



Empowering Communities

IMPACT EVALUATION



**Measurement
Resources**

Measurement moves missions

Measurement Resources Company
MEASUREMENTRESOURCESCO.COM | 614-947-8899

Contents

Executive Summary.....	3
Introduction	5
Services and Structures and Resident Engagement	5
Community Engagement	10
Community Understanding of SDOH Lens.....	14
Resident Self-Advocacy.....	16
Resident Well-Being.....	18
Perceptions of Grantees	21
Lessons Learned.....	23
Appendix A: ACCAA Dragon Empowerment Center Evaluation Summary.....	26
Appendix B: OBCDC Evaluation Summary	36
Appendix C: Rural Action Impact Summary.....	48
Appendix D: Miami Valley Housing Opportunities Impact Summary.....	58
Appendix E. Historic South Early Childhood Initiative Program Analysis	62

Executive Summary

The Ohio CDC Association (OCDCA), in partnership with the CareSource Foundation, designed the Empowering Communities project in order to fund innovative solutions to unique community challenges that involve the social determinants of health (SDOH). The following grantees participated in an evaluation to better understand how the Empowering Communities funds help them engage residents in community decision-making and impact SDOH:

- Ashtabula County Community Action Agency (ACCAA)
- Old Brooklyn Community Development Corporation (OBCDC)
- Rural Action
- Miami Valley Housing Opportunities (MVHO)

Measurement Resources Company (MRC) conducted an external evaluation to assess what the grantees did, how well they did it, and how individuals or communities are better off as a result. Key findings from MRC's impact analysis efforts are described below. A fifth Empowering Communities grantee, Historic South Initiative in Toledo, engaged in evaluation with a firm other than MRC. The evaluation results can be found in Appendix E.

To what extent did grantees address community challenges that impact SDOH?

1. **Grantees provided a range of services and structures**, including: dental and vision services/referrals, health screenings, health fairs, summer camp for children, tutoring for students, community outreach events, farmers' markets, fitness activities, free transportation, public park improvements, building of community resource centers, community empowerment teams, and job readiness and coaching.
2. **Ohioans impacted by grant-funded activities experienced increased well-being and empowerment.** Improved well-being is evident through improved child outcomes (e.g. school attendance, test scores, improved oral health), resident empowerment (e.g. sense of power to influence decisions in their own life/ community), improved overall health (e.g. increased access to health screenings, healthy food choices, park systems, substance abuse and behavioral health counseling), and support in transitioning out of homelessness, including employment skill-building.
3. **Grantees' services and structures addressed challenges unique to their communities**, basing services on

By the Numbers

An estimated 2,401 unique residents were served through Empowering Communities

247 Ashtabula students received dental services. Among students with attendance and test score data available, 74% increased attendance, 76% increased reading scores and 91% increased math scores

Ohio residents were provided 1,433 free shuttle rides to community events designed to improve well-being

60% of Old Brooklyn Farmers' Market attendees agree the market improved their access to healthy food

6 Miami Valley residents transitioning out of homelessness received job readiness coaching

Rural Action's 1,749 advisory hours empowered Athens County residents to improve their parks, provide health clinics, host local events to build a sense of community, and run for political office to influence decisions that affect their lives

2 Programs were identified as Exemplary/Excellent; ACCAA and OBCDC implemented programs that were identified as Exemplary/Excellent Programs by the American Camp Association of Ohio and Ohio University

resident feedback, solicited through informal conversations and more formal methods, like-surveys and focus groups.

4. **Services and structures provided were adaptive** in that grantees pivoted their approaches to services throughout the grant year in response to communities' feedback and changing, or newly identified, challenges involving SDOH.
5. **Grantees recognized that first addressing residents' challenges with social isolation and lack of hope is critical to soliciting community engagement in services more directly addressing SDOH.** Grantees were innovative, and successful, in addressing SDOH in that services included trust-building practices, community events and beautification projects to increase residents' overall sense of community and pride in their homes.

Lessons learned about funding community well-being and empowerment

To inform future iterations of the Empowering Communities Grants, the following are key insights gained throughout the 2019 grant year.

1. **Flexibility grantees had in terms of how to spend Empowering Communities Grant dollars was key to grantees' successes in increased resident well-being and empowerment.** The spending flexibility allowed three grantees to pivot their originally proposed services and structures in response to not only communities' feedback, but also unexpected administrative costs or other barriers, throughout the grant year. As a result of grantees' community engagement efforts, residents experienced increased well-being and empowerment, while also being highly satisfied with services they received.
2. **The Empowering Communities Grant impacted residents and grantee organizations. Implementing a multi-level evaluation strategy that measures impact on both residents and grantees will serve to better tell the Empowering Communities whole impact story.** In addition to providing needed resources to residents throughout the Ohio communities, the Empowering Communities Grant allowed grantees to practice continuous improvement towards providing more community-based services throughout the program year, a flexibility that is often not possible with state or federal funding. As a result, evaluations of similarly structured grants should incorporate organizational-level impact measures (e.g. increased capacity, improved job satisfaction among staff) in addition to resident impact measures.
3. **Impact evaluation tools must be flexible to the needs of the community and grantees' changing approaches to serve those needs.** The Empowering Communities project values organizations that seek community feedback and adjust their services based on that feedback. Thus, shared measures across grantees that are broader, like constructs of well-being or empowerment, can be evaluated, but measures specific to services being provided are less feasible. When comparing actual services provided to grantees' proposed service plans, grantees experienced the most change in terms of unexpected timelines and previously unknown resident perspectives. Therefore, future impact measurement tools should be less tied to project timelines; even having built-in opportunities to pivot with grantees' services.
4. **Community trust and relationships must be formed before seeking engagement from residents in SDOH community efforts.** The community engagement efforts around SDOH initiatives for two of the four grantees, OBCDC and ACCAA, did not go as planned. Discussions with both grantees revealed that prior to implementing community forums on improved SDOH, relationships and trust with residents needed to be strengthened, first through more informal and culturally relevant events.

Introduction

The Ohio CDC Association (OCDCA), in partnership with the CareSource Foundation, designed the Empowering Communities grant in order to fund innovative solutions to unique community challenges that involve the social determinants of health (SDOH). OCDCA also partnered with Measurement Resources Company (MRC) to develop and monitor evaluation tools designed to measure what the grantees did, how well they did it, and how individuals or communities are better off as a result.

Through the Empowering Communities grant, four grantees provided resources to their community designed to positively impact SDOH and empower residents to engage in community decision-making that impact their well-being. SDOH represent the total sum of one's environment in which they live and were born. SDOH are shaped by social realities such as one's access to sustainable employment, education, healthcare, nutrition, early childhood development and social/political power. Limited or no access to any one of these needs leads to generational economic and health inequities at individual, community and regional levels. Community-based organizations that take an SDOH approach are better equipped to affect sustainable change in the well-being of residents and their community at-large.

The following sections detail how the four communities utilized the Empowering Communities grant to affect SDOH in their neighborhoods. The first section of this report describes broadly how the four teams affected SDOH in their neighborhoods by answering the following five research questions:

1. Which community empowerment structures or services were developed or improved to support community-based interventions addressing SDOH and how many residents were served and/or engaged?
2. To what extent do community empowerment structures seek and integrate residents' perceptions and ideas throughout the decision-making processes?
3. To what extent do community empowerment structures and services increase community awareness of SDOH in their community?
4. To what extent do residents feel empowered to self-advocate and influence community decisions related to SDOH?
5. To what extent do community empowerment structures and services improve residents' well-being?

Then, detailed summaries are provided for each of the four communities in Appendices A through D.

Services and Structures and Resident Engagement

Empowerment Structures or Services Developed and the Number of Residents Served/Engaged

The CareSource Foundation invests in nonprofit organizations that focus on the social determinants of health; those conditions that have significant positive or negative impact on overall quality of life. They define it in terms of the broad areas of:

- Eliminating poverty/economic stability
- Access to health care services
- Addressing critical health trends to build or rebuild healthy communities
- Positive birth outcomes
- Domestic violence/child abuse
- Access to education, economic and job opportunities
- Sustainable housing solutions

- Population health issues
- Transportation disparities
- Mental and behavioral health
- Health and cultural literacy

Across the four grantees, services and structures were implemented to address the following SDOH areas: critical health trends and rebuilding healthy communities, eliminating poverty and promoting economic stability, increasing access to health care services, addressing transportation disparities, and increasing access to education, economic and job opportunities.

SDOH Areas Addressed by Grantees

The four grantees designed community services and structures to address five broad areas of social determinants of health:

- Addressing critical health trends to build or rebuild healthy communities
- Eliminating poverty and promoting economic stability
- Increasing access to health care services
- Addressing transportation disparities
- Increasing access to economic and job opportunities

Ashtabula County Community Action Agency (ACCAA) developed services and structures to increase access to health care services and education opportunities, address transportation disparities, and provide basic needs to low-income families, a necessary precursor to building a healthy community and eliminating poverty/providing economic stability. Through partnership with the Ashtabula Area City School (AACCS) District and local community leaders/partners, ACCAA created a Community Learning Center, the Dragon Empowerment Center (DEC) through the hiring of a Community Resource Coordinator (CRC). The DEC was designed to serve as a one-stop hub where all community members can access supportive services, health, education, recreational, and enrichment programs. The purpose of the DEC is to address the non-academic conditions that negatively affect a student’s ability to come to school “ready-to-learn.” In January 2020, the DEC was selected as a 2019 Ohio Association of Community Action Agencies (OACAA)/Voinovich School of Leadership and Public Affairs Exemplary Program.¹

ACCAA Engaged/Provided:

- 341 dental services to 247 children**
- 42 vision referrals and assistance**
- 142 tutoring sessions to 87 children**
- 942 clothing donations and 427 meal donations**
- 10 community events attended by 828 residents**

¹ <https://oacaa.org/best-practices-exemplary-programs/>

In 2019, the DEC implemented on-site dental and vision services and referrals, coordinated tutoring for students, provided basic needs to students through clothing and meal donations, and engaged in community outreach and events to better understand the greatest needs of low-income populations in the community. To address transportation barriers, the DEC facilitated free transportation for low-income families to encourage their participation in community events and enrichment activities.

The Dragon Empowerment Center was selected as a 2019 Ohio Association of Community Action Agencies (OACAA)/Voinovich School of Leadership and Public Affairs Exemplary Program

The Old Brooklyn Community Development Corporation (OBCDC) developed services and structures to rebuild a healthy Old Brooklyn community, address transportation barriers, and increase access to health care services and education opportunities. The Empowering Communities grant allowed OBCDC to hire a Community Health Coordinator (CHC) to leverage the grant funding and initial baseline assessment for resident-empowered, data-driven community health interventions. To determine that baseline, the CHC established a Resident Health Council (RHC) with the purpose of connecting with regional health partner institutions and engaging the neighborhood in community health decision-making.

The CHC also designed interventions to address needs in Old Brooklyn related to SDOH. Namely, the CHC redesigned the Old Brooklyn Farmers' Market to provide residents convenient access to healthy food and wellness activities, including health screenings.

OBCDC Engaged/Provided:

2,100 farmers' market attendees

1,333 free farmers' market shuttle rides

81 Crooked River Exploration Camp attendees

5 residents in the Resident Health Council

To address transportation disparities, the CHC organized free transportation for residents of Old Brooklyn to access the farmers' market. The CHC also organized community focus groups to better understand the community's desires around improving equitable access to greenspaces throughout Old Brooklyn. Themes from these focus groups will inform the design of greenspaces that reflect the desires of the target populations and provide equitable access to greenspaces for all Old Brooklyn residents.

Lastly, the CHC played a vital role in the planning and implementation of the Crooked River Exploration Camp, a week-long camp for children in and around Old Brooklyn integrating educational activities around urban and natural ecosystems. In January 2020, the Crooked River Exploration Camp was selected by the American Camping Association, Ohio Board for the Program Excellence Award.²

The Crooked River Exploration Camp was selected by the American Camping Association, Ohio Board for the Program Excellence Award.

² <https://www.acacamps.org/ohio/aca-ohio-awards>

Rural Action developed services and structures designed to rebuild healthy communities. Serving 32 counties of Appalachian Ohio, Rural Action assisted in the development of Community Improvement Challenge Teams (two new teams in 2019 and the continuation of six teams from 2018), as well as provided organizational, administrative and advisory support to the community teams. Through partnerships with the Community Improvement Challenge Teams, Rural Action sought to improve community-based leadership and networking capacity to affect desired changes related to environment, safety, isolation, healthy food access, and economic opportunity. Central to Rural Action’s Community Improvement Challenge is that improvements in community health, resident health and SDOH in Athens County start with building community pride and beautification that elicits hope in the future and motivation to improve overall well-being.

Community teams include at least one elected official, civic organization representative, young adult, retired individual, employed professional, artist and a local school representative. This team design is aimed to increase resident engagement in community structures and supports that address SDOH. The teams are also designed to improve resident empowerment to influence decisions related to the well-being of the community by bringing diverse demographics together to identify and implement projects that are important to the whole community.

Rural Action Engaged:

8 Community Improvement Challenge teams

55 Community Improvement Challenge team members

Miami Valley Housing Opportunities (MVHO) developed services and structures designed to eliminate poverty and promote economic stability among individuals with histories of experiencing homelessness. MVHO increased their Employment Specialist from part-time to full-time staff in order to serve Supportive Living Assistance for Tenant Empowerment (SLATE) tenants of Montgomery County. SLATE tenants include homeless youth, chronically homeless individuals/families, and other individuals/families exiting homelessness that need intensive services. The Employment Specialist provided one-on-one job readiness and soft skills coaching to six SLATE tenants in order for them to achieve or maintain employment, as well as referrals to mental and behavioral health services.

MVHO Provided:

6 tenants with employment services

2 tenants with referral to counseling

Across the four grantees, communities throughout Ohio benefited from the implementation and/or improvement of several services and structures designed to address SDOH. Table 1 displays the services and structures developed and the estimated number of residents served and/or engaged across the four grantees.

Table 1. Services and structures developed across the grantees and the number of services provided/residents engaged

SDOH	Service/Structure	Grantee	Services Provided/Residents Engaged
Access to health care services	Dental and vision services/referrals	ACCAA	289
Access to health care services	Health screenings	OBCDC	unknown ³
Access to education opportunities	Crooked River Exploration Camp	OBCDC	81
Access to education opportunities	Tutoring for students	ACCAA	87
Addressing critical health trends to rebuild healthy communities	Community outreach events	ACCAA	828
Addressing critical health trends to rebuild healthy communities	Old Brooklyn Farmers' Market	OBCDC	2,100
Addressing critical health trends to rebuild healthy communities	Resident Health Council	OBCDC	5
Addressing critical health trends to rebuild healthy communities	Community Improvement Teams	Rural Action	55 residents/ 8 teams
Transportation disparities	Transportation to farmers' market	OBCDC	1,333
Transportation disparities	Transport to community events	ACCAA	100
Eliminating poverty/economic stability	Job readiness and coaching	MVHO	6
Total residents served/engaged across the grantees (estimates include duplicated counts of residents)			4,884
Estimated unduplicated count of residents served/engaged			2,401⁴

³ Due to health confidentiality, the number of screenings conducted was not tracked by OBCDC

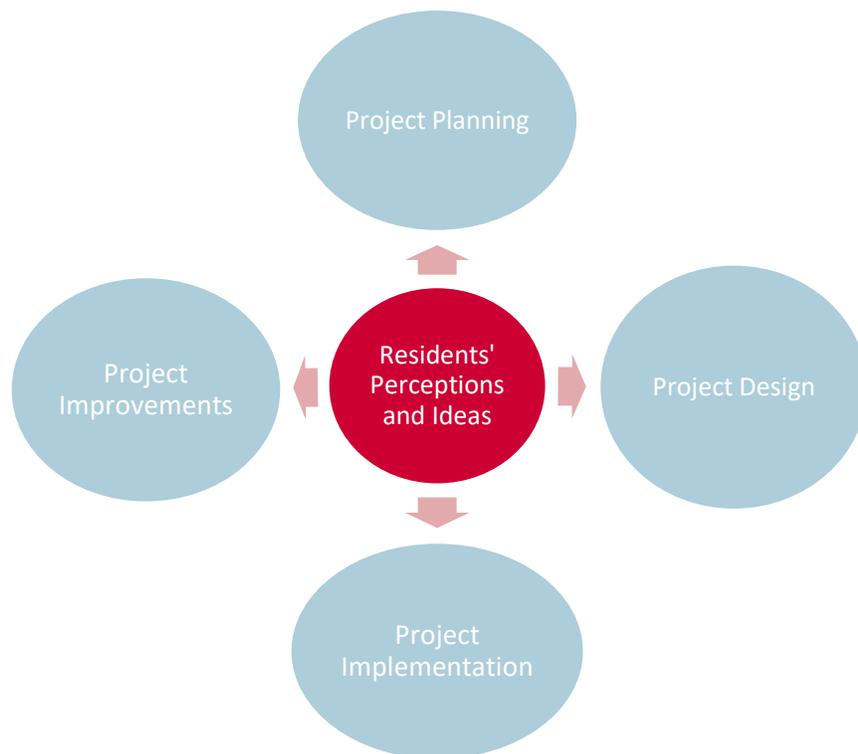
⁴ This is the estimated unduplicated count of residents served/engaged. The 4,884 estimate was adjusted in the following ways: the 2,100 estimated OBCDC farmers' market attendees included duplicate counts of residents who attended more than one market; based on the market survey, 59% of respondents were attending for their first time. This estimate is likely inflated because returning customers were less likely to take the survey after they completed it in an earlier visit. Thus, it is estimated that 50% of total attendance, or 1,050 residents, reflects the estimated unduplicated count of attendees. Because the individuals provided transport to the OBCDC farmers' market and ACCAA community events are counted in the event attendance numbers, they are not recounted in the unduplicated estimate, so the 1,333 and 100 are not included in the unduplicated count.

Community Engagement

To what extent do community empowerment structures seek and integrate residents' perceptions and ideas throughout the decision-making processes?

The success of any community-based intervention is dependent upon the extent to which residents' perceptions and desires are integrated throughout the decision-making process of the intervention planning and implementation. All four grantees sought and integrated feedback from residents throughout their communities to ensure the services and structures represented residents' needs and desires. Resident feedback was gathered through informal (e.g. informal feedback gathered through conversations with residents) and formal methods (i.e., surveys and focus groups). As shown in Figure 1, grantees integrated residents' perceptions throughout all aspects of the project/interventions. The various methods used, types of information gathered, and methods of resident feedback integration into service and structure design are described below for each grantee.

Figure 1. Grantees' approach to integrating resident perceptions throughout all aspects of the projects



ACCAA

ACCAA has sought and integrated input from residents to inform the development of their community learning center (CLC), the DEC, from the beginning planning stages through the first year of implementation (i.e. the Empowering Communities grant year). ACCAA began planning the DEC based on feedback gathered from Ashtabula residents in a community engagement project conducted from June through September 2017, prior to receiving the Empowering Communities grant. The goals of the community engagement project were to determine the community's interest in the development of the DEC, to define service options that could be offered, and to identify strategies to strengthen ties between the community and the school. Residents' input was gathered through a student survey,

numerous community events (e.g. farmers' markets, sporting events, local non-profit lobbies), having CLC advisory members go door-to-door, and two special public community meetings. Results from these efforts indicated that the community desired for the CLC to offer health services/referrals (i.e. dental, vision, and mental health counseling), tutoring, youth sports, after-school activities, parent-child classes, and exercise and nutrition classes. The community's feedback regarding service offerings directly shaped the service offerings at the DEC.

In addition to seeking residents' input during the planning stages, ACCAA also sought feedback from residents throughout the implementation of the service offerings in year one. Feedback was gathered through DEC visitor surveys, a survey administered at community-wide meeting, and through informal conversations with DEC service recipients. The feedback gathered through the survey administered at community-wide meetings was used to plan summer enrichment activities for families and to identify scheduling specifics for DEC service offerings (e.g. when families are available to attend classes and what types of classes are desired). Through the DEC visitor surveys, residents' high satisfaction and appreciation for the services offered were apparent; 100 percent of children and parents agreed that the DEC staff were friendly and helpful, and 100 percent of children reported enjoying going to the DEC.

100 percent of children and parents agreed that the DEC staff were friendly and helpful, and 100 percent of children reported enjoying going to the DEC

When asked how the DEC can be improved, the most common responses among parents and children were "nothing, it is already great!". Overall, ACCAA extensively sought feedback from residents throughout all stages of the DEC development and implementation. Because of this, residents were highly satisfied with and grateful for the services they received.

OBCDC

Throughout the Empowering Communities grant year, OBCDC has sought and integrated residents' input throughout every layer of their programming from the design of marketing materials to decision-making about how best to engage residents in the design and implementation of community interventions around SDOH. As OBCDC was designing marketing materials for the Old Brooklyn Farmers' Market and the greenspace focus groups, they sought feedback from partners in the community. Feedback reflected a desire for marketing materials to reflect what residents understand. OBCDC adjusted marketing wording accordingly (e.g. using the term "outdoor spaces" rather than "greenspace"). Feedback from partners also included the need to incorporate diversity and inclusion in the farmers' market planning to ensure the diversity of farmers' market vendors and staff reflect the diversity of the neighborhood they serve.

OBCDC also relied on feedback from the five core RHC members to determine how best to restructure the group's purpose when gathering resident participation became challenging. The RHC discussed the need to expand and the desire to play an active role in planning, activity and program creation, as well as growing the group. Taking these things into account, OBCDC in partnership with the RHC decided to overhaul their community engagement strategy to focus on inclusion and building social capital within the neighborhood.

