



# THE CONE PARK LIBRARY RESOURCE CENTER: 2022 PROFILE OF SERVICES AND SUPPORTS

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#### Introduction

This report summarizes key findings from an analysis of secondary data related to services and supports received by patrons from the Cone Park Library Resource Center (CPLRC) in 2022. The CPLRC is part of a network of Family Resource Centers (FRC) developed by Partnership for Strong Families (PSF). In 2007, PSF began developing a network of FRCs that emphasize a strengthening family approach while utilizing a Protective Factors Framework to provide prevention services and supports to families. The PSF Resource Center Model is built upon a multi-system collaborative focusing on primary prevention that works toward strengthening families with the goal of preventing child maltreatment and reducing entries into foster care.

### **Cone Park Library Resource Center**

In collaboration with the Alachua County Library District (ACLD), the CPLRC opened part-time in December 2013, and with early indicators of high service utilization, the Resource Center began operating full-time in May 2014. CPLRC is one of three FRCs, operated by PSF, in Gainesville, FL that offer services in areas that have experienced historically high rates of verified maltreatment, crime, poverty, domestic violence, and other indicators contributing to an increased risk of child maltreatment. The strategic locations of the Gainesville FRCs allow patrons, within walking distance or a short bus ride, to easily access a variety of prevention services. Partnering with a network of over 75 community partners (across all sites), the FRCs provide services that are free of charge and are intended to be responsive to the needs of the surrounding community. Services and programs are identified by community partners/stakeholders and parents/household members (referred to as patrons) within the targeted areas. It is this multi-system collaborative, with representation from across the five sectors (public, business, philanthropy, community, and nonprofit), that has allowed a blending of funding, expansion of services to meet the needs of patrons, and enhancement of the community's ability to leverage resources to benefit some Gainesville communities with historically limited access to family support services.

#### Methods

This report summarizes findings from a descriptive analysis of secondary data obtained from the CPLRC in 2022. Analysis was conducted on de-identified data and in accordance with an approved IRB protocol<sup>1</sup> that was also approved by the Florida Department of Children and Families, Office of Child Welfare.

# **Community Module Data System**

Historically, when a patron visited one of the FRCs, they were asked to sign-in, using a computer kiosk, to provide select information about themselves and the reason for their visit. As of June 10, 2020, due to the COVID pandemic, the FRCs began collecting patron demographic information and service needs using a paper form, rather than the kiosk. The "Getting to Know You" form mimics the electronic system and collects the same patron information. All information collected on the form is then entered into the Community Module Data System. Personal/identifying information collected (by the FRC) includes Name, Date of Birth (DOB), Age (automatically calculated in the Module using DOB and date of visit), Gender, Race, Veteran Status, Contact Information (including physical address and e-mail), and Neighborhood of Residence. Starting March 22, 2021, the FRCs started collecting information to identify

<sup>&</sup>lt;sup>1</sup> Advarra IRB: Children's Bureau, Protocol Number PSF-2021-CB

if patrons are "caregivers to children under the age of 18"<sup>2</sup>. Once the patron is identified as a repeat visitor, they are not asked to repeat this data entry, only to provide updates, if applicable. Additional information is collected regarding if a child or any other adults are with the patron for the purpose of receiving services. Further, the patron is asked to identify if they have visited the FRC in the past and the reason they are currently visiting so that CPLRC personnel can properly assist.

Collectively, these data allow the CPLRC to track and monitor service utilization trends and expressed need within the neighborhoods and households served. It is these service trends (secondary data) that are the focus of this report. Prior to 2021, it was difficult (for analyses purposes) to determine with confidence an unduplicated count of individual patrons that accessed services and supports over the course of a year<sup>3</sup>. Following a series of data cleaning efforts, some modifications to the Community Module Data System took place between March and August 2021. These efforts occurred along with additional staff trainings related to intake/sign-in procedures and protocols that would allow a more effective itemization of service requests and utilization trends, including an unduplicated count of patrons. Data elements/variables that remained consistent (pre-2021 to present) included: Visit ID Number, Visit Date, Resource Center Identifier, Age of Patron Requesting Service/Support, Service Category, Protective Factor Category for Requested Service, If Service/Support was Event-based, and Client ID Number<sup>4</sup>. Gender and Race categories within the Community Module were expanded on March 22<sup>nd</sup>, 2021. Gender choice prior to March 22, 2021, included: Female / Male / Unknown. Gender choice since March 22, 2021, includes Female / Male / Transgender / Gender Non-Conforming / Prefer Not to Answer / Unknown. Race options prior to March 22, 2021, included: Black/African American, White, Multiracial, Hispanic, Asian, Other, Unknown. Race options since March 22, 2021, include American Indian or Alaska Native/ Asian/ Black or African American - non-Hispanic origin / Hispanic, Latino, or Spanish origin / Multiracial / Other / Prefer not to answer / White - non-Hispanic origin. Ethnicity choices added March 22, 2021 include: Cuban, Mexican/Mexican Am./Chicano, Other Hispanic/Latino/or Spanish, Prefer not to answer, Puerto Rican, or Unknown (available when Hispanic, Latino, or Spanish origin is selected), and Asian Indian, Chinese, Filipino, Guamanian or Chamorro, Japanese, Korean, Native Hawaiian, Other Asian, Other Pacific Islander, Prefer not to answer, Samoan, Unknown, or Vietnamese (available when Asian is selected).

Although staff historically report that most services and supports requested were delivered, efforts were made to integrate an indicator of service delivery associated with each service /support request into the Community Module Data System. This was completed by July 1, 2021, along with staff training on

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Family Services Research.

<sup>&</sup>lt;sup>2</sup> Although this data element was added to the Community Module Data System in March of 2021, it was not added to other paper sign-in sheets at Resource Centers and for event-based activities until August 2021.

<sup>3</sup> Retrospective analyses on service trends focused on specific service requests as the primary unit of analyses given the inability to match most patrons over time across individual service requests. For more details regarding retrospective service trends in the five years prior to the formal start of the approved implementation and evaluation plan for the project, please see: Perry, R., Lancaster, C., Merritt, S., Spoliansky, T. & Edelman, P. (2022). Service Utilization Trends at the Cone Park Library Resource Center (2016-2020). Tallahassee: Institute for Child and

<sup>&</sup>lt;sup>4</sup> The Client ID Number is a unique system-generated number for individual patrons. This unique number is utilized for matching service requests over time within the secondary data used for analyses in this report. Specific identifying information related to a patron is not used as a foundation for generating this number; thus, no identifying information can be deduced from the number. The link between this number and any identifying information related to patrons is only known by select/approved FRC and PSF staff/employees who manage and utilize the Community Module Data System as part of their job responsibilities. No identifying information (names, addresses, date of birth) of individual patrons was provided for analyses conducted in this report.

documenting "Services Delivered" (new data element/variable). Please note that findings presented in this report are qualified or impacted by the dates for which select data elements started to be collected. Again, no names, dates of birth, and contact information (or other potentially identifying information) known to agency staff were made available or used for analyses in this report.

