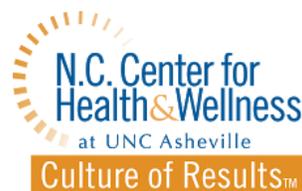




Community Assessment

December 2019



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EXECUTIVE SUMMARY

The Verner Center for Early Learning partnered with Culture of Results Initiative of the North Carolina Center for Health and Wellness to complete the required 2019 “Community wide strategic planning and needs assessment.” This Assessment reports on the strengths, assets and needs of families currently or potentially served by Verner Center for Early Learning in Buncombe County, North Carolina. The Community Assessment is performed every three years and updated annually.

Through community engagement, key stakeholder input, and rigorous data collection and analysis, seven key focus areas were identified related to the well-being of pregnant mothers and families with young children in Buncombe County: education, health and mental health, food and nutrition, housing, income and employment, social services, and social support. Inequities in accessibility of services and outcomes, particularly for children and families of color, are evident throughout this community assessment.

Findings from community engagement and data collection were synthesized with previous community reports and other local sources to present recommendations for each key focus area in support of pregnant mothers and families with young children in the community.

DESIRED RESULTS

The desired results of this Community Assessment are to use community engagement, key stakeholder input, and rigorous data collection and analysis to produce a report on the strengths, assets, and needs of families currently or potentially served by Verner Center for Early Learning (a.k.a. Verner) in Buncombe County, North Carolina. This report can be used as a tool for forming partnerships, building the capacity of providers, advocating for policy change, and strengthening funding streams.

METHODS

Every three years, Head Start and Early Head Start programs are federally required to collect key indicators and complete a comprehensive evaluation of the strengths and needs of the community. This Verner Community Assessment includes all the components of the “Community wide strategic planning and needs assessment” required by the Office of Head Start (1302.11 Determining community strengths, needs and resources). The North Carolina Center for Health and Wellness (NCCHW) Culture of Results Initiative led the Community Assessment process from June through December 2019. Culture of Results is an independent training and evaluation program that supports assessment, planning, and evaluation of communities and programs across North Carolina.¹

The process included:

- Engaging Verner stakeholders including staff and the Health Services Advisory Committee in exercises to provide input on the key issues, measures, context, and strategies relevant to the report;

¹ For more information on NC Center for Health and Wellness Culture of Results visit <https://ncchw.unca.edu/culture-results>

- Reviewing and compiling secondary data from WNC Healthy Impact Initiative’s 2018 Community Health Assessment and additional secondary data sources;
- Collecting and analyzing primary data from conducting two focus groups (one in English and one in Spanish) with a total of 10 mothers and caregivers of young children in Buncombe County, including participants enrolled and not enrolled in center-based care, and;
- Synthesizing findings from these sources and other reports to present key strengths, needs, context, and recommendations for supporting pregnant mothers and families with young children in the community.²

Culture of Results applies Results-based Accountability (RBA), an evidence-based framework for planning and evaluating population health and wellbeing and program effectiveness.³ The body of this report follows the RBA format of reporting on headline community indicators, the context or “story behind the curve,” partners with a role to play, and recommended strategies or “what works to do better.”

A record of comments and ideas from the exercise with Verner stakeholders is included in Appendix A following the body of the report. The full focus group guide and transcripts are included as Appendix B. The full set of required and relevant community indicators is included in an Excel workbook accessible here: <https://bit.ly/2DUF5J0> and with an index of indicators as Appendix C following the body of the report.

PROGRAM OVERVIEW

Verner is a nonprofit agency providing high quality, affordable early care and education to children birth to five years old throughout Buncombe County, North Carolina.⁴

VISION: A community where every child and family thrives.

MISSION: To foster wholistic learning environments where young children and families thrive.

Verner was founded to ensure that all children have access to high quality affordable care. The organization provides 5-star comprehensive care and education to more than 300 children and their families, through a partnership with the YWCA and through a home-based Early Head Start program. Verner also provides supportive services to all families and individualized case management to families in crisis. The blended program accepts vouchers, as well as private pay families.

Verner is an Early Head Start provider and North Carolina Pre-Kindergarten provider. Verner’s four centers are located in East Asheville on Riceville Road, at Pisgah View Head Start, at the

² Additional reports include: “Community Wide Strategic Planning and Needs Assessment” Community Action Opportunities 2017; “Community Assessment” Mountain Area Child and Family Center 2014; “Community Assessment” NOLO Consulting 2014

³ For more information about Results-based Accountability visit <https://ncchw.unca.edu/sites/default/files/Center%20for%20Health%20%26%20Wellness%20RBA%20Factsheet%20%281%29.pdf>

⁴ For more information about Verner Center for Early Learning visit <https://www.vernerearlylearning.org/about-us.html>

Consistently a top performer in the County Health Ranking, Buncombe stands out for excellent health care. This is one of the reasons the county has a growing number of older adults retiring to the area. However, despite national recognition for quality care, there are huge health disparities among communities of color. In addition, there are significant disparities in income and other social determinants between racial and ethnic groups. In an increasingly tourist- and service-based economy the challenge of earning a living wage is exacerbated by the County's distinction of having the most unaffordable housing in the state. This creates significant barriers for a large percent of Buncombe County's population, particularly impacting families with young children.

Demographics of Early Head Start/NC Pre-K Eligible Participants:

Estimating the number of families and children eligible to receive Early Head Start and NC Pre-K Services through Verner is complex because a rubric is used to determine eligibility and position on the waitlist. The following criteria are taken into consideration, some leading to definitive enrollment:

Population of Children Under 5

Change in Population by Year, 2005-2037 projections

	2005	2010	2015	2020	2025	2030	2035	2037
Buncombe	12,909	13,424	13,075	13,438	13,761	14,052	14,472	14,648
Regional Total	39,995	40,766	38,277	40,822	42,913	44,105	44,910	45,087
State	596,200	631,877	601,970	623,608	651,858	681,226	708,861	717,897

Children in Foster Care

Annual Number of Children in Foster Care (BUNC)

FROM	TO	Ages 0-5
Apr-18	Mar-19	215
Jan-18	Dec-18	223
Oct-17	Sep-18	223
Jul-17	Jun-18	243
Apr-17	Mar-18	239
Jan-17	Dec-17	244
Oct-16	Sep-17	240

Children Experiencing Homelessness (17 and Under)

Homelessness, 2016

	Homeless Families with Children			Homeless Children without Guardians		Total Homeless People
	# Children 17 & Under	Total People	Total Households	# Children 17 & Under	Total Households	
Buncombe	19	37	16	5	5	509
WNC	127	221	71	15	15	945

Children Under 5 Experiencing Poverty

Poverty by Age, 2012-2016 Estimate

	Population Estimate	# Below Poverty Level	% Below Poverty Level
Buncombe	12,829	2,700	21.0
WNC (Regional) Total	37,126	10,188	27.4
State Total	596,987	162,903	27.3

Children with Disabilities

Percent of Population with a Disability

	US	NC	BUNC
Total Pop	12%	13.10%	14.70%
Under 5	0.80%	0.80%	1.30%

Languages Spoken

Languages Spoken by Population in Poverty, age 5+ (BUNC)

Speak other languages	0.10%
Speak Asian and Pacific Island languages	0.0%
Speak other Indo-European languages	2.1%
Speak Spanish	11.3%
Speak only English	86.5%

More information about the Verner Head Start selection criteria and eligibility checklist is available on Verner's webpage: <https://www.vernerearlylearning.org>⁴.

KEY FOCUS AREAS AND HEADLINE COMMUNITY INDICATORS

Seven key focus areas have been identified that are related to the well-being of children under 5 and families or caregivers with young children in Buncombe County: education, health and mental health, food and nutrition, housing, income and employment, social services, and social support. In the text below, each focus area is defined by two to three headline community indicators, followed by the story of what's helping and what's hurting, partners with a role to play, and recommendations for what works to do better. Additional related indicators are provided and can be found in the Data Workbook (Appendix C and <https://bit.ly/2DUF5J0>).

FOCUS AREA 1. EDUCATION

Headline Community Indicators

The headline community indicator selected by Verner stakeholders was the “availability of slots for quality child care in Buncombe County.” Data exists on the number of State and Local Funded Preschools and the Percent of Infants/Toddlers enrolled in four- or five-star centers and is detailed below. Additional indicators of importance include Educational Attainment, School Enrollment, High School Dropout Trend, High School Graduation Rate, and Educational Achievement, which are detailed in the Workbook. During the Whole Distance Exercise, Verner stakeholders discussed how the existing data may not accurately reflect the availability and accessibility of quality education programming in the community and concerns about the lack of access families experience, and thus this was selected as the headline indicator for the Community Assessment. They also communicated a desire for better data about kindergarten readiness, including cognitive, social, and emotional readiness, which could be considered part of a data development agenda.

State and Local Funded Preschools

July 2019 (BUNC)

	Centers		Homes	
	#	%	#	%
5 star	49	50%	1	7%
4 star	16	16%	3	20%
3 star	15	15%	7	47%
2 star	0	0%	1	7%
1 star	8	8%	2	13%
Other	10	10%	1	7%
TOTAL	98	100%	15	100%

Percent of Infants/Toddlers in Licensed Care Enrolled in 4- or 5- star Centers*

Rank	County	Region	2008	2016
			Percent	Percent
33	Buncombe	8	49.30%	70.20%

**This is the number of infants and toddlers enrolled in 4- and 5-star centers only divided by the total number of infants and toddlers enrolled in all licensed care (homes and centers).*

Availability of Slots for Child Care

	INF	1	2	3	4	SPS	Totals
Children in Licensed Care	232	449	681	893	1172	660	4087
Total Available Child Population (NC)	2861	2646	2632	2634	2660	886	14319
% of all children served	8%	17%	26%	34%	44%	74%	29%
# of children available (not being served)	2629	2197	1951	1741	1488	226	10232

Source: <https://www.buncombecounty.org/common/community-investment/grants/early-childhood-education/meeting-documents/2019-04-23/presentation.pdf>

Buncombe County Facts

- 7,047 children are potentially eligible for subsidized child care assistance, including children age 0-5 whose parent(s) are working and whose family income is at or below the 200% federal poverty level or children 6-11 whose family income is at or below 133% federal poverty line*.
- \$10,170,864 is currently available to serve eligible children**.
- Currently 1,652 children are receiving subsidized child care assistance. This represents 23.44% of all potentially eligible children**.

**Based upon the 2008-2012 American Community Survey data and July 2019 Population by Age from the North Carolina State Data.*

***Includes Non-Smart Start and Smart Start final allocations (SFY 2018-19) and children served (during 5/19)*

Story Behind the Curve:

What's helping?

High quality early childhood education is critical to ensuring children have a strong start in life and are on the path to future success. Early Head Start programs such as Verner can provide not only early education, but also health resources, parenting support, and connections to community-based services. Early childhood education was identified as a key priority by Verner stakeholders, as well as United Way of Asheville Buncombe County and the BC 2011-2015 Health Priorities. In 2019, Buncombe County Commissioners voted to invest \$3.6 million dollars in 11 organizations to provide funding for preschool options and teacher development which should help increase the quality and availability of services. Verner is currently undergoing expansion in partnership with Buncombe County Schools.

Many programs exist in the community to assist families and children with poverty-related issues (see partners with a role to play below). For example, The Migrant Education Program supports migrant students in achieving academic success and connects participants with healthcare and basic health services, English as a second language resources, translation at parent-teacher conferences, meetings, etc.

Parents named a number of community resources that they found contribute to continued learning for their children including library story time, Imagination library, rainbow book, and others.

What's hurting?

The number of slots available in BC has decreased significantly and continually over the years. As a result, the number of children in licensed early care and education programs in Buncombe has decreased. Waitlists are long and parents may struggle to get their children enrolled. There is a 1% vacancy rate for child care in Asheville. Many parents of infants wait 18 months to two years to get their child into a state-licensed center, delaying return to work or leading to less regulated child care. The majority of pre-K children not enrolled in formal childcare programs are at home with a primary care giver, with relatives or friends, or informal playgroups (2011 BC SOTCH Report). While not all parents want their children in center-based care, many may prefer it but are unable to get their children enrolled because of eligibility requirements, costs, availability of services, or challenges with transportation and/or their employment schedule and service schedules. Of those enrolled, almost 3 out of every 10 children in Buncombe County are not enrolled in four- or five-star centers indicating they may not be receiving the highest quality education and care.

The NC Division of Child Development and Early Education reports the cost of care per child in Buncombe County is \$619/month. Most families cannot afford this, particularly low-income families and families with more than one child. Over half of all child care centers in Buncombe County charge families the difference between private pay tuition rates and subsidy rates, putting an unfair burden on low-income families. The need for child care subsidies to assist in making child care affordable is increasing, as is the need for child care across the county. Without adequate resources, more parents have to remove children from care, develop their own care sources for their children (i.e. at home, with family, friends, etc.) or be forced to remain unemployed, all of which cause additional stress on families.

In addition, there is a shortage of teachers with a birth to kindergarten degrees, but demand is growing. This creates challenges in meeting teacher education requirements for Head Start and Early Head Start.

North Carolina requires any agencies serving low-income families with vouchers to be 3-, 4- or 5-star centers, which may increase operational costs and make it difficult for small providers to keep up.

Partners: *Who has a role to play?*

Asheville City Schools Preschool	Children First/ Communities In Schools
Community Action Opportunities	NC Partnerships for Children
Buncombe Partnership for Children	Migrant Education Program
Asheville-Buncombe Community Christian Ministry	
Buncombe County Department of Social Services	
Western NC Community Health Services	
NC Division of Child Development and Early Education	
Asheville Buncombe Preschool Planning Collaborative	

Recommendations: *What is currently working? What works to do better?*

1. Centers should work in partnership with advocacy organizations and funders to expand their services. Both Verner stakeholders and parents in focus groups were concerned about the limited services available:

“There also aren’t enough spots for children under 5 that are in this community even if we could all pay for it, which is pretty impossible.”

“...We have great child care centers here however, like [my child] has been on the waitlist for like over 6 months. We need more spots.”

2. Parents in focus groups advocated that centers provide equitable and affordable care. Their comments included the following:

“We need more [slots] for low-income people. It’s hard to put [our children] into a \$700 daycare. That’s more than your house is worth.”

“I’m a stay at home mom because it’s so expensive.”

“Yeah, cause if we put them in, I mean I would just be working to pay for daycare.”

“...Is it still going to be worth it for me to even go to work, if I am paying \$2,000 something in daycare? So, there’s kind of like, there is definitely needs to be an expansion for low income...”

3. Centers with flexibility should consider changes in eligibility requirements. One parent shared: *"I went \$10 over the income threshold and that's why they didn't accept her. And my child also wasn't eligible for Head Start because she doesn't have any special needs, and I'm like 'Yeah, she does have special needs around learning English.' But, no. They said 'no, she's an only child, she doesn't have any special issues...'"*

4. Centers should work to provide transportation to all enrolled families. Parents reported transportation being a barrier and a great challenge in enrolling their child in early childhood education. One parents said the following:

"For me it's the same. My daughter, when I brought her to Head Start, they told me the same thing. They were going to accept her but that I had to drop her off and pick her up because there was no bus, no transportation, even though I knew that they were giving transportation to kids in other areas, but not to her so I have to go pick her up and drop her off."

"When parents don't drive, there isn't good transportation for the kids, so I think that that's one of the most difficult things I can think of. You have to be able to drop them off, pick them up and that's very difficult for moms who don't drive."

