



2012



Sunny Start Community Survey





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Background

In 2004, Sunny Start conducted a series of community dialogues to gather input on the challenges that faced families of young children in Indiana. Fourteen sessions for families and providers were conducted in six cities.¹ One hundred seventy-five (175) individuals (32 families and 143 providers) participated in those dialogues. The information that was gathered through the dialogues was utilized to develop the Sunny Start strategic plan that has been guided activities since 2004.

In preparation for the development of a new strategic plan, the Sunny Start Evaluation Committee, supported by the Core Partners, initiated a new process for gathering input to assess the status of Indiana communities. In January 2012, Sunny Start released an electronic survey seeking input from families of young children birth to five and the community providers who serve those families. Rather than conduct a series of meetings across the state, the decision was made to utilize electronic distribution methods and social media outlets to both advertise the availability of the survey and to distribute the survey for completion. Table 1 identifies the distribution list for the survey. The survey was posted and available for completion for seven weeks from January through the middle of February.

Table1: 2012 Community Survey Distribution List

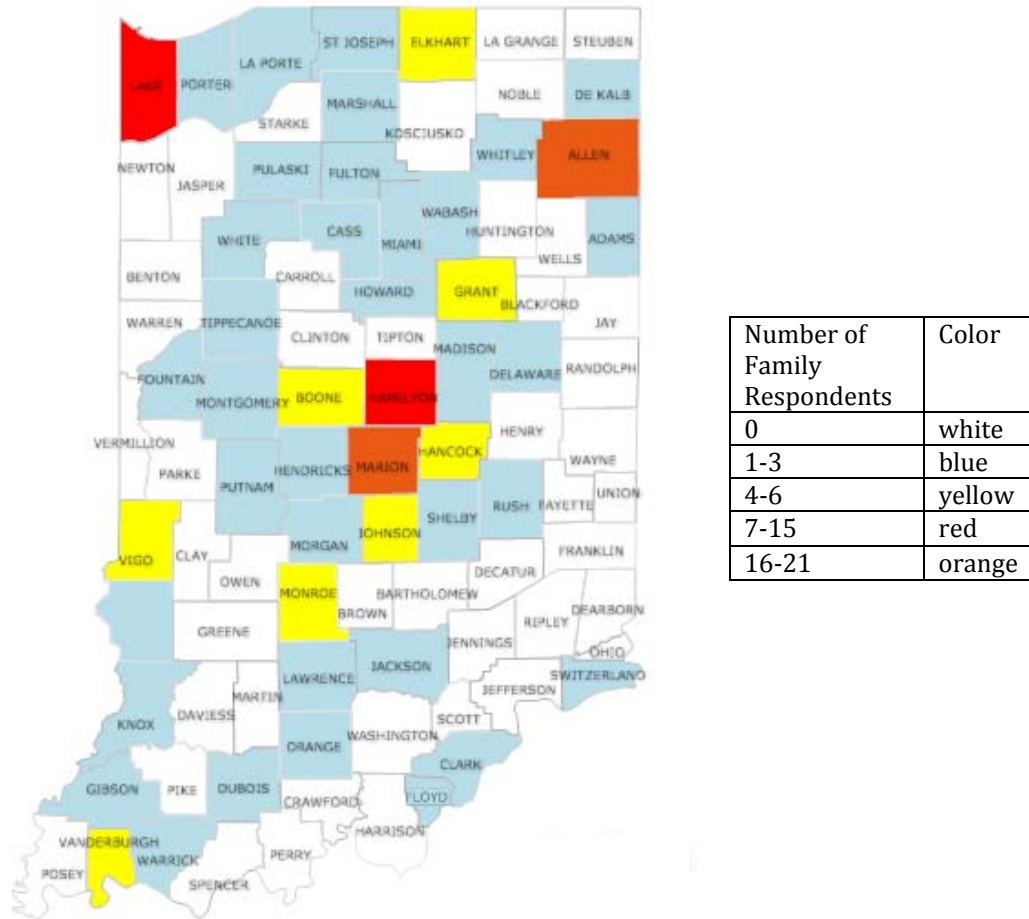
Sunny Start Core Partners	Healthy Families Local Contacts
All Sunny Start Committee Members	Child Care Resource and Referral Agencies
Past Sunny Start Committee Members	Early Head Start/Head Start Agencies
WIC Programs	Community Health Centers
Parenting Programs	Mothers of Preschoolers (MOPs) Programs
First Steps Clusters	Rural Health Clinics
Maternal and Child Health Clinics	MOM Group of Ft. Wayne
Indiana LaLeche Leagues (28)	Parent Teacher Organizations
Moms Clubs of Indiana	Facebook County Level Moms' Groups
Indiana Resource Center for Families with Special Needs (IN*Source)	Families United for Support and Encouragement (FUSE)
Family Voices Indiana	About Special Kids (ASK)
Speedway Support Group	Twitter
Café Mom Groups: Greenwood, Northwest Indiana, Indianapolis, South Bend/Mishawaka, Evansville, Ft. Wayne, Boone County, Valparaiso/Portage, and LaPorte	

¹ Gary, Ft. Wayne, Evansville, Indianapolis, South Bend and Jeffersonville

Demographics

The distribution of the survey resulted in 508 individual responses from 152 families (18%) and 356 community providers (70%). This compares to 18% families and 82% providers in 2004. Families responding to the survey represented forty-eight (48) Indiana counties. The table below shows the response rate for each county.

Table 2: Family County of Residence



Community providers were asked to identify the counties in which they provide services to families of young children. All ninety-two (92) counties were represented by survey respondents. Table 3 shows the number of provider respondents by county of service.

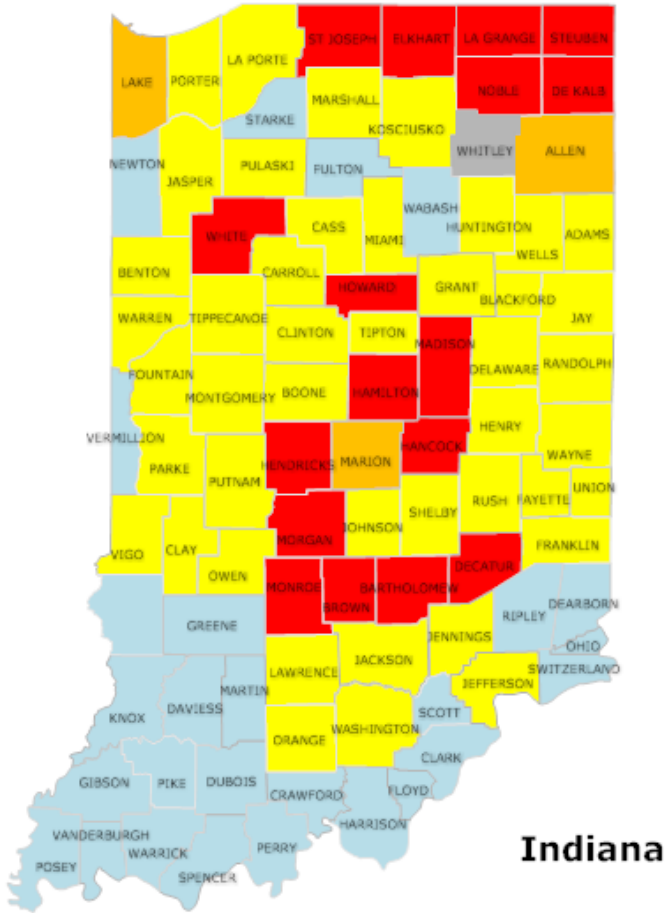


Table 3: Community Provider County of Service

Counties of Service by Provider Respondents	Color
1-5	blue
6-10	yellow
11-20	red
≥21	orange

Family Characteristics

Families were asked a series of questions related to the children in their household. Families were asked to identify the number of children in their household. Forty percent (61 families) responded that they had two children in their household, twenty-two percent (33 families) responded they had three children. Chart 1 indicates the responses from all families. Chart 2 that follows identifies the ages of the children in the respondents' households. Families were also asked whether any of their children had disabilities or special health care needs. Of the 152 families that responded, 45% or 68 families had a child with a disability or special health care need, while 49% or 75 families did not. The responses are represented in Chart 3.

In response to questions related to health and dental care, ninety-one percent of families indicated their child had a primary medical provider and eighty-two percent of families indicated their child had a dental provider.

