

## **Lower Brule/Pierre Community Resource Assessment Analysis**

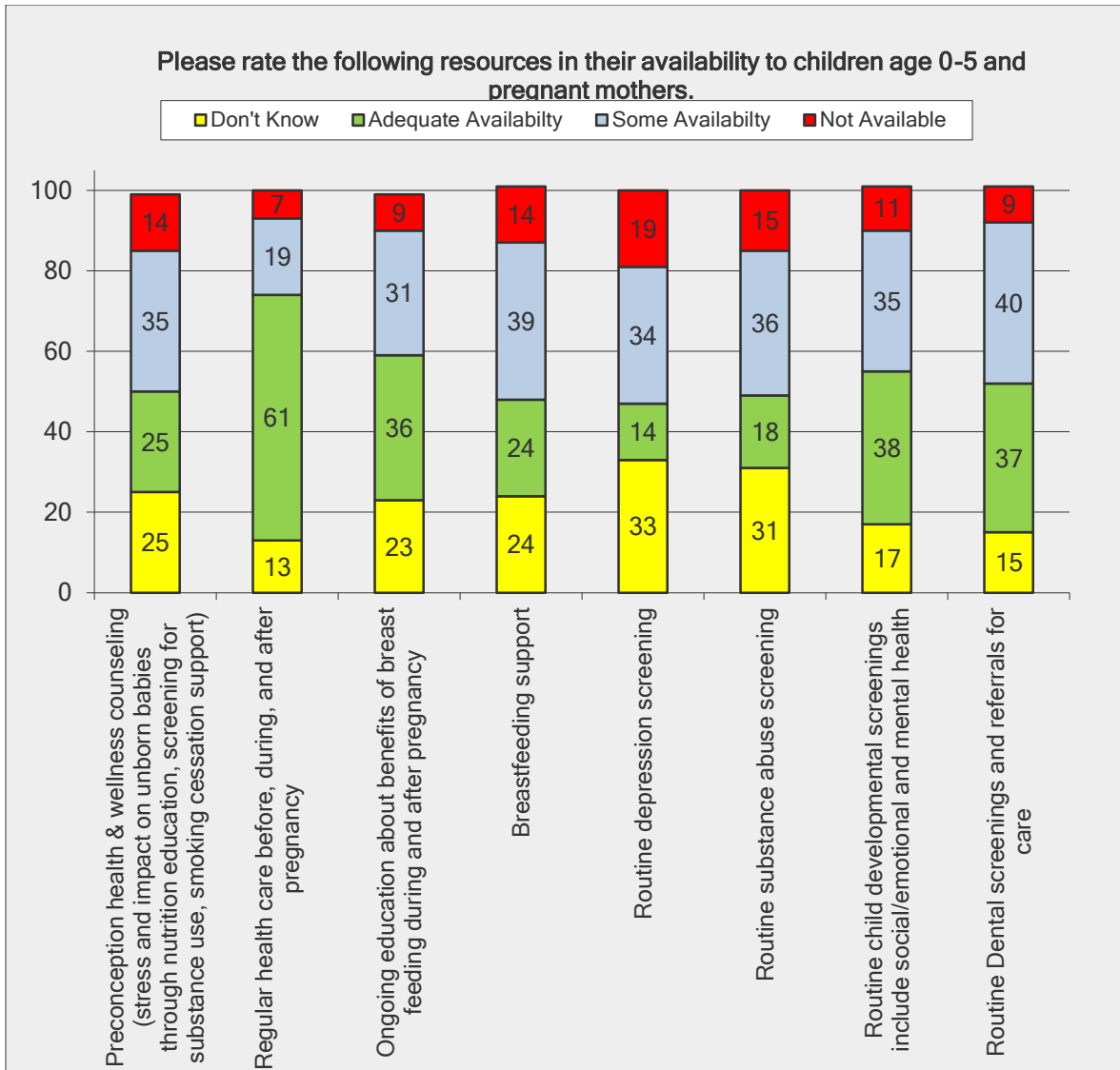
**April 15, 2014**

The South Dakota Head Start Community Resource Assessment of the Lower Brule area began with an introductory meeting on January 13, 2014 at the Golden Buffalo Casino meeting room. Representatives from Lower Brule Head Start, Lower Brule Finance Office, Lower Brule Elementary School, Lower Brule Boys & Girls Club, Lower Brule Day Care, Lower Brule Sioux Tribe Planning, LBST Environmental Protection, Lower Brule Community Center, BIA Law Enforcement, WIA/TERO, SD Department of Health-Bright Start, and SD Head Start State Collaboration were in attendance at the meeting. The survey was reviewed and questions answered. Comments were also taken, and a good discussion was held between those in attendance about items of concern in the community. Many people took hard copies of the survey to distribute to those who would not have access to the survey online. The online link and reinforcing information was sent via email to those in attendance that afternoon.

The survey included Lower Brule and Pierre, one of the areas served by the Bright Start Home Visiting Program. There were 101 responses, both paper and through the online link received by the SDHSA office. Most of the respondents answered all questions, many adding additional comments.

