

Healthy Henry County Communities



Healthy Henry County Communities is a partnership among governmental agencies, local organizations and interested citizens who come together to identify emerging issues, conduct and study community assessments, coordinate existing programs and design, implement and evaluate new initiatives. Together we create a network of support and opportunity for children, families, seniors, partner organizations and the community as a whole.

HENRY COUNTY EMPOWERMENT

COMMUNITY PLAN 2007

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SECTION I

GENERAL INFORMATION

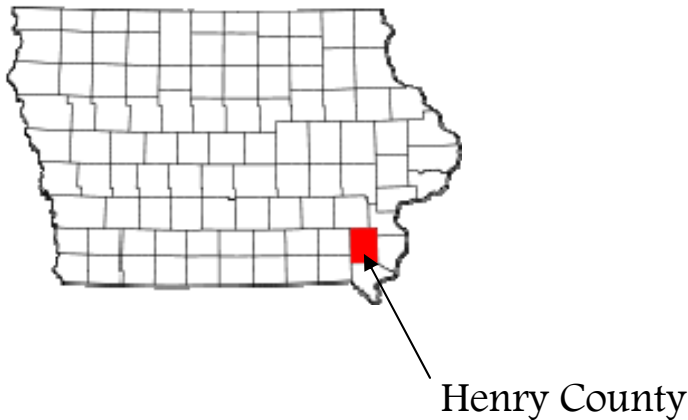
Mission

Working together to make Henry County a better place to live, work and raise a family.

Vision

Every individual should have the opportunity to develop to their fullest potential: to be safe, healthy, nurtured and educated. While the primary responsibility for a child's well being rests with the family, the well being of children is also the responsibility of the entire community. The health of a community depends on its interconnectedness. We believe collaboration involves creating a shared vision, pooling existing resources, and generating new resources to achieve goals. Trusting relationships are the essence of a collaboration and allow partners to accomplish goals that none could achieve alone. We value the strengths of diversity and respect the cultural differences in families and systems.

Geographical Composition



Henry County is located in the southeastern portion of Iowa. It covers 437 square miles of land and is rural in nature. Henry County is comprised of 14 cities and townships, the largest is Mt. Pleasant, the county seat. Four public school districts serve the Henry County area, Mt.

Pleasant Community Schools, New London Community Schools, Winfield-Mt. Union Community Schools and WACO Community Schools. Henry County is served by Great Prairie AEA, created by the merger of AEA16 and AEA 15. The county is home to Iowa Wesleyan College and Southeastern Community College, Mt. Pleasant Center.

Populations

The total population for Henry County in 2005 was 20,246 people, a growth of 5.1% since 1990. However, Henry county has seen a slight decline in population from 2000-2005. The county is predominately white but the number of residents representing other cultures is growing.

Cultural Diversity

	<u>Henry County</u>	<u>State of Iowa</u>	
White; not Hispanic	93.3%	91.5%	
Black	1.8%	2.3%	
Asian	2.2%	1.4%	
Native Hawaiian or other Pacific Islander	too small to represent	too small to represent	
American Indian or Alaska Native	.3%	.3%	
Hispanic or Latino	1.9%	3.7%	
Two or more races	.6%	.9%	
A language other than English spoken in the home	4.5%	5.8%	2000 Census Data

Children in Henry County

In 2005, 5.1% or 1,026 children were under 5 years old in Henry County. In that same year 21.3% or 4,314 children were under the age of 18 years.

Early Education

In the 2005-2006 academic school year there were 7 licensed preschools in Henry County in addition to the Head Start and the Early Head Start programs.

In the 2006-2007 academic year there were 8 licensed care centers and 22 registered child development homes.

In the 2006-2007 academic school year, 50 children were served in Head Start classrooms.

Percentage of children enrolled in a preschool program (CLIKS):

1990 55.1%

2000 43.5%

Economics

The unemployment rate in Henry County has risen significantly over the last 5 year period. The Angelou Economic Reports of Southeast Iowa Great River Region Association associated the declining economy in the southeast region to a steady loss of jobs, many in the manufacturing arena and an overall high rate of unemployment. In Henry County the loss of 2 major employers, Blue Bird bus manufacturing and Celestica resulted in a significant number of job losses within a short period of time. For many families the result was a job loss for both parents, leaving the family without any steady income. This situation forced many families to relocate outside of Henry County. Other families opted to participate in the Trade Act and seek further education and/or job training. Throughout their training/education, families must rely solely on unemployment benefits.

2000			2004			2005			00-05 change
Labor force	unemployed	%	Labor force	unemployed	%	Labor force	Unemployed	%	
10,910	290	2.7%	10,210	670	6.6%	10,660	570	5.3%	101.2%

In 2005...

The average median U.S. household income was **\$46,338**.

The average median Iowa household income was **\$43,199**.

The average median Henry County household income **\$42,635**.

