



ALACHUA COUNTY CHILDREN'S SERVICES NEEDS ASSESSMENT

2016



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Executive Summary

THE ALACHUA COUNTY CHILDREN'S SERVICES NEEDS ASSESSMENT PROCESS

A contract was executed on February 24 between Alachua County and WellFlorida Council to conduct a children's services needs assessment with a focus on children ages 5 and younger in Alachua County. The purpose of this assessment was to gain a comprehensive perspective on the major issues impacting school readiness for children, prenatal to 5 years old, as well as the contributing factors associated with those issues. The identification of these issues and contributing factors will ultimately be used to prioritize how to address these issues and factors in the future.

Mobilizing for Action through Planning and Partnerships (MAPP) was the process WellFlorida used to complete the needs assessment. MAPP was developed by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). The MAPP needs assessment model centers on community mobilization, community participation, and collaboration to identify strategic issues and set priorities. MAPP includes four main assessments:

- Community Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health Assessment – which was modified for the purposes of this report

Together, the four MAPP assessments work in concert to identify needs through various sources to determine priorities and identify recommendations to address the needs.

To prepare for this assessment, WellFlorida staff reviewed local assessments, children's services needs assessments completed by children services councils across the state, statewide children's services assessments (outside of Florida) and national guidance related to children's services needs assessments with a focus on school readiness. Successful children's services councils across the state were contacted to better understand the history of children's services councils, how they identify needs and how they address those needs in a prioritized manner.

Steering committee members were recruited in late February and early March 2016. A complete list of steering committee members can be found in the Technical Appendix. Steering committee members represent organizations that provide services to children prenatal to five years old and their families. The steering committee serves in an advisement role to WellFlorida Council on the needs assessment process. Steering committee members served to assist with the identification of prioritized critical educational, social and health factors that impact school readiness.

The first steering committee meeting, which occurred on March 22, served as the project kickoff/introduction meeting. WellFlorida staff presented the goals and needs assessment process to the steering committee. In an effort to ensure WellFlorida includes appropriate and meaningful data in the assessment, the steering committee reviewed and discussed secondary data sources and related indicators.



The second steering committee meeting occurred on April 26, 2016. The primary focus of this meeting was an in-depth review of secondary data components and identifying potential sources for these data elements. A preliminary review of potential survey questions were briefly reviewed during this meeting.

The third steering committee occurred on May 25, 2016. The primary focus of this meeting was to update the steering committee on the success and challenges related to secondary data collection and to discuss the plans and tools for primary data collection (surveys, focus groups and key informant interviews). During this meeting, two workgroups were formed: Primary Data Collection Workgroup and Technical Appendix Review Workgroup. The Primary Data Collection Workgroup assisted in the development and approval of the Parent/Guardian and Provider Surveys. The intention of the Technical Appendix Workgroup was to review the Technical Appendix. Due to significant delays in the receipt of data from local children's services providers, the Technical Appendix Workgroup were unable to formally review the Technical Appendix.

ORGANIZATION OF THE CHILDREN'S SERVICES NEEDS ASSESSMENT REPORT

The 2016 Alachua County Children's Services Needs Assessment is comprised of the following main sections:

- **Executive Summary.** This section includes an overview of the needs assessment process, description of the organization of the report, and insights on using the report.
- **Community Status Assessment.** This section is one of the core MAPP assessments. The Community Status Assessment includes secondary data related to social determinants of health, demographics, school readiness and related topics that impact school readiness. The assessment compares that status (for most data) to Florida. Essentially, this is a technical overview of highlights found in the existing secondary data for the county and the state, and discusses highlights in the data based on the information compiled in the Technical Appendix.
- **Community Themes and Strengths Assessment.** While the previous section—The Community Status Assessment—is largely based on in-depth quantitative analysis of existing community and children's services data sets, this section provides a qualitative perspective on issues and the children's services system from the community at-large. The following assessment took place to fulfill this requirement:
 - **Alachua County Children's Services Surveys.** These surveys were administered to:
 - Parents/Guardians of Children aged 0-5 (Alachua County Children's Services Parent/Guardian Survey). The Parent/Guardian Survey was distributed widely throughout Alachua County to parents and guardians of children prenatal to five years old.
 - Providers of Children aged 0-5 (Alachua County Children's Services Provider Survey – providers include physician and child care workers). The Provider Survey is a modified version of the Parent Survey.
 - **Alachua County Children's Services Focus Groups:** Focus groups were used to gain insights from parents and providers. The focus group scripts (one script for parents/guardians; one script for



providers) were developed based on insights from the Parent Survey and Provider Survey preliminary analysis.

- Parent/Guardian Focus Groups: 3 focus groups were facilitated with parents/guardians of children prenatal to five years old.
- Provider Focus Groups: 2 focus groups were facilitated with providers who serve children prenatal to five years old and their families.
- **Alachua County Children's Services Key Informant Interviews.** Key informant interviews were conducted with key policy and decision makers in Alachua County. These key informants are key stakeholders in the within children's services in Alachua County.
- **Forces of Change Assessment.** The steering committee members identified and assembled a diverse gathering of community leaders to participate in a strategic Forces of Change meeting to identify Events, Trends, and Factors in the Alachua County Community that have an impact on children's services. The Forces of Change Assessment is one of the four MAPP assessments and is an environmental assessment of external forces and trends such as legislation, technology, trends and perspectives, and other impending changes that affect or are likely to affect the children's services provision and children's health and development outcomes in the near future in Alachua County. The Forces of Change is basically a facilitated SWOT (strength, weaknesses, opportunities and threats) session which only focuses on the OT (opportunities and threats) to the children's services system and children's health and development outcomes in Alachua County.
- **Local Children's Services System Assessment.** The Children's Services Needs Assessment steering committee, as well as several identified members of the community, were assembled to participate in the Local Children's Services System Assessment. This poll-style group activity called on participants to identify the components, activities, competencies and capacities of Alachua County's children's services system, as well as asked participants to rate how well essential services are being provided to the Alachua County community.
- **Identification of Strategic Priorities and Recommendations for Next Steps.** This section begins with a brief summary of the intersecting themes that cut across all sections of the Children's Services Needs Assessment and some of the key considerations generated from those common themes. Following the summary of these themes and considerations, this section details some general suggestions, or promising practices, about how to move forward with the identified needs; provides some specific examples of approaches to address these needs; and discusses some community organization principles that will need to be addressed to ensure that improvement in children's services in Alachua County is realized.

USING THE CHILDREN'S SERVICES NEEDS ASSESSMENT

The 2016 Children's Services Needs Assessment aims to address the core MAPP assessments that are designated as key components of a best practice needs assessments designed by NACCHO and the CDC. The identification of the needs and issues of the community comes from an analysis of the intersecting themes in



each of these sections. Overall, the main objectives of the children's services needs assessment are the following:

- To accurately depict Alachua County's key children's services issues based on common themes from the core MAPP assessments;
- To identify potential strategic issues and some potential approaches to addressing those issues;
- To provide insight and input to the next phase of the children's services improvement process;
- To provide the community with a rich data resource, not only for the next phase, but also for an ongoing resource for program development and implementation, as well as evaluation of community improvement.

TECHNICAL APPENDIX

While the 2016 Alachua County Children's Services Needs Assessment is undoubtedly a stand-alone document, the assessment has been designed to work in concert with an accompanying Technical Appendix. While the narrative assessment presents data and issues at a higher more global level for the community, data is presented at a more granular level detail in the Technical Appendix. Thus, for most data that is briefly addressed in the main assessment, the Technical Appendix presents these data in a very fine level of detail by breaking data sets down where appropriate and when available. The Technical Appendix is an invaluable companion resource to the assessment, as it will allow the community to dig deeper into the issues in order to more readily understand the children's services needs of Alachua County.

The Technical Appendix is comprised of more than 180 supporting material across over nearly 500 pages. The Technical Appendix is organized into the following major data sections:

- Demographics and Socioeconomics
 - Population
 - Poverty
 - Income
 - Uninsured
 - Unemployment
 - Education
- Maternal & Infant Health
 - Births, Mortality, Family Makeup, Hospitalizations
- Local Data on Children
 - Healthy Start, Peaceful Paths Domestic Abuse Network, Partnership for Strong Families, Meridian Behavioral, Early Learning Coalition, United Way of North Central Florida
- Parent Survey Full Responses
- Provider Survey Full Responses

Note that many of the data tables in this report and in the Technical Appendix report contain standardized rates for the purpose of comparing Alachua County to the state of Florida as a whole. It is advisable to



interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates.



Community Status Assessment

INTRODUCTION

This portion of the Children's Services Needs Assessment provides a narrative summary of the data presented in the Technical Appendix. Data for the Technical Appendix were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the American Community Survey (ACS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). When data are available, a comparison is provided with the state of Florida.

Data from this report can be used to explore and understand the needs of Alachua County children in order to plan interventions and apply for continuing and new program funding.

The following summary of the Technical Appendix data is broken down into several components:

- Demographics and Socioeconomics
 - Population
 - Poverty
 - Income
 - Unemployment
 - Uninsured
 - Education
- Maternal and Infant Health
- Local Children's Services Data
- Key Insights

The data presented in this summary include references to specific tables in the Technical Appendix in order for users to see the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

The demographic characteristics including poverty, income, access to health care (insurance), unemployment and educational attainment of Alachua County residents are reviewed in this section. Data in this section is presented for Alachua County and compared to Florida. Socioeconomic indicators lend to factors that, if an intervention was made to drastically change these data points in Alachua County, the result would have the largest impact on the health and well-being of citizens. Not surprisingly, socioeconomic factors are the most difficult to change and move the needle in the positive direction, as they are mainly the result of larger-scale societal factors that take very long periods of time to cycle. Because of this, it is important to keep these factors in mind when developing plans for a community in order to address these disparities whenever possible.



POPULATION

The 2010 U.S. Census data provides the official counts of the population and housing units for the nation, counties, cities and towns. In the past, short and long forms were sent out every ten years. Now, only the short forms are sent out every ten years. Information collected on the long forms in the past are now asked on the yearly American Community Surveys. 2010 Census data is shown for the population in various breakouts to show the official counts by Zip Code Tabulation Areas, county and state.

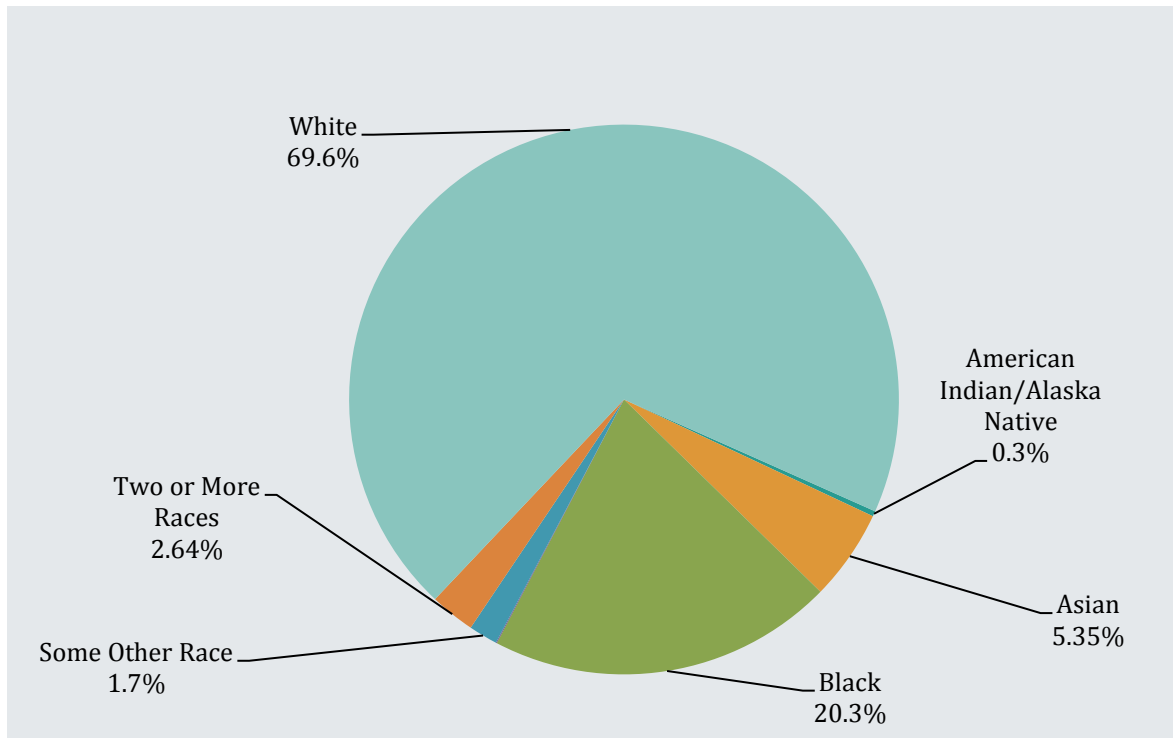
The American Community Survey data is released in one year or five year estimates. The American Community Survey is sent to a sample of the population (unlike the Census), such that estimates may be made regarding the population. Since the current year is 2016, in order to provide more recent estimates for population and characteristics of the population, the American Community Survey data will also be referenced throughout the narrative summary. While some summary information will reference the 2010 Census; it is also important to reference the American Community Survey data as a more current reflection of the population.

Alachua County has a population of 247,336 according to the 2010 U.S. Census Bureau (Table 5, Technical Appendix). The American Community Survey (2010-2014) estimated population for Alachua County is 251,759. Alachua County is located in North Central Florida. The county shares borders with Columbia, Union and Bradford Counties to the north, Levy and Marion Counties to the south, Putnam County to the East and Gilchrist County to the west.

Gainesville is the largest incorporated municipality in the county, according to the U.S. Census Bureau (Table 5, Technical Appendix). 78.8 percent of Alachua County’s population is considered urban and 21.2 percent is considered rural (Table 12, Technical Appendix). The following figure provides a visual representation of Alachua County population by race for all ages.



FIGURE 1: POPULATION BY RACE IN ALACHUA COUNTY



Source: Table 5, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

As seen in Figure 1, the majority of Alachua County residents are White (69.6 percent) and the largest minority population is Black (20.3 percent). In Alachua County, 48.4 percent of the population are males and 51.6 percent are females (Table 7, Technical Appendix).

The following table provides information regarding the population, by selected age groups, in Alachua County as compared to the state of Florida as a whole.



TABLE 1: POPULATION BY AGE GROUPS

| Age Group | Percent of Alachua County Population | Percent of Florida Population |
|-----------|--------------------------------------|-------------------------------|
| 0-4 | 5.3 | 5.7 |
| 5-9 | 4.7 | 5.7 |
| 10-14 | 4.7 | 6.0 |
| 15-24 | 26.3 | 13.1 |
| 25-34 | 15.0 | 12.2 |
| 35-44 | 10.3 | 12.9 |
| 45-54 | 11.9 | 14.6 |
| 55-64 | 11.0 | 12.4 |
| 65-74 | 5.9 | 9.2 |
| 75-84 | 3.4 | 5.8 |
| 85+ | 1.5 | 2.3 |

Source: Table 10, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

As seen in the table above, population by age group in Alachua County varies slightly from the trends for the state of Florida, with the greatest difference existing in the 15-24 age group (26.3 percent in Alachua County; 13.1 percent in Florida).

As seen in the following table, according to 2010 Census, 15,501 children were five or younger in Alachua County. In 2010, children five and younger represented 6.3 percent of the Alachua County population (Table 10, Technical Appendix) compared to 6.9 percent of the population of Florida as a whole.

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY

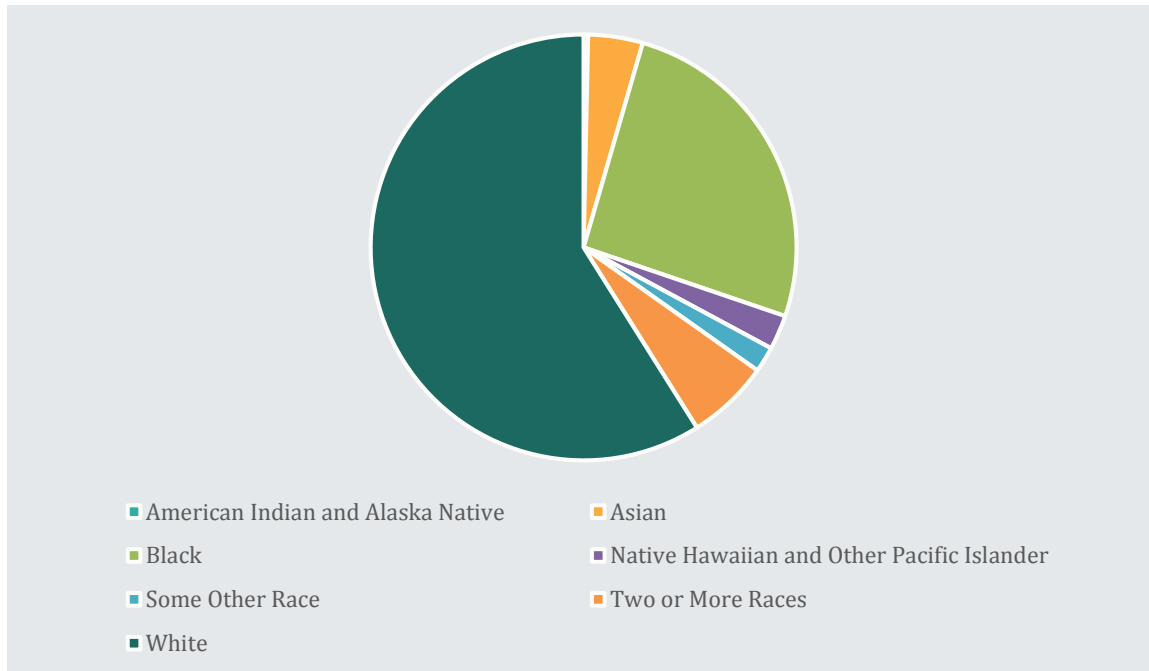


TABLE 2: POPULATION 0 TO 5 YEARS OF AGE

| Age Group | Number | Percent of Alachua County Population |
|--------------|---------------|--------------------------------------|
| Under 1 | 2,747 | 1.1 |
| 1 Years | 2,662 | 1.1 |
| 2 Years | 2,658 | 1.1 |
| 3 Years | 2,590 | 1.0 |
| 4 Years | 2,411 | 1.0 |
| 5 Years | 2,433 | 1.0 |
| Total | 15,501 | 6.3 |

Source: Table 10, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council

FIGURE 2: POPULATION AGES 0 – 5 BY RACE, 2010



Source: Table 7, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council

Tables 25 and 26 in the Technical Appendix provides population by race and ethnicity by zip code for children 0 – 5 years of age.



In Alachua County, there are 50,977 families. Of these families, 36,327 are Married Couple Families, 3,492 are Male Household – No Wife Present Families, and 11,158 are Female Household – No Husband Present Families (Table 29, Technical Appendix). The average family size in Alachua County is 2.91, which is similar to Florida at 3.01 (Table 10, Technical Appendix). The average family size for female households in Alachua County is 3.3, which is similar to Florida at 3.5 (Table 29, Technical Appendix).

POVERTY

Persons living in poverty often experience significant barriers to health care, wellness, higher education, access to child care, transportation, etc. Due to the significant challenges faced by persons living in poverty; it is vital to include indicators related to poverty in this narrative report.

Federal poverty guidelines are used to determine poverty rates in this section of the narrative. A section from Table 37 (Technical Appendix) has been included here as a reference.



TABLE 3: FEDERAL POVERTY GUIDELINES BY NUMBER OF PERSONS IN FAMILY HOUSEHOLD

| Number of Persons in Household | 48 Contiguous State and the District of Columbia |
|--------------------------------|--|
| 1 | \$11,880 |
| 2 | \$16,020 |
| 3 | \$20,160 |
| 4 | \$24,300 |
| 5 | \$28,440 |
| 6 | \$32,580 |
| 7 | \$36,730 |

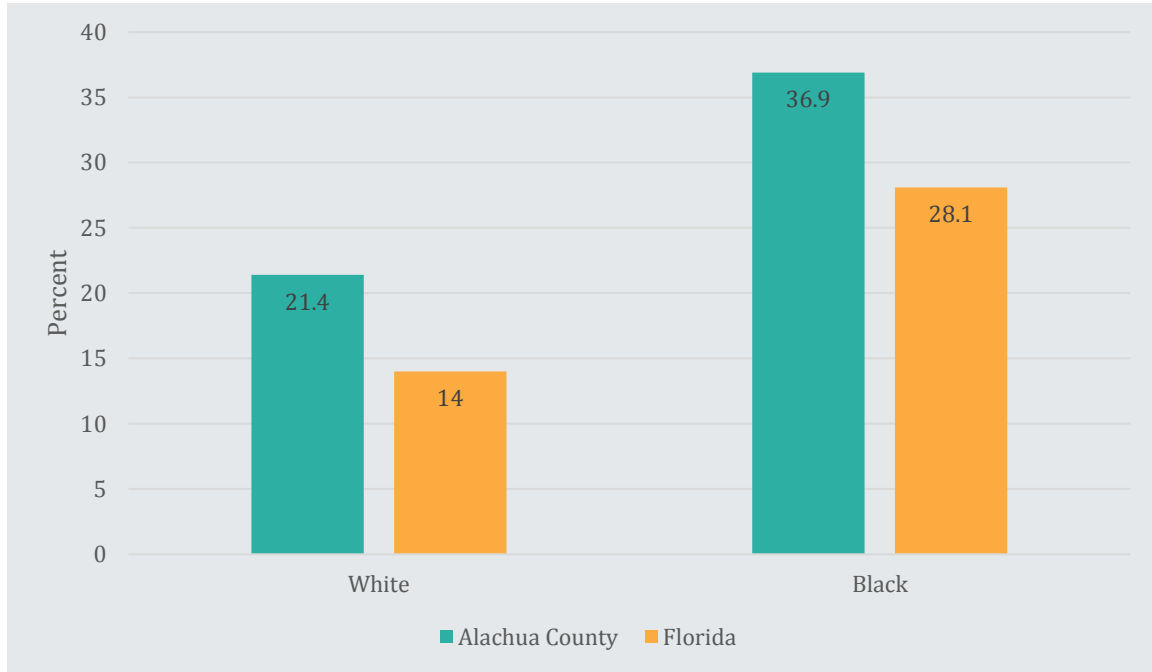
Source: Table 37, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council

According to the American Community Survey estimates from 2010-2014, 60,066 Alachua County residents live in poverty. According to these estimate, 25.4 percent of Alachua County’s population (for all ages) live at or below the poverty threshold, compared to the Florida percent of 16.7. The percent difference in the poverty rate in Alachua as compared to Florida as a whole is 52.0 percent (Table 40, Technical Appendix). In other words, Alachua County residents fare worse than Florida residents, as a whole, where poverty is concerned.

In Alachua County, 21.4 percent of white residents for all ages live in poverty, which is around 35,272 individuals. 36.9 percent of Black residents for all ages in Alachua County live in poverty, which is around 17,749 individuals (from 2010-2014, Table 48, Technical Appendix). In the state of Florida, 14.0 of White Floridians live in poverty and 28.1 percent of black Floridians live in poverty (from 2010-2014, Table 48, Technical Appendix).



FIGURE 3: PERCENT OF RESIDENTS IN POVERTY BY RACE, 2010-2014

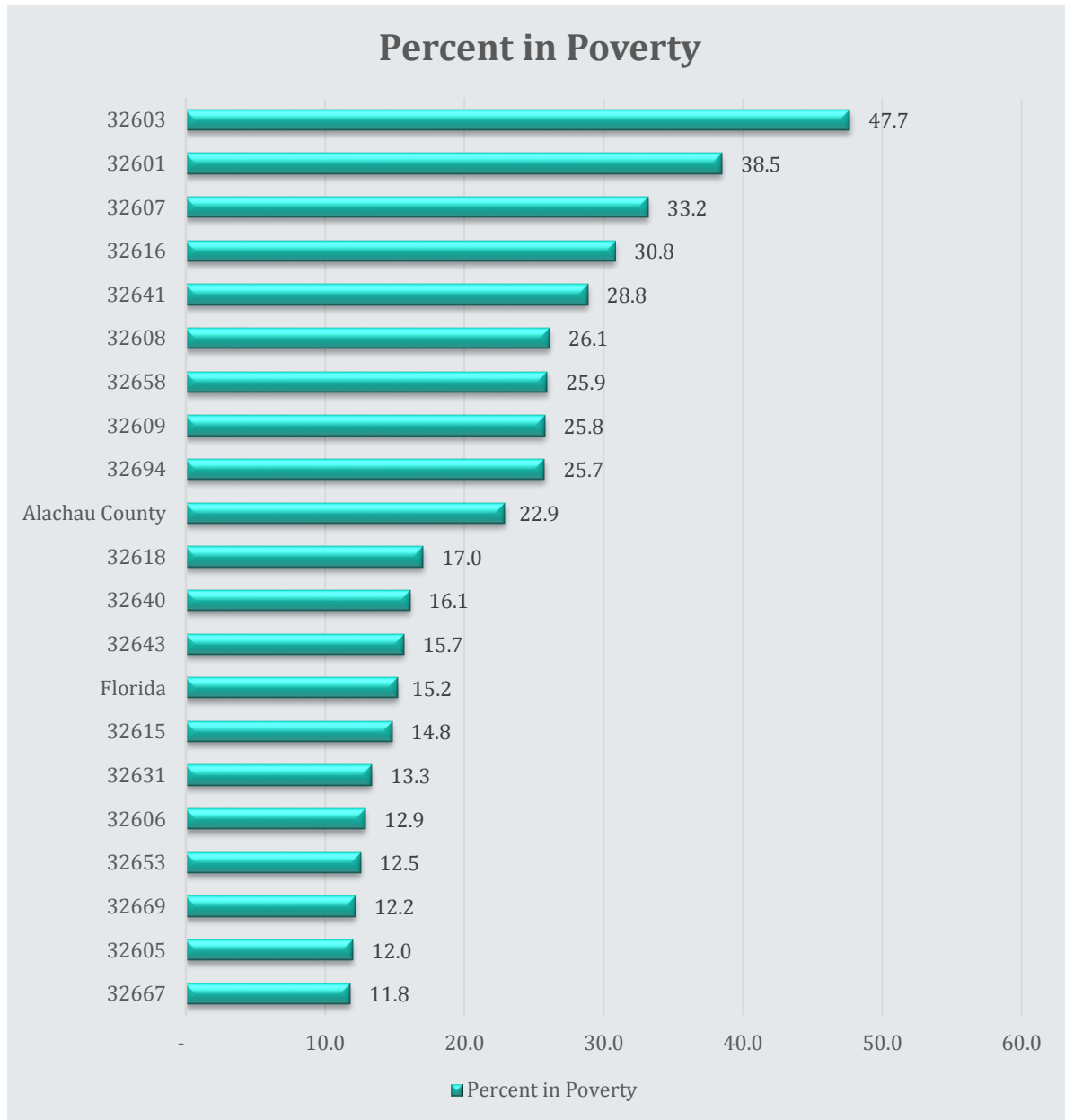


Source: Table 48, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council

Additionally, 22.9 percent of households in Alachua County are in poverty, which is higher than the state (15.2 percent in Florida) from 2010-2014 (Table 50, Technical Appendix). In terms of families with female head of household – no husband present, 39.2 percent of these households are in poverty in Alachua County, which is higher than the state of Florida at 29.2 percent. In families with male health of household – no female present, 23.7 of these households in Alachua County are in poverty. This is also currently higher than Florida, which is at 18.9 percent (Table 50, Technical Appendix).



