

LINC Commission Meeting

July 17, 2013

SPECIAL TIME!
Wednesday at 4PM

Get Ready
for a **SUMMER**
of reading!



May 23, 2013

Dear LINC,



Thank you for bringing Mrs. Perl to share what she does for a living. The books she wrote were amazing. They were so amazing I can't believe it.

Sincerely,
Vanessa



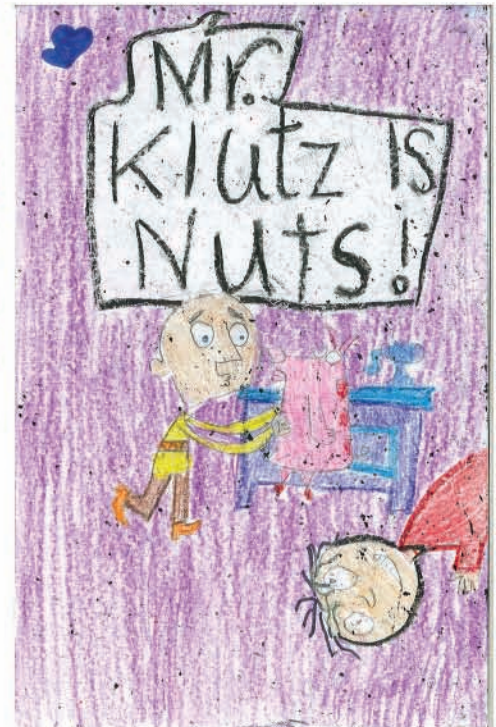
Dear LINC,

May 23, 2013

Thank you for the book you are the best. Thank you for bringing Mrs. Perl to our school.

Love,
Alycia

wow
love
Books
hope
Joy
cute



Students from Primitivo Garcia in the Kansas City Public Schools sent thank you notes to LINC for the free books they received last May. LINC and our partners organized the effort to bring children's author Erica Perl to their school to talk about literacy and telling stories.



Local Investment Commission (LINC) Vision

Our Shared Vision

A caring community that builds on its strengths to provide meaningful opportunities for children, families and individuals to achieve self-sufficiency, attain their highest potential, and contribute to the public good.

Our Mission

To provide leadership and influence to engage the Kansas City Community in creating the best service delivery system to support and strengthen children, families and individuals, holding that system accountable, and changing public attitudes towards the system.

Our Guiding Principles

1. **COMPREHENSIVENESS:** Provide ready access to a full array of effective services.
2. **PREVENTION:** Emphasize “front-end” services that enhance development and prevent problems, rather than “back-end” crisis intervention.
3. **OUTCOMES:** Measure system performance by improved outcomes for children and families, not simply by the number and kind of services delivered.
4. **INTENSITY:** Offering services to the needed degree and in the appropriate time.
5. **PARTICIPANT INVOLVEMENT:** Use the needs, concerns, and opinions of individuals who use the service delivery system to drive improvements in the operation of the system.
6. **NEIGHBORHOODS:** Decentralize services to the places where people live, wherever appropriate, and utilize services to strengthen neighborhood capacity.
7. **FLEXIBILITY AND RESPONSIVENESS:** Create a delivery system, including programs and reimbursement mechanisms, that are sufficiently flexible and adaptable to respond to the full spectrum of child, family and individual needs.
8. **COLLABORATION:** Connect public, private and community resources to create an integrated service delivery system.
9. **STRONG FAMILIES:** Work to strengthen families, especially the capacity of parents to support and nurture the development of their children.
10. **RESPECT AND DIGNITY:** Treat families, and the staff who work with them, in a respectful and dignified manner.
11. **INTERDEPENDENCE/MUTUAL RESPONSIBILITY:** Balance the need for individuals to be accountable and responsible with the obligation of community to enhance the welfare of all citizens.
12. **CULTURAL COMPETENCY:** Demonstrate the belief that diversity in the historical, cultural, religious and spiritual values of different groups is a source of great strength.
13. **CREATIVITY:** Encourage and allow participants and staff to think and act innovatively, to take risks, and to learn from their experiences and mistakes.
14. **COMPASSION:** Display an unconditional regard and a caring, non-judgmental attitude toward participants that recognizes their strengths and empowers them to meet their own needs.
15. **HONESTY:** Encourage and allow honesty among all people in the system.



Wednesday, July 17, 2013 | 4 – 6 pm
Kauffman Foundation
4801 Rockhill Rd.
Kansas City, Mo. 64110

Agenda

- I. Welcome and Announcements
- II. Approvals
 - a. June minutes (motion)
- III. Superintendents' Reports
- IV. Community health issues
 - a. Regional Health Assessment
 - i. Scott Lakin – MARC
 - b. Affordable Care Act
 - i. Jessica Hembree – Health Care Foundation
 - ii. Graciela Couchonnal – Health Care Foundation
- V. LINC and Summer – Part II
 - a. Summer programs
 - b. Summer reading
 - c. Summer Electronic Benefits Transfer (SEBT)
- VI. Other
- VII. Adjournment



THE LOCAL INVESTMENT COMMISSION – JUNE 17, 2013

The Local Investment Commission met at the Kauffman Foundation, 4801 Rockhill Rd., Kansas City, Mo. Chairman **Landon Rowland** presided. Commissioners attending were:

Sharon Cheers
Jack Craft
Herb Freeman
SuEllen Fried
Anita Gorman
Bart Hakan
Dick Hibschman

Tom Lewin
Rosemary Lowe
Sandy Mayer
Richard Morris
David Ross
Marge Williams

Rowland welcomed **Dale Hale**, the new superintendent of the Independence School District, and **Dennis Carpenter**, the new superintendent of the Hickman Mills School District.

Jack Craft introduced a presentation on LINC's efforts to support literacy, including its partnership with First Books to get a new book into the hands of every elementary school student in the Kansas City School District. A video on First Books was shown. Craft reported the video was shared at the recent FACT board meeting and introduced FACT executive director Bill Dent, who gave an overview of FACT's role as liaison between LINC and the other Missouri community partnerships and nine state agencies.

LINC Communications Director **Brent Schondelmeyer** reported on LINC's literacy efforts as intended to combat the "summer slide" of student learning and to close the gap between students of low- and moderate-income households. A video of a panel discussion on grade-level reading hosted by Kansas City Mayor **Sly James** was shown. Schondelmeyer reported LINC intends to expand literacy efforts into the parts of the community where they are needed, and showed a video of a reading class at the LINC summer camp program at Stonegate Meadows housing complex.

LINC President **Gayle A. Hobbs** reported reported LINC intends to support literacy efforts in all its partner school districts according to the needs identified by the districts.

Superintendents' Report

- **John Tramel** (Director of Family Services & Caring Communities, Independence School District) reported 7,800 students are enrolled in the district summer school program, which includes dedicated time for reading. He reported on two successful recent events held in partnership with LINC: a Cinco de Mayo festival (which included a book giveaway) and Shout Out Independence, which enlisted businesses, faith groups and schools to showcase the positive things that the city of Independence has to offer.
- **Mark Enderle** (Superintendent, Fort Osage School District) reported the district welcomes the opportunity to partner with LINC around literacy. He reported that 2,650 district students (about half of all students) are attending summer school, and that LINC will provide a summer camp to bridge the gap between the end of summer school and the beginning of the new school year.
- **Todd White** (Superintendent, North Kansas City School District) reported the board is discussing the implementation of a "balanced calendar" (year-round school) in the district, and that such a change would require additional social supports. He reported around 80% of elementary students are enrolled in summer school, and the district is providing "jump-start" orientations for families of children starting kindergarten in the fall.
- **Dennis Carpenter** (Superintendent, Hickman Mills School District) reported the district is focused on improving academic achievement through various strategies including limited

kindergarten class size to 17 students. He also reported around 1/3 of students are attending summer school.

- **Bob Bartman** (Superintendent, Center School District) reported literacy in the district is affected by family poverty and mobility, and the district is eager to partner with LINC on book distribution.
- Hobbs reported LINC worked with Kansas City Public Schools to accommodate families whose children are enrolled in summer school. Participants in the district summer school program will be allowed to attend the final two weeks of the LINC summer camp program after the end of summer school.

Discussion followed.

A motion to approve the April 15, 2013, LINC Commission meeting minutes was passed unanimously.

LINC chess coordinator **Ken Lingelbach** reported on LINC chess efforts. Twenty-six sites and over 500 children participated in LINC chess programs in the 2012-2103 school year. LINC is planning two Chess University series for adults, and two chess camps for kids. LINC is partnering with the Kansas City Public Library to offer “Family Chess Night” at eight branches, and with Mid-Continent Public Library to offer “Chess Basics” at two branches.

Discussion followed.

LINC data staff **Michele Valentine** reported on the LINC 2013 Summer Electronic Benefit for Children food assistance initiative. As of May 28, summer food benefits were issued to families of 4,001 children; 62% of benefits have been spent to date. LINC staff are helping parents who call the SEBT hotline with questions.

Gayden Carruth of Cooperating School Districts of Greater Kansas City reported on the effort to restart the Educational Policy Leadership Forum. The CSD board agreed to restart the program with help from LINC and other partners. The forum provides participants the opportunity to meet monthly to learn about a policy issue; the program culminates in a trip to Washington, D.C.

Rowland announced that **Audrey Bullard** is starting a new charter school and is seeking board members. Recommendations should be shared with Gayle Hobbs.

Hobbs reported on the recent LINC 20th anniversary dinner. A video was shown. Discussion followed.

The meeting was adjourned.



ABOUT THE REGIONAL HEALTH CARE INITIATIVE

Building Partnerships to improve access and promote quality health care for the uninsured and the underserved

The Regional Health Care Initiative (RHCI) is part of the Mid-America Regional Council (MARC) and is a regional initiative that promotes innovative, collaborative approaches to providing health care to the uninsured and medically underserved. The Regional Health Care Initiative is funded primarily through two foundations including the ***REACH Healthcare Foundation*** and the ***Health Care Foundation of Greater Kansas City***.

Key components of RHCI include:

- **Behavioral Health Care**
RHCI staff work closely with Metropolitan Mental Health Stakeholders (MMHS) in the Kansas City area to identify opportunities to strengthen and improve access for the delivery of quality care to those in need of mental and behavioral health services. The MMHS with the help of RHCI is addressing issues related to integration of behavioral health and primary health care, trauma informed care, and children's system change.
- **Safety Net Collaborative/Patient Centered Stakeholder Collaborative**
The Safety Net Collaborative (SNC) has been meeting since 2007 to address clinic issues around the delivery of care to the uninsured and medically underserved. Recently, work has revolved around infrastructure needs, specialty care, and targeted training on implementation of the Affordable Care Act. The SNC meets periodically throughout the year to discuss issues affecting safety net clinics and the patients they serve.

Building upon the past work of the SNC, clinics can now participate in the Patient Centered Stakeholder Collaborative (PCSC). Through the PCSC the RHCI works with small groups of motivated safety net organizations that have identified needs and opportunities for collaboration and want to convene other interested parties to design and launch projects of mutual interest with outcomes that benefit safety net clinics and the delivery of care to their patients. Priority is placed on using a patient centered approach to seek improved care and continued delivery of quality services to the uninsured, underinsured and Medicaid populations.
- **Oral Health Access Committee**
The Oral Health Access Committee addresses access issues for Safety Net patients in need of oral health services. The Committee works to build a stronger provider network and that work has included expanded function training for Dental Assistants, increased Safety Net Clinics access to oral health specialists and collaboration with the dental schools to maintain and expand the use of dental and dental hygiene students in the Safety Net Clinics.



- **Safety Net Health Information Exchange Project (HIE)**
RHCI is currently working with selected areas clinics to develop ways to improve care of medically vulnerable people in the Kansas City area by improving the exchange of health information of patients that receive care at safety net clinics. The goal of the HIE project is address barriers faced by clinics and to have fully functioning information exchange available to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective and equitable patient-centered care.
- **Care Coordination Program**
RHCI provides program oversight to the community health worker care coordination program. Coordinated with the Kansas City Care Clinic and designed to help safety net patients address complex issues that create barriers to improved health, the program seeks to improve patient capacity for better overall health through their engagement in care.

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Kansas City Regional Health Assessment Report

**Prepared for the
REACH Healthcare Foundation**

A report on health and social conditions of the
uninsured and other vulnerable populations in
the Kansas City metropolitan area

**Mid-America Regional Council
June 2013**

VII. Conclusion and Recommendations

In our introduction, we suggested that there is a story to be told about health care in the Kansas City region. With the data provided in this report, that story has taken shape and we can make some clear assertions about the magnitude of the issues facing the region, how these issues vary across geographies and populations, and trends that may indicate emerging issues.

Social, economic, geographic and demographic circumstances can make a person vulnerable to health issues and make it more difficult to access treatment.

This report confirms that certain populations are especially vulnerable to health issues and may lack access to quality health care to treat these issues. If we aggregate residents who are in at least one of the populations we defined in this report as potentially vulnerable – i.e, those living in households with incomes less than 200 percent of poverty; racial/ethnic minorities; single parents; the elderly (age 65 and over); those 16 years of age and over who are unemployed or not in the labor force; those living in linguistically isolated households; those with any disability; and those on Medicaid or uninsured – then fully two-thirds (67 percent) of the region’s residents are members of at least one of these groups in 2011, up from 63 percent in 2008.

Fully two-thirds (67 percent) of the region’s residents are members of at least one vulnerable population category, up from 63 percent in 2008.

Vulnerable Population	Number of Unique Individuals Who Are Members of at Least One Vulnerable Population			
	2008	2009	2010	2011
Start: Incomes below 200% of FPL	512,376	567,737	604,314	614,762
Add: Race other than white, non-Hispanic	739,742	800,476	845,596	848,523
Add: Population aged 65+	881,669	944,983	998,602	1,000,536
Add: Unemployed or not in labor force	1,021,177	1,106,993	1,139,359	1,144,705
Add: Linguistic isolation	1,022,468	1,107,779	1,140,138	1,146,111
Add: Any disability	1,062,622	1,145,144	1,174,978	1,180,683
Add: Single parents	1,168,229	1,250,064	1,253,738	1,280,425
Add: On Medicaid or uninsured	1,216,446	1,288,631	1,296,038	1,323,477
Total number of individuals in vulnerable populations	1,216,446	1,288,631	1,296,038	1,323,477
Total Population (REACH area PUMAs)	1,926,813	1,995,241	1,970,979	1,978,209
Percent vulnerable	63%	65%	66%	67%

Source: Census Bureau, ACS PUMS, 1-year data, 2008–2011

These populations are especially vulnerable for a variety of reasons:

- They may lack the financial resources to obtain quality health care or afford a lifestyle that promotes good health, including nutritious foods.
- They may live in conditions that do not promote health, such as exposure to environmental threats – either at a neighborhood level or in the home – or a lack of access to healthy alternatives, such as safe sidewalks or healthy foods.
- They may have transportation issues which make it more difficult to access quality health care.
- There may be cultural or language barriers to accessing health care, including a lack of documentation.
- Specific populations, such as the disabled or elderly, face additional health challenges.

Often the conditions experienced by these populations overlay each other, intensifying their vulnerability; for example a person may have a language barrier, have a low income, and live in a community with poor access to food. Often these barriers exacerbate health conditions and cause routine conditions to become more severe, affecting individuals and families and greatly increasing the cost of care. In the Kansas City metro area these populations are generally somewhat less prevalent than national averages. However, they are still significant in portions of our community.

- More than 30 percent of the region’s population is below 200 percent of the federal poverty level.
- More than 25 percent of the region’s residents are people of color.
- More than 25 percent of the population is young; another 11 percent are seniors age 65 and older.
- There are significant numbers of people who are disabled, linguistically challenged, undocumented or homeless.

In addition, these populations are increasing in both numbers and percent of the population.

- The elderly population is forecast to double in the next 30 years and increase from 11 percent of the population to 19 percent.
- Over the last decade the percent of the metro population below the federal poverty level has increased from 8.5 percent to 13.3 percent of the population.

Access to health insurance coverage decreases an individual’s vulnerability.

A major corollary of health vulnerability is access to health insurance. The vulnerable populations cited above are more likely to not have health insurance or to rely on Medicaid for health care coverage. Not having access to health insurance or ready access to health care professionals often leads to poorer health because a lack of preventive services allows conditions to progress into serious problems.

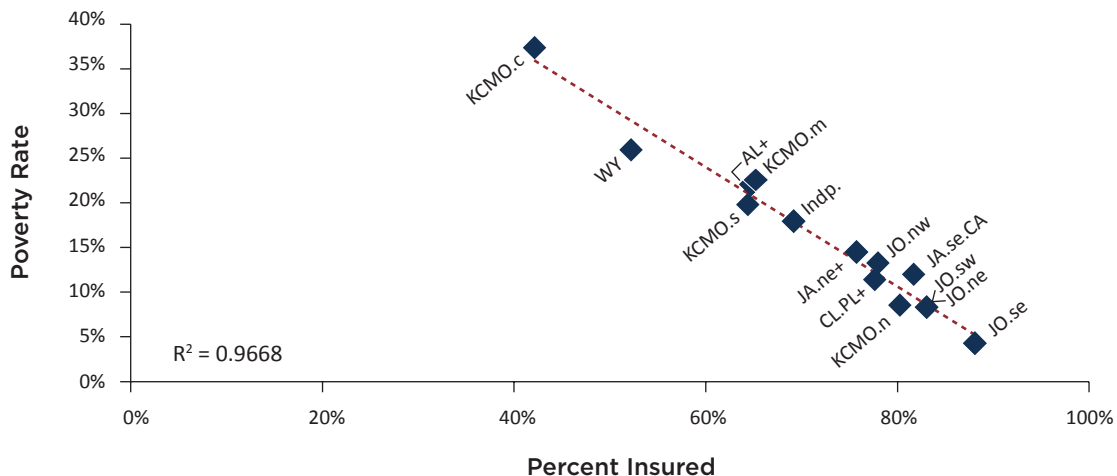
- Nearly 14 percent of the region’s population – almost 265,000 persons – are without health insurance.
- An additional 13.1 percent – 262,000 persons – rely on Medicaid.
- In 2011, the total number of people who were uninsured or on Medicaid was more than 527,000, or 26.7 percent of the population.

