

**SUMMARY OF YEAR THREE UPDATE: 2010-11**

**FINDINGS (Year Two, p. 39)**

Survey findings indicated that housing is problematic as rent and mortgages continue to rise. MAHS delegates need to match families to area resources that provide affordable housing. Delegate representatives sit on the Homeless Coalition Board and disseminate information to families.

**RESOURCES ADDRESSING HEAD START ELIGIBLE CHILDREN AND FAMILY NEED**

**(Year One, p. 34)**

The average cost of center-based care for a preschool child in the region is nearly \$7,000 per year, as much as annual tuition at a four-year state public college or university. Weekly fees for infant care averages over \$10,000 per year. A family of four with an infant and a preschooler in a center-based program will spend an average of \$17,000 on annual fees, representing more than a quarter of the area's median family household income of \$66,816. In moderate-to-low income families, these costs consume 40-50 percent of the budget, which makes child care unaffordable. (Metropolitan Council on Early Learning Status Report 2010 [2008-2009 Data])

Families listed cost as a reason for leaving Head Start programs, and mentioned recent economic woes as serious barriers; housing and utilities assistance remain issues of need for struggling families. Financial planning resources for families is also a current need.

**FAMILY, STAFF, AND COMMUNITY PERCEPTION OF NEEDS (Year Two, p. 38)**

**(Year Two, p. 38)**

U.S. Census data was combined to include all Early Head Start and Head Start program options. Due to ARRA funding, all three counties served by MAHS now provide direct services to children ages birth to three. An increase of Head Start-eligible children in Jackson county has not kept up with the increase in population for children under five. Increases in population and population served in Clay county increased by 16 percent. Platte county reports a decrease in children under five, but the number of Head Start-eligible children increased 39 percent from 2006 to 2008.

MAHS surveyed 100 community agencies regarding barriers that families face to meet basic needs; there was no change from 2008 findings. Agencies reported the following barriers:

- Access to health care and dental services for women, especially the poor and working poor;
- Access to resources impacted by language issues, inaccessible locations and hours of services;
- Child care costs, which impair parents' job opportunities and increases the need for Head Start services;
- Education and transportation;
- Integration with school district health personnel and coordination of health services.

**INTRODUCTION: YEAR THREE UPDATE (2010-11)**

This Mid-America Head Start (MAHS) Community Assessment covers a three-year cycle. Following the first year's comprehensive report, a second year update was completed. This "Year Three Update (2010-11)," summarizes all new information as an update to the Year Two report. The "Program Planning Strategy" at the end of each section gives recommended actions suggested to address new information. Please reference the full Combined Comprehensive Community Assessment (2008-11), which includes Year Two and Three Updates, for complete information on each of these sections ([www.marc.org/headstart/publications](http://www.marc.org/headstart/publications)). The specific report and page number listed in each heading indicates where additional information can be found on each topic.

**APPROACH**

The Community Assessment Year Three Update was developed with grantee and delegate staff, parents and community partners. The entire group reviewed the Combined Community Assessment Report, which includes the 2008-09 Comprehensive Report, and the 2009-10 Update, then five smaller work groups reviewed sections of the Combined Report to recommend areas for updates and additional research. Work groups reported findings and presented the summary of updates to the combined Community Assessment Report Year Three Update.

**METHODOLOGY**

The most current data was used in the report, in many instances, from the American Community Survey (ACS). While the ACS provides reliable data in non-census years, the results are estimates (as opposed to actual counts reported by the decennial census). As is the case with all survey estimates, there is a margin of error. Small changes from year to year may result from the survey tool, and not indicative of significant changes to community conditions.