FIGURE 4: PERCENT OF HOUSEHOLDS IN POVERTY BY ZIP CODE, 2010-2014

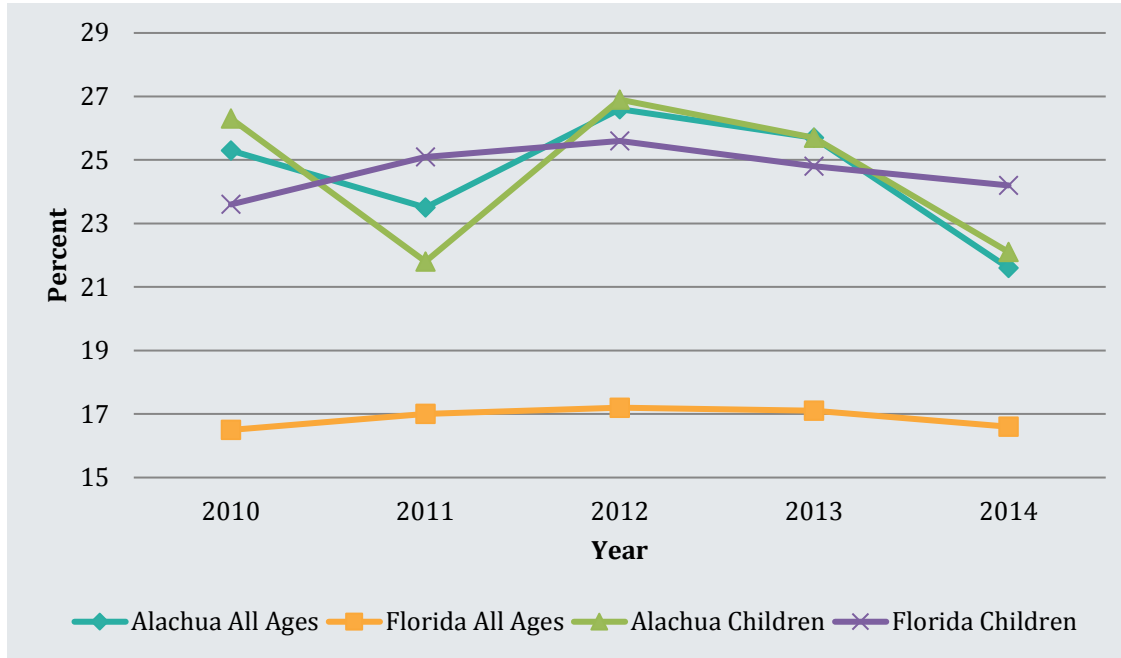


Source: Table 50, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council

The percent of Alachua County’s children (under the age of 18) in poverty has been similar to the percent of children in the state of Florida in recent years, 2012-2013, In 2014, 22.1 percent of Alachua County residents under the age of 18 were in poverty, compared to Florida at 24.2 percent (Table 39, Technical Appendix). For trend data on poverty in Alachua County, see Figure 5.



FIGURE 5: PERCENT OF PERSONS IN POVERTY BY SELECTED AGES, ALACHUA COUNTY AND FLORIDA, 2010-2014



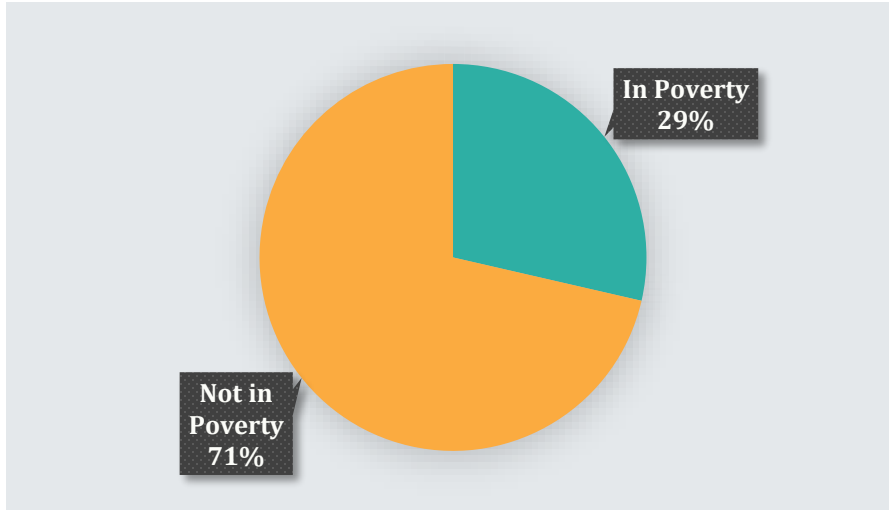
Source: Table 39, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

Of the estimated 60,066 persons in Alachua County living in poverty, 4,618 are children 5 and younger; meaning 28.6 percent of Alachua County children 5 and younger live in poverty.

Table 40 in the Technical Appendix provides a detailed breakdown for persons living in poverty by zip code. The zip code with the largest number of persons living in poverty is 32608. Nearly half of residents living in 32601 live in poverty and more than half of residents living in 32603 live in poverty.



FIGURE 6: PERCENT OF CHILDREN 5 AND YOUNGER IN POVERTY, 2010-2014

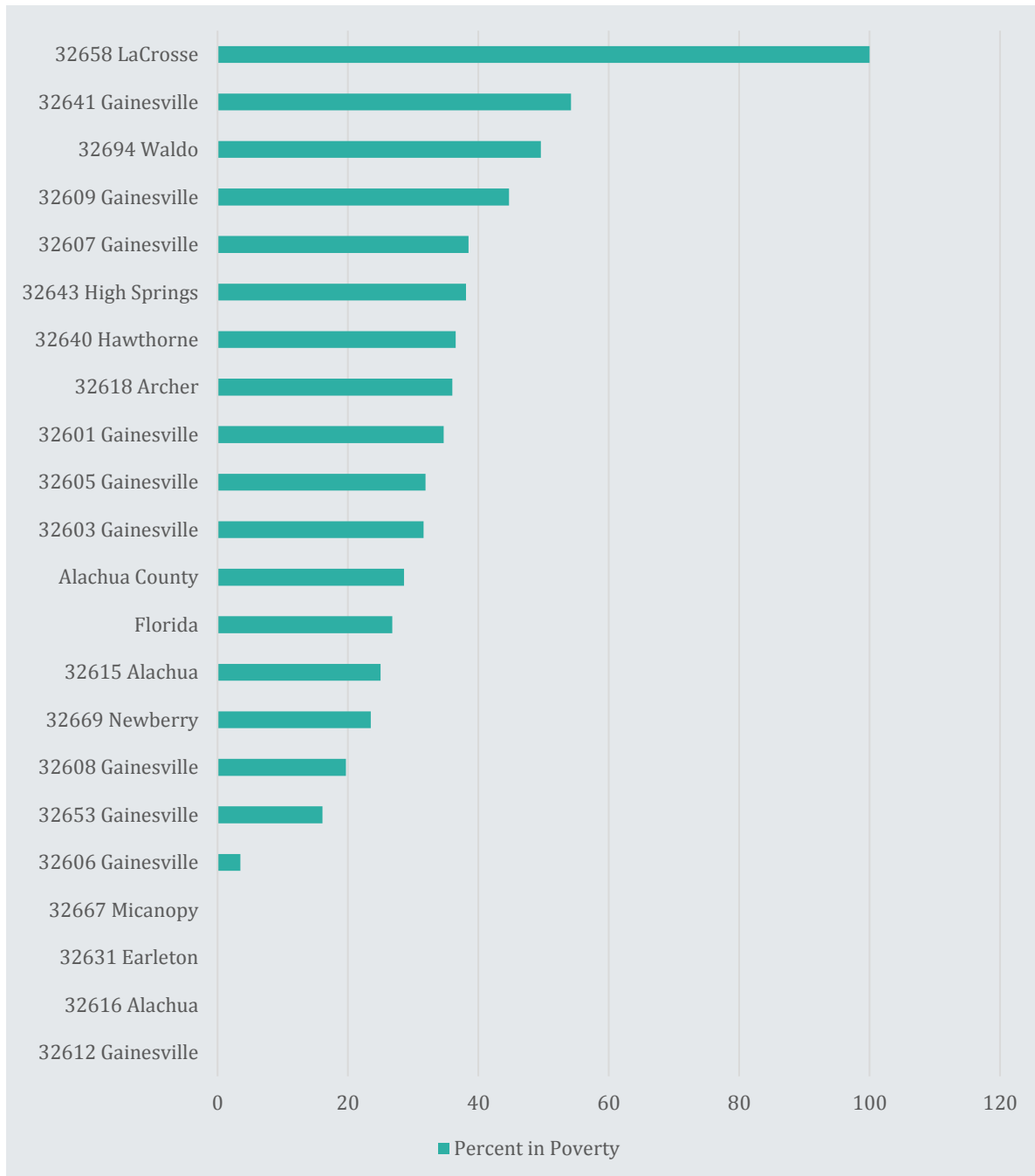


Source: Table 44, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

The percent of children 0-5 years of age in poverty in the past 12 months for the years 2010-2014 is 28.6 percent in Alachua County, compared to Florida at 26.8 percent. Zip codes 32641 and 32658 in Alachua County are among the highest percent of children 0-5 years of age in poverty (Table 44, Technical Appendix).



FIGURE 7: ESTIMATED PERCENT OF 0 – 5 IN POVERTY BY ZIP CODE



Source: Table 49, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



The Table below displays the percent of families with related children under 5 years of age below poverty, Alachua County and Florida, from 1990-2014.

TABLE 4: PERCENT OF FAMILIES WITH RELATED CHILDREN UNDER 5 YEARS BELOW POVERTY, ALACHUA COUNTY AND FLORIDA, 1990-2014.

| Year | Alachua County | Florida |
|------|----------------|---------|
| 1990 | 26.1 | 18.1 |
| 2000 | 21.9 | 17.4 |
| 2010 | 18.9 | 16.8 |
| 2011 | 24.1 | 24 |
| 2012 | 25.2 | 25.6 |
| 2013 | 24.3 | 26.6 |
| 2014 | 28.7 | 26.9 |

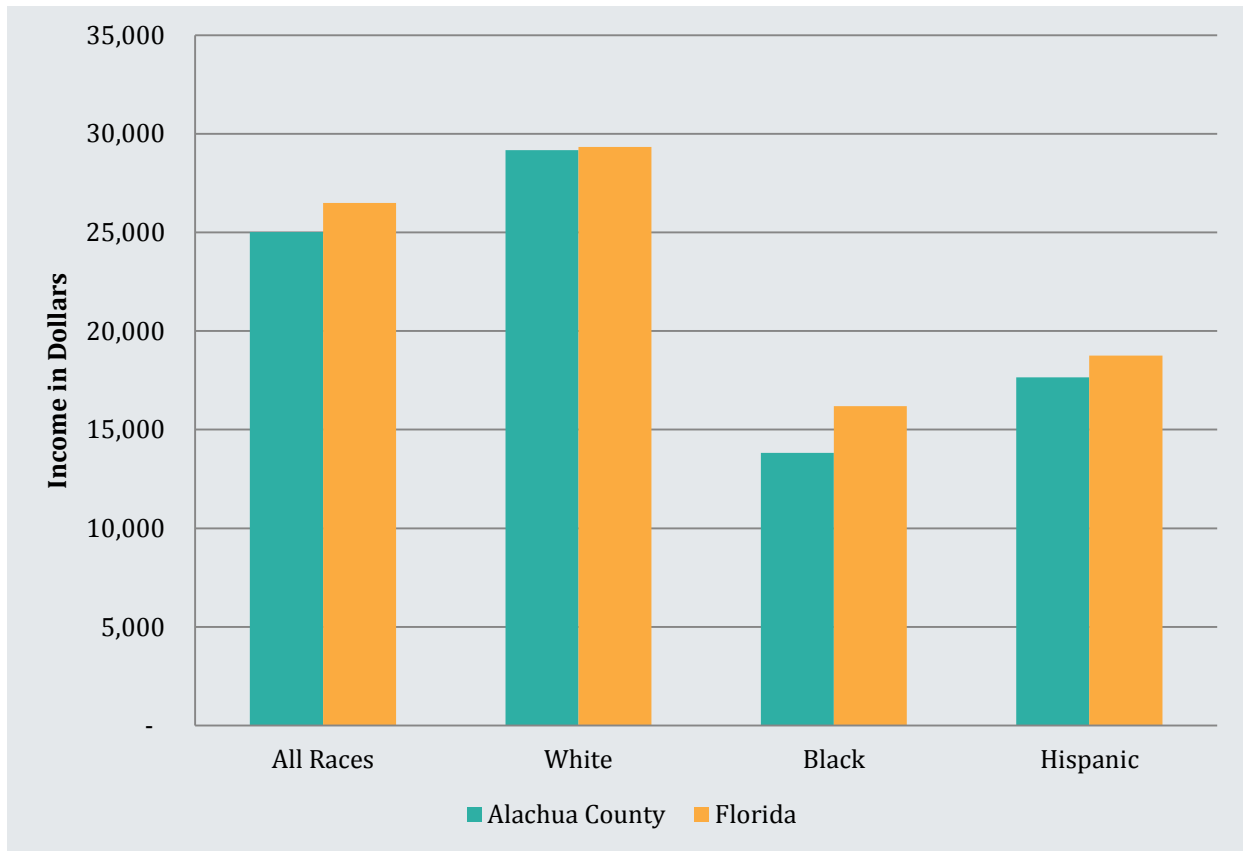
Source: Table 38, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

INCOME

For years 2010 – 2014, the estimated median household income (all races) in Alachua County was \$42,045 compared to \$47,212 in Florida as a whole. Median household income for White Alachua County residents was \$49,195, compared to the median household income of \$25,687 for Black Alachua County residents (Table 64, Technical Appendix). See Figure 8 for details regarding the per capita incomes in Alachua County compared to Florida as a whole.



FIGURE 8: PER CAPITA INCOME BY RACE, 2010-2014 ESTIMATES



Source: Table 66, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

Median household incomes by zip code are presented in Table 64 (Technical Appendix); selected information is below:

- 32603 has the lowest median household income of all Alachua County zip codes (\$18,853)
- 32601 has the second lowest median household income of all Alachua County zip codes (\$24,106)
- 32631 has the highest median household income of all Alachua County zip codes (\$70,543)
- 32653 has the largest disparity in median household incomes when comparing White (\$69,620) and Black (\$19,543); a difference of over \$50,000

EMPLOYMENT

Unemployment rates in Alachua County tend to track lower than Florida unemployment rates. In 2014, the unemployment rate in Alachua County was 4.9 compared to 6.1 in Florida; in 2015, unemployment in Alachua County was at 4.5 percent compared to Florida at 5.4 percent (Table 75, Technical Appendix).



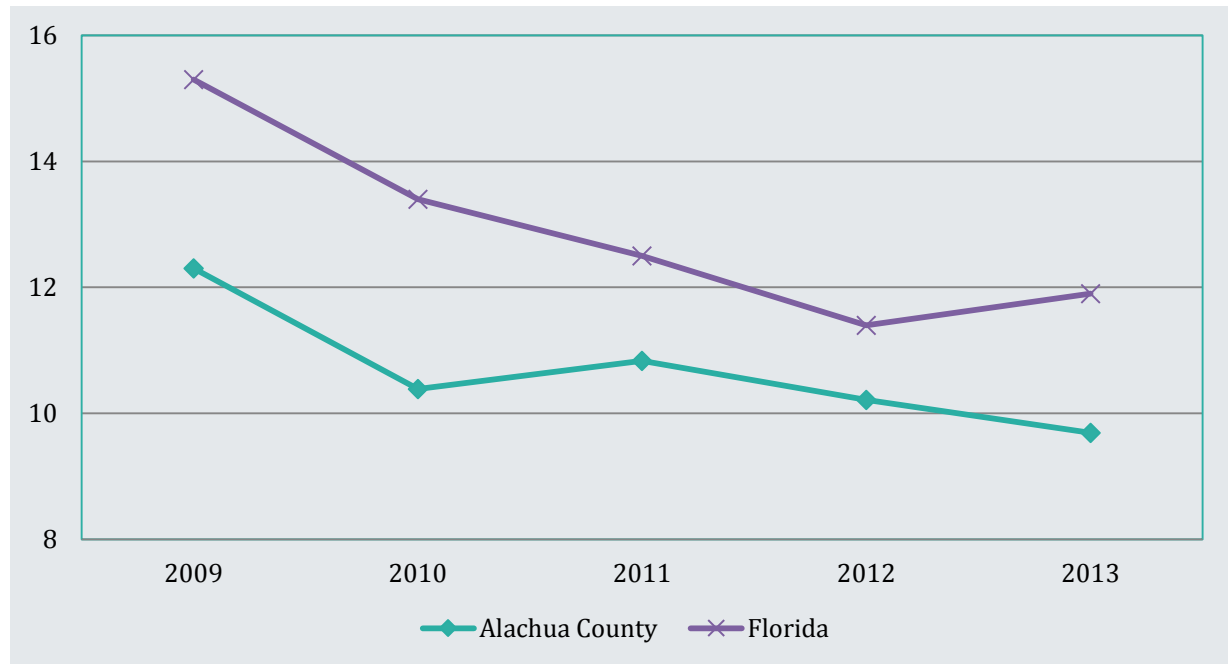
UNINSURED

The percent of Alachua County’s population (all ages) that are uninsured for All Ages is lower than the state, with Alachua County at 14.7 percent and Florida at 19.6 percent (Table 73, Technical Appendix). Several Alachua County zip codes have much higher percentages of uninsured residents than the Florida average of 19.6 percent.

- 21.3 percent of 32616 (Alachua) population are uninsured
- 26.4 percent of 32694 (Waldo) population are uninsured

For the years 2009-2013, the percent of Alachua County’s uninsured children (under the age of 19) has remained slightly lower than the Florida percent (Table 72, Technical Appendix.) In 2014, the percentage of uninsured children in Alachua County was 8.4 percent compared to Florida at 9.7 percent (Table 72, Technical Appendix). For uninsured children under the age of 6, Alachua County fares slightly better than Florida at 5.1 percent for Alachua and 8.3 percent for Florida (Table 73, Technical Appendix). Figure 6 shows the trends in percent uninsured under age 19 population, Alachua County and Florida from 2009-2013.

FIGURE 9: PERCENT UNINSURED UNDER 19 POPULATION, ALACHUA COUNTY AND FLORIDA, 2009-2013.



Source: Table 72, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.



The estimated percent of children under 6 in Florida who are uninsured is 8.3, compared to 5.1 in Alachua County. While overall, Alachua County fares better than the state for uninsured children under 6; many Alachua County zip codes fare worse than the state percent.

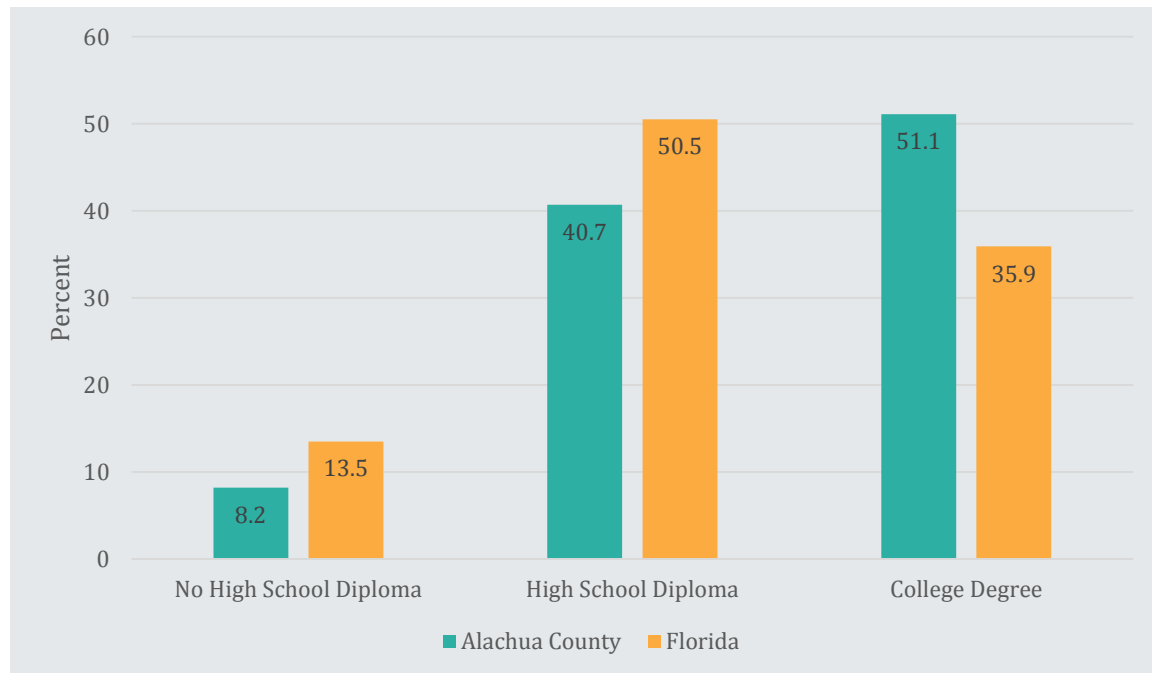
- 10.5 percent in 32601 (Gainesville)
- 11.4 percent in 32603 (Gainesville)
- 11.4 percent in 32609 (Gainesville)
- 9.2 percent in 32618 (Archer)
- 20.8 percent in 32643 (High Springs)

Access to health care is difficult for persons without insurance as a payor source. Persons without insurance often do not participate in regular well visits, health care screenings, and other necessary and recommended health care services.

EDUCATION

Estimates for the years 2010 – 2014 suggest 8.2 percent of the adult population in Alachua County have less than a high school diploma, 40.7 percent have completed high school (includes some college, but no degree) and 51.1 percent have completed a college degree. In Florida, 13.5 percent of the adult population have less than a high school diploma, 50.5 percent have completed high school and 35.9 percent have completed a college degree. (Table 79, Technical Appendix).

FIGURE 10: EDUCATIONAL ATTAINMENT ALACHUA COMPARED TO FLORIDA, 2010-2014



Source: Table 79, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

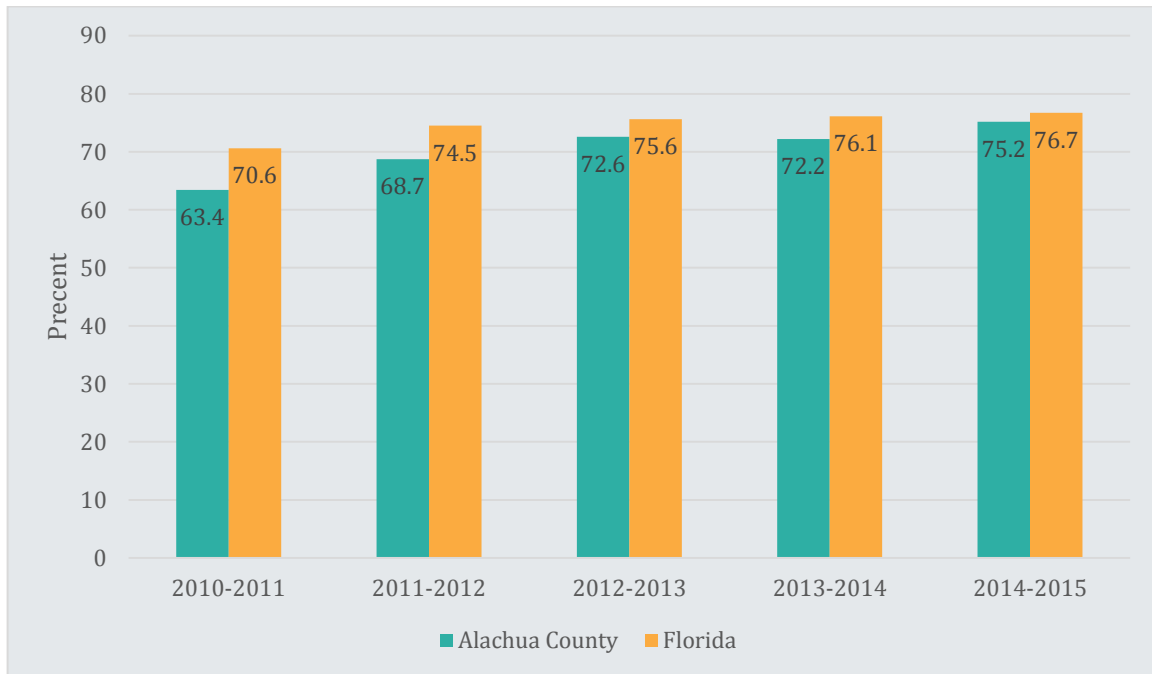


The estimated percent of the population without a high school diploma fares worse in the following zip codes than the state (13.5 percent):

- 19.0 percent in 32609 (Gainesville)
- 17.7 percent in 32640 (Hawthorne)
- 18.5 percent in 32641 (Gainesville)
- 14.4 percent in 32694 (Waldo)

High school graduation rates in Alachua County fares worse than Florida (Table 79, Technical Appendix)

FIGURE 11: HIGH SCHOOL GRADUATION RATES, 2010-2015



Source: Table 81, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

Kindergarten

The percent of kindergarteners immunized in Alachua County from 2007-2016 is on par with that of Florida. The table below shows the trends in kindergarten immunization from 2007-2016 in Alachua County and Florida.



TABLE 5: NUMBER AND PERCENT OF KINDERGARTNERS IMMUNIZED, ALACHUA COUNTY AND FLORIDA, 2007-2016.

| Year | Alachua County | | Florida | |
|------|----------------|---------|---------|---------|
| | Number | Percent | Number | Percent |
| 2007 | 2,378 | 95.9 | 214,266 | 94.6 |
| 2008 | 2,341 | 96.8 | 204,043 | 93.6 |
| 2009 | 2,207 | 93.8 | 195,514 | 89.8 |
| 2010 | 2,154 | 87.0 | 199,638 | 91.3 |
| 2011 | 2,252 | 88.8 | 200,264 | 91.3 |
| 2012 | 2,223 | 89.0 | 208,766 | 92.6 |
| 2013 | 2,423 | 90.3 | 216,027 | 92.1 |
| 2014 | 2,433 | 88.5 | 217,945 | 93.2 |
| 2015 | 2,484 | 92.8 | 213,552 | 93.3 |
| 2016 | 2,502 | 93.8 | 210,376 | 93.7 |

Source: Table 82, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

VPK and School Readiness

In the VPK 2015-2016 year, there were 1,931 enrollments in Alachua County. Within this year, 3 children were considered eligible, but not enrolled (Table 83, Technical Appendix). According to the Early Learning Coalition of Alachua County, the number of children in poverty in school readiness programs, in Alachua County, is a higher percentage of the eligible population when compared to Florida. Table 6 below shows this information in more detail.

In Alachua County, the rate of children who are in school readiness programs, who are also on subsidized child care, is higher than the rate for Florida. From 2014-2014, the rate was 116.3 in Alachua County compared to a rate of 77.7 in Florida (Table 84, Technical Appendix). This rate in Alachua County has been consistently higher than Florida for the past ten years. Additionally, the rate of children in school readiness programs that are eligible for free or reduced lunch is higher in Alachua County than Florida. From 2013-2015, the rate was 295.8 in Alachua County compared to 257.9 in Florida (Table 92, Technical Appendix).

The majority of Alachua County’s population, ages 5 and older, speak only English (86.5 percent in Alachua). This is higher than Florida, where 72.2 percent of children 5 and older speak only English (Table 87, Technical Appendix). 13.5 percent of children in Alachua speak other languages, compared to 27.8 percent for Florida (Table 87, Technical Appendix).



TABLE 6: NUMBER OF CHILDREN IN SCHOOL READINESS COMPARED TO CHILDREN IN POVERTY BY EARLY LEARNING COALITION OF ALACHUA COUNTY, ALACHUA COUNTY AND FLORIDA, 2013-2015.

| Fiscal Year | Early Learning Coalition of Alachua County | | |
|-------------|--|---|---|
| | School Readiness Enrollment | Number of Children Below 150 Percent of Federal Poverty Level | Percentage of Children Served Compared to Number Below 150 Percent of Federal Poverty Level |
| 2013-2014 | 2,061 | 5,489 | 38% |
| 2014-2015 | 2,091 | 5,396 | 39% |
| Fiscal Year | Florida | | |
| | School Readiness Enrollment | Number of Children Below 150 Percent of Federal Poverty Level | Percentage of Children Served Compared to Number Below 150 Percent of Federal Poverty Level |
| 2013-2014 | 130,837 | 517,848 | 25% |
| 2014-2015 | 126,311 | 533,810 | 24% |

Source: Table 84, Alachua County Children’s Services Technical Appendix 2016, prepared by WellFlorida Council.

Free and Reduced Lunch

In terms of the percent of students who are eligible for free and reduced lunch, Alachua County fares slightly better than Florida. However in 2015, 52.0 percent of elementary school students in Alachua County were eligible for free and reduced lunch (compared to 61.7 percent of elementary school students for Florida) (Table 86, Technical Appendix). 48.0 percent of the total students of elementary and middle school in Alachua County were eligible for free or reduced lunch in 2014-2015 (Table 93, Technical Appendix).

Homeless Students

The table below shows the number of identified homeless students, by year, for Alachua County and Florida.

CHILDREN'S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



TABLE 7: NUMBER OF IDENTIFIED HOMELESS STUDENTS BY YEAR, ALACHUA COUNTY AND FLORIDA, 2009-2015.

| School Year | Alachua County School District | Florida |
|-------------|--------------------------------|---------|
| 2009-2010 | 446 | 49,112 |
| 2010-2011 | 594 | 56,680 |
| 2011-2012 | 632 | 63,685 |
| 2012-2013 | 551 | 70,189 |
| 2013-2014 | 809 | 71,446 |

Source: Table 94, Alachua County Children's Services Technical Appendix 2016, prepared by WellFlorida Council.