These individuals are the baseline for medically vulnerable persons in the region.

Since 2008, the number of medically vulnerable persons has been increasing, from 23.6 percent of the population to 26.7 percent, an increase of almost 72,000 individuals. This increase has come almost entirely from a decrease in those covered by employer health insurance. Almost all of the increase in the uninsured has come from working age adults between 26 and 64 years old. Sixty percent of the increase in Medicaid recipients has been in children ages 0-17.

We have contended throughout this report that a significant factor in regional health outcomes is the extent which these outcomes are correlated with vulnerable populations. The following graph shows the relationship between the poverty rate in a PUMA and the percent of insured.

Percent Insured vs. Poverty Rate, 2011



This graph shows a very high correlation between poverty and those who are uninsured ($R^2 = 0.96$). This correlation holds for health outcomes as well, meaning that those in poverty not only face particular health issues, but are less likely to have the resources to access care to deal with those issues.

People in the report area are experiencing a number of serious health conditions, measured by data such as cause of death and disease incidence.

Heart disease and cancer remain the leading causes of death in the region, each accounting for just under a quarter of all deaths. The remaining causes of death range

across a wide variety of conditions. For most diseases, the region ranks at about national norms; and in the case of obesity and diabetes, slightly below national norms.

These health conditions may disproportionately impact certain demographic, social or economic groups, as well as those in certain health insurance categories. This may manifest itself in health disparities that are reflected geographically.

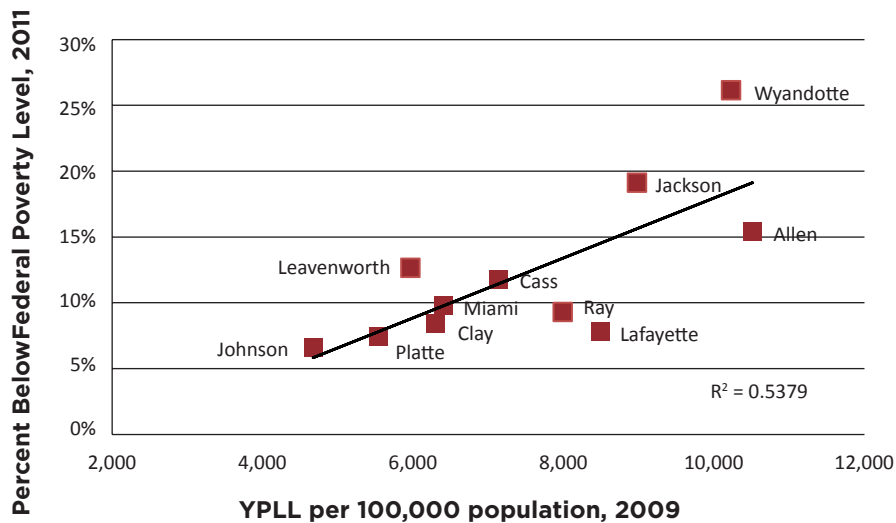
In general terms, the urban counties (Wyandotte and Jackson) and the rural counties (Allen, Lafayette, and Ray) have health outcomes that are worse than the regional average and national norms. Suburbanizing counties (Miami, Leavenworth, and Cass) generally have outcomes that mirror regional and national norms and suburbanized counties (Johnson, Clay and Platte) have outcomes that exceed regional and national norms.

Populations in urban and rural areas, though significantly different on a number of measures, share one thing in common – relatively poor health outcomes. For example, in 2009, the average YPLL per 100,000 population for the report area’s urban and rural counties combined was 9,241 years. This was 53 percent higher than the YPLL for the report area’s suburban and surburbanizing counties, which averaged 6,003 years.

The question is not whether there are significant numbers of vulnerable residents residing in the REACH area, but to what extent do these vulnerabilities correlate with health conditions and challenge their access to health care? The data in this report shows a high correlation between vulnerable populations and adverse health outcomes and ability to access health care.

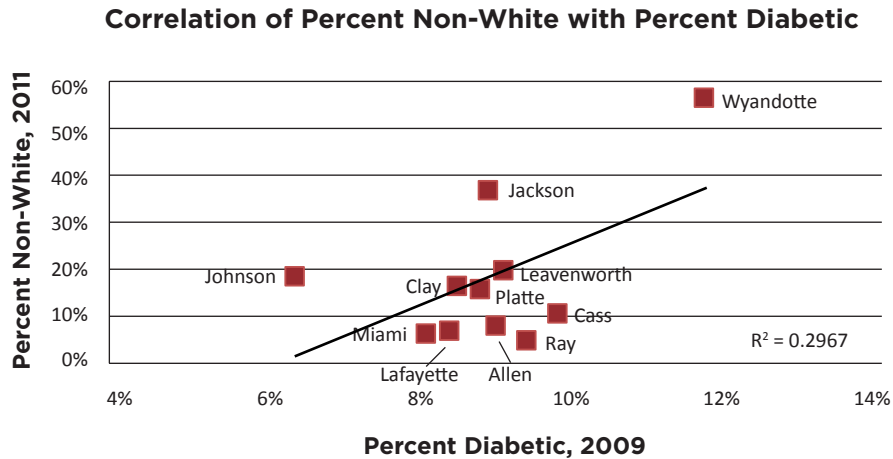
For example when we compare YPLL with a county’s percent of population below 100 percent of federal poverty level we get the following graph.

Correlation of Poverty with Years of Potential Life Lost (YPLL)



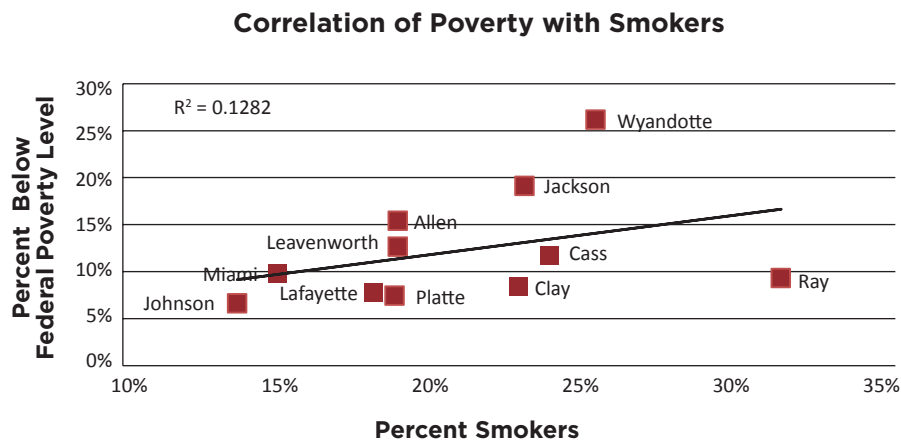
This shows a high correlation between poverty and YPLL, with county poverty rates alone explaining 54 percent of the variation by county.

Additional correlations are evident when looking at vulnerable populations and comparing them to health status. For example we can look at percent of a counties population that is diabetic and compare that with the percent of the population that is non-white. The following graph shows the correlation of non-white with diabetes.



Although the correlation is not quite as strong as that between poverty and YPLL it is still significant, with county percentages of non-white population explaining 30 percent of the variation in county percentages of population with diabetes.

We can also investigate the correlation between behavior and vulnerable populations. Do vulnerable populations partake in behaviors that adversely affect their health status and which are then compounded by issues with access to health care? The following chart shows the correlation between the percent of a county’s population that is below 100 percent of the federal poverty level and the percent of the population that smokes.



In this case, it appears that poverty is only one of many influences on the percentage of smokers, as by itself it explains only 13 percent of the variation in county smoking rates. There is a similar correlation when looking at exercise.

Counties are fairly large geographies that contain diverse populations within their boundaries. This is especially true for Jackson County, which has both urban core neighborhoods and suburban communities. A preliminary look at how some health

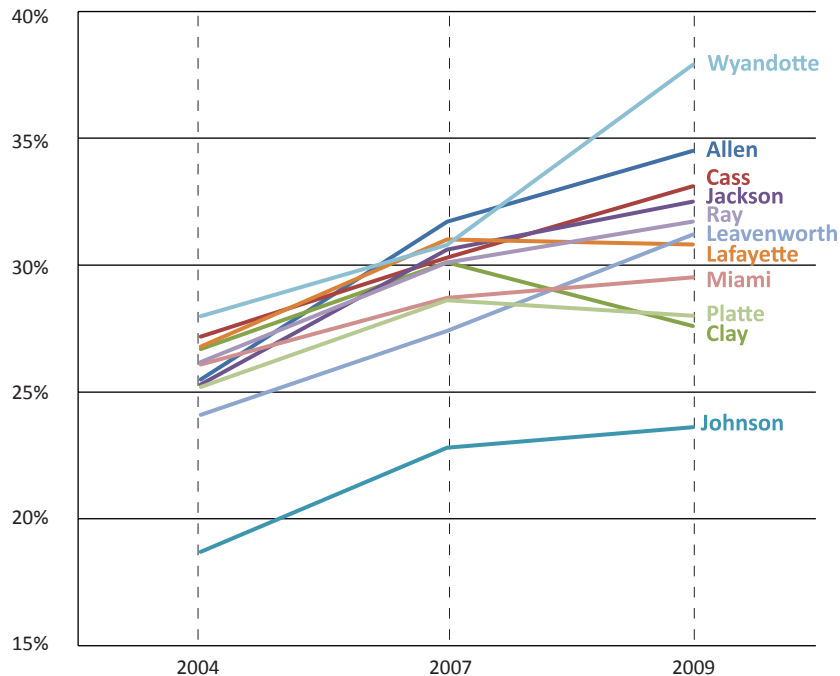
measures varied across ZIP codes indicated a pronounced disparity based on income, with poorer ZIP codes having much higher death rates than wealthier ZIP codes. The data also shows some differences between the ZIP codes in terms of cause of death, with homicides, for instance, being more prominent in lower-income ZIP codes.

Regional health trends indicate that certain conditions may be improving or getting worse for certain populations and geographies.

Health-related trends appear to be a mixed bag. While the percent of people in poverty in the region is below the national average, this population is growing rapidly, especially in the suburbs. Much of this growth has occurred during the most recent recession, but a significant portion occurred in the early 2000s as well. There has been a significant growth in the numbers of people who are uninsured or on Medicaid, mirroring a decline in those covered by employer health insurance. This has been particularly impactful on the working-age adult population.

While vulnerable populations and those who were uninsured and on Medicaid experienced an increase, a number of health outcomes improved across the region. Death rates declined moderately over the last 10 years and deaths from the leading causes declined; for example, heart disease by 30 percent and cancer by 2 percent. Hospital discharges for heart disease and cancer also declined, although they rose for respiratory disease. One troubling increase in health trends is obesity and diabetes rates, which increased in every county between 2004 and 2009.

Obesity Trend by County, 2004–2009



It appears that health behaviors have stabilized or improved in most counties, but mental health days and suicides are increasing.

Access to quality health care affects medical vulnerability.

As we have shown, the number of people in the region who are without health insurance or dependent on Medicaid is growing. While the region has an extensive safety net clinic system, it can only serve about 100,000 patients, and more than 500,000 people are currently uninsured or on Medicaid. Some obtain care from private providers, especially those that accept Medicaid; some use hospital clinics or emergency rooms; and some do not have access to health care.

People living in rural areas also face challenges in accessing quality health care. A shortage of doctors and other health care providers means long waits or long drives to obtain care.

Access to specialty care is particularly difficult for both the uninsured and those living in rural areas.

Data suggests that hospitals and others in the health care system are doing a better job in reducing preventable hospitalizations. Both federal data and data from the Missouri Hospital Association show preventable hospitalizations declining in most of the region's counties.

The Affordable Care Act potentially will have a profound impact on access to health care. However, it is difficult to discern exactly what this impact will be. Most immediately, there have been increased resources made available to Federally Qualified Health Centers, and young adults have been able to stay on their parents' insurance longer. Adding additional persons to the Medicaid program could improve access, but it is unclear if either state will approve such an increase.

Summary Recommendations and Considerations

Given the findings and trends identified in this report, what are key considerations and opportunities for addressing health and health care in the region? The authors of the report propose the following:

- *More than one quarter of the region's population are uninsured or on Medicaid.* This statistic reinforces the critical importance of an effective, high-quality safety net system. Even with passage of the Affordable Care Act, there remains a need for education about the implications and opportunities within the provisions of the law. Regional discussions about the role of the safety net system in this changing health care delivery environment are key.
- *Uninsurance is growing among working adults;* furthermore, ACS data show declines in employer-sponsored health coverage in the region. What public policies and strategies should be explored that would address access to health care coverage for working age adults?
- Data presented in the report highlight *the growth in the number and proportion of the senior population*, particularly in rural areas. Increases in this population will continue to have a major impact on health care access and health outcomes. Health and human service organizations and government agencies should give attention to how health services can be structured and delivered to meet the need.

- *Heart disease and cancer are the leading causes of death in our region, even though deaths from those causes have shown declines with the region. Obesity and diabetes have increased in all counties in the region. How can communities address the complex factors that contribute to these health conditions and what kinds of efforts offer the highest potential for slowing this growth?*
- *The data presented in the report indicate that hospitals and the health care system are doing better at reducing preventable hospitalizations, with decreases in most of region's counties. Hospitals and health care providers should work closely with safety net providers to ensure these improvements extend to medically vulnerable populations.*

While the report highlights the rapid “suburbanization” of poverty in the region, there are still large concentrations of very low-income and vulnerable populations in the urban core. Data on health disparities and trends for these populations suggests that new strategies must be developed to more effectively address the health issues facing these populations.

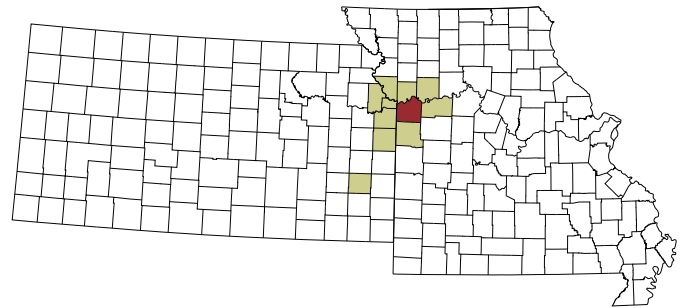
The increase in vulnerable populations in suburban areas presents a different set of challenges because these populations are more dispersed and less visible than those living in urban core areas. Methods should be developed to analyze the particular health care and service issues in the more suburban counties to determine how health services can be delivered more effectively.

Rural communities are grappling with similar health concerns but with different challenges related to location of services, access to health providers and other issues. The charts presented in this report provide a picture of health disparities and their range across geographies. This information offers a starting point for additional analysis and discussion that can inform new strategies and initiatives that will benefit people in our region.

HEALTH PROFILE | Jackson County, Missouri

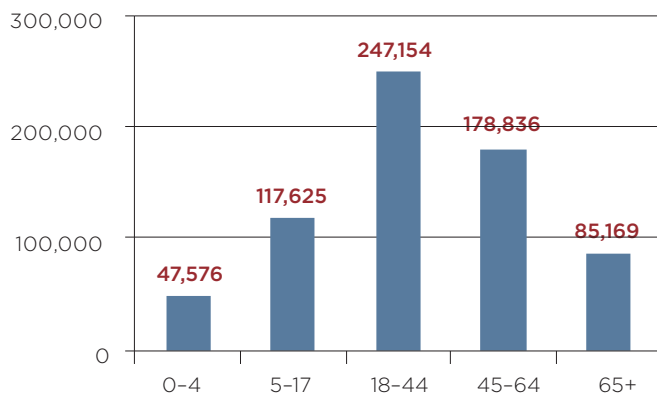
QUICK FACTS

2011 Population: 676,360
 Median Household Income: \$44,347
 Poverty Rate: 15.0%
 Unemployment Rate: 7.4%



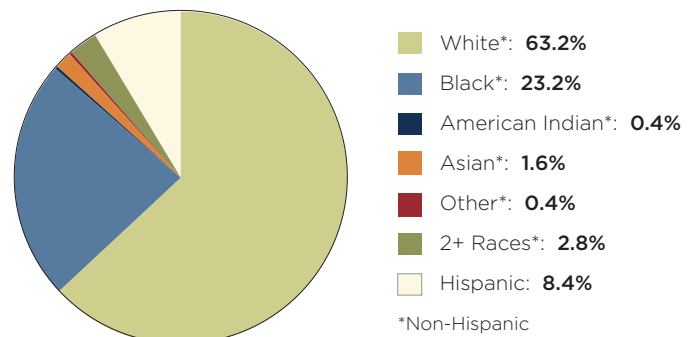
Population by Age, 2011

Source: US Census Bureau, American Community Survey



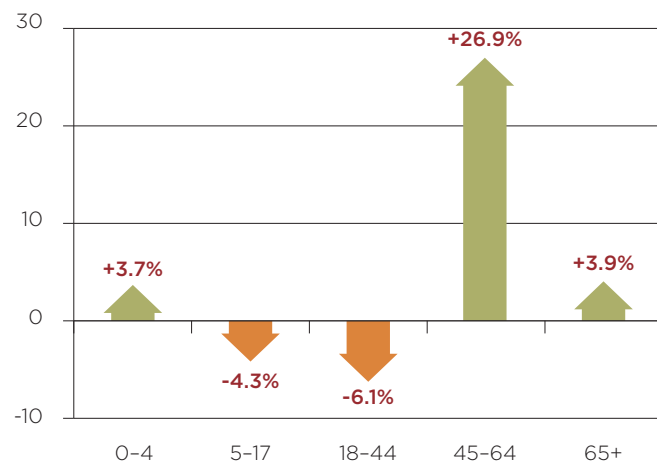
Population by Race, 2011

Source: US Census Bureau, American Community Survey



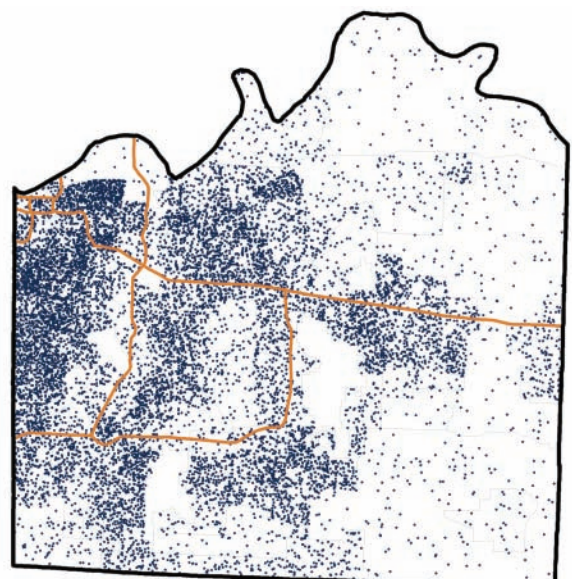
Population Shift: Percent Change by Age, 2000-2011