“Based on conversations within the community, key stakeholders, the RHC, and staff, we have decided to overhaul our engagement strategy. This will help us move forward in our work in the community and was not a light decision. But if we want to make real change, having a good foundation and strategy for engagement was key.” – Community Health Coordinator

Through the greenspace focus groups, OBCDC relied on Old Brooklyn residents to discuss their needs and desires around greenspaces in the neighborhood. Based on the wealth of information received throughout the focus groups, OBCDC is integrating this feedback to inform the design and implementation of new and restored greenspaces throughout the neighborhood.

Finally, OBCDC collected feedback from residents regarding the farmers’ market and free transportation through formal (i.e. surveys) and informal (i.e. discussions with residents) methods. Overall, feedback from residents was highly positive about the market and transportation with most residents indicating it improved their perception of the neighborhood. Constructive feedback from residents included a desire to grow the market with more vendors, to offer fitness activities in less visible spaces, and to provide more seating areas and places for people to socialize when they finish shopping. OBCDC is using this feedback to inform changes to the 2020 farmers’ markets.

Rural Action

Rural Action staff identify milestones for teams to meet at their own pace so as to ensure the activities of the Community Improvement Challenge (CIC) Teams are grounded in residents’ perceptions and ideas: 1) The first milestone is the establishment of a CIC Team that includes at least one elected official, civic organization representative, young adult, retired individual, employed professional, artist and local school representative. The diversity in the team not only increases social, professional and resource networking, but also encourages the development of team cultures that seek and integrate a range of residents’ input. However, over time, team member participation varied with some teams maintaining engagement of all team members, and other teams’ projects being implemented by few or a single team member. Team member survey results also identified opportunities to improve the extent to which teams represent the economic statuses of most residents in their communities; 2) The second milestone is to set a meeting to assess community assets and identify needs, challenges and hopes for the community. In fact, two community teams surveyed their entire community by postcard to identify residents’ perceptions and priorities for the community; and 3) CIC teams formulated community improvement projects and searched for additional resources to support projects, culminating in a third milestone of creating project plans that reflected team member consensus around their community’s values and the teams’ budgetary and implementation capacities.

Building off of CIC teams’ ideas and priorities for their communities, Rural Action concentrated their 1,749 advisory hours on identifying external financial resources, like grant opportunities, for teams to apply; training in grant writing and application processes; providing experience and advice related to the demands of project implementation for teams to better assess feasibility and their capacity; facilitating team meetings to meet their goals; and recording meeting minutes for teams to better track their progress. The large majority (94%) of team members agreed that Rural Action’s advisory hours improved their team’s ability to build partnerships outside the community, to identify resources and to carry out

project plans (see Appendix C).

Furthermore, 89% of team members agreed that Rural Action staff takes the time to understand what teams need help with, and 87% agree that advisory hours were convenient for their teams (see Appendix C). Rural Action was able to adapt their advisory hours for the needs of each individual team, encouraging independence by providing assistance when and how teams requested it and providing teams

with new skills and tools related to their project needs. For teams that could not meet in person as often, Rural Action helped facilitate email communications. For teams where members did not all engage at the same level, Rural Action advised team leaders to keep projects going.

94% of team members agreed that Rural Action's advisory hours improved their team's ability to build partnerships outside the community, to identify resources and to carry out project plans

MVHO

The Employment Specialist provided 135 one-on-one assistance and coaching hours to meet individual tenants' needs, adjusting her approach to each tenant. Her responsiveness to tenants' needs is evident in increased tenant agreement in the quality and effectiveness of ES services; on a scale score of 1 being "strongly disagree" to 5 being "strongly agree", tenants' average level of agreement that ES services were quality and effective increased from 2.9 to 3.3. Due to her one-on-one time with tenants and tenants' positive perceptions of the ES services, the Employment Specialist is able to help tenants identify and voice their needs. When a tenant makes a request or identifies a need outside the scope of the Employment Specialist, the need is discussed in a MVHO team meeting and the appropriate staff are assigned (i.e. counselor, case management, etc.). Based on individual needs voiced by tenants, the Employment Specialist made the following referrals:

- Referrals to Jeremiah's Letter for assistance with obtaining birth certificates and State ID's. Jeremiah's Letter offers convenient office hours and locations, in order to assist vulnerable populations that need legal documents in order to obtain public benefits and other services in the community.
- Referrals to Clothes That Work; this agency provides interview and work attire that are fashionable and increase confidence.
- Referrals to Brunner Literacy Center for GED classes.
- Referrals to substance abuse counseling at a local community mental health agency.

The Employment Specialist utilized her 135 one-on-one assistance and coaching hours to meet individual tenants' needs, adjusting her approach to each tenant

Community Understanding of SDOH Lens

To what extent do community empowerment structures and services increase community awareness of SDOH in their community?

Increasing community awareness of SDOH and how social determinants impact communities is a critical component to improving the well-being of residents. Increasing awareness of SDOH not only informs individuals as to how various aspects of life impact one's overall health status, it also provides educational opportunities for community members to better understand why community interventions are important for improving the well-being of residents and the community as a whole, in turn increasing community buy-in and support of interventions. At the start of the Empowering Communities grant, three of the four grantees (all except MVHO) had plans to implement community surveys at community-wide events to measure and track increased awareness of SDOH. Unfortunately, these efforts did not transpire as planned as the grantees had to pivot community engagement structures to meet the community where they were. Despite this, the teams either indirectly increased awareness of SDOH in their communities or have plans to do so moving forward in 2020. The grantees' activities around increasing awareness of SDOH and future plans are described below.

ACCAA

At the start of the Empowering Communities grant, a goal of ACCAA was to host monthly community-based community learning center (DEC) meetings with the purpose of gathering feedback about the DEC and to increase the community's awareness of SDOH and how they impact their community. Due to difficulty in getting participation among residents, ACCAA realized they needed to pivot their approach by first going out into the community and building trust rather than relying on the community to come to them. As a result, the DEC community resource coordinator (CRC) engaged in summer community outreach activities by going to two low-income neighborhoods throughout the summer to engage with children and families and establish relationships with them. The CRC went to various sites throughout these neighborhoods and interacted with children through reading and play activities and had discussions with the parents about the DEC and services offered. The CRC also established relationships with neighborhood liaisons, trusted members in each neighborhood, in order to gain their support and trust to, ultimately, encourage residents of these neighborhoods to engage with the DEC. Though the monthly DEC community meetings were not successful in year one, ACCAA recognized the need to first build trust and relationships in the community by going to residents and pivoted accordingly. Once trust and relationships are established, ACCAA intends to carry out the monthly community meetings to seek input and engage in conversations of SDOH and how they impact the Ashtabula community.

The Community Resource Coordinator met residents where they were and built trust and relationships with children, parents and neighborhood liaisons to encourage engagement in decisions related to the Dragon Empowerment Center.

OBCDC

Overall, OBCDC was successful at engaging five residents to support SDOH initiatives and to build awareness of SDOH in the neighborhood. Though participation was limited, the five residents and Community Health Coordinator (CHC) have plans in place to engage the community in 2020. At the outset of the Empowering Communities grant, a goal of OBCDC was to have the Community Health Coordinator (CHC) establish a resident health council (RHC) to work in tandem with the Community Health Committee to provide an avenue for resident ownership in community initiatives addressing needs around social determinants of health based on the Old Brooklyn Community Health Needs Assessment. The RHC would represent the community and assist in the design of interventions to ensure they reflect the needs and desires of the target populations of such interventions. The CHC was successful at engaging five residents in the RHC, though the participation was not as high as expected. Among the five core RHC members, the CHC explained that they are energized and passionate about improving Old Brooklyn and addressing SDOH in their neighborhood.

Discussions with the CHC revealed that it was challenging to find more residents interested in participating in the RHC with the hypothesis being that residents didn't fully understand the RHC's purpose and how the social determinants intersect the traditional definition of health. As such, the CHC and core RHC members shifted their strategy by first building trust with community members through hosting Community Network Nights. The Community Network Nights are designed to foster community-lead discussions around desired improvements/changes in the community. Through the rebranding of the RHC to Community Network Nights, the hope is to gain more participation by avoiding the use of the perceived narrow definition of health to encompass all potential community interventions. The ultimate goal is for attendees of the Community Network Nights to organically design SDOH interventions that residents most desire.

The Community Health Coordinator and Resident Health Council shifted their community engagement strategy by first building trust with community members through hosting Community Network Nights.

Rural Action

Central to Rural Action's Community Improvement Challenge is that improvements in community health, resident health and SDOH in Athens County start with building community pride and beautification that elicits hope in the future and motivation to improve overall well-being. Data was reported in reference to each team identifying community challenges to increasing well-being; community improvement projects completed; and skills community teams gained to improve resident well-being, indicating, at minimum, indirect awareness of SDOH in communities. Furthermore, for the 2019 grant year, Rural Action partnered with the Athens City-County Health Department, Athens County Planner, and AmeriCorps VISTA in order to provide not only comprehensive advice and support to each community team, but to maintain a SDOH lens. However, data was not reported as to the extent that community team members increased their SDOH awareness so far as directly connecting their communities' challenges to well-being as SDOH.

Community Improvement Challenge Teams participated in activities to improve their skills towards effectively increasing community well-being. Consequently, community awareness of SDOH is influenced indirectly through the skills team members gained around improving community well-being.

MVHO

The Employment Specialist (ES), working as part of MVHO's Critical Time Intervention (CITI) program, provides tenants wrap-around services, including referrals to health, mental health and behavioral health services that help tenants address barriers to their employment and housing. In this way, tenants are indirectly made aware of SDOH and the connections between well-being and access to employment. However, due to data not being reported on changes in tenants' level of awareness of SDOH, the impact ES services have on tenants' awareness of SDOH in their community cannot be reported.

Resident Self-Advocacy

To what extent do residents feel empowered to self-advocate and influence community decisions related to SDOH?

In order to gain the necessary support of residents in community-based decisions, it is critical for residents to feel empowered to influence change and advocate for their needs and desires for their community. Three of the four communities (all except ACCAA) collected data/shared stories of their residents' empowerment and advocacy around decisions related to SDOH. The communities have implemented important structures and processes to increase resident empowerment and encourage advocacy in community-based decisions. Structures and processes include community forums for residents to voice their opinions/concerns and individualized services to ensure residents' needs and desires are incorporated in service delivery to best meet their needs.

ACCAA

As mentioned above, the community wide DEC meetings were not conducted as planned. As a result, residents did not complete the resident empowerment survey designed to assess the extent to which they felt empowered to self-advocate and influence community decisions related to SDOH. Though resident self-advocacy is not measurable in the first year of the DEC as a result, ACCAA has made great strides in putting processes in place to build trust and relationships with residents through community outreach activities. Once these critical foundations are formed, ACCAA will be in a positive position to encourage resident self-advocacy around SDOH.

OBCDC

Old Brooklyn residents feel empowered to influence decisions that affect their life, though their empowerment to influence community decisions is limited. Despite limited empowerment around individual influence over community decisions, residents find empowerment in coming together to solve community problems. Though the Resident Health Council (RHC) didn't transpire as planned, the CHC was able to implement the resident empowerment survey to 39 Old Brooklyn residents who attended OBCDC-hosted community events to establish a baseline of residents' sense of empowerment related to decisions made in their community around SDOH. Overall, most residents (70% or more) felt empowered to influence decisions related to their own lives; however, in terms of their empowerment

to influence decisions made in their community, only half of residents felt empowered to do so. Despite perceptions of little control/empowerment to affect community decisions, the majority of residents believe that, by working together, people in their community can influence decisions. Through the successful implementation of the Community Network Nights, it is expected that residents' empowerment to affect change in their community around SDOH will increase.

OBCDC and ACCAA have made strides towards building resident trust and relationships. These efforts will form strong foundations needed to encourage resident self-advocacy around SDOH.

Rural Action

While teams may have leaned on advisory hours, by the mid to end of the year, many teams had gained the skills to take on projects and meetings independently. Overall, teams most consistently relied on Rural Action for facilitating team meetings and learning grant writing and application processes. Furthermore, teams' skills gained in networking are evident in that 100% of the projects completed leveraged teams' social and/or political networks to receive in-kind professional assistance, ranging from partnership building, to marketing, to project management. Specific examples of teams' empowerment to self-advocate and influence decisions can be found in Appendix C, providing insight to teams' confidence to act more independently *and* being able to ask for help from Rural Action or other social connections when needed. An exemplar of Rural Actions' impact on residents' empowerment is that of a community team leader inspired by her teams' engagement with residents to run for Mayor, and she won! Leading her Community Improvement Challenge team, her team completed a multiuse trail through their community. As Mayor she is working to amplify the impact of this trail. For example, she spoke at an Athens City council meeting to advocate for the completion of an 88-mile multiuse trail, connecting the trailhead in her community to Athens City.

79% of team members perceive they can influence decisions made in their teams and 71% are satisfied with the extent of influence they have over decisions made.

When it comes to team members' sense of empowerment in relation to their team and the teams' influence on the community, the majority of team members feel empowered. Specifically, team members agree to strongly agree that they can influence decisions made in their team (79%); 71 percent of team members are satisfied with the extent to which they can influence decisions their community teams makes; and the majority of the team has influence over decisions that impact their lives (see Appendix C).

MVHO

Overall, tenants that received ES services are empowered to influence decisions that affect their lives, rather than the community at large, by increasing their well-being and access to employment. Due to her one-on-one time with tenants and tenants' positive perceptions of the ES services, the Employment Specialist is able to help tenants identify and voice their needs. For example, two tenants had initially requested ES services, but after working with the Employment Specialist they indicated they were not

83% of tenants agree that they have employment goals and a plan to achieve their goals.

quite ready to move forward with employment, requesting more time to adjust to living on their own (i.e. transition from homelessness). In turn, the Employment Specialist discussed the tenants' needs with the CITI team, the team made plans for attaining sobriety and longer-term recovery, and moved the tenants into the required services, all while keeping them eligible for ES services in the future.

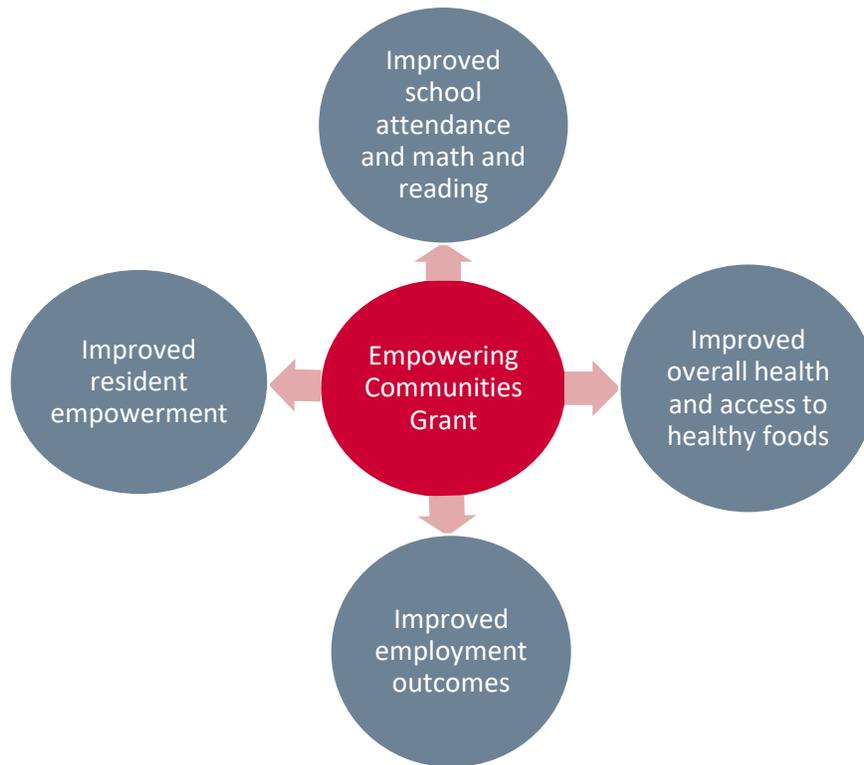
As a result of ES services, 60% of the tenants agree to strongly agree that they are able to maintain a positive attitude at work, keep their job, and have the social skills to succeed in interviews. In fact, 83 percent of tenants agree to strongly agree that they have goals and a plan to achieve their goals (see Appendix D)!

Resident Well-Being

To what extent do community empowerment structures and services improve residents' well-being?

Within just one year, the four grantees have had a positive, strong impact on the lives of residents served. Improved well-being is evidenced through improved child outcomes (e.g. school attendance, test scores, improved oral health), increased resident empowerment, improved overall health, increased access to healthy food choices, and improved employment skills with plans for meeting employment goals. Figure 2 displays the many positive outcomes residents experienced as a result of the Empowering Communities grant. The impact each grantee has had on residents is briefly described below. Refer to Appendices A through D for more thorough explanations of each.

Figure 2. Outcomes experienced among residents through the Empowering Communities grant



ACCAA

ACCAA positively impacted the lives of residents throughout Ashtabula in a variety of ways through the Dragon Empowerment Center (DEC). Not only did the DEC help meet children’s and families’ basic needs, the services provided by the DEC improved school attendance and academic outcomes among the children. Further, the dental and vision services and referrals provided much needed assistance to children and families and improved their well-being. Overall, 942 clothing items and 427 meals were donated to children and families to help meet their basic needs. Among 153 students who received services from the DEC and had attendance data available, 74 percent have increased their attendance. Further, among students with reading and math data available, 76 percent increased their reading scores and 91 percent increased their math scores. The children who received dental services at the DEC are better off by having improved oral health and having “cleaner, stronger teeth” as a few kids noted. Also, the convenience of having the services offered at school positively impacts the parents as well by not having to coordinate scheduling and transport to dental services offered off-site. Parents were asked the extent to which they feel the DEC has had a positive impact on their or their child’s life and whether it brings value to the community. Parents unanimously agreed that the DEC has had a positive impact on their or their child’s life and that it is a valuable resource in the community.

Residents in Ashtabula Experienced:

- Increased school attendance
- Improved math and reading scores
- Improved access to basic needs
- Improved oral and vision health

OBCDC

OBCDC positively impacted residents in Old Brooklyn through providing access to healthy food and wellness activities while overcoming transportation barriers with the free farmers' market shuttle, through offering on-site health screenings at the farmers' market, and by using feedback gathered from residents in focus groups to design and renovate greenspaces throughout the neighborhood. Based on the farmers' market survey, six in 10 respondents indicated that the market had improved their access to healthy food choices and about half stated that their healthy eating and overall health improved with the other half indicating there had been no change. Further, regression analyses revealed that as respondents attended more markets, they were significantly more likely to report improvements in their overall health,⁵ access to healthy food choices,⁶ and healthy eating.⁷ Overall, these results indicate that attending the Old Brooklyn Farmers' Market had a significant, positive impact on individuals' healthy eating habits, access to healthy food, and overall health. In addition to the impact of the market on attendees' overall health and healthy eating, OBCDC's CHC arranged for health screenings to be completed on-site at the market. The health screenings were provided by Northeast Ohio Medical University (NEOMED) and included general health checks such as blood pressure and blood sugar levels. Due to health confidentiality, the number of participants in the health screenings were not tracked, though OBCDC plans to track a tally of screenings completed in 2020.

Finally, though OBCDC has not implemented changes to greenspaces based on the focus groups at the time of this report, they are currently working on two major greenspace projects in the neighborhood. The first includes work under a planning grant designed to determine areas of lowest tree canopy to inform areas with the greatest need for more trees. Based on the planning grant, an implementation plan will be developed which will lead to tree plantings in the highest need areas. The second major project includes partnering with the Western Reserve Land Conservancy and Cleveland Metroparks to renovate an old landfill into a greenspace recreation area on the northern border of the neighborhood. The new greenspace will be designed based on feedback from the focus groups, including incorporating

Residents in Old Brooklyn Experienced:

- Increased access to healthy foods
- Increased knowledge of their health status
- Improved overall health
- Improved healthy eating
- Reduced transportation barriers

more benches, recycling bins, and shaded space. The new greenspace location will tie together two other greenspaces in the neighborhood, the Cleveland Metroparks Zoo and the Harmody/Treadway Creek Trail to form a cluster of greenspaces in the neighborhood.

⁵ $b = 0.07, p < .01$

⁶ $b = 0.05, p < .05$

⁷ $b = 0.07, p < .001$

Rural Action

Through Rural Action’s advisory role to Community Improvement Challenge Teams, Rural Action’s work not only positively impacted the residents involved in the teams but the communities these teams represent as well. Overall, Community Improvement Challenge team members feel

empowered in their role in the team and the teams’ influence on the community. The strong empowerment among team members is evidenced through their reduced need for Rural Action’s advice and support; by the end of the grant year, many teams had gained the skills to take on projects independently. In terms of the benefits experienced by the communities as a whole, the Community Improvement Challenge Teams implemented several community projects and interventions to address SDOH in their neighborhoods. Community projects and interventions included: park improvements (e.g., new workout stations, new playground, art installation, and a new park and town event space), community infrastructure projects (e.g. fixing public electrical lines, installation of “Children at Play” signs and speed bumps, built and installed Little Free Libraries across the community), and health fairs. Two health fairs directly addressed increased access to health care services and health literacy.

Residents in Appalachian Ohio Experienced:

Empowerment to influence community decisions

Park improvements

Infrastructure improvements

Increased access to health resources

MVHO

MVHO’s Employment Specialist Services positively impacted tenants’ well-being through increased empowerment to influence decisions that affect their lives

and increasing their access to employment opportunities. Evidence of tenants’ empowerment to influence decisions that affect their lives is illustrated through the Employment Specialists’ ability to listen to tenants’ needs and desires and adjust services accordingly. At times when tenants determine they are not quite ready for employment, the Employment Specialist helps transition tenants to the appropriate services. Further, as evidence of tenant well-being as a result of the employment services received, the majority (67%) of tenants agree that due to ES services they have increased access to employment and/or education services, and that they know where to find support after leaving SLATE.

