

Condition of Early Childhood 2019



CONDITION OF EARLY CHILDHOOD

According to the Harvard Center on the Developing Child, early experiences shape developing brain architecture which provides the foundation for future learning, behavior, and health.

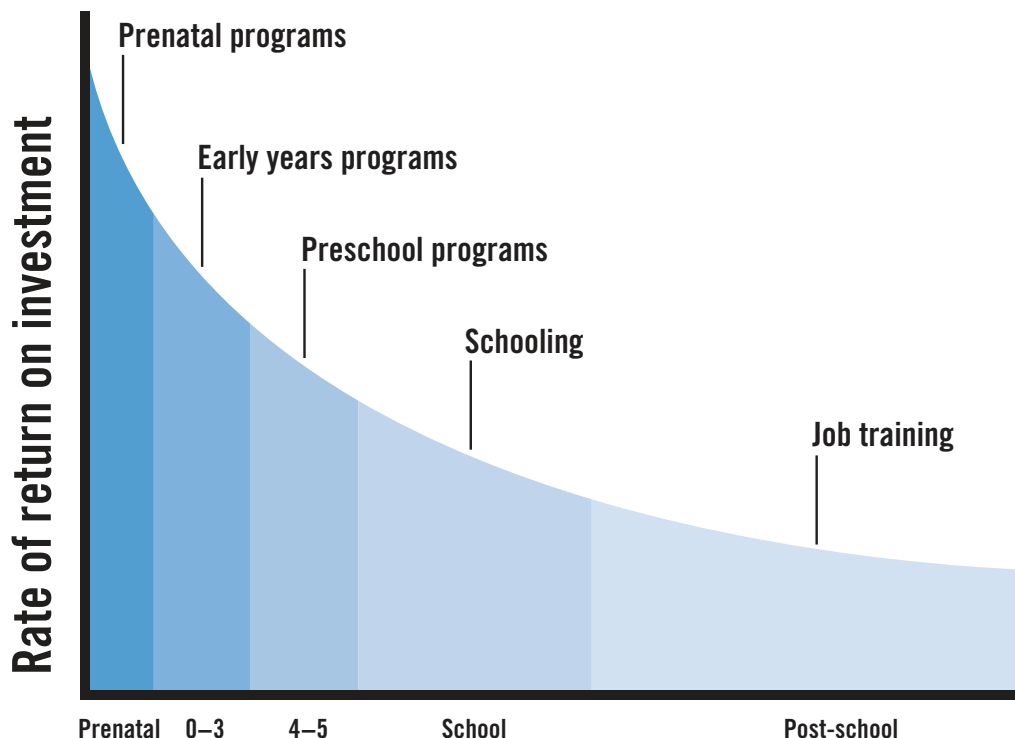
Research indicates that 85% of brain development occurs before age five.¹ Positively influencing a child's development during these formative years has a life-long impact. However, only 14% of money for public education is invested into these early years.

Not every child receives the same opportunities for a healthy beginning. Limited parenting skills, the stress of a single-parent household, or financial instability may impact a parent's ability to focus

on a child's development. By age two, low income children are already behind their peers in listening, counting, and other skills essential to literacy.² This will impact the child's ability to enter kindergarten on level terms with their peers and kindergarten can be a predictor for life-long reading achievement. In fact, 88% of children having difficulty learning to read in kindergarten will still have trouble in third grade.³

Access to assistance and supports in the form of quality child care, healthy learning environments, skills building, and financial assistance helps to level the field. Dr. James Heckman, a Nobel laureate in economics, states that every dollar invested in a high quality early childhood program yields a 13% return on investment in individual and societal benefits.⁴

Figure 1: Return on Investment



Source: James Heckman, Nobel laureate in Economics

Figure 2: Linn County Demographics

	Linn County 2010	Linn County 2017	Iowa 2017
Population	211,226 ¹	220,008 ²	3,118,102 ²
Non-white population	19,342 ¹ 9%	24,542 ² 11%	293,905 ² 9%
Children < age 6	17,071 ³ 8%	16,910 ³ 8%	237,176 ³ 8%

