LOMA LINDA UNIVERSITY HEALTH

Help Me Grow Inland Empire Central Access Point (CAP) Evaluation Report

FY 2020-2021

07.01.2020-06.30.2021

The following report presents Help Me Grow Inland Empire (HMGIE) Data from Fiscal Year 2020-2021. The data displays who HMGIE (CAP) served, who was reached, what was provided, and how successful it was.

LOMA LINDA UNIVERSITY HEALTH
Institute for Community Partnerships

Acknowledgements

At Loma Linda University Health (LLUH), our commitment to caring for the mind, body, and spirit is part of everything we do. We're combining our educational, clinical care, and research arms to fulfill our institutional mission: to further the teaching and healing ministry of Jesus Christ: **to make man whole**.

Listen, Respect, and Engage are three powerful words that encompass the LLUH's approach in promoting equity in our communities**.** Community engagement requires us to listen to our communities, which leads to an increased level of respect, that allows us to then engage and find problem-solving solutions. **Loma Linda University's Institute for Community Partnership's (ICP)** mission is to ensure that LLUH is both **relevant** and **responsive** to the needs of our community. The Institute for Community Partnerships supports the implementation of LLUH's hospital community benefit investments and fulfillment of the priority focus areas, in close collaboration with its community partners. ICP also promotes and supports meaningful community-engaged research, academic service-learning at Loma Linda University Health (LLUH). The Institute plays a centralizing, coordinating, and implementation function for the four licensed hospitals at LLUH's community benefit investment dollars. We are committed to strategically working with our community partners to better understand and address the needs and strengths of the community through research, teaching, and service. Community participation is at the core of our efforts, with structured learning opportunities for career pathways for underrepresented minoritized students, training and workforce integration for community health workers, and community research projects.

With our **community partners**, this took on new meaning in 2020 with the impact of Covid-19 in how we worked collaboratively to improve the health and wellness of the people most impacted by the pandemic in our region. At LLUH, our focus on the social determinants of health aligns with our value of wholeness and ensures our system invests health not just healthcare.

Help Me Grow Inland Empire (HMGIE) provides both an access point for our most vulnerable families to be connected to community resources, and a system framework for providers to work together to ensure an organized system of support is available in our community. To ensure that we are providing resources that are needed and helpful to families, we seek continuous feedback from parents with children from pregnancy through age 8 to determine what support they would most like to see available in their community.

Help Me Grow Inland Empire Partners:

- First 5 San Bernardino
- First 5 Riverside
- Loma Linda University Children's Hospital
- Riverside University Health System
- SAC Health System

LLU's Institute for Community Partnerships has been asked to analyze the data, review the research, engage in community conversations, share the research results, and deliver a summary of lessons learned as well as create action steps that can be taken to promote child well-being in the Inland Empire. These action steps are based on information provided by HMGIE. We have incorporated strengths from successful models and practices, which could potentially be used within the Inland Empire to support families. These action steps focus on identifying culturally relevant supports needed for families of color. In addition, these steps focus on reducing existing barriers (including stigma) which prevent families from accessing support.

In collaboration and thoughtful partnership with Help Me Grow Inland Empire (HMGIE,) **this report features the work done by LLU's ICP & our partners in:**

- Reporting out on the clients and families served through HMGIE in FY 2020-2021.
- Reporting out on the number of developmental screenings and their results.
- Reporting out on the number of social determinants of health screenings and their results.
- Reporting out on the type and number of referrals given to families, based on need, and their completion rate.

Lastly, this work would not be possible without the families, community stakeholders and leaders, early childhood educators, medical professionals, school systems, community-based organizations who engaged with the HMGIE system during the program year.

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With gratitude,

Juan Carlos Belliard, PhD, MPH
Assistant Vice President for Community Partnerships
Professor in Global Health at the School of Public Health
Loma Linda University

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Executive Summary

Help Me Grow (HMG) Background

Help Me Grow is a national model that works to promote integrated, cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Through model implementation in communities and states across the country, the mission of Help Me Grow is to advance developmental promotion and promote early detection, referral, and linkage to community-based supports, such that all children can grow and thrive to their full potential.

Research Questions and Purpose of Report

This data report was compiled during fiscal year 2020-2021 to provide a comprehensive look at children from pregnancy through age eight served in San Bernardino and Riverside Counties (Inland Empire). It is intended to guide community efforts in reaching parents of young children and understanding their needs. This report provides measurements for the HMGIE action teams to determine desired long-term population outcomes, as well as implementation strategies that will reach families and meet existing resource needs. Wherever possible, the data in this report is provided in total, and when possible, by County and race level data for comparison.

This report aims to answer two priority questions: 1) *In FY 20-21, who did HMGIE serve?* This question will be answered by describing the quantitative summary of the first twelve months along with an analysis of indicators (who did we reach, what did we provide, how well did we do it) and 2) In FY 20-21, of the families served, what resources/referrals were verified as they linked to? How successful were those referrals?

Data Collection and Analysis Process:

The Data and Evaluation component of Help Me Grow Inland Empire (HMGIE) ensures that the appropriate information is being gathered to support families in connecting to services, provides useful information for the community on family needs and resource gaps, and informs ongoing improvement efforts.

The Central Access Point (CAP) data reflects contacts, activities, and actions completed by HMGIE Program Coordinators. This work starts with calls to the toll-free telephone line, emails or as a referral generated through the HMGIE Electronic Data System (EDS) by a medical professional. The CAP database reflects all contact activity for HMGIE and data is currently recorded across a variety of Excel and Word files. In Fiscal Year 2021-2022, funding has been provided by Riverside and San Bernardino First 5s for the CAP to have a custom-built database constructed to better meet the data entry and reporting analytics for the growing HMGIE system.

Currently, as part of the Pilot, the age appropriate ASQ-3 and an SDOH screener are issued through the patient portal, MyChart. Parents complete these screeners using a smart device and the scores are automatically tabulated and returned to the physician's workflow for the upcoming appointment. Analysis was completed using SPSS-27 and Microsoft Excel. Statistical tests used include T-Tests, ANOVA, Paired T-Tests and general frequency and descriptive data analyses.

Summary of Findings:

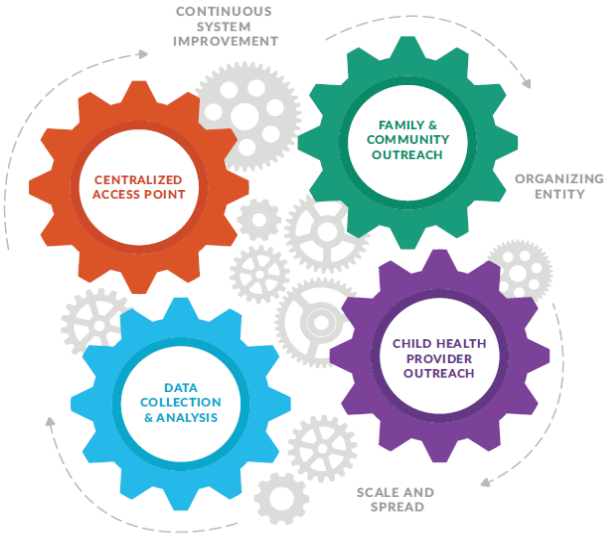
During FY 20-21, a total of 803 families were seen through the Central Access Point. A total of 1,051 individual SDOH domain screenings were completed, and 349 ASQ-3 Screenings (43% of all families). Based on the participant demographics, most of the clients self-identified as 'Male' gender (N=426, 53.2%), 'Hispanic' (N=504, 62.9%) race/ethnicity, and primarily spoke 'English' (N=625, 77.8%) at home. Furthermore, the majority indicated that the child age in years at program entrance was '4 years old' (N=216, 26.9%). Of the 803 clients, 489 clients received at least one referral (60.8%). Of the 489 clients that received at least one referral, 419 received more than one referral (85.6%). Overall, 2,555 total referrals were verified as made in every category and of those referrals, a total of 483 were completed.

Of the 803 clients served in FY 20-21, 265 received at least one screening on an SDOH domain (33%.) The overall total of SDOH screenings includes the sum of the various domains of the SDOH screenings, regardless of results (arriving at 1,052). A total of 291 children received an ASQ-2 screening of which 73% displayed "no concern", 11% noted "monitor" and 15% displayed "concern." Of those who completed an ASQ SE-2, 183 identified as Hispanic/Latino (63%) of which 140 (77%) displayed an atypical result (monitor or concern). Of the 803 clients served in FY 20-21, 347 received at least one ASQ 3 screening (43.2%). Of those that received an ASQ-3 (N=347), 284 accessed it in English and 47 accessed it in Spanish. Two families completed the screening verbally over the telephone. The majority of those screened (N=347), were screened at the 54-month engagement point (N=69, 28.5%), 42-month engagement point (25.9%) and 6-month engagement point (19.8%).

Help Me Grow Background:

Help Me Grow (HMG) is a national model that works to promote integrated, cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Through model implementation in communities across the country, the mission of Help Me Grow is to advance developmental promotion and promote early detection, referral, and linkage to community-based supports, such that all children can grow and thrive to their full potential. Help Me Grow is not a stand-alone program, but rather utilizes and builds on existing resources in a community to provide a more comprehensive approach to early childhood system strengthening.

Successful implementation of HMG leverages community resources, maximizes existing opportunities, and advances a coalition working collaboratively toward a shared agenda through the implementation and cooperation of four Core Components:



1) A Centralized Access Point integrally assists families and professionals in connecting children to appropriate community-based programs and services;

2) Child Health Care Provider Outreach supports early detection and intervention, and loops the medical home into the system;

3) Family & Community Outreach supports education to advance developmental promotion, and also grows awareness of the system and the services that it offers to families and community-facing providers;

4) Data Collection and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement so the system is optimally supporting families and ensuring children receive what they need, when they need it.

Database Entry and Background:

The Help Me Grow Inland Empire (HMGIE) Electronic Data System (EDS) is the activity recorded in the medical record (EPIC) as related to the HMGIE Pilot launched in 2020. This system connects Loma Linda University Children's Hospital (LLUCH), Riverside University Health System, and SAC Health System (SACHS) so that in advance of Well Child appointments, parents are issued screeners electronically via My Chart (online patient portal).

The age appropriate ASQ-3 and an SDOH screener are currently issued as part of the Pilot. Parents complete these screeners using a smart device and the scores are automatically tabulated and returned to the physician's workflow for the upcoming appointment.

Data Collection and Analysis:

The Data and Evaluation component of HMG ensures that the appropriate information is being gathered to support families in connecting to services, provides useful information for the community on family needs and resource gaps, and informs ongoing improvement efforts. Information on system operations is critical to ensuring that families are connected to the right services in an appropriate and timely manner.

HMG is in a unique position to collect data that reflect system–level issues: not only who calls and why, but also what happens to families seeking help. Data Collection and Analysis also serves as a crucial tool for Continuous Quality Improvement. Evaluation of the HMG system helps to assess how well it is working or what may need to be changed to improve the service, including gaps and barriers.

Data Collection and Analysis ensures ongoing capacity for continuous system improvement, a key structural requirement of HMG. Data are collected throughout all components of the HMG system, including child health provider outreach, family and community outreach, and within the centralized access point.

The collection of a set of shared metrics across the HMG National Network informs the national narrative regarding the impact of HMG on children and family across the country. The collection of locally sourced metrics enables HMGIE affiliates to benchmark progress, identify areas of opportunity and systemic gaps, and guide strategic quality improvement projects.

Fidelity to the component of Data Collection and Analysis consists of the following criteria:

- HMG-specific data are regularly monitored to determine relevant trends, patterns, and opportunities for improvements;
- HMG-specific data are shared across partners through strategies such as provision of regular reports, ad hoc requests, and targeted evaluation projects;
- Opportunities are identified for and conducting continuous quality improvement projects using HMG-specific data; and

- HMG-specific data, such as identification of systemic barriers, are leveraged to generate community change.

Analysis was completed using SPSS-27 and Microsoft Excel. Statistical tests used include T-Tests, ANOVA, Paired T-Tests and general frequency and descriptive data analyses.

About This Report:

This data report was compiled during fiscal year 2020-2021 to provide a comprehensive look at children from pregnancy through age eight served in San Bernardino and Riverside Counties (which are in the Inland Empire). It is intended to guide community efforts in reaching parents of young children and understanding their needs. This report provides measurements for the HMGIE action teams to determine desired long-term population outcomes, as well as implementation strategies that will reach families and meet existing resource needs. Wherever possible, the data in this report is provided in total, and when possible, by County level data for comparison. By coordinating services from pregnancy to age eight under a coordinated access point, HMGIE provides a systematic way to gather ongoing data on family needs, available resources, and service gaps. Identifying service gaps can inform future advocacy and investment efforts.

This report is broken into two parts to answer the two main research questions. Section 1 covers a landscape of who was served during FY 2020-2021. Landscape data includes general demographics of participants. Section 2 covers a deeper analysis of what services, assessments and referrals were verified as provided to families.

Client Snapshot:

Prior to diving into the quantitative aspects of this report, HMGIE found it important to provide a sense and how families and clients are being served. Aside from what is captured in the database, there are also numerous communication efforts that take place between the family and HMGIE to ensure families are receiving the information and resources they need and are getting their questions answered.

To illustrate this work, two case studies were prepared of clients and families who entered HMGIE through the CAP and received screenings, resources, and referrals.

CAP Client Snapshot #1

Referral Pathway to HMGIE:
Medical Provider

HMGIE Care Coordination Activities:

- Conducted Ages & Stages Questionnaire – Social/Emotional (ASQ-SE) screening
- Conducted Social Determinants of Health (SDOH) screening
- Referred to child counseling services
- Referred to local food pantry
- Referred to CalFresh and Women, Infants & Children (WIC)
- Referred to Managed Care
- Provided care coordination activities update to Medical Provider

Child's Development Concern:

- Behavioral

Family's SDOH Concerns:

- Financial Strain
- Social Connections
- Food Insecurity
- Transportation Needs
- Housing Stability

Duration of HMGIE's Engagement with Family: 30 days

Number of HMGIE Care Coordination Contacts with Family: 5

CAP Client Snapshot #2

Referral Pathway to HMGIE:
Early Child Educator
Child Age: 2yrs

HMGIE Care Coordination Activities:

- Conducted Ages & Stages Questionnaire – Social/Emotional (ASQ-SE) screening
- Conducted Social Determinants of Health (SDOH) screening
- Referred to low cost or free day care

Child's Development Concern:

- Development

Family's SDOH Concerns:

- Financial Strain

Duration of HMGIE's Engagement with Family: 2 days

Number of HMGIE Care Coordination Contacts with Family: 2

Section 2

Evaluation Question #1

Who did Help Me Grow Inland Empire Serve in FY 2020-2021?

[29]Map of the Inland Empire, California.

Overall Participation

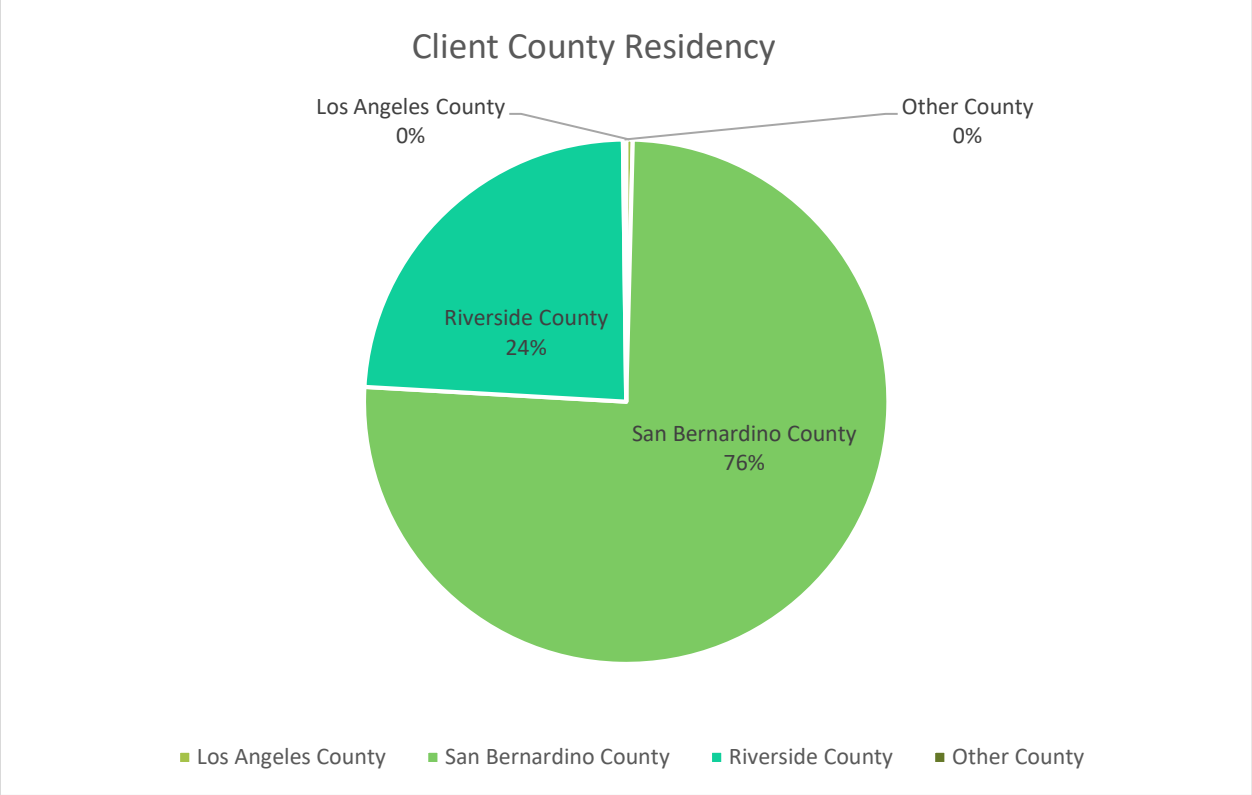
A total of 803 families were enrolled in HMGIE in FY 2020-2021 through Central Access Point (CAP).

Service Geography

Of the 803* families enrolled through CAP, nearly 24% of families identified living in Riverside County, while 76% reside in San Bernardino County. [Appendix A, Table 1].

*Note that only clients living in Riverside and San Bernardino Counties are captured within the CAP system. Clients who come from other counties are referred to their local care hub or HMG resource.

Figure 1. Client County Residency*



*Please note that these are not reflective of generic calls coming into the call center, but rather strategic outreach efforts. Calls came directly from partner sites due to partnership.

Zip Code

The top 5 zip codes from the list of top ten, were '92410' (N=71, 8.8%), '92392' (N=66, 8.2%), '92404' (N=66, 8.2%), '92371' (N=42, 5.2%), and '92345' (N=27, 3.4%).

For the service priority areas, the responses indicated the following for San Bernardino and Riverside:

- San Bernardino
  - '92410' (N=71, 8.8%)
  - '92392' (N=66, 8.2%)
  - '92404' (N=66, 8.2%)
- Riverside
  - '92507' (N=9, 1.1%)
  - '92240' (N=6, 0.7%)
  - '92509' (N=4, 0.5%)

Table 2. Top Ten Zip Code List, Overall

Zip Code	Frequency	Percentage
92410	71	8.8%
92392	66	8.2%
92404	66	8.2%
92371	42	5.2%
92345	27	3.4%
92376	20	2.5%
92346	19	2.4%
92397	18	2.2%
92407	18	2.2%
92372	17	2.10%

*Only the top ten zip codes are displayed. To view the comprehensive frequency and percentage table, please refer to Appendix A, Table 2a.

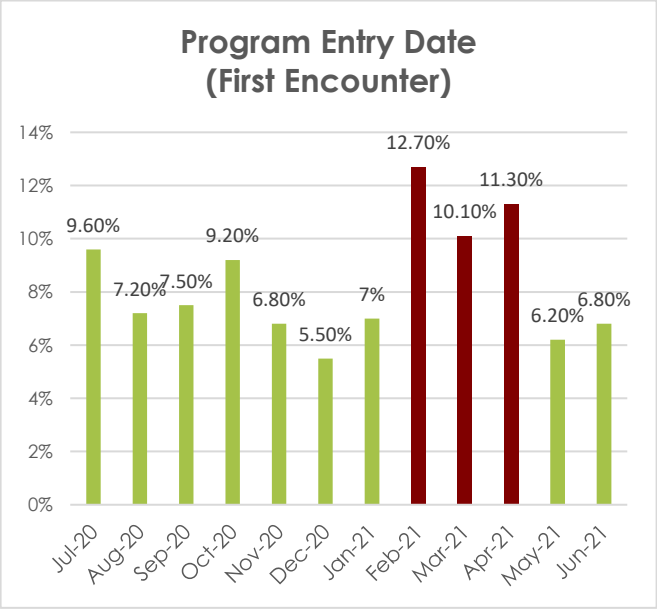
Program Entry Date (First Encounter)

Of the total responses to this question (N=803): the three months with the highest program entries during Fiscal Year 2020-2021 were:

- 'February 2021' (N=102, 12.7%),
- 'April 2021' (N=91, 11.3%), and
- 'March 2021' (N=81, 10.1%).

[Appendix A, Table 3.]

Figure 2. Program Entry Date (First Encounter)



[Appendix A, Table 4. and Figure 3.]

Method of Program Entry

Of the total responses to this question (N=803): the top method of program entry was through 'EDS' (N=317,39.5%).

Referral Source

Of the total responses to this question (N=803), the top three referral sources were:

- 'Internal Pediatrics through Loma Linda University (Internal Peds)' (N=253, 31.5%),
- 'School District Personnel' (N=244, 30.4%), and
- 'Family Member or Caregiver' (N=84, 10.5%).

[Appendix A, Table 5. and Figure 4.]

Caller Relationship to Client*

Of the total responses to this question (N=803): when asked to indicate the caller relationship to the client, the majority selected 'Parent' (N=758, 94.4%).

[Appendix A, Table 6. and Figure 5.]

*While the majority of responses indicated that the calls came from the parent, it is important to note that the parent may have been directed to call. The caller was likely referred from three primary buckets; doctor/medical provider/behavioral specialist, teacher or organically/self-referral.

Client Demographics

Client Gender

Of the total responses to this question (N=801):

- 426 (53.2%) indicated that they were 'Male' and
- 342 (42.7%) indicated 'Female'.

[Appendix A, Table 7. and Figure 6.]

Client Race/Ethnicity*

Of the total responses to this question (N=801), the top three client races/ethnicities identified were:

- 'Hispanic' (N=504, 62.9%),
- 'White' (N=105, 13.1%), and
- 'Black' (N=77, 9.6%).

[Appendix A, Table 8. and Figure 7.]

Child Age in years (at program entrance)

Of the total responses to this question (N=802,) the top three age in years (at program entrance) identified were:

- '4 years old' (N=216, 26.9%),
- 'Under 1 years old' (N=131, 16.3%), and
- '3 years old' (N=100, 12.5%).

[Appendix A, Table 9., Table 9a and Figure 8.]

Child Age in months (at program entrance)

Of the total responses to this question (N=802), the top child age in months (at program entrance AND less than or equal to 66 months) identified were:

- '49 months' (N=34, 4.2%), and
- '55 months' (N=25, 3.1%).

[Appendix A, Table 10., Table 10a and Figure 9.]

Primary Language Spoken at Home*

Of the total responses to this question (N=803,) when asked to indicate the primary language spoken at home:

- The majority selected 'English' (N=625, 77.8%) and
- 'Spanish' (N=168, 20.9%).

[Appendix A, Table 11. and Figure 10.]

**The client race, ethnicity and primary language spoken at home is self-identified.*

Summary of Clients Served

- When examining service geography for families enrolled through CAP, it was found that the top zip code where families reside was '92410' (N=71, 8.8%) (within San Bernardino County.)
- Of the families served, nearly 24% identified as living in Riverside County and 76% reside in San Bernardino County. Most clients entered the program in February 2021 (N=102, 12.7%) and indicated that 'EDS' (LLEAP) was the primary method of program entry (N=317, 39.5%).
- Based on the participant demographics, most clients self-identified as 'Male' gender (N=426, 53.2%), 'Hispanic' (N=504, 62.9%) race/ethnicity, and primarily spoke 'English' (N=625, 77.8%) at home.
- The majority indicated that the child age in years at program entrance was '4 years old' (N=216, 26.9%).

Section 2

Evaluation Question #2

What Assessments Did Families Receive?

What Resources and Referrals were verified as Families Linked to?

Overall Referrals Completed

Of the 803 clients, 489 clients received at least one resource referral (60.8%). Of the 489 clients that received at least one referral, 419 received more than one referral (85.6%). Overall, 2,555 total referrals were verified as made in every category and of those referrals, a total of 483* were completed.

*Known and reported on; likely an underestimate. The current system is an open loop system where communication and confirmation of referrals is staff driven. Staff are required to follow up with each family at least three times to confirm receipt and confirmation of completion of the referral.

Of the 803 clients:

60.8% received at least one referral

Of the 489 clients that received at least one referral:

85.6% received more than one referral

Referral to Medical and/or Health Providers

Of the 190 referrals made to medical and/or health providers, the majority, 169 (88.9%), were referred to Dental.

Of the total 190 referrals made to medical and/or health providers, 26 (13.7%) referrals were verified as completed.

[Appendix B, Table 12. and Table 12a.]

Referral to Inland Regional Center

Of the 59 referrals made to Inland Regional Center…

- 43 (72.9%) were referred to Early Start and
- 16 (27.1%) were referred to 3 and Above.

Of the total 59 referrals made to Inland Regional Center, 45 (76.3%) referrals were verified as completed.

[Appendix B, Table 13. and Table 13a.]

Referral to Pediatric-based Intervention

Of the 184 referrals made to Pediatric-based Intervention…

- 155 (84.2%) were referred to Physical Therapy
- 23 (12.5%) were referred to Speech Therapy,
- 3 (1.6%) were referred to Speech Therapy and Occupational Therapy
- 3 (1.6%) were referred to Speech, Occupational and Physical Therapy.

Of the total 184 referrals made to Pediatric-based Intervention, 20 (10.9%) referrals were verified as completed.

[Appendix B, Table 14. and Table 14a.]

Referral to Special Education Local Plan Areas (SELPA)

Of the 177 referrals made to SELPA, the majority, 162 (91.5%) were referred to Desert/Mountain Children's Center.

Of the total 177 referrals made to SELPA, 15 (8.5%) referrals were verified as completed.

[Appendix B, Table 15. and Table 15a.]

Referral to Early Learning Settings-Center Based

Of the 170 referrals made to Early Learning Settings-Center Based…

- 155 (91.2%) were referred to Child Care Resource Center & Others,
- 10 (5.9%) were referred to Child Care Resource Center and
- 4 (2.4%) were referred to Childcare.

Of the total 170 referrals made to Early Learning Settings-Center Based, 11 (6.5%) referrals were verified as completed.

[Appendix B, Table 16. and Table 16a.]

Referral to Home Visiting

Of the 140 referrals made to Home Visiting, all 140 (100%) referrals were verified as made to First 5 Riverside Home Visiting.

