

HealthySteps Needs Assessment



Children's Home Society

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Introduction

HealthySteps Needs Assessment

This report was developed by Dr. Stephen Sills (Vice President) and Talitha Batts (Director) of the Policy, Research, and Impact Center at the National Institute of Minority Economic Development with assistance from Carolyn Bucknall (MPA Intern from UNC Greensboro). The project came in response to a Request for Proposals from the Children's Home Society of North Carolina (CHS) to provide technical assistance, learning, and evaluation services. CHS was seeking a partner to assist with understanding parent support and education needs in High Point, NC. Specifically, CHS wants to answer the following research questions.

1. What are the current parent education and support needs in High Point?
2. What are the perceptions and costs/benefits for participating pediatric offices for parenting education and support in High Point?
3. What are the barriers to participation for High Point pediatric offices who have not yet added parent education and support services?
4. Where do families go in High Point to receive guidance/advice/knowledge about parenting issues?
5. How accessible are parent education programs for all families in High Point?
6. What are the parents' preferred method of receiving parent education and what factors lead to that choice?
7. What are the barriers for families in seeking/engaging in parent education programs in High Point?
8. Are parents who participated in the HealthySteps program more likely to seek parent education programs after their child ages out?

This report includes data collected through a meta-analysis, review of current literature, and analysis of secondary data sources. In addition, primary data was collected from experts, medical practitioners, stakeholders, and parents of infant and toddlers. This included extensive interviews and focus groups as well as over 200 surveys from parents. The research findings presented in this report may be used to develop a better understanding of parental needs for the HealthySteps initiatives and to provide data needed for strategic planning, fundraising, and expansion of the HealthySteps program.

Background

Children's Home Society of North Carolina

The Children's Home Society of North Carolina (CHS) provides a broad range of services, from prevention to foster care to adoption and supports families to be the best they can be. CHS programs help children achieve permanence through reunification, guardianship, or adoption, improving child well-being reducing the time children are in foster care. CHS positively impacts long term effects of child trauma such as poverty, homelessness, unwanted pregnancies, substance abuse, violence, incarceration, untreated mental and physical health, and multigenerational child abuse and neglect. Early-life deficits have persistent negative impacts on lifetime well-being.ⁱ Disparities in cognitive and socioemotional development in low-income children are evident as early as nine months, and evidence suggests that children who enter kindergarten behind are likely to remain behind throughout their education career.ⁱⁱ

HealthySteps

HealthySteps is a model of population health that places a child development professional within a pediatric care team. Over 90% of families take their children to pediatric primary care providers during infancy, thus the program targets pediatric practices as a primary point of contact for engaging parents and caregivers in educational training and resource referrals.ⁱⁱⁱ The model includes eight core components and three tiers of service. Families identified as needing extra support are offered customized resources based on their needs.^{iv} The HealthySteps program began in 1995 as a "response to concerns about (1) addressing the developmental needs of young children through better pediatric practices and (2) meeting the needs of parents given the changing demands of society."^v The HealthySteps Network is a national effort to ensure that infants across the country will have opportunities to develop and flourish.^{vi} The national network includes 214 pediatric primary care practices in 25 states and Washington, D.C as well as on 7 U.S. military bases.^{vii} HealthySteps is particularly innovative as it brings developmental specialists, social workers, and early childhood specialists into the pediatric practice to engage with new parents.^{viii} Notably, HealthySteps is not just for 'at risk' infants but is meant to provide resources to all families with young children.



Community Navigators

The North Carolina Children’s Home Society HealthySteps program includes partnerships between HealthySteps Specialists within pediatric offices in Greensboro and High Point, NC to offer information and support to parents of infants and toddlers,^{ix} as well as a *Community Navigation* program working with preterm parents to parents of three-year old connecting them with resources to promote healthy development and growth. With support from the Duke Endowment and as part of the broader *Ready for School, Ready for Life Initiative*,^x these Community Navigators work at obstetrician offices and other community sites to “meet with and listen to families, conduct assessments to clarify family needs when appropriate, and provide connections to resources.”^{xi}

National Evaluation Studies

We reviewed several national evaluation studies have been conducted of the HealthySteps program and its networks. Findings have been generally robust and supportive of the efficacy of the universal pediatric-based early health intervention and parent education program. In one longitudinal study, 3,737 parents responded to interviews just before their children turned three years old.^{xii} The researchers found that those who participated in the HealthySteps Program had:

- greater odds of receiving 4 or more HealthySteps–related services,
- greater odds of discussing more than 6 anticipatory guidance topics,
- greater odds of being highly satisfied with care provided,

- greater odds of receiving timely well-child visits and vaccinations,
- greater odds of remaining at the practice for 20 months or longer,
- had reduced odds of using severe discipline, and
- Among mothers considered at risk for depression, greater odds of discussing their sadness with someone at the practice

The study concluded that “practice-based interventions can enhance quality of care for families of young children and can improve selected parenting practices.”^{xiii} Results from a Johns Hopkins University study of HealthySteps indicate that the program also has many positive impacts on pediatric practices including increased physician satisfaction, improved continuity of care, increased rates of developmental screening, and other services.^{xiv} Based on review of these reports and studies, we compiled a list of topics for study and aligned them with the appropriate research methodology for examining the issue. These topics and aligned methods may be found in Appendix E.

School Readiness

In addition to receiving social supports in the pediatric office, HealthySteps specialists may connect clients with preschool and childcare programs like Head Start and NC Pre-K. There are clear benefits to pre-kindergarten programming. There is evidence that children experience lasting benefits from the development of non-finite executive functioning skills like linguistic dexterity, reading comprehension, and critical thinking as well as socioemotional skills like self-control and confidence early in life.^{xv,xvi,xvii,xviii} The lasting benefits of the development of cognitive and socioemotional skills in preschool create ripple effects throughout a child’s life, particularly those from low-income families, resulting in higher educational achievement and positive outcomes in employment, crime, and health.^{xix} Attendance in high-quality preschool increases children’s readiness for school, narrowing the skills gap between lower-income children and their higher-income peers.^{xx} Attendance in high-quality preschool programs has also been found to have large positive effects on grade retention, high school graduation rates, college attendance, and college graduation and reduce instances of juvenile incarceration, suspensions, and truancy.^{xxi}

Childcare Needs in NC

Constituents of the National Institute of Minority Economic Development, including small business owners and minority workers across the state, were polled recently about their needs for childcare. Affordability was the major issue for both white and non-white respondents with 61% of respondents overall saying childcare was not affordable. White respondents paid on average \$995 or more monthly while non-white respondents paid \$455. Factoring differences in reported income, we see that both groups are paying about 10-11% of monthly income on childcare. Non-white respondents were less likely to use licensed childcare centers or church-based preschools and were more likely to use in-home babysitters, relatives or friends, NC Pre-K program, or Head Start programs. White respondents were more likely to be influenced by location, licensing, curriculum, and recommendations from family or friends. Non-white respondents were more likely to be influenced by affordability and whether meals were included. Minority households were more impacted by childcare needs with two-thirds (64%) reporting they or their spouses had to cut back on work because of childcare (as compared to only 18% of white respondents). Three-quarters of respondents (74%) felt that expanding the childcare subsidy and two-thirds (65%) felt that providing universal pre-k would improve the availability, quality, and affordability of childcare.

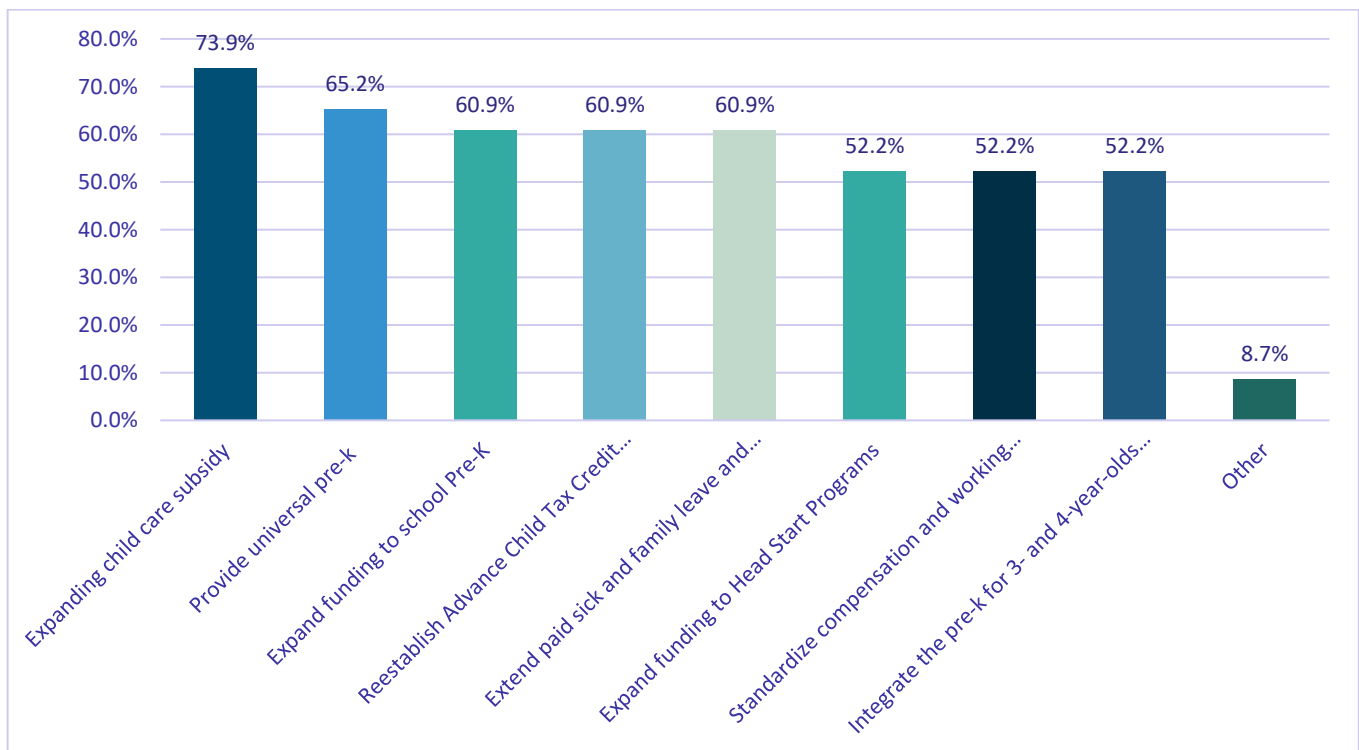
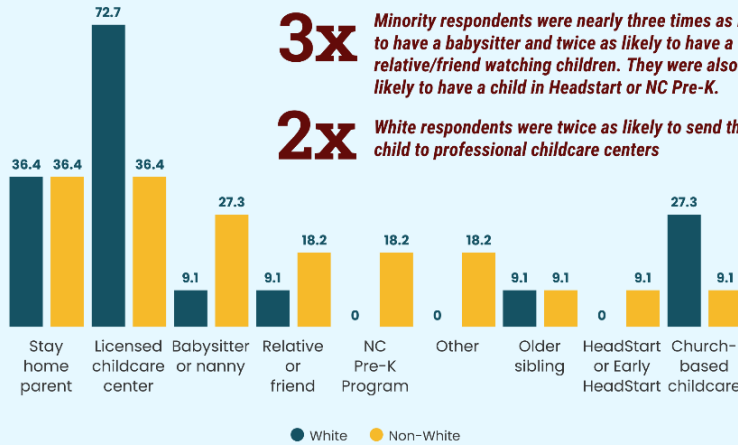


Figure 1 - What do you think should be done to improve childcare?

Childcare Needs

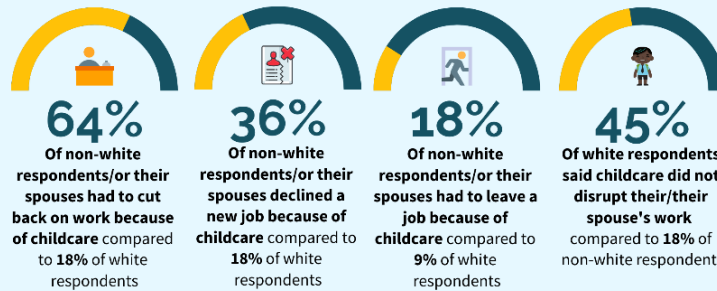
A poll conducted by the Research, Policy, & Impact Center



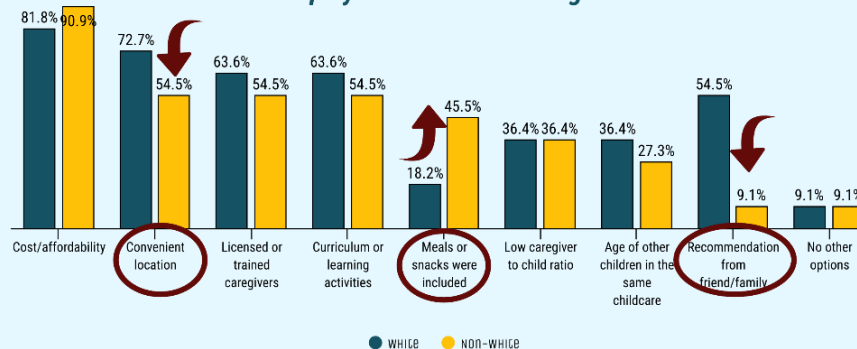
3x Minority respondents were nearly three times as likely to have a babysitter and twice as likely to have a relative/friend watching children. They were also more likely to have a child in Headstart or NC Pre-K.

2x White respondents were twice as likely to send their child to professional childcare centers

Minority respondents reported greater impact on work because of childcare issues



What factors played a role in choosing childcare?



Respondents rated affordability, quality, accessibility, and ease of finding childcare

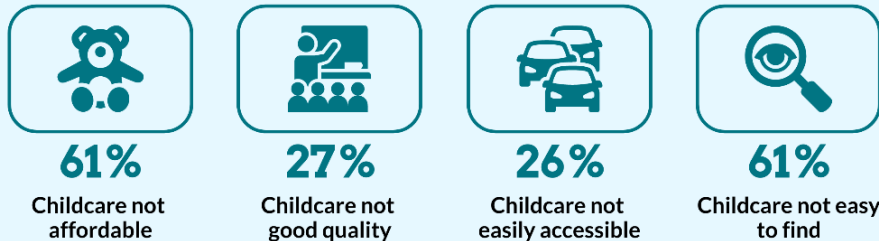


Figure 2 - Poll of NC Parents

Research Methodology

Data analytics is the analysis of data using quantitative and qualitative techniques to look for trends and patterns. It often requires advanced training in Social Statistics, Geographic Information System, Computer Sciences, Public Policy, and other disciplines. On the other hand, data informatics is a collaborative activity that “involves people, processes, and technologies to apply trusted data in a useful and understandable way.” Our basic approach to data is that while we have expertise and advanced degrees in data analytics, it is our job to make data accessible and beneficial through informatics approaches such as intuitive data visualization, infographics, data mapping, and interactive data web portals. Our approach is informed by best practices and experienced application of stakeholder engagement and comprehensive primary and secondary data collection. Our first point of encounter was with Children’s Home Society of North Carolina staff and CHS identified community stakeholders. We also engaged parents of infants and toddlers. We incorporated extensive quantitative and qualitative data, geospatial mapping, community and stakeholder input, and family engagement. We drew from a wide array of strategies to ensure the voices residents and leaders in target communities are heard.

Specific Methods of Engagement

Secondary Data

Secondary data was gathered for the study area providing socio-demographic context to the findings. Maps, tables, and data visualizations are used in this report to graphically communicate important information. Socioeconomic and demographic information will be used to conduct correlational analysis to examine the relationships between deficits in transportation, internet access, childcare and access to employment and social factors contributing to the deficits in engagement in parent education programs. Additionally, past data was re-analyzed to provide an understanding of past efforts to evaluate the program.

Stakeholder Interviews (n=13)

We conducted thirteen in-depth, one-on-one interviews with CHS management and staff and leaders of CHS community partners as well as local experts in relevant subject matters. This included: HealthySteps Specialists, Pediatricians, Social Workers the Foundation for a Healthy High Point, Ready for School – Ready for Life, Guilford County

Public Health, the YWCA, etc. Interviews were confidential so that those interviewed would feel free to speak openly about their observations and concerns. Interviews were held via an online conference platform. Interviews were recorded and transcribed, and transcripts were thematically coded and analyzed by RPIC staff.

Focus Groups (n=3)

We conducted three focus groups, two with local families with children and one with professionals from a variety of stakeholder organizations including: Legal Aid of NC, Backpack Beginnings, Guilford Child Development, Get Ready Guilford, UNCG, NC DHHS, Family Solutions, and Family Service of the Piedmont. Sessions were facilitated by RPIC staff and were digitally recorded for the purposes of providing a reliable record. Recordings were transcribed, thematically coded, and analyzed for key findings. These sessions explored in more depth the key themes that emerged from stakeholder interviews, examined major issues uncovered by prior studies, and filled in gaps from data analysis.

Parent Surveys (n>200)

Interviews and focus group findings provide a high-quality detailed picture of community concerns and issues. But to supplement these data sources and to discover how broad and pervasive these concerns and issues may be, we also designed an online and paper (multimodal) survey of area families including HealthySteps program parent and non-program parents. The survey examined the incidence, prevalence, and generalizability of findings from focus groups covering above topics.



Community Context - High Point, NC

The City of High Point is situated in the Piedmont Triad Region of North Carolina and is the only city in the state to extend into four separate counties: Guilford, Randolph, Davidson, and Forsyth. Though it was settled by Quakers around 1750, the town was first officially chartered in 1859, as the “highest point” of the North Carolina Railroad which brought raw materials into the area. High Point’s physical expansion was stimulated by the economic success in manufacturing in the early 1900s, particularly in textiles, tobacco, and woodworking. The area is best known for its rich history in the furniture industry and the semi-annual High Point Furniture Market is the world’s largest home furnishings trade show. The event attracts local, national, and international vendors and buyers each spring and fall.

Today the city spans approximately 58 square miles and includes both urban settings and large recreational parks and lakes. Residents and visitors can enjoy the areas museums, many restaurants, as well as professional baseball games at Truist Point ballparks with the independent minor league team, the Rockers. High Point University also brings approximately 80,000 visitors and 4,388 out-of-state students to the area during the academic year (total enrollment of 5,850). The University is also a large contributor to local charities and is the 8th largest employer in the City of High Point.

