



# Needs Assessment Findings to Guide Strategic Planning





## INTRODUCTION

The Children and Families Act of 1998 requires First 5 Commissions to have a strategic plan to guide their work. Community input and data-driven strategic planning helps funders define their direction and decision-making. The information in this needs assessment provides the context that will allow the Commission to more strategically plan and guide future community investments to achieve its desired results.

### Data Sources and Process

Community input and data-driven strategic planning helps funders define their direction and decision-making process. To launch the strategic planning process, a comprehensive needs assessment was carried out to provide the framework the Commission needed to plan and guide its community investments. After identifying the issues of highest relevance to First 5's mission, data and other information were gathered to inform the Commission of current needs, gaps, barriers and community perspectives. The information from this research came from the following sources:

- **A Data Dashboard.** Statistical data were collected on 55 common indicators that align with First 5 goals, with comparisons shown between county and statewide status that allows the Commission and stakeholder groups to track the key data points and monitor progress toward achieving the desired outcomes. These data are the most recently available for Madera County and California when this Needs Assessment was finalized.
- **Interviews.** Nineteen key informants representing a cross-section of Madera County health and human service and other professionals with a broad and informed perspective about the county's population and needs participated in telephone interviews.

Commissioners and staff participated in similar interviews as well as offered historical perspectives and input regarding planning, programming, infrastructure, evaluation and other internal operational issues. (Attachment 1)

- **Parent/Caregiver Survey.** To learn more directly about the needs and experiences of Madera County's 0-5 children and families, an 18-question survey in English and Spanish was developed. In addition to the availability of paper copies, local organizations and providers were sent the survey link to post on social media and other websites and asked to encourage their clients and other community members to participate. A total of 358 parents and other caregivers responded to the questions about early learning experiences; access and utilization of services; nutrition and other preventive practices; highest needs and concerns; and awareness and use of community resources.
- **Parent Focus Groups.** Madera County Library branches and the First 5 Family Resource Centers served as host sites for 7 facilitated discussions with parents. The 63 participants – representing a mix of ages, ethnic groups and gender – offered helpful insights about parents' and grandparents'

challenges and needs associated with raising young children; their input supplemented the findings of the parent survey responses.

- **Others' Findings.** Other relevant, recent local needs assessments and reports (e.g., Live Well Madera County Community Health Improvement Plan (CHIP), were gathered and reviewed to inform and where applicable supplement the First 5 research.
- **Literature.** A purposeful literature search was undertaken to learn what best-practice interventions, sustainability and systems-level approaches, including revenue maximization strategies, have been used successfully elsewhere that would have applicability to Madera County.

# 2023 DATA DASHBOARD (Statistical Data)



Child and family demographic trends help project potential needs for education, child care, health care, and other services. Certain demographic, socioeconomic, and health status indicators point to the need to invest in programs and policies that nurture and help all children reach their potential, particularly those facing disadvantage, and to align service systems with shifting demographics, such as increasing racial and ethnic diversity.

The dashboard below displays Madera County’s progress toward the early childhood outcomes sought by First 5. Each strategic result area is measured by a community-level indicator; the county’s status on each of the 55 indicators is compared to California state averages. Unless otherwise noted, the time period for the state data is the same as the county period. It should be kept in mind that some age, race/ethnic and other differences may exist in population data. And, non-use of services does not always mean services were not needed; it may instead imply access challenges.

Madera County status is compared to statewide averages using the rubric below:

-  = Better than the state average (favorable condition)
-  = Poorer than the state average (unfavorable condition)
-  = Similar (same or relatively close to the state average)
- N/R** = Not rated (not applicable or neither favorable nor unfavorable)

Result Area	Indicator	Madera County	California	Compare
<b>DESIRED RESULT: CHILD HEALTH</b>				
Promote the overall physical, social and emotional health of young children				
Access to Prenatal Care (Adequate/ Adequate Plus Prenatal Visits)	The percent of women who begin early prenatal care (in the first trimester of pregnancy). <sup>1</sup>	82.2% (2019-21)	88.5%	
	The percent of births with mothers receiving adequate number of visits. <sup>2</sup>	72.0% (2019-21)	73.2%	
Low Birth Weight	The percent of babies born with low birth weight (<2500 grams). <sup>3</sup>	6.1% (2021)	7.3%	
Infant Mortality	The number of deaths of children less than one year of age per 1000 live births (rate). <sup>4</sup>	5.81 (2019)	4.17	
Maternal-Infant Substance Exposure	The rate of neonatal abstinence syndrome (NAS)—infant withdrawal from maternal substance abuse diagnosis per 1,000 birth hospitalizations). <sup>5</sup>	< 10 births with NAS	2.7	N/R
	The number of babies born annually substance exposed (Applying national low-end estimates of 11.2% to births in the reported year). <sup>6</sup>	229 babies of 2,043 births (2021)	N/R	N/R
Births to Adolescents	The rate of births per 1,000 females ages 15-19. <sup>7</sup>	17.9 (2021)	9.3	

Result Area	Indicator	Madera County	California	Compare
<b>CHILD HEALTH, cont.</b>				
<b>Births by Selected Indicators</b>	Births by total live births in the reporting period. <sup>8</sup> (An indicator for fertility rate/family size)	(2021) First birth = 29.3% Second or third birth = 48.6% Fourth birth or more = 22.0%	First birth = 39.5% Second or third birth = 48.4% Fourth birth or more = 12.1%	N/R
	Births by education of mother. <sup>9</sup> (Lower education level = higher risk of poor outcomes.)	2021 < HS = 25.6% HS grad = 29.8% Some college = 31.4% College grad = 13.3%	< HS = 10.3% HS grad = 25.5% Some college = 27.2% College grad = 37.1%	↓
	Births by receipt of WIC. <sup>10</sup> (An indicator for poverty status)	(2021) Yes = 61.6%	Yes = 35.1%	↓
	Births by payment type (relationship of low-income to higher risk factors)	(2019-21) Medi-Cal = 66.8% Private pay = 30.3% Self-pay = 0.9% Other = 0.3%	Medi-Cal = 39.6% Private pay = 54.3% Self-pay = 2.0% Other = 4.1%	N/R
<b>Breastfeeding</b>	The percent of women who initiate in the hospital any or exclusive breastfeeding after childbirth. <sup>11</sup>	Any 89.6% Exclusive 59.4% 2021	Any 93.4% Exclusive 69.2%	↓
	The percent of women who continue at the time of follow-up breastfeeding for at least 3 mos. <sup>12</sup>	(2018-20) Any, at 3 mos. 64.0% Exclusive, at 3 mos. 29.8%	Any, at 3 mos. 71.0% Exclusive, at 3 mos. 33.2%	↓
<b>Immunization</b>	The percent of children fully immunized by entry into kindergarten. <sup>13</sup>	(2021-22) 95.3%	94.0%	↑
<b>Oral Health: Utilization</b>	The percent of <i>all</i> children ages 2-11 with a dental visit in the last 12 months. <sup>14</sup>	(2021) 86.3%	75.0%	↑
	The percent of children ages 1-5 with Medi-Cal with a dental visit in the last 12 months. <sup>15</sup>	(2021) 41.4% ages 1-2 57.6% ages 3-5	33.1% ages 1-2 51.6% ages 3-5	↑
	The percent of women with a dental visit during pregnancy. <sup>16</sup>	(2016-2018) 45.5%	44.3%	↔
<b>Risk Factors</b>	Percent of children who consumed 1 or more sugary drinks yesterday. <sup>17</sup>	(2021) 60.9%	49.0%	↓
<b>Special Needs</b>	Percent of children ages 0-17 with one or more serious difficulties in hearing, vision, cognitive ability, ambulatory ability, self-care, or independent living. <sup>18</sup>	(2019) 3.4%	3.3%	↔