SLATE Tenants Experienced:

Increased access to employment and education services

Increased empowerment

Improved employment goals and plans to achieve them

Perceptions of Grantees

At the conclusion of the Empowering Communities grant year, grantees were asked a few questions to gain insights into their greatest success throughout the year, challenges they faced, and what resources, they felt they needed, if any. MRC received responses from three of the four grantees (MVHO did not

provide responses to the questions). The responses are summarized below; detailed responses are provided at the end of each grantees’ detailed evaluation summary in Appendices A through D.

Overall, grantees discussed several major successes as a result of receiving the Empowering Communities grant. The grantees discussed their ability to provide needed services and supports to the community as a result of the increased capacity the grant brought them. The success of these services is widespread, from meeting the basic needs through food and clothing donations to improving the health and well-being of residents (Table 2). Challenges discussed included complications with community engagement. Specifically, ACCAA thought they would be able to garner community engagement at a faster rate than they did (Table 3). Additionally, both ACCAA and OBCDC had to pivot their approach to community engagement by first focusing on building trust and relationships with residents before seeking their engagement in community decision-making and planning activities. Another challenge experienced by two communities, ACCAA and Rural Action, was turnover of a key position that they relied on to move their community services forward. When asked what resources would have helped the grantees have a greater impact in their communities, responses included more staff and resources, consistent funding streams, and guidance around best practices for increasing community engagement (Table 4). Overall, the grantees discussed deep appreciation for the Empowering Communities grant and recognize the increased capacity it brought them to positively impact their communities.

Table 2. What were your greatest successes as a result of receiving the Empowering Communities grant?

Theme	Grantee
The grant has enabled us to move the development of the DEC forward more quickly through the hiring of the CRC. Having the dental services on-site has been a huge success. The individual stories of how the visions referral services have benefited children are the best. It is difficult to quantify how powerful these stories are. The children are so happy and excited when they can finally see well. Our ability to meet the basic needs of children and families have also been a great success. At the start, we didn’t realize how much need there was for food and clothing. Finally, our Summer Outreach was a big success. People are accessing our services more as a result.	ACCAA
Our ability to work through the farmers’ market and adapt it to meet the community’s needs, including our integration of different aspects of health. The farmers’ market transit was also a huge success and very popular. Greenspace focus groups were really interesting. We were able to identify themes from resident feedback to integrate into our greenspace initiatives. Though our community outreach and resident health council didn’t go as planned, it was a learning experience. We were able to work with core RHC members to devise a plan for increasing community engagement moving forward. Participation in the Crooked River Exploration Camp more than doubled compared to last year.	OBCDC
We were able to provide more support to the community through capacity building work that was started by the Athens County Planner’s office and the Community Improvement Challenge.	Rural Action

Table 3. What, if any, challenges did your team experience in fulfilling the initial goals of the Empowering Communities grant?

Theme	Grantee
We thought we would be able to move faster with getting community involvement in our efforts, but realized we had to approach it differently due to barriers such as transportation. We found success in pivoting by going out to the community to build relationships and trust. We hope to draw this engagement in once relationships are formed. Overall, getting the word out and engaging the community has been the biggest challenge. Another challenge was not realizing how much of a need there was for clothing and food. This ended up dominating so much of our time, unexpectedly. Maintaining tutoring was difficult due to turnover of the position that was coordinating the volunteers.	ACCAA
The RHC didn't go as planned because residents didn't fully understand its purpose and the intersection of social determinants and the traditional perceptions of health. The fitness activities at the farmers' market were as popular as planned.	OBCDC
The most basic challenge was adapting to the pace and capacity of each participating community to complete the work needed for the program. There were additional challenges with staff capacity due to turnover of a key staff member who was not replaced. A final challenge related to gathering the outcome measurements in that there was not the amount or quality of data available to collect that was anticipated at the start of the grant.	Rural Action

Table 4. What additional resources/supports do you feel your team needed to have a greater impact with the Empowering Communities grant??

Theme	Grantee
Having more staff would have allowed us to reach the secondary grades sooner. A lack of a large vehicle to transport large donations items, such as beds, impeded our ability to meet all basic needs. Having access to best practices around how best to engage families would have been helpful. Because ACCAA is a separate entity from the school district, getting certain permissions has been a challenge at times.	ACCAA
Mostly more personnel to allow us to accomplish more. Also, the community surveys referenced the RHC, but since the RHC didn't transpire as planned, people didn't know what that meant.	OBCDC
Any additional impact would have needed to come from internal support and resources; the external support provided through the grant by Ohio CDCA did not need to change. The second resource that would increase impact is the existence of a continued funding stream from internal and external sources. It is more effective to work with communities when resources and financial support are predictable, and real long-term improvements can be made when investments are longer term.	Rural Action

Lessons Learned

The Empowering Communities grant helped build the capacity of four community organizations throughout Ohio in developing innovative solutions to community challenges involving SDOH. The grantees experienced many successes as a result of this increased capacity. Throughout the grant year, several insights, or lessons learned, have transpired to inform future similar grants.

1. **Flexibility grantees had in terms of how to spend Empowering Communities Grant dollars was key to grantees' successes in increased resident well-being and empowerment.** The spending flexibility allowed three grantees to pivot their originally proposed services and structures in response to not only communities' feedback, but also unexpected administrative or other barriers, throughout the grant year. As a result of grantees' community engagement efforts, residents experienced increased well-being and empowerment, while also being highly satisfied with services they received. Incorporating flexible spending of grant money into community-based interventions is encouraged to ensure that community organizations can meet the needs of their communities despite shifting community priorities and/or unforeseen challenges.
2. **The Empowering Communities Grant impacted residents *and* grantee organizations. Implementing a multi-level evaluation strategy that measures impact on both residents and grantees will serve to better tell the Empowering Communities whole impact story.** The Ohio CDC values service providers' ability to adjust their services based on communities' feedback and individual needs; and in the 2019 grant year, grantees did just that! However, this meant that the implementation of grantees' proposed projects changed throughout the year. Due to the fact that impact measurement tools were based on grantees' original program proposals, some tools were either less applicable or less feasible and required some adjustments. While it is important to collect impact data on the reach of the Community Empowerment Grant (e.g., number of residents served by grantees, types of services provided, SDOH addressed, service providers' strategies for incorporating client feedback into their program design, etc.), future impact measures could focus on the impact grantees' organizations experience due to the Ohio CDC's flexible funding strategy. In this way, Ohio CDC is both: a) a service-provider centric foundation, recognizing organizations with proven records of knowing and meeting their own communities' SDOH challenges; and b) an impactful, flexible funding source for creative, problem-solving and effective organizations that can experience gaps in funding because they may not fit state or federal funding molds.
3. **Impact evaluation tools must be flexible to the needs of the community and grantees' changing approaches to serve those needs.** The evaluation incorporated both individual grantee measures tailored to the services each grantee offered as well as shared measures across the grantees. Because the grantees often experienced shifting priorities due to a need to meet their unique community needs, the use of shared measures may not be feasible in similar grant structures. As such, it is critical for the evaluation tools to be flexible to meet the community's needs rather than expecting different communities to follow the same path to community engagement. In this project, evaluation flexibility was accomplished through ongoing discussions with grantees. The evaluator met with each grantee on a quarterly basis to discuss the tools and any challenges they were experiencing. Using ACCAA as an example, the evaluator adjusted the visitor satisfaction survey once it was realized that children were often receiving services without the accompaniment of a parent. As such, the tool was adjusted to be age appropriate for young children to complete rather than parents.
4. **Community trust and relationships must be formed before seeking engagement from residents in SDOH community efforts.** The community engagement efforts for two of the four grantees, OBCDC and ACCAA, did not go as planned. Discussions with both grantees revealed that prior to implementing community engagement forums, relationships and trust between the residents and the community organization needed to be strengthened. Both organizations

began the grant year with the intention of hosting community-led meetings to seek feedback from residents regarding their desires for community projects and interventions related to SDOH. Both teams struggled to gain resident participation in these efforts and quickly realized the need to pivot their strategy. The grantees' strategy shifted to meeting the residents where they are and increasing awareness of who the community organization is and their purpose and importance in the community. By building trust, relationships, and awareness of the community organization with residents, the grantees are much better equipped to promote community engagement in support of their efforts. To assist grantees in the future, it is recommended that best practices around community engagement be shared with the grantees. This could be accomplished through periodic discussions with all grantees to discuss challenges experienced and changes implemented to overcome such challenges. These discussions could be facilitated by a community engagement expert to provide additional insights into effective community engagement strategies.

The Empowering Communities grant helped organizations throughout Ohio meet the unique needs of their communities. The grant is unique in the sense that it encourages grantees to do what they see best to meet their community's needs, whether that means carrying out the original plan or pivoting based on new information. Consequently, the evaluation tools must align to this approach and be flexible to changing needs. Further, in order to build the capacity of grantees' community engagement strategies, it is recommended that the funder integrate community engagement learning opportunities.

Appendix A: ACCAA Dragon Empowerment Center Evaluation Summary

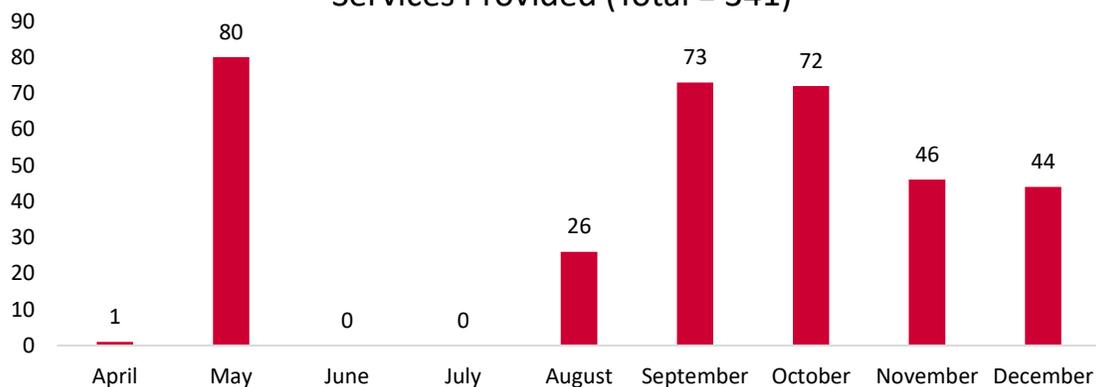
What was done?

Under the Empowering Community Grant ACCAA successfully partnered with the Ashtabula Area City School District to develop a Community Learning Center, the Dragon Empowerment Center (DEC). The purpose of the DEC is to address the non-academic conditions that negatively impact a child’s ability to learn. To coordinate the development and activities of the DEC, ACCAA was also able to hire a Community Resource Coordinator (CRC) using funds provided by the Empowering Communities Grant.

Dental and Vision Services and Referrals

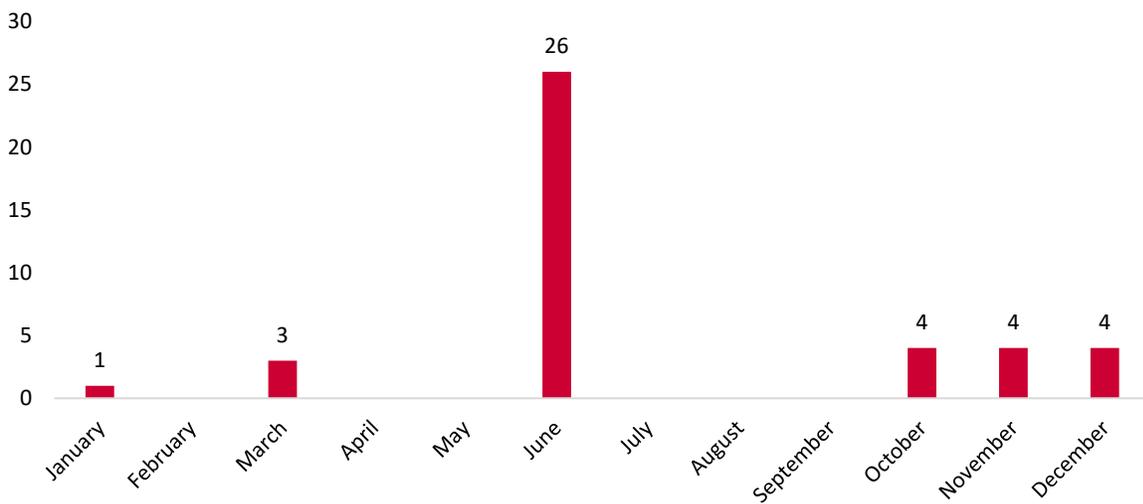
Among the many services the DEC offered to students in 2019, the DEC improved access to health care services for students through offering on-site dental services and referrals for vision services. During the first quarter of 2019, the CRC spent much time coordinating the development of on-site dental services offered at the DEC. This included working with the dental provider to coordinate the delivery of care at the DEC, conducting outreach events to inform parents and school staff of the services, and sent out, and managed the receipt of, permission slips for students to receive services. Starting in May 2019, children began receiving dental services. Figure A1 shows that throughout the year, over 341 dental services were provided, with the busiest months being May, September and October with over 70 services provided each month. In the rare event that a child needed emergency dental services, the CRC leveraged their partnership with Cleveland Dental so that children could be transferred there, as needed.

Figure A1. ACCAA Dragon Empowerment Center Dental Services Provided (Total = 341)



In addition to offering dental services, the DEC offered vision referrals and service assistance (i.e. assisted the families in accessing care). As shown in Figure A2, 42 children received vision referrals and assistance throughout 2019.

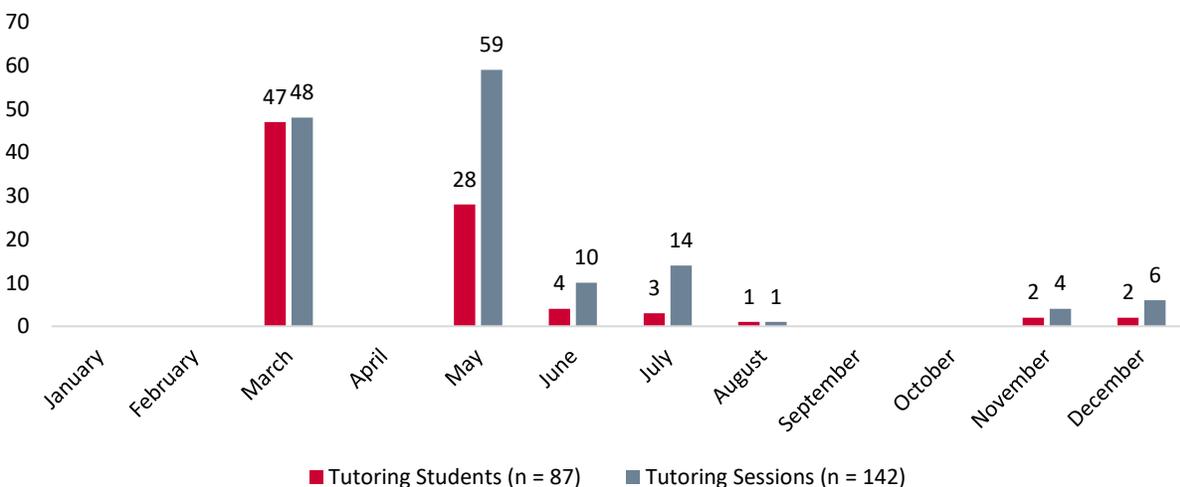
Figure A2. ACCAA Dragon Empowerment Center Vision Referral Services (Total = 42)



Tutoring

Throughout the course of 2019, the DEC facilitated 142 tutoring sessions across 87 students (Figure A3). The tutoring services were provided by volunteers from the Retirement Senior Volunteer Program (RSVP). Discussions with the CRC revealed that tutoring services were off to a great start at the beginning of the year, but due to turnover of the RSVP Coordinator position which was responsible for coordinating the tutoring with the volunteers, there has been a gap in the number of services they have been able to provide. Currently, the CRC is working to reestablish connections with independent volunteers who can continue offering tutoring services.

Figure A3. Tutoring Students Served and Sessions Completed

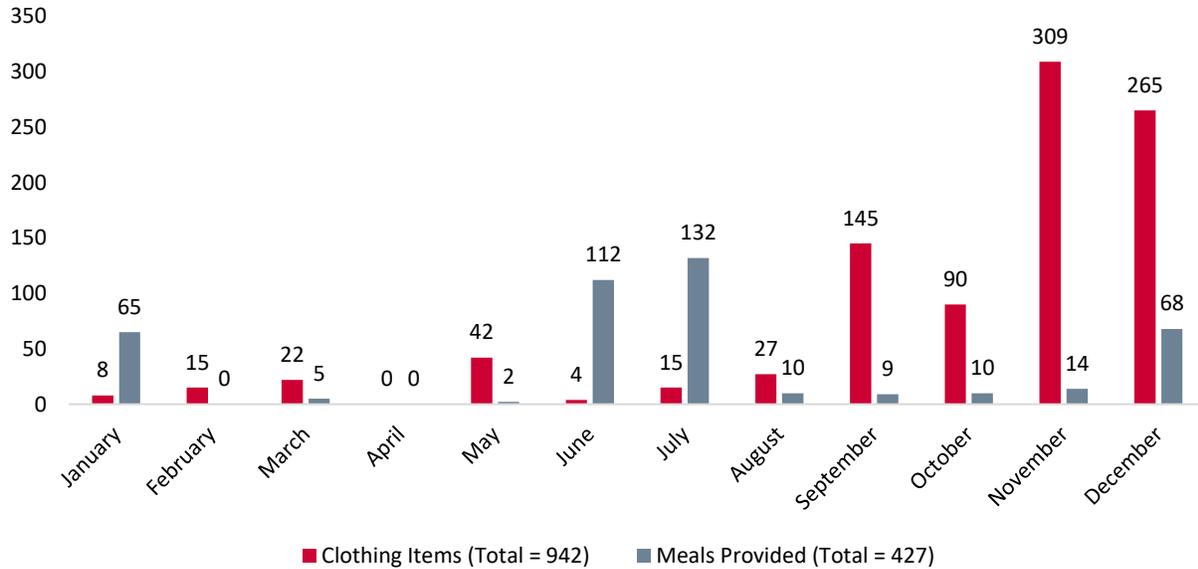


Basic Needs: Clothing and Food

The DEC met children's and families' basic needs by supplying clothing and meals through donations. Children and families were referred to the DEC for food and/or clothing items from school staff when a

need was identified. Throughout 2019, 942 clothing items and 427 meals were donated to children and families (Figure A4).

Figure A4. Basic Needs Met: Clothing and Meal Donations



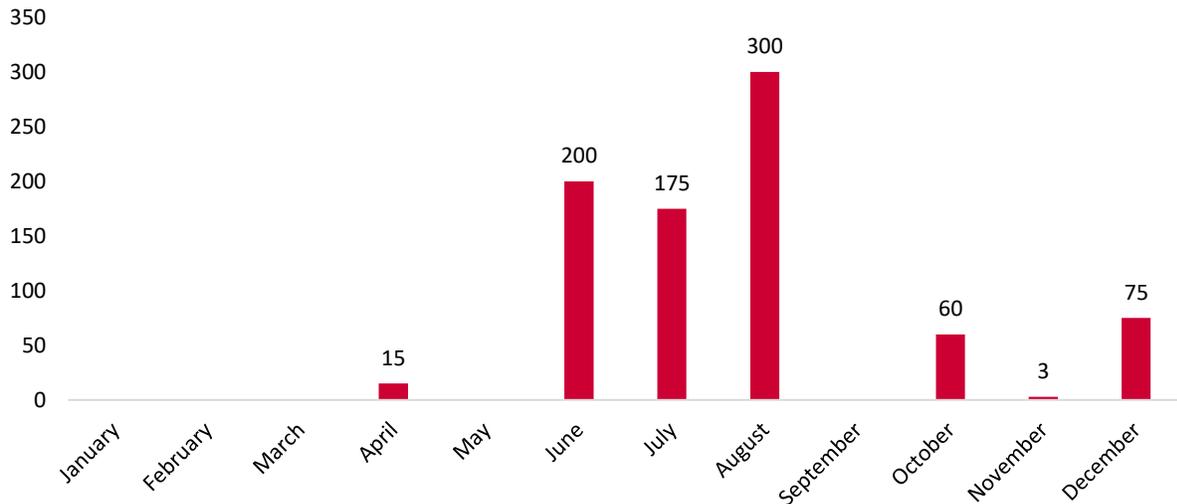
Community Outreach and Events

To increase awareness of the DEC and to meet the greatest needs in the community, the CRC participated in neighborhood outreach and hosted/arranged 10 different community events throughout the year, which resulted in 828 attendees (Figure A5). The neighborhood outreach entailed the CRC going to the two low-income neighborhoods in the community one hour twice a week throughout the summer. The CRC interacted with kids and built relationships with the parents in these neighborhoods while informing them of the DEC and the resources offered. The CRC also developed relationships with neighborhood liaisons to help spread the word about the DEC.

The community events were hosted throughout the year. In June, the CRC organized the June Safety Event which involved a partnership with the local fire department to discuss safety tips for children and families. Attendees were provided free bike helmets and a shuttle was offered to the event from various points in low-income areas throughout the community. Approximately 200 individuals attended the safety event, with about half utilizing the free transportation. In July, the CRC hosted a Family Play Day which included games and mentoring from high school students to students in the primary grades. There was less attendance at these events compared to the June event with the CRC explaining that this was due to a lack of free transportation available. In August, there was a Back-to-School Bash which had 300 attendees who were provided supplies and other educational resources. For this event, the school arranged for free transportation which likely contributed to the large turnout. In October, the CRC went back to the low-income neighborhoods that were a part of the summer outreach to host Halloween-inspired activities to the children. In November, the DEC offered a Positive Parenting Class to interested parents. Though only three parents participated, the CRC shared that they received very positive feedback with parents asking when the class would be offered again. Finally, in December a holiday

event was hosted which featured a meal, resource tables from various organizations that offer services that can assist lower-income families, visits and pictures with Santa, coat donations, and door prizes of turkeys and food gift cards.