Community Research Coordinators work with the Principal Investigator, PSF leadership and Module programmers on a semi-regular basis to clean and maintain the data system, to resolve issues that are found, and to suggest changes for system improvements.

# Classification of Services and Supports by the Protective Factors Framework

PSF's network of FRCs (including the CPLRC) are strategically implemented within neighborhoods and communities with families who are experiencing increased risk factors and a disproportionate concentration of past involvement with the child welfare system, along with historically limited access to family support services. Services at these FRCs are structured (and classified) in alignment with a Protective Factors Framework. This motivation is guided by evidence linking the presence and enhancement of protective factors with a reduction in the likelihood of abuse and neglect. Protective factors, as constructs, are "...conditions or attributes..." of individuals, families, communities, or the larger society that lessen the risk of maltreatment and promote healthy development and well-being of children and families (Capacity Building Center for States, 2020b; Child Welfare Information Gateway, 2020). Strengthening and supporting families through services and activities that promote protective factors, it is held, mitigates the impact of and/or decreases the exposure to risk factors correlated with (and subsequently preventing) the likelihood of maltreatment (Administration for Children and Families, 2018; Development Services Group, Inc., & Child Welfare Information Gateway, 2015).

Although there are a number of different protective factors approaches (Child Welfare Information Gateway, 2020; Centers for Disease Control and Prevention, 2020; Center for the Study of Social Policy, 2015a; FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2011; Sege et al., 2017)<sup>5</sup> historically there were two Protective Factors models/frameworks considered as an organizing principal for services at the PSF Family Resource Centers (i.e., services would be implemented to address select protective factors). These included those developed by the Center for the Study of Social Policy (CSSP) and the FRIENDS National Center for Community-Based Child Abuse Prevention (2018, 2011). The Center for the Study of Social Policy (CSSP) focuses upon parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and

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<sup>&</sup>lt;sup>5</sup> Although there are different classification frameworks of protective factors that can be used for at-risk families and children/youth (and other child welfare populations), many of the identified individual factors (and associated indicators) for each model are represented in alternative models referenced. For example, the Social-Ecological Model endorsed by the CDC (which serves as a foundation for their Essentials for Childhood model) classifies protective factors as individual protective factors, family/relationship protective factors, and community or societal protective factors (Centers for Disease Control and Prevention, 2020; Centers for Disease Control and Prevention, Division for Violence Prevention, 2019). Included as individual factors (among others) in this model are stress management, hopefulness, problem-solving skills, and resilience. These individual factors are closely aligned with the parental resilience factor/construct as conceptualized by the CSSP model that demarcates resilience as being related to general life stressors and parenting stressors that (collectively) can be influenced by typical events and life changes (e.g. moving, a crying baby), unexpected events (e.g. job loss, medical problems, etc.), individual factors (e.g. substance abuse, traumatic experiences, etc.), social factors (e.g. relationship/martial problems, etc.) and community, societal or environmental factors (generational poverty, crime, racism, etc.) (Center for the Study of Social Policy, 2015; n.d.-c).

social and emotional competence of children (2015, n.d.-c). The FRIENDS National Center for Community-Based Child Abuse Prevention identified (initially) parallel protective factors of family functioning/resiliency, social emotional support, child development/knowledge of parenting, concrete support, with nurturing and attachment. An itemization of the conceptual definitions, similarities, and differences in these two models is denoted in Table 1.

Table 1: CSSP and FRIENDS Protective Factors Frameworks/Models

CSSP Protective	CSSP Protective Factor	FRIENDS	FRIENDS Protective Factor
Factor	Definition	<b>Protective Factor</b>	Definition
Parental Resilience	Managing stress and functioning well when faced with challenges, adversity, and trauma.	Family Functioning / Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
Social Connections	Positive relationships that provide emotional, informational, instrumental, and spiritual support.	Social Emotional Support (PFS-1) Social Supports (PFS-2) <sup>6</sup>	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support in Times of Need	Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.	Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Knowledge of Parenting and Child Development	Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.	Child Development / Knowledge of Parenting	Understanding and using effective child management techniques and having ageappropriate expectations for children's abilities.
Social and Emotional Competence of Children	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.		
		Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

#### Sources:

Center for the Study of Social Policy (2015). Core Meanings of the Strengthening Families and Protective Factors. Washington, DC: Author. Available at: https://cssp.org/resource/core-meanings-of-the-strengthening-families-protective-factors/FRIENDS National Resource Center for Community Based Child Abuse Prevention (2011). The Protective Factors Survey User's Manual. Chapel Hill, NC: Author.

 $<sup>^6</sup>$  Although the name of the construct changed from *social emotional support* to *social supports* from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the Protective Factors Survey, the definition/conceptualization of the construct remains the same.

FRIENDS National Resource Center for Community Based Child Abuse Prevention (2018). The Protective Factors Survey. 2nd Edition User's Manual. Chapel Hill, NC: Author.

The historical adoption of a hybrid classification of protective factors by PSF was reportedly guided by discussions, considerations, and feedback from PSF staff and leadership, community partners and collaborators, and consultation with child welfare specialists. Although initially considering the CSSP model, PSF had utilized the FRIENDS Protective Factors model in past efforts not associated with the FRCs, including an evaluation of Family Team Conferencing models. A final selection (and associated conceptualization) of protective factors represented those areas that PSF believed services should focus upon within the FRCs given identified community/neighborhood needs and associated risks for child maltreatment and Florida DCF involvement.

PSF adopted the following protective factors as a guide for a service framework for the existing Family Resource Centers between 2016 and 2020: concrete supports (CSSP and FRIENDS), knowledge of parenting and child development (CSSP and FRIENDS), nurturing and attachment (FRIENDS), social connections (CSSP), and family functioning/resiliency (FRIENDS). The nurturing and attachment protective factor is considered a unique construct associated with the FRIENDS Protective Factors model (as measured by the Protective Factors Survey). Although the social connections and parental Functioning/Resiliency protective factors (see above table) are specific to CSSP and FRIENDS classifications (respectively), each organization has parallel/similar classifications/constructs (social emotional support and parental resilience respectively). Beginning in 2021, PSF aligned their conceptualization of services solely with the CSSP protective factors framework, namely, concrete support in times of need, knowledge of parenting and child development, social connections, parental resilience, and social and emotional competence of children<sup>7</sup>.

The value and importance of the *Nurturing and Attachment* protective factor is reinforced by the Protective Factors framework highlighted by the Children's Bureau which adds this factor (focusing on six protective factors) to those identified by the Strengthening Families framework developed by CSSP (Child Welfare Information Gateway, 2019). Taken together, four of the six protective factors are primarily focused on parents/caregivers, whereas *social and emotional competence of children* and *nurturing and attachment* "complement these parent-directed services by focusing on the developmental needs of children and the quality of their primary relationships" (Center for the Study of Social Policy, 2003, p.7)8.