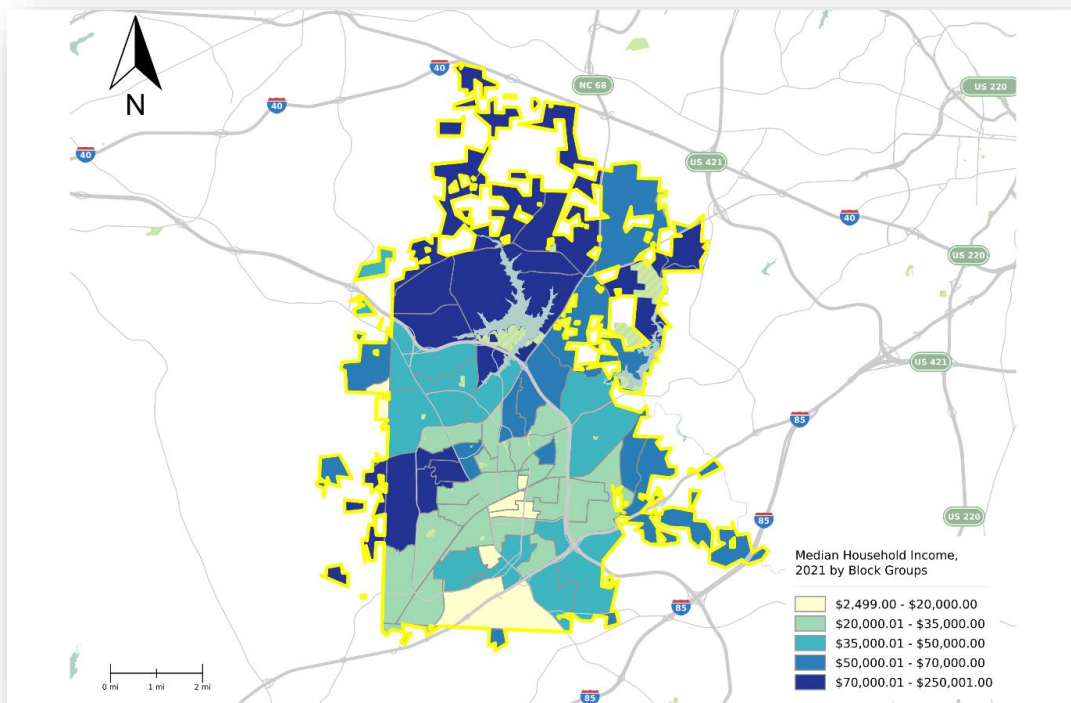


Figure 3 - Median Household Income (2021)

Key Demographics

Table 1 - Demographic Composition

	HIGH POINT, NC		NORTH CAROLINA	
POPULATION				
Total Population	113,056		10,356,555	
Average Population Density (per sq mi)	2019.43		213.01	
Population Growth (2000-2019)	29.98%		27.52%	
Urban Population	104,262	99.90%	6,301,756	66.09%
Rural Population	109	0.10%	3,233,727	33.91%
RACE & ETHNICITY				
White	55,531	49.12%	6,992,191	67.51%
Black or African American	39,264	34.73%	2,216,020	21.40%
American Indian and Alaska Native	435	0.38%	134,942	1.30%
Asian	9,571	8.47%	325,205	3.14%
Native Hawaiian and Other Pacific Islander	94	0.08%	9,302	0.09%
Some other race	4,277	3.78%	364,733	3.52%
Two or more races	3,882	3.43%	303,501	2.93%
Hispanic or Latino	12,690	11.22%	1,026,085	9.91%
INCOME				
Median Household Income	\$45,453.29		\$54,602	
Per Capita Income	\$25,664.40		\$29,507.81	
Population in Poverty	19,151	17.76%	1,466,400	14.56%
EDUCATION				
< High School	11,676	15.81%	964,635	13.63%
High School	18,113	24.53%	1,710,790	24.18%
> High School	44,045	59.64%	4,340,769	61.34%
LANGUAGE				
English	85,021	80.55%	8,541,852	87.41%
Spanish	9,061	8.58%	750,318	7.68%
Other Languages	11,459	10.86%	473,966	4.85%
HOUSING				
Housing Units	46,606		4,662,204	
Occupied Units	41,014	88.00%	3,983,257	85.44%
Vacant Units	5,592	12.00%	674,106	14.46%
Owner Occupied	21,680	52.86%	2,563,496	64.36%
Renter Occupied	19,334	47.14%	1,414,173	35.50%

Population & Households

The City of High Point has a total population of 113,056 residents, growing almost 30% since the year 2000. Within the last year, about 7% of the population moved to the area from a different state or county within NC, compared to the almost 10% that moved within the city. The residential population is more racially and ethnically diverse than most areas of North Carolina, which in part can be attributed to the long history of refugee resettlement in High Point as almost 14% of the population is foreign-born. The composition is 49% white, 35% Black or African American, 8% Asian, and another 8% being another race. About 11% of the population is Hispanic/Latinx. The median age is 39 years, and the average household size is 2.6 people. The population has slightly lower overall levels of educational attainment when compared to North Carolina, with almost 16% of the population has less than a high school (or equivalent) education, while 60% has greater than a high school education, ranging from some college to doctoral graduates.

The majority of the of the city is ranked “moderate” to “high” in terms of Social Vulnerability in the socioeconomic, household composition, minority languages, and housing and transportation categories. Almost half of the population in High Point rents their home, and 50% of those renters are cost-burdened by their housing expenses (meaning they spend more than 30% of their income on rent and utilities). This is substantially higher than the 23% of homeowners who are cost-burdened by their housing expenses. Approximately 19% of households lack internet access.

Age

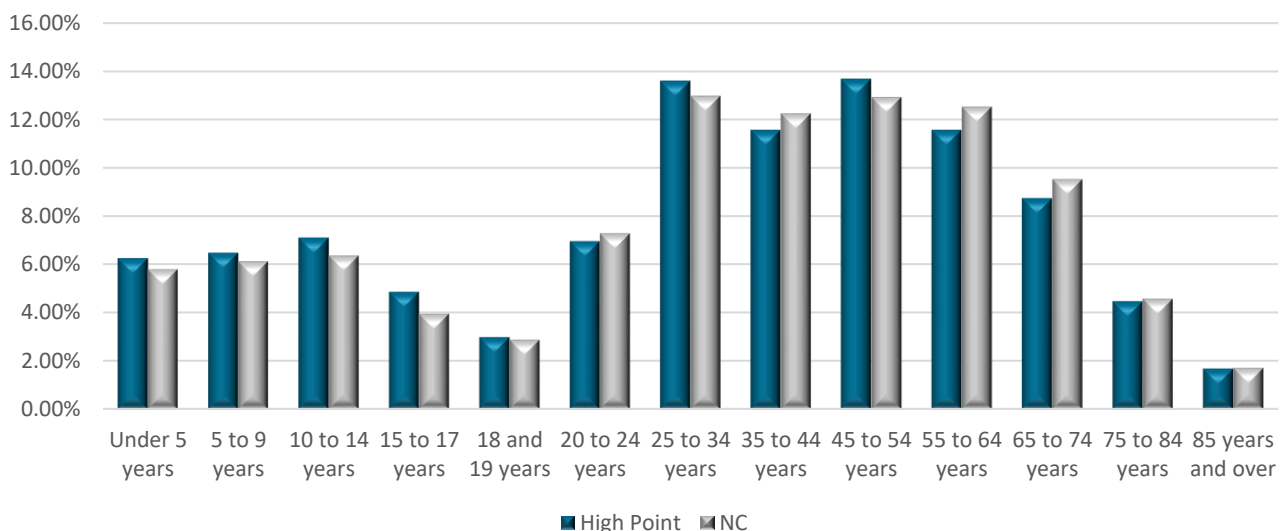


Figure 4. Age distribution in High Point, 2020.

The composition of the 27,506 families who reside in the area is shown in the table below. Families are groups of related people who live together, whereas households refer to the person or group of people living in any single housing unit. Generally, households that do not contain a family are made up of unrelated people living together (eg, roommates) or people living alone. While it is possible for two families to share a household, the difference between the number of households and the number of families in an area shows, approximately, the number of non-family households in a place.

Table 2 - Family Composition

2016-2020 Family Composition	Number of Families	Percent of Families
Families	27,506	--
Married with Children	7,303	26.55%
Single with Children	4,815	17.51%
Single Female with Children	3,991	14.51%
Other Families	15,388	55.94%

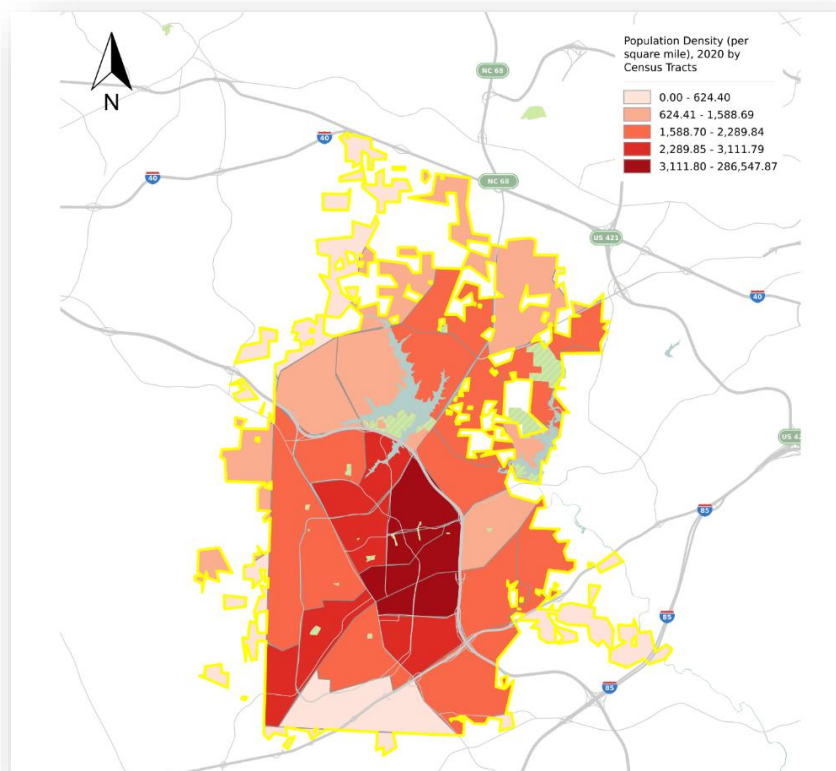


Figure 5. Map of Population Density in High Point, 2020.

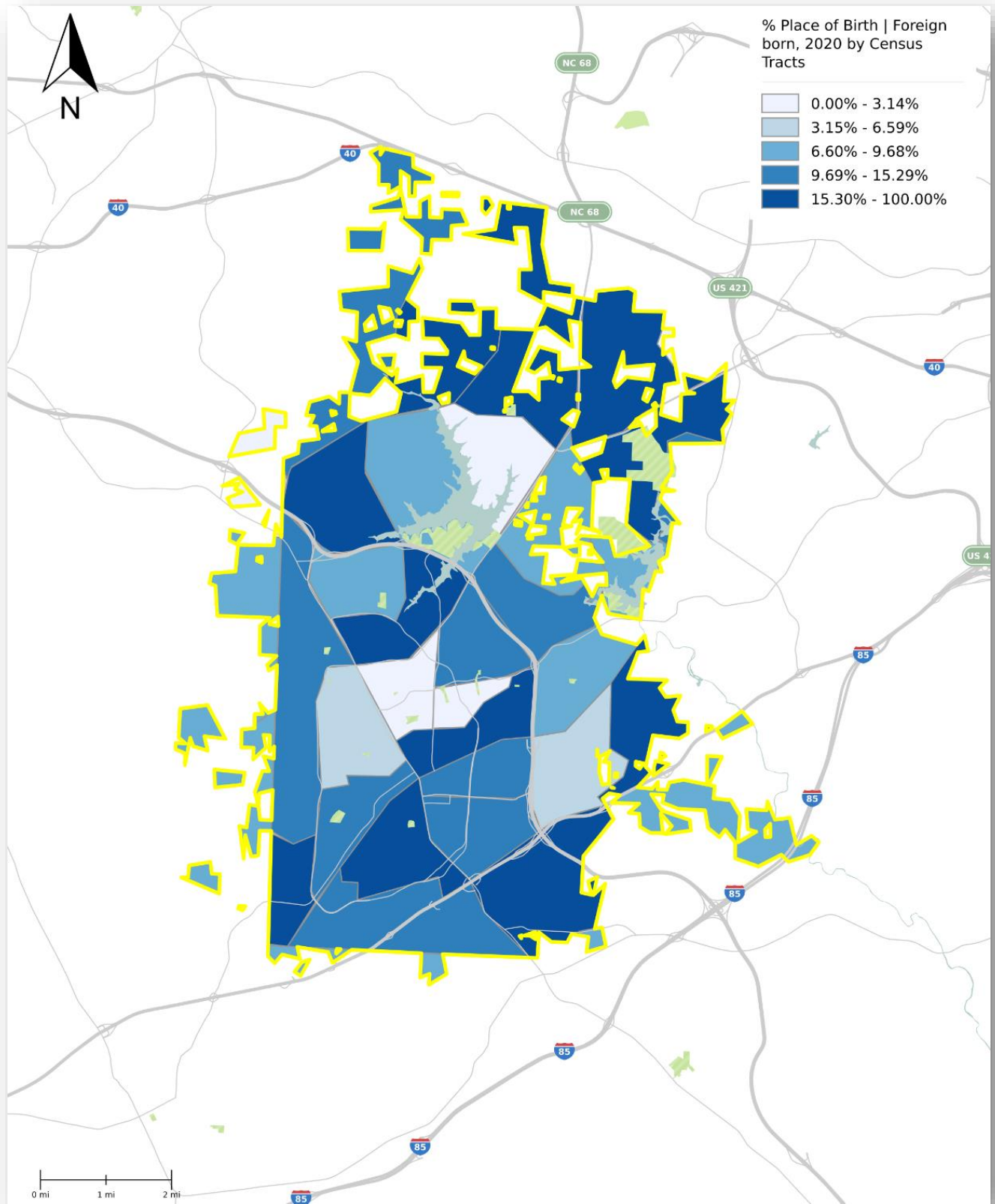


Figure 6. Map of Population that is Foreign Born, 2020.

Socio-Economic Overview

The median household income in High Point is \$45,453 as compared to \$54,602 in North Carolina. The income per capita for the area is also lower than that in North Carolina, at \$25,664. Four of the Census Tracts in High Point (all along the railroad and Kivett Dr) have been designated as having persistent poverty according to the CDFI Fund (2017). The region has higher overall poverty level than the state at about 18% of the population as compared with the state rate of about 15%. About 21% of the population receives public assistance, food stamps or SNAP which again is higher than the state rate of about 14%. The upward mobility for people raised in very low-income families is about 5%, which is slightly lower than most areas in North Carolina.

Approximately 39% of High Point’s population is not in the labor force, which is on par with the state rate of 38%. The majority of the labor force is employed however, with most recent estimates showing unemployment levels at around 5.1% compared with the state level of 4.4%. These figures have dropped from the peaks of unemployment during Q2 of 2020 which were three times higher due to the pandemic. Those seeking employment and skill development can receive assistance from GuilfordWorks, Welfare Reform Liaison Project, the YWCA Women’s Resource Center, and Triad Goodwill. The top employment industries in the area are Educational, Health Care, and Social Assistance with 24% of the employed labor force, followed by manufacturing at 17%, both retail and professional/scientific/ management at 11% each, and arts/entertainment/recreation at 10%.

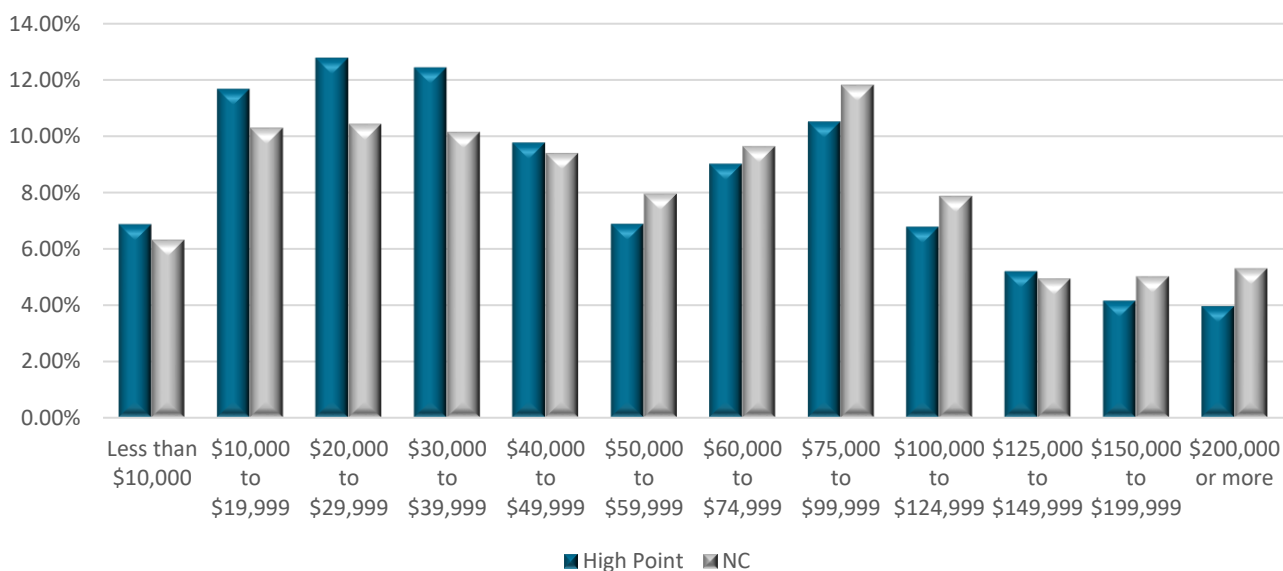


Figure 7. Distribution of Household Income in High Point, 2020.

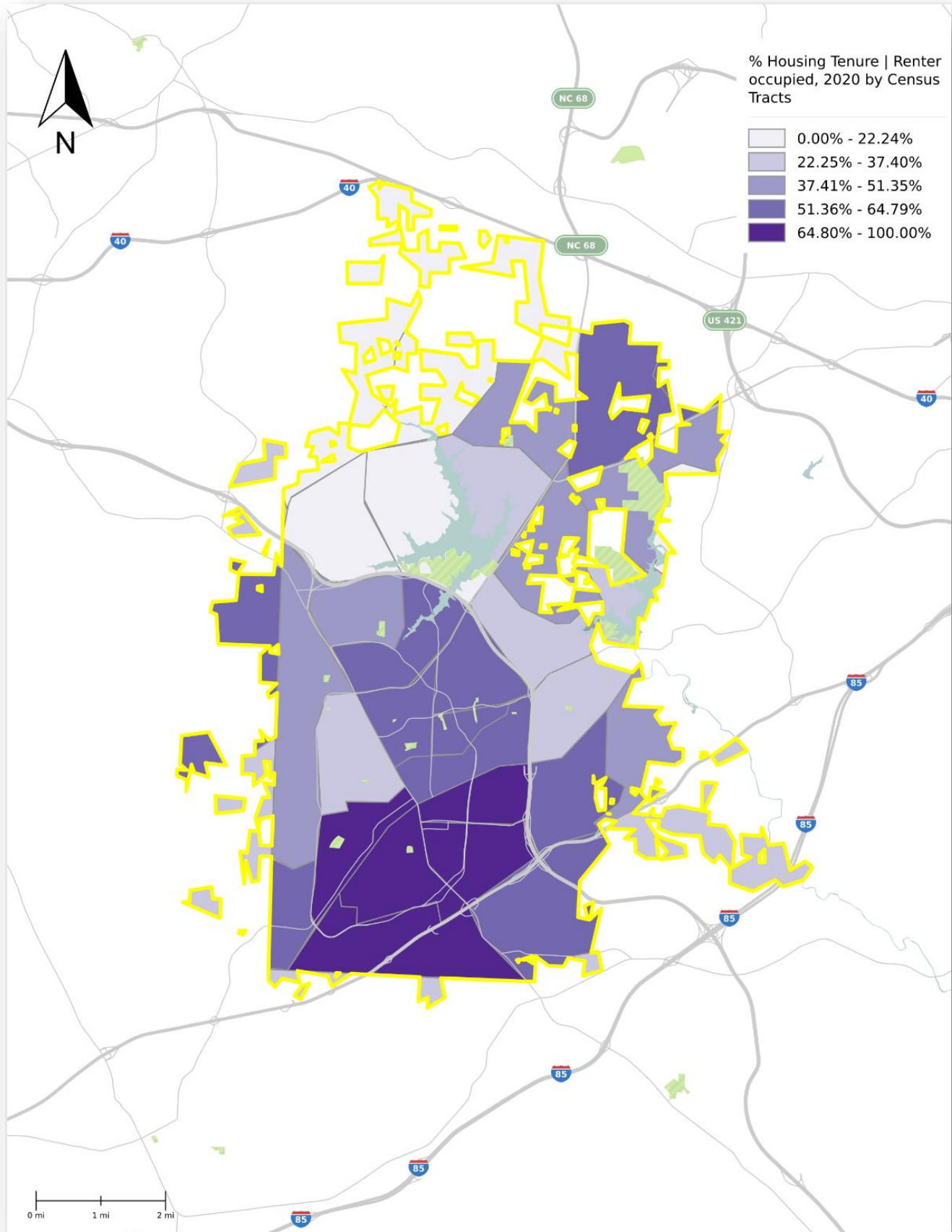


Figure 8. Map of Renter Occupied Housing in High Point, 2020.

