

North Iowa Children's Alliance



NORTH IOWA

CHILDREN'S ALLIANCE

2022 COMMUNITY NEEDS ASSESSMENT

The 2022 North Iowa Children's Alliance needs assessment is intended to be a transparent and systematic way of identifying the needs of children ages 0-5 and their families. The needs assessment is an important part of the process of community engagement and analysis of the data. This needs assessment assists in developing of community wide policies, practices and services intended to respond to the needs which have been identified as important to the entire community, as well as, help NICA inform future funding decisions.

Through the community assessment process, we can determine the ever-changing needs of children and families in North Iowa. This process also establishes baseline information and a current snapshot of the community. This, in turn, enables our Board to determine the best use of their funding, develop strategies and support continuous quality improvement. Our needs assessment process centers around the essential questions: How can NICA ensure that the correct services are provided to the appropriate population and how can we help fill the gaps with missing or limited services.

WHY CONDUCT A COMMUNITY NEEDS ASSESSMENT

- **Make Decisions and Program Planning** – Community assessment data is integral in establishing long-term goals and measurable objectives. The data is used for designing and implementing comprehensive services that meet the needs of eligible children and families in a culturally competent manner. Assessment data informs the Board on policies, programs and practices allowing resources to be allocated in ways that ensure equity and optimal child outcomes. In addition, the assessment can determine the skills and competencies needed in the existing workforce, as well as, gaps in professional development that needs to be addressed to better serve children and families.
- **Educate the Board and Stakeholders** – A comprehensive community assessment is an effective way to educate the local Board, community members, and organizational stakeholders regarding the needs, strengths, and characteristics of families and children in the community. The assessment can help other agencies and organizations ensure their services are responsive to community needs.
- **Address Changing Priorities and Policies** – Community assessment data supports strategic responses to evolving priorities that are identified by the NICA Board. The data supports strategic responses to changes in federal and state legislation, as well as, local county initiatives.
- **Respond to Trends and Changes in the Community** – The assessment process identifies community trends and changes. It also helps to identify the impact of demographic, social and environmental changes on programs reaching children and families.
- **Mobilize Community Resources** – Through the assessment process a range of existing community resources will be identified. The process will incorporate a range of organizations assessments. With assessment information about community need and available resources, social service agencies, healthcare providers, community support agencies, school districts, child care and others we can better coordinate programs and services to support low-income children and families.
- **Maximize Community Partnerships** – North Iowa Children's Alliance must establish ongoing collaborative relationships and partnerships with community organizations to facilitate access to community services that are responsive to the needs of children and families. Working together with partners can result in improved

service deliver, optimal use of existing resources, and the expansion or creation of new services where there were none to begin with.

- **Increase Financial Resources** – A comprehensive community assessment can be used to support private, state or federal funding applications, as well as, identify and reinforce the need for new programs.

Document Organization

SECTION 1	Background: Collaboration, Purpose, Iowa Early Childhood System
SECTION 2	Strength, Weakness, Opportunity, Threat Process
SECTION 3	Data Collection <ul style="list-style-type: none">• <i>County Snap Shots</i>
SECTION 4	Community Needs Assessment Summaries <ul style="list-style-type: none">• <i>Iowa Oral Health Plan</i>• <i>Community Health Assessment for North Central Iowa</i>• <i>North Iowa Community Action Organization Consumer Survey</i>• <i>Iowa Child Care Resource and Referral</i>• <i>Prevent Child Abuse Iowa Assessment</i>• <i>North Iowa Community Action Organization</i>• <i>North Iowa Children's Alliance</i>• <i>Community Partnerships for Protecting Children</i>
SECTION 5	Financial Assessment
SECTION 6	Prioritization of Needs, Outcomes and Strategic Plan <ul style="list-style-type: none">• <i>Moving the System Forward</i>• <i>Supporting Quality Programs</i>• <i>Prioritization of Needs – Bringing it all together!</i>• <i>Strategic Plan</i><ul style="list-style-type: none">• <i>Link to State Results</i>• <i>NICA Indicators and Goals</i>• <i>Current Capacity</i>• <i>Process for Evaluation</i>
SECTION 7	Funding Plan
SECTION 8	Conclusion
SECTION 9	Board Information & Signature Page

EXECUTIVE SUMMARY

The North Iowa Children's Alliance has developed a community plan or road map for improving the health and well-being of children 0-5 years old. This plan lays out identified education, health and human service needs and issues throughout our service area.

Service Area: Cerro Gordo, Hancock and Worth Counties

Prioritization of Identified Needs: Strategies for investment of resources into services to have the greatest impact.

-  Reduce and/or eliminate child abuse
-  Support for preventative health, mental health and wellness
-  Childcare accessibility and quality care
-  Access to high quality early learning for being on track for school success
-  Safe, stable and nurturing families

Community Plan Recommendations The following recommendations were developed as a result of the findings. The recommendations are as follows:

- Provide quality care and education early in life.
- Enhance parenting skills to promote healthy child development.
- Promote the use of dental sealants to prevent cavities.
- Reduce obesity risk for children by focusing on nutrition and physical activity.
- Improve strategies to connect families to mental health services.
- Support the early childhood care and education infrastructure to ensure availability of adequate child care.
- Promote and increase quality, health and safety practices through technical assistance and consultation services.
- Provide professional development and consultation services to achieve and maintain performance at higher quality levels in the Iowa Quality Rating System and/or IQ4K.
- Expand access to preschool and other high-quality early childhood programs.
- Increase funding for preschool scholarships for eligible families.
- Transportation to and from quality preschool programs for those in rural and/or low-income areas.
- Provide evidence-based home visiting and parent education programs.
- Promote referrals to and participation in home visitation services.

The assessment completed will play an important role in shaping the North Iowa Children's Alliance strategic plan over the next five years. This assessment is a collection of organizational and community collaboratives' assessments that have been completed in collaboration or coordination with ECI funded programs, or that target families and children in our area. Our hope is that the plan may be of value for other local organizations who share a vision that every child is happy, healthy and ready to learn in North Iowa. We are stronger together.

SECTION 1: BACKGROUND

COLLABORATION PARTNERS & RESOURCES

Collaborative Process the North Iowa Children's Alliance (NICA) community needs assessment and community plan was the result of a collaborative process that engaged community stakeholders in determining the nature and extent both of needs and resources in the three-county area. This assessment process was somewhat hindered by the part time status of the Director of NICA, yet was strengthened by the utilization of local organization's needs assessments and identification of needs and gaps in services. This led to a more cohesive plan that incorporates multiple community plans into one document that focuses just on the 0-5 population of Cerro Gordo, Hancock and Worth counties.

The following organizations and agencies participated or provided information to be included in the community assessment and planning process.

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- **Childcare Resource and Referral**
 - **Early Childhood Iowa Results Accountability Workgroup**
 - **Iowa Department Health and Human Services**
 - **MercyOne North Iowa**
 - **North Iowa Community Action Organization**
 - **Childcare Resource and Referral**
 - **County Public Health Services**
 - **Iowa State Extension**
 - **Private and Public Schools / Preschools**
 - **Multiple Human Service Organizations**
-

We would like to thank all of those that assisted in the planning process during 2022. Your graciousness, expertise, and passion for improving the lives of children ages 0-5 in North Iowa is evident and appreciated by the North Iowa Children's Alliance Board.

The following resources have been utilized in the formation of this report and data gathering.

- ❖ Census Bureau
- ❖ Annie E. Casey, KIDS Count
- ❖ Iowa Department of Education
- ❖ Iowa Child Care Resource and Referral
- ❖ Prevent Child Abuse Iowa
- ❖ Iowa Department of Public Health and Human Services
- ❖ Iowa State University Extension
- ❖ State Data Center of Iowa
- ❖ I-Smile
- ❖ U.S. Department of Health & Human Services

OUR PURPOSE

North Iowa Children's Alliance (NICA) is one of 38 Early Childhood Iowa areas across the state, serving Cerro Gordo, Hancock and Worth counties.

-  **Our Vision:** Working together so every child is happy, healthy and ready to learn.
 -  **Our Mission:** Building strategies to improve the lives of young children and their families through collaboration, coordination and planning in Cerro Gordo, Hancock and Worth counties.
 -  **History:** Our local area is a community collaboration which exists to coordinate initiatives and plan for services under school readiness and early childhood legislation. Early Childhood Iowa was established by Iowa state legislation during the 2010 session in an effort to strengthen the current Community Empowerment Initiatives (1998), create a partnership between communities and state government with an emphasis to improve the well-being of families with young children.
 -  **Agency Collaboration:** Early Childhood Iowa is supported at the state level by inter-agency collaboration of the Department of Education, Human Services, and Public Health.
 -  **Purpose:** NICA is designed to empower individuals and communities to achieve desired results to improve the quality of life for children ages 0-5 and their families. We provide grants to local nonprofits, which service children ages 0-5. We also administer preschool scholarships for low-income families.
 -  **Comprehensive Services:** The Early Childhood Iowa Legislation encourages communities to “work together” to assist families with children 0-5. School ready funds provide comprehensive services for children birth through age five including: preschool support, parent support, family home visitation, and parent education. Early childhood funds enhance the quality and capacity of child care, including: recruitment of providers, child care for mildly ill children, child care nurse consultant, home or center child care consultants, training and professional development.
 -  **NICA Area Board:** The Board is composed of elected officials and members of the public who are not employed by a provider of services to or for the area board. In addition, the membership is made up of those representing, education, health, human services, business, faith and at least one parent, guardian or grandparent of a child 0-5 years of age. The NICA Board is made up of 10 representatives that are volunteers and must work and/or reside in Cerro Gordo, Hancock or Worth counties.
-

EARLY CHILDHOOD IOWA SYSTEM

The state of Iowa Early Childhood System is composed of the ECI State Board and the Stakeholders Alliance. The State Board provides oversight of the state and local efforts while serving as an advisory group to the Iowa legislature and the Governor's Office.



IOWA'S STRATEGIC PLAN 2019-2022

- **Goal 1:** Promote a coordinated infrastructure to advance the early childhood system.
- **Goal 2:** Build public will for investing in young children and their families.
- **Goal 3:** Transform the early childhood workforce through formal education, greater professionalism, increased skills and competence, and new approaches to implementing best practices.
- **Goal 4:** Ensure that young children and families receive the services they need when they need them.
- **Goal 5:** Improve the quality of early childhood services for young children and their families across early care and education; health, mental health, and nutrition; and family support services.

SECTION 2: SWOT PROCESSES

NORTH IOWA CHILDREN'S ALLIANCE

BOARD MEMBER SWOT PROCESS

Board members were asked to participate in a SWOT (Strengths, Weaknesses, Opportunities and Threats) process via an online system called "Tablet". The SWOT process was to set the state for strategic planning. Board members were asked to keep the analysis as accurate by avoiding pre-conceived beliefs or gray areas and instead focusing on real example contexts.

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- **Strengths:** What do we do well? What do others see as our strengths? What characteristics of NICA help us achieve our outcomes?
 - **Weaknesses:** What do we not do so well? What do others see as our weaknesses? Characteristics that might hinder our successes and contribute to past failures?
 - **Opportunities:** What new relationships could we develop? What might we do that we are not currently doing to improve? Who can we partner with to make an impact?
 - **Threats:** What obstacles do we face? What socio-cultural, environmental or technological factors might prevent success? Are there new regulations or changes in the system?
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IMPACT OF COVID-19 PANDEMIC

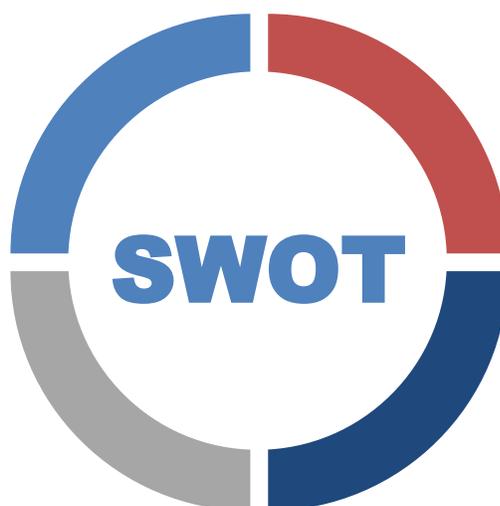
Though the question was not posed directly, the impact of the pandemic is recognized and acknowledged. The challenges faced were unprecedented during the years of 2020-2021. COVID-19 has exacerbated health disparities and services within our three-county area. Especially during the early phases of the pandemic in the spring and summer of 2020, community members faced difficulties with finding transportation, dealing with financial setbacks related to job loss, and accessing appointments for both urgent and maintenance health care.

STRENGTHS

- Diversity of the Board members
- Relationship with state ECI for guidance
- Website to be used as a tool for reference – user friendly format
- Technology expertise- use of Zoom platform
- New director to focus on improving our foundation
- Knowledgeable board with history
- New leadership and keeping Board meetings to the point
- Experienced Board members who are well informed regarding community and individual needs on which to effect change

OPPORTUNITIES

- Environment is right for improvements to application and contracting process for funded programs
- Increase involvement in AECAB&A for legislative action and partnerships
- Need for visibility in all 3 counties
- Diverse interest of board members and programs funded
- Opportunity to strengthen by-laws, leadership and perspective of NICA
- Use website for more education and reference materials to refer folks to via email and handouts
- Timing is right for updating policies of the board and materials with new director



WEAKNESSES

- Lack of community recognition -branding
- Outdated application process for funding
- Little internal established policies and procedures
- Not up to full Board membership
- Not equal Board representation from all 3 counties
- Appearance that funding is mismatched (counties not all receiving funding for programming)
- New director still learning the ropes
- COVID – not as much information being brought in from outside agencies
- The LONG, Lengthy application and review process is a discouragement to apply
- Preschool application is confusing and need electronic version

THREATS

- Difficult to show immediate positive results
- COVID aftermath – programs not back to normal
- Concern that double dipping when funds are given to agencies.
- Current application process is too complicated and deters organizations from applying
- Appears that children and family needs are higher today than ever

NORTH IOWA CHILDREN'S ALLIANCE COMMUNITY PARTNER SWOT PROCESS

Community organizations were asked to complete the SWOT process and provide a perspective of our Board and organization that could be relevant to future planning. Those that were and are funded programs were asked to provide input. As stakeholders who have had a long-term relationship with NICA, collecting their ideas and comments provided a perspective of NICA that was very relevant. Stakeholder comments allowed Board members to see approaches and issues entirely differently.