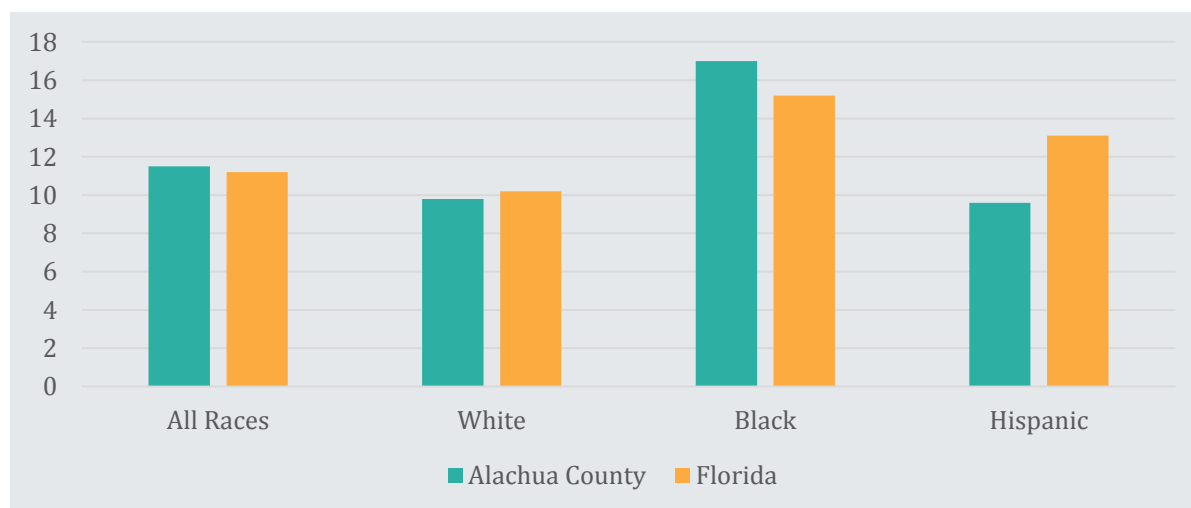
MATERNAL AND INFANT HEALTH

Maternal and infant health in Alachua County is discussed in this section. Much of the data in this section is available at the county, zip code, or census tract level. For more geographic detail on a particular indicator, please refer to the Maternal and Infant Health section of the Technical Appendix. Comparisons between Alachua County and Florida are presented when available.

BIRTH RATES

There are 11.5 births per 1,000 total population for all races in Alachua County, similar to Florida’s rate of 11.2 births per 1,000 total population. The birth rate of the Black population in Alachua is 17 births per 1,000 total population, higher than both the rate of the total county population and the rate of Florida’s Black population (Table 95, Technical Appendix).

FIGURE 12: LIVE BIRTHS RATES PER 1,000 TOTAL POPULATION BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014

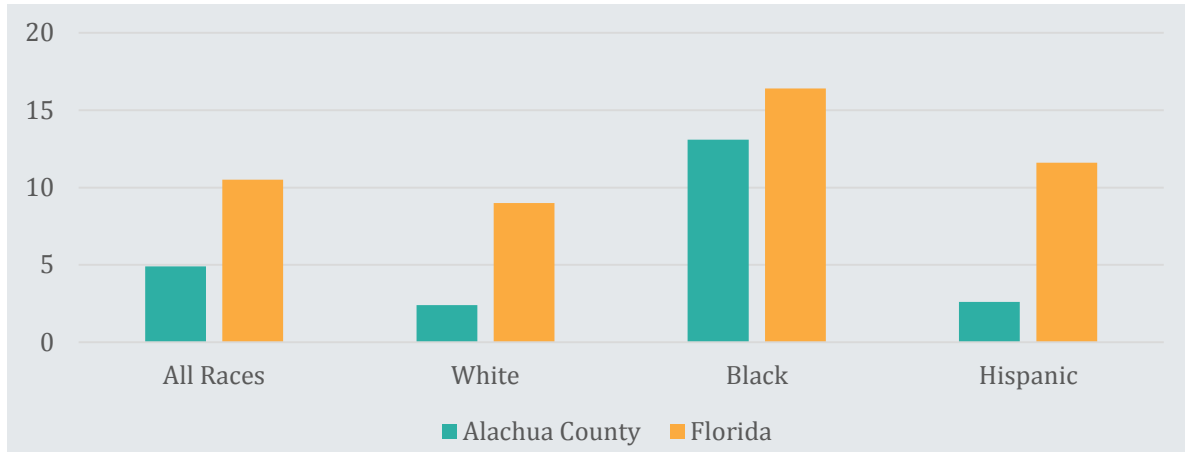


Source: Table 95, Alachua County Children’s Services Technical Appendix 2016.

Alachua County has significantly fewer teen births – births among the 15-17 year old female population – in comparison to Florida. Figure 11 shows there are 4.9 births per 1,000 total 15-17 year old female population in Alachua County, compared with 10.5 births per 1,000 population in Florida. The Black population has a higher rate of teen births (13.1 births per 1,000) than the White (2.4 births per 1,000) or Hispanic (2.6 births per 1,000) populations in Alachua County (Table 95, Technical Appendix).



FIGURE 13: TEEN BIRTH RATES PER 1,000 15-17 YEAR OLD FEMALE POPULATION, BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014

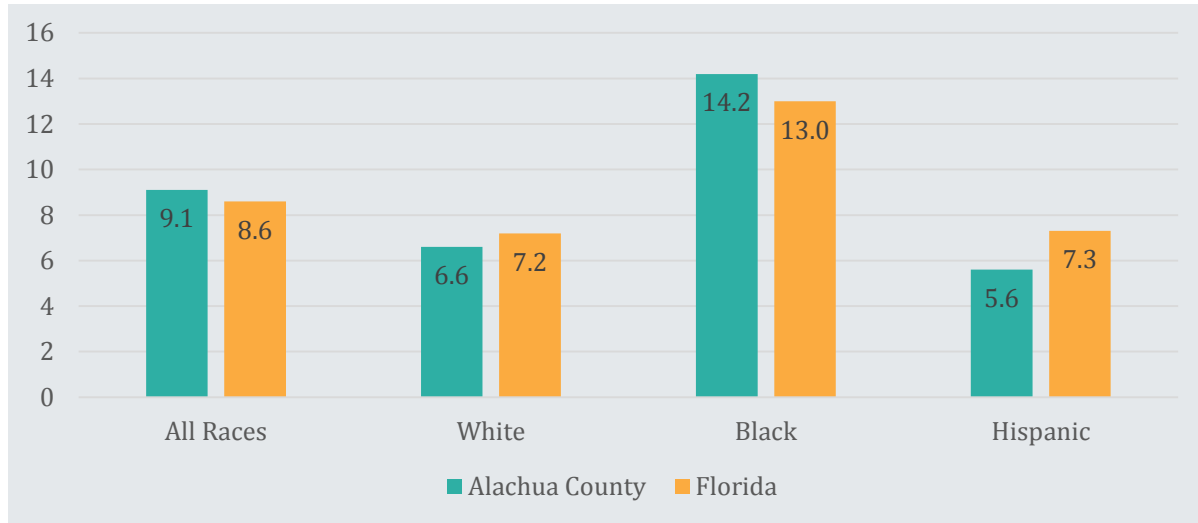


Source: Table 96, Alachua County Children’s Services Technical Appendix 2016.

The Florida Department of Health classifies low birthweight births as births less than 2500 grams, or about 5.5 pounds. Alachua County has a slightly higher percent of low birthweight births than the state of Florida. Approximately 9.0 percent of all births in Alachua County are considered low birthweight births. The Black population in Alachua County has a higher percent of low birthweights (14.0 percent of births), while the Hispanic population has a lower percent of low birthweight babies (5.6 percent of births) (Table 97, Technical Appendix).



FIGURE 14: PERCENT LOW BIRTHWEIGHT BIRTHS BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014

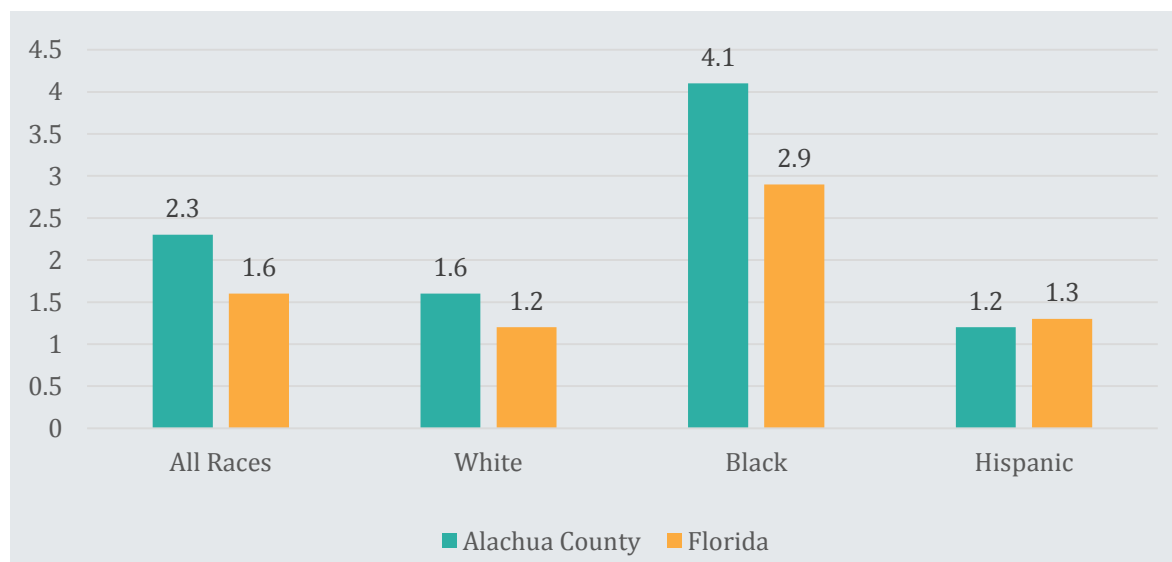


Source: Table 97, Alachua County Children’s Services Technical Appendix 2016

Very low birthweight births are less than 1500 grams, or about 3.3 pounds. Figure 15 shows the percent of very low birthweight births in Alachua County and Florida from 2012-2014. A greater portion of births in Alachua County (2.3 percent of all births) are very low birthweight births in comparison to Florida (1.6 percent of all births). Alachua County’s Black population has a higher rate of very low birthweight births (4.1 percent of all births) when compared to White, Hispanic, or all races.



FIGURE 15: PERCENT VERY LOW BIRTHWEIGHT BIRTHS BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014



Source: Table 98, Alachua County Children’s Services Technical Appendix 2016

PRENATAL CARE AND PRETERM BIRTHS

For 78.3 percent of births in Alachua County, prenatal care begins in the first trimester of pregnancy, compared to 79.8 percent of births in Florida. In contrast, 5.5 percent of births in Alachua County begin prenatal care in the third trimester or have no prenatal care at all (Tables 121 and 122, Technical Appendix).

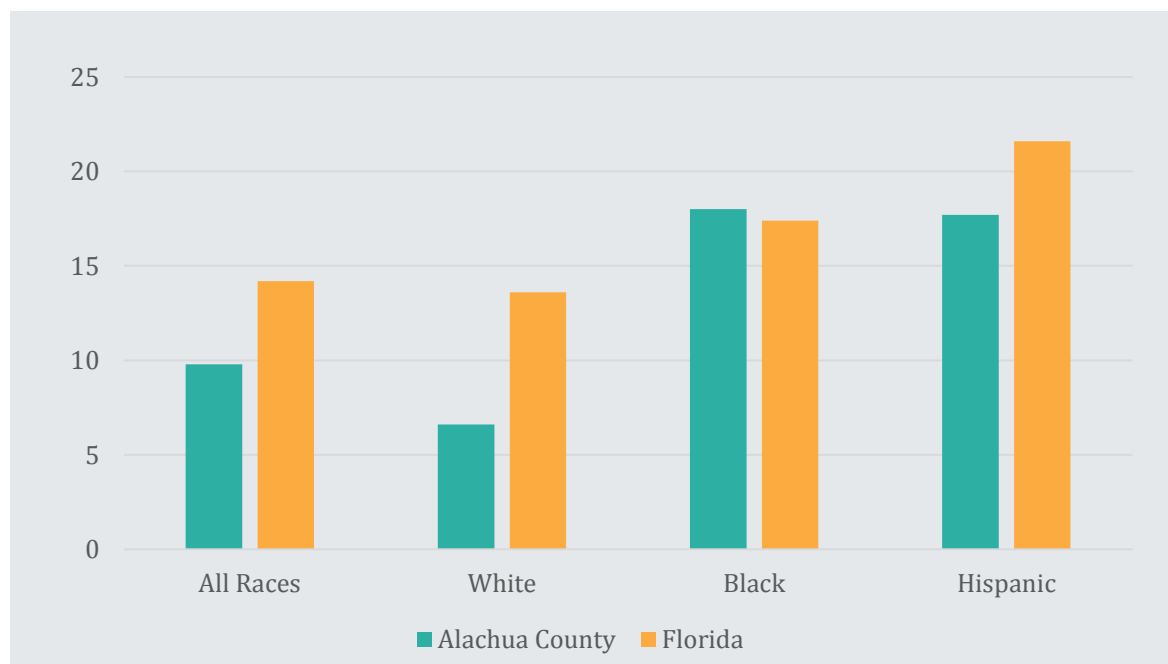
Preterm births are those that occur before 37 weeks gestation. The Black population in Alachua County has a significantly higher percent of preterm births (18.0 percent of births are preterm), compared to 9.5 percent of White births, 10.8 percent of Hispanic births, and 12.0 percent of all births (Table 123, Technical Appendix).

SOCIOECONOMIC CHARACTERISTICS OF THE MOTHER

Births to unwed mothers make up 42.1 percent of births in Alachua County, compared to 47.9 percent of births in Florida (Table 124, Technical Appendix). Figure 16 shows that 9.8 percent of births in Alachua County are to mothers without a high school education, which is lower than the Florida rate of 14.2 percent of births. The rate of births to mothers without a high school education varies by race. The Black and Hispanic populations in Alachua County have significantly higher rates of mothers without a high school education than the White population (Table 125, Technical Appendix).



FIGURE 16: PERCENT OF BIRTHS THAT WERE TO MOTHERS WITHOUT A HIGH SCHOOL EDUCATION BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014



Source: Table 125, Alachua County Children’s Services Technical Appendix 2016

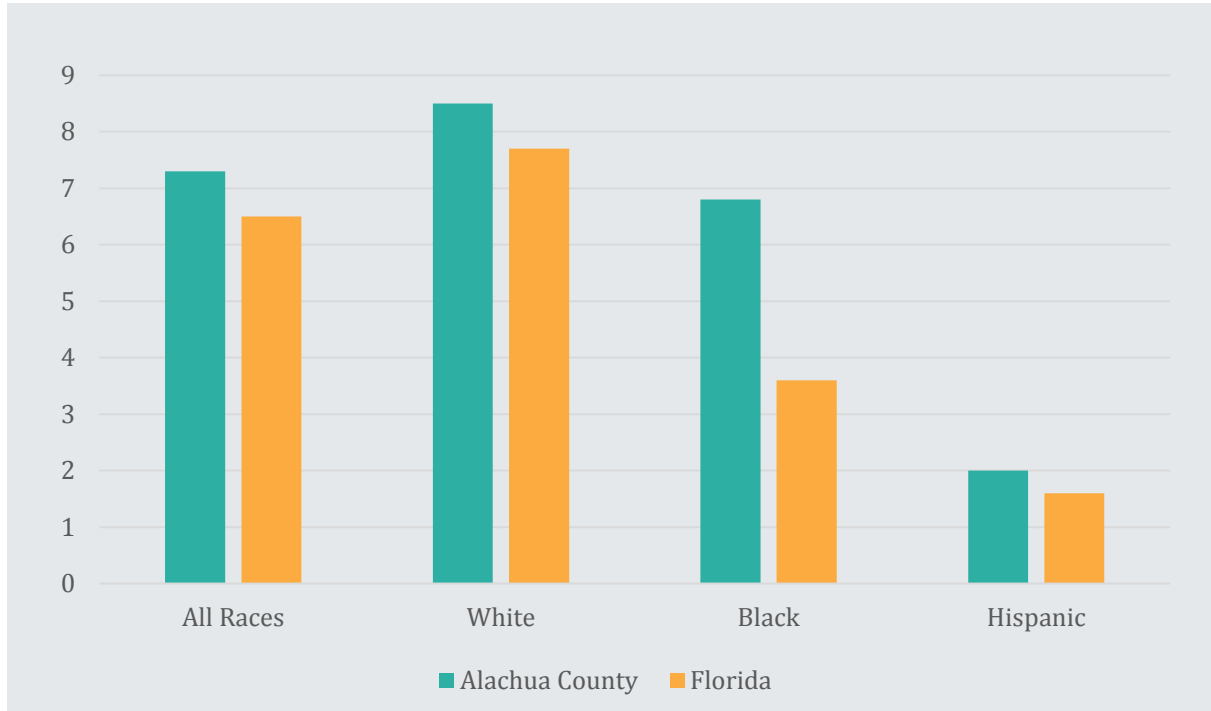
HEALTH CHARACTERISTICS OF THE MOTHER

Smoking during pregnancy causes health problems, including premature birth, low birth weight, birth defects, and infant death. Smoking during pregnancy is also a risk factor for Sudden Infant Death Syndrome (SIDS).¹ Figure 17 shows a slightly greater portion of mothers in Alachua County (7.3 percent) smoke during pregnancy compared to Florida (6.5 percent). A greater percentage of White mothers smoke during pregnancy than either Black or Hispanic mothers in both Alachua County and Florida (Table 126, Technical Appendix).

¹ U.S. Centers for Disease Control and Prevention, Division of Reproductive Health. (2016, July 20). *Tobacco Use and Pregnancy*. Retrieved from CDC.gov: <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/>



FIGURE 17: PERCENT OF BIRTHS THAT WERE TO MOTHERS WHO SMOKED DURING PREGNANCY BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014

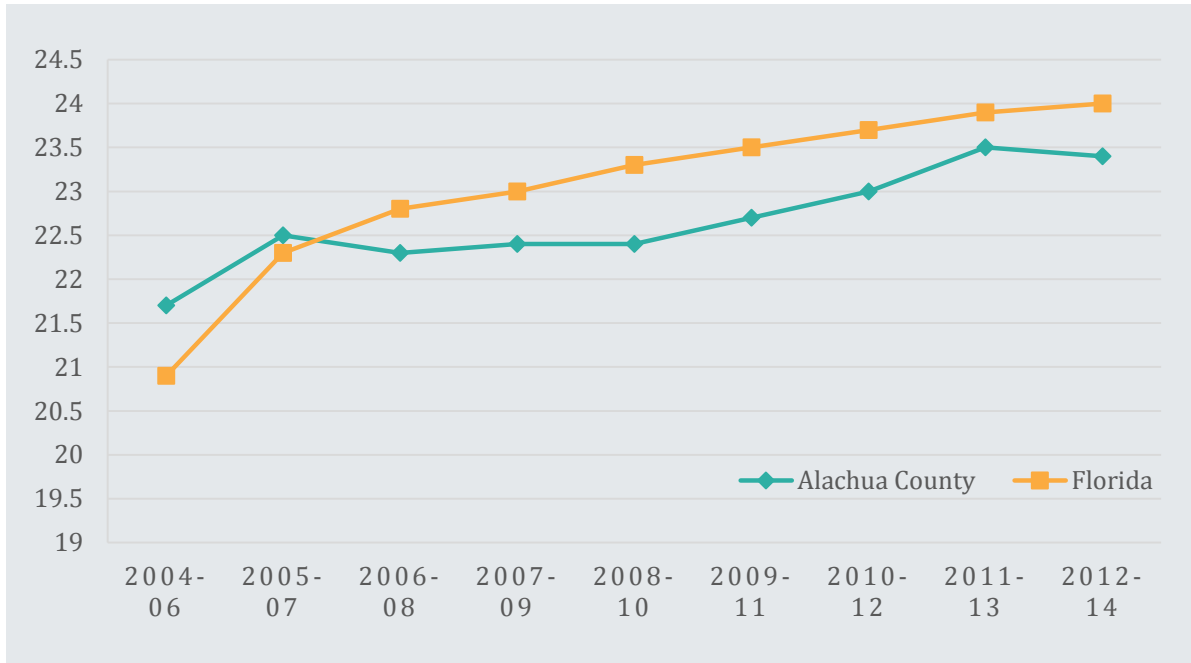


Source: Table 126, Alachua County Children’s Services Technical Appendix 2016

A BMI in the range of 25.0 - 29.9 is classified as overweight. Figure 18 shows births to mothers who were overweight at the time pregnancy occurred. This chart does not include mothers who were obese at time of pregnancy. In Alachua County, 23.4 percent of mothers were overweight at the time their pregnancy occurred, which is very similar to Florida’s 24.0 percent of mothers (Table 127, Technical Appendix).



FIGURE 18: PERCENT OF BIRTHS THAT WERE TO MOTHERS WHO WERE OVERWEIGHT AT TIME PREGNANCY OCCURRED, ALL RACES, ALACHUA COUNTY AND FLORIDA, 2004-2014



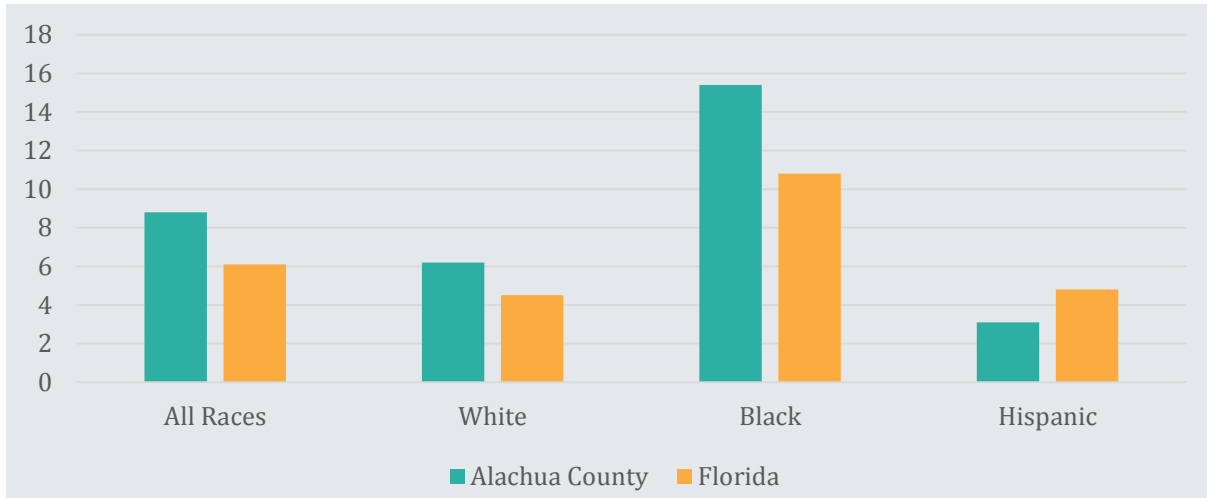
Source: Table 127, Alachua County Children’s Services Technical Appendix 2016

MORTALITY AND INJURY

Infant mortality is the death of a live-born baby during the first year of life. Alachua County has higher rates of infant mortality than the state of Florida. Figure 19 shows there are 8.8 deaths per 1,000 live births of all races in Alachua County, compared to 6.1 deaths per 1,000 live births in Florida. In Alachua County, the infant mortality rate is higher among the Black population (10.8 deaths per 1,000 live births) and lower among the Hispanic population (4.8 deaths per 1,000 live births) (Table 133, Technical Appendix).



FIGURE 19: INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS BY RACE, ALACHUA COUNTY AND FLORIDA, 2012-2014



Source: Table 133, Alachua County Children’s Services Technical Appendix 2016

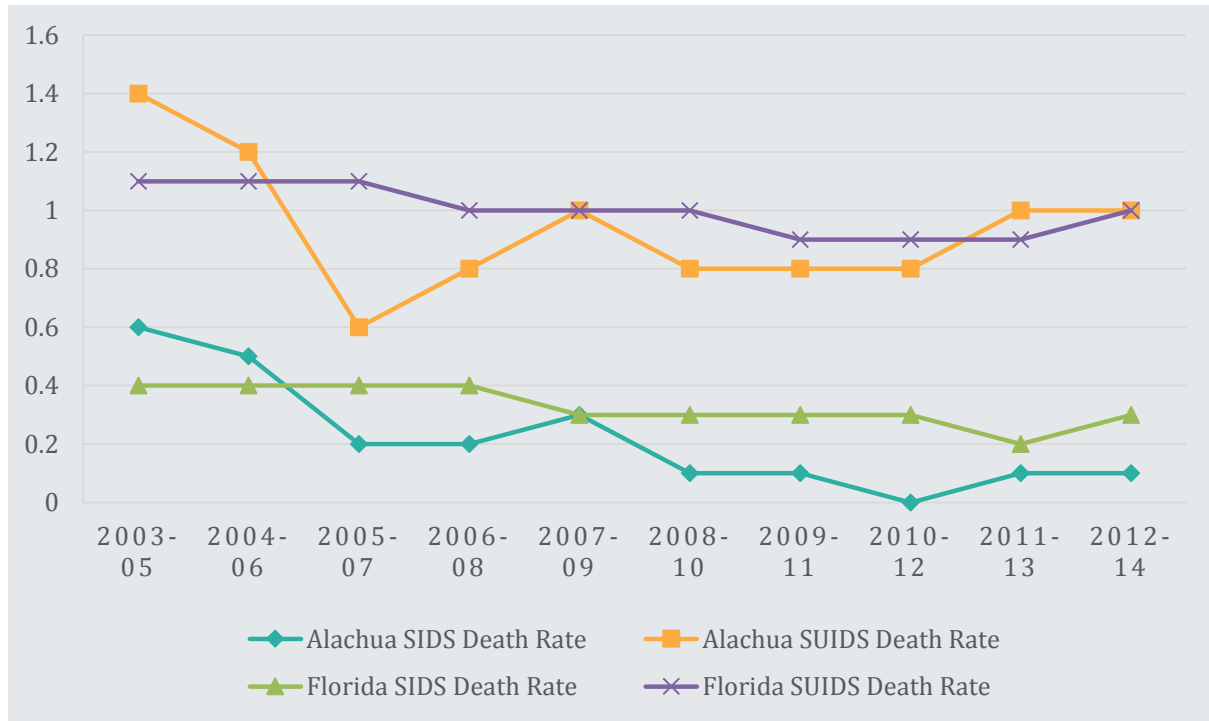
Sudden unexpected infant deaths (SUID) cause about 3,500 infant deaths per year in the United States. SUIDs are usually classified as three types of infant death: unknown cause, accidental suffocation, or Sudden Infant Death Syndrome (SIDS). SIDS deaths are those that are unexplainable after autopsy, examination of the scene of death, and clinical history review.²

Mortality rates due to SIDS and SUIDs are lower than they were a decade ago in both Alachua County and Florida, as shown in Figure 20. Alachua County has lower mortality rates due to SIDS and SUIDs than the state average (Tables 112 & 113 Technical Appendix). Whites have lower rates of SUID mortality than Blacks in Alachua County (Table 113, Technical Appendix).

² U.S. Centers for Disease Control and Prevention, Division of Reproductive Health. (2016, June 8). *About SUID and SIDS*. Retrieved from CDC.gov: <https://www.cdc.gov/sids/aboutsuidandsids.htm>



FIGURE 20: MORTALITY RATES OF SIDS AND SUIDS, ALL RACES, ALACHUA COUNTY AND FLORIDA, 2003-2014



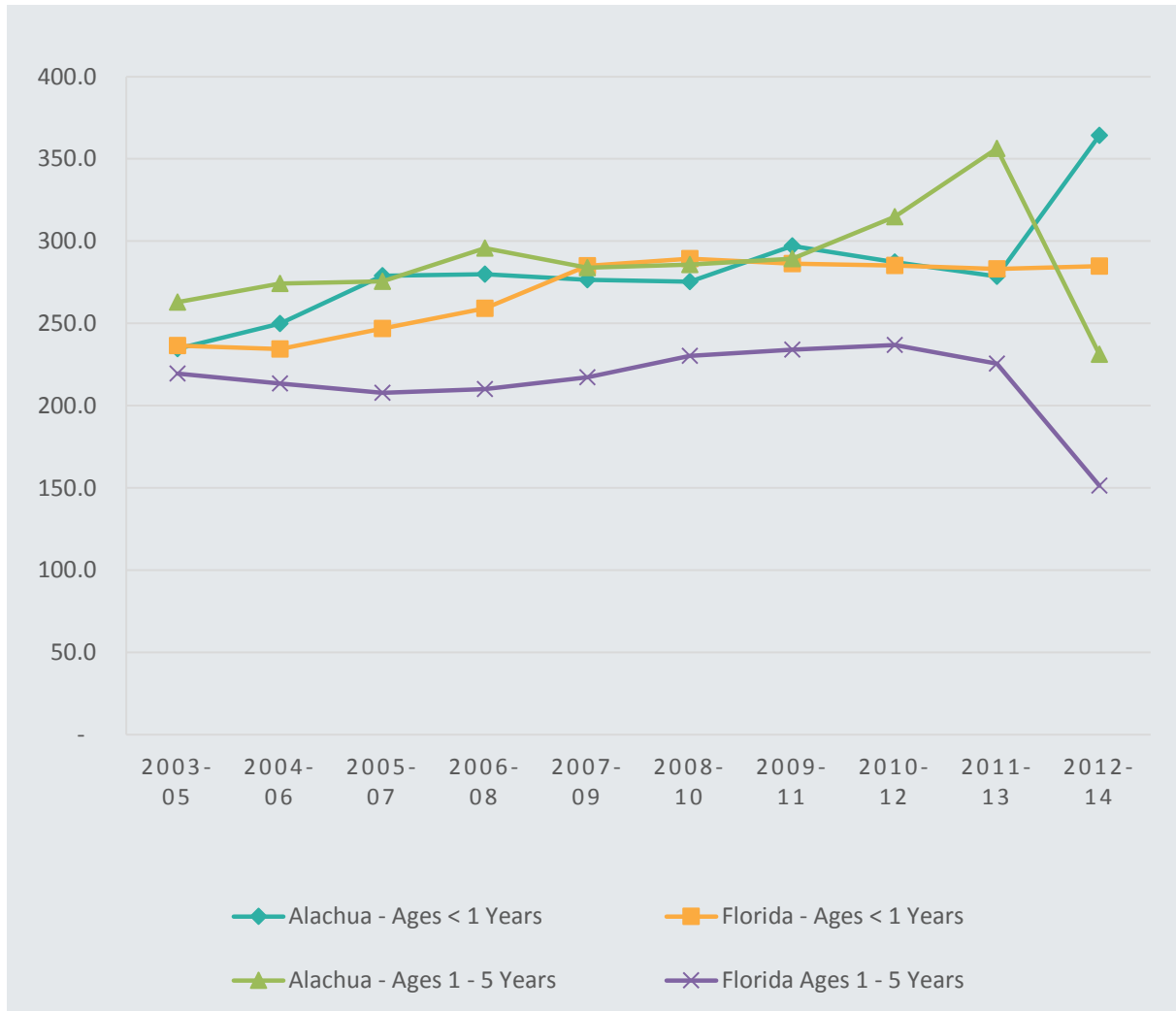
Source: Tables 112 & 113, Alachua County Children’s Services Technical Appendix 2016

Note: SIDS deaths are based on ICD-10 Code R95, while SUID deaths are based on ICD-10 Codes: W75-W77, W81-W84, R95, and R99.

