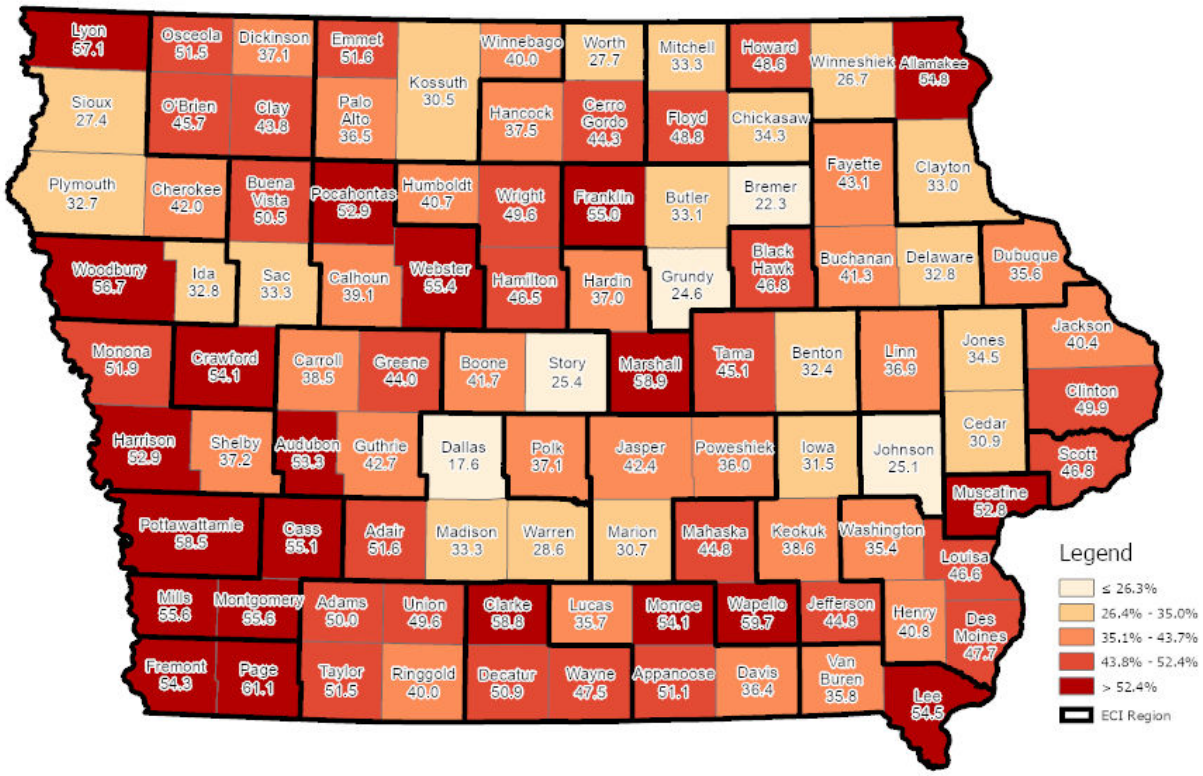
Table A2 presents a comparison of Pottawattamie and similar counties with regard to individual and cumulative birth risks. We selected counties that are of similar size or neighboring to Pottawattamie. Pottawattamie County had higher percentage of birth risks in comparison to most counties of similar size, with the exception of Woodbury. Notably, the levels birth risk of children in Pottawattamie are more similar to those from neighboring counties. This findings are a confirmation of findings from the 2019 Statewide Needs Assessment (below).

Statewide Needs Assessment findings using the I2D2 2018 kindergarten cohort (n=27,321) identified important birth risks with known associations to early health and school readiness outcomes. Compared to national estimates, Iowa evidenced higher percentages of children born to a teen mother and to a mother who smoked during pregnancy. Findings also showed that children born to teen mothers, mothers without a high school education, families in poverty, or were exposed to prenatal smoking were more likely born in rural counties compared to urban counties.

Table A5. Individual and cumulative risks of 2017 cohort. Comparison with neighboring and similar-size counties

		Individual Birth Risks							Cumulative
	Population (2019)	Poverty	Single mother	Low mother education	Teen mom	Pre-term or low birth weight	Inadequate prenatal care	Prenatal smoking	Two or more risks
State		49%	36%	9%	7%	8%	7%	23%	41.5%
Pottawatta-mie	93,393	70.2%	52.7%	13.7%	8.4%	5.1%	8.6%	30.5%	61.9%
Similar size counties									
Dallas	87,699	23.9%	18.4%	3.7%	1.8%	8.2%	5.4%	6.8%	18.7%
Story	96,941	26.7%	16.7%	2.2%	2.4%	7.8%	6.2%	7.7%	19.3%
Dubuque	96,982	37.9%	33.95%	4.8%	3.8%	6.6%	10.6%	12.8%	34.5%
Woodbury	102,586	69.6%	52.9%	17.4%	6.9%	6.1%	10.1%	21.0%	60.8%
Neighboring counties									
Harrison	14,089	63.5%	48.1%	7.7%	7.7%	3.8%	3.8%	32.7%	51.9%
Shelby	11,606	45.6%	40.5%	6.2%	3.8%	3.8%	7.6%	24.1%	41.8%
Cass	13,091	54.2%	44.8%	5.6%	9.3%	5.6%	4.7%	34.6%	50.5%
Mills	15,034	64.4%	42.4%	3.4%	8.5%	6.8%	8.5%	32.2%	55.9%
Montgomery	10,053	74.1%	55.2%	12.1%	1.7%	5.2%	5.3%	34.5%	62.1%

Figure A17. Percent of children with 2 or more cumulative birth risks (2018 I2D2 kindergarten cohort, n=27,321).

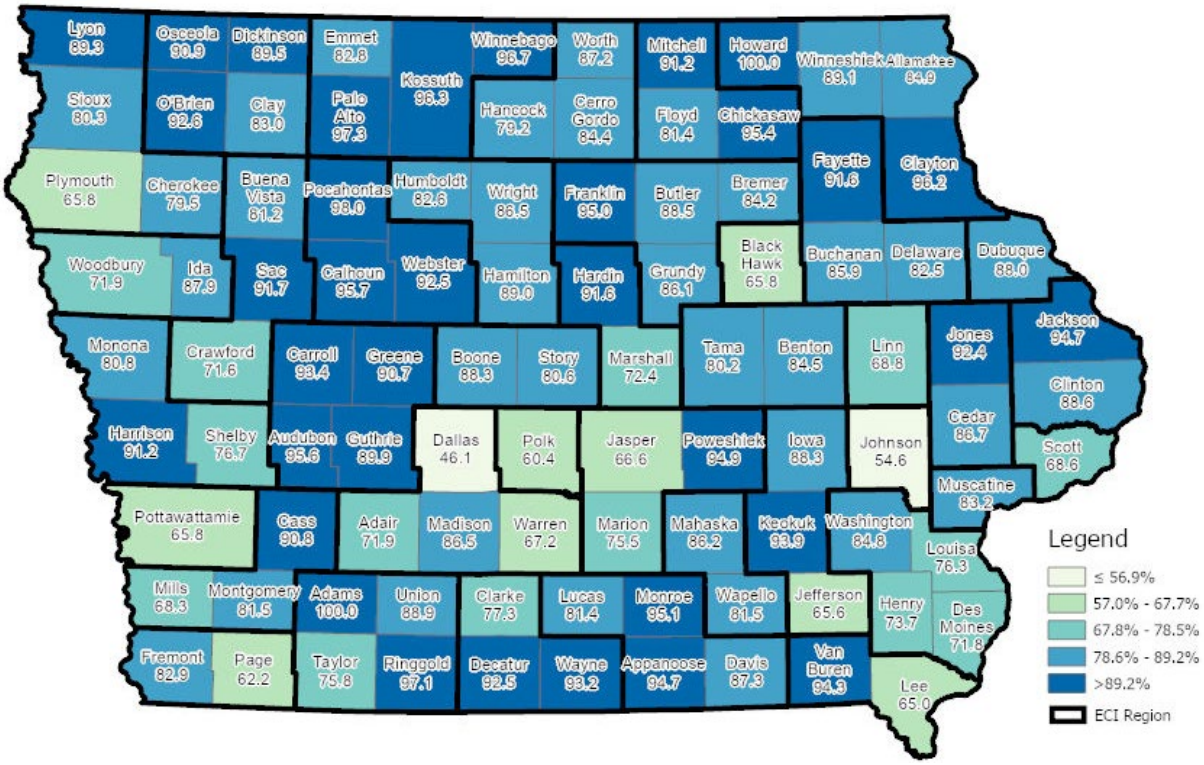


IDS Kindergarten Experiences (2019 ECI Statewide Needs Assessment)

Table A6. Unduplicated percentage of children with prekindergarten center-based experiences during 2017-2018

County	K enrollment	Percent of children attended pre-K in 2016-2017 by type			Percent multiple pre-k experiences	
	1718	CCA	GOLD	DE	Multiple	One
State	34,791	6.0%	64.0%	64.1%	59.3%	10.8%
Pottawattamie	1,136	6.7%	52.8%	54.8%	51.0%	6.2%
Similar size counties						
Dallas	1,497	1.2%	37.5%	34.8%	30.5%	11.7%
Story	774	5.0%	73.3%	73.5%	69.4%	9.3%
Dubuque	938	9.0%	85.9%	80.7%	82.1%	5.0%
Woodbury	1,313	9.5%	58.6%	65.0%	56.6%	11.5%
Neighboring counties						
Harrison	153	2.6%	66.7%	81.7%	66.0%	17.0%
Shelby	131	6.9%	71.8%	72.5%	70.2%	3.8%
Cass	172	5.2%	68.0%	86.0%	67.4%	19.2%
Mills	172	3.4%	54.1%	52.3%	50.6%	5.2%
Montgomery	127	7.0%	74.0%	80.3%	73.2%	8.7%

Figure A18. Percentage of children who were born in Iowa and had at least one center-based experience the year before attending kindergarten in 2017-2018 (statewide = 73%).



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Appendix B. Key Informant Interviews

Introduction

Through Early Childhood Iowa (ECI), every community in the state is provided resources and tools to help them develop capacity and commitment to meet ECI's vision that "Every child, beginning at birth, will be healthy and successful."[4] Local area boards are charged with conducting comprehensive community needs assessment and develop collaborative community plans informed by data that strengthen local supports for families across five legislatively mandated result areas: Healthy children, children ready to succeed in school, safe and supportive communities, secure and nurturing families, and secure and nurturing early learning environments.

Thriving Families Alliance is the ECI local area fiscal agent for Pottawattamie County. Part of Thriving Families Alliance's 2021 Community Needs Assessment included semi-structured interviews with local early childhood system organization stakeholders identified by Thriving Families Alliance leadership. Using purposeful sampling, the target population included a variety of key participants from the early childhood system in Pottawattamie County, ranging from program directors to front-line workers. The purpose of the interviews was to gain insight on the current system serving families and the potential gaps within the system.

Eight semi-structured interviews were conducted in May 2021 using a qualitative action research method. An action research method is optimal as it provides an opportunity to develop a greater understanding of what the local organizations currently experience in serving families and identify detailed needs or challenges in their service delivery. Interview questions were developed in partnership with Thriving Families Alliance leadership, through an analysis of the work early childhood organizations are tasked with and the challenges they face to accurately assess and meet the needs of the families in Pottawattamie County.

Due to the pandemic of COVID-19, all of the interviews were conducted virtually, using the same sets of questions for each interview. With participant consent, each interview was electronically recorded and the interviewer took notes on all additional observations made throughout the interview. Succeeding the interview process, the Public Science Collaborative Transcription Tool transcribed each interview verbatim. Each transcription was verified to ensure accuracy. Transcriptions and field notes were then coded using a combination of initial and in-vivo coding strategies that permitted focus on the experiences, situations and understandings of individual stakeholder perspectives surrounding their organization and its place in the early childhood system. The most frequent codes were narrowed into common themes to provide a unique

[4] Rouse, L., Dorius, C., Lippard, C., Peterson, C., Choi, Y., Voas, R., Riser, Q., Bartel, M., Ku, S., Bruning, J., Gress, A., Kelley, E., Facile, K., & Flake, L. (September 2019). Early Childhood Iowa Needs Assessment 2019. Prepared for Early Childhood Iowa. Des Moines, IA.

and in-depth focus on stakeholders' perspective on strengths and weaknesses within their unique organization and community as a whole.

Summary of Findings

Five primary themes with 12 subthemes emerged from the key informant interviews.

Theme 1: Program coordination. Interviewees clarified the need and desire for collaboration, but also agreed that at times they were not entirely sure how to best collaborate with other organizations. Even though there is a desire for collaboration, participants also disclosed there can also be a real concern with how collaboration can work well.