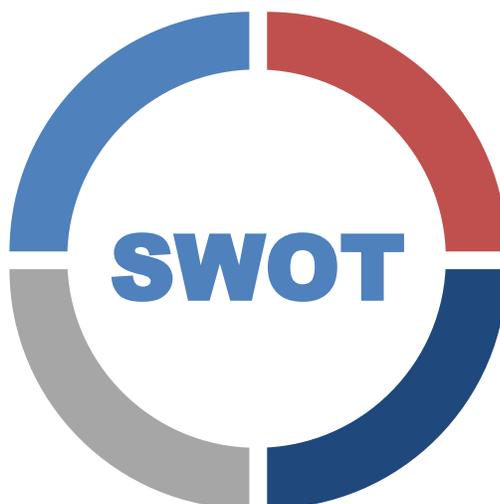
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- **Strengths:** What does NICA do well? What do you see as our strengths?
 - **Weaknesses:** What do we not do so well? What characteristics hinder our success? What could we do better?
 - **Opportunities:** What could we be doing to improve? What relationships do we need to develop? How can we improve our application/renewal process?
 - **Threats:** What obstacles does NICA face? What socioeconomic, environmental or technological factors impact our success?
-

STRENGTHS

- Focus on programs which meet needs formulated from regular needs assessment.
- Starting to have written policies and practices in place
- Frequent meetings allow members and funded programs to be informed
- Variety of programs to meet the needs of children/families in the communities
- Continues to mold to help with what is currently needed within our communities
- Really focuses on how many families can be helped vs. just making sure money is spent.
- Relationship with state ECI for guidance, resources and information sharing
- User friendly website that can be used better as a tool to reference/use

OPPORTUNITIES

- Train and recruit Board members more thoroughly
- Work closely with other ECI boards to determine if there are other areas to focus on
- Review current priorities and determine if a change I needed based on the data collected
- Community needs assessments to back up funding
- Evidence based programming
- Utilize organizations required community needs assessment instead of reinventing the wheel
- Need for new board member blood



WEAKNESSES

- Preschool scholarships programs requirements are not spelled out well
- Funding is spread out to everyone on a limited basis instead of funding programs to their fullest potential.
- Programs are not always science or evidenced based and some boarder on duplication of services
- Board members don't know the priorities of NICA
- Not a lot of actual community members on the Board
- Board members as advocates in the community or involved in funded program
- Lack of community branding and understanding of NICA
- Out of date application process or renewal process
- Some programs appear to be favored by some Board members.

THREATS

- Real effect takes time and may not see results for a couple of funding cycles or needs assessment activities
- Programs continue to struggle to get back to capacity before COVID
- Difficult to show immediate program results/outcomes
- COVID aftermath – programs not running as did prior to COVID
- All competing for funding and leads to reluctance and timid partnerships with other organizations

SECTION 3: DATA COLLECTION

WHY ARE CERTAIN DATA INDICATORS AND INFORMATION IMPORTANT?

- **Why Social Determinants of Health Matter:** Social determinants of health are the conditions in the environments where people are born, live, learn, work, play and worship. These conditions affect a wide range of health function, and quality-of-life outcomes and risks. Social determinants include: economics, education, health care, neighborhoods and built environments, and social and community context. Examples include: safe housing, transportation, neighborhoods, racism, violence, education, income, polluted air and water, language and literacy skills, and access to nutritious foods.
- **Why Education Matters:** Education plays an important role in obtaining overall health, financial status and well-being. Educational attainment is likely to impact a person's ability to find employment. Education also impacts literacy, a person's ability to obtain, process and understand basic information needed to make appropriate life choices. Low literacy is more prevalent among older adults, marginalized populations, those in low socioeconomic statuses and underserved people.
- **Why Poverty, Income and Unemployment Matter:** Poverty is linked to negative health and well-being outcomes. A high poverty rate can be a cause and effect of economic conditions, lower quality schools and education, and decreased business survival.
- **Why Race and Ethnicity Matter:** If technology is critical to your business, whether it is part of the product offering or is fundamental to delivering a product or service, describe the key technologies used that are proprietary. If your business data (company or customer) might be at risk, describe the data security plan in place, as well as any backup or recovery in the case of a disaster or outage.

CERRO GORDO COUNTY SNAPSHOT

Cerro Gordo County is a micropolitan county in north central Iowa. It is composed of eleven incorporated communities and their surrounding areas. From 2010 to 2020, Cerro Gordo's population decreased by 2.32% while the state's population increased by 4.73%.

Sources: US Census, Kids Count, Woods & Poole, ISU Data for Decision Makers, Iowa Child Care Resource and Referral

- **County Cities:** Clear Lake, Dougherty, Mason City, Meservey, Nora Springs*, Plymouth, Rock Falls, Rockwell, Swaldale, Thornton, Ventura. *Lies in multiple counties
- **Neighboring Counties:** Floyd, Franklin, Hancock, and Worth
- **County Seat:** Mason City
- **Square Miles:** 575 square miles
- **Persons Per Square Miles:** 76
- **School Districts:** Clear Lake, Mason City, Central Springs, Rockwell -Swaledale
- **Non-Public Schools:** Newman Catholic and North Iowa Christian
- **Cerro Gordo County DHS Office:** 525 9th St. SE Mason City, IA
- **Childcare Resource and Referral:** CCR&R of NE Iowa Region 2
- **Hospital:** MercyOne North Iowa www.mercyone.org/northiowa

- ❖ *Total Population:* 42,300
- ❖ *Total Population Age 0-5:* 2,780
- ❖ *White, Non-Hispanic:* 89.5% of population
- ❖ *Median Family Income:* \$73,237
- ❖ *Average cost of weekly child care age 0-5*
 - Registered Child Development Homes: \$
 - DHS Licensed Centers/Preschools: \$
- ❖ *High School Graduation Rate:* 94.5%
- ❖ *Free and Reduced Lunch Rate:* 44.3%
- ❖ *Children 0-17 Living Below Poverty Level:* 12.7% (2019)
- ❖ *Children Age 3 & 4 Enrolled in Preschool:* 57.1% (2015-2019)

Interesting Fact: The county was named for the Battle of Cerro Gordo, which took place during the Mexican-American war.

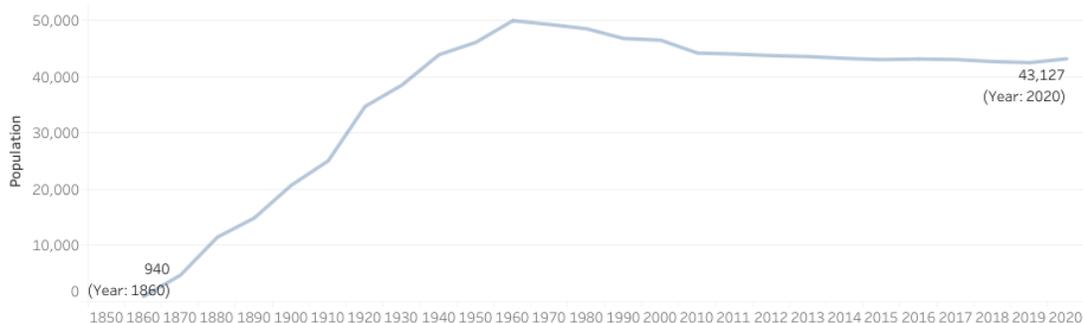


Demographic Characteristics: Cerro Gordo County, Iowa

2016-2020 American Community Survey 5-year period estimates (unless noted)

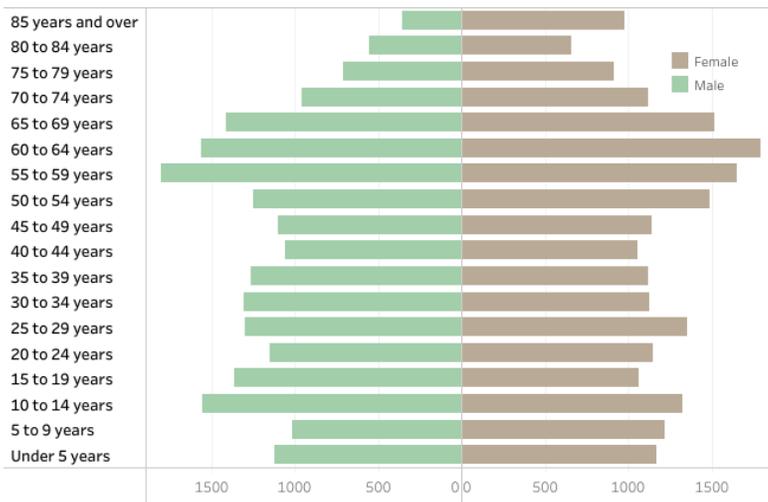
County
Cerro Gordo County

Cerro Gordo County total population



1850-2020 Decennial Censuses

Population by age and gender



Race and Hispanic Origin

2020 Decennial Census

	Estimate	Percent
Total population	43,127	
White alone	38,618	89.5%
Black or African American alone	930	2.2%
American Indian and Alaska Native alone	143	0.3%
Asian alone	535	1.2%
Native Hawaiian and Other Pacific Islander alo..	137	0.3%
Some other race alone	624	1.4%
Two or more races	2,140	5.0%
Hispanic or Latino origin	2,243	5.2%
White alone, not Hispanic or Latino	37,819	87.7%

Median age by race and Hispanic or Latino origin

Black/African American alone

Black/African American alone

24.9

26.0

24.9

Created by the State Data Center of Iowa
Contact information: State Library of Iowa,
State Data Center Program,
<http://www.iowadatecenter.org> 800-248-4..



Social Characteristics: Cerro Gordo County, Iowa

2016-2020 American Community Survey 5-year period estimates (unless noted)

County
Cerro Gordo County

Educational Attainment

(Population 25 years of age and over)

	Estimate	Percent
Total	30,537	100.0%
Less than 9th grade	657	2.2%
9th to 12th grade, no diploma	1,423	4.7%
High school graduate (includes equivalency)	10,261	33.6%
Some college, no degree	6,367	20.9%
Associate's degree	4,745	15.5%
Bachelor's degree	4,779	15.6%
Graduate degree or higher	2,305	7.5%



Average Household Size



2.1

Average Family Size

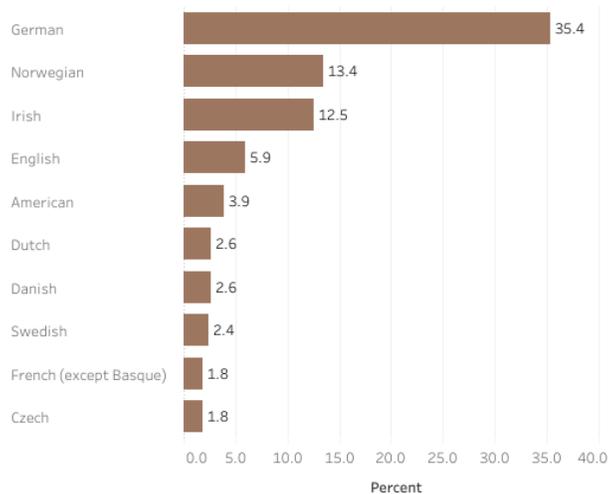


2.7

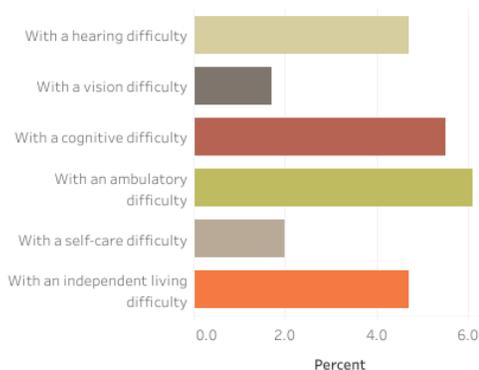
Last Period of Service for Veterans

	Estimate	Percent
Civilian population 18 years and over	33,817	
Total Veteran population	2,618	
Gulf War (9/2001 or later)	277	10.6%
Gulf War (8/1990 to 8/2001)	419	16.0%
Vietnam era	1,014	38.7%
Korean War	351	13.4%
World War II	53	2.0%

Ancestry



Disability status by type of disability



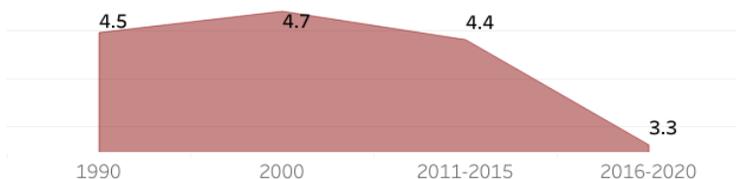
Created by the State Data Center of Iowa
Contact information: State Library of Iowa, State Data Center Program, <http://www.iowadatacenter.org> 800-248-4483, census@io..



