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Hope Center for Families: Addressing Health Needs through a Two Generation Model

Brianna Burlock
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Hope Center for Families: Addressing Health Needs through a Two Generation Model

Brianna Burlock

Wright State University Boonshoft School of Medicine

Master of Public Health Program

Sabrina M. Neeley, Ph.D., M.P.H. – Committee Chair

Sylvia A. Ellison, M.A., M.P.H. – Committee Reader

Meaghan F. Ebetino, M.D., M.P.H. – Committee Reader

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Abstract

This project's objective is to explore how the Two Generation Model of the Hope Center for Families can address the health needs of the zip code 45406 community in order to combat negative health outcomes for impoverished families. The investigator researched studies regarding the Two Generation Model and previous organizational applications of the model. Interviews were held with the partners of Hope Center for Families and with an organization that uses the Two Generation Model. The interviews were analyzed for recurring themes after listening to each of them several times and then transcribed. A logic model for the Hope Center for Families was created. The Two Generation Model has the potential to positively impact the health and wellness of families within the zip code 45406 as the partners are well-aligned in their vision for the Hope Center for Families. The health outcomes in the zip code 45406 are related to the social determinants of health of the community. Enhancing education, creating workforce development and creating access to clinical care all impact healthcare outcomes. Current ideas and experiences concerning how to effectively operate a Two Generation Model align with suggestions from previous organizations thus leading to an even greater hope for success.

Keywords: health outcomes, community partnership, population health, social determinants of health, logic model

Hope Center for Families: Addressing Health Needs through a Two Generation Model

Previous studies have demonstrated the relationship between poverty and negative health outcomes. Reports have repeatedly shown that poor people are exposed more often to inadequate living conditions, lack of access to healthcare and little resources to cover basic needs. According to a study on health in the United States by the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC, 2017), the percentage of fair or poor health was highest in people who were 100% below the poverty line (19.8%) versus those who were over 400% or more of poverty line (3.9%) in 2014. The association between income level and health provide support for the need to focus on impoverished communities to improve lives.

Communities of poverty are simply not equipped with the tools to make healthy decisions. Researchers have identified several factors that contribute to a healthy community. Srinivasan, O'Fallon, and Dearry (2003) state that housing, transportation, schools, environment, and workplaces could all contribute directly to health. Insufficient housing structure, dangerous communities and inadequate housing all increase risk for adverse health behaviors and illnesses (Srinivasan et al., 2003). Increased use of cars, trucks and buses for transportation in communities are associated with increased air pollution and motor vehicle accidents and less sidewalks decrease walkability leading to physical inactivity and subsequently contributing to obesity (Srinivasan et al., 2003). Thus, the disparities in the social and environmental aspects of impoverished communities lead to more adverse health outcomes for the populations that reside there.

Poverty can lead to families with higher stress levels which greatly impact mental health. Data from CDC (2017) show that in 2014 more adults living 100% below the poverty line experienced psychological distress (9.1%) in the last 30 days compared to people who were

living at 400% or more of the poverty line (1.2%). Elliott (2016) explains that the dynamic property of poverty increases the risk of mental health issues within the poor population. Dealing with regular or sudden loss and struggle opens a person up to an instability that negatively affects mental health (Elliott, 2016). Elliott (2016) recommends providing opportunity and support for social determinants surrounding communities of poverty in order to prevent and manage mental health crises.

Physical and mental health that is not appropriately addressed leads to increased morbidity and chronic disease that burden the healthcare system. CDC (2017) reports that 6.6% of individuals living 100% below the poverty line had four or more chronic diseases while 2.7% of those 400% or more of the poverty line reported the same. Colton and Manderscheid (2006) showed that mental health clients had a higher risk of dying than the general population. Not only did those who were diagnosed with a mental health disorder have higher mortality rates than the general population from physical health disease or injury, they also had more years of potential life lost and died at younger ages (Colton & Manderscheid, 2006). Overall, there is a clear consistency of the detrimental effects of poverty on the mental and physical health of communities.

Many studies have also established the profound effect of poverty on children. In a study by Blair et al. (2011), researchers sought to demonstrate the relationship between physiological stress and cognitive ability in young children. The results of their study showed that cortisol levels, a natural hormone that indicates physiological stress, was higher in low-income children and disproportionately higher in those with African American race when compared to Whites (Blair et al., 2011). Cortisol in young brains was associated with decreased cognitive function during early childhood (Blair et al., 2011), which has been shown to impact learning and growth

into adulthood. The American Academy of Pediatrics, Council of Community Pediatrics (2016) suggests that poverty in childhood leads to adverse outcomes that not only affect the health and well-being of the individual but also the community at large. More specifically, Holzer et al. (2007) estimate that the strong associations between childhood poverty and the increased likelihood of crime, adverse health outcomes and other factors leads to about $500 billion annual costs for American society. Addressing childhood poverty can create opportunities for these children as well as create less economic burden for society.

Looking more specifically at Ohio, the health outcomes in comparison to the national data are devastatingly low. Ohio ranks 39th in the nation for its health outcomes (United Health Foundation, 2018). Ohio also ranks in the top five in the country for behaviors such as smoking as well as deaths associated with drug overdose (United Health Foundation, 2018). Data from a 2016 report by the CDC's National Center for Chronic Disease Prevention and Health Promotion (2016) reported that in 2014, the age-adjusted rate of mortality caused by diabetes was 66.2 per 100,000 people nationally, yet Ohio was reported as 85.1 per 100,000 people. These staggering statistics lead to even higher concerns for Ohioans who reside in low-income communities with scarce resources and access to care.

Children in Ohio are particularly vulnerable to negative health outcomes when in economically unstable homes. The Data Resource Center for Child and Adolescent Health (2017) reported that in 2016 33% of children from families living 100% and below the poverty line had two or more health conditions compared to 16.5% of children from families living 400% and above the poverty line. This finding shows that poor children are sicker than those who are not. Ohio also seems to be in worse shape than the national rate when it comes to childhood poverty. According to the Kids Count Data Center at the Annie E. Casey Foundation (2018), the

percentage of children in Ohio whose parents lacked stable employment in 2016 was 29%, which was higher than the national rate (28%). The Annie E. Casey Foundation (2017b) also showed that in 2016, 21% of children in Ohio lived in families who were 100% below poverty line (United States = 19%), which had not changed from the previous year. Meanwhile, the national rates of children 100% below the poverty line decreased from 21% in 2015 to 19% (The Annie E. Casey Foundation 2017b).

This project focuses on the zip code 45406 within Dayton, Ohio. These communities located within Montgomery County, northwest of downtown, were once thriving before large companies and factories relocated to cities in the southern United States. Soon thereafter, grocery stores and other businesses left these areas or closed down. This reduction in businesses left these areas without access to necessities and began the demise of a once-thriving community.