The nation has seen an overall growth in business establishments of 7.6%, however, Henry County has experienced a loss of 2.5% between 2001 and 2005. While Iowa's unemployment rate of 4.6% in 2005 was well below the national average, southeast Iowa's rate of 6.2% exceeds the national and state average.

Source: Angelou Economics Reports for SE Iowa Reg. Planning Commission

The correlation between parental unemployment and the number of children in poverty grows concurrently. Using estimations from 2004 data:

10.5% of all ages in Henry County lived in poverty

12.3 % of children under 18 years lived in poverty

16.1% of Iowa children under 5 lived in poverty....Henry County data NA

Source: Census 2000 data

While the majority of the 4,725 children under 18 years of age in Henry County in 2000 resided in a two-parent family, **20.8% lived in a family headed by a single parent.**

Married couple families 79%

Female householder families 15%

Male householder families 6%

In Henry County, **77.3%** of children under 6 living in a family or subfamily had **all parents in the labor force**, compared to **71.4% statewide**. All parents includes both parents in a married-couple family and the parent in a male- or female-headed family.

In Henry County, **83.1%** of children under 6 who were **living with a mother while mother was in the labor force** compared to **71.4%** statewide.

In Henry County, **83.3%** of children under 6 who were **living with a father while father was in the work force** compared to **88.8%** statewide.

Source: Iowa Data Center, Henry County Profile of Child Well-Being

SECTION II

COMMUNITY NEEDS ASSESSMENT

Identifying Community Needs

As our community grows and diversifies economically, culturally, socially and professionally we welcome new ideas and ways to meet the ever changing needs of families. Healthy Henry County Communities utilizes a variety of informational sources to identify community needs and services in Henry County. Those sources include needs assessments, surveys and data from Henry County Public Health, Southeast Iowa Community Action, and the Angelou Economics Reports for the Southeast Iowa Regional Association. As a means of quantifying what is happening in our area, we regularly consult varying sources of data. Statistics from Prevent Child Abuse Iowa, Kid's Count, Iowa Department of Public Health, Southeast Iowa Community Action, and census information are also utilized. Additionally, we receive information through consultation with service providers that work with families and young children. Over a several month period, we interviewed key early childhood stakeholders from AEA 16, the medical field, early educators and childcare providers. Public focus groups were held to give parents and community members the opportunity to voice their needs, and concerns and offer their perceptions of services as consumers in the community. Over the past 2 years, representatives of HHCC have engaged in planning sessions with school districts on the future of early education and preschool in Henry County. Surveys distributed by community agencies provide information useful in identifying community needs and the availability, accessibility and quality of services and community resources.

Identified Needs

As a result of the community needs analysis, Healthy Henry County Communities identified these issues as needs of our community.

Parent Support/Education

Financial requirements for programs exclude families that need the assistance.

Transportation to programs and services inside and outside the county.

Resources and program participation for non-English speaking families are limited due to the language barrier.

Getting the word out about parent education opportunities in Henry County

Safe Children and Families

Lack of a local crisis center/program or resources for a victim of domestic abuse, or emergency situations where food or shelter are needed.

Affordable housing for families is difficult to find in Henry County.

Health Needs

Keeping children up to date on immunizations.

The availability and affordability of dental care and services for children under the age of 5 years.

Health insurance for parents and children.

Lack of a lactation consultant in Henry County.

Lack of primary care physicians for families.

Child mental health services are limited in Henry County.

Several programs meant to support parents are inaccessible due to limited hours of business or long waiting times.

Increase of low birth weight babies in Henry County.

Rising rate of obesity among children and the need for nutrition education for parents.

Early Education Needs

There is a significant need for quality and affordable childcare for all families.

There is a lack of additional center based care as an option for parents.

The availability of childcare hours for 2nd and 3rd shifts or weekend care is scarce.

There is a lack of availability for infant care.

Child care assistance is needed for families who make slightly more than the income eligibility requirements.

Waiting lists for Early Head Start and Head Start programs.

A high staff turnover rate in preschools makes staff development and quality standards difficult to maintain.

Community Indicators

HHCC Local Indicators	Baseline Data	Sub-Sequent Year's Data			Progress Update
		2000	2004	2005	
Teen birth rates	8.7%	6.3%	7.3%	8.6%	As the rate of teen pregnancies increases, we strive to provide support and education through programming in our New Mom's class and target teen moms in Partnering for a Healthy Baby. A strong collaborative relationship exists between the alternative high school and area high schools for referrals to support programs.
% of low birth rates	5.3%	5.1%	8.5%	NA	We're focusing efforts in the prenatal arena through the home visitor program Have a Healthy Baby, which addresses prenatal nutrition and health. Referrals are made between the prenatal class at HCHC, area high schools, Family Connection & Early Head Start to make contact with pregnant moms.
Immunization rates	83.3%	91.7%	94.3%	97.3% Kdg. 94.12% licensed childcare, preschool 100% Head Start	Requiring immunizations are updated at the entry of preschool and kdg. has helped increase the overall rate. Immunization records must be on file in order to participate in programming at the Family Connection. Referrals to the free immunization clinic for families without health insurance by home visitation programs, as well as classes devoted to immunization education are part of our ongoing effort.
Child abuse rates	19.83% per 100	44.0 per 1000	34.87% per 1000	29.57% avg. rate 2000-05 per 1000	HHCC, CPFC & PCA work collaboratively to decrease the incidence of child abuse. Henry County formerly ranked 2 nd statewide and has made a significant jump to 9 th statewide in avg. abused children per 1000 children. Annually a PSA and safety campaign work to educate parents on child safety issues. The Family Connection holds classes on