Economic Characteristics: Cerro Gordo County, Iowa

Source: 2000 Census & 2016-2020 American Community Survey 5-year period estimates (unless noted)

Unemployment rate



Additional Sources: 1990 Decennial Census & 2011-2015 American Community Survey

County
Cerro Gordo County

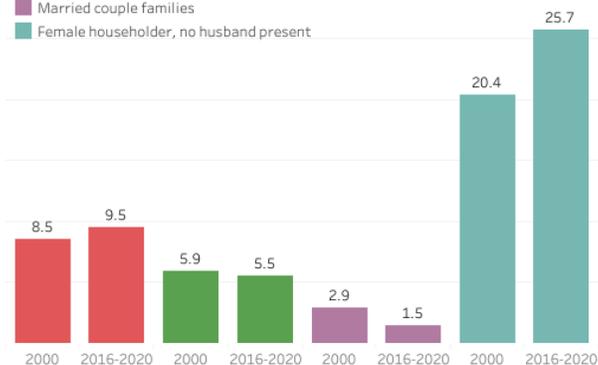


Means of transportation to work

	2000	2016-2020
Car, truck, or van-Drove alone	83.3%	81.1%
Car, truck, or van-Carpooled	7.6%	8.5%
Public transportation (excluding taxicab)	1.0%	0.7%
Walked	0.6%	2.6%
Other means	3.3%	5.2%
Worked at home	3.8%	1.9%

- All people
- All families
- Married couple families
- Female householder, no husband present

Poverty rates



Occupation

	2000	2016-2020
Management, business, science, and arts	28.3%	31.8%
Service	16.4%	18.4%
Sales and office	27.1%	19.1%
Natural resources, construction, and maintenance	9.0%	8.2%
Production, transportation, and material moving	19.3%	22.4%

Mean travel time to work

2000



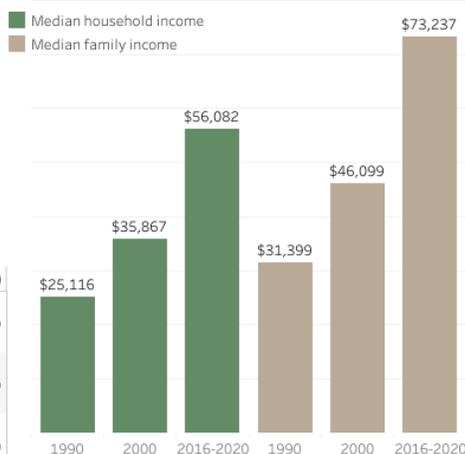
15.2

2016-2020



17.2

Median Income



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Contact information: State Library of Iowa, State Data Center Program, <http://www.iowadatacenter.org> 800-248-4483, cen..

HANCOCK COUNTY SNAPSHOT

Hancock is a nonmetropolitan county in north central Iowa. It is composed of nine incorporated communities and their surround rural areas. From 2010 to 2020, Hancock's population decreased by 4.81% while the state's population increased by 4.73%.

Sources: US Census, Kids Count, Woods & Poole, ISU Data for Decision Makers, Iowa Child Care Resource and Referral

- **County Cities:** Woden, Britt, Corwith, Crystal lake, Forest City*, Garner, Goodell, Kanawha, Klemme. *
lies in multiple counties
- **Neighboring Counties:** Cerro Gordo, Franklin, Kossuth, Winnebago
- **County Seat:** Garner
- **Square Miles:** 571
- **Persons Per Square Miles:** 18.9
- **School Districts:** Garner-Hayfield – Ventura and West Hancock
- **Non-Public Schools:** Kanawha Christian
- **Hancock County DHS Office:** (Served by Cerro Gordo) 120 East Eighth St., Garner, IA
- **Childcare Resource and Referral:** CCR&R of NE Iowa Region 2
- **Hospital:** Hancock County Health System (Britt)

- ❖ *Total Population:* 10,759
- ❖ *Total Population Age 0-5:* 727
- ❖ *White, Non-Hispanic:* 92.3%
- ❖ *Median Family Income:* \$72,182
- ❖ *Average cost of weekly child care age 0-5:*
 - Registered Child Development Homes: \$154.17
 - DHS Licensed Centers/Preschools: \$154.17
- ❖ *High School Graduation Rate:* 98.3%
- ❖ *Free and Reduced Lunch Percentage:* 38.2%
- ❖ *Children 0-17 Living Below Poverty Level:* 10.96%
- ❖ *Children Age 3 & 4 Enrolled in Preschool:* 35.5%

Interesting Fact: The county was founded on January 15, 1851 and names in honor of John Hancock, a leader of the Continental Congress during the American Revolution.

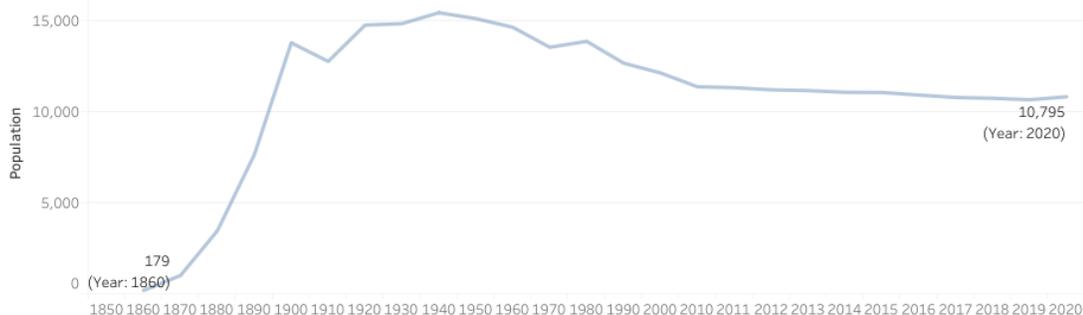


Demographic Characteristics: Hancock County, Iowa

2016-2020 American Community Survey 5-year period estimates (unless noted)

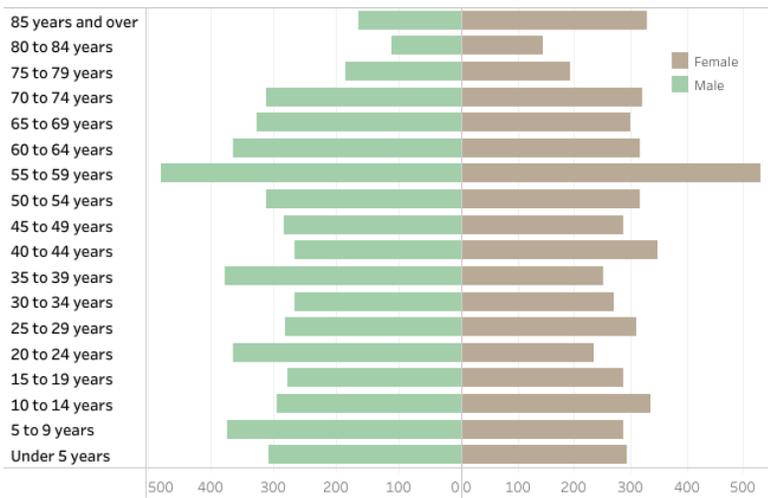
County
Hancock County

Hancock County total population



1850-2020 Decennial Censuses

Population by age and gender



Race and Hispanic Origin

2020 Decennial Census

	Estimate	Percent
Total population	10,795	
White alone	9,959	92.3%
Black or African American alone	76	0.7%
American Indian and Alaska Native alone	39	0.4%
Asian alone	25	0.2%
Native Hawaiian and Other Pacific Islander alone	5	0.0%
Some other race alone	186	1.7%
Two or more races	505	4.7%
Hispanic or Latino origin	614	5.7%
White alone, not Hispanic or Latino	9,813	90.9%

Median age by race and Hispanic or Latino origin

Black/African American alone

Black/African American alone

27.1

6.9

0.0

Created by the State Data Center of Iowa
Contact information: State Library of Iowa,
State Data Center Program,
<http://www.iowadatecenter.org> 800-248-4..



Social Characteristics: Hancock County, Iowa

2016-2020 American Community Survey 5-year period estimates (unless noted)

County
Hancock County

Educational Attainment

(Population 25 years of age and over)

	Estimate	Percent
Total	7,652	100.0%
Less than 9th grade	137	1.8%
9th to 12th grade, no diploma	404	5.3%
High school graduate (includes equivalency)	2,807	36.7%
Some college, no degree	1,558	20.4%
Associate's degree	1,057	13.8%
Bachelor's degree	1,370	17.9%
Graduate degree or higher	319	4.2%



Average Household Size



2.2

Average Family Size

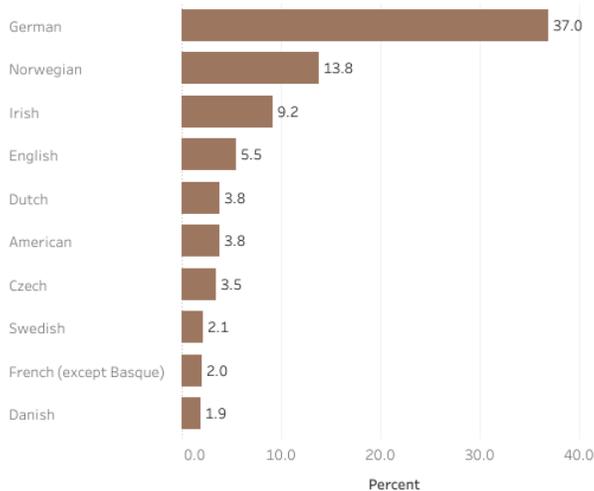


2.6

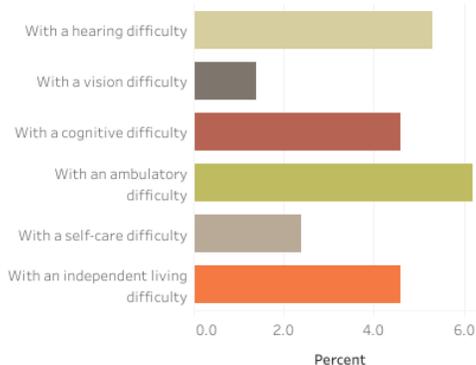
Last Period of Service for Veterans

	Estimate	Percent
Civilian population 18 years and over	8,391	
Total Veteran population	594	
Gulf War (9/2001 or later)	79	13.3%
Gulf War (8/1990 to 8/2001)	74	12.5%
Vietnam era	258	43.4%
Korean War	46	7.7%
World War II	27	4.5%

Ancestry



Disability status by type of disability



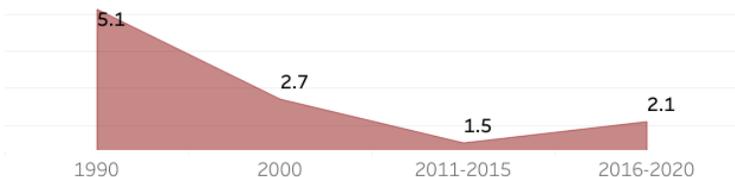
Created by the State Data Center of Iowa
Contact information: State Library of Iowa, State Data Center
Program, <http://www.iowadatacenter.org> 800-248-4483, census@io..



Economic Characteristics: Hancock County, Iowa

Source: 2000 Census & 2016-2020 American Community Survey 5-year period estimates (unless noted)

Unemployment rate



Additional Sources: 1990 Decennial Census & 2011-2015 American Community Survey

County
Hancock County



Means of transportation to work

	2000	2016-2020
Car, truck, or van-Drove alone	73.1%	80.7%
Car, truck, or van-Carpooled	14.2%	6.5%
Public transportation (excluding taxicab)	0.2%	0.1%
Walked	0.2%	2.1%
Other means	3.6%	7.9%
Worked at home	8.3%	2.8%

Mean travel time to work

2000



17.6

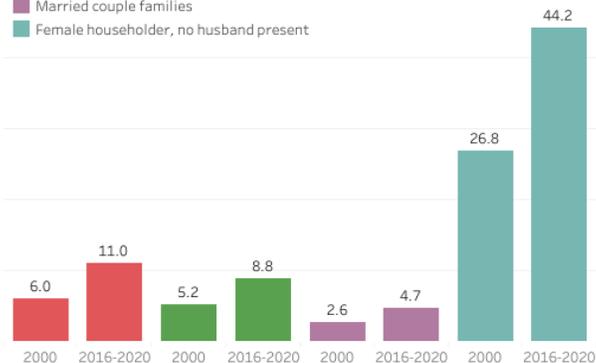
2016-2020



19.7

Poverty rates

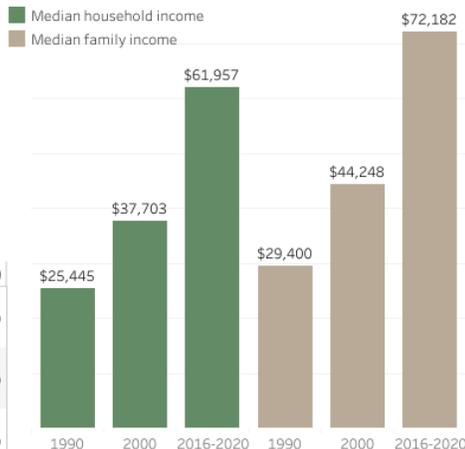
- All people
- All families
- Married couple families
- Female householder, no husband present



Occupation

	2000	2016-2020
Management, business, science, and arts	28.3%	34.3%
Service	11.5%	13.9%
Sales and office	20.4%	17.3%
Natural resources, construction, and maintenance	11.3%	10.7%
Production, transportation, and material moving	28.4%	23.7%

Median Income



Created by the State Data Center of Iowa
Contact information: State Library of Iowa, State Data Center Program, <http://www.iowadatacenter.org> 800-248-4483, cen..