Sources:

¹ U.S. Census Bureau. Decennial Census. (2010) Table DP-1

² U.S. Census Bureau. American Community Survey 5-Year Estimate. (2017) Table DP05

³ U.S. Census Bureau. American Community Survey 5-Year Estimate. (2010, 2017) Table S0901

Linn County is the second most populous county in Iowa after Polk and followed by Scott and Johnson. It is growing faster than the state and all neighboring counties with the exception of Johnson. A shift in demographics is occurring, however. While approximately 96% of the population over 55 is white throughout Iowa and Linn County, approximately 22% of the population under age five is non-white.⁵ In Linn County, between 2013 and 2017, the black population under age 18 increased moderately while the white population under 18 decreased slightly.⁶ As the population continues to diversify, our children are on the leading edge of that change.

Figure 3: Child & Family Economic Well-Being

	Linn County 2010	Linn County 2017	Iowa 2017
Median household income	\$53,674 ¹	\$62,702 ¹	\$56,570 ¹
Families below poverty with child(ren) < age 5	14% ¹	10% ¹	14% ¹
Single parent families with child(ren) < age 6*	27% ²	25% ²	26% ²

Sources:

¹ U.S. Census Bureau. American Community Survey 5-Year Estimate. (2017) Table DP03

² U.S. Census Bureau. American Community Survey 5-Year Estimate. (2017) Table B09002

*Of families with children < age 6

Linn County has shown good growth in median household income and a reduction in the percentage of families with young children in poverty. However, significant disparities in income persist for black and female headed households. Median incomes for these households are below \$40,000 while median incomes for white and married households are above \$60,000.⁷

There are 47,807 families in Linn County with own children under age 18. Almost one third (32%) of those families have at least one child under age six. Further, one quarter of those families with a child under age six are headed by a single parent. Almost twice as many single parent homes are headed by females than males.⁸ Seventy-four percent (74%) of Linn County families with children under age six have both parents or the only parent in the labor force.⁹

The United Ways of Iowa ALICE Report focuses on households that are Asset-Limited Income-Constrained Employed. These households earn more than the federal poverty level but struggle to afford basic necessities. The 2018 ALICE Report found that, in Linn County, 10% of households live below poverty with an additional 20% unable to meet a household survival budget.

Figure 4: Child & Family School Readiness

	Linn County 2010	Linn County 2017	Iowa 2017
Children 3-4 years old in any type of school⁴	51% ¹	52% ¹	48% ¹
4th graders proficient in reading⁵	82% ²	75% ²	75% ²

Sources:

¹ U.S. Census Bureau. American Community Survey 5-Year Estimate. (2017) Table S1401

² Kids Count Data Center. (2010, 2017) Student Reading Test Scores – 4th Grade in Linn, Iowa

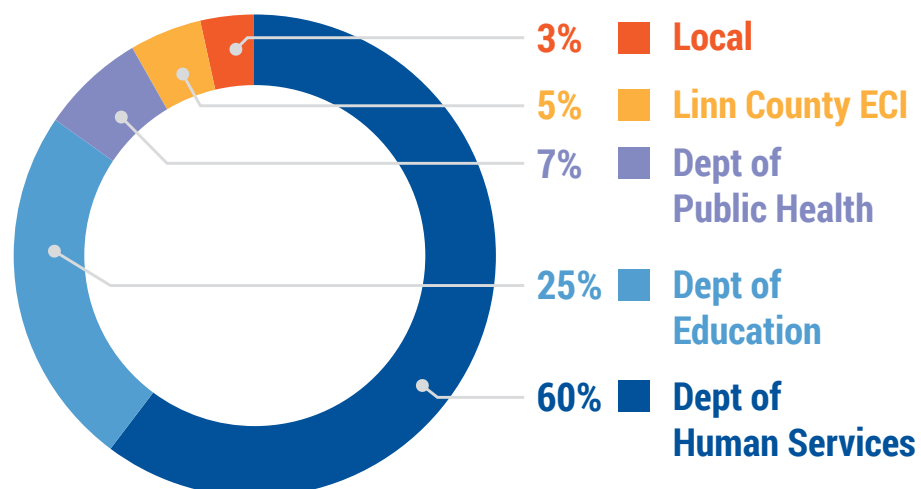
The July 2019 Child Care Resource and Referral Report shows 13,216 listed child care spaces in Linn County provided by a mix of homes, preschools, and centers. Eighty six percent (86%) of these spaces are in center based programs. Public schools in Linn County are the largest providers of the Iowa Voluntary Preschool Program for four year olds. All Linn County school districts offer this free part-day preschool service.