Result Area	Indicator	Madera County	California	Compare
<b>CHILD HEALTH, cont.</b>				
Air Quality	The number of days with Ozone levels above regulatory standard. <sup>19</sup>	(2019) 10	11	↔
Asthma	The rate of children's asthma hospitalizations per 10,000 residents. <sup>20</sup>	(2019) Age 0-5 = 19.6	Age 0-5 = 14.8	↓
Nutrition	Percent of 5 <sup>th</sup> graders who are overweight or obese. <sup>21</sup>	(2018) 18.9% (overweight) 26.0% (obese)	17.2% (overweight) 18.9% (obese)	↓
	Percentage of 5 <sup>th</sup> graders meeting 6 of 6 Healthy Fitness Zone fitness standards. <sup>22</sup>	(2018-19) 22.0%	22.2%	↔
	The proportion of women who are overweight or obese before pregnancy. <sup>23</sup> (influences the risk of obesity for the child)	(2016-18) 29.8% (overweight) 34.7% (obese)	26.8% (overweight) 24.5% (obese)	↓
	The percent of children who eat 5 or more servings of fruit/vegetables daily. <sup>24</sup>	75.5% (2020)	38.6%	↑
Emotional Well - Being	The percent of adults reporting family life impairment last 12 months due to emotional health issues. <sup>25</sup>	(2021) None 80.4% Moderate 8.5% Severe 11.1%	None 74.1% Moderate 15.4% Severe 10.5%	↑
Maternal Mental Health	The percent of women with postpartum depression. <sup>26</sup> (Can adversely affect children's emotional and behavioral outcomes.)	9.9 % (2016-18)	12.3%	↑

Result Area	Indicator	Madera County	California	Compare
<b>DESIRED RESULT: FAMILY INVOLVEMENT</b>				
Cultivate parenting skills and enhance access to services				
Family Structure	Percent of families living with own children 0-17 by type of householder. <sup>27</sup> <i>(Defined as a householder and 1 or more other people related to them by birth, marriage, or adoption.)</i>	(2021) Married couple 25.5% Male/no spouse 1.6% Female/no spouse 5.6%	Married couple 20.5% Male, no spouse 1.3% Female, no spouse 4.7%	↔
	Percent of children ages 0-17 living with grandparents who provide primary care for one or more grandchildren in the household (no parents). <sup>28</sup>	26.2% (2021)	20.9%	↓

Result Area	Indicator	Madera County	California	Compare																
<b>FAMILY INVOLVEMENT, cont.</b>																				
Child Abuse and Neglect: Suspected and Reported  Substantiated	Rate of children with <i>reported</i> (allegations) cases of abuse and neglect per 1,000 children (CWS cases). <sup>29</sup>	(2021-22) <table border="1"><tr><td colspan="2">By child age</td></tr><tr><td>&lt; age 1</td><td>78.2</td></tr><tr><td>ages 1-2</td><td>70.2</td></tr><tr><td>ages 3-5</td><td>71.6</td></tr></table>	By child age		< age 1	78.2	ages 1-2	70.2	ages 3-5	71.6	<table border="1"><tr><td colspan="2">By child age</td></tr><tr><td>&lt; age 1</td><td>62.4</td></tr><tr><td>ages 1-2</td><td>41.2</td></tr><tr><td>ages 3-5</td><td>43.5</td></tr></table>	By child age		< age 1	62.4	ages 1-2	41.2	ages 3-5	43.5	↓
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	Rate of children with <i>substantiated</i> cases of abuse and neglect per 1,000 children (CWS cases). <sup>30</sup>	(2021-22) <table border="1"><tr><td colspan="2">By child age</td></tr><tr><td>&lt; age 1</td><td>10.8</td></tr><tr><td>ages 1-2</td><td>7.4</td></tr><tr><td>ages 3-5</td><td>5.6</td></tr></table>	By child age		< age 1	10.8	ages 1-2	7.4	ages 3-5	5.6	<table border="1"><tr><td colspan="2">By child age</td></tr><tr><td>&lt; age 1</td><td>21.1</td></tr><tr><td>ages 1-2</td><td>8.2</td></tr><tr><td>ages 3-5</td><td>6.9</td></tr></table>	By child age		< age 1	21.1	ages 1-2	8.2	ages 3-5	6.9	↑
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Foster Care	Rate of first entries into foster care per 1,000 children age <18. <sup>31</sup>	(2020-21) <table border="1"><tr><td>&lt; age 1</td><td>11.8</td></tr><tr><td>ages 1-2</td><td>4.3</td></tr><tr><td>ages 3-5</td><td>3.0</td></tr></table>	< age 1	11.8	ages 1-2	4.3	ages 3-5	3.0	<table border="1"><tr><td>&lt; age 1</td><td>10.5</td></tr><tr><td>ages 1-2</td><td>3.0</td></tr><tr><td>ages 3-5</td><td>2.3</td></tr></table>	< age 1	10.5	ages 1-2	3.0	ages 3-5	2.3	↔				
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	The percent of children with entry who re-entered foster care within 12 months. <sup>32</sup>	(2020-21) 19.1%	8.4%	↓																
Domestic/Intimate Partner Violence	Rate of domestic violence calls for assistance per 1,000 adults. <sup>33</sup>	(2020) 6.4	6.1	↔																
	Percent of women who experienced physical or psychological intimate partner violence during pregnancy. <sup>34</sup>	(2016-18) 9.1%	5.8%	↓																

Result Area	Indicator	Madera County	California	Compare															
<b>DESIRED RESULT: CHILD DEVELOPMENT</b>																			
Ensure children have access to quality early learning experiences and environments																			
Unmet Need and Availability of Child Care	Percent of children eligible for subsidized child care, and unmet need, based on income-eligibility and need for care. <sup>35</sup>	(2020)		N/R															
			<table border="1"> <thead> <tr> <th></th> <th>Age 0-35 mos.</th> <th>Ages 3-5</th> </tr> </thead> <tbody> <tr> <td>Percent</td> <td>89.7%</td> <td>67.6%</td> </tr> <tr> <td>Number</td> <td>3,235</td> <td>3,718</td> </tr> </tbody> </table>		Age 0-35 mos.	Ages 3-5	Percent	89.7%	67.6%	Number	3,235	3,718							
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Percent	89.7%	67.6%																	
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	The estimated percent of children with parents in the labor force for whom licensed child care is available. <sup>36</sup>	(2021) 25.2% (74.8% are unavailable)	24.7% (75.3% are unavailable)	↔															
Preschool Enrollment	Percent of all county children age 3-5 enrolled in preschool. <sup>37</sup>	(2021) 4.3%	5.4%	↓															
	Percent of all county children <age 6 attends preschool at least 10 hours/week. <sup>38</sup>	3.4%	13.7%																
Early Literacy	The percent of children ages 0-5 whose parents read stories or looks at picture books with them. <sup>39</sup>	(2021) Daily 43.4% 3-6 x/week 9.9%	Daily 53.9% 3-6 x/week 26.3%	↓															
Reading and Math Proficiency	The percent of 3 <sup>rd</sup> grade children at grade-level proficiency in overall English Language Arts/Literacy. <sup>40</sup>	(2021-22)		↓															
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Language	The percent of the population age 5+ who speak a language other than English at home. <sup>42</sup>	(2017-21 avg) 45.4%	43.9%	N/R															
English Language Learners	Percentage of students considered “long-term English learners risk 6+ years.” <sup>43</sup>	(2020-2021) 19.6%	18.1%	↔															

