



Community Hubs Impact Report

2019



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Social Entrepreneurs, Inc., a company dedicated to improving the lives of people by helping organizations realize their potential developed this report on behalf of the First 5 El Dorado Children and Families Commission.

Background and Introduction

First 5 El Dorado Children and Families Commission has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission has identified Community Hubs as a key strategy within its 2016-2021 strategic plan.

This Community Hubs Impact Report is intended to help each Community Hub understand the impact of Hub services on the population they serve, in an effort to support effective programming aimed at helping all children and families reach their full potential.

First 5 El Dorado

The First 5 El Dorado Children and Families Commission was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added taxes on cigarettes and other tobacco products to fund programs promoting early childhood development for children birth through 5 and their families. First 5 El Dorado receives slightly less than \$1 million annually through revenues generated by Prop 10.

First 5 El Dorado works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. The Commission directs resources to build a comprehensive early childhood service system based on research and best practice models that make a difference in the lives of young children.

Community Hubs

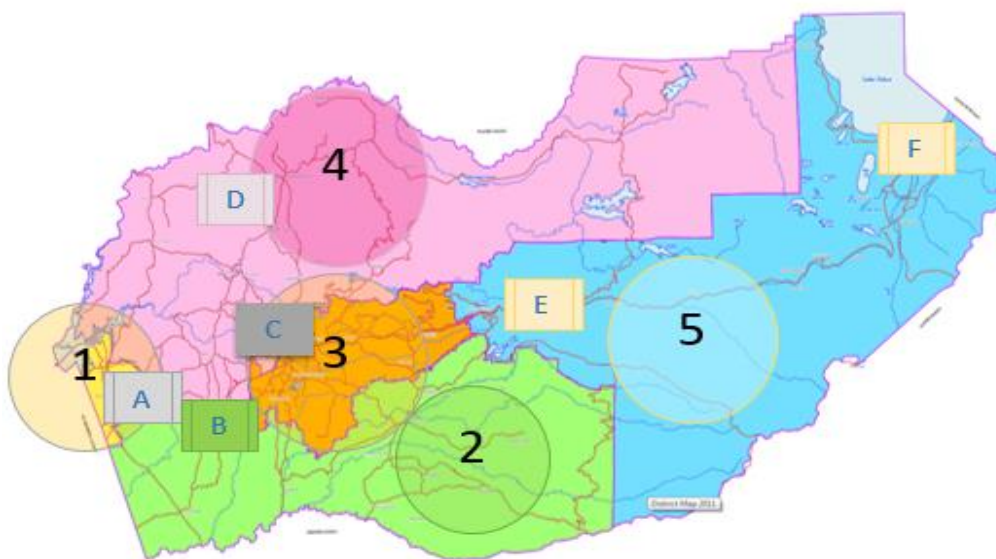
“Community Hubs” have been implemented in countries across the world. There is no single definition because Community Hubs are locally driven and vary in function and structure. However, most share common attributes that set them apart from other traditional models for service delivery and coordination. Most Community Hubs are:

- **Collaborative.** Built into the concept of the Hub is community – people get together to work, learn, and grow through supportive relationships. Foundational to the community must be a belief and understanding that people can help and serve one another in both formal and informal ways. Knowing that one person, leader, or organization cannot solve all social problems in a community, relationships are key at every level, from partnerships among organizations to individual relationships formed by participants.
- **Relevantly Placed.** Examples of Community Hubs include schools, libraries, hospitals, and neighborhood centers. While less common, a Community Hub can also be virtual—lacking a physical space but providing an online network of people and resources. When a Hub has a physical space, it should be centrally located or convenient for people in the community to access via public transportation.
- **Reflective of the Community Served.** Language, culture, and circumstances should be considered in all aspects of planning and may influence the makeup of leadership, staffing, programming, space design, communications, and service strategy.

- **Responsive to Local Needs.** Within governmental boundaries (e.g., counties and cities) there can be major differences in the opportunities, conditions, and experiences of sub-populations and within neighborhoods. Hubs are local and consider the unique assets and needs of those being served.
- **Person-Centered.** People are at the heart of the Community Hub. Community Hubs differ from single services in that they foster more effective, accessible, and coordinated services and actively work to take down silos. While many service systems have been designed to meet a specific need using narrowly defined service criteria, a Hub offers an opportunity to understand and support individual and family strengths and needs comprehensively.
- **Adaptive.** Community Hubs must be able to continually address their own strengths and challenges. In the startup phase, this requires piloting approaches, assessing successes and failures, and quickly making changes toward improvements. Longer term, commitment to change is also important so that the Hub reflects emerging community needs. Prescribing the results, or “what” is to be achieved, and guiding principles is important; however, it can be useful to avoid prescribing a specific method for service delivery so that sites have the flexibility to experiment with strategies and firmly establish those with the most meaningful results.

Community Hubs are implemented through local libraries and schools as a mechanism to facilitate early childhood community services that align with the Strengthening Families Framework and its three key “levers for change.” While Libraries and schools are central places where Hub activities occur, any place where Community Hub partners serve families within a community is considered a Hub.

The focus for Community Hubs is prevention—through early identification of developmental issues, targeted assistance, and efficient service delivery for expectant parents, children birth through 5, and their families.



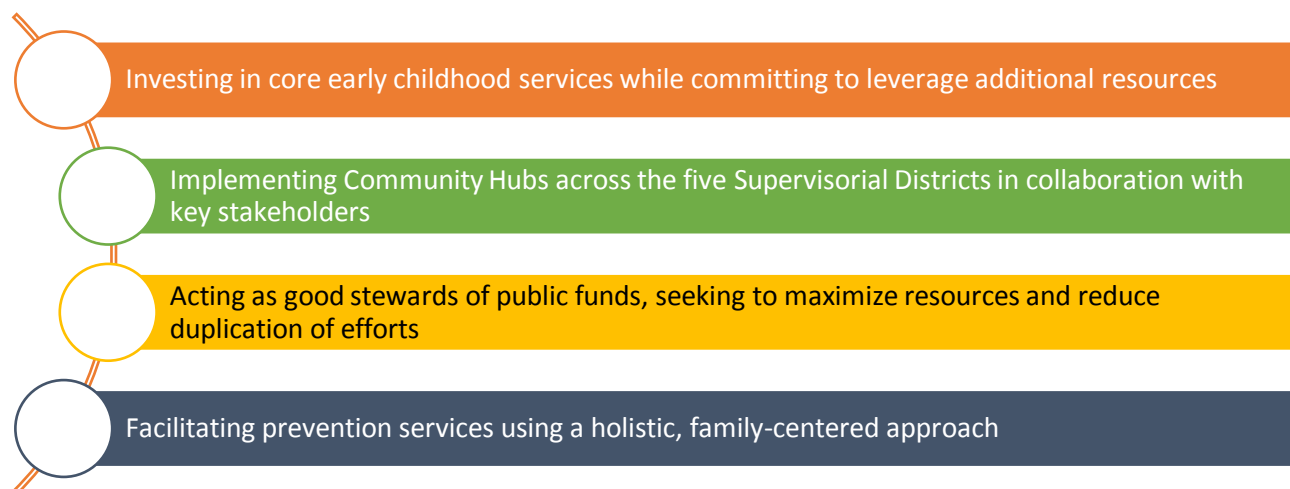
El Dorado County Supervisorial District Boundaries shown with Library Locations A. Oak Ridge Joint-Use Library, El Dorado Hills; B. Cameron Park Branch, Cameron Park; C. El Dorado County Library, Placerville; D. Georgetown Library, Georgetown; E. Pollock Pines Library, Pollock Pines; and F. South Lake Tahoe Library, South Lake Tahoe.

Implementation of Community Hubs in El Dorado County occurs across systems and with multiple service partners to include El Dorado County Health and Human Services, the El Dorado County Library, and the El Dorado County Office of Education. As such, the approach is supported by multiple funding streams, as demonstrated in the chart below.

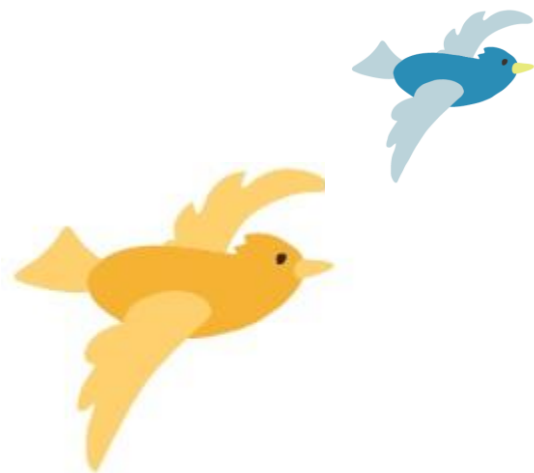
Partner Agency	Funding Source	Funding Commitment 2016-2020
El Dorado County Health and Human Services	Maternal Child Adolescent Health (MCAH) in federal match funding	\$2,846,481
	Mental Health Services Act Innovations (MHSA)	\$2,760,021
First 5 El Dorado Commission	\$937,500 for healthy children, \$860,000 for early literacy, \$480,000 for family engagement and \$680,000 for high quality child care	\$2,957,500
El Dorado County Office of Education	Four-year match funding from First 5 California Children and Families Commission to support high-quality child care	\$1,544,593
El Dorado County Library	Estimated four-year match funding for early literacy staffing and operations.	\$860,000
El Dorado County Office of Education	Child Abuse Prevention Council	\$255,000
Total 5-year Funding Commitments		\$11,223,595

First 5 El Dorado's role in Community Hub implementation is to serve as the backbone organization, forming partnerships and linking with other stakeholders to provide prevention services for families with children birth through 5.

Together, the Commission and other stakeholders are:



The El Dorado Community Hubs have established a universal vision and mission to guide their efforts.



What is Available through a Hub?

HEALTH

Families learn ways to strengthen their health by connecting with staff or participating in Hub activities. Health activities include finding insurance, doctors, dentists, classes, and events. Health staff are available to provide individual assessments, support, and assistance.

LITERACY

A parent is a child's first and most important teacher. At Hubs, parents can meet other families and support their child in building strong language skills. Early literacy activities at the Hub include story times, workshops, and play centers. Early Childhood Literacy Specialists are available to provide education and early literacy supports.

PARENTING

Community Hubs provide activities for parents so that they better understand and support their child's development. Services include playgroups, developmental screenings, parenting supports, and resources. Family Engagement Specialists are available to support families with the everyday challenges of raising children.

CHILD CARE

Children who attend high-quality child care are better prepared for school. Learning what to look for in a quality program includes visiting providers and carefully choosing a caregiver that best fits you and your child. A Referral Specialist with Choices for Children can assist you in finding a quality provider that works for your family.

Purpose and Objectives

This report is intended to help each Community Hub to understand the following:

- The reach they have had within each Community Hub service area.
- The impact that Hub services have had on the population served, according to the framework set forth by First 5 El Dorado.
- Programming considerations based on recommendations offered.

Hub-specific information contained in the report includes the following:

Demographic and Socio-Economic Profile for each Community Hub Population Served

- Demographic information of Community Hub service recipients to include age, race/ethnicity, and primary language.
- Socio-economic information of Community Hub service recipients who completed the Family Survey to include family income, number/percent of families served who are living in poverty, and educational attainment.

Protective Factors for each Community Hub Population Served

- Number/Percent of Community Hub service recipients who completed the Family Survey with improved scores within four protective factors to include children's social and emotional security, social connections, parental resilience, and concrete support in times of need.

Reading Routines for each Community Hub Population Served

- Number/Percent of Community Hub service recipients who completed the Family Survey that report reading to their children each day.

Preventive Health and Dental Care Routines for each Community Hub Population Served

- Number/Percent of Community Hub service recipients who completed the Family Survey reporting that their children received a well-child exam within the past 12 months.
- Number/Percent of Community Hub service recipients who completed the Family Survey reporting that their children received a regular dental exam within the past 6 months.

Developmental Screenings Conducted within each Community Hub Population Served

- Number/Percent of Community Hub service recipients ages 0-5 that received a developmental screening.
- Number/Percent of Community Hub service recipients ages 0-5 that scored low on a developmental screening.

In addition, to the data sets described above, the voices of Hub staff and parents are included to illustrate their experiences and help contextualize data provided.

A combination of qualitative and quantitative data was used in the development of this report, each of which is described below.

Publicly Available Data

Census data was taken from https://factfinder.census.gov/faces/nav/jsf/pages/guided_search.xhtml by the El Dorado County GIS Department and separated by census track to establish a demographic and socio-economic profile of each Community Hub. The following map demonstrates which census tracks were included in each Hub dataset.

State of California

Supervisory Districts and Hubs

Legend:

- Supervisory District (black outline)
- Hub 1 (light blue)
- Hub 2 (pink)
- Hub 3 (purple)
- Hub 4 (yellow)
- Hub 5 (green)

Scale: 0, 2.5, 5, 10 Miles

Map Labels: 1, 2, 3, 4, 5, 030602, 030601, 030901, 030902, 031000, 031100, 031301, 031200, 031302, 031405, 031406, 031502, 031404, 031504, 031402, 031503, 030704, 030804, 030706, 031800, 030807, 030809, 030810, 030803, 030701, 030801, 031700, 030709, 031600, 030302, 030401, 030301, 030504, 030402, 030502, 032000, 030505, 030603, 031900, 990000.

First 5 Data Collection Efforts

Pre-K Observation Forms

First 5 El Dorado partners with the El Dorado County Office of Education to collect population-level data using Pre-K observation forms. Parents and families of incoming T-K and kindergartners were asked to voluntarily complete Pre-K Observation Forms at enrollment, sharing information about family and

health practices, reading routines with children, and other circumstances and experiences associated with resilient families. All forms were completed manually and then submitted to First 5 El Dorado for entry into an electronic data management tool (Survey Monkey).

A total of 1,089 Pre-K observation forms were collected at the start of the 2018-2019 school year (out of a total participating school population of 2,044). This represents 53% of the participating school T-K and kindergarten population. Not all schools in El Dorado County participated in the collection of Pre-K Observation forms.

Appendix A includes a master table that demonstrates the schools within each hub, the number of kindergarten and transitional kindergarten students in each hub, and the response rate for the Pre-K Observation forms.

Family Surveys (FS)

The Family Survey contains demographic information, parent experiences, and survey questions regarding family and health practices, reading routines with children, and the presence of protective factors within family units. The protective factors survey questions measure participant perceptions of change after receiving services within five areas identified within the research-based Strengthening Families Protective Factors framework.

Family Surveys were completed by families and collected by the Ready to Read at Your Local Library program, the Together We Grow program, and the Child Health program. Surveys were available in both English and Spanish. A breakdown of the number of family surveys collected by each hub and their associated margin of error are provided in the chart below.

	Hub 1	Hub 2	Hub 3	Hub 4	Hub 5
<i>Total Family Surveys Collected</i>	110	99	110	34	127
<i>Total Families Served</i>	631	229	248	209	298
Margin of Error¹	8.50%	7.44%	6.98%	15.42%	6.60%

Developmental Screening Tools

First 5 El Dorado programs utilize the Ages and Stages Questionnaire (ASQ). The ASQ is a general developmental screening tool which is used with and by parents to assess age-specific development in the following domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills. There is also a separate tool that is used to measure the social-emotional development of children called the ASQ:SE. Programs encourage parents to complete these screening tools online, and results are tabulated within the Brookes Database. An export of that database is used to present information contained in this report.

Administrative Data

Three types of administrative data were collected for programmatic and evaluation purposes. First, populations-served reports submitted to First 5 by contractors provided data on the number and demographics of children and parents/caregivers receiving services. Second, contractors provided information regarding the number and type of services families received. Third, contractor progress reports were used to help inform issues impacting service delivery.

¹ The following Sample Size Calculator was used to generate this table: <https://www.checkmarket.com/sample-size-calculator/>

Parent Focus Groups

Focus groups were held with families and caregivers that participate in Hub services. The purpose of the focus groups was to gather parent perspectives about what families need, how people learn about the Hub, and their experience with the services available through the Hub. Focus groups were arranged at each community Hub and lasted approximately 45 minutes. The dates and the total number of focus group participants are provided in the chart below.

Hub Designation	Date/Time of Focus Group	Total Number of Participants
Hub 1: El Dorado Hills	January 22, 2019 - 11:00 am – 12:00 pm	4
Hub 2: Cameron Park	January 22, 2019 - 3:00 pm – 4:00 pm	None
Hub 3: Placerville	January 23, 2019 - 11:30 am – 12:30 pm	7
Hub 4: Georgetown	January 24, 2019 - 11:30 am – 12:30 pm	7
Hub 5: South Lake Tahoe	January 23, 2019 - 6:30 pm – 7:30 pm	27

Results of these focus groups were documented and considered in the establishment of this report.

Hub Staff Input

A meeting was held on January 16, 2018, in which Hub teams gathered to review and discuss the quantitative data as included in this report. Following presentation of the data framework, Hub teams gathered to discuss the successes and challenges related to data collection, outreach, and other circumstances that may have influenced the data presented in this report. Discussions were documented by a representative of each hub team and provided in written format for consideration in the development of this report.

Limitations

The data presented in this report should be considered with the following limitations in mind:

- Data extracted from the Pre-K Observation forms related to the protective factor of *Concrete Support in Times of Need* are phrased in the negative (e.g., “I wouldn’t know where to turn if my family needed food or housing”). In the Family Survey data, these statements are stated in the positive (e.g., “I would know where to turn if my family needed food or housing.”). In order to provide more comparable results for this protective factor, respondent answers from the Pre-K Observation Forms were scored in reverse.
- Data gathered via the Family Survey did not meet a 95% confidence level when separated by Hubs, which is the standard typically used to generalize about an entire service population. To accommodate for this circumstance, family survey data was triangulated with data collected from parent focus groups and Hub staff to understand the circumstances and impact of Hub services for families with young children.
- Parent input was collected in January 2019, whereas the family survey data represents families served from July 1, 2017 – June 30, 2018. It is not known whether focus group recipients were served during the timeframe that this report represents or if input would have been different if collected closer to such timeframe.

Additional considerations regarding data collection methodology, limitations, and considerations can be found in Appendix B.

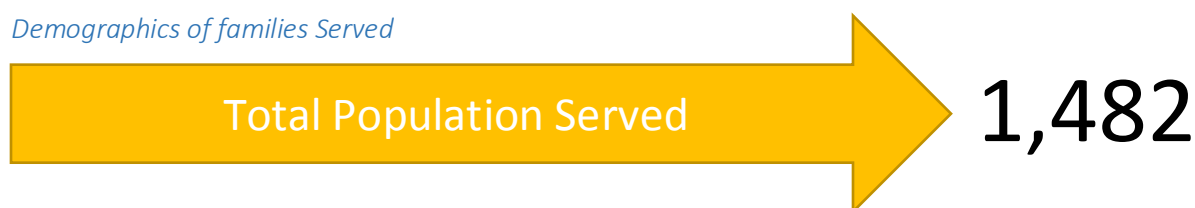
Results

Community Hub 1: El Dorado Hills

Community Hub 1 is within Supervisorial District 1 and includes the community of El Dorado Hills.

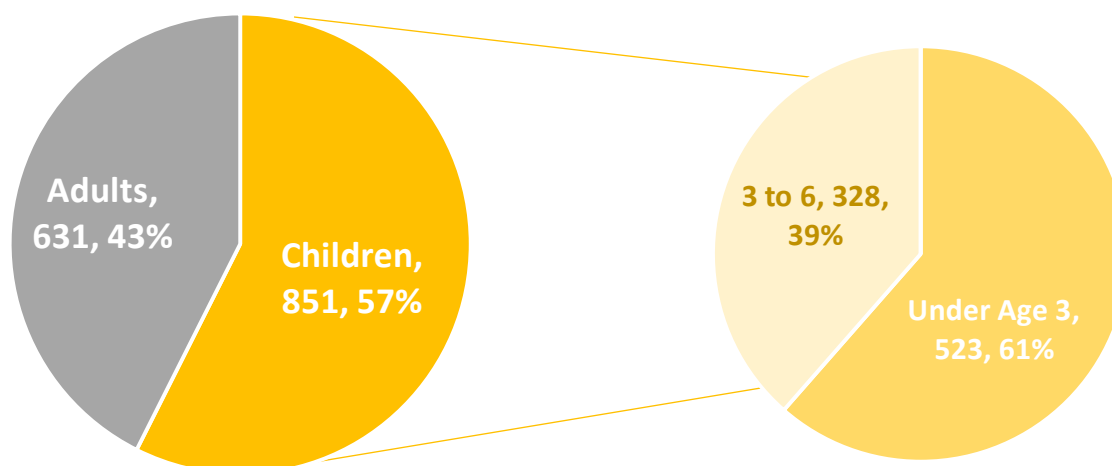
Who Was Served

Demographics of families Served



Community Hub 1 has a total service population of 39,658. In FY 2017-2018, the Community Hub provided services to a total of 1,482 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 61% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (895 or 65%) followed by multiracial (148 or 11%). Approximately 4% of those served in Hub 1 were Hispanic/Latino. The race and ethnicity of the population served is depicted in the table below.

White	Black	American Indian	Asian/ Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
895 (65%)	6 (<1%)	7 (<1%)	91 (6%)	148 (11%)	59 (4%)	73 (5%)	203 (14%)

The majority of individuals served spoke English as their primary language (86% or 1,271) followed by Spanish (1% or 17), Mandarin (0.8% or 12), and Cantonese (0.7% or 10). The remaining languages spoken by individuals served were unknown.

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 110 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 17% of the families served by Hub 1.

Socio-Economic Characteristics of Families Served

Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



6% of survey respondents in Hub 1 live at or below 130% of the Federal Poverty Level

One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

6% of families (7 of 110 families) who completed the Family Survey in Hub 1 live at or below 130% of the Federal Poverty Level. 13% (or 14) of families who completed the survey did not provide enough information to determine their economic situation.