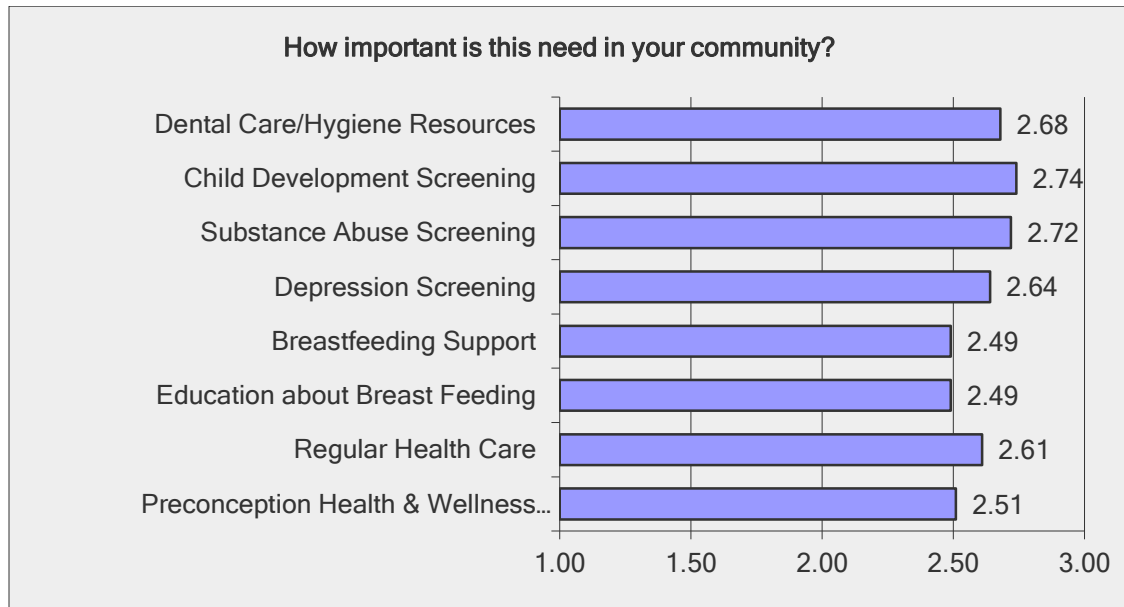
The survey was divided into four sections: Health, Family Resources, Mental Health Services, and Pre-School. This analysis will look at each area of questions, using graphs and narrative, and end with a final summation. Findings will be discussed at a Post-Survey Meeting to allow comments and discussions for using the results to address needs identified by the survey.

## Health



Adequate & Some Availability	<b>60</b> <b>60%</b>	<b>80</b> <b>80%</b>	<b>67</b> <b>67%</b>	<b>63</b> <b>63%</b>	<b>48</b> <b>48%</b>	<b>54</b> <b>54%</b>	<b>73</b> <b>73%</b>	<b>77</b> <b>77%</b>
Not Avail. or Don't Know	<b>39</b> <b>39%</b>	<b>20</b> <b>20%</b>	<b>32</b> <b>32%</b>	<b>38</b> <b>38%</b>	<b>52</b> <b>52%</b>	<b>46</b> <b>46%</b>	<b>28</b> <b>28%</b>	<b>24</b> <b>24%</b>

The above graph shows the compiled ratings for all questions in this section. The availability of Regular Healthcare before, during, and after pregnancy is cited as the most available with 80 % recognizing adequate or some availability. Services least known to those who took the survey are Depression Screening and Substance Abuse Screening. While it appears that the majority of respondents know about availability of all services, the numbers who say that services are not available or don't know about the services indicates a possible lack of services in that area.



**Those taking the survey were asked to rate the importance of needs in their community.**

The question was ranked on a three point scale – Not Important (1), Important (2), and Very Important (3). The numbers represent an average of the rankings of all respondents.