Figure A5. Community Outreach: Event Attendance
(Total = 828 attendees)



In addition to the community outreach events, the CRC also participated in staff in-service trainings, with a total of 465 attendees across three events. In these trainings, the CRC introduced staff (teachers, faculty and administration) to the DEC services and how they can access them, elicited referrals for families and students, and recruited donations and support.

How well was it done?

Children who attended the DEC for dental services completed a brief survey with a DEC staff member. Overall, children had positive perceptions of the DEC. All children felt that the staff were friendly and helpful (Figures A6 and A7) and liked going to the DEC (Figure A8). Further, nearly all children enjoyed their time at the DEC and said they felt better when they go to the DEC. When children asked what they like most about the DEC, the most common responses were the friendly, helpful, and fun staff, and that their teeth were cleaner and stronger (Table A1). When asked what they wished was different about the DEC, children most commonly said that they wished nothing was different (Table A2). Overall, these data indicate that children find going to the DEC for dental services enjoyable.

Figure A6. Child's Perceptions of DEC Staff Friendliness
(n = 33)

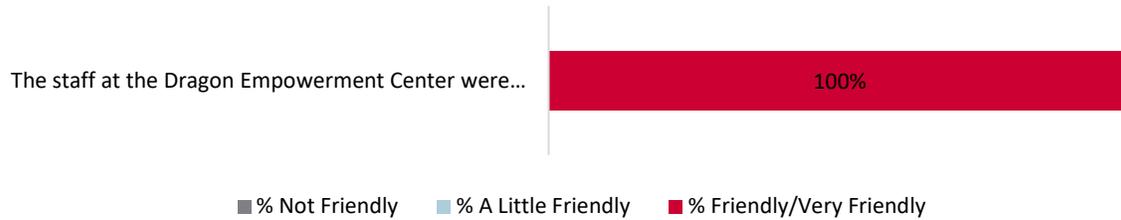


Figure A7. Child's Perceptions of DEC Staff Helpfulness
(n = 33)

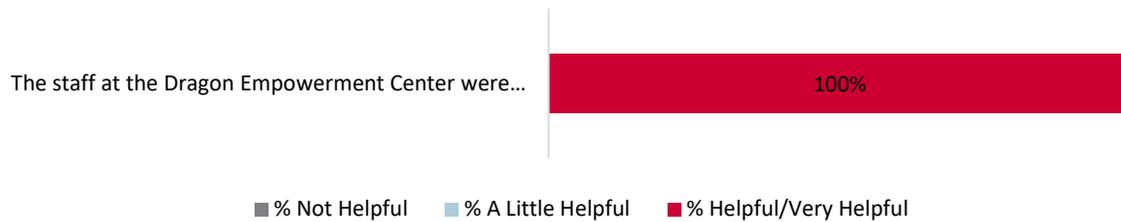


Figure A8. Child's Perceptions of DEC
(n = 33)

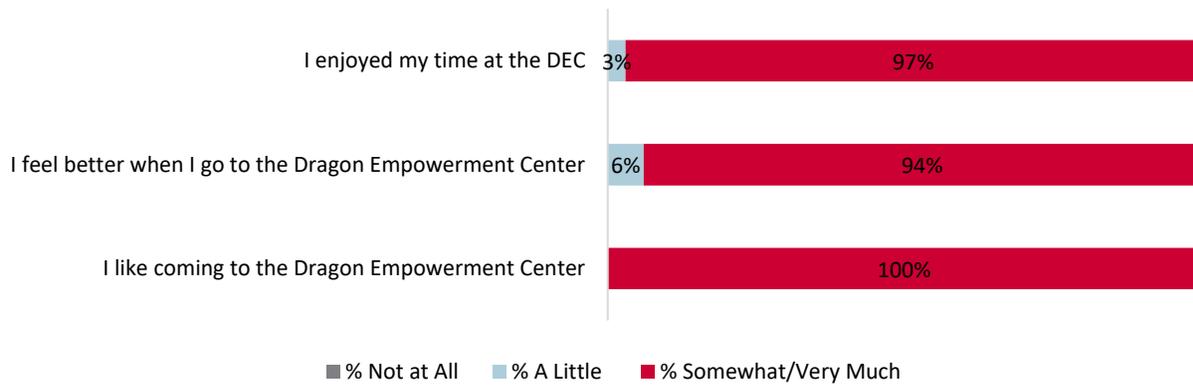


Table A1. What did you like most about the DEC? (n = 29)

Theme	Count
The staff were nice, friendly, and fun!	11
Having cleaner, stronger teeth and the yummy toothpaste	10
That they give us free toothpaste and floss	3
The play area and coloring	2
I had no pain	1
The x-rays	1
That they wiggle my teeth to have the tooth fairy come visit	1

“[What I like most about the DEC is] when they were wiggling my teeth to have the tooth fairy come visit.”

Table A2. What do you wish was different at the DEC? (n = 28)

Theme	Count
Nothing!	15
The fluoride - I didn't like it	2
The x-rays	2
That they gave us toys at the end	1
There was a trampoline	1
They were more gentle on my gums	1
That the tooth fairy came to visit	1
That they gave me a cool electric toothbrush like theirs	1
That I could come all of the time	1
That it could be decorated like a princess's office	1
I didn't like the electric toothbrush	1
Different toothpaste	1

“[What I wish was different about the DEC] is that I can come all the time.”

Parents/families were also asked to share their perceptions of the DEC through a brief survey. As shown in Figure A9, families had very positive perceptions of all aspects of the DEC. All families indicated that the DEC staff were helpful and friendly. Nine in 10 of the families also perceived the services to be of good to very good quality and perceive the services to be convenient (Figure A9). When asked what parents liked most about the DEC, the most frequent responses were “everything”, the convenience of the services being offered at the school, and the friendly atmosphere and friendly CRC (Table A3). When asked what can be changed or added at the DEC, the most frequent response was “nothing, it is great!”. The two recommendations provided were to spread the word about the DEC and to integrate education into the services (Table A4).

Figure A9. Parents' Perceptions of DEC
(n = 10)



Table A3. What did you like most about the DEC? (Parents; n = 9)

Theme	Count
Everything	3
That the services are conveniently offered at the school	2
The friendly atmosphere/friendly CHC	2
It is a great resource for our community	1
Caring staff that don't make you feel less as a person	1

Table A4. Please explain what can be improved or added at the DEC? (Parents; n = 8)

Theme	Count
Nothing, it is great!	5
Spread the word more	1
Education	1
Unsure, I have only been once	1

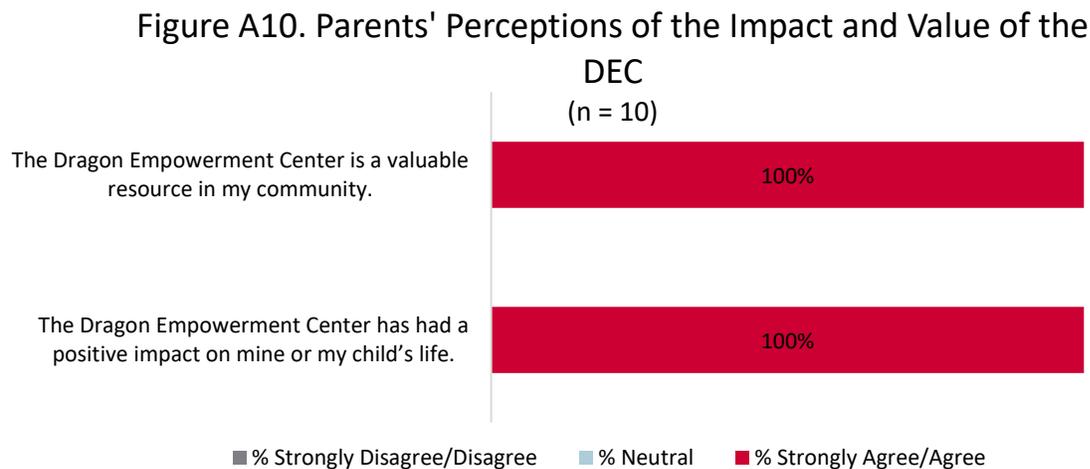
Is anyone better off?

Among 153 students who received services from the DEC and had attendance data available, 74 percent have increased their attendance by an average of 4.3 percent more days attended. Further, among 55 students who had reading data available 76 percent increased their scores and 22 percent of those who started below grade level achieved grade level or above after participating at DEC. Lastly, among 86 children with math data available, 91 percent have increased their scores since participating in the DEC and 33 percent who were below grade level are now at or above grade level in math.

Since participating in the DEC, 91 % and 76 % of children have improved their math and reading scores, respectively.

Based on the data gathered from the DEC dental services, it is clear that the children enjoyed their visits and their interactions with the friendly, helpful staff. It was also evident that the services were age-appropriate and child-friendly by integrating a play area and discussions of the tooth fairy. Overall, the children are better off by having improved oral health and having “cleaner, stronger teeth” as a few kids noted. Also, the convenience of having the services offered at school positively impacts the parents as well by not having to coordinate scheduling and transport to dental services offered off-site. Parents were asked the extent to which they feel the DEC has had a positive impact on their or their child’s life and whether it brings value to the community. Parents unanimously agreed that the DEC has had a positive impact on their or their child’s life and that it is a valuable resource in the community (Figure A10).

Parents unanimously agreed that the DEC has had a positive impact on their or their child’s life and that it is a valuable resource in the community.



Through discussions with the CHC, two stories were shared regarding the impact of the vision referral services on the children and families who received them. Summaries are provided below.

Vision Referral Service Case Studies

Two brothers visited the DEC for vision assistance; one had autism and the other had the same glasses he had since he was 4 years old (he was 8 at the time of his visit). The CRC worked with the mom of the brothers who had no transportation and arranged for transportation to Walmart. The Walmart doctor was unable to complete the examination for the son with autism and he was referred to a specialist. The older brother needed a special frame not available through Walmart. The CRC found an Optical Service that provided and fitted the frames at cost, then Walmart put the lenses in them. Both brothers were very happy with their new glasses and the mother expressed how grateful she was for the coordination of vision services on behalf of the CHC.

Another second-grade student received vision services in January. The CRC explained that the child had failed all her vision screening services each year prior but had yet to receive glasses. Through working with the DEC, the child was able to obtain glasses and she was very excited about her ability to see well as a result. The father shared that she wears her glasses all the time stating, “she only takes them off when she falls asleep.” Overall these stories demonstrate how the vision referral and assistance services offered by the DEC had a positive impact in the lives of the children and families who received them.

Overall the DEC has had a powerful, positive impact on the lives of the children and families they serve in just the short year it has been in operation. Through much community outreach and engagement, the CRC has garnered the support and interest in the services the DEC has to offer. Beyond meeting children’s basic needs through clothing and food donations, the DEC is improving the health of children through increasing accessibility to convenient dental and vision services. Further, through tutoring services, the DEC has helped improve students’ reading and math scores.

ACCAA Post-Grant Year Interview Responses

What were your greatest successes as a result of receiving the Empowering Communities grant?

The grant has enabled us to move the development of the DEC forward more quickly. By having the Community Resource Coordinator (CRC) on board, we have been able to make many community partnerships, including organizations and with individual families. These partnerships have been instrumental to our success. The grant has also provided resources to allow us to effectively identify the community’s needs.

Having the dental services on-site has been a huge success. The CRC provided all of the coordination to get services on-site (e.g. introducing the service to schools, parents, sent out permission slips to 2,000 students). Through the work of the CRC we have even been able to establish a partnership with Cleveland Dental as a place to send children when emergency dental services are needed. The individual stories of how the vision referral services have benefited children are the best. It is difficult to quantify how powerful these stories are. The children are so happy and excited when they can finally see well.

Our ability to meet the basic needs of children and families have also been a great success. At the start we didn’t realize how much need there was for food and clothing. We have been able to donate so many needed services to those in need.

Finally, our Summer Outreach was a big success. The CRC went into two low-income neighborhoods and spent one hour twice a week interacting with the kids, building relationships with the parents and relationships with neighborhood liaisons to help spread the word. People are accessing our services more as a result.

What, if any, challenges did your team experience in fulfilling the initial goals of the Empowering Communities grant? (refer to initial proposal sent from the teams for the goals)

We thought we would be able to move faster with getting community involvement in our efforts, but realized we had to approach it differently due to barriers such as transportation. We found success in pivoting by going out to the community to build relationships and trust. We hope to draw this engagement in once relationships are formed.

Another challenge was not realizing how much of a need there was for clothing and food. This ended up dominating so much of our time, unexpectedly.

Overall, getting the word out and the engagement has been the biggest challenge. We are trying to be everywhere but it's hard to reach everyone.

Maintaining tutoring was difficult due to turnover of the position that was coordinating the volunteers. There are also scheduling constraints with tutoring; we have access to volunteers during the school day, but kids aren't allowed to leave the classroom. If we were to offer tutoring after school, transportation and scheduling becomes problematic. We will be relying on summer hours to overcome these challenges.

What additional resources/supports do you feel your team needed to have a greater impact with the Empowering Communities grant?

Transportation was an issue that has impeded some of what we have been able to do. For example, if we had a van/truck available to make large donations (e.g. beds), we would be able to accomplish much more.

This year, we focused on primary grades because that is where our physical space is. We are now working on moving to secondary grades, but we would have been able to do so sooner if we had more staff.

Having access to best practices around how best to engage families would have been helpful; guidance on what brings families in and encourages their participation.

Finally, because ACCAA is a separate entity from the school district, there have been some difficulties in getting permissions to carry out certain services. This points to the importance of building relationships with school district personnel.

Appendix B: OBCDC Evaluation Summary

What was done?

Old Brooklyn Farmers' Market

Throughout the beginning of 2019 until the end of summer, the majority of OBCDC's Community Health Coordinator's time (about 75%) was spent coordinating and implementing the Old Brooklyn Farmers' Market which was held every Saturday morning and afternoon (9am to 1pm) from June through the middle of September. Prior to the Empowering Communities Grant, OBCDC hosted a farmers' market on Tuesday nights in an affluent area of Old Brooklyn that was not easily accessible to most residents. Based on data gathered from a community health needs assessment of Old Brooklyn,⁸ it was determined that many Old Brooklyn residents had limited access to healthy food options in terms of distance (the nearest grocery store was an average of 4.2 miles from home) and affordability (20% of residents indicated having to choose between spending money on food or housing). As a result, Old Brooklyn and the CHC changed the location and timing of the market to a centralized location on Saturday mornings to increase accessibility. Additionally, to remove the transportation barrier, the CHC arranged the Diamond Line, a free Farmers' Market shuttle that picked up residents throughout Old Brooklyn on a 30-minute loop throughout the neighborhood. Since these changes to aid in accessibility, Old Brooklyn estimates that attendance at the Farmers' Market has at least doubled or tripled to more than 2,100 attendees at the market throughout 2019, with up to 60 vendors in a given month. The following sections discuss the various incentives and activities that were provided to market attendees and the count of participants each month.

There were approximately 2,100 attendees of the Old Brooklyn Farmers' Market in 2019, more than double the attendees in previous years

Community Health Incentive

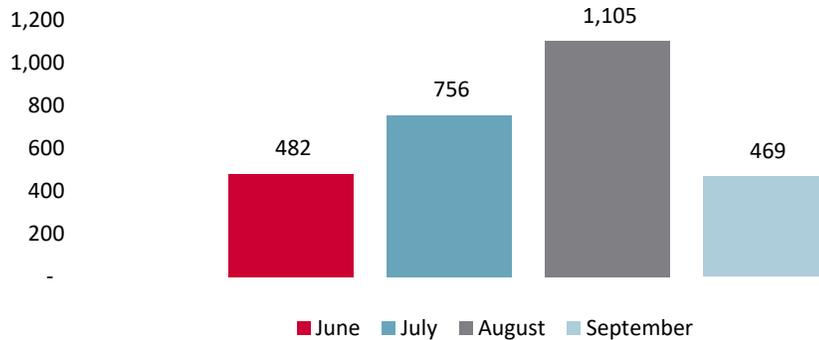
Attendees were provided several opportunities to receive a Community Health Incentive, a \$1 token to be used at any of the vendors throughout the market, for participating in fitness or biking activities, or for using the free transport through the Diamond Line. Figure B1 displays the number of attendees provided an incentive each month.⁹

⁸https://static1.squarespace.com/static/55143082e4b08d9b665dc859/t/5b9c157cc2241b2a5403faf3/1536955867333/OBCDC+Community+Health+Report_08-31-18_FINAL.pdf

⁹ Incentive counts are not unduplicated. An individual could receive multiple incentives for participating in each activity.

**Figure B1. Old Brooklyn Farmers’ Market
Community Health Incentives Provided to Residents**

(Note: only two Markets were hosted in the month of September)

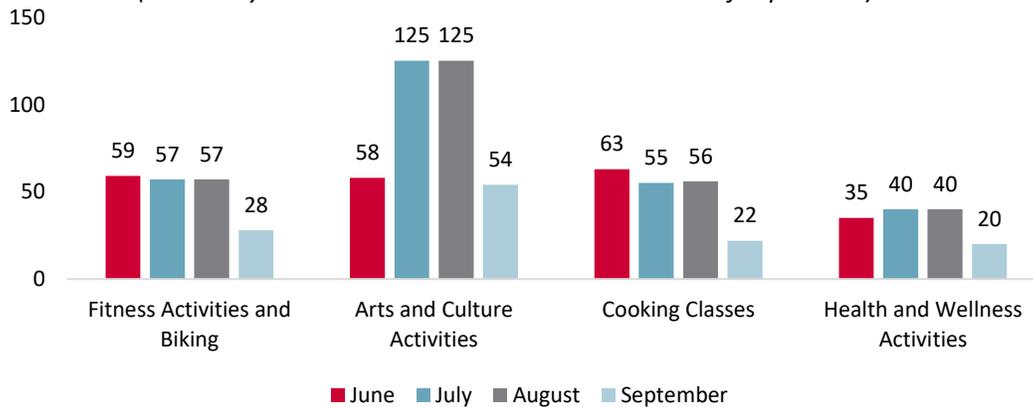


Farmers’ Market Activities

As shown in Figure B2, the various fitness and wellness activities offered at the market were well attended. Throughout the course of the market, there were 201 participants in the fitness activities (i.e. yoga, tai chi, and Zumba) and biking, 362 arts and culture activities (e.g. early learning literacy and education around healthy eating and living, and food-inspired painting) participants, 196 cooking class attendees, and 135 other health and wellness activities (e.g. health-related information and materials, and health screenings) participants.¹⁰

**Figure B2. Old Brooklyn Farmers’ Market Fitness and
Wellness Activities Participation**

(Note: only two Markets were hosted in the month of September)



To gain insights into how the Farmers’ Market benefited the health and well-being of attendees, the CHC implemented a brief survey. Based on the estimated attendance, 18 percent of attendees participated in the survey. The following sections summarize survey results to answer the questions, “how well was the Farmers’ Market done?” and “is anyone better off as a result of the Farmers’ Market?”.

¹⁰ Participant numbers are not unduplicated. If an attendee participated in an activity more than once, they will be counted each time he or she participated.

Transportation to healthy food and wellness activities: Old Brooklyn Farmers' Market's Diamond Line

As mentioned above, the CHC for OBCDC arranged free transportation for residents of Old Brooklyn to attend the Old Brooklyn Farmers' Market every Saturday from 8:30 a.m. to 1:30 p.m. The shuttle, Diamond Line, operated on a 30-minute loop on both the East and West sides of the neighborhood (see Images B1 and B2 for shuttle routes). Throughout the summer, the shuttle provided over 1,300 unique rides to the market to residents including seniors, families, and even pets. As shown in Figure B3, the Diamond Line was utilized frequently throughout the months, with peak participation in August at 533 rides provided.