Currently, Montgomery County ranks 77 out of 87 total Ohio counties in health outcomes, according to the Robert Wood Johnson Foundation (2017). Public Health – Dayton & Montgomery County (PHDMC, 2017) has noted these disparities and developed a strategy to combat these health concerns. A Community Health Improvement Plan (CHIP) outlines the most concerning public health issues for local communities. Concerns that top the list in Dayton and Montgomery County are decreasing infant mortality, preventing chronic disease and increasing access to behavioral health services (PHDMC, 2017). Although these priorities are crucial, the larger issues of poverty must be addressed to adequately tackle the health of Montgomery County. In order to combat the effects of poverty on health, policymakers, non-profit organization and practitioners must arm families in poverty with the necessary tools in order to create opportunity for generations to come.

The Omega Community Development Corporation's (Omega CDC) Hope Center for Families is an initiative located in Montgomery County that focuses on breaking cycles of poverty by providing opportunities to both children and parents of families in the zip code 45406. This organization plans on incorporating the Two Generation Model to the vision, mission and operations of the initiative. According to a publication released from Ascend at the Aspen Institute (2016), a Two Generation Model strives to simultaneously meet the needs of both parents and children in a family unit. Over the past few years, many non-profit organizations and research institutions have begun incorporating the combination of services for children and their parents. Omega CDC plans to implement the Two Generation Model in order to improve workforce development, increase educational achievements, eliminate health disparities and ultimately to improve the quality of life for the residents of local communities.

Statement of Purpose

This project seeks to explore the use of the Two Generation Model for the Hope Center for Families' initiative that is intended to equip communities with resources and opportunities to elevate above the cycle of poverty. The exploration focuses on how the Two-Generational Model will improve the health and wellness of the communities in the zip code 45406.

Literature Review

Efforts in addressing poverty. Over the last few decades, several approaches to addressing poverty have been implemented on the federal, state and local levels. Examples of federal efforts include assistance programs such Medicaid and the Children's Health Insurance Program (CHIP), which provide health insurance to mostly children but also disabled, elderly, pregnant women and/or low-income Americans. State-wide facilitation of the Supplemental Nutrition Assistance Program (SNAP) and a special supplemental nutrition program for Women,

Infants and Children (WIC) allow for some families to be able to eat every day. Local programs in Dayton such as Homefull work to help people find permanent housing and jobs. All of these programs have helped many people increase financial, food and home security, yet the low numbers of families that are able to move outside the cycle of poverty is still alarming.

Although efforts have made some progress, there hasn't been enough of an impact to result in great strides in reducing Americans in poverty. Babcock and Ruiz De Luzuriaga (2016) suggest that the problem lies in the approach: solutions should focus on family unit progress out of poverty and not just individuals. In fact, the relationship between parents and children has been described by scientists as "serve and return" (p. 9). In the brief, Babcock and Ruiz De Luzuriaga (2016) explain how the reciprocal relationship of learning, growth and motivation is a natural part of developing children and the strengthening of adults. Thus, it only makes sense to build further on these strong bonds to help entire families increase stability. The Campaign for Grade-Level Reading (2017) suggest that since children are so greatly and directly impacted by their parents, efforts on supporting parent success are essential to helping the child reach educational achievements. Because the relationship between parents and their children are so inextricably tied, many researchers have realized that individual efforts can be thwarted when the entire family is not working together in their efforts for improvement. Babcock and Ruiz De Luzuriaga (2016) give an example of a mother who is enrolled in school and making progress but is unable to find affordable child care. Many examples exist of how parents and children reciprocally affect the overall well-being of each other. The impact of a parent-child relationship can be seen most obviously when efforts to improve their socioeconomic conditions for a better future are equally yoked.

Effective practice of Two Generation Model. Organizations that study methods to reduce poverty have been publishing research that investigates the elements needed for the Two Generation Model to work effectively. Babcock and Ruiz De Luzuriaga (2016) advise other organizations to understand that not every family can be coached in the same fashion. The authors also warn against working in silos with the other partners of collaboration and emphasize the importance of the continuity of support over time with the families (Babcock & Ruiz De Luzuriaga, 2016). Babcock and Ruiz De Luzuriaga (2016) discuss the participant's internal motivation as the driving force of change and a reminder that poverty directly impacts the sense of self and family relationships. Organizations must be aware of the poverty mentality that must be understood and then broadened for participants to even desire to reach higher socioeconomic goals.

Scott, Popkin, and Simington (2016) released suggestions for putting Two Generation Models into practice. Scott et al. (2016) added that success can only be achieved once establishing relationships with the families is put before utilization of programs. The authors also suggested tailoring services to individuals and families will ensure meeting the needs of that individual and family (Scott, Popkin, & Simington, 2016). Lastly, Scott et al. (2016) underlined the need for serving as an advocate on local policy on behalf of the community that the organization seeks to serve. Some issues are in sole control of governmental and political proceedings and furthermore, policy creates a broader impact on society.

The Center on the Developing Child at Harvard University (2017) mentioned how to meet the needs of faculty and staff in order to prevent high levels of staff turnover by providing adequate compensation, training, supervision and support. Many non-profit organizations, where the pay is low and the need is great, experience a transient flow of staff. This can disrupt the

relationships built with the families of the community and employees of the organization which can ultimately lead to a source of stress and frustration for the organization and participants as well. Since stress is such a major factor in the mental and physical health of a person, the Center on the Developing Child at Harvard University (2017) suggests asking, assessing and responding to major stresses regularly. Targeting stress and incorporating stress management skills contributes to health development and relationships during childhood and adulthood (The Center on the Developing Child at Harvard University, 2017). Thus, implementing an encompassing support system for staff as well as participant stress management evaluation as part of the Two Generation Model would help an organization reach its ultimate goals for the community.

In 2017, the Annie E. Casey Foundation released a brief focusing on the Two Generation organizational structure. The brief pointed out four important themes to consider when initiating a Two Generation Model: structure, team dynamics, service integration and entire family engagement. The type of structure is dependent on location of services, the community of impact as well as relationships with partners (The Annie E. Casey Foundation, 2017a). Effective teams need efficient staffing and team dynamics, an alignment of mission with a shared vision, regular meeting and ongoing communication, space sharing in one common building, trust and credibility among partners, investment in staff skills, continual assessment and cross-trained staff in order create positive change in the community of focus (The Annie E. Casey Foundation, 2017a). For true service integration between child and adult services, joining partnerships must be evaluated for effectiveness and gaps must be identified along with a continued and regular reassessment of services (The Annie E. Casey Foundation, 2017a). Lastly, in order to engage the entire family, a shift from case management to coaching is necessary as well as a focus on

involving parents for methods of resource delivery and child service planning (The Annie E. Casey Foundation, 2017a).