Of the total 140 referrals made to Home Visiting, 1 (0.7%) referral was verified as completed.

[Appendix B, Table 17. and Table 17a.]

Referrals Made:

170 referrals made to Early Learning Settings-Center Based

140 referrals made to Home Visiting

224 referrals made to Family Child Advocates

202 referrals made to Child Welfare

Referral to Family/Child Advocates

Of the 224 referrals made to Family/Child Advocates, the top three referrals were verified as to…

- Birth & Beyond (N=162, 72.3%),
- Purpose Point (N=5, 2.2%) and
- Asanta Family Agency (N=5, 2.2%).

Of the total 224 referrals made to Family/Child Advocates, 21 (9.4%) referrals were verified as completed.

[Appendix B, Table 18. and Table 18a.]

Referral to Child Welfare

Of the 202 referrals made to Child Welfare, the majority, 159 (78.7%) were referred to Applied Behavior Analysis (ABA) Therapy.

Of the total 202 referrals made to Child Welfare, 25 (12.4%) referrals were verified as completed.

[Appendix B, Table 19. and Table 19a.]

Referral to Health and Humans Services Agency

Of the 127 referrals made to Health and Humans Services Agency…

- 73 (57.4%) were referred to San Bernardino Cash Assistance Program and

Of the total 127 referrals made to Health and Humans Services Agency, 37 (29.1%) referrals were verified as completed.

[Appendix B, Table 20. and Table 20a.]

Referral to School Systems

Of the 109 referrals made to School Systems…

- 109 (100%) were referred to Individualized Educational Plans.

Of the total 109 referrals made to School Systems, 87 (79.8%) referrals were verified as completed.

[Appendix B, Table 21. and Table 21a.].

Percentage of Successfully Completed Referrals:

29.1% *Health and Humans Services Agency*

79.8% *School Systems*

27.5% *Parent Educators*

Referral to Parent Educators

Of the 51 referrals made to Parent Educators, 35 (68.6%) were referred to Parenting Classes.

Of the total 51 referrals made to Parent Educators, 14 (27.5%) referrals were verified as completed.

[Appendix B, Table 22. and Table 22a.].

Referral to Intimate Partner Violence Prevention

Of the 2 referrals made to Intimate Partner Violence Prevention, all 2 (100%) were referred to Alternatives to DV.

Of the total 2 referrals made to Intimate Partner Violence Prevention, none (0%) of the referrals were verified as completed.

[Appendix B, Table 23. and Table 23a.]

Referral to Special Supplemental Nutrition

Of the 74 referrals made to Special Supplemental Nutrition…

- 28 (37.8%) were referred to CalFresh,
- 12 (16.2%) were referred to CalFresh and WIC
- 34 (45.9%) were referred to WIC.

Of the total 74 referrals made to Special Supplemental Nutrition, 38 (51.4%) referrals were verified as completed.

[Appendix B, Table 24. and Table 24a.]

Referral to Faith-based or Nonprofit Service Initiatives

Of the 277 referrals made to Faith-based or Nonprofit Service Initiatives, the top three referrals were verified as to…

- Jr. League Diaper Bank (N=60, 21.7%),
- Project TOUCH (N=25, 9.0%) and
- Rainbolt Ritecare CLC (N=15, 5.4%).

Of the total 277 referrals made to Faith-based or Nonprofit Initiatives, 138 (49.8%) referrals were verified as completed.

[Appendix B, Table 25. and Table 25a.]

Special Supplemental Nutrition:
74 referrals made
51.4% completed

Faith-based or Nonprofit Service Initiatives:
277 referrals made
49.8% completed

Child and Family Legal Services:
8 referrals made
62.5% completed

Referral to Child and Family Legal Services

Of the 8 referrals made to Child and Family Legal Services,

- 2 (25.0%) were referred to Consulate,
- 3 (37.5%) were referred to Legal Aid and
- 3 (37.5%) were referred to San Bernardino Community Service Center.

Of the total 8 referrals made to Child and Family Legal Services, 5 (62.5%) referrals were verified as completed.

[Appendix B, Table 26. and Table 26a.]

Social Determinants of Health Screening

Review of what assessments were provided to families and their results.

Help Me Grow Inland Empire utilizes a social determinants of health (SDOH) screening process to determine risk levels for certain categories to refer and link families to appropriate resources. The CAP prioritized four SDOH focus areas: food, housing, financial and transportation. Other SDOH screenings are conducted based off disclosed need. An atypical score (risk) is coded as red, yellow is somewhat at risk, and green is no risk.

Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health. Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing SDOHs is important for improving health and reducing longstanding disparities in health and health care.

Of the 803 clients served in FY 20-21, 265 received at least one screening on an SDOH domain (33%.) The overall total of SDOH screenings includes the sum of the various domains of the SDOH screenings, regardless of results (arriving at 1,052.) Table 27. Below shows a breakdown of the number of screenings per focused domain of the SDOH and the percentage that displayed an atypical score. A comprehensive table of all results for all domains can be found in the Appendices, Tables 28-30.

Table 27. Social Determinants of Health: Atypical Score

Social Determinant of Health (SDOH)	Total number of screenings	Of the number of screenings, % that had an atypical score
Food Insecurity	249	57.30%
Housing Risk	221	25.30%
Financial Strain	248	15.80%
Transportation Risk	249	2.60%

Additionally, when looking at individual domains of the SDOH screening, Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statistically more significantly (p=0.05) more likely to score atypical in food insecurity, financial strain, transportation risk and housing risk.

Please note: No reported screenings were made and/or data available was 'not applicable' for analysis for Postpartum Depression, Tobacco Risk SDOH, Alcohol Risk SDOH, Social Connection Risk SDOH, Intimate Partner Violence Risk SDOH, Physical Activity Risk SDOH and Stress Risk SDOH. Furthermore, please note that there may be slight variances in the SDOH total number of screenings and total responses; such discrepancies such as the need for data standardization may have affected the mutually exclusive and non-duplicated data format. As mentioned above, the CAP system focuses on four areas unless otherwise indicated as a need.

Table 28. Social Determinants of Health: Comprehensive List by Race

	Race	Green	Yellow	Red	Total (N)
Financial Strain Risk SDOH	**White**	4 (18.2%)	12 (54.2%)	6 (27.3%)	**22**
	Hispanic	24 (14.5%)	76 (45.8%)	66 (39.8%)	**166**
	Multi-race	2 (16.7%)	4 (33.3%)	6 (50.0%)	**12**
	Black or African American	9 (25.7%)	15 (42.9%)	11 (31.4%)	**35**
	Unknown	2 (40.0%)	2 (40.0%)	1 (20.0%)	**5**
	Asian	2 (28.6%)	3 (42.9%)	2 (28.6%)	**7**
	Other	1 (100%)	0	0	**1**
Food Insecurity Risk SDOH	**Race**	**Green**	**Yellow**	**Red**	**Total (N)**
	White	14 (63.6%)	0	8 (36.4%)	**22**
	Hispanic	58 (34.9%)	4 (2.4%)	104 (62.7%)	**166**
	Multi-race	7 (58.3%)	0	5 (41.7%)	**12**
	Black or African American	17 (47.2%)	1 (2.8%)	18 (50.0%)	**36**
	Unknown	2 (40.0%)	0	3 (60.0%)	**5**
	Asian	3 (42.9%)	0	4 (57.1%)	**7**
	Other	0	0	1 (100%)	**1**
Transportation Risk SDOH	**Race**	**Green**	**Yellow**	**Red**	**Total (N)**
	White	20 (19.0%)	3 (2.9%)	82 (78.1%)	**105**
	Hispanic	132 (80.5%)	2 (1.2%)	30 (18.3%)	**164**
	Multi-race	12 (100%)	0	0	**12**
	Black or African American	21 (27.3%)	15 (19.5%)	41 (53.2%)	**77**
	Unknown	4 (71.4%)	0	1 (28.6%)	**5**
	Asian	5 (71.4%)	0	2 (28.6%)	**7**
	Other	1 (100%)	0	0	**1**
Housing Risk SDOH	**Race**	**Green**	**Yellow**	**Red**	**Total (N)**
	White	6 (31.6%)	5 (26.3%)	8 (42.1%)	**19**
	Hispanic	45	42	57	**144**

		(31.3%)	(29.2%)	(39.6%)	
	Multi-race	6 (50.0%)	2 (16.7%)	4 (33.3%)	**12**
	Black or African American	10 (29.4%)	12 (35.3%)	12 (35.3%)	**34**
	Unknown	3 (60.0%)	1 (20.0%)	1 (20.0%)	**5**
	Asian	1 (16.7%)	3 (50.0%)	2 (33.3%)	**6**
	Other	1 (100%)	0	0	**1**

Table 28a. Social Determinants of Health: Comprehensive List by County (Riverside and San Bernardino County Only)

	County	**Green**	**Yellow**	**Red**	**Total (N)**
Financial Risk Strain Risk SDOH	**San Bernardino County**	30 (15.7%)	86 (45.0%)	75 (39.3%)	**191**
	Riverside County	14 (37.7%)	26 (45.6%)	17 (29.8%)	**57**
Food Insecurity Risk SDOH	**County**	**Green**	**Yellow**	**Red**	**Total (N)**
	San Bernardino County	72 (37.7%)	4 (2.1%)	115 (60.2%)	**191**
	Riverside County	29 (50.0%)	1 (1.7%)	28 (48.3%)	**58**
Transportation Risk SDOH	**County**	**Green**	**Yellow**	**Red**	**Total (N)**
	San Bernardino County	150 (78.9%)	2 (1.1%)	38 (20.0%)	**190**
	Riverside County	45 (77.6%)	0	13 (22.4%)	**58**
Housing Risk SDOH	**County**	**Green**	**Yellow**	**Red**	**Total (N)**
	San Bernardino County	47 (27.6%)	56 (32.9%)	67 (39.4%)	**170**
	Riverside County	25 (49.0%)	9 (17.6%)	17 (33.3%)	**51**

Financial Strain Risk SDOH

- Of the total responses (N=248), when looking at financial strain risk, 42 (17.6%) scored in the green zone, 113 (45.2%) scored in the yellow zone and 93 (37.2%) scored in the red zone.

[Appendix C, Table 29. and Figure 11.].

Financial Strain Risk:

Of those who scored in the Red Zone

- Riverside County: **29.8%**
- San Bernardino County: **39.3%**

Financial Strain Risk SDOH by Race

- Of the 22 families who identify as White and received a screening on Financial Strain, 4 (18.2%) scored in the green zone, 12 (54.2%) scored in the yellow zone and 6 (27.3%) scored in the red zone.
- Of the 12 families who identify as Hispanic, 2 (16.7%) scored in the green zone, 76 (45.8%) scored in the yellow zone and 6 (50.0%) scored in the red zone.
- Of the 12 families who identify as multi-race, 2 916.7%) scored in the green zone, 4 (33.3%) scored in yellow zone and 6 (50.0%) scored in the red zone.
- Of the 35 families who identify as Black of African American, 9 (25.7%) scored in the green zone, 15 (42.9%) scored in the yellow zone and 11 (31.4%) scored in the red zone.
- Of the 7 families who identify as Asian, 2 (28.6%) scored in the green zone, 3 (42.9%) scored in the yellow zone and 2 (28.6%) scored in the red zone.

[Appendix C, Table 29a. and Figure 11a.].

Financial Strain Risk SDOH by County

- Of the 248 families who received a screening on Financial Strain, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 30 (15.7%) scored in the green zone, 86 (45.0%) scored in the yellow zone and 75 (39.3%) scored in the red zone.
- Of those living in Riverside County, 14 (37.7%) scored in the green zone, 26 (45.6%) scored in the yellow zone and 17 (29.8%) scored in the red zone.

[Appendix C, Table 29b. and Figure 11b.]

Food Insecurity Risk SDOH

- Of the total responses (N=249): when looking at food insecurity risk, 102 (40.6%) scored in the green zone, 5 (2.0%) scored in the yellow zone and 144 (57.4%) scored in the red zone.

[Appendix C, Table 30. and Figure 12.].

Food Insecurity Risk SDOH by Race

- Of the 22 families who identify as White and received a screening on Food Insecurity, 14 (63.6%) scored in the green zone and 8 (36.4%) scored in the red zone.
- Of the 166 families who identify as Hispanic, 58 (34.9%) scored in the green zone, 4 (2.4%) scored in the yellow zone and 104 (62.7%) scored in the red zone. Of the 12 families who identify as multi-race, 7 (58.3%) scored in the green zone and 5 (41.7%) scored in the red zone.
- Of the 36 families who identify as Black or African American, 17 (47.2%) scored in the green zone, 1 (2.8%) scored in the yellow zone and 18 (50.0%) scored in the red zone.
- Of the 7 families who identify as Asian, 3 (42.9%) scored in the green zone and 4 (57.1%) scored in the red zone.

[Appendix C, Table 30a. and Figure 12a.].

Food Insecurity Risk SDOH by County

- Of the 249 families who received a screening on Food Insecurity, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified as living in San Bernardino County, 72 (37.7%) scored in the green zone, 4 (2.1%) scored in the yellow zone and 115 (60.2%) scored in the red zone.
- Of those living in Riverside County, 29 (50.0%) scored in the green zone, 1 (1.7%) scored in the yellow zone and 28 (48.3%) scored in the red zone.

[Appendix C, Table 30b. and Figure 12b.].

Food Insecurity Risk:

Of those who scored in the Red Zone

48.3% live in Riverside County

60.2% live in San Bernardino County

Transportation Risk SDOH

- Of the total responses (N=249): when looking at transportation risk, 195 (78.3%) scored in the green zone, 2 (0.8%) scored in the yellow zone and 52 (20.9%) scored in the red zone.

[Appendix C, Table 31. and Figure 13.].

Transportation Risk SDOH by Race

- Of the 105 families who identify as White and received a screening on Transportation Risk, 20 (19.0%) scored in the green zone, 3 (2.9%) scored in the yellow zone and 82 (78.1%) scored in the red zone.
- Of the 164 families who identify as Hispanic, 132 (80.5%) scored in the green zone, 2 (1.2%) scored in the yellow zone and 30 (18.3%) scored in the red zone.
- Of the 12 families who identify as multi-race, all 12 (100%) scored in the green zone. Of the 77 families who identify as Black or African American, 21 (27.3%) scored in the green zone, 15 (19.5%) scored in the yellow zone and 41 (53.2%) scored in the red zone.
- Of the 7 families who identify as Asian, 5 (71.4%) scored in the green zone and 2 (28.6%) scored in the red zone.

[Appendix C, Table 31a. and Figure 13a.].

Transportation Risk:

Of those who scored in the Red Zone, **20%** live in San Bernardino County and **22.4%** live in Riverside County.

Transportation Risk SDOH by County

- Of the 249 families who received a screening on Transportation Risk, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identify as living in San Bernardino County, 150 (78.9%) scored in the green zone, 2 (1.1%) scored in the yellow zone and 38 (20.0%) scored in the red zone.
- Of those living in Riverside County, 45 (77.6%) scored in the green zone and 13 (22.4%) scored in the red zone.

[Appendix C, Table 31b. and Figure 13b.].

Housing Risk SDOH

- Of the total responses (N=221): when looking at housing risk, 68 (31.9%) scored in the green zone, 64 (28.8%) scored in the yellow zone and 89 (39.4%) scored in the red zone.

[Appendix C, Table 32. and Figure 14.].

Housing Risk:

Of those who scored in the Red Zone, **39.4%** live in San Bernardino County and **33.3%** live in Riverside County.

Housing Risk SDOH by Race

- Of the 19 families who identify as White and received a screening on Housing Risk, 6 (31.6%) scored in the green zone, 5 (26.3%) scored in the yellow zone and 8 (42.1%) scored in the red zone.
- Of the 144 families who identify as Hispanic, 45 (31.3%) scored in the green zone, 42 (29.2%) scored in the yellow zone and 57 (39.6%) scored in the red zone.
- Of the 12 families who identify as multi-race, 6 (50.0%) scored in the green zone, 2 (16.7%) scored in the yellow zone and 4 (33.3%) scored in the red zone.
- Of the 34 families who identify as Black or African American, 10 (29.4%) scored in the green zone, 12 (35.3%) scored in the yellow zone and 12 (35.3%) scored in the red zone.
- Of the 6 families who identify as Asian, 1 (16.7%) scored in the green zone, 3 (50.0%) scored in the yellow zone and 2 (33.3%) scored in the red zone.

[Appendix C, Table 32a. and Figure 14a.].

Housing Risk SDOH by County

- Of the 221 families who received a screening on Housing Risk, 77% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified as living in San Bernardino County, 47 (27.6%) scored in the green zone, 56 (32.9%) scored in the yellow zone and 67 (39.4%) scored in the red zone.
- Of those living in Riverside County, 25 (49.0%) scored in the green zone, 9 (17.6%) scored in the yellow zone and 17 (33.3%) scored in the red zone.

[Appendix C, Table 32b. and Figure 14b.].

Ages and Stages Questionnaire (ASQ-3)

Completing a developmental screening can be both fun and educational. A screening can identify a child's strengths or areas where a child may need encouragement or support, provide new activities to try with the child, and help a parent/caregiver understand the skills the child may be learning at each new stage. Help Me Grow offers the ASQ -3 developmental questionnaires: Ages and Stages Questionnaire (ASQ-3). The CAP System utilizes the Brookes Publishing Company's Family Access subscription to disseminate the ASQ-3 screeners to families.

These screening tools can help parents discover their child's strengths and uncover any opportunities for growth. Results of the ASQ can assist parents and caregivers in talking with pediatricians, child care providers, teachers, and other professionals. The assessment also creates opportunities for referrals to resources as needed. The ASQ-3 assesses five major areas of development: communication, gross motor, fine motor, problem solving, and personal-social. This is available for children ages one month through 5 1/2 years.

Of the 803 clients served in FY 20-21, 100% received at least one age-appropriate screener. Of those disseminated to families, 347 responded to at least one ASQ 3 screening (43.2%). Pending the age of the child, they could have received multiple ASQs depending on their entry age. Potential reasons could be the parent declined, the child already had a diagnosis, and a screening was not necessary.

Of those that received an ASQ-3 (N=347,) 284 accessed it in English and 47 accessed it in Spanish. Two families completed the screening verbally over the telephone. The majority of those screened (N=347), were screened at the 54-month engagement point (N=69, 28.5%), 42-month engagement point (25.9%) and 6-month engagement point (19.8%). [Appendix D, Table 33.].

Table 34. Ages and Stages Questionnaire-3 (ASQ-3): Atypical Screening Percentage

ASQ-3 Screenings	Total number of Responses to Screening	Of the number of screenings, % that had an atypical score
Communication	341	25.90%
Fine Motor	337	8.30%
Personal Social	332	7.20%
Problem Solving	334	5.40%
Gross Motor	330	5.10%

Additionally, when looking at individual domains of the ASQ-3 screening, Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statistically more significantly (p=0.01) more likely to score atypical in communication compared to their race or neighbor counterparts. The other four domains did not display an association in race group or County.

Please note that there may be slight variances in the ASQ total number of screenings and total responses; such discrepancies such as the need for data standardization may have affected the mutually exclusive and non-duplicated data format.

Table 35. Ages and Stages Questionnaire (ASQ-3): Comprehensive List by Race

	Race	Below	Monitor	Above	Frequency
ASQ Communication Score	**White**	8 (12.1%)	3 (4.5%)	55 (83.3%)	**66**
	Hispanic	41 (19.5%)	20 (9.5%)	149 (71.0%)	**210**
	Multi-race	5 (62.5%)	0	3 (37.5%)	**8**
	Black or African American	0	3 (18.8%)	13 (81.3%)	**16**
	Unknown	0	1 (100%)	0	**1**
	Asian	1 (12.5%)	1 (12.5%)	6 (75.0%)	**8**
	Other	3 (14.3%)	4 (19.0%)	14 (66.7%)	**21**
ASQ Gross Motor Score	**Race**	**Below**	**Monitor**	**Above**	**Frequency**
	White	4 (6.1%)	10 (15.2%)	52 (78.8%)	**66**
	Hispanic	18 (8.6%)	26 (12.4%)	166 (79.0%)	**210**
	Multi-race	3 (37.5%)	0	5 (62.5%)	**8**
	Black or African American	0	3 (18.8%)	13 (81.3%)	**16**
	Unknown	0	0	1 (100%)	**1**
	Asian	2 (25.0%)	1 (12.5%)	5 (62.5%)	**8**
	Other	1 (4.8%)	4 (19.0%)	16 (76.2%)	**21**
ASQ Fine Motor Score	**Race**	**Below**	**Monitor**	**Above**	**Frequency**
	White	7 (10.6%)	11 (16.7%)	48 (72.7%)	**66**
	Hispanic	25 (12.0%)	33 (15.8%)	151 (72.2%)	**209**
	Multi-race	3 (37.5%)	1 (12.5%)	4 (50.0%)	**8**
	Black or African American	4 (25.0%)	4 (25.0%)	8 (50.0%)	**16**
	Unknown	0	1 (100%)	0	**1**
	Asian	0	1 (12.5%)	7 (87.5%)	**8**
	Other	5 (23.8%)	2 (9.5%)	14 (66.7%)	**21**

ASQ Personal Social Score	**Race**	**Below**	**Monitor**	**Above**	**Frequency**
	White	6 (9.4%)	8 (12.5%)	50 (78.1%)	**64**
	Hispanic	30 (14.3%)	21 (10.0%)	159 (75.7%)	**210**
	Multi-race	2 (25.0%)	1 (12.5%)	5 (62.5%)	**8**
	Black or African American	1 (6.3%)	1 (6.3%)	14 (87.5%)	**16**
	Unknown	0	0	1 (100%)	**1**
	Asian	1 (12.5%)	1 (12.5%)	6 (75.0%)	**8**
	Other	1 (4.8%)	7 (33.3%)	13 (61.9%)	**21**
ASQ Problem Solving	**Race**	**Below**	**Monitor**	**Above**	**Frequency**
	White	3 (4.5%)	4 (6.1%)	59 (89.4%)	**66**
	Hispanic	30 (14.3%)	31 (14.8%)	149 (71.0%)	**210**
	Multi-race	4 (50.0%)	0	4 (50.0%)	**8**
	Black or African American	1 (6.3%)	1 (6.3%)	14 (87.5%)	**16**
	Unknown	0	0	1 (100%)	**1**
	Asian	0	0	8 (100%)	**8**
	Other	1 (4.8%)	5 (23.8%)	15 (71.4%)	**21**

Table 35a. Ages and Stages Questionnaire (ASQ-3): Comprehensive List by County (Riverside County and San Bernardino County Only)

	County	Below	Monitor	Above	Frequency
ASQ Communication Score	**San Bernardino County**	42 (16.8%)	26 (10.4%)	182 (72.8%)	**250**
	Riverside County	15 (19.5%)	6 (7.8%)	56 (72.7%)	**77**
ASQ Gross Motor Score	**County**	**Below**	**Monitor**	**Above**	**Frequency**
	San Bernardino County	22 (8.8%)	34 (13.6%)	194 (77.6%)	**250**
	Riverside County	6 (7.8%)	10 (13.0%)	61 (79.2%)	**77**
ASQ Fine Motor Score	**County**	**Below**	**Monitor**	**Above**	**Frequency**
	San Bernardino County	35 (14.1%)	49 (19.7%)	165 (66.3%)	**249**
	Riverside County	9 (11.7%)	4 (5.2%)	64 (83.1%)	**77**
ASQ Personal Social Score	**County**	**Below**	**Monitor**	**Above**	**Frequency**
	San Bernardino County	32 (12.9%)	28 (11.2%)	189 (75.9%)	**249**
	Riverside County	9 (11.7%)	11 (14.3%)	57 (74.0%)	**77**
ASQ Problem Solving	**County**	**Below**	**Monitor**	**Above**	**Frequency**
	San Bernardino County	27 (10.8%)	34 (13.6%)	189 (75.6%)	**250**
	Riverside County	11 (14.3%)	7 (9.1%)	59 (76.6%)	**77**

ASQ-3 Communication Score

Of the total responses (N=341*): for ASQ Communication Score…

- 249 (73.0%) scored in the above zone,
- 59 (17.3%) scored in the below zone and
- 33 (9.7%) scored in the monitor zone.

[Appendix D, Table 36. and Figure 15.].

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Communication Score by Race

- Of the 66 families who identify as White, and received an ASQ Communication screening, 8 (12.1%) scored in the below zone, 3 (4.5%) scored in the monitor zone and 55 (83.3%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 41 (19.5%) scored in the below zone, 20 (9.5%) scored in the monitor zone and 149 (71.0%) scored in the above zone.
- Of the 8 families who identify as multi-race, 5 (62.5%) scored in the below zone and 3 (37.5%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 3 (18.8%) scored in the monitor zone and 13 (81.3%) scored in the above zone.
- Of the 8 families who identify as Asian, 1 (12.5%0 scored in the below zone, 1 (12.5%) scored in the monitor zone and 6 (75.0%) scored in the above zone.

[Appendix D, Table 36a. and Figure 15a.].

ASQ-3 Communication:

Overall, 17.3% scored in the Below Zone

San Bernardino County:
Below Zone: 16.8%
Monitor Zone: 10.4%

Riverside County:
Below Zone: 19.5%
Monitor Zone: 7.8%

ASQ-3 Communication Score by County

- Of the 340 families who received an ASQ Communication screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 42 (16.8%) scored in the below zone, 26 (10.4%) scored in the monitor zone and 182 (72.8%) scored in the above zone.
- Of those living in Riverside County, 15 (19.5%) scored in the below zone, 6 (7.8%) scored in the monitor zone and 56 (72.7%) scored in the above zone.

[Appendix D, Table 36b. and Figure 15b.].

ASQ-3 Gross Motor Score

Of the total responses (N=330*): for ASQ Gross Motor Score…

- 260 (78.2%) scored in the above zone,
- 27 (8.7%) scored in the below zone and
- 43 (13.1%) scored in the monitor zone.

[Appendix D, Table 37. and Figure 15.]

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Gross Motor:

Overall, 8.7% scored in the Below Zone

San Bernardino County:
Below Zone: 8.8%
Monitor Zone: 13.6%

Riverside County:
Below Zone: 7.8%
Monitor Zone: 13.0%

ASQ-3 Gross Motor Score by Race

- Of the 66 families who identify as White and received an ASQ Gross Motor screening, 4 (6.1%) scored in the below zone, 10 (15.2%) scored in the monitor zone and 52 (78.8%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 18 (8.6%) scored in the below zone, 26 (12.4%) scored in the monitor zone and 166 (79.0%) scored in the above zone.
- Of the 8 families who identify as multi-race, 3 (37.5%) scored in the below zone and 5 (62.5%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 3 (18.8%) scored in the monitor zone and 13 (81.3%) scored in the above zone.
- Of the 8 families who identify as Asian, 2 (25.0%) scored in the below zone, 1(12.5%) scored in the monitor zone and 5 (62.5%) scored in the above zone.

[Appendix D, Table 37a. and Figure 15a.]