					the use of positive, age appropriate discipline for children as well as support groups for mother's and father's.
# of registered providers in Henry County	NA	NA	NA	22	While registration can be a step towards quality improvement, participation in a quality improvement process such as QRS, PITC, or FCCRS is a measurable improvement process. We're encouraging providers to move beyond registration by participating in additional improvement initiatives in Henry County with the Early Childhood Specialist.
# of licensed centers in Henry County	8	7	6	7	Grand opening of the New London Child Care Center is scheduled for fall of 2007. They anticipate the addition of a preschool by 2008.
# of providers completing a quality improvement process	5	5	11	37 home providers 30 center providers	Our philosophy of quality improvement is continuous and ongoing. Our local preschool quality improvement initiatives emphasize continual improvement
# of preschoolers accessing scholarships	NA	NA	50	66	Currently there is not a formal means of collecting data measuring the number of children who have a preschool experience prior to entering kindergarten. We are working with the area school districts to create a means of collecting this information. The MPCSD estimates that 85% of enrollment have a PK experience prior to kdg.
# receiving support through Head Start			16	17	

Priority Issues

After examining our needs identified through the needs assessment and revising our Mission and Vision statements, HHCC opted to make some changes to our previously identified priorities. Our primary goals are more clearly defined with minor wording changes while our philosophy of collaboration is identified in our vision statement. Healthy Henry County Communities identified the following Priorities for our Empowerment Area:

New Community Priorities

Previous Community Priorities

<p>Keep children healthy and safe from abuse and neglect.</p> <p>Increase the availability of affordable, reliable and quality childcare and preschool.</p> <p>Develop parenting skills and a support network for parents and caregivers.</p>	<p>Enhance the ability of Henry County to keep children safe from abuse and neglect by increasing individual responsibility.</p> <p>Increase the availability of quality, affordable, reliable childcare and preschool.</p> <p>Develop parenting skills and support networks for parents and caregivers.</p> <p>Create partnerships with community, government, agencies, schools and businesses.</p>
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Progress of our community results will be measured by monitoring our community indicators:

1. Percent of teen birth rates
2. Percent of low birth rates
3. Immunization rates
4. Child abuse rates
5. Number of registered providers in Henry County
6. Number of licensed centers in Henry County
7. Number of providers participating in a quality improvement process
8. Number of preschoolers accessing scholarships

Public & Private Funding Sources for Children 0-5 years

Agency/Organization	Services	Ages	Funding Source	Funding Estimate
Dept. of Human Services	Medical Assistance	all ages	State/Federal	\$14,650,372 (12 mo.)
	FIP	all ages	State/Federal	\$4,416,346 (12 mo.)
	Food Assistance	all ages	State/Federal	\$1,581,401 (11 mo.)

Dept. of Public Health	Maternal Home Visitor	newborn	Empowerment	\$21,200
	Lead Screening	0-5	Empowerment/State	\$18,493
Dept. of Public Health	CCNC	0-10	Empowerment	\$33,000
	Immunizations	0-18	IDPH/Federal/Private Pay/Medicaid	\$14,107
	Maternal & Child Health		State	\$23,478
SE Iowa Community Action Program	WIC	0-5	State/Federal	Formula based, unable to disseminate by county
CPPC	family team meetings	0-18	State	\$20,000
HAWK-I Program	health care coverage	0-19	State/Federal	NA
Mt. Pleasant Comm. Schools	ECSE preschool	0-18	State	\$110,000
New London Comm. Schools	Pre-K	3 -5	State/Federal	NA
Winfield-Mt. Union Schools	Pre-K	4-5	State/Federal	\$13,510
Iowa State University Henry Co. Extension	Family Connection	0-5	Empowerment	\$85,700
	Partners for a Healthy Baby	prenatal-5	Empowerment	\$55,867
	Imagination Library	0-5	United Way/donations/HON Grant	\$7,000 (2007)
Southeast IA. Community Action Program	Head Start	3-5	State/Federal/Empowerment	\$496,000
	Early Head Start	0-3	State/Federal	\$169,549
Fellowship Cup	food pantry/clothing ministry	all	State/Federal	NA
Owl's Nest Childcare & Preschool	childcare & preschool	0-school age	private pay/tuition/preschool scholarships	NA
Grasshopper Green	preschool	0-10	private pay/preschool scholarships	NA
Grow 'N' Glow	preschool	3-5	private tuition/preschool. scholarships	NA

