



Early Learning **Hub**

of Linn, Benton & Lincoln Counties

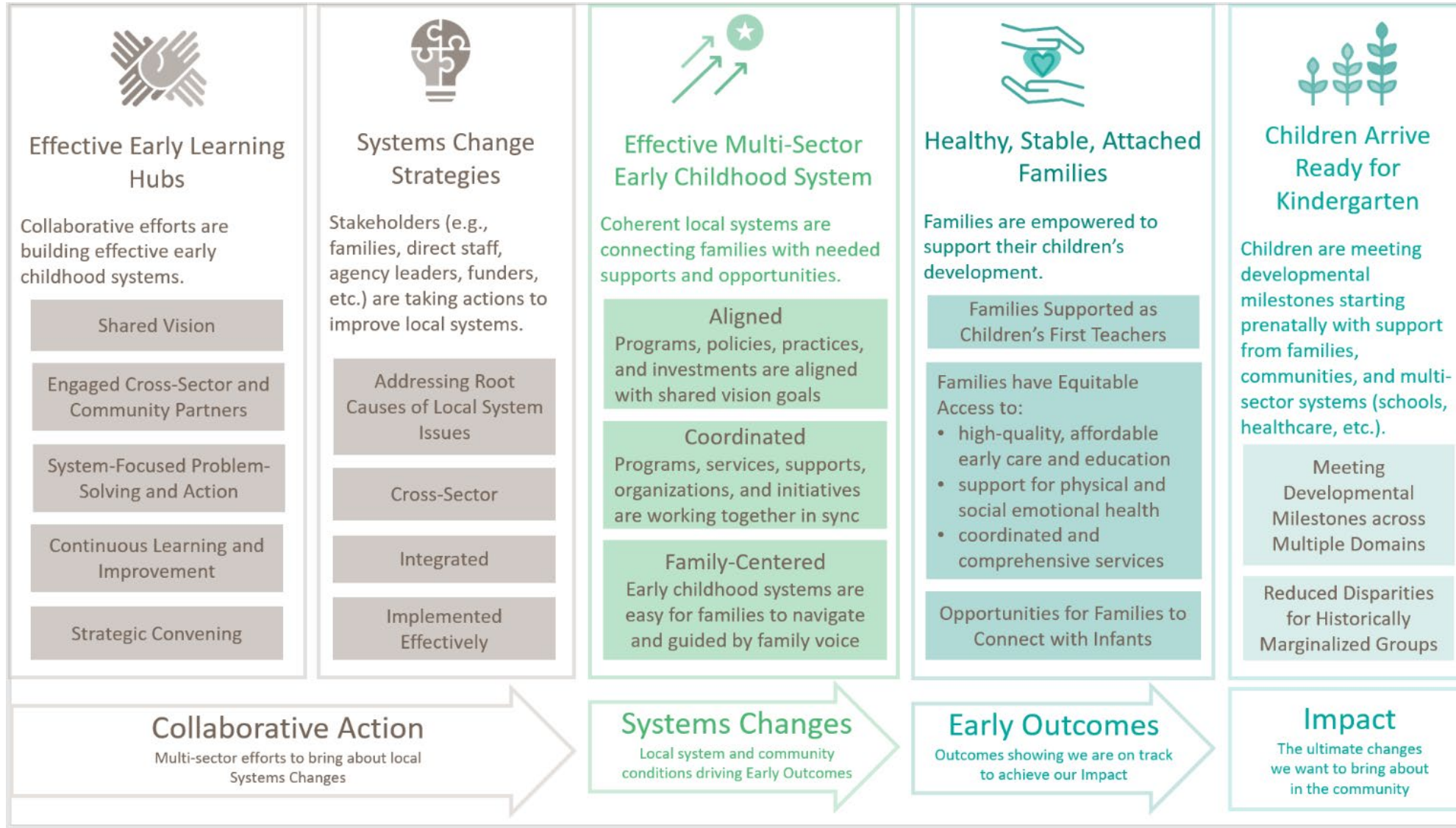
Healthcare Integration

Kristi Collins

Director

November 9, 2021

Oregon Regional Early Learning System Theory of Change



EXPLANATION OF SYMBOLS



This symbol is next to strategies with a focus on infants and toddlers.

Existing state plans and *Raise Up Oregon* have shared strategies, as indicated by the following symbols:



Aligns with Department of Human Services 2016-2019 Self Sufficiency Programs (SSP) Strategic Plan, SSP Fundamentals Map and Child Welfare Action Plan



Aligns with Oregon Department of Education 2017-2019 Strategic Plan.ⁱ



Aligns with Early Learning Division's Child Care Supply and Quality; Preschool and Kindergarten Readiness; Community-based and Family Supports; and Workforce Quality, and with ELD Policy Option Packages (POP) and Legislative Concepts (LC) 2019-2021.