Figure 20 shows the hospitalization rate for non-fatal injuries among children in Alachua County and Florida. Over the past decade, Alachua County had a similar rate of hospitalization for non-fatal injuries among children less than 1 year of age, when compared to the Florida average. Alachua County experienced a recent spike above the state rate to 364.3 hospitalizations per 100,000 total population in 2012-14. For children ages 1-5, Alachua County has consistently had a higher hospitalization rate for non-fatal injuries in comparison to the state. A significant decline in hospitalizations in the 1-5 age group occurred in 2012-14, with a current rate of 231.3 hospitalizations per 100,000 population (Table 116, Technical Appendix).



FIGURE 21: HOSPITALIZATION RATE PER 100,000 TOTAL POPULATION FOR ALL NON FATAL UNINTENTIONAL INJURIES TO CHILDREN LESS THAN 6 YEARS OF AGE BY AGE GROUP, ALL RACES, ALACHUA COUNTY AND FLORIDA, 2003-2014



Source: Table 116, Alachua County Children’s Services Technical Appendix 2016

Note: The data in the chart includes hospital discharge data records with an injury principal diagnosis and unintentional external cause of injury code ICD-9 CM E800-E869, E880-E929.



LOCAL CHILDREN'S SERVICES DATA

This section presents data from a variety of local service agencies and facilities that work with children in Alachua County, including: Healthy Start, Peaceful Paths Domestic Abuse Network, the Department of Children and Families, the Partnership for Strong Families Network, Meridian Behavioral Health Center, the Early Learning Coalition of Alachua County and United Way of North Central Florida.

HEALTHY START

Healthy Start provides support services to pregnant women, infants and children up to age three. The support services provided include information, referrals and ongoing care coordination, psychosocial, nutritional, and smoking cessation counseling, childbirth, breastfeeding and parenting support and education, and home visiting.

Healthy Start data include prenatal and infant screenings for services, encounters, types of services, and referrals for both infants and prenatal services. Table 7 presents data on infant screenings in Alachua County.

Table 7 shows data on Healthy Start prenatal screenings in Alachua County. According to the Florida Department of Health, a Healthy Start Prenatal Risk Screen is a set of questions that help assess how a pregnant woman's health, environment, or activities may affect her baby. Healthy Start services are offered to pregnant women based on the results of their screen.³ From 2013-2015, 87.0-90.0 percent of women, with processed forms in Alachua County, consented to a prenatal screening, which is similar to Florida's rate of 89.0 percent. There were about 700-800 positive screens, per year, in Alachua County during the 2013-2015 period. Approximately 1,400-1,600 women per year consented to participate in Healthy Start services during the 2013-2015 period (Table 152, Technical Appendix).

³ Florida Department of Health. (2012, February 12). *Healthy Start Prenatal Risk Screening Brochure*. Retrieved from Florida Department of Health: http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/healthy-start-prenatal-risk-screen-brochure-english.pdf



TABLE 7: HEALTHY START PRENATAL SCREENINGS IN ALACHUA COUNTY, 2013-2015

| | Forms Processed | Consented To Screen | Percent Consented | Number of Positive Screens | Based on Other Factors** | Positives Plus Other Factors | Consented to Participate |
|-----------------|-----------------|---------------------|-------------------|----------------------------|--------------------------|------------------------------|--------------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| Screens in 2013 | 2,324 | 2,048 | 88.1 | 728 | 698 | 1,426 | 1,408 |
| Screens in 2014 | 2,942 | 2,653 | 90.2 | 827 | 810 | 1,637 | 1,603 |
| Screens in 2015 | 2,991 | 2,592 | 86.7 | 787 | 791 | 1,578 | 1,533 |

Source: Table 152, Alachua County Children’s Services Technical Appendix 2016

(4)Positive screens are scoring 6 or more

(7)These are women who consented to the screening and the computed score was less than 6 and the woman was invited to participate in Healthy Start by her provider.

The Healthy Start Infant Risk Screen is a set of questions that determines whether anything about a baby’s health at birth could affect the baby’s first year of life. Participating in the infant screening helps ensure that the infant receives necessary care. Infants who score 4 or more on the screening are referred to Healthy Start. Once referred, mothers may decide whether or not their infant receives services.⁴

Almost all infants (99.0 percent) born in Alachua County between 2013-2015 underwent Healthy Start infant screening, which is higher than the Florida average of 94.0-95.0 percent for the same period. Approximately 18.0 percent of infants screened during the 2013-2015 period were positive, meaning they scored 4 or more on the screening and were referred to Healthy Start (Table 152, Technical Appendix).

⁴ Florida Department of Health. (n.d.). *Healthy Start Infant Risk Screening*. Retrieved from Florida Health: http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/infant-risk-screen-brochure-english.pdf



TABLE 8: HEALTHY START INFANT SCREENINGS IN ALACHUA COUNTY, 2013-2015

| | Total Infants | Total Screened | Percent of Infants Screened | Number of Positive Screens | Positives as Percent of Total Screened | Number Referred on Other Factors | Total Number of Participants |
|--------------------|----------------------|-----------------------|------------------------------------|-----------------------------------|---|---|-------------------------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| For Births in 2013 | 2,821 | 2,790 | 98.9 | 492 | 17.6 | 682 | 917 |
| For Births in 2014 | 2,909 | 2,879 | 99.0 | 513 | 17.8 | 538 | 769 |
| For Births in 2015 | 2,885 | 2,859 | 99.1 | 504 | 17.6 | 482 | 705 |

Source: Table 152, Alachua County Children’s Services Technical Appendix 2016

(4)Positive screens are scoring 4 or more

(7)These infants scored less than 4 but were referred to Healthy Start due to factors other than those included in the infant's score.

In 2015, Healthy Start provided 16,057 services to 2,002 women. Healthy Start provided the greatest number of prenatal services in the category of Ongoing Care Coordination Services and served the most women in the category of Initial Contact Services (Table 156, Technical Appendix).

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



TABLE 9: HEALTHY START PRENATAL SERVICES BY TYPE IN ALACHUA COUNTY, 2013-2015

| | CY 2013 | | | CY 2014 | | | CY 2015 | | |
|------------------------------------|--------------|---------------|-------------------------|--------------|---------------|-------------------------|--------------|---------------|-------------------------|
| | Women Served | # of Services | # of Services Per Woman | Women Served | # of Services | # of Services Per Woman | Women Served | # of Services | # of Services Per Woman |
| Initial Contact Services | 1,676 | 9,665 | 5.8 | 1,682 | 7,097 | 4.2 | 1,529 | 5,219 | 3.4 |
| Initial Assessment Services | 110 | 634 | 5.8 | 3 | 18 | 6.0 | 6 | 16 | 2.7 |
| Ongoing Care Coordination Services | 389 | 4,031 | 10.4 | 348 | 7,309 | 21.0 | 325 | 7,273 | 22.4 |
| Other Healthy Start Services | 1,778 | 21,882 | 12.3 | 157 | 4,247 | 27.1 | 142 | 3,549 | 25.0 |
| Total | 3,953 | 36,212 | NA | 2,190 | 18,671 | NA | 2,002 | 16,057 | NA |

Source: Table 156, Alachua County Children’s Services Technical Appendix 2016

Table 10 provides data on the use of Healthy Start infant services, by type of service, in Alachua County from 2013-2015. Healthy Start saw a spike in the provision of services to 12,171 in 2014, followed by a decline to 11,511 services in 2015. Similarly, more services per infant were provided in 2014 than 2013 or 2015. Ongoing care coordination services make up a larger share of total services in 2015 and initial contact services make up a smaller share of total services when compared to 2013 (Table 154, Technical Appendix).

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



TABLE 10: HEALTHY START INFANT SERVICES BY TYPE IN ALACHUA COUNTY, 2013-2015

| | CY 2013 | | | CY 2014 | | | CY 2015 | | |
|------------------------------------|----------------|---------------|--------------------------|----------------|---------------|--------------------------|----------------|---------------|--------------------------|
| | Infants Served | # of Services | # of Services Per Infant | Infants Served | # of Services | # of Services Per Infant | Infants Served | # of Services | # of Services Per Infant |
| Initial Contact Services | 946 | 4,239 | 4.5 | 849 | 3,353 | 3.9 | 828 | 2,973 | 3.6 |
| Initial Assessment Services | 55 | 295 | 5.4 | 1 | 5 | 5.0 | 10 | 25 | 2.5 |
| Ongoing Care Coordination Services | 187 | 1,981 | 10.6 | 192 | 3,674 | 19.1 | 293 | 4,597 | 15.7 |
| Other Healthy Start Services * | 78 | 2,644 | 33.9 | 88 | 5,139 | 58.4 | 119 | 3,916 | 32.9 |
| Total | 1,266 | 9,159 | NA | 1,130 | 12,171 | NA | 1,250 | 11,511 | NA |

Source: Table 149, Alachua County Children’s Services Technical Appendix 2016

*Other Healthy Start Services include: nutritional assessment/counseling, psychosocial counseling, parenting education and support, breastfeeding education and support, interconceptional education and counseling, smoking cessation counseling.

Healthy Start serves relatively few women and infants for substance abuse problems in Alachua County. Table 11 shows Healthy Start served 1 infant for substance exposure and provided a total of 13 services for the substance exposed infant in 2015. Additionally, Healthy Start had 1 encounter with a pregnant, drug-abusing woman and provided 5 services in 2015. The number of services provided by Healthy Start for substance exposed infants and pregnant, drug-abusing women spiked in 2014 and decreased again in 2015 (Table 158, Technical Appendix).



TABLE 11: HEALTHY START ENCOUNTERS FOR SUBSTANCE ABUSE EXPOSED INFANTS AND PREGNANT DRUG ABUSING WOMEN SERVED IN ALACHUA COUNTY, 2013-2015

| | Healthy Start Encounters on Substance Exposed Infants | | | | |
|---------|--|----------------------|--------------------|---------------------------------|----------------------------------|
| | Infants Served | Number of Encounters | Number of Services | Number of Encounters Per Infant | Number of Services Per Encounter |
| CY 2013 | 1 | 3 | 4 | 3.0 | 1.3 |
| CY 2014 | 3 | 15 | 41 | 5.0 | 2.7 |
| CY 2015 | 1 | 6 | 13 | 6.0 | 2.2 |
| | Healthy Start Encounters on Pregnant Drug Abusing Women | | | | |
| | Women Served | Number of Encounters | Number of Services | Number of Encounters Per Woman | Number of Services Per Encounter |
| CY 2013 | 1 | 3 | 10 | 3.0 | 3.3 |
| CY 2014 | 2 | 5 | 14 | 2.5 | 2.8 |
| CY 2015 | 1 | 1 | 5 | 1.0 | 5.0 |

Source: Table 158, Alachua County Children’s Services Technical Appendix 2016

PEACEFUL PATHS DOMESTIC ABUSE NETWORK

Peaceful Paths is a certified domestic abuse network that provides services to survivors of domestic violence in Alachua, Bradford, and Union counties. The services provided include emergency shelter, transitional housing, crisis hotline, victim advocacy, children’s programing, education and training, counseling and support groups, community awareness and intervention, violence prevention programs, and batterer’s intervention programming.

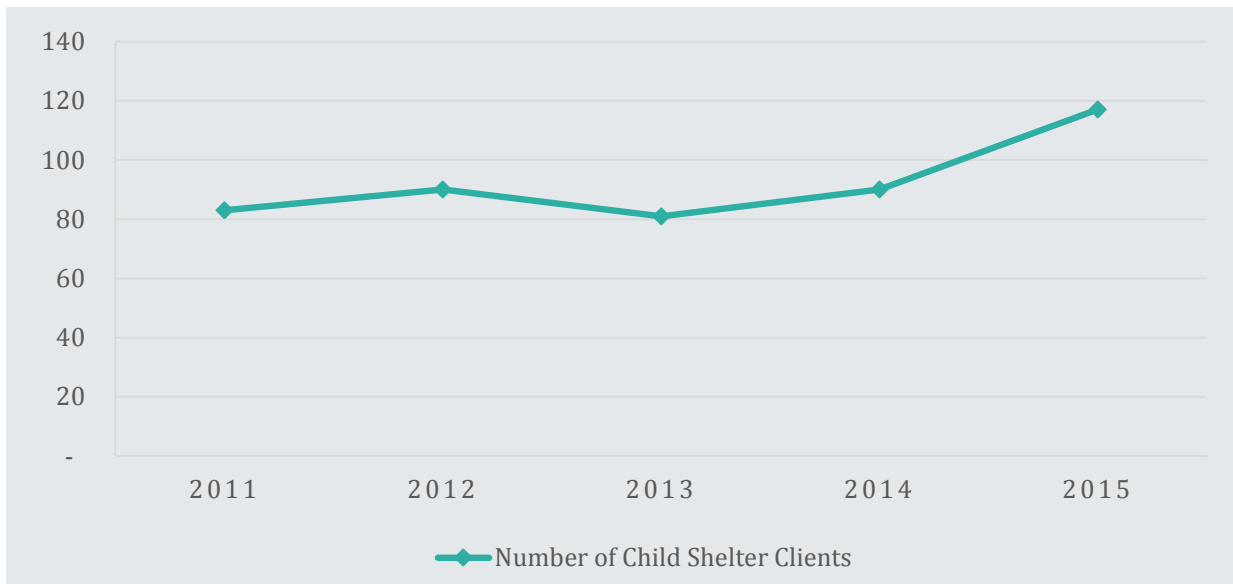
Peaceful Paths Domestic Abuse Network provided data to WellFlorida on their child shelter clients. Figure 22 shows the number of child shelter clients in the Peaceful Path Domestic Abuse Network. The number of child shelter clients has grown since 2013, reaching a total of 117 child clients in 2015 (Table 154, Technical Appendix).

In 2015, 56.4 percent of child shelter clients were female and 43.6 percent were male. A majority of child shelter clients (89.0 percent) were non-Hispanic. Almost all (96.6 percent) child shelter clients speak English as their primary language, while 3.4 percent speak Spanish as a primary language (Table 160, Technical Appendix).



In 2015, the largest portion of child shelter clients were African-American (48.0 percent), followed by White (37.0 percent), multi-racial (9.0 percent), Native American (4.0 percent), and other (2.0 percent), as shown in Figure 23. African-Americans are consistently the largest racial group of child shelter clients. The 0-4 year old age group is consistently the largest portion of the child shelter population, with 50.0 percent or more child clients between ages 0-4 at age of intake from 2011-2015, as shown in Figure 24 (Table 160, Technical Appendix).

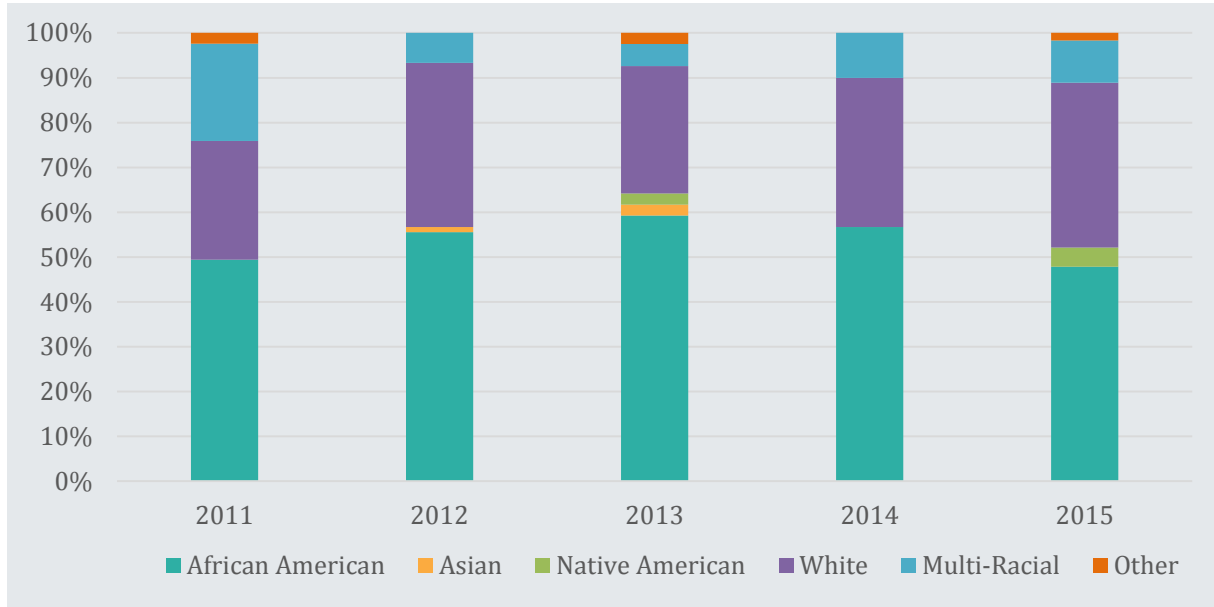
FIGURE 22: NUMBER OF CHILD SHELTER CLIENTS FOR PEACEFUL PATHS DOMESTIC ABUSE NETWORK, 2011-2015



Source: Table 159, Alachua County Children’s Services Technical Appendix 2016



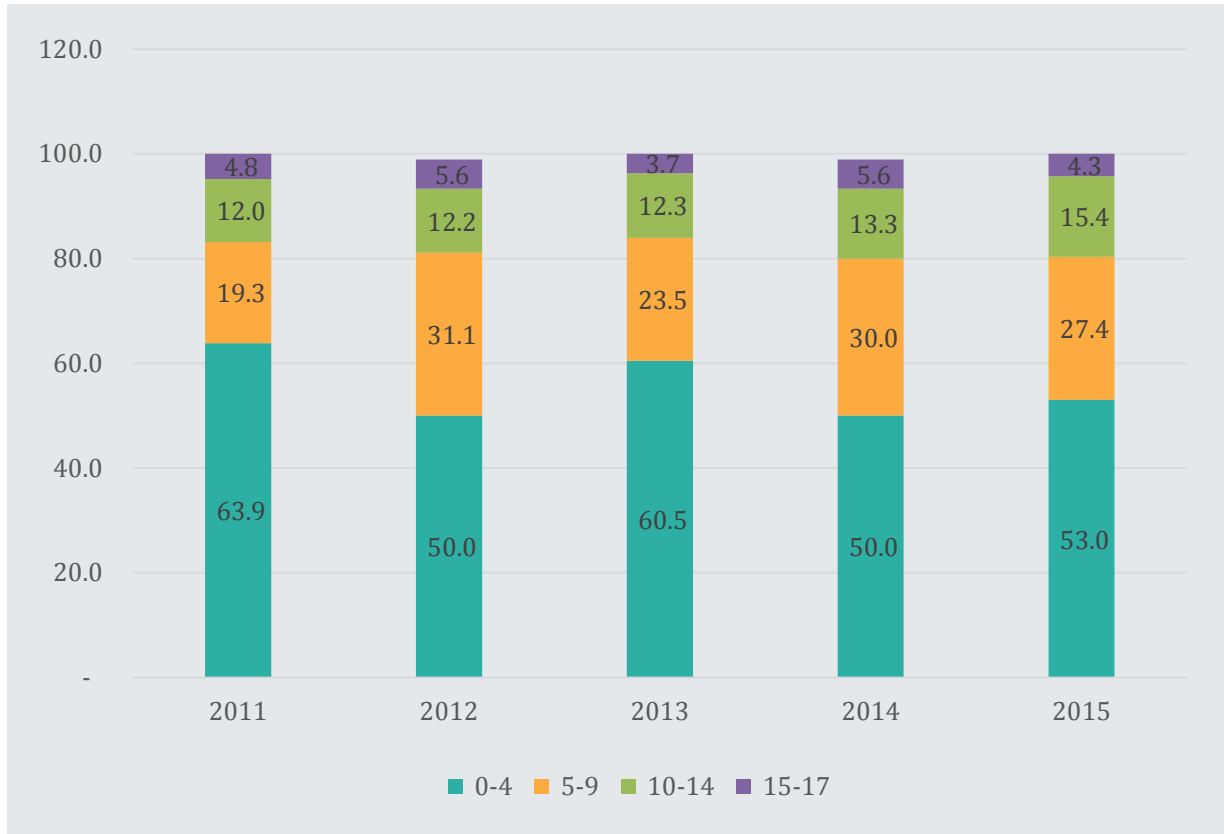
FIGURE 23: PERCENT OF CHILD SHELTER CLIENTS BY RACE FOR PEACEFUL PATHS DOMESTIC ABUSE NETWORK, 2011-2015



Source: Table 160, Alachua County Children’s Services Technical Appendix 2016



FIGURE 24: PERCENT OF CHILD SHELTER CLIENTS BY AGE AT INTAKE FOR PEACEFUL PATHS DOMESTIC ABUSE NETWORK, 2011-2015



Source: Table 160, Alachua County Children’s Services Technical Appendix 2016

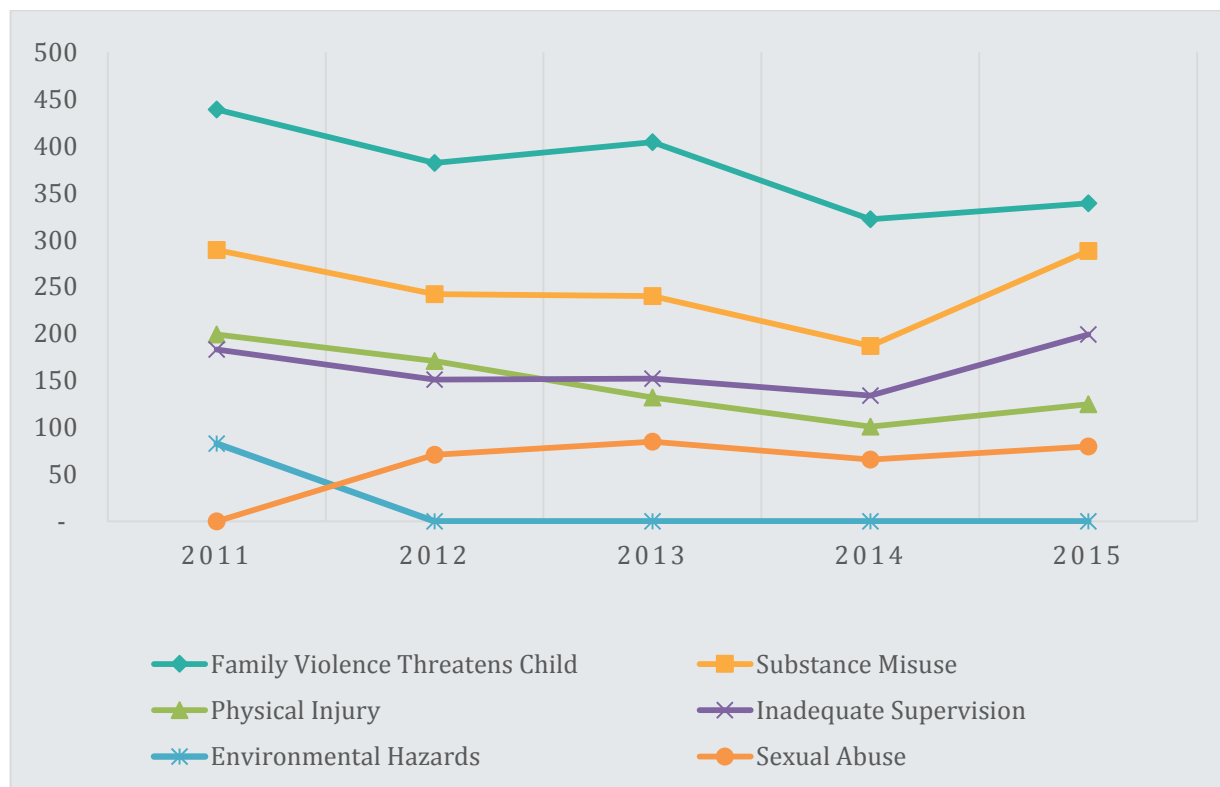


DEPARTMENT OF CHILDREN AND FAMILIES

The Department of Children and Families provides a wide range of programs and services to assist individuals in becoming self-sufficient and live in stable families. Programs and services provided include, but are not limited to, ACCESS Florida, adult services and child care.

The Department of Children and Families provided data on maltreatments for children, as well as data on children receiving various types of public assistance. Figure 25 shows that the largest category of verified maltreatments for children ages 0-5 years old in 2015 was when family violence threatened a child (339 maltreatments), followed by substance misuse (288 maltreatments), inadequate supervision (199 maltreatments), physical injury (125 maltreatments), and sexual abuse (80 maltreatments). There were 0 maltreatments due to environmental hazards in 2015 (Table 161 Technical Appendix).

FIGURE 25: NUMBER OF VERIFIED MALTREATMENTS FOR CHILDREN 0-5 YEARS OF AGE BY TYPE FOR THE TOP 5 EACH YEAR FOR ALACHUA COUNTY, 2011-2015



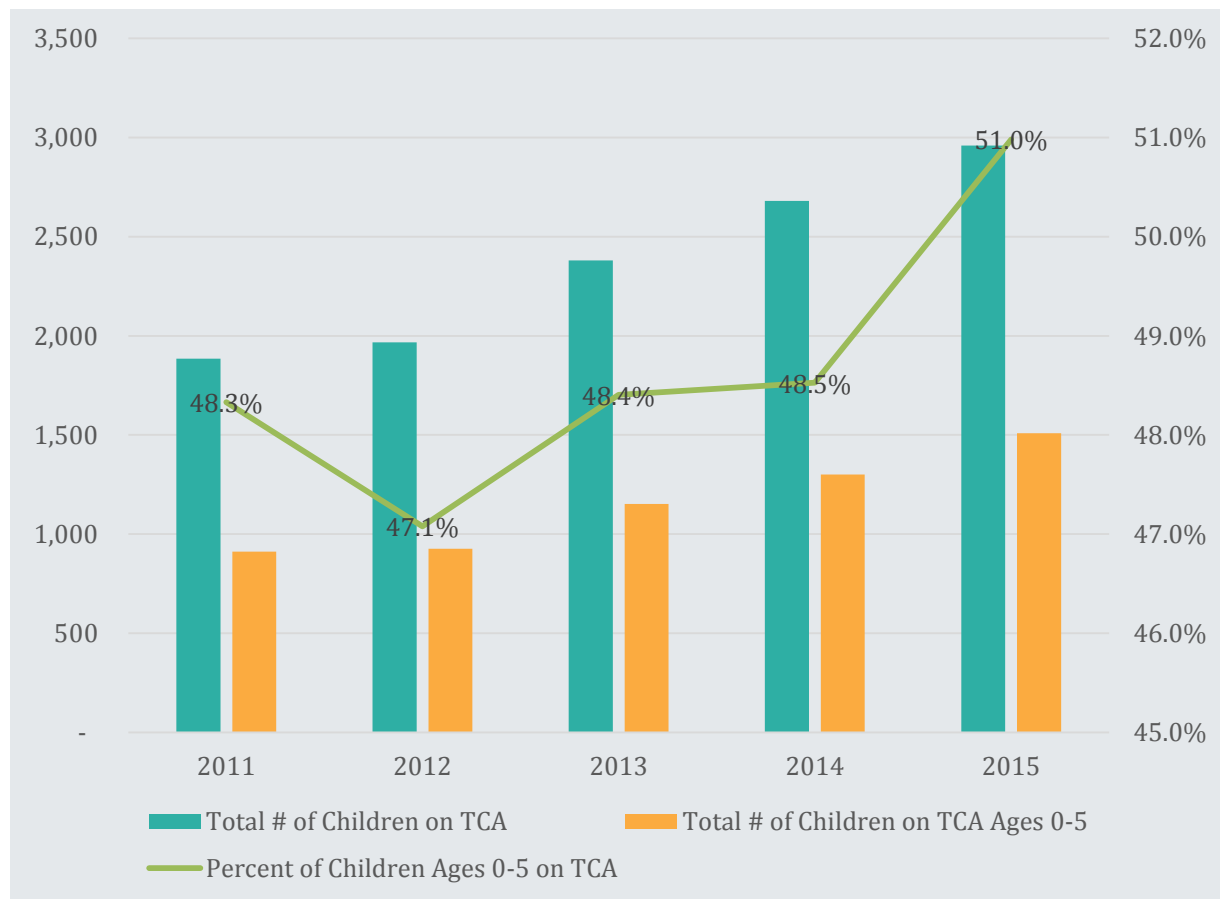
Source: Table 161, Alachua County Children’s Services Technical Appendix 2016



Children and Public Assistance

Figure 26 shows the number of children of all ages and the number of children ages 0-5 who received temporary cash assistance (TCA) in Alachua County from 2011- 2015, as well as the percent of children ages 0-5 years old who received TCA in the same period. The total number of all children who received TCA increased from 1,885 in 2011 to 2,960 in 2015. The number of children ages 0-5 years old who received TCA increased from 911 in 2011 to 1,509 in 2015. More than half of the total children who received TCA were children ages 0-5 years in Alachua County (51.0 percent). The average dollar amount of TCA received by families with a child 0-5 years old *per child* 0-5 years of age was \$732 in 2015, which is down from \$841 in 2011 (Table 163, Technical Appendix).