Chart 1: Number of Children in Household

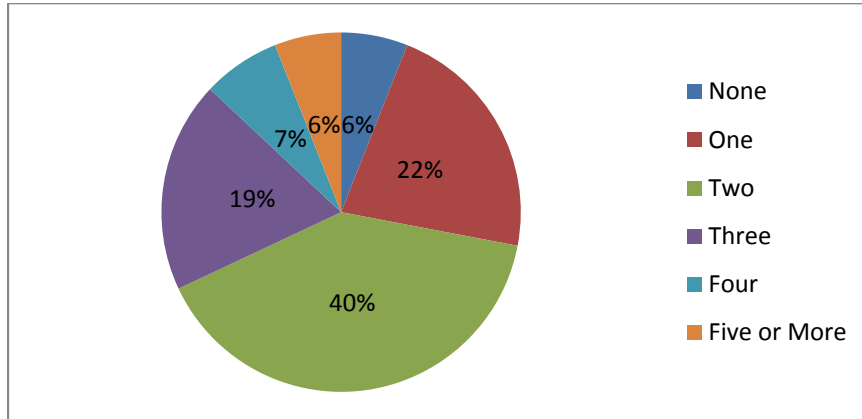


Chart 2: Age of Children in Household

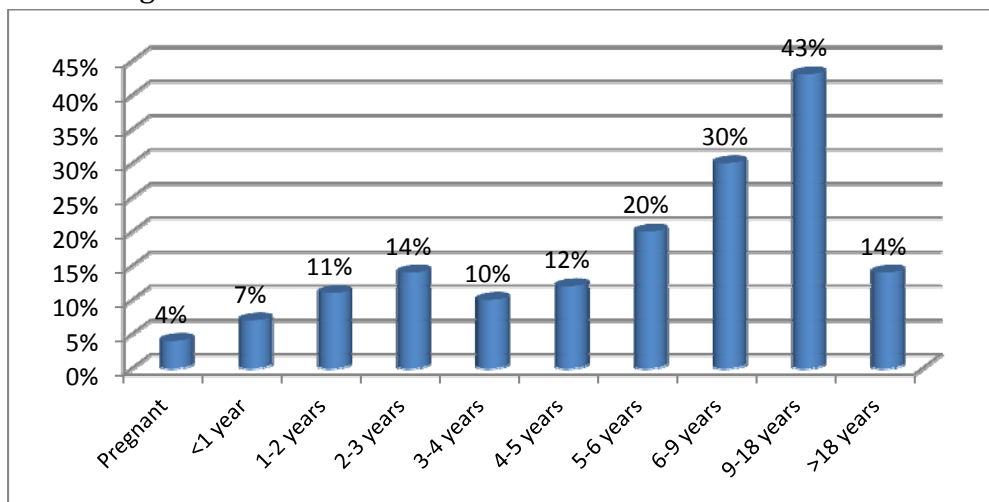
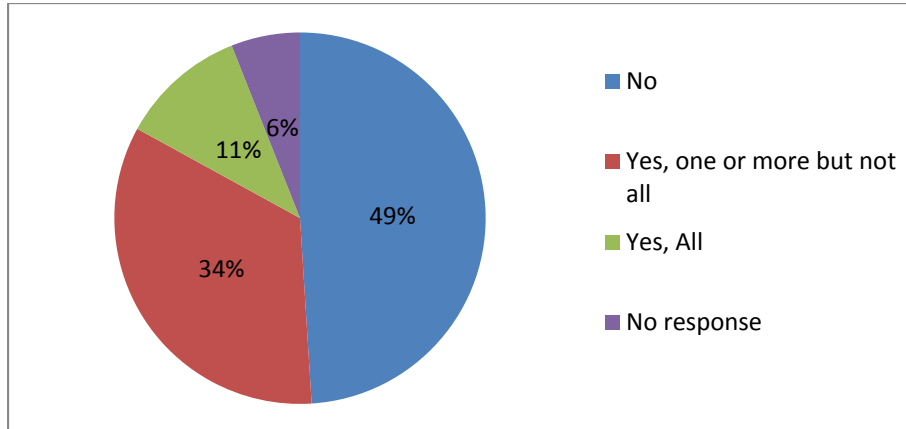


Chart 3: Children with Disabilities or Special Health Needs



Families were asked to identify the community programs that they have used. Table 4 captures the programs that were identified.

Table 4: Program Participation/Use

Child Care	38%
First Steps	38%
Hoosier Healthwise	30%
WIC	27%
Early Childhood Special Education	22%
Community Preschool	22%
211	12%
Child Care Vouchers	9%
Healthy Families	9%
Early Childhood Meeting Place	9%
Paths to Quality	8%
Head Start	6%
Community Health Centers	6%
Parenting Programs	5%
Early Head Start	5%
IN Family Helpline	5%
Childcareindiana.org	5%
Parents as Teachers	2%

Resource Knowledge

Survey respondents were asked to identify the degree of familiarity that they had with a series of early childhood programs and resources on a scale ranging from not at all to understand /deliver the program. The following charts capture responses from families and providers separately and collectively.