5. Centers, educational programs, and society more generally should appreciate the value of the early childhood education providers, which should be reflected in pay and other benefits. The Verner stakeholders discussed how retention rates may be low because salaries are not reflective of the strengths and challenges experienced by professionals. There may not be enough professionals to provide necessary services for the community.

6. Centers should work to recruit and retain more bilingual early childcare providers. Parents discussed the following:

"I don't want to take my kid to a daycare, not at all. It could be for many different reasons... you know, you, maybe there's a language barrier. You want to ask questions but you don't speak English so you have to just put up with it."

"I always looked for a way to communicate and I would say, "I need an interpreter," and they would say, "No, try speaking," and I would say, "I don't speak English," so sometimes you know it would take me a long time to communicate, sometimes months would pass by..."

FOCUS AREA 2. HEALTH AND MENTAL HEALTH

Headline Community Indicators

Verner stakeholders identified “access and barriers to medical care” as the headline community indicator related to health and mental health. Below, this is represented by data on the following: Percent of People Unable to Get Needed Medical Care; Percent of People with Over 7 Days of Poor Mental Health in the Past Month; Percent of People Unable to Obtain Needed Mental Health Services, and Percent of Pregnancies Receiving Prenatal Care. Additional indicators that they considered important and reflective of the health and mental health of children and families in Buncombe are included in the Workbook: Child Abuse; Low Birth Weight Trends; Life Expectancy; Infant Mortality; Prenatal Care Trends; Pre-Term Births. Several indicators were also discussed by the Health Services Advisory Committee, such as Maternal Mortality Rate, Sudden Infant Death Syndrome, and Healthy Birth Weight. Stakeholders identified key indicators that are not publicly available, including the percentage of primary care providers who are culturally competent and percent of children present for well-child visits.

Barriers to Medical Care

% Was Unable to Get Needed Medical Care in the Past Year

	2012	2015	2018
Buncombe	11.9%	11.5%	17.0%
WNC	10.8%	9.1%	12.4%

Mental Health Status

% >7 Days of Poor Mental Health/Past Month

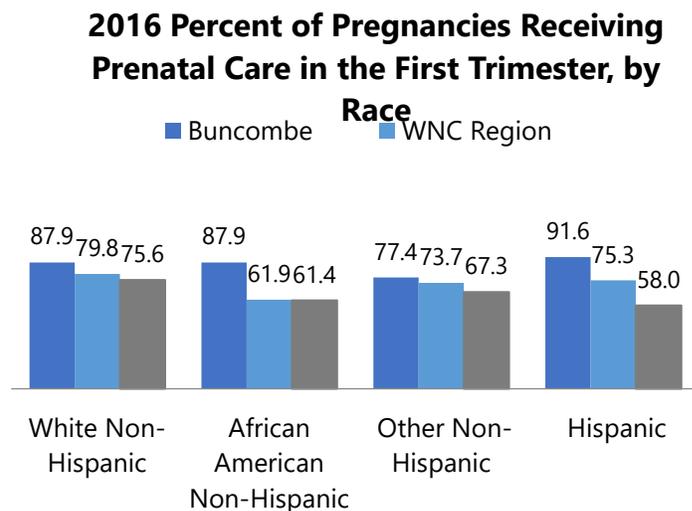
	2012	2015	2018
Buncombe	14.2%	11.6%	18.9%
WNC	14.2%	13.0%	18.7%

Barriers to Mental Health

% Unable to Obtain Needed Mental Health Services in Past Year

	2012	2015	2018
Buncombe	6.6%	8.3%	16.3%
WNC	6.6%	7.5%	12.3%

Percent of Pregnancies Receiving Prenatal Care



Story Behind the Curve:

What's helping?

In focus groups, parents shared that they were able to get the health and mental health services they need during pregnancy and post-partum, even those experiencing poverty and language barriers. Some were able to get connected to social services and other resources because of these providers. Parents also reported benefitting from in-home physical and mental health care to meet the needs of their children.

What's hurting?

The percentage of people in Buncombe County who report more than 7 days of poor mental health during the past month (18.9%) and those unable to obtain needed mental health services in the past year (16.3%) is higher than that of the region overall. This indicates that although there are many providers in this relatively resource-rich community, people may continue to experience challenges getting the support they need for their physical and mental health. This is particularly true for young children, as there are fewer pediatricians, and very few therapists who serve children under 5, according to Verner stakeholders and Health Services Advisory Committee members. Adult mental health care is lacking for those without private insurance and limited economic means. Further reductions in Medicaid rates and budget cuts have led specialized providers, such as mental health specialists, to close their doors. Unmet mental health needs of women are especially concerning due to the direct impact of a mother's health and well-being on that of her children.

It is estimated that one out of every three cases of child abuse go unreported although the numbers are probably much greater. According to the county's Department of Social Services, the number of families impacted by a child abuse/neglect report in 2011 includes 1,759 families involving 3,536 children and cases have intensified in severity over time. Factors such as poverty, parental stress, and mental health issues including substance abuse and domestic violence, continue to be the primary risk factors for child abuse. The trauma of abuse, in turn, places children at higher risk for experiencing negative health and mental health outcomes throughout their life spans.

In focus groups, parents expressed frustration with the time it took to seek and obtain medical care for their children in the community. They reported the significant amount of time spent in the waiting rooms at family health centers as a barrier to attaining care for their children and a reason to seek out a new provider.

Partners: Who has a role to play?

Buncombe County Department of Health
 Asheville Buncombe Community Ministries
 Mountain Area Health Education Center
 Western NC Community Health Services
 Western Highlands Network

Project Access
 Children First/Communities In Schools
 Olson Huff
 Carolina Pediatric Therapy

Recommendations: What is currently working? What works to do better?

1. Clinical providers should offer all-inclusive services to patients. Medical services should be connected to social and mental health services in one location. Case workers present in medical offices can connect patients to social and mental health services. For example, a parent stated the following:

“I had both of my pregnancies at MAHEC OB office, and they're really good about, or I found them to be really good about, wrapping services around you. So, if you need it they assign you to a case worker and then they get you connected with WIC - they have a WIC person, in their offices actually, so they kind of just like connect you with all these resources while you're already there. So, I found it really helpful with both of mine.”

2. Centers and Medical Providers should require training in cultural competency and implicit bias for their staff and volunteers. Patients would benefit from greater empathy and understanding of cultural differences.

“I asked like, “What would have happened if [daughter] would have not come to her checkup?” and they were like, “Well, nothing.” And so, they're telling me that like they're following this child from birth to age two, and you don't care, and you know I could tell he didn't understand what it's like to be from another country.”

FOCUS AREA 3. FOOD AND NUTRITION

Headline Community Indicators

Verner stakeholders identified “food insecurity” as the headline community indicator related to food and nutrition. In this report, food insecurity is represented by the following available indicators: Servings of Fruits and Vegetables per Day; Average Servings of Fruit in the Past Week; Average Servings of Vegetables in the Past Week; Difficulty Purchasing Fresh Produce. Additional indicators that are considered important and reflective of food and nutrition in Buncombe are included in the Workbook: Food and Nutrition Services Participation; Free and Reduced Lunch Trend; Access to Farmers Markets; Access and Proximity to Grocery Stores; Fair/Poor Physical Health; Childhood Obesity Prevalence (2-4 years).

Servings of Fruits and Vegetables

5+ Servings of Fruits/Vegetables per Day

	2012	2015	2018
Buncombe	9.0%	10.6%	7.2%
WNC	8.0%	8.1%	6.5%

calculated as % with 5+ F/V per day; not comparable to averages

Servings of Fruit in Past Week

Average Servings of Fruit in the Past Week

	2012	2015	2018
Buncombe	7.6	8.4	—
WNC	7.4	7.3	—

Servings of Fresh Vegetables

Average Servings of Vegetables in the Past Week

	2012	2015	2018
Buncombe	8.6	9.3	—
WNC	8.3	8.4	—

Difficulty Purchasing Fresh Produce

% "Very/Somewhat" Difficult to Buy Fresh Produce

	2012	2015	2018
Buncombe	20.9%	28.9%	—
WNC	n/a	30.6%	—

Story Behind the Curve:

What's helping?

Many mothers identified WIC, the supplemental nutrition program for Women, Infants and Children as beneficial. In January 2018, 8,545 children under 18 benefited from Food and Nutrition services participation. This program is discussed further in the Focus Area 6: Social Services below. Mothers also mentioned farmers’ markets in the area as beneficial.

What's hurting?

Hunger reduces child’s motor skills, activity level, cognition. MANNA Food Bank and Feeding America reported that 30% of children younger than 18 in WNC are “food insecure”, ranking NC as 11th in the country in child food insecurity at 27.3%. Buncombe County was close to the state average at 27.5% (MANNA).

Partners: Who has a role to play?

MANNA Food Bank
Appalachian Sustainable Agriculture Project
Food Assistance programs (WIC/SNAP)

Local Farmers Markets
Bounty & Soul

Recommendations: What is currently working? What works to do better?

1. Center staff and health providers should aid and support families in understanding and enrolling in WIC and SNAP benefits. Parents described WIC being helpful for purchasing healthy food for their family. However, one participant mentioned fear of sharing her information and also of having income deducted from her daughter later in life as preventing her from receiving these benefits. Trusted providers should give families information and assistance applying to Federal Food and Nutrition Service Programs.

“Some things that help is the WIC program and the food stamp program. That really helps out together as a family. To eat together, have healthy stuff, save money.”

2. Parents, Center Staff, Community Health Providers, and other involved community members should advocate for policy change in regards to WIC allowances. Although helpful overall, parents reported the amount received through WIC per month allocated to fresh fruits and vegetables was not enough. Higher WIC allowances for fresh fruits and vegetables would benefit the health of children and families.

“My only comment about WIC, which I don’t think I have the power to change at all, but it’s that they only give \$20 for fruits and vegetables, which for me like, the way I like to feed my son... That is not enough.”

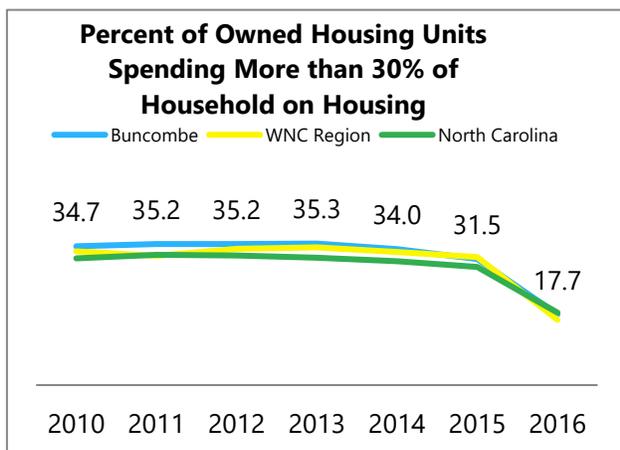
3. Local food banks, farmers’ markets and food assistance programs in Buncombe County should offer affordable and accessible fresh fruits and vegetables to low-income families. Bounty & Soul, for example, delivers healthy food and wellness resources to local communities at no cost. Promoting and expanding these types of programs would decrease food insecurity.

FOCUS AREA 4. HOUSING

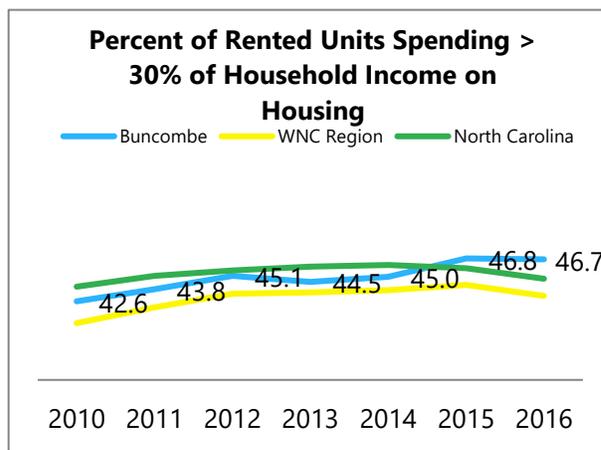
Headline Community Indicators

The headline community indicator selected by Verner stakeholders for housing was “housing insecurity.” This indicator is expressed below by Costs Burdened Households, both owned and rented, as well as the Homeless Population Trend. Additional indicators of importance found in the Workbook include: Housing Affordability; Housing Adequacy. During the Whole Distance Exercise, stakeholders identified the Buncombe County/Pisgah Legal Services data on re-eviction as being an important indicator of housing. This measure would be considered in the data development agenda.

Housing Costs Owned



Housing Costs Rented



Homeless Population, 2016 (BUNC)

	Homeless Families with Children			Homeless Adults		Homeless Children without Guardians		Total Homeless People
	# Children 17 & Under	Total People	Total Households	Total People	Total Households	Total Children 17 & Under	Total Households	
Buncombe	19	37	16	467	467	5	5	509
WNC (Regional)	127	221	71	724	714	15	15	945

Story Behind the Curve:

What's helping?

Affordable housing has been the most important community development need for the past ten years. Effort, resources, and time have been dedicated by community partners to address the housing crisis in Buncombe County. The Housing Trust Fund, North Carolina’s state-funded resource for financing affordable housing has provided opportunities for individuals in the state to meet their housing needs.

What's hurting?

Asheville is in a housing crisis. Affordable rental housing, the primary need among low- and moderate-income households, is lacking in Buncombe County. Low wages and the relocation of new residents from elsewhere has resulted in a chronic shortage of affordable housing in Buncombe County. Lack of well-paying employment prevents families from being able to purchase a home. The decline in home and land values has not translated into lower rents. Further, Asheville has the lowest area median income for urban centers in the state and one of the highest average monthly rent costs across the state.

When a household spends more than 33% of its income for housing, the household is considered cost-burdened. Over 46% of Buncombe County residents who rent are cost burdened by housing. This trend has grown consistently in the last decade. The lack of workforce housing is an incredible economic burden on employees in Buncombe County. Other reports reviewed showed that people experiencing poverty may struggle to find safe housing in public housing areas and they expressed concerns about crime and drug use. The low availability of safe subsidized housing in Asheville may force residents to move to rural areas, where they encounter increased isolation and face greater challenges with transportation. For all income levels, housing and transportation consume the largest portion of income. There is a need for policies that address the issues of housing and transportation in tandem.

In Buncombe, of the 509 people who were homeless in 2016, nearly 24 were children. This may be a gross underestimate according to local sources (Buncombe County Schools Social Services Director), as the homeless count can vary greatly depending on how “homelessness” is defined and when the count is conducted. According to local provider Pisgah Legal, many people are one medical bill or other unanticipated crisis away from losing their housing.

Partners: Who has a role to play?

Mountain Housing Opportunities
Affordable Housing Coalition
Homeward Bound
Pisgah Legal Services

Habitat for Humanity
The Housing Trust Fund
Buncombe County Child Care Services

Recommendations: What is currently working? What works to do better?

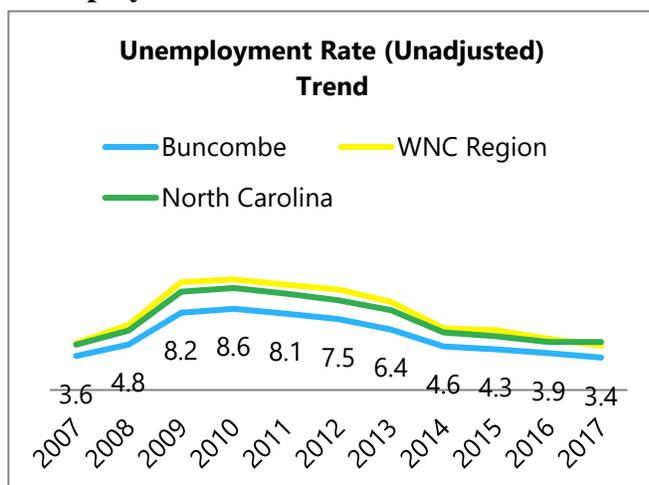
1. Centers should refer families at risk for experiencing homelessness to eviction prevention programs.
2. Centers should support very low-income families in meeting their basic needs through social service providers, leaving more income for housing.
3. Providers may want to integrate their services within the NC Cares 360 referral platform to help facilitate increased referrals for housing support and other social services.