Source: US Census Bureau, American Community Survey



Population Density

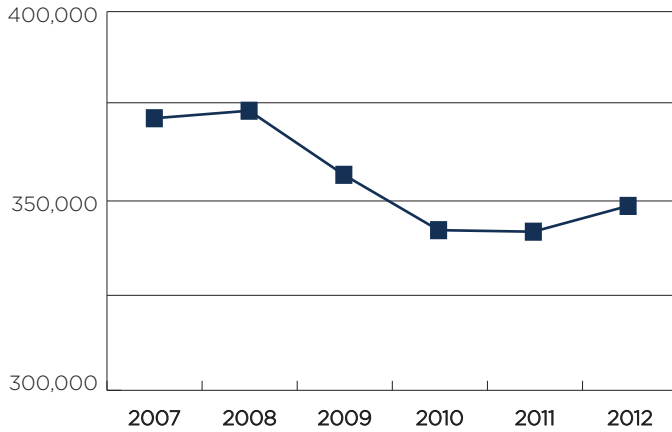
Source: US Census Bureau, American Community Survey



1 dot = 50 people

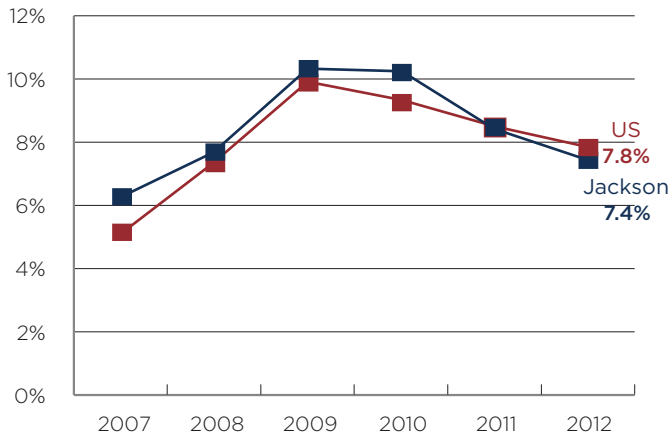
Employment

Source: Bureau of Labor Statistics



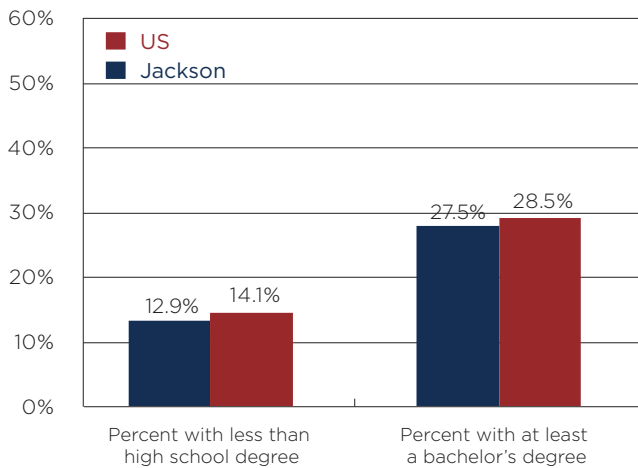
Unemployment Rate

Source: Bureau of Labor Statistics



Educational Attainment (Population age 25 and up)

Source: US Census Bureau, American Community Survey



Median Household Income

Source: US Census Bureau, American Community Survey



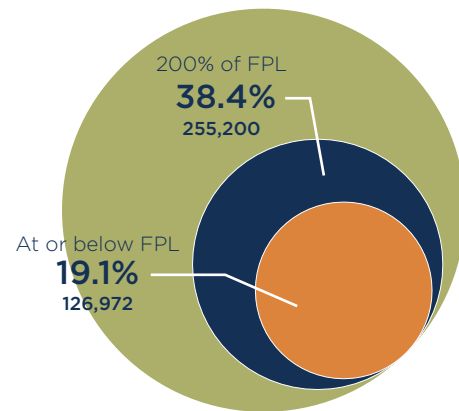
Jackson County



United States

People Living in Poverty

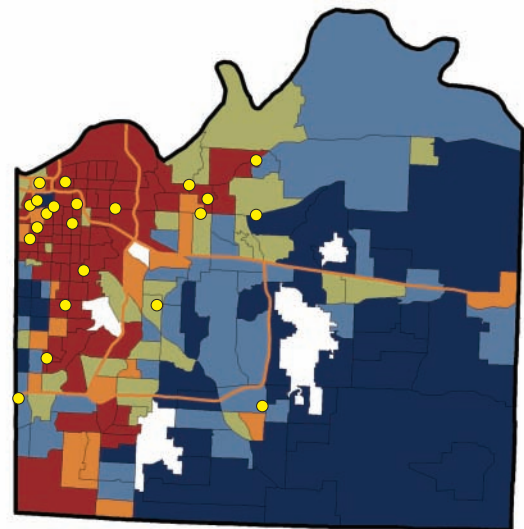
Source: US Census Bureau, American Community Survey



Federal Poverty Level (FPL) varies by household size. For four people (two adults and two related children), FPL is an annual income of \$23,050 or less; and 200% FPL is \$46,100 or less.

Poverty by Census Tract

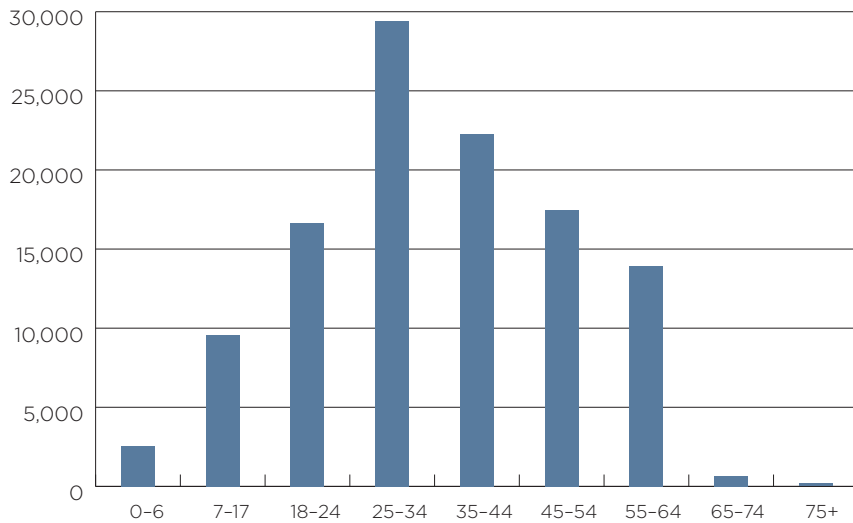
Source: US Census Bureau, American Community Survey



- Greater than 20%
- 15-19.99%
- 10-14.99%
- 5-9.99%
- Less than 5%
- N/A
- Location of Safety Net Clinics

Number of Uninsured by Age

Source: US Census Bureau, American Community Survey



Total Uninsured
112,719

Percent of Uninsured
16.8%

Percent of adults who could not see a doctor in the past 12 months because of cost:

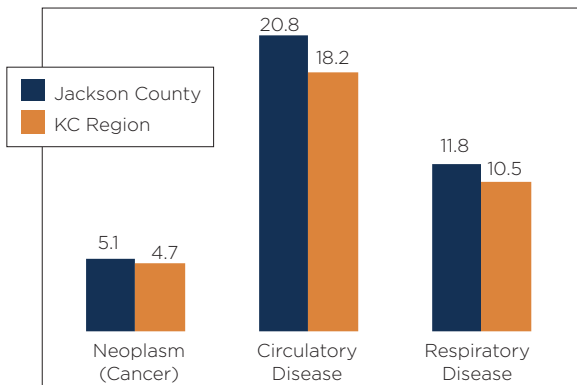
15%
Jackson County

14%
State of Missouri

Source: County Health Rankings, Robert Wood Johnson Foundation

Hospital Discharges per 1,000

Source: Missouri Department of Health and Senior Services (DHSS), Missouri Information for Community Assessment (MICA)



Diabetes Incidence

Source: U.S. Centers for Disease Control, 2009

Percent of Jackson County population age 20 and older diagnosed with diabetes:

9%

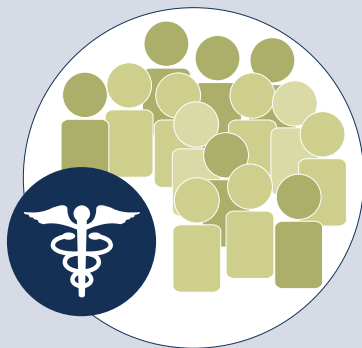
Top 5 Causes of Death

Source: Missouri DHSS

Heart disease	24.2%
Cancer	22.2%
Cerebrovascular disease (Stroke)	5.8%
Chronic lower respiratory diseases	5.6%
All other accidents & adverse effects	3.5%

Health Care Providers Per Capita

Source: HHS Area Resource File, 2010



Primary Care Physicians

1: 1,379



Dentists

1: 1,481



Psychiatrists

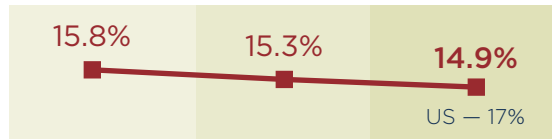
1: 12,987

Health Indicators/Trends

Source: Prenatal care data from Missouri DHSS; all others from County Health Rankings, Robert Wood Johnson Foundation



Adults in poor or fair health



Poor physical health days

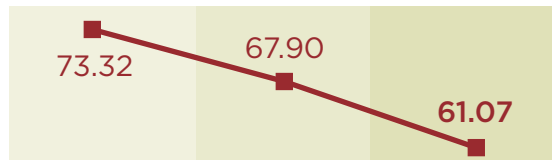


Poor mental health days

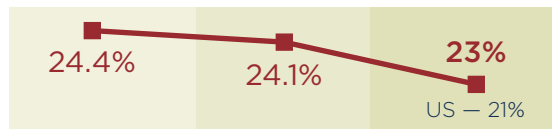


Preventable hospital stays

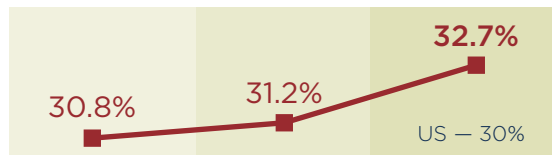
per 1,000 Medicare enrollees



Adults who smoke



Adults who are obese

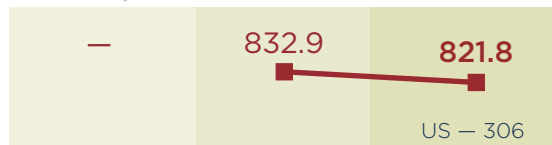


Auto crash deaths

per 100,000

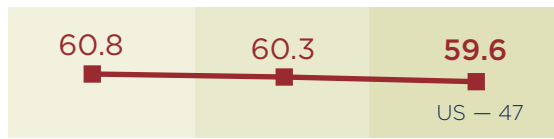


Sexually Transmitted Infections rate

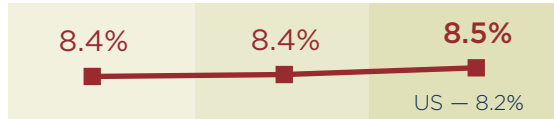


Births to teen mothers

per 1,000

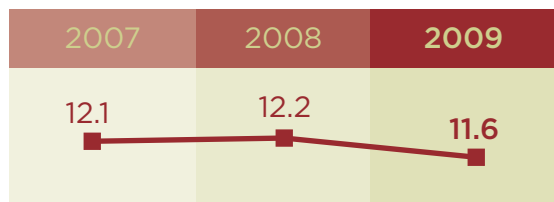


Low birth-weight babies



Inadequate prenatal care

per 100 births



KEY COUNTY CONCERNS:

The projected increase in the county's older population will likely strain the health care system.

Like other urbanized counties, Jackson County has a high poverty rate and a high number of uninsured.

The number of births to teen mothers is higher than the national average.

The county, like the nation, continues to see rising obesity rates.



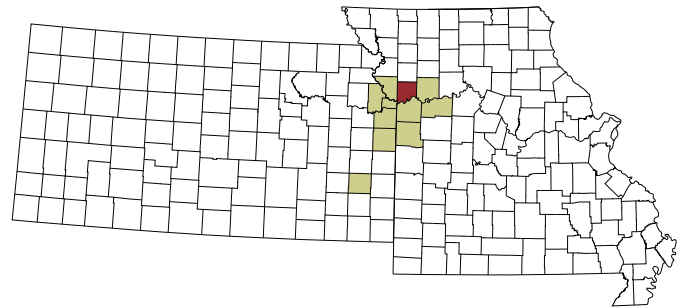
www.reachhealth.org | 913-432-4196

Data provided by the Mid-America Regional Council's Research Services Department.

HEALTH PROFILE | Clay County, Missouri

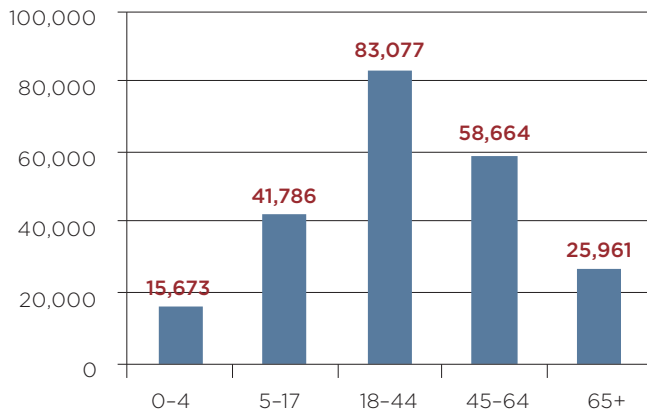
QUICK FACTS

2011 Population: 225,161
 Median Household Income: \$58,830
 Poverty Rate: 6.0%
 Unemployment Rate: 6.8%



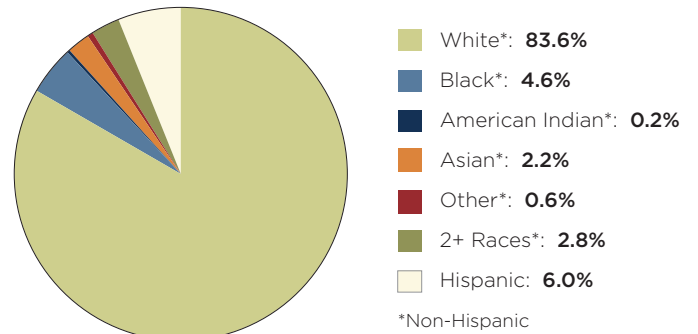
Population by Age, 2011

Source: US Census Bureau, American Community Survey



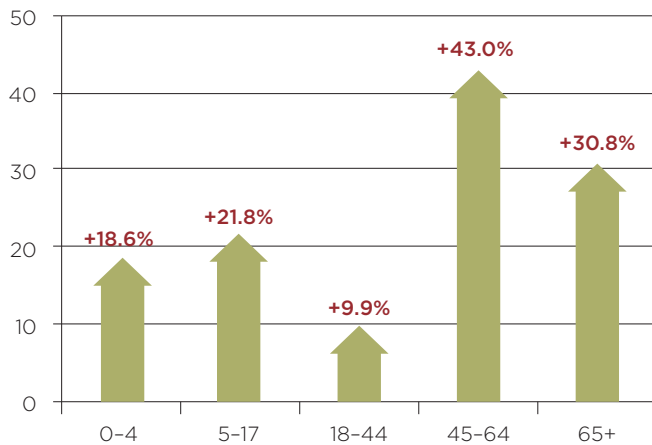
Population by Race, 2011

Source: US Census Bureau, American Community Survey



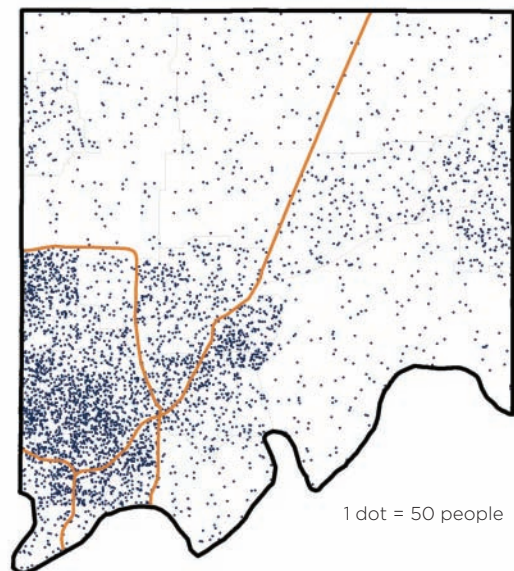
Population Shift: Percent Change by Age, 2000-2011