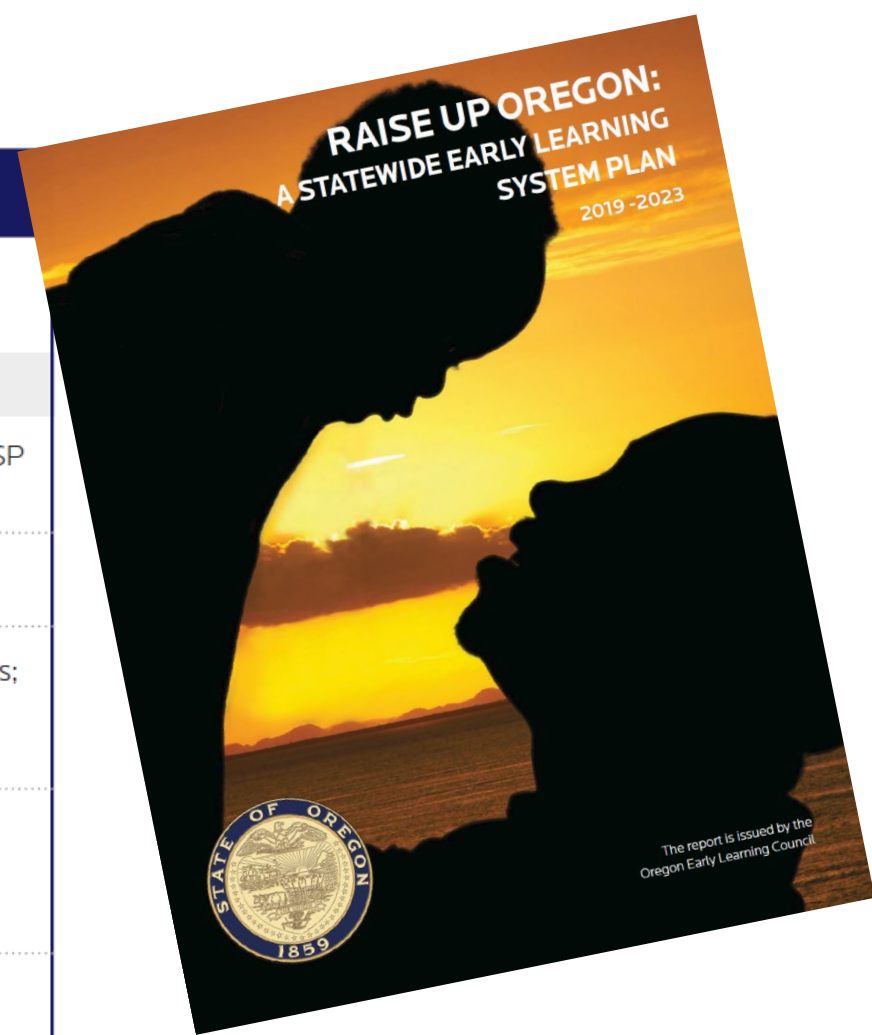
Aligns with Oregon Health Authority State Health Improvement Plan,ⁱⁱ the Public Health Division Maternal and Child Health Section 2018 Strategic Plan,ⁱⁱⁱ and CCO 2.0 Recommendations of the Oregon Health Policy Board.^{iv}



Aligns with Oregon Housing and Community Services 2019 Statewide Housing Plan.



Aligns with Governor's Agenda, e.g., Health Care for All: Sustaining the Oregon Model of Health Care Coverage, Quality, and Cost Management; Education Policy Agenda: Every Oregon Student Engaged, Empowered, and Future Ready; Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities; Child Welfare Policy Agenda: Protecting Children, Supporting Families and Ending the Cycle of Poverty; and The Children's Agenda: Pathways Out of Poverty for Children to Achieve Their Full Potential.^v



SYSTEM GOAL 1: CHILDREN ARRIVE READY FOR KINDERGARTEN

● **OBJECTIVE 1: Families are supported and engaged as their child's first teachers.**

Strategy 1.1 Expand parenting education and family supports.

Strategy 1.2 Scale culturally responsive home visiting.

● **OBJECTIVE 2: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets their needs.**

Strategy 2.1 Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable infant-toddler early care and education that meets the needs of families.

Strategy 2.2 Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable preschool that meets the needs of families.

Strategy 2.3 Strengthen child care assistance programs.

Strategy 2.4 Build the state's capacity to ensure children are healthy and safe in child care.

Strategy 2.5 Improve the essential infrastructure for high-quality early care and education.

● **OBJECTIVE 3: The early care and education workforce is diverse, culturally responsive, high quality and well compensated.**

Strategy 3.1 Improve professional learning opportunities for the full diversity of the early care and education workforce.