In Linn County, 69% of kindergarteners passed the literacy assessment heading into the 2017 school year. That is a slight advantage over the total state rate of 68%.¹⁰ Overall, Linn County matched Iowa in 4th grade reading proficiency at 75% in 2017. Throughout the county, however, proficiency ranged from a high of 93% in Mount Vernon Community School District to a low of 64% in North Linn Community School District. Rates were also lower for children of low socio-economic status and African-American students.¹¹

Fiscal Assessment

The current estimated total annual amount of funding allocated to programs impacting families in our community is \$28 million. Support came from an even distribution of funds from federal programs, state programs, and a blend of both. Within those groups, the Department of Human Services provided the most with \$16.7 million (60%). United Way of East Central Iowa (UWECI) almost entirely makes up the 3% of local funding with over \$750,000 allocated to all three core services. As well, Linn County ECI contributes over \$1.5 million (5% of overall funding).

**Figure 5:
Percentage of
Funding by Source**



Child & Maternal Health

Strengths

Most children have healthcare insurance

- 2% of children in Linn County, under age six, are uninsured. This rate is better than the state and nation.¹²

Access to child and maternal healthcare providers

- Low income families are served by two free clinics, a federally qualified health center, Linn County Public Health, Family & Community Health Alliance sites, and WIC clinics.

Awareness of the social determinants of health

- Social determinants of health are the conditions in which people are born, grow, live, work, and age. They are responsible for most health inequities and are comprised of complex factors that impact health such as education level, gender, housing, social norms, and neighborhood environment.¹³
- Linn County Public Health identified key areas that contribute to social determinants of health and aligned community goals to address them.¹⁴
 - Increase access to affordable and safe housing.
 - Increase access to healthcare and resources for vulnerable populations.
 - Decrease the number of children with Adverse Childhood Experiences (ACE).

Care coordination models are in place

- My Care Community is a partnership among 21 local healthcare providers, social service agencies, and county departments developed to streamline patient access to services. Under this system, Cedar Rapids care providers and patients have a direct referral path to multiple services such as mental health and transportation.
- Partners utilize a cloud-based system which provides common assessments, improved data collection, and simplified intake processes across agencies. This can help address the following:
 - Unstable or poor quality housing
 - Limited access to healthy food or reliable transportation
 - Limited ability to pay for services or prescriptions



Challenges

Disparities in healthcare outcomes

- Geography: The majority of healthcare services are located in the Cedar Rapids metro area which limits access for rural families and transportation is a barrier even for families that live in the city.
- Prenatal: Income, age, and race are contributors to accessing prenatal care in the first trimester.
 - 72% of Medicaid eligible women initiate prenatal care while 82% of non-Medicaid eligible women initiate prenatal care, in Iowa.¹⁵
 - 60% of African-American women and 69% of women under age 20 initiate prenatal care, in Linn County.¹⁶
- Obesity: Almost one third of kindergarteners in the Cedar Rapids Community School District are overweight or obese and of those, 20% live in neighborhoods with the highest percentage of households receiving food assistance.¹⁷
- Dental: Dental visits are not yet routine for Medicaid-enrolled children ages 0-3, in Iowa. A primary reason is the shortage of dentists that accept pregnant women and children with Medicaid as new patients.