Source: US Census Bureau, American Community Survey



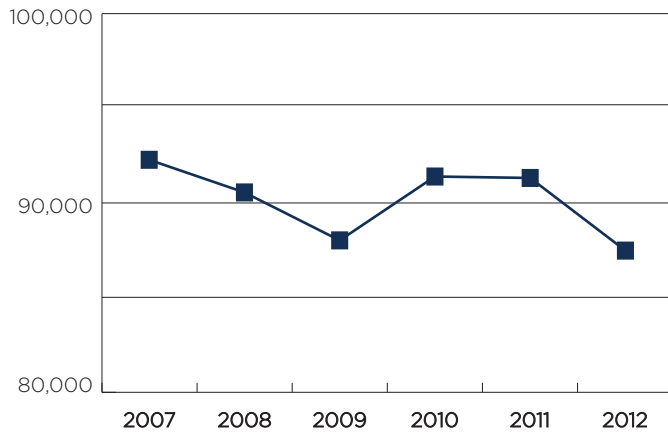
Population Density

Source: US Census Bureau, American Community Survey



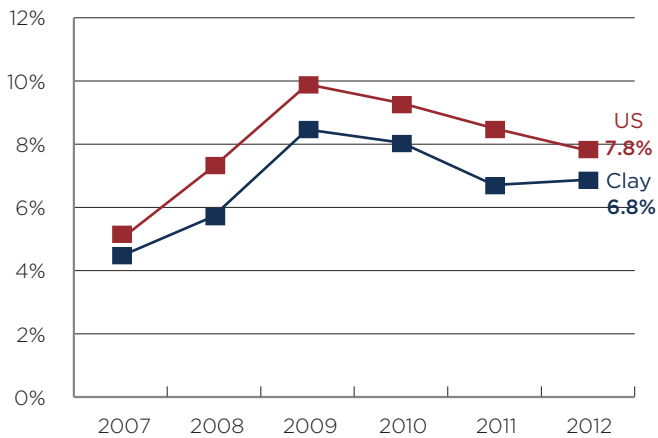
Employment

Source: Bureau of Labor Statistics



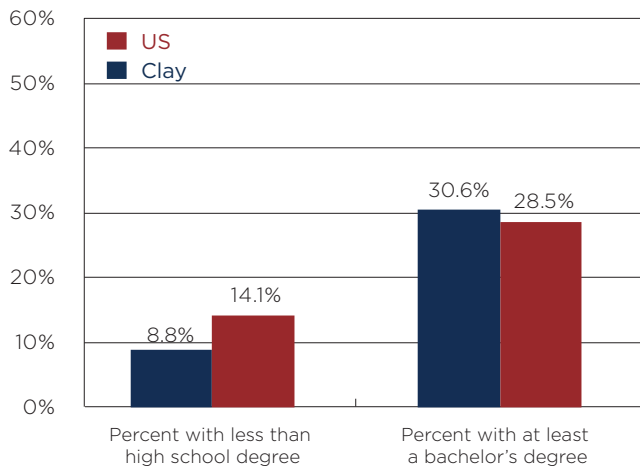
Unemployment Rate

Source: Bureau of Labor Statistics



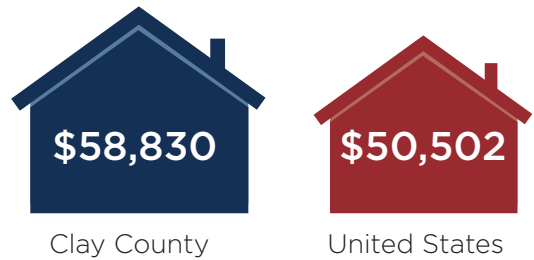
Educational Attainment (Population age 25 and up)

Source: US Census Bureau, American Community Survey



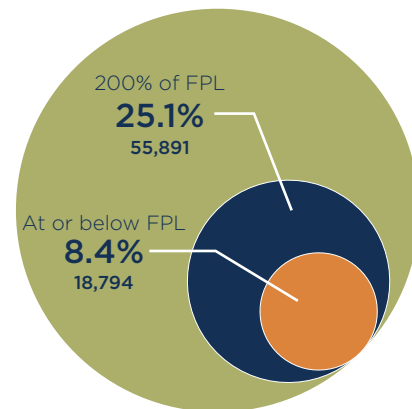
Median Household Income

Source: US Census Bureau, American Community Survey



People Living in Poverty

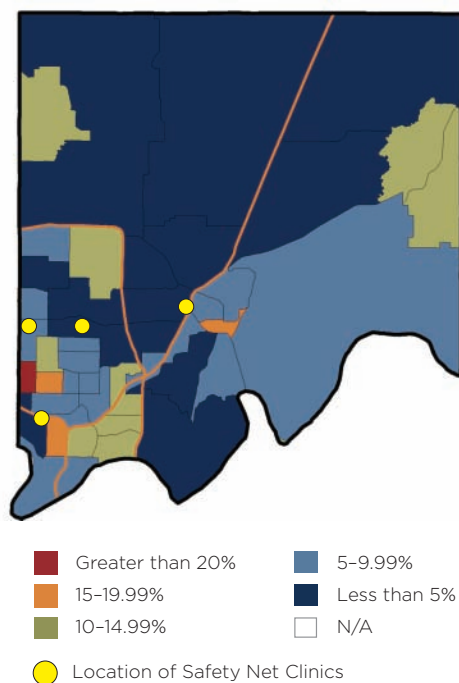
Source: US Census Bureau, American Community Survey



Federal Poverty Level (FPL) varies by household size. For four people (two adults and two related children), FPL is an annual income of \$23,050 or less; and 200% FPL is \$46,100 or less.

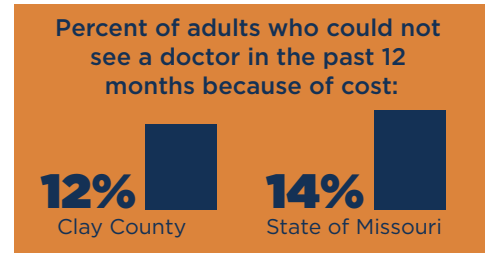
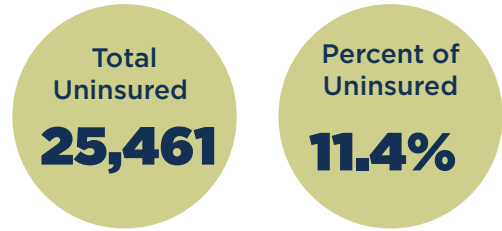
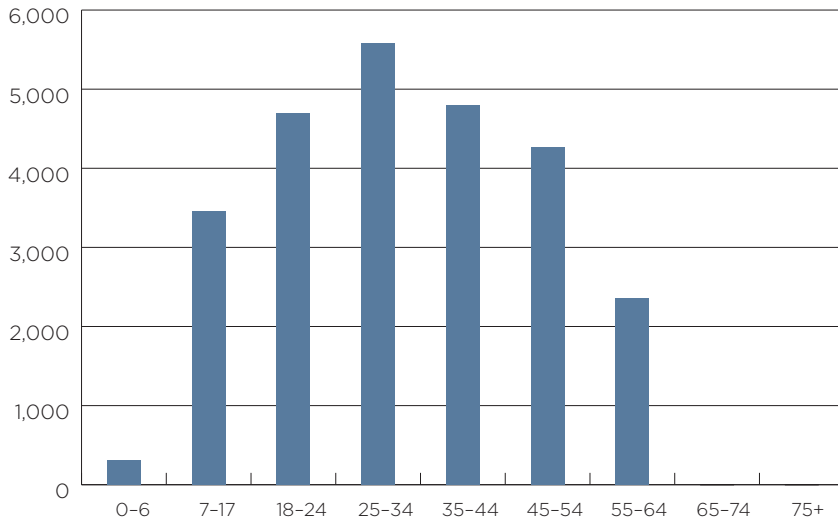
Poverty by Census Tract

Source: US Census Bureau, American Community Survey



Number of Uninsured by Age

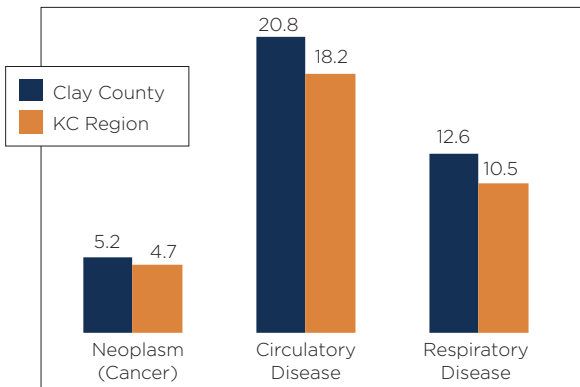
Source: US Census Bureau, American Community Survey



Source: County Health Rankings, Robert Wood Johnson Foundation

Hospital Discharges per 1,000

Source: Missouri Department of Health and Senior Services (DHSS), Missouri Information for Community Assessment (MICA)



Diabetes Incidence

Source: U.S. Centers for Disease Control, 2009

Percent of Clay County population age 20 and older diagnosed with diabetes:

9%

Top 5 Causes of Death

Source: Missouri DHSS

Cancer	25.0%
Heart disease	22.5%
Chronic lower respiratory diseases	7.6%
Cerebrovascular disease (Stroke)	5.3%
All other accidents & adverse effects	3.5%

Health Care Providers Per Capita

Source: HHS Area Resource File, 2010



Primary Care Physicians

1: 1,761



Dentists

1: 1,748



Psychiatrists

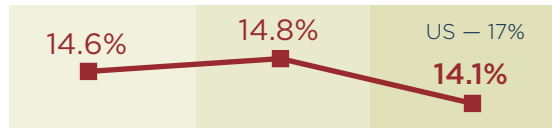
1: 31,250

Health Indicators/Trends

Source: Prenatal care data from Missouri DHSS; all others from County Health Rankings, Robert Wood Johnson Foundation



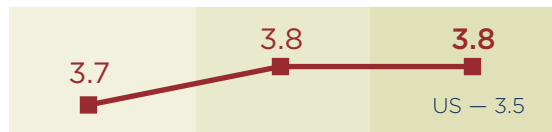
Adults in poor or fair health



Poor physical health days

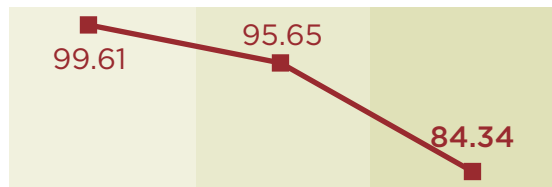


Poor mental health days

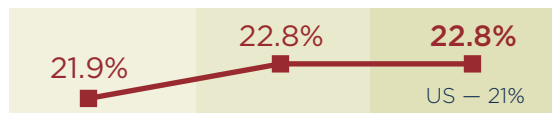


Preventable hospital stays

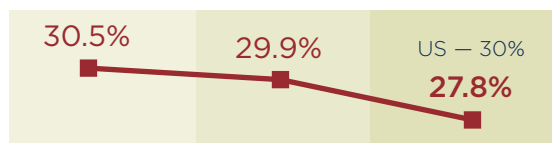
per 1,000 Medicare enrollees



Adults who smoke

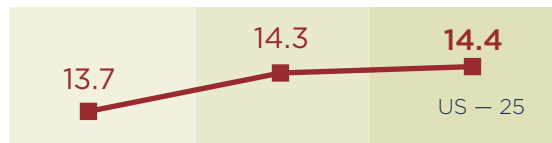


Adults who are obese

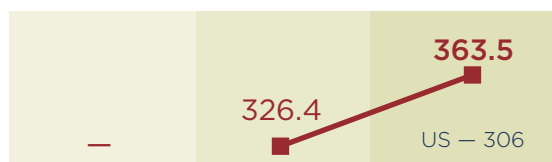


Auto crash deaths

per 100,000

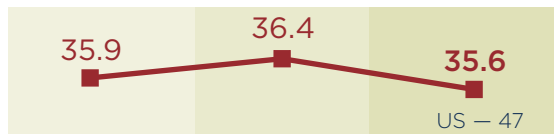


Sexually Transmitted Infections rate

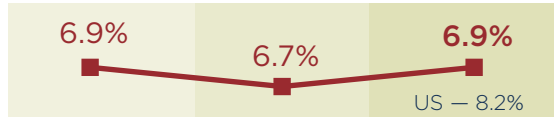


Births to teen mothers

per 1,000

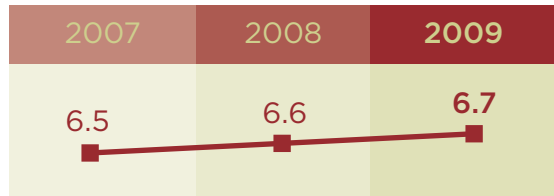


Low birth-weight babies



Inadequate prenatal care

per 100 births



KEY COUNTY CONCERNS:

The projected increase in the county's older population will likely strain the health care system.

Nearly 19,000 Clay County residents live in poverty, and more than 25,000 are without health insurance.

Unlike other areas, Clay County has seen falling obesity rates; but the number of smokers is not declining as it is in other counties.



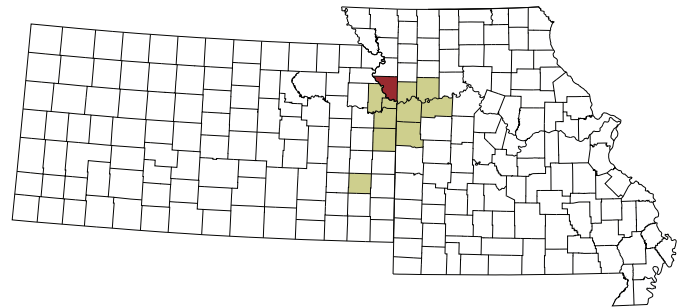
www.reachhealth.org | 913-432-4196

Data provided by the Mid-America Regional Council's Research Services Department.

HEALTH PROFILE | Platte County, Missouri

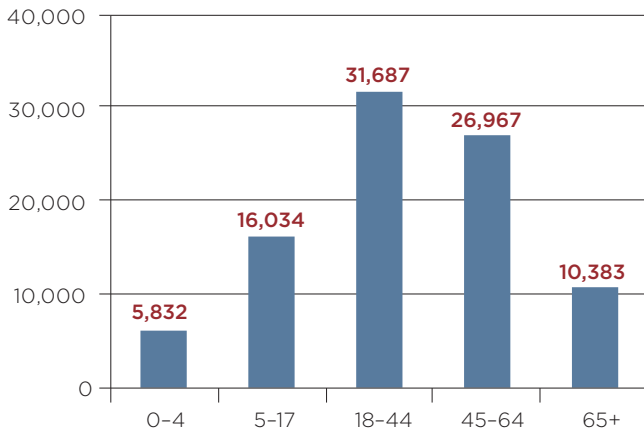
QUICK FACTS

2011 Population: 90,903
 Median Household Income: \$61,863
 Poverty Rate: 6.0%
 Unemployment Rate: 6.7%



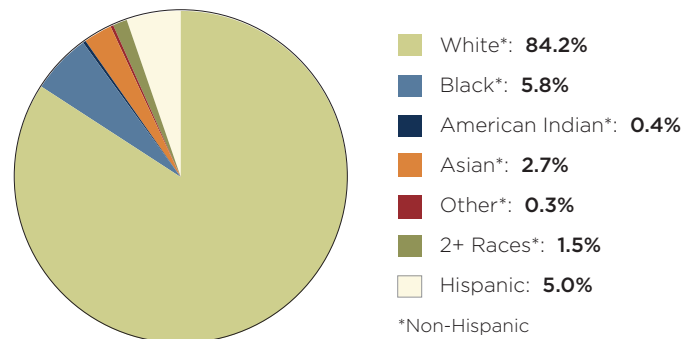
Population by Age, 2011

Source: US Census Bureau, American Community Survey



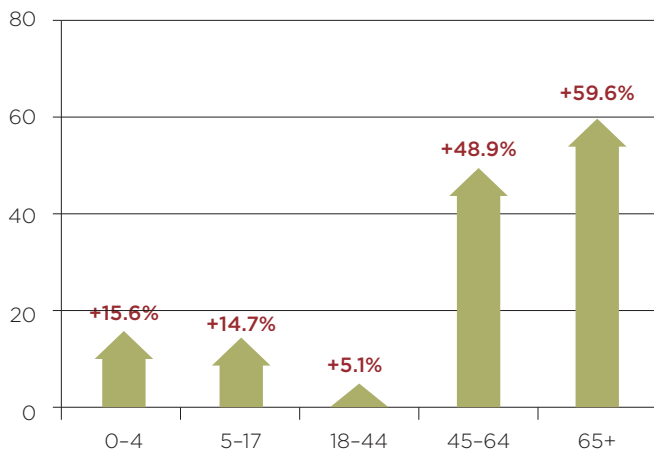
Population by Race, 2011

Source: US Census Bureau, American Community Survey



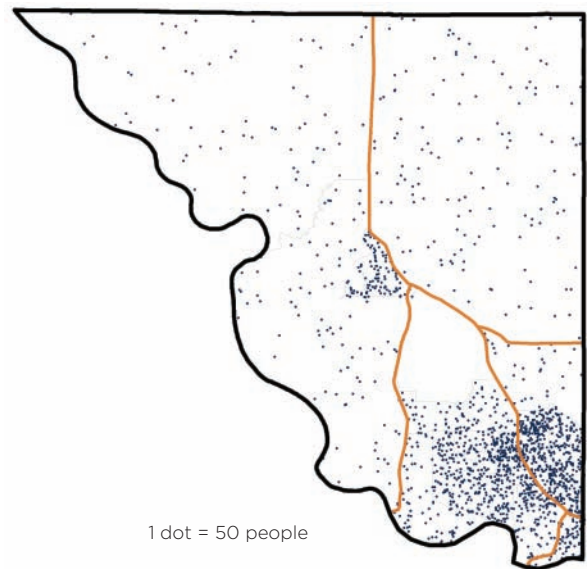
Population Shift: Percent Change by Age, 2000-2011