Strategy 3.2 Build pathways to credentials and degrees that recruit and retain a diverse early care and education workforce.

Strategy 3.3 Compensate and recognize early childhood educators as professionals.

Strategy 3.4 Improve state policy to ensure early care and education work environments guarantee professional supports.

● **OBJECTIVE 4: Early childhood physical and social-emotional health promotion and prevention is increased.**

Strategy 4.1 Ensure prenatal-to-age-five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive.

Strategy 4.2 Increase capacity to provide culturally responsive social-emotional supports for young children and their families.

Strategy 4.3 Increase and improve equitable access to early childhood oral health.

Strategy 4.4 Strengthen coordination among early care and education, health, and housing to promote health and safety for young children.

● **OBJECTIVE 5: Young children with social-emotional, developmental, and health care needs are identified early and supported to reach their full potential.**

Strategy 5.1 Ensure adequate funding of and access to a range of regional and community-based services, including Early Intervention/Early Childhood Special Education services.

Strategy 5.2 Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families.

Strategy 5.3 Prevent expulsion and suspension by strengthening state policies and supports to early care and education programs.

● **OBJECTIVE 6: Children and families experience supportive transitions and continuity of services across early care and education and K-12 settings.**

Strategy 6.1 Establish shared professional culture and practice among early care and education and K-3 that supports all domains, including social-emotional learning.

Strategy 6.2 Improve the Oregon Kindergarten Assessment to better support decision-making between early learning and K-12 stakeholders.

SYSTEM GOAL 2: CHILDREN ARE RAISED IN HEALTHY, STABLE, AND ATTACHED FAMILIES

● **OBJECTIVE 7: Parents and caregivers have equitable access to support for their physical and social-emotional health.**

Strategy 7.1 Increase equitable access to reproductive, maternal, and prenatal health services.

Strategy 7.2 Improve access to culturally and linguistically responsive, multi-generational approaches to physical and social-emotional health.

● **OBJECTIVE 8: All families with infants have opportunities for connection.**

Strategy 8.1 Create a universal connection point for families with newborns.

Strategy 8.2 Provide paid family leave.

● **OBJECTIVE 9: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.**

Strategy 9.1 Expand and focus access to housing assistance and supports for families with young children.

Strategy 9.2 Provide preventive parenting support services to reduce participation in the child welfare system.

Strategy 9.3 Improve the nutritional security of pregnant women and young children, particularly infants and toddlers.

Strategy 9.4 Link high-quality early care and education, self-sufficiency, and housing assistance programs.

SYSTEM GOAL 3: THE EARLY LEARNING SYSTEM IS ALIGNED, COORDINATED, AND FAMILY CENTERED

● **OBJECTIVE 10: State-community connections and regional systems are strengthened.**

Strategy 10.1 Ensure family voice in system design and implementation.

Strategy 10.2 Ensure family-friendly referrals.

Strategy 10.3 Further develop the local Early Learning Hub system.

● **OBJECTIVE 11: Investments are prioritized in support of equitable outcomes for children and families.**

Strategy 11.1 Ensure resources are used to reduce disparities in access and outcomes.

Strategy 11.2 Align and expand funding opportunities for culturally specific organizations.

● **OBJECTIVE 12: The alignment and capacity of the cross-sector early learning workforce is supported.**

Strategy 12.1 Support consistent, high-quality practice among all professionals in the family- and child-serving early learning workforce.

Strategy 12.2 Improve cross-sector recruitment, retention, and compensation.

● **OBJECTIVE 13: The business and philanthropic communities champion the early learning system.**

Strategy 13.1 Educate business leaders on the economic value of early care and education to the Oregon economy.

Strategy 13.2 Introduce business leaders to the science of early childhood development and the impact of public investment.

● **OBJECTIVE 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.**

Strategy 14.1 Strengthen data-driven community planning.

Strategy 14.2 Integrate early learning data into the Statewide Longitudinal Data System.

Strategy 14.3 Develop and implement a population survey to track the well-being of children and families across Oregon.

Strategy 14.4 Create and use an early learning system dashboard to create shared cross-sector accountability for outcomes for young children and their families.

Hub as Leader through HCI & Pollywog

Strategy 8.1

Create a universal connection point for families with newborns.

Strategy 10.2

Ensure family-friendly referrals.



Hub as Partner

Strategy 5.2

Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families.

Health Sector as Lead with Pollywog & HCI supporting

Strategy 1.1

Expand parenting education and family supports.

PSN as Lead with Pollywog Supporting



State as Lead with HCI supporting

Strategy 7.1

Increase equitable access to reproductive, maternal, and prenatal health services.

