COMMUNITY ASSESSMENT

December 2017

Ohio Heartland Community Action Commission Head Start and Early Head Start

Serving Crawford, Marion, Morrow, and Richland Counties, Ohio
Community Assessment

OHIO HEARTLAND COMMUNITY ACTION COMMISSION
HEAD START AND EARLY HEAD START

EXECUTIVE SUMMARY

HEAD START AND EARLY HEAD START

Ohio Heartland Community Action Commission (OHCAC) is a private, non-profit organization providing services to low-income children and families in central Ohio. OHCAC began operation in 1965 in Marion and Crawford Counties and currently serves Crawford, Marion, Morrow, and Richland Counties. As a Community Action Agency OHCAC provides a variety of social service supports and offers an integrated approach to services in which residents benefit from multi-faceted programs serving the whole family.

OHCAC has been providing Head Start services in Crawford and Marion Counties for nearly 50 years and in the Counties of Morrow and Richland for 15 years. OHCAC is funded to serve 767 children in its Head Start and Early Head Start programs across 10 centers and the home-based Early Head Start program option. In 2016, OHCAC converted 52 of its Head Start slots to Early Head Start to help meet a critical gap for high quality services for children birth to 3-years-old in the service area. Head Start is funded for 715 slots and all children are served 4-days per week and part year (no services during the summer). Most Head Start children (68.8%) are served part day (3.5 hours per day), while the remaining 31.2% (187 slots) are in full day care. Over 80% of Head Start children receive transportation from the agency to attend. The Early Head Start program serves 52 children, with 40 slots in the 5-day, part-year center-based program option and 12 in the home-based program option. OHCAC serves infants, toddlers, and preschool age children and does not currently serve pregnant women.

Total cumulative enrollment across OHCAC’s Head Start and Early Head Start programs was 941 children during the 2017 program year; 857 children in the Head Start program and 84 in Early Head Start. Approximately 80% of children enrolled in Head Start and Early Head Start were eligible based on having a family income below 100% of the federal poverty level. Approximately 60% of children served live in single-parent families. A majority of children served are White, non-Hispanic and speak English, and the demographic make up of staff mirrors that of the children served and the broader service area. In the Head Start and Early Head Start programs approximately 11% of children have a diagnosed disability.

SERVICE AREA DEMOGRAPHICS

OHCAC’s Head Start and Early Head Start service area includes four counties in central Ohio — Crawford County, Marion County, Morrow County, and Richland County. The entire service area encompasses more than...
Community Assessment

1,700 square miles and is vastly agricultural though there are large metropolitan areas, particularly in Richland and Marion Counties.

The total population in the service area is 265,976. The population across service area counties has remained stable or slightly declined in recent years. The median age of service area residents trends higher than the state, as a whole.

The poverty rate in the service area ranges from 11.0% (Morrow County) to 17.4% (Marion County), while child poverty rate is much higher, ranging from 14.3% to 26.0% in the same counties. Unemployment has been steady or on the decline in the past few years, though the Ohio Department of Job and Family Services reports rises across service area counties from 2016 to 2017. Unemployment as of June 2017 ranges from 5.0% in Morrow County to 6.3% in Crawford County. Median household income varies significantly across OHCAC's service area, with a nearly $26,000 difference in median household income between Marion and Richland Counties.

NEEDS OF ELIGIBLE CHILDREN AND FAMILIES AND RESOURCES AVAILABLE TO MEET THOSE NEEDS

There is a total of 4,708 children who are eligible for Head Start or Early Head Start services based on having a family income at or below the federal poverty level. OHCAC currently serves a small portion of these children, 753 (based on having a primary eligibility category of income-eligible). Children who are income-eligible are predominately White, non-Hispanic, though the poverty rates are the highest among Black children and children of other races in the service area. OHCAC serves a small number of homeless children. A substantial number of children in foster care are served by OHCAC, which is in response to the high rates of children in foster care across the service area.

Educational attainment in the service area is low, and high school graduation rates have become particularly concerning. The high school graduation rate ranges from 53.3% in Marion County to 90.3% in Crawford County. The need for educational, job training and employment services is significant. Among families currently served by OHCAC employment rates trend much higher and educational attainment rates much lower than the service area, as a whole.

Drug abuse has become a significant challenge in the service area in recent years. The rate of unintentional drug overdose deaths increased 32.8% in Ohio from 2016 to 2017. OHCAC administrators have observed staggering social deterioration of families impacted by the drug epidemic. Addressing substance abuse issues is a top priority identified by hospital systems and public health departments across the service area.

Teenage pregnancy is also a substantial concern in the service area, with teen pregnancy rates much higher than the state as a whole. The rate is as high as 16.5 per 1,000 in Richland County.

While many children enrolled in OHCAC's Head Start and Early Head Start programs have health insurance, there are challenges with children remaining up-to-date on age-appropriate immunizations and primary health care. Child obesity is also a growing concern, with 33.9% of Head Start/Early Head Start children being identified as overweight or obese. Adult obesity is also a top concern among health systems in the service area.
Affordable housing in the service area is limited, particularly in Morrow and Crawford Counties. The rental cost burden is as high as 43.2% in Morrow County. This is particularly challenging for families in rural areas who may have to relocate to other areas or move in with other families to alleviate housing cost issues. Public transportation is also limited, creating additional challenges for families to obtain and retain employment.

In the service area counties there is a vast array of community providers offering social services, though the rural make up of the service area may make it challenging for families to access services that are outside of their immediate local area. Homeless shelters are available in Marion and Richland Counties, though Crawford and Morrow Counties do not have any shelters.

The medical needs of service area families are met through local primary healthcare providers and specialists, though the ratio of physicians to residents is high. There are also community hospitals in each of the service area counties. Services to pregnant women are available through a variety of sources including services provided through Help Me Grow, the Marion Adolescent Pregnancy Program, as well as parenting classes offered at local hospitals or community organizations.

Service area residents have access to 2 and 4-year and technical colleges to advance their educational attainment. Ohio State University has campuses in both Richland and Marion Counties, Marion Technical College is located in Marion County and North Central State College is located in Richland County. Adult education and GED learning opportunities are also available through community providers and local programs, though education attainment continues to be a challenge across the service area.

AGENCIES SERVING ELIGIBLE CHILDREN

Families in OHCAC’s service area have access to out of home care for their children through private child care facilities (licensed), family child care homes (licensed and unlicensed), pre-kindergarten programs in public school, and religious exempt facilities. There are 168 child care programs in the service area, and 47% of those are currently participating in the state’s quality rating and improvement system, Step Up to Quality. There are only 32 child care programs that have achieved a 5-star rating in the service area, and 10 of those, 32%, are OHCAC Head Start/Early Head Start centers. There is a total of 4,201 child care slots available in the service area, with significantly more slots for preschool age children than infants or toddlers.

The Ohio Department of Health oversees home visiting services in the state of Ohio through the implementation of Help Me Grow. Home visiting services are also offered in Marion and Crawford Counties through funding provided by the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program). Approximately 86 children in the service area receive home visiting services.

In Ohio, nearly 15,000 children are served by the state’s state-funded preschool program, enrolling approximately 8% of the states 3 and 4-year-old children. There are approximately 1,300 public preschool slots in the service area.

PARENT, STAFF, AND COMMUNITY INSIGHT

Parent, staff and community provider insight was a valuable source informing OHCAC’s community assessment. In fall 2017, OHCAC conducted surveys of each of these groups.
Community Assessment

Parents. Parents reflected positively on their experience with OHCAC’s Head Start and Early Head Start programs. A majority of respondents indicated the program meets their needs, and for those that don’t agree they request additional days, earlier/later hours, additional transportation options, and full day care. The top three areas that emerged that parents would improve about their communities are more/better housing, availability of jobs, and neighborhood relationships. Families also indicated they need, though aren’t able to currently access, resources for housing support, reliable transportation, and food pantries. In response to open-ended questions, themes emerged related to financial concerns, single parenting, holidays, housing needs, transportation, employment, and drug abuse in the community.

Staff. OHCAC staff reflected on their personal experiences as well as the needs of families served. Many staff indicated their top professional needs are professional development/training and/or time/scheduling flexibility. The biggest personal stressor of staff is financial (61.3% of staff). Staff also reflected about challenges with parent engagement, communication, and managing children’s challenging behaviors. A majority of staff believes the Head Start/Early Head Start program is meeting families’ needs. Among staff who indicated that there are ways the programs could better meet families’ schedule needs, staff offered a mix of responses including earlier hours, later hours, transportation considerations and full day services. Staff believe that finances, employment, drug abuse, transportation, and housing are the most significant stressors for families.

Community providers. Community providers report observing increases in the community in drug abuse, transportation needs, the number of multi-generational families served, female head of households, and homelessness. Approximately 43% of respondents have also seen an increase in job availability in the community. Respondents reported observing a decrease in the number of licensed child care providers as well as decreased availability of affordable housing.

RECOMMENDATIONS

1. Explore modifications to OHCAC’s Head Start/Early Head Start program options/design to best meet the needs of currently served and eligible children and families.

2. Further explore the availability of facilities or need for new construction if OHCAC should have an opportunity to expand or reconfigure its existing Head Start/Early Head Start program design to best meet the needs of the community.

3. Determine if subsidies could help to address a critical gap in full day care for working families.

4. Consider recruitment strategies to enroll children at younger ages, and possibly pregnant women, to ensure multiple years of participation and maximum benefit from Head Start/Early Head Start comprehensive services.

5. Define barriers that lead to low rates of children being up-to-date on preventative health care and age-appropriate immunizations, and leverage OHCAC’s Health Advisory to explore resources and partners to address barriers.

6. Implement strategies to encourage staff retention, which may include increasing staff salaries to offer competitive compensation packages, implementing activities to enhance staff morale, and continuing to enhance supports for the educational advancement of staff.
7. Continue to implement enhancements to the staff onboarding process, and communicate with staff about ongoing improvements and their feedback about new employee training.

8. Provide supplemental training to staff on managing challenging behaviors, and communicate how mental health consultation can support teachers’ needs to address children’s challenging behaviors.

9. Explore new strategies to strengthen communication and relationship building among staff and between staff and parents.

10. Consider additional or enhanced parent training opportunities. Focus on topics that will educate and empower parents, connect parents with resources, and refer them to community providers. Include a focus on helping parents to obtain their GED and enroll in job training.

11. Explore new or enhanced community partnerships to assist families to address drug abuse issues, advance educational attainment and obtain employment.

12. Work with community providers on collaborative efforts to increase the availability of affordable housing in the service area, address the high rate of teenage pregnancies and low high school graduation rates, and refer and receive referrals from community partners (e.g., WIC).

CONTENTS

EXECUTIVE SUMMARY .................................................................................................................. 1

INTRODUCTION ............................................................................................................................. 8
Head Start and Early Head Start Program Summary ................................................................. 8
Head Start and Early Head Start Service Area ........................................................................ 12
Community Assessment ............................................................................................................ 12

METHODOLOGY ........................................................................................................................ 12
Head Start Program Performance Standards ........................................................................... 12
Process and Data Collection Methods ...................................................................................... 13
Data Analysis: An Equity Perspective ....................................................................................... 13
Limitations of Ohio Heartland Community Action Commission Community Assessment 2017 . 13

OVERVIEW OF SERVICE AREA ................................................................................................. 14
Geographic Boundaries ............................................................................................................... 14
County Government and Economics ......................................................................................... 14
Service Area Demographics ...................................................................................................... 15
Poverty ........................................................................................................................................ 15
Income and Economic Trends .................................................................................................. 16
Household Composition and Family Characteristics ............................................................... 17

ELIGIBLE INFANTS, TODDLERS, AND PRESCHOOL CHILDREN ........................................ 17
Child Poverty and Geographic Location .................................................................................... 18
Race and Ethnicity of Eligible Children in Poverty ..................................................................... 18
Language of Eligible Children .................................................................................................. 19
Cultural Trends .......................................................................................................................... 19
Children Experiencing Homelessness .................................................................................... 19
Children in Foster Care ............................................................................................................ 20
Children with Disabilities ......................................................................................................... 21
Children Receiving Public Assistance .................................................................................... 21

NEEDS OF ELIGIBLE CHILDREN AND FAMILIES ............................................................... 22
Education ................................................................................................................................... 22
Health and Social Services ....................................................................................................... 23
Nutrition ..................................................................................................................................... 27
Social and Economic Factors Impacting Wellbeing ................................................................. 27

EMPLOYMENT, EDUCATION, AND TRAINING .......................................................................... 28

AGENCIES SERVING ELIGIBLE CHILDREN ............................................................................ 30
Child Care Centers and Family Child Care Programs ............................................................... 30
Home Visiting ............................................................................................................................. 31
Publicly Funded Preschool ......................................................................................................... 32

RESOURCES AVAILABLE TO THE COMMUNITY TO MEET THE NEEDS OF ELIGIBLE CHILDREN AND FAMILIES ......................................................................................... 32
PARENT STAFF, AND COMMUNITY INSIGHTS .............................................. 33
  Parent Input ...................................................................................... 33
  Staff Input ...................................................................................... 34
  Community Input ............................................................................. 35

REFLECTIONS AND RECOMMENDATIONS ............................................. 36
  Recommendations ........................................................................... 36

LOOKING AHEAD .................................................................................. 38

APPENDIX ............................................................................................. 39
  Appendix A – Head Start/Early Head Start Parent Survey .................. 39
  Appendix B – Head Start/Early Head Start Staff Survey .................... 42
  Appendix C – Head Start/Early Head Start Community Provider Survey 45
INTRODUCTION

Agency Overview

Ohio Heartland Community Action Commission (OHCAC) is a private, non-profit organization providing services to low-income children and families in central Ohio. OHCAC began operation in 1965 in Marion and Crawford Counties. In its 5 decades of serving individuals in central Ohio, the agency has expanded to serve Crawford, Marion, Morrow, and Richland Counties.