As services and supports were structured and implemented at each FRC, PSF and FRC administrators classified each in accordance with the protective factor for which it was thought to be primarily associated with, given the intent and focus of the service or support. Interviews and communication with select PSF and FRC administrators (including the Director of Resource Centers, Chief of Clinical and Community Services, and FRC Managers) indicate that these were consensus decisions. Efforts were made to allot distinctive names to select services linked to each protective factor; however, there may have been occasions when select service or support names may be associated/classified with different

<sup>&</sup>lt;sup>7</sup> Please note that PSF RCs typically refer to this protective factor as social and emotional competence of youth, without any change to the defining features of the construct as conceptualized by CSSP. The term "youth" has been substituted, it was thought, to reflect a broader age range of children (infant to eighteen) for whom select services related to their social and emotional competence are targeted.

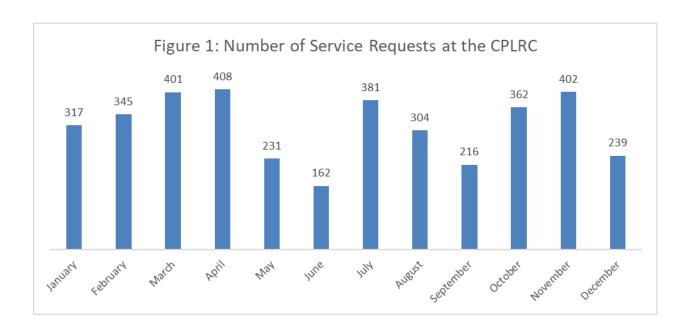
<sup>&</sup>lt;sup>8</sup> See: Center for the Study of Social Policy (2003). *Strengthening Families Through Early Care & Education: Protective Factors Literature Review*. Available at:

https://www.matrixoutcomesmodel.com/EvaluationMenu/Protective Factors Literature Review.pdf

protective factors, across different years and FRCs, as the specific focus or activity associated with the service or support may have varied.

## **Service Requests as Unit of Analysis**

The first set of analyses focused on individual service requests from all patrons. At CPLRC (only), there were a total of 3,768 service requests made during 3,677 individual visits by patrons in 2022. Some variation was observed in the number of service requests for each month, ranging from a low of 162 in June (or 4.3% of total 2022 requests) to a high of 408 (or 10.8% of total 2022 requests) in April (see Figures 1 and 2).





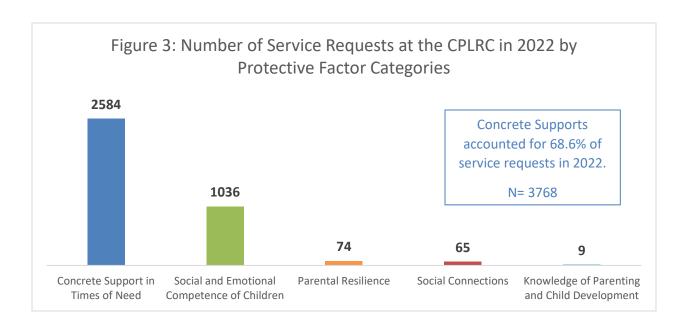
During 2022, the majority of service requests (n= 2,584 or 68.6% of all requests) at CPLRC were for concrete support in times of need (see Figure 3 and 4). This was followed by services and supports focused on the social and emotional competence of children (n=1036 or 27.5% of all requests) and parental resilience (n=74 or 2.0% of all requests). 1.7% and 0.2% of service requests focused on social connections and knowledge of parenting and child development protective factors (respectively).

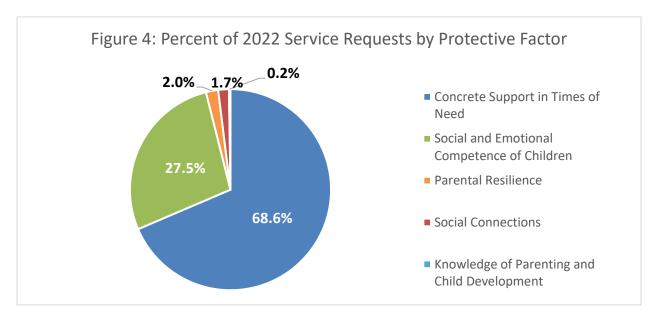
It is important to note that findings in this report relate only to services and supports distinctly linked to the CPLRC. The CPLRC and Cone Park Library (CPL) share a physical building and work collaboratively for service and support delivery to enhance the protective factors of families in the community. Past findings (Perry, et al., 2022b) have summarized aggregate reports on select CPL services and supports aligned with the CPLRC objectives. This collaboration, it is thought, aids the maximization of resources and minimization of duplication of efforts in supporting families across both organizations. Although collaborative partners, there is no sharing of any data management system. Information on Library service and support utilization is provided to the CPLRC staff each month in aggregate form (with duplicate counts of patrons) from which a classification of these data across protective factor categories is made. These aggregate data suggest that the library was involved in the provision of services and supports during 2022 that attend to needs related to parental resilience, social and emotional competence of children, and social connections.

Parental resilience services included five programs: Computer Basics, Morning Side Science Day, Mosquito Madness, SHINE Medicare Counseling, and Theresa's Team. Computer Basics is a program where patrons use a free learning program at the library. Morning Side Science Day introduced patrons to some of the science programs happening at Morning Side Nature Center, a nearby park. Mosquito Madness helped patrons learn about mosquitoes from the City of Gainesville Public Works Department. SHINE staff come on site to provide services to the community [https://aaaswfl.org/services/shine-medicare-counseling/]. Theresa's Team is a program for teaching adults to read.

Social and emotional competence of children included four programs: Greater Duval Summer Sling, Kids Construction Zone, SOAR, and Story Time on the Green. The Greater Duval Summer Sling is a program that helps students develop a plan for after high school while building leadership skills among their peers. Kids Construction Zone provides an afternoon to build with LEGOs and other building materials. SOAR is a monthly after-school club with hands-on, outdoor activities, meeting on the second Thursday of the month. It is facilitated by Morningside Nature Center's environmental education team. Regular Story Time activities promote child literacy and attachment/bonding between children and their parents/caregivers. These activities target toddlers (1-3 years), preschool children (3-5 years), and babies (1 and under) and involve a community partner (i.e., Duval Early Learning) or a library (Alachua County Libraries) developed initiative called "Story Time on the Green," where librarians and library staff read tales and lead activities for infants through 5-year-olds at library green spaces and parks. Parents and families are invited to bring blankets and chairs.

Social connections services offered a wide variety of programming that fit into five categories: anime club, button making, crafting, gaming, and movies. These programs had the highest number of participants (N=38) throughout the year.





Services and supports can be provided to patrons individually or as part of a specific community event. Table 2 highlights the distribution method of services and supports according to whether they were received as part of an event or provided individually to patrons. Findings suggest that the majority of all services and supports were provided as part of an event. This includes services linked to concrete support in times of need (1,864 of 2,584 or 72.1%), parental resilience (49 of 74 or 66.2%), the social and emotional competence of children (1027 of 1036 or 99.1%) and social connections (59 of 65 or 90.8%)<sup>9</sup>.