Strategy 4.3

Increase and improve equitable access to early childhood oral health.



Hub as Leader through HCI & Pollywog

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Ensure family-friendly referrals.

[Pollywog Website](#)



Hub as Leader through HCI & Pollywog

Strategy 8.1

Create a universal connection point for families with newborns.

Pollywog Website

Strategy 10.2

Ensure family-friendly referrals.

Pollywog Database



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Pollywog / ASQ

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Increase equitable access to reproductive, maternal, and prenatal health services.

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Increase and improve equitable access to early childhood oral health.



State as Lead with HCI supporting

Strategy 7.1

Increase equitable access to reproductive, maternal, and prenatal health services.

Pollywog / Family
Connects

Strategy 4.3

Increase and improve equitable access to early childhood oral health.



Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

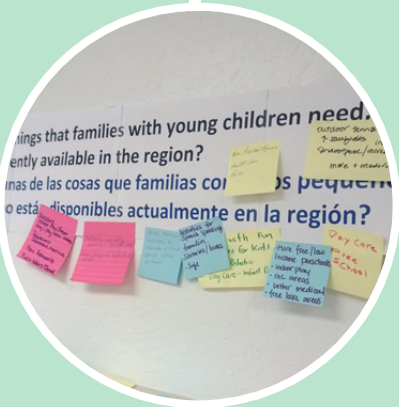
		Measurement year requirements		
Work to be accomplished		MY 1	MY 2	MY 3
Component 2: Asset Map of Existing Social-Emotional Health Services and Resources				
5.	<p>The CCO developed an Asset Map to capture services in the CCO region that address children’s Social-Emotional health, including service and provider characteristics to assess capacity and gaps.</p> <ul style="list-style-type: none"> • MY 1: Asset map for contracted behavioral health services. • MY 2: Expand asset map to Social-Emotional health services provided in integrated behavioral health. • MY 3: Expand asset map to early learning and other community-based Social-Emotional health services. 	Must pass	Must pass	Must pass
6.	The CCO reviewed key considerations and submitted a summary of reflections about asset mapping process.	Optional	Optional	Optional



Assessing the Needs and Assets of San Bernardino County Families

Big Bear – Mountain Region

December 2013



Between March and November 2013 Harder+Company Community Research

conducted eight community asset-mapping sessions throughout San Bernardino County with the goal of better understanding the needs, assets, resources, and gaps in services that families with young children in San Bernardino County face. Each session consisted of interactive activities for parents, community residents and local service providers that focused on a broad range of topics, from early education and medical resources to places where children can be active and community sources of pride. This report presents the findings from the Big Bear Asset Mapping session conducted on June 4, 2013.

The Approach: Asset Mapping

For this project, First 5 San Bernardino and Harder+Company Community Research adopted asset mapping as an approach to understanding community needs. Asset mapping has at least two important advantages over other traditional needs assessment approaches that made it well-suited to meet First 5 San Bernardino’s goals: it is **strengths-based** and **inclusive**.

Asset mapping focuses first on what is available and working in a community. These resources can then be leveraged to help address the needs of that same community – allowing for a strengths-based approach to problem solving. Simply put, being aware of both the resources and needs of a community allows for the development of more strategic solutions that have a higher likelihood of achieving outcomes. Traditional needs assessment focuses primarily on what’s missing from a community.