Theme 2: Family engagement. Engaging families with a complex group of organizations that are also working on coordination and collaboration was an expressed challenge. Participants shared the desire to connect, but acknowledged the complexities that may relate to administrative burdens, lack of consistent communication, and transitions between programs that could use strengthening to better engage families cohesively.

Theme 3: Gaps in available resources for the Spanish-speaking community. While providers are aware of the growing Hispanic/Latino population in Pottawattamie County, many described a challenge in the ability to connect, build and maintain connections with families who speak mostly Spanish. They acknowledged both language and cultural barriers that could be addressed to improve these connections.

Theme 4: Barriers in access to mental health services. Mental health is a growing priority in Iowa, statewide, and was also identified specifically in Pottawattamie County. The participants described frustration in lack of services available and gaps in eligibility criteria that often hinder access.

Theme 5: COVID-19 challenges and opportunities. COVID-19 has been hard on the residents of Pottawatomie County in many regards, however, it also resulted in some new positive interactions. Interviewees stated COVID-19 made it harder to connect, with both other organization and families. For organizations it created a feeling of greater isolation between each other. Families, however, seemed to have a mixed reaction, with some families struggling to move services to virtual format and either decided it was not working for them or slowly adjusted, and other families thriving in the virtual environment.

Table B1. Participant descriptions.

Participant	Type of Services	Employment Level	Location of Services
A	Family Support	Educator	Pottawattamie County
B	Family Support	Program Coordinator	Pottawattamie County
C	Child Care/Education	Administrative Specialist	Pottawattamie County
D	Family Support	Educator	Pottawattamie County
E	Child Care	Early Childhood Specialist	Pottawattamie County
F	Mental Health/Family Support	Supervisor	Pottawattamie County
G	Family Support	Program Coordinator	Pottawattamie County
H	Family Support	Executive Director	Pottawattamie County

The following section will outline each of the themes and then provide the specific quotes from participants. *Please note, when there was additional information added for clarification purposes, you will see those notes added to quotes in brackets [ ].*

Theme 1: Program Coordination

A commonality among interviewees was a respect for, but lack of clear understanding of, processes to facilitate coordination such as coordinated intake. The experiences shared by the participants consistently suggested a belief that collaboration between early childhood networks within the system is important. They also shared they don't feel they have fully embraced the coordinated intake process, which may be related to some misunderstanding or misperception of the purpose of coordinated intake, who such a process is designed to serve, and how it could be a positive investment to help best meet the needs of the community. This lack of clarity and focus seemed to then translate to inconsistent use of the process.

Desire for more collaboration

- *"… with all the community resources, we just need to understand them better".*
- *"I don't think it's for lack of wanting to communicate. I think people want to communicate and collaborate, but I think that there just isn't a good system or schedule in place for making that happen for finding the right people and connecting them in a meaningful and ongoing way. I think that there's the desire is there. I just don't think it's taken off."*
- *"I would like to see us have a better relationship with [other organizations] specifically when kids are in out-of-home care, I don't really understand why those relationships are so hard. It seems like if we reach out and we make the connection then all of those places are welcoming to us initially and then it's almost like they forget about us and we start having fight our way back in."*
- *"There's a couple other community partnerships that we've had for years that I think could be kind of refreshed and strengthened, especially post COVID. I feel like some of those relationships waned, not negatively but just haven't heard from them in a year. So, trying to find a way to re-engage."*
- *"I think if we could find a way to better network and really kind of pull together as a community recognizing that we are all serving the same families that would be very helpful."*
- *"I think one thing that would help would be if we had more consistent face-time with the other programs. Maybe like a monthly meeting where we just understand the work that each other does in the referral process is and I think that we're pretty siloed right now and if we can work more collaboratively, we'd understand all the different programs and that might even help with some multiple referrals that maybe don't need to happen often times."*
- *"The families are here that need to be served. We're just not able to get those referrals. So, I feel like we need to put more effort into like I said being creative and trying to figure out ways to connect with some of the families."*

Coordinated intake

- *"I wish we could do more, our coordinated intake person came and spoke to our program several years ago, and we need to have them back. So, there's kind of just a surface-level awareness of coordinated intake but beyond that I think that we don't really know what all they can provide and so we don't utilize coordinated intake enough."*
- *"I [the organization] never participated, I just now [heard of coordinated intake] and I wanted to learn more about coordinating so we know who to send and where to send [families]."*
- *"I think it is nice to have one central place that is really keeping track of what everybody in the community is doing rather than having a whole bunch of different agencies doing the exact same thing, duplicating services."*
- *"How do we get the opportunity to sell our ideas and our program prior to anybody else talking to them?"*
- *"There is a little bit of a concern with how the referrals are going, particularly that captive referrals because sometimes we'll get referrals for a child and by the time we get the referral, the child has been removed from the home and we don't know that. So, we call, and they are also cold calls, often times these parents don't know that we're calling. It's kind of a mess 'cuz they're upset 'cuz their child isn't even with them anymore, often times they don't know where they are. So again, that cross referral system or process, I think could be cleaned."*
- *"We get referrals when, it instead of a developmental concern, it really is a duplication of services. I think they can make more impact when it's one person. That's kind of the umbrella of all of these different programs because then they can get everybody to work together towards the same time and goal of supporting the families in our area."*

Theme 2: Family Engagement

Similar to findings from the 2019 Statewide Needs Assessment, interview participants agreed that organizations sometimes struggle with getting and staying engaged with families. Administrative challenges, transitions and staffing all play key roles in participants' view of the current engagement challenge they are facing.

Engagement in initial contacts

- *"I feel like more recently were starting to see a younger population of new families coming in that have prior family experience with either Child Protective Services or just bad experience with human services as a whole and so they're kind of had [it] drilled into their head or still have been drilled into their head by Mom, Grandma, whoever [that] those are not good services. Those are not necessarily helpful."*

- *"I'm trying to make that [intake process] as minimal as possible but also as inviting as possible. So, if I am meeting them [a family] in person, keeping it lighthearted and positive so that it's not womp, womp we're coming into your house and then really just finding kind of that niche in the programs that they're going to I think has been really beneficial for families."*
- *"I think from our end our current intake process is a barrier because it's three or four appointments of paperwork before they get any sort of experience of what it is to have us [provide services] and I think a lot of times that alienates families from a community perspective. I think it is like I said identifying the families quickly enough and then getting services to them right away."*
- *"In the recent couple years, we've had a couple times where we had programs that were full. Couldn't take any more new families. We also had some families that had been on for a really long time and at that point you kind of have to start weighing your cost versus your benefit. So is the time and money that we're investing in this family who has been in the program for 5 plus years. Are we going to provide as much benefit to that family as we would a brand-new family who has never had services who is in crisis mode, and they have a new baby like which one are we going to be able to provide more benefit for and then kind of looking that at that? It's kind of the time to release the ones we can bring in the next so that has been."*

Staffing challenges related to family engagement

- *"If there's turnovers in staff, I don't know that they are as aware of what we do and how we can help strengthen the relationship with the family and the school now we can benefit them to."*
- *"[Some organizations] have pretty frequent staff turnover, or at least that's what we've seen recently and so often times when stuff changes at those Community Partnerships. All of the information is not always passed down and so the next person who comes in doesn't have they just don't know that this exists if they didn't know about it beforehand and that's the same just about any place where there's if there's a staff that doesn't always get passed along."*

Maintaining engagement in transitions

- *"It isn't always just challenges with other organizations, there can be a real struggle making sure organizations can stay connected to the families they are serving."*
- *"I frequently have people say oh, well, just make sure you don't call me before the 8th 'cuz my phone is going to get shut off and then you have like a week where you can't call them and then by the time you called them on the 8th, are they still where they say they were or what changes have happened over the course of the week [housing instability]."*
- *"As a provider you want to be able to help them and help them solve. I know I won't solve their problems. But can I help them figure out a way to deal with them and make lesson it and I'm*

not sure sometimes that we've been able to do that with what we can what's going on out there. There's a lot of domestic violence. There's a lot of I think other things to this, you know, my number of people got laid off, even though they say money is available for rent and utilities. And you know, there's a number that have been evicted because their lease ran up with out and they just weren't allowed to renew their lease 'cuz they were behind in paying from even four months ago. They were slowly getting caught up so there's all those little nuances that get stuck in there that just makes a balloon leak more."

Theme 3: Gaps in Resources for the Spanish-Speaking Community

One consistent challenge discussed by most interviewees was initiating connections and building and maintaining relationships with members of the Spanish-speaking community. Barriers identified were related to translation services and lack of providers who also speak Spanish were identified.

- *"[The] Spanish speaking population is kind of an untapped area."*
- *"Parents need a translator, see that's the only thing, it creates more confidence for the family or easiness to participate, but if it is all English, they won't go because they can't do anything."*
- *"We have some minority families that we serve but I think that's probably one thing [that] had gone really well with families, 'cuz they had a Spanish-speaking provider and we would partner with an interpreter but she's not there anymore."*
- *"The one that maybe we have a little more difficulty with is we don't get as many Spanish-language referrals that come into that particular source of thought or our Spanish language families came to us through this word of mouth through our local [bilingual agency]."*
- *"The school system here in Council Bluffs, they only had one translator for the whole school system and now they finally have like a liaison [and now] they have two [translators]."*
- *"[Access to child care][5] None, because there is none. There's only two Spanish-speaking ones [child care locations] that's the only thing".*

Theme 4: Barriers in Access to Mental Health Services

Mental health is a growing priority not only in Pottawattamie County, but across Iowa. Although there were several different perspectives on children's mental health talked about in each of the interviews, they all corroborated that it is a needed priority that is lacking in the local area.

Need for training and resources

- *"Early Childhood, specifically birth to three. I think that we could do more [with addressing mental health needs][6]".*
- *"That's an area where we could either have more resources available to us through our own agency or just need more awareness about what's out there for children mental health that we can refer on when appropriate."*
- *"I wish there was education we could do to people even at younger years about ACEs so that [a client] might have made some different choices in the long-term, but some of those things already happened to [them]. And it's nothing [they][7] can go back and change. Some of it is they just want to dig themselves out of that hole that they're in but giving the self-confidence and courage to do that is what we have to try to do."*
- *"We do depression screenings throughout we, we provide lots of education on abuse and appropriate discipline. And then we do part of our curriculum is having conversations. Like how are you disciplined as a child? And what is your goal for disciplining your child in the future like you trying to bridge that gap between the way that the parent was treated and the way they want their child to be treated, so we're making you aware of those. We are not trained to deal with the trauma directly. We will always refer."*

Limited access to mental health services

- *"We have a mental health consultant, but that's not the same as having access to a therapist that we could actually like problem-solving, generate referrals for us and that type of thing."*
- *"I feel like for our area specifically we don't have a whole lot of access to local providers and there's some across the river but for some families that's not really an option."*
- *"We have a lot of therapists but a lot of them are very full and thorough. When we're trying to get families connected to a provider that can serve children and or serve the family as well, I think we are kind of falling short on having enough to go around and then when you throw in not really having a whole lot of options for psychiatric or assessment services, we just kind of come up short in all of those different areas."*

Eligibility and waitlists

- *"In the community when we have folks that are seeking therapy services, usually it's a waitlist [they are placed on]. It's very unusual for folks to be able to get in immediately."*
- *"I think some of it is not having enough mental health, but also I think it's a gap in cutoffs."*
- *"It would be nice if we had somebody on our team who was, who that was their only role either with the agency or through the network if we had access to a therapist. In my opinion,*

[6-14] Inserting Material - square brackets [ ] are used to enclose inserted words to clarify meaning in participant quotes.

that would be helpful, but we're required to refer out for that and then depending on where they go or what the Medicaid waiting list looks like we'll have clients wait 6 months to see a therapist. Which is not ideal specially if they're in crisis and then we don't have a solid service in Council Bluffs for treating crisis patients either a lot. I say to the emergency room and they released within an hour."

- *"Often and understandably families aren't ready to share some of those experiences [ACEs] right off the bat. So we try and at least get our foot in the door and then gained some that information over time to know how we can support them. But also, again being in Pottawatomie County with a lot of resources, we try and identify and understand when we may not be the best program to meet the true needs of the family. So we try and you know, open some doors for them and connect them with some other agencies that might be able to address some of those needs that were not trained or able to address".*
- *"Even though we're doing a PDS for depression screening. I still you know, I'm not there to see and I think people can put on a show, so I don't really always know even though I'm doing mental health check in with my family's and really talking about self-care. I do think it's different over whom you know, virtually you can hide a lot."*

Theme 5: COVID-19 Challenges and Opportunities

COVID-19 has taken its toll on many aspects of the community from both the family and organization standpoint. Organizations serving families have struggled with the negative impacts COVID-19 on capacities for collaboration amongst organizations as well as in recruiting and retaining family clients. Challenges were not the only thing that COVID-19 brought, however, some positive opportunities were expressed including some organizations developing new ways to connect with families through care baskets and the ability to meet virtually.