Son Shine Academy	preschool	3-5	private tuition	NA
Warmth & Wonders	preschool	3-5	private tuition/preschool scholarships/WMU schools	NA
Henry County Health Center	car seat safety/inspection	0-8	State/Federal	NA
Great River AEA 16	Early Access	0-7	State/Federal	Unable to disseminate by county
Little Light House	Special needs preschool	3-5 years	Local/Private	NA
New London Comm. Preschool/Daycare	preschool/daycare	6 wks. ~ school age	Private pay/ USDA grant	NA

Community Resource Guide

Healthy Henry County Communities compiles a listing of all community resources in Henry County. It has been updated tri-annually to ensure the programs listed are current. 11,000 guides were printed this year and distributed county-wide. The guide is divided into 20 different categories and is designed to be easily referenced by all individuals in Henry County.

Please see attachment A, Resource Guide.

SECTION III

COMMUNITY COLLABORATION

Healthy Henry County Communities philosophy of collaboration has lead us to partner with Head Start, Community Health (Public Health), the County Extension Office, CPFC, and Henry County Health Center. Program coordinators from different agencies have worked to create a child health and referral network that supports families from pregnancy until a child's 3rd birthday and extends to services provided by the AEA, Head Start/Early Head Start, CPFC Family Team Meetings, local preschools, and child care providers. Below are two examples of successful collaborative efforts in Henry County.

Effectiveness of Collaborations

Preventing Childhood Obesity

An obesity epidemic is sweeping the nation and is a serious threat to our nation's youth. Fifteen percent of 6 – 10 year olds are overweight or obese—a number that has tripled over the past 20 years. Over 10% of children between ages 2 and 5 are overweight making them more likely to become overweight adults, and high-risk candidates for diabetes, heart disease, muscle problems and a shortened life span, according to the Centers for Disease Control (CDC). **According to Dr. Ken Cooper with the Wellness Councils of America, “These overweight children are experiencing an epidemic of adult onset – or type-2 diabetes in children 9 – 11 years of age. The studies clearly show that if children 14 years of age or younger develop type-2 diabetes (which is directly related to inactivity and obesity), they are shortening their lifespan by some 17 – 27 years”.**

Henry County youth mirror that trend: body mass index for grades 4, 8 and 11 in the Henry County Schools was calculated using the CDC age calculation. 37% of the K-12 students were overweight/obese when assessed May 2002. 43% of K-5 students were overweight/obese in May, 2005.

Healthy Henry County Communities received a Wellmark Foundation grant to fund “TEAM Lunchroom: Children’s Meal Ticket to Good Nutrition.” The Pick a Better Snack (PABS) Social Marketing Campaign was implemented in all K-5 grades reaching 1,200 students. PABS, developed by the Iowa Department of Education, Iowa Department of Public Health and Iowa State University Extension and endorsed by the American Dietetic Association, is recognized as a model program. The campaign is aimed at doubling fruit and vegetable consumption among children. Promotion includes catchy posters with slogans such as “Wash, Eat, How Easy is That?” and “Peel, Eat, How Easy is That?”

“Pick a Better Snack” was promoted with the daycare providers under the direction of the Henry County Early Childhood Specialist who visits each center and home provider on a regular basis. Activities were designed for the 3-5 year old children. Providers were encouraged to lead their children in the various activities and introduce them to the fruit of the month. Many of the young children were familiar with the cards because of older brothers and sisters bringing them home from their elementary classrooms. The elementary Pick A Better Snack program was under the direction of the Wellmark School Nutrition Grant Coordinator and reached the four school districts in Henry County.

Through this collaboration, the campaign effectively reached all families in Henry County. Many families had preschoolers as well as their elementary children involved. The media campaign included the publication of healthy menu ideas and fruit/vegetable promotion through three school newsletter issues, web site messages, monthly newspaper feature articles, and five months of weekly radio spots.

Child Abuse Prevention Efforts

Henry County has been a Community Partnership for Protecting Children(CPPC) site since 2004. Community collaboration to create more positive outcomes for children and families