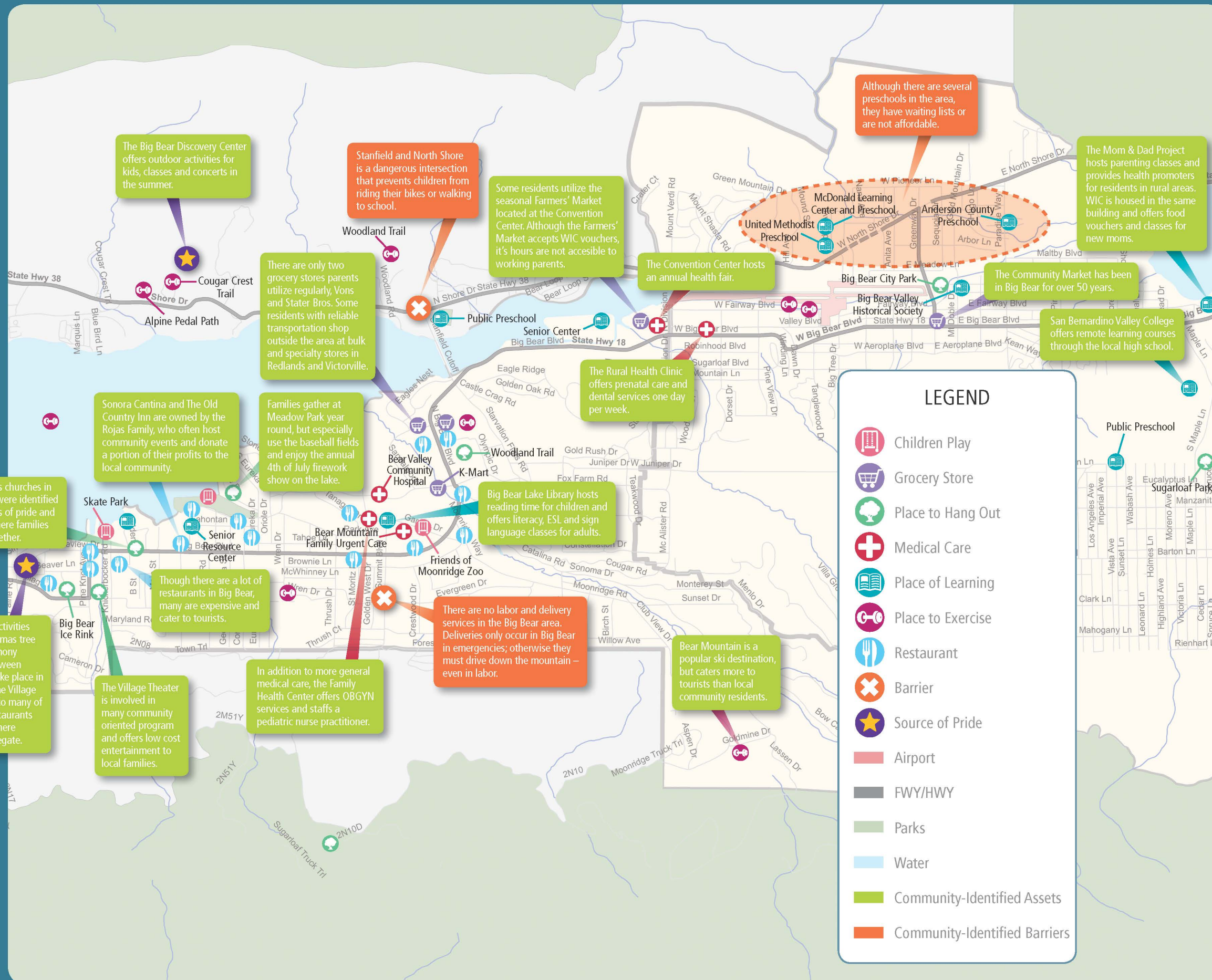
Second, asset mapping is inclusive – the technique makes it possible for a diverse group of people to work together to describe and understand the community. First 5 San Bernardino was eager to include a strong parent perspective in this project alongside the professional knowledge that service providers and leaders bring. Anyone who lives in a community is well-positioned to participate in asset mapping regardless of education, literacy level, language spoken or prior experience with this type of activity. Asset mapping truly allows a seat at the table for anyone with firsthand knowledge of the community.

Asset mapping sessions resulted in lively discussions and debates about every community we conducted them in. We hope the information in this brief report conveys the passion that community members brought to the session. We are indebted to them for their time and participation in this process.

About this report:

The fold out map to the right provides an overview of the *mappable* assets and needs in Big Bear. The report that follows provides more detailed information about the community-identified assets and needs.

MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



Big Bear Asset Mapping

This summary map shows community-identified assets and needs in the Big Bear community. During the asset mapping workshop a mix of about 12 local parents, residents, and service providers worked together to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food outlets and health care facilities. Although this is not an exhaustive list, First 5 San Bernardino and key community partners can use this map to identify existing resources that can be built upon to strengthen the foundation of services for children 0-5 and their families.

Key Findings:

- + Local parks, trails and the abundance of outdoor activities are a source of pride in Big Bear. While they are readily enjoyed during the warmer months, families – especially families with very young or disabled children – feel there is a great need for accessible indoor activities during the winter months.
- + Big Bear has an array of resources, but many still face challenges accessing them. Parents cite issues with public transportation, neighborhood walkability, and cost as barriers to accessing services for their children.
- + There are a number of childcare resources in the area, but very few are affordable and there are currently not enough slots to meet the demand. Only two subsidized preschools are in the area and many families cannot afford the private preschools or childcare.
- + Prenatal and pediatric services are lacking. There is a single pediatric nurse practitioner on staff at the Family Health Center and prenatal care is available only one day a week at the Rural Health Clinic. Additionally, there is only one pediatric dentist in the area.
- + Participants are proud of how the community members and organizations pull together and collaborate to the benefit of the community.

JUNE 2013

What does everyday life look like for parents and community members in Big Bear?