ASQ-3 Gross Motor Score by County

- Of the 330 families who received an ASQ Gross Motor screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 22 (8.8%) scored in the below zone, 34 (13.6%) scored in the monitor zone and 194 (77.6%) scored in the above zone.
- Of those living in Riverside County, 6 (7.8%) scored in the below zone, 10 (13.0%) scored in the monitor zone and 61 (79.2%) scored in the above zone.

[Appendix D, Table 37b. and Figure 15b.]

ASQ-3 Fine Motor Score

- Of the total responses (N=337*): for ASQ-3 Fine Motor Score, 237 (70.3%) scored in the above zone, 45 (13.4%) scored in the below zone and 55 (16.3%) scored in the monitor zone.

[Appendix D, Table 38. and Figure 16.].

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Fine Motor by Race

- Of the 66 families who identify as White and received an ASQ Fine Motor screening, 7 (10.6%) scored in the below zone, 11 (16.7%) scored in the monitor zone and 48 (72.7%) scored in the above zone.
- Of the 209 families who identify as Hispanic, 25 (12.0%) scored in the below zone, 33 (15.8%) scored in the monitor zone and 151 (72.2%) scored in the above zone.
- Of the 8 families who identify as multi-race, 3 (37.5%) scored in the below zone, 1 (12.5%) scored in the monitor zone and 4 (50.0%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 4 (25.0%) scored in the below zone, 4 (25.0%) scored in the monitor zone and 8 (50.0%) scored in the above zone.
- Of the 8 families who identify as Asian, 1 (12.5%) scored in the monitor zone and 7 (87.5%) scored in the above zone.

[Appendix D, Table 38a. and Figure 16a.].

ASQ-3 Fine Motor by County

- Of the 337 families who received an ASQ Fine Motor screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 35 (14.1%) scored in the below zone, 49 (19.7%) scored in the monitor zone and 165 (66.3%) scored in the above zone.
- Of those living in Riverside County, 9 (11.7%) scored in the below zone, 4 (5.2%) scored in the monitor zone and 64 (83.1%) scored in the above zone.

[Appendix D, Table 38b. and Figure 16b.].

ASQ-3 Fine Motor:

Overall, 13.4% scored in the Below Zone

San Bernardino County:
Below Zone: **14.1%**
Monitor Zone: **19.7%**

Riverside County:
Below Zone: **11.7%**
Monitor Zone: **5.2%**

ASQ-3 Personal Social Score

- Of the total responses (N=332*): for ASQ Personal Social Score, 252 (75.9%) scored in the above zone, 41 (12.3%) scored in the below zone and 39 (11.7%) scored in the monitor zone.

[Appendix D, Table 39. and Figure 16.].

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Personal Social Score by Race

- Of the 64 families who identify as White and received an ASQ Personal Social screening, 6 (9.4%) scored in the below zone, 8 (12.5%) scored in the monitor zone and 50 (78.1%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 30 (14.3%) scored in the below zone, 21 (10.0%) scored in the monitor zone and 159 (75.7%) scored in the above zone.
- Of the 8 families who identify as multi-race, 2 (25.0%) scored in the below zone, 1 (12.5%) scored in the monitor zone and 5 (62.5%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 1 (6.3%) scored in the below zone, 1 (6.3%) scored in the monitor zone and 14 (87.5%) scored in the above zone.
- Of the 8 families who identify as Asian, 1 (12.5%0 scored in the below zone, 1 (12.5%) scored in the monitor zone and 6 (75.0%) scored in the above zone.

[Appendix D, Table 39a. and Figure 16a.].

ASQ-3 Personal Social:

Overall, 12.3% scored in the Below Zone

San Bernardino County:
Below Zone: 12.9%
Monitor Zone: 11.2%

Riverside County:
Below Zone: 11.7%
Monitor Zone: 14.3%

ASQ-3 Personal Social Score by County

- Of the 332 families who received an ASQ Personal Social screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 32 (12.9%) scored in the below zone, 28 (11.2%) scored in the monitor zone and 189 (75.9%) scored in the above zone.
- Of those living in Riverside County, 9 (11.7%) scored in the below zone, 11 (14.3%) scored in the monitor zone and 57 (74.0%) scored in the above zone.

[Appendix D, Table 39b. and Figure 16b.].

ASQ-3 Problem Solving Score

Of the total responses (N=334*): for ASQ Problem Solving Score…

- 251 (75.1%) scored in the above zone,
- 39 (11.7%) scored in the below zone and
- 44 (13.2%) scored in the monitor zone.

[Appendix D, Table 40. and Figure 17.]

*Some participants did not complete the entirety of the screening; therefore, the response rate differs throughout the domains.

ASQ-3 Problem Solving Score by Race

- Of the 66 families who identify as White and received an ASQ Problem Solving screening, 3 (4.5%) scored in the below zone, 4 (6.1%) scored in the monitor zone and 59 (89.4%) scored in the above zone.
- Of the 210 families who identify as Hispanic, 30 (14.3%) scored in the below zone, 31 (14.8%) scored in the monitor zone and 149 (71.0%) scored in the above zone.
- Of the 8 families who identify multi-race, 4 (50.0%) scored in the below zone and 4 (50.0%) scored in the above zone.
- Of the 16 families who identify as Black or African American, 1 (6.3%) scored in the below zone, 1 (6.3%) scored in the monitor zone and 14 (87.5%) scored in the above zone.
- Of the 8 families who identify as Asian, all 8 (100%) scored in the above zone.

[Appendix D, Table 40a. and Figure 17a.].

ASQ-3 Problem Solving Score by County

- Of the 334 families who received an ASQ Problem Solving screening, 76% of the families reside in San Bernardino County and 23% in Riverside County.
- Of those who identified living in San Bernardino County, 27 (10.8%) scored in the below zone, 34 (13.6%) scored in the monitor zone and 189 (75.6%) scored in the above zone.
- Of those living in Riverside County, 11 (14.3%) scored in the below zone, 7 (9.1%) scored in the monitor zone and 59 (76.6%) scored in the above zone.

[Appendix D, Table 40b. and Figure 17b.].

ASQ-3 Problem Solving:

Overall, 11.7% scored in the Below Zone

San Bernardino County:
Below Zone: 10.8%
Monitor Zone: 13.6%

Riverside County:
Below Zone: 14.3%
Monitor Zone: 9.1%

ASQ SE-2

Ages and States Questionnaire: Social and Emotional Developmental Screening (ASQ SE-2) is a set of questionnaires about children's social-emotional development from 2 to 60 months which can be self-administered by parents/caregivers. Doing this screening provides a quick look at how children are doing in important areas, such as self-regulation, communication, autonomy, compliance, adaptive functioning, affect, and interaction with people. ASQ SE-2 can help identify young children at risk for social or emotional difficulties. The CAP System utilizes the Brookes Publishing Company's Family Access subscription to disseminate the ASQ SE-2 screeners to families.

- A total of 291 children received an ASQ-2 screening of which 73% displayed "no concern", 11% noted "monitor" and 15% displayed "concern."

- Of those who completed an ASQ SE-2, 183 identified as Hispanic/Latino (63%) of which 140 (77%) displayed an atypical result (monitor or concern).

- No statistically significant differences were found between geographic location and an ASQ-SE 2 score.

ASQ SE-2 Completion Engagement Point

Of the total responses (N=291) for the ASQ SE-2 Completion Engagement Point, the majority indicated completed the ASQ-SE2 at the 48-month engagement point (N=129,43.7%) and the 60-month engagement point (N=116, 39.3%). [Appendix D, Figure 18.]

ASQ SE-2 Score

Of the total responses (N=291): for ASQ SE-2 Score…

- 44 (15.1%) scored in the concern zone,
- 32 (11.0%) scored in the monitor zone and
- 215 (73.9%) scored in the no concern zone.

[Appendix D, Table 41. and Figure 19.]

Of the total families screened for ASQ SE-2:

Overall, 15.1% scored in concern zone

San Bernardino County:
Below Zone: 10.8%
Monitor Zone: 13.6%

Riverside County:
Below Zone: 14.3%
Monitor Zone: 9.1%

ASQ SE-2 Score by Race

- Of the 50 families who identify as White and received an ASQ SE-2 screening, 7 (14.0%) scored in the concern zone, 4 (8.0%) scored in the monitor zone and 39 (78.0%) scored in the no concern zone.

- Of the 195 families who identify as Hispanic, 25 (12.8%) scored in the concern zone, 21 (10.8%) scored in the monitor zone and 149 (91.7%) scored in the no concern zone.

- Of the 12 families who identify as multi-race, 1 (8.3%) scored in the concern zone and 11 (91.7%) scored in the no concern zone.

- Of the 20 families who identify as Black or African American, 5 (25.0%) scored in the concern zone, 2 (10.0%) scored in the monitor zone and 13 (65.0%) scored in the no concern zone.

- Of the 1 family who identify as Asian, all1 (100%) scored in the monitor zone.

[Appendix D, Table 41a. and Figure 19a.]

ASQ SE-2 Score by County

- Of the 291 families who received an ASQ SE-2 screening, 91% of the families reside in San Bernardino County and 9% in Riverside County.

- Of those who identified living in San Bernardino County, 27 (10.8%) scored in the below zone, 34 (13.6%) scored in the monitor zone and 189 (75.6%) scored in the above zone.

- Of those living in Riverside County, 11 (14.3%) scored in the below zone, 7 (9.1%) scored in the monitor zone and 59 (76.6%) scored in the above zone.

[Appendix D, Table 41b. and Figure 19b.]

Oral Health Screen

Of the total responses (N=206): for oral health screening, 18 (8.7%) completed the screening and 188 (91.3%) declined the screening. Families are given a tip sheet and referred to a dental home for continuity of care. [Appendix D, Table 42. and Figure 20.].

Discussion

Understanding the needs of children and families in our community is crucial to determine appropriate interventions to address the most pressing local inequities and improve outcomes for children and families. Help Me Grow Inland Empire aims to address the most common struggles for parents of young children to ensure that resource investment will be timely, accessible, and helpful to those who need it most. Reducing inequity begins by building upon the existing strengths and resources in a community. Through better coordination among services, consistent data tracking, and targeted efforts to address resource gaps, a local Help Me Grow system aims to strengthen the support system for all parents and improve early childhood outcomes. These efforts have become more crucial than ever in 2020, as many families faced increased health and economic hardships due to the COVID-19 pandemic (Ahmed, Ahmed, & Stiglitz, 2020). How the pandemic will impact the data indicators for children in our community remains to be seen in the coming years. Despite pandemic-related challenges in data collection, the available data guided the team's focus toward efforts in key communities and expressed needs. The onset of the COVID-19 pandemic has exacerbated the impact and importance of SDOH (Dunn, Kenney, & Bleish, 2020). To assist members during this time, there has been renewed focus around SDOH and providing updated guidance on how to identify and respond to those needs.

Research shows that health outcomes are driven by an array of factors, including underlying genetics, health behaviors, social and environmental factors, and health care (Evans & Kim, 2013). Currently, there is no consensus in the research on the magnitude of the relative contributions of each of these factors to health. Studies suggest that health behaviors, such as stress, housing instability, food insecurity, smoking, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape individuals' health behaviors. For example, children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library. Further, evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts (Karoly, Kilburn & Cannon, 2005). Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Engaged partnerships are a crucial part of the referral system of HMGIE. Engaged community partnerships are supportive relationships between programs and other community agencies. Partners value and nurture relationships. Each partner looks for ways to strengthen the partnership. Partners seek to understand each other's goals, perspectives, strengths, and challenges. Communication between community partners is regular and responsive. The goals of each partner are best met through their work with each other. Together, they share leadership and assess effectiveness to inform continuous learning and improve the quality of their partnership. As HMGIE comes out of its pilot year, sustaining, strengthening, and growing these partnerships is crucial for ongoing collaboration and thoughtful partnership.

Based on the analysis above, it is apparent that certain race and ethnicity groups are accessing these services at a higher rate than their counterparts. This is mainly because this was considered a HMGIE pilot year and clinics for entry and referrals were verified as chosen based on existing

relationships and partnerships. However, there is an opportunity to expand CAP referral systems for both counties to go beyond just existing partnerships, even within the hospital systems. Data can be used to identify areas for growth and lack of direct access at this time and consider future partnership with those clinics to enroll families.

There continues to be growing recognition of the relationship between neighborhoods and health, with zip code understood to be a stronger predictor of a person's health than their genetic code. A number of initiatives focus on implementing coordinated strategies across different sectors in neighborhoods with social, economic, and environmental barriers that lead to poor health outcomes and health disparities.

Overall, 13.6% of participants self-identified as White/Caucasian, 9.6% as Black/African/African American and 62.9% as Hispanic/Latino. Areas to further explore include 1) Developing new methods of engagement that can lead to improved access for race/ethnicity groups focused on child safety, growth and development and family well-being and permanency outcomes, 2) Augmenting or developing their best practice skills in client engagement and 3) Understanding cultural differences and reasons for attrition and tactics for retention.

Given the deeper level of analysis, we also know that Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statically more significantly ($p=0.01$) more likely to score atypical in communication compared to their race or neighbor counterparts. Additionally, when looking at individual domains of the SDOH screening, Hispanic/Latino self-identified families/clients living in San Bernardino County (as opposed to Riverside County) were statistically more significantly ($p=0.05$) more likely to score atypical in food insecurity, financial strain, transportation risk and housing risk, compared to their race or neighbor counterparts. This further confirms that children's health and development outcomes follow a social gradient: the further up the socioeconomic spectrum, the better likely the outcomes and access to resources. Early childhood, particularly the first 5 years of life, impacts long–term social, cognitive, emotional, and physical development (Anderson, Shinn, Fullilove, Scrimshaw, Fielding et al., 2003). Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond (Arnold & Doctoroff, 2003). Early childhood development and education opportunities are affected by various environmental and social factors (Currie, 2005; Evans & Kim, 2013).

Limitations

The data reporting and evaluation for the first year is complete, creating a uniform and centralized snapshot of Help Me Grow Inland Empire. One of the emerging challenges in analyzing the data is the need for standardization across the two databases. Data information collected from the Centralized Access Point (CAP) and Electronic Data Systems (EDS), when merged appear to have different standardized scales due to entry methods. This is a struggle across all electronic health records as categories are defined differently. Without defined definitions, it is difficult to compare outcomes. As a result, this challenge becomes a missed opportunity to present data, but highlights the opportunities ahead.

Perhaps the largest limitation discovered is that most of the data identified was 'not applicable'. Having large gaps in data may underrepresent information of the population and possible correlations with other data collected. Furthermore, with such many 'not applicable' responses it becomes another missed opportunity to present data. An example is the following: Social Determinants of Health questionnaire required several answers in a single category to give a composite score. If however, the family only answered two of the four questions, a score could not be determined, which resulted in a 'not applicable' response. Part of the next steps should be to further determine how to change collection of information to reduce a 'not applicable' response.

Another consideration is the COVID-19 Pandemic which may have had a potential impact of the data collected during this fiscal year. However, this information will not become clear until resolution of the Pandemic subsides, and data collected in the future is compared against the data presented in this report. Epidemics or pandemics, such as COVID-19, produce potential risks to child development due to the risk of illness, protective confinement, social isolation, and the increased stress level of parents and caregivers. This situation becomes an adverse childhood experience and may generate toxic stress, with consequent potential losses for brain development, individual and collective health, with long-term impairment of cognition, mental and physical health. Studies to improve the understanding of the impact of epidemics and pandemics such as COVID-19 on children's mental health and development can help to guide strategies to prevent damage to children's growth and promote positive development.

Next Steps

Gaps:

Future recommendations for Help Me Grow Inland Empire include utilizing the data collected during fiscal year 2020-2021 to identify and address resource gaps. In identifying these resource areas there is a opportunity and potential to strengthening early emerging community support system. In addition, it is also recommended to highlight areas of strength in the community, continue to implement strategies and techniques for best practices to model. By recognizing in the different communities, the varying gaps in resources, emerging new resources, and models of best practices, the full scope of social care and developmental services can support families.

System Categories:

HMGIE is targeting the collection process of data through a similar assignment of categories that will stretch into this new fiscal year. Standardization allows data to become easily accessible for reporting and comparative analyses. HMGIE recognizes the challenge in collecting complete data as the mechanism in the EDS is a different workflow in contrast to the CAP. While the category classifications are important, it is recommended to be sensitive to a collection opportunity with qualitative data to provide space for 'other' responses. This would provide an opportunity to receive information from families to give guidance for future efforts to support our community resources.

Early Developmental Risk:

Early childhood development and education are key determinants of future health and well–being (Magnuson & Waldfogel, 2005; Shonkoff & Phillips, 2000). Addressing the disparities in access to early childhood development and education opportunities can greatly bolster young children's future health outcomes (Hahn, Rammohan, Truman, Milstein, Johnson, et al. 2014; Noble, McCandliss & Farah, 2007). Often the "slightly behind" child's developmental risk is overlooked. HMGIE has an opportunity to create the connection for families to early enrichment opportunities with system partners. The COVID-19 pandemic exacerbated already existing health disparities for a broad range of populations, but specifically for people of color as a child is not followed for marginal results in developmental testing due to health access. In the state of California, addressing the 'Pre-School for All' concept is critical for HMGIE involvement to advance and build upon.

Disparities:

The association of social inequalities and COVID-19 morbidity is further compounded in the context of underlying chronic conditions. One example of a chronic health condition is asthma, where there is a possible additive, or even multiplicative, effect on COVID-19 morbidity. Several adverse social determinants that impact the risk of COVID-19 morbidity also increase asthma morbidity, including poverty and smoke exposure. These additional health data sources will allow HMGIE to determine additional needs of families and link them to services. Additional information from other screening options and reports could be helpful for identifying chronic stress conditions: Adverse Childhood Experiences (ACES)/ Pediatric ACEs and Related Life-events Screener (PEARLS) – for caregivers/parents and child. Additional research is needed to increase the evidence base for successful impact on childhood development and education when controlling or accounting for disparity resilience and chronic health conditions. This additional evidence will facilitate public health efforts to address early childhood development and education as social determinants of health. Additional evidence and analysis of social determinants of health will facilitate public health efforts to address early childhood development and education.

Community and Provider Engagement:

As the network of community and provider partners grow, it will be beneficial to create a bidirectional feedback mechanism. Staff and providers know their communities, and many are members of the communities they serve. They collaborate with families, community members, and other local agencies to identify common goals, align resources, and share data for continuous improvement and effective partnerships. The engagement of community partners and providers can assist in further identifying the needs of diverse communities that might speak beyond data. Additionally, it would be valuable to explore what constitutes a provider who might be hesitant to initiate an ASQ Screening. Understanding this would serve as an opportunity to establish a standardized protocol to ensure that all children receive the necessary ASQ screenings, even beyond age thirty-six months of testing with Well-Child visits.

Family Engagement:

A consistent, uniform family and client engagement satisfaction survey process could assist in understanding how families see the benefits of HMGIE with a focus on understanding of their child's development, knowledge of available services, connection to services, and ability to advocate for their child's improvement because of HMGIE. Questions asked of families could target and inform the ways that HMGIE helped to resolve caregivers' concerns about the development, learning, or behavior of children, and facilitate access to appropriate services to address identified needs.

Health In All Policies:

Lastly, the effort of data collection through HMGIE is an adjunct effort that supports the "Health in All Policies" philosophy. It engages diverse partners and stakeholders to work together to promote health, equity, and sustainability. A consequence of the integrated work leads to simultaneously advancing other goals such as promoting job creation and economic stability, transportation access and mobility, and improved educational attainment. T**his consideration for decision making across sectors and policy areas,** identifies the ways in which multiple systems affect health, how improved health can also support the intersection of goals from multiple sectors (Puska, 2007.). State and local funders along with service providers could join through task forces and workgroups focused on bringing together leaders across agencies and the community to collaborate and prioritize health as a focus.

Appendix A:
Evaluation Question #1: Demographic Comprehensive Tables and Figures

Table 1. Client County Residency

County	Frequency	Percentage
Los Angeles	3	0.4%
San Bernardino	606	75.5%
Riverside	192	23.9%
Other	2	0.2%
Total	803	100%

Table 2a. Comprehensive Zip Code List

Type of Resource Provided	Frequency	Percentage
Bottle Weaning Tips, Nutrition Tips, IEHP Classes	1	0.1%
Breast Pump Info	1	0.1%
Clothing Distribution	1	0.1%
Distance Learning Resources	2	0.3%
Distance Learning Tips	4	0.5%
CA Lifeline	1	0.1%
Edison #, Gas #	1	0.1%
Employment Resources	2	0.3%
N/A	544	68.3%
Food Pantries	103	12.9%
Food Pantries (diapers)	1	0.1%
Food Pantries, Child Support Office	2	0.3%
Food Pantries, CPR classes	1	0.1%
Food Pantries, Distance Learning tips	2	0.3%
Food Pantries, Employment Resources	1	0.1%
Food Pantries, IEHP Classes, TAD contact info	1	0.1%
Food Pantries, IEHP Transportation	2	0.3%
Food Pantries, Insurance Transport	18	2.3%
Food Pantries, Perris Housing Authority	1	0.1%
Food Pantries, Riverside Housing Authority	1	0.1%
Food Pantries, Riverside HUD	2	0.3%
Food Pantries, SB HUD	6	0.8%
Food Pantries, SB HUD, Insurance Transport	1	0.1%
Food Pantries, Shelters	4	0.5%
Nutrition Tips	1	0.1%
Parenting Tips, Toilet Training Tips, Food Pantries	1	0.1%

Physical Activity Resources	1	0.1%
Physical Activity Resources, Food Pantries	1	0.1%
Physical Activity Resources, Nutrition Tips	1	0.1%
Positive Behavior Intervention Support Tips	1	0.1%
Positive Behavior Intervention Tips	3	0.4%
Positive Behavior Intervention Tips, Feeding Tips	1	0.1%
Positive Behavior Intervention Tips, Nutrition Tips, Sleep Tips	1	0.1%
Postpartum Hotline	1	0.1%
Potty Training Tip Sheet	1	0.1%
Riverside HUD	3	0.4%
Riverside HUD , Insurance Transport, Food Pantries	2	0.3%
Riverside HUD, Shelters	1	0.1%
Riverside HUD, Transitional Housing	2	0.3%
SB HUD	6	0.8%
SB HUD, Bottle Weaning Tips	1	0.1%
SB HUD, Food Pantries (diapers), Transitional Housing, Shelters, IEHP Classes	1	0.1%
SB HUD, Food Pantries, IEHP Classes	1	0.1%
SB HUD, IEHP classes	1	0.1%
SB HUD, Riverside HUD, Food Pantries	1	0.1%
SB HUD, Shelters	3	0.4%
SB HUD, Transitional Housing, Shelters, IEHP Classes	2	0.3%
Shelters	6	0.8%
United Way 211	2	0.3%
Food Pantries, Insurance Transport, Shelters	2	0.3%
Food Pantries, Insurance Transport, Transitional Housing, Shelters	1	.1%
Food Pantries, Transitional Housing	2	0.3%
FQHC Information	1	0.1%
HMGLA, Food Pantries	1	0.1%
IEHP Enrollment	1	0.1%
IEHP Transportation	1	0.1%
Insurance Transport	8	1.0%
Insurance Transport, Food Pantries	3	0.4%
Insurance Transport, SB HUD	7	0.9%

Insurance Transport, SB HUD, Food Pantries	2	0.3%
Insurance Transport, SB HUD, Shelters	4	0.5%
Insurance Transport, Shelters	1	0.1%
LLUCH Department #	1	0.1%
Physical Activity Resources	1	.1%
Shelters, CA Lifeline, Clothing Distribution	1	0.1%
Shelters, Employment	1	0.1%
Substance Abuse Programs	1	0.1%
Thrift Stores (furniture)	1	0.1%
Transitional Housing	5	0.6%
Food Pantries, Nutrition Tips	3	0.4%
Total	796	100%

Table 3. Program Entry Date (First Encounter)

Program Entry Date	Frequency	Percentage
July 2020	77	9.6%
August 2020	58	7.2%
September 2020	60	7.5%
October 2020	74	9.2%
November 2020	55	6.8%
December 2020	44	5.5%
January 2021	56	7%
February 2021	102	12.7%
March 2021	81	10.1%
April 2021	91	11.3%
May 2021	50	6.2%
June 2021	55	6.8%
Total	803	100%

Figure 3. Method of Program Entry

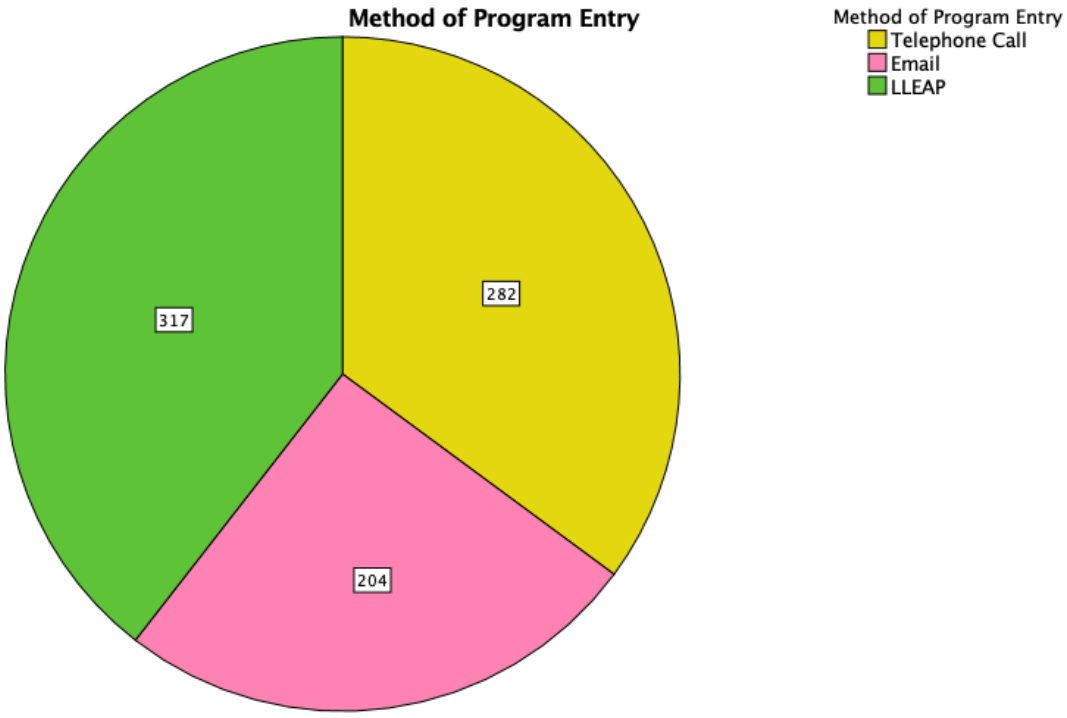


Table 4. Method of Program Entry

Method of Program Entry	Frequency	Percentage
Telephone Call	282	35.%
Email	204	25.4%
EDS (LLEAP)	317	39.5%
Total	803	100%