FOCUS AREA 5. INCOME AND EMPLOYMENT

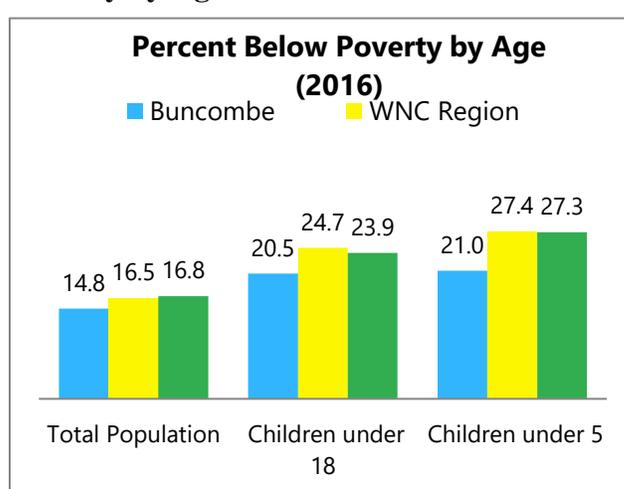
Headline Community Indicators

Verner stakeholders identified poverty levels and employment rates as the headline community indicators of income and employment. These are reflected by: Children in Poverty; Poverty by Age; Unemployment Rate. Additional indicators considered important and representative of income and employment in Buncombe are included in the Workbook: Income; Poverty Rate Trend; Poverty by Race; Work, School and Training Schedule. Several other related indicators were discussed by the stakeholders such as employers paying living wages, cost of living, distribution of assets in the community (ex: libraries, parks, WIC offices), and family friendly employers (those with paid leave, flexible scheduling, supportive of breastfeeding, etc.). The median salary of early childcare education providers is also a meaningful indicator of this focus area.

Unemployment Rate



Poverty by Age



Per Capita Income by Race/Ethnicity

	Per Capita Income (\$)	White	Black	Hispanic/Latino	Non-Hispanic/Latino
Buncombe	\$27,066	\$28,480	\$15,335	\$13,121	\$28,012
NC	\$25,920	\$29,492	\$17,965	\$13,110	\$27,162
US	\$28,929	\$31,801	\$19,378	\$16,674	\$31,464

Source: US Census Bureau, American Community Survey, 2011-2015.

Number and Percent in Poverty by Ethnicity

	Total Hispanic/Latino	Total Non-Hispanic/Latino	Percent Hispanic/Latino	Percent Non-Hispanic/Latino
Buncombe	5,516	32,740	35.63%	14.51%
NC	283,395	1,384,070	33.22%	15.84%
US	12,915,617	34,833,426	24.3%	13.63%

Source: US Census Bureau, American Community Survey, 2011-2015.

Children in Poverty (ages 0-4)

# of Children in Poverty (0-4) by Race and Ethnicity (BUNC)	
Under 5 years	3915
White	2731
Black	630
American Indian/ Alaskan Native	26
Asian	0
Native Hawaiian/ Pacific Islander	0
Some Other Race	131
2 or more	397
Hispanic/Latino	1158
Not Hispanic	2757

Story behind the curve:

What's helping?

Unemployment in Buncombe County is lower than in other counties across the state. (US Bureau of Labor Statistics- Unemployment) Major job sectors for the community are education, healthcare, and tourism. Focus group participants cited small entrepreneurial activities as critical to helping them bring in additional income, particularly for families without formally recognized residency in the United States.

What's hurting?

Economic insecurity is a huge challenge for individuals and families in Buncombe County. Respondents from the Asheville City Schools Survey collected by NOLO in the 2014 Verner Community

Assessment reported low wages as being the most significant problem in their community. Availability of jobs and affordable housing, utility costs, and affordable childcare were among the top five issues reported by ACS survey respondents. There are significant disparities in income and poverty levels by race and ethnicity. One focus group participant describes, *“One of the hardest things about living and parenting in Asheville is the low wages of most jobs in the area. Many folks, such as myself, are underemployed, even with college degrees. The cost of living in Asheville does not match most of the wages present in the community.”*

Leisure and hospitality as well as many healthcare positions provide low wages. Growth in lower-paying jobs results in increases in number of families earning below the median income. Low paying positions are also most likely to have varying schedules, inconsistent hours, no benefits, and/or limited job security (Just Economics of WNC).

Low wages combined with the increased costs of living negatively impact low- and moderate-income families. In 2011, the living wage for a single person in Buncombe County was \$9.85/hr with employer-provided health insurance- amounting to \$20,488/year with benefits. Many families earn less than that. For a family of two parents and two children, the combined costs of housing, food, child care, transportation, and healthcare in Asheville amounts to nearly \$45,134/year, almost double the average living wage.

Finally, employer policies and environments may make it particularly hard for pregnant mothers and women with young children to earn an income. For example, taking time off for medical appointments and breast pumping can be a challenge at some places of employment. Mothers reported unnecessary hardships in their workplace specifically related to breastfeeding, saying: *“...especially if companies and organizations can't do the maternity leave thing, if you're expecting us to come back so soon we should at least have the things that we need to feed our babies in the way that we want to.”*

Partners: *Who has a role to play?*

Work First Temporary Assistance for Needy Families

Pisgah Legal Services

Western NC Community Health Services

Mountain Area Workforce Development Board

Asheville-Buncombe Community Crisis Ministry

Buncombe County Dept. of Social Services

Buncombe County's Low-Income Energy Assistance Program

Recommendations: *What is currently working? What works to do better?*

1. When possible, child care centers should offer varying hours/ later hours for parents who work longer and don't have scheduling flexibility (typically low-wage jobs). Parents expressed frustration with center hours, stating:

"...we just want to know if it is possible for those daycares to close a little later in the day, to give us a chance to get out of work and get there on time because, sometimes we cannot get there on time."

2. When possible, employers should provide flexibility in scheduling, opportunities to work from home or telecommute, and maternity/paternity/family leave.

3. As part of a newly declared "breast-feeding friendly Buncombe," employers should support mothers both and after giving birth through providing breastfeeding/pumping spaces, maternity leave, and flexible scheduling. Centers and families should advocate for policy change within places of employment.

"I'm meeting... about breastfeeding advocacy and pumping that kind of thing cause, well we're not getting in the negatives yet, but I've had some hardships in my workplaces with that."

FOCUS AREA 6. SOCIAL SERVICES

Headline Community Indicators

The headline community indicator identified by Verner stakeholders for social services is “social services utilization rates and barriers.” However, there is little publicly available data on the utilization of services beyond those previously described as Food and Nutrition Services. Thus, as Medicaid-covered services are expanded to provide support for other social needs, the headline indicator is defined below by the percent of individuals lacking health insurance (ages 18-64) and Medicaid eligibility trends. Additional indicators considered important and reflective of social services in Buncombe are included in the Workbook: Medicaid Eligibles by Program; Health Insurance Estimates; Food and Nutrition Services Participation. Stakeholders also discussed social services system measures such as waitlists and staff retention as additional indicators that would be considered in a data development agenda.

Medicaid Eligibility

		SFY 2017			
	2016 Est Pop	# Medicaid Eligibles*	Expenditure per Eligible	# Eligibles Per 1,000 Population	% Medicaid Eligibles (based on 2016 pop)
Buncombe	257,931	53,168	\$5,150	206	20.6
WNC (Regional) Total	795,917	180,266	-	-	-
WNC (Regional) Mean	49,745	11,267	\$5,662	245	24.5
State Total	10,158,475	2,332,206	n/a	n/a	n/a

* # Medicaid Eligibles - eligibles' is a statewide unduplicated count indicating eligibility in the last county of residence during the fiscal year.

Uninsured

	% [Age 18-64] Lack Health Insurance		
	2012	2015	2018
Buncombe	23.6%	19.2%	15.2%
WNC	23.7%	19.6%	15.1%

Story Behind the Curve:

What's helping?

Buncombe County has strong nonprofits with willingness to collaborate to address social determinants of health. Numerous community-based organizations promote and provide opportunities, particularly for the

Hispanic community as detailed in previous reports. These include literacy classes, documentation assistance, work authorizations, translation services, and basic language skills classes for the Latino community.

Federal programs that support families with young children include Supplemental Nutrition Assistance Program (SNAP aka “Food Stamps”) and Women Infants and Children (WIC). Buncombe County households receiving SNAP (13.12%) is comparable to the state percentage (13.17%) (ACS 2015). SNAP provided nearly \$2.4 billion dollars in food benefits to people in NC, which help supplement the food budgets of eligible households. WIC, the supplemental nutrition program for women, infants, and children, serves children up to 5 years of age, breastfeeding women up to 12 months, and women who have had a baby in last 6 months. WIC was named by many focus group participants as very helpful and most found it relatively easy to enroll:

“It's easy for when you're doing a child, more difficult for an adult, but a child is pretty easy, because a lot of the times they have your WIC, your Medicaid, all that set up before that baby is born. You sign a paper that day the baby is born and your Medicaid, the baby's Medicaid starts.”

New technology in the provision of social services was also discussed:

“I will say their app is pretty cool though. So, like they'll upload everything you can get on it, and you can get the app, and go through and see what qualifies, and you can scan different food items, and it will tell you whether or not you can get the item.”

Parents reported finding out about resources that could benefit themselves and their children through the Internet (social media and Google) and sometimes word of mouth.

What's hurting?

Although WIC is benefiting families by supplementing the food budget of pregnant women and mothers with young children, parents reported frustration with losing their own WIC benefits 6-months after giving birth. One mother stated:

“Well, we should get them at least until a year, when the baby starts getting stuff that he needs and then we back out, but we got like if um, like before I had my child, I just have one child only... and I lost [my benefits] at 6 months, you got that 6 month period that you hardly get, you get \$9 dollars in fruits and vegetables.”

Other parents wanted WIC benefits to last longer for their young children as they still wish to have the budget to provide fresh produce to their young children beyond 5 years of age. *“One downfall I don't like about WIC is that they stop it when the child turns 5.”*

Many parents named difficulty with transportation as a barrier to getting the resources they needed, which is also applicable to other focus areas previously discussed. The local NC Works Center estimates that over 90% of low-income families in BC have transportation challenges

Some parents expressed frustration with the process of enrolling in benefits: *“with Medicaid here, you have to have Medicaid and health insurance; I think the way that they do paperwork and everything in North Carolina is very confusing and there are extra steps involved.”*

“Medicaid has been challenging because I have to have an income limit for my husband because if he goes over the income limit they are not going to give me Medicaid to give birth. And I feel like that's really messed up that for Medicaid, or the hospital there's not that access because when we were in New York there were so many more resources. Because when my daughter was born they gave me Medicaid before the baby, a month before I had the baby so if I had an emergency or something I was covered by Medicaid.”

Several Spanish-speaking participants described negative experiences enrolling in social services and perceptions of racism, discrimination, and unjust treatment.

Partners: Who has a role to play?

The Latino Outreach Program
 Immigration Services
 Catholic Social Services

The Literacy Council of Buncombe County
 The Family Resource Center

Recommendations: What is currently working? What works to do better?

1. Community based organizations and social service programs should hire and retain bilingual social workers or provide readily available translation services.

“I feel that they change social workers and there is a lot of turnover. For example, since I got here I was with a Cuban woman who spoke Spanish and I put on the papers that I needed someone that spoke Spanish. You know, I asked for that. But, now this year they put an American woman in there, and she’s not patient with me and the receptionist, I told her why did you put someone that only speaks English and not Spanish because sometimes I have questions. I have lots of questions. I’m a very curious person and she said “I’m sorry, you have to bring your own interpreter. There is no one.”

2. Again, incorporation of community-based resources into the NC Cares 360 platform provides a promising opportunity for increased referrals, reduced duplication, and stronger services for families.

3. Families and providers should understand the rights and services available to them. They should participate in opportunities to inform Medicaid reform and expand social services support, for example as input is collected on Healthy Opportunities pilot programs and services covered through Medicaid expansion.

“For me, I don’t let anyone treat me like that. I don’t care what country I’m in. I know that I have my rights and I have to defend them. And the only thing I want to say to all the other moms that are here is that we have to be strong. We have to be able to confront what is coming and... I was living here in Asheville, NC. I want to live in Johnson City. That’s where I had my daughter, and they wouldn’t give me interpreters there either. But I knew I was going to be able to get through it. And you won’t believe this but I told her, ‘I know that you give me whatever food in the hospital but I want organic food.’, and they ended up giving it to me, because we have to be able to ask for what we need and defend our rights because I know that that’s our right in whatever country we are in, and I know we deserve respect and that’s what’s going to make things better.”

4. Centers should continually and actively engage with the parents to understand their needs, desires, and suggestions. Programs will be best fit to serve families when solutions are driven by the people they are serving.

“I think continuing to engage with parents is probably a good idea. I appreciate you guys wanting to hear from us and hear our perspective, because sometimes people are like, ‘Oh, this program would be cool,’ but like you’re not asking the people that it would impact so I think that is important.”

FOCUS AREA 7. SOCIAL SUPPORT

Headline Community Indicators

Verner stakeholders identified social support as a key community indicator and social determinant of the well-being of pregnant women and families with young children in Buncombe County. This indicator is defined in the Workbook as the percent of individuals “always” or “usually” getting the social and emotional support they need. Although other indicators are related to and impact social support given and received, there are no other indicators in the Workbook or discussed by Verner stakeholders that are direct measures of social support. This should be taken into consideration in the data development agenda.

Social Support

% “Always/Usually” Get Needed Social/Emotional Support

	2012	2015	2018
Buncombe	82.8%	77.5%	74.0%
WNC	80.6%	79.3%	75.3%

Story Behind the Curve:

What’s helping?

Social support protects individuals and families in times of need. Support networks serve as a particularly important safety net when formal mechanisms—ranging from stable jobs to health insurance—are weak.

There are a number of community-based organizations that promote and provide opportunities for parents to come together and share skills, learn, and support each other. Particularly community organizations that provide childcare at no cost can allow parents or caregivers to have time away and connect with each other. One participant described: *“the YMCA does a date night, they keep your kids for three hours at no cost on a Friday night.”*

What’s hurting?

New research suggests that trust and social networks can be weakened by visible signs of inequality—thus, the challenges with accessing services experienced by pregnant mothers and families in Buncombe, particularly for people of color, may be further exacerbated by the breakdown of social support. Redlining, a practice that denies services to whole neighborhoods on the basis of race or ethnicity, and gentrification, the process of renovating and improving a house or district so that it conforms to the middle-class, have and are continuing to affect communities of color negatively and break down social support networks in Asheville. Broader societal changes such as increased attention to technology and screens, less interactive play time, and growing epidemics of drug use may affect the social support all families rely on and benefit from.