<sup>&</sup>lt;sup>9</sup> This observed distribution was statistically significant with both the Pearson Chi-Square (Chi-square=357.96, 4 df, p<.001) and Likelihood Ratio Chi-Square (Chi-Square=497.96, 4 df, p<.001).

Table 2: Method of Distribution (Individual or Event-based) of Services and Supports to Patrons at CPLRC in 2022 Across Protective Factor Categories							
	2022	• •	Was Service/Support Received Part of Event?				
		No	Yes				
	Concrete Support in Times of Need	720	1864	2584			
	Parental Resilience	25	49	74			
Protective Factor	Knowledge of Parenting and Child Development	6	3	9			
	Social and Emotional Competence of Children	9	1027	1036			
	Social Connections	6	59	65			
Total		766	3002	3768			

Tables 3 and 4 provide additional details regarding trends associated with the days of the week select services (whether event-based or not and across protective factor categories) were requested by and/or offered to patrons in 2022. An overwhelming majority of services and supports offered toward the end of the week (Fridays and Saturdays) are event-based. Bread of the Mighty food distribution event is typically held twice a month on Fridays and requires staff and volunteers to spend hours working to sort and coordinate food pickup. Of the 1,563 event-based services on Friday, 1,519 (97.2%) involved Bread of the Mighty food distribution. CPLRC staff generally close early on Fridays and are not open on weekends unless an event is happening, such as the holiday assistance event, attended by 22 patrons. Event-based services and supports are the majority means of service provision for the remaining days of the week, although there are a notable number of individual-based services provided. Between Monday and Thursday, individual services and supports represent between a low of 23.6% (155 of 658 requests) on Wednesday to a high of 47.4% (137 of 289 requests) on Monday.

Table 3 Distribution of Individual and Event-based Services and Supports Across Days of the Week								
Day of the Week								
Service Request Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Individual	137	209	155	174	84	7	0	766
Event	152	359	503	403	1563	22	0	3002
Total	289	568	658	577	1647	29	0	3768

Table 4 findings suggest that, for the most part, services and supports are requested and offered each weekday across all protective factors. Concrete support in times of need are the overwhelming type of services sought and offered at the CPLRC, the largest portion of which (62.2% or 1608 of 2584) are provided on Fridays throughout the year. This corresponds with scheduled events (for example) associated with Bread of the Mighty food distribution, as referenced above. There were also select community events on Fridays, the largest of which (n=18) was the Fruit Tree Program in which patrons sign up to get free fruit trees delivered to their home.

With respect to services and supports linked to the social and emotional competence of children protective factor (N=1036), these are typically provided between Monday and Thursday. These services include Homework Help (N=334), Science Club Field Trip<sup>10</sup> (N=240), and Summer Program -EVENT (N=149). Parental resilience services (N=74) typically take place throughout the week but are generally most common on Wednesdays and Thursdays (70.3% or 52 of 74). The largest event for this protective factor was a Community Safety Event, an instructional event teaching cross walk and bike safety, (N=19) in which bikes and helmets were raffled off. Social connections (N=65) were provided as events to the community most often on Wednesdays and Fridays (90.8% or 59 of 65 requests) combined. Zumba events over several days account for the largest number (N=21) of community event visitors. Other community events included social events connected to the Fruit Tree program, tabling at the Aces in Motion Networking Fair, Bread of the Mighty food leftovers, and attendance at the CPLRCs Parent and Community Advisory Council (PCAC). This PCAC is open to patrons and providers who have an interest in assisting CPLRC. Knowledge of parenting and child development services were the least common (N=9) service type offered by protective factor. The CPLRC Strengthening Families Self-Assessment process conducted between August and December of 2021 revealed a possible reason for fewer events. At that time (and it reportedly continues to be the situation), the CPLRC manager reported that it has been difficult to maintain knowledge of parenting and child development protective factor services due to "low patron engagement, and presenter/provider interest who have their own minimum participation requirements. Subsequently, direct support and referrals are provided to parents on an individual or case-by-case basis." 11

Table 4: Distribution of Protective	<b>Factor Services a</b>	and Supports Acros	s Days of the Week

			Day o	f the Week				
Protective Factor Category	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Concrete Support in Times of Need	162	200	315	270	1608	29	0	2584
Parental Resilience	7	12	24	28	3	0	0	74
Knowledge of Parenting and Child Development	2	1	1	1	4	0	0	9
Social and Emotional Competence of Children	117	350	290	278	1	0	0	1036
Social Connections	1	5	28	0	31	0	0	65
Total	289	568	658	577	1647	29	0	3768

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<sup>&</sup>lt;sup>10</sup> In some cases, field trip denotes an activity taking place on the CPLRC property.

<sup>&</sup>lt;sup>11</sup> Lancaster, C., Perry, R., George, C., Goodman, R., Haughton, L., Jenkins, L., Johnson, D., McMillan, A., Reed, E., Seawright, S., & Spoliansky, T. (2021). *The Cone Park Library Resource Center (CPLRC) Strengthening Families Self-Assessment (SFSA) Team's Findings and Recommendations/Action Items Associated with Supporting Families by Promoting Knowledge of Parenting and Child Development*. Tallahassee: Institute for Child and Family Services Research.

There were a variety of specific services and supports linked to each protective factor. For example, in 2022, there were a total of 32 services and supports provided (that were documented within the Community Module Data System) that were linked to the **concrete support in times of need** protective factor. These included (alphabetically listed): Bread of the Mighty-Food Distribution, Broadband/Internet Connection, Cash Assistance, Clothing, Clothing Closet – EVENT, Computer Classes – EVENT, Family Planning, Fax, Flyer/Calendar, Food, Food – EVENT, Food Stamps, Free Phone Service, Furniture, Holiday Assistance, Holiday Assistance – EVENT, Household Items, Housing Assistance, Infant Care Products, Job Board, Medicaid, Notary Services, Phone Use, Printer / Copier, Rent Assistance, Rental Assistance Outreach-EVENT, School Supplies, Social Security Benefits, Thanksgiving Basket, Giveaway, Transportation, Unemployment Benefits Information, and Utility Assistance.

Within Table 5, the highest ranked concrete support in times of need services requested and provided are summarized, including their distribution method (individual or event-based). These categories may represent an amalgamation of select individual services and supports. For example, among the 28 individually classified services and supports, "Food Assistance" is represented by the number of requests (denoted in the Community Module Data System) associated with Bread of the Mighty-Food Distribution, Food – EVENT, Food, and Food Stamps. "Clothing Assistance" counts are associated with Clothing Closet – EVENT and Clothing classifications. "Housing/Rent Assistance" is the summed total of Housing Assistance, Rent Assistance, and Rental Assistance Outreach-EVENT service/support requests. Finally, "Holiday Assistance" includes Holiday Assistance and Holiday Assistance - EVENT counts. Food assistance is the predominant concrete support in times of need provided at the CPLRC representing 66.6% (n=1,721 of 2,584) of all concrete support in times of need and services requested. Food assistance is typically provided (93.1%) in collaboration with Bread of the Mighty Food Bank<sup>12</sup>. Following food assistance requests, fax use (n=219) represents the second highest number of requests as a concrete support in times of need. This is followed by clothing assistance (n=196 requests), holiday assistance (n=154), notary services (n=147), and housing/rent assistance (n=36) service and support requests. The Family Resource Centers are unique in the community in providing free fax and notary services which are often essential in obtaining housing, legal, and medical assistance. Holiday assistance often includes Thanksgiving basket giveaways and Toys for Tot's verification, both of which provide a tremendous help to low-income families during the holidays.