Figure 4. Referral Source

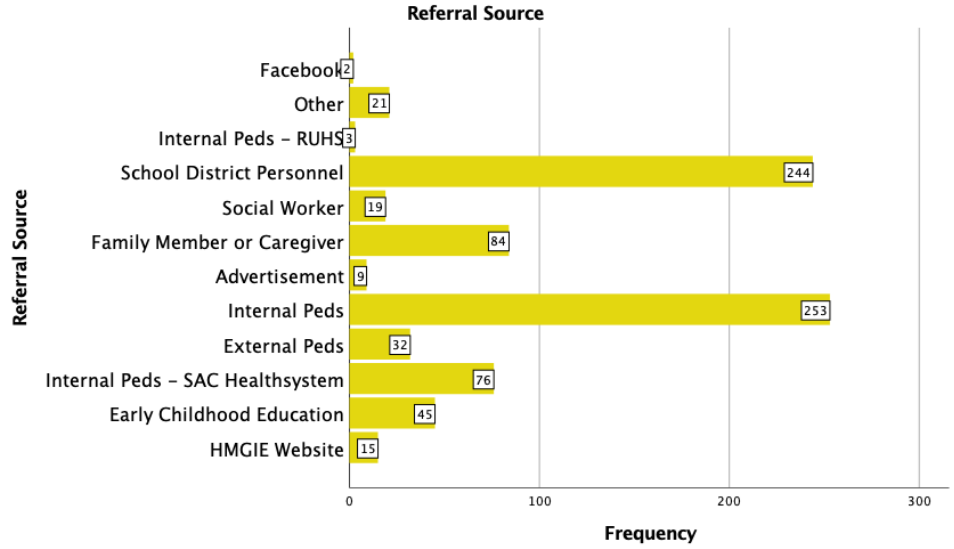


Table 5. Referral Source

Referral Source	Frequency	Percentage
HMGIE Website	15	1.9%
Early Childhood Education	45	5.6%
Internal Peds - SAC Health system	76	9.5%
External Peds	32	4.0%
Internal Peds	253	31.5%
Advertisement	9	1.1%
Family Member or Caregiver	84	10.5%
Social Worker	19	2.4%
School District Personnel	244	30.4%
Internal Peds - RUHS	3	0.4%
Other	21	2.6%
Facebook	2	0.2%
Total	803	100%

Figure 5. Caller Relationship to Client

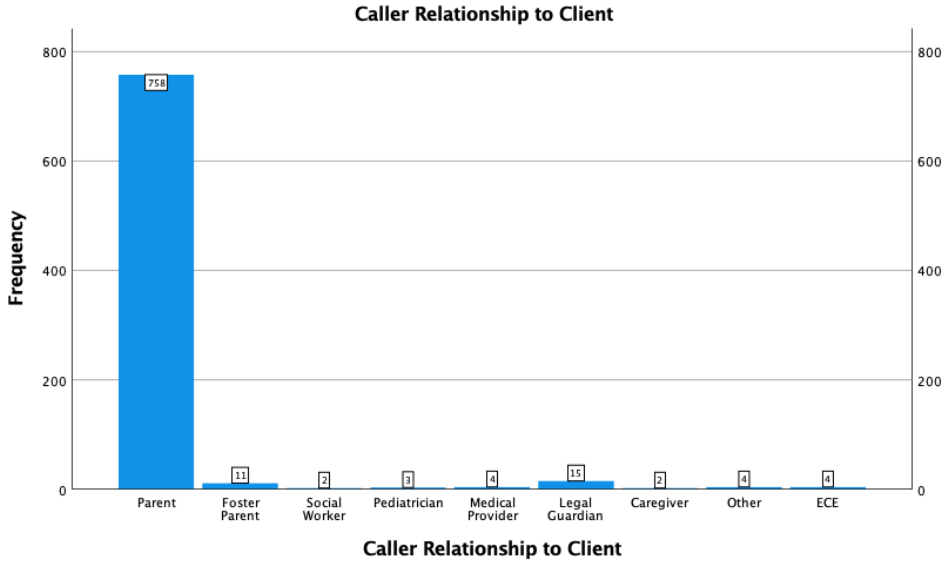


Table 6. Caller Relationship to Client

Caller Relationship to Client	Frequency	Percentage
Parent	758	94.4%
Foster Parent	11	1.4%
Social Worker	2	0.2%
Pediatrician	3	0.4%
Medical Provider	4	0.5%
Legal Guardian	15	1.9%
Caregiver	2	0.2%
Other	4	0.5%
ECE	4	0.5%
Total	803	100%

Figure 6. Client Gender

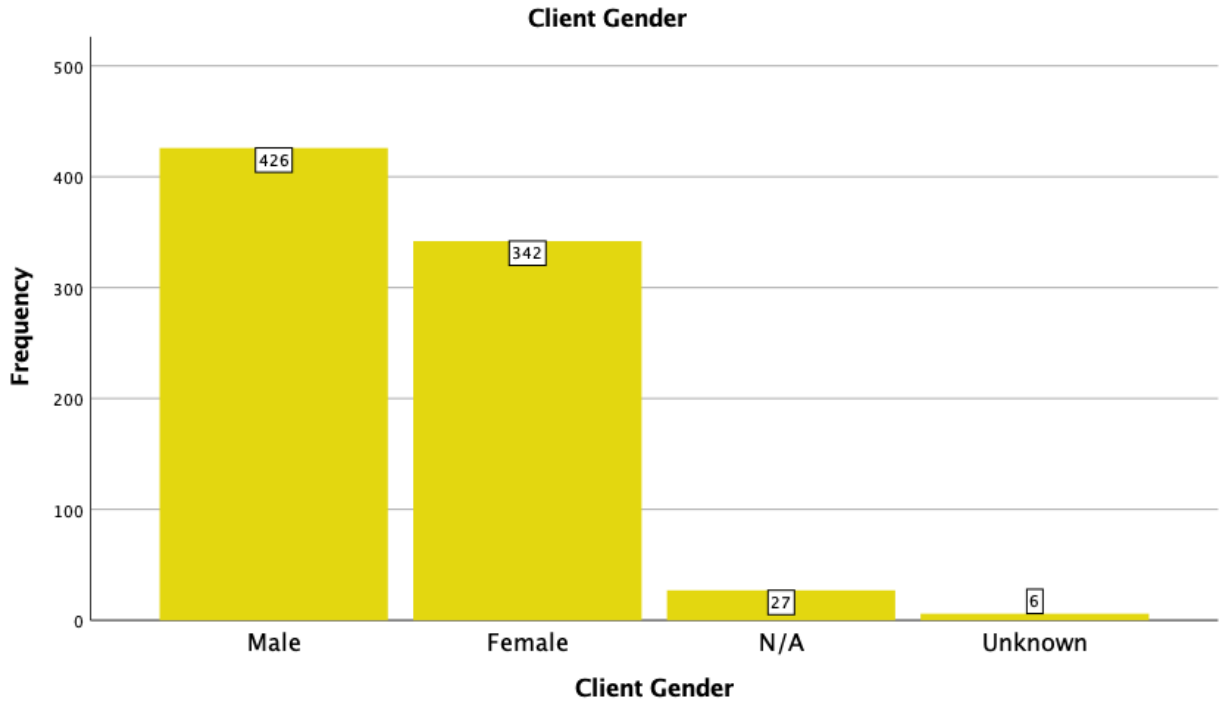


Table 7. Client Gender

Client Gender	Frequency	Percentage
Male	426	53.2%
Female	342	42.7%
N/A	27	3.4%
Unknown	6	0.7%
Total	801	100%

Figure 6. Client Gender

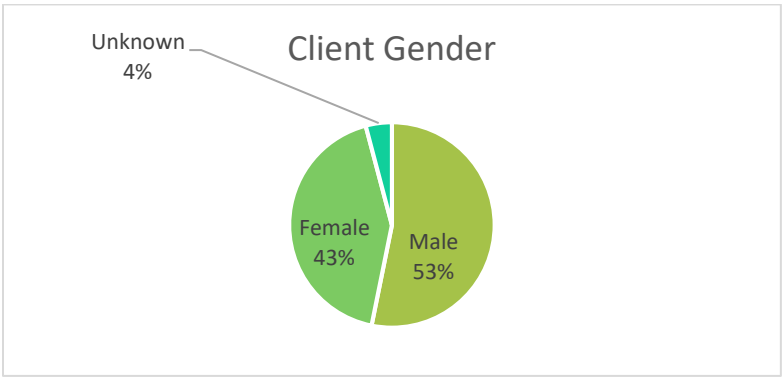


Figure 7. Client Race/Ethnicity

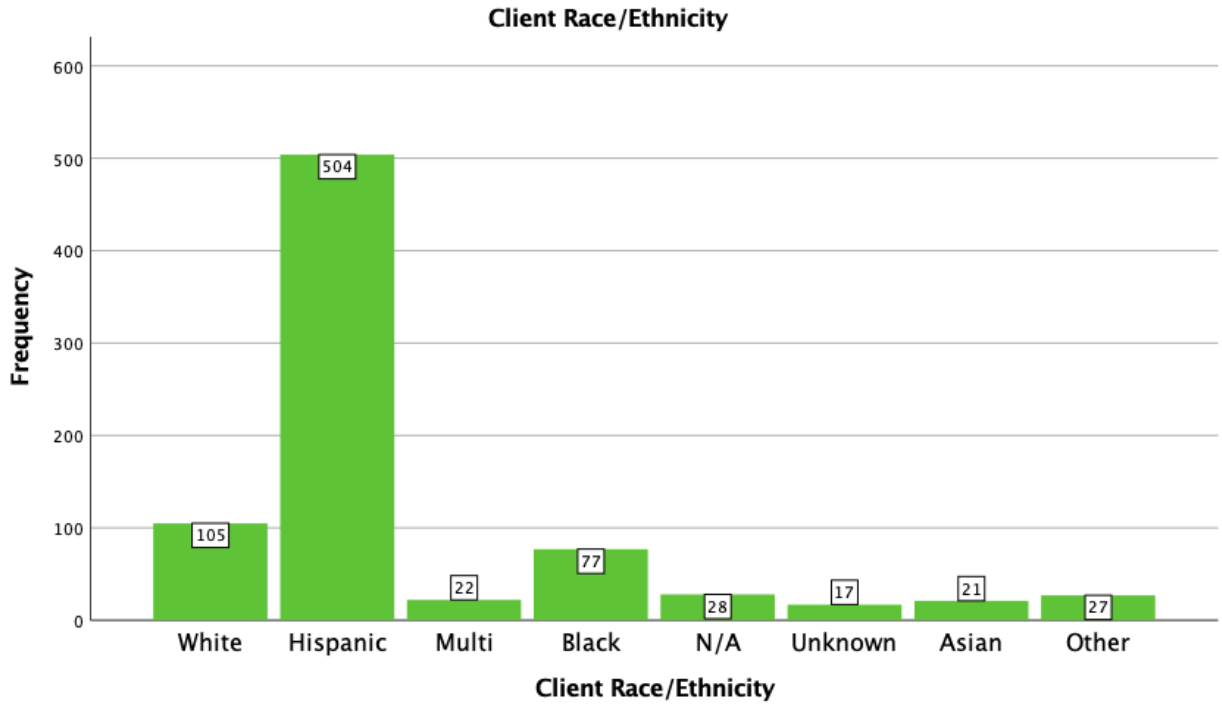


Table 8. Client Race/Ethnicity

Client Race/Ethnicity	Frequency	Percentage
White	105	13.1%
Hispanic	504	62.9%
Multi*	22	2.7%
Black	77	9.6%
N/A	28	3.5%
Unknown	17	2.1%
Asian	21	2.6%
Other	27	3.4%
Total	801	100%

*Clients that were more than one race/ethnicity were categorized as “multi”.

Figure 8. Child Age in Years (at program entrance)

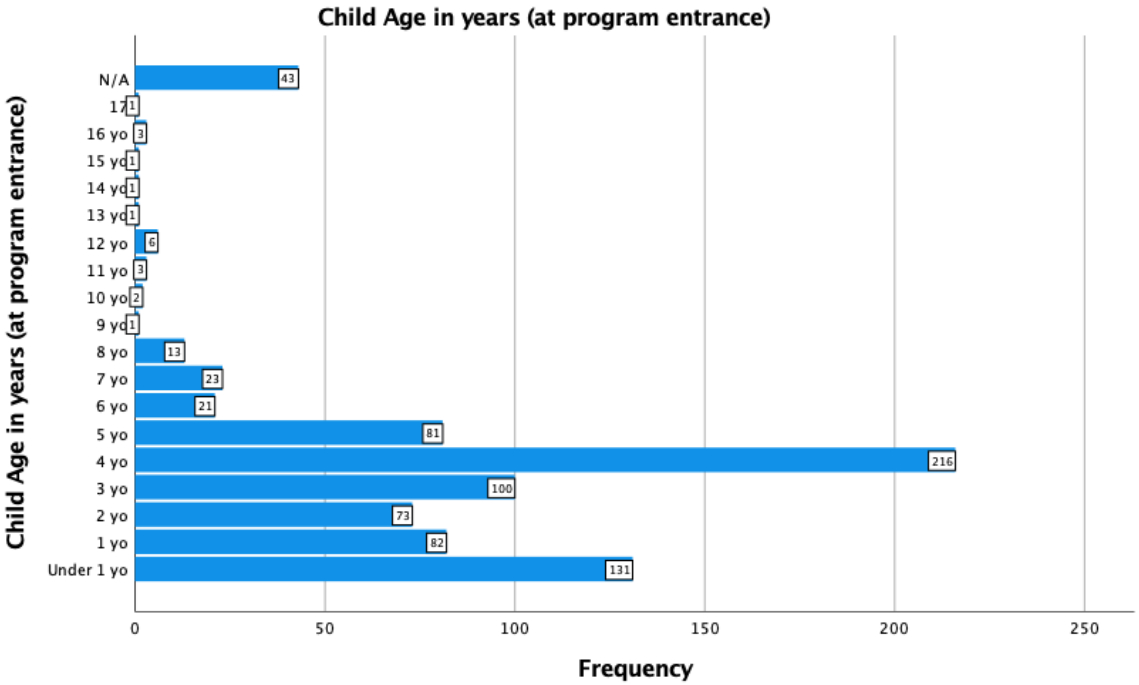


Table 9. Top Ten Child Age in Years (at program entrance) list

Child Age in Years (at program entrance)	Frequency	Percentage
4 yo	216	26.9%
Under 1 yo	131	16.3%
3 yo	100	12.5%
1 yo	82	10.2%
5 yo	81	10.1%
2 yo	73	9.1%
N/A	43	5.4%
7 yo	23	2.90%
6 yo	21	2.6%
8 yo	13	1.6%
Total*	802	100%

Table 9a. Comprehensive Child Age in Years (at program entrance) list

Child Age in Years (at program entrance)	Frequency	Percentage
Under 1 yo	131	16.3%
1 yo	82	10.2%
2 yo	73	9.1%
3 yo	100	12.5%
4 yo	216	26.9%
5 yo	81	10.1%
Total*	802	100.0%
6 yo	21	2.6%
7 yo	23	2.9%
8 yo	13	1.6%
9 yo	1	0.1%
10 yo	2	0.2%
11 yo	3	0.4%
12 yo	6	0.7%
13 yo	1	0.1%
14 yo	1	0.1%
15 yo	1	0.1%
16 yo	3	0.4%
17	1	0.1%
N/A	43	5.4%
Total	802	100.0%

Figure 9. Child Age in Months (at program entrance)

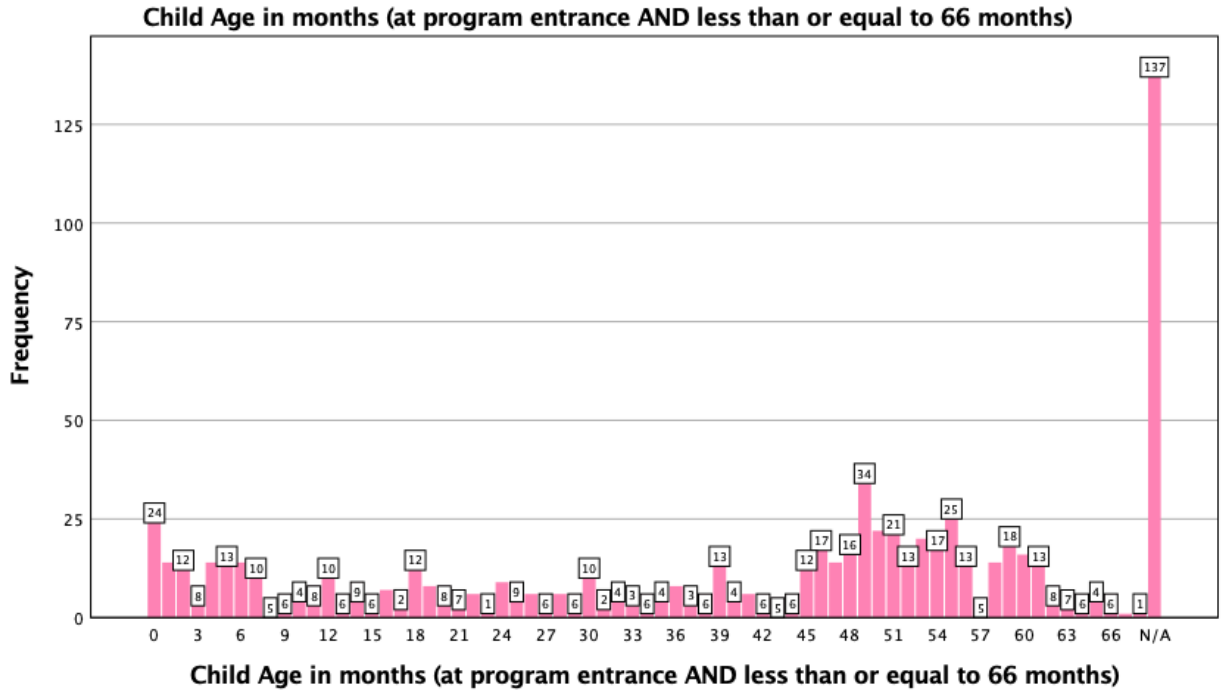


Table 10. Top Ten Child Age in Months (at program entrance) list

Child Age in months (at program entrance AND less than or equal to 66 months)	Frequency	Percentage
N/A	137	17.1%
49	34	4.2%
55	25	3.1%
0	24	3.0%
50	22	2.7%
51	21	2.6%
53	20	2.5%
59	18	2.2%
46	17	2.1%
54	17	2.1%
Total	802	100%

Table 10a. Comprehensive Child Age in Months (at program entrance) list

Child Age in months (at program entrance AND less than or equal to 66 months)	Frequency	Percentage
0	24	3.0%
1	14	1.7%
2	12	1.5%
3	8	1.0%
4	14	1.7%
5	13	1.6%
6	14	1.7%
7	10	1.2%
8	5	0.6%
9	6	0.7%
10	4	0.5%
11	8	1.0%
12	10	1.2%
13	6	0.7%
14	9	1.1%
15	6	0.7%
16	7	0.9%
17	2	0.2%
18	12	1.5%
19	8	1.0%
20	8	1.0%
21	7	0.9%
22	6	0.7%
23	1	0.1%
24	9	1.1%
25	9	1.1%
26	6	0.7%
27	6	0.7%
28	6	0.7%
29	6	0.7%
30	10	1.2%
31	2	0.2%
32	4	0.5%
33	3	0.4%
34	6	0.7%
35	4	0.5%

36	8	1.0%
37	3	0.4%
38	6	0.7%
39	13	1.6%
40	4	0.5%
41	6	0.7%
42	6	0.7%
43	5	0.6%
44	6	0.7%
45	12	1.5%
46	17	2.1%
47	14	1.7%
48	16	2.0%
49	34	4.2%
50	22	2.7%
51	21	2.6%
52	13	1.6%
53	20	2.5%
54	17	2.1%
55	25	3.1%
56	13	1.6%
57	5	0.6%
58	14	1.7%
59	18	2.2%
60	16	2.0%
61	13	1.6%
62	8	1.0%
63	7	0.9%
64	6	0.7%
65	4	0.5%
66	6	0.7%
68	1	0.1%
Unknown	1	0.1%
N/A	137	17.1%
Total	802	100.0

Figure 10. Primary Language Spoken at Home

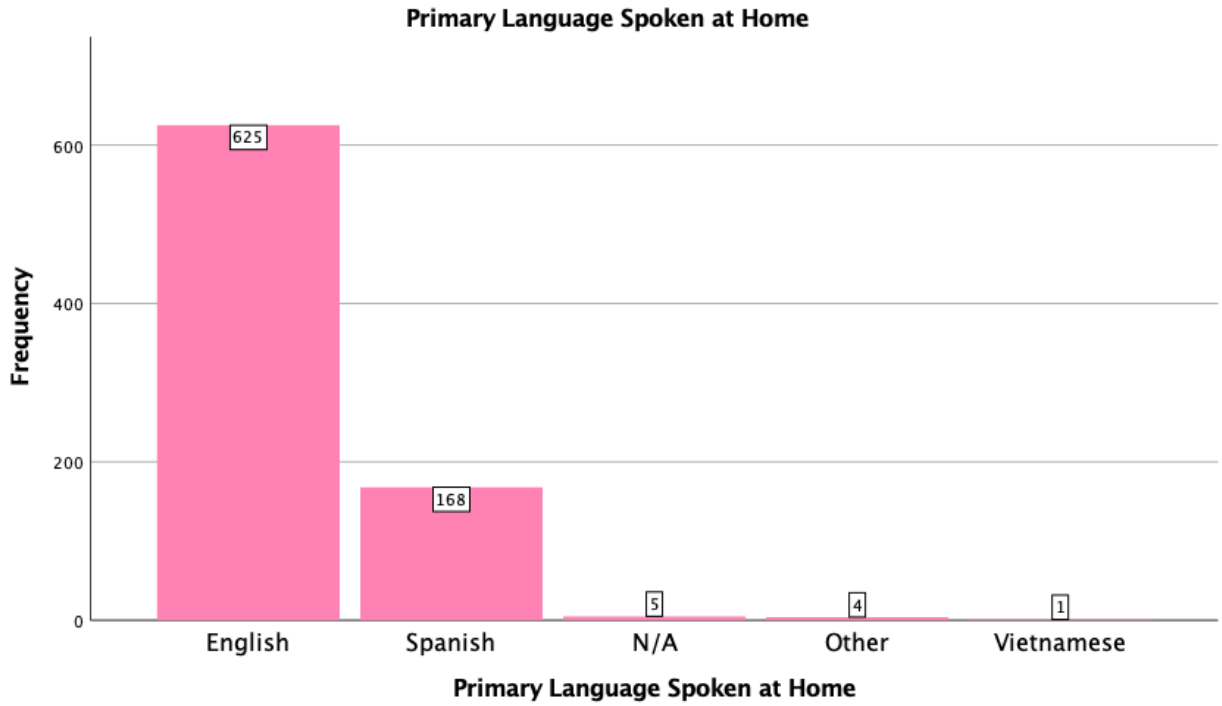


Table 11. Primary Language Spoken at Home

Primary Language Spoken at Home	Frequency	Percentage
English	625	77.8%
Spanish	168	20.9%
N/A	5	0.6%
Other	4	0.5%
Vietnamese	1	0.1%
Total	803	100%

Appendix B:
Evaluation Question #2: Referrals and Resources Comprehensive Tables and Figures

Table 12. Referral to Medical and/or Health Providers

Referral to Medical and/or health providers	Frequency	Percentage
Pediatrician	7	3.68%
Dental	169	88.95%
Inland Empire Autism Assessment Center of Excellence	9	4.74%
Birthing Centers	1	0.53%
Other	4	2.11%
Total	190	100%

Table 12a. Medical and/or Health Provider referral completed

Medical and/or Health Provider referral completed	Frequency	Percentage
Referral completed	26	13.7%
Total referrals made	190	

Table 13. Referral to Inland Regional Center

Referral to Inland Regional Center	Frequency	Percentage
Early Start	43	72.9%
3 and above	16	27.1%
Total	59	100%

Table 13a. Inland Regional Center Referral Completed

Inland Regional Center referral completed	Frequency	Percentage
Referral completed	45	76.3%
Total referrals made	59	

Table 14. Referral to Pediatric-based Intervention

Referral to Pediatric-based intervention	Frequency	Percentage
Physical Therapy	155	84.2%
Speech Therapy	23	12.5%
Speech Therapy and Occupational Therapy	3	1.6%
Speech, Occupational and Physical Therapy	3	1.6%
Total	184	100%

Table 14a. Pediatric-based Intervention Referral Completed

Pediatric-based intervention referral completed	Frequency	Percentage
Referral completed	20	10.9%
Total referrals made	184	

Table 15. Referral to SELPA

Referral to SELPA	Frequency	Percentage
Desert/Mountain Children's Center	162	91.5%
Desert/Mountain Children's Center - CARE	7	4.0%
East Valley SELPA	2	1.1%
West End SELPHA	3	1.7%
San Bernardino City Unified	2	1.1%
Corona-Norco	1	0.6%
Total	177	100%

Table 15a. SELPA Referral Completed

SELPA referral completed	Frequency	Percentage
Referral completed	15	8.5%
Total referrals made	177	

Table 16. Referral to Early Learning Settings-Center Based

Early learning settings – center based	Frequency	Percentage
Child Care Resource Center	10	5.9%
Childcare	4	2.4%
Other	1	0.6%
Child Care Resource Center + others	155	91.2%
Total	170	100%

Table 16a. Early Learning Settings-Center Based Referrals Completed

Early learning settings – Center Based referrals completed	Frequency	Percentage
Referral completed	11	6.5%
Total referrals made	170	

Table 17. Referral to Home Visiting

Referrals to Home visiting	Frequency	Percentage
First 5 Riverside Home Visiting	140	100%
Total	140	

Table 17a. Home Visiting Referrals Completed

Home visiting referrals completed	Frequency	Percentage
Referral completed	1	0.7%
Total referrals made	140	

Table 18. Referral to Family/Child Advocates

Referrals to Family/Child advocates	Frequency	Percentage
Asanta Family Agency	5	2.2%
Birth & Beyond	162	72.3%
Helping Hands	4	1.8%
HMGLA	1	0.4%
HMGOC	1	0.4%
My City Youth Center	3	1.3%
Purpose Point	44	19.6%
Rose of Sharon	4	1.8%
Total	224	100%

Table 18a. Family/Child Advocates Referrals Completed

Family/Child advocates referral completed	Frequency	Percentage
Referral completed	21	9.4%
Total referrals made	224	

Table 19. Referrals to Child Welfare

Referrals to Child welfare	Frequency	Percentage
ABA Therapy	159	78.7%
Mental Health Therapy	31	15.3%
Safekids	7	3.5%
West End Family Services	3	1.5%
Victor Community Support	1	0.5%
Inland Psychiatric Med Group	1	0.5%
Total	202	100%

Table 19a. Child Welfare Referrals Completed

Child welfare referrals completed	Frequency	Percentage
Referral completed	25	12.4%
Total referrals made	202	