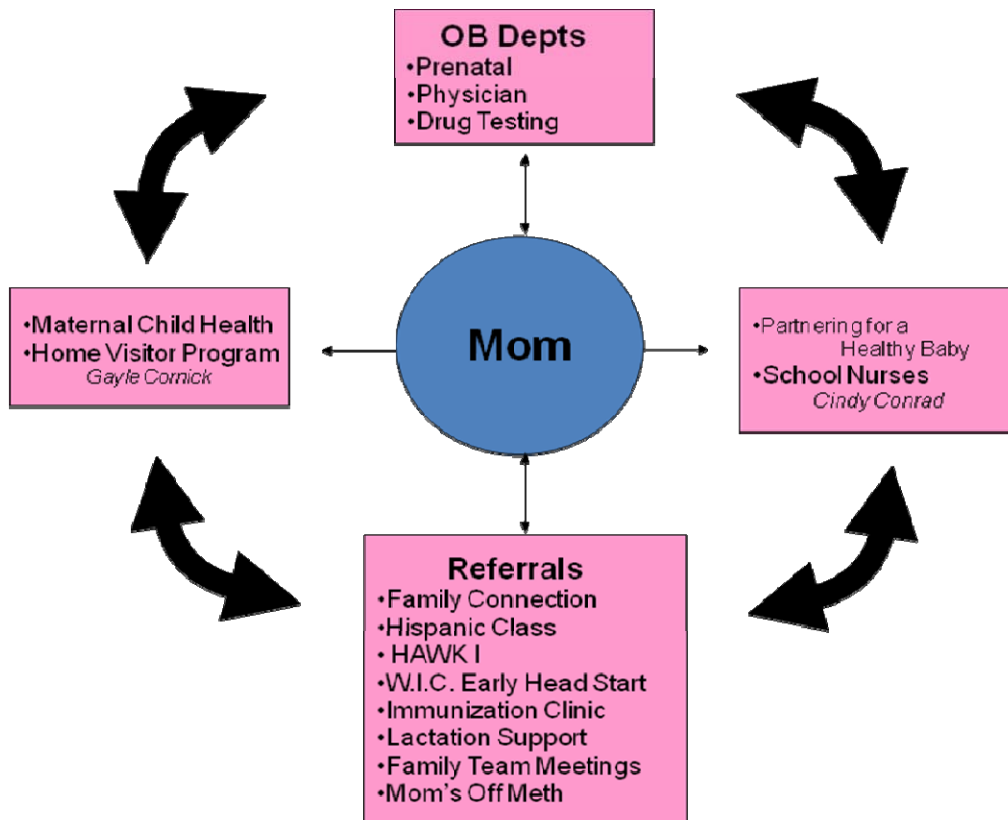
has been a priority for our empowerment area. We continue to work towards creating a more nurturing and caring community. Efforts in 2005-06 include:

- Presentations to 7 city councils on the CPPC process and beginning steps to make their towns more “family/child friendly”. Met with 4 city clerks and began discussing neighborhood partner concept with the clerks.
- CPPC Board strategic planning involving 15 community, agency, and school leaders to set direction in making Henry County a safer place for children to live and thrive.
- To date two Family Team Meeting Facilitation trainings have been held with 11 completing training and volunteering to facilitate. An additional 10 are expected to join in the early fall. Cindy Conrad has completed certification as a master trainer for the state--giving us access to future trainings.
- Family Connection Nest participants were part of a child abuse prevention Saturday. They were located at 10 locations throughout Henry County and gave out positive parenting information.
- CPPC board members created a marketing effort utilizing the local radio station and raised awareness of childhood safety issues. Board members taped PSAs that have aired each month for a year. Family Connection participants distributed safety cards to the same 10 locations across Henry County.
- Child Safety awareness resources kits were developed for each of the preschools in Henry County. The kit contains children’s books, stickers, puppets, and curriculum.
- A committee was formed to bring Safety Town to Henry County in 2007. The committee began fundraising efforts, visited a existing program, and has ordered the curriculum.
- Sponsored a community meth awareness forum with Dr. Rizwan Shah, a nationally recognized pediatrician from Blank Children’s Hospital in Iowa who has studied the effect of infants and children exposed to meth.
- Collaborated with a community meth-drug free community project to recruit and train facilitators for a MOMS (Moms off Meth) group. We worked with our community CURES group and alcohol and drug dependency services agency to bring the support group to Henry County. The success of the MOMS group—has helped start a DADS group (Dads after Drugs).
- CPPC board and Henry County Health Center OB staff met and developed an improved protocol for infant drug testing. Information and videos were provided to Henry County medical staff addressing methamphetamine issues. The Department of Human services has also joined this collaboration to assist in identifying 12 newborns who have tested positive for methamphetamine since the initiation of this new protocol.
- Reduced obstacles to referrals by addressing confidentiality issues through a training for agencies facilitated by our DECAT coordinator. Referral forms have been developed for the Partner for a Healthy Baby program that have been used by WIC, Public Health, high school counselors and nurses, alternative high schools, SE Community Action-Head Start, and Henry County Health Center OB staff.
- Obtained a baby scale (paid for from a memorial) to weigh babies. We have collaborated with DHS and Henry County Health Center medical staff to weigh infants and toddlers who are at risk for failure to thrive.
- Publicized and distributed the 800 number to report child abuse.
- Worked with the Mount Pleasant News to publish a tabloid entitled “The Welfare of Our Children is Everyone’s Business”.

Preventing child abuse takes a multifaceted approach. We have been successful in engaging many sectors in our community and will continue to reach out to others.