Community Action Agencies were established under the Economic Opportunity Act of 1964 to fight poverty and improve individuals’ economic future. As a Community Action Agency OHCAC is uniquely positioned to provide an integrated approach to social services in which residents benefit from multi-faceted programs that serve the whole family. The benefits to Head Start and Early Head Start children and families when services are coordinated and informed by community members are significant.

Head Start and Early Head Start is a central aspect of OHCAC’s services. OHCAC has been a successful Head Start grantee serving Crawford and Marion Counties for nearly 50 years and the Counties of Morrow and Richland for 15 years. The breadth of OHCAC’s Head Start/Early Head Start services cover a large area that stretches from rural agricultural communities to populated metropolitan areas.

In addition to providing Head Start and Early Head Start services, OHCAC implements a variety of social service supports. This includes a Home Energy Assistance Program (HEAP), serving over 1,800 households annually, as well as a Home Weatherization Assistance Program (HWAP). OHCAC also operates community centers in Crawford, Marion, and Morrow Counties where tailored services are provided to community members. The agency provides a wide range of services out of these centers such as a prescription drug program, summer reading programs, food pantries, personal needs pantries, a clothing outlet, backpack programs, and homeless services. Education and supportive services are provided to residents as well, on topics such as job skills, budgeting, and parenting.

Head Start and Early Head Start Program Summary

OHCAC is funded to serve 767 children in its Head Start and Early Head Start programs. Head Start makes up 715 total slots and most children (528, or 68.8% of total funded Head Start enrollment) are served in the center-based option, 4 days per week, 3.5 hours per day and part year (128 days, with no services during summer months). The remaining 187 Head Start slots are served in the center-based option, 4 days per week, 7 hours per day and part year (146 days, with no services during summer months). OHCAC was able to extend the number of hours per day in 187 of its Head Start slots through a Duration Grant from the Office of Head Start that was awarded to the agency in early 2017.
There are 52 slots in the Early Head Start program, with 40 slots in the center-based program option and 12 in the home-based program option. The center-based Early Head Start program operates full-day, 5 days per week. OHCAC converted slots from the Head Start program into Early Head Start in 2016.

OHCAC serves infants, toddlers, and preschool age children. The agency does not currently serve pregnant women, as there are sufficient home visiting programs serving prenatal women in the service area.

Over 80% of children attending OHCAC’s Head Start program received transportation from the agency to attend the program during the 2017 program year. OHCAC utilizes leased buses to provide this service. Transportation is not provided for children attending the Early Head Start program. To encourage family engagement and participation in the program, OHCAC also provides transportation to families to attend Policy Council and OHCAC Board meetings.

OHCAC’s Head Start and Early Head Start center-based services are provided at 10 centers in 4 counties, as described further in Table 1.

### Table 1. Enrollment and Waitlist by Center as of November 2017 (as reported by OHCAC)

<table>
<thead>
<tr>
<th>Centers by County</th>
<th>Full Enrollment</th>
<th>Current Enrollment</th>
<th>Waitlist Kar</th>
<th>Waitlist per</th>
<th>Income Eligible</th>
<th>Over Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford County (Enrollment: 93)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bucyrus 740 Tiffin Street Bucyrus, OH 44820</td>
<td>HS Full Day: 34</td>
<td>HS Full Day: 34</td>
<td>HS: 5 (income eligible), 2 (over income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Based 496 Bank St. Mt. Gilead, OH 43338</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHS: 8</td>
<td>EHS: 8</td>
<td>EHS: 9 (income eligible)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Galion 525 Dowsett Ave. Galion, OH 44833</td>
<td>HS Full Day: 17</td>
<td>HS Full Day: 17</td>
<td>HS: 7 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marian Center 2387 Harding Hwy. Marion, OH 43302</td>
<td>HS Full Day: 34</td>
<td>HS Full Day: 34</td>
<td>HS: 2 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marian Clark Center 1183 Bellefontaine Ave. Marion, OH 43302</td>
<td>HS Part Day: 98 (double sessions)</td>
<td>HS Part Day: 98 (double sessions)</td>
<td>HS: 7 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Main Street Center 910 North Main Street Marion, OH 43302</td>
<td>HS Part Day: 32 (double sessions)</td>
<td>HS Part Day: 32 (double sessions)</td>
<td>HS: 2 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rev. Samuel Buehrer Center 180 Fairfax Ave. Marion, OH 43302</td>
<td>HS Part Day: 102 (double sessions)</td>
<td>HS Part Day: 102 (double sessions)</td>
<td>HS: 18 (income eligible), 3 (over income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion County (Enrollment: 299)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion Center 2387 Harding Hwy. Marion, OH 43302</td>
<td>HS Full Day: 34</td>
<td>HS Full Day: 34</td>
<td>HS: 2 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marian Clark Center 1183 Bellefontaine Ave. Marion, OH 43302</td>
<td>HS Full Day: 17</td>
<td>HS Full Day: 17</td>
<td>HS: 7 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Main Street Center 910 North Main Street Marion, OH 43302</td>
<td>HS Part Day: 32 (double sessions)</td>
<td>HS Part Day: 32 (double sessions)</td>
<td>HS: 2 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rev. Samuel Buehrer Center 180 Fairfax Ave. Marion, OH 43302</td>
<td>HS Part Day: 102 (double sessions)</td>
<td>HS Part Day: 102 (double sessions)</td>
<td>HS: 18 (income eligible), 3 (over income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morrow County (Enrollment: 76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mt. Gilead Center 406 Bank St. Mt. Gilead, OH 43338</td>
<td>HS Full Day: 17</td>
<td>HS Full Day: 17</td>
<td>HS: 3 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardington Center 3700 County Road 168 Cardington, OH 43315</td>
<td>HS Full Day: 17</td>
<td>HS Full Day: 17</td>
<td>HS: 4 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Base 496 Bank St. Mt. Gilead, OH 43338</td>
<td>Home Base: 12</td>
<td>Home Base: 12</td>
<td>EHS: 1 (income eligible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richland County (Enrollment: 299)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grace Center 1305 Grace St. Mansfield, OH 44905</td>
<td>HS Full Day: 17</td>
<td>HS Full Day: 17</td>
<td>HS: 5 (income eligible), 4 (over income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hedges Center 225 Hedges Mansfield, OH 44902</td>
<td>HS Full Day: 34</td>
<td>HS Full Day: 34</td>
<td>HS: 1 (income eligible), 2 (over income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHS: 16</td>
<td>EHS: 16</td>
<td>EHS: 32 (income eligible)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Total cumulative enrollment across OHCAC’s Head Start and Early Head Start programs was 941 children during the 2017 program year; 857 children in the Head Start program and 84 in Early Head Start. Approximately 80% of children enrolled in Head Start and Early Head Start were eligible based on having a family income below 100% of the federal poverty level. Most of the other enrolled children are also income eligible, though their primary eligibility may be categorized otherwise (e.g., status as a foster child) (Table 2). OHCAC did not receive a child care subsidy for any enrolled children during the 2017 program year.

Table 2. Number and Percent of Children Enrolled in Head Start and Early Head Start (2017) by Primary Eligibility Criteria

<table>
<thead>
<tr>
<th>Primary Eligibility Criteria</th>
<th>Number of Children</th>
<th>Percent of Cumulative Enrolled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income-eligible</td>
<td>753</td>
<td>80.0%</td>
</tr>
<tr>
<td>Public assistance</td>
<td>96</td>
<td>10.2%</td>
</tr>
<tr>
<td>Status as foster child</td>
<td>77</td>
<td>8.2%</td>
</tr>
<tr>
<td>Status as homeless</td>
<td>5</td>
<td>0.5%</td>
</tr>
<tr>
<td>Over income</td>
<td>10</td>
<td>1.1%</td>
</tr>
<tr>
<td>Total</td>
<td>941</td>
<td>100%</td>
</tr>
</tbody>
</table>

Nearly half of children served by OHCAC during the 2017 program were 4-years-old at enrollment. Few children were less than 1 year of age. The age of children enrolled in the Head Start and Early Head Start programs is further described in the table that follows.

Table 3. Age of Children in Head Start and Early Head Start (2017) at Enrollment

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Children</th>
<th>Percent of Cumulative Enrolled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>17</td>
<td>1.8%</td>
</tr>
<tr>
<td>1 year old</td>
<td>34</td>
<td>3.6%</td>
</tr>
<tr>
<td>2 years old</td>
<td>88</td>
<td>9.4%</td>
</tr>
<tr>
<td>3 years old</td>
<td>345</td>
<td>36.7%</td>
</tr>
<tr>
<td>4 years old</td>
<td>457</td>
<td>48.6%</td>
</tr>
<tr>
<td>Total</td>
<td>941</td>
<td>100%</td>
</tr>
</tbody>
</table>

Turnover in the Head Start and Early Head Start programs was high during the 2017 program year. In the Head Start program, 19.8% of children (cumulative enrollment) left the program after classes or home visits began and did not return. The rate of infants and toddlers leaving the Early Head Start program after classes or home visits began was 42.9% (17.9% of whom aged out).

OHCAC leadership staff report that family mobility is a significant factor for families that impacts turnover. The availability of affordable housing, employment, and changing custody arrangements all play a role in family mobility to outside the service area, and these factors are discussed further throughout the report. Turnover is also impacted by transportation challenges (which may also present as attendance issues), particularly in the Early Head Start program where transportation is not provided.

As described in Table 4, most children enrolled in the 2017 program year are White, non-Hispanic. Nearly all children, 98.4%, speak English. A small percent, 1.4%, speak Spanish as their primary language. The demographics of children and families served reflect that of the broader service area.
Table 4. Race and Ethnicity of Children Enrolled in Head Start and Early Head Start During 2017 Program Year

<table>
<thead>
<tr>
<th>Race</th>
<th># Children: Hispanic or Latino Origin</th>
<th># Children: Non-Hispanic or Non-Latino Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>117</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>655</td>
</tr>
<tr>
<td>Biracial/Multi-racial</td>
<td>39</td>
<td>112</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>57 (6.1%)</td>
<td>884 (93.5%)</td>
</tr>
</tbody>
</table>

OHCAC’s Head Start and Early Head Start program served a total of 832 families during the 2017 program year. Nearly 60% are single-parent families. Of the 40% two-parent families, 6% of include grandparents or other relatives, and 4% are foster families. Among single-parent families, most are female head of households (84.3%), and few are male head of households (6.19%) or a grandparent (6.6%). Foster parents make up 1.9% of single-parent families.

A majority of child development staff in the Head Start and Early Head Start programs is White, non-Hispanic, while few are Black or African American. English is the primary language spoken by staff and two staff members are also proficient in Spanish. The racial, ethnic, and language make up of staff reflects that of the children and families served. There are 29 teachers and 45 assistant teachers who staff OHCAC’s Head Start program. In the Early Head Start program, there are 10 teachers and 3 assistant teachers. The tables that follow describe the educational attainment of Head Start and Early Head Start teachers and assistant teachers. There is also 1 home visitor supporting the home-based program option and that individual has a bachelor’s degree.

Table 5. Educational Attainment Head Start Child Development Staff

<table>
<thead>
<tr>
<th>Educational attainment</th>
<th>Number of Teachers</th>
<th>Number of Assistant teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced degree</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Child Development Associate (CDA) Credential</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>None of the above qualifications</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 6. Educational Attainment Early Head Start Child Development Staff

<table>
<thead>
<tr>
<th>Educational attainment</th>
<th>Number of Teachers</th>
<th>Number of Assistant teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Child Development Associate (CDA) Credential</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>None of the above qualifications</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Among the 7 Head Start teachers with an associate’s degree, 1 was enrolled in a bachelor’s program during the 2017 program year. Among the 10 assistant teachers without a Child Development Associate (CDA) Credential or higher 4 were enrolled in a program to attain their CDA.

Staff turnover was high during the 2017 program year. Among 188 staff members 39 left since the past year’s Program Information Report (PIR) was reported, a 20.7% turnover rate. OHCAC administrators report that turnover challenges are particularly difficult for teachers and bus drivers, who are able to obtain jobs with more competitive salaries in positions with local public school systems.
Head Start and Early Head Start Service Area

OHCAC’s Head Start and Early Head Start service area encompasses four counties in central Ohio – Crawford County, Marion County, Morrow County, and Richland County. Crawford and Richland Counties are situated directly to the northwest of Marion and Morrow Counties. The entire service area encompasses more than 1,700 square miles.\textsuperscript{xvi}

OHCAC’s service area is vastly agricultural, particularly in Crawford, Marion, and Morrow Counties. The largest metropolitan areas in the service area are the City of Mansfield in Richland County, and the City of Marion in Marion County.\textsuperscript{xvii} Addressing rural and metropolitan poverty issues simultaneously poses unique challenges for community agencies serving this vast land area.

Community Assessment

OHCAC conducted its last full community assessment in 2013-2014. An update to that community assessment was completed during the 2014-2015 program year, which included surveys of parents and community providers. Community providers identified four top concerns for the service area: alcohol/drug use, availability of transportation, family/domestic violence, and child abuse.\textsuperscript{xviii}

In the 2014-2015 community assessment update, it is reported that many parents, 98\%, responded that they are satisfied with Head Start services. Parents identified concerns similar to that of community providers. In addition to the issues raised by community members parents also identified drunk driving, teen pregnancy, juvenile crime, education, and lack of after school care as top concerns.\textsuperscript{xix}

METHODOLOGY

Head Start Program Performance Standards

Community assessment is a central aspect of any Head Start or Early Head Start program, serving as a tool for program planning and implementation. The recently revised Head Start Program Performance Standards (HSPPS), Section 1302.11, Determining community strengths, needs, and resources, requires that programs complete a community assessment once during each five-year grant period and must review and update the community assessment annually.\textsuperscript{xx} The OHCAC Community Assessment 2017 provides data and information to describe the strengths, needs, and resources of its Head Start and Early Head Start programs and service area. Data from the community assessment will be used by the agency, in collaboration with the Governing Board and Policy Council, to determine goals and objectives for the program in the immediate and longer-term. Per the HSPPS, Section 1302.11\textsuperscript{xxi}, required data presented in the Community Assessment 2017 includes:

1) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:
   a) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));
   b) Children in foster care;
   c) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;
2) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

3) Typical work, school, and training schedules of parents with eligible children;

4) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

5) Resources that are available in the community to address the needs of eligible children and their families; and, Strengths of the community.