Babcock and Ruiz De Luzuriaga (2016) also mentioned some specific challenges in serving families of poverty in a Two Generation way including the immense investment of time and resources to coach families and the necessity of experienced and trained staff. Adding to the time it takes for trust-building for each individual within a family to occur, each family also has its own unique challenges that they are facing. Although organizations must be wary of these presented challenges, appropriate planning may be helpful in dealing with these possible challenges.

Atlanta Civic Center's Two Generation outcomes and impact. Previous applications of the Two Generation Model have shown results demonstrating improvement of social and health outcomes. Under the Annie E. Casey Foundation, the Atlanta Civic Center, located in Atlanta, Georgia has been striving to fulfill the needs of low-income families in their community. The community of the Atlanta Civic Center was targeted because of their overall low reading levels (only 34% at or above fourth grade reading level proficiency in Georgia in 2015) (The Annie E. Casey Foundation, 2017d) and the large number of children living in high poverty (46% in Atlanta compared to 13% nationally from 2012 to 2016) (The Annie E. Casey Foundation, 2017c). Demographically, the zip code of the Atlanta Civic Center (30312) is made up of 22,464 people with an average age of 33.9 years (U.S. Census Bureau, 2016a). The population consists of majority Blacks (see Table 1) (U.S. Census Bureau, 2016a). According to the United States (U.S.) Census Bureau (2016a), between the years 2012 and 2016, the zip code 30312 had 28.6% of individuals living below the poverty line. The demographics and poverty

profile of the community of 30312 create a unique opportunity to address the specific social and economic issues that plague its residents.

Table 1

American Community Survey 5-Year ACS Demographic and Housing Estimates for Zip Code 30312, by Race

Subject	Estimate	Percent
Race		
Total population	22,464	
Hispanic or Latino (of any race)	1,038	4.6%
Not Hispanic or Latino	21,426	95.4%
White alone	8,552	38.1%
Black or African American alone	11,856	52.8%
American Indian and Alaska Native alone	12	0.1%
Asian alone	554	2.5%
Native Hawaiian and Other Pacific Islander alone	0	0.0%
Some other race alone	25	0.1%
Two or more races	427	1.9%
Two races including Some other race	14	0.1%
Two races excluding Some other race, and Three or more races	413	1.8%

Source: U.S. Census Bureau, 2016a.

Along with other organizations in Atlanta dedicated to poverty reduction, the Atlanta Civic Center has seen increased reading proficiency, employment opportunity and health access.

The organization's Early Learning and Literacy Resource Center (ELLRC) had a 38% increase in infant, toddler and preschool literacy outcomes that were met or exceeded from 2011 to 2012 (see Figure 1) (The Annie E. Casey Foundation, 2012). The parents of the children enrolled at ELLRC had a 33% increase in employment and a $35 increase in weekly wage earnings during this same time (Annie E. Casey Foundation, 2012).

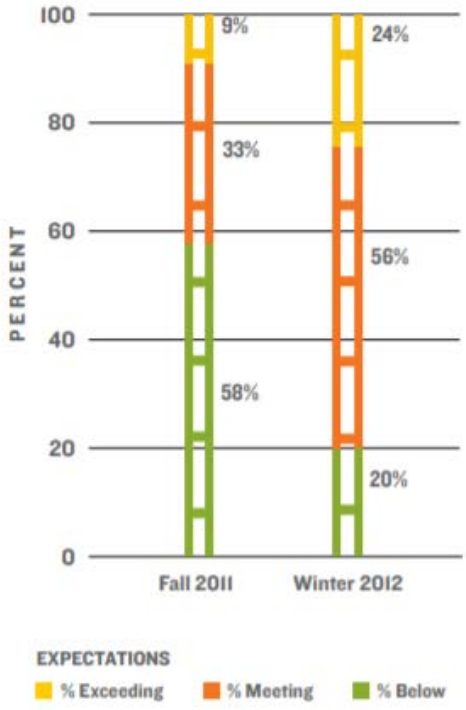

Figure 1. The percentage of Early Learning and Literacy Resource Center (ELLRC) infants, toddlers and preschoolers meeting literacy expectations from 2011-2012. Source: The Annie E. Casey Foundation, 2012.

Through Atlanta Civic Center's health program, *Healthy Beginnings* System of Care, 97% of enrolled children are up-to-date on their immunizations and 99% have a primary care physician (The Annie E. Casey Foundation, 2012). The need for resources and opportunities within the community of 30312 is evident and the services provided by the Atlanta Civic Center is impacting and improving educational, economic and health outcomes.

Montgomery County, OH: Socioeconomic and healthcare gaps in zip code 45406. In Montgomery County, Dayton, Ohio, the zip code 45406 has a similar poverty level and demographic make-up as the Atlanta Civic Center. In 2016, the U.S. Census Bureau reported that the area consisted of a majority of Blacks (81.3%) with a median age of 39.5 and 32% below the poverty level (see Table 2) (U.S. Census Bureau, 2016b).

Table 2

American Community Survey 5-Year Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months for Zip Code 45406, by Age and Race

Subject	Total Estimate	Less than 50% of the Poverty Level Estimate	Less than 100% of the Poverty Level Estimate	Less than 125% of the Poverty Level Estimate
Population for whom poverty status is determined	19,994	15.6%	32.0%	37.5%
Age				
Under 18 years	4,359	26.7%	51.4%	56.2%
Related children of householder under 18 years	4,351	26.5%	51.3%	56.1%
18 to 64 years	12,558	14.8%	29.7%	34.9%
65 years and over	3,077	3.6%	14.3%	21.8%
Race and Hispanic or Latino Origin				
One race	19,188	15.5%	31.6%	36.7%
White	2,703	10.8%	21.6%	27.3%
Black or African American	16,360	16.0%	33.1%	38.1%
American Indian and Alaska Native	53	69.8%	69.8%	69.8%
Asian	8	0.0%	25.0%	25.0%
Some other race	64	26.6%	40.6%	40.6%
Two or more races	806	20.0%	42.9%	57.2%
Hispanic or Latino origin	87	11.5%	44.8%	44.8%
White alone, not Hispanic or Latino	2,680	10.9%	21.0%	26.8%

Source: U.S. Census Bureau, 2016b.

Furthermore, the Epidemiology Section of PHDMC (2015) published opportunity maps for Montgomery County highlighting the gaps of socioeconomic service. There is very low to low overall access to economic, educational and health opportunities in the zip code 45406 (see Figure 2) (PHDMC, 2015).