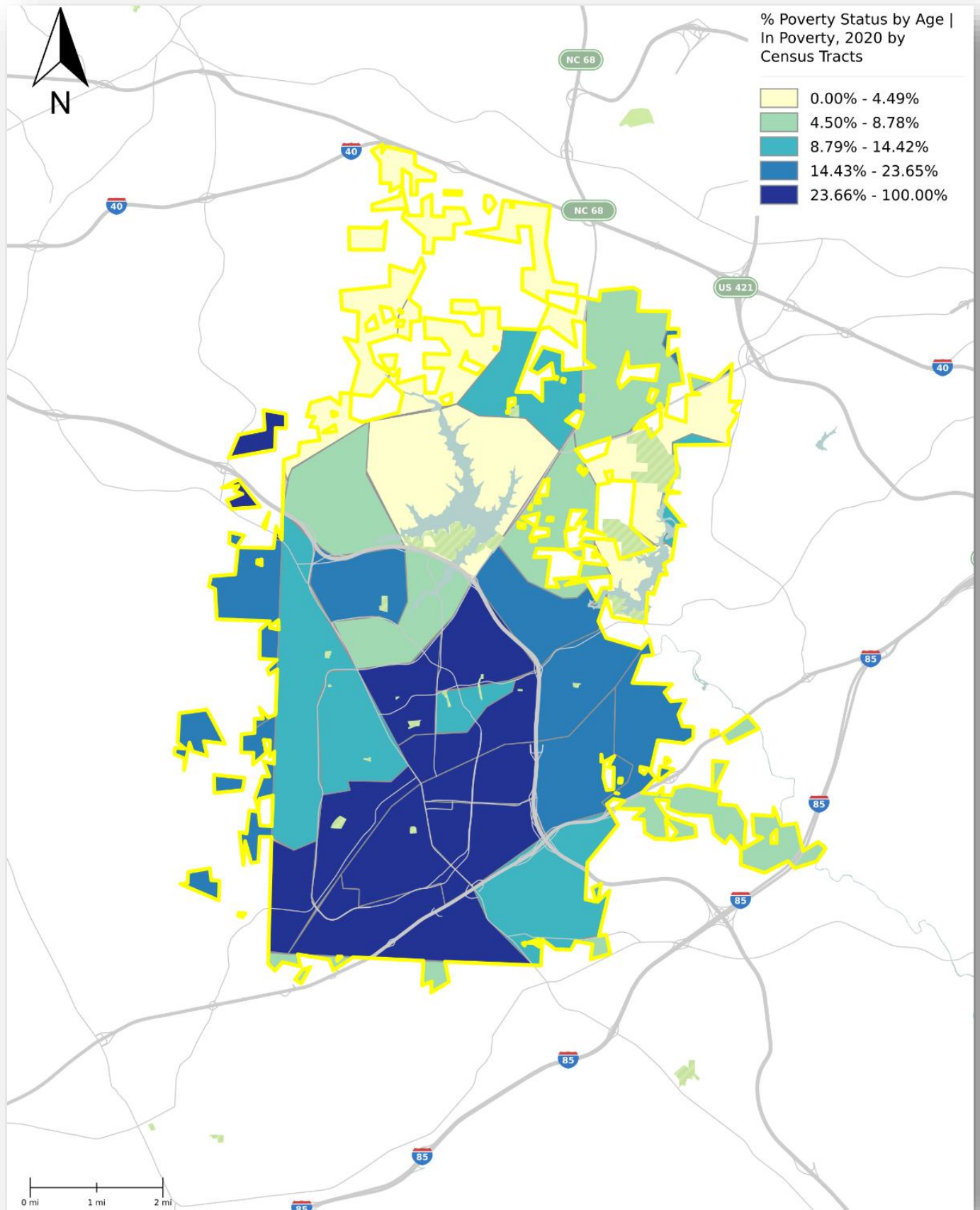


Figure 9. Map of Population in Poverty in High Point, 2020.

Community Health Characteristics

The majority of High Point is located within Guilford County which is ranked 30th from the top out of 100 counties in NC for overall health outcomes. High Point is served by the Atrium Health Wake Forest Baptist High Point Medical Center and many of the service providers are in the same Atrium/Wake Forest Baptist health system. Almost 90% of the population has health insurance coverage, with 44% on employee plans, 19% on Medicaid, 11% on Medicare, and another 15% on non-group plans or military benefits. The average resident in High Point spends \$850 on medical care and \$160 on prescriptions out of pocket, which is lower than the county per capita spending at \$910 and \$170 respectively. The area also spends less on health care and prescriptions when compared to the average North Carolina resident spending \$940 on medical care and \$180 on prescriptions.

Life expectancy in Guilford County is 79 years. The top two leading causes of death in the county are cancer and heart disease, which accounted for about 39% of all deaths in 2019. While most of the leading causes of death are due to chronic illness, unintentional injuries were ranked the third leading cause of death in the area.^{xxii} Particularly in those under the age of 40 years old, homicide and suicide were also found among the leading causes of death. Low birthweight and disproportionately high infant mortality rates among Black or African Americans has been a top issue in Guilford County for decades, as both metrics are among the worst in North Carolina. In 2019, Black or African American babies accounted for 42% of births, but 66% of infant deaths.

Infant Health and Mortality

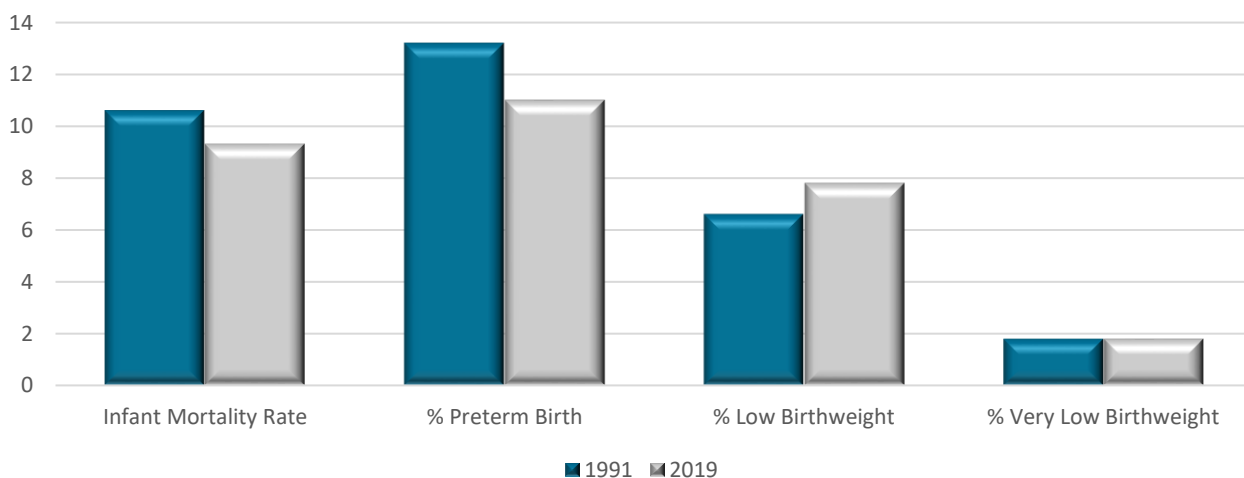


Figure 10. Infant Health & Morality, NC State Center for Health Statistics

In terms of chronic illnesses, it is believed as much as 33.8% of the population may have high blood pressure. Approximately 4% have suffered a stroke and 7% have chronic heart disease. About 6.4% have or had cancer and respiratory conditions are prevalent with about 10% of the population suffering from COPD or Asthma. Many in Guilford County were affected by the Covid-19 pandemic. While the northern portion of High Point has had Covid-19 vaccination levels on par with Guilford County at about 65%, the rate in the rest of High Point is much lower ranging from about 20-40% (NC-DHHS).

Many residents in the central and southern half of High Point are deemed “High Risk” for lead exposure. About a quarter of High Point residents indicated they have issues with depression or anxiety, and 15% have had poor mental and physical health. Nearly 4 out of 10 report sleeping less than 7 hours per night. Further, High Point has one of the highest crime rates per population in the country among cities of similar size. The county also experiences a high volume of opioid overdoses annually and is now being served by a new Behavioral Health Crisis Center.

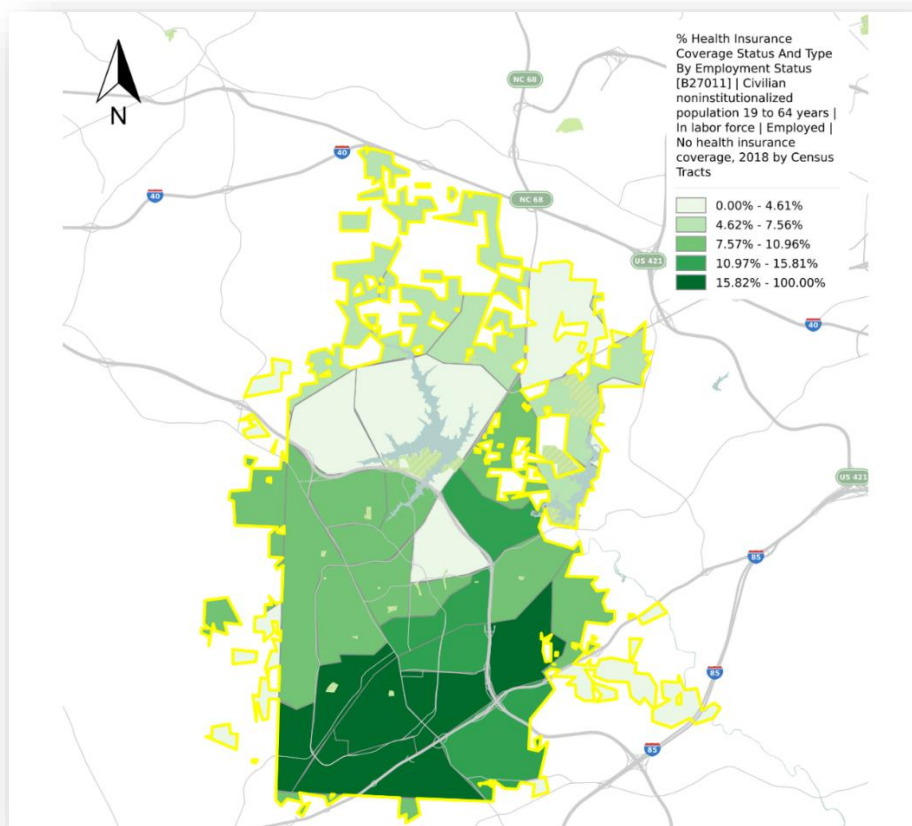


Figure 11. Map of Population that is Employed with no Health Insurance, 2018

Past Evaluation Data

Partnering for Healthy Parenting served 961 families at the clinics in High Point between July 2017 and December 2020. This program assisted parents of children ages 3-5 visiting the pediatrician in Wake Forest Health Network Pediatrics offices in High Point. Similar to the HealthySteps program, the Partnering for Healthy Parenting (PHP) program connected parents with parent educators during regularly scheduled well-child visits at their pediatrician's office to discuss developmentally appropriate topics and make referrals to existing resources. The program was designed to improve parent-child relationships and reduce parental stress, a leading cause of child abuse and neglect. The program has been implemented at two Wake Forest Health Network Pediatrics offices in High Point.

Partnering for Healthy Parenting staff surveys were conducted by the Children's Home Society in 2018 and 2019. Staff were asked to rate the program on a number of criteria on a scale of 0 to 5. Results herein are based on *Research, Policy, & Impact Center* analysis of data provided by the program. ^{xxiii}

Value, Enhanced Experiences, Ease, & Meeting Medical Needs

First, staff were asked about how valuable they felt it was having a parent educator in the office. The mean score was 4.3 out of 5 (range of responses 1-5). Three-quarters (75%) overall gave a score of 5 while 6% gave a score of 1. Next, staff were asked about whether they felt patients' experiences were enhanced by having a parent educator in the office. The mean score was 4.1 out of 5 (range 1-5) with just 59% indicating the highest support for the statement and 9% scoring this item a 1. Staff were then asked about the ease using the parent educator. The mean score was 4.3 out of 5 (range 1-5) with 70% indicating a 5, and 9% scoring this item a 1. Participants were asked if having a parent educator in the office positively impacted the care providers' ability to meet the medical needs of their patients while 87.5% said yes, three staff members (12.5%) said no. Those same individuals were among the ones who also scored the Health Steps program low on other metrics. Finally, staff were asked how likely they were to recommend utilizing Parents Educators to other providers. The mean response was a much lower 3.6 out of 5 (range 1-5). Only 55% of responses were a 5 and 27% of respondents gave this metric a 1 out of 5.

Value HSS

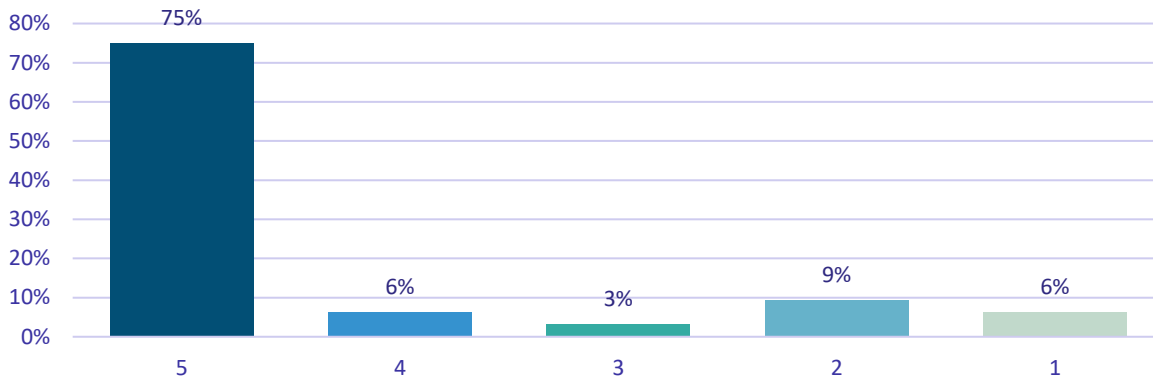


Figure 12. How much value do you see in having a parent educator in the office?

Enhanced Experiences of Parents

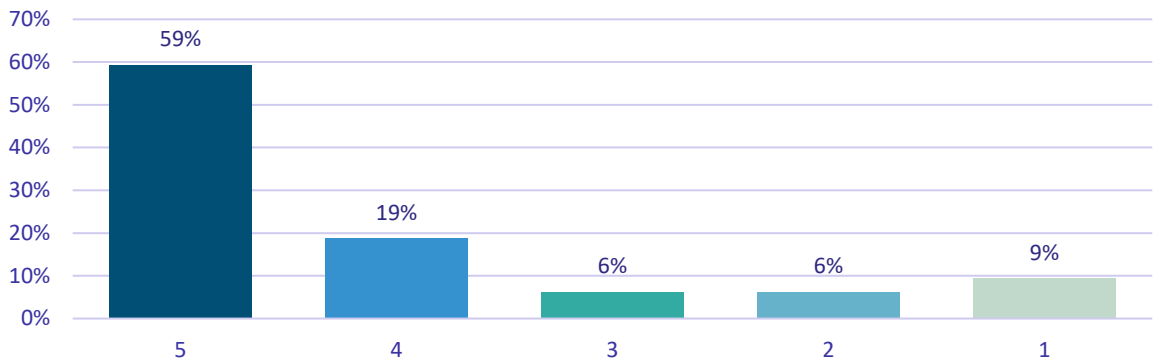


Figure 13. Would you consider your patients' experience enhanced?

Ease in using HSS

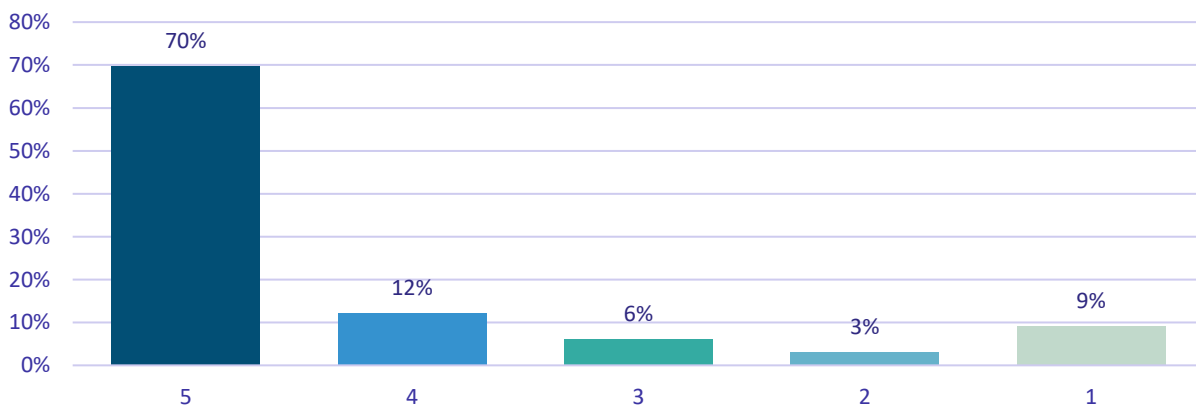


Figure 14. How easy is it to use the parent educator in the office?

Feedback on Impacts & Ways to Improve

Qualitative, or open-ended responses, were also solicited. First, staff were asked about the ways in which medical needs were positively impacted by having a parent educator in the office. Twenty of the 23 write-in responses had positive feedback on the program's impact on patients' medical needs. These included:

- Providing additional time to address parent concerns
- Helping educate the parents on Child Behaviors and Development issues
- Provided more of an opportunity for parents to ask questions
- Assisting parents with access to resources such as food, utility assistance, and other social services

While most of the responses were positive, three of 23 write-in responses detailed negatives including medical staff being “short on time” as a result of the parent educator, little or no impact on actual medical needs, that resources provided were “information they could look up themselves on the internet,” and that the HealthySteps Specialist “interrupts providers about off topic conversations that do not relate to the office and patient care.”

Several relevant suggestions for improvement were provided by survey participants. They included:

- A website or portal for parents
- Full time patient educator
- Additional hand outs and pamphlets
- Notes in medical records
- Better coordination with staff and nurses at the practice
- Separate spaces for parents to meet with parent educator

There were several who suggested that a parent educator was not needed in their office: “I do not think our office needs a parent educator at this time. We are too busy and cannot utilize her. It is a waste of resources for her to be here.”

Stakeholder Interview Findings

Stakeholder interviews were conducted with HealthySteps and Children’s Home Society staff, pediatricians participating in the program, social workers within pediatric offices, and representatives from community-based organizations working with parents of infants and toddlers. All interviews were conducted between 5/13/2022 and 5/27/22. Thirteen interviews were conducted in all. Universally, staff, physicians, social workers, and CBO staff said they strongly support the program as it expands what they can do within the healthcare space to address social drivers of health for children.

Insufficient Jobs & Employment

An underlying issue for High Point residents is the lack of availability of well-paying jobs. Lack of employment and/or low wages affects many of the parents seen by HealthySteps Specialists. One Physician Assistant noted: *“High Point is such a unique area, because where my office is we sit in between a very wealthy, affluent type neighborhood, and then going a different direction, a lower socio-economic neighborhood. So exactly within a half a mile difference, so you have these vast differences. And with COVID, it, I think it just affected across the board, to everyone. And so we’ve seen a lot more need as far as just sort of basic needs, like with the diapers with the food bank with just sort of basic kind of resources. You also I think, have seen a lot of increased stressors with families, because you know, a lot of people have lost their jobs, if not had their hours really limited. People are having to gain second jobs, and third jobs. They’re having to rely on different people to watch their children because they don’t, they don’t necessarily qualify for daycare, but they still have to work to pay for the house or the rent or whatever. And so, we’re seeing a lot more with that.”*

These disparities between the wealthy and the poor were evident in the earlier data analysis (See Community Context). About 21% of the population receives public assistance, food stamps or SNAP and the upward mobility for people raised in very low-income families is about 5%. One philanthropist explained; *“I think in terms of poverty, in terms of having a job, having a very safe home to live in, that’s a healthy home, to live in, I think some of these key aspects will make for healthier, more well developed children. And I think the parents will too, sort of be more engaged or not have the stressors that’s so distracting from interacting and engaging and making sure*

their child gets his checkup, or is reading or in school, or in a daycare or childcare facility that's going to start teaching them how to, you know how to the alphabets and how to count and those kinds of things.” Low economic opportunities create barrier for families in the form of poor neighborhood conditions, unaffordable housing, limited availability of transportation, food insecurity, and other issues.