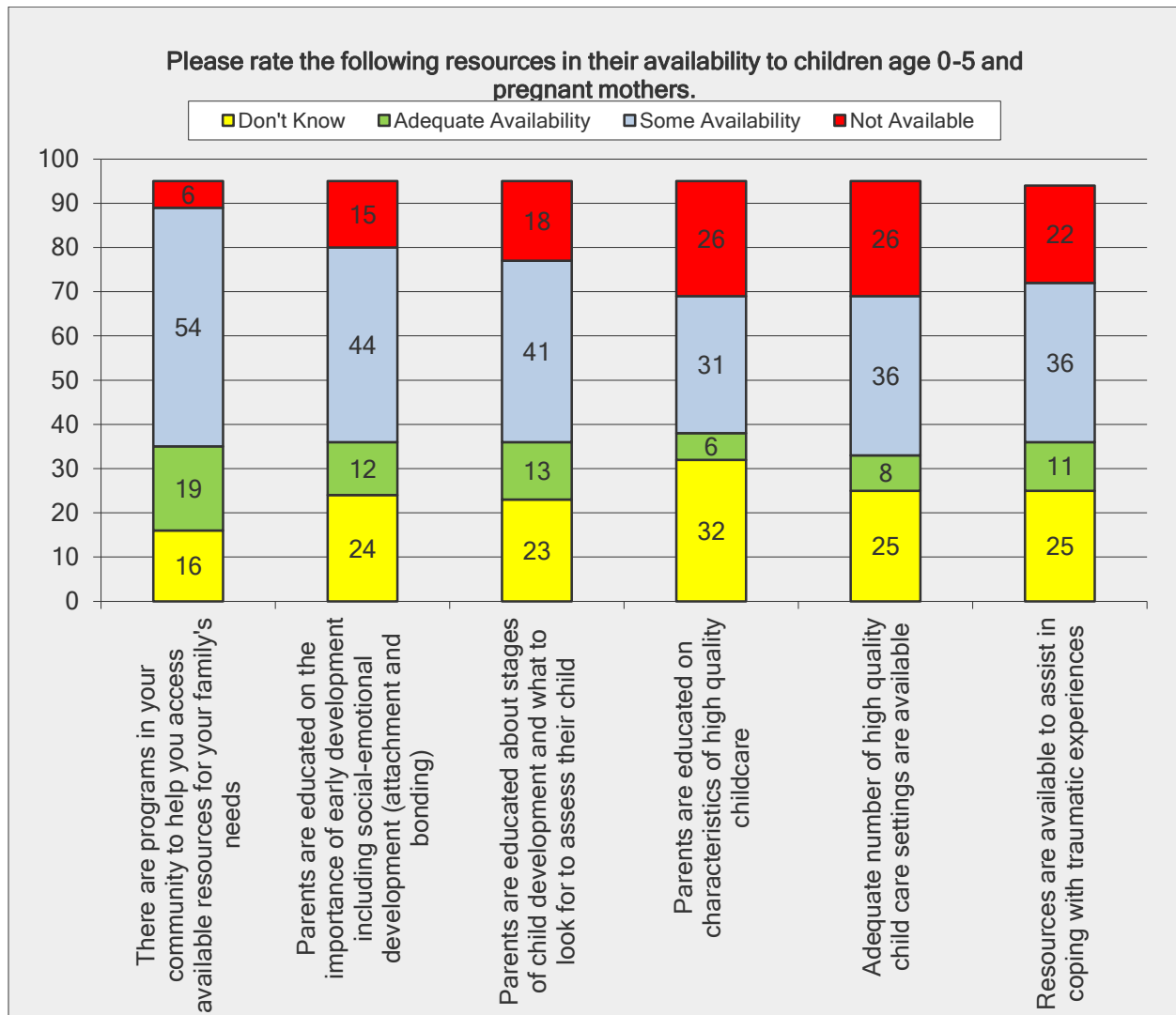
All items ranked above the “Important” level.

Child Development Screening was valued the most, followed by Substance Abuse Screening. Both of these items ranked about the 2.7 level.

Dental Care/Hygiene Resources, Depression Screening, and Regular Health Care were valued at the next level (over 2.6)

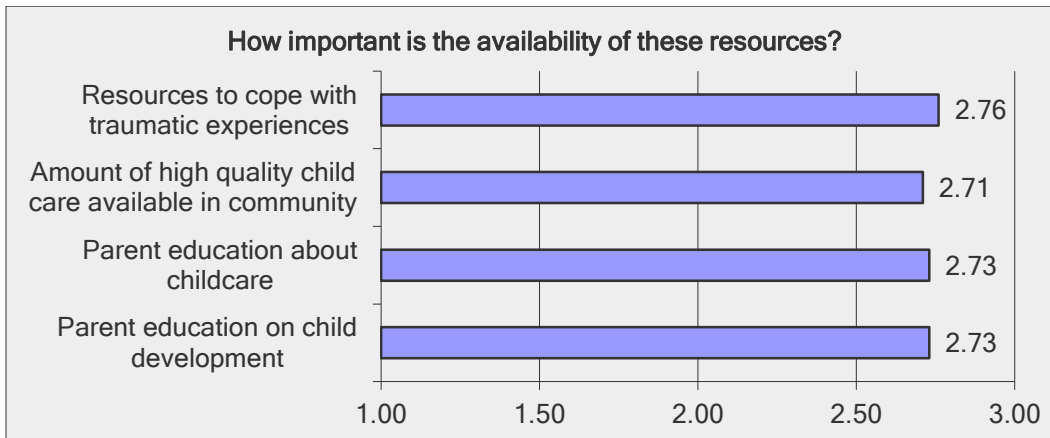
Those items ranked as the least important are Preconception Health & Wellness, Breastfeeding Support, and Breastfeeding Education. (2.51 and lower)

## Family Resources



Adequate & Some Avail.	<b>73</b> <b>77%</b>	<b>56</b> <b>59%</b>	<b>54</b> <b>57%</b>	<b>37</b> <b>39%</b>	<b>44</b> <b>47%</b>	<b>47</b> <b>50%</b>
Not Avail. or Don't Know	<b>22</b> <b>24%</b>	<b>39</b> <b>41%</b>	<b>41</b> <b>44%</b>	<b>58</b> <b>61%</b>	<b>51</b> <b>54%</b>	<b>47</b> <b>50%</b>