Table 20. Referral to Health and Humans Services Agency

Referral to Health and Humans Services agency	Frequency	Percentage
San Bernardino Cash Assistance Program	73	57.4%
Riverside Cash Assistance Program	2	1.6%
SSI/In Home Support Services/Emergency Renters Assistance Program	4	3.1%
Emergency Renters Assistance Program	7	5.5%
CalWORKs	5	3.9%
CARE/Federal Emergency Relied Administration / San Bernardino Cash Assistance Program	7	5.5%
CARE/Federal Emergency Relied Administration	8	6.3%
Medi-Cal / Kin-GAP	2	1.6%
Employee Assistance Program / Riverside Cash Assistance Program	4	3.1%
In Home Support Services	5	3.9%
Cash Assistance Program for Immigrants	6	4.9%
CalWorks / SSI / Medi-Cal / California Children's Services	1	0.8%
Medi-Cal	2	1.6%
In Home Support Services / San Bernardino CAP / CalWorks	1	0.8%
Total	127	100%

Table 20a. Health and Humans Services Agency Referral Completed

Health and Humans Services agencies referral completed	Frequency	Percentage
Referral completed	37	29.1%
Total referrals made	127	

Table 21. Referral to School Systems

Referral to School systems	Frequency	Percentage
Individualized Educational Plan (Education and Family)	109	100%
Total	109	100%

Table 21a. School Systems Referral Completed

School systems referral completed	Frequency	Percentage
Referral completed	87	79.8%
Total referrals made	109	

Table 22. Referral to Parent Educators

Referral to Parent educators	Frequency	Percentage
Parenting Classes	35	68.6%
National Parent Helpline	3	5.9%
PPD Counseling	3	5.9%
Ready4k	3	5.9%
Postpartum Depression Counseling/ Support	1	2.0%
Support Groups	6	11.8%
Total	51	100%

Table 22a. Parent Educator's Referral Completed

Parent educator's referral completed	Frequency	Percentage
Referral completed	14	27.5%
Total referrals made	51	

Table 23. Referral to Intimate Partner Violence Prevention

Referral to Intimate partner violence prevention	Frequency	Percentage
Alternatives to DV	2	100%
Total	2	

Table 23a. Intimate Partner Violence Prevention Referral Completed

Intimate partner violence prevention referral completed	Frequency	Percentage
Referral completed	0	0.0%
Total referrals made	2	

Table 24. Referral to Special Supplemental Nutrition

Referral to Special Supplemental Nutrition	Frequency	Percentage
CalFresh	28	37.8%
CalFresh & /WIC	12	16.2%
WIC	34	45.9%
Total	74	100%

Table 24a. Special Supplemental Nutrition Referral Completed

Special Supplemental Nutrition referral completed	Frequency	Percentage
Referral completed	38	51.4%
Total referrals made	74	

Table 25. Referral to Faith-based or Nonprofit Initiatives

Referral to Faith-based or nonprofit initiatives	Frequency	Percentage
Rainbolt Ritecare CLC	15	5.4%
Jr League Diaper Bank	60	21.7%
Salvation Army	2	0.7%
Arrowhead United Way / Inland Equity Program	2	0.7%
Arrowhead United Way / Inland Equity Program / Jr League Diaper Bank	1	0.4%
Moses House	5	1.8%
N/A	41	14.8%
United Lift	3	1.1%
Inland Equity Program / St Vincent de Paul	1	0.4%

Project TOUCH	25	9.0%
Project TOUCH / Jr League Diaper Bank	15	5.4%
Moses House/ Project TOUCH	5	1.8%
Jr League Diaper Bank/ FSA Redlands Formula	8	2.9%
Jr League Diaper Bank, Redlands FSA	2	0.7%
Jr League Diaper Bank, Project TOUCH, The Fruit of Our Hands Ministries, St Vincent de Paul	1	0.4%
Galilee Center	4	1.4%
Building Up Lives Foundation	2	0.7%
Jr League Diaper Bank / Building Up Lives Foundation	2	0.7%
Jr League Diaper Bank / Moses House	2	0.7%
Jr League Diaper Bank/ Building Up Lives Foundation	2	0.7%
Project TOUCH/ Building Up Lives Foundation	1	0.4%
Catholic Charities	3	1.1%
FSA Redlands	7	2.5%
FSA Redlands / Operation Grace	1	0.4%
God's Pantry	2	0.7%
Jr League Diaper Bank / Galilee Center	1	0.4%
Jr League Diaper Bank / Catholic Charities / Galilee Center	1	0.4%
Call 4 Life	3	1.1%
Project TOUCH / HDH FAD	1	0.4%
Jr League Diaper Bank / Project TOUCH	9	3.2%
Project TOUCH, Moses House	2	0.7%
Jr League Diaper Bank, Redlands FSA, Arrowhead United Way	1	0.4%
Arrowhead United Way / Jr League Diaper Bank	1	0.4%
Jr League Diaper Bank/ FSA Redlands/ Project TOUCH /Arrowhead United Way	1	0.4%
Salvation Army, Lutheran Social Services, Jr League Diaper Bank, Project TOUCH	2	0.7%
Arrowhead United Way/ Project TOUCH	1	0.4%
Salvation Army, Catholic Charities	1	0.4%
Arrowhead United Way	4	1.4%
Project TOUCH/ United Lift	1	0.4%
Jr League Diaper Bank/ Inland Equity Program/ Arrowhead United Way	3	1.1%

Jr League Diaper Bank / Inland Equity Program/ Arrowhead United Way/Project TOUCH	2	0.7%
Galille Center/ Inland Equity Program/ Project TOUCH/Arrowhead United Way	1	0.4%
Project TOUCH/ Galilee Center/ United Lift	2	0.7%
Project TOUCH / Jr League Diaper Bank / HDH FAD	2	0.7%
Inland Equity Program	5	1.8%
Jr League Diaper Bank / Project TOUCH / Moses House	5	1.8%
Assistance League / Salvation Army	2	0.7%
St Vincent de Paul	1	0.4%
Jr League Diaper Bank / Inland Equity Program	1	0.4%
Galilee Center / United Lift	1	0.4%
Jr League Diaper Bank / Project TOUCH / United Lift	1	0.4%
Jr League Diaper Bank / Inland Equity Program / St Vincent de Paul	1	0.4%
United Way Moreno Valley Rental Program	1	0.4%
Project TOUCH, Galilee Center	1	0.4%
Moses House/ Call 4 Life	3	1.1%
Jr League Diaper Bank, Project TOUCH, Arrowhead United Way	1	0.4%
Jr League Diaper Bank / FSA Redlands / Arrowhead United Way / SB County Rent Relief	2	0.7%
Project TOUCH/ Galilee Center/ Catholic Charities	1	0.4%
Total	277	100%

Table 25a. Faith-based or Nonprofit Initiatives Referrals Completed

Faith-based or nonprofit initiatives referrals completed	Frequency	Percentage
Referral completed	138	49.8%
Total referrals made	277	

Table 26. Referral to Child and Family Legal Services

Referrals to Child and family legal services	Frequency	Percentage
Consulate	2	25.0%
Legal Aid	3	37.5%

San Bernardino Community Service Center	3	37.5%
Total	8	100%

Table 26a. Child and Family Legal Services Referral Completed

Child and family legal services referrals completed	Frequency	Percentage
Referral completed	5	62.5%
Total referrals made	8	

Appendix C:
Evaluation Question #2: SDOH Comprehensive Tables and Figures

Table 28. Comprehensive overview of all SDOH screenings completed

Social Determinant of Health (SDOH)	Total number of screenings	Of the number of screenings, % that had an atypical score
Food Insecurity	249	57.30%
Housing Risk	221	25.30%
Financial Strain	248	15.80%
Transportation Risk	249	2.60%
Postpartum Depression	3	33%
Stress Risk	14	14.20%
Physical Activity Risk	16	6.20%
Tobacco risk	1	0%
Depression Risk	1	0%
Alcohol Risk	0	0%
Social Connection Risk	0	0%
IPV Risk	0	0%

Table 29. Comprehensive overview of all SDOH screenings completed by Race and Score

	Race	Green	Yellow	Red	Total (N)
Financial Strain Risk SDOH	**White**	4 (18.2%)	12 (54.2%)	6 (27.3%)	**22**
	Hispanic	24 (14.5%)	76 (45.8%)	66 (39.8%)	**166**
	Multi-race	2 (16.7%)	4 (33.3%)	6 (50.0%)	**12**
	Black or African American	9 (25.7%)	15 (42.9%)	11 (31.4%)	**35**
	Unknown	2 (40.0%)	2 (40.0%)	1 (20.0%)	**5**
	Asian	2 (28.6%)	3 (42.9%)	2 (28.6%)	**7**
	Other	1 (100%)	0	0	**1**
Food Insecurity Risk SDOH	**Race**	**Green**	**Yellow**	**Red**	**Total (N)**
	White	14 (63.6%)	0	8 (36.4%)	**22**
	Hispanic	58 (34.9%)	4 (2.4%)	104 (62.7%)	**166**
	Multi-race	7 (58.3%)	0	5 (41.7%)	**12**
	Black or African American	17 (47.2%)	1 (2.8%)	18 (50.0%)	**36**
	Unknown	2 (40.0%)	0	3 (60.0%)	**5**
	Asian	3 (42.9%)	0	4 (57.1%)	**7**
	Other	0	0	1	**1**

				(100%)	
Transportation Risk SDOH	**Race**	**Green**	**Yellow**	**Red**	**Total (N)**
	White	20 (19.0%)	3 (2.9%)	82 (78.1%)	**105**
	Hispanic	132 (80.5%)	2 (1.2%)	30 (18.3%)	**164**
	Multi-race	12 (100%)	0	0	**12**
	Black or African American	21 (27.3%)	15 (19.5%)	41 (53.2%)	**77**
	Unknown	4 (71.4%)	0	1 (28.6%)	**5**
	Asian	5 (71.4%)	0	2 (28.6%)	**7**
	Other	1 (100%)	0	0	**1**
Housing Risk SDOH	**Race**	**Green**	**Yellow**	**Red**	**Total (N)**
	White	6 (31.6%)	5 (26.3%)	8 (42.1%)	**19**
	Hispanic	45 (31.3%)	42 (29.2%)	57 (39.6%)	**144**
	Multi-race	6 (50.0%)	2 (16.7%)	4 (33.3%)	**12**
	Black or African American	10 (29.4%)	12 (35.3%)	12 (35.3%)	**34**
	Unknown	3 (60.0%)	1 (20.0%)	1 (20.0%)	**5**
	Asian	1 (16.7%)	3 (50.0%)	2 (33.3%)	**6**
	Other	1 (100%)	0	0	**1**
Postpartum Depression	Data not applicable/not available by Race				
Tobacco Risk SDOH	Data not applicable/not available by Race				
Depression Risk SDOH	Data not applicable/not available by Race				
Alcohol Risk SDOH	Data not applicable/not available by Race				
Social Connection Risk SDOH	Data not applicable/not available by Race				
Intimate Partner Violence Risk SDOH	Data not applicable/not available by Race				
Physical Activity Risk SDOH	Data not applicable/not available by Race				
Stress Risk SDOH	Data not applicable/not available by Race				

Table 30. Comprehensive overview of all SDOH screenings completed by Race, County and Score

	County	Green	Yellow	Red	Total (N)
Financial Risk Strain Risk SDOH	**San Bernardino County**	30 (15.7%)	86 (45.0%)	75 (39.3%)	**191**
	Riverside County	14 (37.7%)	26 (45.6%)	17 (29.8%)	**57**
Food Insecurity Risk SDOH	**County**	**Green**	**Yellow**	**Red**	**Total (N)**
	San Bernardino County	72 (37.7%)	4 (2.1%)	115 (60.2%)	**191**
	Riverside County	29 (50.0%)	1 (1.7%)	28 (48.3%)	**58**
Transportation Risk SDOH	**County**	**Green**	**Yellow**	**Red**	**Total (N)**
	San Bernardino County	150 (78.9%)	2 (1.1%)	38 (20.0%)	**190**
	Riverside County	45 (77.6%)	0	13 (22.4%)	**58**
Housing Risk SDOH	**County**	**Green**	**Yellow**	**Red**	**Total (N)**
	San Bernardino County	47 (27.6%)	56 (32.9%)	67 (39.4%)	**170**
	Riverside County	25 (49.0%)	9 (17.6%)	17 (33.3%)	**51**
Postpartum Depression	Data not applicable/not available by County				
Tobacco Risk SDOH	Data not applicable/not available by County				
Depression Risk SDOH	Data not applicable/not available by County				
Alcohol Risk SDOH	Data not applicable/not available by County				
Social Connection Risk SDOH	Data not applicable/not available by County				
Intimate Partner Violence Risk SDOH	Data not applicable/not available by County				
Physical Activity Risk SDOH	Data not applicable/not available by County				
Stress Risk SDOH	Data not applicable/not available by County				

Table 29. Financial Strain Risk SDOH

Financial Strain Risk SDOH	Frequency	Percentage
Green	45	5.50%
Yellow	113	14.13%
Red	93	11.63%
N/A	550	68.75%
Total	800	100%

Figure 11. Financial Strain Risk SDOH

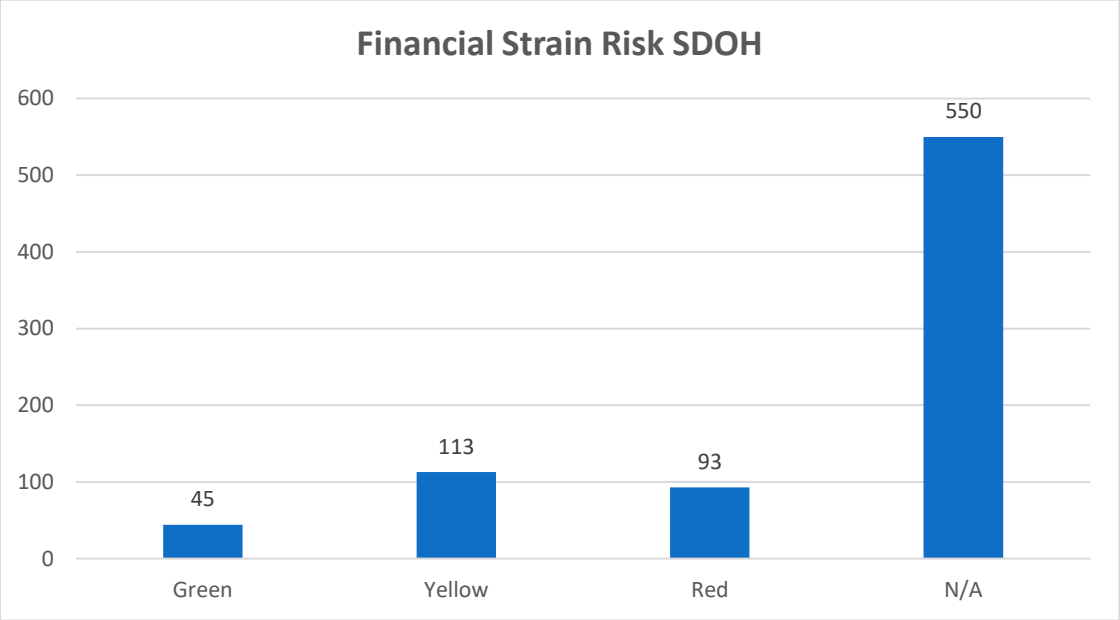


Table 29a. Financial Strain Risk SDOH by Race

Financial Strain Risk by Race						
Race	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	4	12	6	83	105	13%
Hispanic	24	76	66	337	503	63%
Multi-race	3	4	6	10	22	3%
Black or African American	9	15	11	42	77	10%
N/A	0	0	0	28	28	4%
Unknown	2	2	1	12	17	2%
Asian	2	3	2	13	20	3%
Other	1	0	0	26	27	3%
Total	45	112	92	551	799	100%

Figure 11a. Financial Strain Risk SDOH by Race

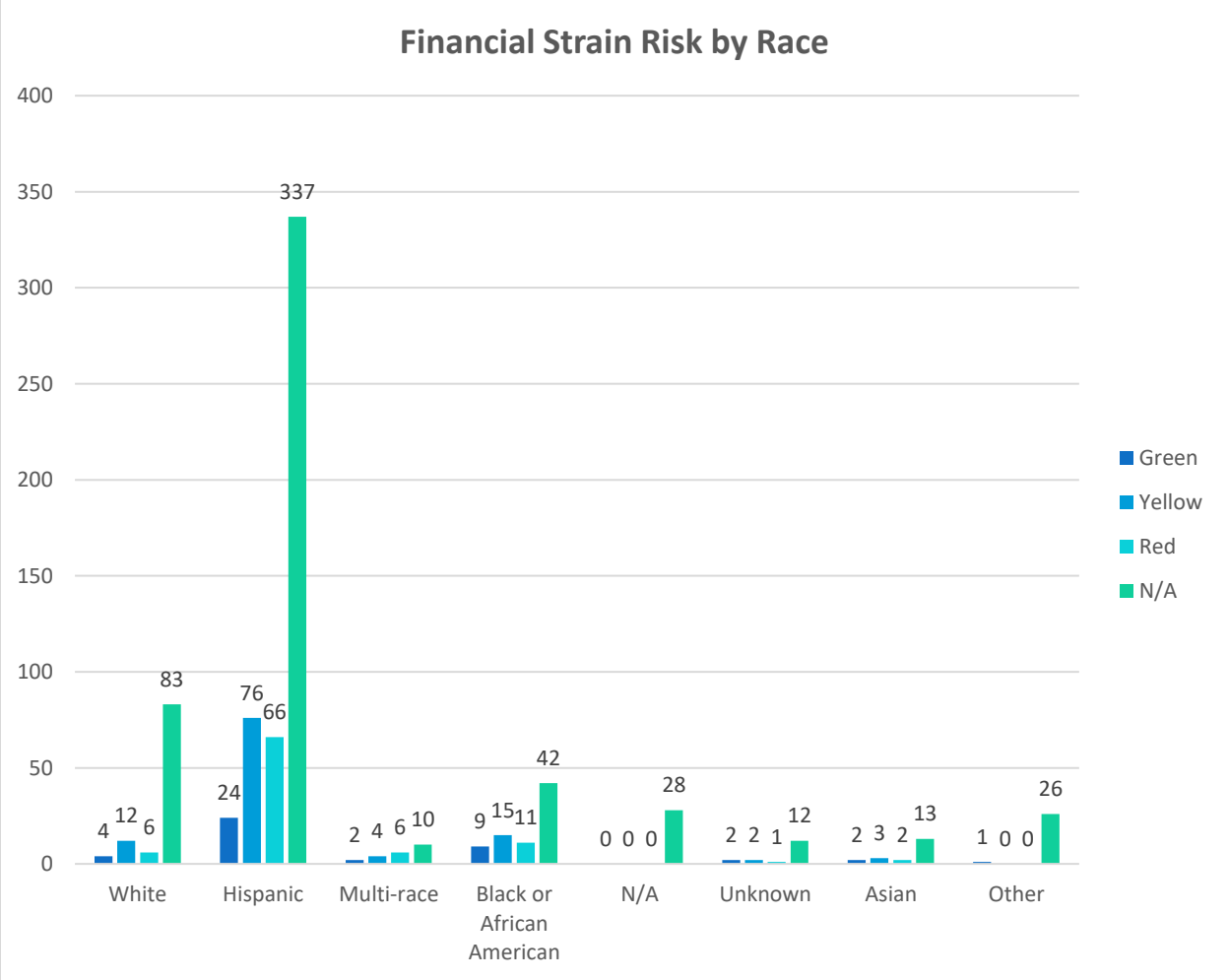


Table 29b. Financial Strain Risk SDOH by County

Financial Strain Risk by County						
County	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	31	86	75	413	604	76%
Riverside County	14	26	17	134	191	24%
Other County	0	0	0	2	2	0%
Total	45	112	92	552	800	100%

Figure 11b. Financial Strain Risk SDOH by County

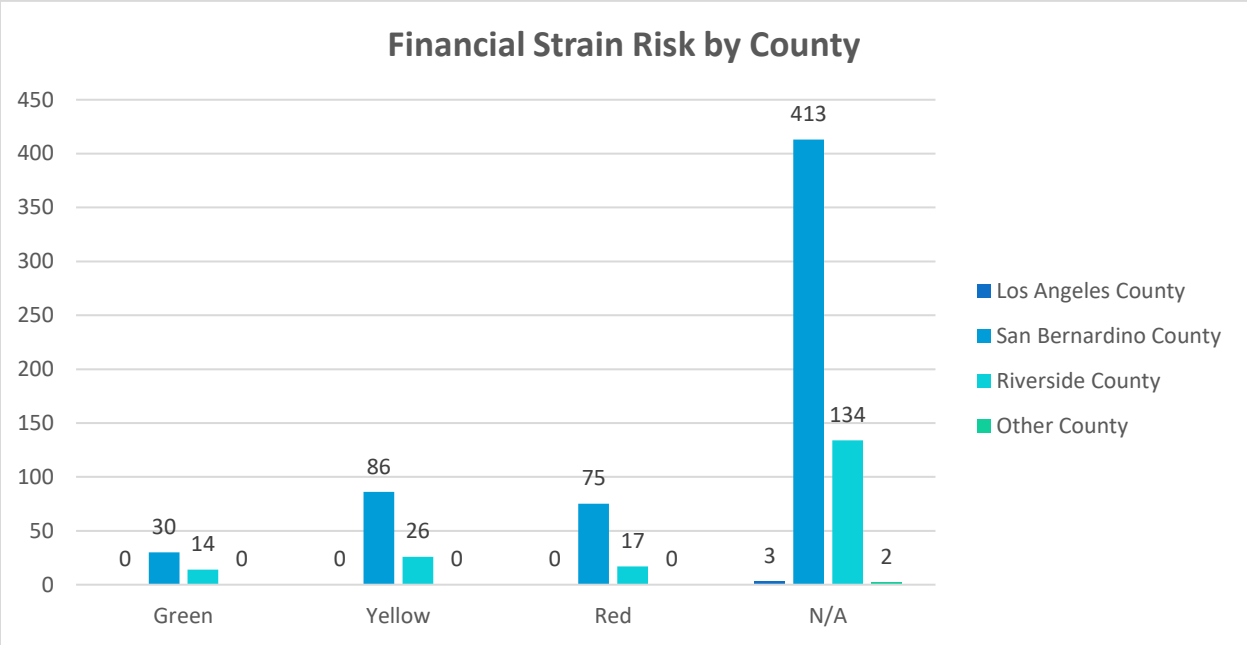


Table 29c. Financial Strain Risk SDOH by Race and by County

Financial Strain by Race and by County							
Race	**County**	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	0	1	1	0%
	San Bernardino County	4	11	6	72	93	12%
	Riverside County	0	1	0	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	0	2	2	0%
	San Bernardino County	16	60	54	258	388	49%
	Riverside County	8	16	12	76	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	4	4	9	18	2%
	Riverside County	1	0	2	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	8	10	9	26	53	7%
	Riverside County	1	5	2	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	2	2	0	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	1	1	2	5	1%
	Riverside County	1	2	1	11	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	1	0	0	8	9	1%
	Other County	0	0	0	0	0	0%
Total		44	112	92	551	799	100%

Table 30. Food Insecurity Risk SDOH

Food Insecurity Risk	Frequency	Percentage
Green	100	12.75%
Yellow	5	0.63%
Red	144	18.00%
N/A	549	68.63%
Total	800	100%

Figure 12. Food Insecurity Risk SDOH

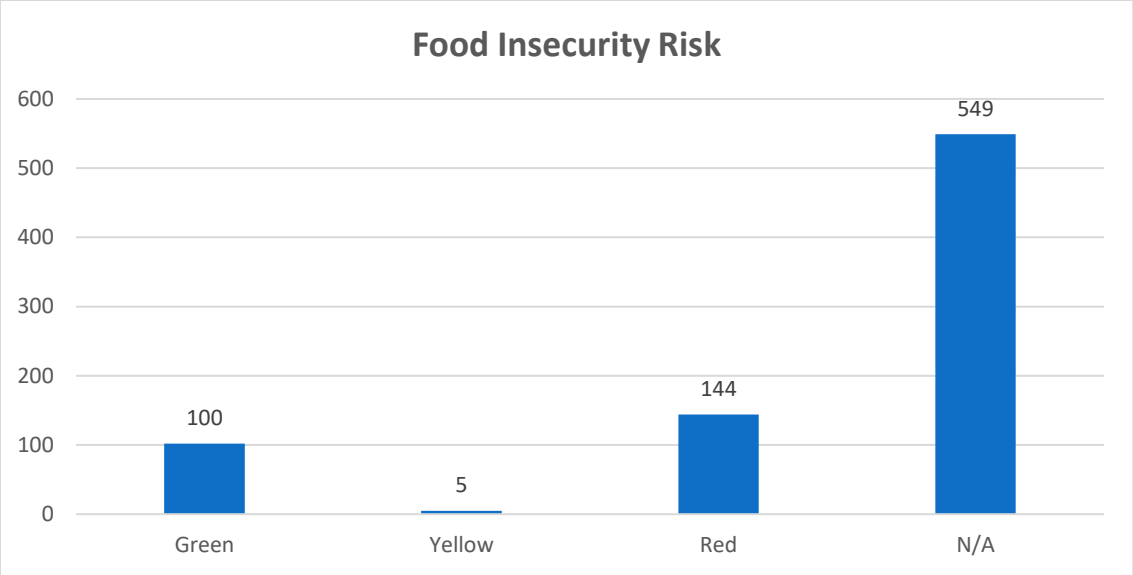


Table 30a. Food Insecurity Risk SDOH by Race

Food Insecurity by Race						
Race	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	14	0	8	83	105	13%
Hispanic	58	4	104	337	503	63%
Multi-race	7	0	5	10	22	3%
Black or African American	17	1	18	41	77	10%
N/A	0	0	0	28	28	4%
Unknown	2	0	3	12	17	2%
Asian	3	0	4	13	20	3%
Other	0	0	1	26	27	3%
Total	100	5	143	550	800	100%