Limited Transportation Options

Transportation choices are limited in High Point where up to 35% of families in some neighborhoods lack personal transportation and public transportation options are few. One clinic worker explained: *“transportation is one that I think it's really huge here in High Point, a lot of times patients will have trouble getting to their appointments. So, we have a lot of cancellations and no shows because transportation it's a huge need here.”* Another stakeholder agreed: *“Typically, if we do a follow up visit or a follow up phone call of why there was a well visit missed, it's typically transportation or finances for gas or finances to pay some sort of modality to get them here like Uber or taxi. But transportation is an issue. We are fortunate that there is a bus stop on Lindsay. So, we are one of the better locations that has a public transportation stop. Families have said that when we provide consults or follow up visits, or specialty visits, there are not buses that drop off near those locations.”* A HealthySteps Specialist elaborated: *“Some the families that I know don't have a car or don't have a working car.... Most people have just found rides with friends, family, and that'll sometimes affect them being on time for their appointments and such.”*

Medicaid transportation is limited as an option. One pediatrician explained: *“transportation is a huge issue we have a lot of people that come by bus where I'm where our office is located is nice and convenient for that. But again, many of the specialists are at Brenners in Winston, which you can't get to by bus. And as much as I would love to say Medicaid transportation is a really easy to, to work with and deal with situation, it's just not. You have to three days in advance notice and you have to, I had a patient told me last week that the child clearly has autism, and she's about to age out of CDSA. And she's ever had a referral. So we talked about sending, having her see developmental pediatrics in Winston. And they were like, no, can't do it, too far. That's Medicaid transportation, like, you know, they'll pick you up and she's like, no, it takes eight hours to handle all that, you know, they pick you up at some super early time and they take you there and drop you off, and they leave you there for hours.”* HealthySteps Specialists often assist clients who have to visit out-of-town specialists:

“So often the referrals have to be in Winston Salem, which is really difficult, especially if you have limited transportation, which many of our families do. So, she really tries to help them set up and like you know, well how are we going to do this in where the appointment is, this is where it's going to be, this is when it's going to be, we try to support them with information on Medicaid transportation.”

Lack of Housing Affordability

Half of renters in High Point are cost-burdened, spending a third or more of their gross income on housing. One pediatrician explained the importance of healthy and affordable housing: *“So I mean, really, it's the basics of housing, families who have, you know, a lot of times inadequate housing for what they like for the size of the family, they have. Also, the environment of the housing is very poor. I have a child who had, I have several kids actually, in my practice, who have had, like, for example, severe eczema. And, you know, we found that the the house had bedbugs, there was mold in the house, and then we fought to get, you know, new housing for them. And all of a sudden, I'm not prescribing them some of the medications that they needed. And it just was so sad that some of these were directly linked to their well-being and in such a very strong way, adverse way.”*

Housing insecurity and instability are an ongoing issue. One pediatrician noted: *“I have a couple of families who definitely struggle with having a safe place to live, people who get evicted, they have mold, or they have, you know, a bug issue. Their landlord may or may not be helping them fully.”* Another participant noted that when basic needs like housing and food are not being met, it is difficult to work on other issues: *“...when [housing insecurity] is an issue... it is difficult for me to put anything else on their list. So, if housing is insecure, suggesting for them to go fill out an application for Head Start is too overwhelming. And then childcare is not an option. Because, if they're not housed or in school or employed, then they don't qualify for a voucher. So, Head Start is the next option, but it's an 85% attendance policy. And I know that that's unrealistic for some of these families with transportation insecurity and housing insecurity. So sometimes it's not something that I can put on their plate.”*

Problems of Food Insecurity

Like housing, food insecurity is an issue of location. Within the High Point City limits, there are 15 US Census Tracts (nearly all of the Core City) that are designated by the USDA as Low Income and Low Access tracts. This includes low-income tracts with at

least 500 people or 33 percent of the population living more than .5 miles from the nearest supermarket, supercenter, or large grocery store. Pediatricians, Healthy Steps Specialists, and community stakeholders all agreed that a large proportion of families were food insecure. Even on the north end of town, which is fairly affluent, one pediatrician noted issues with food insecure families. *She said: “I would say for me, probably somewhere not eight to 10% of families have some degree of food insecurity at some point in time. Because a lot of my moms who are single moms or dad is not routinely in the picture, when they deliver, they're usually working hourly jobs, and they don't get they don't get a lot of they don't really make any money when they're home on maternity leave. And so I would say at least eight to 10% have some degree of food insecurity and probably more than that, that without WIC without WIC, it probably be maybe 15 to 20%.”*

In addition to limited access to foods, one pediatrician noted a lack of access to healthy food: *“I look at food insecurity, actually, in different ways. There's people who have access to no food or limited food, and there's people who have access to very poor nutritional choices. And I actually write that also as food insecurity. So I think that when I do my dietary history, that I think that that would probably be the next thing, and then bringing them to understand how you can get some other resources for healthy foods and how to do that.”*

Pediatric offices are tackling the issue by distributing emergency food: *“We when we see patients for well checks, and some families, if I know that food insecurity might be a problem, we talked about it, it's like visits too, but we screen everybody and ask them on a questionnaire form..., have you ever been worried in the last 12 months that you're gonna run out of food? Or in last 12 months have you been worried that you can't afford food? And if they screen positive, then we ask them more questions about that. [Our HealthySteps Specialist] has a list of local food pantries and resources. And then she also actually keeps some food here to help to give to families, when they're struggling with food insecurity.”* This same process was also used in other offices.

HealthySteps in the Pediatric Office

It was agreed upon among all the participants that that High Point has a lot of need for addressing social drivers of health including poverty, transportation, housing, and other issues. One pediatrician explained: *“A lot of [my patients] probably are dealing with the social determinants of health, especially family disruption, five aspects. That probably my biggest issue, I have a family right now that's not in the appropriate age*

group for HealthySteps, but actually, [the HealthySteps Specialist] was wonderful to kind of put together some resources for us. And so we we have the ability to, I think, right now get these different things of getting parents support through HealthySteps more effectively, maybe than we did before.” Another stakeholder elaborated: *“...there are some very high need pockets in High Point. It's also hard nut to crack, it's a hard community to get connected to. Because of just, I don't know why this long-standing culture of the community.”* While need is great, participants did identify several partner organizations working to address the issues in High Point including the YWCA Parents as Teachers and Healthy Beginnings, Guilford Child Development, the Family Justice Center, Backpack Beginning and various food banks and pantries, all of which already partner with HealthySteps.

Much of the work of the HealthySteps Specialists, as explained by the physicians and staff at pediatric clinics, was in helping families to navigate the complexities of accessing resources. But one stakeholder explained there were barriers at first in getting the HealthySteps program into these offices: *“...it seems hard to build the bridges to connect, so that resources can be shared more efficiently, including with HealthySteps. So, we do have Healthy Steps in three, four locations in High Point. But just getting in the door to talk to pediatricians, in my opinion, has been harder than it was in Greensboro, and getting that introduction or the warm handoff from one pediatrician to another happened more easily in Greensboro than it has happened in High Point.”*

While there may have been difficulties in getting the HealthySteps program into clinics at first, the response has been quite positive. One pediatrician explained the importance of the HealthySteps specialist in her office: *“I think the whole time that HealthySteps was being offered to us and was like, yes, yes. Because our patients need so much. Our patients while they are they provide so much satisfaction for me as a practitioner, they have very limited resources. And we have lots of challenges with that. So having someone to come in and help us to provide them even more needs is a huge, huge service for us... I have this security now knowing that someone else is also building on what I just said, or even filling in gaps or things I didn't get to go over.”*

Another pediatrician echoed the appreciation for the HealthySteps Specialist at her practice: *“Yeah, so before Healthy Steps, it would be me. Right? Or one of the providers. And it's just hard because when you have a full patient load, and you have an office that's heavy Medicaid and heavy needs for resources and things like that,*

your bucket only runs so full, right? Like you can only provide so much. And so, you try your best and you do the most you can, but it ends up it ends up overwhelming the system and overwhelming the office. And people definitely fall through the cracks because you can only follow through with so many things in a day. You can only follow up so many times without someone sort of falling through the cracks.”

Efficiency, accessibility, and increased contact with families were all benefits to the pediatric offices. Moreover, the HealthySteps Specialist is often able to go the extra mile with clients requiring more assistance. A physician explained: *“I think something our office does really well is help us families as much as we can. [Our HealthySteps specialists] spends a lot of time making sure [parents] understand about the resources with our interpreter. She helps them fill out their paperwork and explains the paperwork with them. You know if these children are needing referrals. ... A lot of our refugee families go through a program called World Relief, which is an organization that helps them adjust to being in our country. And they're really great. But generally, they're limited to a year. And many times, after a year, the families still need a lot of support, because maybe one parent has started working and maybe has gone through the ESL classes and things like that. But the other parents still mainly speaks, I don't know, Swahili, or Arabic or whatever. And I feel like our office worked really hard to make sure that they're still supported, and that they are still given the appropriate resources as needed. And try to do as much as we can to help them understand what the resources are.”*

It was clear from the interviews that the HealthySteps Specialists make a point of staying very tuned in to resources that are available in the community. Connection to other organizations providing parent support and resources and school-readiness for toddlers was also pointed out as being a key component of the HealthySteps model: *“... the cool thing about healthy steps is that we're kind of also there intermeshed with other initiatives that we have in the county, like, Reach Out and Read, in our practice, we have we have other the Medical Home Initiative in Guilford county, so Healthy Steps is involved.”* From this vantage as a navigator of resources they also can identify where there is a lack of resources or the gaps in the systems of care. One community stakeholder explained: *“So, if the HealthySteps Specialists in High Point continuously are asked for help with one specific need and never have any success accessing that resource, that's something they share directly with the community alignment specialists at Ready - Ready, which my understanding is to identify and then address the missing needs, it is a big part of a HealthySteps Specialist role.”*

Communicating with Parents

The HealthySteps program hinges on good communications with parents, starting in the pediatric office and continuing well after the initial well visits. As one HealthySteps Specialist explained, *“The neat part about Healthy Steps is we all have our individual spaces, so the families are able to follow us to our space. So, in a clinic, it can be anywhere between 15 and 30 minutes. And if it needs to continue, they can come to my office, or we can pick up on the phone. So, we have developmental lines, cell phones that they're able to text and call us during office hours, which is amazing.”*

One pediatrician noted that post-visit communications are often difficult for medical professionals who are more restricted in how they can share information. She said: *“I do a lot of phone calls that don't get answered or don't get returned. I know [HealthySteps Specialist] does a lot of texting gets a lot more feedback and a lot more response from texting, which I think is a really neat thing Healthy Steps allows her to do.”*

Texting was identified multiple times as the best way to connect with families outside of the office: *“Text usually, with many of the families texting is usually the most reliable. If the phone number stays the same, texting is the best way. And it sounds so old when I say this, but these young people don't answer their phones. So, if you can text them, then you tend to have more reliable, more luck connecting. I always learned in my work with teen parents, if you end with a question, even if it's just a question mark, they feel obligated to reply with a k.”* A pediatrician in another practice agreed: *“So texting is unbelievable. If I get permission during the initial consent, or consent I ask them what is easiest for them and a lot of them say text. I do have families that will communicate with me through email, but text messages and phone calls are the best.”*

Need for More Parent Support

Stakeholders agreed that there was a need for more parent and family support programs throughout the Greater High Point area. As they pointed out, family support and parent support are actually patient support from the perspective of the pediatric office. An interviewee explained: *“Unique to High Point? You know, in general, we have a lot of families that just really would benefit from a lot of resources and just support in general. You know, mental health of both the parent and even the extended family can be so greatly benefited, which of course, affects the child in the end as well.”*

We have a lot of foster parents as well, a lot of kinship, foster guardianship kind of stuff, you know, and those families, I think, don't get nearly the amount of support they need sometimes.... you know, just basic parenting needs and basic parenting principles can be really benefited because you know, some of these we have families with 16 year old moms and 15 year old dads and that really need a lot of support on just basic parenting skills."

A few resources were identified for providing these much needed parenting skills and social/emotional supports: *"The YWCA offers a great young parenting like mom program that we will offer. We've offered parenting classes, I think that's through Family Solutions. And there's another parenting class that will offer as well, and I can't remember where that one is, too. But the family can set up maybe through CHS the family can sign up for it through them."* None-the-less, there was agreement that there are not enough of these support programs and that need outstrips capacity. In particular, helping parents work through their own traumas was discussed as an area for expanded services: *"So I've done so I have parents who have had ACES of sexual, physical, incestuous, sexual abuse, they're all mental health problems, bipolar, depression, anxiety, their own lack of having parental support. So never really learning that attached attachment or attachment problems with their families. I'm sad to say that one of the most common one, when parents feel that safety, it's so hard to hear how much sexual abuse has happened to some of my parents. Peep some people that I won't say it was shocking, but you know, you just pick that up when you're around people, like there's something that's driving this behavior. And that's very sad, because one of the things that a parent, two of the parents, admitted was, I'm so afraid. And I tried to watch documentaries and shows on this, I'm so afraid I'm going to become an abuser to my child. So this is why they have this disconnected, non physical, like hugging their child relationship, because they are so afraid that am I touching my child okay? And those are probably some of the harder resources to get to, you know, I went through several different, like national numbers to get to another number. That should be like, a hotline."*

Gaps in Need

Several issues were raised as 'gaps' in services that are needed for families in High Point. For some pediatricians, it was data tracking and a feedback loop that was missing. The Epic electronic health records system was used rigorously to document pediatric visits and even to communicate with the HealthySteps Specialists. A

pediatrician explained: *“I can cc the chart to [the HealthySteps Specialist] through Epic, so that she can, and I can like write a note that says, this was my concern. So, for example, I had a family that I saw as a new patient family, I think the baby is 15 or 16 months old. And nothing crazy. And during the visit, you know, um, but you know, part of my job is to know everything about my baby patients. And so I went back to the, to the birth record and looked at the birth history. And I saw that there were the social work consoles in the hospital because mom was a victim of domestic violence while she was pregnant, she got kicked out by the by her husband and was forced to live in a in a shelter. And so, I forwarded that chart to her as just a kind of check and balance to, to say, hey, you know, can you follow up with this family, see if there's anything that we can offer them? Given that they've had a rocky year or two?”* At another clinic, they are not yet using this system and are looking forward to moving onto the platform: *“So we do have Epic on our frontier. Hopefully, in the next year, we really need Epic. Greenway is our current system. And it's, it's just not cutting it for a lot of things for identifying gaps even in our other gap closures that we need for other measures and things like that.”*

Even so, the electronic health records system has some inherent limitations. For one, it does not directly serve as a client tracking or case management system. Epic is a ‘lossy’ system when it comes to referrals to other medical providers. A pediatrician explained: *“so it's really frustrating because it's sort of hit or miss. Sometimes if I've made the referral, and the appointment was never made, because they couldn't contact the parent, or the appointment was a no show sometimes we'll get a message back from our referral coordinator that says patient no showed on such and such a date or three attempts were made patient was unable to be contacted. Many times, that's not the case. And so anytime a parent leaves here, and I've put a referral in, I always tell them, I'm always like, listen, they're probably going to call you in the next week or so probably won't be today, but definitely within the next week. And I say if you don't hear from them, you call me let me know. Because I don't know that no one tells me they haven't called you no one tells me they haven't reached out. But call me let me know. And I'll check on it for you. And it's so funny, because still six months later, they'll come back in with the same issue. And I'm like, well, did they call you? They're like, ‘oh, no, they never called.’ I said, okay, we'll try again.”*

For community referrals, there are additional steps. A HealthySteps Specialist explained: *“I double document every time I see a family, I have a note in their EMR in Epic. So, in there is a note in their medical record that they have been seen. And there's*

a record of what I've discussed or referred. And then I also document for the Children's Home Society. So, with the parents' permission, we have a consent for Salesforce. And we track all of our referrals in that program." So, while pediatricians may make notes in the Epic electronic health records system, they don't always know if referrals were made or the outcomes of those referrals as there is a lack of a feedback loop from Salesforce.

Another area of need that was identified by participants was for additional services for children between 3-5 years olds. A physician said: *"I think still a lot of that psycho education piece for the parents and kind of what are the normal milestones and developmental steps and kindergarten readiness programs? And I feel like there's a lot of opportunity there."* A community stakeholder also talked about this gap in need for those between three and five: *"And now we're branching out to ages three to five. But I can tell you that there's a gap there. You're right, there is a gap. Because there's so many interventions that work with children for the first two years of life or up to three years. And then when you get to three to five, it's just kind of like you're on your own the only program that I can think of that can work with a child For parents, it's like, we are working with children prenatally all the way up to, or families, prenatal to age three. And then on our ages three to five interventions, we're looking at social emotional development, early literacy, and then the Pre-K to K transition. I worry about that gap between ages three to five and then go into school."* Another provider echoed the need for developmentally appropriate services for the children falling into the 3-5 year gap: *"I would love to be able to offer more social emotional development for three to five and for parenting."*

Focus Group Findings

Three focus groups or listening sessions were conducted between 6/16/2022 & 6/22/2022. Two focus groups included seven parents from the HealthySteps programs. One focus group included six community stakeholders from partner organizations.

Positives of Living in High Point

Many positive attributes were listed by parents and stakeholders: it's small-town feel, recent progress on addressing structural conditions and equity issues, availability of resources, and most importantly the diverse residents. One parent emphasized her reliance on older neighbors and her gratitude for having such a strong community: *"Okay, so a great thing about High Point. I've lived here for about seven, eight years is, is I love my community that I have built around me, I live in the same place for seven years. And just the amount of people that I can go to, which is an older community, the one that I live in, there's some younger, but it's mostly older, older ladies and gentlemen, that I'm able to go to and I get those. You know, you have that grandma that has those special remedies that you can go to, like grandma this hurts? So you'll always have people like that, that I can go to that come up with those remedies are able to help me or my kids like it like they say a village helps, helps, it takes a village, I apologize, it takes a village to raise a child. And I firmly believe in that."* Another focus group participant noted the cultural diversity: *"...it's very culturally rich. There are several ethnicities to begin with. And several languages spoken in the area or throughout the area. That is actually one of High Point's nicknames is International City."* This diversity in population was seen as its strength: *"There's a lot of diversity within the communities, there's a lot of diversity within the things that are celebrated within the city and the county. So that's another thing that I would say is another strong point."*

A community partner noted the mutual support between organizations that occurs in small cities: *"I think because it is a smaller city that a lot of the organizations and programs are familiar with one another. And they're able to link families when they are in need of services, because they do have those partnerships with others. So, I think just having that connection among organizations and linking families to what they need."* Being a smaller city has led to resource disparities, but another community partner felt that in recent years High Point has begun to address those issues: *"I think there is an increasing focus on High Point as its own separate entity. I think historically,*

it was left out of a lot of Guilford County things, just because, you know, it's because of just what was happening. But I feel like over the last several years, there is an increasing focus on High Point as its own entity, and making sure that resources are being equitably split, when they're coming into Guilford County, and making sure that there's more awareness of that." Participants in all the groups recognized the recent improvements: "...a lot like things are getting better now. I have been living over here from the last eight years. I came to America in 2014 and since then I have been living here. I have moved to other places as well like Charlotte and other big cities but I like this city most because this is quiet and not so much traffic and not so much noisy and all that." One area of improvement has been the inclusion of clients and parents in efforts to revitalize social and educational services. Said one parent: "I also like the intentional efforts here to put parents in leadership positions. This is the first time I've ever seen anything of the sort where our opinions are valued, where we have input into what's going on in our children's lives. And to me, that makes a huge difference."

Lack of Well-paying Jobs

As noted in previous sections and from other data sources, it is recognized that High Point does have structural issues to deal with. In particular there is a shortage of well-paying jobs. One parent explained: *"there definitely isn't [enough jobs]. Especially because then you have to put in getting to and from and I don't have a car so getting to and from a job is difficult. And then on top of that you also have to pay for a babysitter which that's pulling. So mostly your paycheck is going to either the babysitting or like rent and bills and jobs aren't paying enough to help you live comfortably with that. Either you're living paycheck to paycheck or you're just not leaving at all." The issue of balancing work and family, the cost of childcare and basic necessities, and the low pay of work that can be found, were especially pointed out by an immigrant parent: "I had some bad circumstances when I came I, my husband, he passed away. So, I had to do the job. But I could not find because with the two kids, I was told that I had to apply for the vouchers to the DSS and the wait time for them was like, six or seven months, even for a one year. So yes, the jobs are not that much available that should be and even the part time jobs. "*

Jobs in High Point do not pay a living wage, sufficient for supporting the needs of a family. A parent explained: *"... like the other lady was saying you pay your bills or babysitter or even daycare. And that's that's ridiculous. Like I said [my husband] worked for housing authority at \$17 an hour....And right now, he is working for FedEx."*

\$14 an hour! I'm like, how is anybody wants to live off of \$14 an hour? Yeah, it's crazy. And then now with the gas prices going up!"