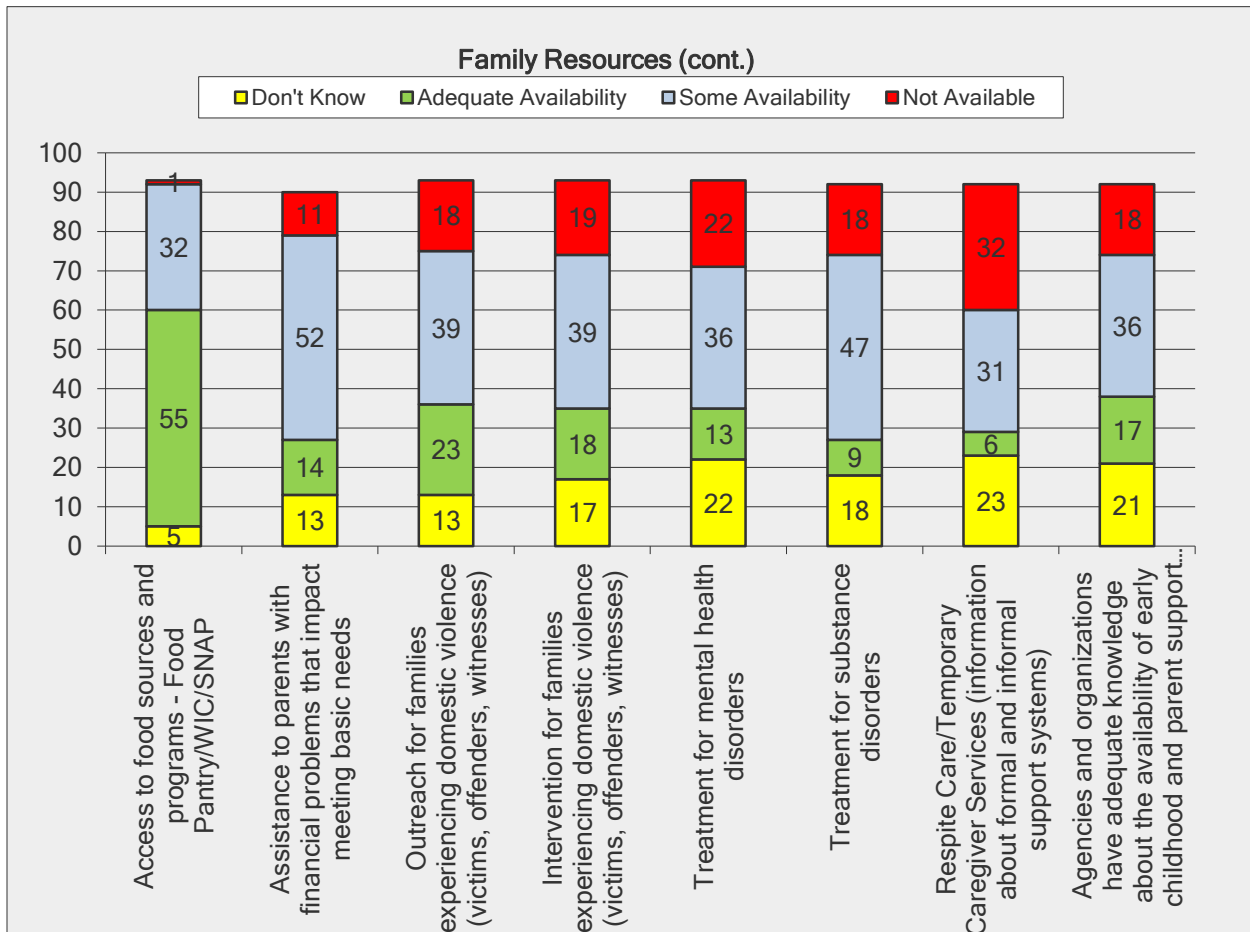
Those taking the survey report that there are programs within the communities to help families get the resources they need. Adequate availability numbers are low, but when combined with “Some availability” responses, the level for half of the items is over the mid-level. Parental education about Early Social-emotional and Early Child development is available and known to the majority of respondents. However, parent education concerning high-quality childcare, and the number of childcare facilities is known by less than half of those taking the survey. The results for resources dealing with traumatic experiences are split evenly between those knowing of the services, and those unaware of the services.



The above chart is a ranking, again on the three point scale, of the importance of the mentioned resources.

Resources to address traumatic experiences are ranked the highest (2.76) Parent education on child development and education about childcare rank second and are even in their ranking (2.73). The amount of high-quality child care available in the community is of lesser concern, but still ranks well above the 2.5 range.