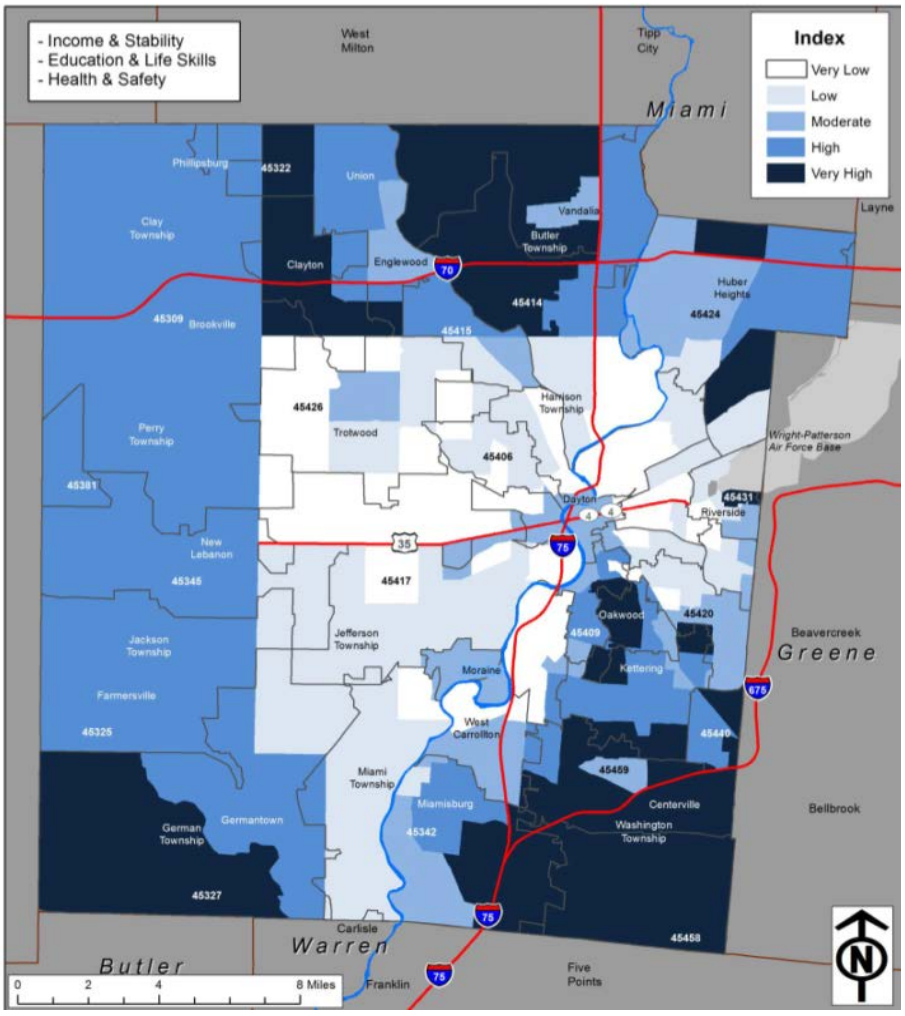

Figure 2. The geography of opportunity-Montgomery County, OH. Source: Public Health – Dayton & Montgomery County (PHDMC, 2015).

Even more interesting are the differences between Black access to opportunity compared to White access to opportunity because the opportunity map shows higher levels of access in the predominantly White areas of Montgomery County regardless of residential income status (see

Appendix A). Since the focus of this paper is on the incorporation of the Two Generation Model into organizational practice, the differences between Black and White access to opportunities are only highlighted to show the need for tailored services in the 45406 community.

The Hope Center for Families. For the incorporation of the Two Generation Model in the zip code 45406, Omega CDC decided to build one central location for various services called the Hope Center for Families. The partners on this project will contribute separate, yet overlapping services to the Hope Center for Families including adult and youth workforce development, adult education, child care and early development and pediatric health. All of the services are all currently in separate office locations around the Dayton area, yet serve residents from all over the county. According to the Omega CDC President, Reverend Vanessa Ward, the Omega CDC was founded on the compassion and love for people and that the same principle led to the larger vision of the Hope Center for Families. Reverend Ward's own personal memories concerning the vibrant Northwest Dayton community feeds her dedication and passion to serve the area with an initial focus on 45406.

Logic models. For many organizations, logic models are helpful in showing the goals and potential outputs and outcomes of a project. The W.K. Kellogg Foundation's Logic Model Development Guide (2004) describes the logic model as a way to hone in on shared visions, goals and methodology for reaching outcomes. More specifically, an activities approach model allows for programming management where each program aligns with a specific outcome of interest (W.K. Kellogg Foundation, 2004). Creating a logic model may provide a foundation for the structure and partnership of the Hope Center for Families. Lehoullier and Murrell (2017) concluded that all Two Generation Models be built upon "a sound logic model and research-

informed strategies" (p. 10) in order to breed success in the positive impact of the target community.

Methods

This project employed a qualitative series of key informant interviews to gather information about the possible goals and expected outcomes during partnership as well as how Hope Center for Families can impact the communities it will serve. According to the Wright State University Institutional Review Board (IRB), 45 CFR part 46 does not apply (see Appendix B) to this research because it does not include research involving personal information about the interviewees.

Key Informant Interviews

Interviewees were selected based on either their partnership with Omega CDC for Hope Center for Families or their Two Generation Model experience. A representative from each of the currently five confirmed partners were contacted to conduct the interview which focused on their specific service and contributions to Hope Center for Families. The interview also focused on the visions, future collaborations, challenges foreseen and needs with respect to the Hope Center for Families. One interview with a current Two Generation organization in Montgomery County, Dayton, OH focused on the implementation and results of a Two Generation Model to service. Two separate interview protocols that pertained to each interview category were developed in order to provide organization for interviewees (see Appendix C). Consent forms were also developed in order for interviewees to be aware and consent to recording the interviews for transcribing purposes (see Appendix D). Interviews were conducted over a four week period from February 15, 2018 to March 12, 2018. Six interviews were recorded on the investigator's personal computer and all lasted less than an hour. Recurring themes were formed

from all six interviews by listening to each interview several times. The interviews were then transcribed, confirmed by the interviewees and then given to Omega CDC for their records.

Logic Model Creation

The resources, activities, outputs, outcomes and community impacts were gathered from each individual interview. The themes that were found from listening to the interview recordings several times as well as information from the interviews that were not put into themes were added into the model. Also, the vision and mission of the Hope Center for Families from talking to Reverend Vanessa were added to the Hope Center for Families Logic Model.

Results

Interview Themes

The interviews highlighted several themes pertaining to the importance, need and desire for an efficient Two Generation Model at the Hope Center for Families. For the themes gathered from the partner interviews, there were three present in all five interviews. These themes include addressing social determinants of health, breaking the cycle of poverty, and securing intentional collaboration with partners (see Table 3). Multiple interviewees made comments that fit under the umbrella of a reoccurred theme. The themes that were present in four to five interviews show a strong partner alignment with that particular theme.