**Process and Data Collection Methods**

OHCAC's 2017 Community Assessment was conducted in fall 2017 under the leadership of Joe Devany, Executive Director, Debbie Schuster, Head Start Director, and leadership staff. OHCAC contracted with Foundations for Families, a consulting, training, and technical assistance company, to conduct the community assessment with input and guidance from OHCAC leadership team members.

Data collection methods included:

- Review of program operations, challenges and observed trends with agency staff;
- Program-level data from the Head Start and Early Head Start programs;
- Needs assessments and gathered from county departments and community agencies;
- Information gathered from publicly available data sources (e.g., U.S. Census, state departments, federal agencies); and
- Recent data from surveys of Head Start/Early Head Start staff, families, and community providers.

**Data Analysis: An Equity Perspective**

When conducting OHCAC's 2017 Community Assessment data was analyzed from an equity perspective to determine if there are certain types of families that are accessing or benefiting from Head Start/Early Head Start more than other families. In doing so, Foundations for Families explored layers of data to uncover disparities among subgroups within the service area and amongst children and families served. By taking the additional step to identify disparities, OHCAC will be able to target its strategies to address the most pressing service area needs through its Head Start and Early Head Start programs. This is a method to continuously improve program implementation while monitoring specific data for trends indicating whether outcomes are improving for the children and families most in need.

**Limitations of Ohio Heartland Community Action Commission Community Assessment 2017**

OHCAC's service area lends to county-level information providing a substantial amount of data to inform the agency's Community Assessment. Given the unique demographics of the service area – serving both rural and metropolitan areas – supplemental data on segments of the service area are provided. Similarly, state level data supplements when county data is not available.

When garnering data, particularly about the number of eligible children and families in the service area, consistent measurements were used as often as possible. In certain instances, data may not align neatly from source to source. For example, many data sources disaggregate data to children under age 5-years-old and
Community Assessment

in other data sources, the reference point is 6-years-old and younger. Foundations for Families used comparable data as often as possible in the analysis.

Throughout the report, it is indicated if relevant data points could not be obtained to inform the community assessment. For example, this was the case with the number of eligible homeless children in the service area. Supplementary and/or anecdotal information is provided as an alternative.

OVERVIEW OF SERVICE AREA

Geographic Boundaries

OHCAC’s Head Start and Early Head Start service area includes Crawford, Morrow, Marion, and Richland Counties in central Ohio. The central position of the service area is such that eight counties directly neighbor the area (Table 7). The service area is at the crossroads of Ohio, with Interstate 71 running from the southwest to northeast part of the state and crossing through Morrow and Richland Counties.

Table 7. OHCAC Head Start/Early Head Start Service Area and Surrounding Counties

<table>
<thead>
<tr>
<th>County Government and Economics</th>
</tr>
</thead>
</table>
| There are 88 counties in the state of Ohio, and OHCAC’s service area encompasses four of those. Under Ohio law, each county in the state has 11 elected officials (three county commissioners, auditor, treasurer, prosecuting attorney, clerk of courts of common pleas, engineer, coroner, recorder, and sheriff). Counties do not possess the same powers as local self-government and can only function as authorized by state law.

Across the service area, the primary industries (as defined by U.S. Census data categories) include manufacturing; education services, and healthcare and social assistance; and retail trade. Manufacturing industries are particularly prevalent in Crawford and Marion Counties, though across the service area job availability in this sector has been on the decline over the course of the last decade. In 2007, there were over 780,000 manufacturing jobs in the state. The number dipped significantly from 2008-2009, falling to 611,000 jobs. Since then, the number has stabilized around 690,000 manufacturing jobs, although still vastly fewer than there were a decade prior.
**Service Area Demographics**

**Population**

The total population in OHCAC’s service area is 265,976. Tables 8 and 9 describe the race and ethnicity of the service area population by county.

**Table 8. Population (and Percent of Population) by County and Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Crawford County</th>
<th>Marion County</th>
<th>Morrow County</th>
<th>Richland County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>41,365 (96.8%)</td>
<td>59,380 (90.0%)</td>
<td>34,112 (97.5%)</td>
<td>106,439 (87.0%)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>303 (0.7%)</td>
<td>3,841 (5.8%)</td>
<td>142 (0.4%)</td>
<td>9,148 (7.5%)</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>6 (0.01%)</td>
<td>132 (0.2%)</td>
<td>19 (0.0%)</td>
<td>185 (0.2%)</td>
</tr>
<tr>
<td>Asian</td>
<td>159 (0.4%)</td>
<td>307 (0.5%)</td>
<td>44 (0.1%)</td>
<td>869 (0.7%)</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>-</td>
<td>6 (0.0%)</td>
<td>-</td>
<td>22 (0.0%)</td>
</tr>
<tr>
<td>Some other race</td>
<td>107 (0.2%)</td>
<td>668 (1.0%)</td>
<td>30 (0.0%)</td>
<td>649 (0.5%)</td>
</tr>
<tr>
<td>Two or more races</td>
<td>785 (1.8%)</td>
<td>1,609 (2.4%)</td>
<td>649 (1.9%)</td>
<td>5,000 (4.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>42,725 (100%)</td>
<td>65,943 (100%)</td>
<td>34,996 (100%)</td>
<td>122,312 (100%)</td>
</tr>
</tbody>
</table>

**Table 9. Hispanic or Latino Origin by County**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Crawford County</th>
<th>Marion County</th>
<th>Morrow County</th>
<th>Richland County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>59 (1.4%)</td>
<td>1,575 (2.4%)</td>
<td>466 (1.3%)</td>
<td>2,031 (1.7%)</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>42,131 (98.6%)</td>
<td>64,368 (97.5%)</td>
<td>34,530 (98.7%)</td>
<td>120,281 (98.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>42,725 (100%)</td>
<td>65,943 (100%)</td>
<td>34,996 (100%)</td>
<td>122,312 (100%)</td>
</tr>
</tbody>
</table>

Service area residents are predominantly White, non-Hispanic. There are also growing populations of Black individuals in Marion and Richland Counties. This is consistent with the demographic profile of children served in the Head Start and Early Head Start programs.

Total population in Crawford County declined steadily from 2010-2015, falling 3.5% over the time period. Similarly, the population in Richland fell 2.9%. Total population remained steady in Marion and Morrow Counties from 2010-2015. Among children aged birth to 5-years-old in the service area, the number of children has remained relatively stable from 2010-2015.

The median age of residents in the service area ranges from 40.4 years in Marion County to 42.6 years in Richland County. The median age across the service area is higher than the state of Ohio, as a whole, where the median age is 39.2 years.

**Poverty**

The poverty rate of service area counties as compared to the state of Ohio is provided in Table 10, and child poverty rate is further detailed in Table 11.

**Table 10. Poverty Rate by Geographic Area and Year**

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Three Year Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford County</td>
<td>16.6%</td>
<td>16.3%</td>
<td>16.4%</td>
<td>15.7%</td>
<td>Steady</td>
</tr>
<tr>
<td>Marion County</td>
<td>18.5%</td>
<td>19.1%</td>
<td>18.8%</td>
<td>17.4%</td>
<td>Declining</td>
</tr>
<tr>
<td>Morrow County</td>
<td>13.6%</td>
<td>13.4%</td>
<td>11.7%</td>
<td>11.0%</td>
<td>Declining</td>
</tr>
<tr>
<td>Richland County</td>
<td>15.7%</td>
<td>16.3%</td>
<td>17.0%</td>
<td>16.5%</td>
<td>Steady</td>
</tr>
<tr>
<td>Ohio</td>
<td>15.8%</td>
<td>15.9%</td>
<td>15.8%</td>
<td>15.4%</td>
<td>Steady</td>
</tr>
</tbody>
</table>
### Community Assessment

#### Table 11. Child Poverty Rate by Geographic Area and Year

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Three Year Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford County</td>
<td>25.7%</td>
<td>24.5%</td>
<td>24.8%</td>
<td>23.0%</td>
<td>Declining</td>
</tr>
<tr>
<td>Marion County</td>
<td>27.3%</td>
<td>26.8%</td>
<td>28.4%</td>
<td>26.0%</td>
<td>Steady</td>
</tr>
<tr>
<td>Morrow County</td>
<td>20.7%</td>
<td>19.8%</td>
<td>17.2%</td>
<td>14.3%</td>
<td>Declining</td>
</tr>
<tr>
<td>Richland County</td>
<td>23.1%</td>
<td>23.5%</td>
<td>25.8%</td>
<td>25.1%</td>
<td>Steady</td>
</tr>
<tr>
<td>Ohio</td>
<td>22.8%</td>
<td>23.0%</td>
<td>22.8%</td>
<td>22.0%</td>
<td>Steady</td>
</tr>
</tbody>
</table>

Within the service area there are also local communities with concerning trends for the poverty rate among young children. For example, in the City of Marion (in Marion County) 37.8% of children aged 0 to 5-years-old are living below the federal poverty level and in the City of Mansfield (in Richland County) the rate is 45.3%. Marion County, with the highest child poverty rate in the service area, is also where OHCAC has the highest waitlists for Head Start and Early Head Start.

There are further disparities in the rate of poverty when looking at particular subsets of the service area population. Poverty rates in every service area county are highest among individuals with less than a high school diploma and individuals who are unemployed. Poverty rate also increases with the number of children in the family. Among families with a female householder and children under the age of 5 the poverty rate is 66.2% in Morrow County, 58.7% in Richland County, 56.8% in Crawford County, and 54.2% in Marion County. These statistics point to a significant need for comprehensive services for young children and families, and particularly single-parent mothers.

#### Income and Economic Trends

Median household income varies significantly across OHCAC’s service area, with a nearly $26,000 difference in median household income between Marion and Richland Counties. Median household income is further described in Table 12.

#### Table 12. Median Household Income by County

<table>
<thead>
<tr>
<th>County</th>
<th>Median Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>$40,795</td>
</tr>
<tr>
<td>Marion</td>
<td>$39,459</td>
</tr>
<tr>
<td>Morrow</td>
<td>$51,993</td>
</tr>
<tr>
<td>Richland</td>
<td>$65,084</td>
</tr>
<tr>
<td>Ohio</td>
<td>$49,429</td>
</tr>
</tbody>
</table>

Correlating with the trend of higher poverty rates in the service area’s metropolitan areas, the median household income is lower in these metropolitan areas as well. In the City of Marion (Marion County), the median household income is $33,365. In the City of Mansfield (Richland County), the median household income is $32,148 – less than half of the median household income in Richland County, as a whole.
The unemployment rates in service area counties as of June 2017 is: 6.3% in Crawford County, 5.4% in Marion County, 5.0% in Morrow County, and 5.6% in Richland County. The unemployment rate across the service area increased from 1-year prior.\textsuperscript{x\textsubscript{xxxvi}} Across the service area, the top U.S. Census reported category of occupations is management, business, science, and arts occupations. This is followed by production, transportation, and material moving occupations.\textsuperscript{x\textsubscript{xxxvii}}

**Household Composition and Family Characteristics**

In OHCAC’s service area, there are many single-family households. Richland County has the fewest percentage of married-family households at 47.6% of households, while in Crawford and Marion Counties the rate of married-family households is approximately 50%. In Morrow County, the rate is much higher, 59.5%. The percentage of the population living in family households with a female householder and no husband present is around 10% in Morrow and Crawford Counties, and as high as 12.6% in Richland County and 13.8% in Marion County.\textsuperscript{x\textsubscript{xxxviii}} Table 13 describes children’s relationship to householder across service area counties and in Ohio.

<table>
<thead>
<tr>
<th>County</th>
<th>Own child</th>
<th>Grandchild</th>
<th>Other relatives</th>
<th>Foster child or unrelated child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>88.3%</td>
<td>6.5%</td>
<td>0.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Marion</td>
<td>84.4%</td>
<td>10.2%</td>
<td>1.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Morrow</td>
<td>83.4%</td>
<td>12.3%</td>
<td>1.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Richland</td>
<td>85.3%</td>
<td>8.9%</td>
<td>1.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Ohio\textsuperscript{i}</td>
<td>89.3%</td>
<td>7.1%</td>
<td>1.6%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Compared to the state of Ohio there are higher rates of children in the care of their grandparents and in foster care in most service area counties. These trends align with the significant substance abuse challenges and resulting custody arrangements encountered by families in the service area, and further discussed in this report.

**ELIGIBLE INFANTS, TODDLERS, AND PRESCHOOL CHILDREN**

Children must meet an age requirement to participate in Head Start or Early Head Start. The age requirement is 0 to 2 years old for Early Head Start and 3 to 5 years old for Head Start. Children are eligible to receive services if they meet one or more of the Head Start/Early Head Start eligibility requirements: their family has an income at or below the federal poverty level, the family is eligible for public assistance (e.g., TANF), the child is homeless, or the child is in foster care. Table 14 provides estimated numbers of eligible children in the service area by primary eligibility type as compared to the current number of children served by OHCAC’s Head Start and Early Head Start programs. Primary eligibility captures only one factor by which a child is eligible for services and many children have needs that fall into multiple categories.
Table 14. Estimated Number of Children in the Service Area Eligible for Head Start or Early Head Start Services and Number Served by Agency in 2017 Program Year

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Total Number of Eligible Children</th>
<th>Number of Children Served by OHCAC HS/EHS by Primary Eligibility Category (2017 program year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income-eligible</td>
<td>4,708</td>
<td>753</td>
</tr>
<tr>
<td>Children experiencing homelessness²</td>
<td>&gt;5</td>
<td>5</td>
</tr>
<tr>
<td>Children in foster care</td>
<td>103</td>
<td>77</td>
</tr>
<tr>
<td>Children with disabilities</td>
<td>1,128</td>
<td>107</td>
</tr>
<tr>
<td>Children receiving public assistance</td>
<td>2,193</td>
<td>96</td>
</tr>
<tr>
<td>Over income</td>
<td>-</td>
<td>10</td>
</tr>
</tbody>
</table>

Child Poverty and Geographic Location

In OHCAC’s service area, there are a total of 4,708 children who are eligible for Head Start or Early Head Start services based on having a family income at or below the federal poverty level (Table 15).