Result Area	Indicator	Madera County	California	Compare												
<b>OTHER DETERMINANTS OF CHILD AND FAMILY WELL-BEING</b>																
Poverty	The percent of children under age 5 in poverty. <sup>44</sup>	(2021) 34.4%	15.6%	↓												
	The percent of students eligible for the free and reduced-price school meal program. <sup>45</sup>	(2022-23) 80.5%	59.9%	↓												
Food Security	Percent of adults <200% FPL unable to afford enough food (food insecure). <sup>46</sup>	(2021) 55.0%	39.0%	↓												
	The percentage of children ages 0-17 living in households with limited or uncertain access to adequate food. <sup>47</sup>	(2019) 19.9%	13.6%	↓												
Educational Attainment	The percent of population age 25+ HS/GED diploma or higher, and with BA degree or higher. <sup>48</sup>	(2017-21 avg) HS = 71.8% BA = 16.4%	HS = 84.2% BA = 35.3%	↓												
	The percent of births by mothers with less than GED/HS diploma. <sup>49</sup> (Higher education = better child status)	(2018-2020 avg) 26.98%	13.1%	↓												
Homelessness	The percent of public school students recorded as being homeless at any time during the school year. <sup>50</sup>	(2018) 3.8%	4.5%	↑												
	The number of people experiencing homelessness (January Point-in-Time Count). <sup>51</sup>	(2022) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Unsheltered</th> <th>Sheltered</th> </tr> </thead> <tbody> <tr> <td>Madera City</td> <td style="text-align: center;">73</td> <td style="text-align: center;">150</td> </tr> <tr> <td>Madera County</td> <td style="text-align: center;">55</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		Unsheltered	Sheltered	Madera City	73	150	Madera County	55	0	N/R				
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Tobacco Use: Adult Smoking	Percent of individuals age 18+ reporting current cigarette smoking. <sup>52</sup>	(2021) 8.7 %	6.2%	↓												
Maternal Tobacco Use	Prevalence of any maternal smoking 3 months prior to pregnancy. <sup>53</sup>	(2016-2018) 8.4%	8.6%	↔												
Exposure to Lead	The percent of children ages 0–5 screened with elevated blood lead levels (lead greater or equal to 3.5% µg/dL). <sup>54</sup>	(2021) 1.8%	1.2%	↓												
Adverse Childhood Experiences (ACES)	Percent of children with ACES (parent reporting). <sup>55</sup>	(2016-19) <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>None</td> <td style="text-align: center;">49.5 %</td> </tr> <tr> <td>1</td> <td style="text-align: center;">31.3 %</td> </tr> <tr> <td>2 or more</td> <td style="text-align: center;">19.2 %</td> </tr> </tbody> </table>	None	49.5 %	1	31.3 %	2 or more	19.2 %	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>None</td> <td style="text-align: center;">65.7 %</td> </tr> <tr> <td>1</td> <td style="text-align: center;">19.7 %</td> </tr> <tr> <td>2 or more</td> <td style="text-align: center;">13.6 %</td> </tr> </tbody> </table>	None	65.7 %	1	19.7 %	2 or more	13.6 %	↓
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## DASHBOARD SUMMARY (55 Indicators)



DESIRED RESULT (n = number of indicators assessed)	MADERA COUNTY COMPARED TO CA								
Child Health (n = 27)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">↑</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">↓</td><td style="text-align: center;">11</td></tr> <tr><td style="text-align: center;">↔</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">N/R</td><td style="text-align: center;">4</td></tr> </table>	↑	7	↓	11	↔	5	N/R	4
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Family Involvement (n = 8)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">↑</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">↓</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">↔</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">N/R</td><td style="text-align: center;">0</td></tr> </table>	↑	1	↓	4	↔	3	N/R	0
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Other Determinants of Well-Being (n = 12)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">↑</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">↓</td><td style="text-align: center;">9</td></tr> <tr><td style="text-align: center;">↔</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">N/R</td><td style="text-align: center;">1</td></tr> </table>	↑	1	↓	9	↔	1	N/R	1
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Key:

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- ↓ = Poorer than the state average (unfavorable condition)
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Community input—the primary data—is key in identifying needs and offering informed perspectives about ways to address them. This section of the needs assessment report highlights findings from Interviews, Focus Groups, and Surveys. The perspectives of the various groups generally aligned with the dashboard data presented above.

## COMMISSION AND STAFF INTERVIEWS

*“How can you be your child’s first parent if you don’t even have the background to understand parenting?” – Staff Interview*

Seven of the 8 Commissioners and all 7 staff members participated in one-on-one telephone interviews to provide input on historical perspectives, operational matters, community needs, and suggested approaches. The interview findings are combined as “the Commission” in the summary below. Text in quotes or italics is verbatim responses.

### LOOKING OUTWARD (COMMUNITY)

#### Most Important Concerns and Needs

The Commission was asked to identify the highest needs/most significant problems facing Madera County’s 0-5 families *relative to First 5’s mission/span of influence*. “Ineffective parenting”/lack of engagement and “mental health” were among the most commonly mentioned concerns (Figure 1). As you will see in the next section, this input lines up with the rankings of the Key Informants. Some of the causes of poor parenting capacity were recognized as a simple lack of information about the critical importance of the first few years, or the result of family dysfunction caused by substance use, domestic violence or “living in survival mode” because of financial circumstances.

Other concerns that some of the interviewees weren’t certain First 5 could “do much about” —some as a result of or made worse by the economic fallout from COVID—but considered too important not to mention included lack of affordable housing; homelessness; the high teen pregnancy rate; and insufficient screening opportunities to identify child health (e.g., vision, autism) and development and behavioral concerns (lack of self-regulation, aggressive behaviors) early enough for proper intervention.

**Figure 1. Top Concerns and Needs Relative to Madera’s 0-5 Population**

- Parenting capacity (n=6)
- Mental/emotional health (parents) and behavioral concerns (children) (n=3)
- Substance abuse and its consequences (n=2)
- Access to good quality food (n=2)
- Transportation challenges (n=2)
- The consequences of domestic violence and safety for the children (n=2)
- Parents’ lack of awareness of resources and how to navigate (n=2)
- Affordable housing, child care, specialty health care, earlier intervention (n=1, each)

## Priority Strategies

Given people’s knowledge about the extent of community need, and some understanding about where other monies are currently or expected to be available, the Commission suggested the priority strategies below (Figure 2) for addressing them. (This was a challenging question because all of the concerns mentioned above were clearly considered important; moreover, most are interrelated and directly or indirectly impact one another.)

**Figure 2. Suggested Types of Program/Grant Strategies for Greatest Impact**

- Approaches that promote mental health and reduce stress, .e.g., social supports
- Parent skill building classes/workshops (include child care and meals as an incentive for participation; integrate into other events that draw parents/other family members)
- Home visiting (various models)
- Support services for working parents, especially single parents (e.g., reimbursement options for limited-engagement childcare “respite”)
- Programs/activities that are tailored for grandparents raising/caring for grandchildren
- Tailored outreach for underserved populations, e.g., Tribal and mountain communities, pockets of parents who tend to keep their children at home
- Education/information for the public—and especially higher-risk neighborhoods—about available community resources
- More attention on trauma-informed practices
- Reimbursement options for transportation assistance

Some individuals who mentioned support for home visiting felt that could be a strategy included in many types of programs First 5 funds; it was also recognized as an opportunity to identify and address emotional/behavioral health concerns. Another example of a specific investment to promote children’s mental health was early identification of behavioral risk issues and referral for further evaluation and/or treatment.

### Shift in Role?

In addition to direct services funding—and, in the case of Madera, *providing* direct services—a number of First 5 Commissions have shifted to playing a greater role in the community as a “catalyst/convenor” and, in some cases, as a policymaker/advocate. Nearly all of the First 5 Madera staff and Commission interviewees, however, said they were comfortable with the current grantmaking approach of funding programs and being supportive to the community in other ways (e.g., responding to emergencies during COVID). They also understood shifting somewhat away from operational support would mean a tradeoff in reducing funds that are responsive to applicant-identified problems. Several individuals remarked that Madera was already considered an active convenor around children’s issues. Though COVID impacted its momentum, a couple mentioned the work of *Live Well Madera*, and expressed satisfaction with its role as a convening body “*for many of the same concerns as First 5.*” One person suggested there may be opportunities through the new strategic plan to look at supporting more systems development, but there was no interest in increasing involvement in other potential roles such as policy development.

## Partnerships and Collaborative Relationships

In general, most of the Commission believed existing collaborative relationships were adequate, *“and Madera is so small we [the agencies] basically already know one another”* and *“do admirably in being well-connected.”* The relationships with AmeriCorps and the main County agencies like DSS and Public Health were cited as examples. However, a couple of individuals remarked that the connections were mainly with *“the big players.”* Another individual with an interest in looking for non-traditional partners for collective impact thought the issue needed more discussion among the Commission but was unsure how these other entities would be identified and knowing *“where would we start?”*

A couple of individuals raised the question of duplication and believed it was important to make sure there was minimal overlap in the community partnerships. They also felt comfortable with stakeholder reach except, according to several individuals, for some of the tribal and mountain communities in terms of *“missing voices”* and/or funding support.