Table 3

Themes Categorized from the Five Partner Interviews

Themes	Count	Quotes
Addressing social determinants of health	5	"connect with families in a more global way", "nonprofits are really able to address the issues in a more holistic way"
Breaking the cycle of poverty	5	"get people out of social service circle that happens sometimes where it's generational"
Securing intentional collaboration with partners	5	"more than just a building", "would like ongoing regular partner meetings", "we can make soft handoffs all in one building"
Creating accessibility of resources	4	"exposure to further resources", "easier access for families to get the help they need", the vision of the commissioners of bringing everything under one roof"
Building trust with residents/consumers	4	"how do we get community to know this is for them?", "barriers to break down on front end", "there's always things that happen but we're going to be there to support"
Creating united metrics of success	4	"advisory board with residents and other stakeholders that meets regularly to stay tuned into gaps and perceptions to how it is working", "consistent meeting for partner metric updates and sharing"
Implementing the practice of cultural sensitivity	4	"can always get better at being more culturally knowledgeable"
Having current trust in partners	3	"we wish we had more partners like them", "looking forward to working with both of them as we move forward with the project", "with the partners, I see no road blocks"
Realizing the reputation of partners and/or Omega CDC	3	"respect for the Wards and the notable reputation of the partners"
Building family strength	3	"it's all about the strength of the families", "children can't survive in families that are challenged", "what we've seen is they really support each other and it really feeds off of the energy among them and they really pull each other up"
Improving quality of life of residents	2	"[staff] want to make a difference in the community", "want to focus on improving their quality of life"
Needing cross training between partners	2	"creating an environment of teaching and support across all partners", "we need some cross-training of staff"
Requiring clear policy of operations for Hope Center for Families	2	"separating children and adult services will serve as a risk management", "need a framework from the beginning"
Needing residential input	2	"voice of the families are needed", "who are using our services and how have we done"

For the local Two Generation Model Organization, there were four themes that were mentioned more than once during the interview (see Table 4). The unique themes from this

interview include helping transient immigrant populations and funding as the largest concern in sustaining the model and overall organization.

Table 4

Themes Categorized from the Local and Current Two Generation Model Organization Interview

Themes	**Quotes**
Importance of relationships with the community they serve and networking	"we need community trust and buy-in"
	"there are partners that I have had relationships with for years"
Funding as largest concern for sustainability	"we always need funding to do anything"
Established method of data tracking	"we are currently looking into a data tracking system to help us keep up with measures"
Helping transient immigrant populations	"it is hard to keep up with a constantly-changing population as the cultures and needs shift"
Partner communication	"we use a staff member to communicate with [our partner]"

Hope Center for Families Logic Model

The logic model was created using the responses to the various questions and topics from each of the interviews. The logic model focused on the needs for the Hope Center for Families to be successful and reach the intended goals, not the individual partner organizations. Many interviewees mentioned the importance of culturally receptive staff, having a staff-person with the primary role of coordinating services and a guiding organizational framework (see Figure 3). From these inputs, the activities of each organization as well as the activities of the Hope Center for Families were included into the model. The activities for the previously mentioned inputs included holding cultural competency trainings, paying a coordinating staff-person, and creating and updating an organizational framework. Measurable outputs include regular self-assessment of cultural competency, feedback on organizational coordination, and an updated organizational

framework. The outcomes were treated as short-term goals and include flexible and applicable services for the community and the built community trust. Ultimately, these outcomes contribute to the larger impact of strengthening families and building a self-sufficient community in Northwest Dayton.

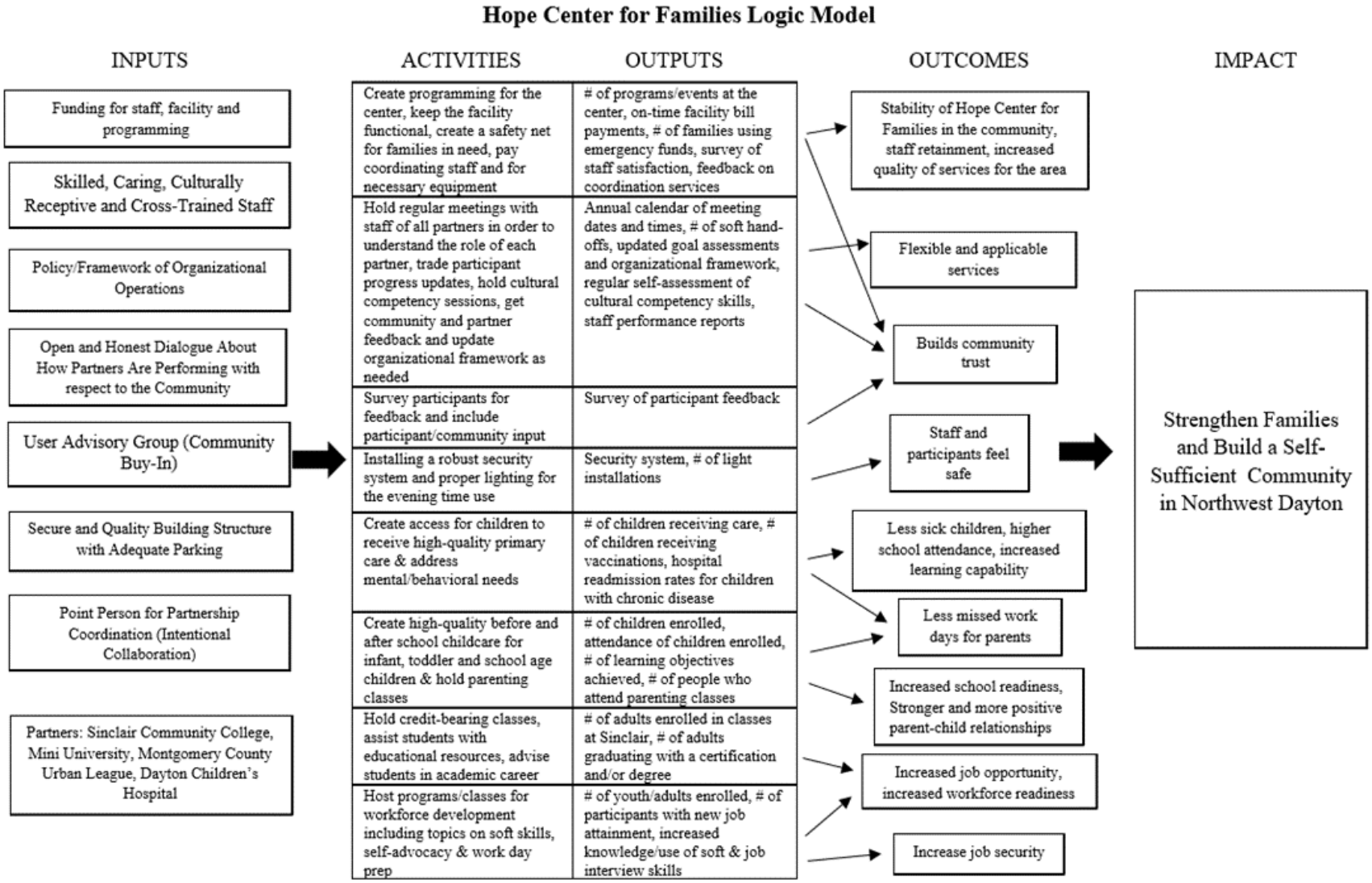

Figure 3. Logic model for Hope Center for Families.