Community stakeholders understand that economic wellbeing and decent affordable childcare are foundational to the success of their clients. As one focus group participant explained: *"I think one thing that comes to mind when I think about some of our participants, and we're talking about financial literacy.... You know, a lot of times our families are, oh, I've got a job interview, but they're also waiting, they're on the waiting list for daycare, and they get offered their job, but they can't take the job because they don't have the daycare. So if we had some sort of, you know, daycare that would, would say, hey, yes, you can drop off your child from this time to even go to your interview from 10 to 11, or 10, to 12, to make it to your interview. And then if you get a job, you've kind of get this drop-in daycare for a couple of weeks until you get secured daycare. I think a lot of times our families, of course, they want to work, but they're in positions where they can't, because they don't have available childcare."*

Complicated Medicaid Transportation

Another major barrier that came up in interviews was the lack of transportation options for many High Point residents. A parent in one focus group explained how complicated it can be when you don't have a car: *"...for at least two years, I rode public transportation. It was a lot of walking. So, imagine now, I have a family of four now. And me leaving Food Lion with let's say a \$100 worth of groceries, having to walk that extra 15 minutes from the bus stop to my house, you get tired. It's very exhausting.... Transportation is a big problem, getting food, and making sure that our kids just have the basic necessities is a very big problem in High Point."* Mass transit was limited as a resource by its hours of operation, infrequent buses, and sparse routes. A parent explained: *"And I think too, because, you know, the bus system doesn't run as regularly, like it only runs like every hour or every hour and a half, or there's only certain stops at certain times, that that poses a barrier for a lot of our families getting to places or having to get up two hours earlier, to make to make to their appointments that they need to get to."* Another added: *"the bus system shuts down after a certain hour, I believe it's five, six o'clock, it shuts down. So, there's no late evening bus transportation."*

Some service providers did say they provide transportation to families who need it. For example: *"I know for Head Start we have the centers that we have, we have three centers and High Point, two of our centers, offer transportation, but that's only for our*

Head Start families. There are limited resources towards buses. I know what Greensboro's bus system, they offer bus passes, you know, give us free bus passes, but it's very limited. And High Point, High Point really doesn't offer anything for their bus system for families for free. So if you don't, if you're not part of a program where you can get free bus passes is very limited for these families, unless you're on Medicaid."

In the parent focus groups especially, we delved into the availability of transportation for medical appointments and other social and educational services. One parent explained: *"My pediatrician, like they are nearby I go with my own transportation but they, when I had went there they had offered their transportation also, but I did not need to there so I did not take that services. But for the specialist I do need to go to Greensboro or Winston Salem for my kids. It's not, these are, the specialist services are not over here like my, my son he had a fever problem when he was young. I forgot name specific name for that right now, for that purpose and for his checkup I needed to go to Greensboro."* Another parent elaborated on the complexity of scheduling Medicaid transportation: *"I just had to give them 72 hour notice. They were right there on the spot when my appointment is and once I was done with the appointment, I call them and they were there in a matter of no time, I didn't have a problem with that. It was just the problem of somebody's fax machine wasn't working in order to get to that doctor's appointment in a different county. That was a problem I was having, that I believe it was the Medicaid transportation there, that their fax machine, something wasn't working. And it became a real big hassle. And when it comes to I don't know, probably a lot of mothers know this, when it comes not even just to a pediatricians office, but a special doctor, you're, you're looking at some months before you can even get in."*

More on Food Insecurity

Transportation issues also lead to other problems with access to community resources. In particular, lack of transportation combined with few food outlets in some neighborhoods, created a problem of food insecurity. One participant explained: *"It seems like there are a lot of people who live outside of accessible food areas in a way that it really does give the feeling of food desert."* A parent elaborated on specific areas in High Point that are food insecure: *"I'm just going to say, to drive on Martin Luther King in High Point and not see any type of grocery store? That bothers me, because it's like, people don't have transportation, how are they eating healthy? How are they able to get the food that they need to get to? There's only from on Martin Luther King,*

please correct me if I'm wrong, but there's a Dollar Tree and a Dollar General. You know, those places, they have food, but it's not no fruits, it's not vegetables, it's junk food. And, you know, now Dollar Tree has like, where you can buy eggs and stuff. But to have real healthy options. I think the number one issue that I see when I'm driving through High Point is healthy grocery stores, whether it's a Food Lion, or something that will be able to help families within that strip of Martin Luther King to eat healthy, versus, you know, hey, let's walk to Dollar Tree and let walk to General Dollar and it's like, nobody, nobody cares." There was strong agreement that the MLK neighborhood was a food desert, but also conversation around the access to food available from food banks and mobile food pantries: *"So a little bit to touch on what [she] said, I agree completely about Martin Luther King being a food desert for a lot of people. And yes, they did shut it down. Because what their excuse was, was that it was high crime. But there were actual a lot of nonprofits and a lot of places that were trying to keep it open, they just went ahead and set it down. Um, I don't know about other communities, I would love to go into other communities with my group or, or people so find out but my community, we actually have veggie, fruit and veggie truck that comes out every Thursday, and they accept EBT as well. So every Thursday, they park in a corner where everybody can see them, and you just go to them, and they got bananas and tomatoes, different vegetables that are good enough to get and make, you know, maybe three or four days of food for your family."* Another participant also pointed out that the Greater High Point Food Alliance has provided a cell-phone app for finding food: *"There is actually an app as well that I found out about , it is the High Point Food Finder if I am not mistaken. Its an app that helps you with the places that have available food. Like if your family is unable to get buy food from the store, they're, they're able to help you get the food that you need. I've just downloaded on my phone."* So while some communities are food insecure, there are non-profits providing food opportunities, but not all community members may be aware of these resources.

Housing Unaffordability & Insecurity

As one community stakeholder said: *"Affordable and safe housing is an issue for a lot of the residents."* Another partner organization picked up and added: *"And definitely when it is about, concerning homelessness. We need more information, more resources for homeless families in High Point."* A third participant elaborated: *"Definitely. I agree with that about the homelessness. Because we have a lot of, I get to get almost weekly calls for people who are needing some place to stay, and I can only give them like a couple of places that they can call on and those places are limited*

in their access as well. So having another place a couple of more places here and High Point, especially for women who don't have children, or men, or you don't have to open the shelter to men, but women who don't have children. All they have is a Leslie's House. So having more available places for women to be able to go to and families because you have things that are for families. But for women who don't have children, what do they go to, and just have it in one place, it'll be helpful to have another resource or another place."

Parents echoed the community stakeholders: *"Ever since I've lived here and I've lived here for about four almost- I've lived here for four years now. Maybe five? It seems like housing is in crisis here. It seems like affordable housing is really difficult to find. And that mold and mildew as a huge housing issue here. Being able to access housing, that is not in a high crime area, but it's still affordable. And that people with vouchers are typically boxed out of housing faster than anyone else unfortunately. Even though it's guaranteed money, it's like no one wants to even take a chance on those individuals."* Lack of places that accept vouchers has put a further squeeze on the rental market.

One suggestion for improving housing availability was to build tiny houses: *"I know housing is just a big thing in Guilford County, and especially now with, you know, things going up people are being evicted. It just seems like we are such in a housing crisis, and I know the world is but like people just do not have a place to live. People cannot find a place to live that is in their budget. People just cannot find places to live.... So I think housing, if I could build a whole bunch of tiny houses and put families in there, I definitely probably would."*

Concerns over Community Violence

Where one lives may also expose families to community violence. Crime rates, as noted in the community context data, are among the highest in the country among cities of similar size. Fear of crime leads many parents in high-risk neighborhoods to keep kids indoors. One parent explained: *"Just about the violence, the place where I live, I mostly keep on hearing, like in the past consecutive days, like about bad news, like high kind of violence. Like murders, two or three murders where they're like, I can, I cannot allow my kids to go out and play in a yard. I do have a big yard, but I don't allow them. I have to be with them all the time."*

The problem is getting worse. A parent explained that this perception of crime has increased in the last few years: *"Where I live felt safe when I moved here. And somewhere between COVID quarantine and now there have been instances of crime*

that are frequent. Very scary. Where very young people have lost their lives and management could not care less than they do now. High Point police appear to be concerned and there's no follow up or feedback about what did they get him? Is he going to come back? Is he going to start shooting again? The children are afraid to be outside. We don't we don't do a lot in our neighborhood.... So there is no denying that there's a lot of violence here. And you hear from a lot of people who just do not feel safe in their own communities.” A third parent chimed in: *“Well yeah, I can also agree with that too. I'm I've been living in Greensboro and the High Point area my whole life so I can definitely say that the violence is pretty alarming. And now that I have a kid I feel like I'm even more aware to it. So I agree that even going outside sitting on the porch can sometimes be a little scary because we do kind of hear those gunshots and just the other day on the street right over from us. Someone was someone was murdered in their home so it's, it's terrifying.”*

Perceptions on Community Resources

Parents identified a number of non-medical resources within the community including parks, recreation centers, libraries, and the new Children’s Museum. One mother explained: *“They have recently opened the Qubein Mariana Children Museum in High Point. But it's it was just recent. I think this is the only place where you can take your kids for learning also, and for the fun time.”* Another added: *“When my when my son he was young, like he was three years-old or four years-old, I could take him at that time to the library for you know to have some relaxed time for myself and he could read books and he could have attended the programs like reading books.”* However, some parents said that when compared to other locales, they did not have many community resources and that they took their kids to Greensboro for recreation: *“The recreation centers in High Point I would say, like you have to go out of city from High Point to somewhere else like Greensboro, especially for everything, like for especially the recreation or the education systems or any opportunity for kids.”*

A participant from the community stakeholder focus group also noted that while there may be services available, many clients didn’t know about them: *“And also, I think awareness to of what's available. I know we talked about how the programs are working together. But sometimes parents that are coming into the city may not know what those programs are. So I think more awareness of what is available and the accessibility to those programs will be will be a lot helpful to parents who are coming into the area and parents that are here, new parents, and trying to navigate what's*

what and what's not and having a central place for that information will be really good."

Parental Engagement with Pediatric Office

Parents were asked about how they found their child's pediatric office and what kinds of engagement they had with the doctors and staff. Some parents were very systematic about how they sought a pediatrician, but most arrived at the pediatric office as a result of a referral from the hospital or from their obstetrician. One young mother explained: *"Yeah, so actually at my hospital when I gave birth, they gave me a whole list of pediatricians. I just kind of went down the list and started calling and I found mine. Thankfully, they've been amazing. I haven't had any problems with them. They're honestly like the best I could have, honestly have gotten for my son."* Another parent was referred to the pediatrician by a family member: *"When I moved to USA, I, my son was he was one and a half year old. And the family member over here, he recommended me that she is one of the good pediatricians. So, I went to the Guilford High Point health department and she's really, she and other two doctors over there are also awesome. They always like, you know, they can, you can have them on call. And you can call them and you can text them."*

Perception of pediatricians and the services in the offices for routine care were mostly positive: *"I just like the pediatricians office.... Doctor, um, what's his name? [Doctor] is one of the best pediatricians I have ever came across. I mean, ever. He sits and he listens to you. The case coordinator... she's absolutely wonderful."* Another parent agreed: *"I do like the pediatrician that I have for my kids. Like since my son I have, it's been nine years relationship with that doctor.... But they, that's a very positive point that I can always ask her she's always handy to me that even if any problem comes."*

There was however some criticism of differential treatment based on insurance provider: *"Sometimes I feel the type of care you get is based on the insurance that you have. Me and my children we have Medicaid and sometimes being recipients of Medicaid, they want to okay, treat you like crap. Not giving you the best service. Like my three-year-old, for example, my three-year-old has been pulling on her ears for the last two and a half years. Nobody's ever said, okay, let me send her out to an ENT. It wasn't until after the nurse practitioner that's there at Kids Care now looked into her ears. And she's like, well, she got water in her ears. And I'm like, how does that happen? Like? So, it's, yeah, I just wish the system was a little bit better for those that couldn't actually afford to pay out of pocket for health insurance."* Another complaint

was voiced over waiting times: *“My pediatrician is good. But the wait time over there it's really sometimes very long.”*

Limited Urgent Care & After Hours

While there was agreement that pediatricians were good with well-baby preventative care and visits, there were complaints over availability for urgent care and after-hours services. A parent explained: *“one thing I do not like being in High Point for whenever sometimes what happens the kids are sick and you cannot get the appointment right away. At that day. You have to make an appointment and then you have to wait the other next day even in the you know.”* Another parent criticized the lack of after-hours availability: *“Um, no, actually. There's no after-hours visits, there's no after-hour care. If something happens to my kid, after five, we go straight to the emergency room. And then that is a whole other headache. Because, it's like, oh, follow up with your pediatrician. And then you create your appointment to follow up with your pediatrician. And then they're like, Oh, we never got the paperwork. And I'm like, okay, good thing, I have it in my car, you know, and so I'm sharing them, the reasons why we ended up at the hospital and stuff like that. And they're just like, oh, well, the hospital never sent this over, or, and so it's very frustrating when you're single. For me, I'm gonna speak for myself. It's very frustrating. When you're a single parent, and you're trying all you know how to do and you get these things thrown in your face.”*

Insurance was brought up here too as one of the determining factors for urgent care, *“In the Medicaid, like you know in the weekends, but one thing I do not like being in High Point for whenever sometimes what happens the kids are sick and you cannot get the appointment right away. At that day. You have to make an appointment and then you have to wait the other next day even in the you know, urgent cares also.”*

Engagement with HealthySteps Specialist

While some of the parents in the focus groups were unsure of who was pediatric staff and who was a HealthySteps Specialist, others were quite aware. One parent said: *“I will say that we do have a Healthy Steps specialist at ours, that's actually who told us about this zoom call here.”* Another mother added: *“yes, my pediatrician when my baby was born, this baby the third baby, she told me that they are having HealthySteps and the other services also.”*

Engagement with the Specialist included receiving information about support groups, referrals to the YWCA programs, distribution of information sheets on child

development, etc. A parent explained: *“Oh, well, when I had a first visit with my daughter, she came up and she gave some papers also at that time to go through and she told me about the outlines of the services but right now I do not remember any of them.”* Another said the HealthySteps Specialist was there at regular appointments: *“And typically at that time, she'll give me like a few papers about what to expect now that he's reached this new milestone. Sometimes she'll give me like, little flyers about different programs and things that might benefit me. So that's typically how she helps out.”*

A few community stakeholders indicated that they had received referrals from HealthySteps Specialists related to housing, food, transportation, and other needed resources for parents: *“My- our experience in general has been very good. So, so I think that the Healthy Steps folks make good referrals to us. They seem to know you know, age range, things like that, you know, generally and, and so the communication and then if there is, you know, something that's not right, we you know, we, we need additional phone number or something is wrong. Very quick to respond. So, so I think generally our experience has been pretty good with it.”* Another partner organization explained: *“I think the Healthy Steps folks also know the support services better than medical referrals, which is what the doctors are used to. So, their staff- their referral people know the medical stuff. They know where the neurologist is, and the- you know, the genetics and they know all that stuff and know what needs to go back and forth. But in terms of what needs to come to support services, I think it's a different, it's a different thing that HealthySteps people are in a much better place to do.”*

While partner organization were positive about the referrals they received, they did indicate that the ‘loop’ was not always closed. For example, while NCCARE360 is useful in tracking successful referrals, not all agencies were using it: *“We receive referrals through NCCARE360. But we do not make them because it is a provider face, not a family face. And we don't do things for the families. We do them with them. And so we will receive referrals, but we don't make referrals through.”* Other agencies had their own system for reporting back to the referring office: *“So we send a referral update form, but we send it back to whomever sent it to us. And what we find is that we will get calls from pediatricians saying, hey, we don't we didn't hear anything back. And we're like, well, we sent this to this person on this day. So, we know we did it. But I'm there and getting, figuring out that process, I think, is not always smooth, especially when they have the electronic medical records and we're sending pieces of paper. So, I think that that is part of the issue probably.”* Another social service provider said

most of their interactions are with the clients only and they only interact with the referring Specialist if there is a language barrier or an issue with contact information: *“I only call the client to let them know that they can come pick up the car seat unless there's a language barrier, I don't get in touch with the client, then I will call the caseworker to say I called but I couldn't get anyone, I called and there was a language going, something we couldn't understand, so could you get in contact with your client for me? So that's the only time I really call the caseworker is during those times. Other than that is pretty much I call the client directly to let them know, you can come and pick up your car seat and with the Baby Basics Closet, a lot of clients and they come and pick up things. So I rarely talk to the caseworker after that point, unless there's an issue that we need to resolve. Other than that is basically the client at this point.”*

Parent Survey Findings

Respondent Characteristics

There were 213 valid responses recorded in this survey in July 2022. Omitted were responses from IP addresses outside of NC, mailing addresses outside of NC, and IP addresses that were repeated multiple times with the same response pattern. Also omitted were respondents who did not have children. Nearly two-thirds (63.4%) of respondents live in High Point while 38% indicated working in High Point.

Almost equal numbers of respondents were male (49.1%) and female (49.5%). Three respondents (1.4%) identified as non-binary. Two thirds (68.9%) of respondents identified as white, 19.2% as black or African American, 4.6% as Hispanic or Latinx. Three-quarters (75.5%) of respondents had one or two children.