Chart 4: Community Health Centers

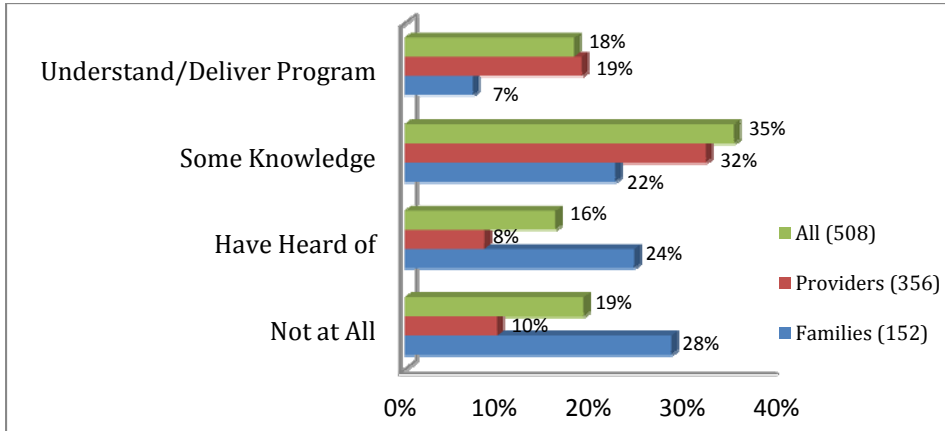


Chart 5: Parenting Programs

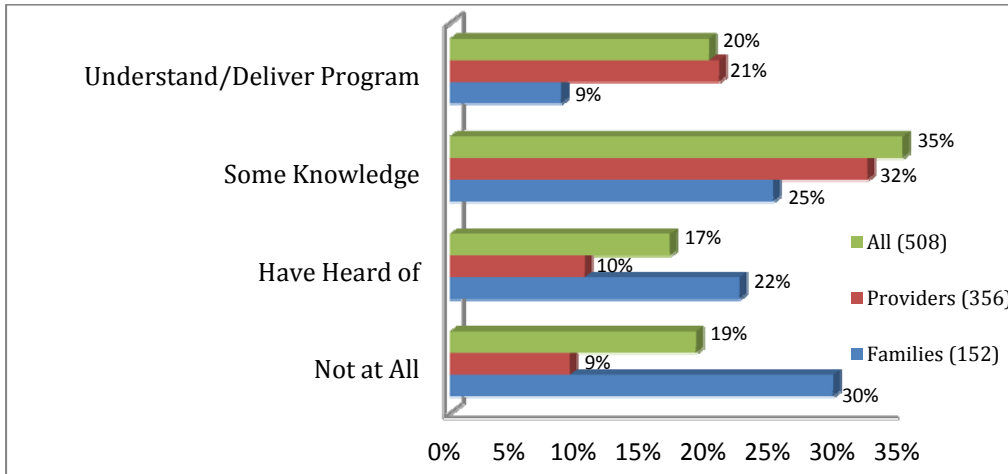


Chart 6: Nurse Family Partnership Program

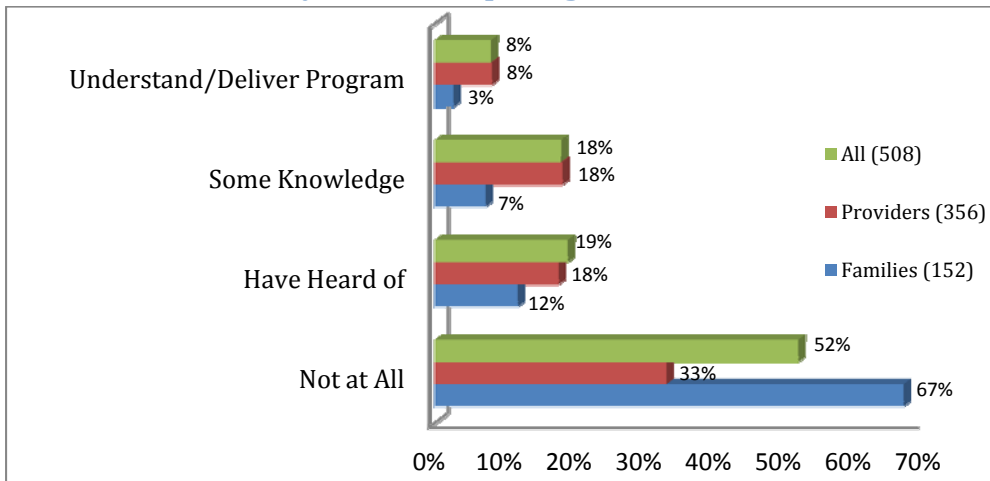


Chart 7: Healthy Families

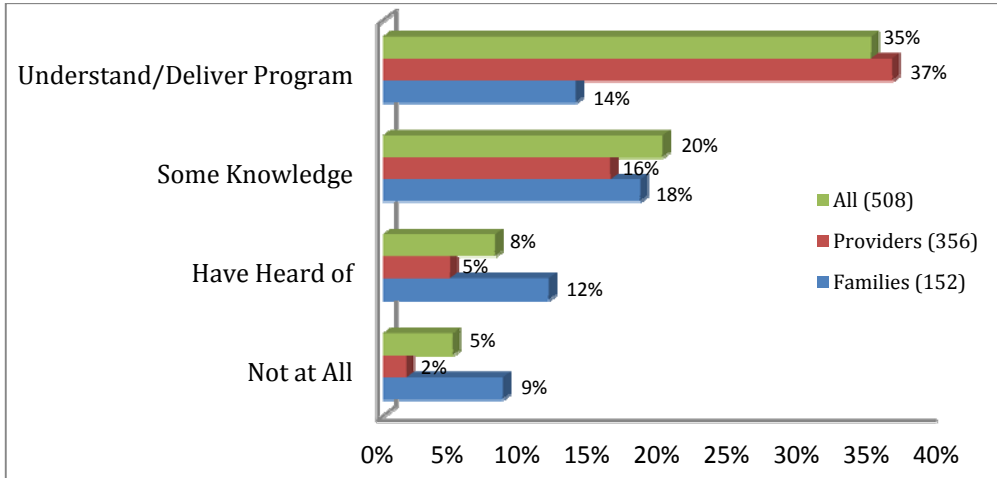


Chart 8: Head Start

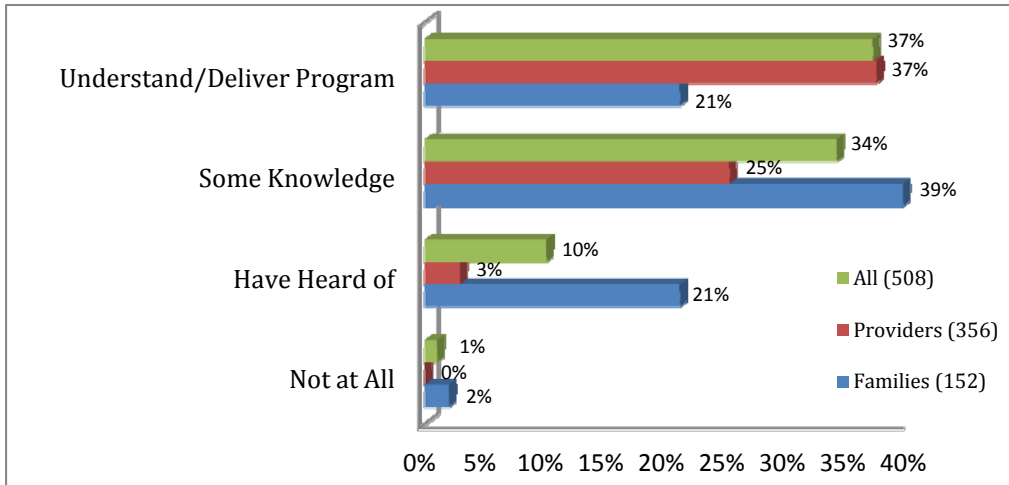


Chart 9: Early Head Start

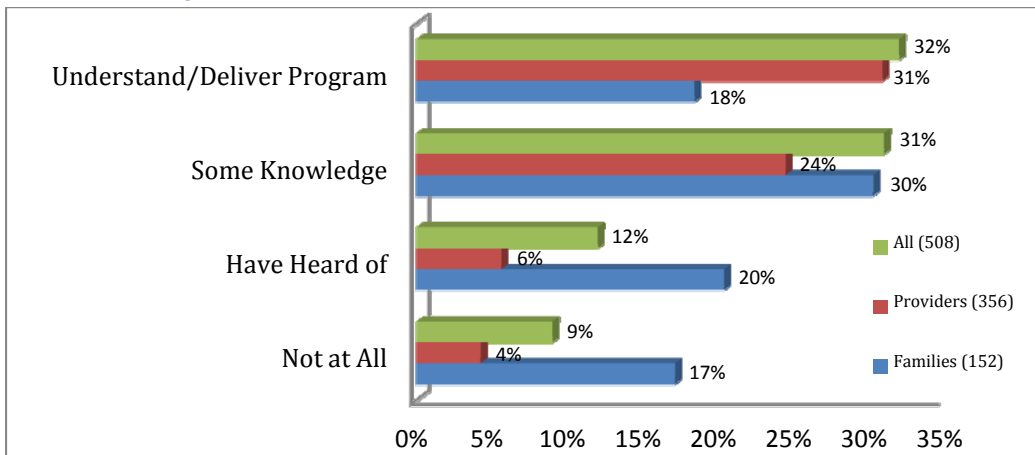