Table 15. Number of Children Under 5 Years Old Living Below the Federal Poverty Level by County

<table>
<thead>
<tr>
<th>County</th>
<th>Total Number of Children &lt; 5 Years Old</th>
<th>Number of Children &lt; 5 Years Old Below Poverty Level</th>
<th>Poverty Rate of Children &lt; 5 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>2,366</td>
<td>697</td>
<td>29.5%</td>
</tr>
<tr>
<td>Marion</td>
<td>3,742</td>
<td>1,290</td>
<td>34.5%</td>
</tr>
<tr>
<td>Morrow</td>
<td>1,957</td>
<td>404</td>
<td>20.6%</td>
</tr>
<tr>
<td>Richland</td>
<td>6,790</td>
<td>2,317</td>
<td>34.1%</td>
</tr>
<tr>
<td>Total</td>
<td>14,855</td>
<td>4,708</td>
<td>31.7%</td>
</tr>
</tbody>
</table>

The poverty rate of children less than 5 years old is as high as 34% in Richland and Morrow Counties. This is substantially higher than the poverty rate of children less than 5 years old in Ohio, as a whole (26.1%).

Race and Ethnicity of Eligible Children in Poverty

The number of young children living in poverty by race is not readily accessible in publicly available data sources. The tables that follow describe the percent of individuals that live below the federal poverty level by race and ethnicity. Poverty rates above 35% are highlighted.

Table 16. Number (Percent) of Individuals Below Poverty Level by Race and County

<table>
<thead>
<tr>
<th>Race</th>
<th>Crawford</th>
<th>Marion</th>
<th>Morrow</th>
<th>Richland</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6,398 (15.7%)</td>
<td>9,917 (17.8%)</td>
<td>3,982 (11.8%)</td>
<td>15,486 (15.1%)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>137 (55.5%)</td>
<td>461 (37.0%)</td>
<td>26 (26.0%)</td>
<td>2,352 (35.8%)</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>2 (33.3%)</td>
<td>2 (2.5%)</td>
<td>17 (89.5%)</td>
<td>30 (17.8%)</td>
</tr>
<tr>
<td>Asian</td>
<td>71 (44.7%)</td>
<td>87 (28.3%)</td>
<td>-</td>
<td>43 (5.1%)</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>-</td>
<td>6 (100.0%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Some other race</td>
<td>-</td>
<td>250 (45.7%)</td>
<td>2 (6.7%)</td>
<td>263 (45.3%)</td>
</tr>
<tr>
<td>Two or more races</td>
<td>280 (37.0%)</td>
<td>404 (30.3%)</td>
<td>36 (5.7%)</td>
<td>1,330 (34.9%)</td>
</tr>
</tbody>
</table>

1 The source for each of the data points in Table 14 is described throughout the report.
2 An estimate for the number of eligible homeless children in the service area is not readily available and thus a number greater than those currently served by OHCAC’s Head Start and Early Head Start programs is assumed.
3 Data reported by OHAC. Children with disabilities may have had a primary eligibility specified under another category (e.g., income eligible).
Table 17. Percent of Individuals Below Poverty Level by Race and County

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Crawford</th>
<th>Marion</th>
<th>Morrow</th>
<th>Richland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino origin (of any race)</td>
<td>72 (12.5%)</td>
<td>441 (36.2%)</td>
<td>11 (2.4%)</td>
<td>386 (22.2%)</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>6,340 (15.7%)</td>
<td>9,767 (17.7%)</td>
<td>3,973 (11.9%)</td>
<td>15,395 (15.1%)</td>
</tr>
</tbody>
</table>

**Language of Eligible Children**

The primary language of individuals in OHCAC’s service area is English. The percent of the population over the age of 5 years old that speak a specific language is described in Table 18.

Table 18. Language Spoken by Population Age 5 Years and Older by County

<table>
<thead>
<tr>
<th>County</th>
<th>English</th>
<th>Spanish</th>
<th>Other Indo-European Languages</th>
<th>Asian and Pacific Island Languages</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>98.5%</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Marion</td>
<td>95.7%</td>
<td>2.6%</td>
<td>1.0%</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Morrow</td>
<td>96.0%</td>
<td>1.0%</td>
<td>2.9%</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Richland</td>
<td>96.3%</td>
<td>1.0%</td>
<td>2.3%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

There are small percentages of individuals who speak a language other than English in the service area. Those small percentages mostly reflect Spanish speakers and individuals speaking other Indo-European languages.

**Cultural Trends**

Few individuals in OHCAC’s service area are foreign-born. In Ohio, the percent of the population that is foreign-born is 4.2%. The rate in the service area ranges from 0.4% in Morrow County to 1.5% in Richland County.

As discussed above, a vast majority of individuals in OHCAC’s service area are White, non-Hispanic and speak English as their primary language. OHCAC has observed similar trends in its Head Start and Early Head Start programs. To help ensure the needs of Spanish-speaking families are met OHCAC contracts with a Spanish-speaking interpreter who assists with program areas such as enrollment, registration, and conferences. Most Spanish-speaking families served by the Head Start and Early Head Start programs reside in Marion and Richland Counties. Few families speak a language other than English or Spanish.

Families in OHCAC’s service area tend to be more mobile than would be typical for populations in rural areas. OHCAC administrators report observing that mobility of families in the service area is impacted largely by lack of affordable housing, employment, and changing custody arrangements for children due to the complexities of the opioid epidemic plaguing Ohio communities.

**Children Experiencing Homelessness**

In OHCAC’s Head Start program there were 9 families served during the 2017 program year that were experiencing homelessness. Among those 9 families, 5 acquired housing during the enrollment year. The Early Head Start program did not serve any families experiencing homelessness during the 2017 program year.

According to Ohio’s Point-in-Time count of homeless individuals, in January 2017 there were 3,309 total homeless persons in the state. Children under the age of 18-years-old make up 28%, or 928 children, of the
total amount. A majority of homeless children are in emergency or transitional sheltered care. Few children are living in unsheltered environments.\textsuperscript{xlviii}

One of the largest homeless serving agencies in the service area, Heart of Ohio Homeless Shelter, operates two shelters in Marion County and serves individuals from neighboring counties. In 2017, Heart of Ohio Homeless Shelter served 85 children,\textsuperscript{xl} though data is not readily available on the number of those children who are birth – five and eligible for Head Start/Early Head Start services. In Richland County, Harmony House in the City of Mansfield provides a 65-bed emergency shelter.\textsuperscript{i} OHCAC reports that there are not any homeless shelters in Crawford and Morrow Counties.

Affordable housing is limited in Morrow and Crawford Counties, and OHCAC administrators report that homeless families often have to wait for affordable housing to become available. Many families move to other counties that may have a greater supply of housing. Some families will reside with other families while seeking affordable housing, and during this time they are considered homeless per the McKinney-Vento definition of homeless. OHCAC’s Head Start/Early Head Start enrollment process helps to identify homeless families by asking informational questions about families’ living situations to determine if they would qualify as homeless as defined by the McKinney-Vento Homeless Assistance Act. OHCAC does not currently observe a large population of homeless families in the service area.

**Children in Foster Care**

OHCAC served 94 children who were in foster care at any point during the 2017 program year. This is nearly 10% of the total Head Start and Early Head Start enrollment. Approximately a third of these children were referred to the program by a child welfare agency.\textsuperscript{li} The substantial number of children in foster care served by OHCAC is not surprising given the high rate of children in foster care across the county (Table 19) and the estimated number of children under the age of 5-years-old living in foster homes in the service area (Table 20).

<table>
<thead>
<tr>
<th>County</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford County</td>
<td>8.7</td>
<td>10.8</td>
<td>11.6</td>
<td>12.7</td>
</tr>
<tr>
<td>Marion County</td>
<td>5.1</td>
<td>6.5</td>
<td>6.3</td>
<td>7.5</td>
</tr>
<tr>
<td>Morrow County</td>
<td>5.1</td>
<td>5.1</td>
<td>4.7</td>
<td>4.3</td>
</tr>
<tr>
<td>Richland County</td>
<td>3.9</td>
<td>3.7</td>
<td>3.6</td>
<td>5.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>31</td>
</tr>
<tr>
<td>Marion</td>
<td>28</td>
</tr>
<tr>
<td>Morrow</td>
<td>9</td>
</tr>
<tr>
<td>Richland</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
</tr>
</tbody>
</table>

OHCAC has a strong relationship with Ohio Department of Children’s Services, which coordinates foster care in all four service area counties. Children’s Services makes referrals to OHCAC and foster parents also reach

\textsuperscript{4} Estimates were derived from the rate of children in foster care by county and the population of children under the age of 5 years old by county.
out to the program directly to register their child. Similarly, many children are in the care of their grandparents, a subset of caregivers that may face custody barriers similar to that of foster parents.

**Children with Disabilities**

In OHCAC’s Head Start program, 11.2% of children enrolled during the 2017 program year had an Individualized Education Program (IEP). Approximately half of the children were deemed eligible to receive special education services during the 2017 program year and approximately half prior to the enrollment year. Over 50% of Head Start children with an IEP had a primary disability diagnosis of non-categorical/developmental delay.\(^5\) Speech or language impairments was the next most commonly diagnosed disability (40.6% of children with an IEP). Few children had a primary diagnosed disability of health impairment, orthopedic impairment or autism.\(^{iii}\)

In the Early Head Start, the rate of children with a diagnosed disability is similar to Head Start. Thirteen percent of children enrolled in the 2017 program year had an Individualized Family Service Plan (IFSP). All but one of these children, 10 out of 11, received their diagnosis prior to the enrollment year.\(^{iv}\)

OHCAC has formal agreements with Lead Education Agencies (LEAs), public school pre-kindergarten programs, Part C agencies, and child welfare agencies to support the needs of children with disabilities.\(^{iv}\)

Early intervention (Part C) services in Ohio are overseen by the Ohio Department of Developmental Disabilities, and special education (Part B) is overseen by the Ohio Department of Education and operationalized by LEAs. The number of children aged birth to 3-years-old with a disability and the number of preschool (aged 3 to 5-years-old) children enrolled in special education is described in Table 21.

<table>
<thead>
<tr>
<th>County</th>
<th>Number of children enrolled in early intervention (Part C)</th>
<th>Number of children enrolled in special education (Part B)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>78</td>
<td>133</td>
<td>211</td>
</tr>
<tr>
<td>Marion</td>
<td>94</td>
<td>200</td>
<td>294</td>
</tr>
<tr>
<td>Morrow</td>
<td>40</td>
<td>92</td>
<td>132</td>
</tr>
<tr>
<td>Richland</td>
<td>140</td>
<td>351</td>
<td>491</td>
</tr>
<tr>
<td>Total</td>
<td>352</td>
<td>776</td>
<td>1,128</td>
</tr>
</tbody>
</table>

**Children Receiving Public Assistance**

In OHCAC’s Head Start and Early Head Start program a majority of families, 75%, receive SNAP benefits. Receipt of other types of public assistance varies, as described in Table 22.

<table>
<thead>
<tr>
<th>Assistance Type</th>
<th>Number of Families</th>
<th>Percent of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>42</td>
<td>4.5%</td>
</tr>
<tr>
<td>SSI</td>
<td>96</td>
<td>10.2%</td>
</tr>
<tr>
<td>WIC</td>
<td>406</td>
<td>48.8%</td>
</tr>
<tr>
<td>SNAP</td>
<td>624</td>
<td>75%</td>
</tr>
</tbody>
</table>

\(^{iii}\)Ohio Operating Standards for the Education of Children with Disabilities defines developmental delays as a child experiencing a delay in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development.
In the service area, approximately a quarter to a third of children are living in households that are receiving public assistance. The rate is much higher – as high as 65% in Marion and Richland Counties – among children living in households with a female householder and no husband present (Table 23).

Table 23. Percent of Children (under 18-years-old) Living in Households Receiving Public Assistance

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of Children Total (all household types)</th>
<th>Percent of Children in female householder, no husband present households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>30.4%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Marion</td>
<td>39.4%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Morrow</td>
<td>24.7%</td>
<td>56.4%</td>
</tr>
<tr>
<td>Richland</td>
<td>35.4%</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

When applying the percent of children in all household types to the number of children under 5-years-old in the service area (illustrated in Table 15), it can be estimated that 2,193 children are eligible for Head Start/Early Head Start services based on receipt of public assistance.

NEEDS OF ELIGIBLE CHILDREN AND FAMILIES

The needs of children and families in OHCAC’s Head Start/Early Head Start service are multi-faceted and interconnected. In an area where educational attainment is low and poverty is high, families struggle to reach economic self-sufficiency. Families have low high school graduation rates, high rates of teen pregnancies, and challenging employment prospects. Sitting at the crossroads of Ohio’s opioid drug epidemic, many families in OHCAC’s service area experience first-hand the depth of impact the epidemic is having on their lives and the lives of others in their community. Addressing the education, health, social service, education and employment needs of children and families is foundational to OHCAC’s mission to assist families to achieve self-reliance.

Education

According to a report from Johns Hopkins University, states across the country have been seeing rising high school graduation rates in recent years. In Ohio, where the high school graduation rate of all students is 80.7% (2014-2015) the rates among subpopulations are even more concerning. Among low-income high school students the rate is 68.7%, and among Black students the graduation rate is only 59.7%. These percentages have been relatively stagnant in the past 5 years.

In the service area counties, the high school graduation rate varies widely from Marion County (53.3%) to Crawford County (90.3%) as illustrated in Table 24.