WORTH COUNTY SNAPSHOT

Worth County is a micropolitan county in north central Iowa. It is composed of seven incorporated communities and their surrounding rural area. From 2010 to 2020, Worth's population decreased by 2.04% while the state's population increased by 4.73%.

Sources: US Census, Kids Count, Woods & Poole, ISU Data for Decision Makers, Iowa Child Care Resource and Referral

- **County Cities:** Fertile, Grafton, Hanlontown, Joice, Kensett, Manly, Northwood * *lies in multiple counties*
- **Neighboring Counties:** Minnesota State Line, Cerro Gordo, Winnebago, Mitchell
- **County Seat:** Northwood
- **Square Miles:** 402 square miles
- **Persons Per Square Miles:** 18.9
- **School Districts:** Central Springs, Northwood-Kensett
- **Non-Public Schools:** NA
- **Hancock County DHS Office:** (Served by Cerro Gordo) 95 Ninth Street North, Northwood, IA
- **Childcare Resource and Referral:** CCR&R of NE Iowa Region 2
- **Hospital:** None

- ❖ *Total Population: 7,443*
- ❖ *Total Population Age 0-5: 495*
- ❖ *White, Non-Hispanic: 94.6%*
- ❖ *Median Family Income: \$72,861*
- ❖ *Average cost of weekly child care age 0-5:*
 - Registered Child Development Homes: \$140.63
 - DHS Licensed Centers/Preschools: \$157.50
- ❖ *High School Graduation Rate: 96.9%*
- ❖ *Free and Reduced Lunch Rate: 40.3%*
- ❖ *Children 0-17 Living Below Poverty Level: 14.5%*
- ❖ *Children Age 3 & 4 Enrolled in Preschool: 61.3%*

Interesting Fact: The county was founded in 1851 and named for Major General Willian Jenkins Worth, an officer in both the Seminole War and the Mexican-American War.

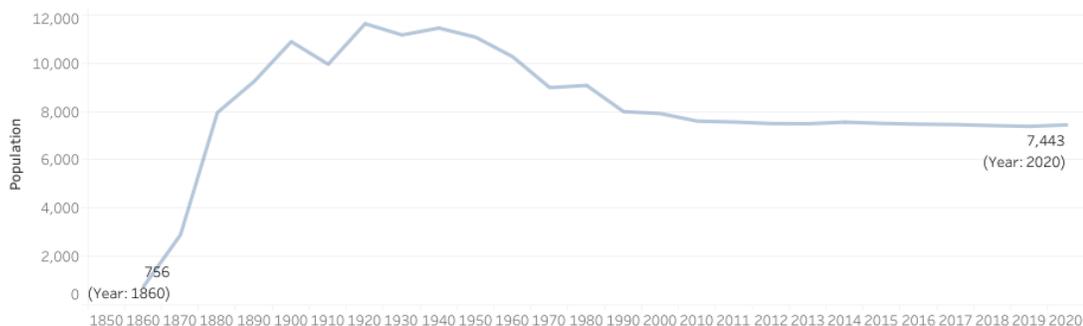


Demographic Characteristics: Worth County, Iowa

2016-2020 American Community Survey 5-year period estimates (unless noted)

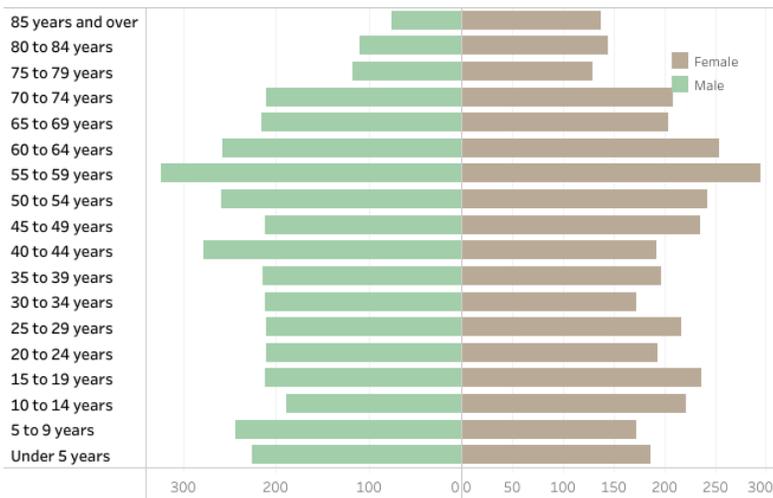
County
Worth County

Worth County total population



1850-2020 Decennial Censuses

Population by age and gender



Race and Hispanic Origin

2020 Decennial Census

	Estimate	Percent
Total population	7,443	
White alone	7,041	94.6%
Black or African American alone	60	0.8%
American Indian and Alaska Native alone	8	0.1%
Asian alone	32	0.4%
Native Hawaiian and Other Pacific Islander alo..	1	0.0%
Some other race alone	40	0.5%
Two or more races	261	3.5%
Hispanic or Latino origin	211	2.8%
White alone, not Hispanic or Latino	6,946	93.3%

Median age by race and Hispanic or Latino origin

Black/African American alone

Black/African American alone

18.8

20.5

18.5

Created by the State Data Center of Iowa
Contact information: State Library of Iowa,
State Data Center Program,
<http://www.iowadatecenter.org> 800-248-4..



Social Characteristics: Worth County, Iowa

2016-2020 American Community Survey 5-year period estimates (unless noted)

County
Worth County

Educational Attainment

(Population 25 years of age and over)

	Estimate	Percent
Total	5,328	100.0%
Less than 9th grade	77	1.4%
9th to 12th grade, no diploma	277	5.2%
High school graduate (includes equivalency)	2,043	38.3%
Some college, no degree	1,179	22.1%
Associate's degree	781	14.7%
Bachelor's degree	673	12.6%
Graduate degree or higher	298	5.6%



Average Household Size



2.3

Average Family Size

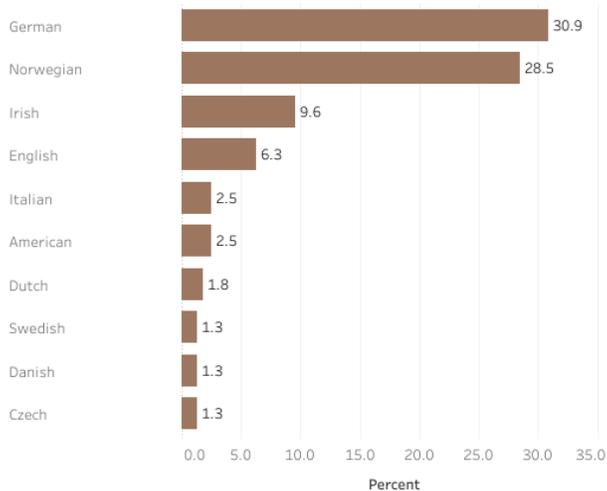


2.8

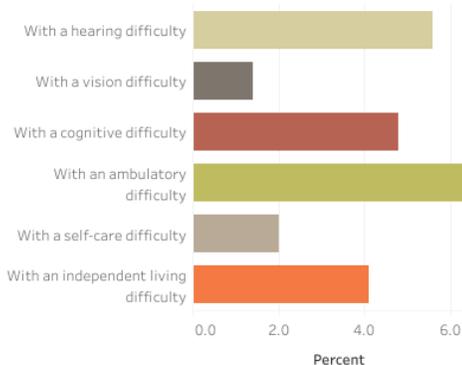
Last Period of Service for Veterans

	Estimate	Percent
Civilian population 18 years and over	5,902	
Total Veteran population	586	
Gulf War (9/2001 or later)	39	6.7%
Gulf War (8/1990 to 8/2001)	63	10.8%
Vietnam era	235	40.1%
Korean War	66	11.3%
World War II	25	4.3%

Ancestry



Disability status by type of disability



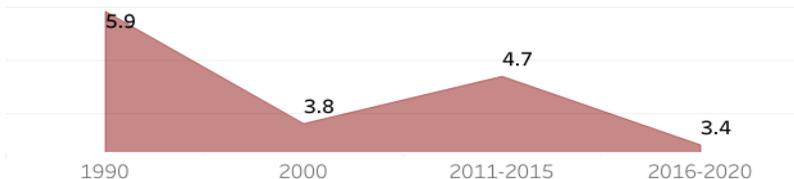
Created by the State Data Center of Iowa
Contact information: State Library of Iowa, State Data Center
Program, <http://www.iowadatacenter.org> 800-248-4483, census@io..



Economic Characteristics: Worth County, Iowa

Source: 2000 Census & 2016-2020 American Community Survey 5-year period estimates (unless noted)

Unemployment rate



Additional Sources: 1990 Decennial Census & 2011-2015 American Community Survey

County
Worth County

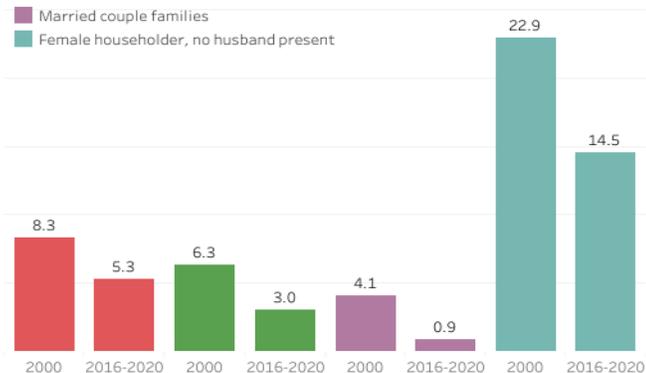


Means of transportation to work

	2000	2016-2020
Car, truck, or van-Drove alone	77.7%	82.8%
Car, truck, or van-Carpooled	11.1%	7.2%
Public transportation (excluding taxicab)	0.3%	0.2%
Walked	0.4%	1.7%
Other means	3.7%	7.3%
Worked at home	6.2%	0.9%

- All people
- All families
- Married couple families
- Female householder, no husband present

Poverty rates



Occupation

	2000	2016-2020
Management, business, science, and arts	22.7%	30.8%
Service	13.3%	17.1%
Sales and office	23.6%	16.5%
Natural resources, construction, and maintenance	13.4%	11.9%
Production, transportation, and material moving	27.0%	23.7%

Mean travel time to work

2000



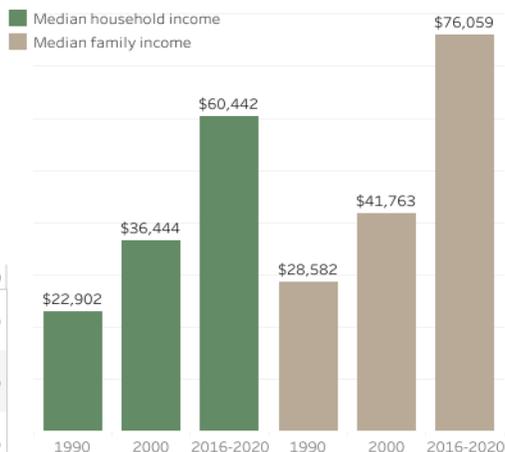
20.0

2016-2020



22.5

Median Income



Created by the State Data Center of Iowa
Contact information: State Library of Iowa, State Data Center Program, <http://www.iowadatacenter.org> 800-248-4483, cen..

SECTION 4: COMMUNITY PARTNERS' NEEDS ASSESSMENT

The NICA Board knows that the community needs assessment and plan will be used in various ways. Many organizations in North Iowa undergo a needs assessment and planning process as a requirement of a funder, set organizational goals and/or to address community issues. Instead of reinventing the wheel and surveying the community that has responded to recent surveys, the North Iowa Children's Alliance Board has opted to use these results as a part of their planning process. These were utilized so to not duplicate efforts that have already occurred, as well as, identify how NICA might be a part of the greater regional solution.

The following community/regional assessments were utilized in the NICA assessment and planning process:

-  Iowa Oral Health Plan
-  Community Health Assessment for North Central Iowa
-  North Iowa Community Action Organization Consumer Survey
-  Prevent Child Abuse Iowa Assessment
-  Iowa Child Care Resource and Referral Region 2
-  North Iowa Community Action Organization
-  Community Partnerships for Protecting Children

IOWA ORAL HEALTH PLAN

A five- year state plan, compiled by the Iowa Department of Public Health with input from multiple state stakeholders, identified five focus areas for future oral health strategies. Input for the plan was gathered through an environmental scan, a strategic planning forum, and through ongoing stakeholder communication and feedback. The following areas of the state oral health plan impact north Iowa.

- **Medical Dental Integration:** Increased number of health care professionals will provide oral health preventive services and referrals.
 - **Systems of Care:** The I-Smile model of care coordination will be expanded to additional at-risk populations.
-

Dental decay is the most common chronic illness among children and can cause difficulty learning, speaking and eating. The Iowa I-Smile program uses strategies to prevent decay for young children. I-Smile connects children and families with dental, medical and community resources to ensure a lifetime of health and wellness. I-Smile program staff provide preventive dental services at Head Start classrooms across Iowa, as well as, with elementary students.