Partners: *Who has a role to play?*

Places of employment
Bair Foundation
BEAR Closet

Nuestro Centro
YMCA
Asheville Public Libraries

Recommendations: *What is currently working? What works to do better?*

1. Centers and other community organizations should provide parenting groups, events and other opportunities for caregivers to connect with each other. Parents and caregivers reported finding comfort, help and power in relying on and helping one another. There is a need in the

community to create spaces and opportunities for caregivers to meet, learn from, and support one another.

"In the case of the mom's that I'm helping, I like helping other moms. I tell them, 'When I'm at home, I can take care of your kids, and their small kids.'"

"Yeah, me and my sister help each other a lot. We take care of each other and she helps me with my daughter because a lot of times, childcare providers or daycares charge a lot of money or sometimes they don't accept them..."

"We have to let go of that fear and those of us that are here, we are fortunate because, you know we are here to learn and it's interesting and great when you hear testimonies of other people but I know those of us who are here because together we can get farther along and raise our voices and be able to help other moms. That's what we are trying to do here. Spread the word to other moms so that they don't feel like they're alone. If we help each other, I think that we can get a lot done."

CONCLUSION

This Community Assessment sought to shed light on the strengths, needs, assets, and challenges facing pregnant women and caregivers of young children in Buncombe County. The recommendations provided in the seven focus areas are designed to be locally relevant, evidence-based strategies for better supporting this community. A focus on equity emerged throughout the research and is thus reflected in several of these recommendations. The data— both quantitative and qualitative— in the Appendices provide further context for the issues described. Additional research on the indicators identified as part of the data development agenda could better inform efforts to build capacity of providers, advocate for policy change, empower caregivers and staff, and strengthen funding streams. Finally, as strategies are implemented, centers and community organizations should evaluate their impact to better understand how their efforts are contributing to turning the curve on these headline community indicators and improving the health and wellbeing of the community.

ACKNOWLEDGEMENTS

This Community Assessment was a collaborative effort on behalf of The Verner Center for Early Learning and the North Carolina Center for Health and Wellness.

The authors would like to thank the following individuals and groups for their meaningful thoughts, insight, and support:

Attendees of the Verner Whole Distance Exercise (Verner Stakeholders)

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Health Service Advisory Council Members

Susanne Walker Wilson, Senior Trainer at Resources for Resilience

Lisa Coffey, Former Verner Vice President of Grants & Compliance

Julie Jones, Interim Verner Early Head Start Director

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Ameena Batada, Professor at UNC Asheville

Five UNC Asheville students composing the Qualitative Research Team

Amy Joy Lanou, Executive Director at the North Carolina Center for Health and Wellness

A special thank you to the focus group participants who offered meaningful insights and shared their lived experiences to strengthen the impact and value of this Community Assessment. Their ideas, values, and strengths were truly inspiring.

APPENDICES

APPENDIX A. VERNER WHOLE DISTANCE EXERCISE NOTES

Verner Center for Early Learning - Community Assessment Whole Distance Exercise

RESULTS- What positive conditions do we want in the community?

- Trust/feel represented.
- Ready for school.
- Access evidence-based education.
- Access to healthcare.
- Strong caregiver/parent child bond.
 - Secure attachment.
- Healthy/happy families & children & people who interact with them.
- Helping families understand.
 - Health resources.
 - where/when to go for proper care.
 - Lower ED visits (when unnecessary).
- Quality care: child development professionals.
- Children supported by “all” qualified care professionals.
- Families have healthy food.
- Caregivers/parents & children have mental health support & self-care.
- Families can easily navigate resources:
 - Pediatricians, CDSA, early intervention.
 - Subsidy: WIC, SNAP, etc.
- Competent and confident in supporting education and managing behavior and motivated.
- Teacher education in evidence-based programming.
 - Professional development support.
 - Self-care.
- Parents trained in evidence-based caregiving.
- Policy makers understand levity.
- Strong teacher-child bond/teacher-parent.
- Parent appreciation.
- Providers are aware of biases: what services are provided to those who need them.
- Policy maker and providers are aware and addressing the root causes of inequities.
- Community recognizes quality early education as important, valued, respected and appreciated.
- System support delivery in early education.
- Celebration of diversity (community).

- Re-evaluation of community resources
 - More equitable distribution
- Easing funding process for childcare and education.

EXPERIENCES- How would we recognize these results in our everyday lives?

See~Smell~Taste~Hear~Feel~

- Laughter
- Kindness
- Smiling
- Physically affectionate families
- Relaxed body language
- Parents are verbally reflecting back children' needs and emotions
- Feelings are being voiced for children
- More bus stops and similarly designed (good quality)
 - Sidewalks
 - Beyond city into rural
- More child care centers
- Dads in the home
- Community gardens/grocery stores
- Safe public housing and gen housing
 - No gunshots
 - Clean play areas
 - More affordable housing
 - Well maintained
 - Doors with door knobs
- See providers supporting all families in the same way
- Hear other languages spoken by providers
- Providers may look like population they predominantly serve
- Trusting interactions with providers: parents
 - Asking questions
 - Seeking advice
- Parents as community leaders
 - Parent advocacy for child
- Hear solutions-based talk in policy
- Parent's presence is incentivized
- Meetings take place at times parents can go
 - Childcare in meetings
- Children aren't coughing in class/wheezing
- Can run in safe/clean places
- Parents aren't smoking in cars
- Breastfeeding

- Accessible locations for all abilities
 - Playgrounds
 - Meeting/public spaces
- See diversity
 - Community resources/handouts look like community being served.
- Language rich classrooms
- Admin in language rich classrooms
- Fully staffed classrooms with qualified candidates
- Excited/enthusiastic/energetic staff
- Breastfeeding friendly businesses
- Increase in locally owned businesses
 - Hourly worker environments
- Increase participation rate in REI/ Equity training
- Increase equity assessments and implementation of recommendations in systems
- Increase diversity engagement/global equity and inclusion benchmarks
- Increase in businesses/orgs thinking about inclusion
- More diverse workforce in early childhood
- Every mother gets postpartum visits
- More robust referrals for postpartum and other screenings
- More free access to doulas of all colors and languages
- More doulas of different races/ethnicities
- Less illness/sickness: preventable, acute
 - hand foot/mouth rashes
 - Upper respiratory
 - Pink Eye
 - Vaccination rates
- Increased collaboration across community partners: shared data/system
- More kids qualify for IFSP/IEP

INDICATORS- How could we measure these experiences?

Prioritized by Data PowerCommunication and Proxy Power ~Community Indicators~

- Achievement Gap: differences in proficiency of reading, math at third grade.
- Reduction in chronic illness
- Grade 3 data
- Pre-k development domains - [Lisa has for verner](#)
- Kindergarten Readiness
- Differences in parent engagement (in child education) [DDA](#)
- Opportunity Gap:
 - Access to early child care - [Disparities](#)
 - Medical/clinical care - [DDA - Story](#)
 - Social service support

- Retention rate:
 - Staff working in human services
 - Customers - continuum of care and stay with providers
- % of children showing up for regularly scheduled well child visits
- No SIDS
- Lower infant mortality rate
- Lower maternal mortality rate
- Access to prenatal care
- Full term births
- Healthy birth weight
- Household income
- Distribution of assets in communities
 - Libraries
 - Parks
 - WIC Offices
- Availability of slots for quality child care/5star
- Availability of slots for affordable housing
- Access subsidies for childcare early education.
- Increase in ACE screenings
- Lower ACE scores
- Number of family friendly employers
 - Breastfeeding
 - Paid leave
 - Flexible schedules (family forward)
- Reimbursement (ACE Screenings)
- Different forms of reimbursement
- Measure for meeting families where they are for what they need
- Availability of providers at community colleges
 - Number of providers
 - Number of students in early education programs
 - Number of bachelor/ credentials for early education
- Salary pay for early childhood providers
 - Living wages
- Early childhood center by zipcode a matched with residents in need

BASELINE- How well are we doing?

- Headline Community indicator
 - Availability of slots for quality early childcare
- Proxy indicator
 - Number of licensed childcare centers and family care centers
- Description

- Availability means number of centers not the same as accessible to all families

HELPING- What is helping?

- Investment
 - County new early childhood development fund
- Partnerships working to build more childcare homes
- Understanding the community importance of first 1000 days
- Population growing in Buncombe Co.
- Early childhood education is 1/3 strategic priority of Buncombe Co.
- State increase subsidy rate
- Verner providing model for community and early childhood education
- Not afraid to go into community: recruit. Educate
- Statewide advocacy efforts (Verner is collecting data for policy makers)
- Center for American progress statewide
- County/City govt learning how to build capacity around early childhood education
-
- Buncombe Partnership for Children
- Verner is learning about what affects families and applying to practice and trauma informed approach
- Systems alignment in Early child education
 - Orgs aligning
- NC Care360?

HURTING- What is hurting?

- Lack of funding
- Lack of qualified workforce
- Lack of child development understanding
- Individual Racism affecting quality of care in classroom
 - Bias in type of curriculum for different children
- Institutional racism: Voucher availability and qualifications needed
- Trust broken through DSS involvement
- Bureaucracy for licensure of centers
- Complexity of family life intervening to navigate early childhood education
- Complexity of child center environment
- Early Childhood Education perception as not important/devalued
- Early Childhood Education de-professionalized
- Transportation to center
- Poorly run centers/ “horror stories” of centers affecting child safety
 - Licensing restrictions being affected as result
- Cost of enrollment/cost of operations
 - Acceptance of subsidies

- Lack of Fed/State funds
- Childcare centers not able to cover nontraditional employment schedules
- Political climate: intolerance invoking fear engaging with programs
 - Leaving home
- Lack of Medicaid coverage
- Language barriers applying to public assistance
- Contradictions: reality c. reward in PR of EVE profession
- Lack of political power to influence policies
 - Of professionals in field
 - Customers of service

PARTNERS- Who has a role to play in doing better?

~Current and Potential~

- NFP
- NCPC - NC Partnerships for Children
- City and County government
- Trainings on trauma by BC Partnership for Children
- School System
- Medical Providers
- Politicians
- Families
- Caregivers (including parents)
- State and Federal agencies
 - NC Div. Childhood Development and Early Education
 - DSS
 - CDSA - early intervention agency (IFSP)
- County Commissioners: Jasmine Beach - Ferram
- Children First/Communities in Schools
- Chamber of Commerce
- Racial Equity Institute
- RHA/Mountain Child Advocacy: Referral Systems
- Preschool Planning Collaborative
- YWCA

WHAT WORKS- What is currently working to turn the curve on this issue?

~Current Strategies~

- Trauma informed care trainings
- Advocacy and research informing practice
- State model for systems alignment
- Partnership for Children providing technical training assistance and child care resources
- Head Start and Early Head Start requirements

- Classroom assessments help monitor quality of interactions
- CLASS classroom assessment and scoring system
- NC Pre-K regulations and standards supporting classrooms
 - Early Head Start
 - Head Start
- Regulations and standards provide funding
- DCD (Division Child Development) program for providers to develop own business
- TEACH Program and AWARDS\$ and WAGES\$
- PEECE (Partnership for Excellence in Early Childhood Education)
- Every Student Succeeds Act: more focus on kindergarten

WHAT WORKS TO DO BETTER- What works to do better to turn the curve on this issue?

~Potential Strategies ~Evidence-based; no cost/low cost; suggested by people impacted and off the wall. ~

- Shared data systems, early education system coordination
- More info on qualifiers for IEP
 - State changes plan so more families qualify; take into account clinicians' opinions
- More spots for NFP
- Longer coverage of postpartum care (Medicaid)
- More referral systems and screening systems
 - Especially WR and maternal postpartum care
- Look at centers accessing child care resources
- Dogwood Trust Investment
- Aligned systems of providers to reduce duplications
 - NC Care 360
- Programs stop getting in their own way
 - Keep mission in focus
 - Make sure policies do not contradict
 - More of a culture of collaboration among Early Childhood Education providers rather than competition
- Advocacy at statewide level for Early Childhood Education
- Define and assess what quality success means
- A whole-child approach (family & cohesive community approach)
- Business/Cross Sector collaboration for support Early Childhood Education and child care
- Future impact of Early Childhood Education on job prospects and employment public relations in the field and professionalism

APPENDIX B. FOCUS GROUP GUIDE AND TRANSCRIPTS

**Verner Center for Early Learning
Focus Group
Question Guide and Moderator Script**

- A. **WELCOME:** Thank you for taking the time to join this discussion. My name is Emma, and I will be guiding us through our conversation today. *(NOTE: Introduce your assistant moderator/notetaker/students or have them introduce themselves).*
- B. **PURPOSE:** The NC Center for Health and Wellness is conducting focus groups with pregnant women and caregivers of young children in Buncombe County. This is one component of a greater community assessment to help us understand the strengths, assets and needs of families in our area.
- You have been invited to participate today because we value your knowledge and perspectives on this topic.
- Is everyone in this room either a caregiver of a child under 5 or a pregnant woman who lives in Buncombe County?
- C. **RISK:** We do not anticipate any risk in participation, although some of the topics we discuss today may be sensitive, or you may feel uncomfortable with some of the questions. You do not have to answer any questions that you don't want to or that make you feel uncomfortable.
- D. **BENEFITS:** The information you share with us will be used to help local providers understand parenting experiences and to guide advocacy, action, and planning efforts in Buncombe County. This information will also be incorporated into a final report that will be shared with early childhood providers and federal offices. If you would like to receive a final copy of this report, please be sure you add your name to the sign-in sheet.
- E. **LOGISTICS:** Camden will be taking notes during our conversation. Your comments will be kept private and confidential. This means that we will not include any names or other information identifying you. With your permission, we will be audio recording today's discussion as well. Any potentially identifying information will be removed from the recording. The recording will be securely stored, and only the study team will have access to it.
- You will receive a \$10 gift card for your time today. Any questions so far?
- F. **GROUP NORMS:** Now I want to talk about the group norms for today's discussion that are listed on the flipchart.

- We ask that you, as a participant, do not share any information that you hear from others during this session outside of this room. We, as the study team (students included) agree to do the same with the exception of anonymous quotes and overall themes that will be pulled out for the assessment.
- There are no right or wrong answers in our discussion today. I expect you will have different ideas and points of view from one another. Please share your perspective even if it differs from others in the group.
- Do not feel like you have to respond directly to me. If you want to follow up on something that someone else has said or provide an example, feel free to do so. You can talk with each other about these questions. I am here to guide the conversation, listen, and make sure everyone has a chance to share.
- We are interested in hearing from each of you. If you are speaking too often, I may ask you to step back. If you have not been heard from, I may ask you to step forward. We want to make sure all of you have a chance to give your ideas.
- If you have a cell phone, please put it on silent mode.

Are there any other norms that you would like to suggest to the group before our conversation? (*Write any additional norms on a flipchart on the wall so people can see them throughout the discussion*)

Please raise your hand to acknowledge that you understand the risks and benefits, agree with the group norms, and are willing to continue participation today. Thank you!

Do you have any other questions before we begin?

- G. **BODY OF INTERVIEW:** Let's get started! We will begin with introductions. Please tell me your first name, where you are coming from today, and your favorite children's book.

Research Q1: What are the greatest strengths and greatest challenges of pregnant women and caregivers with young children in Buncombe County?

1) Now I will open up the next questions for whomever wants to share. What do you see as the greatest strengths or resources of pregnant women and caregivers with young children in Buncombe County?

Probe: Why is this a strength? Whom does it benefit? How has it helped you?

2) What do you see as the greatest challenges affecting pregnant women and caregivers with young children in Buncombe County?

Probe: Why is this a challenge? Who does it affect? How has it been a barrier to you?

3) What recommendations or suggestions do you have for overcoming these challenges?