Over 1,300 free rides were provided to attend the Old Brooklyn Farmers' Market

Image B1. Diamond Line West Route Map

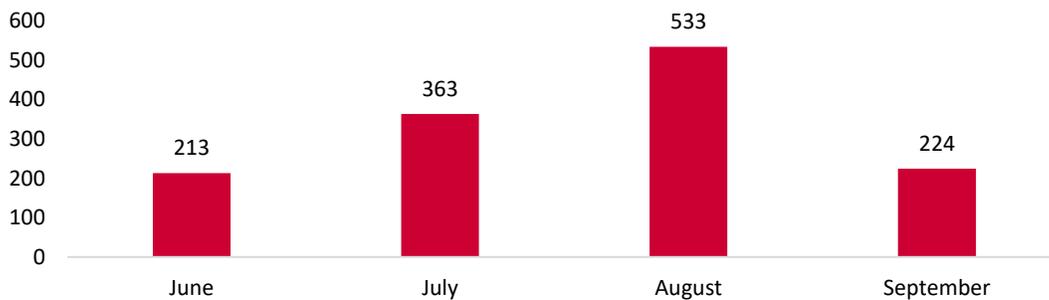


Image B2. Diamond Line East Route Map



Figure B3. Old Brooklyn Farmers’ Market Free Transportation: Diamond Line Rides

Note: Only two Markets were hosted in the month of September



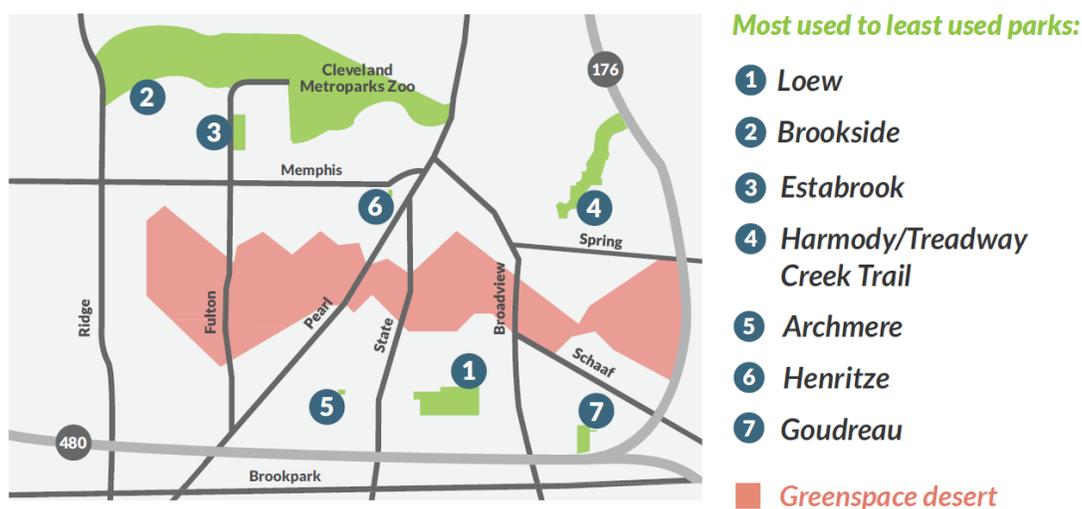
Greenspace Equity in Old Brooklyn

Based on the community health needs assessment of Old Brooklyn, a key need identified was increasing greenspace equity for all residents in Old Brooklyn. Based on the needs assessment, it was revealed that greenspace in general is lacking in the neighborhood, especially in central Old Brooklyn presenting greenspace inequities for residents who reside in that area of the neighborhood (refer to Image B3 for a map of greenspaces in Old Brooklyn). Access to greenspace is a critical component to health and well-

being as it is associated with perceptions of improved general health through increased exercise and activity, stress reduction, and engagement and social interaction with neighbors.¹¹ Because of the importance of access to greenspace for health and the identified need for improvement of greenspace equity in Old Brooklyn, OBCDC’s CHC conducted eight focus groups with Old Brooklyn residents to better understand their needs and desires for improved greenspace areas in their neighborhood.

42 Old Brooklyn residents participated in focus groups to identify needs and desires around improving greenspace equity in their neighborhood

Image B3. Greenspaces of Old Brooklyn¹²



Throughout April and May of 2019 OBCDC’s CHC conducted multiple greenspace focus groups with a total of 42 Old Brooklyn residents. Residents were incentivized to participate by entering into a drawing for a \$25 gift card or a hat or coffee mug. Overall, the participants discussed three general themes around improving greenspace equity in their neighborhood.

- Theme 1, Active Spaces: this theme included several characteristics of what residents desire in their active spaces. Feedback indicated that residents want spaces that engage residents of all ages and can be accessed during all seasons. Residents also desire for the active spaces to incorporate education and learning and physical health programming and events.
- Theme 2, Environment: environment focused on how residents feel in the greenspaces, including their safety. Feedback from residents revealed a desire for improving residents’ perceptions of safety. Though Old Brooklyn is one of the safest neighborhoods in Cleveland, residents indicated that they don’t always feel safe in the greenspaces due to poor lighting, lacking shade during hot months, and, often, drivers’ disregard for speed limits. Additionally,

¹¹https://static1.squarespace.com/static/55143082e4b08d9b665dc859/t/5b9c157cc2241b2a5403faf3/1536955867333/OBCDC+Community+Health+Report_08-31-18_FINAL.pdf

¹²https://static1.squarespace.com/static/55143082e4b08d9b665dc859/t/5b9c157cc2241b2a5403faf3/1536955867333/OBCDC+Community+Health+Report_08-31-18_FINAL.pdf

“environment” included attributes of greenspaces that make it easy to access and move about the space. Lastly, this theme also included discussions of built environment and ensuring the spaces have attributes that make them welcoming (e.g. landscaping, amenities, maintenance).

- Theme 3, Community: the theme around community entailed residents’ desire for greenspaces that promote the development of social connections, social cohesion, and improved mental health among residents. Discussions included a desire for more space for groups of people to gather, such as park pavilions. Additionally, topics under this theme included increasing knowledge of the spaces and having spaces that increase neighborhood pride (i.e. how people feel about where they live and what’s available in Old Brooklyn).

Old Brooklyn’s Crooked River Exploration

OBCDC partnered with the Cuyahoga Valley National Park (CVNP) Environmental Education Center to develop the Crooked River Exploration Camp, two one-week camps offered to students in Grades 1 through 5 who reside in and around Old Brooklyn. In January 2020, the camp was selected for the Program of Excellence Award from the Ohio Board of the American Camp Association.

During the camp, children ventured through areas of Old Brooklyn, including the Cleveland Metroparks Zoo, and into CVNP. Children participated in several learning activities centered around urban and natural ecosystems. OBCDC’s CHC’s role in the camp involved planning activities and healthy meal choices for the children as well as assisted in the evaluation of the camp. Overall, 81 children participated in the camp, 47 of whom were provided scholarships to cover 25 to 75 percent of the price of the camp based on financial need. The majority of children (72%) who attended the camp reside in Old Brooklyn.

The Crooked River Exploration Camp provided children in and around Old Brooklyn learning opportunities centered around urban and natural ecosystems. 81 children participated in the 5-day camp, 47 of whom were provided scholarships based on financial need.

Resident Health Council and Community Meetings

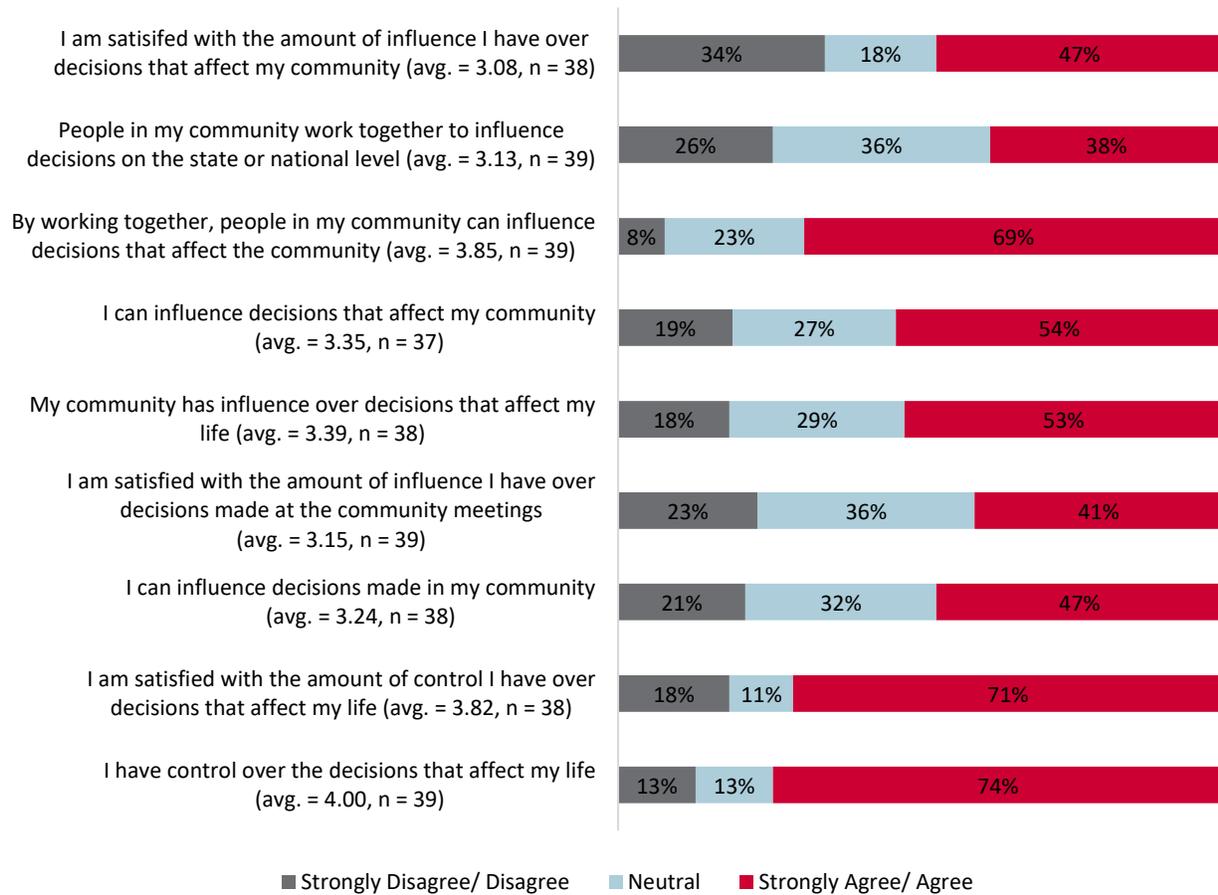
At the outset of the Empowering Communities Grant, a goal of OBCDC was to have the CHC establish a resident health council (RHC) to work in tandem with the Community Health Committee to provide an avenue for resident ownership in community initiatives addressing needs based on the Old Brooklyn Community Health Needs Assessment. The RHC would represent the community and assist in the design of interventions to ensure they reflect the needs and desires of the target populations of such interventions. The CHC was successful at engaging five residents in the RHC, though the participation was not as high as expected. Discussions with the CHC revealed that it was challenging to find more residents interested in participating in the RHC with the hypothesis being that residents didn’t fully understand the RHC’s purpose and how the social determinants intersect the traditional definition of health. As such, the CHC and core RHC members shifted their strategy by first building trust with community members through hosting Community Network Nights. The Community Network Nights are designed to foster community-lead discussions around desired improvements/changes in the

community. Through the rebranding of the RHC to Community Network Nights, the hope is to gain more participation by avoiding the use of the perceived narrow definition of health to encompass all potential community interventions. The ultimate goal is for attendees of the Community Network Nights to organically design interventions that residents most desire.

Though the RHC didn't transpire as planned, the CHC was able to implement the resident empowerment survey to 39 Old Brooklyn residents who attended OBCDC-hosted community events to establish a baseline of residents' sense of empowerment related to decisions made in their community around SDOH. As shown in Figure B4, most residents felt empowered to influence decisions related to their own lives with 74 percent agreeing they have control over decisions that affect their life and 71 percent indicating they are satisfied with the amount of such control; however, in terms of their empowerment to influence decisions made in their community, much fewer residents feel empowered to do so. Less than half (47%) of residents agree that they can influence decisions made in their community and four in ten are satisfied with the amount of influence they have over decisions made in community meetings. Despite perceptions of little control/empowerment to affect community decisions, the majority of residents believe that, by working together, people in their community can influence decisions. Thus, residents find power in coming together to affect community decisions. Through the successful implementation of the Community Network Nights, it is expected that residents' empowerment to affect change in their community around SDOH will increase.

While 74% of residents feel they have control over decisions that affect their lives, only 47% perceive they can influence decisions made in their community.

Figure B4. Residents' Perceptions of their Influence Related to their Community



How well was it done?

Old Brooklyn Farmers' Market

Data gathered from the market survey revealed that attendees had highly positive perceptions of several aspects of the market. Overall, the majority of attendees rated the quality of the programs and activities, market hours, location and product cost, quality and variety as very good to excellent (Figure B5). Further, eight in 10 indicated that the Old Brooklyn Farmers' Market improved their overall opinion of the neighborhood as a whole (Figure B6).

Figure B5. Perceptions of Farmers' Market Quality

Please rate the quality of the following areas of the Market.

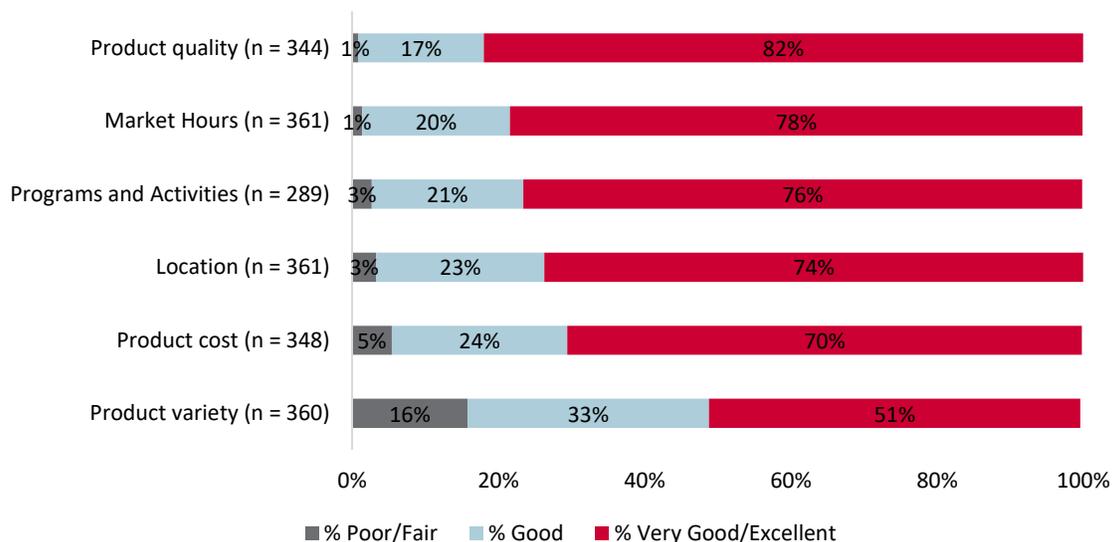
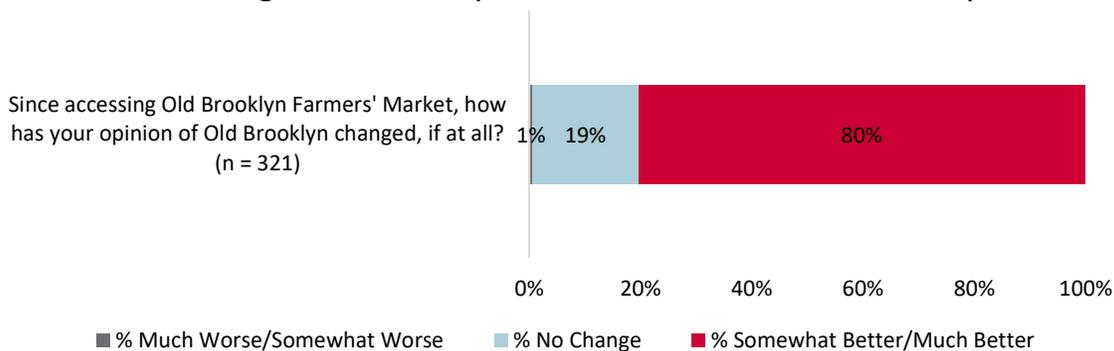


Figure B6. Perceptions of Farmers' Market Quality



Transportation to healthy food and wellness activities: Old Brooklyn Farmers' Market's Diamond Line

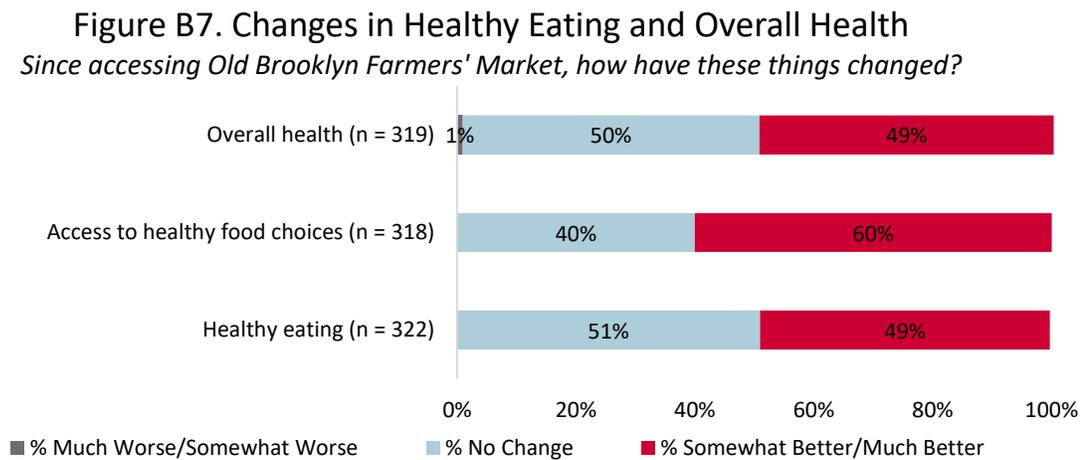
Feedback was gathered from Diamond Line riders through a brief survey that was completed by 196 individuals. Overall, the feedback regarding the Diamond Line was overwhelmingly positive. The most frequent comment for improvement was to implement the service, or something similar, year-round. Further, when asked whether they would ride again or recommend the Diamond Line to a friend, all but one individual responded "yes".

Is anyone better off?

Old Brooklyn Farmers' Market

Market survey participants were asked whether their healthy eating, access to healthy food, and overall health had changed since accessing the Old Brooklyn Farmers' Market. Overall, six in 10 respondents indicated that the market had improved their access to healthy food choices (Figure B7). Further, about half stated that their healthy eating and overall health improved with the other half indicating there had been no change. Because the frequency with which people attend the market is likely to impact their statements to these questions, regression analyses were conducted to assess whether more frequent market goers had more positive perceptions towards improvements in their healthy eating and access to healthy food. The analyses revealed that as respondents attended more markets, they were significantly more likely to report improvements in their overall health,¹³ access to healthy food choices,¹⁴ and healthy eating.¹⁵ Overall, these results indicate that attending the Old Brooklyn Farmers' Market had a significant, positive impact on individuals' healthy eating habits, access to healthy food, and overall health.

More frequent Old Brooklyn Farmers' Market goers were significantly more likely to report positive improvements in their overall health, access to healthy food choices, and healthy eating habits



In addition to the impact of the farmers' market on attendees' overall health and healthy eating, OBCDC's CHC arranged for health screenings to be completed on-site at the farmers' market. The health screenings were provided by Northeast Ohio Medical University (NEOMED) and included general health checks such as blood pressure and blood sugar levels. Due to health confidentiality, the number of participants in the health screenings were not tracked, though OBCDC plans to track a tally of screenings completed in 2020.

¹³ $b = 0.07, p < .01$

¹⁴ $b = 0.05, p < .05$

¹⁵ $b = 0.07, p < .001$

Old Brooklyn Farmers' Market attendees were provided on-site, free health screenings provided by NEOMED

Greenspace Equity in Old Brooklyn

Though OBCDC has not implemented changes to greenspaces based on the focus groups at the time of this report, they are currently working on two major greenspace projects in the neighborhood. The first includes work under a planning grant designed to determine areas of lowest tree canopy to inform areas with the greatest need for more trees. Based on the planning grant, an implementation plan will be developed which will lead to tree plantings in the highest need areas. The second major project includes partnering with the Western Reserve Land Conservancy and Cleveland Metroparks to renovate an old landfill into a greenspace recreation area on the northern border of the neighborhood. The new greenspace will be designed based on feedback from the focus groups, including incorporating more benches, recycling bins, and shaded space. The new greenspace location will tie together two other greenspaces in the neighborhood, the Cleveland Metroparks Zoo and the Harmony/Treadway Creek Trail to form a cluster of greenspaces in the neighborhood.

Based on feedback from focus group participants, OBCDC is partnering with Western Reserve Land Conservancy and Cleveland Metroparks to build a greenspace that reflects the desires of residents

OBCDC Post-Grant Year Interview Responses

What were your greatest successes as a result of receiving the Empowering Communities grant?

Our ability to work through the farmers' market and adapt it to meet the community's needs, including our integration of different aspects of health. We layered in different aspects of a healthy community through outreach, free fitness activities, cooking classes, local running and walking clubs, and bike rides every Saturday. Our partnerships with health providers, Metro Health and NEOMED was successful and provided needed resources to our community. Another success was our partnership with early childhood education providers who assisted with the integration of arts and culture for the younger kids.

The farmers' market transit was also a huge success. The shuttle ran from 8:30 a.m. to 1:30 p.m. and made stops throughout Old Brooklyn on a 30-minute loop.

Greenspace focus groups were really interesting. Residents discussed three general themes that will be integrated into future greenspace initiatives. Based on focus groups, we are in the process of identifying areas where trees should be planted. We are also working with community partners to purchase a plot of land, which used to be a landfill, on the northern border. We are using feedback from focus groups to inform the design of the park.

Our community outreach and resident health council was a success and a learning experience. The core RHC members helped with the community engagement plan moving forward, including the recognition that OBCDC needs to develop a pathway for residents to become more involved in the community. To

do this, we decided we need more activities that build neighborhood connections. For example, Community Network Nights to bring residents together to discuss topics important to them and provide them tools needed to get going on projects/interventions. An example includes a RHC member with the idea of doing mainstream cleanups throughout the neighborhood but couldn't find other people to get involved. Community Network Nights would allow her to elevate this work and gain support from other residents.

The Crooked River Exploration Camp was also successful in the sense of how many people participated; participation more than doubled this year compared to last.

What, if any, challenges did your team experience in fulfilling the initial goals of the Empowering Communities grant? (refer to initial proposal sent from the teams for the goals)

The RHC didn't go as planned because residents didn't fully understand its purpose and the intersection of social determinants and the traditional perceptions of health. As a result, we are trying to shift the traditional perception of health and market differently. The focus of Community Network Nights is about first building the trust and leaving it open to the residents to lead discussions. Once community engagement is established, we plan to integrate residents throughout OBCDC structures and processes to ensure residents' voice is integrated into all we do.