A major barrier in Iowa for low-income children in accessing regular dental care continues to be that a limited number of dentists will accept patients enrolled in Medicaid. Focusing on schools with a higher FRL (Free Reduced Lunch) rates is more important than ever to ensure that preventive dental services are provided for children who may otherwise not receive them. (Source: I-Smile @ School 2020-2021)

Number of Schools Served by FRL Rates in Iowa



COMMUNITY HEALTH NEEDS ASSESSMENT FOR NORTH IOWA

(Completed by: Cerro Gordo County Department of Public Health)

Through quantitative and qualitative data collection and community engagement the following priorities were identified:

- **Access to Care:** There is an abundance of healthcare resources in Cerro Gordo County when compared to the other counties. However, barriers to care persist of: access to specialty care services, getting an appointment and rushed appointments, high cost of care and prescriptions, Medicaid acceptance, transportation and requirement to travel to multiple provider sites for care and no rural transportation, transportation ends at 5 p.m.
- **Early Childhood Issues:** Supporting youth to develop into productive and healthy adults included: focusing on healthy development including nutrition, physical activity, mental engagement, decision making, and

skill-building; mental health screening and support; violence and substance use reduction; teaching about prevention instead of treatment.

- **Housing:** Older homes are prevalent in north Iowa which can lead to an inability to maintain a healthy home. Issues outlined include: addressing homelessness as a community of care; increase rental code existence and adherence for safety and health; reduce stigma and change process for those needing housing; decrease connection between address and access to benefits, services, etc.

The plan objectives that correlate with NICA activities and funding are: (1) Increase by 10%, 4 year-year-old preschoolers' literacy rates, defined as meeting expectations of literacy skills and (2) Decrease the average turnover rates at childcare centers by 15% in North Iowa. The report also identified access to medical providers in the three-county area.

Kindergarten Students who Participated in Preschool the Prior Year, by County

Cerro Gordo	Hancock	Worth
88%	88%	87%

Provider Ratio: Primary Care Physicians, Dentists and Mental Health Providers

	Primary Care Providers	Mental Health Care Providers	Dentists
Cerro Gordo	630	410	1300
Hancock	3610	10770	1800
Worth	3790	NA	3730

The lower the ratio the higher the access. With the exception of Cerro Gordo, no county has a ratio close to the state rate of 1,390 to one for primary care providers. For dentists, Cerro Gordo's rate is better than the states. Worth county has no mental health providers.

NORTH IOWA COMMUNITY ACTION ORGANIZATION CONSUMER SURVEY

In January 2022 NICAO clients receiving services were asked to complete a client satisfaction survey. Surveys were sent through email, available in offices (paper copies) and flyers with QR codes with links to the surveys were available as well. A total of 255 survey responses were collected – 6% Worth County, 35% Cerro Gordo County and 5% Hancock. In addition, community partners and stakeholders were asked what other services were needed in their communities. Throughout the Community Needs Assessment, the topics of housing, employment and childcare continue to be identified as areas of concern.

- **Housing Concerns:** Affordable, emergency housing, homelessness, apartments, repair/maintenance of homes.

- **Employment Concerns:** Local jobs that pay a living wage, jobs that offer benefits, unemployment concerns, accepting employment without facing “cliff-effect” of benefits (childcare assistance, SNAP, etc.)
- **Childcare Concerns:** Affordable child care, available child care slots, Child care centers being able to pay staff/ staff turnover disrupting care, and limited childcare options for families especially in rural areas.

Are there other services you would like to see offered in your community?

<i>Affordable child care, increase childcare slots</i>
<i>Emergency housing, shelters, affordable housing</i>
<i>Job services, employment search training</i>
<i>Mental health accessibility</i>
<i>Crisis services</i>
<i>Transportation services</i>
<i>Parenting programs/ education</i>
<i>Help for home improvement</i>
<i>Diaper bank, baby items not covered by SNAP</i>
<i>After school programs</i>
<i>Providers that accept Medicaid</i>
<i>More Head Start / Early Head Start in rural areas</i>

CHILD CARE RESOURCE AND REFERRAL ASSESSMENT

Child Care Resource & Referral is a program to support quality child care throughout the state of Iowa. Child Care Consultants provide on-site consultation to licensed preschools, child care centers, nonregistered child care home providers and registered child development home providers. Services are regulated by the Iowa Department of Human Services. Child care is a critical infrastructure of a community and be a valuable tool for communities to develop, grow and sustain a reliable workforce and good economy.

2021 Annual Report Iowa Child Care Resource and Referral

- **Why is child care data important?** For a family earning the median state income of \$77,099 with an infant in child care they would pay 10% of their income before taxes if their child was in a registered Child Development Home and 15% of their income before taxes if their child was in a licensed Child Care Center. *Source: State Library of Iowa www.iowadatacenter.org & the Iowa NACCRR Aware Database*

- Addressing one or more of the following may have an impact:
 - 2021 Annual Report Iowa Child Care Resource and Referral
-
- Work with partners to enhance our three County Early Childhood System.

Percent of Child Net Registered Child Development Home Providers

Source: CCR&R

	2021	2020	2019
Cerro Gordo	24%	21%	25%
Hancock	33%	30%	18%
Worth	23%	29%	25%

CHILD CARE RESOURCE AND REFERRAL - CERRO GORDO COUNTY DATA

Cerro Gordo Child Care Rates <i>Average per Week</i>	Infant 0-12 months	Toddler 13-23 months	Two-year- Old	Three Year Olds	Four- & Five-Year Olds
Registered Child Development Homes	\$164.25	\$164.25	\$164.25	\$160.65	\$160.65
DHS Licensed Center/Preschools	\$191.25	\$191.25	\$157.50	\$157.50	\$146.25
Percent of Requests for Child Care by Age	21%	11%	16%	17%	11%

For a Cerro Gordo County family earning the median income with an infant in child care they would pay:

- ❖ *12% of their income before taxes, if their child was in a registered home.*
- ❖ *14% of their income before taxes, if their child was in a licensed center*
- ❖ *7% is considered affordable according to a study from Child Care Aware of America "US and the High Price of Child Care 2019"*

Out of 53 child care programs, 41 programs report they are willing to discuss accepting DHS Child Care Assistance funded children. Of these, 14 are centers or preschools, 26 are registered child care homes, and 1 are child care homes.

Cerro Gordo County

Supply & Demand Comparisons	2011	2021	% Change
Total number of child care programs listed with CCR&R	142	53	-63%
Total number of child care spaces listed with CCR&R	2,874	2,429	-15%
Total number of children age 0-5	3,078	2,780	-10%
Families with all parents working and children under age 6	82%	81%	-1%
Total children x percentage of families with all parents in the workforce	2,524	2,252	-11%
Total number of programs reporting they accept DHS child care assistance	98	41	-58%

Cost of Child Care	2011	2021	% Change
Weekly cost for an infant in a Child Development Home	\$112.39	\$164.25	46%
Percentage of income if child was in a Child Development Home	10%	12%	2%
Weekly cost for an infant in a Licensed Center	\$157.50	\$191.25	21%
Percent of income if child was in a Licensed Center	14%	14%	0%

CHILD CARE RESOURCE AND REFERRAL - HANCOCK COUNTY DATA

Hancock Child Care Rates <i>Average per Week</i>	Infant 0-12 months	Toddler 13-23 months	Two-year- Old	Three-Year- Old	Four- & Five-Year Old
Registered Child Development Homes	\$101.25	\$101.25	\$101.25	\$101.25	\$101.25
DHS Licensed Center/Preschools	\$167.50	\$167.50	\$152.50	\$142.50	\$142.50
Percent of Requests for Child Care by Age	42%	16%	11%	16%	10%

For a Hancock County family earning the median income with an infant in child care they would pay:

- ❖ *7% of their income before taxes, if their child was in a registered home.*
- ❖ *12% of their income before taxes, if their child was in a licensed center*
- ❖ *7% is considered affordable according to a study from Child Care Aware of America "US and the High Price of Child Care 2019"*

Out of 20 child care programs, 18 programs report they are willing to discuss accepting DHS Child Care Assistance funded children. Of these, 4 are centers or preschools, 12 are registered child care homes, and 2 are child care homes.

Hancock County

Supply & Demand Comparisons	2011	2021	% Change
Total number of child care programs listed with CCR&R	42	20	-52%
Total number of child care spaces listed with CCR&R	380	335	-12%
Total number of children age 0-5	826	727	-12%
Families with all parents working and children under age 6	80%	87%	7%
Total children x percentage of families with all parents in the workforce	661	632	-4%
Total number of programs reporting they accept DHS child care assistance	30	18	-40%

Cost of Child Care			
Weekly cost for an infant in a Child Development Home	\$116.10	\$101.25	-13%
Percentage of income if child was in a Child Development Home	11%	7%	-4%
Weekly cost for an infant in a Licensed Center	NA	\$167.50	NA
Percent of income if child was in a Licensed Center	NA	12%	NA

CHILD CARE RESOURCE AND REFERRAL - WORTH COUNTY DATA

Worth Child Care Rates <i>Average per Week</i>	Infant 0-12 months	Toddler 13-23 months	Two-year- Old	Three-Year- Old	Four- & Five-Year Old
Registered Child Development Homes	\$146.25	\$146.25	\$135.00	\$135.00	\$135.00
DHS Licensed Center/Preschools	NA	NA	\$157.50	\$157.50	\$157.50
Percent of Requests for Child Care by Age	43%	7%	36%	7%	7%

For a Worth County family earning the median income with an infant in child care they would pay:

- ❖ *10% of their income before taxes, if their child was in a registered home.*
- ❖ *7% is considered affordable according to a study from Child Care Aware of America "US and the High Price of Child Care 2019"*

Out of 17 child care programs, 16 programs report they are willing to discuss accepting DHS Child Care Assistance funded children. Of these, 2 are centers or preschools, 13 are registered child care homes, and 1 are child care homes.

Worth County

Supply & Demand Comparisons	2011	2021	% Change
Total number of child care programs listed with CCR&R	29	17	-41%
Total number of child care spaces listed with CCR&R	302	300	-1%
Total number of children age 0-5	503	495	-2%
Families with all parents working and children under age 6	67%	81%	14%
Total children x percentage of families with all parents in the workforce	337	401	19%
Total number of programs reporting they accept DHS child care assistance	23	16	-30%

Cost of Child Care			
Weekly cost for an infant in a Child Development Home	\$95.98	\$146.25	52%
Percentage of income if child was in a Child Development Home	9%	10%	1%
Weekly cost for an infant in a Licensed Center	NA	NA	NA
Percent of income if child was in a Licensed Center	NA	NA	NA

	Total Programs listed with CCR&R	Registered Child Development Homes	Child Care Homes	Dept of Education Operated Preschools	DHS Licensed Centers/ Preschools
Cerro Gordo	53	29	3	4	17
Hancock	20	12	2	2	4
Worth	17	13	1	1	2
	Total Spaces listed with CCR&R	Registered Child Development Homes	Child Care Homes	Dept of Education Operated Preschools	DHS Licensed Centers/ Preschools
Cerro Gordo	2429	340	15	72	2,002
Hancock	335	136	10	56	133
Worth	300	152	5	24	119

CERRO GORDO: PERCENT OF PROGRAM SPACES

85% Center Based Programs
14% Registered Child Development Homes
1% Child Care Homes

WORTH: PERCENT OF PROGRAM SPACES

48% Center Based Programs
50% Registered Child Development Homes
2% Child Care Homes

HANCOCK: PERCENT OF PROGRAM SPACES

56% Center Based Programs
41% Registered Child Development Homes
3% Child Care Homes

PREVENT CHILD ABUSE IOWA ASSESSMENT

Each county in Iowa has access to a Prevention Council of dedicated volunteers working for safe and happy childhoods through family supports, healthy relationships and education. Child abuse prevention is a community effort – protecting children is everyone’s business. County Prevention Councils provide early childhood home visiting, parent education, sexual abuse prevention education, youth development and community and engagement efforts tailored to the needs of children and families in the area. Our three-county area is not funded by the Iowa Child Abuse Prevention Council.

- **Why is child abuse and neglect data important?** Abuse can have long-term impacts on health, opportunity and wellbeing. Over the longer, children who are abused or neglected are at increased risk for experiencing future violence, perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities.
- **Addressing one or more of the following may have an impact:**
 - Strengthening economic supports to families
 - Change social norms to support parents and positive parenting
 - Provide quality care and education early in life
 - Enhance parenting skills to promote healthy child development
 - Intervene to lessen harms and prevent future risk

Source: CDC Violence Prevention

County	% Children in Poverty - 2018	Rank in Rate of Abused children - 2018
Cerro Gordo	13.30%	12
Hancock	11.20%	95
Worth	15.40%	52

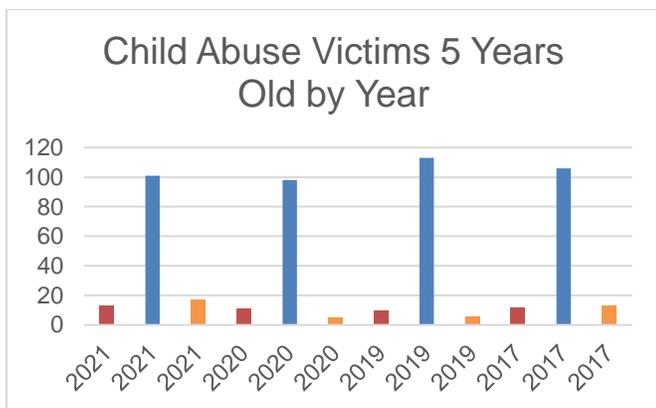
Child Abuse and Neglect (per 1000 children, age 0-17)

Location	Data Type	2017	2018	2019	2020
Cerro Gordo	Rate	15.8	26.0	24.4	21.7
Hancock	Rate	9.3	7.7	8.4	5.6
Worth	Rate	8.9	14.9	14.7	19.1

DATA PROVIDED BY
Common Good Iowa

Iowa Child Abuse Victims - % 5 years old or younger

Source: Iowa Data <https://data.iowa.gov/Child-Adult-Welfare>



2021	Hancock	17
2020	Worth	11
2020	Cerro Gordo	98
2020	Hancock	5
2019	Worth	10
2019	Cerro Gordo	113
2019	Hancock	6
2017	Worth	12
2017	Cerro Gordo	106
2017	Hancock	13

Red = Worth
Blue = Cerro Gordo
Orange = Hancock

NORTH IOWA COMMUNITY ACTION ORGANIZATION COMMUNITY ASSESSMENT DATA

North Iowa Community Action Organization needs assessment was completed in 2021- 2022. The purpose of the assessment is to provide accurate information that represents the communities served by NICA. NICA serves nine counties in rural North Central Iowa: Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago and Worth. This covers 9% of the total land area of the state of Iowa.