The following represents a list of specific services and supports offered (on-site or by collaborative partners) in response to requests from patrons during 2022 that were linked to the **parental resilience** protective factor (as classified within the Community Module Data System):

Budgeting, Community Safety Event, Community Scholarship, CRC Visit, Disability Benefits Info, Financial Literacy- EVENT, Health Info – EVENT, Health/Doctor Information, Job Searching, Money Management/Budgeting, Resume / Job Application Assistance, Stress Management Help, and Unemployment Benefits- Assistance.

Table 5 highlights those service/support categories with the four largest number of service requests in 2022. Requests for health and medical information (n=19) and a community safety event (n=19) were most represented, followed by Budgeting and Financial Literacy activities (n=15) and individually provided Job/Employment Assistance (n=11). The remaining 10 service and support requests for this protective factor were represented by four different services and supports. "Health/Medical Information" is represented by summed totals from Health Info – EVENT, and Health/Doctor

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<sup>&</sup>lt;sup>12</sup> For more information regarding Bread of the Mighty Food Bank and the supports and services they provide in five counties (Alachua, Dixie, Gilchrist, Lafayette and Levy) in Florida, see: <a href="https://breadofthemighty.org/">https://breadofthemighty.org/</a>

Information. "Job/Employment Assistance" is represented by summed totals from Job Searching, Resume / Job Application Assistance, and Unemployment Benefits- Assistance. "Budgeting and Financial Literacy" is represented by summed totals from Financial Literacy- EVENT, Money Management/Budgeting, and Budgeting.

There are two specific service/support categories (i.e., Early Childhood Learning and/or Childcare, and Healthy Families Info) representing the nine requests associated with the **knowledge of parenting and child development** protective factor. These included supports Early Childhood Learning and/or Childcare (n=6) and Healthy Families Information (n=3) (see Table 5) and collectively represent a very small proportion (0.2%) of total service and support requests at the CPLRC in 2022.

While families may be referred to partner agencies specializing in parenting education, there continues to be some challenges related to the provision of consistent, community outreach related to these services. This outreach is an important part of community awareness and trust. There is often a stigma attached to parents/caregivers asking for assistance to improve parenting skills, as such a request may feel like admitting to a potential deficit in these areas. This stigma has been reinforced by historical child welfare practices that required the majority of parent/caregivers involved with the formal child welfare system to participate with a form of parenting education. In addition, the hierarchy of needs within the community may place these services at a lower priority, with an emphasis placed on needs/requests for concrete support in times of need.

The following service requests were associated with the **social and emotional competence of children** protective factor: Child Activity, Child Activity – EVENT, Fall Festival, Family Counseling, Girl Scouts, Homework Help, Kid's Health Info Child Activity, Mentoring, Parent-Child Activity – EVENT, Science Club Field Trips – EVENT, Summer Program, Summer Program – EVENT, and Violence Prevention Education.

Among the 1036 service and support requests (99% offered in event/group settings) linked to this protective factor, homework help (n=334) represented 32.2% of the requests, followed by Science Club Field Trips (n=240, 23.2%), Summer Program (n=152, 14.7%), participation in the Fall Festival (n=103, 9.9%), Child Activities (n=72, 6.9%), and Violence Prevention Education (n=47, 4.5%). Caregivers can register their 5- to 11-year-old children for the homework help program at the end of summer before school starts or throughout the year (space permitting). Children in homework help receive support to finish their schoolwork in a safe space and are provided snacks. Summer school provides 5- to 11-year-old children a safe space for educational and fun activities during the summer, with lunch and snacks provided. The Fall Festival was developed from the requests of local patrons concerned with finding a safe event they could bring their children to during the Fall months. Food and games are available and provided to the whole community.

Table 5 details the service activities requested and delivered in 2022 associated with the **social connections** protective factor, all of which were offered via group events. These include the "community events" (n=54) including tabling at the Aces in Motion<sup>13</sup> networking fair, Bread of the Mighty leftover food sign ups, sign up for a Fruit Tree program that would give patrons free fruit trees and provide education on care and maintenance, and several Zumba exercise days. The parent focus group (n=5) involved the members of CPLRCs Parent and Community Advisory Council (PCAC) meetings. The PCAC works with the CPLRC manager in an advisory and supportive capacity.

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<sup>&</sup>lt;sup>13</sup> Aces in Motion (AIM) is a sports-based after-school youth development program that puts best practices in action. Learn more here: https://www.acesinmotion.org/

Dueta etha France	Service Rece	ipt Method	Total	
Protective Factor	and Services	Individual	Event	
	Food Assistance	112	1609	1721
	Fax Use	219	0	219
	Clothing Assistance	16	180	196
Concrete Support in Times of Need	Holiday Assistance/ Thanksgiving Baskets	80	74	154
	Notary Services	147	0	147
	Housing/Rent Assistance	35	1	36
Parental Resilience	Health/Medical Information	1	18	19
	Community Safety Event	0	19	19
	Budgeting and Financial Literacy	3	12	15
	Job/Employment Assistance	11	0	11
Knowledge of Parenting and Child Development	Early Childhood Learning and/or Childcare	6	0	6
	Healthy Families Info	0	3	3
	Homework Help Science Club Field Trips	0	334	334
	- EVENT	0	240	240
Social and Emotional	Summer Program	3	149	152
Competence of Children	Fall Festival	0	103	103
	Child Activity	1	71	72
	Violence Prevention Education	0	47	47
Social Connections	Community Events	0	54	54
Social Conflections	Parent Focus Group	0	5	5

<sup>\*</sup>The majority of patrons (n=1,603 or 93.1%) that received food assistance at CPLRC benefited from services provided by Bread of the Mighty.

# **Service Delivery and Providers**

As denoted earlier, revisions to the Community Module Data System were made in 2021 to aid (in part) with a more effective and detailed itemization of service delivery and provider indicators associated with each service request; providing staff document these data on an ongoing and reliable manner. Of the 3,768 service requests, information related to whether requested services and supports were delivered exists for 624 visit-based requests (or 16.6% of 2022 service requests) of which all were confirmations of service delivery. The 3,002 events-based requests are recorded in the Module as having been received due to Module limitations. All event-based requests are delivered because it is the staff protocol to only enter a patron on an event log if they are at the event and therefore receive the service of that event. There were no indications of non-service delivery for any request, but data was missing

(on this indicator) for 3.7% (N=142) of service requests. Staff attest that most service requests are addressed. The delivery rate among valid data (excluding delivery status data missing for 142 individual requests) is 96.2% (n=3,626 of 3,768 service requests).