## LOOKING INWARD (INTERNAL OPERATIONS)

### Evaluation-Related Issues

To make impactful grants, funding decisions have to be based on evaluation data that answer relevant questions—using results-based evaluation feedback to inform decision-making. Overall, the Commissioners felt First 5 Madera historically has *“not done a good enough job in evaluation,”* and expressed dissatisfaction with this component of the program. The staff generally echoed the same sentiments. Current grants apparently do not produce outcome information as the RFP to which they responded did not require applicants to develop an evaluation plan.

Commissioners acknowledged receiving performance data such as the numbers of children who received certain services (*“process evaluation”*), but were unaware of having seen any outcome data, i.e., how well did the grantees do in terms of parents/caregivers who were more knowledgeable, more skilled, or more confident as a direct or indirect result of a program or service. All of the interviewees were supportive of the contract that was just established with an external evaluation consultant, though one individual asked what the contract would *“take money away from,”* another remarked that First 5 has to have meaningful measures to demonstrate impact and to justify the expenditure, while another hoped *“each grant would have realistic objectives built into it.”*

### Organizational Perspectives and Future Outlook

Using a SWOT (strengths, weaknesses, opportunities, threats) format as the basis for some of the questions that were asked in the interviews, the chart on the next page summarizes the Commission and staff input. (The SWOT input from the Key Informants is in the next section of this document.) Internal factors are those which an organization has control over; external opportunities and threats happen outside of the organization. Identifying strengths builds on what the organization does well; identifying weaknesses provides an opportunity for improvement. Anticipating external changes/emerging issues—both positive and negative—that could cause an organization to need to adjust and adapt, such as economic, political, environmental and demographic changes, is important as one wants to take advantage of potential opportunities while on the other hand one wants to try to reduce or work around *“threats.”* Not uncommonly, *“SWOT thinking”* about external factors proved to be a little challenging.

## Commission and Staff-Identified SWOTs

	Strengths	Weaknesses (Challenges)
Internal Factors	<ul style="list-style-type: none"> <li>Direct services such as the FRCs and mobile vision van</li> <li>Viewed as the go-to (and trusted) organization for issues related to 0-5</li> <li>Experienced, knowledgeable staff and Commissioners</li> <li>Staff passionate about 0-5 issues</li> <li>Strong collaboration with community partners to fill gaps</li> <li>Competent, responsive leadership/cohesive team</li> <li>Generally, low staff turnover</li> <li>Clear and concise policies and procedures</li> <li>Staff have deep understanding of early childhood + family strengthening (not as much in child health)</li> <li>Visibility/awareness of First 5 in the community</li> <li>Services for the working poor who don't otherwise qualify</li> </ul>	<ul style="list-style-type: none"> <li>Under-staffed, wearing too many hats takes away from staff's main roles</li> <li>Evaluation component and missed opportunities to capture results</li> <li>Needing to move toward more systems work, which could be a new concept for some</li> <li>More visibility; staff need to be more mobile/out in the community more</li> <li>Staff feeling of being undervalued related to recent salary/benefits decisions</li> <li>Need improve customer service (friendlier, more professional)</li> <li>Some duplication between what First 5 funds and what services are provided in the FRCs</li> <li>Could do more with foster youth, tribal, needy and marginalized communities; tap potential for geographic access</li> <li>Potential for some staff and Commissioners to have a problem with re-envisioning a strategic plan if it looks different from the way things looked like before</li> </ul>
	Opportunities	Threats
External Factors	<ul style="list-style-type: none"> <li>Using the Chowchilla FRC site as a new child care center, especially if the "drop-in respite" idea could be sustained</li> <li>Additional state and federal funding for school districts related to early childhood</li> <li>CalAIM for services like mental health and enhanced case management</li> <li>Politically liberal state = more openness in supporting First 5 type goals</li> <li>Everyone caring about kids is neutral politically and can be capitalized on</li> <li>Lots of opportunities to develop relationships but need to spend more time here</li> </ul>	<ul style="list-style-type: none"> <li>Diminishing First 5 funds/program sustainability</li> <li>Unknowns long-term impact of the pandemic</li> <li>Housing shortages/high rents; exacerbated by increasing local population growth</li> <li>Negative changes in workplace culture, worker shortages/williness to work</li> <li>Inflation; potential recession up ahead</li> <li>The value system schools want to teach that go against some parents' wishes</li> <li>California's budget deficit and how it could further impact First 5 funds (and potentially restrict Medi-Cal eligibility?)</li> <li>Immigration policies for new families that "take away" resources from current families</li> <li>Increased crime and family safety</li> <li>Family reluctance to seek services like mental health because they think they'll be judged</li> <li>Closure of Madera Community Hospital</li> </ul>

### Other Issues to Consider

First 5 Madera has traditionally issued Requests for Proposals (RFPs) as a *responsive grantmaker* – defined as openness to receiving proposals and ideas from nonprofits and government agencies and

allowing them to drive the priorities, i.e., requests are initiated by the applicant, rather than by a funder seeking them out. This approach was important in the early days of Prop. 10 in order to a) get money out the door quickly; b) be responsive to the needs applicants felt most keenly; c) pursue early promising practices; and d) demonstrate results with a wide range of models, programs, and approaches. As a “mature” funder, it now may make sense, as you’ve learned more about specific Madera County needs and issues, to address them more strategically—*strategic philanthropy*—especially if you want to make a difference in specific areas, e.g., child safety, breastfeeding rates. These kinds of investments require a longer-term commitment—at least 3 years—with an RFP written to align directly with your strategic plan. Making more strategic funding decisions, you will want to determine your funding focus, tie decisions to the findings of this Needs Assessment, take advantage of new opportunities (such as First 5 California priorities that provide additional dollars). Being able to clearly define how, to whom and for what purpose you will award grants will also provide applicants with a clear set of expectations.

A few of the issues and questions to think about and discuss during the strategic planning committee meetings that will influence the strategic plan—and the RFP that will be developed from it—include the following:

- Declining funding levels do not allow for previous levels of funding to be maintained across the board and hard decisions have to be made for future RFPs. Some of the options to consider include funding fewer programs but funding them more deeply (vs. spreading the dollars more broadly); narrowing the priorities/focusing more on addressing certain problems? Focusing on selected geographic areas or neighborhoods?
- It’s hard to narrow your focus when so many local needs are apparent. Some group will always think their issue/problem is being “ignored” and be disappointed. Funding more narrowly may also have potential negative consequences (e.g., missing a future opportunity, undesirable political impact). The Key Informants we interviewed largely support the idea of more strategic grantmaking, however; they understand there are always tradeoffs in ranking priorities.
- While Commissions have to be prudent with (declining) public dollars, being too risk adverse can sometimes stifle creativity and progress.
- Be thinking about what information you want to learn from the things you decide to fund. Are the ideas ones you can take to scale? Assuming there is a solid evaluation plan in place, what can the results (lessons learned) contribute to?
- How important is sustainability to the strategies you will fund? Are your dollars intended to kick-start new programs or those that will continue forward with non-First 5 Madera funding? Do you expect to always need to fund some organizations with operational support into perpetuity (i.e., they cannot exist without your same level of support)?
- Reaching out to families who may have more means than others but still struggle with issues like child discipline and developmental delays and experience significant difficulty finding resources has merit if First 5 Madera wants to be considered a program “for all 0-5 families.” Doing so recognizes the Commission’s commitment to promoting a culture of diversity, equity and inclusion in advancing its mission to support programs where all Madera County children thrive.

