

## MID-YEAR REPORT FOR OUTCOME PROGRESS

**Reporting for: July 1 – November 30 of the current year!**

**Agency Name: Mid-Iowa Community Action, Inc.**

**Program Name: Story County Emergency Food Pantry**

Brief Description of Program:

MICA's Story County Family Development Center (SCFD) offers a variety of services that serve households living in poverty in Story County. One of the more important is the SCFD Emergency Food Pantry. MICA's pantry meets the emergency food needs of Story County residents by providing food packages once per calendar month. However, additional packages may be provided within the same month in emergency situations. Additionally, we are able to engage families accessing the pantry and refer them to other resources within MICA and the community that assist with current and long-term needs.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

MICA's mission is to provide stability, security, and success to the individuals and families we serve. Through the pantry, we are able to assist families in achieving those goals. According to Feeding America's Map the Meal Gap project, 14.9% of Story County residents are food insecure — meaning they are "unable to consistently access nutritious and adequate amounts of food necessary for a healthy life." The need for food assistance continues to grow as an average of 32 new households use the food pantry each month. Visiting SCFD and using the pantry also provides an opportunity to introduce families to other agency services and provide referrals to community organizations.

***Mid-year report:*** In this reporting period (July 1, 2020 through December 11, 2020), MICA has served 55 new families in the Story County Emergency Food Pantry. The pantry has served 463 unduplicated households (many families visit the pantry each month) and 1,210 unduplicated individuals. We have referred families 148 times to other basic need resources and agencies in the community as well as through MICA programs. Due to the COVID-19 pandemic, we have also started to provide food package delivery to families who are high risk or home bound. We have made 85 deliveries to 48 households and 102 individuals (unduplicated).

**2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

Our intention is that all the households using the pantry experience a decrease in hunger and food insecurity. Impact on clients and the community is measured by the units of service provided, the number of individuals and families served, and the amount of community donations. Service measurements are captured in real-time using an online data system and analyzed monthly by the program accountant and program director. Finally, MICA's fiscal department records all donations to the food pantry. The records are reviewed monthly by the county partnership manager, program director, accountant, chief financial officer, and executive director.

**Mid-year report:** MICA's Story County Emergency Food Pantry has served 463 unduplicated households (many families visit the pantry each month) and 1,210 unduplicated individuals from July 1, 2020 through December 11, 2020. We have referred families 148 times to other basic need resources and agencies in the community, while also serving them throughout our programs in MICA. We have received 39,056 pounds of food donations throughout this time from the community. We have provided 25,620 pounds of rescued food (including produce) to families.

**3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

**Mid-year report:** From July 1, 2020 to December 11, 2020 we have served 463 households and 1,210 individuals (unduplicated) at the Story County Emergency Food Pantry. 53% of those households visited the pantry more than once during this period. In addition, families can access our fresh items daily. We have received monetary donations and donations of food items, which have allowed us to sustain the operation of our food pantry.

**4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

**Mid-year report:** Story County Food Pantry has provided emergency food packages to 463 households during this reporting period. Fresh items are also available daily, to bridge more of the food gap.

**5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

**Mid-year report:** Due to the COVID-19 pandemic, there has been a barrier of serving families safely, particularly to those at high risk of exposure to the virus. MICA's Story County Family Development Center began a contactless service. Families remain in their vehicles and MICA staff members place the packages in their trunk. This has worked very well. As mentioned above, SCFD also implemented a food package delivery service that has provided food to families throughout Story County. We have effectively solved the barriers presented by the COVID-19 pandemic, and have experienced no gap in services for families.

**6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

**Total Unduplicated Clients Served:** 463 families and 1,210 individuals were served by our Story County Food pantry from July 1, 2020 to December 11, 2020.

**7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

**Mid-year report:** No one has been turned away from participation in this program.

**8. Comments:**

**Staff Use Only:**

Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

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**Reporting for: July 1 – November 30 of the current year!**

**Agency Name: Mid-Iowa Community Action, Inc.**

**Program Name: Fluoride Varnish Program**

Brief Description of Program:

Fluoride varnishes are applied at the MICA Health Services Clinic. Fluoride varnishes can be applied every 90 days. Prior to the application of varnish, every child receives an oral health screening. Care givers of the children with decay are directed to schedule a dental appointment. Dentists who would provide services are identified. If needed, the hygienist helps the family makes the appointment.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

Tooth decay is the number one chronic childhood disease in America. In fact, according to the CDC, 20% of children ages 5 – 11 have at least one tooth with untreated decay. Tooth decay can cause pain and infection, and recent studies have indicated that tooth decay can even affect a child's growth. Children living in poverty have an untreated decay rate double that of the average. However, tooth decay is a preventable problem that is effectively controlled with sealants and fluoride varnish. Fluoride varnishes, applied at the MICA Health Services Clinic, can be applied every 90 days.