Probe: Provide an example of a time you faced a challenge and overcame it. How were you able to?

What might be helpful?

Research Q2: What opportunity gaps exist in access to early childhood education and health services for pregnant women and caregivers with young children in Buncombe County?

4) Next, we will talk about how you access (or plan to access) care for your child or children. For those of you with children, raise your hand if you use an early childcare provider. *Moderator: state the number within group.*

- a) What made it easy for you to enroll your child in an early childcare program?
- b) What made it difficult for you to enroll your child in an early childcare program?

5) For those of you that are pregnant, do you plan to use an early childcare provider in the future? Why or why not?

6) Can you describe how you seek out health services for yourself or your child?

Probes: Agencies involved? People involved? Actions taken?

a) In what ways is it easy for you to access health services for yourself or your child?

Probe: Who makes it easy? How do they help? How do you feel supported? Provide an example.

b) In what ways is it difficult for you to access health services for yourself or your child?

Probe: Who makes it difficult? What gets in the way? How is it challenging? Provide an example.

7) Can you describe how you seek out other social services (such as WIC or SNAP) for yourself or your child?

Probes: Agencies involved? People involved? Actions taken?

a) In what ways is it easy for you to access social services for yourself or your child?

Probe: Who makes it easy? How do they help? How do you feel supported? Provide an example.

b) In what ways is it difficult for you to access social services for yourself or your child?

Probe: Who makes it difficult? What gets in the way? How is it challenging? Provide an example.

Research Q3: To what extent are parents or caregivers able to engage with their young child's education?

8) I am now going to ask a few questions about your ability to support your child's early learning and development. How do you help your child learn and support their growth?

Probe: Describe your involvement. How often are you involved? What actions do you take?

9) Think about a time when you wanted to be involved in your child's learning, and were able to. What made it easy for you to participate?

Probe: Who helped? What helped? How did you feel supported? Provide an example. What do you need to stay involved?

10) Now think about a time when you wanted to be involved in your child's learning, but were unable to. What make it hard for you to participate?

Probe: Who prevented you? What prevented you? Provide an example. What do you need to be more involved?

11) Thinking about all these services including early childhood care, health and social services, have you ever had an experience where you felt that negative perceptions or judgments from others made it harder for you to get support or access the services you needed?

Probe: Provide an example. What could help to address these negative perceptions, judgments, or stigmas? Systemic issues? Oppression?

12) Thank you for sharing your experiences. We will finish by talking about your recommendations for the community. What do you think would work to do better to improve access to early childhood education, health and social services for children and families in Buncombe county?

Probe: Recommendations? What services do you feel are needed? In what ways could access be improved?

H. **CONCLUSION:** Is there anything else you would like to add at this time?

Thank you again for taking the time today to share your experiences and expertise! If you have any questions after today, feel free to contact us. Remember to take your gift card and sign-up to receive a copy of the findings. Thank you!

With sufficient time, consider incorporating the following questions...

- 1) Can you describe how you seek out **mental health services** for yourself or your child? In what ways is it easy to access mental health services? In what ways is it difficult?
- 2) What are the most significant **health problems** affecting your child or children? What health problems do your children face most often?

Verner Parent Focus Group

Date: 09/23/2019

Location: Participant home

Moderator: Emma Olson

Note Taker: Camden Spade

Participants: Seven Spanish-speaking mothers

**Translator present for simultaneous interpretation

Body of interview:

M: Moderator

P: Participant

M: Let's get started. I know we met you when you walked in, but I would love to just hear everyone's first name, and how many children you have (or are expecting to have), and how old they are. So, your name, how many children you have and how old they are. So, my name is Emma, I don't currently have any children but I'd love to have some someday.

(participants introduce themselves and number/age of children...)

M: Wonderful. So, we are going to start with the questions.... *(Translator intro)*. So, we want to start by talking about positive things. What do you see as the greatest strengths, or the greatest resources for pregnant women or caregivers or families with young children in our country?

P: *(silence)*

M: It's a tough question, right?

P: I didn't understand that well.

M: Okay. What helps you? What helps you in your life here?

P: What helps being here in this country? Working really hard. Working really hard to give my [daughter] a good future.

(Moderator conversation with organizer...)

M: So are there any services or organizations that help you?

P: No, nothing. There's nothing.

M: No? Okay. Do you help each other?

P: Yeah, me and my sister help each other a lot. We take care of each other and she helps me with my daughter because a lot of times, childcare providers or daycares charge a lot of money or sometimes they don't accept them because they are children who are not from here, so we have to pay more than children who were born here. So, they are not accepted in any place in the community.

P: Well, is not so much because they are not born here but at least for mine they didn't accept her in a daycare because she was born here, well in New York, but because I went \$10 over the income threshold and that's why they didn't accept her. And my child also wasn't eligible for Head Start because she doesn't have any special needs and I'm like "Yeah, she does have special needs around learning English." But, no. They said no, she's an only child, she doesn't have any special issues so I was like, "Well, all of us have needs."

(translator giving directions, room conversation/noise...)

M: So, it sounds like there's not a lot of resources that are helping families in the community. I want to talk more about the challenges. What do you see as the hardest part of living here?

P: Well when, for example, when my niece, we had a hard time getting her in daycare with Head Start because she was born in Guatemala, not even another state within the US, and she doesn't have medicaid or anything like that so they told us that she didn't qualify until she was five years old and could go to a regular public education, so I have to take care of her so me and my sister do help each other because she works during the day and I work in the evening.

P: In my experience, that I had with my children, sometimes, um, we don't qualify because, for example, you're one month away from turning three years old or even just a few weeks away from three years old, it's not allowed. They say, "No, you have to be exactly 3 years old or older" so that's been a problem. Just by a few weeks you miss the cut off date and you're not accepted. I don't know if this has happened to all of you but when we don't drive, when parents don't drive, there isn't good transportation for the kids. So, I think that that's one of the most difficult things I can think of. You have to be able to drop them off, pick them up and that's very difficult for moms who don't drive.

M: Are there other challenges you've experienced in this community?

P: For me it's the same. My daughter, when I brought her to HeadStart, they told me the same thing. They were going to accept her but that I had to drop her off and pick her up because there was no bus, no transportation, even though I knew that they were giving transportation to kids in other areas, but not to her so I have to go pick her up and drop her off.

M: What about for pregnant women? What's difficult for you right now?

P: Medicaid.

M: What about Medicaid?

P: Medicaid has been challenging because I have to have an income limit for my husband because if he goes over the income limit they are not going to give me Medicaid to give birth. And I feel like that's really messed up that for Medicaid, or the hospital there's not that access because when we were in New York there were so many more resources. Because when my daughter was born they gave me Medicaid before the baby, a month before I had the baby so if I had an emergency or something, I was covered by Medicaid. And so with Medicaid here, you have to have Medicaid and health insurance for my daughter. So automatically the hospital, the birth certificate, they give it to you and they do it right there and they send it over by mail. That's what they do in New York. Here, I have to do some extra steps, and I don't like how its been

going. I think the way that they do paperwork and everything in North Carolina is very confusing and there are extra steps involved. It was much better in New York.

M: Did you want to say something?

P: How in Medicaid they treat us. There is a woman who is very difficult. At Medicaid the interpreter, no, the social worker, that is there. When we went this year to apply for Medicaid, she did so many things to us that you just get overwhelmed by everything that she wants to scan in because she just wants all this documentation.

P: And once it happened to me too. I got the same lady once.

P: And every year, I don't know, I feel that they change social workers and there is a lot of turnover. For example, since I got here I was with a Cuban woman who spoke Spanish and I put on the papers that I needed someone that spoke Spanish. You know, I asked for that. But, now this year they put an American woman in there and she's not patient with me and the receptionist, I told her why did you put someone that only speaks English and not Spanish because sometimes I have questions. I have lots of questions. I'm a very curious person and she said "I'm sorry, you have to bring your own interpreter. There is no one" and I told her "What? Like, okay..." and the woman that we're talking about she asked, "Do you work?" and sometimes, like in my case, I said, "No, I didn't work." because I wasn't working then, and she's like, "Why don't you work? Why don't you work then? What do you do to survive? Do you sell food? Do you sell tamales? Do you sell stuff from a catalog or something?" I feel like that's racist. But she's Hispanic.

P: Ah so that makes even more sense.

P: But yeah, she's a social worker.

P: Yeah, that's how they are.

P: Yeah, the last time I went she also asked me if I make tamales (*laughing*) and she asked me what the ingredients were and I told her, "No, I can't tell you that." She wants to know everything little thing and she wants to know, "How much are you making a profit off of selling food? How much do you spend?" And it's like, I'm making cents over here. I'm making just a few cents.

P: One thing that I want to say is that recently, that there was a change in president, I've seen so much racism, and it doesn't just come from the president. It comes from other people who just want to oppress us. But, for me, I don't let anyone treat me like that. I don't care what country I'm in. I know that I have my rights and I have to defend them. And the only thing I want to say to all the other moms that are here is that we have to be strong. We have to be able to confront what is coming and... I was living here in Asheville, NC. I want to live in Johnson City. That's where I had my daughter, and they wouldn't give me interpreters there either. But I knew I was going to be able to get through it. And you won't believe this but I told her, "I know that you give me whatever food in the hospital but I want organic food.", and they ended up giving it to me, because we have to be able to ask for what we need and defend our rights because I know that that's our right in whatever country we are in, and I know we deserve respect and that's what's going to make things better.

P: Yeah with Medicaid. So, my daughter was born sick, I've had been having issues with access. Thanks to my social worker, who's from Brazil, she speaks Spanish and she's helped me so much. She's helped me so much. And I haven't really had any problem with Medicaid or anything like that. I'm mostly satisfied with all of the services. But really even with childcare issues she's been helping me. And helping me navigate HeadStart and whatever. But I'm thinking more about my niece, because sometimes she needs medical help, because they haven't received her in any clinics because she doesn't have Medicaid. So, she needs medical insurance and I talked to my daughter's doctor. But I took my niece to [clinic name] and they said they didn't have any space for more children, undocumented children, but she needed more medical attention, and her mom couldn't come because she had to be at work today, but I'm here for her, on her behalf. And with my daughter she said that she can apply because she was born sick. So, she's had a lot of difficulties since she was born, a lot of issues, and that's why they've given her more help.

P: That's good, that's good, that's really good.

P: I think it depends on the social workers, right?

P: Yeah, the one for me, and all the ones that I have gone to, or all the clinics I've gone to, anything that happens, I tell my daughter's social worker, and she helps me out. She tells me, "You have a right to say something, or to say I can't speak English. You have that right because your daughter is covered by this benefit." So, when I went to a clinic and couldn't get an interpreter, just so they don't spend money on an interpreter, they put a robot there, they put a little machine there, and I don't even understand it, I just hear the little sounds it makes and I really don't even understand it, so I don't like the interpretation they provide, and now I demand an interpreter every time I go. I want an interpreter in person. Because the machine interpreters don't work for me. Um, but right now I've been, yeah there's a lot of issues because by now there are many less interpreters and they say they spend a lot on sending interpreters to different clinics but I know that Medicaid covers it so, it's just, I feel like they're the ones at the clinics that refuse to put interpreters because they don't want to and they don't want to spend the money on it.

P: It's happened to me, that like right now I was able to get Medicaid with my passport but they asked for a green card and I don't have a green card because they said the passport couldn't be used for that anymore.

M: So, tell us more about the ways that you've overcome some of these challenges. It sounds like being encouraged to advocate for yourselves for example is one of them, or helping each other, take care of each other's children when you're not at work. How do you, when you don't have good resources to support you in this community, overcome these challenges that you're talking about?

P: In the case of the mom's that I'm helping, I like helping out other moms. I tell them, "When I'm at home, I can take care of your kids, and their small kids", but they told me for example, the mom of the boy I take care of, tells me no one is able to take care of her kid and she has to pay \$20 a day for someone to take care of her kid and she's probably making just \$300 a week so that's not enough money. Because, there are a lot of people who don't want to do childcare or we

all work also, but here, most of the Hispanics here in the area work. We have our needs, we have a need to work because if we don't work, no one's going to give us money.

P: There are people who have come recently, or who have been here for a long time, there are childcare providers that charge money and don't even do a good job taking care of the children. So, I feel like it's important to look for a solution, because we need a solution around this lack of childcare in safe environments because the girl who's here with me too. They left her for three days at a daycare. And they said that when the parents came back she was hurt so that's why her mom didn't want to leave her at the daycare anymore. She was nervous about leaving her with other people.

P: I don't want to take my kid to a daycare, not at all. It could be for many different reasons. Sometimes it's because like she said, you know, that her daughter was hurt. But, you know, you, maybe there's a language barrier. You want to ask questions but you don't speak English so you have to just put up with it. That's what happened to her. She didn't speak any English and she said, you know, I don't know what to do but it would be easier to just take her out of the daycare instead of leaving her there with people she can't communicate with and that she doesn't know what's going on with her daughter.

P: We have to let go of that fear and those of us that are here, we are fortunate because, you know we are here to learn and it's interesting and great when you hear testimonies of other people but I know those of us who are here because together we can get farther along and raise our voices and be able to help other moms. (*other agreeing*) That's what we are trying to do here. Spread the word to other moms so that they don't feel like they're alone. If we help each other, I think that we can get a lot done.

P: Yeah because sometimes when you can't figure out what to do with your kids, what you do sometimes is just stay at home because you don't want someone to be there hurting your child. You don't want to leave them with someone who is going to hurt your child. That's why you prefer to be with them until they go to school. But we also need to work. Even if you just eat tortillas with soup, that's the only food.

P: Its true! What's more important is that you're with your kids and they're okay and safe. It's also important, and I can talk about my experience with my children, the older one went into childcare at four years old and the little one at three years old went into childcare. So, I see the benefit that children can get out of going to school at that age because they learn things super fast. When they're in school, in pre-school, we know that they're not just with any person, they're in a school environment. Like, if there's someone who's studied and has their diploma or degree in teaching, that's a different level of care that they're providing so I think it's really important to take advantage of the resources that are available in this country because in our countries, you know, our kids don't often go to school until they are six or seven years old and it's very sad that they go in at seven years old and at twelve they have to leave school so that they work and that's the only school they get. So, the earlier we send the kids, the better, I think.

P: Yeah, for example with my daughter, I would love to send her but the problem is that a lot of things happened in the hospital and she's just recently recovering and so I'm a little bit afraid of sending her because right now she's two years old even though you can't tell by looking at her. She can't walk because she was in the hospital for a long time. She had gastric issues, she had

casts on, so a lot of things happened and I would love to send her to a daycare but some place I knew was safe and sure for her, where they could give her the right amount of attention, because the kind of attention that I give her. But, the least we could ask for is that they treat her well and take care of her, but no one's going to give them the care the mother gives necessarily, but we at least want good care that we can trust.

M: This is really helpful for us in understanding how you work through these challenges, but we also want to think about what changes would help you, right? So, as we talk about these things, what would it take, for example, for a childcare center to prove that they'll protect your child? And, you're right, no one is a mother, right? But what would it take, what changes would you need to see for example, for child care providers to be more accessible to you? To be more trustworthy to you?

P: I think communication with teachers is big, that's my opinion personally because in my experience with my kids, I always looked for a way to communicate and I would say, "I need an interpreter," and they would say, "No, try speaking," and I would say, "I don't speak English," so sometimes you know it would take me a long time to communicate, sometimes months would pass by, but I would always try anyway and at least having that contact and some communication you can see what they're doing and what kinds of resources they provide and that's the best you can do is to have some type of communication because if you don't say anything, the problems will continue, that's the issue. And, the teachers aren't going to do things that they don't understand that we need. So, they can't guess what it is that we need so, we have to say, "My child needs this, my child needs that," and we need to have that communication so that both parties have that trust built between mom and teacher.