Chart 10: Healthy Families

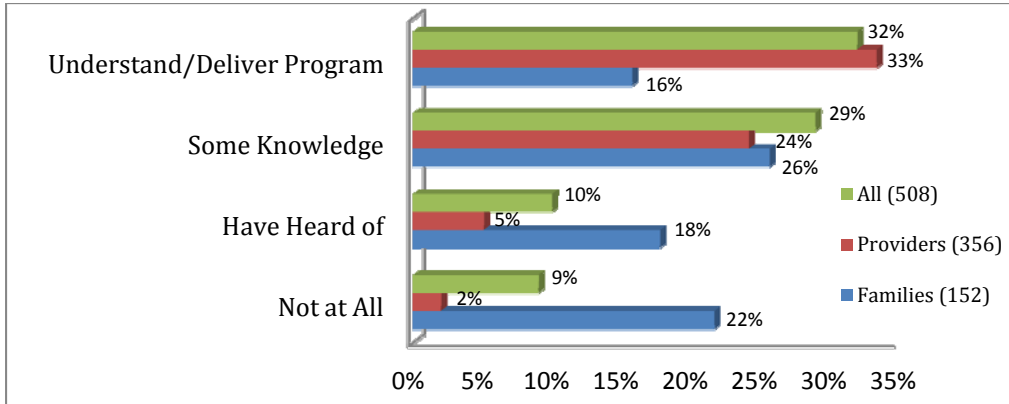


Chart 11: Parents as Teachers

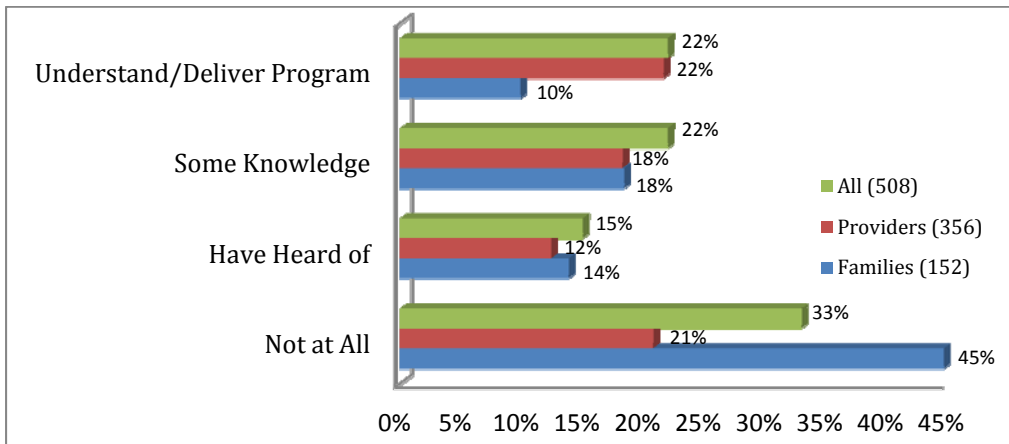


Chart 12: WIC

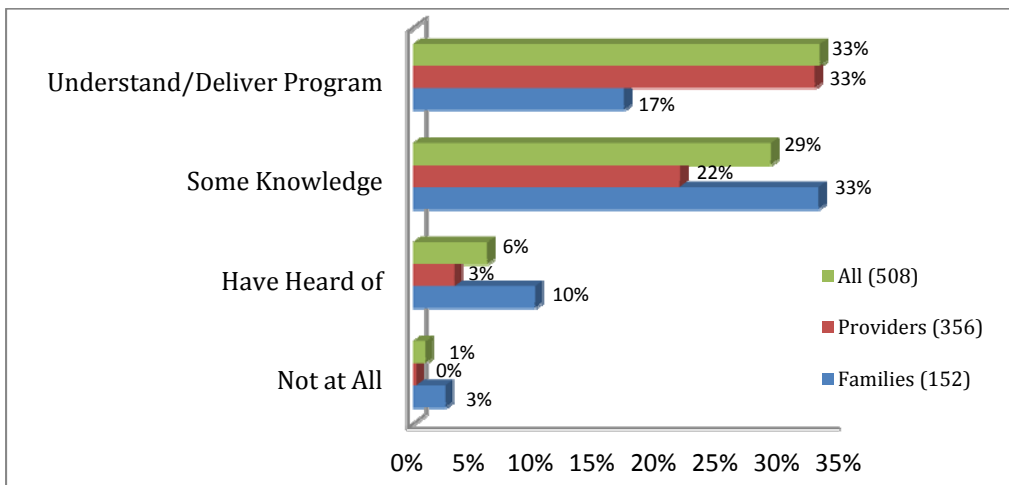


Chart 13: Early Childhood Special Education

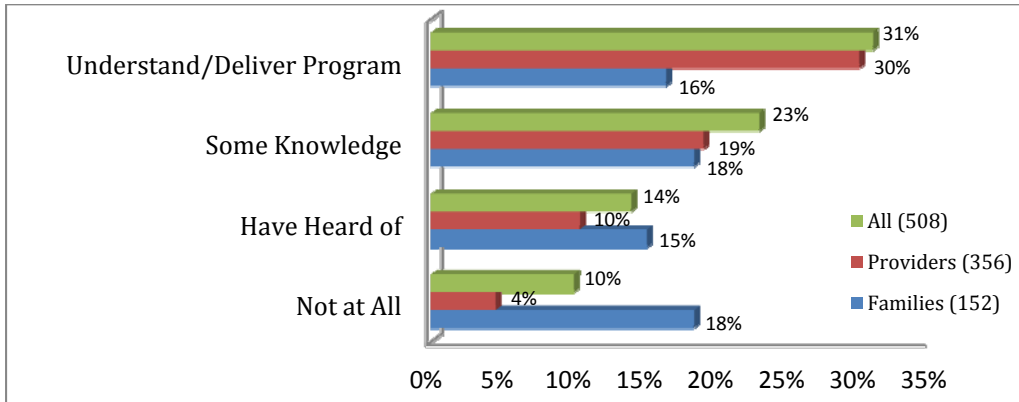


Chart 14: Community Preschool

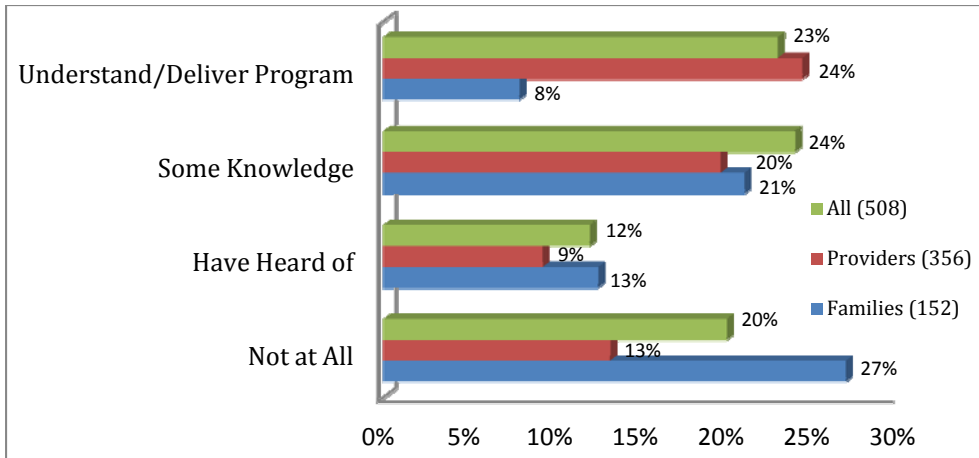


Chart 15: Child Care

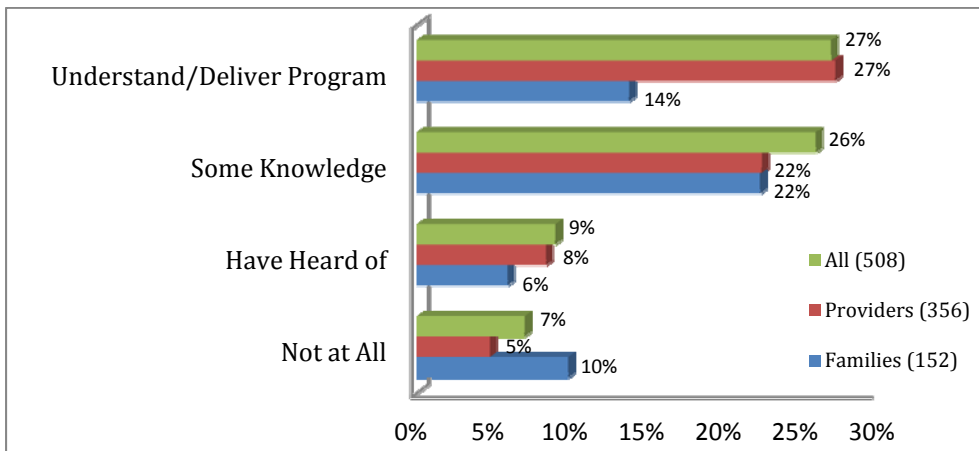


Chart 16: Paths to Quality