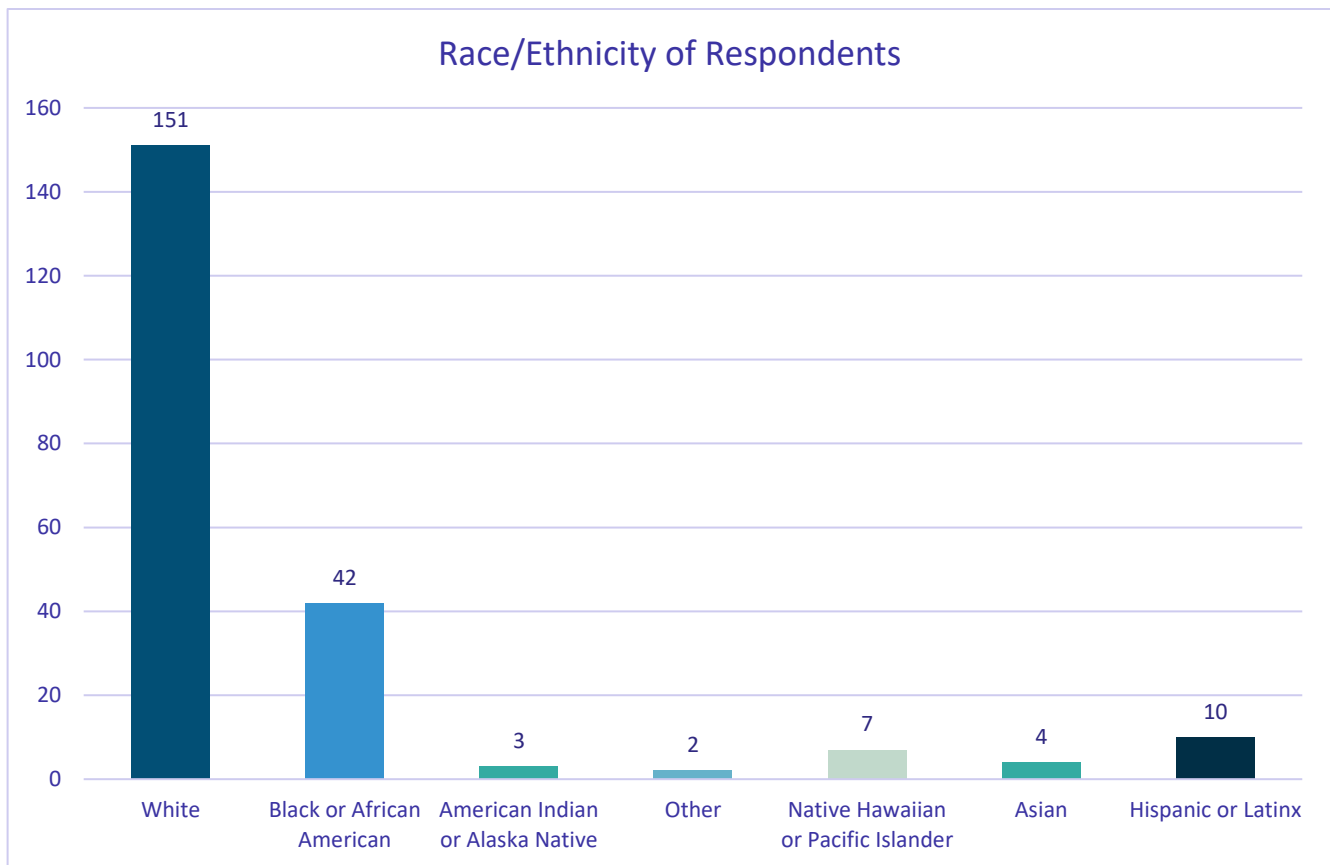


Figure 15 – Race/Ethnicity of Respondents

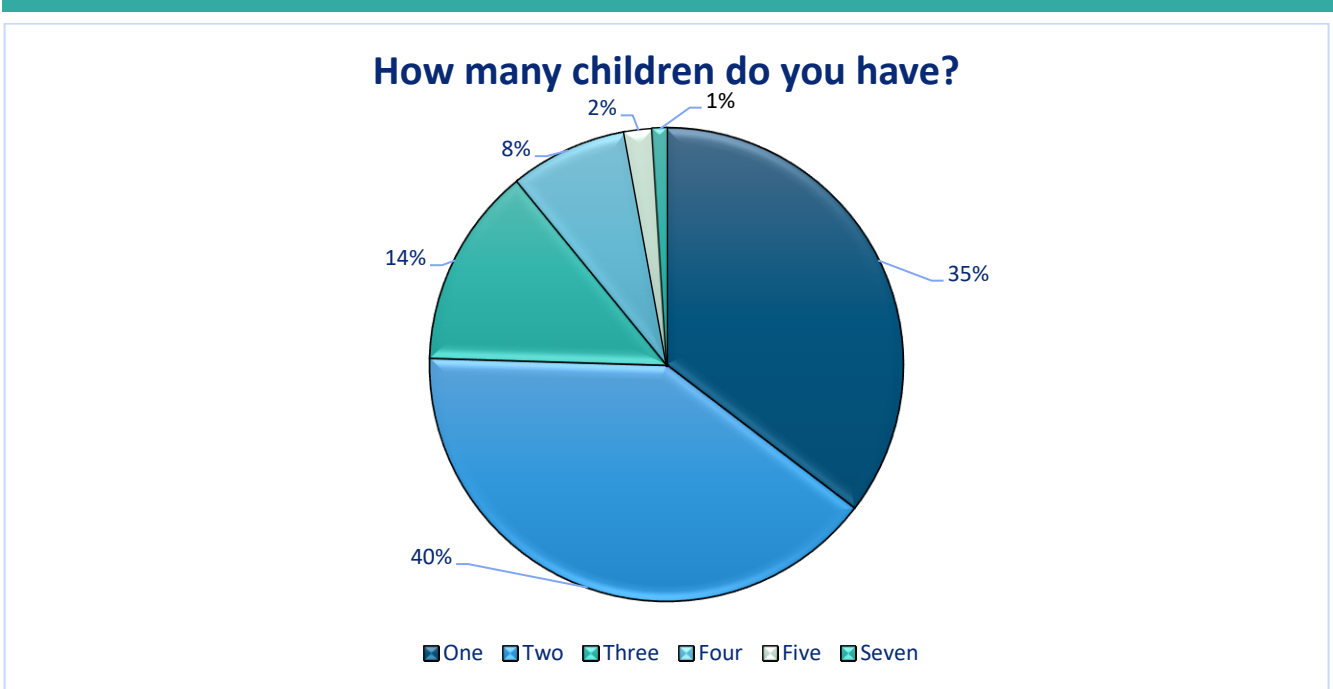


Figure 16 – Family Size

Half (56.4%) of respondents were full-time employed while 16.8% had part time jobs, and 7.2% were currently unemployed but looking for work. One-in-five (19.6%) were not in the workforce (student, homemaker, retired, disabled, or not looking for work). Household incomes ranged from under \$10,000 to more than \$150,000 with a median income of between \$60,000 and \$69,999. Most (74.2%) had personal transportation while 15.5% rely on rides with friends/family, 9.4% depend on public transit, and 1% have no access to transportation. Cumulatively a quarter (25.8%) did not have personal transportation.

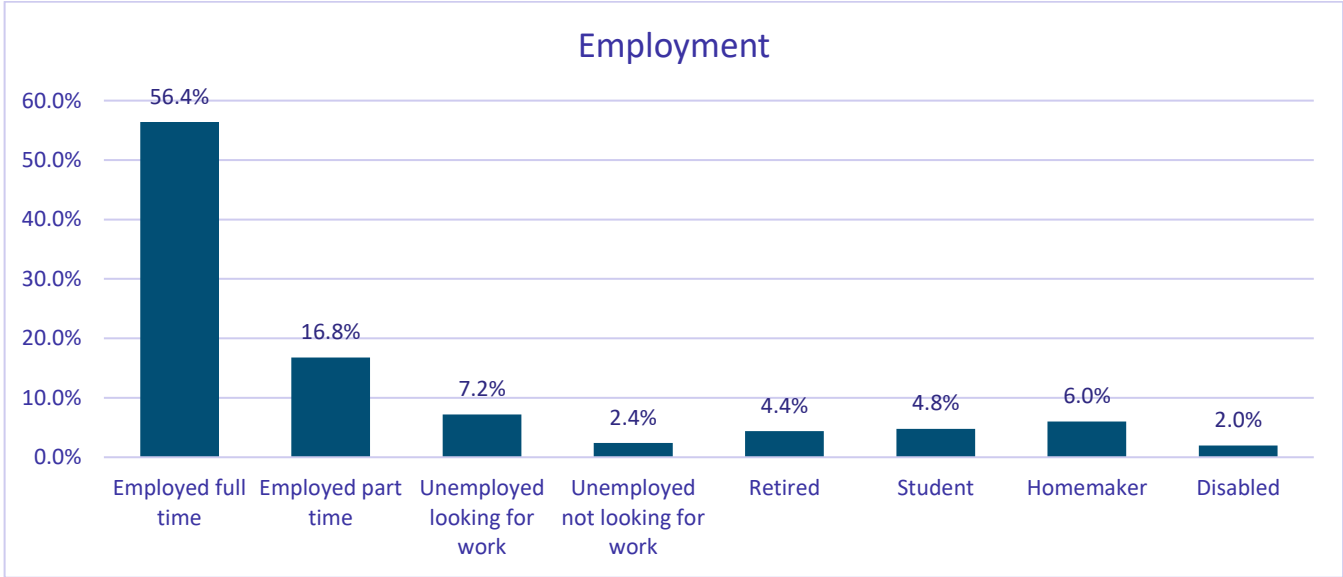


Figure 17 – Employment Status

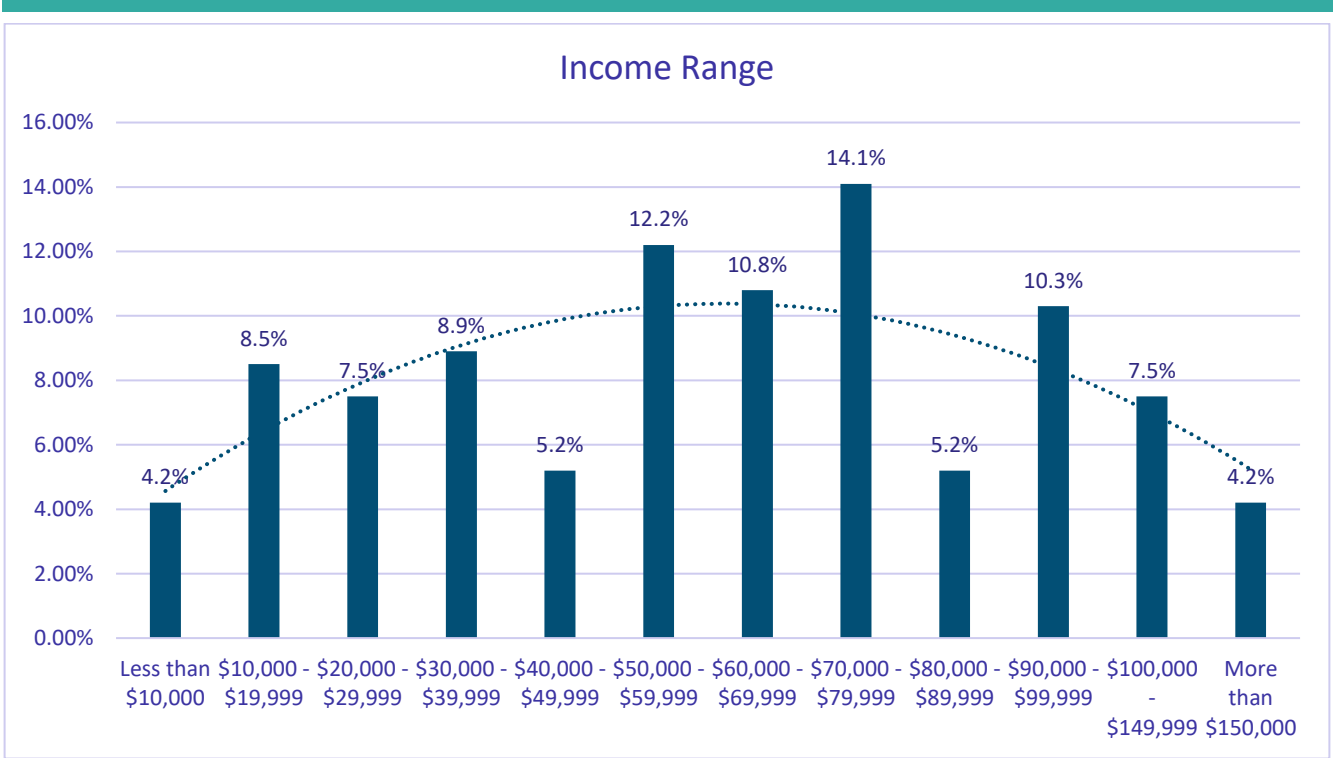


Figure 18 – Household Income

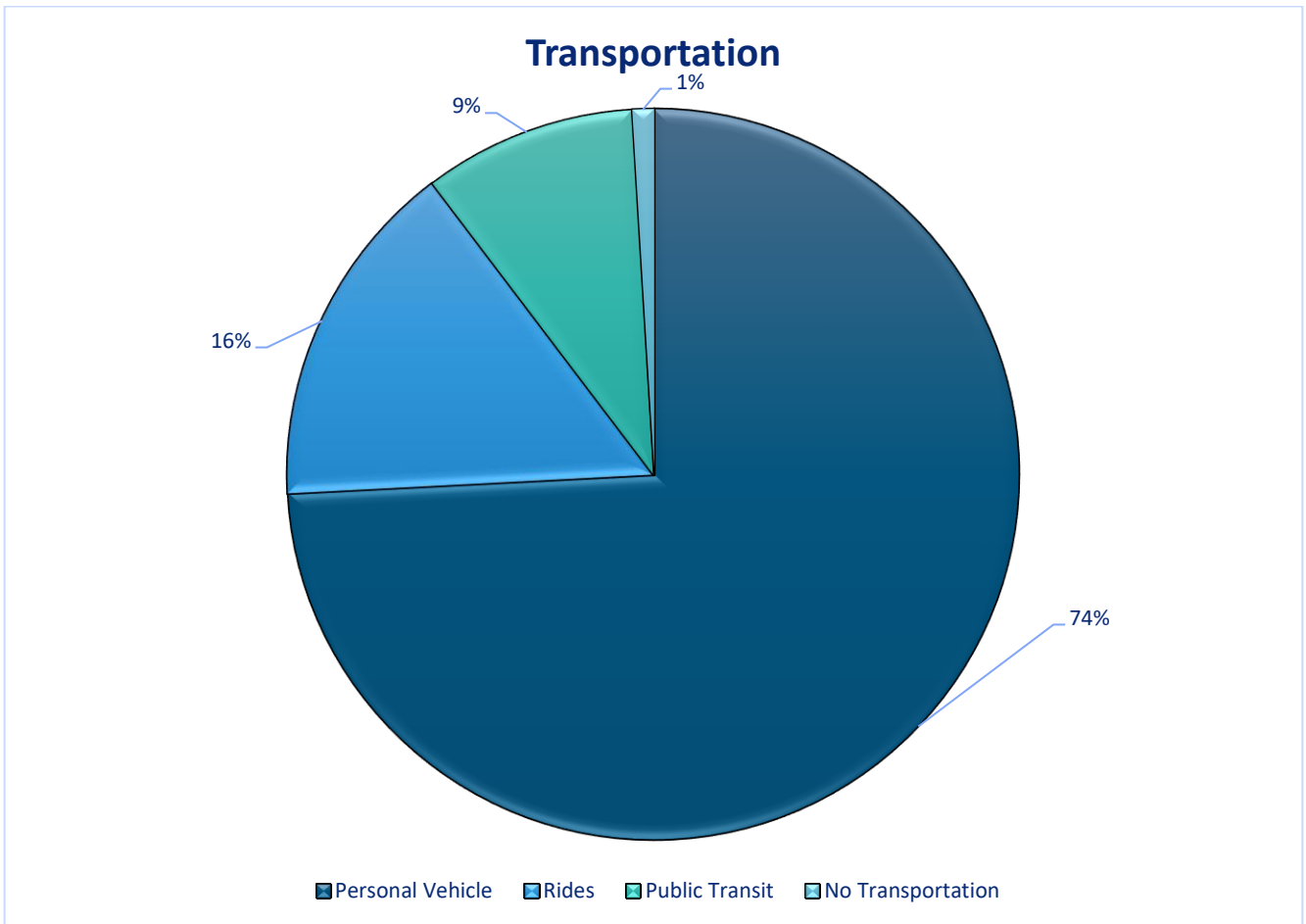


Figure 19 – Availability of Transportation

Interactions with Pediatric Office

Most respondents were covered by Medicare (47.4%), followed by private insurance (23.0%), and Medicaid (20.2%). About a third (31.7%) of parents said they had difficulty finding a pediatrician. Referrals from medical providers (hospital or obstetrician) accounted for half (51.7%) of responses on how the parent located a pediatrician. One-in-six (16.4%) of responses were referred by their insurance provider and likewise another 16.4% were referred by their friends or family members. Non-white respondents faced greater barriers to access to health care services. Three quarters (74.4%) of non-white respondents reported not having clinics and doctors within easy transportation distance and problems with getting health care information needed for their child (compared to 41.6% of white respondents). Disproportionate barriers by race/ethnicity were also seen in getting information regarding child develop or milestones, having adequate insurance, ability to afford co-pay, and getting after-hours care for my child when he/she is sick. The narrowest gap between white and non-white respondents was on the issue of making an appointment with ease.