81%

Of survey respondents live above 130% FPL

6%

Of survey respondents live at or below 130% FPL

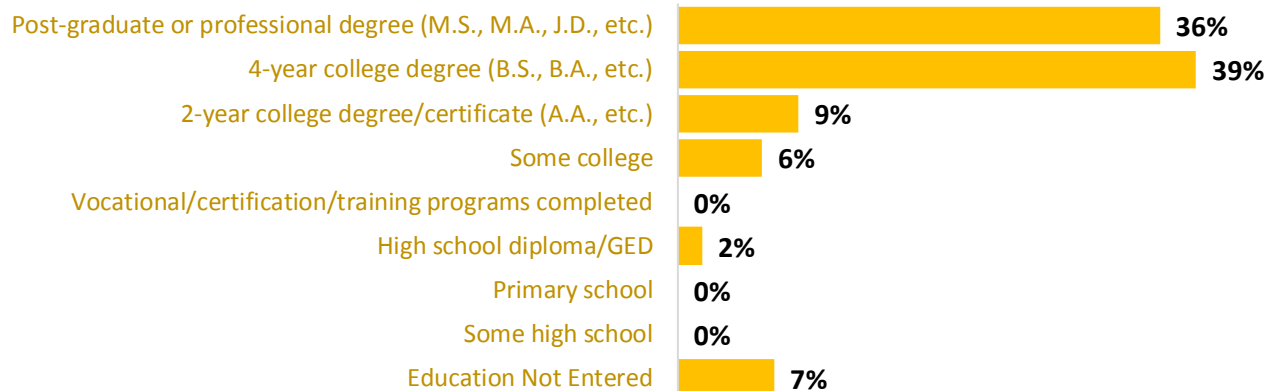
13%

Of survey respondents didn't provide information








84% of survey respondents in Hub 1 have completed at least a two-year degree or more

The parents of families in Hub 1 who completed the Family Survey have achieved a high level of education overall, as demonstrated in the following chart. All survey respondents indicated achieving a high school diploma or higher.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	1049	152
 Raising a Reader Activities	62	15
 Play and Learn Activities	248	19
 Connect Families to Medical Providers	1	10
 Connect Families to Dental Providers	1	N/A*

Families in Hub 1 received the greatest number of services related to early literacy and play and learn (also known as family engagement) activities. Medical and dental services were accessed much less. That being said, Hub staff did identify that data collection practices regarding connection to medical and dental providers may not capture the true reach or depth of this service delivery strategy.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

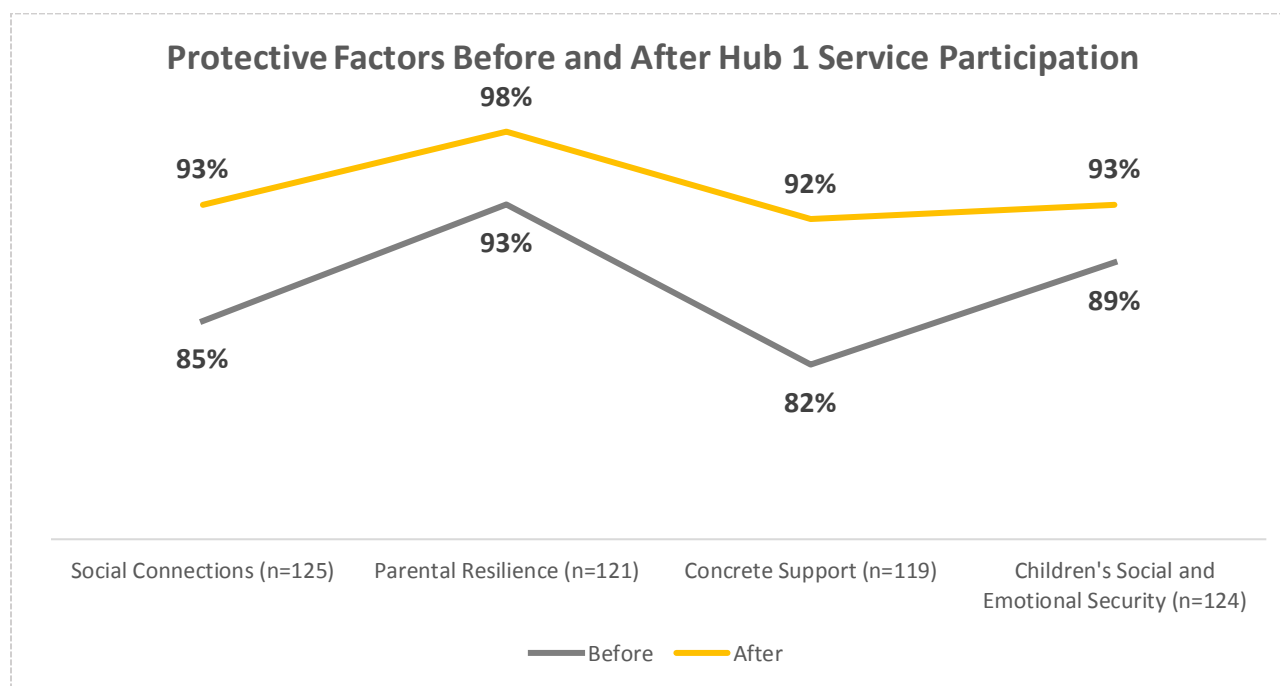
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 1 services (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 1 Participant Data	631	110	8.50%
Community Level Data	658	383	3.24%

Protective Factors of Families Served

The Family Survey included questions that measure the presence of protective factors before and after participation in Hub services. 93 families provided information regarding protective factors, the results of which are provided in the line graph below.



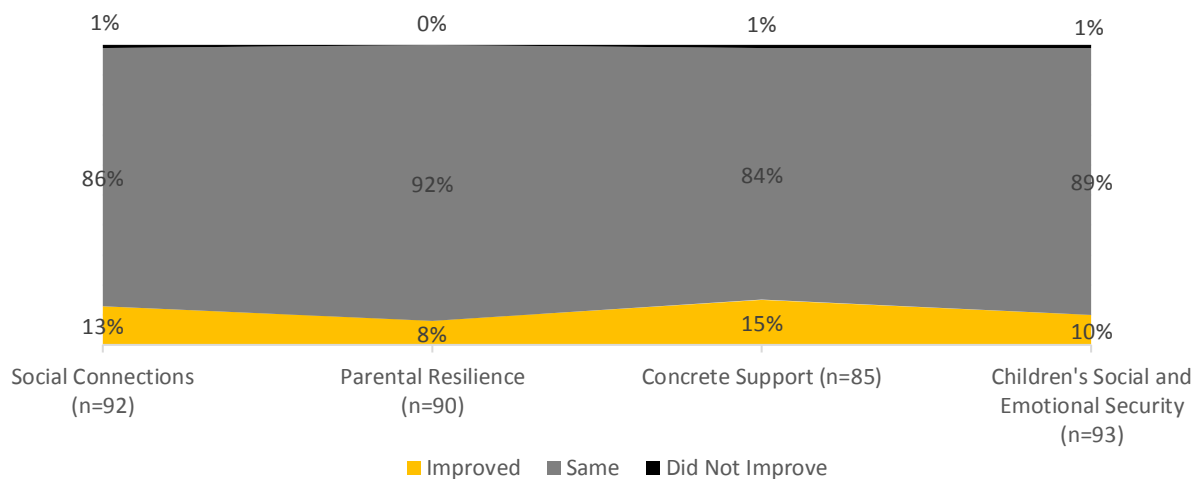
Results indicate that families participating in Hub 1 services were relatively high functioning prior to participation in services, and experienced little to moderate gains regarding protective factors. The most amount of gain was associated with concrete support in times of need, which is consistent with information collected from participants during the parent focus group.

The Hub is a really good place for parents to connect with one another and for children to make friends.

Parent in Hub 1 Focus Group

Beyond understanding improvement within individual protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 8% and 15% of families participating in Hub 1 services who completed the Family Survey experienced growth within the protective factors. The majority of families had the same presence of protective factors before and after receiving services as indicated in the chart below.

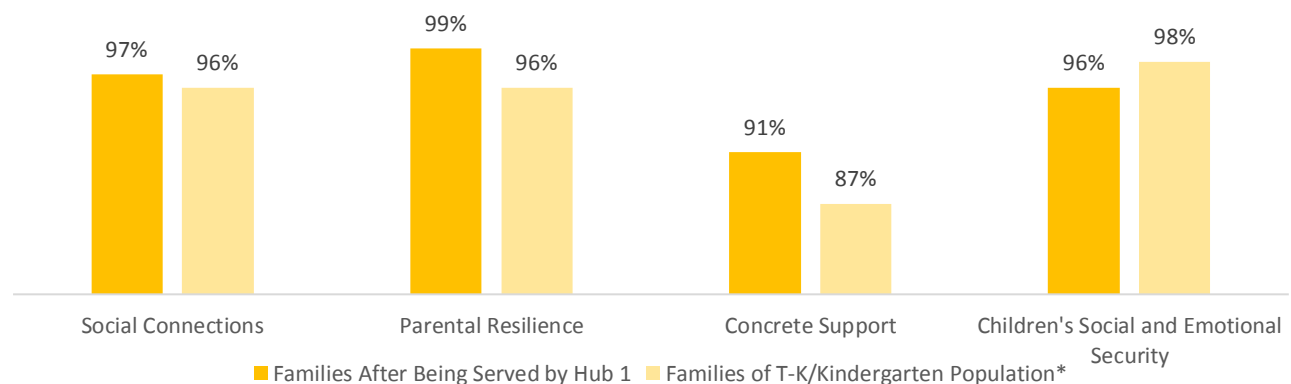
Percent of Hub 1 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 1 services, who completed the Family Survey, scored higher in three of four protective factor domains than families of incoming T-K and kindergarten students at schools within the Hub 1 service area.

Comparison Between Families Served by Hub 1 and Families of T-K/Kindergarten Students



*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.

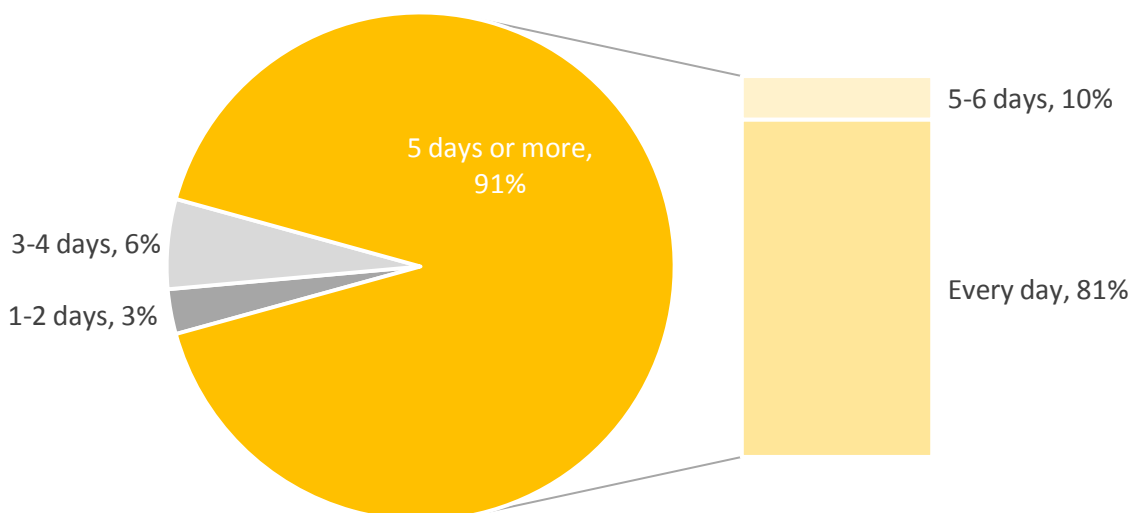
Reading Routines of Families Served



81% of families who responded to the survey in Hub 1 read to their children every day

Families in Hub 1 who responded to the Family Survey read to their children frequently. 81% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=105)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten.

Children are Read to Every Day



As the chart above demonstrates, the percentage of families participating in Hub 1 services that read to their children every day totaled 81%, while 47% of families with children entering T-K or kindergarten reported reading to their children every day.

They create a space that is comfortable for young children

Parent in Hub 1 Focus Group

Preventive Medical and Dental Care of Families Served

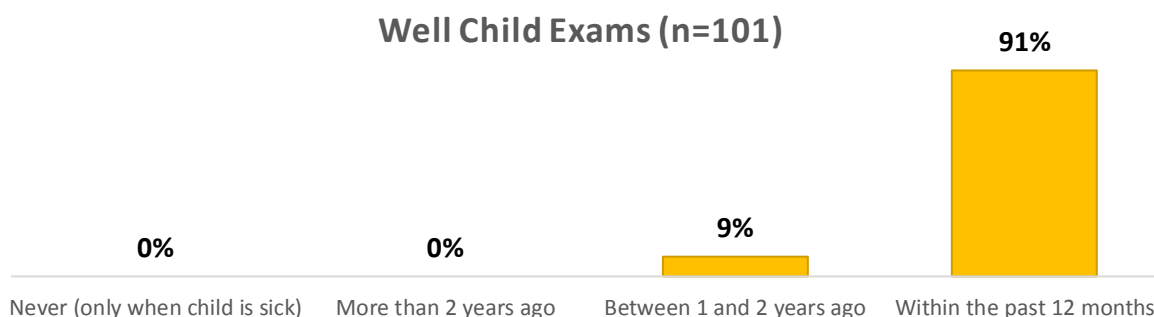
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



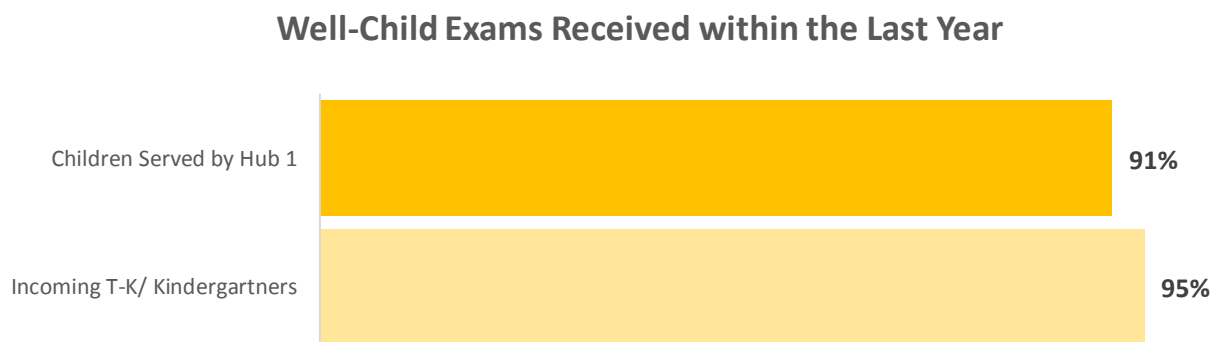
91% of Hub 1 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 1, 91% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 1 services that received well-child care within the last year totaled 91%, while 95% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.



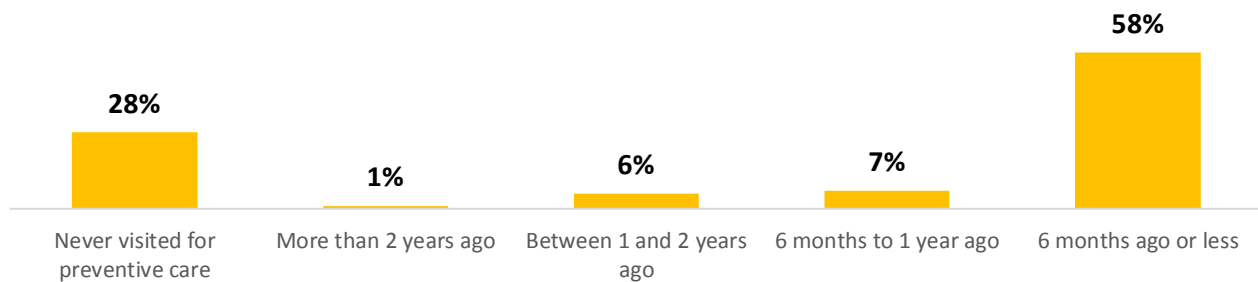
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



58% of Hub 1 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 58% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 28% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

Dental Visits (n=88)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children (that were age 1 year or older) participating in Hub 1 services that received preventive dental care within the last six months totaled 58%, while 71% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



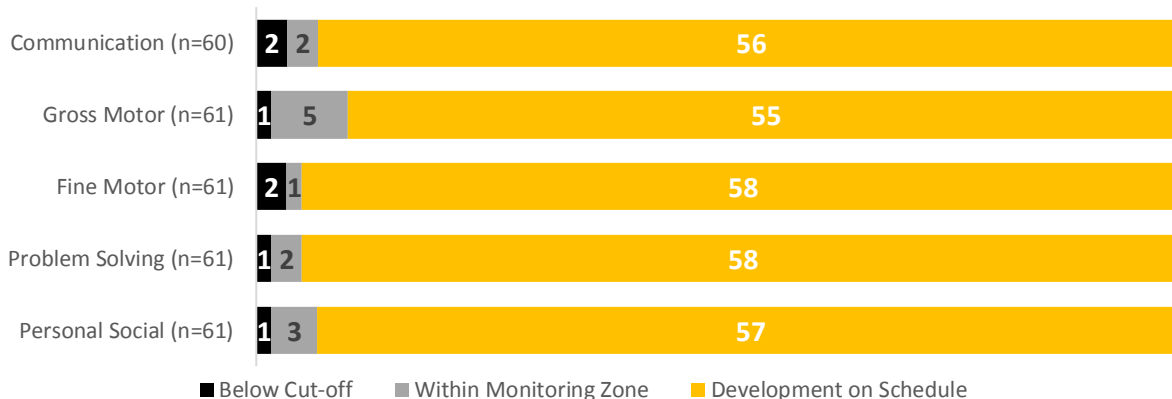
As stated before, the comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

Developmental Screenings Conducted with Families Served

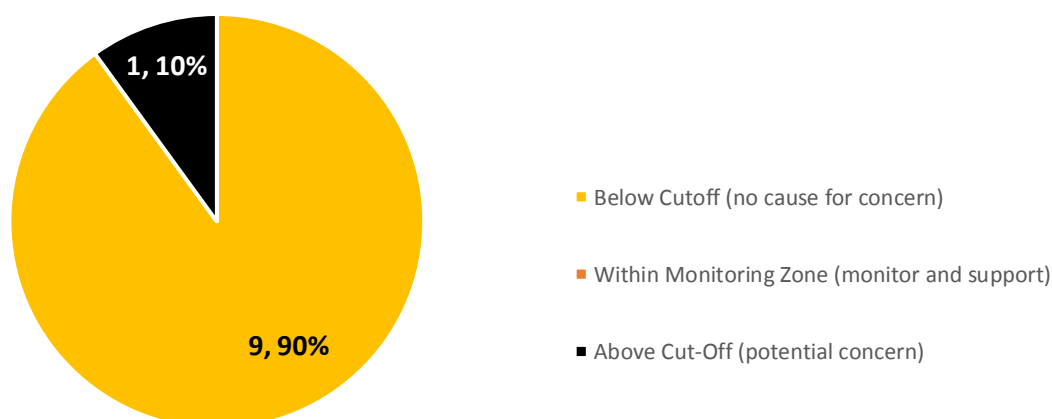


61 children in Hub 1 received developmental screenings

A total of 61 children (of 851 served by Hub 1) received developmental screenings. The majority of children screened had development that was on schedule. Six of the 61 (approximately 10%) children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to gross motor skills. Based on this, the Hub may want to consider developing curriculum that focuses on skill building in this particular developmental domain.



A total of 10 children received social and emotional developmental screenings in Hub 1. The majority of children in Hub 1 screened demonstrated no need for concern. One child was identified as needing ongoing monitoring and support or referral for additional assessment.



Data was not collected from entering T-K and kindergarten families regarding whether developmental screenings were obtained for their children.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		39,658	Race	Total Population	Service Population
Total Served		1,482	White	82%	65%
Surveys collected		110	Multiracial	5%	11%
Age			Black	2%	.4%
Adults		631 (43%)	American Indian	<1%	.5%
Children		851 (57%)	Asian/Pac Islander	10%	6%
Under 3		523 (61%)	Hispanic	9%	4%
3 to 6		328 (39%)	Other	-	5%
Age Unknown		0	Unknown	-	14%
Income		Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population
		\$154,631	6%	Primary language English	-
Education		Total Population	Service Population	Primary language Spanish	-
- HS Graduates		96%	92%	Primary language other	-
- Bachelor's Degree		52%	75%	Primary language unknown	-

Outcome data provided below has a 6.60% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	13%	95%	97%	96%
Parental Resilience	8%	97%	99%	96%
Concrete Support in Times of Need	15%	84%	91%	87%
Children's Social and Emotional Security	10%	95%	96%	98%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	10%		-	1049 people / 152 events
Every day	81%		47%	62 people / 15 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	91%		95%	1 person / 10 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	58%		71%	1 person / NA
Developmental Screenings	Population Served			Playgroups
ASQ	61 (of 851 served)			248 people / 19 events
ASQ:SE	10			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 1, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 1 has served a considerable amount of families with young children:** Hub 1 served 631 families and 851 children ages 0-5. Additionally, they have provided a significant amount of services to these families, most of which were Storytime activities. Staff report that the relationship that is developed with families, the comfort created in the setting, and the high quality of service provision are all contributing factors to consistent and repeat attendance at services.
- **Hub 1 created positive connections between families:** Hub 1 participants experienced the most growth in the protective factor that is related to “concrete support in times of need.” Additionally, both parent focus group participants and staff noted that connecting families to other families and to information about resources available is a key strength of the Hub 1 service delivery strategy.
- **Hub 1 supports regular reading routines within families:** A high percentage of families participating in Hub 1 services report reading to their children on a daily basis. Whereas 81% of Hub 1 participating families report reading to their children every day, only 47% of families of entering T-K or kindergarten students report reading to their children every day.

Storytime is well organized, geared for different age groups and services are offered at convenient times.

Parent in Hub 1 Focus Group

Considerations

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served. In addition, the number of medical and dental supports reported was extremely low. Staff noted that it can be difficult to collect enrollment data from families prior to a service being delivered. They also noted that when services are provided over the phone, there is not always documentation to track and report those services. Hub 1 may want to examine the manner in which data is collected from families and for service provision to ensure that data accurately reflects the families being served and the services provided.
- **Increase outreach to at-risk families:** The results of the Protective Factors Survey (PFS), the demographics of those who responded to the Family Survey, and staff observations support the conclusion that Hub 1 may be serving primarily high-functioning families. Although these families certainly benefit from Hub services, there may be an opportunity for Hub 1 to conduct targeted outreach to at-risk families with young children in the area. It is recommended that Hub 1 create an outreach plan that is responsive to both staffing limitations and establishing concrete strategies to address this challenge and effectively reach targeted at-risk populations.