Big Bear has a small number of vital community assets: families take advantage of local parks, the library and many sites around the lake. However, basic services and amenities (such as medical care and groceries) are limited in the area, and supplemented with services provided by local community-based organizations. Geography presents a major challenge in Big Bear. Families have to travel substantial distances to access even basic services which are often not available in the immediate vicinity.



Residents make use of limited grocery and food options in Big Bear.

Participants indicated that Big Bear residents typically shop at *Vons* or *Stater Bros* because they are the only two grocery stores in the area. While many residents visit both grocery stores, some participants indicated that *Stater Bros* is more affordable relative to *Vons*. There are several locally owned alternatives for purchasing groceries, including a seasonal farmers' market hosted at the Convention Center (which accepts vouchers). However, it is open only between 9 am and 5 pm and therefore not easily accessible to many working parents. The *Community Market* has been in existence for 50 years and residents frequent it for deals on meats and cheese. Community members who do not have a car or easy access to public transportation have very limited options. Participants said they end up shopping for groceries at local liquor and convenience stores which are often expensive and have very limited selections of healthy food. Residents who have access to reliable transportation reported they often travel "down the mountain" to nearby cities (such as Lucerne Valley and



Community members utilized stickers to identify the small region where they access services.

Redlands) to visit specialty and bulk stores like *Trader Joe's* and *Costco*. According to one group of participants, any time people go “down the mountain”, they will usually also pick up groceries.

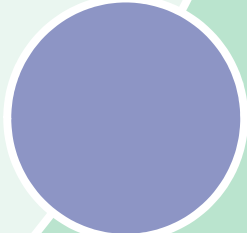
While there are a large number of restaurants in Big Bear, many of them are either fast-food establishments or too expensive for most families to frequent often. Some of the local standouts are *Sonora Cantina* and *The Old Country Inn*, which often host community events and donate a portion of their profits to the local community.

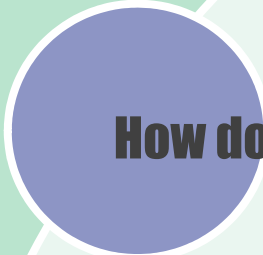


Community residents value outdoor venues where families can gather and exercise.

Local parks, trails and the abundance of outdoor activities are a source of pride in Big Bear. Residents often walk or ride the trails near *Big Bear Lake*, such as *Alpine Pedal Path* and *Cougar Crest Trail*, and visit the swim beach during the warmer months (though some participants noted the concerning lack of lifeguards at the beach as a deterrent to visiting). Families with children also take advantage of the *Discovery Center* near the lake that offers summer classes, an outside children’s center, and summer concerts. Residents identified *Meadow Park* as a place where the community regularly gathers to hang out and, specifically, use the playground and baseball fields. Many families also meet there for the annual Fourth of July Fireworks show held at the lake. Other outdoor activities in the area include the Halloween and Christmas celebrations at *The Village*, *Skate Park*, *Moonridge Zoo*, exercising at *Irwin Lake Park* and sledding at *Snow Hill* in the winter.

While residents and tourists take full advantage of these outdoor activities, participants indicated that kids typically play in their neighborhood streets because there are no indoor play areas for them to use. They expressed concerns about kids playing in the streets because they are often unpaved and/or have no sidewalks. This is especially concerning during the winter months when activities are limited in the area. Families, especially families with very young or disabled children, feel there is a great need for accessible indoor activities during the winter months. Indoor activities currently available include playing basketball at the *Parks and Recreation Gymnasium*, meeting at restaurants, watching movies at *The Village Theater*, and gathering at each other’s homes and places of worship.





How do parents care for their families' health?



With only one hospital in Big Bear, residents travel great distances to access family medical care.

Accessing high quality, family medical care is a challenge in Big Bear. According to asset mapping participants, there is a small selection of family doctors in the area. Additionally, there is only one obstetrician/gynecologist who provides regular prenatal care and no pediatrician in the area. One participant mentioned that there is a new pediatric Nurse Practitioner at the *Family Health Center* associated with *Bear Valley Community Hospital (BVCH)*, but most participants were not aware of the new addition to the Center.

Emergency medical care is available at *BVCH* and *Bear Mountain Family Urgent Care*. However, participants noted that the emergency services are limited and patients who experience emergencies are often airlifted to hospitals down the mountain.

While prenatal care is available, there are no regular labor and delivery services in Big Bear with the exception of emergency deliveries. The *Rural Health Clinic* offers prenatal services once per week, and the *Mom and Dad Project* sends health promoters working in Big Bear and the surrounding rural areas to local families. *BVCH* offers services for pregnant moms, but is not equipped to deliver babies. The lack of labor and delivery services means that moms must travel down the mountain for deliveries, typically at either *St. Mary Medical Center* in Apple Valley or *Arrowhead Regional Medical Center* in Colton. Each hospital is a 45 mile drive down the mountain that takes at least an hour. According to one participant, "It's scary to be a mom up here. You're always worrying about how you will get down the mountain when you go into labor. No hospital will deliver a baby unless it is an emergency. They'll send you down the mountain even if you are in labor."