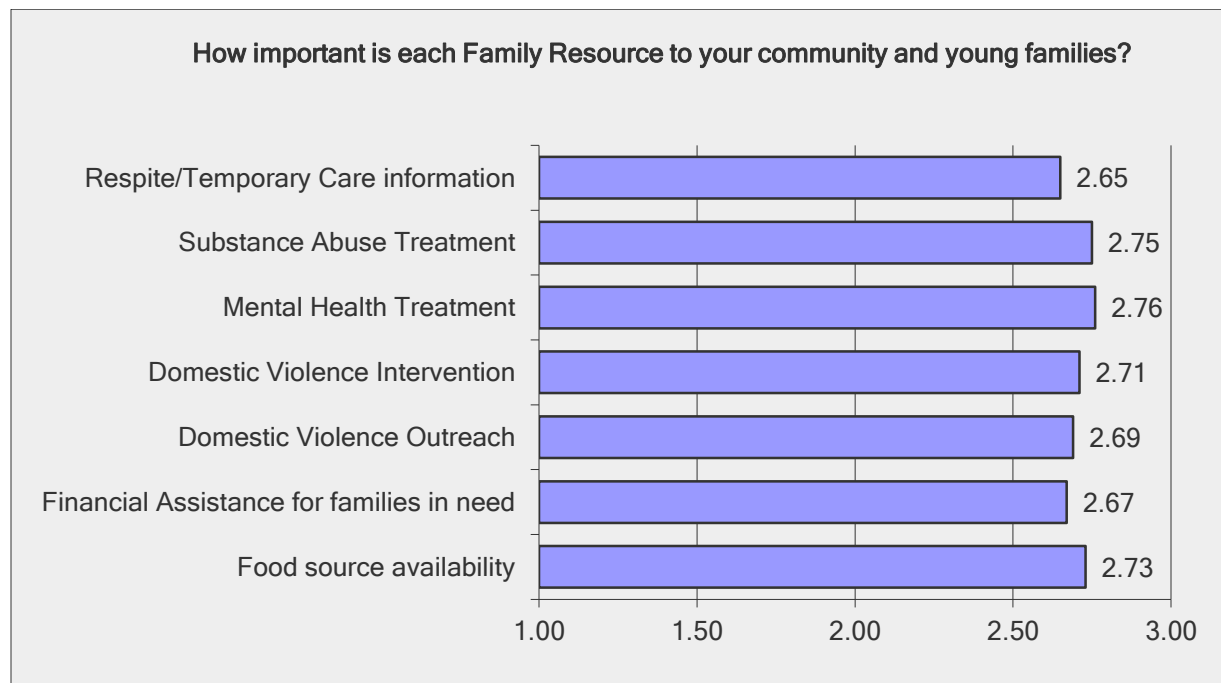
### Family Resources (cont.)



Adequate & Some Avail.	<b>87</b> <b>94%</b>	<b>66</b> <b>71%</b>	<b>62</b> <b>67%</b>	<b>57</b> <b>62%</b>	<b>49</b> <b>53%</b>	<b>56</b> <b>61%</b>	<b>47</b> <b>51%</b>	<b>53</b> <b>57%</b>
Not Avail. or Don't Know	<b>6</b> <b>7%</b>	<b>24</b> <b>26%</b>	<b>31</b> <b>34%</b>	<b>36</b> <b>39%</b>	<b>44</b> <b>48%</b>	<b>36</b> <b>39%</b>	<b>55</b> <b>60%</b>	<b>39</b> <b>42%</b>

The results of this area of Family Resources show that nearly all of the programs listed in the survey are available and recognized by the survey respondents. While adequate availability numbers are lower, with the exception of Food Source programs, the overall availability number percentage is high in this category.

Treatment for Mental Health disorders is highlighted for its mid-range to lower range of availability. Respite care resources are very limited.