Discussion

According to previous suggestions on the Two Generation Model structure, the partners of the Hope Center for Families seem to be on the right track for creating a successful and impactful community outreach facility in Northwest Dayton. Several themes were reinforced in each separate interview which speaks to the alignment of the partners. The theme ‘addressing social determinants of health’ was mentioned in every partner interview. Thus, partners understand the bigger picture of their services and their individual part to play in addressing the needs of the community. The partners also see the relationship of socioeconomic disparities to the overall health and well-being of a community. ‘Breaking the cycle of poverty’ was also mentioned by all the partners. It is very important to Omega CDC that generational poverty is addressed in order to allow Northwest Dayton to be self-sufficient. The partners understand that poverty exists beyond the individual and services must infiltrate the entire family in order to break the cycle. Many partners emphasized the importance of ‘securing intentional collaboration with partners’. The idea is that the partners could not be as effective with just being present in the building – they must be efficiently coordinated in services. Previous research indicates that this is key in building a family-focused facility with various partners. The partners seem to be in agreement with previous literature and each other when it comes to working in a coordinated way.

In the same effort, the partners mentioned having a ‘united metric of success’ in order for the entire organization to move in the same direction toward universal goal achievement. The idea of goal achievement led to the development of the logic model. A visual map of the purpose and path of the Hope Center for Families is important for creating goal unison. The logic map included necessities such as funding and staff but also included partner needs such as open and

honest communication between partners. The logic map becomes unique to the current partners involved with the Hope Center for Families, thus needing adjustment as partners are included and goals change. The logic map was intended to be general and flexible by using phrasing such as ‘hold regular meetings’ since it is the first Hope Center for Families logic map created. For example, the Hope Center for Families must decide how regular meetings must be. Initially, they may need to be every other week; and after six months, they may need to be monthly. Keeping the logic map specific to the Hope Center for Families, yet general in some verbiage allows the long term applicability of the logic map.

The other themes such as building trust with residents of 45406 and implementing cultural sensitivity are very important to the longevity of Hope Center for Families in the community. Every community is different and trust, on both the giving and receiving end, is a necessary part of the organizational process. However, trust takes time so patience is also necessary in the process. Although the Hope Center for Families currently has many qualities that will make it successful as a center for eliminating poverty, there are always other factors that may not have been foreseen.

The themes from the current and local Two Generation Model can help the Hope Center for Families be aware of and plan for other factors that might not have previously been considered. Although funding is known to be a challenge for all non-profit organizations, the current Two Generation Model organization emphasized how much funding played a part in all of their services. When serving families, it takes much more capital to meet all the needs of that family. When there are multiple families to serve, the financial state of the organization is that much more vital to the stability of the organization to the community.

Recommendations for the Hope Center for Families

As for the Hope Center for Families, there are many recommendations for future success. First, there must be a continual focus on the alignment of partners by holding frequent and regular partner updates and goal achievement assessment. Also, as a continuation of this project, interviews with 45406 residents should be held to discuss their needs and desires of such a center within their community. Even throughout the development of the Hope Center for Families, residents and stakeholders from the 45406 community should continue to be involved in the planning and assessment of goals and services.

Previous research describes the importance of the organization getting involved in local and state policy that affects the health and advancement of poor communities. This will allow political advocacy on behalf of the community of service. In order to reach a coordinated agenda for the organization, the Hope Center for Family needs clear and united program metrics that describe all the issues the organization stands for. The issues that each individual partner has may only pertain to that organization but does not have to pertain to the Hope Center for Families. In order assist with organizational uniformity, the Hope Center for Families should focus on building understanding of beliefs and cultures between the participants, employees and employers of the Hope Center for Families.

The Hope Center for Families can be a center for several programs on and off campus. It would be helpful to brainstorm and continually develop the desired uses of the Hope Center for Families' facility. Also, within the organization, it may be necessary to allow flexibility for continual adjustments to the services provided. Finally, it would be most beneficial to the larger community of Montgomery County to work with the novel 'Forum for Two-Generation Programs in Montgomery County' to gather support and an appropriate assessment of services.

Recommendations for Public Health

The public health community should support the Hope Center for Families and other Two Generation Models. There must be an effort to guide the further connecting of programs in the communities that serve the same population with similar end goals. The incorporation of the Two Generation Model in organizations will lead to the well-being and total health of whole communities and need the support of local public health departments. Furthermore, public health departments can use this model in their own services and help to set a standard and clearly define a Two Generation Model. This will be beneficial for further research and incorporations of the model to other organizations.

Recommendations for Future Research

Future research should focus on the residential experience, needs, wants and commitment to such a community center as Hope Center for Families. Omega CDC should hold community forums where residents, partners and other stakeholders can openly discuss pertinent community issues. Also, more research should be devoted to the impacts of race on access to opportunities within Montgomery County, Dayton, OH since there is a disparity.

Limitations

There are a number of limitations that affected this study. First, during the initial interview process, there were technical difficulties that affected the quality of sound during the recordings. This prevented accurate transcriptions as well as missed concepts to incorporate into themes with a couple of the interviews. Also, the experience of the interviewer improved so that the interviews that occurred closer to the end of the project were better in quality. This could impact the type of responses from the interviewees in the beginning of the project compared to the responses from interviewees at the end. A limitation is also the inability to interview

residents from the zip code of focus (45406) or another local, established Two Generation Model organization. Ultimately, the novelty of the Two Generation Model and the limited published results of its application make the model difficult to apply to the unique population of 45406. Most of the Two Generation Models in research were not demographically similar to the zip code of focus for this project. The various definitions and interpretations for Two Generation Models made it problematic when applying the methods and results to the Hope Center for Families. Also, the majority of the published results that were available were from studies with small numbers of participants. Another limitation is the short time spent with the Hope Center for Families. Initial time to understand how the organization operates and build relationships within the organizational network would contribute to better interviews and logic model creation. Lastly, the outcomes of the Hope Center for Families Logic Model are difficult to assess. More and better assessment techniques are needed for full application of the logic model to the organization.