- **Prioritize messaging aimed at early dental care:** Hub 1 has high rates of access to preventive medical services; however, families who completed the Family Survey reported that only 58% of children had received dental care within the past 6 months. This may be attributable to many factors, including parental attitudes and inconsistent messages from dental care providers, as well as staffing issues. Hub 1 may want to consider a messaging campaign that stresses the importance of early and consistent dental care for their children.
- **Encourage the completion of a developmental screening:** Hub 1 provided services to 851 children, of which 61 had an ASQ developmental screening (7% of the population served), and 10 had an ASQ:SE social-emotional developmental screening completed. Staff and parents noted that the length of the tool, as well as the difficulty completing it in the library setting, may be factors contributing to the low percentage of parents/caregivers that had completed the screening on behalf of the children in their care. The Hub may want to strategize ways to support completion in a setting that is more conducive to completion in an effort to have more children screened for a developmental delay.

In addition, both staff and two of the four of the focus group participants (both who were caretakers) noted that caretakers don't often feel comfortable completing the ASQ. The Hub may want to establish messaging that promotes the value and administration of the developmental screening tool by both parents and caretakers.

As a caregiver, I didn't feel like I should be the one to complete the survey.

Caretaker in Hub 1 Focus Group

- **Collect more family surveys:** Hub 1 collected 110 family surveys, representing approximately 17% of all families served by the Hub. Family surveys are critical in understanding the impact that Hub services have had on families being served. The following strategies are being offered for consideration in an effort to increase the number of surveys collected:
 - Maintain messaging about family survey completion throughout the year, not just during the time that surveys are issued. This may help families understand the importance of the survey and support completion when the request is made.
 - Communicate what value of the survey to both funding and program development. Help families understand that the survey is not only used by the funder to determine the value of services being offered but also plays a role in determining what will be offered in the future through the Hub. Let families know that completion of the survey is their opportunity to let their voice be heard in shaping the services for the future.
 - Consider incentives that are responsive to the Hub 1 population. Identify what motivates families, and provide incentives that are aligned to those motivations to support survey completion.

The following service recommendations were offered by participants in the parent focus groups:

Family Services	Child Services
<ul style="list-style-type: none"> - Mobile dental services - Parent night out - Parent and child yoga - Youth services (12 - 18 years) 	<ul style="list-style-type: none"> - Physical fitness/active play - Rainy day activities

Community Hub 2: Cameron Park

Community Hub 2 is within Supervisorial District 2 and includes the communities of Cameron Park, Fairplay, Grizzly Flat, Latrobe, Mt. Aukum, Outingdale, Pleasant Valley, and Somerset.

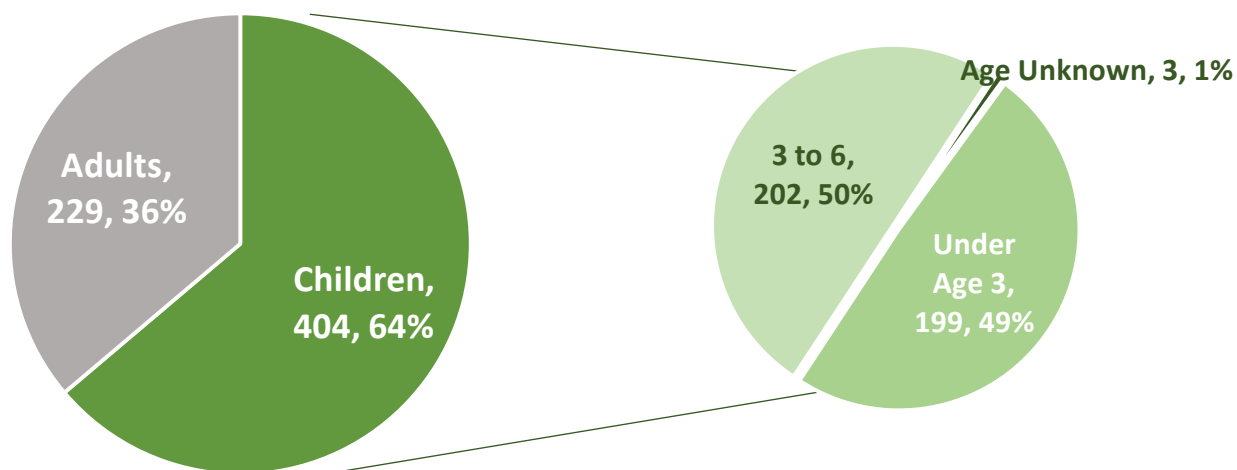
Who Was Served

Demographics of families Served



Community Hub 2 has a total service population of 36,809. In FY 2017-2018, the Community Hub provided services to a total of 633 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 50% were between the ages of 3 to 6, although only by a small margin, as demonstrated in the pie charts below.



The majority of the population served was white (529 or 84%) followed Hispanic/Latino (23 or 4%). The race and ethnicity of the population served is depicted in the table below.

White	Black	American Indian	Asian/ Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
529 (84%)	4 (<1%)	3 (<1%)	6 (1%)	8 (1%)	23 (4%)	2 (<1%)	58 (8%)

The majority of individuals served spoke English as their primary language (91% or 574). The remaining languages spoken by individuals served were unknown (9% or 58) or Spanish (0.2% or 1).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 99 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 43% of the families served by Hub 2.

Socio-Economic Characteristics of Families Served

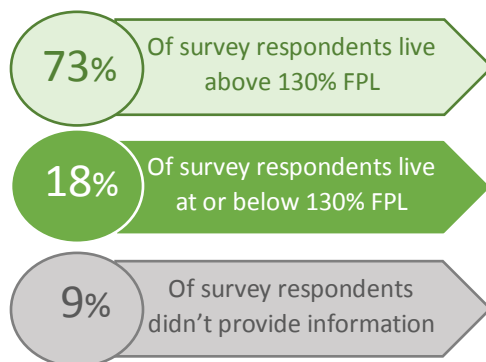
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



18% of survey respondents in Hub 2 live at or below 130% of the Federal Poverty Level

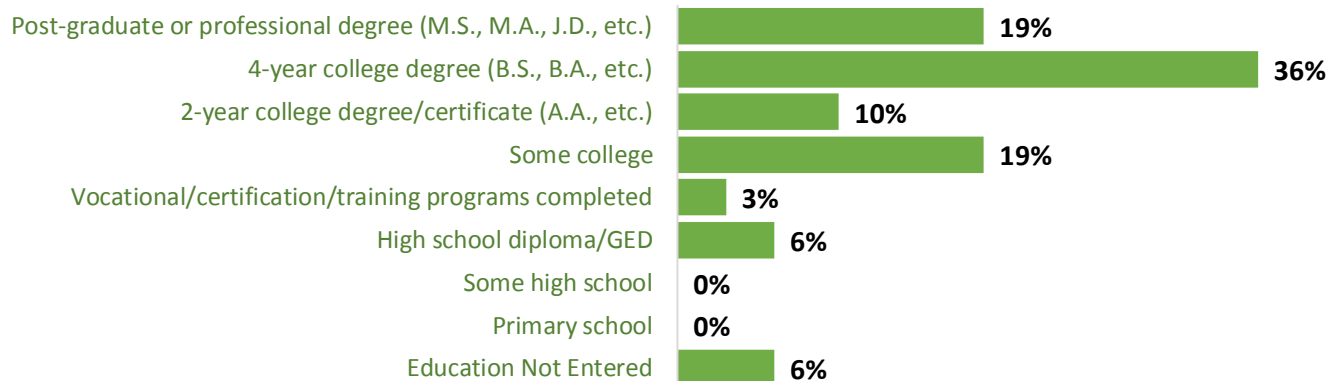
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

18% of families (18 of 99 families) who completed the Family Survey in Hub 2 live at or below 130% of the Federal Poverty Level. 9% (or 9) of families who completed the survey did not provide enough information to determine their economic situation.








65% of survey respondents in Hub 2 have completed at least a two-year degree or more

The parents of families in Hub 2 who completed the Family Survey have completed at least a two-year degree from a higher education institution or more. All respondents indicated achieving a high school diploma or higher. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	482	174
 Raising a Reader Activities	100	16
 Play and Learn Activities	56	11
 Connect Families to Medical Providers	4	33
 Connect Families to Dental Providers	0	N/A*

Families in Hub 2 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

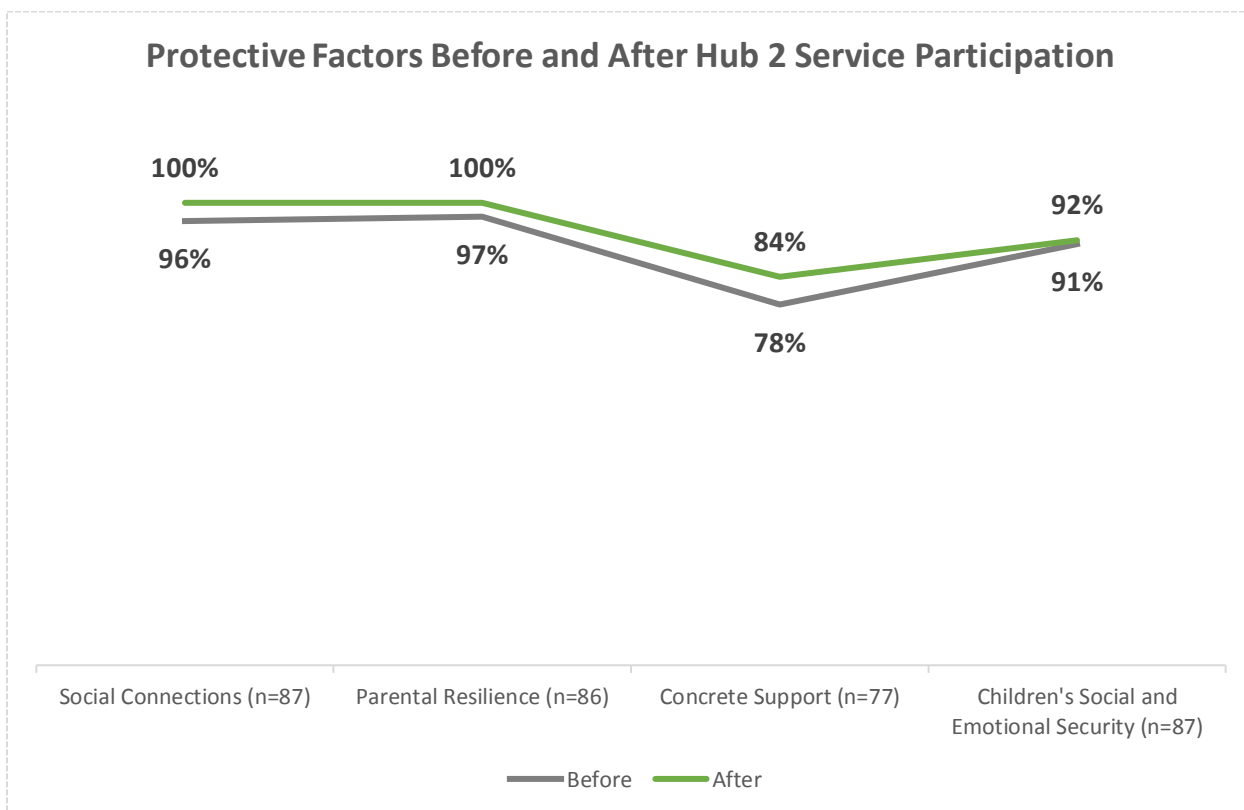
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 2 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 2 Participant Data	229	99	7.44%
Community Level Data	154	59	10.05%

Protective Factors of Families Served

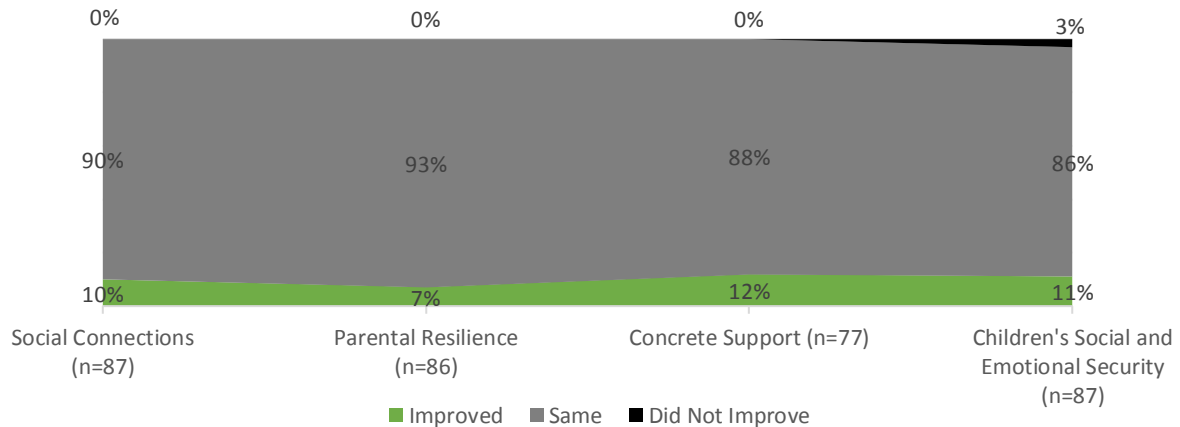
The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 91 families provided information regarding protective factors, the results of which are provided in the line graph below.



Results indicate that families participating in Hub 2 services were relatively high functioning prior to participation in services, and experienced little to moderate gains within protective factors. The most amount of gain was associated with concrete support in times of need which improved by 6%.

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 7% and 12% of families participating in Hub 2 services who completed the Family Survey experienced growth within the protective factors. The majority of families had the same presence of protective factors before and after receiving services as indicated in the chart below.

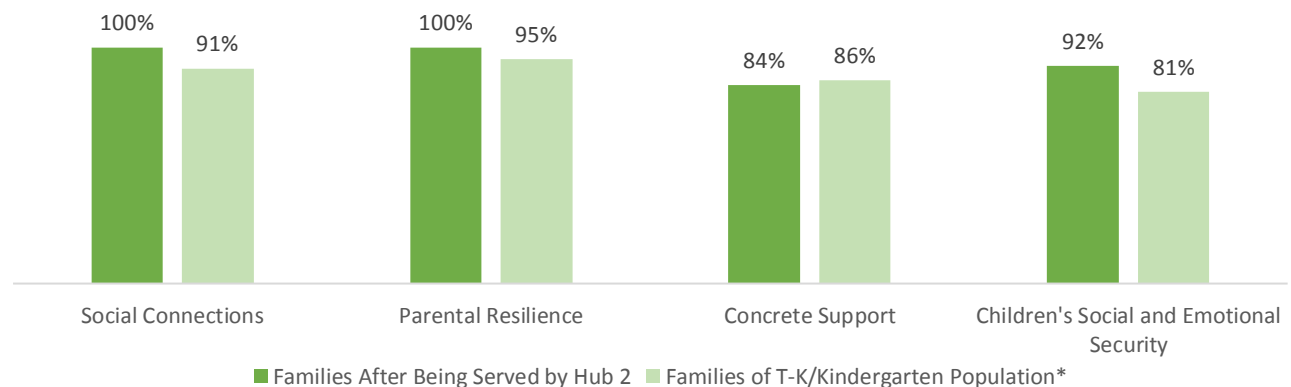
Percent of Hub 2 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 2 services who completed the Family Survey scored higher in three of four protective factor domains than families of incoming T-K and kindergarten students at schools within the Hub 2 service area. That being said, results should be analyzed with caution as the margin of error for the T-K and kindergarten data set was rather high at 10.05%

Comparison Between Families Served by Hub 2 and Families of T-K/Kindergarten Students



*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.

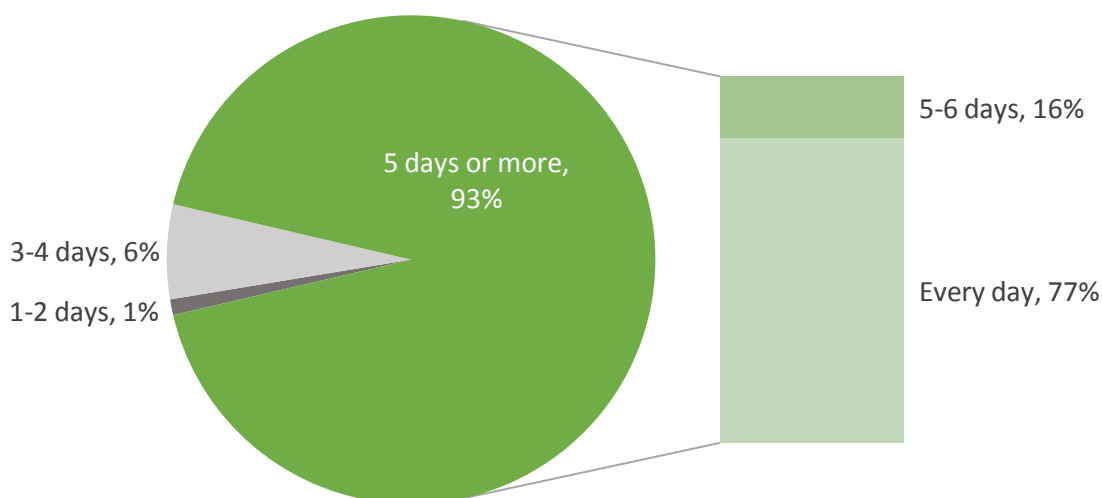
Reading Routines of Families Served



77% of families who responded to the survey in Hub 2 read to their children every day

Families in Hub 2 who responded to the Family Survey read to their children frequently. 77% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=96)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 2 services that read to their children every day totaled 77%, while 59% of families with children entering T-K or kindergarten reported reading to their children every day.

Children are Read To Every Day



Results should be analyzed with caution as the margin of error for the T-K and kindergarten data set was rather high at 10.05%

Preventive Medical and Dental Care of Families Served

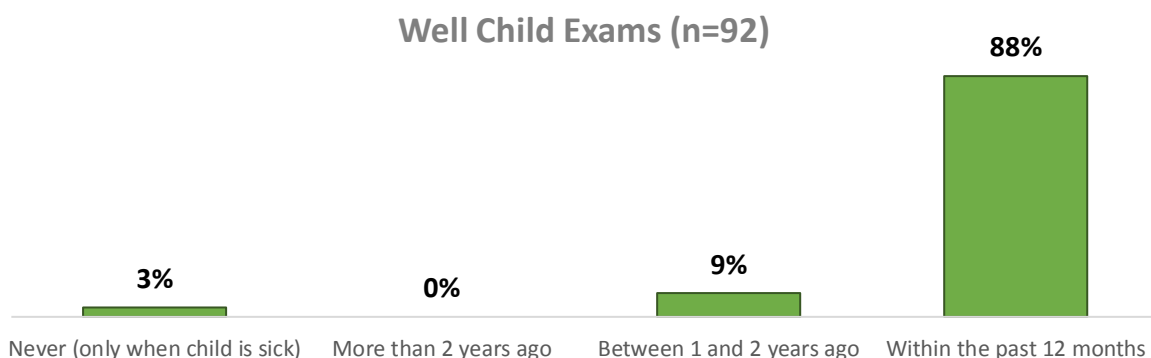
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



88% of Hub 2 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 2, 88% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 2 services that received well-child care within the last year totaled 88%, while 92% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.



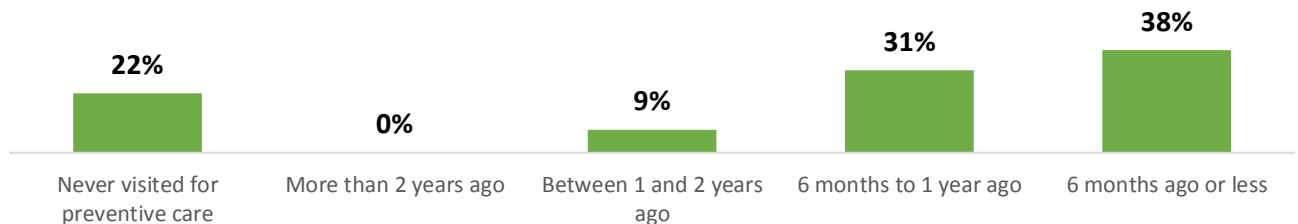
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration. In addition, the margin of error for this T-K and kindergarten set was high at 10.05%



38% of Hub 2 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 38% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 22% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

Dental Visits (n=81)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, participating in Hub 2 services that received preventive dental care within the last six months totaled 38%, while 69% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



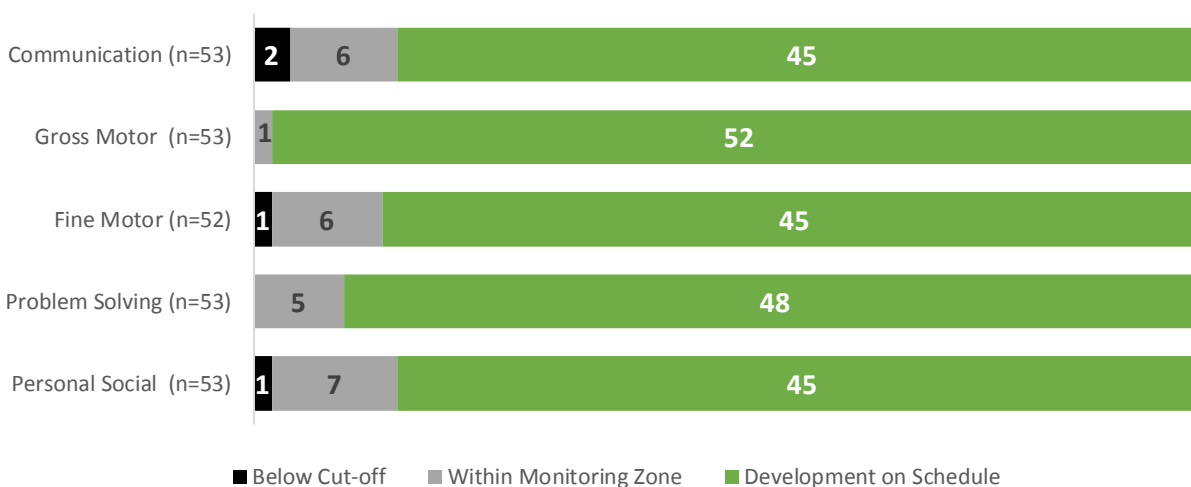
As stated before, the comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration. In addition, the margin of error for this T-K and kindergarten set was high at 10.05%

Developmental Screenings Conducted with Families Served

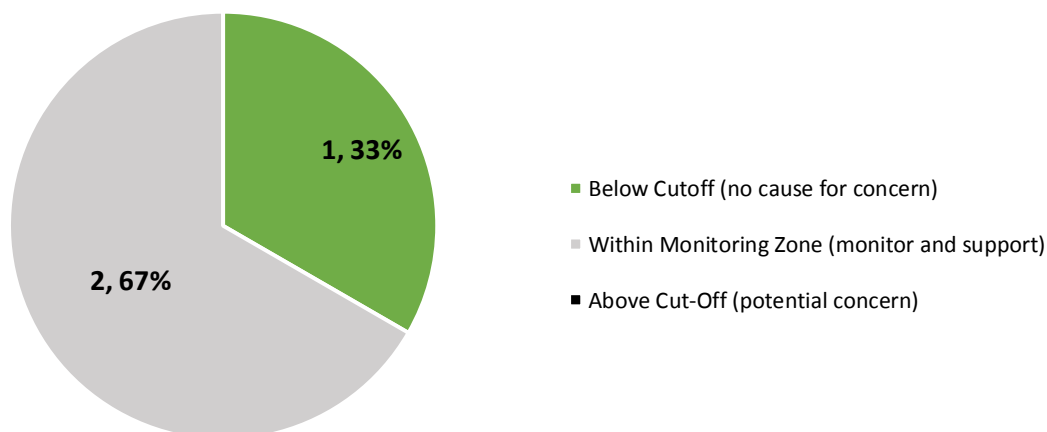


53 children in Hub 2 received developmental screenings

A total of 53 children (of 404 served by Hub 2) received developmental screenings. The majority of children screened had development that was on schedule. Eight of the 53 children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to communication and personal/social skill. These may be areas that the Hub wants to focus its instruction on in the future.