FIGURE 26: NUMBER OF CHILDREN AND CHILDREN 0-5 YEARS OF AGE WHO RECEIVED TEMPORARY CASH ASSISTANCE (TCA), ALACHUA COUNTY, 2011 - 2015



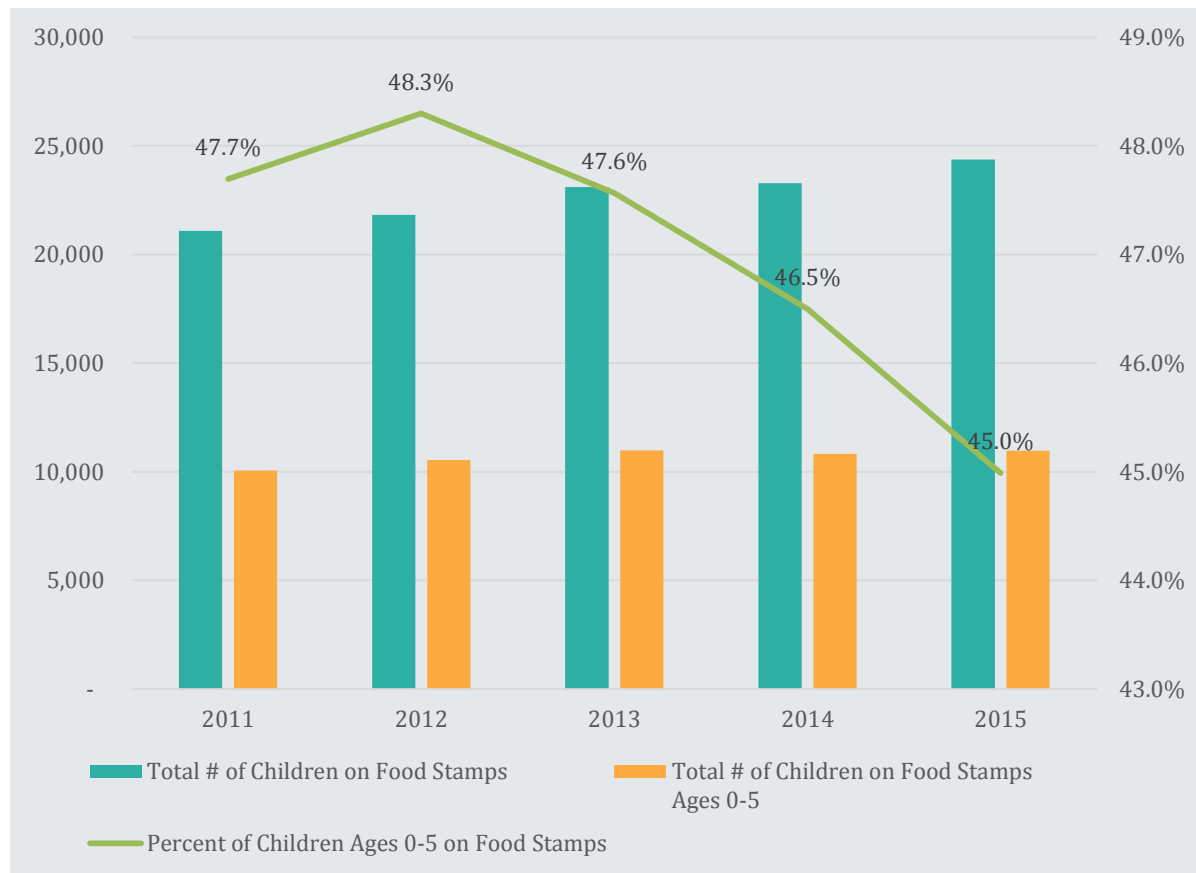
Source: Table 163, Alachua County Children’s Services Technical Appendix 2016
 Note: Percent of Children Ages 0 – 5 on TCA refers to the percent of children who received TCA (not the percent of the total population 0 – 5)



Table 168 in the Technical Appendix compares the number of children who received temporary cash assistance to the population (based on the 2010 Census) by zip code. Zip codes 32601, 32607, 32609, 32641, 32658, and 32694 are above 8.0 percent.

Figure 27 shows the number of children of all ages and the number of children ages 0-5 who received food stamps in Alachua County from 2011- 2015, as well as the percent of children ages 0-5 years old who received food stamps. The total number of all children who received food stamps increased from 21,091 in 2011 to 24,374 in 2015. While the number of children ages 0-5 years who received food stamps increased from 10,059 in 2011 to 10,965 in 2015, the percent of children 0-5 years receiving food stamps decreased from 48 to 45 percent from 2011-2015 (Table 167, Technical Appendix).

FIGURE 27: TOTAL NUMBER OF ALL CHILDREN AND CHILDREN 0-5 YEARS OF AGE WHO RECEIVED FOOD STAMPS, ALACHUA COUNTY, 2011 - APRIL 2015



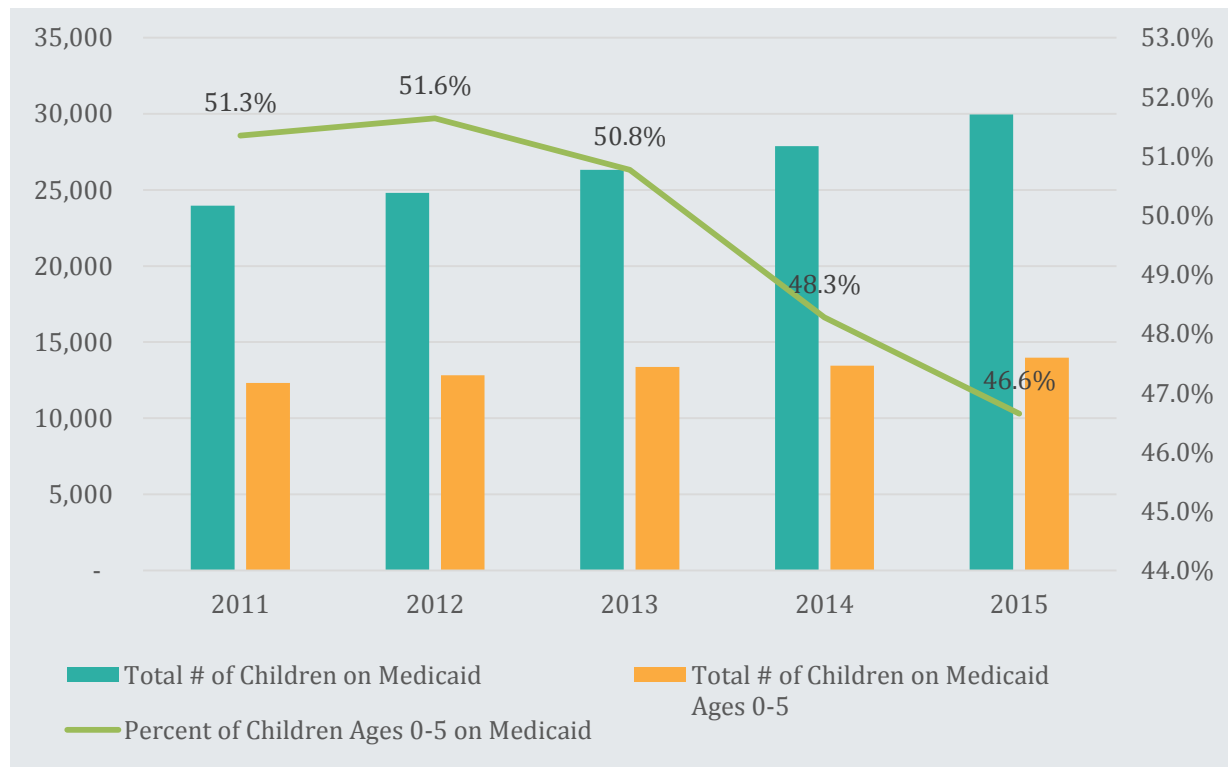
Source: Table 167, Alachua County Children’s Services Technical Appendix 2016



Children and Medicaid

Figure 28 shows the number of children of all ages and the number of children ages 0-5 in Alachua County who were on Medicaid from 2011- 2015, as well as the percent of children ages 0-5 years on Medicaid. The total number of all children who were on Medicaid increased from 23,976 in 2011 to 29,954 in 2015. While the number of children ages 0-5 years who were on Medicaid in Alachua County increased from 12,311 in 2011 to 13,973 in 2015, the percent of children 0-5 years on Medicaid decreased from 51.0 percent to 47.0 percent from 2011-2015 (Table 165, Technical Appendix).

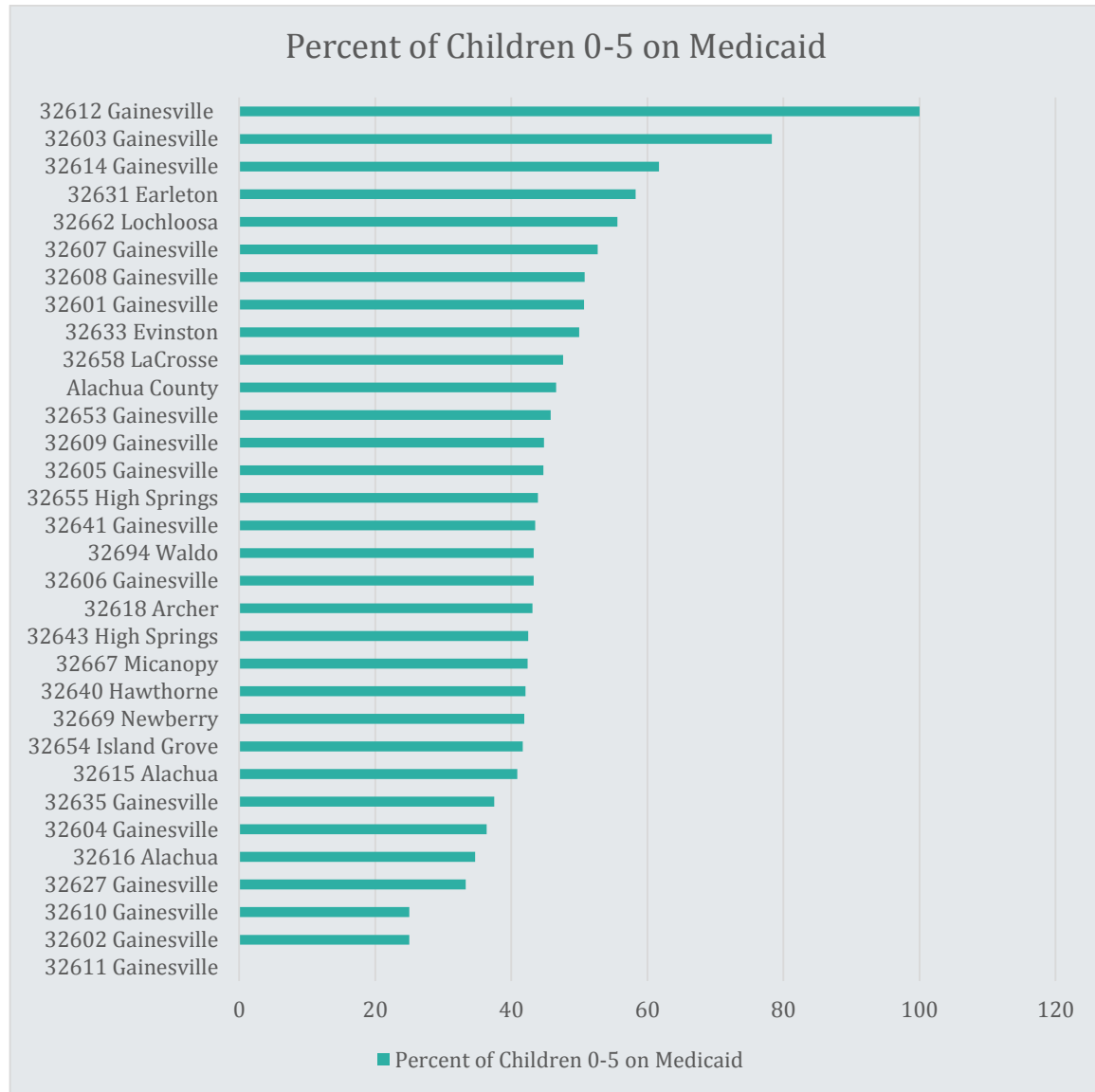
FIGURE 28: TOTAL NUMBER OF CHILDREN AND CHILDREN 0-5 YEARS OF AGE ON MEDICAID IN ALACHUA COUNTY, 2011 - 2015



Source: Table 165, Alachua County Children’s Services Technical Appendix 2016



FIGURE 29: PERCENT OF CHILDREN 0 – 5 ON MEDICAID BY ZIP CODE, CALENDAR YEAR 2015



PARTNERSHIP FOR STRONG FAMILIES

Partnership for Strong Families (PSF) provides child welfare services in efforts to protect local children from abuse, neglect, and abandonment. PSF also assists in establishing safe and permanent homes with their own families, partner families, and adoptive parents. This is done through providing training programs, family and child counseling, and community resources (i.e., Library Partnership, SWAG Family Resource Center, Cone Park Library Resource Center, and Tri-County Community Resource Center).



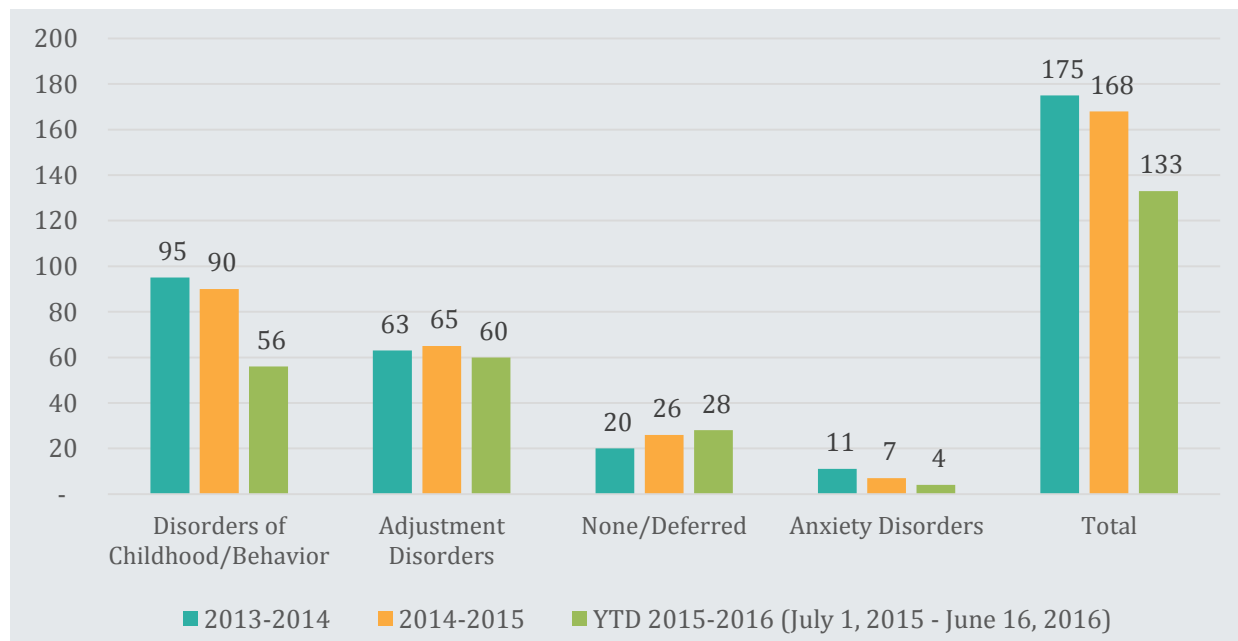
The Partnership for Strong Families Network provided data on children in foster care. The Partnership for Strong Families includes the following counties: Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor and Union. Alachua County had 76 foster homes in 2015, which is about 61.0 percent of the 125 foster care homes in the Partnership for Strong Families Network. In 2015, 38 children were adopted from foster care, and 95 foster care children in Alachua County were reunified, or left foster care to live with parents (Table 169, Technical Appendix).

MERIDIAN BEHAVIORAL HEALTHCARE

Meridian Behavioral Healthcare is a private non-profit organization that promotes health, recovery, and well-being of individuals affected by mental illness and substance use disorders. Meridian provides prevention, coordinated treatment, and supportive services. Some of those services include mental health first aid, residential and inpatient services, child and youth services, outpatient services, and corporate and professional development.

Meridian Behavioral Healthcare provided data on services received by children at their facility from 2013-2016. Figure 30 shows the total number of children that received care at Meridian Behavioral Health, as well as the top 4 diagnoses for children in this age group. Meridian provided services to a total of 175 children ages 0-5 years in 2013-2014, 168 children in 2014-2015, and 133 children YTD 2015-2016. The top four diagnoses for 2013-2016 are: disorders of childhood/behavior; adjustment disorders, none/deferred, and anxiety disorders (Table 170, Technical Appendix).

FIGURE 30: NUMBER OF CHILDREN (0-5 YEARS OF AGE) THAT RECEIVED SERVICES AT MERIDIAN BEHAVIORAL HEALTH CENTER BY DIAGNOSES, 2013-2016



Source: Table 170, Alachua County Children’s Services Technical Appendix 2016



EARLY LEARNING COALITION OF ALACHUA

The Early Learning Coalition of Alachua County is a school readiness program that uses an integrated service system linking decision makers, families, early childhood educators, and business leaders together to ensure that children from birth to five years old receive care and learning opportunities. Some of those opportunities include but are not limited to child care, early learning assistance, referrals, and Voluntary Pre-Kindergarten (VPK).

The Early Learning Coalition of Alachua County provided data on their child care centers as well as data on school readiness. Table 12 shows the number of child care centers and the total capacity of child care centers in Alachua County by provider status. If a provider license is active, the child care program or center is approved to care for children. If programs are not currently accepting children, they can change to inactive status, putting their license on hold while not in operation. A provisional license is a temporary status to allow providers to come into full compliance and become active. Providers can care for children with a provisional license but must eventually meet full compliance and change to active status.⁵ There are 151 child care centers in Alachua County of which 114 are regular/annual and 30 are active. Child care centers in Alachua have a total capacity of 10,553 (Table 177, Technical Appendix). For more information about child care centers in Alachua County, such as a list of child care facilities by zip code, refer to pages 406-419 of the technical appendix.

TABLE 12: NUMBER OF CHILD CARE CENTERS AND TOTAL CAPACITY OF CHILD CARE CENTERS IN ALACHUA COUNTY BY PROVIDER STATUS AS OF JUNE 2016

| | Total | Active | Regular/Annual | Inactive | Provisional |
|--------------------------------------|--------------|---------------|-----------------------|-----------------|--------------------|
| # of Child Care Centers | 151 | 30 | 114 | 5 | 2 |
| Total Capacity of Child Care Centers | 10,553 | 2,885 | 7,309 | 265 | 94 |

Source: Table 177, Alachua County Children’s Services Technical Appendix 2016

UNITED WAY OF NORTH CENTRAL FLORIDA

United Way of North Central Florida (UWNCFL) is a nonprofit corporation with a purpose to advance the common good by focusing on education, income, and health. Although, majority of their resources and efforts are geared towards education, UWNCFL leads the community to focus on education, income, and health through donations, advocating, and volunteering.

United Way of North Central Florida provided data on unmet needs for children in Alachua County. The data comes from United Way’s 2-1-1 help line, a free service that connects people to health and social service

⁵ Early Learning Coalition of Alachua County



resources in areas such as food, housing, youth and child care issues, health services, crisis and suicide counseling, and elder services. The 2-1-1 help line is open 24 hours per day, 365 days per year.⁶

Table 11 shows the top 10 areas of unmet need from United Way's 2-1-1 service from July 2014-June 2015 (Table 185, Technical Appendix). The top ten unmet needs related to children ages 0-5 years old in Alachua County from 2010-2015 are shown in Table 14 (Table 185, Technical Appendix). Table 14 shows the number of Alachua County referrals by United Way 2-1-1 that supported children ages 0-5 years old from 2010-2015 (Table 188, Technical Appendix).

⁶ United Way of North Central Florida. (2016). *2-1-1: Your First Call for Help*. Retrieved from United Way: <http://www.unitedwayncfl.org/211>

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



TABEL 13: TOP 10 AREAS OF UNMET NEED FOR UNITED WAY’S 2-1-1, JULY 2014-JUNE 2015

| Top 10 Areas of Unmet Need | Number of Contacts |
|---------------------------------|--------------------|
| Financial Assistance | 301 |
| Holiday Assistance | 128 |
| Housing/Shelter | 98 |
| Medical Services | 58 |
| Clothing | 27 |
| Substance Abuse & Mental Health | 23 |
| Transportation | 22 |
| Home Repair & Accessibility | 9 |
| Moving Assistance | 8 |
| Food Assistance | 6 |

Source: Table 185, Alachua County Children’s Services Technical Appendix 2016

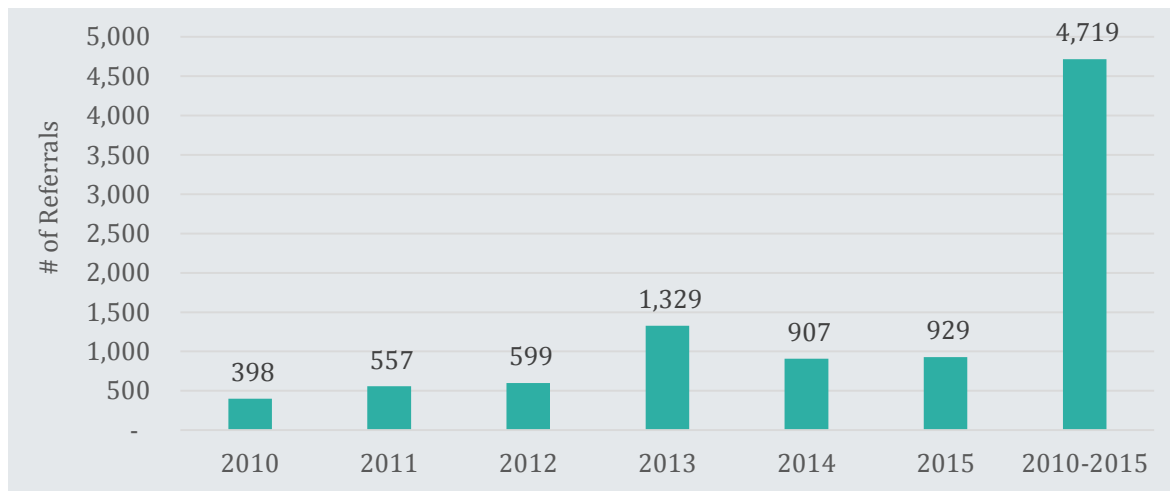
TABLE 14: NUMBER AND TYPE OF UNMET NEEDS RELATED TO CHILDREN (0-5 YEARS OF AGE) BY UNMET NEED IN ALACHUA COUNTY, 2010 - 2015

| Unmet Need | Total Number |
|------------------------------------|--------------|
| Holiday Gifts/Toys * | 327 |
| Child Passenger Safety Seats | 20 |
| Baby Furniture | 11 |
| Family Crisis Shelters | 11 |
| Formula/Baby Food | 9 |
| Child Care Expense Assistance | 6 |
| Group Homes for Dependent Children | 4 |
| Behavioral Modification | 3 |
| Child Care Centers | 3 |
| Diapers | 3 |
| Family Counseling | 3 |
| WIC | 3 |

Source: Table 188, Alachua County Children’s Services Technical Appendix 2016



FIGURE 11: NUMBER OF UNITED WAY 2-1-1 ALACHUA COUNTY REFERRALS TO SERVICES THAT SUPPORT CHILDREN (0-5 YEARS OF AGE), 2010 - 2015



Source: Table 188, Alachua County Children’s Services Technical Appendix 2016

SCHOOL READINESS

The Office of Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. The following section includes data related to school readiness preparation and school readiness screening results.

In 2015-2016, 3,306 children (5 and younger) participated in school readiness programs according to the Florida Department of Education, Office of Early Learning (Table 189, Technical Appendix). These programs are aimed at increasing a child’s readiness for kindergarten. Within the first 30 days of kindergarten, students participate in a kindergarten readiness screening. Kindergarten readiness results for 2010-2011 through 2012-2013 can be found in Table 187 of the Technical Appendix. The Florida Early Learning Coalition was directed by a bill during the 2016 Legislative Session to *not* adopt kindergarten readiness rates for the following VPK years: 2014-2015 and 2015-2016.

Currently, the Florida Kindergarten Readiness Screener (FLKRS) are selected by the Department of Education. The FLKRS includes two tools that are used to measure school readiness in kindergarteners throughout Florida within the first 30 days of kindergarten. The two tools are: a subset of the Early Childhood Observation System (ECHOS) and two measures from the Kindergarten Florida Assessment for Instruction in Reading (FAIR-K).

In the 2013-2014 school year, Alachua County kindergarteners fared slightly worse than the state on ECHOS; 89.7 percent of Alachua County kindergarteners were ‘ECHOS ready’ and 91.4 percent of Florida kindergarteners were ‘ECHOS ready.’ Table 191 in the Technical Appendix provides ECHOS readiness screening results by school. Please note, numbers of kindergarteners varies at each school; while



information below is presented as percentages, Table 191 in the Technical Appendix should be referenced for additional details. The following schools had ECHOS readiness scores of over 90.0 percent:

- Archer Elementary (98.0 percent)
- Glen Springs Elementary (91.1 percent)
- High Springs K-8 School (97.0 percent)
- Lawton M Chiles Elementary (93.4 percent)
- Meadowbrook Elementary (90.5 percent)
- Newberry Elementary (95.8 percent)
- Norton Elementary (94.0 percent)
- Talbot Elementary (98.4 percent)
- The One Room School House Project (98.0 percent)
- Micanopy Area Cooperative (100.0 percent)
- Caring & Sharing (95.8 percent)
- Expressions Learning Arts Academy (100.0 percent)
- Genesis Preparatory (93.3 percent)
- Healthy Learning Academy (100.0 percent)
- The Alachua Learning Center Element (94.4 percent)
- Saint Patrick Interparish School (100.0 percent)
- The Pre-K Kindergarten Center (94.8 percent)

The following schools had lower than 80.0 percent ECHOS Ready:

- Metcalfe Elementary (56.6 percent)
- Shell Elementary (75.0 percent)
- Waldo Community (74.2 percent)
- Rawlings Elementary (64.6 percent)

In 2013-2014 school year, the FAIR readiness screening tool was used to assess kindergarten readiness (reading). Overall, schools scored lower on the FAIR Readiness Screening Tool than on the ECHOS readiness screening tool (Table 192, Technical Appendix). The County percent FAIR ready was 78.7 compared to 72.1 in Florida. The following schools scored 90.0 percent or higher:

- Micanopy Area Cooperative (92.0 percent)
- Caring & Sharing (96.0 percent)
- Healthy Learning Academy (94.4 percent)
- The Alachua Learning Center Element (94.4 percent)



Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe a fraction of a community's unmet needs and underlying issues. The Community Themes and Strengths Assessment is designed to yield a stronger understanding of those needs and issues from the perspective of parents/guardians and providers.