Conclusion

Poverty is linked to negative health outcomes in the community. In Dayton, Ohio, various health outcomes of impoverished communities seem to be some of the worst in the nation. Through the Hope Center for Families, the Omega Community Development Corporation in Northwest Dayton intends to provide solutions to improve the social determinants of health of the local community. Using the Two Generation Model, the Hope Center for Families hopes to fulfill the socioeconomic needs of the zip code 45406. Although there are many factors that contribute to a successful Two Generation Model organization, efficient partner and service alignment are a great part of that success. Great partner collaboration along with other important

organizational factors makes the Hope Center for Families a future leader in breaking the cycles of poverty and creating healthy and whole communities.

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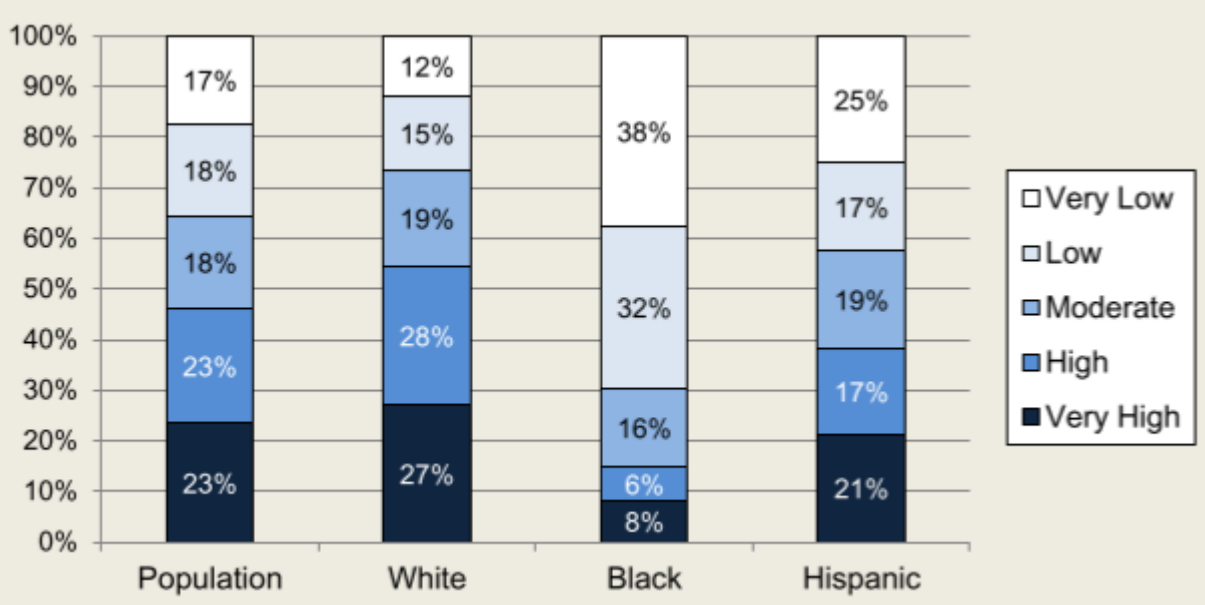
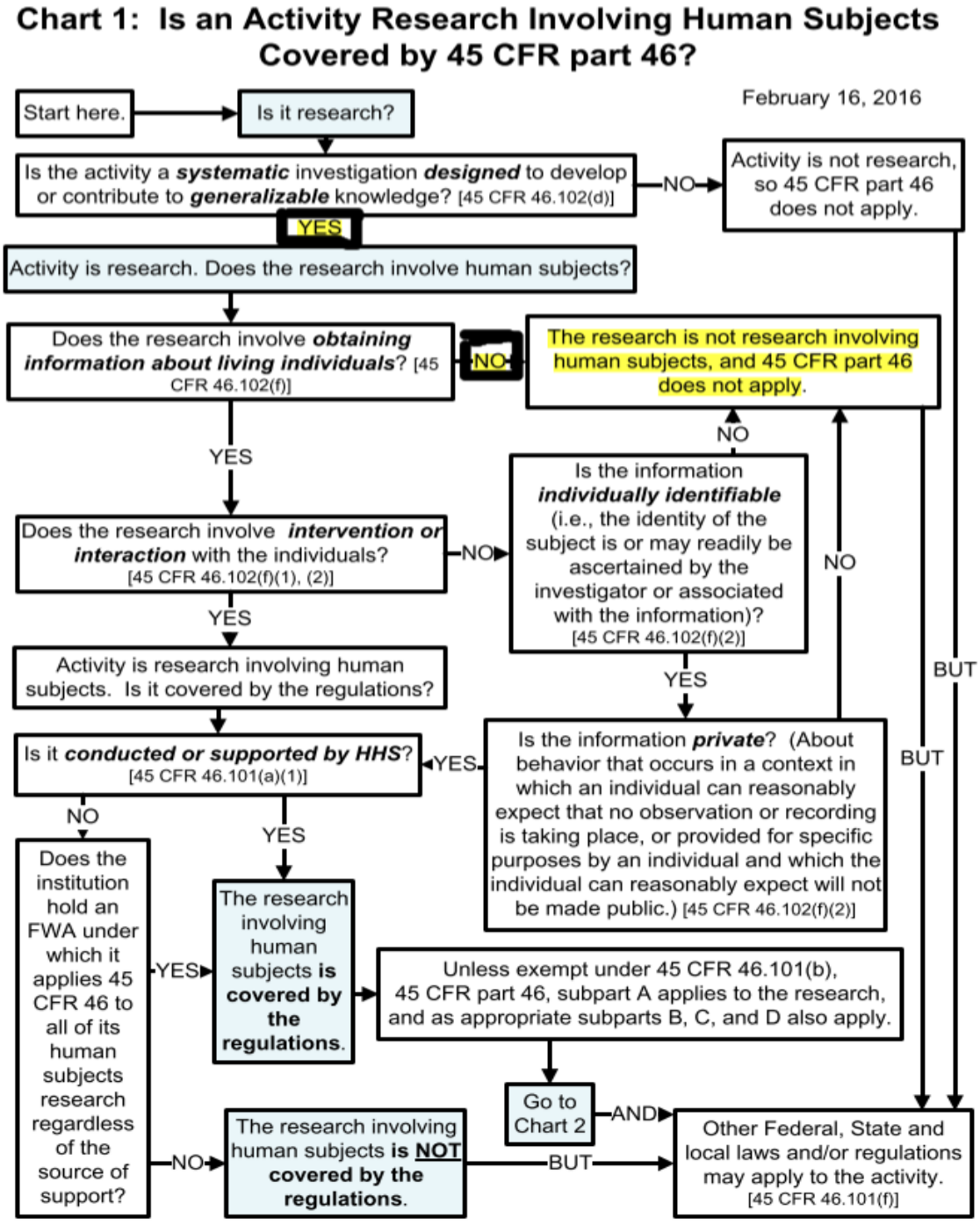
Appendix A

Black vs. White Access to Opportunity in Montgomery County, OH from the Epidemiology Section of Public Health – Dayton & Montgomery County (PHDMC), 2015



Appendix B

Human Subjects Regulations Decision Chart



Appendix C

Interview Protocols - Partner

Interviewer: [redacted]

Phone number: [redacted]; Email: [redacted]

Purpose: The purpose of this interview is to understand the individual goals of each of the partners as it relates to the Hope Center for Families. From this interview, a logic model, detailing the needs and plans for the Hope Center for Families to reach the goals and vision for the community, will be created.