Service delivery information is typically recorded only for certain types of services, specifically, for "Other" services as indicated in the VISIT note, and for Providing Information/Resources and Referral-Based Services when additional details are required. However, some non-event services (142 instances) lack information about where the service was delivered. In fact, this information gap is present in 88.2% (3,324 out of 3,768) of all service requests.

From the available data (444 instances), 82.4% were marked as being provided on-site. Additionally, there were 71 service requests that resulted in the provision of information/resources and 6 requests that led to the provision of both information and referrals, that included:

Alachua County Social Services Central FL Community Action Agency Early Learning Coalition Other Partnership Resource Centers

# **Individual Patrons as Unit of Analysis**

As denoted earlier, each individual patron is provided a unique "ClientID" number within the Community Module Data System upon making their first service/support request. Patrons are asked to sign-in with the Getting to Know You form upon subsequent visits; this is a voluntary activity that assists the CPLRC in identifying service trends and associated needs of individual patrons, select households, and the community at large. However, services and supports are provided to patrons regardless of their willingness to identify themselves during the sign-in process. Patrons are not given a ClientID if their account is not considered "complete", including First Name, Last Name, Date of Birth, Gender, Race & Ethnicity, and Zip Code. Subsequently, there may not be a ClientID number affiliated with every service request documented within the Community Module Data System.

For example, in 2022, among the 3,768 service requests, "ClientID" numbers are not affiliated with 605 of these requests <sup>14</sup>. Regardless, "ClientID" numbers exist for 83.9% of all service requests for 2022 at the CPLRC. These data allow for the analyses of service trends for a subgroup of a non-duplicated count of patrons. The remaining findings relate to a non-duplicated count of patrons linked to 3,163 service requests. In sum, the total number of service requests with affiliated ClientID numbers (n=3,163) were made by 758 individual patrons (non-duplicated count). When the estimate of patrons affiliated with the service requests without ClientIDs (n=145) is added to confirmed patrons, the estimated number of non-duplicate patrons served in 2022 is 903. Findings presented for the remainder of the report apply only to the confirmed number of non-duplicate count of patrons (n=758).

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<sup>&</sup>lt;sup>14</sup> It is unknown if the patrons affiliated with these service requests are among those identified with other service requests and, subsequently how many non-duplicated counts of patrons are represented by these 459 requests. Should this number of patrons parallel the non-duplicated rate affiliated with data with known Client IDs, then it might be conjectured that an additional 145 (605 x .240, the ratio of non-duplicate count patrons by their aggregate service requests) patrons are possibly represented by these 605 service requests.

The number of service requests across patrons ranged from a low of 1 to a high of 110 during the year with an average of 4.17 service requests per patron per year. In total, 52.5% (n=398) made only 1 service request during 2022, with an additional 22.7% (n=172) making 2 or 3 requests (see Table 6) with 90.8% of all patrons making between 1 and 10 service and support requests in 2022.

Table 6: Number and Percentage of Patrons Making Select Service Requests in 2022

Annual Service Requests	Number of Patrons	Percent of Patrons
1	398	52.5
2	109	14.4
3	63	8.3
4	35	4.6
5	21	2.8
6 to 10	61	8.2
11 to 15	29	3.9
16 to 20	23	3.1
21 to 30	10	1.2
31 to 50	3	0.4
51 to 100	3	0.3
100 +	3	0.3
Total	758	100.0

A summary of the average and range of service requests across protective factor categories for the total number of patrons (n=758) is denoted in Table 7. Although patrons on average make 4.17 service requests each year, this average is influenced strongly by the need and utilization of concrete support in times of need services offered. On average, patrons made 2.96 requests for concrete support in times of need in 2022 (see Table 7) with 90.9% of all patrons making at least one request for concrete support in times of need (see Table 8). In total, 49.5% (n= 375) of all patrons made one request for concrete support in times of need, 26.4% (n=200) made between 2 and 5 requests, 7.7% (n=58) made between 6 and 10 requests, and 7.3% (n=56) made more than 10 requests in 2022. Patrons made (on average) 1.05 service requests in 2022 for services related to promotion of the social and emotional competence of youth (see Table 7), 88.5% of all patrons did not make any request for services for this protective factor (see Table 8). The low average annual rates per patron for services linked to the parental resilience (0.07 average requests per patron), knowledge of parenting and child development (0.008 requests) and social connections (0.08 requests) protective factors in 2022 are impacted by the percentage of patrons that did not make any requests for these services (88.5%, 95.1% and 94.7%, respectively) (see Table 8). In total, there were 37 patrons (of which 28 made 1 request) and 6 patrons that made requests for services linked to parental resilience and knowledge of parenting and child development protective factors respectively. There were 40 (5.3% of) patrons that sought services associated with promoting social connections of which all sought these services at least once in 2022 (see Table 8). The low request/utilization rate of select services and supports linked to these protective factors should not be a determination of the absence of need for such services within the neighboring community. It could be a reflection or byproduct of the frequency and availability of such supports and services offered at the

CPLRC. Findings from other evaluation initiatives (Perry et al., 2022; Lancaster et al., 2021) have highlighted how limitations in resources (especially personnel) at the CPLRC impact the planning and implementation of select supports and services. With limited resources, priority is placed on the provision of concrete support in times of need to address more immediate and basic sustenance needs.

Table 7: Average Number of Service Requests —Total and Across Protective Factor Categories

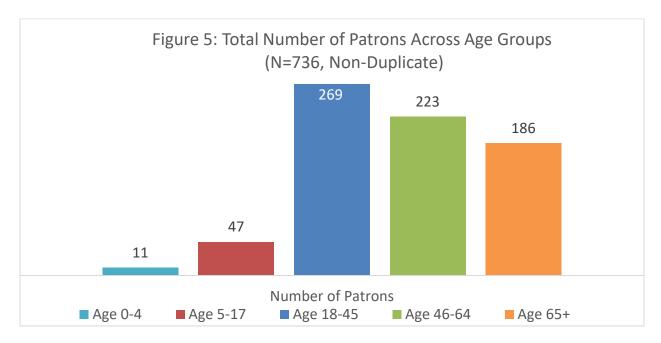
		Grouped		Std.
Service Category	Average	Median	Range	Deviation
Total Service Requests	4.17	1.71	1-110	9.30
Concrete Support in Times of Need	2.96	1.52	0-28	4.24
Parental Resilience	0.07	0.05	0-4	0.40
Knowledge of Parenting and Child Development	0.008	0.008	0-1	0.09
Social and Emotional Competence of Children	1.05	0.12	0-108	8.28
Social Connections	0.08	0.05	0-6	0.40

Table 8: Number and Percentage of All Patrons (N=758) Making Select Service Requests in 2022 Across Protective Factor Categories