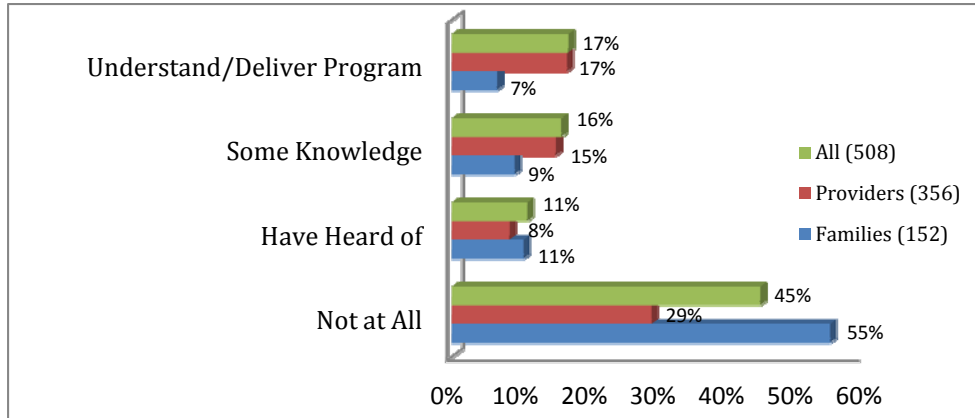


Chart 17: Child Care Vouchers

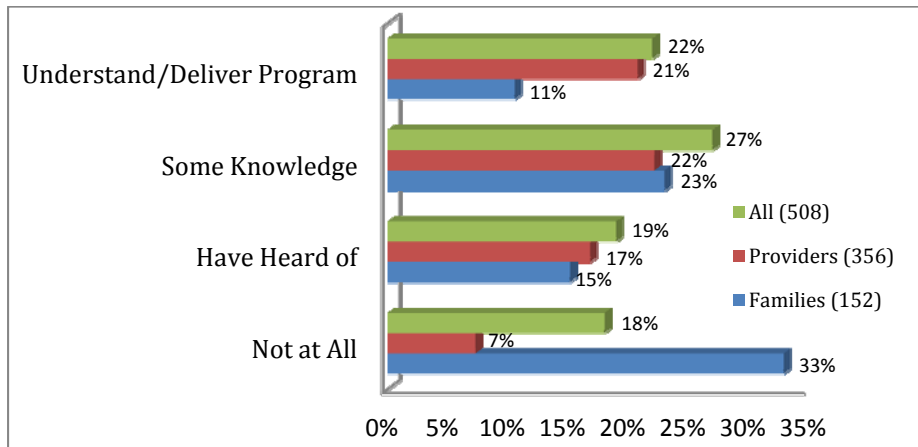


Chart 18: Hoosier Healthwise

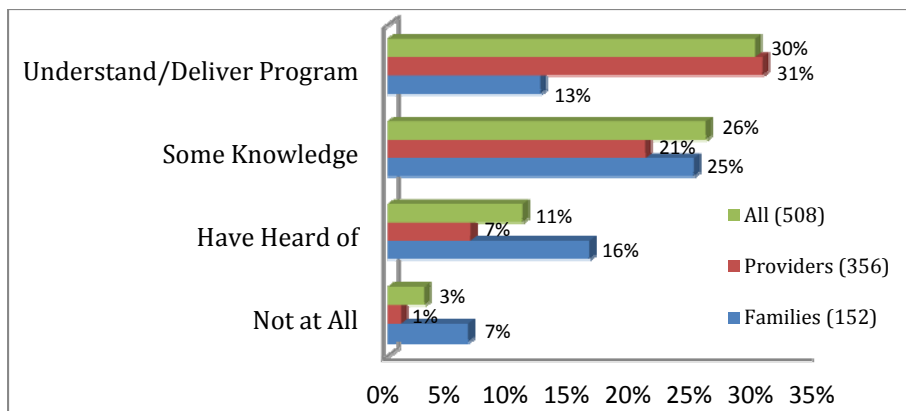


Chart 19: 211

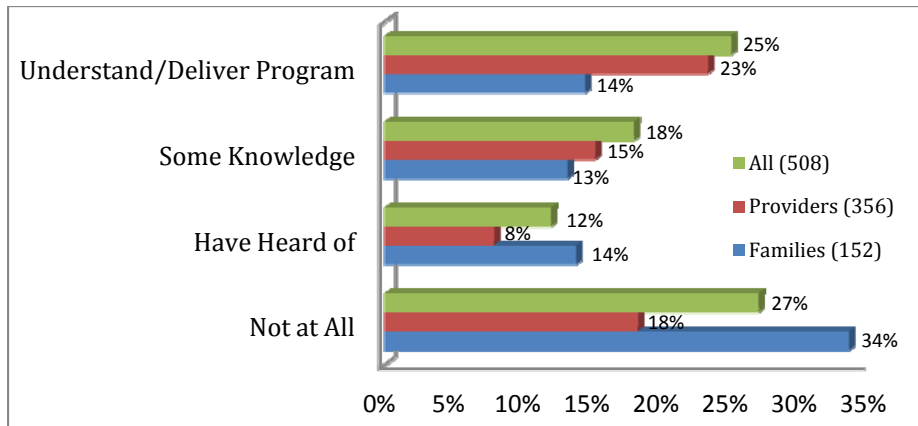


Chart 20: Indiana Family Helpline

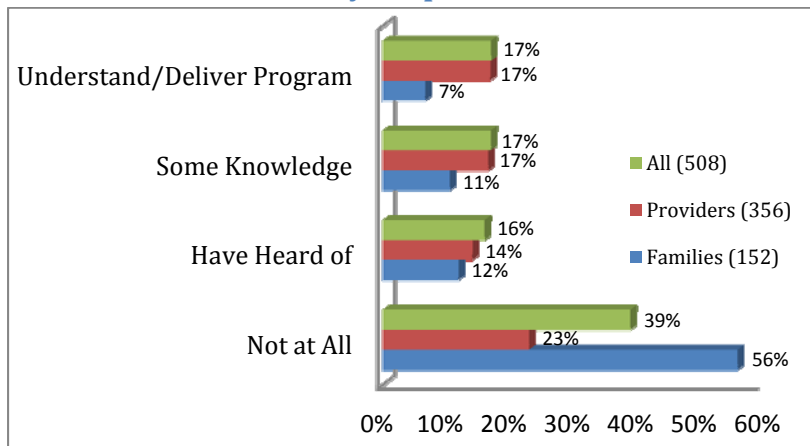


Chart 21: www.childcareindiana.org

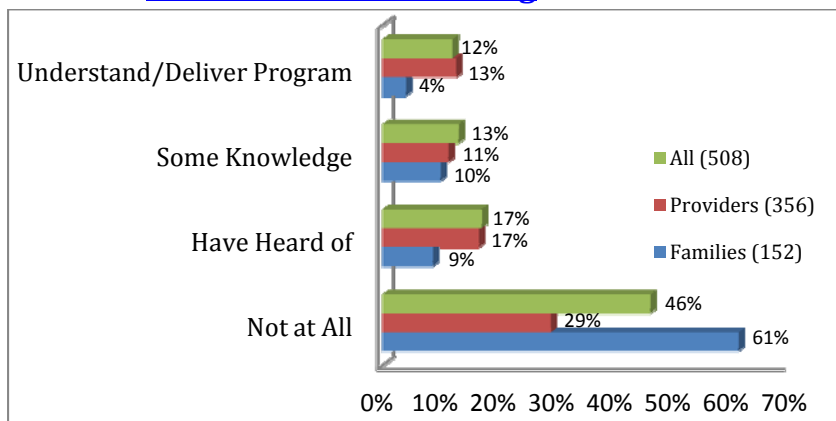
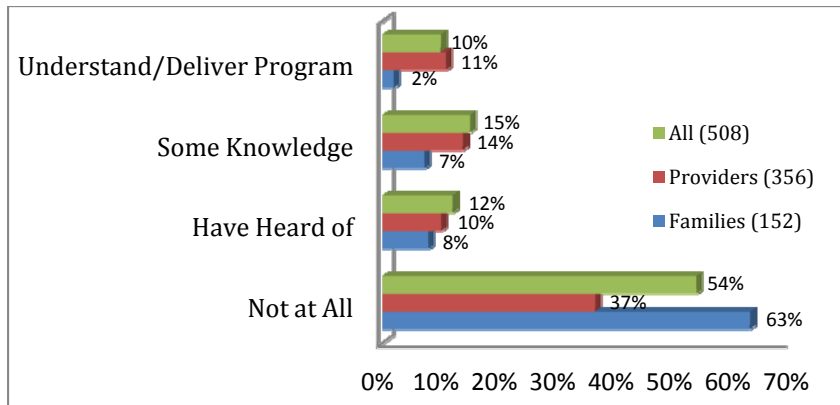