Source: US Census Bureau, American Community Survey



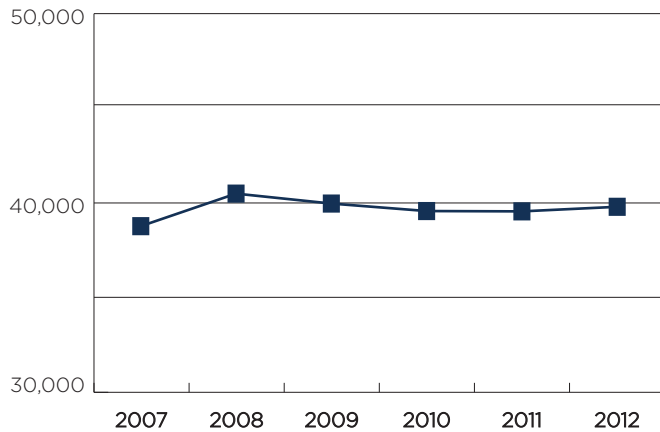
Population Density

Source: US Census Bureau, American Community Survey



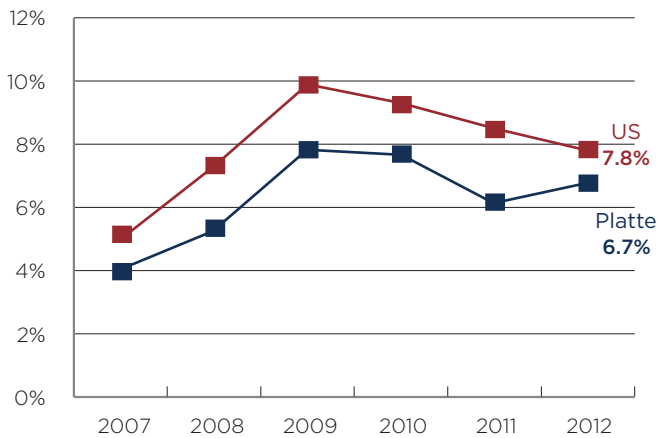
Employment

Source: Bureau of Labor Statistics



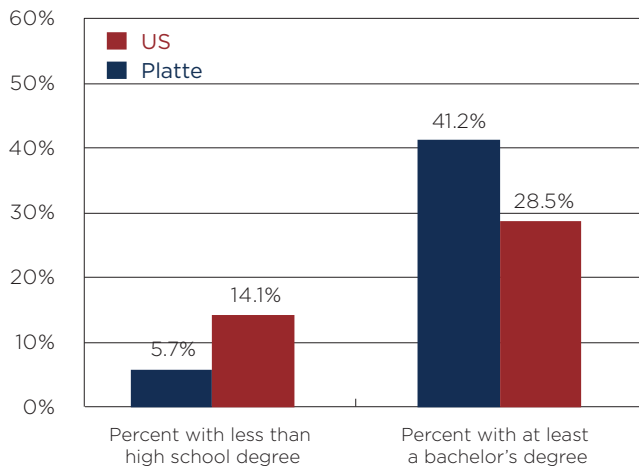
Unemployment Rate

Source: Bureau of Labor Statistics



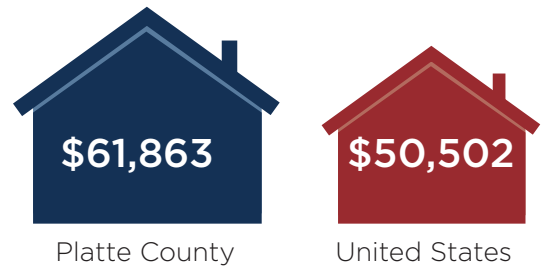
Educational Attainment (Population age 25 and up)

Source: US Census Bureau, American Community Survey



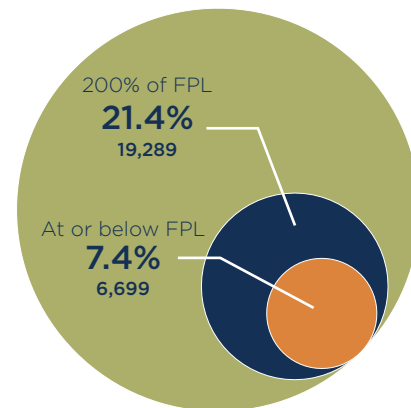
Median Household Income

Source: US Census Bureau, American Community Survey



People Living in Poverty

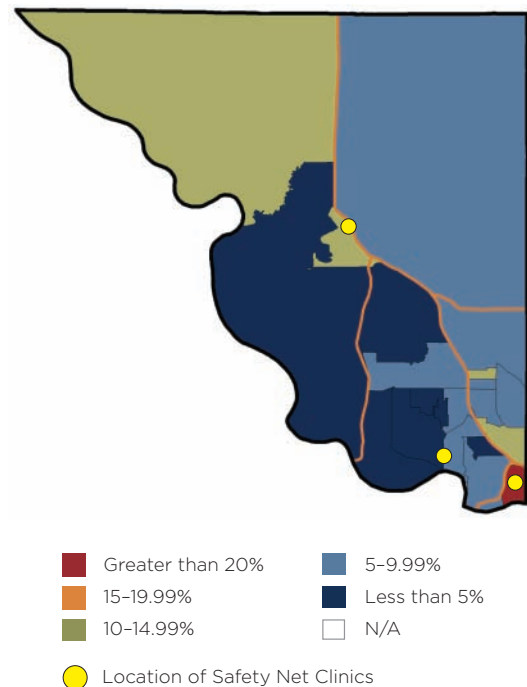
Source: US Census Bureau, American Community Survey



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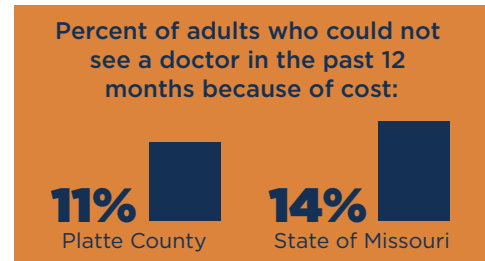
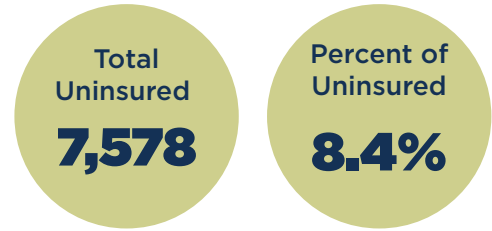
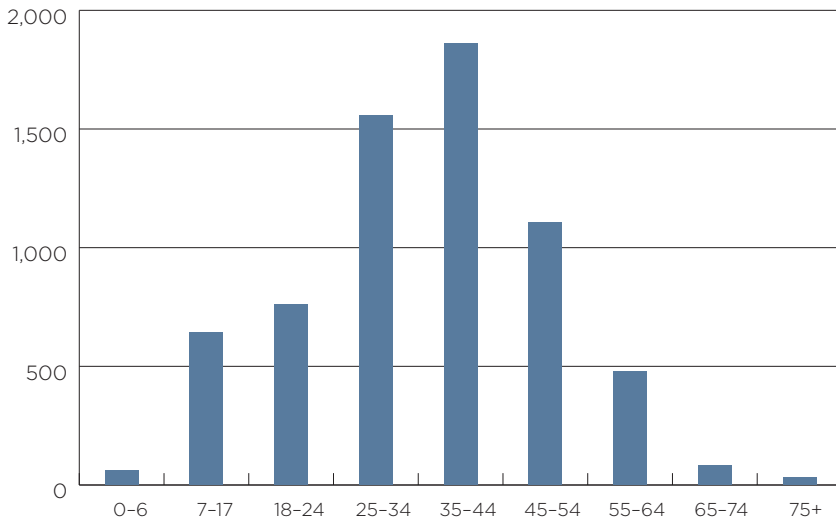
Poverty by Census Tract

Source: US Census Bureau, American Community Survey



Number of Uninsured by Age

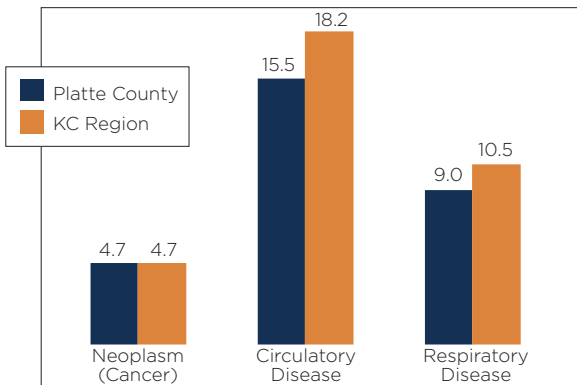
Source: US Census Bureau, American Community Survey



Source: County Health Rankings, Robert Wood Johnson Foundation

Hospital Discharges per 1,000

Source: Missouri Department of Health and Senior Services (DHSS), Missouri Information for Community Assessment (MICA)



Diabetes Incidence

Source: U.S. Centers for Disease Control, 2009

Percent of Platte County population age 20 and older diagnosed with diabetes:

9%

Top 5 Causes of Death

Source: Missouri DHSS

Cancer	24.5%
Heart disease	23.2%
Chronic lower respiratory diseases	6.3%
Cerebrovascular disease (Stroke)	5.2%
Alzheimer's disease	4.9%

Health Care Providers Per Capita

Source: HHS Area Resource File, 2010



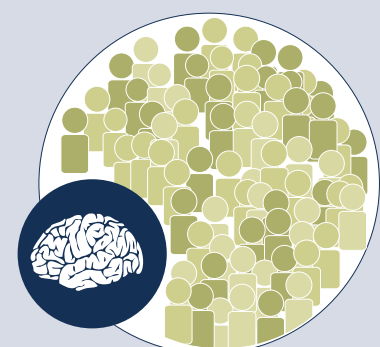
Primary Care Physicians

1: 1,567



Dentists

1: 1,821



Psychiatrists

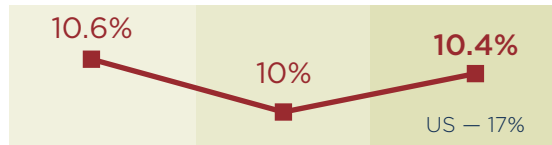
1: 7,463

Health Indicators/Trends

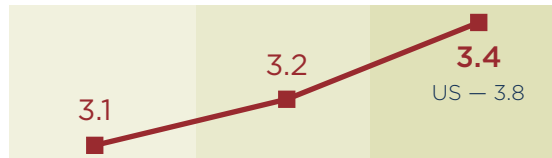
Source: Prenatal care data from Missouri DHSS; all others from County Health Rankings, Robert Wood Johnson Foundation



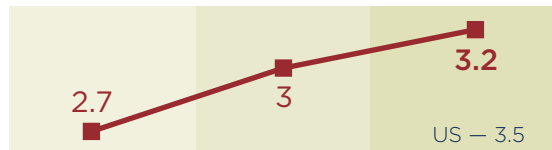
Adults in poor or fair health



Poor physical health days

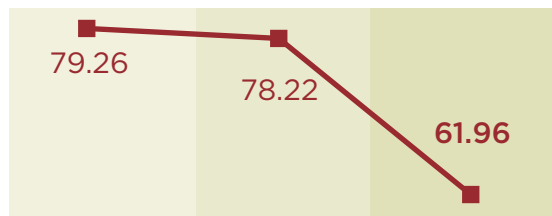


Poor mental health days

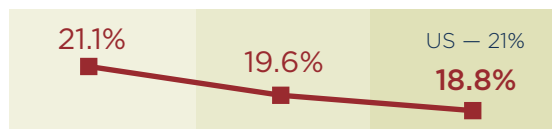


Preventable hospital stays

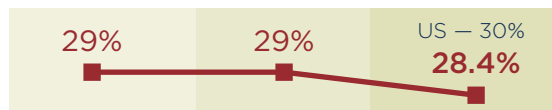
per 1,000 Medicare enrollees



Adults who smoke



Adults who are obese

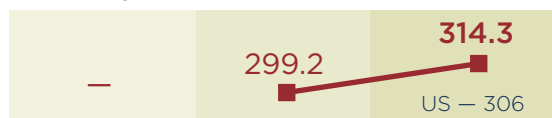


Auto crash deaths

per 100,000



Sexually Transmitted Infections rate

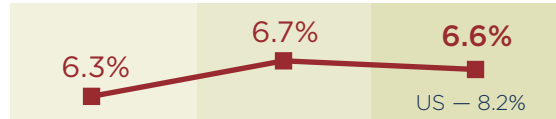


Births to teen mothers

per 1,000

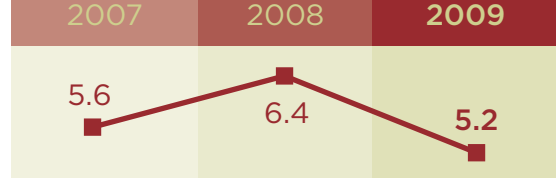


Low birth-weight babies



Inadequate prenatal care

per 100 births



KEY COUNTY CONCERNS:

The projected increase in the county's older population will likely strain the health care system.

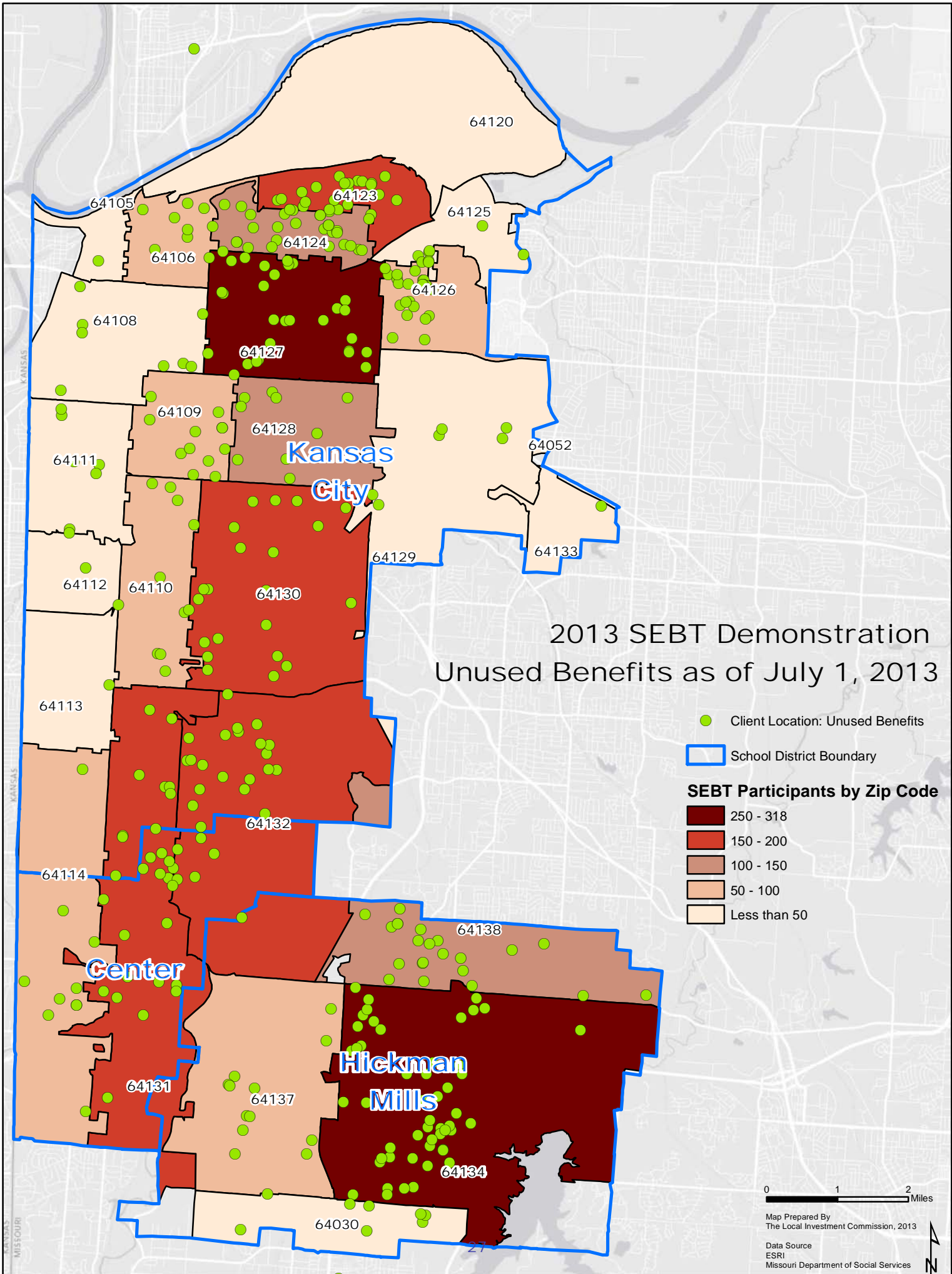
Total poor physical and mental health days for county residents are trending upwards.

While the county enjoys a higher-than-average median household income, almost 20,000 residents live below 200 percent of federal poverty level, and more than 7,500 are without health insurance.



www.reachhealth.org | 913-432-4196

Data provided by the Mid-America Regional Council's Research Services Department.