The Children's Services Steering Committee utilized a variety of primary research methods (e.g., surveys, focus groups, and key informant interviews) to query parents/guardians and various stakeholders about the perceived quality of available services/programs and barriers in accessing care (e.g., child care, health care, dental care, etc.) for infants and children, prenatal to 5 years, in Alachua County.

The results of the surveys, focus groups, and key informant interviews are outlined in the subsequent sections. The tools utilized for each assessment can be seen in the Technical Appendix which accompanies this document.

COMMUNITY SURVEYS

SURVEY METHODOLOGY

The Children's Services Steering Committee, in partnership with WellFlorida Council, worked to develop two distinct surveys: a parent/guardian survey and a provider survey. The results of these surveys are intended to assist the Board of County Commissioners in Alachua to make informed decisions that reflect the needs of Alachua County families and providers.

A convenience sampling approach – respondents are selected based on accessibility and willingness to participate – was utilized for both surveys. The Alachua County Children's Services Steering Committee assisted with the dissemination of both surveys and connected WellFlorida to key stakeholders, community partners and parents who were eligible to participate in the survey.

DEMOGRAPHICS OF SURVEY PARTICIPANTS

Table 15 shows the demographic breakdown of parent/guardian survey respondents, including age, gender, race/ethnicity, and educational attainment. A total of 513 Alachua County parents and guardians completed the child services survey. Participants ranged in age from 18 to 69, with the majority (57.5 percent) being in the 30-39 age range. Approximately 84.0 percent of the participants were female. Out of the total participants, 58.0 percent identified as White, 28.0 percent Black, 6.0 percent Asian, and 10.0 percent identifying as Spanish/Hispanic/Latino. Approximately 64.0 percent of parent/guardian survey respondents have an associate's degree or higher, while 12.0 percent have a high school diploma or equivalent and 5.0 percent have some high school education.



TABLE 15: DEMOGRAPHICS OF PARENT/GUARDIAN RESPONDENTS

| Demographics | | Parent/Guardian | |
|----------------------------|---|-----------------|---------|
| | | Number | Percent |
| Age | 0-17 | 0 | 0.0% |
| | 18-24 | 28 | 7.1% |
| | 25-29 | 66 | 16.8% |
| | 30-39 | 226 | 57.5% |
| | 40-49 | 63 | 16.0% |
| | 50-59 | 9 | 2.3% |
| | 60-69 | 1 | 0.25% |
| | 70-79 | 0 | 0.0% |
| | 80 or older | 0 | 0.0% |
| Gender | Male | 67 | 16.5% |
| | Female | 338 | 83.5% |
| | Transgender | 0 | 0.0% |
| Race/ Ethnicity | Asian | 22 | 5.5% |
| | Black or African American | 111 | 27.7% |
| | American Indian/ Alaskan Native | 0 | 0.0% |
| | White/Caucasian | 232 | 57.9% |
| | Spanish/Hispanic/ Latino | 39 | 9.7% |
| | Other | 8 | 2.0% |
| Education Level | Elementary School | 0 | 0.0% |
| | Some High School | 19 | 4.7% |
| | High School diploma or equivalent (GED) | 50 | 12.4% |
| | Some college | 70 | 17.3% |
| | Associate’s degree | 43 | 10.6% |
| | Bachelor’s degree | 90 | 22.3% |
| | Graduate degree | 91 | 22.5% |
| | Professional degree | 36 | 8.9% |

Source: Questions 18, 19, 20, & 24, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.



Table 16 shows the insurance coverage status of survey respondents’ children in the past five years. The children of survey respondents are most commonly covered by Private Health Insurance (58.0 percent) and Medicaid (43.0 percent).

TABLE 16: INSURANCE COVERAGE OF RESPONDENTS' CHILDREN

| Type of Insurance | % of children with coverage |
|--------------------------|-----------------------------|
| Private Health Insurance | 57.5% |
| Medicaid | 42.7% |
| Florida KidCare | 6.2% |
| Not Sure | 2.4% |
| Medicare | 2.0% |

Source: Question 6, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.

Table 17 shows the percent of providers surveyed that deliver services to zip codes throughout Alachua County. A total of 112 providers responded to the survey. Together, some services were provided to every zip code in Alachua County, but the majority were provided to the 32607 and 32608 zip codes.



TABLE 17: PROVIDER DEMOGRAPHICS

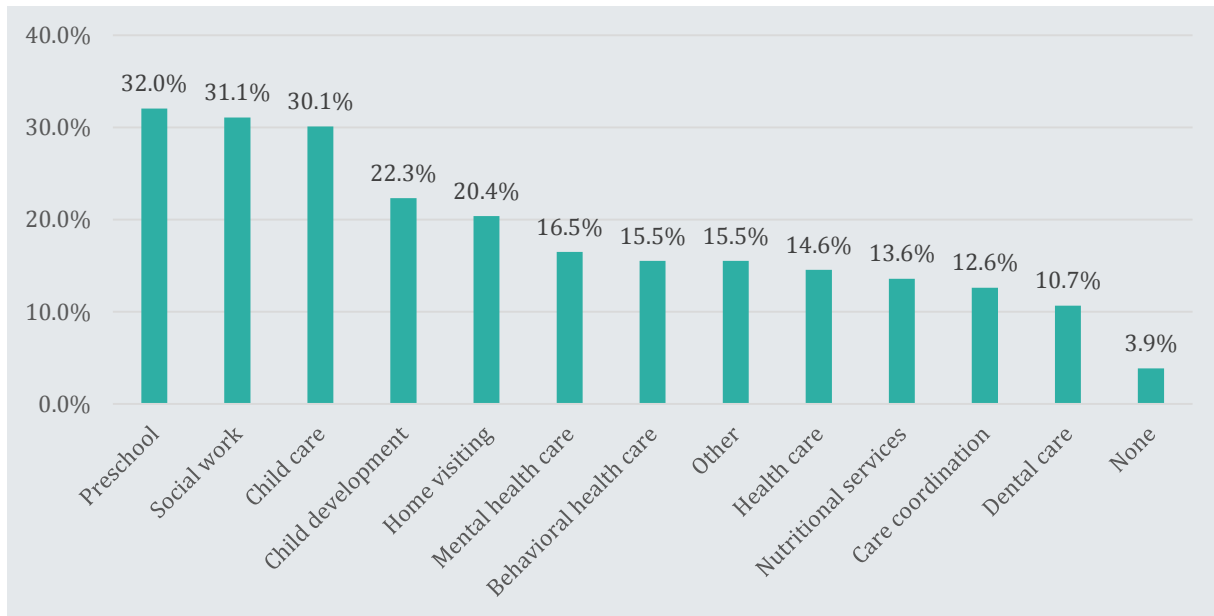
| Zip Code | % of Providers that provide services to zip code | Zip Code (continued) | % of Providers that provide services to zip code (continued) |
|----------|--|----------------------|--|
| 32044 | 28.6% | 32618 | 29.5% |
| 32601 | 47.3% | 32622 | 26.8% |
| 32602 | 35.7% | 32633 | 28.6% |
| 32603 | 37.5% | 32635 | 25.9% |
| 32604 | 36.6% | 32640 | 32.1% |
| 32605 | 46.4% | 32641 | 41.1% |
| 32606 | 46.4% | 32643 | 33.0% |
| 32607 | 54.5% | 32653 | 35.7% |
| 32608 | 54.5% | 32654 | 28.6% |
| 32609 | 44.6% | 32655 | 28.6% |
| 32610 | 41.1% | 32658 | 27.7% |
| 32611 | 32.1% | 32662 | 27.7% |
| 32612 | 30.4% | 32666 | 27.7% |
| 32613 | 28.6% | 32667 | 27.7% |
| 32614 | 31.3% | 32669 | 33.0% |
| 32615 | 40.2% | 32694 | 27.7% |
| 32616 | 30.4% | Other | 0.9% |

Source: Question 2, Community Health Survey of Providers, 2016. Prepared by: WellFlorida Council, 2016.

The top 3 services provided by survey participants for children or infants under age 5 include: Preschool (32.0 percent), social work (31.0 percent), and child care (30.0 percent) as shown in Figure 32. About half of provider participants deliver no services to women of childbearing age, while 29.0 percent deliver services that fall into the “other” category and 18.0 percent deliver mental health care (Figure 33).

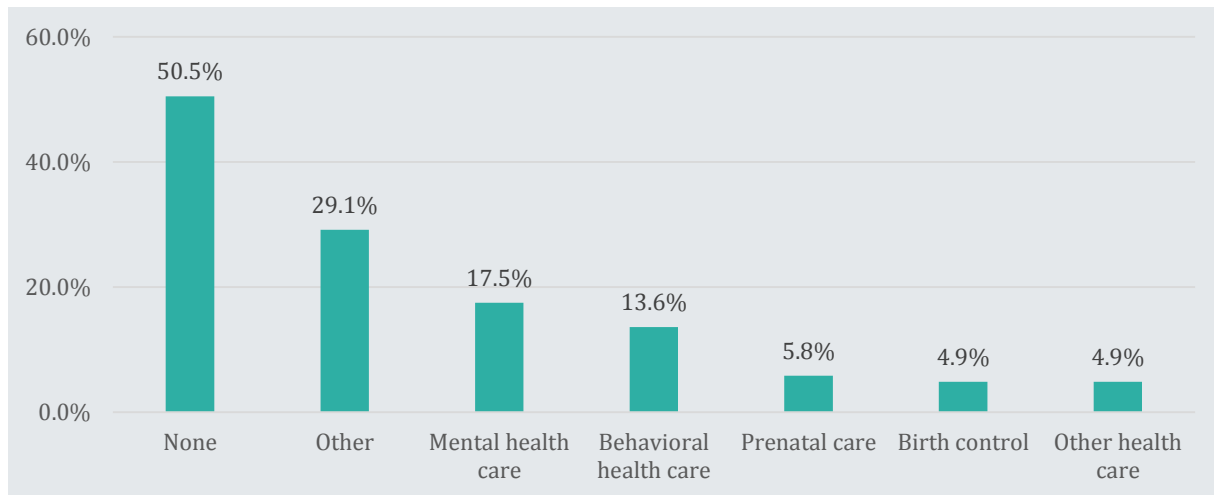


FIGURE 32. SERVICES PROVIDED FOR CHILDREN/INFANTS AGE 5 OR YOUNGER



Source: Question 3, Community Health Survey of Providers, 2016. Prepared by: WellFlorida Council, 2016.

FIGURE 33. SERVICES PROVIDED FOR WOMEN OF CHILDBEARING AGE



Source: Question 4, Community Health Survey of Providers, 2016. Prepared by: WellFlorida Council, 2016.



SURVEY RESULTS AND OBSERVATIONS

The majority of parents and guardians that participated in the survey said their children did not have any health, eating, dental, developmental, or social/emotional problems. Health problems include, but are not limited to: frequent colds, vomiting, diarrhea, rashes, or other illnesses. Eating problems may include: no interest in food, too much interest in junk food, too thin, or too heavy. Dental problems may include: teeth are spotted or not very white or child will not brush teeth. Developmental problems may include: not rolling over, walking, talking, toilet training, drawing, printing, or other activities at about the same age as other children you know. Social/emotional problems may include: hitting, biting, not playing well with other children, crying more than usual, or not comforted by holding/hugging. Among children that did experience problems, the most common problem areas included: health (35.0 percent), eating (30.0 percent), social/emotional (22.0 percent), and dental (20.0 percent) (Question 3, Survey of Parents/Guardians).

In the past 5 years, the parents/guardians that participated in the survey have experienced the following stressful situations: financial problems (37.0 percent), other medical problems that had to be treated by a doctor (36.0 percent), problems with a delivery of a child (28.0 percent), and changes in a close relationship (23.0 percent), as shown in Table 18.

TABLE 18: STRESSFUL SITUATIONS EXPERIENCED BY PARENTS/GUARDIANS

| Stressful Situation | % of Parents/Guardians |
|---|-------------------------------|
| Experienced financial problems | 37.3% |
| Other medical problems that had to be treated by a doctor | 36.8% |
| Problems with delivery of a child | 28.2% |
| Changes in a close relationship | 23.4% |
| Received mental health services for counseling | 17.6% |
| Experienced changes in your home life | 15.5% |
| Experienced someone trying to hurt or threaten you | 7.3% |

Source: Question 7, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.

Parent/Guardian Opinions on Support & Resources

Parent/Guardian’s primary sources of information, support, or services for their children under the age of 5 include: family members (70.0 percent), friends (64.0 percent), and pediatrician/child’s health care provider (63.0 percent) (Question 10, Parent/Guardian Survey). Parent/guardian respondents use several different support systems or resources to care for their children when they are unable to do so: 66.0 percent of parent/guardian respondents said that a spouse or partner took care of their children when they could not. 63.0 percent said grandparents took care of children, and 56.0 percent of respondents used center based child care when they could not take care of their children (Question 15, Parent/Guardian Survey).



84.0 percent of Parent/Guardians have never participated in a voluntary home visiting program where a trained professional provided parent guidance, health information, etc. Of the parents/guardians that did participate in a home visiting program, they felt that the program: supported child's early learning (80.0 percent), helped to make them feel more confident as a parent (77.0 percent), connected them to other resources in the community (76.0 percent), helped better understand their child's development (75.0 percent), and helped them access health or other services for their child (75.0 percent) (Questions 11 & 12, Parent/Guardian Survey).

Barriers to Accessing Services

This section discusses over-arching questions asked of both survey groups – parent/guardian and provider – relating to barriers to health and accessing services. In general, the leading responses from both parent/guardian and provider respondents are presented for each question.

In terms of access to services, parents/guardians reported having the most difficulty accessing the following services: child care when children are sick (34.0 percent of respondents reported difficulty), general child care (30.0 percent), preschool (16.0 percent), and health insurance for the parent (16.0 percent). The easiest services for respondents to obtain included: medical care when children are sick (92.0 percent of respondents reported ease in obtaining this service), well-child visits (90.0 percent), health insurance for children (81.0 percent), and prenatal care (80.0 percent) (Question 8, Parent/Guardian Survey).

Tables 19 - 30 show the top barriers respondents reported for accessing particular services including:

- Top barriers in accessing health care services for children/infants age five and under
- Top barriers in accessing child care/ day care for children/infants age five and under
- Top barriers in receiving early education for children/infants age five and under
- Top barriers in receiving services for developmental problems for children/infants age five and under
- Top barriers in receiving services for social/behavioral problems for children/infants age five and under
- Top barriers in receiving dental care for children/infants age five and under

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



“What barriers did you face in getting Health Care Services for your children/infants age five and under needed? Please select all that apply.”

TABLE 19: HEALTHCARE SERVICE BARRIERS

| | Parents/Guardians (259 respondents) | Providers (67 respondents) |
|----------|---|--|
| 1 | Service hours that fit with your work schedule (42.9%) | Out of pocket costs (58.2%) |
| 2 | Cost you had to pay (40.93%) | Inadequate/no health insurance (55.2%) |
| 3 | Providing papers to show eligibility for services (23.9%) | Transportation to service (53.7%) |
| 4 | Lack of available providers in your community (20.1%) | Lack of knowledge about services (31.3%) |

Source: Community Health Survey of Parents/Guardians (Question 9A) and Providers (Question 8), 2016. Prepared by: WellFlorida Council, 2016.

“What barriers did you face in getting child care/day care services for your children/infants age five and under needed? Please select all that apply.”

TABLE 20: BARRIERS FOR CHILD CARE/DAY CARE SERVICES

| | Parents/Guardians (300 respondents) | Providers (61 respondents) |
|----------|---|--|
| 1 | Cost you had to pay (74.0%) | Out of pocket costs (83.6%) |
| 2 | Finding high quality child care where you felt comfortable leaving your child (40.0%) | Transportation to service (52.5%) |
| 3 | Lack of child care providers in your community with open spots for infants and young children (32.0%) | Not eligible for services (47.5%) |
| 4 | Service hours that fit with your work schedule (27.3%) | Lack of knowledge about services (27.9%) |

Source: Community Health Survey of Parents/Guardians (Question 9B) and Providers (Question 10), 2016. Prepared by: WellFlorida Council, 2016.

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



“What barriers did you face in getting early education services for your children/infants age five and under needed? Please select all that apply.”

TABLE 21: BARRIERS FOR EARLY EDUCATION SERVICES (PRE-K)

| | Parents/Guardians (215 respondents) | Providers (61 respondents) |
|----------|--|--|
| 1 | Cost you had to pay (48.4%) | Out of pocket costs (59.0%) |
| 2 | Finding high quality early education where you felt comfortable leaving your child (32.6%) | Transportation to service (54.1%) |
| 3 | Service hours that fit with your work schedule (25.6%) | Lack of knowledge about services (47.5%) |
| 4 | Not enough knowledge about what services are available (22.3%) | Not eligible for services (37.7%) |

Source: Community Health Survey of Parents/Guardians (Question 9C) and Providers (Question 11), 2016. Prepared by: WellFlorida Council, 2016.

“What barriers did you face in getting services for developmental problems for your children/infants age five and under needed? Please select all that apply.”

TABLE 22: BARRIERS FOR SERVICES FOR DEVELOPMENTAL PROBLEMS

| | Parents/Guardians (106 respondents) | Providers (58 respondents) |
|----------|---|--|
| 1 | Not enough knowledge about what services are available (45.3%) | Lack of knowledge about services (55.2%) |
| 2 | Cost you had to pay (32.1%) | Out of pocket costs (52.5%) |
| 3 | Service hours that fit with your work schedule (27.4%) | Transportation to service (53.5%) |
| 4 | Lack of available providers in your community (18.9%) and Location of Service (18.9%) | Care for other children (27.6%) |

Source: Question 9D, Community Health Survey of Parents/Guardians and Providers, 2016. Prepared by: WellFlorida Council, 2016.

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““What barriers did you face in getting services for social/behavioral problems for your children/infants age five and under needed? Please select all that apply.”

TABEL 23: BARRIERS FOR SERVICES FOR SOCIAL/BEHAVIORAL PROBLEMS

| | Parents/Guardians (88 respondents) | Providers (65 respondents) |
|----------|--|---|
| 1 | Not enough knowledge about what services are available (39.8%) | Inadequate/no health insurance (56.9%) |
| 2 | Cost you had to pay (34.1%) | Out of pocket costs (50.8%) |
| 3 | Service hours that fit with your work schedule (27.3%) | Transportation to service (46.2%) Lack of knowledge about services (46.2%) |
| 4 | Lack of available providers in your community (23.9%) | Little/no assistance with coordinating services (24.6%) |

Source: Community Health Survey of Parents/Guardians (Question 9E) and Providers (Question 9C), 2016. Prepared by: WellFlorida Council, 2016.

““What barriers did you face in getting dental care services for your children/infants age five and under needed? Please select all that apply.”

TABLE 24: BARRIERS FOR DENTAL CARE SERVICES

| | Parents/Guardians (189 respondents) | Providers (63 respondents) |
|----------|--|--|
| 1 | Cost you had to pay (47.6%) | Out of pocket costs (76.2%) |
| 2 | Lack of available providers in your community (34.4%) | Inadequate/no health insurance (73.0%) |
| 3 | Service hours that fit with your work schedule (23.3%) | Transportation to service (46.0%) |
| 4 | Location of service (22.8%) | Lack of knowledge about services (28.6%) |

Source: Community Health Survey of Parents/Guardians (Question 9F) and Providers (Question 9A), 2016. Prepared by: WellFlorida Council, 2016.

Barriers to Accessing Services by Zip Code

Parent and guardian respondents answered questions about barriers to accessing services such as: health care, child care, early education, developmental problems, social/behavioral problems, and dental care. The figures in this section show a breakdown of the top barriers to accessing services for children and infants age five and under in each zip code, according to parents/guardians in Alachua County. For example, Table 25 shows the top barriers to accessing health care services for children by zip code. In the 32608 zip code,

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



finding services that fit with your work schedule is the top barrier to accessing health care for children, with 27.0 percent of parent/guardian respondents from the 32608 zip code indicating they experience this barrier.

TABEL 25: BARRIERS TO ACCESSING HEALTH CARE SERVICES FOR CHILDREN/INFANTS AGE 5 AND UNDER BY ZIP CODE IN ALACHUA COUNTY

| Zip Code | Top Barriers |
|-----------------|--|
| 32608 | Service hours that fit with your work schedule (27%) |
| 32605 | Cost you had to pay (33%) |
| 32643 | Service hours that fit with your work schedule (25%) |
| 32606 | Cost you had to pay (31%) |
| 32669 | Service hours that fit with your work schedule (30%) |
| 32618 | Providing papers to show eligibility for services (40%) |
| 32607 | Cost you had to pay (27%) |
| 32615 | Location of service (24%) |
| 32601 | Service hours that fit with your work schedule (57%) |
| 32609 | Cost you had to pay (23%) |
| 32694 | Providing papers to show eligibility for services (25%), Service hours that fit with your work schedule (25%), Lack of available providers in your community (25%), Finding a provider who understands your language (25%) |
| 32653 | Service hours that fit with you work schedule (33%) |
| 32640 | Cost you had to pay (25%) and service hours that fit with your work schedule (25%) |
| 32641 | Providing papers to show eligibility for services (28%) |
| 32603 | Cost you had to pay (40%) |
| 32667 | Providing papers to show eligibility for service (100%) |
| 32616 | Cost you had to pay (100%) |
| 32644 | Providing papers to show eligibility for service (50%) and location of service (50%) |

Source: Questions 9A & 21, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.



TABLE 26: BARRIERS TO ACCESSING CHILD CARE FOR CHILDREN/INFANTS AGE 5 AND UNDER BY ZIP CODE IN ALACHUA COUNTY

| Zip Code | Top Barriers |
|----------|---|
| 32608 | Cost you had to pay (27%) |
| 32605 | Cost you had to pay (34%) |
| 32643 | Cost you had to pay (29%) |
| 32606 | Cost you had to pay (36%) |
| 32669 | Cost you had to pay (33%) |
| 32618 | Cost you had to pay (25%), Providing papers to show eligibility (25%), Not enough knowledge about what services are available (25%), Finding high quality child care where you felt comfortable leaving your child (25%) |
| 32607 | Cost you had to pay (32%) |
| 32615 | Cost you had to pay (42%) |
| 32601 | Cost you had to pay (39%) |
| 11551 | Cost you had to pay (33%) |
| 32609 | Cost you had to pay (36%) |
| 32694 | Not enough knowledge about what services are available (33%) |
| 32653 | Cost you had to pay (24%) |
| 32640 | Cost you had to pay (28%) |
| 32641 | Cost you had to pay (33%) |
| 32603 | Cost you had to pay (43%) |
| FL 32601 | Cost you had to pay (25%), Finding a provider who understands your culture (25%), Finding a provider who understands your language (25%), and Finding high quality child care where you felt comfortable leaving your child (25%) |
| 32667 | Cost you had to pay (100%) |
| 32616 | Cost you had to pay (50%) and Finding high quality child care where you felt comfortable leaving your child (50%) |
| 32644 | Providing papers to show eligibility for services (50%) and Location of services (50%) |

Source: Questions 9B & 21, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.



TABLE 27: BARRIERS TO ACCESSING EARLY EDUCATION FOR CHILDREN/INFANTS AGE 5 AND UNDER BY ZIP CODE IN ALACHUA COUNTY

| Zip Code | Top Barriers |
|-----------------|---|
| 32608 | Cost you had to pay (22%) |
| 32605 | Cost you had pay (30%) |
| 32643 | Cost you had to pay (15%), Location of service (15%), Lack of available providers in your community (15%) |
| 32606 | Cost you had to pay (26%) |
| 32669 | Service hours that fit with your work schedule (21%) |
| 32618 | Not enough knowledge about what services are available (100%) |
| 32607 | Cost you had to pay (28%) |
| 32615 | Cost you had to pay (33%) |
| 32601 | Cost you had to pay (44%) |
| 32609 | Not enough knowledge about what services are available (18%) and finding high quality education where you felt comfortable leaving your child (18%) |
| 32694 | Service hours that fit with your work schedule (50%) and Not enough knowledge about what service are available (50%) |
| 32653 | Cost you had to pay (22%) and Finding high quality education where you felt comfortable leaving your child (22%) |
| 32640 | Cost you had to pay (30%) |
| 32641 | Cost you had to pay (15%), providing papers to show eligibility for services (15%), Location of service (15%), Not enough knowledge about what services are available (15%) |
| 32603 | Cost you had to pay (50%) |
| 32667 | Not enough knowledge about what services are available (100%) |
| 32616 | Cost you had to pay (50%), Finding high quality early education where you felt comfortable leaving your child (50%) |
| 32644 | No data available |

Source: Questions 9C & 21, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.



TABLE 28: BARRIERS TO ACCESSING SERVICES FOR DEVELOPMENTAL PROBLEMS FOR CHILDREN/INFANTS AGE 5 AND UNDER BY ZIP CODE IN ALACHUA COUNTY

| Zip Code | Top Barriers |
|-----------------|--|
| 32608 | Not enough knowledge about what services are available (28%) |
| 32605 | Not enough knowledge about what services are available (33%) |
| 32643 | Lack of available providers in your community (30%) |
| 32606 | Not enough knowledge about what services are available (24%) |
| 32669 | Service hours that fit with your work schedule (30%) and not enough knowledge about what services are available (30%) |
| 32618 | No data available |
| 32607 | Not enough knowledge about what services are available (30%) |
| 32615 | Cost you had to pay (20%), Providing papers to show eligibility for services (20%), Location of service (20%), Transportation to service (20%) and lack of available providers in my community (20%) |
| 32601 | Providing papers to show eligibility for services (25%), Location of service (25%), Transportation to service (25%) Service hours that fit with your work schedule (25%) |
| 32609 | Transportation to service (27%) |
| 32694 | No data available |
| 32653 | Service hours that fit with your work schedule (27%) |
| 32640 | Cost you had to pay (100%) |
| 32641 | Not enough knowledge about what services are available (22%) |
| 32603 | Cost you had to pay (67%) |
| 32667 | Not enough knowledge about what services are available (100%) |
| 32616 | No data available |
| 32644 | Location of service (100%) |

Source: Questions 9D & 21, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.



TABLE 29: BARRIERS TO ACCESSING SERVICES FOR SOCIAL/BEHAVIORAL PROBLEMS FOR CHILDREN/INFANTS AGE 5 AND UNDER BY ZIP CODE IN ALACHUA COUNTY

| Zip Code | Top Barriers |
|-----------------|--|
| 32608 | Not enough knowledge about what services are available (20%) |
| 32605 | Not enough knowledge about what services are available (31%) |
| 32643 | Lack of available providers in your community (27%) |
| 32606 | Cost you had to pay (24%) and not enough knowledge about what services are available (24%) |
| 32669 | Not enough knowledge about what services are available (43%) |
| 32618 | No data available |
| 32607 | Service hours that fit with my work schedule (23%) |
| 32615 | Cost you had to pay (50%) and providing papers to show eligibility for services (50%) |
| 32601 | Service hours that fit with your work schedule (67%) |
| 32609 | Not enough knowledge about what services are available (25%) |
| 32694 | No data available |
| 32653 | Cost you had to pay (33%) and not enough knowledge about what services are available (33%) |
| 32640 | Cost you had to pay (100%) |
| 32641 | Not enough knowledge about what services are available (29%) |
| 32603 | Cost you had to pay (100%) |
| 32667 | Not enough knowledge about what services are available (100%) |
| 32616 | No data available |
| 32644 | Providing papers to show eligibility for services (33%), Location of service (33%), Service hours that fit with your work schedule (33%) |

Source: Questions 9E & 21, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.



TABLE 30: BARRIERS TO ACCESSING DENTAL CARE FOR CHILDREN/INFANTS AGE 5 AND UNDER BY ZIP CODE IN ALACHUA COUNTY

| Zip Code | Top Barriers |
|-----------------|--|
| 32608 | Cost you had to pay (28%) |
| 32605 | Cost you had to pay (37%) |
| 32643 | Cost you had to pay (30%) and Lack of available providers in your community (30%) |
| 32606 | Cost you had to pay (27%), Location of Service (27%), and lack of available providers in your community (27%) |
| 32669 | Cost you had to pay (27%) and Lack of available providers in your community (27%) |
| 32618 | Location of service (50%) and Care for other children (50%) |
| 32607 | Cost you had to pay (26%) |
| 32615 | Cost you had to pay (28%) |
| 32601 | Providing papers to show eligibility for services (20%), Location of service (20%), Service hours that fit with your work schedule (20%), Not enough knowledge about what services are available (20%) and lack of available providers in your community (20%) |
| 32609 | Lack of available providers in your community (25%) |
| 32694 | No data available |
| 32653 | Cost you had to pay (44%) |
| 32640 | Cost you had to pay (29%) |
| 32641 | Not enough knowledge about what services are available (26%) |
| 32603 | Cost you had to pay (100%) |
| 32667 | Not enough knowledge about what services are available (100%) |
| 32616 | No data available |
| 32644 | Providing papers to show eligibility for services (50%) and Service hours that fit with your work schedule (50%) |

Source: Questions 9F & 21, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016.