M: Any other recommendations for better childcare, better programs to teach children at young ages?

P: Can you repeat that last...

M: Other recommendations for better childcare, better programs to support children's learning?

P: Well since I haven't taken my kids to any preschool programs or daycares, I'm not sure I can say.

P: Do you remember what happened with your daughter? There's an issue around English. So, she has a daughter in HeadStart but sometimes the teachers will tell her something and, and you know like when you go and pick up your kid, the teacher says, "Oh they did this, this and that," and we don't understand anything. We just smile. (*laughing*) Actually, we just laugh. The teacher's standing there with a big smile on her face, and we are like, "Why is she smiling? It must be good!" (*laughing*)

P: Sometimes, that happens to me but the good thing is that there's a Hispanic teacher right now in the neighboring classroom. So, when the teacher says something to me, my daughter's teacher, I go to the classroom of the other teacher and I say, "Can you help me please? Can you help me understand what she's saying to me?" It's great! And she helps me and so you can see the communication with teachers is a huge barrier. I ask her about two or three times a week to help me ask the teacher how my daughter is behaving in the school and she helps me. I feel better now that my daughter is going to school instead of leaving her with a childcare provider at home

because, you know, with my kids they're with a bunch of kids or too many kids that they're taking care of or they get hurt and all this stuff and now I feel a lot more calm sending my daughter because I know she's learning a lot more in that environment, in the school environment.

P: Yeah, that's great. That's why they need to go to HeadStart. I had a kid who went for a year to HeadStart but the other one didn't because they didn't qualify and weren't eligible. And that's the other thing, we are not eligible.

P: Yeah, sometimes we get really frustrated with the eligibility issue. Like, me, I don't even want to look for services because it's so frustrating. Yeah, when I was helping [name] when she was looking for a school for her daughter, I think she was looking in the Weaverville area, and there wasn't anyone there that could answer the questions so they would say, "Call again, call again, call later," and no one ever called me back and I told her, "Keep calling, call the person until they respond and it wasn't until we said that she was three years old. Well she's three years old and when she hears the word school, she jumps out of bed and she says, "Let's go!"

P: Yeah, they said to do the same thing, that I should call every two weeks, or every month, but nothing.

P: Yeah, they say that if your kid is two and a half years old, or two that you should start applying to get a jump start on the application process.

P: Yeah, it's sad when they don't accept you after waiting all that time, but if you qualify then it's fine but if you don't, it's like "seriously, really we don't qualify?" Yeah, it's that you have to show them how much you own and where you live, and if you receive any type of help or support from the government. And now they do a little exam, like a speech test with the kids. If the kids speak perfectly, they don't qualify because they say, "We are trying to give support and help and prioritize children who have speech problems or other issues." And, that's another thing, they also base it on whether or not your kids go to the bathroom on their own because they can't be, they can't use a diaper and go to school. That's hard too.

M: So earlier, you mentioned how after this president came into power, things have changed. It's gotten worse, racism has gotten worse. I'm curious about, what you said about having to show all of this documentation for enrolling in HeadStart. Is it concerning when you have to provide your information at all of these different places, especially in light of what is happening?

P: Yes, so when [daughter] was born, my fear is that, I have a sister who told me try not to receive too many benefits like WIC or other programs because when your daughter grows up they're gonna subtract that from her checks when she starts working as an adult. So, I cancelled WIC because of that. I asked the WIC provider, I said, you know I saw on the news that people who received food stamps that says it can affect them and also saw that in WIC and they said, "No, no, no, that's not true. You can get WIC until they're five years old," but, just to prevent anything from happening, I cancelled all of it because my fear is that when she's older, you know, that she might go to work and they're going to subtract money from her check or something, so I don't know. That's not good and I don't want to be giving her things that later on they're going to be taking away from her later on so that's not helpful.

P: Yeah, and not just the kids, but also us because I know about a lot of moms who are also really afraid especially those who just came to the country. They're scared for even giving, to even give their address, their street address. And, I've been told no. I try not to give my street address to anybody for any reason. I try to stay at home as much as possible because I'm afraid I'll get deported. Or sometimes even giving their real names is scary for them. And also last week, I was at a school, and of course teachers need proof of residence in order to provide transportation for the kid from the school to the house, but where the, in the house that they were living at, the parent, another person in the house didn't want to give the street address to the school so that's been difficult for us because I didn't want to ask the woman why she couldn't give the address but the only thing she said is that, "I don't give out my address to anyone."

P: Yeah, we are afraid. For example, I asked a question to [daughter's] doctor and like, today for example, she has the two-year checkup and I asked like, "What if she didn't come to her appointment?", they were like "Well, they don't come and that's it". Because, it said on the application what makes you worried about your child, and what I wanted to say is what worries me is that something could happen to me just for not having papers and I could just end up not in this country anymore. You know, because I'm here to work and survive, but I asked like, "What would have happened if [daughter] would have not come to her checkup?" and they were like, "Well, nothing." And so, they're telling me that like they're following this child from birth to age two and you don't care and you know I could tell he didn't understand what it's like to be from another country, and he was like, "No, whatever day, anytime you want to take her out of this country just let me know how many vaccines to give her and I'll get them to you." And I was like, well what can I say to him? They don't understand what's going on with me.

P: So, for me, you know, like I said my daughter was born with a sickness and so I've asked the pediatrician the same, and she told me that I cannot leave the state for more than ten days at a time. If you want to leave the state you need to ask for special permission. Because she's very delicate for her medical situation is very delicate. So, I can't leave the state for more than 15 days at a time because the state could take her away from me if I take her out of the state without asking the doctor's permission. They could turn us into the government I guess, and that's what I asked, like, "What happens if I get deported?". So, she asked me if I had an attorney and I told her that yes and she said "If something happens to you, talk to your attorney, and the right that you have is to actually, is ask for special assistance because of the medical condition of your daughter". And I also asked about her dad, but the problem is that I'm not married with him so she said "Well, you would have to be married to him in order, to have that benefit extended to him too". But with her I haven't had much of an issue with her doctors not being on top of things with her because any time that she's been sick, they take care of her very quickly. But it also depends on where I take her. It depends on the social worker or whether they take care of kids or specialize in kids or not, because I've had a lot of moms tell me how sometimes they ask me "How is it that they're helping you so much?", and I say no, sometimes they do treat me poorly at the clinic, but for example the clinic that I take her to, Mission Children's, they changed a lot of the people at the front desk, and once I was there for almost an hour and that's for my daughter being a patient there. And I was like what's going on? She's already a patient here. Why is it taking so long? They said, well, it's because they did a lot of changes because there's a change in presidency and it's affected the clinic. So, you know, it's uncomfortable because sometimes they ask you questions that I feel like they really shouldn't even be asking me. And as

long as they're not asking how many days it has been since I slept with my husband, (*laughing*) but it is uncomfortable. It made the interpreter laugh actually.

P: But yeah, they don't let me sleep with her, because she's not that well, so she needs to sleep in a crib beside, but she doesn't sleep in the crib she doesn't want to. The good thing is they haven't sent a social worker to the house because that did happen to me when I first got here but there are good social workers.

P: I had one that was Latina, and they transferred her to another clinic, to another place, and I'll say I cried when she moved on because I know that there are good ones out there, I know there are good social workers and other ones that aren't so good, but what can you do? There's not much we can do about it. But yeah everyone's got a different personality.

P: It's like me, with my daughter's doctor, she treats her so well, and she knows her really well. She always asks, how are you? How are you doing in school? What do you need? She treats her really, really well. Yeah, there are good people out there.

M: So, I know we only have a couple minutes left together, and I just wanted to open up the space for any other recommendations that you might have. For changes that could make your lives better in this community. And I can't promise that it'll happen but our hope, our goal, is to share this with people to influence what we're advocating for. So, if there are changes that would make it easier for you to get health insurance, to see a good doctor, or to access other things... What are your ideas?

P: Me, for example, so the parents of the kids I take care of, what she asked is, "What are the typical hours that the child care places provide?" because there are parents that get out of work really late, and there are daycares that close at five or four, you know. For some of us, for those of us who don't know how to drive for example, you can't just get out of work early to go pick them up so, sometimes you want to know if it's possible for those daycares to close a little bit later in the day to give us a chance to get out of work and to get there on time, because we know that sometimes we can't get there on time.

P: I think it's really important to have contact with other moms because you know, it's true, the parents who work from seven in the morning to five or six in the evening, so it's really important to have, to try to look for a job that can give you a better schedule, and try to help other moms find jobs that meet their schedules.

P: Yeah, what's going on is that in all the work places around here, they're asking for papers and so when you don't have papers you have to look for work wherever work is available. So, we just take advantage of working in whatever place that allows us to work without having papers. Yeah, so we have to tolerate whatever schedule they give us and so if this person I'm talking about doesn't have a job, even if she were to take her to a school, take her children to school, you know, the schedule doesn't match her work schedule so she just ends up having to leave her with whatever person is able to take care of her kids.

M: So changes to healthcare scheduling would be important. I heard you say moms continuing to support moms and each other, share resources with each other. Any other ideas for what would help?

P: Work for moms. Help moms look for jobs but somewhere they don't ask for papers because we don't have them.

P: Yeah, exactly because there are jobs where they just ask for an ID and that works.

P: Yeah, but it's really rare to find a job that just asks for a regular ID. Like in the fields, picking tomatoes.

P: Yeah, because there are a lot of moms who don't qualify, who aren't eligible for the day cares but they really want to do it, they really want to get their kids in preschool but they can't get in, or they can but it's really really expensive for what they earn. For me, they wanted to charge \$150 a month, I mean a week, they charge \$150 a week, and I was like well every two-week payment goes to almost all that. The only thing we have left is gas, gas money to pay to get your kid to and from childcare. Yeah, that's why I got really frustrated and that's why with this child that's coming, I am not going to put them into childcare.

M: Well, thank you for sharing your experiences, and your ideas with us. Are there any final thoughts that you just want to, I just wanted to open up this space, any final thoughts that you think might be important to share at this time?

P: Can you repeat that again please?

M: Any final thoughts, just to close, that you wanted to share about anything?

P: Maybe we say we would like more resources, more help with interpretation. I don't know if there's somewhere we could get help with attorneys actually. Because sometimes there are checkpoints, and immigration can be there and if they take us away, where are our kids going to go? What happens with our kids? Because they're citizens, what happens to them?

P: Yeah, that's true because the women who takes care of kids, [name], when I first got her from my country I went to see my brother, and my brother went to leave his kids there and I was like she's so sweet, maybe she can help us with childcare, who knows. So, I got her number, I got her number. I just want to say thank you so much to those who are from her like [name], I know it's difficult to understand what happens to us, Latinas. For example, I lived a terrible life in my country, I want you to know that we are here in this country, not to invade your country. We are here to fight to survive. I know that my voice is gonna spread to someone else by way of you all, but it's really sad when people discriminate against us and I would hate for my [daughter] to go to school and for her to come home and say I was discriminated at my school. I don't want her to suffer that racism. How I would just love for one day for the president to understand that we are all worth the same. No one is better than anyone else just because they have money. I know we are all going the same place when we die. I've heard so many testimonies about the racism people experience on the street, how people get yelled at. I just try to be positive. What I do every morning is pray to God because I know that he's gonna be able to change the president's mind and way of thinking so that he understands that we are all the same. We are all equal, we are all worth the same, and that we are all going to be able to triumph and we are all going to be treated equally in this country and this world, hopefully.

P: Yeah, I think that it happens. There is a lot of discrimination in school. I don't even want to know anything about that. That breaks my heart. So, my daughter told me there was a new

student that didn't speak any English whatsoever so they started saying things to the girl, so my daughter since she speaks Spanish and English, she told, she told me she tried to help the girl and become friends with her, and she told her, anything you need, you just let me know. So, sometimes I ask her if she faces discrimination at school but she kinda tells me like no, but I've seen, I have seen with my own eyes that they do treat her differently. Once we went to the zoo, and she wanted to see the penguins and there was a kid talking to her in English, kind of insulting her and I even, I even went up to him in my terrible English and I defended my daughter and the kid looked at me, just stared at me, and then the child went but the parent didn't do anything to correct their child.

P: Where I'm from, I feel like I don't have the right to say anything but lately I've been like I'm going to confront things head on because we have to defend our children. And I know that we are worth the same, we are equal to everyone else. We are the same as everyone else, so I'm going to confront things head on, be brave.

M: Well, thank you for sharing your stories with us, for sharing your voices, for trusting us to pass these messages on. We are so grateful and if you want to see a copy of what we write, please let us know. I will find a way to get it to you because we want you to have access to your own words and how they are used in this effort to change the community, to make it better for everyone.

P: I don't want anyone to hear me crying!

M: No, no we are going to write it. Your tears are safe with us.

P: Thank you so much to all of you for supporting us and for this energy to move things forward and to change things. Because for me, it makes me really happy to see people who try to help us and it's worth a lot for me. It means a lot to me and it gives me energy to continue on in this country and to fight for what we need for our children and what we want for our children.

P: Thank you so much for taking the time, for listening to us, because for us, without speaking English it's really hard. But, thank you so much to you all for coming.

M: Thank you to [translator]! (*clapping, room chatter*)

Verner Parent Focus Group

Date: 09/24/2019

Location: Verner West

Moderator: Emma Olson

Note Taker: Camden Spade

Participants: Three parents/caregivers

Body of Interview:

M: Moderator

P: Participant

M: So, I want to start by talking about the positive things in the community. What do you see as the greatest strengths and the greatest resources of mothers, and pregnant women, and caregivers in this community?

P: What do you mean greatest resources?

M: That's a great question, right? Um, what helps you in your lives?

P: What helps what?

M: What helps you in your lives?

P: I get a um, I adopted my four year old and I get an adoption check for her.

P: Some things that help is the WIC program and the food stamp program. That really helps out together as a family. To eat together, have healthy stuff, save money.

M (student): Now, when you said your adoption check, does that also include like the medicaid that comes along with the DSS?

P: Yes, she has full Medicaid because she's eighteen.

M (student): So you think that helps or...

P: Oh, yes.

P: Medicaid helps, yeah.

P: Yeah, I would agree with that. I had both of my pregnancies at MAHEC OB office, and they're really good about, or I found them to be really good about, wrapping services around you. So, if you need it they assign you to a case worker and then they get you connected with WIC - they have a WIC person, in their offices actually, so they kinda just like connect you with all these resources while your already there. So, I found it really helpful with both of mine.

(room noise)

M: Great. Any other strengths that you see in this community? Aspects of the community that are helpful?

P: Well, um Verner. Their program is Early HeadStart program. It's 8am-1:30pm and it's free for low-income families and there's three centers.

M: Mhmm... Other things that help you?

P: Something that helps me to get going everyday, and like a strength and a motivator is having support from your family. You just think about those memories that when you birthed your child, you take pictures and then you have those memory picture pop-ups on whatever you do, the Facebook or Twitter or whatever. It just, you know, helps you to keep going even on your hard days.

M: Wonderful.

P: And coffee! (*laughing*) Like three cups a day!

M: So, I love that answer. Other kind of internal motivating forces that help you in your life, get up and keep going? Or external, like coffee? (*laughing*)

P: I'd say family for me too. But, I know that I'm lucky in that not everybody necessarily has that. I've been lucky to have that so definitely helpful to me. I think Buncombe Partnership for Children's great too.