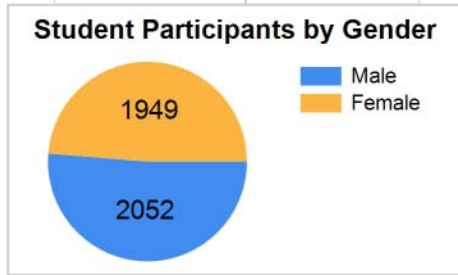
SEBT 2013 Management Report (as of 7/11/2013 12:00:10 AM)

2013 Participant Eligibility Information

Eligibility Category	Number of Students
2013 - Aged Out	225
2013 - No longer free or reduced lunch	174
2013 - No longer in eligible school district.	965
2013 - Prior Unused Benefit; Unable to locate	2
2013 Participant	4001
Total	5367

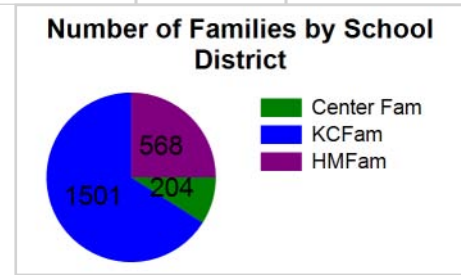
Participants by Gender

Male	Female
2052	1949



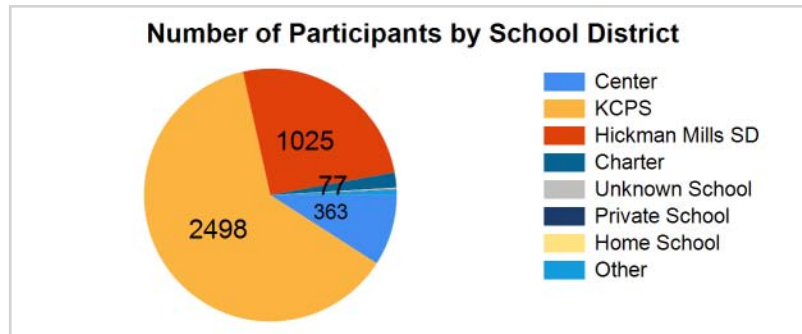
Families by School District

Center SD	KCPS	Hickman SD
204	1501	568



Participants by School District

Center SD	KCPS	Hickman SD	Charter	Unknown	Other	Private	Home Schooled
363	2498	1025	77	9	26	3	0



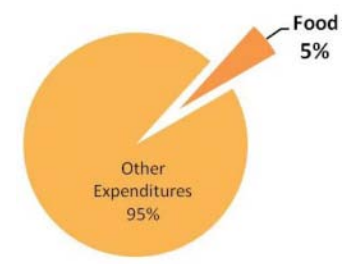
During the long, hot days of summer, summer learning programs not only keep kids safe and engaged in academically enriching activities to help stem the “summer slide”—the loss of academic skills that happens during the summer months, especially among economically disadvantaged students, they are helping working parents make sure that their kids are getting healthy meals and snacks while school’s out of session.

Afterschool Alliance’s survey of more than 200 afterschool and summer learning programs finds that **86% serve either breakfast, lunch, supper or a snack to their kids during the summer months.** In a time of economic hardship, close to 3 in 4 programs serve more than just a snack, and more than half of summer learning programs feed students both breakfast and lunch. Critical to these programs’ ability to serve nutritious snacks and meals is the USDA Summer Food Service Program (SFSP),* which provides funding for at least one healthy meal at no cost to sites in low-income areas where at least 50% of children are eligible for free and reduced-price school meals.

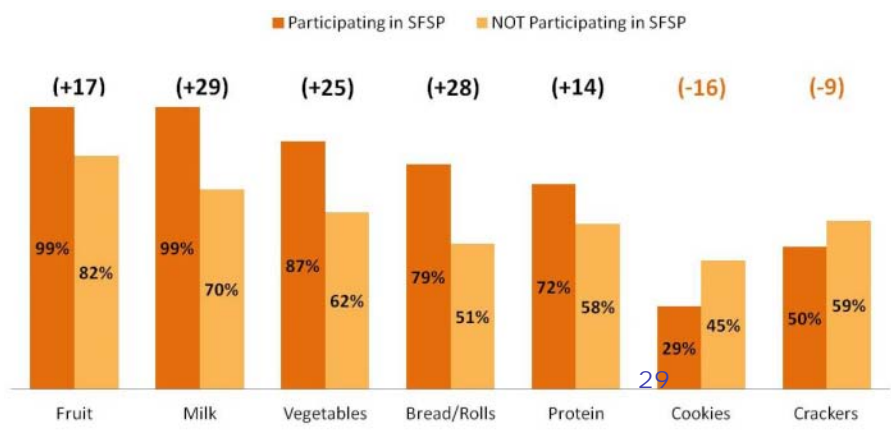
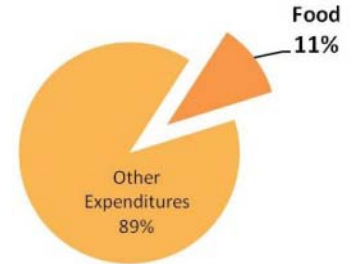


- Summer learning programs participating in SFSP serve high-needs children who often rely on the snacks and meals these programs serve to keep from going hungry: **Close to 2 in 3 programs said that more than 75% of the children in the schools they serve qualify for the free or reduced price lunch program.**
- However, there are still a significant number of programs serving high-needs children who do not participate in SFSP: **1 out of 2 programs not participating in SFSP report that more than 75% of children in the schools their program serves qualify for the free or reduced price lunch program.**
- Participation in SFSP helps considerably with food costs. On average, participating programs spent half of what non-participating programs spent on food—5% of their budget vs. 11% of non-SFSP participating programs.
- Summer learning programs that participate in SFSP **provide healthier meals and snacks** to students than programs not participating in SFSP.*

SFSP Participating Programs



Non-SFSP Participating Programs

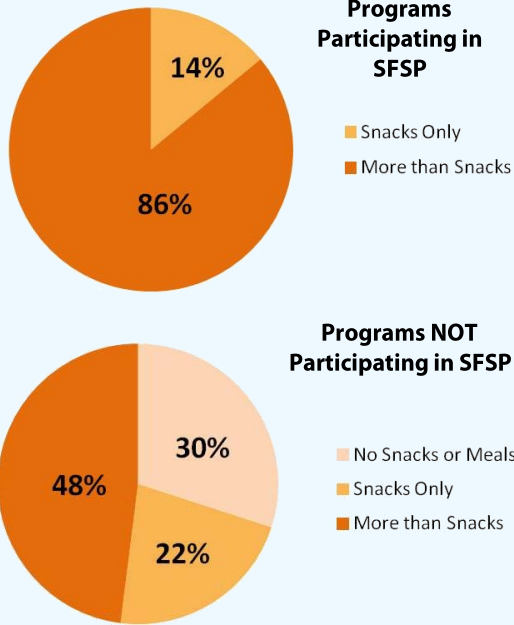


Challenges Programs Face Providing a Summer Meal

	Cost	Food Storage	Staffing	Paperwork	Student Preference
Programs Participating in SFSP	20%	31%	26%	33%	34%
Programs NOT Participating in SFSP	68%	52%	47%	29%	21%

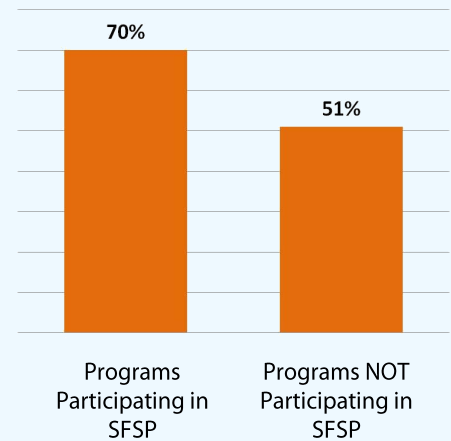
- **1 in 5** non-participating SFSP summer learning programs plan to apply for SFSP or ask their district to apply to be a SFSP sponsor.

Programs participating in SFSP are much more likely to serve breakfast, lunch or meals at their program, in addition to snacks.



Summer learning programs that participate in SFSP are much more likely to participate in the Afterschool Meal and/or Snack Program during the school year than programs that do not participate in SFSP.

Participating in the Afterschool Meal and/or Snack Program



- Partnerships with school nutrition programs or food banks help summer learning programs serve snacks or meals at little or no cost. **63% of programs obtained snacks or meals at no cost** through school nutrition programs or food banks.
- Approximately **9 in 10 afterschool programs have heard of SFSP**, but of those programs, more than one-third either don't participate or have participated, but no longer do so.



* In addition to providing funding for meals at sites where at least 50% of the children in the area are eligible for free or reduced price lunch, the Summer Food Service Program also provides funding to sites where at least 50% of the children enrolled in the program qualify for free or reduced price lunch and sites that primarily serve migrant children. Summer Food Service Program funding must be used to serve meals that meet federal nutritional guidelines. To learn more about the Summer Food Service Program, visit <http://www.fns.usda.gov/cnd/Summer/Sponsor.htm>.

All findings are based on 228 afterschool programs responding to an online survey conducted by the Afterschool Alliance April 16-30, 2013.

The Afterschool Alliance is working to ensure that all children have access to affordable, quality before-school, afterschool, and summer programs. The nation's leading voice for afterschool, the Afterschool Alliance is the only organization dedicated to raising awareness of the importance of afterschool programs and advocating for more afterschool investments.

Monday, Jul 8, 2013

Elementary students in KC attend a different kind of summer school

By JOE ROBERTSON
The Kansas City Star

Seriously, the room isn't big enough.

There has to be a reason they put up with this — all these children crowding on the floor with university teaching students, knees and elbows knocking. The summer program staff around them standing backs-against-the-wall as if trapped on narrow window ledges.

And when the children claw their way upright to sing their song about how to pick out books — complete with hand and body motions — the place looks ready to burst.

Crammed as it is, the location is key.

This is the leasing office smack in the middle of the Stonegate Meadows apartment complex that stretches nearly a half mile along East 42nd Street at Pittman Road.

About 80 children from the complex are enrolled in the summer school program. More than half of them are here in the room on this recent Monday morning, getting a chance at summer learning that might not have happened for them if not for this unusual setup.

The school has come to them.

Many are poor. Many of their families' rent at Stonegate is subsidized.

Most of them attend nearby Pitcher Elementary School in the Kansas City school district, where children from Stonegate were involved in far too many of the school's discipline incidents and poor test performances.



Principal Karol Howard went in search of summer help and found it with the Local Investment Commission, which is running the Stonegate camp.

Help also came from Kindel Nash, assistant professor of urban teacher education at the University of Missouri-Kansas City, who had been looking for a solution to her own summer problem — getting field experience for her early-education students.

Here they all are, leading the children in the song, with LINC's staff also absorbing the lessons.

"It's a really different model than being in a classroom," Nash said, recalling the moments when everyone in the tight Stonegate room, young and old, shared the learning.

"It's exciting," she said. "This model has a community impact."

Everyone sings, "I pick, I pick, I P-I-C-K ... I choose — not you — I choose my book...."

When they're done, after a quick whole-group lesson, they all spring free as if the seams finally burst. They land outdoors, scattered in pairs and threes, matched up with each of the 19 UMKC students for more reading and writing.

The university students had heard, Nash said, that Stonegate's children had accounted for about 90 percent of the suspensions at Pitcher.

And organizers of the summer school thought they should assure the UMKC students that if they were concerned about their safety at Stonegate, there would be security, Nash said.

But the children and their tutors, finding solitary shade on the grassy slopes around the building, go to work in easy comfort.

Nine-year-old Breanna Allen looks cat-like in her writing — poised on her sneakered toes, bent over the blank book of paper before her pressed on the grass, with her chin against her knees. Her pencil races over the paper.

Schoolmate Yari Tapia, 9, sits cross-legged, elbows on her knees, more measured in her pace, raising her eyes to find ideas in the blue sky, then writing.

Under another tree, Sean Phillips, 9, closes his eyes, and Sean Jameson, 6, places his index fingers against each of his temples in a hard-thinking pose.

"What do you like to write about?" student teacher Heather McVay asked them. "Good writers write about things they like and things they know about."

Everyone is learning from — and about — one another, said Wanda Frazier, LINC's head of staff at Stonegate.

She knew there would be logistical hazards making the Stonegate space work. She spoke from a makeshift office where, among other things, 40-pound bags of topsoil for a planned community garden lay stacked in front of her desk.

"With everyone pitching in, the more attention they (the children) get," Frazier said. The "socialization" experience works both ways, with mentors and children "getting exposed to different cultures."

The UMKC class surveyed the children during the first of their every-Monday-morning visits to get some idea of who they were and what they know and want.

“They like school,” Nash said. “They like science. They like studying the moon. They like math. Those were the answers we got.”

The UMKC students — all of them either seniors this fall or master’s degree students — have tutored many times in classroom settings. But here was a deeper look at the kind of urban environment most of them are planning to serve.

In some ways, it’s “nerve-wracking” trying to teach in Stonegate’s spaces, said UMKC student Madi Bland, but she enjoyed learning from the children’s responses that they like the fact that the complex allows pets, that it’s clean. They like the playgrounds and the pool.



“You see where they come from,” said Justine Fox, who, like Bland, will be a UMKC senior this fall. “I like seeing them where they are familiar and comfortable.”

Nash’s summer UMKC course meets every Monday morning in the media center at Pitcher Elementary, now empty for summer, where she conducts her class before they carpool the short distance to Stonegate for their field work.

On this day, before going to Stonegate, they talked again of student-centered, multicultural education. They weighed the responsibility of bringing equitable attention to different ethnicities and gender when they see them neglected in curriculum.

If a child doesn’t recognize his or her background and experience woven into the narrative in the classroom, Nash said, the child will come to think that “my story isn’t the good story.”

At Stonegate, as their time with the UMKC students winds up again, Sean Phillips writes about his football team. Sean Jameson, though only 6, writes words about Kansas City. Breanna tells of her family’s big night at the Sprint Center.

And Yari, dressed in a summer-blue blouse, writes about a blossoming blue rose.

To reach Joe Robertson, call 816-234-4789 or send email to jrobertson@kcstar.com.

You asked. I'm answering: What are we doing about gun violence in KC?

Posted on June 27, 2013

Kansas City Mayor Sly James

"Bang!" You're dead!

It happens just that quickly. It comes at you without warning. Sometimes you aren't even the target. You may be innocent of any wrong- a child in a home or on a bike. You could be guilty of a perceived slight. You might be a co-conspirator. Doesn't matter because a bullet doesn't care. It simply goes where it was aimed, not stopping until it comes into contact with an object or body, there to do its simple job – to kill!

So why can't we stop these little lead projectiles from doing their deadly damage? For years we have tried.

Gun Bounty and Buy Back programs haven't brought down the deadly numbers. No one turns in their real guns anyway – just the old broken ones for which they have no use, or, in some instances, guns that have been used in crimes. Vigils haven't quieted the noise of gunfire, despite the fact that they have been prolific and mournful. More police? More pleas? Haven't worked.

Since 2008, 512 people have been the victim of a gun-related homicides in Kansas City. Of that number, the vast majority were victims of a gun in the hands of someone bent on revenge, caught in a fit of rage or consumed by evil intent. Often those who pull the trigger lack education, a job or hope. They frequently see no value in their life, so why should they care about yours?

For decades we have spawned these shooters. Too many times we have failed to educate them, thereby depriving them of vital tools they need to compete in an increasingly complicated world. All along the way, the adults in charge have failed to take the necessary steps to break the cycle of an education system that has been inefficient at best. I am not making excuses for criminals here. But I am asserting that a gap exists between what we **KNOW** and how we **ACT**, or more often than not, fail to act.

We **KNOW** that education makes a huge difference, and yet we have failed to **ACT** to make sure that every child in this city has access to quality early childhood education and beyond.

We **KNOW** that too many children enter kindergarten without the skills necessary to succeed there.

We **KNOW** that 85% of a child's brain is formed by the age 5.

We **KNOW** that we spend only \$9,000 a year on the early learning part of his life but we are willing to spend \$30,000 a year or more on the prison time of his life. Which option has the best return on investment?

We **KNOW** poor urban kids – especially black and brown ones, especially boys – hear 30,000,000 fewer (Yep – million!) words than their suburban peers.

We **KNOW** that only 33.8% of third graders in our city of 14 school districts are proficient in reading.

We **KNOW** that people who build prison cells predict how many they'll need based on **THIRD GRADE READING PROFICIENCY**. If you're not reading well in third grade, you are four times less likely to graduate from high school. You'll be under-employed. If you're male, you also have a greater chance of dying young, or going to prison – especially if you are urban, poor and black or brown.

We **KNOW** that's bad!

We **KNOW** all of this information means that this child may not be able to problem solve, discern blue from black or purple, sit still long enough for a story, make eye contact, shake hands, express feelings appropriately, count, read or otherwise be ready for kindergarten. That fact alone is predictive of a less than proficient third grader.

Ultimately, we found a better way to help every child by working to make sure they all read at grade level by third-grade. We formed Turn The Page KC. We, through a board of committed volunteers, work with 50 partners including LINC, libraries, UNI, United Way, and area school districts. Hundreds of volunteers have been recruited to read thousands of books to children. We collect and analyze data on the children as we go to determine what works best. The best crime fighting strategy is a job and the best way to get a good paying job is through a quality education. Please join this effort to enhance educational outcomes for our community's youngest residents.

We also **ACTED** when we expanded the Bright Futures program to offer more paid city internships to teens and young adults. We **ACTED** when we imposed a curfew and created the Mayor's Nights programming, including CLUB KC, to give middle schoolers and teens a safe place to hang out and have fun on summer

nights. Over 7500 kids participated in CLUB KC in 2012 and not one of them heard “BANG!” and died!

We **KNOW** that we have to educate our children and that we must provide more jobs for teens and young adults. There is no doubt about either of these imperatives; however, that is not all we must do to stop gun violence in this city. We must reduce the number of illegal guns on our streets.

I can hear the protests and the “nattering nabobs of negativism” now. They won’t like even the discussion of relieving gun-toting individuals of their illegal guns. “Stopping even idiots from owning illegal guns,” they will say, “will lead to government taking my legal gun from my law-abiding hands before they are cold and/or dead.”

Seriously?

Naysayers can even argue with the Harvard School of Public Health which states:

Our review of the academic literature found that a broad array of evidence indicates that gun availability is a risk factor for homicide, both in the United States and across high income countries. Case-control studies, ecological time-series and cross-sectional studies indicate that in homes, cities, states and regions in the U.S. where there are more guns, both men and women are at higher risk for homicide, particularly firearm homicide.