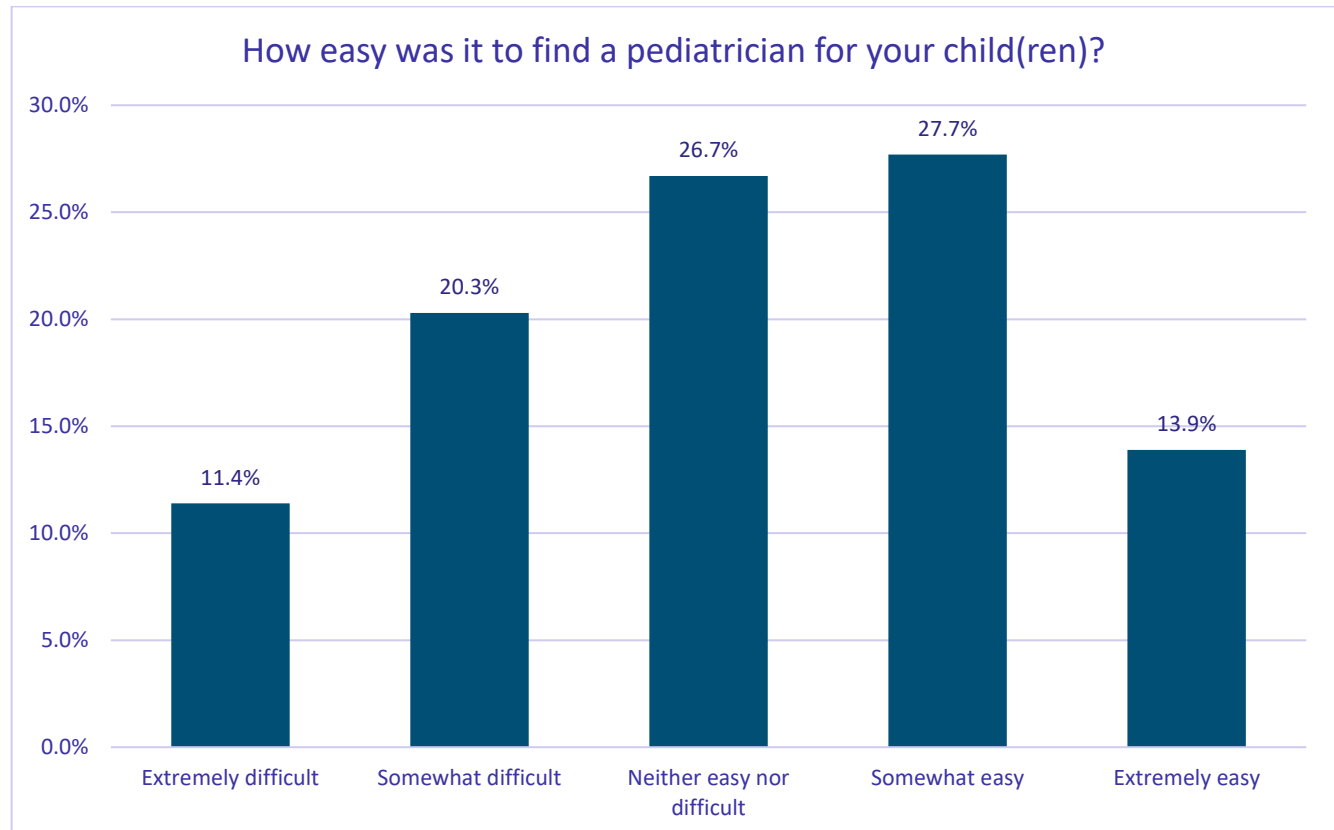


Figure 20 – Ease of Finding a Pediatrician

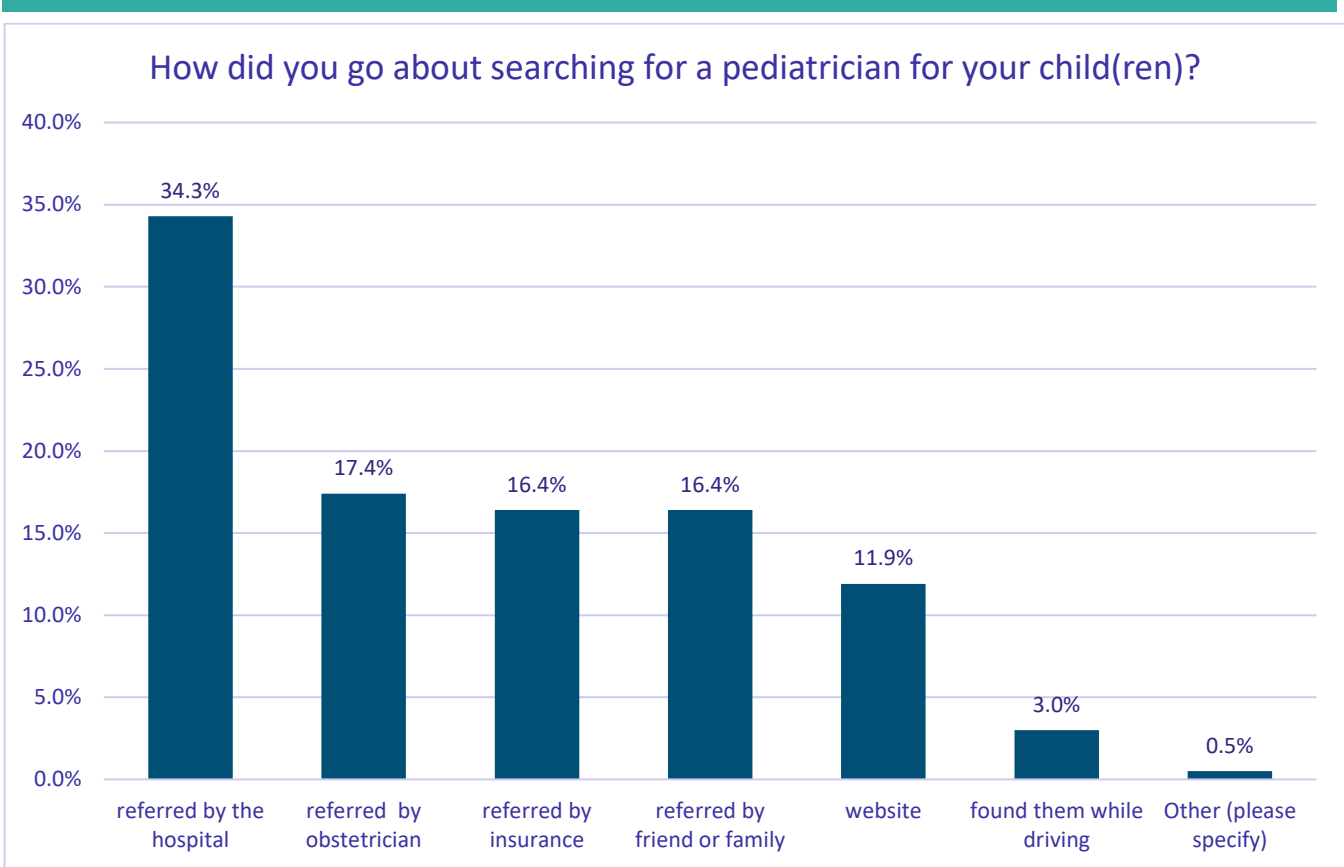


Figure 21 – Method of Finding Pediatrician

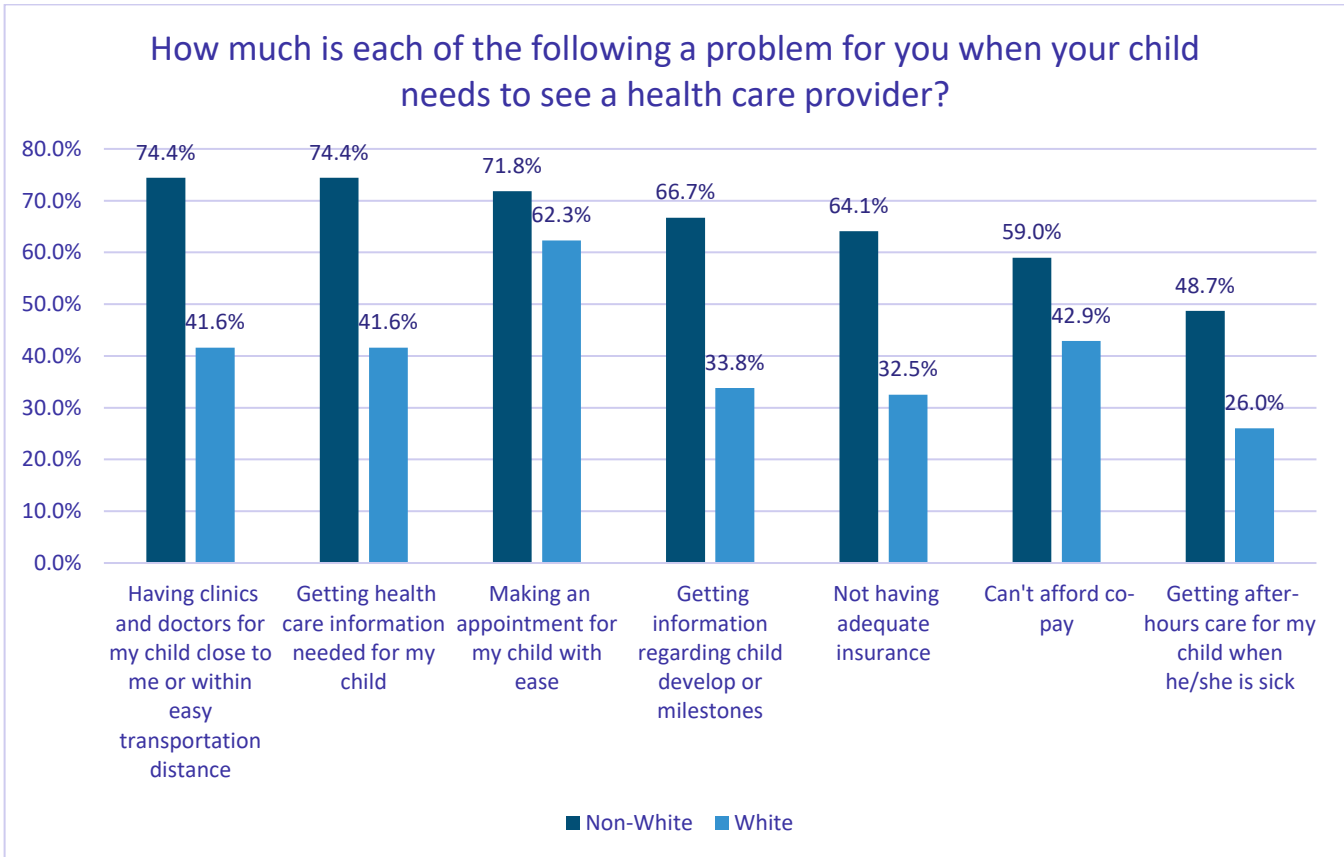


Figure 22 – Barriers to Accessing Medical Resources

Pediatricians provided a variety of information regarding healthy growth, vaccines, child development, nutrition, etc. to parents with slight differences reported by the race/ethnicity of the parent. Non-white respondents were more likely to hear about age-appropriate development and nutritional needs than white respondents. A greater proportion of white respondents said they received information about community resources than non-white respondents. Non-white respondents were far more likely to indicate that the following categories of information were helpful than white respondents: Food pantry locations, Parent support groups, Community events, Transportation resources, Housing resources, Preschool/child care, Community resources, Dental care, Mental health resources for parents

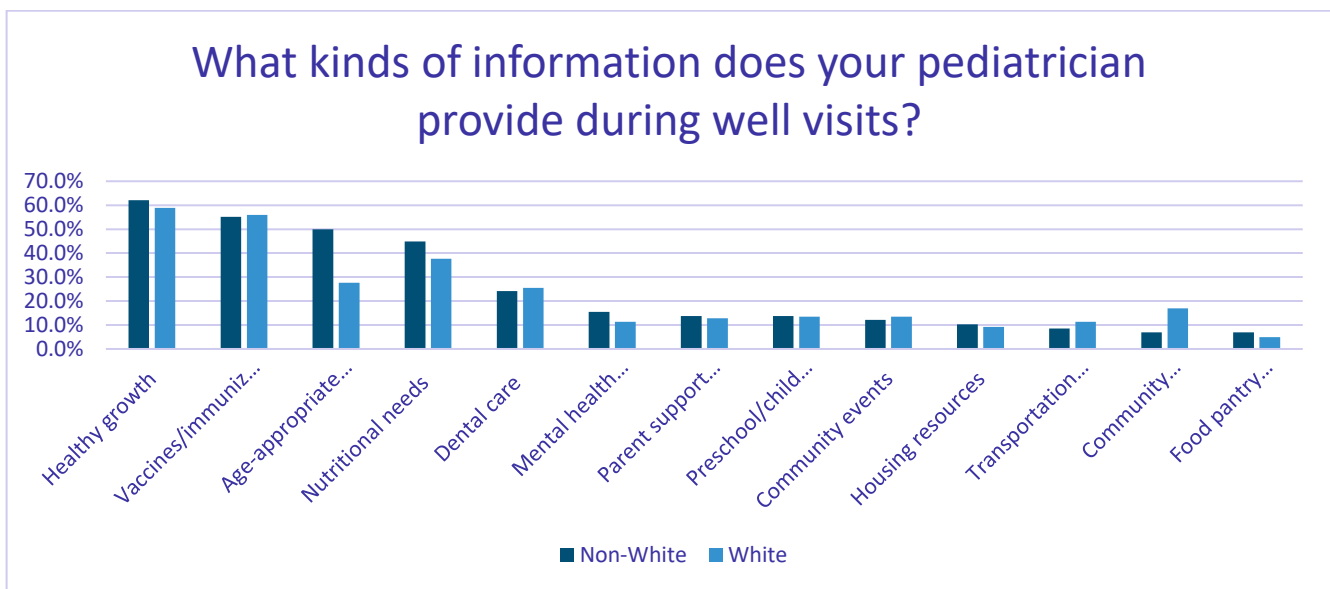


Figure 23 – Information from Pediatrician by Race/Ethnicity

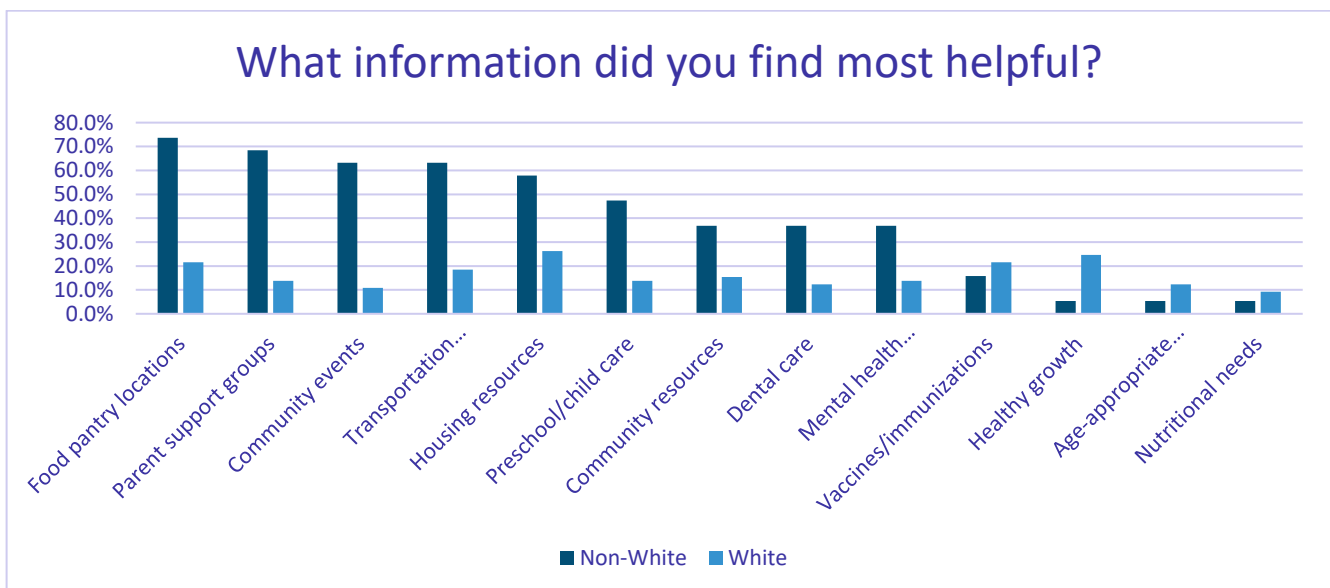


Figure 24 – Most Helpful Information by Race/Ethnicity

HealthySteps Specialist

Parents were asked about their interactions with the HealthySteps Specialists. Again, there were some differences by race/ethnicity of the family responding to the survey. White families were more likely to indicate receiving assistance in housing, parenting, child development, and community events. Non-white families were received more referrals for parent support groups, books for children, and clothing. About a quarter of white respondents did not need any assistance compared to 4% of non-white respondents. Non-white respondents were more likely to indicate that HealthySteps assistance was helpful in locating parent support groups, making referrals to food/clothing/transportation/books. As well as information about parenting, child development, and community events. White respondents were more likely to indicate that housing referrals were most useful.

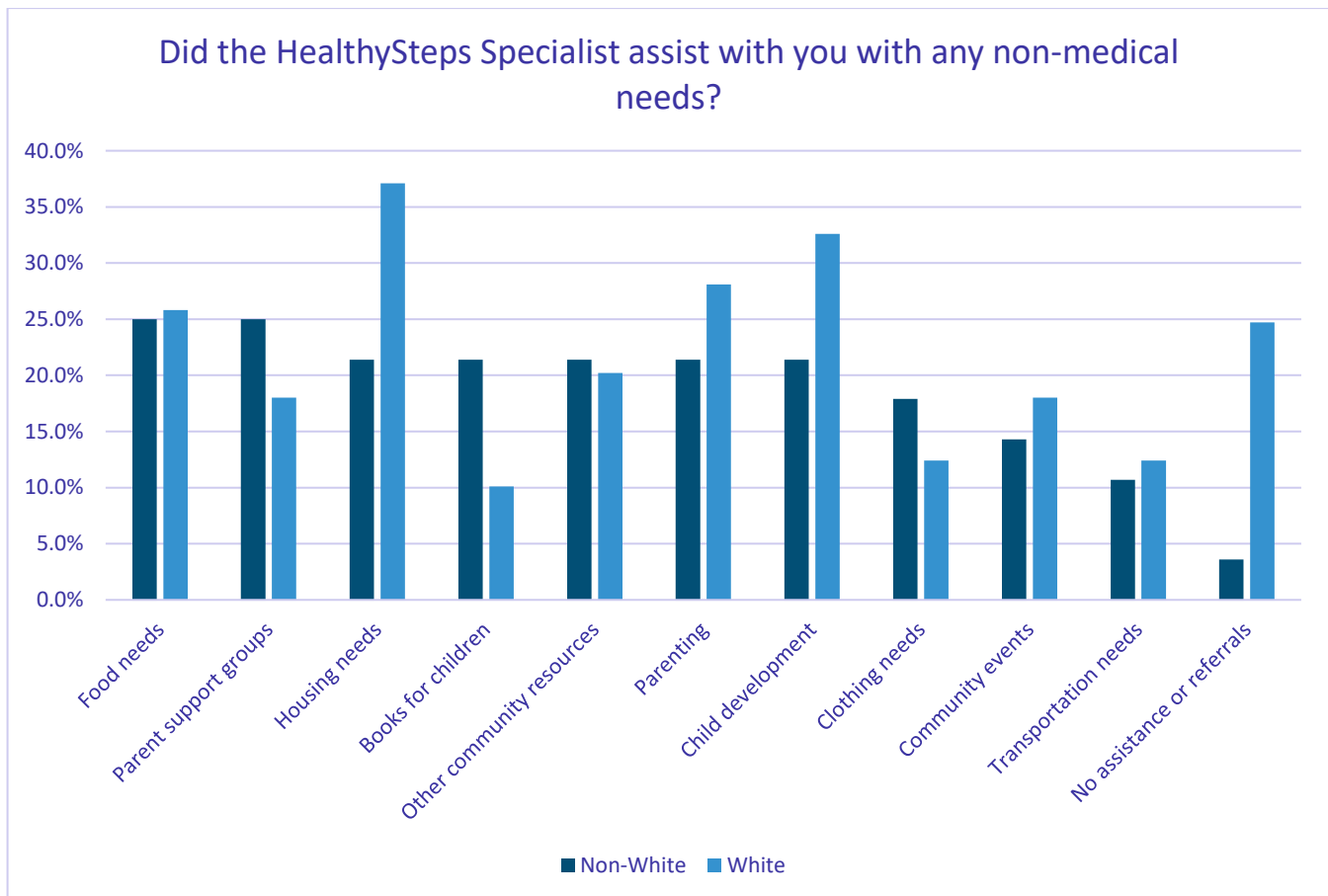


Figure 25 – Assistance from Healthy Steps Specialist by Race/Ethnicity

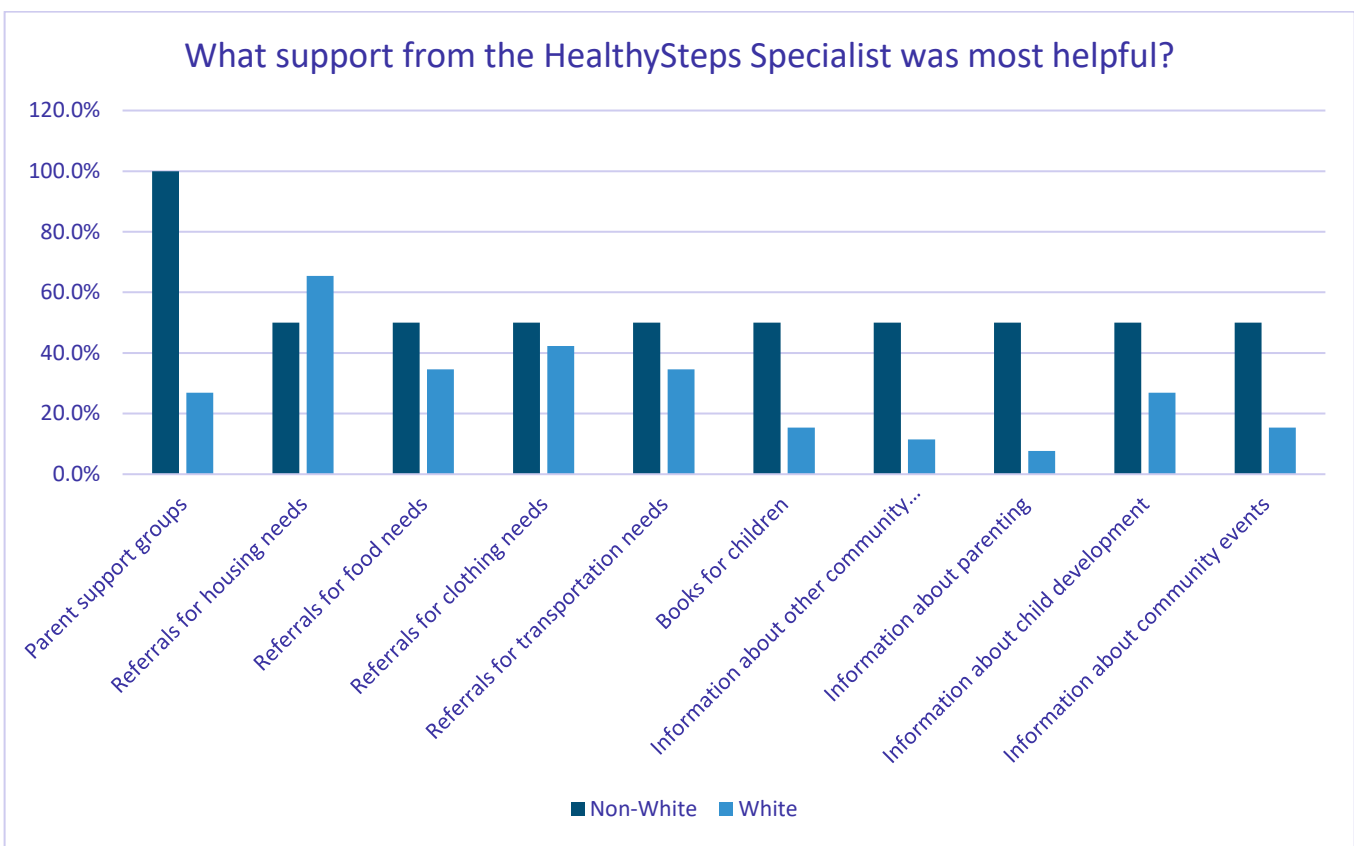


Figure 26 – Most Helpful Support by Race/Ethnicity

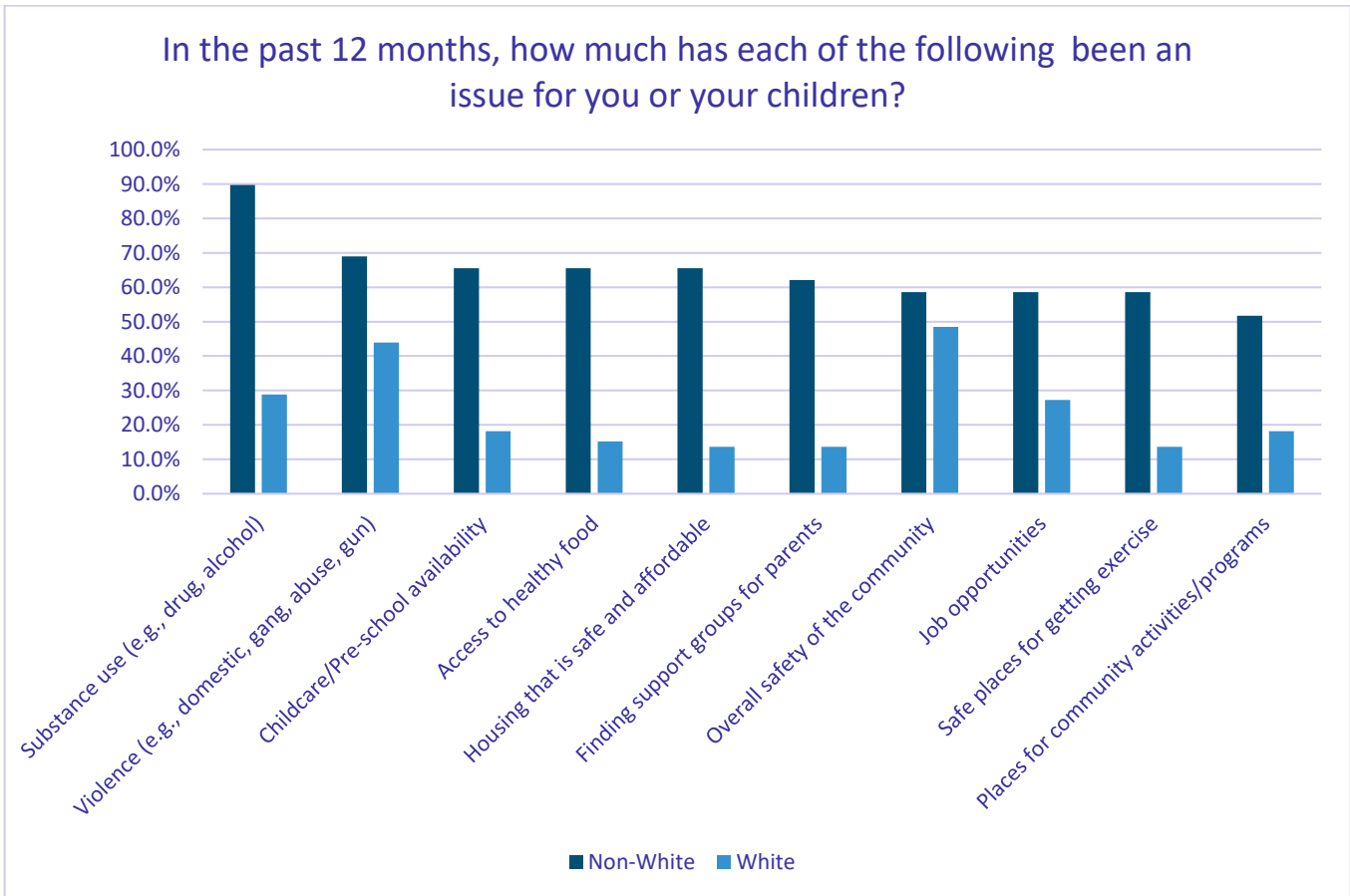


Figure 27 – Social Drivers of Health by Race/Ethnicity

Social Drivers

We delved further into the social drivers of health disparities asking respondents to indicate which of those drivers may have been an issue for them/their families in the last 12 months. For non-white parents, substance use, community violence, availability of childcare, access to healthy foods, and access to safe and affordable housing were the top issues. For white parents, community safety, community violence, substance use were the top issues.