Organizational Affiliation: _____

Interviewee (Name, Professional Title): _____

I ☐ do __☐ do not agree to let my name, professional title, and organizational affiliation (as written) be listed as an interviewee in any resulting documents. Note: This listing is most often included in the acknowledgements and methods sections.

I ☐ do __☐ do not wish to be consulted about direct quotes from my audiorecorded interviews to confirm fidelity of the statement.

I ☐ do __☐ do not consent for my interview to be audiorecorded for transcription purposes. I understand that the recording will be destroyed after transcription or by December 31, 2018. I understand the recordings and transcriptions are simply data collection tools and will not be disseminated beyond the research team at Wright State University and Omega Community Development Corporation /Hope Center for Families.

Survey Section Used:

_____ A: Organizational Contribution

_____ B: Goals/Vision

_____ C: Coordination

_____ D: Assessment, Training, Resources

Other Topics Discussed:_____

_____

Documents Obtained: _____

_____

_____

Post Interview Comments or Leads:

_____

Introductory Protocol

To facilitate note-taking, I would like to audio record our conversations today. For your information, only the research committee on the project will be privy to the recordings which will be destroyed (by December 31, 2018) after they are transcribed. Options related to identity include: 1) listing/not listing your name-title, affiliation; 2) recording/not recording your interview; and 3) giving you the option of approving direct quotes if one is needed. Thank you for agreeing to participate.

This interview is planned to last no longer than one hour. During this time, there are several questions that will be covered. If time begins to run short, it may be necessary to push ahead to complete all lines of questioning.

Introduction

You have been selected to speak with me today because you have been identified as someone who has a great deal to share about your partnership with Hope Center for Families. Our research project as a whole focuses on the structure of Hope Center for Families, possible goals and expected outcomes during partnership as well as how Hope Center for Families can impact the communities it will serve. The study does not aim to evaluate your techniques or experiences. Rather, I am trying to learn more about your organizational goals, and hopefully create an all-encompassing structure for the Hope Center for Families and its partners that help improve communities of Northwest Dayton.

A. Organizational Contribution
    1. What services will your organization provide to the local community through the partnership?
B. Goals/Vision
    1. How can your organization contribute to the overall mission and vision of the Hope Center for Families?
        a. How could your organization contribute to the realization of the mission and vision of the Hope Center for Families?
    2. What suggestions would your organization make to improve the draft mission and vision statement?
C. Coordination
    1. How should the partners collaborating at the Hope Center for Families coordinate their work for the overall mission and vision of the Hope Center?
D. Assessment, Training, Resources
    1. What do you need (staff, funding, etc) in order for your individual organization to run as efficiently as possible for the Hope Center for Families? To assess goal achievement? To properly train staff?

Interview Protocols - Two Generation Organization

Introductory Protocol

To facilitate note-taking, I would like to audio record our conversations today. For your information, only the research committee on the project will be privy to the recordings which will be destroyed (by December 31, 2018) after they are transcribed. Options related to identity include: 1) listing/not listing your name-title, affiliation; 2) recording/not recording your interview; and 3) giving you the option of approving direct quotes if one is needed. Thank you for agreeing to participate.

This interview is planned to last no longer than one hour. During this time, there are several questions that will be covered. If time begins to run short, it may be necessary to push ahead to complete all lines of questioning.

Introduction

You have been selected to speak with me today because you have been identified as someone who has a great deal to share about the Two Generation model of your organization. Our research project as a whole focuses on the structure of Hope Center for Families, possible goals and expected outcomes during partnership as well as how Hope Center for Families can impact the communities it will serve. The study does not aim to evaluate your techniques or experiences. Rather, I am trying to learn more about your organization and experiences in coordinating the complexities of the Two Generation model for the improvement of communities in Dayton.

A. Organization History
    1. How did East End Community Services come to be? How did the Two Generation model get incorporated in its foundation?
B. Goals/Vision
    1. What are the vision and mission for East End Community Services?
C. Coordination
    1. How do your various partners coordinate their work for the overall mission and vision of East End Community Services?
D. Assessment, Training, Resources
    1. What have you found that you needed (staff, funding, etc) in order for your organization to run as efficiently as possible? To assess goal achievement? To properly train staff?

Appendix D

Interview Consent Form

Audio Recording Release Form

I voluntarily agree to be audio recorded during the interview being conducted by [redacted] on behalf of the Omega Community Development Corporation (Hope Center for Families). I understand that the recordings will be used to document the gathering of information about the vision and goals concerning partnership with the Hope Center for Families. Further, such information will be used to generate an electronically published Master of Public Health final research project and a subsequent publication and/or report. The recordings will be kept on [redacted]'s computer until December 31, 2018 and will be securely stored by [redacted] on behalf of the Omega Community Development Corporation. After the data are collected and transcriptions are made, the tapes will be destroyed. I understand that I will not receive compensation for my participation in the interviews or for any product resulting from such interview. Additionally, I understand that I can refuse to answer any question during the interview.

_____ _____

My Signature Date

_____ _____

Signature of the Investigator Date

Refusal to be Recorded

I do not agree to be audio recorded during the interview conducted by [redacted] on behalf of the Omega Community Development Corporation (Hope Center for Families). Although I refuse to be audio recorded, I understand that I can still continue to participate in the study.

_____ _____

My Signature Date

_____ _____

Signature of the Investigator Date

Appendix E

List of Competencies Met in Integrative Learning Experience

Wright State Program Public Health Competencies Checklist

Assess and utilize quantitative and qualitative data.
Apply analytical reasoning and methods in data analysis to describe the health of a community.
Describe how policies, systems, and environment affect the health of populations.
Communicate public health information to lay and/or professional audiences with linguistic and cultural sensitivity.
Address population diversity when developing policies, programs, and services.
Engage with community members and stakeholders using individual, team, and organizational opportunities.
Make evidence-informed decisions in public health practice.
Evaluate and interpret evidence, including strengths, limitations, and practical implications.
Demonstrate ethical standards in research, data collection and management, data analysis, and communication.
Explain public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels.

Concentration Specific Competencies Checklist

Population Health Concentration
Explain a population health approach to improving health status
Use evidence-based problem solving in the context of a particular population health challenge.
Demonstrate application of an advanced qualitative or quantitative research methodology.
Demonstrate the ability to contextualize and integrate knowledge of a specific population health issue.
Evaluate population health programs or policies that are designed to improve the health of the population, reduce disparities, or increase equity.