Table 24. High School Graduation Rate by County

<table>
<thead>
<tr>
<th>County</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>86.9%</td>
<td>89.4%</td>
<td>89.0%</td>
<td>90.3%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Marion</td>
<td>48.4%</td>
<td>49.6%</td>
<td>51.9%</td>
<td>51.4%</td>
<td>53.3%</td>
</tr>
<tr>
<td>Morrow</td>
<td>70.5%</td>
<td>75.8%</td>
<td>74.7%</td>
<td>73.2%</td>
<td>78.0%</td>
</tr>
<tr>
<td>Richland</td>
<td>85.5%</td>
<td>85.2%</td>
<td>85.5%</td>
<td>84.3%</td>
<td>87.0%</td>
</tr>
</tbody>
</table>
There are many reasons why youth drop out of high school. The reasons can be complex and varied and include school-related factors (e.g., attendance issues, poor grades), personal reasons (e.g., pregnancy, supporting family members) and employment-related (e.g., obtaining a job). The low high school graduation rates in OHCAC’s service area are also reflected in educational attainment of the adult population (Table 25).

<table>
<thead>
<tr>
<th>County</th>
<th>Crawford</th>
<th>Marion</th>
<th>Morrow</th>
<th>Richland</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than 9th Grade</td>
<td>2.8%</td>
<td>2.9%</td>
<td>4.1%</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>9th to 12th grade, no diploma</td>
<td>9.5%</td>
<td>10.9%</td>
<td>8.7%</td>
<td>9.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>44.9%</td>
<td>42.6%</td>
<td>46.2%</td>
<td>41.2%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>21.1%</td>
<td>22.6%</td>
<td>18.2%</td>
<td>21.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>9.0%</td>
<td>8.7%</td>
<td>8.9%</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>8.4%</td>
<td>7.5%</td>
<td>8.9%</td>
<td>10.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Advanced degree</td>
<td>4.2%</td>
<td>4.9%</td>
<td>4.9%</td>
<td>5.2%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

The educational attainment among families served by OHCAC’s Head Start and Early Head Start programs trends lower than the service area, as a whole, with few families obtaining a bachelor’s degree (Table 26).

<table>
<thead>
<tr>
<th>Number of Families (at enrollment)</th>
<th>Percent of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a high school degree</td>
<td>22.84%</td>
</tr>
<tr>
<td>High school graduate or GED</td>
<td>50.6%</td>
</tr>
<tr>
<td>Associates degree, vocational school or some college</td>
<td>23.44%</td>
</tr>
<tr>
<td>Bachelor’s or advanced degree</td>
<td>3.12%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

During the 2017 program year, out of 832 families served, only one Head Start/Early Head Start family had a parent complete high school or obtain a GED during the program year. One family had a parent complete a bachelors or advanced degree.

**Health and Social Services**

County Health Rankings & Roadmaps, a national program of the Robert Wood Johnson Foundation, ranks communities across many health and wellness factors. According to the most recent rankings, Marion County ranks last (worst), 88th out of 88 counties in Ohio, for health behaviors. This includes factors such as smoking, obesity, physical inactivity, excessive drinking, and access to exercise opportunities among others. The range in rankings for health behaviors across the other service area counties is as high as 32 out of 88 in Crawford County to as low as 74 out of 88 in Richland County. Across other health-related benchmarks, there is disparity across the service area. For example, when considering the physical environment two counties rank in the top quarter of Ohio counties – Crawford and Richland Counties. The other service area counties, however, Marion and Morrow Counties, are among the lowest quartile.
worst in the state. Physical environment factors include air pollution, drinking water violations, severe housing problems, and long commutes to work.\textsuperscript{lxv}

**Drug Abuse**

There are significant drug abuse issues OHCAC’s Head Start/Early Head Start service area. A report from the Ohio Department of Health, 2016 Ohio Drug Overdose Data: General Findings, reports that from 2015-2016 there was a 32.8% increase in unintentional drug overdose deaths in the state. The opioid epidemic is a substantial concern, particularly as fentanyl and related drugs (e.g., carfentanil) are increasingly used. Table 27 describes the unintentional drug overdose death rate by county. The rate in Marion County is particularly concerning and is one of the highest among all counties in the state.\textsuperscript{lxvi}

**Table 27. Unintentional Overdose Death Rate per 100,000 Population (2011-2016) by County\textsuperscript{lxvii}**

<table>
<thead>
<tr>
<th>County</th>
<th>Overdose Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>17.9</td>
</tr>
<tr>
<td>Marion</td>
<td>31.7</td>
</tr>
<tr>
<td>Morrow</td>
<td>16.5</td>
</tr>
<tr>
<td>Richland</td>
<td>26.7</td>
</tr>
</tbody>
</table>

OHCAC administrators have observed staggering social deterioration of families impacted by the drug epidemic. Children are left without caregivers, which leads to high numbers of children in foster care or in the care of relatives such as grandparents/great-grandparents.

Addressing substance abuse issues is a top priority identified by hospital systems and public health departments across the service area. A 2016 Community Health Needs Assessment report from OhioHealth Marion General Hospital reports that substance abuse is a “significant health need.” It also details that individuals living in poverty, undereducated, or unemployed are at risk of substance abuse issues.\textsuperscript{lxviii}

**Healthcare and Clinical Care**

**Insurance and Access to Healthcare.** Many children in OHCAC’s Head Start and Early Head Start programs have health insurance. In the Head Start program, the rate was 97.43% at the end of the 2017 enrollment year. A majority of children received health insurance through enrollment in Medicaid and/or CHIP. At enrollment, 26 children did not have health insurance. At the end of the year the number was 22.\textsuperscript{lxix} OHCAC administrators report that there are, at times, circumstances that prevent children from having health insurance. For example, lack of parent follow through with the necessary requirements to obtain a medical card or housing arrangements that raise the household income to a level at which the child does not qualify for enrollment in Medicaid or CHIP.

The rate of uninsured individuals in the service area ranges from 10-11%, which is consistent with the state, as a whole. However, access to clinical care varies widely. According to County Health Rankings & Roadmaps, all four counties in the service area have a ratio of primary care physicians, dentists, and mental health providers to county residents that is far higher than the state as a whole. In Ohio, there are 1,300 individuals per 1 primary care physician. In the service area, the ratio ranges from 1,820:1 in Richland County to as high as 5,860:1 in Morrow County.\textsuperscript{lxx} The rural geography of the service area lends to challenges to individuals accessing health services.
Preventative and Primary Health Care and Immunizations. In the Head Start program, the percent of children up-to-date on age-appropriate preventative and primary health care grew substantially from the beginning to the end of the 2017 enrollment year – from 61.3% at the beginning of the year to 97.3% at the end. The number of children up-to-date on age-appropriate immunizations grew as well, from 44.9% to 87.8%.\textsuperscript{lxvii}

PIR data from the 2017 program year reports that there were not any Early Head Start children up to date on age-appropriate preventative and primary health care at the start of the enrollment year. By the end of the enrollment year the rate was 10.7%. Immunization rates were low in the Early Head Start program, with only 32.1% of children up-to-date on age-appropriate immunizations at the beginning of the enrollment year and 67.9% by the end of the enrollment year.\textsuperscript{lxviii}

OHCAC leadership reports that in the past the agency required that children be up-to-date on immunizations prior to participation in the program. Now that children are not required to be current on immunizations prior to participating in the program many parents choose not to immunize their children. OHCAC makes concerted efforts to communicate with parents with reminders and information regarding the importance of immunizations, however, compliance is challenging.

While children and families may obtain a well visit/physical with their local primary care doctor those with a medical card must travel to a separate location – the local Health Department – to get immunizations. This two-step process has been reported as a barrier for families who are also faced with transportation and other challenges that make it difficult for children to stay up-to-date on immunizations. Similarly, few children in the Head Start/Early Head Start program obtain lead screenings because the test is not completed in the children’s primary care doctor’s office. OHCAC is exploring strategies with its Health Advisory Committee to alleviate families’ challenges keeping children up-to-date on age-appropriate immunizations and health care services.

In Ohio the rate of kindergarten vaccination coverage is 92.1%, putting it in the bottom 25% of states nationwide for kindergarten vaccination coverage.\textsuperscript{lxix}

Obesity and chronic diseases. In the Head Start program during the 2017 program year, 16.7% of children were determined to be overweight for the child’s age and sex. The rate children identified as obese was similar, 17.2%.\textsuperscript{lxx} This is a combined 33.9% of children who are overweight or obese. By comparison, the percent of 2 to 5-year-olds enrolled in WIC in Ohio in 2017 who were overweight or obese was 28.7%.\textsuperscript{lxxi}

OHCAC implements a variety of nutrition-focused activities in its Head Start and Early Head Start programs to help promote healthy lifestyles. This includes implementation of Choosy Kids, a supplemental curriculum, providing information to families, and leveraging the expertise of partners such as SNAP Ed to provide nutrition lessons in the classroom.

The 2016 OhioHealth Marion General Hospital Community Health Needs Assessment reports that obesity is the top significant health need its service area. It is also reported that in 2014 33.8% of adults were overweight and 40.1% were obese. These rates are substantial and relate to equally high rates of obesity-related chronic diseases such as diabetes, high blood pressure, and high cholesterol.\textsuperscript{lxxii}
Community Assessment

Child Health and Wellbeing

Child Abuse. In OHCAC’s service area the rate of child abuse and neglect is higher than the state, as a whole. There is also disparity among counties. In Ohio, the rate per 1,000 children (2015) of substantiated child abuse is 6.7. In Marion County, the rate is 19.2, nearly 3 times the state rate. While the rate is lower in other service area counties – 7.6 in Richland County, 8.8 in Crawford County, and 4.4 in Morrow – most are still higher than the state rate.\textsuperscript{lxvii}

Infant Mortality. Infant mortality rate in the service area trends lower than the state of Ohio, as a whole, described further in Table 28.

Table 28. Infant Mortality Rate by County (5 Year Average, 2012-2016)\textsuperscript{lxviii}

<table>
<thead>
<tr>
<th>County</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>5.5</td>
</tr>
<tr>
<td>Marion</td>
<td>7.2</td>
</tr>
<tr>
<td>Morrow</td>
<td>3.1\textsuperscript{6}</td>
</tr>
<tr>
<td>Richland</td>
<td>5.7</td>
</tr>
<tr>
<td>Ohio</td>
<td>7.3</td>
</tr>
</tbody>
</table>

In Ohio, there is great disparity in infant mortality rate depending on the age of the mother. The infant mortality rate among infants born to teen mothers aged 15 to 17 years old is 13.5 per 1,000. This is substantially higher than the infant mortality rate among children born to women aged 25 to 29 years (6.4 per 1,000) or those born to women aged 30 to 34 years (5.6 per 1,000).\textsuperscript{lxix}

Teen Pregnancy. In Ohio, the rate of births to teenage girls aged 15 to 17 has been on the decline over much of the past decade. While the decrease has been significant across all racial and ethnic groups, there continue to be higher teen birth rates among non-Hispanic blacks and Hispanics/Latinas. The teen birth rate in Ohio was 10 per 1,000 in 2015, however, the rate in OHCAC’s service area is much higher: 11.4 in Crawford County, 21.4 in Marion County, and 16.5 in Richland County.\textsuperscript{7} The rates in service area counties are concerning given that children born to teen mothers may experience a range of challenges. For example, this may include being born at a low birth weight, having behavioral problems and chronic medical conditions, and children born to teenage mothers may rely more heavily on publicly funded healthcare.\textsuperscript{lxx}

Among OHCAC’s current Head Start/Early Head Start enrollment 151 mothers and fathers (12.8% of parents of currently enrolled children) were teens at the time of their child’s birth. Four parents of currently enrolled Head Start/Early Head Start children are teenagers (age 19).

\textsuperscript{6} The rate for Morrow County was obtained from the Morrow County Public Health Assessment and Wellness website (http://morrow.oh.networkofcare.org/ph/indicator_detail.aspx?id=inf_mort_oh&c=11). The measurement period was 2011-2016.\textsuperscript{7} Data is unavailable for Morrow County.
Prenatal care. Adequate prenatal care is critical to help mothers achieve a healthy pregnancy. In Ohio, 30.3% of mothers do not receive first trimester prenatal care. In OHCAC’s service area the rate is similar, ranging from 28.7% in Crawford County to 33.6% in Morrow County.  

Low birth weight. In Ohio, 8.5% of infants were born at a low birth weight in 2015. Low birth weight is defined by weighing less than 5.5 pounds at birth. Table 29 describes the percent of infants born at low birth weight by county.

Table 29. Rate of Low Birth Weight by County

<table>
<thead>
<tr>
<th>County</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>7.7%</td>
<td>6.2%</td>
<td>8.8%</td>
<td>7.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Marion</td>
<td>9.8%</td>
<td>11.4%</td>
<td>9.7%</td>
<td>9.0%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Morrow</td>
<td>10.0%</td>
<td>9.3%</td>
<td>6.0%</td>
<td>4.8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Richland</td>
<td>8.0%</td>
<td>8.2%</td>
<td>7.6%</td>
<td>7.4%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

The rate has fluctuated across service area counties, with Marion County and Morrow County seeing the highest rates in the service area and higher than the state of Ohio, as a whole.

Mental Health

In OHCAC’s Head Start program during the 2017 program year, a mental health professional consulted with the program regarding the behavior or mental health of 12 children, or 1.4% of total enrollment. These children were identified by teachers and observed by OHCAC’s Education Manager prior to the mental health professional’s consultation. For all 12 children, the mental health professional facilitated a referral for mental health services. In the Early Head Start program, there were not any children for whom a mental health professional consulted with staff regarding a child’s behavior or mental health.

Nutrition

Healthy nutrition is a critical factor for children’s healthy development, particularly given the high rates of childhood obesity in OHCAC’s service area. County Health Rankings and Roadmaps uses a Food Environment Index to measure two indicators, limited access to healthy food and food insecurity. With 0 being the worst index and 10 the best, Ohio’s measure is 7.0. Service area counties have a Food Environment Index that is generally similar to or better than the state. The exception is Marion County where the Food Environment Index is 5.8, the second worst among counties in the state.