Parent/Guardian Recommendations

When asked to make recommendations to improve services for families with young children/infants age five and under in Alachua County, parents gave a variety of answers as shown in Table 31. Of the responses received, over 50 responses were no suggestions or recommendations. Another 5 respondents commented that they were thankful and loved the service they were receiving. Several themes emerged in the



recommendations given by parents, including the need for: affordable child care/ daycare services, access to more information and better communication, affordable dental care and Medicaid dentists, assistance programs (including financial) and parent education.

TABLE 31: PARENT/GUARDIAN RECOMMENDATIONS

| Recommendation |
|--|
| Affordable Childcare/Daycare Services (22) |
| Access to more information and better communication (26) |
| Affordable Dental Care/Medicaid Dentists (14) |
| Assistance Programs (including financial) (13) |
| Parent education (8) |

Source: Question 16, Community Health Survey of Parents/Guardians, 2016. Prepared by: WellFlorida Council, 2016. Number in () refers to the number of survey responses indicating that recommendation



FOCUS GROUPS

FOCUS GROUP METHODOLOGY

The Children's Services Steering Committee, in partnership with WellFlorida Council, worked to develop two distinct focus group scripts: a parent/guardian script and a provider script. The results of these focus groups are intended to assist the Board of County Commissioners in Alachua to make informed decisions that reflect the needs of Alachua County families and providers.

The Alachua County Children's Services Steering Committee assisted with the promotion of the focus groups and WellFlorida shared flyers with key stakeholders, and community partners.

Three (3) parent/guardian focus groups were held with a total of 17 participants. Two (2) provider focus groups were held with a total of 14 participants, representing various stakeholder groups, including Meridian Behavioral Healthcare, Partnership for Strong Families, Child Advocacy Center, Women Infants and Children, Acorn Clinic, the Department of Children and Families, Healthy Start and MIECHV.

Each group was asked a set of standardized questions regarding (1) gaps and barriers in accessing services (2) perceptions related to the quality of services offered and (3) recommendations to guide and improve the future development of programs and services for families with children/infants (prenatal to five years of age) in Alachua County.

RSVPs were required for each focus group (no participant could attend more than one focus group). Prior to the start of each focus group, participants were required to complete a brief demographic survey and informed consent form. Once each focus group concluded, participants received a \$20 stipend for their time. Personally identifying information was not collected from any of the focus group participants in an effort to preserve anonymity.

Parent/Guardian Focus Groups Locations:

- Library Partnership – 1130 NE 16th Ave, Gainesville, FL 32601
July 25, 2016; 4 PM – 6 PM
Number of participants: 6
- Southwest Advocacy Group (SWAG)– 807 SW 64th Terrace, Gainesville, FL 32607
July 26, 2016; 4 PM – 6 PM
Number of participants: 9
- Suwannee River Area Health Education Center – 14646 NW 151 Blvd., Alachua, FL 32615
July 27, 2016; 4 PM – 6 PM
Number of participants: 2

Provider Focus Groups Locations:

- Millhopper Library – 3145 NW 43rd St, Gainesville, FL 32606
August 10, 2016; 11 AM – 1 PM
Number of participants: 8



- Headquarters Library – 401 E University Ave, Gainesville, FL 32601
August 11, 2016; 11 AM – 1 PM
Number of participants: 6

Audio tape recordings of the focus groups were transcribed verbatim and uploaded to the qualitative software system, MaxQDA. MaxQDA was then utilized to code and organize transcripts to identify where key themes emerged. The frequency of discussion related to a specific topic was identified as a key indicator, and subsequently, was identified as a main theme.

PARENT/GUARDIAN FOCUS GROUP RESULTS:

Qualitative data analysis revealed five (5) overarching themes across the three focus groups. Numbers in parentheses refer to the number of coded text related to each theme or subtheme.

In total, 174 portions of text were coded into one or more themes. A brief summary will be provided for each theme; please note quotes are verbatim and have been edited in cases of profanity and identifiable information (i.e., names).

- Needed Services (21)
- School Readiness (20)
- Barriers
 - Transportation (23)
 - Insurance (17)
 - Cost and Affordability (28)
 - Knowledge (6)
 - Wait List and Time (27)
 - Service Hours (10)
- Commonly Used Services (9)
- Suggestions and Recommendations (13)

Needed Services: Participants were asked to identify services—specific to children and infants 0-5 years--that were needed in Alachua County. These services needed included speech therapy, after hour care, sign language, programs that promote childhood obesity awareness, and counseling services.

“And then she has somebody come from St. Augustine to teach her because that’s the only school she’s going to be able go to is the Florida School for the Deaf and the Blind. So I’m going to have to make a move in order for her to even go to school. Not even daycare, preschool, school period like I have to move in order for her to learn. So in Alachua why is there not a source that we would go to? I’m pretty sure I’m not the only parent that has a deaf child.”

“There is nothing here in Gainesville. I am about to move in order for me to get my child fixed income who doesn’t have the support and the finance to take care of a child. I have to sit home and take care



of my two year old and teach her stuff that I can probably send her to the daycare and say you're going to learn here. What I can't teach you at home you're going to learn here. What I can't show you how to do at home, there's a teacher that'll teach you here. There's nothing here. Like I ask you why do I have to live in Gainesville, why do I have to live in Alachua? Where am I supposed to go? It comes back to these services. We don't have the services we need to help our kids."

School Readiness: Each focus group participant was asked, "what does school readiness mean to you?" and "what are you doing to help your infant/child be ready for school?" Participants often defined school readiness as the child's ability to develop social skills, know shapes, colors, and their name. In efforts to prepare children for school, parents often read to their child/ren before bed, teach coping and socialization skills, and encourage their child/ren to avoid the use of 'baby talk.'

"Knowing how to count, knowing their ABCs, knowing colors, shapes, following directions."

"We read, we do puzzles, we work on colors, making sure that... At least we make sure at home that we're speaking to our child in a normal framework and not.."

"And then also supporting them like whenever there are functions at school our teacher brings home homework, making sure that they're doing their homework, doing their homework packets, being involved in the classroom, knowing what's going on inside of the classroom, better communication with you and the teacher, positive communication between the teacher as well."

Barriers: Barriers was an overarching term used to describe the unique challenges parents/guardians have and continue to experience in developing their child/ren cognitively, academically, socially, emotionally etc. Common school readiness barriers participants discussed, included, but were not limited to, cost and affordability, service hours, and transportation.

Transportation: Participants were asked to "describe a time when you experienced transportation barriers to getting the services you need for your child or infant." In response, most participants (who aren't in possession of a vehicle) rely on public transportation, friends, and relatives as an alternative to travel to appointments and work. Irregularities in scheduling, limited hours, and convenience (transferring from bus to bus) were often discussed as major disadvantages of utilizing public transportation systems.

"I had to get somewhere and the bus didn't start until a certain time which made it hard for me to get to my appointment on time because it was 7:30 in the morning. So I missed the appointment and didn't get the help and not a great situation with them I'd like to start."

"And then finally the fact that busses don't run to a certain distance. This is the point of running on time. On time. They do not like to run... 75 is the worst bus to get on if I got to go to appointments. You got to at least make sure you get to the bus an hour to make sure you get to your appointment. You might be there an hour or two early before your appointment just because 75 just don't feel like they need to run on time and it's going to take their oh so [perfect?] time like they're the only people interest he world that got.."



"And like I said low income family, that's a big part of our getting to and from work the transportation system."

Insurance: While the importance of insurance is inevitable, focus group participants frequently discussed their personal challenges of being uninsured, underinsured, and insured. Common obstacles that were expressed by participants included: lack of medical providers who don't accept specific marketplace plans (i.e., Medicaid), unaffordable out-of-pocket expenses, the degree of difficulty switching insurance providers and obtaining quality, low-cost healthcare plans.

"You can't just go to any doctor's office and say here's my Medicaid card I need help."

"He had AvMed insurance at first and then we switched over to Medicaid. The copays are crazy because when I gave birth I still owed Shands \$1,000 because my insurance did not cover the whole thing."

"It's not easy to afford it because it's [insurance] so expensive."

Cost and Affordability: The cost associated with quality, affordable, and reliable services (e.g., child care, day care, health care, etc.) was a significant barrier parents/guardians reported. As such, participants were asked to, "describe a time when you experienced financial barriers to getting the services you needed for you child or infant." With inadequate resources to care for their children, many parents/guardians reported difficulty in finding affordable, flexible, and high-quality children's services. These high costs often leave parents settling for less, low-quality, and unsatisfactory childcare alternatives.

"But one of the things I can imagine is if we didn't make how much we made, I cannot imagine how we would be able to afford childcare anywhere. Yeah, I was going to say Alachua County but it's everywhere. It's not just Alachua, it's everywhere."

"Well for a lot of this stuff we're both very fortunate in that we have Master's in Public Health and know the importance and all that kind of stuff of good quality healthcare, quality daycare, all of that sort of thing but there are people where they have to put their child somewhere that maybe they don't feel very comfortable but that's what they can afford and they have to work and at the end of the month childcare is not cheap at all. I mean we pay \$800 a month."

Knowledge: When asked, "how do you currently get your information about available services?" and "what can we do better to inform parents/guardians about available services?" participants expressed that there is an over-reliance of information-sharing through 'word of mouth'. Occasionally, information related to available services are posted in libraries and resource centers. As a recommendation, participants suggested employing social media (i.e., Facebook, Twitter and Instagram) and other non-traditional methods of health communication as a conduit to advertise community events and programs.

"A lot of times they have schools, great things posted like if you go to the library or something. Like this whole wall, there's a lot of stuff on this wall. I didn't even know.."



"See I don't know nothing about VPK. Like I've never actually had to use that so I mean how do you get it? I mean she needs to go to school so."

Wait List and Time: For many focus group participants, immediate access to child assistance programs, early education, healthcare and childcare services is unrealistic; thus resulting in poor quality of life. Furthermore, participants described the economic impact of waiting lists (specifically related to childcare), as most parents/guardians compromise their job in efforts to support their children.

"...changing care providers because I was with Prestige and I switched to Sunshine Health, I tried to get all my kids under one plan but find out they gave my kids separate plans. And I'm like that doesn't make sense, you all got me going all the way to a doctor in High Springs and I stay in Gainesville. I'm like what you talking about? And then I had to wait a year in order to combine all those together because they give you a deadline. They gave me I think like six months to apply to them and let them know what you want to do and I missed that deadline because I was always working or trying to find somebody to keep my kids or daycare."

"Oh it was one place in like Alachua that accepted my Medicaid for dental. And I'm driving all the way to Alachua just to get his teeth checked. And he with Shands now but he had to wait at least five months to get his teeth checked."

"You know what I mean and so if you've got UnitedHealth, you go in there for let's say a physical, you out of gas, you got to switch over to Prestige and it's not that easy because they give you a 90-day period and then after that you have to wait a whole year before you can you know what I mean switch your insurance. So they should make something I don't know, they need to change something with the insurance. It shouldn't be a whole year, you should be able to change it like they should have at least every three months around so..."

Service Hours: Parallel to findings from the parent/guardian survey, service hours were frequently mentioned as a barrier to accessing services. Focus group participants were asked to "describe a time when you experienced service hour barriers to getting the services you needed for your child or infant." It was commonly reported that child care centers are open during a window period that doesn't align with the schedules of parents/guardians that work 9AM -5PM. As a programmatic consideration, participants suggested that childcare and daycare centers extend their hours of operation to accommodate the schedules of 'working parents'.

"And so sometimes I'm not able to make it or sometimes because I have to put in a little bit ahead of time to be off but then again it's like okay well I'm losing money because..."

"And the hours and days that things are offered like it was a couple people because I did get an email about the GED classes that were being offered that I could have forwarded to a couple of people but because of the times that they were offered they wouldn't have been able to make it, they wouldn't have been able to..."



Commonly Used Services: In each focus group, participants were asked, “What services have you used for you children under 6?” While there was variation in responses, most parents utilized VPK, healthcare and dental care. A few participants mentioned using home-visiting programs such as Maternal, Infant, and Early Childhood Home Visiting (MIECHV).

Suggestions and Recommendations: Each focus group concluded with participants providing suggestions and recommendations for improvement. Participants were emphatic in expressing the pressing need for more childcare centers that offer after-hour care for children and a widely-accessible clearinghouse of child care resources that are offered in Alachua County.

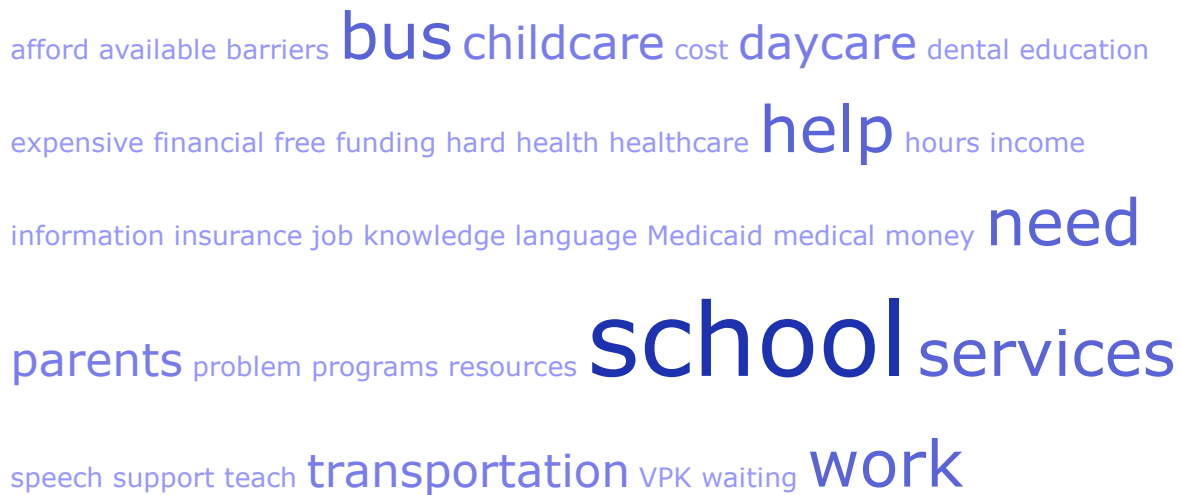
“Some sort of clearinghouse that had a resource list that was readily available in all sorts of different facets at all... You know at bus stops, at doctors’ offices, at the department of health, wherever it may be.”

“You know like just something that tells you even like I said even where you can get these resources. Have them at the library, have them at the health department, have them somewhere. I mean there’s got to be a way to be able to culminate this information and kind of divide it into some way, shape or form.”

“I think that would be great, childcare on the weekends”

Word Cloud of Parent/Guardian Focus Groups:

The word cloud (image) below represents the most commonly used words during the parent/guardian focus groups. Words such as: the, at, and, we, are, I, etc. were manually added to a stop-list which prevents extraneous words from being included in the word cloud. The frequencies of words are demonstrated by the font size (i.e., larger font directly correlates with the frequency the word was used throughout conversation.)





FOCUS GROUP ANALYSIS RESULTS: PROVIDER

Qualitative data analysis revealed (5) overarching themes across the two provider focus groups. Numbers in parentheses refer to the number of coded text related to each theme or subtheme.

In total, 77 portions of text were coded into one or more themes. A brief summary will be provided for each theme; please note quotes are verbatim and have been edited in cases of profanity and identifiable information (i.e., names).

- School Readiness (4)
- School Readiness Barriers (16)
 - Lack of Knowledge (3)
- Methods to Better Prepare Children (7)
- Service Delivery Challenges (15)
 - Transportation (4)
 - Cost and Affordability (4)
 - Access (2)
 - Service Hours (2)
- Suggestions and Recommendations (20)

School Readiness: Similar to parents/guardians, providers were asked to define 'school readiness'. Participants viewed school readiness holistically—developing a child academically, socially, emotionally, physically, and interpersonally with continuous reinforcement of positive behavior.

“Well I would say to build on that or to add to that building the capacity to learn. Not necessarily they may not know their ABCs, but they have the capacity to learn. I think it starts from the beginning. It starts at the absolute beginning. A couple years ago I had the opportunity to take my niece to kindergarten and so the first week or two I went to class with her every day and I felt sad for the kids who had not been exposed to Head Start or daycare because they were already behind. Years ago you thought that you went to kindergarten and kindergarten prepared you for school. You thought that was a learning ground right there but you have to know so much and be able to identify colors and letters, stories, sounds, everything in kindergarten and if you don't the teacher does not actually have the time to begin that initiation process with that kid. So starting at home I think school readiness is building that capacity, any ability to learn. Unfortunately a lot of times parents due to their own limitations or due to financial limitations don't have the opportunity to do that or don't understand the importance of doing that because usually education is for school. And I always say everything I learned I learned from my mother and school just either reinforced it or... But the learning actually occurred at home. Learning for me occurred at home and then I went to school and those things that could be reinforced or strengthened but if I did not have that parental support setting expectations we were always told you're going to go to school, you're going to go to school, you have to. It was not a choice. Watching the appropriate television shows, listening to what is appropriate music, these was all learning activities even if she didn't sit down with us with a book, shed make sure that we had some type of learning activity that we were engaged in and that was before we got into school. And as she said the intellectual and the social stimulation, this is how you act, these are the behaviors that you're



expected to engage in, these are negative behaviors that you don't engage in. But for me it started at home, continually reinforced by, initiated by my mother and then reinforced by other settings that she allowed us to participate in school, but I never went to school with the expectation to actually learn. I thought that started at home."

"But I think school readiness besides physical health also has to do with the emotional and social readiness to be able to interact with other kids, to follow directions from an adult, to be able to share and take turns and listen, maybe be able to sit still for a certain amount of time but also to be awake and alert when needed."

School Readiness Barriers: Each focus group participant was asked 'why do you believe some children are not prepared to start school?' Participants stated that oftentimes parents are overwhelmed with supporting their family financially and are unable to emphasize the importance of education and invest in their child's education.

"I've heard parents say it's the school's job to do lots of things."

"Education may not be valued or formal education or schooling may not be valued."

"...poverty there's so many things that come with poverty and just thinking about the stress of having to have several different jobs and all the stress about having to get to work and having not necessarily a good education. I mean I can't imagine how you'd have energy left. Especially if you have a child with additional needs."

"But when you have parents that haven't completed high school, what emphasis do they really put on education? If they can barely read they're not reading to their children. And the kids [is?] learning [well?] from zero to five, how are they expected to behave in the classroom? This is giving that structure and stability [from the beginning?]"

Lack of Knowledge: Similar to parents/guardians, providers highlighted lack of knowledge as a pertinent issue throughout Alachua County. Providers often inundate and overwhelm parents/guardians with jargon and paperwork that isn't educationally appropriate for the populations they serve, resulting in parents not seeking services. Providers discussed the need to simplify information and promote services that are widely available throughout Alachua County.

"I think you mentioned this before too, confusion about maybe what the different services are and then sometimes they get inundated and then they back out. I know there's a lot of confusion sometimes between Healthy Start, Healthy Families, Head Start, Early... You know, all these different terms. I still sometimes trip up on them so you know the families are like what's the difference?"

"211 is really awesome and when I tell parents about it they're like [INAUDIBLE]. So because they relate it to 911. 211? That's like 911, and I'm like no it's not. So there's those kind of things that if we could let them know even if we could just use 211 if someone calls but I think even something like that parents don't typically know about or at least [INAUDIBLE] I don't know you all but simplify it."



Methods to Better Prepare Children: Focus group participants were asked, 'what can be done to help children be better prepared to start school?' In summary, participants feel that the county should foster a relationship with community-based organizations, including faith-based organizations and libraries, in efforts to meet unmet needs of families with children ages 0-5; encourage parents to explore and enroll their child in Head Start; and establish frequent community events at local libraries in efforts to improve children's services disparities.

"I do think that there's untapped opportunities. A lot of churches already do things like have a preschool or daycare centers. Almost every church has a focus on children in their ministries but I do think that, that's an avenue to pursue for adult, for parent education. I mean again some churches do it but I feel like it's a ready way to get to people, it's a trusted place, it may be where we ought to be doing more targeting. Yeah. Just especially in this community, there seems to be a lot of... We have a fairly progressive I think faith-based community."

"Maybe more community activities like at the library where they have the reading session and stuff like that instead of the movie at the park maybe some other kind of activity at the park for the younger kids."

Service Delivery Challenges: Throughout the focus groups, participants primarily discussed "lack of coordination of care" as a significant barrier—often resulting in the duplication of services and the underutilization of available resources. Furthermore, providers discussed the impact of family structure in relation to service delivery, as most providers stated they focus their attention on single-mother households and inadvertently overlook single-father households. Client retention cost of services, and transportation were also frequent challenges that participants discussed.

"I think some of the challenge too is that I know we're focusing on women but there are a lot of fathers who are caregivers and I don't think we have services for fathers. And we always identify the mother, but if you look at statistics there are a lot of these kids living with their fathers and they're really the forgotten group."

"I'll start with two challenges. Number one, recruitment. Getting families involved because we have a whole continuum of services and then oftentimes we have openings for families to receive those services but recruiting them, getting them to see that the program is beneficial to them, could help them and their children is sometimes a challenge. Retention, keeping them in the program once they see that it would be helpful because many of the families especially that we work with are dealing with a lot of chaos, being evicted, having cars repossessed, all kinds of challenges and having them see that it's important to stay involved in a home visiting and parenting education program that could benefit them in the future as well as now is a challenge. And a lot of times and I'm guessing CHS probably deals with this too when the parent educators and home visitors go out to the home and the family's not there the time that's used to make the visit, to prepare for the visit and then they're not there and it may be several visits that they're not available for and allowing... Making sure that there's progress when there's families that aren't there when we go out to meet with them. Those are three challenges that we deal with literally on a daily basis."



Transportation: Although transportation is a key element to accessing services, many providers described the challenges their clients encounter with the public transportation system in Alachua County. Providers often referenced the transportation system as unreliable, inadequate and timely.

“Well and I think we’re all talking about the same thing although I’ll just say it from a little different perspective because we’re not home visit, you have to come to us. So transportation is huge and literally just the transportation part because we are not on a bus route but in some ways that doesn’t really matter because in this community bus transportation is horrendous no matter what. It’s hours and hours.....”

Cost and Affordability: Providers expressed that the high cost of childcare services is a frequent barrier, especially among low-income families. While the availability of childcare services may pose a challenge for families in Alachua County, perhaps one of the most common barriers to accessing affordable and high-quality childcare services, especially for less affluent populations.

“Even getting parent education coordinators to come out to even childcare centers because a lot of times every child that goes to a daycare center does not have ELC so they can’t just tap into the sources that they have. They’re private pay parents that may not be able to afford it.”

“And that’s an issue. And that’s something that we’ve talked about because you may want it but if you can’t afford the \$100, you can’t afford the \$100. That’s a lot of money if you’re making \$8 an hour.”

Access: Many providers reported that children’s services in Alachua County are not always accessible. Low-income families, in particular, encounter difficulties in accessing high-quality, affordable children’s services. Barriers to access also included insufficient program capacity and difficulty identifying and engaging communities where there is a shortage of licensed quality child care providers.

“My disclaimer is that I have not been in the Gainesville community long but there are times when childcare sometimes is not always accessible to some of our clients and that could be lack of me knowing the resources or it could just be that there’s a waiting list of some sort.”

“Yeah we’ve had two situations where the families were willing to call in and report themselves just to access childcare.”

Service Hours: Providers agreed that service hours is also an issue for most parents who have children between ages 0-5, especially for parents who work a traditional 9-5 job. Considering that the overwhelming majority of childcare facilities close at 5 PM, it is merely impossible for parents who work non-traditional shifts (3rd shifts) to find childcare centers that offer extended hours, after-hour care and weekend hours.

“The other thing with that too is if they are working two jobs so for instance MIECHV does, there are specific requirements you have to meet. Healthy Start is free to anybody however it’s not as intense as the MIECHV program. But if you’ve got mom who’s, or a dad who’s holding down these jobs trying to



make ends meet, we work 8:00 to 5:00 Monday through Friday. Because they're working they may not be able to meet with us during those timeframes."

Suggestions and Recommendations: In efforts to avoid duplicating services, providers feel that funds should be allocated to enhancing existing programs and addressing poverty. Furthermore, providers feel that the Children's Service Advisory Board should implement a quality rating system to evaluate progress of children's services over a period of time. Providers also feel that offering incentives and place-based interventions would encourage parents/guardians to participate in more community resources.

"I mean I think the quality rating system is critical. When I left L.A. nine years ago they were starting that and I think it can be really, really helpful but it's very expensive so the question is how can we do that with limited funds? How can we start the process I think is absolutely critical? And I think what you're saying about the pay, we have two ladies right here who are probably making minimum wage and they're working with the future of our county and I know the turnover in a lot of the childcare centers is ridiculous and the stressors on you and it's easier to go to McDonalds or to Wal-Mart and get more benefits and more flexibility and less stress but you're committed probably to children and so I personally think we should be paying the folks in daycare or childcare centers or early learning centers what we're paying our teachers in K through 12."

"I'm just thinking too like it's part of this \$1.2 million too, sometimes we keep adding things, adding things when really maybe there's some coordination of care too so looking at really do we have enough of what we have or we can just kind of add to it so this money goes further rather than develop an entire new agency with all new staff and an executive director who are putting... You know and saying this is just my thoughts like what can we add and then can we take part of that in that coordination of care because I think we really do have a fair amount of resources in the Alachua County area. It is the coordination and then if we need to add how do we add that so that... Because \$1.2 million doesn't... It's great but it's not going to go that far if we start just adding a whole bunch of other stuff. So maybe how can we umbrella those services under current organizations, enhance because some of those agencies have the ability to fund some of those kids already in certain programs and can just use part of that money as a spinoff."

"So I do think that it's very important to understand that you have to address poverty. You can't take care of the whole world but you got to understand that it's just not stopping birth to five. It's the family. It's really all about the family and so for what that's worth drawing these very distinct categories of funding, that's not..."

Word Cloud of Provider Focus Groups

The following image represents the most commonly used words during the parent/guardian focus groups. Words such as: the, at, and, we, are, I, etc. were manually added to a stop-list which prevents extraneous words from being included in the word cloud. The frequencies of words are demonstrated by the font size (i.e., larger font directly correlates with the frequency the word was used throughout conversation.)



ability access afford available barrier barriers bus challenge challenges collaborative
coordinate coordinated coordination cost cultural culture dental developmental

engagement **families** free funding **health help** hours

incentives insurance job knowledge **Medicaid** medical money **need** opportunities

overwhelmed **parents** partnerships poverty programs qualify quality

resource **resources school services** stress support

transportation value



KEY INFORMANT INTERVIEWS

Key informant interviews are structured conversations with individuals who have expertise or knowledge in a topic of interest. For the purposes of this project, key informant interviews were conducted with 10 community leaders in Alachua County to further gauge perspectives on key issues for children 5 and younger. Key informant interviews were conducted over the phone or in-person pending the availability and request of the key informant. Key informant interview questions were based on issues identified through the surveys and focus groups. Interviews were approximately 45 – 60 minutes in length and were audio recorded. The following persons were interviewed as key informants:

- Dorothy Benson, SWAG Board of Directors Co-Chair
- Maureen Conroy, University of Florida Anita Zucker Center for Excellence in Early Childhood Studies
- Ken Cornell, Board of County Commissioner, Alachua County
- Gordon Tremaine, Early Learning Coalition of Alachua County
- Mona Gil de Gibaja, MIECHV Program
- Tom Logan, Children's Services Advisory Board
- Andy Sherrard, 02B Kids and Children's Services Advisory Board
- Natalie Strappy, The Parent Academy, Alachua County Public Schools
- Dorothy Thomas, SWAG Board of Directors Founder and Co-Chair

The following summaries are organized according to the key informant interview script.

Q1. What do you see as the major problems of infants, preschool children and young families in Alachua County?

Overall, key informants identified poverty, lack of awareness, the fragmented system of care and services, quality of services available (focus on early childhood education and care) and health needs (physical, nutritional, mental) as the major problems for families and children 5 and younger.

- Parents/caregivers of children do not have the knowledge and skills to help their child develop
 - Misconception that education starts at school
 - Lack of awareness of the importance of brain development in the first few years of life (early learning and education)
- Poverty
 - Families living in poverty often have less access to resources including:
 - Child care
 - Education
 - Transportation
 - Health care
 - Dental care
 - Healthy food



- Affordability of housing and utilities
- Fragmented system of care that is hard to navigate for parents and providers
 - Parents and providers are unaware of what resources are available and to whom they are available
- Quality of child care provided needs improvement
- Health needs
 - Lack of prenatal care
 - Access to health care
 - Access to healthy meals
- Abuse and trauma in the home

Q2. What factors in Alachua County contribute to these problems?