Figure 12a. Food Insecurity Risk SDOH by Race

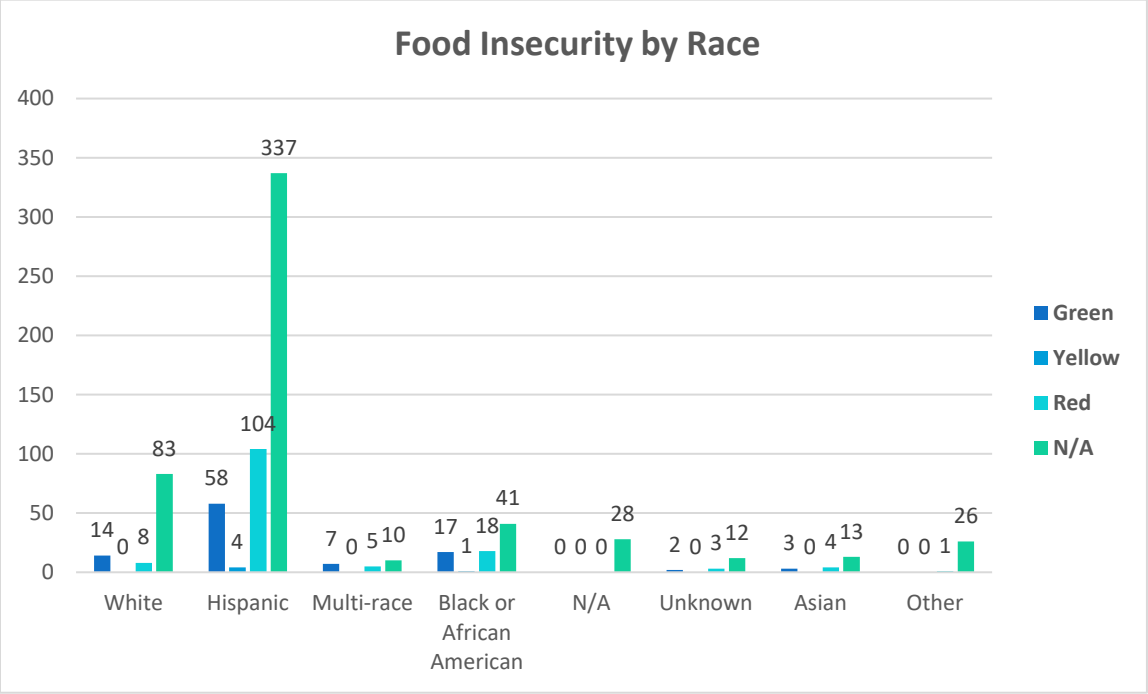


Table 30b. Food Insecurity Risk SDOH by County

Food Insecurity by County						
County	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	72	4	115	413	604	76%
Riverside County	29	1	28	133	191	24%
Other County	0	0	0	2	2	0%
Total	100	5	143	551	800	100%

Figure 12b. Food Insecurity Risk SDOH by County

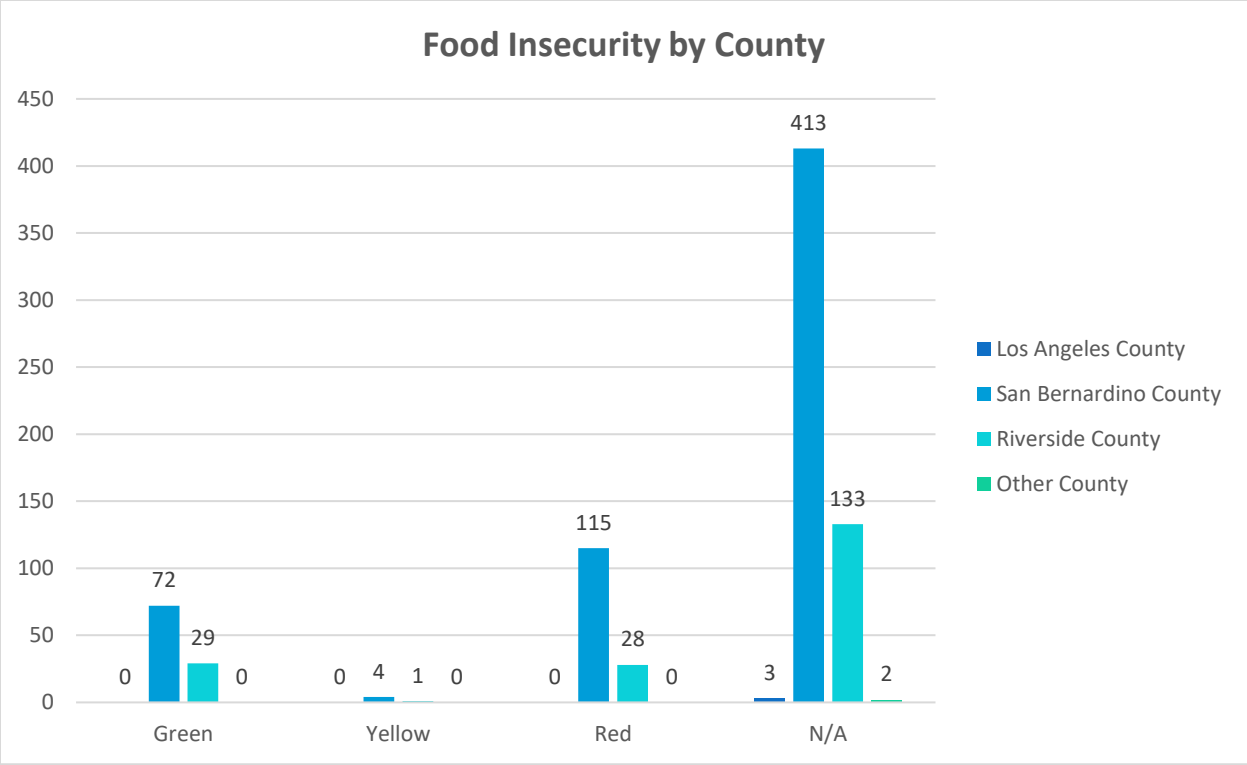


Table 30c. Food Insecurity Risk SDOH by Race and by County

Food Insecurity by Race and by County							
Race	**County**	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	0	1	1	0%
	San Bernardino County	13	0	8	72	93	12%
	Riverside County	1	0	0	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	0	2	2	0%
	San Bernardino County	42	4	84	258	388	49%
	Riverside County	16	0	20	76	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	4	0	5	9	18	2%
	Riverside County	3	0	0	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	12	0	15	26	53	7%
	Riverside County	5	1	3	14	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	2	0	2	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	0	2	2	5	1%
	Riverside County	2	0	2	11	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	0	0	1	8	9	1%
	Other County	0	0	0	0	0	0%
Total		101	5	143	550	799	100%

Table 31. Transportation Risk SDOH

Transportation Risk SDOH	Frequency	Percentage
Green	195	24.38%
Yellow	2	0.25%
Red	52	6.50%
N/A	551	69%
Total	800	100.00%

Figure 13. Transportation Risk SDOH

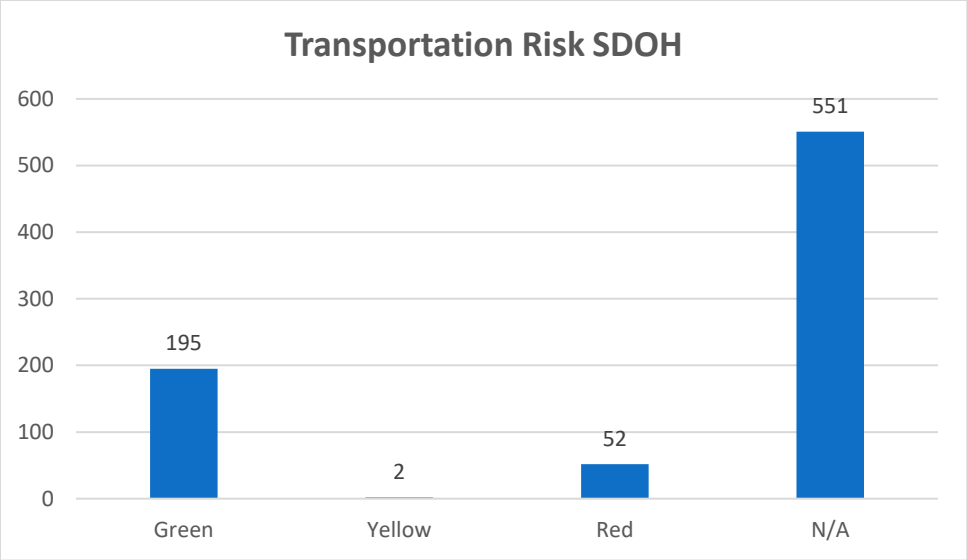


Table 31a. Transportation Risk SDOH by Race

Transportation **Risk SDOH by Race**						
Race	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	20	3	82	105	210	21%
Hispanic	132	2	30	339	503	51%
Multi-race	12	0	0	10	22	2%
Black or African American	21	15	41	77	154	16%
N/A	0	0	0	28	28	3%
Unknown	4	0	1	12	17	2%
Asian	5	0	2	13	20	2%
Other	1	0	0	26	27	3%
Total	195	20	156	610	981	100%

Figure 13a. Transportation Risk SDOH by Race

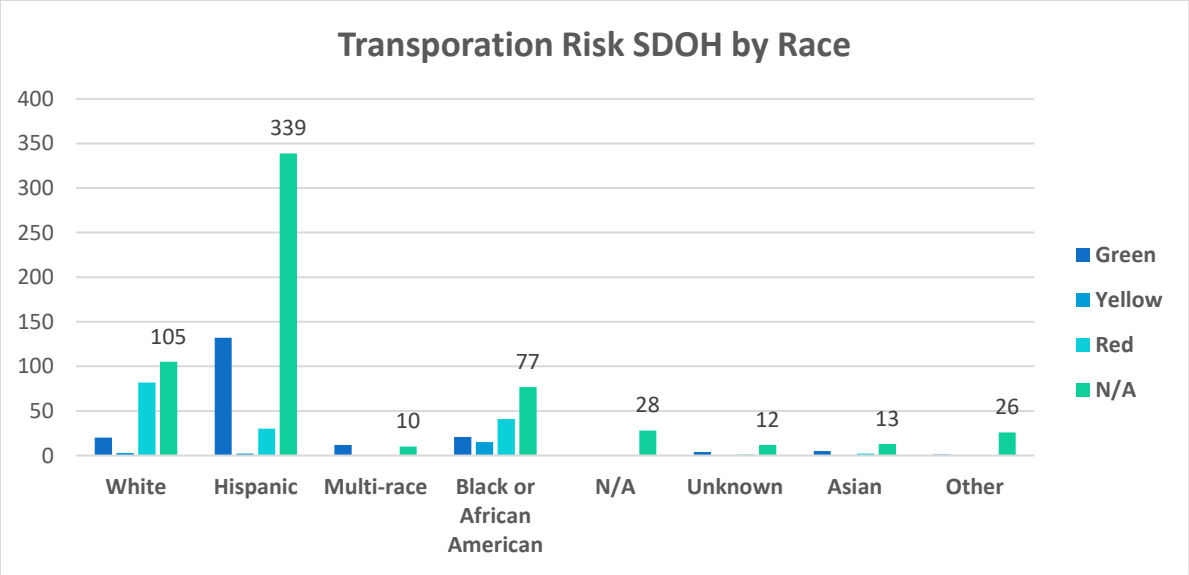


Table 31b. Transportation Risk SDOH by County

Transportation **Risk by County**						
County	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	150	2	38	414	604	76%
Riverside County	45	0	13	133	191	24%
Other County	0	0	0	2	2	0%
Total	195	2	51	552	800	100%

Figure 13b. Transportation Risk SDOH by County

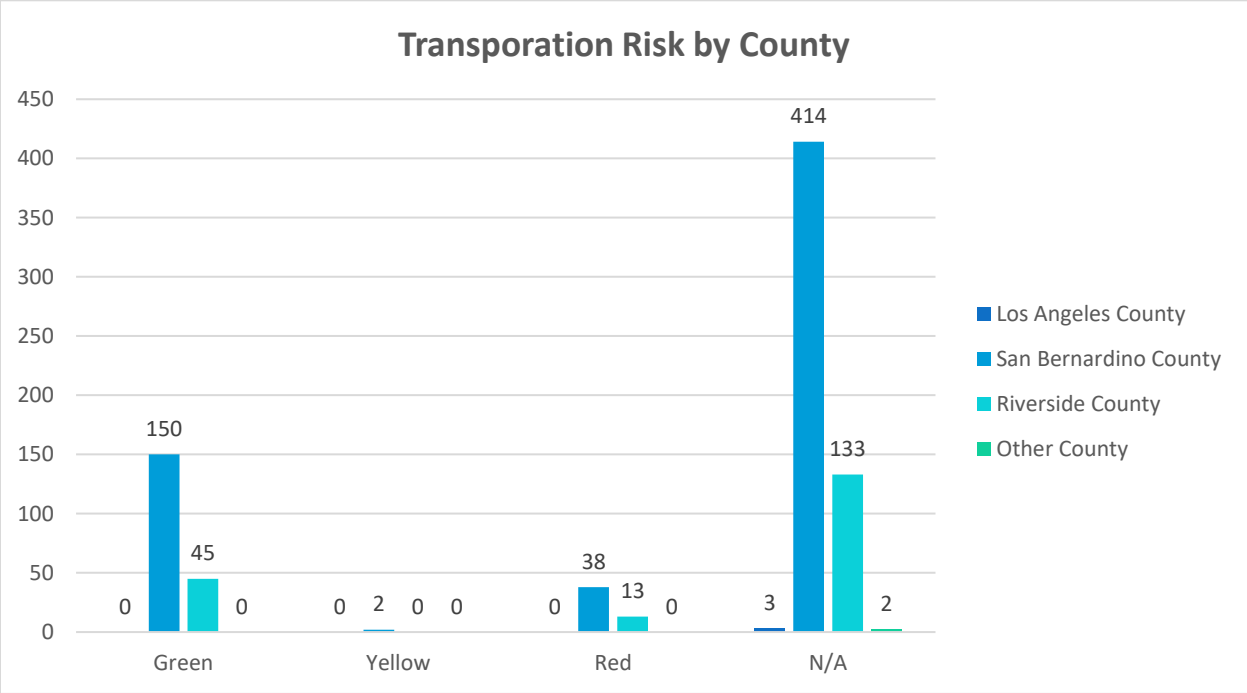


Table 31c. Transportation Risk SDOH by Race and by County

Transportation Risk by Race and by County							
Race	**County**	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	0	1	1	0%
	San Bernardino County	19	0	3	71	93	12%
	Riverside County	1	0	0	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	0	2	2	0%
	San Bernardino County	104	2	22	260	388	49%
	Riverside County	28	0	8	76	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	9	0	0	9	18	2%
	Riverside County	3	0	0	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	16	0	11	26	53	7%
	Riverside County	5	0	4	14	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	4	0	0	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	2	0	1	2	5	1%
	Riverside County	3	0	1	11	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	1	0	0	8	9	1%
	Other County	0	0	0	0	0	0%
Total		195	2	51	551	799	100%

Table 32. Housing Risk SDOH

Housing Stability	Frequency	Percentage
Green	67	9.00%
Yellow	65	8.13%
Red	89	11.13%
N/A	573	71.63%
Total	800	100.00%

Figure 14. Housing Risk SDOH

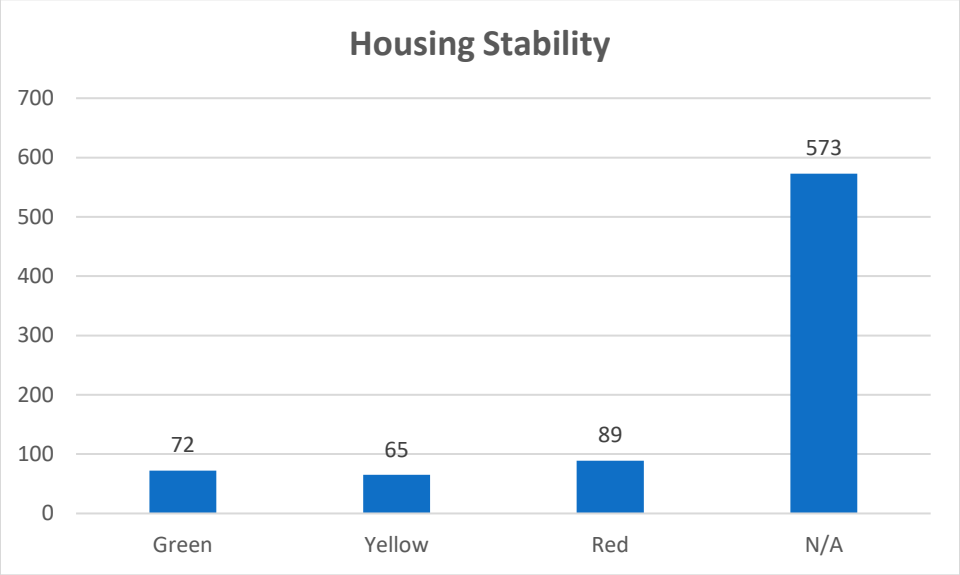


Table 32a. Housing Risk SDOH by Race

Housing Stability by Race						
Race	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	6	5	8	86	105	13%
Hispanic	45	42	57	359	503	63%
Multi-race	6	2	4	10	22	3%
Black or African American	10	12	12	43	77	10%
N/A	0	0	0	28	28	4%
Unknown	3	1	1	12	17	2%
Asian	1	3	2	14	20	3%
Other	1	0	0	26	27	3%
Total	67	65	84	578	799	100%

Figure 14a. Housing Risk SDOH by Race

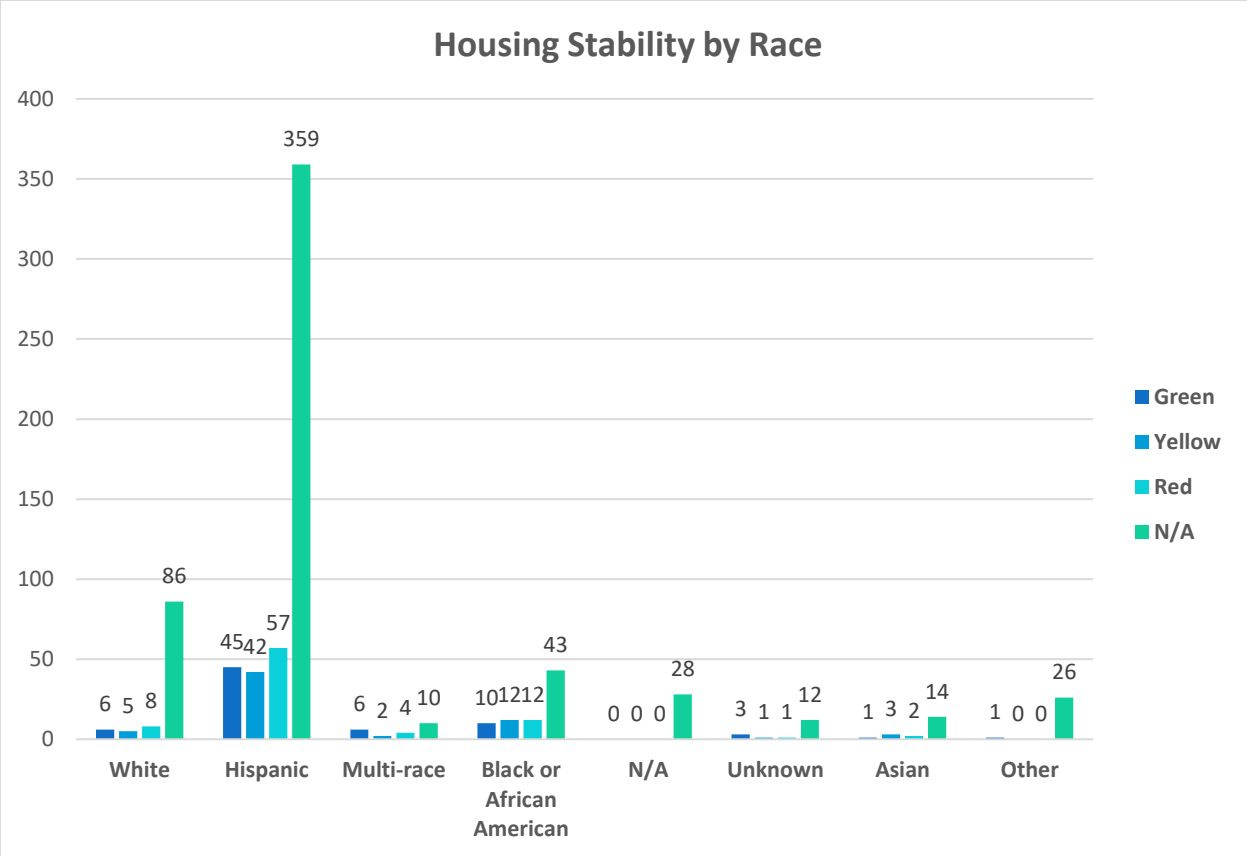


Table 32b. Housing Risk SDOH by County

Housing Stability by County						
County	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	47	56	67	434	604	76%
Riverside County	20	9	17	140	191	24%
Other County	0	0	0	2	2	0%
Total	67	65	84	579	800	100%

Figure 14b. Housing Risk SDOH by County

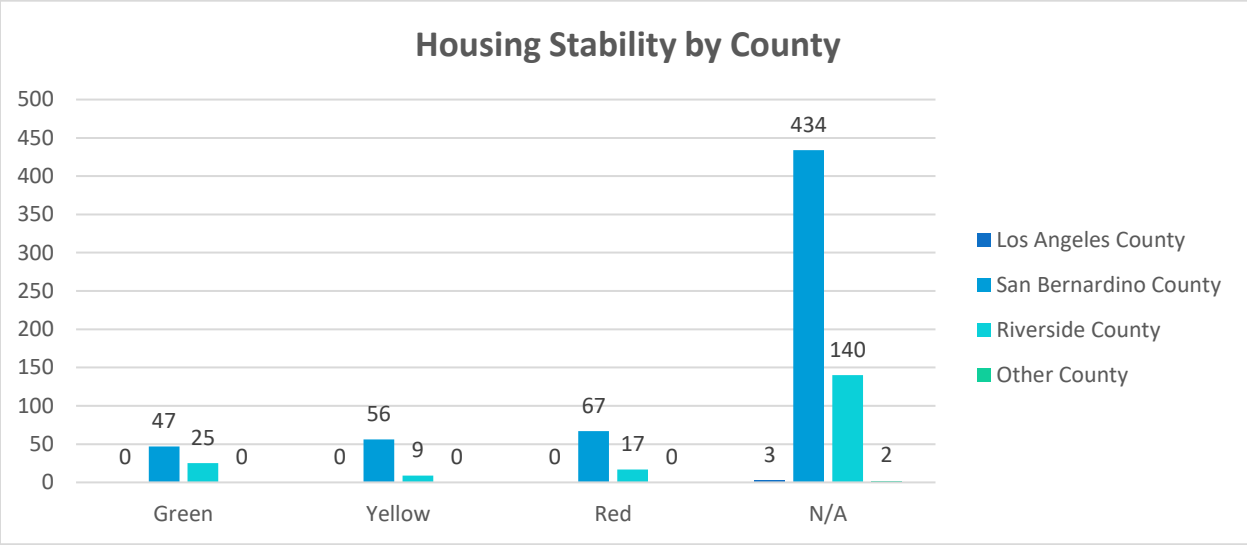


Table 32c. Housing Risk SDOH by Race and by County

Housing Stability by Race and by County							
Race	**County**	**Green**	**Yellow**	**Red**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	0	1	1	0%
	San Bernardino County	6	5	7	75	93	12%
	Riverside County	0	0	1	10	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	0	2	2	0%
	San Bernardino County	30	37	46	275	388	49%
	Riverside County	15	5	11	81	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	5	2	2	9	18	2%
	Riverside County	1	0	2	1	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	5	11	10	27	53	7%
	Riverside County	5	1	2	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	19	19	2%

	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	8	8	1%
	Riverside County	3	1	0	4	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	1	1	2	5	1%
	Riverside County	0	2	1	12	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	18	18	2%
	Riverside County	1	0	0	8	9	1%
	Other County	0	0	0	0	0	0%
Total		72	65	83	578	798	100%

Appendix D:
Evaluation Question #2: ASQ-3, ASQ SE-2 and Oral Health Comprehensive Tables and Figures

Table 33. Ages and Stages Questionnaire-3 (ASQ-3) Screening Engagement Point*

ASQ-3 Screening Engagement Point	Frequency	Percentage
2 month	4	1.15%
6 month	1	0.29%
8 month	1	0.29%
9 month	1	0.29%
10 month	4	1.15%
12 month	4	1.15%
16 month	4	1.15%
18 month	5	1.44%
20 month	4	1.15%
22 month	4	1.15%
24 month	7	2.02%
27 month	7	2.02%
30 month	8	2.31%
33 month	5	1.44%
36 month	8	2.31%
42 month	22	6.34%
48 month	90	25.94%
54 month	99	28.53%
60 month	69	19.88%
Total	347	100%

*N/A responses have been removed from the calculations in Table 34.