M: What's great about what they do?

P: Yeah, so I'm meeting with some of them about breastfeeding advocacy and pumping that kind of thing cause, well we're not getting in the negatives yet but I've had some hardships in my workplaces with that. They've been really helpful like just since I've reached out to them but also with connecting people to childcare and just the things that they also post like you mentioned Facebook. They post some really interesting and informative things about play and that kind of thing.

P: The Bair Foundation for foster... they're a foster family that helps families foster in the community that like, before I adopted my child, they would supply Christmas for her, they would supply diapers for her, they supplied our Thanksgiving dinner for her. They'll supply the first birthday cake for the child and they'll do clothes and anything that you might need before adoption.

M: So we are going to go ahead and move on to challenges but if you think of other strengths as we talk about it...

P: BEAR Closet.

M: BEAR Closet it's called?

P: No, there's Bair Foundation and there's BEAR Closet. Two different organizations.

M: Great. So, kind of building on what [participant] said, what have been some of the challenges for you in being a pregnant mom or in caregiving for young children?

P: What have been what? Challenges?

M: The challenges. Yeah, what's been hard?

P: Well I had a hard pregnancy. I've had two pregnancies and they've both been awful. I won't have another one.

M: I'm sorry to hear that. What was hard about the pregnancy?

P: Well with my first daughter, my placenta started breaking at 6 months. And then with my son, um, he wanted to come at 20 weeks so I had to start taking shots every week to stop it. I was in and out of the hospital with both of my pregnancies. My iron wouldn't stay low, I mean it wouldn't stay where it needed to. It stayed low. So, I've had some hard pregnancies.

M: So, you've had physically hard pregnancies. Did the hospital help you?

P: Um, MAHEC more, MAHEC more. I was high risk for both of them.

M: Okay, um, did you get support from other places while you were going through those hard pregnancies?

P: MAHEC and the mom's group that's here.

M: What else has been challenging about being a pregnant mom or having young children?

P: Well neither of the places that I work, well I currently work at the one with him, but neither of the places that I worked while pregnant/after had maternity leave, at all. So they only, you know the have to follow FMLA but that's unpaid. So, for me like I really wanted, I took 6 weeks off with [first child] which is way too short but I had to go back. So, this time I did two months which was great in a lot of respects but I wasn't bringing in any money so along with having a new child and then an older child that's adjusting to that, I was not bringing in any income and stress about that. So, that's kind of like a larger policy thing that I think needs to change. I work for the City so that's a big organization.

M: Wow!

P: Yeah, yeah and we don't have anything.

M: I'm surprised to hear that.

P: Me too, yeah! (laughing). Hopefully it will change soon though.

M: Are there other challenges that you've experienced?

P: Well, I had a hard time accepting that I was not able to have a vaginal birth. I had three c-sections so that was very upsetting to deal with. But in the end, I've learned that, that was God's plan. I had to do that. It was also for the safety of me and the baby. I had three breech babies and with my OBGYN when they say, "once a c-section, always a c-section". Because if you try to have a vaginal birth after having a c-section, whether it's a year apart or five years, your scar could rupture and things could be really disturbing for the baby. They've got up to three weeks to do an emergency c-section so I just had to do that.

M: So you said that you had a hard time accepting it. Did you get any support for difficult thoughts and emotions you might have gone through?

P: Well, my husbands always been there. Um, I've talked to alot of people who have had just c-sections only and a couple that was family members, my aunt, and just, basically just accepting it through the faith with God.

M: So, your faith carried you through?

P: Yeah, my faith. And my doctors is also a faith based OBGYN and they explained to me the depth of it and that got me to really understand and to be accepting. It's like okay, I'll do whatever I've got to do to make a safe, healthy baby for a delivery. Cause, what he said was it is actually a healthy child that matters most than the birth story so that really got to me. It was worth it.

M: Great. I'm glad to hear that you were able to move through that. So let's think a little bit more about after the children were born and as they grew up, what has been challenging about having young children?

P: Behaviors.

M: Behaviors, okay. Say more about that.

P: Well, my oldest child has ADHD and she has um, when she was younger, say 3 or 4 years old, she'd have these tantrums for 5 or 6 hours at a time. I've been through four in-home groups with her. She's worked with the Olson Huff Center and then she had seizures and so we had to start traveling a lot to see the neurologist and she feared being in a car seat strapped down and so we had to work through that, everytime I put her in a car it was screaming the whole time I was in the car. It was awful. And then we got in-home and then we went to another in-home and then the third in-home said "Well, we're going to take her from you and put her in a therapeutic group home," and I said "You'll have to fight me on that one," I told them out of my home. I told them, "You're not taking my child from me because of my parenting skills. I am doing what I need to for my child," and that's the in-home groups. But then by that time we started seeing Olson Huff over there and she was getting OT therapy, behavior therapy and speech therapy. They're a really good support group and now my four year old is in OT at Olson Huff. They'll support you in any way they can. They've got parenting classes. I don't know if y'all have heard of it but I took stage three of Triple P training and that's a good behavior, if you're having behavior problems with your child, that's a good program to go through, and Verner offers it. But then, we did another in home group after that but now that she's getting older she's settling down, but now my four year old is picking up where she left off. So, we are starting it all over again.

M: So it sounds like not just the behaviors were challenging but the process of getting the right kind of support for your child was challenging. And you were finally able to find a place that offers multiple services and get some additional support from Verner but there was some scary moments along the way.

P: My oldest child, she was in-center here. She started at Verner too so...

M (student): So, how did you find out about Olson Huff?

P: Um, uh, one of the um, the uh, the in-homes introduced me to Olson Huff. Carolina Peds is a good one too because if you don't have the time or the gas or anything that... to travel to Olson Huff, Carolina Peds will come to your home and do an in-home. She got OT through Carolina Peds also in our home. She was traumatized when she was little and so taking her to the Center would upset her so they introduced me to Carolina Peds where they worked in the home with her. I didn't have to take her outside the home.

M (student): Glad they worked with you on that.

M: So, that's a great question to open up to the group overall, how do you find out about resources that could benefit you and your children?

P: Usually the internet.

P: Yeah, I was gonna say Google it!

P: Social media, Google, and sometimes word of mouth.

P: Always ask questions, if you have a question - ask it, because the worst thing you can get told is "I don't know."

M: And do you usually feel comfortable asking questions?

P: Oh I do, I learned to open my mouth and ask questions.

P: Always learning.

P: Yes, definitely.

M: Um, so, here's the big question... what recommendations do you have for overcoming some of the challenges of being a pregnant mom or the parent or caregiver of young children? So we heard...

P: Ask for help

M: Ask for help. Okay.

P: Trust your gut

M: Trust your gut.

P: Trust your doctors. The doctors are pretty spot on especially if they've been doing the business for 20 or 30 years, just trust them.

P: I would say, yeah, maternity leave policy would be great. And then also we have great child care centers here however, like [child] has been on the waitlist for like over 6 months. We need more spots.

P: We need more for low-income people. (*room agreeing*) It's hard to put them into a \$700 daycare. That's more than your house is worth.

P: Some of them are more than that!

P: Yeah, like if my kids were both in like full-time it would be over \$2000.

P: Yeah, I'm a stay at home mom because it's so expensive.

P: I'm a stay at home mom.

(room agreeing)

P: Yeah, cause I mean if we put them in, I would just be working to pay for daycare.

P: Yeah, but there also aren't enough spots for children under 5 that are in this community even if we could all pay for it which is pretty impossible.

P: Right, at least cheaper daycare places, like cheaper prices.

P: I mean Verner, our center-base in Verner, we're getting a bigger place and we're opening up 5 more rooms but it ain't gonna happen for a year, so what are we supposed to do within this year?

M: So, going back to what you said about trust your doctor, I'm curious if you've ever had concerns about whether you could trust your doctor or providers. Have you ever felt unsafe or unsure about taking advice from someone that was trying to help you?

P: No, but they need to figure out a system for you not sitting in a waiting room for an hour, hour and a half before you see the doctor and then sitting there waiting on the doctor to come in for another hour and thirty minutes to forty-five minute waiting on your doctor to come in to see you. *(room agreeing)* I mean, you're sitting there at the doctor's office for 2-3 hrs, [our kids] don't want to sit there and get something, catch something from another kid that's there sick.

P: And even with that, they still won't accept you if you're 15 or 20 minutes late even though you still have to wait an hour in the waiting room before you get called back. That's why I stopped going to the family health centers.

P: They could work on that. I would say they could work on that because as a working mom too like I was pregnant with him and then I'd be like, "Oh I can get my appointment done in an hour and a half and go back to work," but sometimes that wasn't the case cause you're in the waiting room for an hour before your appointment.

M: Do you have trouble taking time off of work to go to your doctors appointments?

P: I'm pretty assertive now, since its my second baby and everything, so no. I'd say with my first I had a little more issues, I was running an after school program, so it's just a very demanding job so it's hard to get off of work but luckily my jobs do have paid time off, I could request that, and all that, so I didn't have too much of a problem with that. Getting pumping breaks has been, not as much with my current job, but with my first job it was very difficult. They actually have a space for breastfeeding and pumping now, but they didn't when I was there. That's a suggestion that I have is just that more workplaces and childcare centers have a place where moms can go. I mean as you can see I'm not very shy about it, but some people are and definitely with pumping you'd want a private location. I was using a conference room and one of my co-workers, who's a guy walked in on me pumping which is really awkward and they would reserve over me all the

time - like we have this really important meeting but like if you breast fed you kinda gotta like get your milk out when you need to get it out and it just like threw a lot of stress and inconvenience into me juggling all of that. On top of going back too soon. I think that's a big way, especially if companies and organizations can't do the maternity leave thing, if you're expecting us to come back so soon we should at least have the things that we need to feed our babies in the way that we want to.

M (student): Have y'all heard anything about doula services, during your pregnancies, did you potentially want or not want that?

P: I wanted it but with my pregnancy being so hard, they were on call all the time so I didn't want too call but we have one here.

M: So we have already touched on this a little bit, but I just wanted to make sure that we covered accessing early children's education programs and childcare, it sounds like [participant's] had some troubles with long wait lists, have others had similar experiences? How easy or hard was it for you to get your child into care?

P: Into child care?

M: Mhmm.

P: Well, it was easy to get into Verner, it wasn't that long of a waiting list but I did not need to get any of my kids into a daycare because I stayed at home ever since my oldest was born. So that part wasn't hard for me, but I am sure it was hard on others.

M: And what was your experience like?

P: I had help getting my kid in here because of her, when she, when we first got her, brought her in, because they go on, they go by a sliding scale, and mine was way up there because she had slight autism when we brought her in so it wasn't too hard to get her in. But we have expanded, a lot. So our waitlist is starting, our waitlist is going up as we expand.

P: Yeah, and I'm specifically talking about like JCC, and Verner (the East one), um maybe for private pay. I'm also on a waitlist for vouchers, but like I don't make that much money, just being honest. And I was told that myself and their dad were right at the limit of being able to qualify for vouchers. Luckily we were but like what if one of us gets a promotion? Like are we still really, is it still going to be worth it for me to even go to work, if I am paying \$2,000 something in daycare? So, there's kind of like, there is definitely needs to be an expansion for low income and then like people that are not quite in either segment I guess. Because that would be really tough but luckily we are on the waitlist for that as well.

M: Mhmm. Great, I just want to do a quick time check, okay, about 20 minutes left. I want to talk a little bit more about health services specifically. So, when you are concerned that your child has a health issue, right, whether it is a cold or something more serious, how do you go about seeking out health services?

P: Call the doctor.

M: Call the doctor. So, you have a primary care doctor that you see regularly?

P: Yes.

M: Okay, was it easy for you to find a primary care doctor?

P: Yes, um my, I've got nieces and nephews and I took my child where they was and then when I, when my child that I adopted was born was placed somewhere else and when I started seeing their doctor I like them a lot better and so because I was adopting her, they brought my children over to that center and then when my youngest was born they see him too.

M: Others experiences, finding doctors easily or having it be challenging?

P: Yeah, um well I switched them to a pediatric doctor. Me and my oldest were going to a family practice but then our doctor left and then when I called about him, they said he was born in June, this was crazy to me, he was born in June and they said the soonest appointment we can get is in October, but like you are supposed to go in like 3 to 4 days after the baby is born, to make sure they're getting enough food...

P: A week check up, and then a month check up, then two months check up...

P: Yeah, so I was like that's crazy. I called ABC Pediatrics and luckily they were able I think they only take infants now but like since they let my infant in they also let [older child] in. But, I think that place is kind of hard to get into, but I have been pretty happy with it.

M: Great, what about these other services...

P: Some, sorry!

M: No, please.

P: Some doctors offices needs to like, you on hold with a nurse for 45 minutes before they get to you, that's ridiculous!

P: Yeah!

P: They get paid to sit there and answer the phone. What are they doing just chit chatting or eating a big ol' burger! (*laughing*)

P: Forty-five minutes to an hour wait time on a line with a nurse, that's ridiculous when you are calling about a sick child.

P: Yes.

P: Yeah it is.

P: Luckily my doctors office, I ain't had that problem with, but the one I went to before it was the worst... I'm talking about Mt. Airy.

P: My kids still go there, but I am getting ready to switch them.

P: We're trying to get her to switch from them.

P: They are really sweet there but...

P: They are but, now that's where my oldest child went...

P: You have to be happy with where your kids are going to see and be happy with everything, the doctor, how far of a drive, everything factors in, cause there's a lot of sick kids and kids get sick more when they are in school. (*room agreeing*) And you are going there a lot more than once a year for the wellcare visits

P: And if you got one kid in school, they catch everything that comes and goes. They bring it into your home and...

P: You get sick too, Momma's don't get sick days.

P: I used my sick days for my maternity leave.

P: Like I said, I'm taking care of him and the kids. But when I get sick, no! Mommas don't get sick days.

P: Yeah, the hold to get to a nurse at some doctor's offices are really ridiculous.

M: Mhm

P: If you can't answer the phone with a sick child how are you more helpful?

P: And yeah that could be discouraging for some people like some people are trying...

P: ... to figure out what's going on with those nurses you know. Why is it taking so long?

P: My son he is 11 months old and he's had a couple seizures and I am sitting on the phone with a nurse, forget you, and I hung up on the nurse to call 911, because I needed him seen and I wanted him seen now!

M: Mhm

P: Not, when you answer the phone in an hour. So, I hung up and called 911. So, I mean you have to factor it out. Is waiting on the nurse to tell you what to do is more than what your child's health is? I ended up hanging up and calling 911 because I am not going to sit on the phone holding when I need help. I need to talk to someone now. Do I need to rush him to the hospital? Or an ambulance? Or can I bring him in? What do you want me to do with my child during a seizure? I need you on the phone, so we need more nurses if that what it takes to answer the phones.

M: What about the social services you mentioned earlier, WIC and Medicaid, how easy was it for you to get enrolled in those benefits?

P: Easy.

P: Yeah.

P: It's easy and quick .

P: It's easy for when you're doing a child, more difficult for an adult, but a child is pretty easy, because a lot of the times they have your WIC, your Medicaid, all that set up before that baby is born. You sign a paper that day the baby is born and your medicaid, the baby's medicaid starts.

P: My only comment about WIC, which I don't think I have the power to change at all, but it's that they only give \$20 for fruits and vegetables, which for me like, the way I like to feed my son...

P: That is not enough.

P: That's nothing, right?!

P: That's not enough.

P: Yeah, and it's like you get so much milk, which is great but it's very uneven and I don't know how it's decided, if that's at the state or federal level.