The fitness activities at the farmers' market were as popular as planned. Based on feedback from attendees this was due to the high visibility of fitness activity participants and a lack of shade. We will integrate this feedback to adapt the activities next year.

What additional resources/supports do you feel your team needed to have a greater impact with the Empowering Communities grant?

Mostly more personnel to allow us to accomplish more. Also, the community surveys referenced the RHC, but since the RHC didn't transpire as planned, people didn't know what that meant.

Appendix C: Rural Action Impact Summary

Serving 32 counties of Appalachian Ohio, Rural Action assisted in the creation of two, and the further development of six, Community Improvement Challenge Teams, as well as providing individualized organizational, administrative and advisory support to each community team. Through the Community Improvement Challenge (CIC), Rural Action aims to improve community-based leadership and networking capacity to effect desired change related to environment, safety, isolation, healthy food access, and economic opportunity. Central to Rural Action’s CIC programming is that improvements in community health, resident health and SDOH in Athens County start with building community pride and beautification that elicits residents’ hope in the future and motivation to improve their overall well-being. Community teams are established with the aim to **increase resident engagement in community structures and supports addressing SDOH and to improve resident empowerment to influence decisions related to the well-being of the community**. For the 2019 grant year, Rural Action partnered with the Athens City-County Health Department, Athens County Planner, and AmeriCorps VISTA in order to provide comprehensive advice and support to each community team. For the purposes of this report, a reference to “Rural Action” is a reference to the collective role of these partners.

What Was Done?

For the 2019 grant year, **eight Community Improvement Challenge (CIC) teams participated; two team joining in 2019 and six teams returning from previous years of the Community Improvement Challenge**. In general, to establish a CIC team, a

community is required to bring together, at least one elected official, civic organization representative, young adult, retired individual, employed professional, artist and a local school representative. However, over time team member participation varied with some teams maintaining engagement of all or more team members, and other team projects being implemented by few or a single team member. The diversity in the team not only increases social, professional and resource networking, but also encourages the development of team cultures that seeks and integrates a range of residents’ input. After establishing their team, communities:¹⁶

- Scheduled a meeting to assess their community’s local assets, needs, challenges and hopes for their community
- Formulated community improvement project ideas
- Searched for additional resources for their projects
- Prioritized projects based on consensus around their community’s values and budgetary and implementation feasibility
- Completed and submitted project plans to Rural Action for the release of funds

“Equity is accomplished when all people in a community have access to inclusive planning. Despite historical hurdles, Athens County is committed in providing quality infrastructure and resources that allow communities to reach their full potential.”

- *Rural Action Success Report 2019*

¹⁶ Rural Action Success Report (2019), pending publication

Rural Action’s Advisory Role and Support Provided to Community Improvement Challenge Teams

Key to the engagement of residents on CIC teams is the availability of project funds from the start. CIC teams build confidence and experience in project management by utilizing initial funds provided by Rural Action. **Due to CareSource’s Community Empowerment Grant, Rural Action was able to make \$5,125 (\$3,125 from OCDC’s Community Empowerment Grant; \$2,000 from other sources raised by Rural Action) available to each of the eight CIC teams.** Coming off their project successes funded by these initial funds, teams are motivated to seek their own funding sources through grant writing.

*“County staff provided teams with grant writing workshops, organizational support and community planning.”
- Rural Action staff*

Key to the CIC teams’ impacts were Rural Action’s **1,749 advisory hours** spent on recording meeting minutes and publishing them for teams to better track progress; providing grant-writing workshops; budgeting support; and staff’s leveraging of their social and governmental networks to help identify local and external resources (Table C1, developed from Rural Action’s program tracking). Rural Action was able to adapt their advisory hours for the needs of each individual team, encouraging independence by providing assistance when and how teams requested it and providing teams with new skills and tools related to their project needs. For teams that could not meet in person as often as once a month, Rural Action helped facilitate email communications. For teams where not all members engaged at the same level, Rural Action advised team leaders one-on-one to keep projects going.

Table C1. Types of Rural Action Advisory Actions

Advisory Hour Activities	Count of teams received advisory activity
Facilitating scheduling of monthly meetings (time and places), engaging the public	5
Grant writing training, grant application assistance	3
Budgeting, funding allocation	2
One-on-one meetings/support with team representatives or leaders	6
Strategic planning with community assets	1
Meeting monthly to assist with decision-making, facilitate forming consensus	1

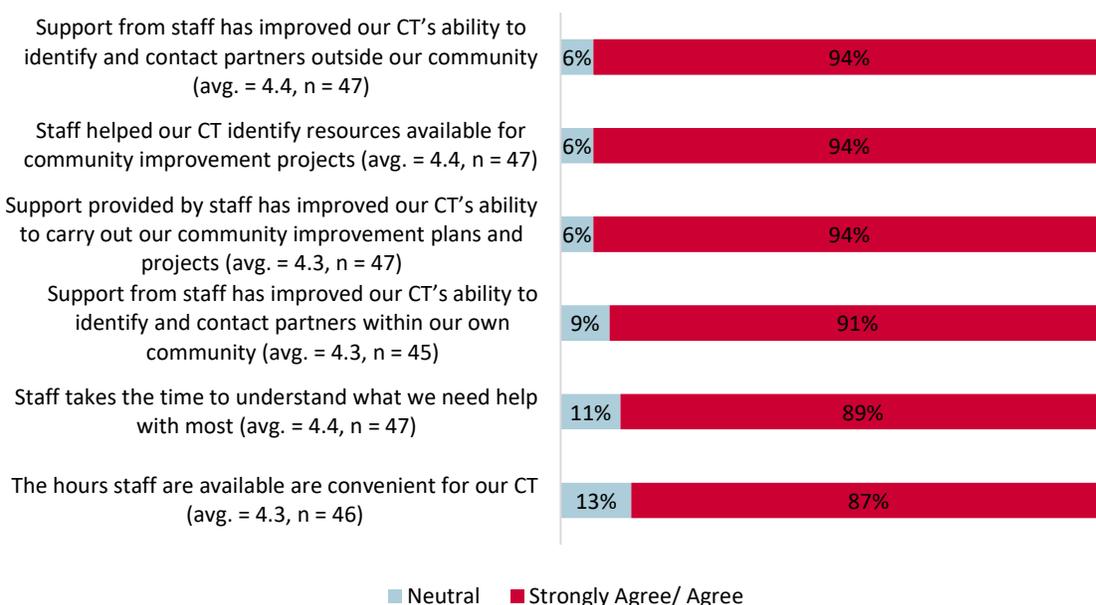
How Well Were Services Provided to Community Improvement Challenge Teams?

Nearly all CIC team members agree that Rural Action’s advisory services are effective and appropriate in assisting teams to meet their goals and affect change in the well-being of their community. However, survey results identify opportunities for Rural Action to provide more assistance in developing teams that better reflect variation in economic statuses of the communities.

Quality of Rural Action’s Advisory Role and Support Provided to CIC Teams

The large majority (94%) of team members agreed that Rural Action’s advisory hours improved their team’s ability to build partnerships outside the community, to identify resources and to carry out project plans. Furthermore, **89 percent of team members agreed that Rural Action staff takes the time to understand what teams need help with**, and 87 percent agree that advisory hours were convenient for their teams (Figure C1).

Figure C1. Team Members' Perceptions of Quality of Rural Action Advisory Hours



As a result of Rural Action’s support in facilitating and scheduling meetings, CIC teams held an **average of six in-person meetings** throughout the grant year, **averaging six team members in attendance**, with even **more collaboration happening via email, phone and one-on-one advisory meetings** between team leaders and Rural Action staff. In open-ended responses, team members responded that what they liked most was Rural Action’s knowledge of social networks, external resources and grant writing (Table C2).

Table C2. Team Members’ Responses of What They Liked Most About Advisory Hours (n = 18)

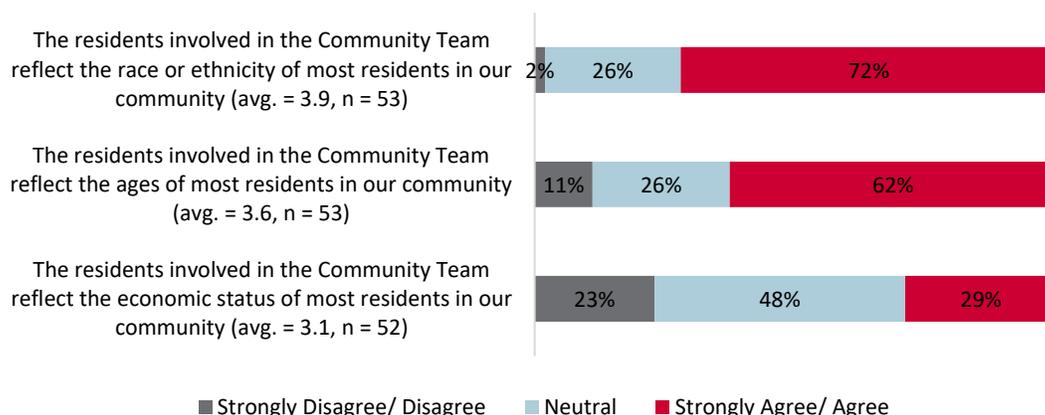
Theme	Count
Rural Action’s knowledge of available resources and social networking	8
Grant assistance/advice (writing, setting priorities and meeting deadlines)	3
Rural Action’s genuine interest in teams’ project successes, overall friendliness and availability	4
Rural Action’s extent and diversity of professional experience, time spent sharing ideas	4
Clarity and creativity of Rural Action’s advice, including project and grant management	4
Note-taking of meeting minutes	2

Community-Representative Teams

Overall, team members agree that their CIC teams reflect the ethnic and generational diversity of their communities. However, survey results identify opportunities to improve the extent to which teams represent the economic statuses of most residents in their communities (Figure C2).

Assisted by Rural Action, two CIC teams sent postcards to all community members in order to identify community priorities. Teams learned that residents desired improved communications between residents and elected officials, and improved infrastructure and access to health care. Results of these surveys were used to prioritize team projects.

Figure C2. Team Members' Perceptions of Community Representation on Team



To What Extent are Community Improvement Challenge Teams Better Off?

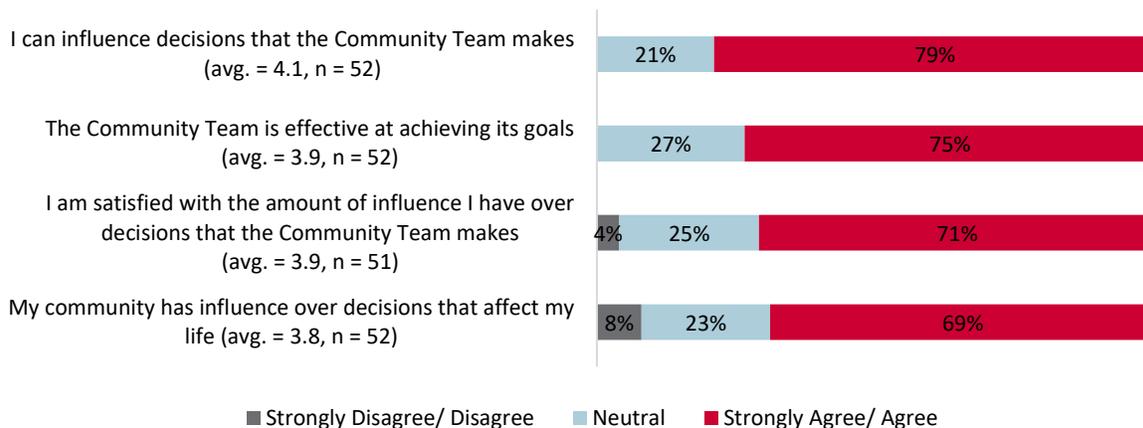
Overall, CIC team members have a sense of empowerment when it comes to the influence their CIC team has on their community and the extent to which they can influence decisions made by their teams. Over the grant year, several CIC teams became more independent in their facilitation of meetings, social networking and project implementations, with primarily seeking advisory hours around grant-writing assistance from Rural Action staff. However, a few CIC teams struggled to keep all team members engaged, with projects being carried out by the team leader, and to a certain extent a larger reliance on Rural Action staff to keep projects moving ahead.

Teams Members Feel Empowered to Influence their CIC Team and Community

When it comes to team members' sense of empowerment in relation to their role in the team and the teams' influence on the community, the majority of team members feel empowered. Specifically, team members agree to strongly agree that they can influence decisions made in their team (79%) and 71 percent of team members are satisfied with the extent to which they can influence decisions their community teams make (Figure C3). The majority of team members also agree to strongly agree that

their community team is effective at meeting goals and that their community has influence over decisions that impact their lives (Figure C3).

Figure C3. Team Members' Perceptions of their Influence Related to their Community Team



Teams' Decreased Need for Rural Action Advisory Hours

While teams may have leaned on advisory hours in the beginning of the grant year, by the mid to end of the year, many teams had gained the skills to take on projects and meetings independently. Overall, teams relied on Rural Action the most for learning grant writing and application processes. Furthermore, teams' skills gained in networking are evident in that 100 percent of the projects completed leveraged teams' social and/or political networks to receive in-kind professional assistance, ranging from partnership building, to marketing, to project management. Below are statements from Rural Action staff that highlight the impact of their advisory hours, providing insight into teams' empowerment to act more independently, while also being able to ask for help from Rural Action or other social connections when needed:

- “Initially, advisory hours for this community team included planning and facilitating meetings... [but] eventually [the team] became more independent in their meetings and [Rural Action] wasn't needed. After the conclusion of both [community] events [planned by the team], the team held three meetings [on their own] planning for 2020.” -Rural Action staff
- “One community team was finding it difficult to come to a consensus about how to use funding from Rural Action. [But, when facing a deadline], the team planned a meeting in only 24 hours and was able to finalize their funding plans without the help of the County Planner. Over a two-week course, these plans were finalized by all team members. This indicated to us that they have gained skills from all the advisory hours [from Rural Action] on meeting management and project planning.” -Rural Action staff
- “Rural Action [advisory role] was more hands off [by the fall] because the team had shifted [from budget planning] towards working on their projects.” -Rural Action staff
- “[As a result of Rural Action's supports] the team leader was able to apply for state funding for larger scale improvement projects [in 2020] on behalf of the community team and was awarded \$25,000 in grant funding from the Ohio Department of Natural Resources.” -Rural Action Staff

To What Extent are Communities Better Off?

Overall, team members (i.e. residents) have a sense of empowerment to influence decisions that affect their lives when working together and as individuals. Projects completed by CIC teams have:

- increased two communities' access to and knowledge of health care services and health literacy
- addressed critical health trends to contribute to building healthier communities by completing community beautification projects; creating public spaces and events for communities to better connect with their neighbors and build community pride; and increasing access and quality of public parks.

Increasing Access to Health Care Service, Health Literacy and Addressing Critical Health Trends to Build or Rebuild Healthy Communities

Two CIC teams put on public health fairs, directly increasing access to health care services and increasing health literacy. In community assessment meetings, many CIC teams identified that neighbors lacked a sense of connectiveness. Community trends of social isolation is detrimental to well-being; Table C3 lists projects completed by community teams, including community events, park improvements and community infrastructure projects that contribute to the unification of communities. Furthermore, teams held community-wide planning meetings, and one team installed light-up signs outside their library to communicate local news and events. To complete or improve certain community projects, CIC teams were successful in leveraging additional financial funds, including resident donations, local business sponsorships, and Ohio Department of Natural Resources grants (Table C3).

“The team put on an Antique Machinery Show wherein 50 community members came to enjoy time together. The team provided food, arts programming, games and more.”

- Rural Action Staff

Table C3. Projects completed in 2019 by Community Teams and Financial Resources Obtained in Addition to Initial Project Funds

Community Improvement Projects Completed	Resources Obtained in Addition to Initial Project Funds
Community Events and Engagement	
Improvements to annual Summer Festival	
Health fairs (2)	Sponsorships (2 local newspapers, 1 local radio station) Mobile health clinic and mammogram unit
Establishment of city clean-up day with kids' chance to win a bike	Team member donations
Community-wide survey by postcard to assess community priorities, followed by public "Visioning Session" (2)	
Installation of community bulletin board at elementary school	Team member donation
Visiting artists workshops at local library	Resident donations
Continuation of summer feeding program	
Community-wide "Antique Machinery Show"	
Community-wide town car "Cruise-In" event	
New playground installment	\$3,000 grant from Ohio Department of Natural Resources (NatureWorks)
Art installation	
Installation of work-out stations	Team member donation
Building of new park and town event space	\$11,000 grant
Fixing of public electrical line	Village Council funds
Installation of "Children at Play" signs and speed bumps	
Improvements to Community Resource Center	
Built and installed Little Free Libraries across the community	
Installation of two light-up signs outside library to make local announcements	
Installation of bus stop shelter at library	

Residents' Empowerment to Influence Decisions Related to their Well-being

An exemplar of Rural Actions' impact on residents' empowerment is that of a community team leader inspired by her teams' engagement with residents to run for Mayor, and she won! Leading her Community Improvement Challenge team, her team completed a multiuse trail through their community. As Mayor she is working to amplify the impact of this trail. For example, she spoke at an Athens City council meeting to advocate for the completion of the 88-mile multiuse trail, connecting the trailhead in her community to Athens City.

A team leader joined as a councilperson in her village. After participating in community planning activities on the team, she was empowered to run for Mayor. She won!

However, a strong sense of empowerment does not end with the new Mayor; team members (i.e. residents) overall, have a sense of empowerment to influence decisions that affect their lives when working together and as individuals. All of the surveyed team members agree to strongly agree that by working together, people in their communities can influence decisions that affect their community (Figure C4). As individuals, 91 percent of team members agree to strongly agree that they have control over decisions that affect their lives, with 87 percent of team members agreeing that they can influence decisions that affect their community (Figure C5).

Since only mid-program surveys measuring team members' sense of empowerment were reported, change in empowerment due to participating in 2019 community teams cannot be directly reported. However, given the fact that six of the eight community teams have already been engaged with Rural Action for 1-3 years previous to 2019, the strong measures of team members' overall sense of empowerment reported this grant year are indicative of the program's impact on resident empowerment, and at a minimum the program's success in engaging residents to apply their empowerment for the betterment of the community as a whole. Surveys of team members also identified opportunities for improving an overall sense of empowerment, particularly in community teams' perceptions of their ability to influence state and national level decisions that affect their lives.

Figure C4. Team Members' Perceptions of their Influence When Working as a Team

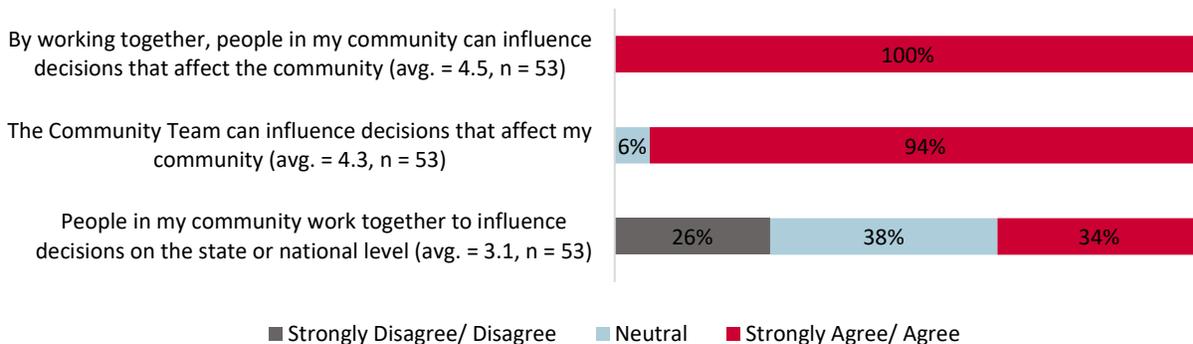
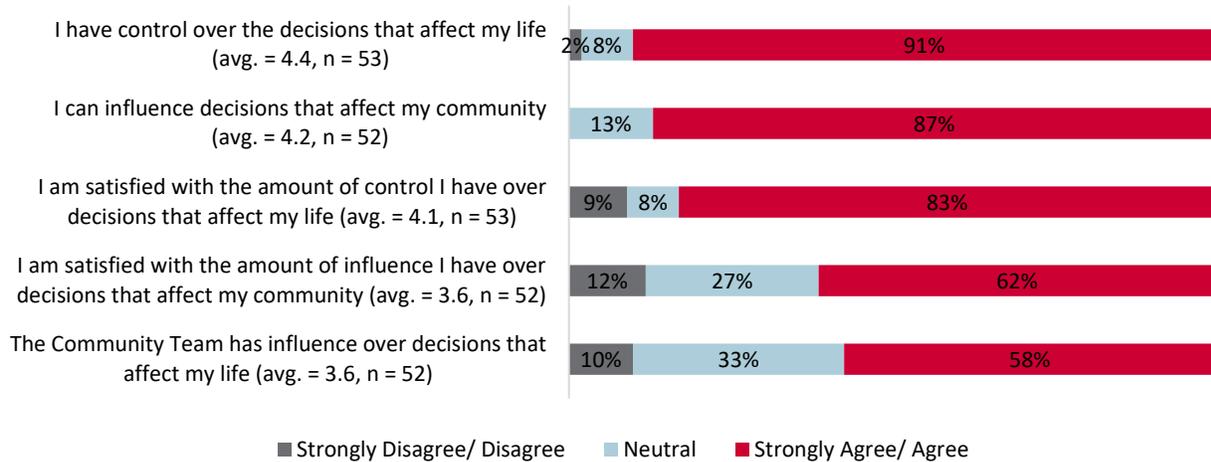


Figure C5. Team Members' Perceptions of their Influence on Decisions that Affect their Lives



Rural Action Post-Grant Year Interview Responses

What were your greatest successes as a result of receiving the Empowering Communities grant?