Miller, Matthew; Azrael, Deborah; Hemenway, David. *State-level homicide victimization rates in the U.S. in relation to survey measures of household firearm ownership, 2001-2003*. Social Science and Medicine, 2007, 64: 656-64.

I know, “Guns don’t kill people. People kill people.” Or so we are told. But how do we then explain that countries in which gun ownership is highest also have the highest per capita rate of firearm-related homicides? According to the Washington Post published December 17, 2012, “The United States has the highest gun ownership rate in the world and the highest per capita rate of firearm-related murders of all developed countries.” You will see a long and detailed chart in [this article](#) that supports that thesis.

With all that said, I’m not suggesting that we rid the country of all firearms. I simply argue that cities like ours, St. Louis, and others with gun-related homicide issues be allowed to take reasonable steps to eliminate illegal guns from our city streets and cars.

I don't oppose law-abiding citizens owning guns as long as they go through a reasonable background check when they legally purchase or acquire the gun, they are licensed, know how to use it and safeguard kids who could access the gun. Why is any of that unreasonable? So why not do it? Because, under Missouri law, we cannot take any action affecting or interfering with the ownership, purchase, use, possession, regulation of any weapon or bullets, regardless of size, type, intended use or purpose.

Despite the fact that over the past five years, we have had 512 gun related homicides averaging 102.4 per year, we have never had any effective ability to limit the number of illegal guns on our streets. **I'm not interested in gutting the 2nd amendment; I'm only interested in stopping the killings in this city.** Can anyone seriously deny the connection between the high number of homicides and the high number of illegal guns in the hands of idiots? If we see that correlation, doesn't it make sense to act to break it?

We can and should, as a city, have the ability to have laws and ordinances that address our specific circumstances.

My proposal is simple and designed solely to help make this city safer:

- Require universal background checks for all gun sales and transfers;
- Impose mandatory reporting and identification of stolen guns;
- Enact limitations on guns in cars;
- Create Gun Courts to vigorously and swiftly prosecute idiots who use illegal guns in criminal acts; and
- Ban assault weapons in vehicle passenger compartments in the city.

None of these proposals deny a law abiding citizen gun ownership, nonetheless, I expect them to be met by some with vehement protestations and anger. But fear not upset friends. Nothing that I have proposed is very likely to be enacted in Missouri. You see, the Missouri legislature has made it legally impossible for cities like Kansas City or St. Louis to do anything substantive to stem the tsunami of illegal guns into the hands of criminal idiots on city streets.

I don't harbor any illusions that the legislative scheme will change anytime soon. If Newtown didn't wake this country up, my proposals won't change our laws. Nonetheless, I can't simply sit back and say and do nothing while we watch slow motion mass murder happen on our streets year after year. I'm sick of

it. Families of murdered children, fathers, husbands, wives, and mothers are sick of it.

We may be limited in how we can regulate guns, but we are not limited in our ability to build strong relationships between the community and the KCPD. We also have a network of social services, like job training and drug treatment, that can go far in helping individuals find a life outside of crime. KC NoVA does both of those things. Today, the stakeholders of KC NoVA reaffirmed their commitment to fighting crime in our City. This is about more than only throwing people in jail – it's also about offering those individuals the option to reshape their lives so that we have more people contributing to the community and fewer shooting guns at each other. We are not deterred by the recent violence we've all read about in the news. On the contrary, we are emboldened by it.

Once again there is a huge gulf between what we **KNOW** and how we **ACT** in light of that knowledge.

That is our reality. What we can do now is have a tough conversation about what to do going forward. I have spoken openly and passionately about this before and I want to address everyone who asks what I am doing in the wake of all this recent tragedy.

The tools we do have to reduce crime, Turn the Page KC and KC NoVA, require collective, sustained effort from the entire community. There is no quick fix to the issue of gun violence, but that doesn't mean we can throw our hands up in the air and give up. These two community initiatives require buy-in from every resident, business, church, and nonprofit in Kansas City.

Without that, my hands remain tied.

Lexington

The silver-haired safety net

More and more children are being raised by grandparents

Jul 6th 2013 | [From the print edition](#)

BARACK OBAMA was raised by his grandparents for part of his childhood. He remembers his grandmother as being “tough as nails”. Clarence Thomas, a Supreme Court judge, was raised by his grandparents because his mother could not make ends meet. He called his grandfather “the greatest man I have ever known”. Grandparents have always reared children when need arose. Most have done it well. A few have done it badly—the late comedian Richard Pryor, who was raised by his grandmother in a brothel she owned, was constantly beaten.

What is new is that, as the nuclear family frays, grandparents are taking more and more of the strain. Of the 75m children in America, 5.5m live in households headed by grandparents, a number that has risen by almost a million since 2005, according to the Census bureau. Beware stereotypes. Child-rearing grandparents are disproportionately black, but in absolute terms most are white, live above the poverty line and own their own homes. When a parent loses a job or cannot pay the mortgage, many families move in with grandma. Sometimes, however, the parents have disappeared: an estimated 900,000 children are being raised solely by grandparents.

Pemberton Park, an apartment complex in Kansas City, Missouri, caters to such families. The hush of the retirement home hangs over its brightly lit corridors and snail-slow lifts. Yet there are signs of youth everywhere: Girl Scout notices in the activity room, pop-star posters on apartment walls. Local donors have dropped off food to feed growing bodies: sacks of apples, pallets of yogurts, gallons of fruit juice. There is a computer lab, a children’s library and, outside, a playground, regularly patrolled to keep drug dealers away. The complex has a part-time social worker, charged with everything from mediating school disputes to overseeing a sexual-abstinence programme for teenagers.



Pemberton Park is purpose-built for grandparents raising youngsters in so-called “skipped generation” families. Its publicly subsidised apartments are reserved for those over 55 or under 21. Like most retirement homes it is a matriarchy: of its 36 households, all but three are headed by women. The complex opened in 2011, joining about a dozen similar projects across America, from the Bronx to Arizona. More are expected.

Some of the observed rise in grandparent-headed families is simply down to their becoming more visible, as informal arrangements of the past clash with modern red tape, notably when registering children at school or seeking medical treatment. But something is happening, and

on a scale that is drawing policy responses. It is not just that public-housing authorities are building playgrounds outside retirement homes. To avoid long custody cases, more states are creating guardianship laws, allowing grandparents to register children with schools or doctors without formally severing ties with missing or hostile parents.

Visiting Pemberton Park inspires both hope and gloom. On a positive note, resident grandmothers describe tireless efforts to bring stability to the lives of their children's children. Lois Powell, wheelchair-bound at 59, has been raising her teenage step-granddaughter since she was a baby. She is "really old-fashioned" with her, stressing the need to finish school. Rose Stigger, 61, twice went to court to win custody of her granddaughters, fearing for their welfare with an errant mother and a father (her son) in and out of prison. Miss Stigger longs for her girls to attend college, as she never did. Pemberton Park is a support group in bricks and mortar, she beams: the grandmothers "have each other's backs".

On a bleaker note, the grandmothers describe a society in bad shape. Miss Stigger has worked her whole life and still does. Coming generations may never know such stability. Too often, it is "babies having babies", she says. That creates parents too young or poorly educated to land a job that pays enough to bring up a family: "Then they drop them off at Mom's."

Hang about, look out for Supergran

The grandmothers struggle with modern schoolwork (mathematics is a special trial), modern morals and sheer exhaustion. Absent parents drop in for disruptive, fleeting visits, flashing cash and shiny possessions. Most youngsters want to do Grandma proud, says Latoya Walker, Pemberton Park's resident counsellor. But they also see her as "the person who nags all the time".

Samuel McHenry, a legal-aid lawyer, has worked with grandparents for more than 20 years. He can list the crises that send them to his downtown office in Kansas City, anxiously seeking guardianship of a child. Perhaps one in ten cases involves a parent's death. Those are simple, unless competing grandparents start fighting, sighs Mr McHenry, a gentle, world-weary sort. It is not unusual for military parents to grant temporary guardianship to grandparents when they are deployed. About a third of his casework involves parents jailed for drugs or too addicted to cope with raising children. Roughly half of the time, parents "just took off". Here too drugs are usually suspected. Some big changes jump out: the grandparents in his office are getting much younger, with a median age in the late 40s now. More are repeat clients, seeking to take care of multiple babies by different adult children, four or five years apart. Fewer of these adult children ever marry.

Mr McHenry's clients are poor, but he sees plenty of private lawyers at court, representing more affluent grandparents in similar straits. What all have in common is that they are trying to save their families, after earlier disasters.

That, perhaps, should nudge the onlooker towards wary optimism. Kansas City's grandmothers inhabit a society under great strain. But they head families of amazing resilience, built on a faith in second chances buttressed by hard work. That is not nothing. Wish them luck, them and the children they are raising.

Economist.com/blogs/lexington



Geographic and Jurisdictional Primer

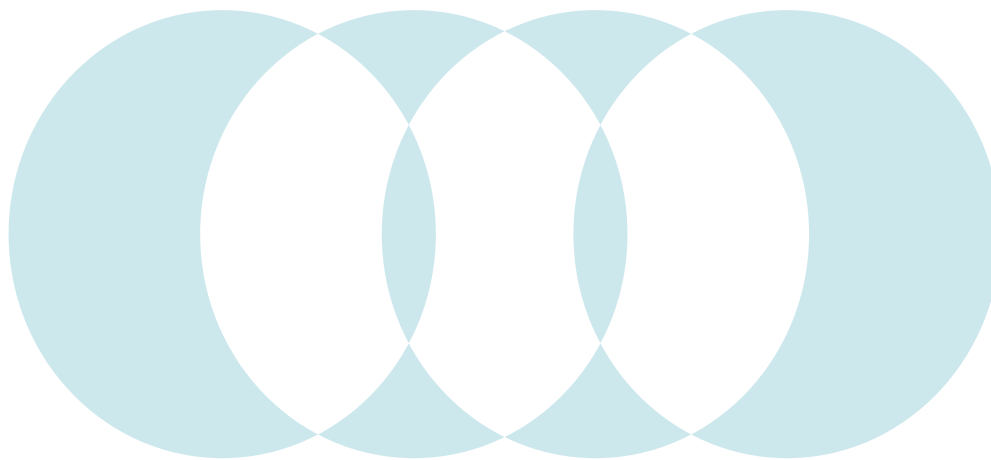
	Data		Source
LINC Caring Communities Sites	80 Sites		LINC
School Districts	7 Districts		LINC
LINC Region			
Total Sq. Miles			
LINC School Districts	395 Miles		Census
Center	12 Miles		Census
Fort Osage	118 Miles		Census
Grandview	38 Miles		Census
Hickman Mills	30 Miles		Census
Independence	43 Miles		Census
Kansas City	67 Miles		Census
North Kansas City	87 Miles		Census
Three County Area	1,452 Miles		Census
Urban			
LINC School Districts	228 Miles		Census
Three County Area	439 Miles		Census
Rural			
LINC School Districts	167 Miles		Census
Three County Area	1,013 Miles		Census
Transportation			
Bus Tranist Lines (mi)	528 Miles		KCATA
Metro Bus Routes	43 Routes		KCATA
Schools			
Total Schools			
LINC School Districts			
Public	177 Schools		DESE
Private	49 Schools		DESE
Three County Area			
Public	329 Schools		DESE
Private	64 Schools		DESE

Municipalities			
Total Cities within the LINC School Districts	26 Cities		Census
Cities	2010 Population		
Avondale	440		Census
Birmingham	183		Census
Buckner	3,076		Census
Claycomo	1,430		Census
Gladstone	25,410		Census
Grain Valley	12,854		Census
Grandview	24,475		Census
Independence	116,830		Census
Kansas City	459,787		Census
Lee's Summit	91,364		Census
Levasy	83		Census
Liberty	29,149		Census
Missouri City	267		Census
North Kansas City	4,208		Census
Northmoor	325		Census
Oaks	129		Census
Oakview	375		Census
Oakwood	185		Census
Oakwood Park	188		Census
Pleasant Valley	2,961		Census
Randolph	52		Census
Raytown	29,526		Census
River Bend	10		Census
Riverside	2,937		Census
Sibley	357		Census
Sugar Creek	3,345		Census
Total Population	809,946		Census
Zip Codes			
Within LINC School Districts	58		Census
Population			
County	2010 Population	Density	
Clay	221,939	542/sq. mi.	Census
Jackson	674,158	1,094/sq. mi.	Census
Platte	89,322	209/sq. mi.	Census
Total	985,419	678/sq. mi.	Census

LINC School Districts			
Center	24,971	2,081/sq. mi.	Census
Fort Osage	25,145	213/sq. mi.	Census
Grandview	31,917	840/sq. mi.	Census
Hickman Mills	47,092	1,570/sq. mi.	Census
Independence	94,720	2,203/sq. mi.	Census
Kansas City	194,122	2,897/sq. mi.	Census
North Kansas City	123,348	1,418/sq. mi.	Census
Government			
Missouri			
House Districts			
LINC School Districts	23 Districts		Census
Three County	28 Districts		Census
Senate Districts			
LINC School Districts	6 Districts		Census
Three County	7 Districts		Census
United States			
House Districts			
LINC School Districts	2 Districts		Census
Three County	2 Districts		Census

The Role of Community Schools In Place-Based Initiatives

Collaborating for Student Success



WILLIAM R. POTAPCHUK

JUNE 2013

A PUBLICATION OF



INTRODUCTION

Decades of place-based initiatives have produced remarkable results across the country—transforming neighborhoods and restoring hope. The latest generation of these efforts features something new: an intense focus on children and their success, often placing schools at the center of their work. Building from inspiring initiatives such as the Harlem Children’s Zone, the primary goal of these efforts has shifted from a traditional focus on community development to a passionate focus on improving the educational and life outcomes of children and youth.

Community schools,¹ a decades-old idea revitalized for the 21st century, place schools at the center of communities, making them hubs around which the community gathers its resources to help attain better outcomes for students, their families, and surrounding neighborhoods. In these schools, which focus on the whole child, community resources are strategically organized to support students and connect to the community. The community schools strategy is spreading rapidly across the nation as school systems embrace community schools as a core approach for achieving better outcomes and take community schools to scale.

Community schools, themselves a place-based strategy impacting a constellation of outcomes, are natural partners for this newest generation of place-based initiatives. There is a natural alignment between a community schools strategy and other place-based, cradle-to-college-and-career efforts such as Promise Neighborhoods.

The **Promise Neighborhoods** program² began in 2010 as a federally funded neighborhood development strategy with a strong focus on educational outcomes. Communities use the Promise Neighborhoods model to build a pipeline of coordinated educational, health, and social supports for children and families from cradle-to-college-and-career in a specific neighborhood or catchment area. Promise Neighborhoods maintain a results-driven focus on improving the educational and life outcomes of children both to ensure brighter futures for young people and to create healthier, safer neighborhoods with greater access to opportunity. Given that the model depends on strong schools as its centerpiece, collaboration with community schools is a productive way to strengthen community partnerships and accelerate results for children and families.

The U.S. Department of Education makes Promise Neighborhood grants to community-based organizations, institutions of higher education, or other bodies serving as the lead organization of a Promise Neighborhood. The model builds upon several generations of comprehensive community-change efforts and other neighborhood-focused initiatives that mobilize a wide array of community-based organizations, civic leaders, and service organizations to work collaboratively toward creating a birth-through-college-and-career continuum aligned by shared outcomes.

Promise Neighborhoods are in strong alignment with community schools. Indeed, three of the five fiscal year (FY) 2011 Promise Neighborhood implementation grantees—Hayward, California; San Antonio, Texas; and Buffalo, New York—are deeply invested in making community schools a core part of their strategy.

Promise Neighborhoods need to be able to do this work in the context of the excellent work already happening on the ground. There is absolutely no need to recreate the wheel. We see community schools as an important part of the Promise Neighborhood effort.

Michael McAfee
Senior Director, PolicyLink

Cradle-to-career initiatives, often designed as community-wide collective impact initiatives,³ share a focus on student success and mobilize senior community leaders around a policy, program, and quality-improvement agenda. Often, the initiatives follow a particular framework such as the Forum for Youth Investment’s Ready by 21 strategy⁴ or the Strive approach.⁵ The initiatives select and target research-informed milestones, such as reading by the third grade or high school graduation rates, and focus the collective effort of partners on attaining these goals. One strength of these initiatives is their capacity to mobilize the community’s highest level of leaders, from mayors and foundation executives to university presidents and United Way CEOs. To ensure success, however, these initiatives need vehicles for on-the-ground interaction with young people, families, and neighborhoods. There is great potential to increase the efficacy of cradle-to-career efforts by linking to community school strategies that support every child. Nate Waas Shull from the All Hands Raised Partnership, the cradle-to-career effort in Multnomah County, Oregon, captures this relationship.

This paper explains the community schools strategy more fully and shares stories from three communities with exemplary initiatives: Multnomah County, Oregon, which encompasses Portland; South King County, Washington, just south of Seattle; and Los Angeles, California. These stories show that community schools are an effective place-based strategy and illustrate how community schools’ leaders have worked hand-in-hand with next-generation, place-based, and community-wide initiatives to find synergy and achieve better results.

This is no small feat. Unfortunately, as anyone who has worked in communities knows, it is often easier to find competing and disconnected efforts than partnered and aligned initiatives. That is why the lessons from the three communities, which parallel similar experiences across the nation, are so instructive. Indeed, the Aspen Institute’s review of two decades of comprehensive community initiatives found that “better alignment of mission, action, capacity, collaboration, and learning” are a pivotal key to success.⁶ When multiple efforts are linked in a mutually supportive framework, each effort is working from its strengths, and the whole community benefits.