P: And it really depends on your children like right now I have um, I get, when you have, when you got an infant, they don't get, they don't get the fruit and vegetable as an infant you get formula only for an infant but then when they go until they are old, like I just have one, one year old right now and I just get \$9.

P: For fruits and veggies?

P: Yeah, until my child, and only why you're getting 20 right now, when he turns 6 months, you'll lose your benefits.

P: Oh, six months really?

P: So as soon as he turns six months you're gonna go down to \$9.

P: It don't go any higher than \$25 a month for fruits and vegetables but that's still not much.

P: So, like right now, because I just have one child above a year old, I get \$9.

P: Wow.

P: So, when he turns six months, you're gonna get \$9, cause you have one child above a year old.

P: Yep, that's true.

P: Because \$9 per child, and then like I feel like, we lose our benefits at 6 months. Well, we should get them at least until a year, when the baby starts getting stuff that he needs and then we back out, but we got like if um, like before I had my child, I just have one child only and then when my benefits started for me, and I lost them at 6 months, you got that 6 month period that you hardly get, you get \$9 dollars in fruits and vegetables.

P: Yeah.

P: One downfall I don't like about WIC is that they stop it when the child turns 5.

M: Mhm

P: I don't understand why they can't go any higher to 9 or 10 years old. Cause they still need all that healthy stuff.

P: Yeah because that's when, because that's when the child starts going into kindergarten and so then...

P: They are covered by the meals.

P: So the meals are covering that at schools.

P: But then you still have to do your dinners at home and your 3 meals a day on the weekend thing, that you still have to cover that yourself.

M (student): Now what if you're a stay at home mom and you're taking care of the kids does that also, you don't get that money if you are homeschooling the children either?

P: No, it stops at 5 years, when the child turns 5 years old that's it.

P: It doesn't matter what it is. The rules are rules.

P: I will say their app is pretty cool though. So, like they'll upload everything you can get on it and you can get the app, and go through and see what qualifies, and you can scan different food items, and it will tell you whether or not you can get the item.

P: The card is a lot more helpful than the pieces of paper was because now with the card you can go in there at the beginning of the month and get everything you need, and you don't have to go back repeatedly. With the papers you had to get what was on the paper, like one like if you got half a gallon of milk, that's the only thing on that piece of paper, they won't add it to the big one and so the card itself, that was a good move.

P: And also with the papers, you had to get everything that was on that paper. If you didn't, you could not go back and get it another day.

P: And now you can get it as you need it or you can get it all at one time and you can put it in with all your other food and ring up the WIC card first and then your medicaid.

P: and swipe the WIC first then you can swipe your food stamp card or your debit card or pay cash, but always do the WIC card first.

P: So that was a good thing on the states part, the card, and not wasting all of those papers.

P: Yeah, definitely easier.

M: So I am realizing we are getting close to time. I have just one more question, and then I want to open it up if you have any final thoughts, we are trying to also understand, what might make it challenging to support your child's early learning and their growth, so if you have ideas about what makes it helpful, you know for you to engage with your children and support their learning and what makes it hard. What gets in the way? We would love to hear about that too.

P: I have a few helpful things, that we have been involved in since we are not into school yet, so we go to the library story time...

P: Yes, we do that.

P: They are all over the county and they are free and they have them for babies, toddlers, I think preschool age. They are great, and my son goes to the same one every week so he has little friends and it's the same library...

P: Where do you go?

P: West Asheville, yeah we can walk to that too, which is super cool, super cool. Yeah, they are pretty cool. And then if you guys don't know about the imagination library I guess you mentioned the rainbow book...

P: Yeah, the rainbow book.

P: That's a really cool resource that I like to just tell people about.

P: But they also stop that at 5 years old too.

P: I know, I know!

M: So, that's hard that the imagination library program stops at 5.

P: Yeah I mean, it's great that it exists, but yeah it would be cool if it continued and did chapter books and all of that.

P: Yes.

M: Other things that help or hinder your children's early learning?

P: What?

M: Other things that help or make it hard to support your children's early learning?

P: Another thing that helps is the ZOOM pass that the library offers.

P: Oh, yeah!

P: You use your library card and they have certain attractions that you can do for free, for you and the family, and that saves a lot of money.

P: Look it up if y'all don't know what it is. The ZOOM pass through the library.

M (student): Is five like a standard age just because school starts in that age?

P: Yeah

M: And a lot of the grant funding goes to children under the age of 5 because that's when children's brains are growing differently so that's part of it too.

M: Great so in the final minutes, I just wanted to open it up for any kind of general recommendations you might have. So, we've already sort of thought about it as we talked through different resources, right or different challenges that you are experiencing, but if you have any final recommendations that you feel might be important for us to think about and know about and share.

P: I think continuing to like engage with parents is probably a good idea. I appreciate you guys wanting to hear from us and hear our perspective, because sometimes people are like, "Oh, this program would be cool," but like you're not asking the people that it would impact so I think that is important. I guess like my things were larger shifts but...

M: That's okay to share larger stuff. I mean, anything from small to big you know. I can't promise we will include everything or be able to do anything about it but we do want to hear from you.

P: We covered the basics.

M: Yeah? You feel like you got some good ideas in there already, wonderful. Well again we are really grateful for your time... did you have something else?

M(Student): Yeah, so I grew up in foster care and adoptive care and then with my adoptive parents, it was really hard going through Medicaid and all of that kind of stuff. Do you guys think that having respite for parents having a, they used to have a respite care where parents who had a harder time with children could have that night off...

P: Yes, and you know, you don't have to be so, I got respite for my oldest child, I birthed that child and because of her disabilities, there is a respite program, with children that have disabilities, that you can get respite for also.

P: I got respite for my oldest child

M(student): It's gotten a little harder, I think they took it away for solely behavioral issue but only kept it for people with foster related, which kind of stinks but I was just wondering if anybody used that.

P: Here is another, what we are having problems with now is when you are fostering a loved one's child, you don't get respite, and I think that because they're family they think you shouldn't get the respite. I think that should be changed. That should be, if you are taking your time, even if they are family and you are fostering these kids and you need help or you need a break, social services should be able to help you with that, and they won't if you're fostering children that is your family, they won't give you respite.

P: Being a mother is really hard and challenging and you are learning as you go. It's so hard and frustrating but you get through it because you realize, it's your kids and you love them. Whether you birthed them, fostering them, or adopting, it's all the same. There are times where you just need mommy time. I don't get that much time to myself away from the kids and my husband it starting to realize that and understand I need that time because it's so hard before I just break down and or you'll just go crazy. My oldest she's challenging, she's got ADHD too. It's so

challenging, you just get such headaches just trying to deal with it and trying to find the right medication for them and so, but we are on the early path of it. She was diagnosed in July.

P: And it is hard because [child's name] is 5, right?

P: She's 6, she was diagnosed at 5 before she turned 6.

P: But a lot of doctors these days they don't medicate kids until they are 6 years or 7 years of age.

M: Mhm

P: So, a lot of kids go undiagnosed.

P: A lot of kids won't get medicine from them.

P: And it was us trusting our gut that we knew something was wrong with her, we knew it, and then it got worse when the year went by, and then we finally talked to the doctor about it and sure enough she did have that.

M (student): Do you guys have access to affordable date night care? If you guys need a date night? Or is that hard?

P: There is like um, the YMCA, does a date night, they keep your kids for 3 hours at no cost on a Friday night.

M: Oh cool

M (student): I used to work, yeah I used to work that. I even worked at a YMCA, back home and I used to work those date nights.

P: They got, if you get involved with Olsen Huff, they've got a...

P: I hear there is a long waiting period for that one.

P: They have a family support group there and they offer support in that area too.

M: So, I do want to be respectful of everyone's time because we are at an hour, and respectful of our wonderful child care provider's time as well. Thank you all of your ideas and your participation. If you are interested in getting a copy of the report once it's done, please let Camden know, and we'll make sure that you will see the way that we tried to lift your voices. If you have any questions, you can always follow up with us, I have some cards if you want to take it, just in case if something comes up, but again we are so grateful.

APPENDIX C. DATA WORKBOOKS:

Verner Data Workbook 1: WNC Healthy Impact Community Assessment Data

Verner Data Workbook 2: Additional Indicators Required

Please see the full Excel Workbooks of data here: <https://bit.ly/2DUF5J0>

Below is the list of indicators included from the Index of each Workbook.

The indicators that are federally required are highlighted in green.

The indicators that were federally recommended are highlighted in yellow.

The indicators in pink have been prioritized as important and meaningful by Verner stakeholders, parents in focus groups, the Health Services Advisory Council, or the Culture of Results team.

WNC HEALTHY IMPACT - DATA WORKBOOK 1- ADAPTED FOR VERNER COMMUNITY ASSESSMENT
Data Collected Spring/Summer 2018, Adapted Summer 2019 Index

Subject	Data Source	Data Type	Main Age Group	Graphics	Time Period
Population by Sex, Age	Secondary	Demographic	All	Map	2010, 2016
Population by Race, Ethnicity	Secondary	Demographic	All	Map	2010, 2016
Population Change Trend	Secondary	Demographic	All	Chart	Trend
Birth Rate Trend	Secondary	Demographic	All	Chart	Trend
Population Change by Age	Secondary	Demographic	All		Trend
Youth Population Change Trend	Secondary	Demographic	Youth	Chart	Trend
Family Composition	Secondary	Demographic	Youth	Map	2016
Grandparents	Secondary	Demographic	Seniors		2016
Household Language	Secondary	Demographic	All	Map	2016
Foreign Born Population	Secondary	Demographic	All		
Urban and Rural Population	Secondary	Demographic	All		2010
Homeless Population Trend	Secondary	Demographic	All		Trend
County is a Fair/Poor Place to Live	Primary	Other	All	Chart	2015, 2018
Educational Attainment	Secondary	Demographic	Adults	Map, Chart	Trend
School Enrollment	Secondary	Demographic	Youth		Trend
High School Drop Out Trend	Secondary	Demographic	Youth	Chart	Trend
High School Graduation Rate	Secondary	Demographic	Youth	Chart	Trend
Educational Achievement	Secondary	Demographic	Youth		Trend
Income	Secondary	Demographic	All	Chart	Trend
Poverty	Secondary	Demographic	All	Chart	Trend
Poverty Levels	Secondary	Demographic	All		2016
Poverty by Race	Secondary	Demographic	All	Chart	2016
Food and Nutrition Services Participation	Secondary	Demographic	All		Trend
Housing Cost Rented	Secondary	Demographic	All	Chart	Trend
Housing Cost Owned	Secondary	Demographic	All	Chart	Trend
Housing Affordability	Secondary	Demographic	All	Map	2016
Housing Adequacy	Secondary	Demographic	All		2016
Township Maps	Secondary	Demographic	All		static
Free and Reduced Lunch Trend	Secondary	Demographic	Youth	Map, Chart	Trend
Licensed Childcare Facilities	Secondary	Resources	Youth		2018

Unemployment Trend	Secondary	Demographic	Adults	Chart	Trend
Crime Trend (Index)	Secondary	Behavior	All	Chart	Trend
Crime Trend (Violent)	Secondary	Behavior	All	Chart	Trend
Domestic Violence	Secondary	Behavior	All		Trend
Juvenile Justice	Secondary	Behavior	Youth	Chart	Trend
Child Abuse	Secondary	Behavior	Youth		Trend
County Health Rankings	Secondary	Other	All		2016
Pregnancy Trend (Ages 15-44)	Secondary	Morbidity	Adults	Chart	Trend
Pregnancy by Race (Ages 15-44)	Secondary	Morbidity	Adults	Chart	Trend
Pregnancy Trend (Ages 15-17)	Secondary	Morbidity	Youth	Chart	Trend
Pregnancy Trend (Ages 15-19)	Secondary	Morbidity	Youth	Chart	Trend
Pregnancy by Race (Ages 15-19)	Secondary	Morbidity	Youth	Chart	Trend
Other Birth Indicators	Secondary	Morbidity	Adults		2016
Prenatal Smoking Trend	Secondary	Behavior	Adults	Chart	Trend
Prenatal Care Trend	Secondary	Behavior	Adults	Chart	Trend
Prenatal Care Trend by Race	Secondary	Behavior	Adults	Chart	Trend
Unintended Pregnancy	Secondary	Other	Adults		2012, 2014
Low Birth Weight Trend	Secondary	Morbidity	Adults	Chart	Trend
Low Birth Weight by Race	Secondary	Morbidity	Adults	Chart	Trend
Infant Mortality Trend	Secondary	Mortality	Youth	Chart	Trend
Infant Mortality by Race	Secondary	Mortality	Youth		Trend
Pre-Term Births	Secondary	Morbidity	Adults		2012-2016 aggregate
Life Expectancy	Secondary	Mortality	All		2014-2016 aggregate
Fair/Poor Physical Health	Primary	Morbidity	Adults	County Chart	2012, 2015, 2018
Death by Age Group, County	Secondary	Mortality	All		2012-2016 aggregate
Pneumonia and Influenza Mortality Trend	Secondary	Mortality	All	Chart	Trend
Child Obesity Prevalence (2-4 years)	Secondary	Morbidity	Youth	Chart	2015
Health Professionals Ratios	Secondary	Resources	All		
Health Professionals Ratios (Old)	Secondary	Resources	All		
Health Professionals by Type	Secondary	Resources	All		
Licensed Mental Health Facilities	Secondary	Resources	All		
Health Insurance Estimate	Secondary	Resources	All	Chart	
Uninsured	Primary	Resources	Adults	County Chart	2012, 2015, 2018
Medicaid Eligibles by Program	Secondary	Resources	All		
Medicaid Eligibles Trend	Secondary	Resources	All		
Unable to get Healthcare	Primary	Resources	Adults	County Chart	2012, 2015, 2018
Inpatient Hospital Utilization, County	Secondary	Morbidity	All		
Dental Service Utilization by Medicaid Recipients	Secondary	Resources	All		
Social-Emotional Support	Primary	Behavior	Adults	County Chart	2012, 2015, 2018
Days of Poor Mental Health	Primary	Behavior	Adults	County Chart	2012, 2015, 2018
Mental Health Services	Primary	Resources	Adults	County Chart	2012, 2015, 2018

Smoke Exposure at Work	Primary	Physical Environment	Adults	County Chart	2012, 2015, 2018
Tobacco-Free Parks and Trails	Primary	Physical Environment	All		2012, 2015
Radon Levels	Secondary	Physical Environment	All		
Access to Farmers' Markets	Secondary	Physical Environment	All		
Access and Proximity to Grocery Stores	Secondary	Physical Environment	All		
Servings of Fruit	Primary	Physical Environment	Adults	County Chart	2012, 2015, 2018
Servings of Vegetables	Primary	Physical Environment	Adults	County Chart	2012, 2015, 2018
Difficult to Buy Fresh Produce	Primary	Physical Environment	Adults		2012, 2015
Hospital Discharge with Primary Diagnosis of Asthma	Secondary	Morbidity	All		

VERNER Community Assessment Workbook 2019

Subject	Data Source	Data Type	Main Age Group	Time Period	2018 Update
Geographic boundaries	Secondary	Demographic	All		
State & Local Funded Preschools	Secondary		All		
# Head Start Eligible Served	Secondary	Demographic	Youth		
Work, School, Training Schedule			Adults		
Disability Services & Resources	Secondary				
Number of Children with Disabilities (Including Classifications)					
Number of Children in Foster Care	Secondary				
Community Strengths					
Languages Spoken					
Children in Poverty (0-4)					