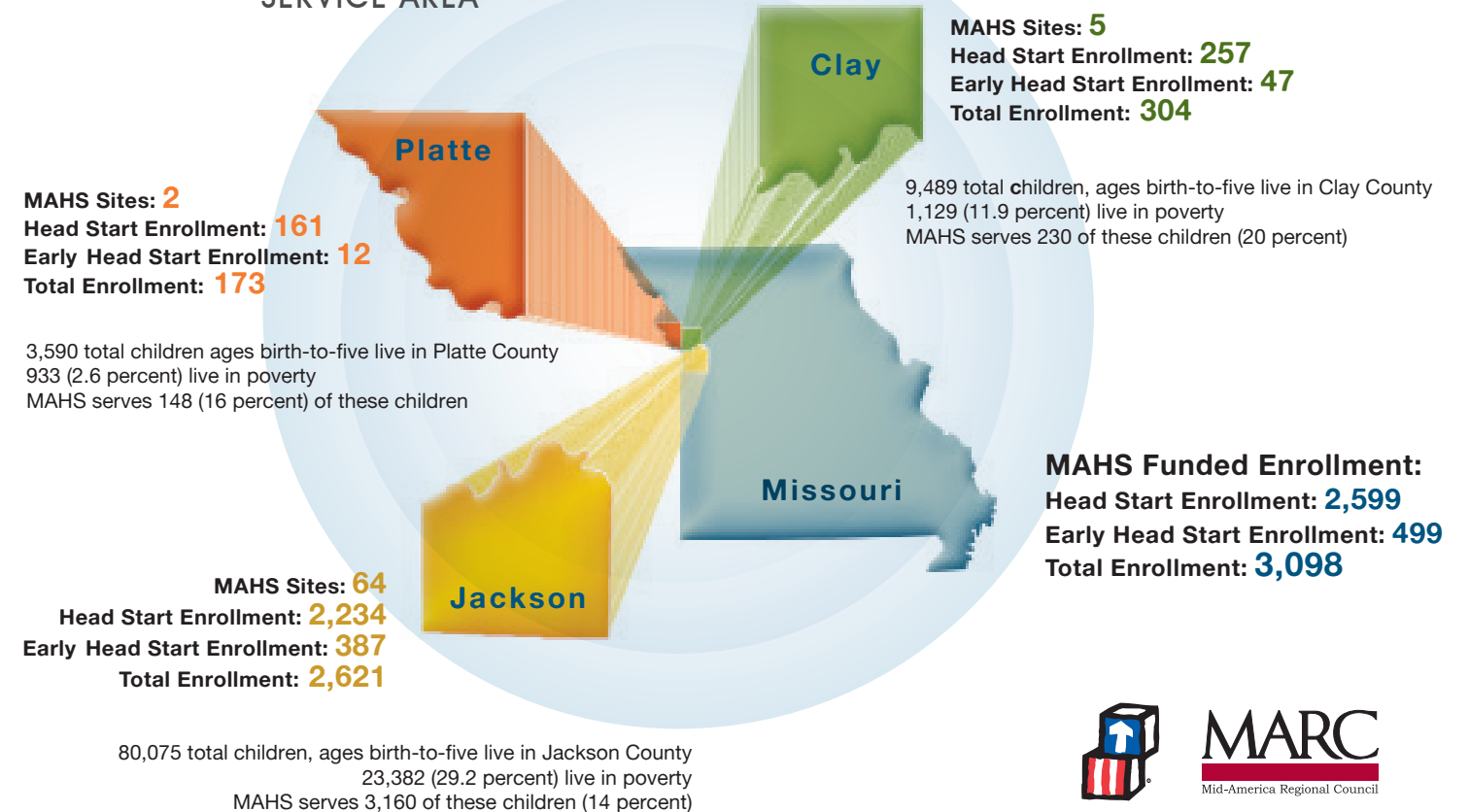
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The full Comprehensive Community Assessment (2008-11) can be found online at: [www.marc.org/headstart/publications](http://www.marc.org/headstart/publications)

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## DEMOGRAPHIC & ECONOMIC PROFILE OF HEAD START CHILDREN & FAMILIES

### RACIAL AND ETHNIC COMPOSITION (Year Two, p. 7)

MAHS received 145 Head Start expansion slots and 165 Early Head Start expansion slots; 28 were placed directly in programs that primarily serve Hispanic families. In general, the Year Three Community Assessment identified increased ethnic diversity among all families.

**PROGRAM PLANNING STRATEGY:** Address the needs of families served by translating all materials into the appropriate languages to ensure full accessibility.

### CHILDREN LIVING IN POVERTY (Year Two, p. 6)

One poverty indicator is the number of students in area schools who are eligible to receive free or reduced lunch. The highest concentration of poverty is traditionally in the urban core, but many suburban school districts are now reporting that more than half of its students are eligible for free and reduced lunch. Some of these districts have seen a 15-25 percent increase in one year. Data indicates the growing need to research early learning resources available to suburban children living in poverty. Suburban areas with the highest increases in poverty are Hickman Mills, Grandview, Raytown, Independence and North Kansas City.

**PROGRAM PLANNING STRATEGY:** Build on current MOUs with school districts and strengthen transition for children leaving Head Start and entering Kindergarten.