Increased resources to serve limited English proficiency (LEP) families are needed

- Eastern Iowa Health Center (EIHC) serves 30-40% of the LEP families in Linn County. Interpreter and document translator services are needed most frequently for Swahili, French, and Kirundi speaking clients. Providers report taking 2-3 times longer to provide a needed service due to language and culture differences.¹⁸

Food insecurity remains a concern

- Food insecurity refers to a lack of access to enough food or uncertain availability of nutritionally adequate food.
 - 15% of Linn County children are food insecure.
 - 54% of those children are eligible for federal nutrition programs because their household income is at or below 185% federal poverty level.¹⁹
 - 50% of SNAP (formerly Food Stamps) users are single mother households and 75% are families of color.²⁰

Comprehensive mental health system is needed

- Poor maternal mental health may be a precursor to child abuse and neglect.²¹
 - 13% of Iowa mothers were diagnosed with postpartum depression in 2017.²²
 - 47% of Linn County mothers experienced at least 11 poor mental health days per month.²³
 - 57% of women, receiving service from EIHC, screened for moderate to severe post-partum depression also had anxiety.²⁴

Figure 6: Health Disparities Trends

	2015	2016	2017	2018
% Low birthweight babies in Linn County ¹	Overall: 6%	Black: 10% Hispanic: 6% White: 6%	Black: 10% Hispanic: 6% White: 7%	Not Available
% Children < age 5 participating in WIC ²	Not Available	Iowa: 26% Linn: 27%	Iowa 27% Linn: 29%	Iowa 26% Linn 28%
% Medicaid-enrolled children < age 3 receiving dental service ³	Iowa 35% Linn: 57%	Iowa: 34% Linn 52%	Iowa 35% Linn: 54%	Iowa 36% Linn 53%

Sources:

¹ www.countyhealthrankings.org/app/iowa/2019/rankings/linn/county/outcomes/overall/snapshot

² www.cfpciowa.org/en/data/kids_count/wic/

³ <https://tracking.idph.iowa.gov/Health/Oral-Health/Child-Dental-Services-Medicaid-Data>

Early Care & Education

Strengths

Growing awareness of child care as an essential work support

- The need for affordable and available child care is being promoted in several public policy agendas including: Iowa Women's Foundation, Child and Family Policy Center, Early Childhood Iowa, United Ways of Iowa, and the Cedar Rapids Metro Economic Alliance.
- Linn County ECI, the Cedar Rapids Metro Economic Alliance, and the Iowa Women's Foundation hosted two community child care solutions forums in August 2019. More than 70 participants identified solutions and defined their next steps to address local child care issues.
- To assist with the child care needs of working families, 67% of Early Head Start/Head Start slots are full day full year due to braided funding with Linn County ECI, SVPP, DHS, Shared Visions, and UWECL.

Cross sector collaborations promote kindergarten readiness

- In 2018, the Reading Into Success coalition surveyed 64 kindergarten teachers in the Cedar Rapids metro area to better understand the skills necessary for a successful start in school. Respondents agreed on ten skills and behaviors (the foundation for Ready10!), including: personal care, self regulation, and transition management. Schools, human services agencies, libraries, and others are planning year round activities to support families with school readiness.
- Ready10! materials are currently available to all early childhood partners in Linn County. These materials include: brochures, posters, and locally created books demonstrating skills for newborns, infants, toddlers, and preschoolers.