Through the grant, Rural Action was able to provide more support to the community capacity building work that was started by the Athens County Planners' office and the Community Improvement challenge. This has a long-term positive effect on the goals of Rural Action throughout Appalachia Ohio region by empowering small communities to do big things in more sustainable ways. We now have 4-5 additional communities that have taken ownership of projects and decisions that will improve the quality of life for their residents.

What, if any, challenges did your team experience in fulfilling the initial goals of the Empowering Communities grant? (refer to initial proposal sent from the teams for the goals)

The most basic challenge was adapting to the pace and capacity of each participating community to complete the work needed for the program. Our team followed the lead of the community teams for meeting times, frequency, and following through on goals. There was a wide range of capacity to get things done, so our staff and financial resources were not deployed equally at all times during the course of the grant. There were additional challenges with staff capacity when one of the county planner's office staff left halfway through the project and was not replaced. A final challenge related to gathering the outcome measurements in that there was not the amount or quality of data available to collect that was anticipated at the start of the grant.

What additional resources/supports do you feel your team needed to have a greater impact with the Empowering Communities grant?

Any additional impact would have needed to come from internal support and resources; the external support provided through the grant by Ohio CDCA did not need to change. The most fundamental resource to increase impact on a project of this type continues to be staffing and the ability to have people on the ground in communities to maintain a coaching and accountability standard that can support the goals of each individual community.

The second resource that would increase impact is the existence of a continued funding stream from internal and external sources. It is more effective to work with communities when resources and financial support are predictable, and real long-term improvements can be made when investments are longer term. The scale of disinvestment in Appalachia Ohio communities is staggering, yet it is a result of generations of decisions that have placed the long-term needs of the local residents below the wants of economic interests that dominated the history. Turning this history in a new direction will not happen if the wealth assets are not rebuilt along with the communities.

Appendix D: Miami Valley Housing Opportunities Impact Summary

The Miami Valley Housing Opportunities (MVHO) Employment Specialist works toward sustainable housing for tenants of the Supportive Living Assistance for Tenant Empowerment (SLATE) by providing one-on-one job readiness and soft skills coaching to achieve or maintain employment. SLATE tenants include homeless youth and adults, chronically homeless individuals/families, and other individuals/families exiting homelessness in need of intensive services. The Employment Specialist (ES), working as part of MVHO's Critical Time Intervention (CITI) program, also provides tenants with referrals to health, mental health and behavioral health services that help tenants address barriers to their employment and housing. Each tenant enrolled in the CITI program are provided ES services for up to six months.

What was done?

With the Empowering Communities Grant, MVHO was able to increase their Employment Specialist from part-time to full-time in order to increase one-on-one contact hours with tenants. During the grant year of October 2018 to October 2019, the Employment Specialist served a total of six tenants, with a range of 2-5 tenants being enrolled in ES services at a time. Three of the six tenants (50%) completed their CITI program, and one tenant (17%) that joined in September 2019 was still enrolled in ES services at the end of the grant period (Figure D1). Two tenants opted to end their ES services early, indicating they were not ready for employment and requesting to re-engage after they have had the time to address mental and behavior health challenges they are facing.

From January 2019 to October 2019, the Employment Specialist provided tenants with a total of **135 one-on-one assistance and coaching hours**. All six tenants, while to varying degrees based on personal needs, received one-on-one assistance and coaching in mock interviewing, hygiene and personal appearance, communication skills, résumé building, completing on-line applications, and time management skills.

All six tenants received one-on-one assistance and coaching in mock interviewing, hygiene and personal appearance, communication skills, résumé building, completing on-line applications, and time management skills.

Tenants were also referred to community resources that help to lower barriers to employment. Listed below are referrals and the frequency of which they were made:

- Each tenant received referrals to Jeremiah's Letter for assistance with obtaining birth certificates and State ID's. Jeremiah's Letter offers convenient office hours and locations, in order to assist vulnerable populations that need legal documents in order to obtain public benefits and other services in the community.
- Each tenant received referrals to Clothes That Work; this agency provides interview and work attire that are fashionable and increase confidence.
- Two tenants were referred to Brunner Literacy Center for GED classes.
- One tenant was referred to substance abuse counseling at a local community mental health agency.

Figure D1. # of Months Each Tenant Enrolled in Employment Specialist Services

(avg. # of months enrolled in ES services = 4.8)



How Well Were Services Provided to Tenants?

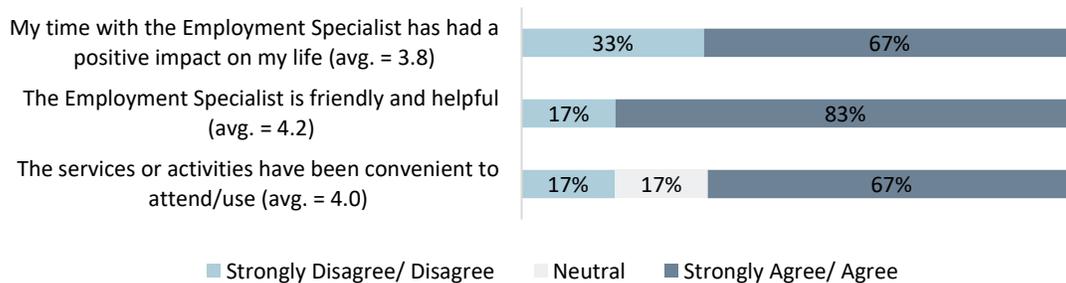
The Employment Specialist also cultivates relationships with local employers to be better able to refer tenants to jobs that fit their personal needs and interests, and as necessary, to mediate conflicts between tenants and their new employers before they result in termination. Throughout the grant year, the ES conducted 58 employer relationship development meetings, averaging 6 per month for 10 months. **As a result of employer relationship building, assistance with applications and job searching, a total of 14 interviews were completed with four tenants throughout the grant year.**

“Tenants have expressed that the Employment Specialist is very helpful and kind about letting them know what they need to work on, in order to be an appropriate candidate for jobs of their choice.”

- CITI supervisor

The Employment Specialist worked to meet individual tenants’ needs, adjusting her approach to each tenant. Her responsiveness to tenants’ needs is evident in increased tenant agreement in the quality and effectiveness of ES services from pre- to mid-program surveys (2.9 to 3.3 on a scale score of 1-5). At mid-point of their enrollment, the majority (83%) of tenants agreed to strongly agreed that the Employment Specialist was friendly and helpful, with 67 percent agreeing that she had a positive impact on their lives and services were convenient to attend/use (Figure D2).

Figure D2. Tenant Perceptions of Employment Specialist Services (n = 6)



To What Extent are Tenants Better Off?

Overall, tenants that received ES services are empowered to influence decisions that affect their lives, increasing their well-being and access to employment.

Empowering Tenants to Influence Decisions Related to Their Well-Being

When a tenant makes a request or identifies a need outside the scope of the Employment Specialist, the need is discussed in a MVHO team meeting and the appropriate staff are assigned (i.e. counselor, case management, etc.). **Due to her one-on-one time with tenants, the Employment Specialist is able to help tenants identify and voice their needs.**

“[Tenants] have expressed that they are very appreciative of the support they are receiving. In fact, [a tenant] encountered the program director unexpectedly, and stated how much he appreciates the one-on-one interactions with the Employment Specialist.” - CITI Supervisor

At times when tenants determine they are not quite ready for employment, the Employment Specialist helps transition tenants to the appropriate services. For example, two tenants had initially requested ES services, but after working with the Employment Specialist they indicated they were not quite ready to move forward with employment, requesting more time to adjust to living on their own (i.e. transition from homelessness). In turn, the Employment Specialist discussed the tenants' needs with the CITI team, **the team made plans for attaining sobriety and longer-term recovery, and moved the tenants into the required services, all while keeping them eligible for ES services in the future.**

Improving Tenants’ Well-Being and Access to Employment

The CITI model is to work at improving well-being of the tenants so as to better provide them access to employment and increase their opportunities to maintain their employment. As a result, 60 percent of the tenants agree to strongly agree that they are able to maintain a positive attitude at work, keep their job, and have the social skills to succeed in interviews. The majority (67%) of tenants agree that **due to ES services they have increased access to employment and/or education services** (Figure D3), and that **they know where to find support after leaving SLATE** (Figure D4). In fact, 83 percent of tenants agree to strongly agree that they have goals and a plan to achieve their goals!

Figure D3. Tenant Perceptions of Employment Specialist Services' Impact on Access to Employment

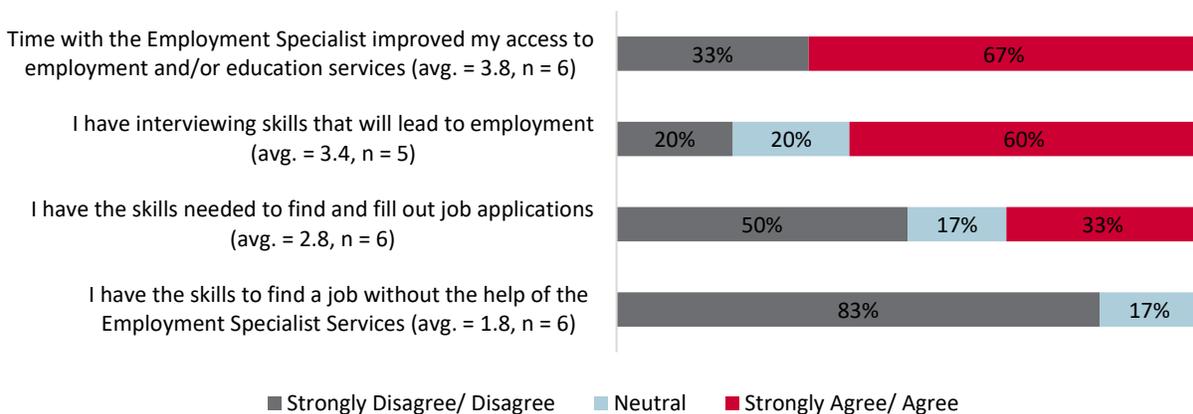
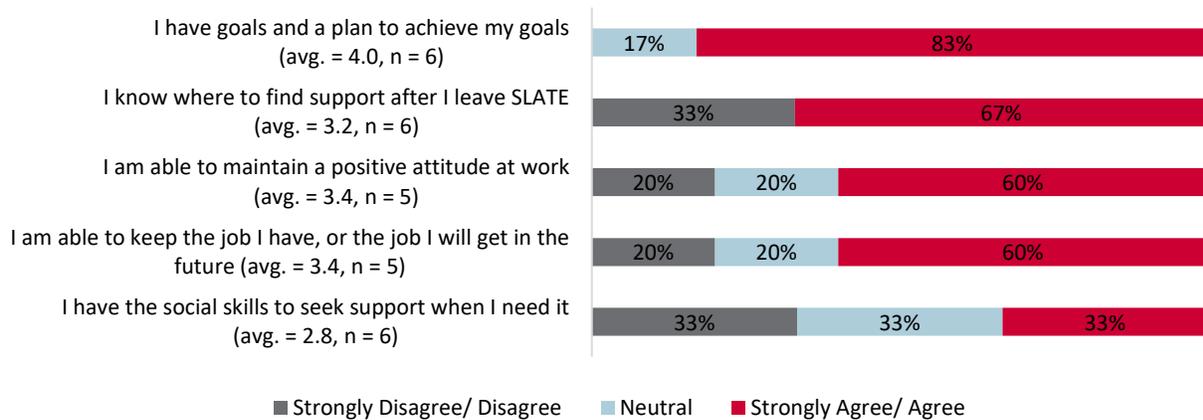


Figure D4. Tenant Perceptions of Employment Specialist Services' Impact on Well-Being



Exemplar Tenant Outcome: Getting the Job and Increasing Pride in Self

One tenant achieved part-time employment, meeting their employment goal. While receiving ES services, this tenant persevered through several interviews and when hired, maintained their employment for at least four months, at which time they completed the CITI program and data is no longer collected. Furthermore, even after being employed part-time, the tenant continued job readiness training, helping the tenant to complete five more interviews in pursuit of higher wages. While these interviews did not result in hires, they provided valuable practice in balancing the pursuit of growth while maintaining current employment, housing, and health commitments. This same tenant was invited by the non-profit Clothes That Work to be a model in, and be interviewed on-air at, their annual fundraiser fashion show. The tenant told the Employment Specialist how proud he was to be a model and be interviewed!

“Work clothes [from Clothes That Work] are in fashion, people respect me when I go to work.”
 –Tenant

Exemplar Tenant Outcome: Overcoming Challenges of Addiction to get the Job Promotion

Another tenant enrolled in Employment Specialist services being employed part-time at \$9.50/hr. at a construction company. As a result of ES services, this tenant was not only successful in maintaining their employment while working on exiting homelessness, but they also completed three interviews, resulting in a full-time promotion at \$14.85/hr. (\$5.35/hr. increase). The impact on this tenant is amplified when also considering the several different interventions the Employment Specialist provided in response to the tenant’s alcohol addiction and mental health challenges. In fact, the tenant was suspended from work for 10 days. With the help of the Employment Specialist, the tenant was able to demonstrate required improvements in order to return to work. If not for the Employment Specialist’s professional relationship with the employer and the referral to substance abuse counseling at a local community mental health agency, the employer would not have agreed to allow the tenant to return to work. Finally, the Employment Specialist, anticipating that transportation (the tenant relying on bus systems and on-foot travel) may lead to missed work and loss of employment, is assisting the tenant to find a new job that is closer to the tenant’s home.

Appendix E. Historic South Early Childhood Initiative Program Analysis

In October, 2018 the Historic South Initiative in Toledo, Ohio, began a pilot project designed to serve 3 and 4 year old children, along with their parents, with the goal of helping these children become optimally ready for success in Kindergarten and all the years to follow. With the understanding that many families could not send their children to Head Start programs and others chose to keep their children in the home during these years, the program was designed to offer:

- Personalized home visits weekly by an education coordinator
- Ongoing reports on progress toward Kindergarten readiness using a competency framework which clearly describes 41 skills which comprise Kindergarten readiness in all the domains of early childhood development
- Computer and software for digital learning at home
- Manipulatives for hands-on learning
- Books to encourage early literacy skills
- Monthly parent group meetings about early childhood development and common parenting challenges
- Weekly field trips for parents and children
- The opportunity to build parent support networks
- Incentives up to \$180 monthly for parent participation and follow through
- Linkages and referrals to community networks and resources

Use of a home-visitor model to help 3 and 4 year olds become ready for Kindergarten is unique, and stands as an alternative to the public preschool model which is often made available through Head Start, state, or local programs.

Use of an incentive program to get parents to participate in parent learning and follow through to help their children become ready for K is also unique, and merits investigation to find which methods best encourage parenting behaviors which support school success.

Use of a competency framework which clearly defines learning outcomes, along with Kindergarten readiness standards is another way in which this program is unique, and stands in contrast to curriculum based learning programs in which all students get similar instruction. The program chose to use the *Preschool Essential Skill Inventory* (Sornson, 2011) (**Appendix E-1**) as a data source to understand and track the personal learning needs of each child in oral language, sensory-motor, visual-motor, behavior, self-regulation, self-care, early literacy and early numeracy development.

Procedures:

Home visits were scheduled once each week. Daily (5 days per week) work was shared with parents at the end of each session. These activities could range from reading to your child to table games, math activities, movement activities, or puzzles. In this research this is referred to as “homework”.

A laptop computer and learning software was provided to each family. In addition to ABC Mouse software, internet access and IXL learning software were also provided.

Field trips were scheduled once each week.

Parent meetings were scheduled monthly from October to June, at which a parent-learning workshop or activity was provided. Food was provided, and childcare was provided after lunch to facilitate parent learning. At the end of the parent meetings the incentives were distributed in the form of gift cards.

The incentives offered to parents were as follows:

- Weekly visits \$10 each
- IXL 15 minutes per day \$2/day \$10/week
- Regular homework 15 minutes per day \$2/day \$10/week
- Field trip \$10/week
- Parent meetings \$20 once a month

In total, the available incentives were \$180 total per month.

Baseline data for each child was collected during the first month of programming, with experienced coaches helping the Home Visitor consider the skill development of each child. Students were rated as Emerging, Developing 3, Developing 4, or Proficient in each of the 41 skills which comprise the *Preschool Essential Skill Inventory*, using the Rubric on which the staff was trained (**Appendix E-2**). Briefly, an Emerging rating means that this skill is underdeveloped, below the level expected of a 3 year old child. Developing 3 means the child is operating within the range of a typical developing three year old, and Developing 4 means the child is developing within the range of a typical four year old. Proficiency indicates full Kindergarten readiness.

Using this data, weekly home-visitor lessons, homework, and parent activities were personalized to meet the specific learning needs of each child.

Data was updated after each home visit, with a focus on updating two domains of early childhood each week. By the end of each month, data for all the learning domains (oral language, sensory-motor, visual-motor, behavior, self-regulation, self-care, early literacy and early numeracy development) was reasonably current, and could be used as a good basis for planning personalized lessons in the future.

Data was summarized for analysis after baseline data had been collected, and again in February, April, and June. The data has been collected without names, but individual students who were in the program all year were identified as students 1A to 7A. Three additional students joined in January to March, and these three are identified as students 1B to 3B.

Progress toward Proficiency was measured, along with units of achievement. These units were measured as moving from one category in the rubric to the next higher category (i.e. moving from Emergent to D3, or D3 to D4, or D4 to Proficient counts as one unit of achievement). Each unit represents approximately the progress made in a typical year of development. It is possible for a student to gain more than one unit of achievement in a skill. Achievement gains beyond proficiency for K readiness were not measured.

Results:

In early October the program began with 13 students participating. This number of participants varied as families moved or entered the program. In October 2 additional students joined, giving us a total of 15 students who comprise the baseline data collection group.

Of the students who began participating in October-November, 7 remained at the end of the project in June. The data has been collected without names, but these students are identified as 1A to 7A. Three additional students joined in January to March, and these three are identified as students 1B to 3B. End of year data is provided (**Appendix E-3**).

The total number of students ranged from 16 to 10 in any given month, with an average participation of 13.2 students per month.

Incentives were earned in several ways:

- Fidelity to scheduling and being available for weekly home visits varied monthly. The percentage of families earning the full incentive for making all four home visits in a month varied from 81% to 33%, with an average of 58% earning the full home visit incentive monthly.
- IXL participation was poor. This program is best used with adult supervision, and during the program only a range of 1 to 5 parents earned full monthly incentive for use of this program, with an average rate of only 16% of parents earning the incentive each month.
- Regular homework completion ranged from 13% to 46% of parents each month, with an average of 34% earning the full monthly incentive.
- Field trip full participation ranged from 23% to 47% of parents each month, with an average of 34% earning the full monthly incentive. Almost all parents participated in some of the field trips each month.
- Parent meeting participation ranged from 50% to 100% of parents each month, with an average of 72% earning the monthly incentive.

Student progress toward proficiency in each of the 41 essential skills is summarized in the following chart:

Figure 1: Seven students participated in the program all year, from October to June.

Student identifier	October Baseline	June
1A K age at end of program	3 proficient skills (out of 41)	32 proficient skills (out of 41)
2A Not K eligible at end of program	0	0
3A Not K eligible at end of program	0	1
4A Not K eligible at end of program	0	0
5A K age at end of program	1	1
6A K age at end of program	4	11
7A K age at end of program	11	25

Two out of the four students who would be eligible by age to attend Kindergarten after completion of this program finished with 25 or more of the 41 skills which optimize student readiness for Kindergarten.

Figure 2: Three students joined the program in January to March, and completed through June.

Student identifier	Upon entry	June
1B Not K eligible at end of program	0 proficient skills (out of 41)	0 proficient skills (out of 41)
2B Not K eligible at end of program	0	2
3B Not K eligible at end of program	12	18

While some students did not reach Proficiency within the nine months of this program, they did achieve significant gains as measured by units of achievement. These units are measured as moving from one category in the rubric to the next higher category (i.e. moving from emergent to D3, D3 to D4, or D4 to Proficient). Achievement gains beyond proficiency for K readiness were not measured, which slightly limits the measurement of progress for high performing students.

Figure 3: All year students (7) demonstrated an average of 18.4 achievement units from October to June

Student identifier	Units of achievement earned
1A K age at end of program	32
2A Not K eligible at end of program	18
3A Not K eligible at end of program	15
4A Not K eligible at end of program	11
5A K age at end of program	15
6A K age at end of program	12
7A K age at end of program	26

Discussion:

Sixteen families chose to participate in the program, which began serving students and families in October, 2018. While this number varied by month, parents expressed gratitude for the in-home service and the Home Visitor. We established a maximum caseload of 16 students, with the expectation that four visits a day was the maximum possible for four days, with one day for field trips, record keeping, and planning. In planning for future programs based on our experience, 16 is a maximum caseload. The complications of travel and scheduling, and often rescheduling to meet the needs of families, dictate this limit.

Students related well to the Home Visitor, and enjoyed the planned learning time each week.

Parents were generally on-time and available for scheduled home-visits. However, an average of 58% earned the full home visit incentive monthly due to schedule changes, sometimes at the last minute. Consideration for using incentives to stay aligned to the original home visit schedule may be considered in the future.

Getting parents to follow through on the expectation for 15 to 30 minutes of daily learning time with their child has been more problematic, with more than half of parents not fully following through and earning the available incentive for this activity. Regular homework completion ranged from 13% to 46% each month, with an average of 34% of parents earning the full monthly incentive. Many parents did not find a way to include reading, playing games, exercising, or other homework options into their daily schedule.

The IXL program is a quality on-line learning system, but parent follow through at home using this program was poor. IXL is best used with adult supervision, and during the program a range of 1 to 5 parents earned full monthly incentive for use of this program, with an average rate of only 16% of parents earning the incentive each month. The expense and relative benefit of this program do not merit inclusion in future iterations of this home visitor model, unless we can find a much better way to encourage parents to work with students daily.