### GEOGRAPHIC SERVICE LOCATIONS (Year Two, p. 5)

Missouri's projected migration trend indicates the greatest population increase will occur in Clay county.

### HOUSEHOLD BY TYPE (Year One, p. 8)

All three counties reported increases in single-parent households, with the largest increase in Jackson county, from 13-20 percent. Single mother households in Jackson county decreased.

**PROGRAM PLANNING STRATEGY:** Contract with National Center on Fathering to help delegates develop initiatives that focus on outreach and education for single fathers.

### PARENTAL INCARCERATION AND CHILD WELL-BEING (Year One, p. 8)

As of June 30, 2009, 29 percent of all offenders were 40 years of age or older, 28.9 percent were between the ages of 30 and 39, and 32.1 percent were 29 years of age or younger. The largest age group of offenders are of the age frequently identified as when parents care for children under the age of five.

**PROGRAM PLANNING STRATEGY:** No additional strategies required to address the current data.

### HOUSING (Year One, p. 9)

The average home sales price in the MAHS service area for March 2010 was \$158,815 (\$307,334 for new and \$146,519 for existing), an increase of \$8,027 from 2009. According to RealtyTrac, 15,607 properties in the metro area filed foreclosures in 2009, representing 1.75 percent of all properties; an 11 percent increase since 2008 and a 50 percent increase since 2007. Filings are trending upwards. (MARC Research Services, 2010)

Nationally, the housing market took a severe hit in recent years, and Kansas City is no exception. However, the local decline is not as pronounced as the national average. Kansas City's home prices, however, did not experience this dramatic price shift.

Foreclosures will continue to be an issue, and in the Kansas City area, where they are concentrated in the urban core. Data for the MAHS service area shows high occurrences, and affected families will need additional housing resources.

**PROGRAM PLANNING STRATEGY:** Grantee will help FCP Managers understand the nine core competencies for working with family advocates. Family Services staff will use a needs assessment and family matrix to connect families with necessary resources.

### ECONOMICS (Year Two, p. 11)

Kansas City's diverse economy allowed the region to weather the 2008-09 recession better than the rest of the nation. Manufacturing follows national trends for decline, but Kansas City's manufacturing sector is relatively strong, and the local auto manufacturing sector has added employment in recent years. Kansas City's overall employment decline is not as dramatic as in other parts of the country, and the local economy should be in good shape when the national economy rebounds.

**PROGRAM PLANNING STRATEGY:** Family Services staff will use the family needs assessment and family matrix to connect families with needed resources.

### HOMELESS FAMILIES AND CHILDREN (Year Two, p. 29)

MAHS and its delegate agencies continue to work with homeless shelters to identify Head Start-eligible children, their transportation needs and placement strategies.

**PROGRAM PLANNING STRATEGY:** No additional strategies required to address the current data.

### EARLY CARE AND EDUCATION CENTERS (Year Two, p. 35)

Child care costs are a hardship for most families, and Missouri recently increased its reimbursement rate. However, with increased unemployment rates, more families require, and qualify for, childcare reimbursement, demonstrating a need for additional Head Start slots in the MAHS service area.

**PROGRAM PLANNING STRATEGY:** No additional strategies required to address the current data.

### INFANTS, TODDLERS AND PRESCHOOL CHILDREN WITH SPECIAL NEEDS (Year Two, p. 33)

Children supported by Part C special education programs for school districts increased by 16 percent and those in Part B state early intervention programs increased by 11 percent, as reported in an annual report published by the Department of Secondary Education. Most children with Individualized Education Plans (IEPs) are diagnosed as a "young child with a developmental delay," while the most common diagnosis for children with an Individualized Family Support Plan (IFSP) is "developmental delay," followed by "medical condition associated with mental retardation/developmental disability."

Starting in July 2010, Missouri First Steps will use Early Intervention Teams to improve service delivery. During regular visits by a primary provider, the family and provider will discuss the child's development, and ways to support the child in everyday activities. As families transition from First Steps to school districts, Head Start delegates will teach parents how to become their child's advocate.

**PROGRAM PLANNING STRATEGY:** Refine recruitment with school districts; train education staff to better serve children with disabilities; work to transition families to school districts by collaborating with community agencies.

### EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS (Year One, p. 23)

The 2009-10 ChildPlus PIR report provides information about the number of children with chronic illnesses enrolled in Early Head Start and Head Start programs.