**Mid-year update:** Due to the COVID-19, direct health services have been greatly impacted. MICA staff members have been working with families primarily over the phone, so are unable to do in-person visual screenings for decay and referrals for additional dental work that might require vouchers. MICA has a soft reopening plan currently in place. Families are able to schedule in-person appointments Tuesday-Thursday; however, many are hesitant to come in and, as a result, numbers have been very low.

MICA staff members fully expect that as COVID numbers drop more families will come in and dental needs will be high due to many children missing routine screenings and preventive services such as fluoride varnishes to prevent decay.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

The success of the program is measured by the number of children who receive services. Demographic information is entered in the IDPH database and an agency spreadsheet at the time of service.

**Mid-year update:** No changes to report. Please see narrative above for COVID-19 pandemic-related impacts on this program.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

**Mid-year update:** No changes to report. Please see narrative above for COVID-19 pandemic-related impacts on this program.

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

**Mid-year update:** No changes to report. Please see narrative above for COVID-19 pandemic-related impacts on this program.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

**Mid-year update:** As stated above, the COVID-19 pandemic has drastically impacted direct health services. MICA staff members have been working with families primarily over the phone, so are unable to do in-person visual screenings for decay and referrals for additional dental work that might require vouchers. MICA has a soft reopening plan currently in place. Families are able to schedule in-person appointments Tuesday-Thursday; however, many are hesitant to come in and, as a result, numbers have been very low.

MICA staff members fully expect that as COVID numbers drop more families will come in and dental needs will be high due to many children missing routine screenings and preventive services such as fluoride varnishes to prevent decay.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

Total Unduplicated Clients Served: 0

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

**Mid-year update:** Services have been severely limited due to restrictions in place as a result of the COVID-19 pandemic. Thus, all clients desiring to participate have been unable to do so.

**8. Comments:**

## MID-YEAR REPORT FOR OUTCOME PROGRESS

**Reporting for: July 1 – November 30 of the current year!**

**Agency Name: Mid-Iowa Community Action, Inc.**

**Program Name: Child Dental Voucher Program**

Brief Description of Program:

The Child Dental Voucher program helps uninsured children living in poverty receive dental care that their parents or guardians could not otherwise afford.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

The program helps children receive the dental care they need to achieve and maintain oral health. Tooth decay (cavities) is one of the most common chronic conditions of childhood. Typically, vouchers are issued to children who are experiencing tooth decay or who need treatment to prevent tooth decay. According to the CDC, about one in five children ages 5 – 11 have at least one tooth with untreated decay, and one in seven adolescents ages 12 – 19 have at least one tooth with untreated decay. Additionally, the percentage of children and adolescents ages 5 – 19 with untreated tooth decay is twice as high for households living in poverty. Tooth decay leads to infection of the teeth and gums and can result in eventual tooth loss.

***Mid-year update:*** Due to the COVID-19, direct health services have been greatly impacted. MICA staff members have been working with families primarily over the phone, so are unable to do in-person visual screenings for decay and referrals for additional dental work that might require vouchers. MICA has a soft reopening plan currently in place. Families are able to schedule in-person appointments Tuesday-Thursday; however, many are hesitant to come in and, as a result, numbers have been very low.

MICA staff members fully expect that as COVID numbers drop more families will come in and dental needs will be high due to many children missing routine screenings and preventive services such as fluoride varnishes to prevent decay.

- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

The success of the program is measured by the number of children who received the dental care needed to establish good oral health. The number of children who received vouchers, demographic data, the services provided, and the dentist providing services is recorded when the voucher is given to the family. This data is managed in a spreadsheet.

**Mid-year update:** No changes to report. Please see narrative above for COVID-19 pandemic-related impacts on this program.

**3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

Though fewer dentists are signing on to take vouchers, MICA's I-Smile Coordinator continues to reach out to local dentists to promote this partnership.

**Mid-year update:** No changes to report. Please see narrative above for COVID-19 pandemic-related impacts on this program.

**4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

**Mid-year update:** No changes to report. Please see narrative above for COVID-19 pandemic-related impacts on this program.

**5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

**Mid-year update:** As stated above, the COVID-19 pandemic has drastically impacted direct health services. MICA staff members have been working with families primarily over the phone, so are unable to do in-person visual screenings for decay and referrals for additional dental work that might require vouchers. MICA has a soft reopening plan currently in place. Families are able to schedule in-person appointments Tuesday-Thursday; however, many are hesitant to come in and, as a result, numbers have been very low.

MICA staff members fully expect that as COVID numbers drop more families will come in and dental needs will be high due to many children missing routine screenings and preventive services such as fluoride varnishes to prevent decay.

**6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

**Total Unduplicated Clients Served: 0**

**Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

**Mid-year update:** Services have been severely limited due to restrictions in place as a result of the COVID-19 pandemic. Thus, all clients desiring to participate have been unable to do so.

**7. Comments:**