Here is the most important challenge faced by this program: getting parents to build home routines that prioritize working and playing with their students daily. Although training was provided on the development of home routines, additional training on this point might help. Adding priority to homework in the incentive package is certainly recommended for future programming. The parent preference for learning programs that their children could operate on their own (like ABC Mouse) was noted, but even these programs need an adult to set up or encourage use. Shaping family routines to include time for exercise, play, reading, math games, language interaction, and other appropriate joyful learning experiences is a continuing challenge as we consider future programs using the home visitor model.

Most parents demonstrated good attendance for the parent education monthly meetings, at which incentives were distributed. Parent meeting participation ranged from 50% to 100% of parents each month, with an average of 72% earning the monthly incentive. The receipt of the gift cards with the value of their earned incentives was seen as a motivator for parents.

Most parents attended some or all of the educational field trips, and formed informal support networks among themselves. This is a natural byproduct of doing fun activities in a group, and is an important aspect that should be replicated in future home visitor programs. Almost all parents participated in some of the field trips each month.

Significant learning gains were measured for all children involved in the program. Two out of the four students who will be eligible by age to attend Kindergarten after completion of this program finished with 25 or more of the 41 skills which optimize student readiness for Kindergarten. All year participating students (7) demonstrated an average of 18.4 achievement units from October to June. This is less than the 41 achievement units that would represent optimized normal development leading up to Kindergarten readiness, but it is a substantial positive learning outcome. Future programs have the opportunity to build on the experience of this first year pilot program.

Conclusions:

The use of a home-visitor model as an alternative program for preschool aged children was offered by the Historic South Initiative in Toledo, Ohio. The program was unique, offering one hour per week of home visiting focused on the school readiness of three and four year olds who could not find space in local Head Start programs, or whose parents chose not to send their children to preschool. Incentives were offered for participating fully in weekly visits, completing personally designed homework five days per week, attending weekly field trips, and attending monthly parent meetings. A laptop computer to support learning programs, along with internet access, was provided to families for use by their children.

Positive outcomes included:

- Quality home visits, with good parent and student participation
- Almost all parents participated in some of the field trips each month
- Attendance at parent meetings averaged 72% monthly
- Significant learning gains were measured for all children involved in the program over a nine month period. Two out of the four students who would be eligible by age to attend Kindergarten after completion of this program finished with 25 or more of the 41 skills which optimize student readiness for Kindergarten. All year participating students (7) demonstrated an average of 18.4 achievement units from October to June.

Getting parents to develop consistent home routines for learning was challenging. Regular homework completion ranged from 13% to 46% each month, with an average of 34% of parents earning the full monthly incentive.

The successes of this program raise the opportunity to refine effective practices for a home-visitor early childhood learning model. Questions that deserve further scrutiny include:

1. What incentive model attracts parent participation and encourages follow through for regular learning in the home?
2. What other supports help parents commit to adapting home routines to support early learning success?
3. What digital hardware and software do parents and children prefer to use?
4. What parent learning topics and skills are most helpful to families?
5. How can field trips help form informal parent support networks?
6. How does the use of a competency framework (*Preschool Essential Skills Inventory*) improve personalized learning and improve Kindergarten readiness?
7. What teaching and homework activities optimize achievement within each of the early childhood domains?

Appendix

Appendix E-1: *Preschool Essential Skill Inventory*

Appendix E-2: Rubric for the *Preschool Essential Skill Inventory*

Appendix E-3: End of year data on the *Essential Skill Inventory* Data Summary

Appendix E-1: *Preschool Essential Skill Inventory*



The Preschool Essential Skill Inventory

The Essential Skill Inventory: Preschool is a simple format for on-going authentic assessment of the most crucial skills in the development of language, literacy, number sense, visual motor skill, gross motor skills, behavior, and self-care skills. The inventory serves as a formative assessment tool, updated weekly by the teacher, so educators can identify specifically what students know and what they are ready to learn. These skills are the core skills which cannot be merely “covered”. These are the skills we must ensure students learn to a level of deep understanding and application, and the inventory helps teachers have up to date information about each child to help design weekly or daily lesson plans. These are the foundation skills upon which a lifetime of learning will be built.

The Preschool Essential Skills Inventory guides a comprehensive understanding of the learning needs of the class, and of each child. In one place the teacher can see which children have already demonstrated proficiency for an essential skill, which children are typically developing, and which children need more intensive intervention to accelerate learning. Early childhood domains assessed include fine motor, visual motor, gross motor, adaptive, social communication, social relations, social-emotional, oral language, literacy, mathematics, and self-care.

Designed for use in preschool with children ages 3 to 5, the inventory uses a rubric which describes four stages of development toward proficiency and Kindergarten readiness. The rubric for each skill allows teachers to know precisely where each child performs within this scale, and to design instruction at the correct level of challenge to ensure engagement and instructional match.

Emergent skills are progressing and promising, but not yet at a level of development preferred for children at ages 3 or 4. If a skill is considered *emergent*, the teaching staff should be giving special attention to designing instructional opportunities for the child so that this skill will quickly grow and develop.

Developing 3 skills are in the range of progress expected during the third year.

Developing 4 skills are in the range of progress expected during the fourth year.

Proficient skills are at the level of development that predicts readiness for success in Kindergarten in this facet of development.

Essential preschool skills are identified as:

Oral Language

Listens with interest to stories
Retells stories using main ideas
Expresses needs and wants verbally
Uses words to solve problems
Uses age-appropriate vocabulary
Follows two-part oral directions

Literacy

Shows an interest in books and print
Understands basic concepts of print
Identifies if sounds are the same or different
Recognizes basic rhyming words
Identifies basic shapes
Recognizes and prints first name
Identifies uppercase letters in first name
Identifies some letters and the sounds they make

Number Sense

Counts by rote to 20
Recognizes numerals 0 to 10
Counts using 1 to 1 correspondence for numbers (to 10)
Models gross motor and fine motor patterns
Understands concepts of add-on and take-away (to 10)

Visual Motor Skills

Uses coloring and writing tools with skill

Can draw a picture to express an idea
Demonstrates appropriate cutting skills
Uses proper pencil grip
Prints name in own style
Gives sustained effort to visual-motor tasks

Gross Motor Skills

Throws and catches a large ball
Throws and catches a small ball
Stands on one foot with eyes open
Hops on two feet
Hops on one foot
Demonstrates ability to cross midline

Behavior

Separates from parents/caregivers without excessive upset
Plays/shares with others
Waits his/her turn
Calms self when needed
Perseveres to complete a task
Respects classroom rules and procedures
Demonstrates good listening skills

Self-Care

Can use the bathroom independently and complete hygiene tasks
Able to dress self (puts on coat and shoes; fastens snaps, buttons and zippers)
States full name and age

The Preschool Essential Skill Inventory is not a normed or standardized testing instrument. It is not intended to give scores that rate children, or show percentiles for development or kindergarten readiness. It is instead an instrument for teachers to know each day what their students can do, and what they are ready to learn. As a formative assessment tool it gives educators the information needed to most effectively plan instruction to meet student needs. It is a tool for shaping educator plans for and delivery of instruction.

The skills represented in the inventory are universal, capturing the normal developmental progression in the domains of early childhood, and focusing on the skills that lead to readiness for kindergarten. Teachers are trained to be effective observers of childhood behavior. As such it is appropriate for use with children with variance from normal development, since it is not a tool to rank children. It is a tool to help educators know their students and design instruction that effectively matches student learning needs and readiness.

The ESI gives teachers a framework for assessment of the most crucial predictors of ongoing learning success. It is not intended to be a curriculum. It does not describe everything that should be taught during the school year. As a framework for assessment, it can be used with any high-quality early childhood learning materials or curriculum. Teachers using High Scope, Montessori, Steiner, Educare, Bright Horizons, Abbot, or International preschool curricula can effectively track progress using the Essential Skill Inventories.

Teachers must be trained and supervised to use the *Essential Skill Inventories*. This framework gives clear support for the need for teachers to differentiate instruction, since students are at varying levels of development in most of the skills. Teachers will need to clearly understand what proficient skills look like, and train their skills for embedding assessment into the design of instruction. When best used, teachers do not spend lots of time in assessment-only activities. Instead, they design instruction in such a way that they can update their understanding of student skills through observation and artifacts derived from the act of learning.

Teachers may need training in the development of specific domains of early childhood to help them understand the developmental sequence, and vary instruction in such a way that matches student learning needs. The ESI helps teachers clearly understand the different learning needs, and will over time develop a repertoire of instructional strategies to meet those needs. Supervisors and principals are expected to follow their part of the protocol for assessment, which includes monthly data meetings with staff to ensure compliance with the expected data updates and the development of reliable observation and data keeping. Training for teachers and principals in how to use the ESI are available, as are domain specific training for how to develop oral language, literacy, number sense, visual motor skill, gross motor skills, behavior, and self-care skills.

The instruments are available in paper format, and as a digital interactive pdf. In digital form the instruments can be updated, filed electronically, and shared with administrators on a regular schedule. As per the protocol, teachers are expected to update two domains each week, which allows all domains to be updated within each month. Most teachers report that learning to use the inventory with skill allows them to know their students better, build better relationships, understand the whole child and how the domains of early childhood interact, and to differentiate instruction with greater skill.

The Preschool Essential Skill Inventory is designed for on-going authentic assessment of student skills and behaviors. It is not a standardized or norm-referenced instrument. As such, it is always advised that the ESI is used within a comprehensive plan for assessment which includes some standardized measure, to improve reliability and avoid the effect of staff indicating student proficiency based on wishful thinking rather than careful observation.

The data on the ESI gives teachers clear information over time regarding which students are struggling and in which areas. It also shows which students have made significant learning gains, even for those students who may have started the year behind normal or expected levels of development. As such it is a crucial tool for discussions of referral for special services, and gives support staff guidance on the specific areas of need and any patterns of delay which may impact learning success.

There is an option to obtain a no cost license for use of the *Preschool Essential Skill Inventory*. Any school, school district, or education agency or consortium is invited to obtain a license to use the inventory based on a commitment to a quality training plan, along with the expectation to submit a quarterly report to the Early Learning Foundation showing that classroom data is being collected weekly per the protocol, along with an end of year student outcomes report. Training plans and fees are negotiated based on individual school or consortium circumstances, with the aim to train staff as efficiently as possible. When using the *Essential Skills Inventories* in PK to Grade 3 schools or consortia receive:

- the Essential Skill Inventory in paper and electronic formats
- the ESI rubrics
- the ESI protocol for use, along with other supportive documents to help ensure fidelity and quality
- the expectation that the district/school will collect data to show that the ESI is used with fidelity, and data showing end of year student outcomes
- training needed as agreed in the plan

The protocol for Use of the *Essential Skill Inventory* in Preschool includes:

- Collect baseline data during the first four to six weeks of school
- Note proficiency by writing the date, after observing proficiency on several occasions
- Allow for exceptions during baseline data collection, letting teachers to use careful observational assessment to more quickly recognize proficiency
- Use data regarding student skills and needs to plan instruction
- Update two sections of the ESI each week
- Review data with director/principal monthly
- Individual student data can be used for communication with parents
- Classroom data should not be used for individual discussions
- The goal is to help at least 90% of our students reach proficiency in every skill before Kindergarten entry

Appendix E-2

Essential Skills Rubric: Preschool

Licensed for use by the _____.

It is not appropriate or legal to share these materials with schools or districts whose staff is not trained and licensed to use the Essential Skill Inventories.

Oral Language	Emergent	Developing 3	Developing 4	Proficient
Listens with interest to stories	Does not attend when stories are being read	Listens to stories but is easily distracted and disengaged	Listens to stories but needs reminders to pay attention	Actively engaged and listening when stories are read
Retells stories using main ideas	Unable to retell stories	Retells stories with inaccurate or missing details	Retells the main ideas in a story with minimal coaching	Retells the main ideas in a story independently
Expresses needs and wants verbally	Has difficulty expressing wants and needs	Expresses wants and needs with guidance and modeling	Expresses wants and needs with minimal coaching	Expresses wants and needs independently
Uses words to solve problems	Uses physical means or behavior outbursts to solve problems	Needs significant guidance to use language in problem solving	Responds to guidance and modeling to use language in problem solving process	When faced with a problem, uses language in an acceptable way to find a solution
Uses age-appropriate vocabulary	Doesn't know or use words that represent basic nouns and verbs, and seldom initiates speech with peers. Oral language is difficult to understand.	Uses words that represent basic nouns or verbs. Oral language is possible to understand but not yet age three appropriate	Uses words that represent basic nouns or verbs. Oral language is possible to understand but not yet age four appropriate	Uses age-appropriate vocabulary in oral language; responds to requests, and initiates speech with peers and adults
Follows two-part oral directions	Cannot follow 1-part oral directions without prompt	Follows 1-part oral directions with some coaching	Follows 2-part oral directions with some coaching	Independently follows 2-part oral directions

Literacy	Emergent	Developing 3	Developing 4	Proficient
Shows an interest in books and print	Generally disinterested in reading books	Asks for favorite books to be read at home or school	Points to words while listening to stories; Asks questions about favorite stories and characters	Looks forward to story time; Has favorite books and authors; Chooses reading when other options are available
Understands basic concepts of print	Unable to identify the author, title, and front and back of a book	Can identify the author, title, and front and back of a book	Identifies the parts of a book, and understands that “print” carries a message	Recognizes a match between each word read and each word printed as text on a page; Holds a book correctly and “reads” from left to right and top to bottom; Recognizes and distinguishes between letters and words
Identifies if sounds are the same or different	Unable to identify if individual letter sounds are the same or different	Can sometimes identify if individual letter sounds are the same or different	Can usually identify if individual letter sounds are the same or different	Easily identifies if letter sounds are the same or different
Recognizes basic rhyming words	Unable to know if two words rhyme	Sometimes recognizes if two words rhyme	Usually recognizes if two given words rhyme	Easily recognizes if two given words rhyme
Identifies basic shapes	Unable to identify any basic shapes	Identifies one or two basic shapes	Identifies most of the basic shapes	Easily identifies a square, circle, rectangle, triangle
Recognizes and prints first name	Unable to identify first name in print	Recognizes first name	Recognizes first name and roughly beginning to print first name	Recognizes first name; clearly prints first name

Identifies uppercase letters in first name	Unable to recognize (upper-case) letters in first name	Recognizes first and last letter in first name	Recognizes most of the letters in first name	Easily recognizes all (upper-case) letters in first name
Identifies some letters and the sounds they make	Does not yet identify the sound of any letters	Sometimes recognizes the sound of the first letter in a word	Sometimes recognizes the sound of first or last letters in a word	Able to recognize the sounds of all the letters in a few words
Number Sense	Emergent	Developing 3	Developing 4	Proficient
Counts by rote to 20	Not yet counting in order	Beginning to learn to count in order by rote	Consistently counts to 10	Consistently counts to 20
Recognizes numerals 0 to 10	Not yet able to recognize number symbols	Able to recognize some (up to 3) number symbols	Recognizes most number symbols to 10	Recognizes numerals to 10 consistently
Counts using 1 to 1 correspondence for numbers (to 10)	Not yet counting with one-to-one correspondence	Counts objects with accuracy to 3	Counts objects with accuracy to 6	Shows one-to-one correspondence when counting 10 or more objects
Models gross motor and fine motor patterns	Has difficulty following a 2-step movement pattern, i.e. clap hands, step forward	Inconsistently follows 2 and 3-step movement patterns	Usually follows 2 and 3-step movement patterns; replicates visual patterns, i.e. square-circle-triangle, red-blue-green	Can consistently replicate a 2- or 3-step visual or movement pattern
Understands concepts of add-on and take-away (to 10)	Unable to add on or take away numbers without recounting	Inconsistently adds on or takes-away from a set of objects without recounting (1-6)	Adds on or takes-away from a set of objects without recounting (1-6)	Adds on or takes-away from a set of objects without recounting (1-10)

Visual Motor Skills	Emergent	Developing 3	Developing 4	Proficient
Uses coloring and writing tools with skill	Avoids coloring, drawing, and visual motor skills	Struggles with coloring, drawing, and visual motor skills	Shows an interest in coloring, drawing and other visual motor activities	Enjoys and chooses visual motor play. Demonstrates age-appropriate skill for coloring, drawing, and printing
Can draw a picture to express an idea	Draws simple figures without form or detail	Draws basic stick figures and other primitive pictures	Includes some detail in drawing (i.e. eyes, mouth, ears, windows, doors)	Draws pictures with sufficient detail to represent a clear intent
Demonstrates appropriate cutting skills	Avoids cutting activities	Interested in cutting activities but clumsy	Able to cut simple shapes	Handles scissors comfortably; cuts simple shapes with skill
Uses proper pencil grip	Holds pencil awkwardly, with a grip which is way too tight or way too loose	Beginning to hold pencil correctly for short periods of time	Developing body position for printing and drawing	Stabilizes core and shoulders when printing or drawing; holds pencil in proper grip position
Prints name in own style	Unable to draw shapes or letters	Draws shapes	Draws basic letters, including the first letter of his/her name	Prints own name in a recognizable form
Gives sustained effort to visual-motor tasks	Avoids visual-motor tasks. Eyes may fatigue when trying visual motor play, as evidenced by rubbing eyes, watering eyes, or shifting head to different positions	Interested in visual-motor activities, but fatigues after several minutes	Enjoys using eyes and hands for visual-motor tasks including coloring, cutting, drawing, for short periods of time	Enjoys visual-motor activities for extended periods of time, greater than 10 minutes

Gross Motor Skills	Emergent	Developing 3	Developing 4	Proficient
Throws and catches a large ball	Struggles with simple throwing and catching with a large ball	Can catch when the ball is thrown straight on. Throwing skills are beginning level	Can usually catch large ball when thrown to the side, and throws underhand with accuracy	Enjoys throwing and catching activities, and demonstrates ability consistently
Throws and catches a small ball	Avoids throwing and catching with a small ball	Struggles with simple throwing and catching with a large ball	Can usually catch small ball when thrown to the side, and throws underhand with accuracy	Enjoys throwing and catching activities, and demonstrates ability consistently
Stands on one foot with eyes open	Unable to stand on one foot	Balances on one foot briefly, but leans to the side and loses balance	Stands on one foot for 10 seconds, but wobbles and adjusts position	Stands steadily on one foot for 10 seconds
Hops on two feet	Unable to hop up	Beginning to hop on two feet, but awkwardly and briefly	Able to hop on two feet 3 to 5 times without stopping	Able to hop on two feet 10 times without stopping
Hops on one foot	Unable to stand on one foot and hop	Beginning to hop on one foot, but awkwardly and briefly	Able to hop on one foot 3 to 5 times without stopping	Able to hop on one foot 3 to 5 times, then switch to the other foot and repeat
Demonstrates ability to cross midline	Unable to work with one hand in opposite visual field; unable to cross midline for gross motor activities	Able to do simple bilateral motor activities, including cross-over walking, alternate hand tapping and clapping games	Consistently able to do skywriting, cross-over walking, bilateral marching, tapping and clapping games; uses stable posture and draws with one hand in opposite visual field	Able to perform jumping jacks, skipping, and bilateral marching; comfortably uses dominant hand in opposite visual field for drawing or printing

Behavior	Emergent	Developing 3	Developing 4	Proficient
Separates from parents/caregivers without excessive upset	Shows great upset when parents drop-off, or when leaving caregivers at the end of the day	Follows routines for drop-off and pickup with coaching	Follows routines for drop-off and pickup independently	Follows routines easily and supports other students for proper behavior
Plays/shares with others	Plays separately from other students	Shares toys or materials with coaching	Initiates interaction and sharing with others	Consistently plays well with others, and initiates sharing
Waits his/her turn	Has difficulty waiting; wants to be first	Waits turn with coaching	Follows class procedures for waiting turn	Follows routine and supports other students for waiting turn
Calms self when needed	Struggles to get calm when upset or frustrated	Manages to calm self with significant coaching	Manages to calm self with moderate coaching	Calms self independently or with slight encouragement
Perseveres to complete a task	Unable to persevere to complete a task due to frustration or	Needs much encouragement to persevere through task completion	Needs moderate encouragement to persevere through task completion	Independently perseveres until a task is complete
Respects classroom rules and procedures	Needs frequent reminders, prompts, or consequences to follow rules and procedures	Needs consistent reminders, prompts, or consequences to follow rules and procedures	Needs few reminders, prompts, or consequences to follow rules and procedures	Independently follows rules and works cooperatively on a regular basis
Demonstrates good listening skills	Often ignores or tunes out directions from adults	Listens to basic directions with coaching; beginning to enjoy listening to stories	Understands and is able to repeat two-step oral directions; enjoys listening to stories	Consistently listens to adult directions; encourages other students to use good listening behaviors

Self-Care	Emergent	Developing 3	Developing 4	Proficient
Can use the bathroom independently and complete hygiene tasks	Needs frequent reminders to go to bathroom; requires consistent coaching to wipe, wash hands, and leave the bathroom tidy	Needs few reminders to go to the bathroom; requires some supervision and coaching to use good hygiene	Uses bathroom independently; requires some coaching to complete hygiene procedures	Uses bathroom independently and follows good hygiene procedures
Able to dress self (puts on coat and shoes; fastens snaps, buttons and zippers)	Consistently needs help with dressing	Puts on coat and shoes with significant help; beginning to learn to fasten buttons, snaps and zippers	Usually puts on coat and shoes independently; developing good skills for fastening buttons, snaps, zippers	Puts on coat and shoes independently; able to button, snap and zip
States full name and age	Unable to state name and age	States first name; states age or holds up fingers to show age	States first and last name and age	Knows his/her own age and name, and can state the name and age of other children