A total of three children received social and emotional developmental screenings in Hub 2. Two of those three children were identified as needing ongoing monitoring and support.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		36,809		Race	Total Population	Service Population
Total Served		633		White	90%	84%
Surveys collected		99		Multiracial	4%	1%
Age				Black	1%	.6%
Adults		229 (36%)		American Indian	1%	.5%
Children		404 (64%)		Asian/Pac Islander	3%	1%
Under 3		199 (49%)		Hispanic	11%	4%
3 to 6		202 (50%)		Other	-	.3%
Age Unknown		3 (1%)		Unknown	-	8%
Income		Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population	Service Population
		\$103,615	18%	Primary language English	-	91%
Education		Total Population	Service Population	Primary language Spanish	-	.2%
- HS Graduates		93%	93%	Primary language other	-	0
- Bachelor’s Degree		31%	55%	Primary language unknown	-	9%

Outcome data provided below has a 6.60% margin of error.

Protective Factors	% of Population Served that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	10%	96%	100%	91%
Parental Resilience	7%	97%	100%	95%
Concrete Support in Times of Need	12%	78%	84%	86%
Children’s Social and Emotional Security	11%	91%	92%	81%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	16%		-	482 people / 174 events
Every day	77%		59%	100 people / 16 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	88%		92%	4 people / 33 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	38%		69%	0 /NA
Developmental Screenings	Population Served			Playgroups
ASQ	53 (of 404 served)			56 people / 11 events
ASQ:SE	3			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 2, and take into consideration the quantitative data presented as well as the input received by Hub team members.

Strengths

- **Hub 2 created positive connections between families:** Hub 2 participants experienced the most growth in the protective factor that is related to “concrete support in times of need.” Staff noted that the Hub team are intentional about developing relationships with families and encouraging peer support between families in the Hub which both contribute to this strength.
- **Hub 2 is collecting comprehensive demographic data of families being served:** Hub 2 had the most comprehensive data collected from families served across all Hub sites. Staff attributes this to a thorough explanation of why the survey is being issued and proper instruction on survey completion. They also offer incentives to support survey completion.

Considerations

- **Increase outreach efforts to serve more families:** The number of families served by Hub 2 totaled 229, while the entire targeted service population is 36,809. There are a number of barriers that were identified by staff that could negatively impact participation to include families lacking transportation, inconvenient location/timing of services, and interest in services. Other potential barriers identified include staffing shortages and an inconsistent relationship between the Hub and the service population. Hub 2 may want to consider these barriers and establish strategies to mitigate the impact that these have on families accessing services. Additionally, specific outreach for at-risk populations should be established as data indicates that this population is under-represented as service recipients.
- **Strategize around supports for routine dental care:** Only 38% of families surveyed indicated that their children (ages 1 through 5) had accessed dental care within the past 6 months. Barriers to accessing dental care, as identified by Hub staff, included a lack of transportation, and inadequate information around availability of resources and insurance options. Stigma was also identified as a potential barrier to access. Opportunities identified to encourage routine dental care amongst families served through the Hub include promotion of the dental van as a resource which is available at school sites and distribution of health tips for families.
- **Encourage the completion of a developmental screening:** Hub 1 provided services to 404 children, of which 53 had an ASQ developmental screening (13% of the population served). Staff noted that it may be helpful to take a team approach to ASQ completion as well as having staff present and available to support tool completion by parents.
- **Collect more family surveys:** Hub 2 collected 99 family surveys, representing approximately 43% of all families served by the Hub. While this is a considerable increase from last year, the number of surveys needed to reach the standard 95% confidence level is higher than what was actually collected. This year, a Hub specific goal for family survey collection should be established based on the 95% confidence level at the Hub level.

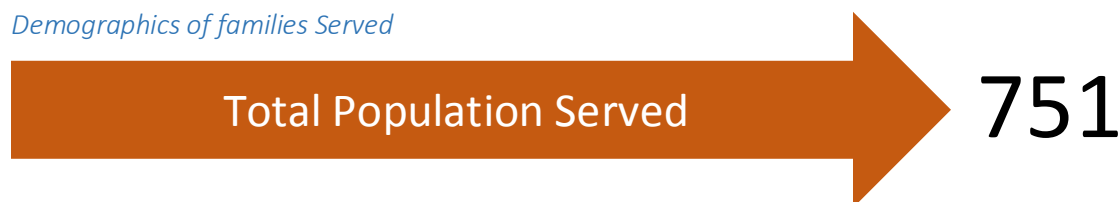
No service suggestions are being offered as there were no parents that participated in the scheduled parent focus group.

Community Hub 3: Placerville

Community Hub 3 is within Supervisorial District 3 and includes the communities of Camino, Diamond Springs, El Dorado, and Placerville.

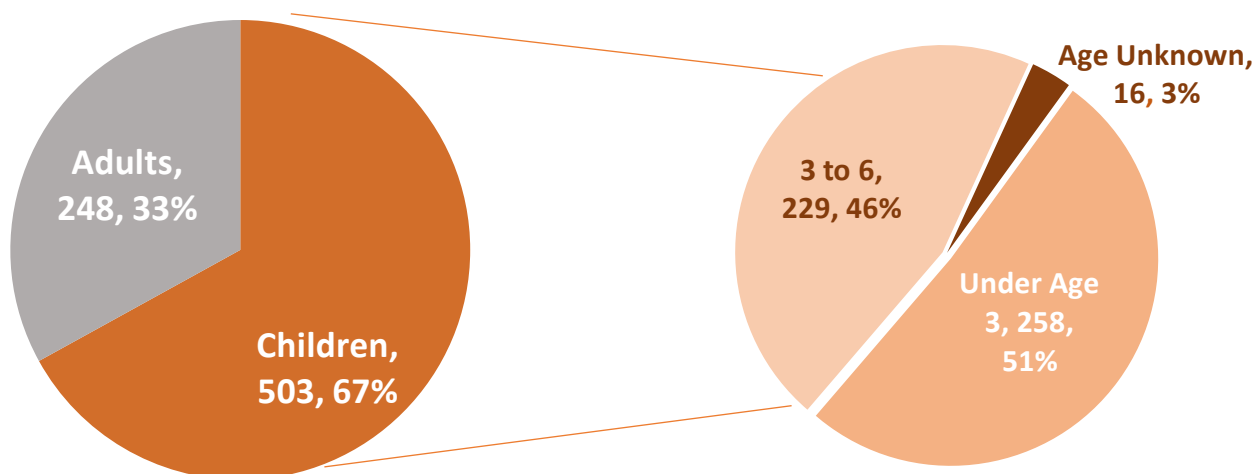
Who Was Served

Demographics of families Served



Community Hub 3 has a total service population of 30,597. In FY 2017-2018, the Community Hub provided services to a total of 751 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 51% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (426 or 57%) followed by Hispanic/Latino (87 or 12%). Approximately 7% (54) of the population served identified as multiracial. The race and ethnicity the population served are depicted in the table below.

White	Black	American Indian	Asian/ Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
426 (57%)	5 (<1%)	2 (<1%)	5 (<1%)	54 (7%)	87 (12%)	27 (4%)	145 (20%)

The majority of individuals served spoke English as their primary language (71% or 535) followed by Spanish (6% or 42). The remaining languages spoken by individuals served were unknown (22% or 162).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 110 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 44% of the families served by Hub 3.

Socio-Economic Characteristics of Families Served

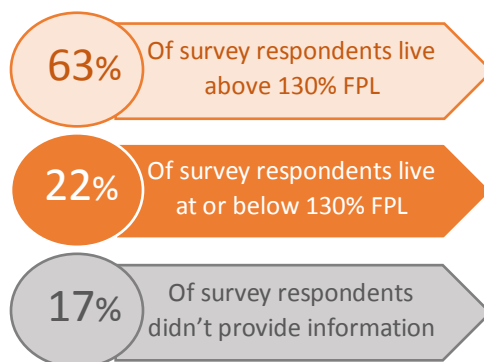
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



22% of survey respondents in Hub 3 live at or below 130% of the Federal Poverty Level

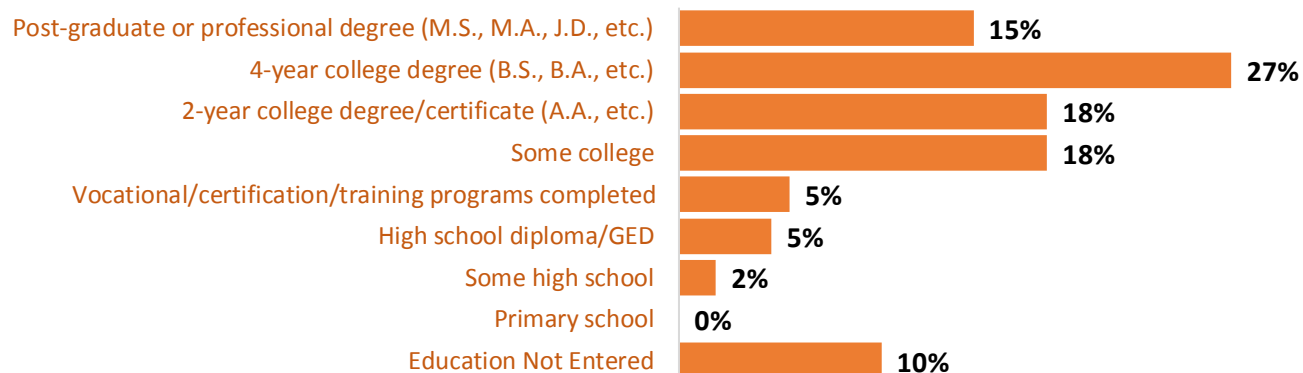
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

22% of families (22 of 110 families) who completed the Family Survey in Hub 3 live at or below 130% of the Federal Poverty Level. 17% (or 19) of families who completed the survey did not provide enough information to determine their economic situation.








60% of survey respondents in Hub 3 have completed at least a two-year degree or more

The majority of parents who completed the Family Survey in Hub 3 have completed at least a two-year degree from a higher education institution or more. Only 2% of parents indicated that they had not received at least their high school diploma or GED. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	527	204
 Raising a Reader Activities	42	16
 Play and Learn Activities	69	13
 Connect Families to Medical Providers	21	251
 Connect Families to Dental Providers	17	N/A*

Families in Hub 3 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

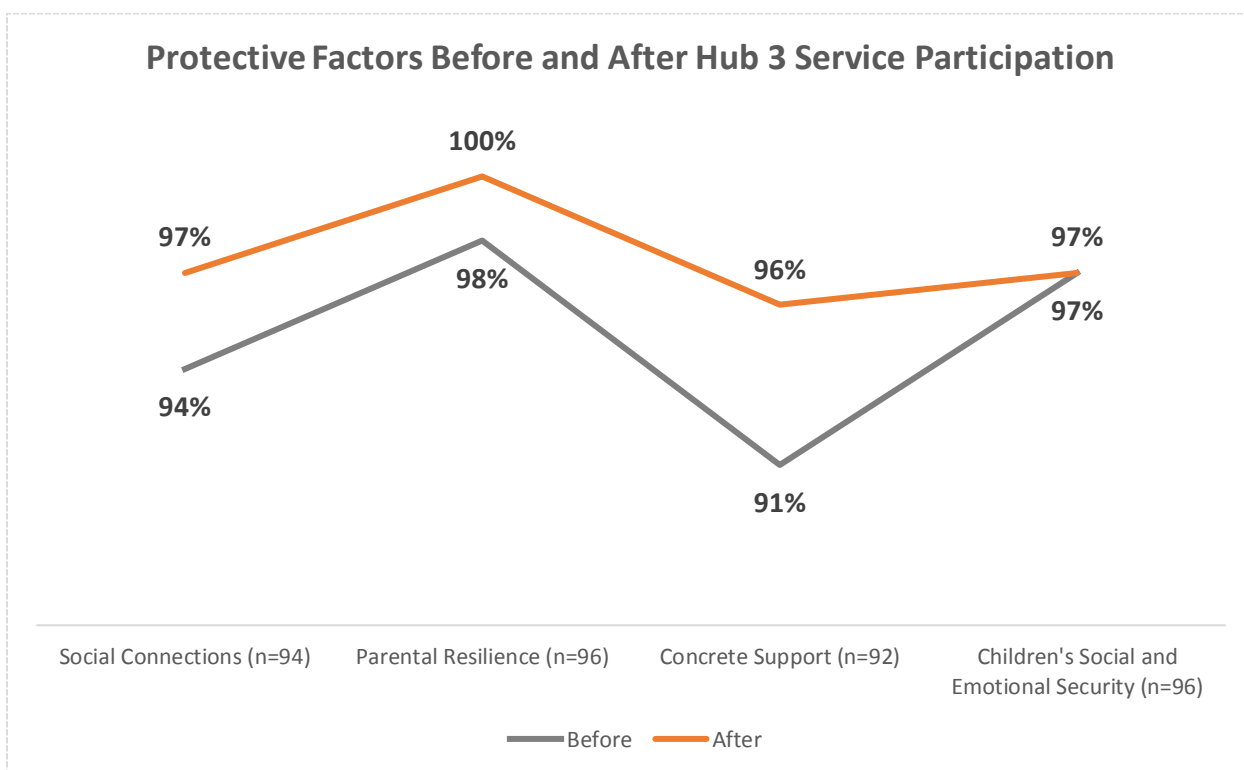
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 3 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 3 Participant Data	248	110	6.98%
Community Level Data	297	178	4.66%

Protective Factors of Families Served

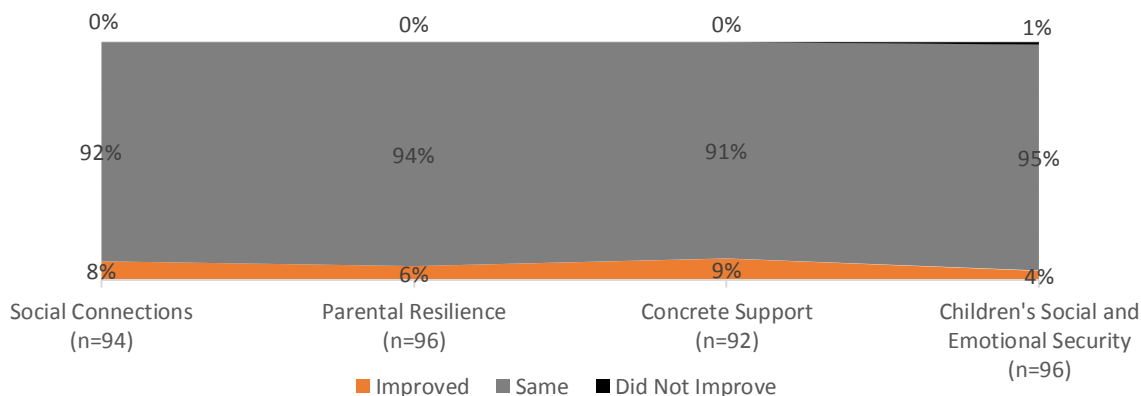
The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 96 families provided information regarding protective factors, the results of which are provided in the line graph below.



Results indicate that families participating in Hub 3 services were relatively high functioning prior to participation in services, and experienced little to moderate gains within protective factors. The most amount of gain was associated with concrete support in times of need which improved by 5%.

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 4% and 9% of families participating in Hub 3 services who completed the family survey experienced growth within the protective factors.

Percent of Hub 3 Participants that Experienced Change in Protective Factors Following Service Delivery



The majority of families had the same presence of protective factors before and after receiving services as indicated in the chart below.

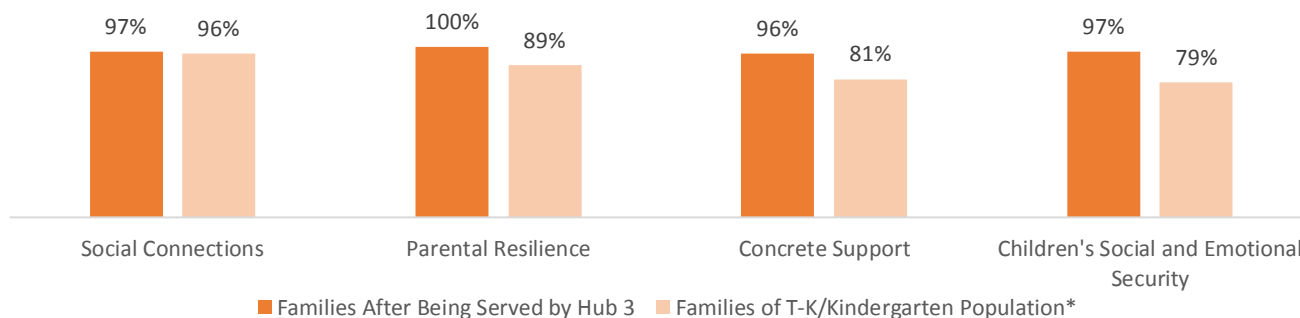
Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level.

The Hub teams are really good at engaging parents and children in activities.

Parent in Hub 3 Focus Group

Comparison Between Families Served by Hub 3 and Families of T-K/Kindergarten Students



As the chart above demonstrates, families participating in Hub 3 services, who completed the Family Survey, scored higher in all four protective factor domains measured than families of incoming T-K and kindergarten students at schools within the Hub 3 service area.

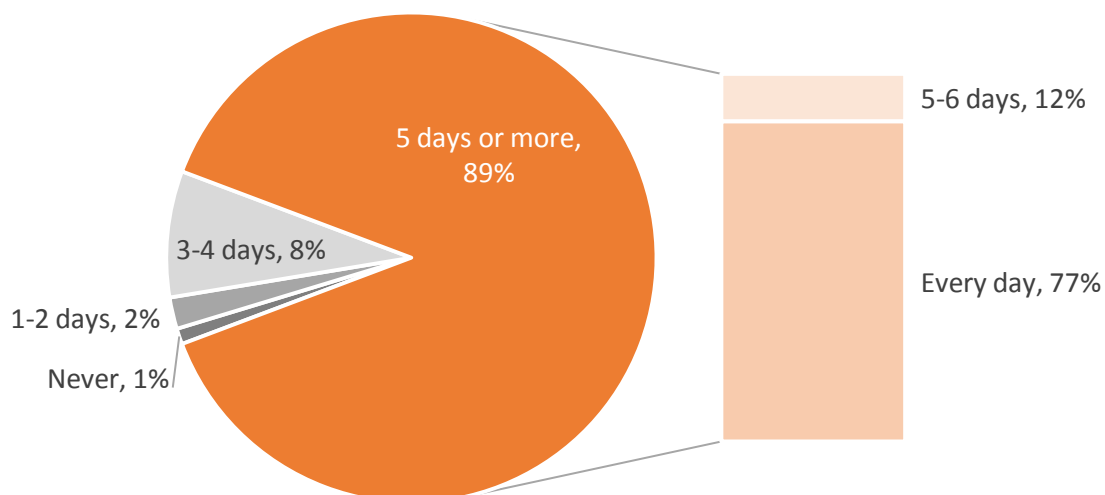
*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.



77% of families who responded to the survey in Hub 3 read to their children every day

Families in Hub 3 who responded to the Family Survey read to their children frequently. 77% read to their children every day, as the graph below demonstrates.

Frequency Children are Read to (n=95)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 3 services that read to their children every day totaled 77%, while 42% of families with children entering T-K or kindergarten reported reading to their children every day.

Children are Read To Every Day



Preventive Medical and Dental Care of Families Served

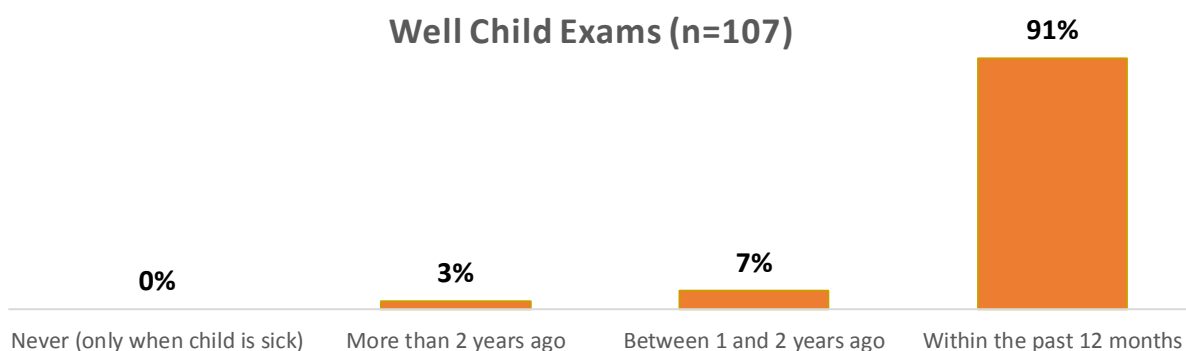
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



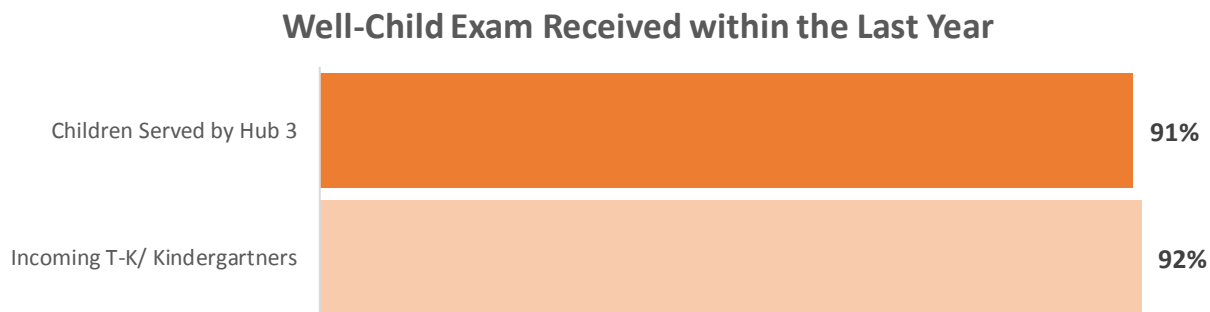
91% of Hub 3 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 3, 91% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 3 services that received well-child care within the last year totaled 91%, while 92% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.