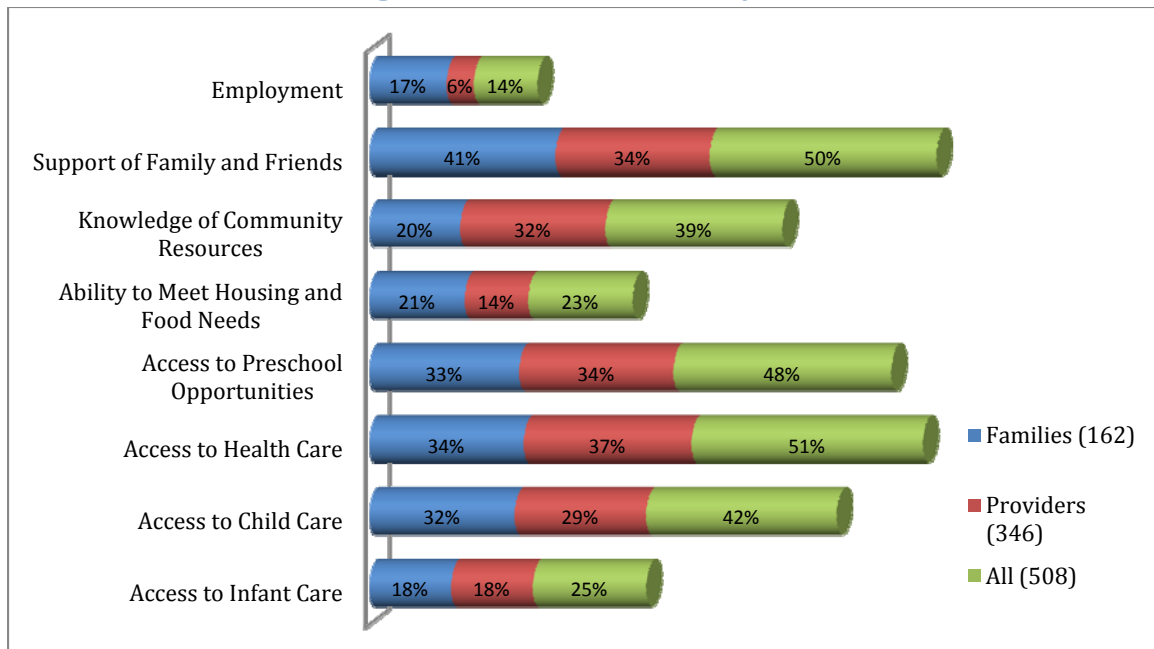
Chart 22: www.earlychildhoodmeetingplace.org



Community Assets

Respondents were asked to identify what was working well in their communities for families with young children. Chart 23 captures the perspectives of both families and providers.

Chart 23: What is Working Well in Your Community?



Support of Family and Friends and Access to Health Care were the only two components that 50% or more of respondents agreed was working well. While 51% of respondents indicated access to health care was working well, they included comments later that indicated that while they have a health care provider,

transportation was a major issue in getting to the provider. Respondents were also asked to provide additional comments about what is working well in their communities. A sample of their comments follows:

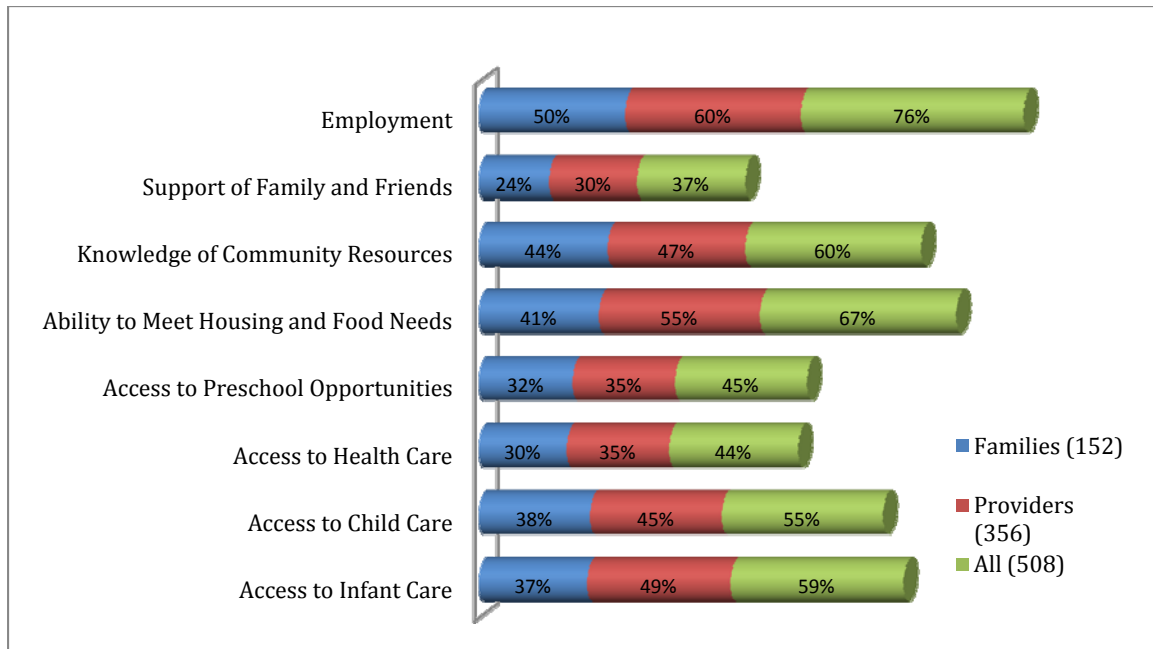
- Child development information.
- Collaboration with other agencies.
- Community-based organizations doing all they can to help families.
- Healthy Families program & Parents as Teachers in the same agency to provide universal access to child development information and family support. Early Head Start also available from another agency;
- Systems are working well...but very "limited" short on funding...not enough infant care....child care...etc...Waiting for affordable housing...Open Door Health.
- Our WIC program is very strong with our families in need. I work closely with this agency and feel many additional services could be located near WIC to assist our families with one stop shop.
- Partnerships between various youth serving organizations.
- Community local initiatives, Healthy Communities, Faith Based organizations, Head Start, A local champion with passion is what seems to drive many of the successful initiatives in this community.
- Gary to me is a diverse city. It has grassroots qualities as well as very educated literate community leaders. These individual are first striving for recognition within the community as well as responsible for the delivery of services. If you know what I mean it gets kind of complicated for such a very small area.
- I find it difficult to check any of the boxes above because even though I feel like we have these services only some receive them and can access to them. There really needs to be more information out there for the families and definitely the community providers.
- Inter-agency collaborations/education forums.
- Organizations are working together to have a good wrap around services (unofficial wrap around), and referring to each other.
- Some families are very resourceful in accessing services and systems. In this regard the "experienced poor" has an easier time with this than the unemployed/"newly poor," which often have no idea of systems and services available to help them.
- Social service providers meet quarterly to discuss challenges and successes.
- We have excellent collaborations with local entities, First Steps, LEA's and School Corporation along with Community Foundations and PNC Bank.

- My children with developmental disabilities received services through Indiana First Steps as toddlers. I attribute a great deal of their development and progress towards becoming independent members of their community to the early intervention services they received.
- Working well depends on income level. If you can afford it, there is plenty, if not, it is difficult. There are also issues for those parents working night shifts.
- I really cannot say what is working well in our community. So many families continue to struggle and may be unaware of services available to help them. They also may fall in the gap between qualifying for financial help and being able to meet their basic living expenses.
- I'm not 100% certain what is working but I do know that families as struggling everywhere you look.
- The question is so arbitrary. I have access to infant child care, health care, employment, knowledge, and so forth because I am a well-educated, middle-class woman who is overly familiar with the field. It would be hard to judge for those who have less knowledge about how to navigate the ins and outs of quality care or those who have far less income.
- The ability to seek appropriate care for our child with special needs without having to choose between food/shelter and health care because we have Hoosier Healthwise is a big deal.
- We have sent our children to two different daycares and both seemed to serve a wide income range of families. Families need more quality preschool and free preschool if possible.
- We seek out what we need but have never been told of other opportunities other than what we directly ask for. Our schools failed us so we used private and Applied Behavioral Analysis (ABA) but many can't.

Community Challenges

Respondents were asked about the challenges that families face in raising young children in Indiana communities. Chart 24 captures the perspectives of both families and providers.

Chart 24: Challenges for Families of Young Children



Respondents had much stronger responses to the identified challenges. The challenges that elicited the strongest response from participants were Employment (76%) and Ability to meet Housing and Food Needs (67%). Over 50% of the respondents also identified Access to Infant Care (59%) and Access to Child Care (55%).

Respondents were also asked to provide additional comments regarding the challenges facing families of young children in their community. A sample of their comments follows:

- Access to childcare is not a problem but affording childcare is a problem if the family is on the waiting list or just financially above the cut-off for government assistance with childcare expense.
- Access to prenatal care. Dental for any pregnant woman or child on Medicaid is almost non-existent here.
- I think that families are aware of preschool opportunities it is just that they cannot provide transportation to or afford preschool for their children but are over income for Head Start.
- Child care is very expensive and cost prohibitive. Most parents don't know the help that is out there. We do refer to Family Services and Division of Children.