The food insecurity rate in the service area ranges from 13-16%. The rate is higher, however, when looking specifically at children who are living in households that are food insecure. The rate ranges from 23.2% in Morrow County to 25.5% in Crawford County. Though, there are disparities among counties for the rate of individuals with limited access to healthy food. In the State of Ohio the rate is 6%. Three of four service area counties are at or below the state rate. In Marion County, however, the rate is 17%.

Social and Economic Factors Impacting Wellbeing

Housing Availability and Type

Across OHCAC’s Head Start/Early Head Start service area approximately 88-90% of housing units are occupied. Roughly renters occupy 31-32% of housing units across service area counties. The exception is
Morrow County in which a greater share of homes are owner occupied; 81.1% of housing unit are owner occupied and only 18.9% are renter occupied.\textsuperscript{xxxix}

Many housing units in the service area are single unit detached, 2-bedroom homes. In Marion County there is a fairly substantial amount of mobile homes as well, 14.3%, and Richland County also has a greater mix of housing units that includes multi-unit dwellings and mobile homes. Homes tend to be older, with around a third of homes across the service area having been built prior to 1939. In Crawford, Marion, and Morrow Counties many others homes were built between 1950 and 1979. Morrow County has a greater proportion of newer homes, by comparison, with approximately half built between 1970 and 2009.\textsuperscript{xc}

Home Value and Affordability

Home value and affordability vary widely across the service area, with a gap between median home values in Crawford and Morrow Counties by over $46,000 (Table 30). Median monthly owner and renter costs vary as well (Table 31).

| Table 30. Median Home Value by County\textsuperscript{xci} |
|-----------------|----------------|
| County          | Median Home Value |
| Crawford        | $86,700          |
| Marion          | $96,400          |
| Morrow          | $132,800         |
| Richland        | $102,500         |
| Ohio\textsuperscript{xcii} | $131,900 |

| Table 31. Median Monthly Owner Costs and Median Monthly Rent by County\textsuperscript{xciii} |
|-----------------|-----------------|----------------|
| County          | Median Owner Costs | Median Rent |
| Crawford        | $945             | $631          |
| Marion          | $1,051           | $693          |
| Morrow          | $1,197           | $677          |
| Richland        | $1,025           | $624          |
| Ohio\textsuperscript{xciv} | $1,238 | $743 |

In Crawford County, 35.1% of families renting a home are spending 35% or more of their household income on rent. The rental cost burden is even higher in Marion County, where 43.2% of families renting a home are spending 35% or more of their household income on rental costs and in Morrow County where the rate is 46.2%. In Richland County, the rental cost burden is 37.1%\textsuperscript{xcv}

OHCAC leadership staff reflect that there is a finite amount of affordable housing in the service area, and in particular in Morrow and Crawford Counties. In these rural communities, where there is not a large taxpayer base, the prospect for additional affordable housing is limited. OHCAC observes that many families with challenges finding affordable housing move in with other families or move out of the community.

EMPLOYMENT, EDUCATION, AND TRAINING

Employment

The top employers across OHCAC’s service area are in manufacturing and government, including public school systems. In recent years, however, OHCAC’s service area has seen a significant shift in the availability of jobs. This is due, in
part, to manufacturing employers who used to supply a substantial amount of jobs moving out of the counties or closing their facilities. Manufacturers, a still mill, and factories have shuttered, and new employers of the same scale are not coming into the service area.

OHCAC also reports that the drug epidemic in Ohio has had a significant impact on employment, as prospective employees must be able to pass a drug test. OHCAC has also experienced first-hand that about 1 in 5 applicants for jobs in the agency fail a background check. Low educational attainment, as discussed earlier in the report, also presents challenges for employers. The percent of the service area population in the workforce is less than Ohio, as a whole (Table 32).

### Table 32. Percent of Population in Labor Force (Age 16+) \(^{xcvi}\)

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of Population in Labor Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>57.7%</td>
</tr>
<tr>
<td>Marion</td>
<td>63.2%</td>
</tr>
<tr>
<td>Morrow</td>
<td>63.2%</td>
</tr>
<tr>
<td>Richland</td>
<td>56.4%</td>
</tr>
<tr>
<td>Ohio</td>
<td>63.3%</td>
</tr>
</tbody>
</table>

According to September 2017 data from the Ohio Department of Job and Family Services (ODJFS), the unemployment rate rose across all four counties in the service area from 2016 to 2017. ODJFS reports an unemployment rate across the service area that ranges from 5% in Morrow County to 6.3% in Crawford County. \(^{xcvii}\) Unemployment trends for the four years prior are provided in the table that follows.

### Table 33. Unemployment Rate by Year and County \(^{xcviii}\)

<table>
<thead>
<tr>
<th>County</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Three Year Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>6.6%</td>
<td>5.3%</td>
<td>4.7%</td>
<td>4.4%</td>
<td>Declining</td>
</tr>
<tr>
<td>Marion</td>
<td>5.5%</td>
<td>5.2%</td>
<td>5.1%</td>
<td>4.2%</td>
<td>Declining</td>
</tr>
<tr>
<td>Morrow</td>
<td>5.7%</td>
<td>5.3%</td>
<td>4.4%</td>
<td>3.4%</td>
<td>Declining</td>
</tr>
<tr>
<td>Richland</td>
<td>5.9%</td>
<td>5.5%</td>
<td>4.9%</td>
<td>4.6%</td>
<td>Declining</td>
</tr>
<tr>
<td>Ohio</td>
<td>6.4%</td>
<td>5.8%</td>
<td>5.2%</td>
<td>4.6%</td>
<td>Declining</td>
</tr>
</tbody>
</table>

Unemployment among OHCAC’s Head Start/Early Head Start families trends significantly higher than the service area. Among two-parent families, in 31.41% of families neither parent is working (unemployed, retired or disabled). In single-parent families, the rate is higher. Nearly 58% of parents in single-parent families are not working. Out of the 832 families served by the Head Start and Early Head Start programs during the 2017 program year only 3 families were enrolled in job training or school at enrollment. \(^{xcx}\) Only 3 of the 832 families served by the Head Start and Early Head Start program during the 2017 program year were enrolled in job training or school at enrollment.

### Transportation

Public transportation is not widely available in OHCAC’s service area, lending to transportation challenges for families. In Morrow County, Morrow County Transportation Collaborative (MCTC) provides shuttle services through two routes. One shuttle travels within Morrow County and the other travels to the nearby counties of Columbus, Marion, and Mansfield. MCTC also schedules pick-ups, which must be requested at least 48 hours in advance.\(^{c}\)
Community Assessment

In the City of Marion, within Marion County, there is a similar service provided by Marion Area Transit (MAT). MAT is a public service for residents, and offers bus pick up's and drop offs within and outside the city for a fee. Fees range from 1.25 to $6.25 depending on the type of service requested and distance traveled.\(^1\) Seneca-Crawford Area Transportation (SCAT) also provides a door-to-door shuttle service to residents of Crawford County (and Seneca County, outside OHCAC's service area).\(^2\) In Richland County, Richland County Transit provides limited fixed route bus service through the county’s cities and door-to-door service is also available upon request.\(^3\)

Most households in the service area have at least one vehicle available, though some families have no vehicle. The percent of households with no vehicle available ranges from 5.4% in Morrow County to 6.5% in Crawford County, 8.1% in Marion County and 8.8% in Richland County.

OHCAC reports that transportation is a significant challenge for families. Though many families in the service area have access to a car, families’ work and training schedules may limit the extent to which a single car meets families’ needs.

Work and Training Schedules

While specific work and training schedules of families in the service area are not readily available, the top industries in the service area suggest a variety of schedules. With a mix of service occupations, manufacturing jobs, and education options it can be reasonably assumed that some individuals work traditional business hours while others may have second or third shift employment.

AGENCIES SERVING ELIGIBLE CHILDREN

Child Care Centers and Family Child Care Programs

In OHCAC’s service area, there are a total of 168 child care programs, with the greatest number being family child care (FCC) homes. There are 57 child care centers, of which OHCAC’s Head Start and Early Head Start centers make up 10. Only 47% of the total child care programs in the service area are currently participating in the state’s quality rating and improvement system, Step Up to Quality (Table 34).

<table>
<thead>
<tr>
<th>County</th>
<th>Licensed Type A FCC Home</th>
<th>Licensed Type B FCC Home</th>
<th>Licensed Child Care Center</th>
<th>OH DOE Licensed Preschool</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>1 (0)</td>
<td>4 (0)</td>
<td>9 (5)</td>
<td>8 (5)</td>
<td>22 (10)</td>
</tr>
<tr>
<td>Marion</td>
<td>1 (1)</td>
<td>21 (10)</td>
<td>13 (5)</td>
<td>8 (6)</td>
<td>43 (22)</td>
</tr>
<tr>
<td>Morrow</td>
<td>0 (0)</td>
<td>8 (6)</td>
<td>5 (3)</td>
<td>6 (3)</td>
<td>19 (12)</td>
</tr>
<tr>
<td>Richland</td>
<td>1 (1)</td>
<td>37 (4)</td>
<td>30 (12)</td>
<td>16 (9)</td>
<td>84 (26)</td>
</tr>
<tr>
<td>Total</td>
<td>3 (1)</td>
<td>70 (20)</td>
<td>57 (35)</td>
<td>38 (23)</td>
<td>168 (79)</td>
</tr>
</tbody>
</table>

The number of programs that have achieved the highest level of quality in Step Up to Quality, 5 stars, is few across the service area. Across all four counties there are only 32 programs that have achieved a 5-star rating, and 10 of those, 32%, are OHCAC Head Start/Early Head Start centers. Of the remaining 5-star programs all but one are public school preschool programs that operate on a school-year schedule.\(^4\) Since
OHCAC’s centers operate part-year as do the public school programs, this means that there is 1 program that provides high quality full-year services in OHCAC’s service area.

There is a total of 4,201 child care slots available in the service area, with significantly more slots for preschool age children than infants or toddlers (Table 35). The number of child care slots available in the service area is far fewer than the number of children under the age of five and is also fewer than the total number of children under 5-years-old living in poverty.

Table 35. Number (Percent) of Child Care Slots by Age/Program Type by County

<table>
<thead>
<tr>
<th></th>
<th>Crawford</th>
<th>Marion</th>
<th>Morrow</th>
<th>Richland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care</td>
<td>540 (87.2%)</td>
<td>548 (72.3%)</td>
<td>206 (60.1%)</td>
<td>2,130 (85.9%)</td>
</tr>
<tr>
<td>Infant</td>
<td>25 (6.5%)</td>
<td>15 (2.7%)</td>
<td>12 (5.8%)</td>
<td>296 (13.9%)</td>
</tr>
<tr>
<td>Toddler</td>
<td>96 (17.8%)</td>
<td>38 (6.9%)</td>
<td>14 (6.8%)</td>
<td>452 (21.2%)</td>
</tr>
<tr>
<td>Preschool</td>
<td>409 (75.7%)</td>
<td>495 (90.3%)</td>
<td>180 (87.4%)</td>
<td>1,382 (64.9%)</td>
</tr>
<tr>
<td>Type A FCC Home</td>
<td>0 (0.0%)</td>
<td>12 (1.6%)</td>
<td>0 (0.0%)</td>
<td>12 (0.5%)</td>
</tr>
<tr>
<td>Type B FCC Home</td>
<td>72 (11.6%)</td>
<td>198 (26.1%)</td>
<td>123 (35.9%)</td>
<td>288 (11.6%)</td>
</tr>
<tr>
<td>Limited providers</td>
<td>7 (1.1%)</td>
<td>0 (0.0%)</td>
<td>14 (4.1%)</td>
<td>51 (2.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>619</td>
<td>758</td>
<td>343</td>
<td>2,481</td>
</tr>
</tbody>
</table>

The Ohio Department of Job and Family Services oversees the state’s child care subsidy program. Families who meet the state’s eligibility requirements to receive a child care subsidy may apply. To be eligible parents must be employed, in school, or participating to meet the requirements of Ohio Works First cash assistance or SNAP. OHCAC does not currently accept subsides for children enrolled in the Head Start/Early Head Start program, and further exploration would be necessary to determine the extent to which families are eligible given high rates of unemployment among enrolled families.

**Home Visiting**

The Ohio Department of Health oversees home visiting services in the state of Ohio through the implementation of Help Me Grow. Home visiting services are also offered in Marion and Crawford Counties through funding provided by the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program). Home visiting programs in Ohio implement one of three models: Healthy Families America, Nurse Family Partnership, and Parents as Teachers. Participation is voluntary and free of charge for eligible families.

Marion County Help Me Grow (serving Marion and Crawford Counties) reports that approximately 86 individuals are receiving home visiting services in Marion County Crawford Counties. In Richland County, children and families also have access to Early Head Start services through a neighboring grantee. This grantee is funded to serve 15 children in center-based care, 21 through the home-based program option, and 4 pregnant women.

OHCAC reports that Help Me Grow is a strong partner in the state and often refers families for services. Demand for services has grown in recent years. While every child in the state used to be able to receive a well visit, further eligibility criteria (e.g., mother’s first child, identified risk factor) are now required. OHCAC
administrators report that Head Start/Early Head Start families are not typically also enrolled in the community home visiting programs.

Publicly Funded Preschool

In Ohio, nearly 15,000 children are served by the state’s state-funded preschool program. This represents roughly 8% of the states 3 and 4-year-old children. Ohio ranks 33rd out of U.S. states for access for 4-year-olds. In OHCAC’s service area there 25 school districts, many of which offer public school preschool programs. Across the state, 66% of districts participate in the public preschool program. All programs operate on a school-year schedule; full year services are not provided. Table 36 describes the number of public preschool slots by county in the service area.