Needs were determined by reviewing qualitative (previously mentioned on page 29) and quantitative data. Information was collected from faith-based organization, private sector, public sector and educational institutions.

Areas of concern related to NICA are:

- Poverty:** Poverty has increase in Cerro Gordo, and Worth counties for children ages 0-17. Cerro Gordo increasing 12.70%, Hancock 10.90% and Worth 14.50%.
- Food Needs and Insecurities:** The Supplemental Nutrition Program (SNAP) aims to help low-income individuals get access to food products. The percentage of households receiving SNAP are: Cerro Gordo 11.3%, Hancock 7.1% and Worth 10%. The total food insecure rates are: Cerro Gordo: 11.10%, Hancock 9.40% and Worth 10%. Total food insecurity is the household level economic and social condition of limited or uncertain access to adequate food. In addition, the Department of Education released the public schools and eligible students for free or reduced priced meals by district. Free lunch eligibility is at 130% of poverty and reduced is at 185% of the poverty guidelines.

SCHOOL DISTRICT	K-12 ENROLLMENT	% ELIGIBLE FOR FREE AND REDUCED LUNCHES
Central Springs	714	33.05%
Clear Lake	1395	28.96%
Garner-Hayfield-Ventura	908	28.08%
*1. Mason City	3424	55.96%
Northwood-Kensett	510	43.14%
West Fork	674	37.98%
West Hancock	566	40.64%

NICA Community Plan Recommendations and Priorities Related to NICA:

Expand infant and toddler care to address the lack of affordable, available infant and toddler care in the community by a significant number of families offering center-based, and family day care options.

Build partnerships to recruit and support vulnerable populations, including working families, pregnant women, and children in foster care.

Increase programmatic focus on family services, including access to social services, health care, and mental health services.

Continue robust and intentional mental health supports for children, families, and staff.

Infant and Child Indicators

	# of Live Births (2019)	Low Birth- Weight % (2019)	Teen Birth (2019)	Infant Mortality (2019)
Cerro Gordo	482	6.85%	1.2%	13.1
Hancock	125	5.8%	NA	NA
Worth	81	11.1%	NA	NA
State of Iowa		6.9%	1.4%	5.0

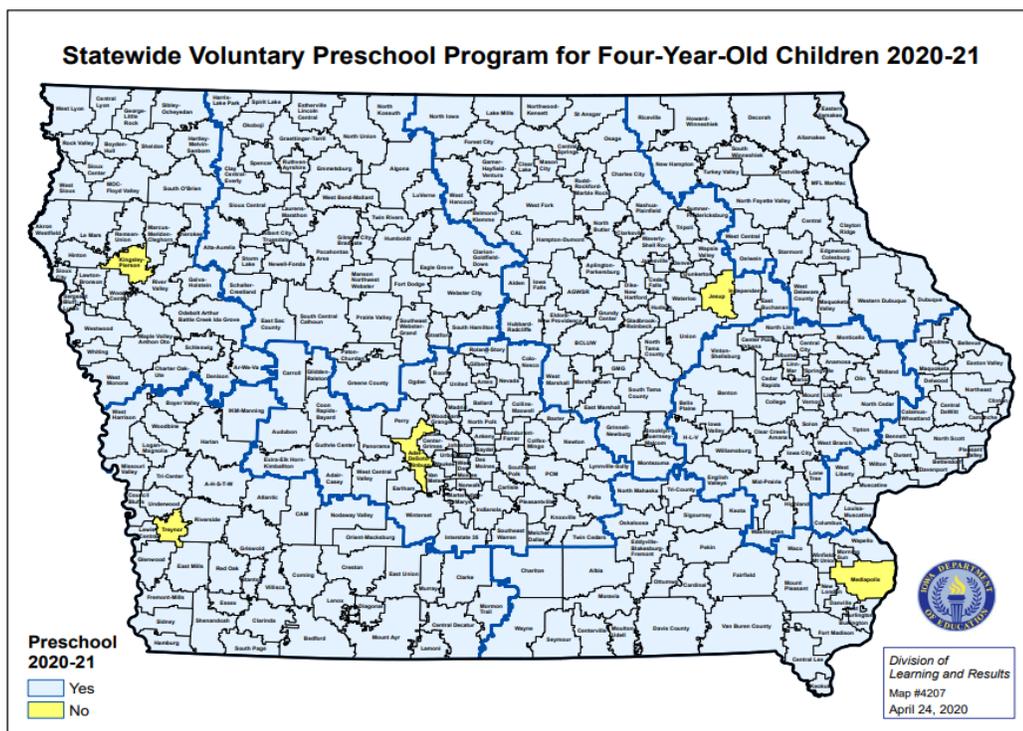
Kids Count

NORTH IOWA CHILDREN'S ALLIANCE ADDITIONAL DATA

PRESCHOOL 4-YEAR-OLD VOLUNTARY

School districts participating in Statewide Voluntary Preschool Program for 4-year-old children follow the Iowa Early Learning Standards. Programs must meet standards for one of the following programs:

- ❖ Head Start Program Performance Standards
- ❖ National Association of Education of Young Children
- ❖ Iowa Quality Preschool Program Standards



COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN

Community partnership reporting is based on advancing the four strategies of Community Partnerships: shared decision making, neighborhood networking, individualized course of action and policy and practice change. (This is further explained on the next page.) Each individual area determines priorities to address. The following are identified priorities for our area of Cerro Gordo, Hancock, Worth and also Winnebago.

-
- **Access to Resources:** Community based services provide families and children with needed information and resources by providing an important bridge to services.
 - **Child Protection/Safety:** assess victims of alleged physical, emotional or sexual abuse and neglect. Program would target increasing protection and safety of children in North Iowa.
 - **Food Insecurity:** is when an individual does not have consistent access to adequate nutrition to live a healthy like. Food insecurity soared in 2020 with the pandemic and the economic pain.
-

Through partnerships with CPPC information is shared about a variety of community resources. Some examples include: public health services, family resiliency, mental health, child tax credits, coordinated entry, mobile services, and project recovery. Partnerships work to prevent child abuse, neglect, re-abuse, safely decrease the number of out-of-home placements and promote timely reunification when children are placed in foster care. This community partnership engages and collaborates with community partners of culturally and racial diverse back grounds.

COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN



Community Partnerships for Protecting Children (CPPC) is a community-based approach to strengthening families, keeping children safe, and creating community connections and collaborations. Community Partnerships work to reduce negative childhood experiences, promote everyone's responsibility in protecting our children, and build safety networks.

The long-term focus of Community Partnerships is to protect children by changing the culture to improve child welfare processes, practices and policies. The Community Partnerships approach involves four key strategies which are implemented together to achieve desired results.

THE FOUR STRATEGIES OF CPPC	
<p>Shared Decision Making Provide leadership for collaborative efforts that promote community responsibility for the safety and well-being of children.</p>  <p>Examples of activities:</p> <ul style="list-style-type: none"> • Recruit broad and diverse membership to set direction and oversee efforts • Promote community responsibility for the safety and well-being of children • Identify and assess community strengths and gaps surrounding services and supports • Leverage existing resources to fill priority gaps • Measure, evaluate, and share accountability for outcomes 	<p>Neighborhood/Community Networking Promote cooperation and form alliances to provide more accessible and relevant informal and professional supports, services and resources for families whose children are at risk of abuse and neglect.</p>  <p>Examples of activities:</p> <ul style="list-style-type: none"> • Collaborate with community members, service providers and other stakeholders • Increase awareness of available resources and information sharing • Organize and promote presentations, discussions, and community events • Facilitate multi-disciplinary trainings and peer learning • Implement programs to address diversity and disparity
<p>Individualized Course of Action <i>(Family Team and Youth Transition Decision Making):</i> Genuinely engage families and youth to identify strengths, resources, and supports to reduce barriers and help families succeed.</p>  <p>Examples of activities:</p> <ul style="list-style-type: none"> • Provide Community Based Family Team Decision Making Meetings • Educate and engage partners • Build capacity to offer community Family Team and Youth Transition Decision Meetings • Promote best practice 	<p>Policy and Practice Change Improve policies and practices that reduce barriers and increase accessibility and relevance of service that lead to positive family outcomes.</p>  <p>Examples of activities:</p> <ul style="list-style-type: none"> • Utilize data to identify and assess needs for policy and practice change • Explore opportunities to implement best practices • Facilitate parent and youth input • Implement and evaluate community change

SECTION 5: FINANCIAL ASSESSMENT

According to Iowa Code, an ECI area at a minimum is required to identify all federal, state, local and private funding sources available in the ECI area that are being used to provide services to children from prenatal through age five. The ECI area is also to provide a description of how the funding sources will be used collaboratively. The required fiscal assessment is to include a description of the process used to gather the information and must present a good faith effort in gathering the funding amounts.

The fiscal assessment information was collected utilizing emails to local organizations that work with early childhood programming. The majority of the required fiscal information is public record, however, obtaining complete information was challenging. It is unknown as to why this information is difficult to obtain. Some organizations refused to give information even though the request stated the purpose and how the information would be used. It appears that some local organizations do not fully understand the intent or the value of providing the information. Historically the NICA Board has struggled to gain a good picture of current fund usage in the three counties.

The NICA Board, as well as, community partners will utilize this information in a variety of ways/methods. The fiscal data collection assists by:

- ❖ Assesses the needs of the community from the agency perspective
- ❖ Reviews the availability of community resources
- ❖ Examines the sustainability of programs
- ❖ Suggests other possible funding sources available for programming.

Results of the Financial Assessment

In order to sustain many of the programs in north central Iowa, NICA is needed to fill gaps in funding or to serve as a match funder to draw down federal funding to the local level.

Funders, in particular federal level, structure match requirements by local entities to promote sustainability of project past the life of the grant program and to ensure community investment. This is the case with federal programs such as Head Start; Women, Infant and Children; Maternal Child Health, oral health services for children, childcare nurse consultants' vaccination programs and transportation services. Without NICA funding these programs would not have a portion of the match funding required.

In some cases, NICA is the primary funder with other state and local foundations providing a small portion of the funding to assure the services continue. This is the case for home visitation programs, parent support programming, child care resource and referral consultants, and business investment programs for childcare.

Lastly, there are programs that rely on NICA to fill a gap in the funding available to families. For instance, with the ability of children to attend preschool. Children at a certain level of poverty may be eligible for preschool programming at no charge through various Head Start programs. However, these programs are not available in all communities or counties. NICA fills the gap by providing preschool scholarships to families so children can attend a program in their community, up until the point they are eligible for the voluntary preschool programs through community school districts and various private entities.