Annual Service Requests	All Protective Factors	Concrete Support in Times of Need	Parental Resilience	Knowledge of Parenting and Child Development	Social and Emotional Competence of Children	Social Connections
0	0 (0.0%)	69 (9.1%)	721 (95.1%)	752 (99.2%)	671 (88.5%)	718 (94.7%)
1	398 (52.5%)	375 (49.5%)	28 (3.7%)	6 (0.8%)	56 (7.4%)	29 (3.8%)
2	109 (14.4%)	98 (12.9%)	4 (0.5%)	0 (0%)	7 (0.9%)	7 (0.9%)
3	63 (8.3%)	52 (6.9%)	0 (0%)	0 (0%)	6 (0.8%)	2 (0.3%)
4	35 (4.6%)	35 (4.6%)	5 (0.7%)	0 (0%)	1 (0.1%)	1 (0.1%)
5	21 (2.8%)	15 (2.0%)	0 (0%)	0 (0%)	2 (0.3%)	0 (0%)
6 to 10	61 (8.2%)	58 (7.7%)	0 (0%)	0 (0%)	1 (0.1%)	1 (0.1%)
11 to 15	29 (3.9%)	28 (3.7%)	0 (0%)	0 (0%)	4 (0.5%)	0 (0%)
16 to 20	23 (3.1%)	23 (3.1%)	0 (0%)	0 (0%)	1 (0.1%)	0 (0%)
21 to 30	10 (1.2%)	5 (0.5%)	0 (0%)	0 (0%)	2 (0.2%)	0 (0%)
31 to 50	3 (0.4%)	0 (0%)	0 (0%)	0 (0%)	1 (0.1%)	0 (0%)
51 to 100	3 (0.4%)	0 (0%)	0 (0%)	0 (0%)	4 (0.5%)	0 (0%)
100 +	3 (0.4%)	0 (0%)	0 (0%)	0 (0%)	2 (0.2%)	0 (0%)

## **Patron Demographics**

When demographic characteristics are observed (see Figure 5), the largest group (n=269 or 35.5%) of patrons requesting/needing services are adults between the age of 18 and 45<sup>15</sup>. The next age group most represented are adults between 46 and 64 (n=233, 29.4%), followed by seniors 65 and older (n=186, 24.5%), children and youth between 5 and 17 (n=47, 6.2%), and children 4 and under (n=11, 1.5%). It is important to note that staff report that there are many service requests made by patrons who are parents, grandparents, or other caregivers (in older age groups) that could and do benefit those aged 0-4 in households. Particularly for concrete support in times of need, documentation of requests by an adult historically documents the age of the adult making the request, as opposed to the age groups within the household that will use the concrete support in times of need. Some examples include (among other things) food, clothing, diapers, formula, and other items that are of a benefit in caring for those aged 0-4. Subsequently, data denoted in these findings underestimate the potential benefit of service and supports to those aged 0-4.



Supplemental analyses explored the number of unique/individual visits associated with patrons within each age group and the likelihood of these patrons returning to the CPLRC for services and supports after a first visit during 2022. Findings in Table 9 identify children and youth aged 5-17 (n=47) to have the highest average number of unique/individual visits (12.83)<sup>16</sup> to the CPLRC, followed by patrons aged 65 and over (average visits=4.94), followed by patrons 46-64 (average = 3.85), those 18-45 (average = 2.16), then those 0-4 (average = 1.82, n=11). Although there is a range in the number of unique visits made by patrons across age groups, there is limited variance in the average number (standard deviations of means/averages are less than one visit) of visits within each age group except for those aged 5 through 17 (Std. Deviation = 27.88). When the percentage of patrons that make at least one

<sup>&</sup>lt;sup>15</sup> Please note that 22 patrons (2.9% of total) did not provide information regarding their age. Figure 5 reflects the 736 patrons for which age data exists. Further, since the age of a patron may change over the course of the year and time frame for which they requested services, the age used for this analysis was the patrons age at time of the first service request in 2022.

<sup>&</sup>lt;sup>16</sup> This average is skewed, in apart, due to four outlier patrons that made between 81 and 110 visits during 2022.

return visit to the CPLRC is examined in 2022 (see Table 9), the highest percentage of patrons revisiting the CPLRC are among those 65 and older (60.2%), followed by those aged 46-64 (54.7%), those aged 5-17 (44.7%), those 18-45 (36.1%), with only one return (9.1%) among the eleven children aged 0-4 years. In total, 48.0% of all patrons returned at least once to the CPLRC for services and supports in 2022. A series of analyses revealed statistically significant differences in the average number of unique/individual visits and the distribution of number/percentage of those patrons likely to return to the CPLRC in 2022<sup>17</sup>.

Table 9: Average Number of Unique Visits and Percentage of Patrons Returning to Cone Park LRC Across Age Groups in 2021 (N=736)

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Age Group	N	Mean / Average	Std. Deviation	Std. Error	Minimum Visits	Maximum Visits	Number (%) Returning
Age 0-4	11	1.82	2.71	0.82	1	10	1 (9.1%)
Age 5-17	47	12.83	27.88	4.07	1	110	21 (44.7%)
Age 18-45	269	2.16	3.03	0.18	1	31	97 (36.1%)
Age 46-64	223	3.85	5.37	0.36	1	32	122 (54.7%)
Age 65+	186	4.94	5.26	0.39	1	22	12 (60.2%)
Total	736	4.05	8.62	0.32	1	110	353 (48.0%)

Given the number of age groups (5) and variation in average visits (and their standard error) and likelihood (percentage) to return to the CPLRC in 2022, differences between each age group were more closely examined (see Table 10)<sup>18</sup>. Findings in Table 10 suggest that observed differences in the average number of re-visits/returns to the CPLRC are statistically significant (using adjusted significance level) between only three sets of age groups. The average number of visits by those aged 65+ (Mean=4.95) was significantly higher (statistically) than the average observed for those aged 0 through 4 (Mean=1.82, Test Statistic= -199.20, p=.011) and those 18-45 years old (Mean=2.16, Test Statistic= -125.89, p<.001). The average number of visits by those aged 46 through 64 (Mean=3.85) was also significantly higher than the average observed for those 18-45 years (Mean=2.16, Test Statistic= -81.94, p<.001). Although there are no statistically significant differences (using adjusted significance levels) in the average rate of return between all other groups, the reader should be aware that observed differences in averages (see Table 9) apply to a different number of patrons within each group (different sample sizes) for which the range and variance in number of visits among individual patrons within each group impacts whether

<sup>17</sup> Initial ANOVA models (fixed and random effects) were run examining the average number of unique/individual visits to the CPLRC across age groups. Although the result was statistically significant (F=17.608, df=4, p<.001), the sample was unbalanced with a violation of the homogeneity assumption (Levene Statistic=59.09, p<.001). Given

sample was unbalanced with a violation of the homogeneity assumption (Levene Statistic=59.09, p<.001). Given such, a parallel non-parametric test was done (Independent-Samples Kruskal-Wallis Test) that proved significant (Test Statistic=54.03, df=4, p<.001, asymptotic 2-sided test), suggesting the observed distribution in the average number of unique visits across age groups is significantly different.