Challenges

- *"I hate saying COVID, but I feel that COVID has been a huge thing. Just because we're not able to go, I can't just show up at somebody's office and say 'here is some more materials don't forget about us'. So I feel like I send a lot of emails to people or phone calls and I leave voicemails and never hear anything back. So, it's easy to ignore those types of communication rather than me showing up at your door with cookies. Everybody wants cookies but nobody wants an email."*
- *"I think maybe because we are in this pandemic that we feel very isolated. At one point I felt very connected to my professional partners, I don't feel that so much anymore."*
- *"I have had probably three or four families that have closed because of being virtual. They just weren't comfortable with it. It wasn't meeting their needs."*

- *“Mostly was a situation with rent and utilities, so we raised some funds to help with that especially for the undocumented [families]. [The organization] raised good money to help people who are not receiving the stimulus checks who were affected by COVID.”*

Opportunities

- *“I worried that when we went to Virtual for COVID that we would lose some families and we did initially but now I think we and also the families are finding that it does work and its often times more convenient because you cut out travel or having maybe to leave work so I am way busier now”.*
- *“As much as I don't like doing Telehealth from certain families, I think it's wonderful and I think it would be lovely if it would stick around.”*
- *“We try to do things quarterly like for Easter with sending an Easter basket out and then some educational pieces that go with it that will be talking about in the coming months.”*
- *“We tried to prepare some kits for families. I think we maybe could have done a little bit better a better job of that. Nobody really knew what they were doing, so, I guess the next pandemic we can have a list of this is what you should do and better, you know be better about that.”*
- *“One of the things since [COVID-19], we made masks for the moms. Cloth masks and we like tie-dye them. So we gave them a gift for one of the quarterly things. So, you know, it's just reminding them to take care of themselves. Be aware of where they are at and what's going on and yeah. COVID can go away any day.”*

Interview Protocol

The following protocol was used to guide the semi-structured interviews.

Introduction

First, I would like to thank you for agreeing to complete an interview. I am helping Thriving Families Alliance complete their community needs plan and through interviews hope to get a better understanding of the big picture of the Pottawattamie County early childhood networks. The purpose of this interview is for our team to gain insight from your perspective about your program, the role you play in coordinating with other programs in the Pottawattamie County surrounding issues in early childhood. We are interested in the strengths and weaknesses of the current system that serves families, and just as importantly the families your program has challenges in serving. We are also interested in the overall needs you and your program feel are present that would benefit from more coordinated efforts in the Pottawattamie County area.

Question 1

Let's start with some general information about your program – can you tell me a little about what you do and who you serve?

Question 2

Who are some of the other community agencies you work with? (either through communication, referrals, serving the same families, etc.)

a. Prompt: What are some key strengths you see in these relationships?
b. Prompt: What are some challenges you experience in these relationships? (and/or are there other community partners you are not engaged with that you think you should be)
    i. Prompt: what do you think are contributing factors to these challenges?

Question 3

Over the last few years, what changes have you seen in the types of families you serve or in the needs of children and families in your area?

a. Prompt: how do you get families involved in your program? (Outreach? Referrals?)
b. Prompt: what challenges do you experience in getting families engaged with voluntary services?
c. Prompt: how does your program address the needs of families in preventing maltreatment & overall ACES? What challenges do you have meeting these needs? If your organization does not have the capacity – what else should be done – where are the gaps?

Question 4

Lets' talk about coordinated intake (Child and Family Resource Network CFRN). Does your program participate in this and if so, what has been your experience with it?

a. Prompt: From your agency perspective, what works well? What doesn't work well?
b. Prompt: From the families' perspective, what do you think is working well? Not so well?
c. Prompt: Are there other supports, services that can be offered to all through Coordinated Intake (incentives to programs, incentives to families, healthy homes initiative, phones for families, soft touch services such as Virtual Baby Shower, Parent Café, etc.)

Question 5

Children's mental health has been an increasing priority for the state of Iowa, can you talk a little bit about what your organization does to focus on children's mental health.

a. If it isn't your organization's role or capacity, who and what should be provided – where are the gaps?
b. Prompt: if you do, what is your theory/purpose/mission in this work?
c. Prompt: if you don't, what do you think this "should" look like if you were able to do it?

Question 6

Now let's talk specifically about the COVID-19 pandemic. How has this pandemic affected your services?

a. Prompt: what has been the most challenging to providing services in this context? (cost, equipment, space, etc?); are there still areas you feel you need to address?
b. Prompt: what has been the biggest challenging to engaging families during the pandemic?
c. Prompt: what changes have you made that have really worked with families, that you want to continue?

Question 7

What has been the most valuable/beneficial about having an organization such as Thriving Families Alliance and/or Child & Family Resource Network (a.k.a. Coordinated Intake) that focuses on the whole system to plan, convene, and advocate for children and families? If there were additional resources, what more could be done through this backbone organization?

Question 8

Is there anything else we didn't get a chance to talk about that you feel is a priority for your community – as we think about informing a strategic plan for more coordinated & effective early childhood services?

Appendix C. Family Survey

Introduction

A family survey was originally designed by the ECI Preschool Development Grant Core Team and members of the ECI Steering Committee for the 2019 ECI Statewide Needs Assessment[8]. The purpose of the survey was to better understand how families learn about birth-to-five services, experiences families have with programs, and barriers families may encounter when accessing programs and services. The current needs assessment adapted this statewide Family Survey to include questions relevant to specific needs identified by Thriving Families Alliance staff, through prior community-level needs assessments, and in response to themes identified through the key stakeholder interviews conducted in April 2021.

Findings from the 2019 ECI Needs Assessment identified that Iowa families had widespread knowledge of early childhood services, with Medicaid/Hawk-i the most known (95%), followed by Early Learning (93%), center-based child care (92%), and in-home child care (90%). Regarding use of services, 69% of families reported having used mental health services, 10% used substance abuse treatment, and 9% used emergency housing assistance. Results also showed that families in Iowa face significant challenges to access services, including long waiting lists (54%) and out-of-reach costs (34%) that prevent many of them from receiving the care they need when they need it.

Similar results were found for Pottawattamie County, including these highlights:

- Mental health services were reported as the most used services across participants (50.76%), followed by emergency food assistance (38.07%).
- Participants reported several barriers to access services. The most common complaint was the waiting lists to enter programs, followed by problems due to the high cost of the service.
- There seems to be little usage or knowledge of coordinated intake. 58.7% of participants reported have never used coordinated intake and 33.3% reported not being sure.
- The majority of participants reported strongly agreeing with feeling safe in their current household (81.8%) and have easy access to transportation (70.37%).
- 26% of participants reported little knowledge about how to find mental health services and around 24% of participants reported needing higher access to those.
- More than half of participants (56.36%) agreed that the cost of childcare is overwhelming.
- Having affordable childcare was rated by participants as the most important priority in Pottawattamie County.
- Many participants reported that the pandemic made more difficult to access childcare.

[8] Full report available at https://i2d2.iastate.edu/wp-content/uploads/2021/01/Rouse-Sept2019-ECI-Statewide-Needs-Assessment.pdf

Methods

The final family survey was adapted from the 2019 ECI Statewide Needs Assessment and comprised of 30 questions including demographic information, experiences using services in times of crisis, early childhood education services and programs for families with young children, and priorities for families in Pottawattamie County. The survey was translated into Spanish for a more inclusive community perspective. A snowball technique was utilized in the data gathering. It was distributed by the Thriving Families Alliance Area Board Director to local program leaders via email in May 2021, additionally Thriving Families Alliance and other local programs posted a link to Facebook for broader reach. The family survey respondents included 111 families with young children in Pottawattamie County, ranging from eight cities/towns.

Description of Respondents

Most of the participants (75%) reported residing in Council Bluffs. Table C1 presents demographic information of the respondents. Eighty percent of survey respondents expressed being the biological parent of all or some of the children in the home, around 90% of the respondents were female, around 80% of respondents were married, and, 80% were White. Regarding socioeconomic characteristics, 68.3% of respondent's household had an income of $50,000 or more, 48% worked full-time, and 57% had a Technical, associate, or bachelor's degree. Turning to information about children in the household, respondents reported that there were an average of 2.43 children, with the youngest being 3.9 and the oldest being 4.5 on average.

Table C1. Demographic characteristics of respondents.

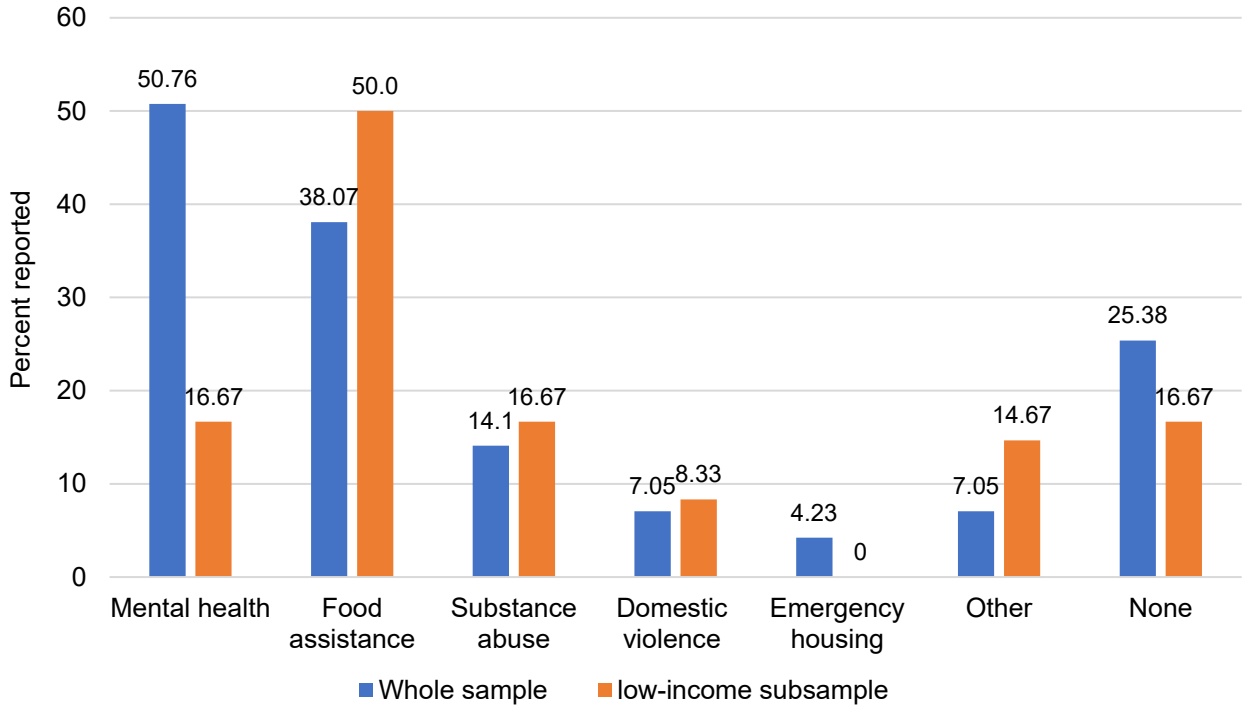
Characteristic		Percent or mean(SD)
Race		
	American Indian	2.4%
	Black	7.3%
	Hispanic	9.8%
	White	80.5%
Gender		
	Female	90.0%
	Male	10.0%
Age of respondent		
	18-24	2.4%
	25-34	39.2%
	35-44	46.3%
	45-54	7.3%
	55+	4.9%
Relationship status		
	Married and living with partner	81.0%
	Single	14.2%
	Not married, but living with partner	4.8%
Education		
	Less than high school	4.7%
	High school or GED	9.3%

	Certification in a specialized area	9.3%
	Some college	18.6%
	Technical, associate, or bachelor	58.1%
Job status		
	Retired	2.4%
	Stay-at-home parent	19.1%
	Unemployed or laid off	7.1%
	Work full-time	47.6%
	Work full-time, Student	2.4%
	Work part-time	19.1%
	Work part-time, Student	2.4%
Income		
	Less than $9,999	2.4%
	$10,000-$19,999	7.1%
	$20,000-$29,999	7.1%
	$30,000-$49,999	16.7%
	$50,000+	66.7%
Household composition		
	Number of children	2.4 (1.8)
	Age younger child	3.9 (4.1)
	Age older child	8.5 (4.7)
Language spoken at home		
	English only	82.9%
	Spanish only	2.4%
	Multiple	14.6%
Average time at childcare		
	Under 5 hours	37.1%
	5 to 15 hours	15.7%
	16 to 25 hours	12.9%
	26 to 35 hours	4.3%
	36 to 45 hours	30.0%
Child insurance		
	Medical	100.0%
	Dental	92.8%
Availability of computers		
	Desktop or laptop	85.7%
	Smartphone	100.0%
	Tablet or other mobile devices	88.1%
Reliability of internet		
	Don’t have internet	6.98%
	Sometimes reliable	16.28%
	Reliable	30.23%
	Very reliable	46.51%

Families Use of Services

One of the primary questions of the family survey was to describe which services families have ever used (See Figure C1). This question was answered by 71 participants and multiple answers by participant were allowed. The type of service most often used was mental health, which was reported by 50.76% of respondents, followed by emergency food assistance (38.07%). Table C2 presents information about families reporting multiple service use. Of the 71 participants, 18 (25.38%) reported they have never used any service, 45% used one service, 20% used two services, and around 10% used 3 or more services.