"Me and most moms I know take our children off the mountain. There is no pediatrician here."

~Big Bear Participant





Ensuring children practice good oral health is a priority for parents, but there continues to be a lack of accessible services and information.

Participants indicated they attempt to instill good oral health habits in their children by brushing their teeth, flossing, and using mouthwash daily. However, many parents are not able to seek regular preventative dental care for themselves and their children. Specifically, parents cited a lack of pediatric dentists in the area and the cost of dental visits as the biggest barriers to providing regular oral health care for children.

Oral health information for families and children is available at the *Mom and Dad Project, Rural Health Clinic, Center for Oral Health* and local dentists.

Identifying parent’s practice and knowledge:

Community members utilized “placemats”, like the one pictured here, and worked in teams to identify dental health practices, challenges, and gaps in services.

Supporting healthy & thriving FAMILIES!

Tells us about yourselves :

Age: _____
 How many children live with you? _____ How many are under 6? _____
 Are you a: _____ Parent _____ Grandparent _____ Service Provider
 _____ Foster Parent _____ Other: _____

Age: _____
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Age: _____
 How many children live with you? _____ How many are under 6? _____
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 _____ Foster Parent _____ Other: _____

What kinds of dental health activities does your family practice regularly?
 Ex: Brushing teeth daily, flossing, etc.:

What are some of the difficulties to maintaining good dental health?

Where do you get information about your child's dental health? Ex: Community events, mobil clinics, dentist, family, etc.

To keep my family healthy, the three most important things are:

harder company FIRST5

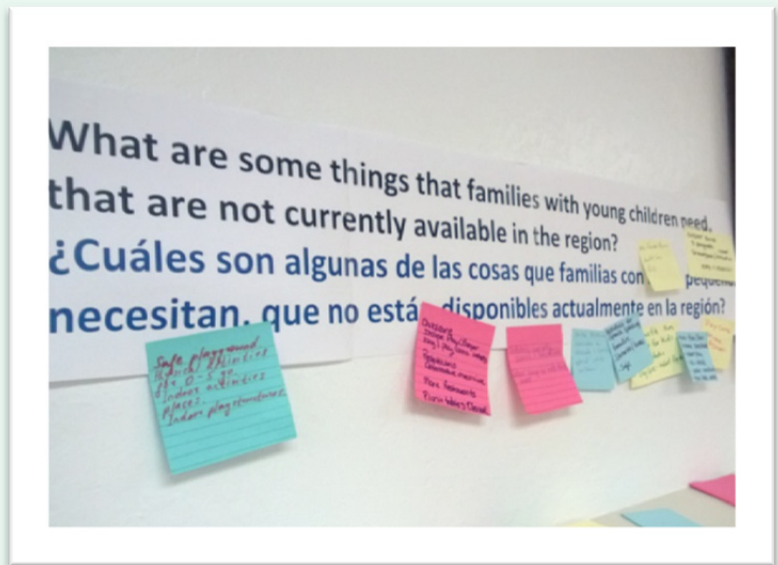
What learning opportunities are available for young children and their families?



Parents value education for their children and opportunities to learn together.

Participants engage in educational activities with their children regularly; this includes reading to them, educational games, outdoor activities and field trips to the zoo and the library. *Parks and Recreation* offers seasonal swimming, dance, and aerobics classes that are always full of kids, but there are very few such classes for younger children or children with disabilities.

Parents also take advantage of educational resources available to them in the area. *San Bernardino Valley College* has remote classes at the local high school. Other organizations like the *Mom and Dad Project* and the *Big Bear Lake Library* provide valuable resources for parents. The *Mom and Dad Project* hosts classes for parents and a *Mommy and Me* program. They also provide classes on how to cook inexpensively for families, a car seat program, toddler tumbling, baby sign language, prenatal-5 classes and a daddy boot camp. *WIC* is housed in the same building and offers food vouchers to mothers and they also have classes for new moms. The library offers literacy and ESL classes for parents and story time for kids.



Community members utilized post its to provide feedback about the regional needs in the Mountains.

Some of the needed resources identified during the meeting were early educational programs, intervention/prevention services, recreation programs and after school programs. Participants singled out the lack of affordable-preschools in the area as a major concern for families. There are only two public preschools in the area, and there are no full day preschools or daycare for children ages zero to two. If parents cannot access one of the two public preschools, there are multiple private preschools in the area; however, cost makes these options out of the reach of many families. Respondents indicated that parents often rely on friends and family for childcare.