## KEY INFORMANT INTERVIEWS

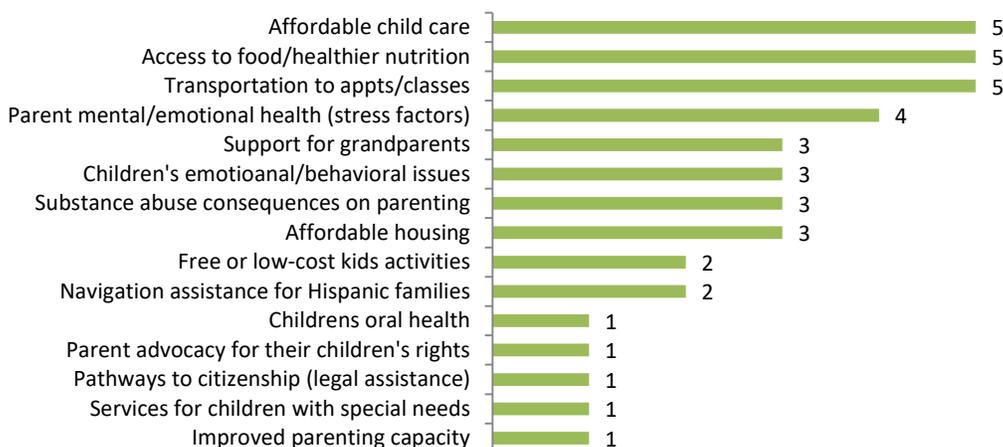
*“We’re seeing 2 or 3 families living together now because they lost their housing.”  
– Key Informant Interviewee*

Key Informants’ views about community needs, barriers, opportunities and recommendations are described below. Their input about First 5 as an organization is summarized in the SWOT chart.

### Gaps and Highest Needs

Reminded about First 5’s Result Areas, the Key Informants were asked to “think more broadly than only your professional position” and identify the most pressing problems facing Madera County’s 0-5 children and their families. As Figure 1 shows, the lack of affordable child care—especially for age 0-2 and single parents—basic food and healthy diets, and transportation (each cited by 30% of the interviewees) topped the list. Access to affordable food was said to be “*unavailable for many families*” despite the agricultural abundance of the Central Valley; relatedly, the lack of families’ knowledge about healthy food choices and meal preparation was specifically mentioned by 3 individuals. Transportation—especially for families in North Fork and Oakhurst—was said to “*come up in all conversations,*” with many families (primarily in Madera) walking to appointments, shopping, etc.

**Figure 1. Highest Needs Identified by Key Informants for 0-5 Children and Families, by Frequency of Mention (n=19)**



\* In order of frequency of mention.

\*Interviewees could identify more than one issue.

Depression, higher levels of anxiety, relationship difficulties—some of it fueled by substance abuse—was recognized to be a chronic problem without enough delivery system capacity to address it. Factors included long waits for mental health appointments, lack of insurance coverage (or, when covered, limited scope of benefits and high copayments), and inconvenient service hours. The subset of children’s behavioral/emotional health was also called out with young children not knowing how to behave (i.e., self-regulate) in a classroom because so many missed months/years of attendance due to COVID, and children reacting to parents’ instability cited as some of the evidence.

Interestingly, only one key informant explicitly mentioned poor parenting/lack of parent engagement and the impact on children. However, the concern was clearly implied in conversations with 3 of the interviewees who talked about the increasing need to provide more direct support of grandparents because so many are raising their grandchildren because of situations like family dysfunction (and child removal), loss of housing, or limited child care options for single parents.

Although not a specific problem First 5 was thought to be able to solve, 3 individuals highlighted the need for more affordable, safe housing and the impact homelessness has had on families in the county—exacerbated in part by COVID.

Additional insightful comments about needs that First 5 should consider included the following:

- *“Low-wage working families are having such challenges; they never seem to be able to get ahead, despite some working more than one job.”*
- *“COVID raised the curtain on families’ inability to cope and try to adapt to change; we’re really just coming out of it.”*
- *“We really need to pay more attention to father involvement; we definitely don’t do enough here.”*
- *“We seem to focus well on Hispanic families—they are a large part of our demographic—but don’t reach out to other cultural groups too, like Punjabi.”*
- *“We have clearly not captured identifying the challenges of family mental health properly.”*
- *“Grandparents are so beyond needing support. They don’t feel they have the skill set to deal with these kids’ aggressive behaviors; these are new challenges for them, and in some cases it’s costing them [the seniors’] their own health.”*
- *“We’re not seeing very many kids [with their mothers] in the shelters anymore; they’re with their grandparents, and the mothers are in the shelters.”*

## **Suggested Strategies**

Challenged with making suggestions for strategies they thought First 5 should support in the new strategic plan to effectively address the gaps and needs they had identified, the Key Informants offered opinions about high impact programs and services. They were asked to make these funding recommendations in light of where other monies are currently available or expected to be—to the extent they were aware—in order to reduce the potential for duplication, and in recognition of First 5’s declining funds.

About half of the individuals commented on the value of supporting *both* Family Resource Centers, with a couple of people suggesting opening another FRC to bring services closer to where families live, particularly the outlying communities of Oakhurst/North Fork.

Similar to the First 5 staff and Commissioners, several of the Key Informants viewed home visitation as a “high return practice,” and suggested that strategy should be incorporated into the FRCs or other types of grants. A majority of the interviewees who expressed concerns about “poor parenting” wanted to see parenting classes offered at times that were more convenient for working parents, e.g., Saturday

mornings, evenings, virtual, and for all parents (especially new ones) besides those who are mandated to attend. Another suggested incorporating the well-regarded program “Protective Factors” in all of the parenting classes/activities First 5 supports, while another person said “bring more innovation to the trainings.” Supporting “parenting” classes specifically aimed at grandparents/other relatives raising young children was recommended by at least 3 of the interviewees.

Beyond helping to link more families to the Food Bank or other ways of accessing food, nutrition education (either as a stand-alone or as a part of parenting activities) was identified as necessary for addressing the “*poor eating habits in so many families*,” which one said had consequences ranging from poor oral health to obesity to risk of diabetes to failure to learn well in school.

Activities that promote family strengthening—art, music, dance, sports—were viewed as a legitimate use of First 5 funds, but should be more accessible to working families, e.g., evenings and weekends. (The challenges of families who work the long hours in agriculture were recognized.)

Another common suggestion was supporting more early screening and identification, with supportive services like navigation and transportation vouchers for parents/caregivers who encounter barriers and fail to follow through with referrals or keep appointments.

### Partnerships and Collaborative Relationships

The Key informants were generally positive when giving examples of First 5’s collaboration with community partners and “*always being at the table*” (no one thought the Commission should shift from grantmaking to assume a larger role in convening). There were a few interviewee comments, however, that would be helpful to think about when drafting the strategic plan:

- *“First 5 doesn’t always recognize partners’ expertise, especially in the health arena; they should take more advantage of this as their experience is predominantly in child development.”*
- *“They need to go wider with collaboration, for example Probation, especially for smoother referral handoffs if we want to build a stronger community.”*
- *“First 5 hasn’t really capitalized on the relationship with the Chowchilla School District.”*
- *“There’s no presence of Valley Children’s here [in Madera County]; they could be brought into a lot more of First 5’s work.”*
- *“I think there’s opportunity for them [First 5] to connect with faith-based organizations and cultural centers—outreach to their members, engage them in the mission.”*
- *“First 5 collaborates with ‘the big’ County agencies like Public Health and Mental Health, but they need to have a closer relationship when it comes to seeing that people actually follow through with the referrals, not just tell them ‘go to Public Health for such and such services.’”*
- *“I don’t know what their staff capacity is, but if they could set up a booth at more community places/events more people would know what they actually are about and do.”*

The Key Informants’ organizational perspectives about First 5 and future outlook forecasts are described in the SWOT chart below. You will notice a number of similar themes to those conveyed by the Commission interviewees.