Table 36. Number of Public Preschool Slots by County

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>368</td>
</tr>
<tr>
<td>Marion</td>
<td>294</td>
</tr>
<tr>
<td>Morrow</td>
<td>208</td>
</tr>
<tr>
<td>Richland</td>
<td>444</td>
</tr>
<tr>
<td>Total</td>
<td>1,314</td>
</tr>
</tbody>
</table>

RESOURCES AVAILABLE TO THE COMMUNITY TO MEET THE NEEDS OF ELIGIBLE CHILDREN AND FAMILIES

In OHCAC’s Head Start/Early Head Start service area, there are a number of social services resources available to families in addition to those offered by the grantee. One of the strengths of the community that many parents and community providers indicated in their respective surveys (detailed in the section that follows) is the services offered by community organizations.

To help families identify and obtain resources to meet their needs OHCAC provides a county-specific “Community Resource Guide” to families each program year. Additionally, OHCAC’s Executive Director participates on Ohio’s Family and Children First Council (FCFC) for Morrow and Richland Counties, and OHCAC’s Head Start Director participates on the FCFC in Crawford and Marion Counties. Through involvement on the FCFC OHCAC helps to build capacity within communities and collaborate with community and state partners to meet the needs of children and families.

Social Services. Across the service area, there are a number of organizations providing social services such as clothing assistance, food assistance or public assistance coordination to individuals. Families also have access to public health departments, housing authorities, and WIC providers, among other state and local departments supporting the public assistance needs of service area families. There are many social services available in OHCAC’s service area. Although, some services are limited to particular communities. Given the rural setting of parts of the service area as well as transportation barriers, services are not always easily accessible to the families that need them.

---

8 Data is reported by OHCAC, and was collected through outreach to districts in the service area to inquire about funded enrollment.
**Homeless Shelters.** The availability of shelters to meet the needs of homeless families is limited. Crawford and Morrow Counties do not have any homeless shelters. Heart of Ohio Homeless Shelter in Marion County and Harmony House in Richland County are the primary providers of sheltered care in the service area. Turning Point, a domestic violence shelter located in Marion County, also provides shelter to women and children.

**Health.** The medical needs of service area families are met through local primary healthcare providers and specialists, though as described in the report the ratio of physicians to residents is high. There are also community hospitals in each of the service area counties: Community Hospital (Crawford County), Marion General Hospital (Marion County), Morrow County Hospital (Morrow County), and OhioHealth Mansfield Hospital (Richland County). Mental health service providers are primarily located in the more metropolitan parts of the service area.

Given the service area challenges with the opioid epidemic, drug treatment is a significant need in communities. ADAMH, serving Crawford and Marion Counties is the primary provider of drug treatment in the service area.

**Teen Pregnancy.** Pregnant women in the service area have access to a variety of services to meet their needs. Home visiting through Help Me Grow is provided in all four counties, as are services available through WIC. Marion Adolescent Pregnancy Program (MAPP) provides services to teen mothers in Marion and Crawford Counties as well as education at Marion County schools. There are also community providers in each of the counties that offer services to pregnant women (e.g., Voice of Hope in Crawford County, parenting classes at Marion General Hospital in Marion County). In Richland County there are an even greater number of services, with Planned Parenthood of Greater Ohio located in the county, as well as Richland Pregnancy Services, among others. In Richland County there is also an Early Head Start program that serves pregnant women.

**Education.** Service area residents have access to 2 and 4-year and technical colleges to advance their educational attainment. Ohio State University has campuses in both Richland and Marion Counties, Marion Technical College is located in Marion County and North Central State College is located in Richland County. Adult education and GED learning opportunities are also available through community providers and local programs. OHCAC has observed that families are not often accessing the educational opportunities in the service area. OHCAC staff often leverage online coursework through the University of Cincinnati to advance their educational attainment.

**PARENT STAFF, AND COMMUNITY INSIGHTS**

Parent, staff, and community input are valuable sources of data to guide program options and services and to enhance collaborations among partners.

**Parent Input**

OHACAC implemented a Parent Survey in fall 2017 to gather information from parents about their experiences and ideas related to the Head Start/Early Head Start program. Responses to the survey were submitted by 242 parents/caregivers. Respondents mirrored the demographic make up of the Head Start and Early Head Start programs with most response coming from White, Non-Hispanic mothers of children. A few fathers, grandparents, and guardians also submitted responses. Approximately 60% of respondents are working full or part-time. Few respondents are in school or a training program, and approximately 30% are unemployed.
Community Assessment

and not enrolled in education or job training. Nearly 75% of respondents indicated their highest level of education is high school graduate/GED.

As part of the Parent Survey parents were asked whether the program schedule meets their family’s needs. Approximately 90% of parents agree that the program schedule meets their needs, and 95% indicated the location meets their needs. Among those that said the program does not meet their needs, respondents indicated a need for additional days, earlier/later hours, more/different transportation options, and full day care.

Parents are largely satisfied with the services provided by OHCAC’s Head Start and Early Head Start programs, and 91.7% of respondents believe the program is helping their child get ready for school. Many parents, 86.2%, feel that the Head Start/Early Head Start program has helped them to understand their role as the primary educator of their children.

When asked what is best about the community they live in, the top three areas indicated include services provided by community organizations, parks/playgrounds, and supportive neighbors. Alternatively, the top areas where parents indicated they would like to improve their community include more/better housing, availability of jobs, and neighborhood relationships.

There are many services families indicated they need or want that they aren’t able to currently access in their community. Those rising to the top included housing support (34.4% of respondents), reliable transportation (29.5%), and food pantries (29.5%). Families also indicated their biggest personal stressors, and while responses varied there were two significant standout responses: 54.6% of responses indicated one of their biggest stressors is financial; and 44.1% of respondents indicated drug abuse in the community as one of their biggest stressors. In response to open-ended questions parents reiterated these concerns. Themes that emerged include concerns related to finances, single parenting, holidays, housing, transportation, employment, and drug abuse in the community.

Staff Input

As part of its 2017 Community Assessment OHCAC also conducted a Staff Survey. The response was strong, with 145 staff from across the agency completing the questionnaire. A vast majority of staff indicated that the location of the Head Start/Early Head Start facility where they work is convenient to them and safe, and over three-quarters of staff commute less than 30 minutes to work. A majority of staff responded positively when asked if they believe OHCAC’s Head Start/Early Head Start programs are helping to prepare children for school.

As part of the Staff Survey respondents were asked to reflect on their professional needs and personal stressors. When asked what they feel would be helpful for them to advance in their professional role, the top three areas that emerged (non-exclusive) were professional development or training (39.8% of respondents), time and/or scheduling flexibility (39.8%), and supplies and materials (31.8%). In their personal lives, staff reflected that their families’ biggest stressors are financial (61.3%), work/life balance (39.4%), and drug abuse in the community (24.0%).

Many parents responding to the Parent Survey had positive feedback on OHCAC’s services, staff, and the support the program has provided to their child and family.
Reflecting on the Head Start/Early Head Start program and needs of families served, a majority of staff indicated that they believe the location and program schedule meet families’ needs. Among staff who indicated that there are ways the programs could better meet families’ schedule needs, staff indicated a mix of responses including earlier hours, later hours, transportation considerations and full day services. Staff responses when asked about families’ biggest stressors suggests there are many and multiple factors impacting families’ lives. The top areas that emerged are financial, employment, drug abuse in the community, transportation, and housing. The services that staff indicated they believe families most need or want are job search or training, reliable transportation, and education. Over 50% of staff responding to the survey believe that OHCAC can do a better job to meet families’ needs by offering more and/or a greater variety of services or training opportunities. Improving referrals to community service providers (44.1% of respondents) was the next most frequent response.

As part of open-ended reflections staff reflected on areas for improvement within the Head Start/Early Head Start program. Additional themes that emerged focused on parent engagement, communication among staff, workload, staffing patterns and turnover, onboarding of new staff, and managing children’s challenging behaviors. Staff offered suggestions to create an increasingly positive workplace and services that will continue to meet the needs of children and families served.

**Community Input**

A Community Provider Survey gathered information from community agencies about their experiences serving the service area population and their ideas for improved collaboration and coordination. There were 30 respondents completing the Community Provider Survey. Agencies responding to the survey provide a vast array of services ranging from education, health, and food assistance to job search, disabilities services, and legal support among others. Reflecting on what they think is best about the community where their agency provides services, nearly 70% of respondents indicated it is services offered by community organizations.

Many (80%) of respondents indicated the services their agency provides are free of charge, and most (60.0%) have seen an increase in demand for their services over the last year. Other changes that community providers reported observing in the last year include (non-exclusive): increases in drug abuse in the community (66.6% of respondents), transportation needs (53.3%), the number of multi-generational families served (46.6% of respondents), female head of households (40%), and homelessness (23.3%). Approximately 43% of respondents have also seen an increase in job availability in the community. Respondents reported observing a decrease in the number of licensed child care providers (46.6% of respondents) as well as a decreased availability of low-income housing (26.6% of respondents).

Many respondents (82.7%) indicated that drug abuse is a significant stressor for families in the community. Other areas many respondents indicated as stressors for families in the community included financial (72.4% of respondents) and mental health (68.9%). When reflecting on the services they believe low-income families may not be able to find or access in the community the top response was child care, indicated by 80.0% of respondents. Responses were non-exclusive and other top areas of need emerging included drug treatment (56.0% of respondents) and housing support (40%).

---

**OHAC Head Start/Early Head Start staff reflected that their family’s biggest stressor is financial (61.3% of parents responding to the Staff Survey).**
As part of open-ended questions, community providers reflected about what they believe are their agencies' strengths when working with low-income families. Themes emerged related to services that are family-centered, culturally sensitive and non-judgmental and with strong community collaboration. Community providers also recognized their empathetic, skilled, and knowledgeable staff. They also suggested ways that OHCAC can partner with them, offering suggestions such as offering resource fairs and trainings, leveraging partnerships for referrals, and coordinating services.

REFLECTIONS AND RECOMMENDATIONS

Drawing from the rich data and key findings of OHCAC's 2017 Community Assessment and reflection from OHCAC administrators the following recommendations will be considered to improve services to children in the agency’s four-county service area.

Recommendation 1. Explore modifications to OHCAC’s Head Start/Early Head Start program options/design to best meet the needs of currently served and eligible children and families. Modifications may include expanding the availability of Early Head Start center-based slots in the service area and particularly in Marion and Richland Counties where demand for services for young children is particularly high. OHCAC may explore whether the home-based program option or center-based care would best meet the needs of families in Morrow County where only home-based is currently offered. To meet the needs of parents who are working or in school and to comply with Head Start/Early Head Start best practices the agency may also consider strategies to transition some Head Start double sessions (part day) to full day services. Given the substantial transportation challenges in the service area, OHCAC may also explore different transportation approaches that will help to address families' transportation barriers, increase the amount of time children are in the classroom, and alleviate some transportation-related expenses.

Recommendation 2. Further explore the availability of facilities or need for new construction if OHCAC should have an opportunity to expand or reconfigure its existing Head Start/Early Head Start program design to best meet the needs of the community. OHCAC reports this as a past barrier when considering possible expansion, and any re-design options would include revising architectural plans for new construction (developed as part of the agency’s past Early Head Start-Child Care Partnership proposal) and confirming availability of previously identified sites for expansion of Early Head Start services.

Recommendation 3. Determine if subsidies could help to address a critical gap in full day care for working families. Engage in discussions with other Head Start/Early Head Start programs to garner information about how subsidies have been leveraged successfully in this setting. Determine the number of families currently served that may qualify for subsidy and establish fiscal estimates and benchmarks based on possible participation in Ohio’s child care subsidy program.

Recommendation 4. Consider recruitment strategies to enroll children at younger ages, and possibly pregnant women, to ensure multiple years of participation and maximum benefit from Head Start/Early
**Head Start comprehensive services.** Community assessment data continues to show a lack of high quality slots for children aged birth to 3-years-old, and many children currently attending OHCAC’s Head Start program for 1-2 years. Continuity of care in a high quality program will help to support children’s school readiness.

**Recommendation 5.** Define barriers that lead to low rates of children being up-to-date on preventative health care and age-appropriate immunizations, and leverage OHCAC’s Health Advisory to explore resources and partners to address barriers. Consider internal data tracking (ChildPlus) related to immunizations and healthcare and refine approaches to ensure data can be monitored for continuous improvement over time.

**Recommendation 6.** Implement strategies to encourage staff retention, which may include increasing staff salaries to offer competitive compensation packages, implementing activities to enhance staff morale, and continuing to enhance supports for the educational advancement of staff. Help grow the number of Head Start assistant teachers enrolled in associates and bachelor’s degree programs, and support staff in the Early Head Start program to attain CDA’s and degrees. Further explore feedback in the Staff Survey and follow up with staff to ensure that work-related concerns (e.g., paperwork, staffing patterns) are heard.

**Recommendation 7.** Continue to implement enhancements to the staff onboarding process, and communicate with staff about ongoing improvements and their feedback about new employee training. Continue to implement coaching and mentoring for new staff (and staff hired within the past year) to ensure they are prepared to provide Head Start/Early Head Start care and are supported in their role to so. Modify the employee onboarding, as necessary, as feedback is gathered from staff who have been trained under the new structure.

**Recommendation 8.** Provide supplemental training to staff on managing challenging behaviors, and communicate how mental health consultation can support teachers’ needs to address children’s challenging behaviors. Also collaborate with staff about the intersection of challenging behaviors and an expressed need for additional staff in the classroom. Explore supplemental curricula (in addition to Conscious Discipline) that can be implemented, possibly alongside new initiatives or programs designed to address children’s challenging behaviors.

**Recommendation 9.** Explore new strategies to strengthen communication and relationship building among staff and between staff and parents. Ensure that policies and procedures are implemented consistently across the Head Start and Early Head Start programs and that lines of communication are open among all of the staff and parents supporting enrolled children.

**Recommendation 10.** Consider additional or enhanced parent training opportunities. Focus on topics that will educate and empower parents, connect parents with resources, and refer them to community providers. Include a focus on helping parents to obtain their GED and enroll in job training. Continue to leverage an approach that is sensitive to multi-generational families, teen parents, single and co-parenting, and a variety of custody arrangements. Underscore the importance of school readiness and the critical role that attendance plays in ensuring children are benefitting the most from their participation in Head Start/Early Head Start.
Recommendation 11. Explore new or enhanced community partnerships to assist families to address drug abuse issues, advance educational attainment and obtain employment. Address the needs of all families, and with a particular focus on single parent mothers who encompass a large percent of families served by OHCAC and have higher rates of poverty and unemployment.