Figure C1. Percent of participants reporting using each service



Note. Low-income sample is comprised by 12 participants with a household annual income lower than $50k

Table C2. Number and percent of participants reporting using a combination of services

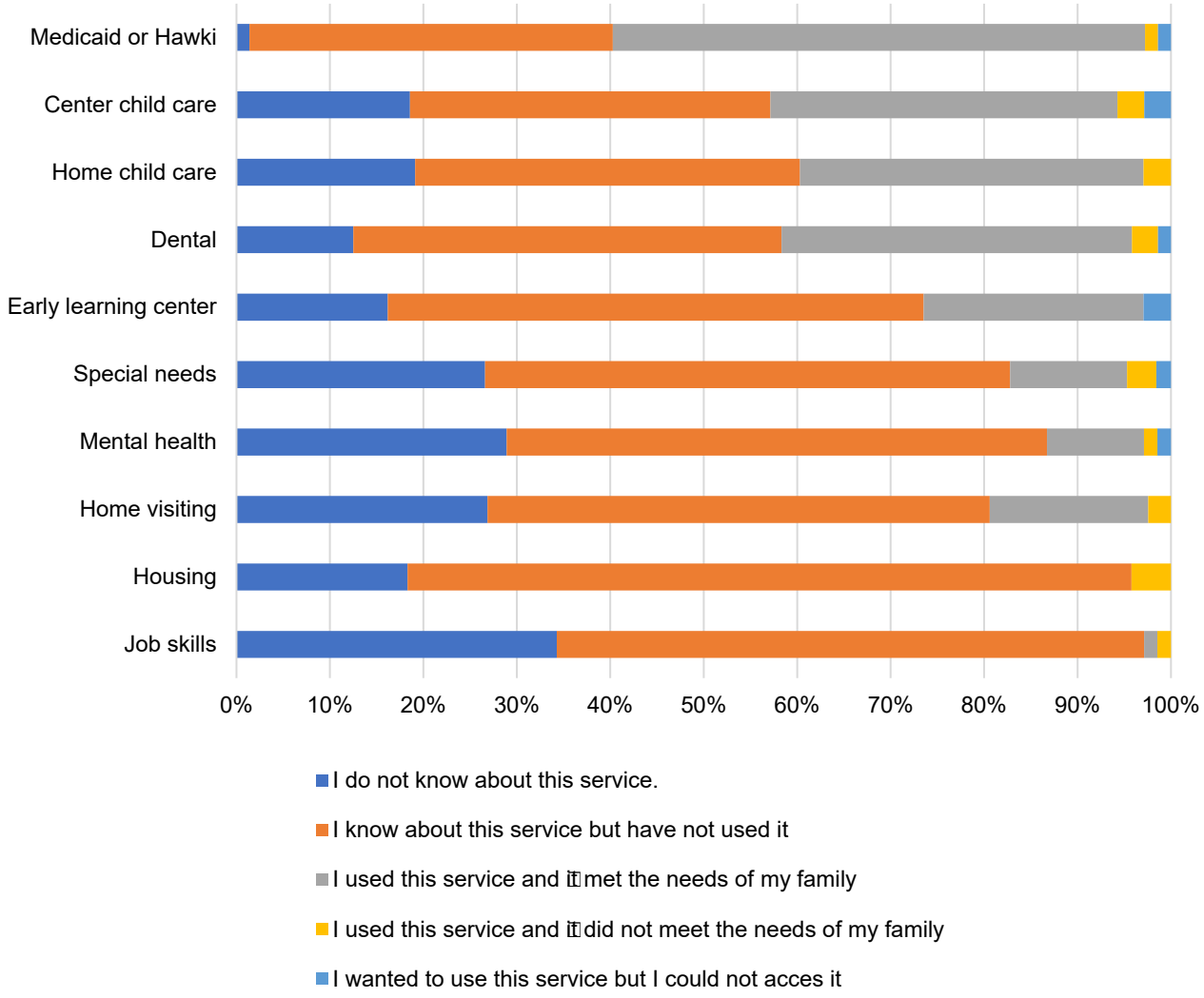
Service	Freq.	Percent
Mental health services	16	22.5
Emergency food assistance	9	12.7
Emergency food assistance, Mental health services	8	11.3
Other (please specify)	6	8.5
Emergency food assistance, Mental health services, Substance abuse treatment	4	5.6
Mental health services, Other	2	2.8
Mental health services, Substance abuse treatment	2	2.8
Emergency food assistance, Emergency housing assistance, Mental health services, Substance abuse treatment, Domestic violence support	2	2.8
Substance abuse treatment, Domestic violence	1	1.4
Domestic violence support	1	1.4
Mental health services, Domestic violence support	1	1.4
Emergency food assistance, Emergency housing assistance, Mental health services, Substance abuse treatment	1	1.4
None	18	25.4

Family Difficulties in Accessing Services

As a follow-up from the previous section, participants were also asked to indicate whether they have used services, if those satisfied their needs, or if they have found obstacles to access them. Figure C2 shows the proportion of participants that reported they know about each service, whether they have used the service and how satisfied they were with it, knowing about the service but that have not used it, and whether they could not access the service. Overall, small percentages of participants reported that services did not meet their needs or that could not access it. There were differences in whether services were known and whether they never have used the.

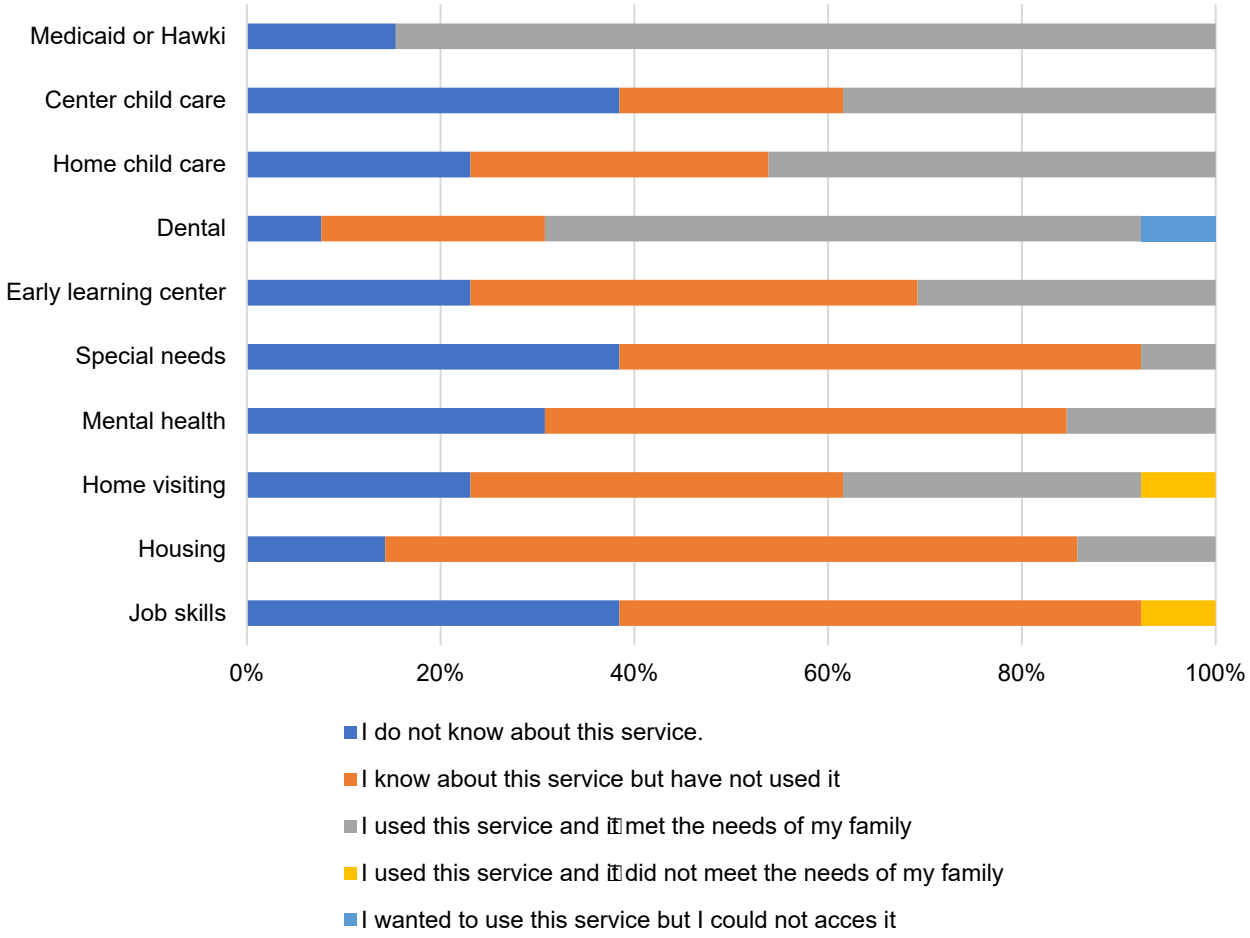
Medicaid/Hawk-i services were reported as the service most widely known, most used, and the most often reported being satisfied with. Findings for center-based child care, home-based child care, and dental services, showed that services are also commonly used: less than 20% of participants did not know about the service, around 40% did not used it, and around 35% reported satisfaction with the service. In contrast, for learning centers, special needs, mental health, and home visiting services, more than 50% of participants reported not knowing about these services and only 10-20% were satisfied after using the service. Notably, housing services were reported as the least used services (77% and 63%, respectively).

Figure C2. Proportion of participants reporting knowledge and access to services



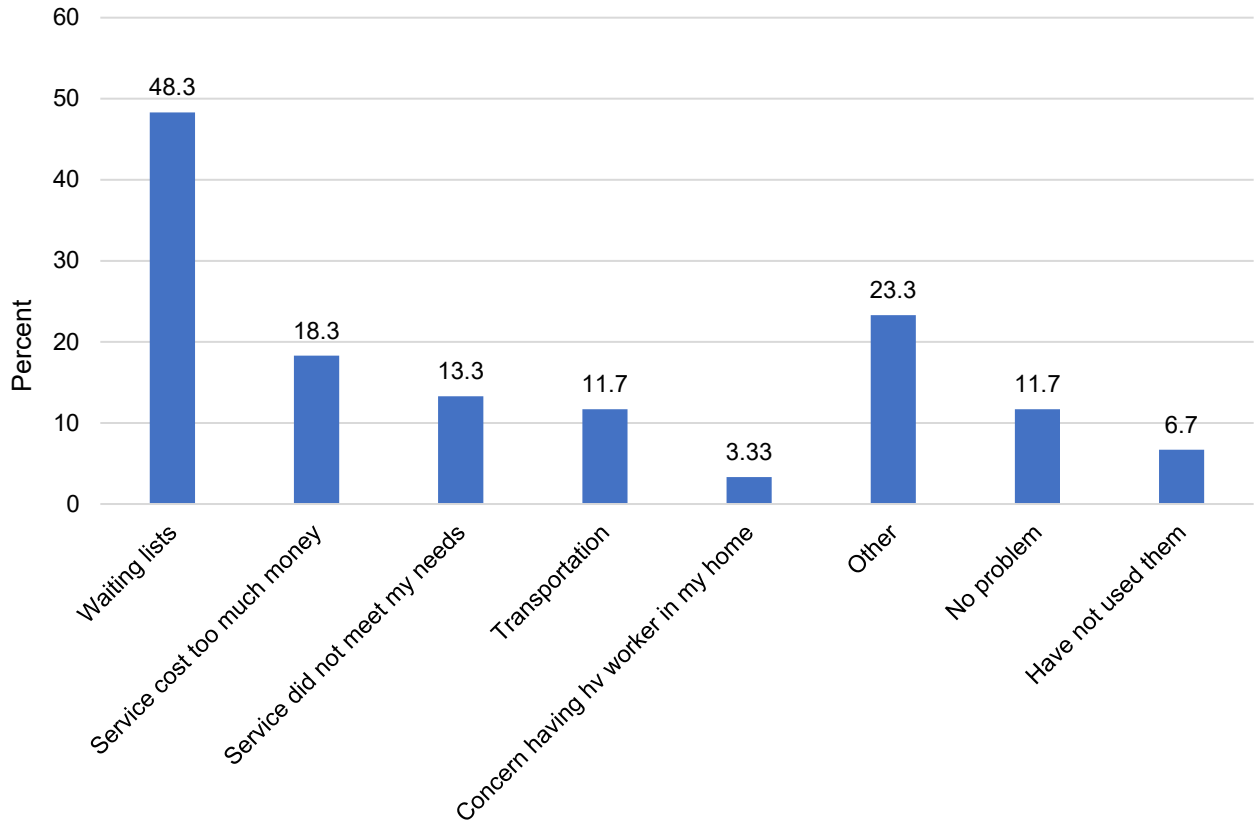
We replicated the previous analysis using only the answers of participants from households with an annual income lower than $50,000. There are some differences in the results compared with the whole sample. Low-income participants reported more often not knowing about the services; especially salient were Medicaid/Hawk-i, center child care, and services for children with special needs. Additionally, a higher proportion of low-income participants reported they have used the services and that the services have met their needs in comparison to the whole sample. In fact, no participant in the lower-income subsample reported being unsatisfied with Medicaid/Hawk-i.