Reducing Duplication of Services and Increasing Referral Efficiency

At Healthy Henry County Communities we strive to meet the needs of our community members while reducing duplication of efforts and reduce gaps in service for our families. An example of this is the collaborative effort between Community Health (Henry County Public Health), HHCC, and Henry County Health Center. Through a shared goal of supporting and educating pregnant and new mother's, a seamless system of referrals was created. A new mother may be connected to the circle from her physician at a prenatal visit, from a class at the Family Connection or a CPPC Family Team Meeting or she may be a teen mother referred by a school nurse. In order to respect a mom's right to privacy, a common release of information was created to allow the entities to share information that will support a new mother's journey from pregnancy, to childbirth, through her child's 3rd birthday through face to face visits. Through a circular referral system, we ensure that no services are duplicated as all partners are in constant contact and communicate needs and successes. An advantage that has emerged from this system is that it allows for multiple and ongoing contacts with a mother as the situation necessitates.



SECTION III

ACHIEVING RESULTS

Healthy Henry County Communities has identified the following **desired results** for Empowerment funded programs:

Keep children healthy and safe from abuse and neglect.

Increase the availability of quality, affordable, reliable childcare and preschool.

Develop parenting skills and a support network for parents and caregivers.

HHCC Empowerment results will be measured through monitoring of the following **local indicators**:

1. Teen birth rates
2. % of low birth rates
3. Immunization rates
4. Child abuse rates
5. # of registered childcare providers in Henry County
6. # of licensed childcare providers in Henry County
7. # of childcare providers completing a quality improvement process
8. # of preschoolers accessing the preschool scholarship program

Program effectiveness will be measured by a variety of **performance measures**.

Early Childhood Performance measures include but are not limited to:

% increased scores on ECERS/FDCRS, or other quality standard

% of providers completing a quality improvement program

School Ready Performance measures include but are not limited to:

% of parents with increased parent confidence and competence in their parenting abilities

% of families with an increase of healthy informal support systems

% of families able to enhance the health, growth, and development of their children

% families with increased knowledge of community resources

% of children, 0 –3 years old, while enrolled in the program, who are referred for Early Access services

% of parents completing or continuing the program

% of students demonstrating age appropriate skills

% families who would recommend the program and felt their expectations were met

This year HHCC introduced a new process for requesting funding proposals, a Request for Funding Proposals, or Continuation of Funding Proposal in which every program requesting empowerment funds submits a plan stating the program priorities, changes of how the program differs from the previous year, the relationship to the community plan and what their goals and performance measures will be, as well as a budget for the fiscal year. Through this process, we are able to ensure the programs goals and performance measures support the identified results in the community plan. Programs are also required to submit monthly vouchers, quarterly reports that include progress toward goals, success stories, barriers encountered , what is coming up for the next quarter and data representing the number of children/families served. A final report is submitted at the end of the year, reporting outcomes, performance measures and expenditures for the year. This information is directly related to information used in the annual report, to ensure accuracy and consistency.

Programs are also a member of the HHCC PAC, Program and Activities Council. The PAC meets on a quarterly basis to network, exchange ideas and discuss issues encountered in the community. Each PAC member attends a board meeting to give a brief update on their program as well as reporting any news from the PAC team.

Current Year Plan

Healthy Henry County Communities has chosen to support the following programs for the 2007-2008 year. These are continuations of the successfully funded programs for 2006-2007 year. Last year two new programs and an Empowerment Coordinator position were introduced. All the programs goals fall in line with HHCC priorities.

Partners for a Healthy Baby

Partners for a Healthy Baby is an in-home parent education program which utilizes the Florida State University *Partners for a Healthy Baby Home Visiting Curriculum*. The curriculum is divided into 4 age groups: 0-6 months, 7-12 months, 12-18 month, 18-36 months as well as a prenatal program. The new 12-18 month curriculum was added in FY07. The 18-36 month set is an addition for FY 08. The series is based on research and knowledge of the importance of the prenatal and early years of life in laying a foundation for a healthy and successful future. The curriculum is designed to serve families with young infants to achieve multiple goals: to help families deal with the multitude of changes a new baby brings; to foster a strong bond between both parents and their baby; to inspire families to maximize their baby's health, social, cognitive, language and motor development; to identify early signs of problems; and to enhance parenting skills and self-esteem. Current research on brain development is infused throughout the curriculum. Curriculum topics include ages and stages, expectations, positive discipline, stress management, family development, mother's needs, caring for baby and baby's development. Families receive a three ring binder with handouts for each topic and journal opportunities. The curriculum is also available in Spanish. The community's need for the program has grown significantly. In order to increase the number of families supported, a Spanish-speaking parent educator and additional parent educator were added for FY08.

Family participants will receive one to two visits per month in their home for the infant's first year of life. The Parent Educator will make the home visits, reviewing 2-4 weeks of curriculum at each visit, depending on the parents' needs and availability. A family determined to be potentially higher risk will receive more frequent visits as well as option of continuing with the program until the child reaches 36 months of age.

The Family Connection

The mission of the Family Connection is to strengthen Henry County families with children 0-5 through education and support systems, preventing child abuse/neglect and improving the health and wellbeing of pregnant women, young parents, and their children.