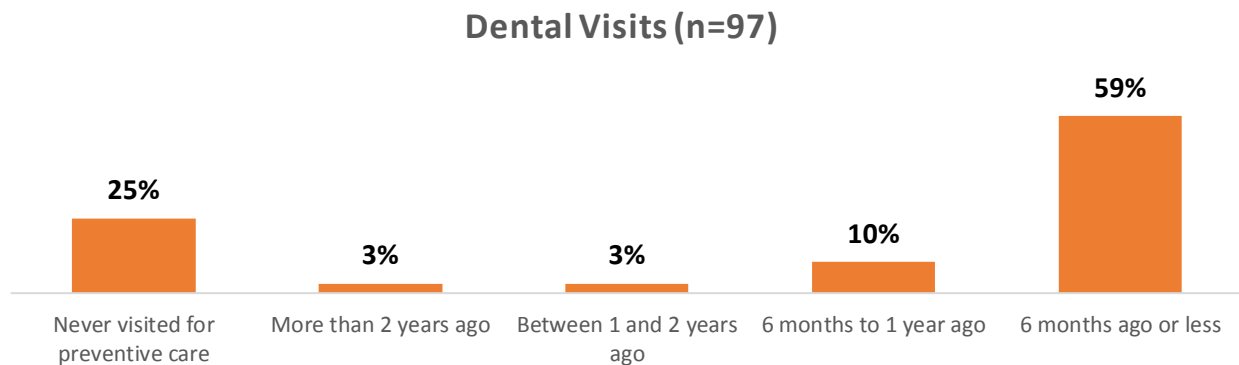


Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



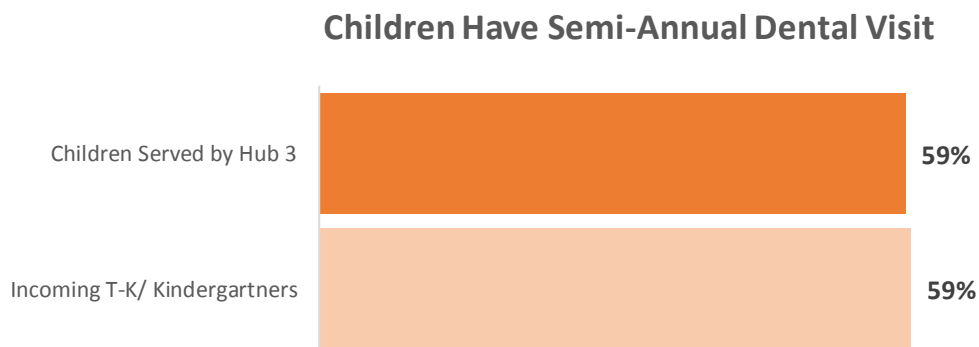
59% of Hub 3 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 59% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 25% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, families participating in Hub 3 services that received preventive dental care within the last six months totaled 59%, as did of families with children entering T-K or kindergarten.



As stated before, comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

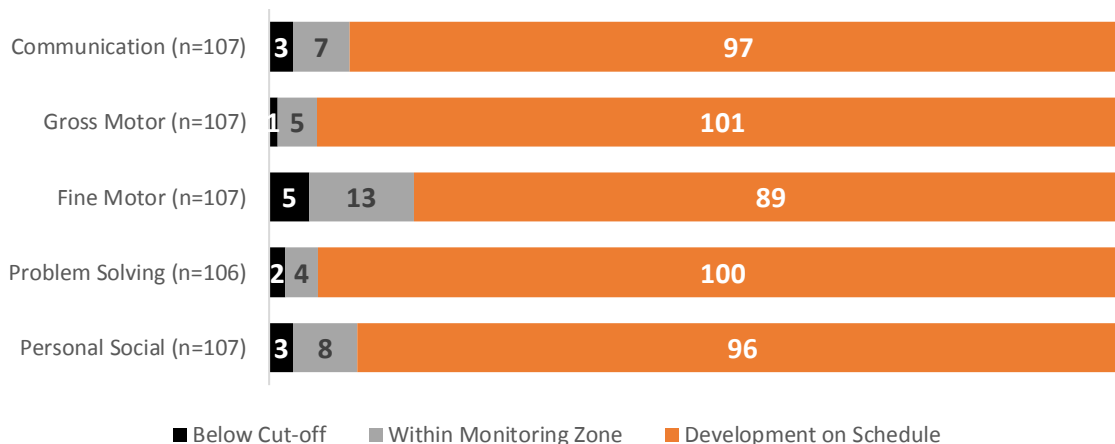
Developmental Screenings Conducted with Families Served



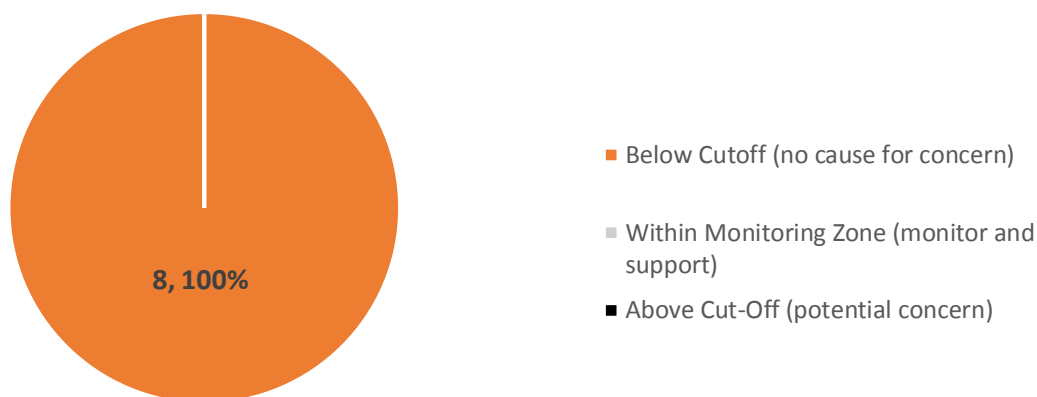
107 children in Hub 3 received developmental screenings

A total of 107 children (of 503 served by Hub 3) received developmental screenings. The majority of children screened had development that was on schedule. 18 of the 107 children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to fine motor skills. This may be an area that the Hub wants to focus its instruction on in the future.

Parents in the Hub 3 Focus Group appreciated that someone reviewed their child's results and communicated about them in a personal way.



A total of eight children received social and emotional developmental screenings in Hub 3. No children in Hub 3 screened demonstrated a need for concern.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		30,597	Race	Total Population	Service Population
Total Served		751	White	90%	57%
Surveys collected		110	Multiracial	3%	7%
Age			Black	<1%	.7%
Adults		248 (33%)	American Indian	2%	.3%
Children		503 (67%)	Asian/Pac Islander	1%	.7%
Under 3		258 (51%)	Hispanic	11%	12%
3 to 6		229 (46%)	Other	-	4%
Age Unknown		16 (3%)	Unknown	-	20%
Income	Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population	Service Population
	\$92,248	22%	Primary language English	-	71%
Education	Total Population	Service Population	Primary language Spanish	-	6%
- HS Graduates	91%	88%	Primary language other	-	0
- Bachelor's Degree	23%	42%	Primary language unknown	-	23%

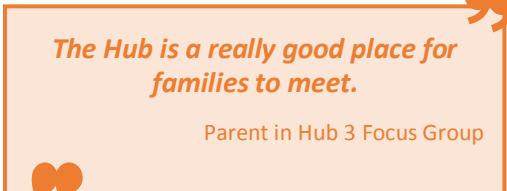
Outcome data provided below has a 6.98% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	8%	94%	97%	96%
Parental Resilience	6%	98%	100%	89%
Concrete Support in Times of Need	9%	91%	96%	81%
Children’s Social and Emotional Security	4%	97%	97%	79%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	12%		-	527 people / 204 events
Every day	77%		42%	42 people / 16 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	91%		92%	21 people / 251 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	59%		59%	17 people /NA
Developmental Screenings	Population Served			Playgroups
ASQ	107 (of 503 served)			69 people / 13 events
ASQ:SE	8			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 3, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 3 created positive connections between families:** Hub 3 participants experienced the most growth in the protective factor that is related to “concrete support in times of need.” Additionally, four of seven parent focus group participants noted that programming through Hub partners has helped them connect with other parents.
- 

The Hub is a really good place for families to meet.

Parent in Hub 3 Focus Group
- **Hub 3 supports regular reading routines within families:** A high percentage of families participating in Hub 3 services report reading to their children on a daily basis. Whereas 77% of Hub 3 participating families report reading to their children every day, only 42% of families of entering T-K or kindergarten students report reading to their children every day.
 - **Hub 3 is providing linguistically and culturally appropriate service delivery:** Hub 3 serves a considerable Hispanic population (12% of those served), with 6% of those served speaking Spanish as their primary language (based on data available). To appropriately service this population, the Hub employs bilingual staff, who conduct outreach and offer services and programming in Spanish. This strategy is an effective approach to ensuring culturally and linguistically appropriate services.

Considerations

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served (race/ethnicity was unknown for 20% of individuals served primary language was unknown for 23% of individuals served.) Hub 3 may want to examine the manner in which data is collected from families to ensure that data accurately reflects the families being served and allows the Hub to identify if they are serving families that match the demographics of their community.
- **Increase outreach to at-risk families:** The results of the Protective Factors Survey (PFS), and the socio-economic demographics of those who responded to the Family Survey support the conclusion that Hub 3 may be serving primarily high-functioning families. Although these families certainly benefit from Hub services, there may be an opportunity for Hub 3 to conduct additional targeted outreach to at-risk families with young children in the area. Staff noted that during this contract year, the Hub had success in reaching out to high-risk populations through Child Protective Services and incorporating them into programming. Hub 3 may consider leveraging this experience to conduct further targeted outreach to more at-risk populations.
- **Encourage the completion of a developmental screening:** Hub 3 provided services to 503 children, of which 107 had an ASQ developmental screening (21% of the population served), and

eight had an ASQ:SE social-emotional developmental screening completed. Parent focus group participants noted that the screening process was easy and the results were appreciated but stated that not everyone had knowledge about the resource. Staff identified an opportunity to establish a space where screenings could more easily take place and the value of encouraging parents to share their positive experiences with other parents to encourage completion of developmental screenings.

- **Collect more family surveys:** Hub 3 collected 110 family surveys, representing approximately 44% of all families served by the Hub. While this is a considerable increase from last year, the number of surveys needed to reach the standard 95% confidence level is higher than what was actually collected. Staff noted that there was mistrust amongst staff members about what the data is used for which may have impacted the number of surveys being collected. They also noted that the survey is long and can be intimidating and cumbersome for families to complete. The following strategies are being offered for Hub 3 consideration in an effort to increase the number of surveys collected:
 - Explore the use of the data and appropriate ways to request family completion with all team members to ensure understanding and comfort with survey collection.
 - Maintain messaging about family survey completion throughout the year, not just during the time that surveys are issued. This may help families understand the importance of the survey and support completion when the request is made.
 - Consider incentives that are responsive to the Hub 3 population. Identify what motivates families, and provide incentives that are aligned to those motivations to support survey completion.

There are additional considerations offered later in the document regarding tool structure that addresses the length and order of survey questions raised by Hub 3 staff members.

The following service recommendations were offered by participants in the parent focus groups:

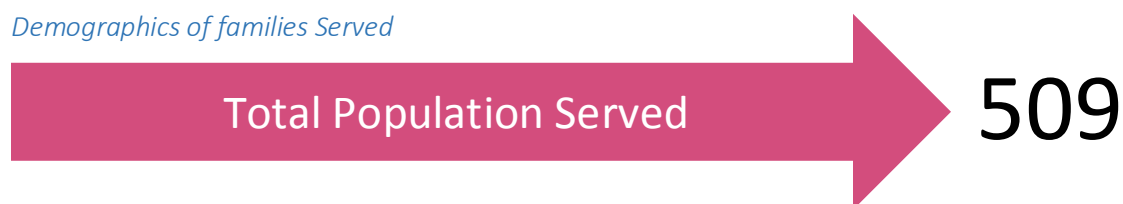
Family Services	Child Services
<ul style="list-style-type: none"> - Dad-exclusive activities (offered during the weekend) - Parent support/sharing groups - Workshops that focused on a child development topic and activities to support growth in that particular domain - Swap Services <ul style="list-style-type: none"> - Child/Maternity clothing swaps - Toy swaps - Nutrition Workshops <ul style="list-style-type: none"> - Age-specific recommendations - Food Safety - Family Meal Time options/routines - Health and Safety Workshops <ul style="list-style-type: none"> - Water Safety and Infant CPR - Safe products for kids - Go Bag Expo 	<ul style="list-style-type: none"> - Art/sensory activities - Language immersion classes - Activities that expose children to different cultures - Baby sign language - Physical fitness/active play (potentially outdoors) - Poor air day activities

Community Hub 4: Georgetown

Community Hub 4 is within Supervisorial District 4 and includes the communities of Coloma, Cool, Garden Valley, Georgetown, Kelsey, Pilot Hill, Rescue, and Shingle Springs.

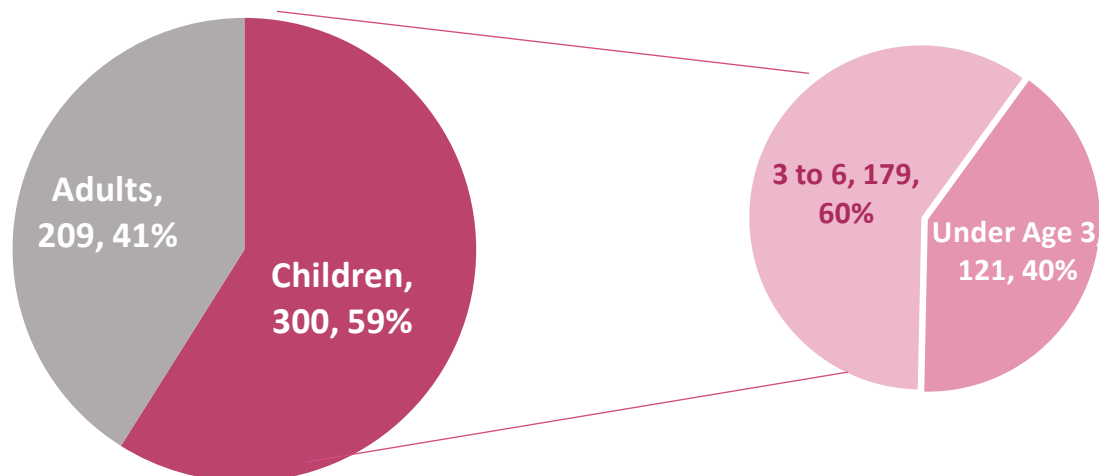
Who Was Served

Demographics of families Served



Community Hub 4 has a total service population of 40,718. In FY 2017-2018, the Community Hub provided services to a total of 509 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 40% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (323 or 64%). The race and ethnicity the population served are depicted in the table below.

White	Black	American Indian	Asian/ Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
323 (57%)	2 (<1%)	9 (<1%)	2 (<1%)	10 (7%)	11 (12%)	3 (4%)	149 (20%)

The majority of individuals served spoke English as their primary language (69% or 353) followed by Spanish (2% or 8). The remaining languages spoken by individuals served were unknown (29% or 145).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 34 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 16% of the families served by Hub 4.

Socio-Economic Characteristics of Families Served

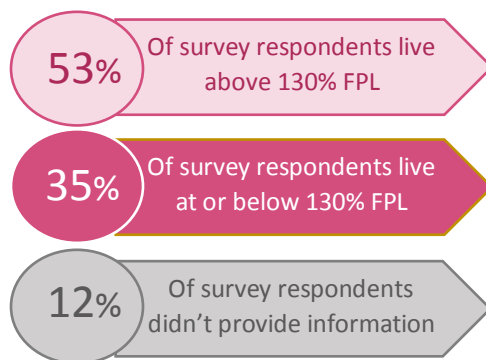
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



35% of survey respondents in Hub 4 live at or below 130% of the Federal Poverty Level

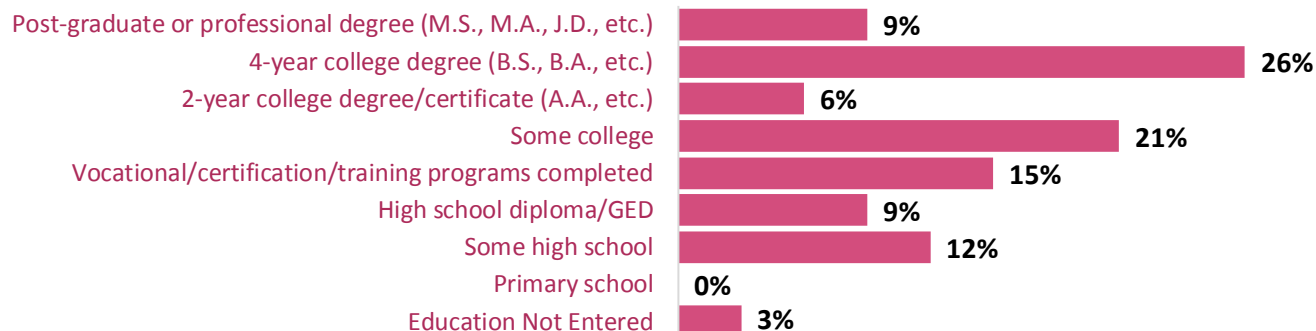
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

35% of families (12 of 34 families) who completed the Family Survey in Hub 4 live at or below 130% of the Federal Poverty Level. 12% (or 4) of families who completed the survey did not provide enough information to determine their economic situation.








41% of survey respondents in Hub 4 have completed at least a two-year degree or more

The majority of parents of families in Hub 4 who completed the Family Survey have completed at least some college or obtained degrees from a higher education institution. 12% of these parents (or 4) indicated that they had not received at least their high school diploma or GED. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	181	75
 Raising a Reader Activities	81	18
 Play and Learn Activities	72	18
 Connect Families to Medical Providers	10	346
 Connect Families to Dental Providers	17	N/A*

Families in Hub 4 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

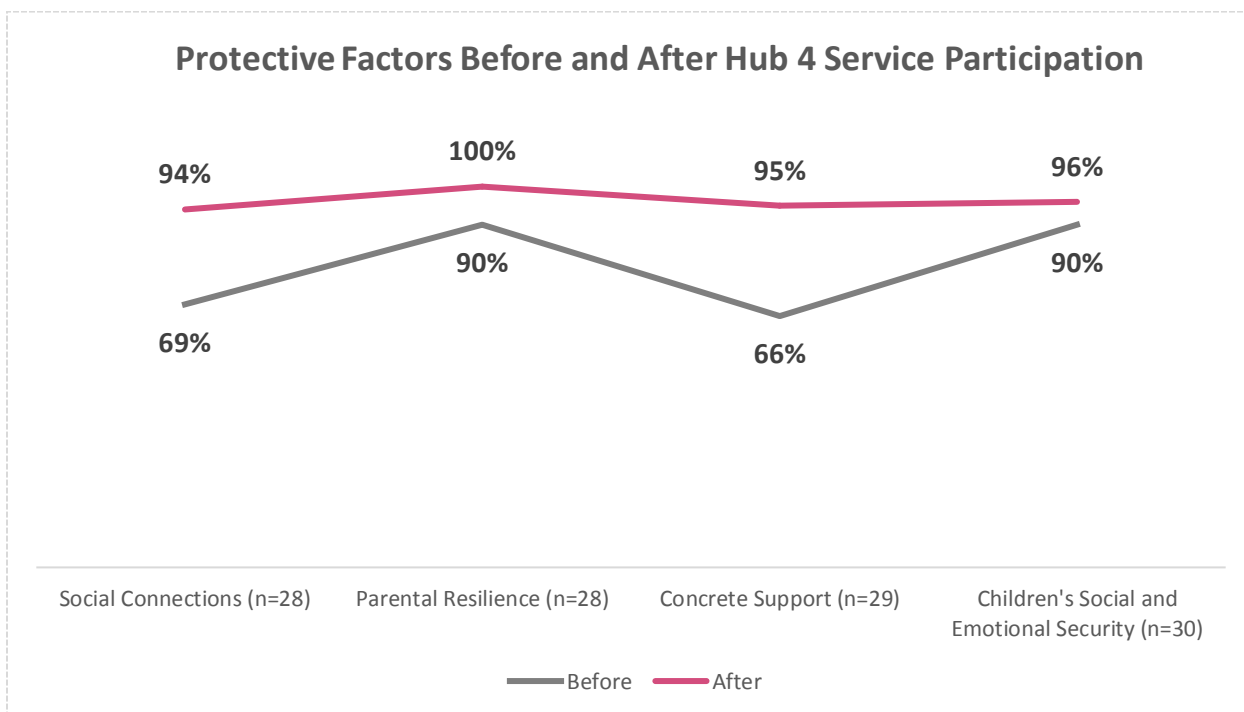
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 4 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 4 Participant Data	209	34	15.42%
Community Level Data	525	226	4.92%

Protective Factors of Families Served

The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 30 families provided information regarding protective factors, the results of which are provided in the line graph below.