## Key Informant/Grantee-Identified SWOTs (external input)

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>▪ Good partnerships (“<i>even if they can’t fund something</i>”)/strong relationships with other agencies</li> <li>▪ Viewed in the county as the go-to organization for children 0-5 issues</li> <li>▪ Strong, capable leadership</li> <li>▪ Responsive to community needs</li> <li>▪ Knowledgeable staff</li> <li>▪ Engages and promotes <i>parent</i> involvement, “not just kid focused”</li> <li>▪ Increasing recognition of the need for more father involvement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low visibility/not enough people know what First 5 resources are offered/no clear understanding, especially in mountain communities (suggested: “<i>develop and distribute a resource list through partner agencies</i>”)</li> <li>▪ Inability to be inclusive [in FRC programs] to children with special needs/issues</li> <li>▪ Responses to emails or communicating organizational changes (e.g., staffing changes) not always timely</li> <li>▪ Attention needed on other cultures besides Hispanic, e.g., Punjabi</li> <li>▪ Staff lack of unfamiliarity with mountain communities = cultural sensitivity in some cases</li> <li>▪ A little inflexible about how grant monies can be spent re. operational costs</li> <li>▪ Minimize possible duplication with others (e.g., schools’ programs for kindergarten readiness) to better prioritize the use of First 5 funds</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>▪ CalAIM funds, e.g., potential to address more mental health needs</li> <li>▪ Live Well Madera plans are in place, and the data should increase community awareness of needs/concerns</li> <li>▪ Lots of development that had been on hold for years now moving ahead, e.g., housing development; business development such as Autozone that will create jobs and new casino = more tourist dollars</li> <li>▪ More awareness of the benefits of a plant-based diet = healthier eating choices?</li> <li>▪ Technology advances offers additional ways to staying connected with families/delivering services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decreased funding for First 5</li> <li>▪ High cost of living “<i>with no end in sight</i> “/”the new norm” = unaffordable housing, unaffordable groceries, decrease in charitable giving</li> <li>▪ Educational system poorly prepared to deal with increasing number of kids with self-regulatory problems</li> <li>▪ Schools are at maximum capacity (will there be funds for growth?)</li> <li>▪ Climate change, i.e., fires and snow, impacts mountain communities’ safety and ability to participate</li> <li>▪ More people with addiction = more family dysfunction (“<i>tougher to serve</i>”), e.g., increasing domestic violence cases dur to increased opiod/ phentynol use</li> <li>▪ Impact unknown to closure of local hospital</li> <li>▪ Harmful effects of social media on people’s communication skills/social skills</li> </ul>

# PARENT INPUT (FOCUS GROUPS & SURVEY)

*“I stopped going to well-child exams because they kept bugging me to have my kids immunized—but I refuse all immunizations.” – Parent Focus Group Participant*

## INTRODUCTION

The English/Spanish Parent Survey was distributed at community sites by First 5 and its partner agencies, and an online option was available and promoted via social media. In addition, 7 parent focus groups (“listening and learning sessions”), in which 63 parents participated, were held in various locations in the county to increase the Commission’s understanding. The results below are a combination of these sources—many suggestive of the types of strategies the Commission may wish to support over the next 5 years.

## RESULTS

### Survey Sample

The survey yielded 358 responses: 78.5% returned in hard copy and 21.5% online (Figure 2); 38.4% of the surveys were completed in English and 61.1% in Spanish (Figure 3). About the same proportion of the respondents, 42.0% and 49.3%, respectively, were ages 21-34 and ages 35+, while close to 9% of them were ages 15-20 (Figure 4). The surveyed parents generally reflect parents in Madera County with the possible exception of the mountain communities; while we cannot know where the parents taking the online survey live, the participation in Eastern Madera County responding via hard copy was disappointingly low.

Figure 2. Survey Method Responses (n=358)

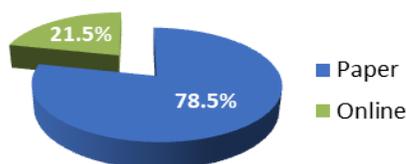


Figure 3. Survey Language Type (n=358)

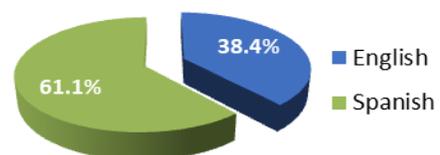
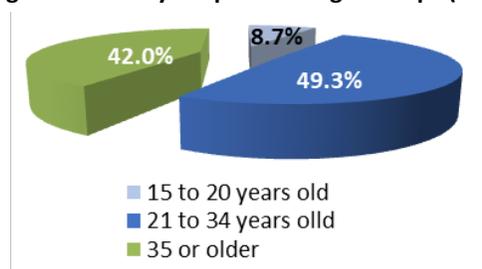


Figure 4. Survey Respondent Age Groups (n=345)



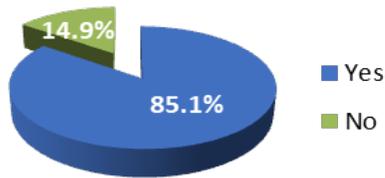
### Access to Health Services

Access to preventive health services is one of the Commission’s desired result areas, with use of oral health services being a general marker for access. Close to 90% of the parents said their child age 1-17 had a regular source of dental care; of those respondents, 85.1% reported their child had had a dental visit in the last 6 months (Figure 5), nearly the same percentage shown in the Data Dashboard

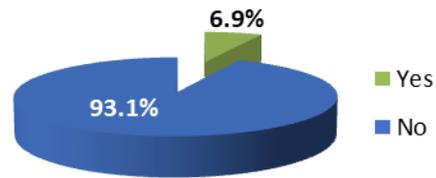
in this report. Not all parents are aware of “First Tooth/First Birthday,” however, when it comes to the recommendation for a first dental visit. Collectively, only about half of the focus group parents could answer this question correctly (not asked in the survey).

Despite access through Medi-Cal enrollment for many of these families, a small proportion, 6.9%, of the parents/caregivers reported not being able to get or delayed getting necessary health care for their child in the last year (Figure 6). The main reasons provided by the few respondents who described barriers were problems finding a Medi-Cal dentist who would see very young children, Medi-Cal scope of services not covering the issue (or misunderstanding that), and loss of employment-based insurance.

**Figure 5. Children with a Dental Visit in the Last Six Months (n=342)**



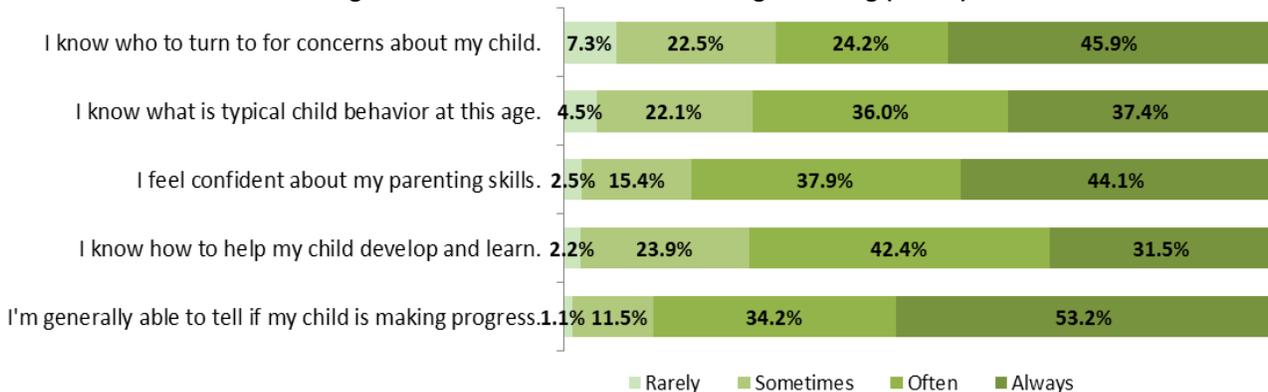
**Figure 6. Parents Unable to Get Necessary Health Care for Child in the Last Year (n=349)**



## Parenting

Overall, the respondents expressed having a good deal of confidence about important aspects of parenting, possibly due in part to having participated in First 5 parenting classes. The area where they felt most self-assurance was in their ability to tell if their child was making progress in growth and development (Figure 7). They expressed a little more doubt when it came to knowing what usual child behavioral issues are; 4.5% reported they “rarely” knew about it. It is also noteworthy that close to one-third (30.8%) said they “rarely” or only “sometimes” knew who to turn to for concerns about their child.