Access to specialized supports to serve children with behavioral and/or health concerns

- Child care providers can access on-site technical assistance at no or low cost from programs funded by Linn County ECI.
 - Child Care Alliance Response Team (CART): intensive support to child care providers to increase expertise in serving children with behavioral issues in order to reduce expulsions
 - Child Care Nurse Consultant: assistance to child care home and center providers regarding health and safety
 - Annual Mind of a Child Summit by Paces to Quality: DHS training hours are provided to attendees with a focus on infant and child mental health

Efforts to develop refugee child care businesses

- Catherine McAuley Center officials were recently awarded a \$159,196 grant from the U.S. Office of Refugee Resettlement. It will be used to help local refugees, living in the United States for five years or less, start child care businesses. In Linn and Johnson counties, 28 new child care spaces are projected in the first year and 144 by the third.



Challenges

Reduction in the availability of child care and quality rated providers

- In 2016, the Iowa Women's Foundation conducted 18 focus groups across the state. Participants named affordable, flexible, and quality child care as a top issue critical to the well-being of women and children.
- 7% of Linn County children are served by a provider with a Quality Rating System (QRS) of three or higher and only three child care centers and two child development homes are rated level five.
- The number of child care providers in Linn County listed with the Iowa Department of Human Services declined by 207 (43%) from Fiscal Year 2013 to 2019 which is comparable to the decline across the state.²⁵
- Infant care in Iowa requires a staff intensive ratio of 1:4 which makes this type of care expensive. The highest percentage of requests to Child Care Resource & Referral (CCR&R) is from parents seeking infant care, yet only 64% of child care providers accept infants in Linn County.²⁶
- Seven Linn County cities are classified child care deserts – Coggon, Ely, Fairfax, Palo, Springville, Walker, and Walford. These are locations where the number of licensed providers are not adequate for the number of children living in the census tract.²⁷

Quality child care costs more than college tuition

- Iowa is one of 33 states where the cost of infant care exceeds in-state tuition.
- A typical family in the state would have to spend 28% of its income on child care for an infant and four year old.²⁸
- Early Head Start/Head Start, Statewide Voluntary Preschool, and Shared Visions are provided without a fee to families but are part day (2-4 hours). Extended day care (> 8 hours), to match the needs of working families, is supported by braided funding from Linn County ECI, DHS, and other public funds but is most often paid out of pocket by families.

Decline in Child Care Assistance subsidy (CCA) participation

- 69% of Linn County child care providers accept children with CCA. This is the lowest rate in seven years.²⁹
- CCA rates are below market rate so it is not economically feasible for many providers to accept.
- Even with a rate increase in 2019, they are still below the average child care costs. The following reimbursement rates apply for five full days of infant and toddler care³⁰:
 - \$81.90 (unregistered child care home)
 - \$150 (child development home with a 5 QRS rating)
 - \$219 (child care center with a 5 QRS rating)

Early care is not treated as a valued profession

- Assistant teachers in early care and education programs earn \$8-\$9.94 per hour and lead teachers earn \$9-\$12 per hour.
- Only 6% of early care and education programs provide full health insurance coverage to full time employees.
- Annual turnover of child care staff is 27%.
- 48% of assistant teachers and 36% of lead teachers have a high school diploma or less.³¹

Figure 7: Child Care Provider Trends

	2015	2016	2017	2018
# Child care providers listed with Child Care Resource & Referral in Linn County ¹	386	362	320	293
# Evening child care providers in Linn County ²	28	Not Available	34	36
# Weekend child care providers in Linn County ²	18	Not Available	16	19
% Child care providers participating in Iowa Quality Rating System ¹	Not Available	Iowa: 23% Linn: 14%	Iowa: 24% Linn: 14%	Iowa: 25% Linn: 17%

Sources: ¹ Linn County Data Sheets <https://iowaccrr.org/data/> ² Data Inquiry Results. CCR&R

Family Support & Stability

Strengths

Evidence based and promising practice services and quality rated providers

- Iowa created a quality improvement process called the Iowa Support Credential. To achieve credentialing, programs utilize the Iowa Family Support Technical Assistance Network (IFSTAN) coordinated by Lutheran Services in Iowa (LSI) in partnership with Early Childhood Iowa and the Iowa Department of Public Health. Technical assistance and guidance are provided at no cost to assist in-home and group family support programs to earn the credential.
- Linn County ECI requires 100% of family support programs to earn the credential or be externally designated as Evidence Based or Promising Practice.