The Family Connection serves as a hub for educational and support opportunities serving 89 families including:

- Father's class—lead by a community father, and held twice a month.
- Tune Time—a young children's playgroup held weekly throughout the year and lead by the Early Learning Coordinator
- Chic Chat-a support group for young moms lead by the Family Connection Resource Coordinator.
- New Parents Class-held weekly for expecting parents and parents with infants under eighteen months of age. Early learning activities and developmental screenings are available at the same time.
- Parents Class-held weekly for parents with children eighteen months to kindergarten. Early learning experiences are available for children at the same time.

- Imagination Library- new parents are enrolled in the Imagination Library literacy program and receive an age appropriate book monthly until age 5.
- The Nest—The Nest is an incentive program that allows participants to earn points to “purchase” items necessary for the care of their young child.
- The Resource Coordinator and Early Learning Coordinator provide leadership for the family connection programs. The Resource Coordinator works directly with the parents, while the Early Learning Coordinator provides leadership for the children.
- Hispanic Parenting-Last year HHCC and Prevent Child Abuse funds were used collaboratively to pilot a Hispanic Parenting class. The class is now a regular program held weekly by a Spanish speaking leader.

Project REACH

Project REACH Henry County is a program that is patterned after the research-based project of the same name conceived and implemented in Missouri several years ago. The objective of this project is to raise the quality of childcare by delivering education and support to childcare providers particularly in the rural areas where resources are sorely lacking or inaccessible altogether. This support is on-going, comprehensive, and based on the needs of the individual childcare provider. It is offered to all who wish to participate regardless of setting or status of registration/licensing. It is non-regulatory which yields an acceptance by childcare providers not afforded to other training programs.

The project consists of two major components with several spin off programs.

1. Frequent, on-site visits by a trained Early Childhood Specialist (ECS)
2. Regular Support Workshops on a variety of topics
3. Programs
 - a. Star*REACH
 - b. Young Parent Book Group
 - c. Program for Infant and Toddler (PITC)

Project REACH establishes links between child care providers and existing community services to insure all children receive a solid foundation for success in school and life. It is expected that young children will be more school-ready when entering kindergarten due to Project REACH. Provider workshops are planned to respond to early childhood issues including: dental health, special needs children, developmental assessment screening, and language development.

The specialist/care provider relationship ranks right alongside the specialist/child relationship. Both are based on respect and trust. Therefore, the specialist carefully assists the child care provider in an initial self-assessment when first joining the project and encourages on-going reflection throughout her participation. This increases professionalism and self-esteem, while making no judgment on past practice. Providers continually seek to improve their practice when they feel of worth and valued for past experiences and expertise.

Changes for the FY08 include:

- Changes to the consultation method will mean the ECS (Early Childhood Specialist) will work with fewer child care providers at any one time, but more intensely over a longer period of time. When certain goals are achieved, visits will become less frequent, but on-going support will continue.
- Increased small-group opportunities with providers.
- Respond to changing early childhood needs including: assisting preschools in meeting quality improvement standards enabling them to obtain preschool contracts with school districts.

The primary focus of Project REACH has always been on Outcome #2: increase the availability of quality, affordable and reliable childcare and preschool. The ECS is committed to improving the quality of child care in Henry County and welcome change in child care practices.

Lead Screening Program

The Henry County Childhood Lead Poisoning Prevention Program serves the children and families of Henry County. Our mission is to educate families and health care providers as to the importance of blood lead testing, and provide case management to families that have a child with an elevated blood lead level.

Lead testing is performed two days/month at WIC clinic, by appointment at Henry County Public Health, and at Head Start registration. Other responsibilities of the coordinator include: maintaining a data base of children in Henry County who have had lead tests, contacting families when it is time for another blood lead test, case management and coordination of resources for children with elevated leads, and community education. Follow-up of children with elevated leads includes sending literature, phone contact to educate about potential sources of poisoning, and coordinating aspects of their care with community partners. Education is provided to health care providers, school nurses, community groups, college students, and the general public. Jodi Sutter, Environmental Health Specialist is responsible for home investigations, and follow-up of homes that have been identified as having lead hazards. She provides information about environmental issues; especially lead paint and how to remove it safely. Lead poisoning continues to be a problem in Henry County and the Iowa rate is three times the national average due to the many older homes containing lead-based paint.

State funding for this program has decreased over the years. We average 595 child contacts and are reimbursed for 194. HHCC and Henry County Public Health have worked collaboratively to support this program for 2 years.

Home Visitor Program

The Home Visitor program of Henry County, funded through Empowerment, focuses on improving the health and quality of life for families with a newborn baby. Through in-home visits, the Home Visitor nurse identifies the needs and potential problems a new family may encounter and strives to help these families find solutions through information, referrals and support. From July 1, 2006 to April 30, 2007, 130 new families were identified in Henry

County and contacted by the Home Visiting nurse. Eighty-five home visits, 55 hospital visits, and 63 phone calls were made. Information packets and referrals to community resources were given to each family.

The coordinator has been with the program for 11 years. She was an OB nurse at HCHC for 12 years before joining the Public Health team. Her OB experience provides a wealth of information for assessing the health and well-being of a newborn and for providing mom with information regarding care of her baby and herself.