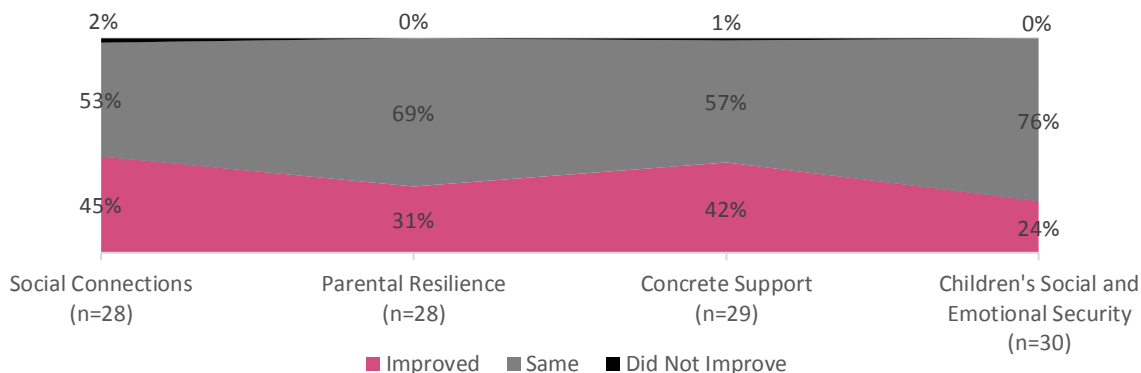
As the chart indicates, families experienced significant gains in relation to social connections and concrete support in times of need after participation in Hub 4 services.

We really appreciate how much is available through the Hub. For such a small community, we are lucky!

Parent in Hub 4 Focus Group

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 24% and 45% of families participating in Hub 4 services who completed the family survey experienced growth within the protective factors.

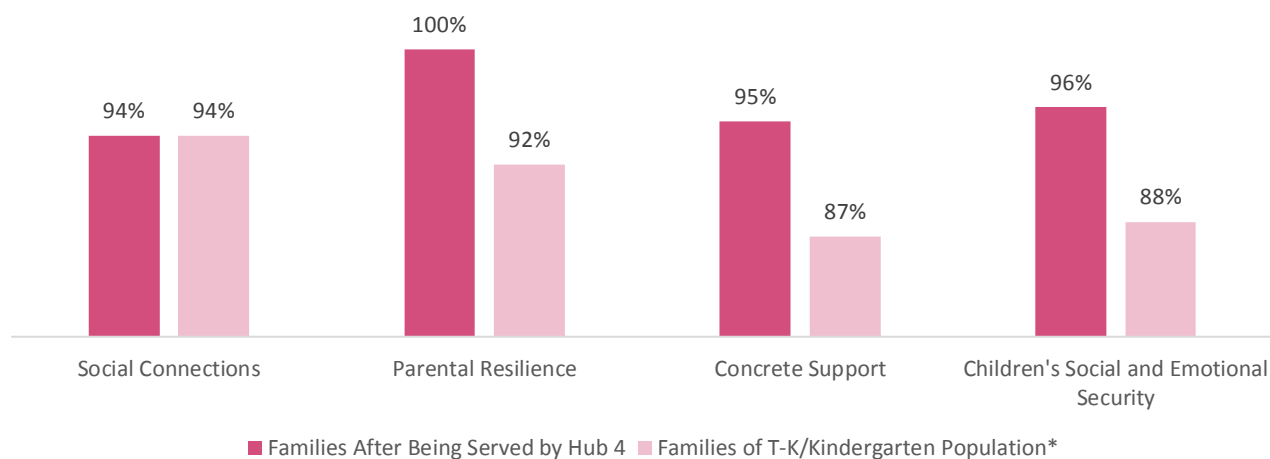
Percent of Hub 4 Participants that Experienced Change in Protective Factors Following Service Delivery



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 4 services, who completed the Family Survey, scored higher in three of the five protective factor domains than families of incoming T-K and kindergarten students at schools within the Hub 4 service area.

Comparison Between Families Served by Hub 4 and Families of T-K/Kindergarten Students



*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.

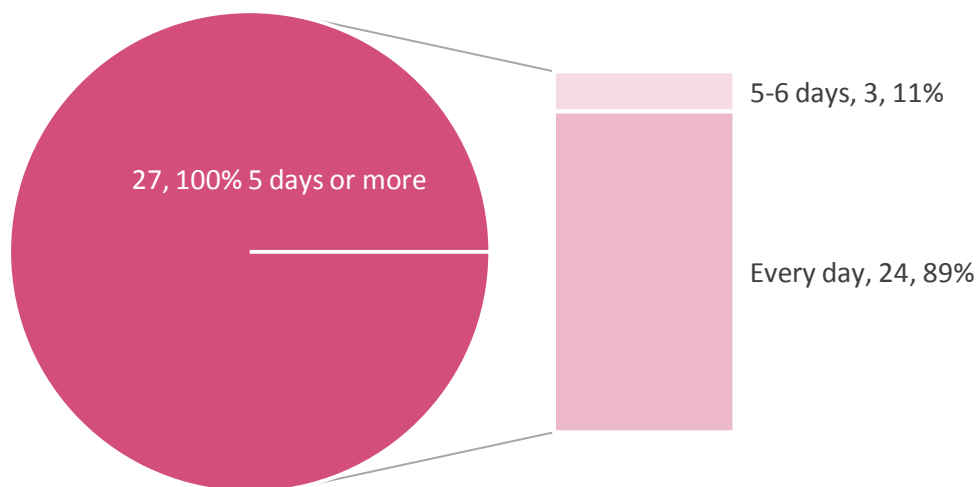
Reading Routines of Families Served



89% of families who responded to the survey in Hub 4 read to their children every day

Families in Hub 4 who responded to the Family Survey read to their children frequently. 89% read to their children every day, as the graph below demonstrates.

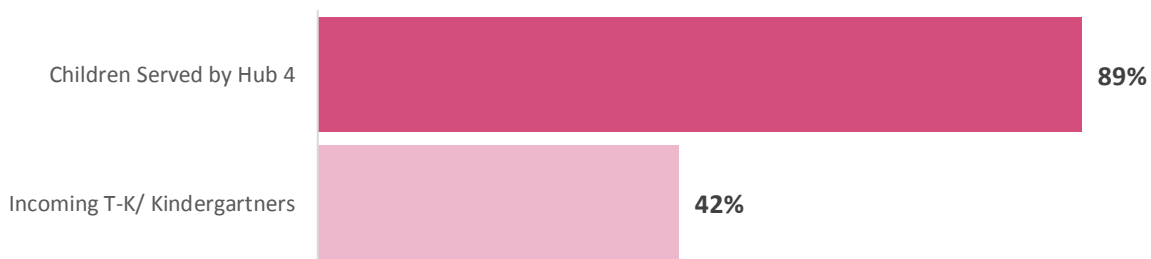
Frequency Children are Read to (n=27)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 4 services that read to their children every day totaled 89%, while 42% of families with children entering T-K or kindergarten reported reading to their children every day.

Children Are Read to Every Day



Preventive Medical and Dental Care of Families Served

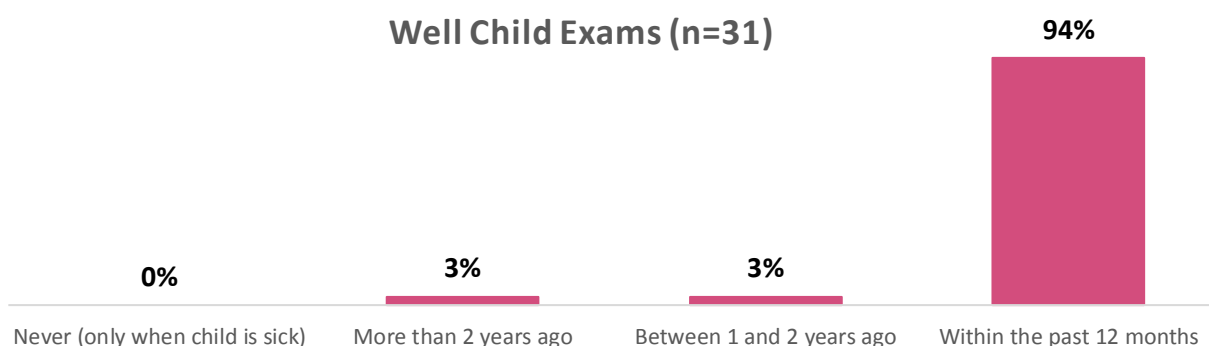
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



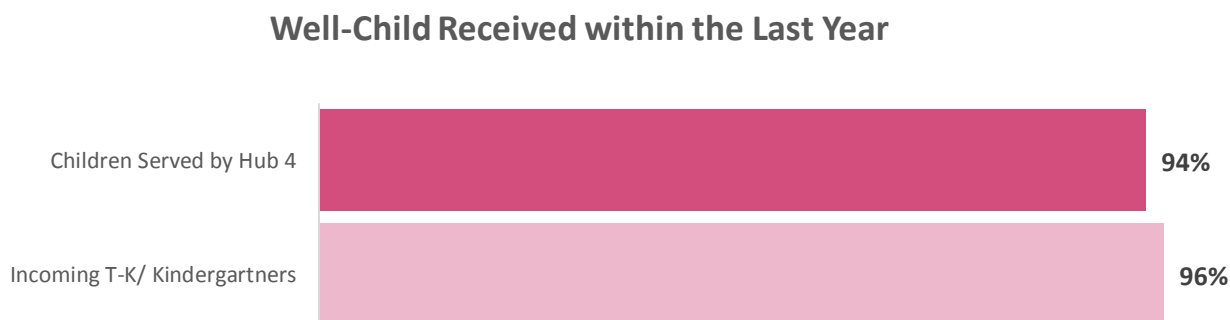
94% of Hub 4 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 4, 94% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 4 services that received well-child care within the last year totaled 94%, while 96% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.

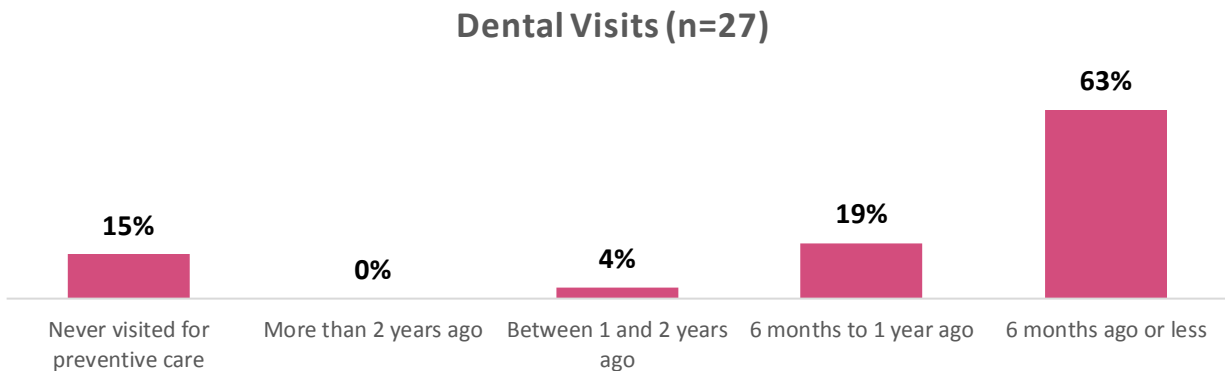


Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



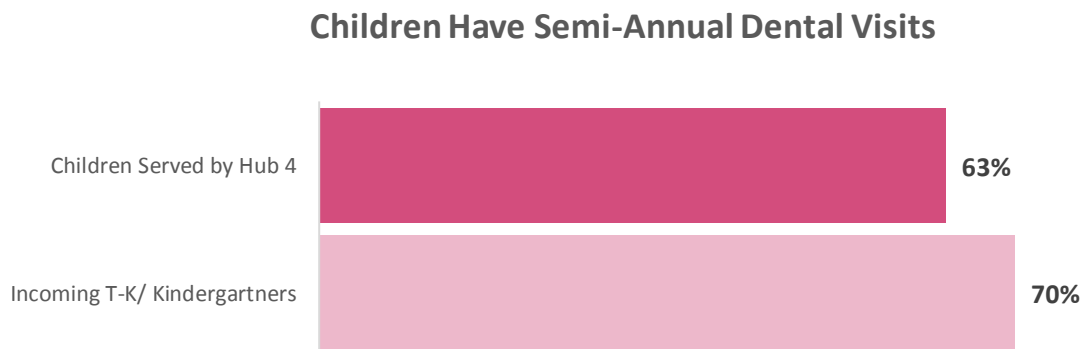
63% of Hub 4 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 63% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 15% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, participating in Hub 4 services that received preventive dental care within the last six months totaled 63%, while 70% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.



As stated before, the comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

Developmental Screenings Conducted with Families Served

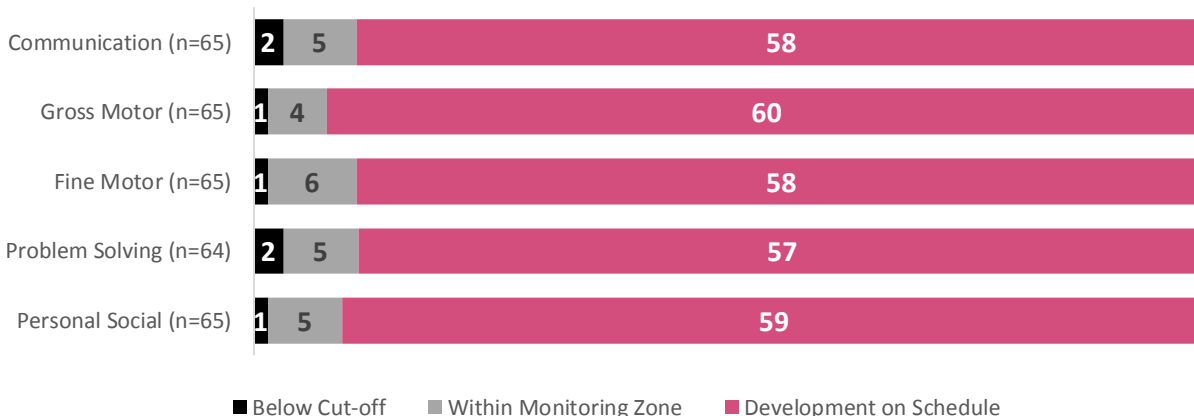


65 children in Hub 4 received developmental screenings

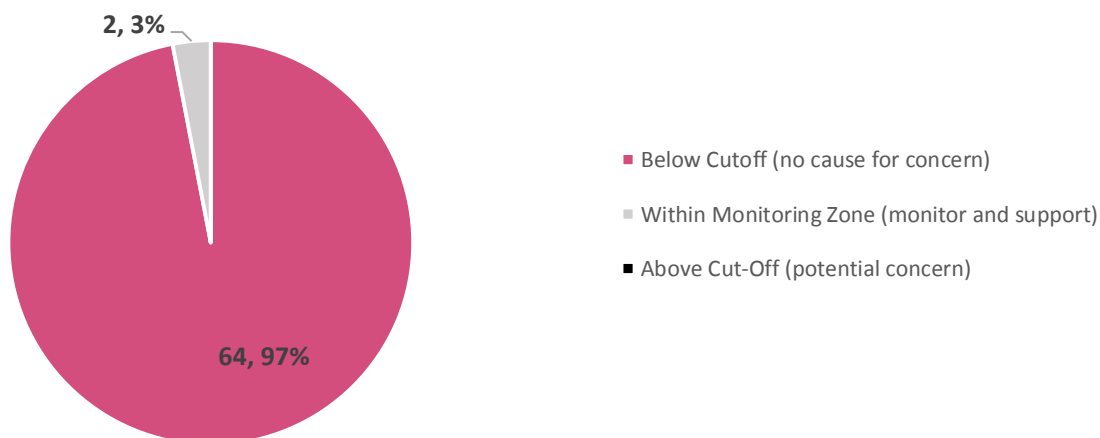
A total of 65 children (of 300 served by Hub 4) received developmental screenings. The majority of children screened had development that was on schedule. Approximately 10% of children screened scored within the monitoring zone or below the cut-off for communication for each of the skill categories assessed.

[Staff] was really good at providing me with feedback about the results and activities I could do at home to support my child's development.

Parent in Hub 4 Focus Group



A total of 66 children received social and emotional developmental screenings in Hub 4. The majority of children in Hub 4 screened demonstrated no need for concern. Two children were identified as needing ongoing monitoring and support or referral for additional assessment.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		40,718		Race		Total Population	Service Population
Total Served		509		White		93%	64%
Surveys collected		34		Multiracial		4%	2%
Age				Black		<1%	.4%
Adults		209 (41%)		American Indian		1%	2%
Children		300 (59%)		Asian/Pac Islander		2%	.4%
Under 3		121 (40%)		Hispanic		8%	2%
3 to 6		179 (60%)		Other		-	.6%
Age Unknown		0		Unknown		-	30%
Income		Total Population Mean Income	Service Population Living Below 130% FPL	Language		Total Population	Service Population
		\$103,010	35%	Primary language English		-	69%
Education		Total Population	Service Population	Primary language Spanish		-	2%
- HS Graduates		94%	86%	Primary language other		-	0
- Bachelor’s Degree		29%	35%	Primary language unknown		-	29%

Outcome data provided below has a 15.42% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	46%	69%	94%	94%
Parental Resilience	31%	90%	100%	92%
Concrete Support in Times of Need	42%	66%	95%	87%
Children's Social and Emotional Security	24%	90%	96%	88%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	11%		-	181 people / 75 events
Every day	89%		42%	81 people / 18 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	94%		96%	10 people / 346 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	63%		70%	17 people / NA
Developmental Screenings	Population Served			Playgroups
ASQ	65 (of 300 served)			72 people / 18 events
ASQ:SE	66			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 4, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 4 has provided valuable services to families:**

Hub 4 provided a good dosage of literacy, health, and developmental screening/support services to families in the target population. Parent focus group participants noted that the type and quality of services available to such a rural and geographically dispersed area is appreciated. In addition, parent focus group participants widely acknowledged that the Hub has:

- *Helped them prepare their child for kindergarten (6/7 participants)*
- *Helped them understand what resources are available in the community (5/7 participants)*
- *Helped them connect with other parents (5/7 participants)*
- *Helped them connect with their child (5/7 participants)*

The Hub offers a variety of activities, providing kids with a choice for what they want to do.

Parent in Hub 4 Focus Group

- **Hub 4 leverages other community resources:** Both staff and parent focus group participants identified the strong linkage between the Hub and other community partners, most notably the school, the wellness center, and the dental van. The Hub works with these community partners to cross-refer clients and mutually promote services. This is especially important in a rural community where resources are scarce.
- **Hub 4 supports social-emotional screenings for young children:** Hub 4 completed 66 ASQ:SE screenings for young children, demonstrating an appreciation for and value of this particular screening. This Hub is positioned to share with other Hub teams how they have been able to encourage parent completion of this particular screening tool.

Considerations

- **Prioritize collection of more family surveys:** Hub 4 collected 34 family surveys, representing approximately 16% of all families served by the Hub. With a margin of error totaling 15.42%, it is not appropriate to generalize the results of data collected to the entire population served. This is unfortunate, as the Family Survey results indicate significant impact related to increased protective factors for the 34 survey respondents. Family surveys are critical in understanding the impact that Hub services have had on families being served. The following strategies are being offered for consideration in an effort to increase the number of surveys collected:
 - Explore the use of the data and appropriate ways to request family completion with all team members to ensure understanding and comfort with survey collection.
 - Maintain messaging about family survey completion throughout the year, not just during the time that surveys are issued. This may help families understand the importance of the survey and support completion when the request is made.

- Communicate what value of the survey to both funding and program development. Help families understand that the survey is not only used by the funder to determine the value of services being offered but also plays a role in determining what will be offered in the future through the Hub. Let families know that completion of the survey is their opportunity to let their voice be heard in shaping the services for the future.
- Consider incentives that are responsive to the Hub 4 population. Identify what motivates families, and provide incentives that are aligned to those motivations to support survey completion.
- Inform families that their information is kept confidential and individual information is not shared with any other public agencies (to address immigration concerns).

Staff identified concerns with the family survey tool to include issues with the content, order, and time it takes to complete. Another issue raised had to do with the required dosage of 6 hours of service delivery in order for the survey to be issued to families. Considerations addressing these concerns are provided later in the document as they are appropriate for Commission level consideration.

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served (race/ethnicity was unknown for 30% of individuals served, primary language was unknown for 29% of individuals served.) Hub 4 may want to examine the manner in which data is collected from families to ensure that data accurately reflects the families being served and allows the Hub to identify if they are serving families that match the demographics of their community.
- **Explore alternative sites for service provision:** Both staff and parent focus group participants identified the geographical disbursement of residents as a potential barrier to accessing services. They also recognized the great benefit that the Hub offers in terms of programming. Because the Hub is not tied to a single physical location, the Hub may want to consider duplicating its current success by offering services outside of the Georgetown Divide to address the geographical disbursement issue and the lack of transportation options available to families. Additionally, parent focus group participants indicated a desire to have services that occur outdoors when feasible and consistent with the service option.
- **Continue to encourage the completion of a developmental screening:** Hub 4 provided services to 300 children, of which 65 had an ASQ developmental screening (22% of population served). While staff noted that they advertise and emphasize the importance of screening, parents noted that completing it can be a challenge when caring for children in the library. Hub 4 may want to consider alternative strategies that would make completion of the tool easier for families.

The following service recommendations were offered by participants in the parent focus groups:

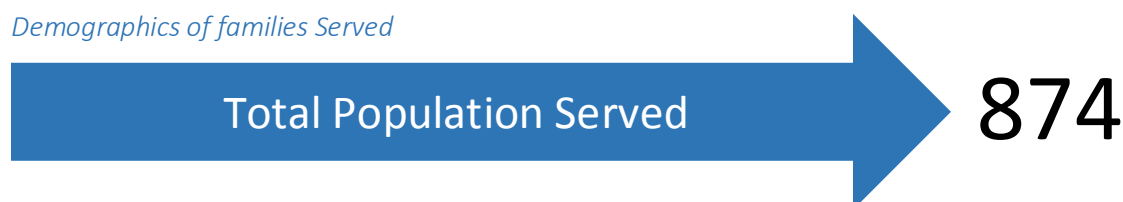
Family Services	Child Services
- Father-specific activities	- Science activities (more)
- Mom get-togethers	- Puppet sleep-overs (more)
- Family gatherings	- Hub grub and learn (more)
- Connecting families for play dates or car pooling	- Physical fitness/active play

Community Hub 5: South Lake Tahoe

Community Hub 5 is within Supervisorial District 5 and includes the communities of Kyburz, Meyers, Pollock Pines, South Lake Tahoe, Tahoma, and Strawberry.