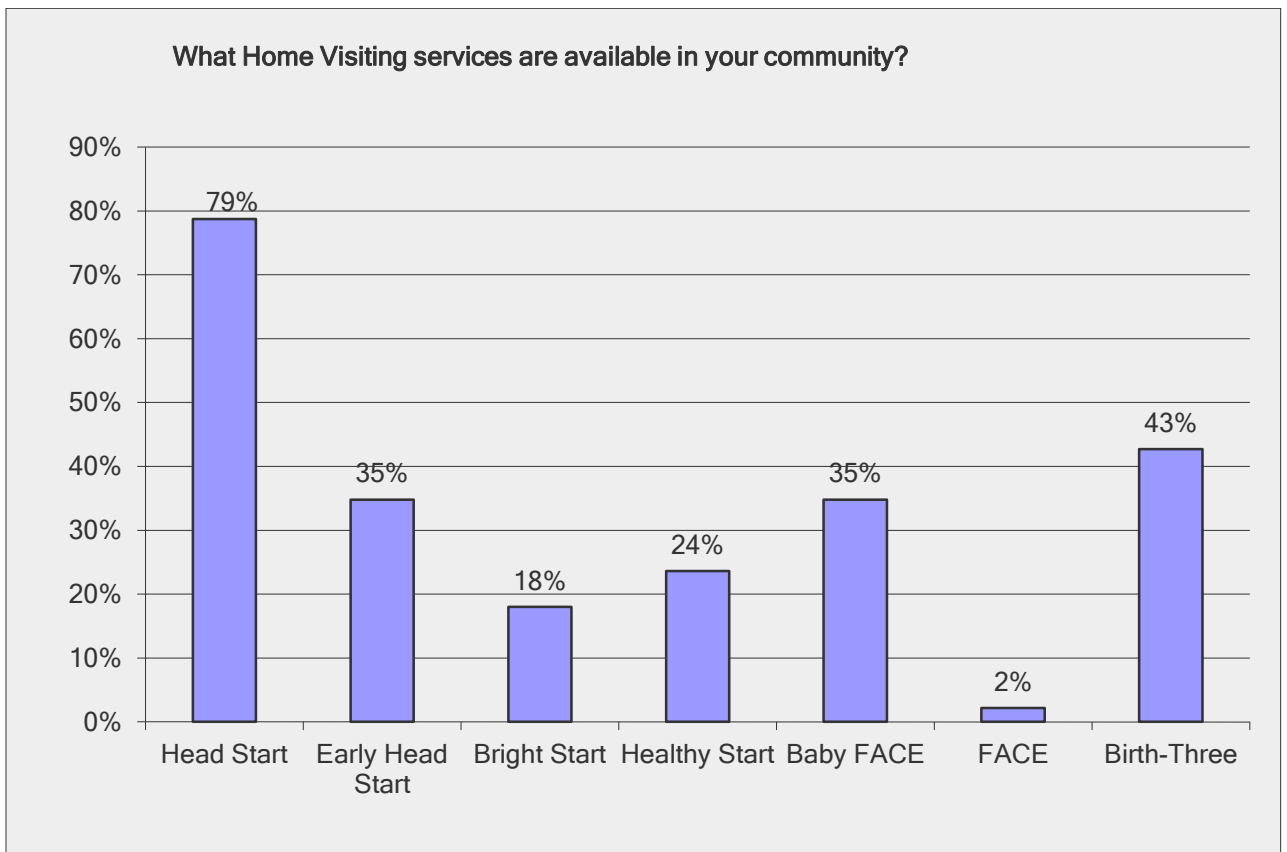


Ranked on the three-point scale -Not Important (1.0), Important (2.0), Very Important (3.0) - all items are rated above 2.5. Mental Health Treatment is the most valued with Substance Abuse Treatment close behind. Food Source availability and Domestic Violence Intervention both rank above 2.7 on the scale. Respite Care is ranked as the least needed of these topics.

## Are there barriers to accessing the services above? What are those barriers?

This question was presented as an open text box. Respondents entered non-restricted and non-cued comments. Recurring barriers listed by those taking the survey include, in order of the most frequently cited barrier:

- Cultural Beliefs and Attitudes: Pride and not wanting to ask for help, Traditions
- Program Inconsistencies: Location, Schedules, Longevity
- Transportation Issues: Distance to services and lack of quality transportation
- Funding for programs and staffing difficulties
- Housing: Lack of adequate housing or funding for improvements



**Head Start is by far the most known program in the combined areas. The Birth to Three program was the second most recognized program.**

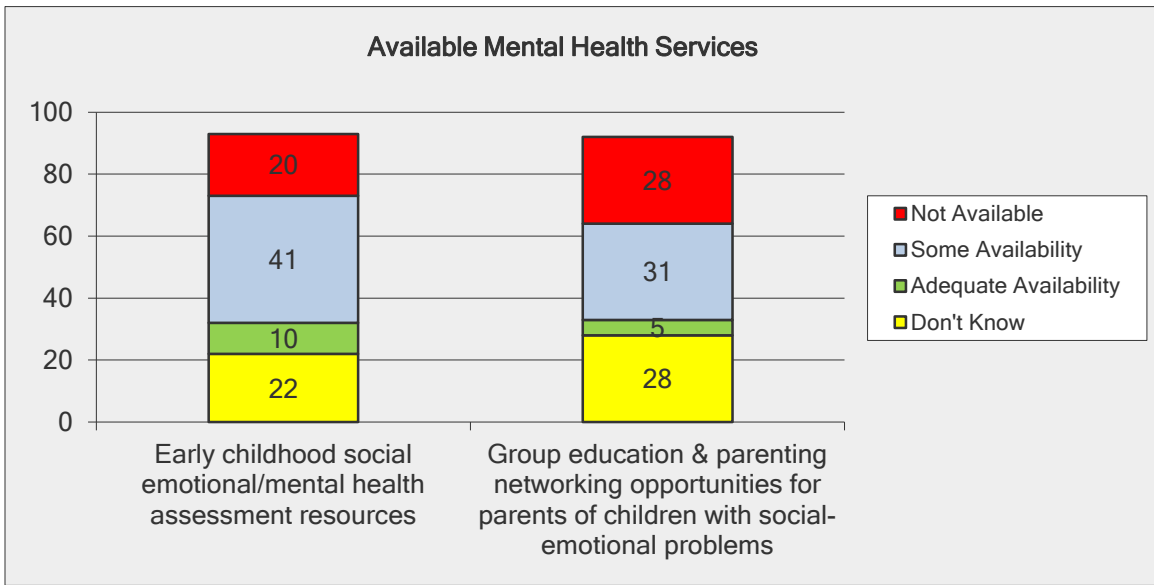
## What Informal Neighborhood Resources exist?

This question was an open-ended comment section, with respondents citing other resources and programs in their communities. Both groups cited area churches as a resource, as well as:

Lower Brule respondents listed Faith Family, Friendship House, Teen Center, NAHA, Talking Circles, Boy's Club, Lower Brule Counseling, and IHS.

Pierre respondents listed the Southeast Community Center, Pierre Area Referral Service, Capital Area Counseling, and Missouri Shores Domestic Violence Center.

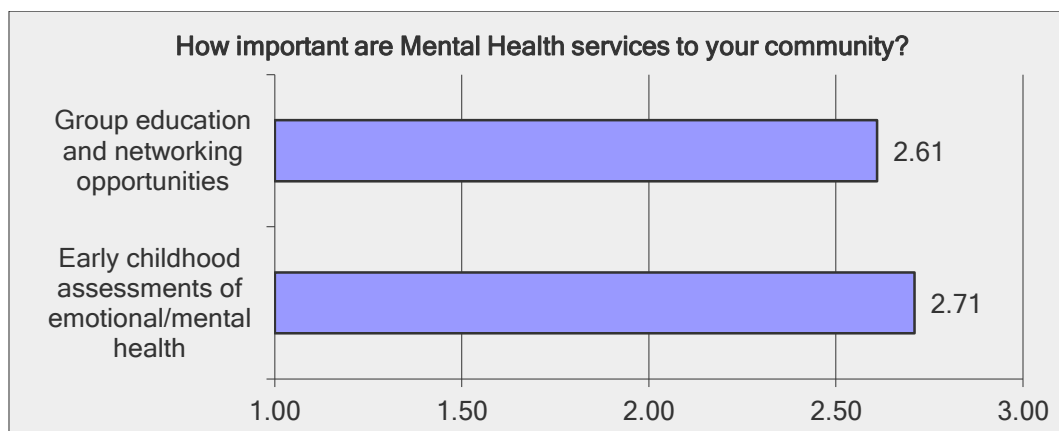
## Mental Health Services



**51 of the 93 (55%)** people completing this question indicated that there was adequate or some availability to Early childhood social-emotional /mental health assessments, while **42(46%)** cited that the resource was unavailable or they were unaware of its existence.