- Programming for children with special needs such as; after school care, child care, in-home care that would allow a parent to work outside of the home and have their child in a secure and capable environment.
- Childcare for children with behavioral/mental health needs.
- Programming for children with special needs such as; after school care, child care, in-home care that would allow a parent to work outside of the home and have their child in a secure and capable environment.
- Continued education/some families are still isolated/in poverty/lack of skills to advance their household/some are not interested in working very hard/
- Lack of understanding of Medicaid and how it works and its changes.
- Until we get people back to work we will continue to have large numbers of struggling families with very young children. State budget cuts along with increased rules and hoops to jump through makes getting needed services more and more difficult to obtain.
- Wait lists for child care are too long. Limited local access to state services is challenging for families in poverty.
- A lack of knowledge regarding resources can be a big issue to overcome and resource coordinators would be helpful for families who are not linked with other services or new to the community.
- Counties that service rural areas find that families have limited access to services due to limited access to transportation
- Families continue to be challenged by the different eligibility standards and rules for major support services.
- Families want to work but cannot get childcare vouchers.
- Finding adequate housing, where the dwelling is up to date and building codes. Finding an economical contractor to make necessary repairs. Families being put on a waiting list for such grants/services.
- Mental health services are lacking regardless of family income. Public transportation is dismal.
- We have substantial poverty with limited resources in many areas of the county.
- The cost of infant and childhood care is so expensive. Finding good quality care is hard.
- Parents need more access to information and support for parenting children during early childhood AND BEYOND.
- Access to health insurance for those who do not qualify for government assistance.
- Childcare is extremely difficult for families who are mid to low income. Quality childcare is extremely expensive, and vouchers are only available for

those very low-income, and even then there is an unpredictable waiting list. My major concern is parents who are "in the middle", have a lower paying job, need to work, and don't make enough for decent childcare.

- The 10+ year waiting list for waivers is crazy! Talk about a challenge!
- When an at risk baby is born, health care providers don't seem to have up to date information on what parents should know. Parents are shown some resources (maybe) but no one really follows up to ensure families are on the right track, help them sign up for services etc. unless there is a major in-hospital issue.
- Not enough programs to help teen moms return to school
- If a family must rely on Medicaid for healthcare there are serious problems within the system (i.e. Case managers not returning calls, phone reps. not knowledgeable about the family's paperwork etc, phone reps unwilling to help./rude). Childcare options may be available but the cost is prohibitive to many.

Needed actions to ensure that young children are safe, healthy and ready to learn

In an open-ended question, respondents were asked to identify what their community needs to do to ensure that young children are safe, healthy and ready to learn.

Early Care and Education	Health	Parent Education/Support	Access/Coordination of Services	Financial Resources
<ul style="list-style-type: none"> • Community day cares and foster care centers • Educate parents and families about the importance of safety. • More licensed childcare providers • We do have an Early Childhood Coalition; however, they don't even agree with barriers to learning such as lead poisoning. • More licensed childcare sites • Expansion of services, access to quality preschool programs for family that do not meet income guidelines for program such as Head Start. • Provide more access to early childhood programs and support to the families of children in the community to EASILY understand the 	<ul style="list-style-type: none"> • Promote prenatal health • Guarantee health care for all children. • Provide affordable, accessible primary health care. Educate people about the services that do exist. • Unplanned pregnancies and teen pregnancies need to be greatly reduced. • Universal access to and enrollment in health insurance, medical homes with physicians/MD staff able to connect families with resources. • We still face a methamphetamine use problem in this area...better education on those hazards. We also have a significant pregnant/smoking population here. We need literature that 	<ul style="list-style-type: none"> • Teach parents skills needed to keep kids healthy. • Offer programs that reach the many instead of the few • Give parents a place to receive mentoring/modeling for parenting skills. • Improve access to home visiting programs such as Healthy Families. In the 8 years I have worked in public health the constraints placed on this program have become more and more restrictive. Families in our community desperately need this service and many times do not have access to it. • Teach parents skills to raise children; more public awareness of current recommendations; job 	<ul style="list-style-type: none"> • Provide parental support while helping families obtain the help they need with housing, transportation and medical expenses. There are quite a few programs in place that do these things, but I believe that more families could be served if there weren't so many barriers in their way. Early Head Start is one option, but again, many children who would benefit cannot get into the program. • Work together as a community to develop, fund, and implement a comprehensive school readiness action plan for the community. • Easier access to transportation • More programs available and/or 	<ul style="list-style-type: none"> • More financial assistance for all programs. • Need the county officials and city officials to allow business that pay decent wages here, so that people could get a glimpse of what NOT living in poverty is like • Have our state legislators put money in state budget for programming. Create a more open access system for parents. • Acquire additional funding sources to support services • I feel our community does what they can, but if federal funding is not available not sure what can be done. • Families earning a livable wage. • Our government needs to allow more funds to

Early Care and Education	Health	Parent Education/Support	Access/Coordination of Services	Financial Resources
<p>resources available in the community.</p> <ul style="list-style-type: none"> • More low cost preschool/infant care providers in the area. • Subsidized child care/preschools need lot more capacity to meet the need. Medicaid system needs to be easier for families to navigate. More providers need to • There needs to be an increased emphasis on early education and intervention. • Free public early childhood programs beginning at infancy • Early intervention is the key to helping these kids. Start helping early and keep it up! • More preschools/daycares for working families who do not meet Head Start income requirements but do not make enough to pay for childcare and preschool on their own. • Have a better system 	<p>doesn't lump smokers in with hard drug users, and more smoking cessation programs/products.</p>	<p>opportunities for parents so they have the means to send them to child care.</p> <ul style="list-style-type: none"> • Make it easier for low income families to give their children the same chances to succeed as higher income families. • More support at home. Getting parents involved • Encourage parent involvement and support, which is an important element in the progress and success in a child's development. • Knowledge of healthy parenting needs to be increased. • Better parental education--required parenting classes of all who deliver at hospitals/use free services like WIC or Hoosier Healthwise • Parenting information on parenting skills, community resources available 	<p>advertisement of the programs available. We are new to the area and have not been able to find suitable programs for our needs.</p> <ul style="list-style-type: none"> • Seamless system for children and families from birth to third grade. Comprehensive early childhood system at the state level with greater efficiency connected to the current services. • Increase marketing and awareness campaigns in local social entities. Saving it for social service agencies is not reaching families like it might if services/information was offered in churches, community groups, community centers, etc. • Better knowledge of resources and more neighborhood support • School employees educated in community resources 	<p>go towards education - our communities are better when our children are educated. Our children are educated best by caring teachers and school officials. So, we need to pay them better too - teachers specifically.</p> <ul style="list-style-type: none"> • Employment opportunities with livable wages (\$11-\$12/hr). Affordable housing, that which only takes 30% of a person's income or less. Childcare and transportation that is affordable as well as available outside of 9-5, M-F hours. • Additional child care voucher dollars, funding for programs such as the Dolly Parton Imagination Library.

Early Care and Education	Health	Parent Education/Support	Access/Coordination of Services	Financial Resources
<p>for child care vouchers.</p> <ul style="list-style-type: none"> • More child care providers with training and more hours available. • Make sure that early childhood education is affordable to all. • Education on importance of developmentally appropriate early childhood education, what is quality child care presented to all members of the community. 			<ul style="list-style-type: none"> • Need to develop services that overlap, so kids won't fall behind the gaps. • Knowledge of the community resources available. • Better coordination between service providers and school administrators. • A strong community network of people who can help families and children and the means to promote it so that families are aware of what is available. 	

Needed actions to ensure that young children have access to comprehensive services

In an open-ended question, respondents were asked to identify what their community needs to do to ensure that young children are safe, healthy and ready to learn.