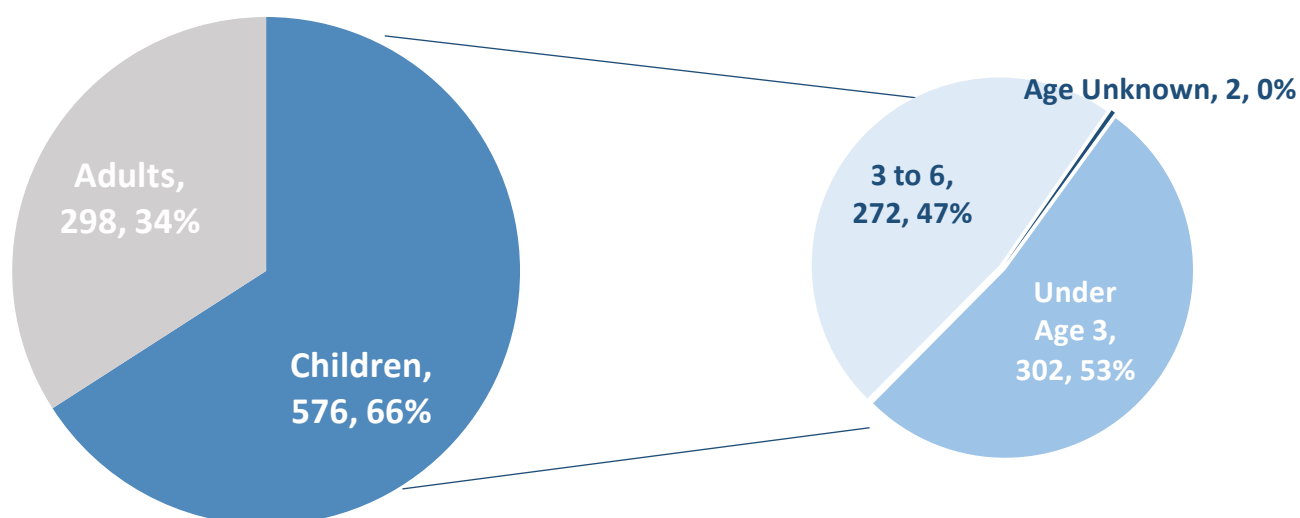
Who Was Served

Demographics of families Served



Community Hub 5 has a total service population of 34,311. In FY 2017-2018, the Community Hub provided services to a total of 874 individuals made up of children ages 0-5, as well as their parents and caregivers.

The majority of service recipients were children, of whom 53% were between the ages of 0-3, as demonstrated in the pie charts below.



The majority of the population served was white (413 or 47%) followed by Hispanic/Latino (188 or 22%). Approximately 9% (or 80) of the total service population identifies as multiracial. The race and ethnicity the population served are depicted in the table below.

White	Black	American Indian	Asian/ Pacific Islander	Multi-racial	Hispanic / Latino	Other	Unknown
413 (47%)	0 (0%)	6 (<1%)	9 (<1%)	80 (9%)	188 (22%)	20 (2%)	158 (17%)

The majority of individuals served spoke English as their primary language (62% or 541) followed by Spanish (13% or 111). The remaining languages spoken by individuals served were unknown (25% or 216).

Families who have accessed services through the Community Hub are asked to complete a Family Survey. The Family Survey contains demographic information, parent experiences, and questions regarding the presence of protective factors within family units. A total of 127 Family Surveys were collected during the 2017-2018 fiscal year. This represents approximately 43% of the families served by Hub 5.

Socio-Economic Characteristics of Families Served

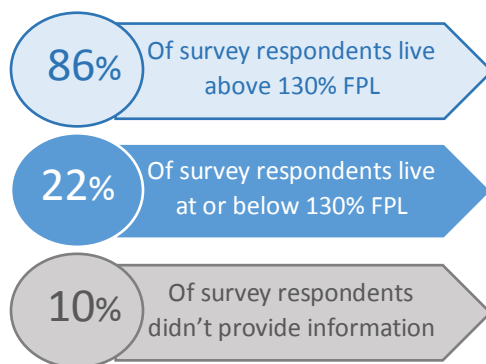
Characteristics help describe the kind of families that are being served by the Hub. The socio-economic characteristics most important to Hubs for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.



22% of survey respondents in Hub 5 live at or below 130% of the Federal Poverty Level

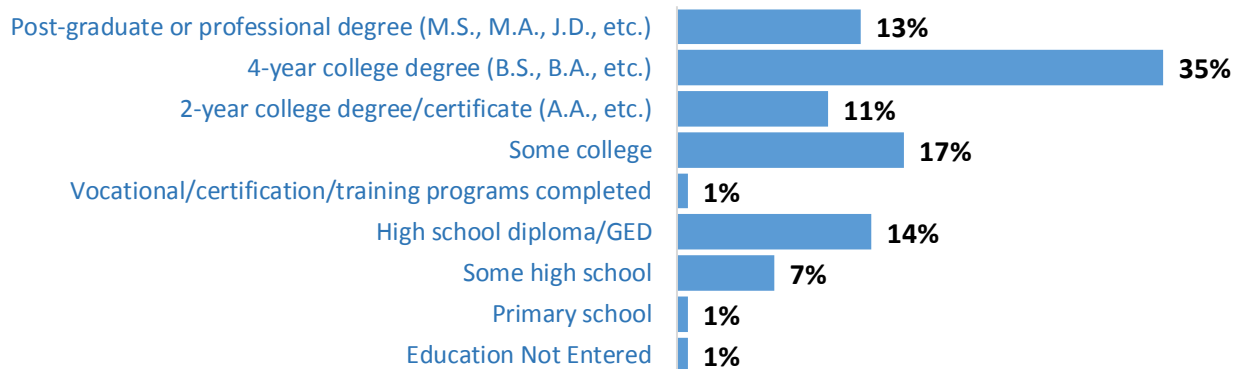
One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

22% of families (28 of 127 families) who completed the Family Survey in Hub 5 live at or below 130% of the Federal Poverty Level. 10% (or 13) of families who completed the survey did not provide enough information to determine their economic situation.








59% of survey respondents in Hub 5 have completed at least a two-year degree or more

The majority of parents of families in Hub 5 who completed the Family Survey have completed at least some college or obtained degrees from a higher education institution. 8% of parents (or 10) indicated that they had not received at least their high school diploma or GED. The following chart demonstrates the percentage of parents at each education level.



Services Provided

Community Hubs provide a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2017 and June 30, 2018 are depicted below.

Type of Service Offered	Number of Individuals Served	Total Services (events) Provided
 Early Literacy Activities	466	270
 Raising a Reader Activities	85	31
 Play and Learn Activities	56	20
 Connect Families to Medical Providers	11	238
 Connect Families to Dental Providers	31	N/A*

Families in Hub 5 received the greatest number of services related to early literacy and connection to medical providers.

**The data collected regarding the total number of dental services do not specify between First 5 qualifying and non-qualifying individuals and thus are not provided in this report.*

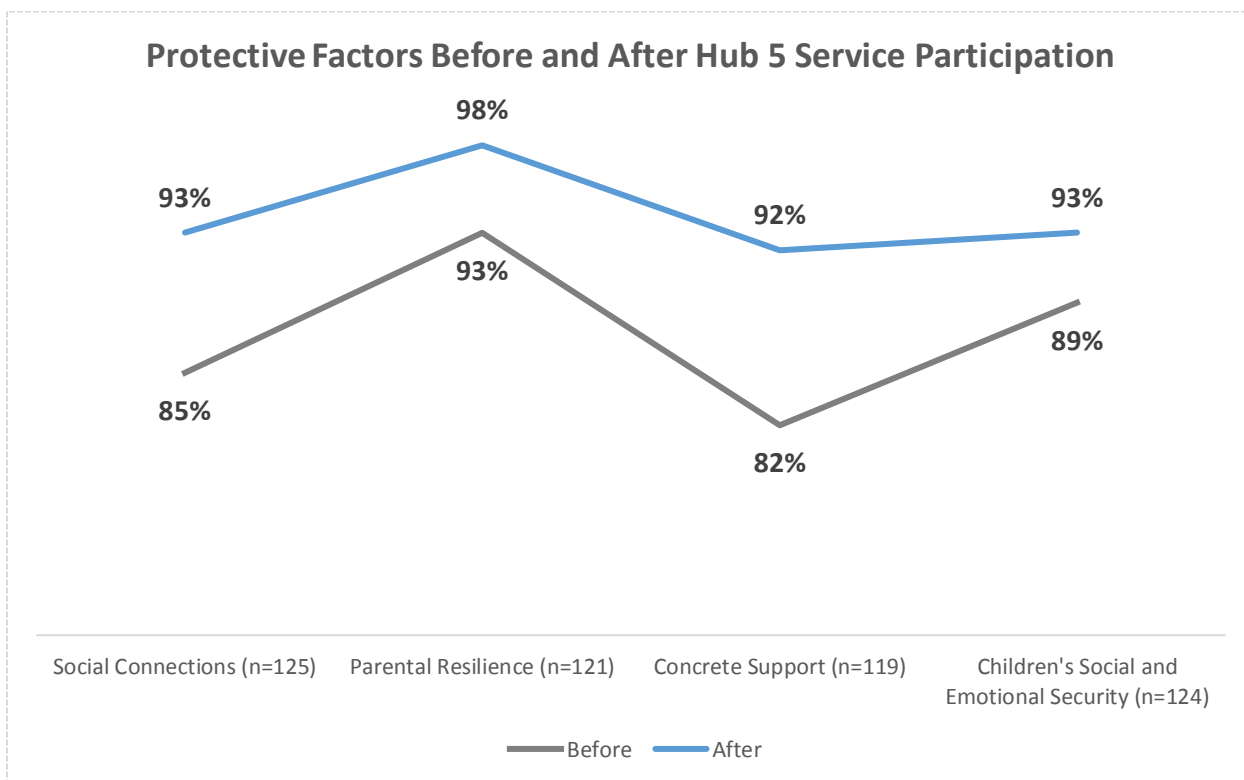
Impact on Families

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include the presence of protective factors, reading routines, accessing preventive medical and dental care, and the completion of developmental screenings. Data was collected from families participating in Hub 5 (Hub participant data) as well as from families with children entering T-K or kindergarten (Community-level data). The intent was to measure impact directly as well as how families accessing Hub services compare to the general population. The margin of error for both levels of data is in the chart below.

Type of Data	Number of Families in Service Population	Surveys Collected	Margin of Error
Hub 5 Participant Data	298	127	6.60%
Community Level Data	410	243	4.02%

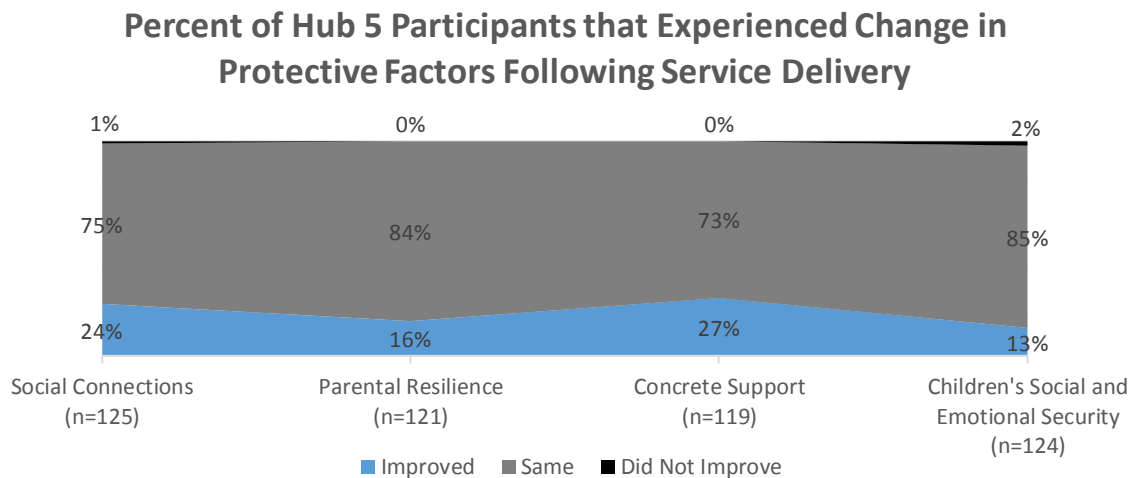
Protective Factors of Families Served

The Family Survey included questions meant to measure the presence of protective factors before and after participation in Hub services. 125 families provided information regarding protective factors, the results of which are provided in the line graph below.



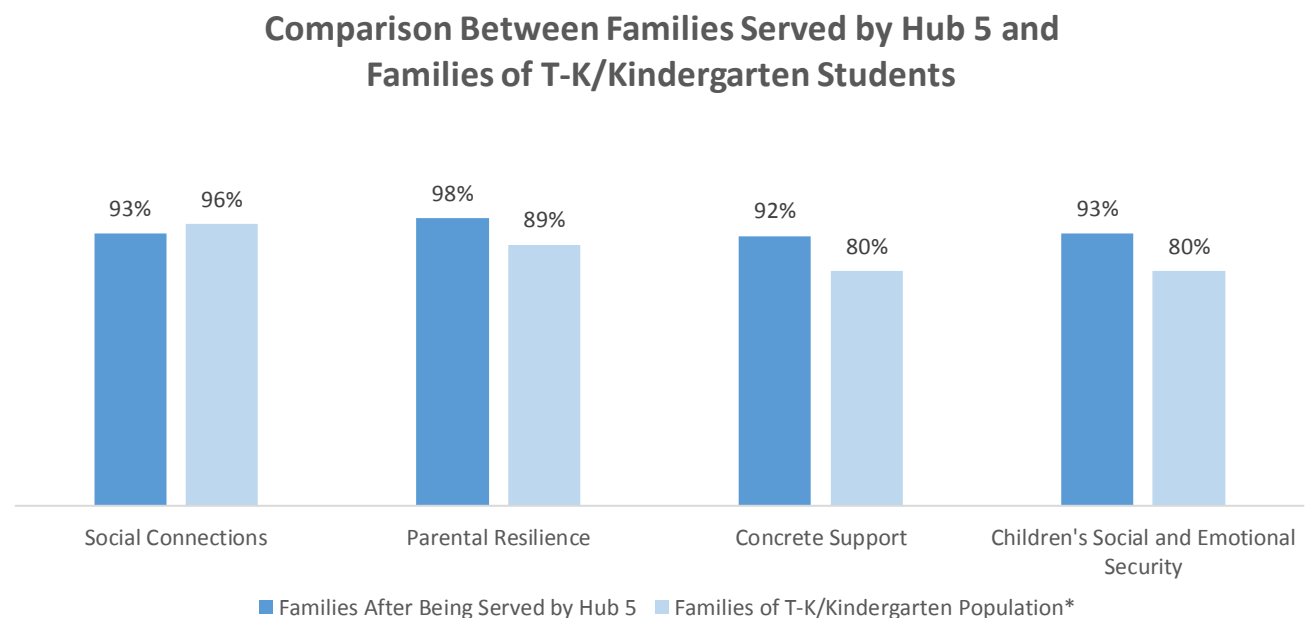
Results indicate that families participating in Hub 5 services experienced varying degrees of improvement within each of the protective factors. The most amount of gain was associated with concrete support in times of need where there was a 10% improvement rating.

Beyond understanding improvement within each of the protective factor domains, it is also important to know what percentage of the population served experienced growth. The chart below demonstrates that between 13% and 27% of families participating in Hub 5 services who completed the family survey experienced growth within the protective factors.



Comparison of Protective Factors in Families

Protective factors data results (following service participation) was compared to data collected from families with children entering T-K and kindergarten. The intent was to measure the presence of protective factors directly as well as at a community level. As the chart below demonstrates, families participating in Hub 5 services, who completed the Family Survey, scored higher in all protective factor domains measured than families of incoming T-K and kindergarten students at schools within the Hub 5 service area.



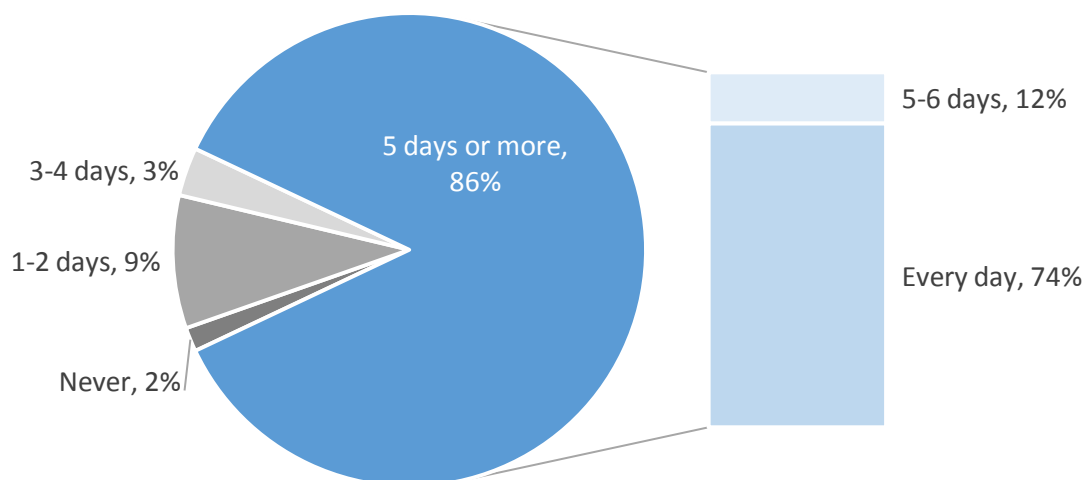
*The number of responses to each question varied. These percentages were calculated by using the average number of responses for each set of questions that relate to a single protective factor as the n.



74% of families who responded to the survey in Hub 5 read to their children every day

Families in Hub 5 who responded to the Family Survey read to their children frequently. 74% read to their children every day, as the graph below demonstrates.

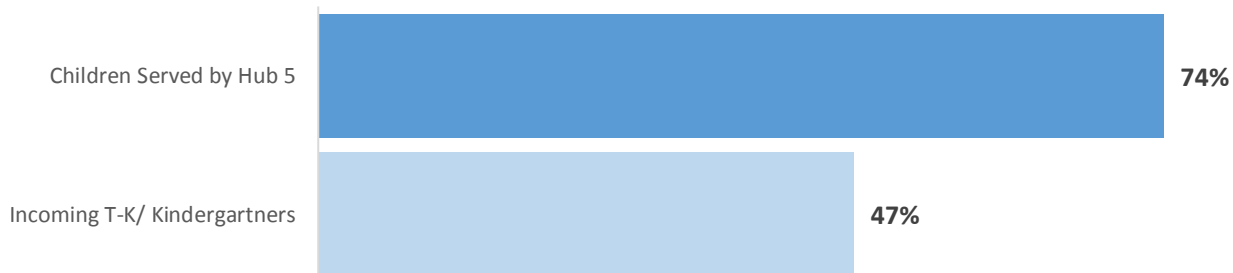
Frequency Children are Read to (n=119)



Comparison of Reading Routines

The data provided above regarding reading routines was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of families participating in Hub 5 services that read to their children every day totaled 74%, while 47% of families with children entering T-K or kindergarten reported reading to their children every day.

Children are Read to Every Day



Preventive Medical and Dental Care of Families Served

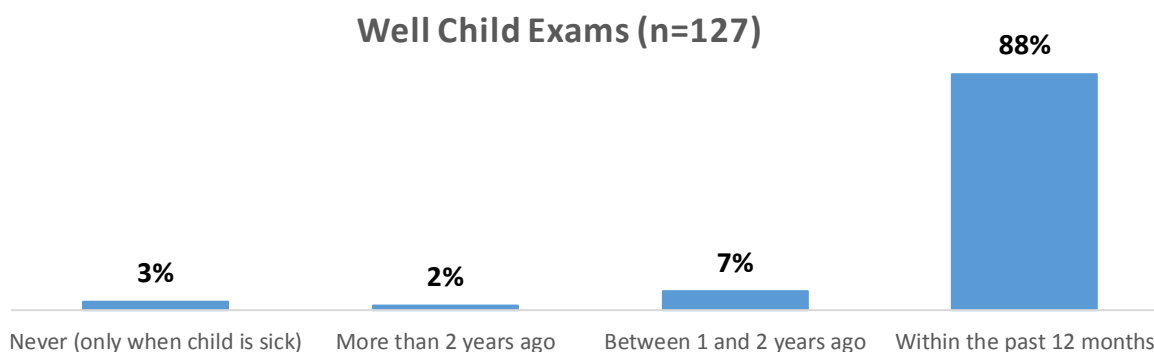
Community Hubs offer health and dental care education and supports, with the goal of encouraging families to access preventive treatment.

Accessing Preventive Medical Care



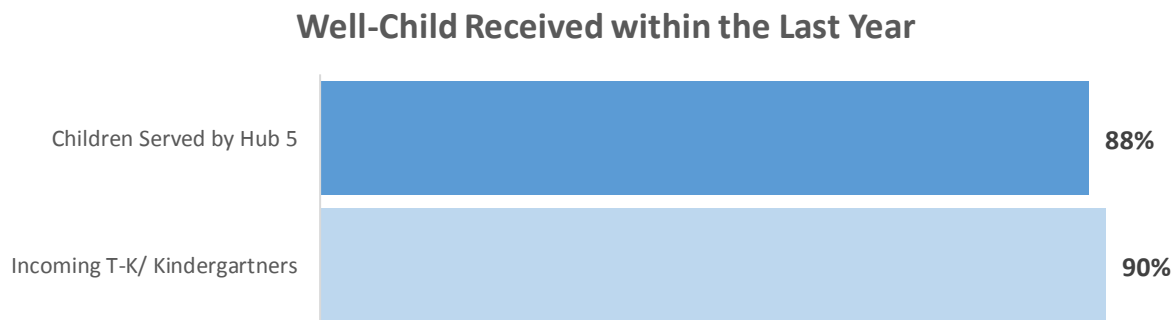
88% of Hub 5 children whose families completed the survey accessed preventive medical care

Of those families who responded to the survey in Hub 5, 88% indicated their children had received a well-child exam within the last 12 months.



Comparison of Preventive Medical Care Received

The data provided above regarding receipt of well-child exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, the percentage of children participating in Hub 5 services that received well-child care within the last year totaled 88%, while 90% of families with children entering T-K or kindergarten reported their child had received well-child care within the last year.



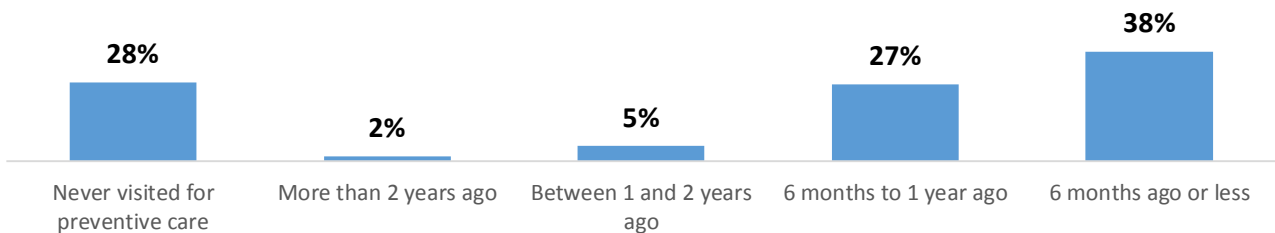
Comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical clearance prior to school entry may result in a higher population achievement within this area of exploration.