Only **36 (39%)** were aware of networking or group opportunities for parent of children with social-emotional problems. **56 (61%)** responded no availability or were unaware about the program.

Both of these areas show cause for concern with lack of awareness or lack of services.

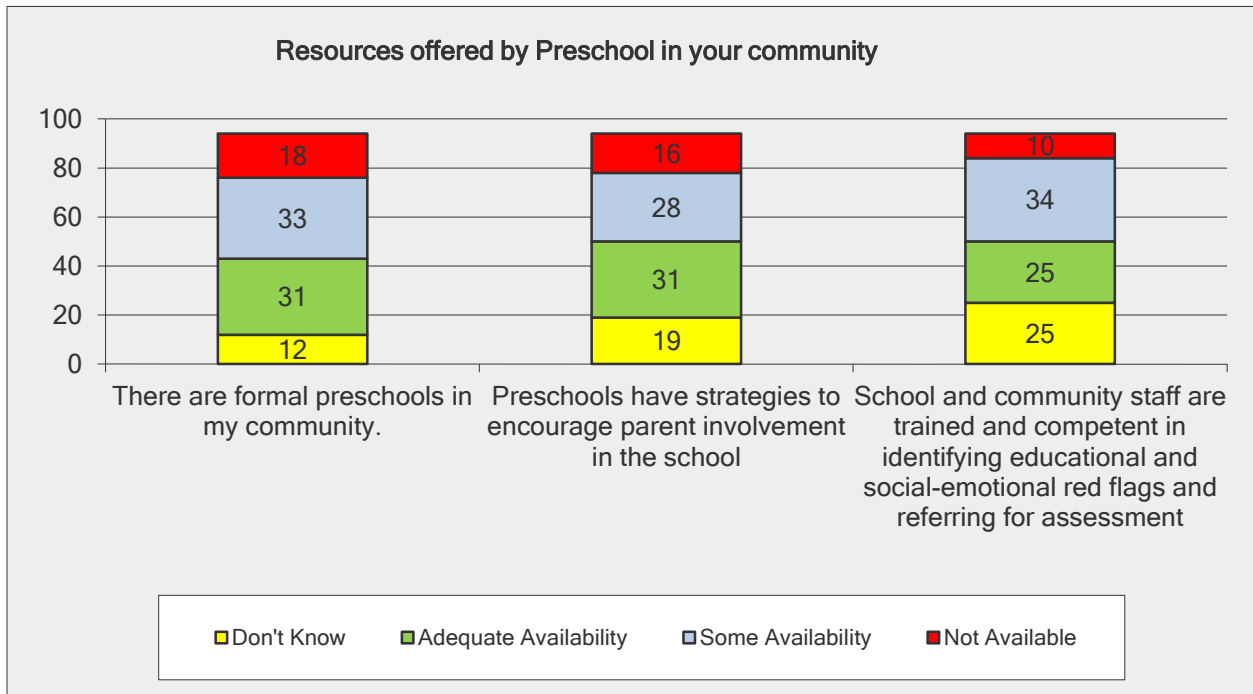


Survey takers ranked early childhood assessments of emotional and mental health far more important than Group education and networking for parents of children with emotional needs. However, the rating for group/networking was 2.61, which is above mid-level.

\*At the pre-survey meeting there was a great deal of discussion about mental health. The lack of consistent services was cited as an issue, and a call for more Mental Health services was determined a priority among the group.