Free specialized supports for child behavior issues

- Teaching Interventions to Empower & Strengthen Families (TIES) is an intensive group based education program for parents and caregivers experiencing behavioral difficulties with children ages 18 months to five years old. Based on Tennessee's Regional Intervention Program (RIP), parents receive coaching and mentoring by trained TIES staff. There is no cost to families other than the commitment to help train new families that enroll. TIES is the only RIP replication site in Iowa and was brought to the community by Linn County Early Childhood Iowa.

Data helps us identify vulnerable neighborhoods

- The impacts of neighborhood disparities persist through life and are strongest for our youth. Neighborhoods with higher numbers of single parent families, higher percentages of rental housing, and lower levels of education result in disparate outcomes for residents.³²
- The Centers for Disease Control and Prevention determine a social vulnerability index (SVI) for every census tract by ranking them on 15 factors such as poverty, vehicle access, and crowded housing. A higher index score results in greater vulnerability. A list of the most vulnerable neighborhoods can be seen in the figure on the right.

ACEs resilience efforts

- In 2013, UWECL launched the Community Resilience Coalition (CRC) to help break the cycle of Adverse Childhood Experiences. The CRC creates opportunities to learn, identify trauma informed resources, and develop goals to lessen or prevent ACEs. This collaborative group is made up of representatives from multiple sectors including mental health, behavioral health, early childhood and school districts.
- The community has trainers that regularly present on ACE Interface, Lemonade for Life, Trauma Informed Care (101 and 102), and Mental Health First Aid. Often the trainings are available at low or no cost due to partnerships with funders including Linn County Decategorization and UWECL.

Figure 8: Neighborhoods with Highest Social Vulnerability Index (SVI)

Neighborhood	Children < age 5	SVI
Oakhill Jackson	109	98%
Westdale Area	555	93%
Taylor	264	87%
Kirkwood/Lincoln Way*	407	81%
Northwest Area	67	81%
Southwest Area	255	80%
Marion (Census Tract 3)	326	77%
Bertram (non-metro)*	217	79%

Source: Centers for Disease Control and Prevention. Social Vulnerability Index. (2014) State Database

*A youth residential treatment facility is located in this census tract.

Challenges

Disparities in family outcomes or indicators

- Of the households unable to meet a household survival budget established by the ALICE Iowa Report, 62% are black, 23% are white, 12% are Asian, and 3% identify as “other.”³³

Housing instability

- There are more than 1,100 families on the Section 8 waitlist. An additional 425 subsidized rental units are recommended by 2023.³⁴
- A Continuum of Care point-in-time survey conducted on February 6, 2019 found a total of 242 individuals, of which 46 (19%) were youth, served at local emergency shelters, transitional housing, or lived on the street.³⁵
- Nearly one in three renters in Linn County are housing cost burdened. This means they pay more than 30% of their monthly income on housing.³⁶

Child maltreatment rates increase

- The total number of confirmed Linn County abuse cases of children under age six increased by 102 cases from 2015-2018. Of all Linn County child abuse cases (< age 18), the majority (52%) continues to be children under age five. This is a smaller percentage than in 2017 but exceeds the state average of 47%. Fifty six percent (56%) of abuse cases are classified as “denial of critical care” which is defined as failure to provide adequate supervision, shelter, healthcare, emotional care, food, clothing, or other care necessary for child’s health and welfare.³⁷

The Cliff Effect

- This barrier occurs when a person headed toward economic stability earns a minor wage increase triggering a loss of benefits. These lost benefits can include assistance with child care, utilities, rent, or food along with Earned Income Tax Credit. Simply, the value gained in earnings is typically not enough to cover the value lost in benefits.