Unaddressed Needs

Write-in responses were requested in order to identify any unmet needs. Often repeated was the need for more affordable childcare and day care vouchers. One parent noted the need for: “more affordable 5 star childcare centers, recreational centers, family friendly parks and events, more advertisement about local resources, etc.” Another parent elaborated on need: “A stronger support group, daycare hours as far as time. Who can maintain a job from 9-2. Needing help with transportation for those who have none. More support with funding to help single parents who are having financial burdens, better and affordable housing developments, safety. People who actually care and want to help and not be judge-mental and look down on others because of their situation, mental health groups and support, more stable and consistent programs for children, ways to help clean up the environment, health groups to maintain dieting, exercising and eating right, No favoritism as far as picking and choosing who gets the help because I have Been in situations to where I would rather not ask for the help or pursue it because of how I look, or what I’m wearing because I do my best to keep my children neat and clean they feel as though I’m not in need of any support or help.” Also mentioned was mental health services, transportation, and a growing need for services in Spanish.

Conclusions & Recommendations

HealthySteps is a model of population health that places a child development professional within a pediatric care team leveraging the pediatric practices as a primary point of contact for engaging parents and caregivers in educational training and resource referrals. The program works to address the developmental needs of young children and meet the needs of parents. North Carolina Children’s Home Society program includes partnerships between HealthySteps Specialists within pediatric offices in Greensboro and High Point, NC to offer information and support to parents of infants and toddlers, as well as a Community Navigation program working with preterm parents to parents of three-year old connecting them with resources to promote healthy development and growth.

This report has presented secondary data providing the socio-economic and demographic context for the High Point HealthySteps Program. We also present the findings from thirteen in-depth, one-on-one interviews with CHS management and staff and leaders of CHS community partners, three focus groups with local parents and professionals from a variety of stakeholder organizations. To supplement these data sources and to discover how broad and pervasive concerns and issues may be, we also collected over 200 surveys of families including HealthySteps program parent and non-program parents.

Parent Support Needs

We find that High Point is a rapidly growing and diversifying small town. It has a total population of 113,056 residents, growing almost 30% since the year 2000. Within the last year, about 7% of the population moved to the area from a different state or county within NC. The residential population is more racially and ethnically diverse than most areas of North Carolina. The majority of the of the City is ranked “moderate” to “high” in terms of Social Vulnerability by the CDC. Of the 27,506 families who reside in the area, a quarter are two-parent married families with children and 18% single-parent households. Need for programs to connect residents with appropriate social services is growing. About 21% of the population receives public assistance, food stamps or SNAP.

Throughout the project we heard that the underlying issue for High Point residents is the lack of availability of well-paying jobs and high rates of poverty. Low wages lead to a lack of personal vehicles and difficulties with transportation, substandard or

precarious housing conditions, food insecurity, and even community violence and crime. Impacts of poverty can be seen among the parents who participated in the study. Addressing low wages, lack of economic opportunities, lack of affordable childcare, and workforce equity issues should be a concern for all providers working with children and families in High Point. Community stakeholders also reported that poverty leads to intergenerational trauma affecting the parents of infants and toddlers they see. A clear need was established for more parental supports, both mental/behavioral support as well as trauma-informed parenting education. The HealthySteps Program has been shown to be an effective way to increase the capacity of pediatric offices to address these upstream needs. There is need in High Point for the program to expand to more pediatric offices.

Benefits to Pediatric Offices

Community members, pediatricians, medical center staff, and parents all reported positive experiences with the HealthySteps programs. Clinical staff benefitted from the ability of HealthySteps Specialists to continue engagement with parents well after office visits and to work on addressing social drivers like transportation, food, housing, and other issues. Parents reported positive experiences as well though there were some differences noted by race with survey respondents. White families were more likely to indicate receiving assistance in housing, parenting, child development, and community events. Non-white families were received more referrals for parent support groups, books for children, and clothing. About a quarter of white respondents did not need any assistance compared to 4% of non-white respondents. Non-white respondents were more likely to indicate that HealthySteps assistance was helpful in locating parent support groups, and making referrals to food/clothing/transportation/books.

Accessibility of Resources

Survey results showed that Non-white respondents faced greater barriers to access to social services. Transportation is a major issue with a quarter of survey respondents not having personal vehicles. Three quarters (74.4%) of non-white respondents also reported not having clinics and doctors within easy transportation distance and problems with getting health care information needed for their child (compared to 41.6% of white respondents). Disproportionate barriers by race/ethnicity were also seen in getting information regarding child develop or milestones, having adequate

insurance, ability to afford co-pay, and getting after-hours care for a child when he/she is sick.

Methods of communication

Parents were clearly most responsive to texts over other means of communication like telephone or email. A HealthSteps Specialist explained: *“So but texting is absolutely in my experience, the most effective for follow up, the most effective for initial connecting is in the office by the pediatrician or somebody else in the practice. Just right there that that, hey, this is this is [our Healthy Steps specialist]. That, you know, she's gonna call you later, or she'll text you later. So you know, like just even if they don't get to talk in that moment. That's ideal.”*

Recommendations

The following recommendations are some of the possible ways to ameliorate the structural barriers and inequalities that limit low- and middle- income families and ways to improve the HealthySteps program.

#1: Improve tracking of referrals & communications between community partners and pediatric offices

- Increase utilization of NCCARE360 within pediatric offices and community based organizations to better document referrals and outcomes; NCCARE3060 already provides linkages into the EPIC system
- Create workflow templates for community based organizations using customer relationship management (CRM) systems like Salesforce (used by Ready for School, Ready for Life) to report back to HealthySteps Specialist in order to “close the loop.”
- Create a regular meeting time for all referral partners to connect on a routine basis (quarterly or more often) to discuss ways to streamline and improve referrals.

#2: Increase the number of participating pediatric offices

- Develop promotional materials directed to health systems administrators and pediatric practitioners discussing the benefits of the HealthySteps Program to the participating pediatric offices.
- Have existing practices help promote the HealthySteps model to others within their health systems.

#3: Support access to post-secondary educational opportunities and connection to employment for low-income parents

- Connect parents with training programs, community colleges, and higher education opportunities that will lead to living wage employment
- Work with employer-based programs that provide support for parents (childcare, PTO, FMLA, flexible schedules, etc)

#4: Reduce impact of social drivers of health including housing, transportation, and food assistance

- Provide free bus passes to parents for pediatric and social service visits
- Partner with housing providers to create a pipeline of housing choice vouchers directly to participating landlords
- Coordinate with the High Point Food Alliance on distribution of food, also look to success of the Healthy Opportunities Pilots across the state in leveraging Medicaid to pay for healthy foods.

#5: Support universal high-quality childcare and pre-K programs

- Parents need affordable, quality childcare in order to improve socio-economic conditions. Continue to work to expand Head Start and similar programs to accommodate growing need. These programs may also be another good point-of-contact for addressing health needs of young children.

Appendix A – Key Informant Guide

Date: _____
Person Interviewed: _____
Organization: _____

Key Informant Interview Script

These questions will be modified as needed to maintain the natural flow of the interview and to explore topics which arise in the course of the conversation. They are a general guide to direct the conversation. Probes will be revised as needed to encourage elaboration on answers. If a participant goes off topic, but is providing useful content, probing and follow-up will continue as needed then a redirect to original script may be used. If off topic conversation does not appear relevant, a casual redirect to original script will be made. Interviews may be recorded as long as you ask permission first. Notes of most salient points should be made during interview. Notes will be used to help guide in where to look for answers.

Statement of Purpose

Good morning/Afternoon/Evening. My name is Stephen Sills. I'm the Vice President of the Research, Policy, and Impact Center at the National Institute of Minority Economic Development.

I am assisting the Children's Home Society in conducting a study of the HealthySteps program in High Point. In particular, the Children's Home Society is interested in exploring ways to improve and enhance parent engagement and parent education This interview will help us to better understand needs of parents, benefits of the HealthySteps program, and potential ways to increase engagement in High Point.

Thank you for taking the time to answer our questions. Your participation is vital to our effort to provide a complete and accurate understanding of the HealthySteps in the High Point area.

Consent

This interview is confidential. Your answers will not be used for any reason other than for purposes of this assessment. We will report on what we heard, but no statement will be attributed by name or affiliation with any specific respondent.

I will be recording this interview. If that's OK with you, I will proceed.

BEGIN RECORDING

Introduction

To begin, can you tell me about your organization and your role in it?

What is your organization's role in helping to engage and educate parents of infants and toddlers?

Parent/ Child Needs

What are the current parent education and support needs in High Point?

Do families get the support they need to safeguard maternal and child health and early childhood development? How so/Why not?

Where do families go in High Point to receive guidance/advice/knowledge about parenting issues?

What are the barriers for families in seeking/engaging in parent education programs in High Point?

How do Social Determinants of Health impact needs of families with infants and toddlers? (Probe as needed)

Food Security: Do families you see have access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs?

Community Safety: Do families you see feel safe?

Housing: Is safe and affordable housing available to the families you see in the community?

Transit: Do families you see have adequate access to transportation?

Poverty: How does poverty impact families you see?

Family Trauma & Resilience: How does exposure to Adverse Childhood Events (ACEs) impact families you see?

Feedback on HealthySteps

HealthySteps is working to address the developmental needs of young children through parent education and resource navigation.

What are some of the things you see HealthySteps Specialists doing for parents in the High Point community?

What have been the greatest successes and failures of the HealthySteps program in your opinion?

How can the HealthySteps Specialists better assist and support pediatric offices in High Point?

What are the costs and benefits for pediatric offices participating in HealthySteps?

Improving Parent Engagement

How accessible are parent education programs for all families in High Point?

What are the parents' preferred method of receiving parent education and what factors lead to that choice?

Are parents who participated in the HealthySteps program more likely to seek parent education programs after their child ages out?

What gaps are there in parent-engagement and education?

Who are the key partners and organizations in the community that HealthySteps should be collaborating with?

To conclude, do you have any additional thoughts about improving HealthySteps? Are there questions I should have asked but didn't?

Appendix B – Focus Group Protocol

Appendix C – Survey Solicitations

Appendix D – Parent Surveys



Parent Needs Assessment Survey

The Children's Home Society is conducting a parent survey as part of its needs assessment for the HealthySteps Program.

The goal of this survey is to better understand your perspectives on access to health care, the developmental needs of infants and toddlers, and conditions related to health like housing, food, and transportation in High Point.

Your input and experiences are important to us and will help us better address the needs for you, your family, and your community. Your comments will be kept confidential. Only the researchers at the Research, Policy, and Impact Center will have access to individual survey results. No information identifying you will be associated with your answers. We will report all findings together.

The survey will take approximately 10 minutes to complete. After the survey, you will be offered the chance to enter into a drawing for a \$100 gift card.

Thank you for your assistance in completing this survey. If you have any technical questions or concerns, please email Dr. Stephen Sills at: sjsills@theinstitutenc.org.

If you have access to the internet, you can complete this survey online by pointing your cellphone camera at the QR Code or by going to <https://tinyurl.com/HealthyStepsSurvey>





Q1 How do you identify?

- Male
- Female
- Non-binary
- Transgender
- Other _____

Q2 How do you identify? (Select all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian
- Hispanic or Latinx
- Other _____

Q3 What kind of health coverage do you have?

- No Insurance
- Private Insurance
- Medicare
- Medicaid
- Other Insurance (please explain) _____
- Don't know

Q4 How many children do you have? _____



Q5 What is your household income level? Less than \$10,000

- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$149,999
- More than \$150,000
- Prefer not to say

Q7 Are you currently employed? (Select all that apply)

- Employed full time
- Employed part time
- Unemployed looking for work
- Unemployed not looking for work
- Retired
- Student
- Homemaker
- Disabled



Q8 Do you have a car, truck or other type of vehicle to get to places you need to get to?

- Yes, I have a vehicle (personal, family, friend's) to use
- No, but I get rides from others
- No, but I take public transportations, taxis, Uber, or other services to get my needs done
- No, and I don't have access to public transportations or other options near me either
- Prefer not to say

Q9 Do you.... (select all that apply)

- Live in High Point
- Work in High Point
- Neither live or work in High Point

Q10 How easy was it to find a pediatrician for your child(ren)?

- Extremely difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Extremely easy

Q 11 How did you go about searching for a pediatrician for your child(ren)?

- referred to a pediatrician by my obstetrician or other doctor
- referred to a pediatrician by the hospital
- referred to a pediatrician by insurance
- referred to a pediatrician by friend or family
- found them on a website
- found them while driving
- Other (please specify) _____



Q12 How much is each of the following a problem for you when **your child** needs to see a health care provider?

	Not a problem at all	A little	Some	A great deal of problems	N/A
Making an appointment for my child with ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting after-hours care for my child when he/she is sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having clinics and doctors for my child close to me or within easy transportation distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting health care information needed for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting information regarding child develop or milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having adequate insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't afford co-pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 What kinds of information does your pediatrician provide during well visits? (mark all that apply)

- Information on vaccines/immunizations
- Information on healthy growth (height, weight)
- Information on age-appropriate development such as social and physical milestones
- Information on nutritional needs of your child
- Information on community resources
- Information on community events for children/parents
- Information on food pantry locations
- Information about housing resources
- Information on parent support groups
- Information on transportation resources
- Information on dental care for your child
- Information on preschool or childcare resources
- Information on behavioral or mental health resources for parents



Q14 What information did you find most helpful? (mark all that apply)

	Not at all helpful	A little helpful	Somewhat helpful	Very helpful
Information on vaccines/immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on healthy growth (height, weight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on age-appropriate development such as social and physical milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on nutritional needs of your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on community events for children/parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on food pantry locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about housing resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on parent support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on transportation resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on dental care for your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on preschool or childcare resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on behavioral or mental health resources for parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 What is your biggest concern regarding pediatric care for your child?



Q16 Did you see a HealthySteps Specialist while at the pediatric office?

- Yes
- No (Skip to Q
- Not sure

Answer if you saw a HealthySteps Specialist while at the pediatric office

Q17 What kind of assistance did the HealthySteps Specialist provide that was different from the pediatrician?

Q18 Did the HealthySteps Specialist assist with you with any non-medical needs like housing, transportation, food, clothing, books for children, etc. ?

- No, they did not provide any additional assistance or referrals
- They helped with housing needs
- They helped with food needs
- They helped with clothing needs
- They helped with transportation needs
- They helped with books for children
- They helped with parent support groups
- They helped with information about other community resources
- They helped with information about parenting
- They helped with information about child development
- They helped with information about community events
- Other help (please specify) _____



Answer if you saw a HealthySteps Specialist while at the pediatric office

Q19 What support from the HealthySteps Specialist were most helpful?

	Not at all helpful	A little helpful	Somewhat helpful	Very helpful	N/A
Referrals for housing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for food needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for clothing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for transportation needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about other community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about community events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q20 In the past 12 months, how much has each of the following been an issue for you or your children?

	None at all	A little	Some	A great deal	Can't say
Overall safety of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence (e.g., domestic, gang, abuse, gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/Pre-school availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe places for getting exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Places for community activities/programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use (e.g., drug, alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing that is safe and affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding support groups for parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q21 What enrichment opportunities are there in High Point for young children?

Q22 What opportunities are there for support for parents with young children in High Point?

Q23 What more is needed to support parents with young children and not being done?



Contact Information for Drawing:

Thank you for completing the Children's Home Society Parent Survey. By completing this separate form you are entered into a random drawing for a \$100 gift card. You will be notified if your name is drawn. Thank you.

Please provide the following contact information.

Name	_____
Address 1	_____
Address 2	_____
City	_____
Postal Code	_____
Telephone Number	_____
Email	_____

RETURN TO PROVIDER

Appendix E – Research Topics

Table 3 – Research Topics and Methods

Topics	Source of Metrics	Interviews w/ staff	Interviews w/ pediatricians	Focus groups w/ families	Parent surveys	Community Data	Case Files/ Records
Demographic of Families	National Evaluations				X		X
Characteristics of Clinicians	National Evaluations	X	X				
Description of Programs	National Evaluations	X	X	X	X		X
Number of Contacts w/ Families	National Evaluations	X					X
Types of Parental Involvement	National Evaluations	X	X	X			
Measures of Effectiveness	National Evaluations	X	X		X		
Measures of Patient-Centeredness	National Evaluations	X	X	X	X		
Measures of Timeliness	National Evaluations	X	X				X
Measures of Efficiency	National Evaluations	X	X				X
Measures of Equity	National Evaluations			X	X	X	
Parental Narrative Input & Impacts	National Evaluations			X	X		
Parent Narrative Suggestions	National Evaluations			X	X		
Parents' Knowledge, Beliefs, Psychological Health	National Evaluations	X	X	X	X		X
Measures of Enhanced Parenting Capabilities	National Evaluations			X	X		
Measures of Parent Practices	National Evaluations			X	X		
Assessment of Child Outcomes	National Evaluations			X	X		
How Often HSS Are Used by Practice	National Evaluations	X	X				
Experience of HSS in the Practice	National Evaluations	X	X				
Identification of Parent Need	National Evaluations	X	X	X	X	X	
Measures of Improved patient care/connection	National Evaluations		X		X		
Measures of Time-saving for staff	National Evaluations	X	X				
Staff Suggestions for Improvement	National Evaluations	X	X				
Measures of Referral and Warm hand-offs	National Evaluations	X	X		X		
Value of parent educator in the office	CHS 2018-19 Study	X	X				
Patients' experience enhanced in the office	CHS 2018-19 Study	X	X				

Topics	Source of Metrics	Interviews w/ staff	Interviews w/ pediatricians	Focus groups w/ families	Parent surveys	Community Data	Case Files/ Records
Impact on care providers' ability to meet the medical needs	CHS 2018-19 Study	X	X				
Ease of using parent educator in the office	CHS 2018-19 Study	X	X				
Suggestions for improvement	CHS 2018-19 Study	X	X				
Likelihood of recommending Parents Educators to other providers	CHS 2018-19 Study	X	X				
Current parent education and support needs in High Point	CHS RFP	X	X	X	X	X	
Perceptions and costs/benefits for participating pediatric offices	CHS RFP		X				
Barriers to participation for High Point pediatric offices	CHS RFP		X				
Where do families go in High Point for parenting resources?	CHS RFP			X	X	X	
Accessibility of parent education programs	CHS RFP			X	X	X	
Parents' preferred method of receiving parent education	CHS RFP			X	X		
Barriers for families in seeking/engaging in parent education programs	CHS RFP	X	X	X	X		
Are parents who participated in the HealthySteps program more likely to seek parent education programs after their child ages out?	CHS RFP			X	X		

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