Table 36. ASQ-3 Communication Score

ASQ Communication Score	Frequency	Percentage
Above	249	31.24%
Below	59	7.40%
Monitor	33	4.14%
N/A	467	58.59%
Total	797	100%

Figure 15. ASQ-3 Communication Score

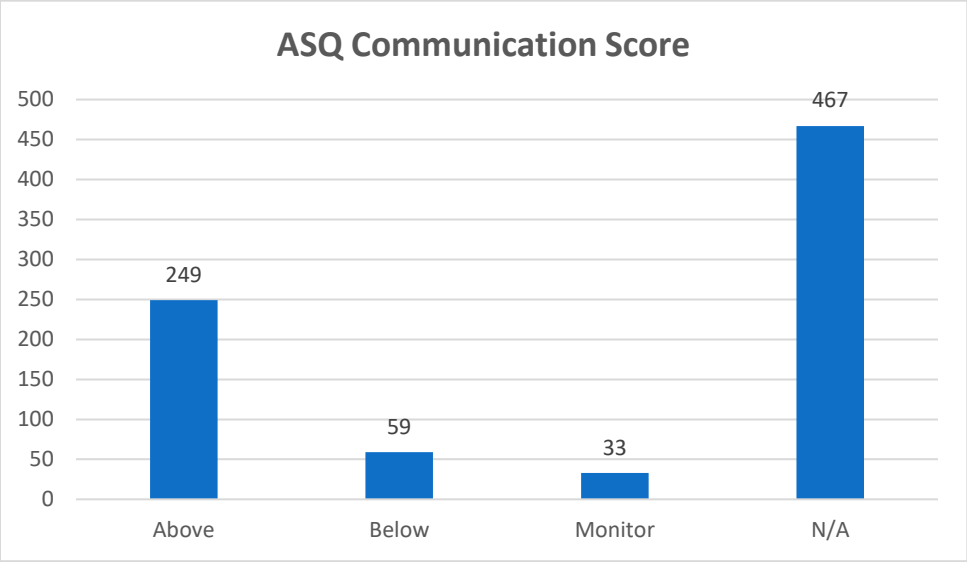


Table 36a. ASQ-3 Communication Score by Race

ASQ Communication Score by Race						
Race	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	8	3	55	37	103	13%
Hispanic	41	20	149	293	503	63%
Multi-race	5	0	3	14	22	3%
Black or African American	0	3	13	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	1	0	16	17	2%
Asian	1	1	6	12	20	3%
Other	3	4	14	6	27	3%
Total	58	32	240	467	797	100%

Figure 15a. ASQ-3 Communication Score by Race

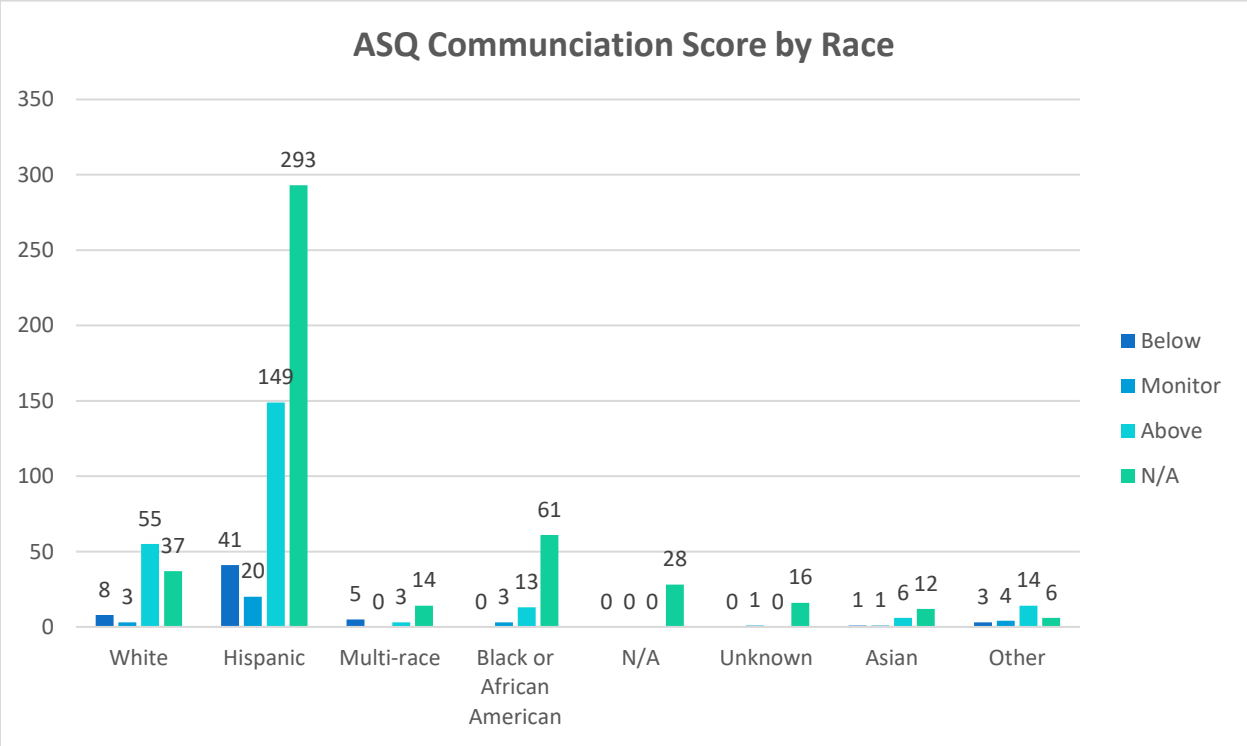


Table 36b. ASQ-3 Communication Score by County

ASQ Communication by County						
County	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	1	0	1	1	3	0%
San Bernardino County	42	26	182	351	601	75%
Riverside County	15	6	56	114	191	24%
Other County	0	0	1	1	2	0%
Total	58	32	240	467	797	100%

Figure 15a. ASQ-3 Communication Score by County

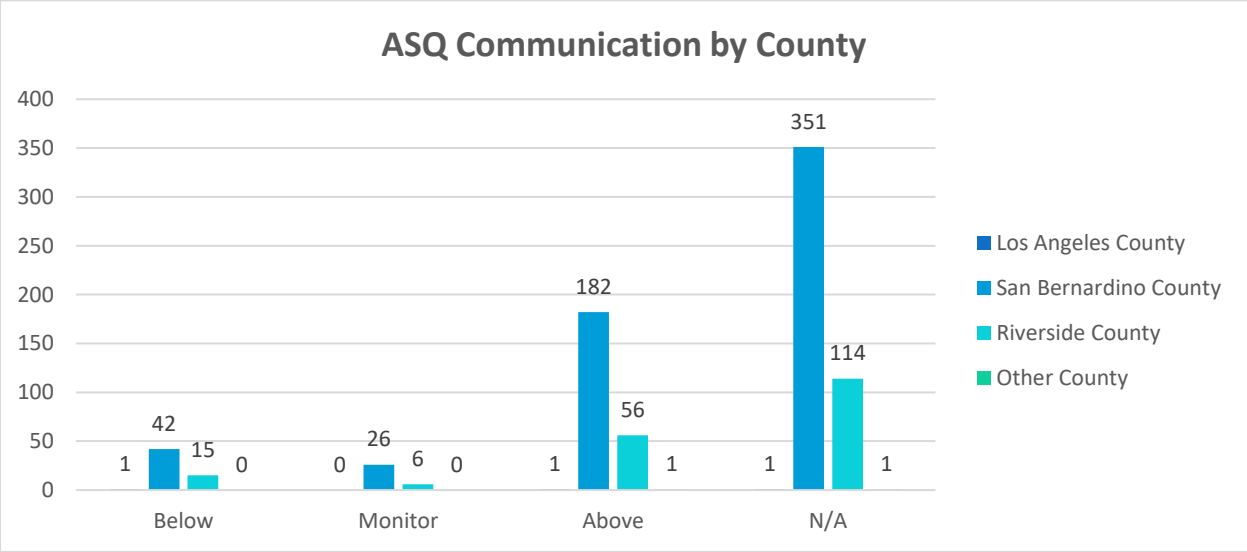


Table 36c. ASQ-3 Communication Score by Race and by County

ASQ Communication by Race and by County							
Race	**County**	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	1	0	0	0	1	0%
	San Bernardino County	6	3	49	33	91	11%
	Riverside County	1	0	6	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	1	1	2	0%
	San Bernardino County	30	18	113	227	388	49%
	Riverside County	11	2	34	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	3	0	3	12	18	2%
	Riverside County	2	0	0	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	2	6	45	53	7%
	Riverside County	0	1	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	1	0	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	1	1	4	9	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	3	2	9	4	18	2%
	Riverside County	0	2	5	2	9	1%
	Other County	0	0	0	0	0	0%
Total		58	32	240	467	797	100%

Table 37.ASQ-3 Gross Motor Score

ASQ Gross Motor Score	Frequency	Percentage
Above	262	32.87%
Below	29	3.64%
Monitor	49	5.52%
N/A	467	58.59%
Total	797	100%

Figure 15.ASQ-3 Gross Motor Score

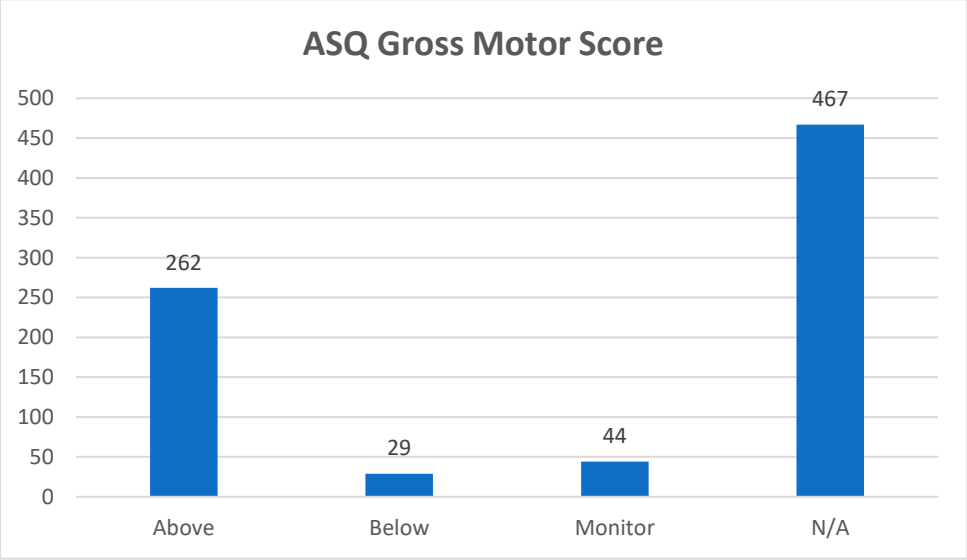


Table 37a. ASQ-3 Gross Motor Score by Race

ASQ Gross Motor Score by Race						
Race	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	4	10	52	37	103	13%
Hispanic	18	26	166	293	503	63%
Multi-race	3	0	5	14	22	3%
Black or African American	0	3	13	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	0	1	16	17	2%
Asian	2	1	5	12	20	3%
Other	1	4	16	6	27	3%
Total	28	44	258	467	797	100%

Figure 15a. ASQ-3 Gross Motor Score by Race

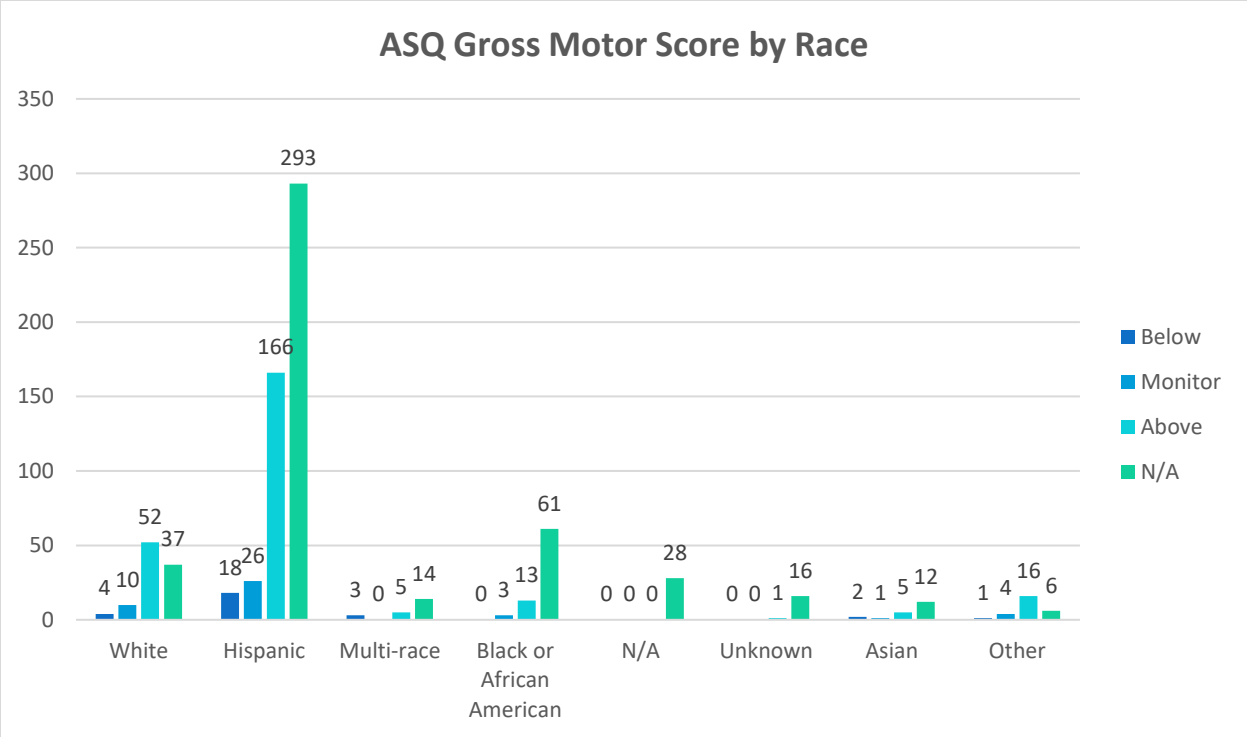


Table 37b. ASQ-3 Gross Motor Score by County

ASQ Gross Motor Score by County						
County	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	2	1	3	0%
San Bernardino County	22	34	194	351	601	75%
Riverside County	6	10	61	114	191	24%
Other County	0	0	1	1	2	0%
Total	28	44	258	467	797	100%

Figure 15b. ASQ-3 Gross Motor Score by County

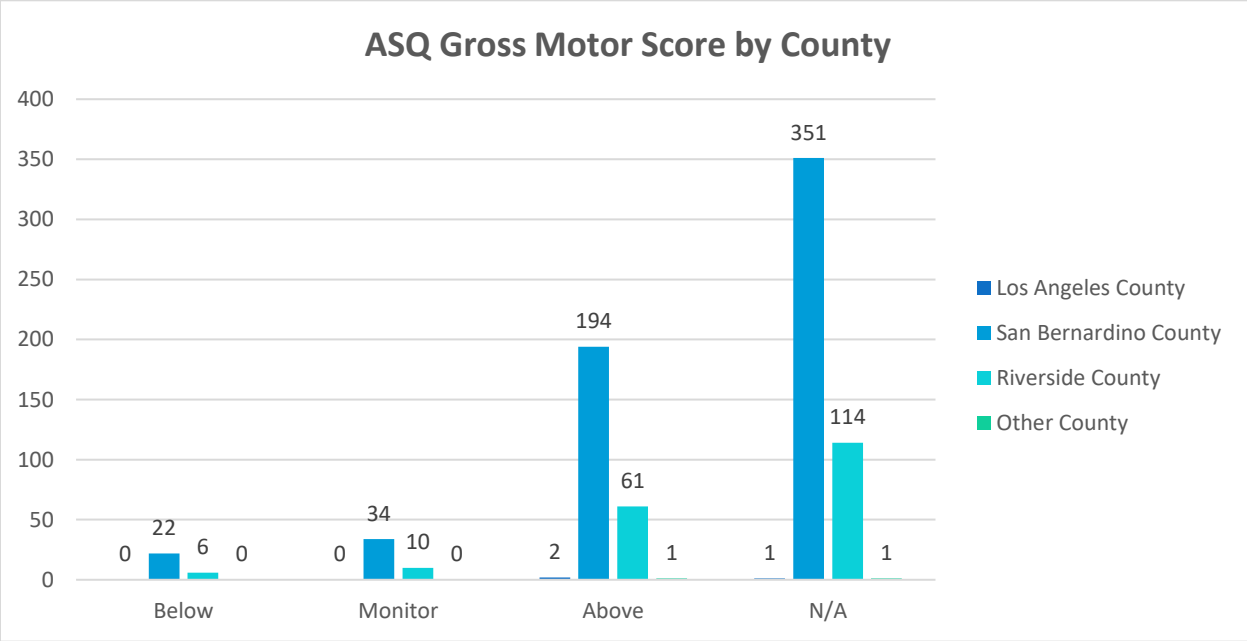


Table 37c. ASQ-3 Gross Motor Score by Race and by County

ASQ Gross Motor Score by Race and by County							
Race	**County**	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	1	0	1	0%
	San Bernardino County	3	9	46	33	91	11%
	Riverside County	1	1	5	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	1	1	2	0%
	San Bernardino County	15	19	127	227	388	49%
	Riverside County	3	7	37	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	2	0	4	12	18	2%
	Riverside County	1	0	1	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	2	6	45	53	7%
	Riverside County	0	1	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	0	1	3	5	1%
	Riverside County	1	1	4	9	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	4	9	4	18	2%
	Riverside County	0	0	7	2	9	1%
	Other County	0	0	0	0	0	0%
Total		28	44	258	467	797	100%

Table 38. ASQ-3 Fine Motor Score

ASQ Fine Motor Score	Frequency	Percentage
Above	237	29.74%
Below	45	5.65%
Monitor	55	6.90%
N/A	468	58.72%
Total	797	100%

Figure16. Fine Motor Score

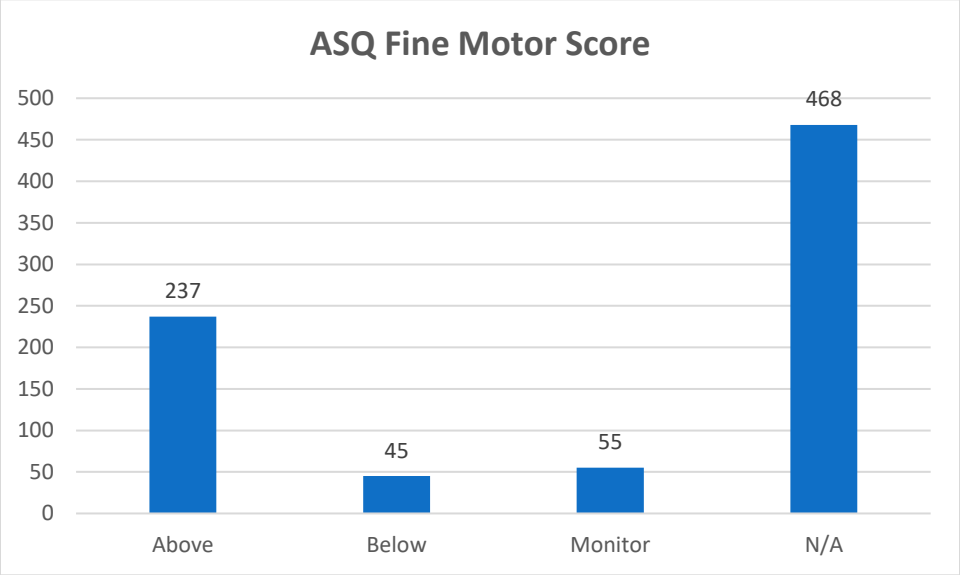


Table 38a. ASQ-3 Fine Motor Score by Race

ASQ Fine Motor Score by Race						
Race	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	7	11	48	37	103	13%
Hispanic	25	33	151	294	503	63%
Multi-race	3	1	4	14	22	3%
Black or African American	4	4	8	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	1	0	16	17	2%
Asian	0	1	7	12	20	3%
Other	5	2	14	6	27	3%
Total	44	53	232	468	797	100%

Figure16a. ASQ-3 Fine Motor Score by Race

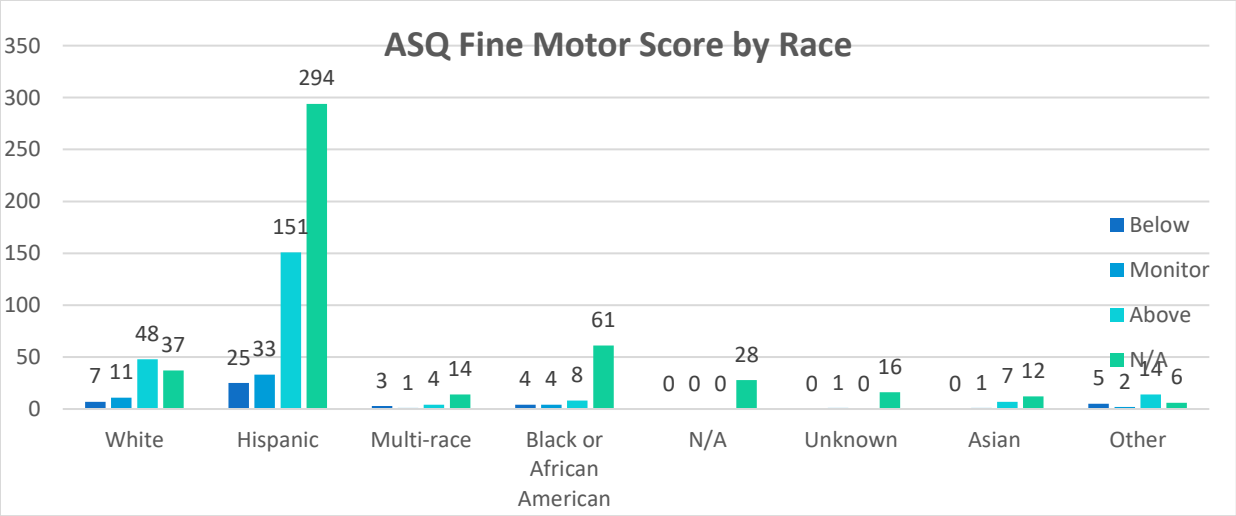


Table 38b. ASQ-3 Fine Motor Score by County

ASQ Fine Motor Score by County						
County	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	2	1	3	0%
San Bernardino County	35	49	165	352	601	75%
Riverside County	9	4	64	114	191	24%
Other County	0	0	1	1	2	0%
Total	44	53	232	468	797	100%

Figure16b. ASQ-3 Fine Motor Score by County

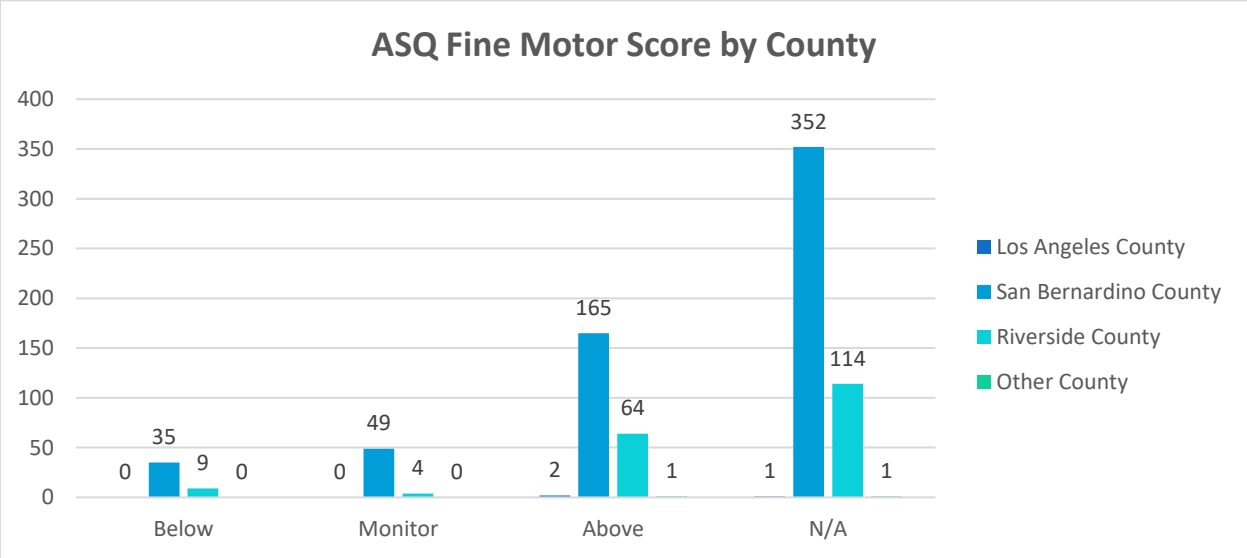


Table 38c. ASQ-3 Fine Motor Score by Race and by County

ASQ Fine Motor Score by Race and by County							
Race	**County**	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	1	0	1	0%
	San Bernardino County	6	11	41	33	91	11%
	Riverside County	1	0	6	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	1	1	2	0%
	San Bernardino County	19	32	109	228	388	48%
	Riverside County	6	1	40	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	2	1	3	12	18	2%
	Riverside County	2	1	3	12	18	2%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	3	2	3	45	53	7%
	Riverside County	1	2	5	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	19	19	2%

	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	1	0	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	0	1	5	9	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	5	2	7	4	18	2%
	Riverside County	0	0	7	2	9	1%
	Other County	0	0	0	0	0	0%
Total		45	54	234	478	811	100%

Table 39.ASQ-3 Personal Social Score

ASQ Personal Social Score	Frequency	Percentage
Above	252	31.62%
Below	41	5.14%
Monitor	39	4.89%
N/A	470	58.97%
Total	797	100%

Figure 16.ASQ-3 Personal Social Score

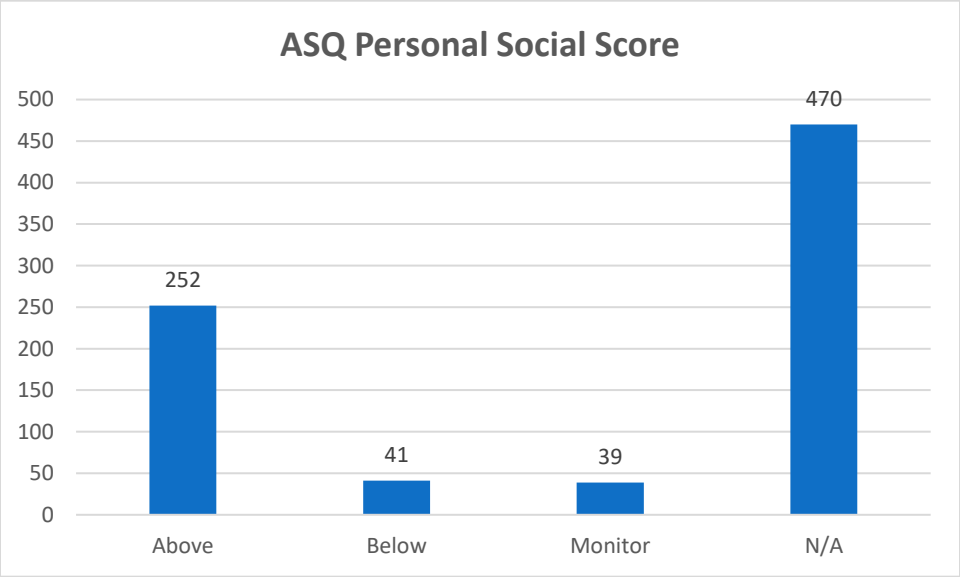


Table 39a. ASQ-3 Personal Social Score by Race

ASQ Personal Social Score by Race						
Race	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	6	8	50	39	103	13%
Hispanic	30	21	159	293	503	63%
Multi-race	2	1	5	14	22	3%
Black or African American	1	1	14	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	0	1	16	17	2%
Asian	1	1	6	12	20	3%
Other	1	7	13	6	27	3%
Total	41	39	248	469	797	100%

Figure 16a. ASQ-3 Personal Social Score by Race

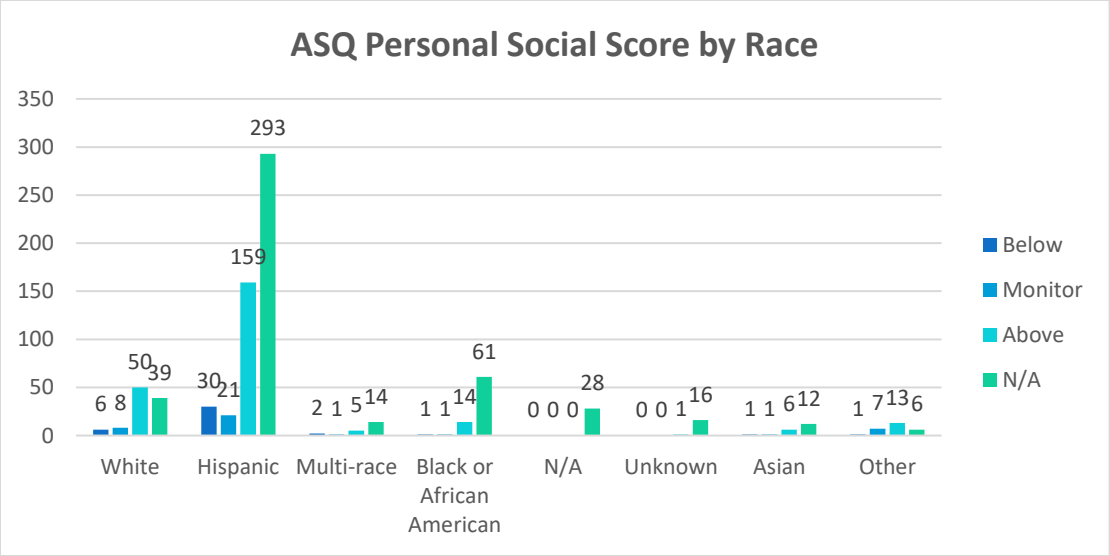


Table 39b. ASQ-3 Personal Social Score by County

ASQ Personal Social Score by County						
County	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	1	2	3	0%
San Bernardino County	32	28	189	352	601	75%
Riverside County	9	11	57	114	191	24%
Other County	0	0	1	1	2	0%
Total	41	39	248	469	797	100%