Collaborative Recommendations

Child & Maternal Health

Promote the importance of preventative early child health screens

- Execute a public awareness campaign that includes a focus on LEP families.
- Promote use of technology that provides free, high quality, and on-demand health information.
- Create inventory of early childhood screening services, include in Linn County Resource Guide, 211, and My Care Community.

Ensure accessible and culturally responsive child and maternal health services

- Identify transportation solutions.
- Enhance access to translators and interpreters and understanding of cultural norms.
- Sponsor annual screening events at times and locations convenient for at-risk families, including outside of Cedar Rapids.

Support early identification of maternal mental health and child behavioral concerns

- Create an inventory of local maternal health screening services to include in the Linn County Resource Guide, 2-1-1, and My Care Community.
- Encourage screens for maternal depression and anxiety in a variety of relevant settings not limited to physician appointments.
- Support the Linn County Mental Health Action Team efforts through increased community awareness and Access to mental health services as well as substance abuse and prevention services.

Increase access to oral health services for children under age three

- Execute a public awareness campaign that includes a focus on limited English proficiency families.
- Expand Cavity Free Iowa into Linn County.
- Incentivize dentists to serve pregnant women and young children that are on Medicaid.

Early Care & Education

Promote kindergarten readiness efforts to enhance school achievement

- Integrate use of Ready10! tools by parents and early childhood service providers.
- Increase trauma-informed environments and resources to improve outcomes for children and families.
- Ensure LEP families have access to high quality early care and education services.

Recruit new child care entrepreneurs and support existing quality child care professionals

- Provide free and accessible training for child care providers.
- Ensure economic development supports child care businesses similar to any other business.
- Increase focus on unmet needs of infant, 2nd and 3rd shift, and 24/7 care.

Assist child care providers to serve more children from at-risk families

- Advocate to increase the Child Care Assistance subsidy rate to current market rates.
- Reduce barriers such as transportation, interpreters/translators, and non-traditional hours of care.
- Ensure providers have access to specialized supports to serve children with behavioral and/or health concerns.

Increase community awareness of child care impact on workforce development and family success

- Educate multiple sectors of the community and partner with the Iowa Women's Foundation to host Community Child Care Solutions Teams in order to foster local dialogue and connections.
- Create a local leadership structure of businesses, economic development and planning departments, school districts, higher education administrators, civic groups, parents, and providers.
- Unite with other early childhood stakeholders and policy makers to promote a unified legislative agenda to address quality, availability, and cost of early care and education.

Family Support

Promote a unified policy agenda to address factors impacting family stability

- Convene stakeholders at state and local levels to collaborate and mobilize efforts addressing family stability.
- Identify policy changes to address the Cliff Effect, Child Care Assistance gaps, and minimum wage.
- Promote tax policies and initiatives, such as the Earned Income Tax Credit and Child Tax Credit, that support families and efforts to strengthen the ability of parents to improve economic well-being.

Reduce child maltreatment by targeting risk factors correlated with abuse and neglect

- Establish supports that meet at-risk families' basic needs such as housing, food, clothing, child care, and healthcare.
- Support community collaborations that provide pathways to educational attainment, higher paying jobs, access to critical work supports, and basic needs for at-risk families.
- Integrate informal supports into services such as personal interaction with family and friends.

Invest in two generation/whole family interventions

- Link high quality early care for children and skilled training for parents to further their economic potential.
- Ensure families have access to basic needs and supports to build stability.
- Build family connections to grow their protective network of peers, mentors, and career coaches.
- Promote access to care and responses to ACEs and toxic stress.

Promote care coordination efforts

- Promote the "no wrong door" model and champion family support provider involvement in My Care Community.
- Promote Community Partnerships for Protecting Children (CPPC) which ensures families and stakeholders from all sectors are engaged in the planning and implementation of prevention services.
- Encourage cross-sector coordination that addresses basic needs for everyone.

CITATIONS

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Please see the full Early Childhood Iowa Needs Assessment for a complete list of strengths, challenges, and collaborative recommendations for each core service.