NORTH IOWA CHILDRENS ALLIANCE FINANCIAL ASSESSMENT MATRIX

AGENCY AND ORGANIZATION SERVICES

Agency	Location	Type of Services Provided	Ages of Children	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
CASA	Cerro Gordo Hancock Worth	Remote visits children in need	0-5	Unknown	\$1000	United Way	NA – No agency response	Communication

EARLY CARE ENVIRONMENTS

Agency	Location	Type of Services Provided	Ages of Children	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
North Iowa Community Action Organization	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago and Worth Counties	Preschool with comprehensive services for children 3-5 years old at 100% poverty level	3–5-year-olds	44 children	\$25,544	NICA	Federal funding requires a 20% match	Collaboration
				227 children	\$3,127,648	Federal		
North Iowa Community Action Organization	Cerro Gordo county	Transportation to Head Start	3-4	30 children	\$25,000 \$26,000	NICA Federal	Greater need than funding available	Collaboration
North Iowa Community Action Organization	Cerro Gordo, Floyd and Worth Counties	Early child care with comprehensive services for pregnant mothers and children 0-3 years old at	Pregnant mothers and children 0-3	Cerro Gordo -8 Franklin – 8 Worth - 4	\$331,668 for Cerro Gordo and Floyd \$106,000 for Worth	Federal State	Federal requires a 20% match funding.	Collaboration

		100% of poverty level						
Various Preschools (Includes some school district preschools)	Cerro Gordo, Hancock and Worth Counties	Preschool Scholarships	3-5	40	\$60,000	North Iowa Children's Alliance	3-year-old preschool (Issue if quality rated)	Collaboration
Clear Lake School District	Cerro Gordo County	Preschool Statewide Voluntary Preschool	4	87	\$3500/child \$304,500	State/Federal	3-year-old preschool	Coordination
Mason City School District	Cerro Gordo County	Preschool Statewide Voluntary Preschool	4	217	\$3500/child \$759,500	State/Federal	3-year-old preschool	Coordination
West Fork School District	Cerro Gordo County	Preschool Statewide Voluntary Preschool	4	81	\$3500/child \$285,500	State/Federal	3-year-old preschool	Collaboration
Garner School District	Hancock County	Preschool Statewide Voluntary Preschool	4	72	\$3500/child \$252,000	State/Federal	3-year-old preschool	Coordination
West Hancock School District	Hancock County	Preschool Statewide Voluntary Preschool	4	57	\$3500/child \$199,500	State/Federal	3-year-old preschool	Collaboration
Central Springs School District	Worth County	Preschool Statewide Voluntary Preschool	4	71	\$3500/child	State/Federal	Worth County Development Authority covers gap funding	Coordination
Northwood School District	Worth County	Preschool Statewide Voluntary Preschool	4	68	\$3500/child \$238,000	State/Federal	Worth County Development Authority covers gap funding	Coordination
Charlie Brown	Cerro Gordo County	Preschool Statewide	4	15	\$3500/child	State/Federal	3-year-old preschool	Communication

		Voluntary Preschool			\$52,500			
Exceptional Persons Inc	Cerro Gordo, Hancock and Worth County	Childcare Resource and Referral Consultation Services	0-5	Unknown	\$73,033 \$60,000	NICA State and Federal		Collaboration
CCR&R Training and Consulting	Cerro Gordo, Hancock and Worth County	Childcare Resource and Referral Consultation Services	0-5	Unknown	\$3,600 \$3,187	NICA State and Federal		Collaboration
Garner Childcare	Garner	Childcare	0-5	Unknown	\$3600	United Way of Central Iowa		None

FAMILY SUPPORT AND PARENT EDUCATION OPPORTUNITIES

Agency	Location	Type of Services Provided	Ages of Children	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
MercyOne	Cerro Gordo, Hancock and Worth County	Home Visitation	0-5	130	\$215,000 \$33,000	NICA Kohls Grant		Collaboration
Home Visiting Program – LSI	Mason City	Home Visit	0-3	Unknown	\$3600	United Way		Collaboration
Home Visiting Program – LSI	Mason City	Home Visit & Mental Health & Parent Ed Groups	0-5	30	\$71,550	Federal MEICHV		Collaboration
Charlie Brown	Mason City Clear Lake	Childcare	0-5	Unknown	\$3000	United Way		None
North Iowa Community Action Organization	Mason City	Food Assistance		Unknown	\$1500	United Way		Collaboration

MercyOne	Cerro Gordo, Hancock, Worth County	Parent Education Group	0-5	55	\$20,000	NICA (FY22)		Collaboration
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HEALTH SERVICES

Agency	Location	Type of Services Provided	Ages of Children	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
Cerro Gordo County Public Health	Cerro Gordo County	Vaccines for Children	0-18	NA	\$9,840	Federal/State	Funding is minimal	Collaboration
Hancock County Public Health Services	Hancock County	Vaccines for Children	0-18	NA	\$6,560	Federal/State	Funding is minimal	Collaboration
Worth County Public Health	Worth County	Vaccines for Children	0-18	NA	\$6,150	Federal/State	Funding is minimal	Collaboration
North Iowa Community Action Organization Preventative	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago and Worth Counties	Child and Adolescent health provide developmental screening, oral health and health care coordination and referral, presumptive eligibility for Medicaid	0-21	3200	\$71,482	State	State funding requires a 15% match	Collaboration
North Iowa Community Action Organization Oral Health Services	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell,	I-Smile	0-5		\$164,898 NICA \$26,000	State of Iowa NICA	State of Iowa funding requires 15% match	Collaboration

	Winnebago and Worth Counties							
North Iowa Community Action Organization	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago and Worth Counties	WIC Nutrition Services	0-5	3200	\$715,509	Federal MCH	Match required 1:4	Collaboration
North Iowa Community Action Organization	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago and Worth Counties	Breastfeeding Peer Counseling	Infant – age 1	(Whole region)	Beginning October 2022 \$0	Federal MCH	Match required 1:4	Collaboration
North Iowa Community Action Organization	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago and Worth Counties	Breast Pump Equipment Rental or Purchase	Infant – age 1	3200	\$20,000	Federal MCH	NA	Collaboration
LSI	Mason City	Mini Programs Family Support	0-55		\$4,750	Federal	Unknown	Collaboration
North Iowa Community Action Organization	North Central Region	Childcare Nurse Consultant	0-5	NA	NICA \$37,700 NICA0 \$500	State	Unknown	Collaboration

SECTION 6: PRIORITIZATION OF NEEDS, OUTCOMES & STRATEGIC PLAN

MOVING THE LOCAL EARLY CARE, HEALTH AND EDUCATION SYSTEM FORWARD

The North Iowa Children's Alliance Board promotes collaboration with local community school districts, health system, community-based organizations, childcare systems and various early childhood services and /or agencies. First and foremost, ensuring there is no duplication of services created. Over the past 3-5 years there has been a focus on assuring the following programs and priorities were addressed:

- ❖ Childhood Immunizations
- ❖ Child Preventative Dental Services
- ❖ Child Abuse of 0–5-year-old
- ❖ Childhood Obesity
- ❖ Quality Child Care / Preschools

This past framework or “road map” allowed NICA to achieve progress along the way. However, the indicators selected without priority areas limited program-wide strategic planning.

SUPPORTING QUALITY PROGRAMS

The North Iowa Children's Alliance (NICA) has made great strides in supporting quality programs for children and families in Cerro Gordo, Hancock and Worth counties. Most recently making the change to only fund programs that are evidence and/or science based with proven positive outcomes for the population they are targeting. The majority of programs that are funded are based on federally funded evidenced based programs. For example, NICA has traditionally funded transportation for Head Start programs in the area. Head Start is a federal funded evidenced based program that requires local match of funds to draw down federal funding. This was a natural partnership with NICA to assist a local organization in the provision of those match funds. Children 3-5 in our area now have access to a quality preschool experience for those under 100% of poverty.

As Board members we realize how important early childhood development is and that it has long term implications on our communities.

Prioritization of Needs - Bringing it all together!

Through the collection and review of information, a complete picture of North Iowa Children's Alliance service area has been developed. This assessment has assisted the Board in identifying the following priority areas and strategies for the need to invest resources into services.

1. **Reduce and/or eliminate child abuse** Babies, toddlers and young children in NICA area will grow up with safe and nurturing family and caregiver relationships.
 - ❖ Provide quality care and education early in life.
 - ❖ Enhance parenting skills to promote healthy child development.
2. **Support for preventative health, mental health and wellness:** Babies, toddlers, young children and their families will have regular, ongoing access to high-quality health services.
 - ❖ Promote the use of dental sealants to prevent cavities.
 - ❖ Reduce obesity risk for children by focusing on nutrition and physical activity.
 - ❖ Improve strategies to connect families to mental health services.
3. **Childcare accessibility and quality care:** Quality child care should be accessible and inclusive to all families and children who want to access services.
 - ❖ Support the early childhood care and education infrastructure to ensure availability of adequate child care.
 - ❖ Promote and increase quality, health and safety practices through technical assistance and consultation services.
 - ❖ Provide professional development and consultation services to achieve and maintain performance at higher quality levels in Iowa Quality Rating System and IQ4K.
4. **Access to high quality early learning for being on track for school success:** All children should have access to early care and learning programs.
 - ❖ Expand access to preschool and other high-quality early childhood programs.
 - ❖ Increase funding for preschool scholarships for eligible families.
 - ❖ Transportation to and from quality preschool programs for those in rural and/or low-income areas.
5. **Safe, stable and nurturing families:** children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.
 - ❖ Provide evidence-based home visiting and parent education programs.
 - ❖ Promote referrals to and participation in home visitation services.

STRATEGIC PLAN – *North Iowa Children's Alliance Outcome Performance Measures*

There was a variety of community engagement in the process that led up to creating the strategic plan. Partners provided input, community needs assessment data, identified priorities of concern and how to move goals forward for the community at large. This process has allowed for opportunities for meaningful engagement of partners and stakeholders; all focused on designing a plan that is responsive to the needs and concerns of families with children 0-5.

The plan aims to provide children and families in Cerro Gordo, Hancock and Worth counties with equitable access to resources, quality childcare and education and provide them with every opportunity for succeeding in school.

The following priorities, goals, strategies, and outcome performance measures have been identified by the North Iowa Children's Alliance Board that can best impact the priorities and consequently then impact the State of Iowa's overall results. (By Iowa Code, all ECI investments in programs and services are required to report data as defined by the ECI State Board. The following outcome performance measures correlate with our North Iowa Children's Alliance prioritization.)

PRIORITY #1: Reduce and/or eliminate child abuse

Rationale: Child abuse prevention activities and programing are effective in supporting and strengthening families

GOAL	STRATEGIES	IDENTIFIED NICA OUTCOME PERFORMANCE MEASURES	IDENTIFIED IOWA ECI OUTCOME PERFORMANCE MEASURES	INDICATORS
<p>Be an active partner in prevention collaborations, programming and educational opportunities.</p>	<p>Provide quality care and education early in life.</p> <p>Enhance parenting skills to promote healthy child development.</p>	<ul style="list-style-type: none"> ❖ % Of confirmed or founded child abuse 	<ul style="list-style-type: none"> ❖ % Of participating families, the improve or maintain healthy family functioning, problem solving and communication ❖ % Of families that increase or maintain social supports ❖ % Of participating families that are connected to additional concrete supports ❖ % Of participating families that increase knowledge about child development and parenting ❖ % of participating families that improve nurturing and attachment between parent and child. 	<ul style="list-style-type: none"> ❖ Child abuse victims % 5 years old or younger ❖ Child abuse and neglect 0-17

PRIORITY #2 Childcare accessibility and quality care

Rationale: Childcare environments directly benefit the healthy development of a child preparing them to do well in school.

GOAL	STRATEGIES	IDENTIFIED NICA OUTCOME PERFORMANCE MEASURES	IDENTIFIED IOWA ECI OUTCOME PERFORMANCE MEASURES	INDICATORS
<p>Make affordable, assessable and high-quality early learning and child care available to all families.</p>	<p>Support the early childhood care and education infrastructure to ensure availability of adequate child care.</p> <p>Promote and increase quality, health and safety practices through technical assistance and consultation services.</p> <p>Provide professional development and consultation services to achieve and maintain performance at higher quality levels in Iowa Quality Rating System and IQ4K.</p>	<ul style="list-style-type: none"> ❖ % Of childcare providers working towards level 1 IQ4K ❖ Rate of technical assistance contacts by Child Care Consultants in Cerro Gordo, Hancock and Worth counties ❖ % Of childcare provider participating in quality improvement training ❖ % Of child care programs receiving Child Care Nurse Consultant services. ❖ % Of child care program improving in health and safety ❖ % Of children with special health needs identified with a care plan in place ❖ % Of workforce turnover rates at childcare centers 	<ul style="list-style-type: none"> ❖ Cost per child for care ❖ % Of programs rating 3 or higher in the QRS system or rating 1 or higher in the IQ4K system ❖ % Of programs receiving CCNC services that improve health and safety conditions in their early learning environments ❖ % Of programs that increased or maintained the highest level in the QRS or IQ4K system 	<ul style="list-style-type: none"> ❖ Programs meeting quality childcare setting standards (QRS will be changed to IQ4K) ❖ Average cost of childcare ❖ % Child Net registered child development home providers

PRIORITY #3 Support for preventative health, mental health and wellness

Rationale: Receiving preventative care and mental health services reduces the risk for disease and disability and provides an opportunity for referral to a specialist to reduce developmental delays.

GOAL	STRATEGIES	IDENTIFIED NICA OUTCOME PERFORMANCE MEASURES	IDENTIFIED IOWA ECI OUTCOME PERFORMANCE MEASURES	INDICATORS
<p>Enhance current community efforts in sustaining or improving preventative health, mental health and wellness for the benefit children 0-5 and their families.</p>	<p>Provide quality care and education early in life.</p> <p>Enhance parenting skills to promote healthy child development.</p> <p>Partner to enhance mental health services.</p>	<ul style="list-style-type: none"> ❖ % Of child receive an oral health screening ❖ % Of children receiving any dental services ❖ % Of children fully immunized by 24 months ❖ % Of overweight children (>95%) in the WIC program 	<ul style="list-style-type: none"> ❖ % Of children referred for dental treatment that went to a dentist ❖ % Of children who are cavity free ❖ % Of children referred and received follow up services/treatment ❖ % Of special needs health care plans in place 	<ul style="list-style-type: none"> ❖ Rate of children immunized by age 2 ❖ # Dental or oral health services for children 5 and under ❖ # Preventative dental services for children 5 and under

PRIORITY #4 Access to high quality early learning for being on track for school success

Rationale: A high-quality preschool and early learning environment can help children succeed in their first years of school and reduce the early achievement gap.