Figure 16b. ASQ-3 Personal Social Score by County

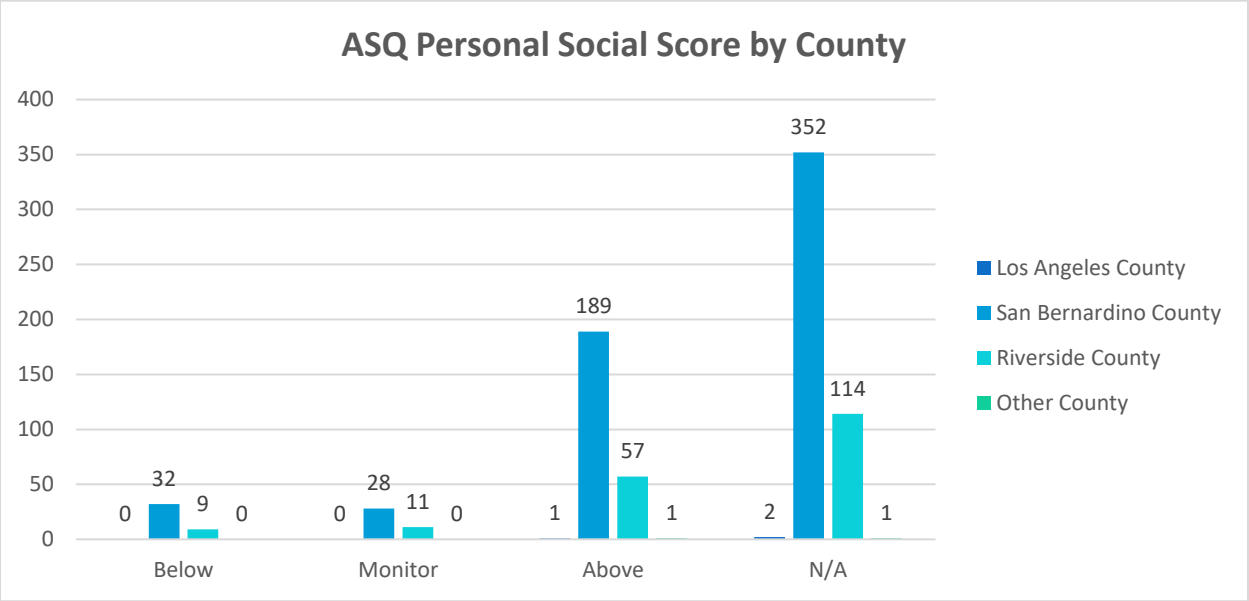


Table 39c. ASQ-3 Personal Social Score by Race and by County

ASQ Personal Social Score by Race and by County							
Race	**County**	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	0	1	1	0%
	San Bernardino County	5	8	44	34	91	11%
	Riverside County	1	0	6	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	1	1	2	0%
	San Bernardino County	24	15	122	227	388	49%
	Riverside County	6	6	35	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	2	0	4	12	18	2%
	Riverside County	0	1	1	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	1	7	45	53	7%
	Riverside County	1	0	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	1	1	4	9	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	4	9	4	18	2%
	Riverside County	0	3	4	2	9	1%
	Other County	0	0	0	0	0	0%
Total		41	39	248	469	797	100%

Table 40. ASQ-3 Problem Solving Score

ASQ Problem Solving	Frequency	Percentage
Above	251	31.49%
Below	39	4.89%
Monitor	44	5.52%
N/A	467	58.59%
Total	797	100%

Figure 17. ASQ-3 Problem Solving Score

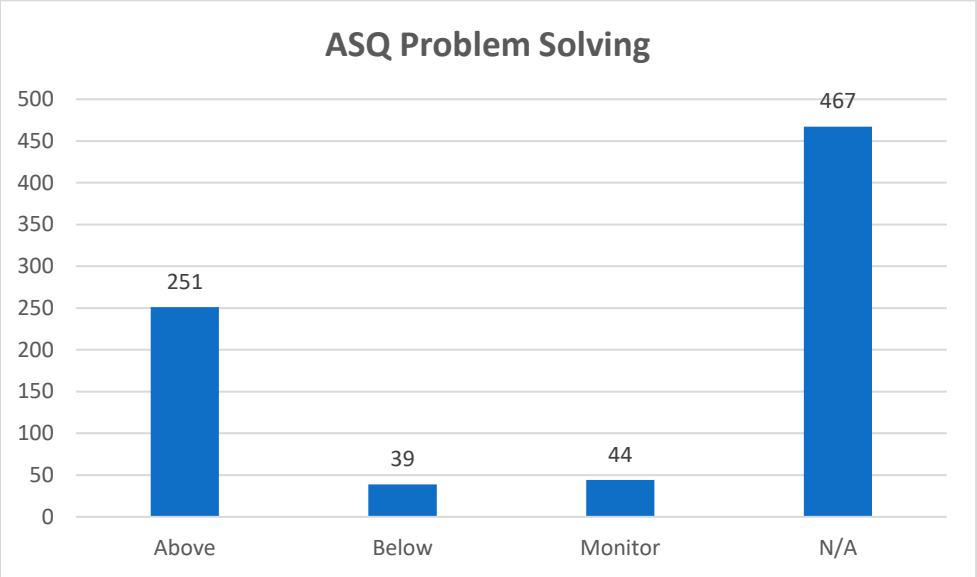


Table 40a. ASQ-3 Problem Solving Score by Race

ASQ Problem Solving Score by Race						
Race	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	3	4	59	37	103	13%
Hispanic	30	31	149	293	503	63%
Multi-race	4	0	4	14	22	3%
Black or African American	1	1	14	61	77	10%
N/A	0	0	0	28	28	4%
Unknown	0	0	1	16	17	2%
Asian	0	0	8	12	20	3%
Other	1	5	15	6	27	3%
Total	39	41	250	467	797	100%

Figure 17a. ASQ-3 Problem Solving Score by Race

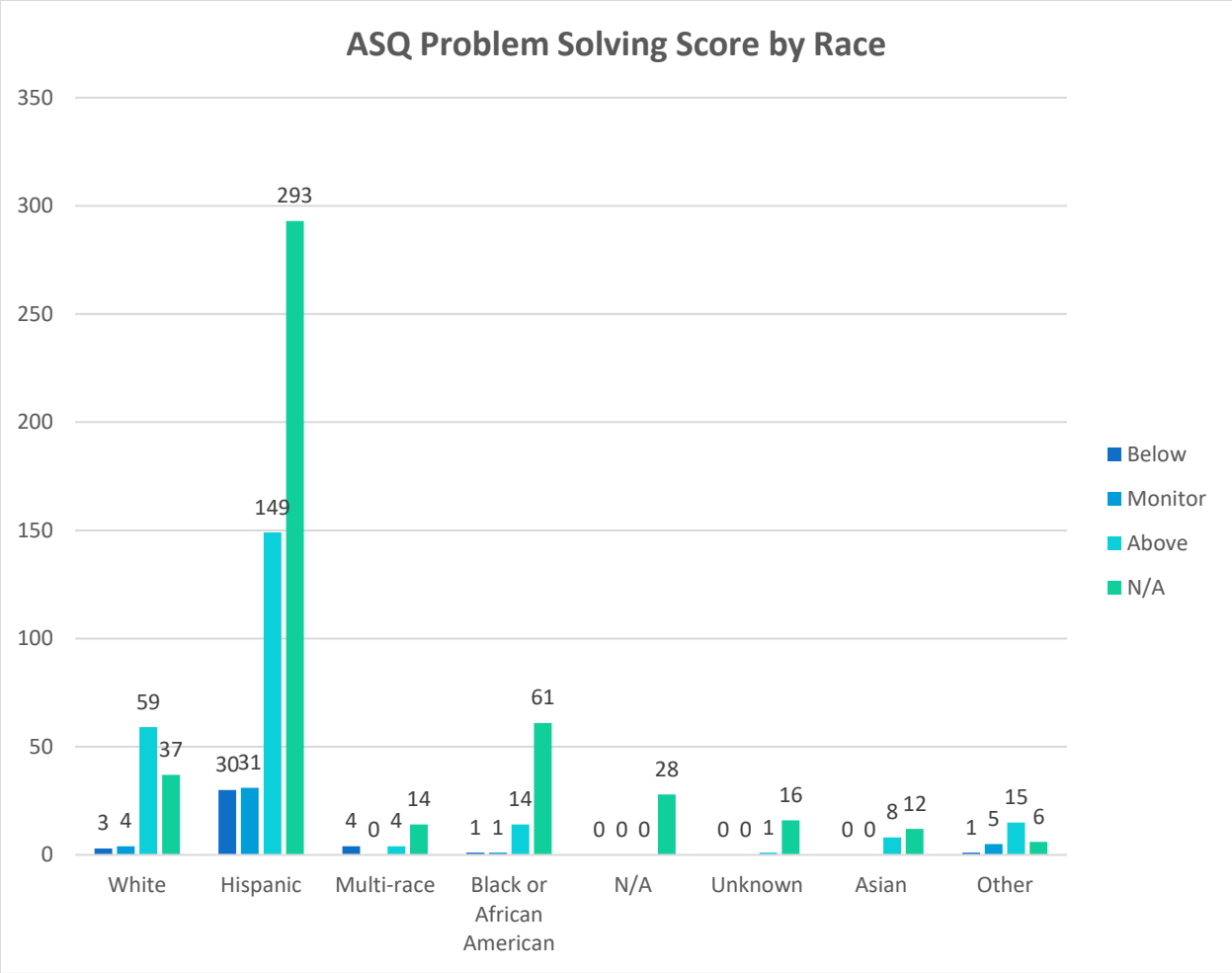


Table 40b. ASQ-3 Problem Solving Score by County

ASQ Problem Solving Score by County						
County	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	1	0	1	1	3	0%
San Bernardino County	27	34	189	351	601	75%
Riverside County	11	7	59	114	191	24%
Other County	0	0	1	1	2	0%
Total	39	41	250	467	797	100%

Figure 17b. ASQ-3 Problem Solving Score by County

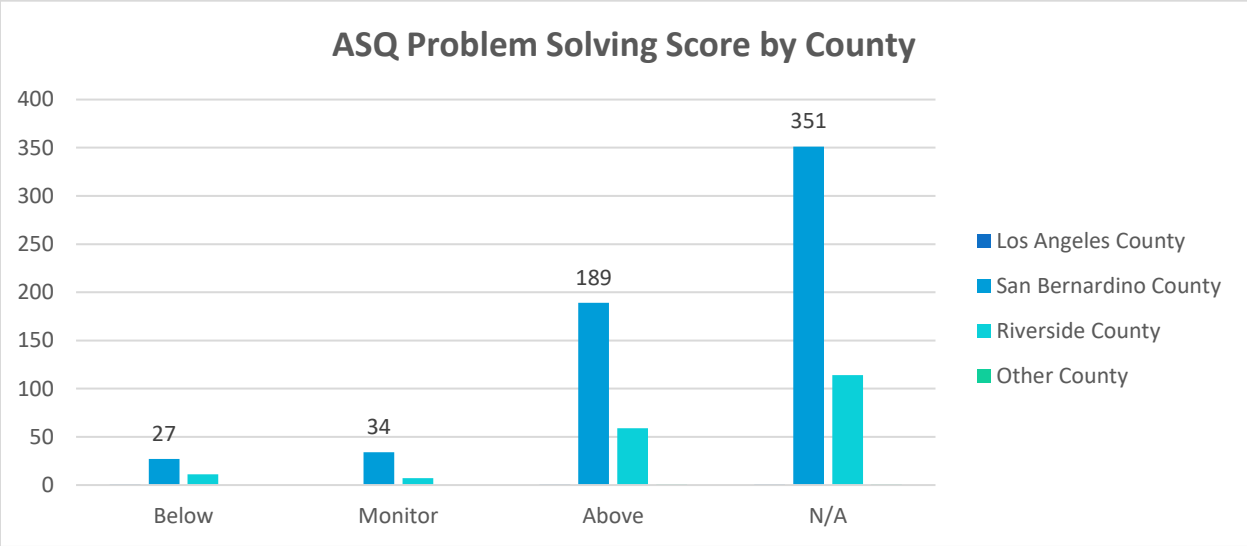


Table 40c. ASQ-3 Problem Solving Score by Race and by County

ASQ Problem Solving Score by Race and by County							
Race	**County**	**Below**	**Monitor**	**Above**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	1	0	0	0	1	0%
	San Bernardino County	1	3	54	33	91	12%
	Riverside County	1	1	5	4	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	1	1	2	0%
	San Bernardino County	1	27	112	227	367	47%
	Riverside County	8	4	35	65	112	14%
	Other County	0	0	1	0	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	3	0	3	12	18	2%
	Riverside County	1	0	1	2	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%

	San Bernardino County	0	1	7	45	53	7%
	Riverside County	1	0	7	15	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	19	19	2%
	Riverside County	0	0	0	9	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	1	8	9	1%
	Riverside County	0	0	0	8	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	2	3	5	1%
	Riverside County	0	0	6	9	15	2%
	Other County	0	0	0	0	0	0%

Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	3	10	4	18	2%
	Riverside County	0	2	5	2	9	1%
	Other County		0	0	0	0	0%
Total		18	41	250	467	776	100%

Figure 18. ASQ SE-2 Completion Engagement Point

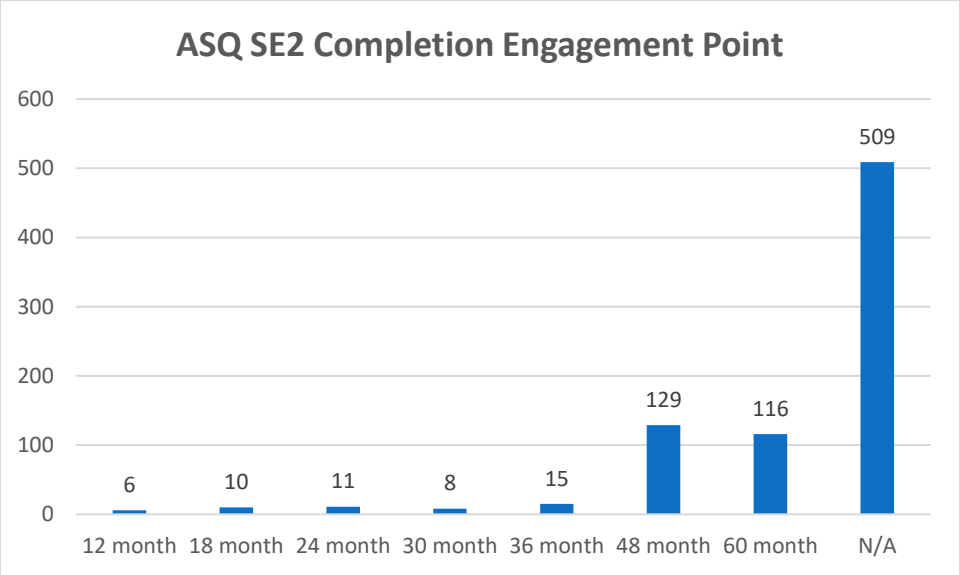


Table 41. ASQ SE-2 Score

ASQ SE2 Score	Frequency	Percentage
Concern	44	5.53%
Monitor	32	4.02%
No Concern	215	27.01%
N/A	508	63.82%
Total	796	100%

Figure 19.ASQ SE-2 Score

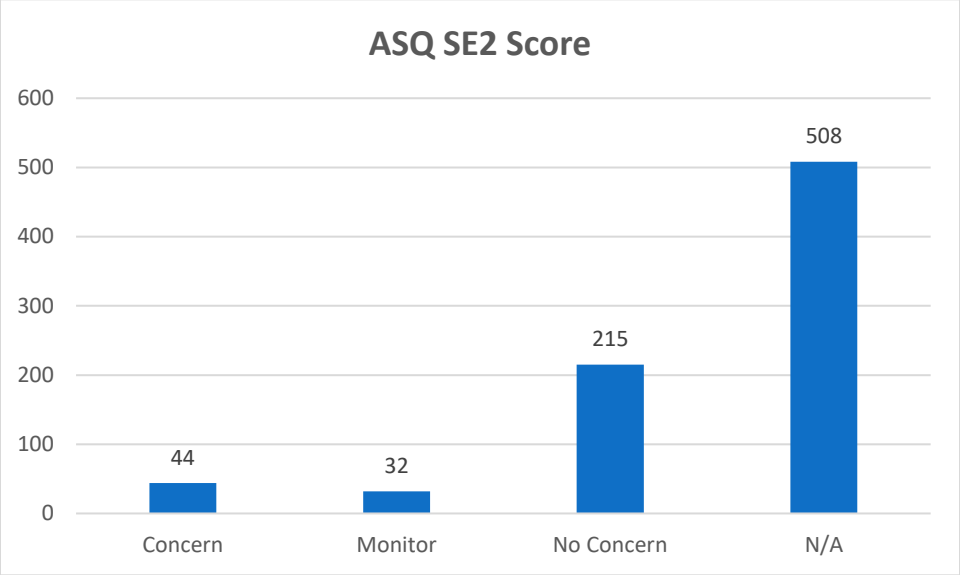


Table 41a. ASQ SE-2 Score by Race

ASQ SE2 Score by Race						
Race	**Concern**	**Monitor**	**No Concern**	**N/A**	**Frequency**	**Percentage**
White	7	4	39	55	105	13%
Hispanic	25	21	149	309	504	62%
Multi-race	1	0	11	10	22	3%
Black or African American	5	2	13	57	77	9%
N/A	3	1	1	23	28	3%
Unknown	3	2	12	17	34	4%
Asian	0	1	0	20	21	3%
Other	0	0	0	20	20	2%
Total	44	31	225	511	811	100%

Figure 19a. ASQ SE-2 Score by Race

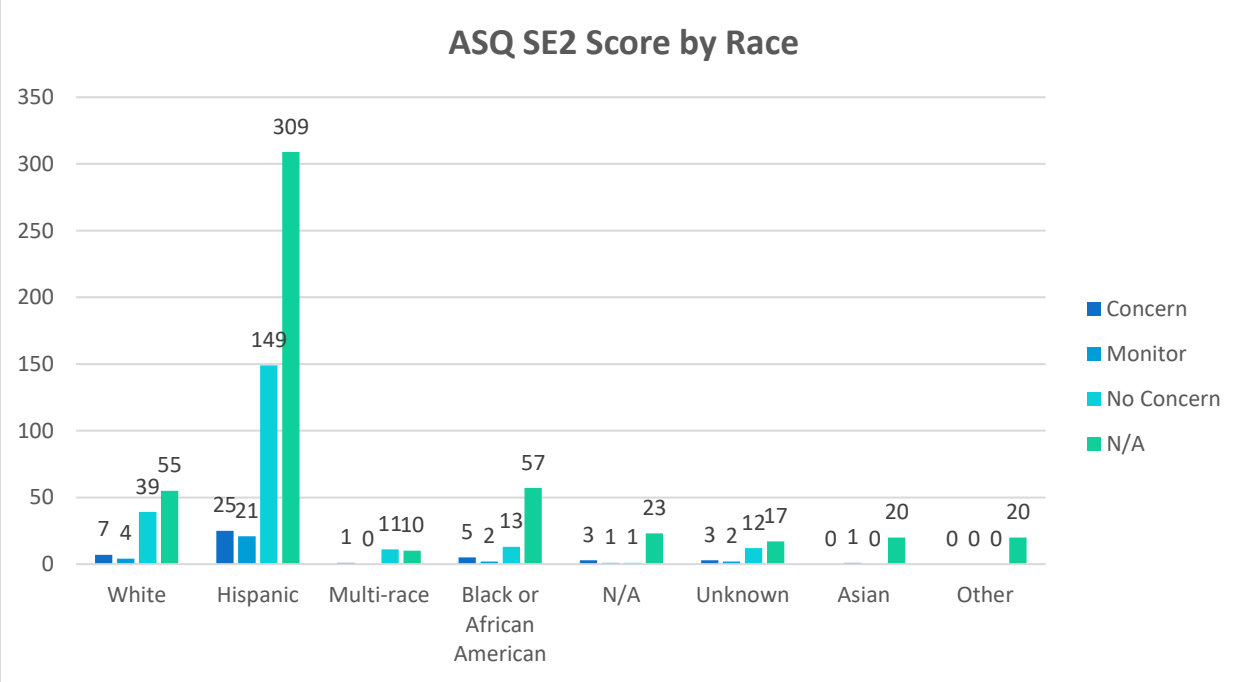


Table 41b. ASQ SE-2 Score by County

ASQ SE2 Score by County						
County	**Concern**	**Monitor**	**No Concern**	**N/A**	**Frequency**	**Percentage**
Los Angeles County	0	0	0	3	3	0%
San Bernardino County	33	25	203	341	602	76%
Riverside County	11	6	10	162	189	24%
Other County	0	0	0	2	2	0%
Total	44	31	213	508	796	100%

Figure 19b. ASQ SE-2 Score by County

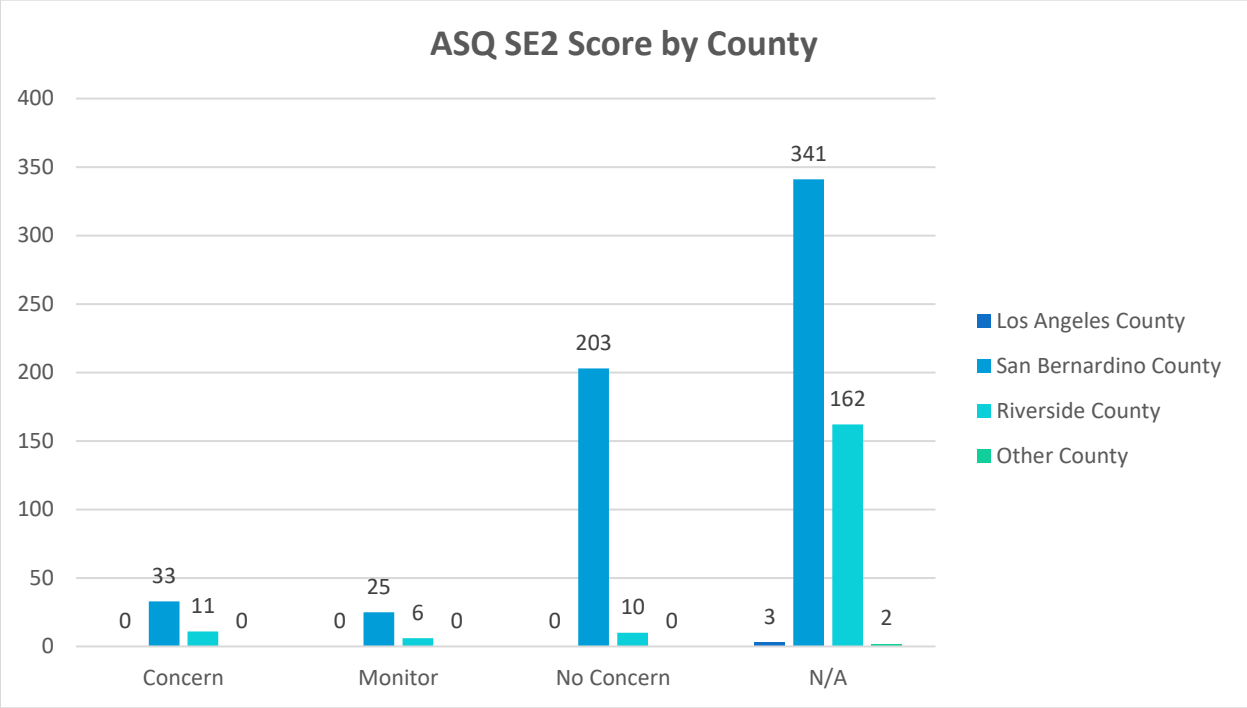


Table 41c. ASQ SE-2 Score by Race and by County

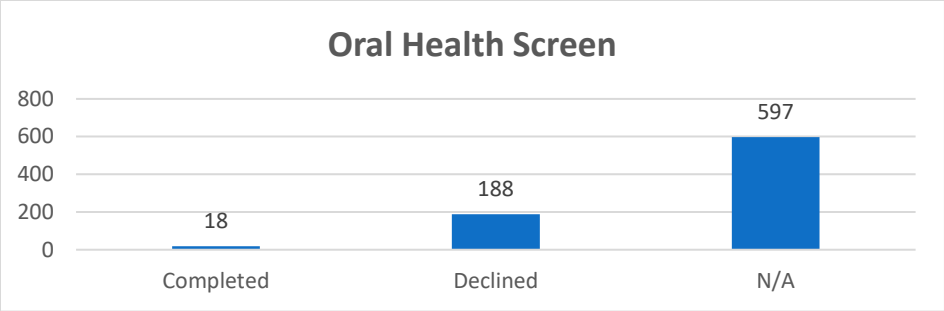
ASQ SE2 Score by Race and by County							
Race	**County**	**Concern**	**Monitor**	**No Concern**	**N/A**	**Frequency**	**Percentage**
White	**Los Angeles County**	0	0	0	1	1	0%
	San Bernardino County	7	4	39	43	93	12%
	Riverside County	0	0	0	11	11	1%
	Other County	0	0	0	0	0	0%
Hispanic	**Los Angeles County**	0	0	0	2	2	0%
	San Bernardino County	17	18	146	208	389	49%
	Riverside County	8	3	3	98	112	14%
	Other County	0	0	0	1	1	0%
Multi-Race	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	1	0	11	6	18	2%
	Riverside County	0	0	0	4	4	1%
	Other County	0	0	0	0	0	0%
Black or African American	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	4	1	6	42	53	7%
	Riverside County	1	1	7	14	23	3%
	Other County	0	0	0	1	1	0%
N/A	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	2	0	1	16	19	2%

	Riverside County	1	1	0	7	9	1%
	Other County	0	0	0	0	0	0%
Unknown	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	2	1	0	6	9	1%
	Riverside County	1	1	0	6	8	1%
	Other County	0	0	0	0	0	0%
Asian	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	1	0	5	6	1%
	Riverside County	0	0	0	15	15	2%
	Other County	0	0	0	0	0	0%
Other	**Los Angeles County**	0	0	0	0	0	0%
	San Bernardino County	0	0	0	14	14	2%
	Riverside County	0	0	0	6	6	1%
	Other County	0	0	0	0	0	0%
Total		44	31	213	506	794	100%

Table 42. Oral Health Screen

Oral Health Screen	Frequency	Percentage
Completed	18	2.25%
Declined	188	23.47%
N/A	597	74.53%
Total	801	100%

Figure 20. Oral Health Screen



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