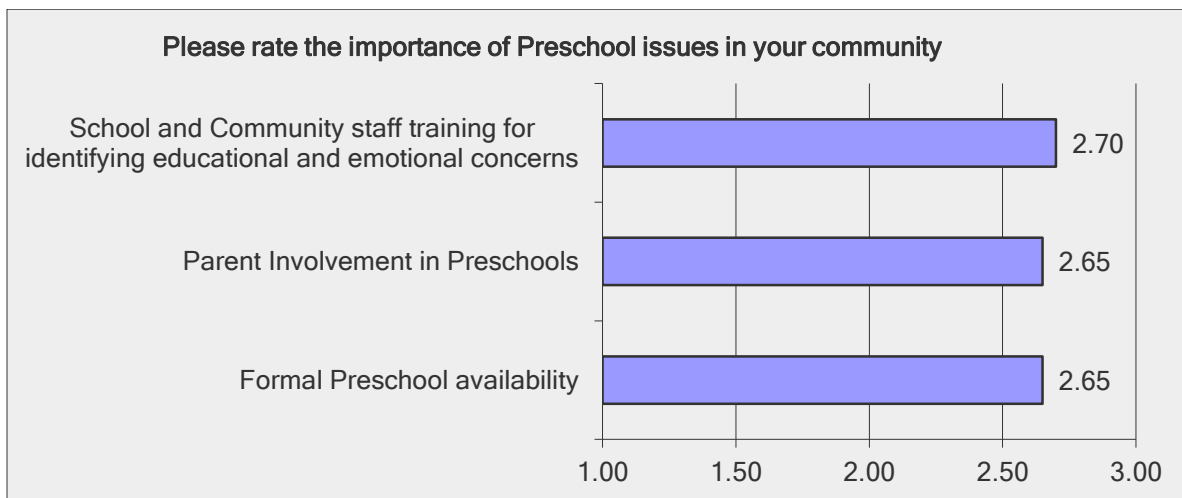


## Preschool



Adequate & Some Avail.	<b>64 / 68%</b>	<b>59 / 63%</b>	<b>59 / 63%</b>
Not Avail. / Don't Know	<b>30 / 32%</b>	<b>35 / 38%</b>	<b>35 / 38%</b>

The numbers for adequate availability in this category are higher than other categories. The combination of Adequate and Some Availability are well above mid-level. The number of those who don't know about staff training is higher, but still an acceptable level.



The training available to Preschool staff is considered, by a large margin, the most important by this community of stakeholders. The lower responses to parent Involvement and Preschool availability should not be overlooked as it is well above mid-level (2.0).

## **Are There Informal Preschool Resources in Your Community?**

This question was an open-ended comment section, with respondents citing other Preschool resources and programs in their communities.

Head Start was cited as the primary Preschool resource by the 17 respondents who answered this comment area. In the Lower Brule area, Head Start was the only preschool. In the Pierre area AAUW was mentioned and the possibility of a few daycares claiming preschool curriculum, but nothing was verified.

## Data Findings/Summary

<b>Highest “Adequate” Rankings</b>	
Regular Health Care	<b>61</b>
Food Sources – Pantry, WIC, SNAP	<b>55</b>
Child Development Screening	<b>38</b>
Routine Dental Screenings	<b>37</b>
Breastfeeding Education	<b>36</b>
Formal Preschool Availability	<b>31</b>
Preschool Parental Involvement	<b>31</b>
<b>Highest “Some Availability” Rankings</b>	
Referral Services for Family Needs	<b>54</b>
Financial Assistance for Basic Family Needs	<b>52</b>
Substance Abuse Treatment	<b>47</b>
Parent Education on Early Social-Emotional Development	<b>44</b>
Parent Education on Developmental Stages for Assessment	<b>41</b>
Early Childhood Social-Emotional Assessment	<b>41</b>
Intervention/Family Outreach for Domestic Violence	<b>39</b>
<b>Highest “Not Available” Rankings</b>	
Respite Care Services (Temporary relief for caregiver)	<b>32</b>
Group Networking for Parents with Social/Emotional Child	<b>28</b>
Parent Education – High Quality Child Care Qualities	<b>26</b>
Adequate Numbers of High Quality Child Care Sites	<b>26</b>
Treatment of Mental Disorders	<b>22</b>
Resources for Coping with Traumatic Experiences	<b>22</b>
Early Childhood Assessment of Social-Emotional Health	<b>20</b>
<b>Highest “Don’t Know” Rankings</b>	
Routine Depression Screenings	<b>33</b>
Parent Education – High Quality Child Care Qualities	<b>32</b>
Routine Substance Abuse Screening	<b>31</b>
Group Networking for Parents with Social/Emotional Child	<b>28</b>
Resources for Coping with Traumatic Experiences	<b>25</b>
Adequate Numbers of High Quality Child Care Sites	<b>25</b>
School/Community Training for Educational/Social-emotional Red Flags and Referrals from assessments	<b>25</b>

## **Data Summary of Available Community Resources**

### **Identified Strengths:**

- Access to Food Sources and Programs
- Regular Health Screenings
- Routine Dental Screenings
- Routine Child Development Screenings
- Programs to Access Family Resources through Referrals
- Informal Resource Programs through clubs, churches, and organizations

### **Identified Weaknesses/Needs:**

- Parent Education for High Quality Childcare
- Education and Support Networking/Groups for Parents of Children with Social-Emotional Problems
- Respite Care/Temporary Care-Relief for Primary Caregivers
- Routine Depression Screenings
- Adequate Number of High-Quality Child Care Settings

### **Considerations:**

Cultural attitudes about acquiring or admitting a need services may limit respondent's awareness of resources available. Inconsistencies in programs or the belief that they will not qualify for services may keep some from taking an interest in learning more about them.

Since both Pierre and Lower Brule took part in this survey, the results, being inclusive of both, could be skewed because of the difference in resources in each area. For example, transportation issues mentioned would be more relevant to Lower Brule. It may also affect the results for Mental Health resources, which was discussed as an exceptional need at the Lower Brule pre-survey meeting.

### **Community Comments/Discussions:**

A Post-survey meeting was held in Lower Brule on April 15, 2014. Results of the survey were explained and discussed. Those in attendance at the meeting agreed with most findings in the survey report.

The group identified their greatest needs as:

1. Treatment resources for mental health
2. Treatment and follow-up from dental screenings
3. Challenges with transportation to services due to funding cuts and scheduling