**Figure 7. Parent Confidence Concerning Parenting (n=357)**

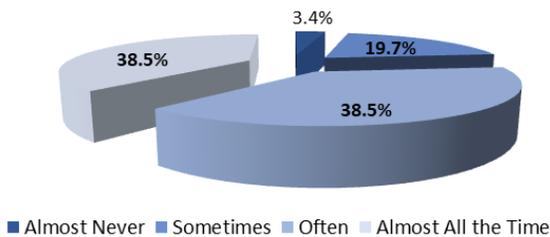


To further learn how confident Madera County parents said they felt when dealing with children’s behavior—and seeing what they said about having someone to talk to when they were worried about their child—the survey included specific questions about those two issues. As Figure 8 on the next

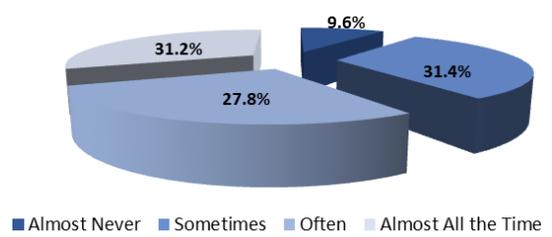
\* Lack of information and/or confidence about understanding what comprises typical children’s behavior is a very common finding in all of our parent surveys.

page shows, three-quarters (76.9%) of the parents felt they were “often” or “almost all the time” able to *deal with* their child’s emotions/behaviors (about the same proportion who, above, said they *knew* what typical child behavior was). While this is of course positive, the other responses show one-quarter (23.1%) of the parents—the group to be most concerned about—do not have this same level of ability. Parental worry about children is normal; excessive or constant worry isn’t. Having a trusted source—family member, friend, clergy, teacher, doctor—to talk with is important and can lower anxiety. While many parents (58.9%) generally had someone they could speak with when worried about their child, 41.1% only “sometimes” or “almost never did”—possibly suggesting certain strategic plan strategies.

**Figure 8. Parent Ability to Deal with Child’s Emotions/Behaviors (n=351)**



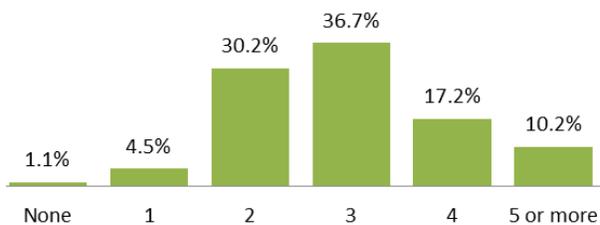
**Figure 9. Parents with Someone to Talk to When Worried about Their Child (n=353)**



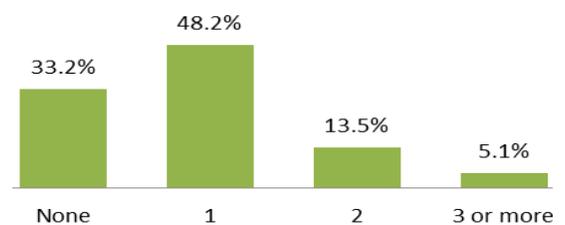
### Healthy Behaviors

The families reported a mix of healthy nutritional behaviors. Despite the agricultural abundance of the Central Valley, the average number of fresh fruit and vegetables children were served in a typical day among the surveyed parents was much lower than for all Madera County children, with only 10.2% receiving the recommended “5 a day” (75.0% countywide, according to CHIS data), clearly suggesting an access issue or general lack of knowledge. Nearly half (48.2%) of the parents said their children drank at least one soda or sweetened beverage daily, with 18.6% drinking 2-3 or more (Figure 10)—a significant risk factor for children’s dental decay.

**Figure 10. Families’ Nutrition Practices for Their Child in a Typical Day:**  
Servings of Fresh Fruit or Vegetables (n=354)



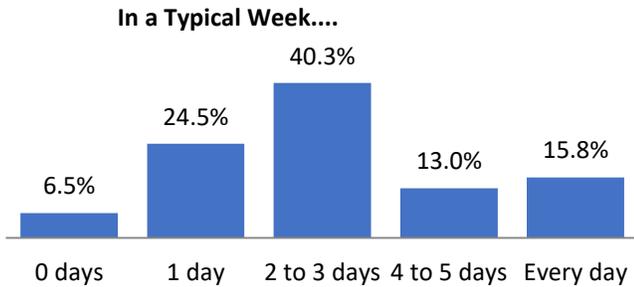
**Number Sodas or Sweetened Drinks (n=355)**



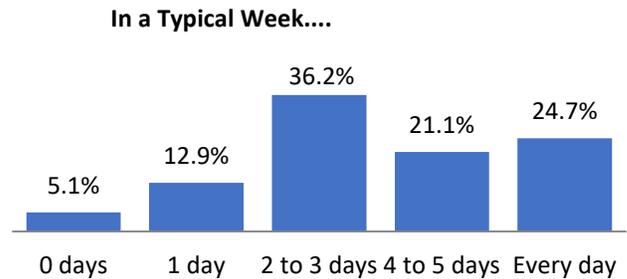
### Enrichments or Detractions from Early Learning

Research is very clear that reading to a child promotes brain development. Close to 16% of the parents reported they read stories aloud with their child every day, and a similar proportion, 13%, reported doing so 4-5 times in a typical week (Figure 11); an even higher proportion count numbers or practice the alphabet with their child this often (Figure 12). However, 6.5% and 5.1%, respectively, said they never engaged in either activity with their child.

**Figure 11. Number of Days Parent Reads Stories Aloud with Child (n=355)**



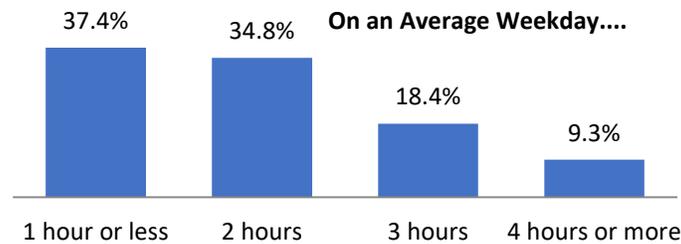
**Figure 12. Number of days Parent Counts Numbers or Says Alphabet with Child (n=356)**



Screen time is “an inescapable reality of modern childhood.” Nationally, 47.5% of children aged 2–5 years spend more than 2 hours a day watching TV, while for those ages 12-17 the figure is 80.2%. Added together, all types of screen time can total 5 to 7 hours a day.<sup>56</sup>

On average, the study most quoted (now 10 years old) shows that children ages 2-5 spend 32 hours a week in front of a TV—watching television, DVDs, DVR and videos, and using a game console.<sup>57</sup> Children in the surveyed families *may* watch TV less often than other children may, according to these parents’ responses. Just over one-third (37.4%) reported 1 hour or less in a typical weekday, and 34.87% reported 2 hours (Figure 13).

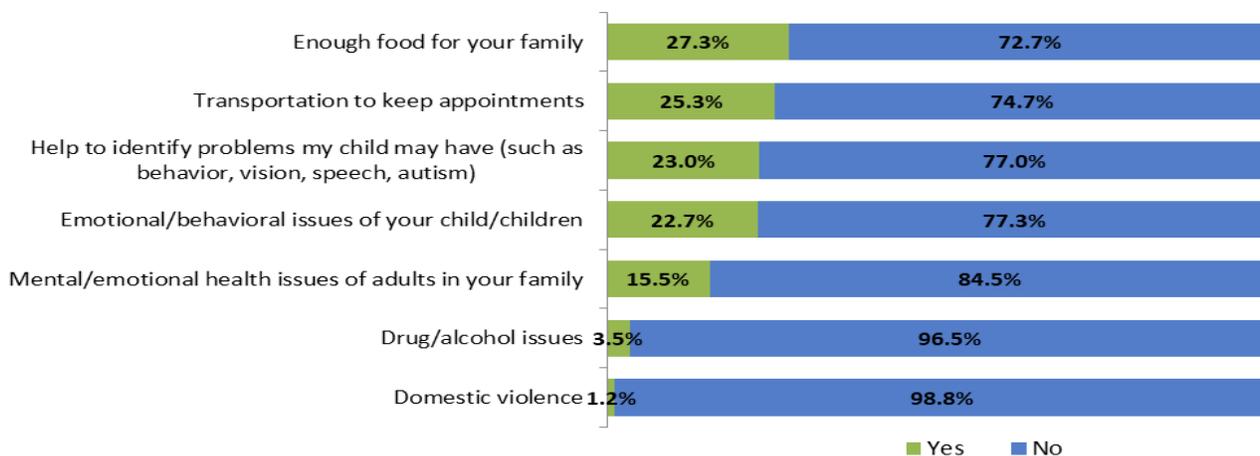
**Figure 13. Children’s Screen Time per Day, all Sources (n=353)**



### Parents’ Highest Concerns and Needs

The survey respondents were asked to think about the needs of their family and then mark which of 7 issues families often worry about were worrisome for them. As Figure 14 on the next page indicates, concerns about having enough food received the most “yes” responses, reported by 27.3% of the respondents, followed closely by transportation to keep appointments, and the need for help in identifying problems such as behavior, vision, speech, autism. Substance abuse and domestic violence were relatively less of a worry for these parents (though concerns about these two issues belie the statistics of other Madera County needs assessments).