Recommendation 12. Work with community providers on collaborative efforts to increase the availability of affordable housing in the service area, address the high rate of teenage pregnancies and low high school graduation rates, and refer and receive referrals from community partners (e.g., WIC). Connect these collaborative efforts to the needs expressed by Head Start/Early Head Start families (e.g., housing, financial, transportation) and the broader service area (e.g., high poverty, low educational attainment).

Recommendation 13. Gather additional information from families about challenges that impact turnover of children in the Head Start and Early Head Start programs. Consider new/enhanced strategies to retain children in the Head Start and Early Head Start programs (e.g., addressing attendance challenges, supporting children with continuity of care during changes in custody). Connect these strategies to recommendations related to parent training as well as OHCAC’s role helping to address broader systemic issues within the service area (e.g., lack of low-income housing).

LOOKING AHEAD

OHCAC will leverage the data and key findings emerging from the 2017 Community Assessment to improve the ability of the Head Start and Early Head programs to meet children and families’ needs. The OHCAC Board, Policy Council, staff, and parents will be provided an update on Community Assessment findings and be engaged in dialogue about how to use this information to establish or modify short and long-term goals for the programs.

The HSPPS requirement to annually review and update the Community Assessment provides OHCAC with an opportunity to continuously reflect and improve upon data monitoring, data use, and implementation of data-driven, outcomes-oriented goals. With Community Assessment data as a driving factor for understanding and meeting community needs, OHCAC will continue its mission to support individuals and families to achieve self-reliance.
Appendix A – Head Start/Early Head Start Parent Survey

Ohio Heartland Community Action Commission
Head Start/Early Head Start Parent Survey

Ohio Heartland Community Action Commission is interested in your opinions about the Head Start and Early Head Start services provided by our agency. Sharing your ideas and experiences will help us to ensure services meet your needs. The survey will take about 10 minutes to complete and is confidential. The deadline to complete this survey is December 1, 2017.

1. This survey is being competed by:
   • Mother
   • Father
   • Both Parents
   • Guardian
   • Other: ______________________

2. Race:
   • American Indian or Alaska Native
   • Asian
   • Black or African American
   • Native Hawaiian or other Pacific Islander
   • White
   • Biracial/Multi-racial
   • Other: ______________________

3. Ethnicity:
   • Hispanic or Latino origin
   • Non-Hispanic or Non-Latino origin

4. The language(s) spoken in my home include:
   • English
   • Spanish
   • Other: ______________________

5. Employment/Education Status (Check all that apply)
   • Work full-time
   • Work part-time
   • In school full-time
   • In school part-time
   • Participating in a training program
   • Unemployed and not enrolled in an education or training program
   • Other: ______________________

6. Highest Education Level:
   • Some high school
   • High school graduate/GED
   • Associate’s degree
   • Bachelor’s degree
   • Advanced degree (Master’s, PhD, etc.)

7. The program schedule (days and number of hours per day) offered by the program meet my family’s needs.
   • Yes
   • No
8. If the program schedule does not meet your needs, what would better meet your needs? (Check all that apply)
   • Additional days per week
   • Earlier hours
   • Later hours
   • Transportation (more, different schedules)
   • Other: ______________________

9. The location of the Head Start/Early Head Start center meets my family’s needs.
   • Yes
   • No

10. I am satisfied with the Head Start/Early Head Start services my family receives.
    • Agree
    • Neutral
    • Disagree
    • Don’t know

11. The Head Start/Early Head Start program is friendly and inviting for fathers.
    • Agree
    • Neutral
    • Disagree
    • Don’t know

12. Head Start/Early Head Start is helping my child get ready for school.
    • Agree
    • Neutral
    • Disagree
    • Don’t know

13. Head Start/Early Head Start gives my child a safe place to learn.
    • Agree
    • Neutral
    • Disagree
    • Don’t know

14. Head Start/Early Head Start provides me with quality information through: (Check all that apply)
    • Newsletters
    • Parent handbook
    • Parent/teacher conferences and home visits
    • Monthly calendars
    • Flyers announcing upcoming events
    • Other: ______________________

15. Head Start/Early Head Start has provided me with informational support regarding: (Check all that apply)
    • Child development
    • Community resources
    • Personal relationships
    • Disabilities
    • Mental health
    • Health/dental health
    • Other: ______________________

16. Head Start/Early Head Start has enabled me to: (Check all that apply)
    • Define my own life goals
    • Accomplish and pursue my goals
    • Understand my role as the primary educator for my child(ren)
17. My family and I feel safe in our community.
   • Agree
   • Neutral
   • Disagree
   • Don’t know

18. What do you think is best about the community you live in? (Check all that apply)
   • Availability of jobs
   • Housing options
   • Parks and playgrounds
   • Supportive neighbors/“tight knit” community
   • Services offered by community organizations
   • Transportation
   • Other: __________________________

19. If there were something you could improve about your community, what would it be? (Check all that apply)
   • Availability of jobs
   • More/better housing options
   • More parks/playgrounds
   • Neighborhood relationships
   • Services offered by community partners
   • Transportation
   • Other: __________________________

20. Are there services that you or your family needs or wants that you’re not able to currently find or access in your community? (Check all that apply)
   • Counseling
   • Drug treatment
   • Education
   • Housing support
   • Food pantry
   • Immigration support
   • Job search or training
   • Health/dental health services
   • Reliable transportation
   • Other: __________________________

21. My family’s biggest stressor(s) are: (Check all that apply)
   • My child’s disabilities
   • Community violence
   • Drug abuse in the community
   • Educational/job training
   • Employment
   • Financial
   • Housing
   • Immigration issues
   • Marital/personal
   • Medical/dental
   • Mental health
   • Transportation
   • Other: __________________________

22. My biggest concern for my family at this time is:

23. Other comments I have:

Appendix B – Head Start/Early Head Start Staff Survey

Ohio Heartland Community Action Commission
Head Start/Early Head Start Staff Survey

Ohio Heartland Community Action Commission (OHCAC) is in the process of gathering information to inform its required community needs assessment to inform its Head Start and Early Head Start programs. We are working with Foundations for Families, a training, technical assistance, and consulting company, who is helping us to gather information and compile the community assessment report. Your feedback as an Ohio Heartland Community Action Commission team member is important. Sharing your ideas and experiences will help us to ensure we are providing services that meet children and families’ needs. The survey will take about 10 minutes to complete and is confidential. The deadline to complete this survey is December 1, 2017.

Tell us about yourself
1. This survey is being competed by (Check the option that most aligns with your current position):
   - Management staff
   - Component staff
   - Instructional staff
   - Other: ____________________

2. Race:
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or other Pacific Islander
   - White
   - Biracial/Multi-racial
   - Other: ____________________

3. Ethnicity:
   - Hispanic or Latino origin
   - Non-Hispanic or Non-Latino origin

4. The language(s) spoken in my home include:
   - English
   - Spanish
   - Other: ____________________

5. Indicate the degree to which you agree or disagree with the following statement: I believe OHCAC staff reflect the language and culture of children and families served.
   - Agree
   - Neutral
   - Disagree
   - Don’t know

6. Is the location of the office or Head Start/Early Head Start center where you work convenient for you?
   - Yes
   - No

7. How long is your commute to the office or center where you work?
   - Less than 30 minutes
   - 30 minutes to 1 hour
   - Over 1 hour

8. Indicate the degree to which you agree or disagree with the following statement: The office or center where I work is safe, both for me to work and for children to learn.
   - Agree
   - Neutral
   - Disagree
   - Don’t know
9. Indicate the degree to which you agree or disagree with the following statement: OHCAC’s Head Start and Early Head Start programs are helping to prepare children for school.
   - Agree
   - Neutral
   - Disagree
   - Don’t know

10. What type of supports beyond those that you’re currently receiving do you feel would be helpful for you to improve in your professional current role? (Check all that apply)
   - Professional development or training
   - College coursework
   - Coaching and/or mentoring
   - Supplies and materials
   - Time and/or scheduling flexibility
   - Management/leadership development or training
   - Other: ______________________

11. What are your family’s biggest personal stressors? (Check all that apply)
   - Community violence
   - Drug abuse in the community
   - Educational/job training
   - Employment
   - Financial
   - Housing
   - Immigration issues
   - Marital/personal
   - Medical/dental
   - Mental health
   - Transportation
   - Work/life balance
   - Other: ______________________

Tell us your ideas about OHCAC’s Head Start and Early Head Start programs

12. Do you think the location of the Head Start/Early Head Start centers meets families’ needs?
   - Yes
   - No

13. Do you think the program schedules (days and number of hours per day) offered by OHCAC’s Head Start and Early Head Start programs meet families’ needs?
   - Yes
   - No

14. If no, how do you think we could better meet families’ schedule needs? (Check all that apply)
   - Additional days per week
   - Earlier hours
   - Later hours
   - Transportation (more, different schedules)
   - Other: ______________________

15. Indicate the degree to which you agree or disagree with the following statement: The communities in which OHCAC’s Head Start and Early Head Start families live are safe.
   - Agree
   - Neutral
   - Disagree
   - Don’t know

16. What do you believe are Ohio Heartland Community Action Commission’s Head Start and Early Head Start families’ biggest stressors? (Check all that apply)
Community Assessment

- Child’s disabilities
- Community violence
- Drug abuse in the community
- Educational/job training
- Employment
- Financial
- Housing
- Immigration issues
- Marital/personal
- Medical/dental
- Mental health
- Transportation
- Other: ____________________

17. What services do you believe OHCAC’s Head Start and Early Head Start families most need or want? (Check all that apply)
- Counseling
- Drug treatment
- Education
- Housing support
- Food pantry
- Immigration support
- Job search or training
- Health/dental health services
- Reliable transportation
- Other: ____________________

18. How do you think OHCAC can do a better job to meet families’ needs? (Check all that apply)
- Improve communication with parents
- Improve referrals to community service providers
- Establish new or improved partnerships with community agencies
- Offer more and/or greater variety of services or training opportunities
- Provide a greater degree of case management support
- Other: ____________________

19. My biggest concern about OHCAC’s Head Start and/or Early Head Start programs is:

20. Other comments I have:

Appendix C – Head Start/Early Head Start Community Provider Survey

Ohio Heartland Community Action Commission
Head Start/Early Head Start Community Provider Survey

Ohio Heartland Community Action Commission (OHCAC) is in the process of gathering information to inform its required community needs assessment to inform its Head Start and Early Head Start programs. We are working with Foundations for Families, a training, technical assistance, and consulting company, who is helping us to gather information and compile the community assessment report. Your feedback as community partner is important. Sharing your ideas and experiences will help us identify children and families’ needs and describe resources and services available to families. The survey will take about 10 minutes to complete and is confidential. The deadline to complete this survey is December 1, 2017.

1. Where does your agency provide services? (Check all that apply)
   - Crawford County
   - Marion County
   - Morrow County
   - Richland County
   - Other: ___________________

2. What type of services does your agency provide? (Check all that apply)
   - Child care
   - Counseling
   - Drug treatment
   - Education
   - Foster care
   - Food assistance
   - Health/dental health
   - Housing support
   - Immigration services
   - Job search or training
   - Senior services
   - Other: ___________________

3. Are the services your agency provides free?
   - Yes
   - No

4. If the services your agency provides are not free, are fees based on income?
   - Yes
   - No

5. What do you think is best about the community where your agency provides services? (Check all that apply)
   - Availability of jobs
   - Housing options
   - Parks and playgrounds
   - Supportive neighbors/“tight knit” community
   - Services offered by community organizations
   - Transportation
   - Other: ___________________

6. In the last year, has your agency seen changes in the following: (Check all that apply)

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Increase</th>
<th>Decrease</th>
<th>No change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average household income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of low income families contact your agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals or families slightly over your income guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of multi-generational families you serve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of female head of households</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Community Assessment

<table>
<thead>
<tr>
<th>Number of teen pregnancies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of licensed child care providers</td>
<td></td>
</tr>
<tr>
<td>Job availability in community</td>
<td></td>
</tr>
<tr>
<td>Drug abuse in community</td>
<td></td>
</tr>
<tr>
<td>Low income housing availability</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td></td>
</tr>
<tr>
<td>Transportation needs</td>
<td></td>
</tr>
<tr>
<td>Services you offer</td>
<td></td>
</tr>
</tbody>
</table>

#### 7. Are there services you think low-income families may not be able to currently find or access in the community? (Check all that apply)
- Child care
- Counseling
- Drug treatment
- Education
- Foster care
- Health/dental health
- Drug treatment
- Food assistance
- Housing support
- Immigration services
- Job search or training
- Senior services
- Other: ___________________

#### 8. In the community your agency serves, what do you believe are families’ biggest stressors? (Check all that apply)
- Community violence
- Drug abuse in the community
- Educational/job training
- Employment
- Financial
- Housing
- Immigration issues
- Marital/personal
- Medical/dental
- Mental health
- Transportation
- Other: ___________________

#### 9. What do you believe are your agency’s strengths when working with low-income families?

#### 10. Do you have ideas about how OHCAC’s Head Start and Early Head Start program could partner with your agency to better meet the needs of low-income children and families?

#### 11. Other comments I have:

---

Survey adapted from *A Workbook for Head Start Programs Serving Hispanic and Other Emerging Populations. Version 1. December 2007*
# Community Assessment


33. Ohio Department of Job and Family Services. (2017). Crawford County Quickview, Marion County Quickview, Morrow County Quickview, and Richland County Quickview.

34. Ohio Department of Job and Family Services. (2017). Crawford County Quickview, Marion County Quickview, Morrow County Quickview, and Richland County Quickview.


Early Childhood Advisory Council, Early Learning and Development County Profiles