Figure C3. Proportion of low-income participants reporting knowledge and access to services



Participants of the Family Survey were also asked to provide feedback about their difficulties using services designed for children and families (See Figure C4). This question was answered by 77 participants and multiple answers by participant were allowed. The most common challenge, reported by 48.3% of participants, was waiting lists to enter programs, followed by comments about the high cost of the service by 18.3% of participants.

Figure C4. Percent of participants reporting difficulties to using services



Participants were also asked to provide open-ended feedback about their difficulties accessing services. The following is a list of the comments provided. Here, we present them organized by topics. Several participants said they were not eligible for services due to higher income although they need them. They also reported a lack of understanding about the services or difficulties in the process of obtaining those services. Additionally, families from Spanish-speaking families indicated that lack of personnel that speaks the language has put a barrier to accessing the services. Finally, some participants expressed difficulties accommodating their schedule with the services and higher charges for the services.

Not qualifying for services

- *"Made to much money"*
- *"I do not qualify for services"*
- *"If I make any $ most programs can't help us"*
- *"Our family makes too much money but also our family hasn't had a need for any services"*
- *"With my first child, our family was over income guidelines, about 80,000 per year. In order for our first child to attend preschool, we had to pay 400 per month, which was difficult, but we managed"*

- *"I don’t qualify for a lot since we have higher income. I wish that services would ask more questions and my husband has cancer and that eats up most of our “disposable” income. We are broke and don’t qualify for help. It’s disheartening"*

Lack of knowledge about services

- *"Knowledge of the program, how to access the program"*
- *Good job giving us information, I am interested in child care for children. ("Buen trabajo por darnos informacion, me interesa las guarderias para ninos")*
- *Sometimes they are no people to guide you ("En algunas ocasiones no estan personas para orientarte")*
- *"Housing assistance and how to apply"*
- *"Where can someone go to find out about the services available and how to access them"*

Issues with process or personnel

- *"The intake was very off-putting. It is designed so that they continue to ask questions until we say "no" our child cannot do that consistently. We're already worried about a developmental delay and our first experience is focused on what our child cannot do. There was no normalization or encouragement, but rather a clinical coldness that I'm sure felt appropriate as a rater, but not where the stakes were high for us as family"*
- *"Staffing issues I feel like there's a new teacher in my child's class every week an stability is something they need at a young"*
- *"The interpersonal skills of the staff - they didn't seem to understand my perspective as a parent. Needed more empathy / compassion"*
- *"I find it a bit much that I have to contact the principal myself to request testing be done for my child with ADHD so they can possibly receive specialized classes. It seems like jumping through hoops. I felt forced to send my child onto the next grade when I didn't feel it was the right thing for her. She now has extreme anxiety about school and her peers calling her a baby and making fun of her for not being able to read at their level. It should have been suggested or talked about sooner instead of thwarting my efforts to get her the assistance she truly needs. "*

Challenges meeting needs for non-native English speaking families

- *The language ("El idioma")*
- *There are many programs but there are no people able to explain them to us in our native language ("Hay muchos programas pero no hay personas que puedan esplicar en nuestro idioma natal")*
- *Not having documents ("No tener papeles* ")

Child care flexibility

- *"It was hard to find part time child care that was flexible."*

- *"[an organization] went to all virtual visits. It made it very hard with a young child."*
- *"Hard to find child care openings and be able to afford them"*
- *"Hours, not allowing part-time care"*
- *"Child care programs"*
- *"Childcare centers come with long wait lists that left us in a difficult spot when time for me to go back to work from maternity leave. We were on 6 lists for more than 6 months and no one had availability for the newborn until right at the last minute. Childcare is much too expensive. My family spends $1500 a month for two children, and as middle class we get no assistance. It is more than our mortgage. It is nearly all I make"*

Additional barriers

- *Many things ("Tantas cosas ")*
- *Psychologist ("Sicologo")*
- *"More quality mental health services are needed in our rural communities... along with affordable quality care!"*
- *"From my early childhood education programming supervisory days (school administrator) all of the can be barriers"*

No barriers/no need

- *"I have not struggled with barriers and do not see a need for changes to the programs from my personal experience."*
- *"I am not in need of all the services offered but my daughter is on Medicaid"*

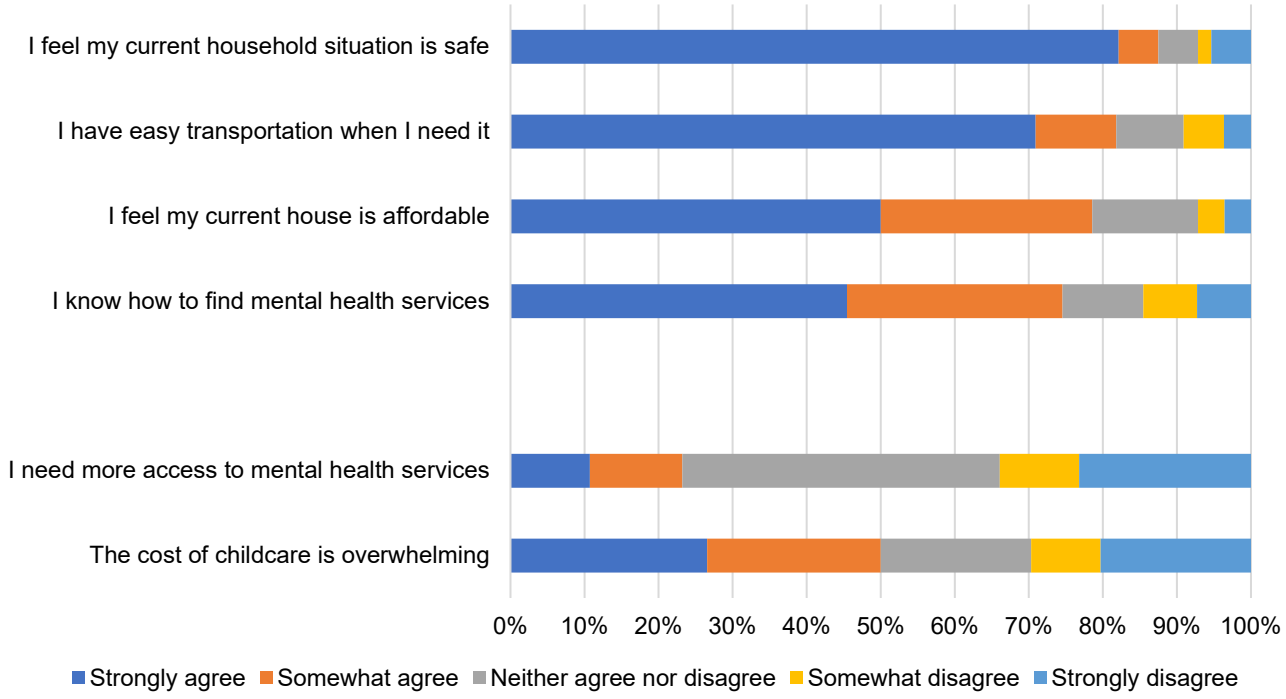
Coordinated Intake

Families were asked specifically whether they have used “coordinated intake” and their experience with it. Only a minority of families (7.8%) reported use of coordinated intake, while 57.8% reported have not used and 34.4% reported not being sure. Because of the low rate of report, the vast majority of participants did not answer the questions about their experiences using coordinated intake. This result may suggest that many participants may not fully understand what “coordinated intake” means, specifically, or may misunderstand the process they have used to engage with services.

Family Needs

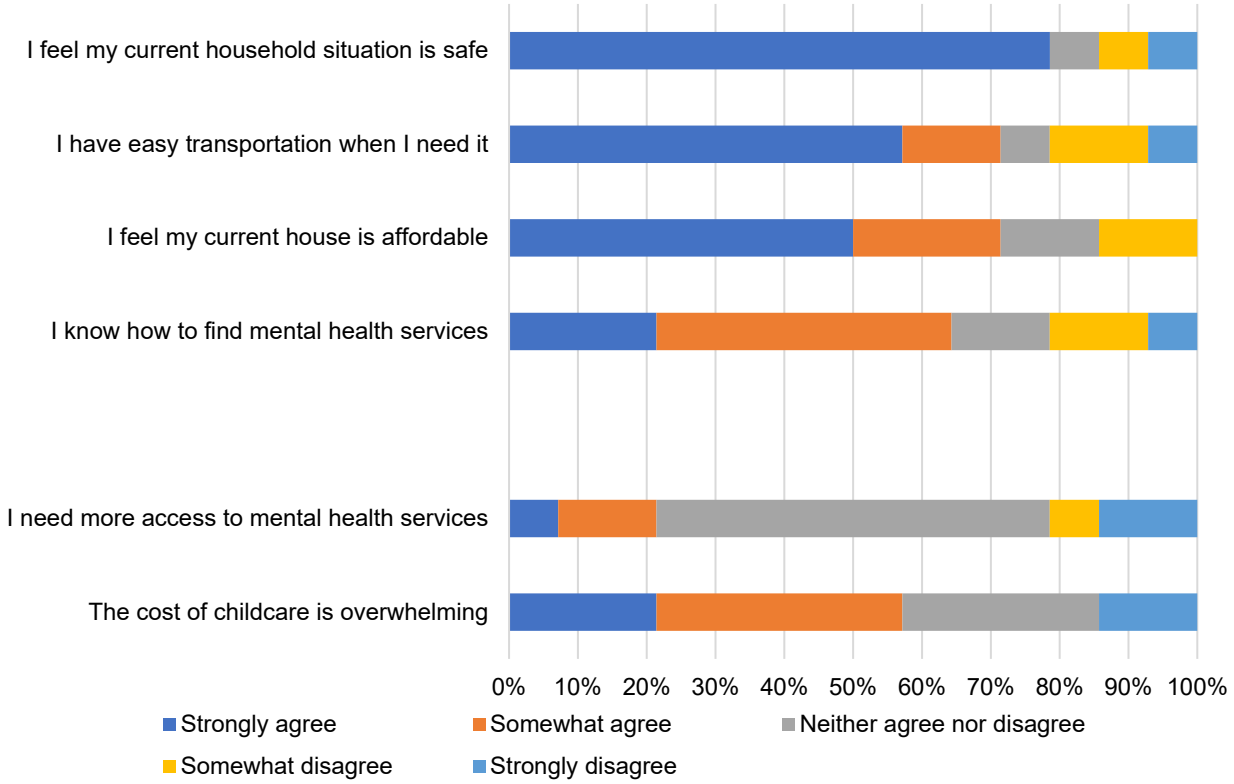
Participants were asked to rank their agreement in a five-point Likert scale with statements that assess their family’s needs. See Figure C5 for a representation of results. The majority of participants reported strongly agreeing with feeling safe in their current household (81.8%) and have easy access to transportation (70.37%). When asked to assess how affordable their current house is, 78% of participants strongly or somehow agreed that their current housing is affordable. Regarding mental health services, responses were more divided. Although 46% participants reported surely knowing how to find mental health services and around 28% reported somehow knowing this information, and 26% of participants reported less knowledge about this information. While most participants know how to find mental health services, around 24% of participants reported needing higher access to those. Turning to the cost of childcare, most than half of participants (56.36%) agreed that the cost of childcare is overwhelming.