- Lack of funding for services
- Lack of advocacy drawing attention to the needs of families and children
- Lack of a collaborative system of care (different access point for each program)
- Families in poverty are thinking about surviving today not the future of tomorrow
- Many services are based on income, not need
- Quality of services have not been a focus
- People are isolated; especially new mothers
- Poverty
- Transportation barriers limit residents access to services and employment opportunities
- Parents need education to be more informed about what to do at home to help their child grow and develop
- Child care providers need training to provide quality child care and learning opportunities for children in their care

Q3. What services should be available and accessible to support young families so they can avoid or successfully address these problems?

- Improve public transportation system – especially in areas with high poverty rates
- Access to high quality early learning centers and child care
- Training for child care providers to improve quality of services and learning experiences for children
- Training for parents
- Universal home-visiting program
- Improve coordination of services by providers
- Peers to serve in communities of need as part of a coordinated system of care
- Placed-based services (to break down barriers of transportation)
- Medical home for every child
- Providers need to build relationships with families/parents to improve the quality of services and parent's/family's willingness to participate in services



Q4. What resources are required to address these deficiencies?

- Increased funding for transportation
- Funding for a central informational system/initial intake person to help coordinate services
- Increased collaboration among providers versus working independently
 - Decrease duplication of services
 - Decrease complications for families trying to access services
- Increase knowledge and awareness in parents and providers
- High quality, affordable early childhood education
 - Training opportunities
 - Increase compensation and benefits
 - Affordable for families
- Access to healthcare services
- Leverage additional funding through the development of a children's services council with independent taxing authority to support needed services (tax base)
- Central sources of information that is regularly updated, such as 211 through United Way
- Trauma Informed Care training
- Strategic Plan (Where does Alachua County want to be in 2020 in respect to children 5 and younger? What do we need to do as a community to reach our goal?)



Q5. Is Alachua County in a position to provide those resources and/or leverage existing county resources with other entities to address the deficiencies?

In general, key informants thought Alachua County is in the position to improve the well-being and school readiness of children. A coordinated, well-funded, community approach will be needed to improve the lives of children. Working collaboratively with the University of Florida, Santa Fe College and local experts will be crucial to improving the quality of child care and early learning services provided. Improving coordination and decreasing duplication of services will allow existing resources to be more effective.

Q6. How can your agency/organization contribute to this effort?

Many of the following contributions can only be provided with increased funding.

- Promote quality improvement in child care centers and VPK
- Be the site of a pilot program on trauma informed care
- Expand the coordinated intake program at WellFlorida to provide services to more families
- Provide professional development for child care providers
- Review early childhood curriculum
- Advocate, endorse and support ballot initiative to develop a children's services council (independent funding authority)
- Increase collaboration and coordination with other providers
- Financially
- Providing staff time from Community Support Services
- Developing strategic initiatives

Q7. What do you see as the role of the Children's Services Advisory Board in addressing the problems/needs you mentioned?

- Help the community understand how we can change the trajectory of poverty by providing services for children
- Develop a systematic structure for teaching parents
- Support the move to an independent funding authority
- Identify priorities
- Guide the community on how to improve collaboration
- Find solutions to issues
- Steer the commission (Board of County Commissioners) to fund children's services where the most impact can be made

Q8: The BOCC in Alachua is currently considering allocating 1.25 million in funding for children 5 and younger. If that funding comes to fruition, what do you believe are the primary issues that should be addressed through that funding?

- Improve quality of early learning and child care



- Build providers' capacity through training opportunities and increased funding
- Parent education
 - Home visiting for all parents
- Quality Rating and Improvement System (QRIS) for child care centers
- Health and Nutrition
 - Children must be healthy and nourished to learn and develop
- Focus on areas of most need (SWAG)

KEY INSIGHTS FROM KEY INFORMANT INTERVIEWS

Poverty is a driving force impacting the health, development and school readiness of children.

Parents are often unaware of the critical importance of early childhood development. In order to improve the well-being and school readiness of Alachua County children, parents and providers must be equipped to provide high quality care. Parent education programs, such as home visits, are needed to increase the skills of parents with children five younger such that development and learning is a key component of every interaction. Raising awareness in parents regarding the importance of early childhood development and equipping parents with the skills they need to impart early learning opportunities to their children was widely accepted as a needed resource.

Improving the quality of child care services provided in Alachua County was widely accepted as an area of opportunity. Improving quality requires assessing quality; while a formal quality improvement rating system is not required to assess and improve quality; it was suggested by many key informants.

All key informants discussed the need for providers to purposely and regularly collaborate with one another to improve the coordination of services and reduce barriers for families.



Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FCA). The Alachua County Forces of Change Assessment is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

- *Trends* are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- *Factors* are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- *Events* are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

In August 2016, the Alachua Steering Committee team convened a group of several community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for community health improvement. The tool used to conduct this activity can be found in the Technical Appendix. The *Forces of Change for Alachua County* table on the following pages summarizes the forces of change identified for Alachua County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.



| <p style="text-align: center;">Forces Of Change For Alachua County <i>(Prepared by WellFlorida Council – August 2016)</i></p> | | | |
|---|--|--|--|
| | FACTORS | THREATS POSED | OPPORTUNITIES CREATED |
| Social | Large County | T: Morality, transportation | O: Diversity, resources (UF and Santa Fe College), recreation, transportation |
| | Transient population (children moving out of area) | T: Isolation from support groups (leading to stressors) | O: Diversity |
| | Large faith-based community | T: restricted to church partners | O: transportation, tutoring programs |
| Enviro | Place-based setting | T: identifying settings where we can reach families to provide services, | O: SWAG, libraries, churches |
| | Quality of services | T: opt-in/opt-out services | O: opportunities to gain diversity of consumers utilizing services, consumer reach |
| Economic | Disparities | T: OPS, small businesses don’t receive benefits and minimum wage | O: people care about the community, eligible for additional funding, potential for empathy |
| | Service economy | T: lack of diversity | O: employment |
| Economic/ Gov't | Different sectors serving children (birth to five) | T: duplication of services | O: maximize existing programs and resources |
| | Top industries in Alachua Co. are education, agriculture, and healthcare | T: increased competition | O: partnership, collaboration, coordination of services, knowledge and awareness of available programs |
| | Independent foundations to support CSAB | T: coordination, funding, unity | O: increase awareness, diversity, partnership collaborations, funding |



| <p align="center">Forces Of Change For Alachua County <i>(Prepared by WellFlorida Council – August 2016)</i></p> | | | |
|--|--|--|---|
| | TRENDS | THREATS POSED | OPPORTUNITIES CREATED |
| Social | Racial issues | T: not moving forward, peer support, media (response to events) | O: Professional development (cultural diversity and sensitivity) |
| | Increase in Hispanic population | T: demand for Spanish speaking providers, job security | O: diversity, cultural competency, job security |
| | Increasing attention on child rather than parent | T: lack of parental support, parental involvement | O: education, opportunity to create programs, child involvement |
| | Time children spend with their parents | T: Utilizing additional time in ineffective ways | O: maximizing time spent with children (before bedtime) |
| | Parents (knowledge of parenting skills) | T: lack of sex ed, parent feeling of support, lack of space to be with other parents, lack peer support, | O: education before conception, churches (children’s ministry), understanding parent expression of support, |
| | Transient provider population | T: patient provider relationship is not established, | O: Develop incentives for providers (i.e. salary increase) |
| | Idea of having defined parent support/engagement (help navigating the systems) | T: parent participation | O: Parent awareness of resources and services , parent support groups, parental involvement |
| Social/ Econ | Increase in disparity between affluent and not affluent | T: gaps in opportunity and access to healthcare and education. | O: legislative/local gov’t opportunities for increases in wages. |
| | Focus on first 1,000 days of life | T: burden on family, cost | O: indicator of the wellbeing of a community, education, programs |
| Social/ Gov’t | Many children with various disabilities (unsupported) | T: paperwork, wait list | O: parent navigators |
| | Distrust of governmental | T: fear, stigma | O: outreach, education |



| | | | |
|-------------------------|---|---|--|
| | services | | |
| Gov’t | Sectors have different eligibility criteria | T: lack of coordination of care, clients not receiving needed care expenses, unanticipated medical costs | O: Partnerships, coordinated intake referrals health coverage plans |
| Econ/ Enviro | Paid leave for parents | T: overwhelming workload | O: Ensure that child receives support |
| | Quality rating system that can be applied universally | T: parents preference for convenience instead of quality, measuring quality is expensive, wage of child care providers, | O: increase quality of care, build incentives, develop a model so other people can learn from it , looking at early childhood programs (data collection over time), |
| | Move to evidence-based models | T: funding, limited services | O: increase home visiting programs, client focus, improved quality of care, improve health outcomes |
| | Move to place-based models | T: providers embracing shift | O: fosters genuine relationships between providers and clients, providers embracing shift, collaborative learning, client engagement, develop a supportive environment |
| Enviro | Zika | T: serious birth defects including underdeveloped brains, stress, panic | O: opportunities to educate on the importance of prevention methods and containment |
| Technology | Role of technology | T: continue to be more spread out, more screen time | O: reaching families, more screen time (educational programs) |



| Forces Of Change For Alachua County <i>(Prepared by WellFlorida Council – August 2016)</i> | | | |
|--|------------------------------------|---|--|
| | EVENTS | THREATS POSED | OPPORTUNITIES CREATED |
| Gov’t | Elections (local and national) | T: divides population, uncertainty (with programs), impacts funding, change in leadership | O: elect individuals who are kid friendly |
| | Children’s Services Advisory Board | T: what if referendum doesn’t pass | O: additional money, the focus (on the ballot), community, raise visibility |
| | Superintendent position | T: ELC leadership, early head start | O: children’s therapists (provide opportunities for interns) |
| | Expansion of Medicaid | T: raised rates ,lack of services for those who fall in the coverage gap | O: better access for children, impact on the economy (more people working: parents and families) |



Local Children's Services System Assessment

The Local Public Health System Assessment tool was developed by NACCHO and CDC to answer the questions: "What are the components, activities, competencies and capacities of our local public health system?" And "How are the 10 essential services of public health being provided to our community?" WellFlorida adapted this tool for use in the children's services setting rather than the more broadly defined local public health assessment. The primary aim of the Local Children's Services System Assessment is to determine the extent to which the local children's services system is performing in critical domains and to identify potential areas of improvement.

This assessment was facilitated with a cross-section of children's services providers on August 15, 2016. Key observations from the assessment are provided in summary form below.

For the purposes of this assessment, the following essential services were rated:

1. Monitor Children's Status
2. Inform, Educate and Empower People
3. Mobilize Communities to Address Problems
4. Develop Policies and Plans
5. Link People to Needed Services
6. Assure a Competent Workforce
7. Evaluate Services
8. Conduct Research for New Innovations

Each essential service included several questions that serve as measure of performance. Responses to these questions indicate how well the children's services system meets the model standard. The model standard portrays the highest level of performance. During the facilitation of the LCSSA, respondents were asked to vote on how well the local system meets the model standard. The scoring guidance includes:

- No Activity: 0.0 percent or absolutely no activity
- Minimal Activity: Greater than zero, but no more than 25.0 percent of the activity described is met within the local system
- Moderate Activity: Greater than 25.0 percent, but no more than 50.0 percent of the activity described within the question is met within the local system
- Significant Activity: Greater than 50.0 percent, but no more than 75.0 percent of the activity described within the question is met within the local system
- Optimal Activity: Greater than 75.0 percent of the activity described within the question is met by the local system



OBSERVATIONS

Observations are presented in the chart below. Please note, each Essential Service is color coded for ease of reading and includes a “discussion” section. The discussion section summarizes discussion shared by participants during each Essential Service. While the scores can be used as benchmarks for performance, discussion can provide insights regarding how to improve and become a stronger system.

| Essential Service 1: Monitor Children’s Status | |
|---|------------------|
| Model Standard Questions | Score |
| 1.1 At what level does the local children’s services system conduct regular children’s services needs assessments? | Minimal Activity |
| 1.2 At what level does the local children’s services system promote the use of the children’s assessment among community members and partners? | Minimal Activity |
| 1.3 At what level does the local children’s services system use appropriate methods and technology to communicate assessment findings to diverse audiences? | Minimal Activity |
| Discussion: This needs assessment represents the first community-wide needs assessment for this population (children 5 and younger). As such, as a community we have not yet utilized results from a community-wide needs assessment, however, this needs assessment will be used to help identify priorities for the Children’s Services Advisory Board. | |
| Essential Service 2: Inform, Educate and Empower People | |
| 2.1 At what level does the local children’s services system provide policymakers, stakeholders and the public with ongoing analyses of children’s issues and related recommendations for improvement? | Minimal Activity |
| 2.2 At what level does the local children’s services system engage the community throughout the process of setting priorities, developing plans, and implementing activities? | Minimal Activity |
| At what level does the local children’s services system use communication strategies to promote services? | Minimal Activity |
| Discussion: Children’s services individual organizations provide information to policy makers and stakeholders regarding recommendations for priorities, funding allocations and policies. These efforts are usually facilitated on behalf of a particular agency and not all agencies serving children. Individual organizations develop strategic plans, however, there is not a community-wide, systems-wide strategic plan for children at this time. A strategic plan will hopefully be part of the Children’s Services Advisory Board’s efforts in the upcoming year. | |
| Essential Service 3: Mobilize Community Partnerships to Identify and Solve Problems | |
| 3.1 At what level does the local children’s services system maintain a complete and current directory of community organizations? | Minimal Activity |

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| | |
|---|-------------------|
| 3.2 At what level does the local children’s services system encourage constituents to participate in activities to improve the lives of children? | Minimal Activity |
| 3.3 At what level does the local children’s services system establish community partnerships and strategic alliances to provide a comprehensive approach to improving the lives of children in the community? | Moderate Activity |
| 3.4 At what level does the local children’s services system assess how well community partnerships and strategic alliances are working to improve the lives of children? | Minimal Activity |
| <p>Discussion: In previous years United Way was funded to provide a comprehensive 211 resource directory. Funding for this resource directly has not been available for many years. Given the lack of funding, the local 211 directory has not been as reliable of a resource. As such, most agencies/providers develop their own internal resource directory, meaning, each agency/organization dedicates staff time to the development of a resource listing. United Way has recently partnered with the students at the University of Florida to actively and annually update 211. While agencies and organizations often work together to improve the lives of children, it is not a measured function and formal strategic alliances are not in place. Coordinating care across multiple agencies is difficult due to HIPAA.</p> | |
| <p>Essential Service 4: Develop Policies and Plans that Support Individual and Community Efforts</p> | |
| 4.1 At what level does the local children’s services system contribute to children’s policies by engaging in activities that inform the policy development process? | Minimal Activity |
| 4.2 At what level does the local children’s services system alert policymakers and the community of the possible impacts from current and/or proposed policies? | Minimal Activity |
| 4.3 At what level does the local children’s services system develop strategies to achieve community improvement objectives, including a description of organizations accountable for specific steps? | No Activity |
| 4.4 At what level does the local children’s services system develop and track measureable objectives for a community improvement plan? | No Activity |
| <p>Discussion: Individual agencies engage in activities to inform policy development; however, this is rarely done with a group of providers/organizations rather than in silos. A community-wide strategic plan for children has not been developed. It is hoped that the Children’s Services Advisory Board will develop a plan in the coming year.</p> | |
| <p>Essential Service 5: Link People to Needed Services</p> | |
| 5.1 At what level does the local children’s services system identify groups of people in the community who have trouble accessing or connecting to personal services? | Moderate Activity |

CHILDREN’S SERVICES NEEDS ASSESSMENT ALACHUA COUNTY



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| 5.2 At what level does the local children’s services system identify all unmet needs? | Minimal Activity |
| 5.3 At what level does the local children’s services system define roles and responsibilities for partners to respond to the unmet needs? | Minimal Activity |
| 5.4 At what level does the local children’s services system understand the reasons why people do not get the services they need? | Moderate Activity |
| 5.5 At what level does the local children’s services system connect or link people to organizations that can provide the services they need? | Minimal Activity |
| 5.6 At what level does the local children’s services system help people sign up for public benefits that are available to them? | Minimal Activity |
| 5.7 At what level does the local children’s services system coordinate the delivery of services so everyone has access to the services needed? | Minimal Activity |
| <p>Discussion: Individual organizations are good at identifying needs; however, given funding restrictions and eligibility criteria, organizations cannot serve everyone in need. Clients are referred to Medicaid offices and other points of entry to public benefits; but paperwork for such benefits are not completed in the offices of most providers. Providers are unaware of where to send clients without access to pay or who do not meet eligibility criteria. This may be a result of lack of service availability or lack of awareness on the part of the provider (a service exists, but the provider does not know about it or how to refer clients to it). Coordination of services between agencies is limited. There is not a shared data system. Organizations/agencies provide specific services and try to refer to other agencies/organizations for services that they themselves do not provide; however, there is no mechanism in place to follow a client over time except within their own agency.</p> | |
| <p>Essential Service 6: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Based Services</p> | |
| 6.1 At what level does the local children’s services system evaluate how well population based services are working, including whether the goals that were set for programs and services were achieved? | Minimal Activity |
| 6.2 At what level does the local children’s services system assess whether community members, including vulnerable populations, are receiving services and are satisfied with services received? | Minimal Activity |
| 6.3 At what level does the local children’s services system use evaluation findings to improve plans and services? | Minimal Activity |
| 6.4 At what level does the local children’s services system compare quality of services to established guidelines? | Minimal Activity |
| 6.5 At what level does the local children’s services system use technology, such as data systems to improve coordination among providers? | Minimal Activity |



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| <p>6.6 At what level does the local children’s services system identify all public, private, and voluntary organizations that contribute to the provision of services for children?</p> | <p>Minimal Activity</p> |
| <p>Discussion: Individually organizations measure outcomes to the extent possible given their data system abilities, however, outcomes are not reviewed community-wide. Many outcome related measures are no longer in place (e.g. school readiness screenings in VPK); therefore it is not possible to measure success over time. Some agencies complete satisfaction surveys annually with clients, but this is not done by all agencies. Accessing quality is an area of needed improvement, especially for early learning. Many counties in Florida and across the country use a quality rating and improvement system (sometimes referred to as QRIS) in early learning to measure success and improve services. Using a QRIS county-wide allows parents to compare the quality of services provided and may help inform parents’ decisions regarding where their child will receive the best quality child care and education. Each agency uses their own data system (often provided by funder) and these data systems work in silos. Data systems do not link to other data systems and coordination of services is more often handled over the phone, rather than in a formal data system.</p> | |
| <p style="text-align: center;">Essential Service 7: Assure a Competent Workforce</p> | |
| <p>7.1 At what level does the local children’s services system assess over time the numbers and types of local children’s services systems jobs in the public and private sector and the knowledge, skills, and abilities that they require?</p> | <p>Minimal Activity</p> |
| <p>7.2 At what level does the local children’s services system review the information from the workforce assessment and use it to find and address gaps in the workforce?</p> | <p>Minimal Activity</p> |
| <p>7.3 At what level does the local children’s services system ensure all members of the workforce has the required certificates, license and education needed to fulfill their job duties and meet all legal obligations?</p> | <p>Moderate Activity</p> |
| <p>7.4 At what level does the local children’s services system develop and maintain job standards and position descriptions based on the core knowledge, skills and abilities needed to provide quality services?</p> | <p>Minimal Activity</p> |
| <p>7.5 At what level does the local children’s services system identify educational and training needs and encourage the workforce to participate?</p> | <p>Moderate Activity</p> |
| <p>7.6 At what level does the local children’s services system develop incentives for workforce development such as time off, tuition reimbursement, and pay increases?</p> | <p>Minimal Activity</p> |
| <p>7.7 At what level does the local children’s services system create and support collaborations between organizations within the LCSS for training and education?</p> | <p>Moderate Activity</p> |



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| <p>7.8 At what level does the local children’s services system provide opportunities for the development of leaders that reflect the diversity of the community?</p> | <p>Minimal Activity</p> |
| <p>Discussion: In general, compensation for social services is low, especially when publically funded. Due to the high need and low funding resources, service providers (counselors, home visitors, child care workers, etc.) have high stress levels and low wages. Staff retention can be difficult due to these factors. For child care workers, 45 hours of training is required by DCF; however, more training is needed to improve the quality of child care provided by child care workers. Most organizations do not offer incentives for workforce development. While some collaborative efforts have been made to provide training and education for providers, more can be done. The Anita Zucker Center for Excellence in Childhood Studies at the University of Florida is a nationally recognized center yet, Alachua County has not harnessed that local resource to help improve the lives of children. Experts in the field of childhood development work and live in Alachua County, due to University of Florida employment and as a community we should expand and increase our collaboration with the University. Santa Fe College is the number 1 community college in the nation; we need to increase our collaboration with them as well. Both UF and SFC are great resources specific to Alachua County. We need to leverage our existing resources to improve our community.</p> | |
| <p>Essential Service 8: Research for New Insights and Innovative Solutions to Problems</p> | |
| <p>8.1 At what level does the local children’s services system establish relationships with research organizations to create formal and informal arrangement to work together?</p> | <p>Minimal Activity</p> |
| <p>8.2 At what level does the local children’s services system encourage research organizations to work with local agencies to develop projects including field training and continuing education?</p> | <p>Minimal Activity</p> |
| <p>Discussion: Some agencies partner on research activities; however, this is rare and not systems wide. Alachua County has potential to serve as a pilot site for early learning improvement and school readiness programs.</p> | |



Identification of Strategic Priorities and Recommendations for Next Steps

This section begins with a brief summary of the intersecting themes that cut across all sections of the Children's Services Needs Assessment and some of the key considerations generated from those common themes. Following the summary of these key considerations are general suggestions that provides some specific examples of approaches to address these needs; and discusses some community organization principles that will need to be addressed to ensure that improvement in children's services in Alachua County is realized.

KEY CONSIDERATIONS

- Poverty as a major contributor to disparities in Alachua County
 - 28.6 percent of Alachua County children 5 and younger live in poverty
 - 5.1 percent of children under 6 are uninsured
 - Zip codes with the highest percent of their 0 – 5 population in poverty are:
 - 32658 LaCrosse
 - 32641 Gainesville
 - 32694 Waldo
 - 32609 Gainesville
 - 32607 Gainesville
 - The total number of all children and the number of children ages 0-5 years old who received temporary cash assistance (TCA) increased from 2011 to 2015.
 - Approximately half of children in Alachua County who received TCA in 2015 were children 0-5 years old.
- Racial and Ethnic Disparities
 - 19.9 percent of White Children 0 – 5 live in poverty and 47.6 percent of Black children 0 – 5 live in poverty
 - 28.9 percent of Hispanic children 0 – 5 live in poverty
 - Percent of low birth weight and very low birth weight is higher for Black mothers than White and Hispanic mothers in Alachua County.
 - Percent of low birth weight and very low birth weight for Black mothers is higher in Alachua County than in Florida
- Barriers to Accessing Services
 - Service hours that fit with work schedule
 - Cost
 - Providing papers to show eligibility for services
 - Lack of available providers



- Lack of knowledge of available services
- Transportation as a Barrier
 - Parents reliant on public transportation described challenges related to bus routes, bus run times and reliability of the bus system (RTS)
 - Parents also shared experiences related to deficiencies in the Medicaid Transport van (unreliable, scheduling is difficult).
- Barriers Specific to Child Care Services and Early Education included:
 - Finding high quality child care where you felt comfortable leaving your child
 - Lack of providers in your community with open spots for infant and young children
 - Cost
 - Service hours that fit with your work schedule
 - Not enough knowledge about what services are available
- Lack of Parent Awareness Regarding the Importance of Early Learning
 - Many parents are unaware of the importance of early learning. Parents are not trained in how to best help their child/infant grow emotionally, physically, and cognitively. Parents need education on critical milestones their child/infant should experience at specific ages. Many parents are unaware of the components of school readiness and their role in helping their child to be ready for school at age 5.
- Quality in Child Care and Early Learning Programs
 - Quality in child care and early learning programs has not been measured through the use of a standard quality rating system in Alachua County. Some centers in Alachua County are accredited by various programs; while others are not accredited. Without a standard quality rating system, parents are unable to identify and compare child care centers and early learning centers.
 - Improving quality means providing professional development opportunities for child care providers and their staff—beyond the 45 hours required by the Department of Children and Families
- Lack of Coordinated Approach to Providing Services
 - Organizations work well individually to provide the best service with available funding; however, most organizations do not have established and formalized relationships with each other to coordinate services
 - Working in silos; possible duplication of services; difficult for parents to navigate
 - The County does not have a unified vision for children 0 – 5 that all providers are implementing

GENERAL SUGGESTIONS

The following suggestions and resources are not comprehensive; rather they provide a starting point for additional research. These suggestions are based on needs identified through the various MAPP assessments, but not all needs identified are addressed in this section. These suggestions reflect recommendations from steering committee members, key informants and needs assessment participants.



Furthermore these suggestions are intended to impact all children 0 – 5 in Alachua County and are not specific to a subset of the county.

Members of the Children's Services Advisory Board and Children's Services Needs Assessment Steering Committee should be encouraged to provide additional insights to evidence-based programs, models and resources based on the needs reflected in this assessment. The following websites are national resources related to children prenatal to 5 years:

- Zero to Three: <https://www.zerotothree.org/>
- National Head Start Association: <https://eclkc.ohs.acf.hhs.gov/hslc>
- Early Childhood Technical Assistance Center: <http://ectacenter.org/>
- Division for Early Childhood: <http://www.dec-sped.org/>
- Parents as Teachers: <http://www.parentsasteachers.org/>
- Centers for Disease Control and Prevention, Early Childhood Education: <http://www.cdc.gov/policy/hst/hi5/earlychildhoodeducation/index.html>
- The National Association for the Education of Young Children (NAEYC) Accreditation: <http://www.naeyc.org/>
- American Academy of Pediatrics: <https://www.aap.org/en-us/Pages/Default.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

PARENT/GUARDIAN EDUCATION

Provide learning and training opportunities to parents/guardians of children and pregnant mothers. Improve the quality of care infants and children receive at home by increasing the knowledge and skills of parents/caregivers. The first few years of life are crucial for growth. Parents/caregivers may not be aware of the milestones associated with each stage of early childhood and appropriate ways they can support their child's development.

Home Visiting Programs: many organizations use home-visiting models as a way to inform and education parents/guardians.

Example: Parents as Teachers is an organization that develops curricula that support a parent's/guardian's role in promoting school readiness and healthy development of children through home-visiting programs. A list of peer reviewed publications related to outcomes research and qualitative research can be found at:

http://www.parentsasteachers.org/images/stories/PAT_research_bibliography_05_2014.pdf

Example: Nurse-Family Partnership – a nurse home visitation program for low-income, pregnant women. For more information: <http://evidencebasedprograms.org/1366-2/nurse-family-partnership>



MEASURE AND IMPROVE QUALITY IN CHILD CARE

Implement a Quality Rating and Improvement System

Quality Rating and Improvement Systems (QRIS) serve as a method for rating the quality of child care and provides a framework for improving the quality of child care. Most counties with independent children's services councils implement a QRIS. QRIS typically have five components:

- Standards – build on licensing standards, NAEYC standards, NAFCC standards, VPK standards and Head Start standards
- Monitoring and Accountability – how centers are rated in comparison to the standard
- Program and Practitioner Supports – training opportunities and learning infrastructure for providers.
- Fiscal Incentives – these encourage programs to meet and maintain the standards
- Family and Consumer Engagement – communicating results to parents and programs

More than 20 states, including California and Massachusetts, have implemented state- wide QRIS. Many QRIS also include components related to engaging parents/guardians in early learning opportunities aimed at improving early learning while the child/infant is at home.

Jacksonville Children's Commission uses the Guiding Stars of Duval's Quality Rating and Improvement System. For more information on Duval's system: <http://www.coj.net/departments/childrens-commission/early-learning-and-child-care-programs.aspx>.

Several child care centers in Alachua County are accredited by various accreditation bodies. Each accrediting body provides information and instruction on best practices for early childhood education.

Provide Training Opportunities for Child Care Professionals

Improved access to professional development training for child care professionals is needed to improve the quality of child care provided. Child care professionals are required to complete 45 hours of training; however, additional training is needed. Training is costly and may be offered through some child care providers but not others. Providing quality professional training to all providers will be necessary to increase the quality of services throughout Alachua County.

Collaborate with the Anita Zucker Center for Excellence in Early Childhood Studies for evidence-based professional development opportunities. <https://ceecs.education.ufl.edu/>

Consider the development of a child care demonstration center in Alachua County that can be a hub for research, innovation and professional development—while also providing quality child care and early learning services to Alachua County children.

COORDINATION AND COLLABORATION

Improved and purposeful coordination and collaboration among providers is a necessary component of improving the children's services system in Alachua County. All key informants discussed the issues and barriers related to lack of coordination. Working independently (in silos) creates barriers for clients,



increases duplication of services, and limits the ability to combine resources and effectively work towards a common goal. Organizations/Providers/Agencies may benefit from a shared data system or MOUs/MOAs that allow for increased sharing of information and resources.

Leveraging existing resources: Alachua County is rich in higher education resources such as Santa Fe College and the University of Florida. Leveraging these resources will be a necessary component of improving the lives of children in Alachua County.