**Figure 14. Issues Parents Worry About the Most (n=343)**



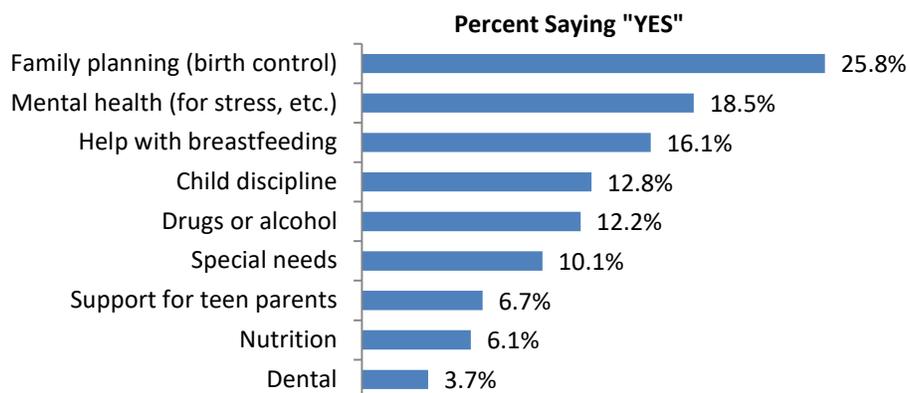
### Community Resource Needs

Parents were asked to identify needs for information or services they wanted help with *but could not find* in the areas of Health and Development and Early Care and Education and Other Family Resources. *It is notable that the vast majority of parents reported needing no help for any of the issues asked about in this section of the survey.*

#### Health and Development

By a relatively large margin, parents most frequently wanted, or needed help for their family but could not find information and services related to family planning/birth control (reported by 25.8% of respondents).<sup>\*</sup> One respondent explained in the comment section that the need was specifically “for men.” This was followed by the need for mental health resources and help with breastfeeding. Nutrition and Dental-related needs were also concerns but to a lesser degree (Figure 15).

**Figure 15. Needs Related to Health and Development (n=329)**

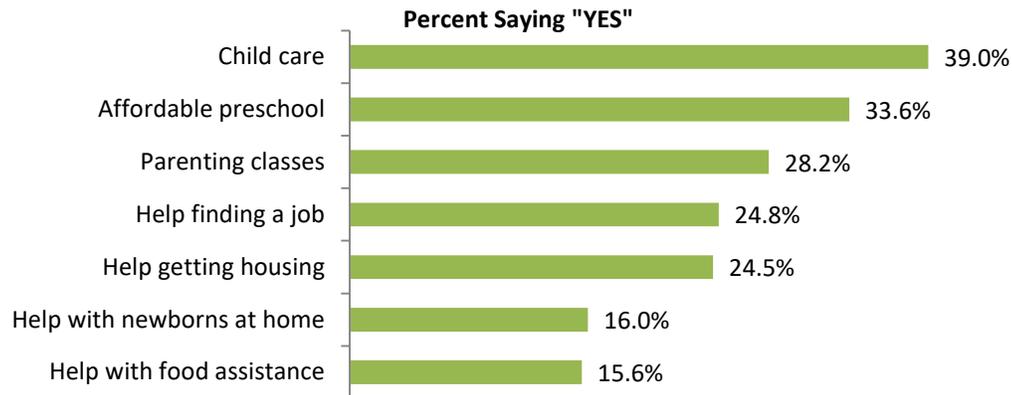


<sup>\*</sup> This is a relatively unique response among these Madera County parents compared to all of the other parent surveys we have conducted, and suggests there may be inadequate awareness or access issues to these services in Madera County.

## Early Care and Education and Other Resources for Families

Needing help and not finding resources for child care (39.0%), affordable preschool (33.6%) and parenting classes (28.2%) received the highest proportion of affirmative responses for the items shown in Figure 16. The focus group participants echoed these same needs. Practical matters such as infant care and help with food assistance seemed to be less of a concern.

Figure 16. Needs Related to Early Care and Education and Other Resources for Families (n=325)



A handful of parents, 10 of them, wrote in “Other” needs/suggestions that were not on either list. In order of mention, these included:

- More activities for children/families such as:
  - *“Free indoor activities for young children (ages 0-12) during the summer months”*
  - *“We usually head over to Fresno for indoor play. Madera doesn’t have too many parks with water features that can be turned on for the summer. Rotary Park has it but the water isn’t turned on.”*
  - *“A splash and play park would be a great resource to have in our community during the hot summer months. How can we all help to make this a possibility in the near future?”*
  - *“More things for young children to do or go for fun”*
- Access to free early learning materials
- Help to get a higher paying job to support my children
- Affordable housing
- Services for speech problems
- *“Work to bring various identity groups together. The gathering allows all to 'know' others in our community”*
- *“Offer classes for families to address financial literacy, immigration, and other education needs”*

# APPENDICES



## ACKNOWLEDGEMENTS

*(In alphabetical order by first name)*

Individuals	Affiliation/Organization
<b>First 5 Commissioners</b>	
Aftab Naz, MD	Community Representative, Pediatrician
Cecilia Massetti, EdD	Madera County Superintendent of Schools
Deborah Martinez	Madera County Department of Social Services
Diana Saenz	Community Representative, City of Chowchilla
Karen Wynn, PhD	Community Representative, Eastern Madera County
Leticia Gonzalez	Madera County Board of Supervisors
Linda Bresee	Community Representative
Sara Bosse	Madera County Department of Public Health
<b>First 5 Staff</b>	
Anali Manzano	Operations Officer
Diane Sandoval	Special Projects Manager
Erika Wright	Madera FRC Director
Helen Bonilla	Early Learning Facilitator
Monica Ramirez	Executive Director
Patricia Vega	Administrative Officer
Yosimi Santoyo	Chowchilla FRC Director
<b>Consultants</b>	
Barbara Aved, PhD	Barbara Aved Associates



## COMMUNITY INPUT

### Key Informant Interviews

*(In alphabetical order by first name)*

Individual	Affiliation/Organization
Abigail Morales	Madera County Office of Superintendent (MCSOS)
Bryndahl Childers	California Health Collaborative
Carmina Ramos	Court Appointed Special Advocates (CASA)
Eric Griffin	Chowchilla Elementary Unified School District
Jeanmarie Caris-McManus	Westside Family Preservation Services Network
Lisa Parker	Native Solutions/Family Guidance Centers
Lynda Belamontez	Madera Rescue Mission
Maritza Gomez	Community Action Partnership of Madera County
Maru Sanchez	Community Action Partnership of Madera County
Nancy Peters	Westside Family Preservation Services Network
Nathalie Gomez	Local Child Care Planning Council
Olga Saucedo-Garcia	City of Madera Parks & Community Services
Orianna Walker	Picayune Rancheria of the Chukchansi Indians
Ryan McWherter	Madera County Food Bank
Sarait Martinez	Centro Binational para el Desarrollo Indigena Oaxaqueno
Sylvia Stratford	Madera County Department of Public Health
Tina Najarian	Madera Unified School District
Veronica Cortez	Exceptional Parents Unlimited
Yvette Herrera	Madera County Library

### Parent Focus Group Hosts/Sites

*(In appreciation to the following)*

Event	Sponsoring Organization
Summer Jam	First 5 Madera County
Preschool parent information meeting	Madera Unified School District
Parent Story Time	Madera Library
Pre-K University	First 5 Madera County
Preschool parent meeting	Washington Elementary School
Parent Story Time/parent general meeting	Chowchilla Library
Parent Story Time/parent general meeting	Oakhurst Library

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