Figure C5. Participant’s assessment of current family needs



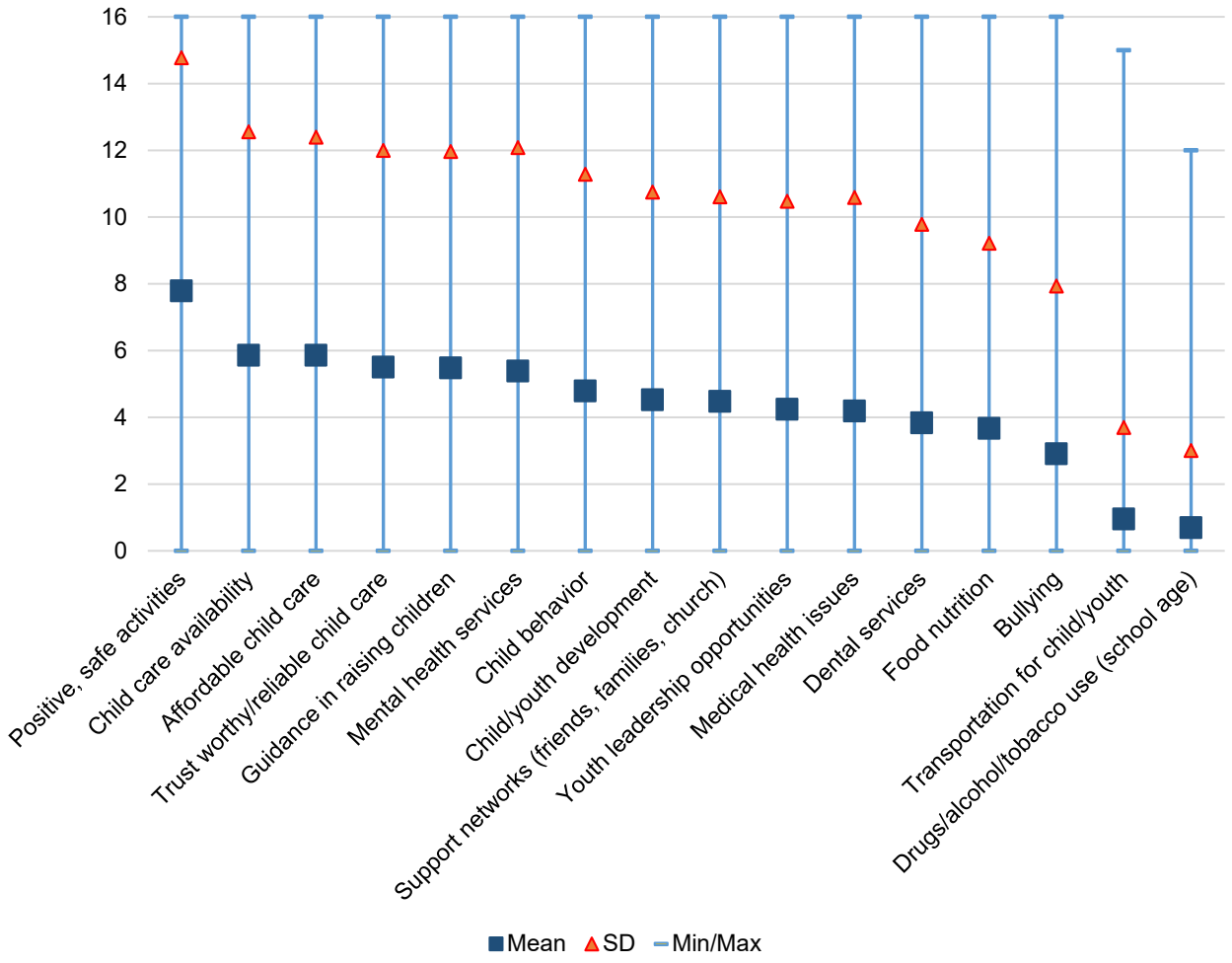
We reproduced the analysis of family needs only for those families that have a household income lower than $50,000. Results are presented in Figure C6. Similar to the general sample, the majority of participants reported strongly agreeing with feeling safe in their current household (78.6%). However, a smaller percentage of participants reported having easy access to transportation (57.1% vs 70.3%) and that their housing is affordable (50% vs 78%). While 46% of all participants reported knowing how to find mental health services, only 21.4% did among lower income participants. However, the number of participants needing greater access to mental health services was similar across samples. Turning to the cost of childcare, the percentage of participants reporting that the cost childcare is overwhelming is the same for low-income participants (57.14%) and the general sample (56.4%)

Figure C6. Low-income participant's assessment of current family needs



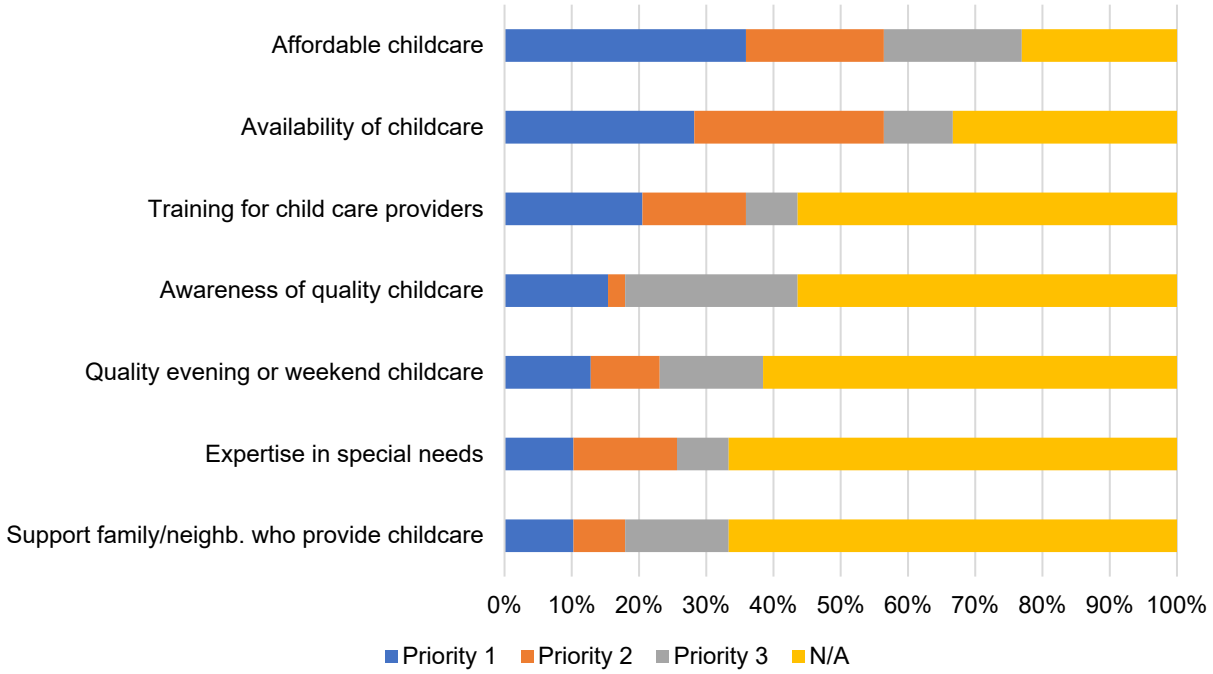
Participants were also asked to rank services according to the order in which their family needs more support. Answers were ranked from 16 (highest need) to 0 (no need). Scores within each need were averaged and they are presented below. Figure C7 indicates that the service more often rated as not needed was drugs/alcohol/tobacco use treatment for school-age children. The need of positive and safe activities for school-aged children and support on child behaviors were rated as requiring more support. In contrast, transportation for child/youth and programs and to reduce drug, alcohol, and tobacco use among school age children were reported by participants as needs requiring low support.

Figure C7. Average score of order in which family needs the most support



Participants were also asked to rank which are the three most important priorities in Pottawattamie County. As presented in Figure C8, having affordable childcare stands out as the most highly rated as the first priority by 43.3% of participants and also being the less rated as “not applicable” by 3.3% of respondents.

Figure C8. Participants' assessment of priorities in Pottawattamie County



Pandemic Effect on Access to Services

Participants were asked to assess whether the pandemic has changed the accessibility to certain services. For this, they used a 10-point scale, from harder (-5) to easier (5). Figure 9 shows that respondents indicated that the pandemic made harder accessing health care, mental care, childcare, employment, and social support. Notably, child care was rated as the service that was most difficult to access and no participant indicated that the access to child care services was easier. On average, transportation, food resources, and school services were not more difficult or easier to access. However, these are averages and it is important to indicate that we obtained reports of both easier and more difficult access.

When analysis were replicated with participants not residing in Council Bluffs, we found similar averages than the whole sample. Figure C10 shows that although minimum and maximum scores were more restricted, averages across all questions were similar.

Figure C9. Assessment of how the pandemic changed participant's ability to access services

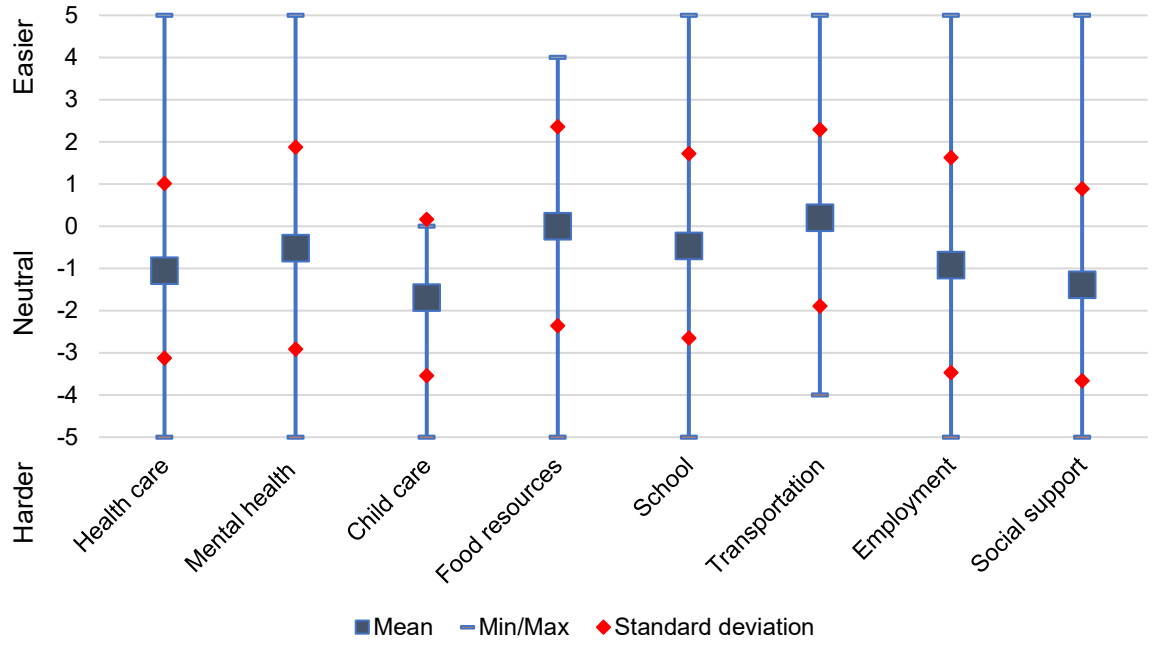
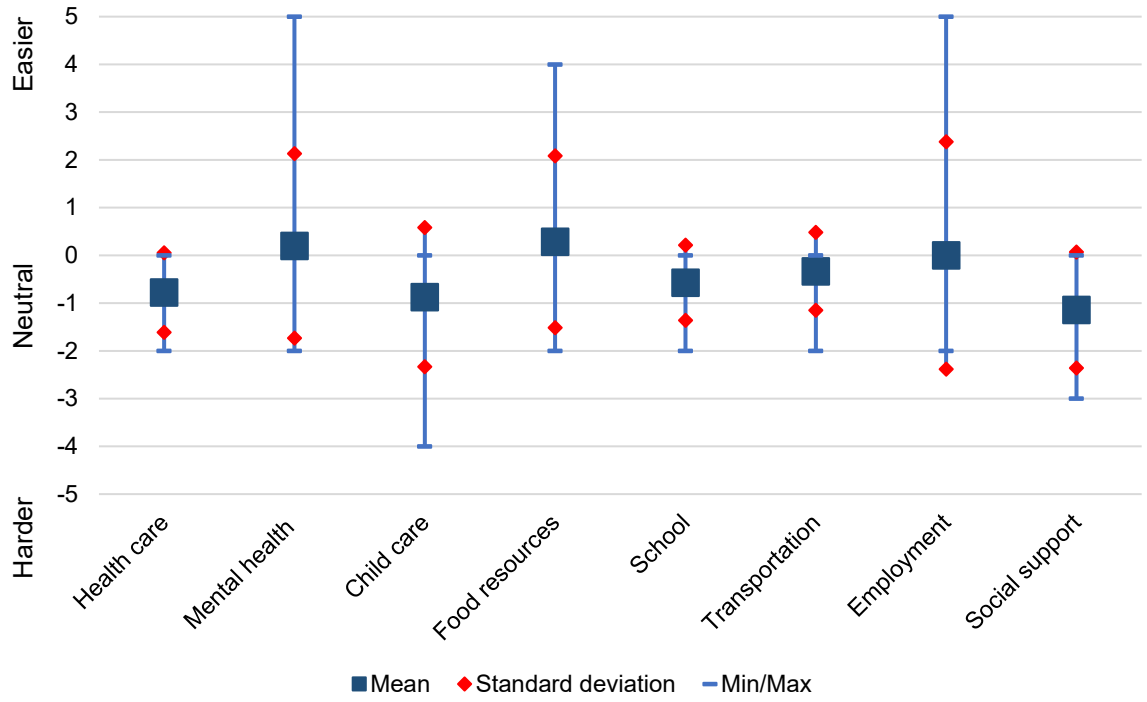


Figure C10. Assessment of how the pandemic changed participant's ability to access services for participants outside Council Bluffs



Family Survey Protocol

[*The following survey questions were distributed to collect information summarized in the report above.*]
Thriving Families Alliance is currently gathering information about our local area to inform a collaborative action plan for early childhood services. As a family with young children in our area - we need your input. Your opinions and experiences about early childhood program strengths and needs is important.
Any information you share will be kept confidential. Your participation is voluntary, and we estimate the survey will take approximately 10 minutes of your time.
Please be open and honest – and thank you for your feedback.