### CHRONIC ILLNESS TRENDS (Year Two, p. 13)

Findings indicate no significant increase in the number of Head Start children with chronic illnesses, but data shows an increase in Early Head Start children with asthma.

### HEALTH INSURANCE DATA TREND (Year Two, p. 15)

According to the MAHS 2009-10 ChildPlus PIR Report, 181 Head Start and Early Head Start children in Jackson county, and seven children in Clay county, are not covered by health insurance. All Head Start children in Platte county have health insurance. These numbers represent a slight increase in uninsured Head Start children living in Jackson and Clay counties, but a significant increase in uninsured Early Head Start children living in Jackson county.

The "Healthy Kids Do Better In School," project funded by the Health Care Foundation of Greater Kansas City, brought MAHS together with health care and community partners to provide physicals and dental examinations, follow-up treatment, and eyeglasses for 345 children; translation services for non-English family education materials; and 40 hours of training to support 65 family advocates.

In addition, the "Portrait of a Healthy Child" initiative was developed to help parents understand the important role they play in their children's health. This improved the skills of family advocates, and increased numbers of families with health insurance, and those connected to medical and dental homes. Children with completed physical exams increased from 54 percent in spring 2008, to 89 percent in spring 2010. Children with completed dental exams increased from 45 percent in spring 2008 to 85 percent in spring 2010.

**PROGRAM PLANNING STRATEGY:** Continue to focus on uninsured children; provide translated resources so all MAHS families can better understand Head Start requirements; help families complete MC+ applications; continue to use the Universal Coding System in health action plans.

### PRENATAL CARE UPDATE (Year Two, p. 17)

In 2007 there were 14,936 live births in Clay, Jackson and Platte counties, and 1,846 of these babies received inadequate, or no, prenatal care. Between 2003 and 2007, 8,212 babies born in the MAHS service area received inadequate, or no, prenatal care.

**PROGRAM PLANNING STRATEGY:** No additional strategies required to address the current data.

### OVERWEIGHT AND OBESITY (Year Two, p. 25)

Childhood obesity continues to be a concern, and program planning should include continued nutrition education for families to reinforce healthy food choices, and the importance of physical activity to decrease health risks.

**PROGRAM PLANNING STRATEGY:** Continue to address obesity through programs such as I Am Moving, I Am Learning and the Healthy Family Challenge.

### CHILD SAFETY (Year Two, p. 26)

**PROGRAM PLANNING STRATEGY:** Continue initiatives for increased community awareness, including car seat giveaways, and parent education activities.

### NUTRITION/ORAL HEALTH (Year Two, p. 24)

The 2000 Surgeon General's Report, "Oral Health in America," noted dental issues that present the most common risk for childhood chronic disease. Low-income children suffer twice as much tooth decay as affluent children. Current statistics indicate that 28 percent of all children between the ages of 2 and 5 suffer from tooth decay, but in Head Start programs, decay rates often range 30-40 percent in 3-year-olds, and 50-60 percent in 4-year olds. Head Start staff and parents nationwide have identified oral health as the single most important health issue facing programs. Barriers to dental services include a reluctance by dentists to treat preschool-age children; dentists' lack of familiarity with Early Head Start and Head Start program goals; language and culture barriers; and parents education regarding oral health and the importance of follow-up treatment.

The 2009 Missouri Statewide Oral Health Plan, "Creating a Healthier Missouri," indicated that many Missourians do not understand the importance of dental care. There are 2,595 registered dentists in Missouri to serve its 6 million residents. More than 635,000 children are enrolled in MO HealthNet, and only 625 dentists participate in the program.

**PROGRAM PLANNING STRATEGY:** MAHS will collaborate with AAPD and the state leadership advisory team to build a network of dentists to provide quality dental homes for MAHS children.

### EARLY PRENATAL HEALTH CARE (Year Two, p. 20)

**PROGRAM PLANNING STRATEGY:** Education for pregnant women will focus on the importance of early prenatal care to reduce birth rate and infant mortality. Delegates must include an outline in training plans regarding parent education.

### LOW BIRTH WEIGHT (Year Two, p. 21)

**PROGRAM PLANNING STRATEGY:** Provide increased access to multi-language literature and materials to increase family education opportunities.

### INFANT MORTALITY RATES (Year Two, p. 39)

**PROGRAM PLANNING STRATEGY:** Continue parent education on prenatal care, regular Well Child exams and nutrition, in multiple languages.