GOAL	STRATEGIES	IDENTIFIED NICA OUTCOME PERFORMANCE MEASURES	IDENTIFIED IOWA ECI OUTCOME PERFORMANCE MEASURES	INDICATORS
<p>Provide support for quality early care and learning environments.</p>	<p>Expanding access to preschool and other high-quality early childhood programs.</p> <p>Increase funding for preschool scholarships for eligible families.</p> <p>Transportation to and from quality preschool programs for those in rural and/or low-income areas.</p> <p>The NICA Board believes that educating providers and families on the importance of quality childcare and quality preschool is vital.</p>	<ul style="list-style-type: none"> ❖ % Of children demonstrating age-appropriate skills as assessed by a recognized assessment (e.g., Gold/Creative Curriculum). ❖ % Of kindergartners with a preschool experience ❖ % Of preschool scholarship recipients with an 85% attendance rate or higher ❖ Attendance rates of children participating in Early Head Start continuation. ❖ % Of children provided transportation to Head Start with >85% attendance rates ❖ % Of preschool programs rating 1 or higher in the IQ4K system 	<ul style="list-style-type: none"> ❖ % Of children demonstrating age-appropriate skills as assessed by the ASQ-3 ❖ % Of children demonstrating age-appropriate skills as assessed by the ASQ:SE ❖ % Of days children attended preschool and transportation provided ❖ % Of preschool scholarships awarded 	<ul style="list-style-type: none"> ❖ # Of children aged 3-4 enrolled in preschool ❖ % Of preschools rating 1 or higher in IQ4K

PRIORITY #5 Safe, stable and nurturing families

Rationale: A safe, stable, nurturing home environment is imperative for healthy child development and a successful future.

GOAL	STRATEGIES	IDENTIFIED NICA OUTCOME PERFORMANCE MEASURES	IDENTIFIED IOWA ECI OUTCOME PERFORMANCE MEASURES	INDICATORS
<p>Children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.</p>	<p>Provide evidence-based home visiting and parent education programs.</p> <p>Promoting referrals to and participation in home visitation services.</p> <p><i>The NICA Board believes that home visitation programming is the best use of resources and most effective means to parent education and support.</i></p>	<ul style="list-style-type: none"> ❖ % Of increase in prenatal clients served by home visitation programs ❖ % Of Medicaid/none insured deliveries ❖ % Of newborns tat test positive for substance abuse at birth ❖ % Of live births where the mother began prenatal care during the 1st trimester ❖ % Of confirmed or founded child abuse 	<ul style="list-style-type: none"> ❖ % Of families participating in parent education opportunities ❖ % Of families with an increased awareness of ECI and early childhood services available to their child ❖ % Of participating families, the improve or maintain healthy family functioning, problem solving and communication ❖ % Of families that increase or maintain social supports ❖ % Of participating families that are connected to additional concrete supports ❖ % Of participating families that increase knowledge about child development and parenting ❖ % Of participating families that improve nurturing and attachment between parent and child. 	<ul style="list-style-type: none"> ❖ % of low birthweight babies ❖ Rate of mothers with no prenatal care in the 1st trimester <p>Duplication of indicators specific to child abuse are also applicable here</p> <ul style="list-style-type: none"> ❖ Child abuse victims % 5 years old or younger ❖ Child abuse and neglect 0-17

NORTH IOWA CHILDREN'S ALLIANCE AREA INDICATORS & GOALS

Linked to State Results Key:

A – Children Ready to Succeed in School

B – Healthy Children

C – Secure and Nurturing Families

D – Safe and Supportive Communities

E – Secure and Nurturing Child Care Environments

NICA AREA INDICATOR	LINKED TO IDENTIFIED STATE RESULTS CATEGORY**	SOURCE	CERRO GORDO	HANCOCK	WORTH	STATE OF IOWA	INDICATOR GOAL/DATE	COMMENTS
Iowa Child Abuse Victims % 5 years old or younger	B, C, D	Iowa Data Bureau of Quality Improvement DHS *Child Welfare Data Report 2021	101 48.8%	17 50.0%	13 54.2%	5352	20% decrease in each of the counties by 2025	Data counts the age of each child at the time of the confirmed or founded assessment of abuse or neglect. Cerro Gordo, Hancock and Worth counties increased from 2020 trending back up.
Child abuse and neglect (0-17 years) 2020	B, C, D	Iowa Data	21.7	5.6	19.1	14.5	5% decrease in each of the counties by 2025	From 2018-2020 the rate has decreased slightly for the State of Iowa. The rate has decreased in Cerro Gordo and Hancock counties but has increased by 5.0 in Worth over the past 2 years.
Programs meeting QRS quality childcare setting standards <i>*Measure will change to IQ4K</i>	E	CCR&R July 2021 Iowa Quality Rating system DHS	Level 1 = 1 Level 2 = 5 Level 3 = 5 Level 4 = 17 Level 5 = 0	Level 1 = 0 Level 2 = 5 Level 3 = 2 Level 4 = 1 Level 5 = 0	Level 1 = 0 Level 2 = 0 Level 3 = 1 Level 4 = 4 Level 5 = 0		Programs will switch to the IQ4K system and 50% will be at a level 1 or higher by 2025.	IQ4K leads to a better overall level of program quality that includes structured guidelines that can be directly implemented into program. IQ4K was launched in 2022 – therefore minimal data was known at the time of the assessment to report.

Average cost for childcare (Infant/Toddler)	E	CCR&R July 2021	Homes \$164 Centers \$191	Homes \$101 Centers \$168	Homes \$146 Centers: NA	Homes: \$144 Centers: \$218.42	Cost of childcare remains appropriate to the average income for the 3 county area by 2025.	Childcare costs on average are less than compared to the state of Iowa. However, there remain less providers than needed in rural areas of the 3 counties.
% Child Net Registered Child Development Home providers	E	CCR&R July 2021	24%	33%	23%		Maintain 20% of child home providers will be Child Net certified by 2025	
Rate of children immunized by age 2	B	IDPH -IRIS 2021	80%	72%	68.5%	73.6%	90% Immunized by age 2	From 2019 to 2020 the % of immunized children in all 3 counties increased. In 2021 Cerro Gordo County increased.
Any Dental or oral health service children 5 and under	B	2019	729 (51.9%)	130 (46.43%)	95 (46.12%)	53,595 (49.89%)	55% of children by 2024	The majority of dental practices are found in Cerro Gordo County, yet no pediatric or oral surgeon practices are available in any of the counties.
Preventative dental services for children 5 and under	B	2019	623 (44.27%)	103 (36.79%)	85 (41.26%)	46,445 (43.24%)	50% of children by 2024	Access to dental or oral health services is below the state rate in 2 of the counties. The challenge continues to be lack of dentists providing Medicaid dental services.
Preschools 3-4 yrs old at a quality rating of 3 or higher or working towards level 1 of the IQ4K system	A		Sunbeam Tugs Little Angels Newman Sugar Plum West Fork	Little Lambs	0		100% of preschools with a quality rating of 3 or higher will work towards level 1 of the IQ4K system by 2025.	Preschools in Worth county have tuition paid for via the WCDA funds – for all children. There is no quality standard requirement by WCDA as there is with NICA for preschool scholarship tuition.

Statewide
Voluntary
Preschools –
4yrs old

A	Clear Lake Mason City West Fork	Garner – Hayfield West Hancock	Northwood- Kensett Central Springs
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% of Low
Birthweight
(2013-2019)

B	7%	6%	7%	7%	5% by 2025	The percent of low birthweight has maintained a steady rate for the past 3 years.
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Mothers with
no Prenatal
Care in the 1st
trimester
(2011-2015)

B	.28	.23	.24	.15	.15 by 2025	The three counties continue to be higher than the state rate and has increased slightly over the past 3 years.
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CURRENT CAPACITY

NICA's ability to address the priorities of the plan are met through an RFP process for local funding. The NICA funding opportunity or RFP is a competitive process that is required to focus on one of the local priority areas and the strategies associated. This link to the community plan and strategic plan allows the local Board to make the great impact with the funding received through the State of Iowa school ready and early childhood funding.

NORTH IOWA CHILDREN'S ALLIANCE BOARD PROCESS FOR PLAN EVALUATION

Every 4 years at the time of redesignation, the NICA Board will update the plan as a part of a long-term, systematic effort to address problems of 0–5-year-olds in North Iowa. This will be done on the basis of the results of a community needs assessment.

On a yearly basis NICA will review the plan and monitor activities on a regularly and continuous process to identify if priorities or goals need to be redefined. In addition, the Board will maintain updated data establishing trend data for our ECI area. Actions for improvement will be identified to address causes of not meeting goals. This will be completed in conjunction with the required state annual report. The community plan may need to be altered, as this plan is based on our current knowledge, environmental conditions, and the assumptions that we have made as to what needs to be addressed. Key steps will be utilized to assess our plan:

-  Assess Performance: How close did we come to meeting performance measures and targets? How effective are funded programs to impacting indicators, priorities and goals of NICA?
-  Challenge Assumptions: Is our foundation of the plan still sound?
-  Critique Operations: Are current processes and programs funded the most effective means to achieving our goals?
-  Examine New Opportunities: Have new opportunities arisen and are they worth pursuing?

SECTION 7: FUNDING PLAN

The following highlights the North Iowa Children's Alliance process for awarding funding as stated in organizational policy/procedures. The North Iowa Children's Alliance solicits proposals for programs/services to assist families with children ages 0-5, within Cerro Gordo, Hancock and Worth counties to address:

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

PROPOSALS: Proposals must demonstrate how programs/services will connect with and positively impact the North Iowa Children's Alliance community plan/priority of need. The purpose of funding is to effectively utilize Early Childhood Iowa state funds to ensure young children are properly nurtured and stimulated in safe and healthy environments so they are ready to learn and succeed when they enter school, and to increase the availability of quality child care to support parents in obtaining or retaining employment. Proposals must address at least one of the North Iowa Children's Alliance identified priorities.

FUNDING DECISIONS: Proposals that are submitted timely and are not subject to disqualification will be reviewed in accordance with the Request for Proposal (RFP) process.

- All submitted applications will go through a technical review by the Director before any applications move forward to be reviewed by the North Iowa Children's Alliance Board.
- Applications will be reviewed by an ad-hoc committee. The committee meets to review, make funding recommendations and create a budget for the board. This is a comprehensive, fair and impartial evaluation of proposals received in response to the RFP. Applications are reviewed and evaluated based on the completeness of the application, alignment of program focuses with Board priorities and community plan and outcomes.
- The ad-hoc committee makes a recommendation for funding and funding amounts to the Board for final approval.
- Applicants will be notified in writing electronically, regarding the funding decisions. Notification will be made to the contact person listed in the application within 30 days of the Board's decision.
- To avoid conflict of interest in the above funding determination process, any member of the North Iowa Children's Alliance Board, who has a direct or indirect interest in a particular funding proposal, will not participate in the scoring and evaluation of that proposal or similar proposals. Board members will self-disclose conflict of interests.

APPEALS PROCESS: Applicants have the right to appeal the funding decisions based upon a showing that the policies (RFP and Bylaws) and procedures governing the grant selection process have not been properly applied. The appeal process begins on the postmarked date of the written notification to the applicant of the grant committee's decision.

Appeals should be in writing and filed with the Director of North Iowa Children's Alliance within 10 working days of the date of written notification of funding decisions to the applicant. It is the responsibility of the applicant to

assure that appeals are received before 4:30pm on or before the tenth working day of the appeal process. Appeals received before 4:30pm on or before the 10th working day will not be reviewed.

All appeals shall be delivered electronically to North Iowa Children's Alliance Director.

- All appeals shall clearly state how North Iowa Children's Alliance failed in following the rules of the grant process as governed by the policies and procedures outlined in the application material provided to all applicants. The request must also describe the remedy sought.
- The Board will review the appeal. Request to review the award decision is based only on the record (specific appeal issue) and the Board will issue a written decision within 30 working days of receipt of the review request. The decision of the Board shall be final.

SECTION 8: CONCLUSION & NEXT STEPS

This report describes the process, finding of a comprehensive assessment and the prioritization of needs that will guide community improvement efforts. The purpose the needs assessment process and creating a plan is to develop and document key information on the health, education and well-being of Cerro Gordo, Hancock and Worth county children 0-5 and their families. The assessment aimed to gather input and assessment done by a variety of community and state organizations, and then fill in gaps and build on the previous NICA assessment.

The CHNA will be used by the North Iowa Children's Alliance as a guide for filling gaps in services and prioritizing funding. This document will also be made available as a resource to the broader community and our partners. It is hoped that, in this way, the document can be a useful resource for further communitywide improvement efforts.

A special thank you to all the individuals, organizations, and partners that have been involved throughout the planning process. North Iowa Children's Alliance will continue to engage the broader community to develop this plan and ensure the implementation strategies selected remain relevant and effective at improving the lives of children in Cerro Gordo, Hancock and Worth counties.

Questions regarding the assessment and community planning can be directed to:

Jaci Miller, MA
North Iowa Children's Alliance Director
PO Box 2
Fertile, IA 50434
nichildrensalliance@gmail.com

BOARD INFORMATION AND SIGNATURE PAGE

A five- year state plan, compiled by the Iowa Department of Public Health with input from multiple state stakeholders, identified five focus areas for future oral health strategies. Input for the plan was gathered through an environmental scan, a strategic planning forum, and through ongoing stakeholder communication and feedback. The following areas of the state oral health plan impact north Iowa.

BOARD MEMBERS

MEMBER	REPRESENTATION
Chris Watts	Cerro Gordo County Elected Official
Sis Greiman	Hancock County Elected Official
Enos Loberg	Worth County Elected Official
Shana Butler	Health
Marian Greiman	Citizen Volunteer
Stephenie Lau	Consumer
Melinda McCluskey	Citizen Faith
Heidi Venem	Education
Jennifer White	Human Services

DIRECTOR NORTH IOWA CHILDREN'S ALLIANCE

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<https://nichildrensalliance.com>

SIGNATURES

Chris Watts 10/19/2022
Chris Watts (Oct 19, 2022 16:06 CDT)

Chair, Chris Watts Date

North Iowa Children's Alliance Board Approval Date: 8/14/22; 9/8/22; 10/15/22

Final Community Needs Assessment NICA 2022

Final Audit Report

2022-10-19

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