1. How many children age 18 or younger currently live in your household?

2. What are the ages of youngest and oldest child in your household?

3. In an average week, my child (ages 0-5) is in someone else's care not including school time.

4. What is your relationship to the children in your home? Select all that apply
5. Have you or your family ever used the following services? Select all that apply
6. When you or your family experience a crisis, where do you turn for help? *Select all that apply*

7. Please identify the family services and programs that you have participated in and indicate whether you found these helpful. *Check all that apply*

8. What has made it difficult for you to use services designed for families like yours? *Select all that apply*

9. Please provide any further details you want to share about finding information on services or programs, your barriers, and/or changes you would like to make to the service or program?

10. Have you participated in coordinated intake?

10a. Please rate the following statements related to coordinated intake.

10b. What was your experience with coordinated intake?

11. Please rate your agreement with the following statements:

12. If you needed them, would you prefer your child mental health services to be provided in person, virtually or a mix?

13. Please put the following in order by which ones your family needs the most support (1 is most needed, an empty box means it is N/A for you family)

14. Which of the following do you see as the top 3 priorities in Pottawattamie County as a parent for children and youth?

15. Do you or anyone who lives in your house own the following types of computer?

16. In your house do you have reliable internet service?

17. Who is your internet service provider?

18. All children in my home are covered by medical insurance(y/n)
19. All children in my home are covered by dental insurance (y/n)
20. How has the pandemic, overall, affected your ability to access or use any of the following? (list of services)
21. What city do you live in?
22. What is your current age?
23. What is your gender?
24. Are you Hispanic, Latino, or Spanish origin?
25. What is your race? *Select all that apply*
26. Do you speak a language other than English at home?
27. How would you describe your current relationship status?
28. What is the highest level of schooling you have completed?
29. What is your current occupation or work status? *Check all that apply*
30. What is your annual household income from all sources?

Appendix D. Stakeholder Focus Groups

Introduction

Early Childhood Iowa is a state-legislated initiative that serves three main purposes:

- Promoting services for children, prenatal through age five, to enter kindergarten ready to learn and ready for life;
- Creating local flexibility to respond to the needs of young children and their families in the community;
- Serving as a catalyst to support and improve early childhood services, programs and activities.

Thriving Families Alliance is designated by the State of Iowa as the Early Childhood Iowa (ECI) Area for Pottawattamie County, a designation designed to enable local cross-sector boards to lead collaborative efforts involving education, health, and human services programs improve results for families with young children, ages 0-5 years.

The current report was developed as part of a comprehensive community needs assessment in 2021 to assist in the development of Thriving Families Alliance 2021 Community Action Plan, which will guide the work of the Thriving Families Alliance ECI Board, the Thriving Families Alliance Executive Director, and its workgroups. Thriving Families Alliance contracted with Iowa State University and Iowa's Integrated Data System for Decision-Making (I2D2.iastate.edu) through funding from the Iowa West Foundation to gather data and input from staff, parents, and service providers about the quality, accessibility, and collaboration of services for children from birth to age five in Pottawattamie County. There were four data collection efforts for the larger assessment, this report contains results from community partner focus groups. These focus groups comprised early childhood program providers and community stakeholders recruited by Patricia Russmann, Executive Director of Thriving Families Alliance. The goal of these discussions was to understand strengths and needs in connecting with families and best serving families collaboratively across the system of programs and services in Pottawattamie County.

Table D1. Participant Descriptions.

Participant	Type of Services	Employment Level	Location of Services
A	Family Support	Administrative Director	Pottawattamie County
B	Child Care/Education	Executive Director	Pottawattamie County
C	Family Support	Community Liaison	Pottawattamie County
D	Family Support & Education	Resource Specialist	Pottawattamie County
E	Family Support	Executive Director	Pottawattamie County
F	Family Support	Manager	Pottawattamie County
G	Mental Health	Manager	Pottawattamie County
H	Family Support	Director	Pottawattamie County
I	Family Support	Program Specialist	Pottawattamie County
J	Family Support	Executive Director	Pottawattamie County

Focus groups were conducted in May 2021, amidst the COVID-19 pandemic, and thus were conducted virtually. With participant consent each focus group was electronically recorded. Two facilitators were present and took notes on all additional observations made throughout the group discussion. Succeeding the interview process, the Public Science Collaborative Transportation Tool transcribed each interview verbatim. Each transcription was verified by the research team to ensure accuracy. Transcriptions and field notes were then coded using a combination of initial and in-vivo coding strategies. The coding methods permitted focus on the experiences, situations and understandings of individual stakeholder perspectives surrounding their organization and its place in the early childhood network system. Upon completion of the first round of coding, the frequency of each code was assessed, to understand similarities across the interviewee's responses. The narrowing of codes into common themes then provided a unique and in-depth focus on stakeholders' perspective on strengths and weaknesses with in their unique organization and community as a whole. Each session lasted 90 minutes with six primary questions. These questions were selected based off interview responses and information from the prior needs assessment. The input provided during these focus groups will help Thriving Families Alliance better understand providers' experience and add detail to data collected from surveys and administrative reports.

Summary of Findings

Results of the 2 focus groups revealed five overarching themes reflective of common challenges expressed across providers in the community stakeholder groups: (1) Access to Services; (2) Coordination, Referrals, and Transitions; (3) Culture and Language; (4) Staffing; and (5) Mental Health. These themes relate closely to the statewide themes that were identified in the 2019 ECI Statewide Needs Assessment. Statewide findings also emphasized an overall need for more access to services, particularly child care and mental/behavioral health for both child and their families. Families and providers statewide also expressed concern that there was insufficient knowledge and education about service availability and purpose. Another statewide theme was a desire for more systematic supports for local collaboration between organizations,

specifically, providers addressed a concern about current referral processes that feels inconsistent and incomplete. A final theme related to staffing concerns was also raised, related to budgets, training, and recruitment/retention of quality staff to the field of early childhood. For the current community needs assessment, similar themes were found in addition to a few others that specifically influence Pottawattamie County. Using findings from the structured interviews and secondary analysis, additional focus group questions were added to these discussions. Specifically, more detail about the evolution of Pottawattamie County's coordinated intake processes that have been emphasized since the last community plan in 2014, as well as continued needs in connecting and serving the county's growing Spanish-speaking population were collected. These themes are discussed below with sample quotes from the focus groups included.

Theme 1: Access to Services

Participants explained a diverse compilation of challenges related to families' access to services. Common barriers identified were an overacting shortage of services (specifically noted were child care and mental health), at times resulting in long waitlists. State-specific medical insurance presented a challenge for families to receive services needed due to location of service and insurance coverage boundaries. Additional challenges were corroborated by participants such as lack of adequate transportation and program service hours not meeting the needs of families.

- *"There are a few larger providers (…) one of the MCOs was not approved to provide or to be a provider for them, so the family could be given that information, choose to switch MCOs and then receive service."*
- *"Yeah, I think through this about family, you know, choice is really not an option. It's if a resource is available here's the resource, THE - singular, and so I don't think choice is really ever, really you can choose whether to engage with the resource or not, but it's not like you have multiple choices as the type of provider or even the agency that is providing that service, you're lucky to get in"*
- *"I think access for families who qualify for subsidies and then from a statewide issue that obviously impacts us locally is that subsidy and the associated dollar amount with it for child care."*
- *"Depends on the organization we are sending them to, some of them will accept Iowa Medicaid some of them won't"*
- *"Also, the funding only allows families to be referred to one program. They might need multiple programs but it can only get into one program due to the funding."*
- *"Sometimes the bureaucracy and red tape gets in the way of common-sense solutions, where I think as provider we know that too and its super frustrating to have either a person go through a redundant process, because you've already done that, you've already assessed that you've already seen that, let's get services started. And then ultimately, if you*

were talking about our specific families, you end up losing that engagement piece because it has to be quick, it has to be accessible, you have to be flexible."

- *"We can't understand (…), I can show you our parents ACEs data next to the child's ASQ data, right? And if I sort that sheet from 4 and above, every one of those children have a developmental delay. Like, these children urgently needs services. And it's crickets, and it's like that doesn't drum up any more urgency than a general referral. They're not coming from the same pipeline. That's what I guess. Where I get really frustrated is this just isn't a random community referral."*
- *"I have to balance Nebraska and Iowa for regulations, and I have families who want to stay in Iowa, but the only places they can go to get the services they need are in Nebraska because they are specific. And I've even had families who've been told that they need to go to University of Iowa, or Blank Park Children's instead of just going across the bridge, because that is in Iowa but that is not at all convenient for them."*
- *"…Getting help for those people who are in that don't qualify for anything but can't afford like god awful amounts. Like I mean we are struggling to pay for daycare or to pay for anything, you know?"*
- *"Transportation kind of comes into here too. But you know, accessibility to get to the daycare places and then to hop back on the bus to get to work or to school."*
- *"[Child programming] service hours do not align with school hours or people that work hours."*
- *"[Child programming] only works in the school year and doesn't go all the way through the summer as well to help those parents who are working"*
- *"I [the program] run into gaps for school aged kids. Specifically school-aged kids because at that point, most of the programing are saying, well the schools should be taking care of this, the schools should be identifying this and most of the kids that I see, they have fallen through the gaps."*
- *"Poor quality centers [early childhood care] cost as much as good-quality centers, and that's just because we have a shortage of space and even someone who's not running a good quality program can charge the same amount of money just because they have the space available."*
- *"There also is the very practical need why we are talking about adding a child care center 'cuz there is just no external referral for a family who doesn't qualify for child care assistance because it is a single mom with multiple kids under the age of five and you have to be seeking employment to qualify in the state of Iowa."*
- *"I think it [lack of state funding for quality preschool programming] just really restricts school districts from expanding preschool offering because they are just not funded at a full student rate, I think that would make a difference."*

- *"We can talk about [some services], you know, locally and Council Bluffs, [some services] has two strikes and you're out. Basically, If you missed two appointments, you're no longer accepted in the clinic and there's like, literally one or two clinics and that's very punitive on families in poverty and you are talking about you are going to impact a child's future, like into their youth and adulthood because of that policy."*
- *"We will see some of our families have services from 0 to 5 and then some that didn't really know they could have services and they come into our school and just expect schools to be able to fix everything."*
- *"You wouldn't write in small print, or you wouldn't write in large print for someone who couldn't see and then small print for the rest of the class you just write in large print. So that's our approaching every family that we work with."*

Theme 2: Coordination, Referrals, and Transitions

Multiple discussion points in both focus groups highlighted opportunities and challenges in collaboration among providers. Some shared that while most providers communicate openly with families about what services they can or cannot provide, there still appears to be some misunderstanding among families as to the different roles of organizations in the early childhood network. Participants noted that there is a desire to collaborate among organizations to best meet the overall needs of families in the community, but the recent COVID-19 pandemic has brought some distance between the organizations. Participants also acknowledged that programs do try to use trauma-informed tactics and work hard to best identify specific areas of family needs to direct services.