Ultimately, the synergies between cradle-to-career strategies and community schools are endless. They are truly complementary and both rely on the core principles of “collective impact,” yet they are fundamentally different in their structure and approach. Community schools use a strategy that says if you can effectively align a whole host of academic and social supports in a particular place—using the school as a hub—you will maximize impact, reach more people, and improve academic impact in a way that would not happen otherwise. Our All Hands Raised Partnership represents a fundamental shift in the way we do business in an entire community, from the level of CEOs and elected officials to educators and other practitioners, to arrive at a shared vision and decision-making structure to drive collective impact on a community-wide scale. In other words, a community schools strategy can fit perfectly as a core strategy within a community that has adopted a cradle-to-career approach to working together.

Nate Waas Shull
All Hands Raised Partnership

WHAT'S SPECIAL ABOUT COMMUNITY SCHOOLS?

The community schools movement, which started with individual and small clusters of schools over the past several decades, has become a core educational improvement strategy in many places, from Tulsa, Oklahoma, and Oakland, California, to Evansville, Indiana, and Cincinnati, Ohio. When local leaders from school, government, and other community-based organizations implement a community schools strategy effectively, transformative change occurs. Community schools change the lens through which community problems are defined and how resources are integrated and delivered to support communities. They transform the way in which schools and communities interact and children and families gain access to a wide array of opportunities and supports. They are much more than just a service delivery program.

Firmly anchored in their neighborhoods, community schools are organized around education as the means to a productive future for children, families, schools, and communities. Using a collaborative approach, community schools marshal the resources and participation of multiple partners to work toward shared outcomes in defined and measurable ways. Each school is a portal to the services, relationships, and opportunities that support academic, social, emotional, physical, and civic development for students and family members across generations. Each school serves as an anchor for a collaborative school culture focused on better outcomes for students.

ROLE OF PARTNERS

The presence and complementary skills of community partners enable and enhance the critical work of principals, teachers, and other school personnel in several different ways. Some partners help remove barriers to learning, ensuring that students are fed, healthy, and supported. Other partners help expand horizons, encouraging students to think about careers, college, and their future.

Some offer alternative learning opportunities: environmental education, project-based learning, service-learning efforts focused on community improvement, or art and music education. Some address issues critical to the school community, ranging from tackling low attendance to providing literacy or continuing education programs for parents. The ways in which community schools have figured out how to serve and support their communities are almost endless.

FAMILY AND COMMUNITY ENGAGEMENT

In a community school, engagement is more than a buzzword or the perfunctory back-to-school meeting. The involvement of family and community members as planners and decision makers ensures that community schools target resources to meet real needs and develop approaches that reflect the equity concerns of diverse cultural groups. Community engagement efforts actively foster the development of local leaders and build social capital for poor and ethnically diverse students.

In addition, the direct involvement of community partners demonstrates to both participants and observers the value of mutual aid, creating bonds of reciprocal trust and growing social capital. Through these relationships and shared understandings, community school initiatives reach beyond school walls to strengthen neighborhoods and build communities.

A FOCUS ON STUDENT SUCCESS

A laser-like focus on student success permeates the work of partners and the processes that bring them together in an effective community school. The advantage of a community school is that it marshals considerable resources in support of the ultimate goal—and ensures that those resources are strategically deployed. For example, when a student stops coming to school for any of a variety of reasons—because mom has a new job and the student must watch her younger sister; because the student is flunking a number of classes and is thinking about dropping out; because the student is starting to fall in with a gang; because the student has chronic health issues and no insurance; or for any other reason—it is not up to the teacher to track the student down and become a part-time social worker, and it is not up to the principal or assistant principal to be an attendance officer.

Instead, it is the community school coordinator, in partnership with school staff and partners in the building, who determines the best approach for reaching out to the student and his or her family to address the problem and support the student's return to school. According to research and practice, the collective impact of these efforts creates conditions for learning that lay the groundwork essential for student success.⁷

This internal alignment and coordination of partners in a community school is typically the job of a full-time staff member—the community school coordinator. The coordinator brokers services, integrates programming on a daily basis, and engages community members and families. Often, these coordinators are employed by a non-educational lead agency, such as a community-based organization, higher education institution, local government, or other service provider.

FUNDING

Community schools often require little additional funding in the context of the entire school budget. Many community partners operate with existing funds, finding that it is more efficient and effective to do their work in a school setting. Some partners may be eligible to bill against funding sources, such as Medicaid or other public funding streams, to support their work. Sometimes, community schools raise new funds. Funding for the community school coordinator, a key role, typically comes from reallocation of existing funding streams, which may include Title I, local government, United Way, foundation, and business funds.⁸ Many communities commit to the community schools model and shift funds to support their approach, even in tight times.

SYSTEMS OF COMMUNITY SCHOOLS

Based on the strength of the community schools strategy, more and more communities are choosing to implement community schools not just at individual school sites, but as a systemic approach for improving outcomes among children and youth. For example, in Multnomah County, Oregon, the Schools Uniting Neighborhoods (SUN) community schools initiative started with eight schools in 1999 in two districts. Now SUN Community Schools is working with 67 schools spread across six school districts.

Similarly, Cincinnati started to launch community schools in 2000; today, almost every school in the system has what Cincinnati Public Schools dub “a community learning center.” Cincinnati’s community learning center strategy and other reform efforts have led to results that are nothing short of amazing. In 2002, Cincinnati schools had a graduation rate of 52 percent; the state declared an academic emergency. Today, these schools have a graduation rate of 82 percent, have eliminated the achievement gap in graduation rates, and have earned an “effective” rating from the state.

Such a transformation does not happen by accident. Collaborative leadership structures play an essential

function in the alignment of planning, resource development, and implementation at both the school and community level. The leadership structure often guides the work of an intermediary—commonly a city, community-wide nonprofit organization, or trusted public agency—that leads the planning, coordination, and management. The intermediary’s role is to ensure communication between community-wide and school-site leaders and to facilitate operational functions across sites. An intermediary carries out four critical functions:

- Engaging, convening, and supporting diverse groups and communities
- Establishing quality standards and promoting accountability
- Brokering and leveraging resources
- Promoting effective policy measures.⁹

Intermediaries are sometimes formal structures, negotiated by the key players. They may also be individual organization or informal groups that coordinate across several schools. Whether formal or informal, a strong intermediary function is needed to drive transformation.

People are increasingly seeing they have to rely on Schools Uniting Neighborhoods (SUN) community schools because of their capacity. Despite crises in school, county, and city budgets and numerous budget cuts in Multnomah County, government entities across our region have committed to maintaining the SUN infrastructure. Districts have decided that SUN’s presence at schools is critical.

Bill Scott

Former CEO, Flex Cars,
SUN Service System
Coordinating Council

PRINCIPLES OF EFFECTIVE COMMUNITY SCHOOLS

Community schools are not a program; they are a strategy or an approach. Clear principles, such as those put forth by the national Coalition for Community Schools, create a unifying framework for collaboration and collective impact. A focus on equity is embedded throughout. Effective principles include the following qualities.

- **Shared vision and accountability for results**
A clear, mutually agreed-upon vision focused on results drives the work of community schools. Agreements enable partners to hold each other accountable and move beyond battles over perceived turf.
- **Strong partnerships**
Partners share resources and expertise and collaborate to design community schools and make them successful.
- **High expectations for all**
Children, youth, and adults are all expected to learn to a high standard and to become contributing members of their community.
- **Community strengths**
Community schools marshal the assets of the entire community—including the people who live and work there and local organizations.
- **Respect for diversity**
Community schools know their communities. They develop respect and a strong, positive identity for people of diverse backgrounds and are committed to the welfare of the whole community.
- **Local decision making**
The power of the local communities is unleashed when local leaders make decisions about community schools strategy with input from the school community, including families and neighborhood residents involved with each school who respond to their unique circumstances.

Community schools do not exist in isolation. Indeed, one of the keys to their success lies in the ability to connect with other initiatives and offer an implementation strategy for broader planning and alignment efforts. The next section describes how three community school initiatives connect to next-generation, place-based, and community-wide initiatives, which are seen as key strategies for achieving success. See Appendix A for background information about each of these efforts.

Our community schools strategy is instrumental in helping schools achieve our academic priorities as well as engaging communities in their children’s education. The intermediary framework with a collaborative governance body helps us make wise, data-driven decisions that best serve our students and foster equity. Every community would benefit from a community schools initiative to help it think through how resources focused on students are being used in the most effective and efficient ways.

Don Grotting
Superintendent,
David Douglas School District

LESSONS: STRENGTHENING STUDENTS, FAMILIES, AND COMMUNITY TOGETHER

The work of leaders in Multnomah County, South King County, and Los Angeles illuminates how the community schools approach complements and enhances other community-focused efforts. Organized around a place, built on strong partnerships, focused on results, and guided by a long-range strategy for change, community schools offer important strengths to other place-based initiatives.

As with any other social venture, community schools are not panaceas, but they can serve as a strong and even an essential element of efforts to improve outcomes for children and youth, especially those living in poverty. The experiences in Multnomah, South King County, and Los Angeles demonstrate that community schools bring the following assets to the table.

- **A clear vision of a community where learning can happen¹⁴**

Community schools initiatives never lose sight of the big picture. They are implemented at the school site, but a community schools strategy is driven by a larger community vision. Community schools initiatives realize that economic and social change at the local, regional, and state levels are needed to fully develop safe, vibrant environments with living-wage jobs and equitable opportunities for children and families. Strategic partnerships with comprehensive community initiatives are an essential part of a long-range community school vision.

- **Deeply rooted relationships and the trust of the community**

Community schools initiatives have learned the importance of listening to the community, understanding its history and cultural perspectives, and following through on promises. Partnering with community school initiatives that parents and local leaders already trust can expedite the entry of new reforms into the community and help build their credibility. Community schools can also help new initiatives seeking grassroots participation find ways to be more inclusive and responsive to local voices.

- **Demonstrated and sustained success in integrating multi-sector partnerships**

Community schools have a proven ability to bring together schools and community resources across multiple systems and organize them strategically to improve student success. The work already done to

educate cross-sector partners can greatly increase the number of “early adopters” willing to embrace the results-based framework of large-scale, place-based efforts. These existing institutional relationships and agreements set the stage for broader, deeper collaboration.

- **Flexibility for responding quickly to new opportunities**

Community schools initiatives are not wedded to “one right way” of doing things. They seek out natural points of alignment and flexibly adapt to and reflect evolving community priorities.

- **Community schools are a ground game for students**

Unless on-the-ground action in communities gives students and their families the direct supports and opportunities needed to thrive and excel, alignment and planning efforts will not achieve desired results. Community schools ensure that students and families receive resources and support in a convenient and friendly location—their local school.

Other place-based initiatives bring value to community schools initiatives as well. They often:

- **Mobilize a different set of organizations and leaders**

Collective impact initiatives often work at the C-suite level by engaging CEOs, senior elected officials, leaders from higher education, and other community-wide “movers and shakers.” Collective impact initiatives often draw a different set of “doers” to the table by focusing on policy and programs and less on service delivery. Similarly, Promise Neighborhoods and other neighborhood-focused initiatives that deliver direct services often have roots in community and economic development, early childhood programming, and the provision of social services, once again drawing a wide range of leaders to the table. When a broader set of players are intentionally and collaboratively engaged in community work, greater impact becomes possible.

- **Establish shared indicators and accountability frameworks**

Often, communities struggle with data and metrics. What data are collected across all efforts? What are the community’s targets? Who manages the data? Further, accountability frameworks are often not in

place community wide. Collective-impact initiatives organize their work around data and metrics, create community-wide mandates around data collection, and focus on a defined set of priority goals. While requiring all grantees to track a common set of indicators and outcomes, the Promise Neighborhoods program encourages communities to use their local knowledge of assets and challenges to create the programs and services most effective at achieving those goals (see Appendix B for exemplar frameworks). Community school initiatives can benefit from connecting their own results frameworks to those of other initiatives.

- **Connect to comprehensive issue frameworks**
Many cradle-to-career efforts start with birth and place a strong emphasis on early childhood development. At the same time, they extend their focus beyond high school to encompass college, career, and other post-secondary pathways. Promise Neighborhoods incorporate health and community issues as well as education within their continuum. Other neighborhood-focused initiatives often focus on physical and economic issues such as transportation, land use, community development, environment, workforce development, and other issues that are beyond the purview of many community school efforts. In both cases, linking community school efforts with other initiatives can help the community focus on a broader range of interrelated issues.

WORKING SMART

Finally, many communities find that it begins raining initiatives—new state and federal programs, new initiatives by local organizations, new leaders seeking to make their mark on a community, and new foundation initiatives. All these disparate opportunities contribute to a community working hard, but not working smart. When each place-based initiative in a community is working in its own silo, the community is not “working smart.”

Across the nation, communities are choosing a community schools strategy because it provides a cohesive way to work smart at the school level by organizing services and supports on behalf of children and their families where they live and learn—in their local schools and neighborhoods. Initiatives like Promise Neighborhoods and collective-impact efforts are built on the lessons learned from decades of previous community efforts, helping communities “work smarter” in neighborhoods and across regions.

The lessons from Multnomah, South King County, and Los Angeles illuminate how the community schools strategy and a variety of place-based initiatives can work together to give more children and families needed opportunities and support so that they are able to learn, grow, and succeed. Now that’s collective impact.

ENDNOTES

- 1 More information and resources on community schools may be found at <http://www.communityschools.org>.
- 2 More information on Promise Neighborhoods may be found at <http://www2.ed.gov/programs/promiseneighborhoods> and <http://promise-neighborhoodsinstitute.org>.
- 3 The term “collective impact” was popularized in an article in the Stanford Social Innovation Review, which may be found at www.ssireview.org/pdf/collective_impact.
- 4 More information on Ready by 21 may be found at www.readyby21.org.
- 5 More information on Strive may be found at <http://www.strivetogether.org>.
- 6 Anne C. Kubisch, Patricia Auspos, Prudence Brown, and Tom Dewar. *Voices from the Field III: Lessons and Challenges from Two Decades of Community Change Efforts*. Washington, DC: Aspen Institute, 2010, p. viii.
- 7 For a discussion of the research literature, see *Making the Difference: Research and Practice in Community Schools* (2003), available at <http://www.communityschools.org/assets/1/Page/CCSFullReport.pdf>.
- 8 For more information about how community schools are financed and how they spend their resources, see *Financing Community Schools: Leveraging Resources to Support Student Success* (2010), available at www.communityschools.org/resources/capacity_building_finance.
- 9 For more information on the function of intermediaries and scaling up, see *Scaling Up School and Community Partnerships: The Community Schools Strategy* (2011), available at <http://www.communityschools.org/ScalingUp>.
- 10 See Carrie J. Furrer et al. “Getting Them There, Keeping Them There: Benefits of an Extended School Day Program for High School Students.” *Journal of Education for Students Placed at Risk* (JESPAR), 17:3, 2012, pp. 149–164.
- 11 For a description, see Shiloh Turner et al. *Understanding the Value of Backbone Organizations in Collective Impact*, available at <http://www.ssireview.org>, July 17, 2012, blog post.
- 12 All data are drawn from the Washington State Office of Superintendent of Public Instruction Washington State Report Card, available at <http://reportcard.ospi.k12.wa.us/>.
- 13 Pamela Aschbacher and Joan Herman. *The Humanitas Program Evaluation, 1990–91*. Los Angeles: UCLA Graduate School of Education, 1991, p. 3.
- 14 A more detailed description of Communities Where Learning Happens is available at http://www.communityschools.org/resources/part_one_a_community_where_learning_happens.aspx.



FALL 2013 CARING COMMUNITIES BEFORE & AFTER SCHOOL
LINC will run high-quality, affordable educational programs before and after school (7 a.m.-6 p.m.) for **grades K and up** at elementary schools in the Kansas City Public Schools.

LINC early enrollment will be held in early August at each school. Enrollment dates and times TBA.

For more information call (816) 410-8419 or visit www.kclinc.org/kcps

WHAT YOU WILL NEED TO ENROLL:

- Immunization records, medical form signed by physician for any illnesses
- \$25 per child enrollment fee (*check or money order only, payable to LINC*)
- Contact info (full address and phone) for: emergency contacts, authorized pick-up persons, and child's doctor
- 5-10 minutes for parent orientation



All families must pay the \$25 per child enrollment fee.

Weekly fees are based on lunch status:

Free Lunch	no weekly fees
Reduced Lunch	\$5/week/student (not more than \$15/week/family)
Full Pay Lunch	\$15/week/student (not more than \$30/week/family)

The intention of LINC is to make the Before & After School program available to all children.



OTOÑO 2013 COMUNIDADES CARIÑOSOS ANTES & DESPUÉS DE LA ESCUELA
LINC operará programas educacionales de alta cualidad y accesibilidad antes y después de la escuela (7 a.m.-6 p.m.) para los grados de K y adelante en las escuelas primarias del Distrito Escolar de Kansas City.

Inscripciones de LINC serán en los primeros de agosto en cada escuela. Se anunciará las fechas y horas mas adelante.

Para mas información llame al (816) 410-8419 o visite a www.kclinc.org/kcps

LO QUE SE NECESITAN PARA INSCRIBIR:

- Archivos de inmunización, formulario medical firmado por el doctor
- \$25 honorario de inscripción por cada niño (*sólo aceptamos un cheque o giro postal, se pagará al LINC*)
- Información (dirección completa y teléfono) para: contactos de emergencia, personas que pueden recoger sus niños, y el doctor del niño
- 5-10 minutos de orientación para padres



Todas las familias tienen que pagar el honorario de \$25 de cada niño.

Horarios semanales son basados en el estatus del almuerzo:

Almuerzo gratis	no hay honorarios
Almuerzo reducido	\$5 cada semana cada estudiante (no más que \$15/semana/familia)
Almuerzo sin descuento	\$15 cada semana cada estudiante (no más que \$30/s/f)

La intención de LINC es que el Programa Antes y Después de la Escuela puede ser accesible a todos los niños.



Community volunteers and LINC Staff prepared raised planting beds for the Melcher Caring Communities School Gardening Club. Melcher Elementary is in the Kansas City Public School District.