Community Desires for the Mountain Region

The word cloud below illustrates resources participants most desire for Big Bear and surrounding cities, which make up the Mountain Region. Participants were asked to name things they would like to see in their communities. Words appearing in larger type appeared more frequently in their responses. Overall community members desire more **affordable housing and recreation, parent and youth classes, and pediatric services.**



Summary of community-identified needs in Big Bear

- Parents cite issues with public transportation, neighborhood walkability, and cost as barriers to accessing services for their children.
- There are a number of childcare resources in the area, but very few are affordable or have enough slots to meet the community's demand. There are only two public preschools, and many families cannot afford the private preschools or center-based childcare options. Many families rely on friends and family members to provide care for younger children.
- There are no labor and delivery services in Big Bear. Expectant mothers must drive "down the mountain" to deliver their baby, with the exception of emergency deliveries.
- Prenatal and pediatric services are lacking. There is a single pediatric nurse practitioner on staff at the *Family Health Center* and prenatal care is available just once a week at the *Rural Health Clinic*. Additionally, there is only one pediatric dentist in the area.
- While outdoor activities are readily enjoyed during the warmer months, families – especially families with very young or disabled children – feel there is a great need for accessible indoor activities during the winter months.

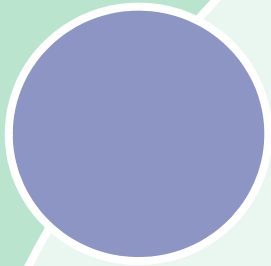
Summary of needs in the Mountain Region*

***Community members** were asked to name things that families with young children need that currently are not available in the Mountain Region. The “word cloud” above illustrates their responses. Words appearing in larger type appeared more frequently in their responses. Some of the biggest needs for children and families in the Mountain Region include access to **pediatric care**, **preschool** and **childcare**, and **playgrounds** for children.



Summary and conclusions

The community of Big Bear cares deeply about the well-being of young children and their families. While residents in many regions of the county face challenges in raising young children, some of these challenges are more pronounced in Big Bear (and the Mountain Region) than in other cities. Big Bear is more geographically isolated which means that families have to travel long distances (generally at least 40 miles each way) to access affordable, healthy food and other services that are not available locally, including health care. Snow and cold weather in the winter months make it difficult to provide play time and stimulating activities for young children and families frequently feel isolated during these months. However, the community also has extensive assets. The handful of community-based



organizations provide a range of services benefitting young children and their families and the extensive venues for outdoor activities are sources of pride among community members.

Big Bear residents and service providers (most of whom are also residents) have a strong sense of community that can be leveraged to build upon the existing services and infrastructure in Big Bear to improve life for families with children zero to five.

THANK YOU!

Many thanks to the community residents who attended this event and worked diligently to identify their community's needs and assets. We also want to thank local non-profits and churches that helped recruit community members and provided their knowledge and support every step of the way.



First 5 San Bernardino was created in December, 1998 in order to realize the benefits of Proposition 10 (California Children and Families Act) for the County's youngest residents and their families. The act created a program for the purpose of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age.

Vision – All children in San Bernardino County are healthy, safe, nurtured, eager to learn and ready to succeed.

Mission – Promote, support and enhance the health and early development of children prenatal through age five and their families and communities.



www.first5sanbernardino.org

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community research

San Francisco, Davis, San Diego, Los Angeles

Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Davis, San Diego, and Los Angeles, California.

Harder+Company's mission is to help our clients achieve social impact through quality research, strategy, and organizational development services. Since 1986, we have assisted foundations, government agencies, and nonprofits throughout California and the country in using good information to make good decisions for their future. Our success rests on providing services that contribute to positive social impact in the lives of vulnerable people and communities.

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Early Learning Hub of Linn, Benton & Lincoln Counties

2022 Meeting Schedule Health Care Integration Workgroup

All meetings are held online via Zoom until further notice.

If you wish to attend the meeting but are not a regular member of the Work Group, please email elhub@linnbenton.edu for a Zoom meeting invitation and log-in information. For security, our online meetings are password protected.

January 11, 2022, 9:30-11am

July 12, 2022, 9:30-11am

February 8, 2022, 9:30-11am

August 9, 2022, 9:30-11am

March 8, 2022, 9:30-11am

September 13, 2022, 9:30-11am

April 12, 2022, 9:30-11am

October 11, 2022, 9:30-11am

May 10, 2022, 9:30-11am

November 8, 2022, 9:30-11am

June 7, 2022, 9:30-11am

December 13, 2022, 9:30-11am

2022 meetings - 2nd Tuesday of each month from 9:30 – 11 AM

Inform and facilitate the alignment of EL Hub outcomes with health care sector initiatives.