38% of Hub 5 children whose families completed the survey received preventive dental care

Of those families who responded to the survey, 38% indicated that their children, age 1 or older, had received preventive dental care within the last six months. 28% indicated that they had never visited the dentist for preventive care, as the graph below demonstrates.

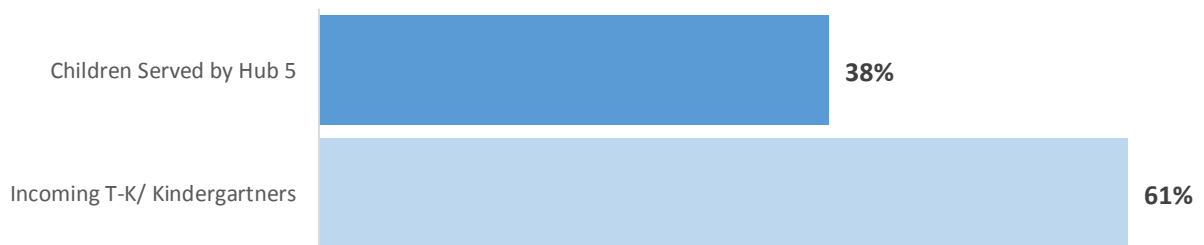
Dental Visits (n=112)



Comparison of Preventive Dental Care Received

The data provided above regarding receipt of dental care exams was compared to data collected from families with children entering T-K and kindergarten. As the chart below demonstrates, participating in Hub 5 services that received preventive dental care within the last six months totaled 38%, while 61% of families with children entering T-K or kindergarten reported their child had preventive dental care within the last six months.

Children Have Semi-Annual Dental Visits



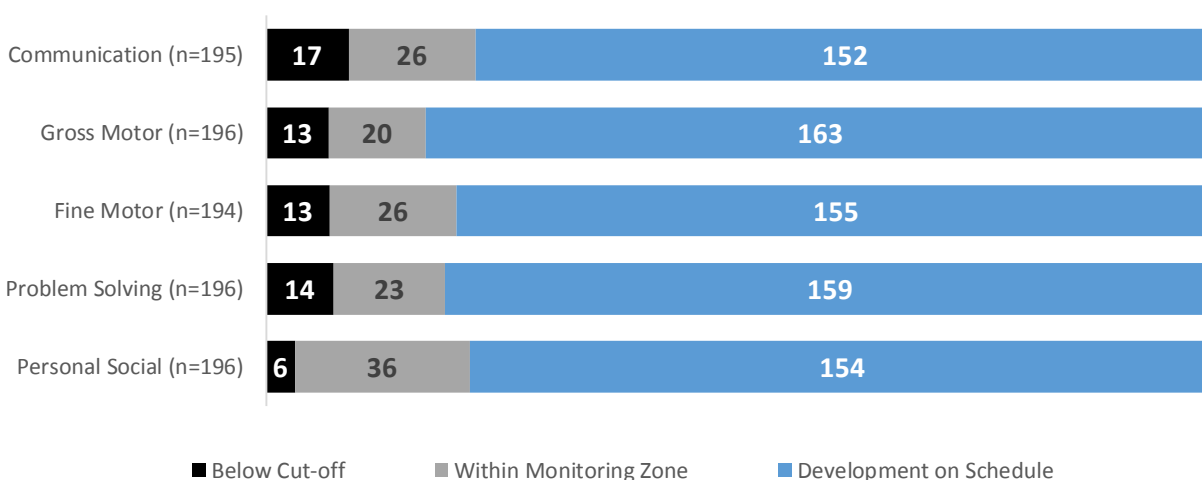
As stated before, comparison between Hub participants and families of incoming T-K and kindergartners should be considered in context. Whereas Hub participating families include children who are between the ages 1-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have dental clearance prior to school entry may result in a higher population achievement within this area of exploration.

Developmental Screenings Conducted with Families Served

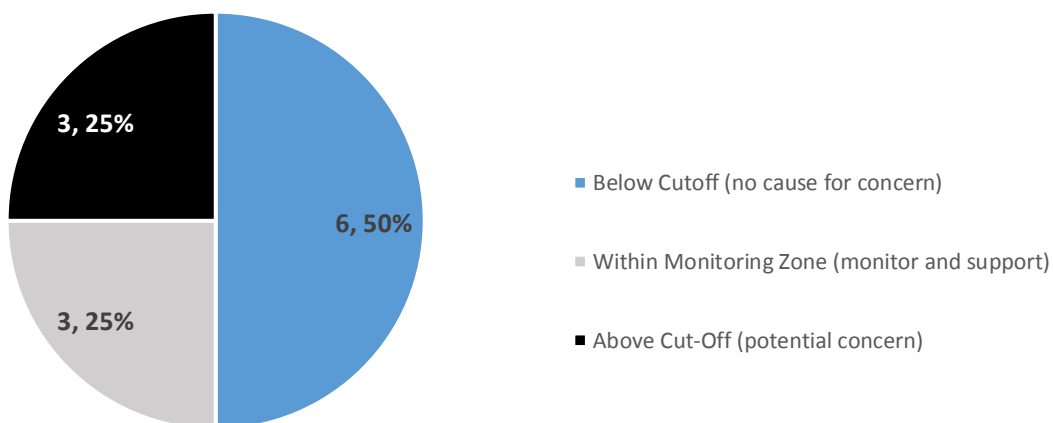


196 children in Hub 5 received developmental screenings

A total of 196 children (of 576 served by Hub 5) received developmental screenings. The majority of children screened had development that was on schedule. Approximately 20% of children screened scored within the monitoring zone or below the cut-off for what was developmentally expected in regards to communication and personal/social skills. These may be areas that the Hub wants to focus its instruction on in the future.



A total of 12 children received social and emotional developmental screenings in Hub 5. Six were identified as needing ongoing monitoring and support or referral.



As noted earlier, there is no entering T-K and kindergarten population level developmental screening data available for comparison.

Hub Experiences

Parent Focus Group Summary

The purpose of the focus group was to gather parent perspectives about what families need, how people learn about the Hub and their experience with the services available through the Hub. A high-level summary of key themes and ideas about programs and services that emerged from a focus group held with parents using services at Hub 5 is provided below. Because a large portion of the population is Spanish-speaking, this focus group was held in Spanish.

There were 27 parents and caregivers in attendance at the focus group held on January 23, 2019.

The most significant issues facing families in Hub 5 included housing and housing affordability and lack of recreation activities for children. Other issues mentioned included the lack of child care, the limited capacity of Head Start, and the distance to health care services.

Topic	Hub Successes	Hub Opportunities
Outreach	People find out about services through social service programs, friends, the library and flyers.	Still, participants felt that the Hub could conduct more outreach, especially through schools.
Services	Hubs were praised for connecting families to health care services and for the quality of programming offered at Storytime.	It was noted that Hubs could increase the frequency of services, the hours in which they were offered, and provide additional help connecting with dentists. Other services requested included: <ul style="list-style-type: none">• Yoga• Music classes• Art classes• Social-emotional support• Counseling for abused children• Specialized help for children with developmental delays
Screenings	Although many families had completed screenings through Head Start, some had done so through the Hub.	Bilingual staff could help parents understand both the purpose and results of the screening better.

Summary Snapshot

The following snapshot compares the socio-economic conditions of the Hub target population to the Hub populations served. It also ties the impact of services to direct service delivery types.

Total Hub Target Population		34,311	Race	Total Population	Service Population
Total Served		874	White	80%	47%
Surveys collected		127	Multiracial	3%	9%
Age			Black	1%	0
Adults		298 (34%)	American Indian	<1%	.7%
Children		576 (66%)	Asian/Pac Islander	5%	1%
Under 3		302 (53%)	Hispanic	24%	22%
3 to 6		272 (47%)	Other	-	2%
Age Unknown		2 (0%)	Unknown	-	17%
Income	Total Population Mean Income	Service Population Living Below 130% FPL	Language	Total Population	Service Population
	\$72,670	22%	Primary language English	-	62%
Education	Total Population	Service Population	Primary language Spanish	-	13%
- HS Graduates	88%	91%	Primary language other	-	0
- Bachelor's Degree	25%	48%	Primary language unknown	-	25%

Outcome data provided below has a 6. 60% margin of error.

Protective Factors	% of Population that Experienced Change	Population Served		T-K/K Population Score
		Pre Service Score	Post Service Score	
Social Connections	24%	85%	93% (8)	96%
Parental Resilience	16%	93%	98% (5)	89%
Concrete Support in Times of Need	27%	82%	92% (10)	80%
Children’s Social and Emotional Security	13%	89%	93% (4)	80%
Reading Routines	Population Served		T-K/K	Literacy Services
5-6 Days	12%		-	466 people / 270 events
Every day	74%		47%	85 people / 31 events
Well Child	Population Served		T-K/K	Medical Supports
Within past year	88%		90%	11 people / 238 services
Dental Care	Population Served		T-K/K	Dental Supports
6 months ago or less	38%		61%	31 people / NA
Developmental Screenings	Population Served			Playgroups
ASQ	53 (of 404 served)			56 people / 20 events
ASQ:SE	3			

Implementation Strengths and Considerations

The following strengths and considerations are being offered specifically for Community Hub 5, and take into consideration the quantitative data presented as well as the input received by both parent consumers and Hub team members.

Strengths

- **Hub 5 created positive connections between families:** Hub 5 participants experienced the most growth in the protective factors related to “concrete support in times of need” and “social connections.”
- **Hub 5 supports regular reading routines within families:** A high percentage of families participating in Hub 5 services report reading to their children on a daily basis. Whereas 74% of Hub 5 participating families report reading to their children every day, only 47% of families of entering T-K or kindergarten students report reading to their children every day.
- **Hub 5 has successfully engaged the Hispanic/Spanish speaking community:** Hub 5 reported that 22% of the population served were Hispanic, which is comparable to their entire service population which maintains a 24% Hispanic population. Additionally, 13% of their population served speaks Spanish as their primary language. Lastly, the focus group conducted was host to a total of 27 actively engaged Spanish speakers.

Hub staff members credit their ability to reach this community to their bilingual staffing and their ongoing efforts to outreach to the community in areas where they frequent. Additionally, it was identified that their bilingual staff members had a long and trusting reputation in the community which they leveraged to bring families to the Hub as a “trusted resource.”

- **Hub 5 provides needed health supports:** Hub 5 provided 238 health-related services to 11 families, for an average of 22 services per family. In addition, 31 people accessed dental supports. This represents a significant need for health-related supports by some families served through the Hub. This reality was echoed throughout the parent focus group as many of the issues raised were health related to include:
 - *Lack of affordable health care*
 - *Lack of providers accepting Medi-Cal/Denti-Cal*
 - *Lack of quality health care*

Considerations

- **Data collection efforts could be strengthened:** There was a considerable amount of demographic information that was missing from families served (race/ethnicity was unknown for 17% of individuals served, primary language was unknown for 25% of individuals served.) Hub staff identified that there are a number of barriers that may impede comprehensive data collection which include:
 - Concerns because of immigration status
 - Lack of trust for government agencies
 - Lack of understanding of what data is used for

Hub 5 may want to examine how they request data from families, establishing consistent messaging that resonates with families and communicates the importance of the information for programming purposes, and the limits to how the information is shared/used.

- **Increase outreach to improve understanding of Hub services:** Parent focus group participants noted that there is not a wide-spread understanding of the Hub and the services available through it. They noted that there are additional opportunities to outreach and increase awareness and utilization of services.

Hub staff identified some outreach issues discovered during the period covered by this report which included:

- Tourism industry influences the number of residents that attend community events where outreach sometimes occurs
- Staffing shortages created competing priorities between service delivery and outreach
- Technology challenges created communication barriers (telephone dead spot)

Hub 5 has a clearer sense of the outreach efforts that bear the most fruit and intend to utilize those lessons learned to enhance the effectiveness of outreach efforts.

- **Encourage the completion of a developmental screening:** Hub 5 provided services to 404 children, of which 53 had an ASQ developmental screening (13% of population served), and three had an ASQ:SE social-emotional developmental screening completed. Some parent focus group participants were not aware of the resource while other noted that they became disengaged in the process when staff supporting survey completion and reviewing results was not a Spanish speaker. Hub 5 staff identified that some families may not understand the importance of the screening and may feel like it is time consuming. Furthermore, they felt like asking for demographic information at the front end of the process may dissuade some families from accessing the service.

Hub 5 may want to increase messaging about the value and importance of screenings to increase awareness, and ensure that support is offered to Spanish speaking families in their primary language.

The following service recommendations were offered by participants in the parent focus groups:

Family Services	Child Services
<ul style="list-style-type: none">- Recreational sites/activities- Yoga classes- Social and emotional support- Parent and Child activities	<ul style="list-style-type: none">- Child counseling- Places where children can have fun- Music classes- Art classes- Yoga classes- Early intervention services for children having difficulty with speaking, reading, and writing

Conclusions and Recommendations

Based on an analysis of all of the data contained in this report, the following conclusions and recommendations are being offered for Commission consideration as they require decisions and action at a systems level. These conclusions and recommendations were developed based on the community context that Hubs are operating in as well as trends that were identified across multiple Hub communities.

Continue to invest in the Community Hub model of care. Being that Hubs offer a unique and place-based approach to serving a families comprehensive needs, they are a good strategy to address generational, toxic stress. By providing prevention and early intervention services, the Hubs can make a positive impact in building healthy and resilient families in El Dorado County.

Revisit evaluation framework, specifically around the protective factors. The evaluation framework originally established was based on an analysis that was to occur at a county-wide level. Applying that framework at a community level, while offering valuable information that can help propel Hubs to realize their potential, also exposed some weaknesses that should be addressed. Hubs are serving in large part, high functioning families and as such are experiencing minor gains within the protective factors as currently measured. In addition, many Hub staff have indicated that parents feel like the questions posed regarding some of the protective factors are invasive and offensive. It is being recommended that the Commission, in partnership with grantee partners, revisit the protective factors component of the Family Survey and identify modifications to the manner in which data is collected and analyzed. Some options for consideration include:

- Update Family Survey tool to utilize select components of the Protective Factors Survey 2.0, identifying protective factors categories that are most impacted by the Hub service delivery approach.
- Reconfigure how data is interpreted to only include an analysis where a change in protective factors occurred.
- Redevelop the Family Survey tool to exclude the protective factors questions for those families that do not meet the minimum six hours of service threshold.

Develop an approach, strategy, or mechanism to increase knowledge of and access to Hub services.

Service data, supported by parent focus group input reveals that there are a significant amount of families being served by a single service approach within the Hub (Storytime, Playtime, or Health Supports). Hubs are perfectly positioned to comprehensively support parents and families in dealing with challenging life situations. Each time a family accesses a single type of service, families should be informed of the other services and supports available to them through the Hub and its community partners. There should be a formal practice to ensure this occurs so that families understand the breadth of services they may access in a time of need.

In addition, the continues to be a general lack of understanding amongst program participants and the target population to be served about what a “Hub” is, what services it offers and how/when services occur. It is recommended that the Commission establish consistent messaging around the concept of the “Hub” to ensure people know what it is and how to access services within the model.

Consider the use of a navigator within the Hub model of care. In the 2017-2018 Evaluation Report, a recommendation was made for the Commission to consider establishing a Hub navigator that can serve as the entry point, assessment, and coordinator for all elements of service delivery at each Hub. This may serve to further impact service coordination, reach, and comprehensive data collection. The data contained in this Hub report further confirms that the use of this model may help streamline various components of the service cycle.

Establish an advocacy platform that encourages early and consistent dental screenings for young children. Many Hub teams identified various barriers to early and consistent dental screenings amongst families which included:

- Dentist willingness to serve the youngest of children. Staff reported that many dentists refuse or dissuade families from accessing early oral health care. The American Academy of Pediatric Dentistry recommends that a child “see a pediatric dentist when the first tooth appears, or no later than his/her first birthday.”² The Commission may want to consider mounting an educational campaign that encourages dentists to support early and routine dental care for young children consistent with the American Academy of Pediatric Dentistry recommendations.
- Insufficient providers who accept new patients and/or Denti-Cal insurance product. Staff reported this to be a significant barrier which prevents access to care. The Commission may want to work through Prop 56 efforts to support workforce development and strategize on how to encourage providers to accept Denti-Cal patients.

Support Hub Teams in understanding and using data to support continuous quality improvement.

Engaging Hub teams in understanding data and its use in continuous quality improvement efforts will strengthen programming at the Hub level as well as at a systems level. The Commission may want to consider hosting data review meetings and provide grantees with the opportunity to provide input on data collection and the evaluation framework.

Establish clear expectations around developmental screenings. Developmental screening offer multiple benefits to families being served. First, they provide parents with critically important information about what is appropriate child development. Second, they offer the opportunity of early identification and intervention which has proven to be more effective and less costly than addressing a delay within the k-12 educational system. Third, the results of developmental screenings can help programs understand the areas of child development that families need the most supports for. Thus, the Commission should establish clear expectations around the extent to which developmental screenings occur for young children in El Dorado County to include the option of a universal screening.

One final consideration that does not come with a Commission specific recommendation, but rather is being offered as a means to understand a condition that impacts Hub success and its relative outcomes for families has to do with staff vacancies within Hub Teams. Because the Hub model revolves around relationships, be it with community partners, the target population, or the people being served, when there is staff turnover within the Hub team, it tends to impact the ability of the Hub to be successful. There has been a significant amount of staff turnover and vacancies over the past year within multiple Hub Teams. It is likely that if Hub Teams are stabilized, their ability to have a more significant impact in both reach and depth within their communities will be magnified.

² Retrieved on February 20, 2019 from: http://www.aapd.org/resources/frequently_asked_questions/#311

Appendix A

Pre-K Observation Form Data Collection Summary

Hub 1

School Site	Entering School Year 2018-2019			
	Total Number of T-K & Kinder Students* ³	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Lake Forest School	80	53	66%	96%
Jackson School	94	36	38%	100%
Lakeview Elementary	89	61	69%	92%
Green Valley School	73	45	62%	87%
Silva Valley School	48	49 ⁴	102%	90%
Oak Meadow School	101	69	68%	86%
William Brooks School	96	44	46%	84%

Hub 2

School Site ⁵	Entering School Year 2018-2019			
	Total Number of T-K & Kinder Students	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Blue Oak School	92	37	40%	76%
Pioneer School	34	8	24%	63%
Latrobe	19	13	68%	77%
Walt Tyler	9	1	11%	0%

³ Enrollment data was gathered from schools in December 2018 and are not meant to represent final enrollment information, which will be made publicly available after the publication of this report at:

<https://data1.cde.ca.gov/dataquest/page2.asp?level=County&subject=Enrollment&submit1=Submit>

⁴ The number of Pre-K observations forms collected exceeds the number of students enrolled in the school as of December 2018. This could be due to transfers or dropped students.

⁵ Indian Diggings is not included in this report, but does fall within the communities served by Community Hub 2.

Hub 3

School Site	Entering School Year 2018-2019			
	Total Number of T-K & Kinder Students	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Louisiana Schnell School	84	27	32%	85%
Sierra School	91	78	86%	85%
Camino School	59	30	51%	73%
Gold Oak School	63	43	68%	79%

Hub 4

School Site	Entering School Year 2018-2019			
	Total Number of T-K & Kinder Students	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Otter Creek School	2	0	0%	0%
American River Charter	23	7	30%	29%
Georgetown Elementary	41	27	66%	67%
Northside School	45	21	47%	71%
Sutter's Mill School	91	27	30%	93%
Indian Creek School	137	85	62%	78%
Rescue School	111	40	36%	85%
Buckeye School	75	19	25%	89%

Hub 5

School Site	Entering School Year 2018-2019			
	Total Number of T-K & Kinder Students ⁶	Number of Pre-K Observation Forms Completed	Percentage of T-K and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Bijou School	82	43	52%	74%
Tahoe Valley School ⁷	137	104	76%	75%
Lake Tahoe Environment Science	64	36	56%	81%
Pinewood School	71	33	46%	82%
Sierra House	56	27	48%	89%

⁶ Enrollment data was gathered from schools in January, 2018 and are not meant to represent final enrollment information, which will be made publicly available after the publication of this report at:

<https://data1.cde.ca.gov/dataquest/page2.asp?level=County&subject=Enrollment&submit1=Submit>

Appendix B

Data Considerations

The findings in this report should be considered with the following methodological and data limitations in mind.

1. Voluntary participants within any of the First 5 direct service programs may by nature be inclined to value child enrichment activities, hence their decision to volunteer for a program that is consistent with this value. This is also referred to as self-selection bias. Self-selection bias helps explain why so many evaluation subjects already possessed high scores within the protective factor domains at program entry.
2. This evaluation uses parent self-report surveys for data collection. The self-report method is vulnerable to social desirability bias whereby respondents or assessment raters answer questions in ways that they believe are pleasing to the person asking questions or to the persons who provided them with the survey.
3. The First 5 participant evaluation sample relies on a pre-test/post-test design, which does not allow for causal attributions to be made because it does not include a control group. Positive changes may correspond to the timing of program exposure, but that does not guarantee that the changes were caused by First 5 direct service programs.
4. The First 5 participant evaluation sample excludes those who did not reach “program saturation” meaning attendance in services for at least 6 hours of service delivery; therefore, the study group is not representative of all First 5 direct service program participants.
5. Results and conclusions drawn from this study cannot be generalized to families with children who are not similar in demographic characteristics as the study participants.

Additionally, data collection tools and methods require consideration be given to the following circumstances:

- A direct comparison between the First 5 participating families and community-level data (families of incoming T-K and kindergartners) achievement in any of the Commission result areas needs to be understood in context. Whereas First 5 participating families include children who are between the ages 0-5, the T-K and kindergarten population-level data only includes children who are between the ages of 3-5. Furthermore, the requirement that T-K and kindergarten children have medical and dental clearance prior to school entry may result in a higher population achievement within these two areas of exploration.

Finally, the program that serves the largest population of children, the Ready to Read @ Your Library, experienced a data malfunction and was unable to account for a significant amount of people served and services provided. This may have impacted the results achieved as it is unknown whether the First 5 participant sample is an accurate representation of the service population.