Child Care Nurse Consultant

Child care providers receive health and safety consultation, educational resources and support from the consultant on a regular and as needed basis. Providers who request information and/or assistance receive prompt attention. Examples of professional nursing consultation services include information on identifying and controlling communicable diseases, interpretation of Department of Human Services (DHS) regulations related to health and safety issues, childhood immunization and community resources available for the childcare sites/staff or for the children/families they serve.

Other educational opportunities for providers include site visits. During these one-on-one site visits the consultant has the opportunity to address specific health topics with the provider. Topics that could be addressed are hand washing, dental health, children's health records/immunization status, importance of lead testing and up to date immunizations, importance of all children having regular medical/dental care and accessing those services if needed. This education provided by the consultant serves to enhance secure and nurturing child care environments, as well as ensuring healthier children.

Education is also provided to the parents of children in care. This education often takes place through information sent home with the children. Topics include the importance and availability of lead testing and children's immunizations, dental health, availability and purpose of the CCNC, importance of children having health insurance, dental care and a medical/dental home and where assistance can be found in obtaining this. This education focuses on the result of Healthy Children.

Enhancing services through Health and Safety Assessments

The consultant currently works closely and under signed contract with the Iowa Department of Public Health (IDPH) and its division, Healthy Child Care Iowa (HCCI). The consultant uses and disseminates information from the reference text, *"Caring for Our Children, National Health and Safety Performance Standards Guidelines for Out-Of-Home Child Care Programs."* This text promotes health and safety at a level of "best practice" as opposed to minimum standards set forth by DHS in its registration and licensing guidelines. In fiscal year 2008, the consultant will continue using components of the structured observation tool the *"Health and Safety Assessment."* The Health and Safety assessment is an assessment tool developed by HCCI for use by CCNC's in registered homes and licensed centers. It provides a standardized approach to assessing health and safety issues in child care and it is used to assist providers in improving the health and safety of the children in their care. The three components of the Health and Safety Assessment are:

1. Injury Prevention Checklist

2. Child Record Review

3. Health and Safety Assessment

After completing any component of these assessment tools, the consultant will complete a Plan of Action Worksheet and review it with the business owner to resolve any issues identified during the assessment as needing improvements. The time frame for reassessment of the problem areas will be based on the severity of the problem identified. The Plan of Action Worksheet completed by the CCNC is used for suggesting change and improvement. The use of these Health and Safety Assessment tools and subsequent improvements made will serve to make child care environments more secure.

Head Start

In Henry County, Community Action operates three Head Start classrooms. One of these classrooms is a part day program with four hours of class for each child, Monday through Thursday. We also have two classrooms that are designed to provide a full day of Head Start comprehensive programming for children. Parents of children attending these programs are working, attending school or job training.

In the '05 -'06 program year, rising costs of program operations and flat funding from the Office of Head Start resulted in a reduction of hours in one of the full day classrooms. Program hours were reduced from 12 hours to 7 hours of care per day and one staff position was eliminated.

For the '06 -'07 program year the Head Start program received a reduction in funding. However, funding from Healthy Henry County Communities allowed us to extend the hours of care that were available to families in this classroom back to 12 hours of care per day.

The funds are used to continue these additional hours of care for the 16 children in the program for the 2007-2008 school-year. These funds will expand the hours of child care from seven to 12 hours per day, Monday through Friday. The classroom will open at 6:00 a.m. and close at 6:00 p.m.

This Head Start full day program will operate under the guidance of the Head Start Performance Standards. Services provided to the children throughout the Head Start day will continue into the expanded hours. These services include individualized educational plans and goals for each child, developmentally appropriate activities, nutritious meals following Child Care Feeding Program guidelines, and an environment that promotes social skills development.

On-going Plan for Evaluation and Reporting Progress

In 2007-2008 a new plan for evaluating programs will be implemented. The RFP/CFP committee will convene quarterly to review the reports submitted by programs. At that time documentation of expenditures, progress toward program goals and an overall evaluation of the program thus far will be noted. A final review will be made at the end of the year which includes information from the program's final report. The review will assist us in evaluating progress made toward the community priorities and provide a resource when considering funding for the following fiscal year.

Annually, Healthy Henry County Communities will evaluate the priorities to ensure they are consistent with the needs of our children and families. Local indicators will be revised as necessary and updated in the annual report. This has worked well for us in the past years, and we've found that the adaptability of our programs leads to filling gaps in services in a timely manner.

The Early Childhood Work group, comprised of empowerment supported program coordinators, will continue to meet to discuss current and future issues. It is our plan to invite additional early childhood stakeholders to participate in the discussions and networking opportunities as well as identify needs that arise in the community.

HHCC will continue to look for opportunities to collaborate with those organizations which share our priorities and goals. Discussions regarding the new Voluntary Universal PK program have led to the beginning planning stages of additional collaborative opportunities with local school districts and licensed preschools.