- *"Well with collaboration, we have Child and Family Resource Network which is like a one-stop shop for our in-home services to send family to so you're not giving them like 50 brochures or websites you're sending them to one place."*
- *"I would say a strength is just having an organization like Thriving Families Alliance. They are really driving family alliance to coordinate. "*
- *"Thriving Families Alliance helps that collaboration that team work in that coordination within Pottawatomie County, I think being as big of a county as we are, I feel that our system really tries to look outside of the Council Bluffs hub, we are trying to expand our vision of just Council Bluffs, like it is actually all of Pott County."*
- *"The strengths are we all understand that there's a need and we all want to work, but then sometimes it's our program only allows this and I think with our specific kids, there's so much information that we have - downloaded parents ACE score, child ASQ score – like, we could be really prescriptive about what we want to do based on that information and then you get the referral off to somebody and they're like even if it's a physical health provider,*

well, you know because we are dependent on Iowa Medicaid. We can't do that thing unless you do X,Y, and Z first."

- *"I also struggle thinking of it as a system. I know I think of it as programs and services because it is really not, no matter wat population you're look at, there is no system up and down there are gaps along the way. So, I think it's a bunch of great programs and services but the system is not there because the gaps that we are talking about."*
- *"I think sometimes there is a gap between maybe like families who are participating in the birth to three thing and then they are done with like some help with the birth to three and maybe they don't want to go to public preschool (…) so where are good daycare providers for kids with needs?"*
- *"I'm figuring out that sometimes all this information, like the service coordinators do [in some programs], isn't even getting to the early childhood specialists that are working with the kids and preschool."*
- *"Sometimes we get siloed in what we do and we forget there are other people out there to help us."*
- *"I feel like you have to let them come to it kinda on their own like you can prompt them to things but telling them their kid needs services is not a good way to go at it."*
- *"The majority of the time, the parents don't disclose that [IEPs, medical needs or behavioral challenges] to us during the enrollment process. We discover that later and sometimes it's much later when you know it was some sort of challenge or issue arises during the offering of our daily services."*
- *"The bulk of ours [referrals] are from the state so the families don't have a choice, that's the state saying you're going to participate [in specific program]But then we help link them [families] to these other services (…) So we do a lot of referring out to the other agencies."*
- *"We've gotten to know each other's agencies fairly well, so I think that helps with connecting them to resources and then weakness is just over the last year, the Rona [COVID-19]. You know, we lost some of those connections"*

Theme 3: Culture and Language

Participants acknowledge a challenge in the ability to engage with members of the Spanish-speaking community. Two reasons for this disconnect appear to be a community wide lack of Spanish-speaking employees and the systemic complication that very few documents are translated into Spanish. Participants expanded on the need for higher quality translation services and an increase in ethics training for Spanish to English translators in the community. Another key piece of information was the need for more Spanish-speaking child care opportunities. There was sentiment expressed that it is a bidirectional challenge in earning and maintaining trust for the Spanish-speaking community within the early childhood system as a whole.

- *“I don’t necessarily think that we are meeting the needs of the families in every sense, in terms of, you know, billing, understanding invoices, you know communication about some of the business side of the operations.”*
- *“We need to have a little bit higher standard for our interpreters to make sure that all these things were being ethically done.”*
- *“We have a language line that we contract out with. The challenge with it though is it is on the phone, so you call and you are interpreting over the phone so you lose some of that connectivity with the family.”*
- *“I also believe a gap is in ethics training of interpreters. The standard that we should have for interpreters that we hire as well, meaning [an example] I’m pretty sure that’s not what I just said”*
- *That becomes a problem in the service field as far as what is like quality training for our interpreters that we access, it shouldn't be a family friend that's coming and interpreting for them. It shouldn't be a student. That we all really like and is bilingual to come in and kind of help us out. I feel like we need to elevate that level”*
- *“The main thing is trust, the issue of trust, trusting those places, once they lose the trust you know, going to that place, you lose all the families because one will tell the others, so I think that is a big problem in Iowa, in the county. There is no trust.”*
- *“How to build that trust in the immigrant or the refugee family communities that speak different languages, it’s an issue for them because for the workforce. They don’t want to leave their children at home alone, they don’t have their families with them. Child care places are not trust places, anyway in their culture.”*
- *“It is very hard to referral people to places there is no Spanish-speaking workers or people that can communicate with families to make a connection with, so I think that is a big challenge.”*
- *“I don’t think we have any Spanish-speaking [field staff] in our office, so that is something that we are lacking on.”*
- *“We have a unit that is Spanish-speaking staff and a supervisor who speaks Spanish. So, once we know a family, if they need a Spanish-speaking income maintenance worker, we have that available to them, we can send Spanish forms.”*
- *“I don’t know if we reach everyone, that’s probably a challenge, I don’t know if we’re doing outreach to try to do that or its just once we know we adjust.”*
- *“I definitely will say we’re not meeting the needs of everyone, but we have worked to develop some of our most important written documents and get them translated into Spanish, we also have about a third of our staff are Spanish-speaking we’re working towards the goal of having at least one Spanish-speaking staff member at all our sites.”*

- *"We [an organization] just finished our first professional development raining no cultural competency (…) This will offer great tools for the workers of how to interact and communicate with people with different culture, not just ethnic cultures but all types of culture, people who are deaf or people who are the different families, that different disabilities. It is not just race or ethnic type of training, but it's a pretty comprehensive for cultural competency.*
- *"I [the organization] try to make sure that we have staff members how can assist [speak Spanish], but that's even the hiring side of things is incredibly difficult (…). So I think hiring is tough and so there is always going to be that language barrier, not even then can you get to the cultural issues as well as you know family and asking about kids needs and you know the differences between cultures and how that is responded to."*

Theme 4: Staffing

Similar to findings from the 2019 ECI Statewide Needs Assessment, Pottawattamie County stakeholders corroborated staffing challenges in the programs serving families with young children including child care, mental health, and other direct support positions. Reported challenges were related to the non-standard work hours, stress, and low wages. Organizations are working hard to improve and maintain a positive work environment, with many implementing new strategies to increase recruitment and raise retention rates through incentive bonuses, pay increases, or professional development opportunities.

- *"We've always struggled to be fully staffed, but with what has happened in this last year and the way I see the labor market going I think it's going to get exponentially worse and it's going to be harder to attract good quality staff."*
- *"It's really the long hours and stuff that we're trying to, we need more people to lower their hours but we can't keep the people."*
- *"The field just has not had the best reputation as far as incentives and pay and perks, so trying to show individuals that things are changing and we are trying to get better and do better, but the field has had kind of a shotty reputation."*
- *"It was a job, not a profession and I work every day to change that it's early childhood education, its not child care day care per-say. We need to change the perception of our world."*
- *"The shift is difficult (…) we've really gone about as far as we can go in terms of offering pay and benefits to attract employees but, so, I think it's the schedule, the schedule is part of it for us, but I think the other part of it is just the work."*
- *"I think we are going to see a continued decline in interest in labor market for these types of jobs because of the pay and because of the stress and those kinds of things, quality child care centers are operating on the thinnest of margins."*

- *“We are just not attracting the same number of educated people and we’ll even bring someone on and pay them while they go to school and pay for their school but we’re not even getting those people.”*
- *“You know we have 24-hour shift coverage. So we have 3:30 [am] to midnight, Midnight, 8 a.m. shifts and those are always our most difficult”*
- *“Yeah, it's really just the evenings and weekends and then working for us, we work around the family schedule. So staff struggle with understanding we got to meet the families where they're at ‘cuz they do want to have their own personal time or the daycare is a huge issue for a lot of our staff who is going to watch their kids at 8 at night till they get home. So that's probably our biggest reason for people leaving is just the hours.”*
- *“We currently are doing a hiring bonus and then retention obviously is the million-dollar question, how do you keep people?”*
- *“We have increased our like our entry-level wages and now for 2021 still have like a dollar an hour Hazard-pay that we’re giving on top of their base pay, which we intend and have told them that that’s going to become their ne base pay.”*
- *“Retention is our focus right now. We have to make sure this is a place people want to stay once they get hired.”*
- *“We have tuition reimbursement.”*
- *“I think that If I can get to them individually and share our story and what we offer, because we offer benefits, most places in the field do not so just having paid holidays and paid vacation is a big deal. So I feel like if I can get to them individually and share our story, I don’t think there is a lot of competition.”*
- *“A lack of workers in the field, whether they are skilled or unskilled or anybody and I know that, that’s in our nation right now, but it is a big barrier. We could take you know ten-fold in kids if you had the staff to server them.”*
- *“I’m actually really concerned about what the next wo or three years is going to look like, the market [child care work force] is very concerning.”*
- *“I think most importantly right now our focus is just serving our employees and making sure we are building a culture that they [employees] want to go out and tell other people about because we know they can be our best recruiters.”*

Theme 5: Mental Health

Focus group results for Pottawattamie County stakeholders mirrored statewide results suggesting we have a shortage of mental health services and that the ones we have may not be best meeting the increasing needs of families. Providers shared that mental health services in the area are either full and have waitlists, or don’t exist. Participants indicated a need for more training for providers on next steps in how to meet the needs and help teach resilience techniques to families once adverse childhood experiences

(ACEs) have been identified. While many of these challenges are related to lack of trained mental health providers. Additionally, participants noted more group based support programs for parents would be beneficial to meet community needs.

- *“I do get a big ask on like registered play therapist, in the community so I have an ongoing, you know that is something I'm constantly working on to be able to have an updated list of who are considered registered play therapist. Not just therapist who like to use play therapy”*
- *“I also have just a compiled list that I've made over the years of who to send people to. But most of mine also goes back to Nebraska, because that's where I can get most of my direct resources to see them instead because I can't find them here in Council Bluffs are in Iowa.”*
- *“Because they're not around [mental health providers]. The specific needs are not in our area they're too far away.”*
- *“There’s a huge gap in just support groups for parents for kids with mental health needs and or grandparents, raising grandkids with trauma and other needs just that informal formal support network that would maybe be a follow up to like a parenting class or something like that.”*
- *“When it comes to that mental health aspect, I have a lot of parents who don't understand the entire process of it, or how it works in conjunction with their kids and how it'll put them behind once they start kindergarten because they're not at the same location as the rest of their peers, going into kindergarten just because of the social, just the mental health aspect of it.”*
- *“I think there needs to be better education for parents in general about how to support their child's Mental Health.”*
- *“How do we get better at ensuring that staff see the benefit, the value of doing the trainings and how to apply that in their jobs? They get a little fatigued with all of the training [mental health].”*
- *“I think we have a lack of mental health providers for this age group [early childhood], especially psychiatrists.”*
- *“I know the southwest Iowa [organization], we have included some topics in the last few years on children’s mental health, we hadn’t done that before, so it’s something we like to keep forefront if we can find the right speaker.”*
- *“One of my downfalls is I assume everybody knows what ACEs are and are trained in them.”*
- *“Specifically with mental health, I think that at least some of my staff, that’s a daunting, taking on like learning about mental health and getting training for identifying mental health needs in children and doing something about it, I think some of our staff anyway, they are a little intimidated by that task.”*

Focus Group Protocol

I2D2 staff members from Iowa State University developed the focus group protocol with input from Thriving Families Alliance and results from the structured key informant interviews that were also part of this comprehensive community needs assessment. Building from the protocols that were used for provider focus groups in the statewide needs assessment led by I2D2 director Heather Rouse, the I2D2 team adapted questions and scripts and facilitated the groups. Two I2D2 team members facilitated each focus group (Jeff Jackson and Allison Gress). Results were then transcribed using software protocols and summarized into themes.

The following protocol was used to facilitate each group, and expansion/elaboration prompts were used as needed to dive deeper into areas of focus that arose.

1. Please tell us your name and a little bit about the service you provide for young children and their families.
2. What are the greatest strengths of the system as a whole? (PROMPT: Explain)
   What are the barriers to more effective service provision? (PROMPT: Explain)
3. How do you reach families to encourage them to enroll in, or otherwise use your services?
   During the enrollment process, how do you work with families to identify and implement things that are in the best interest of the child? (PROMPT: What steps do you take to promote shared decision-making about the best interests of the children during enrollment? If there are services they need that you can't provide, how do you connect them with what they need?)
4. How do you engage with Spanish-speaking families? (PROMPTS: What challenges have you faced enrolling Spanish-speaking families? What has been successful?
5. What help is available for you to work with families with special health, mental health or behavioral needs?
6. Let's talk about the early childhood workforce. Can you talk about your recruitment and retention strategies? (PROMPT: What has been most successful? What are the challenges?)
7. What types of professional development or training opportunities are available to your workforce? (This may include financial support or incentives to pursue advanced degrees, certifications or coursework)
   What are strengths and weaknesses of these supports? Are they effective in allowing or encouraging you or your staff to pursue professional development? What specific strengths or needs do you see in training for supporting children's mental health?
8. How do you work with other service providers outside your own program to support children and their families? (PROMPTS: What are some strengths or weaknesses of collaborations in your area? How to referrals work between programs? Is information shared between service providers as a child transitions to a different setting or service? Do you have partnerships or collaborations with other service providers to share resources such as professional development, space, etc.?