Early Care and Education	Health	Parent Education/Support	Access/Coordination of Services	Financial Resources
<ul style="list-style-type: none"> • Increase the amount of affordable childcare. • Have a better system for child care vouchers. • Increased awareness of early childhood needs. • More collaboration with school system to provide in care services. • Get the word out about early intervention programs/services. • See that all children are enrolled in some type of educational setting. • We need an increase in childcare providers and preschools that provide transportation. We need to provide wrap around case management services to individuals in high needs areas and high risk situations. 	<ul style="list-style-type: none"> • Have health care for all. • Easier access to Medicaid. There are too many programs within Medicaid that place limitations on access to doctors and the locations are not near enough for parents to get to. • Improve access to health care (I'm not on Medicaid, but I work with families on Medicaid, and I consistently hear that they have trouble finding providers who take Medicaid). • Make known and provide EPSDT services to families with children who have an intellectual or developmental disability. • More bus service to the 	<ul style="list-style-type: none"> • Create a tool for assessing parent issues that would, in turn, lead to understanding the child's current and future needs. • Education and awareness, advocacy while supporting the family to sustainability. • Have access to services in the places families go. Have staff that is compassionate and nonjudgmental and well-trained. • Have the "systems" spend time with families and see the struggles. Websites and phone based services are not enough - access for many is a major hurdle. • Make information available to all not just public assistance 	<ul style="list-style-type: none"> • A system that is not so complicated. Easy to access and understand. A resource center in every neighborhood • Advertise, communicate and partner with other organizations that provide other services. • All agencies need to work closely together to ensure services get to those most in need. • Better coordination between service providers and school administrators. • Better knowledge of community services. • Common goals, shared responsibility. • Continue current efforts and better fund "Wrap-Around Services" through 	<ul style="list-style-type: none"> • Financial assistance that helps families who are just above the income level to receive help or are on a waiting list. • Funding is inadequate for many of the services that are needed. Low income/part time jobs are all that are available to many families because of lack of specialized skills-need more training and better jobs available. • Increase funding in family service programs, to better be able to provide transportation. • Make programs more accessible to families who may not be considered "low income" but are still struggling financially.

Early Care and Education	Health	Parent Education/Support	Access/Coordination of Services	Financial Resources
	<p>medical and clinic sites.</p> <ul style="list-style-type: none"> • Pediatricians (or their staff) need to educate families more. Typically you don't get information unless you know to ask. • Recruit pediatricians to come to this area and have clinics here • Need to include mental health services either integrated into primary care or closely coordinated. • Have more health fairs in the community. • A strong connection between hospitals and the services for at risk children - and I don't mean simply saying here are the services but actually helping such parents sign up to use the services and seek the help. 	<p>mothers. Make financial levels of assistance common knowledge.</p> <ul style="list-style-type: none"> • Non-professional methods and settings for informing parents about services. Hairdressers and grocery store clerks (for example) trained to refer people to services (as well as professionals such as teachers and social workers). • Talk with families and see what is needed and should be done to improve Indiana. • There needs to be a directory and advocacy support for newly diagnosed and continuing need families. Also a guardianship resource center so all opportunities and legal challenges can provide support to families that are not typical. • Support the parents in providing healthy homes for their 	<p>Family Services.</p> <ul style="list-style-type: none"> • Have this information available to all members of community. If they don't have a need they have the knowledge to assist those who have need. • I would like to see more advertising on television and radio of the information that is available on the Sunny Start Fact Sheets so that more and more professionals and parents are aware of this terrific information. • Improve transportation services. Coordinate resources. • It would be great if our community offered more comprehensive programs that support the family. Having an assigned caseworker to help coordinate available community services for which a family may qualify would be a start. This 	<ul style="list-style-type: none"> • More financial assistance to families waiting for longer periods of time on the CCDF voucher list. • Some services that are provided are insurance based. Copays can make it unreachable or not having the right insurance can make it also unreachable. • Start working with the legislators to get the money and funding to create these services. Have the parents, caregivers, workers, etc advocate on all of their behalf. • Service providers have waiting lists or limited access. If families make "too much" then they don't qualify for services yet they can not pay for services, then children suffer the consequences, even when parents are trying.

Early Care and Education	Health	Parent Education/Support	Access/Coordination of Services	Financial Resources
		<p>children.</p> <ul style="list-style-type: none"> • There could be more educational programs and maybe movies to let the young girls and boys know what happens to women when they have a child out of wedlock and what happens to the fathers not to mention what happens to the children. 	<p>would help to avoid confusion as well as duplication of services and ultimately make it easier for families to get the help needed.</p> <ul style="list-style-type: none"> • Quality programs need to ensure that comprehensive service follow up is done for families. It is one thing to say you referred a parent to an agency. However it must include individualized follow up with the parent. • Transportation resources to food pantries, wellness checks, WIC appointments, parent teacher conferences, IEP meetings, clothing closets, etc. 	

Needed actions to ensure that services are coordinated, cost effective and community-based

In an open-ended question, respondents were asked to identify what their community needs to do to ensure that young children are safe, healthy and ready to learn. The responses to this question did not fit into the categories used for the previous two questions. Samples of their responses are below.

- Our health center has found ways to benefit from the wisdom and leadership of the people we serve. When people in the neighborhood are empowered and involved, services tend to be better coordinated and cost effective. In our community, efforts at collaboration among professionals seem to work for six months or a year, but are very difficult to sustain.
- Politicians that are more focused and involved with the needs of the community and not closed minded to new alternatives. More children are in bad situations than in years past and we, as a community, need to do more to protect them.
- Engage faith-based leaders, educators and retired educators, community leaders, health care agencies, stakeholders and policy makers.
- Informed parents have more access to available programs because they know how to seek help, if they are aware of what is out there. Having an assigned caseworker to help coordinate available community services for which a family may qualify would be a start. This would help to avoid confusion as well as duplication of services and ultimately make it easier for families to get the help needed. It would be great if such a program was introduced as part each local hospital's maternity discharge procedures. Information could be posted at libraries and schools, the post office and other public places. Having a one stop point of service information center available to ALL parents would be a start. Somehow, we need to make it easier for families and the community to invest in the lives of young children.
- Our hospital is very supportive of a community-based, coordinated care model and our families (I think) do well in it for the most part. Better access/knowledge about available services would help us - even having WIC/other options centralized w/ our healthcare delivery would be nice.
- Insure Hoosier Healthwise is distributed and make it known of the physicians in the area for specific treatment needs.
- I think there needs to be a better Pre-K program available through the school system. Currently there is no Pre-K program. And the churches only offer 2 half days a week, which is not adequate for preparing these children for

school, especially in a community like ours where the parents don't seem to be very involved.

- Communication, education, and networking among area services are key.
- Networking among agencies to ensure good communication and less duplication of services.
- Collaboration among health care systems, disability service providers and early childhood/perinatal providers for a coordinated approach to nurturing young children in a way that does not duplicate or complicate services.
- Coordinate services in one location so that families have all they need and this will improve coordination of services and communication.
- Provide touch point resources given by doctors, therapists and legal systems to help direct and support families as to what and when to do what and address those families at risk to fall between the cracks.
- Educate community members about services available by providing a trusted support with a wide knowledge base of resources and help getting system in place. Too often, hospitals, doctors, nurses and other health care providers, and teachers are given this role and are already overwhelmed. Coordinating services and making sure families have supports in place is a critical part of ensuring early childhood success and it is well documented that the monies put into children in early childhood are well spent, with good return. Providing a local outreach coordinator who could work with and through other agencies that serve young children (some listed above) would be a way to facilitate and advertise the Sunny Start purpose.
- Community agencies need to be sure they are hiring candidates that are passionate about creating great outcomes for the communities they serve. Thorough community needs assessments are great tools for gathering research which speaks to the needs and wants for a community. Data driven analyses are ultimate precursors!
- We really need a one-stop shopping - one place families can go to get information and access resources.

Key Findings

There were common themes that ran through both quantitative and qualitative responses.

- Leadership: The need for strong leadership at the state and local level was identified. The absence of easily identifiable champions for young children and their families was noted. The need for champions that influence budgeting, programming and coordination was apparent in comments. A significant indicator that individuals are willing to take a leadership role was the 132 individuals who provided contact information when asked on the survey if they would like to volunteer to work on early childhood issues.
- Employment and Food and Housing remain major issues for families of young children.
- The lack of transportation was repeatedly identified as a barrier to receiving health care, child care and other community services.
- Both family and provider respondents identified the need for coordination and communication across programs. Community resources/organizations need to “meet families where they already are”.
- There were several issues related to child care:
 - The need for financial support is significantly greater than what is available;
 - There is a need for non-traditional hours to support family work obligations;
 - Identifying high quality care for all children is difficult and even more so for children with disabilities or special health care needs; and
 - Availability of summer/school vacation child care.
- There is a significant mismatch between what families identify as needed and the knowledge of **both** families and providers regarding existing resources to meet those needs.