<sup>&</sup>lt;sup>18</sup> The Kruskal-Wallis Test with Pairwise Comparisons was computed using asymptotic significances (2-sided tests) and significance levels of .05 for hypotheses testing. Each row in Table 10 summarizes a test of the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Adjusted significant tests should be used where the adjusted p<.05 would require a rejection of the null hypothesis.

there may be statistical significance.<sup>19</sup> If there were no adjustments to the significance calculation (using the Bonferroni correction procedure), then observed differences would be deemed significant in the average number of visits between those 0-4 and those aged 5-17 (Test Statistic= -148.10, p=.025), those aged 0-4 and 46-64 (Test Statistic= -155.26, p=.0011), between those 5-17 and those aged 18-45 (Test Statistic= 74.79, p=.016), and those between 46-64 and those 65 and older (Test Statistic= -43.95, p=.024).

<sup>19</sup> 

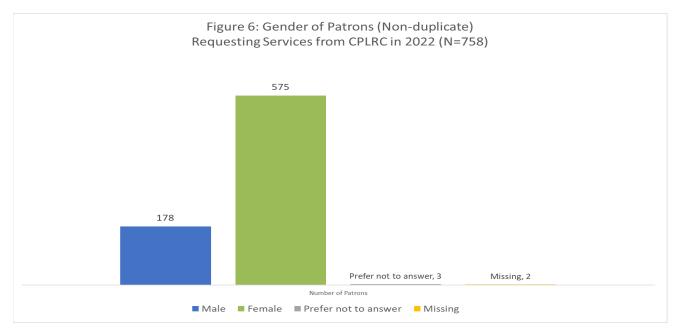
<sup>&</sup>lt;sup>19</sup> <u>Understanding Statistical Significance</u>: In evaluation and research studies, statistical analyses are frequently done to objectively understand the distribution and relationship among and between different variables of interest and/or populations and/or subgroups. Different statistic tests/models exist for different hypotheses and for different types of variables and given assumptions and knowledge about how the data were collected and how representative the data is of specific populations or subgroups. Most statistical tests are structured to help determine whether a null hypothesis should be accepted or rejected. A null hypothesis is an assertion that there are no significant differences, effects, and/or relationships between select variables and/or populations under study (using available/observed data). A p-value (or probability-value associated with each statistical test) aids in decisions about whether to accept or reject a null hypothesis and is, thus, a measure of statistical significance. The p-value represents the probability that observed results (or those more extreme/greater) would happen if the null hypothesis was true. Research and scientific norms typically use a p-value < .05 as a threshold standard for rejecting the null hypothesis for a specific statistical test, thus accepting an alternative hypothesis related to what is being studied making the finding statistically significant.

Table 10: Pairwise Comparisons of Age Groups in Terms of Number of Unique Visits/Revisits to CPLRC in 2022 (N=736)

	= = = - (	,			
Sample 1   Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig. *
Age 0-4   Age 5-17	-148.10	65.86	-2.25	0.025	0.245
Age 0-4   Age 18-45	-73.31	60.48	-1.21	0.225	1.000
Age 0-4   Age 46-64	-155.26	60.73	-2.56	0.011	0.106
Age 0-4   Age 65+	-199.20	61.01	-3.27	0.001	0.011
Age 5-17   Age 18-45	74.79	31.09	2.41	0.016	0.161
Age 5-17   Age 46-64	-7.15	31.56	-0.23	0.821	1.000
Age 5-17   Age 65+	-51.10	32.10	-1.59	0.111	1.000
Age 18-45   Age 46-64	-81.94	17.81	-4.60	<.001	0.000
Age 18-45   Age 65+	-125.89	18.75	-6.71	<.001	0.000
Age 46-64   Age 65+	-43.946	19.525	-2.251	0.024	0.244

<sup>\*</sup> Significance values have been adjusted by the Bonferroni correction for multiple tests. Highlighted findings indicate statistically significant differences in average number of visits between compared age groups.

When the gender of patrons requesting services in 2022 is examined (see Figure 6), the majority self-identify as female (n= 575, 75.9%) followed by males (n= 178, 23.5%). There were three patrons that preferred not to answer the question, with two patrons not identifying their gender (missing).



Black or African American (Non-Hispanic) patrons represented 79.2% of the total patrons seeking services in 2022 (see Table 11). An additional 93 (12.3%) patrons were White (Non-Hispanic origin) followed by 15 (2.0%) self-identified as Hispanic, Latino, or Spanish origin. When the preliminary estimates of the residences/neighborhoods primarily served by the CPLRC are contrasted against Census Tract and Census Block Group classifications<sup>20</sup>, these data provide a more accurate profile of the target population for this Resource Center. Here, racial/ethnic distribution is 51.7% black, 41.8% white, 4.8% Hispanic, and 1.2% Asian suggesting an underrepresentation of White patrons requesting services at the CPLRC and potential over representation of Black or African American (Non-Hispanic) patrons. However, caution needs to be exercised prior to making such an assertion. The geospatial area served is an estimate based on limited data related to the addresses CPLRC staff have for patrons, interviews with CPLRC staff and administrators, and a qualitative review of the geospatial focus of historical community outreach and engagement activities by the CPLRC. It is hoped that PSF and their Resource Centers' planned utilization (beginning in late 2022) of geo-spatial software to help better identify community need and service utilization trends will provide more valid estimates of the representative nature of patrons requesting services (and variation of need) across demographic characteristics.

Table 11: Race and Ethnicity of Patrons (N=758) Requesting Services at CPLRC in 2022						
Race/Ethnicity	Number of Patrons	Percent of Patrons				
American Indian or Alaska Native	0	0				
Asian	7	0.9				
Black or African American - Non-Hispanic	600	79.2				
Hispanic, Latino, or Spanish origin	15	2				
White - Non-Hispanic origin	93	12.3				
Multiracial	16	2.1				
Other	9	1.2				
Prefer not to answer	12	1.6				
Missing	6	0.8				
Total	758	100.1				

<sup>\*</sup>Total percentage does not equal 100% due to rounding error.

These include Census Gainesville/Alachua County Census Track 2 (Block 2,4,5, & 6), Track 5 (Block 1), Track 6 (Block 2 & 3), Track 7 (Block 1, 2, & 3) and Track 14 (Block 1 & 2) with FIPS (Federal Information Processing Standard) Codes of: 120010002002, 120010002004, 120010002005, 120010002006, 120010005001, 120010006002, 120010006003, 120010007001, 120010007003, 120010014001, & 120010014002. Source: American Community Survey (ACS) 2014-2018 5-Year Estimates. Although more specific, there are six block groups (120010006003, 120010007001, 120010007002, 120010007003, 120010014001, & 120010014002) for which a proportion of the geo spatial area is reportedly outside the service area of the Cone Park Library Resource Center.

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